

# Assessing the pattern of enrolment and claims in Megha Health Insurance Scheme (MHIS)

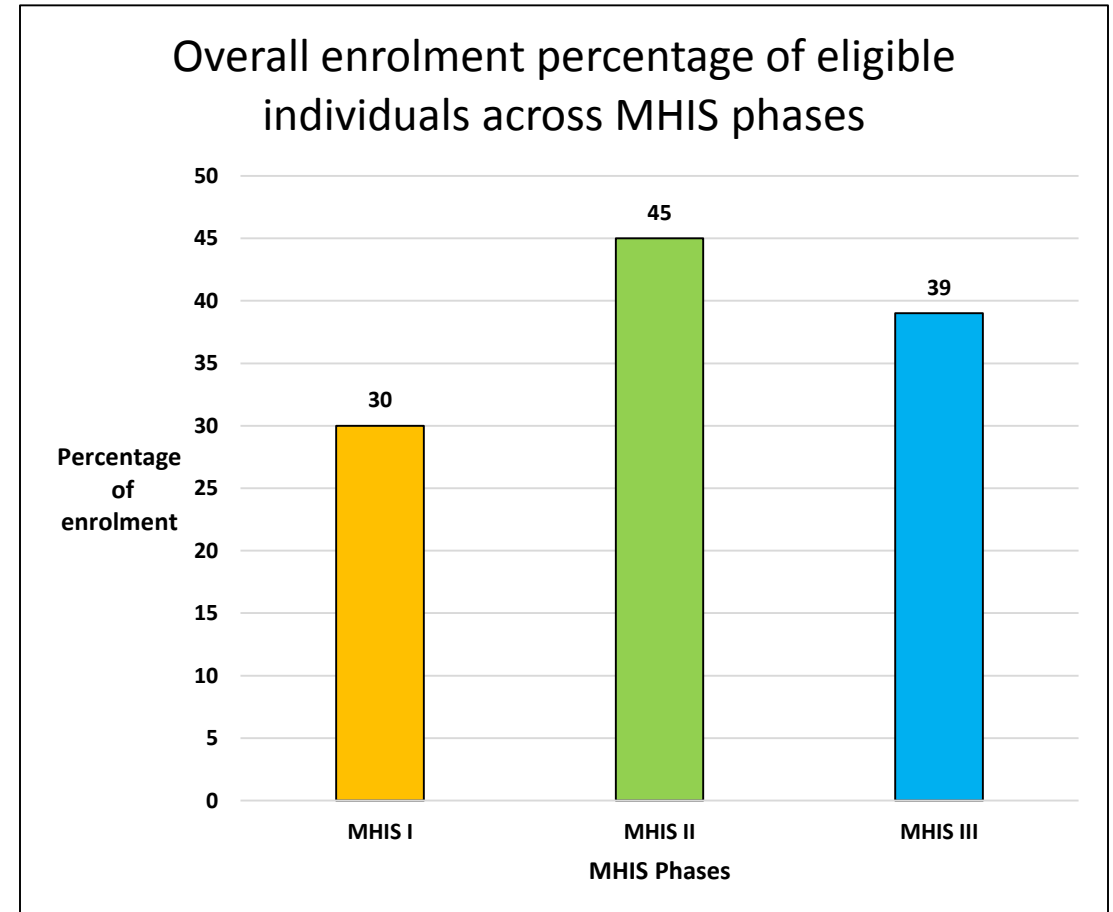
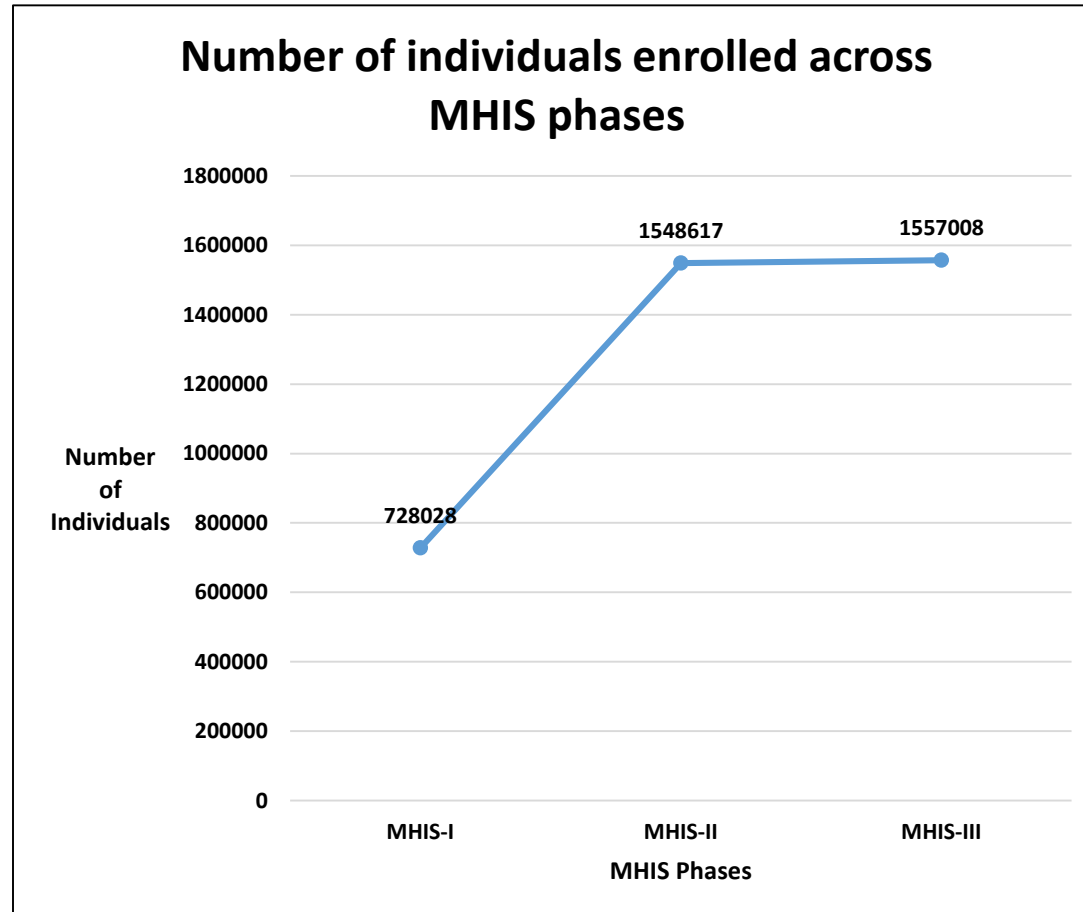
# Megha Health Insurance Scheme(MHIS)

