



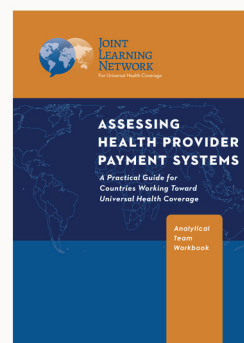
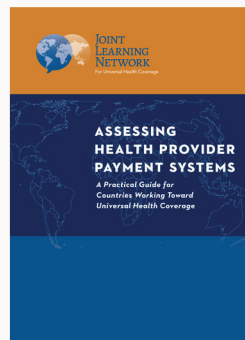
**JOINT
LEARNING
NETWORK**

For Universal Health Coverage

ASSESSING HEALTH PROVIDER PAYMENT SYSTEMS

*A Practical Guide for
Countries Working Toward
Universal Health Coverage*

*Analytical
Team
Workbook*



THIS WORKBOOK IS A COMPANION TO THE MAIN GUIDE TITLED *ASSESSING HEALTH PROVIDER PAYMENT SYSTEMS*.

It contains a set of sample data tables and interview tools to be adapted and used by the **Analytical Team** to assemble key background data and information, conduct interviews, and carry out the main analytical tasks for the assessment exercise. This workbook also contains sample output templates for organizing and presenting the information to the **Provider Payment Working Group**.

The main guide and workbook were produced by the Joint Learning Network for Universal Health Coverage (JLN), an innovative learning platform where practitioners and policymakers from around the globe co-develop global knowledge that focuses on the practical “how-to” of achieving universal health coverage. For questions or inquiries about the guide and workbook or other JLN activities, please contact the JLN at info@jointlearningnetwork.org.

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MODULE

1

LAYING THE GROUNDWORK

STEP 1.

IDENTIFY THE HEALTH SYSTEM CONTEXT AND GOALS

At the beginning of the assessment exercise, the **Analytical Team** should assemble key policy documents on priorities in the health sector and background data on health financing and service delivery trends in the country for the most recent 3 to 5 years (**Analytical Team Output #1**). The **Analytical Team** may also map out the institutional framework of the health system, including revenue collection mechanisms, pooling and purchasing arrangements, service delivery structure, and the design of the essential services or benefits package.

The materials gathered should help to answer the following questions:

- What is total per capita health spending, and how much is health spending relative to the size of the economy?
- How much does the government contribute to total health expenditure?
- How much priority is given to health in the government budget?
- What are the main revenue sources for government health spending (e.g., general taxes, earmarked taxes)?
- What share of total health spending is paid directly out of pocket? What are the consequences for the population in terms of equity and catastrophic health spending?

- How fragmented are pooling arrangements and what is the impact on equity (e.g., spending per person in different pools or coverage schemes)?
- How do pooling arrangements relate to purchasing arrangements?
- How are essential services, benefits packages, and copayment policies defined?
- How is service delivery organized? What is the role of the private sector?

Other background indicators on health outcomes and the country's disease profile also may be helpful for understanding the health system context. A detailed set of possible indicators is provided below, but the **Analytical Team** may choose a subset of indicators that are more relevant for the country context

and are available through other sources. National Health Accounts (NHA) can be a particularly valuable source of national health financing data. The **Analytical Team** should analyze the indicators for the country over the past 3 to 5 years, and also compare values with international or regional trends or countries within the same income group.

Most of the recommended indicators are typically available through routine reporting or from international sources, such as:

- World Bank—World Development Indicators:
<http://data.worldbank.org/data-catalog/world-development-indicators>
- World Health Organization—World Health Statistics:
http://www.who.int/gho/publications/world_health_statistics/en/

Health Outcomes and Disease Profile				
INDICATOR	DEFINITION	DATA SOURCES	VALUES FOR MOST RECENT 3–5 YEARS	COMPARISON WITH INTERNATIONAL OR REGIONAL VALUES
Population				
Urban				
Rural				
Life expectancy				
Life expectancy at birth (total)				
Life expectancy at birth (male)				
Life expectancy at birth (female)				
Morbidity and mortality				
Infant mortality rate				
Under-5 mortality rate				
Top 5 causes of mortality				
Top 5 diagnoses for hospital admissions				
Top 5 diagnoses for outpatient services				
Age-standardized mortality rate by cause (e.g.): Communicable diseases Cancer Cardiovascular disease Injuries				

Health Financing				
INDICATOR	DEFINITION	DATA SOURCES	VALUES FOR MOST RECENT 3–5 YEARS	COMPARISON WITH INTERNATIONAL OR REGIONAL VALUES
Overall health financing				
Total health expenditure (local currency)				
Total health expenditure (US\$)				
Per capita health expenditure (US\$)				
Government share of total health expenditure (%)				
Private share of total health expenditure (%)				
Out-of-pocket share of total health expenditure (%)				
% of total health expenditure through public insurance system				
% of total health expenditure through private insurance: % through community-based health insurance % through private for-profit health insurance				
Share of the total government budget allocated to health (%)				
Share of total health expenditure: At the central level (%) At the regional/local level (%) From development assistance for health (%)				
Financing of primary care				
% of total health expenditure on primary care				
% of government health expenditure on primary care				
% of private health expenditure on primary care				
% of total primary care expenditure on salaries				
% of government primary care expenditure on salaries				
Financing of secondary/tertiary care				
% of total health expenditure on outpatient specialty care				
% of government health expenditure on outpatient specialty care				
% of private health expenditure on outpatient specialty care				

Health Financing

INDICATOR	DEFINITION	DATA SOURCES	VALUES FOR MOST RECENT 3–5 YEARS	COMPARISON WITH INTERNATIONAL OR REGIONAL VALUES
% of total outpatient specialty care expenditure on salaries				
% of government outpatient specialty care expenditure on salaries				
% of total health expenditure on inpatient care				
% of government health expenditure on inpatient care				
% of private health expenditure on inpatient care				
% of total inpatient care expenditure on salaries				
% of government inpatient care expenditure on salaries				
Pharmaceuticals				
% of total health expenditure on pharmaceuticals				
% of government health expenditure on pharmaceuticals				
% of private health expenditure on pharmaceuticals				
% of total pharmaceutical expenditure through private pharmaceutical outlets				

Service Delivery

INDICATOR	TOTAL # (AND BY REGION OR URBAN/RURAL)	# PRIVATE	AVERAGE # OF VISITS OR ADMISSIONS PER MONTH	AVERAGE # OF HEALTH WORKERS ON STAFF
Primary care facilities at all levels				
Primary care facilities at the sub-district level				
Primary care facilities at the district level				
Outpatient specialty facilities				
Diagnostic centers				
District hospitals				
Regional hospitals				
Central hospitals				
Pharmacies				
Chemical shops				
Other types of facilities				



ANALYTICAL TEAM OUTPUT #1: HEALTH SYSTEM CONTEXT

Health system goals	
What are the stated goals of the Ministry of Health?	
Have any other health system goals been declared by the government and other high-ranking officials?	
If data are available, what progress has been made toward these goals over the past 3 to 5 years?	
Summary of health financing trends	
What have been the recent trends in total health expenditure per capita?	
Has total health expenditure kept pace with the growth of the economy?	
Has the government share of total health expenditure been increasing?	
Has out-of-pocket spending as a share of total health expenditure been decreasing?	
Has the priority for health in total government expenditure been steady or increasing?	
Pooling and purchasing arrangements	
How fragmented are pooling arrangements, and what are the effects on equity (e.g., number of pools; spending per person in different pools or coverage schemes)?	
How do pooling arrangements relate to purchasing arrangements?	
How are essential services, benefits packages, and copayment policies defined?	
Organization of health service delivery	
What are the main issues or challenges with health service delivery?	
What is the role of private-sector providers?	
Can private providers be contracted by the public purchaser(s)?	
Main health sector challenges	
What are the 3 most critical challenges and priority concerns facing the health system?	

STEP 2.

DEFINE THE OBJECTIVES OF PROVIDER PAYMENT REFINEMENT OR REFORM

In [Workshop #1](#), the [Facilitator](#) assists the [Working Group](#) in reviewing the current health system context and identifying broad health system goals that could be addressed through provider payment refinement or reform given the stated policy objectives, legal and policy documents related to provider payment, background data, and the role of current provider payment systems.

STEP 3.

AGREE ON THE OBJECTIVES AND SCOPE OF THE ASSESSMENT EXERCISE

In [Workshop #1](#), the [Working Group](#) agrees on the objectives, main questions to be addressed, and general design of the assessment exercise.

MODULE

2

ASSESSING CURRENT PROVIDER PAYMENT SYSTEMS

STEP 4.

ADAPT AND PRE-TEST THE INTERVIEW TOOLS

The assessment exercise is structured so countries can assess their current provider payment systems in a systematic way that covers key aspects of design, implementation, and consequences. The same information is collected from all stakeholders, but slightly different interview tools are used for purchasers and policymakers than for providers. The interview tools provided in this workbook focus on the most common payment methods in use in low- and middle-income countries (capitation, case-based hospital payment, fee-for-service, and global/line-item budgets). The interview tools can easily be adapted for specific country contexts and for other payment methods, such as per diem.

The **Analytical Team** should work with the **Working Group** to adapt the interview tools to the country context, health system goals, issues on the policy agenda, and specific questions to be answered by the assessment exercise. If, for example, the country receives significant development assistance for health for disease-specific programs, the flow of funds for these programs may be included in the assessment. The interview tools may need to be translated into the local language(s). Provider payment also has its own highly technical terminology, so countries may have to reword or elaborate on certain terms so they can be understood.

The adapted tools should be pre-tested to ensure that they are appropriate for the country context, will generate the necessary information, and are not overly burdensome to administer. A pre-test helps ensure the quality and feasibility of the actual assessment exercise. It also serves as a useful training activity for the interviewers on the **Analytical Team**. Questions that can be answered by a pre-test include:

- What steps are required to identify the right interviewees in a stakeholder institution and gain access to them?
- How long do the interviews take?

- Should any logistical arrangements or procedures be modified?
- Are there any issues with organizing and managing the interviewers?
- Do the interviewers have the skills needed for their assigned tasks?
- Do the interviewers understand the tools and the interview processes?
- Are any improvements or clarifications needed in the interview tools?

STEP 5.

ANALYZE HEALTH SYSTEM DATA

The **Working Group** and/or **Analytical Team** may identify complementary quantitative analysis that should be undertaken as part of the assessment, depending on available data. Quantitative analysis can provide useful information about the relationships among the provider payment systems in use and the health system goals, which can be explored more deeply through the qualitative stakeholder interviews. Quantitative analysis also can be used to assess the consequences of current provider payment systems and to validate stakeholder perceptions of the consequences. (See the section titled “Perceived Consequences of Each Payment System” later in this workbook.)

The **Analytical Team** may rely on other resources for guidance on quantitative analysis methods, such as these:

- Health Policy and Systems Research—A Methodology Reader
www.who.int/alliance-hpsr/resources/reader/en/
- 10 best resources on...mixed methods research in health systems
<http://heapol.oxfordjournals.org/content/early/2013/04/05/heapol.czt019.full>

STEP 6.

INTERVIEW STAKEHOLDERS ON CURRENT PAYMENT SYSTEMS

In this step, the **Analytical Team** uses the adapted interview tools to conduct stakeholder interviews on the payment method mix and the design and implementation of existing payment systems. The specific stakeholders to include in the sample should be identified with guidance from the **Working Group**. Note that the interviews on purchaser and provider capacity in Step 10 can be conducted at the same time as the interviews in this step.

The interviewees should be asked about each provider payment method that they know is being used by any of the purchasers. Not all interviewees will be able to discuss every payment method in use. It is important to ask each person about the design and

implementation of each payment system as he or she understands it. This will reveal differences in perception, which may be important in determining why a payment method is more or less effective in practice.

At least two researchers should participate in each interview, one to administer the interview and the other to take detailed notes (or operate recording equipment).



Interview Tool #1. Design and Implementation of Current Payment Systems— Policymakers and Purchasers

ADMINISTERED TO:

☒ POLICYMAKERS



☒ PURCHASERS



☐ PROVIDERS



INSTITUTION:

INSTITUTION CODE (OPTIONAL):

DATE OF INTERVIEW:

OF PARTICIPANTS IN THE INTERVIEW:

INTERVIEWEE NAME(S):

INTERVIEWEE POSITION(S):

INTERVIEWER SCRIPT:

"Hello, my name is _____. I am visiting you as part of a study on the way hospitals, outpatient clinics, and other health care provider institutions are paid for their services from different sources. We are gathering information about how these payment systems work in practice and what your experience has been. I will ask you specific questions about each way that facilities can be paid—capitation, case-based hospital payment, fee-for-service, global budget, line-item budget, or other. Please discuss the payment methods one at a time. All of your answers will be kept confidential. The results of all of the interviews will be analyzed together and used to better understand what is working well now and what may need to be changed."



Interview Tool #1. Design and Implementation of Current Payment Systems— Policymakers and Purchasers (continued)

I. WHICH OF THE FOLLOWING INSTITUTIONS PAY OR FINANCE HEALTH CARE PROVIDERS?

Note to interviewer: Ask the interviewee whether each payment method is used to pay any providers. If yes, ask the questions in the column to the right.

