

AWARENESS AND PERCEPTION OF THE NEW HEALTH INSURANCE SCHEME OF THE TAMILNADU GOVERNMENT AMONG THE GOVERNMENT SCHOOL TEACHERS OF THE NILGIRIS DISTRICT, TN.

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Abstract : The main purpose of this study is to evaluate the awareness and perception of the Tamilnadu Government's New Health Insurance Scheme among the government school teachers of the Nilgiris district. Statistical tools like percentage analysis and anova are used to derive the answer for the set objectives.

IndexTerms - master policy. Health insurance, out-of-pocket expenses.

I.INTRODUCTION

II. The precursor of health insurance began in Texas by Justin Kimball. He established an organization called Blue Cross and this organization allowed teachers in that place to pay 50 cents every month so that they can avail cashless maternity care for 21 days. This concept later spread wide.

III. In India ESI is the precursor of health insurance. The Employees State Insurance Act was passed in 1948 as the need for social security was felt and this instigated the beginning of Health Insurance. The government first introduced the health insurance for its employees (ESIS) as a social security scheme. Service was provided through its own dispensaries and hospitals. Following this the central government introduced its health insurance scheme (CGHS) in 1954. For the other sectors health insurance started in the year 1986.

IV. The employer funded health insurance schemes have problems and controversies no matter wherever it is implemented throughout the world. The employer funded schemes can either be in the form of group insurance or individual insurance.

Group insurance: A single insurance policy taken for a group of people who can either be employer-employee group or non-employer-employee groups (eg. SHG groups, credit card holders of a bank, Cultural associations and so on) is called group insurance policy. The advantages of this are it provides a standardised coverage and very reasonable premium rates. The manager of the group would hold the master policy. As long as the member remains in the group he/she will be covered and when he/she moves out of the group he would be provided with an individual insurance policy.

Employer-based group insurance: The insurance policy taken by an employer for his employees and the premium would either be deducted from the salary of the employee or the premium would be paid by the employee and it would be a taxable perquisite for the employee.

The New Health Insurance Scheme: The NHIS (New Health Insurance Scheme) was launched by Dr. J.Jayalalitha, the then chief minister on July 20, 2016. The scheme was launched specially for the government employees and their families, the employees of the Public Sector undertakings of the State, Local bodies of the Tamilnadu, Government Universities and Statutory Boards which are under the control of the Government of Tamilnadu. The Sum assured is Rs. 4,00,000 for a period of four years i.e. from July 1, 2016 to June 30, 2020. This amount covers the cost of medicines, laparoscopy or open surgeries, doctor and attendant fees, room charges, diagnostic charges, dietary charges available in the approved hospitals. The scheme covers pre-existing disease and it will not cover the transport charges. In case the insured is diagnosed with cancer or has to undergo any organ transplantation, the sum assured will be increased to 7.5 lakhs.

The Government of Tamilnadu has allotted 1790 crores every year for this scheme and the scheme aims to benefit 10.22 lakh government employees. The mere definition of insurance is pooling of risks. For a small premium of 180 per month, the

Tamilnadu government employees and their families are being given a benefit of around 4 lakhs at their time of medical adversity. This scheme is not just trying to help the government employees but is also trying to give the employees a feel of security. It helps the employees avoid out-of-pocket expenses during this time.

Literature Review: Dr. A. Ananda Kumar, Dr. D. Porkalai and Mr. A Savio Arokiadass in their paper “Effective Utilization of Employee State Insurance(ESI) Policy. The study suggested that the employees must be given good knowledge about the scheme. The main finding of the study is that there is a relationship between the marital status and the utilization of ESI. The study also suggested that the employers must give awareness about the scheme and give more importance to see to the health issues of the employees and also see to it that the employees use the ESI. From this the employee’s health will be in good condition which in turn can be used to increase the productivity of the company.

