**



Health Systems for Tuberculosis (HS4TB)

Standard Operating Procedures for Invoicing, Verification, and Validation Processes—PPSA

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# Acronyms and Abbreviations

|  |  |
| --- | --- |
| DTC | District TB Cell |
| FDC | fixed dose combination |
| NTEP | National Tuberculosis Elimination Program |
| PHI | public health institutions |
| PPSA | Patient Provider Support Agencies |
| RFP | request for proposal |
| STC | State TB Cell |
| STDC | State TB Training and Demonstration Center |
| TBNR | TB notification register |
| UDST | universal drug susceptibility testing |

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# 1. Background

With nearly 80% of people infected with TB in India making first contact with the health system through the private sector, private provider engagement is critical for TB control and elimination. Based on growing evidence that Patient Provider Support Agencies (PPSA) enable increased case finding and reporting, patient retention in the continuum of care, and access to quality care (including rapid diagnostics and quality-assured TB drugs), the National Tuberculosis Elimination Program (NTEP) plans to scale up the interface agency approach provisioned through domestic budgets.

However, payments to PPSA can be significantly delayed, which can hinder TB providers’ ability to operate effectively and deliver quality services. Delays can be a consequence of late submission of invoices, a lack of standard procedures for calculating the payouts based on performance, and slow completion of verification and validation processes by NTEP.

Geographies where PPSA are being implemented for the first time tend to struggle more with such challenges than those where PPSA are well established. These delays can be addressed by standardizing the process flows and introducing tools that help facilitate invoice generation, the verification and validation process, and timely payouts. Although a software solution to the issue would be optimal, determining the viability of such a solution may take some time. Meanwhile, Excel-based tools with standard operating procedures have been created to assist the PPSA and NTEP immediately.

# 2. Scope of the document

This document standardizes the process flow for invoicing, verification, and validation of submitted vouchers needed to process PPSA payouts. This will help PPSA prepare invoices using Ni-kshay reports and submit them, along with supporting documents, to the NTEP within the prescribed timeline. This document also lists the steps for verification and validation and provides guidance to help the district and state NTEP teams complete these processes and disburse payments in a timely manner. Accompanying this document are Excel files that introduce some structure and automation to generate invoices, simplify and organize the verification and validation process, and calculate payments. A payment matrix and validation percentages, as defined under the contracts, can be found in annexes 1 and 2, respectively.

The mechanism has three steps:

1. Invoice calculation by PPSA
2. Verification and validation of performance by the state and district NTEP teams
3. Payment calculation and disbursement by the state NTEP team

Accordingly, one Excel file has been developed to help with each step.

The validation of patients by district NTEP teams is accomplished by confirming the information in available documents with patients via telephone or home visits. The process is best done by saving all documents described in the verification criteria table (table 1 on page 6) online in cloud storage, with access given to the appropriate district NTEP teams. This will reduce validation times considerably, as it will make all documents readily available as soft copies. However, this process is not currently being implemented, and moving forward would require acceptance by both the NTEP and PPSA, which would involve further discussion between the two parties.

# 3. Process to be followed

**STEP 1—INVOICE CALCULATION BY PPSA:**

***The invoice calculation is based on data in Ni-kshay reports. Download the following Ni-kshay registers to use for invoice calculation (based on agreed indicators):***

1. Notification

The TB notification register (TBNR) (enrolment facility[[1]](#footnote-2)) is downloaded by the PPSA from Ni-kshay to calculate notification pay out. TBNR (enrolment facility) captures the login credentials of the facility/provider who enters data on Ni-kshay. This will ensure that the only notifications reported will be those entered into Ni-kshay by the PPSA. The enrolment register contains presumptive cases (those suspected to have TB but not yet diagnosed) also, but these are not considered for pay out. The operating model of some PPSA (e.g., HLFPPT in Gujarat) may have private clinics use the same Ni-kshay login credentials as their associated hospital to record notifications. The combined notifications entered through such IDs will be incorporated for payout calculation.

1. Validated Bank Accounts, HIV Testing, Diabetes Testing, Contact Tracing, and Treatment Outcomes

The TB notification register (current facility[[2]](#footnote-3)) is used to calculate the payout for all indicators except notification (i.e., validated bank accounts, HIV testing, diabetes testing, contract tracing, and treatment outcomes). Please note that the TBNR (current facility) register may contain cases notified in non-PPSA geographies or public health institutions (PHIs) but who subsequently transferred to a PPSA geography. The calculation process for handling “transferred-in” cases is described below.

