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COST EFFECTIVENESS OF YESHASVINI SCHEME IN KARNATAKA

Dr. MAHESHA NP
ASST. PROFESSOR
SRI D DEVARAJ URS GOVERNMENT FIRST GRADE COLLEGE
HUNSUR

ABSTRACT

The Yeshasvini Health Insurance Scheme is one of the most important and popular community based health insurance scheme in Karnataka.The scheme is run by Yeshasvini trust to take advantage of the societal capital generated by a vast network of co-operative societies in Karnataka. The scheme provides health risk protection to rural farmers and rural informal sector workers in Karnataka. The present study made an attempt to analyze the cost of the health services of beneficiaries and per head expenditure of policy holders under this scheme. The present study data collected from both primary and secondary time series data. There are four dimensions in this paper. The firstly analyze the per head analysis, secondly examine the cost of the services on the basis of gender for this purpose leven's test was used, thirdly examine the relationship between cost of the services and satisfaction level of beneficiaries, for this purpose regression test was used and finally beneficiaries medical travelling expenditure was analyzed.

KEYWORDS

yeshasvini health insurance scheme, co-operative societies, rural farmers, informal sector.

JEL CODES

I13, I18, I19.

INTRODUCTION

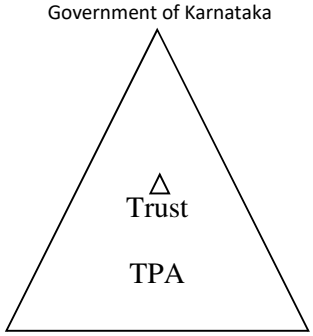
HISTORY OF THE SCHEME

Yeshasvini Co-operative Farmers Health Care Scheme" (Yeshasvini Scheme) was introduced by the State Government to the Co-operative farmers of Karnataka. The then Hon'ble Chief Minister of Karnataka Sri S.M. Krishna inaugurated the scheme on 14th of November 2002 and it became operational with effect from 1st June 2003. Karnataka has become a role model state with the introduction of 'Yeshasvini Self-Funded Health Care Scheme'.

Yeshasvini scheme has been running successfully for 13 years now and has conducted 9, 18,431 surgeries to its members at the cost of Rs. 970.51 crores and 18,69.077 Yeshasvini members have received free outpatient treatment. The scheme needs to be improved with better and quality services to its members.

Four important Pillars of Yeshasvini Co-operative Farmers Health Care Scheme of Karnataka.

1. The Government of Karnataka
2. Co- operative Department
3. Yeshasvini trust
4. The Third party administrator (TPA)



Source: State Government Sponsored Health Insurance (Karnataka), International Labour Association Study

NEED FOR YESHASVINI HEALTH INSURANCE SCHEME OF KARNATAKA

Government employees, PSU Employees, Private Sector Employees and Defense Personal all have some kind of health care schemes. But, there exists no health scheme exclusively for farmers since independence. Therefore "To provide quality health care to the most neglected but most deserving segment of the society" Yeshasvin Scheme was introduced.

FEATURES OF YESHASVINI SCHEME

- It was started in the year 2003 to help the rural people to prevent them from selling their lands, pledging jewels, borrowing from money lenders or from Banks to meet the catastrophic medical expenditure.
- To implement the scheme, the Government formed Trust called **Yeshasvini Co-operative Farmer's Health Care Trust.** Secretary of the Cooperation Department is the chairman. The Board of Trustees number is 14. Trustees comprise of senior officers of the Department including Registrar of Cooperatives Societies and Medical Professionals of different discipline are nominated and 2 Farmers representatives are nominated by the Government.
- It is a **Government Sponsored contributory health care scheme,** where enrolled members pay annual contribution to join the scheme.
- **Eligibility** to join Yeshasvini Scheme One should be a member of any rural co-operative society or urban co-operative society and must have completed three months of his joining as member of that co-operative society. A member of a co-operative society can enroll himself and his family members by paying annual contribution for each person of his family.
- The Task of enrollment of membership is shouldered by the department of cooperation.
- The Scheme provides facility for cashless 823 type of surgeries in 14 Medical Disciplines. Surgeries are facilitated in 710 empaneled hospitals across the state. It also provides Concessional OPD treatment and clinical Investigations at 25% discount in network hospitals.
- There is a Management Support Service Agency appointed by the Trust to coordinate among the members, network hospitals and the Trust for providing treatment to members and settlement of bills of the hospitals.

