



# Comprehensive Accreditation and Reimbursement Policy for FP services under PPP in Bihar



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| PATNA

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## ACRONYMS

GoI	Government of India
GoB	Government of Bihar
NHM	National Health Mission
SHSB	State Health Society, Bihar
ED,SHSB	Executive Director State Health Society Bihar
SPO	State Program Officer
DHS	District Health Society
DQAC	District Quality Assurance Committee
DM	District Magistrate
CS	Civil Surgeon
MOIC	Medical Officer In-Charge
ACMO	Additional Chief Medical Officer
DPM	District Program Manager
DAM	District Accounts Manager
BAM	Block Accounts Manager (Block Accountant)
PHC	Primary Healthcare Centre
FP	Family Planning
TFR	Total Fertility Rate
PPP	Public Private Partnership
NGO	Non-Governmental Organization
MBBS	Bachelor of Medicine and Bachelor of Surgery –Qualification
DGO	PG Diploma in Obs & Gynae
MD	Doctor of Medicine
MS	Master of Surgery
MoU	Memorandum of Understanding
IEC	Information Education and Communication
PPS	Post-Partum Sterilization

## **1.0 Background**

The 534 blocks in 38 districts of Bihar, has a population of more than 10.41 crore (2011 Census) with a total unmet need for family planning (FP) at 31.5% of which 14.3% is for limiting. The state has the highest TFR 3.4 (SRS 2013) in India. The health Infrastructure in the state is still in a developing stage and will take some time to match the actual requirement for the state in terms of health centres (1 PHC for a population of 30000) as well as human resource. Currently, a rough calculation states that each PHC (1 per block) is catering to a population of around 2 lakhs. The state envisages 1 “empanelled”<sup>1</sup> doctor per block or per PHC to meet the unmet need for limiting, which in effect means 534 empanelled doctors for its 534 blocks.

With the advent of FP 2020 and to attain desired TFR, Bihar requires to serve 71 lakhs new users for family planning methods by the year 2020. As such, it has become important to give impetus to the efforts to involve larger number of health care providers for greater reach and coverage of the population for FP services. It is envisaged that similar to other states where the government has partnered with the private sector, bringing in the private sector into the public system through the Public Private Partnership (PPP) mode, will ease the burden.

In 2007, Gol already had a working policy to partner the private sector under a specified scheme for delivering FP services, based on this ED State Health Society Bihar issued a broad guideline, but in Bihar, only a handful of private players have enrolled in the scheme which is due to certain non-conducive factors mentioned below. In view of that, Gol, in November 2014, revised the amount to be paid for services rendered.

Both the above Government Order (GO) specifically focuses on the PPP mode where a private provider will render its service in their own facility free of cost and later a specified amount will be reimbursed per case. It doesn't cover the other option of private providers providing services in a public facility under the PPP mode, the instances being (1) a private provider rendering his/ her services in a public facility and (2) a team of private provider (such as an NGO) providing its service in a government facility.

In continuation to the revised guidelines, the following document thereby adds on to the 2014 GO and focusses on the payment mechanism and laying out the terms and conditions for the different PPP modes of partnership for FP in Bihar.

It was observed after the discussion with various stakeholders (DHS, Private Partners and SHS officials) that the whole process of accreditation takes too much time ranging from 3 to 6 months.

Lack of clarity in case verification leads to delay in reimbursement for services rendered by private providers often resulting in large sum of pending claims by the private providers.

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<sup>1</sup> Empanelled – As per The Hon'ble Supreme Court of India in its Order dated 1.3.2005 in Civil Writ Petition No. 209/2003, doctors providing sterilization services must be accredited under the District Health Authority/ Society to provide sterilization services. Once empanelled, the doctor is insured under the Family Planning Indemnity Scheme (FPIS) under which the doctor “shall stand indemnified against the claims arising out of failure of sterilization, death or medical complication resulting there from upto a maximum amount of Rs. 2 lakh per doctor/health facility per case, maximum upto 4 cases per year.” (Page 5, Manual for Family Planning Indemnity Scheme, October 2013, Ministry of Health and Family Welfare)

Additionally, for the instance where private providers can provide services in a public facility, there has been no clear guideline regarding the responsibilities of the Medical Officer in charge (MOIC) of the public facility and more specifically, how or how much would the private provider be reimbursed.

