

Healthcare provider's experience and attitude towards the national health insurance program of Nepal

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ABSTRACT

Background: Universal Health Coverage (UHC) aims for accessible quality healthcare for all, without financial strain. Nepal's National Health Insurance Program (NHIP), launched in 2016, strives towards this goal by offering extensive healthcare services and financial protection against severe health costs. However, the NHIP encounters challenges, particularly with reimbursement processes and operational efficiency, which may impact its effectiveness and long-term viability.

Objectives: This study analyzed the situation regarding the experience, attitude, and recommendations of government and non-government Health Care Providers (HCPs) regarding the NHIP.

Methods: This Qualitative study carried out a qualitative analysis via in-depth interviews with 12 HCPs across three Nepalese provinces, assessing their experiences with the NHIP. Our method involved a culturally validated interview guide with 21 detailed questions. Interviews, conducted in Nepali, were translated and analysed through open coding to highlight key themes related to the NHIP's effectiveness and challenges.

Results: Aiming to assess the NHIP's service delivery impact, this study selected participants involved in the NHIP and analysed interview data to uncover themes concerning the NHIP's benefit package, the Insurance Management Information System (IMIS), coordination, and claim and reimbursement processes. The study revealed that the healthcare providers recognized the NHIP's benefits in increasing healthcare access and reducing financial burdens in Nepal yet point out limitations in covering complex diseases and financial sustainability for healthcare facilities. Key challenges include technical issues with IMIS and insufficient support from the Health Insurance Board [HIB].

Conclusion: Recommendations for enhancing the NHIP involve speeding up reimbursement, improving IMIS functionality, better coordination with the HIB, and revising the benefit package. Despite progress, significant hurdles in implementation and efficiency persist. Addressing these issues requires a multifaceted approach, including technological upgrades, policy adjustments, and enhanced training for healthcare workers. Optimizing the NHIP is essential for Nepal to achieve its UHC goals, ensuring equitable, accessible, and quality healthcare for all its citizens.

Keywords: Attitude, Experience, Healthcare Provider, National Health Insurance Program, Universal Health Coverage

1. Introduction

Universal Health Coverage (UHC) is a global health agenda prioritizing the accessibility of quality health services to all individuals without financial hardship. UHC embodies a spectrum of services, including health promotion, preventive health, treatment, rehabilitation, and palliative care, aiming at significant health equity and financial protection [1, 2]. The advent of the COVID-19 pandemic underscored the urgency of achieving UHC, highlighting disparities in health service coverage and the necessity for resilient health systems [3, 4]. In Nepal, despite commendable progress in public health services coverage, such as extensive child vaccination programs and skilled birth attendance, the healthcare delivery system faces challenges in ensuring quality medical services without imposing financial burdens on the populace. A significant portion of the population incurs out-of-pocket expenses for healthcare, leading to financial strain, especially for those dealing with communicable diseases and catastrophic health expenditures [5, 6]. Various initiatives, including community-based health insurance and free health services, have been tried to address these challenges. However, the effectiveness of these models

in achieving comprehensive healthcare coverage remains to be fully realized, necessitating a re-evaluation towards a more inclusive UHC approach [7, 8].

The National Health Insurance Program (NHIP), launched in 2016 as a voluntary, family-unit-based program, represents Nepal's stride towards mitigating financial hardships associated with healthcare access. Managed by the Health Insurance Board (HIB), the NHIP aims to provide quality healthcare services, minimize financial difficulties, and protect against catastrophic health expenditures [9, 10]. Despite the initiative's noble objectives, its implementation has encountered operational challenges, including reimbursement delays, affecting the sustainability of healthcare providers within the program [11]. Healthcare in Nepal is delivered through a dual system encompassing government and non-government entities. In Nepal, the government healthcare institutions are operated under the control and management of municipalities [Local Government], provincial health-related ministries for provincial health institutions, and the Federal Ministry of Health and Population as the federal government. On the other hand, non-government health institutions provide

medical services and are either privately owned, community or trust-run, medical colleges. Currently, there are a total of 427 health institutions in Nepal that are participating in the National Health Insurance Program [12]. Post-1991, with the democratization of Nepal, the private healthcare sector has notably expanded, especially in urban areas, while government healthcare services primarily cater to rural populations. Currently, a substantial number of health institutions across Nepal participate in the NHIP, indicating a significant engagement with the program [12-14].