<input type="checkbox"/> Ministry of Health (or equivalent national/regional/ state-level institution)	<p>Please describe the institution and its role:</p> <p>Which services and cost items does it pay for? (Check all that apply.)</p> <ul style="list-style-type: none"><input type="checkbox"/> Primary care<input type="checkbox"/> Outpatient specialty services<input type="checkbox"/> Inpatient services<input type="checkbox"/> Pharmaceuticals<input type="checkbox"/> Rare and expensive services (e.g., organ transplants, national referral centers)<input type="checkbox"/> Public health or vertical programs<input type="checkbox"/> Salaries of public-sector health workers<input type="checkbox"/> Fund investment<input type="checkbox"/> Other Specify: <p>Which provider types does it pay?</p> <ul style="list-style-type: none"><input type="checkbox"/> Public providers only<input type="checkbox"/> Public and private providers <p>Number of national/local branches:</p> <p>Share of population covered:</p> <p>Share of total health expenditure:</p>
<input type="checkbox"/> Public health insurance agency	<p>Please describe the agency and its role:</p> <p>Which services and cost items does it pay for? (Check all that apply.)</p> <ul style="list-style-type: none"><input type="checkbox"/> Primary care<input type="checkbox"/> Outpatient specialty services<input type="checkbox"/> Inpatient services<input type="checkbox"/> Pharmaceuticals<input type="checkbox"/> Rare and expensive services (e.g., organ transplants, national referral centers)<input type="checkbox"/> Public health or vertical programs<input type="checkbox"/> Salaries of public-sector health workers<input type="checkbox"/> Fund investment<input type="checkbox"/> Other Specify: <p>Which provider types does it pay?</p> <ul style="list-style-type: none"><input type="checkbox"/> Public providers only<input type="checkbox"/> Public and private providers <p>Number of national/local branches:</p> <p>Share of population covered:</p> <p>Share of total health expenditure:</p>

☐ **Other public purchaser(s)**

Specify:

Please describe the institution and its role:

Which services and cost items does it pay for? (Check all that apply.)

- ☐ Primary care
- ☐ Outpatient specialty services
- ☐ Inpatient services
- ☐ Pharmaceuticals
- ☐ Rare and expensive services (e.g., organ transplants, national referral centers)
- ☐ Public health or vertical programs
- ☐ Salaries of public-sector health workers
- ☐ Fund investment
- ☐ Other
Specify:

Which provider types does it pay?

- ☐ Public providers only
- ☐ Public and private providers

Number of national/local branches:

Share of population covered:

Share of total health expenditure:

☐ **Private community-based health insurers**

Please describe the institution and its role:

Which services and cost items does it pay for? (Check all that apply.)

- ☐ Primary care
- ☐ Outpatient specialty services
- ☐ Inpatient services
- ☐ Pharmaceuticals
- ☐ Rare and expensive services (e.g., organ transplants, national referral centers)
- ☐ Public health or vertical programs
- ☐ Salaries of public-sector health workers
- ☐ Fund investment
- ☐ Other
Specify:

Which provider types does it pay?

- ☐ Public providers only
- ☐ Public and private providers
- ☐ Private providers only

Number of national/local branches:

Share of population covered:

Share of total health expenditure:

<input type="checkbox"/> Private for-profit health insurers	<p>Please describe the institution and its role:</p> <p>Which services and cost items does it pay for? (Check all that apply.)</p> <p> <input type="checkbox"/> Primary care <input type="checkbox"/> Outpatient specialty services <input type="checkbox"/> Inpatient services <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Rare and expensive services (e.g., organ transplants, national referral centers) <input type="checkbox"/> Public health or vertical programs <input type="checkbox"/> Salaries of public-sector health workers <input type="checkbox"/> Fund investment <input type="checkbox"/> Other Specify: </p> <p>Which provider types does it pay?</p> <p> <input type="checkbox"/> Public providers only <input type="checkbox"/> Public and private providers <input type="checkbox"/> Private providers only </p> <p>Number of national/local branches:</p> <p>Share of population covered:</p> <p>Share of total health expenditure:</p>
<input type="checkbox"/> Other private purchasers	<p>Please describe the institution and its role:</p> <p>Which services and cost items does it pay for? (Check all that apply.)</p> <p> <input type="checkbox"/> Primary care <input type="checkbox"/> Outpatient specialty services <input type="checkbox"/> Inpatient services <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Rare and expensive services (e.g., organ transplants, national referral centers) <input type="checkbox"/> Public health or vertical programs <input type="checkbox"/> Salaries of public-sector health workers <input type="checkbox"/> Fund investment <input type="checkbox"/> Other Specify: </p> <p>Which provider types does it pay?</p> <p> <input type="checkbox"/> Public providers only <input type="checkbox"/> Public and private providers <input type="checkbox"/> Private providers only </p> <p>Number of national/local branches:</p> <p>Share of population covered:</p> <p>Share of total health expenditure:</p>



Interview Tool #1. Design and Implementation of Current Payment Systems— Policymakers and Purchasers (continued)

II. WHICH TYPES OF PAYMENT METHODS ARE USED BY THE VARIOUS PURCHASERS IN THE COUNTRY?

Note to interviewer: Check all payment methods that are in use and ask about the corresponding items in the columns to the right.

PAYMENT METHOD	WHICH PURCHASERS USE THE METHOD?	WHICH PROVIDERS ARE PAID USING THIS METHOD?	
		PUBLIC PROVIDERS	PRIVATE PROVIDERS
<input type="checkbox"/> Capitation <i>(Note: Under this method, providers are paid in advance a fixed payment per enrolled or registered individual for all services in a defined package for a fixed period of time.)</i>	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser <i>Specify:</i> <input type="checkbox"/> Community-based insurers <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers <i>Specify:</i>	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers <i>Specify:</i>	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers <i>Specify:</i>
<input type="checkbox"/> Case-based payment <i>(Note: Under this method, hospitals are paid a fixed amount per hospital admission or discharge.)</i>	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser <i>Specify:</i> <input type="checkbox"/> Community-based insurers <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers <i>Specify:</i>	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers <i>Specify:</i>	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers <i>Specify:</i>

PAYMENT METHOD	WHICH PURCHASERS USE THE METHOD?	WHICH PROVIDERS ARE PAID USING THIS METHOD?	
		PUBLIC PROVIDERS	PRIVATE PROVIDERS
<input type="checkbox"/> Fee-for-service <i>(Note: Under this method, providers/facilities are paid a fixed fee for each service delivered.)</i>	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser <i>Specify:</i> <input type="checkbox"/> Community-based insurers <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers <i>Specify:</i>	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers <i>Specify:</i>	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers <i>Specify:</i>
<input type="checkbox"/> Global budget <i>(Note: Under this method, providers/facilities are paid a fixed budget without predetermined amounts associated with each line item or cost category.)</i>	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser <i>Specify:</i> <input type="checkbox"/> Community-based insurers <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers <i>Specify:</i>	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers <i>Specify:</i>	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers <i>Specify:</i>
<input type="checkbox"/> Line-item budget <i>(Note: Under this method, providers/facilities are paid using a fixed budget with predetermined amounts that are associated with each line item or cost category.)</i>	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser <i>Specify:</i> <input type="checkbox"/> Community-based insurers <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers <i>Specify:</i>	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers <i>Specify:</i>	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers <i>Specify:</i>

PAYMENT METHOD	WHICH PURCHASERS USE THE METHOD?	WHICH PROVIDERS ARE PAID USING THIS METHOD?	
		PUBLIC PROVIDERS	PRIVATE PROVIDERS
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser Specify: <input type="checkbox"/> Community-based insurers <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers Specify:	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers Specify:	<input type="checkbox"/> Primary care providers <input type="checkbox"/> Outpatient specialty providers <input type="checkbox"/> Local hospitals (secondary) <input type="checkbox"/> Regional hospitals (tertiary) <input type="checkbox"/> National hospitals (tertiary) <input type="checkbox"/> Specialty hospitals <input type="checkbox"/> Pharmacies <input type="checkbox"/> Other providers Specify:



Interview Tool #1. Design and Implementation of Current Payment Systems— Policymakers and Purchasers (continued)

III. HOW ARE PAYMENTS CALCULATED FOR EACH TYPE OF PAYMENT SYSTEM?

Note to interviewer: Check all payment methods that are in use and ask about the corresponding items in the columns to the right.

PAYMENT METHOD	HOW ARE PAYMENTS CALCULATED?	ARE PAYMENTS CROSS-CHECKED AGAINST COSTS AND AVAILABLE RESOURCES?	ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?	WHICH SERVICES ARE PAID FOR USING THIS PAYMENT METHOD?	WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT METHOD?	HOW ARE PUBLIC AND PRIVATE PROVIDERS PAID USING THIS METHOD?
<input type="checkbox"/> Capitation	<p><i>Is there a formula to calculate payment rates?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>If yes, describe:</p> <p><i>What is the total capitation payment calculation based on? (Check all that apply.)</i></p> <p><input type="checkbox"/> Base rate <input type="checkbox"/> Number of individuals assigned <input type="checkbox"/> Number of individuals enrolled by free choice or open enrollment <input type="checkbox"/> Utilization <input type="checkbox"/> Other Specify:</p>	<p><i>Are base rates cross-checked against costs of services and utilization rates?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p> <p><i>Are base rates cross-checked against available resources?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Geography <input type="checkbox"/> Age/sex <input type="checkbox"/> Facility type <input type="checkbox"/> Chronic diseases <input type="checkbox"/> Other Specify:</p> <p>Describe any adjustments:</p>	<p><input type="checkbox"/> Preventive services <input type="checkbox"/> Basic primary care <input type="checkbox"/> Outpatient specialty consultations <input type="checkbox"/> Laboratory tests <input type="checkbox"/> Other diagnostic tests <input type="checkbox"/> Inpatient stays <input type="checkbox"/> Medicines, blood transfusions, etc. <input type="checkbox"/> Referrals to higher-level facilities <input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services) Specify: <input type="checkbox"/> Transportation for referrals <input type="checkbox"/> Other Specify:</p>	<p><input type="checkbox"/> Salaries and other personnel costs <input type="checkbox"/> Medicines <input type="checkbox"/> Supplies <input type="checkbox"/> Minor repairs and equipment <input type="checkbox"/> Administrative costs <input type="checkbox"/> Capital investment <input type="checkbox"/> Training <input type="checkbox"/> Other Specify:</p>	Describe:

PAYMENT METHOD	HOW ARE PAYMENTS CALCULATED?	ARE PAYMENTS CROSS-CHECKED AGAINST COSTS AND AVAILABLE RESOURCES?	ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?	WHICH SERVICES ARE PAID FOR USING THIS PAYMENT METHOD?	WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT METHOD?	HOW ARE PUBLIC AND PRIVATE PROVIDERS PAID USING THIS METHOD?
<input type="checkbox"/> Case-based payment	<p>Is there a formula to calculate total case-based payment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>If yes, describe:</p> <p>What is the case-based payment calculation based on? (Check all that apply.)</p> <p><input type="checkbox"/> Base rate</p> <p><input type="checkbox"/> # of cases in each case group</p> <p><input type="checkbox"/> Tariffs</p> <p><input type="checkbox"/> Costing</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p> <p>If there is a base rate, how is it calculated?</p> <p>If there are case groups, how many are there?</p> <p>How were the case groups developed?</p> <p><input type="checkbox"/> Adapted international software</p> <p><input type="checkbox"/> Country experts</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p>Is there a costing system in place or is other routine costing information available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p> <p>Are base rates cross-checked against costs of services and utilization rates?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p> <p>Are base rates cross-checked against available resources?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Case mix</p> <p><input type="checkbox"/> Geography</p> <p><input type="checkbox"/> Age/sex</p> <p><input type="checkbox"/> Facility type</p> <p><input type="checkbox"/> Chronic diseases</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p> <p>Describe any adjustments:</p>	<p><input type="checkbox"/> Preventive services</p> <p><input type="checkbox"/> Basic primary care</p> <p><input type="checkbox"/> Outpatient specialty consultations</p> <p><input type="checkbox"/> Laboratory tests</p> <p><input type="checkbox"/> Other diagnostic tests</p> <p><input type="checkbox"/> Inpatient stays</p> <p><input type="checkbox"/> Medicines, blood transfusions, etc.</p> <p><input type="checkbox"/> Referrals to higher-level facilities</p> <p><input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services)</p> <p>Specify:</p> <p><input type="checkbox"/> Transportation for referrals</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><input type="checkbox"/> Salaries and other personnel costs</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Supplies</p> <p><input type="checkbox"/> Minor repairs and equipment</p> <p><input type="checkbox"/> Administrative costs</p> <p><input type="checkbox"/> Capital investment</p> <p><input type="checkbox"/> Training</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p>Describe:</p>

PAYMENT METHOD	HOW ARE PAYMENTS CALCULATED?	ARE PAYMENTS CROSS-CHECKED AGAINST COSTS AND AVAILABLE RESOURCES?	ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?	WHICH SERVICES ARE PAID FOR USING THIS PAYMENT METHOD?	WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT METHOD?	HOW ARE PUBLIC AND PRIVATE PROVIDERS PAID USING THIS METHOD?
<input type="checkbox"/> Fee-for-service	<p>Is there a fixed fee schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>If yes, how many items are in the fee schedule?</p> <p>If yes, how was the fee schedule developed?</p>	<p>Are fees cross-checked against costs of services and utilization rates? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p> <p>Are fees cross-checked against available resources? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Geography <input type="checkbox"/> Age/sex <input type="checkbox"/> Facility type <input type="checkbox"/> Chronic diseases <input type="checkbox"/> Other Specify: Describe any adjustments:	<input type="checkbox"/> Preventive services <input type="checkbox"/> Basic primary care <input type="checkbox"/> Outpatient specialty consultations <input type="checkbox"/> Laboratory tests <input type="checkbox"/> Other diagnostic tests <input type="checkbox"/> Inpatient stays <input type="checkbox"/> Medicines, blood transfusions, etc. <input type="checkbox"/> Referrals to higher-level facilities <input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services) Specify: <input type="checkbox"/> Transportation for referrals <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Salaries and other personnel costs <input type="checkbox"/> Medicines <input type="checkbox"/> Supplies <input type="checkbox"/> Minor repairs and equipment <input type="checkbox"/> Administrative costs <input type="checkbox"/> Capital investment <input type="checkbox"/> Training <input type="checkbox"/> Other Specify:	Describe:

PAYMENT METHOD	HOW ARE PAYMENTS CALCULATED?	ARE PAYMENTS CROSS-CHECKED AGAINST COSTS AND AVAILABLE RESOURCES?	ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?	WHICH SERVICES ARE PAID FOR USING THIS PAYMENT METHOD?	WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT METHOD?	HOW ARE PUBLIC AND PRIVATE PROVIDERS PAID USING THIS METHOD?
<input type="checkbox"/> Global budget	<p><i>How are global budgets set for an individual provider?</i></p> <p><i>What are global budget calculations based on? (Check all that apply.)</i></p> <p><input type="checkbox"/> Historical budget</p> <p><input type="checkbox"/> Budget norms</p> <p><input type="checkbox"/> Staff, bed capacity</p> <p><input type="checkbox"/> Utilization</p> <p><input type="checkbox"/> Case mix</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><i>Are budgets cross-checked against costs of services and utilization rates?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p> <p><i>Are budgets cross-checked against available resources?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Geography</p> <p><input type="checkbox"/> Age/sex</p> <p><input type="checkbox"/> Facility type</p> <p><input type="checkbox"/> Chronic diseases</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p> <p>Describe any adjustments:</p>	<p><input type="checkbox"/> Preventive services</p> <p><input type="checkbox"/> Basic primary care</p> <p><input type="checkbox"/> Outpatient specialty consultations</p> <p><input type="checkbox"/> Laboratory tests</p> <p><input type="checkbox"/> Other diagnostic tests</p> <p><input type="checkbox"/> Inpatient stays</p> <p><input type="checkbox"/> Medicines, blood transfusions, etc.</p> <p><input type="checkbox"/> Referrals to higher-level facilities</p> <p><input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services)</p> <p>Specify:</p> <p><input type="checkbox"/> Transportation for referrals</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><input type="checkbox"/> Salaries and other personnel costs</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Supplies</p> <p><input type="checkbox"/> Minor repairs and equipment</p> <p><input type="checkbox"/> Administrative costs</p> <p><input type="checkbox"/> Capital investment</p> <p><input type="checkbox"/> Training</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	Describe:

PAYMENT METHOD	HOW ARE PAYMENTS CALCULATED?	ARE PAYMENTS CROSS-CHECKED AGAINST COSTS AND AVAILABLE RESOURCES?	ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?	WHICH SERVICES ARE PAID FOR USING THIS PAYMENT METHOD?	WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT METHOD?	HOW ARE PUBLIC AND PRIVATE PROVIDERS PAID USING THIS METHOD?
<input type="checkbox"/> Line-item budget	<p><i>How are line-item budgets set for an individual provider?</i></p> <p><i>What are line-item budget calculations based on? (Check all that apply.)</i></p> <p><input type="checkbox"/> Historical budget</p> <p><input type="checkbox"/> Budget norms</p> <p><input type="checkbox"/> Staff, bed capacity</p> <p><input type="checkbox"/> Utilization</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><i>Are budgets cross-checked against costs of services and utilization rates?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p> <p><i>Are budgets cross-checked against available resources?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Geography</p> <p><input type="checkbox"/> Age/sex</p> <p><input type="checkbox"/> Facility type</p> <p><input type="checkbox"/> Chronic diseases</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p> <p>Describe any adjustments:</p>	<p><input type="checkbox"/> Preventive services</p> <p><input type="checkbox"/> Basic primary care</p> <p><input type="checkbox"/> Outpatient specialty consultations</p> <p><input type="checkbox"/> Laboratory tests</p> <p><input type="checkbox"/> Other diagnostic tests</p> <p><input type="checkbox"/> Inpatient stays</p> <p><input type="checkbox"/> Medicines, blood transfusions, etc.</p> <p><input type="checkbox"/> Referrals to higher-level facilities</p> <p><input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services)</p> <p>Specify:</p> <p><input type="checkbox"/> Transportation for referrals</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><input type="checkbox"/> Salaries and other personnel costs</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Supplies</p> <p><input type="checkbox"/> Minor repairs and equipment</p> <p><input type="checkbox"/> Administrative costs</p> <p><input type="checkbox"/> Capital investment</p> <p><input type="checkbox"/> Training</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	Describe:

PAYMENT METHOD	HOW ARE PAYMENTS CALCULATED?	ARE PAYMENTS CROSS-CHECKED AGAINST COSTS AND AVAILABLE RESOURCES?	ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?	WHICH SERVICES ARE PAID FOR USING THIS PAYMENT METHOD?	WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT METHOD?	HOW ARE PUBLIC AND PRIVATE PROVIDERS PAID USING THIS METHOD?
<input type="checkbox"/> Other Specify:	Describe:	<p>Are payment rates cross-checked against costs of services and utilization rates?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p> <p>Are payment rates cross-checked against available resources?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Geography</p> <p><input type="checkbox"/> Age/sex</p> <p><input type="checkbox"/> Facility type</p> <p><input type="checkbox"/> Chronic diseases</p> <p><input type="checkbox"/> Case mix</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p> <p>Describe any adjustments:</p>	<p><input type="checkbox"/> Preventive services</p> <p><input type="checkbox"/> Basic primary care</p> <p><input type="checkbox"/> Outpatient specialty consultations</p> <p><input type="checkbox"/> Laboratory tests</p> <p><input type="checkbox"/> Other diagnostic tests</p> <p><input type="checkbox"/> Inpatient stays</p> <p><input type="checkbox"/> Medicines, blood transfusions, etc.</p> <p><input type="checkbox"/> Referrals to higher-level facilities</p> <p><input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services)</p> <p>Specify:</p> <p><input type="checkbox"/> Transportation for referrals</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><input type="checkbox"/> Salaries and other personnel costs</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Supplies</p> <p><input type="checkbox"/> Minor repairs and equipment</p> <p><input type="checkbox"/> Administrative costs</p> <p><input type="checkbox"/> Capital investment</p> <p><input type="checkbox"/> Training</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	Describe:



Interview Tool #1. Design and Implementation of Current Payment Systems— Policymakers and Purchasers (continued)

IV. WHAT ARE THE IMPLEMENTATION ARRANGEMENTS FOR EACH PAYMENT METHOD?

Note to interviewer: Check all payment methods that are in use and ask about the corresponding items in the columns to the right.

PAYMENT METHOD	INSTITUTIONAL RELATIONSHIPS AMONG PURCHASERS, PROVIDERS, THE POPULATION, AND OTHERS			SUPPORTING SYSTEMS AND COMPLEMENTARY POLICIES			
	ARE THERE WRITTEN AGREEMENTS OR CONTRACTS SPECIFYING THE TERMS OF PAYMENT, SERVICES, ETC.?	ARE THERE ANY GATEKEEPING ARRANGEMENTS?	ARE PAYMENTS BASED ON CLAIMS SUBMISSION?	IS ANY PART OF PAYMENT BASED ON PERFORMANCE TARGETS?	PLEASE DESCRIBE ANY OTHER IMPORTANT SUPPORTING SYSTEMS AND COMPLEMENTARY POLICIES FOR THIS PAYMENT METHOD	PLEASE DESCRIBE ANY DIFFERENCES BETWEEN PUBLIC AND PRIVATE PROVIDERS	
<input type="checkbox"/> Capitation	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
<input type="checkbox"/> Case-based payment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			

INSTITUTIONAL RELATIONSHIPS AMONG PURCHASERS, PROVIDERS, THE POPULATION, AND OTHERS		SUPPORTING SYSTEMS AND COMPLEMENTARY POLICIES				
PAYMENT METHOD	ARE THERE WRITTEN AGREEMENTS OR CONTRACTS SPECIFYING THE TERMS OF PAYMENT, SERVICES, ETC.?	ARE THERE ANY GATEKEEPING ARRANGEMENTS?	ARE PAYMENTS BASED ON CLAIMS SUBMISSION?	IS ANY PART OF PAYMENT BASED ON PERFORMANCE TARGETS?	PLEASE DESCRIBE ANY OTHER IMPORTANT SUPPORTING SYSTEMS AND COMPLEMENTARY POLICIES FOR THIS PAYMENT METHOD	PLEASE DESCRIBE ANY DIFFERENCES BETWEEN PUBLIC AND PRIVATE PROVIDERS
<input type="checkbox"/> Global budget	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
<input type="checkbox"/> Line-item budget	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS						
PAYMENT METHOD	ARE PAYMENTS MADE AS A LUMP SUM OR ACCORDING TO BUDGET LINE ITEMS?	CAN PAYMENTS BE USED FLEXIBLY? (For example, can providers/facilities adjust expenditures across line items?)	ARE PAYMENTS MADE IN ADVANCE?	HOW FREQUENTLY ARE PAYMENT RATES UPDATED?	WHAT IS THE PROCESS FOR UPDATING PAYMENT RATES?	PLEASE DESCRIBE ANY DIFFERENCES BETWEEN PUBLIC AND PRIVATE PROVIDERS
<input type="checkbox"/> Capitation	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain		
<input type="checkbox"/> Case-based payment	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain		
<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain		
<input type="checkbox"/> Global budget	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain		

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS						
PAYMENT METHOD	ARE PAYMENTS MADE AS A LUMP SUM OR ACCORDING TO BUDGET LINE ITEMS?	CAN PAYMENTS BE USED FLEXIBLY? (For example, can providers/facilities adjust expenditures across line items?)	ARE PAYMENTS MADE IN ADVANCE?	HOW FREQUENTLY ARE PAYMENT RATES UPDATED?	WHAT IS THE PROCESS FOR UPDATING PAYMENT RATES?	PLEASE DESCRIBE ANY DIFFERENCES BETWEEN PUBLIC AND PRIVATE PROVIDERS
<input type="checkbox"/> Line-item budget	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain		
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain		

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
PAYMENT METHOD	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
<input type="checkbox"/> Capitation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of the payment to a provider cover any costs for other health facilities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs: <p>Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of the payment to a provider cover any costs for referrals or self-referrals to other facilities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: <p>Please describe how funds are distributed and payments are made for referrals:</p>

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
PAYMENT METHOD	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
<input type="checkbox"/> Case-based payment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of the payment to a provider cover any costs for other health facilities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs: <p>Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of the payment to a provider cover any costs for referrals or self-referrals to other facilities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: <p>Please describe how funds are distributed and payments are made for referrals:</p>

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
PAYMENT METHOD	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of the payment to a provider cover any costs for referrals or self-referrals to other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: Please describe how funds are distributed and payments are made for referrals:</p> <hr/> <p>Does any part of the payment to a provider cover any costs for referrals or self-referrals to other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: Please describe how funds are distributed and payments are made for referrals:</p>

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
PAYMENT METHOD	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
<input type="checkbox"/> Global budget	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of the budget cover any costs for other health facilities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs: <p>Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of the budget cover any costs for referrals or self-referrals to other facilities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: <p>Please describe how funds are distributed and payments are made for referrals:</p>

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
PAYMENT METHOD	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
<input type="checkbox"/> Line-item budget	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of the budget cover any costs for other health facilities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs: <p>Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of the budget cover any costs for referrals or self-referrals to other facilities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: <p>Please describe how funds are distributed and payments are made for referrals:</p>

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
PAYMENT METHOD	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF A HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of the payment to a provider cover any costs for other health facilities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs: <p>Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of the payment to a provider cover any costs for referrals or self-referrals to other facilities?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: <p>Please describe how funds are distributed and payments are made for referrals:</p>

Note to interviewer: Continue to interview this same person using *Interview Tool #3*.

2

Interview Tool #2. Design and Implementation of Current Payment Systems— Providers

ADMINISTERED TO:

☐ POLICYMAKERS☐ PURCHASERS☒ PROVIDERS

INSTITUTION:

INSTITUTION CODE (OPTIONAL):

DATE OF INTERVIEW:

OF PARTICIPANTS IN THE INTERVIEW:

INTERVIEWEE NAME(S):

INTERVIEWEE POSITION(S):

INTERVIEWER SCRIPT:

"Hello, my name is _____. I am visiting you as part of a study on the way hospitals, outpatient clinics, and other health care provider institutions are paid for their services from different sources. We are gathering information about how these payment systems work in practice and what your experience has been. I will ask you specific questions about each way that facilities can be paid—capitation, case-based hospital payment, fee-for-service, global budget, line-item budget, or other. Please discuss the payment methods one at a time. All of your answers will be kept confidential. The results of all of the interviews will be analyzed together and used to better understand what is working well now and what may need to be changed."

2

Interview Tool #2. Design and Implementation of Current Payment Systems— Providers (continued)

I. WHICH TYPES OF PAYMENT METHODS ARE USED TO PAY THIS PROVIDER/FACILITY?

Note to interviewer: Check all payment methods that are in use and ask about the corresponding items in the columns to the right.

PAYMENT METHOD	WHICH PURCHASERS USE THE METHOD	SHARE OF PROVIDER/ FACILITY REVENUE FROM THE PAYMENT METHOD (%)
<input type="checkbox"/> Capitation	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser Specify: <input type="checkbox"/> Community-based health insurance fund <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers Specify:	
<input type="checkbox"/> Case-based payment	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser Specify: <input type="checkbox"/> Community-based health insurance fund <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers Specify:	
<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser Specify: <input type="checkbox"/> Community-based health insurance fund <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers Specify:	
<input type="checkbox"/> Global budget <i>(Note: Under this method, facilities are paid a fixed budget <u>without</u> predetermined amounts associated with each line item or cost item.)</i>	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser Specify: <input type="checkbox"/> Community-based health insurance fund <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers Specify:	
<input type="checkbox"/> Line-item budget <i>(Note: Under this method, facilities are paid using a fixed budget <u>with</u> predetermined amounts that are associated with each line item or cost item.)</i>	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser Specify: <input type="checkbox"/> Community-based health insurance fund <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers Specify:	

PAYMENT METHOD	WHICH PURCHASERS USE THE METHOD	SHARE OF PROVIDER/ FACILITY REVENUE FROM THE PAYMENT METHOD (%)
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Public insurance agency <input type="checkbox"/> Other public purchaser Specify: <input type="checkbox"/> Community-based health insurance fund <input type="checkbox"/> Private insurance companies <input type="checkbox"/> Other private purchasers Specify:	

2

Interview Tool #2. Design and Implementation of Current Payment Systems— Providers (continued)

II. HOW ARE PAYMENTS CALCULATED FOR EACH TYPE OF PAYMENT METHOD?

Note to interviewer: Check all payment methods that are in use and ask about the corresponding items in the columns to the right.

