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Implementation of an Insurance Management Information System (IMIS) for the National Health Insurance Nepal

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With support from the Ministry of Health and Population:
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Background

- Under the leadership of MoHP, Nepal is quickly advancing plans for implementing a National Health Insurance (NHI)
- Cornerstones of the NHI were developed in the recent year with contributions of various stakeholders
- The MoHP decided to use a modern Insurance Management Information System (IMIS) for the NHI, originally developed with SDC funding for Tanzania

Mission background

- Swiss TPH, in partnership with Micro Insurance Academy (MIA), MEH Consultants and supported by DEPROSC were contracted to support IMIS implementation
- For adjusting software to NHI needs, remaining open issues on structure, benefit package and processes of NHI approach need to be defined
- This mission served that purpose

Mission approach

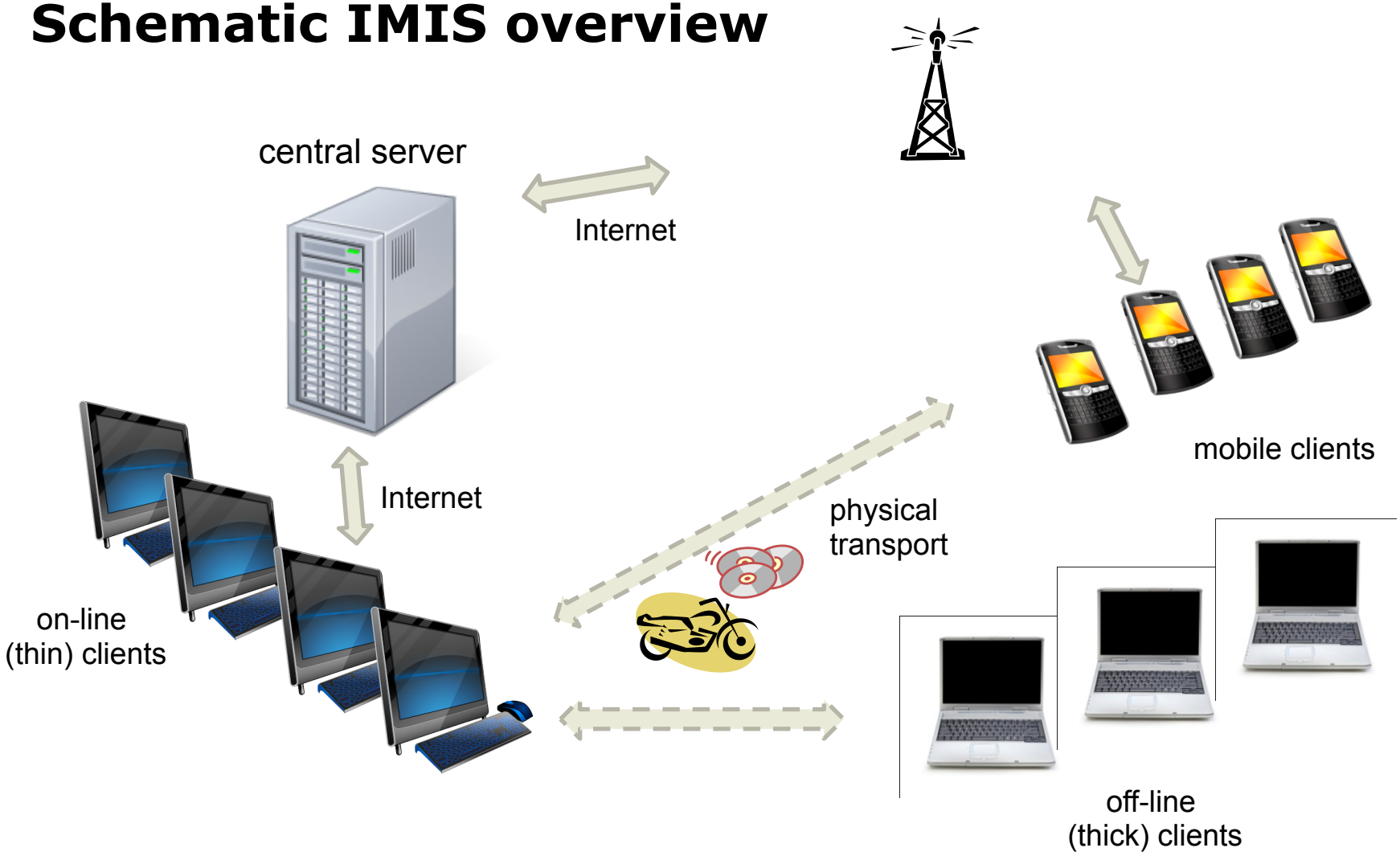
- Review of the relevant background and planning documents prepared so far
- Meeting with key stakeholders for clarification
- Visits to Kailali and Baglung districts for verifications “on the ground”
- Mission worked in close collaboration with MoHP and supported by GIZ

GENERAL FEATURES OF THE IT SYSTEM: IMIS

IMIS overview

- Designed for national health insurance schemes
- Highly flexible in terms of products, provider payment mechanisms etc
- Database on central server
- Manages members and claims; no accounting software
- Can work online and offline but requires regular access to server
- Integrates mobile phones (smartphones)
- Designed to also function in locations without or with unstable connectivity
- Can connect all VDCs and health providers to the same system

