Summer Training at
Rajiv Gandhi Jeevandayee Arogya Yojana Society,
Mumbai
(April - June, 2013)

CASE STUDY OF RGJAY PHASE 1: A DISTRICT WISE COMPARATIVE ANALYSIS AND INSIGHTS FOR RGJAY PHASE II

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Post Graduate Diploma in Hospital and Health Management
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Institute of Health Management Research,
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CERTIFICATE

This is to certify that Dr. Rujuta K. Sanap, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur has undergone summer training in Rajiv Gandhi Jeevandayee Arogya Yojana ,Government of Maharashtra, Mumbai from April 8th to June 7th 2013.

The candidate has successfully carried out the study assigned to her during summer training and her approach to study has been sincere, scientific and analytical.

I wish her success in all her future endeavors.

Dr. Vinod Kumar
Faculty and Mentor
IIHMR, Jaipur

Dr. Ashok Kaushik
Dean, Academics and Student affairs
IIHMR, Jaipur

(GOVERNMENT OF MAHARASHTRA)

RAJIV GANDHI JEEVANDAYEE AROGYA YOJANA SOCIETY

(Registration No. [illegible], Dated [illegible], Under Society Registration Act 1860 Clause 21)

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Ajay Gulhane
Deputy Chief Executive Officer

Ref No.: RGJAYS/Internship/EC/560/710 /2013

Date: - 07/06/2013

CERTIFICATE

This is to certify that Dr. Rujuta K Sanap has successfully completed her Internship in Rajiv Gandhi Jeevandayee Arogya Yojana Society from 8th April, 2013 to 7th June, 2013. During her tenure she was working on "Case Study on RGJAY Phase – I: - District – Wise Comparative Analysis and Insights for RGJAY Phase - II" project and was associated with "Empanelment & IT Project Management" departments.

Her behaviour was found satisfactory during her Internship period with the Society.

We wish her success in her future career.

Dy. Chief Executive Officer

Rajiv Gandhi Jeevandayee Arogya Yojana Society

PREFACE

The summer training for a period of eight week, at the end of first year in any Health organization, is an integral part of PGDHM curriculum. As a part of this, I got the privilege to do my summer training at Rajiv Gandhi Jeevandayee Arogya Yojana, Government of Maharashtra, and Mumbai.

It basically aims to provide an opportunity to the students to better understand healthcare systems and its functions.

As per our institute the objectives include:

1. To better understand the existing health system including public and private sectors.
2. To observe the implementation of various health Programmes at National / state / District Level.
3. To acquire more knowledge on roles and responsibilities of key players and stakeholders in health sector.
4. To understand various functions of health systems by interaction with key stakeholders, policy makers, program managers, academicians and researchers.
5. To work on project / task assigned by summer training organization.

Task and project assigned:

When I joined the summer training I was assigned with the topic to study phase I and empanelment challenges. Along with the study, I got an opportunity to do various tasks in the organization and this incorporated lot of learning to my experience in the organization. I learned about a charity scheme and also had a field visit , scheme is about to use the RGJAY web portal for its operations. I was involved in preparation of user manual for the e Empanelment module of RGJAY.I also did User acceptance testing of online empanelment application form. I learned the process of training and development of staff, Arogyamitra, software training of DCO for e Empanelment application form. I was involved in grading process of hospitals for phase II on basis of which the hospitals are to be given % package for the procedures. We were sent to a hospital visit at sevenhills hospital, Mumbai for infrastructure audit and learning various facilities, equipments and essential quality controls a hospital should follow . We were also assigned a task of ICD coding of 1400 cases and decoding of 387 cases for deriving case fatality ratio for a particular disease. I was also assigned with the task of district wise performance analysis of districts in phase I .

The theme of my report is to study the phase I of RGJAY and discover the gaps that led to decrease in performance of districts. The report includes district wise issues and strategies to reduce these issues in phase II. It also includes overall scheme evaluation , recommendations grading tool for empanelling quality hospitals for phase II.

I hope this report will not only help us in assessing the performance but identify the bottlenecks which will need corrective measures. The study will be useful to the planners and administrators for better planning and implementation of the program aiming to provide affordable quality healthcare to BPL population by giving them health insurance cover.

Dr. Rujuta k. Sanap

IIHMR

PGDHM 17

ACKNOWLEDGEMENT

This is two months summer training report from 8 April to 8 June, 2013 in Rajiv Gandhi Jeevandayee Arogya Yojana , Government of Maharashtra , Mumbai. This training would not have been completed without substantial support from great number of people. At the onset of my report i would like to acknowledge my sincere thanks to our institute, Institute of Health Management Research, Jaipur for providing us platform to gain enough knowledge and skills in different aspects of health Management. With full gratitude I express my indebtness to Dr. S. D. Gupta, Director of IIHMR and Dr. Ashok Kaushik , Dean , Health management for arranging our internship at RGJAY, Mumbai .

I thank my mentor Dr. Vinod Kumar for guidance and support during this training.

I would like to thank the officials at RGJAY, Dr. K. Venkatesh, CEO RGJAYS, Dr. Raju Jotkar, and Assistant Director for giving me this opportunity of endless learning for two months. I would like to extend my sincere regards and thank Ms. Prity Sasane , Program officer, Empanelment (RGJAY) ,my mentor in the organization , who despite other preoccupations and busy schedule was there to guide me all through my internship. I would also like to thank Mr. Harshal Zunjarrao, Sr. Consultant, Project Management; to guide me for the project and giving me valuable guidelines for the scope and type of study.

I am grateful to all the other staff members at RGJAYS for being so helpful all the time .and making this summer training project an unforgettable experience. Finally I extend my heartfelt gratitude to the people whose insights and experiences have shaped the content of this study.

Thanking you

Dr. Rujuta Sanap

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ACRONYMS

S. No.	Term	Definition
1	AGM	Arogyamitra
2	CEO	Chief Executive Officer
3	CMC	Chief Medical Consultant
4	DCO	District Coordinator
5	ETI	Emergency Telephonic Intimation
6	MCCO	Medical Camp Coordinator
7	MCO	Medical Coordinator
8	MMC/MCI	Maharashtra Medical Council/Medical council of India
9	MoU	Memorandum of Understanding
10	RGJAY	Rajiv Gandhi Jeevandayee Arogya Yojana
11	TPA	Third Party Admin

DEFINITION

Following terms shall have the following meanings:

1. "Arogyamitra" means the person appointed by RGJAY Society through insurer and stationed with the Provider as a point of first contact for the Beneficiary patient;

2. "EDC" means the Empanelment and Disciplinary Committee comprising of representatives of RGJAY Society, Insurer and the Administrator for the various purposes provided under this MOU and defined as per the Insurer MoU

3. "Hospital / Nursing Home" means the Hospital/Nursing Home of the Provider associated to the network of Service Providers under this MOU;

4. "Network Hospital" means the network hospital empanelled under the Scheme by the Administrator or Insurer;

5. "MCOs" means medical coordinator of the Provider with minimum MBBS qualification to coordinate with RGJAY Society and the Administrator;

6. "MCCOs" means an officer designated as medical camp coordinator for the Scheme to coordinate with RGJAY Society and the Administrator through the Arogyamitra;

7."Pre-Authorization" means the process by which an Insured Person obtains written approval for certain medical procedures or treatments, from RGJAY Society / Insurer/ the Administrator;

8."RGJAY Counter" or "Arogyamitra Kiosk" means the kiosk/ assistance counter of RGJAY Society stationed at the Hospital/Nursing Home for the purposes of the Scheme

9."RGJAY Society" Rajiv Gandhi Jeevandayee Arogya Yojana Society of Government of Maharashtra, a Society registered under the provisions of Societies' Act 1861; and

10. "Specialty Services" means the specialty services to be provided by the Provider for which it has been empanelled in the network of Service Providers .

11. Empanelment as service provider: The Administrator hereby empanels the Provider as a Service Provider and the Provider hereby accepts its empanelment as a Service Provider to extend cashless medical facilities through its Hospital/ Nursing Home to the Beneficiaries, which includes Beneficiaries referred to it by the Administrator and for the surgical/therapeutic procedures as per the Scheme and its manual on surgical and medical treatments.

SECTION A: OBSERVATION LEARNING

1. INTRODUCTION TO RAJIV GANDHI JEEVANDAYI AROGYA YOJANA

1.1 OVERVIEW OF THE SCHEME

Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) is a unique Health Insurance Scheme made to meet the out of pocket health expenditure requirement of BPL / APL families for identified diseases. The scheme is being introduced with the guiding principle that insurance schemes should be targeted at catastrophic illnesses and the benefit in the primary care should be addressed through free screening and outpatient consultation. The government health system combined with RGJAY is able to meet the entire health requirements of population in the state. The scheme is implemented through effective use of IT based solution which is unique to the scheme in reaching out to the beneficiary. The scheme has many unique features to its credit to proactively reach beneficiary and guide the beneficiary to avail the services in a cashless manner.

1. Aarogyamitra (Facilitator services)
2. Round the clock Call Centre with Toll free help line.
3. Health Camps conducted by network hospitals.
4. Follow up by elaborate field mechanism.
5. End-to-end cashless packages.
6. Services of MCO (Medical Coordinator) and MCCO (Medical Camp Coordinator) in the network hospitals.
7. CUG (Closed User Group) connectivity to all the field staff, MCO and MCCO.
8. Placement of RGJAY kiosk with Network connectivity.
9. Robust IT based solution, capturing patient details right from reporting to the Hospital till claim settlement and follow up.
10. Social auditing through feedback letter from the beneficiary.

Since the scheme is very unique, RGJAY Society has decided to provide a strong facilitation mechanism under the scheme not only to guide the beneficiary right from his door step but also to create awareness among rural illiterate poor for effective implementation.

1.2 SCHEME DETAILS

1.2.1 Objective

To improve access of Below Poverty Line (BPL) and Above Poverty Line (APL) families (excluding White Card Holders as defined by Civil Supplies Department) to quality medical care for identified speciality services requiring hospitalization for surgeries and therapies or consultations through an identified Network of health care providers.

1.2.2 Scheme

Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) would be implemented throughout the state of Maharashtra in phased manner for a period of 3 years. The insurance policy/coverage under the RGJAY for the eligible beneficiary families in 8 districts: Gadchiroli, Amravati, Nanded, Sholapur, Dhule, Raigad, Mumbai and Suburbs

1.2.3 Benefits

Scheme would provide 972 surgeries/therapies/procedures along with121 follow up packages in following 30 identified specialized categories:

1	GENERAL SURGERY	16	POLY TRAUMA
2	ENT SURGERY	17	PROSTHESES
3	OPHTHALMOLOGY SURGERY	18	CRITICAL CARE
4	GYNAECOLOGY AND OBSTETRICS SURGERY	19	GENERAL MEDICINE
5	ORTHOPEDIC SURGERY AND PROCEDURES	20	INFECTIOUS DISEASES
6	SURGICAL GASTRO ENTEROLOGY	21	PEDIATRICS MEDICAL MANAGEMENT
7	CARDIAC AND CARDIOTHORACIC SURGERY	22	CARDIOLOGY
8	PEDIATRIC SURGERY	23	NEPHROLOGY
9	GENITOURINARY SYSTEM	24	NEUROLOGY
10	NEUROSURGERY	25	PULMONOLOGY
11	SURGICAL ONCOLOGY	26	DERMATOLOGY
12	MEDICAL ONCOLOGY	27	RHEUMATOLOGY
13	RADIATION ONCOLOGY	28	ENDOCRINOLOGY
14	PLASTIC SURGERY	29	GASTROENTEROLOGY
15	BURNS	30	INTERVENTIONAL RADIOLOGY

1.2.4 Beneficiary families

Holding yellow ration card, Antyodaya Anna Yojana card (AAY), Annapurna card and orange ration card from eight districts viz. Gadchiroli, Amravati, Nanded, Sholapur, Dhule, Raigad, Mumbai city and Suburban Mumbai. The families with white ration card holding would not be covered under the scheme. The beneficiary families would be identified through the " Rajiv Gandhi Jeevandayee Health Card " issued by the Government of Maharashtra or based on the Yellow and Orange ration card issued by Civil Supplies Department.

1.2.5 Health cards

Eligible families in these districts shall be provided with Rajiv Gandhi Jeevandayee Arogya Yojana Health Cards in due course of time. This Health Cards will be used for

identification of Beneficiary families in the family under the Scheme. Family Health Cards will be

prepared by using data from valid Yellow or orange ration cards coupled with Aadhaar numbers issued by UID authorities. As an interim measure till the issuance of health cards, the valid Orange/Yellow Ration Card with Aadhaar number or in case Aadhaar number not available, any Photo ID card of beneficiary issued by Govt. agencies (Driving License, Election ID,) to correlate the patient name and photograph would be accepted in lieu of health card.

1.2.6 Family

Family means members as listed on the Rajiv Gandhi Jeevandayee Arogya Yojana Health Cards or holding valid Orange/Yellow Ration Card.

1.2.7 Identification

Health card issued by Govt. of Maharashtra/Rajiv Gandhi Jeevandayee Arogya Yojana Society or valid Orange/Yellow Ration Card with Aadhaar number if Health card is not issued would act as a tool for beneficiary identification for availing the health insurance facility. The following actions would be undertaken by Network hospitals in case of the possible exceptional situations:

Situation	**Validations / Check**
No Health Card with beneficiary, but Valid Yellow or Orange Ration Card with name of beneficiary is available Aadhaar	Aadhaar number and in case Aadhaar number not taken any Photo Health Card issued by Govt. (Driving license, election identity card with photograph, school ID, certificate issued by authorized office.) to correlate the patient name & photograph (In instance of emergency admission, provisional preauthorization may be given subject to confirmation of it against submission of valid photo identity card issued by Govt. before discharge.)
Children born after issue of card i.e. name and photo not available on health card or on valid yellow/Orange ration card	Photograph of child with either parent along with Health card/ valid Yellow or Orange ration card of parent and Birth certificate issued by authorized office.

1.2.8 Pre-existing diseases

All Diseases under the proposed scheme shall be covered from day one. A person suffering from disease prior to the inception of the policy shall also be covered under approved procedures for that disease.

1.2.9 Sum insured on floater basis & period of insurance

- The Scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary up to **Rs. 1, 50,000/- per family per year** in any of the Empanelled Hospital subject to Package Rates on cashless basis through Health cards or valid Orange/Yellow Ration Card.
- The benefit shall be available to each and every member of the family on floater basis i.e. the total annual coverage of Rs. 1.5 lakh can be availed by one individual or collectively by all members of the family.
- In case of renal transplant surgery, the immunosuppressive therapy is required for a period of 1 year. So the upper ceiling for Renal Transplant would be **Rs. 2, 50,000 per operation as an exceptional package** exclusively for this procedure. The cases are likely to be very few and well controlled by Human Organ Transplant Act 1994. The claims related to this have to be settled by Insurer. The insurance coverage under the scheme for the beneficiary families shall be in force for an initial period of one year from the date of commencement of the policy.

1.2.10. Run off period

A " Run Off period " of one month will be allowed after the expiry of the policy period i.e. till **one month after the date of policy period** for 8 districts Phase-I. This means that pre-authorizations can be done till the end of policy period and surgeries for such pre-authorizations can be done up to one month after the expiry of policy period and such claim will be honoured by the Insurance Company.

1.2.11 Package

- The insurer should ensure that the Network hospitals follow the packages worked out by Rajiv Gandhi Jeevandayee Society.
- The package rates will include bed charges in General ward, Nursing and boarding charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, Anaesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, food to inpatient, one time transport cost by State Transport or second class rail fare (from Hospital to residence of patient only) etc.
- In other words the package should cover the entire cost of treatment of patient from date of reporting to his discharge from hospital including complications if any, making the transaction truly cashless to the patient. In instance of death, the

  carriage of dead body from network hospital to the village/township would also be part of package.

- The planned procedures like hernia, vaginal or abdominal hysterectomy, appendicectomy, cholecystectomy, Discectomy, etc. would preferably be performed in empanelled public hospitals, subject to service availability therein. The rates for

each procedure are indicative and represent upper ceiling and the Insurer may negotiate with the given empanelled hospitals to bring them down amicably without compromising quality.

