Assessing Health Provider Payment System in Ethiopia

Data collection tool for Policy Makers and Purchasers

January 2022

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| **Interview Tool #1.**  **Design and Implementation of Current Payment Systems— Policymakers and Purchasers** | | | |
| **ADMINISTERED TO:** | | | |
| * **POLICYMAKERS** | * **PURCHASERS** | | * **PROVIDERS** |
| **INSTITUTION: Health Bureau** | | **INSTITUTION CODE (OPTIONAL):** | |
| **DATE OF INTERVIEW:** | | **# OF PARTICIPANTS IN THE INTERVIEW: 2** | |
| **INTERVIEWEE NAME(S):** | | **INTERVIEWEE POSITION(S): Director of Policy and Planning** | |
| **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 performance based financing. 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 /improved.”* | | | |

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| **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.* | | |
| □ ***Ministry of Health***  *(national/regional health bureaus)* | | ***Please describe the institution and its role:***  ***Which services and cost items does it pay for? (Check all that apply.)***  □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs (e.g., immunization, TB services, HIV/AIDS services) Specify:  □ Transportation for referrals  □ Other  Specify:  ***Which provider types does it pay?***  □ Public providers only  □ private providers only  □ Public and private providers  ***Number of national/local branches:***  ***Share of population covered:***  ***Share of total health expenditure:*** |
| □ ***Public Health Insurance Service*** | | ***Please describe the institution and its role:***  ***Which services and cost items does it pay for? (Check all that apply.)***  □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs (e.g., immunization, TB services, HIV/AIDS services) Specify:  □ Transportation for referrals  □ Other  Specify:  ***Which provider types does it pay?***  □ Public providers only  □ private providers only  □ Public and private providers  ***Number of national/local branches:***  ***Share of population covered:***  ***Share of total health expenditure:*** |
| □ ***Other Health Insurance Scheme (public sector)*** | | ***Please describe the institution and its role:***  ***Which services and cost items does it pay for? (Check all that apply.)***  □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs (e.g., immunization, TB services, HIV/AIDS services) Specify:  □ Transportation for referrals  □ Other  Specify:  ***Which provider types does it pay?***  □ Public providers only  □ private providers only  □ Public and private providers  ***Number of national/local branches:***  ***Share of population covered:***  ***Share of total health expenditure:*** |
| □ Private/Parastatal organizations Health Coverage Scheme | | ***Please describe the institution and its role:***  ***Which services and cost items does it pay for? (Check all that apply.)***  □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs (e.g., immunization, TB services, HIV/AIDS services) Specify:  □ Transportation for referrals  □ Other  Specify:  ***Which provider types does it pay?***  □ Public providers only  □ private providers only  □ Public and private providers  ***Number of national/local branches:***  ***Share of population covered:***  ***Share of total health expenditure:*** |
| □ Private Health Insurance Scheme | | ***Please describe the institution and its role:***  ***Which services and cost items does it pay for? (Check all that apply.)***  □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs (e.g., immunization, TB services, HIV/AIDS services) Specify:  □ Transportation for referrals  □ Other  Specify:  ***Which provider types does it pay?***  □ Public providers only  □ private providers only  □ Public and private providers  ***Number of national/local branches:***  ***Share of population covered:***  ***Share of total health expenditure:*** |

