CHAPTER 6
FINDINGS & DISCUSSION

The findings and analysis of the observations are presented along with the discussion in the succeeding paragraphs about the evaluation of SHIP at the focal HEI. The knowledge of health insurance among students at select HEIs in India is studied and insured students’ knowledge with awareness session is compared with insured students’ knowledge without awareness session. The findings and discussions illustrated in the present study thus have been divided into two sections.

6.1 SECTION I:
6.1.1. Evaluation of Student Health Insurance Program (SHIP) at focal HEI.
6.1.2. To study and evaluate use & outcome of existing health insurance data management system at the focal HEI.

6.2 SECTION II:
6.2.1. Study of students' knowledge about health insurance at select HEIs in India.
6.2.2. Comparison of Insured Students’ Knowledge with awareness session with Insured Students’ Knowledge without awareness session.

6.1 SECTION I:
6.1.1. Evaluation of Student Health Insurance Program (SHIP) at focal HEI.

This section comprises of evaluation of Student Health Insurance Program (SHIP) at focal HEI. Evaluation includes preparedness, implementation & impact assessment. The Student Health Insurance Program is evaluated basically because administrative decisions have to be made to complete the process smoothly which is essential for effective implementation of SHIP at the HEI.

PREPAREDNESS: The researcher studied the preparedness of the focal HEI to implement the health insurance. Preparedness in the field of health insurance for a student at HEIs can best be defined as “a state of readiness to facilitate and respond to students covered under health insurance at the HEI.” Preparedness
implies making available resources such as infrastructure set up including an ‘on campus health care unit’, data management software, manpower- medical and administrative staff, policy and processes. Preparedness of the focal institute is dependent on the awareness of various stakeholders including campus Medical officers, Administrative Officers, Consultants (Healthcare providers) & Officers in Insurance companies & TPAs as per their diverse roles in implementing the health insurance program.

- **Awareness of on Campus Medical Officers about health insurance**

  All Medical Officers (n=30) were aware that students at the focal HEI of the researcher were insured under the health insurance. This coverage was under Mediclaim insurance policy (for INR 50,000) & Road / Rail Traffic Accident (RTA) policy (for INR 100,000). Further, all medical officers were also aware that this policy was mandatorily applicable to all students enrolled under full time on campus programs at the focal HEI.
Graph 1: Medical Officers’ Knowledge about Health Insurance Policy

The above graph represents that 97% of Medical Officers (out of n = 30) at focal HEI of the researcher were aware that RTA policy is for financial assistance in case of accidental conditions & Mediclaim insurance cover is for financial assistance in case of non-accidental situations. Further, medical officers were aware that during 1st month of the 1st year policy, the student cannot get any benefit of either cashless or reimbursement for hospitalization due to any acute illness e.g. fever; however the same does not hold true for road traffic accidents occurring in the first month of the inception of the policy. Rejection of claim is made as per the terms & conditions of the policy.

90% of Medical Officers (27) were aware that cashless / reimbursement facility could be availed under health insurance during hospitalization. They were aware that cashless benefit could be availed during both medical emergencies as well as planned hospitalizations but only if admission is in empanelled hospital. 87% of ‘on campus Medical Officers were aware that option of reimbursement is
available for student if hospitalization is either in empanelled or in non-empanelled hospital; however to avail this benefit, the student is required to apply for reimbursement of claim.

Further, Medical Officers were also aware about the provision made by the management of the focal HEI of the researcher for offering financial help to manage medical catastrophe if a student is admitted to a non-empaneled hospital.

97% of Medical Officers (29) were aware that the health insurance benefit is only for hospitalization lasting more than 24 hours. Procedures/treatments usually done in the outpatient department are not payable under the policy, even if the said procedure is converted as an ‘in-patient’ admission in the hospital and lasting for more than 24 hours. Given the technological advances in the treatment modalities, many medical treatments which formerly required hospitalization can presently be treated on an outpatient / day care basis. A classic example of this is the operation of Lithotripsy for kidney stone removal. This treatment is covered, though entailing less than 24 hours of hospitalization. Also, time limit of minimum 24 hours of hospitalization is not applicable for day care facilities and services such as - Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery, and Tonsillectomy.

77% of Medical Officers (20) were aware that after submission of documents, TPA requires up to 30 days for processing claims for reimbursement. 100% of Medical Officers (30) were aware that ‘Panchanama’ report & First Information Report (FIR) from the police department is mandatory to claim for cashless or reimbursement benefit under RTA policy.

52% of Medical Officers were aware about expenses under payable or non-payable category under Mediclaim and RTA policy.
It is evident from the above that on campus medical officers are fairly knowledgeable about the provisions of both the Mediclaim as well as road traffic accident policy operational at the focal HEI of the researcher. They were aware about coverage under health insurance, cashless & reimbursement benefits, days required to process the claim, payable & non payable expenses, grounds for claim repudiation etc. Medical officers need to be continuously trained on an ongoing basis to remain updated due to technological advances in treatment modalities or changes in policy document. This knowledge is a must for Medical Officers to resolve queries raised by the students. Thus it is proposed to reinforce & update knowledge of on campus Medical officers about payable & non-payable expenses incurred.

To address this issue, the researcher personally trained all Medical officers at the focal HEI regarding SHIP. Existing information booklets published by statutory & regulatory body viz. Insurance Regulatory & Development Authority (IRDA) were utilized to provide authentic information (Annexure ‘2’).

- **Administrative Officers Awareness about Health Insurance**
  Administrative officers (N = 75) representing 27 different institutes under the ambit of the focal HEI of the researcher were trained personally by the researcher. Thereafter their knowledge about health insurance was assessed on the basis of the following parameters.
Graph 2: Administrative Officers’ Knowledge about Insurance Policy & Processes

The graph depicts that 80% of administrative officers were aware about the date of the commencement of the policy being 5th June. They were aware that coverage under both the policies starts from the same date each year. Remaining 20% of administrative officers were not aware about the exact date of commencement of the policy. This lack of awareness despite orientation and training sessions conducted by the researcher could be due to in attentiveness during the training session, or new recruits at the focal HEI of the researcher. Reasons notwithstanding, this unawareness may result in a delay in submission of data to the insurance company after 5th June, which constitutes a valid reason for claim repudiation. This in turn is to the obvious disadvantage of the beneficiary. Hence awareness on part of the administrative officer needs no further emphasis.

93% of administrative officers were aware about the Insurance Cell operational at the focal HEI of the researcher. 2% of administrative officers were unaware due to various reasons; 5% of administrative officers responded ambiguously.

All administrative officers were aware of the mobile number of the on campus medical officer to be contacted in case of an emergency. This awareness could be
because of the number being displayed at various common places on the campus such as - canteen, mess, hostel, library etc. It unequivocally reflects on the efforts taken by the researcher to disseminate this number amongst all stakeholders with special emphasis on the campus administrator.

72% of administrative officers were aware about the necessity of submitting the students’ details in the prescribed automated format to the insurance company. This is necessary and strict compliance to the required format is mandatory as any deviation from the same results in non-acceptance by the software and consequent denial of coverage to the beneficiary by the insurance company– again to the detrimental disadvantage of the beneficiary.