1.2.12 Cashless transaction

- It is envisaged that for each hospitalization the transaction shall be cashless for covered procedures. Enrolled beneficiary will go to hospital and come out without making payment to the hospital subject to procedure covered under the scheme. When the beneficiary visits the selected network hospital and services of selected network hospital should be made available (Subject to availability of beds).
- In instance of non- availability of beds at network hospital, the facility of cross referral to nearest another Network hospital is to be made available and Arogyamitra will also provide the beneficiary with the list of nearby network hospitals.

1.2.13 online claim settlement

The Insurance Company shall settle the claims of the hospitals online within 7 working days of receipt of the Originals bills, Diagnostics reports, Case sheet, Satisfaction letter from patient, Discharge Summary duly signed by the doctor, acknowledgement of payments of transportation cost and other relevant documents to Insurer for settlement of the claim. The online progress of claim settlement will be scrutinized and reviewed by Rajiv Gandhi Jeevandayee Arogya Yojana Society.

1.3 STEPS FOR TREATMENT IN THE NETWORK HOSPITAL

STEP 01: Beneficiary families shall approach nearby PHC/Rural, Sub district, General, Women/District Hospital/Network Hospital .Arogyamitra placed in the above hospitals shall facilitate the beneficiary. If beneficiary visits Government Health Facility other than the Network Hospital, he/she will be given a referral card to the Network Hospital with preliminary diagnosis by the doctors. The Beneficiary may also attend the Health Camps being conducted by the Network Hospital in the Villages and can get that referral card based on the diagnosis. The information on the outpatient and referred cases in the PHC/Rural, Sub district, General, Women/DH and the camps will be collected from all Arogyamitra /Hospitals on regular basis and captured in the dedicated database through a well-established call center

STEP 02: The Arogyamitra at the Network Hospital examine the referral card and health card or Yellow/Orange Ration Card, register the patients and facilitate the beneficiary to undergo specialist consultation, preliminary diagnosis, basic tests and admission process. The information like admission notes, test done will be captured in the dedicated database by the Medical Coordinator of the Network Hospital as per the requirement of the Rajiv Gandhi Jeevandayee Arogya Yojana Society.

STEP 03: The Network Hospital, based on the diagnosis, admits the patient and sends E-preauthorization request to the insurer, same can be reviewed by Rajiv Gandhi Jeevandayee Arogya Yojana Society.

STEP 04: Recognized Medical Specialists of the Insurer and Rajiv Gandhi Jeevandayee Arogya Yojana Society examine the preauthorization request and approve preauthorization, if, all the conditions are satisfied. This will be done within 12 working hours and immediately in case of emergency wherein e-preauthorization is marked as " EM " . The validity of preauthorization would be for 7 days.

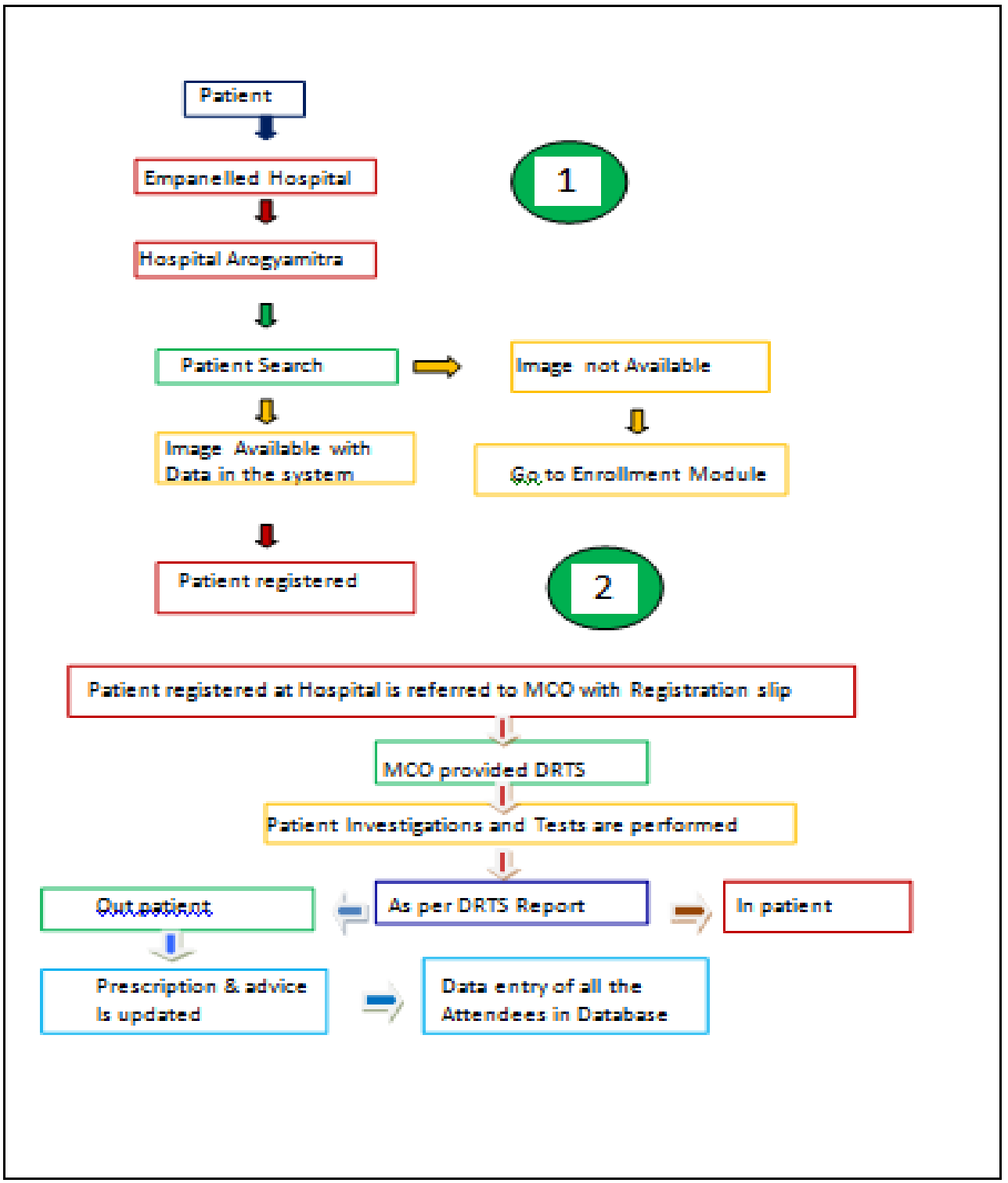
STEP 05: The Network Hospital extends cashless treatment and surgery to the beneficiary. The Postoperative notes of the Network Hospitals will be updated on the website by the medical coordinator of the Network Hospital

STEP 06: Network Hospital after performing the covered surgery/ therapy/ procedure forwards the Originals bills, Diagnostics reports, Case sheet, Satisfaction letter from patient, Discharge Summary duly signed by the doctor, acknowledgement of payments of transportation cost and other relevant documents to Insurer for settlement of the claim. The Discharge Summary and follow-up details will be part of the Rajiv Gandhi Jeevandayee Arogya Yojana Society portal.

STEP 07: Insurer scrutinizes the bills and gives approval for the sanction of the bill and shall make the payment within agreed period as per agreed package rates. The claim settlement module along with electronic clearance and payment gateway will be part of the workflow in Rajiv Gandhi Jeevandayee Arogya Yojana Society portal and will be operated by the Insurer. The reports will be available for scrutiny on the Rajiv Gandhi Jeevandayee Arogya Yojana Society login.

STEP 08 : The Network Hospital will provide free follow-up consultation, diagnostics, and medicines under the scheme up to 10 days from the date of discharge.

Fig 1: Process Flow for treatment of Beneficiary in Network Hospital



1.4 HEALTH CAMPS

- Health Camps are to be conducted in Taluka Head Quarters, Major Gram Panchayat and Municipalities. Minimum of one camp per week per empanelled hospital has to be held in the eight districts in the policy year.
- The insurer shall ensure that at least one free medical camp is conducted by each network hospital per week at the place suggested by Rajiv Gandhi Jeevandayee Arogya Yojana Society.
- The Rajiv Gandhi Jeevandayee Medical Camp Coordinator MCCOs of the hospital shall coordinate the entire activity. Network hospital shall carry necessary screening equipment along with specialists (as suggested by the Rajiv Gandhi Jeevandayee Arogya Yojana Society) and other Para-medical staff.
- The Insurer shall put in the minimum requirements as regards the health camp in the MOU with the hospitals.
- The empanelled hospital shall work in close liaison with district coordinator of the Insurance Company, Civil Surgeon/District Health Officer in consultation with District Collector.
- Hospital shall follow the Camp policy of Rajiv Gandhi Jeevandayee Arogya Yojana Society.

1.5 Rajiv Gandhi Jeevandayee arogya Yojana Society

- Society Name: RAJIV GANDHI JEEVANDAYEE AAROGYA YOJANA SOCIETY
- Place at which the Registered office of the Society is to be situated: Public Health Department, Mantralaya, Mumbai-400032
- Objective of the Society: The main objective of the society is to conceptualize, implement, establish, provide, administer, modify & supervise directly or indirectly Rajiv Gandhi Jeevandayee Arogya Yojana (or any other scheme by whatever name it may be called) which is formed to provide medical facilities to the beneficiaries identified by the Government of Maharashtra.
- Function of the Society: The Rajiv Gandhi Jeevandayee Aarogya Yojana will be implemented & administered by the Chief Executive Officer of the Rajiv Gandhi Jeevandayee Arogaya Yojana. He will be responsible for management, administration and control of the day to daya affairs of the Rajiv Gandhi Jeevandayee Arogaya Yojana in accordance with the rules, regulations, orders and instructions issued by the Governing Council of the Rajiv Gandhi Jeevandayee Arogaya Yojana Society

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2. DATA COLLECTION PROCESS

RGJAY Covers total Eight districts in Phase I.

Meetings were held with District coordinators for phase I review and issues were discussed.

Another meeting was held with District coordinators of Phase II for review of ongoing process and feedback of hospitals. Data was collected through theese discussions regarding issues and feedback. Also information about empanelment challenges and district hospitals issues was collected by telephonic conversation with DCO and the Network Hospital MCO.

For the purpose of analysis , the data related to empanelment , preauthorisations,claims and grievance is collected from the web portal of RGJAY www.jeevandayee.gov.in

The web portal has log In for employees at RGJAYS.It has all the updated operational reports,claims and preauthorisation reports,Data for enrolled cases, RGJAY preauth dump reports, health camp reports , 131 govt procedure , empanelled specialty report, billing process report,DHS , DMER, MCGM report.Analysis was done by use of the secondary data available on the web portal.The web portal has a section where all the reports from various departments and operational reports are regularly updated.

The specialist doctors of society and TPA keep on updating the dump files and this forms a database for reference to all the organisational work ,reports and procedures.

3: SCHEME EXCLUSIVENESS AND CONCLUSIVE OVERVIEW

3.1 Unique Features of RGJAY

RGJAY has objective to provide Quality health care for identified specialty services requiring hospitalization for surgeries/ therapies and enhance access & equity of Below Poverty Line (BPL) and Above Poverty Line (APL).

3.1.1 The scheme has following features which gives it a edge **over jeevandayee and other schemes :**

- Coverage widened to encompass 972 procedures & 121 Follow up treatments.
- Expanded to cover population below Rs. 1 lakh/yr. (Yellow, Orange . Anthodia and Annapurna card holders)
- Web enabled platform created under RGJAYS to oversee & implement the Scheme on cashless basis .
- Extensive IEC & out reach activities to ensure optimum utilisation .
- Aarogyamitra at grass root, MCO at NWH Two layers medical specialist panel (Society & TPA) in project office
- No identity Issues : Health card for families with Annual income = or < one lac.
- Committed Timelines for pre-auth, & claim settlements
- Entire operations on state of art software network
- Proactive feedback system
- Private hospital network to supplement
- Claim money even to govt hospitals
- Virtually paperless operations
- 30 Specialties covering - 972 procedures and 121 follow ups
- Total Sum Insured Rs1.5Lakhs/Year, Renal Transplant Rs.2.5Lakhs/Year
- All family members of the family are included

- Free of cost services.
- Includes High end Procedures .
- Includes Health Camps, Out Patient & Indoor Patient Services as well follow up services

3.1.2 Additional Features :

- Empanelment of NWH for ease of operations .
- Proactive Service oriented society-
- Call Centers - 24 X 7 X 365 days
- Aarogyamitra, MCO and MCCO in all NWHs
- Low incidents high cost 972 Surgeries/Therapies of which 132 are reserved for Public NWH

3.1.3 RGJAY : Package Includes

- Diagnostic tests (All type) : Radiological imaging tests, and Lab. Diagnostic Tests
- O.T. Charges, Anesthesia, Blood, Oxygen, Food to patient
- Medicines & Surgical Appliances, Implants, Prosthesis etc.
- One time transport cost.
- Coverage up to ₹ 1,50,000/- per family on floater basis per year.
- Coverage up to ₹ 2, 50,000/- (for renal transplants only).
- Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Nursing

3.1.4 Unique Features of the scheme

1. Cashless Transaction

- Transaction shall be cashless for covered procedures at NWH.
- Beneficiary to go to hospital & come out without making any payment.
- Provide facility of cross referral to nearest another Empanelled hospital
- Aarogyamitra will provide beneficiary with the list of nearby Empanelled NWH.

2. Online claim settlement

- Insurance Company shall settle claims of hospitals online within 7 working days of receipt of :
- Originals bills
- Diagnostics reports
- Case sheet
- Satisfaction letter from patient
- Discharge Summary duly signed by the doctor
- Acknowledgement of payments of transportation
- Other relevant documents
- Online progress of claim settlement oversight by RGJAY Society.
- To ensures transparency & automation related to patient management.
- Facility for stakeholders can view the status of patient undergoing surgery/ therapy in any NWH from any corner of world.

3. Health Camps

- To be conducted by NWH at Taluka Head Quarters, Major Gram Panchayat, Municipalities etc.
- Minimum two camp / month / NWH, besides quarterly collaborative / mega camps.
- Medical Camp Coordinator (MCCOs) to co-ordinate NWH for camps
- Hospital shall follow the Camp policy of Rajiv Gandhi Jeevandayee Arogya Yojana Society.

3.2 Scheme exclusive features

1. Arogyamitra

- A friend and guide for patient

- Role : a. Registration & Enrollment b. Counseling patient

  C. Creating Awareness d. Assuring patients interest

  e. Help patient in availing benefit of scheme

2. Medical Coordinator

MCO is responsible for

- Initial Diagnosis
- Capture In patient & Out patient details
- Facilitate preliminary screening
- Facilitate in conduction of Diagnostic Tests
- Updating Pre Authorization
- Clinical & Operation Notes
- Update, Upload Discharge Summary & claim documents
- Responds to any quarries on account of Pre-auth & Claim

4. E Preauthorisation

- E-Preauthorization is a process of taking approval before performing surgery/ therapy on any Jeevandayee patient by NWH.
- Preauthorization two layered scrutiny : TPA & society specialist doctors
- Society specialist decisions prevails over TPA
- This will ensure a transparency between NWH & Insurer/TPA/Society with regard to the patients of Jeevandayee.

5. Emergency Telephonic Intimation

- During emergency NHW can avail ETI approval
- NWH has to provide necessary documents within 72 hours otherwise claim may not be considered.

- ETI no. of RGJAY : 18002332200/

155388

6. Claims

- When a patient has undergone surgery/therapy in a Network hospital, treatment is cashless to the patient but not to the NWH.
- NWH can submit the claim on 11th day after discharge of patient
- All claims will be settled within 7 working days.
- Software allows NWH to view the progress of claim settlement.

7. Grievance and claim grievance

- Facility for resolving the grievances of patients regarding denial of treatment, money collection etc.
- Resolving the hospital a grievances regarding claim reduction & claim rejection can be raised through Issues Tracker or Grievance email ID (claimgrievance@jeevandayee.gov.in)
- Replying back to the Hospital
- Hospital a grievances regarding claim reduction & claim rejection are addressed through Central Claim Monitoring Committee (CCM).

