Health Technology Assessment in India (HTAIn)

Meghalaya's Megha Health Insurance Scheme (MHIS)

An assessment of the enrolment and claims data

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Policy Brief

Background

The Megha Health Insurance Scheme (MHIS) of the Government of Meghalaya is a universal health insurance scheme launched in December 2012 with a primary objective to reduce household out of pocket expenditure on health and provide high quality essential health care. The scheme began with the financial coverage of ₹ 1, 60,000 per family for an enrolment fee of ₹ 31 in 2012 under MHIS-I. After various revisions, in 2017 the total insurance coverage was increased to ₹ 2,80,000, accompanied by an increase in the number of services included in the MHIS-III benefit package. The scheme currently in place is MHIS-IV which was launched in Dec-2018, with further increase in financial provision and expansion of eligibility criteria. Despite substantial expansion of the MHIS since the scheme's inception, there is a lack of comprehensive documentation and evaluation of the scheme's performance against its UHC objectives. No formal analysis has ever been carried out on the claims data to assess trends in service provision and how this potentially reflects the general health of the population in the state of Meghalaya.

Analysis

An analysis of the enrolment and claims data of the Megha Health Insurance Scheme (MHIS) was initiated by the Regional Resource Hub (RRH-HTAIn) at the Indian Institute of Public Health-Shillong in collaboration with the Directorate of Health Service, Government of Meghalaya, India. Six years of medical insurance enrolment and claims data (2013 – 2018) covering three iterations of the MHIS scheme were analysed to assess patterns of enrolment and care provision under the scheme during the period of interest. De-identified data files included age, sex, district of residence, the district of the hospital providing care, type of hospital, date of enrolment, status at discharge, procedure categories, package codes and names, cost of package, and amount claimed. The state's budget spending on health was reviewed to understand the spending position in comparison to the National average and that of other selected States, and the fiscal space for expansion and sustainability of the MHIS.

Summary of Key Findings

- From MHIS-I through MHIS-III, there was a consistent increase in enrolment and this remained stable across districts, gender, age group and occupation categories. Enrolment was equal amongst both males and females in all three phases of MHIS. Enrolment data disaggregated by age showed that highest enrolment was in the age group 19-45 years in all three phases, followed by 6-18 years.

- The highest volume of claims both in terms of number claimed and amount, were for services availed in private hospitals in the state (57%), with non-private sector service providers empanelled under MHIS-III providing the remaining 43% of all care claims.

- The top packages as indicated by volume of claims in MHIS-III included:
  a) packages listed under 'general ward unspecified' (GWU, 42%),
  b) maternal packages (20.2%),
  c) cat/dog bite (11%), d) cataract care (1%), d) ICU care (1%),
  e) renal dialysis (0.9%), among others.

Recommendations

- *The benefit package of services offered under MHIS could be consolidated in order to remove duplicate, redundant, and low value care packages and streamline what is offered into a more cost effective package of services.*

- *The use of "General Ward Unspecified" package should be placed under scrutiny and its use further investigated in order to reassess its appropriateness, and consider whether it could be disbanded, or its use discouraged except in exceptional circumstances.*

- *The extremely high rate of claims for dog and cat bites warrants a thorough investigation. It should also be noted that there is an anti-Rabies control programme funded by the public health scheme, indicating potential for duplicate expenditure by the Government. Consolidating these schemes and revising clinical criteria for rabies injection towards more stringent evidence-based provision could leverage significant funds for the wider health sector.*

- *A detailed review of the state health budget, including Central grants, would help the State in allocating the budget more strategically and efficiently as the Govt Meghalaya looks to expand the scheme in further iterations to move closer towards the achievement of Universal Health Coverage.*

- *Periodic assessment of the scheme through analysis of claims data, alongside monitoring of State spending on health, is strongly encouraged in order to continually assess the performance of the MHIS against its objective to provide Universal Health Coverage to the population of Meghalaya*

In comparison, for MHIS-II – GWU (59%), normal deliveries and peritoneum repair (maternal packages, 10%) and malaria (3%) were the top volume claims categories. In MHIS-I, 'GWU' accrued to 65% of total number of claims, followed by maternal care packages (16.9%) and 'ICU care' (4%).

- The raw number of claims for GWU doubled from MHIS I (26,892) to MHIS III (57,337), however, the number of these claims as a proportion of the total number of claims reduced from 65% to 2 42%. Age group 19-45 years and females were the highest claimants under this category in MHIS-III.

- Analysis of claims data revealed that health care towards cat/dog bites contributed second highest volume of claims (11%) in MHIS-III. This included five doses of injections (INR 777 per injection) plus expenses towards dressing. Majority of claimants for cat/dog bite care availed these services from the public sector, PHC/CHCs (42%) or district hospitals (32%).

- Proportion of Gross Domestic Product (GDP/GSDP) spent on health by the State in Meghalaya has been two times higher than the national average in 2017-18 (2.4 % versus 1.0%). It has also been higher than more 'developed' states such as Punjab (0.6%), Gujarat (0.6%) and Tamil Nadu (0.7%). Share of total revenue budget spent on health in Meghalaya is also two times higher than the national figure, as in 2017-18 (7.9% versus 3.4%).

- The per-capita public health expenditure increased from Rs 1513 in 2014-15 to Rs 2989 in 2020-21. It is important to note that the cost of service delivery is likely to be higher in the State on account of low density of population and difficult geographical conditions, similar to other north-eastern states,

- More than 50% of the total health budget was spent on facility-based curative medical care services under the MHIS III.

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