1. Fixed Dose Combination (FDC[[3]](#footnote-4)) Uptake

The “dispensation register” is used to calculate FDC consumption. Unique Ni-kshay IDs with FDC consumption are auto-calculated at the end of the FDC workbook.

1. Universal Drug Susceptibility Testing (UDST)

The “lab register” is used to calculate the payout for UDST. Payouts are made for test results updated for any of the following tests in the lab register: CBNAAT/TruNaat/FL-LPA/SL-LPA/culture. “Yes/No” is auto-calculated at the end of the workbook.

1. Chemoprophylaxis

The contact tracing register is used to calculate the payout for chemoprophylaxis for children.

***The calculation process for invoice generation is as follows:***

* 1. Copy and paste downloaded Ni-kshay registers into the corresponding workbooks in the “PPSA Agency - Invoice Calculation” Excel file. Column headings in the workbook correspond with those from downloaded Ni-kshay registers.
* Data from the TBNR (enrolment) register is pasted in the “Enrol” worksheet
* TBNR (current) → “TBNR\_current” worksheet.
* FDC → “FDC” worksheet
* UDST → “Patient\_Lab\_Register” worksheet
* Chemoprophylaxis → “Contract Tracing” worksheet
	1. In the TBNR\_Current Sheet, Columns BR, BS, and BT (FDC, UDST, and Chemoprophylaxis) will be auto-calculated from reference sheets (Column AO of FDC sheet, Column DK of 'Patient\_Lab\_Register', and column AO of 'Contact tracing')
	2. For cases that were originally notified by a PPSA but later transferred out to a non-PPSA geography or PHI, these notifications and any services rendered by the PPSA are added to the “TBNR\_current” worksheet, with such changes highlighted in that particular worksheet. Similarly, for “transferred-in” cases, notification incentives cannot be claimed if said notification was done in a non-PPSA geography (these notifications should be deleted), but fees for services rendered can be invoiced. The PPSA must maintain daily updates of its records for any patients transferred in or out using Ni-kshay’s “transferred in” and “transferred out” registers.
	3. In situations where PPSA provide public health action-related services (e.g., contact tracing, linkages with DBT, UDST services) to patients who were notified by private providers, the PPSA are entitled to a payout related to those services. The number of claims for such services rendered will be automatically counted, and the payouts for the services will be automatically calculated in the “PPSA Invoice Calculation Sheet” worksheet.
	4. The detailed Excel file showing the calculation along with the invoice should be submitted.
	5. PPSA should submit reconciliation claims to cover the cost of services rendered in previous periods of performance but not claimed in previous invoice submissions. These services were rendered to patients after the submission of a particular invoice.



Figure 1: PPSA invoice calculation

**STEP 2—VERIFICATION AND VALIDATION OF PERFORMANCE:**

* 1. Verification of all patient IDs and eight performance-linked indicators invoiced by PPSA is done by the state NTEP team. The State TB Training and Demonstration Center (STDC), a part of the state NTEP team, downloads the following Ni-kshay reports/registers: the notifications registers, dispensation register, lab register, contact tracing register, transferred-in register, and transferred-out register.
	2. In the Excel file named “District\_verification,” the STDC cross-checks that the achievements reported in the claims received from PPSA for each payout indicator are consistent with the data in Ni-kshay.
	3. The STDC produces a certificate of the verification exercise along with its findings, with necessary recommendations for claims approvals.
	4. After verification, 10% of patient IDs (or another threshold defined in the contract) are selected, through purposive sampling, from the “TBNR-current” worksheet submitted by the PPSA along with the invoice.
* For purposive sampling, start by randomly selecting 10% of patient IDs.
* Every district should be represented proportionally to the actual number of notifications from the district. Calculate how many samples are required from each district accordingly.
* Randomly replace samples from overrepresented districts with samples from underrepresented districts until all districts are correctly represented proportionally in the sample.
	1. The state NTEP team sends the completed Excel file “District\_verification” that includes patient IDs (figure 2) along with services rendered, extracted through purposive sampling from the “TBNR\_current” worksheet submitted by the PPSA, to the district NTEP teams.



