Documentation of implementation processes

Enrollment of RSBY beneficiaries

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

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This document presents the process involved in enrollment of beneficiaries in the RSBY OP pilot project. It also specifies the role of stakeholders in the process with implementation engagements and timelines 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 must 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 out patient 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 out patient healthcare among BPL population.

Under the pilot, outpatient healthcare benefits package is offered to the same BPL households that are eligible and have registered for RSBY’s inpatient scheme. Registration of beneficiaries is one of the unique features of RSBY scheme and it ensures exact identification of the beneficiary household. Previously, in certain insurance-based schemes Governments paid the Insurance Company premium based on the estimated number of poor and then Insurance Company was supposed to serve this population. The evident lack of accountability and inability to identify the poor led to low utilization and mis-utilization of benefits. Therefore, RSBY introduced an enrollment process carried out in the field, issuing a smart card to the beneficiaries enrolled at the village level. The Insurance Company reaches all the beneficiaries individually issue them a smart card. Then only Government will provide the premium to the Insurance Company.

The process of authenticating the identity of the beneficiary household, registering them and providing the biometric enabled smartcard is called ‘enrollment’. Enrollment occurs before the beginning of each policy year at every village where the beneficiary households exist. The insurance company is responsible for enrollment of beneficiaries supported by the RSBY State Nodal Agency. It sets up an enrollment center at every village on a scheduled day to register the beneficiaries and provide the smartcard to them on the spot/same day after registration. For both products (inpatient and outpatient) enrollment was done at the same time. Each BPL household was required to pay only Rs.30 towards registration fee, thought to provide ownership, despite the small amount involved. The process normally takes less than ten minutes per household.
The following three simple steps occur during the enrollment –

1. The beneficiary (BPL household according to the list finalized by the respective State Government and Ministry of Labour and Employment, Government of India) is identified in a particular village.

2. The beneficiary household (maximum up to five members in a household which includes the head of household, spouse and up to three dependents) provides fingerprints and photographs at the enrollment station.

3. The beneficiary household pays Rs.30 as registration fee at the center and one biometric enabled smartcard is issued on the spot in the name of the head of the household with details of all the enrolled members.

In case of migrant workers in the household, cards are split to carry a share of the coverage with them separately to use his/ her smart card in any RSBY empanelled hospital across India.

The beneficiary household members are required to use this smartcard at all the health facilities empanelled under RSBY to utilize the services. The biometric enabled smart card ensures that only the real beneficiary can use the smart card. The health facilities are IT enabled and are obliged to use the IT platform to verify and authenticate the beneficiary before providing the required services. This process eliminates fraud and mis-utilization of services and also ensures a smooth data flow regarding service utilization periodically.

**Role of stakeholders involved in Enrollment**

**Ministry of Labour and Employment, Government of India (MoLE)**

- Validates the final list of BPL households to be covered, provided by the state government after quality checks of the data.
- Provides guidelines on enrollment process - number of enrollment kits to be deployed along with the manpower requirement, FKOs, time lines for enrollment, creation of awareness on the benefits package during enrollment.
- It also ensures that only Certified Software by MoLE shall be used for issuance of smart card.
- Issue smartcards and key cards according to requests from the SNA
RSBY State Nodal agency (SNA)

- The designated SNA in the state is responsible for tendering and selection of the insurer in the district.

- It prepares the list of BPL households to be covered under RSBY.

- Sends request for smartcards and key cards (District Key Manager and FKO cards) according to guidelines to MoLE.

- Ensure availability of sufficient number of Field level Government officers who will be called Field Key Officers (FKO) to accompany the enrollment teams as per agreed schedule for verification of identified beneficiaries at the time of enrolment. At least 1 FKO is appointed for every 300 beneficiaries, expected at the enrollment camp. In case the BPL list for a location is more than 300, they should get more than 1 FKO.

  FKO's identify the head of the household during enrollment either by face or with the help of identification document (Can also make use of the Gram Pradhan or any other person to correctly identify the beneficiary). They ensure that the enrollment team is collecting the name, gender and age data of dependents in the field and make corrections in case of any mismatch. They also make sure that the enrollment team is not ‘willingly’ excluding any member of the identified and verified BPL households for RSBY enrollment. Immediately after card is printed, they validate the card by inserting his/ her smart card and providing fingerprint. They check if the enrollment team is collecting Rs. 30 and issuing the smart card on the spot (over the counter) to the beneficiary household.