- Vision: A State where each family is under the Universal Health Insurance Coverage receiving quality and affordable healthcare.
- MHIS is a universal health insurance scheme (UHIS)
- Utilizing the existing RSBY framework to provide health insurance to all the people of the state except Government employees.
- MHIS was launch on 15 December 2012 by the Hon'ble Chief Minister Dr Mukul Sangma as MHIS I started with a cover of Rs 1,60,000 with an enrollment fee of Rs 31/- upto 5 family members on floater basis.
- The coverage increases Rs 2,00,000 in MHIS-II and Rs 2,80,000 in MHIS-III which was launched in 2015 and 2017 respectively.
- Now the MHIS-IV converge with Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, the cover is Rs 5,00,000 per family on a floater basis with no restriction on family size and age.

## Assessing patterns of enrollment in MHIS between 2013 – 2018.

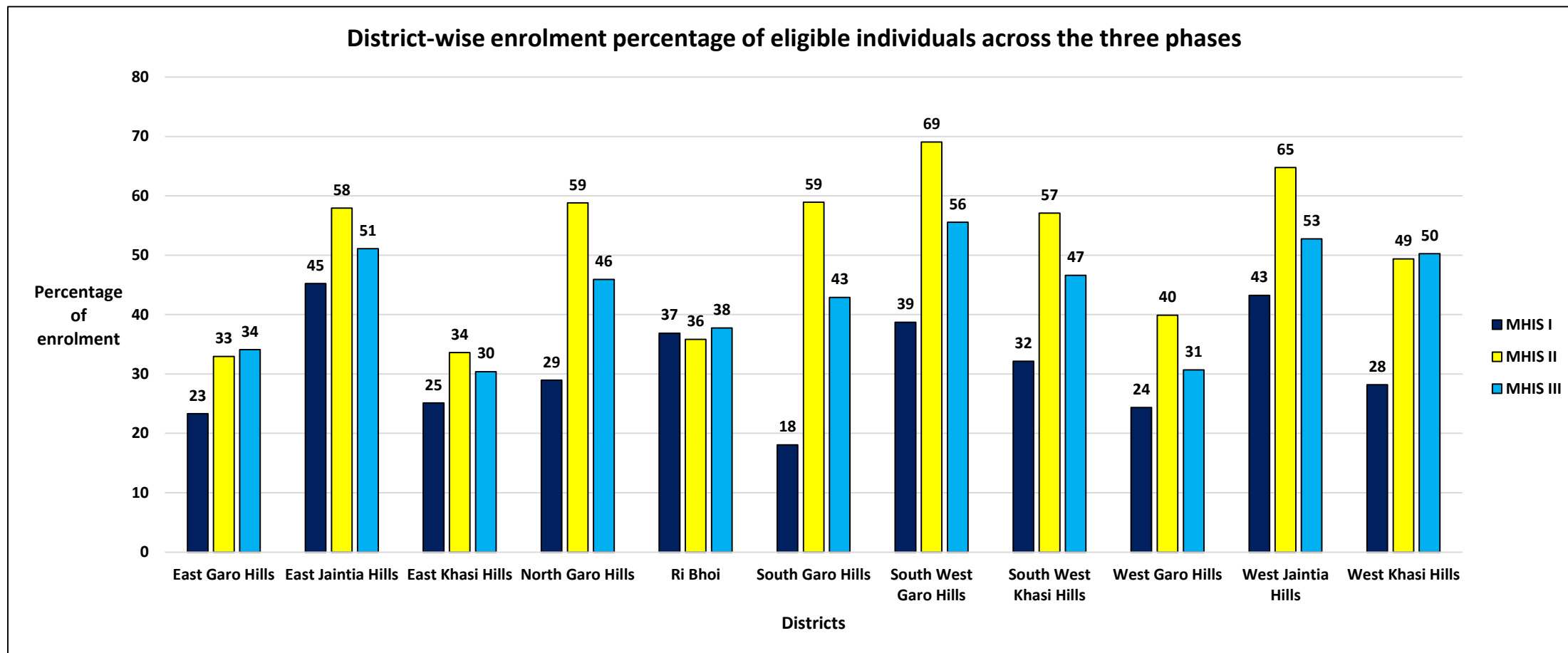
- Overall enrolment across MHIS phases
- Pattern of enrolment among the districts across MHIS phases
- Enrolment across age-categories, gender and occupational categories

