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.

• 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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Average percentage of enrolment across socio-economic category in Three MHIS Series

<table>
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<tr>
<th>District</th>
<th>Average (APL)</th>
<th>Average (BPL)</th>
<th>Average (MGNREGA)</th>
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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 this 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? …Cont
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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.
Analysis of claims data from the Meghalaya Health Insurance Scheme (MHIS) – What do claims tell us about quality of care? 
...Cont

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

- 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)

Claims Number & Amount by Hospital Type - MHIS-3 (Share in %)

- **Private Hospitals**: Number of Claims 47, Amount Claimed 56
- **District Hospitals**: Number of Claims 24, Amount Claimed 20
- **PHC & CHC**: Number of Claims 23, Amount Claimed 16
- **M&R Insts - NEIGRIHMS & Pasteur**: Number of Claims 4, Amount Claimed 3
- **OS Meghalaya (Pvt Hospi)**: Number of Claims 1, Amount Claimed 4
Public Spending on Health in Meghalaya (MHIS-III)

Share of State Budget spent on Health (in %)

- 2006-07: 5.20
- 2016-17: 7.25
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 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