Based on the reasons stated above, GoB had sent a letter to Gol seeking approval for implementing PPP under all the mentioned modes taking into account the various issues that have come up so far. Gol approved the proposal, and following that this document is being developed outlining the accreditation and reimbursement procedure for engaging private sector for FP services in Bihar.

As per the Manual for Family Planning Indemnity Scheme, October 2013, Ministry of Health and Family Welfare For a doctor to be empanelled/ accredited under the District Health Authority/ Society, s/he must have the following requirement:

For Female Sterilization – MBBS Doctor trained to carry out Minilap Tubectomy OR Gynaecologist with DGO/MD/MS qualification or a surgeon with MS Degree and trained in Laparoscopic sterilization. For Male Sterilization – MBBS doctor trained in Vasectomy

## 2.0 Policy Details

The aim of the policy document is to enhance the possibility of generating and reinstating the faith of the Private sector in Government and PPP as well as increase the number of districts covered under private sector engagement from 24 to 38. This will also help to stream line the different types of involvement of private healthcare providers with DHS for delivering FP services.

### 2.1 Types of engagement with Private Sector for FP services

Apart from involving private Clinics for providing FP services at their facilities, Bihar has involved the private providers for delivering FP services in 2 different ways:

- **Option 1: Private Doctor and team** providing services at **public facilities\*\***
- **Option 2: Private Doctor** assisted by **Govt. team\*** providing services at **public facilities\*\***

\*Government employee or under contract    \*\*Government owned or rented facility

The National Health Mission (NHM) promotes health services including family planning and its usage among the community through various schemes and incentives.

Under Family Planning, sterilization for both male and female clients are incentivised, so that the clients are compensated for their daily wages and travel; although there is a difference of compensation based on the facility (public or private) where the client has availed service from. Additionally there are incentives for the motivator and service providers but there is no clear policy of payments for both Option 1 & 2. The compensations differ for both pure private and public facilities. Details of the compensation package applicable for the state of Bihar is given below.

### 2.2 Approved Rates from GoI

#### Option 1 : Private Doctor and team providing services at public facilities

(Max. 30 cases/ day)	Tubectomy	Vasectomy
<b>Acceptor</b>	1400	2000
<b>Motivator/ASHA</b>	200	300
<b>Clerks/documentation</b>	20	20
<b>Private Provider</b>	<b>1380</b>	<b>680</b>
<b>TOTAL</b>	3000	3000

Under option 1 Private Doctors and team visits the public facilities and provides FP services at the public facilities with their own equipment and consumables, while the Public facility MOIC ensures preparedness of the facility and mobilization of clients.

## Principle

1. The private provider and team get a payment of Rs.1380 per case for Tubectomy and 680 for Vasectomy. An amount has been kept for Clerks's and documentation at government facility level looking at better documentation/vouchers record keeping purposes.
2. No PPS services will be provided by Private Providers providing services at Public facilities
3. It should be noted that under no circumstances the contracted private accredited facility can allocate and pay a doctor contracted to GoB or is under the regular payroll to GoB.

## Option 2: Private Doctor assisted by Govt. team providing services at public facilities

	Tubectomy	Vasectomy
<b>Only Surgery</b>	150	250
<b>Local Anaesthesia/Anaesthetist</b>	50	-
<b>Total</b>	200	250

Under option 2 the private doctor will come to a Public Facility and perform FP services. Infrastructure, support staff, equipment and consumables will be provided by the Public facility.

## Principle

1. This scheme is not applicable if the facility hires public doctor from other government facilities.
2. Private Doctor will get Rs.150 and Tubectomy and Rs 50 will also be given if Tubectomy is done under local anaesthesia, respectively.
3. Private Doctor will get Rs. 250 per case for Vasectomy.

## 3.0 Comprehensive Policy for Accreditation and Reimbursement

To facilitate effective collaboration and desired outcome, parties concerned shall be appreciated to discharge following roles and responsibilities -

### **Nodal Person -**

**State Level** – SPO FP will be the nodal person overseeing the PPP engagement in the state with support from Deputy Director FP.

