Rashtriya Swasthya Bima Yojana (RSBY) Data Analysis and More….
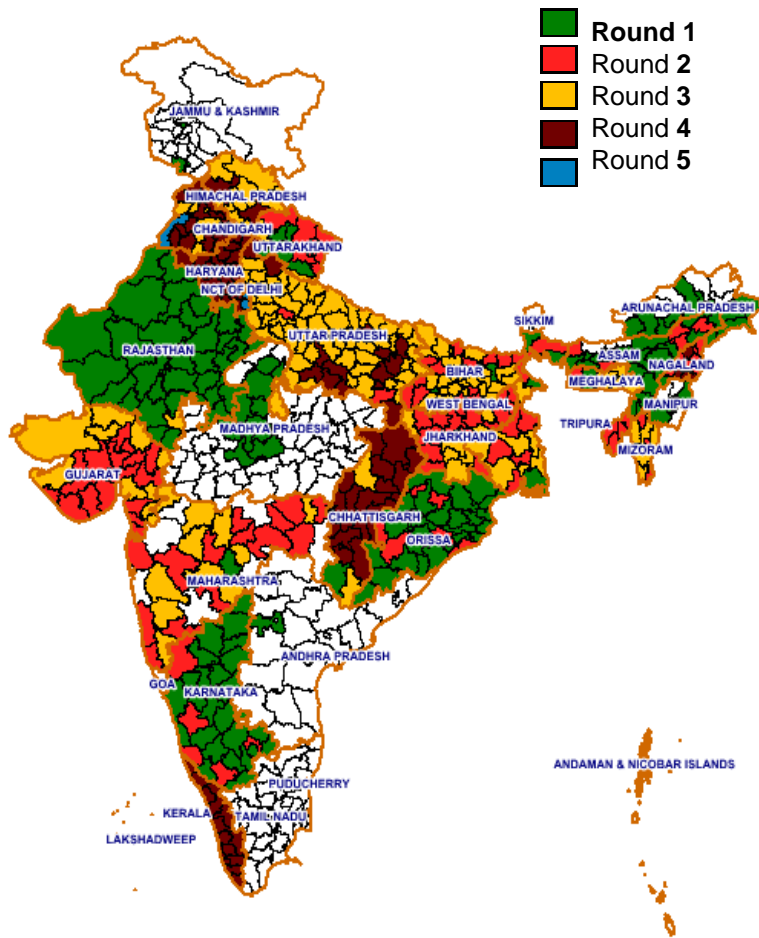
Dr. Nishant Jain

11.07.2013

Current Status of RSBY Implementation in India

RSBY Coverage

- **Round 1** (green)
- Round **2** (red)
- Round **3** (yellow)
- Round **4** (dark red)
- Round **5** (blue)

- Cards issued – App. 35.3 million
- People enrolled – Appr. 1222 million
- Number of People benefitted till now – Appr. 5.5 million
- Number of Hospitals Empanelled – Appr. 11,000
- States and UT where Service delivery has started – Twenty Eight
- Number of Insurance Companies Involved – Fifteen

RSBY – Current Status

- From a small beginning in 2008, RSBY is now one of the largest health insurance scheme in the World

- Almost all the States have started the implementation of the scheme

- RSBY is being recognised internationally as a successful model for providing health insurance, especially to the unorganised sector workers

- Many countries in Asia and Africa are trying to learn from RSBY and integrate these learning into their existing/ new health insurance model

- Government of India is now expanding RSBY both horizontally and vertically

RSBY – Availability of Data

- Often data is collected in schemes not knowing what to do with that

- RSBY Collects data for specific purposes
- The biggest strength of RSBY is that data generated in RSBY is electronic and available for analysis
- This data shall be analysed on a regular basis so as to understand the performance and implementation of the scheme
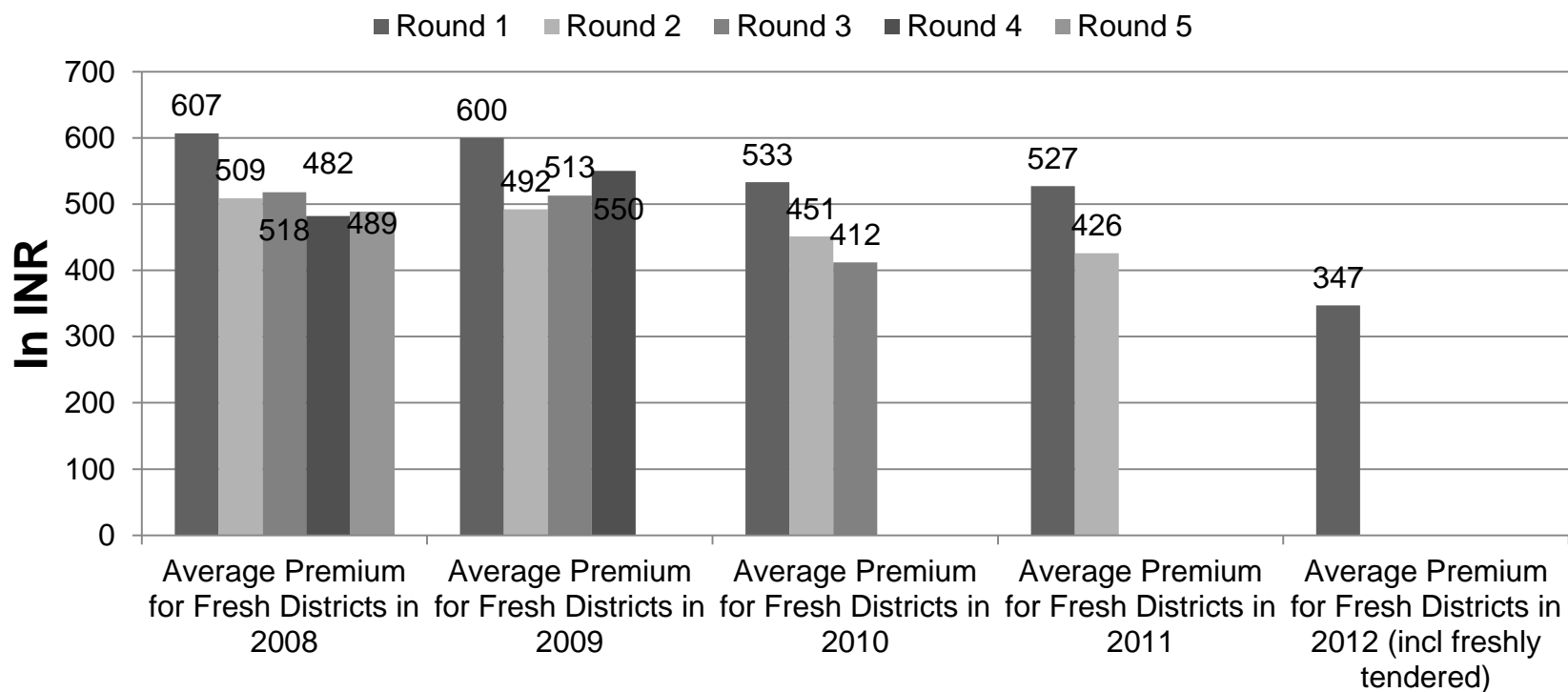- Automatic dashboard can be developed based on this data
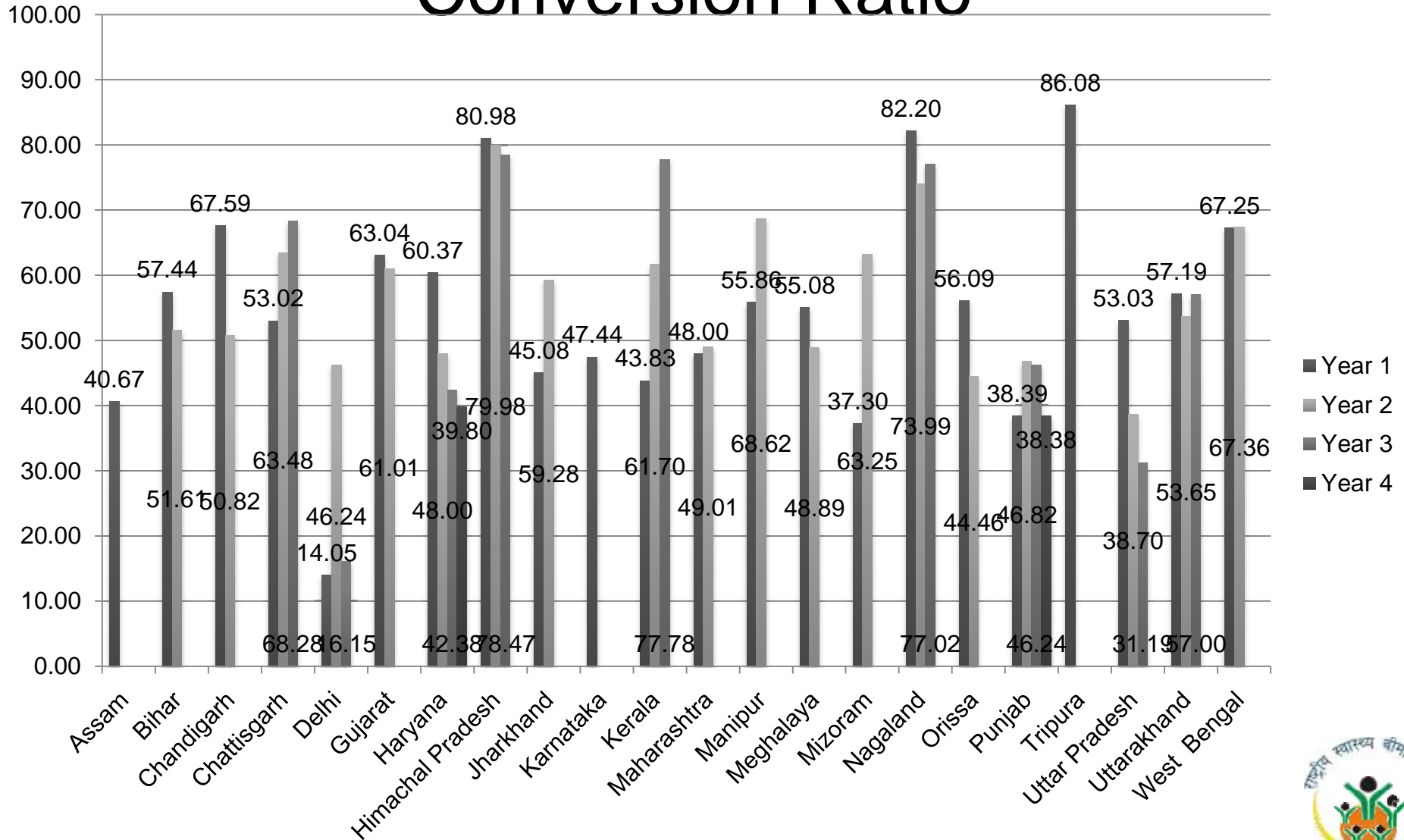
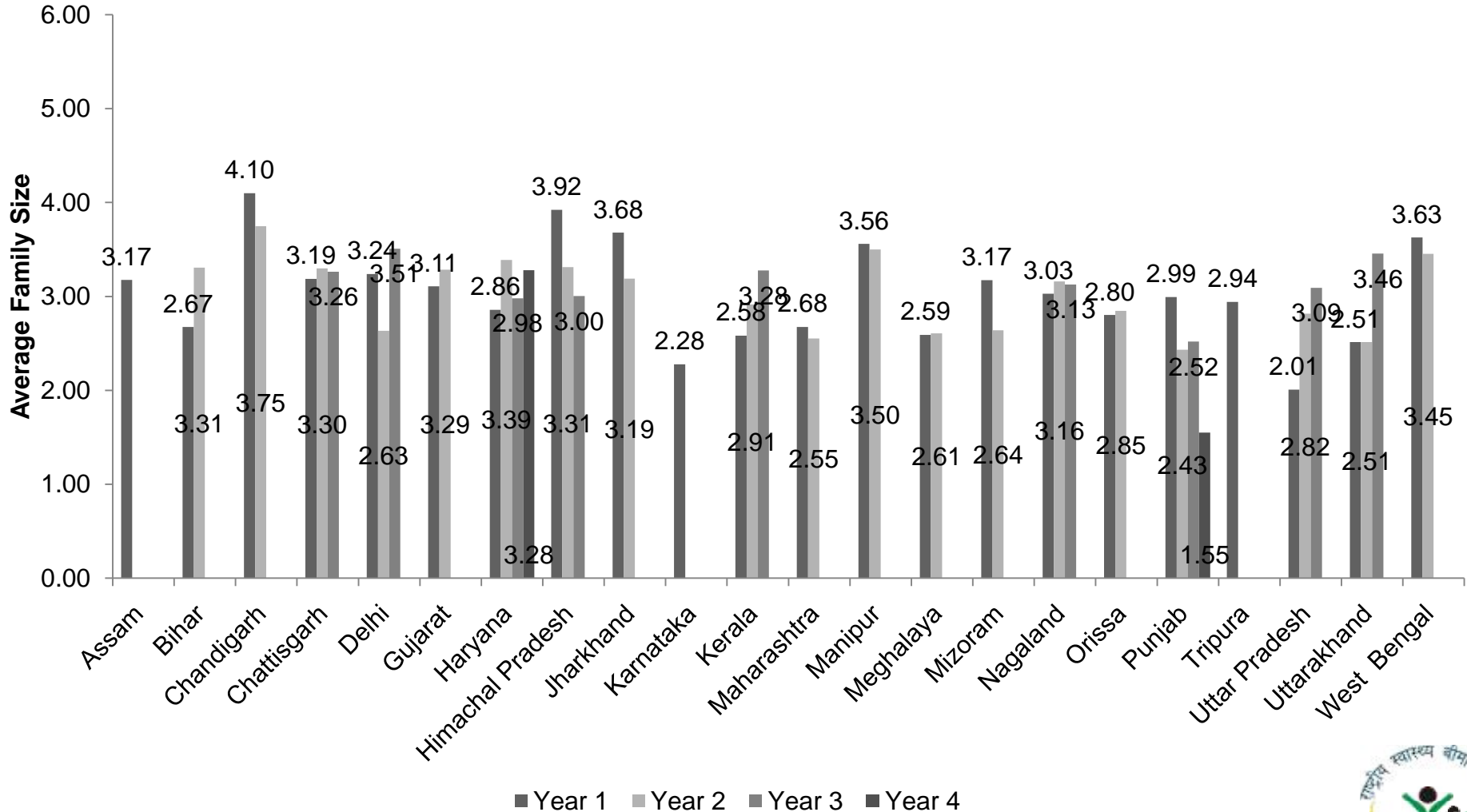# PRIMARY DATA ANALYSES

