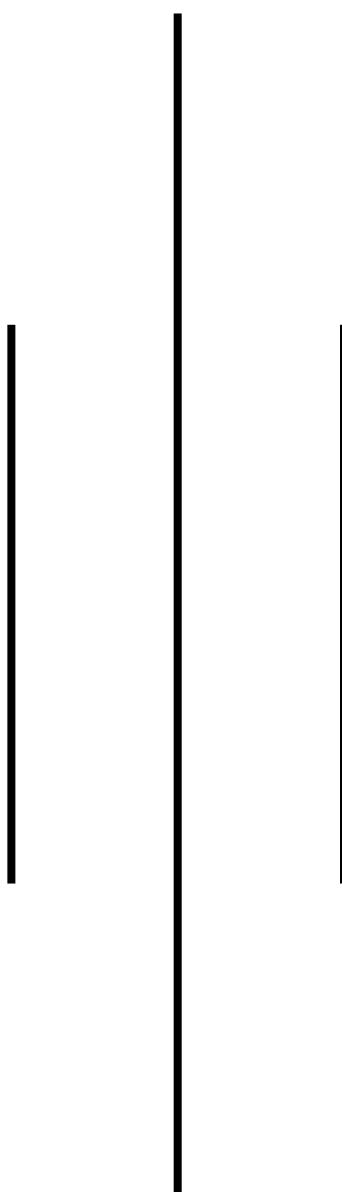


# Social Health Security Programme (Health Insurance) Standard Operating Procedures (Structure and Basic Standards)

Second Edition 2017



Government of Nepal  
Social Health Security Development Committee





# Message from Chairman, SHSDC

The Government of Nepal has been providing the general public (below district level) and certain target groups (at district level) with free basic health care services as well as specific services for particular target groups. Although access to health care has increased, reaching the poor and marginalised remains a challenge. Despite these programmes, in the current health system, people are often forced to invest in their own treatment, by way of out-of-pocket expenditure, which poses a challenge to ensuring universal health coverage. Nepal's Health Insurance Policy 2013 AD (2071 BS) was formulated with this in mind, in order to strengthen the health status of the people of Nepal through health insurance, while also improving the productivity and efficiency of health service providers.

Under this policy, the Social Health Security (Health Insurance) Programme has been piloted in Kailali, Baglung and Ilam for the past three years. The Government of Nepal aims to implement the programme in an additional 22 districts this year. To ensure the effectiveness and success of the programme, human resources for health, infrastructure and equipment have been high priorities. In addition, the Health Insurance Act is in the process of being drafted, which will facilitate the roll out of the Health Insurance programme across the whole country.

In line with these developments, it was necessary to modify the standard operating procedures. This second edition of the *Social Health Security Programme Standard Operating Procedures* has been produced by the Social Health Security Development Committee (SHSDC) based on its implementation experiences, changes in the rules, and to incorporate feedback. I would like to thank all of the people involved in the various stages of its development. I also appeal to the concerned stakeholders to play a decisive role in effectively implementing the programme. I wish the Social Health Insurance programme success.

Dr Senendra Raj Upreti,  
Chairman  
Social Health Security Development Committee



# Message from Executive Director, SHSDC

The Social Health Security Development Committee (SHSDC) was established to provide health security coverage and ensure access to and utilisation of quality and affordable health services for all citizens of Nepal. The SHSDC was formed under Development Act, 1958 AD (2013 BS) and published in the national gazette on 14 February 2014 AD. The Government of Nepal started implementing the Social Health Security (Health Insurance) Programme in March 2016 in Kailali district, later expanding to Ilam, Baglung, Achham, Baitadi, Palpa, Kaski and Myagdi – a total of eight districts.

The processes and procedures for running the programme were clearly outlined in the Standard Operating Procedures 2015. However, the need was felt to revise this document based on the experiences gained in implementation and to recognise amendments in the rules. This document is the amended version – the second edition of the *Social Health Security Programme Standard Operating Procedures*. We believe that this amended version will improve the effectiveness of the implementation of the Social Health Insurance programme.

On a final note, I am grateful to officials of the Social Health Security Development Committee and other supporting agencies, including GIZ and KOICA, for their support. Thank you.

Dr Guna Raj Lohani,  
Executive Director  
Social Health Security Development Committee



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# Acronyms

DM	District Manager
DSHSC	District Social Health Security Coordination Committee
EA	Enrolment Assistant
EO	Enrolment Officer
HDC	Hospital Development Committee
HFOMC	Health Facility Operation and Management Committee
IMIS	Insurance Management Information System
IPD	In-patient Department
MoH	Ministry of Health
OPD	Out-patient Department
PHC	Primary Health Care
PHCC	Primary Health Care Centre
QMCC	Quality Monitoring and Control Committee
SHI	Social Health Insurance
SHSDC	Social Health Security Development Committee
SHSP	Social Health Security Programme
USG	Ultrasonography



# Chapter 1

## Introduction

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Health is a fundamental right of all citizens, as enshrined in the Constitution of Nepal, Article 25, which states that “every citizen shall have equal access to health services”. Despite major achievements by the Government of Nepal in ensuring easy access to quality health services, many challenges need to be addressed through additional programmes. A major issue in access to health services in Nepal is the out-of-pocket expenditure that private individuals seeking health care are required to pay. These, out-of-pocket expenses are sometimes catastrophic and can push those who are vulnerable to the brink and even result in them not being able to access health care services. The existing social health protection programmes are fragmented and the direct costs paid by people when accessing health care have increased in recent years. A need was felt to create an additional mechanism to reduce the risk of catastrophic expenditure by private individuals in the health sector by way of an insurance scheme. In this way, out-of-pocket and catastrophic expenditure can be reduced and no citizen will be denied health services due to financial hardship. To this end, the Government of Nepal, in its annual budget, 2011/12 AD (2068/69 BS) announced the National Health Insurance Policy 2013 AD (2071 BS), which is currently being implemented.

With the aim to ensure quality and accessible health services for its citizen and provide financial protection for health care costs, provision 15 of Article 51(h) of the Constitution of Nepal states that the government will “arrange for access to medical treatment while ensuring citizen’s health insurance”.

The National Health Insurance Policy 2013 AD (2071 BS) and the Social Health Security Development Board (Formation) Order, 2014 AD (2071 BS) provide the legal framework for implementing a national health insurance scheme. Following the issuance of the formation order, the Social Health Security Programme (Operation) Regulations 2015 AD (2072 BS) were formulated to run a nation-wide health insurance programme. Accordingly, in 2016, the Government of Nepal commenced implementation of the Social Health Security (Health Insurance) Programme (hereinafter referred to as the ‘Social Health Insurance’ programme) in Kailali, Baglung and Ilam, which has since expanded to Achham, Baitadi, Palpa, Kaski and Myagdi – a total 8 districts – with plans to expand the programme across the entire country in due course.



## **National Health Insurance Policy 2013 AD (2071 BS)**

### **Long-term goal**

To improve the overall wellbeing of Nepali citizen

### **Main objective**

To ensure universal health coverage through health insurance by improving access to quality health care and its utilisation.

### **Specific objectives**

- To provide financial security to people through pre-payment and risk pooling mechanisms
- To mobilise financial resources equitably
- To improve service quality, effectiveness, efficiency and accountability while imparting health services

The aim of this Standard Operating Procedure is to provide the following information to enrolment assistants, enrolment officers and health service providers, including individuals and institutions involved in the implementation of the Social Health Insurance (SHI) programme:

- Introduction to the programme, including its importance for social health protection and universal health coverage
- Organisational structure of the programme
- Enrolment and renewal process
- Benefit package and contribution amount
- Health service utilisation process
- Claims management and reimbursement process
- Other processes

## Chapter 2

# Organisational structure

The Social Health Security (Health Insurance) Programme is run by pooling the government budget at the national level with contribution payments made by members of the programme. The programme is run by the Social Health Security Development Committee (SHSDC) at the central level, which has its office in Kathmandu, and the District Health Security Coordination Committee at the district, which will be run out of the district offices of the SHSDC. Enrolment assistants will operate at the local level where they will work with existing health facility operation and management committees. The Social Health Security Development Committee at the centre, District Health Security Coordination Committee in the districts and the health facility operation and management committees at the local level will function as the regulatory units of the programme. In addition, there will be a Quality Monitoring and Control Committee at the central level. The main service providers associated with the programme will include primary health care centres and government and non-government hospitals.

