# Biju Swasthya Kalyan Yojana (BSKY) Odisha Learnings and way forward

**Policy Brief: HSTP/2021/1** **March 2021**

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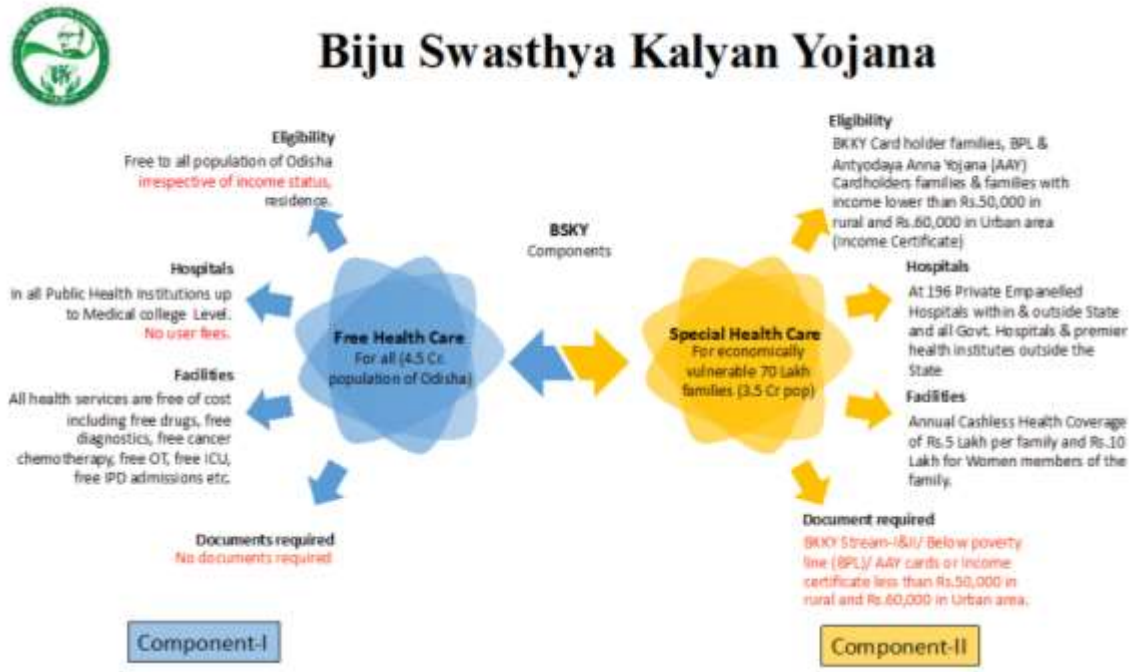
*Guidance and contribution of Rahul Reddy, Dilip TR and Rajeev Sadanandan from Health Systems Transformation Platform is greatly acknowledged. Sincere thanks to Subhanand Mohapatra, Ranjan Dash, Dr Deepak Bisoyi and Sambit Kumar Behra from State Health Assurance Society (SHAS), Department of Health & Family Welfare, Government of Odisha for extending their co-operation for the analysis. Our special thanks to Ms Shalini Pandit, CEO SHAS for all the support provided to our team.*

This policy brief discusses implementation of Biju Swasthya Kalyan Yojana scheme (BSKY) of Odisha State in India implemented by State Health Assurance Society, Government of Odisha with support of two third-party administrators (TPAs) from February 2019 to February 2020. The objective is to provide insights & suggest areas for improvement to increase scheme uptake for eligible beneficiaries.

## Introduction

Odisha state launched the Biju Swasthya Kalyan Yojana (BSKY) on the 15th of August 2018 providing coverage for inpatient care to address catastrophic health expenditures for below poverty line population (scheme details in Fig.1). BSKY allowed converging beneficiaries of erst-while Rastriya Swasthya Bima Yojana (RSBY), Biju Krushak Kalyan Yojana (BKKY) and Odisha State Treatment Fund (OSTF). State Health Assurance society (SHAS), Department of Health implements the program in an assurance mode since February 1st, 2019 using two third party administrators (TPA) (without any premium contribution by the beneficiary or insurance intermediary, for defined treatment packages per the scheme guidelines).

***Figure 1. BSKY Scheme Details***




In this policy brief, we present the learnings from scheme implementation so far by analysing the BSKY claims data, examining available information on empanelled hospitals, scheme guidelines and minutes of the monthly review meetings. We used a mix of the quantitative and qualitative methods and triangulated the information gathered through discussion with the BSKY team, stakeholders (hospitals and beneficiaries) and field visits. The claims data analysed is for the period from Feb 2019 to Feb 2020. Excel and Tableau software were used for analysis. Data on OSTF is not included in this analysis.

