Documentation of implementation processes

Utilization of OP services supported by RSBY OP Technology

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

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This document presents the process involved in utilization of OP services by the beneficiaries supported by the RSBY OP technology platform installed at the empanelled providers 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 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.

The out patient benefit package was designed to be delivered by both public and private empanelled providers. It included the following benefits –

- Out patient health services - free doctor’s consultation and drugs (as per WHO essential drug list) for 10 outpatient visits per year per enrolled household in the empanelled outpatient clinics.
- Each out patient visit allows the enrolled household members to access the outpatient services for a period of 7 consecutive days, should there be a need for follow up within the 7 day duration.

The OP benefit package specially included provision of medicine free of cost along with free doctor’s consultation at each visit acknowledging that majority of out patient expenditure in India is on drugs. Only those providers were empanelled that had the facility to dispense medicines or ensured to provide them by mutual agreements with pharmacies in the vicinity (within the rates agreed for delivering the out patient package).

The provider is reimbursed to deliver these 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. Further, the implementing partners wanted to ensure that the providers deliver all the required medicines as per the diagnosed illness during the visit with in the reimbursable limit per OP visit, for which it was necessary to make sure that the providers had the access to and stocked good quality, low cost medicines.
Service delivery to the beneficiary and reimbursement of claims to the provider are achieved supported by the RSBY technology platform. The OP platform includes a hard ware (biometric card reader, scanner and printer – single instrument) that authenticates the RSBY beneficiary and a computer/laptop installed with a specific OP software where medical details (complaints, diagnosis, treatment) of the beneficiary are entered and recorded during every OP visit against the name of the beneficiary. This recording and further occurrence of the transaction on the RSBY technology is an indicative proof of delivery of service to the beneficiary. The provider is then eligible to claim reimbursement for the particular OP visit only if the technology based transaction has occurred. This transaction is intimated to the insurer through the technology platform as the provider uploads the claims data after delivery of OP services. The insurer validates the claims intimated and reimburses the provider.
Establishing roles of stakeholders involved

The RSBY beneficiary
Under the pilot, outpatient healthcare services are offered to all the enrolled BPL households for the policy year 2011-2012 during the respective time periods in both the pilot districts. Up to five members in an enrolled household are covered. These are the same households eligible for RSBY’s inpatient scheme. Enrollment for both the products (inpatient and outpatient) is done at the same time through collection of biometrics (finger prints) of all the five household members. A single RSBY smart card on the name of the head of the family is issued for each household on the spot during enrollment. The smart card allows the enrolled households to access both inpatient and outpatient services at any of the empanelled providers (public and private).

Empanelled Provider
Both public and private outpatient healthcare providers are empanelled according to the set criteria. The empanelled providers sign an agreement with the insurer to provide OP services as per the agreed benefit package and receive the defined rates of reimbursement per OP visit. They also get the the RSBY OP technology (software and hardware) installed in their health faciliteis. The provider delivers services to the beneficiaries and uses the RSBY OP technology to record beneficiary details and claim reimbursements from the insurer. The provider is monitored by the insurer and technical support in case of any trouble shooting (with RSBY technology) is provided by the technology partner (FINO) to ensure smooth delivery of services.

Insurer (ICICI Lombard)
The insurer performs empanelment of providers and conducts training on the use of technology that provides information on the RSBY benefits package. It also performs claims processing with the support of the technology partner and reimburses the provider. It monitors the providers and is responsible for implementing changes and new processes at the provider level.

Technology Partner (FINO)
The technology partner develops the OP software, procures and supplies the inventory (hard ware), installation of the OP technology at all the empanelled providers. It also, manages the central technology server for recording of claims and supports the insurer in claims processing. It is point of contact for providing field level services and support with regard to technical problems with OP software and inventory related to any of the RSBY technology components.
RSBY OP technology platform

In the outpatient project the outpatient specific technology (software) has been developed with the financial support from International Labour Organization (ILO). The information technology solution for the RSBY inpatient scheme was developed by FINO in consultation with the National Informatics Centre and the World Bank. The necessary information technology solution for hosting the outpatient product has been developed on the same inpatient RSBY platform by FINO.

RSBY technology platform includes a hardware (biometric card reader, fingerprint scanner and printer – a single instrument also called BT device) that is used for verification and authentication of the beneficiary and a laptop/computer with the outpatient software application installed - used for collection of beneficiary data and claims settlement process by the provider. Thus every empanelled provider is provided with both these components.

Biometrics (finger prints), name, age; gender of the enrolled beneficiaries in the household is stored on the smart card. When the beneficiary comes to the empanelled provider, the authentication of the beneficiary is done using the BT device (biometric reader, fingerprint scanner, printer), which is installed at the empanelled provider.

