REACHING HEALTH TO ALL :UNIVERSAL HEALTH INSURANCE SCHEME THROUGH COMMUNITY HEALTH INSURANCE SCHEMES

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ABSTRACT

Service and Quality of care is an important determinant parameter for utilizing health services. In India, The quality of care in most health services yet to be reached more adequate. The government recognizes this and has been working on both supply and demand aspects in many states of India with central government and by state government. In particular, it is promoting community health insurance (CHI) schemes, so that patients can access quality services and further community base health schemes come in a one segment as universal health coverage-helps the community by providing health need, service oriented with a quality and minimal out of pocket expenditure.

Aim

To study need for universal health insurance.

Objectives

   1. *To measure the potential of CHI state government schemes balasanjeevini, yeshaswini, thaibhagya leading to the performance and demand towards universal health scheme*
   2. *To study patient satisfaction as a quality indicator by CHI state government schemes.*

Descriptive study was carried out in a tertiary care teaching hospital for a period of one year. Stratified random sample size of 500 patients complies for state government (Karnataka) community health insurance schemes yehaswini, balasanjeevini and thaibhagya. Structured questionnaire distributed to patients hospitalized in HSK hospital SNMC and patient accompanies (who have taken the mentioned health insurance schemes).

Results

In the study sample selected 500 patients 50% of the patients are aware of health insurance and 50% are not much aware of health insurance and universal health insurance. 87% of the patients represents it is necessary to have health insurance. 54% patients have taken the health insurance schemes and used for the hospitalization. 88% patients used the community health insurance. 58% patients are satisfied for the health insurance schemes. 42% patients are not happy for various schemes and various shealth insurance cards- cards for different type of coverages. 64% of the patients commented that they would like to know the government new procurements and universal health care card benefits and adaptation. More than 70% of the patients and their accompanies are satisfied with the services rendered by HSK and SNMC.

Conclusion

Awarness about health Insurance is improoved among common people they are satisfied with community health insurances of state government central government but they still want more benefits in the insurance health coverage medications.Benaficiaries are not comfortable with different health insurance cards Hence-forth if only one health-card means for universal health insurance on procurement all benefits reveled by state and central government their satisfaction and trust increases for the health promise from all supposed to be Government,private,corporate sectors.Patients are happy for the services rendered by HSK and SNMC. Quality of care is one of main important determinants of health service utilization and continuous quality improovement.Many studies of practicality shows that health services utilization is sensitive to the perception of the quality by the users. While many reviews concentrate on the technical aspects studies are increasingly looking at quality from the patient's perspective. The effect of CHI was assessed on quality of care using patient satisfaction as a measuring tool. Patient satisfaction is an important aspect of quality of care in hospital including health insurance.

KEYWORDS: *health, Service and Quality, patients, hospitalization, health care*

INTRUDUCATION

Health insurance as a tool to regulating health and finance care has very recent era of 2000 become popular in existence and gain popular to people with a better mind and health. Eventhough general insurance coverge is popular in public,some- how health insurance is negelted at some corner but it is of a quick approach towords protected health gain importance since 10-15 years. In developing countries community health insurance coverage is the one covered the rural and urban households to take use of insuraned health to lead a quality life and to gain good health stake coverage benefit for the society gain and community. Community based health insurance is the base to lead to the universal health care.Today on the occasion of 2018 past world health day universal health care theme pertaining to universal health coverage everyone, everywhere not burdning finance on patient leading fact in this the health insurance empower the patient with a good health by adding dignity of economy and cost. Iinsured health led to lead a quality life and to gain good health stake coverage benefit for the society gain and community.

REVIEW OF LITERATURE

Presently, the total expenditure on health is below 4 % of the GDP while the government expenditure is below 1.3 % of GDP. The new National Health Policy (NHP) promises to increase this to 2.5 % by 2025.

The poor are particularly not included to the lack of health security. Studies have shown that the poor spend a greater percentage of their income budget for health related expenditures (this varies between 6-8% in various studies Sheriff et al 1999). The overhead of treatment is particularly for major health issues, and particularly when they selected as "in-patient" care (hospitalization). Further, the high incidence of sickness morbidity cuts into their budget in two different ways, i.e. they need to spend large amounts of money for treatment and are unable to earn money while under treatment. In fact, health care costs are one of the primary reasons for rural indebtedness and poverty (Gummer 1997). It is broadcasted that at least 24% of all Indians hospitalized fall below the poverty line because they are hospitalized, and that out-of-pocket spending on hospital care raises by 2% the proportion of the population in poverty (Peters et al.2001, 2002).Hospitalization directly effects on earnings and indirectly effects of ill health further not allow them to work for reflecting on the average contribution to the GDP propositional to health effect. These facts further pertaining to newborn death rate, nutritional deficiency and child health,

death of pregnant women regulates to need for various health insurances necessary to compact at different stages of the lifespan towards universal health scheme in beifit of ,health coverage, cost, premium pertains to age progression, BPL and APL card hoder eligibility.

Aim

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OBJECTIVES

1. To measure the potential of CHI state government schemes balasanjeevini, yeshaswini, thaibhagya diverting the performance and demand towards universal health scheme.
2. To study patient satisfaction as a quality indicator by CHI state government schemes.

RESEARCH METHODOLOGY

Descriptive Research was carried out in a tertiary care teaching hospital to know the potential need for universal health insurance commence acceptance and For this study CHI beneficiaries, (patients and patients accompany) are distributed with a structured questionnaire. Questionnaires are distributed to beneficiaries of yehaswini scheme, balasanjeevini scheme, Thaibhagya health scheme before admission (who have already used the benefit before) or at the time of discharge. The study was also focused to know awareness levels among the patients and patient accompanies about current developments in health insurance sector, lacunae in the present health insurance schemes. Conclude testing towards universal health insurance. The study is also concentrating on patient satisfaction and quality as a indicator in patient satisfaction of health insurance. A random non stratified sample selected yeshawini (200 sample), Balasanjeevini (150 sample), (Thaibhagya 150 sample) total 500 inpatients and their accompanies interviewed. Study duration 12 months. Questionnaire contains 12 questions and yielding results were measured by using SPSS software. Findings of the data were tabulated in percentage bar graphs and chi-square P- values. Hypothesis summary tested with normality test.

