



## ANNEX C1: Twinning Fiche

**Project title:** Healthcare Anti-Corruption and Fraud Prevention Management

**Beneficiary administration:** The National Health Service of Ukraine (NHSU)

**Twining Reference:** UA 20 ENI HE 01 21

**Publication notice reference:** EuropeAid/173737/DD/ACT/UA

**EU funded project**

***TWINNING TOOL***

## **1. Basic Information**

### **1.1 Programme: Technical Cooperation Facility ENI/2019/41718**

*For UK applicants: Please be aware that following the entry into force of the EU-UK Withdrawal Agreement<sup>1</sup> on 1 February 2020 and in particular Articles 127(6), 137 and 138, the references to natural or legal persons residing or established in a Member State of the European Union and to goods originating from an eligible country, as defined under Regulation (EU) No 236/2014<sup>2</sup> and Annex IV of the ACP-EU Partnership Agreement,<sup>3</sup> are to be understood as including natural or legal persons residing or established in, and to goods originating from, the United Kingdom.<sup>4</sup> Those persons and goods are therefore eligible under this call.*

**1.2 Twinning Sector:** Health and Consumer Protection.

**1.3 EU funded budget:** 1 200 000 EUR

**1.4 Sustainable Development Goals (SDGs):** SDG 3 - Good Health and Well-being. Ensure healthy lives and promote well-being for all at all ages; SDG 16 - Peace, Justice and Strong institutions (16.5 - Substantially reduce corruption and bribery, 16.6 - Develop effective, accountable and transparent institutions).

## **2. Objectives**

### **2.1 Overall Objective(s):**

To enhance healthcare quality governance at the national level by means of healthcare anti-corruption and fraud prevention management.

### **2.2 Specific objective:**

The system of legal and organizational anti-corruption and fraud management in healthcare is approximated to the standards of developed European countries and the relevant monitoring is improved at the national level.

### **2.3 The elements targeted in strategic documents i.e. National Development Plan/Cooperation agreement/Association Agreement/Sector reform strategy and related Action Plans**

Health financing reform strategy.

Contribution to the implementation of the EU-Ukraine Association Agreement (AA).

The health financing reform was launched at full scale on 1 April 2020, aiming to improve health outcomes of the population and ensure financial protection from excessive out-of-pocket payments through increasing efficiency, modernizing the obsolete service delivery system and improving access to better quality of care. To achieve universal health coverage, the NHSU as a strategic purchaser introduced a health benefit package and new provider payment mechanisms. All the contracts signed between the NHSU and healthcare providers reflect various priorities, defined by the Ministry of Health, and related output-based payments. Budget allocations are distributed according to the priorities.

---

<sup>1</sup> Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community.

<sup>2</sup> Regulation (EU) No 236/2014 of the European Parliament and of the Council of 11 March 2014 laying down common rules and procedures for the implementation of the Union's instruments for financing external action.

<sup>3</sup> Annex IV to the ACP-EU Partnership Agreement, as revised by Decision 1/2014 of the ACP-EU Council of Ministers (OJ L196/40, 3.7.2014).

<sup>4</sup> Including the Overseas Countries and Territories having special relations with the United Kingdom, as laid down in Part Four and Annex II of the TFEU.

### **3. Description**

#### **3.1 Background and justification:**

A state insurer, the NHSU, was established in 2018 to proceed with strategic purchasing of health services within a defined benefit package. By application of the best international standards and practices, the NHSU aims at contributing to universal health coverage as a single payer by contracting public and private providers. As of now, the principle – money follows the patients – is introduced at all healthcare levels (primary, outpatient, inpatient, emergency, palliative care and rehabilitation). In total, 36 different service packages are included into the Program of Medical Guarantees (PMG): 2 – for primary healthcare, 1 - for emergency healthcare, 31 – for specialized healthcare and 2 – for the COVID-19 response. Access to medicines to treat the most prevalent non-communicable diseases is ensured by the reimbursement program.

The NHSU has financial incentives to stimulate the quality of medical services. Since the health care reform has been launched in full scale, the necessity for monitoring and fraud-prevention tools arose and has been one of the NHSU priorities to ensure the right financial incentives in the best interests of the patients. Contract breach and fraud detection can hugely affect the quality of medical services. The NHSU has an ability to control the fulfilment of the contracts obligations using different means, each of which would be of interest for the NHSU: dealing with the patients' complaints, monitoring of the service quality and accessibility, and applying sanctions, which are reflected in the contracts with facilities and are taken into consideration when resigning a contract.

There are definite NHSU departments that are involved in the process of designing the Health Benefit Package as well as the contracting and monitoring process (PMG department, eHealth Development department, Contracting department, Monitoring department, NHSU Academy department and others).

To that end, the NHSU confirms its institutional capacity to fulfill its obligations regarding the implementation of the Twinning Project. The necessary resources (including human resources as well as the working place) will be available.

