A STUDY ON AWARNESS AND BENEFICIARY SATISFICATION TOWARDS CHIEF MINISTER COMPREHESIVE HEALTH INSURANCE SCHEME IN COIMBATORE

*Pavithra.P **Dr.V.M.Tharaka Rani

*M. Com (CA), Department of Commerce (CA), Dr. N.G.P Arts and Science College, Coimbatore.

** Assistant Professor in Department of Commerce (CA), Dr. N.G.P Arts and Science College, Coimbatore.

ABSTRACT:

Tamil Nadu launched 'Chief Minister Comprehensive Health Insurance Scheme (CMCHIS) for life saving treatments on 23rd July 2009. It ensure the poor and low income groups who cannot afford costly treatment are able to get free treatment in government as well as private hospitals for serious ailments, it covered 642 medical procedures. To analyse the factors that influenced the chief minister comprehensive health insurance among users. To examine the problems faced by chief minister comprehensive health insurance scheme. The research study was conducted only in Coimbatore. The total number of respondents chosen for this study is 250. Out of 250 respondents, I have taken only 220 respondents because of 30 respondents are not respondents to the questions. The convenient sampling method was adopted in this research. Simple percentage analysis, Chi-square, One-way ANOVA, Rank analysis. Organize awareness campaigns and health camps in rural and distant places to reach those who may not have access to typical communication channels. Collaborate with local community leaders, NGOs, and healthcare providers to raise awareness and involvement in the program.

Keywords: health insurance, healthcare, life saving treatments.

INTRODUCTION:

Health insurance is a mechanism by which a person protects himself from financial loss caused due to accident and or disability. Though disability is not fixed, precise and immutable state affected as it is by numerous influences, both objective and subjective, its significance to society is that condition of ill health arising from disease or injury that prevents the individual from pursuing his normal routine of living. The universality of the hazard of disability is everywhere recognized, just as "uncertainty is one of the fundamental facts of life". It is may be because of this reason why the earlier society looked into health insurance as a mechanism to reduce the uncertainty attached to disability.The public healthcare system and to ensure quality care even to the last citizen of the state government of Tamil Nadu launched 'Chief Minister Kalaignar's Health Insurance Scheme (CMKHIS) for life saving treatments on 23rd July 2009.

CHIEF MINISTER COMPREHENSIVE HEALTH INSURANCE SCHEME:

'Chief Minister Kalaignar's Health Insurance Scheme' was launched in the year 2009 to ensure the poor and low-income groups who cannot afford costly treatment are able to get free treatment in government as well as private hospitals for serious ailments, it covered 642 medical procedures. Although the general public is greatly benefited by availing treatment in the improved government hospitals for most of the diseases the poor and downtrodden still had to access private hospitals for serious illnesses like cancer, heart diseases, kidney failure, brain and spinal problems and life-threatening accidents. It is not possible for the poor to bear the expenses towards treatment for such life-threatening diseases. Considering these facts, under this scheme, each beneficiary family was insured for availing free treatment up to Rs. 1 lakh. This scheme is for the poorest of the poor/low income/unorganised groups who cannot afford costly treatment, as a supplementary facility for getting free treatment in empanelled Government and private hospitals for such serious ailments. The Government paid the entire premium for this purpose. About one core poor families in the State were covered from this revolutionary scheme. Later this scheme was modified with extended coverage in the year 2011 and launched in the name of 'Chief Minister's Comprehensive Health Insurance Scheme' (CMCHIS). Under this scheme, the sum assured for each is revised as Rs.1 lakh every year for a total period of four years and for a total value of Rs.4 lakh. In the case of certain procedures, the ceiling may be raised to Rs.1.5 lakh per annum. The scheme covers 1,016 procedures, 113 follow up procedures and 23 diagnostic procedures.

Quality healthcare comes at a cost that is unaffordable for the economically weaker sections of society. One way to address this is to provide free healthcare in Government hospitals. But sometimes treatment is not possible at district and sub-district hospitals. Furthermore, the demand for advanced healthcare leads to long waitlists for emergency and lifesaving surgeries. To address these challenges and ensure availability of advanced healthcare, the Government of Tamil Nadu introduced a scheme called the "Chief Minister Kalaignar Insurance Scheme for life saving treatments" on 23rd July 2009. The Chief Minister Comprehensive Health Insurance Scheme (CMCHIS) in Tamil Nadu was a flagship healthcare initiative launched by the Government of Tamil Nadu to provide financial protection and quality medical care to its citizens. The scheme aimed to ensure that people from all socio-economic backgrounds could access necessary healthcare services without facing financial hardships.