Schematic IMIS overview

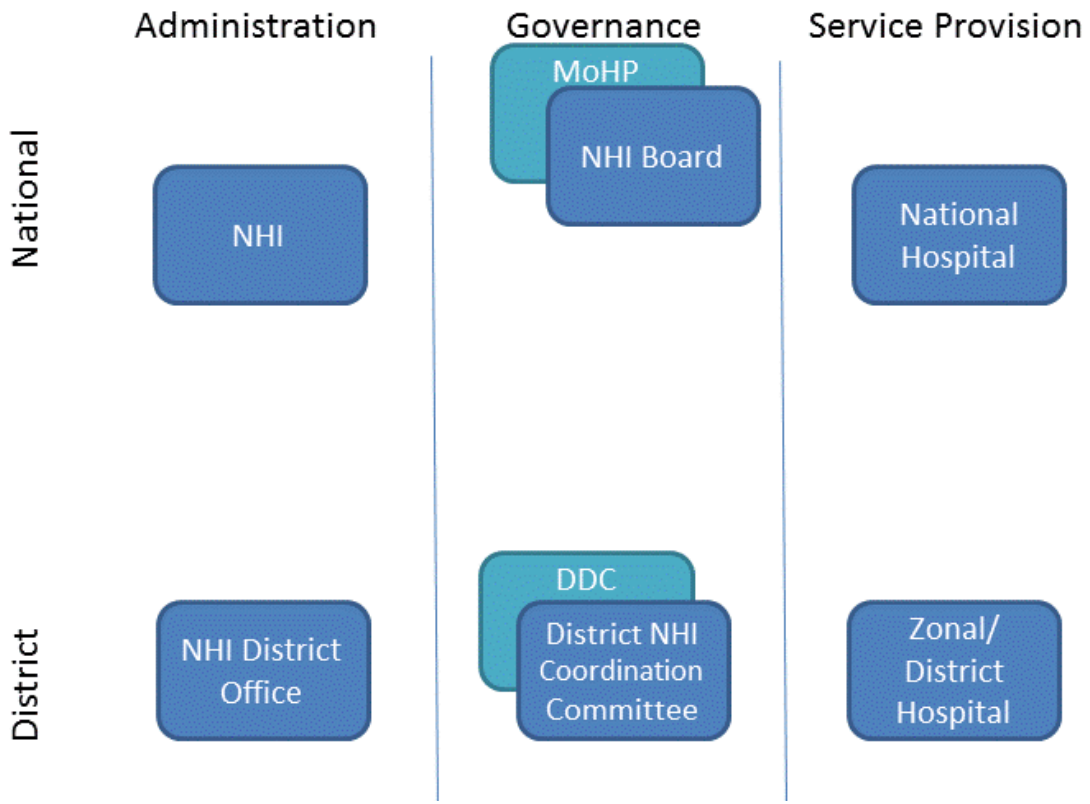


NHI STRUCTURE

The "given cornerstones"

- NHI is a national insurance system, with fund pooling at national level
- NHI runs district offices for local administrative capacities
- Close coordination with existing district structures desired
- Family based insurance scheme
- The poor are to be subsidized, based on an identification approach carried out externally to NHI (by Ministry of Poverty Alleviation) – or through interim arrangement

The national and district level



NHI Board

- Steers and supervises the NHI scheme
- Chaired by MoHP, integrates involved Ministries and stakeholders
- Takes policy decisions (benefit package, enrolment of poor, provider relations etc.)
- Coordinates with other Ministries and agencies (e.g. telecom providers for data flows)

NHI District Office

- Executive team of NHI in districts
  - NHIA District Manager
  - NHIA District Accountant
  - Data Entry staff
  - Outreach Officers
- Maintains member register
- Initiates renewals
- Conducts district wide awareness creation
- Maintains link to VDC level
- Enters claims

District Coordination Committee

Task: Coordinating and supporting the NHI implementation in the districts

Composition:

- DDC chairperson- coordinator
- Social sector focal person at DDC- member
- Two persons nominated by coordinator from the municipality or VDC where there are enlisted facilities- member
- In-charge of the health facilities enlisted for health insurance
- Chief district officer or representative- member
- Local development officer– member
- D(P)HO- member
- Two representatives from enrollees/insurees
- Representative nominated by NHI Board / District NHI Manager - member secretary

