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

PRE-AUTHORISATION PENDING AND CANCELLED CASES AND SUGGESTIONS TO MINIMISE THEM

By
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Under the guidance of
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Post Graduate Diploma in Hospital and Health Management
2012-2014

Institute of Health Management Research,
Jaipur
2013

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CERTIFICATE

This is to certify that Dr. Rekharani J. Sharma, 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.

Jagajeet Prasad Singh
Mr. J. P. Singh

Faculty and Mentor

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(GOVERNMENT OF MAHARASHTRA)

RAJIV GANDHI JEEVANDAYEE AROGYA YOJANA SOCIETY

(Registration No. 2136, Dated-24 Aug.2011, Under Society Registration Act 1860 Clause 21)

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Ajay Gulhane
Deputy Chief Executive Officer

Ref No.: RGJAYS/Internship/EC/560/ 709 /2013

Date: - 07/06/2013

CERTIFICATE

This is to certify that Dr. Rekharani J Sharma 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 "Pre – Authorisation Pending and Cancelled Cases and Suggestions to minimise them" project and was associated with "Pre - Authorisation" department.

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

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Preface

IIHMR is a pioneering institute of Health and Hospital Management. It empowers students to become efficient and effective managers in their respective fields. The course structure is designed in a manner to give an entire overview of the health sector and its basic fundamentals during the first year. During summer training we are expected to get a better practical knowledge and functioning of health sector, operations and issues. The two months summer training at the end of first year is an integral part of the PGDHM curriculum. As an internee we are expected to study on the topic assigned to us by the organization and submit a report on it.

As a part of this I got the privilege of working for my summer training at Rajeev Gandhi Jeevandayee Aarogya Yojana, Mumbai. It basically aims to provide quality healthcare to the underprivileged.

There are several challenges for health financing in India. The country still struggles with low population coverage and financial protection with poor outcomes for the vulnerable and underprivileged. Addressing the coverage gap is a huge challenge in the light of low levels of public health spending. This suggests that much more needs to be done to ensure more equal access to health care and suitable financial protection. This report provides an in depth introduction about a relatively new but promising health financing modality-
Rajeev Gandhi Jeevandayee Aarogya Yojana. This scheme is directed towards protecting the poorest segments of Maharashtra. It ensures cashless transaction for the poorer patients and this prevents the misuse of social health insurance.

ACKNOWLEDGEMENT

Work is never a work of an individual. I owe a sense of gratitude to the intelligence and co-operation of those people who had been so helpful towards the completion of this project.

It has been an enriching experience for me to undergo my summer internship at **Rajeev Gandhi Jeevandayee Aarogya Yojana** which would not have been possible without the support and goodwill of the people around. I want to express my gratitude towards **Dr. K Venkatesham**, **CEO**, RGJAYS for giving me an opportunity to work in the organization and complete my project. I also extend my warm thanks to **Dr. Raju Jotkar** , **Assistant Director**, for his able guidance and giving us projects from time to time to upgrade our skills. I would like to extend my sincere thanks to **Dr Vishal Gaikwad**, **Dr. Sagar Gadekar**, **Program Officer** and my mentor here & **Dr Bhaskar Dabholkar**, **Society Doctor**, without their help it was difficult for me to complete my project. I am also thankful to other staff for their support and help. Their inputs have enriched the quality and overall content of the analysis.

At the end I want to acknowledge my sincere thanks to our institute, **Institute of Health Management and Research** for providing me a platform to gain knowledge and skills in different aspects of Health Management. I would like to take this opportunity to thank **Dr S D Gupta**, **Director**, IIHMR, **Dr P R Sodani, Dean** of the institute for arranging an internship at RGJAYS.
I am also thankful to my mentor **Dr J P Singh** and all faculty members of the institute for proper guidance and assistance extended by them.

I am also thankful to my **parents, family and friends** for their moral support. Finally I extend my heartfelt gratitude to all those people whose insights and experiences have shaped the content of the study directly or indirectly.

However I accept the sole responsibility for any possible error of omission and would be extremely grateful to the readers of this project report if they bring any mistakes to my notice.

ABBREVIATIONS

BSI: Balance sum insured

DC: District Coordinator

DH: District hospitals

ETI: Emergency telephonic intimation

MOU: Memorandum of Understanding

NH: Network hospital

NICL: National Insurance Company Ltd.

PHC: Primary health center

RGJAY: Rajeev Gandhi Jeevandayee Arogya Yojana

RGJAYS: Rajeev Gandhi Jeevandayee Arogya Yojana Society

SC: Sub center

TAT: Turnaround time

TPA: Third party assistance

Definitions

I. Arogyamitra:
Health service facilitator provided by the RGJAYS at the network hospital for enrolment, registration and other services at the service outlet.

II. Beneficiary families:
Family holding orange/yellow ration card or having Antyodaya or Annapurna card and enrolled under RGJAY.

III. Empanelled Hospitals:
The hospitals which are registered by RGJAYS as per parameters defined in the MOU after thorough inspection and audit to provide quality medical care to RGJAY beneficiary families.

IV. Family floater basis:
Total reimbursement of 150000 can be availed by one individual or collectively by all members of the family per year.

V. Health Card
Health photo card for RGJAY beneficiary families issued under RGJAY having photograph of all family members with their name on it.

VI. Insured:
Means Government of Maharashtra/ RGJAYS who has paid the premium on behalf of their beneficiary families to the insurer.

VII. Insurer:
Means insurance company selected by the society (National Insurance Company Ltd.)

VIII. MOU:
Agreement signed between the insurer and the insured and includes all schedules, supplements, appendices and modifications made in accordance with the MOU.

IX. Policy:
Health insurance policy of the insurer issued to the insured on behalf of beneficiary families as set out under RGJAY.

X. Premium:

An amount agreed by both the parties and charged per family on annual basis as consideration for providing health insurance services under the MOU.

XI. Preauthorization:

It can be defined as online procedure for taking consent by the service provider for initiation of surgery/Therapy to be performed on the patient.

XII. Social audit:

All the discharge cases are satisfied through social audit mechanism, which includes a letter from chief minister to the beneficiary on the same day of discharge enquiring about the present status of health after treatment under the scheme, patient feedback received by claim processing team. It also provides details of claim such as disease suffered, surgery/therapy done, package amount approved, etc.

About the organization
RGJAY

I. Scheme:

Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) has been implemented throughout the state in a phased manner for a period of 3 years. The scheme is running successfully in 8 districts of Maharashtra, namely Amravati, Dhule, Gadchiroli, Mumbai and Suburbs, Nanded, Raigad and Solapur. Approximately 49 lakh beneficiary families in these eight districts are covered under the scheme in phase 1.

II. Criteria:

I. The beneficiary families should be either a yellow/orange ration card holder or Antyodaya/Annapurna card holder.
II. The patient should fall under listed 972 procedures.

III. Objectives:

To improve access to quality medical care by Below Poverty Line (BPL) and Above Poverty Line (APL) families (excluding White Card Holders) for identified speciality services requiring hospitalization. This would include surgeries and therapies or consultations through an identified network of empanelled hospitals.

IV. Benefits:

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

Sr No	Category
1	General surgery
2	ENT surgery
3	Ophthalmology surgery
4	Gynecology and Obstetrics surgery
5	Orthopedic surgery and procedures
6	Surgical gastroenterology
7	Cardiac and cardiothoracic surgery
8	Pediatric surgery
9	Genitourinary system

10	Neurosurgery
11	Surgical oncology
12	Medical oncology
13	Radiation oncology
14	Plastic surgery
15	Burns
16	Poly trauma
17	Prosthesis
18	Critical care
19	General medicine
20	Infectious diseases
21	Pediatrics medical management
22	Cardiology
23	Nephrology
24	Neurology
25	Pulmonology
26	Dermatology
27	Rheumatology
28	Endocrinology
29	Gastroenterology
30	Interventional radiology

The procedures are performed in empanelled public/corporate hospitals subject to availability of facility and procedure planned. The rates for each procedure are indicative and represent upper ceiling. The insurer may negotiate with the empanelled hospitals to bring the rates down amicably.

The scheme provides cashless treatment to patients in the empanelled hospitals provided the patient falls under listed 972 procedures and is a RGJAY beneficiary.

V. Identification:

Patient identification is the most important criteria to avail the benefits under RGJAY. It is done by checking Health card issued by Govt. of Maharashtra/RGJAYS and valid Orange/Yellow Ration Card or Antyodaya/ Annapurna card. If Health card is not issued, aadhar issued by Government of India or any Id proof would act as a tool for beneficiary identification for availing the health insurance services. The following actions would be undertaken by Network hospitals in case of the possible exceptional situations:

Situation	Check
No Health Card with beneficiary but Valid Yellow/Orange Ration Card with name of beneficiary on it.	Aadhar number or any Id Card issued by Govt. (Driving license, election identity card with photograph issued by authorized office.) to correlate the patient name & photograph
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.
Name is there in yellow/orange ration card and matches with name in photo identity but the card is invalid as it does not match with the digitized list.	Not eligible for benefits/package under RGJAY.

