AN ANALYSIS OF THE PROBLEMS ASSOCIATED WITH HEALTH INSURANCE SCHEMES IN MADURAI DISTRICT

S.Eswaran,

Dr.S.Sudhagar,

(Ph.D, Full-Time, Research Scholar), Department of Commerce, Thanthai Periyar Government, Arts and Science College (Autonomous), Trichy-23.

Assistant Professor, Department of Commerce, Thanthai Periyar Government, Arts and Science College (Autonomous), Trichy-23.

ABSTRACT

The higher the insured's rate, the higher the insurer's payment, resulting in higher premiums. The purpose of this study is to identify health insurance issues. A basic stratified random sampling method was used to select her sample of 385 respondents in Madurai district. Based on an exhaustive literature review, data were collected using standard questionnaires. A statistically based data analysis method was used. Respondent demographics, KMO and Bartlett tests, factor analysis, and measurement model analysis were all used to analyze data using SPSS 2.0. The findings suggest that there are problems with health insurance programs.

Keywords: Health Insurance, Problems Associated, Schemes.

INTRODUCTION

Avoid submitting fake claims, as once you reach the limit, you may not be able to submit a second genuine claim in the same year. In the event of an extraordinary loss, the insurer can also increase future premiums. The higher the insured's rate, the higher the insurer's payment, resulting in higher premiums. This increase has outpaced the increase in medical costs. Another problem is the abuse of group insurance by hospitals and patients. Hospitalization is common in conditions that do not require it. They only adopt a policy after the illness has been identified, but that's another matter. Pre-existing conditions aren't covered by health insurance. Without reading the insurance details, patients assume all costs are covered up to the limit.

LITERATURE OF REVIEW

Anthony Kusi (2015) Low socioeconomic class and large households bear the cost of full insurance. Creative strategies are needed to get households with disabilities to enroll. Improving NHIS coverage requires eliminating child registration fees, setting premiums based on household socioeconomic status, and adopting policies to address adverse non-economic factors. Mohammed (2011) highlights the significant impact on customer satisfaction through general health insurance knowledge and the likely perceived implications of end-user contributions benefiting from such new programs. The findings provided evidence to help revise and reorganize the system's medium-term strategic operational plan. Future planning initiatives can consider customer satisfaction and its regular impact. Melissa A. Thomasson (2002), The American Health Insurance Systems: System Growth By combining empirical analysis of various health insurance data from 1931 to 1955 with a qualitative history of market development, this study explores the many factors that influenced the development of the health insurance market. became clear. Demand factors such as rising incomes and advances in medical technology have undoubtedly contributed to the growth of the industry, but supply-side factors were also important. There is evidence that hospitals may have contributed to the development of health insurance during the Great Depression in order to stabilize incomes.

PURPOSE OF RESEARCH

The main purpose of this research is to identify the customer's problem. The purpose of this study is to determine demographics and analyze issues related to the health insurance system in Madurai district.

RESEARCH METHOD

Current research is descriptive and analytical, based on primary and secondary data. A survey's sampling frame consists of determining the sample size and sampling method of the survey. There are 385 customers sampled for the current study using a stratified random sampling method. Data analysis is very important for interpreting recommendations. The analytical tools used for analysis were correctly selected as follows: Descriptive analysis is an important tool for assessing the distribution of health insurance-related problems in Madurai district. Tools for demographic profiles, factor analysis of variance, and measurement models

