Progress Update on National Health Insurance

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Overall progress

- Consent received from MoF with suggestions on
  - NHI Policy
  - Rules for institutional set up
  - Implementation guideline
- Policy submitted to the Cabinet for endorsement
- Office space rented for the central office
- In the process of hiring staff- 4 for each district

Key contents of the Guideline

National Health Insurance Implementation arrangements

- Program: National Health Insurance Program

- Agency: National Health insurance fund

- Service provider: Government hospitals, PHCC and other enlisted hospitals including Ayurveda and Homeopathy as specified in the guidelines

Enrollment mechanism

- No one will be excluded from enrolment on the basis of sex, age, ethnicity, caste and income level.

- Enrollment mandatory to receive the enlisted services

- Enrolment to be renewed every year

- Application for enrollment with details on family size, income level needs to be filed

Enrollment mechanism

- Civil servants enrolled in SSP can enroll only under the condition that benefit will not overlap

- Nearest HP, PHC or hospital which will be the first point to seek health service

- ID card: valid for 5 years with subject to renewal every year

- Provision of machine readable card, if required

Contribution

- Proposed premium
  - NRs 1500 for 3 member family per year
  - NRs 2500 for 4-5 member family per year
  - NRs 400 per additional member beyond 5 member family
- Government may decide to contribute for family with less than Rs 50,000 income per annum – verified on the basis of documents
- Contribution should be made in single installment

Contribution

- Incase of new born during the enrolled period, it will be registered for the remaining period for of the year

- Committee can receive funds and contributions from foreign government or institutions, local bodies, NGOs – accounts for these will be separately maintained

Benefit package and related provisions

- Benefits defined in 2 packages:
  - Package one (listed services) has no ceiling
  - Package two (defined as referral package) has ceiling and negative list
- Ceiling will be activated whenever referral package is activated
- Outpatient, emergency and services provided through general ward only will be covered

Benefit package and related provisions

- Ceiling for referral package:
  - Rs 30,000 per year for a family having up to 3 members
  - Rs 50,000 per year for a family having 4-5 members
  - Beyond 5 members, additional Rs 10,000 per additional member subject to maximum 100,000

Insurance cycle

- Duration of insurance will be for a year period
- Insurance effective cycle :
  - Mid August – 01 Bhadra
  - Mid November – 01 Mansir
  - Mid February – 01 Falgun
  - Mid May – 01 Jestha
- Waiting period : 1-3 month
- Renewal before the expiry period
- Grace period: one month (only for enrolled)

Cost sharing

- Inpatient services: 10 % co-payment by enrollees (except drugs)

- Outpatient and emergency: no co-payment (except drugs)

- Drugs:

  - Few number of drugs are free

  - no copayment up to NRs 2000 per family per year

  - 10% co payment for expenses beyond NRs 2000

  - Applicable for services within the benefit packages only

Service providers

- Primary Health Care Centers

- Public Hospitals

- Non government hospitals fulfilling the required criterion will also be enlisted

- HP and SHP at later stage may be enlisted

Provider Payment

- NRs 35 for each enrolled person
- Out patient services
  - Nrs 125 per out patient service provided – amount excludes drugs
  - If service provider cannot treat the listed benefit package services only 50% of the amount will be paid
  - Follow up on same illness within 7 days period will not be subject to payment
  - Drugs will be provided to the service providers

Provider Payment

- Emergency services: NRs 175 per emergency case – excluding drugs

- Inpatient service: Fee for services however committee may decide on a fee structure

- Drugs
  - DoHS /D(P)HO: unit price purchased by DoHS /D(P)HO
  - Providers: With a 5% increment in purchase price but not exceeding MRP unless not otherwise decided by Insurance Fund

Provider Payment

- Data managed by the provider electronically – software provided by the NHI

- Electronic submission of the claims by the provider

- Payment will be done within 30 days of claim submission

- Committee can provide an advance amount to the providers to assist to manage the day – to – day operation

Incentive structure for providers

Providers can use 80% of the below income as incentive to the staff:

- Nrs 35 paid on the basis of per enrollee
- 10% of the reimbursement made for the outpatient and emergency services
- 6% of the reimbursement made for the inpatient services

Remaining 20% needs to be used for smooth delivery of the health services from the facility

Electronic management of information system

- All data related to financial and service to be recorded electronically

- Electronic submission for reimbursement claim

- ID card readable machines to be provided to the providers by this scheme

Monitoring and quality assurance

- Clinical committee

- Quality monitoring committee

- District level health insurance coordination committee

- Claim committee

- Dispute management committee

- Software to manage the service track and reimbursement

Next steps

- Wider in-house consultation in Guideline
- Endorsement of guideline and other policy documents
- Implementation in three districts: Baglung, Ilam and Kailali
- Regular monitoring: service utilization, quality and unit cost of services, drugs supply, etc
- Refine and revisit for scaling up as required

Potential challenges

- Commitment and cooperation from politician as well as policy makers at central level

- Readiness of health facilities including deployment of necessary HR requirements

- Robust management of the National Health Insurance Fund from the beginning

- Cooperation and response from community people

- Robustness of IT system

- Quality of health services

- Supply chain management of the drugs

Thank You