Once doctor’s consultation and authentication of the beneficiary is complete, OP software is used to store the medical information (Illness, symptoms, diagnosis, treatment data) related to beneficiary during the particular OP visit. Either the doctor or the data operator completes entry of data into the OP software.

The data captured has to be uploaded to sync with the central technology server, to intimate the insurer about occurrence of a transaction so that claim is registered and processed. There are two ways of uploading/transmitting the transactions to the central technology server from the OP software through RSBY platform –

**Online** – when there is Internet connectivity, the data is transmitted or ‘syncs’ as soon as it is uploaded by the provider after every transaction.

**Offline** – when there is only intermittent Internet connectivity, defined number transactions can be stored and uploaded later when there is Internet connectivity during the day. Initially only a maximum of 10 transactions were allowed offline, after which the transactions had to be uploaded before the next transaction could occur. Due to problems with Internet connectivity, the maximum number of transactions allowed offline were increased to 100. If the empanelled facilities have no Internet connectivity at all, a representative from
FINO would in person collect the transaction data in a data card for claims processing. Work is underway to ensure accessing the RSBY technology platform through the mobile phone application to increase the reach of the pilot.

**Utilization of OP services (as designed)**

Utilization of OP services/service delivery occurs with the support of RSBY technology and thus cannot be explained as a separate process. The following steps ensure that the beneficiaries receive the benefit package during their OP visit and providers are reimbursed for services provided. The following figures (1) and (2) present the initial process designed for utilization of OP services.

*Data Entry Operator (DEO): At some of the health facilities registration and verification of the beneficiaries is done by DEO employed by the provider

Figure 1. Utilization of services at the empanelled provider in brief

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**Beneficiary visits the provider**

- Beneficiary when ill, visits the chosen empanelled provider
- Beneficiary produces the RSBY smart card at the provider

**Identification of the patient**

- The provider inserts the smart card into the card reader
- The provider asks the beneficiary to place his finger prints on the card reader. If the finger prints match with those stored in the card, the provider proceeds to treat the beneficiary.

**Treatment process**

- The provider consults the beneficiary and performs necessary physical examination
- After diagnosis, if necessary he provides medicines (specific to diagnosis) free of cost to the beneficiary
- A receipt with the symptoms, diagnosis, treatment is printed and provided to the beneficiary.
- The beneficiary is asked to get the prescribed medicines from the pharmacy attached to the provider.
Figure 2. Recording patient medical/treatment details in the out patient software

Display of beneficiary details on the screen
The card reader and finger print scanner is connected to the computer/laptop at the health facility.
During the patient verification, when the doctor/DEO inserts the beneficiary smart card into the card reader, the data stored in the smart card (name and age) is displayed on the screen.

Display of OP visit details page for entry
- The doctor/data operator is able to now click on the respective identified beneficiary name (patient).
- A plain page similar to an excel sheet with OP visit details like symptoms, chief complaints, vital signs, diagnosis and drugs is displayed.

Entering of the patient medical/treatment data
- The doctor during the consultation process fills in the respective details of the patient’s medical history according to the details asked to be filled in the page. The software present drop down options for some categories like complaints, diagnosis and drugs to simplify doctor’s work of entering the details by typing every time.
- The doctor can also open the respective beneficiary’s (current patient’s) previous medical history if any, by clicking the option present on the page to view history of previous visits. This may help the doctor to make prompt diagnosis and advise treatment.

Figure 3. Processing of claims and reimbursement process in brief

Provider transfers the data to insurer online
- After providing treatment to the beneficiary, the claim information is notified to the insurer’s server immediately through online connectivity.
- If internet connectivity is not available, the provider sends the information through offline mode.

Insurer receives the claims data
- The Insurer analysis the claims data received and checks for correctness and authenticity.

Insurer transfers payments to providers bank account
- The Insurer transfers Rs. 50/Rs.75/Rs.150 per beneficiary transaction to the provider’s bank account.
- The reimbursement of claims occurs within a maximum period of 21 working days of the beneficiary transaction.
Utilization of OP services (as implemented)

During implementation stage, it was recognized that the core process described above were to be adapted according to the type of health facility providing the services (private/ public/ only op/ OP+IP). The core process was adopted accordingly and minor changes were made to make the experience satisfactory for the provider as well as the beneficiary.

**Fingerprint matching only once** - The beneficiary now has to match his fingerprint only once that is after completion of data entry into the OP software. This method was adopted as scanning and matching the finger twice was taking more time delaying the process for beneficiaries.

