HMF VAARTA

Health talk session – Amboshwadi - NSVK

FOCUS ON

2012 Out of pocket expenses data

FIELD VISIT

Dr Vimal Kane Yadav- General practitioner

SUCCESS STORY

The story of Rane at Prem Seva

UpLift India Association
Enriching lives of the poor...together

http://www.upliftmutuals.org/

Inter Aide

N°16 – May 2013

RESULTS OF THE MONTH

Indicators

Number of on-going members (March)	**51,958**
Amount saved due to services (March)	**1,77,610**
In €	**2,574**
% usage of services (March)	**8%**
Number of claims open (March)	**53**
Amount of claims disbursed (February)	**1,18,031**
In €	1,710
Amount saved on hospitalisation (March)	**1,43,323**
In €	2,077

FOCUS ON

The Out of pocket expenses (OOPE) represents the health expenditure that the insured had to pay: the unreimbursed part of the claim.

According to the figures above, we can calculate the OOPEs %, as follows: (Claimable amount –Amount disbursed)/Claimable amount. The table below shows OOPEs per NGO and per Health Care Provider (HCP) type:

OOPEs (%)	NSVK	PSW	APVS Pune	APVS Mumbai	TOTAL
Private non network	NA	64%	81%	83%	81%
Private network	57%	68%	60%	59%	61%
Trust	20%	57%	59%	49%	56%
Public	0%	8%	40%	34%	35%
Total	45%	62%	68%	61%	65%

OOPEs can be very low when public hospital is used (i.e 0% for NSVK and 8% for PSW), a little bite higher when trust hospital is used and very high when private HCP is used, especially for severe diseases or in case of accidents.

This is primarily because:

- **In 2012, the average hospitalization cost is 4 to 15 times higher (according to the type of hospitalization) in private network hospitals then in public hospitals (i.e below table): for example, the average cost of LSCS is 27,579 Rs in network private hospital and is only 1,742 Rs in Public hospital.**

- The coverage proposed is small in comparison with the hospitalization cost in private hospitals, as it is like with the paying capacity of our target population (which is very low).

Expenses (Rs)	LSCS			Tonscillectomy			Appendisectomy			Hysterectomy		
	2012	2011	Var %	2012	2011	Var %	2012	2011	Var %	2012	2011	Var %
ALL HOSP	14435	8742	65%	5090	3940	29%	6134	8289	-26%	14024	18941	-26%
private	23663	29606	-20%			NA			NA		36839	NA
network private	27579	27374	1%	9681	6063	60%	11200	18531	-40%	26895	23034	17%
Trust	11540	9896	17%	2505	1312	91%	10377	7248	43%	8827	10140	-13%
Public	1742	2513	-31%	2080	2321	-10%	1480	1351	10%	2514	2277	10%

Reduce OOPEs is a challenge for 2013, which can be address through the following actions:

✓ Focus on **promotion on trust and government hospitals**, to reduce OOPEs of the members.

✓ **Work with government schemes** (RSBY, Rajiv Gandhi scheme, Pune / Mumbai Municipal Corporation) to increase coverage of the health expenses.

✓ **Review the products** to see whether there are possibilities to increase the premium /to use existing reserves in order to increase maximum coverage and percentage of disbursement.

OOPEs can be also due to **reduction of provisional amount** (which is calculated according to product rules) by the community representatives during the claim meetings: indeed, community can disburse claims which are medically/technically rejected, but can also reduce the provisional claim amount, in particular when earned premium and reserves are not sufficient.

Dr Abhijit, Alexandra and Oriana – Uplift / Inter Aide

FIELD VISIT

Dr Vimal Kane Yadav- General practitioner at Ganpat Patil Nagar (Borivali)

Health care provider Dr Vimal Kane Yadav is working with Uplift India association (HMF) since 9 months. He has completed his BHMS degree in 2008 from then onward he is working as general practitioner in the slum of Ganpat Patil nagar at Borivali.

Ganpat Patil nagar is a slum where people are living in very difficult sanitary condition.

Dr Vimal Kane Yadav is very genuine in his work and treats his patient as his family! He gives them proper guidance for any further investigation. For operation, he send his patient to public hospital, like this patients can save their money. His fees are very low compare to other general practitioners, and he gives concession to HMF members. Some time he even gives free medicines to his patients.

HMF members and field workers appreciate a lot his work in this area.

25 to 30 HMF members attend his OPD every month. He is also providing free health check up for HMF members. For example, last month, he has participated with Dr Swati, Uplift Doctor, to a tuberculosis camp. 68 persons of Ganpat Patil Nagar slum benefit from his check up, 8 persons were referred for TB scrutiny and 6 persons were positive.

He thinks that Uplift India association and his operational partners like NSVK are doing a great job by giving such heath preventive services and claim reimbursement to needy persons.

He says that he is happy to belong to this network and can give health services to poor people!

Thanks Dr Yadav

Dr.Swati, Mumbai

The story of at

52 years old Tejaswini Rane is a very happy person today.

For the past 8 years she had multiple nodules (lumps) on her neck and was increasing.

She showed to a private health care provider who told her that she should come for treatment when it starts hurting. Not having enough money for treatment she kept postponing taking any further advice or treatment.

Last December she got enrolled in the Uplift Mutuals programme and got to attend the referral and guidance centre being run by the Uplift Medical Doctor.

Upon being checked by the Uplift Doctor she was advised to do a test in a network lab at concessional rate. She got a thyroid test done and was detected with sever hyperthyroidism with multiple nodules and was advised further tests and treatment. She did not have enough money.

She met the Uplift doctor again who referred her this time to a public hospital (Bhabha Hospital) where she got further tests done for free.

On being asked by the Uplift doctor if she had any govt health insurance card, she replied yes, but said she did not know what to do with it. The Uplift doctor then sent Tejaswini to V N Desai hospital empanelled under the Rajiv Gandhi Health Insurance Scheme of Govt of Maharashtra. She was treated in the hospital and her treatment costs came to be about a lakh(hundred thousand) of rupees but the treatment and other ancillary expenses, all were done for free under the scheme. Even the post operative checkups were done for free.

Tejaswini is thankful for the referral guidance services of Uplift, for if she had delayed the treatment, it could have turned cancerous. She says that though she had the card she did not know how to go about using it. The field staff and Uplift Doctor gave her the right guidance and confidence to take proper treatment.

Tejaswini lives with her husband and a school going son in the D'souza Chawl (Slum) in Santacruz East,Mumbai.

Tejaswini story highlights the need for support services on ground without which the best of health insurance schemes for the poor may not deliver the intended impact.

Many others, like Tejaswini, get referral and guidance services by being Uplift members and save several hundred thousands of rupees every year.

Sulbha – field officer