The organisational structure of the Social Health Insurance programme is presented in Figure 1.

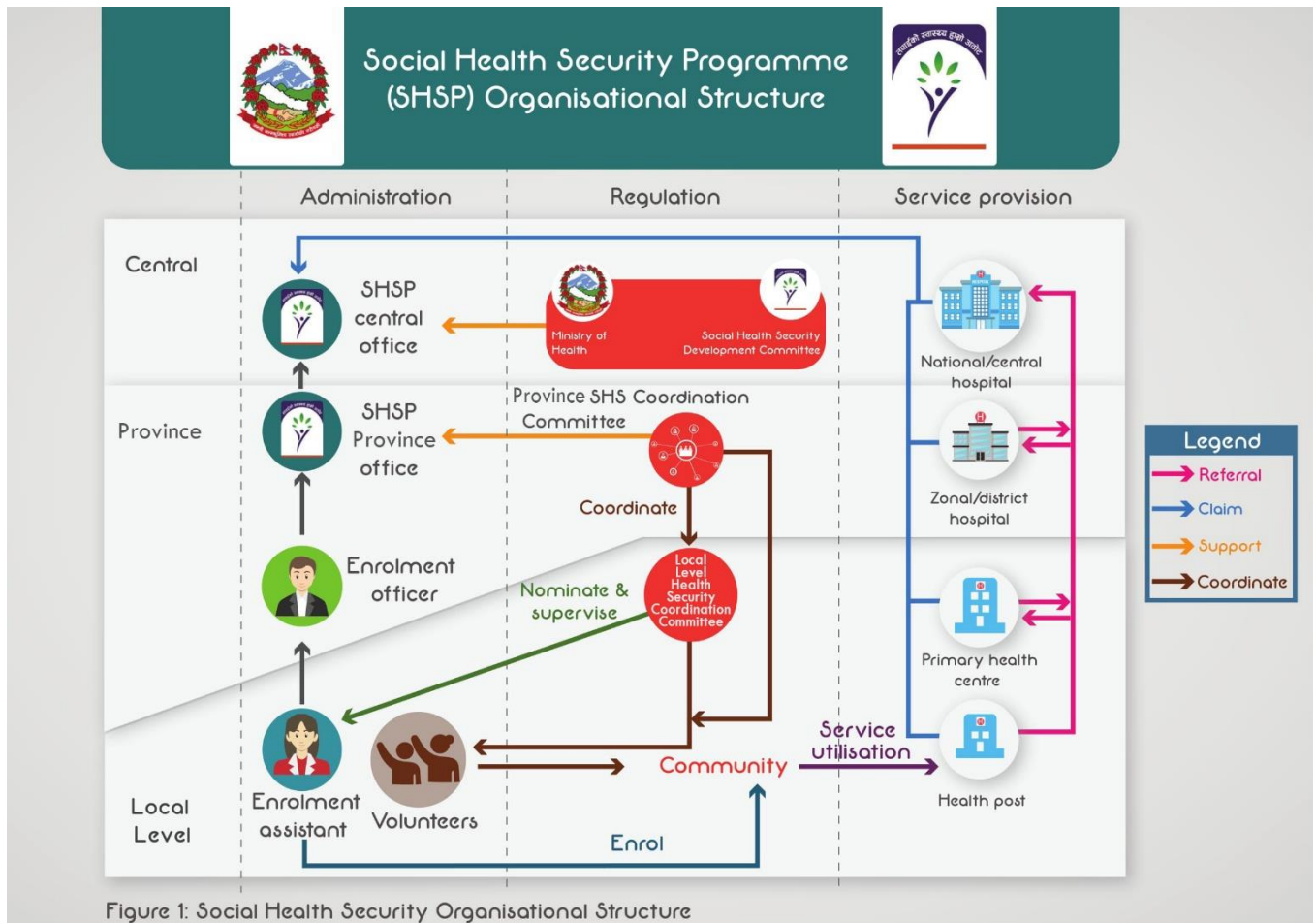


Figure 1: Social Health Security Organisational Structure



## 2.1 Central level

The office of the Social Health Security Development Committee will be based in Kathmandu. For the implementation of the programme, the central level of the committee, as mandated by the Social Health Security Development Board (Formation) Order, 2014 AD, will be led by the Executive Director of the SHSDC and its members will comprise public health experts, doctors, health professionals, administrators and IT experts. The centre will formulate plans and policies, and work on the implementation, coordination, monitoring and evaluation of the programme. There will also be a Quality Monitoring and Control Committee at the central level, to ensure that quality standards are maintained by service providers under the programme.

The formation of these committees and their functions and duties are set out in the following sub-sections.

### 2.1.1 Social Health Security Development Committee

The Social Health Security Development Board (Formation) Order, 2014 AD provides that a committee with the name Social Health Security Development Committee will be formed to run the Social Health Insurance programme to provide health services to people through health facilities.

The Formation Order provides that the SHSDC will be *constituted* as follows:

- |  |                  |
|--|------------------|
| • Secretary of Ministry of Health  | Chairperson      |
| • Gazetted first class (or equivalent) officer of the Ministry of Health, as nominated by the Ministry   | Member           |
| • Gazetted first class officer of the Ministry of Finance  | Member           |
| • Director General of the Department of Health Services or representative from the eleventh level (as appointed by the Director General)         | Member           |
| • Two persons including at least one woman nominated by the Ministry of Health from among experts in medicine, health economics or health sector | Member           |
| • Executive Director   | Member Secretary |

The Formation Order also provides that:

- The tenure of the nominated members of the SHSDC shall be four years.
- If a nominated member of the SHSDC does not perform his/her duty or comply with the code of conduct, the Ministry of Health may remove him/her at any time from his/her position as member.
- When removing a member of the SHSDC, a reasonable time shall be provided to such member to submit an explanation of their conduct (or reasons why they should not be removed from duty).

The Formation Order also sets out the *functions, duties and powers* of the SHSDC as follows:

- to operate the Social Health Insurance programme, as per the available resource and means
- to approve the plan, annual programme and budget of the SHSDC
- to determine the member contribution for the programme

- to prepare and implement the benefit package
- to avail the benefit package to persons who enrol in the programme
- to identify and mobilize the necessary resources to run the programme
- to conduct studies and research, or cause to conduct studies and research, for the development of the programme
- to motivate, or cause to be motivated, citizens to enrol in the programme
- to collaborate with the local bodies and non-government organizations for the promotion of programme
- to create such positions as required for the SHSDC
- to carry out, or cause to be carried, out such other functions (as prescribed in any rules and regulations)

### 2.1.2 Quality Monitoring and Control Committee

At the central level, the Social Health Security Programme (Operation) Rules 2015 AD provides for the formation of a Quality Monitoring and Control Committee (QMCC), which shall *be constituted* as follows:

• Specialist doctor nominate by the SHSDC	Coordinator
• Radiologist	Member
• Pathologist	Member
• Nursing officer	Member
• Pharmacist	Member
• Public health expert	Member
• Under-secretary of the SHSDC	Member

The Rules also set out the *functions, duties and powers* of the QMCC as follows:

- to test the quality and efficiency of the treatment provided by health facilities under the programme
- to select cases based on vulnerability for testing
- to act immediately or with special caution when disputes surface or after information on issues is received
- to recommend that funds not be disbursed if unnecessary services are provided by health facilities under the programme
- to recommend to the Ministry of Health to remove doctors or officials from duty if they repeat the same mistakes again and again
- to monitor if the services offered by health facilities are simple, easy, effective and meet quality standard
- to monitor if referrals are based on defined system and procedures
- to monitor the compliance of health facilities with protocols and procedure while delivering services
- to monitor if solid waste management is carried out according to existing laws
- to monitor if the grievances registered by insurers are addressed effectively or not





The Rules also provides the following:

- The QMCC can form an expert's roster as required.
- An expert(s) can be appointed as member of the QMCC if the need arises.