PAYMENT METHOD	HOW ARE PAYMENTS CALCULATED?	ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?	WHICH SERVICES ARE PAID BY THIS PAYMENT METHOD?	WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT SYSTEM?
<input type="checkbox"/> Capitation	<p><i>How are capitation payments calculated?</i></p> <p><i>Is there a formula to calculate payment rates?</i></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain </p> <p>If yes, describe:</p> <p>What is the total capitation payment calculation based on? <i>(Check all that apply.)</i></p> <p> <input type="checkbox"/> Base rate <input type="checkbox"/> Number of individuals assigned <input type="checkbox"/> Number of individuals enrolled by free choice or open enrollment <input type="checkbox"/> Utilization <input type="checkbox"/> Other Specify: </p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: </p> <p> <input type="checkbox"/> Geography <input type="checkbox"/> Age/sex <input type="checkbox"/> Facility type <input type="checkbox"/> Chronic diseases <input type="checkbox"/> Other Specify: </p> <p>Describe any adjustments:</p>	<p> <input type="checkbox"/> Preventive services <input type="checkbox"/> Basic primary care <input type="checkbox"/> Outpatient specialty consultations <input type="checkbox"/> Laboratory tests <input type="checkbox"/> Other diagnostic tests <input type="checkbox"/> Inpatient stays <input type="checkbox"/> Medicines, blood transfusions, etc. <input type="checkbox"/> Referrals to higher-level facilities <input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services) Specify: <input type="checkbox"/> Transportation for referrals <input type="checkbox"/> Other Specify: </p>	<p> <input type="checkbox"/> Salaries and other personnel costs <input type="checkbox"/> Medicines <input type="checkbox"/> Supplies <input type="checkbox"/> Minor repairs and equipment <input type="checkbox"/> Administrative costs <input type="checkbox"/> Capital investment <input type="checkbox"/> Training </p>

PAYMENT METHOD	HOW ARE PAYMENTS CALCULATED?	ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?	WHICH SERVICES ARE PAID BY THIS PAYMENT METHOD?	WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT SYSTEM?
<input type="checkbox"/> Case-based payment	<p>Is there a formula to calculate total case-based payment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>If yes, describe:</p> <p>What is the case-based payment calculation based on? (Check all that apply.)</p> <p><input type="checkbox"/> Base rate</p> <p><input type="checkbox"/> # of cases in each case group</p> <p><input type="checkbox"/> Tariffs</p> <p><input type="checkbox"/> Costing</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p> <p>If there is a base rate, how is it calculated?</p> <p>If there are case groups, how many are there?</p> <p>How were the case groups developed?</p> <p><input type="checkbox"/> Adapted international software</p> <p><input type="checkbox"/> Country experts</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Case mix</p> <p><input type="checkbox"/> Geography</p> <p><input type="checkbox"/> Age/sex</p> <p><input type="checkbox"/> Facility type</p> <p><input type="checkbox"/> Chronic diseases</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p> <p>Describe any adjustments:</p>	<p><input type="checkbox"/> Preventive services</p> <p><input type="checkbox"/> Basic primary care</p> <p><input type="checkbox"/> Outpatient specialty consultations</p> <p><input type="checkbox"/> Laboratory tests</p> <p><input type="checkbox"/> Other diagnostic tests</p> <p><input type="checkbox"/> Inpatient stays</p> <p><input type="checkbox"/> Medicines, blood transfusions, etc.</p> <p><input type="checkbox"/> Referrals to higher-level facilities</p> <p><input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services)</p> <p>Specify:</p> <p><input type="checkbox"/> Transportation for referrals</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><input type="checkbox"/> Salaries and other personnel costs</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Supplies</p> <p><input type="checkbox"/> Minor repairs and equipment</p> <p><input type="checkbox"/> Administrative costs</p> <p><input type="checkbox"/> Capital investment</p> <p><input type="checkbox"/> Training</p>

PAYMENT METHOD	HOW ARE PAYMENTS CALCULATED?	ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?	WHICH SERVICES ARE PAID BY THIS PAYMENT METHOD?	WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT SYSTEM?
<input type="checkbox"/> Fee-for-service	<p><i>How are fee-for-service payments calculated?</i></p> <p><i>Is there a fixed fee schedule?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Uncertain</p> <p>If yes, how many items are in the fee schedule?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Geography</p> <p><input type="checkbox"/> Age/sex</p> <p><input type="checkbox"/> Facility type</p> <p><input type="checkbox"/> Chronic diseases</p> <p><input type="checkbox"/> Other</p> <p><i>Specify:</i></p> <p>Describe any adjustments:</p>	<p><input type="checkbox"/> Preventive services</p> <p><input type="checkbox"/> Basic primary care</p> <p><input type="checkbox"/> Outpatient specialty consultations</p> <p><input type="checkbox"/> Laboratory tests</p> <p><input type="checkbox"/> Other diagnostic tests</p> <p><input type="checkbox"/> Inpatient stays</p> <p><input type="checkbox"/> Medicines, blood transfusions, etc.</p> <p><input type="checkbox"/> Referrals to higher-level facilities</p> <p><input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services)</p> <p><i>Specify:</i></p> <p><input type="checkbox"/> Transportation for referrals</p> <p><input type="checkbox"/> Other</p> <p><i>Specify:</i></p>	<p><input type="checkbox"/> Salaries and other personnel costs</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Supplies</p> <p><input type="checkbox"/> Minor repairs and equipment</p> <p><input type="checkbox"/> Administrative costs</p> <p><input type="checkbox"/> Capital investment</p> <p><input type="checkbox"/> Training</p>
<input type="checkbox"/> Global budget	<p><i>How are global budgets calculated?</i></p> <p><i>What is the budget calculation based on? (Check all that apply.)</i></p> <p><input type="checkbox"/> Historical budget</p> <p><input type="checkbox"/> Budget norms</p> <p><input type="checkbox"/> Staff, bed capacity</p> <p><input type="checkbox"/> Utilization</p> <p><input type="checkbox"/> Case mix</p> <p><input type="checkbox"/> Other</p> <p><i>Specify:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Geography</p> <p><input type="checkbox"/> Age/sex</p> <p><input type="checkbox"/> Facility type</p> <p><input type="checkbox"/> Chronic diseases</p> <p><input type="checkbox"/> Other</p> <p><i>Specify:</i></p> <p>Describe any adjustments:</p>	<p><input type="checkbox"/> Preventive services</p> <p><input type="checkbox"/> Basic primary care</p> <p><input type="checkbox"/> Outpatient specialty consultations</p> <p><input type="checkbox"/> Laboratory tests</p> <p><input type="checkbox"/> Other diagnostic tests</p> <p><input type="checkbox"/> Inpatient stays</p> <p><input type="checkbox"/> Medicines, blood transfusions, etc.</p> <p><input type="checkbox"/> Referrals to higher-level facilities</p> <p><input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services)</p> <p><i>Specify:</i></p> <p><input type="checkbox"/> Transportation for referrals</p> <p><input type="checkbox"/> Other</p> <p><i>Specify:</i></p>	<p><input type="checkbox"/> Salaries and other personnel costs</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Supplies</p> <p><input type="checkbox"/> Minor repairs and equipment</p> <p><input type="checkbox"/> Administrative costs</p> <p><input type="checkbox"/> Capital investment</p> <p><input type="checkbox"/> Training</p>

PAYMENT METHOD	HOW ARE PAYMENTS CALCULATED?	ARE ANY ADJUSTMENTS APPLIED TO PAYMENT RATES?	WHICH SERVICES ARE PAID BY THIS PAYMENT METHOD?	WHICH COST ITEMS ARE INCLUDED IN THE PAYMENT SYSTEM?
<input type="checkbox"/> Line-item budget	<p><i>How are line-item budgets calculated?</i></p> <p>What is the budget calculation based on? (Check all that apply.)</p> <p><input type="checkbox"/> Historical budget</p> <p><input type="checkbox"/> Budget norms</p> <p><input type="checkbox"/> Staff, bed capacity</p> <p><input type="checkbox"/> Utilization</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Geography</p> <p><input type="checkbox"/> Age/sex</p> <p><input type="checkbox"/> Facility type</p> <p><input type="checkbox"/> Chronic diseases</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p> <p>Describe any adjustments:</p>	<p><input type="checkbox"/> Preventive services</p> <p><input type="checkbox"/> Basic primary care</p> <p><input type="checkbox"/> Outpatient specialty consultations</p> <p><input type="checkbox"/> Laboratory tests</p> <p><input type="checkbox"/> Other diagnostic tests</p> <p><input type="checkbox"/> Inpatient stays</p> <p><input type="checkbox"/> Medicines, blood transfusions, etc.</p> <p><input type="checkbox"/> Referrals to higher-level facilities</p> <p><input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services)</p> <p>Specify:</p> <p><input type="checkbox"/> Transportation for referrals</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><input type="checkbox"/> Salaries and other personnel costs</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Supplies</p> <p><input type="checkbox"/> Minor repairs and equipment</p> <p><input type="checkbox"/> Administrative costs</p> <p><input type="checkbox"/> Capital investment</p> <p><input type="checkbox"/> Training</p>
<input type="checkbox"/> Other	<p>Describe:</p> <p>Specify:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Geography</p> <p><input type="checkbox"/> Age/sex</p> <p><input type="checkbox"/> Facility type</p> <p><input type="checkbox"/> Chronic diseases</p> <p><input type="checkbox"/> Case mix</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p> <p>Describe any adjustments:</p>	<p><input type="checkbox"/> Preventive services</p> <p><input type="checkbox"/> Basic primary care</p> <p><input type="checkbox"/> Outpatient specialty consultations</p> <p><input type="checkbox"/> Laboratory tests</p> <p><input type="checkbox"/> Other diagnostic tests</p> <p><input type="checkbox"/> Inpatient stays</p> <p><input type="checkbox"/> Medicines, blood transfusions, etc.</p> <p><input type="checkbox"/> Referrals to higher-level facilities</p> <p><input type="checkbox"/> Vertical programs (e.g., immunization, TB services, HIV/AIDS services)</p> <p>Specify:</p> <p><input type="checkbox"/> Transportation for referrals</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p>	<p><input type="checkbox"/> Salaries and other personnel costs</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Supplies</p> <p><input type="checkbox"/> Administrative costs</p> <p><input type="checkbox"/> Minor repairs and equipment</p> <p><input type="checkbox"/> Capital investment</p> <p><input type="checkbox"/> Training</p>



Interview Tool #2. Design and Implementation of Current Payment Systems— Providers (continued)

III. WHAT ARE THE IMPLEMENTATION ARRANGEMENTS FOR EACH PAYMENT METHOD?

Note to interviewer: Check all payment methods that are in use and ask about the corresponding items in the columns to the right.

PAYMENT METHOD	INSTITUTIONAL RELATIONSHIPS AMONG PURCHASERS, PROVIDERS, THE POPULATION, AND OTHERS		SUPPORTING SYSTEMS AND COMPLEMENTARY POLICIES			
	ARE THERE WRITTEN AGREEMENTS OR CONTRACTS SPECIFYING THE TERMS OF PAYMENT, SERVICES, ETC.?	ARE THERE ANY GATEKEEPING ARRANGEMENTS?	ARE PAYMENTS BASED ON CLAIMS SUBMISSION?	IS ANY PART OF PAYMENT BASED ON PERFORMANCE TARGETS?	PLEASE DESCRIBE ANY OTHER IMPORTANT SUPPORTING SYSTEMS AND COMPLEMENTARY POLICIES FOR THIS PAYMENT METHOD	
<input type="checkbox"/> Capitation	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
<input type="checkbox"/> Case-based payment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		

INSTITUTIONAL RELATIONSHIPS AMONG PURCHASERS, PROVIDERS, THE POPULATION, AND OTHERS		SUPPORTING SYSTEMS AND COMPLEMENTARY POLICIES			
PAYMENT METHOD	ARE THERE WRITTEN AGREEMENTS OR CONTRACTS SPECIFYING THE TERMS OF PAYMENT, SERVICES, ETC.?	ARE THERE ANY GATEKEEPING ARRANGEMENTS?	ARE PAYMENTS BASED ON CLAIMS SUBMISSION?	IS ANY PART OF PAYMENT BASED ON PERFORMANCE TARGETS?	PLEASE DESCRIBE ANY OTHER IMPORTANT SUPPORTING SYSTEMS AND COMPLEMENTARY POLICIES FOR THIS PAYMENT METHOD
<input type="checkbox"/> Global budget	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
<input type="checkbox"/> Line-item budget	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are claims submitted electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS					
PAYMENT METHOD	ARE PAYMENTS RECEIVED AS A LUMP SUM OR ACCORDING TO BUDGET LINE ITEMS?	CAN PAYMENTS BE USED FLEXIBLY? (For example, can providers/facilities adjust expenditures across line items without permission?)	ARE PAYMENTS MADE IN ADVANCE?	HOW FREQUENTLY ARE PAYMENT RATES UPDATED?	
<input type="checkbox"/> Capitation	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe restrictions:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain	
<input type="checkbox"/> Case-based payment	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe restrictions:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain	
<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe restrictions:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain	
<input type="checkbox"/> Global budget	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe restrictions:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain	
<input type="checkbox"/> Line-item budget	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe restrictions:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain	
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Lump sum <input type="checkbox"/> According to line items <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Describe any restrictions on how funds can be used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, describe restrictions:	<input type="checkbox"/> Annually <input type="checkbox"/> More frequently than annually <input type="checkbox"/> Less frequently than annually <input type="checkbox"/> Uncertain	

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
TYPES OF PAYMENT THE FACILITY RECEIVES	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
<input type="checkbox"/> Capitation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of the payment to this facility cover any costs for other health facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs: Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: Please describe how funds are distributed and payments are made for referrals:</p>

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
TYPES OF PAYMENT THE FACILITY RECEIVES	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
<input type="checkbox"/> Case-based payment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of the payment to this facility cover any costs for other health facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs: Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: Please describe how funds are distributed and payments are made for referrals:</p>

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
TYPES OF PAYMENT THE FACILITY RECEIVES <input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of the payment to this facility cover any costs for other health facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs: Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: Please describe how funds are distributed and payments are made for referrals:</p>

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
TYPES OF PAYMENT THE FACILITY RECEIVES <input type="checkbox"/> Global budget	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of this facility's budget cover any costs for other health facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs: Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of this facility's budget cover any costs for referrals or self-referrals to other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: Please describe how funds are distributed and payments are made for referrals:</p>

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
TYPES OF PAYMENT THE FACILITY RECEIVES	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
<input type="checkbox"/> Line-item budget	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of this facility's budget cover any costs for other health facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs: Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of this facility's budget cover any costs for referrals or self-referrals to other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities: Please describe how funds are distributed and payments are made for referrals:</p>

PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS (continued)				
TYPES OF PAYMENT THE FACILITY RECEIVES	ARE TOTAL PAYMENTS IN THIS PAYMENT SYSTEM SUBJECT TO A PAYMENT OR VOLUME CAP?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS MORE THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE ARE OVERRUNS AND DEFICITS?	WHAT HAPPENS IF THIS HEALTH FACILITY SPENDS LESS THAN THE AGREED-UPON PAYMENT AMOUNT AND THERE IS A SURPLUS?	ARE THERE ANY FUNDHOLDING ARRANGEMENTS?
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes: <input type="checkbox"/> Payment cap <input type="checkbox"/> Volume cap How are caps set?	<input type="checkbox"/> Overruns are fully compensated <input type="checkbox"/> Overruns are partially compensated Describe restrictions: <input type="checkbox"/> Overruns are not compensated <input type="checkbox"/> Uncertain	<input type="checkbox"/> Surpluses are fully retained by the facility <input type="checkbox"/> Surpluses are partially retained by the facility Describe restrictions: <input type="checkbox"/> Surpluses are taken back <input type="checkbox"/> Uncertain	<p>Does any part of the payment to this facility cover any costs for other health facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which costs:</p> <p>Please describe how funds are distributed to the other health facilities:</p> <hr/> <p>Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which facilities:</p> <p>Please describe how funds are distributed and payments are made for referrals:</p>

Note to interviewer: Continue to interview this same person using *Interview Tool #3*.

