Invites

Expression of Interest for appointment of Monitoring and Verification Agency

1. Government of Karnataka (GOK) through Government of India has received a Credit from the International Development Association (IDA) towards Karnataka Health System Development and Reform Project and intends to apply part of the proceeds of this Credit to payments under the contract for hiring of an Agency for Monitoring and Verification under Vajpayee Arogyashree Scheme being implemented by Suvarna Arogya Suraksha Trust (SAST), Department of Health and Family Welfare, GOK.

2. The services include:
   a. Monitoring of:
      * Medical Pre-authorisations and Claims Process Monitoring
      * Review of Beneficiary Audits
      * Detailed Death Audit
      * Review of Claims and Grievance Data
      * Achievement of ‘Mile-Stones’.
   b. Verification of:
      * camp activities
      * Random Beneficiary visits – hospitals
      * Random Beneficiary visits – post discharge
      * Conduct special purpose audits of Network Hospitals
   c. Review of:
      * functioning of Call Centres, Arogyamithras and District Coordinators as per roles and responsibilities.
   d. And any other related activity detailed in the ToR.

3. The Project Administrator, KHSDRP now invites Agencies fulfilling the following conditions to apply with necessary documents;
   (a) It should be a registered entity under Trust Act/Society Act/Company Act/Partnership Act.
   (b) Should have atleast 5 years of experience in the field of Monitoring & Verification/Evaluation, which should include two assignments for Healthcare Services.
   (c) Should have an annual turnover of Rs. 50 Lakh per annum in any one of the last three years.


5. Interested Agency may obtain further information by contacting Suvarna Arogya Suraksha Trust Officials through Telephone: 080-22341572 / 7760999504. Terms of Reference for the assignment is available in the web site www.sast.gov.in/home & www.karhfw.gov.in

6. Expression of interest must be delivered to the address given below on or before 18th April 2013 by 1700 hours

Address:
Office of The Project Administrator,
KHSDRP, PHI Building,
Sheshadri Road, Bangalore -560001
Contact No:080 22277391

Sd/-
Project Administrator,
KHSDRP
Karnataka Health System Development & Reforms Project (KHSDRP)

Terms of Reference for a Monitoring and Verification Agency

*Note: This is an tentative ToR & will be finalized and incorporated in the RFP to be issued to the shortlisted consultants.*

1. INTRODUCTION

The IDA-financed Karnataka Health Systems Development and Reform Project (KHSDRP) aims at increasing utilization of public and private health services, particularly in underserved areas and amongst the vulnerable groups in the state with the following objective:

‘to improve access of BPL families and other vulnerable groups in underserved areas to quality medical and surgical care for treatment of identified diseases involving cashless hospitalization, surgeries and therapies through an empanelled network of health care providers’

The Government of Karnataka has introduced a health insurance scheme (Vajpayee Arogyashree Scheme) Vide G.O. No. HFW 216 CGE 2008 Bangalore dated 20.2.2009, for providing cashless medical relief for serious/terminal ailments to the BPL families living in the identified areas of the state. For administering the Scheme, the state has set up a Special Purpose Vehicle (SPV) in the form of “SuvarnaArogyaSuraksha Trust (SAST)”. Initially the Scheme was piloted in the 6 districts of Gulbarga Division and with the success of the scheme, it was extended to the 7 districts of Belgaum Division and currently rolled out to entire State. Medical aid to the eligible BPL families is provided through empanelled hospitals, including private hospitals. 402 benefit packages and 50 follow up packages, to treat various types of terminal ailments have been evolved. Scale of benefit varies depending upon the package and pegged at a maximum of Rs 1.50 lakhs/family with provision for additional assistance of Rs 50000 in special cases. An implementing supporting agency has been appointed for operation of the insurance scheme.

The state government now proposes to engage a Monitoring and Verification (‘M&V’) agency to support the monitoring and internal controls processes planned by the SAST. The task, as detailed in the scope of services below, includes random beneficiary visits during hospitalization and post-discharge, medical claims process audit and data analytics.

2. Objective of the assignment:

The objective of the assignment is to monitor & verify on sample basis, the various activities performed by Implementation Support Agency (ISA) and SAST on regular basis to improve and upgrade the services.

3. SCOPE OF SERVICES:

The services to be performed by the consultancy shall include but not limited to the following:

3.1 Medical Pre-authorization and Claims Process Monitoring

This shall require design and implementation of a monitoring system involving random periodical visits and review of operational processes for pre-authorisations and claim processing at network hospitals / nursing homes, the implementation support agency (ISA) as well as within the SAST which directly impact the insured population in terms of nature and quality of healthcare services actually offered. This will include documentation
of the processing time taken at various stages and also include a review of back-end processes involving interface between hospitals, ISA and beneficiaries. The idea is to bring out the performance levels in terms of reimbursements of treatment charges, timelines, frequency and data transfer as compared to those envisaged in the contract/ agreement with the respective agency.

3.2 Review of Beneficiary Audits

The ISA is currently required to undertake a Beneficiary audit of 25% of all beneficiaries at hospital. The M&V agency will review a random 10% of these beneficiaries audits being done by the ISA and correlate the same with available documents and patient information. A detailed report of the discrepancies and other findings from such review is to be made available to the Trust.