8. Follow up

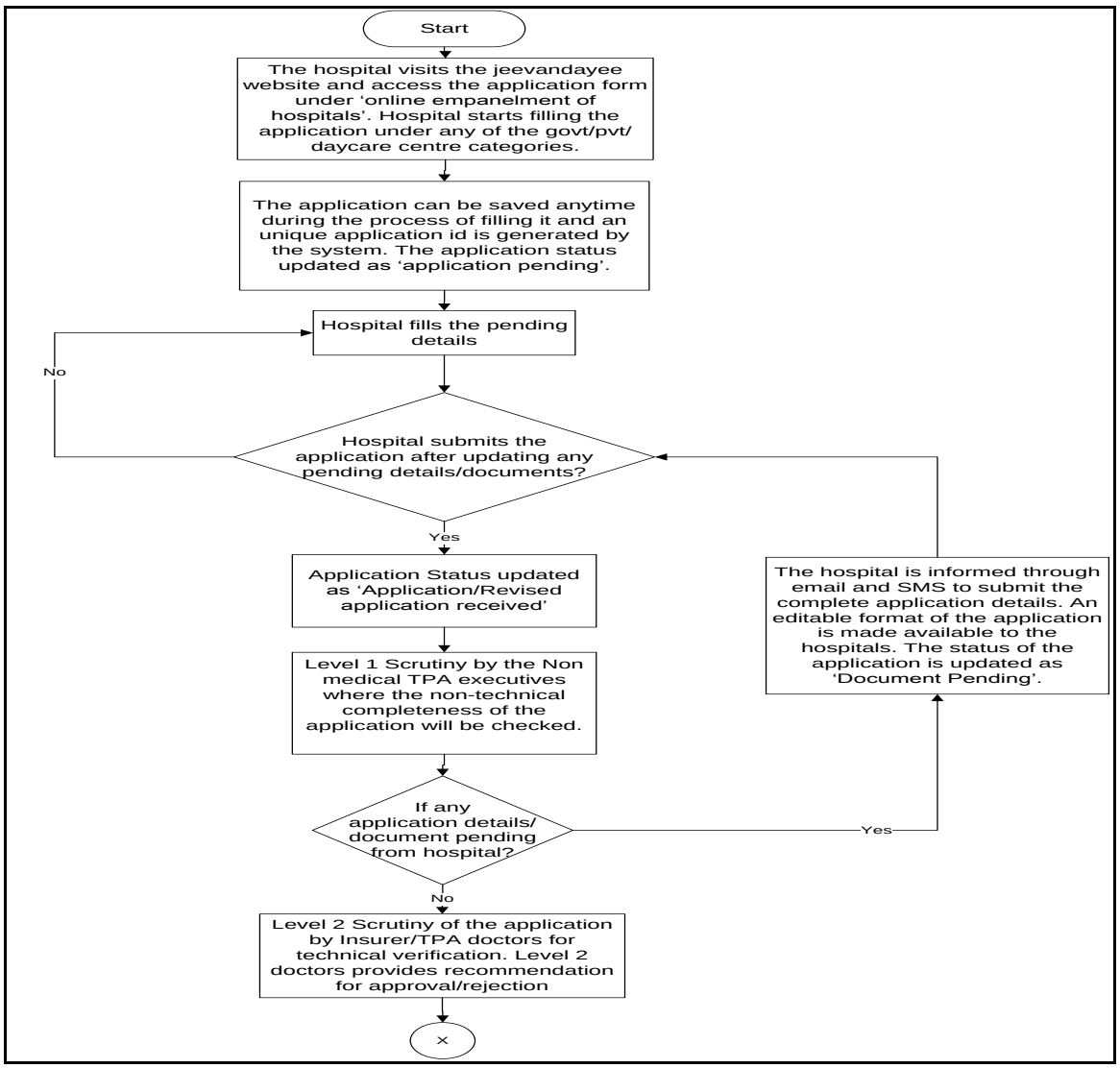
- Under RGJAY 121 follow up procedures are identified.
- NWH has to provide free follow up medicine, investigations up to 1 year from 11th day of the discharge.
- No pre-auth is required for follow up procedures.
- Claims have to be submitted in 4 installments.

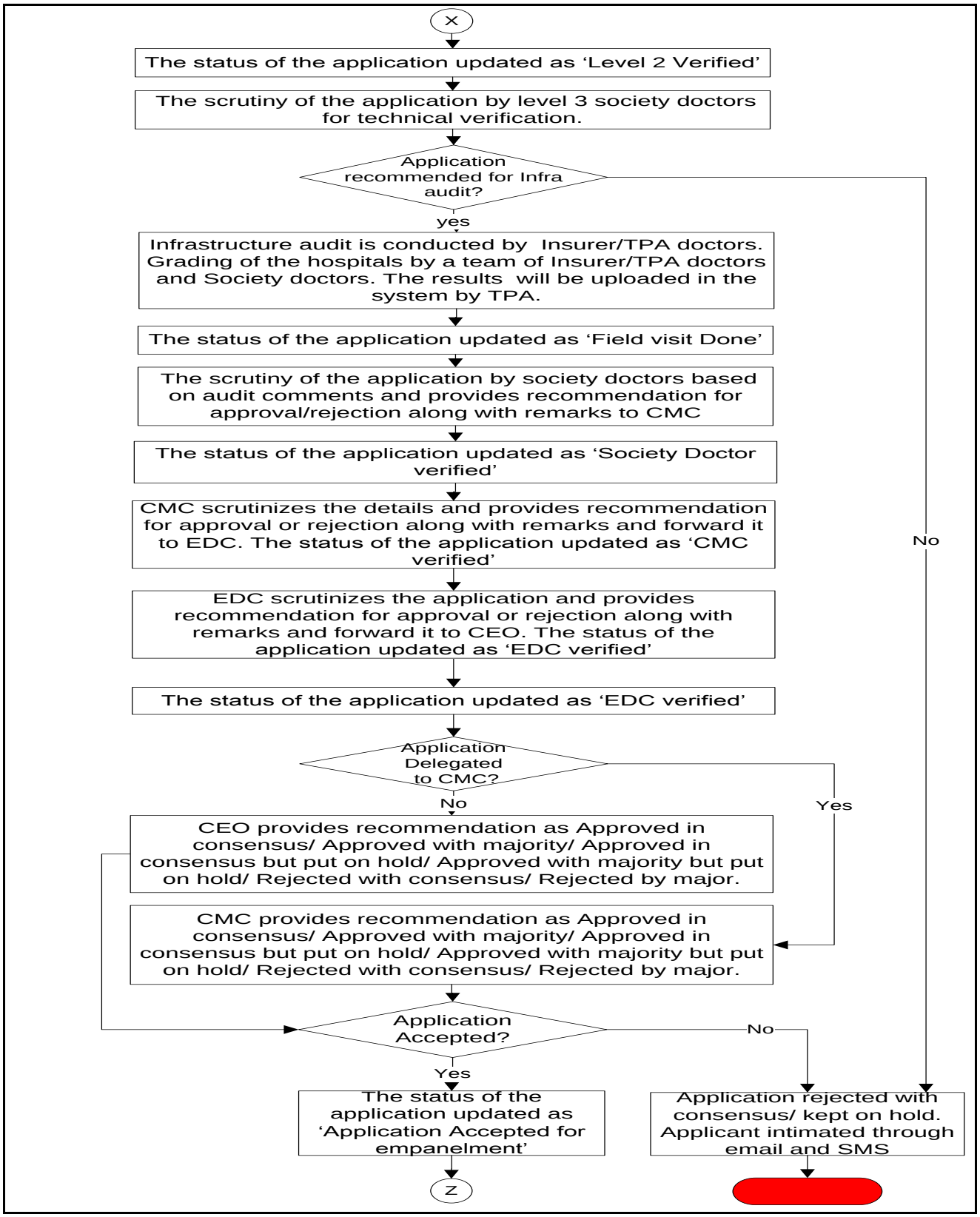
4 : RGJAYS : EMPANELMENT

During my summer training in RGJAYS , I was posted in Empanelment department . Empanelment department deals with empanelment of hospitals under the scheme. This department is the core department as the entire process initiates after hospital is empanelled.

4.1 PROCESS FLOW: HOSPITAL EMPANELMENT FOR RGJAY

Fig 2 : Business process overview




X
The status of the application updated as 'Level 2 Verified'
The scrutiny of the application by level 3 society doctors for technical verification.
Application recommended for Infra audit?
No
yes
Infrastructure audit is conducted by Insurer/TPA doctors. Grading of the hospitals by a team of Insurer/TPA doctors and Society doctors. The results will be uploaded in the system by TPA.
The status of the application updated as 'Field visit Done'
The scrutiny of the application by society doctors based on audit comments and provides recommendation for approval/rejection along with remarks to CMC
The status of the application updated as 'Society Doctor verified'
CMC scrutinizes the details and provides recommendation for approval or rejection along with remarks and forward it to EDC. The status of the application updated as 'CMC verified'
EDC scrutinizes the application and provides recommendation for approval or rejection along with remarks and forward it to CEO. The status of the application updated as 'EDC verified'
The status of the application updated as 'EDC verified'
Application Delegated to CMC?
Yes
No
CEO provides recommendation as Approved in consensus/ Approved with majority/ Approved in consensus but put on hold/ Approved with majority but put on hold/ Rejected with consensus/ Rejected by major.
CMC provides recommendation as Approved in consensus/ Approved with majority/ Approved in consensus but put on hold/ Approved with majority but put on hold/ Rejected with consensus/ Rejected by major.
Application Accepted?
No
Yes
The status of the application updated as 'Application Accepted for empanelment'
Application rejected with consensus/ kept on hold. Applicant intimated through email and SMS
Z

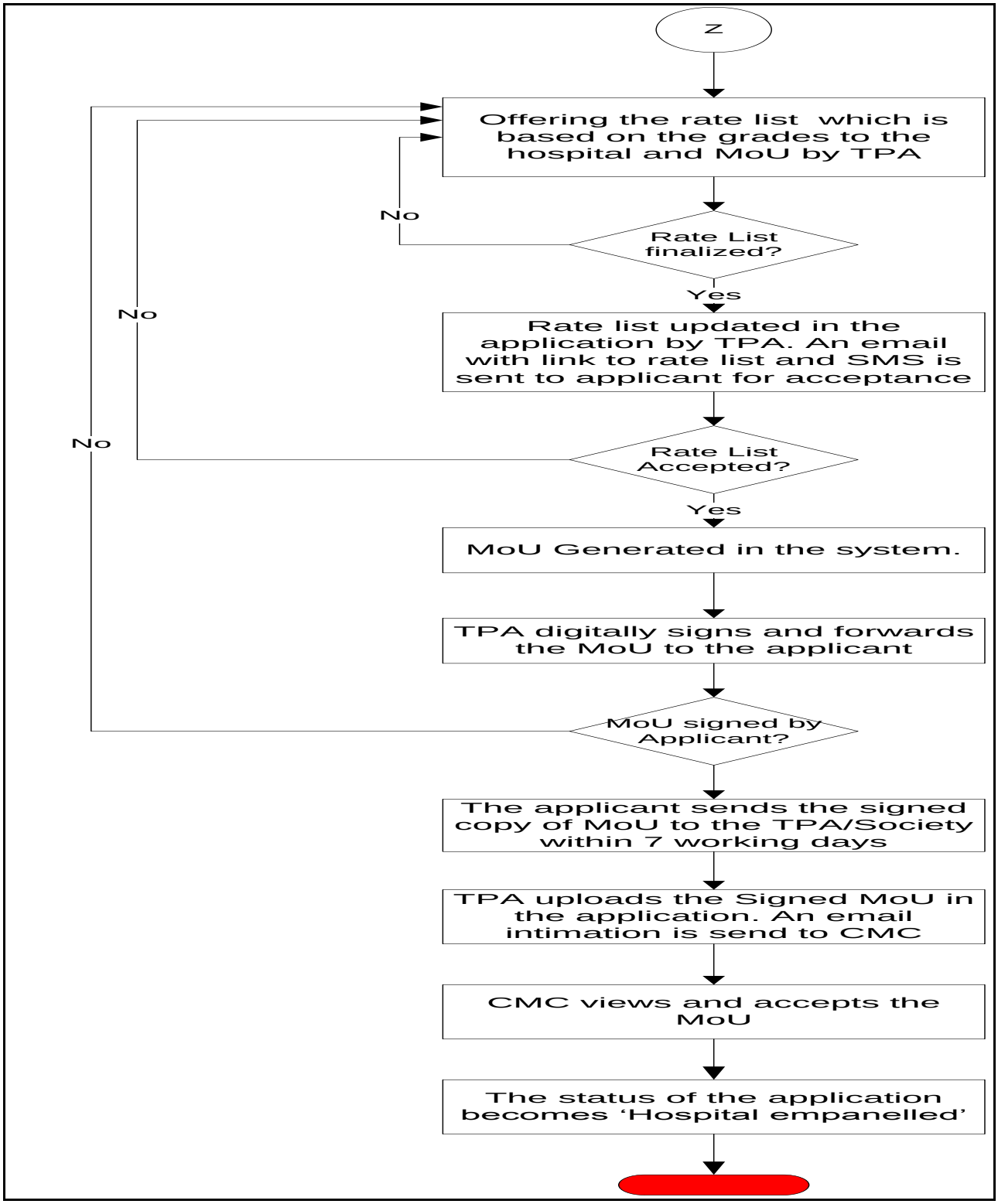
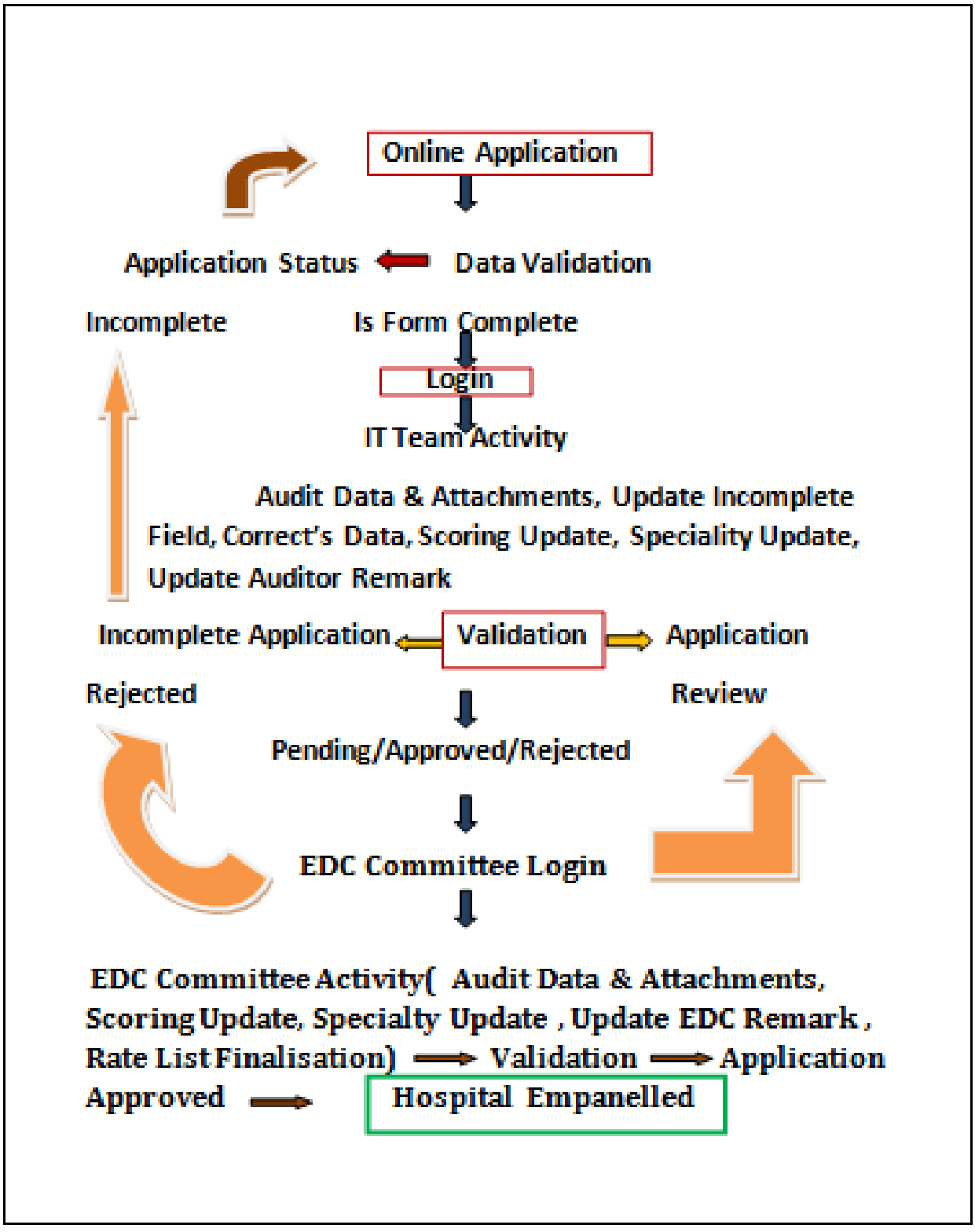

Z
Offering the rate list which is based on the grades to the hospital and MoU by TPA
Rate List finalized?
No
Yes
Rate list updated in the application by TPA. An email with link to rate list and SMS is sent to applicant for acceptance
Rate List Accepted?
No
Yes
MoU Generated in the system.
TPA digitally signs and forwards the MoU to the applicant
MoU signed by Applicant?
No
The applicant sends the signed copy of MoU to the TPA/Society within 7 working days
TPA uploads the Signed MoU in the application. An email intimation is send to CMC
CMC views and accepts the MoU
The status of the application becomes 'Hospital empanelled'

Fig 3 : e Empanelment Application review and validation process



4.2 IT Project Management

During my internship at RGJAYS, I worked in IT Project Management under the guidance of Sr. Consultant from PWC.