VI. Pre existing diseases:

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

VII. Sum insured:

The scheme provides coverage up to 150000 per family per year which includes all expenses relating to hospitalization. The patient can avail the benefits of the scheme in any of the empanelled hospitals subject to package charges on cashless basis and is available to each and every member of the family on floater basis.

In case of renal transplant the upper price ceiling is 250000 per operation as an exceptional package exclusively for this procedure.

VIII. Run off period:

A " Run Off period " of one month is 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 honored by the Insurance Company.

IX. Pre and post hospitalization:

Treatment required by the beneficiary is provided at the empanelled hospitals for a period of 10 days from the date of admission to the date of discharge.

The empanelled hospital provides free follow up consultation, diagnostics and medicines if the beneficiary reports for follow up within 10 days of discharge.

X. Package:

The insurer ensures that the Network hospitals follow the packages worked out by RGJAYS. The package rates includes bed charges in General ward, Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, 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 covers 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, etc. would preferably be performed in empanelled public hospitals, subject to service availability therein.

XI. 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, the 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.

XII. Web portal:

All activities related to the scheme are implemented through web portal of RGJAYS. The maintenance and development cost of the same is borne by the insurer. The patient records are maintained through database which is secured enough to protect the database. The web portal has following features:

- General information of the scheme
- Details of patients reporting and referrals from PHC/RH/SDH/DH on daily basis
- E-empanelment system
- Emergency approval system
- Call center application
- Patient registration by aarogyamitra in network hospitals
- Details of inpatients and outpatients in the network hospitals
- E-preauthorization
- Surgery details
- Discharge details
- Real time reporting and analysis system
- Claim settlement
- Electronic clearance of bill with payment gateway
- Follow up of patient after surgery/therapy
- Grievance and feedback workflow
- Death reporting system

XIII. Online claim settlement:

The Insurance Company settles 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 is scrutinized and reviewed by RGJAYS.

XIV. Implementation procedure:

The flow of process for the treatment of the patient at the empanelled hospital is as follows:

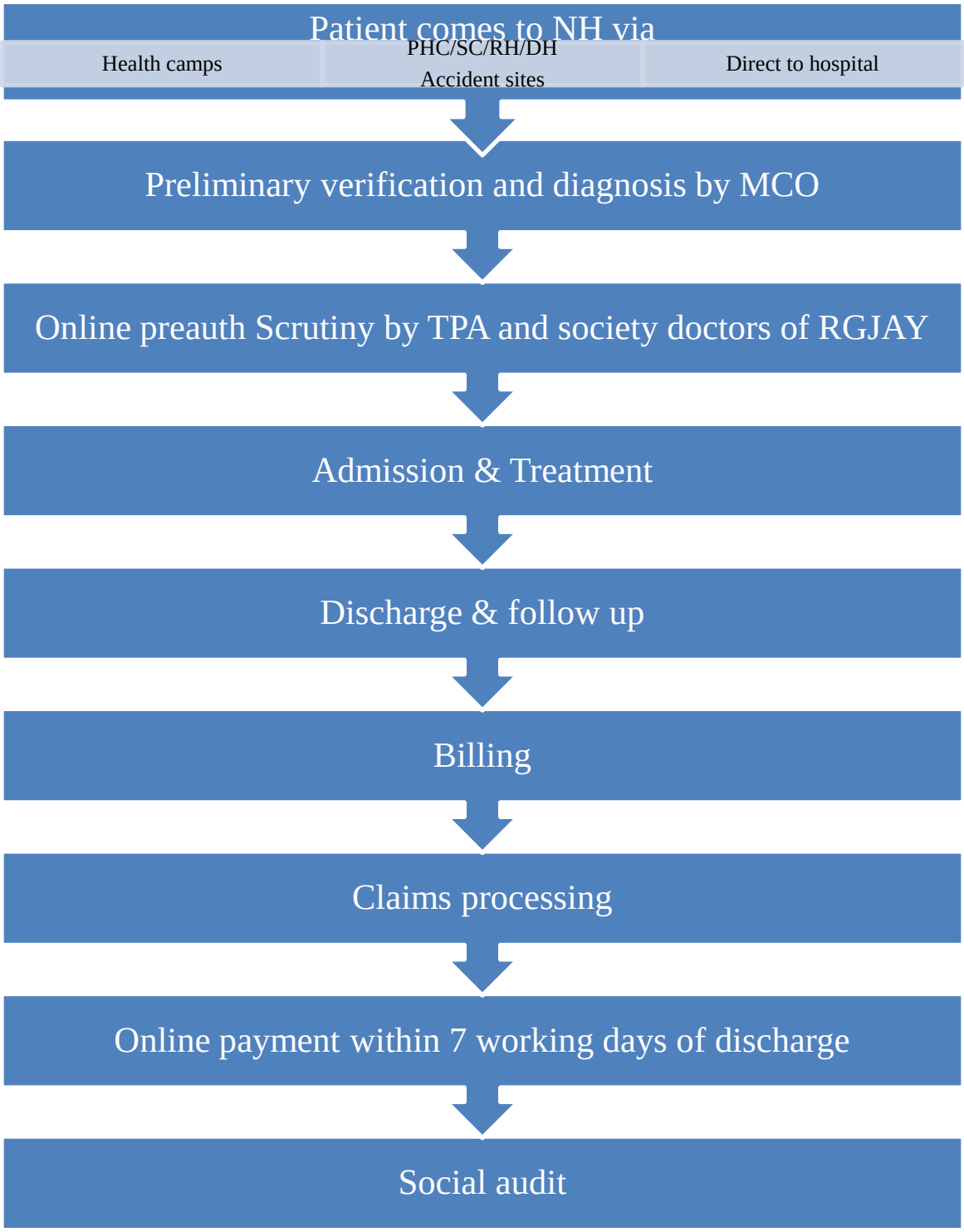
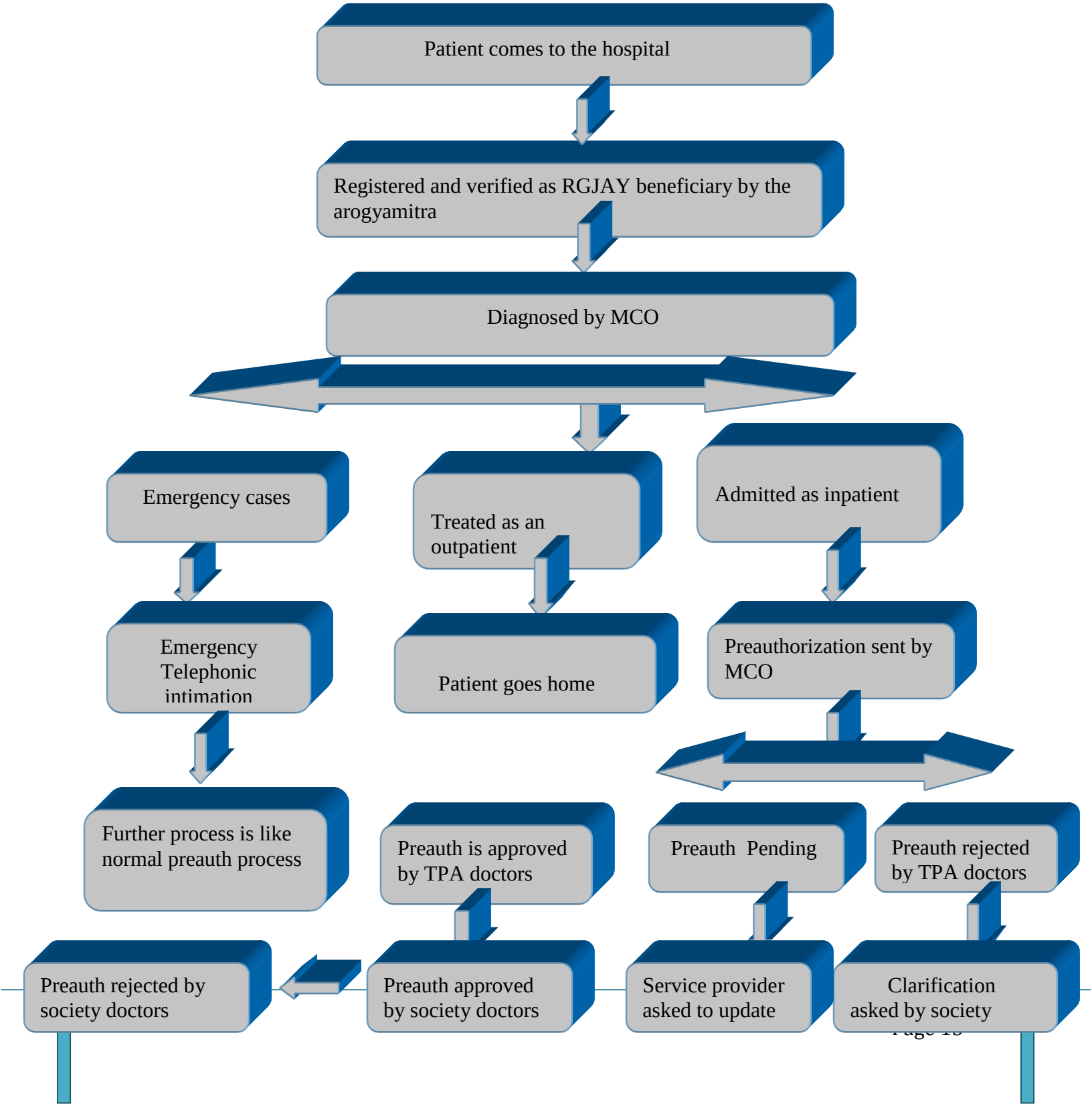