## 2.2 District level

At the district level there will be a District Health Security Coordination Committee (DHSCC) and a district office to run the programme. A district manager will be appointed to run the district office and an enrolment officer to manage the enrolment assistants (who work at the local level).

### 2.2.1 District Health Security Coordination Committee

The Social Health Security Programme (Operation) Rules 2015 AD provides for the formation of the District Health Security Coordination Committee, which shall be constituted as follows:

- |   |                  |
|---|------------------|
| • Chairperson of district development committee   | Coordinator      |
| • Chief district officer (or officer appointed by him/her)  | Member           |
| • Local development officer   | Member           |
| • Two chiefs of the municipality where the health facility is listed under the SHI programme (nominated by the coordinator of this committee) | Member           |
| • Chief of district treasury controller office (or officer appointed by him/her)  | Member           |
| • Representative of civil society (appointed by coordinator)  | Member           |
| • District education officer (or officer appointed by him/her)  | Member           |
| • Two chiefs of health facilities that provide services   | Member           |
| • At most, two SHI programme beneficiaries<br>(as appointed by this committee)  | Member           |
| • Chief of district public/health office  | Member           |
| • District manager of the SHI programme   | Member Secretary |

The Rules set out the *functions, duties and powers* of the DHSCC as follows:

- to liaise with stakeholders to ease the availability of services
- to support and ensure social protection through the provision of health protection to groups with weak financial backgrounds
- to support the infrastructure upgradation of health facilities
- to monitor the SHI programme in the district in coordination with the district office of the SHSDC
- to increase the participation of various stakeholders in health security.

The Rules also provide the following:

- The DHSCC shall meet at least twice a year.
- The DHSCC can invite experts to its meetings.
- Other provisions regarding the meeting will be followed as decided by the committee itself.

### **2.2.2 District Office of the SHSDC**

A district office will be established to implement the SHI programme. A district manager will be appointed who will also be the chief of the district office. Under the district manager will be enrolment officers and supporting staff.

### **2.2.3 District manager**

The district manager is the supervisor of all the district units and its officials of the Social Health Security Programme. Apart from other tasks, the responsibility of the district manager is to create less expensive 'travel plans' and monitor them. A detailed job description for the district manager can be found in Annex 1.

### **2.2.4 Enrolment officer**

The enrolment officer forms a link between the SHI district office and the enrolment assistants at the community level. They are responsible for collecting the completed enrolment forms together with the contribution amounts from the enrolment assistants and bringing them back to the district office for verification and entry into the Insurance Management Information System (IMIS). A detailed job description for enrolment officers can be found in Annex 1.

## **2.3 Local level**

### **2.3.1 Health facility operation and management committee**

The health facility operation and management committee (HFOMC) or the hospital development committee (HDC) will coordinate the implementation of the SHI programme in the districts where the programme is being implemented. For this task, the HFOMC will add two members including at least one women and two members (beneficiaries) who are enrolled in the SHI programme. In the case of private health facilities that do not have a HFOMC, they should immediately form one and report its formation to the Social Health Security Development Committee.

As per the Social Health Security Programme (Operation) Rules 2015 AD, the *functions, duties and powers* of the HFOMC shall be as follows:

- to facilitate the enrolment (and renewal of enrolment) of members in the SHI programme
- to support awareness raising about the programme
- to solve problems related to the operation of the programme that arise at the local level
- to create a system to ensure the availability of services, as agreed with the health facility by the Social Health Security Development Committee
- to support the selection of enrolment assistants, who will enrol members in the programme

The Rules also provide that:

- The HFOMC will meet about the SHI programme at least four times a year.

### **2.3.2 Enrolment assistants**

As mandated by the enrolment assistant selection guidelines (Annex 2), the HFOMC will follow the necessary process and recommend potential enrolment assistants to the district office of the SHSDC for selection. After equipping the enrolment assistants with training and the necessary equipment, they will be sent to the concerned work area under the supervision of the district office and the enrolment officer and coordination by the HFOMC. A detailed job description for enrolment assistants can be found in Annex 1.

## Chapter 3

# Enrolment and membership renewal process

### 3.1 Enrolment

Membership in the SHI programme can be applied for through enrolment assistants, who will conduct door-to-door campaigns to inform people about the programme and enrol them in it. People can enrol in the programme throughout the year by completing an enrolment form and paying the contribution amount (see section 4.2 of these Standard Operating Procedures), but may have to wait to access services (until the policy start date) depending on the enrolment data (as given in Table 1).

**Table 1. Policy start date**

Enrolment month	Policy start date
Magh to Chaitra (approx. 15 Jan–14 Apr)	1 Jestha (approx. 15 May)
Baisakh to Asadh (approx. 15 Apr–14 Jul)	1 Falgun (approx. 15 February)
Shrawan to Ashwin (approx. 15 Jul–14 Oct)	1 Mangsir (approx. 15 November)
Kartik to Poush (approx. 15 Oct–14 Dec)	1 Bhadra (approx. 15 August)

While enrolling families into the programme and collecting the contribution amount, following steps process should be followed:

**Step 1:** The enrolment officers should inform the community and households of the programme including the benefits, contribution amount and other details. the enrolment assistants distribute information, education and communication (IEC) materials to families and encourage them to enrol in the programme. The information can be disseminated in following ways:

- Door-to-door
- Through health facilities, e.g., on a scheduled day
- At various social gatherings such as local festivals, school parent-teacher days, meetings of mothers' groups and health camps

**Step 2:** Once a family agrees to enrol, they fill in the enrolment application form (provided in Annex 3) with the details of the household head.

**Step 3:** Based on the total family size, the contribution amount is collected and a receipt issued (provided in Annex 5). However, if any family produces a Poverty Identification Card (ultra poor, poor or marginalized) issued by the Ministry of Co-operatives and Poverty Alleviation, a discount to the

contribution amount, as prescribed in the Social Health Security Programme (Operation) Rules 2072, is provided and the identification card number recorded on the enrolment application form.

**Step 4:** The enrolment application has been completed, the enrolment assistant enters the details into the 'Enrolment' app on his/her a mobile phone app. Once the Enrolment App has been opened in the mobile phone, the enrolment assistant enters their enrolment assistant code in the relevant section of the app.

**Step 5:** The enrolment assistant then generates a Social Health Insurance (SHI) membership number for the family by clicking on the QR button on the right side of the SHI Number Box in the Enrolment App. The camera is then activated to scan. Once the camera is activated, placed it right above the QR Code on the enrolment form; a green light will blink, after which the membership number will be automatically generated and appear in the SHI Number Box.

**Step 6:** The enrolment assistant then clicks on the camera button at the lower right of the Enrolment App to open the camera in the mobile phone. The photograph of the household head should be taken first.

Note: To take the photograph, the family members should be kept in an area where there is enough light against a blank background or wall. The photograph should be of passport size.

**Step 7:** After taking the photograph, the screen will pop up with 'OK' or 'Retry'. If the photograph is fine, click the OK button or to retake the photograph click the Retry button.

**Step 8:** To make the photograph appear in the screen, click the OK button.

**Step 9:** Click on the submit button at the bottom of the Enrolment App. This process will ensure the registration of the household head. Similarly, when enrolling other family members in the programme, fill in an enrolment form for each member and follow steps 4 to step 9 for each member.