3

Interview Tool #3. Consequences of Provider Payment Systems— Policymakers, Purchasers, and Providers

ADMINISTERED TO:

☒ POLICYMAKERS☒ PURCHASERS☒ PROVIDERS

INSTITUTION:

INSTITUTION CODE (OPTIONAL):

DATE OF INTERVIEW:

OF PARTICIPANTS IN THE INTERVIEW:

INTERVIEWEE NAME(S):

INTERVIEWEE POSITION(S):

INTERVIEWER SCRIPT:

"Now I would like to ask you questions about the consequences of the different payment systems based on your experience. We are interested in your views on the conditions that the various payment systems create. For example, does the payment system make it possible or beneficial for providers to improve the quality of care, or does it not? Please give detailed explanations and examples whenever possible to help us understand the effects that payment systems are having in practice."

Capitation

INTERVIEWER SCRIPT:

"Now I would like to ask you about how, in your experience, the capitation payment system affects health services."

STRENGTHS AND WEAKNESSES

In your experience, what are the main strengths of the capitation payment system?

In your experience, what are the main challenges of the capitation payment system?

SUGGESTED IMPROVEMENTS

What improvements would you suggest to make the capitation payment system more effective?

CONSEQUENCES

Note to interviewer: It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.

Do you think the capitation payment system:

Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across populations with different health needs?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across providers?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across types of cases with different severity?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps health providers/facilities manage resources more efficiently?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Capitation

Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to waiting lists, queues, or other barriers for patients to access necessary services?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver too many services?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Encourages health workers to work more closely as a team?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Reduces absenteeism among health workers?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Encourages gaming or fraudulent behaviors?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Is administratively burdensome?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps health facilities stay financially viable and avoid deficits?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps increase the autonomy of health facilities?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Capitation

How often does this facility experience delays in capitation payments?

☐ Never ☐ Sometimes ☐ Frequently ☐ Always ☐ Uncertain

If there are delays, what are the main reasons?

Case-Based Payment

INTERVIEWER SCRIPT:

"Now I would like to ask you about how, in your experience, the case-based payment system affects health services."

STRENGTHS AND WEAKNESSES

In your experience, what are the main strengths of the case-based payment system?

In your experience, what are the main challenges of the case-based payment system?

SUGGESTED IMPROVEMENTS

What improvements would you suggest to make the case-based payment system more effective?

CONSEQUENCES

Note to interviewer: It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.

Do you think the case-based payment system:

Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across populations with different health needs?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across providers?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across types of cases with different severity?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps health providers/facilities manage resources more efficiently?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Case-Based Payment

Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to waiting lists, queues, or other barriers for patients to access necessary services?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver too many services?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Encourages health workers to work more closely as a team?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Reduces absenteeism among health workers?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Encourages gaming or fraudulent behaviors?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Is administratively burdensome?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps health facilities stay financially viable and avoid deficits?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps increase the autonomy of health facilities?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Case-Based Payment

How often does this facility experience delays in case-based payments?

☐ Never ☐ Sometimes ☐ Frequently ☐ Always ☐ Uncertain

If there are delays, what are the main reasons?

Fee-for-Service

INTERVIEWER SCRIPT:

"Now I would like to ask you about how, in your experience, the fee-for-service payment system affects health services."

STRENGTHS AND WEAKNESSES

In your experience, what are the main strengths of the fee-for-service payment system?

In your experience, what are the main challenges of the fee-for-service payment system?

SUGGESTED IMPROVEMENTS

What improvements would you suggest to make the fee-for-service payment system more effective?

CONSEQUENCES

Note to interviewer: It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.

Do you think the fee-for-service payment system:

Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across populations with different health needs?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across providers?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across types of cases with different severity?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps health providers/facilities manage resources more efficiently?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Fee-for-Service

Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to waiting lists, queues, or other barriers for patients to access necessary services?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver too many services?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Encourages health workers to work more closely as a team?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Reduces absenteeism among health workers?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Encourages gaming or fraudulent behaviors?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Is administratively burdensome?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps health facilities stay financially viable and avoid deficits?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps increase the autonomy of health facilities?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Fee-for-Service

How often does this facility experience delays in fee-for-service payments?

☐ Never ☐ Sometimes ☐ Frequently ☐ Always ☐ Uncertain

If there are delays, what are the main reasons?

Global Budget

INTERVIEWER SCRIPT:

"Now I would like to ask you about how, in your experience, the global budget payment system affects health services."

STRENGTHS AND WEAKNESSES

In your experience, what are the main strengths of the global budget payment system?

In your experience, what are the main challenges of the global budget payment system?

SUGGESTED IMPROVEMENTS

What improvements would you suggest to make the global budget payment system more effective?

CONSEQUENCES

Note to interviewer: It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.

Do you think the global budget payment system:

Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across populations with different health needs?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across providers?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across types of cases with different severity?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps health providers/facilities manage resources more efficiently?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Global Budget

Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to waiting lists, queues, or other barriers for patients to access necessary services?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver too many services?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Encourages health workers to work more closely as a team?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Reduces absenteeism among health workers?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Encourages gaming or fraudulent behaviors?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Is administratively burdensome?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps health facilities stay financially viable and avoid deficits?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps increase the autonomy of health facilities?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Global Budget

How often does this facility experience delays in global budget payments?

☐ Never ☐ Sometimes ☐ Frequently ☐ Always ☐ Uncertain

If there are delays, what are the main reasons?

Line-Item Budget

INTERVIEWER SCRIPT:

"Now I would like to ask you about how, in your experience, the line-item budget payment system affects health services."

STRENGTHS AND WEAKNESSES

In your experience, what are the main strengths of the line-item budget payment system?

In your experience, what are the main challenges of the line-item budget payment system?

SUGGESTED IMPROVEMENTS

What improvements would you suggest to make the line-item budget payment system more effective?

CONSEQUENCES

Note to interviewer: It is important to probe for more detailed responses and ask interviewees why they think the payment system does or does not have each specific consequence.

Do you think the line-item budget payment system:

Contributes to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across populations with different health needs?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across providers?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to fair and equitable distribution of resources across types of cases with different severity?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps health providers/facilities manage resources more efficiently?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities if basic care is delivered at the primary level?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to provide higher-quality care?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Line-Item Budget

Makes it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to be responsive to patients?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Contributes to waiting lists, queues, or other barriers for patients to access necessary services?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver too many services?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to deliver services in a costly way?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to increase unnecessary referrals?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Makes it beneficial or more profitable for health providers/facilities to avoid sicker patients?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Encourages health workers to work more closely as a team?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Reduces absenteeism among health workers?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Encourages gaming or fraudulent behaviors?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Is administratively burdensome?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps health facilities stay financially viable and avoid deficits?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Helps increase the autonomy of health facilities?

☐ Yes ☐ No ☐ Uncertain

Why or why not?

Line-Item Budget

How often does this facility experience delays in line-item budget payments?

☐ Never ☐ Sometimes ☐ Frequently ☐ Always ☐ Uncertain

If there are delays, what are the main reasons?

STEP 7.

COMPILE INFORMATION FROM STAKEHOLDER INTERVIEWS

In this step, the **Analytical Team** compiles three categories of information from the interviews in Step 6: (1) linkages among health purchasers, provider types, and payment methods; (2) the design features and implementation arrangements of each payment system; and (3) the perceived consequences of each payment system.

LINKAGES AMONG PURCHASERS, PROVIDERS, AND PAYMENT METHODS

Analytical Team Output #2 maps the linkages among the purchasers of health services, providers, and payment methods and the share of payments that flow through each. This will

reveal how each payment method is being used, its relative importance in terms of provider revenue, and possible issues of fragmentation and conflicting incentives.

***Filling out the template:** For each health purchaser in the country, list the payment methods used for each*

health provider or facility type (public and private). Also note the approximate average percentage of the total revenue among providers/facilities of that type that comes from that purchaser through that payment system (or the range from lowest to highest).



ANALYTICAL TEAM OUTPUT #2.

MAPPING PURCHASERS, PROVIDERS, AND PAYMENT METHODS

		PURCHASER			
PROVIDER TYPE		MINISTRY OF HEALTH	PUBLIC PURCHASER	PRIVATE PURCHASER	OTHER
Tertiary hospital	Public				
	Private				
Regional hospital	Public				
	Private				
Local hospital	Public				
	Private				
Outpatient specialty clinic	Public				
	Private				
Diagnostic center	Public				
	Private				
Laboratory	Public				
	Private				
Primary care provider	Public				
	Private				
Pharmacy	Public				
	Private				
Other	Public				
	Private				

DESIGN FEATURES AND IMPLEMENTATION ARRANGEMENTS OF EACH PAYMENT SYSTEM

The **Analytical Team** compiles the responses from the stakeholder interviews on the design and implementation of current payment systems and cross-checks the responses against policy documents and other available materials. **Analytical Team Output #3** is a snapshot of payment system design features and implementation arrangements.

Filling out the template: For each payment system, summarize information collected on the design features and implementation arrangements for each current payment system. Note where there is a high level of agreement or disagreement between what is written in policy or regulatory documents and stakeholder responses, or where there is agreement or disagreement among the responses of different stakeholders.



ANALYTICAL TEAM OUTPUT #3.

DESIGN AND IMPLEMENTATION OF EACH PAYMENT SYSTEM

Payment Method: _____		
	DESCRIPTION	NOTES ON AREAS OF AGREEMENT/DISAGREEMENT
Design features		
Basis for payment		
Adjustment coefficients		
Included services		
Cost items		
Contracting entities		
Performance-based incentives		
Implementation arrangements		
Institutional relationships		
Supporting systems and complementary policies		
Public financial management rules and funds flow (fundholding, caps, overruns, and surpluses)		
Relationship to pooling		
Relationship to essential services or benefits package		
Other legal, regulatory, and policy factors		

PERCEIVED CONSEQUENCES OF EACH PAYMENT SYSTEM

The **Analytical Team** compiles the stakeholder responses about the strengths, weaknesses, and consequences of each payment system in **Analytical Team Output #4**.

Filling out the template: For each payment system, summarize the stakeholder responses about the strengths, weaknesses, and consequences of each payment system. Note where there is agreement or disagreement among stakeholder responses.



ANALYTICAL TEAM OUTPUT #4.

CONSEQUENCES OF PAYMENT SYSTEMS

Payment Method: _____			
Main strengths of the payment system			
Main weaknesses of the payment system			
		CONSEQUENCES	NOTES ON AREAS OF AGREEMENT/DISAGREEMENT
Equity and fairness			
Geography	Does the payment system contribute to fair and equitable distribution of resources across geographic areas (different regions, rural/urban, remote areas)?		
Population	Does the payment system contribute to fair and equitable distribution of resources across populations with different health needs?		
Provider	Does the payment system contribute to fair and equitable distribution of resources across providers?		
Case mix	Does the payment system contribute to fair and equitable distribution of resources across types of cases with different severity?		
Efficiency			
Efficient use of resources	Does the payment system help health providers/facilities manage resources more efficiently?		
Productivity	Does the payment system encourage higher productivity and/or reduced absenteeism among health workers?		
Overuse of services	Does the payment system make it beneficial or more profitable for health providers/facilities to: <ul style="list-style-type: none"> – Deliver too many services? – Deliver services in a costly way? – Increase unnecessary referrals? 		
Payment delays	Does the payment system contribute to payment delays to health providers/facilities?		

