Documentation of implementation processes

Empanelment of providers to deliver out patient benefits

Pilot project - Providing out patient healthcare to complement Rashtriya Swasthya Bima Yojana (RSBY)

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This document presents the process involved in empanelment of providers that deliver outpatient healthcare services in the RSBY OP pilot project. It also specifies the role of stakeholders in the process with implementation engagements as recorded in the pilot districts.

This report was accomplished by Triumph Health Enhancing Systems (documentation agency contracted by ICICI Foundation to document the RSBY OP pilot project) after conducting interviews with implementing partners (ICICI Foundation, ICICI Lombard, RSBY State Nodal Agencies in Gujarat and Odisha). The entire exercise spanned from February 2012 to June 2012.

It is advised that the document be read with an understanding of the context and design of the pilot project and be used/shared judiciously only to interpret findings/learning’s if any with in such context. This report neither reflects a generalized view of implementation or impact of the established system.

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Introduction

ICICI Foundation for Inclusive Growth (ICICI Foundation), Rashtriya Swasthya Bima Yojana (RSBY) and International Labour Organisation (ILO) are experimenting new mechanisms to provide outpatient health care to the poor. A pilot project to provide out patient healthcare is being implemented in two districts in India - Puri district in Odisha and Mehsana district in Gujarat beginning June 2011. Provision of outpatient health services is based on expanding the current RSBY inpatient benefit package to include outpatient healthcare services to complement the existing RSBY scheme with the primary objectives of

- To improve the health seeking behavior among BPL population.
- To ensure delivery of quality outpatient services by healthcare providers (both public and private) nearer to the community.
- To provide financial access to outpatient healthcare among BPL population.

To achieve the objectives, a network of providers delivering OP services that could be reached at the earliest needed to be created. Both public and private outpatient healthcare providers were required to be part of this network. A mapping of healthcare providers in the district was done to ensure a fair distribution in each of the blocks to increase accessibility to health facilities by reducing the travel time.

The process where in the identified providers are contracted by the Insurance company (in a similar way as in the RSBY inpatient scheme) after each provider willingly agrees to fulfill the set criteria (defined by the insurance company and RSBY) to deliver the OP benefits package against the specified reimbursable payment is known as ‘Empanelment’. The empanelled providers form a network under the insurance company to provide OP services to all the enrolled RSBY beneficiaries. All the empanelled providers are trained by the insurance company to make them familiar with the RSBY OP benefits package, functioning of the RSBY technology, claims and reimbursement process etc.

Under the OP pilot project, only those providers who had the facility to dispense medicines or assured to provide them by mutual agreements with pharmacies in the vicinity (within the rates agreed for delivering the outpatient package) were empanelled. This was a necessity as OP benefit package includes provision of medicine free of cost along with free doctor’s consultation for each OP visit acknowledging that majority of outpatient expenditure in India is on medicines. The provider thus empanelled after fulfilling all the set criteria is reimbursed by the insurance company to deliver outpatient services at Rs.50 in Puri District-Odisha and Rs.75 in Mehsana district-Gujarat per utilized OP visit. In Mehsana, the empanelled specialist doctors are reimbursed Rs.150 per utilized OP visit.
Establishing roles of stakeholders involved

**Insurer (ICICI Lombard)**

ICICI Lombard is the insurer implementing and delivering the RSBY OP benefits package in both the pilot districts. It is responsible for empanelment of providers who will deliver out patient health care services to the beneficiaries. The insurer and the empanelled provider sign a MoU that details the agreed terms of service delivery and payment for providing such services to the RSBY beneficiaries. The insurer directly reimburses the payments agreed per OPD visit to the providers. It is also responsible for contracting and liaising with the technology partner to install the required RSBY technology at the empanelled clinics, train the providers on use of technology and manage it by continuous technical support during trouble shooting.

**ICICI Foundation**

ICICI Foundation performed the provider mapping exercise in both the districts by working with research agencies. This was important to understand the location and infrastructure available at the provider keeping in mind the objectives of the project – providing best possible out patient healthcare nearer to the community.

**Technology Partner (FINO)**

The technology partner is contracted by the insurer to support empanelment through technology installation at empanelled providers and training of providers on use of technology. The technology partner is also responsible to provide post installation support and act as the point of contact to providers to respond and address any reported troubleshooting through out the duration of the pilot.

**Empanelled Healthcare Providers**

All the healthcare providers who agree to get empanelled individually sign a MoU with the insurance company to deliver the OP benefit package to the beneficiaries arriving at their facility. About 55 private providers and 70 public facilities in Mehsana; 34 private providers and 37 Public facilities in Puri signed the agreement with the insurance company.

**Office of the District Medical and Health Officer (DMHO), Puri**

While every health care provider individually signs the agreement/ MoU with the insurance company agreeing to be empanelled and deliver OP services under
the RSBY OP pilot project, the office of the DMHO, Puri signed the agreement with the Insurer on behalf of all the public health facilities empanelled. The DMHO office provided the list of the public facilities empanelled and committed to ensure operations of the RSBY OP pilot project in all the empanelled facilities.

