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Medical Practitioner perception regarding Rashtriya Swasthiya Bima Yojna in Jaipur

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Abstract: *Background and Introduction Rashtriya Swasthia Bima Yojna started on 1st of April 2008 by Ministry of labour and employment in which BPL family are eligible to avail the benefit of the scheme .The beneficiary have to pay 30 Rupees at the time of enrolment or registration and beneficiary get the coverage of 30,000 Rupees for one year. In this scheme, pre-existing disease is covered from day one. On each Smart Card maximum 5 member could be enrolled or covered who can avail the benefit of the scheme. In past, many of studies have been conducted to analyze the problem or need from beneficiary point of view but very less research have been done to know hospital point of view.In this study we will mainly focus on perception and satisfaction level among medical practitioner.*

Data and method: *The research design of the study was of descriptive cross-sectional design. Convenient sampling was used for the study and sample was selected according to the availability The location for study was selected randomly rural area of Jaipur(Shahpura,Paota and Achrol) district from April 2013 to Dec 2015, 25 medical practitioner was selected for sample size to know or understand their need. Self prepared questionnaire were prepared and in depth interview was conducted of those medical practitioner who were empanelled in RSBY Scheme and excel was used for the analysis.*

Result: *About 80 % of medical practitioner stated they felt problem in software due to bad technology or the software which is installed in their system for processing is not up to the mark. All medical practitioner stated package rate in RSBY is very less as well as coverage amount(say,30000 Rupees) is not sufficient and it become very hard for them to treat the patient at same rate and the coverage amount or limit get exhaust very quickly(after 2 to 3 cases). 92% of medical practitioner felt they feel scared from the insurance company as they get threatened of being suspended from insurance company. Almost 84% of the medical practitioner stated settlement of the claim is not being done with in 30 days by the insurance company.*

Conclusion: *Findings of the study reveal medical practitioner are not satisfied with the scheme as they are not happy with the use of software, package rates are low, late settlement of the claim and govt. agency or insurance company is not taking any step toward this and such problem making them reluctant to serve the patient under RSBY which violet the main objective of RSBY.*

I. Introduction

India is a developing and diverse nation where it becomes very important to keep an eye on different aspect like employment, poverty, education and health. As burden of Non communicable is increasing in India, Out of pocket expense is also increases in case of chronic disease and hospital care also increases side by side[1].Earlier, Central govt. tried a lot to provide the access of healthcare services to poor or needy people but all such effort went to the vein due to improper planning, lack of fund, improper execution and by learning from the past experience,,Central govt. bring Rashtriya Swasthiya bima yojna to support BPL person[2].

Rashtriya Swasthia Bima Yojna was launched by Ministry of laobour and employment on 1st of April 2008 by Ministry of labour and employment.The beneficiary of this scheme are BPL person and this policy help BPL family to avail the benefit of the scheme by taking treatment from empanelled hospital and for this beneficiary have to pay 3o Rupees at enrolment or registration.Central and state government cover the beneficiary through insurance company on the basis of competitive bidding. In this policy, beneficiary get the coverage of certain amount of money for one year. In this scheme, pre-existing disease will be covered from day one. On each Smart Card maximum up to 5 member could be enrolled or covered in the scheme[2]. The main objective of this policy is to provide protection for those who are below poverty line by a- providing coverage of 30000 Rupees b- to provide better healthcare c- to provide choice of various healthcare provider d- to enable easy access to individual who are illiterate[3].

RSBY is running all over India and mandated to cover all BPL and occupational group[4].The Premium for this policy is shared by central as well as state govt.In 2009,minsistry of Labour and employment introduced maternal and new born care.RSBY is managed by their respective state govt. who keep an eye on the work of this policy.The State government select insurance company only through the process of tendering where public and private insurance give a bid for the same.The Premium for this policy is shared by central as well as state

govt . Share of central govt. remain and State Governments remain 75% and 25% is paid the enrollee's premium to the insurer[5].State govt. give 25% of their share in the scheme but contribution of some state like North Eastern states and Jammu and Kashmir is different[6]. In feb,2008 RSBY was first states where RSBY was launched[7].

