

Rashtriya Swasthya Bima Yojana: Pilot Project in Madhya Pradesh (A Study of Ten Districts)

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Abstract: Health is an important aspect for economic growth and development. It is an essential component of social sector. MP is one amongst the low performing state has not come up well in health care system and hence is trying to meet the health care needs in the most equitable & efficient manner to the poor & weaker sections while remaining financially strong, so for this the state is adapting various strategies. The state has brought about a health insurance scheme known as Rashtriya Swasthya Bima Yojana (RSBY) in the ten districts as a pilot project. Our paper has done a study of this scheme. The paper is divided in three sections the first section brings about the introduction of RSBY & also states the objectives & methodology used along with the future scope of the study, the second section is putting forth the performance of the scheme and the last section highlights the conclusion & suggestions of the study undertaken.

Keywords: Health, Poor & Weaker sections, insurance scheme, health care needs, social sector, equitable & efficient

1. Introduction

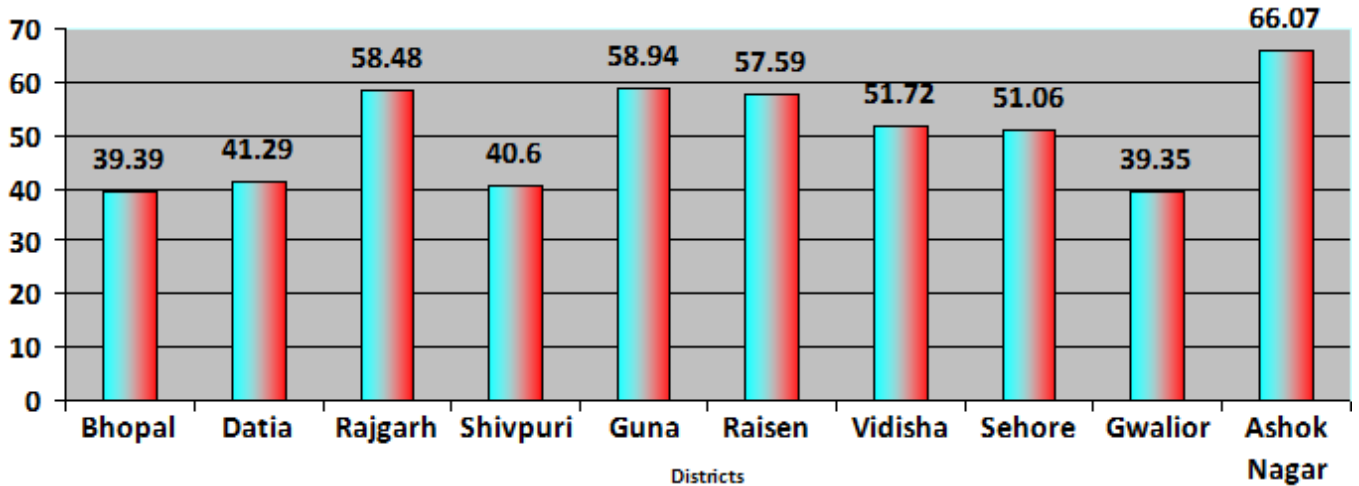
Health plays an important role in economic growth & development, keeping this in mind the Ministry of Labour and Employment a body of Government of India initiated the Rashtriya Swasthya Bima Yojana (RSBY) to provide health insurance coverage to Below Poverty Line (BPL) families. RSBY was established with an objective to provide financial facilities to the poor families to meet health expenditures and help them not to fall in to debt trap. This scheme was launched in 1th of April 2008. Under this scheme the beneficiaries have freedom of choice in selection of private or public hospitals which are recognized under this scheme. Hospitals registered under this scheme are paid for the beneficiaries treated. The intermediaries who help in reaching out to the beneficiaries are also paid for the services they render. The usage of information technology has helped in the smooth functioning of the scheme in different states. Smart cards are issued to the beneficiaries containing their finger prints & photo graphs. The biometric enabled smart card ensures that only real beneficiaries can use the smart cards. The hospitals empanelled under RSBY are information technology enabled and are connected to the server at the district level. This ensures a smooth data flow regarding service utilization periodically. This scheme is cash less & paper less as the beneficiaries do not have to pay any cash, he/she only has to carry the smart card in the empanelled hospital & has to provide verification through finger print and the empanelled hospital does not have to send all the papers to the insurer, they only send the claims and get the payment electronically. The beneficiaries who are enrolled in any district will be able to use their smart card in any empanelled hospital across India.

The present paper is based on RSBY in MP. The objectives of our paper are to access the RSBY activities in MP and to analyze the RSBY functioning in Bhopal, Datia, Guna, Gwalior, Raisen, Rajgarh, Sehore, Shivpuri, Vidisha, AshokNagar. Secondary data has been used for analysis which has been compiled from the RSBY website as well as from RSBY department government of MP. The conclusion and the inferences of this paper can further strengthen the RSBY objectives to promote health facilities free of cost to the weaker sections of the society as well as it can also bring about necessary changes.

