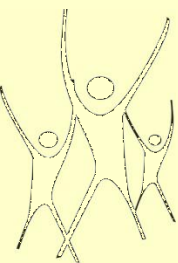


**National Health Insurance Authority**

**STRATEGIES TO SUSTAIN THE NATIONAL  
HEALTH INSURANCE SCHEME**

**APRIL 2012 HEALTH SUMMIT**



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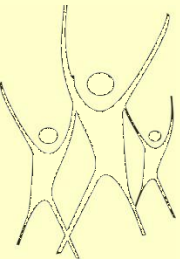
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# OUTLINE OF PRESENTATION

- Membership Distribution by Category
- NHIS Income and Expenditure Trend
- Fund Management
- Consolidated Premium Account
- Cost Containment Measures
- Call Centre
- Way Forward



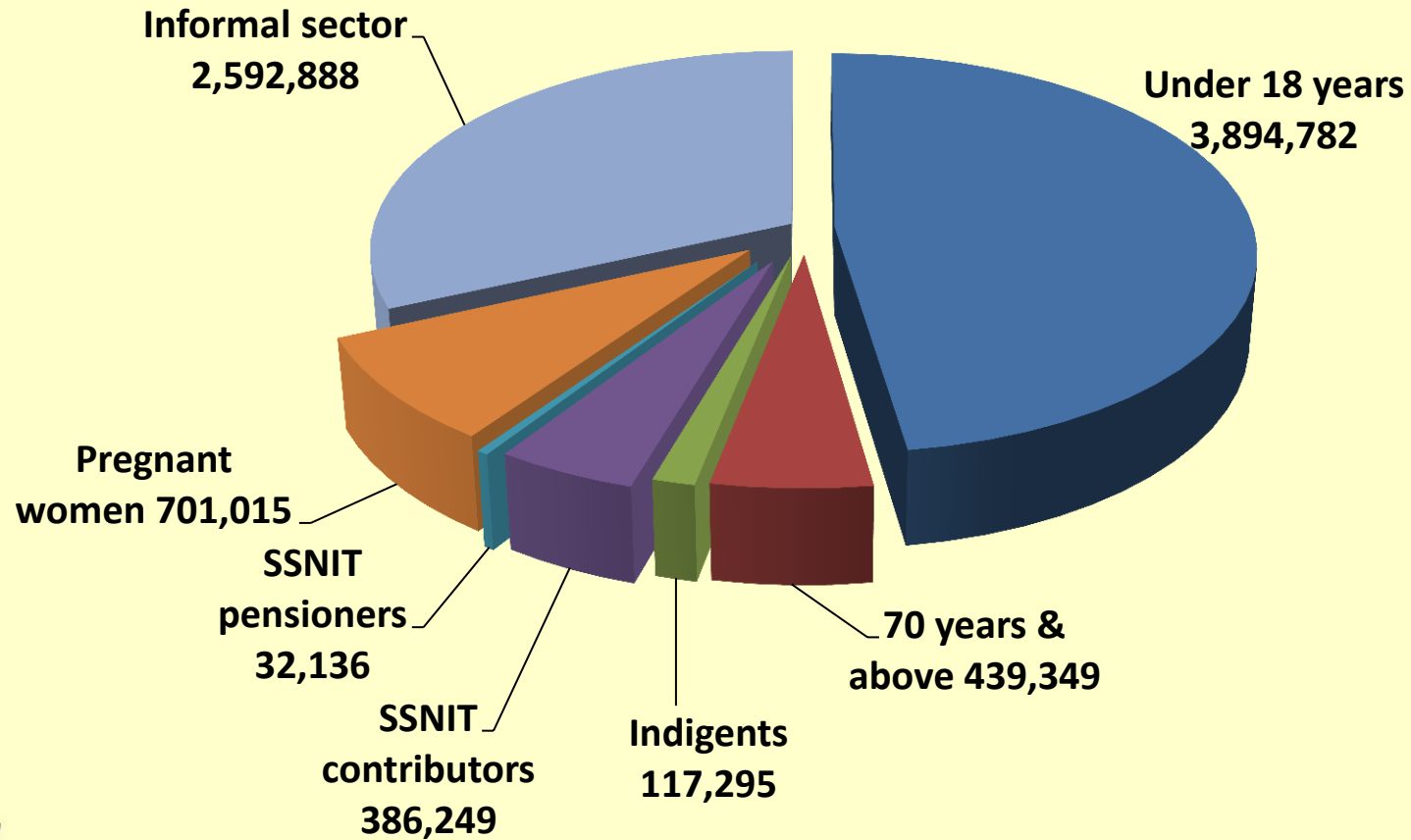
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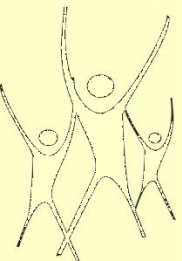


