

MICRO-INSURANCE BRIEFS



Madhya Pradesh: EHA's Prerana Health Insurance Scheme

Scheme Design

Founded in 1970 Emmanuel Hospital Association (EHA) is a Christian health and development agency whose primary focus is the poorest segments of the population in North India. It has a network of 19 hospitals and 24 community health centres with cumulative bed strength of 1,240, spread over rural areas of the states of Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Manipur, Orissa, Uttrakhand & Uttar Pradesh.

Committed to piloting health micro-insurance schemes in its network, EHA contacted several insurance companies and organized in 2004 a preliminary workshop aimed at learning from experiences in this field. In collaboration with HDFC Chubb Insurance Company, EHA devised an insurance product covering a package of risks. Launched in Uttaranchal by its Herbertpur Christian Hospital in 2005 and targeting the rural poor and marginalised communities under their community health initiatives, the scheme covered: health care, accidental death, disability, education grant and girl child wedding benefit. The same year a second scheme was initiated by Chattarpur Hospital, Madhya Pradesh on a mutual model which covered both primary and secondary health care at the hospital and used the innovative feature of tele-health centres to provide health care at peripheries.

Both schemes ran two years and were stopped and then were reviewed. Feedback was sought from the communities. Lessons drawn from these experiences have been used in re-design of the current micro insurance initiative presented here, which was a re-launch of the scheme at Chhatarpur Hospital, MP in 2007.

Eligibility Conditions

All rural households in Chhatarpur District of Madhya Pradesh

Exclusions

Disability prior to insurance, eye, dental, immunisation, rabies and anti D vaccines, HIV/AIDS, self abortion, pre existing diseases

Plan Benefits

- Primary Health Care through Tele Centres and a network of trained health workers, weekly nurse managed clinics, monthly health camps.
- OPD & IP at Christian Hospital Chattarpur including surgical and maternity services with co-payments of 25% on other services (inc drugs).
- Free telephonic consultation and ambulance services
- Free dental and eye check up

General Overview

Starting date:	2005
Ownership profile:	Health Provider
Target group:	Rural Poor
Outreach:	Chattarpur Dt, MP
Intervention area:	Rural
Risks covered:	Single risk: health
Premium Insured/Y:	Rs 100 (approx)
Co-contribution:	-
Total premium:	Rs 510 (family of 5)
No of insured:	1940

Operational Mechanisms

Type of scheme:	In-house
Insurance company:	No
Insurance plan year:	Fixed (Jan-Dec)
Insured unit:	Family
Type of enrolment:	Voluntary
One-time enrolm.fee:	Yes, Rs 25
Premium payment:	Allows for 2 six-monthly instalments
Easy payment mech:	
Waiting period:	15 days
Indirect subsidy:	Yes

Scope of Health benefits

Tertiary health care:	No
Hospitalization:	
Deliveries:	
Access to medicines:	
Primary health care:	

Level of Health benefits

Hospitalization:	upto level of benefits
Access to medicines:	Secondary level hospital can offer

Service Delivery

Prior H. check-up:	No
Tie-ups with HP:	In house
Type of agreement:	-
No of Assoc. HP:	-
Access to HC serv.:	Referral system
Co-payment:	25 %
HC service payment:	Cashless
TPA intervention:	No
Addit. financial ben.:	Free dental & eye check up
Addit. non-fin. ben.:	Free Telephone consultation & ambulance services

Premium

Rs 510 for a family of 5; Rs 100 extra for additional members up to maximum of 7 members.

For the poorest among the members, the hospital offers a further subsidy on the premium through vouchers.

Insurance Plan Key Features

The insurance plan has the following main features:

- Holistic approach which packages the health insurance with preventive, promotion and health education programmes;
- Primary health care covered through peripheral and telemedicine centres
- Ambulance cost met

Main Achievements

- 35% renewal rate
- Review and feedback feeds into redesign of scheme

Remaining Challenges

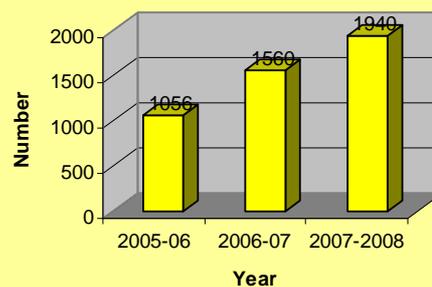
- To enhance insurance awareness at the community level;
- High administrative costs;
- High claims and adverse selection (partly address by change from individual to family membership);
- Ensuring quality and continuity of peripheral services

Development Plans

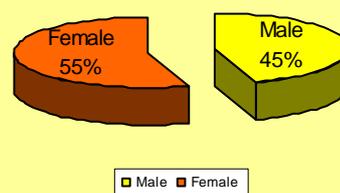
- Plan to develop more promotional work, establish linkages with SHG groups
- Extend to more villages through partnership with other NGOs
- Plan to orient hospital staff toward the scheme
- Development of standard treatment protocols and drug lists

Activity Indicators

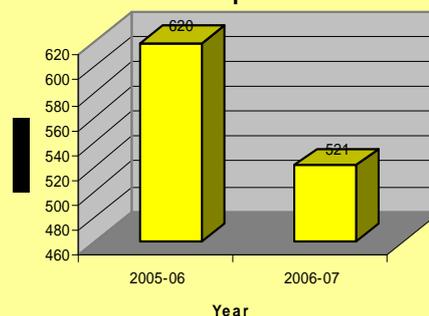
Number of Insured



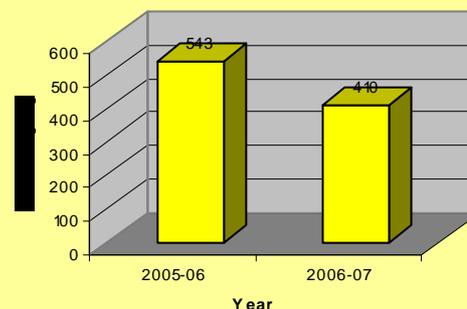
Women's Participation



Number of hospitalisations



Average Claims amount (Rupees)



Development Plan