2. RSBY 's Performance in MP

Health is one of the important components of Social Sector. Any improvement in the social sector may bring about little growth but it's a vital component of development [1]. MP being a BIMAROU state has still not been able to achieve total health for all so in order to cater the health needs to the poor people many health schemes have been launched. RSBY is one amongst them; this scheme has been launched as a pilot project in ten districts which are Bhopal, Datia, Guna, Gwalior Raisen, Rajgarh, Sehore, Shivpuri, Vidisha, AshokNagare. Under this scheme the head of the family including four members will be provided health insurance to a maximum amount of rupees 30000 only with a premium amount of rupees 309 which is shared in the ratio of 75 is to 25 by the central and state government respectively. There are about 167 health institutes including public & private medical hospitals, medical colleges, district hospitals, Public health centers, Community health centers and these are all registered by RSBY. The beneficiaries can avail the benefits of treatment from these institutes only. In the state of MP 592491 BPL families have been enrolled for RSBY

Chart 1: Percentage of BPL families Enrolled in MP for RSBY as on March 2014

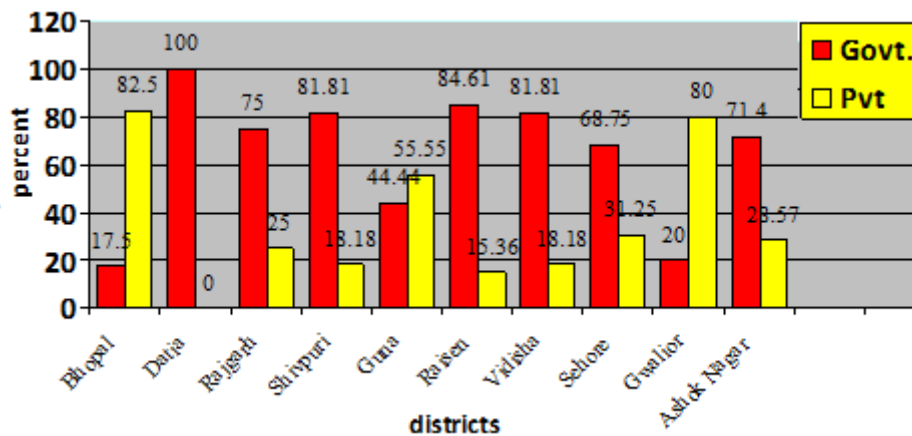


Source: RSBYcell, Satpura, GOI, MP.

In the ten districts of MP about 11,91,258 BPL families are there out of which 256,055 are in Bhopal and only 39.93 percent have been enrolled in RSBY, maximum number of BPL families have been enrolled in Ashok nagar. The

percentage of enrollment has to be increased in Gwalior, Bhopal, Datia and Shivpuri. Empanelled hospitals are those hospitals where the beneficiaries can go for treatment.

Chart 2: Govt. & Pvt. Empanelled Hospitals of RSBY in ten districts as on March 2014

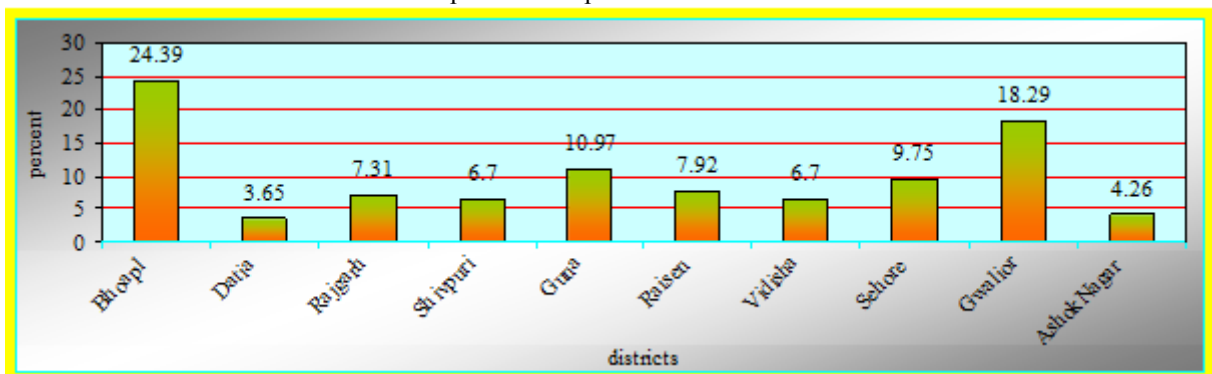


Source: RSBY cell, Satpura, GOI, MP.

In the above chart it's shown that about 82.5% of private hospitals have been empanelled in Bhopal whereas in Datia only government hospitals are working with RSBY. In

Gwalior only 20 % of government hospitals are there for this scheme.

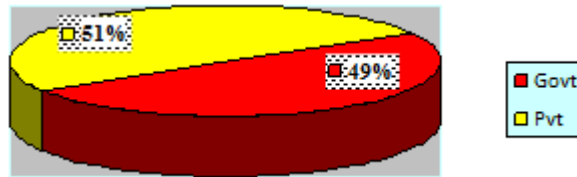
Chart 3: Empanelled hospitals in MP as on March 2014



Source: RSBY cell, Satpura, GOI, MP.