In this policy, every effort have been made by the govt. and insurance company to reduce the fraudulency but it still persist .Awareness level among beneficiary regarding scheme of RSBY is too low so many IEC are running by the govt. to improve this status[8].RSBY got appraised due to their unique feature-explained as below.

Cashless and Paperless transactions – This policy do not only money of beneficiary but it save money of hospital as well.This scheme allow hospital to not keep any record of files and can claim the money from the insurance company with great ease. RSBY beneficiary can avail the benefit of cashless services from any of the empanelled hospital. In this scheme, cardholder give the verification of being beneficiary through finger print matching or biometric method.In this scheme, there is no need to take initial or final approval from the insurance company.The hospital can send the claim directly to the insurer and can also get the payment electronically as well.

Introduction of IT

It was the first time when government introduced IT in any health insurance scheme which maintain the hygiene, speed and affordability of the work. In this policy all the empanelled hospital are IT enabled and are connected with the server at district level.The smart card process seems paperless as well as seamless payment from the insurance company to the hospital6.This facility help the hospital to reduce the maintenance of paper as this system include software in which all the information of the patient reached to insurance company through online system. The data is flowing at insurance company server as well as state nodal agency server[9].

Portability

It allow beneficiary to avail the services across the country as many of time beneficiary move from one place to another in search of earning. This scheme allows beneficiary to take the treatment from empanelled hospital in other district or even other state or in other words beneficiary can avail the benefit of the policy everywhere in india. This policy keep the beneficiary tension free or fearless as beneficiary knows he/she is insured and can take the treatment from any empanelled hospital in case of any need.

Safe and foolproof

The use of biometric system provide the assurance to beneficiary and other stakeholder that only real beneficiary is using the smart card. It maintain the authenticity of the uses and also reduce the chance of fraudulency also. Biometric system is totally computerized and accept the thumb impression of the beneficiary at the time of admission of patient.If the thumb impression does not match then beneficiary or hospital also have other option to take the thumb impression of other family member enrolled in the smart card.If then also thumb impression does not match with the system then hospital have option to take manual approval from the insurance company by asking i.d proof from the beneficiary afterwards if the insurance company feels beneficiary is genuine then insurance company can accept the case according to the same.

Government

The govt. allows the beneficiary to take the services from empanelled hospital whether it is public or private hospital. It will also lead to a healthy competition between public and private providers which in turn improve the functioning of the public health care providers. The insurance company do not conduct infrastructure audit for the empanelled hospital and the govt. hospital get empanelled in the policy on very first day of the policy. Package rate remain same of all disease for govt. hospital as it remains in private hospital. Chief Medical officer of concerned district take care of this scheme in their hospital and fulfill all criteria whatever required to run the scheme.

Insurers

In this scheme, every insurance company get the tender of the concerned district through tender process. The company who give least quote get the tender of the policy.Tender of large state bifurcated into cluster what make the participation and implementation of the process easier. The insurance company only decide package rate for the scheme under the consideration of state nodal agency. The insurance company only decide their team who take care of the entire work during the tenure. The insurance company try to enroll maximum beneficiary as they can during enrollment process.The insurance company get premium for each

enrollment. To enroll the beneficiary, the insurance company their give maximum input to generate larger revenue.

Intermediaries

The participation of many intermediaries like NGOs Intermediaries play an important role during enrollment and they get paid for the services they render in reaching out to the beneficiaries.

Hospitals

This Scheme allows private hospital to generate the high revenue even with small or medium type infrastructure. Public hospital also get money from this policy for treating patient.Therefore Insurance company look the work of both type of hospital very carefully to stop any kind of malpractice and fraud[10].

Various study have been done at different location of India regarding RSBY scheme and received a lot of appreciation from all over India but yet lot of work is to be done to know the success or failure with special reference to stakeholders. In this study we will try to observe more concretely about RSBY from hospital or medical practitioner point of view.