**Provision of Janaushadhi medicines** - Another aspect that needs a special mention here is the provision of Janaushadhi medicines to RSBY OP beneficiaries through campus medical stores in the empanelled public facilities in Puri district.

To ensure that medicines are provided to all beneficiaries attending empanelled public health facilities in Puri, the implementing partners observed the need to augment the existing drugs supply. A system was established to stock and dispense Janaushadhi medicines at these facilities. From January 2012, a system to provide Janaushadhi medicines to RSBY OP beneficiaries was established in the District Head Quarters Hopsital (DHH) Puri and by the last week of February 2012 it was also adopted at six empanelled Community Health Centers (CHC). At DHH, Janaushadhi medicines are stocked and dispensed from the existing Janaushadhi medicine store itself (established since April 2011). At the CHCs, the Janaushadhi medicines are stocked and dispensed by the respective campus medicine stores that procure the medicines from Janaushadhi store at DHH. Through these stores, the RSBY OP beneficiaries attending the facility are provided medicines (unavailable at the public pharmacy) free of cost according to the prescription and within the RSBY OP reimbursible coverage limit of Rs.50 per OP visit.

The process of utilizing OP services according to the type of provider is explained below -

1. Identification of beneficiary, Consultation and Data entry into OP software is explained in Figure 4.

2. Provision of free medicines at the providers is explained in Figure 5. This of prime importance as in Puri at public providers there is a process established to provide janaushadhi medicines to RSBY OP beneficiaries when the medicines prescribed are unavailabe at the public pharmacy.

3. Pictorial representation of the process is described in Figure 6.
The beneficiary presents his smart card to the DEO at RSBY help desk or at the doctor directly. In Gujarat the RSBY beneficiary first goes to the DEO, as there is an established process of paying user fee for the OPD services at the level of CHCs and above. RSBY beneficiary is exempted from paying any user fee. (In PHCs of Gujarat and all in all the health facilities in Odisha there is no user fee for any one). If the DEO is approached he checks if the card is for the current policy year. Then he gives OPD slip, noting RSBY on the top and asks the beneficiary to consult the doctor.

If the Doctor is approached (some times in Puri), he checks if the card is for the current policy year. He then starts the consultation using an OP slip (writes RSBY on top of the slip).

The doctor consults the beneficiary, diagnosis and prescribes the medicine. He notes the information on the OPD slip.

The beneficiary is asked to take the OP slip to the DEO.

The DEO performs fingerprint matching (verification and authentication) of the beneficiary using the biometric reader and scanner. He inserts the smart card into the biometric card reader and scanner. If the name of beneficiary attending the clinic is on the smartcard, he is asked to place his finer prints on the card reader. If the beneficiary fingerprints match with those stored on his name in the card, the doctor/assistant inserts the smart card into the biometric card reader and scanner. If the name of beneficiary attending the clinic is on the smartcard, he is asked to place his finer prints on the card reader. If the beneficiary fingerprints match with those stored on his name in the card, the doctor/assistant checks if the RSBY smartcard is for the current policy year.

The doctor consults the beneficiary, diagnoses and prescribes the medicine. He notes the information on the OPD slip.

The beneficiary is asked to take the OP slip to the DEO.

The DEO enters the data (as written in the OP slip) into the OP software - complaints, diagnosis, drugs for treatment and them vital statistics.

DEO then uploads the claim. The final prints (3slips) are printed through the hardware (finer print reader and printer). One print out is retained by the DEO for the CHC records and the other two slips are stamped and handed over to the beneficiary.

Beneficiary is asked to get the prescribed medication from the pharmacy located with in the facility.

1. The beneficiary presents his smart card to the DEO
2. The DEO checks if the RSBY smartcard is for the current year.
3. The beneficiary is asked to consult the doctor along with the OPD slip.
4. The doctor consults the beneficiary, diagnoses and prescribes the medicine. He notes the information on the OPD slip.
5. The beneficiary is asked to take the OP slip to the DEO.
6. The DEO enters the data (as written in the OP slip) into the OP software - complaints, diagnosis, drugs for treatment and them vital statistics.
7. DEO then uploads the claim. The final prints (3slips) are printed through the hardware (finer print reader and printer). One print out is retained by the DEO for the CHC records and the other two slips are stamped and handed over to the beneficiary.
8. Beneficiary is asked to get the prescribed medication from the pharmacy located with in the facility.

If the name of beneficiary attending the clinic is on the smartcard, he is asked to place his finer prints on the card reader. If the beneficiary fingerprints match with those stored on his name in the card, the provider proceeds to consult with the beneficiary.