Empanelment criteria

- Providers (private hospitals/OPD clinics or the public health facilities) should be managed by a registered medical practitioner whose degree (MBBS/BUMS/BHMS/BAMS) has been recognized by any national board of health and medical sciences. In case of specialists (Mehsana) they must have similar recognition of degrees by their respective state and national boards.
- The provider should ensure to provide all OPD health services necessary as per the benefit package for RSBY OP project. Facilities should commit to use the RSBY technology. The doctor himself can operate the RSBY technology or an operator could be deputed for the purpose.
- The provider should have the facility to dispense drugs or should ensure to provide drugs at the rates agreed upon for the scheme by mutual agreements with pharmacies in the vicinity. In such cases, the payment for drugs to the pharmacies is done directly by the practitioner of the clinic.

Empanelment process

The insurance company empanelled healthcare providers according to the facility mapping conducted. The process of empanelment consists:

1. Health facility mapping
2. Contracting the providers – Signing the MoU
3. Installation of the hardware and software solution being used for the RSBY OP pilot project. (Point of service (POS) Installation)
4. Training the providers on RSBY OP benefits package and use of RSBY OP technology

Mapping of health facilities

Health facility mapping was conducted in both the pilot districts. Health facilities were to be identified and categorized basis of presence of necessary infrastructure, qualifications to provide quality care to the beneficiary and their location. A detailed mapping of healthcare providers (public facilities, private hospitals, individual practitioners, pharmaceutical shops, diagnostic providers etc) was carried out. The study provided details of health care providers, their location and distance from the community, infrastructure present (medical equipment, computer facilities, internet connectivity, laboratory facilities, nearest
pharmacy), human resources available, qualifications, average number of patients served per day and average fee for consultation and drugs per visit. The distance between referral centers and the clinics was also captured with a vision to form a referral system to provide comprehensive health care services for the enrolled to seek care at the right time from a qualified provider. Additionally, especially in case of public facilities, it was also reported if the facility had a Rogi Kalyan Samiti (RKS) and a separate bank account. This was necessary as the provider payments for the OP services provided were to be transferred to bank accounts and spent at discretion of RKS.

**Contracting the healthcare provider**

The insurance company contracts the identified provider that fulfills the set criteria for RSBY OP pilot project after the provider willingly agrees to be part of the project. The Insurer first approaches the provider and gives him the details of the scheme and the functionalities that would come with being empanelled. The provider may agree in the first instance or it may take many more consultations to understand the project and the responsibilities that come along with it. Once it has been decided, the agreement/ memorandum of understanding (MoU) is signed between the insurance company and the provider. The agreement defines scope of service, time line of agreement, deviations, predefined prices, technical parameters, and payment terms. In case of public providers, according to the context, each provider may sign a separate agreement (Mehsana) or the district health authority signs the agreement of behalf of the all identified public providers (Puri).

**Installation of RSBY OP technology at the empanelled provider**

Once the provider is contracted the insurance company sends a request to the technology partner to install and activate the RSBY OP technology (POS) at the empanelled provider. A representative from the technology partner visits the empaneled provider and installs the RSBY OP technology. The representative also provides training to the doctor/ operator/ others who would be involved in operations of the RSBY OP technology by practically demonstrating every aspect.

**Provider training**

The insurance company trains empanelled providers on the delivery of RSBY OP benefit package, process of claiming and reimbursement of payments and the technology partner trains them on use of the RSBY OP technology. Training is conducted at several levels:
1. Initial training by the customer service team of insurer and the technology partner during installation of RSBY OP technology at every empanelled provider.

2. The insurer and technology partner once in every two months conduct district level workshops. Insurer develops the content on benefits package and Technology partner practically shows the operations of RSBY technology.

3. At times aided practitioner-to-practitioner learning has also been conducted. One provider is chosen and other providers from nearby blocks are invited to come and learn from the operations at the clinic under the guidance from the technology partner and the insurer.

**Implementation engagements**

- During initial discussions, the implementing partners thought of empaneling only the public providers. As the concept and idea of the project started to take final shape, they realised distribution of public providers was not uniform especially in Puri. Most of the public facilities were not accessible from remote areas. Also function of public facilities was questionable due to lack of human resources, drugs and other necessities required to deliver continuous services. Thus, to provide continuous OP services and decrease travel time for beneficiaries they decided to include both public and private facilities. Further, providers rendering non-allopathic (Ayurveda, Homeopathy) medical systems were also empanelled as these systems were as popular as allopathy and in some blocks even more popular (due to concentration of allopathic practitioners in urban and semi urban areas than rural areas).

- In RSBY OP project it was decided to empanel at least five providers in each block. In the RSBY Inpatient scheme one provider is empanelled per ten thousand enrolled.

- The criteria for empanelment as given above were agreed by all the implementing partners. Initially internet connectivity was not included in the criteria but as the empanelment progressed, in the districts it was felt internet connectivity (a necessity for installation of the RSBY OP technology) was included in the criteria.