The main concern of the study will be to analyze the reason of hospital for dimming interest toward the scheme by knowing the perception,problem and satisfaction level. Not even a single study have been conducting at Rajasthan under RSBY Scheme to know the above fact so this study could throw a light and help us to know the real problem of the beneficiary.

There is a great need to discuss or find a gap by focusing loose pools of this Scheme as Health ministry is trying to extend the coverage amount of the scheme and going to extend the more coverage plus govt. is also thinking to include other type of beneficiary as well and our finding could help our govt. to identify the fact and need or demand by what the policy can be implemented,finding a solution of problem those were arising during entire tenure and by what beneficiary could avail the maximum benefit utilization of the services. This study can suggest certain changes or recommendationby what gap can be filled in an effective way and the utilization of the services can be increased.

General objective

To understand the perception of medical practitioner regarding Rashtriya Swasthiya Bima Yojna Policy.

This study is an attempt to investigate various dimensions of RSBY scheme with the help of primary data collected from a field survey. Specific objectives of study are:

1- To know the perception of medical practitioner working in RSBY Scheme.

2- To understand the problem faced by medical practitioner in RSBY Scheme.

3- To know the satisfaction level of medical practitioner working in RSBY Scheme.

II. Research Methodology

Study Design - The research design of the study will be of descriptive cross-sectional design.

Study area-The sample for study is selected randomly Shahpura,Achrol and Paota of Jaipur district.

Sample size- 25 individual selected for the sample size.

Study Population – The study will include medical practitioner (empanelled in RSBY) for sample surveying.

Sample technique- Convenient sampling will be used for the study and sample will be selected according to the availability.

Data collection tool and technique-

Method of Data collection: Primary data collection tools were prepared in the form of interview schedules In this study, the instrument will be used for the collection of will be of Self prepared questionnaire were prepared which consist of open ended and closed ended questionnaire and and Interviewing of individual will be done excel will be used out for the analysis. Analysis of data will be done through excel.

III. Result

Poor Technology

Around 80% of medical Practitioner were not happy with the software used for RSBY Scheme as many of time thumb impression of enrolled member did not match with the system or due to technical error as a result, the software become useless. In other words the healthcare provider have to send the document to insurance company for approval which take a long time and become troublesome situation for hospital as well as for beneficiary too. In such cases,insurance company take a lot of time to process the case and till the time doctor keep the patient waiting for treatment. Proper training of software to their staff were not given by the concerned team properly due to what hospital staff faced difficulty many of time. Low speed of internet also create a problem in the scheme.

Sometime, staff member of hospital changes the job suddenly or by not giving proper handover to other staff and it become very hard for the other staff member to run the software in emergency.

Less knowledge among beneficiary regarding RSBY scheme

72% of medical practitioner feel beneficiary have less knowledge regarding the the scheme. They stated many of beneficiary even do not know about the main characteristic like how many people could be enrolled in the scheme, how much is the coverage amount at each RSBY card,hospital empanelled as many time after taking the treatment from the other hospital through pocket they get to know that they could have availed the benefit of the scheme by empaneled hospital.It seems many of the card holder just got enrolled under the scheme but they have less knowledge or incomplete information about RSBY Policy and lack on knowledge keep them away from many benefit or services.

Late Settlement of Claim

All medical practitioner stated they do not get the payment of treated cases under TAT. It is mandatory for TPA/Insurance company to settle the claim with in 21 days but in reality the actually differ and healthcare provider were getting the payment very late from them. Sometime they keep the payment on hold for a long time by not telling any reason and in many case till the time, healthcare provider do not register the complaint against insurance company to District Grievance Redressal Committee or complaint at State Nodal Agency, the payment remains pending. No or very less penalty were made on insurance company for delaying the settlement of claim. Such attitude of Insurance Company keep the healthcare provide uninterested toward the scheme. Many of the claim were not settled for a long by the Insurance company/TPA due to error in server,software problem or some other technical error.Healthcare provider also state that TPA/Insurance company generally hold the payment of such cases who do not get process by the software.