- Consult with the insurer and District administration to chalk out the enrolment schedule up to village level by identifying enrolment stations in a manner that Insurer and smart card vendor can complete the task in time.

Selected insurer (ICICI Lombard)

- Insurer will contract a Technology partner/vendor for enrollment and organize training sessions for the enrollment teams so that they are trained in the enrollment process according to the guidelines of MoLE

- The agency (FINO) contracted by the Insurer enrolls the identified beneficiary families based on the validated data provided by the insurer and issues Smart card to households as per RSBY Guidelines.

- The insurer will arrange for the smart cards as per the Guidelines.

- Insurer/Technology Partner in consultation with the State Government/Nodal Agency and District administration chalk out the enrolment schedule
up to village level by identifying enrolment stations in a manner that representative of Insurer, State Government/Nodal Agency and the technology partner can complete the task in scheduled time.

- The insurer ensures that the announcement team comprising the representatives from the technology partner undertakes the publicity about the enrollment drive for enrollment of beneficiaries in consultation with the State Nodal Agency and district administration (block Development Officers) in respective villages.

- The insurer ensures the enrollment agency to commit and place sufficient number of enrollment kits and trained personnel for enrollment in a particular district based on the population of the district so as to ensure enrollment of all the target families in the district within the time period provided.

- The insurer monitors the enrollment process by deploying a district coordinator on the field accompanied by a district officer from the technology partner

**Technology partner (FINO)**

- List of identified beneficiary households as provided by the insurer is posted prominently in the village/ward.

- The enrolment team shall visit each enrolment station on the pre-scheduled dates for enrolment and issuance of smart card.

- The enrollment team gets all the enrollment kits and necessary technology for enrollment according to guidelines specified by the MoLE and Insurer. Enrollment kit includes at least a smart card printer, Laptop, two smart card readers, One fingerprint scanner, web camera, certified enrollment software and any other related software.

- The enrolment team will collect the photograph and fingerprint data on the spot of each member of beneficiary family getting enrolled in the scheme.

- The enrolments team hands over the activated smart card to the beneficiary at the time of enrolment itself.
Enrolment process

The unit of enrolment for RSBY is BPL household. The size of the enrolled household can be up to a unit of five for availing benefit under RSBY. A household for enrollment would comprise the Head of the family, spouse, and up to three dependents. The dependents would include such members as listed as part of the family in the beneficiary database validated by the State Government and MoLE. Head of the household will need to identify three members (In cases where spouse is not in the beneficiaries list, four members can be identified) who will be enrolled in the scheme. If the spouse is part of the identified beneficiary family list then it would be mandatory to enroll the spouse.

Preparation for enrollment starts about two months before the enrollment process actually hits the ground.

1. The State Nodal Agency (SNA) prepares a list of BPL households to be covered under RSBY
2. The list is sent for Validation to MoLE that conducts data quality checks and shares it online on its website and sends back a copy to SNA
3. The Insurer or its representative will download the beneficiaries’ data for the selected districts from the RSBY website
4. The insurer contracts a technology partner to conduct the enrollment of beneficiaries.
5. The SNA allocates FKOs and prepares their list in consultation with the concerned district administration.
6. The SNA and the Insurer conduct a district level workshop for all the stakeholders, FKOs, Block development officers, other district administration, technology partner to train them for enrollment process.
7. The insurer, SNA, district administration and technology partner chart out a schedule with time lines, route map, requirement of kits and manpower. Availability of the FKOs at the given time lines in each village forms a key-deciding factor during the planning process.
8. The SNA arranges Key cards by sending a request to the MoLE
9. The SNA receives the DKM card and smartcards from MoLE and generates the personalized Master Issuance Card for FKOs from the DKM after providing the fingerprints.
10. The Insurer or its representative will arrange for the smart cards from MoLE as per the Guidelines provided.
11. The technology partner is instructed to make necessary arrangements for manpower enrollment kits and transport for enrollment and publicity creation on enrollment and the scheme.

12. According to the schedule the technology partner displays the beneficiary household list in the village at prominent locations. (Gram Panchayat Office, Library, school etc)

13. Technology partner also creates publicity through miking of the enrollment day time and place of enrollment station.

14. The technology partner along with the FKO from the village, distribute chits to the beneficiary households 2 days before the enrollment in that particular village making them aware of their eligibility to enroll under RSBY. The chits contain the name of the head of the household and members according to the validated data by MoLE. The household that wants to be enrolled has to come to the enrollment station with the chit.

