<u>**Detailed Terms of Reference for Recruitment of Resources under NHPS**</u>

I. **Monitoring, Evaluation, Quality and Fraud Manager**
1. **No. of positions:** 1
2. **Qualification:**
   Post Graduate Degree or Equivalent in Public Health or Healthcare Management from a recognized Institution**.**

3. **Experience required:**
   Minimum 5 years of experience in Insurance Sector (public or private)

   Desirable:
   Professional experience in monitoring and evaluation, risk management, or fraud detection, preferably in healthcare or public health programs.
   Experience with risk assessment methodologies, fraud management tools, and data analytics for monitoring compliance and performance

4. **Responsibilities:**
   i. Monitoring and Evaluation of Scheme Activities
   - Oversee the monitoring of various activities under the scheme, ensuring that the State Health Agency (SHA), hospitals, and field personnel are functioning in alignment with the defined objectives of the NHPS.
   - Track and evaluate the achievement of program goals and Key Performance Indicators (KPIs), such as enrollment rates, claim processing efficiency, beneficiary satisfaction, and compliance with operational protocols.
   - Regularly review the implementation and progress of the scheme, identifying areas for improvement and providing feedback to senior management for course correction.
   ii. Surveillance and Compliance Monitoring
   - Conduct routine surveillance visits to all participating entities, including hospitals, field offices, third-party administrators (TPAs), and other stakeholders to ensure adherence to the defined standards, procedures, and protocols.
   - Investigate any irregularities observed during surveillance and recommend corrective actions to rectify non-compliance with NHPS guidelines.
   - Develop a structured field monitoring plan that includes surprise checks, spot audits, and beneficiary feedback mechanisms to enhance compliance and program accountability.
   iii. Risk Assessment and Control Mechanisms
   - Design and implement risk assessment programs that proactively identify areas susceptible to fraud, abuse, or inefficiencies within the scheme's operations.
   - Work closely with the IT and medical management teams to develop and coordinate risk management systems, including fraud triggers and automated alerts that identify potentially fraudulent activities or anomalies in claim patterns.
   - Ensure continuous monitoring of risk areas and regularly update the risk mitigation strategies based on evolving threats or program requirements.
   iv. Fraud Detection and Prevention
   - Develop and implement robust fraud detection systems to identify, investigate, and mitigate potential fraudulent activities, including fraudulent claims, identity theft, hospital or TPA collusion, and beneficiary manipulation.
   - Use business intelligence tools, data analytics, and pattern recognition techniques to monitor claim submissions, healthcare utilization patterns, and reimbursement trends for signs of fraud.
   - Coordinate with law enforcement or legal teams when fraudulent activities are confirmed, ensuring the prosecution and resolution of cases in line with legal frameworks.

v. Coordination with IT and Medical Management
   - Collaborate with the IT and medical management teams to design and deploy fraud management tools that leverage technology for real-time monitoring and anomaly detection.
   - Ensure alignment between technical systems and medical management protocols to improve the efficiency of monitoring and evaluation processes, including claim processing and hospital audits.
   - Integrate risk management tools with existing IT systems to create seamless workflows for identifying, reporting, and addressing fraud or operational inefficiencies.

vi. Reporting and Documentation
   - Prepare regular reports on monitoring and evaluation activities, highlighting performance trends, risks, and detected fraud incidents. Present findings to the senior management team with recommendations for action.
   - Document case studies of fraud incidents, investigation methodologies, and resolutions to support future fraud management efforts and policy development.
   - Provide detailed data-driven insights and performance analysis to inform decision-making, policy adjustments, and improvement initiatives.

vii. Training and Capacity Building
   - Develop and deliver training programs for SHA personnel, field staff, hospital administrators, and TPAs on fraud detection, risk management, and the importance of compliance with NHPS guidelines.
   - Build the capacity of internal teams to identify potential risks and implement preventative measures through continuous learning and skill development programs.

viii. Coordination with Stakeholders
   - Work closely with internal and external stakeholders, including government agencies, hospitals, TPAs, and law enforcement, to ensure that monitoring and fraud management activities are well-coordinated.
   - Foster collaboration across departments and external entities to create a unified approach to risk management and compliance enforcement.

ix. Continuous Improvement and Innovation
   - Continuously review and enhance monitoring and fraud management systems, introducing innovative practices and tools that improve the overall effectiveness of the program.
   - Use data analytics, machine learning, and artificial intelligence where applicable to predict risks and improve the efficiency of fraud detection efforts."