- The empanelment of providers is responsibility of the customer support team at ICICI Lombard. The team at Bhubaneswar and Ahmedabad headed by respective district officer and supported by the Head office in Mumbai took care of entire process. They are responsible for creating product awareness among providers, negotiating with providers, signing of MoUs,
negotiating with FINO, liaising with necessary public administration and public health authorities and monitoring FINO in installation and training.

- **In puri,** the empanelment took about 2.5 months. ICICI Lombard considers that it took very less time as some of the private providers were already involved in artisan and weavers scheme of ICICI Lombard making it easier for providers to understand the project and the responsibilities while district ealth authority was already implementing RSBY IP at its district head quarters hospital. Totally 71 providers were empanelled of which 34 are private providers and 37 public providers (1 District head quarters hospital, 2 area hospitals, 14 community health centers and 18 Primary health centers) and the RSBY technology was installed in 59 facilities (.34 private and 25 public).

- **In Mehsana,** a total of 125 facilities are empanelled among which 55 are private facilities and 70 are Public facilities. 53 primary health centers, 14 Community health centers, Cottage hospital Unjha, Sub district hospital Visnagar, District head quarters hospital Mehsana are the public facilities empanelled. RSBY technology has been installed in all the facilities.

- Provider training was conducted at various levels as described above. After first 3 months of implementation, the implementing partners stumbled as problems with technology usage was attributed one of the reasons for low utilization levels for OP services at providers. On further probing, they understood that some providers felt it difficult to operate and others felt the technology had issues with fingerprint matching, entry of data into the software, uploading claims etc. The implementing partners decided to fill the gaps by conducting refresher training for all empanelled providers in both the districts. A team comprising of one representative each from ICICI Foundation, ICICI Lombard and FINO, the technology partner was created to provide this training. The team visited each facility, enquired about the difficulties, provided quick respite for challenges related to the usage of RSBY technology such as providing on site refresher training to the personnel operating the RSBY technology.

**Challenges**

- Initially private providers were not very open to the idea of RSBY OP project. The insurance company has made several visits to explain the concept and convince them (specially in Mehsana). One of the major reason was technology. Majority of the providers in both the districts were not very well versed with the use of computers. Also they believed
that technology (Smart card, Data entry) would increase the time they spend on each patient, decreasing the number of patients they usually see in a day. Another strong reason was the provider payment per visit was less than the market price (Rs.50 in Puri and Rs.75 for non specialist/Rs.150 for specialist in Mehsana).

Even after empanelment 1 provider in Puri and 2 in Mehsana withdrew their participation due to low provider payments. RSBY OP works on volume and as utilization levels were low they did not consider it viable business for them.

In public hospitals some doctors did not welcome the idea, as they did not have the time to operate the technology and needed operators to be recruited and trained. Secondly the doctors at these facilities were reluctant in promoting the RSBY OP benefit (more so in Mehsana than in Puri) as they are not incentivised for the services provided.

- Personnel (data entry operators) at public facilities was inadequate especially in Puri. Limitation of Januashadhi drugs supply planned to be delivered to beneficiaries of the RSBY OP pilot attending public facilities made it difficult to start operations.

However, majority of the public health facilities OP services for RSBY card holders became operational since January 2012 in Puri and in February 2012 in Mehsana.

- Initially during installation of RSBY technology, there were delays due to lack of continuous internet connectivity. Connectivity is needed during the installation of OP software as this requires series of data downloads from the central server to the provider laptop/computer. To ward off delays and function even with 20-30 minute presence of internet connectivity the amount of data to be downloaded for installation was decreased. Another option was provided where the FINO representative would carry the data for installation in a CD or a data card avoiding downloading of data.

**Learning’s**

- The rate of reimbursement to providers per OP visit is the main deal breaker for private providers to be interested in participating in the RSBY OP pilot. Currently the providers both in Puri and Mehsana are not so satisfied with the rate of payment. They are unable to provide the entire benefit package (free consultation and free drugs for 7 days and follow up visit defined as one
OP visit) with the current rates. So the payment rate per OP visit should be reviewed or the benefits package must be altered accordingly.

- At public providers, to sustain the interest generated among the doctors and other staff, incentives for delivery of OP services through the RKS should be made available similar to RSBY IP which would also improve service delivery and availability of medicines/personnel at all times at these facilities.

- Provider training is the most important step where in the doctor/operator of the particular provider can be impressed upon use of technology and its advantages. The technology partner must give thus training one on one to each doctor/operator of the provider.

- In several blocks in Puri and Mehsana there is availability of qualified alternative medicine practitioners. People also believe them and utilize their services. Except for few in Puri such practitioners have not been empanelled under RSBY OP. Two empanelled homeopathy providers in Brahmagiri block Puri are popular and have recorded good utilization numbers. So more empanelment of alternative medicine practitioners can also be looked into.

- The overall experience of working with providers until now, it can be viewed that dependence on private providers should be less. More emphasis should be on public providers as their utilization levels for RSBY OP have gradually improved. Additionally with a comprehensive objective of ensuring healthcare to poor, RSBY OP would bring in more finances for these facilities to improve the existing system – continuous supply of drugs and availability of providers, better facilities for RSBY beneficiaries etc.