15. On the day of enrollment, technology partner sets up the enrollment station.

16. The representative of the Insurer, enrollment teams with all the necessary equipment and the FKO are present at the enrollment station.

17. FKO checks on the display of the BPL list in the village

18. He makes sure that the FKO card is personalized with his/ her own details and fingerprints and is not handed over to anyone else at any time.

19. Insurer will place a banner in the local language at the enrolment station providing information about the enrolment and details of the scheme etc.

20. All the beneficiary households are registered as and when they reach the enrollment station and the smartcards are given to them on the spot without delays.

21. For registration, the head of the household with all the household members to be enrolled should be present along with the chit given to them.

22. They all give their fingerprints and photos are taken using the IT enabled platform for enrollment.

23. At this time of enrolment FKO shall identify the head of the family in the presence of the insurance representative and authenticate them through his/her key card and fingerprint.
24. FKO also ensures that the details of all eligible (within RSBY limits of Head of family + spouse + 3 dependents) family members as per BPL list and available at the enrollment station entered on the card, their fingerprint & photograph taken.

25. The beneficiary will re-verify the smart card by providing his/her fingerprint so as to ensure that the smart card is in working condition.

26. At the time of handing over the smart card, the Insurer shall collect the registration fee of Rs.30/- from the beneficiary.

27. The Insurer’s representative shall also provide a booklet in the prescribed format along with Smart Card to the beneficiary indicating at least the following:
   a. Details about the RSBY scheme and benefits
   b. Details of utilising the benefits under RSBY
   c. List of the empanelled network hospitals along with address and contact details
   d. Location and address of district kiosk and its functions
   e. The names and details of the key contact person/persons in the district
   f. Toll-free number of Call Centre of the Insurer
   g. Process for filing complaint in case of any grievance

28. The beneficiary shall also be informed about the date on which the card will become operational (month) and the date on which the policy will end.

29. If a beneficiary complains that their name is missing from the BPL list then FKO makes sure that this information is collected in the specified format and shared with the District administration.

30. If all dependents of a beneficiary, eligible for enrollment are not present at the camp, FKO informs them that those can be added to the card at the District kiosk.

31. The FKO then returns his FKO card to the DKM after the enrollment is over at the location (s) for which the FKO is responsible. Also he hands over the list of left out people, collected at the enrollment camp to the DKM.

32. At the time of returning the card, the data of the households issued with smart cards is downloaded from the card.

33. Data on enrolment is downloaded from all the FKO cards and aggregated for each district. This is the basis for the payment of the premium for the district.
34. Insurer separately submits enrolment data received at specific intervals during enrollment from the Technology partner (FINO) in a pre-specified format to the GoI central server - a second source of enrolment data.

Implementation engagements

The enrollment process was conducted first in Puri and then in Mehsana according to the start of policy date in each of the districts. The SNA in the respective states are Department of Labour, Odisha and Department of health and family welfare, Gujarat. For the both the districts ICICI Lombard was the selected insurer. FINO was technology partner contracted by ICICI Lombard for enrollment in both the districts. FINO was involved as technology partner since inception of the OP project. They are involved in development of OP software, enrollment, empanelment and also project technology support functions.

The implementing partners of the OP project decided that Puri would be the first district to start OP healthcare services. In Puri, the insurance policy was planned to start from 1st July 2011 and end on 30th June 2012. The policy in Mehsana, Gujarat started from 1st November 2011 and is expected to end on 30th October 2012.

Accordingly a plan for enrollment was charted out in line with RSBY enrollment guidelines. The enrollment was to be completed within 2 months of the start date of the policy in both the districts. ICICI Lombard constitutes a business development team at Bhuwaneshwar office to assist and monitor the enrollment. The team liaisons with the SNA, ICICI Lombard head office in Mumbai and MoLE in Delhi on the preparation of the pre enrollment data - quality check of the data and final reverting of data back to MoLE. It also ensures planning of schedule for enrollment - route plan for enrollment, planning of IEC activities etc. FINO supports ICICI Lombard in quality checks of pre enrollment data and matching it against the information given by the state authorities and local bodies, based on the data available.