Divya M. and Dr. B. Vijayachandran Illai in their research paper “ An Assessment of Awareness and Satisfaction on Employee State Insurance Scheme in the service sector in Kerala”. The study suggests that ESIC has played an important role in providing social security to millions of workers. However, the beneficiaries feel that the working of ESI is not up to the mark. The study suggests that the formalities and procedures for availing the benefit must be simplified. The working hours must be adjusted according to the needs of the employees etc.

B. Chandra Mohan Patnaik, Ipseeta Satpathy, and Singh Deo Padma in their paper “Role of Employees State Insurance(ESI) in the Cuttack district of Odisha: A Survey”. The study’s states, in Cuttack district the Employees State Insurance has functioned effectively since it is in the capital region of Odisha and hence the implementation has been successful but before declaring the success of the scheme, research has to be carried out in other parts of Odisha also.

Dash U. And Muraleedharan VR from the Department of Humanities and Social Sciences, Indian Institute of Technology Madras in their research project “How Equitable is Employees’ State Insurance Scheme in India?: A Case Study of Tamil Nadu is an output of Consortium for Research on Equitable Health Systems (CREHS). CREHS is a five year DFID funded Research Programme Consortium that is made of eight organisations based in Kenya, India, Nigeria, South Africa, Tanzania, Thailand and the United Kingdom. The initiative to undertake the scheme was given by policy makers of ESIS. The committee recommended that the government should improve access by constructing more ESI facilities and by adding more private facilities to the panel of existing hospitals. Secondly, the committee recommended that the basic infrastructure of the existing facilities must be improved. The study also recommends that a multiple card system must be introduced. Finally, after the discussion with the policy makers, the committee recommends that there should be continuity in framing the policies and making amendments so as to strengthen the ESI scheme. The study concludes that ESI is a scheme which helps to protect the beneficiaries from catastrophic health expenditure but the overall utilization level is very low because the quality of drugs is very poor, long waiting periods, insolence of personnel, long waiting spells and unusual delay in reimbursement of money spent on treatment outside, low rate of awareness and lack of interest among employers etc.

Statement of the problem: From reviewing the literature about employer funded insurance schemes in India it is evident that the major schemes like the ESI and CGHS have not solved the problem for which there were intended to. NHIS was launched by the Tamilnadu government for the same purpose as ESI or CGHS. Is the end-user aware about the scheme and its features.

RESEARCH GAP IDENTIFIED: There are many researches on employer (government) funded health insurance for government employees. This is the first study on The New Health Insurance Scheme which was introduced by the government of Tamilnadu for its employees.

RESEARCH METHODOLOGY:

This study describes the New Health Insurance Scheme which was introduced by the Tamilnady government in the year 2016 and has made a literature survey about employment based health insurance in India. The study attempts to find the awareness level and perception of the government school teachers towards the scheme in the Nilgiris district.

OBJECTIVES:

1. To study the awareness about the New Health Insurance Scheme among the Government School teachers of the Nilgiris district.
2. To study the perception of the Government school teachers of the Nilgiris towards New Health Insurance Scheme of the Tamilnadu Government.

AREA OF INTEREST: The Nilgiris has been chosen as the area of interest. The Nilgiris is divided into six taluks namely Kotagiri, Coonoor, Gudalur, Ootacamund, Pandalur and Kundah for all official purposes except for education. For educational purposes, the Nilgiris educational district has been divided into two divisions namely Coonoor division and Gudalur division. The teachers employed in Kotagiri, Coonoor, Ooty, and Kundah taluks come under Coonoor division and the teachers employed in Gudalur and Pandalur taluks come under Gudalur division. This categorization is applicable both for government and government-aided teachers. The teachers who get the government pay-whether they are employed in government schools or in government-aided schools are the respondents of the study. There are 2155 school teachers employed in the government schools and 471 school teachers employed in the government-aided school throughout the Nilgiris. A total of 2634 both male and female, primary school, middle school, high school and higher secondary whether employed at government schools or government-aided schools form the universe for this study.