#### **3.2 Ongoing reforms:**

The health financing reform in Ukraine started in late 2017 with the aim of universal health coverage by establishing the strategic purchaser, defining health benefit packages, and introducing new provider payment mechanisms, which reflect defined priority health services. Being established in spring 2018, NHSU has succeeded to complete the first stage of reform within half a year by contracting all primary health care providers, including the private ones. As of now, over 73% of the Ukrainian population has realized their right to a free choice of family doctor, independently of any formalities.

Further on, in 2019 NHSU has taken over the national reimbursement program focused on chronic diseases (cardiovascular, diabetes, asthma). By introduction of e-prescription in half a year, NHSU has achieved transparent and effective management of the program, improved access to medicines, and high enrolment of patients into the program. Applying various e-tools, NHSU precisely monitors the program and reacts accordingly to ensure continuous provision of medicines for chronic conditions.

In April 2020, the second stage of the reform, which covers all types of healthcare facilities, including emergency medicine and hospitals, was successfully launched. As of now, the network of specialized and emergency healthcare facilities having signed the contract with the NHSU switched to the new health-financing model based on the clear health benefit package. Now, health services are being directly paid to those health care providers by the NHSU based on their performance.

The COVID-19 pandemic galvanized earlier planned reform initiatives aimed at universal health coverage (UHC) targets. The COVID response of Ukraine's health care system consisted of

a combination of service delivery optimization and targeted tailor-made flexible funding schemes. The timely health financing reform allowed launching all COVID-19 related service payment instruments under the new scheme of optimized financing. Had the reform been postponed, it would have led to a significant misuse and waste of scarce public funds. Whereas the newly introduced mechanisms allowed to concentrate both financial and admin support alongside the dedicated network of providers and under the new principles, which resulted in the right and timely stimulus and better care provision.

### **3.3 Linked activities:**

The NHSU as a strategic purchaser of healthcare services is in close collaboration with the international partners and the healthcare reform is part of Ukraine's international obligations. In particular, the AA, the IMF Stand-By Arrangement, a joint project with the World Bank and MoH "Improving healthcare in the service of people" provisions stand for further healthcare reform implementation in order to achieve the ultimate UHC goals, which are: (i) to reduce the gap between need and provision; (ii) to improve quality; and (iii) to improve financial protection.

The NHSU is a recipient of several international technical assistance projects. In particular:

- 1) Safe, affordable and effective medicines for Ukrainians (SAFE Med) funded by US Government through the International Development Agency;
- 2) Health Reform Support (HRS) funded by US Government through the International Development Agency;
- 3) Accelerating Ukraine's Efforts to End HIV (Health Link) funded by US Government through the International Development Agency;
- 4) Supporting eHealth infrastructure development in Ukraine funded by US Government through the International Development Agency;
- 5) ACCESS Pro: access of communities to care through advanced information systems and better linkage to services, within PEPFAR program funded by US Government through the US Department of Health and Human Services (DHHS) / US Centers for Disease Control and Prevention (CDC);
- 6) E-Governance for Accountability and Participation (EGAP) funded by the Government of the Swiss Confederation through the Swiss Agency for Development and Cooperation;
- 7) Transparency and accountability in public administration and services (TAPAS) funded by the US Government through the International Development Agency; and
- 8) Support to Ukraine's reforms for Governance (SURGe) funded by the Government of Canada through the Ministry of Foreign Affairs of Canada.

Currently, the NHSU is not part of the ongoing public administration reform efforts, but is a young, capable, modern, governmental institution. Being subordinated to the Minister of Health of Ukraine, the NHSU develops the draft of the Program of Medical Guarantees (health benefit package) and all supporting documents and submits them to the MoH. The MoH itself is responsible for receiving the approvals from all other governmental bodies and submitting the documents to the Cabinet of Ministers of Ukraine for final approval. In terms of the public consultations, the NHSU is authorized to do it rather independently as well as approve all necessary internal orders, procedures and processes.

### **3.4 List of applicable *Union acquis*/standards/norms:**

Chapter 22 "Public Health", Article 427, of the AA:

1. Such cooperation shall cover, in particular, the following areas:
  - (a) strengthening of the public health system and its capacity in Ukraine, in particular through implementation of reforms, further development of primary health care, and training of staff;
  - (b) prevention and control of communicable diseases, such as HIV/AIDS and tuberculosis, increased preparedness regarding highly pathogenic disease outbreaks, and implementation of the International Health Regulations;

- (c) prevention and control of non-communicable diseases, through exchange of information and good practices, promoting healthy lifestyles, addressing major health determinants and problems, such as mother and child health, mental health, and addiction to alcohol, drugs and tobacco, including implementation of the Framework Convention on Tobacco Control of 2003;
- (e) health information and knowledge, including as regards the 'health in all policies' approach.

### 3.5 Components and results per component

The Twinning project is organized around three components. The objectives of the Twinning project should be achieved by implementing the activities within the three components, and delivering the mandatory result for each component. The specific activities within the three components have not been defined at this stage but are to be crystallized during negotiation of the contract and work plan, although an indicative framework is outlined below.

