Author's response to reviews

Title: Rural-to-urban Migration and Its Implication for NCMS Coverage and Utilization in rural China

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Version: 3 Date: 2 May 2011

Author's response to reviews: see over
Cover Letter

We appreciate the comments from reviewers and the work of the editor. We have sought to address specific issues, and where needed change the text of the paper.

First of all, we would like to address the question of causal inference that was asked by the reviewers and the editor. We agree that cross-sectional nature of the data does not allow causal inference, and we have carefully modulated the language in the manuscript and the title of the paper.

Response to Dr. Weiyan Jian’s comments

Comment 1 and 3: causal inference issue

This study could not establish cause effect relationships of migration, household economic status, and NCMS enrollment. We have carefully addressed this issue in the revised paper.

Comment 2: Using household as observation limited important individual variables into regression.

We agree individual variables such as age, disease histories are important factors affecting the participation willing of health insurance. However, the NCMS regulates the participation unit should be household rather than individual to avoid the effect of adverse selection due to age, health and so on. There might some households break the rules with some young and healthy family members not participating in the NCMS, but it does not happen often, and is not the issue that we want to address in this paper. Therefore, we think it is appropriate to conduct analysis on a household level in our study.

Comment 4: Multicollinearity issue
Household migration rate was related to household economic status in our study, the coefficient of which was 0.23. This is not enough to cause multicollinearity.

Comment 5: International experiences and pilots of health insurance systems integration in China for immigrants and migrants should be talked about. We share the concern and have added related materials in the paper.

Response to Dr. Shenglan Tang’s comments
Comment 2 and 3: To put a few related international literature; to provide updated data and policies related to NCMS; to change a few terms; and to introduce to detailed NCMS policies and regulations. We appreciate the Reviewer’s comments and have addressed these issues in the revised paper.

Comment 4: Methodology related issues
We have added some details in the methodology parts.

Comment 5: Explanation of result section 3.2
We have carefully modulated the language.

Comment 6: The paper failed to provide any date related to the use of hospital care by the migrants. And why young migrants will find the reimbursement process complex or being uncertain about NCMS policies. We further analyzed our data, providing additional data of where non-migrants and migrants to seek hospital care and reimbursement rate in hospitals at different levels. Since the NCMS was initiated in Fushun and Hongan in 2005 and in Langzhong in 2006, rural people may not have been well informed, especially those who are not usually at home. We think this could be solved with the development of the NCMS and have added some discussion in the
Comment 7: Problem of discussion part
We have revised the introduction and discussion parts according to the Reviewer’s suggestion.

Comment 8: Conclusion parts
We appreciate the suggestion and has made revisions.

Comment 9: The paper may need a short section presenting policy implication.
We have integrated this into the discussion part.

Response to Dr. Rachel Tolhurst’s comments
Comment 1 (a) definition of migration: We have clarified in the revised paper
Comment 1(b) definition of people who suffered major illness: We have clarified in the revised paper
Comment 1 (c) how the counties were selected: they were purposively selected.
We have added this in the methodology part.

Comment 2 and 5: causal inference issue
We agree with the Reviewer, and have cautiously addressed this issue in the revised paper.

Comment 3: Relationships between migration, household economic status and enrollment rate.
The reviewer is right that the relationships between them are complex. We have carefully modulated the language, hoping making these issues clearer.

Comment 4: The discussion part failed to provide policy options.
We appreciate the Reviewer’s comments, and have revised the discussion
part to make the policy implication more reasonable.

Comment 6: Lack of support from international literatures. We have added some related international literatures in the revised paper.

Comment 7: Title could better convey the content of the paper. Since our study could not establish cause effect relationship, the title was not appropriate. Mindful of the Reviewer’s concern, we have modulated the title.

Comment 8: Abstract statement on cause effect relationships. We have carefully modulated the language.

Minor essential revisions
Comment 1 (a): we have provided update information. Comment 1 (b): we have clarified it in the revised paper. Comment 1 (c): we have added some more related literatures

Comment 2 (a): we have clarified. Comment 2 (b): we have added notes for explanation. Comment 2 (c): we have revised them both in discussion and conclusion parts.

Comment 3 (a): we have added some characteristics of Chinese migrants. Comment 3 (b): we have added data of the reimbursement rate in hospitals at different level for rural residents who seek hospital care, and as well as some more explanation. Comment 3 (c): we have modulated the language.

Comment 4 (a, b, c): We appreciate the Reviewer’s careful work, and have modulated them correspondingly.
Comment 5: We have moved the footnotes to the end of the paper.