The perspectives of healthcare providers (HCPs) towards the National Health Insurance Program are pivotal, as they are the linchpin in delivering services to the insured populace. While the program is generally viewed positively for its potential to enhance access for low-income and marginalized groups, HCPs express concerns over implementation issues, notably the delays in reimbursement by the Health Insurance Board (HIB). These operational challenges necessitate a closer examination to foster trust and improve program sustainability [15]. This study is poised to explore the first-hand experiences and attitudes of HCPs, including managers, focal persons, or

coordinators, towards the NHIP's efficacy in service delivery. Through this investigation, the research seeks to uncover the strengths, limitations, and areas for improvement within the program, contributing valuable insights towards optimizing the National Health Insurance Program's impact on Nepal's healthcare landscape [16].

2. Methods

2.1 Study Area

The research spanned Bagmati, Gandaki, and Lumbini Provinces of Nepal from November 2023 to January 2024, engaging with the NHIP operational in health institutions. The NHIP aims to extend health insurance coverage to the citizens of Nepal, ensuring widespread access to healthcare services.

2.2 Study Design

This qualitative study employed in-depth interviews comprising 21 meticulously crafted questions.

2.3 Sample size and sampling

The interviewing process encompassed all HCPs who consented to participate; with the recruitment of participants continuing until the point of data saturation was identified by the interviewer. This approach ensured a

comprehensive collection of insights and experiences regarding the NHIP's service delivery efficacy. Ultimately, the study achieved a total participation of 12 HCPs through in-depth interviews. Participant selection criteria for HCPs included individuals aged between 20 and 60 years who held positions as coordinators, focal persons, or managers within the NHIP framework. Additionally, candidates were required to possess proficient communication skills in Nepalese language and demonstrate a willingness to partake in the study. To reach potential participants, information letters were disseminated to health institutions nationwide, inviting HCPs to express their interest by completing a form with their available times and preferred locations for interviews. Based on these preferences, interview schedules were organized accordingly. The general characteristics of the respondents revealed that there were 6 individuals working as Government Hospital officers and another 6 as Non-government Hospital officers, totalling 7 males and 5 females. The average age of respondents was 37.6 years, and all had completed their education at the degree level in health sciences. On average, they had 6.7 years of experience related to the National Health Insurance Program.

2.4 Data Collection

To gain insights into the experiences and attitudes of HCPs regarding the effectiveness of the NHIP in delivering services, in-depth interviews were carried out using a guide comprising 21 meticulously crafted questions by the authors. Before its deployment, the interview guide was subjected to a rigorous validation process employing the Index of Item-Objective Congruence (IOC) method, where it was reviewed by three experts who provided constructive feedback. Following their recommendations, adjustments were made to enhance the guide's cultural relevance and sensitivity, achieving an IOC score exceeding 0.5 for all questions. To further ensure clarity, comprehensibility, and applicability, the questions were pre-tested with five Nepalese HCPs by the interviewer (GS) in the Nepalese language. The in-depth interviews were conducted by a single interviewer, GS, who also served as the primary researcher. This approach was chosen to maintain consistency in the interview process and mitigate potential variability in data collection that could arise from multiple interviewers. GS has extensive experience in qualitative research methodologies and is deeply familiar with the NHIP's operational context, having received

specialized training in qualitative interview techniques, ethical research conduct, and the specific thematic focus of this study. Each interview spanned approximately one hour, was audio recorded, and subsequently transcribed verbatim to support thorough analysis.