I was involved in Drafting of User manual for e – empanelment module and online Application for hospitals.The user manual was a guide for network hospitals for empanelment process and for filling up of online application form.

I was also involved in testing of online application and User Acceptance testing of online application form for empanelment .

- **e-Empanelment Module**
  RGJAYS works on principle of e government . All procedures are based on online work. Preauthorisations , claims processing ,vigilance , empanelment is through web portal system. Empanelment of hospitals was done by manual pocessing in phase I. Since phase II, it will be through e Empanelment module on RGJAY web portal.

- **User acceptance testing of e empanelment Application for empanelment**

Remarks and Suggestions for Online Empanelment Application

- The application form for empanelment covers almost all the details required by the society. Information that is obtained from the application is adequate and sufficient.
- Hospitals providing all the details will maintain transparency and authenticity of the procedure.
- Though , there are some suggestions for the Application:

1. After the hospital signs up, the **Hospital reference number** and **Hospital PIN** is generated.
   In case this detail is lost, Hospital cannot Log in again. So, e mail ID and Mobile number of the hospital must be asked in the beginning itself, and a mail and sms should go to the Hospital as soon as the Hospital Reference Number and PIN is generated.
   In case the user loses or forgets the details, user has it in his mail.
2. **Login ID** and **Name of Hospital** signed in , should appear on each page .
3. Also, only first Tab " Hospital basic Information " is highlighted blue in color. Rest all are grey even when they are open. This gives an impression that the first tab is open . This should be corrected.
4. Time required for filling the online application form is 8 hours approximately. If few mandatory fields are removed , it will reduce unnecessary data entry process and simplify the exhaustive process .

SECTION B: PROJECT

Case study of RGJAY Phase 1: District wise Comparative Analysis and insights for RGJAY Phase II

1. INTRODUCTION

For the overall development of a nation, government should provide three basic amenities at subsidized rate, so that it is affordable for every individual .

They are : 1. Healthcare

2. Food

3. Education

To reduce out of pocket expenditure of the population for healthcare and catering needs of the BPL population in state of Maharashtra , by enabling them to access quality healthcare and making it affordable , RGJAYS has taken a initiative by providing Health Insurance cover to BPL and APL population with income below Rs. 1 lac .

Health Insurance for the BPL people is awarded by the federal government. In fact state governments participate actively in this kind of schemes for providing health care facilities to the poor and low income group people for free. The medical insurance schemes are usually channelized by the state governments and they receive a part of funding from the central government. The people belonging to low income groups are not paying the premiums. The premiums are paid by the state government on their behalf. It is also important to find that the majority of medical insurance schemes which are operated by the state governments will provide coverage to complete family coming under the low income group bracket, instead to single individual. The medical insurance coverage offered under the BPL schedule is not as comprehensive as one may otherwise get in the standard high valued medical insurance policies. But still, the people belonging to BPL will get protection against the diseases of grave nature.

The irony is that most of people falling under BPL strata are actually not aware of the terms and conditions of medical insurance. As the result, such people are debarred from completely from the insurance coverage and in case of the medical emergency situation; they are the most affected lot. Having good knowledge of the medical insurance policy will give the BPL people cutting edge and they will feel confident about the medical safety and security.

. Life is precious and you have to take care of your life. BPL medical insurance policy is not an expensive affair and it will safeguard personal as well as family medical concerns.

In this study , we have compared the performance of districts in RGJAY.It gives the insight of the areas scheme needs to focus and improve the performance of districts . Also , the study gives an insight of measures to be undertaken for phase II to obtain better results.
It gives an overview of the gaps that were observed after analysis in phase I and the measures to be undertaken in phase II.

2. THE RATIONALE OF STUDY

The rationale of study is to get a comparitive overview of the district performance in the scheme and to discover the gaps that ocurred in phase I that led to decrease in performance.

The study is useful to get an insight for RGJAY Phase II , and carry out measures to cover the gaps so that it leads to better performance of scheme as a whole.

Also ,the study is helpful for determining the focus areas for Phase I and the target areas for RGJAY Phase II.

3. OBJECTIVES

3.1 General Objective:

To measure overall scheme performance of Rajiv Gandhi Jeevandayi Arogya Yojana in phase I and get the insights for Phase II .

3.2 Specific Objectives:

- To compare the performance of 8 districts in RGJAY PhaseI.
- To discover the gaps in the scheme and find out the issues faced by network hospitals and the society to provide sevices to the beneficiaries.
- To evaluate overall scheme performance in phase I.
- To understand the process of empanelment of Network Hospitals in phase II , get an account of total Hospitals eligible for empanelment and distribution of the specialities throughout the state.
- To get insights for RGJAY Phase II and for the improvement of healthcare services in the state for BPL and APL families.

4. DATA COLLECTION PROCESS

RGJAYS Covers total Eight districts in Phase I.All the district wise details of preauthorisation , claims raised,claims submitted,call centre issues,etc. are updated on a regular basis on the web portal oof RGJAYS.This portal provides a log in for the pogram officers,consultants and managers through which all data is accessed.Data collected for the analysis is secondary data available on web portal of RGJAYS at www.jeevandayee.gov.in

The web portal has a section where all the reports from various departments and operational reports are regularly updated.

It includes all the reports related to claims , preauthorisation , grievance redressal , field operations , empanelment , vigilance and call centre. The specialist doctors of society and TPA keep on updating the dump files and this forms a database for reference.

Meeting were held on the regular basis with DCO,PO for discussions and issues were soted out. These meetings are the source of issues and gaps mentioned , that are observed in the scheme.

Primary data collection is done by telephonic conversation with the respective District coordinators of the districts and with the Empanelled hospitals within the districts regarding the issues network hospitals faced for providing services to the beneficiaries.

5. METHODOLOGY

In this study,the performance of districts is compared in RGJAY Phase I.
Comparitive analysis is done on basis of fours areas :

1. Preauthorisations
2. Claims
3. Grievance
4. Health Camps

Under these areas eight parameters are considered on basis of which the performance of particular districts is assessed.On basis of the results of each parameter , the districts are ranked from 1 to 7. Also each area is given a particular weight and on basis of this weights, weighted ranks are calculated. Refer annexure , Table no.4, grading of districts.

Weightage given :

1. Preauthorisations - 30
2. Claims -50
3. Grievance -10
4. Health Camps -10

Total indicates the performance of districts in each area.

On the basis of this ranks ,the districts are graded into 5 categories:

1. Excellent
2. Good
3. Average
4. Below Average
5. Not Ok

Depending on the grades and analysis of the parameters, districts that are performing below performance criteria are considered as the districts that are to be focussed and certain areas that needs attention are highlighted from the study.Also,based on telephonic conversation with DCO and Hospital MCO and the data analysed for grading, certain gaps are discovered. These gaps are to be avoided in phase II of the scheme.

Overall Scheme evaluation is done on the basis of various factors to get an insight of scheme performance and measures to be carried out to improve it.On basis of this analysis and interpretation,certain recommendations are documented.these are just few suggestions that may be path leading and also may have few gaps,but if incorporated in a poper way may take the scheme to a better position.

6. DATA ANALYSIS AND INTERPRETATION

6.1 OVERVIEW OF EMPANELLED HOSPITALS IN DISTRICTS IN RGJAY PHASE I

6.1.1 TOTAL NUMBER OF HOSPITALS EMPANELLED IN PHASEI

6.1.2 Table 1 Number of Hospitals Empanelled

District	Number of hospitals empanelled	Percentage
Mumbai and Mumbai Suburban	**61**	40%
Raigad	15	10%
Solapur	18	12%
Dhule	13	9%
Nanded	15	10%
Amravati	16	11%
Gadchiroli	14	9%

In phase I,maximum number of hospitals were empanelled in Mumbai district.Rest all districts showed nearly same distribution.

6.1.3 DISTRICT WISE PROFILE OF PERFORMING AND LOW PERFORMING SPECIALTIES

Table 2: Profile of performing and low performing Specialties empanelled in 8 districts

Districts	Total Number of Specialties Empanelled	Number of Hospital Specialties below performance criteria	Number of Hospital Specialties above performance criteria	% of Hospital Specialties below performance criteria	% of Hospital Specialties above performance criteria
Amravati	166	120	44	72.28	26.50
Dhule	187	130	57	69.51	30.48
Gadchiroli	241	201	40	83.40	**16.59**
Nanded	193	150	43	77.72	22.27
Raigad	269	218	51	81.04	**18.95**
Solapur	255	193	62	75.68	24.31
Mumbai and Suburban	1078	830	248	76.99	23.00

Refer Annexure, table3, Hospital Specialty performance criteria

- Out of empanelled hospital specialities more than 70 % are empanelled but performing below performance criteria.
- Initially on an average 37.50% of hospital specialties were active. Now according to recent updated data, overall on an average 23.16% hospital specialties are performing.
- In Gadchiroli and Raigad high number of hospital specialities are empanelled but are performing below performance criteria.

Assumption: on the basis of updated Data, specialties empanelled in phase I, Approved cases in all the specialties are considered as a base, of which extreme values have been deleted, and a median is calculated for each active specialty. Median is considered here to be a standard measure for minimum cases the hospital should receive for a speciality to be peforming. On basis of this median, specialty with approved case more than median is considered as performing, and specialty with approved cases less than median is considered as low performing.

6.1.4 Specialty wise Hospital Performance.

we can compare the performing specialties distribution in the state. RGJAY Phase I has targeted 7 districts , in which performing centre for dermatology, rheumatology ,endocrinology,medicaloncology is concentrated in Mumbai. For Phase II, specialties can be empanelled in other nearby districts so that more epicentres are created and one district is not loaded entirely.

Refer Annexure , Table no. 5 and 6 for District wise number of performing and non performing Hospitals.

Table 3 : Specialty wise Hospital Performance

Specialty	% of Hospitals performing below performance criteria	% of Hospitals performing above performance criteria
Burns	80%	20%
Cardiac Cardiothoracic Surgery	65%	35%
Cardiology	62%	38%
Critical Care	73%	27%
Dermatology	98%	2%
Endocrinology	86%	14%
ENT Surgery	87%	13%
Gastroenterology	77%	23%
General Surgery	73%	28%
Genitourinary System	63%	38%
Gynaec And Obstetrics Surgery	74%	26%
Infectious Diseases	98%	2%
Interventional Radiology	78%	22%
Medical Oncology	75%	25%
Nephrology	68%	32%
Neurology	69%	31%
Neurosurgery	72%	28%
Ophthalmology Surgery	87%	13%
OrthoP Surgery And Procedures	52%	48%
Pediatric Surgery	82%	18%
Pediatrics Medical Management	79%	21%
Plastic Surgery	85%	15%
Poly Trauma	63%	37%
Prostheses	97%	3%
Pulmonology	78%	22%
Radiation Oncology	64%	36%
Rheumatology	89%	11%
Surgical Gastro enterology	78%	22%
Surgical Oncology	64%	36%

6.1.5 Distribution Government and private Hospitals performing above performance Criteria

Table 4: Distribution of Government and Private Hospitals

Sr.No.	Specialty	Service outlets Above performance criteria	Government	Private	Dominance
1	Burns	18	9	9	Equal
2	Cardiac Cardiothoracic Surgery	22	4	18	Private
3	Cardiology	34	5	29	Private
4	Critical Care	34	7	27	Private
5	Dermatology	2	2	0	Government
6	EndocriNlogy	4	4	0	Government
7	ENT Surgery	14	11	3	Government
8	Gastroenterology	17	6	11	Private
9	General Surgery	34	20	14	Government
10	Genitourinary System	37	10	27	Private
11	GynIC AndObstetricsSurgery	29	18	11	Government
12	Infectious Diseases	2	2	0	Government
13	Interventional Radiology	12	3	9	Private
14	Medical Oncology	16	6	10	Private
15	Nephrology	32	4	28	Private
16	Neurology	26	8	18	Private
17	Neurosurgery	24	8	16	Private
18	Ophthalmology Surgery	13	6	7	Equal
19	OrthoP Surgery And Procedures	57	20	37	Private
20	Pediatric Surgery	17	7	10	Private
21	Pediatrics Medical Management	20	12	8	Government
22	Plastic Surgery	13	7	6	Government
23	Poly Trauma	37	18	19	Equal

24	Prostheses	2	1	1	Equal
25	PulmoNlogy	17	6	11	Private
26	Radiation Oncology	8	2	6	Private
27	Rheumatology	4	4	0	Governm ent
28	Surgical Gastro Enterology	18	7	11	Private
29	Surgical Oncology	30	8	22	Private

During empanelment of hospitals in phase II government hospitals can be targeted for Dermatology, Endocrinology, ENT Surgery, General Surgery, Gynaecology And Obstetrics Surgery, Infectious Diseases, Paediatrics Medical Management, Plastic Surgery, Rheumatology are dominated by government hospitals.

Similarly, for Cardiac Cardiothoracic Surgery, Cardiology, Critical Care, Gastroenterology, Genitourinary System, Interventional Radiology, Medical Oncology, Nephrology, Neurology, Neurosurgery, Ortho Surgery and Procedures, Paediatric Surgery, Pulmonology, Radiation Oncology, Surgical Gastroenterology, Surgical Oncology private hospitals should be considered on priority.

