Kingdom of Cambodia
Nation – Religion - King

Ministry of Health

Guidelines for the Implementation of Community Based Health Insurance (CBHI)

Department of Planning and Health Information

In collaboration with WHO and GTZ

June 2006

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Foreword

The Cambodian Government, Ministry of Health in particular seeks to improve the scope and performance of health care system. Social health insurance is one approach that can contribute in achieving health policy goals such as improvement of health status, wider access to health care and sound financing for health services. We all know that chronic under-funding has led to increasing dissatisfaction with the quality and quantity of health services provided by public system. Even though, so far there have been several health financing schemes such as health equity fund to help the poor to access to health services and a source of financing to health facility but these assistance would not be sustained. Therefore, the Ministry of Health currently regards social health insurance as one of the major strategies in the reform of our health system (stated in HSSP 2003-2007) as well as the reform of social protection system as a whole. As a result, the Master Plan for Social Health Insurance Development in Cambodia was developed and officially launched in 2005.

To transform the vision of the Master Plan into reality, the Ministry of Health has decided to start social health insurance, with particular focus on the informal sector which constitutes the majority of the population. The development of the Guidelines for Community Based Health Insurance Schemes is a critical step towards this direction.

I am therefore very pleased to present this guideline to all partners involving in the development of social health insurance in Cambodia; especially those who intend to implement community based health insurance. I believe that this guideline will be very useful in aligning our efforts in accordance with the Master Plan and work towards successful coverage of the informal sector through voluntary schemes.

Acknowledgement

The guideline for implementation of community based health insurance is jointly product of Ministry of Health in collaboration with other ministries and Health Development Partners, particularly the technical working group of the Department of Planning and Health Information (DPHI) with technical support from the WHO, GTZ, and GRET.

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We benefited greatly from the advice and guidance of the Social health Insurance Committee, chaired by HE. Mam Bun Heng-Secretary of State for Health and composed of MoH, MEF, MoP, MOL, MoSA and partners.

We extend our appreciation to Dr. Aviva Ron for her valuable technical inputs into this guideline as well as other partners such as International Labor Organization (ILO). We also thank the WHO and GTZ for their technical and financial support.

Last, but not the least, we highly appreciate all people who participated and contributed in the consultative process during the development of this document. We strongly hope that this document will be beneficial to both our mutual interests.

SECTION 1- BACKGROUND

1.1. Introduction

Cambodia is a low-income developing country with per capita GDP of US$ 306[1]. Its land area of 181,035 square kilometres is occupied by about 13.1 people, with approximately one million living in the capital Phnom Penh. The population estimate is based on the 1998 census with an annual growth rate of 1.90%, 84% of the population living in rural areas[2], and 43% of the population between the ages of 0-14[3]. Chronic malnutrition is high with 45 % of children stunted. Serious conflict between 1973 and 1993 left Cambodia severely impoverished. Although the IMR and CMR have improved in the past years, they still remain one of the highest in South East Asia.

The Cambodian Demographic and Health Survey[4] showed that the mean expenditure on health care was 20 USD per household during the month preceding the survey. Sixty eight percent of this spending was towards private medical or non-medical sector while only 18.5 % was spent in the public sector. A more recent estimate published by the World Bank[5] and based on analysis of the Cambodian Socio-Economic Survey 2004[6] shows out-of-pocket expenditures of 15 USD per capita and per year.
As a consequence, in a system where monetary savings remain very limited, rural Cambodian households face high health expenses and over-indebtedness or de-capitalisation in response to major health difficulties An Oxfam study[7] confirms that 60% of farmers who recently lost their land had sold it because of health expenses in their family.

Since their establishment in 1999, numerous Equity Funds acting as third party payers have helped to restore trust between poor segments of the population and public providers, allowing poor patients to overcome barriers to access and benefit from public services covered by these equity fund schemes, in particular with regards to hospitalization.
By improving public service utilization equity funds are helping to fulfil both rapidly and efficiently important pre-conditions for the successful development of social health insurance in the Cambodian context.

Developing health insurance to reduce the impact of health-related expenditures on Cambodia's households is therefore a growing stake in reaching universal coverage and in poverty prevention/reduction. Some broad policy guidelines and approaches to move towards broader health insurance coverage in Cambodia have been provided in the Master Plan for Social Health Insurance was launched in March 2005. As a strategy to achieve universal social health insurance coverage in the long term, the Master Plan foresees an important role for voluntary health insurance through the development of community based health insurance schemes.