## Key Findings

### Empanelment

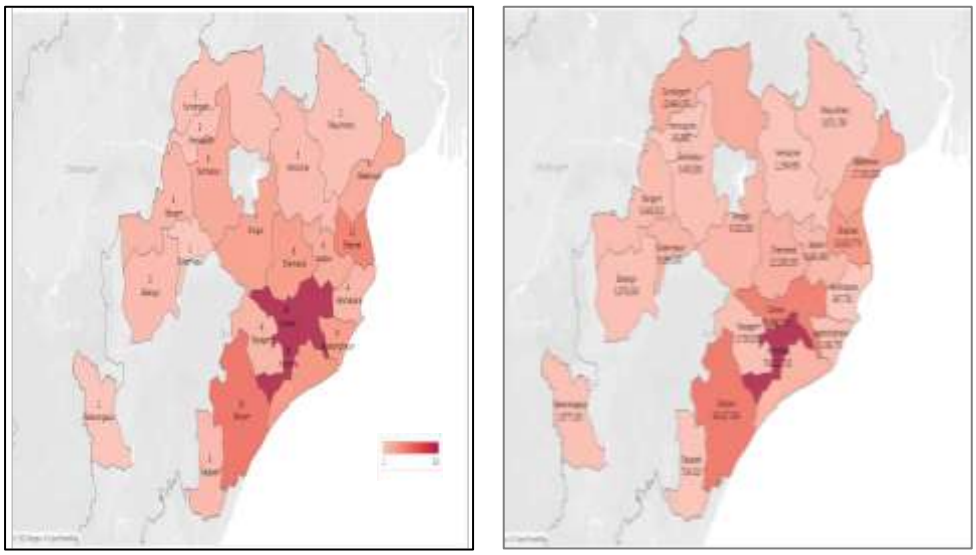
While all government hospitals provide services free of cost to beneficiaries under BSKY, the scheme has empaneled 197 private hospitals across 30 districts of the state, which were previously empanelled with various schemes like RSBY, BKKY or OSTF as shown in the Fig 2. Further the state has considered care provision in all premier national health institutions and empanelled some hospitals out of state. It is observed majority of empanelled hospitals are in developed districts (Khordha, Cuttack, Bhadrak and Ganjam), while districts such as Rayagada, Nuapada, Koraput and Debagarh do not have any private empanelled hospitals. This may impede beneficiary access due to increased travel time and costs to reach hospitals in other districts when they require a service that is not provided in a public facility due to any constraints. Beneficiaries from Rayagada take services from empaneled hospitals in Vizag (100 kms) in Andhra Pradesh.

#### Policy Insight 1

Expanding provider participation:

- Continue efforts to empanel more hospitals especially tertiary hospitals under the scheme in the state to provide better access to beneficiaries.
- Portability of the scheme across the states can be enhanced by empaneling more hospitals in other states.

***Figure 2. Distribution of number of empanelled hospitals by district and based on claims amount.***



*Note: Data from Feb 2019 to Dec 2019  Claims amount ranges Rs. 1,42,880 to Rs. 7,80,11,715*

## Medical pre-authorization & claims processing

The scheme received 17,010 pre-authorization requests (packages above Rs. 10,000 only) of which 97.7% were approved with an extremely low rejection rate of 2.3%. Of the 41,118 claims submitted 98.3% were approved with a rejection rate of 1.25%. The rejections were mainly due to lack of sufficient documentation. This may have been due to frequent change of Swasthyamitra or Medical coordinator (MEDCO) of the hospitals. Two rounds of orientation have been conducted by BSKY and one to one hospital interactions occurred for course corrections whenever errors were encountered. There were 147 claims under review and investigation pending response to queries from the hospitals.

**Policy Insight 2**

**Database and IT system improvements**

- IT system can be revamped further to have better online processing, dashboards, analytics, automatic triggers.
- Capacity building of hospitals at regular intervals regarding mandatory documents to be continued.

There was not much difference in the claims by gender with males constituting 53 % and females 47% volume wise thus demonstrating gender equity. Cases were in the most productive age (26-50 years) which will have an impact on household earnings, which is in line with the findings of National Sample Survey Organization (NSSO) 75th round related to hospitalization based on age-wise. The database of the patients sourced from previous schemes had inherent errors due to which it showed age /gender discrepancies in claims. These are being verified and corrected before approving payments of these claims.

Claims for secondary level hospitalizations are still major part of the claims. The most common speciality was for ophthalmology claims volume wise (35.58 %) followed by general surgery (22.42) in private empanelled hospitals. The most common procedure within the specialties was cataract, haemodialysis, deliveries, hysterectomy and fissurectomy. These are also the common procedures seen in public hospitals as per the data of health management information system (HMIS) though fissurectomy is not captured separately. The average number of claims per month made under the scheme is 3425. The average length of stay was 1.62 days with an average claim size of Rs. 7396. The total claims during the analysis period were contributed by 34,931 Unique reference number (URN) families, of which 2334 URNs had repeat transaction. Majority of the repeat transactions were for haemodialysis, cataract, and Chemotherapy.