Figure 2: “District verification” worksheet found in the “District\_verification” Excel file

* 1. The left side of the worksheet in figure 2 shows TBNR details pertaining to payment-linked indicators, which would be prefilled by the state NTEP team. The right side of the worksheet shows details to be validated by the district NTEP team for every indicator for each patient.
	2. Patient-specific validation will be conducted using the corresponding documents mentioned in table 1. During validation, NTEP staff mark a “YES” alongside every detail confirmed and a “NO” whenever a discrepancy is found. Services not yet rendered at the time cannot be verified and therefore are marked “NA.”
	3. Patient-specific validation is conducted by district NTEP staff for all performance-linked indicators. If any discrepancy is found by District TB Cell (DTC) staff while validating, clarification will be sought from PPSA staff, after which an appropriate mark will be made.
	4. The District TB Officer submits the compiled findings to the state NTEP team with a certificate duly signed by Chief District Health Officer recommending approval of claims.

List of documents to be verified for each indicator (table 1)

Table 1: Document list

|  |  |  |
| --- | --- | --- |
| **S.N.** | **Indicators** | **Documents to be verified** |
| 1  | Notification  | Prescription of a treating doctor or NTEP treatment card  |
| 2  | Validated bank account details  | Bank passbook/cheque book  |
| 3  | UDST  | Report of private laboratory/NTEP records (lab register, treatment card, etc.)  |
| 4  | HIV testing  | Report of private laboratory/NTEP records (lab register, treatment card. etc.)  |
| 5  | DM testing  | Report of private laboratory/NTEP records (lab register, treatment card, etc.)  |
|  6  | Successful Outcome  | Prescription of treating doctor/patient’s statement of discontinuation of medicine as directed by treating doctor/physical verification with treating doctor/treatment card  |
| 7  | Contact tracing and chemoprophylaxis  | Physical verification/TB preventative treatment card/treatment card  |
| 8  | NTEP FDC  | Prescription of treating doctor/physical verification of FDC blister packs/stock register   |

**STEP 3—PAYMENT CALCULATION AND DISBURSEMENT BY NTEP TEAM:**

This section describes how the findings of the verification and validation process are incorporated so the final payments can be processed. Any deduction against advance released, penalty, and pro-rata achievements are determined, as defined in the contract.

* 1. The “State-PPSA-Invoice-Calculation” Excel file (figure 3) is managed by the state NTEP team. Validated data (the “District\_verification” Excel file) received from districts are pasted into the file. In this file, the last six worksheets, one for each district (Aravali, Banaskantha, Gandhinagar, GMC, Mehsana, and Sabarkantha), are provided as examples.
	2. Results from the District NTEP team’s validation process are auto-calculated and summarized in the worksheet named “Verified\_documents.”



Figure 3: District validation scoring

* 1. Verification and validation accuracy and resulting deductions, as defined in the contract, are calculated in the “Invoice\_calculation” worksheet, and the amount to be released to the PPSA is calculated automatically (figure 4).
	2. The “Invoice\_calculation” worksheet shows performance as submitted by the PPSA, performance based on verification, and performance based on district validation. The lowest figure from these three data sets will be considered for final payment against the relevant indicator.
	3. The penalty is calculated based on the validation exercise and then deducted from the payout, as applicable. The penalty amount for delayed invoice submission is entered manually into cell C10 of the “Invoice Summary Sheet” worksheet.



Figure 4: Verification and validation, with penalty factored-in

* 1. The “TBNR\_achievement” worksheet is a copy of the worksheet used to generate invoices by the PPSA. Row 9 is filled in manually with the results of the verification activity.
	2. Any advances released should be deducted from quarterly payouts, as defined in the contract. In the “Invoice Summary Sheet” worksheet (figure 5), cell C6 is to be filled in manually with the advanced payment amount.
	3. Pro-rata calculation of the achievement against the target for each indicator, as defined under the contract, is carried out at the end of the financial/contracting year and used to determine payout for the last invoice(s).



Figure 5: Invoice summary

# 4. Timeline to be followed for each step of the invoicing and verification procedure

The timeline for invoicing and verification is described in table 2.