SCHEMES OPTED

- Thaibhagya (state government community health insurance coverage includes pregnant women carecoverage) scheme merging towards universal health insurance.

- Balasanjivini (state government community health insurancecoverage includes 0-6years)scheme closed by government of Karnataka due to lack of funds.
- Yashaswini(state government community health insurance coverage includes rural and urban

All the above mentioned state government, community health insurance schemes are merging into the universal health scheme and getting into ready to serve health to all in associate with state government by the central government universal

HYPOTHESIS TESTING

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
VAR00001	.101	200	.000	.943	200	.000

Table-1

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of VAR00001 is the same across categories of VAR00002.	Independent-Samples Kruskal-Wallis Test	.477	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

Inference: there is no significant difference between mean variants retains the test hypothesis

QUALITATIVE ANALYSIS

1. Do you know about insurance?   Yes /No

Health Insurance		Q1		Total	Chi-squared
		Yes	No		P- value
Thaibhagya	count	88	55	143	
	% within insurance	61.5%	38.5%	100.0%	
Balasanjivini	count	72	67	139	4.960
	% within insurance	51.8%	48.2%	100.0%	P=0.084
Yashaswini	count	97	98	195	
	% within insurance	49.7%	50.3%	100.0%	
Total	count	257	220	477	
	% within insurance	53.9%	46.1%	100.0%	

Health Insurance	Thaibhagya		Balasanjivini		Yashaswini	
Yes	88	61.50%	72	51.80%	97	49.70%
No	55	38.50%	67	48.20%	98	50.30%
Total	143	100%	139	100%	195	100%
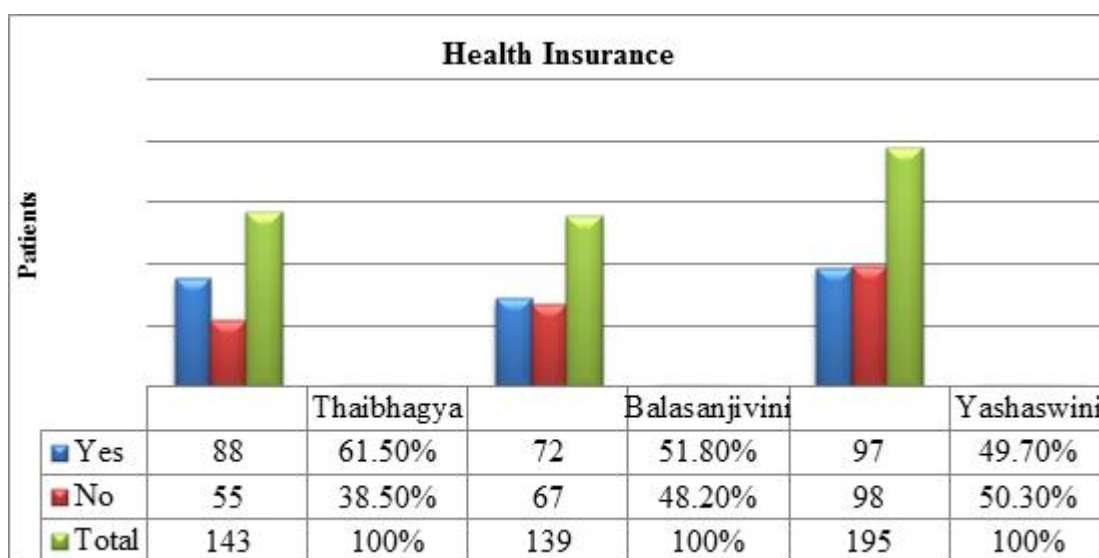
Inference: 500 patients and patient accompany were questioned about awareness of the health insurance. 477 patients and their accompany responded.54% of the patients said they know about insurance. 46% of the patients saidthey don't know about insurance.Chi-square P-value =0.084
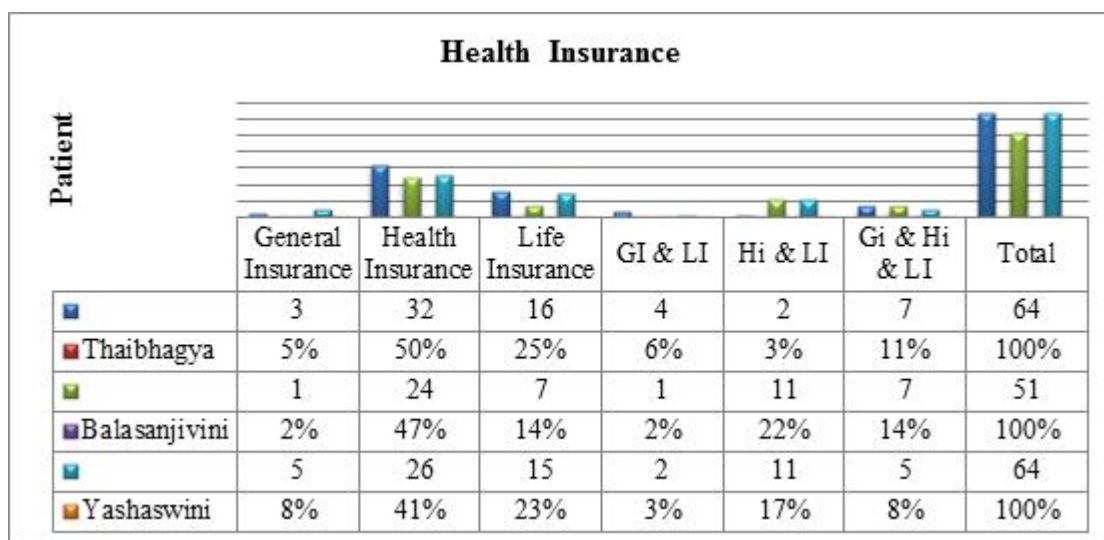
signifies there is no association between type of respondents knowing about insurance 50 % of the patients are aware of insurance another 50% it is necessary to give awareness education about health insurance and universal health insurance benefits.