91% of administrative officers were aware that cashless / reimbursement facility is available under health insurance. This system of managed healthcare via health insurance provides an important safety net when students need medical aid. It is but natural that cashless facility finds the favor over reimbursement facility as the beneficiary does not have to make any payments upfront.

The remaining 9% of the administrative officers who are unaware of this health insurance make uncoordinated, unstructured and misdirected efforts to raise the necessary finances. This in turn adds to the difficulties of the hospitalized student. More importantly, ignorance about the procedures of the insurance policy results in unwarranted and adverse publicity of the health insurance.
Graph 3: Administrative Officers’ Knowledge about Insurance Policy

The graph depicts that 77% of administrative officers were aware about the sum insured amount being INR 50000 for Mediclaim.

81% of administrative officers were aware about the sum insured amount being INR 100000 under Rail/ Road Traffic Accident (RTA) policy for students.

83% of Administrative Officers’ were aware that all students are insured by National Insurance Company (NIC), which is a subsidiary of General Insurance Corporation of India (GIC). The focal institute of the researcher selected NIC after due diligence & negotiations by an expert team of healthcare advisors including representatives of the management of the focal HEI.

91% of administrative officers were aware that MD India Ltd. is the Third Party Administrator (TPA). The Insurance Regulatory & Development Authority of India (IRDA) defines Third Party Administrator (TPA) as a company which is licensed by the IRDA, & is engaged, for a fee or remuneration, in the agreement with the insurance company for provision of health care services.
As a prominent player of the insurance sector, TPAs have the expertise and capability to administer the claims process smoothly. Insurance Regulatory and Development Authority of India (IRDA), which licenses and regulates the Third Party Administrator (TPA). The primary objective of the company shall be to carry on business in India in health service. TPA is an organization that processed insurance claims for an insurance company. MD India Limited is associated as TPA with NIC to offer healthcare services to the focal institute of the researcher.
Graph 4: Administrative Officers’ Knowledge about Insurance Process

Above graph explains that 83% of the administrative officers were aware about the College Identity card being used as a proof of identity to be eligible for claiming benefit under the health insurance, at the time of admission to the hospital. Students’ College ID card (Appendix ‘13’) is handed over to each student on the 1st day of admission at the focal HEI of the researcher. This is important and is a significant achievement of the focal institute of the researcher because, due to the volume (N=18,329) of students, the insurance company used to issue the identity card only 3 to 4 months after the inception of the policy. In this interim period of 3 to 4 months, students would be without the insurance identity card and consequently would be denied insurance facilities in the absence of an authentic insurance identity card. Further, the insurance cards issued after this lapse of time would still have typographical errors of the students’ details, which would add to the students’ difficulties at the time of admission to the hospital. All these difficulties have now been reduced (if not eliminated) by the current system of issuing college identity cards which is duly authenticated by the insurance cell operational at the focal HEI of the researcher. Additionally, the researcher personally interacted with the officials of the insurance company and the TPA to accept this identity card as proof of identity of the student at the time
of hospital admission. Needless to mention, this made the entire process error free and user friendly.

88% of administrative officers were aware that intimation to the on campus medical officer is essential to activate the cascade of health insurance. This is because, as the first qualified first responder, he/she activates the entire SHIP and ensures smooth hassle free initiation which results in the effective implementation of the health insurance.

Involvement of the on campus medical officer in the initial phase itself is important especially in cases where cashless facility is to be accessed because not infrequently, the insurance company, as a matter of practice, deploys a surveyor to personally visit the patient. Hence, it is essential that authentic, well documented and medically relevant information is communicated to the insurance company and at the earliest. All this, in turn ultimately culminates in a pleasant experience about the SHIP.

91% of administrative officers were aware that cashless facility is available only if admission is at the network / empaneled hospitals. This knowledge is essential to access cashless facility, both during elective as well as emergency hospitalizations. Admission in non-network / non empaneled hospital may deny the beneficiary the luxury & comfort of cashless facility and students may then have to be guided to incur the expenditure upfront & subsequently apply for reimbursement of claim amount.

87% of administrative officers were aware that post hospitalization, hospital administration section sends Requisition Authorization Letter (RAL) to TPA and 63% of administrative officers were aware that subsequently the TPA either issues an Authorization Letter (AL) or Denial Authorization Letter (DAL) after scrutiny of documents.
Graph 5: Administrative Officers’ Satisfaction about Automation

The above Graph shows that 69% of administrative officers were satisfied about guidance & support provided by medical officers of insurance cell at focal HEI of the researcher. Conversely, 28% of the administrative officers were not satisfied with the guidance & support provided by the medical officers of insurance cell. This adverse experience could be avoided by proper ‘train the trainer’ sessions for the medical officers.

60% of administrative officers were satisfied as regards the automation process being user friendly. However as many as 40% of administrative officers responded in the negative. This could be due to the technical nature of the assignment or large volumes of data entry or simply due to the fact that these administrative officers were not as IT savvy as desired.

Majority of the administrative officers confessed to the utility and necessity of training sessions for effective implementation of the health insurance. These training & awareness session personally conducted by the researcher ultimately contribute to the overall satisfaction of the administrative officers as regards the entire SHIP.
It is important that the administrative officers are aware about the scope and limitations of insurance at the beginning itself, mainly in terms of monetary benefits. Lack of awareness in this field may lead to misunderstandings and unrealistic expectations by students or even remorse where students underestimate the benefits which they are entitled to get. As important stakeholders in the supply chain management of insurance, administrative officers need to have a firsthand knowledge of the financial provisions under both schemes for them to be able to pacify and guide the students suitably.

- **Awareness among Consultants’ (Healthcare Providers’) about Health Insurance**

  13 (23%) out of a total of 57 consultants attached to different hospitals of the city responded to various parameters regarding health insurance being provided to students of HEIs.
The above graph explains that 74% of Consultants recommend that HEIs need to provide health insurance for their students. This is because health insurance ensures availability, accessibility & most importantly affordability of healthcare. 82% of Consultants opines that the coverage provided by the health insurance policy is adequate. This is because students are insured both under Mediclaim policy which caters to non-accidental admissions as well as under rail/road traffic accident policy which caters for admissions due to accidents.

Only 31% of consultants find that staff at HEI takes time & efforts to coordinate with the hospital administration when a student is hospitalized. This lackadaisical approach is rather deplorable. The last aspect of the consultant’s observation regarding the psyche of uninsured students is particularly important. Uninsured students were found to be in a state of mental turmoil. They were under stress to pay the hospital bill. As mentioned in the earlier chapter, it is this complex interplay of multiple variables including financial difficulties which affect the overall wellbeing and ultimately the learning ability of the student (as per Domino effect). This may finally result in student dropout & carrier failure – the last outcome which any HEI would want!
Graph 7: Consultants’ Satisfaction about Health Insurance Processes

The above graph represents that 68% of consultants were satisfied with the services provided by the hospital, insurance company & TPA to the students. 20% were unsatisfied and remaining 12% were equivocal in their response.

61% of consultants experienced that insured students were well guided as regards the processes to be followed for effective implementation of the insurance process. 30% of consultants did not feel so. Remaining 9% had mixed experiences. 88% of consultants unanimously observed that uninsured students were not well guided as regards resourcing financial help.

