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YESHASVINI HEALTH INSURANCE SCHEME ENROLLMENT IN KARNATAKA – A STUDY

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ABSTRACT

The Yeshasvini health insurance scheme is one of the most important community based health insurance scheme in Karnataka.The scheme operates through Yeshasvini trust to take advantage of the societal capital generated by a vast network of cooperative societies in Karnataka. The scheme connects diverse rural farmers and rural informal sector workers in Karnataka. The present study made an attempt to analyze the comparative study of the effective growth implementation of the programme. The present study uses secondary time series data from 2003-04 to 2014-15. There are two dimensions in this paper. The firstly analyze the member enrolled and membership fees. And secondly analyze the no. of OPD and No. of Surgeries done for yeshasvini health insurance holders of Mysore district, for this purpose correlation method used.

KEYWORDS: Yeshasvini Health insurance scheme, Co-operative Societies, Rural Farmers, Informal Sector.

INTRODUCTION

People buy insurance to protect themselves against possible financial loss in the future. Such losses may be due to a motor vehicle collision, natural disaster and other circumstances. Insurance is a social tool, which reduces or eliminates the risk of life and property. It is a social oriented system, as life is uncertain and full of risks. The insurance is essential to meet such unforeseen circumstances.

Health is a human right. It's accessibility and affordability has to be ensured. The escalating cost of medical treatment is beyond the reach of common man. While well to do segment of the population both in Rural and Urban areas have accessibility and affordability towards medical care, the same cannot be said about the people who belong to the poor segment of the society.(Vasavi.P and Sravanthi Kpl 2013)

AN OVERVIEW OF YESHASVINI HEALTH INSURANCE OF KARNATAKA

History of the scheme

Dr. Devi Shetty approached Mr. Ramaswamy (the then Secretary – Cooperative Government of Karnataka) in 2002 with a proposal to insure the members of the various cooperative societies. The latter found this attractive ("better than looking after godowns'). So he and his team visited the various district societies and discussed with them the proposal of getting involved in health. There was an overall positive response from the 30000+ societies. (Total membership of 1.86 millions).

Following this Dr Devi Shetty and his team visited some of the district and discussed with a few providers to understand the disease profile. It was apparent that water borne diseases, orthopaedic diseases and hysterectomies were the common illnesses afflicting rural Karnataka. Based on this, the benefit package was developed. All surgeries were covered under it. The providers would be the private providers.

Yeshasvini Health Insurance Scheme for cooperative rural farmers and informal sector workers, the programme is a unique example of tri-sector partnership. It is a tri-sector collaborative venture between the public, private and cooperative sectors, and benefits from the expertise of each partner that best meets public needs of health insurance through the appropriate allocation of responsibilities (Kuruvilla and Liu 2007, ILO 2006, Radermacher et al 2005, IDPAD 2005, for discussion). The programme operates in the cooperative sector to take advantage of the societal capital generated by a vast network of cooperative societies in Karnataka1 which connects diverse rural farmers and rural informal sector workers. The State Co-operative Department mobilises membership with the help of the cooperative society network, collects revenue and oversees operations of the programme while private sector hospitals networked with the programme provide medical services.

Self Funded Scheme:

- Yeshasvini is one of the largest Self Funded Healthcare Schemes in the country
- Offering a low priced product for a wide range of surgical cover, nearly 823 defined surgical procedures to the farmer cooperators and his family members.
- It is a contributory scheme wherein the beneficiaries contribute a small amount of money every year to avail any possible surgery during the period.
- The beneficiaries are offered cashless treatment subject to conditions of the scheme at the Net work Hospitals spread across the State of Karnataka.

Salient Features:

- To avail the benefit of Yeshasvini Scheme, a person should be a member of Rural Co-operative Society of the State for a minimum period of 3 months.
- All family members of the main are eligible to avail the benefit of the scheme though they are not members of rural co – operative society
- Each beneficiary is required to pay prescribed ate of annual contribution every year. Presently (2016-17) member contribution is Rs. 300/-
- The period of each enrollment commences from January/February and closes by June every year.
- The scheme is open to all rural co-operative society members; members of self help group/Sthree Shakti Group having financial transaction with the Cooperative Society/Banks, members of Weavers, Beedi Workers and Fisherman Cooperative Societies.
- The Scheme Commences from 1St of June and ends 31st May every year.
- Third Party Administrator licensed under the Insurance Regulatory and Development Authority of India (IRDA) renders administration of scheme including approval of preauthorization and claims settlement.
- The Scheme covers entire state of Karnataka particularly Rural Areas and Urban areas.

