

Challenges & strategies to extend health insurance to the poor

Ralf Radermacher
Director (Research & Training)
Micro Insurance Academy, New Delhi

Health insurance – a special challenge?

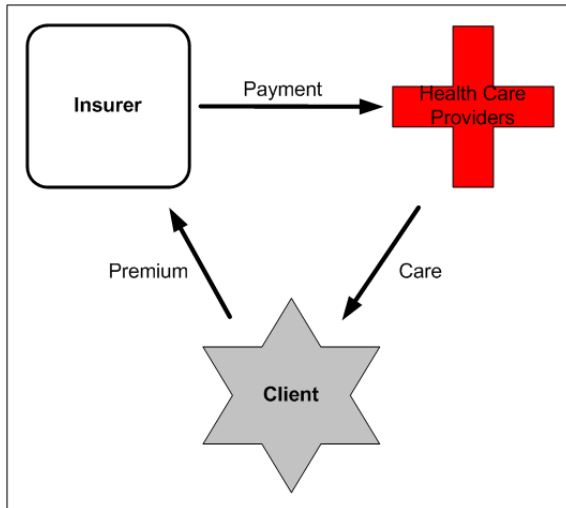
- Health insurance has many of the difficulties insurance for other heads of damage has
- But health insurance has *additional* ones

Which one can you think of?

- Additional player: providers
- Adverse selection
- Moral hazard
- Varying costs: Non-predefined claim height
- Expectation regarding benefit package
- Multiple events – frequent interactions
- (covariate risks)

- Health care providers come as additional player into the insurance arrangement
 - Which provider is eligible?
 - What rate to pay?
 - How does the provider know about insurance status?
 - How to control the provider? -> information asymmetry (especially for non-experts)

Option 1: Cashless through contract



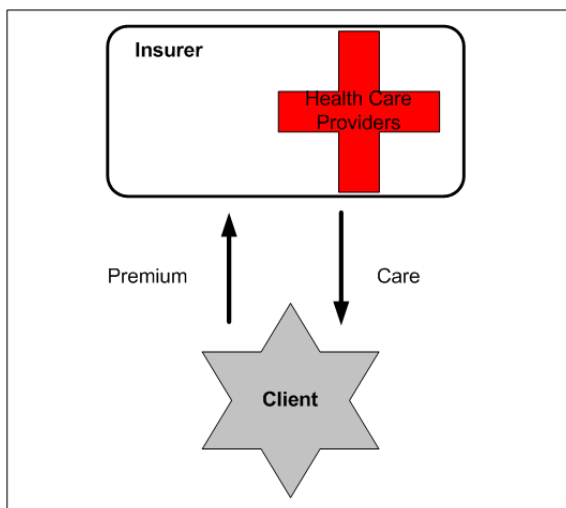
Advantages

- No financial burden on insured
- Rates can be defined

Disadvantages

- Only limited number of pre-defined providers
- Authorization can take time
- ID system for insured needs to be in place
- Example: Yeshasvini Trust

Option 2: In-house provision

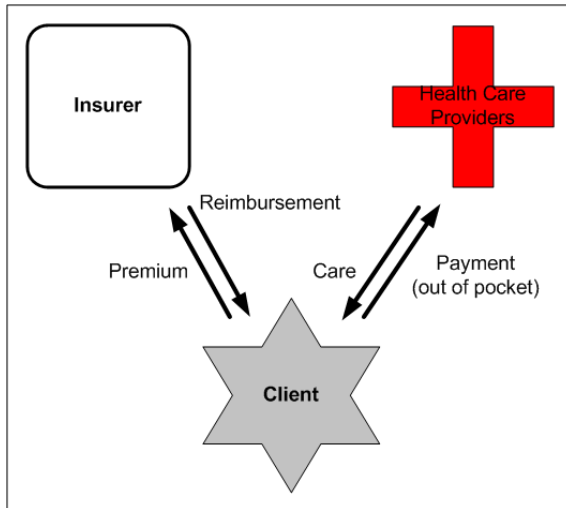


Advantages

- No financial burden on insured
- Rates can be defined

Disadvantages

- Only limited number of pre-defined providers
- Conflict of interest might arise
- Economies of scale might not be realized
- Example: ServiPerú