		CONSEQUENCES	NOTES ON AREAS OF AGREEMENT/ DISAGREEMENT
Administrative burden	Is the payment system burdensome to administer?		
Access to services			
Skimping on services	Does the payment system make it beneficial or more profitable for health providers/facilities to deliver fewer services than necessary or skimp on care in other ways?		
Service or treatment delays	Does the payment system contribute to waiting lists, queues, or other barriers to patients accessing necessary services?		
Risk selection	Does the payment system make it beneficial or more profitable for health providers/facilities to avoid sicker or more costly patients?		
Quality and continuity of care			
Quality	Does the payment system make it beneficial or more profitable for health providers/facilities to provide higher-quality care?		
Provider teams	Does the payment system encourage health workers to work more closely as a team?		
Primary care	Does the payment system make it beneficial or more profitable for basic care to be delivered at the primary level?		
Prevention	Does the payment system make it beneficial or more profitable for health providers/facilities to focus on health promotion, prevention, and chronic disease management?		
Responsiveness	Does the payment system make it beneficial for health providers/ facilities to be responsive to patients?		
Financial sustainability			
Provider financial viability	Does the payment system help health providers/facilities stay financially viable and avoid deficits?		
Provider autonomy	Does the payment system help increase the autonomy of health providers/facilities?		
Cost containment	Does the payment system help total expenditures in the health system stay within available resources?		
Unintended consequences			
Gaming or fraudulent behavior	Does the payment system encourage any gaming or fraudulent behaviors?		

<i>Suggested improvements to the mix of payment methods</i>	
<i>Suggested improvements to design and implementation</i>	
Capitation	
Case-based	
Fee-for-service	
Budget	
Other	
<i>Suggested improvements to communication and exchange of information among stakeholders</i>	
<i>Other suggestions for improvement</i>	

STEP 8.

ANALYZE INFORMATION FROM STAKEHOLDER INTERVIEWS

In this step, the **Analytical Team** analyzes the current mix of payment methods and the design and implementation of each payment system. It also analyzes the strengths and weaknesses of current provider payment systems, including beneficial and perverse incentives.

There are no established benchmarks for payment system design and implementation arrangements, but the general criteria and questions provided here can serve as a starting point and be refined for the specific country context. The **Analytical**

Team can also define international good practices and benchmarks for each payment method based on current literature and international experience, as the teams in Mongolia and Vietnam did.

MIX OF PAYMENT METHODS

To analyze the mix of payment methods, the **Analytical Team** should review responses from the stakeholder interviews and apply the following questions to complete **Analytical Team Output #5**.



ANALYTICAL TEAM OUTPUT #5.

ANALYSIS OF THE PAYMENT METHOD MIX

Questions for Analyzing the Current Payment Method Mix	
<i>Appropriate for the country's priority issues and health system goals</i>	
Does the mix of payment methods create the right incentives to address priority issues and achieve health system objectives?	
Does the mix of payment methods create adverse consequences that are too difficult to manage?	
Do the methods complement one another and create the right balance of incentives without conflicting incentives?	
<i>Appropriate for purchaser capacity and provider autonomy and capacity</i>	
Does the mix of payment methods match the capacity of the purchaser to design and manage complex payment systems?	
Does the mix of payment methods match the flexibility and capacity of providers to respond to provider payment incentives?	
<i>Aligns with and strengthens the other health financing functions</i>	
Does the mix of payment methods align with and strengthen pooling arrangements?	
Does the mix of payment methods align with and strengthen the definition of and access to essential services and benefits packages?	

Limits the opportunity for gaming and fraudulent behaviors	
Does the mix of payment methods limit opportunities for gaming and fraudulent behaviors?	
Appropriate given country contextual factors	
What are the key contextual factors that affect the mix of payment methods that would be possible and most effective for the country?	
How does the current mix of payment methods take these factors into account?	
How does the current mix of payment methods make use of advantageous contextual factors and manage limiting contextual factors?	

CRITERIA TO ASSESS PAYMENT SYSTEM DESIGN

To analyze the design of each payment system, the **Analytical Team** should review policy documents and other information that specifies the design and operational rules of the system, as well as stakeholder responses about the design of that system, and then apply the following questions to complete **Analytical Team Output #6**.

Questions for Assessing Payment System Design
<ul style="list-style-type: none"> – Is the payment system design appropriate for the health system goals, purchaser and provider capacity, and overall context of the country?
Transparency
<ul style="list-style-type: none"> – Do providers understand the roles and relationships of all parties, particularly their relationship with the purchaser and the covered population? – Are payment calculations based on a transparent formula? – Do providers understand the basis for payment, know which services are paid for and how, and which cost items are covered?
Consistent incentives
<ul style="list-style-type: none"> – Does the design of the payment system create consistent incentives or dilute the underlying incentives (within the payment system and/or across all payment systems)? – Does the design maximize the beneficial incentives and minimize perverse incentives (within the payment system and across all payment systems)?
Appropriate rate-setting
<ul style="list-style-type: none"> – Do payment rate calculations reflect a combination of the average cost of services, resources available to the purchaser, and policy considerations? – Is a purchaser budget impact analysis carried out when payment rate increases are proposed?

Capitation Payment Design

Criterion #1: Transparency

For capitation payment to be transparent, it should be based on a formula that links the payment parameters (base per capita rate, number of enrollees, and any individual or provider-level adjustments). The package of services paid through capitation should also be clearly defined, and the enrollment list or database must be accurate. The method of creating the list and giving providers access to it should also be transparent so providers will trust the list and their final payment amounts.

Specific Questions for Assessing Transparency in Capitation Payment
Formula-based payment calculation
<ul style="list-style-type: none"> – Is the payment calculation based on a transparent formula? $\text{Capitation payment to provider} = \text{base rate} \times \# \text{ of people enrolled with the provider} \times \text{adjustment coefficients}$
Clearly defined payment parameters
<ul style="list-style-type: none"> – Is the service package clearly defined? – Is there a transparent methodology for calculating the base rate? – Do providers have up-to-date information on the number of registered or enrolled individuals?
Adjustment coefficients
<ul style="list-style-type: none"> – Are there a limited number of adjustment coefficients with a clear basis and justification?
Provider understanding of payment system parameters and calculations
<ul style="list-style-type: none"> – Do providers understand the basis for payment, which services are covered and how they are paid for, and which cost items are covered? – Do providers understand the payment formula? – Do providers understand and trust how enrollment lists are created?

Criterion #2: Consistent Incentives

The design of a capitation payment system should strengthen the beneficial incentives of improving equity and the efficiency of the input mix, shifting services toward primary care and prevention, and attracting additional enrollees. The payment system design should minimize perverse incentives to underprovide care, reduce quality, avoid sicker patients, and make unnecessary referrals.

Specific Questions for Assessing Consistency of Incentives in Capitation Payment
STRENGTHEN BENEFICIAL INCENTIVES
<i>Efficiency and equity</i>
<ul style="list-style-type: none">– Is the capitation base rate fixed, specified clearly, and the same for all capitation providers and enrolled individuals (before adjustments based on need)?– Are all cost items included in the base rate, or are some cost items (e.g., salaries or equipment) paid for separately?– Is the calculation of the base rate or any part of the capitation payment based on utilization, historical budgets or claims, or capacity?– Do any other aspects of the payment method design strengthen or weaken incentives to promote equity and efficiency?
<i>Shift services toward primary care and prevention</i>
<ul style="list-style-type: none">– Are specialty providers and/or hospitals permitted to receive capitation payment for primary care?– Do any other aspects of the payment system design strengthen or weaken incentives to shift services toward primary care and prevention?
<i>Attract additional enrollees</i>
<ul style="list-style-type: none">– Do enrollees have free choice of capitation provider?– Do enrollees have effective choice of capitation provider given their geographic location and the availability of providers?– Do any other aspects of the payment system design strengthen or weaken incentives to attract additional enrollees?
MINIMIZE PERVERSE INCENTIVES
<i>Underprovide services or reduce quality of care</i>
<ul style="list-style-type: none">– If part of payment is based on utilization, is it intended to counteract the incentive to underprovide services?– Are any complementary measures (e.g., performance incentives, monitoring systems) in place to counteract the incentive to underprovide services or reduce quality of care?– Do any other aspects of the payment system design strengthen or weaken the incentives to underprovide services or reduce quality of care?
<i>Avoid sicker or more costly patients</i>
<ul style="list-style-type: none">– Are adjustment coefficients applied to the base per capita rate to adjust for cost differences for populations with different health needs or who face access barriers?– Do any other aspects of the payment system design strengthen or weaken incentives to avoid sicker patients?

Criterion #3: Appropriate Rate-Setting

Payment rates should reflect the average cost of service delivery by efficient providers, the resources available for purchasing covered services, and specific policy considerations. Capitation base rates should be financially sustainable for the purchaser and not subject to ad hoc increases based on provider pressure.

Specific Questions for Assessing the Appropriateness of Capitation Rate-Setting
Payment rate reflects average cost of service delivery by efficient providers
<ul style="list-style-type: none">– Are base rates cross-checked against the cost of services and utilization rates?– Based on average unit costs, is there a large gap between the average cost of delivering services and the base per capita rate?
Payment rate reflects resources available for purchasing covered services
<ul style="list-style-type: none">– Are base rates cross-checked against available resources?– Do negotiations with providers lead to ad hoc increases in the base rate?– Is a purchaser budget impact analysis carried out when payment rate increases are proposed?
Payment rate reflects specific policy considerations
<ul style="list-style-type: none">– Does the base per capita rate reflect the stated priority placed on primary care (as a % of total payment allocations)?– Are any other policy considerations reflected in payment rates?

Case-Based Payment Design

Criterion #1: Transparency

For case-based payment to be transparent, it should use a formula that links the payment parameters (base rate, relative case weights, and any hospital-specific adjustments). The case groups should be clearly defined and mutually exclusive. (That is, one diagnosis should not be able to fit into more than one case group.)

Specific Questions for Assessing Transparency in Case-Based Payment
Formula-based payment calculation
<ul style="list-style-type: none">– Is the payment calculation based on a transparent formula? $\text{Payment to a provider} = \sum_{\text{sum over all case groups}} \sum_{\text{sum over all cases in case group } i} (\text{base rate}) \times (\text{relative case weight}_i)$
Clearly defined payment parameters
<ul style="list-style-type: none">– Is there a transparent methodology for calculating the base rate?– Are the case groups and relative case weights appropriate for the country context and clinical practice patterns?<ul style="list-style-type: none">– Was the grouper (case groups and the relative case weights plus the accompanying computer program) developed by country experts, or was it imported and adapted from an international source?<ul style="list-style-type: none">– If it was developed by country experts, were clinicians involved in the process to validate the clinical groups?– If it was adapted from an international source, were country experts involved in the adaptation?– Is there a case group for each type of case routinely treated in hospitals in the country?– Does each case group have a large number of cases?– Do any groups have no cases?– Are the case groups clearly defined and mutually exclusive (i.e., one diagnosis fits into only one case group)?– Were relative case weights developed using cost information from a group of hospitals in the country?
Adjustment coefficients
<ul style="list-style-type: none">– Are there a limited number of adjustment coefficients with a clear basis and justification?

Provider understanding of payment parameters and calculations

- Do providers understand the basis for payment, which services are covered and how they are paid for, and which cost items are covered?
- Do providers understand the payment formula?
- Do providers understand and trust how cases are assigned to different groups for payment?

Criterion #2: Consistent Incentives

The design of a case-based hospital payment system should strengthen the beneficial incentives for providers to increase productivity and improve the efficiency of their input mix and reduce unnecessary services within a hospital case. The payment system design should minimize perverse incentives to excessively increase admissions, underprovide care, reduce quality, avoid sicker patients, or over-refer unprofitable patients.

Specific Questions for Assessing Consistency of Incentives in Case-Based Payment

STRENGTHEN BENEFICIAL INCENTIVES

Improve productivity and efficiency

- Is the base rate fixed, clearly specified, and the same for all hospitals and cases (before adjustments based on legitimate cost differences)?
- Are all cost items included in the base rate, or are some cost items (e.g., salaries or equipment) paid for separately?
- Are there few enough case groups to have variation in cost per case within each case group?
- Do any other aspects of the payment system design strengthen or weaken incentives for productivity and efficiency?

MINIMIZE PERVERSE INCENTIVES

Excessively increase admissions

- Are any complementary measures (e.g., refusal of payment for readmissions) in place to counteract the incentive to excessively increase admissions?
- Do any other aspects of the payment system design strengthen or weaken incentives to excessively increase admissions?

Underprovide services or reduce quality of care

- Are any complementary measures (e.g., performance incentives) in place to counteract the incentive to underprovide services or reduce quality of care?
- Do any other aspects of the payment system design strengthen or weaken incentives to underprovide services or reduce quality of care?

Avoid sicker or more costly patients

- Is there a sufficient number of case groups to separate cases with large cost differences?
- Are special payments made for outlier cases?
- Do any other aspects of the payment system design strengthen or weaken incentives to avoid sicker patients?

Criterion #3: Appropriate Rate-Setting

Payment rates should reflect the average cost of service delivery by efficient providers, the resources available for purchasing covered services, and specific policy considerations. Rates should be financially sustainable for the purchaser and not subject to ad hoc increases based on provider pressure.

Specific Questions for Assessing the Appropriateness of Rate-Setting in Case-Based Payment

Payment rates reflect average cost of service delivery by efficient providers

- Is there a hospital cost accounting system in place?
- Are base rates cross-checked against the cost of services and utilization rates?
- Based on average unit costs, is there a large gap between the average cost of delivering services and the base rate?

Payment rates reflect resources available for purchasing covered services

- Are payment rates cross-checked against available resources?
- Do negotiations with providers lead to ad hoc increases in the base rate?
- Is a purchaser budget impact analysis carried out when payment rate increases are proposed?

Payment rates reflect specific policy considerations

- Are payment rates adjusted upward for high-priority services or downward for services with low cost-effectiveness?
- Are any other policy considerations reflected in payment?

Fee-for-Service Payment Design

Criterion #1: Transparency

In fee-for-service payment, the main payment parameter is the fee schedule, which should be fixed and understood by providers.

Specific Questions for Assessing Transparency in Fee-for-Service Payment

Formula-based payment calculation

- Is the payment calculation based on a transparent formula?

$$\text{Total payment to a provider} = \sum_{\text{services}} \# \text{ of service}_i \times \text{fee}_i$$

Clearly defined payment parameters

- Is the fee schedule fixed?
- Are fees adjusted upward or downward for different types of providers? If so, is the justification clear and are adjustments understood by providers?

Provider understanding of payment method parameters and calculations

- Do providers understand the basis for payment, which services are covered and how they are paid for, and which cost items are covered?
- Do providers understand how services are assigned to different fee groups?