ANALYSIS OF THE DATA AND INTERPRETATION

Table: 1 Descriptive Statistics of Respondents

S.No	Explanatory Variables	Coding	Frequency	%
1	**Gender**	Male	238	61.8
		Female	147	38.2
2	**Age**	30	28	7.3
		31-40	56	14.5
		41-50	179	46.5
		Above 50	122	31.7
3	**Marital status**	Married	233	60.5
		Unmarried	152	39.5
4	**Educational Qualification**	Uneducated	20	5.2
		School Level	45	11.7
		Graduate	204	53.0
		Post Graduate	116	30.1
5	**Occupation**	Business	53	13.8
		Private Employee	112	29.1
		Government official	181	47.0
		Retired persons	39	10.1
6	**Area of Residency**	Rural	78	20.3
		Semi Urban	128	33.2
		Urban	179	46.5
7	**Family Income Per Month**	less than 20000	24	6.2
		20000-40000	56	14.5
		40000-60000	74	19.2
		60000-80000	131	34.0
		More than 80000	100	26.0
8	**Type of Family**	Nuclear	251	65.2
		Joint Family	134	34.8
9	**Family Size**	Less than 3 members	56	14.5
		3-6 members	205	53.2
		more than 6 members	124	32.2
10	**Source Of Information**	Through agents	58	15.1
		Internet	168	43.6
		News paper	30	7.8
		Advertisement	39	10.1
		Friends & relative	90	23.4
11	**Insurance Company**	Public sector	160	41.6
		Private sector	225	58.4

Source: Primary Data

Table 1 shows demographic variables such as gender, age, marital status, education level, occupation, city of residence, monthly household income, family type, family size, source of information, and respondents' insurance companies. shows the descriptive statistics of His 61.8% of respondents are mostly men. From 41 years old, he is most in the 50-year-old age group, and he accounts for 46.5% of the respondents. 60.5% of those surveyed are married. Abitur is the majority educational background, accounting for 53.0% of respondents.

The majority of respondents, 47.0%, are civil servants. Most of the respondents (46.5%) live in urban areas. The monthly family income of most of the respondents (34.0%) is between Rs.60,000 and Rs.80,000. The majority of respondents (65.2%) have nuclear families. The majority of respondents (53.2%) have a family size of 3 to 6 members. The majority of 43.6% of respondents use the Internet as their source of information. The majority of those surveyed (58.4%) work for private insurance companies.

Factor analysis

To assess suitability for using factor analysis, the Kaiser-Meier-Orkin (KMO) measure of sample adequacy was calculated. A range of 0.5 to 1.0 indicates the suitability or validity of the factor analysis. Table 2 shows the results of the KMO tests. Table 2 shows that the KMO is calculated to be 0.761, indicating a significant number of correlations between statements. Therefore, all the above parameters support the application of factor analysis to the data. The reliability of the scale has also been tested, with a Cronbach alpha value of 0.727. A reliability test (Hair et al. 2010) on Table 4.53 suggests that variables with loadings greater than 0.45 were considered for selection.

Table: 2 KMO and Bartlett Test

KMO and Bartlett Test			Reliability Statistics	
			Cronbach's Alpha	N Items
Kaiser-Meyer-Olkin Measure of Sample validity.		.761	.727	21
Bartlett Test of Sphericity	Chi-Square approximation	8077.459		
	df	210		
	Sig.	.000		

Source: *Primary Data*

Extraction Process: Principal Components Analysis

An exploratory factor analysis was performed on 385 health insurance system problem respondents on 21 statements using SPSS 20.0 version to analyze the underlying dimensions of the statements and identify the necessary factors. it was done. Principal component analysis (PCA) with orthogonal rotation and the Varimax algorithm was used to extract the factors from the 21 elements. The selected factors have eigenvalues greater than 1. Table 3 shows the results of the factor analysis.

Table: 3 Explanation of Total Variance

	Initial Eigenvalues			Extraction of Sum of Squares Loadings			Rotation Sum of Squares Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5.056	24.078	24.078	5.056	24.078	24.078	5.028	23.940	23.940
2	3.731	17.765	41.843	3.731	17.765	41.843	3.711	17.669	41.610
3	2.773	13.207	55.050	2.773	13.207	55.050	2.711	12.911	54.521
4	1.961	9.337	64.387	1.961	9.337	64.387	2.003	9.537	64.058
5	1.939	9.234	73.621	1.939	9.234	73.621	1.957	9.321	73.379
6	1.109	5.280	78.901	1.109	5.280	78.901	1.160	5.522	78.901

Extraction Method: Principal component analysis.