- Initial trends.
- Initial impact.

Premium Trends in RSBY

Conversion Ratio

Average Family Size

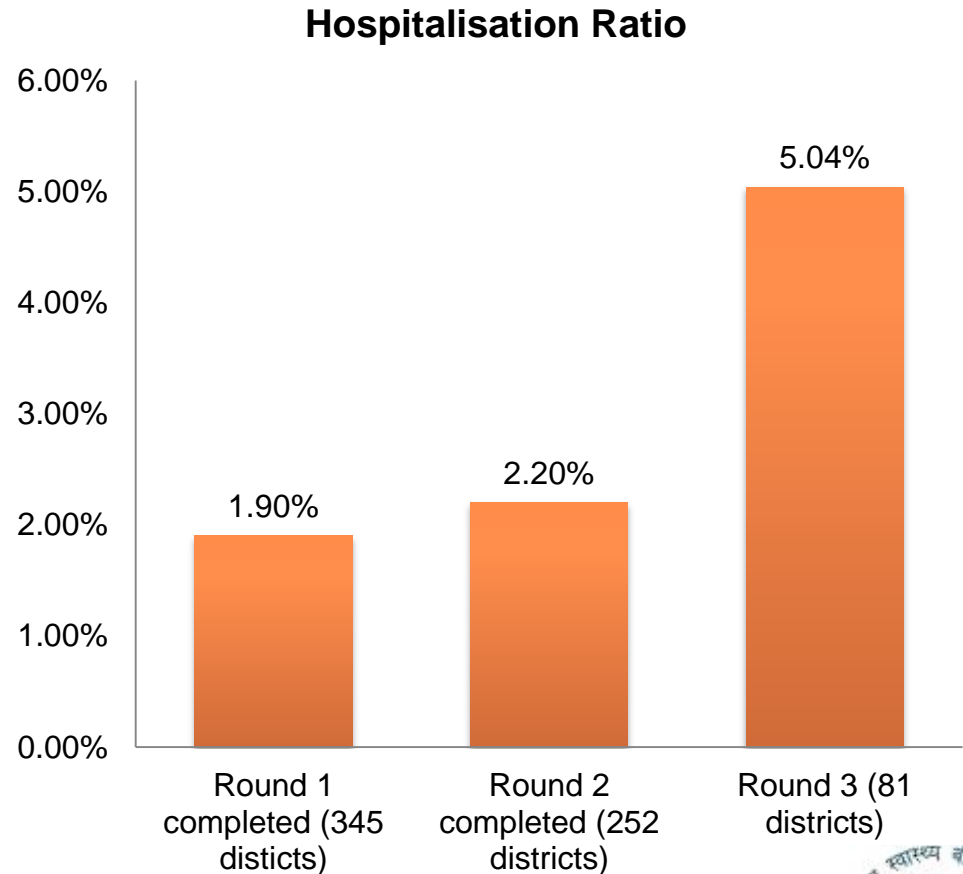**Average Family Size** (y-axis)