FINO was given a mandate by ICICI Lombard to complete the enrollment within a maximum period of 3 months after signing the work order and not to exceed 2 months since start of policy date and target a minimum of 70-80 % coverage in both the district. FINO along with the SNA and district administration started to plan accordingly. The enrollment process started on 26th June 2011 in Puri district and in September 2011 in Mehsana district.

Two days before the enrollment procedure in each village, The BPL lists were made available at panchayat offices and other important areas in the village. FINO based on the validated data, distributed chits, and also conducted miking
informing the eligible BPL households to participate in enrollment. In certain villages, gram panchyat office bearers and ASHAs (Accredited Social Health Activist) or some one who know the village well were given the mandate to distribute the chits and sensitize the people to come and enroll into the scheme. After registration, the beneficiaries were provided with a 32KB smartcard and were given the list of hospitals and policy details guide on OP and IP benefits.

The enrollment procedure was conducted in all blocks and villages in both the districts. It was ensured that 30 enrollment kits (25 on field and 5 Back up Kits) were deployed on field per one lakh population to be enrolled and an average each enrollment kit had one operator. On an average 50-60 staff from FINO were deployed - 15-20 for publicity, 15-20 for logistics, one district coordinator for liaison with ICICI Lombard, SNA and the Block Development Officer (BDO). The average productivity per kit ranged from 40-50 enrollments per day, extending to a maximum of 80-90 enrollments. On an average it took 15 days for the teams to complete enrollments in a single block. If there are more than 100 households that did not get enrolled in the particular village, on a specified date, a second enrollment drive was conducted. During first 2½ months of enrollment the priority was to cover the entire district and enroll the maximum number of beneficiaries from the list. The last 15 days of the enrollment period was utilized to cover up the gaps if any.

However several delays occurred during enrollment in Puri district due to geographic and climatic difficulties such as poor access to villages; floods in certain blocks, limited electricity, limited Internet connectivity etc. The delays were intimated to MoLE and the SNA to seek approval for extension of enrollment. The enrollment procedure was extended and enrollment was completed 30th November against 30th September. Consequently, the policy period in Puri was also extended to 30th August 2012 against 30th June 2012 as planned.

<table>
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<tr>
<th>S.no</th>
<th>Particulars of data</th>
<th>Puri District</th>
<th>Mehsana District</th>
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<tbody>
<tr>
<td>1</td>
<td>No of BPL families – MoL list</td>
<td>2,49,721</td>
<td>1,23,000</td>
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<td>2</td>
<td>Actual Enrollments completed</td>
<td>1,31,966</td>
<td>78,283</td>
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<tr>
<td>3</td>
<td>Enrollment Percentage</td>
<td>53%</td>
<td>64%</td>
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</tbody>
</table>
Challenges

- There were issues in the quality of data of BPL households list. The data is from 1997/2001 census causing several discrepancies - including poor data entry, lost records and the lack of updates for deaths, births, marriages and migration. Duplicacy of data has also been noticed. About 10-15% of the data had discrepancies. Sometimes these mistakes in the BPL list led to resentment at the village level reducing the enrolment rates.

- Access to villages in Puri was poor, there were no proper road connectivity and transport facilities. There was no internet connectivity in the remote areas or no electricity beyond four hours which stopped functioning of the kits. This was also coupled with the monsoon season and heavy rains leading to delays in enrollment. Due to rains several enrolment kits broke down due to or FKO could not turn up, there was less turn out or households did not come for enrollment at all. Due to floods in some blocks, enrollment was completely stopped for about 15-20 days.

- The enrolment rate was lower than expected especially in puri district as
  1. The percentage of migration workers are very high
  2. The turn over rate of the beneficiaries to the enrollment station had been very less as the beneficiaries with the RSBY card holders in the previous year (IP) feel they have not got any benefited through the card.
  3. There were several cases in Puri in which the head of the family was deceased. According to guidelines, the household cannot be enrolled with out the presence of head of the family in person at the enrollment station.

Learning’s

- The pre-enrollment data must be observed keenly and matched for quality with the most current data. Also ways have to be found to collect up to date data to ensure accurate enrollment of eligible households.

- The enrollment route planning with all the necessary available pre enrollment data should start 2months ahead of start of the policy date to have leeway time in case of any climatic delays and any other the obstacles.

- IEC activities play an important role especially when the previous insurer’s work has been unsatisfactory or a new product like OP services is being introduced. The IEC activity needs to be carried out 2 months before enrollment and should be followed up regularly till the enrollment drive is completed.