



**Support to the Health, Nutrition
and Population Sector Programme
in Bangladesh
BMZ-No.: 2003 66 237 / 2005 70 424**

Component A:
Health Financing

**Annex 2
Manual for SSK Cell**

June 2013

(Update as per September 2013)

Presented to:

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ABBREVIATIONS

BPL	Below-Poverty-Line
DG	Director General
DGFP	Directorate General Family Planning, MoHFW
DGHS	Directorate General Health Services
DGHS-MIS	Directorate General Health Services-Management Information Systems
DH	District Hospital
DIP	Detailed Implementation Plan
DP	Development Partner
EDCL	Essential Drugs Company Limited
HED	Health Engineering Department
HEU	Health Economics Unit
MOHFW	Ministry of Health and Family Welfare
NHSO	National Health Security Office
SO	Scheme Operator
SSK	Shastyo Shuroksha Karmasuchi
UHC	Upazila Health Complex



1 INTRODUCTION

The Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MoHFW) has developed a social health protection scheme termed as Shasthyo Shuroksha Karmasuchi (SSK: Health Protection Scheme) with the financial support from KfW (German Development Bank) and the technical assistance of GFA Consulting Group. Under this scheme, the Government has decided to promote free of charge hospital services (inpatient care) for the poor. SSK is a new initiative to introduce a health protection scheme. The scheme is to be piloted in three Upazilas (sub-district) in Tangail District.

This document focuses on describing the tasks that cannot be outsourced and should be handled by SSK Cell in coordination with Inter-Ministerial Steering Committee.

2 BACKGROUND OF SSK CELL

In order to implement the health insurance activities laid down in the concept note of Shasthyo Shuroksha Karmasuchi (SSK), the existence of an independent organization is necessary. The name of the social health insurance body differs in various countries. In Thailand, for example, it is called National Health Security Office (NHSO), in South Korea it is termed National Health Insurance Corporation (NHIC). In order to conduct health insurance activities through insurance companies in Bangladesh, there too will be the need for an independent body like NHSO.

However, HEU prefers to set up for the pilot – as a first step – a cell instead of a big organization for various reasons, a.o. minimizing the administrative cost. The name of the proposed cell is SSK Cell. The intention is to establish a SSK Cell to kick-off the SSK scheme on a short-term temporary pilot basis.

SSK Cell is a creation through executive order and thus cannot be a legal body. As a consequence HEU/MoHFW will have strong influence on the SSK and the SSK Cell bears the risk of little sustainability.

Thus, after implementation of the SSK pilot a National Health Security Office (NHSO) as independent body will eventually be required to run the universal health insurance schemes, replacing SSK Cell. A roadmap will be developed for transiting from SSK Cell towards NHSO.



3 ORGANISATIONAL SET-UP

3.1 SSK Cell: Position in the Model

In the SSK model the SSK Cell will be in the centre of entire system. On the one hand the SSK Cell will formulate policy decisions in consultation with the “SSK working committee”; on the other hand the SSK Cell will be responsible to implement the SSK. SSK Cell will also implement the SSK at facility level as well as community level through engaging a “Scheme Operator (SO)”. It is important to note that the Inter-Ministerial Steering Committee will provide the SSK Cell with policy guidance. A Consulting Company may provide Technical Assistance to SSK Cell.