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[1] *IMF country report, estimate for year 2003*
[2] *Ministry of Planning Population Projection 1998 - 2020*
[3] *Source Cambodia Demographic and Health Survey 2000*
[4] *Cambodia Demographic and Health Survey 2000*
[5] *Halving Poverty by 2015? Cambodia Poverty Assessment 2006 – The World Bank for the Consultative Group Meeting*
[6] *Cambodia Socio-Economic Survey 2004 – National Institute of Statistics*
[7] *Poverty and Social Impact Assessment of Social Land Concessions in Cambodia: Landlessness Assessment, Robin Biddulph for Oxfam GB Phnom Penh, Feb 2004.*

1.2. Rationale

These guidelines aim at facilitating the creation of a network of CBHI schemes which work towards the same purpose, and which follow the same core principles. This will allow these schemes to merge without great difficulty in order to increase risk-pooling. Also, this will enable portability between schemes and eventually lead to universal coverage. The guiding principles fall into 4 different categories:

A. Administrative prerequisites
B. Technical requirements
C. General recommendations
D. Aspirations

1.3. Guiding Principles

1.3.1. Administrative pre-requisites

Regarding new community-based schemes, the following administrative prerequisites shall be fulfilled, while existing schemes shall be allowed to adapt over time to registration requirements:

- Registration of the NGO with the Ministry of Interior according to regulations applying to NGOs.

- Submission to the Ministry of Health for appraisal and agreement on design and implementation arrangements, which includes the scheme's coordination arrangements with equity funds that are operational in the same catchment's area. The design includes a detailed description of the group targeted by CBHI.

- Regulations on qualifying periods to define entitlement to benefits according to the period of contribution payment and regulations on the cessation of entitlement when contribution payment is discontinued.

- Partnerships through contracts with local public health care facilities, including health centres and referral hospitals and involving local health authorities.

- An information system covering registration, membership and membership history, records on payments of contributions, utilization of health care, and selected health indicators, as well as financial indicators. The information system should cover linkages with Equity Funds if applicable.

1.3.2. Technical requirements

During the implementation of new community-based health insurance schemes, the following technical principles will be adhered to, while existing schemes shall be allowed to adapt over time to requirements which are new for them:

- Investment of all premium revenue into the scheme itself, its functioning costs and its expansion whether geographically or in terms of its benefit package or otherwise, or into its quality improvement.

- Contribution levels that are affordable to the majority of the households targeted for contribution to the social insurance scheme.

- No payment is requested from the beneficiaries at the time and place of care.
- Provision of both ambulatory and hospital in-patient care benefits.
- Contributions are made in addition to government health expenditures for health education -, health promotion - and disease prevention activities.
- Choice of Provider payment methods according to requirements of the local context keeping a balance between stimulating utilisation and containment of costs. Pre-paid capitation is the preferred provider payment method.
- Consultation with all stakeholder representatives in the development, operation, monitoring, evaluation and adaptation of the CBHI scheme including its coordination with the relevant equity fund.
- The CBHI scheme designates appropriate staff to participate in trainings coordinated by the DPHI, MoH.

1.3.3. General recommendations

- The CBHI needs to have the capacity to regularly analyse service utilization by its membership to help define new objectives and help set new targets for health service providers and for purchasing by the CBHI.
- Full prepayment mechanisms, no deductibles and no co-payment systems for the insured households.

1.3.4. Aspirations

- Equal opportunity and ability for all persons in the targeted population to join the insurance scheme and receive health care benefits according to their medical needs, including for those with pre-existing or new chronic diseases or conditions.
- Households move between Equity Fund to CBHI scheme according to their ability to pay.

1.4. Objectives of the Guidelines

- To ensure that existing and new CBHI schemes are designed and function according to the guiding principles mentioned in 1.3 and with the strategic directions set out in the SHI Master Plan for Cambodia.
- To facilitate the implementation of CBHI schemes as a means of achieving universal coverage in the long run.