II. IT Manager cum Business Analyst
1. **No. of positions:** 1
2. **Qualification:**
   BE/B.tech in CSE/IT/ECE or MCA/MBA (IT) from a recognized Institution.

3. **Experience required:**
   Minimum 5 years of experience in project management in IT projects.

   Desirable:
   i. Experience in IT system maintenance within the insurance industry is an advantage.
   ii. Familiarity with insurance enrollment and claims IT systems will be an added advantage.

4. **Responsibilities:**
   i. Management of IT Infrastructure
      Oversee all IT-related functions, including hardware, software, network, and data systems, ensuring smooth operations and timely troubleshooting.
   ii. Requirement Gathering and Translation
      Translate policy frameworks and functional requirements into precise technicalspecifications for software developers, vendors, and IT teams.

iii. Ticket and Incident Management
Monitor and manage IT-related tickets, ensuring issues are logged, prioritized, and resolved in accordance with SLAs (Service Level Agreements).

iv. Implementation of Functional Modules
Lead the deployment and integration of functional modules, including system upgrades and new feature rollouts, ensuring proper alignment with policy guidelines and operational needs.

v. API Integration and Management
Oversee API integration between internal systems and external platforms, ensuring secure, seamless, and efficient data exchange. Manage the development, implementation, and troubleshooting of APIs to ensure full interoperability between systems.

vi. Coordination with Key Stakeholders
Act as the primary point of contact for coordination with the National Health Authority (NHA), State IT&C Department, and other external IT vendors and stakeholders. Facilitate communication to ensure that IT systems align with broader organizational goals and policy frameworks.

vii. Data Security and Compliance
Ensure the security of data, particularly sensitive healthcare data, by implementing appropriate security protocols and complying with relevant data protection regulations (e.g., NDHM standards, IT Act, and Data Privacy Policies if applicable).

viii. Vendor and Contractor Management
Oversee third-party IT vendors and contractors, ensuring their deliverables meet technical and functional requirements within set timelines and budgets.

ix. System Performance Monitoring and Reporting
Regularly monitor system performance and generate reports for senior management on IT operations, project status, and identified risks. Recommend improvements and optimizations as needed.

x. Training and Capacity Building
Provide training and technical support to staff on IT systems and tools to ensure smooth adoption and optimal usage across departments.

xi. IT Policy Development and Strategic Planning
Contribute to the development of IT policies and strategic plans for the healthcare system, ensuring that IT operations support organizational goals."

III. **Accounts and Admin Assistant**
1. **No. of positions:** 1
2. **Qualification:**
   CA / ICWA Intermediate cleared, or M. Com from a recognized Institution.

3. **Experience required:**
   Minimum 2 years experience in accounting of large scale projects or government schemes with knowledge of Tally software, GST, TDS and other statutory remittances.

4. **Desirable:**
   Experience in the insurance industry or managing large government projects/schemes will be an added advantage.

5. **Responsibilities:**
   i. Accounts Management
   - Assist in maintaining accurate and up-to-date financial records, including preparing, verifying, and processing invoices, receipts, and payments.

- Support in managing the general ledger, ensuring timely recording of transactions and updating of accounting records.
- Assist in preparing financial reports, including budget forecasts, expense tracking, and reconciliation of bank statements.
- Help in the preparation of monthly, quarterly, and annual financial statements for review by management.
- Ensure compliance with financial policies, procedures, and legal regulations, including taxation, payroll deductions, and statutory filings.

ii. Payroll Support
- Assist in the processing of payroll, ensuring timely and accurate payment of salaries, allowances, and benefits to employees.
- Handle employee reimbursement claims and ensure proper documentation and approvals.
- Maintain accurate records of leave, attendance, and employee deductions as part of payroll processing.

iii. Administrative Assistance
- Provide general administrative support, including managing office supplies, correspondence, filing, and documentation.
- Assist in organizing meetings, workshops, and other official events, including booking venues, sending invitations, and preparing materials.
- Manage office infrastructure, ensuring maintenance of facilities, equipment, and timely procurement of office essentials.
- Coordinate with external vendors for office supplies and services, ensuring quality and timely delivery.

iv. Document Management and Filing
- Ensure proper organization and secure storage of financial, administrative, and HR documents, both in physical and digital formats.
- Assist in maintaining accurate records for audits, including supporting the preparation of documentation needed for internal and external audits.

v. Vendor and Payment Management
- Assist in managing relationships with vendors and service providers, processing payments, and ensuring timely disbursement.
- maintain accurate payment records and documentation for future reference.