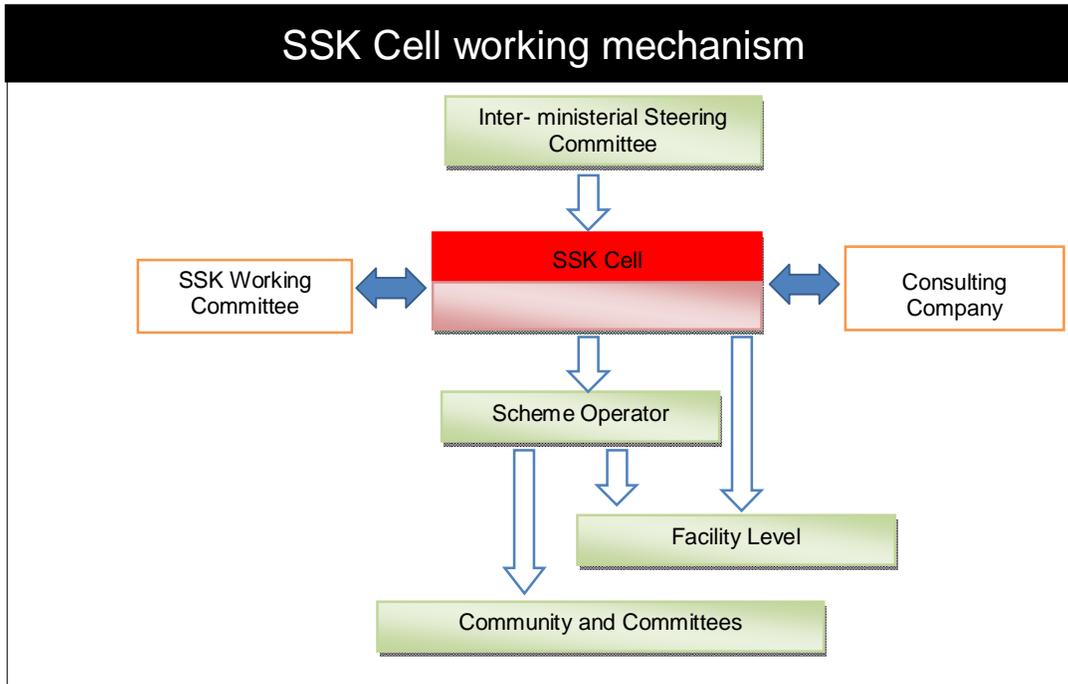
The following sections describe the set-up, organogram and tasks of the SSK Cell in detail. The diagram below illustrates the position of the SSK Cell in the SSK model and presents vertical and horizontal relationships with other stakeholders.

The Inter-Ministerial Steering Committee and the Working Committee will provide policy support and guidance to the SSK Cell. As per notification by the Health Economics Unit (HEU) of the MoHFW, dated 3 and 4 January 2012, the **Inter-Ministerial Steering Committee** will be chaired by the Honourable Minister of MoHFW. The Director General (DG), HEU will be the Member Secretary. Further members of the “Inter-Ministerial Steering Committee” are: Secretary of Finance Division, Secretary of Economics Relation Division, Secretary of Ministry of Public Administration, Secretary of Ministry of Commerce, Secretary of Local Government Division, Secretary of Prime Minister’s Office, Secretary of Ministry of Information, Secretary of MoHFW, DG of Directorate General of Health Services (DGHS), DG of Directorate General of Family Planning (DGFP), Project Director of Community Clinic Project.

The main roles of this Inter-Ministerial Steering committee are:

- (i) To provide policy decisions and advice to Working Committee and
- (ii) To resolve issues those arise during the long process of implementation of the SSK model.

Figure 1 SSK Cell in the Centre of SSK



The **Working Committee** is chaired by the Secretary of MoHFW, and DG HEU is Member Secretary.

Members of this committee are DG of DGHS, DG of DGFP, Chief Controller of Insurance, Directorate of Insurance, Project Director of Community Clinic Project, Joint Secretary (Budget 1) of Budget Wing, Finance Division, Joint Secretary (Administration) of Local Government Division, Joint Secretary (Administration) of MoHFW, Joint Chief (Planning) of MoHFW, Managing Director of Essential Drugs Company Limited (EDCL), Chief Engineer of Health Engineering Department (HED), Executive Director of ICDDR,B and Chair of Development Partner (DP) Consortium.

This committee will be responsible to:

- (i) Provide guidance, support and direction to SSK Cell;
- (ii) Bridge the gap between Inter-Ministerial Steering Committee and SSK Cell;
- (iii) Sit more frequently to guide the progress of the project;
- (iv) Co-opt additional member if necessary.

There shall be at least one meeting of the SSK Working Committee every month. Decisions shall be taken by the majority of its members. The Member Secretary with prior approval of the Chairman shall notify the members of the Committee about venue and time of meeting.