# MEMBERSHIP BY CATEGORY 2010

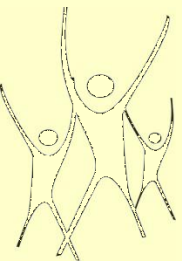
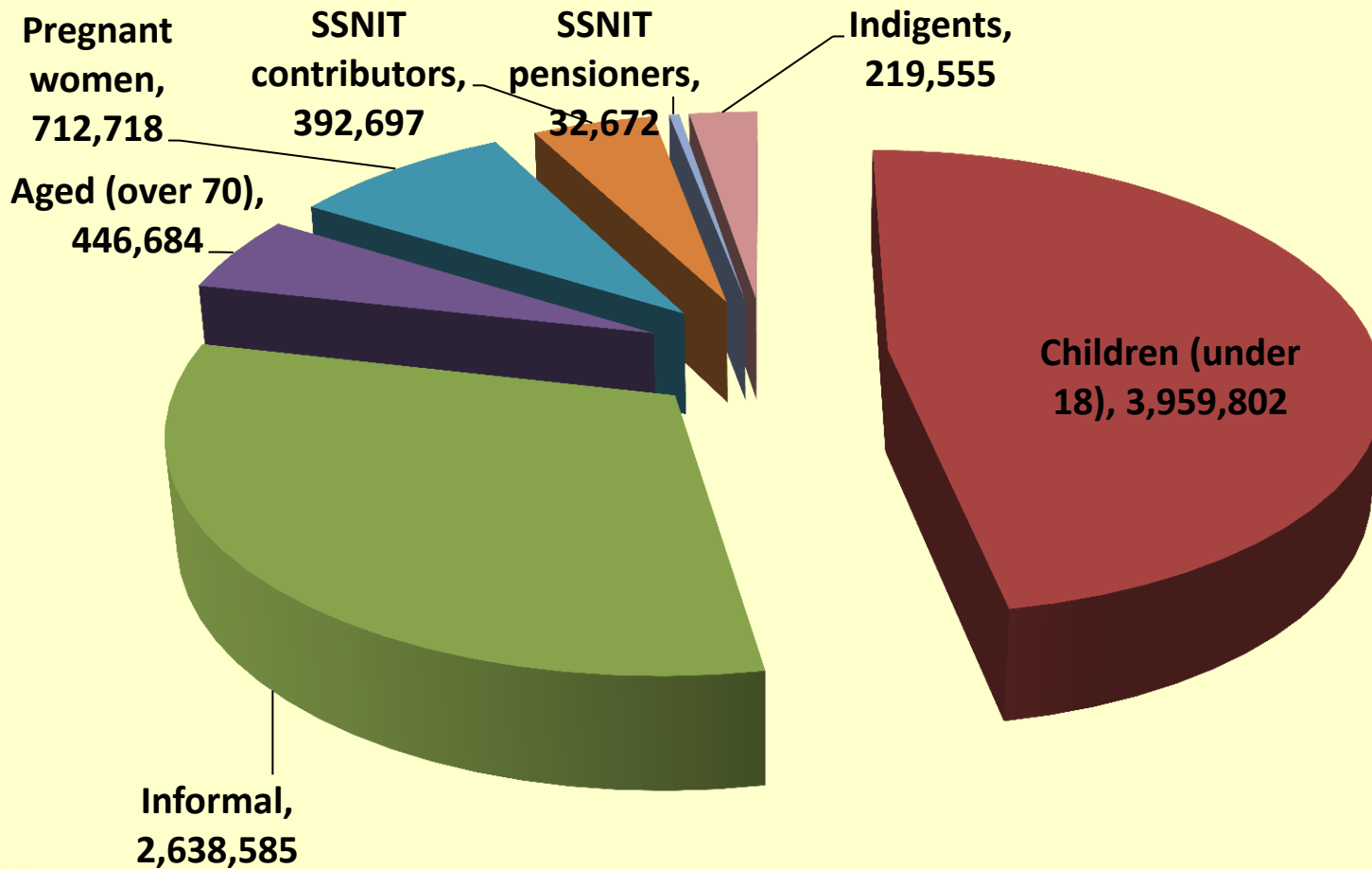


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# MEMBERSHIP BY CATEGORY 2011 (provisional)