6.1.5 Speciality wise spread of hospitals performing above performance criteria across all 8 districts:

Table 5 : Specialty wise spread of Hospitals Performing above performance Criteria

Sr.No.	Specialty	Amravati	Dhule	Gadchiroli	Nanded	Raigad	Solapur	Suburban Mumbai
1	Burns	3	2	1	2	3	4	3
2	Cardiac Cardiothoracic Surgery	1	2	2	2	1	2	12
3	Cardiology	2	3	2	3	2	5	17
4	Critical Care	3	3	1	3	4	6	14
5	Dermatology	0	0	0	0	0	0	2
6	EndocriNlogy	0	0	0	0	0	0	4
7	ENT Surgery	1	1	0	3	1	1	7
8	Gastroenterology	1	1	2	1	2	3	7
9	General Surgery	3	5	2	4	4	5	11
10	Genitourinary System	2	5	2	3	5	7	13
11	Gynecology And Obstetrics Surgery	5	4	3	2	3	3	9
12	Infectious Diseases	0	1	0	0	0	0	1
13	Interventional Radiology	0	0	1	1	0	2	8
14	Medical Oncology	2	1	3	2	0	1	7
15	Nephrology	0	3	0	2	3	2	22
16	Neurology	3	2	1	1	2	5	12
17	Neurosurgery	2	2	2	1	3	3	11
18	Ophthalmology Surgery	0	0	2	1	1	1	8
19	OrthoP Surgery And Procedures	5	6	6	3	5	9	23
20	Pediatric Surgery	2	2	1	1	3	3	5
21	Pediatrics Medical Management	1	3	2	1	2	3	8
22	Plastic Surgery	2	0	2	1	1	1	6
23	Poly Trauma	4	6	2	3	3	6	13
24	Prostheses	0	0	0	0	1	0	1
25	PulmoNlogy	1	1	0	2	3	1	9
26	Radiation Oncology	1	1	1	1	0	1	3
27	Rheumatology	0	0	0	0	0	0	4
28	Surgical Gastro Enterology	2	1	1	1	2	3	8
29	Surgical Oncology	3	5	2	2	1	4	13

Less number of hospitals More number of hospitals

- Above analysis shows that in case Nephrology, Interventional Radiology, Ophthalmology Surgery, Rheumatology, Endocrinology, Dermatology, hospitals performing above performance criteria are centred in Mumbai. There is a need of creating epicentres in other major districts in Maharashtra like Pune, Nasik, Nagpur, Kolhapur, Aurangabad etc.
- Apart from above, there is also a need of creating epicenters for Cardiac and Cardiothoracic Surgery,Cardiology, ENT Surgery, Infectious Diseases, Prostheses, Pulmonology.
- There is a need to focus on improving delivery outlets for following specialities in respective districts:
    - **Amravati:** Cardiac Cardiothoracic Surgery, Interventional Radiology, Nephrology, Ophthalmology Surgery
    - **Dhule**:Interventional Radiology, Ophthalmology Surgery
    - **Gadchiroli**: Nephrology
    - **Raigad**: Cardiac Cardiothoracic Surgery

6.2 DISTRICT WISE ANALYSIS OF PERFORMANCE ON BASIS OF EIGHT PARAMETERS

6.2.1 Number of Preauth. Within the District / Total Number of Beneficiary Families (Since beginning of Phase I)

Table 6: Total number of preauths within district as compared to beneficiaries

Sr. No	Districts	Number of Preauth . Within the District	Approximate Number Of Beneficiary Families	Per thousand Families
1	**Mumbai and Mumbai Suburban**	29503	1822901	**16.18**
2	**Solapur**	8736	830011	1.05
3	**Dhule**	6936	397674	1.74
4	**Gadchiroli**	758	182889	0.41
5	**Amravati**	6231	559473	1.11
6	**Nanded**	7442	543961	1.36
7	**Raigad**	5534	566231	0.97

In Table 6, total number of preauthorisations raised are seen in Mumbai and suburban districts.This is usually because it acts as a main centre for all the surrounding districts,it has all the hospital infrastructure and thus more patient flow.

6.2.2 Total Number of Patients within the District (Not Including Referral Cases) / Total District Patients

Table 7: Patients treated within the district

Sr. No	Districts	Total Number of Patients within District	Total District Approved Preauths	%
1	**Mumbai and Mumbai Suburban**	28438	29503	96.39
2	**Solapur**	7949	8736	90.99
3	**Dhule**	5519	6936	79.57
4	**Gadchiroli**	281	758	37.07
5	**Amravati**	4657	6231	74.73
6	**Nanded**	5193	7442	69.76
7	**Raigad**	3549	5534	64.13

In table 7, self sufficiency of the districts is measured.Mumbai and suburban district is most self sufficient treating 96.39% of the patients in the district itself.Gadchiroli is least capable and has to send patients to referral districts.

6.2.3Referral Patients from outside the District / Total Patients treated in the District

Table 8: Referral Average of the District

Sr. No	Districts	Referral Patients from Outside the district	Total Patients Treated In the District	%
1	**Mumbai and Mumbai Suburban**	188	29503	6.37
2	**Solapur**	61	8736	6.98
3	**Dhule**	28	6936	4.03
4	**Gadchiroli**	2	758	2.63
5	**Amravati**	35	6231	5.61
6	**Nanded**	38	7442	5.10
7	**Raigad**	29	5534	5.24
	Total	381	65140	5.84

In Table 8,Referral Average of the disricts is seen to be nearly same around 6 %. Patients are referred fromhealth camps and other districts to the empanelled hospitals.

6.2.4 Grievances (Relative) : Number Of Grievances / Total Patients treated by District Hospitals.

Table 9 : Grievance rate

Sr. No	Districts	Number of Grievances	Total Patients treated by District Hospital	%
1	**Mumbai and Mumbai Suburban**	54	29503	1.83
2	**Solapur**	14	8736	1.60
3	**Dhule**	5	6936	0.72
4	**Gadchiroli**	4	758	5.27
5	**Amravati**	10	6231	1.60
6	**Nanded**	6	7442	0.80
7	**Raigad**	6	5534	1.08

In Table 9 , gadchiroli has maximum number of grievances for preauth.,claims and treatment related issues.It is around 5.27%.Transport related grievances are maximum in this district.

6.2.5 Performance of conducted Health Camps : Referral Patients from Health Camp / Total Number of Health Camps Conducted

Table 10 :Referral Average from Health Camps

Sr. No	Districts	Referral Patients from Health Camp	Total Number of Health Camps Conducted	Referral Average per camp
1	**Mumbai and Mumbai Suburban**	3121	167	18.68
2	**Solapur**	2203	90	24.47
3	**Dhule**	2041	124	16.45
4	**Gadchiroli**	991	27	**36.70**
5	**Amravati**	1377	81	17
6	**Nanded**	4039	148	27.29
7	**Raigad**	3038	185	16.42

In Table 10 , Gadchiroli has maximum Referral Average from health camps,this is because of the remote location and unavailability of transport.Maximum patients are treated in the network hospitals after the health camps.Gadchioli is followed by Nanded.

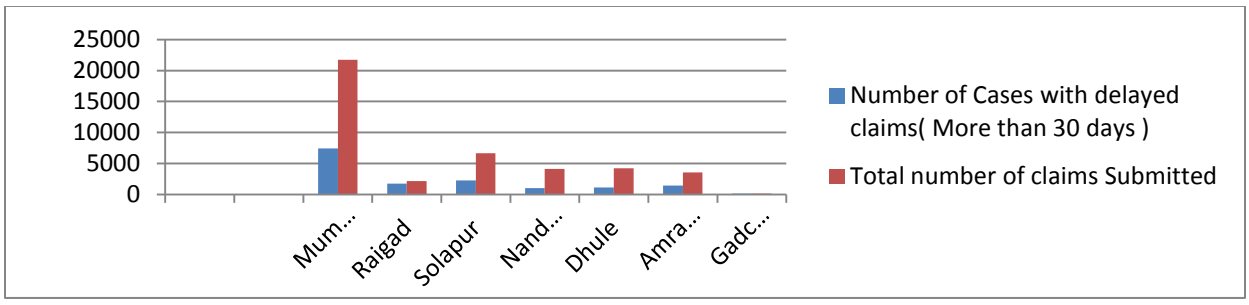
6.2.6 Gap or Time lag Between Discharge of treated patient and Claims Submitted.

Table 11 : Delay in claim submission

Sr.No.	Districts	Number of Cases with delayed claims(More than 30 days)	Total number of claims Submitted	Average delay in Claims raised	% of delayed claims submitted
1	Mumbai and Mumbai Suburban	7438	21715	67	34.25282
2	Raigad	1768	2186	68	**80.87832**
3	Solapur	2258	6678	58	33.81252
4	Nanded	1049	4098	56	25.59785
5	Dhule	1119	4216	53	26.54175
6	Amravati	1421	3542	60	40.11858
7	Gadchiroli	136	168	50	**80.95238**

In Table 11 Ideally , the claims are to be submitted within 11 days. The data shows that there is delay in claims of about two months in almost all the districts. Raigad and Gadchiroli shows maximum number of delayed claims.

Graph 1 : Delay in claims submission



6.2.7 Rejected Claims ratio : Total number of hospitals / Total Number of Rejected claims.

Table 12: Rejected claims ratio

Sr. No	Districts	Total Number of Rejected Cases(claims)	Total number of Hospitals Empanelled	%
1	**Mumbai and Mumbai Suburban**	367	61	16.62
2	**Solapur**	187	18	9.62
3	**Dhule**	109	13	11.92
4	**Gadchiroli**	15	14	93.33
5	**Amravati**	99	16	16.16
6	**Nanded**	150	15	10
7	**Raigad**	116	15	12.93

In Table 12 , it is seen that maximum number of cases are rejected from Gadchiroli district and has almost 93.33% as claim rejection ratio.

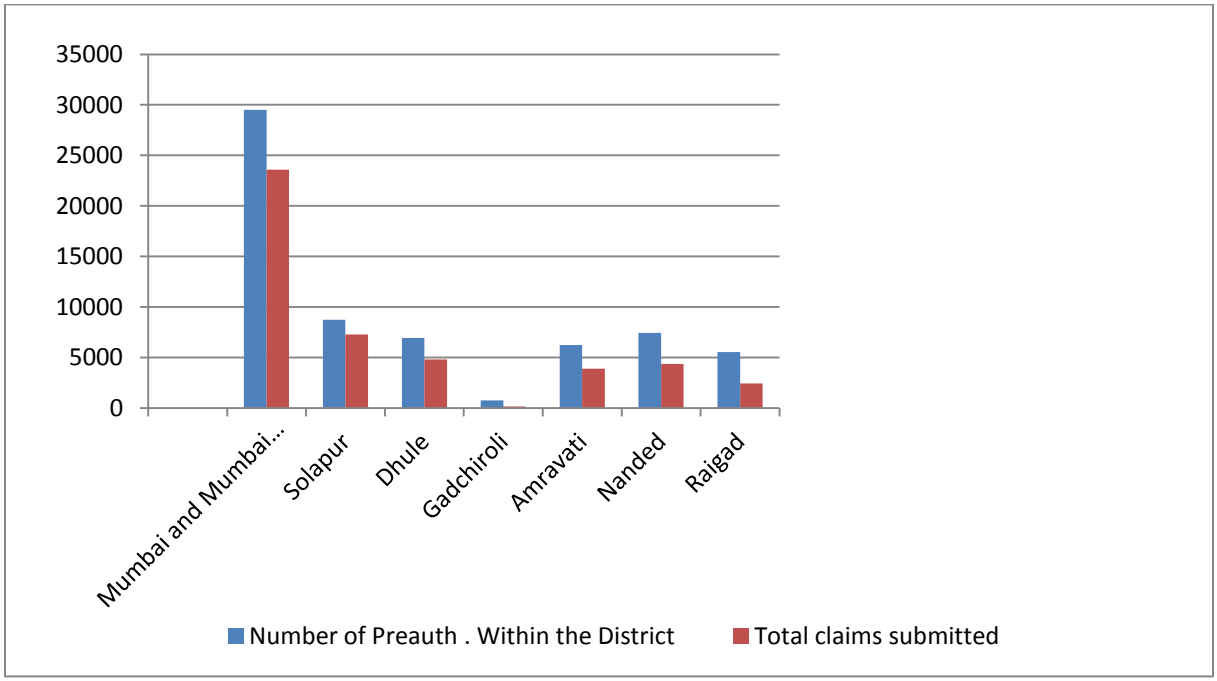
6.2.8 Total Claims submitted to Total number of Preauths in the District

Table 13 :Claims to Preauth Ratio

Sr. No	Districts	Number of Preauth . Within the District	Total claims submitted	%
1	**Mumbai and Mumbai Suburban**	29503	23593	79.96
2	**Solapur**	8736	7267	83.18
3	**Dhule**	6936	4821	69.50
4	**Gadchiroli**	758	173	22.82
5	**Amravati**	6231	3905	62.67
6	**Nanded**	7442	4376	58.80
7	**Raigad**	5534	2453	44.32

In Table 13 , it is seen that Maximum claims are sumitted amongst the preauths. raised by Solapur and Mumbai districts and least response is from Gadchiroli.

Graph 2 : Claims submitted compared to Preauth.



6.3 GRADING OF DISTRICTS

Refer Annexure,Table4:Grading of district performance

On the basis of eight parameters, the districts are ranked as per the rates and percentages obtained.

- Each parameter is given a weight, total weightage being 100.
- Total weighted ranks are calculated for each parameter.
- On basis of these weighted ranks, districts are graded as :

  1.Excellent

  2.Good

  3.Average

  4.Below Average

  5.Not Ok

Table 14 : Grading of Disttrict wise performance

Areas	Mumbai and Mumbai Suburban	Solapur	Dhule	Gadchiroli	Amravati	Nanded	Raigad
Preauth							
Grievances							
Health Camps							
Claims							

EXCELLENT GOOD AVERAGE BELOW AVERAGE NOTOK

- From the Ranking, following Results are obtained :
  - Mumbai and Mumbai suburban districts has excellent performance in preauth received and claims submission. However,it has average performance as far as health camp and grievances are concerned.
  - Solapur has excellent response in claims submission, but it has lot of issues in grievances.
  - Dhule has overall good performance. Area it lags in is health camps. Referral average per health camp is below average.
  - Gadchiroli has overall Not ok Performance .It is to be focused. The only area it has better results is health camp referral average.
  - Other district to be focused is Amravati. It has below average performance in all the areas.

    Preauth has a good response from the district.
  - Nanded has overall good performance performance. Number preauths are relatively less to the total beneficiary families in the district.
  - Raigad also has below average performance, the only area it is good in is , it has less grievances.

Grey Districts :

The term" grey districts" is used to denote those disticts that are performing below the desired indicators.The term signifies " lacking areas / low performing districts"

1. Gadchiroli
2. Raigad
3. Amravati

Parameter wise results :

- Mumbai and suburban district is highest in number of preauths. Per thousand beneficiary families.

  Rest all districts are at same level and this figure has to be increased.

- Total patients within the districts are less in Gadchiroli and Raigad i.e about 37 % and 64%.

  Mumbai and solapur has better response. This is because of the larger population and more hospitals empanelled in these districts.

- Response of health camp and referral average is good in Gadchiroli. Rest all districts rank at same level.

- Total claims submitted to preauth. Received are highest in solapur followed by Mumbai. Gadchiroli ranks lowest here with 22% of claims submitted out of total preauths received.

- Delay in claims submission , rejection rate and Number of grievances are highest in Gadchiroli.Amravati and Dhule has better performance for this parameters.

Grey Areas:

Here the term "Grey Areas" signifies "lacking areas " .

- Delay in claims submission is about two months on an average in all the districts from the date of discharge. Ideally it is to be done within 11 days from the date of discharge.
- Claims rejection rate is very high in Gadchiroli.
- Total claims submitted to preauths received are low in Gadchiroli and Raigad.
- Districts to be focused are Gadchiroli and Raigad with not ok and average performance respectively

7. GAPS UNCOVERED: RGJAY PHASE I

RGJAY Phase I is an Initiative of Rajiv Gandhi Jeevandayee Arogya Yojana Society and Government of Maharashtra to provide access to Quality Healthcare for BPL population.

Its phase I succeeded in its venture, but there were few gaps. On study of district wise performance and issues that each district had ,few gaps were uncovered :

1. **TPA Signed the MOU before finalisation of rate list**

In Phase I , TPA Signed the MOU with the Hospitals and then there were issues with the rate list. Rate list could have been defined prior to this. Most important factor is that many of the hospitals did not go through the RGJAY Manual , MOU ,Terms and Conditions and had sent request for empanelment.

Hospitals were then reluctant to perform the services due to package rate issues.