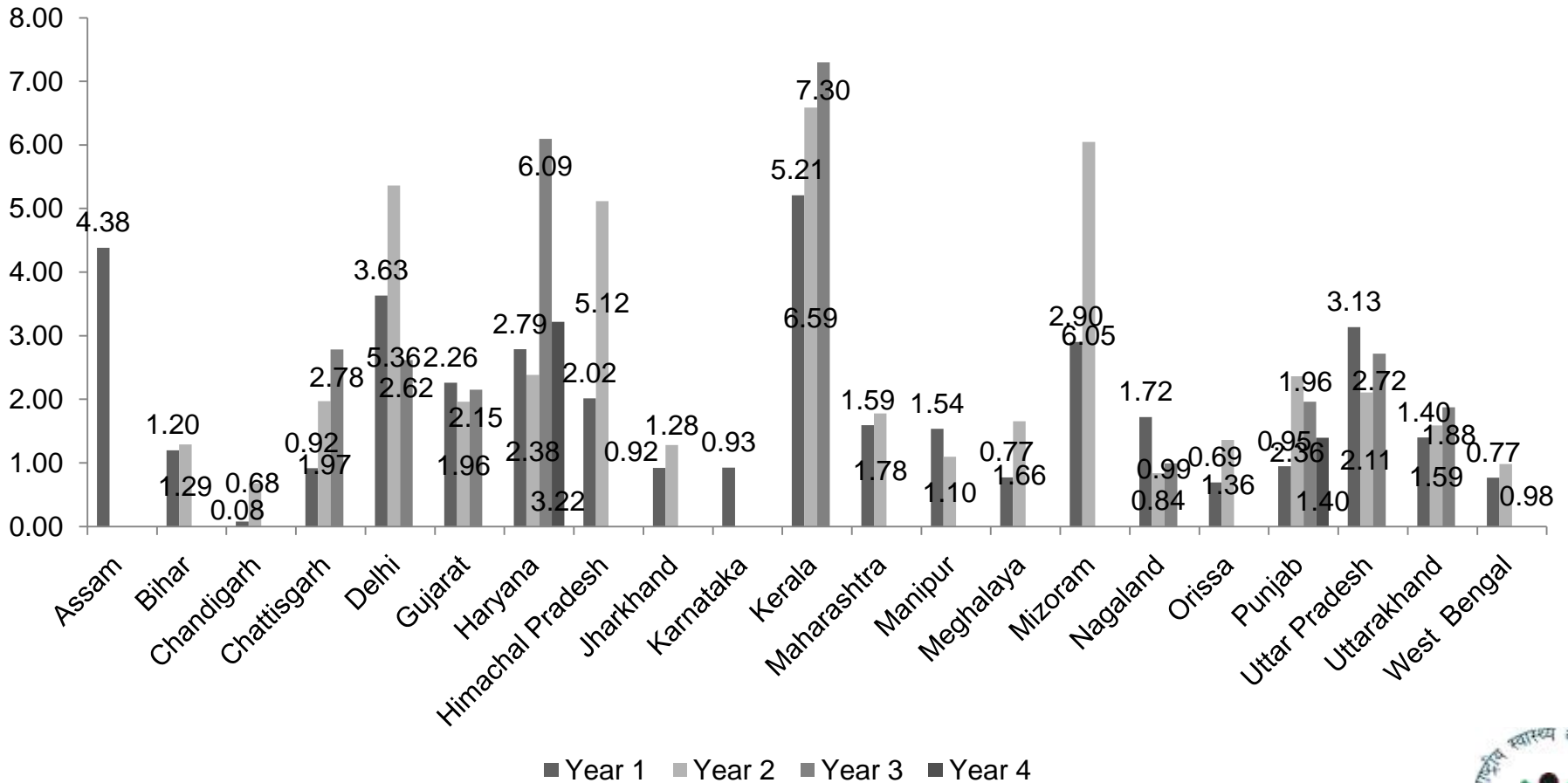■ Year 1   ■ Year 2   ■ Year 3   ■ Year 4

Hospitalisation Ratio

- **Access to hospitals have increased for RSBY beneficiaries**

- **Districts which have finished two years have higher hospitalisation**

- **There is huge variations across different States**
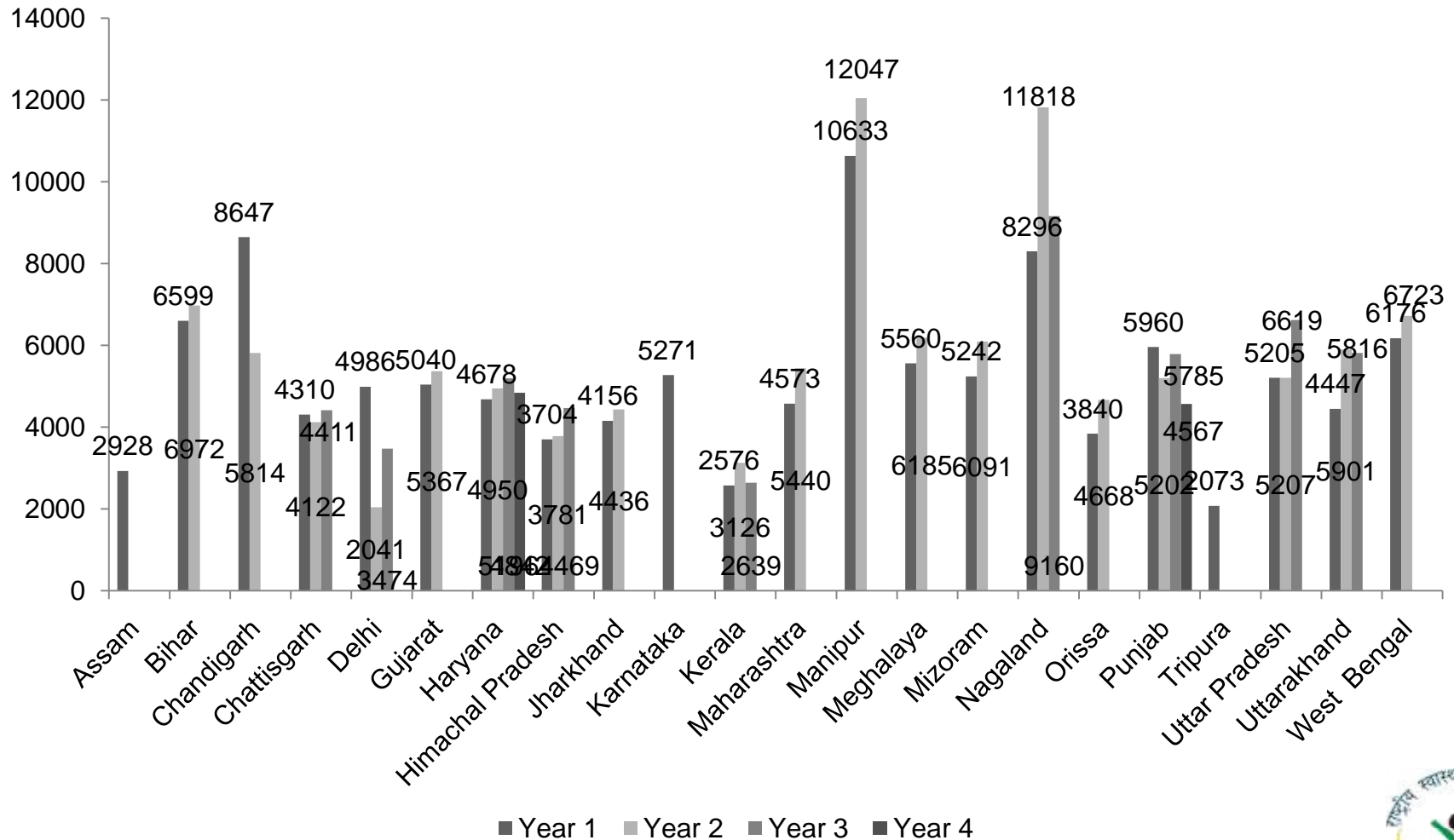
Hospitalisation Ratio

Round 1 completed (345 disticts): 1.90%
Round 2 completed (252 districts): 2.20%
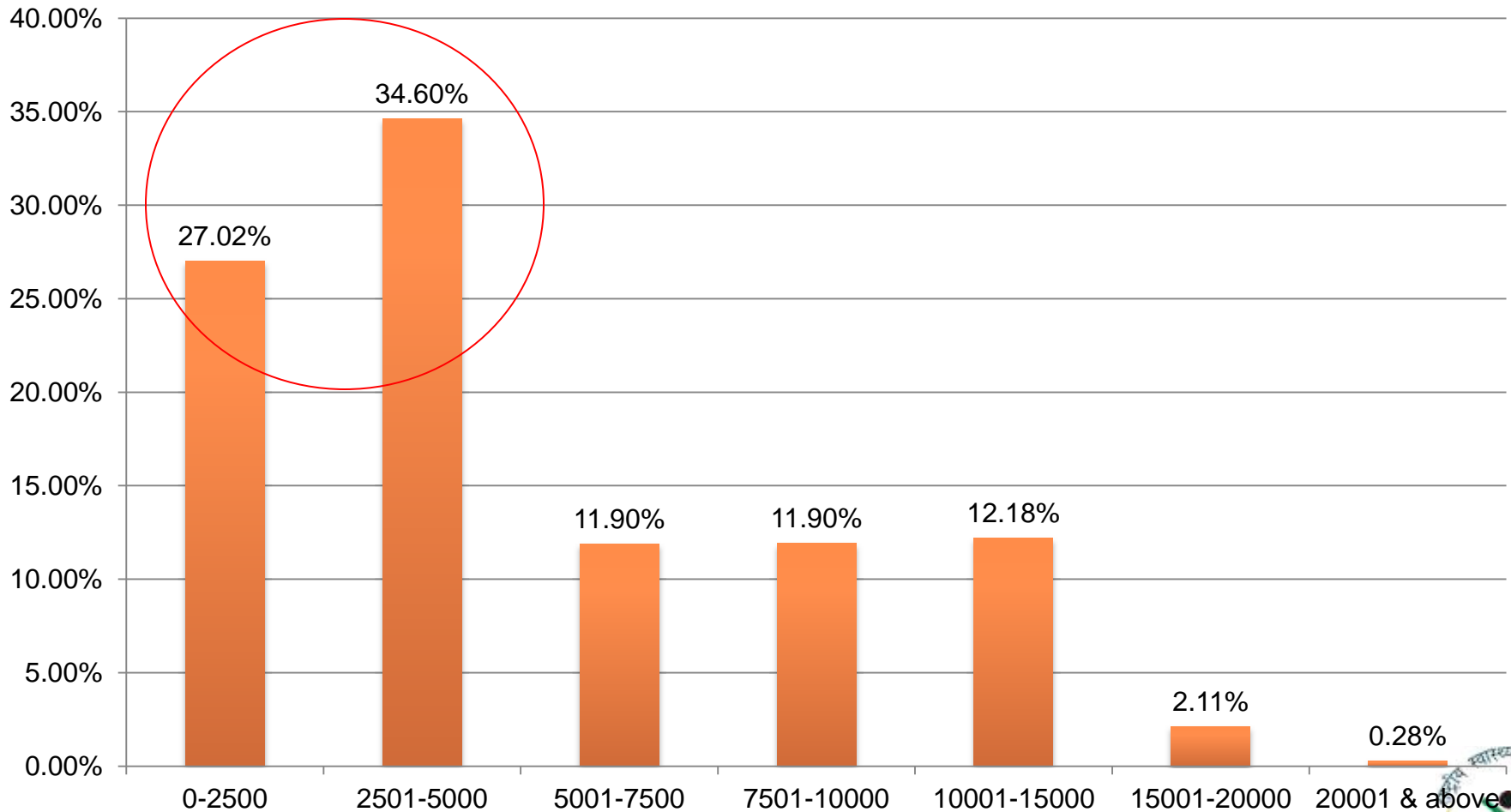Round 3 (81 districts): 5.04%