The doctor directly enters this information into the OP software soon after the consultation or Dictates the information to his assistant who makes the entry during consultation itself.

Then the claim is uploaded. The final prints (3slips) are printed through the hardware (finer print reader and printer). Two print outs are retained by the doctor/assistant for records and the other slip is handed over to the beneficiary.

The assistant/doctor gives the required medication to the beneficiary within the coverage of Rs.50/Rs.75/Rs.150 per OP visit.

He collects money from the beneficiary directly if he is giving medication for more than Rs.50/Rs.75/Rs.150.
Public facility (DHH/CHC/PHC)

1. The beneficiary submits one printed slip at the facility’s public pharmacy. The pharmacist delivers the drugs

2. **In Puri**, if any of the drugs is unavailable, the pharmacist advises the beneficiary to visit the campus medicine store located within the health facility campus to receive the medicines (unavailable)

3. The beneficiary visits the campus medicine store with the written OP slip to collect the medication (unavailable at the public pharmacy).

4. The campus medicine store stocks Janaushadhi medicines and is obliged to first give the prescribed medicines from that stock. In case the medicines are also unavailable from the Janaushadhi stock, he should give the generic medicines of the lowest price possible.

5. The campus medicine store pharmacist keeps the printed slip and makes a rough bill for the medicines being given from Janaushadhi.

6. If the bill of the prescribed medication exceeds Rs.50 (in some cases) he asks the beneficiary if he would like to pay the extra amount.

7. If the beneficiary agrees to pay, he makes the final bill and dispenses the Janaushadhi medicines after collecting the extra amount. He retains the bill as a record for claiming his reimbursement from the facility.

8. If the beneficiary is unable to pay, he informs him the medicines he could receive within Rs.50. He makes the bill according to the medicines being given for Rs.50.

9. He retains the bill as a record for claiming his reimbursement from the facility.

10. The payments to the campus medical store for the drug bills of the RSBY beneficiaries are settled by the Rogi Kalyan Samiti (RKS) of the health facility on a monthly basis once the facility receives the claims amount in its RKS account from the insurer.

Private Hospital (IP+OP facility)

1. The beneficiary submits one printed slip and the written OP slip at the pharmacy to collect the free medication for the coverage Rs.50.

2. The pharmacist keeps the printed slip and makes a rough bill for the medicines prescribed.

3. If the bill of the prescribed medication exceeds Rs.50/Rs.75/Rs.150, he asks the beneficiary if he would like to pay the extra amount. If the beneficiary agrees to pay, he makes the final bill and dispenses the medicines after collecting the extra amount.

4. If the beneficiary is unable to pay, he informs him the medicines he could receive within Rs.50/Rs.75/Rs.150. He makes the bill according to the medicines being given for Rs.50/Rs.75/Rs.150.

5. The pharmacist retains the bill as a record for claiming reimbursement from the insurer.
Figure 6. A simple pictorial representation of the utilization process

1. A beneficiary arrives at the empanelled health facility with the RSBY smart card

2. The DEO checks if the card is of the current policy year. Gives the OP slip to meet the doctor

3. The doctor consults with the beneficiary - writes the complaints, diagnosis and drugs on the OP slip

4. The beneficiary goes back to the DEO. The DEO logs into the RSBY OP portal

5. The DEO inserts the beneficiary RSBY smart card into the biometric reader, scanner and printer instrument.

6. The Details of the beneficiary enrolled household are displayed on the screen.

7. The DEO performs fingerprint matching of the beneficiary attending the facility using the biometric reader, scanner and printer instrument.

8. If the fingerprints match, the DEO enters the medical details (from the OP slip) of present OP visit in the OP software against the beneficiary's name.

9. After entering all the data, the transaction is complete. The 3 print out slips are printed and 1 of the print outs are handed over to the beneficiary.

10. The beneficiary receives medicines by showing the OP slip and the print outs at -

At public pharmacy if it is a public facility.

In Puri, if any of the prescribed medicines are unavailable at public pharmacy, then Janaushadhi/ low cost generic medicines up to worth of Rs.50 can be received from the campus medicine store.

At private facilities – drugs up to worth of Rs.50/Rs.75 and Rs.150 ( Puri/ Mehsana/ Mehsana Specialist doctor in that order) are received from the private pharmacy attached to the facility.
Challenges and Learning’s

Technology related

1. There were complaints from providers that in a number of cases the fingerprint matching takes several attempts or some times fingerprint (though of the same beneficiary) do not match.
   a. In such cases, in private facilities the beneficiary is charged for the OP services provided. If the beneficiary cannot pay he is declined OP services.
   b. However in public facilities, the beneficiary receives OP services without being charged. No beneficiary is declined the free consultation and drugs that he is entitled to by the Government of Orissa/Gujarat.