- The present Management Support Service Agency is MD India Health Care Network Pvt. Ltd. The Agency monitors the activities through Yeshasvini service center established by them, and District Coordinators. It also conducts medical audit of hospitals
- The Scheme covers entire state of Karnataka particularly Rural Areas, Corporation and Urban Cities. (Yeshasvini.Kar.nic.in).
- Co-ordinators are there in every district in Karnataka
- Maximum limit of surgery amount is 200000 per year, the gap between one surgery to another surgery is a minimum period of 3 months
- The Yeshasvini Health Scheme is essentially a surgicare scheme and does not cover regular medical line of treatment.
- The scheme apart from free consultation covers diagnostic services at discounted rates and all of operations.

(Sources: Yeshasvini Trust, Bangalore)

REVIEW OF LITERATURE

Manning and Marquis (1996) suggests that households will insure only if they perceive the benefits of enrollment to be higher than the costs, relative to being uninsured. However, the expected benefits are assessed not in terms of risk, but in terms of the advantages of being enrolled, i.e., access to better quality care, reduced waiting times, lower costs of care, etc.

Mathiyazhagan (1998) study reveals that willingness to pay for a rural HI scheme through people's participation in rural Karnataka suggests that most people are willing to join and pay. However, the probability of willingness to join was found to be greater than the probability of willingness to pay. Further, the study found that socio-economic factors and physical accessibility to quality health services are significant determinants of willingness to join and pay for such a scheme.

Asgary et al (2004) estimated the demand and willingness to pay for health insurance by rural households in Iran and concluded that a significant percentage of population (more than 38%) live in rural areas, but the health care insurance currently operating in urban areas.

Schneider and Hanson (2006) There is also evidence that the increased access brought about by health insurance in developing countries may not be uniform due to other "costs" of using care: barriers due to distance to facilities.

Dercon (2007) notes that insurance is a difficult concept to grasp and that purchasing insurance may actually increase uncertainty in low-income contexts. The upfront costs of insurance may also explain the reluctance of the poor to insure.

Nishant Kumar et al (2014) The study provides the evidence for the need for urgent policy development by introducing a social health insurance package including wage losses for the vulnerable groups such as rickshaw pullers in the unorganized sector in India, which significantly contribute to pollution free and cheap transportation of community, tourists and commercial goods as well.

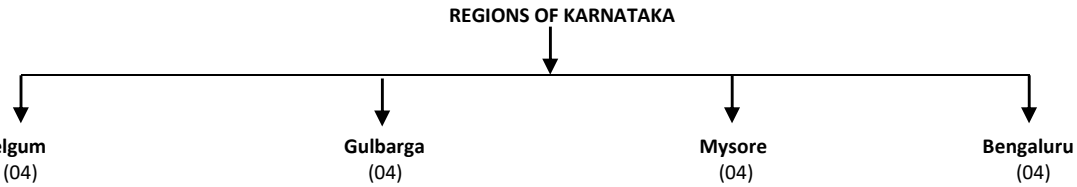
NEED FOR THE STUDY

The review of literature reveals that many studies have examined the growth of community health insurance schemes. A few studies carried on research on the role of community health insurance in Indian social back ward classes out of pocket expenditure. And no study so far has tried to analyze the performance of the Yeshasvini Health Insurance Scheme, total medical expenditure incurred, Yeshasvini Trust expenditure, per head expenditure, cost of services and satisfaction level of the network hospitals during the period of hospitalization for Yeshasvini Scheme Policy Holders. The present study aims to understand and analyze the growth and performance of the scheme and medical treatment expenditure extended to Yeshasvini Scheme Policy Holders. Hence, the present study has been taken up to throw more light on the above said issues and the researcher collected data from 688 respondents in four regions in Karnataka, viz., Bangalore, Belgaum, Mysore and Kalburgi and the secondary data was collected from Yeshasvini Trust and www.yeshasvini.kar.nic.in.