There are about 164 hospitals recognized under it in MP, maximum hospitals are empanelled in Bhopal(24.39%) followed by Gwalior(18.29%) whereas less hospitals are in Datia (3.65%) and Ashok Nagar(4.26%). Thus more hospitals should be set up in order to reach more people.

Chart 4: Percentage of Govt. & Pvt. Empanelled hospitals in MP as on March 2014

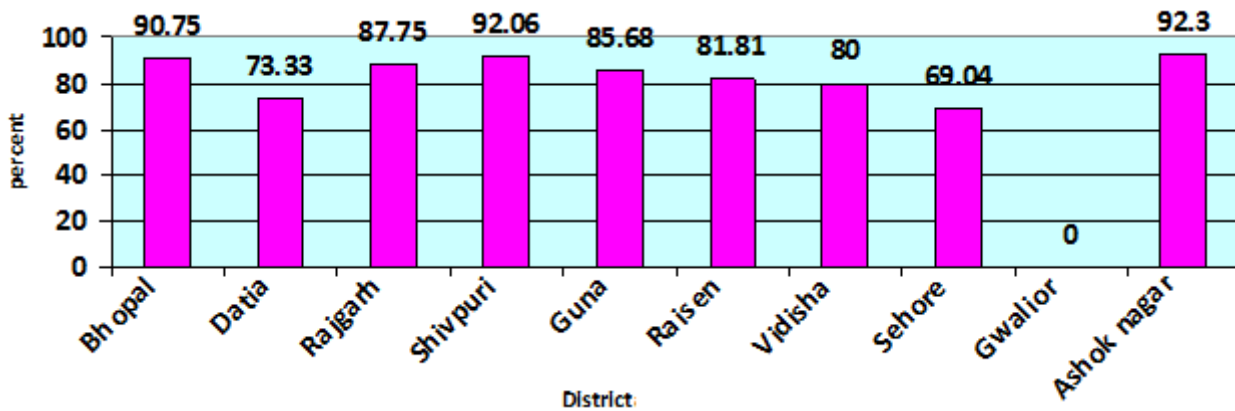


Source: RSBY cell, Satpura, GOI, MP.

Thus from chart we can state that the percentage of empanelled private hospitals are more as compared to public hospitals under RSBY in MP so emphasis should be laid on increasing the percentage of government hospitals so that

there is more of social welfare. Claims are the amount of the hospitals which the insurer has to pay. Till date RSBY has received 6298 claims whereas only 5624 claims have been settled.

Chart 5: Percentage of Number of Claims Settled as on March 2014



Source: RSBYcell, Satpura, GOI, MP.

Chart 6: Claim Amount Received and Settled as on March 2014

DISTRICTS	Claims received (amount in Rs)	Claims settled (amount in Rs)
Bhopal	23694125	22023433 (92.94)
Datia	13700	12500 (91.24)
Rajgarh	443750	423250 (95.38)
Shivpuri	541237	491737 (90.85)
Guna	2557899	2194437 (85.79)
Raisen	255150	226900 (88.92)
Vidisha	600675	450675 (75.02)
Sehore	445875	291875 (65.46)
Gwalior	159250	0
Ashok Nagar	126875	120875 (95.27)
Total	28838536	26235682 (90.97)

Source: RSBYcell, Satpura, GOI, MP. Figures in bracket shows percentage

The above chart 5 shows the number of claims settled in different districts of MP. RSBY has received 5235 claims and only 90.75 percentage of claims have been settled amounting to rupees 220, 23,433(92.94%) as per Chart 6. Maximum claims have been settled in Ashok Nagar district which is about 92.3 % and the claim amount settled is 95.27% of rupees 126875. Gwalior has received 30 claims of about 1, 59,250 rupees and no claims were settled till the date. In Sehore only 69.04 percent claims have been settled which is quite lesser than other eight districts excluding Gwalior. Efforts should be made by RSBY to settle the

claim amounts in Gwalior, Sehore, Vidisha so that the empanelled hospitals can be motivated to render their services earnestly.

3. Conclusion

RSBY has been doing a rigorous work in these ten districts with reference to the number of enrollment in chart I but special emphasis should be made for increasing the number of empanelled hospitals as well as there should be increase in government hospitals along with private hospitals so that there is healthy competition in rendering health services. Presently RSBY is rendering services only to BPL families and steps are being under taken to include the Above Poverty Line (APL) families too. RSBY should initiate steps to settle the claims at a faster pace and more over the stake holders too should be encouraged so that ample number of beneficiaries can be enrolled. With proper management and tracking system the coverage can be increased in MP. The mode of awareness & accessibility about the scheme should be high so that the people in the rural & tribal areas can avail its benefits. In the long run this scheme will prove out to be really beneficial for all in removing the health ailments and if more amounts are allocated for health expenditure as a percentage of GDP then more schemes of this sort will sprout in the future.

References

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