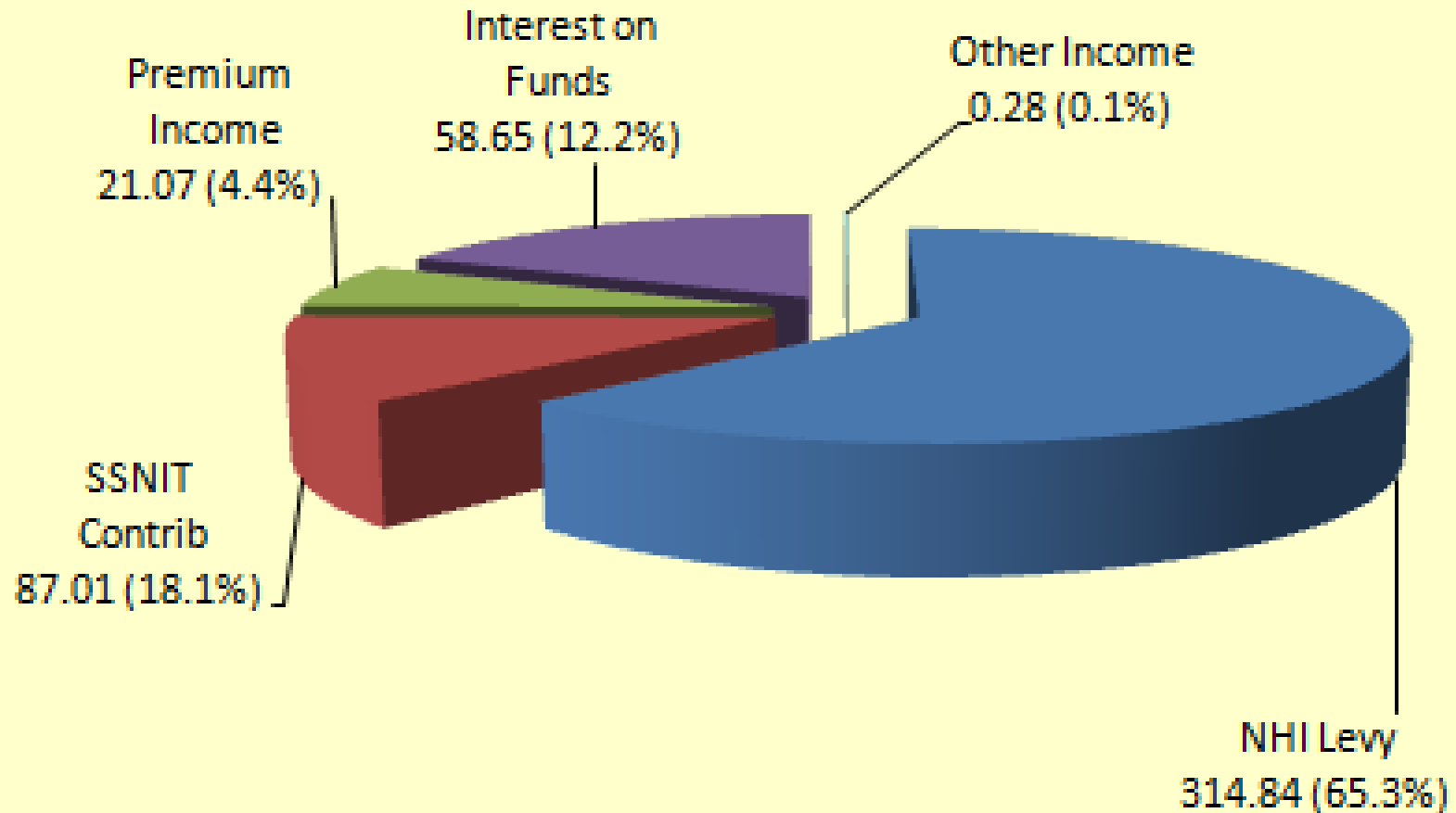


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## NHIS Revenue by Source 2010 (GHC M)

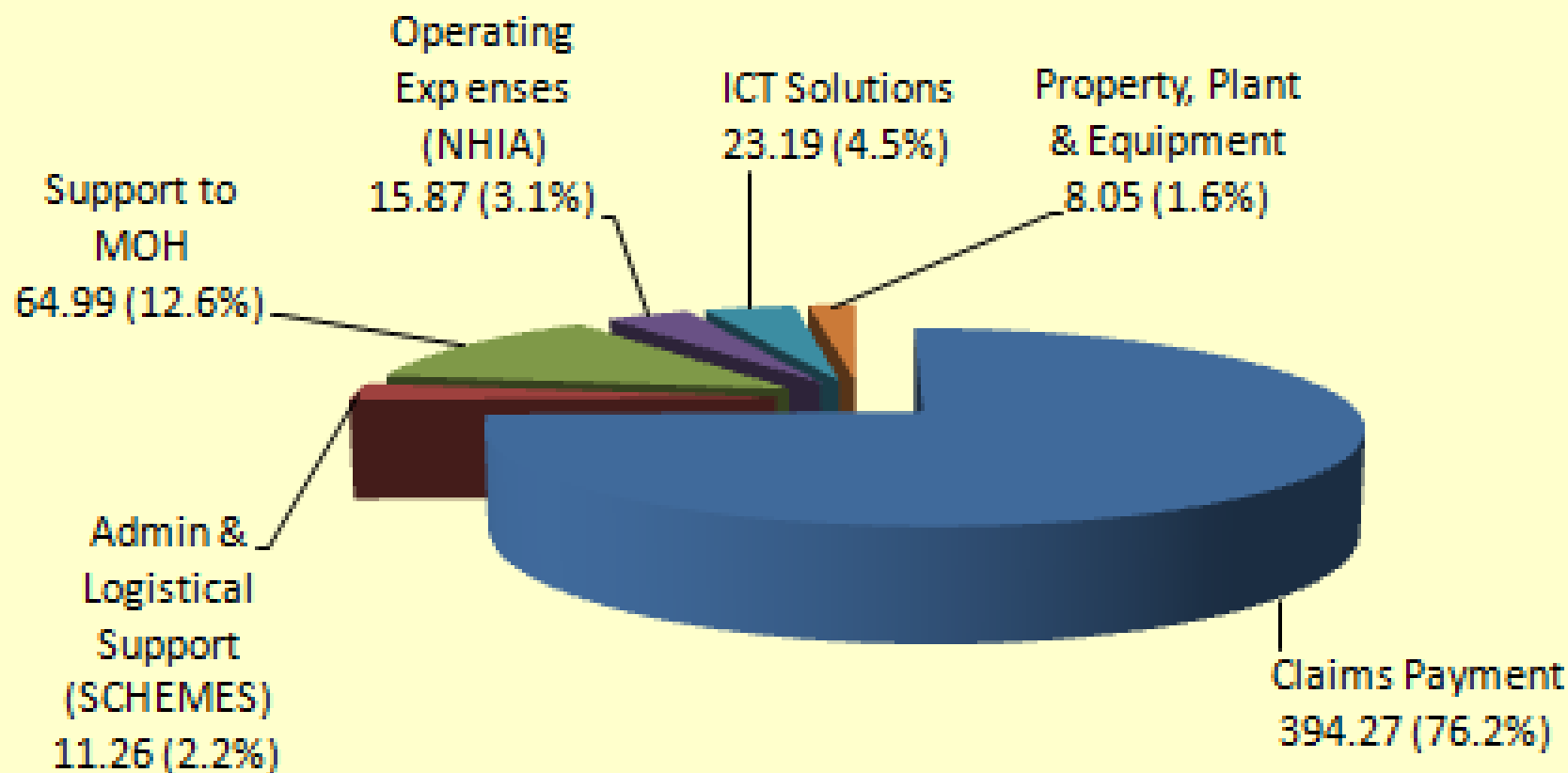


*Data Source: Unaudited Financial Statement*

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## NHIS Expenditure by Category 2010 (GH¢ M)