RESEARCH METHODOLOGY

The present study primary data collected the sampling units were respondents of the Yeshasvini Health Scheme beneficiaries selected on the basis of convenience sampling method. The study was carried out by administering 688 questionnaires to the Yeshasvini Health Scheme beneficiaries. About 688 questionnaires were received from the 16 network hospitals respondents in four division of Karnataka. (Bangalore, Belgaum, Mysore and Kalaburgi division) and the present study also uses secondary time series data from 2003-04 to 2015-16, data collected from Yeshasvini trust Bangalore. There are four dimensions in this paper. The firstly analyze the per head expenditure to policy holders under the Yeshasvini Scheme and secondly analyze the cost of the Services under Yeshasvini Scheme on the bases of gender. For the analysis of this dimension leven's test was used and thirdly examines the relationship between cost of the services and beneficiary's satisfaction level towards the treatment under Yeshasvini Scheme, for the analyses of this dimension regression test was used for measure the relationship between cost of the services and beneficiary's satisfaction. Finally, medical travelling expenditure of beneficiaries was analyzed.

SELECTION OF HOSPITALS



Note: Numbers in bracket represent number of samples.

HYPOTHESIS OF THE STUDY

H_1 There is a significant difference between cost of the services on the basis of gender:
Ho There is no significant difference between cost of the services on the basis of gender;
H_2 There is a relationship between cost of the services and beneficiary's satisfaction level;
H_o There is no relationship between cost of the services and beneficiary's satisfaction level".

OBJECTIVES OF THE STUDY

1. To study the per head expenditure of policy holders under the Yeshasvini Scheme from the year 2003-04 to 2015-16;
2. To study the differences in the cost of the Yeshasvini Scheme on the basis of gender;
3. To analyze the relationship between cost of the services and beneficiary's satisfaction level;
4. To assess the medical travelling expenditure to beneficiaries during the hospitalized.

ANALYSIS

a. PER HEAD EXPENDITURE ANALYSIS

In the following section the per head expenditure of the Yeshasvini Scheme is evaluated by using variable like total member enrolled and amount paid to tie up hospital.

TABLE 1: PER HEAD EXPENDITURE ANALYSIS

Sl. No.	Year	Total Members Enrolled (in No.)	Total Hospital Expenditure (in Rs.)	Expenditure per head enrolled (in Rs.)
1	2003-04	16,01,000	106500000	66.52092442
2	2004-05	21,05,000	184700000	87.74346793
3	2005-06	14,73,000	261600000	177.5967413
4	2006-07	18,54,000	385100000	207.7130529
5	2007-08	23,18,000	540900000	233.3477135
6	2008-09	30,47,000	610300000	200.2953725
7	2009-10	30,69,000	550800000	179.4721408
8	2010-11	30,47,000	572300000	187.8240893
9	2011-12	30,70,000	600000000	195.4397394
10	2012-13	30,36,000	777900000	256.2252964
11	2013-14	37,97,000	958900000	252.5414801
12	2014-15	38,72,000	1536000000	396.6942149
13	2015-16	39,43,000	2619700000	664.3925945

Source: Yeshasvini Trust

Table-01 represents the per head expenditure analysis of Yeshasvini Health Insurance policy holders. The table reveals the relation between the members enrolled and total hospital expenditure incurred p.a. The member enrollment has been increasing from 2003-2004 to 2015-16 i.e. 16, 01,000members to 39, 43,000 members. According the total hospital expenditure has been increased from Rs.10.65 crore to 261.97crore. Further, the average expenditure paid by Yeshasvini Health Insurance is drastically increasing a person from Rs. 66.52 to Rs. 664.39 during the year 2003-04 to 2015-16.

b. **GENDER ANALYSIS**

The perception of sample respondents towards cost of the Yeshasvini Farmer's Co-operative Health Scheme from the point of gender has been presented in Table 2. The perception of male respondents towards cost of the services in Yeshasvini Health Scheme was higher than that of female respondents with the average mean value of 3.62 and 3.60 respectively. It was interesting to note that the male and female respondents assigned higher mean value to "Drugs and non- recovered medical costs are high", of that statement. It was also interesting to note that the perceptional differences were found in the statements of "Informal fees paid by policy holder for Treatment" and "The cost of Food is high" P value is less than 0.05. To conclude, significant difference was found in; "Informal fees paid by policy holder for treatment" and "The cost of Food is high" showed that the perceptional differences among male and female respondents in four regions.