PERIOD OF STUDY: The period of study is from 2015 to 2020. Secondary data was collected during 2015 to 2017 and primary data was collected from 2017 to 2019. Documentation and statistical analysis was done during 2019-2020.

DATA COLLECTION:

For maintaining the integrity of research accurate data is necessary. The data collected for research has to be from a genuine source for reducing the likelihood of errors and for arriving at honest results. The findings and suggestions from such a type of result can only be truthful which can be input to customers, business houses or policy makers and that according to me is the conclusive purpose of a research.

Secondary data needed for the study was collected from the internet after examining the validity of source. Parliamentary reports, websites of different insurance companies, government websites for insurance, IRDA’s website, peer reviewed research papers, articles from popular online magazines and journals were used for collection of secondary data. Books on the topics Insurance and statistics were also used to collect secondary data. The book titled “NEW HEALTH INSURANCE SCHEME-2016

(For employees of Government departments and others) which was published by United India Insurance Co Ltd was the main source of secondary data.

Primary data was collected from the teachers of government schools and government-aided teachers. A well structured questionnaire was framed and issued to the respondents and data was collected by the researcher personally after explaining the concept to the respondent teachers. The researcher had got permission from different school principals/ headmasters to meet the teachers during lunchtime and after-school hours. In many schools, the researcher explained the questions to staff as a group and in few places the researcher also personally explained each question and filled in the questionnaire for the respondent. Personally, each teacher was requested to take care to give genuine answers for the truthful outcome of the research.

A short telephone interview was conducted with the CEO of the Nilgiris district to get the details about the number of teachers in each educational division of the district.

A short telephone interview was also conducted with the Nodal Office of MD India implementing agency of the Nilgiris district to know the working of the scheme in the district.

SAMPLING TECHNIQUE:

The universe of the study constitutes 2634 respondents. 400 teachers, i.e. approximately 15% of the entire population was selected as samples. The database which the District Education Office maintains has categorized the teachers divisionally as Coonoor, Kotagiri, Gudalur and Ooty. The sample respondents are selected proportionate to the total number of teachers under each of the above mentioned divisions. The Nilgiris educational district was first stratified based on its divisions. Teachers in each stratum were stratified again as government school teachers and government aided teachers. Respondents are selected randomly in each of this division proportionately from government school teachers and from teachers receiving aided pay. Thus the sampling method used is stratified proportionate random sampling method. The proportion of samples to population is shown in the table below:

S.NO	Name of the Taluk(Stratum)	Category Sub-stratum	Population		sample size
1	Coonoor	Government	669		102
		Aided		113	18
2	Kotagiri	Government	272		40
		Aided		106	16
3	Ooty	Government	302		44
		Aided		76	12
4	Gudalur	Government	914		142
		Aided		176	26
	Total	Government	2155		400
		Aided		471	

LIMITATIONS OF THE STUDY:

1. The secondary data available about the scheme is very limited since there is no separate website for the scheme.
2. Many respondents were not even aware of such a scheme which was the biggest limitation.
3. Since the majority of the respondents were not aware of the scheme, explaining the scheme firsthand and then getting the questionnaire filled was very difficult.
4. Getting permission from heads of schools and getting details about the district educational office was a constraint.
5. 15% of the population was taken as the sample, the result given by 15% respondents is taken as the representation of the entire population which can be a limitation of the research.

6. Majority of the respondents were not aware of the scheme, so the satisfaction about the scheme was measured with the answers given by a meger percentage of respondents who have availed the scheme.

STATISTICAL TOOLS:

Statistical tools like percentage analysis and ANOVA are employed to derive the solution for the above framed objectives.