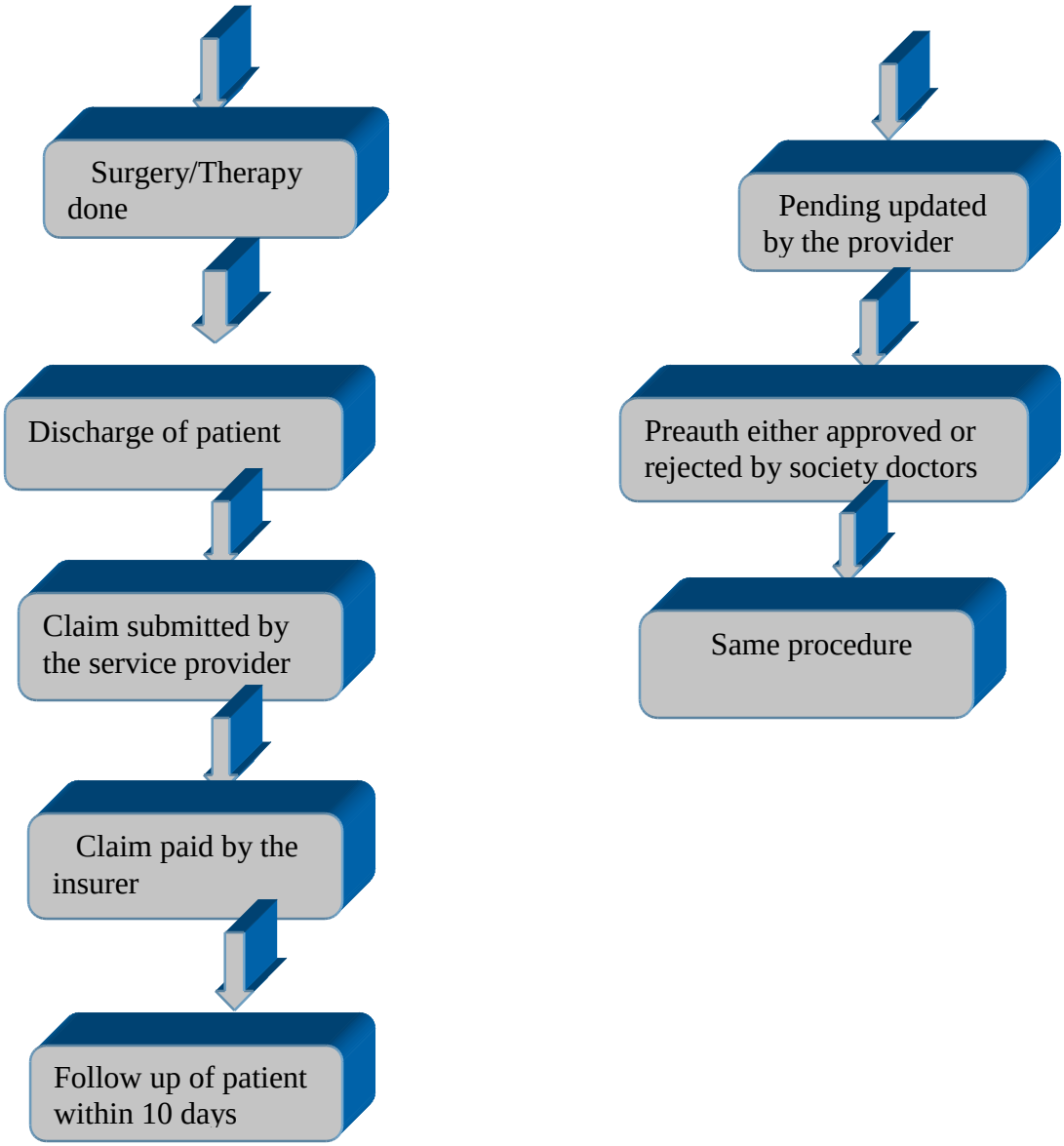
Fig1. Workflow of RGJAY

- Beneficiary families approach nearby PHC/RH/SC/DH/NH wherein they are facilitated by the aarogyamitra. If beneficiary visits Government Health Facility other than the Network Hospital, he/she is 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. The information on the outpatient and referred cases in the PHC/RH/SC/DH and the camps is collected from all Hospitals on regular basis and captured in the dedicated database through a well-established call center.
- The Arogyamitra at the Network Hospital examines the referral card and health card or Yellow/Orange Ration Card, registers the patient and facilitates the beneficiary to undergo specialist consultation, preliminary diagnosis, basic tests and admission process.
- The information like admission notes, test done is filled in the database by the Medical Coordinator of the Network Hospital as per the requirement of the RGJAYS.
- The Network Hospital, based on the diagnosis, admits the patient and sends E-preauthorization request to the insurer, same can be reviewed by RGJAYS.
- Recognized Medical Specialists of the Insurer and RGJAYS examine the preauthorization request and approve preauthorization, if, all the conditions are satisfied. This is done within 12 working hours and immediately in case of emergency wherein e-preauthorization is marked as " ETI .
- The NH extends cashless treatment and surgery to the beneficiary. The Postoperative notes of the Network Hospitals is updated on the website by the medical coordinator of the Network Hospital
- 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 are a part of the RGJAYS portal.
- Insurer scrutinizes the bills and gives approval for the sanction of the bill and makes the payment within agreed period as per agreed package rates. The claim settlement module along with electronic clearance and payment gateway are a part of the workflow in RGJAYS portal and is operated by the Insurer. The reports are available for scrutiny on the RGJAYS login.
- The Network Hospital provides free follow-up consultation, diagnostics, and medicines under the scheme up to 10 days from the date of discharge.

Preauthorization

Preauthorization can be defined as the permission asked by the service provider regarding initiation of treatment under RGJAY scheme to the society and the insurer. The process of preauthorization commences only after registration of patient.
The process of preauthorization is as follows:





Note: TAT for preauthorization is 12 hrs (6 hours for TPA and 6 hours for Society)

Fig2. Flowchart of Preauthorization

Preauthorization

- Preauthorization request is sent by the service provider after admitting the patient as inpatient and patient remains hospitalized till decision on preauth is made. The NH sends the completed preauth form on all aspects along with digital photograph of patient on bed, all relevant investigation reports and relevant package for surgery/therapy to be performed.
- TPA hired by the insurer decides on the preauth and either approves or rejects the case or keeps the case pending in view of incomplete document attachment.
- If the case is approved then the society doctor decides further whether to approve or reject or in case if the TPA has rejected the case, will ask for clarification to the MCO.
- The TAT for this whole procedure is 12 hours.

- The documents needed for verification of preauthorization details are as follows:
    i. Beneficiary details
    ii. Identity of beneficiary
    iii. Date of admission
    iv. Diagnosis
    v. Estimated duration of stay
    vi. Clinical notes/ Claim history
    vii. All relevant investigation reports
    viii. Package selected by the hospital
    ix. Name and qualification of treating doctor
    x. Video of procedures like laparoscopy, angiography etc.(requisite only for private hospitals only)

- If any of these documents are found missing the NH is asked to provide the same to enable further processing of the preauthorization.
- Claim history:
  Past claim history with claim status is checked in each and every preauthorization to ensure relevance of treatment if any and BSI. With each preauthorization approved by the society doctor the sum insured is debited to calculate the BSI and it is non editable in the system.
- Once the case is approved the surgery/therapy should be performed by the NH in 30days from the date of admission for private hospitals and 60 days for public hospitals. If the surgery/therapy is not performed within the stipulated period then the preauthorization gets cancelled automatically in RGJAY portal and the BSI is credited to the sum insured.
- If the NH wants to perform surgery/therapy for cancelled cases then they need to send fresh preauthorization by mentioning valid reasons and the insurer/RGJAYS reserves the right to approve the request of preauthorization.
- The NH performs surgery/therapy after approval from the society. Details of the same needs to be updated online as soon as the procedure is performed. Also discharge of the patient should also be updated.
- The insurer then pays the claimed amount to the service provider hospital.