TABLE 2: PERCEPTION TOWARDS COST OF YESHASVINI HEALTH SCHEME: GENDER ANALYSIS

Sl. No.	Statements	Gender	N	Mean	Std. Deviation	Leven's Test
1	Premiums are too high	Male	289	2.7889	1.50477	.566
		Female	399	2.7870	1.47073	
2	Informal fees paid by policy holder for treatment	Male	289	2.0000	1.00692	.029
		Female	399	2.1679	1.07944	
3	Travelling expenses are high while availing the treatment from the hospital	Male	289	2.7059	1.39692	.245
		Female	399	2.6767	1.32742	
4	Special ward expenses are more during period of treatment	Male	289	2.1730	1.08229	.541
		Female	399	2.2005	1.07268	
5	The cost of Food is high	Male	289	3.5294	1.32550	.018
		Female	399	3.2982	1.38142	
6	Drugs and non- recovered medical costs are high	Male	289	3.6228	1.26914	.380
		Female	399	3.6040	1.29692	
7	Consultation charges are too high	Male	289	3.4602	1.29608	.472
		Female	399	3.4912	1.33725	
8	outpatient charge is too high	Male	289	3.5017	1.27237	.167
		Female	399	3.4987	1.32974	
9	X-ray, laboratory testing, Scanning, ECG charges, etc. are expensive	Male	289	3.5294	1.30437	.962
		Female	399	3.5789	1.30448	

Sources: Field Work Data

TESTING THE HYPOTHESIS

In the following paragraph, the following hypothesis has been tested using relevant statistical test and the results are as under;

Ho There is no significant difference between cost of the services on the basis of gender;

H1 There is a significant difference between cost of the services on the basis of gender:

To test the null hypothesis, we have used independent sample T test. To understand the differential perception about cost of the services provided by respondent hospitals under Yeshasvini Scheme and male, female respondents, here is an example of how the above hypothesis works.

TABLE- 3: GROUP STATISTICS

	Gender	N	Mean	Standard Deviation	Std. Error Mean
Cost Mean	Male	289	3.11	0.7170	0.0423
	Female	399	3.12	0.7492	0.0375

(SPSS Output)

TABLE 3.1: INDEPENDENT SAMPLES TEST

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
cost mean	Equal variances assumed	0.939	.333	-.211	686	0.833	-.01197	.0568	-.12356	.09963
	Equal variances not assumed			-.212	635.89	0.832	-.01197	.0564	-.12280	.09886

(SPSS Output)

The independent sample T test results show that the mean value of male respondents is 3.11 and mean value of female is 3.12 with a standard deviation of 0.7170 and 0.7492 respectively. Hence male and female mean value is almost similar. The T test result also show that at 5% significance level there is no significant difference between cost of the services on the basis of gender. (Difference between the male and female category perception is insignificant), F value is 0.939, t

value is -0.212 and P value is 0.8. (it is more than 0.05. Hence the Alternative hypothesis "There is a significant difference between cost of the services on the basis of gender" is rejected and Null Hypothesis "There is no significant difference between cost of the services on the basis of gender" is Accepted.

TESTING THE HYPOTHESIS

In the following paragraph, the following hypotheses have been tested using relevant statistical test and the results are as under;

Ho: There is no relationship between cost of the services and beneficiary's satisfaction level;

H_2: There is a relationship between cost of the services and beneficiary's satisfaction level;

To test the null hypotheses, we have used Regression test. Before that let us understand the relationship between Cost of the services rendered by the respondent hospitals and level of satisfaction of sample beneficiaries.

TABLE 4: CO-EFFICIENT COST OF THE SERVICE AND LEVEL OF SATISFACTION

	Unstandardized Co-efficient		Standardized Coefficients		
Model	**B**	**Std. Errors**		**t**	**Sig**
Constant	3.951	0.075		52.879	0.000
Cost of the services	0.025	0.023	0.041	1.076	0.282

a. Dependent Variable: Level of Satisfaction

The beta co-efficient and t value for the relationship between cost of the services and level of satisfaction are 52.87 and 1.076 respectively. With the significance value of 0.282(P >0.05), the alternative hypothesis "There is a relationship between cost of the Yeshasvini Scheme and beneficiary's satisfaction level" is rejected and the null hypothesis "There is no relationship between cost of the Yeshasvini Scheme and beneficiary's satisfaction level" is accepted.

