

Comprehensive Health Insurance Scheme (CHIS) in Kerala: Some Issues of Comprehensiveness and Equity

Parvathy Sunaina

The Comprehensive Health Insurance Scheme (CHIS) was implemented in Kerala from October 2, 2008 on the lines of the Rashtriya Swasthya Bima Yojana (RSBY). While RSBY caters to those Below the Poverty Line, CHIS envisages bringing within the insurance fold a larger population. This paper attempts to discuss how successful the scheme has been in providing “comprehensive” insurance coverage and also some issues of equity that it brings in its wake. It examines the implementation of CHIS, especially with reference to comprehensiveness and equity.

Although CHIS provides financial access to services to the beneficiaries, it does so only to a limited extent. The shortfalls of the scheme with respect to enrolment of beneficiaries, empanelment of service providers, coverage of costs, quality of service delivery, etc., not only undermine access to quality health care but may also lead to the perpetuation of inequality in delivery of health care across regions and providers. Quality of health care can be ensured only when such demand-side financing alternatives are initiated along with supply-side interventions which focus on improving the quality of service. It was assumed that the competition between the public and private sectors for the revenue out of CHIS claims will motivate them to strive for better standards of service. But it is seen that the public sector driven by the revenue-incentive model of CHIS is moving towards the profit-oriented mode of functioning of the private sector. It needs to be seen whether instead of allowing public funds to flow to the private sector comprising of the private hospitals as well as private insurer, more money should be pumped for improving the public health care delivery system.

Parvathy Sunaina, Research Scholar, Research Centre, Department of Economics, Maharaja's College, Ernakulam, Cochin 682011, Kerala, India, email: parvathysunaina@hotmail.com.

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