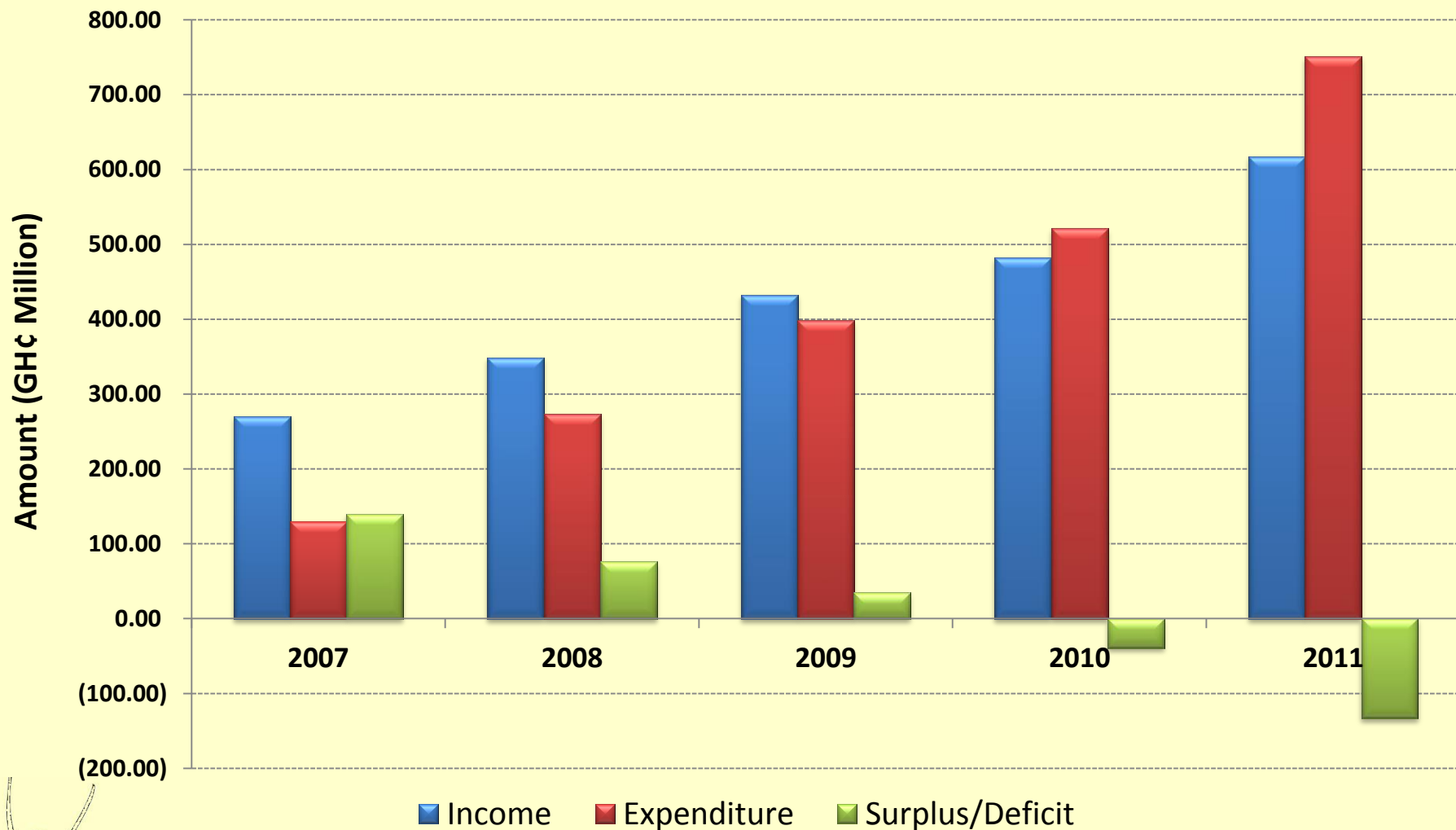


*Data Source: Unaudited Financial Statement*

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# TREND OF NHI'S INCOME & EXPENDITURE 2007 –2011)