Consultant’s (Healthcare Provider’s) Observations about Health Insurance:

It has been observed that the observations of Consultant / Healthcare providers is important as healthcare delivery is concerned. Today, the health insurance sector is in a state of flux with no well-defined and clearly laid down parameters & processes. Absence of the same results in ambiguous and ad hoc application of policies & practices. Smooth & effective implementation of health insurance requires all stake holders including hospital administrators, consultants (healthcare providers), insurance companies and TPAs to work synergistically.
Consultants occupy a key position in this entire system. As direct healthcare providers, they are key stakeholders in the ultimate delivery of satisfactory health care services. This determines whether the beneficiary has a satisfactory experience or not which in turn finally affects insurance penetration.

- **Opinion of Officers’ in Insurance Company & TPA about Health Insurance:**

  Health insurance provides a financial cushion against medical emergencies and insurance is concerned with security. Health insurance acts as a shield against risks and unanticipated circumstances. The insurance company offers facilities of cashless benefit for hospitalization during either planned or emergency hospitalization & reimbursement benefit. The introduction of TPAs is a great help to insurance companies to find out ways and means to make their management expenses in line with the stipulations laid down by IRDA. TPA maintains database of policy holders and after identification they handle all policies related issues, including claims settlements or policy holders. Insurance companies outsource their administrative duties including the settlement of claims to TPAs who offer such services for a price. The insurance Companies remunerate the TPAs. Policy holders receive enhanced facility. Once policy has been finalized then all records will be turned over to the TPAs and all further communication / correspondence are with TPAs and not with the insurance companies.

  TPAs are expected to provide value added services to customers, like ambulance services, medical supplies, guiding policy holders for specialized consultation and providing information about 24 hour helpline. In connection with the TPAs, the insurers aim is to offer well-organized process, standardization of charges, greater awareness and penetration of insurance to a larger segment of the student community. The researcher used survey methods with electronic text communication which required fewer resources and provided quicker response than traditional paper and pencil method. The researcher received a response from only 5 Officers (10%) out of a total of 53 Officers from Non-life insurance Companies & TPAs. (Appendix ‘14’)
Graph 8: Officers in Insurance Company & TPAs Observation about Health Insurance

The above graph depicts that 50% of officials of the insurance company and TPAs believe that it is the tendency of hospitals to have insured patients admitted, even though the clinical condition may not so justify. This is because of the policy clause which insists on a minimum 24 hours of hospitalization for the individual to claim benefits under the insurance plan.

75% of Officers had an experience that the bill for hospitalization is more if the student is covered under a health insurance policy. This overbilling includes overcharging and/or prolonging the stay of the patient beyond the duration that is medically indicated. It also includes subjecting the insured patient to additional and unnecessary investigations.

90% of Officers observed that there is a need to create awareness about the provisions of health insurance policy especially as regards exclusion criteria and grounds under which claim is rejected / repudiated. This will prevent beneficiary from having unrealistic expectations as regards the benefit from the insurance policy.
98% of officers are of the opinion that the entire procedure of claiming benefit under the insurance policy is easy & user friendly. This may not necessarily be in sync with the perception of the beneficiary, given the numerous forms to be filled and paper work to be completed, right from purchasing the policy to claim settlement!

In India, more than 70% of the total hospital billing is still out-of-pocket and not through insurance or TPAs. The hospitals are overflowing with patients and therefore do not depend on TPAs for their revenues. Federation of Indian Chambers of Commerce and Industry (FICCI) reported in July 2009 that FICCI created a group to identify standard treatment guidelines for common reasons of hospitalization, which would be acceptable to both the healthcare providers and the insurers' and will also promote the concept of quality standards at reasonable costs.

The aim of these treatment guidelines to reduce claim disputes, enable increased automation of claims handling resulting in faster claim processing, reduction in TATs (Turn Around Time) for a significant proportion of claims, provide a framework for the development of an appropriate price range for different situation.
Preparedness indicator for SHIP encompasses the resources & process as depicted as below:

- **Plan:** HEIs need to be prepared to introduce and make available health insurance for students. The complete blue print of the entire system / program needs to be thought of before actual implementation. This includes selecting the right Mediclaim policy for non-accidental coverage and RTA policy for accidental coverage. Preparedness and improved level of awareness will facilitate availability & accessibility to healthcare so that it can be managed well in the interest of all student communities at HEIs.

- **Resource Allocation:**
  
  **Infrastructure:** The intimate association of health and academic performance has been studied and well documented in Chapter No.3 Review of Literature. In confirmation to the old adage of a healthy body nurturing a healthy mind, academic excellence can be achieved, only if students are healthy. It can best be achieved by way of a Health Care Centre on campus of the HEI. This will facilitates two key parameters of healthcare services delivery viz. availability & accessibility.

  **Human Resource to manage health care:** On campus medical officer, health care professionals & administrative staff members are the key role
players to guide the process for health insurance. They ensure data management of students’ details & on time submission of data to the insurance company and further processing of the health insurance. Capacity building by way of training of all individuals is an important component of the entire system. Team of healthcare professionals manages, supervises the stakeholders at focal HEI. It includes data submission via automation, premium calculation, and coordination with all stakeholders, counseling and audit of health insurance program for qualitative improvement for students at focal HEI.

**Information Communication Technology (ICT) support:** The researcher introduced Electronic Health records (EHRs) applications at the focal HEI of the researcher to manage data efficiently & disseminate information without errors & delay during hospitalization. The researcher trained the stakeholders as per ‘Paper Tracer Manual’ (**Annexure ‘3’**) application for data management of health insurance at focal HEI.

- **Training Session on SHIP:** Wider dissemination of knowledge about SHIP is necessary to reach to its target students. Dissemination of information about ‘SHIP’ to on campus Medical Officers was done through formal and informal channels e.g. during induction of Medical Officer, annual training session before policy is operationalized, monthly meet etc. Key messages about health insurance policy awareness were communicated and updated on website of focal HEI.

- **Organize:** The researcher systematized the administrative functions & indicators involved in the preparedness process e.g. awareness session for medical officer & administrative officer, negotiation and finalization of insurance premium, policy, data submission to insurance company as a registration of student under health insurance etc. The researcher listed the task involved in administrative activities / process which are handled by medical officer and administrative officers as per their role and responsibility at focal HEI. Researcher took an overview of major
problems involved in administration. The researcher studied that the trainer’s (Medical Officer) need to explain clearly all the terminology to administrative officer and students. Highlighted some of the main administrative activities that are required for a successful health insurance programme e.g. on time submission of students details to insurance company, mobile no to be contacted in case of emergency.

- **Statutory compliance:** On time endorsement of group insurance policy-Mediclaim and Rail/ Road Traffic Accident for all students under health insurance at focal HEI.

- **Monitor:** The need and identification of a nodal officer to monitor all process and coordinate, seek guidance with concerned authority for smooth operations of SHIP.

- **Review & improve:** To review the activity at every stage and improve on for the students / beneficiaries.

Thus it has been observed that:

- It is feasible to introduce a Student Health Insurance Program at an HEI.
Having thus studied the preparedness of important stakeholders necessary for the
effective implementation of an insurance program at the focal HEI, by eliciting
their responses regarding the same, the researcher then attempted to study the
actual implementation of the insurance program at the level of the beneficiary viz. the student.