Note: If the mobile has a connection to the Internet, the photographs will be automatically saved in the central server by clicking on the submit button; if it is in offline mode, they will be saved on a memory card.

Steps to save the photographs in offline mode to the central server:

- Turn on the data mode to activate the Internet on the mobile phone.
- Open the Enrolment App.
- Click on the three vertical dots on the upper right-hand side of the Menu button on the Submit button.
- An option to Upload all images will pop up and the photographs will be gradually saved onto the central server.

**Step 10:** Enrolment officers should review and collect the enrolment application forms, payment voucher and contribution amount for families from the enrolment assistants. The enrolment officers should verify the documents and archive them using the Progress and Monitoring Form (Annex 6).



# Enrolment- Field Process

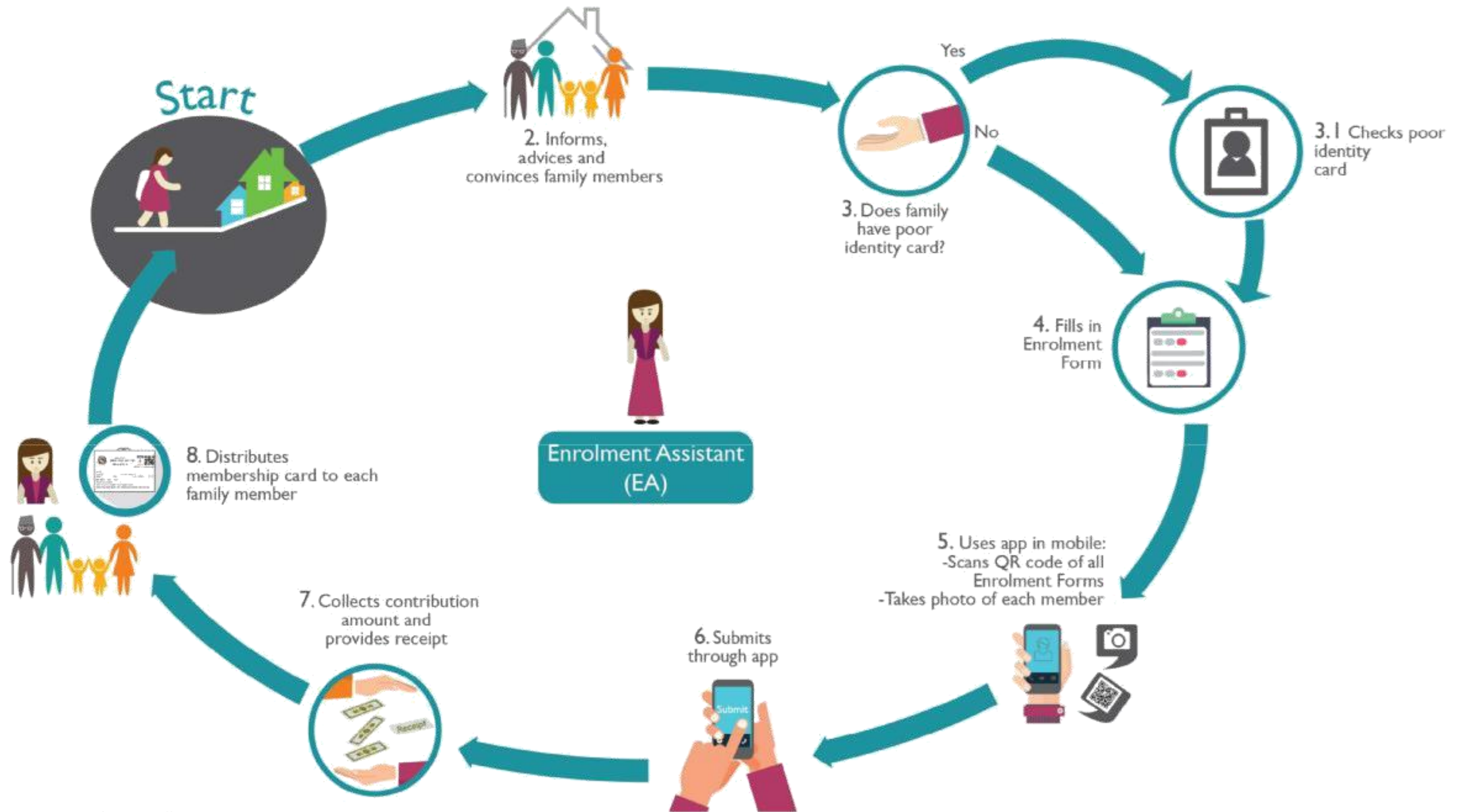


Figure 2: Enrolment process



(If photographs are not sent because of lack of an Internet connection, the enrolment officer should download the photographs from the enrolment assistant's mobile phone to his/her laptop or SD card. Once the transfer of files is ensured, they should be removed from the enrolment assistant's mobile phone.)

**Step 11:** The enrolment officer should enter the enrolment documents and other information in the IMIS after verifying that the details are correct.

**Table 2. Main equipment for enrolment process**

Important documents/supplies	Uses
Enrolment form with membership ID card	One for each family member (see Annex 3)
Cover of the membership card	One for each family member
(Smart) mobile phone	To take the photograph of each family member of the family
Receipts (Annex 5)	Provided to household head when the contribution amount is collected
Bag	For enrolment officer to keep enrolment forms (Annex 3) and other items in
Stapler and pin	To keep the enrolment form of each family member separately
Pen	For each enrolment assistant and enrolment officer
Diary	To write down the work plan and other important details
Carbon	To make a duplicate copy of receipts
Tippex pen	To correct a wrong entry
Enrolment assistant cards	To use for validation while collecting information
Scale	To cut the identification card from the enrolment form

### 3.2 Renewal

The renewal process begins two months before the health service utilization validation ends. If the size of the family members remain unchanged, only a receipt needs to be provided for the annual contribution amount (see Annex 5). But if the family size changes, an additional contribution amount may need to be collected (if family is over 5 members) and the necessary information provided on the membership renewal form (Annex 11). If there is a decrease in the number of family members enrolled (e.g., due to immigration, marriage or death), the details should be provided in the membership renewal form. An additional member should be treated as new member and a new enrolment application form (Annex 3) should be filled out.





To renew a family's membership the following steps should be followed:

**Step 1:** Once a family agrees to renew its health insurance membership, the enrolment assistant opens the Renewal App in his/her mobile phone and inserts their enrolment assistant code in the space provided.

**Step 2:** The enrolment assistant then presses the QR button on the right-hand side of the Renewal App to scan. The camera is then activated . Once the camera is activated, place it right above the QR code on the membership identity card; a green light will blink, after which the membership number will appear in the SHI Number Box.

**Step 3:** After this, the space for inserting the receipt number will appear and must be entered manually from the receipt handed over to the household head.

**Step 4:** Write the product code number in the product code section of the Renewal App.

**Step 5:** Click the submit button on the upper side of the mobile phone. With, this step the renewal of the household head ends.

Note: If there is no change in family size, the necessary information can be filled in along with the receipt in the Renewal Application; if there is a change family size, the renewal form (Annex 11) should also be filled out. If there is addition in the number of family members, enrolment application form needs to be filled per family member added.

## Chapter 4

# Benefit package and member contribution

### 4.1 Benefit package

For members enrolled in the Social Health Insurance programme, the benefit package refers to health tests, emergency services, out-patient services, select in-patient services, select diagnostic services and select drugs provided by the programme. The benefit package is in addition to any free services and drugs available at public health facilities through other programmes. The benefit package can be found on the website of the Social Health Security Development Committee and may be updated from time to time.

### 4.2 Contribution amount

The member contribution (or contribution amount) is the yearly amount a family has to pay for membership in the SHI programme. The annual contribution amount depends on the size of the family: For a family of up to five people, the contribution amount is NPR 2,500 and NPR 425 must be paid for each additional family member. The contribution amount has to be paid, in full, at time of enrolment.