PERCENTAGE ANALYSIS:**Awareness towards New Health Insurance Scheme**

Factors	Highly Aware		Aware		Moderately Aware		Not Aware		Highly Not Aware	
	Respondents	%	Respondents	%	Respondents	%	Respondents	%	Respondents	%
Premium	140	35	208	52	52	13	-	-	-	-
Policy Started	94	23.5	208	52	82	20.5	16	4.0	-	-
Type of Policy	94	23.5	209	52.3	64	16	33	8.3	-	-
Frequency of Premium Payment	94	23.5	209	52.3	64	16	33	8.3	-	-
The period of the policy	68	17	191	47.8	90	22.5	51	12.8	-	-
The sum assured	68	17	147	36.8	39	9.8	120	30.0	26	6.5

The above table shows that 35 percent of the policyholders are highly aware about the premium deducted under New health insurance scheme, 52.3 percent of the policyholders are aware about type of policy and frequency of premium payment, 22.5 percent of the policyholders are moderately aware of the period of the policy, 30.0 percent of the policyholders are not aware of the sum assured and 52 percent of the policyholders are aware of policy started year.

It is concluded majority (52.3%) of the policyholders are aware about type of policy and frequency of premium payment

Awareness towards feature of New Health Insurance Scheme

Factor s	Highly Aware		Aware		Moderately Aware		Not Aware		Highly Not Aware	
	Respondent s	%	Respondent s	%	Respondent s	%	Respondent s	%	Respondent s	%
a) Tax Benefit	112	28.0	197	49.3	57	14.3	34	8.5	-	-
b) Your nearest empanelled hospital	36	9.0	171	42.8	134	33.5	59	14.8	-	-
c) List of empanelled hospitals	-	-	188	47.0	77	19.3	83	20.8	52	13.0
d) mobile app	-	-	145	36.3	136	34.0	93	23.3	26	6.5

e) Mode of Premium	26	6.5	121	30.3	144	36.0	109	27.3	-	-
f) List of disease covered under the plan	-	-	230	57.5	61	15.3	83	20.8	26	6.5
g) Whom to approach when you want to avail the benefit	-	-	221	55.3	44	11.0	109	27.3	26	6.5
h) Claim Settlement Procedure	-	-	182	45.5	82	20.5	84	21.0	52	13.0
i) Critical illness coverage			182	45.5	83	20.8	109	27.3	26	6.5
j) grievance redressal			185	46.3	80	20.0	109	27.3	26	6.5
k) coverage of pre and post hospitalization expenses	-	-	185	46.3	105	26.3	84	21.0	26	6.5
l) online services	-	-	247	61.8	43	10.8	110	27.5	-	-

The above table shows that awareness towards features of New Health Insurance Scheme, 49.3 percent of the policyholders are aware of tax benefits under New Health Insurance Scheme, 42.8 percent of the policyholder are aware of nearest empanelled hospitals, 47 percent of the policyholders are aware of list of empanelled hospitals, 36.3 percent of the policyholders are aware of mobile app of the scheme, 36.0 percent of the policyholders are aware of mode of premium, 57.5 percent of the policyholders are aware of list of disease covered under the plan, 55.3 percent of the policyholders are aware of whom to approach when one wants medical coverage, 45.5 percent of the policyholders are aware of claim settlement procedure and critical illness coverage, 46.3 percent of the policyholders are aware of grievance redressal, 46.3 percent of the policyholders are aware of coverage of pre and post hospitalization expenses and 61.8 percent of the policyholders are aware of online services provided by the scheme.

It is concluded that the majority (57.5%) of the policyholders are aware of the list of diseases covered under the plan.

Perception towards New Health Insurance Scheme

Factors	Highly Important		Important		Neither Important nor not		Not Important		Not at all Important	
	Respondents	%	Respondents	%	Respondents	%	Respondents	%	Respondents	%
Giving awareness	265	66.3	83	20.8	18	4.5	22	5.5	12	3.0
Increase in Premium	204	51.0	156	39.0	16	4.0	16	4.0	8	2.0
Tax Benefit	213	53.3	125	31.3	31	7.8	19	4.8	12	3.0
Claim Settlement	267	66.8	101	25.3	9	2.3	16	4.0	7	1.8
Customer Service	253	63.3	108	27.0	9	2.3	25	6.3	5	1.3