The researcher personally conducted awareness sessions towards educating the
students on the varied aspects of the insurance program. Thereafter the researcher
evaluated the efficacy of the training session by administering a questionnaire. Responses of the students to the questionnaire form the basis of the indicators on which the researcher comments on the implementation of the insurance program.

IMPLEMENTATION OF HEALTH INSURANCE PROGRAM

As mentioned above, having studied the preparedness of stakeholders involved in
the delivery of the insurance program, the researcher subsequently attempted to
study the actual implementation of the insurance program, by eliciting responses
of the recipient/beneficiary viz. the students. The researcher personally conducted
training sessions to increase the awareness of the students. These sessions were
conducted at the time of the induction of the students. Thereafter a structured
questionnaire was administered to 1,618 randomly selected students out of the
total students population of (N = 18,361). Responses obtained were statistically
analyzed to derive conclusions to comment upon the actual implementation of the
insurance program.
Graph 9: Insured Students’ Knowledge about Health Insurance

The above graph explains that 70% students were aware regarding healthcare services offered by on campus Health Care Center to students of the focal HEI of the researcher. 20% of students were unaware and remaining 10% commented inconclusively. This could probably be because generally HEIs in India do not offer healthcare services (including health insurance) for students. So this provision by the focal HEI of the researcher may have been alien to the students.

In addition to the information provided personally by the researcher during the orientation session, considering the retention power of the students, their interest in this session, the decay in their knowledge with passage of time etc., it becomes important that additional avenues of information are made available to the students. The current generation of students is information technology (IT) friendly. En cashing on this, the researcher has made information pertaining to health insurance policies & processes, available at the click of a button! This was communicated to the students during the orientation session by the researcher. 76% of the students were aware of information being available on the website of either the insurance company / TPA or on the website on the focal HEI of the researcher.
80% of students were aware about group health insurance scheme operational for the students at the focal HEI of the researcher. They were also aware that obtaining this insurance coverage was mandatory for all. The high percentage of awareness in the students regarding this aspect could be attributable to the monitory transaction involved towards obtaining the insurance coverage as well as an effective awareness session conducted personally by the researcher.

Insurance coverage provided to the beneficiary is a critical component of the entire insurance program. With rising healthcare costs and the potential impact of a health catastrophe on the academic performance & overall wellbeing of the students, it is important that insurance coverage to this section of society is adequate. Pursuant to the life style pursued by this young & dynamic student population, it is but logical that the student population is insured not only against non-accidental hospitalizations, but more importantly against hospitalizations due to road traffic accidents. Understanding that the insurance coverage against both these medical calamities is different thus becomes important from the point of view of the beneficiary. 76% of the students were aware about the amount of coverage for non-accidental admissions under the Mediclaim policy being INR 50,000 & INR 1,00,000 for admission due to accidents under the rail / road traffic accident policy.
The graph represents that 84% of the students (out of n = 1,618) were aware that the health insurance cover is for both accidental & non accidental conditions & they are insured under Mediclaim as well as RTA health insurance policy. Remaining 16% of students were not clear whether the insurance coverage would be provided for admissions other than the above two conditions. They understood erroneously that the policy is operational for admissions for e.g. dental treatment, cosmetic surgery, hair transplant etc. They even believed that coverage would be provided for expenditure incurred due to road traffic accidents encountered under the influence of alcohol! Such students believe that insurance is a panacea for all problems. They probably forget the basic principal / maxim of insurance that insurance covers accidental events not events willfully inflicted!!

The entire insurance system is a cogwheel wherein multiple stakeholders operate. For the system to operate effectively & efficiently and to prevent misuse, rather abuse of the same, certain norms, rules & regulations have been formulated by the concerned regulatory authorities. One such clause is the mandate to have admissions over a minimum time frame of 24 hours. Obviously, this clause is to prevent frivolous claims for conditions which are not medically significant and
hence do not merit admissions. 88% of students were aware about the fact that health insurance facility can only be availed if hospitalization is for a minimum duration of 24 hours.

Not infrequently does one come across cases of impersonation for claiming benefit which are not legitimately & legally due. The same can happen when implementing an insurance policy. Hence proof of identity of the beneficiary justifiably becomes a basic pre requisite to avail of the insurance benefit. At the same time this process should be hassle free, user friendly and without intimidation of the beneficiary.

87% of students were aware that a proof of identity is necessary during hospitalization to claim insurance benefit. The focal HEI of the researcher issues an identity card on the very 1st day of induction. Insurance company used to issue insurance card only 3 to 4 months after submission of students’ details. This could be because of the volume of students (n = 18329). However, in this interim period, unfortunately if the student required hospitalization and consequently availing of insurance facility, he/she would not have an authentic insurance card which would serve as proof of identity. This would make the entire process of claiming insurance benefit lengthy, cumbersome & result in an unpleasant experience of the beneficiary. Due to the persistent efforts of the researcher, insurance company was convinced to accept the identity card (issued on the first day of the induction) by the HEI, as a valid proof of identity. This resulted in making the entire process smooth, hassle-free & user friendly. 13% of students however were not aware about this necessity, underlying the necessity of reinforcing the same and ensuring against denial of services.
Getting admitted in the hospital against a valid proof of identity is but only the beginning of the entire process of claiming insurance. Thereafter, to activate the claim process, both the hospital authorities and the TPA have to interact before the claim amount is released.

68% of students were aware of the process that the hospital department sends Requisition Authorization Letter (RAL) to the TPA and TPA in turn, after scrutiny of documents, issues either an Authorization Letter (AL) or Denial Authorization Letter (DAL). The fact that even technical terminologies such as – RAL, AL & DAL are understood by the students is a testimony to the quality of training session personally conducted by the researcher.
Graph 11: Insured Students’ Knowledge about Insurance Process

The above graph depicts the awareness of students regarding intimating the insurance cell at the focal HEI of the researcher, immediately after admission. If the student does so, he/she becomes eligible to claim cashless benefit. However, should there be a delay in doing so; the student may be denied the luxury & comfort of cashless benefit. He/she then may be provided the option of reimbursement of expenditure incurred. Should the student inform the insurance cell only at the time of discharge, cashless benefit is obviously not provided for? 78% of the students were aware of this aspect of the insurance process; 11% were unaware of these procedural details; 11% were confused!

In case cashless facility does not materialize, the next best option for the student is to apply for reimbursement of expenditure incurred. However, for reimbursement to fructify, all necessary relevant documents have to be submitted by the student to the TPA through the insurance cell of the focal HEI. 74% of the students were aware of this procedural requirement. 18% were unaware.
For onward processing of the reimbursement claim, all documents are then forwarded by the insurance cell of the focal HEI of the researcher to the TPA. This has to be done within 30 days of discharge from the hospital. The TPA thereafter receipt of all documents may take up to a further 30 days for claim settlement by reimbursement. 74% of the students were aware of these timelines. 20% were unaware.