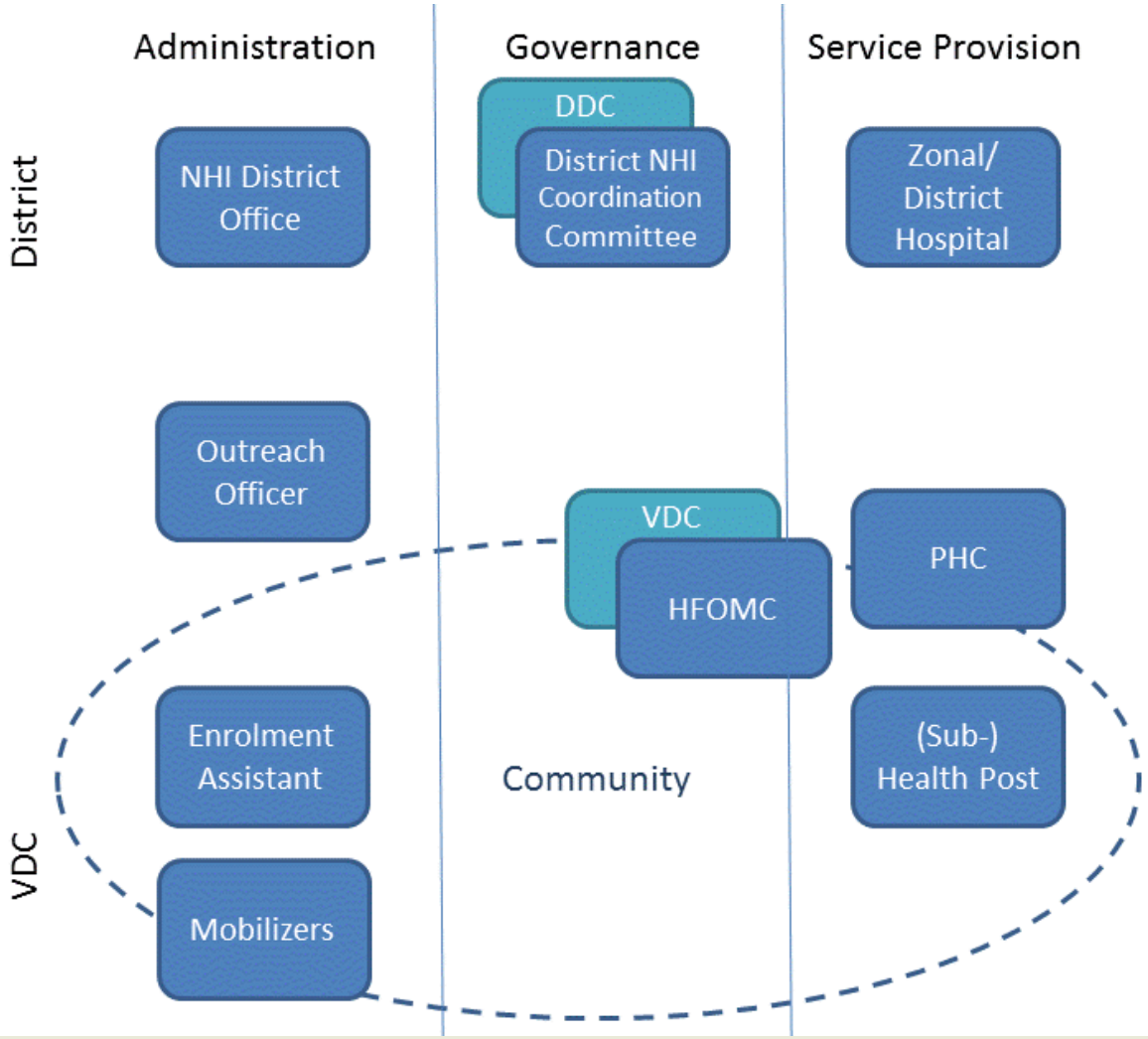
The challenge: Efficient outreach into the informal sector

- Enrolment success in insurance schemes targeting informal sector depends on being present where the people are
- Approach needs to be low cost and replicable throughout the country

Considerations:

- Moving enrolment teams do not give constant presence
- Building enrolment on health facility staff, distracts from providing health services

District and VDC level



Mobilizers

- Inform households about the insurance scheme
- Do not conduct enrolment
- Use of existing structures in the VDC, e.g.:
  - Female Community Health Workers
  - Social Mobilizers
  - Other community level extension staff

Enrolment Assistant

- Community member, transparently nominated by HFOMC
- One Enrolment Assistant per 1000 HHs
- Moves from house to house and can set up fixed enrolment post
- Receives commission of NPR ~30/individual enrolled
- Equipped with smartphone and enrolment documents
- Enrol poor and non-poor

HFOMC

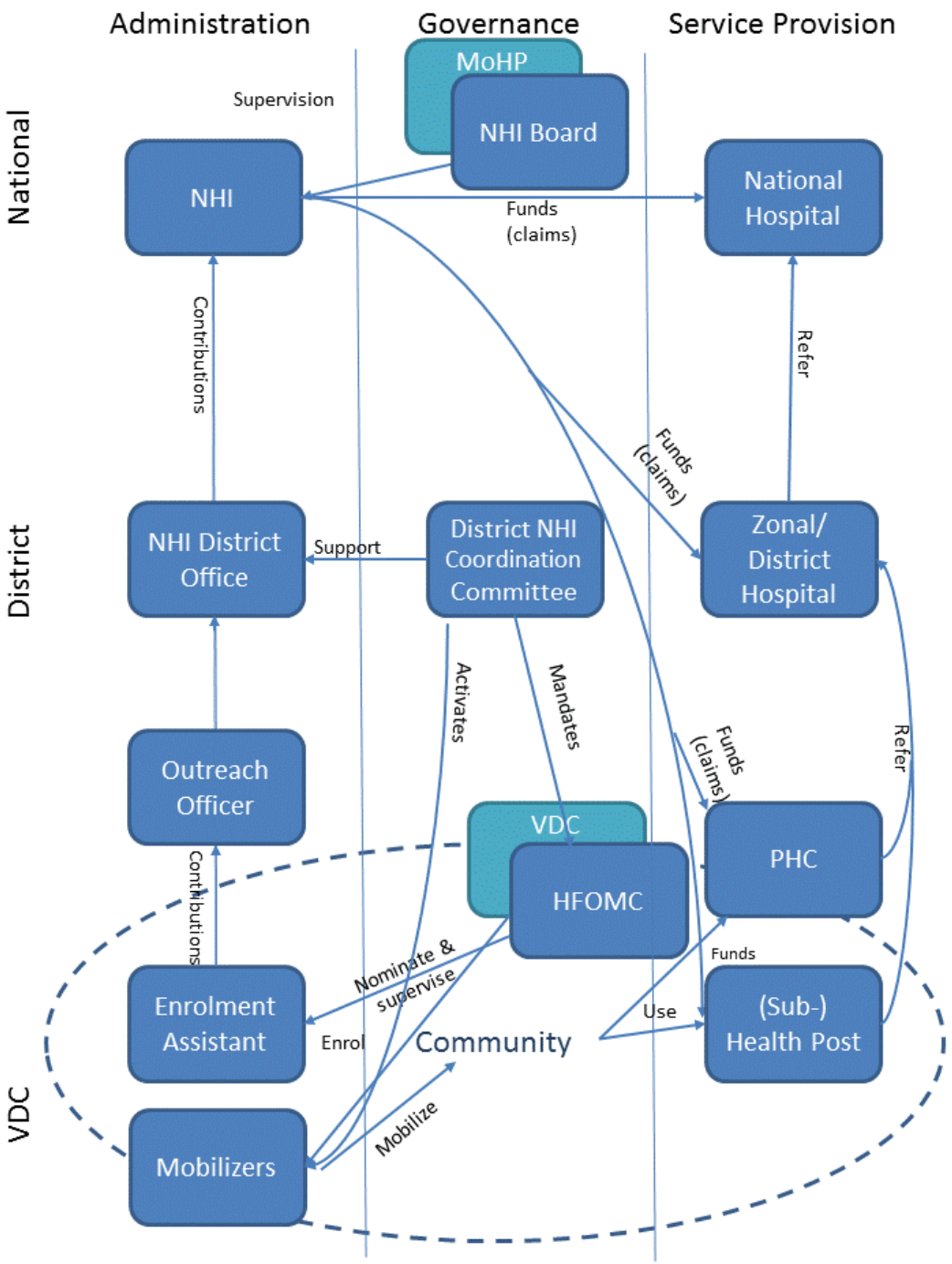
- HFOMC chaired by VDC Secretary (after elections: VDC Chairman)
- Coordinates mobilization
- Coordinates enrolment
- Invites additional attendees for issues related to insurance (e.g. mobilizers, political leaders, social activists)

