The Impact of RSBY-CHIS on utilisation of Healthcare Services in Kerala

Report

Submitted to

Kerala State Planning Board

By

SCMS Cochin School of Business

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Foreword

Good health of the population is fundamental to the nation's well-being and productivity. Quality healthcare is imperative to improving the health outcomes of the population. Access to quality healthcare should not be confined to the fortunate few but should lead to Universal Health Coverage (UHC), insulating the poor and vulnerable from consequences of catastrophic health expenditures.

The Government of India introduced Rashtriya Swasthya Bima Yojana (RSBY) in the country a decade ago to serve the marginalised sections of the society with two prime objectives: to provide financial protection to the BPL population from the health costs by reducing out of pocket expenditures and also to improve the access to quality healthcare by poor and vulnerable groups. An expanded version of RSBY, known as Comprehensive Health Insurance Scheme (CHIS), was implemented by the Government of Kerala to bring more vulnerable families under the umbrella of health insurance coverage.

Given the huge investment by the Government through these heavily subsidised schemes, it is prudent for Government to examine if the products are sensitive to the actual requirements of the target households. In this context, an evaluation study has been commissioned by the Kerala State Planning Board to SCMS Cochin School of Business to assess the impact of these schemes in the state of Kerala.

It is a privilege for SCMS Cochin School of Business to present the report of the study which succinctly presents a comprehensive review of RSBY-CHIS schemes in Kerala. The report is the outcome of the prolonged, systematic and genuine efforts of the research team at SCMS Cochin School of Business. The findings reveal that while RSBY-CHIS has the potential to safeguard the vulnerable households from catastrophic out of pocket expenditure, certain design constraints inhibit the vulnerable households from unlocking the resources which results in suboptimal utilisation. The lessons learned offer vital inputs at a stage when the Karunya Arogya Suraksha Paddhathi (KASP) is being rolled out in the state. We hope the findings from the study lead to demand creation interventions targeting historically vulnerable groups that fall behind even now and substantially expand the service delivery points resulting in universalising the coverage. It is hoped that the insights from the study facilitates unlocking the full potential of KASP so that no vulnerable household is left behind.

Prof. Pramod P. Thevannoor
Vice Chairman
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Acknowledgements

SCMS Cochin School of Business profoundly thanks Kerala State Planning Board for the evaluation study sanctioned to us to understand the impact that the erstwhile RSBY-CHIS could make on the vulnerable population's utilisation of healthcare services. We would like to express our sincere thanks to Dr. K. Ravi Raman, Member, Kerala State Planning Board for the constant support provided to us, which made this study possible. We are grateful to Dr. V.K. Ramachandran, Vice Chairman, the esteemed members of the Board and the distinguished officials in evaluation division for the suggestions provided during the initial presentation of the research proposal and also for the sanctioning of this study.

We are highly indebted to Mr. V. Namasivayam, Consultant, Kerala State Planning Board for his valuable guidance and suggestions throughout the conduct of this study. We would like to express our thanks to Dr. Raju S., Medical Officer at Comprehensive Health Insurance Agency of Kerala for the cooperation extended to us especially during the preliminary phase of this study. We owe a lot to Dr. Benoy Peter, Executive Director, Centre for Migration and Inclusive Development for sparing his time to provide valuable inputs in the conduct of this study.

The conduct and completion of this study was largely due to the enormous support and constant inspiration provided by the Management of SCMS Cochin School of Business spearheaded by Dr. G.P.C. Nair. Heartfelt thanks to Dr. G.P.C. Nair (Chairman), Prof. Pramod P. Thevannoor (Vice Chairman), Dr. Radha P. Thevannoor (Group Director), Dr. Indu Nair (Group Director), Prof. Baiju Radhakrishnan (Group Director) and Prof. K. Gopakumar (Group Director) for all the valuable support provided to facilitate this study.

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The backbone of this study is the valuable data obtained from the sample households across Kerala. We specially thank all the respondents who spared their time for co-operating in the survey. Also, sincere thanks to the research team who were hired for the study for all the hard work put in by them. Once again, extending gratitude to all those who contributed directly or indirectly for the conduct of this study.

Sincerely,

Joby Joy
Assistant Professor
SCMS Cochin School of Business

Cochin
31.07.2019

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ABBREVIATIONS

AAY	Antyodaya Anna Yojana
APL	Above Poverty Line
BPL	Below Poverty Line
CHIAK	Comprehensive Health Insurance Agency of Kerala
CHIS	Comprehensive Health Insurance Scheme
KASP	Karunya Arogya Suraksha Paddhathi
NFHS	National Family Health Survey
NGO	Non-Governmental Organisations
NHA	National Health Accounts
NSSO	National Sample Survey Office
OP	Out Patient
OOPE	Out-Of-Pocket Expenses
RSBY	Rashtriya Swasthya Bima Yojana
SPSS	Statistical Package for Social Sciences
SC	Scheduled Castes
ST	Scheduled Tribes
OBC	Other Backward Classes
UHC	Universal Health Coverage
UHIS	Universal Health Insurance Scheme
WHO	World Health Organization

Executive Summary

Out of pocket health expenditure has a catastrophic impact on households in India, particularly on the low income families. This also serves as a deterrent for them in availing quality healthcare services. To address these challenges, Government of India in 2008, launched Rashtriya Swasthya Bima Yojana (RSBY), a Health Insurance Scheme for the Below Poverty Line (BPL) families and later expanded it to include select categories of workers in the unorganised sector. Coverage is provided to a family of maximum five people on floater basis for a total annual coverage of ₹30,000 for hospitalised (In Patient) treatment. The Government of Kerala extended the benefits of the RSBY package to more of poor households and other identified vulnerable populations through Comprehensive Health Insurance Scheme (CHIS). In 2018-19, RSBY-CHIS covered over 40 lakh households from Kerala and completed a decade of implementation in the state. In this context, the Kerala State Planning Board commissioned a study to SCMS Cochin School of Business to assess the impact of RSBY-CHIS on utilisation of Healthcare Services in Kerala. A sample of 815 households was randomly selected from the eligible households in Kerala. A semi structured interview schedule was canvassed by trained investigators to collect data from the eligible households during 30-11-2018 to 07-02-2019.

The study found nearly 90 per cent of the eligible households enrolled under RSBY-CHIS. While the enrolment under RSBY-CHIS is fairly good examining the overall enrolment rates, the differential enrolment rates by ethnicity and poverty levels, reveal that the most marginalised such as Scheduled Tribes and AAY households still fall behind. Although one-third of the RSBY-CHIS insured households have experienced at least one hospitalisation event in the past 12 months preceding the survey, a majority of them could not utilise the benefit from RSBY-CHIS due to the design constraints of the scheme. Irrespective of the insurance status, the overall treatment seeking behaviour of the RSBY-CHIS eligible households appears to be similar and good indicating that having insurance has not significantly improved the treatment seeking behaviour of the insured households compared to the others.

The Out of Pocket Expenditure (OOPE) on hospitalisation of RSBY-CHIS enrolled households that benefited from the insurance was significantly lower compared to those insured households that experienced hospitalisation but did not benefit from RSBY-CHIS, indicating the potential of RSBY-CHIS to substantially reduce the OOPE of insured households. However, the OOPE for hospitalisation of the households that enrolled under RSBY-CHIS and the unenrolled households did not differ significantly suggesting that enrolment under RSBY-CHIS did not result in a reduction of the OOPE of the enrolled households on hospitalisation. The major design constraint of RSBY-CHIS has been that the scheme was unable to attract private hospitals in the state to empanel under it. Most households that experienced hospitalisation events but could not avail the benefits from RSBY-CHIS cited that the private hospitals in which they sought treatment were not empanelled under the scheme.

Evidence suggests that the state needs to undertake focussed interventions to improve the coverage and utilisation of Scheduled Tribes and other vulnerable populations. The enrolment process also needs to be more flexible and consumer sensitive. In order to promote utilisation of the scheme, more private hospitals may have to be enrolled or claim may have to be reimbursed. There should also be mechanisms to inform the beneficiaries the amount taken from their smart card during each hospitalisation. Above all, investment in strengthening the public health systems should be a major priority as the overemphasis on insurance may weaken the public health system which is a refuge for the poorest and marginalised populations in the state who are even less likely to come under the ambit of insurance coverage due to various reasons.

Chapter I

Introduction

Chapter 1

Introduction

The world is undergoing swift changes in economy, environment, technology, and demography, which in turn is linked to the health and well-being of human beings. Good health is vital for the happiness and welfare of mankind. The Sustainable Development Goals of the United Nations too highlights the importance of access to quality healthcare services. The face of healthcare delivery in India, inhabited by around 1.2 billion people, should also evolve to address this changing demography catering to the needs of the rural population as well.

The out of pocket payments while availing healthcare services, increase impoverishment and poor health among vast segments of the population. Policy initiatives in the country to serve the poor to avail healthcare have taken different shapes. Several attempts have been made at the Governmental level to ensure citizens' healthcare protection. The Constitution of India makes healthcare in India primarily the responsibility of the respective State Governments.

Kerala's attainment in the health sector is a model for the country. The state of Kerala has a remarkable history of healthcare. The accessibility and coverage of medical care facilities is significantly better in Kerala as compared to any other states in the country. Kerala has the best indicators of health service development and health outcomes (Baru et.al. 2010). One of the reasons behind the better health outcomes in Kerala is its focus on high quality of healthcare (Perabathina and Ellangovan, 2018). Of late, the healthcare system in Kerala accomplished a new milestone when seven Primary Health Centres (PHCs) in the state obtained the National Quality Assurance Standards (NQAS) certification, by the National Health Mission, under the Ministry of Health and Family Welfare. Data from the national index of health development jointly prepared by NITI Aayog and World Bank reveals that Kerala's overall health performance constantly surpassed the performance of other states in the country (NITI Aayog and World Bank, 2019). The report released in June 2019 ranked the states and Union Territories on their overall performance in terms of health outcomes between 2016 and 2018.

1.1 Health Financing

Health financing is the "function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the health system. The purpose of health financing is to make funding available, and to set the right financial incentives to providers, to ensure that all individuals have access to effective public health and personal healthcare" (WHO, 2000). A health system in which individuals have to bear money by themselves to avail healthcare can hinder the underprivileged sections of the society from utilising the healthcare services, thereby narrowing the access to only those who can afford to pay. The 2019 Astana Declaration acknowledges that staying healthy is not easy for many people, especially in the case of poor, and affirms that it is "unacceptable that inequity in health and disparities in health outcomes persist".

A major portion of the health spending in India is from private sources by way of out of pocket expenditures. Impoverishment due to payment towards healthcare expenses is quite substantial in our country (Van Doorslaer et al. 2006; Bonu et al. 2007; Berman et al. 2010). Out of pocket expenditures (OOPE) on health push people into debts to pay for the health expenses (Wagstaff and Doorslaer, 2003; NSSO, 2004; Selvaraj and Karan, 2009; Berman et al. 2010; Balarajan et al. 2011; Shahrawat and Rao, 2011) and also lead to avoidance of treatment (Garg and Karan, 2008; Berman et al. 2010). Lack of prudent financial protection generally results in poverty or delay of medical care

when needed. The cost involved in connection with treatment has been on rise in India leading to inequity in accessing healthcare services (National Health Profile, 2018). To a large extent, Health insurance is being considered as an important health financing tool enabling access to health services (Ranson, 2002; Hsiao and Shaw, 2007; La Forgia and Nagpal, 2012).

1.2 Rashtriya Swasthya Bima Yojana (RSBY)

Out of pocket health expenditures have a catastrophic impact on households in India, particularly on the low income families. This also serves as a deterrent for them in availing quality healthcare services. To address these challenges, Government of India in 2008, launched Rashtriya Swasthya Bima Yojana (RSBY), a Health Insurance Scheme for the Below Poverty Line (BPL) workers in the unorganised sector, and their families. This scheme was initiated in addition to the Universal Health Insurance Scheme (UHIS) for the BPL population, which was introduced by the Ministry of Finance in 2003. Under the scheme, the Union Government meets 60 per cent of the premium and the balance 40 per cent is paid by the State Government. The beneficiaries have to pay an annual registration charge of ₹30 per family.

The scheme was expanded later to include other select categories of workers as beneficiaries. Coverage is provided to a family of maximum five people on floater basis for a total annual coverage of ₹30,000 for hospitalised inpatient treatments, including maternity care. Since the launch of RSBY in India, several state and central schemes were implemented by the Government to lessen the burden of out of pocket expenditure by the poor in connection with availing of healthcare. The scheme thus paved the way to set off health insurance coverage for millions of poor households across the various Indian states.

1.3 Impact of RSBY on Out of Pocket Expenditure of the Poor

The latest National Health Accounts (NHA) estimates reveal that households pay around 61 per cent of the total health expenditure as out of pocket expenditures. In a country like India where the out of pocket spending on healthcare is high, RSBY is a promising endeavour to offer financial protection to the impoverished. RSBY performed satisfactorily in many states in the country with respect to enrolment of beneficiaries. The scheme covered 3.63 crore families in India during 2016-2017 and the beneficiaries were able to avail inpatient treatment in around 8,697 empanelled hospitals across the country (Press Information Bureau, 2018).

1.4 RSBY-CHIS

In addition to RSBY, in 2008, the Government of Kerala launched CHIS to extend health insurance coverage to more number of poor families and other identified sections apart from the BPL families who come under the Rashtriya Swasthya Bima Yojana (RSBY). The non-RSBY population is divided into two categories: (a) those belonging to the BPL (Poor) list of the State Government but not to the list as defined by the erstwhile Planning Commission of India and (b) the APL families that belong neither to the State Government list nor to the list prepared as per guidelines of the former Planning Commission. The beneficiary contribution is ₹30 for families belonging to category (a) and the entire premium for families belonging to category (b).

Comprehensive Health Insurance Agency of Kerala (CHIAK) is the Nodal institution constituted for the implementation of the RSBY-CHIS in Kerala. CHIS is formulated on the same lines of RSBY in terms of benefit. Hence, with respect to implementation and benefit, there is no demarcation

between both RSBY and CHIS. A substantial proportion of the poor households in Kerala are thus covered under either of the two schemes. The number of families covered under the schemes has been increasing gradually since inception. While 34.85 lakhs of households were covered under the schemes in 2017-18, the number has progressed to 40.96 lakh households by 2018-19 (Economic Review, 2018).

In order to provide additional benefits to the senior citizens, the State Government extended an additional coverage of ₹30,000 to the Senior Citizens in the RSBY-CHIS households under the Senior Citizens Health Insurance Scheme (SCHIS). Besides, CHIS-PLUS has been implemented to give additional coverage of ₹70,000 to the BPL beneficiaries for the treatment of chronic diseases through non-insurance route.

