### Fair play in Indian health insurance

Shefali Malhotra, Ila Patnaik, Shubho Roy and Ajay Shah

National Institute of Public Finance and Policy

NIPFP - INET Law Economics Policy Conference 27 November, 2018

Health insurance is an important part of health

Section 1

# Is the health insurance industry important?

The health insurance industry is growing and becoming an integral part of the Indian health landscape

Year	<b>Premium</b> * (Rs. trillion)	PHE (Rs. trillion)	Percentage
2013-14	0.17	3.22	5.28
2014-15	0.20	3.42	5.86
2015-16	0.24	3.69	6.51

Table 1: Health insurance industry as a percentage of Private Health Expenditure (PHE) (Source: IRDAI Annual Report and World Bank)

<sup>\*</sup>Premium does not include premium collected under government health insurance schemes

# Does the industry insure a lot of people?

The number of people insured is growing rapidly

Types	<b>2013-14</b> (in million)	<b>2014-15</b> (in million)	<b>2015-16</b> (in million)
Government health insurance schemes	155.3	214.3	273.3
	(12.0%)	(16.3%)	(20.6%)
Group health insurance	33.7	48.3	57.0
	(2.6%)	(3.6%)	(4.3%)
Individual health insurance	27.2	25.4	28.7
	(2.1%)	(1.9%)	(2.1%)
Total	216.2	288.0	359.0
	(16.7%)	(21.8%)	(27.0%)

Table 2: People insured (Source: IRDAI Annual Report and World Bank)

The figures in brackets indicate people insured as a percent of the total population of India.

What about health insurance premium?

Health insurance premium is also rising

Class of business	<b>2013-14</b> (Rs. billion)	<b>2014-15</b> (Rs. billion)	<b>2015-16</b> (Rs. billion)
Government health insurance schemes	20.82	24.74	24.25
	(12%)	(12%)	(10%)
Group business	80.58	88.99	116.21
	(46%)	(44%)	(48%)
Individual business	73.55	87.72	103.53
	(42%)	(44%)	(42%)
Grand Total	174.95	200.96	244.48

Table 3: Classification of health insurance premium by type of product (Source: IRDAI Annual Report)

The figures in brackets indicate the share of each class of business as a percent of the total health insurance premium.

Where is the premium going?

Public sector has a lion's share but private stand-alone insurers are growing

Туре	<b>2013-14</b> (Rs. billion)	<b>2014-15</b> (Rs. billion)	<b>2015-16</b> (Rs. billion)
Govt-general	108.41	128.82	155.91
	(62%)	(64%)	(64%)
Pvt-general	44.82	43.86	49.11
	(26%)	(22%)	(20%)
Pvt-health	21.72	28.28	3946.00
	(12%)	(14%)	(16%)
Industry total	174.95	200.96	244.48
Annual growth	13.20%	14.90%	21.70%

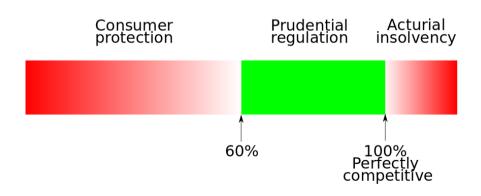
Table 4: Classification of health insurance premium by type of service provider (Source: IRDAI Annual Report)

The figures in brackets indicate the share of each type of insurer as a percent of the total health insurance premium.

### Section 2

Is the industry working well?

# The industry is unacceptably actuarially unfair



### The industry is unacceptably actuarially unfair

In the US, loss ratio below the prescribed limit triggers mandatory rebate by insurers

States	Individual market* (in percent)	Group market* (in percent)
New York	80	75
New Jersey	75	75
Maryland	60	75
Minnesota	65	75
Kentucky	65	75

Table 5: Medical loss ratio (MLR) requirement of various states in US (Source: National Conference for State Legislatures (USA))

<sup>\*</sup>Loss ratio below MLR triggers mandatory rebate by insurers.

