

RashtriyaSwasthyaBima Yojna- Himachal Pradesh

Background:-

For people living below poverty line, an illness not only represents a permanent threat to their income earning capacity, in many cases it could result in the family falling into a debt trap. When the need to get the treatment arises for poor families they often ignore it because of lack of resources, fearing wage loss, or wait till the last moment when it's too late. Even if they do decide to get the desired health care it consumes their savings, forces them to sell their assets and property or cut other important spending like children's education. Alternatively they have to take on huge debts. Ignoring the treatment may lead to unnecessary suffering and death while selling property or taking debts may end a family's hope of ever escaping poverty. Keeping this background in mind, Government of India decided to launch RSBY to provide health insurance coverage for Below Poverty Line (BPL) families. The objective of RSBY is to provide protection to BPL households from financial liabilities arising out of health shocks that involve hospitalization. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization. Government has even fixed the package rates for the hospitals for a large number of interventions. Pre-existing conditions are covered from day one and there is no age limit. Coverage extends to five members of the family which includes the head of household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30/- as registration fee while Central and State Government pays the premium to the insurer selected by the State Government on the basis of a competitive bidding.

Himachal has also launched this scheme from the 2008-09 initially from two districts i.e. Kangra & Shimla in the first phase and extended in the entire State from 1st March, 2010. The Health Department is the Nodal Department implementing RSBY through HP SwasthyaBima Yojna Society (State Nodal Agency). The scheme is being implemented through Insurance Company (The New India Assurance Company Limited).

Following are the main features of RSBY:-

- Total sum insured is Rs. 30,000/- per family per annum on a family floater basis.
- **Maternity and Newborn Child has been covered.**
- Newborn child shall also be covered from day one upto the expiry of the policy and expenses incurred for treatment taken in hospital as in-patient. This benefit shall be a

part of basic sum insured and new born will be considered as a part of insured family member till the expiry of the policy.

- Above shall be covered from day one of the inception of the scheme and normal hospitalisation period for both mother and child should not be less than 48 hours post delivery.
- For the policy period, new born will be provided all benefits under RSBY and will not be counted as a separate member.
- Cashless coverage of all health services in the insured package.
- **Hospitalization expenses**, taking care of most common illnesses with as few following exclusions:-
 1. Conditions that do not require hospitalization
 2. Congenital external diseases
 3. Drug and Alcohol Induced illness
 4. Sterilization and Fertility related procedures
 5. Vaccination
 6. War, Nuclear invasion
 7. Suicide
 8. All traditional medicine forms other than Ayurveda.
- All pre-existing diseases are covered.
- Transportation costs (actual with maximum limit of Rs. 100 per visit) within an overall limit of Rs.1000 under Basic Package of Rs. 30,000 and in the case of Critical Care (actual with maximum limit of Rs. 1000) overall limit of Rs. 3000.
- Pre and post hospitalization up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital is the part of the package rates for Basic Package and 15 days prior to hospitalization and 60 days from the date of discharge under Critical Care Package of Rs. 1,75,000/-.
- The premium is being paid by the Centre and State Govt. in the ratio of 75:25 in case of Basic Package of Rs. 30,000/-.
- Beneficiary to pay only Rs. 30 per annum as Registration Fee/ Renewal Fee.
- Cost of Smart Card of Rs. 60/- is being borne by the Central Government.
- Ayurveda treatment has also been included in the State.