2. The fingerprint matching has to be done twice per beneficiary, once during registration and the second time after entering the medical and treatment data. It takes almost 15-20 minutes per patient for the entire cycle to be completed. Later this was changed. Currently fingerprint matching is done only once – during data entry only.

3. Initially, in the OP software, the list of complaints, diagnosis and drugs was very long and it took time for the DEOs to choose from the list. Later, a suggestive list of common drugs, diagnosis and complaints was prepared and the software was updated (version 2.0).

4. Initially, the terminology used in the OP software is not matching with the common complaints and the diagnosis providers usually use, they always have to add these by typing. The DEO got confused and took time to confirm with the doctor. This was corrected the software was updated (version 2.0). There is also a plan to establish a system where the lists (complaints, diagnosis, drugs) would be printed and provided to the doctor, who will mark them as required for the beneficiary and DEO can easily type the entries.

5. In Mehsana a change in the port of the BT device had connectivity problems with the desktop, this was rectified by marking and assigning a designated port for the BT device on the desktop.

6. The desktops at the public facilities in Mehsana are frequently attacked by virus causing non functioning of the RSBY software as the E-mamatha software was loaded in the systems.

7. Initially, the offline mode transaction upload had to be done maximum after 6-8 transactions. If the upload is not done, the next transaction could not be performed. This was later changed to a maximum of 100 transactions to allow treating beneficiaries without delays.
Benefits related

1. RSBY beneficiaries come with multiple complaints and at times it is challenging for the doctor (private provider) to prioritize one condition, as he is bound to provide drugs within the Rs.50/Rs.75/Rs.150.

2. The doctors in public facilities were of the opinion that Rs.75 per OP visit at public facilities for providing OP services is not correct as the beneficiaries receive the services for free even if they are not RSBY enrolled. Any patient who is BPL is provided free OPD services without even the minimal user fee (charged in Mehsana CHCs) including diagnostics and medicines at the public facilities. He considers it will be beneficial for the patient when he will use the card at empanelled private facilities.

3. The beneficiaries are not well informed about RSBY OP benefits. They do not recognize the difference between IP and OP benefits. They are only aware that they will receive treatments worth Rs.30000 in a year by using the smart card. Beneficiaries argue with the doctors to provide more drugs as the card has Rs.30000 worth benefits.

4. Some times, beneficiaries come back with in one week and ask for more medicines. Providing free consultation for a follow up visit is acceptable for the providers but giving medicines for free during follow up is not possible.

5. Providers complian that the average cost of the medicines prescribed (for 7 days duration) is around Rs.200- Rs.300. Only few RSBY smartcard holders pay the difference amount above the coverage of Rs.50 /Rs.75/Rs.150. Maximum collect the medicine with in the coverage amount and exit the hospital though they might not have taken the necessary medicines to cure the current diagnosis.

Related to provision of free drugs

The objective of the benefit package to provide all the necessary drugs to treat the illness during the OP visit within the RSBY OP reimbursible coverage limit of Rs.50 per OP visit was difficult to achieve initially. Establishing the janaushdhi medicines systems at public facilities in Puri, seem to have changed this scenario but private facilities still continue to provide free drugs only within the coverage limit per OP visit, asking the beneficiaries to pay for anything extra.

1. Private providers in both the districts providve the beneficiaries free drugs within the limit of Rs.50/Rs.75/Rs.150. They charge for cost of drugs exceeding the limit. Maximum number of beneficiaries collect the medicine
with in the coverage amount and exited the facility though they might not have taken the necessary medicines to cure the current diagnosis. Some beneficiaries paid out of pocket to procure the entire prescription.

2. Initially at the public facilities in Puri, though all the medicines necessary for providing outpatient treatment for common illness were available at public pharmacy, they went unused as the provider avoided providing the beneficiary with free medicines from the public pharmacy and asked them to collect Rs.50 worth of free medicines from campus medical store. The reason - beneficiaries argued that they should receive medicine worth Rs.50 per visit, where as the drugs from public pharmacy were free of cost (result of misscommunication on the benefit package to the providers and also beneficiaries during awareness creation).

   a. This mechanism increased the chance of the provider/ medicine store exploiting the beneficiary through irrational drug prescribing/dispensing
   b. It increased the out of pocket expenditure on medicines for the beneficiary who paid the extra amount over Rs.50 for medicines. For those who did not pay the extra amount, it just slightly reduced the expenditure (that might have occurred with out RSBY smart card) on medicines only during that visit probably at expense of their health.