Package rate too low

All healthcare provider felt they are getting very low package for the treatment of almost all disease. Due to the perceived inadequacy of the package, medical problems / conditions requiring longer stay. Hospitals have faced losses in many cases as sometime they needed services from specialists from outside their staff. Many of time hospital raised a voice against this issue in front of Insurance company and govt. agency but nothing great has been done by them . In many cases healthcare provider accepted they denied or make an excuse to beneficiary in which package rate is very low.

Beneficiary pays money after getting the limit exhaust

Around 40% of medical practitioner stated beneficiary pay for treatment after getting the limit exhaust which is quite a high ratio and it indicates a large number of people paid the money to hospital even after being enrolled RSBY card policy. Many time when RSBY Card holder try to use the card for third or more time, they would not have able to use the card further as the limit of the fund get exhausted already and in this beneficiary has to pay the money from their own pocket .It is very hard for any BPL person to arrange the money for treatment of any illness and put them under financial stain.

Threatening of Insurance Company

Around 64% of healthcare provider are not satisfied with the attitude of insurance company as they are not always ready to help them if they get struck in processing or query due to what hospital and beneficiary remain worried until the problem is not solved. 92% of medical practitioner stated many time, insurance company indirectly threaten them if any hospital do a large business in RSBY. Insurance company try to suspend or de-empanelled the hospital even if small deviation or mistake is done unintentionally. PSU generally do not worried neither about the payment nor proper flow of information and have very poor services but on other side Private Insurance company do work aggressively and generally more concentrate on profit/loss or try to maintain the claim Ratio plus they believe more on the services.

Availability of M.B.B.S (at least) Doctor for 24*7 hr

Around 20% of healthcare provider stated it is very hard for them to arrange M.B.B.S(at least) doctor for 24*7 hr even when patient is not admitted in the hospital or during night time . Insurance company issue warning letter to them if M.B.B.S doctor is not present for 24 hr. Already, there is shortage of medical practitionerand and it is very hard for some of hospital to arrange or afford M.B.B.S doctor if they have limited business. They have raised such issue in front of District Greivence Redressal Committee and State Nodal Agency but still the issue is not solved.

Grievance regarding OPD Services

All medical practitioner stated some beneficiary become aggressive when they came to know they have to pay for OPD charges as they hardly understand the meaning of inpatient services and outpatient services and such situation create tension in the hospital among beneficiary and hospital staff as neither beneficiary is ready to give payment for treatment as they felt hospital is trying to cheat them nor hospital is ready to give relation in expenses.

No Ambulance services

Almost 36% of medical practitioner feel no arrangement of ambulance is also one of biggest problem in front of them. In rural area it become very hard for beneficiary to reach the hospital without ambulance with in time as BPL personal generally do not have motor vehicle so it become critical and worried situation for them.In rural area their hospital do not have ambulance services by what they can refer the patient from their hospital to another hospital in case of any need and in many cases people lost their life at emergency.The road in such area is very bad due to what the rickshaw take a very long time and finally the local people face a lot of struggle to reach the hospital. In some cases even beneficiary have lost their This is the one of the main problem where government has not done anything great to improve the scenario.

Hard to treat beneficiary without patient history file

Almost 92% of medical practitioner stated it become troublesome situation to track the disease without previous record of patient history. BPL person are very poor and many of time, they travel from one place to another to earn the wages due to what it become very hard for them to carry the patient file along with them and if they carry with them, it become very hard to keep the proper maintenance of their document as well probability of missing any of document like patient history, medical prescription, pathology report, investigation report becomes high. If beneficiary lost any of the document from patient file then it become hard for doctor to diagnose or speculate to know about the real cause of any disease(if patient visited to another hospiatl at other location). The importance of such document become more when the patient have gone through any kind of critical illness or ailment like heart attack ,piles,nerve disorder and mental disorder

Ready to continue in RSBY Scheme

92% of healthcare provider are ready to work in future with RSBY Scheme. Healthcare provider feels overall this policy is a big boon for beneficiary as well. Even they feel this scheme have many loose pool but they think by associating with this policy they can hold good image in the market .They also get an opportunity to serve large masses and chance to generate a good business from this scheme.