2.5 Data Analysis

The content analysis of in-depth interview data was conducted using the open coding approach, a standard qualitative methodological method. Audio recordings of these sessions, conducted in the Nepalese language, were first transcribed verbatim. The accuracy of these transcriptions was verified against the original audio before translation into English. In the analysis process, transcripts were reviewed to identify key concepts and themes, with similar ideas categorized into overarching themes that reflected the core messages of the data, focusing on perspective insights. To ensure objectivity, another researcher [NS and JW] independently coded all transcripts, with any discrepancies in theme allocation resolved through discussion and consensus, thus minimizing bias in the content analysis.

The interviews and their initial transcriptions were conducted in the Nepalese language,

presenting a potential challenge in accurately capturing the precise meanings intended by respondents. To mitigate this issue, the translations into English and any edited reproductions of quotes underwent a thorough cross-verification process with the Lao research team to ensure they remained semantically faithful to the original Nepalese recordings. Detailed explanations of the study's methodology and the context were provided to enable readers to assess its relevance and applicability effectively. To uphold research integrity, a detailed audit trail was compiled, consisting of comprehensive memos and field notes, in line with established research protocols. Furthermore, data triangulation was employed to enhance the reliability of the study's results. This involved conducting interviews with a wide array of participants from different locations, alongside the collection of field notes and memos, thereby strengthening the validation of the study's conclusions and minimizing the likelihood of data misinterpretation.

2.6 Ethical Clearance

The study was approved by the Committee of Research Ethics, Faculty of Public Health, Chiang Mai University (Document No.

ET035/2023). Written informed consent was obtained from all participants involved in the study. According to the participants' nature and comfort, the researcher read and asked the questionnaire or gave them self-answers. The National Health Research Council (Protocol Registration No. 582/2023, Refer No.583), Kathmandu, Nepal, also approved the study protocol.

3. Results

This qualitative study delved into the experiences, attitudes, and recommendations of government and non-government HCPs regarding the NHIP in Nepal. The analysis was structured around key thematic areas: the NHIP's benefit package, the IMIS, coordination efforts, and the claim and reimbursement process.

Experience and Attitude of HCPs in Benefit Package

Participants view the NHIP health benefit package positively for its broad benefits to the general populace, especially in alleviating financial burdens on patients. However, they raise concerns about its adequacy in covering complex diseases and the financial sustainability of hospitals, due to mismatches between service costs and insurance

reimbursement rates. Such discrepancies highlight the need for the NHIP to undergo periodic reviews and adjustments. Specifically, the suggestion to shift towards a per-unit charging system is seen as a potential solution to ensure that healthcare providers are adequately compensated, maintaining the financial viability of hospitals while continuing to serve the insured population effectively. This feedback underscores the importance of adapting the NHIP to meet evolving healthcare needs and financial realities, ensuring its long-term sustainability and effectiveness.

“So far, we have not heard any complaints... In the case of complicated diseases, the case is different... Else the money of the benefit package is benefitting the common people.”

– (Government Hospital officer 1)

“The benefit package is beneficial... the patients are benefitting from it, but the hospitals are not benefitted... this is because the hospital service rates do not match with the insurance rates.”

– (Government Hospital officer 4)

Improving the NHIP in Nepal involves conducting regular reviews of its health benefit package to ensure comprehensive coverage, especially for complex diseases.

Additionally, implementing a per-unit charging system is recommended to rectify the financial disparities between the costs incurred by hospitals and the reimbursement rates provided by the NHIP. These steps aim to enhance the program's relevance and financial sustainability, ensuring equitable healthcare provision and supporting the operational viability of healthcare providers.

“The benefit package was designed 7 years ago and has remained unchanged since... It would be better to adopt a per-unit charging system.”- (Non-government Hospital officer 11)

Experience and Attitude of HCPs in Insurance Management Information System [IMIS]

Participants' feedback on the IMIS presents a varied perspective among healthcare providers. While the utility of IMIS for processing claims is recognized and valued, concerns about its performance, notably server slowdowns during peak operational hours, have been highlighted as significant hindrances. These technical issues not only disrupt the workflow but also impede the efficiency of claim handling, leading to delays and inconvenience for both healthcare providers and patients. Acknowledging the system's potential and importance in the

NHIP's infrastructure, there is a clear consensus on the need for targeted improvements. Key among these is the enhancement of system performance to handle high traffic volumes without lagging. Additionally, there's a strong call for comprehensive training programs for hospital staff, ensuring they possess the necessary skills and knowledge to utilize IMIS effectively. By addressing these areas, the NHIP can improve service delivery, streamline claim processing, and, overall, bolster the health insurance program's efficiency and responsiveness.