Outreach Officers

- District NHI employees
- Visit each VDC once in two weeks (motorbike)
- Collect funds and enrolment information from Enrolment Assistants
- Make payments of commission to Enrolment Assistants on the spot
- Maintain contact to health facilities
- Provide on the job counselling to stakeholders to strengthen capacities

Health Care Providers

- SHP/HP and PHCs should serve as first point of contact
- They refer patients to hospitals when needed
- Hospitals focus on providing care not available at lower levels
- To strengthen lower tiers of the health system, a "Health Facility Improvement Fund" is provided to SHP/HP (relative to local enrolment success)
  - Investment in facility & staff
  - Purchase of unavailable drugs
- PHC is paid on basis of patients treated (flat/patient)
- Hospitals paid based on fee for service agreement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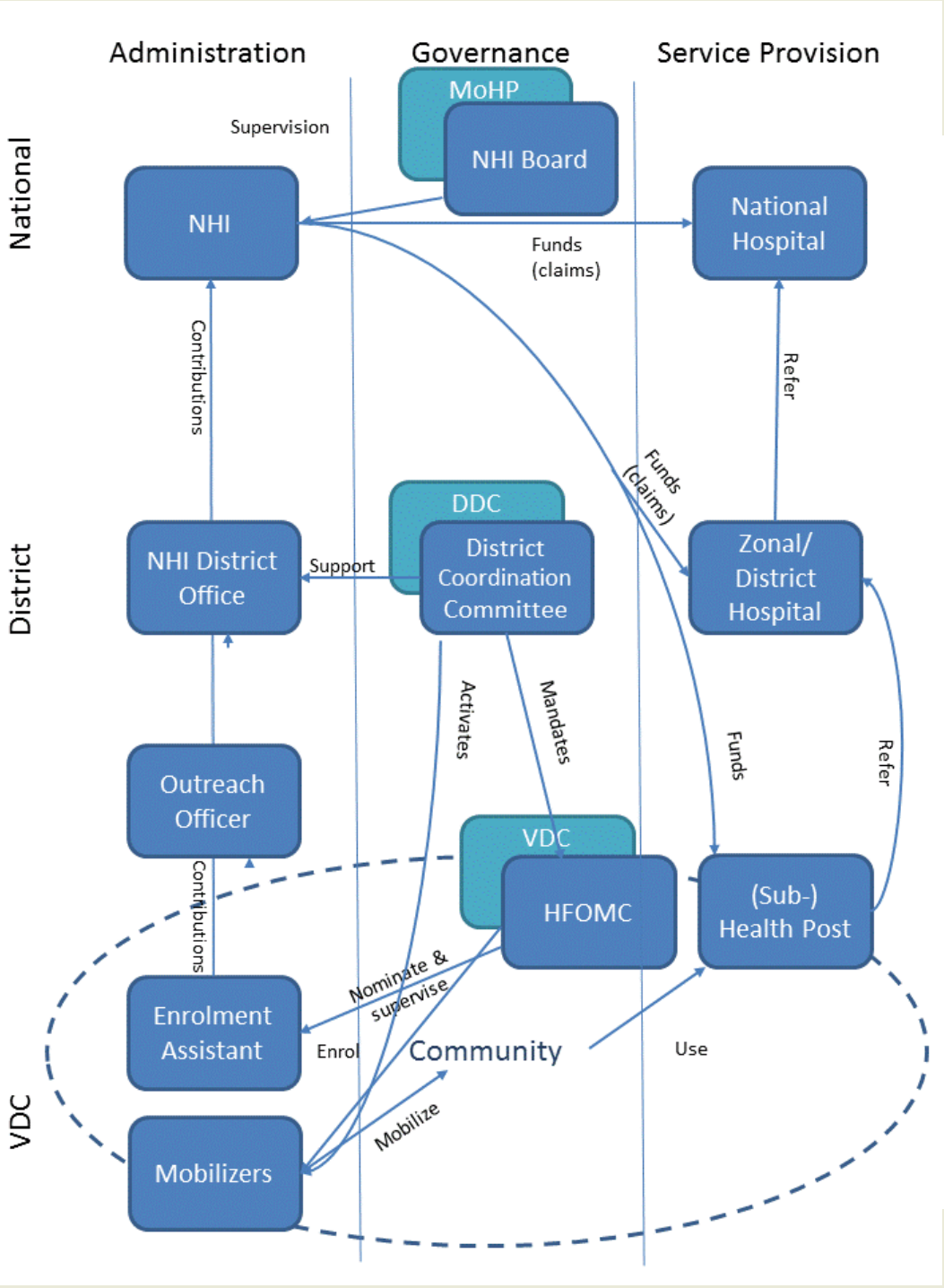
Governance
Service Provision
National
District
VDC
MoHP
NHI Board
Supervision
NHI
National Hospital
Funds (claims)
Contributions
Refer
Funds (claims)
NHI District Office
Support
District NHI Coordination Committee
Zonal/ District Hospital
Activates
Mandates
Funds (claims)
Refer
Outreach Officer
VDC
HFOMC
PHC
Contributions
Nominate & supervise
Funds
Use
Enrolment Assistant
Enrol
Community
(Sub-) Health Post
Mobilize
Mobilizers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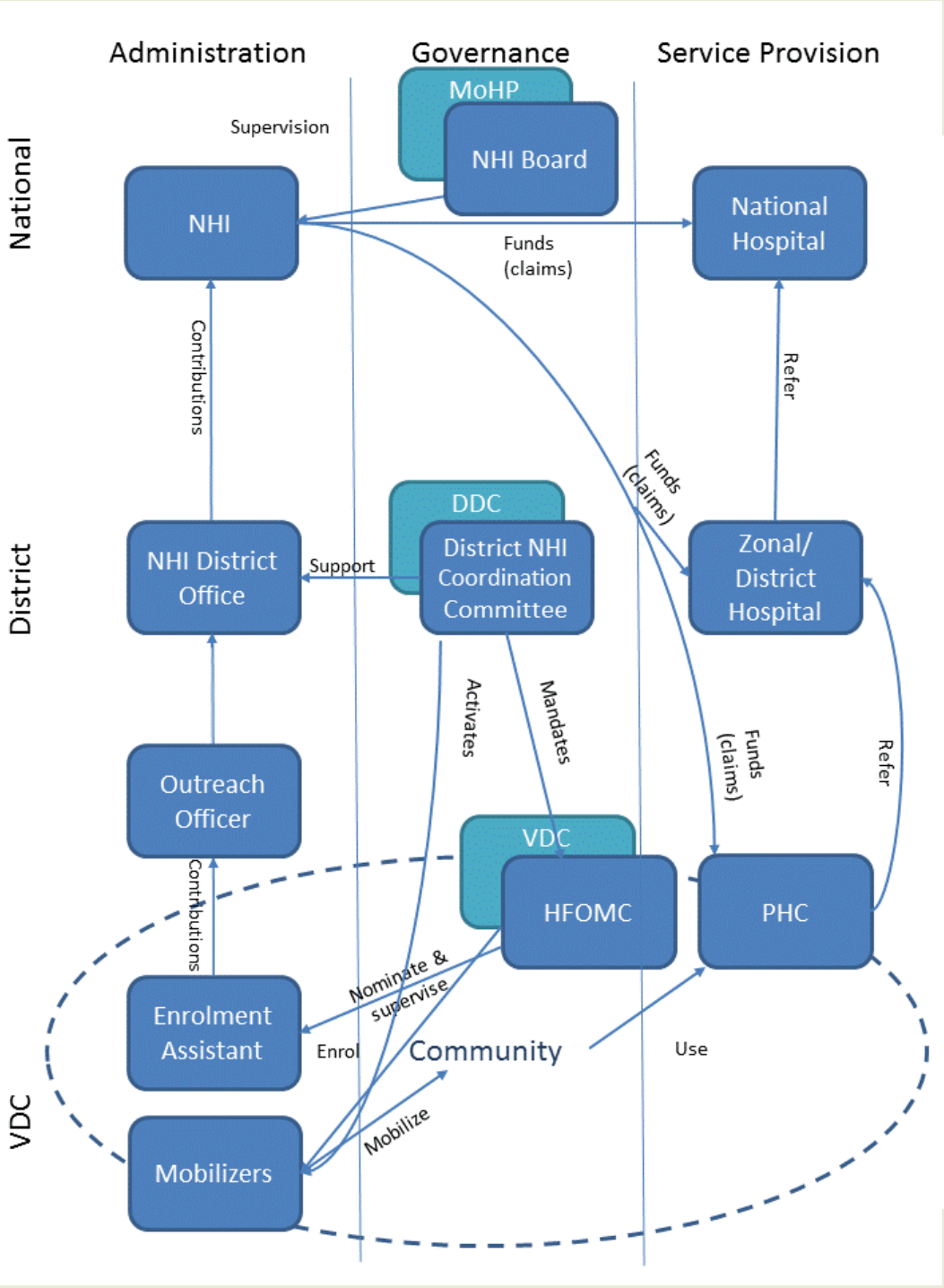
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BENEFIT PACKAGE

Benefit package outline

