MEGHALAYA

ONE YEAR INTO PM-JAY IMPLEMENTATION (DEMAND-SIDE)

POLICY BRIEF 2022

BACKGROUND

This policy brief presents findings from research commissioned in April 2018 to the Indo-German Social Security Programme (IGSSP), predecessor of the Indo-German Programme on Universal Health Coverage (IGUHC). The research evaluated the PM-JAY implementation from the demand-side, thereby providing performance evidence to India's National Health Authority (NHA).

A consortium of institutions, led by the Heidelberg Institute of Global Health, Medical Faculty, Heidelberg University Hospital, including the cooperating institutions of City, University of London, the Deutsches Institut für Entwicklungspolitik/German Development Institute and Nielsen India Private Limited, performed the evaluation from January 2019 to July 2020. It provides insights on how households across seven Indian states, including Meghalaya, experienced the state-funded social health insurance scheme, Pradhan Mantri Jan Arogya Yojana (PM-JAY), approximately 14-16 months after its implementation in September 2018.

The study areas were:

- The extent to which households defined as eligible for PM-JAY still met the 2011 Socio-Economic Case Census (SECC) eligibility criteria
- Knowledge and awareness of the scheme
- Experiences with the registration process
- Hospital utilization and out-of-pocket expenditure
- Experiences with healthcare utilization and PM-JAY grievance redressal process

APPROACH

Cross-sectional data was collected in a single round across seven states, namely Bihar, Chhattisgarh, Gujarat, Kerala, Meghalaya, Tamil Nadu and Uttar Pradesh in 2019. A mixed-methods approach was applied, combining a quantitative household survey with a series of qualitative, In-Depth Interviews (IDIs), Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). For Meghalaya, two districts were sampled: South West Garo Hills and East Khasi Hills. The household survey included a total of 10,730 individuals distributed in 2,033 households, all selected among households defined as eligible for PM-JAY according to the 2011 SECC. Our sampling strategy relied on a combination of households randomly selected among all PM-JAY eligible households and households randomly selected among all households having presented a claim under PM-JAY. This strategy was intended to secure a sufficient number of hospitalization cases in our final sample. Our qualitative study included a total of 4 KIIs with Accredited Social Health Activists (ASHAs) or Community Health Workers (CHWs), 4 FGDs (2 with only female participants and 2 with only male participants) and 8 IDIs (4 female, 4 male).

KEY FINDINGS

Eligibility:

SECC Criteria:

Amongst the households under study, **nearly all households met at least one inclusion criterion** to be eligible for PM-JAY:

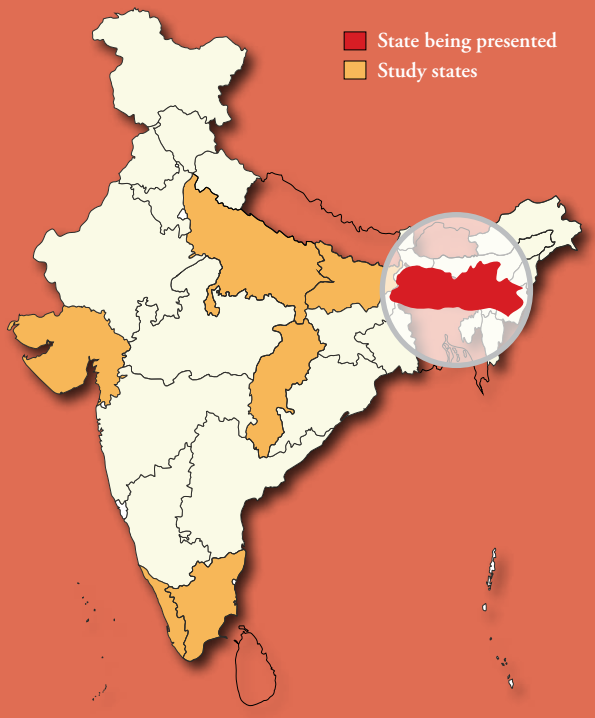
Table 1. Eligibility Criteria, rural and urban areas