Source: *Primary Data*

This shows that the extracted communalities are very acceptable for all variables. We find that exploratory factor analysis revealed six fundamental aspects of his online shopping. These four factors explain 24.078% of the total variance. Based on the rotated component matrix, the statements are categorized into factors as shown in Table 3. The eigenvalues of factors 1, 2, 3, 4, 5, and 6 are 5.056, 3.731, 2.773, 1.961, 1.939, and 1.109, respectively.

ROTATED COMPONENT MATRIX

The Rotated Component Matrix assists in determining the component's meaning. It includes correlation estimates for each of the variables as well as the estimated components. The researcher divided the rotated components matrix into six categories based on the greatest value (> 0.60) obtained from the rotated components matrix analysis.

Table: 4 Rotated Component Matrix

Rotated Component Matrix[a]							Eigen Value	Variance Explained	Cronbach's Alpha
	Component								
	1	2	3	4	5	6			
PR1						.619	1.109	5.280	.212
PR2						.778			
PR3	.926						5.056	24.078	.931
PR5	.874								
PR6	.793								
PR7	.837								
PR9	.895								
PR10	.828								
PR11	.752								
PR8		.979					3.731	17.765	.972
PR13		.930							
PR17		.946							
PR18		.981							
PR14			.951				2.773	13.207	.927
PR15			.909						
PR16			.933						
PR19				.749			1.961	9.337	.738
PR20				.904					
PR21				.775					
PR4					.980		1.939	9.234	.970
PR12					.981				
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.									
a. Rotation converged in 4 iterations.									

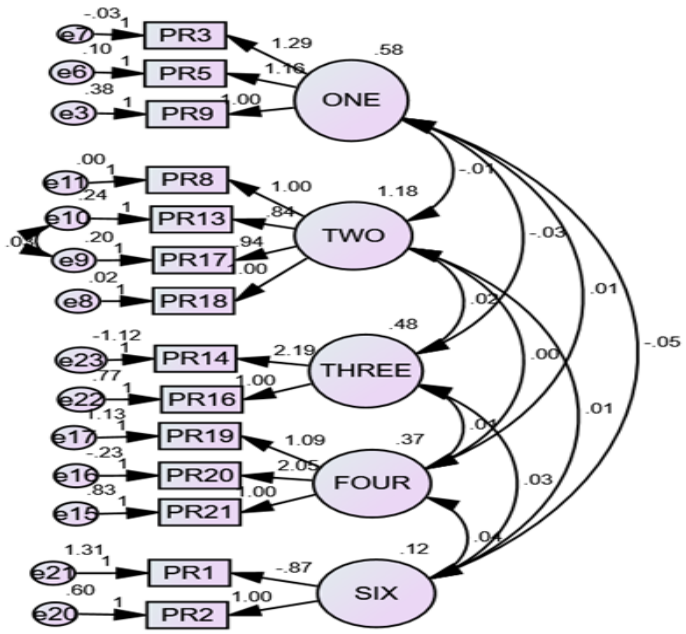
Source: *Primary Data*

From the table, 4 indicated that factors influencing problems associated with health insurance schemes statements had six statements. The KMO measures the sampling adequacy of 0.761, which is a satisfactory value nearing 1, with Bartlett's test of Sphericity indicating that emerged factors were related at significance level 0.000.

Measurement Model

The component of the model that examines the relationship between latent variables and their measurements is called the measurement model. Correlations between latent variables are structural models.