### The industry is unacceptably actuarially unfair

In comparison, claims ratio of private health insurers in India is unacceptably low

Туре	<b>2013-14</b> (in percent)	<b>2014-15</b> (in percent)	<b>2015-16</b> (in percent)
Govt-general	106	112	117
Pvt-general	87	84	81
Pvt-health	67	63	58

Table 6: Incurred claims ratio of health insurers (Source: IRDAI Annual Report)

# High Premium for agents

A large amount is being taken up as commissions

Types	<b>2013-14</b> (in percent)	<b>2014-15</b> (in percent)	<b>2015-16</b> (in percent)
Private sector health insurers	9.97	11.99	12.16
Public sector health insurers	6.77	7.77	7.14

Table 7: Percentage of commission to premium in health insurance (Source: IRDAI Annual Report)

# The industry is fragile

The claims ratio of group health insurance business is very high making it unviable

Class of business	<b>2013-14</b> (in percent)	<b>2014-15</b> (in percent)	<b>2015-16</b> (in percent)
Government health insurance schemes	93	108	109
Group business*	110	116	120
Individual business	83	81	77
Grand total	97	101	102

Table 8: Business wise net incurred claims ratio (Source: IRDAI Annual Report)

<sup>\*</sup>Group business does not include government business.

### There is a complaints problem

Indian consumers are complaining the most

Country	2013-14	2014-15	2015-16
Canada	14.48	14.28	11.53
Australia	143.41	174.55	178.51
UK	490.15	396.09	337.54
California	464.43	436.62	351.19
India	501.23	407.17	360.72

Table 9: Complaints rate of different countries (Source: Authors' calculation)

### There is a complaints problem

This is when we are not a litigious country

Country	Complaints rate (2015-16)	Adjusted Complaints rate (2015-16)
 India	360.72	
Australia	178.51	1607.48
Canada	11.53	1511.81
UK	337.54	3837.44
California	351.19	6052.34

Table 10: India's litigation rate adjusted complaints rate (Source: Authors' calculations)

# There is a complaints problem

The complaints rate is phenomenally high in an industry insuring limited health services

- Indian health insurance industry only covers hospitalisation
- All other compared countries provide hospitalisation, clinical visits, medication and some wellness care

### Section 3

What are consumers complaining about?

Three examples

- ► Insurer did not appear in court
- ► Insurer ignored contract terms
- Commissions and porting

Insurer did not appear in court

► Facts:

Virender bought a family health plan (maintains)

Insurer did not appear in court

Facts:

Virender bought a *family* health plan (maintains)
Mother fell down, was hospitalised. Hospital charged ₹ 80,461

Insurer did not appear in court

#### Facts:

Virender bought a *family* health plan (maintains)
Mother fell down, was hospitalised. Hospital charged ₹ 80,461
The insurer denied cash less benefit

Insurer did not appear in court

#### Facts:

Virender bought a family health plan (maintains)
Mother fell down, was hospitalised. Hospital charged ₹ 80,461
The insurer denied cash less benefit
Mother's reimbursement was rejected

Insurer did not appear in court

#### ► Facts:

Virender bought a *family* health plan (maintains)
Mother fell down, was hospitalised. Hospital charged ₹ 80,461
The insurer denied cash less benefit
Mother's reimbursement was rejected

### Reason:

Mother had no medical condition, no reason for hospitalisation

Insurer did not appear in court

Facts:

Virender bought a *family* health plan (maintains)

Mother fell down, was hospitalised. Hospital charged ₹ 80,461

The insurer denied cash less benefit

Mother's reimbursement was rejected

- Reason:
  - Mother had no medical condition, no reason for hospitalisation
- Court findings:

Insurer did not appear in court

#### ► Facts:

Virender bought a *family* health plan (maintains)
Mother fell down, was hospitalised. Hospital charged ₹ 80,461
The insurer denied cash less benefit
Mother's reimbursement was rejected

- Reason:
  - Mother had no medical condition, no reason for hospitalisation
- Court findings:
  - Insurer did not appear before the consumer court