The experience of State in implementation of RSBY is as under:-

Critical Care: The State Government is providing an additional benefits for Critical illness expenses up to **Rs 1,75,000** for meeting the expenses of hospitalization and surgical procedures of beneficiary members in case of hospitalization for treatment of Cardiac and Cardiothoracic Surgeries, Genito Urinary Surgery, Neurosurgery, Radiation Oncology,

Trauma, Transplant Surgeries, Spinal Surgeries, Surgical Gastroenterology, Hemophilia and Cancer. More than 350 procedures have been covered under Critical Care. **The 100% expenditure on Critical Care is being paid by the State Government. Only three Government Hospitals i.e. IGMC Shimla, Dr. RPGMC Kangra at Tanda and PGI Chandigarh have been empanelled under Critical Care**

Enrollment of beneficiaries- Himachal is the first State to enroll more than 80% of targeted beneficiaries during the first three years for which the GOI has awarded the State on National level as “Best Enrollment Rate State” consecutively three years 2009, 2010 and 2011. We could able to achieve the highest percentage in Country with the help of Rural Development Department. The Project Officers, DRDA have been designated as District Key Managers and Panchayat Secretary as Field Key Officers who plays major role in enrollment of beneficiaries. The smart cards have been issued by visiting the Panchayat/Village level helped the Insurance Company for educating the beneficiaries about the cashless benefit of scheme.

Empowering the beneficiary – RSBY has provided the freedom of choice to the beneficiaries between public and private hospitals. The beneficiaries of State are getting the treatment in private hospitals also which they could not afford due to insufficient funds. The beneficiaries from Himachal is getting the cashless treatment outside the State also in the public and private hospitals empanelled by other States/UTs (i.e. Chandigarh, Punjab, Haryana, Uttarakhand etc.). RSBY has reduced the out of pocket expenditure of beneficiary for getting the treatment at network hospital.

Hospitals – Before introducing RSBY, the public hospitals were providing the cashless services for tests etc. to BPL families from RKS fund. Now the public hospitals are getting the reimbursement to treat beneficiaries under RSBY and the money from the insurer is flowing directly to the concerned public hospital on the basis of pre-defined package rates. There are 174 hospitals empanelled under the scheme. Out of which 153 are public, and 21 are Private. The State of Himachal has been awarded on National level as “Best Utilization Rate State” on 8th April, 2013 during the National Workshop held at Thiruvananthapuram, Kerala.

State Server- State Server has been installed and the post enrollment data is stored in the Server. The information relating to transactions that take place each day at each hospital is being sent through TMS to state server. The State is getting the realistic database from hospitals.

Cash less, Paperless transactions and claim settlement – The beneficiary of RSBY are getting the cashless benefit in any of the empanelled hospitals with the help of smart card. The claims are being sent online to the Insurance Company and Company is reimbursing the amount to concerned hospitals online i.e. RTGS/NEFT within stipulated time frame i.e. 30 days. In Himachal more than 90% of claims have been reimbursed by the Company.

Cashless Benefits in Himachal- The empanelled hospitals have provided cashless benefit of more than Rs. 66.05crore by treating more than 1.49 lakh smart card holders since inception of scheme in the Pradesh. Out of which 2677 patients (Claim amount Rs. 1247.10 lakh) are under Critical Care.

Treatment at PGI Chandigarh- The SNA, HP has hired an office at PGI Chanidgarh for providing cashless treatment to all the Smart Card holders visiting for treatment there. Now the Critical Care is being managed directly by department instead of Insurance Company.

Categories Covered: Initially only BPL families were covered under the scheme and now the non-BPL categories i.e. MGNREGA workers, Building & Other Construction Workers, Person with more than 70% disability, Street Vendors, Sanitation Workers, Auto Rickshaw & Taxi Drivers, Weavers & Artisans and Contractual Employees have also been included under the scheme. Enrollment process is on and Insurance Company has issued more than 4.48 lakh smart cards.

Packages: More than 1500 packages have been covered under Basic Package

Shortcomings:

- Enrollment process (done every year)- Time consuming & waste of resources
- The whole family has to come to enrollment station to get enrolled- Opportunity cost involved.
- Difficult terrains challenging enrollment process.
- Data Collection from various departments every year- delays the process of enrollment.
- Issuing new cards every year- patients get confused which card to use or not.
- Because of the enrollment process- usually policy period is extended causing interruption in delivery of services by hospitals.