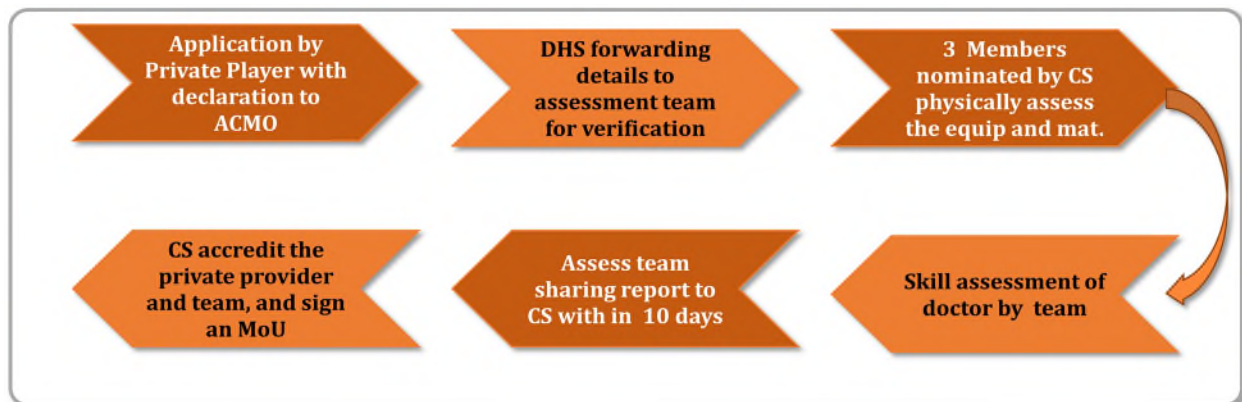
**District Level** – ACO will be the nodal person who deals FP in the district should be identified for day-to-day management of the accredited facilities under the scheme. This person should also be a part of the DQAC and should coordinate DQAC meetings and actions, (DPM/ FP nodal consultant (DCM/DPC) will support the nodal person at all levels in all the options.

### *3.1 Option1: Private Doctor and team providing services at Public facilities*

To facilitate effective collaboration and desired outcome, parties concerned shall be appreciated to discharge following responsibilities

#### 3.1.1 Accreditation

The complete cycle of accreditation from application to MOU – 20 days



#### **A. Roles and Responsibilities of Private Provider**

- i) The private provider/NGO should provide an application along with self-declaration for accreditation to the ACO/FP Nodal Officer. Interested Private provider shall provide list of number of human resources including medico and paramedics to be deployed, reserve staff in case the empanelled staff is on leave or not available etc. (**Annexure 1**)
- ii) At the time of application the Private provider should also submit a Judicial Stamp paper of Rs.1000/- denomination for signing of MoU.
- iii) Private provider to provide past experience in the same field with credentials.
- iv) Interested private provider shall provide details of the equipment's, sterilization procedure, emergency situation management facilities etc. (**Annexure 2 & 3**).



## **B. Roles and Responsibilities of DHS**

1. Identify and map all the private health care providers in their jurisdiction area and who provide sterilization services.
2. Interested private provider should put forward an application along with credentials of human resources to the civil surgeon.
3. The eligibility of providers to perform Sterilization services are:
  - a. Female Sterilization :
    - i. DGO, MD/MS in Obs & Gynae
    - ii. Specialist in other surgical fields – Trained in Minilap Sterilization
    - iii. MBBS – Trained in Minilap Sterilization
  - b. Male Sterilization:
    - i. MBBS and above (trained in No Scalpel Vasectomy)/conventional vasectomy
4. All the private practitioner should be empanelled (**Annexure 11**)
5. The private provider will prepare itself for audit/assessment based on annexure 2 and 3 downloadable from official State Health society Bihar website or can also be collected in hard copy from DHS.
6. DHS to pass on the details of the applications with all support documents to the assessment team (nominated by Civil Surgeon) for a review.
7. 3 member of assessment team in which at least one will be Obs /Gynae shall visit public facility and physically verify the equipments and materials provided by accredited private provider team. (**Annexure 4**).
8. On the same day the Obs/Gynae to assess the skills of the doctor performing the sterilization on 2 clients in the same public facility, the clients should be arranged by the private provider. (**Annexure 5**).
9. The assessment team to provide its report along with the recommendations by the 10<sup>th</sup> day of applying for accreditation.
10. Civil surgeon to accredit the private provider and team and sign MoU with the private provider (**Annexure 6**).
11. ACO will provide a copy of signed MoU to the applicant and a copy also be shared with the SPO FP intimating him about accreditation in the district.
12. An information regarding listing of all such accredited providers will be submitted to the SPO FP at State Health society every month.
13. The whole process for accreditation should be completed within 20 days.
14. Provide the tentative monthly/yearly plan for the services they are required to render with the name of public facilities for fixed day services.
15. The partnership will be done for a period of 2 years and will be renewable at the end of 2 years based on the performance and quality of care report of review done by DQAC every year.