OBJECTIVES OF THE STUDY:

- To study the socio-economic profile of the respondent

- To analyse the factors that influenced the chief minister comprehensive health insurance among users.

- To analyse the service utilized and the satisfaction level of the respondent

- To examine the problems faced by chief minister comprehensive health insurance scheme.

STATEMENT OF THE PROBLEM:

The Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) in Tamil Nadu has made significant strides in providing healthcare coverage to the population. However, it also faces certain challenges. While the scheme covers a wide range of diseases and procedures, the coverage limit of ₹5 lakh per family per year may not be sufficient for major illnesses or emergencies. Some patients may require additional financial support beyond the scheme's coverage. Delays in treatment approval and claims processing have been reported.

Pressure on Government doctors due to the scheme's targets and performance reviews. Co-payments demanded by hospitals can create financial burden for beneficiaries. Ensuring high-quality healthcare across all empanelled hospitals remains a challenge. Monitoring and maintaining consistent standards of care are essential. The scheme aims to provide equitable access to healthcare, but disparities still exist. Rural areas may face challenges in accessing quality healthcare facilities. Some eligible families may not be aware of the scheme or how to enroll. Effective communication and outreach efforts are crucial to maximize coverage. The scheme's long-term sustainability depends on adequate funding and efficient management.

RESEARCH METHODOLOGY:

The research design used for the study is descriptive in nature. The researcher has made an attempt to find the CHIEF MINISTER COMPREHENSIVE HEALTH INSURANCE SCHEME (CMCHIS) in Coimbatore.

AREA OF THE STUDY:

The research study was conducted only in Coimbatore.

SAMPLING SIZE:

The total number of respondents chosen for this study is 250. Out of 250 respondents, I have taken only 220 respondents because of 30 respondents are not respondents to the questions.

SAMPLE TECHNIQUES:

The convenient sampling method was adopted in this research.

SOURCES OF DATA

- **PRIMARY DATA:**

  The primary data were gathered from CMCHIS users. The holders under the CHIEF MINISTER COMPREHENSIVE HEALTH INSURANCE SCHEME were asked to respond to a structured questionnaire.

- **SECONDARY DATA:**

  The secondary data was collected from various sources like Articles, Journals, Wikipedia, Related Websites.

TOOLS USED FOR ANALYSIS:

- Simple percentage analysis
- Chi-square
- One-way ANOVA
- Rank analysis

PERIOD OF THE STUDY:

The study has been conducted for a period of four months from DECEMBER 2023 to MARCH 2024.

LIMITATION OF THE STUDY

1. The study was conducted only Coimbatore city.
2. This research was location specific and was confined to the Coimbatore. Hence the result may not be applicable to other parts of districts in Tamil nadu.
3. The study adopted convenient sampling which was one of the sampling method.
4. The findings of the study are based on information provided by the respondents.

REVIEW OF LITERATURE:

Dineshkumar P (2023) The results of this study can be used to design targeted awareness campaigns to increase awareness of the Ayushman Bharat scheme and to identify factors that can enhance the satisfaction levels of beneficiaries. Overall, the study highlights the need for continued efforts to increase awareness about health insurance schemes, especially among the less educated and economically disadvantaged sections of society. The study found that the majority of the respondents were young, educated, and from nuclear families, with a high level of awareness about health insurance. Advertisements were the most common source of awareness about health insurance, and private sources were the most common source of information about health insurance schemes. The study also found that there was a significant association between age group, occupation, and the number of earning persons in the family with the factors that affect awareness.