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| **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** |
| □ ***Capitation***  *(****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.)* | □ Ministry of health (MoH/regions)  □ Public Health Insurance Service  □ Other Health Insurance Scheme (public sector)  □ Private/Parastatal organizations Health Coverage Scheme  □ Private Health Insurance Scheme | □ Health Posts  □ Health Centers  □ Primary Hospitals  □ General hospitals  □ Comprehensive specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* | □ Primary Clinics  □ Medium Clinics  □ Special Clinics  □ Health Center  □ Primary Hospitals  □ General hospitals  □ Comprehensive  specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* |
| ***Case-based payment***  *(****Note:*** *Under this method, hospitals are paid a fixed amount per hospital admission or discharge.)* | □ Ministry of health (MoH/regions)  □ Public Health Insurance Service  □ Other Health Insurance Scheme (public sector)  □ Private/Parastatal organizations Health Coverage Scheme  □ Private Health Insurance Scheme | □ Health Posts  □ Health Centers  □ Primary Hospitals  □ General hospitals  □ Comprehensive specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* | □ Primary Clinics  □ Medium Clinics  □ Special Clinics  □ Health Center  □ Primary Hospitals  □ General hospitals  □ Comprehensive  specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* |
| □ ***Fee-for-service***  *(****Note:*** *Under this method, providers/ facilities are paid a fixed fee for each service delivered.)* | □ Ministry of health (MoH/regions)  □ Public Health Insurance Service  □ Other Health Insurance Scheme (public sector)  □ Private/Parastatal organizations Health Coverage Scheme  □ Private Health Insurance Scheme | □ Health Posts  □ Health Centers  □ Primary Hospitals  □ General hospitals  □ Comprehensive specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* | □ Primary Clinics  □ Medium Clinics  □ Special Clinics  □ Health Center  □ Primary Hospitals  □ General hospitals  □ Comprehensive  specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* |
| □ ***Global budget***  *(****Note:*** *Under this method, providers/ facilities are paid a fixed budget without predetermined amounts associated with each line item or cost category.)* | □ Ministry of health (MoH/regions)  □ Public Health Insurance Service  □ Other Health Insurance Scheme (public sector)  □ Private/Parastatal organizations Health Coverage Scheme  □ Private Health Insurance Scheme | □ Health Posts  □ Health Centers  □ Primary Hospitals  □ General hospitals  □ Comprehensive specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* | □ Primary Clinics  □ Medium Clinics  □ Special Clinics  □ Health Center  □ Primary Hospitals  □ General hospitals  □ Comprehensive  specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* |
| □ ***Line-item budget***  *(****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.)* | □ Ministry of health (MoH/regions)  □ Public Health Insurance Service  □ Other Health Insurance Scheme (public sector)  □ Private/Parastatal organizations Health Coverage Scheme  □ Private Health Insurance Scheme | □ Health Posts  □ Health Centers  □ Primary Hospitals  □ General hospitals  □ Comprehensive specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* | □ Primary Clinics  □ Medium Clinics  □ Special Clinics  □ Health Center  □ Primary Hospitals  □ General hospitals  □ Comprehensive  specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* |
| □ Performance Based Financing  *(****Note:*** *Under this method, providers are paid on top of basic budget according to their achievement per the defined number of indicators in the contract after verification of the results) enrolled or registered individual for all services in a defined package for a fixed period of time.)* | □ Ministry of health (MoH/regions)  □ Public Health Insurance Service  □ Other Health Insurance Scheme (public sector)  □ Private/Parastatal organizations Health Coverage Scheme  □ Private Health Insurance Scheme | □ Health Posts  □ Health Centers  □ Primary Hospitals  □ General hospitals  □ Comprehensive specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* | □ Primary Clinics  □ Medium Clinics  □ Special Clinics  □ Health Center  □ Primary Hospitals  □ General hospitals  □ Comprehensive  specialized hospitals  □ Pharmacies  □ Other providers  *Specify:* |

