Reviewer’s report

Title: The Impact of Rural-to-urban Migration on The New Cooperative Medical Scheme in China -- A Neglected Issue

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Reviewer: Shenglan Tang

Reviewer’s report:

The manuscript addresses a very important policy issue which concerns a huge population in China. It is an additional welcome to current debate on developing health financing systems - towards to universal coverage in developing countries. Hence, the paper is of importance and relevance to academics and policy-makers who are interested in health systems reform, in particular, in developing countries. However, the manuscript needs to be improved by considering following issues and suggestions.

1. The paper tries to address implicitly two big questions: a) Has the rural-to-urban migration in China got positive impact on the development of NCMS, and b) Has the current design of NCMS provided fair policies/benefits towards these migrants? Unfortunately, both two questions were not well addressed for one reason or another, due to factors outlines below.

2. In the background, the authors of the paper needs to put a few international literature related to the development of health insurance/prepayment schemes concerned by other developing countries. That would help readers put this paper into international context and also justify the publication of the paper at an international journal. In addition, the authors of the paper needs to provide updated data and policies related to NCMS, although we understand that the paper focuses on the situation of NCMS in 2006. NCMS has changed significantly in China. Updates on its policy and practices in the background introduction would be helpful. Further more, a few terms needs to be changed (e.g. rural community health center should be township health centre in China - the same level as sub-district health center in African countries; ‘a participating rural resident will be compensated 2,000 - 3,000 Chinese yuan/RBM’ should be a ceiling level of reimbursement for each hospital admission was set at the level of 2,000 -3,000RBM. ‘Hukou system’ is a household registration system introduced in early 1950s in China.

3. In the background section, a little bit introduction to detailed NCMS policies and regulations should be given. For example, national guidelines of NCMS focus on the coverage of inpatient care, while many countries and provinces have in fact developed a benefit package covering both outpatient and inpatient services; although the NCMS designated/approved health facilities are often country general hospitals and township health centres, many schemes do cover the services provided by providers outside of the own counties.
4. Mentodology related issues: The definition of rural-to-urban migrants needs to be clearer. If those left their household registration county only for one week, would they be regarded a migrant? Was the length of being away from home set out for the study? In the description of data collection, a more detailed introduction is required. For example, what were main info included in the questionnaires? whether or not a pilot study was conducted? who did interviews using the questionnaires.

5. Result Section 3.2, Table 3 (not Table 4 as labelled in the text) indicated that the households with migrants were more likely to have higher income than those without. However, this factor has not got a huge effect on the enrollment of NCMS (89.2% v.s. 89.5%). Although the logistic regression analysis shows a statistically significant impact of 'migration' on the enrollment of NCMS (due largely to a large study population), it is not meaningful at a policy level, given a small percentage difference. Hence, the statement of "increased household economic status of (due to migration) would potentially improved enrollment of the NCMS" needs to be re-visited.

6. One main result emanating from the study was that the migrants covered by NCMS received less reimbursement from the schemes those who stayed at home in 2006. The study used self-reported reasons to explain this result. There are a number of problems related to this issue. First, as reported by the study, the rural-to-urban migrants tend to be younger than those who stayed at home. Hence, they may be less likely to need healthcare, and thus the reimbursement was less. Second, the paper claimed that the reimbursement received by the migrants was less because they used hospitals not approved by the NCMS. The paper failed to provide any data related to the use of hospital care by the migrants (e.g. where, number/rate of hospitalization admission, length of stay, and expenditure of hospital care outside of their own counties, etc). Third, the statements of "finding the reimbursement process complex" or being uncertain about NCMS policies" need to be elaborated. Those people are relatively younger and better educated. The question here is why they made such statements.

7. Discussion - many parts of the discussion are just re-statement of what has been already said in the introduction and presented in the Result Section. Additionally, some new results have been reported in the section, which should not happen. No proper references were used for the discussion. Introduction to NCMS policies and regulations should have been put into Background Section.

8. Conclusion - appropriate conclusions have not been drawn BASED on the results presented in the paper. Most of the Conclusion part is either policy suggestions or introduction of new policies taken place in Sichuan Province of China.

9. The paper may need a short section presenting policy implications or recommendations derived from the study findings.
Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.