1.5 Karunya Arogya Suraksha Paddhati (KASP)

A decade post the implementation of RSBY-CHIS, the state has now moved into a new health financing scheme in full insurance mode called Karunya Arogya Suraksha Paddhati (KASP), in line with the Government of India's Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). KASP, a merger of all health financial assistance schemes in Kerala, offers health insurance coverage of ₹500,000 to all beneficiary families in the event of hospitalisation as per the terms outlined in the scheme. The number of eligible households as per the centre's programme based on the Socio-Economic Caste Census (SECC), 2011 data is much lower than the number of beneficiaries already entitled for health insurance benefits under the schemes in Kerala. But in KASP, all the households currently in the RSBY-CHIS will be eligible, not just the households as per the Centre's list. The scheme offers coverage for 1,824 health packages in 25 specialities. Comprehensive Health Insurance Agency of Kerala (CHIAK) is the State Health Agency (SHA) for the implementation of Karunya Arogya Suraksha Paddhati (KASP) in Kerala.

The continuity of RSBY-CHIS in Kerala demonstrates that the schemes are workable and scalable in the state. The data of National Family Health Survey (NFHS-4) reveals that, not more than half of the households in the state of Kerala (48 per cent) have any kind of health insurance that covers at least one member of the family. Among those who are insured, the scheme which leads the most is RSBY (79 per cent), predominantly in rural areas where it is 84 per cent among the insured households. At this juncture when KASP has been set off in Kerala, it is imperative to understand whether RSBY-CHIS could actually address the requirements of the target households in terms of utilisation of healthcare services. Moving forward, the success of any health financing scheme will depend upon how the loopholes in the erstwhile schemes are addressed. Empirical data from the actual recipients do play a major role in the designing consumer sensitive schemes.

1.6 Significance of the study

The upper or middle class segment of the Indian population, generally residing in urban areas has access to quality healthcare. Conversely, the rural segment in our country has limited or no access to healthcare. Risk due to low level of health security is prevalent among the informal sector workers. The high out of pocket (OOP) health spending and a large population lacking medical insurance coverage are areas of concern.

Around six crores of individuals in India are pushed to Below the Poverty Line (BPL) each year owing to expenditures in connection with sicknesses. The out of pocket expenditures in our country stand at 70 per cent and hence rendering financial protection to the marginalised sections is an issue which needs to be addressed on priority (NITI Aayog, 2018). As per the NHA estimates, the share of out of pocket expenditures against the overall health expenditure is high in Kerala, at 71.3 per cent,

against the national average of 60.6 per cent. Various studies (Garg and Karan, 2008; Ghosh, 2011; Nadu, 2018) have indicated that the out of pocket medical expenditure in Kerala is a financial burden, particularly in the case of vulnerable sections in the society. Due to the lack of appropriate insurance coverage, the poor tend to borrow or liquidate their limited assets to meet up the financial burden in connection with healthcare. Health financing does face several challenges and exploring the various options for health financing is vital. Though Health insurance has been quite deficient amongst the poor communities, initiatives such as RSBY and CHIS have been set off to spread health insurance coverage. The judicious option to enhance access to healthcare is broadening the available means for financing healthcare. One of the targets of the State Government is to align the targets of the health sector as per the Sustainable Development Goals (Health policy, 2019).

The enrolment level in RSBY-CHIS is comparatively impressive in the state of Kerala. But it is imperative to understand if the enrolled households are truly getting financial protection in the event of health shocks. In other words, learning about the extent to which the current product meets the actual requirements of the target population can provide strategic inputs for policy decisions. It is in this context that the Kerala State Planning Board commissioned a study to the SCMS Cochin School of Business to assess the impact of RSBY-CHIS in the utilisation of healthcare services by poor households in Kerala. This report summarises the key findings from the study and provides valuable insights in enhancing access to healthcare for the poor and vulnerable populations in the state.

Chapter II

Methodology

Chapter 2

Methodology

2.1 Introduction

Catastrophic health expenditure always stands as one of the reasons behind impoverishment amongst many households. RSBY and CHIS were heralded as ambitious initiatives for the marginalised and are greatly subsidised by both the Central and the State Governments. The implementation of the schemes in the state is an important step to shield the economically vulnerable households from financial shocks. The scheme envisages to improve access to health services and minimise the economic impact by giving financial protection from health expenses to the poor and marginalized. In this context, it is imperative to investigate how far the schemes have benefited the poor. The study titled 'the impact of RSBY-CHIS on healthcare services in Kerala' is thus an endeavour to evaluate the said schemes on the light of perspectives of the beneficiaries and the other target households. The study has been carried out to provide a real picture on the basis on empirical evidence. This chapter explains the various aspects considered in the design and execution of the study. The chapter is further divided into eight subsections detailing the objectives, research design, sampling, tool for data collection, recruitment and training of investigators, data collection and analysis, limitations and chapter scheme.

2.2 Objectives

The study explored the awareness levels of the eligible households in Kerala about the scheme, enrolment patterns and underlying factors, utilisation of services and how the scheme has contributed in reducing out of pocket health expenditure of the eligible households. The specific objectives are given below:

1. To explore the factors affecting enrolment and utilisation of RSBY- CHIS.
2. To understand the extent of utilisation of RSBY- CHIS by the target population.
3. To gather insights about the financial and non-financial impacts of RSBY- CHIS on the lives of the beneficiaries.
4. To examine the design constraints of the current schemes and suggest refinements to enhance coverage and utilisation.

2.3 Research Design

A descriptive design was adopted in the study to examine the impact of the RSBY-CHIS on utilisation of healthcare services in Kerala context. Through a cross sectional analysis based on a sample survey, the study empirically assesses and describes to what extent and how the target populations have benefited from the scheme. The study is predominantly based on primary data. Both qualitative and quantitative primary data were collected. Quantitative primary data were collected from a representative sample of households eligible to be enrolled under RSBY-CHIS through direct interviews. In order to understand various dynamics in connection with the study, key informant interviews were undertaken with sector experts in Kerala and other relevant key stakeholders. A desk research also was undertaken to review the available data and other strategic information available in the public domain.

2.4 Sampling

In order to capture heterogeneity, a self-weighting multi-stage probability sampling design has been adopted. A sample of 900 households was chosen from the state to ensure reasonable representation of the households enrolled under RSBY, households enrolled under CHIS and households that have not enrolled in any of these schemes. Estimating a 15% non-response, a target sample of 1080 households was chosen. Three districts were chosen from the 14 districts of Kerala using Probability Proportionate to Size (PPS) based on the total eligible households (number of target families) in the district. The pre-enrolment database provided by CHIAK was used as the sampling frame. Kollam, Thrissur and Wayanad districts were the districts thus got selected. In each selected district, eight Primary Sampling Units (PSUs) – a mix of Panchayats/Municipalities/Corporations - were also selected by PPS. The list of PSUs is provided in Annexure 2. From each selected PSU, 45 eligible households were chosen by systematic random sampling without replacement. The achieved sample size has been 815. While the real non-response was negligible (only six households chose not to respond), the rest were either not traceable due to incomplete addresses, had changed residences or were not in station during the visit. The proportion of RSBY and CHIS eligible households chosen in the sample are in line with the overall state level distribution.

2.5 Tool for Data Collection

In the light of the insights gained from literature review and key informant interviews with experts, a semi structured interview schedule was developed to gather primary data from the selected households. The schedule was translated in to Malayalam as well in order to enable the process of data collection more smoothly. A pretesting of the interview schedule was conducted at Choornikkara Panchayat, Ernakulam district. Based on the insights gained during pre-testing, further amendments were made in the interview schedule and the same was finalised in consultation with the State Planning Board. The final interview schedule is attached as Annexure 3.

2.6 Recruitment and Training of Investigators

A team of four field investigators were recruited exclusively for the study. It was ensured that all the four Investigators have minimum graduation as qualification. There were also investigators with advanced degrees. One-day training was provided to all investigators at SCMS Cochin School of Business on 23-11-2018 on various aspects of the study. In order to provide the investigators first-hand experience on data collection using the tool, field training was also provided. A full time Research Associate and a Field Supervisor recruited exclusively for the study monitored the data collection process, ensuring quality.

2.7 Data Collection and Analysis

The data collection of the study took place during 30-11-2018 to 07-02-2019. From each selected household, the head of the household was interviewed. If the head of the household was unavailable at the time of field visit, any other resourceful adult member available was interviewed. Informed oral consent was obtained before the data collection. The data was analysed using Statistical Package for Social Sciences (SPSS). Statistical tests such as independent sample t tests were used wherever applicable.

2.8 Limitations

Incomplete addresses in the sampling frame and relocation of people resulted in a higher non response rate than anticipated resulting in a sample size slightly lesser than estimated. Although analysis of the claim data available with CHIAK was envisaged, this could not be undertaken as the data was not available. Such an analysis would have thrown more light on the morbidity patterns, claim rejections and other relevant information. Since the study was conducted after the floods and landslides, there is a likelihood that the morbidity levels could be usual than normal.

2.9 Chapter scheme

This report is organised into four chapters. The introductory chapter provides the context of the study. The methodology adopted in the study is briefly outlined in chapter two. Chapter three presents the key findings. Chapter four discusses the conclusion of the study and the recommendations.

Chapter 3

Key Findings

Chapter 3

Key Findings

3.1 Introduction

The prime objective behind the implementation of schemes such as RSBY-CHIS is to offer financial protection to the poor households by reducing their out of pocket expenditure (OOPE). The study explored the impact that RSBY-CHIS could create with regard to utilisation of healthcare services by the target households and the key findings from the study are summarised here. The chapter is divided into nine sections. An overview of the profile of the sample households is provided in the section 3.2. Awareness about RSBY-CHIS is detailed in section 3.3. Level of enrolment and factors influencing the enrolment are discussed in section 3.4. Events of hospitalisation and related factors are examined in section 3.5 and the impact of RSBY-CHIS on beneficiaries is explored in the subsequent section. Outpatient treatment details are provided in 3.7 and the design strengths and weaknesses of RSBY-CHIS are narrated in section 3.8.

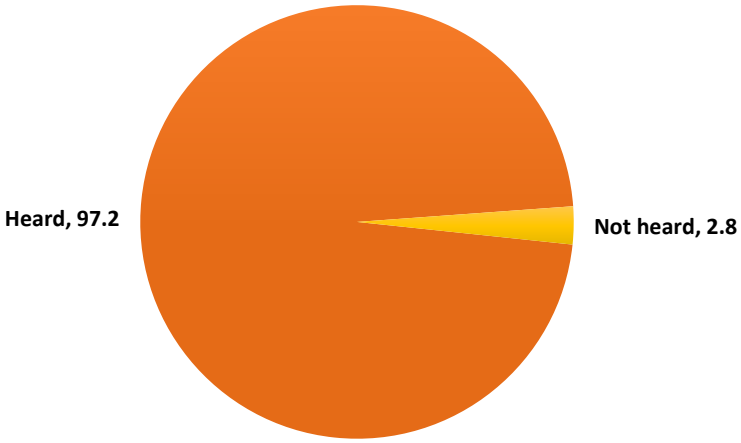
3.2 Profile of the Households

The sample consisted of 815 households out of which 56.3 per cent were households eligible for RSBY and the rest 43.7 per cent households were CHIS eligible households. This distribution more or less reflects the distribution of the total eligible households in Kerala. While the proportion of Hindu households was similar in both the groups, 9.6 per cent of the RSBY eligible households followed Christianity and 15.2 per cent CHIS eligible households followed Christianity. The proportion of Scheduled Castes and Scheduled Tribes were more or less similar in both the groups. However, overall the RSBY eligible households in the sample were more skewed towards SC/ST/OBC communities with only 22 per cent households belonging to other communities. The other communities constituted 29.2 per cent of CHIS eligible households. Type of ration card, which is a proxy for income, was explored and it was found that the concentration of the poor was more among the RSBY eligible households than CHIS, which is also obvious given the design of the products. Near about one-fifth of the RSBY eligible households had the Antyodaya Anna Yojana (AAY) Card whereas among the CHIS eligible households only 8.5 per cent belonged to this group. Only 78.5 per cent of the eligible households had a family size of five or below whereas more than one-fifth of the households had more than five members. When about a quarter of the RSBY eligible households reported having a monthly income of ₹5000 or below, one-fifth of the CHIS eligible reported an income of ₹5000 or below. Almost one-third of the RSBY eligible households were female headed and in the case of CHIS eligible households, it was 30.9 per cent. The detailed profile of the sample households is provided in Table No. 3.1 in the Annexure 1.

3.3 Awareness

The awareness about RSBY-CHIS among the respondents from the sample households was examined. They were asked if they had heard about RSBY-CHIS and if they were aware about the salient features of the scheme. Except nearly three per cent, all (97.2 per cent) had heard about RSBY-CHIS (Figure 3.1). While this trend was observed across most of the background variables, nearly 11 per cent of the respondents from Scheduled Tribe households had not heard about RSBY-CHIS. Table 3.2 in the Annexure provides the distribution of respondents by insurance status and whether heard about RSBY-CHIS. The percentage who had not heard about RSBY-CHIS was slightly more among those who had AAY ration card or who were illiterates. Overall awareness was better among the respondents from the insured households compared to uninsured households.

Figure 3.1: Percentage distribution of respondents by whether heard about RSBY- CHIS, Number 815



Panchayat was the major source of information about RSBY-CHIS among the households as reported by two-thirds of the households. This was not different among the insured and uninsured households. Near about ten per cent of the households mentioned Kudumbashree as the source of information. Another ten per cent heard about RSBY-CHIS from neighbours or through significant others. Newspapers and NGOs also had provided this information to people. Table 3.3 provides the percentage distribution of households by source of information about RSBY-CHIS.

Table 3.3: Percentage distribution of respondents from sample households by source of information about RSBY-CHIS and insurance status

Source of Information about RSBY-CHIS	Insured under RSBY-CHIS	Not insured under RSBY-CHIS	Total
Panchayat	67.4	66.3	67.3
Kudumbashree	11.0	8.1	10.7
Word of mouth	9.5	9.3	9.5
Newspaper	6.3	9.3	6.6
NGOs	2.9	4.7	3.1
Others	2.9	2.3	2.8
Total	**100**	**100**	**100**
Number	**700**	**92**	**792**

3.3.1 Knowledge about the features of RSBY-CHIS

The households were assessed for their knowledge about various features of RSBY-CHIS. Most were aware about the fee to be paid for enrolment. However, only about three-fourths of the respondents from the insured households were aware about the sum insured under RSBY-CHIS. Among the respondents from the uninsured households this was 60 per cent. Nearly 60 per cent respondents from insured households were aware about the number of members eligible to be enrolled, validity of the schemes, lack of coverage for OP treatment and what they had to carry to the empanelled hospital to avail the benefits. This was approximately 45 per cent in the case of the respondents from uninsured households except regarding the documents to be carried to the empanelled hospitals wherein it was 34 per cent. Majority of the respondents from the insured households were not aware about the empanelled hospitals, transportation allowances, availability of RSBY-CHIS helpdesk in the empanelled hospital, what should be done if absent on the day of enrolment, what are the coverages under pre and post hospitalisation expenses, etc. Only about four per cent of respondents were aware about the grievance redressal mechanism under RSBY-CHIS. Among the respondents from the uninsured households, only about seven per cent were aware about what should be done to get enrolled if absent on the day of enrolment. A mere one per cent of the respondents from the uninsured households was aware about the grievance redressal mechanism under RSBY-CHIS. Table 3.4 provides the awareness of the respondents who have heard about RSBY-CHIS on various features of the scheme. A composite variable was created to understand what proportion of the respondents has a comprehensive idea about all the features of the scheme. However, it was found that while people had heard about RSBY-CHIS, among those who had heard about RSBY-CHIS, only a single respondent had comprehensive information about all the features of the insurance scheme.