IV. Suggestion

Proper training to healthcare provider staff

The concerned insurance company/TPA should make an arrangement of proper training centre at each district and should provide training only through trained professional staff or skilled member to hospital staff at the time of software installation and should have proper call centre to solve any problem or query if any problem occur,.Concerned staff should do proper monitoring of software and take feedback from hospital to check whether software is running in smooth manner.

Increase Package rate

Govt. agency/Insurance company should increase the package rate of many disease whose package rate is very low as compare to existing rate. In such rate it is very hard for the hospital to provide the treatment of some diseases. Govt. agency could discuss regarding the package rate with insurance company and healthcare provider. By increasing the rate, it may be expected healthcare provide may get ready to serve those patient also to whom they are ignoring or denying rite now due to lower package rate . Therefore, the govt. agency should revised the package list time to time so that the hospital can be motivated and they could focus more on patient care by not doing any compromise with quality of services.The govt. should also include the implant(orthopedic cases) in their package list as it is very hard for the beneficiary to pay the money for any implant so the govt. should make a package in which the quality of implant along with the rate is clearly mentioned

The concerned authority can also make the package list of hospital according to their infrastructure like Bhai Ghaniya Health Sewa Scheme in which the primary hospital got 80% of the package rate list,Secondary Care hospital got 90% of package and tertiary hospital get 100% of the package rate list and by doing this tertiary hospital will feel satisfaction by getting maximum package.It would keep all the empanelled hospital to maintain or upgrade their infrastructure up to certain level through out the year by what the hospital would try to improve the quality of services as well. By all such step, ultimately the patient will receive fine services of the hospital as like the hospital give the services of charged patient.

Settlement of the cases

Fast track grievance committee should be made for settlement of cases. Percentage of Penalty should be charged more from the TPA/Insurance company if they are not settling the claim without any proper reason . If they are keeping the cases on hold then they have to clarify the reason for same. If the cases were not paid due to technical error or technology then insurance company should improve/upgrade their tracking or process system time to time.. If hospital have taken manual approval(due to technical issue) then also insurance company should take equal responsibility to pay the cases as they do with other cases.

Enhance coverage amount

As from study,we found many of time whenever beneficiary visited empanel hospital for the treatment of any disease then beneficiary came to know the limit of the card get exhausted which become a very critical situation of the patient. To get rid away from this situation, Ministry of Labor and Employment should analyze the data scientifically or they can conduct a survey by what the govt. can reach to the real need of the beneficiary and they should increase the coverage amount from 30000 Rupees to certain amount of money by what beneficiary can avail the scheme more efficiently as it seems coverage of 30000 Rupees does not help the beneficiary for the entire year Until or unless the amount of coverage will not increased the beneficiary will keep giving the money from their own pocket.

Intervene of Govt. agency

Govt agency should also do regular audit of insurance company work as many of healthcare provider stated whenever they do a large business then insurance company threaten indirectly to reduce the claim or if they do not do the same then insurance company suspend the hospital to manage the claim ratio. By doing the audit of govt. agency/SNA on the insurance company,the insurance company would not able to threaten the healthcare provider and work of the hospital could be managed by more authentic manner. The govt. agency could also take feedback from the hospital regarding the insurance company work and proper investigation of suspended hospital should be also done to know the reason for same.

OPD Services in RSBY Scheme

Insurance company should provide OPD services to them as well just like Uttar Pradesh and Orissa beneficiary are receiving the service which include consultation,Investigationa and medicine expenses as well.Even these cost are not as high like operate or IPD cases but even OPD Charge cost a lot to BPL Person and if he/she get OPD expense then they can save money and can spend on other important work as this step could fascinate more beneficiary to enrol themselves and more people could be get benefited under this scheme.