# Assessing patterns of enrollment in MHIS between 2013 – 2018....cont

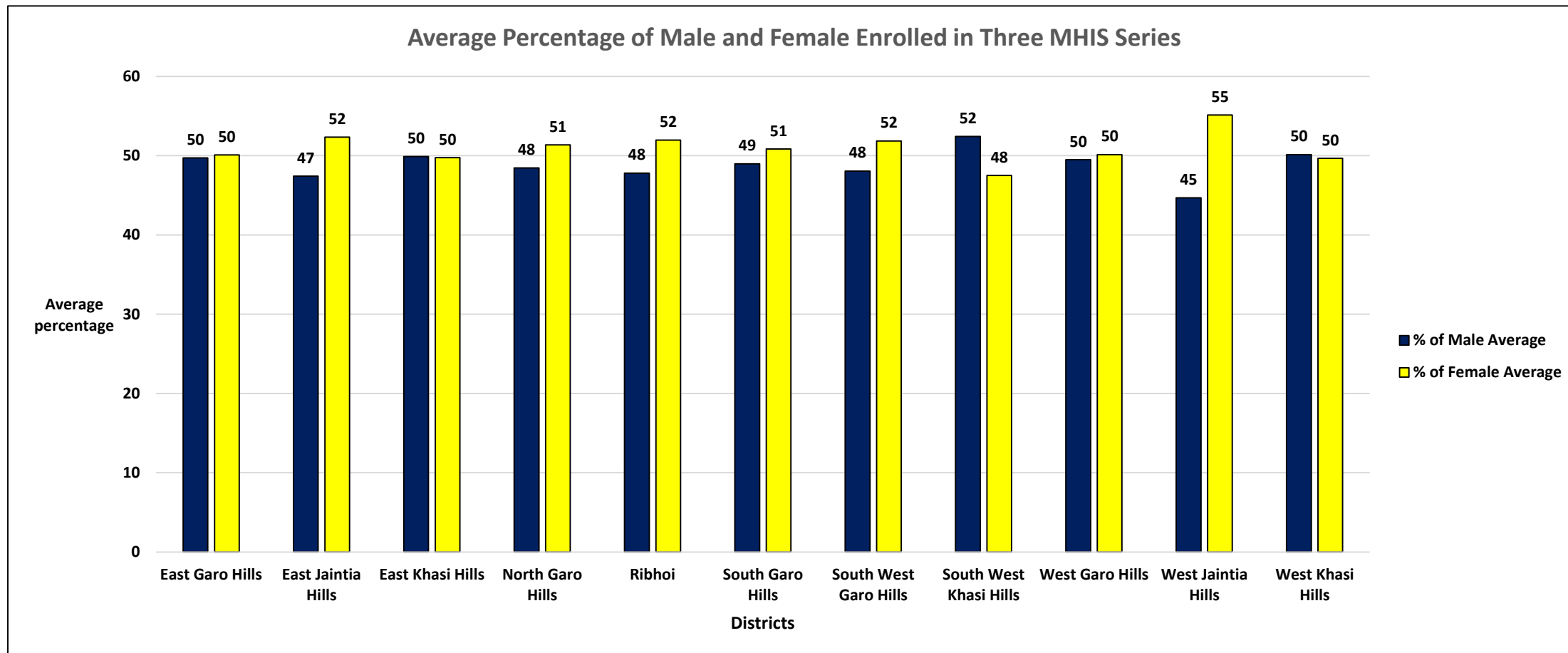


\* *Caveat The population for each phase was estimated considering 5 individuals per household*

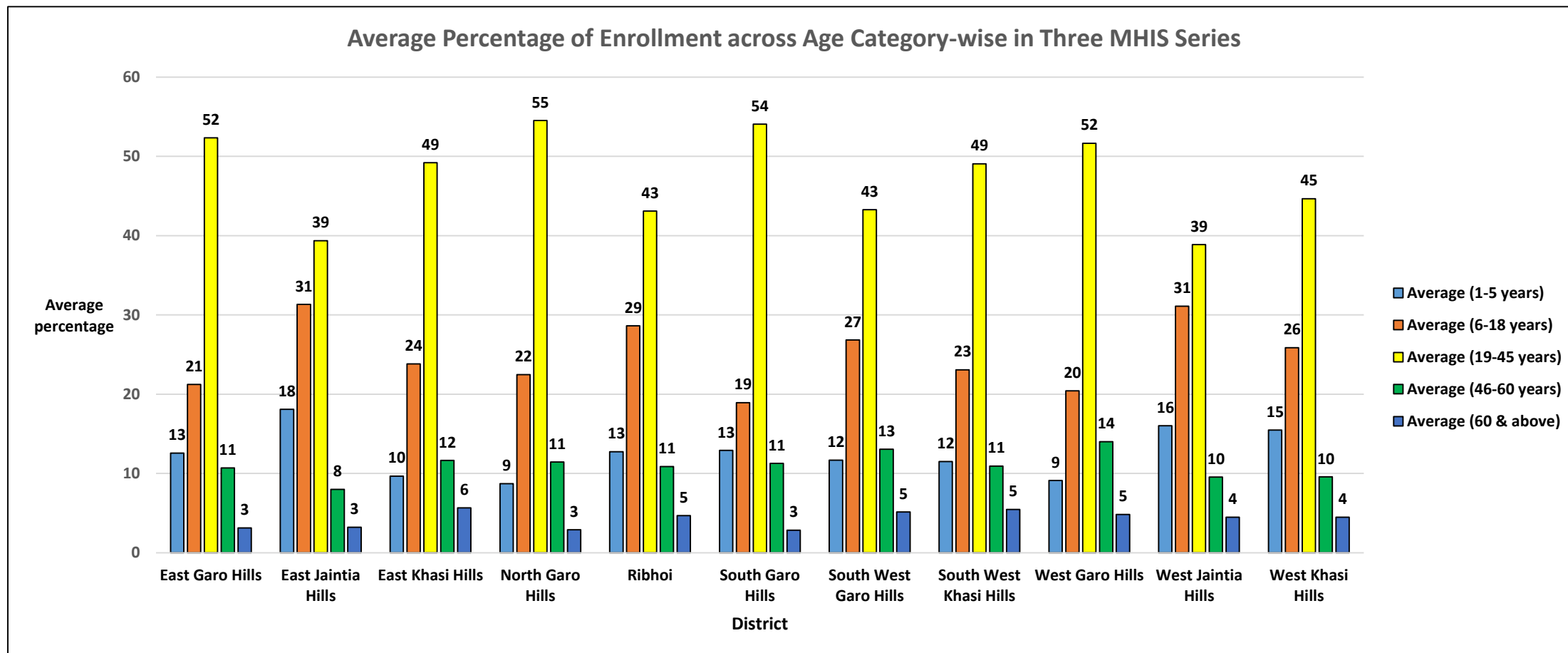
# Assessing patterns of enrollment in MHIS between 2013 – 2018....cont