“It is relevant... It has been better than before because now it is much faster than before.”

– (Non-government Hospital officer 7)

“The software is working fine but due to the lack of a double internet facility in our hospital there have been some issues.”

– (Non-government Hospital officer 12)

Enhancing the IMIS involves focusing on boosting server speed and reliability to address performance issues. By introducing multiple servers, the system's load can be distributed more effectively, mitigating the bottlenecks that currently hinder service delivery during peak times. This upgrade would significantly improve operational

efficiency for Nepal's National Health Insurance Program, ensuring smoother claim processing and more reliable access for healthcare providers, thereby enhancing overall service quality for the insured population.

“It would be better if the speed of the server could be increased, it would make our work easier.”

– (Government Hospital officer 1)

“There should be many servers... one server for the whole county sounds impractical... the HIB must work out to make it fast and responsive.”

– (Government Hospital officer 2)

Experience and Attitude of HCPs in Coordination

The participants revealed that the effectiveness of Nepal's National Health Insurance Program [NHIP] is hampered by inadequate coordination and support from the Health Insurance Board [HIB], with healthcare providers citing poor communication, infrequent meetings, and a slow reimbursement process as major issues. These challenges lead to operational difficulties and financial strains for hospitals, affecting the quality of care for insured patients. However, instances of effective

support from provincial authorities indicate potential for improvement. Enhancing communication, increasing the frequency of stakeholder meetings, and streamlining the reimbursement process could significantly improve the NHIP's implementation and effectiveness, ensuring better healthcare access for Nepal's population.

“I have had no interaction with anyone about the insurance scheme... coordination is inadequate and unsatisfactory.”

– (Government Hospital officer 4)

“Since review and meeting programs are not organized, the coordination part is weaker. There is no direct linkage with the HIB.” – (Government Hospital officer 6)

Enhancing the NHIP in Nepal necessitates improved coordination through the initiation of regular review meetings and targeted training programs for healthcare providers. Proactive communication from the HIB, alongside effective grassroots monitoring, is crucial for addressing implementation challenges and refining the referral system. These measures aim to foster a more unified and efficient NHIP, ensuring better healthcare outcomes for the insured populace.

“For smooth coordination, at local levels, a committee could be formed which can effectively monitor... Sometimes there is no medicine in stock, and there is no one to coordinate promptly.”

– (Government Hospital officer 1)

Experience and Attitude of HCPs in Claims and Reimbursement

The participants stated that the NHIP's claims and reimbursement mechanism is frequently described as inefficient and opaque, causing significant financial challenges for healthcare facilities due to prolonged payment delays. The stringent handling of claims, where even minor paperwork inaccuracies lead to rejections, compounds the frustration experienced by healthcare providers. This inefficiency necessitates a comprehensive overhaul to expedite the claims process, clarify submission guidelines, and improve dialogue between healthcare entities and the Health Insurance Board. Implementing these changes is vital for alleviating the financial pressures on healthcare institutions and ensuring consistent, high-quality medical care for those covered by the NHIP.

“The claim and reimbursement process are very slow. The claim made last year has still

not been reviewed, and it has made it very difficult for us to provide services.”

– (Government Hospital officer 6)

“Timely reimbursement must be done... for example, last year's reimbursement documents were just reviewed a few months ahead... But at present, reimbursement documents are being reviewed every 3 months, and this is a good sign of improvement.”

