

Rashtriya Swasthya Bima Yojana

The Public Private Partnership Model

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1 Private Public Partnership Model

2 The Business Model: Aligning Interests for Welfare

3 Federal Ownership

4 Suited to the Client?

5 A first look at the data - Trends and Hypothesis

- Conversion Ratio
- Incidence Ratio

6 Conclusions

Private Public Partnership Model

- ▶ Transfer payment model to cover healthcare expenditure risk
- ▶ For all BPL households in India
- ▶ Government finances the premium
- ▶ The insurance market bears the risk
- ▶ Beneficiary pays 30 Rs (60 cents)
- ▶ The insurer is chosen through a district level bid
- ▶ Staggered roll-out

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Double subsidy!
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Framework

- ▶ Shared financing - 25% + 75%
- ▶ Shared origination
- ▶ Shared administration

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Costs

- ▶ Poor states
- ▶ Political will
- ▶ Lack of technical infrastructure
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Benefits

- ▶ Ownership creates initiative
- ▶ Improved administration
- ▶ More innovation

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Suited to the Client?

- ▶ Choice - Public or private healthcare
- ▶ Cashless and paperless for the poor and illiterate
- ▶ Portable across states for the migrating population

- ▶ BPL database
- ▶ Quality healthcare?
- ▶ Financial literacy?
- ▶ Enough information?

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Using Technology to Scale

- ▶ Automation
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Trends

- ▶ National Average: 44.0%
- ▶ Delhi, Jharkhand and Maharashtra are the worst performers.
- ▶ Haryana, Chandigarh, Nagaland and HP - best
- ▶ States with *bad* districts - Maharashtra, Punjab, UP, Kerala, Jharkhand
- ▶ Insurer not correlated with the bad performance of the districts



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- ▶ Low demand of (Govt?) insurance
- ▶ Limited marketing & education
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Trends

- ▶ National Average: 1.77%
- ▶ 8 of 15 states show abnormally high/low incidence ratios ▶
- ▶ High IR districts frequently in Gujarat, Kerala
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- ▶ Exceptional fluctuations at the district level ◉



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- ▶ Delhi & Kerala: High incidence even with low conversion
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- ▶ Observed IR = Natural IR?
- ▶ Accumulated historical risk?
- ▶ Endemic risk?
- ▶ Evolution of health-seeking behavior over time?
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Curious case of Goa

- ▶ Near zero incidence ratio for Goa.
- ▶ Zero incidence for South Goa!
- ▶ Three empanelled hospitals in Goa.
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Mandate a minimum density of empanelled hospitals?

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Fraud?

Delhi

- ▶ High incidence ratio
- ▶ All private hospitals
- ▶ Abnormally high female hospitalization rates

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- ▶ E.g.: Fraudulent hysterectomies, Yashaswini.
- ▶ Bihar and Jharkhand?

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- ▶ De-centralization is important at the Indian scale
- ▶ Technology is vital
- ▶ Need quality control; real-time monitoring; and redressal support system
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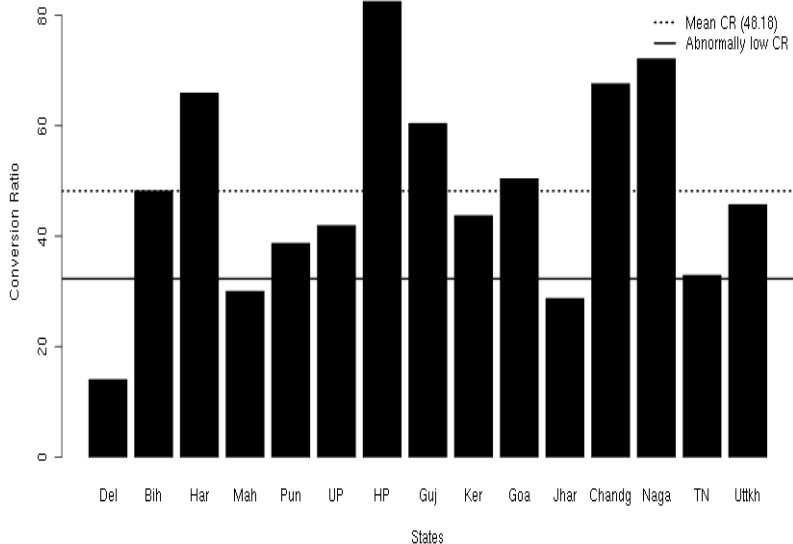
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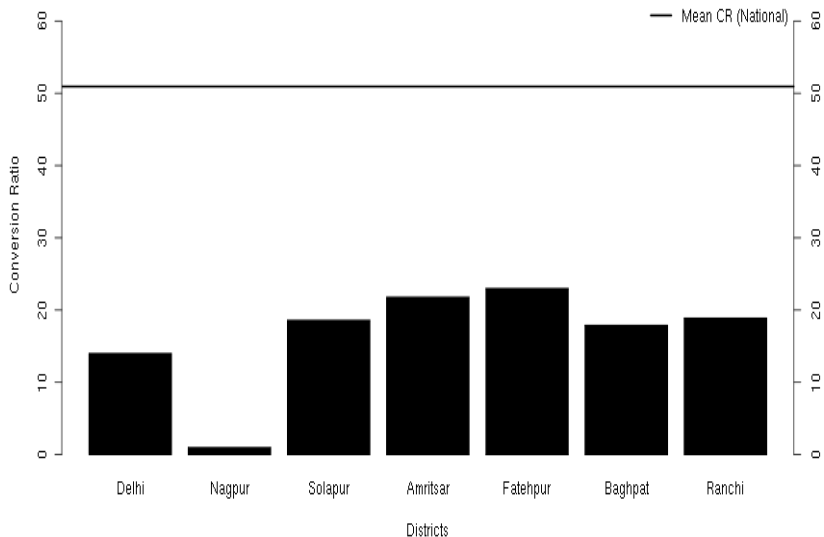
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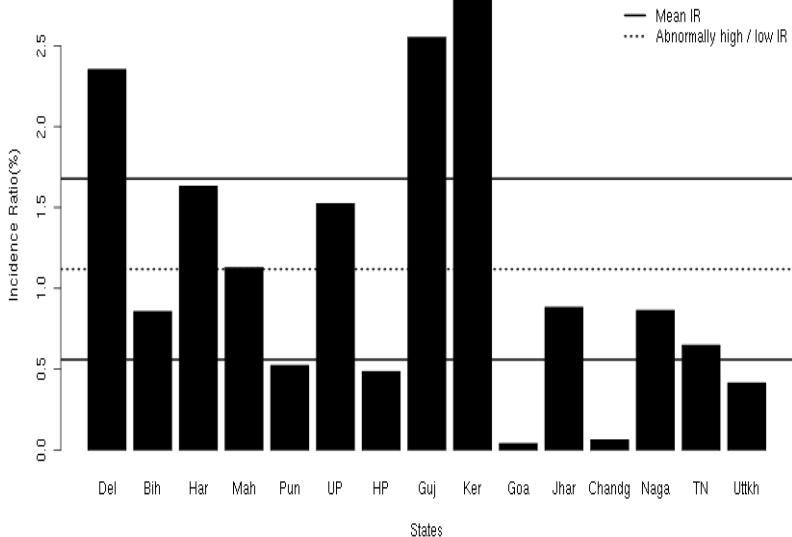
Conversion Ratio (CR) in the States



Districts with Exceptionally Low CR



Incidence Ratio (IR) in the States



Incidence Ratio (IR) in the Districts

