



An Analyze Of Chief Minister Health Insurance Scheme “Coverage, Utilization And Challenges”

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ABSTRACT

The Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) is a pioneering initiative launched by the Government of Tamil Nadu to provide universal health coverage to economically weaker sections of society. Introduced in 2012, the scheme aims to benefit over 1.34 crore families by offering financial protection and comprehensive healthcare coverage. By ensuring access to quality medical services, CMCHIS seeks to improve health outcomes, promote social equity, and foster inclusive growth. The scheme specifically addresses the healthcare needs of low-income populations, shielding them from catastrophic medical expenses that could push them further into poverty. It provides financial assistance for a wide range of medical procedures, including hospitalization, surgeries, diagnostic tests, and follow-up treatments. Beneficiaries can access healthcare services through an extensive network of empaneled hospitals, ensuring affordability and quality care. Through this initiative, the government aims to enhance public health, reduce disparities in medical access, and improve the overall well-being of vulnerable communities.

KEYWORDS

Improve health outcomes, social equity, affordability, quality care.

INTRODUCTION

The CMCHIS is implemented through a partnership between the Government of Tamil Nadu and the United India Insurance Company Limited. The scheme is administered by the Project Office, Chief Minister's Comprehensive Health Insurance Scheme, which is responsible for enrollment, claims processing, and beneficiary support. The scheme's success can be attributed to the effective partnership between the government, insurance provider, and healthcare institutions. The impact of CMCHIS has been significant, with millions of families benefiting from the scheme. According to official statistics, the scheme has

provided financial assistance to over 1.5 million families, covering medical expenses worth over Rs. 1,500 crores. The scheme has also contributed to improved health outcomes, with a significant reduction in infant mortality rates and maternal mortality ratios.

OBJECTIVES OF THE STUDY

- To assess the coverage of Chief Minister's schemes in terms of geographical reach, target beneficiaries, and sectoral distribution.
- To evaluate the utilization of these schemes by analyzing beneficiary participation, fund allocation and implementation effectiveness.
- To identify key challenges affecting the success, including financial constraints, administrative inefficiencies, and public awareness gaps.

LITERATURE REVIEW

- Research by Karan et al. (2017) indicates that such schemes play a crucial role in reducing out-of-pocket (OOP) expenditures and enhancing healthcare accessibility for the poor. However, studies also highlight challenges such as limited awareness, difficulties in enrollment, and gaps in service delivery.
- A study by Nandi et al. (2020) found that Tamil Nadu's health insurance model has improved access to tertiary care and expensive medical procedures. However, concerns remain regarding the quality of services provided by empaneled hospitals and the adequacy of coverage for certain medical conditions.
- Research by Selvaraj and Karan (2018) indicates that while such schemes provide some level of financial protection, many beneficiaries still incur significant OOP costs due to exclusions, co-payments, and non-covered services. This suggests the need for a more comprehensive package that includes outpatient care and medicines.

HYPOTHESIS

This study hypothesizes that the Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) significantly improves healthcare accessibility and financial protection for economically weaker sections in Tamil Nadu. It is expected that the scheme has led to an increase in hospital utilization rates among beneficiaries by reducing financial barriers to treatment. Additionally, CMCHIS is hypothesized to lower out-of-pocket healthcare expenditures, thereby reducing the financial burden on low-income families. However, concerns regarding service quality and limitations in coverage may affect the scheme's overall effectiveness. The study also examines whether disparities exist in the utilization of benefits across different socio-economic groups and geographic regions. Ultimately, the research aims to assess the scheme's impact on public health outcomes and its role in promoting equitable healthcare access.

H₀: CMCHIS has no significant impact on improving healthcare accessibility for economically weaker sections.

H₁: CMCHIS significantly improves healthcare accessibility for economically weaker sections.