## **C. Re-application**

In case a health care provider does not fulfil the necessary requirement for accreditation, it should be provided with a report with reasons for which empanelment request was rejected.

Such Providers can rectify the issue identified by the 3 member assessment team and re-apply for empanelment no earlier than completion of 1 month after the date of first assessment.

**D. Renewal of Accreditation**

Two months prior to the completion of 2 years period of accreditation, the Private partner submit a fresh application for renewal and will have to undergo re-assessment for accreditation using the same process as described for first time accreditation.

The renewal process should be completed before the expiry of the contract so that smooth renewal of services can be ensured and there is no breakage in services.

**E. Suspension of Accreditation**

Representatives of GoB/DQAC/representatives appointed by Civil Surgeon can also perform random audit of services whenever required, in case of noncompliance to clinical protocols, recording and reporting and financial norms, the accreditation of the private provider and team can be immediately suspended leading to notice of 1 week and subsequent discontinuation of accreditation.

**F. Termination of accreditation**

Either party can terminate the contract by providing the other 1 month prior notice of its intention to terminate.

**G. Withdrawal**

If either party is not interested in continuing with the contract, it can provide the other party a notice of 1 month time and can clear all pending issues and can leave.

**H. Law applicable**

This contract shall be construed and governed in accordance with the government policies in Health and Family planning and the laws of India.

**I. Amendment**

The contract shall be amended by mutual agreement of the parties concerned in writing.

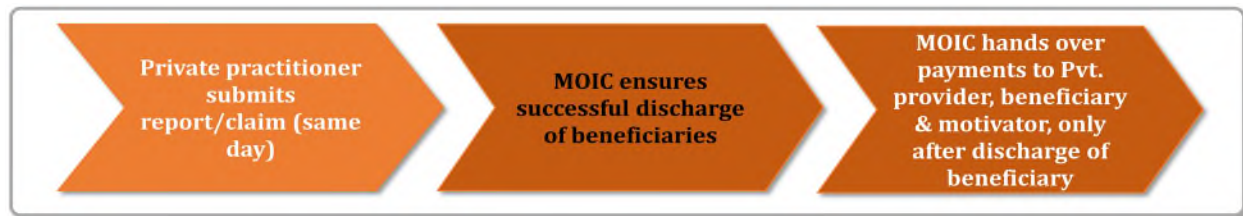
**J. Addendum**

In case of any legislation in the state assembly or GOI norms of the existing FP services, required changes in the contract can be done anytime as found appropriate by the State Health society Bihar.

**K. Statutory Requirements**

All parties must recognize their respective obligations to comply with the requirements for all the current legislation in relation to the activities.

### 3.1.2 Reimbursement Mechanism



#### **A. Roles and Responsibilities of Private provider**

Report or claim with support document for all the sterilization done for the fixed day services (FDS) the same day.

#### **B. Roles and Responsibilities of Facility In Charge (MOIC)**

1. To reimburse 100% of the total amount to Private Provider after successful discharge of beneficiaries.
2. Ensure timely processing of invoice and payment scrutiny of the claim and documents.
3. Since the services will be provided in the public sector facilities in the presence of the medical officer in-charge a statement of clients provided services signed and certified by the medical officer in-charge will be sufficient and additional physical verification will not be required.
4. 3 copies of the invoice will be made, MOIC to verify and sign. 1 set will be provided to Private partner, second copy to DHS and third copy will remain with MOIC.
5. The payment should be done by MOIC to both beneficiaries and private provider after the discharge of all the beneficiaries.
6. If there is no fund available for payment in the respective head the MOIC should pay from any available fund to both beneficiary and private provider.
7. The Private provider will depute the doctor and medical support staff for post-operative care till the beneficiary is discharged.