Emergency telephonic intimation

In case of emergencies MCO takes approval for surgery/therapy over telephone. This process is called as emergency telephonic intimation (ETI)
This approval is provisional and requires minimal essential data like diagnosis, relevant investigation reports and reason of emergency.
The process of ETI takes place as follows:

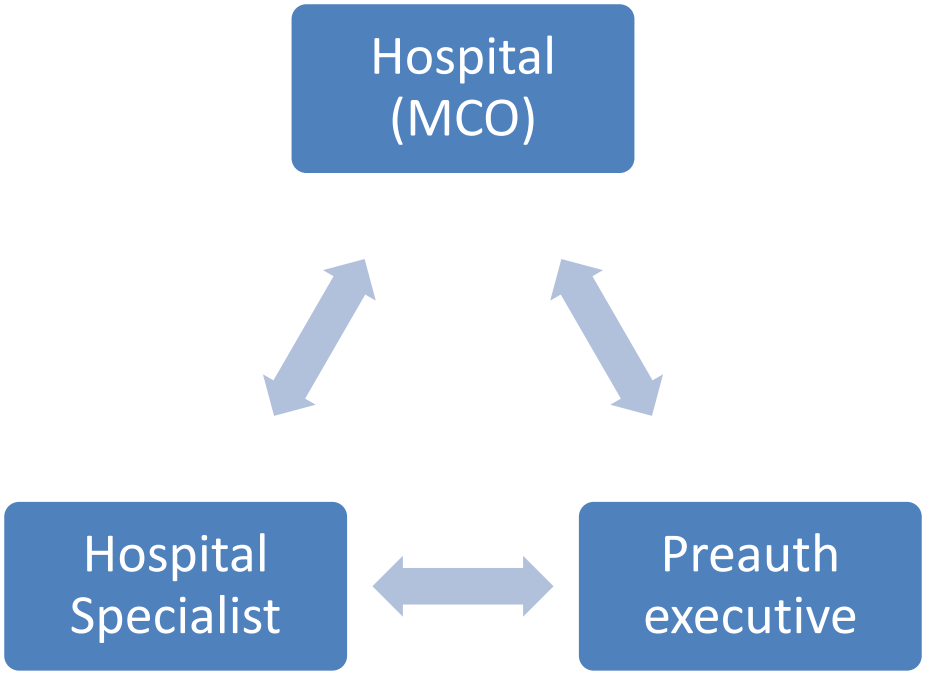


Fig3. Process of ETI

Emergency call conferencing is conducted between the MCO, treating doctor (specialist) and TPA executive and an intimation number is generated. Arogyamitra follows the patient to ensure eligilbility in next 72 hours. The preauthorization is approved then only if the patient fulfills the RGJAY criteria of a beneficiary. The further process is conducted like a normal preauthorization request.

RGJAY phase 1

The RGJAY scheme was launched on 2nd July 2012 in eight districts of Maharashtra. The scheme did exceptionally well in its first phase and is expected to give coverage to 27 districts in the second phase.
The progress of the scheme can be explained by the following graph:

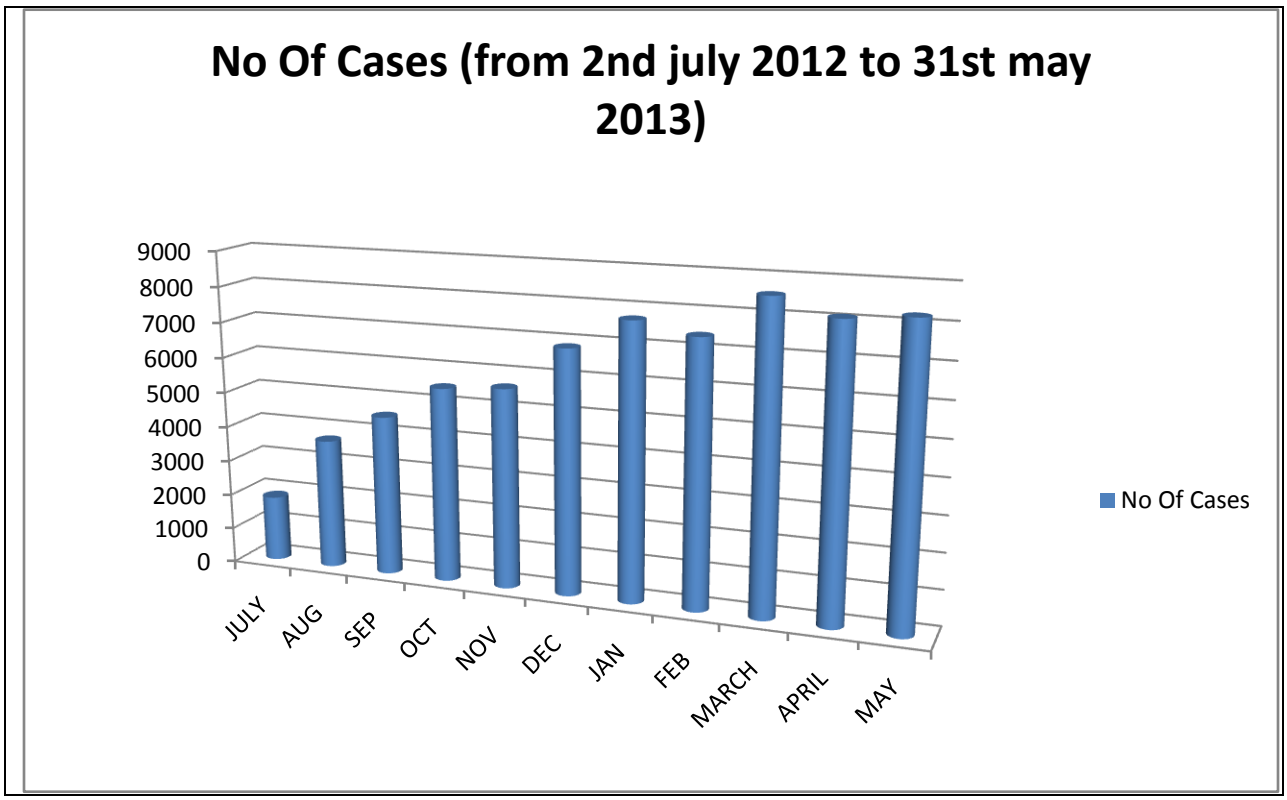


Fig4. Graph showing steady increase in the no of patients registered with RGJAY

- It is visible from the graph that there has been a steady increase in the no of beneficiaries every month since its inception from 2nd of July 2012 to 31st May 2013.
- The highest no of cases registered was in the month of March 2013.
- While the lowest performance was in the month of July 2012 when the scheme was launched.

The overall performance of preauthorization department in the first phase can be illustrated as follows:

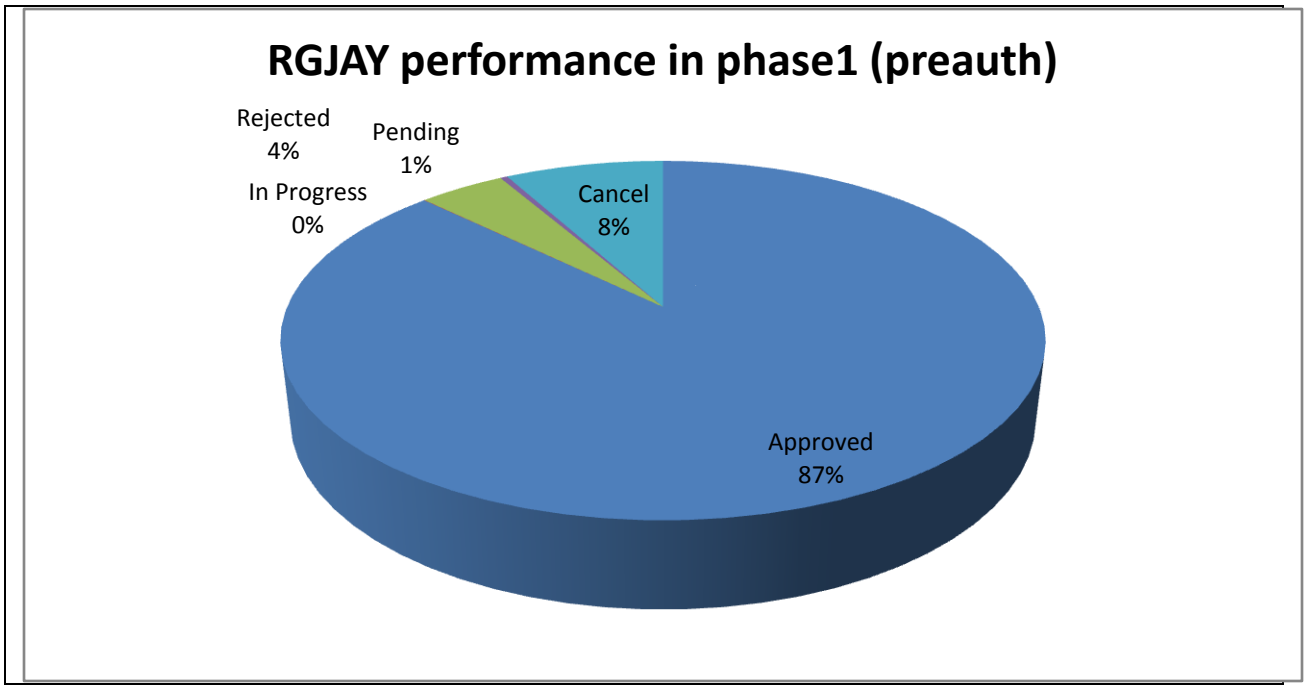


Fig5. Performance of RGJAY in phase 1

- The graph shows the cumulative performance of the scheme since its inception to 31st May 2013 in which a total of 68109 cases were registered.
- About 55926 beneficiaries benefitted from the scheme.
- No of cases approved by the society are around 64904 which constitute around 87% of the total cases.
- No of cases rejected by the society are about 3235 which constitute around 4% of the total cases.
- No of cases cancelled by the society are about 5971 which constitute around 8% of the total cases.
- No of pending cases are updated daily by both TPA and society doctors and forms a negligible portion i.e only 1% of the total cases.

