**Scope of Work**

Develop and test a navigation support system within the existing PM-JAY helpline to provide comprehensive and actionable information to access care under insurance schemes- UP & Kerala

**Context:** ACCESS Health provides implementation support to the State Health Agencies in Uttar Pradesh and Kerala in implementation of Pradhan Mantri Jan Arogya Yojana (PM-JAY) towards building state leadership in evidence-based implementation, use of efficient, multisectoral and cost-effective interventions for increasing beneficiaries’ access to quality healthcare, improved experience and reduced out of pocket expenditure. A critical building block is leveraging the technology and digital solutions to empower the patients with information, continuum of care, choice of provider, and quality through integration, capacity building, financial reforms like smart payments, quality assurance etc

In Uttar Pradesh close to 31 percent of the population is covered under PM-JAY and scheme is designed besides delivering care through private hospitals, it encourages and mandates the public sector hospitals to provide care to PM-JAY beneficiaries. However, there are demand and supply side issues and friction the patient’s experience, which affects the overall purpose of the scheme.

**Demand** side problems refer to the challenges faced by the beneficiaries in accessing the entitlements of the scheme. These have been organized based on the implementation experience, some of these include:

* Beneficiaries lack the complete awareness on the entitlements & eligibility status. Even if aware of PM-JAY, there is little understanding of PM-JAY’s value proposition and how to navigate the process from enrolment to hospital care, thus affecting the inherent demand.
* Lack of credible source of information and support on where care is available based on the beneficiary need as not all hospitals are empaneled and for all specialties.
* PM-JAY has 26 defined specialities (more for certain state schemes). While hospitals are empanelled for different specialities, there is no real-time information on which hospital can deliver the treatment required.
* No referral funnel for hospitalization in place and majority patients are direct walk in.
* Forward referrals from the health institution if made are not documented and available to track the patients.
* No backward referral for post hospitalization support and care.
* Lack of trusts in public health hospitals and preference to seek care in private.
* Arogya Mitra’s (at the hospitals) presence and effectiveness affects the support needed by the beneficiaries to navigate hospital environment.
* High out of pocket spend while seeking care under PM-JAY (medicines, diagnostics consultation, transport)

**Supply** side problems describes the challenges at the hospital level that are:

* Inadequate number of empaneled hospitals – higher concentration in bigger cities Lack of participation of hospitals – a small subset of private consistently active.
* Inflated ‘supply’ through automatic empanelment of public facilities. In Uttar Pradesh, public facilities constitute around 38% of the hospitals empanelled. Further the participation of the hospital especially of the empaneled public hospitals remains limited.
* Delays in payouts to hospitals. Lack of dedicated grievance redressal mechanisms for hospitals
* Lack of standardization of empanelment and compliance procedures across Private and Public Hospitals

**Motivations and Opportunities**

* A state level helpline was set up immediately after the roll out of the scheme. The helpline provides information and support to the beneficiaries of PM-JAY, state health insurance scheme and the state employee insurance scheme.
* PM-JAY has digitalized processes and systems through Beneficiary Identification System (BIS), Hospital Empanelment Portal, (HEMP) Transaction Management Systems, (TMS) Central Grievance Redressal & Management System (CRGMS). This ICT backbone is a facilitator, however the systems at presents independently and provides the opportunity to integrate to solve for the information asymmetry that exists for the beneficiary, the providers, and the State Health Agencies.
* The operating guidelines for HWCs provides guidance on possible referral pathways, even though the workflows are yet to notified by the Ministry of Health & Family Welfare
* The Ayushman Bharat Digital Health Mission – aims to develop the backbone necessary to support the integrated digital health infrastructure to strengthen the accessibility and equity of health services, continuum with citizen at the center.