**Mandatory result 1 / Component 1:** Mechanisms to prevent corruption and fraud by health care providers, the procedure to monitor the terms of the contract, including during monitoring visits as well as imposing the sanctions are legally regulated.

In the context of Mandatory Result 1 Component 1, as a minimum the following sub-results will be achieved:

1. A healthcare anti-fraud strategy and subsequent recommendations for the key stakeholders, including the NHSU staff, developed.

**Mandatory result 2 / Component 2:** Administrative databases and tools of healthcare anti-corruption and fraud prevention management developed. The automatic and medical monitoring system is introduced using validity tools and algorithms of data collection, their analysis and visualization.

In the context of Mandatory Result 2 Component 2, as a minimum the following sub-results will be achieved:

1. Methodology and platform for data collection and data management as well as the comprehensive procedure for a monitoring visit of a healthcare provider developed.

**Mandatory result 3 / Component 3:** EU best practices for dealing with patients' claims in the event of a violation of their rights have been introduced.

In the context of Mandatory Result 3 Component 3, as a minimum the following sub-results will be achieved:

1. A comprehensive claims processing system for tracking, analysing, and managing patients' claims that is in line with EU standards developed.

### 3.6 Means/input from the EU Member State Partner Administration(s)\*:

The action will be implemented in the form of a Twinning project between the Beneficiary Country and the EU Member State(s). The implementation of the project requires **one Project Leader (PL)** with responsibility for the overall coordination of project activities and **one Resident Twinning Adviser (RTA)** to manage implementation of project activities, **one Component Leader (CL)** and a pool of short-term experts within the limits of the budget.

It is essential that the team have sufficiently broad expertise to cover all areas included in the project description.

### **3.6.1 Profile and tasks of the PL:**

#### **Basic skills requirements:**

- Higher medical/technical/economic/legal education
- Experience in implementing changes in the health care financing system in other countries.

#### **Qualifications, skills and experience:**

- Capacity to lead the implementation of the project;
- Ability to mobilise the necessary expertise in support of the project efficient implementation;
- Previous international project experience.
- Good communication and language skills (fluent written and spoken English).

#### **Tasks:**

- Overall management and coordination of the project with MS (Member States of the EU), key institutions, other partners and stakeholders;
- Preparation of the initial and subsequent work plans;
- Development of the work plan and subsequent updates and the communication and visibility plan;
- Project reporting;
- Participation in quarterly meetings of the Project Steering Committee;
- Sound and backstopping financial management;
- Ensuring and financial management of the project in the MS;
- Coordination of deployment of short-term experts with the RTA;
- Coordination (with the RTA), from the MS side, of the PSC meetings, which will be held in Ukraine on a quarterly basis;
- Liaison with the EU Delegation and the Programme Administration Office (PAO) in Ukraine.

### **3.6.2 Profile and tasks of the RTA:**

#### **Basic skills requirements:**

- A university degree or at least eight years of working experience from the healthcare sector;
- At least three years specific working experience in healthcare.

#### **Qualifications, skills and experience:**

- Good knowledge of the healthcare anti-fraud field;
- Experience from the institutional set-up and implementation in the healthcare sector;
- Comparative knowledge from other Member States' systems, as well as good management;
- Good communication and language skills (fluent written and spoken English).

#### **RTA's main tasks:**

- Day-to-day management of the project implementation;
- Ensure continuous coordination on the overall implementation of project activities with regular updates;
- Draft the work plan in close cooperation with all relevant actors and based on the expected results of the project;
- Ensure timely implementation of the project;

- Provide technical assistance and advice to the representatives of beneficiary administration;
- Together with the MS/BC PL, mobilise and supervise the STEs;
- Coordinate all project activities and experts' inputs including experts' reports;
- Prepare regular project monitoring meetings / briefings;
- Regularly update the work plan and transmit project updates to the Project Steering Committee under the authority of the MS PL and BC PL;
- Draft the interim progress reports to be finalised by the PLs.

In addition to the above, two assistants shall be appointed to assist the RTA, one RTA Assistant and one Language Assistant. Allowance for this must be made within the project budget. Furthermore, the assistant and translator will facilitate the training activities. It is expected that legislation that is prepared with the assistance of experts from the Member State(s) will be further formatted according to Ukrainian legal drafting conventions by the RTA Assistant or the Language Assistant employed locally in Ukraine. This requirement will be strictly enforced by the EU Delegation to Ukraine and must be taken fully into account when their recruitment takes place.

Where necessary (for example, during training activities, translation of project documents/reports and materials) the project will hire an additional translator with costs covered by the project.