Eligibility Criteria	Rural (%)	Urban (%)
Only one room with kucha walls and kucha roof (D1)	0.5	-
No adult member between age 16 to 59 (D2)	2.6	-
Female headed households with no adult male member between age 16 to 59 (D3)	9.1	-
Disabled member and no above-bodied adult member (D4)	3.5	-
Schedules Caste/Scheduled Tribe households (D5)	95.8	-
Landless households deriving major part of their income from manual casual labor (D7)	30.3	-
Automatically included*	0.7	-
Mean number of dimensions per household	1.4	-
Households that met at least one dimension	98.4	-
N (households)	**2,033**	**0**

**In rural areas these households included destitute/living on aims (nor part of our sample), manual scavenger families, primitive tribal groups and legally released bonded labor; in urban areas these households included identified occupational categories of workers.*

STATE BACKGROUND

MEGHALAYA



The Megha Health Insurance Scheme (MHIS) is a Universal Health Insurance Scheme (UHIS) in the State of Meghalaya, using the RSBY framework to provide health insurance to all persons that are residents in the State excluding State and central government employees.

The Megha Health Insurance Scheme (RSBY + UHIS) was launched on 15th December 2012 with an objective to provide financial aid to all the citizens of the State at the time of hospitalization. The scheme progressed in phases and is now working in convergence with AB-PMJAY.

It is called Megha Health Insurance Scheme (AB-PMJAY + Universal Health Insurance Scheme). Together, they cover all the families in the State and benefits provided are the same as those under PM-JAY. It has been estimated that as many as 347,013 households qualify for PM-JAY coverage in Meghalaya, based on the Socio-Economic Caste Census (SECC) of 2011 (1) plus 441,243 additional families covered by the State. A total of 179 hospitals had been empanelled.

Nearly all met at least two exclusion criteria, most frequently having one household member earning more than INR 10,000 per month or owning more than 5 acres of irrigated land.

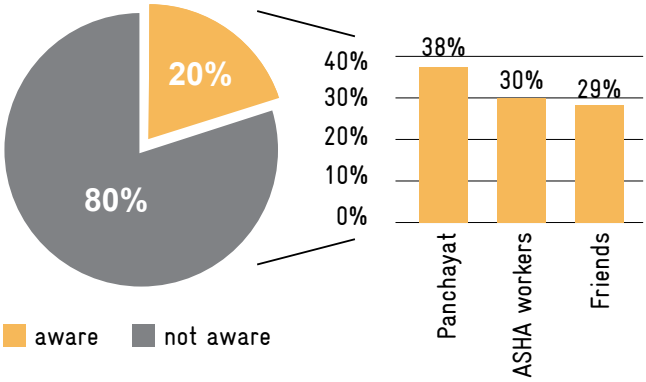
Table 2. Exclusion Criteria, entire sample from Meghalaya (rural and urban)

Exclusion criteria	%
Owns Motorcycle/Scooter/3 wheeler	6.8
Owns Car/Truck/4-wheeler/Jeep/Van	0.1
Household member is a government employee	8.7
Household with non-agricultural registered enterprise	0.3
Any member of household earning>=INR 10,000 per month	99.9
Household paying income or professional taxes	1.3
House with >=3 rooms pucca walls & roof	45.1
Owns a refrigerator	5.8
Owns a landline phone	0.0
Owns >=2.5 acres of irrigated land & 1 irrigated equipment	0.1
Own >=5 acres of irrigated land	74.7
Owning >= 7.5 acres of land & one irrigated equipment	0.1
Mean number of exclusion dimension per household	2.4
N (households)	2,033

Knowledge and awareness:

After one year into scheme implementation, one-fifth of study households were aware of the scheme, mainly having learnt about the scheme through the Panchayat:

Figure 1. PM-JAY awareness and source of awareness



** For source of awareness respondents could select multiple options; the top three selected options are presented.*

Awareness on key scheme features was lacking among beneficiaries, with variation by district and village; for example:

- **67%** of respondents recalled hospitalization to be included in the service package.
- **19%** of respondents recalled ceiling for the scheme coverage coverage (5 lakhs per family per years).
- **20%** of respondents could not recall any feature.