To increase awareness of students regarding these above varied aspects, the researcher recommends reinforcement of awareness sessions. It is therefore recommended that in addition to the awareness session conducted at the time of induction, additional awareness sessions should be arranged for smaller cohort of students at the time of annual health checkup. Interactivity with smaller groups in the ambience of the on campus health center would facilitate better receptivity.
Healthcare is a complex service sector which requires a considerable amount of interpersonal interaction between the healthcare provider and seeker of care. This makes it crucial to review the perception and satisfaction of the student / patients / care-seekers with regards to the health care services provided. The services offered by the provider and services perceived by students is evaluated by the satisfaction index. The perception of the students describes his experiences which are used to assess his/her level of satisfaction.

Commenting on the overall process of health insurance, as regards ease of understanding, user friendly process etc., 67% of students opined favorably; 30% of the students did not do so.

74% of the students were satisfied with the guidance provided by the staff at the focal HEI of the researcher. 24% were not. Perhaps, better training of the staff (train the trainers program) especially regarding communication skills would elicit a better percentage of positive responses.
IMPLEMENTATION OF SHIP

Figure 5: Implementation of SHIP

Above flow chart schematically represents the process adopted by the researcher to comment upon the implementation of the insurance plan at the focal HEI of the researcher. As depicted above, on admission itself, premium of the insurance policy is paid to the insurance company. Simultaneously, all necessary & relevant information of the student is sent in prescribed electronic format through a customized data management software (Paper tracer software). Thereafter, students are educated about all aspects of the policy including the procedures & processes to be followed, for emergency as well as planned hospitalization, both for cashless as well as reimbursement benefit. Reinforcement of information is an important strategy followed. The ultimate objective of the entire exercise is to obtain a feedback, plug the lacunae as far as possible and improve the system to the best of the abilities. This audit mechanism is fundamental to evaluation of any system.

IMPACT OF STUDENT HEALTH INSURANCE PROGRAM (SHIP):

Having studied the preparedness of all stakeholders involved in the delivery of the health insurance plan, having elicited responses regarding the implementation of the same by the end beneficiary viz. the student, the researcher then studied the impact of the health insurance plan - again on the end beneficiary viz. the student. 120 insured & hospitalized students were randomly selected from (N= 255) and personally administered the structured questionnaire. Responses were collated & statistically analyzed on the subsequent parameters:
Graph No.13: Insured & Hospitalized Students’ Knowledge about Health Insurance Policy

The above graph depicts that 48% of the students availed of the health insurance policy and benefited by way of cashless facility. This included students who enjoyed this facility, for admission under both Mediclaim policy (for non-accidental admissions) or under rail / road traffic accident policy (for hospitalization due to accidents). This most ideal impact of cashless benefit being provided can largely be attributed to the training session conducted personally by the researcher; wherein the researcher meticulously explained to the students all the compliances required to reap the benefits under the said scheme e.g. during the awareness session, the researcher impressed upon the students the absolute necessity of submitting a copy of the Panchanama report and the First Information Report (FIR), for being eligible to claim cashless benefit under the RTA policy. This gives the students the ultimate luxury of literally walking in and walking out of the hospital – no questions asked!

36% of the students claimed benefit by way of reimbursement. This not so ideal outcome is mainly due to the students not complying with all the provisions / requirements to claim cashless benefit e.g. admission in non-empaneled hospital, non-intimation of admission, non-submission of documents etc. A curious & interesting occurrence is the non-disclosure of the insurance status of the students
during hospitalization due to which he/she naturally becomes eligible only for claiming reimbursement benefit subsequently.

29% of the students confessed that they were informed that some of the expenses incurred would be non-payable. However, all these students bitterly complained that this was communicated to them only after they had incurred the expenditure. Whereas most of this expenditure would have still been incurred by the student, (irrespective of whether it would fall under payable or non-payable category as per Mediclaim policy), e.g. hearing aid, contact lenses, cost of spectacles. Students admitted that some of the expenses could have been avoided, had they been informed earlier & upfront e.g. use of deluxe room, catering services etc. The most important exception relates to pre-existing illness. If the insured person had a health condition, existing prior to taking the policy, which required medical treatment, the same gets automatically excluded in the policy. The policy is liable only to meet the expenses that are necessary and reasonably incurred for treatment of the ailment. There are certain expenses that are not admissible under the health insurance policies, even though they would be necessary medical expenses.

16% of the students had the unpleasant experience of having their claim rejected i.e. repudiated. In some of these cases, wherein compliance on technical grounds was not done, then the insurance company reviewed the claim and then settled the claim subsequently. It is the duty of the student to follow all policies and procedures given in the insurance policy and not give the insurer a chance to reject his claim. Students are not aware of exclusions under the policy & they do not take the trouble of going through the policy terms and conditions. Common grounds on which claims are repudiated are non-disclosures, partial disclosures and wrong disclosures of significant facts such major ailments, congenital disease or pre-existing medical conditions. In few cases claim is rejected on grounds of unauthorized (unlicensed driving), drunken driving.
Graph 14: Insured & Hospitalized Student’ Satisfaction about Health Insurance

90% of the students opined that the insurance cell of the focal HEI of the researcher was prompt in its response. Promptness was determined on various parameters such as – response to queries either by phone or email, or calls back services by the insurance cell etc. The management of the focal Institute of the researcher provided dedicated mobile number to the on campus medical officers where by students can contact them directly in case of an emergency. This exclusive emergency mobile number facilitates connectivity of medical officer 24 x 7 to guide the students to access healthcare during a medical emergency. Needless to reiterate, prompt services offered by the on campus medical officer facilitates accessibility of health care services during emergency.

Beyond promptness, comes the all-important attribute of professionalism in a service sector setup. Information provided, issue handling, coordination between the insurance company & the TPA, information to the parents, information to the head of the academic institute etc. all were considered for commenting on the professionalism of services offered by the insurance cell of the focal HEI of the
researcher. Based on these parameters, 63% of the students were of the opinion that services provided were professional.

Combining the attributes of promptness, professionalism, quality of services delivered, vis-a-vis the cost of premium paid to the insurance company / out of pocket expenditure (OOP), 74% of the students were satisfied overall.

Going beyond the print outlined in the clauses of the policy and the call of duty, many a times, expenses are and need to be incurred which are not covered by the terms & conditions of the policy. Not infrequently does the insurance cell at the focal HEI of the researcher provide for these expenses upfront and have them reimbursed subsequently by the parents of the students.

Perhaps one of the most significant reasons for the high percentage of overall satisfaction amongst students is the visit of the medical officer to the admitted students. It is the tender loving care provided by a fellow member of the focal HEI of the researcher that adds a personal and humane touch which significantly improved the overall satisfaction level amongst students.

Given the overall satisfaction about the policy amongst the students, 63% of these insured & hospitalized students voluntarily commented that this health insurance program offered by the focal HEI is better than other policies which the students had come across. They unhesitatingly admitted that they would be happy to continue this policy even after they pass out of the institution and even recommend their friends to enroll for such policies.
The graph demonstrates that 60% of hospitalized insured students were satisfied with the claim settlement procedure for cashless as well as reimbursement as per insurance policy. Satisfaction, like many other psychological perceptions, is easy to realize but hard to define. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a summation of the students’ experiences. Since satisfaction is a summation, it is not surprising that 25% responses were neutral i.e. it is a mixed bag of responses – some pleasant, some unpleasant!