### **3.6.3 Profile and tasks of Component Leaders:**

#### **Basic skills requirements:**

- University degree or equivalent professional experience of 8 years;

#### **Qualifications, skills and experience:**

- Knowledge of the basics in medical law;
- Specific experience in healthcare;
- Experience in writing regulations;
- Knowledge of normative design techniques;
- Fluent written and spoken English;
- At least 3 years of specific experience in one of the following areas: in healthcare fraud detection, EU legislation, patients' claims complaints and Medical monitoring.

#### **Component Leaders main tasks:**

- Contribute to the work plan and action plan development.
- Lead activity design and implementation in accordance with the approved work plan.
- Provide technical assistance, policy analysis and/or strategic advice as required to achieve program objectives.
- Supervise associated program staff and partner organizations.
- Ensure appropriate work plan implementation in accordance with internal procedures.
- Assist in the process of Terms of Reference (ToR) preparation.

### **3.6.4 Profile and tasks of other short-term experts:**

#### **Basic skills requirements:**

- University degree or equivalent professional experience of 8 years.
- Proactivity, strong analytical and communication skills

**Recommended qualifications, skills and experience:**

- at least 3 years of professional experience in one or several of the following indicative areas: healthcare fraud detection, patients' claims and Medical monitoring;
- familiarity with current EU policies and legislation in the field of EU healthcare;
- depending on specific requirement, other specific experience in the following areas could be requested: inspection services (border, inland, regulated objects, national monitoring / surveys);
- experience in statistical analysis, knowledge of analytical methods, databases, their interpretations and visualizations;
- knowledge of SQL (PostgreSQL), query writing, aggregation, window functions, query optimization;
- experience of working with large databases;
- experience with BI Analytics tools development of processes for the implementation of risk-based approaches in the field;
- experience in business process modelling and notation (BPMN);
- previous international project experience will be considered an asset.

**STEs main tasks:**

- provision of their specific expertise;
- know-how transfer according to ToR prepared by the RTA, CLs and BC partners;
- support the drafting of legislation, SOPs, guidelines, checklists etc.;
- reporting on their missions;
- advise on development and implementation of the internal policies, documents and procedures for automatic monitoring;
- provide analysis and assessment of risks arising from the analysis of existing business processes;
- support the process of risk indicators development and implementation;
- participate in the development of automated systems for detecting anomalies;
- participate in the processes of the development and implementation of risk-based approaches in the field of monitoring.

**4. Budget**

*Maximum Budget available is 1 200 000 EUR*

**5. Implementation Arrangements**

**5.1 Implementing Agency responsible for tendering, contracting and accounting (AO/CFCU/PAO/European Union Delegation/Office):**

The Delegation of the European Union to Ukraine will manage the tendering and contracting of this project.

*The person in charge at the EU Delegation to Ukraine:*

Myroslava Didukh,  
Sector Coordinator Healthcare and Social Policy,  
EU Delegation to Ukraine, Kyiv, Ukraine, 01033  
tel.: +38 044 390 80 10  
email: Mira.DIDUKH@eeas.europa.eu

The person in charge at the PAO in Ukraine:

Yana Nikolaeva

Head of the SIGMA projects Division

Administration Office Activities Ensuring

Twinning Programme Administration Office (PAO)

15, Prorizna Street., Kyiv, 01601, Ukraine

Tel: +38 044 278 36 44

E-mail: anastasiia.pidhorna@center.gov.ua

## **5.2 Institutional framework**

The National Health Service of Ukraine (NHSU) will be the beneficiary of this project. Annex 1 shows an organogram of the NHSU and Annex 2 shows an organogram of the Department of Monitoring, including staff numbers. All Twinning project activities will be carried out with staff of the Department of Monitoring. As Annex 3 shows, there are 313 staff employed in the various departments of NHSU.

In 2020, 3083 facilities for the healthcare provision were contracted. The amount of interactions and money paid by the NHSU to providers for medical services under the priority packages in 2020 is presented in Annex 3.

It will be extremely important that this Twinning project establishes contact with all relevant stakeholders, particularly personnel of the Ministry of Health, and to explain the purpose of this Twinning project and to gain their support.

## **5.3 Counterparts in the Beneficiary administration:**

The NHSU has nominated three main counterparts to the EU MS PL and RTA

### **5.3.1 Contact person:**

Mariana Hladkevych, Head of the Division for Strategic Planning of NHSU, 19 Prt. Stepana Bandery, 04073, Kyiv.

### **5.3.2 PL counterpart**

Sukhorukova Oksana (PL) – Head of the Monitoring Department NHSU, 19 Prt. Stepana Bandery, 04073, Kyiv.

### **5.3.3 RTA counterpart**

Laponog Serhii (RTA) - member of the Monitoring Department, branch of Medical monitoring NHSU. 19 Prt. Stepana Bandery, 04073, Kyiv.)

## **6. Duration of the project**

The project's implementation period (official duration) is **24 months**. It takes 13 months to develop the system and tools, 7 months to approve the developed system in the priority areas of the Program of Medical Guarantees, and 4 months to provide analysis and adjustments.