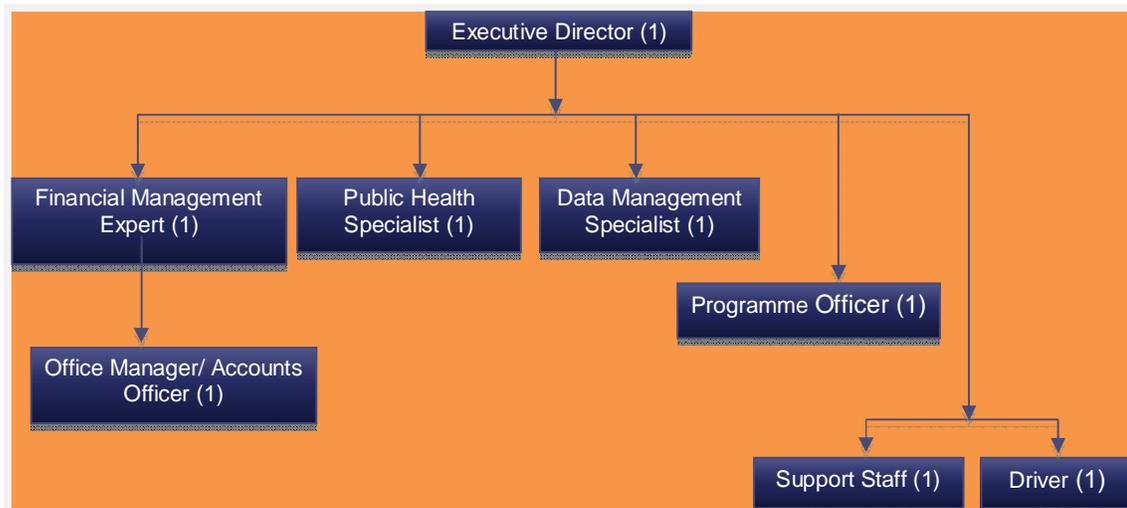
The formation and functions of the SSK Cell are outlined in the following sections.

3.2 Human Resource Set-up

The HEU shall constitute the SSK Cell, which will operate under the guidance of the SSK Cell. The SSK Cell will be headed by a Director. Three major wings will operate under his leadership: Finance, Public Health and Data Management. The detailed terms of reference, required qualifications and service benefits of the above mentioned positions are described in detail in Annex 6.

The organogram of SSK Cell is presented below.

Figure 2: SSK Cell - Organogram



The Executive Director will be assigned by HEU and other personnel in the SSK Cell will be assigned by the SSK Executive Director.

3.3 Office Set-up

Office Space

For the SSK Cell office space of 3000 Sq-ft (287 m²) including a meeting / conference room will be needed as minimum. It would be convenient if the office were close to the HEU.

Furniture

Initially, in order to decorate the office of the SSK Cell, about 30 chairs (15+10+5), 8 tables (7+1), 10 file cabinets, one sofa set, 4 Book Shelves and 7 Computer tables will be necessary.

Vehicle

At least two vehicles should be provided for the SSK office transport. These vehicles would be used for transportation of officers and frequent field visits.

Office equipment

SSK Cell would require 3 desktop computers, 5 laptops, 5 printers, one server computer, one multi-media projector, one handy cam, one digital camera, two photocopiers, one scanner, one fax machine, one refrigerator, and four landline phones. Intercom and Wi-Fi Internet should also be provided.

Office decoration

The office of the SSK Cell should be equipped with 4 air-conditioners, ten ceiling fans, twenty tube lights and ten energy saving bulbs. The office should be supported with an Instant Power Supply (IPS) system. Further interior decoration would be done as per requirement.

4 MAJOR TASKS OF SSK CELL

SSK Cell will be responsible to conduct the following activities:

4.1 General Political and Administrative Tasks

- Call for tenders for establishing a Scheme Operator, as and when required;
- Procurement of services related to the benefit package from the health facilities through the Scheme Operator (SO);
- Drug cost surveillance and management of drugs supply (See Annex 3: Drugs).
- Support of procurement activities of hospitals (spend the amount received from SSK Scheme).