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| **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?** |
| --- | --- | --- | --- | --- | --- | --- |
| □ ***Capitation*** | ***Is there a formula to calculate payment rates?***  □ Yes □ No  □ Uncertain  If yes, describe:  ***What is the total capitation payment calculation based on? (Check all that apply.)***  □ Base rate  □Number of individuals assigned  □Number of individuals enrolled by free choice or open enrollment  □Utilization  □Other  *Specify:* | ***Are base rates cross- checked against costs of services and utilization rates?***  □Yes □No  If yes, describe:  ***Are base rates cross- checked against available resources?***  □Ye □No  If yes, describe: | □Yes □ No  If yes, check all that apply:  □Geography  □Age/sex  □ Facility type  □ Chronic diseases  □ Other  *Specify:*  Describe any adjustments: | □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs  (e.g., immuniza-  tion, TB services, HIV/AIDS services)  □ Specify:  □Transportation for referrals  □ Other  Specify: | □ Salaries and other personnel costs  □ Medicines  Supplies  □ Minor repairs and equipment  □ Administrative costs  □ Capital investment  □ Training  □ Other  *Specify:* | Describe: |
| □ ***Case-based payment*** | ***Is there a formula to calculate payment rates?***  □ Yes □ No  □ Uncertain  If yes, describe:  ***What is the total capitation payment calculation based on? (Check all that apply.)***  □ Base rate  □Number of individuals assigned  □Number of individuals enrolled by free choice or open enrollment  □Utilization  □Other  *Specify:* | ***Are base rates cross- checked against costs of services and utilization rates?***  □Yes □No  If yes, describe:  ***Are base rates cross- checked against available resources?***  □Yes □No  If yes, describe: | □Yes □ No  If yes, check all that apply:  □Geography  □Age/sex  □ Facility type  □ Chronic diseases  □ Other  *Specify:*  Describe any adjustments: | □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs  (e.g., immuniza-  tion, TB services, HIV/AIDS services)  □ Specify:  □Transportation for referrals  □ Other  Specify: | □ Salaries and other personnel costs  □ Medicines  Supplies  □ Minor repairs and equipment  □ Administrative costs  □ Capital investment  □ Training  □ Other  *Specify:* | Describe: |
| □ ***Fee-for-service*** | ***Is there a fixed fee schedule?***  □ Yes □ No  □ Uncertain  If yes, how many items are in the fee schedule?  If yes, how was the fee schedule developed? | ***Are fees cross- checked against costs of services and utilization rates?***  □ Yes □ No  If yes, describe:  ***Are fees cross- checked against available resources?***  □Yes □ No  If yes, describe: | □Yes □ No  If yes, check all that apply:  □Geography  □Age/sex  □ Facility type  □ Chronic diseases  □ Other  *Specify:*  Describe any adjustments: | □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs  (e.g., immuniza-  tion, TB services, HIV/AIDS services)  □ Specify:  □Transportation for referrals  □ Other  Specify: | □ Salaries and other personnel costs  □ Medicines  Supplies  □ Minor repairs and equipment  □ Administrative costs  □ Capital investment  □ Training  □ Other  *Specify:* | Describe: |
| □ ***Global budget*** | ***How are global budgets set for an individual provider?***  ***What are global budget calculations based on? (Check all that apply.)***  □ Historical budget  □ Budget norms  □ Staff, bed capacity  □ Utilization  □ Case mix  □Other  Specify: | ***Are budgets cross- checked against costs of services and utilization rates?***  □ Yes □ No  If yes, describe:  ***Are budgets cross- checked against available resources?***  □ Yes □ No  If yes, describe: | □Yes □ No  If yes, check all that apply:  □Geography  □Age/sex  □ Facility type  □ Chronic diseases  □ Other  *Specify:*  Describe any adjustments: | □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs  (e.g., immuniza-  tion, TB services, HIV/AIDS services)  □ Specify:  □Transportation for referrals  □ Other  Specify: | □ Salaries and other personnel costs  □ Medicines  Supplies  □ Minor repairs and equipment  □ Administrative costs  □ Capital investment  □ Training  □ Other  *Specify:* | Describe: |
| □ ***Line-item budget*** | ***How are line-item budgets set for an individual provider?***  ***What are line-item budget calculations based on? (Check all that apply.)***  □ Historical budget  □ Budget norms  □ Staff, bed capacity  □ Utilization  □ Other – government priorities of the year  *Specify:* | ***Are budgets cross- checked against costs of services and utilization rates?***  □ Yes □ No  If yes, describe:  ***Are budgets cross- checked against available resources?***  □ Yes □ No  If yes, describe:  ***Ceilings prepared based on available resources and provided to RHB,*** | □ Yes □ No  If yes, check all that apply:  □Geography  □Age/sex  □ Facility type  □ Chronic diseases  □ Other  *Specify:*  Describe any adjustments: | □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs  (e.g., immuniza-  tion, TB services, HIV/AIDS services)  □ Specify:  □Transportation for referrals  □ Other  Specify: | □ Salaries and other personnel costs  □ Medicines  Supplies  □ Minor repairs and equipment  □ Administrative costs  □ Capital investment  □ Training  □ Other  *Specify:* | Describe: Through allocation of resources as a regular budget |
| □Performance Based Financing | ***What is performance based payment calculations based on? (Check all that apply.)***  □ ***Catchment population*** □ ***Number of Health facilities***  □ ***Staff and bed capacity***  □ ***Utilization***  □ ***Other***  ***Specify:*** | ***Are budgets cross- checked against costs of services and utilization rates?***  □ Yes □ No  If yes, describe:  ***Are budgets cross- checked against available resources?***  □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, check all that apply:  □Geography  □Age/sex  □ Facility type  □ Chronic diseases  □ Other  *Specify:*  Describe any adjustments: | □ Community based health services  □ Outpatient services  □ Specialty consultations  □ diagnostic (Laboratory, pathology and imaging)  □ Inpatient service  □ Pharmaceuticals,  □ Specialty and sub-specialty services (e.g., organ transplants)  □ Public health or Vertical programs  (e.g., immuniza-  tion, TB services, HIV/AIDS services)  □ Specify:  □Transportation for referrals  □ Other  Specify: | □ Salaries and other personnel costs  □ Medicines  Supplies  □ Minor repairs and equipment  □ Administrative costs  □ Capital investment  □ Training  □ Other  *Specify:* | Describe: |