The execution period of the contract shall enter into force upon the date of notification by the Contracting Authority of the contract signed by all parties, whereas it shall end three months after the implementation period of the Action.

## **7. Management and reporting**

### **7.1 Language**

The official language of the project is the one used as contract language under the instrument is English. All formal communications regarding the project, including interim and final reports, shall be produced in the language of the contract.

### **7.2 Project Steering Committee**

A project steering committee (PSC) shall oversee the implementation of the project. The main duties of the PSC include verification of the progress and achievements *via-à-vis* the mandatory results/outputs chain (from mandatory results/outputs per component to impact), ensuring good coordination among the actors, finalising the interim reports and discussing the updated work plan. Other details concerning the establishment and functioning of the PSC are described in the Twinning Manual.

### **7.3 Reporting**

All reports shall have a narrative section and a financial section. They shall include as a minimum the information detailed in section 5.5.2 (interim reports) and 5.5.3 (final report) of the Twinning Manual. Reports need to go beyond activities and inputs. Two types of reports are foreseen in the framework of Twinning: interim quarterly reports and final report. An interim quarterly report shall be presented for discussion at each meeting of the PSC. The narrative part shall primarily take stock of the progress and achievements *via-à-vis* the mandatory results and provide precise recommendations and corrective measures to be decided by in order to ensure the further progress.

## **8. Sustainability**

The sustainability of the project will be achieved through the transfer of knowledge/expertise from the MS to the BC as well as the increased capacity of the latter. This will happen through the professional implementation of all project activities, including advice provided, documents prepared, submitted and uploaded / archived for future use / reference, training delivered and their continued availability.

Towards the end of the project, a series of recommendations for the improvement of the NHSU structure and operating procedures in line with their revised duties and responsibilities will have been agreed with NHSU senior management.

## **9. Cross Cutting issues**

### **9.1 Equal Opportunity**

The dimension of equal opportunity and gender equality will be integrated into all levels of the project. The project will promote non-discrimination and treat men and women equally. The implementation of all project activities and all project reporting must take account of gender (e.g. lists of training course participants must be disaggregated by gender).

### **9.2 Environment**

This project is directly related to environmental issues, by promoting electronic communication tools and e-based systems (exchange and dissemination of information, training materials, etc.) will ultimately benefit the environment, by reducing the amount of paper used during printing. Similarly, videoconferencing may be used during training events, to reduce the need for staff to business travel from regional offices / laboratories to Kyiv to

participate in WG meetings and / or project training activities. This would obviously save “down-time” (regional staff travelling to and from Kyiv, plus associated travel and subsistence costs) but it would also reduce the use of vehicle fuel and the amount of associated emissions (widely associated with climate change).

### **9.3 Good Governance**

The project will promote and advocate the increase of professionalism of the NHSU in line with best EU practices at every appropriate opportunity, thus building an integrated healthcare fraud detection system based on standard operating procedures and ethical norms and standards.

By promoting an institutional culture of openness, accountability and transparency, the project will increase the level of credibility and integrity among Government Departments and Agencies, thus decreasing accusations of corruption and other negative practices (fraud). The project will act as an example of positive reform in the Health financing reform.

## **10. Conditionality and sequencing**

The current national health legislation may require further harmonization with EU legislation (Title 5, Chapter 22 Public Health, Article 427 of the Association Agreement between the European Union and the European Atomic Energy Community and their member states, of the one part, and Ukraine, of the other part approved by the Cabinet of Ministers of Ukraine dated October 25, 2017 N1106). The analysis on universal health coverage of the population in Ukraine needs to be particularly made in terms of:

- early cancer detection (Council recommendation of 2 December 2003 on cancer screening (2003/878/EC),
- monitoring and preventing the emergence on serious cross-border threats to public health (Commission Decision N 1082/2013/EU; Commission Decision N 2000/96/EC; Commission Decision N 2002/253/EC; Commission Decision N 1082/2013/EC; Commission Decision N 2000/96/EC; Commission Decision N 2002/253/EC,
- improving the quality and safety of medical care (Recommendation Rec(2006)7 of the Committee of Ministers to Member States on Management of Patient Safety and Prevention of Adverse Events in Health Care) and fraud prevention in medicine.

During the project implementation some regulations related to health care financing reform, tools for monitoring the quality of medical services and preventing medical fraud, various databases (complaints, services provided, etc.) as well as analytical documents and reports will be developed (component 1).

In order to get the best results, it is important to get the Ministry of Health, the Center for Public Health, the Ministry of Justice, the Ministry of Finance, and other relevant institutions involved in the Twinning Project implementation (component 2).

## **11. Indicators for performance measurement**

The logical framework, including the indicators will be revisited during the formulation of the initial rolling work plan of the project. The work plan, which will be prepared in collaboration between the MS and the Partner Administration, will further refine and specify the indicators.

**Project purpose:** To enhance healthcare quality governance at the national level by means of healthcare anti-corruption and fraud prevention management.