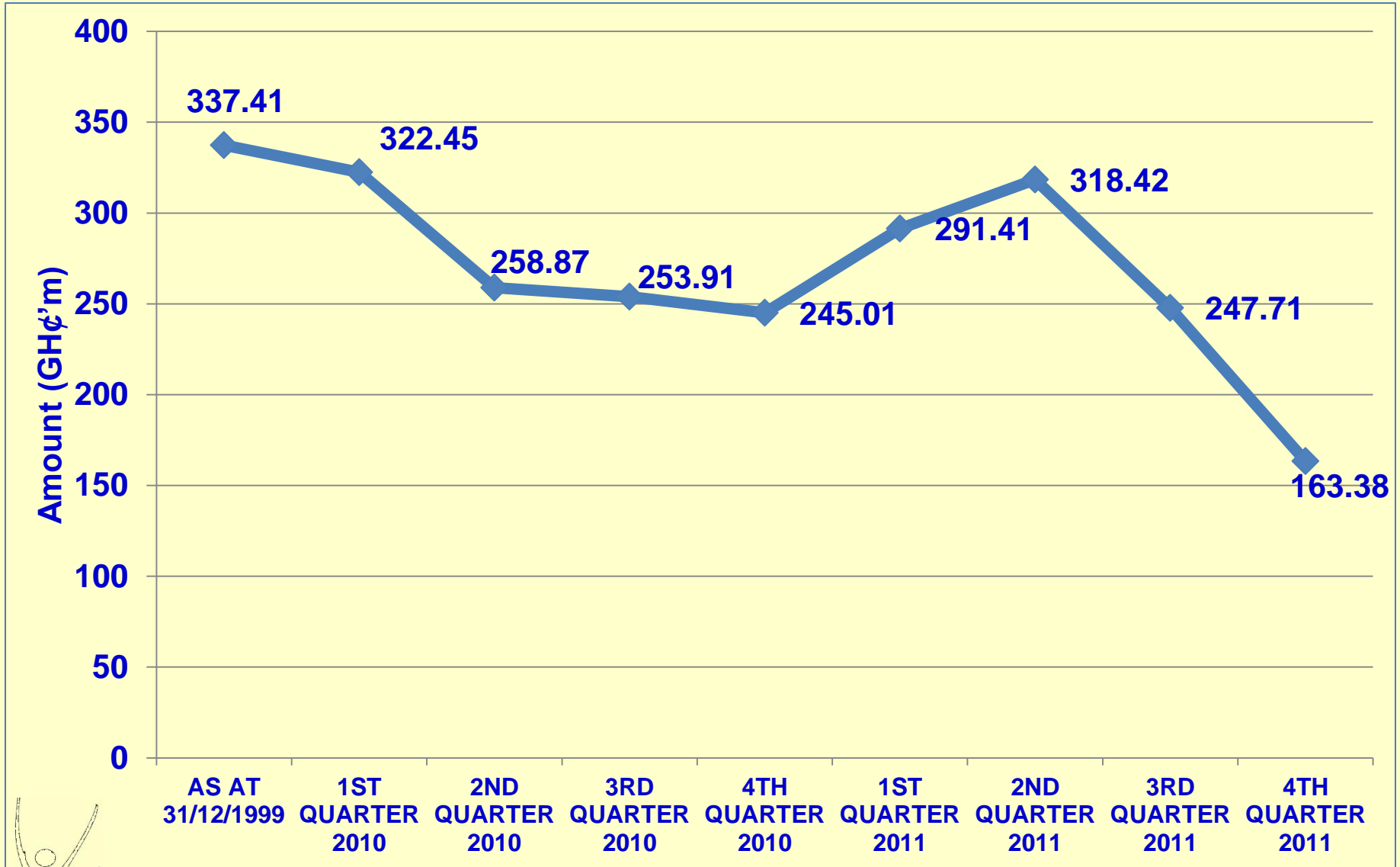


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# FUND INVESTMENT VALUE

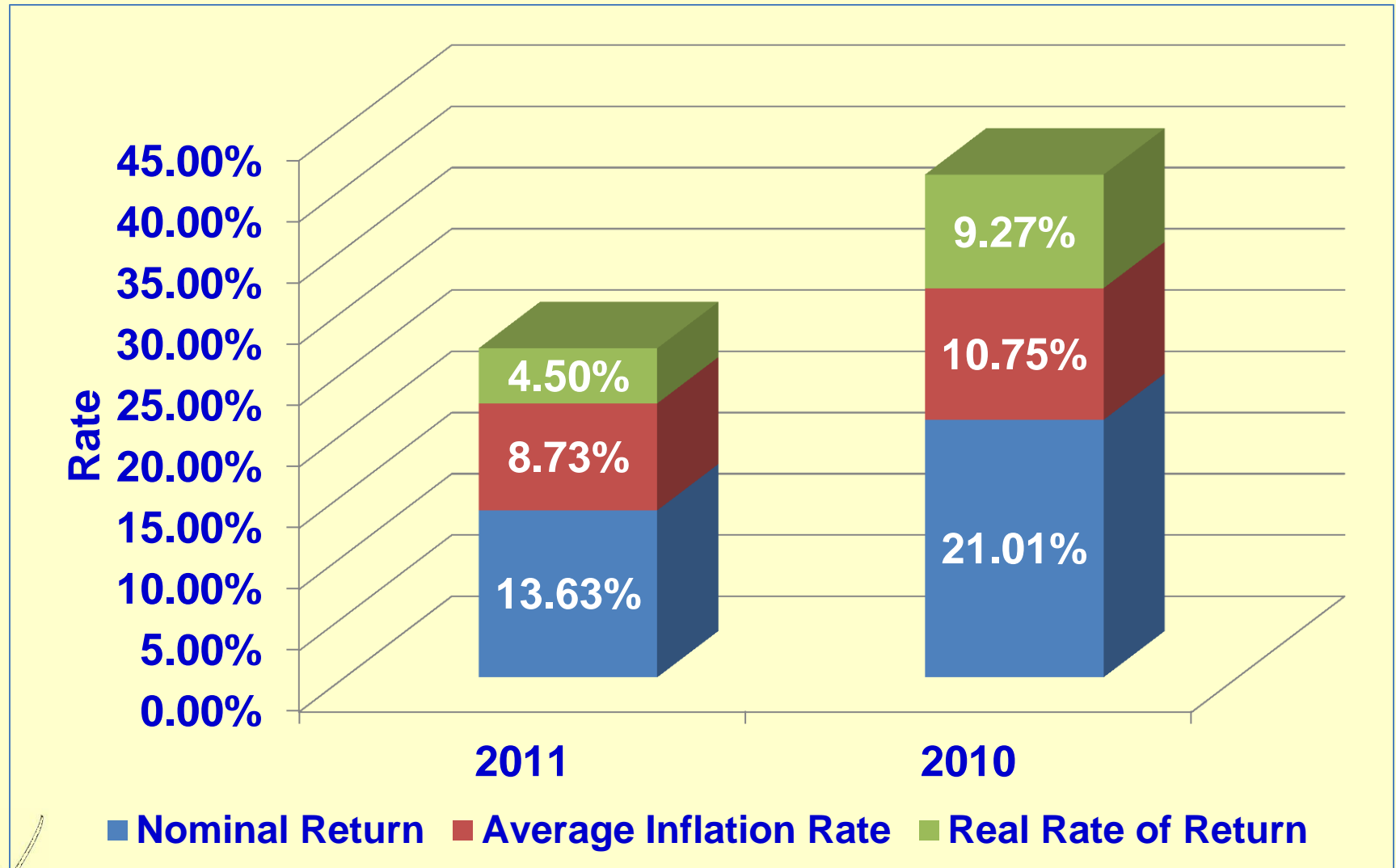


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# INVESTMENT PORTFOLIO RETURNS