75% of hospitalized insured students were satisfied with the healthcare services delivered by consultants. Consultants play a key role in the delivery of healthcare services. After all, it is these consultants who actually provide the clinical care & cure. They are the one point decision making authority as regards investigations required, costly medication; in fact the entire stay of the student in the hospital revolves around the consultant. By providing authentic updates on the clinical status of the student, they facilitate the smooth implementation of the entire insurance process. Consultants attached to the focal HEI of the researcher are personally selected by the researcher. Preference is given not only to consultants with good clinical acumen but more importantly with good communication skills.
These consultants are further trained to be good listeners who can devote more time and energies to address the students’ queries and guide the student as a true family physician. The miniscule percentage (4%) of unsatisfied students on this parameter is a testimony to the efficient & effective services provided by the consultant.

The insurance policy document is a public domain document. As a public service provider, the insurance company operates through dozens of forms which have to be filled and paper documents to be maintained. All this has to be complied with by the insurance cell of the focal HEI of the researcher. However, majority of this is addressed by the insurance cell of the focal HEI itself e.g. data submission, maintenance of proof of identity (student ID card) and all documents required for claim processing. In light of these efforts, therefore 54% of insured & hospitalized students commented that the entire insurance process was easy & entailed minimal paper work.

58% of hospitalized insured students agreed that the coverage provided under both these schemes (mediclaim & RTA) policy was adequate and that they were well protected.

**It is observed that:**
Preparedness and implementation of the health insurance program have a positive impact on the accessibility of health care by students at HEI
Having studied the preparedness indicators with respect to various stakeholders, the implementation indicators with respect to the students and finally the impact indicators with respect to insured & hospitalized students, the researcher then attempts to review the overall health insurance program implemented at the focal HEI of the researcher.
Factual data pertaining to the insurance claims of the focal HEI of the researcher was obtained from the National Insurance Company. Analyzing the annual trend of claims honored (either by cashless or reimbursement) and claims repudiated, it is observed from the above that in 2010-11, 86% of the claims were honored and 14% were repudiated. In the year 2011-12, 90% of the claims were honored and 10% were repudiated. In the year 2012-13, again 90% of the claims were honored and 10% were repudiated.

The declining trend of the claims being repudiated from 14% to 10% speaks of the rising level of awareness amongst the beneficiaries i.e. the students and their compliance to statutory procedures. This undoubtedly reflects on the availability & accessibility of healthcare services.

Perhaps the most interesting and fascinating aspect of the entire process is the fact that, NOT A SINGLE STUDENT WHOSE CLAIM HAS BEEN REPUDIATED HAS SUBSEQUENTLY APPROACHED THE OMBUDSMAN!!

The concept of ombudsman is interesting and a must know for any beneficiary. It provides an official & legal recourse to the beneficiary for Grievance Redressal for mitigation, in case the claim is repudiated by the insurance company. The insurance companies are required to honor the awards passed by an Insurance Ombudsman within three months. (INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY, 2013).
Table 1: Hospital Bill amount - Out of Pocket (OOP) expenses, Cashless, Reimbursement

Dissecting the expenditure incurred during hospitalization in the year 2010-11 & 2011-12, it is observed from the above table that in the year 2010-11 a total of 30% (9% cashless + 21% reimbursement) was paid by the insurance company. Consequently, the student still ended paying 70% of expenses of the hospital bill. In the year 2011-12, 48% (21% cashless & 27% reimbursement) was taken care of by the insurance company. The student ended paying 52% of expenses of the hospital bill.
From the above graph, it is observed that maximum (44%) of the students end up paying up to INR 10,000 as OOP expenditure. Another observation is the fact that as the amount of hospital bill increases, the percentage of students incurring expenditure under OOP has decreased. This gets the researcher to the important concept of **Out-of-pocket (OOP) expenditure**.

**OUT-OF-POCKET (OOP) EXPENDITURE** is the cost borne directly by a patient who lacks insurance benefits; sometimes called direct costs. According to the statistics of the World Health Organization (WHO), in 2011, amongst the BRICS nations (Brazil, Russia, India, China, and South Africa), Russia’s out-of-pocket expenses stood highest at 87.9 per cent closely followed by India (86 per cent), China (78.8 per cent), Brazil (57.8 per cent), and South Africa (13.8 per cent). On the other hand, these expenses in developed economies of US and UK were comfortably poised at 20.9 per cent and 53.1 per cent respectively. High out-of-pocket expense is exactly the reflection of low health insurance coverage as in India. Due to lack of insurance cover, one ends up paying from one’s own pockets. Once the penetration of health insurance increases, OOP payments are expected to come down. The proportion of Indians falling below the poverty line due to OOP spending on healthcare has increased over the last decade.\(^{152}\) To cope
up with OOP payments, most households used their savings; they had to borrow money & even sell/mortgage their assets. High OOP spending for medications has remained a consistent feature in India and is not limited to chronic conditions. Estimates from the consecutive Consumer Expenditure Surveys (CESs) have revealed that in urban India, the greatest share of OOP spending has been on medications. 153

Above statistics show that reduction in out-of-pocket is a significant achievement due to health insurance on part of the HEI of the researcher. By reducing OOP, impoverishment is prevented in the student population. If we can prevent student from becoming poor, support financials help due to insurance then problems can be controlled during their academic Lifecycle. If financial tensions and problems are prevented, students can better focus on academics which lead to better academic outcome as Domino Effect.

Progressive reduction in OOP expenditure therefore amply and indisputably justifies the introduction of students’ health insurance plan at the focal HEI of the researcher.

**INCURRED CLAIMS RATIO (ICR):**
Every insurer keeps the best foot forward when it comes to selling its insurance plans. But it is the settlement of claim that decides how good or bad an insurer really is. Every policyholder pays the premium with a trust in his/her insurer that he will be provided financial assistance in times of need, in a simple, smooth and timely manner. There are certain parameters to measure this trust. One such parameter is Incurred Claims Ratio (ICR). ICR is the ratio of net claim settlement cost incurred by the insurer to the net premium earned for a given accounting period.

**Incurred Claim Ratio = Net Claims Incurred / Net Earned Premium**
So, a 97% incurred claim ratio implies that for every 100 rupees earned as premium, 97 rupees were spent on the claims settled by the insurer. Thus, 3 rupees is the net profit of the insurer. Similarly, the ICR can be equal or more than 100%. If this is so, it means that insurer has paid back the total premium collected to the beneficiary (in fact, may be even more) than the premium it received. It also means that the insurance company had incurred a loss.

Incurred Claim Ratio is a reflection of how much a policy holder can count on his insurer on getting the claim settlement amount, when the policy holder makes a claim. The thumb rule is, the higher the Incurred Claims Ratio (ICR), higher the level of trust an insured can put on his insurer! It is a parameter of rating insurance companies.

The impact of health insurance is demonstrated with Incurred Claims Ratio of insurance company for focal HEI as below:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediclaim</td>
<td>154%</td>
<td>125%</td>
<td>97%</td>
<td>85%</td>
<td>74%</td>
</tr>
<tr>
<td>Road Traffic Accident</td>
<td>70%</td>
<td>60%</td>
<td>50%</td>
<td>126%</td>
<td>83%</td>
</tr>
</tbody>
</table>

**Table 2: Incurred Claims Ratio (Source National Insurance Co. India)**

**Graph 18: Incurred Claims Ratio (Source National Insurance Co. India)**
CLAIM SETTLEMENT RATIO:
The Claim Settlement Ratio illustrates the past claims settled by the company in relation to the total claims received for a given accounting period.