ANALYSIS AND INTERPRETATION

Table 1: Simple percentage analysis

Sl.no	Factors	No.of.respondents	Percentage (%)
1	Gender – female	127	57.7
2	Age – 36-45	83	37.7
3	Occupation – Private Employees	78	35.5
4	Monthly – Below Rs.20000	110	50
5	Marital Status – Married	139	63.2
6	Educational Qualification – UG Degree and Others	72	32.7
7	Area of residence – Rural area	134	60.9
8	Types of family – Nuclear Family	173	78.6
9	Members in Family – Four members	76	34.5
10	Healthcare services have you covered under CMCHIS – Surgeries	70	31.8
11	First known about CMCHIS – News paper, Social Media	50	22.7
12	Duration of health insurance – 6 to 9 years	67	30.5
13	Influenced behind opting for health insurance policy – Family members	80	36.4
14	Treatment taken under CMCHIS – Neurosurgery	66	30.0
15	Improvement would you like to see in the coverage – Expanded coverage for specific treatments	60	27.3

TABLE 2: SHOWING DESCRIPTIVE ANALYSIS WITH SATISFACTION OF HEALTH CARE SERVICES

FACTORS	Minimum	Maximum	Sum	Mean	Std. Deviation
Time lines of service	1.0	5.00	600.00	2.7273	1.37099
Quality of medical care	1.0	5.00	576.00	2.6182	0.997548
Availability of healthcare	1.0	4.00	524.00	2.3818	0.911437
Quality and service	1.0	5.00	536.00	2.4364	1.081410
Clarity of information regarding coverage	1.0	5.00	603.00	2.7409	1.446507
TOTAL				**12.9046**	**5.807892**

Source: Primary Data

INTERPRETATION:

The total mean rating of the respondents in the Satisfaction of health care scheme is 12.9046.The highest mean score is 22.740 has been found for high flexible with standard deviation .87732 and the lowest mean found 2.0506 has been found or Tax benefits with standard deviation.68921

TABLE 3: SHOWING RELATIONSHIP BETWEEN GENDER AND CHALLENGES

		Sum of Squares	df	Mean Square	F	sig	S/NS
Long procedure	Between Groups	1.844	1	1.844	1.793		
	Within Groups	224.206	218	1.028		.182	S
	Total	226.050	219				
Non availability of time	Between Groups	2.536	1	2.536	2.726		
	Within Groups	202.823	218	.930		.100	S
	Total	205.359	219				
Improper guidance	Between Groups	.161	1	.161	.207		
	Within Groups	169.276	218	.776		.650	NS
	Total	169.436	219				
	Between Groups	.009	1	.009	.005	.943	NS

Documentation issues	Within Groups	368.587	218	1.691			
	Total	368.595	219				
Disputed claims	Between Groups	.120	1	.120	.070	**.792**	
	Within Groups	373.717	218	1.714			**NS**
	Total	373.836	219				
Difficulty in claim process	Between Groups	37.605	1	37.605	1.190	**.276**	
	Within Groups	6886.554	218	31.590			**S**
	Total	6924.159	219				

INTERPRETATION

In the above table the parametric test ANOVA shows that the significance of the challenge for Long procedure faced while using chief minister comprehensive health insurance scheme is 0.182 which is lesser than the level of significance at 5%. Hence, null hypothesis is accepted. The parametric test ANOVA shows that the significance of the challenge for Non availability of time faced while using chief minister comprehensive health insurance scheme is 0.100 which is lesser than the level of significance at 5%. Hence, null hypothesis is accepted. The parametric test ANOVA shows that the significance of the challenge for Improper guidance faced while using chief minister comprehensive health insurance scheme is 0.650 which is lesser than the level of significance at 5%. Hence, null hypothesis is accepted. The parametric test ANOVA shows that the significance of the challenge for Documentation issues faced while using chief minister comprehensive health insurance scheme is 0.943 which is lesser than the level of significance at 5%. Hence, null hypothesis is accepted. The parametric test ANOVA shows that the significance of the challenge for Disputed claims faced while using chief minister comprehensive health insurance scheme is 0.792 which is lesser than the level of significance at 5%. Hence, null hypothesis is accepted. The parametric test ANOVA shows that the significance of the challenge for Difficulty in claim process faced while using chief minister comprehensive health insurance scheme is 0.792 which is lesser than the level of significance at 5%. Hence, null hypothesis is accepted.