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**Fisher's Formula: Real Rate of Return =  $[(1 + \text{Nominal Return}) / (1 + \text{Average Inflation Rate}) - 1]$**



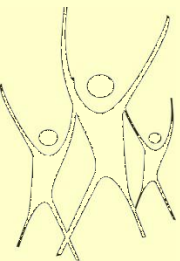
# Consolidated Premium Account

- It is a centralized bank account into which premiums collected by the Schemes across the country are deposited
- It was implemented in **January 1, 2011**
- To ensure that premiums collected are:
  - Properly accounted for
  - Comprehensively Reported
  - Adequately monitored & Controlled
  - Reduce abuse/leakage
  - Efficient use of premium income

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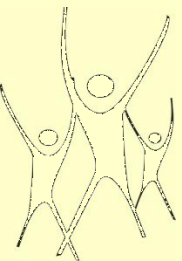
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# COST CONTAINMENT MEASURES

- CAPITATION
- LINKING DIAGNOSES TO TREATMENT
- ELECTRONIC CLAIMS PROCESSING
- CLINICAL AUDIT



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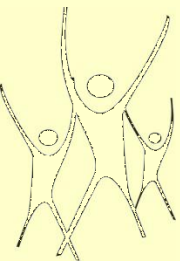
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# CAPITATION

- Capitation is defined as a **pre-determined fixed rate** paid to Providers to offer a **defined set of services** for each individual enrolled with the provider for a **fixed period of time**.
- Capitation is being piloted for basic walk-in outpatient services only. Outpatient specialty services and inpatient services will be reimbursed under the G-DRG.



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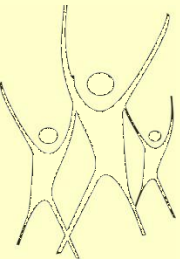
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# OBJECTIVES OF CAPITATION

- Improve financial efficiency
- Share risks among schemes, providers and subscribers
- Improve efficiency and effectiveness of health services through more rational resource use
- Correct some imbalances created by the G-DRG (e.g. OPD supplier-induced demand); supply-side and demand-side moral hazard
- Simplify claims processing
- Address difficulties in forecasting and budgeting



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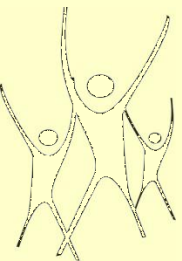
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# ENROLMENT OF ACTIVE SUBSCRIBERS TO PREFERRED PRIMARY PROVIDER (PPP)

<b>Active members as of 30th March 2012</b>	<b>1,614,731</b>
<b>Active members enrolled</b>	<b>987,485</b>
<b>% enrolled (active) to total active members</b>	<b>61.2%</b>
<b>Active members not enrolled and distributed as “blanks”</b>	<b>627,246</b>



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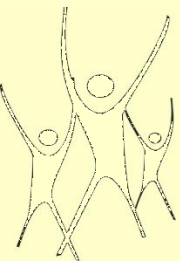
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# IMPLEMENTATION CHALLENGES

- Inclusion of medicines in the capitation basket would disadvantage community practice pharmacies
- Lack of enforcement of separation of services by prescriber and dispenser could affect quality of care
- Complaints about low per capita rates
- Region has not achieved initial target of 80% PPP enrollment
- Inclusion of maternal care (antenatal, delivery, postnatal)
- Education has been inadequate, especially in the sub-metros of Kumasi
- Co-payment for services and medicines



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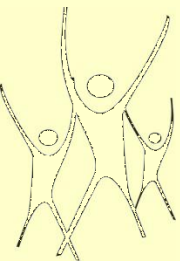
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# ACTIONS TAKEN ON IMPLEMENTATION CHALLENGES

- Per capita rate revised upwards
- Maternal services removed from capitation basket
- Medicines removed from capitation basket
- Enhanced engagement of Stakeholders
- Intensified media campaign and community durbars
- Setting up enrollment teams and enrollment points and effectively advertising them
- Enrollment officers located at community level (going directly to households)



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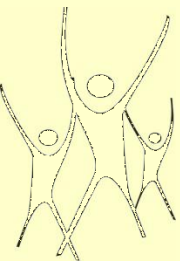
# LINKING DIAGNOSES TO TREATMENT

## ■ JUSTIFICATION

- Non compliance to national Standard Treatment Guidelines (STGs) and NHIS Medicine list
- Evidence of irrational prescribing and poly-pharmacy. 53% of claims cost due to medicines
- Some providers are prescribing medicines simply because they are on the NHIS Medicines List.

