

Insurance issues & challenges



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Constitution of WHO



“The highest attainable standards of health is one of the fundamental rights of every human being , without distinction of race, religion, political belief, economic or social conditions”

Areas for discussion : Day to day practice



- Insurance schemes
- Credit organizations
- Rajiv Arogya Sree scheme

Insurance : means sharing of risk



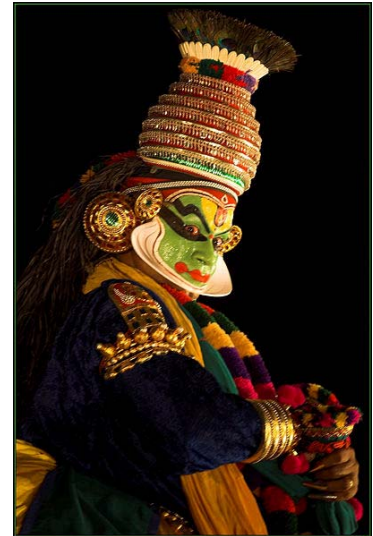
- **Common insurance schemes**

Mediclaim

E S I*

R A S

- **Credit - C G H S**



Mediclaim



- 3% of population is insured under mediclaim.
- Premium works out Rupees : 3,000 crores
- The claims are 3500 crores
- Frauds are the reason.
- The loser is genuine patients only

Mediclaim



- Govt sector insurance - started in 1986
- Focus : to provide coverage for hospitalization & domiciliary expenses
- Designed to cover NORMAL people
- Initially it was for direct re-imbusement of IP expenditure within the policy limit
- After the IRDA : intermediaries / third party administrators (TPA) came into play for cashless transactions.

Mediclaim



- Types: Individual (3 months- 90 yrs) or Group – corporates/customized
- Room, boarding & Nursing expenses : 1% of sum insured or INR5K whichever is less
- ICCU is < 2% with a cap of 25% per illness
- Surgeon, anesthetist, consultants & specialists < 25% per illness
- 50% treatment cost

Standard exclusions in Mediclaim



- All pre existing diseases. Some may allow these , after a FOUR continuous claim free policy years
- Disease contracted within 30 days of insurance
- Dental treatment except after an accident
- STD and HIV
- Pregnancy and child birth
- Self inflicted injuries, external equipment
- Treatment outside India
- Cosmetic surgery



- **Diabetes & HT as a pre existing disease - problematic for CVD, related ????**
- **Admission for investigations (e.g CAG) – is denied..... Hence, people resort to falsification / fraud. May be with good intention , but will boomerang in future.**

Problems in TPA



- **Need to show the need for hospitalization at every level**
- **Injectable medicines are a MUST**
- **Delays in getting the approvals. Denials result in patients ending up paying.**
- **Ceiling for cardiac illness is 70%**
- **Unreasonable tariffs for interventions**

C G H S- issues in Cardiology



- All are considered as Packages and need special permission even for CAG
- Needs special permission from a Govt doctor for PCI
- No clarity over the number of days of hospitalization in the packages

C G H S- issues in Cardiology



- **Pharmacy package is all inclusive : GP2b3A no exception.**
- **Majority have Co morbid conditions and their treatment is not included in the deal.**
- **Limits in usage of DES**



**“ in the perspective of PCI , the CGHS &
RAS are found wanting ”**
and discourages use of DES

Ridiculous costing & payment



- **Cypher&Xience 95K, Endeavor 85K**
- **VVI 37K, VVIR 65K, DDD 115K**
- **Implantation charges: between 6-12K only**
- **Charges are old, not taking into consideration of escalated prices and taxes.**



“Just being an Indian places you at higher risk for heart disease than having high cholesterol & being a smoker”

Dr. H. Robert Superko
Director, Berkeley Heart Lab