Project overview

STRENGTHENING THE HEALTH INSURANCE SYSTEM OF MONGOLIA

29th April 2015

Project overview

Ministry of Population Development and Social Protection – **Executing Agency**

Social Insurance General Office (SIGO) – **Implementing Agency**

Health Insurance Department

Japan Fund for Poverty Reduction -**Funder**

Asian Development Bank - **Administration**

GFA Consulting Group – **TA Advisory Services**

Project Goals

1. Increased capacity for social health insurance financing

2. Improved performance through management systems and capacity development of the HIO

3. Strengthen the governance of the social health insurance system

Current activities

- Financial stability
  - Quality of care strategy
  - Costing of patient services
  - Financial stability of the fund
  - Subsidies and co-payments
- HIO organization
  - The new HIO organizational structure at HQ
  - The new HIO organizational structure at Aimag/Soum
  - IT services
  - Smart card strategy
- Governance
  - Establishment and training of the National Council
  - Establishment and training of the NC technical committees
  - Grievance and redress mechanisms

Discussion papers prepared

- Provider contracting
- Smartcards
- Monitoring
- Provider payment/DRG
- Discounted drugs
- Cost sharing strategies
- Implications of health law
- Quality indicators
- Costing of hospital services

- Health insurance governance
- Nat. Council bylaw
- Nat. Council procedures
- HIO restructuring HQ
- HIO restructuring Aimag/Soum
- HIO staffing costs

Pilot hospitals

Quality indicators

1. First Central Hospital
2. 3rd Central Hospital
3. Mother and Child National Center
4. National Rehabilitation Care Center
5. Uvurkhangai Aimag Regional Diagnostic And Treatment Center
6. Selenge Aimag General Hospital
7. Nomun Private Hospital
8. Erkhes Private Hospital
9. Chingeltei District Hospital
10. Bayanzurkh District Hospital
11. Orgil Sanatorium
12. Traditional Medical Center

Costing study

1. State Central Hospital #1 (Tertiary Care)
2. State Central Hospital #3 (Tertiary Care)
3. National Centre for Mother & Child (Tertiary Care)
4. National Corporation of Traditional Medicine (Traditional)
5. Chingeltei District General Hospital (Secondary Care)
6. Regional Diagnostic & Treatment Centre Uvurkhangai (Secondary &Tertiary Care)
7. Byanzurkh District General Hospital (Secondary Care)
8. Nomuun Private Hospital (Private)
9. Enkh-Undarga (Private)
10. Rehabilitative National Care Centre (Tertiary Care)
11. Orgil Sanatorium (Private, rehabilitative)
12. Dornod Reginal Diagnostic and Treatment Center
13. Uvs aimag general hospital
14. Arkhangai aimag general hospital
15. Umnugobi aimag general hospital

Quality of Care approach

- Quality of care is a priority
- Need for a set of indicators
  - Consistent with international approaches
  - Use data that already exists
  - Construction of the indicators needs to be clear
- Purpose of the indicators needs to be clear
  - Identifying problems for intervention
  - Deciding on who to contract
  - To measure administrative efficiency
  - To measure compliance with best clinical practice
  - Part of pay for performance
  - To raise public awareness

Costing of services

- Health Facility Costing Study designed and being implemented
- Training for HIO and facility staff on costing designed and commenced (1st training conducted January 2015)
- Data now being collected by pilot facilities
- Further costing workshop commencing 20th April
- Study will include a review of costs of some of the additional benefits included in the new health law
- Provisional costing results due by June
- Results will be used to assess DRG weights and new benefits costs

HIO organizational review

- The team worked together with HID on organizational structure of HIO at Head Office & UB District and Aimag level

- Suggested classifications of the new positions to be created in HO, UB District and Aimag office have been developed

- Staff costing has been prepared on these possible organization structures

- Change management meetings with HID senior management, regional awareness training will take place soon

- Detailed IT department configuration is awaiting approval for the IT expert to join the team

Ensuring contribution compliance

- Discussion paper prepared on gathering contributions from challenging groups (herders, self-employed etc)
- Discussion paper prepared on ways to maximize data transfer on membership details of participants to be paid for by government

Governance activities

- Supporting the design and analysis of the impact of the health insurance law

- Strengthening client satisfaction, patient's rights, grievance and redress mechanisms

- Strengthening the autonomy of health care providers

- HID capacity building on information campaigns, public debates and regular media relations

- Increasing client and non-governmental stakeholders knowledge of social health insurance.

- Recommend a step-by-step integration of the state and social health insurance funding to turn the Health insurance organization into a single purchaser

- Conduct training and produce a manual for members of the National Health Insurance Council on social consensus and key social health insurance concepts/policies

- Prepare a knowledge product to capture all the essential knowledge gained, policy practices, international experience and recommendations to further develop the social health insurance system

Achievements to date

- Final review and passage of the health insurance law, January 2015
- NHIC establishment document prepared (training manual is in progress)
- Drafting of the NHIC by-law is complete
- Drafting of NHIC sub-committee ToRs (Finance, Benefit Package and Quality, Patient Satisfaction and GRM) is complete
- GRM workshop held in October 2014
- Assessment of provider performance and report produced by HID
- Guidelines developed on GRM and client satisfaction were developed
- Survey undertaken of Non-Governmental Stakeholder on Understanding of Health Insurance
- Situation analysis was conducted on current practice of HID on tracking client satisfaction