2. If yes, which insurance? General insurance / Health insurance / Life insurance.

Abbravation used:General Insurance, Health Insurance ,Life Insurance GI & LI, HI & LI, GI, HI & LI

Health Insurance		Q2							Chi squared
		General Insurance	Health Insurance	Life Insurance	GI & LI	HI & LI	GI, HI & LI	Total	P- value
Thaibhagya	Count	3	32	16	4	2	7	64	
	% within insurance	4.7%	50.0%	25.0%	6.0%	3.0%	11.0%	100%	
Balasanjivini	Count	1	24	7	1	11	7	51	15.222 P=0.124
	% within insurance	2.0%	47.1%	13.7%	2%	22%	14%	100%	
Yashaswini	Count	5	26	15	2	11	5	64	
	% within insurance	7.8%	40.6%	23.4%	3%	17%	8%	100%	
Total	Count	9	82	38	7	24	19	179	
	% within insurance	5.0%	45.8%	21.2%	3.9%	13.4%	10.6%	100%	

Health Insurance	General Insurance	Health Insurance	Life Insurance	GI & LI	Hi & LI	Gi & Hi & LI	Total
	3	32	16	4	2	7	64
Thaibhagya	5%	50%	25%	6%	3%	11%	100%
	1	24	7	1	11	7	51
Balasanjivini	2%	47%	14%	2%	22%	14%	100%
	5	26	15	2	11	5	64
Yashaswini	8%	41%	23%	3%	17%	8%	100%

Chi square P value 15.222 P=0.124

Inference: 46% of patients know about health insurance, 21% are well known with life insurance and 5% are aware of general insurance Since, only 50% patients coming to the tertiary care know about the health insurance.

Chi-square P- value =0.124 Signifies there is no association between the question asked and answer pertained by type of insurance choice. It is being good to know health insurance.It is happy to know health insurance and life insurance are more used by the patient's than general insurance. Patients are aware, of health insurance, but it is even necessary to know more about the benefits of universal health insurance.

3. How do you come to know about health insurance?
Media/Friends/Others /Media & others/Friends & others /All sources

Health Insurance		Q3							Total	Chi squared P-value
		No insurance	Media	Friends	Others	Media & others	Friends & others	All sources		
Thaibhagya	Count	32	2	3	76	2	34	1	150	25.184 P=0.014
	% within insurance	21.3%	1.3%	2.0%	50.7%	1.3%	22.7%	0.7%	100.0%	
Balasanjivini	Count	42	0	1	78	8	25	1	155	
	% within insurance	27.1%	0.0%	0.6%	50.3%	5.2%	16.1%	0.6%	100.0%	
Yashaswini	Count	70	0	0	78	7	45	0	200	
	% within insurance	35.0%	0.0%	0.0%	39.0%	3.5%	22.5%	0.0%	100.0%	
Total	Count	144	2	4	232	17	104	2	505	
	% within insurance	28.5%	0.4%	0.8%	45.9%	3.4%	20.6%	0.4%	100.0%	

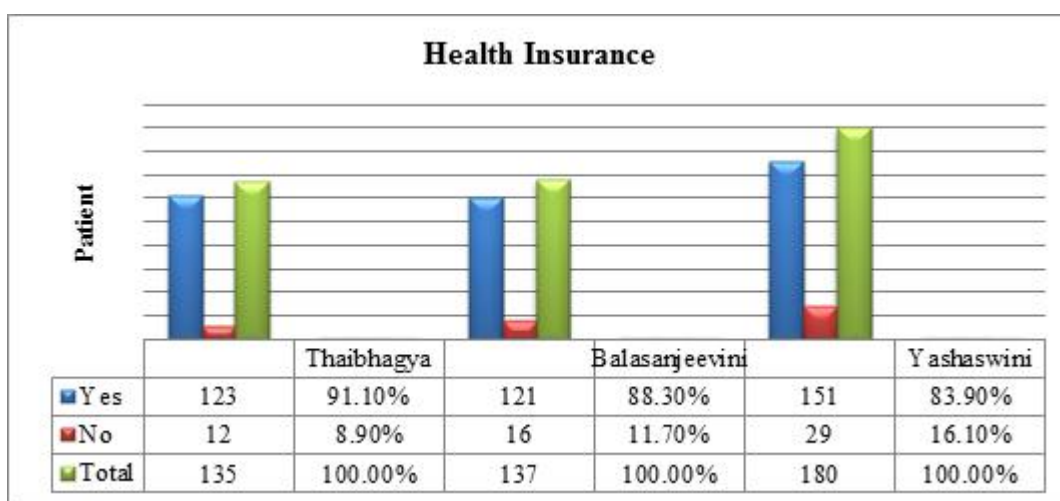|	No insurance	Media	Friends	Others	Media & others	Friends & others	All sources	Total
	32	2	3	76	2	34	1	150
Thaibhagya	21%	1%	2%	51%	1%	23%	1%	100%
	42	0	1	78	8	25	1	155
Balasanjivini	27%	0%	1%	50%	5%	16%	1%	100%
	70	0	0	78	7	45	0	200
Yashaswini	35%	0%	0%	39%	4%	23%	0%	100%