**Table 3. Family size and annual contribution amount**

Family size	Annual contribution amount per family	Maximum ceiling per family per year
Families with up to 5 members	NPR 2,500	NPR 50,000
Each additional member of the family	NPR 425 per additional member	NPR 10,000 per additional member but a maximum ceiling of 100,000 per family

A family with five members can avail services of up to NPR 50,000 annually under the SHI programme and each additional member can receive services up to NPR 10,000 annual. The total ceiling for services for a family must not exceed NPR 100,000. Members who are more than 40 years of age can obtain a one-time health check-up from the nearest health facility, the cost of which will not be including in the ceiling amount. Note: The services provided for free by the Government of Nepal, Ministry of Health from health posts, primary health care centres and hospitals will remain the same. While availing these services, the cost will not be deducted from the ceiling under the SHI programme.



If a child is born to a family within the insurance period, s/he will be included as an active member of the SHI programme for the remainder of the insurance year without any additional contribution amount. However, the inclusion of a newborn will not increase the ceiling of the benefit package. The newborn will be enrolled as a new member during the renewal process, at which time an additional contribution amount will be collected if the family size now exceeds five members. The contribution amount will not be reimbursed if the membership of any enrolled family member is terminated for any reason.

## Chapter 5

# Health service utilisation process

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During enrolment, members should select their first service point, which is the closest primary health care centre (PHC) or hospital from the member's home. The first service point will provide health services to SHI programme members using similar procedures to those followed for non-SHI programme members. Health facilities are responsible for identifying if a particular person who has come to seek services is a member of the SHI programme, providing the services and drugs according to the provisions spelled out by the agreement between the facility and the SHSDC, and referring the SHI programme member to a higher level facility (if required). The SHI programme envisions a cashless system at the health facility.

### 5.1 Health post

Even though health posts are not defined as the first service point for members of the SHI programme, they are required to provide any treatment services deemed necessary by the Government of Nepal free of charge, as they currently do for the general public (including non-SHI programme members). There are no deductions to the benefit package ceiling for services received by SHI programme members from a health post. If the required health service is not available at the health post, a referral is made to the member's first service point. However, the health post must provide a health screening once a year to the SHI programme members in their catchment area who are above 40 years of age. This service can be claimed by the health post for reimbursement from the SHSDC.

### 5.2 First service point

An SHI programme member should initially seek health care services from the first service point selected during enrolment. In case of emergency, immediate medical attention can be sought from any health facility listed under the programme.

**Step 1:** Identify if the service seeker is a member of the SHI programme.

*(In case of emergency including accidents, medical services are provided before trying to determine SHI programme membership.)*

**Step 2:** To identify membership, the health facility staff at the registration counter should take the following steps:

- Use the IMIS Enquire app by scanning the QR Code of the membership ID card. An alternative is to enter the membership ID number into the IMIS search (on the computer). The IMIS will provide the photograph, membership period, and first service point, as well as the remaining ceiling of the member. Using this information, the health facility staff at registration should determine the ownership and validity of membership.
- If an Internet connection is not available, the IMIS should be used through the smartphone only. The Enquiry app will run in 'offline mode' and display all the information required to determine ownership and validity of membership.

**Step 3:** If any problems occur with the verification process, the health facility staff will coordinate with the designated SHI programme office.

**Step 4:** If the person seeking services has no membership ID card, but claims to be an SHI programme member, the health facility registration staff will ask him/her to wait while their membership is confirmed.

Membership can be determined by searching the IMIS (only computer based), using information such as the service seeker's name, metropolitan/sub-metropolitan/municipality/rural municipality and gender.

**Step 5:** If the member has a low balance (less than 10%) remaining on the ceiling, the health facility staff will inform the member of:

- the possibility that the balance may be exhausted during service utilisation and
- the requirement to pay any remainder if the balance is exhausted

**Step 6:** After verifying membership, the health facility staff member at the registration desk records the SHI programme member's name, membership ID number, and health facility code, on the OPD ticket (Annex 9). Health facility staff provide the OPD ticket to the member after pasting a sticker with claim code.

*If the policy of the SHI programme member is not active, the health service utilisation process is the same as for someone who is not a member of SHI programme.*

**Step 7:** The health facility staff member asks the member if any other family member is receiving services at the same time. If another member of the family is also receiving services at the same time and if the balance is unlikely to be enough for both services, the health facility staff member will inform the SHI programme member of:

- the possibility that the balance may be exhausted during service utilisation and
- the requirement to pay any remainder if the balance is exhausted

**Step 8:** The member is then directed to the OPD with the OPD ticket filled in by the health facility staff member.

**Step 9:** At the OPD, the health worker fills out the service utilisation form with information such as the complaint, required diagnostic tests, and required medication and follow up required.

**Step 10:**

**a) If the SHI programme member utilising the health services requires only counselling/ advice:**

- The doctor will provide the required advice and counselling
- The doctor gives the OPD ticket to the patient

**b) If the SHI programme member utilising the health services requires only drugs:**

- The health worker provides the necessary advice and counselling and directs the member to the pharmacy
- If the prescribed drugs are among the government mandated free drugs, the pharmacy provides the drugs free of charge to the member
- If the prescribed drugs are among the drugs provided by the SHI programme, the pharmacy provides the drugs
- The health worker instructs the member to go to the registration room before leaving

**c) If the SHI programme member utilising the health services needs diagnostic services:**

- The doctor provides the necessary advice and counselling and directs the member to the registration/billing counter with the OPD ticket
- The health facility staff member at the registration/billing counter issues the invoice for the diagnostic services (lab, X-ray, USG, etc.) with zero billing
- The health facility staff member at the diagnostic room provides the required services as mentioned in the invoice and information regarding report collection
- Once the report is ready, the member consults the doctor with the report and the OPD ticket, which is collected from the registration/billing counter.
- The health worker provides the services to the member (as mentioned in Step 9)
- The health worker advises the beneficiary member to go to registration room with the OPD ticket

**d) If the SHI programme member utilising the health services needs both drugs and diagnostic services:**

- The doctor will request the member to proceed to the billing counter after providing the necessary advice and counselling
- The staff at the registration/billing counter will issue the invoice for the diagnostic services (lab, X-ray, USG, etc.) with zero billing
- The member will go the diagnostic room carrying the bills
- The health facility staff at the diagnostic room provide the services mentioned in the invoice and the necessary information regarding report collection and request the member to take the medicine from the pharmacy

- The pharmacy dispatches the recommended medicines.
- The pharmacy instructs the member to go to the registration room with the OPD ticket

**e) If the SHI programme member seeking the health services requires more services from a higher-level health facility:**

- The doctor refers the member to a higher-level health facility by filling in a referral form (Annex 8)
- The white copy of the OPD ticket, a referral letter and other related documents are handed over to the member with instructions to go to the assigned higher-level facility.

**f) If the member seeking the health services requires admission as an inpatient for additional treatment:**

- After proper counselling, the health worker will send the members (or their relatives) to the billing counter.
- The health worker will admit the member as per the rules of the hospital.

Note: While treating the admitted patients, the hospital cannot charge for any services including diagnostics, drugs and surgical services that are covered by the benefit package, provided there is a balance remaining in the ceiling amount of the member.

- As and when required, based on the doctor's recommendation, the diagnostic services and drugs should be provided by the hospital and pharmacy on the basis of zero billing.
- The hospital staff shall fill in the discharge summary slip (Annex 10) at the time of discharge and provide necessary consultation.
- If other services are required, the hospital staff shall inform the member based on the recommendation of the discharge summary slip.
- The hospital staff shall direct the member to obtain the required drugs from the pharmacy, taking along the discharge summary slip.
- The hospital staff should clearly mention to the member the need for any follow up visit.
- The hospital staff shall advise the member to proceed to the registration room along with the OPD ticket (Annex 9) and discharge summary slip (Annex 10).