### 3.1.3 Service Delivery-Preparedness

#### **A. Roles and Responsibilities of Facility In charge (MOIC)**

1. Ensure preparedness of the facility when necessary as per Gol guidelines.
2. Mobilize client at the facility.
3. Ensure availability of patient transportation in case of referral
4. Ensure patients are informed and counselled on the services being delivered
5. Arrange for post-operative care and stay for the patient
6. Arrange additional logistics as required for smooth functioning if activities including arrangement of extra mattresses, drinking water, antibiotics, etc.
7. Ensure incentives are paid to the beneficiaries and motivators as applicable.

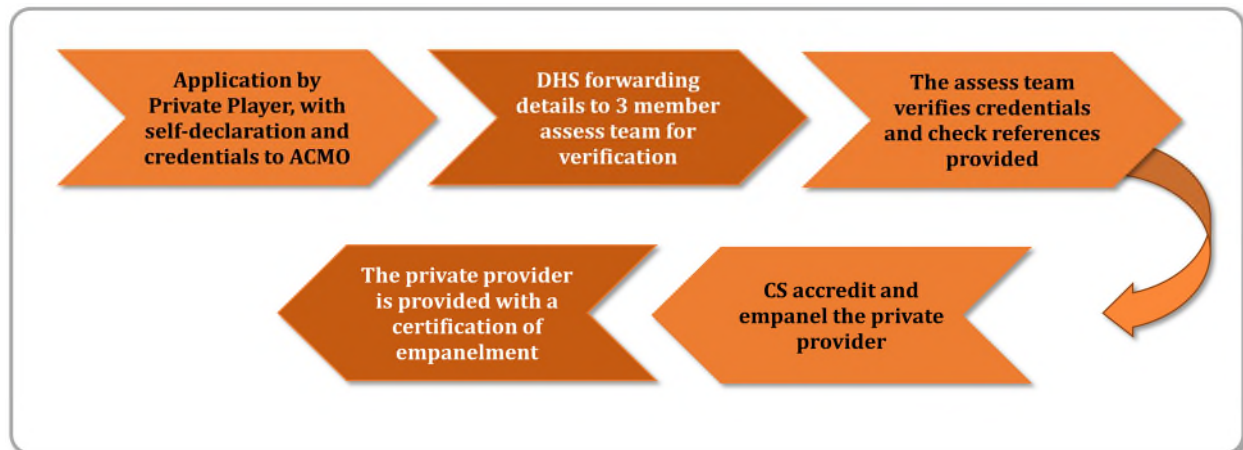
#### **B. Roles and Responsibilities of Private Providers and team**

1. Reach the facility in time and review preparedness of the facility and ensure readiness
2. Perform pre-screening of patients to determine their suitability
3. Inform and counsel each client on the services being delivered
4. Ensuring consent with photograph of the client. (**Annexure 7**)
5. Ensure filling up of medical checklist of client in the format. (**Annexure 8**).
6. Provide certificate and instruction card to the beneficiaries (**Annexure 9**)
7. Perform post-operative examination of patients and document their condition
8. Complete necessary documentation at the facility as required by MOIC and DHS
9. Submit service invoice to the DHS and concerned officials in timely manner
10. Coordinate with DHS and facility as necessary regarding camps/services provided

### 3.3 Option 2: Private Doctor assisted by Govt. team providing services at Public Facilities

To facilitate effective collaboration and desired outcome, parties concerned shall be appreciated to discharge following responsibilities