Table 3.4: Percentage of respondents aware about various features of RSBY-CHIS by insurance status of the households under RSBY-CHIS

Level of awareness	Insurance Status		Total
	Insured	Uninsured	
Aware about the fee to be paid	84.5	71.1	83.0
Aware about the Sum Insured	75.4	60.0	73.6
Aware about the number of members eligible to be enrolled	62.2	43.8	60.1
Aware about the validity of the schemes	62.5	41.1	60.0
Aware about whether there is any age limit to get enrolled	59.2	44.4	57.5
Aware that OP treatment is excluded	57.0	44.9	55.6
Aware about what to carry to the empanelled hospital to avail benefits	56.2	34.4	53.7
Aware about the empanelled hospitals	47.9	24.4	45.2
Aware about the transportation allowances	36.8	15.6	34.4
Aware about RSBY-CHIS helpdesk	31.0	14.4	29.1
Aware about what should be done to get enrolled if absent on the day	24.5	6.7	22.5
Aware about the coverage for pre and post hospitalisation expenses	22.6	6.7	20.8
Aware about the provision for splitting the smart card	16.9	10.0	16.1
Aware about the procedures to include a new-born in the schemes	9.4	6.7	9.1
Aware about what should be done if the smart card is lost	5.9	2.2	5.5
Aware about grievance redressal under the scheme	3.6	1.1	3.3
Total	**100**	**100**	**100**
Number	**700**	**92**	**792**

3.4 Enrolment

RSBY and CHIS are ambitious initiatives of the Government to facilitate access to healthcare services for the economically deprived. The enrolment status of the eligible households under any health insurance was examined in the study. The households were asked if they were covered under any health insurance and particularly about RSBY and CHIS. In the case of RSBY and CHIS, information was elicited on whether the households ever enrolled under RSBY-CHIS; ever discontinued enrolment and the status of enrolment at the time of the survey. Those who had discontinued were enquired the reason for discontinuation. The study also explored, whether RSBY-CHIS could provide coverage for all members of the household. Table No.3.6 provides the percentage distribution of eligible households by the status of enrolment in RSBY-CHIS.

3.4.1 Enrolment in Any Insurance

When examined about the status of enrolment of the sample households in any insurance, 88.8 per cent households were enrolled under some insurance scheme at the time of interview. Analysing the enrolment rates by ethnicity, it was found that almost nine in every ten (90 per cent) of the SC, OBC and general households were covered under some health insurance. However, only two-thirds (66 per cent) of the ST households reported being covered under any insurance. Analysis by type of ration card, which is a proxy of the income of the household revealed that only 79.1 per cent among the lowest income category, which has an AAY Card (Yellow Card) had enrolled under some health insurance while among others almost 90 per cent were currently enrolled under any health insurance. Table 3.5 provides the enrolment rates by select background characteristics.

Table 3.5: Percentage of eligible households currently enrolled under insurance by scheme of enrolment 2018

Variable/Category	**Health Insurance Scheme Enrolled**		**Total**	**Number**
	Any Insurance	**RSBY-CHIS**		
Religion				
Hindu	88.6	86.8	100	562
Muslim	92.3	87.7	100	155
Christian	84.7	79.6	100	98
Ethnicity				
Scheduled Caste	89.6	89.6	100	134
Scheduled Tribe	66.0	63.8	100	47
Other Backward Communities	91.6	88.6	100	429
Not Backward	87.8	83.9	100	205
Ration Card Category				
AAY (Yellow)	79.1	79.1	100	115
Other BPL (Pink)	89.6	88.6	100	396
Non – Priority (Others)	91.7	85.8	100	302
Monthly Income				
Up to 5000	85.7	85.2	100	182
5001-10000	90.9	88.6	100	317
10001-15000	85.3	81.8	100	143
Above 15000	91.3	86.1	100	173

Family Size				
Five or below	88.8	86.4	100	640
Above five	89.1	85.1	100	175
Gender of HH head				
Male headed	89.5	86.6	100	543
Female headed	87.5	85.3	100	272
Single woman living alone	88.2	85.3	100	34
All	**88.8**	**86.1**	**100**	**815**

3.4.2 Enrolment under RSBY-CHIS

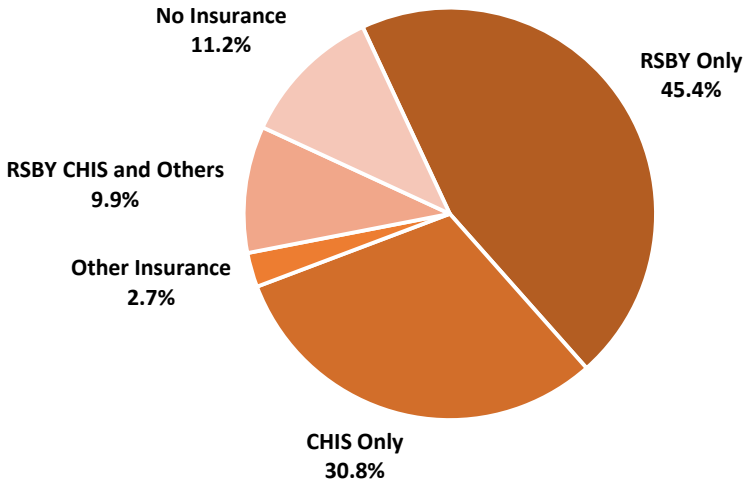
The enrolment history of the eligible households was explored. Most of the households (96.7 per cent) reported that they had ever enrolled under RSBY-CHIS. Only about three per cent of the eligible households reported that they had never enrolled under the scheme. The proportion of household never enrolled under the scheme varied from 2.8 per cent among the RSBY eligible households to 3.9 per cent in the case of the CHIS eligible households, with an overall 3.3 per cent households never enrolling under RSBY-CHIS.

Table 3.6: Percentage Distribution of the Eligible Households by Status of Enrolment in RSBY-CHIS

Variable/ Category	**Enrolment Eligibility**		**Total**
	RSBY	**CHIS**	
Enrolment History			
Ever enrolled	97.2	96.1	96.7
Never enrolled	2.8	3.9	3.3
Current status of Enrolment			
Currently enrolled	88.7	82.9	86.1
Currently not enrolled	11.3	17.1	13.9
Total	**100**	**100**	**100**
Number	**459**	**356**	**815**

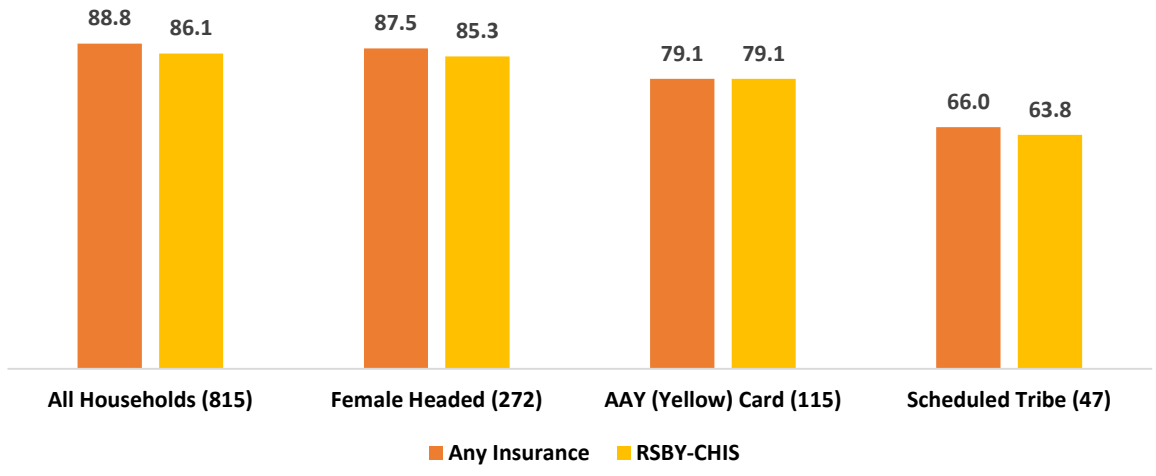
Among the total insured households, 86.1 per cent were insured under RSBY-CHIS and only 2.7 per cent reported having currently enrolled in other health insurance schemes exclusively. Overall, 12.6 per cent of eligible households reported having insured under an insurance scheme other than RSBY-CHIS. The largest proportion of households was enrolled under RSBY (45.4 per cent). The current enrolment rate was higher (88.7 per cent) among RSBY eligible households compared to CHIS eligible households (82.9 per cent).

Figure 3.2: Distribution of Households Currently Enrolled in Health Insurance, by Product, Number 815



The enrolment rates of the households were examined by key background variables and it was found that, while the overall enrolment rate was good (86.1 per cent), the AAY households as well as Scheduled Tribe households lagged behind considerably in enrolment under any insurance scheme. Only 63.8 per cent eligible ST households were enrolled under RSBY-CHIS and in the case of AAY households the enrolment rate among the eligible households was 79.1 per cent. Figure 3.3 provides a comparison of enrolment rates of households under RSBY-CHIS and any insurance by select background characteristics.

Figure 3.3: Current Enrolment Rates of Eligible Households by Select Background Characteristics

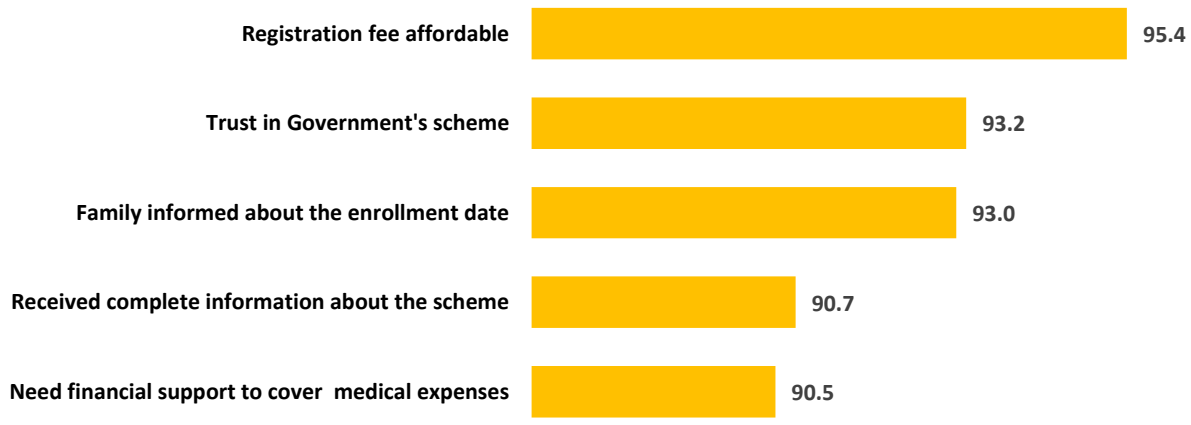


3.4.3 Determinants of Enrolment

The study collected data about reasons for enrolment and what prevented enrolment. Reasons for discontinuation were also collected from households that reported that they had ever discontinued. Most of the households that were currently enrolled reported that the registration fee was affordable to them and they trusted RSBY-CHIS being a Government scheme. Nine in every ten

households enrolled reported that they were informed about the enrolment date, had received complete information about the scheme and were in need of financial support to cover medical expenses. Figure 3.4 provides the most important five reasons provided by the households currently enrolled under RSBY-CHIS. The active involvement of the panchayats and Kudumbashree was also mentioned as a factor that facilitated enrolment in RSBY-CHIS.

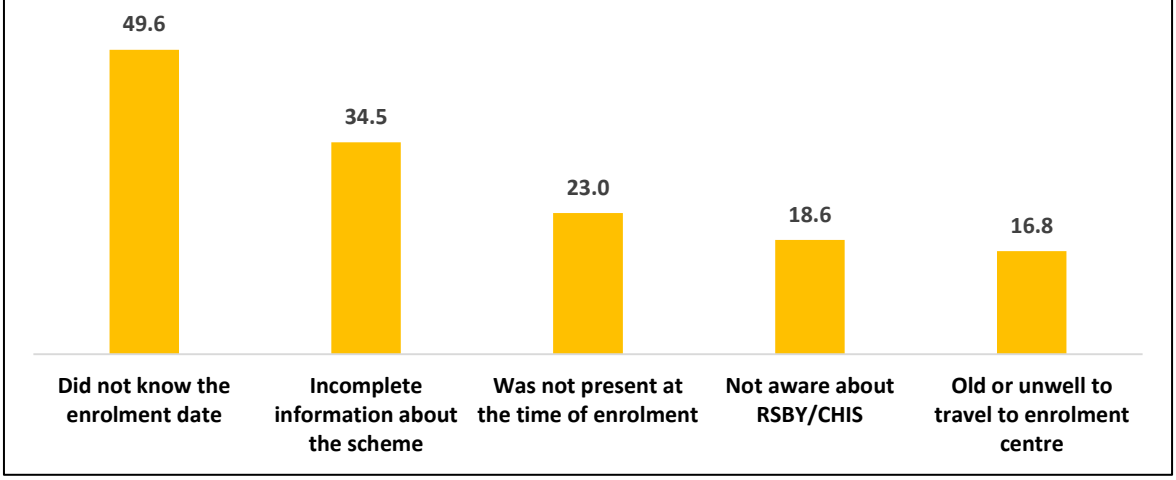
Figure 3.4: Five Key Reasons For Enrolment Reported by the Households Enrolled, Number 702



3.4.4 Reasons for Current non enrolment

Every second eligible household, currently not enrolled reported that they were unaware about the enrolment date. Slightly over one-third of the households that were currently not enrolled reported that they did not have complete information about the scheme. Among the households currently not enrolled, 23 per cent reported that the household could not be represented at the time of enrolment. About one-fifth of the households reported that they were unaware about RSBY-CHIS. Nearly 17 per cent of the households currently not enrolled reported that the concerned person could not travel for enrolment as he/she was unwell or too old to travel. Figure 3.5 provides the major reasons provided by the eligible households for non-enrolment.