The main indicators for performance are proposed as follows:

1. Status of Ukrainian state control in related fields according to EU standards
2. Number of legal acts approximated in related fields
3. Number of up-to-date methodologies, control plans, guidelines and standard operational procedures on various related fields
4. Number of beneficiary administration staff trained in healthcare anti-corruption and fraud prevention management

**Component 1.** Mechanisms to prevent corruption and fraud by health care providers, the procedure to monitor the terms of the contract, including during monitoring visits as well as imposing the sanctions are legally regulated.

The main indicators for performance are proposed as follows:

1. Legal documents regulating NHSU work to prevent corruption and fraud
2. Legal documents establishing the quality health care management system at the national level
3. Ukrainian healthcare anti-corruption and fraud prevention management is regulated according to the EU standards
4. At least 25 employees of the Monitoring Department of the NHSU have been trained and mentored to modernize the monitoring and supervision (control) methodology in the field of anti-corruption management and fraud prevention in healthcare.

**Component 2.** Develop administrative databases and tools of healthcare anti-corruption and fraud prevention management. The automatic and medical monitoring system is introduced using validity tools and algorithms of data collection, their analysis and visualization.

The main indicators for performance are proposed as follows:

1. Functioning platform for data collection and data management
2. Operational administrative databases, reliability, validity, sampling methodology and algorithms, tools for automatic check all health care providers
3. Adopted procedure for a monitoring visit of a healthcare provider
4. Coordinated (across blocks of project in close cooperation with data manager) data collection and digitalization of collected data, tools and information within project data management
5. Number of staff trained on data collection during monitoring visits
6. Adopted procedure for applying sanctions for a healthcare provider
7. The awareness-raising system targeted the provider's administration staff in healthcare anti-corruption and fraud prevention.

**Component 3.** EU best practices for dealing with patients' claims in the event of a violation of their rights have been introduced.

The main indicators for performance are proposed as follows:

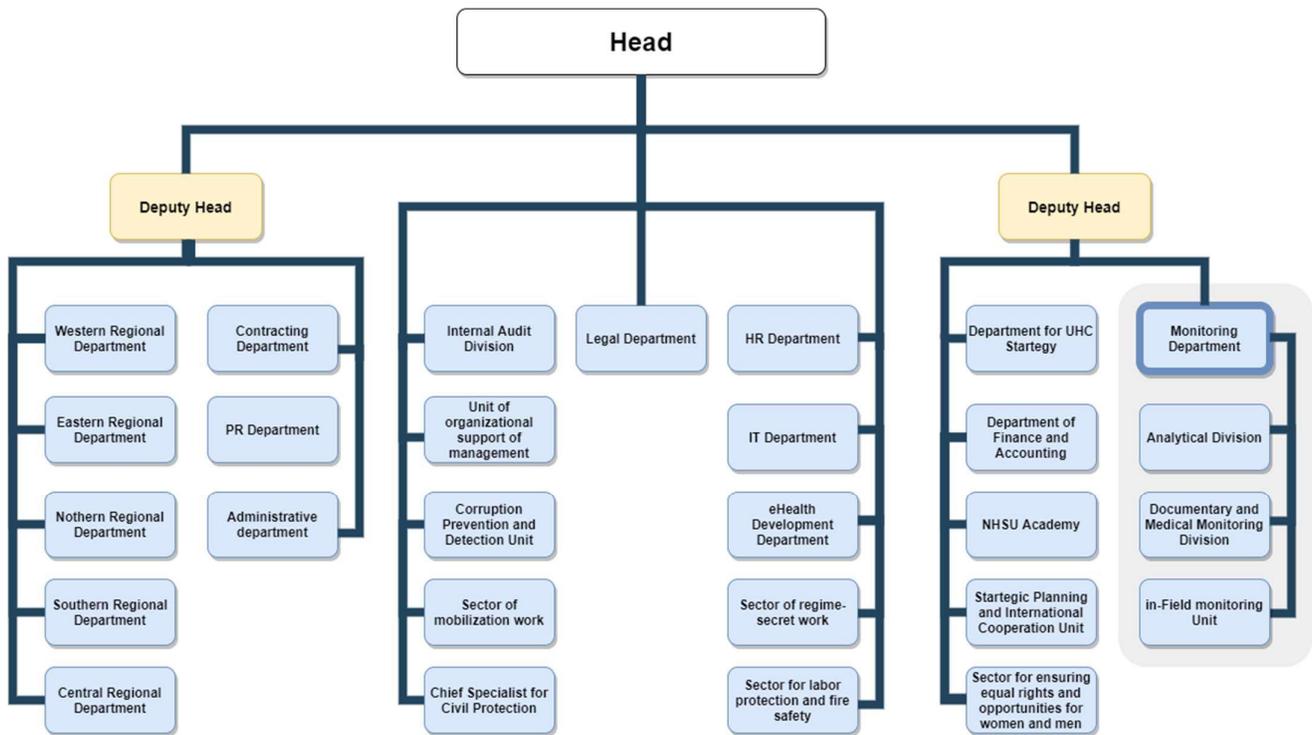
1. Claims processing system for tracking claims which are generated for all services provided to a patient
2. Defined conceptual approaches to the analysis of patient claims are in line with EC standards
3. The system of direct and indirect relationships between the NHSU and providers of the joint analysis of patients' claims
4. The awareness-raising system targeted at provider administration staff and NHSU staff in tracking and analysing claims.