1.5. Definition of Terms

For the purpose of these Guidelines, the terms below shall be defined as follows:
Benefit Package: services that the CBHI scheme offers to members
Capitation: a payment mechanism where a fixed rate, whether per person, family, household or group, is negotiated with a health care provider who shall be responsible for delivering or arranging for the delivery of health services required by the covered person under the conditions of a health care provider contract

Case Base Payment: lump sum payment made by CBHI to a contracted health service provider for a patient treated by the provider

CBHI Implementer: is the initiator of the CBHI scheme and may be a development partner, local authority, Health Care Providers (HCPs), the community or a concerned sector/group such as a workers association or a patient association

Collecting agent: a private individual or juridical entity allowed by the CBHI SC to receive premium contributions from members

Community Based Health Insurance (CBHI): is a voluntary, non-profit health insurance scheme

Complaint: any case filed against a health care provider (HCP) or member where the HCP is charged with failure to comply with the conditions in the provider contract or where the member is charged with commission of fraudulent acts in connection with his/her CBHI coverage

Complementary Package of Activities (CPA): refers to the activities undertaken at the referral hospital level. Three levels of CPA packages exist: CPA1, CPA2 and CPA3

Coverage: the entitlement of an individual, as a member or as a qualified dependent to the benefits of the CBHI scheme

Dependent: the dependents of a CBHI member are all those listed in the Cambodian Family Book

Emergency (medical): an injury or illness that poses an immediate threat to the person's health or life and which requires immediate help from a doctor or a hospital.

Enrolment: the process determined by the CBHI implementer to enlist individuals as members or dependents covered by the CBHI scheme

Essential Drugs (ED): Drugs that satisfy the priority health care need of the population. EDs are selected according to disease prevalence, evidence on efficacy, safety and comparative cost-effectiveness.

Family: a group of persons usually living together and composed of the head and other persons related to the head by blood, marriage and adoption

Fee for Service: a health care payment system in which health care providers receive a payment for each unit of service

Health Care Provider (HCP): refers to a facility for health promotion, prevention, diagnosis, treatment and care of individuals with illness, disease, injury, disability or deformity and other conditions in need of medical and nursing care that entered into a contract for health service delivery to CBHI schemes.

Health Centre: refers to the facility that delivers primary health care through the Minimum Package of Activities.

Operational District: refers to the peripheral sub-unit within the health system closest to the population. It is composed of health centres and referral hospital. Its main role is to implement the OD health objectives.

Member: any person on whose behalf premium contributions have been regularly paid to the CBHI scheme

Minimum Package of Activities (MPA): refers to activities undertaken at the health center level

Performance Monitoring: an ongoing measurement of a variety of indicators of health care quality in the health field to identify opportunities for improvement in health care delivery

Portability: the enablement of a member to avail of program benefits in an area outside the jurisdiction of the member's CBHI scheme

Premium Contribution: the amount paid to the CBHI scheme by or in behalf of a member

Provincial Health Department: refers to an intermediate level of the health system that serves as a link to the MOH and the ODs through the following: 1) Interpreting, disseminating and implementing National Health Policy through strategy development and annual planning; 2) Supporting the development of ODs by regular monitoring and evaluation; 3) Ensuring equitable distribution and effective utilization of available resources; 4) Mobilising additional resources; 5) Providing continuing education through regional training centres.

Quality Assurance: a formal set of activities to review and ensure the quality of services provided. It includes quality assessment and corrective actions to remedy any deficiency identified in the quality of patient care, administrative and support services of CBHI

Referral hospital: refers to the facility that delivers the Complementary Package of Activities such as CPA1, CPA2, CPA3[8]

Social Health Insurance: Social health insurance is a system characterized by the presence of a sickness fund, which usually receives a contribution of its members. With these contributions, the fund generally pays part of the medical costs of its members, to the extent that the services are included in a defined benefit package.

1.6. Scope of CBHI Implementation Guidelines

These Guidelines shall apply to all CBHI schemes partnering with public and not for profit private health facilities in Cambodia.
Compliance with these guidelines is strongly recommended to all CBHI implementers. However, the Ministry of Health also encourages experimentation of alternative implementation designs, provided that the project proposal is duly submitted to MOH appraisal and approval (see Section 2 – Institutional Arrangement and Annex A – Appraisal Process).
The Ministry of Health will conduct an evaluation of CBHI guidelines implementation on due time and use the results of such evaluation to guide further policy making on CBHI in Cambodia.