TABLE 5: MEDICAL TRAVELLING EXPENDITURE OF RESPONDENTS (In Number and Percentage)

Description	Frequency	Percent
Less than 500	569	82.7
501-1000	66	9.6
1001-2000	18	2.6
2001-3000	05	0.7
3001-4000	15	2.2
4001-5000	15	2.2
Total	**688**	**100**

Source: Field Survey data

The above table highlights the travelling expenditure incurred for obtaining medical treatment from tie up hospitals. Out of 688 respondents, 569 respondents incur below 500 rupees travelling expenditure for treatment from hospital, 66 respondents spend between Rs. 501-1000, 18 respondents spend between Rs. 1001-2000, 05 respondents spend between Rs. 2001-3000, 15 respondents spend Rs. 3001-4000 and 15 respondents spend between Rs. 4001-5000.

FINDINGS OF THE STUDY

1. The average expenditure paid by Yeshasvini Health Insurance is drastically increasing per person from Rs. 66.52 to Rs. 664.39 during the year 2003-04 to 2015-16.
2. Male and female respondents assigned higher mean value to "Drugs and non- recovered medical costs are high", of that statement and mean value is 3.6228 and 3.6040 respectively
3. Male and Female respondents mean values was more than 3 the statements are "The cost of Food is high", "Drugs and non- recovered medical costs are high", "Consultation charges are too high", "outpatient charge is too high", "X-ray, laboratory testing, Scanning, ECG charges, etc., are expensive".
4. The study found significant difference were in; "Informal fees paid by policy holder for treatment" and "The cost of Food is high" showed that the perceptional differences among male and female respondents in four regions (P value is less than 0.05).
5. The study highlights the relationship between cost of the services and beneficiary's satisfaction under the scheme is not significant.
6. Perception of cost of Yeshasvini Health Insurance Scheme on the basis of male and female mean value is almost similar. The Independent Sample T test result also show that at 5% significance level there is no significant difference between cost of the services on the basis of gender.
7. From the study it is found that out of 688 respondents, (i.e., 82.7%) respondents spent less than Rs.500 as travelling expenditure at the time of treatment at the respondent hospitals.

SUGGESTIONS

1. Male and Female respondents mean values was more than 3 the statements are "The cost of Food is high", "Drugs and non- recovered medical costs are high", "Consultation charges are too high", "outpatient charge is too high", "X-ray, laboratory testing, Scanning, ECG charges, etc., are expensive". Therefore, the Yeshasvini Trust must give cash less medical treatment, including medicines.
2. The study found that the relationship between cost of the services and beneficiary's satisfaction under the scheme is not significant however, The Yeshasvini Trust through the network hospitals shall make arrangements to the cost of medical treatment is limited to the package agreed.
3. 82.7 % respondent spent below Rs.500 as travelling expenditure towards treatment in tie up hospitals. The Government needs to allot some amount as travelling expenses as is provided under RSBY Scheme.

CONCLUSION

Yeshasvini Health Insurance Scheme is self –funded and community oriented health scheme in Karnataka State. Yeshasvini Scheme operated by Yeshasvini Trust to provide health risk protection to rural farmers and informal sector in co-operative sector. The present study highlights cost of the services rendered by respondents during the hospitalization. The mean value of tie-up hospitals cost of "Drugs and non- recovered medical costs", "Consultation charges", "outpatient charges", "X-ray, laboratory testing, Scanning, ECG charges, etc., are high in four divisions of Karnataka.

The present study focuses the relationship between cost of the services and satisfaction of Yeshasvini health insurance scheme is insignificant. Therefore, the beneficiaries enrolled in the scheme are generally of low income groups: hence high medical costs may provoke negative feelings among the beneficiaries. So Yeshasvini Trust must give cash less medical treatment, including medicines and travelling expenses as is provided under RSBY Scheme.

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WEBSITE

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