#### 3.2.1 Accreditation



#### A. Empanelment of Private Doctor-

1. The DHS to identify and map all the private health providers in their jurisdiction area and who provides sterilization services.
2. The private provider should apply to ACMO/FP Nodal Officer along with his credentials for empanelment along with self-declaration. (**Annexure 10**)
3. The eligibility of providers to perform Sterilization services are:
  - a. Female Sterilization :
    - i. DGO, MD/MS in Obs & Gynae
    - ii. Specialist in other surgical fields – Trained in Minilap Sterilization
    - iii. MBBS – Trained in Minilap Sterilization
  - b. Male Sterilization:
    - i. MBBS and above (trained in No Scalpel Vasectomy)
4. 3 member Assessment team (nominated by Civil Surgeon) to review the credentials and check the references of the private provider in order to recommend for empanelment.
5. Civil Surgeon to accredit and empanel the interested health provider based on their eligibility criteria as above and Gol norms.
6. A certification of empanelment will be provided to private provider.(**Annexure 11**)
7. DHS to provide the tentative monthly/yearly plan for the services they are required to render with the name of public facility.
8. Accreditation of Private provider will be done for 2 year period and will be renewable at the end of 2 years based on the performance.

## **B. Renewal of Accreditation**

1. Renewal will be done based on the performance of the provider.
2. Two months prior to the completion of 2 years period of accreditation, the Private provider submit a fresh application for renewal.
3. The renewal process should be completed before the expiry of the contract so that smooth renewal of services can be ensured and there is no breakage in services.

### 3.2.2 Reimbursement Mechanism

#### **A. Procedure -**

1. Payment to the private doctor to be done on the same day.
2. Payment should be made at the facility level itself.
3. A standard voucher needs to be signed by the Private Service provider for receiving the payments.
4. MOIC to ensure timely processing of invoice and payment scrutiny of the claim and documents the same day.
5. The private provider will be provided with fuel or travel allowance whichever is less as reimbursement from sterilization camp fund.
6. BAM to provide cheque to the private provider the same day.
7. Since the services will be provided in the public sector facilities in the presence of the medical officer in-charge a statement of clients provided services signed and certified by the medical officer in-charge will be sufficient and additional physical verification will not be required.

### 3.2.3 Service Delivery-Preparedness

#### **A. Roles and Responsibilities of Facility In charge (MOIC)-**

1. Ensure preparedness of the facility as necessary
2. Mobilize client at the facility
3. Assist contracted provider with mobility through sterilization camp fund.
4. Provide contracted doctor with required human resource including nurses, OT technician, etc.
5. Ensure provision of lab services within the facility
6. Ensure provision of counsellor within the facility
7. Ensure availability of patient transportation in case necessary
8. Ensure patients are informed and counselled on the services being delivered
9. Ensuring consent with photograph of the client. (**Annexure 8**)
10. Ensure filling up of medical checklist of client in the format. (**Annexure 9**).
11. Provide certificate and instruction card to the beneficiaries (**Annexure 10**)
12. Arrange for additional logistics such as extra mattresses, water, food etc. as provided under FMR Code 3.1.1 (of Rs.5000 per camp)
13. Arrange for post-operative care and stay for the patient
14. Ensure incentives are paid to the beneficiaries as applicable within 24 hours post service

**B. Roles and Responsibilities of Private Provider -**

1. Review the preparedness of the facility and provide feedback if necessary to the facility for improvement
2. Perform pre-screening of patients to determine their suitability
3. Perform necessary operation for sterilization.
4. Perform post-operative examination of patients
5. Complete necessary documentation as required
6. Coordinate with facility as necessary.

## List of Annexure

<b>Annexure No</b>	<b>Applicable in option</b>	<b>Description</b>
Annexure 1	I	Application along with self-declaration for private doctor and team providing services at public facility
Annexure 2	I	physical requirement for sterilisation, essential drug and equipment list
Annexure 3	I	Minilap and conventional vasectomy kit (for both male and female sterilization)
Annexure 4	I	Accreditation Assessment Checklist.
Annexure 5	I and II	Skill assessment check list for the doctor
Annexure 6	I	MoU to be signed by the Civil Surgeon with the private party
Annexure 7	I and II	Consent form for patients
Annexure 8	I and II	Medical Checklist
Annexure 9	I and II	Certificate & instruction card for the beneficiary
Annexure 10	II	Application along with self-declaration for private doctor for empanelment for providing services at public facility
Annexure 11	I and II	Empanelment certificate for private practitioner