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| **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** |
| □ ***Capitation*** | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, are claims submitted electronically?  □ Yes □ No | □ Yes □ No  If yes, describe: |  |  |
| □ ***Case-based payment*** | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, are claims submitted electronically?  □ Yes □ No | □ Yes □ No  If yes, describe: |  |  |
| □ ***Fee-for-service*** | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, are claims submitted electronically?  □ Yes □ No | □ Yes □ No  If yes, describe: |  |  |
| □ ***Global budget*** | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, are claims submitted electronically?  □ Yes □ No | □ Yes □ No  If yes, describe: |  |  |
| □ ***Line-item budget*** | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, are claims submitted electronically?  □ Yes □ No | □ Yes □ No  If yes, describe: |  |  |
| □ ***Performance Based Financing*** | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, describe: | □ Yes □ No  If yes, are claims submitted electronically?  □ Yes □ No | □ Yes □ No  If yes, describe: |  |  |

| **PAYMENT METHOD** | **PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS** | | | |
| --- | --- | --- | --- | --- |
| **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?** |
| ***Capitation*** | □ Lump sum  □ According to line items  □ Other  *Specify:* | □ Yes □ No  □ Uncertain  ***Describe any restrictions on how funds can be used:*** | □ Yes □ No  □ Uncertain  If yes, describe restrictions: | □ Annually  □ More frequently than  □ annually  □ Less frequently than annually  □ Uncertain |
| ***Case-based payment*** | □ Lump sum  □ According to line items  □ Other  *Specify:* | □ Yes □ No  □ Uncertain  ***Describe any restrictions on how funds can be used:*** | □ Yes □ No  □ Uncertain  If yes, describe restrictions: | □ Annually  □ More frequently than  □ annually  □ Less frequently than annually  □ Uncertain |
| ***Fee-for-service*** | □ Lump sum  □ According to line items  □ Other  *Specify:* | □ Yes □ No  □ Uncertain  ***Describe any restrictions on how funds can be used:*** | □ Yes □ No  □ Uncertain  If yes, describe restrictions: | □ Annually  □ More frequently than  □ annually  □ Less frequently than annually  □ Uncertain |
| ***Global budget*** | □ Lump sum  □ According to line items  □ Other  *Specify:* | □ Yes □ No  □ Uncertain  ***Describe any restrictions on how funds can be used:*** | □ Yes □ No  □ Uncertain  If yes, describe restrictions: | □ Annually  □ More frequently than  □ annually  □ Less frequently than annually  □ Uncertain |
| ***Line-item budget*** | □ Lump sum  □ According to line items  □ Other  *Specify:* | □ Yes □ No  □ Uncertain  ***Describe any restrictions on how funds can be used:*** | □ Yes □ No  □ Uncertain  If yes, describe restrictions: | □ Annually  □ More frequently than  □ annually  □ Less frequently than annually  □ Uncertain |
| ***Performance Based Financing*** | □ Lump sum  □ According to line items  □ Other  *Specify:* | □ Yes □ No  □ Uncertain  ***Describe any restrictions on how funds can be used:*** | □ Yes □ No  □ Uncertain  If yes, describe restrictions: | □ Annually  □ More frequently than  □ annually  □ Less frequently than annually  □ Uncertain |