TABLE 4: SHOWING RANK OF THE CHOOSING THE HEALTH INSURANCE SCHEME

FACTORS	1	2	3	4	5	6	7	8	9	10	TOTAL	RANK
Government Support	55	13	19	21	18	13	24	11	14	27	1368	1
Preventive and Wellness Programs	11	31	14	26	38	20	10	33	24	13	1211	6
Quick Claim Settlement	12	34	33	17	12	33	21	27	27	4	1269	3
Flexibility in Policy Options	8	24	22	33	22	35	20	26	22	8	1220	5
Hospitalization expenses	22	18	9	20	52	17	12	20	27	23	1176	8
Outpatient Service	20	23	27	21	25	33	22	14	13	22	1263	4
Coverage and Benefits	19	19	29	25	6	19	46	19	18	20	1196	7
Transparent policy terms	26	31	19	34	23	17	11	31	11	17	1328	2
Previous positive experiences	21	13	32	19	13	11	39	12	35	25	1136	9
Community awareness outreach	24	9	16	4	13	24	15	27	29	29	933	10

Source: Primary Data

INTERPRETATION:

The above table shows that the Government Support rank one by respondents, Preventive and Wellness Programs ranked six, Quick Claim Settlement ranked three, Flexibility in Policy Options ranked five, Hospitalization expenses ranked eight , Outpatient Service ranked four, Coverage and Benefits ranked seven, Transparent policy terms ranked two, Previous positive experiences ranked nine, ranked Community awareness outreach ten.

SUGGESTION

Organize awareness campaigns and health camps in rural and distant places to reach those who may not have access to typical communication channels. Collaborate with local community leaders, NGOs, and healthcare providers to raise awareness and involvement in the program.

Disseminate information about CMCHIS using a variety of communication platforms, including social media, newsletters, SMS notifications, and community gatherings. Regular updates and reminders can assist beneficiaries stay aware about the scheme's benefits, eligibility requirements, and enrolment procedures.

Create incentives or prizes for beneficiaries who actively participate in CMCHIS, such as savings on health care or premiums. This can increase membership and use of the plan while also fostering healthy habits.

Join forces with prominent people, influencers and leaders in the community to support CMCHIS and raise awareness among their following. Their support could increase the program's legitimacy and entice more participants to sign up.

Continuously assess the success of awareness efforts and beneficiary satisfaction levels using surveys, focus groups, and performance measures. Use this information to improve plans and activities to better meet the requirements of recipients over time.

CONCLUSION:

In conclusion, CMCHIS (Chief Minister's Comprehensive Health Insurance Scheme) stands as a vital initiative aimed at providing accessible and affordable healthcare services to citizens, particularly those from economically vulnerable backgrounds. By offering comprehensive health insurance coverage, CMCHIS seeks to mitigate the financial burden associated with medical treatments and ensure that individuals and families can avail necessary healthcare without facing financial hardship.

Through its multifaceted approach, CMCHIS not only addresses the immediate healthcare needs of beneficiaries but also contributes to broader societal goals of improving public health outcomes and fostering social welfare. By promoting awareness, facilitating enrolment, and enhancing beneficiary satisfaction, CMCHIS plays a crucial role in promoting health equity and reducing disparities in healthcare access across communities.

Furthermore, CMCHIS serves as a testament to the government's commitment to prioritizing healthcare as a fundamental right and investing in initiatives that empower citizens to lead healthier lives. By leveraging innovative strategies, community engagement, and partnerships with various stakeholders, CMCHIS continues to evolve and adapt to meet the evolving healthcare needs of the population it serves.

REFERENCE:

Dineshkumar P and Dr. R. Chandrasekaran (2023) a study on beneficiary satisfaction towards ayushman bharth (pm jay) reference to coimbatore city. © 2023 ijcrt | volume 11, issue 4 april 2023 | issn: 2320-2882.

Harman Singh & Madhurima Lall 2021, 'An Empirical Study of Life Insurance Product And Service In Rural Areas', ZENITH International Journal of Multidisciplinary Research, vol. 1, no. 8, pp. 297-305.

Wenyong Tian & Dongmei Li 2019, 'Study on Influencing Factors of Rural Insurance Salesman's Sale Performance', International Journal Of Business And Management, vol. 6, no. 5, pp. 180-190.

WEBSITES:

https://www.myscheme.gov.in/schemes/cmchis

https://www.cmchistn.com/eligibility_en.php

https://tnhsp.org/tnhsp/health-insurance-scheme.php