## ■ OBJECTIVES

- Improve efficiency in claims processing
- To make claims vetting easier and simple
- Improve quality of care



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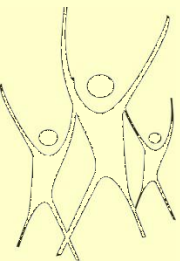
# ELECTRONIC CLAIMS PROCESSING

## ■ JUSTIFICATION

- To inject speed and accuracy into claims processing
- Easy access to claims data for analysis

## ■ ACTION

- Implementation of the e-claims solution to begin by end of August 2012



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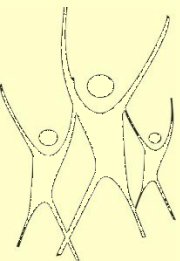
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# CLINICAL AUDIT - BACKGROUND

## REASONS FOR CLINICAL AUDIT

- Improves the quality of service being offered to subscribers
- Identifies and promotes good practice
- Provides information on cost-effectiveness
- Ensures efficient use of resources



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# KEY FINDINGS

## Services

- Using wrong accreditation status to bill
- Up-coding of tariffs
- Wrong tariff, bundled & unbundled
- Providing services above accreditation level
- Non-adherence to NHIS Benefit Package

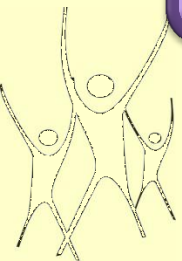
## Medicines

- Insertion/substitution of medicines
- Inflation of quantities of medicines
- Irrational prescribing
- Over billing of medicines
- Billing outside the medicines list

## Others

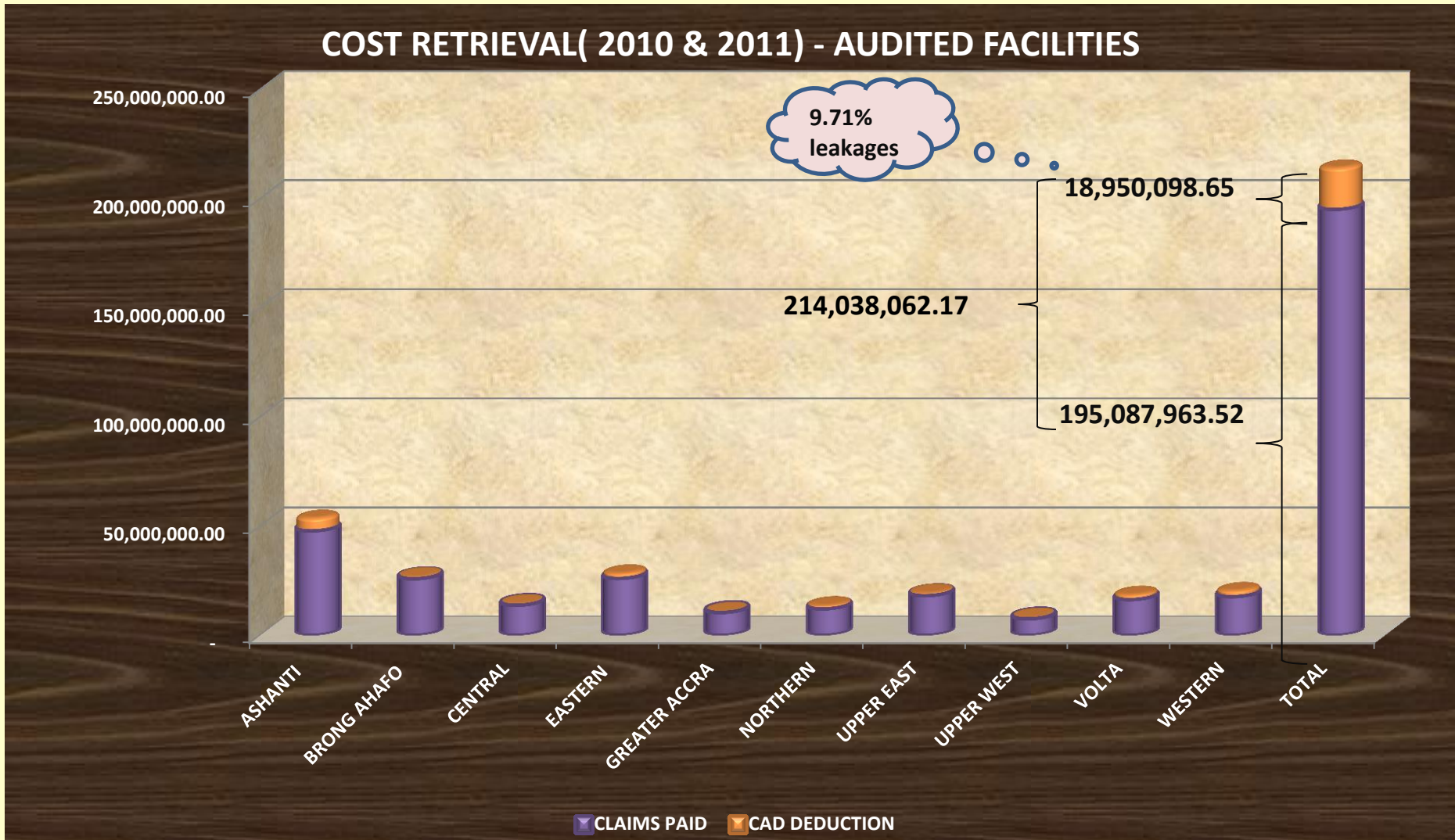
- Co-payment
- No record of attendance
- Inadequate record-keeping
- Inadequate human resource