Providing online services	192	48.0	150	37.5	24	6.0	24	6.0	10	2.5
Introducing Reimbursement	232	58.0	136	34.0	8	2.0	23	5.8	1	.3
Grievance Handling	245	61.3	117	29.3	11	2.8	25	6.3	2	.5
Brand Name	187	46.8	165	41.3	13	3.3	15	3.8	20	5.0
Online services	184	46.0	167	41.8					209	52.3
Accessibility	209	52.3	125	31.3	34	8.5	21	5.3	11	2.8
Empanelled hospitals included in the plan	244	61.0	102	25.5	29	7.3	14	3.5	11	2.8
Diseases covered under the plan	209	52.3	126	31.5	14	3.5	24	6.0	27	6.8
Coverage for critical illness	267	66.8	80	20.0	15	3.8	28	7.0	10	2.5
Increase in sum assured	158	39.5	162	40.5	34	8.5	19	4.8	27	6.8
enhancing mobile app	213	53.3	126	31.5	18	4.5	16	4.0	27	6.8
Coverage for pre-existing diseases	222	55.5	143	35.8	3	.8	17	4.3	15	3.8
Coverage for cancer	218	54.5	126	31.5	14	3.5	29	7.3	13	3.3
Coverage for pre and post hospitalization expenses	218	54.5	147	36.8	9	2.3	18	4.5	8	2.0
Coverage for ambulance expenses	187	46.8	157	39.3	18	4.5	27	6.8	11	2.8
Coverage for regular medical check-ups	230	57.5	102	25.5	54	13.5	6	1.5	8	2.0
Value Added Service	228	57.0	130	32.5	24	6.0	10	2.5	8	2.0

ANOVA

Personal Factors and Awareness about NHIS

H₀ : There is no significant difference between personal factors and awareness about NHIS

The table depicts the result of ANOVA in terms of personal factors, source of variation, sum of squares, degree of freedom, mean squares, F values, p values and their significance on their awareness towards NHIS.

Personal Factors		Sum of Squares	df	Mean Square	F	Sig.	S/NS
Area of Residence	Between Groups	228.312	2	114.156	6.491	0.002	S
	Within Groups	6981.986	397	17.587			
	Total	7210.298	399				
Gender	Between Groups	134.770	1	134.770	7.581	0.006	S

	Within Groups	7075.528	398	17.778			
	Total	7210.298	399				
Age	Between Groups	324.717	3	108.239	6.225	0.000	S
	Within Groups	6885.580	396	17.388			
	Total	7210.297	399				
Marital Status	Between Groups	48.015	1	48.015	2.668	0.103	NS
	Within Groups	7162.282	398	17.996			
	Total	7210.297	399				
Educational Qualification	Between Groups	929.206	2	464.603	29.365	0.000	S
	Within Groups	6281.092	397	15.821			
	Total	7210.298	399				
Occupational Status	Between Groups	1102.100	2	551.050	35.815	0.000	S
	Within Groups	6108.197	397	15.386			
	Total	7210.298	399				
Monthly Income	Between Groups	2504.786	4	626.196	52.566	0.000	S
	Within Groups	4705.512	395	11.913			
	Total	7210.297	399				
Type of Family	Between Groups	473.263	1	473.263	27.959	0.000	S
	Within Groups	6737.035	398	16.927			
	Total	7210.298	399				

Number of family members	Between Groups	331.127	3	110.376	6.354	0.000	S
	Within Groups	6879.171	396	17.372			
	Total	7210.297	399				

It is evident from the above table that the calculated p-value is less than 0.05 for eight out of nine. Hence the null hypothesis is rejected (significant) for the eight factors namely area of residence, gender, age, educational qualification, occupational status, monthly income, type of family, and number of family members. Since the p-value for marital status is 0.103, the null hypothesis for this factor alone is accepted.