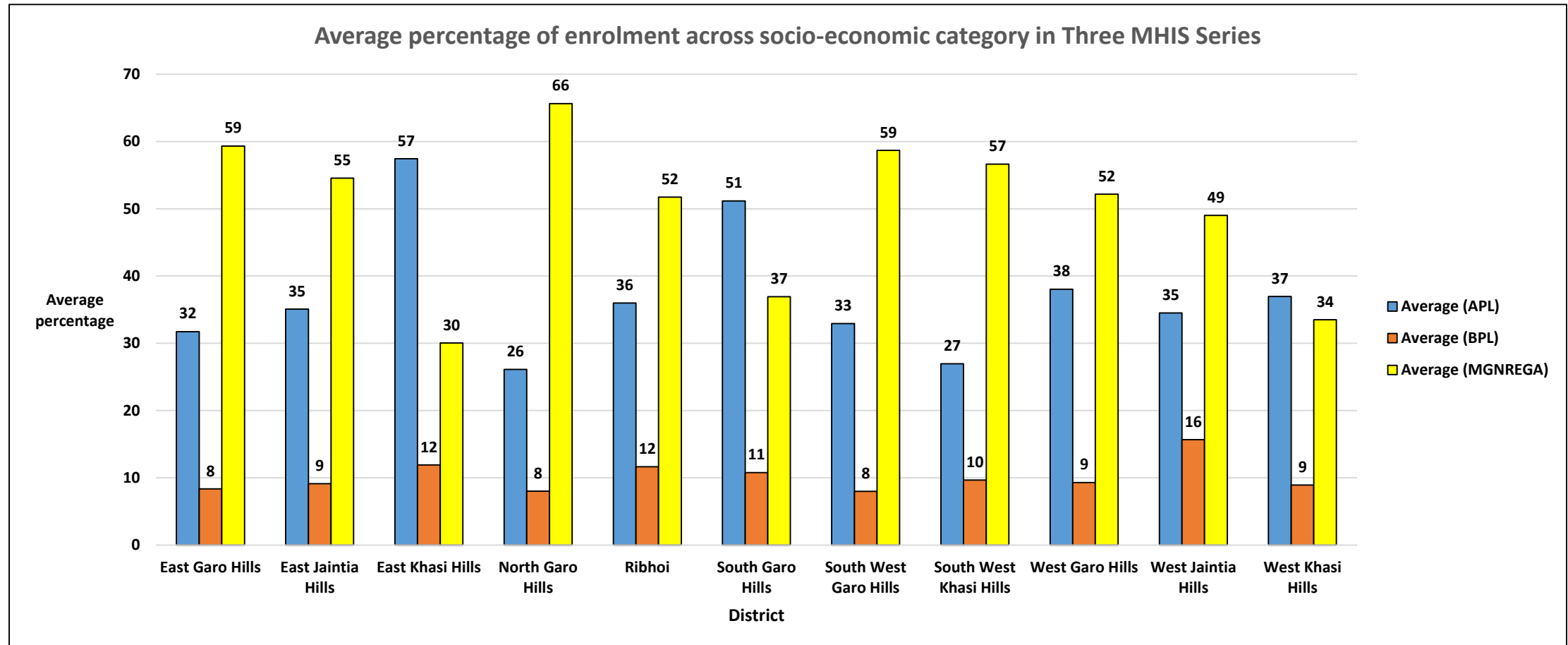
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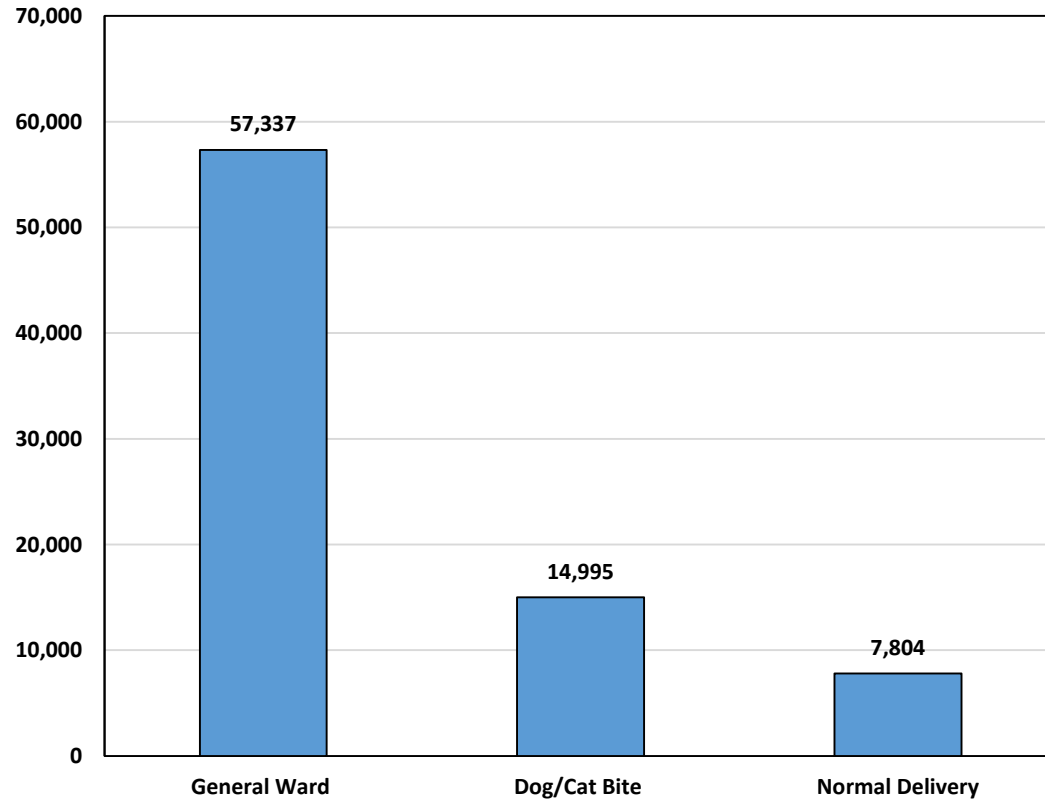
## Analysis of claims data from the Meghalaya Health Insurance Scheme (MHIS) – What do claims tell us about quality of care?