(Note: If the follow up visit is in the next week there is no need for an OPD ticket.)

Note: If the beneficiary goes to a health facilities that is not the first point of service, the health facility should:

- In case of emergency, provide services to the member following the steps mentioned above.
- If it is not an emergency, and there is no referral slip, do not provide services to member.
- The 15% co-payment mechanism has been completely suspended for now, although patients who availed services before 12 February 2017 were asked to pay the co-payment for OPD, emergency and drugs needed following discharge.

## Chapter 6

# Claims management and reimbursement process

---

The SHI programme members who seek services from a listed health facilities will receive either a copy of the out-patient department (OPD) ticket (for out-patients) or a copy of discharge summary form (for inpatients). One copy remains with the member and one with the health facility. The health facility will claim the amount based on this ticket/form.

### 6.1 Claim entry

The health facility should follow following steps when making a claim through the Insurance Management Information System (IMIS):

**Step 1:** Once logged into the IMIS, the claim administrator assigned by the health facility navigates to the 'Health Facility Claims' section and follows the instructions in the 'Service Provider Manual' to enter in a new claim to be sent to the SHSDC.

The claim administrator should ensure that the 'Claim ID' that appears on the top right-hand corner of the service utilisation form is entered properly into the IMIS – this ID is unique to every service utilisation form and should never be repeated when entering claims into the IMIS.

**Step 2:** If there are multiple claims that need to be entered into the IMIS, the claim administrator follows the same procedure outlined above for each claim.

Once a claim has been submitted by a health facility, no changes can be made to it.

Each health facility will appoint its own claim administrator. After the committee is informed of the appointment, the name and password to use the IMIS will be provided to the claim administrator through SMS.

**Step 3:** The IMIS performs a check to ensure that the claim is compliant with the agreement between the facility and SHSDC. In particular, the following checks are automatically done by the IMIS:

- Validity of membership of patient for whom services were provided
- Confirmation that the services and drugs are within the benefit package (and below the ceiling)
- Validity of OPD visits – e.g., if it is a follow-up visit within 7 days of initial visit





- Confirmation that the services provided are commensurate with the gender, age and medical history of the patient

**Step 4:** If the claim passes all the checks in the IMIS, a medical review of the claim is done by the SHSDC medical officers. The reimbursement amount to the health facilities is based on the medical review.

## 6.2 Medical review

**Step 1:** The SHI programme medical review team at the national level selects, through the IMIS, a sample of claims for a thorough medical review.

**Step 2:** The medical review team then checks the formal and factual correctness of the sample claims, as well as whether or not the claimed services are justified according to the diagnosis entered (ICD). The medical review team also checks the appropriateness of the claimed drugs against the services rendered.

**Step 3:** If any clarifications are required to process the claim, the medical officer can directly contact the concerned person at the health facility or the enrolled members and might also demand necessary documentary evidences.

**Step 4:** Using all the information available, the medical officer either fully accepts, partially accepts, or fully rejects the claim and prepares the report for reimbursement accordingly. Using the IMIS, the accounts officer at the central SHSDC office generates a report outlining the number of claims submitted by a particular facility and the corresponding number of accepted/rejected claims along with their value.

**Step 5:** Using the information in this report, the accounts officer issues reimbursement payments to the health facilities. Notification of payment (Annex 12) is provided to the respective health facility along with payment.

## 6.3 Accountability of the system

System accountability refers to the structured collection of member feedback to strengthen the purchaser role of the SHI programme. As a representative of its members, the SHI programme can give members a stronger voice in the health sector. Member feedback can help health providers and managers (district public health officers) to focus on improving the health system.

## 6.4 Feedback collection mechanism

The IMIS allows for the collection of feedback from SHI programme members regarding the services they have received at health facilities. This feedback is an important source of information for both the SHSDC and the service providers in order to understand public's perception of the services being provided and to assess avenues for improvement. The steps involved in the feedback mechanism process are as follows:

**Step 1:** During the medical review of claims, the medical officer can choose certain claims from the list of all claims to receive feedback from members. The claims that have been selected for feedback from members can only be valuated, and reimbursed to the health facility after the feedback has been received.

**Step 2:** The district managers generate a report outlining the claims and details of the SHI programme members selected for feedback in their district using the IMIS. This report is categorised according to local level and disaggregated by ward.

**Step 3:** This report is handed over to the relevant enrolment officer, who identifies the enrolment assistants in the particular areas where feedback is to be gathered. The enrolment officer informs the enrolment assistants of the need to collect feedback.

**Step 4:** The enrolment assistants go to the house of the SHI programme member whose claim was selected for feedback and fill out the form in the 'Feedback app' according to the process described in the *IMIS Mobile Phone Application User Manual*.

This manual also describes the processes for Enrolment App and Renewal App.

**Step 5:** Once the form has been completed, it is sent via the Internet, or through the enrolment assistants if there is no Internet connectivity, to the IMIS.

**Step 6:** The medical review team then evaluates the particular claim based on the feedback received from the SHI programme member.

## 6.5 Inquiry and complaint management

The SHI programme has an inquiry and complaint hotline at the central level. Complaints received through the hotline are sent to the respective district for action. Apart from holidays, the hotline is open every day from 10 am till 5 pm. Outside of consultation hours, an automatic announcement asks callers to phone again during consultation hours (and announces those hours). The hotline operators use special software for recording individual caller details and problems. Callers searching for general information on the SHI programme are captured in this software to allow analysis of hotline calls.

The steps for operating the inquiry and complaint hotline are as follows:

**Step 1:** Incoming calls are accepted by the hotline operator in a standardised manner, i.e., with a greeting and identification of the hotline operator (e.g., 'Welcome to the SHI programme hotline; my name is [operator name]; how can I help you?').

**Step 2:** The hotline operator opens a case in the SHI programme complaint software, selects the category of the information query/complaint and fills in the details.

**Step 3:** The hotline operator enquires as to whether or not this complaint is linked to a prior complaint. If so, the complaint number of the prior complaint is noted.



**Step 4:** If the issue cannot be resolved on the phone, the hotline operator provides the caller with the complaint number and informs the caller about the next steps to be taken by the SHI programme (e.g., the forwarding of the complaint to a district manager for complaint handling or the possibility of immediate settlement of the complaint). If the complaint has to be handled locally or by another department, the operator assigns the claim to a district manager or an SHI programme central office employee.

**Step 5:** The hotline operator then ends the call.

**Step 6:** The assigned staff member is informed about the pending case by an auto-generated email with a link to the pending case. He/she then initiates the necessary action to resolve the case.

**Step 7:** When the case is resolved, the assigned staff member closes the case in the information system.

**Step 8:** At the end of each week, the operator checks the status of all open claims and follows up on those pending for an unduly long time.

**Step 9:** At the end of each month, the operator creates an analysis of all calls received.

# Chapter 7.

## Other processes

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### 7.1 Process to issue a replacement identification card

If any SHI programme member requires a replacement membership ID card in case of lost, the following steps are followed:

**Step 1:** A member requiring a replacement membership ID card is required to contact the enrolment assistant of the respective metropolitan/sub-metropolitan/municipality/ rural municipality and present the membership ID card number of the head of family (or other family member).

Note: If the membership ID cards of all members of a family are lost or destroyed, the details are checked in the records of the IMIS. The enrolment assistant should provide the details of the member (name, metropolitan/sub-metropolitan/municipality/rural municipality, name of family) to the enrolment officer and find out the ID number of the member.

**Step 2:** The enrolment assistant fills in a new enrolment form for the member and marks it with 'replace-ment membership ID card' and in the ID card 'Identification card copy'.

**Step 3:** The enrolment assistant then provides a receipt to the member after taking NPR 20 for the replacement membership ID card.