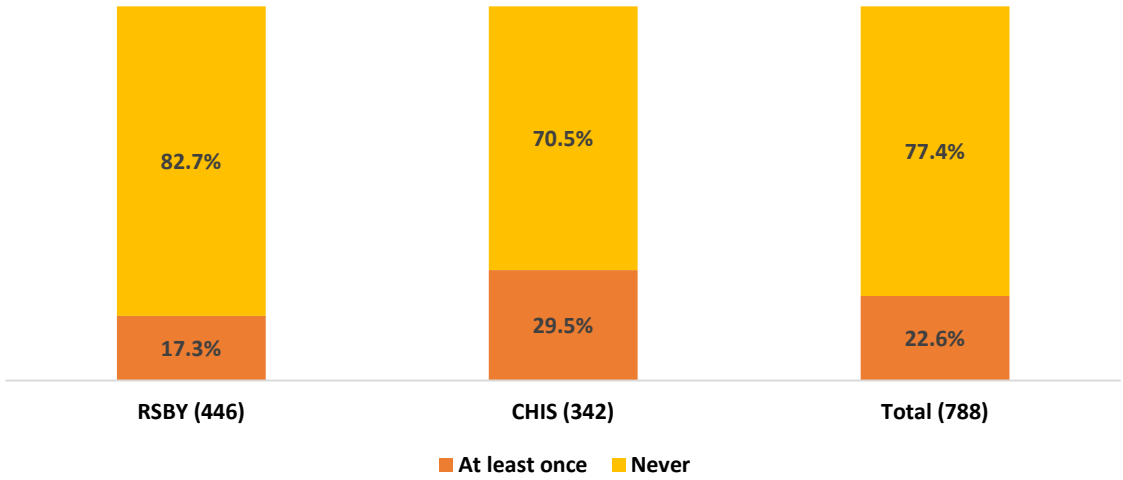
Figure 3.5: Reasons for Non-enrolment for Currently Not Enrolled, Multiple Response, Number 113



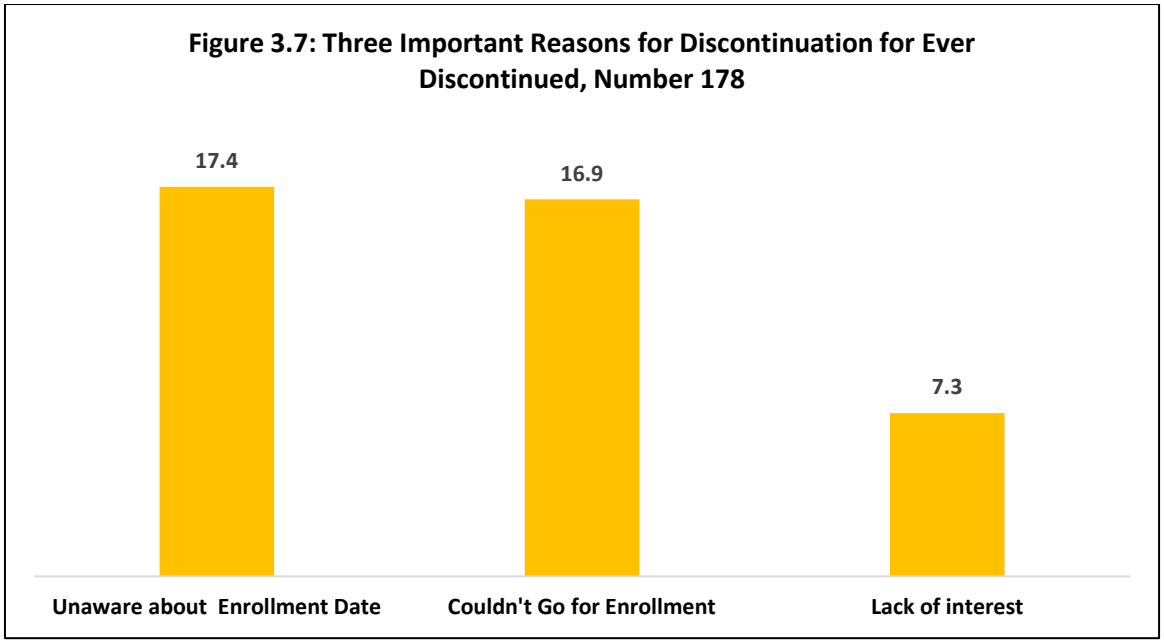
3.4.5 Reasons for Discontinuation

Among those who ever enrolled under RSBY-CHIS, slightly over one-fifth reported ever discontinuing after enrolment. Among the CHIS eligible households that had ever enrolled, nearly 30 per cent households had ever discontinued whereas only 17.3 per cent RSBY enrolled households had ever discontinued. Overall 22.6 per cent household enrolled under RSBY-CHIS had ever discontinued. Figure 3.6 provides the distribution of households ever enrolled under RSBY by history of discontinuation.

Figure 3.6: Distribution of Households Ever Enrolled by History of Discontinuation, Number 178



One in every three households could not enrol either due to lack of awareness about the enrolment date or inability to go for enrolment during the specified period. Lack of interest was cited as the reason by 7.3 per cent of the households for discontinuation from RSBY-CHIS. Figure 3.7 provides the three important reasons for discontinuation provided by the households enrolled and ever discontinued.



3.5 Hospitalisation

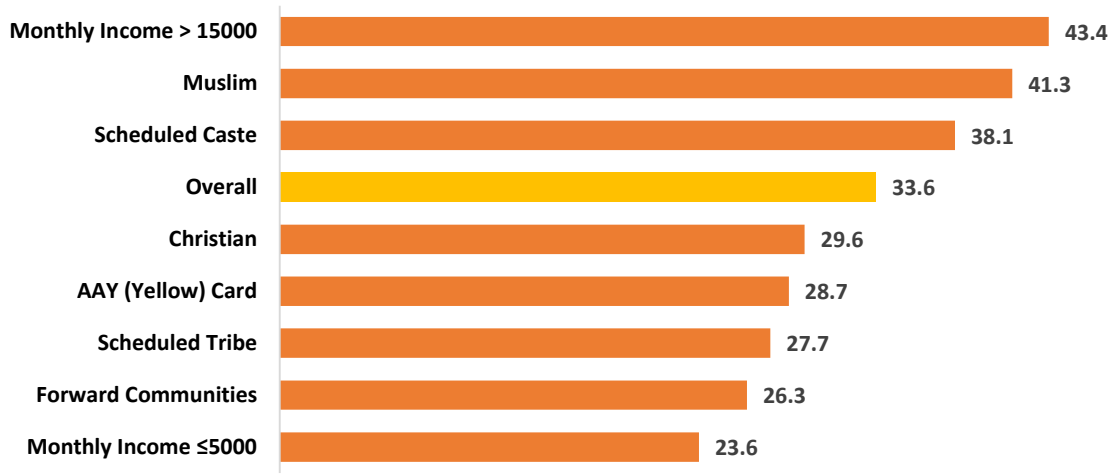
The study explored the events of hospitalisation among the sample households during the past 12 months. Details such as frequency of hospitalisation, cause, type of hospital where admitted, age of the person hospitalised and expenditure related to hospitalisation was collected in the case of each episode of hospitalisation event in the past 12 months. The hospitalisation rates during the past 12 months ranged from 30.8 per cent among the uninsured households to 38 per cent among the CHIS enrolled households. Over all, one in every three households (33.6 per cent) surveyed experienced at least one hospitalisation event in the past 12 months preceding the survey. Table 3.7 provides the proportion of households experienced hospitalisation events in the past one year by insurance status.

Table 3.7: Percentage Distribution of Households by Experience of Hospitalisation Events in the Past 12 months, by Insurance Status

Variable/Category	**Insurance Status**					**Overall**
	RSBY	**CHIS**	**RSBY-CHIS**	**Any Insurance**	**Uninsured**	
Hospitalised	31.4	38.0	34.2	34.0	30.8	33.6
Not Hospitalised	68.6	62.0	65.8	66.0	69.2	66.4
Total	**100**	**100**	**100**	**100**	**100**	**100**
Number	**407**	**295**	**702**	**724**	**91**	**815**

The hospitalisation rates of households were examined by select background characteristics. While near about one-fourth (23.6 per cent) of the households with a monthly income less than ₹5000 reported experiencing hospitalisation events in the past 12 months, it was 43.4 per cent among those who had income above ₹15000. The Muslim households and Schedule Caste households experienced higher rates of hospitalisation compared to Christians and forward communities. Slightly over one-fourth of the ST households reported having events of hospitalisation in the past 12 months. The rate of hospitalisation is observed to be increasing with increasing monthly income. The hospitalisation rates appear to be influenced by a variety of background characteristics of the households surveyed.

Figure 3.8: Percentage of Households that Experienced at least one Hospitalisation Event in the Past 12 Months by Select Characteristics



Among the households that have experienced hospitalisation, over three-fourth of the households irrespective of the insurance status experienced only one event of hospitalisation. However, the proportion of households experiencing hospitalisation only once was significantly higher in the case of uninsured compared to the insured. Overall, 78.1 per cent households experienced only one hospitalisation whereas about 15 per cent experienced two hospitalisations and more than two hospitalisation events were experienced by 7.3 per cent households in the past 12 months preceding the survey. Nearly 65 per cent of the insured households that experienced hospitalisation took treatment from private hospitals where as only 55.6 per cent households without insurance went to private hospitals for in-patient treatment. One in every three households that experienced events of hospitalisation reported that a senior citizen in the household was hospitalised. Nearly 70 per cent of the insured households reported the age of the person hospitalised above 30 years. Overall the median age of the person hospitalised was 49 years. The proportion of older person hospitalised was more among the uninsured households compared to the households enrolled under RSBY-CHIS or any insurance.

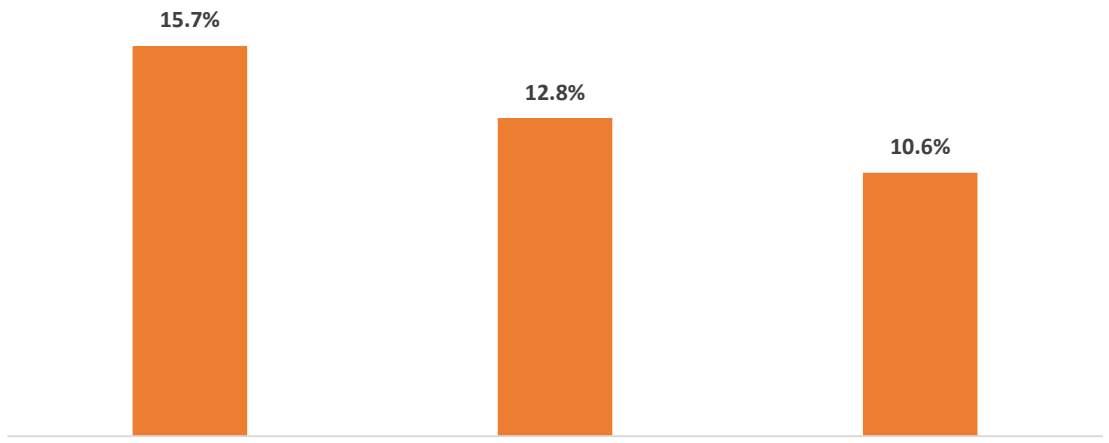
Table 3.8: Percentage Distribution of Households that Experienced Hospitalisation Events in the Past 12 Months by Select Characteristics

Variable/Category	**RSBY-CHIS**	**Any Insurance**	**Uninsured**	**Total**
Frequency of Hospitalisation				
Once	76.7	77.2	85.7	78.1
Twice	15.4	15.0	10.7	14.6
More than twice	7.9	7.7	3.6	7.3
Type of Hospital				
Government	32.4	31.6	40.7	32.5
Private	63.9	64.8	55.6	63.8
Cooperative	3.8	3.7	3.7	3.7

Age of Person Admitted				
Below 30	28.3	28.9	32.1	29.2
30-59	34.6	35.0	28.6	34.3
60 and Above	35.0	34.1	39.3	34.7
Total	**100**	**100**	**100**	**100**
Number	**240**	**246**	**28**	**274**

Fever, pregnancy and heart related problems were the major causes of hospitalisation as reported by the households. Nearly 40 per cent of the hospitalisation events were caused by these health issues. Figure 3.9 provides the proportion of hospitalisation events caused by each of these health problems. Hypertension, Asthma, vision problems and accident were some of the other causes of hospitalisation. The median duration of hospitalisation was six days.

Figure 3.9: Three Most Frequent Reasons for Hospitalisation in the Past 12 Months, Number 274



3.5.1 Hospitalisation Expenditure

The data on expenditure incurred by the households that experienced hospitalisation in the past 12 months was collected. The households incurred expenditure related to treatment and also other expenses such as food, conveyance as well as expenses of the caregivers. Table 3.9 provides the details of the last hospitalisation expenditure of the households by scheme of insurance. Overall, the households experienced hospitalisation incurred a median total expenditure of ₹11,000 last time and the median expenditure incurred on treatment was ₹9000. The households enrolled under RSBY-CHIS had a median total expenditure of ₹10,725 and the median treatment expenditure during last hospitalisation episode was ₹8102. The median overall hospitalisation expenditure incurred by RSBY-CHIS households was lesser compared to others. Table 3.9 provides the details.

Table 3.9: Median expenditure during last hospitalisation of households that have experienced hospitalisation in the past 12 months

Variable/Category	**RSBY-CHIS**	**Others**	**Total**
Treatment Expenditure	8102	11000	9000
Miscellaneous Expenses	2000	2300	2000
Total Expenditure	10725	14380	11000

Nearly 30 per cent RSBY-CHIS insured households incurred a total hospitalisation expenditure of less than ₹5000 whereas this was almost ten per cent points lesser in the case of those who were not insured under RSBY-CHIS. While 20 per cent of the households insured under RSBY-CHIS incurred a total hospitalisation expenditure of over ₹30,000, nearly one-third of those who were not insured under RSBY-CHIS and had experienced hospitalisation had incurred a total expenditure of more than ₹30,000 during last hospitalisation episode. About 37 per cent of RSBY-CHIS insured households experienced households that experienced hospitalisation had incurred a total expenditure of over ₹15,000 whereas this proportion was 47 per cent in the case of those who were not insured under RSBY-CHIS and experienced hospitalisation. While, nearly 11 per cent of the RSBY-CHIS households did not incur any expenditure related to treatment last time when they had a hospitalisation during the past 12 months, it was only three per cent in the case of those who were not currently insured under RSBY-CHIS. Irrespective of the enrolment in RSBY-CHIS majority of the households incurred an expenditure of less than ₹4,000 expenses other than treatment. The details of expenditure incurred are provided in Table 3.10.