- Volume of claims by clinical area – General medicine and angry dogs: what do claim patterns tell us about care provision and the state of the health system?
- Unpacking maternity care practices – do claims indicate best practice?
- Variance and homogeneity - are claims being processed accurately, or are reimbursement benchmarks driving care provision? The case of viral fever

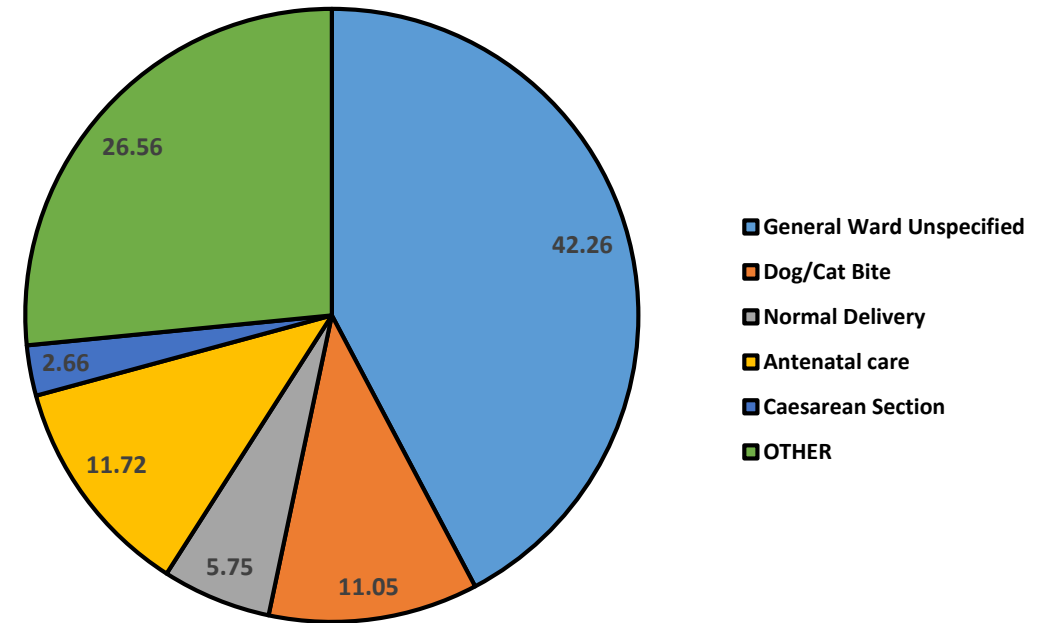
# Analysis of claims data from the Meghalaya Health Insurance Scheme (MHIS) – What do claims tell us about quality of care?

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Frequency of high volume claims (MHIS III)

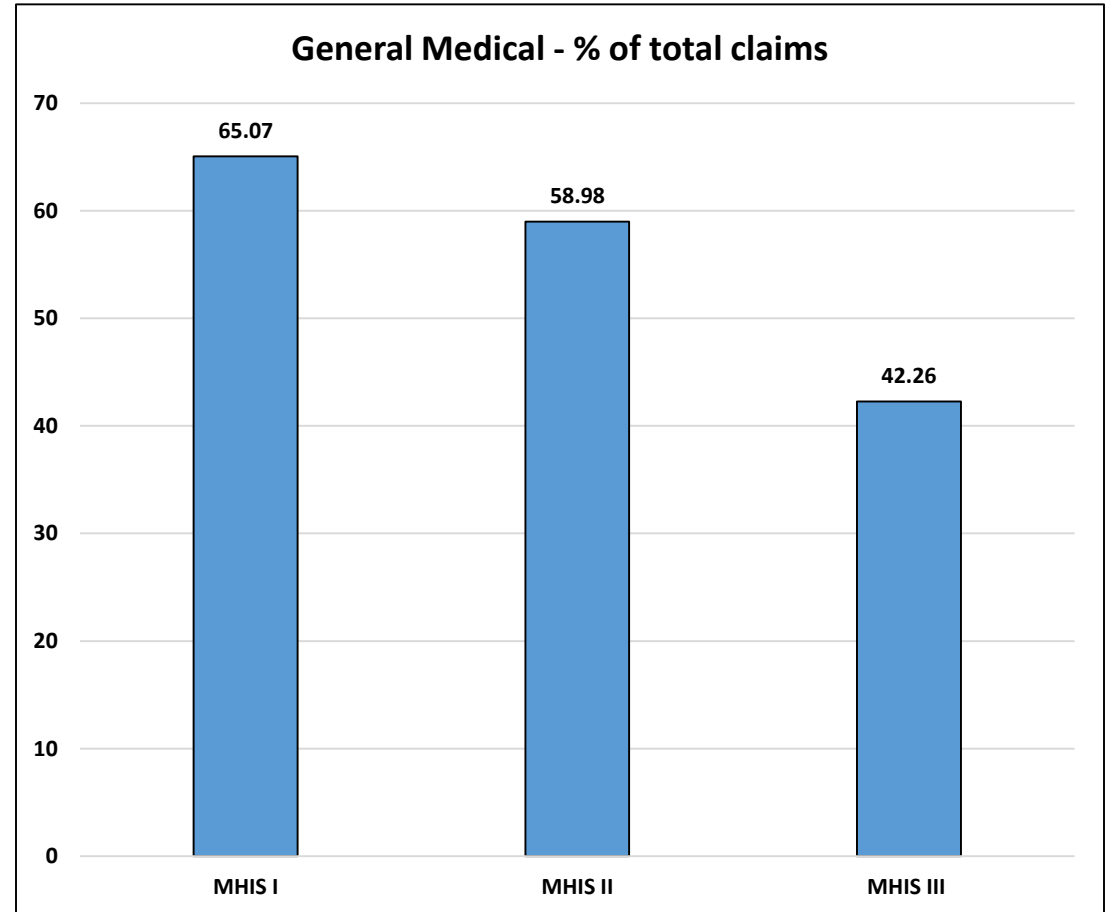
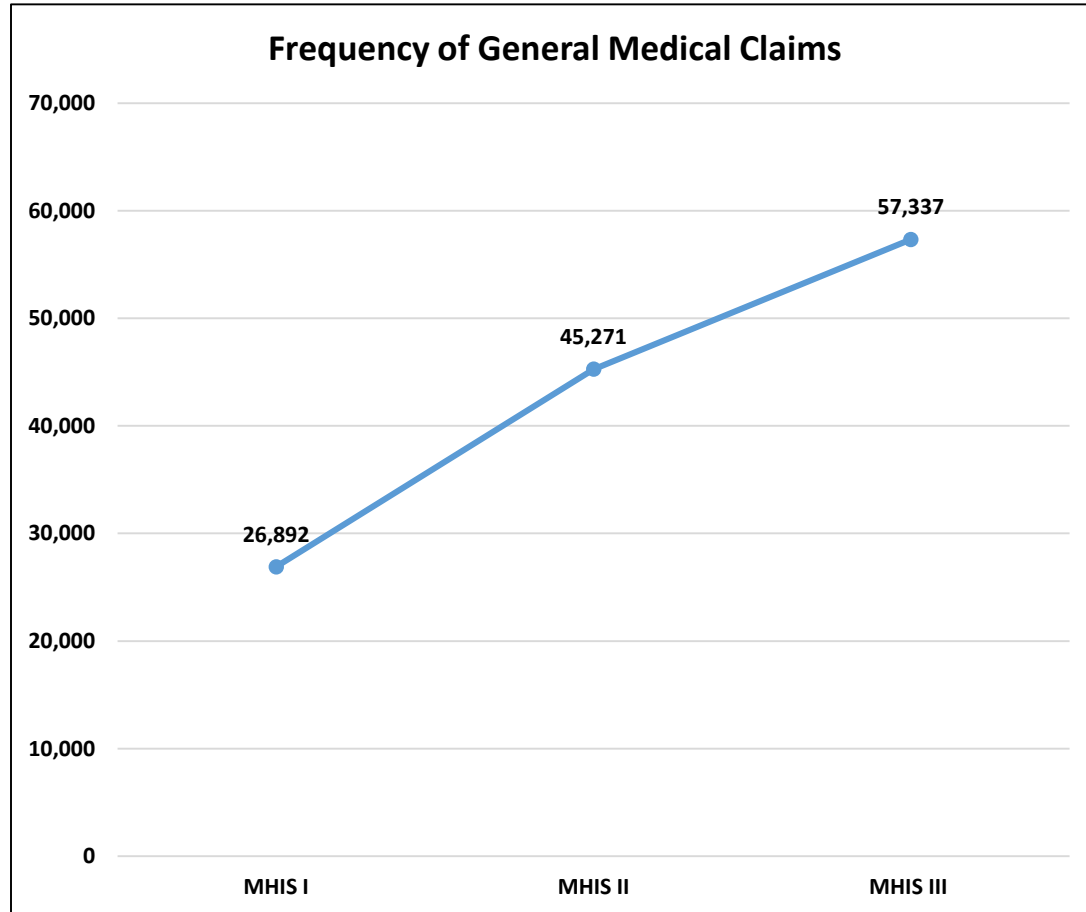