- Detailed calculations were not part of this mission and have been conducted by WHO & GIZ
- As most services at primary level are free, the package focuses on secondary and tertiary care
- All outpatient care and diagnostics are unlimited free for insured members (even where chargeable to NHI)
- Inpatient care & surgeries covered up to NPR 50,000 for family of 5 (family floater)
- To enhance geographically equitable access to hospitals and the referral system, some contribution should be included to referred transport costs to hospitals, paid out at hospital
- A “Health Facility Improvement Fund” strengthens local service provision

(CORE) PROCESSES

Enrolment: VDC level

- Enrolment Assistant equipped with smart phone and enrolment documents
- Receives contribution payment from families (or notes their poor ID number for subsidy)
- Fills enrolment forms for each HH member
- Scans a QR code on the form with phone and takes photo
- Photo sent to central database
- Laminates ID card and hands over *individual* ID cards *on the spot*
- Because local community members are used as Enrolment Assistants, there is no need for ID documents for enrollees

ENROLMENT FORM

District name: _____ ID number: (Pre printed)

Last name: _____
Other names: _____
Date of birth (DD/MM/YY): ____/____/20___ Sex: ◯ male ◯ female
Head of household? ◯ yes ◯ no (if yes) # dependants: _____
If dependent please write Head of household ID _____
Village name: _____ Ward name: _____ Mobile phone number: _____
Date of joining CHF: _____ Receipt number: _____
Amount Paid : _____ **Third part payer** ◯ **Yes** ◯ No.