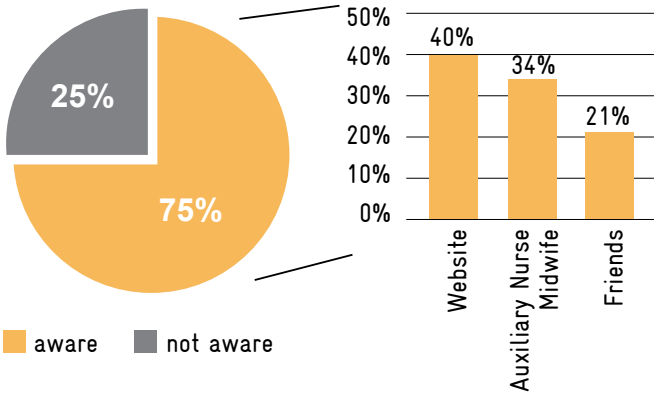
Some Confusion existed regarding the coverage amount, services covered under PM-JAY, eligibility requirements and who is covered by one PM-JAY card (entire family or individual family member).

Awareness of ASHAs and Male Health Care Workers, who are important information communicators on the scheme and its features, is expandable. Knowledge on the coverage amount existed but most believed the amount to be per family and not per individual. There was uncertainty regarding which medical services are covered under PM-JAY.

Experiences with registration process:

3/4 of the respondents knew about their eligibility for PM-JAY coverage:

Figure 2. PM-JAY eligibility awareness and source of awareness



** For source of awareness respondents could select multiple options; the top three selected options are presented.*

Nearly 33% of households had experience with the eligibility process, most having their eligibility being checked either at an empaneled hospital or a kiosk.

Satisfaction among respondents undergoing the registration process was high (on a scale of 7, 5.2 was the average score).

Beneficiaries reported that the registration process for PM-JAY took place in a variety of locations including in the village, at the local community health center, the dispensary, local hospitals, district health society office or "CSO" (Common Support Office).

Hospital utilization and out-of-pocket expenditure:

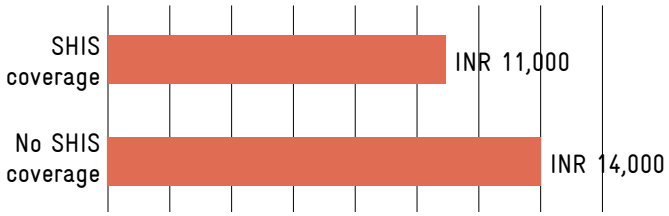
Overall, 5% of the entire sample reported having experienced hospitalization. 80% of eligible individuals experiencing hospitalization made use of any state-funded social health insurance scheme (SHIS) to cover their cost of treatment.

Satisfaction with PM-JAY hospitalization services was high (on a scale of 7, 6 was the average score).

94% of all hospitalized individuals incurred out-of-pocket expenditures (OOPE) (including pre- and post- hospitalization treatment).

Those who utilized hospitalization services under SHIS paid less than those whose hospitalization was not covered by a scheme:

Figure 3. Out-of-pocket expenditure during hospitalization process



Mean OOPE for non-SHIS covered hospitalization episodes was lower than the average amount paid across all study states (22% of the total annual per capita expenditure).

Main costs were:

- **Pre-hospitalization phase:** doctors' fees
- **During-hospitalization phase:** medicines, followed by transport costs
- **Post-hospitalization phase:** other medical expenses, followed by doctors' fees

Experiences with healthcare utilization and PM-JAY grievance redressal process:

Many people were utilizing their PM-JAY cards.

Experiences with healthcare utilization under PM-JAY were overall good:

- Many respondents were satisfied with services provided and being able to access in-patient care services for free.
- Some beneficiaries noted that they did not receive information on how much money had been charged to their cards or that they had been told to get reimbursed which did not happen.