So it is concluded that there is significant difference between the personal factors of the respondent teachers of the NHIS like area of residence, gender, age, educational qualification, occupational status, monthly income, type of family and number of family members in the families of the respondents in respect of awareness New Health Insurance Scheme of the Tamilnadu Government.

Personal Factors and Awareness towards features of NHIS

H₀ : There is no significant difference between personal factors and awareness towards features of NHIS

Personal Factors		Sum of Squares	df	Mean Square	F	Sig.	S/NS
Area of Residence	Between Groups	4715.211	2	2357.605	44.947	0.000	S
	Within Groups	20823.899	397	52.453			
	Total	25539.110	399				
Gender	Between Groups	414.397	1	414.397	6.564	0.011	S
	Within Groups	25124.713	398	63.127			
	Total	25539.110	399				
Age	Between Groups	2081.745	3	693.915	11.714	0.000	S
	Within Groups	23457.365	396	59.236			
	Total	25539.110	399				
Marital Status	Between Groups	472.809	1	472.809	7.507	0.006	NS
	Within Groups	25066.301	398	62.981			
	Total	25539.110	399				
Educational Qualification	Between Groups	1076.906	2	538.453	8.739	0.000	S

	Within Groups	24462.204	397	61.618			
	Total	25539.110	399				
Occupational Status	Between Groups	1716.649	2	858.324	14.304	0.000	S
	Within Groups	23822.461	397	60.006			
	Total	25539.110	399				
Monthly Income	Between Groups	2177.856	4	544.464	9.206	0.000	S
	Within Groups	23361.254	395	59.142			
	Total	25539.110	399				
Type of Family	Between Groups	78.401	1	78.401	1.226	0.269	S
	Within Groups	25460.709	398	63.972			
	Total	25539.110	399				
Number of family members	Between Groups	1114.454	3	371.485	6.023	0.001	S
	Within Groups	24424.656	396	61.678			
	Total	25539.110	399				

It is evident from the above table that the calculated p-value is less than 0.05 for eight out of nine. Hence the null hypothesis is rejected (significant) for the eight factors namely area of residence, gender, age, educational qualification, occupational status, monthly income, type of family, and number of family members. Since the p-value for marital status is 0.006 the null hypothesis for this factor alone is accepted.

So it is concluded that there is significant difference between the personal factors of the respondent teachers of the NHIS like area of residence, gender, age, educational qualification, occupational status, monthly income, type of family and number of family members in the families of the respondents in respect of awareness New Health Insurance Scheme of the Tamilnadu Government.

Findings and suggestions:

The awareness of the respondents towards the New Health Insurance Scheme like premium amount, when the policy was started, type of policy, frequency of premium, period of policy, and sum assured are considerably better than the awareness of the respondents towards the features of the scheme like tax benefits, nearest empanelled hospital, mobile app, mode of premium, list of disease covered under the scheme, whom to approach at the time of medical emergency, claim settlement, critical illness, grievance redressal, coverage for pre and post hospitalization expenses and online services provided by the scheme.

In spite of having coverage under this scheme, many respondents have self-paid health insurance policy. The respondents also prefer out-of-pocket expenses or availing benefits from self-paid health insurance policies because of their perception about the scheme.

Out of nine personal factors like area of residence, gender, age, educational qualification, occupational status, monthly income, type of family and number of family members in the families of the respondents had a significant difference with awareness of NHIS as well as features of NHIS so the null hypothesis were rejected but there was no significant difference between marital status and awareness towards NHIS and features of NHIS and hence the hypothesis were accepted.

The respondents have a perception that the service provided and the empanelled hospitals are not up to the mark. The procedure for availing the benefit is also complicated is the perception of the respondents.

Conclusion:

The very objective of the scheme is to give social security to its employees. This scheme is an innovation effort of the Tamilnadu government. Even though the awareness about the scheme is fairly good, many respondents prefer out-of-pocket expenses or avail other self-paid health insurance because of their perception towards the scheme.

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