REQUEST FOR PROPOSAL FOR DEVELOPMENT OF AN INTERGRATED HEALTH INFORMATION EXCHANGE & MANAGEMENT SYSTEM

1.0 PREAMBLE

The Association of Kenya Insurers (AKI) was established in 1987 as a consultative and advisory body for the insurance industry. AKI currently has 56 members and 4 associate members. 18 of the member companies underwrite medical insurance business.

2.0 BACKGROUND

Medical insurance business has been performing poorly over the years. The Association recently carried out a study on data harmonization and standardization for the medical insurance business. The study identified the following as the main causes of poor performance:

- High cost of treatment
- Fraud
- Lack of rich data and price transparency
- Premium undercutting
- High business administration costs due to duplication of efforts
- Lack of aggregate insight to cost drivers for timely intervention.

The study recommended that the above would be addressed by coming up with an integrated Health Information Exchange and Management System. The Association found it necessary and important to undertake this recommendation.

3.0 OBJECTIVES OF THE ASSIGNMENT

The main objective of this initiative is to create address the above challenges through the development of an all-inclusive Health Information Exchange and Management System that will enable medical underwriters to share agreed information on real time basis, within the provisions of the Data Protection Act, 2019.

Health Insurers have vast data that sits in their various transactional IT systems and in some cases as hard copies. The insurers also work with various vendors to transmit information to and from various healthcare service providers across the country. The health data is segregated and often the value is lost when it cannot be used to inform industry decisions to improve the business and help address some of the gaps highlighted above.

Across the world, macro health data, rather than individual payer data, is critical in informing important decisions by government and private players.

The specific objectives include:

(i) The system should achieve uniformity of data for all healthcare service providers i.e. provide general information on Doctors and Hospitals with serial numbers/license numbers and their categories/specialization and geographical region. It should also provide for onboarding of new service providers as and when required.

(ii) The system should be capable of rating doctors and hospitals based on an agreed matrix and also block access with notification for errant service providers.

(iii) Achieving uniformity for disease classification using the International Classification for Diseases (ICD) and mapping any existing non ICD codes to ICD 10/11.

(iv) System should be able to display consultation fee plus charges for various procedures and NHIF rebates granted to each provider. It should also capture the NHIF number.

(v) Provision for specialized service providers to upload their sales price/charges for their services e.g implants, specialized drugs, drugs, consumables, radiology, laboratory and other auxiliary services e.t.c

(vi) System to provide range of charges for various procedures and anything above the upper limit should trigger an alert for special authorization.

(vii) Ability to develop unique patient identifiers to ensure that patient confidentiality is maintained as per the Data Protection Act. This should also include customer type (individual or corporate), information on the gender, date of birth, relationship to principal member and Know your Customer (KYC) compliance details.

(viii) Ability to define benefit types and plans as rendered e.g. inpatient service, outpatient, dental, optical, maternity, last expense, etc., and also define claims by credit or reimbursement type

(ix) Ability to define claim control options e.g. co-pay, deductible, waiting period etc

(x) Ability of system to capture service dates for claims e.g. loss/service date, admission date, discharge dates, invoice dates, etc

(xi) System to provide for a procedure for electronic requests for price reviews to be conducted by insurance companies.

(xii) System to flag and share information on high-cost claims, limit will be determined from time to time and also share coded data on terminated members/clients history but ensuring that legal conflicts are avoided.

(xiii) Provide detailed report on the three most frequent sought services across all benefit categories and comparison of charges across the providers.

(xiv) Provide analysis on duplication of services, drugs, etc and provide an alert for frequent visits by individuals to different facilities for the same service

(xv) Provide detailed analyses and reports on health trends – Disease trends, average costs (IP and OP separately), trends on cost of surgeries, revisit rates

for outpatient & conversion rates for inpatient, repeat surgeries and immunization rates.

(xvi) Provide detailed analysis on customer demographics by total industry count, age, gender, etc

(xvii) Any other valuable information that in your view would assist medical underwriters in decision making.

4.0 CONSULTING TEAM

The Association requires the bidding consultant to submit the academic qualifications, work experience and skills & competencies of the team that will be conducting this assignment. It is desirable that most of the key professional staff proposed be permanent employees of the firm or have an extended and stable working relationship with it.

5.0 REFERENCES

The Association requires the bidding consultant to submit a list of similar/relevant assignments carried out in the last five years which best illustrate the capability to undertake the project.

6.0 MANDATORY INFORMATION

The Association requires the bidding consultant to submit:

(i) Company profile
(ii) Certificate of business incorporation
(iii) Valid tax compliance certificate
(iv) Copy of your Audited Accounts for year 2021
(v) Any other relevant license for this project

7.0 PROPOSAL AND SUBMISSION

The proposal should contain the following:

- Detailed technical proposal and timelines

- Detailed financial proposal and the proposed payment plan
- Proposed integration strategy with data processors
- Hardware to be used, user training/change management, support, and maintenance
- Number of users that the system can accommodate and the number of service providers that can be onboarded.
- Please note that a performance bond may be required.

Your Proposal should be submitted in a plain sealed envelope marked

AKI/RFP: HEALTH INFORMATION EXCHANGE SYSTEM DEVELOPMENT and placed in the Tender Box located at:

The AKI Centre, Mimosa Road, Muchai Drive, and Off Ngong Road.

The deadline for submissions is **Wednesday, 31st August 2022.**