% of Total claims



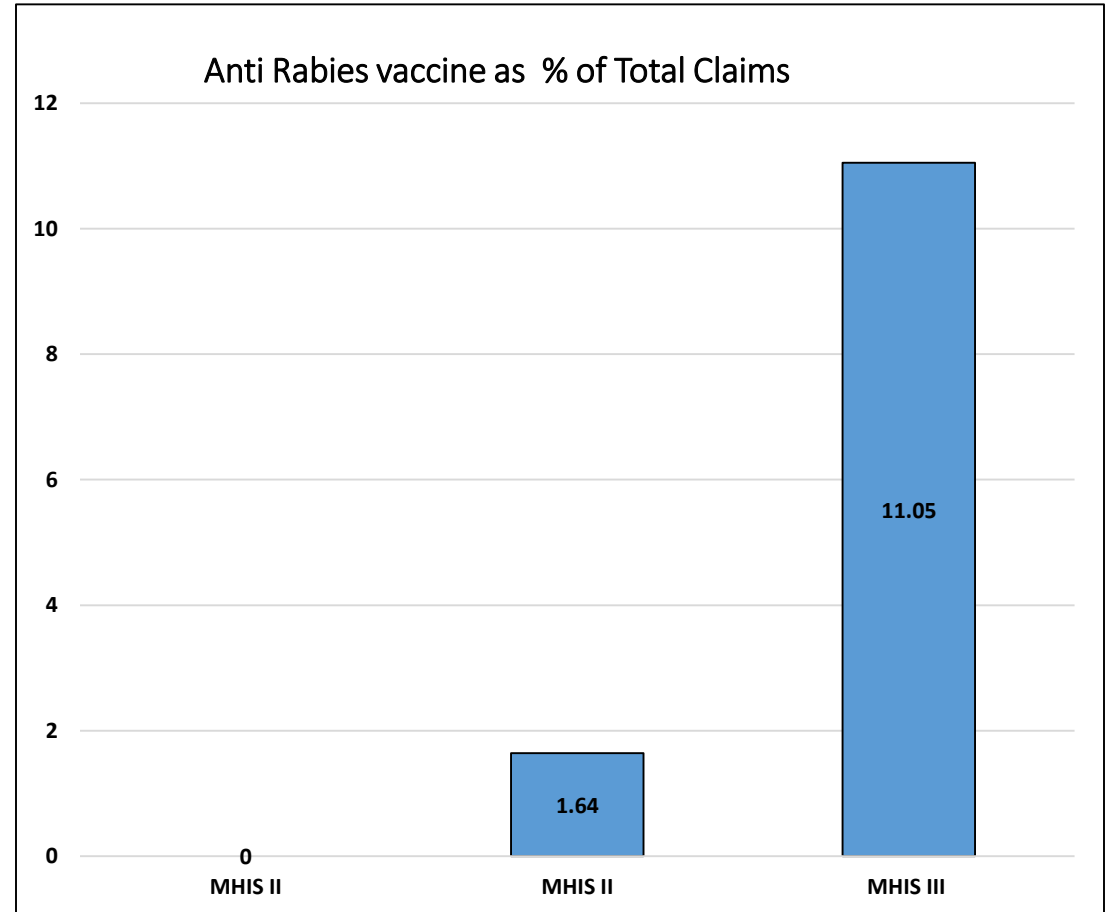
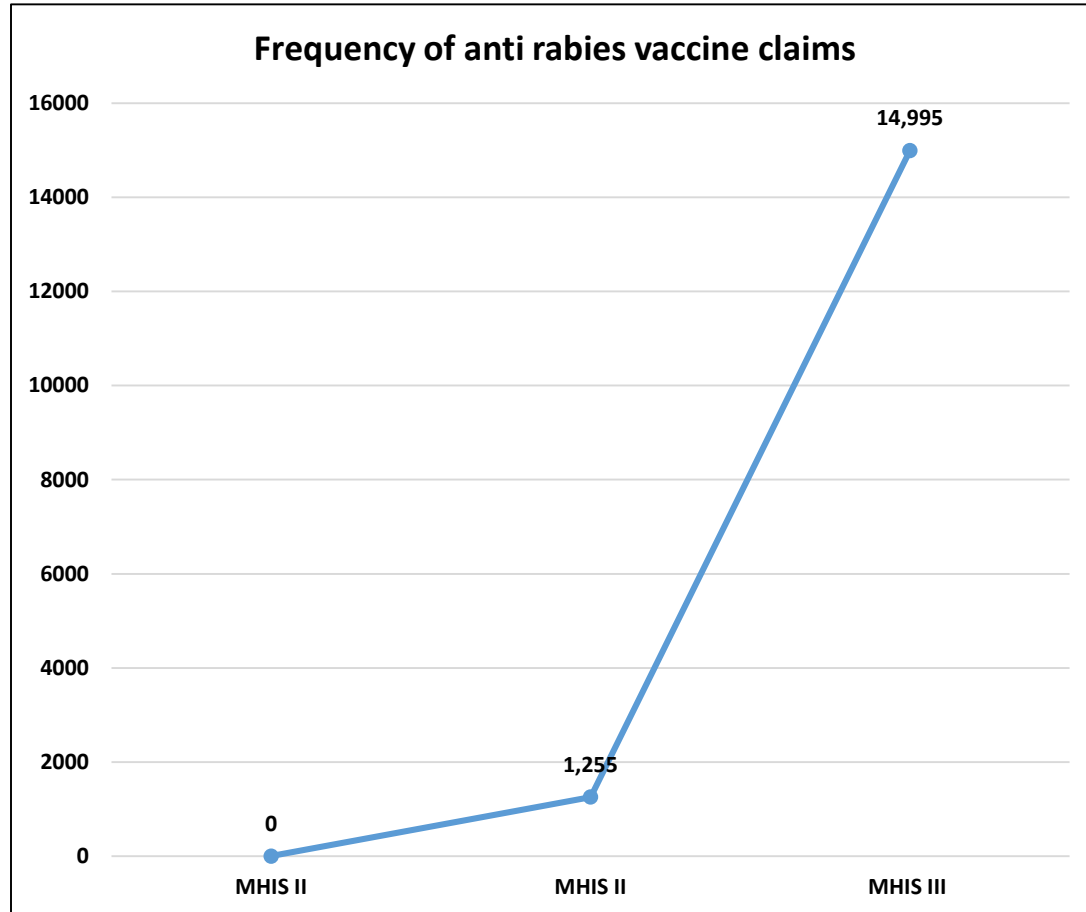
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## ...Cont

- A total of 15,250 births were recorded during the implementation of MHIS III. Of these, 76% were vaginal births, and 23% Caesarean section.
- Routine Caesarean section is not recommended by the WHO, and MHIS is in line with these recommendations
- Of all vaginal births, approximately 33% required an episiotomy.
- MHIS is in line with WHO recommendations for not performing Routine episiotomy