Hospitalisation Ratio
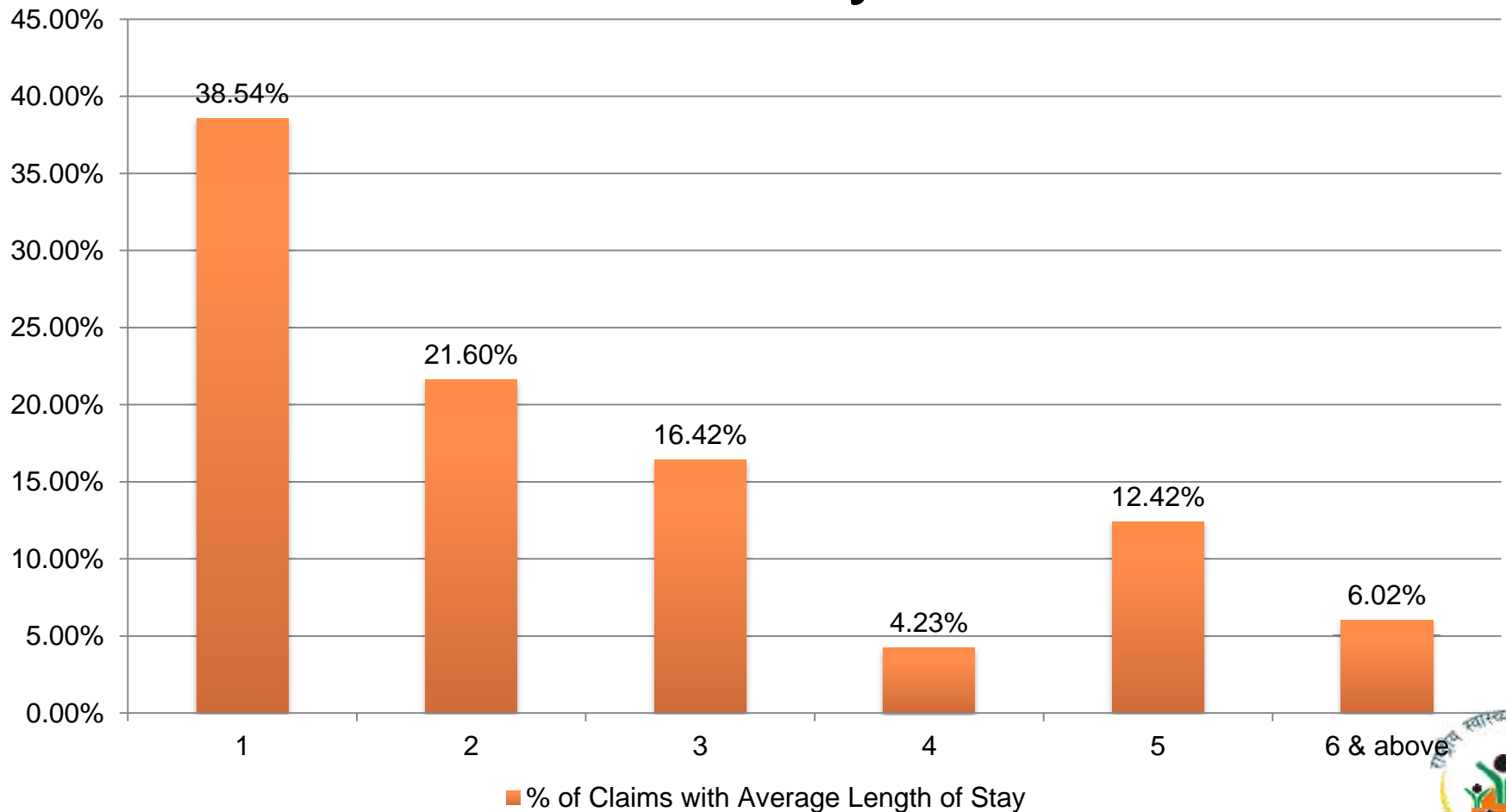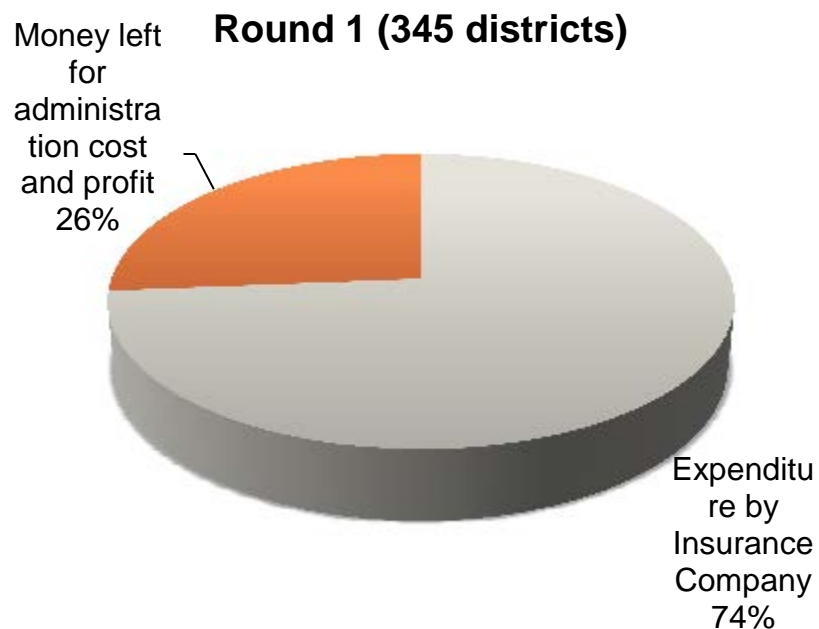

Hospitalisation Ratio

Average Claim Size

Average Claim Size

Percentage of Claims with Average Length of Stay

% of Claims with Average Length of Stay

Category	%
1	38.54%
2	21.60%
3	16.42%
4	4.23%
5	12.42%
6 & above	6.02%

345 Districts where One Year Completed

Round 1 (345 districts)

Money left for administration cost and profit 26%

Expenditure by Insurance Company 74%

252 Districts where Two Years Completed

Round 2 (252 districts)

Money left for administration cost and…

Expenditure by Insurance Company 96%

Round 3 (81 districts)

120%	
100%	
80%	
60%	
40%	104%
20%	
0%	-4%
-20%	Expenditure by Insurance Company — Money left for administration cost and profit