2. **Package Rates were Low**

Surgical and Medical Gastroenterology ,Critical care , Orthopedic , Genitourinary, nephrology, cardiology are the areas where hospitals had rate issues. Most of the Hospitals complaint that Package rates were not feasible due to high cost and needs revision

3. **Specialties empanelled were Inactive**

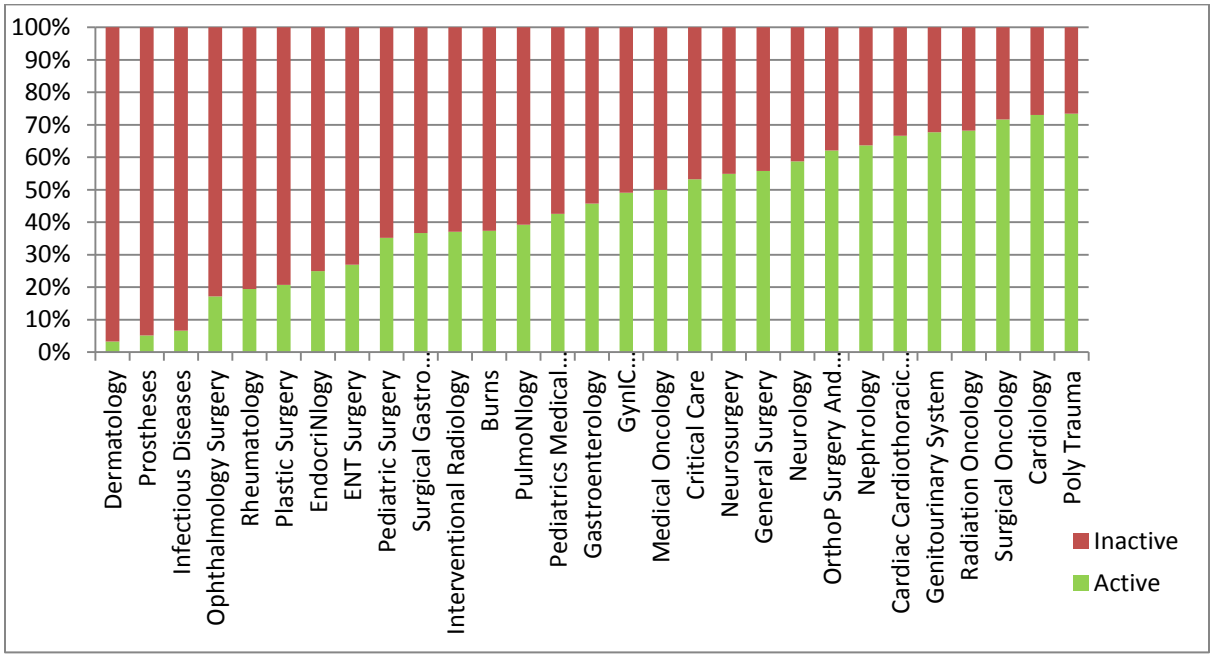
Table 15 : Account of active and inactive specialties

Sr.no.	Districts	Total Specialties	Active	Inactive
1	Amravati	166	80	86
2	Dhule	187	91	96
3	Gadchiroli	241	107	134
4	Nanded	193	67	126
5	Raigad	269	106	163
6	Solapur	255	124	131
7	Mumbai and mumbai sub urban	1078	588	490
	Grand total	**2389**	**1065**	**1324**

In Table 15, it is observed as a general trend in all the districts that more than 50% of specialties empanelled are inactive.

Many Hospitals had taken more specialties , considering future expansion and starting up with that specialty , however failed to keep them performing and functional.

Graph 3 : Active and Inactive Specialties for all the Districts of Phase



4. IEC /Awareness ⟶ ????

What brought people to seek these services of RGJAY :(As per Call Centre Data)

- Referred by pvt hosp. 2%
- Banner 4%
- Tv 1%
- Camp / call centre referred 3%
- Friend /relative 21%
- Good past experience 3 %
- Health card 22%
- Newspaper 5%
- Phc arm 11%
- Referred to network hosp. 29 %
- Referred by pvt hosp 21%

In phase I, awareness among the people was a question, most of the beneficiaries are unaware of the scheme, cause it lacked in awareness campaign and communication through media.

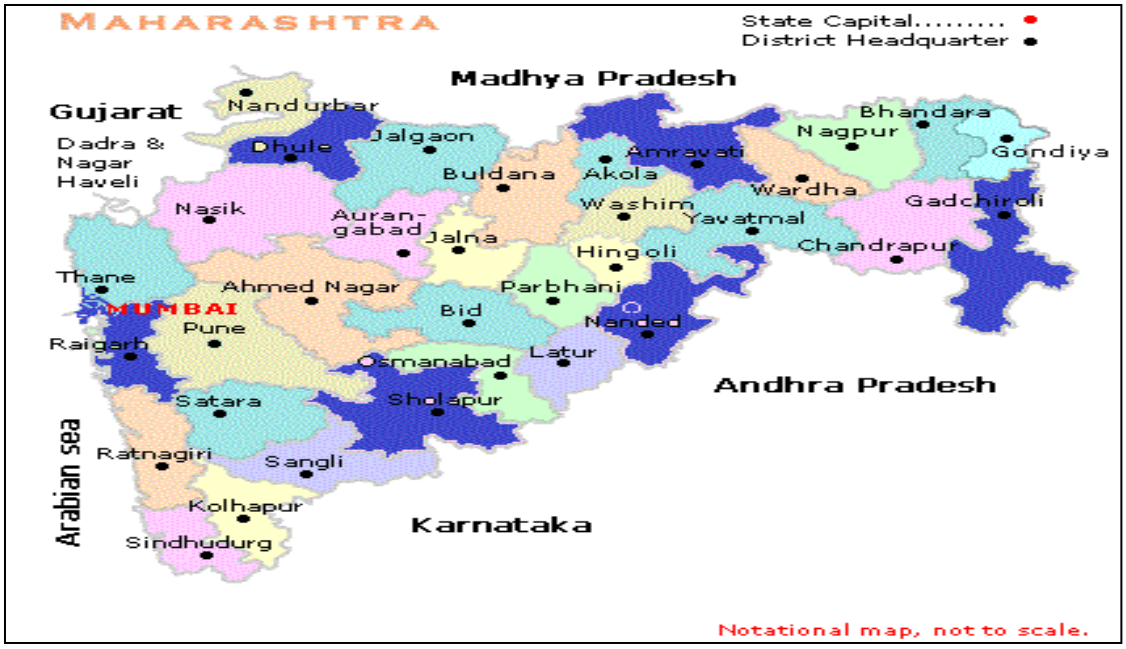
5. **Hospitals Empanelled ⟶ Lacked Infrastructure to cater the needs**

Also , complete bed strength should not have been counted as per BMC guidelines, but should be according to functionally active bed strength.

6. **Parallel automated protocols and alerts ⟶ ???**

In existing process majority of controls over pre-authorisation and claims are through manual process. There is a need of additional inbuilt automated protocols in order to minimise the chances of abusing the scheme by hospitals due to fraudulent claims. Also an intelligence system which can provide alerts and pointer to vigilance team for further investigations.

8. OVERALL SCHEME EVALUATION



8.1 DISTRICTS COVERED

8.2MAGNITUDE OF REACH AND CATERING HEALTHCARE NEEDS

Table 16: Magnitude and reach of RGJAY

Sr. no	District	Average per capita Income	Total beneficiaries	Total Hospitals empanelled within the district
1	**Mumbai and Mumbai Suburban**	1,25,000	1822901	61
2	**Solapur**	45816	830011	18
3	**Dhule**	11789	397674	13
4	**Gadchiroli**	25296	182889	14
5	**Amravati**	46492	559473	16
6	**Nanded**	23801	543961	15
7	**Raigad**	87949	566231	15

(source:www.districtseconomicdata.com)

- RGJAY has catered healthcare needs of population with income below 1 lac per year.
- All the districts targeted by RGJAY in phase I were actually the districts that needed the scheme to cater for healthcare needs of the people.
- Mumbai is the unique district which has average per capita income above 1 lac, but it being a region with all the specialties and complete infrastructure available can act as a referral centre for many nearby regions lacking infrastructure and specialties.

8.3 Total Population Covered

- The total number of beneficiary families in the state would be around 2,04,30,527.
- Out of which approximately 49 lac families in 8 districts were to be covered under the scheme in first phase.

8.4 Ground Reality Check of Affordable QUALITY healthcare

Is it really a quality healthcare at affordable price for the patients?

- **Hospital Facility :**

Well equipped to help you "get well soon"

Advanced Medical Technology for diagnosis and treatment has seen a great spurt in state-of-the-art medical equipments. RGJAY empanelled hospitals equipped with these facilities and instruments are in the forefront of providing healthcare to the needy. Easily accessible and affordable. Rajiv Gandhi Jeevandayee Arogya Yojana has brought these hospitals which are within the reach of financially weaker section of the society.

- **Health Camps**

Reaching out and Healing People

A large number of patients do not have access to qualified doctors for the diagnosis of their diseases and proper treatment. Organising health camps is made compulsory for leading hospitals to reach out to these silent sufferers. Such free health camps have benefitted many patients living in remote areas.

- Total 175 hospitals are empanelled uptill which also has some hospitals with brand value and renowned for quality healthcare.

- 45075 surgeries have been performed successfully since 2nd july 2012 till 23rd march 2013

Graph 4 : Total procedures performed till date

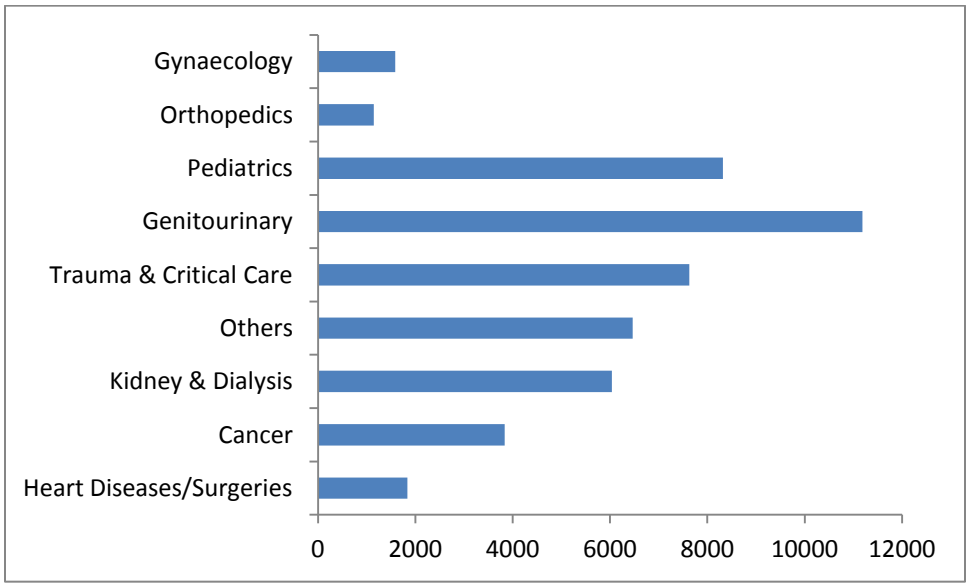


Table 17: Number of procedures performed uptill

Healthcare areas	Number of surgeries performed successfully
Heart Diseases/Surgeries	1837
Cancer	3836
Kidney & Dialysis	6038
Others	6463
Trauma & Critical Care	7629
Genitourinary	11185
Pediatrics	8321
Orthopedics	1149
Gynaecology	1590

In Table 17 and Graph 4 , it is evident that genitourinary,paediatrics and trauma and critical care are the three specialties where maximum surgeries are performed.

These are followed by Kidney and dialysis treatment.

9. SCHEME PERFORMANCE IN RGJAY PHASE I

1. Financial Performance Parameters:
   a) Incurred claims ratio

Incurred claims ratio measures how much of the premium is paid out as claims.

Incurred Claim Ratio = Incurred Claim/ Earned Premium

Incurred claim is calculated as Claim paid during the period along with claim which are under process and claims which are yet to be reported.

Earned Premium is that portion of the policy's premium that applies to the expired period of the policy.

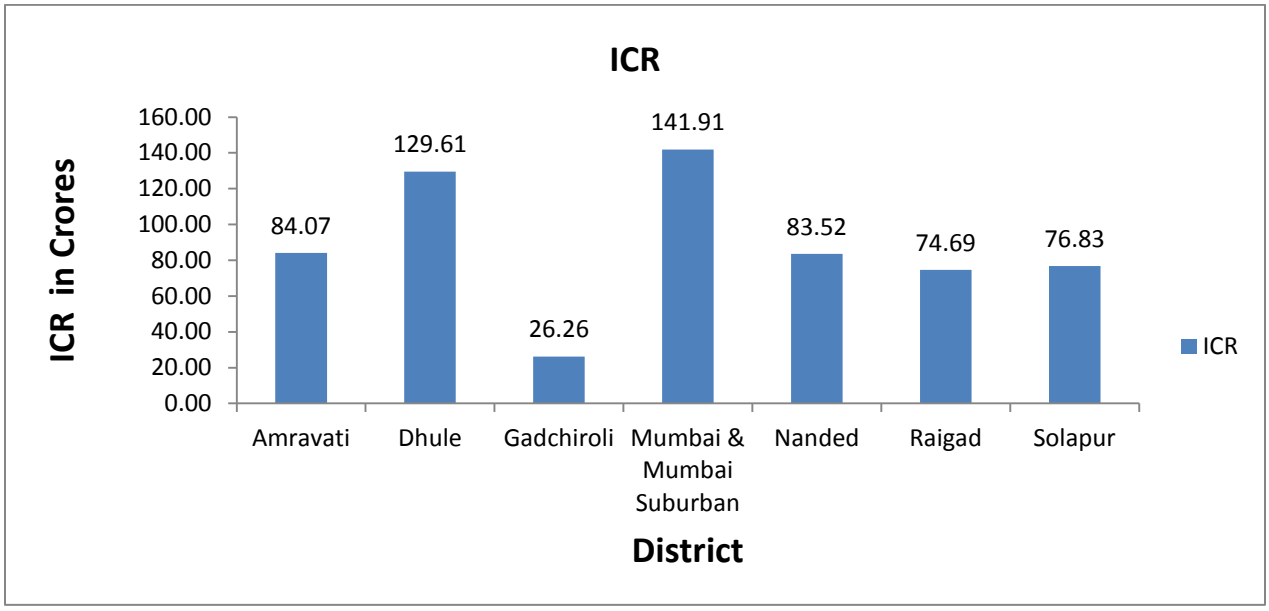
The period of calculation is considered as one year from the date of launch on 2nd July 2012. The total premium paid for the Phase I districts is Rs. 163.3 cr. As on 5th May,2013 the earned premium is calculated as Rs. 135 cr. approx.

Table 18 : Incurred Claim Ratio

Particular (as on 5th May 2013)	**Rs. In crores**
Claims paid	103
Claims under process represents the Claims in Course of Settlement (CICS) reserve = Claims under process + Claims under query	12
Claims which are not reported = Total amount of surgery updated – total amount of claims submitted	25
Incurred claims amount	141
Incurred claims ratio = Incurred claims/ earned premium	104%

Claims which are not reported is the IBNR (incurred but not reported) claims. This reflects the total amount owed by insurer to the claimants who have had a covered loss but have not reported yet. In RGJAY, the coverage is for surgery and the cases which are surgery updated but claim still not submitted are considered.

Graph 5 : ICR



Interpretation

A high claim ratio indicates that insurer (society/govt) is getting good value of the premium paid. But a very higher claim ratio would have indicated the financial non viability of the programme. A very low ratio indicates that the client (society/govt) is being exploited of the situation.

b) **Incurred Expenses Ratio**:

Expense ratio is the portion of the premium consumed by incurred expenses. The ideal incurred expense ratios is 20% or lower while maintaining a high level of awareness and satisfaction. In RGJAY Scheme, **20% of the premium paid is booked for administration expenses**. This includes the claims processing admin cost, awareness activities cost, employee expenditure, software customization and maintenance cost, etc. Going forward, the expenses incurred will reduce due to lower awareness activity cost, stabilization of software, reduction in employee expenditure due to more streamlined processes, etc.

This will consequently reduce the IER over a period of time, when the government can consider going for **self-funding model** as happened in **RAJIV AROGYASRI SCHEME OF Andhra Pradesh**.However, self-funding requires the scheme to maintain financial prudence.