Chi square P value   25.184   P=0.014
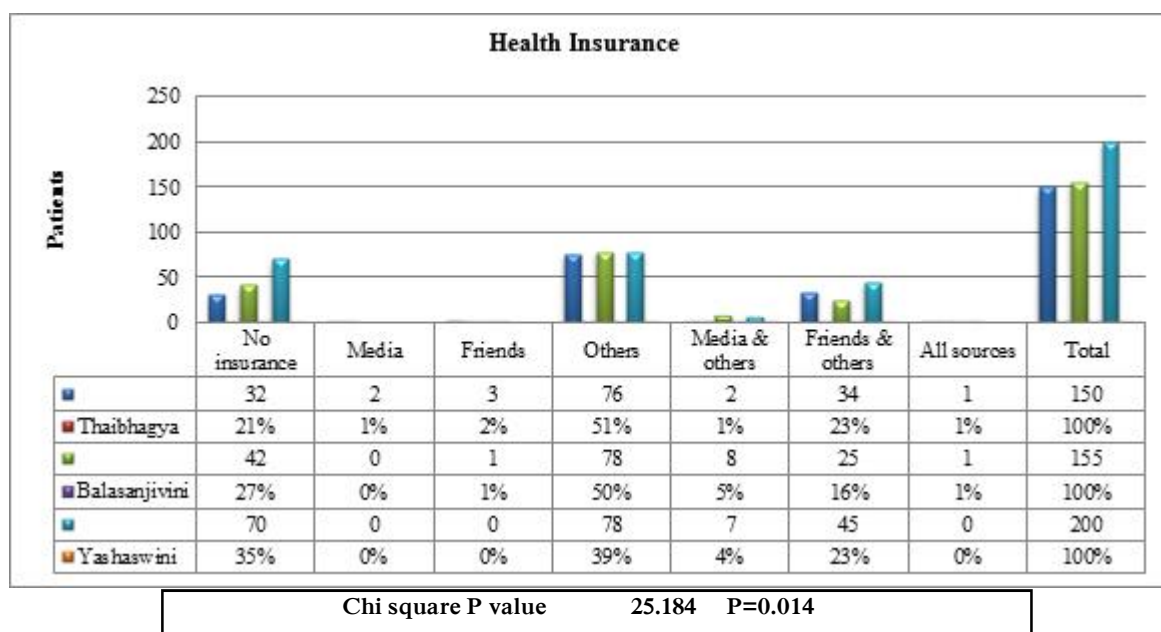
Inference: This question is asked to the patients to know how they came to know about health insurance. 0.8 % of the patients came to know about health insurance through friends and 0.4 % of the patients came to know about health insurance from the media and others with combined 50%.

Other sources include patients came to know from Asha health care workers, Anganawadi health care workers, Hospital Staff health scheme workers.Only 0.4% of the patients came to know about health insurance from television, radio, newspapers etc.

Chi-square, P -value=0.014 suggests there is an association between answerers given by the patients to different health insurance schemes.Balasanjeeveni government health scheme for children ,Thaibhagya state Govt. Insurance health scheme for maternity health service and Pregnant women although patients are aware of community health insurance schemes all above mentioned community health schemes sustainability marked good and merging into universal health scheme to ensure more benefits to needy and poor in the society.

4. Do you feel health insurance is necessary as any other insurance? Yes/No

Health Insurance		Q4		Total	Chi-squared
		Yes	No		P- value
Thaibhagya	Count	123	12	135	
	% within insurance	91.1%	8.9%	100.0%	3.806
Balasanjeevii	Count	121	16	137	P=0.149
	% within insurance	88.3%	11.7%	100.0%	
Yashaswini	Count	151	29	180	
	% within insurance	83.9%	16.1%	100.0%	
Total	Count	395	57	452	
	% within insurance	87.4%	12.6%	100.0%	

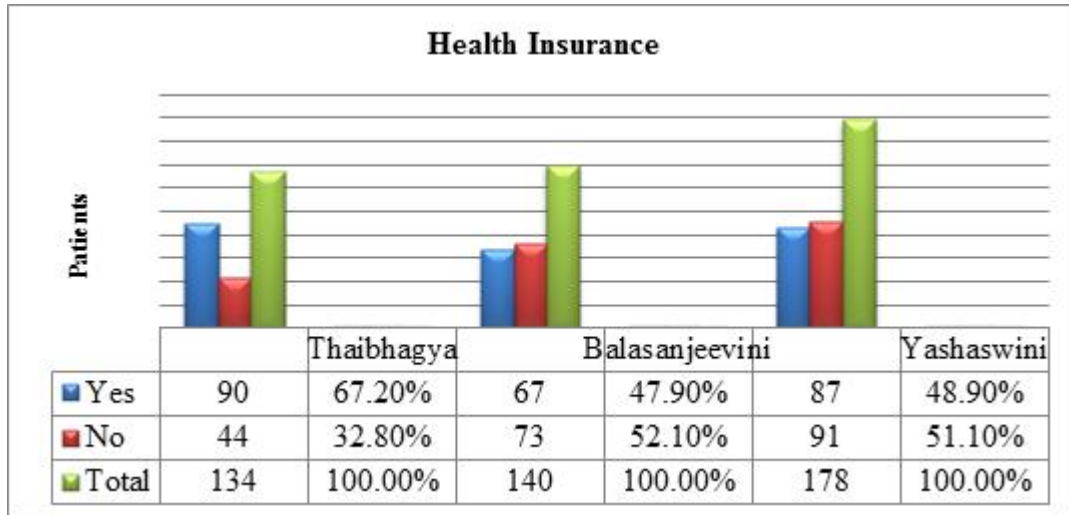|		Thaibhagya		Balasanjeevini		Yashaswini	
Yes	123	91.10%	121	88.30%	151	83.90%	
No	12	8.90%	16	11.70%	29	16.10%	
Total	135	100.00%	137	100.00%	180	100.00%	

Chi square P value	3.806 P = 0.149

Inference: 87% of the patients are feeling that it is very much necessary to have a health insurance. Only 12% of the patients felt it is not important to have health insurance, but they are not aware of the importance ease, benefits of health insurance. Chi- squared P=0.149 signifies there is no association between the question asked for the patients and accompanies it is important to have health insurance, and easy mode to avail it to through universal health schemes.