Insurer did not appear in court

### Facts:

Virender bought a *family* health plan (maintains)

Mother fell down, was hospitalised. Hospital charged ₹ 80,461

The insurer denied cash less benefit

Mother's reimbursement was rejected

#### Reason:

▶ Mother had no medical condition, no reason for hospitalisation

### Court findings:

- ► Insurer did not appear before the consumer court
- Virender submitted the hospital certificate showing his mother needed hospitalisation

Insurer ignored contract terms

Facts:

2001 Suman bought a family health plan (maintained)

Insurer ignored contract terms

### ► Facts:

2001 Suman bought a *family* health plan (maintained) 2008 Detected with end stage liver disease (Hep-C)

Insurer ignored contract terms

### ► Facts:

- 2001 Suman bought a *family* health plan (maintained) 2008 Detected with end stage liver disease (Hep-C)
- 2008 Son donated 50% liver to Suman

Insurer ignored contract terms

### Facts:

2001 Suman bought a family health plan (maintained)
2008 Detected with end stage liver disease (Hep-C)
2008 Son donated 50% liver to Suman
Son's reimbursement rejected

Insurer ignored contract terms

### Facts:

```
2001 Suman bought a family health plan (maintained)
2008 Detected with end stage liver disease (Hep-C)
2008 Son donated 50% liver to Suman
Son's reimbursement rejected
```

#### Reason:

Son had no ailment or accident, voluntary surgery

Insurer ignored contract terms

### Facts:

```
2001 Suman bought a family health plan (maintained)
2008 Detected with end stage liver disease (Hep-C)
2008 Son donated 50% liver to Suman
Son's reimbursement rejected
```

#### Reason:

Son had no ailment or accident, voluntary surgery

### Court findings:

Policy had an explicit clause for organ donor expense

Commissions and porting

Facts:

2001 Shashi bought a health plan from insurer A (maintained)

Commissions and porting

### ► Facts:

2001 Shashi bought a health plan from insurer A (maintained) 2010 Treated for *Sacroidosis* (autoimmune disease)

Commissions and porting

### Facts:

- 2001 Shashi bought a health plan from insurer A (maintained)
- 2010 Treated for Sacroidosis (autoimmune disease)
- 2012 Ported policy to insurer B

Commissions and porting

#### Facts:

```
2001 Shashi bought a health plan from insurer A (maintained)
2010 Treated for Sacroidosis (autoimmune disease)
2012 Ported policy to insurer B

April, 2013 Hospitalised for Cryptococcal Meningitis (fungal disease). Hospital charged
₹ 2,51,251
```

Commissions and porting

#### Facts:

```
    2001 Shashi bought a health plan from insurer A (maintained)
    2010 Treated for Sacroidosis (autoimmune disease)
    2012 Ported policy to insurer B
    April, 2013 Hospitalised for Cryptococcal Meningitis (fungal disease). Hospital charged ₹ 2,51,251
    Insurer B denied cash less benefit
```

# What are consumers complaining about?

#### Commissions and porting

#### Facts:

```
    2001 Shashi bought a health plan from insurer A (maintained)
    2010 Treated for Sacroidosis (autoimmune disease)
    2012 Ported policy to insurer B
    April, 2013 Hospitalised for Cryptococcal Meningitis (fungal disease). Hospital charged
    ₹ 2,51,251
    Insurer B denied cash less benefit
    June, 2013 Shashi's reimbursement rejected
```

# What are consumers complaining about?

#### Commissions and porting

#### ► Facts:

```
2001 Shashi bought a health plan from insurer A (maintained)
2010 Treated for Sacroidosis (autoimmune disease)
2012 Ported policy to insurer B

April, 2013 Hospitalised for Cryptococcal Meningitis (fungal disease). Hospital charged
₹ 2,51,251
Insurer B denied cash less benefit

June, 2013 Shashi's reimbursement rejected
```

#### Reason:

 Non-disclosure of Sacroidosis before porting (Note: Sacroidosis and Cryptococcal Meningitis unrelated)