2. Social Performance Parameters:

a) Growth from Month to Month:

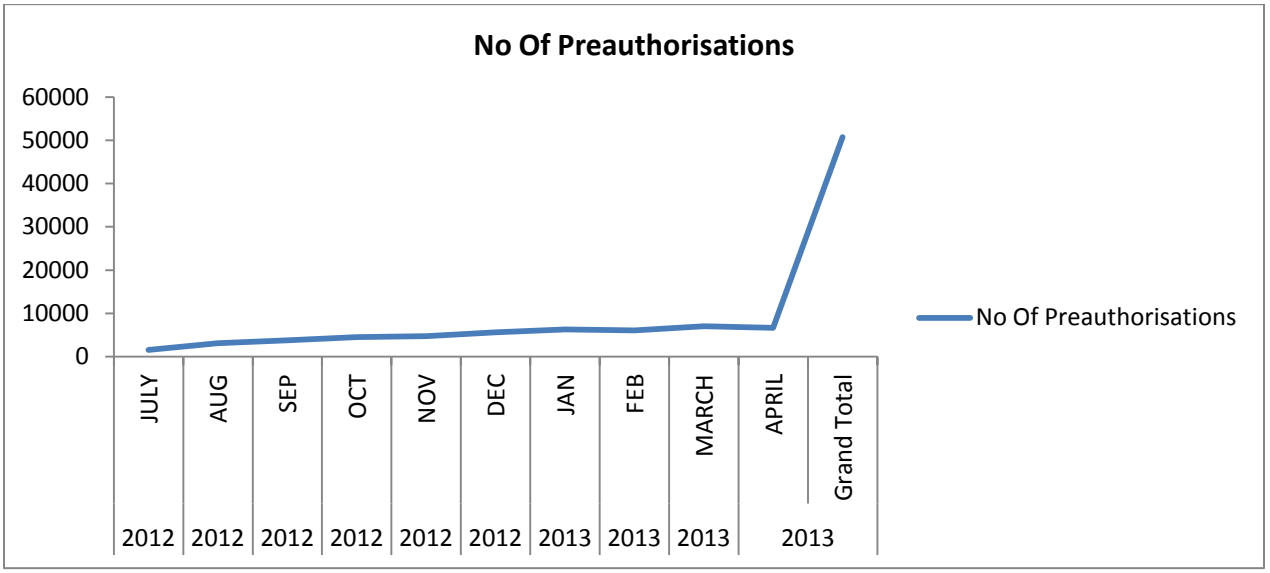
The growth rate is increasing Month to month.

The below graph represents the no.of Preauthorization's from inception of the scheme to 5th May, 2013.

Table 19: Month wise number of preauthorisations received

S.No	Year	Month	No Of Preauthorisations
1	2012	JULY	1590
2	2012	AUG	3096
3	2012	SEP	3832
4	2012	OCT	4557
5	2012	NOV	4737
6	2012	DEC	5653
7	2013	JAN	6274
8	2013	FEB	6089
9	2013	MARCH	7040
10	2013	APRIL	6702
		Grand Total	50741

Graph 6 : Growth Trend in Number of Preauth.



Interpretation:

- Increase in awareness in the targeted population
- The graph decreases In Feb 2013 as there are only 28 days
- The graph decreases in April 2013 when comparing to March 2013 as there are only 30 days

b) Satisfaction ratio:

Satisfaction ratio comes to light through social auditing. The social auditing takes place through a CM letter to the beneficiary after the discharge from the NWH and the beneficiary opines his satisfaction through a feedback letter.

Patient Feedback:

From 2nd July, 2012 to 5th May, 2013 53551 beneficiaries were treated under RGJAY. Till date 37614 letters were sent to the beneficiaries out of whom we have received 5947 feedback letters from beneficiaries.

Positive Feedback letters : 5871(15 % of dispatched letters)

Negative feedback letters : 82(0.2% of dispatched letters)

Undelivered letters due to wrong communication address : 4431 (11% of dispatched letters)

Interpretation:

- A high awareness and satisfaction level is indicated through the patient feedback
- In comparison with Rajiv Aarogyasri w.r.t 50 lakh population the letters undelivered in RGJAY is less , but measures are to be taken to bring undelivered letters to **zero.**

3. Service Quality related

a) **Quality of Treatment:**

In RGJAY proper guidelines are prepared indicating the type of treatment procedure, mandatory investigations for each and every package.

Till date no complaint received regarding the quality of treatment through RGJAY.

Few requests have been noticed to provide imported implants.

b) **Cashless ness:**

RGJAY provides cashless treatment to the beneficiaries from 2nd July, 2012 to 5th May, 2013 total 53221 beneficiaries have facilitated out of which 681 grievances (0.12 %) are regarding collection of money

c) **Length of Stay** :

There is no indicative Length of Stay in the RGJAY. It is observed that Maximum no .of beneficiaries are being discharged on **the 3rd day of admission.**

It seems to be better to have guidelines regarding the Length of Stay.

Surgical Cases:

There is no indicative LOS in Surgical cases but it is advised to keep the patient till the 3rd Post op day in case of laparoscopic surgeries and 7th Post op day in case of open surgeries.

Medical Cases:

- Indicative stays are mentioned in the manual for each therapy.
- Hospital shall treat the patient till he/she is fit for discharge irrespective of Length of Stay.
- Hospital can discharge the patient early if they have recovered early
- Enhancements are allowed only in extremely rare cases of Prolonged stay

Interpretation:

Guidelines has to be prepared for Length of Stay for Medical Management Cases

Hospitals May be guided regarding Surgical Cases

d) **Quality of Food :**

Quality food as per the Dietician has to be provided to the beneficiaries who has admitted in NWH under RGJAY.Out of 53551 beneficiaries/ cases we have received 17 complaints i.e. (0.03%) through call centre stating that food has not been provided.

e) **Preauth Denial ratio:**

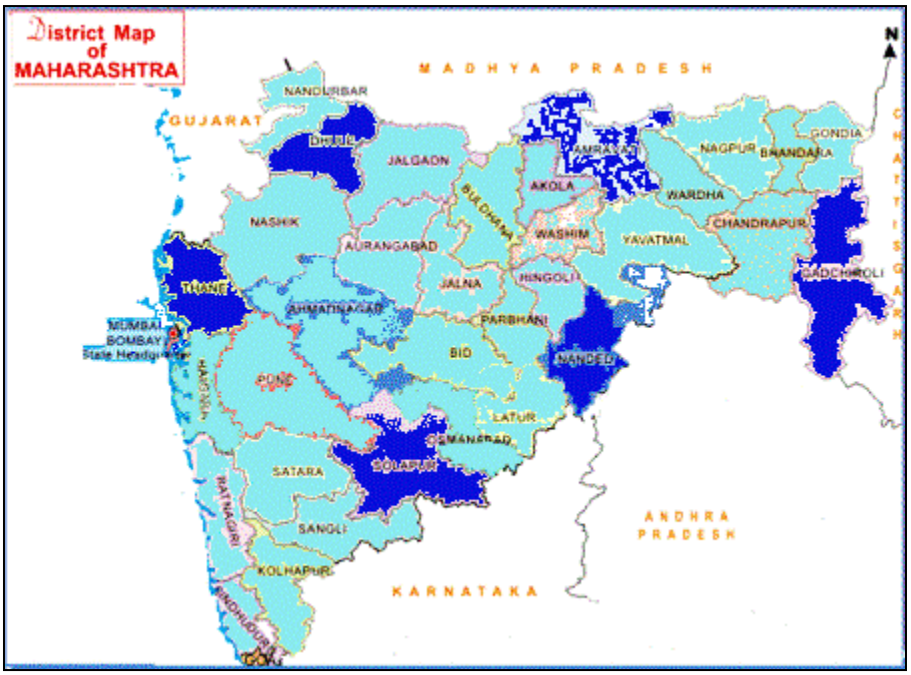
From the inception of the scheme i.e. 2nd July, 2012 to 5th May, 2013 the Preauth denial ratio is 5.26 %.

Reasons for Preauth Denial:

- Hospital not providing investigation reports
- Selection of Wrong package by NWH

10. RGJAY Phase II

10.1 Districts covered in Phase II (27)



Map 2

10.2 Overall response from 27 Districts

10.2.1 Total applications received for Empanelment : 310

10.2.2 Phase II : Target for empanelment

Table 21 : Account of hospitals for empanelment in Phase II

Total Districts	Target for empanelment (Tentative, based on beneficiary no.)	Availablity As per Data Base				Already empanelled hospitals during phase I
		Total Hospitals = (X+Y+Z)	Hospitals (below 31 beds) X	Hospitals (31-50 beds) Y	Hospitals (Above 50 beds) Z	
27	392	832	327	91	414	33

In Table 20, it is evident that there are very few A and B grade hospitals in the state.And maximum are under C and D grade.The package rates they get are low subsequently,this leads to rate issues.The scheme is trying to incorporate certain parameters , so that mximum hospitals get good package rates for the procedures.

In Table 21, target for hospitals empanelment is 392 , of which RGJAYS received response from 310 hospitals.

10.3 e Empanelment Module

In phase II of RGJAY , e Empanelment module has been introduced for hospitals,where online web portal is created.

Hospitals fill in their application form and attach the required photographs and document proof on web portal.

This created a online database for hospital information.

Advantages :

- online database of hospitals
- Transparency maintained
- Makes data processing easy and prevents loss of data
- No more manual processing of files and papers

Disadvantages

- The application is bit exhaustive and lengthy.
- Medical coordinators and DCO are not techno savvy people , so they find it little tough.though a software training conducted solved the issues regarding use and filling of online application form

11. STRATEGIES FOR EMPANELMENT OF QUALITY HOSPITALS IN PHASE II

11.1 Phase II Process flow for hospital empanelment and verification

Manual Application Form received from the Hospitals (hard / soft copy)

↓

Manual scrutiny of documents and Grading of Hospitals (society / PO)

↓

Infratstructure audit by District coordinators (DCO)

↓

Sending grading sheets prepared by Empnelment dept. to the DCO for verification

↓

DCO will verify the grades as they have done infrastructure audit of all the hospitals in district

↓

e – Empanelment application form is been filled by all the hospitals simultaneously that includes all the details of infrastructure , speciality , etc. And photographs and proof documents of the hospital.

↓

Scrutiny of all the documents , grading ,verification , regrading , the package rate % of particular hospitals will be decided and the hospital to be empanelled will be signing MOU with Society , TPA and the insurer

- This is a 3 tier verification process that includes :

  1. Society 2. District coordinators 3. e - Empanelment support and verification.

So, unlike phase I , hospitals empanelled will be those capable of catering healthcare needs of the RGJAY beneficiaries.

11.2 Phase II empanelment Challenges

11.2.1 Empanelling specialty

The criterias for empanelling specialty are appropriate as per the infrastructure required for it.

Only that the complete bed strength should not be counted as per BMC guidelines and BNHA but according to functionally active bed strength.

Specialty wise grading should be revised for which team meeting should be held with experts.

11.2.2 Package rates

These should be revised with help of experts as there are lot of issues related to package rates in phase I for Surgical and Medical Gastroenterology ,Critical care , Orthopedic , Genitourinary, nephrology, cardiology.

11.3 Vigilance

Vigilance from TPA needs automated control generating alerts in case of fraudulent claims.

In phase I entire process was manual and had a chance of human error.

A system should be made to track the fraudulent claims as per its typical patterns. This will reduce the chance of abusing the scheme by hospitals and make the process transparent

11.4 RGJAYS role in empanelling quality hospitals and ensuring better results in Phase II

Strengthen society departments and build harmony within the teams – empanelment , preauthorization , vigilance , field operations , grievance redressal and call centre.

Team structure should be followed and every department should have standard operating procedure that is well defined.

12. VISION: RGJAY

12.1 Universal health coverage

- In this scheme , 80% of population is covered in Maharashtra.Only 20% is left. Its better to give 100% coverage for healthcare.
- Presently premium for BPL and health card holders is paid by government of Maharashtra. If the remaining 20 % of APL population pays premium as out of pocket expenditure,i.e Rs. 333 per year ; it will not be a burden on them and they are insured. This makes the entire state 100 % covered under RGJAY.
- All gets healthcare at nominal rate.

Total healthcare infrastructure expenditure for 2013 is predicted to reach $14.2 billion, a near 50% increase on the 2006 total," according to KPMG report.

Healthcare infrastructure includes buildings, equipment, ambulances, etc.

"The main factors propelling this growth are rising income levels, changing demographics and illness profiles with a shift from chronic to lifestyle diseases".

Of the states and union territories, six — Maharashtra, Rajasthan, Uttar Pradesh, West Bengal, Andhra Pradesh and Tamil Nadu — account for more than 50% of the total healthcare infrastructure spending in the country.

The report forecast that during 2009-13, Maharashtra will spend over seven billion dollars on healthcare infrastructure.

Maharashtra with less than 10% of the total population accounts for around 12% of the total expenses in the segment. It spent $1.1 billion on upgrading healthcare institutes in 2006.

In phase II the scheme covers 27 districts of maharshtra. It can be made to go national and cover India through a centralized portal.

12.2 Absolute Development

Three facilities should be provided by Government at a subsidized / nominal rate that every individual can afford:

1. Healthcare
2. Food
3. Education

RGJAYS is working in one domain out of the three presently. Making quality healthcare affordable for every individual.

12.3 Improvement of public hospital infrastructure

Public Hospitals has large number of patients foot fall. If government spends on improvement of public hospitals infrastructure and small districts PHC and DH are improvised , patient flow will be diverted to these hospitals and rather than overburdening Mumbai district , the patient flow will be distributed within the districts**.**

12.4 Three major areas where empanelled hospitals are to be evaluated on regular basis

1. Cost margin for RGJAY drugs and other quality drugs (rate contract for quality drugs so that hospital gets proper cost and quality medicines both)
2. Regular revision of Package rates and procedure rates.
3. Quality check in terms of medical and non medical care.

12.5 Central vigilance team

To keep check on the frauds and to avoid abuse of scheme by hospitals.

As told earlier , a computerised system if can be developed to keep a check will make it transparent**.**

12.6 Inclusion

Social focus of the programme can be made stronger further by reducing the exclusions in the scheme.

For ex: - inclusion of socially side-lined class (people from orphanages like small Children , Old age people and beggars who does not have authorising identification proof.)

A high coverage ratio indicates a widely acceptable scheme in which the government is readily pooling resources to provide a measure of protection from the risks.

Request from Public:

To expand the scheme to all the medical treatments instead of 972

Request from NWH:

To implement Enhancements as there are more prolonged stay in Critical care and Neuro surgery cases

12.7 Convergence with NRHM and clubbing RGJAY with other ongoing schemes nationally

Rgjay can be converged with various programs of NRHM like RNTCP , RCH , school health program , tribal health program.

12.8 RGJAY BUSES for transport of patients from districts to referral hospital

Various districts has limitation to reach the healthcare provider. In phase I , this was the issue with Gadchiroli district. To bridge this gap RGJAY buses in form of ambulance can be made available .

References

1. Rajiv Gandhi Jeevandayee Arogya Yojana Society ,2012 MOU (organsation Document),Mumbai.
2. Rajiv Gandhi Jeevandayee Arogya yojana Society ,2012,Adjurication Guidelines Report(organization Document),Mumbai.
3. RGJAYS, 5 May 2013 ,RGJAYS Key performance report, (organization Document),Mumbai
4. RGJAYS,2012,RGJAY rate list, society document,Mumbai
5. RGJAYS,2012,27 Districts Data for Phase II,RGJAYS (organization Document),Mumbai
6. G La Forgia and somil Nagpal,Oct 11 , 2012, Government sponsored health insurance in India: Are you covered?
7. Dr.David Dror, Nov 2007, Focus on microinsurance,IRDA journal ,Vol.5 no.12
8. RGJAYS,2013, operational reports,RGJAY web portal,www.jeevandayee.gov.in,Mumbai.
9. RGJAYS,2013,RGJAY preauth dump reports, health camp reports , 131 govt procedure , empanelled specialty report, billing process report,DHS , DMER, MCGM report ,RGJAY web portal , www.jeevandayee.gov.in,Mumbai.