***Table 1. Private empaneled hospital performance data of Year 1***

| Scheme details | Received | Approved | Rejected | Under Process | Amount (Rs. Crore) |
|---|---|---|---|---|---|
| **No. of Pre-authorizations** | 17010 | 16627 | 383 | - | 24.57 |
| **No. of claims** | 41118 | 40457 | 514 | 147 | 28.91 |

Currently the pre-auth and claims data are captured only from the private hospitals which is part of BSKY performance. Since March, OSTF hospitals within states are brought under BSKY IT system while for out of state hospitals, the process is manual and are managed by Directorate of Medical Education and Training (DMET). As the service provided by public hospitals under BSKY are free to all citizens of India, a major contribution of BSKY has not been considered in this analysis. Therefore, this analysis

presents a partial picture of the BSKY performance. However, an integrated database which can link all the claims data from both public and private sector would provide complete overview of the scheme.

## Triggers and medical audit

Scheme data analytics in terms of data quality, trends, scheme performance is a vital activity that helps to bring out any major lapses. The regular weekly/monthly review of claims and medical audit by both TPAs and SHAS has helped to identify the specific triggered cases for review and provide feedback to hospitals about discrepancies and changing provider behaviour. The triggered claims identified were reviewed both at the TPA level by conducting field audits and beneficiary audits and submitted to the medical team at SHAS. SHAS reviews the reports and then either clear the claims for payment or withholds the case for further enquiry.

### Policy Insight 3

#### Monitoring and Audit

- Tertiary care services need to be enhanced to further improve access to care for beneficiaries.
- Monitoring at all touch points of the scheme with the beneficiary provide valuable feedback to the implementers.

The data analytics and medical audit capacity building of the team early in the scheme implementation has helped to ensure institutionalization into the scheme management. They have identified the deviations following due process as per laid out guidelines and prescribed format and suitable actions taken. If the deviations were due to errors the hospitals, they have been warned. In some cases, on-site investigations have been conducted and reports submitted to higher authorities for further actions as per the medical audit and field investigation guidelines.

## Awareness generation & capacity building

During the initial phase, the SHAS has done for extensive IEC campaign. However, sustained efforts have to be done to constantly maintain the awareness among the community as well as the ground level health functionaries. Training programmes have been conducted to various functionaries like Swasthyamitras, MEDCOs, state officials, district co-ordinators and third-party administrators during induction. Additional trainings to be continuously done to orient the ASHA & Anganwadi workers, self-help group members and Panchayat raj members to generate demand.

### Policy Insight 4

#### Awareness Generation

- Persistent IEC campaigns are needed to increase the awareness of the benefits of the scheme among beneficiaries.
- Thematic training like grievance redressal, communication should be concurrently organised for health workforce in collaboration with professional institutions.

## Financing details of the scheme

The state government approved INR 1233.44 crore through a cabinet decision for implementation of BSKY during a period of five years from 2019-20 to 2023-24. This makes a provision of around INR 246 crore to be spent in a year and if the expenditure exceeds the total approved amount, this can be adjusted through re-appropriation from the state budget. Since the BKKY-1 scheme was being transitioned from Department of Agriculture which was under insurance mode and premium already paid by the department, the expenses were met under them from August 15th, 2018 till Dec 31st, 2018. OSTF also continued under the DMET and their financials have not been included.

### Policy Insight 5

#### Resource utilization and assessing impact.

- Pooling resources under a common implementation agency SHAS done by BSKY helps in better fund tracking and administrative efficiency.
- Evaluation surveys to assess the impact on financial risk protection helps to review scheme performance and build evidence base for the various reforms undertaken in the process of achieving Universal health coverage.

## Conclusions and way forward

The Odisha SHAS team have been successful in rolling out the ambitious Universal Health Coverage scheme of the state seamlessly within a short time from the announcement made by the State Government. The experience of Odisha in converging the schemes to streamline implementation is a good learning model for other states. They have tried to avoid duplication of beneficiaries, promoting equity by making the scheme universal and tax funded, increase efficiency of implementation as administratively the schemes are being brought under one department, use of single IT system that helps the monitoring and pooling of funds which can track the utilization.

Further the most important learning while reviewing claims data is that it has to triangulate the information from multiple sources. It would help better interpretation of the data to consider not just the Pre-auth and claims processing data but inputs from field visits to hospitals and beneficiaries, feedback from the implementers during regular monthly meetings and also benchmarking against the national Ayushman Bharat Pradhan Mantri Jana Arogya yojana (AB PM-JAY) scheme.

BSKY being a flagship scheme of the government there is a strong political will and commitment to ensure proper implementation and is being monitored closely by the leadership. The state has been able to shorten the learning curve through the experiences of other states and support of its technical partners. These annual reviews would help the state to reflect on the scheme progress and make the required course corrections. Further research and surveys need to be done to study the impact of the scheme to assess if the scheme has been able to provide the benefits to the beneficiaries as per scheme guidelines and what process improvements can be done to reduce out of pocket expenditure for the beneficiaries.