The month wise trend of approved cases, rejected cases and cancelled cases to total no of registered cases is as follows:

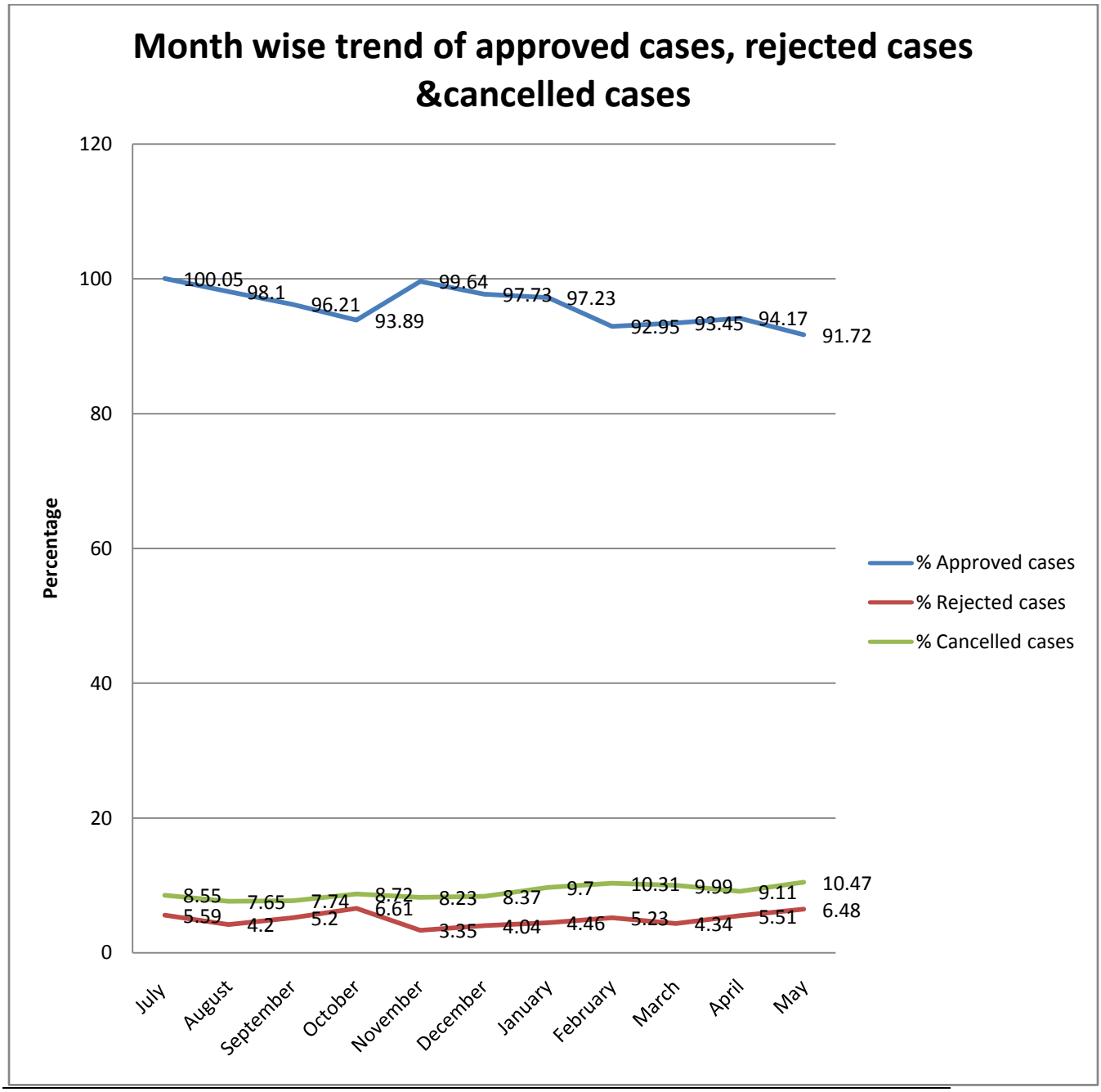


Fig6. Monthly trend of approved cases, rejected cases & cancelled cases to toal no of cases

- It is observed from the graph that there has been slow decrease in the no of approved cases every month except April 2013.
- The reasons for this can be attributed to the new adjudication guidelines given to the NH and the case mix since no of approved cases changes according to the specialty.

Cumulative performance of Preauthorization dept with respect to approved cases, rejected & cancelled cases:

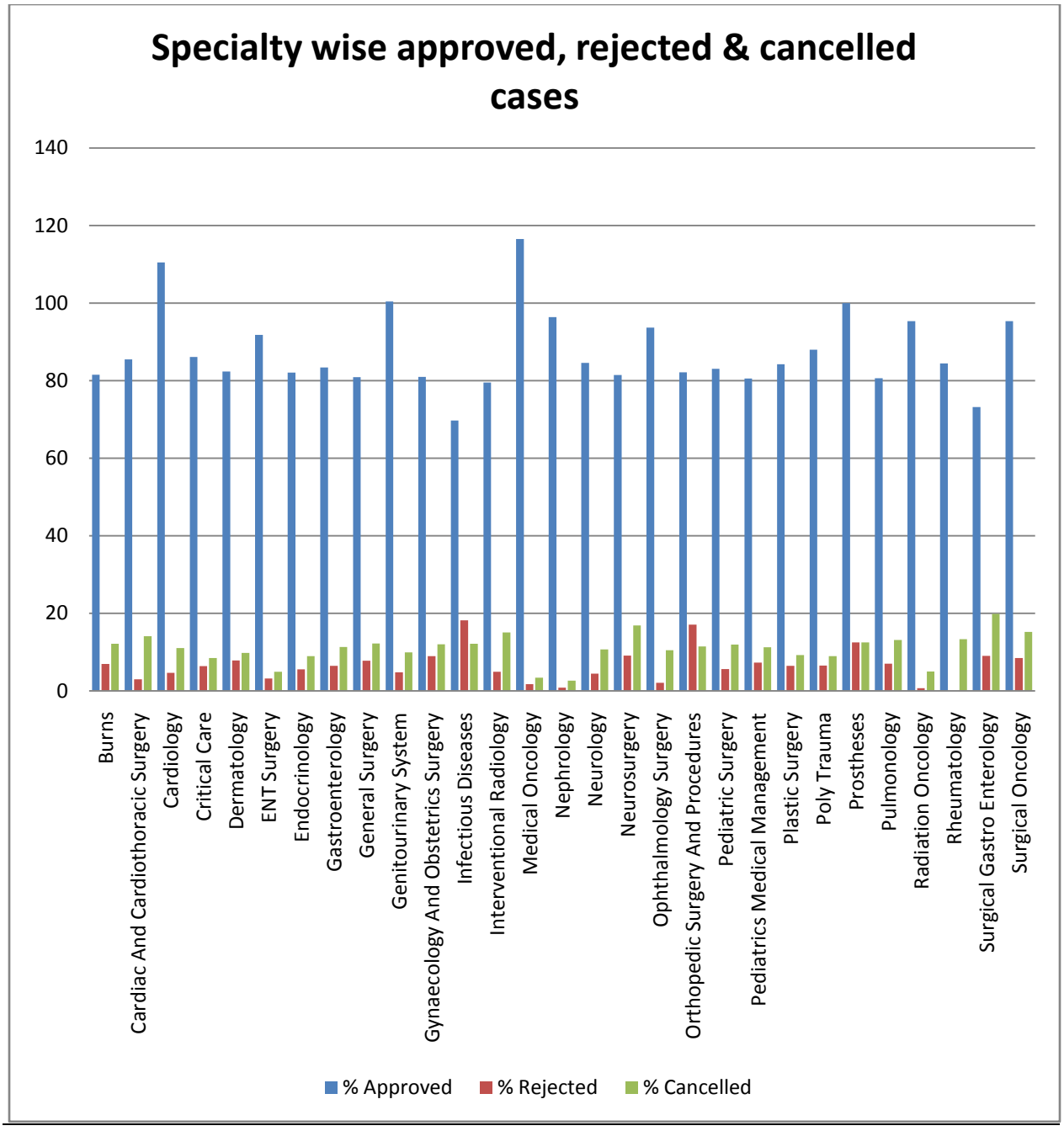


Fig7. Specialty wise approved, rejected & cancelled cases

Pending Cases

Preauthorization department runs 24x7 to provide quality healthcare to the beneficiaries. As a result the pending cases are updated regularly and are sent for approval to the society. This can be proved from the fact that since its inception to 31st May 2013 only 270 cases are pending out of 68109 registered cases. And these cases either are heading towards cancellation or are updated.

To get actual overview of reasons for pending cases it is necessary to study the pending cases daily. Hence a report for reasons behind pending cases was produced based on daily pending cases of around 10 days.