4.2 Finance Management

A fund shall be established titled “Shasthyo Surokhsha Karmasuchi (SSK) Fund”. Accordingly, money from the following sources shall be deposited in the fund, namely:

- a) Grant from the government;
- b) Money collected as membership fee;
- c) Money donated from any person or organization;
- d) Profit from the investment of money of the fund; and
- e) Money obtained from any other source approved by the government.

The money of the fund shall be deposited in any schedule Bank on approval of the SSK Cell. The money of the fund or part of it may be invested in SSK related activities only.

SSK Cell will be responsible to do the following tasks:

- Make monthly Payment to SO for services;
- Maintain Financial Accounting of SSK Activities. Financial accounting should be in line with government chart of accounts but should be auditable by international standards. The accounting software should be accessible by the SSK Cell data warehouse (read-only). This way, reports can be produced automatically that combine financial data with membership and other program implementation data.
- Monitor the finance management of Scheme Operator (SO);
- Monitor Financial activities of UHC and Hospitals;
- Monitor cost structure of UHCs, yearly revision of contribution fee;
- Coordinate external financial audits;
- Support Upazila Health Complex (UHC) and District Hospital (DH) with creation of local hospital accounting (unified chart of accounts that considers both requirements from MoHFW and the SSK program);

- Monitor Financial activities and structure of Hospitals, including a yearly revision of contribution fees.

4.3 Targeting, Member Management, and Reporting

The SSK Cell, will be responsible for targeting the beneficiaries and will establish efficient procedures for the initial targeting and the yearly updating of the target group lists. Currently, there is no centralized database for identifying these beneficiaries; the data is spread between various levels and institutions (including Bureau of Statistics). SSK Cell shall collect this data, consolidate it, and prepare it in such way that mobile teams with clearly assigned tasks and roles can verify the data and prepare the issuing of members ship cards.

Registration of SSK members and issuing of health cards will be the task of the Scheme Operator. The SSK Cell will organize these activities in such a way that the sovereign tasks of public administration and outsourced tasks are combined efficiently (see Annex 4). In short, the three major tasks regarding targeting are to:

- Prepare the list of Below Poverty Line (BPL) households with the support of local level committees (see targeting manual);
- Maintain centralized patient member database;
- Review List of Target Population in every two year.

4.4 Clinical Management

The SSK Cell will:

- Prepare and update benefit package (including tentative costing) for the card holders;
- Supervise Quality Management;
- Update treatment guidelines.

4.5 Grievance

It is the responsibility of SSK Cell to execute continuous and systematic grievance procedures. Especially during the start-up phase, this is considered a vital area of work to continuously improve the effectiveness and adjust the activities of the health protection scheme. Tasks are:

- Establishment of grievance procedure;
- Definition of appropriate channels of incoming complaints;
- Establishment of efficient distribution of the incoming complaints to responsible persons at SSK;
- Establishment of grievance software;
- Periodic follow-up of grievances, including feedback mechanisms to complainer.

For Grievance procedure in detail see Annex 5.

4.6 Expansion of Scheme

The SSK Cell will provide required training and orientation to the relevant officials and committee members. Therefore, it will:

- Organize workshops and seminars at national and local level¹.
- Provide feedback and policy input to the working committee and Inter-Ministerial Steering committee;
- Conduct implementation as outsourced provider.

4.7 Program Coordination

Program Coordination will

- Link with HEU, DGHS and other ministerial units;
- Disseminate program information.

The health facilities will receive some liberty of applying the contributions to their needs. However, SSK Cell should support them, ensure that best practises are developed and shared between UHCs and DH. Especially for the area of procurement, specific legal know-how may be required; also a coordinated approach may help to get good prices.

4.8 Accreditation of Health Facilities

- SSK Cell will develop both criteria for and a plan of accreditation of hospitals and execute its implementation.
- SSK Cell will approve contracts between hospitals and SO.
- SSK Cell will be responsible to assurance of medical quality (including accreditation) and ensuring that payments are made for treatments, which satisfy approved standards of care only.
- SSK Cell can issue a contract for technical and financial audits of the hospitals to keep the SSK structure small and efficient in the beginning. As the volume of claims grows, SSK Cell can employ additional staff and take over.