REIVIEW OF LITERATURE

Many researchers expressed the enrollment of community health insurance in India and abroad, the enrollment of members is inability to pay the premium amount and lack of awareness about the health insurance schemes. Member's enrollment difficulties from ultra-poor households for choosing to stay out of membership are their inability to afford the premiums and the lack of transport to access hospitals providing services under these schemes (Ranson et. al.2003), Low level of awareness and willingness to join and seven key factors are barrier in subscription of health insurance. Moreover significant association exist between the gender; age; education; occupation; income of respondents with their willingness to pay for health insurance (Sumninder Kaur Bawa and Ruchita 2011). identifying the reasons for low enrolment under RSBY as design's flaw of such a pro – poor health security scheme (Qifei Wu 2012), Rashtriya Swasthya Bima Yojana (RSBY) protected the enrolled families from out-of-pocket expenditures at the time of hospitalization(Narayanan Devadasan et al 2013).

NEED FOR THE STUDY:

The review of literature reveals that many studies examined the growth of community health insurance schemes. A few study carried on research on role of community health insurance in Indian social back ward classes out of pocket expenditure. And no study has tried to analyse the service availed and performance of health insurance in community health insurance policy holders, the present study carried on to understand and analyze the member enrollment and enrollment fee and service availed to yeshasvini health insurance policy holders . Hence, the present study has been taken up to through more light on the above said issues and the researcher collected data from Yeshasvini.Kar.nic.in.

RESEARCH METHODOLOGY

The present study uses secondary time series data from 2003-04 to 2016-17. There are two dimensions in this paper. The firstly analyze the member enrolment in this scheme; secondly member enrollment fees and member enrollment in Karnataka State and Mysore district were analyzed. For the analysis of this dimension the growth rate ratio was used. Thirdly comparison between No. of OPD and No. of surgeries is made. For this purpose correlation method is used to compare between No. of OPD and no. of surgeries done by network hospitals in Mysore District.

OBJECTIVES OF THE STUDY

1. To analyze the member enrollment in Yeshasvini Health Insurance Scheme in Karnataka from 2003-04 to 2016-17;
2. To analyze the member enrollment fee and total member enrollment from 2003-04 to 2014-15 in Karnataka and Mysore District.
3. To compare the no. of OPD and no. of Surgeries in Mysore District.

HYPOTHESIS OF THE STUDY

H0: There is no significance relationship between No. of OPD and no. of surgeries;
H1: There is a significance relationship between No. of OPD and no. of surgeries;

RURAL MEMBER ENROLLMENT GROWTH FROM THE YEAR 2003-04 TO 2016-17

In the following section the performance of the yeshasvini health insurance programme has evaluated by using variable like enrolment of member during the year from 2003-04 to 2016-2017 is given.

Table No -01 Rural Member Enrollment Growth from the year 2003-04 to 2016-17

Year	Member Enrolled (In Lakhs)	AGR
2003-04	16.01	
2004-05	21.05	31.48
2005-06	14.73	-30.02
2006-07	18.54	25.87
2007-08	23.18	25.03
2008-09	30.47	31.45
2009-10	30.69	0.72
2010-11	30.47	-0.72
2011-12	30.7	0.75
2012-13	30.36	-1.11
2013-14	37.97	25.07
2014-15	38.72	1.98
2015-16	39.43	1.83
2016-17	35.14	-10.88
Total	397.46	101.45

(Source: Yeshasvini.Trust, Bangalore)

The above table presents the information about growth of Member enrolled. It is found member enrolled have increased significantly over the period of time. The member enrollment has grown at the rate of 101.45 percent. This scheme is very attractive in co- operative sector.

Urban Member Enrollment:

Table No-02 Member enrollment growth from the year 2003-04 to 2016-17

Year	Member Enrolled (In Lakhs)	AGR
2014-15	1.72	
2015-16	1.85	7.56
2016-17	1.69	-8.65
	5.26	-1.09

The above table presents the information about growth of Member enrolled. It is found member enrolled have increase and decreased significantly over the period of time. The member enrollment has grown at the rate of -1.09 percent. This scheme is initial stage in urban co- operative sector.

TABLE-03 MEMBER ENROLLMENT FEE AND MEMBER ENROLLMENT OF YESHASVINI HEALTH INSURANCE SCHEME (Rural)

Year	Member Enrollment Fee In Rupees	AGR	No. of Member enrolled in Karnataka In Lakhs.	AGR	No. of Enrollment in Mysore District In Lakhs	AGR
2003-04	60		16,01,000		1,04,616	
2004-05	60	0	21,05,000	31.48	1,05,831	1.16
2005-06	120	100	14,73,000	-30.02	60,483	-42.85
2006-07	120	0	18,54,000	25.87	88,527	46.37
2007-08	120	0	23,18,000	25.03	1,08,900	23.01
2008-09	120	0	30,47,000	31.45	1,34,398	23.41
2009-10	140	16.67	30,69,000	0.72	1,53,368	14.11
2010-11	140	0	30,47,000	-0.72	1,69,966	10.82
2011-12	150	7.14	30,70,000	0.75	1,72,659	1.58
2012-13	200	33.33	30,36,000	-1.11	1,85,939	7.69
2013-14	200	0	37,97,000	25.07	2,36,368	27.12
2014-15	250	25	38,72,000	1.98	2,80,005	18.46
Cumulative		**182.14**		**110.5**		**130.88**