**Step 4:** The enrolment assistant hands over the enrolment form and the contribution amount collected for the replacement membership ID card to the enrolment officer in the next meeting, who records the same on the progress and monitoring form.



## 7.2 Change of first service point

If any SHI programme member wishes to change the health facility that serves as his/her first service point, the following steps are followed:

**Step 1:** If the health facility designated as the first service point needs to be changed, the family member wishing to make the change contacts a nearby enrolment assistant and informs them of the need to change the first service point.

**Step 2:** The enrolment assistant visits the member and fills in a changed form (Annex 11).

**Step 3:** The enrolment assistant submits all documents to the enrolment manager.

**Step 4:** The enrolment officers then enters the details of the change into the IMIS.

# Annex 1

## Job Descriptions

### 1.1 District manager

The district manager will head the district unit of Social Health Security Development Committee and will supervise, monitor and coordinate the staff performance. S/he will also develop work plan of the programme run in the district. The responsibilities of the district manager shall be as follows:

- a) To supervise and manage the subordinate staffs of district office.
- b) To build and supervise the field plan of the enrolment officer.
- c) To coordinate with governmental and non-governmental bodies and stakeholders of the district.
- d) To conduct orientation training and seminar related to the programme.
- e) To recommend the management on improving the policy and technology while enrolling members in the programme.
- f) To work as member secretary of the District Health Security Coordination Committee.
- g) To monitor, supervise and evaluate the SHI programme in the district and make necessary recommendations.
- h) To inform the purpose of the features related to the health insurance, conduct public hearings as required.
- i) To undertake the financial administration of the district office including maintaining records of income and expenditure, spending funds or causing funds to be spent, having records audited, and resolving or recovering any arrears.
- j) To carry out daily administrative work; and
- k) To carry out other work assigned by the central office.

### 1.2 Enrolment officers

The enrolment officers shall form a link between the SHI programme district office and the enrolment assistants at the community level. The enrolment officer shall carry out the following tasks:

- a) The enrolment officer should meet the enrolment assistant twice a month as mandated by the Social Health Security Programme Operation Rules (2014) to collect and review the membership enrolment and renewal forms and the contribution money or bank voucher.
- b) To fill out the progress and monitoring form after verifying the information collected from enrolment officer, archive it and provide necessary materials to enrolment assistants;
- c) To submit the collected form to district manager after a review and following his/her approval, conduct the data entry in IMIS.
- d) To submit all the bank vouchers and vouchers provided by the enrolment assistants after collection of the contribution amount to district manager.



- e) To identify the individuals or families who have no access to, or have been left out of, the SHI programme and enrol them as members;
- f) To identify the members whose renewal is due and arrange for their renewal;
- g) To coordinate and monitor and evaluate the work of the enrolment assistants;
- h) To conduct public awareness programmes about the SHI programme;
- i) To make recommendations to the SHSDC management body on policy matters and the technological aspects of membership enrolment; (To resolve any disputes regarding membership identification and request the SHSDC to resolve disputes that cannot be resolved)
- j) To carry out other work assigned by the SHSDC or the bodies thereunder (e.g., DHSCC).

### **1.3 Enrolment assistant**

The functions, duties and powers of enrolment assistants shall be as follows:

- a) To coordinate and work closely with health facilities, local bodies and other organisation on the ground.
- b) To run door-to-door awareness programme on health insurance in the concerned metropolitan/ sub-metropolitan/municipality/rural municipality.
- c) To fill out the membership enrolment form, take their photograph and collect the contribution amount and if possible deposit the amount to banks allotted by the programme for family members willing to enrol in the programme.
- d) To transfer the collected information along with photograph everyday via internet and in case of unavailability of internet, transfer the data to the laptop of enrolment officer.
- e) To submit the collected family information, contribution amount or bank voucher to the enrolment officer.
- f) To submit the enrolment amount to enrolment officer or district manager if depositing amount in the bank is not possible.
- g) To coordinate with local health facility operation and management committee and inform on the progress on a regular basis.

# Annex 2

## Enrolment Assistant Selection Regulation

### Regulations on Selection of Enrolment Assistant for Social Health Security (Health Insurance) Programme 2073

While selecting the enrolment assistants for part-time on the implementation of the Social Health Security (Health Insurance) Programme, the Social Health Security Development Committee, District Office should comply with following standards:

#### 1. Qualification of enrolment assistants

- Completion of PCL or 10+2
- Completion of SLC in case of Female Community Health Volunteers
- Other than above, should be registered in concerned Council upon completion of technical SLC on health-related subjects from institutions affiliated to CTEVT
- Completed 18 years of age but less than 45 years old.
- Can operate smart phone
- Should be the Nepali citizen
- Should have clean image on financial matters, honest and not having been convicted of a criminal offense involving moral turpitude.

2. The female community health volunteers meeting the qualification as mentioned in **Point 1** will be prioritised.

3. To short list the candidates who meet the aforementioned criteria, a recommendation committee should be formed along with the preparation of enrolment assistant brief list at the health post, primary health centre and hospital level. The formation of the committee should be as follows:

- President of local health facility operation and management committee      Coordinator
- Member representing the school in the local health facility operation and management committee      Member
- Oldest member among the female community health volunteers      Member
- Chief of the local health facility      Member Secretary

4. The health facility based selection committee should prepare the list of necessary candidates as mentioned below before presenting it to Social Health Security Development Committee, District Office:

- Nominate 3 candidates if one enrolment assistant is required
- Nominate 5 candidates if two enrolment assistant are required
- Nominate 11 candidates if 5–7 enrolment assistants are required
- Nominate 16 candidates if 7–10 enrolment assistants are required
- Nominate twice the number of required candidates if more than 10 enrolment assistants are required.





5. The district office of the Social Health Security Development Committee should create the list of enrolment assistants after collection all the lists submitted to them. Based on the list, the district office should fix the numbers of enrolment officers on following grounds: 1 enrolment officer for each 500 families in mountainous districts; 1 enrolment officer for each 1,000 families in hilly districts and 1 enrolment officer for each 1,500 families in Tarai districts.
6. An identification card will be issued to enrolment assistants. The ID card will be valid only till the contract period. After the end of the period, the ID should be renewed.
7. Any enrolment assistant willing to quit the job should inform 30 days in advance to the committee. The committee can replace the person from the earlier list of enrolment assistants.
8. Enrolment assistant are paid for enrolling each person as prescribed. They will get any further remuneration or salary.
9. The functions, duties and powers of enrolment assistants shall be as follows:
  - a) To coordinate and work closely with health facilities and local bodies and other organisation on the local level.
  - b) To run door-to-door awareness programme on health insurance in the concerned metropolitan/sub-metropolitan/municipality/rural municipality.
  - c) To fill out the membership enrolment form, take their photograph and collect the contribution amount and if possible deposit the amount to banks allotted by the programme for family members willing to enrol in the programme.
  - d) To transfer the collected information along with photograph everyday via internet and in case of unavailability of internet, transfer the data to the laptop of enrolment officer.
  - e) To submit the collected family information, contribution amount or bank voucher to the enrolment officer.
  - f) To submit the enrolment amount to enrolment officer or district manager if depositing amount in the bank is not possible.
  - g) To coordinate with local health facility operation and management committee and inform on the progress on a regular basis.
10. Functions, duties and powers of health facility operation and management committee shall be as follows:
  - To support in preparing the list of people with required qualification based on the directives or direction sent by the Social Health Security Development Committee, District Office.
  - To take stock of the works done by the selected candidates by the District Office.
  - To support in encouraging participation of families in insurance programme
  - To support in enhancing the quality of services imparted by the concerned health facility.
11. A committee will be formed to select and determine qualification of enrolment assistant:
  - Chief, District Health/Public health Office – Coordinator
  - One officer as representative of the DFQRT – Member
  - One officer as representative of District Administration office – Member
  - One officer as representative of the District Development Committee – Member
  - Manager, Social Health Security Development Committee, District Office – Member Secretary





# Annex 4

## Membership Identity Card



**Government of Nepal**  
**Social Health Security Development Committee**



Membership No.