- Caesarean section are marginally higher in private hospitals (977 claims) compared to public district hospitals (771), however this does not appear to be a systematic difference in the treatment of women at term

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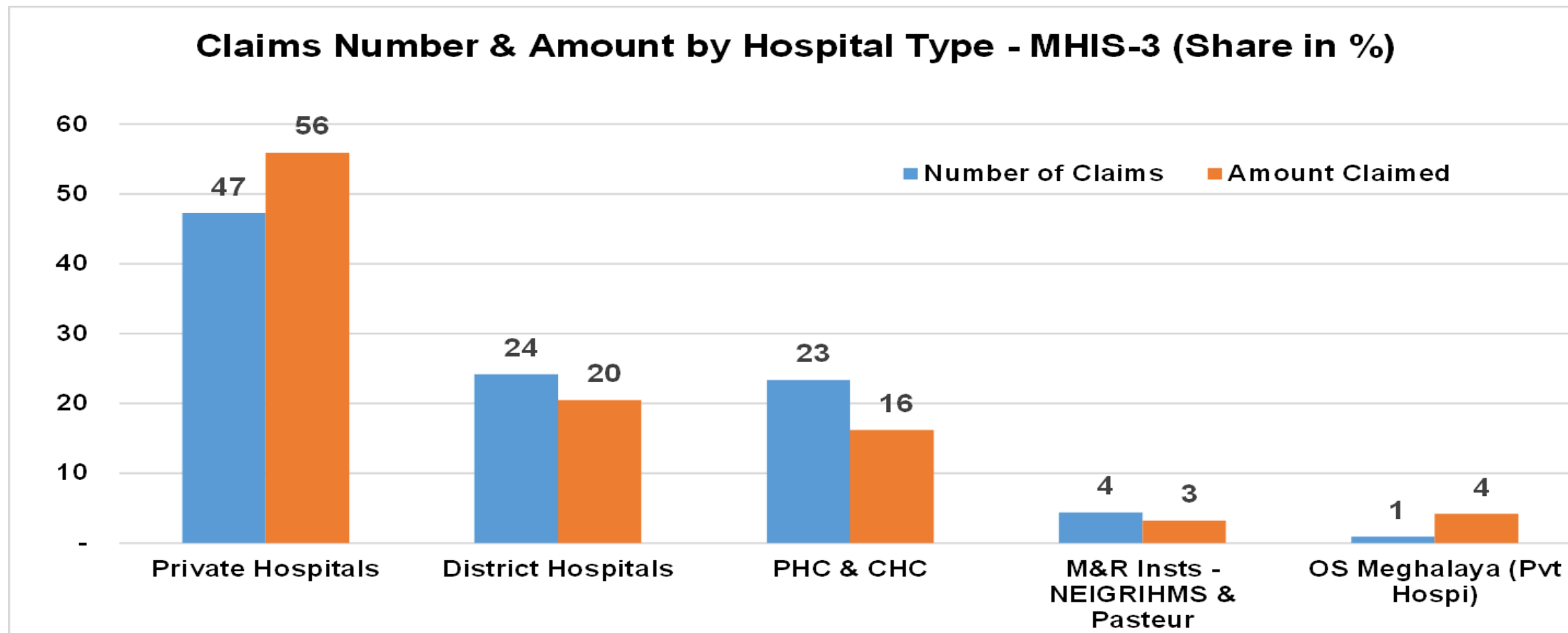
- WHO recommend that ALL women should attend at least 3 antenatal care visits prior to giving birth.
- ANC visits indicates that women who attend their first ANC visit are highly likely to attend ANC visits 2 and 3.
- 17% of women who gave birth in Meghalaya under the MHIS attended their ANC appointment. This is significantly lower than the WHO recommendation.