Table 3.10: Percentage Distribution of Households that experienced at least one hospitalisation during the past 12 months by Expenditure Incurred during the Last Hospitalisation Episode and Insurance Status

Variable/Category	**Insured under RSBY-CHIS**	**Others**	**Total**
Treatment Expenditure			
Nil	10.8	2.9	9.9
Up to 5000	29.2	23.5	28.5
5001-10000	19.6	23.5	20.1
10001-15000	10.0	11.8	10.2
15001-20000	6.2	5.9	6.2
20001-25000	5.0	5.9	5.1
25001-30000	1.7	2.9	1.8
Above 30000	17.5	23.5	18.2
Miscellaneous Expenses			
Up to 2000	50.8	44.1	50.0
2001-4000	25.0	17.6	24.1
4001-6000	14.6	17.6	15.0
6001-8000	3.8	5.9	4.0
8001-10000	1.7	2.9	1.8
Above 10000	2.9	5.9	3.3
Unable to Recollect	1.2	5.9	1.8
Total Expenditure			
Up to 5000	28.8	20.6	27.7
5001-10000	19.2	20.6	19.3
10001-15000	15.4	11.8	15.0
15001-20000	7.1	5.9	6.9
20001-25000	5.4	8.8	5.8
25001-30000	4.2	0.0	3.6
Above 30000	20.0	32.4	21.5
Total	**100**	**100**	**100**
Number	**240**	**34**	**274**

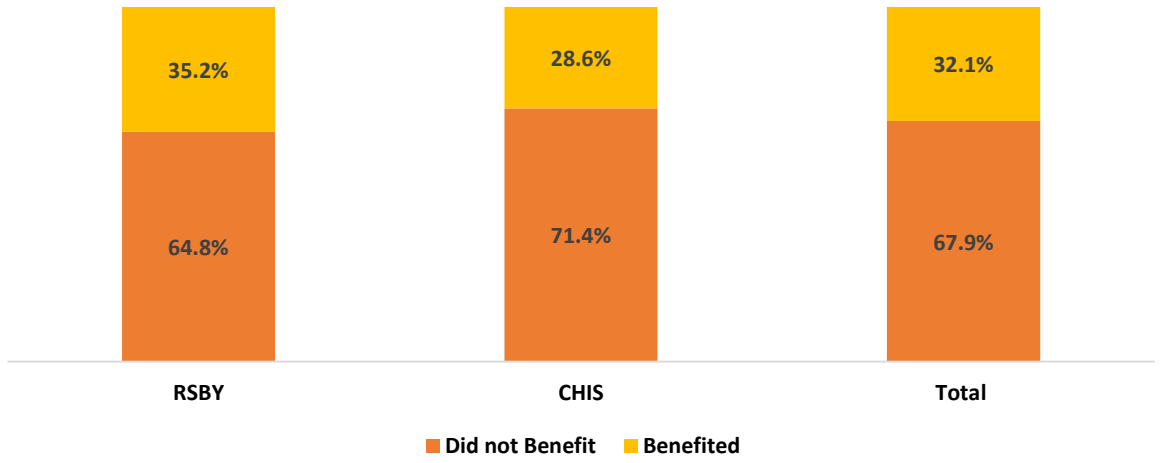
3.6 Benefits from RSBY-CHIS

This section analyses how the households insured under RSBY and CHIS benefited from the health insurance scheme. The key research questions included, what proportion of the insured households which experienced hospitalisation in the past 12 months were benefited from the insurance coverage, to what extent their hospitalisation expenses were covered, has enrolment under RSBY-CHIS significantly reduced their Out of Pocket expenditure (OOPE) and if the OOPE of RSBY-CHIS insured households that experienced hospitalisation substantially lower compared to the households that were not enrolled under RSBY.

3.6.1 Benefits during last episode of hospitalisation

In order to assess the impact of RSBY and CHIS on the enrolled households, the RSBY and CHIS enrolled households that experienced at least one hospitalisation episode during the past 12 months were enquired whether they had benefited from their insurance. Nearly two-thirds (68 per cent) of the households that were currently enrolled under RSBY-CHIS and experienced at least one episode of hospitalisation during the past 12 months reported that they did not benefit from RSBY-CHIS. While only 35.2 per cent households insured under RSBY benefited from the insurance during the last hospitalisation, only 28.6 per cent of the CHIS insured households that experienced hospitalisation benefited from the insurance cover. Figure 3.10 provides the distribution of the RSBY-CHIS insured households by benefit from the insurance during the last episode of hospitalisation in past 12 months.

Figure 3.10: Distribution of RSBY-CHIS Insured Who Incurred Hospitalisation During Past 12 Months by Benefit from RSBY-CHIS During the Last Hospitalisation episode, Number 240



An analysis on benefits to households insured under RSBY-CHIS by select background characteristics (Table 3.11) also reveals that, irrespective of the socio-economic backgrounds, majority of the households insured under RSBY-CHIS did not benefit from their insurance during last episode of hospitalisation in the past 12 months. Table 3.11 provides the details.

Table 3.11: Percentage Distribution of RSBY-CHIS Enrolled Households that Experienced Hospitalisation in the past 12 months by Select Background Characteristics and Whether Benefited from RSBY-CHIS during last episode of hospitalisation

Variable/Category	**Whether benefited from RSBY-CHIS**		**Total**	**Number**
	Did not Benefit	**Benefited**		
Religion				
Hindu	69.9	30.1	100	163
Muslim	59.6	40.4	100	57
* Christian	-	-	-	20
Ethnicity				
Scheduled Caste	59.1	40.9	100	44
* Scheduled Tribe	-	-	-	10
Other Backward Class	73.6	26.4	100	140
Not Backward	60.9	39.1	100	46
Ration Card Category				
AAY Card (Yellow Card)	66.7	33.3	100	30
Other BPL (Pink Card)	61.9	38.1	100	113
Non – Priority	75.3	24.7	100	97
Monthly Income				
Up to 5000	54.1	45.9	100	37
5001-10000	64.6	35.4	100	96
10001-15000	67.5	32.5	100	40
Above 15000	80.6	19.4	100	67
Gender of HH head				
Male headed	69.0	31.0	100	168
Female headed	65.3	34.7	100	72

* Note: Percentages not calculated for cases wherein the numbers are less

3.6.2 Extent of Benefit

The households insured under RSBY-CHIS and had benefited from the insurance during the last hospitalisation episode in the past 12 months were asked to what extent RSBY-CHIS covered their total hospitalisation expenditures. Slightly over one-third of them reported that they do not know how much their treatment expenditure through RSBY-CHIS was, as the hospital authorities did not reveal it to them. Among those who knew the amount benefited, the median benefit of RSBY enrolled households was ₹8000 and CHIS enrolled household was ₹6200 with an overall median benefit of ₹7600 during last episode of hospitalisation. Table 3.12 provides the distribution of households that benefited from RSBY-CHIS during the last hospitalisation episode in the past 12 months by total amount benefited.

Nearly one-fourth of the households benefited, irrespective of the scheme of enrolment mentioned that they had a benefit of up to ₹5,000 during the last hospitalisation episode. Approximately 10 per cent of those who benefited from the RSBY-CHIS received a claim of over ₹20,000 from the scheme. Only about two per cent of the RSBY enrolled households that benefited from the scheme saved between ₹25,000 and ₹30,000 in their hospitalisation expenditure through RSBY last time whereas approximately ten per cent of CHIS benefited households had such a saving.

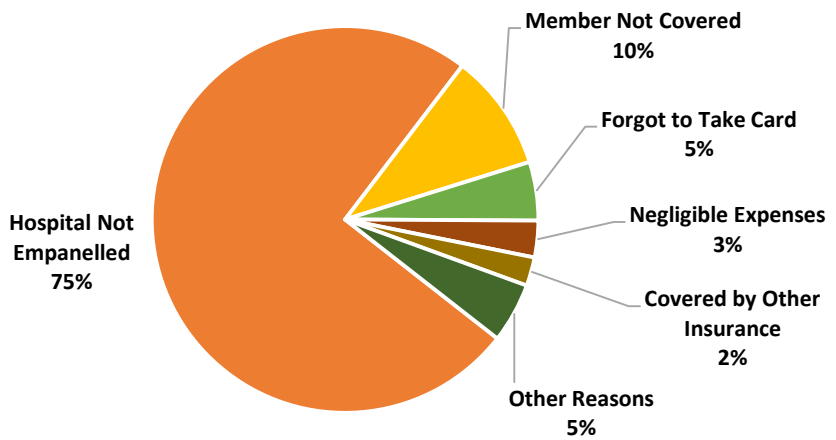
Table 3.12: Distribution of Enrolled Households that Benefited from RSBY-CHIS during Last Hospitalisation Episode by hospitalisation Expenses Covered by RSBY-CHIS

Variable/ Category	**Scheme of Enrolment**		**Total**
	RSBY	**CHIS**	
Up to 5000	26.7	25.0	26.0
5001-10000	15.6	15.6	15.6
10001-15000	11.1	6.2	9.1
15001-20000	2.2	3.1	2.6
20001-25000	6.7	3.1	5.2
25001-30000	2.2	9.4	5.2
Not revealed by the hospital	35.6	37.5	36.4
Total	**100**	**100**	**100**
Number	**45**	**32**	**77**

3.6.3 Reasons for Not Benefitting

To the households enrolled under RSBY-CHIS and incurred at least one hospitalisation expenditure in the past 12 months but did not benefit from RSBY-CHIS were explored the reason why they did not benefit from the insurance schemes. Three-fourths (75 per cent) of those who did not benefit from RSBY-CHIS reported that the hospital where the household member was admitted was not empanelled under RSBY-CHIS. Another ten per cent revealed that the person admitted in hospital was not covered under RSBY-CHIS and another five per cent reported that they forgot to take the card along with them when admitted in hospital. Figure 3.11 provides the details.

Figure 3.11: Distribution of Enrolled households that Did Not Benefit from RSBY-CHIS During Last Episode by Reason, Number 163



3.6.4 Out of Pocket Expenditure

The basic purpose of health insurance to is to reduce the OOPE on health by absorbing the healthcare expenses which generally are catastrophic. RSBY-CHIS are envisaged to protect the poor and vulnerable from such economic shocks. The OOPE of the sample households that experienced at

least one hospitalisation event in the past 12 months was calculated by calculating the actual expenses they had incurred during the last episode of hospitalisation after deducting the expenditure covered through the insurance. Then, the OOPEs of households that had enrolled and benefited during hospitalisation, enrolled but not benefited during hospitalisation, those who are not enrolled and those without insurance were compared to see if they differ considerably. Table 3.13 provides the details of the same. The OOPEs of enrolled households that had benefited from RSBY-CHIS during the last hospitalisation was considerably lesser than other categories, including the enrolled households that had hospitalisation but did not benefit from RSBY-CHIS. While over 70 per cent of households enrolled and benefited from RSBY-CHIS had an OOPE of ₹5000 or less, 77 per cent of households that had enrolled but not benefited had an OOPE above 5000. Almost 80 per cent of households not enrolled in RSBY-CHIS had an OOPE of more than ₹5000. It may be noted that while only five per cent of the households that benefited from RSBY-CHIS incurred an OOPE of more than ₹30,000, over one-fourth of enrolled households that did not benefit from RSBY incurred an OOPE of more than ₹30,000. In the case of the uninsured households that incurred hospitalisation, over one-third of the households incurred an OOPE of above ₹30,000 during the last episode of hospitalisation. The median OOPE of the last hospitalisation episode of the households that experienced hospitalisation was ₹8328. Table 3.13 provides the amount of OOPE incurred by households by category of beneficiary.

Table 3.13: Out of pocket expenditure for the last episode of hospitalisation, of households that experienced hospitalisation during the past 12 months

OOPE	Benefited from RSBY-CHIS	Did not benefit despite enrolment	Not Enrolled under RSBY-CHIS	No Insurance	All hospitalised
Up to 5000	71.4	22.7	20.6	21.4	36.1
5001-10000	18.2	17.8	20.6	21.4	18.2
10001-15000	3.9	17.8	11.8	3.6	13.1
15001-20000	0.0	5.5	5.9	7.1	4.0
20001-25000	1.3	6.1	8.8	10.7	5.1
25001-30000	0.0	3.7	0.0	0.0	2.2
Above 30000	5.2	26.4	32.4	35.7	21.2
Total	**100**	**100**	**100**	**100**	**100**
Number	**77**	**163**	**34**	**28**	**274**

3.6.5 Impact of RSBY

The median OOPE of those benefited from RSBY-CHIS was ₹2,600 whereas those who were enrolled but not benefited was ₹12,800. The uninsured households that experienced at least one hospitalisation in the past 12 month had a median OOPE of ₹19,075 during the last episode of hospitalisation. In order to evaluate if RSBY-CHIS has an impact on the insured households, independent sample t tests were run comparing the OOPE of the insured (RSBY-CHIS or Any health insurance) and uninsured households taking their last hospitalisation episode. The results revealed that the OOPE of the insured and uninsured households did not differ significantly indicating that insurance has not contributed to reduction in OOPE. A similar analysis was also done taking the households enrolled under RBSY-CHIS and experienced hospitalisation in the past 12 months and the OOPE of the households not enrolled experienced hospitalisation in the past 12 months (OOPE of enrolled compared to unenrolled). The results revealed that the OOPE of the enrolled and unenrolled households that experienced hospitalisation did not differ significantly indicating that

mere enrolment under RSBY-CHIS does not protect the insured households from catastrophic health expenditure. However, comparing the OOPE of households enrolled and benefited from RSBY-CHIS during hospitalisation and households enrolled and did not benefit from RSBY-CHIS during hospitalisation (enrolled benefited compared to enrolled and did not benefit), through independent sample t test, revealed that the OOPE of the enrolled households that benefited from RSBY-CHIS was substantially lower compared to the households that enrolled but did not benefit from enrolment. This indicates the potential impact of RSBY-CHIS on the insured households. The average OOPE during the last hospitalisation event of the sample households in the past 12 months is provided in Table 3.14.

Table 3.14: Mean, Median and Standard Deviation of OOPE by category of beneficiary household that experienced hospitalisation in the past 12 months

Beneficiary Category	Mean OOPE	Median OOPE	Standard Deviation	N
RSBY-CHIS Enrolled and Hospitalised	29281	7850	85708	240
RSBY-CHIS Not Enrolled and Hospitalised	29885	14380	39548	34
No insurance and hospitalised	31862	19075	41823	28
RSBY-CHIS Enrolled and Benefited	5982	2600	10226	77
RSBY-CHIS Enrolled but did not benefit	40288	12800	102022	163

3.6.6 Missed Impact of RSBY-CHIS

The hospitalisation rate of the households that were insured under RSBY-CHIS, claim rates in the case of last hospitalisation and the median claim amount covered through RSBY-CHIS in the last hospitalisation of households that benefited from RSBY-CHIS from the study were applied on the total households insured under RSBY-CHIS in Kerala during 2017-18 to estimate the benefits the insured households may have missed. Table 3.15 provides the details of the estimates. From the study it was found that while overall 34.2 per cent of the enrolled households experienced at least one hospitalisation, only 11 per cent of enrolled households received claims during last hospitalisation. During 2017-18, totally 34, 84,724 households were enrolled under RSBY-CHIS. Applying the hospitalisation rates from the study on these households, a total of 11, 91,776 households are expected to experience at least one hospitalisation during the period of insurance. However, only 3, 82, 560 are likely to receive the claims, benefiting from the insurance based on the claim rates from the study. Assuming a single hospitalisation in the last 12 months, RSBY-CHIS could have averted an OOPE of 615 Crores incurred by the insured households who would miss the benefit due to various reasons. It may also be noted that in the case of more than one-fifth of the enrolled households, hospitalisations had occurred more than once during the past 12 months.

Table 3.15: Estimation of the missed impact of RSBY-CHIS in Kerala during 2017-18 based on the indicators from the study

Indicator	Unit	Value
Total households enrolled under RSBY-CHIS in Kerala during 2017-18 [A]	Household	34, 84,724
Number of households that may have experienced at least one hospitalisation during the period of enrolment based on the hospitalisation rate (34.2%) from the survey [B]	Household	11, 91,776
Number of households experiencing at least one hospitalisation during the period of enrolment likely to be benefited based on the hospitalisations covered (32.1%)from the survey [C=B*32.1%]	Household	3,82,560
Median claim amount received based on the survey [D]	₹	7600
Median expenditure expected to be covered under RSBY-CHIS during 2017-18 [E=B*D]	Cr	905
Median expenditure that would be actually be covered under RBSY/CHIS during2017-18 [F=C*D]	Cr	290
Estimated loss to the households in terms of OOPE during 2017-18 (That could have been averted in 2017-18 through RSBY-CHIS) [G=E-F]	Cr	615

3.6.7 Impact of Insurance on health seeking Behaviour

In order to understand whether non-enrolment of RSBY-CHIS results in negligence in seeking treatment, a set of questions were asked to the households related to their health seeking behaviour. The mean scores of those who were enrolled were compared to those not enrolled through independent sample t test. The results revealed that the unenrolled households do not statistically differ significantly in terms of health seeking behaviour compared to the households enrolled under RSBY-CHIS. The detailed table is given below (Table 3.16).