5. Do you have any Health policy? Yes / No

Health Insurance		Q5		Total	Chi-squared
		Yes	No		P- value
Thaibhagya	Count	90	44	134	
	% within insurance	67.2%	32.8%	100.0%	
Balasanjeevini	Count	67	73	140	13.356
	% within insurance	47.9%	52.1%	100.0%	P=0.001
Yashaswini	Count	87	91	178	
	% within insurance	48.9%	51.1%	100.0%	
Total	Count	244	208	452	
	% within insurance	54.0%	46.0%	100.0%	

Health Insurance

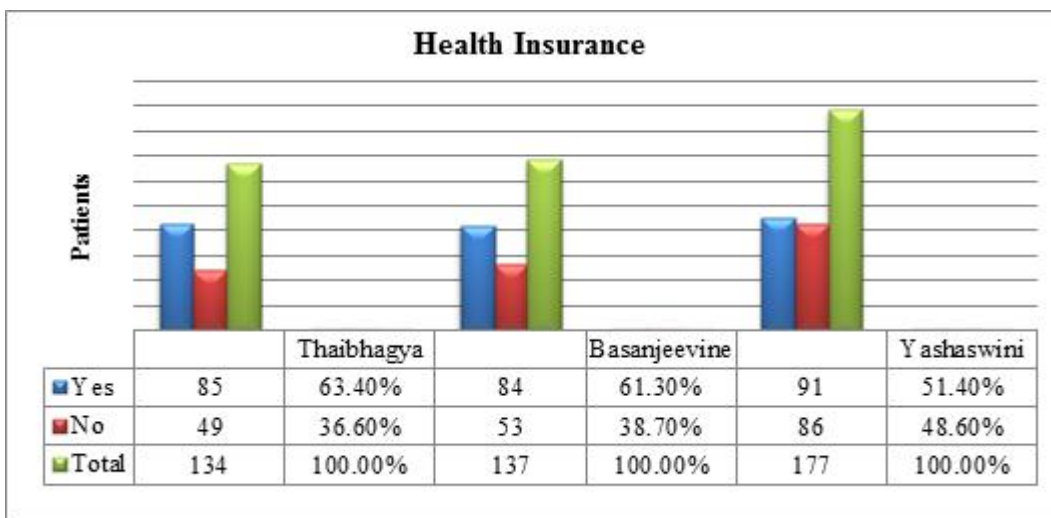|	Thaibhagya		Balasanjeevini		Yashaswini	
Yes	90	67.20%	67	47.90%	87	48.90%
No	44	32.80%	73	52.10%	91	51.10%
Total	134	100.00%	140	100.00%	178	100.00%

Chi square P value	13.356 P = 0.001

Inference: 54% of the patients have health insurance policy with them and 46% patients and their accompanies do not have health insurance with them.Chi squared P-value 0.001 valid for there is an association between patients are having a health insurance and which health policy patients are having from the chi- square P- value it is pertained that more numbersof patients are having yehaswini community health insurance, 48 out of 452 answered.since for all of the above health insurances yashaswini community health insurance a large content working for the large part of cooperative societies and developed first for the formers to extend it to the large content unite together universal health insurance to make it more easy approach for yeshaswini health scheme benificiaries,and minimize out of pocket expenditure.

6. Are you satisfied with your present policy.

Health Insurance		Q8		Total	Chi-squared
		Yes	No		P- value
Thaibhagya	Count	85	49	134	
	% within insurance	63.4%	36.6%	100.0%	
Basanjeevine	Count	84	53	137	5.395
	% within insurance	61.3%	38.7%	100.0%	P=0.067
Yashaswini	Count	91	86	177	
	% within insurance	51.4%	48.6%	100.0%	
Total	Count	260	188	448	
	% within insurance	58.0%	42.0%	100.0%	

Health Insurance

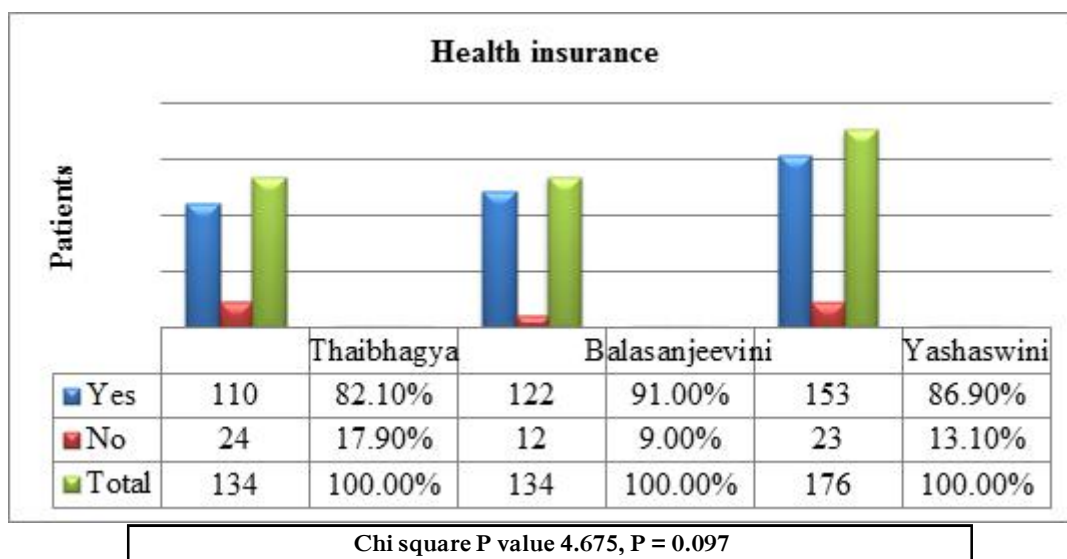|	Thaibhagya		Basanjeevine		Yashaswini	
Yes	85	63.40%	84	61.30%	91	51.40%
No	49	36.60%	53	38.70%	86	48.60%
Total	134	100.00%	137	100.00%	177	100.00%

Chi square P value	5.395 P = 0.067

Inference: 58% of the patients are satisfied with the policy what they have and 42% of the patients are not happy with policy coverage.

Chi- squared P-0.067signifies there is no association between values and the answers in respect of different health schemes the satisfaction is towards the patient's opinion for the total satisfaction of health insurance, including coverage and card holders all possibilities are possible with the universal health scheme.