3.3 Detailed Death Audit

The M&V agency will undertake a detailed death audit in the prescribed format for every beneficiary death reported in hospitals and during follow up for the first six months. The agency will also aggregate the information from death audits on a quarterly basis and provide a summary analysis report to the Trust.

3.4 Health Camps- verification of camp activities being undertaken as per Trust guidelines

Health camps are currently being organized every month in each taluka and each district on fixed dates of the month. The M&V agency will review these camps and ensure that the camps are being organized in keeping with the instructions and guidelines of the trust. A monthly report of the findings from the health camps will be shared with the Trust.

3.5 Random Beneficiary Visits - Hospitals

This shall require design and implementation of a monitoring system involving visits to beneficiaries while they are still being treated in network hospitals. The sample list of beneficiaries will be randomly generated from the IT system (or any other means acceptable to SAST). This exercise aims at monitoring and review of processes as they happen live immediately following claim intimations and pre-authorization. The process includes confirmation of beneficiary identity, review of the documentation maintained by hospitals / nursing homes in substantiation of treatment given to VAS patients as per standard medical practices, appropriateness of treatment given, and the beneficiary experience of the process, patient satisfaction and details of any out-of-pocket expenditure incurred. The format of the electronic report for each such visit will be designed by the agency at the inception of the agreement and agreed with the KHSDRP & SAST.

3.6 Random Beneficiary Visits- Post-discharge

To design instruments for and to conduct post-discharge visits to randomly selected beneficiary households. This will incorporate eliciting information on the beneficiary
experience of the process, appropriateness of treatment given, patient satisfaction, out-of-pocket expenditure and health outcomes. The format of the electronic report for each such visit will be designed by the agency at the inception of the agreement and agreed with the KHS RDP & SAST.

3.7 Review of Claims and Grievance Data

Monthly analysis of claims and grievance data is to be carried out and pre-agreed administrative reports are to be generated. This is to be done by sifting through claims and grievance data, applying exception rules and other analytics as agreed with SAST and flagging exceptions and generating the agreed reports.

3.8 Special purpose audits of network hospitals

Based on the review of claims and grievance data, as also from leads generated from random beneficiary visits, as well as a random selection of hospitals by the IT system, special purpose audits of network hospitals will need to be conducted with a view to correcting past shortcomings and ensuring course-corrections for future. The nature and content of the audit and its report will be designed in consultation with SAST, though specific queries may be incorporated in addition on a case-to-case basis depending on the context for such special audits.

3.9 Call Centre – Monitoring of various activities

The Trust has started a call centre for inbound as well as outbound calls. The monitoring agency will review the activities of the call centre through a review of call centre records as well as through ‘mystery shopping’ techniques (by making calls to the call centre). The experience in terms of waiting time before call was answered, as well as the accuracy, completeness and soft-skills of the call centre personnel on different aspects of their work will be documented and reported.

3.10 Monitoring of Arogyamitras and district Co-ordinators as per the roles and responsibilities

The M&V agency will undertake a detailed review of the monthly report of Arogyamitisras and District Co-ordinators at such frequency as specified in this TOR document. The review should include a corroboration of the activities reported in the monthly report from the available records and through meetings/discussions with beneficiaries and other relevant stakeholders mentioned in the reports.

4. Schedule for completion of tasks with tentative quantification:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Minimum number of cases per month</th>
<th>Timelines for submission of report- Normal</th>
<th>Timelines for submission of report- Extended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Pre-authorisationClaims Process Monitoring (Including documentation of the processing time taken at various)</td>
<td>100 transactions</td>
<td>7 days after completion of the month</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
Review of Beneficiary Audits  
The M&V agency will review a random 10% of all beneficiary audits being done by the ISA (which in turn audits 25% of all claims) and correlate the same with available documents and patient information.

<table>
<thead>
<tr>
<th>Stages</th>
<th>Activities</th>
<th>Frequency</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Beneficiary Audits</td>
<td>20 beneficiary audit reviews</td>
<td>15 days after the medical audit report is made available to the agency.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Detailed Death Audit</td>
<td>As per actuals. (As per the Trust data, 183 deaths were reported in 2012. The number is likely to increase due to enhanced coverage and better population reporting)</td>
<td>30 days after the information about the death is made available to the agency</td>
<td>45 days after the information about the death is made available to the agency</td>
</tr>
<tr>
<td>Health Camps- verification of camp activities being undertaken as per Trust guidelines</td>
<td>At least 2 district level camps and 5 taluka level camps in each month, every division to be covered at least once a quarter</td>
<td>15 days after the camp date</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Random Beneficiary Visits - Hospitals</td>
<td>40 visits</td>
<td>7 days from generation of random name</td>
<td>15 days from generation of random name</td>
</tr>
<tr>
<td>Random Beneficiary Visits- Post-discharge</td>
<td>10 visits</td>
<td>15 days from generation of random name</td>
<td>30 days from generation of random name</td>
</tr>
<tr>
<td>Review of Claims and Grievance Data at the ISA and Trust levels</td>
<td>Entire dataset</td>
<td>7 days after completion of the month</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Special purpose audits of network hospitals</td>
<td>0.5 (1 hospital audit in two months)</td>
<td>30 days from issue of audit mandate</td>
<td>60 days from issue of audit mandate</td>
</tr>
<tr>
<td>Review of Call Centre activities</td>
<td>Review of at least 50 incoming and 50 outbound calls from existing records. Random testing of the call centre response through at least 5 ‘test’ calls made to the call centre</td>
<td>7 days after completion of the month</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Monitoring of Arogyamitras and District Co-ordinators</td>
<td>At least one randomly-selected Arogyamithra in each division every month, and at least one randomly selected district co-ordinator in the state.</td>
<td>15 days from generation of random name</td>
<td>30 days from generation of random name</td>
</tr>
</tbody>
</table>