Table 3.16: Mean scores of the households enrolled under RSBY-CHIS and those not enrolled in select attributes related to treatment seeking behaviour

Health seeking behaviour	Current enrolment status	Number	Mean Score	Std. Deviation
Neglect medical care due to cost reasons	Enrolled	699	3.72	1.089
	Unenrolled	103	3.64	1.128
Delay treatment as a day's income is lost while going for treatment	Enrolled	696	3.85	.904
	Unenrolled	102	3.91	.880
Distance from health facilities is a hindrance to avail treatment	Enrolled	696	3.93	.784
	Unenrolled	102	3.90	.885
Consider most symptoms as less serious and delay medical advice	Enrolled	698	3.84	.940
	Unenrolled	102	3.83	.996
Take medical advice from relatives, friends while there is an illness	Enrolled	696	3.76	.957
	Unenrolled	102	3.75	1.021
Self-medicate due to cost reasons	Enrolled	698	3.70	1.168
	Unenrolled	102	3.59	1.189

3.7 Out Patient Treatment

In order to understand potential design improvements, data was collected from the sample households on the Out Patient treatment history and expenditure. Except a negligible four per cent, all households incurred events of outpatient treatment in the past 12 months. More than 80 per cent households experienced multiple OP treatment events during past 12 months and over 40 per cent households that experienced OP treatment had incurred more than ₹500 for the last OP consultation. The median expenditure for the last consultation was ₹350. Figure 3.12 and Table 3.17 provides the details of OP treatment of the households during past 12 months.

Figure 3.12: Percentage Distribution of Households that Experienced Events of Out Patient Treatment, Number 815

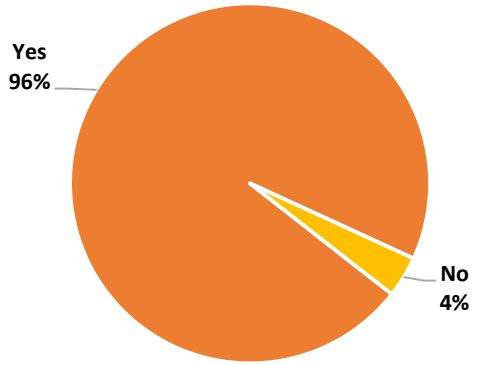


Table 3.17: Percentage Distribution of Households that Experienced Out Patient Experiences by Frequency of OP events during the past 12months and Treatment Experience for Last Consultation

Variable/Category	**Percentage**
Frequency of OP events	
Once	16.7
Twice	29.8
Thrice	26.8
Four times and above	26.8
Treatment Expenditures for last OP Consultation	
Up to 500	60.3
501-1000	17.5
1001-1500	7.3
1501-2000	4.5
Above 2000	10.6
Total	**100**
Number	**785**

3.8 Total Treatment Expenditure

The study gathered data about the number of hospitalisations (IP treatment) experienced by the sample households during the past 12 months and details of the expenditure incurred by the household during the last hospitalisation event. Data about the frequency of Out Patient (OP) treatment events[1] and the treatment expenses incurred during the last OP event was also collected. The total treatment expenditure incurred by a household was calculated by consolidating the In-Patient (IP) treatment expenditures as well as the Out Patient treatment expenditures of the household during the past 12 months. This was calculated by multiplying the frequency of event with the expenditures incurred during the last event in both IP and OP treatment.

Table 3.18: Percentage Distribution of Households by Total Treatment Expenditure During the Past 12 Months

Treatment Expenditure	**Percentage**
Up to 5000	61.8
5001-10000	9.1
10001-15000	6.6
15001-20000	2.7
Above 20000	12.5
Did not avail treatment	3.7
Did not incur expenditure for treatment	3.6
Total	**100**
Number	**815**

Table 3.18 depicts the total treatment expenditures incurred by the households. This expenditure is confined to treatment alone and miscellaneous expenses such as diet related expenses, conveyance

[1] Up to five events

expenses and expenses for the care givers in connection with the consultations or hospitalisations are not included. Slightly over 60 per cent of the RSBY-CHIS eligible households incurred a total treatment expenditure of ₹5000 or below in the past 12 months. Nearly 20 per cent incurred a total expenditure of ₹ 5001 to ₹ 20000. Over ₹ 20000 was incurred for 12.5 per cent of the households. About four per cent households did not experience or did not avail any treatment during the past 12 months whereas another 3.6 per cent did not incur any expenditure towards IP or OP treatment during the past 12 months preceding the survey. The mean and median total expenditure on treatment was ₹ 14665 and ₹ 1550 respectively.

Table 3.19 provides the percentage of OP treatment expenditure of the households to the total treatment expenditure during the past 12 months. The Out Patient treatment expenditure contributed 100 per cent of the total treatment expenditure in the case nearly two-thirds of the sample households. In the case of about 18 per cent of the households the OP treatment expenditure constituted one-fourth of the total expenditure or below. For about eight per cent of the households, the OP treatment constituted 25 to 75 per cent of their annual treatment expenditures.

Table 3.19: Percentage Distribution of Sample Households by Proportion of OP Treatment Expenditure to Total Treatment Expenditure during the Past 12 Months

Proportion of OP to Total Treatment	Percentage
1-24%	17.8
25-49%	5.9
50-74%	2.3
75-99%	0.5
100%	62.5
Did not avail treatment	3.7
Did not incur expenditure for treatment	7.4
Total	**100**
N	**815**

3.9 Design Constraints

From the foregoing analysis, it is found that with respect to sum insured, RSBY-CHIS can address the typical requirement of the households in terms of the hospitalisation expenditures given the average expenditure per hospitalisation as well as median expenditure observed through the study. However, it was found that only 78.5 per cent of the eligible households had a family size of five or below whereas above one-fifth of the households had more than five members. It is also noted that about ten per cent of the insured households did not benefit from the insurance because the member hospitalised was not covered under insurance. Hence, RSBY-CHIS limiting the insurance to only five members in the family does not address the requirement of more than 20 per cent of the households. Most of the insured households that experienced hospitalisation did not benefit as the hospital where the person was admitted was not empanelled. Hospitals appear to be not interested in getting empanelled under RSBY-CHIS given the standard rates prescribed by RSBY-CHIS or due to some other deterrent. The outpatient treatment also is not covered under RSBY-CHIS.

Chapter IV

Conclusions and Recommendations

Chapter IV

Conclusions and Recommendations

4.1 Introduction

Burden of out of pocket spending in healthcare always stands as a bottleneck to the poor in availing essential health services. Out of pocket payments are mostly due to the lack of quality services in public health sector coupled with the absence of a judicious healthcare financing mechanism reducing households' access to private hospitals. A notable development in the arena of health in India is the implementation of RSBY, a health insurance program supported by the Central Government for the vulnerable population. The Government of Kerala moved a step ahead and implemented CHIS, an expanded version of RSBY, to include more number of marginalised families under the health insurance cover.

Healthcare landscape in Kerala is much advanced when compared to most of the other states in the country. Examining the healthcare financing initiatives such as RSBY and CHIS also reveals that the acceptance levels of the schemes by the target population in the state of Kerala is much better than most of the other Indian states. While the coverage is good in Kerala, who are missed out and why? Whether the enrolled poor households really benefit from the insurance? If they benefit, to what extent? What are the major constraints if any, in availing the services? Currently, when the Karunya Arogya Suraksha Paddhati (KASP) has been set off in the state, it is all the more important to evaluate the impact of the earlier schemes which were in existence for a decade, to understand the financial protection provided by those schemes so as to improve the health financing endeavours based on field realities. In this context, the Kerala State Planning Board commissioned a study to SCMS Cochin School of Business to assess the impact of RSBY-CHIS in the state. This research titled 'the impact of RSBY-CHIS on utilisation of healthcare services in Kerala' was carried out primarily to understand whether the schemes suffice the actual requirements of the impoverished with regard to their healthcare. The specific objectives of the study are given below:

1. To explore the factors affecting enrolment and utilisation of RSBY- CHIS.
2. To understand the extent of utilisation of RSBY- CHIS by the target population.
3. To gather insights about the financial and non-financial impacts of RSBY- CHIS on the lives of the beneficiaries.
4. To examine the design constraints of the current schemes and suggest refinements to enhance coverage and utilisation.

A sample of 815 households was randomly selected from the households in Kerala that were eligible for RSBY-CHIS. Three districts were chosen from the 14 districts of Kerala using Probability Proportionate to Size (PPS) based on the total eligible households (number of target families) in the district. In each selected district, eight Primary Sampling Units (PSUs) – a mix of Panchayats/Municipalities/Corporations - were also selected by PPS. From each selected PSU, 45 eligible households were chosen by systematic random sampling without replacement. A semi structured interview schedule was canvassed by trained investigators to collect data from the eligible households during 30-11-2018 to 07-02-2019. This chapter summarises, the context, methodology, summary of key findings, conclusions and recommendations for improving the scheme based on the empirical evidence.

4.2 Summary of the Key Findings

The study reveals that except about three per cent of the households, most eligible households have heard about RSBY-CHIS. The proportion of people who has not heard about RSBY-CHIS was more among the Scheduled Tribe, Illiterate or AAY households. While some features like enrolment fee, sum insured and number of members eligible to be covered, are popular among the households, most of the people who had heard about the scheme do not have a comprehensive idea about the features of RSBY-CHIS. Nearly 90 per cent of the eligible households were found enrolled under RSBY-CHIS. However, enrolment rates were lower for certain groups such as Scheduled Tribes or those with an AAY ration card (the poorest eligible households). About one third of the RSBY-CHIS enrolled households reported having experienced at least one episode of hospitalisation during the past 12 months preceding the survey. The hospitalisation rates differed by background characteristics of the households. Majority of the hospitalisations occurred in private hospitals practising modern medicine. Fever, pregnancy and heart related problems were the major causes of hospitalisation and the median duration of hospitalisation was six days. The median total hospitalisation expenditure in the case of last hospitalisation was ₹ 11,000. Nearly two-thirds of the insured households that experienced hospitalisation events in the past 12 months did not benefit from the scheme. Lack of empanelment of the hospital was the prime reason for not benefiting from the insurance. Among those benefited, the median benefit during last hospitalisation episode was ₹7600. The median OOPE during the last hospitalisation episode of the households that experienced hospitalisation was ₹8328. There was no statistically significant difference in OOPE of the RBSY-CHIS enrolled households and those did not enrol in the case of the last hospitalisation event. However, among the households enrolled under RSBY-CHIS, those who have benefited from the scheme had substantially lower OOPE compared to those who did not benefit. It was found that the treatment seeking behaviour of the households in Kerala were by and large similar irrespective of their insurance status. The limit of coverage to five persons per household and the lack of incentives to hospitals to get empanelled under RSBY-CHIS appear to be two major design constraints.

4.3 Conclusions

- While the enrolment under RSBY-CHIS is fairly good examining the overall enrolment rates, the differential enrolment rates by ethnicity and poverty levels, reveal that the most marginalised such as Scheduled Tribes and AAY households still fall behind. Although almost all eligible households have heard about RSBY-CHIS, majority of the households do not have a comprehensive idea about the various features of the scheme. The major reasons for non-enrolment were the inability to appear for enrolment and incomplete information about the scheme.
- When one in every three eligible households experienced at least one hospitalisation in the past 12 months preceding the survey, the hospitalisation rates of Scheduled Tribes as well as AAY households were found lower. There is a chance that such households may have avoided hospitalisation as they may not be able to afford to it. The higher hospitalisation rates among Muslims and lower hospitalisation rates among Christians may be attributed to the levels of fertility as pregnancy is one of the major reasons for hospitalisation.
- Although one-third of the RSBY-CHIS insured households have experienced at least one hospitalisation event in the past 12 months preceding the survey, a majority of them could not utilise the benefit from RSBY-CHIS due to the design constraints of the scheme.
- Irrespective of the insurance status, the overall treatment seeking behaviour of the RSBY-CHIS eligible households appears to be similar and good indicating that having insurance has not significantly improved the treatment seeking behaviour of the insured households.

- The OOPE on hospitalisation of RSBY-CHIS enrolled households that benefited from the insurance was significantly lower compared to those insured households that experienced hospitalisation but did not benefit from RSBY-CHIS, indicating the potential of RSBY-CHIS to substantially reduce the OOPE of insured households. However, the OOPE for hospitalisation of the households that enrolled under RSBY-CHIS and the unenrolled households did not differ significantly suggesting that enrolment under RSBY-CHIS did not result in a reduction of the OOPE on hospitalisation of the enrolled households. The experience of majority of the enrolled households that had hospitalisation events confirms this.
- The major design constraint of RSBY-CHIS is that the scheme is unable to attract private hospitals in the states to empanel under it. Most households that experienced hospitalisation events but could not avail the benefits from RSBY-CHIS cited that the hospitals in which they sought treatment were not empanelled under the scheme. Limiting the benefits to only five members of the household was another constraint. The frequent outpatient treatment expenditure that the households incurred are not covered under RSBY-CHIS.

4.4 Recommendations

The findings from this study reveal that RSBY-CHIS as a social insurance scheme had the potential to substantially reduce the OOPE of poor and vulnerable households in the state. Rolling back RSBY-CHIS, the Government has launched a new scheme, the Karunya Arogya Suraksha Paddhati (KASP) from April 2019 onwards. Given this context, based on the findings and conclusions from the study, the following recommendations are put forth for improving the utilisation of the new scheme by the eligible households:

Undertake focussed interventions to improve the coverage and utilisation of Scheduled Tribes and other vulnerable populations: Since the neediest segments fall behind with respect to enrolment, it is essential to undertake targeted demand creation interventions, with special focus on Scheduled Tribes, poorest households and other vulnerable populations. Prudent steps at different levels are vital to create comprehensive awareness about the schemes among the eligible households.

Make enrolment flexible and accessible: Inability to appear for enrolment and incomplete information about the scheme were major reasons reported by the households for non-enrolment under RSBY-CHIS. In order to overcome such barriers, in addition to specific period enrolment drives at particular locations, there should also be opportunities for the eligible households to walk in and enrol on any date during a specific period at the Akshaya Centres and other Government help desks. In tribal areas and in the case of households with only older persons or in the case of bedridden persons, doorstep enrolment may be considered.

Empanel more private hospitals: The major reason for the suboptimal utilisation of RSBY-CHIS by the enrolled households is the private hospitals where they seek treatment are not empanelled under RSBY-CHIS. Given that consumers prefer seeking treatment from private hospitals where they perceive quality of care is better, under KASP efforts should be made to ensure that enrolled households have enough public and private hospitals empanelled within easy reach. Unless this is addressed, households are less likely to benefit from the insurance scheme and incur significant OOPE.