7. Do you advise your family and friends to have a health insurance policy. Yes/No

Health insurance		Q10		Total	Chi-squared
		Yes	No		P- value
Thaibhagya	Count	110	24	134	
	% within insurance	82.1%	17.9%	100.0%	
Balasanjeevini	Count	122	12	134	4.675 P=0.097
	% within insurance	91.0%	9.0%	100.0%	
Yashaswini	Count	153	23	176	
	% within insurance	86.9%	13.1%	100.0%	
Total	Count	385	59	444	
	% within insurance	86.7%	13.3%	100.0%	

		Thaibhagya		Balasanjeevini		Yashaswini	
Yes	110	82.10%	122	91.00%	153	86.90%	
No	24	17.90%	12	9.00%	23	13.10%	
Total	134	100.00%	134	100.00%	176	100.00%	

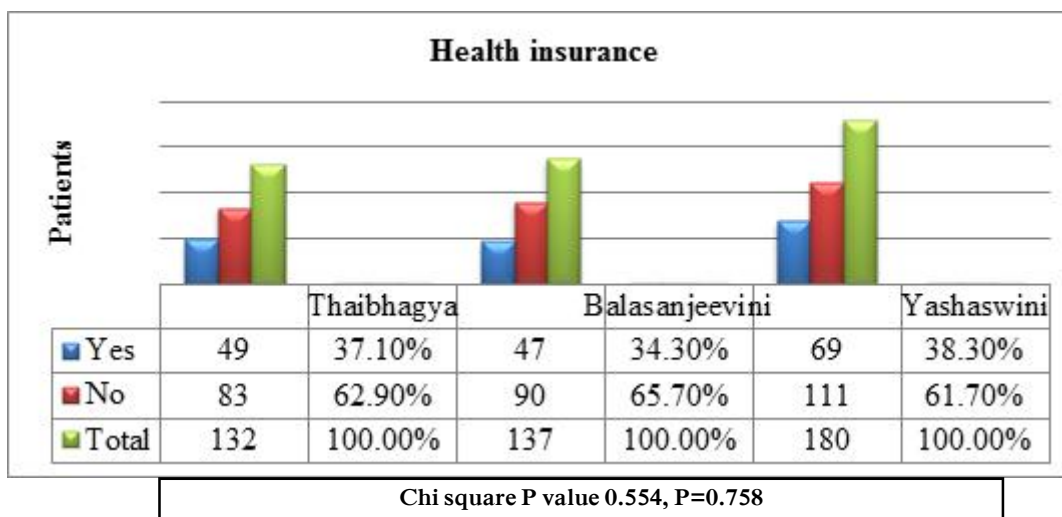Chi square P value 4.675, P = 0.097

Interference: 86% patients said they will advise to take a health insurance policy to their relatives and friends and 13% patients said No, may be because of inadequate coverage in the policy for medicines and diagnostics, pre-authorization delays, not knowing how to use Health insurance cards, for different health needs. Doctors might not be available to patients from whom they would like to operate, out of pocket expenditure even after having a health insurance policy are the some reasons. Chi-squared P-value 0.097 suggests there is no significant association between different departments in a hospital to advise patients take up health insurance and patients want to get advice it is important to have a health insurance policy to get the benefit of cashless hospitalization and to bring down cost expenditure burden on out of pocket expenditure.If they are merged in universal health insurance scheme it is even more beneficial to beneficiaries of various health scheme card holders in one card.

8. Are you in a position to meet health care expenses....

Health insurance		Q12		Total	Chi-squared
		Yes	No		P- value
Thaibhagya	Count	49	83	132	
	% within insurance	37.1%	62.9%	100.0%	
Balasanjeevini	Count	47	90	137	0.554
	% within insurance	34.3%	65.7%	100.0%	P=0.758
Yashaswini	Count	69	111	180	
	% within insurance	38.3%	61.7%	100.0%	
Total	Count	165	284	449	
	% within insurance	36.7%	63.3%	100.0%	

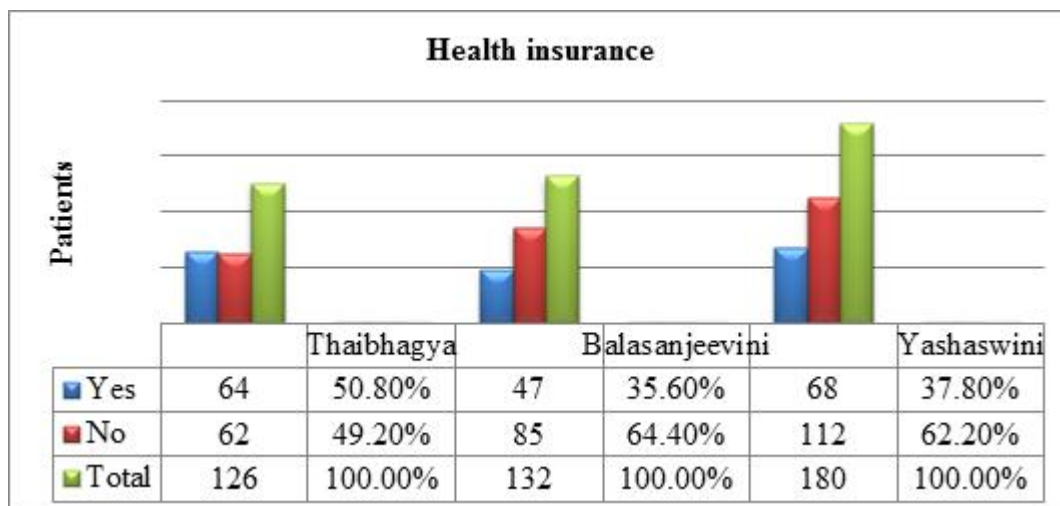|		Thaibhagya		Balasanjeevini		Yashaswini	
■ Yes	49	37.10%	47	34.30%	69	38.30%
■ No	83	62.90%	90	65.70%	111	61.70%
■ Total	132	100.00%	137	100.00%	180	100.00%

Chi square P value 0.554, P=0.758

Inference: This question is asked to the patients to know whether all patients are affordable to take treatments in TTH without a health insurance policy. 37% of the patients said they are affordable to take hospitalization in TTH without the help of a Health Insurance.63% of the patients said they are not affordable to take the treatment without health insurance policy in TTH. Indirectly patients requests to go for a universal health scheme.

Chi square P- value signifies 0.758 signifies there is no association between values and to the different department's patients approached to get hospitalization- Suggests health insurance is necessary to reduce cost burden on patients and treatment affordability in TTH also provided so that the patient is with health insurance. Universal health scheme benefits patients to meet their health expenses more beneficially with one premium amount and one card.