Advantages

- Can give choice to client

Disadvantages

- Varying prices
- Reimbursement gap can pose high burden on client
- Risk of lacking documents on client
- Risk of fraud/collusion
- Example: BAIF, Uplift

- Adverse selection particularly relevant in health insurance:
 - Health status of person difficult to examine (hidden information)
 - Examining health status at time of joining expensive

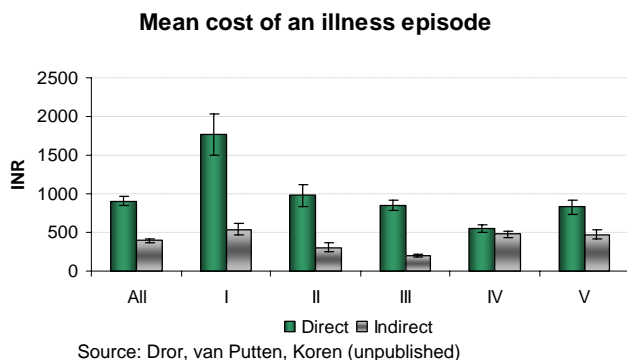
Consequence: unviable risk pool

- Waiting period
 - Risk pricing (for certain risk groups)
 - Spreading the risk through group affiliation:
family or larger group
- !! Group contract \neq risk spread !!**

- Illness can be difficult to verify; clients might start using more just because they are insured (client driven moral hazard)
- Providers might initiate unnecessary treatments (provider driven moral hazard)
- Collusion of client & provider possible

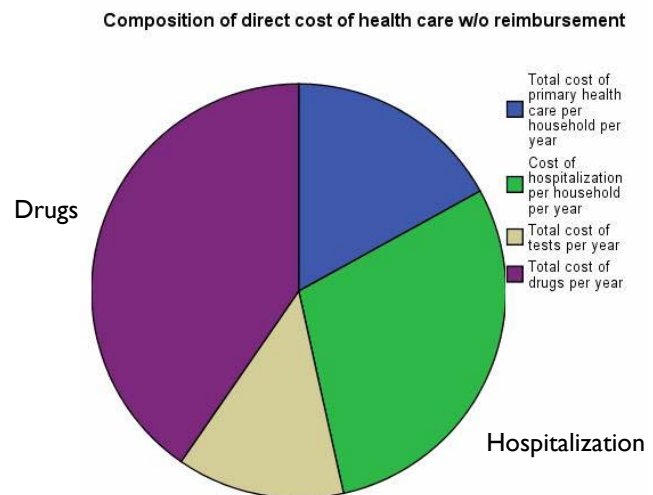
- Detailed documentation -> expensive
- Deductibles/co-payments
- No/low claim bonus
- Local responsibility

- Varying costs depending on illness, severity and features of the individual
- Varying costs depending on location
- Varying cost depending on provider



- Fixed pricing with providers
- Fixed reimbursements for clients
- Localized pricing

- Different people, different risks
- Different risks, different expectations on benefit package
- Pooling advantage: high-cost, low-frequency; however, low-cost, high-frequency add up to significant costs
- Little trust in long exclusion list



Source: ECCP, 2005

Benefit packages need to be

- Broader in terms of benefits covered
- Context specific (e.g. include transportation where needed, ...)
- Meaningful in coverage

- Illness strikes regularly
- Depending on benefits provided, frequent interaction is needed
- Product servicing might lead to high transaction costs

- Involve health care provider (risky in terms of potential for fraud)
- Localize administration; involve clients

Build capacity in local community based insurance schemes and ensure their stability through provision of reinsurance

- Group enrolment
 - Less adverse selection
- Localized benefit package
 - Varying costs
 - Client expectations

- Localized administration
 - Lower transaction costs
- Local stake in profits & losses
 - Less moral hazard & fraud; use of local information
- Link to providers of reinsurance(-like) services
 - Financial stability



Thank you for your kind attention.

- Training
 - Ground structure (villagers)
 - Promoters
 - Environment (Sarpanch, ...)
- Research
 - Impact assessment
 - Risk profiling
- Consultancy
 - Concept development
 - Implementation assistance