Claim Settlement Ratio = \( \frac{\text{No. of Claims Settled}}{\text{Total No. of Claims Filed}} \)

So, a 67% Claim Settlement Ratio implies that out of a total of 100 claims, 67 claims were settled by the insurer. The 33 claims, however, were outstanding or denied. Consequently, higher this ratio, the better it is for the insured.

Claim Settlement Ratio is one of the important indicators about the services offered by the insurer. Claim Settlement Ratio of students at focal HEI for Mediclaim in 2010-11, 2011-12, and 2012-13 is illustrated as below.

Graph 19: Claim Settlement Ratio (Source: National Insurance Company)
Unlike incurred claim ratio which can be above 100%; claim settlement ratio, cannot be above 100%. The statistics of all above mentioned parameters of an insurance program thus amply, unequivocally & indisputably justify the introduction of a health insurance program for students at the focal HEI of the researcher.
The entire exercise of evaluating the health insurance program implemented for the students at the focal institute of the researcher is schematically represented as below:

As commented above in impact analysis, a review of the entire process, identification of lacunae, scope for improvement towards betterment of the system, is an essential and critical component of the entire exercise of evaluation.

When the health insurance program was introduced of the focal HEI of the researcher in 2000, all data was manually submitted to the insurance company. This methodology had the following drawbacks. As an ongoing process of review, the researcher introduced a new system of submitting the entire data in an electronic format in the prescribed data management software in 2008. Presented below in tabular format, is a comparison between the erstwhile existing conventional system and the newly introduced Electronic Health Insurance System.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Conventional system</th>
<th>Electronic Health Insurance System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data entry</td>
<td>Hard copy was forwarded by the focal HEI of the researcher to the insurance company</td>
<td>Insurance data submitted by focal HEI of the researcher to insurance company by automated software</td>
</tr>
<tr>
<td>Data handling by insurance company</td>
<td>Insurance company used to enter data in excel sheet and therefore was prone to manual mistakes</td>
<td>All fields required for insurance are mandatory in software so that complete information is submitted to insurance company with no possibility of human error.</td>
</tr>
<tr>
<td>Data maintenance</td>
<td>Large data difficult to maintain</td>
<td>Easy to maintain</td>
</tr>
<tr>
<td>Information retrieval</td>
<td>Difficult &amp; time consuming</td>
<td>Easy and time saving</td>
</tr>
<tr>
<td>Premium calculation</td>
<td>Manual and error prone</td>
<td>Automated and accurate</td>
</tr>
<tr>
<td>Common problems faced</td>
<td>Misplacement of documents, incomplete and late submissions, data in different formats</td>
<td>No misplacement /loss of important information, complete and timely submissions, data in standardized format</td>
</tr>
<tr>
<td>Human resources required</td>
<td>Huge</td>
<td>Minimum</td>
</tr>
<tr>
<td>Mean duration (days) for claim processing</td>
<td>More than 48 hours after hospitalization</td>
<td>Within 24 hours after hospitalization</td>
</tr>
<tr>
<td>Claim settlement</td>
<td>Information search difficult, resulting in problems in claim settlement</td>
<td>Information search easy and efficient claim settlement</td>
</tr>
<tr>
<td>Scalability</td>
<td>Not easy</td>
<td>Very easily with few clicks</td>
</tr>
<tr>
<td>Expenses</td>
<td>Overall high</td>
<td>Overall medium to low</td>
</tr>
</tbody>
</table>

**Table No.3 Benefits of Electronic Health Insurance System over Conventional System**
Introduction of this changed system was just the beginning. Link of an online questionnaire was sent to the medical officers and administrative officers (n = 16). Use and outcome variables were converted into two components viz. Usability & Impact.

Usability was determined by ease of use, security, flexibility, reliability, efficiency, service response, technical support, ability to make changes and overall satisfaction. There were 9 components in total with 45 as the maximum possible score for each user.

The impact of the system was evaluated as outcome score. This included reduction in human errors, workload of doctors, number of phone calls, incidences of incomplete detail submissions. Improvements in terms of mistake free data submission and time saved in data management for insurance was also evaluated as outcome. The outcome had 6 variables, each with maximum 5 score making 30 as maximum possible score. Responses were elicited on a Likert scale of 1 to 5.

6.1.2. Use & Outcome of Newly Introduced Electronic Health Insurance Data Management System at the focal HEI of the researcher was evaluated on the basis of the above parameters. (Appendix ‘15’)

Cumulative score for usability and outcome each was calculated as below:
Usability score = [(total usability points /45* no of participants) *100]
Outcome score = [(total outcome points /30* no of participants) *100]

The cumulative scores were computed as ‘percentage’ for both the variables individually. Medical officers and administrative officers entered their experiences in the structured online forms. Mean duration for system use was one year. Usability and outcome scores were 63.61% and 60.41% respectively. Usability was perceived higher in two aspects viz. data security and system response (67% for both). Users felt that the time for claim settlement was reduced by more than 50%. The outcome of the system was reported positively in
automation and reduced phone calls (83.3% in both).

Details of various components of usability and outcomes are presented as below:

**Graph 20: Usability of Health Insurance System**

**Graph 21: Outcome of Health Insurance System**

Electronic Health Information based systems provided applications to share personal information, selection of policy & premium, as required by the insurance company. Delivery of health insurance facility was facilitated as information was provided in specified format and on time to the insurance company. The focal HEI of the researcher comprises of constituent institutes spread across the country. As constituent institutes of focal HEI are dispersed across geographic boundaries, easy accessibility to health information was a challenge. It was a
limitation as insurance companies & third party administrators (TPA) need timely access to information before issuing an Authorization Letter (AL) during hospitalization of the student in order to offer cashless benefit. Thus, automated health insurance system lead to ease of use; better security, flexibility and reliability resulting in overall efficiency. The institute gained in terms of reduction in human errors and workload of doctors. Other resources including number of phone calls and time were also saved. The system reduced incidences of data errors and zeroed incomplete data submissions. Finally prompt health care delivery to consumers was substantially improved.

The graph below depicts the responses of the medical officers and administrative officers of focal HEI to the online questionnaire about their satisfaction levels regarding various attributes of automated data management system. These are, Ability to make changes, Flexibility, Efficiency, Ease of use, Reliability, Service response, Technical support and Security. Each variable was tested on a Likert scale of 1 to 5. The overall (mean) satisfaction level was an enviably high 4 units!

Graph 22: Satisfaction Survey
6.2. SECTION II:

6.2.1. Study of Students’ Knowledge about Health Insurance across Select HEIs in India:

As mentioned in the research design, the researcher personally circulated a pre–tested questionnaire to 1347 students who represented HEIs across India. Preliminary analysis of this primary data categorised the students into two groups as below:

**Insured Students**: Students who were medically insured by the previous HEI during their graduation studies. (n = 205)

**Uninsured Students**: Students who were not insured by the previous HEI during their graduation studies. (n = 1142)

From the above it is evident that whereas 15.21% (n = 205) of students were insured, as many as 84.78% (n=1142) were uninsured.