# What are consumers complaining about?

#### Commissions and porting

#### Facts:

```
    2001 Shashi bought a health plan from insurer A (maintained)
    2010 Treated for Sacroidosis (autoimmune disease)
    2012 Ported policy to insurer B
    April, 2013 Hospitalised for Cryptococcal Meningitis (fungal disease). Hospital charged ₹ 2,51,251
        Insurer B denied cash less benefit

    June. 2013 Shashi's reimbursement rejected
```

#### Reason:

 Non-disclosure of Sacroidosis before porting (Note: Sacroidosis and Cryptococcal Meningitis unrelated)

#### Court findings:

- Insurer had right to 15 day investigation
- Could not have declined the claim up to original sum assured

### Section 4

Strategy for reform

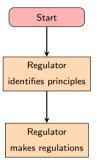
# Consumer protection cycle Principles

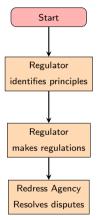
- ► Higher standard of consumer protection
- ► Two-pronged approach: prevention and cure
- Sound regulatory framework

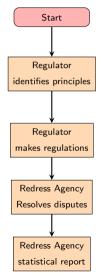
Regulatory process

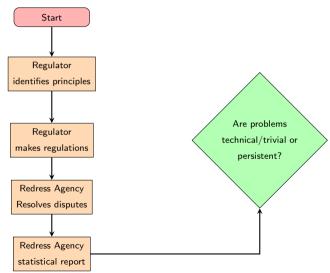
Start

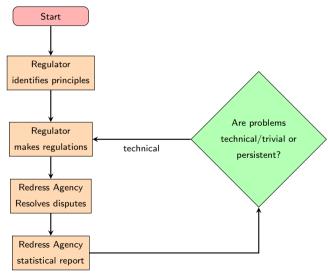


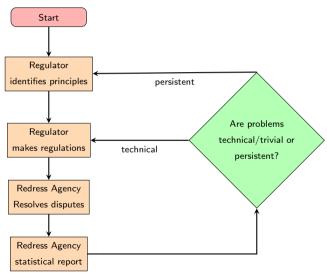












# Interconnections with existing strategies for reform

- ► Financial Sector Legislative Reforms Commission (2011-2013)
- Review legal and institutional structures of the financial sector
- Consumer protection is one area
- ► Two volumes:
  - Analysis and recommendation
  - Draft Financial Code

# Deficiencies in regulations

#### Insurer rejected legitimate claims:

Regulator specify the process to be followed by a financial service provider to receive and redress complaints (S. 119, Indian Financial Code)

#### Lack of information about network hospitals:

- Financial service disclose information to make informed transactional decision (S. 112, Indian Financial Code)
- Regulator specify information that must be disclosed (S. 112, Indian Financial Code)
- Financial service provider disclose material change in information (S. 113, Indian Financial Code)

#### Use of technical terms in contract:

▶ Unfair terms in a non-negotiated financial contract are void (S. 109, Indian Financial Code)

## Poor enforcement of regulations

#### Rejection of claims by insurance agents:

Financial service providers liable for the act or omission of its representatives (S. 125, Indian Financial Code)

#### Low penalties

- Penalties based on: (S. 96, Indian Financial Code)
  - Nature and seriousness of offence
  - Consequences and impact of violation
  - Conduct of person upon discovery
  - Repetitive nature of violation

# Design of the redress agency

#### Independence of the ombudsman:

- Members of the board appointed by the government; procedure laid in the law (S. 17(1), (2), (3), Indian Financial Code)
- ► Factors for consideration: (S. 17(4), Indian Financial Code)
  - Merit
  - Exercise independent judgment
  - No conflict of interest
  - Proportionate representation of different skills

#### Vacancies:

- Ombudsman should be a technologically modern organisation (S. 137, Indian Financial Code)
- Discretion to open offices anywhere in the country (S. 3(4), Indian Financial Code)

# Thank You