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# KEY FINDINGS

## Total Cost Retrieval according to Regions

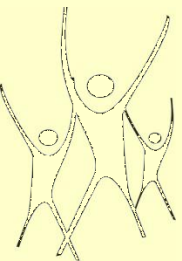
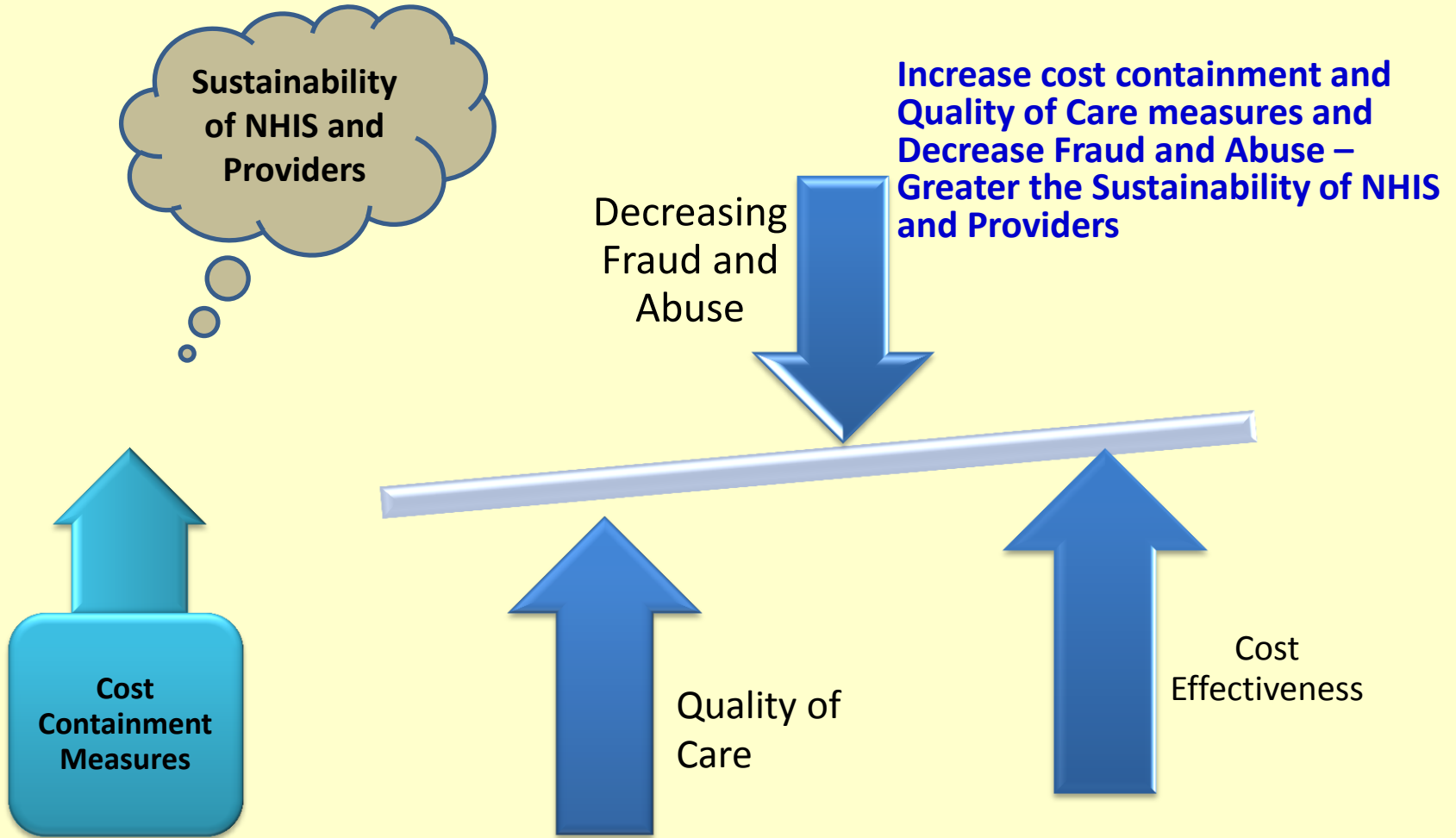


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# OBJECTIVES

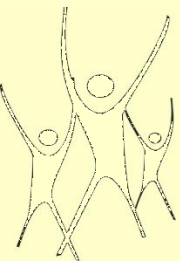


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# CALL CENTRE - OBJECTIVES

- Build stronger relationships with stakeholders
- Provide quick solutions to subscribers' needs
- Respond to stakeholder queries
- Ensure proper handling of complaints
- Solicit feedback for strategy development
- Opportunity for reporting abuse (co-payment, provider shopping, etc.)



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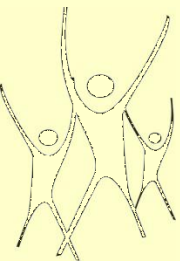
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# CALL CENTRE NUMBERS

- The number for all subscribers to call is **054 444 6447**.
- MTN and Vodafone subscribers can also access the call centre via short code **6447 (NHIS)**



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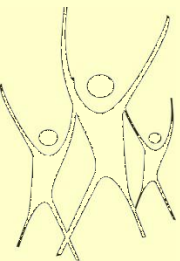
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# THE WAY FORWARD –Financial Management

- Continuous dialogue with MOFEP for timely releases and additional inflows.
- Intensification of prudent investment portfolio management for optimal returns.



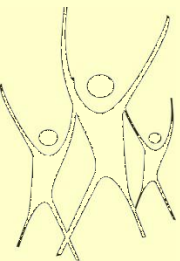
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# WAY FORWARD - CAPITATION

- Continue engagement with stakeholders
- Increase PPP enrolment to 80%
- Intensify public education
- Strengthen M&E
- Scale up nation-wide education on PPP enrolment
- Scale up nation-wide enrollment to PPP by end of year 2012 as a platform for a national rollout in January 2013



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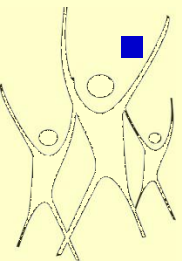


# WAY FORWARD – COST CONTAINMENT

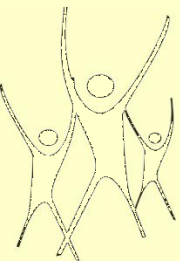
- Complete CPC Implementation
- Set up of second CPC
- Improve ICT infrastructure & membership management
- Nation-wide PPP enrolment
- Enforce Gatekeeper/Prescribing Levels
- Implement the new MOH prescription form
- Intensify Clinical Audit
- Enhance administrative efficiency
- Sustain stakeholder engagement

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# Thank You



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