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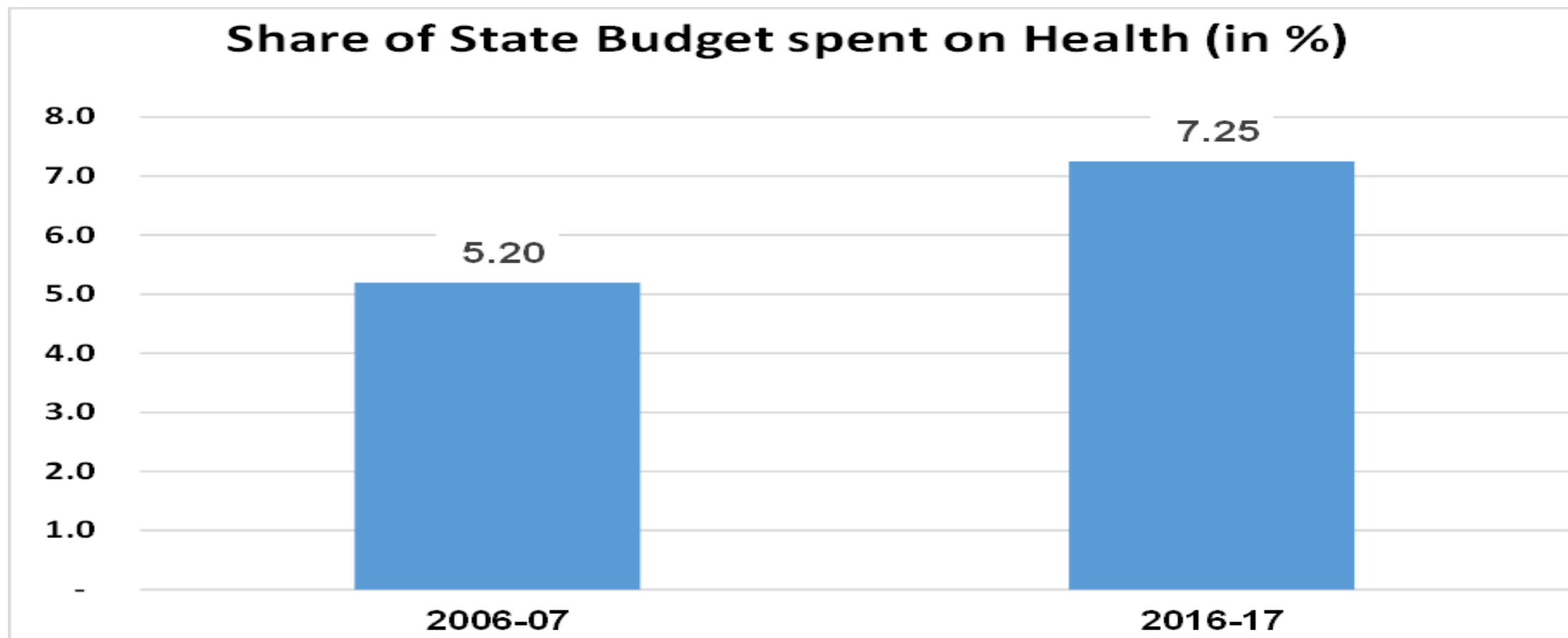
- Viral fever was observed to be a highly common claim (1853 unique claims)– third highest volume (including normal and caesarean delivery, as well as ANC visits), contributing to 1.37% of total claims.
- Most commonly claimed for patients under 3 years of age
- 100% of ‘viral fever’ claims were reimbursed at a rate of Rs11855
- Similarly, 100% of ‘viral fever’ claims were recorded as having a length of stay of 4 days.

# Distribution of Number of Claims & Amount Claimed (MHIS-III)





# Public Spending on Health in Meghalaya (MHIS-III)



# Key findings

- During rolling out of each MHIS phases, the frequency of enrolment has incrementally increased, unlike MHIS II (53%), in MHIS III the increase was marginal (1%)
- Despite being in the sixth position with regard to the eligible population, South West Garo hills district has enrolled maximum number eligible individuals across all the MHIS phases

## Key findings

- High level of variability in care provision and amount claimed under the 'General Ward' package, with a range of Rs 0 right up to Rs 50,000
- Amount Claimed under the General Ward package appears directionally proportional to the length of stay (LOS) in hospital
- Highest claims for anti rabies vaccine was among the children under 10 years of age
- When broken down by geography, the highest claims are from East Khasi Hills district (~3000), and the lowest from South West Khasi Hills district (335)

## Key findings

- Also claims per episode/ admission is estimated at Rs 5,127, which is nearly half the out-of pocket expenditure as reported in National health accounts 2014.
- This suggests that nearly half of the burden of households on treatments is reduced through the MHIS

# Other observation

- Denominator issue
- ‘General Medical’ is being used as a cover-all for a very wide range of health problems, obscuring information on the true health of the population and of the quality of care provision