The researcher then compared the differences in the knowledge of the two groups (insured and uninsured students) as regards health insurance.
Above graph depicts the number of insured & uninsured students in HEIs in five zones of the country viz. North, South, East, West & Central. It is evident from the above graph that the maximum number of insured students hailed from West zone. A possible inference could be that awareness about student health insurance is high at HEIs in west zone and consequently these HEIs are more proactive in providing health insurance coverage to their students. Conversely the rather low number of insured students in the central & east zone could be due to various factors, not necessarily reflecting on the lack of awareness, apathy & indifference of the HEIs in these zones.
Graph 24: Comparison of Knowledge about Health Insurance among Students at Select HEIs in India
Table 4: Comparison of Students’ Knowledge about Health Insurance at Select HEIs in India

1. As depicted in the graph, 100% of insured & 0% of uninsured students were aware about the insured status under the group Insurance scheme of HEIs. There was a significant difference (p < 0.001) regarding knowledge (awareness) about the insured status under the group insurance scheme of HEIs between of insured & uninsured students.

2. 69% of insured students & 19% of the uninsured students were aware about ‘Health insurance cover being for accidental & non accidental conditions’. Awareness was more in insured students than the uninsured students. There was a significant difference (p < 0.001) regarding knowledge
(awareness) about ‘Health insurance cover being for accidental & non accidental condition’ between of insured & uninsured students.

3. 30% of insured students & 12% of the uninsured students were aware about ‘Process of health insurance policy – Mediclaim & Rail/Road Traffic Accident policy’. Awareness was more in insured students than the uninsured students. There was a significant difference (p < 0.001) regarding knowledge (Awareness) about ‘Process of health insurance policy - Mediclaim & RTA policy’ between insured & uninsured students.

4. 42% of insured students & 12% of the uninsured students were aware about availability of information about policy and list of empanelled Hospitals on the Website of Insurance Company & in the policy document. Awareness was more in insured students than the uninsured students. There was a significant difference (p < 0.001) regarding knowledge (awareness) about availability of information about policy and list of empanelled Hospitals on the Website of Insurance Company & in the policy between insured & uninsured students.

5. 55% of insured students & 16% of the uninsured students were aware that ‘Proof of Identity is required to avail Health insurance facility’ Awareness was more in insured students than the uninsured students. There was a significant difference (p < 0.001) regarding knowledge (awareness) about ‘Proof of Identity being required to avail Health insurance facility’ between insured & uninsured students.

6. 45% of insured students & 15% of the uninsured students were aware about the fact that ‘Cashless / Reimbursement facilities could be availed’ under health insurance during hospitalization. Awareness was more in insured students than the uninsured students. There was a significant difference (p < 0.001) regarding knowledge (awareness) about ‘Cashless / Reimbursement
facilities which could be availed’ under health insurance during hospitalization between insured & uninsured students.

7. 19% of insured students & 10% of the uninsured students were aware about “Panchanama Report” & First Information Report (FIR) being mandatory to claim for cashless or reimbursement under RTA policy. Awareness was more in insured students than the uninsured students. There was a significant difference (p < 0.001) regarding knowledge (awareness) about “Panchanama Report” & FIRs being mandatory to claim for cashless or reimbursement under RTA policy” between insured & uninsured students.

8. 23% of insured students & 10% of the uninsured students were aware about ‘Hospital Insurance department being required to send Request Authorization Letter (RAL) to TPA & TPA sending either Authorization Letter (AL) or Denial Authorization letter (DAL)’. Awareness was more in insured students than the uninsured students. There was a significant difference (p < 0.001) regarding this knowledge (awareness) between insured & uninsured students.

9. 27% of insured students & 9% of the uninsured students were aware about ‘TPA requiring 30 days to process the claim’. Awareness was more in insured students than the uninsured students. There was a significant difference (p < 0.001) regarding knowledge (awareness) about this timeline between insured & uninsured students.
6.2.2. **Comparison of Insured Students’ Knowledge with Awareness Session with Insured Students’ Knowledge without Awareness Session.**

On the basis of primary data collected two groups were defined as below:

**Study Group (Insured):**
Students who were insured and had attended an awareness session. (n = 1618)

**Control Group (insured):**
Students who were insured but NOT attended an awareness session (n = 205).
Graph 25: Comparison of Insured Students’ Knowledge with Awareness Session with Insured Students’ Knowledge without Awareness Session.
Table 5: Comparison of Insured Students’ Knowledge with Awareness Session with Insured Students’ Knowledge without Awareness Session.

1. 82% of study group & 46% of the control group were aware that they were insured under Mediclaim & Road / Rail Traffic Accident Policy (RTA). Awareness was more in the study group than the control group. There was a significant difference (p < 0.001) regarding awareness about being ‘insured under Mediclaim & Road / Rail Traffic Accident Policy (RTA)’ between study (insured and attended awareness session) & control (insured but not attended awareness session) group.
2. 91% of study group & 69% of the control group were aware about ‘Health insurance cover for accidental and non-accidental conditions’. There was a significant difference (p < 0.001) regarding awareness about ‘Health insurance cover for accidental and non-accidental conditions’ between study (insured and attended awareness session) & control (insured and not attended awareness session) group.

3. 69% of study group & 55% of the control group were aware about the fact that ‘Cashless/Reimbursement facilities could be availed under health insurance’. There was a significant difference (p < 0.001) regarding this aspect between study (insured and attended awareness session) & control (insured and not attended awareness session) group.

4. 80% of study group & 11% of the control group were aware about ‘Health insurance information being available in the policy document and on the website of insurance company’. There was a significant difference (p < 0.001) regarding awareness about ‘Health insurance information being available in the policy document and on the website of insurance company’ between study (insured and attended awareness session) & control (insured and not attended awareness session) group.

5. 87% of study group & 12% of the control group were aware about ‘Proof of identity being must to avail health insurance facility’. There was a significant difference (p < 0.001) regarding awareness about ‘Proof of identity being must to avail health insurance facility’ between study (insured and attended awareness session) & control (insured and not attended awareness session) group.

6. 68% of study group & 23% of the control group were aware about ‘Hospital Insurance Department being required to send Request Authorization Letter (RAL) to TPA & TPA issuing Authorization Letter (AL) or Denial
Authorization Letter (DAL)’. There was a significant difference (p < 0.001) regarding awareness about this aspect between study (insured and attended awareness session) & control (insured and not attended awareness session) group.

7. 73% of study group & 22% of the control group were aware about TPA requiring 30 days to process the claim’. There was a significant difference (p < 0.001) regarding awareness about this timeline between study (insured and attended awareness session) & control (insured and not attended awareness session) group.

8. 85% of study group & 20% of the control group availed the cashless facility of Mediclaim insurance policy. There was a significant difference (p < 0.001) regarding awareness about ‘utilization of cashless facility of Mediclaim insurance policy’ between study (insured and attended awareness session) & control (insured and not attended awareness session) group.

A significant association was found (p < 0.001) between insured students who attended awareness session and insured students who have not attended awareness session across India.

Therefore insured students who attended awareness session were more knowledgeable about insurance policy and process than insured students who had not attended awareness session.