- (Government Hospital officer 2)

To enhance the NHIP, participants suggest setting defined deadlines for reimbursements, upgrading claims processing software for efficiency, and increasing the HIB's staff dedicated to claims processing. This approach aims to streamline operations, reduce processing delays, and improve financial predictability for healthcare providers. Additionally, providing detailed explanations for claim rejections would improve transparency, aiding hospitals in avoiding future issues. Implementing these measures is expected to foster a more collaborative and efficient environment, ensuring timely reimbursements, and maintaining the quality of patient care.

“We are not satisfied with the claim and reimbursement process. HIB has strictly

mentioned to claim within a week... But is it appropriate if they do not review it for months and do not provide reimbursement for years?" – (Non-government Hospital officer 9)

Additional Insights

Participants report, an increase in patient flow and satisfaction with National Health Insurance Nepal, highlighting its positive impact on healthcare access. Despite these successes, areas for improvement have been identified to enhance the program's efficiency and coverage. Key suggestions include accelerating the reimbursement process to alleviate financial pressures on healthcare providers, upgrading the IMIS for better performance, and expanding training for healthcare workers to navigate NHIP processes more effectively. Introducing a co-payment system is proposed to encourage judicious use of services while expanding coverage to include more services and boosting public awareness about the NHIP are seen as vital steps for broadening its impact. Addressing these suggestions would refine the NHIP, ensuring it continues to meet the healthcare needs of Nepal's population effectively.

“Everything is fine... it would be better if the speed of the server is increased and if timely

reimbursement is done. Everything is satisfactory.”

– (Government Hospital officer1)

4. Discussion

The feedback from participants underscores a positive reception towards the NHIP health benefit package for its role in alleviating financial burdens on patients and enhancing access to healthcare services. This perception aligns with the principal objectives of health insurance schemes globally, which aim to reduce out-of-pocket expenditure for healthcare and improve healthcare accessibility [17]. However, the concerns raised about the adequacy of coverage for complex diseases and the financial sustainability of hospitals due to the mismatch between service costs and insurance reimbursement rates are critical. These issues reflect a common challenge in health insurance programs, where ensuring financial viability while providing comprehensive coverage remains a balancing act [18].

The suggestion for the NHIP to undergo periodic reviews and adjustments is well-founded. As healthcare needs evolve and economic conditions change, health insurance packages must be adaptable to

ensure they continue to meet the needs of the population effectively [3]. The case of Nepal is not isolated, as many countries face similar challenges in updating their health benefit packages to reflect current healthcare demands and economic realities [19]. The proposal to shift towards a per-unit charging system represents a strategic approach to addressing financial discrepancies between the costs incurred by healthcare providers and the reimbursement rates provided by the NHIP. This system could potentially offer a more equitable compensation model for healthcare services, aligning more closely with the actual costs of care provision. Such a model that has been explored and implemented in various contexts, showed promise in enhancing the financial sustainability of hospitals without compromising patient care [20].

The research finding shown on the implementation and functionality of the IMIS within the NHIP in Nepal presents a nuanced view that balances the recognized utility of such systems in streamlining claims processing with the challenges posed by technical limitations, notably server slowdowns during peak operational hours. These issues underscore the critical balance

between technological innovation and operational efficiency in healthcare delivery, reflecting broader trends in the integration of information systems within health insurance frameworks globally. The concerns highlighted regarding IMIS performance issues, such as server slowdowns, are not unique to Nepal but resonate with global challenges in health information technology implementation, where the scalability and reliability of systems are paramount to their success [21]. Enhancing system performance to handle high traffic volumes without lagging is essential for maintaining the continuity of care and ensuring the timely processing of claims, a cornerstone for the financial sustainability of health insurance programs.

Moreover, the call for comprehensive training programs for hospital staff emphasizes the importance of human factors in the effective utilization of HIB systems. As noted by Lin et al. (2019), the alignment of technology with user capabilities and needs is crucial for optimizing the benefits of such systems, suggesting that investments in technology must be paralleled by investments in capacity building. The potential for IMIS to bolster the efficiency and responsiveness of the NHIP underscores the transformative

power of digital health solutions in addressing systemic challenges within healthcare delivery and financing. However, as highlighted by the participants' feedback, realizing this potential requires addressing the technical and operational challenges that currently impede system performance [22].