Figure: 1 Measurement Model Analysis Problems Associated



Measurement Model Analysis - Problems Associated Health Insurance Schemes: AMOS software is used to test the validity of the scale. The data was chosen to support the MMA assumptions. For the Problems Associated with Health Insurance Schemes Scale, there are a total of 21 variables. MMA results reveal a five-factor model and fourteen variables that fit. Thus, the connection between problems associated with health insurance schemes and their application results in creating a successful problem associated with them. The MMA provides a satisfactory fit to the data, as indicated in Table 2. All estimated loadings are significant.

Table: 2 Problems Associated Health Insurance (Model Fit)

Criteria	Recommended Value	Results	Interpretations
P-Value	<0.05	0.007	Excellent
Chi-Square/df (CMIN/df)	Between 1 to 5	1.473	Excellent
GFI	>0.9	0.966	Excellent
AGFI	>0.9	0.946	Excellent
NFI	>0.9	0.981	Excellent
CFI	>0.9	0.994	Excellent
RMSEA	<0.08	0.035	Excellent
PCLOSE	>0.05	0.958	Excellent

Interpretation

The table above shows that the p-value is 0.007, which is less than the recommended value of 0.05. The chi-square is 1.473, which is between the recommended values (1 and 5). These emphasize the fit of the model.
The Goodness of Fit Index (GFI) is 0.966, which is greater than 0.9. The adjusted goodness-of-fit index (AGFI) is 0.946, a value greater than 0.9, indicating that the model fits well. Also, the Root Mean Square Error (RMSEA) of the fit is 0.035, a value less than 0.08, and the P-Close value is 0.958, a value greater than 0.05, indicating an "absolute fit" of the model. Additionally, the Normed Fit Index (NFI) is 0.981, which is close to 0.9 and excellent. The Comparative Fit Index (CFI) is 0.994, a value greater than 0.9, indicating that the model fits well (cf. table). We can therefore confidently conclude that the obtained measurement model is very suitable for modeling the structural equations.

CONCLUSION

In this study, the researcher has studied the problems associated with health insurance schemes. An extensive analysis was done to study the problems. The study needs to study problems associated with health insurance schemes. It is found that the acceptance index for the following problems associated with health insurance schemes since customers are a critical factor in the problems associated with health insurance schemes.

ACKNOWLEDGMENT

Mr. S. Eswaran, Ph.D. Research Scholar Full Time in the Department of Commerce, and the support from the Research Supervisor in my research work, at Thanthai Periyar Govt. Arts and Science College (Autonomous), Tiruchirappalli-23.

REFERENCE

1. Kusi, A., Enemark, U., Hansen, K. S., & Asante, F. A. (2015). Refusal to enrol in Ghana's National Health Insurance Scheme: is affordability the problem?. International journal for equity in health, 14(1), 1-14.\
2. Thomasson, M. A. (2002). From sickness to health: the twentieth-century development of US health insurance. Explorations in Economic History, 39(3), 233-253.
3. Mohammed, S., Sambo, M. N., & Dong, H. (2011). Understanding client satisfaction with a health insurance scheme in Nigeria: factors and enrollees experiences. Health research policy and systems, 9(1), 1-8.
4. Richardson, E., Roberts, B., Sava, V., Menon, R., & McKee, M. (2012). Health insurance coverage and health care access in Moldova. Health policy and planning, 27(3), 204-212.
5. Thomson, S. (2010). What role for voluntary health insurance. Implementing health financing reform, 299.
6. Atinga, R. A., Abiiro, G. A., & Kuganab- Lem, R. B. (2015). Factors influencing the decision to drop out of health insurance enrolment among urban slum dwellers in Ghana. Tropical Medicine & International Health, 20(3), 312-321.
7. Zheng, H., De Jong, M., & Koppenjan, J. (2010). Applying policy network theory to policy- making in China: the case of urban health insurance reform. Public Administration, 88(2), 398-417.
8. Health Insurance – Wikipedia, IRDA Journals
9. https://www.moneycontrol.com/news/business/personal-finance/policies-with-hospital-room-rent-sub-limits-can-inflate-your-out-of-pocket-expenses-5525801.html