Claims may be reimbursed: Although cashless schemes are ideal, ground reality reveals that it does not help majority of the people as most hospitals they choose for hospitalisation are not empanelled. In such a context, the reimbursement mode of claim settlement should also be looked into if the beneficiaries get admitted in non-empanelled hospitals.

Inform the beneficiaries the amount taken from smart card during each hospitalisation: Several households mentioned that they were unaware the amount utilised from their sum insured under RSBY-CHIS for hospitalisation and they had no idea how much balance is available for further use. The beneficiaries should not be left clueless about the balance sum insured that they can avail. Hence, an automatic system by way of SMS or other means should be introduced to inform the balance sum insured available for the households post each utilisation.

Enhance the breadth of the sum insured in light of the current OOPE pattern: Rather than steeply increasing the sum insured, OOPE in connection with hospitalisation such as expenses incurred for diet, caregivers' expenses and other expenses which are currently not covered may be looked into. It is also imperative to ensure the availability of medicines and diagnostic facilities in empanelled hospitals so that the beneficiaries need not incur out of pocket expenditure due to absence of such facilities. Shortfalls in such essential services offered at the hospitals need to be looked into to ensure undisturbed hospital stays by the beneficiaries.

Expand coverage for expenses related to outpatient services: Outpatient care assumes utmost importance as it can prevent and reduce odds of hospitalisations. Hence Outpatient treatment as well as diagnostic tests may be covered under the insurance scheme. Multiple outpatient consultations are availed by families and a large number of households have incurred more than ₹500 per consultation.

Strengthen the public health systems: Healthcare to people cannot be actually confined to the framework of health insurance. More public spending on health systems' strengthening is a sustainable way to manage poor households' preventive, promotive and curative health needs. The focus on the insurance alone may tend to weaken the public health delivery system and promotes utilisation of facilities at the private hospitals. This has a negative impact on a substantial population that find the public health system as their refuge. Hence substantial and persistent investment in the public health system is very much needed to build up the public healthcare system to realise the Universal Health Coverage (UHC).

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Annexure 1: Additional Tables

Table 3.1: Percentage Distribution of the Eligible Households by Select Background Characteristics

Variable/Category	**Enrolment Eligibility**		
	RSBY	**CHIS**	**Total**
Religion			
Hindu	69.5	68.3	69.0
Muslim	20.9	16.6	19.0
Christian	9.6	15.2	12.0
Ethnicity			
Scheduled Caste	17.2	15.4	16.4
Scheduled Tribe	5.4	6.2	5.8
Other Backward Class	55.3	49.2	52.6
Not Backward	22.0	29.2	25.2
Ration card category			
AAY (Yellow) Card	18.6	8.5	14.1
Other BPL (Pink) Card	48.9	48.5	48.7
Non – Priority (Blue/White) Card	32.5	43.1	37.1
Monthly Income from all sources			
Up to 5000	24.2	19.9	22.3
5001-10000	39.0	38.8	38.9
10001-15000	17.2	18.0	17.5
Above 15000	19.6	23.3	21.2
Family size			
Up to 5	79.3	77.5	78.5
Above 5	20.7	22.5	21.5
Possession of land with house			
Yes	95.5	91.6	93.8
No	4.5	8.4	6.2
Gender of the head of the household			
Male	64.7	69.1	66.6
Female	35.3	30.9	33.4
Total	100	100	100
Number	459	356	815

Table 3.2: Percentage distribution of households by whether heard about RSBY-CHIS and select background characteristics

Variable/Category	Heard about RSBY-CHIS		Total	N
	Aware	Not aware		
Religion				
Hindu	96.3	3.7	100	562
Muslim	99.4	0.6	100	155
Christian	99.0	1.0	100	98
Ethnicity				
Scheduled Caste	95.5	4.5	100	134
Scheduled Tribe	89.4	10.6	100	47
Other Backward Class	97.7	2.3	100	429
Not Backward	99.0	1.0	100	205
Ration card category				
AAY (Yellow) Card	93.9	6.1	100	115
Other BPL (Pink) Card	97.7	2.3	100	396
Non – Priority	98.0	2.0	100	302
Monthly Income from all sources				
Upto 5000	96.2	3.8	100	182
5001-10000	97.5	2.5	100	317
10001-15000	97.2	2.8	100	143
Above 15000	97.7	2.3	100	173
Gender of the head of the household				
Male	96.9	3.1	100	543
Female	97.8	2.2	100	272
Educational qualification of the head of the household				
Illiterate	92.9	7.1	100	112
Lower Primary	100.0	0.0	100	25
Primary	97.6	2.4	100	337
High School	98.0	2.0	100	197
Matriculation	97.9	2.1	100	94
Above matriculation	97.7	2.3	100	44

Annexure 2: List of Primary Sampling Units

I. **Kollam District**

1. Kareepra Panchayat
2. Kollam Corporation
3. Mainagappally Panchayat
4. Mayyanadu Panchayat
5. Piravanthoor Panchayat
6. Poothakulam Panchayat
7. Thazhava Panchayat
8. West Kallada Panchayat

II. **Thrissur District**

1. Annamanada Panchayat
2. Choondal Panchayat
3. Edathuruthi Panchayat
4. Kaippamangalam Panchayat
5. Pariyaram Panchayat
6. Puthenchira Panchayat
7. Thrissur Corporation
8. Valappad Panchayat

III. **Wayanad District**

1. Ambalavayal Panchayat
2. Kalpetta Municipality
3. Meppady Panchayat
4. Nenmeni Panchayat
5. Pulppally Panchayat
6. Thirunelly Panchayat
7. Thondarnaad Panchayat
8. Vythiry Panchayat

Annexure 3: Interview Schedule

A Study on the Impact of RSBY-CHIS on utilisation of Healthcare Services in Kerala

The study on the impact of RSBY-CHIS on utilisation of Healthcare Services in Kerala conducted by SCMS Cochin School of Business (funding source: The State Planning Board) is to understand the healthcare related expenditure of households in Kerala. This household has been scientifically selected to represent similar households in the state. Hence, your responses are very important to understand the healthcare related expenditure and will be used for research purposes only. You have the right not to answer a particular question, a set of questions or even not to respond to any of the questions. We solicit your valuable time and kind cooperation to make this survey successful. Should you require further information about this you may please contact Ms. Joby Joy, Assistant Professor, SCMS Cochin School of Business who is the Principal Investigator of this study. She can be contacted at +91 98467 86556.

SECTION I: IDENTIFICATION INFORMATION				
101	Name of the scheme in which the household is eligible to be enrolled	RSBY	CHIS	(Tick the relevant column)
102	Schedule Number			
103	District of Interview			
104	Place of Interview			
105	Date of Visit			
106	Name of The Investigator			
107	Mobile Number of The Investigator			
108	Name of The Supervisor			
109	Whether accompanied during interview?	Yes (1)	No (2)	
110	Respondent Group	Insured and Not Hospitalised		1
		Insured and Hospitalised		2
		Uninsured and Not Hospitalised		3
		Uninsured and Hospitalised		4
111	If insured, the scheme enrolled in	RSBY (1)	CHIS (2)	
112	What made the household eligible for enrolment? Who is the person at the household that made the family eligible?			

SECTION II: RESPONDENT'S PROFILE AND HOUSE HOLD INFORMATION			
201	Could you please tell me your name?		
202	Your religion	Hindu	1
		Muslim	2
		Christian	3
		Other(Specify)	4
		No Religion	5
203	Do you belong to any Scheduled Castes/ Tribes/ Other Backward Classes?	Scheduled Castes	1
		Scheduled Tribes	2
		Other Backward Classes	3
		Cannot Say	4

204	State whether the household belongs to State BPL List		Yes (1)	No (2)
205	Ration Card Category/Colour (Please tick the relevant column)	Most economically backward section of society- Antyodaya Anna Yojana Beneficiaries	Yellow Card	1
		Priority or Below Poverty Line (BPL)-	Pink Card	2
		Non – Priority Subsidy or Above Poverty Line (APL)	Blue Card	3
		Non – Priority	White Card	4
206	Details of the current place of residence	District Block Panchayat Ward		
207	Kindly provide your phone number			
208	How many members are there in your family including you?			
209	Please indicate the type of family	Nuclear (1)	Joint (2)	

210 **HOUSE HOLD MEMBER DATA**

Sl. No	Member Code	Name	Relationship with Head of HH					Sex			Age	Marital Status			
			Head of Household	Spouse	Son/Daughter	Son/Daughter in Law	Grandson/Granddaughter	Male	Female	Third Gender		Married	Unmarried	Widow/Widower	Separated/Divorced
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

211	Education												
	Sl. No.	Member Code	Illiterate	Too young to study	Primary	High School	Higher Secondary	Graduation	Post-Graduation	Professional Degree	Diploma (Technical)	Diploma (Non-Technical)	Others (specify)
	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												

Occupation and Income

212	**Engaged occupation**(Please tick the relevant column)														
	Sl. No.	Member Code	Public Sector	Private Sector (Pvt. Ltd.)	Self-Entrepreneur	Contract Employees	Skilled Work	Coolie	House Wife	Student	Too old/young to work	Unable to work	No Employment/ Seeking Employment	Others (Specify)	Monthly Income in ₹
	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														

Monthly Income from all Sources

213	**Item**	**Amount**
	Occupation (of all the members)	₹
	Agriculture	₹
	Land Lease	₹
	House/Building Rent	₹
	Others (specify)	₹
	Total	₹

OWNERSHIP OF THE LAND AND HOUSE			
Land (Please tick the relevant column)			
214	Do you possess any or all of the following categories of land?		
	Land on which house is built	Yes (1)	No (2)
	Agricultural land	Yes (1)	No (2)
	Any other land (specify)	Yes (1)	No (2)
215	Nature of the ownership of Land on which house is built		
	Land in my own/family members' name	Yes (1)	No (2)
	Land in my parents' name	Yes (1)	No (2)
	Land in others' name (specify relation)	Yes (1)	No (2)
	Staying in Purambock	Yes (1)	No (2)
216	Does the land have Patta/Title Deed?	Yes (1)	No (2)
217	How much land does your family possess? Please mention in cents (land of all types)		
218	Distance from house to the nearest motorableroad (Metre/KM)		
House			
219	Details of ownership of House		
	Own House	Yes (1)	No (2)
	Parents' House	Yes (1)	No (2)
	Children's House	Yes (1)	No (2)
	Others' House (specify)	Yes (1)	No (2)
	Rented	Yes (1)	No (2)
220	If own house, state the status of construction (Please tick the relevant column)	Completed	1
		Incomplete	2
		Under Construction	3
221	Plinth Area of the House (in Sq. Ft.)		
222	Type of House(Please tick the relevant column/columns)	Pucca	1
		Semi-Pucca	2
		Kutcha	3
223	Roofing	Concrete	1
		Tiled/Asbestos	2
		Thatched	3
224	Is your house Electrified?	Yes (1)	No (2)

SECTION III: AWARENESS ABOUT RSBY-CHIS			
301	Have you heard of a health insurance scheme provided by the Government called RSBY-CHIS?	Aware of RSBY alone	1
		Aware of CHIS alone	2
		Aware of both	3
		Don't know the difference	4
		Not aware of any	5
	If No, please answer qn. no 522		
Whether AWARE or NOT AWARE of the basic features of the scheme			
302	Could you please tell me how much is the total amount covered under RSBY-CHIS?	Aware	1
		Not Aware	2
303	Is OP cover provided under RSBY-CHIS?	Aware	1
		Not Aware	2

304	Do you have to pay anything to get enrolled in this scheme?	Aware	1
		Not Aware	2
305	How many persons can be enrolled in one family?	Aware	1
		Not Aware	2
306	Could you please tell me if there is any age limit to be enrolled in this scheme?	Aware	1
		Not Aware	2
307	Do you know what should you carry to the network hospital to get coverage under RSBY-CHIS scheme?	Aware	1
		Not Aware	2
308	For how long is your policy valid?	Aware	1
		Not Aware	2
309	Are you aware of the provision for splitting the smart card	Aware	1
		Not Aware	2
310	Are you aware of the hospitals near you which you can visit to avail benefits under RSBY-CHIS?	Aware	1
		Not Aware	2
311	Are you aware of the financial assistance available to the patients under the scheme before admitting to and after leaving the hospital?	Aware	1
		Not Aware	2
312	Are you aware of the transportation allowances provided under the scheme?	Aware	1
		Not Aware	2
313	Could you please let me know what to do if you have any complaints in connection with the scheme?	Aware	1
		Not Aware	2
314	Are you aware of what should be done to get enrolled in the scheme if you are not present in the place at the time of enrolment?	Aware	1
		Not Aware	2
315	Are you aware of what should be done if you lose the smart card issued to you?	Aware	1
		Not Aware	2
316	How did your family come to know about RSBY-CHIS? (Please tick the most important source of information according to you.)	From Posters	1
		From Word of mouth	2
		From Kudumbasree	3
		From NGOs	4
		From the Panchayat	5
		From News Paper	6
		From other satisfied beneficiaries	7
		From the insurance company	8
		From Akshaya Centre	9
		Others (Please specify)	10

SECTION IV: ENROLMENT INFORMATION			
401	Has your family ever enrolled in RSBY-CHIS?	YES (1)	NO(2)
	If No, Please answer Qn. No. 522		
402	If Yes, in which year did your family first enrol?		
403	Did you ever discontinue after the first enrolment?	YES (1)	NO(2)
	If No, Please answer Qn. No. 406		
404	If Yes, duration of discontinuation in years		
405	Reason for discontinuation		
406	Is your family currently enrolled in RSBY-CHIS?	YES (1)	NO(2)
	If No, Please answer Qn. No. 522		
407	If yes, how many smart cards does your family possess?		