| **TYPES OF PAYMENT**  **THE FACILITY RECEIVES** | **PUBLIC FINANCIAL MANAGEMENT RULES AND FINANCIAL FLOWS** (continued) | | | |
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| **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?** |
| □ ***Capitation*** | □ Yes □ No  □ Uncertain  If yes:  □ Payment cap  □ Volume cap  ***How are caps set?*** | □ Overruns are fully compensated  □ Overruns are partially compensated *Describe restrictions:*  □ Overruns are not compensated  □ Uncertain | □ Surpluses are fully retained by the facility  □ Surpluses are partially retained by the facility  *Describe restrictions:*  □ Surpluses are taken back  □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***  □ Yes □ No  If yes, which costs:  ***Please describe how funds are distributed to the other health facilities:*** |
| ***Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***  □ Yes □ No  If yes, to which facilities:  ***Please describe how funds are distributed and payments are made for referrals:*** |
| □Case-based payment | □ Yes □ No  □ Uncertain  If yes:  □ Payment cap  □ Volume cap  ***How are caps set*** | □ Overruns are fully compensated  □ Overruns are partially compensated *Describe restrictions:*  □ Overruns are not compensated  □ Uncertain | □ Surpluses are fully retained by the facility  □ Surpluses are partially retained by the facility  *Describe restrictions:*  □ Surpluses are taken back  □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***  □ Yes □ No  If yes, which costs:  ***Please describe how funds are distributed to the other health facilities:*** |
| ***Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***  □ Yes □ No  If yes, to which facilities:  ***Please describe how funds are distributed and payments are made for referrals:*** |
| □ ***Fee-for-service*** | □ Yes □ No  □ Uncertain  If yes:  □ Payment cap  □ Volume cap  ***How are caps set*** | □ Overruns are fully compensated  □ Overruns are partially compensated *Describe restrictions:*  □ Overruns are not compensated  □ Uncertain | □ Surpluses are fully retained by the facility  □ Surpluses are partially retained by the facility  *Describe restrictions:*  □ Surpluses are taken back  □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***  □ Yes □ No  If yes, which costs:  ***Please describe how funds are distributed to the other health facilities:*** |
| ***Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***  □ Yes □ No  If yes, to which facilities:  ***Please describe how funds are distributed and payments are made for referrals:*** |
| □ ***Global budget*** | □ Yes □ No  □ Uncertain  If yes:  □ Payment cap  □ Volume cap  ***How are caps set*** | □ Overruns are fully compensated  □ Overruns are partially compensated *Describe restrictions:*  □ Overruns are not compensated  □ Uncertain | □ Surpluses are fully retained by the facility  □ Surpluses are partially retained by the facility  *Describe restrictions:*  □ Surpluses are taken back  □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***  □ Yes □ No  If yes, which costs:  ***Please describe how funds are distributed to the other health facilities:*** |
| ***Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***  □ Yes □ No  If yes, to which facilities:  ***Please describe how funds are distributed and payments are made for referrals:*** |
| □ ***Line-item budget*** | □ Yes □ No  □ Uncertain  If yes:  □ Payment cap  □ Volume cap  ***How are caps set*** | □ Overruns are fully compensated  □ Overruns are partially compensated *Describe restrictions:*  □ Overruns are not compensated  □ Uncertain – some times based on the requests of the health facilities for additional resource if there are shortages could be allowed when there are shortages | □ Surpluses are fully retained by the facility  □ Surpluses are partially retained by the facility  *Describe restrictions:*  □ Surpluses are taken back  □ Uncertain  The one retained at health facility is for retained revenue of health facilities, | ***Does any part of the payment to this facility cover any costs for other health facilities?***  □ Yes □ No  If yes, which costs:  ***Please describe how funds are distributed to the other health facilities:*** |
| ***Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***  □ Yes □ No  If yes, to which facilities:  ***Please describe how funds are distributed and payments are made for referrals:*** |
| **□Performance Based Financing** | □ Yes □ No  □ Uncertain  If yes:  □ Payment cap  □ Volume cap  ***How are caps set*** | □ Overruns are fully compensated  □ Overruns are partially compensated *Describe restrictions:*  □ Overruns are not compensated  □ Uncertain | □ Surpluses are fully retained by the facility  □ Surpluses are partially retained by the facility  *Describe restrictions:*  □ Surpluses are taken back  □ Uncertain | ***Does any part of the payment to this facility cover any costs for other health facilities?***  □ Yes □ No  If yes, which costs:  ***Please describe how funds are distributed to the other health facilities:*** |
| ***Does any part of the payment to this facility cover any costs for referrals or self-referrals to other facilities?***  □ Yes □ No  If yes, to which facilities:  ***Please describe how funds are distributed and payments are made for referrals:*** |