Burnout Ratio

Burn Out Ratio

Legend: ■ Year 1 ■ Year 2 ■ Year 3 ■ Year 4
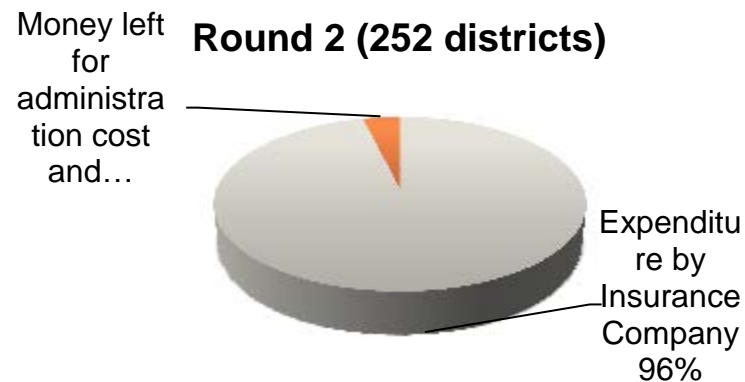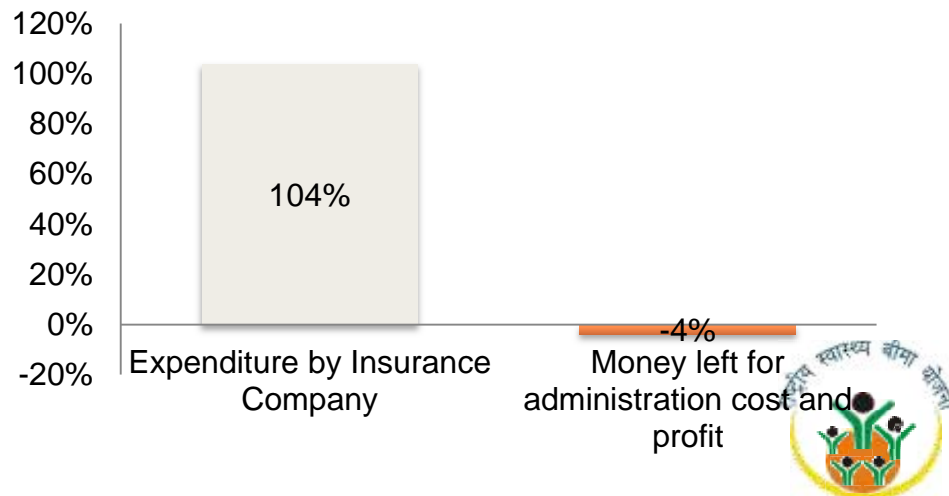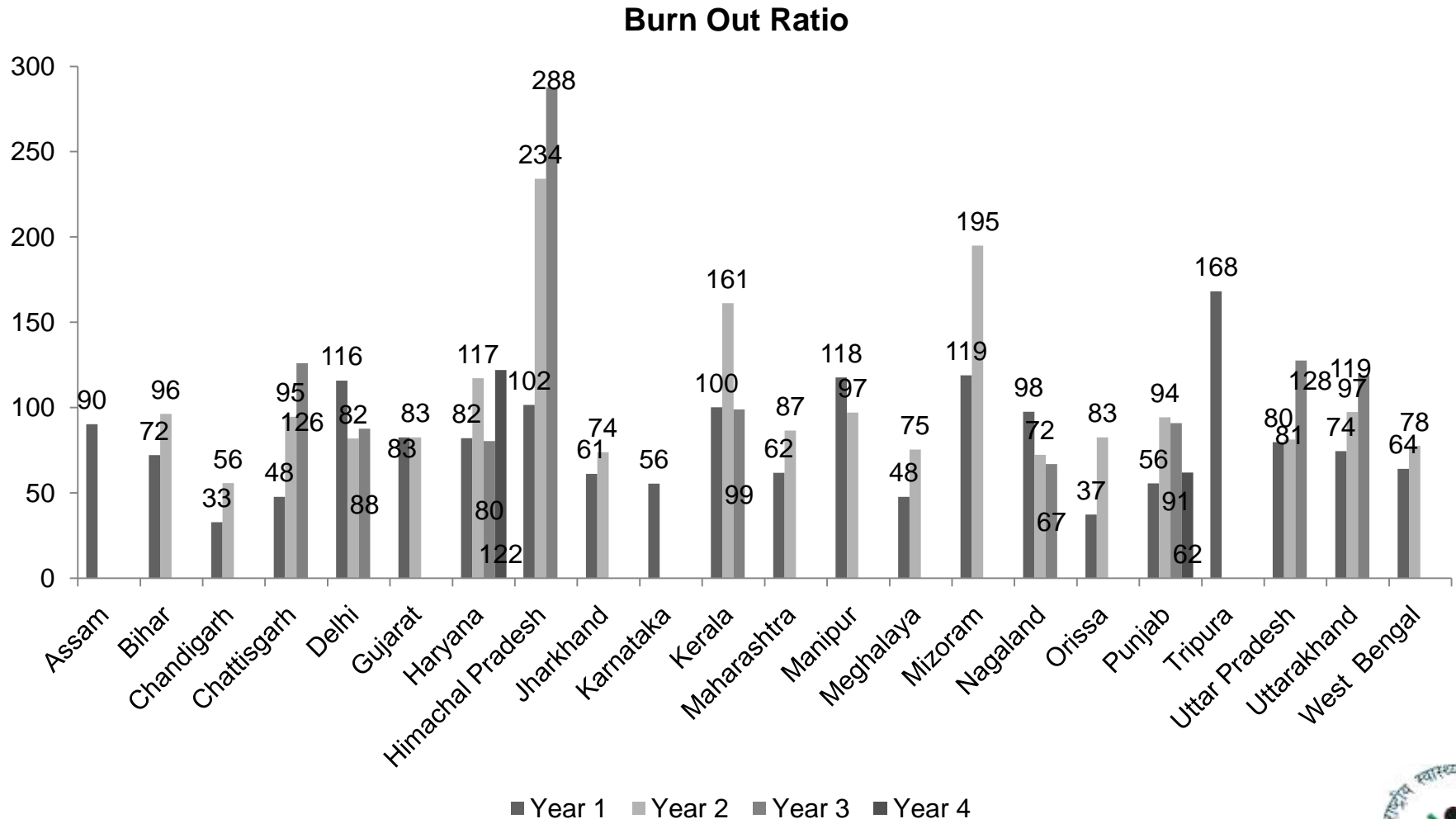
Male - Female Distribution

Gender Wise Enrolment Rate

	Round 1	Round 2	Round 3
Female Enrollment	39%	45%	47%
Male Enrollment	61%	55%	53%
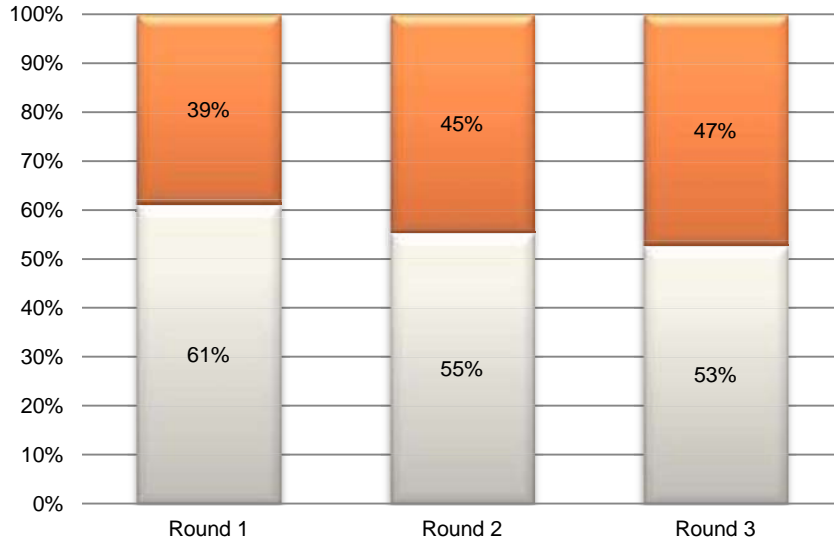
Male Enrollment   Female Enrollment

Gender Wise Hospitalization Ratio

	Round 1	Round 2	Round 3
Female Hospitalization Ratio	42%	42%	54%
Male Hospitalization Ratio	58%	58%	46%
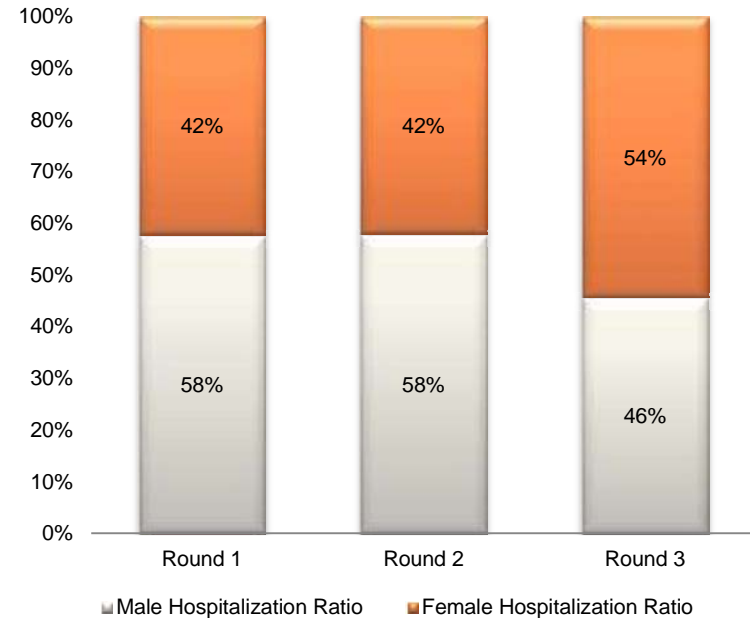
Male Hospitalization Ratio   Female Hospitalization Ratio

Relationship Distribution
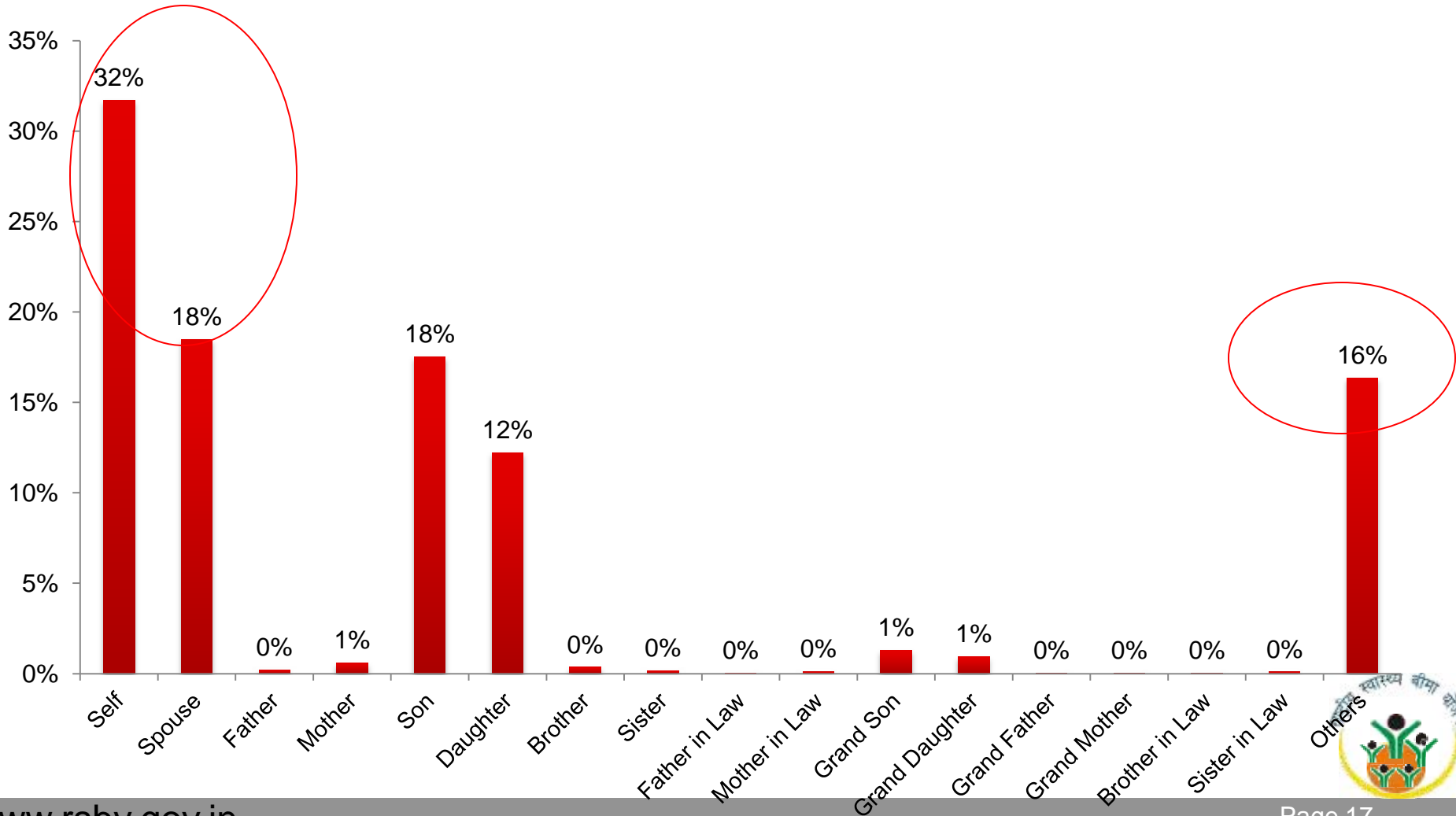
Female Head of Household