The effectiveness of Nepal's NHIP is indeed marred by coordination challenges, with healthcare providers pinpointing deficiencies in communication, support, and reimbursement processes as significant impediments. These operational hurdles contribute to financial strains on hospitals and affect the quality of care available to insured patients. However, instances of effective support from provincial authorities hint at the untapped potential for substantial improvements. Addressing these coordination challenges is critical for the NHIP's success, necessitating enhanced communication, regular stakeholder meetings, and a streamlined reimbursement process to ensure accessible and quality healthcare for Nepal's population [23]. In the broader context, the challenges faced by NHIP in Nepal align with global experiences in implementing national health insurance programs, where inter-sectoral coordination and stakeholder engagement emerge as

pivotal for program success. The integration of regular review mechanisms, targeted training for healthcare providers, and the establishment of effective communication channels can serve as foundational steps towards overcoming these barriers [24]. Moreover, the establishment of local monitoring committees could facilitate prompt responses to operational issues, such as medication shortages, thereby enhancing the NHIP's implementation and effectiveness [25, 26]. To foster a more unified and efficient NHIP, it is crucial to prioritize the development of a robust coordination framework that encompasses proactive communication from the HIB, along with grassroots monitoring and engagement. These strategic interventions are essential for refining the referral system, streamlining claim processing, and ultimately ensuring better healthcare outcomes for the insured populace [27].

The inefficiencies and opacity in the NHIP's claim and reimbursement mechanism, as described by healthcare providers in Nepal, highlight significant systemic challenges that impede the program's effectiveness and financial stability for healthcare facilities. The prolonged delays in payment, coupled with the strict handling of claims where

minor paperwork inaccuracies lead to rejections, exacerbate financial pressures on healthcare institutions and compromise the quality of medical care available to those insured under the NHIP. This scenario necessitates a comprehensive overhaul of the claims process, emphasizing the need for expedited procedures, clearer submission guidelines, and enhanced dialogue between healthcare entities and the HIB [23, 28, 29]. To mitigate these challenges and improve the NHIP's operational efficiency, stakeholders suggest the implementation of defined deadlines for reimbursements, the upgrade of claims processing software, and an increase in dedicated staff for claims processing within the Health Insurance Board [23, 29]. Such measures are anticipated to streamline operations, reduce processing delays, and enhance financial predictability for healthcare providers. Moreover, providing detailed rationales for claim rejections would foster transparency and assist hospitals in circumventing future complications. The adoption of these reforms is expected to cultivate a collaborative and efficient environment, ensuring timely reimbursements, and maintaining the quality of patient care [30]. The NHIP's experiences mirror broader issues faced by health insurance programs globally, where efficient

claims and reimbursement processes are pivotal for sustaining healthcare providers' financial health and ensuring patient access to necessary care. The case of Nepal underscores the importance of continuous evaluation and adaptation of health insurance mechanisms to address evolving challenges and improve healthcare delivery outcomes.

5. Conclusion

This qualitative study provides an insightful examination of healthcare providers' perspectives on Nepal's NHIP, highlighting its contributions to improving patient access and financial relief, alongside notable concerns. Providers applaud the NHIP for reducing patients' financial burdens and expanding access to healthcare but point out critical shortcomings, such as the program's limitations in covering complex diseases and financial challenges due to the mismatch between service costs and insurance reimbursements. The study underscores the necessity for the NHIP to adopt flexible strategies, like regular reviews and a per-unit charging system, to ensure fair compensation and sustainability. Technical issues with the IMIS and inadequate support from the HIB are identified as significant barriers, necessitating technological improvements, enhanced staff training, and better

coordination. Recommendations for system enhancements, including faster reimbursement processes, IMIS upgrades, and broader training, aim to bolster the NHIP's efficiency and coverage, emphasizing the need for strategic adjustments to meet Nepal's evolving healthcare demands effectively.

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