Signature/Fingerprint member	Enrolment Officer code	Signature enrolment officer
_____	_____	_____

THIS FORM MUST BE KEPT BY THE ENROLMENT OFFICER AND HANDED TO THE CHF OFFICER

District name: _____
Last name: _____
Other names: _____
Date of birth (DD/MM/YY): ___/___/ 20
Sex: ◯ Me ◯ ke
Start date: ___/___/ 20

ID no (Pre paid)
(Pre printed)

ALWAYS SHOW THIS CARD WHEN VISITING A HEALTH FACILITY

Need help or to make a complaint?
Problems at health facility?
Please contact your local village executive officer

THIS CARD SHOULD BE USED ONLY BY THE OWNER

Renew your membership 2 months before expiry

If you find this card please give it to your village executive officer

Enrolment: from VDC to district level

- Outreach Officer visits VDC (EA) every two weeks
- Collects enrolment forms and contributions
- Provides lists of households due for renewal
- All transactions documented on “Exchange Form”
- Outreach Officer brings all documents to NHI District office
- Cash deposited on bank account (by outreach officer or NHI district accountant)

Provider utilization

- NHI member brings ID card to provider
- Providers from PHC upwards are equipped with mobile phone or computers where load shedding is not a problem
- Provider verifies member by scanning ID card and retrieving photo & membership validity from database
- PHC claims are transacted through mobile phone
- Hospital claims captured on claim forms

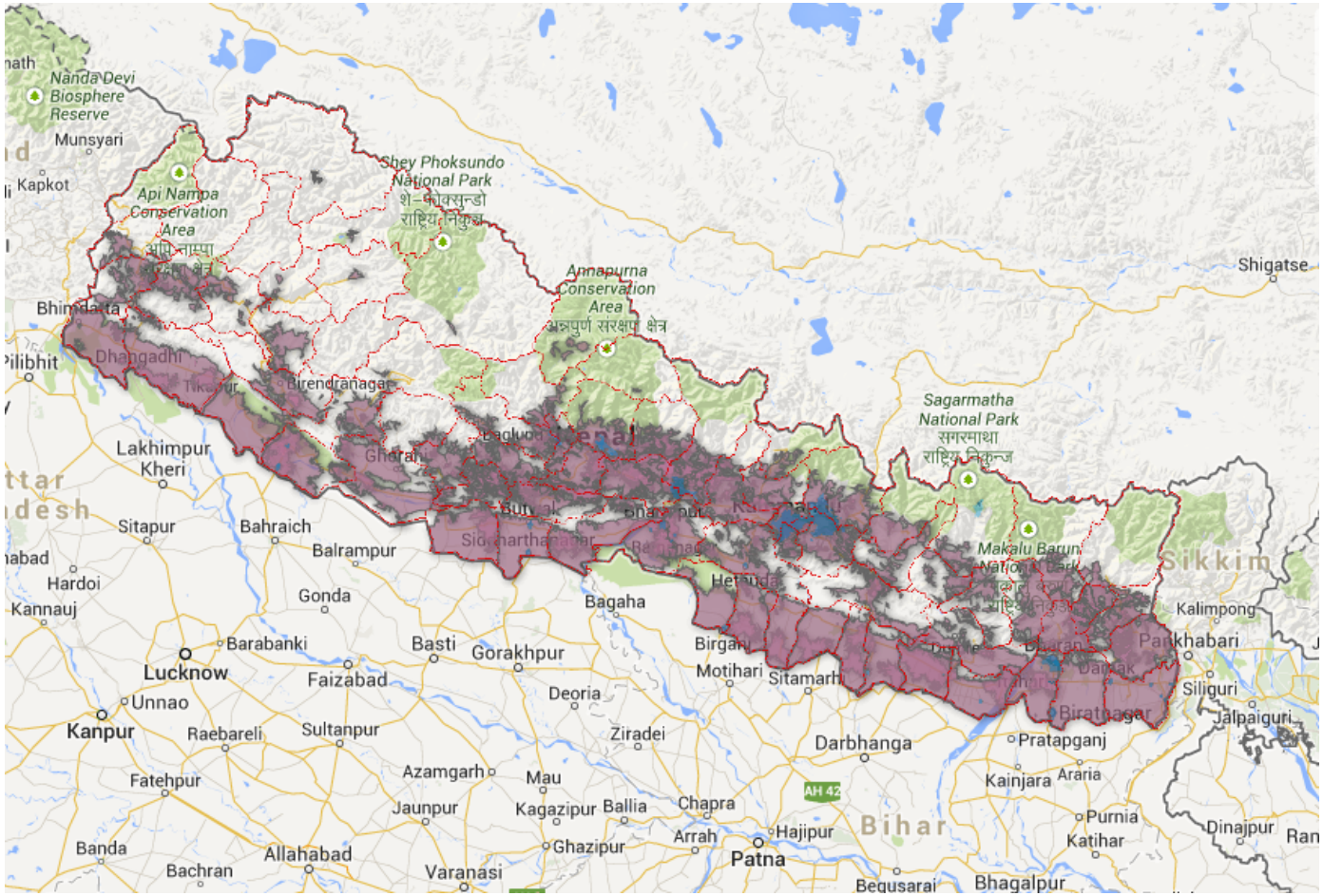
Feedback collection

- IT system (IMIS) generates random sample of patients from claims received
- Local Enrolment Assistant receives feedback request on phone
- Visits member and collects feedback
  - Did you use [health facility name] on this [date]?
  - Were drugs prescribed to you?
  - Were drugs provided to you?
  - Were you asked any payment?
  - On a scale from 1 to 5, how satisfied are you with the services received?
- Feedback allows creation of dynamic benchmark