Criterion #2: Consistent Incentives

The design of a fee-for-service payment system should strengthen the beneficial incentive for providers to increase productivity while minimizing the perverse incentives for inefficiency, overuse, and increasing high-cost services (leading to excessive cost escalation).

Specific Questions for Assessing Consistency of Incentives in Fee-for-Service Payment	
STRENGTHEN BENEFICIAL INCENTIVES	MINIMIZE PERVERSE INCENTIVES
<i>Improve productivity</i>	<i>Inefficiency, overuse, high-cost services</i>
<ul style="list-style-type: none">– Does the fee schedule have some bundling of services?– Are some fees higher for priority services and lower for services that are less cost-effective?– Is fee-for-service payment used as a complementary measure to minimize the perverse incentives of another payment system?– Do any other aspects of the payment system strengthen or weaken incentives to increase productivity or overprovide higher-cost services?	

Criterion #3: Appropriate Rate-Setting

Payment rates should reflect the average cost of service delivery by efficient providers, the resources available for purchasing covered services, and specific policy considerations. Rates should be financially sustainable for the purchaser and not subject to ad hoc increases based on provider pressure.

Specific Questions for Assessing the Appropriateness of Rate-Setting in Fee-for-Service Payment
<i>Fees reflect average cost of service delivery by efficient providers</i>
<ul style="list-style-type: none">– Are fees cross-checked against cost analysis?– Based on average unit costs, is there a large gap between the average cost of delivering services and the associated fees?
<i>Fees reflect resources available for purchasing covered services</i>
<ul style="list-style-type: none">– Are fees and utilization rates cross-checked against available resources?– Do negotiations with providers lead to ad hoc increases in fees?– Is a purchaser budget impact analysis carried out when fee increases are proposed?
<i>Fees reflect specific policy considerations</i>
<ul style="list-style-type: none">– Are fees adjusted upward for high-priority services or downward for services with low cost-effectiveness?– Are any other policy considerations reflected in the fee schedule?

Budget Payment Design

Criterion #1: Transparency

For budget payment to be transparent, budgets should be based on objective parameters such as volume and case mix.

Specific Questions for Assessing Transparency in Budget Payment
Formula-based payment calculation
<ul style="list-style-type: none">– Are budgets developed based on a transparent formula?
Clearly defined payment parameters
<ul style="list-style-type: none">– Is the budget based on criteria related to health needs (such as volume, case mix, etc.) rather than inputs?
Provider understanding of payment method parameters and calculations
<ul style="list-style-type: none">– Do providers understand the basis for their budgets and which services and cost items are covered?– Do providers understand how budgets are formed?

Criterion #2: Consistent Incentives

The design of budget payment systems should strengthen the beneficial incentive to increase efficiency while minimizing the perverse incentives to increase volume, inputs, or capacity beyond necessary levels, underprovide services, reduce quality, avoid sicker patients, or increase referrals.

Specific Questions for Assessing Consistency of Incentives in Budget Payment	
STRENGTHEN BENEFICIAL INCENTIVES	MINIMIZE PERVERSE INCENTIVES
Increase efficiency	Increase inputs, capacity, and/or volume over time; underprovide services; reduce quality; avoid sicker patients; increase referrals
<ul style="list-style-type: none">– Is the budget based on volume and/or case mix?– Do any other aspects of the payment system strengthen or weaken incentives to increase efficiency?	

Criterion #3: Appropriate Rate-Setting

Payment rates should reflect the average cost of service delivery by efficient providers, the resources available for purchasing covered services, and specific policy considerations. Rates should be financially sustainable for the purchaser and not subject to ad hoc increases based on provider pressure.

Specific Questions for Assessing the Appropriateness of Rate-Setting in Budget Payment
Budgets reflect average cost of service delivery by efficient providers
<ul style="list-style-type: none">– Are budgets based on criteria related to service utilization and case mix rather than historical allocation?– Are budgets cross-checked against the cost of services and utilization rates?– Based on average unit costs and utilization rates, are there large gaps between the average cost of delivering services and health facility budgets?
Budgets reflect resources available for purchasing covered services
<ul style="list-style-type: none">– Are budgets cross-checked against available resources?– Do negotiations with providers lead to ad hoc increases in budgets?– Is a purchaser budget impact analysis carried out when budget increases are proposed?

Budgets reflect specific policy considerations

- Are budgets adjusted upward for high-priority populations or services?
- Are any other policy considerations reflected in budgets?

CRITERIA TO ASSESS PAYMENT SYSTEM IMPLEMENTATION ARRANGEMENTS

The implementation arrangements shape the rules for disbursing, using, and tracking payments; the distribution of financial risk between purchasers and providers (and patients); and accountability mechanisms. To analyze the implementation arrangements, the **Analytical Team** should review (1) the institutional relationships among purchasers, providers, the covered population, and others; (2) supporting systems and complementary policies; (3) public financial management rules and financial flows; (4) service delivery and clinical capacity; and (5) other legal, regulatory, and policy factors. The team should complete **Analytical Team Output #6** to analyze whether these implementation arrangements provide the conditions to effectively operate and manage the payment system while giving providers the flexibility to respond to incentives.

Questions for Assessing Payment System Implementation Arrangements

Do the implementation arrangements:

- **Create the conditions or mechanisms necessary to operate and manage the payment system (specific to each provider payment method)?**
- **Give providers flexibility to respond to the incentives?**
For example, when payments are disbursed according to input-based line items, providers may not have the flexibility to manage funds and respond to incentives.
- **Balance financial risk among purchasers, providers, and the covered population and provide levers for managing costs?**
For example, payment caps transfer some financial risk to providers even in payment systems that use volume-based payment methods such as fee-for-service and case-based payment. On the other hand, if caps are not enforced and providers are compensated for some overruns, the balance of risk may remain concentrated on the purchaser side.
- **Make it possible to monitor and improve quality?**
- **Provide accountability mechanisms and levers for managing adverse consequences?**
For example, are policies, supporting systems, and complementary policies in place to ensure that purchasers, providers, and the covered population all receive their entitlements and meet their obligations?

As with provider payment system design, there are no established benchmarks for implementation arrangements, but the general criteria and questions below can serve as a starting point. The **Analytical Team** should refine them to suit the specific country context. The **Analytical Team** can also identify international good practices and benchmarks for each payment system based on current literature and international experience.

Specific Questions for Assessing the Implementation Arrangements for Each Payment System			
CAPITATION	CASE-BASED PAYMENT	FEE-FOR-SERVICE	BUDGET
Conditions to operate and manage the payment system			
<ul style="list-style-type: none"> Is there an enrollment mechanism for individuals to be linked to a capitation provider, and can it manage changes, births, deaths, and migration? 	<ul style="list-style-type: none"> Are there standards and processes for diagnosis and procedure coding? Do all hospitals maintain a discharge database? Do providers submit claims for payment? Is cost accounting information available at least at the hospital department level? 	<ul style="list-style-type: none"> Is there a published fee schedule? Do providers submit claims for payment? 	<ul style="list-style-type: none"> Are budget preparation, disbursement, and accounting rules clear?
Provider ability to respond to incentives			
<ul style="list-style-type: none"> Are base rates stable over an appropriate time period? Are payments made in advance? 	<ul style="list-style-type: none"> Are base rates and case weights stable over an appropriate time period? 	<ul style="list-style-type: none"> Are fees stable over an appropriate time period? 	<ul style="list-style-type: none"> Are budgets stable over an appropriate time period?
<ul style="list-style-type: none"> Do providers receive lump-sum payments, and can they flexibly allocate expenditures? Do providers have the autonomy to alter inputs and service mix? Are payments typically made to providers in full and in a timely manner? 			
Balance of financial risk and cost management			
<ul style="list-style-type: none"> Is there full enrollment—i.e., is every covered individual enrolled with a capitation provider? Can all providers or groups deliver the full capitation package of services? Can providers retain surpluses, and are they at risk for cost overruns? 	<ul style="list-style-type: none"> Is the base rate used as a lever to keep total payments within the budget (e.g., the base rate decreases if volume increases too much)? Are there volume targets or payment caps? Are there shared savings if the volume is below caps or is there shared risk if the volume is above caps? 	<ul style="list-style-type: none"> Are there volume targets or payment caps? Are there shared savings if the volume is below budget caps or is there shared risk if the volume is above budget caps? 	<ul style="list-style-type: none"> Are budget top-ups available for unforeseen needs (e.g., outbreaks or epidemics)? Are there shared savings if the volume is below budget caps or is there shared risk if the volume is above budget caps?
Quality monitoring and improvement			
<ul style="list-style-type: none"> Do institutional relationships, specific quality monitoring and assurance systems, the HMS, claims review, and other processes make it possible to monitor and improve quality through the implementation of provider payment systems? Are clinical guidelines and a well-functioning referral system in place? 			
Accountability and management of adverse consequences			
<ul style="list-style-type: none"> Are providers required to submit information on utilization and other performance indicators (even if payments are not based on claims)? Are complementary measures in place to identify and counteract possible perverse incentives? 			

ANALYSIS OF PAYMENT SYSTEM DESIGN FEATURES AND IMPLEMENTATION ARRANGEMENTS

The **Analytical Team** analyzes the design features and implementation arrangements for each payment system in **Analytical Team Output #6**.

Filling out the template: For each payment system, identify key questions from the preceding section or benchmarks from the literature and international experience. Determine whether the design features and implementation arrangements of the country's payment system meet the assessment criteria and identify any gaps.



ANALYTICAL TEAM OUTPUT #6.

ANALYSIS OF PAYMENT SYSTEM DESIGN FEATURES AND IMPLEMENTATION ARRANGEMENTS

DESIGN FEATURE	KEY QUESTIONS OR BENCHMARKS (General criteria: transparency, consistent incentives, appropriate rate-setting)	ANALYSIS AND GAPS
Capitation		
Basis for payment		
Adjustment coefficients		
Included services		
Cost items		
Contracting entities		
Case-based		
Basis for payment		
Adjustment coefficients		
Included services		
Cost items		
Contracting entities		
Fee-for-service		
Basis for payment		
Adjustment coefficients		
Included services		
Cost items		
Contracting entities		
Global budget		
Basis for payment		
Adjustment coefficients		
Included services		
Cost items		
Contracting entities		
Line-item budget		
Basis for payment		
Adjustment coefficients		

Included services		
Cost items		
Contracting entities		
Other		
Basis for payment		
Adjustment coefficients		
Included services		
Cost items		
Contracting entities		

IMPLEMENTATION ARRANGEMENTS	KEY QUESTIONS OR BENCHMARKS (General criteria: conditions to operate the payment system, flexibility of providers to respond to incentives, balance of risk, quality, and accountability)	ANALYSIS
Capitation		
Institutional relationships		
Complementary policies and supporting systems		
Public financial management rules and funds flow		
Relationship to pooling arrangements		
Relationship to essential services or benefits packages		
External factors		
Case-based		
Institutional relationships		
Complementary policies and supporting systems		
Public financial management rules and funds flow		
Relationship to pooling arrangements		
Relationship to essential services or benefits packages		
External factors		
Fee-for-service		
Institutional relationships		
Complementary policies and supporting systems		
Public financial management rules and funds flow		
Relationship to pooling arrangements		

Relationship to essential services or benefits packages		
External factors		
Global budget		
Institutional relationships		
Complementary policies and supporting systems		
Public financial management rules and funds flow		
Relationship to pooling arrangements		
Relationship to essential services or benefits packages		
External factors		
Line-item budget		
Institutional relationships		
Complementary policies and supporting systems		
Public financial management rules and funds flow		
Relationship to pooling arrangements		
Relationship to essential services or benefits packages		
External factors		
Other		
Institutional relationships		
Complementary policies and supporting systems		
Public financial management rules and funds flow		
Relationship to pooling arrangements		
Relationship to essential services or benefits packages		
External factors		

ANALYSIS OF PAYMENT SYSTEM STRENGTHS AND WEAKNESSES

Next, the **Analytical Team** should analyze the strengths and weaknesses and results for the health system of the mix of payment methods and the design and implementation arrangements for each payment system in **Analytical Team Output #7**.

Filling out the template: For each payment system, summarize the key strengths and weaknesses related to the design features and implementation arrangements, as well as external factors that strengthen beneficial incentives or limit perverse incentives. Draw overall conclusions about whether the mix of methods and the design and implementation arrangements are having a positive or negative impact on health system goals.



ANALYTICAL TEAM OUTPUT #7.

ANALYSIS OF THE STRENGTHS, WEAKNESSES, AND IMPACT OF CURRENT PAYMENT SYSTEMS

STRENGTHS	
<i>Design features, implementation arrangements, or external factors that <u>strengthen beneficial incentives</u> or <u>limit perverse incentives</u></i>	
Capitation	
Case-based	
Fee-for-service	
Global budget	
Line-item budget	
Other	
WEAKNESSES	
<i>Design features, implementation arrangements, or external factors that <u>weaken beneficial incentives</u> or <u>strengthen perverse incentives</u></i>	
Capitation	
Case-based	
Fee-for-service	
Global budget	
Line-item budget	
Other	
MAIN CONSEQUENCES	
<i>Transparency and fairness, equity, efficiency, quality, gaming and fraudulent behaviors, administrative burden, cost management</i>	
Capitation	
Case-based	
Fee-for-service	
Global budget	
Line-item budget	
Other	
OVERALL CONCLUSIONS ABOUT THE METHOD MIX	

OVERALL IMPACT OF PAYMENT METHODS ON HEALTH SYSTEM GOALS		
Goal	Impact of current payment systems	
	+/-/?	
	+/-/?	
	+/-/?	
	+/-/?	
	+/-/?	
	+/-/?	
	+/-/?	

STEP 9.

ASSESS THE CURRENT PROVIDER PAYMENT SYSTEMS AGAINST HEALTH SYSTEM GOALS

In [Workshop #2](#), the [Facilitator](#) guides the [Working Group](#) in interpreting the analysis conducted by the [Analytical Team](#) in Step 8 and agreeing on the strengths and weaknesses of the method mix and whether each payment system supports or detracts from the achievement of health system goals ([Working Group Output #3](#)). The group also assesses whether the results of the provider payment systems are driven by the mix of payment methods, payment system design or implementation arrangements, or issues with pooling, benefits packages, or external factors. In addition, the [Working Group](#) identifies gaps in the analysis and any additional information that is needed to refine current payment systems or create a provider payment reform roadmap.