Knowledge on the grievance redressal process was still expandable: No eligible person, beneficiary or Community Health Worker had information about the grievance redressal mechanism (including not knowing where to complain or whom to complain to).

RECOMMENDATIONS

> "PM-JAY is helpful because it makes healthcare more affordable."

Raise Awareness

To reduce the first barrier to accessing healthcare services under the scheme, further steps are needed to raise awareness and knowledge of specific features even more:

- Given the target population, PM-JAY could benefit from mass media campaigns, engaging community health workers and other trusted community leaders to conduct small-scale information, education, and communication (IEC) campaigns.

Responses by ASHAs, Community Health Workers and Beneficiaries on PM-JAY:

- The scheme may be influencing beneficiaries and eligible persons to seek higher-quality medical care.
- Beneficiaries are disappointed that PM-JAY does not pay for transportation costs because if they require specialists, they have to travel very far to see them, and this can be very expensive.
- For those receiving a transport allowance under the scheme, they feel that a financial burden has been alleviated.

ASHAs and beneficiaries' suggestions for improving PM-JAY:

- CHWs and communities should be given more information about the scheme.
- More laptops should be provided to speed up the registration process (and prevent the process from stalling due to the breakdown of equipment).
- Cards should be free.
- PM-JAY should pay for all medical services, including medications and transport.
- Beneficiaries should be able to keep the balance on their cards for personal use if they do not use up the balance.
- All hospitals should be empanelled under PM-JAY.
- Hospitals in remote areas need to be empanelled and their infrastructure and staff should be improved.
- Empanelled facilities should not be allowed to charge beneficiaries at the point of service for medical services covered by the scheme (and if they do, beneficiary reimbursements should be swift).
- There should be penalties for empanelled hospitals who elicit cash payment from beneficiaries or who fail to reimburse them following discharge.
- Raising awareness on specific scheme features and one's rights as a beneficiary is crucial to further upscale the utilization of hospital services and reduce high OOPE after receiving treatment.
- Replicating experiences applied in the study settings, the role of insurance navigators like Ayushman Mitras at the facility level could be strengthened and additional insurance navigators at the community level could be employed (i.e., people deployed exclusively to guide PM-JAY eligible households throughout the process from registration to care seeking).

Streamline the process

To ensure that together with increased awareness, PM-JAY eligible households effectively make use of the services they are entitled to, the number of people undergoing the registration procedures could be upscaled:

- Identifying strategies to further simplify the registration procedures.

Invest in Further Research

Although only indirectly linked to the PM-JAY insurance scheme, the observed high OOPE for hospitalization services for non-insured but also insured individuals could benefit from:

- Investing in further research specifically focused on understanding what motivates providers to charge patients when costs are covered by the insurance.

ACKNOWLEDGEMENT

We are grateful to NHA for commissioning GIZ/IGSSP, later IGUHC, to undertake this PM-JAY demand side evaluation study, which serves as a baseline evaluation for the PM-JAY. The SHAs of the study states (Bihar, Chhattisgarh, Gujarat, Kerala, Meghalaya, Tamil Nadu and Uttar Pradesh) have supported us immensely in implementing this study. Guidance was provided by both NHA and SHAs of the study states during the inception phase as well as throughout the study period.

We are thankful to the Chief Medical Officers, state health agencies, and district officials for their support and contribution in the study. We would also like to thank the study participants for sharing their experiences and providing information on their impression of the schemes.

We would also like to thank the agency Nielsen India Pvt Ltd for successful completion of the data collection. We highly appreciate the research performed by the consortium of institutions, led by the Heidelberg Institute of Global Health, Medical Faculty, Heidelberg University Hospital and its cooperating institutions of City, University of London and the Deutsches Institut für Entwicklungspolitik/ German Development Institute. We hope that our recommendations based on interviewees experiences will lead to better implementation of future health insurance projects and improve the lives of the poor.

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