Annexure

1. Time Schedule

S#	Name of the Department	Date	People met (with designation)
1	Charity	8 April to 1o April	
2.	Empanelment	11 April to 8 June	Ms. Prity Sasane (Program Officer)
3.	RGJAYS		Dr.Raju Jotkar (Asst. Director) Dr.K Venkatesh (CEO)
4.	IT Project Management /consultancy (PWC)	16 April to 5 May	Mrs. Sudha N Mr. Harshal Zunjarrao (PWC consultants)

- Project Guide : Mr. Harshal Zunjarrao
  Sr. Consultant,Project Management
- Mentor and Guide : Dr. Vinod Kumar
  IIHMR , Jaipur

B.Data Collection format, Tables and pictures/chart

1. Phase I districts active and inactive specialties.

Speciality	Grand Total		
	Active	Inactive	Total
Dermatology	3	87	90
Prostheses	3	55	58
Infectious Diseases	7	99	106
Ophthalmology Surgery	16	77	93
Rheumatology	7	29	36
Plastic Surgery	17	65	82
EndocriNlogy	7	21	28
ENT Surgery	28	76	104
Pediatric Surgery	32	59	91
Surgical Gastro Enterology	29	50	79
Interventional Radiology	20	34	54
Burns	31	52	83
PulmoNlogy	31	48	79
Pediatrics Medical Management	40	54	94
Gastroenterology	32	38	70
GynIC AndObstetricsSurgery	53	55	108
Medical Oncology	32	32	64
Critical Care	66	58	124
Neurosurgery	45	37	82
General Surgery	67	53	120
Neurology	47	33	80
OrthoP Surgery And Procedures	72	44	116
Nephrology	63	36	99
Cardiac Cardiothoracic Surgery	42	21	63
Genitourinary System	65	31	96
Radiation Oncology	15	7	22
Surgical Oncology	58	23	81
Cardiology	65	24	89
Poly Trauma	72	26	98

2.Phase II dependent districts and account of hospitals available and targeted for empanelment

Sr no	District	Total number of beneficiaries	Target for empanelment (Tentative, based on beneficiary no.)	Availablity As per Data Base				Already empanelled hospitals during phase I
				Total Hospitals = (X+Y+Z)	Hospitals (below 31 beds) X	Hospitals (31-50 beds) Y	Hospitals (Above 50 beds) Z	
1	***Beed***	633622	6	20	6	1	13	1
2	***Bhandara***	228679	6	12	4	2	6	0
3	***Buldhana***	456782	8	15	6	1	8	0
4	***Chandrapur***	402085	6	8	-1	1	8	2
5	***Gondia***	249267	6	12	3	2	7	0
6	***Hingoli***	246458	6	13	9	0	4	0
7	***Jalna***	326761	10	14	4	0	10	0
8	***Nandurbar***	309060	6	25	21	0	4	0
9	***Osmanabad***	349417	6	16	10	3	3	0
10	***Parbhani***	329588	6	19	15	0	4	0
11	***Ratnagiri***	368169	6	17	8	1	8	0
12	***Sindhudurg***	204255	6	23	17	0	6	0
13	***Wardha***	258384	6	12	6	1	5	1
14	***Washim***	207706	6	22	11	5	6	0
15	***Yavatmal***	497291	6	21	13	5	3	1
16	***Ahmednagar***	887427	15	59	36	8	15	0
17	***Akola***	304917	25	43	25	11	7	1
18	***Aurangabad***	658448	25	33	14	4	15	3
1	***Jalgaon***	806003	25	29	11	6	12	0

9								
20	***Kolhapur***	774480	25	33	5	5	23	0
21	***Latur***	419112	20	43	21	2	20	1
22	***Nagpur***	847340	30	70	40	4	26	8
23	***Nashik***	1068573	30	66	25	12	29	3
24	***Pune***	1475096	35	80	21	1	58	1
25	***Sangli***	545508	25	50	26	3	21	1
26	***Satara***	594302	10	31	0	4	27	0
27	***Thane***	1833594	35	91	16	9	66	10
Total			**392**	**832**	**327**	**91**	**414**	**33**

3.Hospital Specialty Performance Criteria

Specialty	Criteria*
Burns	4
Cardiac Cardiothoracic Surgery	23
Cardiology	22
Critical Care	13
Dermatology	11
EndocriNlogy	9
ENT Surgery	10
Gastroenterology	8
General Surgery	12
Genitourinary System	14
GynIC AndObstetricsSurgery	4
Infectious Diseases	3
Interventional Radiology	3
Medical Oncology	42
Nephrology	65
Neurology	7
Neurosurgery	8
Ophthalmology Surgery	2
OrthoP Surgery And Procedures	4
Pediatric Surgery	4
Pediatrics Medical Management	12
Plastic Surgery	2
Poly Trauma	23
Prostheses	3
PulmoNlogy	3
Radiation Oncology	76
Rheumatology	4
Surgical Gastro Enterology	3
Surgical Oncology	10

* Performance criteria is based on the median of number of Approved Preauthorisations of particular specialties across all 8 districts.

4.Grading of Districts

Sr. No	Evaluation Parameter		Weightage		Mumbai and Mumbai Suburban	Solapur	Dhule	Gadchiroli	Amravati	Nanded	Raigad
		Preauths									
1	Preauths Per thousand Families		20		1618.464	1052.516	1744.142	414.459	1113.727	1368.113	977.340
				Performance	7.000	4.000	6.000	1.000	5.000	3.000	2.000
					140.000	80.000	120.000	20.000	100.000	60.000	40.000
2	Total Patients from within the District		5		96.390	90.991	79.570	37.071	74.739	69.780	64.131
				Performance	7.000	6.000	5.000	1.000	4.000	3.000	2.000
					35.000	30.000	25.000	5.000	20.000	15.000	10.000
3	Referral Patients from outside the District		5		6.372	6.983	4.037	2.639	5.617	5.106	5.240
				Performance	6.000	7.000	2.000	1.000	5.000	3.000	4.000
				Weighted Ranks	30.000	35.000	10.000	5.000	25.000	15.000	20.000
	Total		30	Total	205.000	145.000	155.	30.00	145.000	90.0	70.000

							000	0		00	
				Grading	Excellent	Good	Good	Not Ok	Good	Average	Below Average
4	Number of Grievances	Grievances			1.830	1.603	0.721	5.277	1.605	0.806	1.084
			10	Performance	4.000	2.000	7.000	1.000	3.000	6.000	5.000
				Weighted Ranks	40.000	20.000	70.000	10.000	30.000	60.000	50.000
				Grading	Average	Below Average	Excellent	Not Ok	Below Average	Good	Good
5	Referral Average per Health Camp	Health Camps			18.689	24.478	16.460	36.704	17.000	27.291	16.422
			10	Performance							
				Weighted Ranks	186.886	244.778	164.597	367.037	170.000	272.905	164.216
				Grading	Average	Good	Not Ok	Excellent	Below average	Good	Not ok
6	% of cases with delay in claims submission	Claims	20		34.250	33.810	26.540	80.950	40.110	25.590	80.870
				Performance	5.000	5.000	7.000	1.000	3.000	7.000	1.000

				Weighted Ranks	100.000	100.000	140.000	20.000	60.000	140.000	20.000
7	Rejection Rate		10		16.621	9.626	11.927	93.333	16.162	10.000	12.931
				Performance	3.000	7.000	5.000	1.000	3.000	7.000	5.000
				Weighted Ranks	30.000	70.000	50.000	10.000	30.000	70.000	50.000
8	Total Claims Submitted to Preauths Received		20		79.968	83.185	69.507	22.823	62.671	58.801	44.326
				Performance	7.000	7.000	5.000	1.000	5.000	3.000	2.000
				Weighted Ranks	140.000	140.000	100.000	20.000	100.000	60.000	40.000
				Total	270.000	310.000	290.000	50.000	190.000	270.000	70.000
				Grading	Good	Excellent	Good	Not Ok	Average	Good	Below Average

5.District-wise number of performing and non-performing hospitals

Speciality	Amravati			Dhule			Gadchiroli			Nanded			Raigad			Solapur			Suburban Mumbai		
	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above
Burns	4	4	3	4	3	2	8	5	1	3	3	2	9	8	3	7	4	3	31	25	3
Cardiac Cardiothoracic Surgery	2	1	1	1	0	2	4	2	2	2	1	2	3	0	1	4	3	2	25	14	12
Cardiology	6	2	2	2	1	3	7	2	2	4	2	3	7	3	2	4	2	5	25	12	17
Critical Care	13	6	0	11	4	0	13	8	0	12	7	0	14	8	0	14	7	1	45	18	1
Dermatology	6	6	0	7	7	0	9	9	0	7	7	0	10	10	0	11	11	0	38	37	2
Endocrinology	0	0	0	2	2	0	4	4	0	1	1	0	3	3	0	1	0	0	13	11	4
ENT Surgery	6	6	1	8	7	1	11	8	0	9	9	3	11	10	1	9	8	1	36	28	7
Gastroenterology	1	1	1	2	2	1	7	6	2	3	3	1	9	6	2	2	1	2	30	19	7
General Surgery	7	3	3	6	3	5	10	5	2	10	9	4	10	8	4	10	3	4	34	22	11
Genitourinary System	5	3	2	5	2	5	7	2	2	4	3	3	6	5	5	6	3	6	27	13	13
Gynaec And Obstetrics Surgery	3	1	5	7	5	4	7	4	3	12	11	2	11	8	3	12	8	2	28	18	9

Infectious Diseases	8	8	0	9	9	1	10	10	0	11	11	0	13	13	0	12	11	0	41	37	1
Interventional Radiology	3	3	0	4	4	0	6	5	1	2	1	1	4	2	0	3	2	2	20	17	8
Medical Oncology	0	0	2	2	1	1	3	2	3	1	0	2	6	5	0	6	5	1	30	19	7
Nephrology	3	1	0	4	3	3	7	2	0	5	3	2	7	6	3	7	2	2	34	19	22
Neurology	1	1	3	4	2	2	5	3	1	4	4	1	7	4	2	4	2	4	30	17	12
Neurosurgery	3	2	2	5	2	2	7	5	2	3	2	1	8	6	3	6	2	2	27	18	11
Ophthalmology Surgery	7	7	0	7	7	0	9	8	2	8	8	1	8	6	1	9	9	0	33	32	8
OrthoP Surgery And Procedures	5	4	5	5	5	6	6	6	6	9	7	3	8	5	5	7	5	8	20	12	23
Pediatric Surgery	6	6	2	6	4	2	7	3	1	9	9	1	7	4	3	9	5	2	31	28	5
Pediatrics Medical Management	7	4	1	3	2	3	6	3	2	6	5	1	11	7	2	9	8	3	32	25	8
Plastic Surgery	4	4	2	4	4	0	6	5	2	5	5	1	9	8	1	11	10	0	31	29	6
Poly Trauma	4	2	4	4	2	6	9	4	2	3	2	3	9	4	3	6	2	5	27	10	13
Prostheses	5	5	0	5	5	0	6	6	0	1	1	0	6	6	1	5	5	0	28	27	1
Pulmonology	4	3	1	5	4	1	9	8	0	4	4	2	6	6	3	4	3	1	30	20	9
Radiation Oncology	1	0	1	1	0	1	1	0	1	2	0	1	0	0	0	4	4	1	5	3	3
Rheumatology	1	1	0	3	3	0	5	4	0	1	1	0	1	1	0	0	0	0	21	19	4
Surgical Gastro enterology	2	1	2	2	2	1	7	4	1	5	5	1	8	7	2	5	4	2	33	27	8
Surg. Oncology	3	1	3	2	1	5	5	1	2	4	2	2	7	4	1	6	2	3	25	12	13

Table 4 : District wise number of performing and non performing Hospitals.

6.District-wise percentage of performing and non-performing hospitals

Speciality	Amravati			Dhule			Gadchiroli			Nanded			Raigad			Solapur			Suburban Mumbai		
	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above	Below (Including Inactive)	Inactive	Above
Burns	57%	57%	43%	67%	50%	33%	89%	56%	11%	60%	60%	40%	75%	67%	25%	70%	40%	30%	91%	74%	9%
Cardiac Cardiothoracic Surgery	67%	33%	33%	33%	0%	67%	67%	33%	33%	50%	25%	50%	75%	0%	25%	67%	50%	33%	68%	38%	32%
Cardiology	75%	25%	25%	40%	20%	60%	78%	22%	22%	57%	29%	43%	78%	33%	22%	44%	22%	56%	60%	29%	40%
Critical Care	100%	46%	0%	100%	36%	0%	100%	62%	0%	100%	58%	0%	100%	57%	0%	93%	47%	7%	98%	39%	2%
Dermatology	100%	100%	0%	100%	100%	0%	100%	100%	0%	100%	100%	0%	100%	100%	0%	100%	100%	0%	95%	93%	5%
Endocrinology	None	None	None	100%	100%	0%	100%	100%	0%	100%	100%	0%	100%	100%	0%	100%	0%	0%	76%	65%	24%
ENT Surgery	86%	86%	14%	89%	78%	11%	100%	73%	0%	75%	75%	25%	92%	83%	8%	90%	80%	10%	84%	65%	16%
Gastroenterology	50%	50%	50%	67%	67%	33%	78%	67%	22%	75%	75%	25%	82%	55%	18%	50%	25%	50%	81%	51%	19%
General Surgery	70%	30%	30%	55%	27%	45%	83%	42%	17%	71%	64%	29%	71%	57%	29%	71%	21%	29%	76%	49%	24%

Genitourinary System	71%	43%	29%	50%	20%	50%	78%	22%	22%	57%	43%	43%	55%	45%	45%	50%	25%	50%	68%	33%	33%
Gynaec And Obstetrics Surgery	38%	13%	63%	64%	45%	36%	70%	40%	30%	86%	79%	14%	79%	57%	21%	86%	57%	14%	76%	49%	24%
Infectious Diseases	100%	100%	0%	90%	90%	10%	100%	100%	0%	100%	100%	0%	100%	100%	0%	100%	92%	0%	98%	88%	2%
Interventional Radiology	100%	100%	0%	100%	100%	0%	86%	71%	14%	67%	33%	33%	100%	50%	0%	60%	40%	40%	71%	61%	29%
Medical Oncology	0%	0%	100%	67%	33%	33%	50%	33%	50%	33%	0%	67%	100%	83%	0%	86%	71%	14%	81%	51%	19%
Nephrology	100%	33%	0%	57%	43%	43%	100%	29%	0%	71%	43%	29%	70%	60%	30%	78%	22%	22%	61%	34%	39%
Neurology	25%	25%	75%	67%	33%	33%	83%	50%	17%	80%	80%	20%	78%	44%	22%	50%	25%	50%	71%	40%	29%
Neurosurgery	60%	40%	40%	71%	29%	29%	78%	56%	22%	75%	50%	25%	73%	55%	27%	75%	25%	25%	71%	47%	29%
Ophthalmology Surgery	100%	100%	0%	100%	100%	0%	82%	73%	18%	89%	89%	11%	89%	67%	11%	100%	100%	0%	80%	78%	20%
OrthoP Surgery And Procedures	50%	40%	50%	45%	45%	55%	50%	50%	50%	75%	58%	25%	62%	38%	38%	47%	33%	53%	47%	28%	53%
Pediatric Surgery	75%	75%	25%	75%	50%	25%	88%	38%	13%	90%	90%	10%	70%	40%	30%	82%	45%	18%	86%	78%	14%
Pediatrics Medical Management	88%	50%	13%	50%	33%	50%	75%	38%	25%	86%	71%	14%	85%	54%	15%	75%	67%	25%	80%	63%	20%
Plastic Surgery	67%	67%	33%	100%	100%	0%	75%	63%	25%	83%	83%	17%	90%	80%	10%	100%	91%	0%	84%	78%	16%
Poly Trauma	50%	25	50	40%	20	60	82%	36	18	50%	33	50	75%	33	25	55%	18	45	68%	25	33

		%	%		%	%		%	%		%	%		%	%		%	%		%	%
Prostheses	100%	100%	0%	100%	100%	0%	100%	100%	0%	100%	100%	0%	86%	86%	14%	100%	100%	0%	97%	93%	3%
PulmoNlogy	80%	60%	20%	83%	67%	17%	100%	89%	0%	67%	67%	33%	67%	67%	33%	80%	60%	20%	77%	51%	23%
Radiation Oncology	50%	0%	50%	50%	0%	50%	50%	0%	50%	67%	0%	33%	None	None	None	80%	80%	20%	63%	38%	38%
Rheumatology	100%	100%	0%	100%	100%	0%	100%	80%	0%	100%	100%	0%	100%	100%	0%	None	None	None	84%	76%	16%
Surgical Gastro Enterology	50%	25%	50%	67%	67%	33%	88%	50%	13%	83%	83%	17%	80%	70%	20%	71%	57%	29%	80%	66%	20%
Surgical Oncology	50%	17%	50%	29%	14%	71%	71%	14%	29%	67%	33%	33%	88%	50%	13%	67%	22%	33%	66%	32%	34%