MODULE

3

ASSESSING CURRENT PURCHASER AND PROVIDER CAPACITY

STEP 10.

INTERVIEW STAKEHOLDERS TO ASSESS PURCHASER AND PROVIDER CAPACITY

The interviews in this step can be carried out at the same time as the interviews in Step 6 or separately; the information can also be obtained from small focus groups or discussions in a workshop format.



Interview Tool #4. Assessing Health Purchaser Capacity— Policymakers and Purchasers

ADMINISTERED TO:

☒ POLICYMAKERS



☒ PURCHASERS



☐ PROVIDERS



INSTITUTION:

INSTITUTION CODE (OPTIONAL):

DATE OF INTERVIEW:

OF PARTICIPANTS IN THE INTERVIEW:

INTERVIEWEE NAME(S):

INTERVIEWEE POSITION(S):

INTERVIEWER SCRIPT:

"Now I would like to ask you about the capacity of the main government health purchaser to carry out its functions. I will ask about overall institutional capacity as well as specific capacity in the areas of financial management, data management and IT, contracting, and provider monitoring and quality assurance. Please provide as much detail as possible to help us understand where there is strong purchasing capacity and where gaps may need to be addressed."

MANAGERIAL AND OPERATIONAL CAPACITY

Does the purchaser have strong leadership with a clear organizational structure and lines of responsibility?

☐ Yes ☐ No ☐ Uncertain

Comments:

Does the purchaser have adequate staffing to carry out all of its main functions?

☐ Yes ☐ No ☐ Uncertain

Comments:

Does the purchaser have adequate health financing expertise among the staff?

☐ Yes ☐ No ☐ Uncertain

Comments:

Does the purchaser have adequate clinical expertise among the staff?

☐ Yes ☐ No ☐ Uncertain

Comments:

Does the purchaser have a high level of analytical capacity among the staff?

☐ Yes ☐ No ☐ Uncertain

Comments:

CONTRACTING CAPACITY

Does the purchaser have consistent and transparent contracts with providers?

☐ Yes ☐ No ☐ Uncertain

Comments:

Are benefits or service packages clearly specified in the contracts with providers?

☐ Yes ☐ No ☐ Uncertain

Comments:

Are the terms of payment, nonpayment, and payment adjustment specified and followed?

☐ Yes ☐ No ☐ Uncertain

Comments:

Are payment rates (or the methods for calculating payment rates) clearly specified in the contracts with providers?

☐ Yes ☐ No ☐ Uncertain

Comments:

Is standardized cost data routinely collected from providers?

☐ Yes ☐ No ☐ Uncertain

Comments:

Is the number and/or catchment area of clients to be served clearly specified in the contract with providers?

☐ Yes ☐ No ☐ Uncertain

Comments:

Are the reporting requirements for providers clear in the contract?

☐ Yes ☐ No ☐ Uncertain

Comments:

What measures are taken if providers do not perform according to the contract?

What measures are taken to prevent or address fraud?

CLAIMS PROCESSING CAPACITY

Does the purchaser have a well-functioning claims management process, with adequate review and timely payment to providers?

☐ Yes ☐ No ☐ Uncertain

Comments:

FINANCIAL CAPACITY

Is the purchaser's revenue adequate and stable to cover payment liabilities/claims?

☐ Yes ☐ No ☐ Uncertain

Comments:

Is debt to providers a common problem?

☐ Yes ☐ No ☐ Uncertain

Comments:

Does the purchaser have the skills and data needed to project future expenditures and revenues?

☐ Yes ☐ No ☐ Uncertain

Comments:

Is there a reserve fund?

☐ Yes ☐ No ☐ Uncertain

Comments:

If yes, is the reserve fund growing over time, declining, or remaining stable?

☐ Growing ☐ Declining ☐ Stable ☐ Uncertain

Comments:

If there is a reserve fund, how many months of claims liability are in reserve?

DATA MANAGEMENT/IT CAPACITY

Which of the following functions are automated:

- ☐ Enrollment of covered individuals
- ☐ Premium collection
- ☐ Individual eligibility verification
- ☐ Provider contracting
- ☐ Actuarial projections
- ☐ Billing and claims processing
- ☐ Accounting and financial management
- ☐ Quality assurance and clinical auditing
- ☐ Monitoring and evaluation
- ☐ Other
Specify:

Is there a dedicated health management information system (HMIS) staff?

☐ Yes ☐ No ☐ Uncertain

Comments:

Is software for key functions typically developed in-house or procured from external sources and adapted?

- ☐ Developed in-house
- ☐ Procured from external sources
- ☐ Uncertain

Does the staff carry out any analysis of routine data?

☐ Yes ☐ No ☐ Uncertain

Comments:

If yes, what types of analysis are carried out:

- ☐ Routine financial analysis
- ☐ Trends in claims
- ☐ Routine monitoring of indicators for overall performance trends or results-specific policies
- ☐ Ad hoc monitoring of performance trends or results-specific policies
- ☐ Monitoring of specific providers
- ☐ Other
Specify:
- ☐ Uncertain

MONITORING AND QUALITY ASSURANCE CAPACITY

What is the role of the purchaser in quality assurance? (Check all that apply.)

- ☐ Setting standards
- ☐ Verifying that standards are followed
- ☐ Determining consequences for poor quality
- ☐ Support to close performance gaps
- ☐ Other
Specify:

What is the role of the purchaser in diagnosis and procedure coding policy? (Check all that apply.)

- ☐ Setting standards
- ☐ Verifying that standards are followed
- ☐ Determining consequences for poor quality
- ☐ Support to close performance gaps
- ☐ Other

Specify:

Does the purchaser have a quality assurance department or staff position?

- ☐ Yes ☐ No ☐ Uncertain

Comments:

If yes, what is the function of this department/position?

Does the purchaser have a routine quality assurance system?

- ☐ Yes ☐ No ☐ Uncertain

Comments:

What activities is the purchaser undertaking to monitor and improve the quality of services?

Are there consequences to providers for poor performance?

- ☐ Yes ☐ No ☐ Uncertain

Explain:

5

Interview Tool #5. Analyzing Provider Autonomy and Capacity— Providers

ADMINISTERED TO:

☐ POLICYMAKERS

☐ PURCHASERS

☒ PROVIDERS


INSTITUTION:

INSTITUTION CODE (OPTIONAL):

DATE OF INTERVIEW:

OF PARTICIPANTS IN THE INTERVIEW:

INTERVIEWEE NAME(S):

INTERVIEWEE POSITION(S):

INTERVIEWER SCRIPT:

“Now I would like to ask you about the autonomy and capacity of this health facility to manage resources and make decisions about services. Provider autonomy means that the provider has the right to make certain management decisions, such as those related to staffing, salaries and bonuses, use of other inputs, physical assets, organizational structure, output mix, and use of surplus revenue.

“I will ask about overall institutional capacity, as well as specific capacity in the areas of financial management, data management and IT, and provider quality assurance. Please provide as much detail as possible to help us understand where there is flexibility and strong capacity and where gaps may need to be addressed.”

MANAGERIAL AND OPERATIONAL AUTONOMY

What is the current legal status of this facility?

- ☐ Totally autonomous
☐ Semi-autonomous
☐ Non-autonomous

Comments:

Does this facility have a board or some other governance structure outside of the government to which it reports?

- ☐ Yes ☐ No ☐ Uncertain

Comments:

How much authority do facility managers have to make decisions in the following areas:

- ☐ Budgeting and financial management
 - ☐ Full authority
 - ☐ Partial authority
 - ☐ No authority
- ☐ Service mix
 - ☐ Full authority
 - ☐ Partial authority
 - ☐ No authority
- ☐ Staffing levels (staff mix, hiring, firing)
 - ☐ Full authority
 - ☐ Partial authority
 - ☐ No authority
- ☐ Personnel compensation (salary level and bonuses)
 - ☐ Full authority
 - ☐ Partial authority
 - ☐ No authority
- ☐ Personnel compensation (bonuses only)
 - ☐ Full authority
 - ☐ Partial authority
 - ☐ No authority
- ☐ Recurrent input use (types and amounts of medicines and other supplies)
 - ☐ Full authority
 - ☐ Partial authority
 - ☐ No authority
- ☐ Equipment purchases
 - ☐ Full authority
 - ☐ Partial authority
 - ☐ No authority
- ☐ Decisions about physical assets (renovating buildings, moving to new premises, etc.)
 - ☐ Full authority
 - ☐ Partial authority
 - ☐ No authority
- ☐ Use of surplus revenue
 - ☐ Full authority
 - ☐ Partial authority
 - ☐ No authority
- ☐ Partnerships with other providers
 - ☐ Full authority
 - ☐ Partial authority
 - ☐ No authority

Comments:

HMIS CAPACITY

Does this facility have access to at least one functioning computer with reliable connectivity?

- ☐ Never or rarely
- ☐ Sometimes
- ☐ Often or always

Which of the following functions are automated at this facility?

- ☐ Patient registry or database
- ☐ Patient insurance eligibility verification
- ☐ Billing and claims submission
- ☐ Accounting and financial management
- ☐ Inventory control
- ☐ Quality assurance and clinical management
- ☐ Medical records
- ☐ Other
Specify:

MANAGEMENT CAPACITY

Which management functions are performed routinely at this facility?

- ☐ Financial planning
- ☐ Service planning
- ☐ Cost analysis
- ☐ Staff performance management
- ☐ Scheduling and planning
- ☐ None of the above

Does the facility have a routine quality assurance system in place?

- ☐ Yes ☐ No ☐ Uncertain

If yes, describe:

How many people on staff have ever participated in management training?

- ☐ 0
- ☐ 1–3
- ☐ More than 3

Has management training been useful and applied in the daily operation of this facility?

- ☐ Yes ☐ No ☐ Uncertain

Comments:

ANALYSIS OF PURCHASER AND PROVIDER CAPACITY

The **Analytical Team** should compile the interview responses for each capacity area and provider autonomy area and assign capacity ratings in **Analytical Team Outputs #8 and #9**.

Filling out the templates: For each capacity area, identify key questions or benchmarks and assign low, medium, or adequate/high ratings using a rating system developed by the **Analytical Team**.



ANALYTICAL TEAM OUTPUT #8.

ASSESSMENT OF PURCHASER CAPACITY

KEY QUESTIONS OR CRITERIA	RATING
Strategic planning, policy development, and institutional management	
Financial management	
Data management and IT	
Provider monitoring and quality assurance	



ANALYTICAL TEAM OUTPUT #9.

ASSESSMENT OF PROVIDER AUTONOMY AND CAPACITY

AUTONOMY AREA	DEGREE OF AUTONOMY FOR DIFFERENT PROVIDER TYPES
Budgeting and financial management	
Internal allocation of funds	
Staffing levels (staff mix, hiring, and firing)	
Personnel compensation (salary level and bonuses)	
Recurrent input use (types and amounts of medicines and other supplies)	
Service mix	
Physical assets	
Use of surplus revenue	
Partnerships with other providers	
Other	
CAPACITY AREA	DEGREE OF AUTONOMY FOR DIFFERENT PROVIDER TYPES
HMIS capacity	
Management capacity	

Data Availability

Next, the **Analytical Team** should interview professionals in the purchaser and provider institutions who are familiar with data management and IT systems to assess data availability and the current status of diagnosis, procedure, and other coding. The **Analytical Team** should compile information about the lowest level to which each type of data can be disaggregated and whether the data collection is automated, using **Analytical Team Output #10**.



ANALYTICAL TEAM OUTPUT #10. DATA AVAILABILITY FOR PROVIDER PAYMENT REFORM

Availability of Data	LEVEL OF DISAGGREGATION													Patient	Auto-Mated?	Auto-Mated?
	National	Auto-Mated?	Provin- cial	Auto-Mated?	Regional	Auto-Mated?	Hospital	Auto-Mated?	Hospital Dept.	Auto-Mated?	Health Center	Auto-Mated?	Patient			
Data elements																
1. Demographic data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Outpatient service utilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# and type of outpatient visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# and type of procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# and type of diagnostic tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis coding used*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hospital activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of discharges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis coding used*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# and type of procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# and type of diagnostic tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Financial and input data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expenditure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coding	YES	AUTO-MATED?	YES	AUTO-MATED?	YES	AUTO-MATED?	YES	AUTO-MATED?	YES	AUTO-MATED?	YES	AUTO-MATED?	YES	AUTO-MATED?	AUTO-MATED?	AUTO-MATED?
1. Unique patient identifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Unique identifier for individual providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Unique identifier for facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Department codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ICD-9 codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ICD-10 codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* E.g., ICD-9, ICD-10, other.

MODULE

4

IDENTIFYING OPTIONS FOR PROVIDER PAYMENT REFINEMENT OR REFORM

STEP 11.

DEVELOP RECOMMENDATIONS TO REFINE OR REFORM PROVIDER PAYMENT SYSTEMS

In [Workshop #3](#), the [Facilitator](#) guides the [Working Group](#) in reaching consensus on whether the challenges with current provider payment systems can be solved by adjusting their design or implementation arrangements, or whether any payment system should be abandoned and replaced by another system that uses a different payment method ([Working Group Output #4](#)). The [Working Group](#) identifies contextual factors that are critical to provider payment reform and should be addressed by complementary policy reforms. It also develops policy recommendations that consider the policy directions of health sector leadership and other aspects of the overall policy environment in the country.

The final output of the assessment exercise ([Working Group Output #5](#)) can be a roadmap for provider payment reform (as in Mongolia) or a proposal for a payment system pilot (as in Vietnam). This can be developed in [Workshop #3](#) or by a smaller team that includes representatives from the [Working Group](#) and/or the [Analytical Team](#). Other possible outputs include a report with policy recommendations or other formats that are useful to policymakers.



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