CONNECTIVITY

- IMIS can work online and offline
- Online (internet or mobile data transfer) enhances ease of use
- Connectivity is however still a problem in different parts of Nepal
- Coverage is expected to expand further though

NCELL data coverage Nepal



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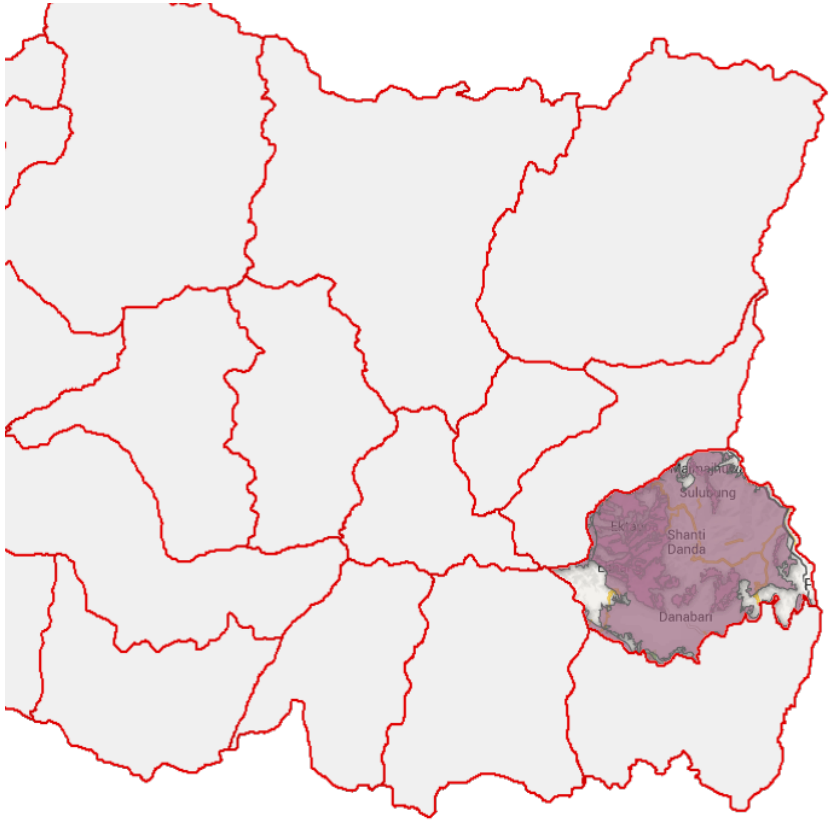
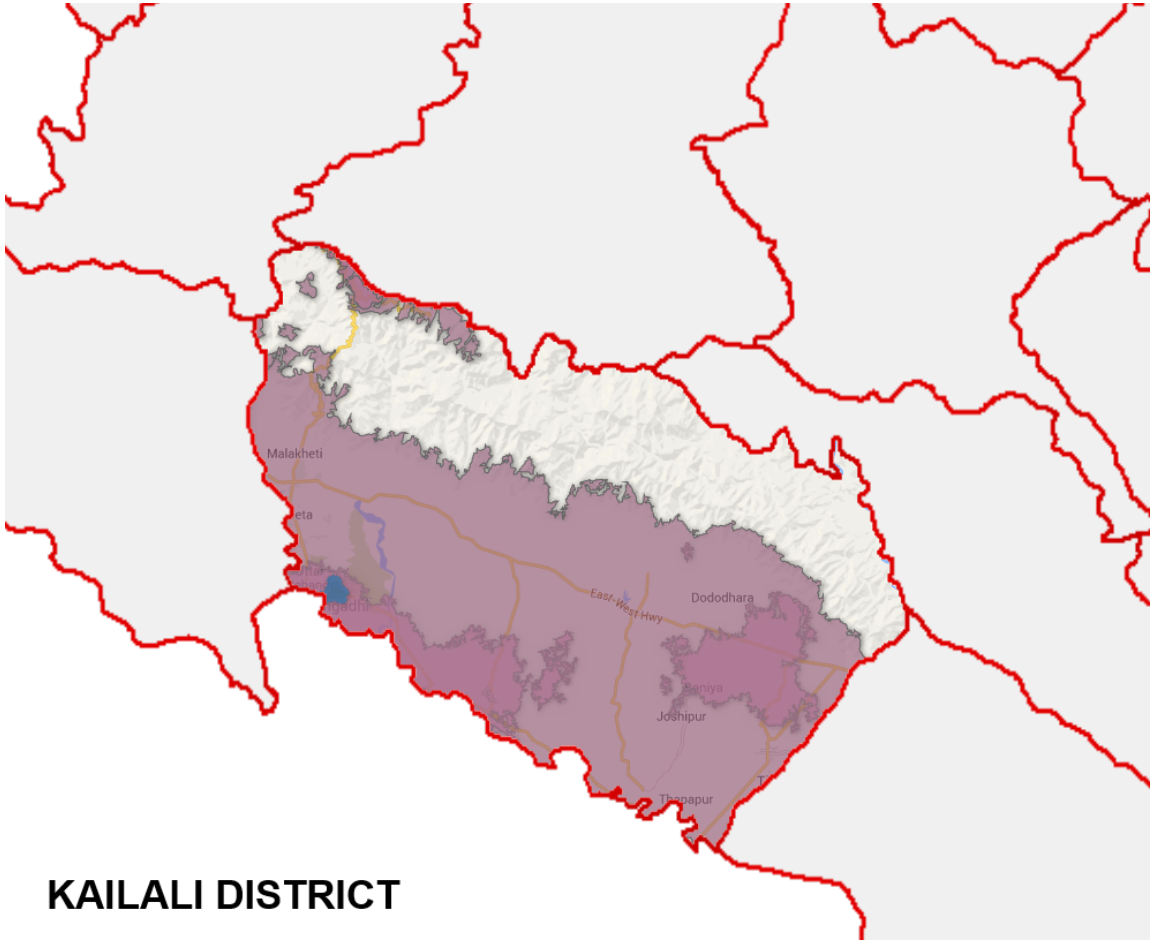
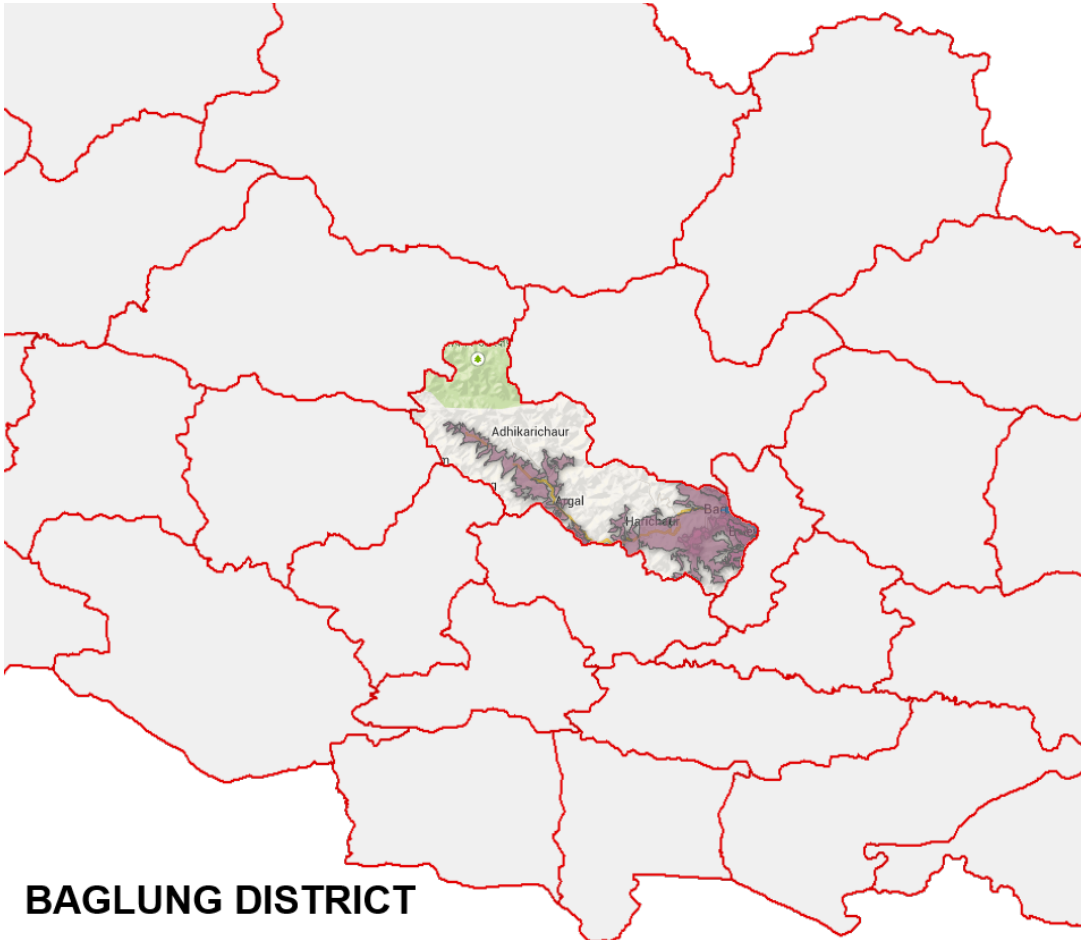