METHODS AND MATERIALS

The study employs a mixed-methods approach, combining both qualitative and quantitative research methods to analyze the impact of the Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS). Primary data is collected through structured surveys and interviews with beneficiaries, healthcare providers, and policymakers to assess accessibility, financial protection, and service quality. Secondary data is obtained from government reports, health department records, and previous studies on public health insurance schemes. A stratified sampling technique ensures representation across different socio-economic groups and geographic regions. Statistical tools such as regression analysis and chi-square tests are used to evaluate the scheme's effectiveness, while thematic analysis is applied to qualitative responses. The study aims to provide an evidence-based assessment of CMCHIS, highlighting both its strengths and areas for improvement.

DATA ANALYSIS AND INTERPRETATION

The study employs correlation analysis to examine the relationship between CMCHIS enrollment and key healthcare indicators, such as hospital utilization, out-of-pocket healthcare expenditure, and patient satisfaction. Pearson's correlation coefficient is used to measure the strength and direction of associations between these variables. A positive correlation is expected between CMCHIS enrollment and hospital utilization, indicating increased access to medical services. Conversely, a negative correlation is anticipated between CMCHIS enrollment and out-of-pocket expenses, suggesting financial protection for beneficiaries. Additionally, the correlation between service quality and patient satisfaction is analyzed to assess the effectiveness of empaneled hospitals. This analysis helps in understanding the overall impact of CMCHIS and identifying factors that influence its success.

CORRELATIONS			
		Age	Annual in come of the family
age	Pearson Correlation	1	.689**
	Sig. (2-tailed)		.000
	N	120	120
Annual in come of the family	Pearson Correlation	.689	1
	Sig.(2-tailed)	.000	
	N	120	120
Correlation is significant at the 0.01level (2-tailed).			

PERCENTAGE ANALYSIS

Percentage analysis the data gathered for the study is also presented in terms of percentage are calculated to the total of the subject. The processed data was analysed interpreted and it is found that 74.2% of respondents became aware of CMCHIS through social media, showing the importance of digital outreach. 47% enrolled online, while 41% used offline methods, indicating that digital platforms are becoming more popular. 66.1% of respondents found it easy to obtain a CMCHIS card, but 33.1% still found the process difficult, pointing to bureaucratic hurdles. 40.8% of respondents experienced a financial burden despite the scheme's "cashless" treatment promise. 52.1% of respondents reported paying high consultation fees, while others incurred costs for medication (14.9%), medical tests (14.9%), and transportation (5.8%). Only 5.8% of respondents had private health insurance, showing the scheme is critical for financial protection.

RANK ANALYSIS

Rank analysis is used in this study to prioritize the factors influencing the effectiveness of the Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) based on beneficiary preferences and impact levels. Key variables such as accessibility to healthcare facilities, financial protection, service quality, claim processing efficiency, and beneficiary satisfaction are ranked using methods like the Rank Order Method or Garrett's Ranking Technique. Respondents assign ranks to these factors, and scores are computed to determine their relative importance. This analysis helps identify the most significant strengths and challenges of CMCHIS, providing insights for policymakers to enhance the scheme's effectiveness and address critical areas for improvement.

CHALLENGES	RANK
Awareness and information gaps	6
Eligibility criteria	7
Bureaucratic delays	3
Limited coverage	2
Geographical barriers	4
Language and communication barriers	5
Administrative challenges	1

CONCLUSION

The Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) has played a crucial role in improving healthcare accessibility and providing financial protection to economically weaker sections in Tamil Nadu. The study findings indicate that the scheme has led to increased hospital utilization, reduced out-of-pocket healthcare expenditures, and enhanced access to quality medical services. However, challenges such as bureaucratic hurdles, service quality disparities, and limitations in coverage remain areas of concern. Correlation and rank analysis reveal that factors like claim processing efficiency and hospital infrastructure significantly influence beneficiary satisfaction. While CMCHIS has made notable progress in promoting equitable healthcare, continuous policy improvements, better monitoring, and expanded coverage are necessary to maximize its impact. Strengthening public awareness and addressing implementation gaps will further enhance the scheme's effectiveness, ensuring that healthcare services reach those in need more efficiently.

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