## **12. Facilities available**

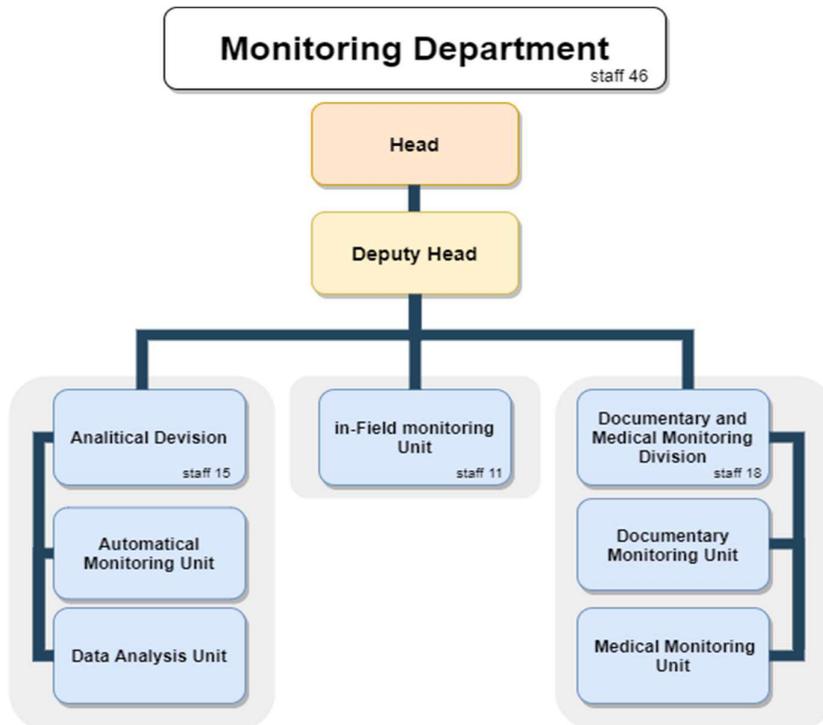
For the project implementation period the RTA and two assistants will be provided with office space in the premises of the NHSU, Monitoring Department, located at 19, Stepana Bandery Ave, Kyiv. The office space is renovated and equipped with an air-conditioner, telephone line, and internet. The working place will include individual desks and chairs, computers and a filing cabinet. The building has 24-hour security. A meeting room for up to 30 persons on the first floor of the building will be available for meetings and other events (the room has relevant equipment, including projector, screen, and white board). The conference hall in the NHSU (also on the 1st floor) may be used for larger events.

ANNEXES TO PROJECT FICHE

1. The organogram of the NHSU



2. The organogram of the Department of Monitoring



**Annex C1a : Simplified Logical Framework**

	<b>Description</b>	<b>Indicators (with relevant baseline and target data)</b>	<b>Sources of verification</b>	<b>Risks</b>	<b>Assumptions (external to project)</b>
<b>Overall Objective</b>	To enhance healthcare quality governance at the national level by means of healthcare anti-corruption and fraud prevention management	Status of Ukrainian healthcare anti-corruption and fraud prevention management according to EU standards [ <i>target</i> : full approximation; base-line-0].	<ul style="list-style-type: none"> <li>- NHSU reports</li> <li>- Verkhovna Rada, Cabinet of Ministers of Ukraine, Ministry of Health official updates</li> </ul>	Lack of information system and integration with external databases and registers	
<b>Specific (Project) Objective(s)</b>	Approximation of the system of legal and organizational anti-corruption and fraud management in healthcare to the standards of developed European countries as well as improving the relevant monitoring at the national level.	Normative and legal documents of regulation of the NHSU work to prevent corruption and fraud [ <i>target</i> : at least 3; base-line-0].	<ul style="list-style-type: none"> <li>- NHSU reports</li> <li>- NHSU Dashboards</li> <li>- Non-Medical Dashboards for hospital funding</li> <li>- MH reports</li> </ul>	<ul style="list-style-type: none"> <li>- No major national and international policy or political change affecting project implementation</li> <li>- There is no impediment to the availability of Ukrainian</li> </ul>	<ul style="list-style-type: none"> <li>- Sufficient political will and support for the reorganisation of structures and services;</li> <li>- Openness of the Ministry for the introduction</li> </ul>

				<p>staff and beneficiary co-financing to enable staff (Trainers) to travel to Kyiv (or other locations) to be trained by EU STEs.</p>	<p>n of new policies and guidelines related to healthcare anti-corruption and fraud prevention management</p>
--	--	--	--	---	---