ILAM DISTRICT

NCELL data coverage Kailali



NCELL data coverage Baglung



System functionality without connectivity

- IMIS works online and offline, with IT on a paper document backbone
- For offline data utilization, data can be transferred physically, mobile phones function as local computer and database
- Enrolment data (photos) are collected by Outreach Officers and uploaded to central server
- Health facilities receive copy of the members in their catchment area once a month
- For data entry (member enrolment and claims) offline modules exist, which can be synchronized when connectivity is available

ADMIN COSTS CALCULATIONS

Admin estimation assumptions

- Initial rough estimation of admin costs, based on following assumptions:
- Focus only on admin costs in districts
- Includes costs for
  - Depreciation of assets (motorbikes, phones, computers, etc)
  - HR costs
  - Travel costs
  - Forms and pouches
  - Commission to Enrolment Assistants
  - Office costs
  - IEC

Admin cost estimation results

Kailali:

10% of population covered: ~32%

40% of population covered: ~18%

Baglung:

10% of population covered: ~41%

40% of population covered: ~16%

NEXT STEPS

Key steps

- Recommendation of final structure and processes in mission report
- Before IMIS can be adapted to the Nepali context, final structure and processes need to be approved by MoHP
- Translation of these parameters into an IT modification document
- IT modification by NHI IT team
- Server specifications, tender (or rent) of a server
- Finalization of benefit package and provider pricelists; MoUs

Key steps (contd.)

- Print of forms, purchase of lamination pouches, purchase of equipment (motorbikes, phones, etc)
- Development of training material
- Development and production of IEC material
- Training of trainers
- Institutionalizing district coordination committees
- Test run of IMIS on central server
- Hire of remaining staff
- Identification of enrolment assistants
- Training of trainees at various levels (NHI District Offices, DCC, HFOMC, Enrolment Assistants

Thank you for your attention

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http://www.swisstph.ch/health-economics-and-financing.html