Arrangement of Ambulances

The govt. or insurance company should make a mandatory for every hospital to arrange the ambulances and if any hospital have no ambulances services then particular hospital should not be empanelled under RSBY Scheme. Every ambulance should have at least 2 trained paramedical staff with the desired qualification like GNM or Bachelor in nursing . The ambulance should be equipped with the infrastructure like ventilator, volumetric infusion pump, suction infusion pump, cardiac monitor, oxygen cylinder, stethoscope, B.P apparatus etc. These equipment are sufficient enough by what the paramedical staff can deal with any critical situation of any patient. The services of ambulances should be done time to time so that ambulance is always ready to work efficiently in case of every need. The training of paramedical staff should be done time to time so that they could handle the critical situation without any problem.

Create awareness among the beneficiary

The beneficiary get enrolled in the scheme but many of the beneficiary were not aware about the benefit like disease covered, the empanelled hospital etc due to what the beneficiary take the health services from other hospital insipite of being having RSBY card. Every time the insurance company worried remain about the enrollment, settlement of the claim, empaneling the hospital but no effort or revenue spends on the promotion. Along with smart card every beneficiary are entitled to receive the booklet in which the feature or benefit, name of all empaneled hospital is mentioned but unfortunately the reality is totally differ as the insurance company look never worried about the distribution of booklet .

The insurance company or concerned authority should start the policy of promotion or awareness among the beneficiary on very first day of the enrollment or even before. The insurance company can paste the poster or affixed the flex on enrollment or at rush area where BPL people generally reside by what the awareness among the people could be increased.. The insurance company can give the advertisement in print media also like newspaper and places where newspaper or television facility is not available,they can promote the RSBY through radio.The hospital can also affixed board of RSBY in the hospital where the BPL person come to know about the characteristic of the scheme or the empanelment of the hospital The insurance company

can give advertisement in the television during prime time in what the importance of the RSBY can be presented in front of the common people in an effective way .The insurance company can plan for health camp at such places where the utilization rate is low. The govt. agency can fix the number of health camp at such places so that the utilization could be increased.

B.A.M.S and B.H.M.S doctor should be allowed practice in rural area

In urban area it is very easy to find the hospital where M.B.B.S doctor is doing practice in RSBY Scheme and the beneficiary have lot of option to choose best one but same kind of situation does not remain in rural area as most of the medical practitioner is not interested to live in rural place due to what the availability of hospital in rural area remains less and this is main reason why many time beneficiary could not avail the services from near by hospital which reflect on the utilization rate of the scheme. In RSBY Scheme Ayurveda and Homeopathic doctor are not allowed to work in the scheme due to what many hospital could not be empanelled and many beneficiary have to go far away from the services or benefit of the scheme as there is no hospital near by their location..

If state govt. make certain changes and allowed the insurance company to empanel such hospital where ayurvedic or homeopathic doctor is available for 24* 7 hr then,it will help the beneficiary to take the treatment from near by existing hospital and it will also reduce the burden on already empanelled hospital as the number of beneficiary will be distributed plus the beneficiary will get more option to choose the hospital .

MIS of Patient report should be included in the policy

The Insurance company should made a soft copy of IPD File of every beneficiary by what the concerned doctor can trace the previous disease or treatment done from system of beneficiary(admitted in their hospital) in correct way and could do further treatment according to the need. Every card holder have unique id in their card by what the insurance company can save the file of every beneficiary those whoever enrolled in the scheme. The insurance company also can transfer the entire data of the patient to another insurance company if the patient visit to another territory or state for the treatment.

Similarly, the insurance company can handover the entire data of patient document at next year to other insurance company (those whoever is going to handle the policy or for next tenure). By doing such, it become very easy for the beneficiary to take the treatment at any place and any time. It also help to reduce the cost as by keeping such proper record of patient file, the need of any investigation will reduce of all those test who have been done already or it reduce the duplicity of the test.It also keep the beneficiary tension free as beneficiary would know, the patient file is already available in the system .Such data also help the insurance company for further analysis of any particular disease/any specified location/of specified age group and this data will also help the government to take preventive or curative action according to the same.

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