<p>Mandatory results</p> <p>Component 1.</p>	<p>Mechanisms to prevent corruption and fraud by health care providers are in place, the procedure to monitor the terms of the contract, including during monitoring visits as well as imposing the sanctions are legally regulated</p>	<ol style="list-style-type: none"> <li>1. Legal documents regulating NHSU work to prevent corruption and fraud are developed; baseline – 0; target -1</li> <li>2. Legal documents establishing the quality health care management system at the national level developed; baseline 0, target -1</li> <li>3. Ukrainian healthcare anti-corruption and fraud prevention management is regulated according to the EU standards</li> <li>4. Number of up-to-date methodologies, control plans, guidelines and standard operational procedures on various related fields prepared and submitted; base-line-0; <u>target</u> - at least 5;</li> <li>5. Procedure for conducting a monitoring visit in hospitals tested and adopted for all care providers; base-line – 1st level providers; target – 3 level providers;</li> <li>6. Employees of the Monitoring Department of the NHSU have been trained and mentored to modernize the monitoring and supervision (control) methodology in the field of anti-corruption management and fraud prevention in healthcare. Baseline -0; target – 25</li> </ol>	<ul style="list-style-type: none"> <li>- Project Reports;</li> <li>- Project steering committee minutes</li> <li>- NHSU reports</li> <li>- Verkhovna Rada, Cabinet of Ministers of Ukraine, Ministry of Health official updates.</li> <li>- Number of training workshop and seminars conducted;</li> <li>- Lists of participants attending training</li> <li>- Training materials.</li> </ul>	<ul style="list-style-type: none"> <li>- There are barriers or lack of financial support for beneficiaries so that staff (trainers) can travel to Kyiv (or other places) to study at the EU STE.</li> </ul>	
--	---	--	---	---	--

		7 Number of beneficiary administration staff trained in healthcare anti-corruption and fraud prevention management; base-line-0; target - 50 staff trained;			
--	--	---	--	--	--

<p>Mandatory results</p> <p>Component 2.</p>	<p>1 Administrative databases and tools of healthcare anti-corruption and fraud prevention management developed. The automatic and medical monitoring system is introduced using validity tools and algorithms of data collection, their analysis and visualization.</p>	<ol style="list-style-type: none"> <li>1. Methodology and platform for data collection and data management tested and adopted. base-line- 0; target – 1;</li> <li>2. Tools for automatic check of all health care providers before financing them tested and adopted; base-line- tools in place for automatic check only of priority packages; target – all packages;</li> <li>3. Adopted procedure for a monitoring visit of a healthcare provider. Base-line- the procedure in place only for priority packages; target – procedure in place for all packages;</li> <li>4. Adopted procedure for applying sanctions for a healthcare provider</li> <li>5. The number of cases of fraud detected during the Medical monitoring; base-line-0 target - _ monthly]</li> <li>6. Number of hospitals to which several types of sanctions have been applied; base-line-0; target - All who had violations;]</li> <li>7. Number of beneficiary administration staff trained on data collection during monitoring visits; base-line-0; target-50 staff trained;</li> </ol>	<ul style="list-style-type: none"> <li>- Project Reports;</li> <li>- Project steering committee minutes</li> <li>- NHSU reports</li> <li>- Training evaluation questionnaires;</li> <li>- Lists of participants attending training</li> <li>- Training materials</li> <li>- Awareness materials (leaflets, posters etc.)</li> </ul>	<ul style="list-style-type: none"> <li>- Insufficient powers to impose sanctions.</li> <li>- Weak cooperation with anti-corruption authorities</li> </ul>	
--	--	---	---	---	--

		8 . Number of awareness materials (leaflets, posters etc.) prepared about healthcare anti-corruption and fraud prevention; base-line-0; target: 10,000;			
--	--	---	--	--	--

<p>Mandatory results</p> <p>Component 3.</p>	<p>EU best practices for dealing with patients' claims in the event of a violation of their rights have been introduced</p>	<ol style="list-style-type: none"> <li>1. Concept of claims management system developed; baseline – 0; target - 1</li> <li>2. Methodology including algorithms for claims management are developed and in place; baseline – 0; target – 1.</li> <li>3. Claims management information system developed and is operational. Baseline – 0; target - 1</li> <li>4. Normative documents introducing best EU practices of claims management drafted. Base line – 0; target – 1</li> <li>5. Awareness raising events conducted to promote communication between all stakeholders on claims Baseline – 0; target - 10</li> </ol>	<ul style="list-style-type: none"> <li>- Project Reports;</li> <li>- Project steering committee minutes</li> <li>- NHSU reports</li> <li>- Training evaluation questionnaires;</li> <li>- Lists of participants attending training</li> <li>- Training materials</li> <li>- Awareness materials (leaflets, posters etc.)</li> </ul>	<p><i>Subjectivity of data for the hospitals rating</i></p>	
--	---	--	---	---	--