9. Are you aware of current developments in health insurance sector. Yes/No

Health insurance		Q13		Total	Chi-squared
		Yes	No		P -value
Thaibhagya	Count	64	62	126	
	% within insurance	50.8%	49.2%	100.0%	
Balasanjeevini	Count	47	85	132	7.360
	% within insurance	35.6%	64.4%	100.0%	P=0.025
Yashaswini	Count	68	112	180	
	% within insurance	37.8%	62.2%	100.0%	
Total	Count	179	259	438	
	% within insurance	40.9%	59.1%	100.0%	

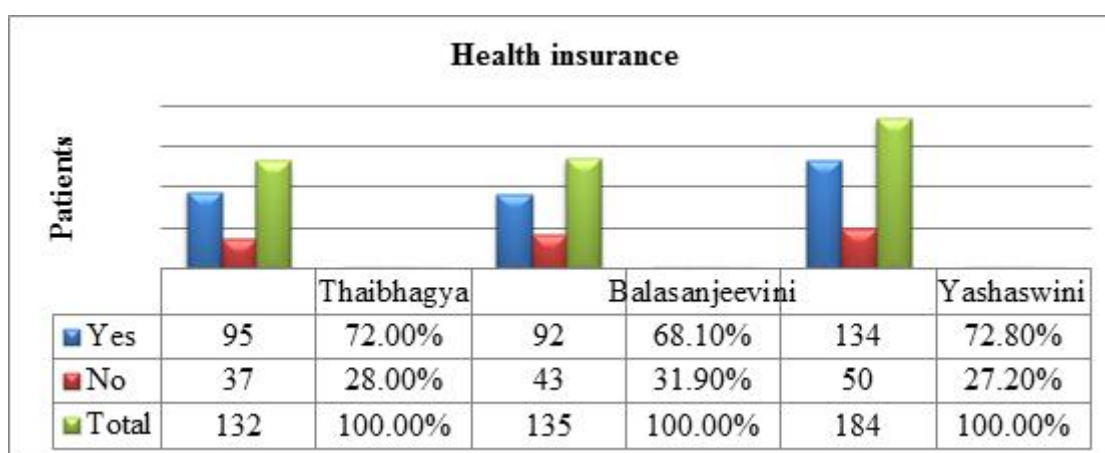|	Thaibhagya		Balasanjeevini		Yashaswini	
Yes	64	50.80%	47	35.60%	68	37.80%
No	62	49.20%	85	64.40%	112	62.20%
Total	126	100.00%	132	100.00%	180	100.00%

Chi square P value 7.360 P=0.025

This question is asked to the patients to know whether patients are aware of current developments in health insurance sector or not and what benefits, beneficiaries of the policy are going to get in new developments.

Inference: 41% of the patients opine that they are aware of current developments of health insurance in the Insurance sector.59% of the patients are not aware of current developments in the current field of Health insurance and they don't know about benefits to the beneficiaries.

10. Do you think health Insurance will bring down the cost of the health care service?

Yes/No

Health insurance		Q14		Total	Chi-squared
		Yes	No		P- value
Thaibhagya	Count	95	37	132	
	% within insurance	72.0%	28.0%	100.0%	
Balasanjeevini	Count	92	43	135	0.888
	% within insurance	68.1%	31.9%	100.0%	P=0.641
Yashaswini	Count	134	50	184	
	% within insurance	72.8%	27.2%	100.0%	
Total	Count	321	130	451	
	% within insurance	71.2%	28.8%	100.0%	

|	Thaibhagya		Balasanjeevini		Yashaswini	
Yes	95	72.00%	92	68.10%	134	72.80%
No	37	28.00%	43	31.90%	50	27.20%
Total	132	100.00%	135	100.00%	184	100.00%

Chi square P value 0.888, P=0.641

Inference: This question is asked to the patients and their accompanies to know health insurance will help them to bring down the cost burden from their pocket expenditure. 71% of the patients and their accompanies opine definitely health insurance will bring down the cost of health care service. 29% of the patients opine it does not matter whether they have health insurance with them or not it is not going to help them much for cost expenses on health services.

Chi-square P- value 0.641 signifies there is no significant value difference association that whether patients are aware or not, definitely health insurance policies will bring down the cost expenses on healthcare expenses to patients for treatment and diagnostic purpose.Universal health scheme will bring down the cost on beneficiaries and empanelled hospital cost expenditure.

11. Is the present government efforts are enough to bring awareness about health insurance among the public.

Yes / No

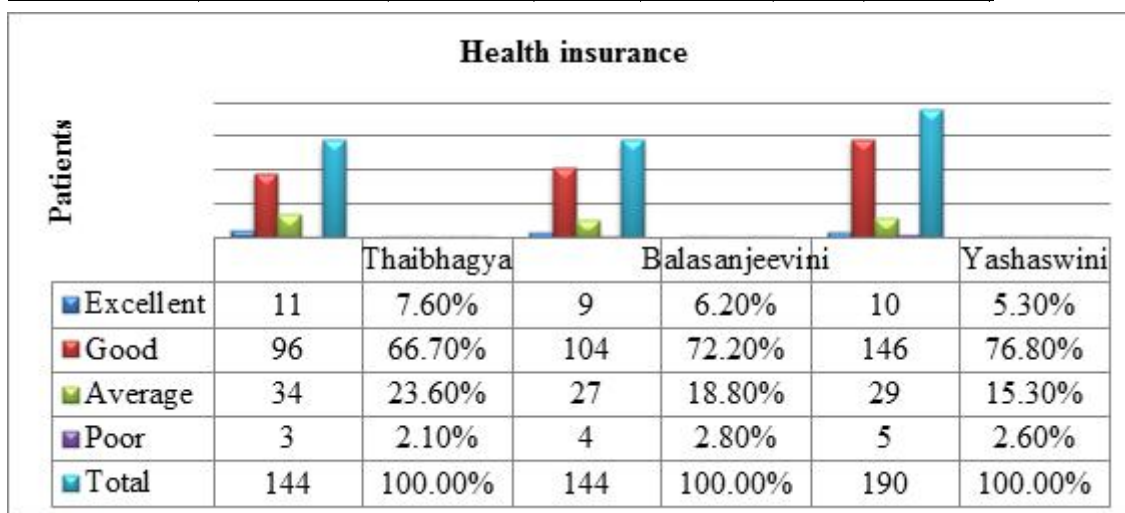| Health insurance		Q15		Total	Chi-square
		Yes	No		P value
Thaibhagya	Count	56	77	133	
	% within insurance	42.1%	57.9%	100.0%	
Balasanjeevini	Count	45	93	138	2.715 P=0.257
	% within insurance	32.6%	67.4%	100.0%	
Yashaswini	Count	65	116	181	
	% within insurance	35.9%	64.1%	100.0%	
Total	Count	166	286	452	
	% within insurance	36.7%	63.3%	100.0%	