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| **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.”* | | | |

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| **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? |

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| **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? |
| ***How often does this facility experience delays in capitation payments?***  □ Never □ Sometimes □ Frequently □ Always □ Uncertain  If there are delays, what are the main reasons? |

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| **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-* Case-Based Payment *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?*** |
| ***How often does this facility experience delays in capitation payments?***  □ Never □ Sometimes □ Frequently □ Always □ Uncertain  If there are delays, what are the main reasons? |

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| **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-* Fee-for-Service *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?*** |
| ***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? |

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| **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? |

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| **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? |
| ***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? |

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| **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?***  **It enables to utilize resources to the intended areas, strict follow up and guidance,** |
| ***In your experience, what are the main challenges of the line-item budget payment system?***  ***Lack of transparency on resource allocation at lower levels, mismatch of priorities and dedicated resources to sectors, rigidity of the processes,*** |
| **SUGGESTED IMPROVEMENTS** |
| ***What improvements would you suggest to make the line-item budget payment system more effective?***  ***Preparation of resource allocation formula that guides lower level resource allocation, capacity building at all levels in PFM,*** |
| **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?  Because there is no guidance to do so |
| ***Contributes to fair and equitable distribution of resources across populations with different health needs?***  □ Yes □ No □ Uncertain  Why or why not?  It shares available resource only |
| ***Contributes to fair and equitable distribution of resources across providers?***  □ Yes □ No □ Uncertain  Why or why not?  Lower level/primary care facilities suffer from shortage of resources |
| ***Contributes to fair and equitable distribution of resources across types of cases with different severity?***  □ Yes □ No □ Uncertain  Why or why not?  type of cases didn’t exist in line items |
| ***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?  allocation didn’t consider quality of service |
| ***Lin* Line-Item Budget *tem 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?***  ***allocated resources are not suffice to cover all the aforementioned package*** |
| ***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?***  ***It prohibits gaming as existing resource is attached to items of expenditures*** |
| ***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?*** |
| ***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?  Processes to transfer budget/existing resource, lengthy process for transfer of budget, |

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| **Performance Based Financing** |
| **INTERVIEWER SCRIPT:** |
| *“Now I would like to ask you about how, in your experience, the performance based financing payment system affects health services.”* |
| **STRENGTHS AND WEAKNESSES** |
| ***In your experience, what are the main strengths of the performance based financing payment system?*** |
| ***In your experience, what are the main challenges of the performance based financing payment system?*** |
| **SUGGESTED IMPROVEMENTS** |
| ***What improvements would you suggest to make the performance based financing 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 performance based financing 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? |
| ***Lin* Performance Based Financing** |
| ***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?*** |
| ***How often does this facility experience delays in performance based financing payments?***  □ Never □ Sometimes □ Frequently □ Always □ Uncertain  If there are delays, what are the main reasons? |

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| **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: Existing staffs require training | | | |
| ***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: The reserve fund at regional level is with BoFEC  If yes, is the reserve fund growing over time, declining, or remaining stable?  □ Growing □ Declining □ Stable □Uncertain  Comments: This is the one exist with BoFEC  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?***  ***Setting standards, Measuring the status of health facilities, provide supports*** | | | |
| ***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?***  ***Setting standards, Measuring the status of health facilities, provide supports*** | | | |
| ***Are there consequences to providers for poor performance?***  □Yes □No □ Uncertain  ***Explain:*** | | | |