Name/surname .....

DoB ..... Household head membership no .....

Address: Province ..... District..... Metro/Sub Metro/Municipality/  
 Rural Municipality ..... ward .....

Sex: Female  Male  Other

Identification issue date: .....

Contact number: .....

<b>Member signature</b>	Right	Left

**Toll Free Number: 1660-01-11224**

The member shall be held liable if this identity card is misused. If anyone finds the identity card, please submit it to Social Health Security Development Committee, District Office or Police Officer nearby.



# Annex 5

## Receipt for Contribution Amount



Government of Nepal  
Social Health Security Development Committee



..... District

### Revenue Receipt

Receipt no.

Date:

DD	MM	YYYY

Mr/Mrs..... from.....

Total NPR.....in words.....

well received.

Title no.	Details	Amount		
		Cash	Voucher	Total
Total				

Household head registration number .....

Total family members in household .....

Received by .....

Received from .....

Designation.....

Identification no. of enrolment assistant









# Annex 6

## Progress and Monitoring Form



**Government of Nepal**  
**Social Health Security Development Committee**  
**Monitoring and Progress Form**



Date: ..... Name of enrolment officer: .....

Name of enrolment assistant: .....

Enrolment assistant code: .....

Collection time from ..... to .....

**Details of materials/goods**

Particulars	Received by enrolment assistant	Received by enrolment officer
Enrolment form		
Family number change form		
Membership renewal form		
Feedback details (attached)		
Pouch of membership ID Card		
Goods receipt		
Total photos transferred from mobile or laptop of enrolment assistants		
Other (please mention)		

**Details of the contribution money collected**

Membership registered family number	Number of family members	Number of members	Total amount
Capable of paying			
Marginalized			
Poor			
Ultra poor			

.....  
 Enrolment assistant  
 Signature

.....  
 Enrolment officer  
 Signature





# Annex 7

## General Health Check-Up Form



Relating to rule 15(1)  
 Government of Nepal  
 Social Health Security Development Committee  
 General Health Check-up Form



Name and address of health facility:

Number of the main member of Health Insurance programme (household head):

Membership no. of the member (examinee):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female Male Other

Occupation:

Contact no.....

### A. Medical history of chronic disease/conditions

Medical condition	Status		Use of drugs		Name of the drugs under use
	Yes	No	Taken	Not taken	
Diabetes					
High blood pressure					
Any psycho-social problems					
Any other chronic disease					

### B. Family history

Medical condition	Status	
	Yes	No
Diabetes		
High blood pressure		
Any psycho-social problems		
Any other chronic disease		



### C. Risk behaviour

<b>Smoking history</b>	<b>Yes ( )</b>	<b>No ( )</b>	
<b>Alcohol consumption</b>	Daily or frequently ( )	Occasionally ( )	Never( )
	Light drinking ( )	Moderate drinking ( )	Heavy drinking ( )
<b>Physical activity</b>	< 30 minutes ( )	30–60 minute ( )	> 60 minutes ( )
<b>Dietary habit</b>	Vegetarian ( )	Non-vegetarian ( )	

### D. Present medical condition

Weight (in kg)	
<b>Height (in inches)</b>	
<b>Blood pressure</b>	
<b>Blood sugar level</b>	
<b>Urine sugar/ albumin level</b>	
<b>General remarks</b>	

Signature  
Chief of health facility or health worker

# Annex 8 Referral Form



**Government of Nepal**  
**Social Health Security Development Committee**  
.....PHCC/Hospital.....District  
**Referral Form**



Form

Referral No

To

Request for further management to the following patient.

Patient's details:

Name:                      Age/sex:                      Membership no:

Address:

Clinical details:

Treatment given:

Requested Ix /T/t/operation:

Signature of doctor:

Name                                      NMC Reg No    Date

.....

Feedback

Name of patient:                      Membership no:

Diagnosis:                              Treatment/procedure done:

Instructions to be followed:

Signature of doctor

Name                                      NMC Reg No    Date

.....





# Annex 9

## OPD Ticket

Related to HMIS 1.2

Claim Code (S.N).



**Government of Nepal**  
**Social Health Security Development Committee**



\_\_\_\_\_ PHC/Hospital

\_\_\_\_\_ District

Code No: \_\_\_\_\_

Master register No.	Insurance card no	Name, surname	Age	Sex	Ethnicity code

### OPD/Emergency Ticket

Address	Province	Metropolitan/Sub-metropolitan/Municipality/Rural municipality	Ward no.	Mobile no.

Date (DD/MM/YY)	OPD/ER no.	Diagnosis	ICD code	Treatment/ advice







# Annex 10

## Discharge Summary



Government of Nepal  
Social Health Security Development Committee



\_\_\_\_\_ PHC/Hospital  
\_\_\_\_\_ Province

### Discharge Summary

Name of health facility \_\_\_\_\_

Address: \_\_\_\_\_

In patient no \_\_\_\_\_ Membership no, \_\_\_\_\_

Name \_\_\_\_\_ Age/sex \_\_\_\_\_

Address: \_\_\_\_\_

Department \_\_\_\_\_ Unit \_\_\_\_\_ Ward \_\_\_\_\_ Bed no \_\_\_\_\_ Doctor in charge \_\_\_\_\_

Admission date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Chief complain at the time of admission:

Diagnosis: \_\_\_\_\_

Treatment given during admission:

Summary of procedure (if any):

#### Advice at the time of Discharge:

DRUGS		
Name & formulation	Strength & dose	Days

Investigation	
Name	Date

Other advice:

Follow up date:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Discharge Annex  
10:  
Summary



# Annex 11

## Membership Renewal/Change Form



**Government of Nepal**  
**Social Health Security Development Committee**  
**Renewal/Change Form**



Household head name.....

Membership No .....

Change in first service point	
Current first service point.....	New first service point.....
Membership No.	New first service point.....
Current first service point	New first service point.....
Membership No.	
Current first service point	
Membership No.	

Change in household head	
New household head name.....	Membership No. of new household head: .....

Change in number of members	
Additional members	Fill in enrolment form for additional members
Number of membership annulment:	Fill in information below

Details of membership annulled		
Name: .....	Membership No.:.....	Reason for annulment
Name: .....	Membership No.:.....	Marriage/Death/Others.....
Name: .....	Membership No.:.....	Marriage/Death/Others.....
		Marriage/Death/Others.....

Consent: All the above-mentioned details are correct. I would be ready to face actions as per the Social Health Security Programme (Operation) Rules 2072 if any discrepancies are found. I will be liable in the case of unauthorised use of the identification card.

Signature of the applicant:..... Date .....

Enrolment assistant signature

Name/surname

Symbol no.:

<b>Signature of computer operator</b> Name/surname:..... Date.....
---

For official use only

<b>Signature of verifying officer</b> Name/surname:..... Date.....
---



# Annex 12

## Notification of Payment



(Relating to Rule 18(1))  
Government of Nepal  
Social Health Security Development Committee  
Notification of Payment



M/S.....

As per the request made by .....for payment of NPR.....(in words.....) marked with reimbursement payment no....., this amount, that comes to be a payable remainder after necessary scrutiny and the subsequent deduction of the amount found non-payable according to Directive, has been paid to that health facility. Please notify upon receiving the same.

On behalf of Treasury:

.....











**Contact :**

Government of Nepal  
Social Health Security Development Committee  
Teku, Kathmandu  
Phone : 977-1-4100223, 4100224  
Fax : 977-1-4100223  
Website : [www.shs.gov.np](http://www.shs.gov.np)  
Email : [info@shs.gov.np](mailto:info@shs.gov.np)