Note: (a) The above reports shall be supplemented with photographs and video recording where
appropriate.

(b) Global Positioning System (GPS) coordinates for all field visits to be recorded and enumerated in report.

Normal Turn Around Time (TAT) shall be complied in a minimum of 85% of the cases allocated to the agency. However within the extended TAT, the agency shall submit its report with respect to minimum of 95% of the cases allocated.

5. Data & Services to be provided by the Client:

The client would supervise the assignment and facilitate interactions and exchange of information between the consultants, concerned Government departments and empanelled network hospitals. The project documents/study reports will also be made available to the consultants for the assignment.

The Consultants are required to have their own offices both at State and District level with all the necessary infrastructure, office equipments, computer hardware and software etc., to discharge their duties and responsibilities as indicated in the TOR.

6. Outputs expected from the consultant:

The consultants shall submit the following reports

6.1 Inception report: This report shall outline the approach & methodology along with detailed programme for deployment of staff & implementation of various tasks involved in the assignment. This report shall be submitted within 30 days of the conclusion of the agreement. Three hard copies and one soft copy shall be submitted to the Client.

6.2 Monthly progress report: This report shall cover all the tasks performed, details of reports submitted & shall detail the status of the various tasks to be performed. This report shall be submitted with in 10th day of the next month, which will be considered by the review committee. This will form the basis for payment to the Consultant. 3 hard copies & 1 soft copy shall be submitted to the Client.

6.3 Half yearly report: The report shall cover all the tasks performed during the period as well as the cumulative progress achieved on the assignment. This shall be reviewed by the High Level Performance Review Committee to ensure effective performance of the Consultant. This report shall be submitted in 3 hard copied & 1 soft copy shall be submitted to the Client.

6.4 Draft Final Report: This report shall be submitted within 2 months of the expiry of the assignment period. Three hard copies and one soft copy of the report shall be submitted to the Client.

6.5 Final Report: This shall be submitted after complying with the observations of the High Level Performance Review Committee. Ten hard copies and one soft copy of the Final Report shall be submitted to the Client.
7. **Review Process:** The reports submitted by the consultant and the performance of the consultant shall be reviewed by the appropriate Committee and the observations/ comments would be sent to the consultant within 15 days of receipt of the reports. The consultant shall comply with the comments and observations.

8. **Review Committee:**

The Client shall be responsible for reviewing all reports of Consultants (monthly, half yearly, draft Final report and Final reports) and suggest any modifications/ changes considered necessary. Client shall constitute review Committees to review and monitor the progress of the assignment and to interact with the consultants, on a monthly and half yearly basis. The committees are as follows:

a) **Review Committee.**

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Executive Director, SAST</td>
<td>Chairman</td>
</tr>
<tr>
<td>2</td>
<td>Director(Finance), SAST</td>
<td>Member</td>
</tr>
<tr>
<td>3</td>
<td>CAO, KHSDRP</td>
<td>Member</td>
</tr>
<tr>
<td>4</td>
<td>CFO,KHSDRP</td>
<td>Member</td>
</tr>
<tr>
<td>5</td>
<td>DD,SICF-M&amp;E,KHSDRP</td>
<td>Member</td>
</tr>
<tr>
<td>6</td>
<td>DD,HI-PPP,KHSDRP</td>
<td>Member</td>
</tr>
<tr>
<td>7</td>
<td>M&amp;V Consultant, SAST</td>
<td>Member</td>
</tr>
<tr>
<td>8</td>
<td>Director(M &amp; M), SAST</td>
<td>Member Secretary</td>
</tr>
</tbody>
</table>

b) **High Level Performance Review Committee.**

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<td>Project Administrator, KHSDRP</td>
<td>Chairman</td>
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<tr>
<td>2</td>
<td>Executive Director, SAST</td>
<td>Vice Chairman</td>
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<td>Member Secretary</td>
</tr>
</tbody>
</table>

- The review committee may invite external experts as and when required.
- A presence of 50% members shall be considered as Quorum for conducting the meetings.

9. **List of key personal whose CV would be reviewed.**

a) Team Leader.
b) Social/Behavioural Science Expert.
c) Team of Insurance Claim Investigators.
d) Team of Medical Professional-Doctors.
e) Data Analyst/s.