Table 2: Timeline

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N.** | **Activity** | **# of Days Required** | **Responsible** |
| 1 | Downloading of Ni-kshay registers: TBNRs, dispensation register, lab register, etc. | 6  | PPSA |
| 2 | Invoice submission to State TB Cell (STC)[[4]](#footnote-5) | 8  | PPSA |
| 3 | Verification and Validation[[5]](#footnote-6) |  |  |
| 1. Verification, sampling, and submission of patient IDs to districts for in-person validation
 | 2  | STC/STDC |
| 1. Validation report submission by districts
 | 8  | DTC |
| 1. Compilation of validation at STC/STDC
 | 2  | STC/STDC |
| 4 | Submission of verification and validation information to accounts officer (NTEP) | 1  | STC/STDC |
| 5 | Administrative approvals | 9  | STC/National Health Mission |
| 6 | Payment disbursement[[6]](#footnote-7) | 9  | Financial Management Group |
|  | **TOTAL** | **45** |  |

# Annex 1

Payment matrix\* under the PPSA agreement

|  |  |  |
| --- | --- | --- |
| **Payment amount (% of the quoted****value)** | **Milestone indicator** | **Performance indicator** |
| 10% | Number of TB patients notified | At least 80% of TB cases notified; in case of non-achievement, the payment will be made on a pro-rata basis |
| 5% | Validated bank account details | At least 80% of account details validated of all notified TB patients; in case of non-achievement, the payment will be made on a pro-rata basis |
| 20% | UDST | At least 60% of notified TB patients have undergone drug susceptibility testing (DST); in case of non-achievement, the payment will bemade on a pro-rata basis |
| 10% | HIV and DM testing | At least 90% of notified TB patients have undergone both HIV & DM testing; in case of non-achievement, the payment will be made on a pro-rata basis |
| 25% | Patients put on NTEP FDC | At least 40% of patients put on NTEP FDC |
| 25% | Successful outcome | At least 70% of notified TB patients have had a successful treatment outcome; in case of non-achievement, the payment will be made on a pro-rata basis |
| 5% | Contact tracing andchemoprophylaxis | At least 90% of the patients have had contacts investigated and chemoprophylaxis given to eligible child contacts |

\*Please refer to Section-IV, Clause No. 7.1 of the PPSA RFP

# Annex 2

Periodic validation by site visit/telephone at least quarterly with interaction/interview of patients

|  |  |
| --- | --- |
| **Category** | **Percentage slab** |
| TB patients notified for verification of notification, bank account, HIV and DM testing, DST | At least 10% |
| TB patients with successful treatment outcomes | At least 10% |

\*Please refer to Section-IV, Clause No. 7.6 of PPSA RFP

# Annex 3

The applicable penalty for each occurrence for the identified Key Performance Indicators

|  |  |
| --- | --- |
| **Parameters** | **Applicable Penalty** |
| TB patients notified for verification of notification, bank account, HIV and DM testing, DST | Double the amount quoted by the bidder per case discovered of false information/listing on Ni-kshay |
| TB patients with successful treatment outcomes | Double the amount quoted by the bidder per case discovered of false information/listing on Ni-kshay |

\*Please refer to Section-IV, Clause No. 6 of PPSA RFP

About HS4TB

The USAID Health Systems for Tuberculosis (HS4TB) project seeks to transform the way country leaders and health system managers understand and work toward TB control and elimination. HS4TB is a five-year USAID contract focusing on health systems priorities that most directly support achievement of TB outcomes, with a focus on health financing and governance in the USAID TB priority countries. The project helps countries increase domestic financing, use key TB resources more efficiently, build in-country technical and managerial competence and leadership, and support policy formation and dissemination. HS4TB is led by Management Sciences for Health (MSH) in partnership Open Development.

Contact Information

For more information on the HS4TB project, contact:

Kamiar Khajavi

Project Director, HS4TB

kkhajavi@msh.org

Neelam Makhijani

India Country Director, HS4TB

nmakhijani@msh-india.in

1. Enrolment facility is the health facility where the patient is enrolled for the first time, as per Ni-kshay. [↑](#footnote-ref-2)
2. Current facility is the health facility where the patient currently is seeking care, as per Ni-kshay. [↑](#footnote-ref-3)
3. Fixed dose combination refers to the NTEP-provided drugs available to private sector TB patients at no cost. [↑](#footnote-ref-4)
4. Refer to Section-IV, Clause No. 7.3 of the PPSA request for proposal (RFP). [↑](#footnote-ref-5)
5. Refer to Section-IV, Clause No. 7.6 of the PPSA RFP. [↑](#footnote-ref-6)
6. Refer to Section-IV, Clause No. 7.4 of the PPSA RFP. [↑](#footnote-ref-7)