Chi square P value 2.715 P=0.257
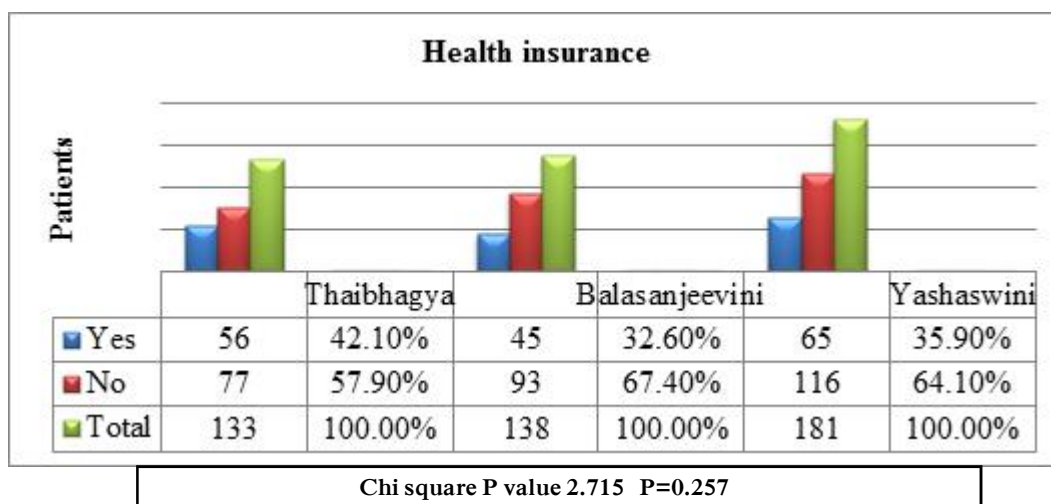
Inference: This question is asked to the patients, patient accompanies, to know patients and policy holders are satisfied with the government efforts to bring awareness of health insurance. 37% of the patients aware of government efforts to bring in awareness about health insurance, whereas 64% of the patients and their accompanies are not aware of government efforts.

Chi- square- P -value =0.257 signifies there is no association between schemes and opinion for the question asked, it is the irrespective of schemes patients opined for health total insurance purpose and government efforts. It is even more important to merge various health insurance schemes especially community health insurance schemes merged together into universal health schemes.

12. When you are hospitalized in HSK and SNMC are you satisfied with our service from admission to Discharge?
A. Excellent   B. Good   C. Average   D. Poor

| Health insurance | | Q16 | | | | Total | Chi squared |
		Excellent	Good	Average	Poor		P- value
Thaibhagya	Count	11	96	34	3	144	
	% % within insurance within insurance	7.6%	66.7%	23.6%	2.1%	100.0%	
Balasanjeevini	Count	9	104	27	4	144	
	% within insurance	6.2%	72.2%	18.8%	2.8%	100.0%	5.099 P=0.531
Yashaswini	Count	10	146	29	5	190	
	% within insurance	5.3%	76.8%	15.3%	2.6%	100.0%	
Total	Count	30	346	90	12	478	
	% within insurance	6.3%	72.4%	18.8%	2.5%	100.0%	

Health insurance

	Thaibhagya		Balasanjeevini		Yashaswini	
Excellent	11	7.60%	9	6.20%	10	5.30%
Good	96	66.70%	104	72.20%	146	76.80%
Average	34	23.60%	27	18.80%	29	15.30%
Poor	3	2.10%	4	2.80%	5	2.60%
Total	144	100.00%	144	100.00%	190	100.00%

Chi square P value 5.099   P=0.531

Inference: Among the 478 patients interviewed from three schemes Yehaswini, Balasanjeevini and Thaibhagya patients 76% are very much satisfied with the service of HSK and SNMC TTH 346 patients, 72% of the patients are satisfied with the services from admission to discharge process in HSK and SNMC TTH. It is even easier for the hospitals to work with a universal health card to satisfy patients.

Chi-square P-value 0.531 suggests there is no significant association between values for different health insurance schemes from SNMC and HSK TTH for health insurance schemes more numbers of patients are satisfied and least number of patients are dissatisfied, but all demanded for the universal health scheme to come in commence if all cards in one is produced, beneficiaries need not to produce lot many documents to get treatment all in one card.

DISCUSSION

Universal Health Insuance Card is the betterment of improvement for the present community health insurances run by the central government and state government. Awareness about health insurance is well among the general public by recent years (eight to ten years) but to fill the gaps in the community health insurance,to get more benefits for treatment of various surgeries and superspeciality surgeries in a single card.On the other side for the hospitals various cards, different authentications, more no of human resource,more technical need and claim settlement burden is less, easy availability of health services at no cost containment to poor and needy including superspeciality services availability to vulnerable neglected part of the society bring up them in the society with a good health, contribution to the country for better achievement as the citizen contribution by empowerment of health.

CONCLUSION

It is important to have a health insurance, beneficiaries are the end users and their comments put-forth changes to happen apart from the amount payable to get benefit and family coverage, beneficiaries have realized out of pocket expenditure should cost them at par at low price. After over a decade period of time in India people are aware of the importance of health insurance and they have realized the benefits of community health insurance. To fill the lacunae in present health insurance schemes , further ease and more benefits from health insurance they are happy for the central and state government commenced universal health insurance to reaching the unreached and reaching for more benefits**.**

Abbravations used:

CHI-Community Health insurance

TTH-Tertiary care Teaching Hospital

HSK-Hangal shri Kumareshwara Hospital

SNMC-S .Nijalingappa Medical College

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