4.9 Information Technology

SSK Cell will be the owner of a data warehouse that combines all relevant program data, including data from hospitals, SO data and membership data. The data warehouse will be integrated into the system architecture of DHGS-MIS and will be hosted in the data centre of DGHS-MIS. However, SSK Cell will be responsible for providing a server and for managing the data quality and the responsible usage of the data, including the respect of data privacy of patient data. For this purpose, a data management staff will be recruited with the following specific tasks:

- Data Management Support:
 - Support SSK management with definition of data and system requirements.
 - Maintain a close link to other MoHFW IT entities and external software providers to coordinate system activities of the SSK Cell
 - Support SSK Cell Medical and Financial specialist to design, test and implement reports to prevent fraudulent activities
 - Conduct data analysis of raw data and aggregate data to detect financial or medical trends. Recognise project opportunities and threats.
- Software and Database Support:
 - Coordinate with stakeholders to understand the requirements / data needs;
 - Describe and analyse work process-flows and prepare documents;

¹ Training expenditure (per-diem for government staff, travel expenditure of government staff, trainer fees for government personnel) should normally be a government contribution

- Run SQL Queries, process and analyse data in MS Excel
- Use ETL/Reporting tools to design, create and/or modify reports
- Testing:
 - Conduct trial tests to check for robustness of the software of other programmers and check for accuracy based on test plan;
 - Prepare the report highlighting the errors;
- Support:
 - Provide hand holding support for SSK users on usage of software and devices related to the product;
 - Coordinate support activities with DGHS
 - Collect feedback from users on existing programs for any changes required;
 - Make necessary changes based on Change Request Process;
 - Provide continuous support for user queries;
- Training:
 - Prepare training material and conduct training to users on usage of software and associated devices
- Other
 - Manage hardware inventory (including hardware of mobile teams and SO equipment).

The cooperation with DHGS and DGHS-MIS should be defined in a Memorandum of Understanding (MOU) that clearly states mutual tasks and responsibilities.

SSK Cell should contribute towards building up a centralized health-geo-database that covers all health activities. DGHS-MIS is working towards such an infrastructure. This way SSK Cell can provide data that is beneficial to other health initiative that target the poor, as long as the national standards for patient data privacy are respected. The potential benefit for the SSK Cell lies in the fact that future targeting procedures for the expansion of the scheme can be carried out in a more efficient and standardized way.

Regarding the maintenance of the member database, SSK Cell has the following specific tasks:

- Maintain centralized patient member database:
 - Register the card holders;
 - Update members data;
 - Synchronize data with hospitals and scheme operators.
- Maintain claims management database:
 - Receive copies of all claims electronically;
 - Use advanced reporting and analysis tools.
- Reporting to MoHFW, KfW.

4.10 Monitoring and Evaluation

Since SSK Cell is the owner of the data warehouse that integrates all program data from facilities, SO, and membership management, it has the necessary tools for Monitoring and Evaluation. This includes routine monitoring, but also active surveillance of activities that



are not line with the intentions of the program, activities that may lead to unwanted cost developments or that are fraudulent. Specifically, this entails the following tasks:

Routine controls:

- Monitoring of SO;
- Collect monthly reports from SO;
- Monitoring of enlisted health facilities.

Regular sample checks:

- Examine 10% of all Claims. Reports from the data warehouse will help to identify claims to be examined in detail;
- These will then be examined during visits to the facilities. Special focus could be, for example, to:
 - Avoid over-billing: Billing for items that have not been provided;
 - Avoid over-practicing: Unnecessary health services to maximize income.

5 MONITORING & SUPERVISION OF SSK CELL

The Inter-Ministerial Steering Committee will be responsible to monitor the activities of SSK Cell. SSK Cell will submit the Detailed Implementation Plan (DIP) of the activities at the beginning of each quarter to the Steering Committee, and will submit a quarterly progress report against the plan at the end of the quarter to the Steering Committee. Quarterly meeting will be arranged with Inter-Ministerial Steering Committee to assess the quarterly progress. Inter-Ministerial Steering Committee will call the meeting. SSK Cell will submit a consolidated Annual Report to Inter-Ministerial Steering Committee. Monitoring indicators need to be developed in collaboration with Inter-Ministerial Steering Committee and the working committee.