Five Member Limit

Families with Five members enrolled, 17.45%

Families with Less than Five members enrolled, 82.55%

Age Distribution
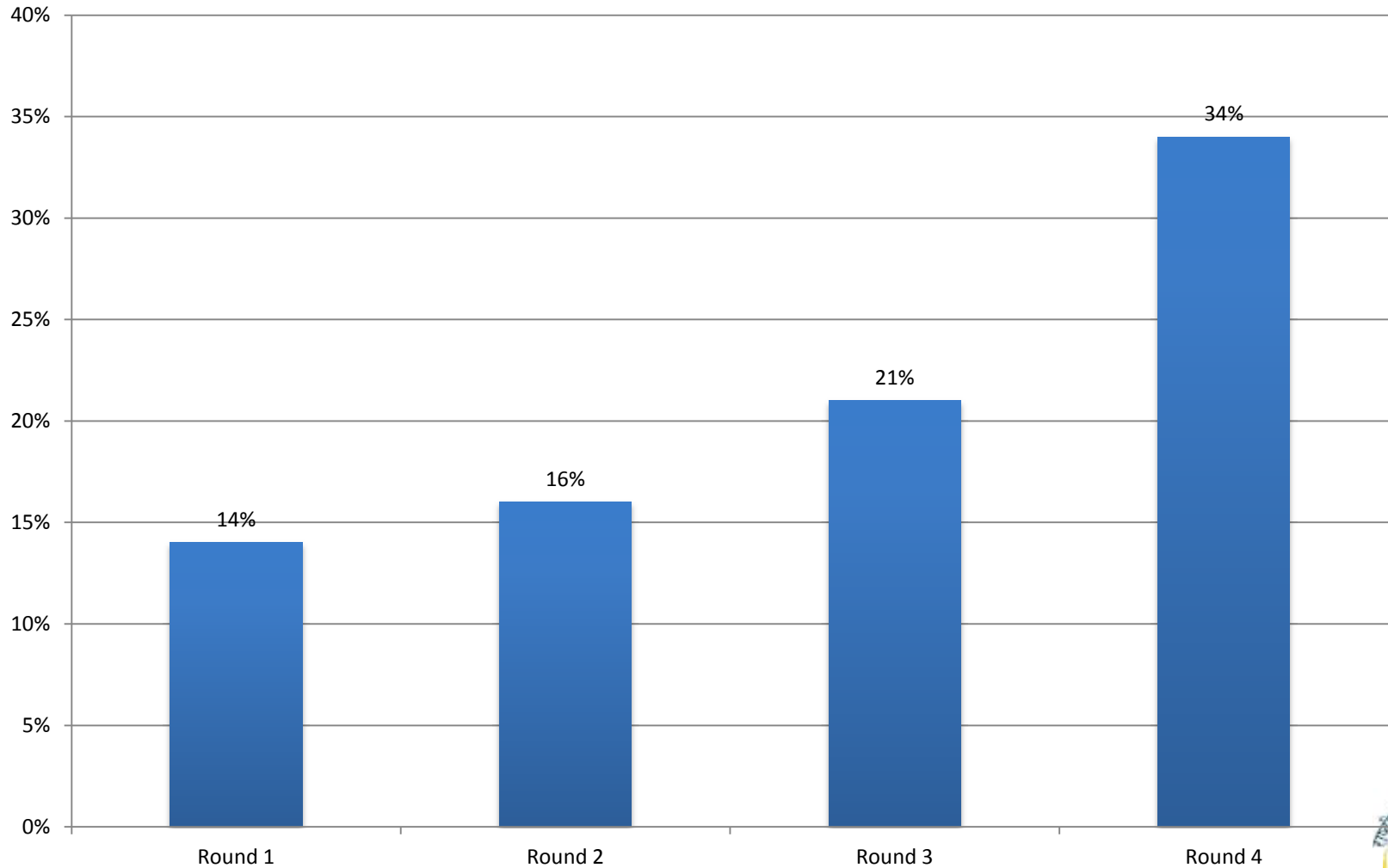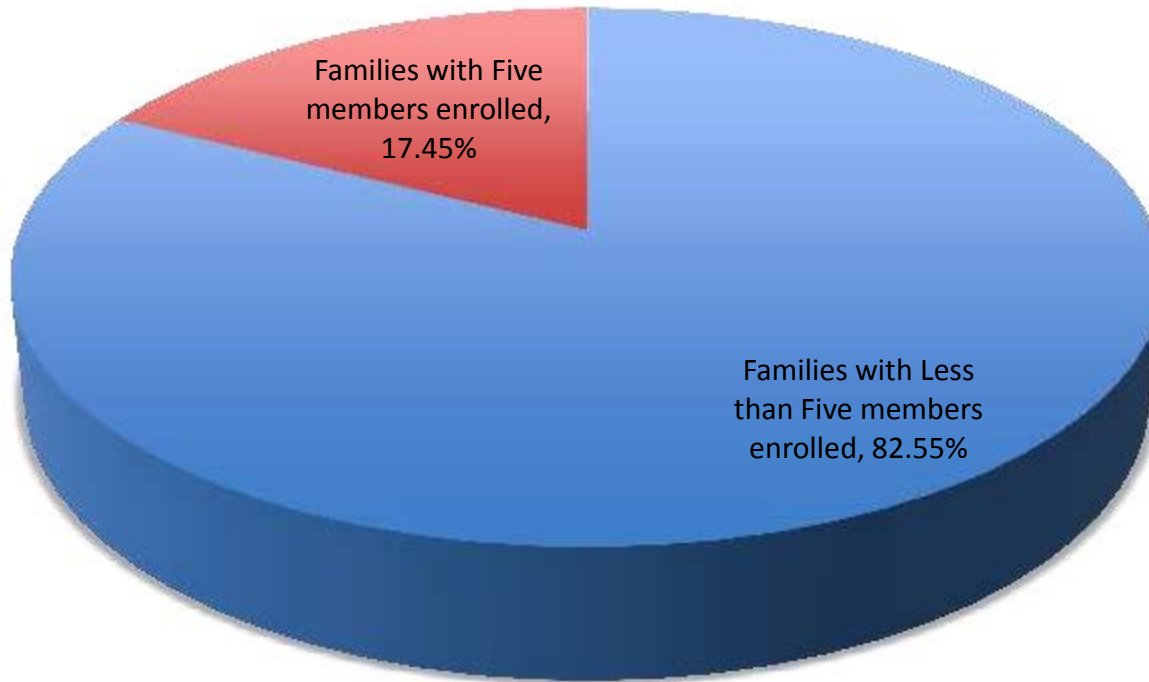
Disease Distribution of Claims

Bar chart showing disease distribution of claims:

- General Ward- Unspecified: 29.7%
- Cataract – Unilateral: 17.4%
- Cataract with IOL by Phoco…: 9.0%
- Hydrocele - Excision - Bilateral: 5.3%
- Hysterectomy - abdominal: 5.1%
- Hysterectomy - Vaginal: 4.4%
- Appendicectomy: 4.1%
- Fissurectomy and Haemorrhoidectomy: 2.8%
- Hernioplasty: 2.7%
- Pterigium + Conjunctival Autograft: 2.6%
- General Ward- ICU: 2.5%
- Normal Delivery: 2.4%
- Hemiorelectomy Sac…: 2.4%
- Herniorraphy and Hydrocelectomy: 2.0%
- Cholecysostomy: 1.7%
- Hydrocele - Excision - Unilateral: 1.5%
- Cholecystectomy & exploration: 1.5%
- Casearean delivery: 1.5%
- Cataract ? Unilateral: 1.3%
- Cystocele - Anterior repair