vi. Coordination with HR and Finance Departments
- Liaise with the HR and finance teams to support administrative and financial functions, ensuring smooth operations.
- Provide timely updates and reports to the management regarding accounts, payments, and administrative matters.

vii. Assistance in Budgeting and Financial Planning
- Assist in the preparation of the organization's annual budget by collecting and consolidating financial data.
- Support in monitoring expenditures against the approved budget, ensuring any discrepancies or concerns are reported to management promptly.

viii. Compliance and Reporting
- Ensure compliance with relevant financial and administrative policies and regulations.
- Assist in preparing reports for management and external stakeholders, such as auditors or regulatory bodies, as needed.

ix. Other Tasks as Assigned
- Take on additional administrative or accounting-related tasks as needed to support the overall functioning of the organization"

IV. District Programme Coordinator

1. **No. of positions:** 17
2. **Qualification and experience:**
    Bachelor's degree in any field from a recognized institution, with strong proficiency in computer applications.

3. **Minimum Experience required:**
    At least 2 years of experience in implementing government health insurance programs, or working in the insurance industry or with a Third-Party Administrator (TPA).

4. **Responsibilities:**

i. District-Level Scheme Management
    - Oversee the implementation of AB-NHPM at the district level, ensuring that all administrative and operational activities are aligned with national and state guidelines.
    - Ensure that beneficiary identification and enrollment processes are carried out efficiently and in compliance with the defined standards.
    - Coordinate the smooth utilization of services by beneficiaries and ensure the timely processing of claims and authorizations by the district hospitals.

ii. Compliance and Standards Enforcement
    - Ensure compliance with the AB-NHPM guidelines across beneficiary identification, service utilization, and hospital empanelment.
    - Monitor the expansion of the hospital network within the district, ensuring that empanelled hospitals meet program quality standards and service requirements.
    - Conduct audits and quality checks at participating hospitals and healthcare entities to ensure adherence to operational protocols.

iii. Monitoring and Data Management
    - Monitor the performance of hospitals and field personnel through regular reviews and assessments.
    - Work closely with various teams across functions (e.g., IT, medical, beneficiary identification) to ensure that data is collected accurately and flows seamlessly to the state-level MIS on a periodic basis.
    - Maintain the quality and timeliness of program data, ensuring that reports and updates are generated as per defined timelines.
    - Organize surveillance visits, routine inspections, and random checks to verify the proper functioning of scheme processes.

iv. Audit and Reporting
    - Conduct random reviews of pre-authorizations and claims to ensure accuracy and compliance with scheme guidelines, identifying any irregularities or fraudulent practices.
    - Provide district-level reports on program performance, claim processing, beneficiary enrollment, and other key metrics to state-level authorities for further action.
    - Ensure timely submission of MIS reports, audits, and surveillance findings to the SHA for analysis and decision-making.

v. Stakeholder Coordination and Relationship Management
    - Act as the district-level point of contact for all NHPS activities, coordinating with state officials, hospitals, and other healthcare service providers.
    - Establish and maintain relationships with key stakeholders, including district hospitals, insurance companies, field personnel, and the community, to promote effective service delivery.
    - Ensure that all stakeholders, including hospital administrators and field officers, are trained and updated on the latest guidelines and operational requirements of the scheme.

vi. 6. Awareness Generation and Capacity Building

- Support awareness generation activities at the district level, ensuring that beneficiaries and communities are informed about the scheme, their entitlements, and how to access services.
- Organize capacity-building initiatives for hospital personnel, field officers, and other stakeholders, ensuring they are well-versed in NHPS guidelines, claim processes, and operational requirements.

vii. Training and Knowledge Sharing
- Conduct or organize training programs for hospital administrators, field personnel, and other stakeholders to enhance their knowledge and skills in managing scheme operations.
- Provide guidance to field staff and hospitals on beneficiary identification, claims processing, fraud detection, and reporting, ensuring adherence to NHPS protocols.

viii. Random Audits and Surveillance
- Perform random audits of hospital records, pre-authorizations, claims, and service delivery processes to ensure compliance and detect any discrepancies or malpractices.
- Carry out surveillance visits to all entities participating in the scheme, including hospitals and empanelled service providers, to ensure adherence to standards.

ix. Program Evaluation and Feedback
- Continuously monitor the program's progress in the district and provide feedback to state-level authorities on challenges, risks, and areas for improvement.
- Work with the SHA to develop and implement corrective measures based on audit findings and surveillance reports.