The observations are as under:

- Around 300 preauthorization's are received daily of which on an average around 30-35 cases are pending.
- Out of these around 40% of pending cases are decided (approved/rejected) daily by the TPA and society doctors after the service provider updates these cases.
- The remaining pending cases are decided (either approved or rejected) within next 24 hours.
- TPA pending cases are usually more than the society pending cases.
- Sample of 287 pending cases was taken out of which 142 were TPA pending, 34 were society pending and 111 were updated cases. (From 13th May 2013 to 23rd May 2013 on daily basis.)

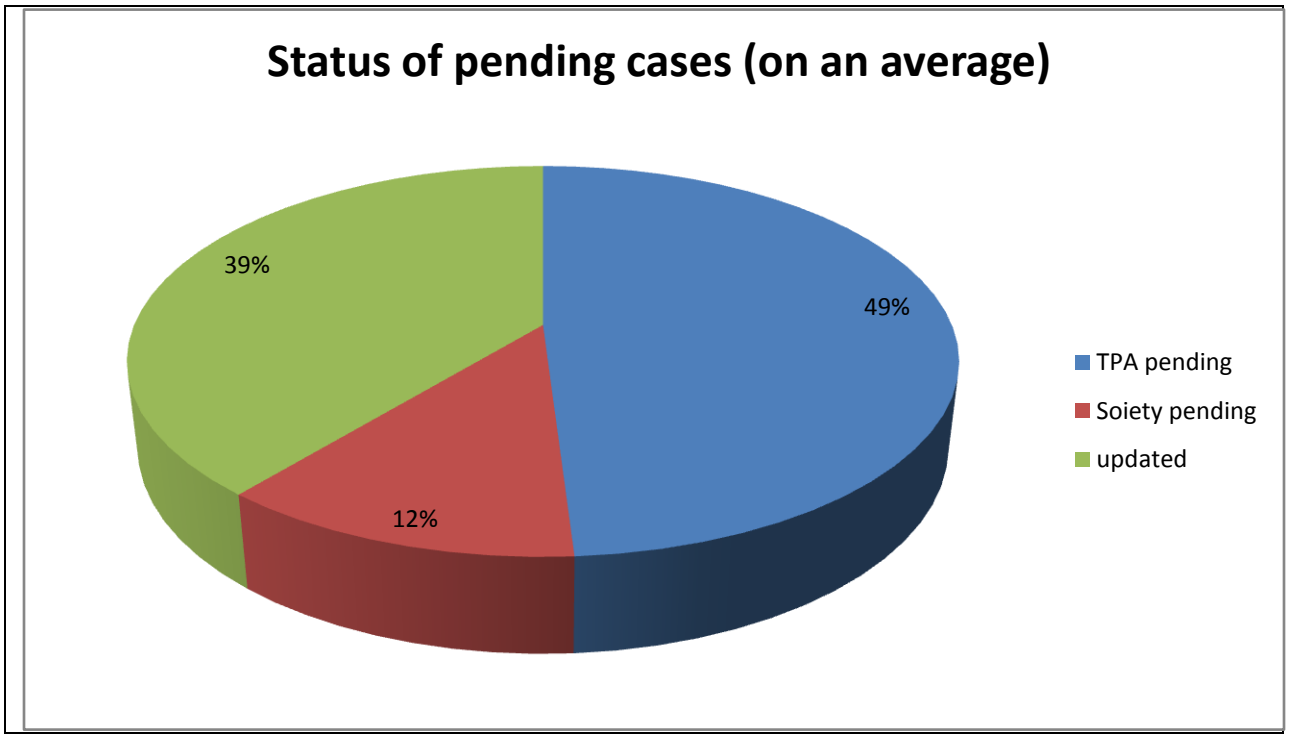


Fig8. Diagram showing status of pending cases on daily basis

Observed reasons for pending cases are as follows:

(Sample of 287 pending cases on daily basis from 13th May 2013 to 23rd May 2013)

- Maximum no of cases were found pending because of lack of investigation reports which are mandatory to arrive at the diagnosis.
- Second most reason for pending status was the identification of patient as RGJAY beneficiary.
- Another important reason behind pending status was clinical clarification asked by the TPA/ Society doctors to the service provider.
- Very few cases were found to be pending due to multiple package selection and already approved case of the same patient for same procedure.
- Other reasons for pending cases are illustrated in the graph below:

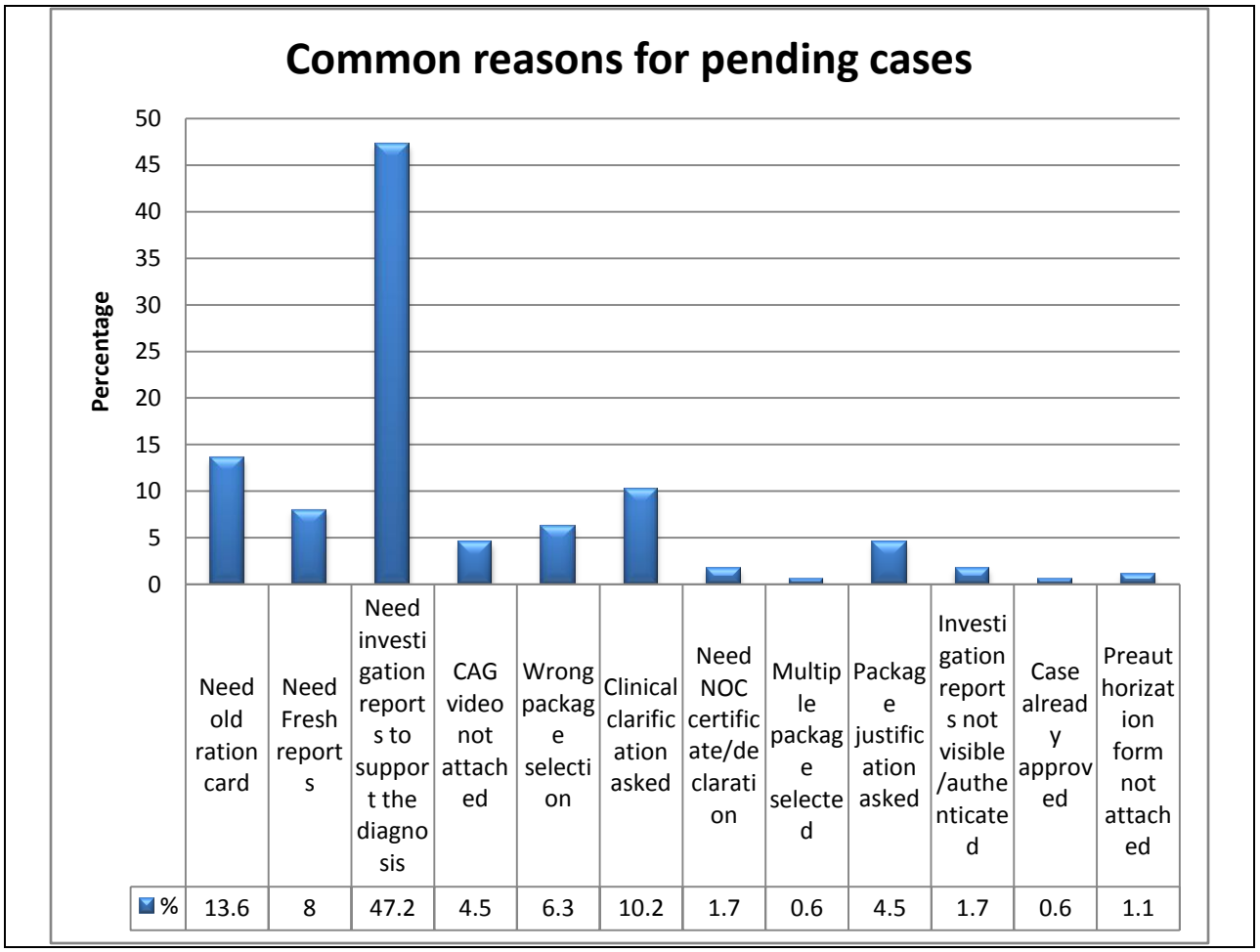


Fig9. Graph depicting common reasons for pending cases

The hospitals with maximum percentage of pending cases were as follows:

Name of Hospital	% of Pending cases
LTMG College and Hospital	8.17
B Y L Nair Hospital	7.78
Grant Medical College and JJ group of hospitals	5.06
KEM Hospital, Parel	4.28
Yashodhara super specialty hospital pvt. ltd	4.28

The hospitals with minimum pending cases were as follows:

Name of Hospital	% of Pending cases
Sudha health care pvt ltd sudha multispecialty hospital and critical care centre, Dhule	0.39
Sujan Surgical Cancer Hospital and Amravati Cancer Foundation	0.39
Surana Sethia Hospital and Research Center	0.39
Sushrut hospital and research centre	0.39
Thunga Hospital Pvt. Ltd	0.39

Cancelled cases

During the first phase of RGJAY (from 2nd July 2012 to 31st May 2013) more than 68000 cases were registered of which 5971 cases were cancelled. Of these 4256 cases were cancelled by the Society for reasons discussed below while 1715 cases were cancelled automatically (Scheduler cancellation). This forms around 28% of total cancelled cases.
The proportion of cancelled cases to total no of cases is as follows:

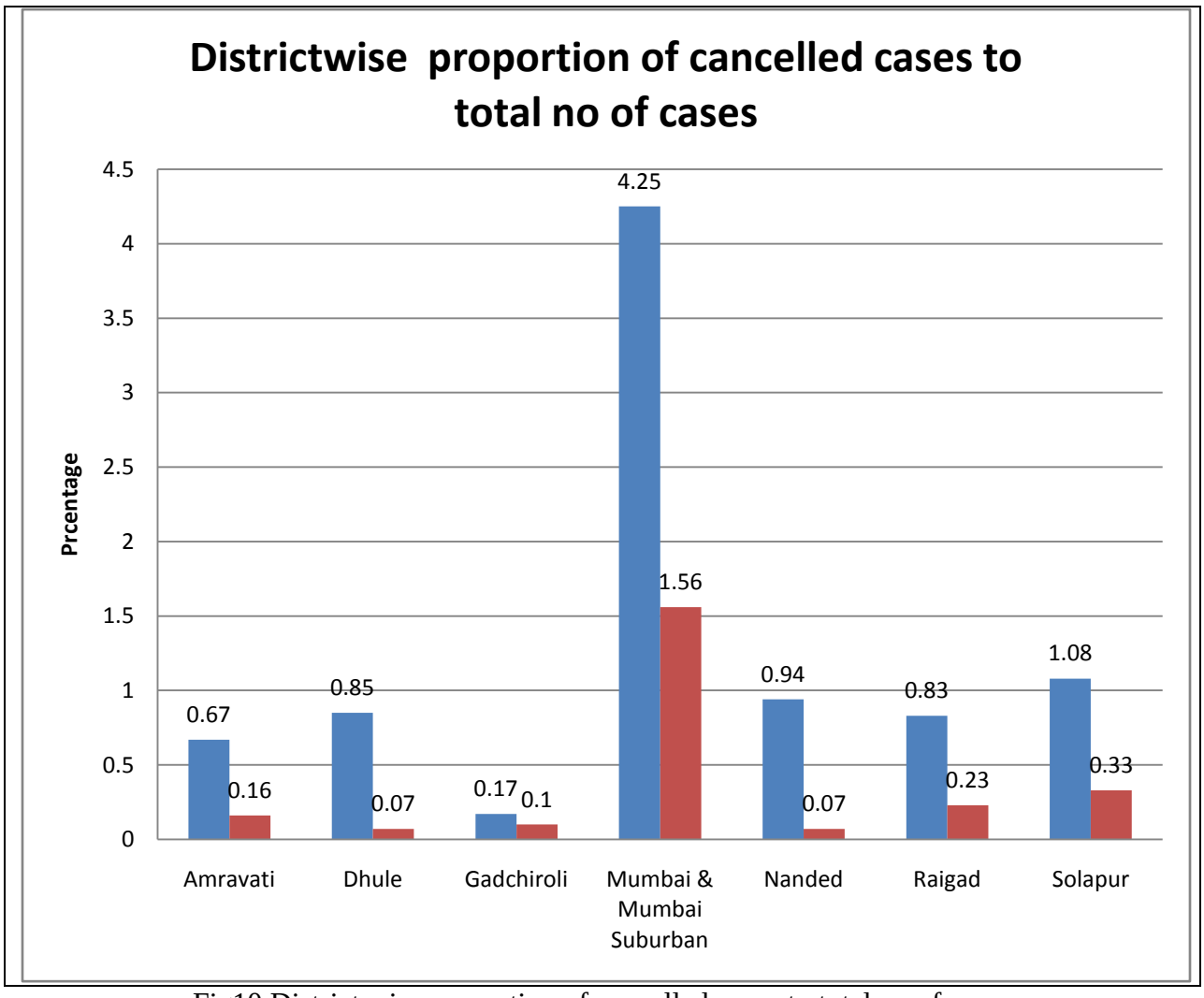


Fig10.District wise proportion of cancelled cases to total no of cases
(From 2nd July 2012 to 31st May 2013)

Observations

- There is a slow rising trend in the no of cancelled cases against the total no of registered cases since the inception of the scheme till 31st May 2013.
- The highest percentage of cancelled cases is in Mumbai & suburban region where maximum cases are registered as well.
- The highest no of scheduler cancelled cases is also from Mumbai & suburban. [Grant medical college JJ group of hospitals (308), KEM hospital (292) and LTMG College & hospital (260).]
- The second highest region with Scheduler cancelled cases is Solapur. [Ashwini rural cancer hospital (70), Cht. Shivaji Sarvopchar rugnalaya (67)]

Detailed understanding of cancelled cases can be evaluated by studying the cases in hospital districts of RGJAY as well as the specialties in which maximum no of cancellation occurs.

The following graph clears the picture about the trend of cancelled cases in hospital districts:

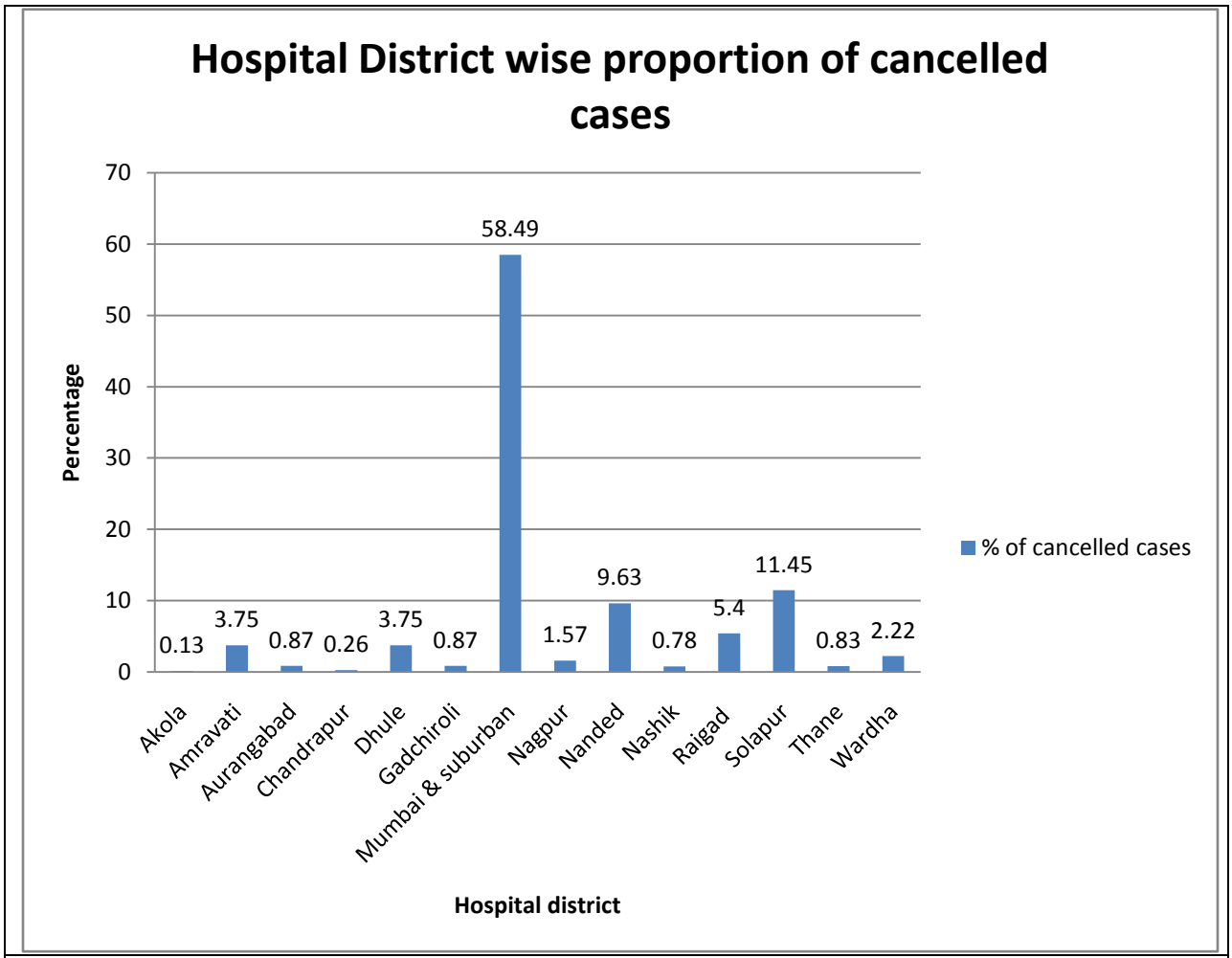


Fig11. Hospital district wise performance
(From 2nd July 2012 to 31st May 2013)

- The maximum no of cancelled cases are from Mumbai & suburban Mumbai where maximum no of registration of patients is also done.
- Second most cancelled cases are from Solapur district
- While Akola has the least no of cancelled cases where patient response is also low.
- As far as hospitals are concerned, it was observed that Arneja institute of Cardiology Pvt Ltd has the maximum no of cancelled cases i.e 58.1% (18 cases were cancelled out of 31 registered cases.)
- KEM hospital, Parel has a share of 17.7% of cancelled cases (1037 out of 5964 registered cases. Maximum no of patients are benefitted by the scheme here. So measures should be taken to reduce the cancellation of registered cases.
- Best performing hospital can be attributed to Tata Memorial Hospital where sufficient no of cases are registered and % of cancelled cases is also low 1.9% (47 out of 2447 registered cases.) and not a single scheduler cancelled case.