Example of Cataract - Age Distribution

- 81 - 120 1%
- 0 - 17 1%
- 18 - 30 1%
- 31 - 40 3%
- 41 - 50 14%
- 51 - 80 80%
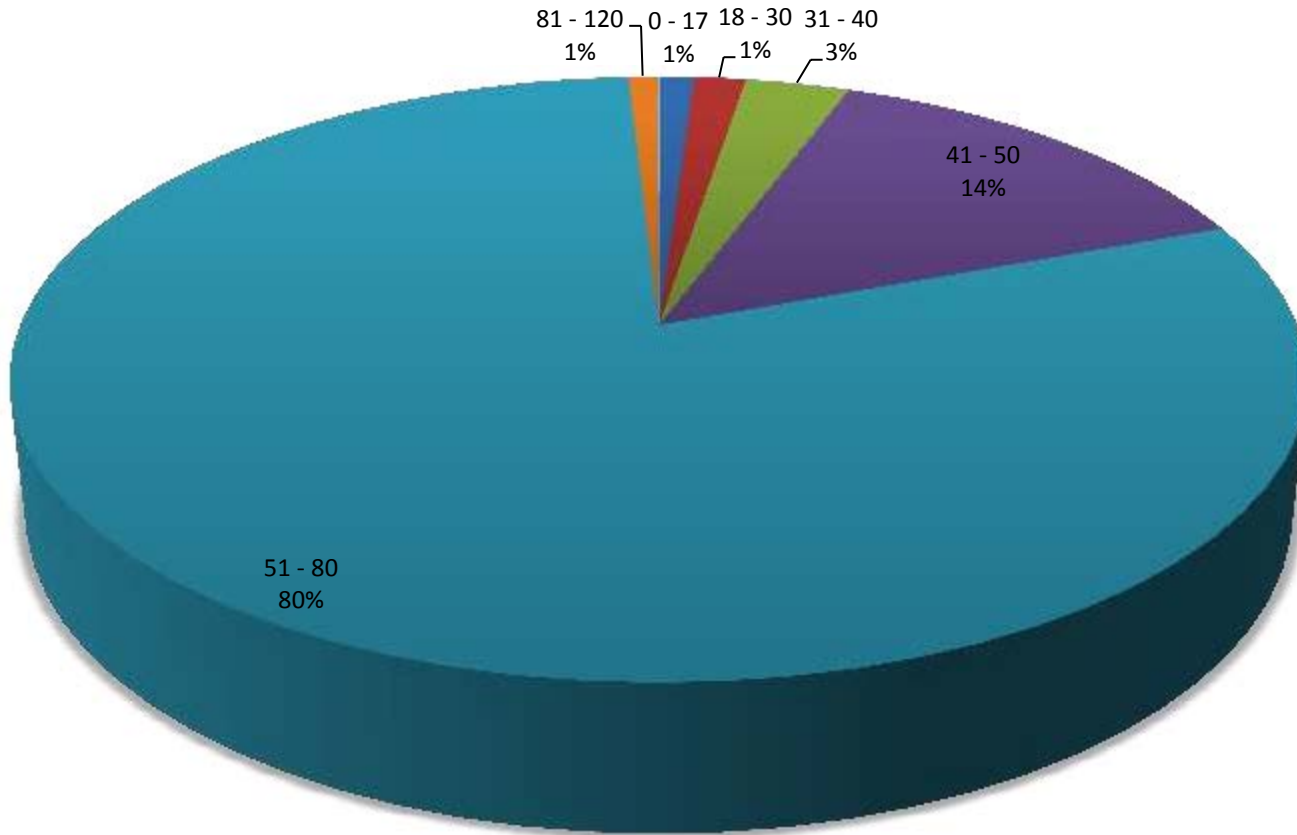
Difference in Age in Card and Age Entered at Hospital

Age Difference	% of Total
0 - 2	29.86%
3 - 5	25.79%
6 - 10	23.34%
11 - 15	10.37%
16 - 20	4.74%
21 - 25	2.04%
26 - 30	1.19%
31 - 35	0.68%
36+	1.74%

Percentage of Inter-District Claims

% of Inter District Claims 20%

% same district claims 80%
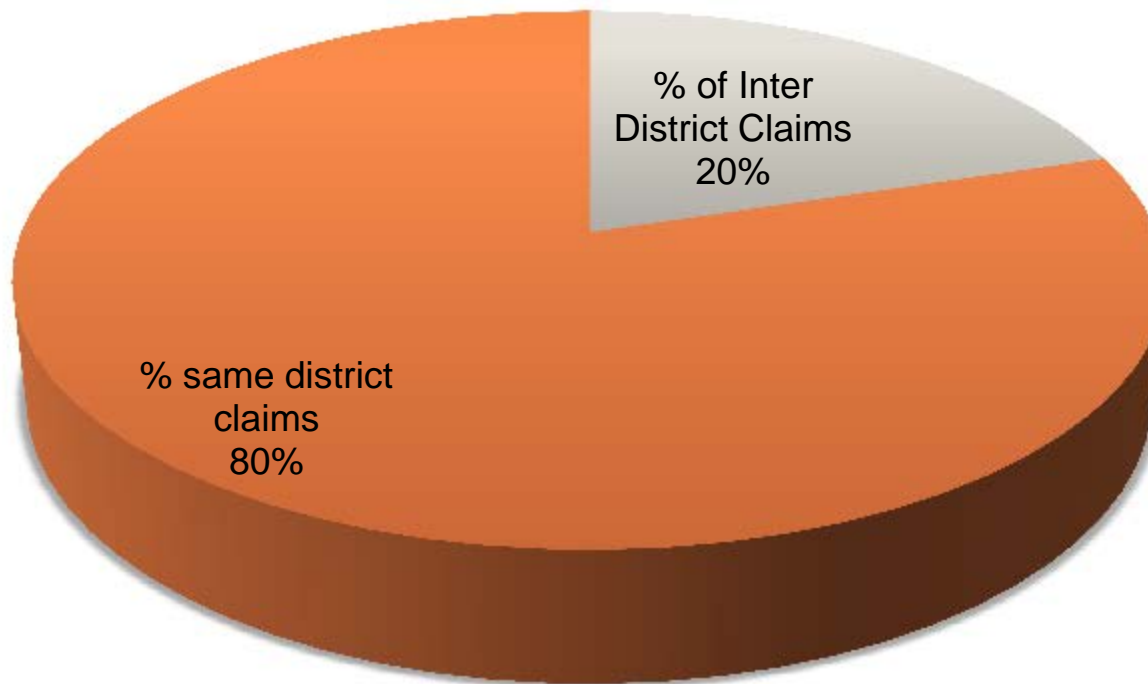
Insurance Company Analysis

District Years
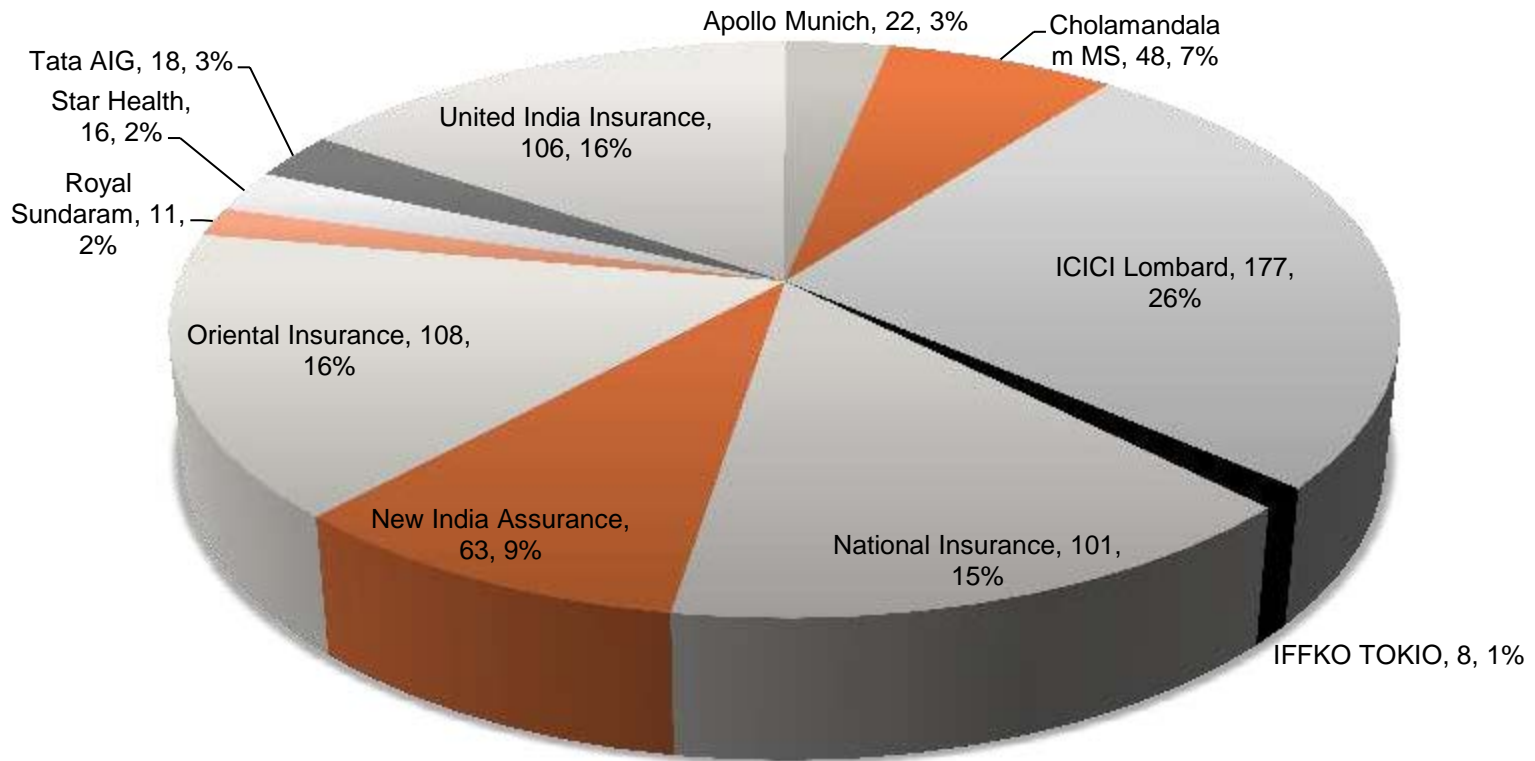
Average Premium

Conversion Ratio

Bar chart showing conversion ratio by insurance provider:

Insurance Provider	Conversion Ratio
Apollo Munich	54%
Cholamandalam MS	56%
ICICI Lombard	51%
IFFKO TOKIO	53%
National Insurance	57%
New India Assurance	57%
Oriental Insurance	49%
Royal Sundaram	60%
Star Health	50%
Tata AIG	54%
United India Insurance	56%

Average Family Size

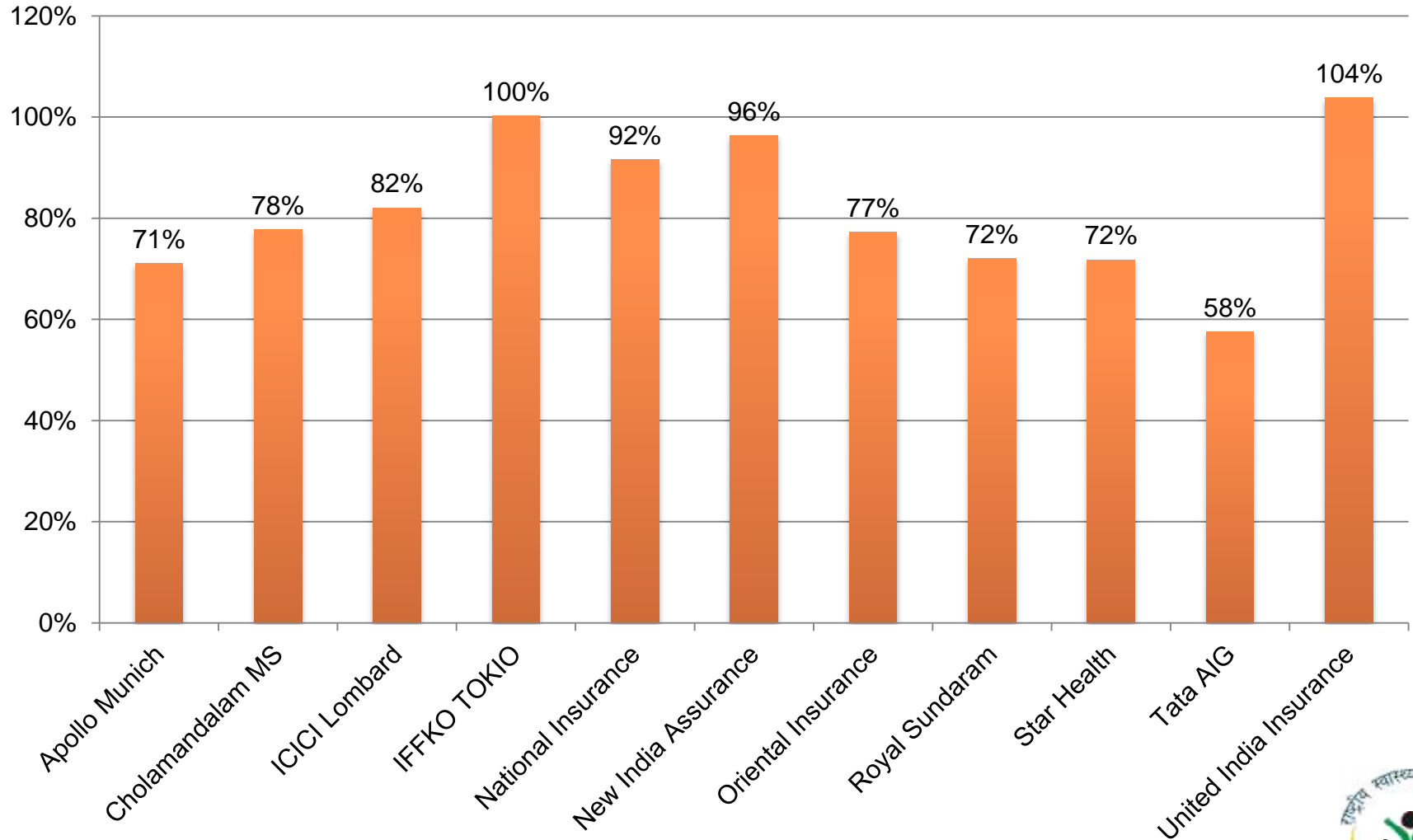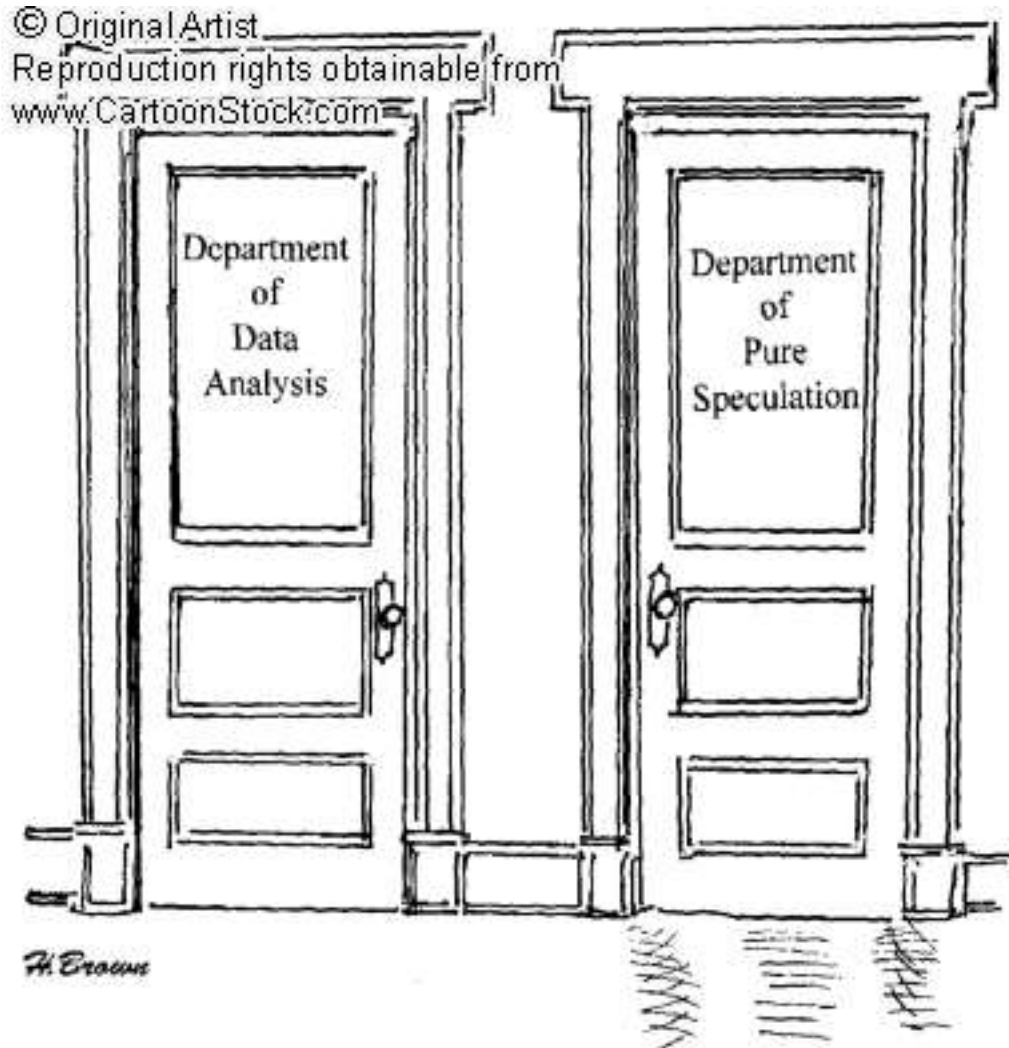| Insurer	Average Family Size
Apollo Munich	2.38
Cholamandalam MS	3.40
ICICI Lombard	2.23
IFFKO TOKIO	2.57
National Insurance	3.35
New India Assurance	3.14
Oriental Insurance	3.11
Royal Sundaram	3.29
Star Health	2.83
Tata AIG	3.37
United India Insurance	3.10

Burnout Ratio

Road Ahead

- Much deeper Systematic Analysis of all this data is being done now

- An Agency has been hired to dig deep into this data and do analysis

- A data analysis framework is also being developed which will guide data analysis

- A dashboard is being developed which will help both Central and State Governments in analysing data at different levels

- Regular reports will be published based on this data analysis

Where do we want to enter?

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Department of Data Analysis

Department of Pure Speculation

search ID: hbrn1064

H. Brown

Impact

- Improvement in access to Healthcare.

  - Hospitals being set up in remote areas by the private sector

- Public Sector hospitals competing and improving performance to gain access to flexible funds & incentives

  - Share of claims of public hospitals increasing over time

- Penetration in the areas affected by extremist activities.

- Marked improvement in utilization by women in scheme.

- For expenditures beyond Rs. 30,000, State Governments designing own schemes

  - Himachal Pradesh, Meghalaya, Gujarat and Kerala are already providing

  - Few other States are in the process of taking decision

- BPL lists is improving

Impact

- Utilisation data from States is able to provide disease profiling across different districts

- As per different evaluations Out of pocket expenditure on health of RSBY beneficiaries has come down dramatically

- As per different evaluations instances of health related debts have come down

- Access to health care has improved considerably for RSBY beneficiaries

- Migrant workers are getting benefits across districts and States of RSBY

RSBY Smart Card Platform

- RSBY Smart Card Platform is emerging a robust platform to deliver other social security schemes also

- Ministry of Finance has taken a decision to use RSBY Smart card to deliver Aam Aadmi Bima Yojana benefits to the beneficiaries

- MoRD has taken a decision to use this smart card for National Social Assistance Programme

- State of Chhattisgarh is delivering PDS through RSBY Smart Card

- Discussions are going on to test RSBY Smart card platform for MGNREGS

Thank You

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