**Existing Scope of Helpline (UP)**

**Assistance and information on**

* Scheme Information – entitlements
* Beneficiary identification and enrolment process
* Empaneled provider based on need.
* Required documentation required for hospital admission

**Grievance and Complaints on**

* Denial of treatment
* Misbehavior of hospital staff and Arogya Mitra
* Money asked
* Negligence
* Quality of services

**Feedback**

* Satisfaction

**Objective –** Develop and test a navigation support system within the existing helpline to provide comprehensive and actionable information to access care under insurance schemes- UP & Kerala. The citizen/patient centric solution that supports the beneficiaries in navigation care under PM-JAY that

* Handholds and provide navigation support to the patient to the care that they need.
* Is responsive in real time to ensure delivery of appropriate quality care
* Is agnostic to source of delivery (private vs. public)
* Is comprehensive (from primary to tertiary care)
* Relies on accurate and complete information through the chain of care

**Proposed solution –** the solution will be developed and tested through the existing state helpline. It is expected some level of testing will begin within the existing operating models of the call centers (with minimum changes), however the vision is developing a solution which integrated existing information systems that service the citizens/patients

**Additional citizen/patient support services to be introduced in phase manner**

1. General health queries
2. Appointments at empaneled hospitals – through coordination with Community Health Officer at Health & Wellness Centers and Arogya Mitras at Hospitals
3. Generate tickets for hospital admissions, forward and backward referrals
4. Provide information on emergency transport
5. Facilitate tele-consultations and remote-follow ups with hospitals
6. Assist with grievance and beneficiary feedbacks

**Scope and Deliverables**

|  | Envisaged activity | Deliverable | Expected Timeline |
| --- | --- | --- | --- |
| 1 | Conduct a rapid ‘as is’ assessment of the current call center functioning – operational, technical, and functional in Uttar Pradesh & Kerala. In addition understand the PM-JAY and state health information system, their operating modalities and which of these can be leveraged. The assessment will be done through review of existing documents, site visits (discussion with key stakeholders) and virtual discussions. | * Tool to conduct the assessment * Summary Report of the assessment with proposed plan to integrate patient support services phase wise. (Functional, operational and technology plan) | * January – February 2023 |
| 2 | Presentation to the state officials/donors for finalization | * Presentation – Options for integration | * February – Lucknow * March- Kerala |
| 3 | Develop an operational plan of introducing modules in phases for   1. General health queries 2. Appointments at empaneled hospitals 3. Generate tickets for hospital admissions, forward and backward referrals 4. Provide information on emergency transport 5. Facilitate tele-consultations and remote-follow ups with hospitals 6. Assist with grievance and beneficiary feedbacks   The operational plan should comprehensively provide operating guidelines, workflows, changes/upgrade required in customer relation management systems, roles and responsibilities of Call Center Executives/supervisors, Arogya Mitras/District Implementation teams and any who will be involved in testing these and monitoring indicators. **(The operational plan framework plan with details required will be agreed in advance)** | * Operational Plan – Uttar Pradesh * Operational Plan- Kerala | * Early March * End of March |
| 4 | Provide training and implementation support to the call center and state teams in pilot implementation. (April-September 2023- expected level of effort 8-10days a month) | * Training (Call Centers/DIUs/PMAMs) * Technical solutioning as required * Monthly site visits and review of MIS * Designing the solution which is integrated with state information systems. * Provide digital support as required during implementation phase | * April- September |
| 5 | Design an independent third-party assessment to document the effectiveness of the patient navigation support system. expected level of effort (6-8 days a month) | * RFP for third party assessment * Assessment Report | * October- December 2023 |

**Level of Effort (Jan-December 2023)**

* Full time – January 30- March 31
* April -September 2023 – 8-10 days a month
* October – December 6-8 days a month
* Total days = 128

**Compensation**

A fee of INR 11,000 per day (inclusive of all taxes) up to 128 days in 12 months will be paid to the consultant. The payment will be released only on the completion of deliverable and by providing the timesheet/invoice.

**Term**

This engagement shall commence upon execution of this agreement. The agreement shall continue in full force and is effect from **January 30, 2023** to **January 30, 2024**.