(Sources: Yeshasvini Kar.nic.in and co operative dept Mysore)

Table-03 highlights the growth of enrollment fee and no. of enrolled in Yeshasvini Health Insurance Scheme in Karnataka and Mysore District. It is found that both member enrollment fees and enrollment have increased significantly over the period of time. The enrollment fees has drastically increased from 2003-04 to 2014-15. But enrollment of the members in has decreased in the year 2005-06 when enrollment fee was increased from Rs.60 to 120. It is also interestingly note that enrollment of the members has slightly decreased from the year 2006-07 to 2014-15. Hence

enrollment fees have effected the enrollment of members in yeshasvini health insurance in overall sate and Mysore district.

TESTING THE HYPOTHESIS

To test the null hypothesis, we have used correlation method before that let us understand the relationship between No. of OPD and No. of Surgeries done to Yeshasvini Health Insurance Policy Holder in Mysore District.

$_{H0}$: There is no significant relationship between No. of OPD and no. of surgeries;

$_{H1}$: There is a significant relationship between No. of OPD and no. of surgeries;

TABLE-04 NO. OF OPD AND NO. OF SURGERIES IN MYSORE DISTRICT

SL.NO	YEAR	OPD	AGR	SURGERIES	AGR
1	2003-04	2340		768	
2	2004-05	4245	81.41	801	4.30
3	2005-06	3560	-16.14	686	-14.36
4	2006-07	3830	7.58	920	34.11
5	2007-08	11975	212.66	3175	245.10
6	2008-09	4860	-59.42	1888	-40.54
7	2009-10	5947	22.37	2447	29.61
8	2010-11	5665	-4.74	2277	-6.95
9	2011-12	4575	-19.24	2325	2.11
10	2012-13	12491	173.03	3886	67.14
11	2013-14	19239	54.02	5601	44.13
12	2014-15	19607	1.91	9472	69.11
Cumulative		**98334**	**453.44**	**34246**	**433.76**

(Sources; Co-operative Department, Mysore)

The above table presents information about growth of OPD and Surgeries done by network hospitals in Mysore District. It is found that both OPD and Surgeries have decreased and increased significantly over the period of time. The member OPD has grown at the rate of 453.44percent and growth of Surgeries have increased at the rate of 433.76 percent. Therefore, OPD have higher than the rate of growth of Surgeries.

CORRELATIONS			
		OPD	SURGERIES
OPD	Pearson Correlation	1	.922**
	Sig. (2-tailed)		.000
	N	12	12
SURGERIE S	Pearson Correlation	.922**	1
	Sig. (2-tailed)	.000	
	N	12	12
**. Correlation is significant at the 0.01 level (2-tailed).			

The correlation results show that there is a significant relationship between no. of OPD treatment and surgeries done in Mysore district respondents. Hence the null hypothesis "There is no significant relationship between No. of OPD and no. of surgeries" is rejected and alternative hypothesis "There is a significant relationship between No. of OPD and no. of surgeries" is accepted.

Findings:

1. The rural member enrollment has grown at the rate of 101.45 percent.
2. Urban member enrollment is drastically decreased from the year 2014-15 to 2016-17. i.e –(1.09 percent)
3. When member enrollment fee is hike the enrollment of the members is decreased in this scheme in Karnataka.
4. Member enrolled in Mysore district is drastically increased from 2003-04 to 2014-15 except the year 2005-06, 2008-09 and 2010-11.
5. OPD treatment is higher than Surgeries made in Mysore district beneficiaries.
6. Surgeries done by Mysore network hospitals is increased from 2003-04 to 2014-2015 except the year 2005-06, 2008-09 and 2010-11
7. There is a significant relationship (i.e. 92 %) in number of OPD and number of Surgeries done to beneficiaries of this scheme.

Suggestions;

Based on the study, the following suggestions are recommended:

1. Member Enrolment fees should be reduced
2. Member enrollment is slightly decreased and increased from year to year of this study. Hence Government should play a positive role to increase of member enrollment from cooperative sector.

CONCLUSION

The most important wealth of any human being is health. People want to live longer and for that they always take care about their health and also prefer health insurance as a part of care. From the present study, we may conclude that as for as the enrolment in the programme is concerned, in the initial years Yeshasvini Health Insurance Scheme membership had increased. However in the subsequent years there was a decline in the membership. One of the important reasons for the decline in the enrollment rate is increase of enrolment fees amount. And also interestingly note that Karnataka government has introduced the other health insurance schemes to below poverty line people without enrollment fee or minimum fee amount example: Vajpayee arogheshree and RSBY health insurance schemes etc.,

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