- It is also observed that maximum no of cases are registered in cardiology & cardiothoracic surgery category. Hence maximum no of cancelled cases are in this category only.

Observed Reasons for cancelled cases

Analysis

Sampling method:

During the phase 1 it was observed that 5971 cases were cancelled out of total 68109 registered cases.

The percentage of cancelled cases is around 9%. Owing to this data the first step was to determine the sample size. Taking confidence interval as 95% and 0.05 degree of accuracy the sample size came out to be 126 cases.

Formula used:

$$N = \frac{Z2PQ}{D2}$$

Where n= sample size

Z= standard normal deviate (usually set at 95% confidence interval

P= the proportion in target population

Q= 1-P

D= degree of accuracy (usually taken as 0.05 or 0.02 occasionally)

The sampling method undertaken was systematic random sampling (Every 10^{th} case). The data for the study was secondary data taken from the operational reports of RGJAY. The data since the inception of the scheme to 31^{st} May 2013 was considered for the study.

Following were the observations:

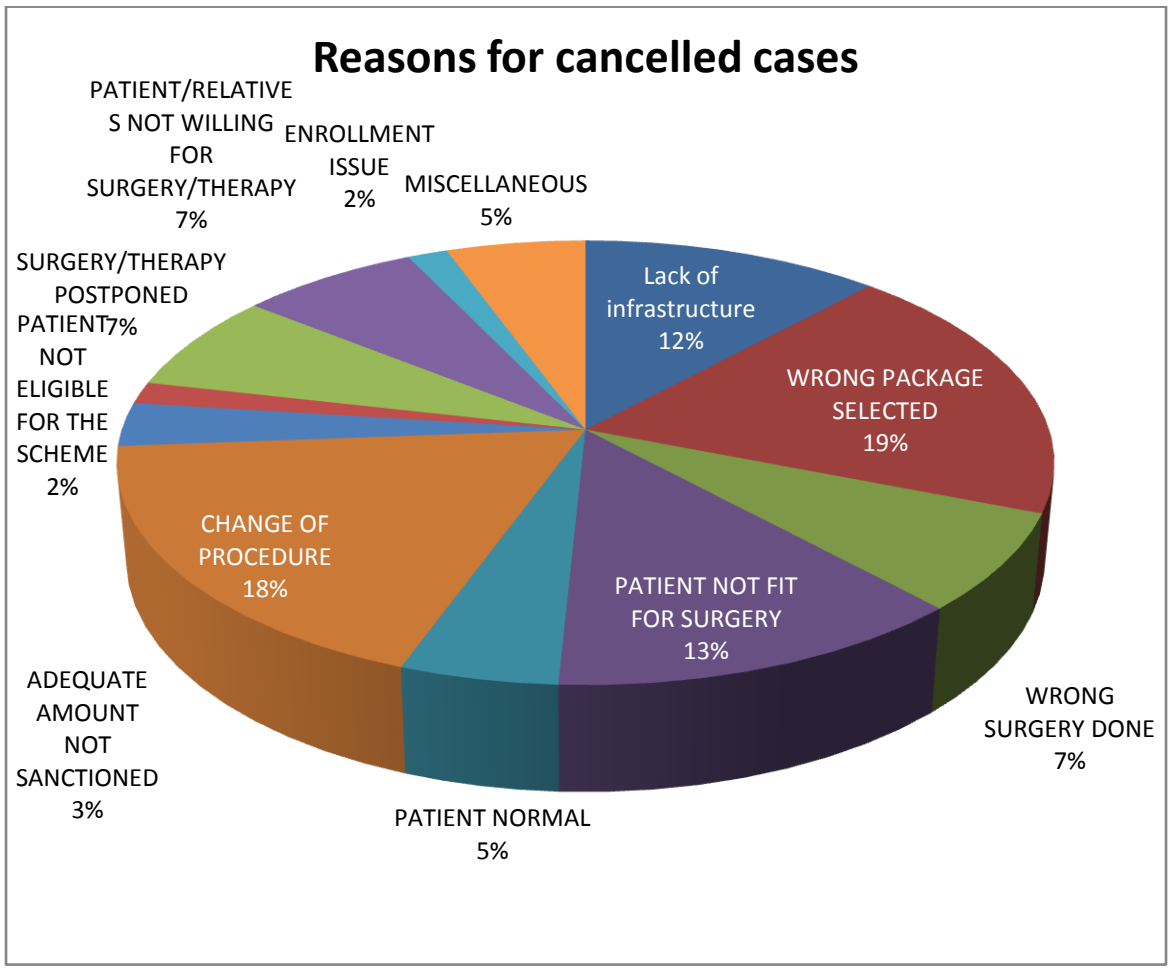


Fig12. Common reasons for cancellation of cases

Observed reasons for cancellation of registered cases are as follows:

1. Preauth for wrong package selected----------19%
2. Change of procedure after approval of peauth----------18%
3. Patient not fit for surgery----------13%
4. Non functioning of infrastructure reasons ----------12%
5. Wrong surgery done after approval----------7%
6. Surgery/Therapy postponed----------7%
7. Patient/Relatives not willing for surgery/therapy----------7%
8. Patient does not need any surgery/therapy----------5%
9. Miscellaneous reasons----------5%
10. Adequate amount not sanctioned----------3%
11. Patient not eligible for the scheme----------2%
12. Enrollment issues----------2%

Suggestions to reduce Pending/Cancelled cases

- Since most common reason for pending cases are lack of investigation reports, service provider hospitals should be instructed to update the required investigation reports as soon as possible so that treatment can be initiated without any delay.
- Enrollment issue:
  Beneficiary family should be scrutinized at the time of enrollment regarding availability of orange/yellow ration card/health card to avoid any hassle during registration of cases. If vigilance is maintained during enrollment considerable proportion of cases can be prevented from pending/cancellation.
- The service provider hospitals should be instructed to write the clinical history, present complaints in detail, so that further clinical clarification asked by the TPA/ society doctors can be prevented.
- Training for service provider MCO should be arranged to explain them the procedures & package rates of RGJAY so that cases kept pending/cancelled due to wrong package can be prevented. Also clear instructions should be given to avoid further cancellation due to multiple package selection.
- Six monthly meeting of service provider MCO should be organized at RGJAY with TPA/society doctors so that communication between them can be initiated.
- **Service provider MCO expects from the TPA/society doctors that they should be contacted before directly rejecting any case.**
- The opinion of TPA/society doctors should be written in detail to explain why the case is kept pending/ cancelled.
- Hospital service provider should be instructed to provide fresh reports in case of chronic illness.
- There should be more coordination between the working of TPA and society doctors so that maximum utilization of resources is done with minimum error.
- Consultants should review the case before keeping it pending because in some cases the preauthorization asked is for cycles of chemotherapy or diagnostic arthroscopy which does not need MRI. This will reduce the no of pending cases.
- Vigilance should be maintained during audit of hospitals regarding availability & maintenance of infrastructure so that the cases that are cancelled due to non functioning of infrastructure can be prevented.
- IEC camps should be organized at district level to spread the awareness regarding the scheme among masses and the criteria for being RGJAY beneficiary. This will reduce those cases which are reduced on grounds of non compliance with RGJAY.
- Also certain software should be developed to monitor the Scheduler cancelled cases and hospitals should be instructed to update the case within the stipulated period so that auto cancellation can be reduced.

Actions to be undertaken:

At administrative level:

- Adjudication guidelines to be communicated with the service provider MCO
- Six monthly meeting of MCO at the headquarters of RGJAY with the CEO, Directors and Program officers to instruct them and to solve their query.
- Six monthly meeting of Aarogyamitra at the headquarters with the DC and Program officers of all departments like empanelment, preauthorization, claims, grievances to give them guidelines about the procedure and solve their query.
- Formation of enrollment verification committee to keep a check on the authentibility of the enrolled families so that fraudulent identity cases can be prevented.
- Two monthly meeting of MCO with TPA and Society doctors to develop more coordination between them.
- Develop software to monitor scheduler cancelled cases and reduce their percentage.

At Clinical level:

- Guidelines to the service provider MCO to write complete clinical history, present complaints and clinical findings in detail. This will reduce the percentage of pending cases.
- Guidelines to the service provider MCO to provide fresh investigation reports (not more than two months old) of the patient in case of chronic illness.
- Guidelines to instruct TPA/Society doctors to write in detail the reasons for keeping cases pending/cancelled.
- Protocol should be made for TPA/Society doctors to call the service provider MCO before rejecting any case.

References

1. Rajiv Gandhi Jeevandayee Arogya Yojana Society, MOU (organization Document)
2. RGJAY operational reports, RGJAY web portal, www.jeevandayee.gov.in
3. Adjudication Protocols Preauthorization and Claims, 01 Jan 2013
4. Government sponsored health insurance, G La Forgia,2012