408	If more than one card, please indicate the reason.			
409	Did everyone in your family get enough time to get enrolled during your last enrolment?)		YES (1)	NO(2)
410	Is anyone in your family excluded in this scheme?		YES (1)	NO(2)
411	If Yes, who is uncovered? (Please mention the respective member code alone as mentioned in household member data in Section II)			
412	Reason for exclusion			

SECTION V: REASONS WHY THE BENEFICIARIES HAVE ENROLLED IN THE SCHEME						
What prompted you to enrol in this? Please find the below table and provide your responses.						
	Particulars	**Strongly Agree (5)**	**Agree (4)**	**Neutral (3)**	**Disagree (2)**	**Strongly Disagree (1)**
501	Complete information about the scheme was given to my family and thus we found it beneficial					
502	My family was well informed of the enrolment date and hence it could be done without any hassles					
503	The registration fee to get enrolled in the scheme is affordable and hence we decided to get enrolled					
504	Good acceptability of hospitals in the list					
505	There are many hospitals near our residence, which provide treatment under RSBY-CHIS					
506	I was convinced of the facilities available to resolve complaints, if any					
507	My family requires financial support to cover our medical expenses					
508	We have trust in the scheme provided by the Government					
509	Everyone around has got insured and hence we too got enrolled					
510	Influenced by experiences of others about prompt Claim Settlement					
511	There was prompting from Kudumbashree/ Panchayat to enrol in the scheme					
512	Was there any past incidence of serious illness in your family that could result in financial burdens prompting you to enrol in the scheme?	YES (1)		NO (2)		
513	Did you get the card at the enrolment station itself when your family enrolled last time?				YES(1)	NO (2)
	If Yes, Please answer qn.no 515					
514	If No, did you get it later?				YES(1)	NO (2)
515	Have you ever checked the details entered in the card?				YES(1)	NO (2)
	If No, Please answer qn.no 518					

516	If yes, are the details entered in the card correct? (Spelling, gender, address etc.?)	YES (1)	NO (2)	Don't know (3)	
	If Yes or Don't know, Please answer qn.no 518				
517	If No, did you get it rectified?			YES(1)	NO (2)
518	Did you get the list of empanelled hospitals at the time of enrolment?			YES(1)	NO (2)
	If Yes, Please answer qn.no 520				
519	If No, did you get it later?			YES(1)	NO (2)
	Hospital Expenditure prior to enrolment (This question is applicable only to those who enrolled for the first time last year). Please answer question no. 521 if your first enrolment was prior to last year.				
520	In the previous 12 months preceding your first enrolment in RSBY-CHIS last year, how much money approximately did you incur for hospitalised treatment of your family members?	₹			

521	How you used to arrange money for hospitalisation, prior to enrolment in RSBY-CHIS Scheme? Please tick all the applicable options.		**Items** (Please tick the relevant column/columns)		**Amount In ₹**
		1	Household savings		
		2	Contribution from friends/relatives		
		3	Borrowings		
		4	Sale of assets/ ornaments		
		5	Contribution from employer		
		6	Mortgaged possession		
		7	Any Other (Please Specify)		

522	Is your family enrolled in any other Family health insurance apart from RSBY-CHIS?	YES (1)	NO (2)
523	If yes, Please provide details:- Name of the scheme_____ Sum Insured for the family_____ The last premium paid by you_____		

	SECTION VI PERSPECTIVES ABOUT ACCESS TO HEALTHCARE		
601	Please mention whom did you consult last time when there was an illness in your family. (Choose only one item which is most relevant)	Traditional healer	1
		Homoeopathy	2
		Ayurveda	3
		Allopathy	4
		Medical Shop	5
		Naturopathy	6
		Self-treatment	7
		No treatment	8
		Any other (please specify)	9
602	Which system of medicine does your family prefer? (Choose only one item which is most relevant)	Traditional healer	1
		Homoeopathy	2
		Ayurveda	3
		Allopathy	4
		Naturopathy	5
		Any other (please specify)	6

603	Kindly inform if there was any death in your family during the past 12 months	YES (1)	NO (2)
604	If yes, cause of death …… ……		

Please mention your perspectives about the following based on past one year's experience

	Particulars	Strongly agree (1)	Agree (2)	Neutral 3)	Disagree (4)	Strongly Disagree (5)
605	We neglect medical care due to cost reasons					
606	We delay treatment as we lose a day's income while going for treatment					
607	Distance from health facilities is a hindrance for us to avail treatment					
608	We consider most symptoms as less serious and delay medical advice					
609	We take medical advice from relatives, friends while there is an illness					
610	We self-medicate due to cost reasons					

SECTION VII: UTILISATION OF HEALTHCARE (FINANCIAL IMPACT)

Details of OP Treatment

701	Did any of your family members visit the hospital last year for OP treatment during the last 12 months?	Yes (1)	No (2)

702 **If yes, please provide the details of the treatment. If No, please answer question number 705.**

Sl. No	Member Code	Health Problem	Type of Hospital (Govt./ Private)	Month

703 **Details of all expenditures incurred during your last visit to hospital for OP treatment**

		Treatment Expenses						Other Expenses			Indirect Expenses	
Sl. No.	Member Code	Consultation	Medicine	Lab Test	Scanning	X-Ray	Others (if any)	Conveyance	Care Giver	Others (if any)	Wage Loss (Patient)	Wage Loss (Care Giver)
1												
Total (in ₹)		**Treatment Expenses =**						**Other Expenses =**			**Indirect Expenses =**	

704 How were those expenses managed? (Tick the relevant column/columns on the right side)

Items		Amount in ₹
Household savings	1	
Contribution from friends/relatives	2	
Borrowings	3	
Sale of assets/ ornaments	4	
Contribution from employer	5	
Mortgaged possession	6	
Any Other (Please Specify)	7	

	Details of Hospitalisation (Inpatient Treatment) during the last 12 months						
705	Did you or your family members get hospitalised for at least one day during the past 12 months?				YES (1)	NO (2)	
	If Yes, please answer qn no. 706 If No; - Please answer qn no. 901 if you are currently not enrolled in RSBY-CHIS - Please answer qn. No 927 if you are currently enrolled in RSBY-CHIS						
706	Totally how many hospitalisations were there in your family during the last year?						
707	How many times did you or your any other family member utilise the RSBY-CHIS smart card to cover hospitalisation expenses during the last year?						
708	If there is a variation in the numbers provided by the respondents in 706 and 707, the investigator has to mention the reasons in a detailed way.						
709	Details of Hospitalisation						
	Sl. No	Member Code	Health Problem	Type of Hospital (Govt./ Private)	Month	Number of Days Spent	
710		Was the patient shifted to any other hospital in between?					
	Sl. No	Member Code	Yes (1) No (2)	Reason for Shifting	Type of the Hospital to which he/she was shifted (Whether Govt. or Private)		

711		Was there any instance wherein you had to buy medicines and consumables from outside? If No, please answer question number 712.				
	Sl. No	Member Code	YES(1) NO(2)	If yes, please mention the amount	Amount spent so got reimbursed under insurance (1) Amount spent so did not get reimbursed under insurance (2) Not enrolled in RSBY-CHIS (3)	If not reimbursed, reason cited for non-reimbursement
712		Did the hospital authority ever ask you to do the scanning and lab test outside the hospital? If No, please answer question number 713.				
	Sl. No	Member Code	YES(1) NO(2)	If yes, please mention the amount	Amount spent so got reimbursed under insurance (1) Amount spent so did not get reimbursed under insurance (2) Not enrolled in RSBY-CHIS (3)	If not reimbursed, reason cited for non-reimbursement

713		Details of extra direct expenditures and indirect expenditures															
			Treatment Expenses								Other Expenses					Indirect Expenses		
	Sl. No	Member Code	Consultation	Medicine	Surgery	Lab Test	Scanning	X-Ray	Other treatment expenses	TOTAL TREATMENT EXPENSES	Food	Conveyance	Care giver	Other miscellaneous expenses	TOTAL MISCELLANEOUS EXPENSES DURING	Wage Loss (Patient)	Wage Loss (Attendant or caretaker)	TOTAL INDIRECT EXPENSES DURING THE EPISODE
	1																	
	2																	
	3																	
	4																	
	5																	
	Total in ₹		Treatment Expenses during all the episodes ₹								Other Expenses during all the episodes ₹					Indirect expenses during all the episodes ₹		

714		How did you manage the hospital expenditures during each episode? (Please tick the relevant column.				
	Sl. No.	**Member Code**	**Type of Expenses**	**RSBY-CHIS**	**Other Sources**	**Both**
	1		Treatment Expenses			
			Other Expenses			
	2		Treatment Expenses			
			Other Expenses			
	3		Treatment Expenses			
			Other Expenses			
	4		Treatment Expenses			
			Other Expenses			
	5		Treatment Expenses			
			Other Expenses			
715			Please indicate the amount of medical expenses met by various sources (in ₹)			
	Sl. No.	**Member Code**	**Type of Expenses**	**RSBY-CHIS**	**Other Sources**	**Both**
	1		Treatment Expenses			
			Other Expenses			
	2		Treatment Expenses			
			Other Expenses			
	3		Treatment Expenses			
			Other Expenses			
	4		Treatment Expenses			
			Other Expenses			
	5		Treatment Expenses			
			Other Expenses			
	If you are currently not enrolled in RSBY-CHIS, please proceed to 901					

716	Were you ever asked to pay cash in the hospital, with the promise to return the same when the insurance company gives the reimbursement to the hospital? State the reason for paying and the amount paid for that. (If no please answer 717)						
	Sl. No	Member Code	Yes/No	Amount (in ₹)	Reasons for paying cash	Got the amount reimbursed (1) Did not get the amount reimbursed (2)	If not reimbursed, reason cited for non-reimbursement

	Factors affecting utilisation			
717		Was there any instance wherein the claim amount was not at par with the hospitalisation expenses?	YES(1)	NO (2)

718		If Yes, please provide the following details			
	Sl. No.	Member Code	Total Expense	Amount covered through RSBY-CHIS	Extra Expense

719	What are the reasons for extra expenditure, if there were any?					Treatment above the Sum Insured Limit	Medicines purchased from outside	Tests done outside the hospital	Conveyance expenses besides the allowances as per the scheme	Food expenses besides the package rate	Care giver's expenses	Any other (please specify)

720	Has there been any total rejection of claims?					
	Sl. No.	**Member Code**	**Yes/ No**	**Response from the hospital in this regard, if Yes**	**Response from the insurer in this regard, if Yes**	
721		Did you face any problem with the usage of smart card at the hospital? (Problem with the Card reader, mistakes in the card etc. or any other problem?)				
	Sl. No	Member Code	Yes/No	Specify the problem, if Yes		
722		Were you asked to provide additional documents like ration card, BPL card, voter's identity card etc.?				
	Sl. No	Member Code	Yes/No	Documents asked for (other than smart card)		
	1					
	2					
	3					
	4					
	5					

SECTION – VIII- EXPERIENCES WHILE AVAILING THE SERVICES						
Please mention your experiences based on the last hospitalisation episode						
	Particulars	**Strongly agree (5)**	**Agree (4)**	**Neutral (3)**	**Disagree (2)**	**Strongly Disagree (1)**
801	Prompt service delivery by the service providers (hospital and RSBY-CHIS staff) without waiting time					
802	Detailed explanation by the doctors about what is wrong with patients before giving treatment					
803	No discrimination by the Doctors, i.e. no preferential treatment to uninsured (patients paying by cash)					
804	Settlement of claim in accordance with the medical expenses incurred					
805	Settlement of transportation charges in accordance with the amount mentioned in the scheme					
806	Ample number of empanelled hospitals under the scheme					
807	Convenient geographical accessibility of the hospital					
808	Ample number of doctors in the hospital					
809	Availability of a separate RSBY-CHIS desk at the hospital					
810	Adequate availability of diagnostic facilities in the hospital					
811	Adequate availability of amenities such as continuous electricity and water supply, housekeeping and sanitation facilities in the hospital					
812	Availability of required drugs in the hospital pharmacy					
813	Willingness by the RSBY-CHIS staff in the hospital to address claimants' queries					
814	Quickness in Claim settlement					
815	Quickness in payment of transportation charges by the hospital					

Please proceed to 926

SECTION : IX DATA FROM UNINSURED HOUSEHOLDS				
901	How do you normally arrange money for hospitalisation? Please tick all the applicable options.	**Items** (Please tick the relevant column/columns on the right side)		**Amount (in ₹)**
		Household savings	1	
		Contribution from friends/relatives	2	
		Borrowings	3	
		Sale of assets/ ornaments	4	
		Contribution from employer	5	
		Mortgaged possession	7	
		Any Other (Please Specify)	8	

	Please specify the reasons behind non-enrolment					
	Particulars	**Strongly agree (5)**	**Agree (4)**	**Neutral (3)**	**Disagree (2)**	**Strongly Disagree (1)**
902	Not at all aware about the scheme					
903	Incomplete information about the scheme (aware about the scheme, but there was not any effective campaign by any concerned authority or agency regarding the scheme)					
904	Did not know the enrolment date					
905	My name is not there in the list and I don't know the reason for non-inclusion					
906	Already five people were enrolled					
907	Sum Insured is inadequate for my family					
908	Limited coverages under the scheme					
909	Old or unwell to travel to enrolment centre					
910	Complicated and lengthy Procedural Formalities					
911	I was not present at the time of enrolment					
912	Technical problems occurred during the enrolment process and hence couldn't enrol					
913	Poor acceptability of empanelled hospitals					
914	Poor facilities in the empanelled hospitals					
915	Poor geographical accessibility of the empanelled hospitals					
916	Weak Grievance Redressal Mechanisms in case of any complaint					
917	Do not require such a scheme					
918	Distrust in scheme					
919	Alternative arrangements preferred – not RSBY-CHIS					
920	Loss of a day's income if I go for the enrolment procedures					
921	None of my friends or peer groups are enrolled and hence I too decided not to enrol					
922	Influenced by experiences of others about poor claim settlement					
923	There wasn't any urging from Kudumbasree or any operating agencies to get enrolled in the scheme					

924	Myself and my family members are healthy as of now and hence we are not apprehensive about medical expenses at present					
925	Nobody was there to help me/us in getting enrolled as I am/we are abandoned by children/relatives or they were not willing to help me/us					
926	Are you willing to enrol in RSBY-CHIS in future?			YES (1)	NO (2)	
	If Yes, please proceed to 928					
927	Are you ready to enrol if more benefits are provided in the scheme?			YES (1)	NO (2)	
	If no, please proceed to 938					
	Please indicate whether you expect the following benefits in RSBY-CHIS					
928	Coverage for outpatient treatment			YES (1)	NO (2)	
	If yes, the proposed sum insured limit in ₹					
929	Coverage for expenses of the care giver			YES (1)	NO (2)	
	If yes, the proposed sum insured limit in ₹					
930	Empanelment of more private hospitals			YES (1)	NO (2)	
931	Enhancement of total Sum Insured			YES (1)	NO (2)	
	If yes, the proposed total sum insured limit in ₹					
932	Enhancement of Transportation allowance			YES (1)	NO (2)	
	If yes, the proposed sum insured limit in ₹					
933	Coverage for wage loss of the patient in accordance with the duration of hospitalisation			YES (1)	NO (2)	
	If yes, for how many number of days					
	The proposed sum insured limit in ₹					
934	Coverage for wage loss of the attendant in accordance with the duration of hospitalisation			YES (1)	NO (2)	
	If yes, for how many number of days					
	The proposed sum insured limit in ₹					
935	Coverage for treatment other than Allopathy			YES (1)	NO (2)	
936	Others(Please specify)			YES (1)	NO (2)	
937	Are you ready to pay more fee if more coverage are provided under the scheme?			YES (1)	NO (2)	
938	Approximately how much maximum fee can you afford to pay per year to get more coverage?			₹		
939	Will you recommend your relatives/friends to enrol in this scheme?			YES (1)	NO (2)	

940	Please mention your overall satisfaction levels about RSBY-CHIS	Very Good	5
		Good	4
		No Opinion	3
		Poor	2
		Very Poor	1

Do you have any suggestions to improve utilisation of the scheme?

Do you have any comments about the assessment?

Thank you so much for participating in this survey. Now should you have any query related to what all we have discussed now, please let us know.

To be filled by the respondent

I confirm that the information given in this form is true, complete and accurate.

Name of the respondent:

Signature:

Date:

Field Investigator's Observations