[8] Guidelines for Developing Operational Districts, MOH

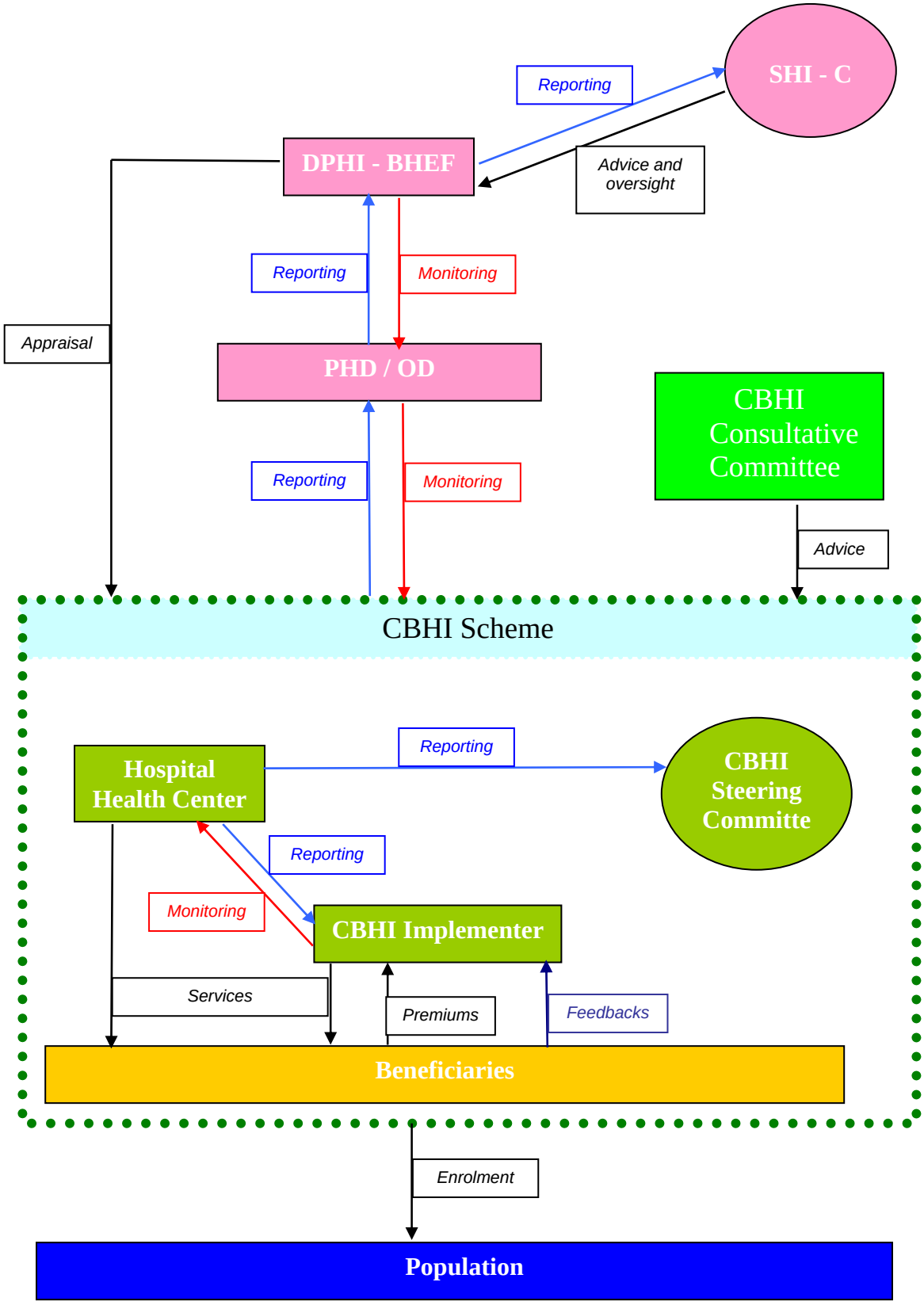
SECTION 2- INSTITUTIONAL ARRANGEMENTS

2.1 Key Players in the Implementation of CBHI Schemes

The following stakeholders play a crucial role in implementation of CBHI at local level and coordination of CBHI schemes at national level (Please refer to Diagram 1):

- Ministry of Health
    - Bureau of Health Economics and Financing (BHEF), Department of Planning and Health Information (DPHI)
- Social Health Insurance Committee (SHIC)
- Provincial Health Department (PHD) and Operational District
- Health Care Providers (HCP)
    - National Hospital
    - Referral Hospital(RH)
    - Health Center (HC)
- CBHI Consultative Committee (CBHI CC), including consumer and patients associations and representatives of the population
- CBHI Steering Committee (CBHI SC)
- CBHI Implementers
- CBHI Scheme supporters/funders

Diagram 1: Key Players in the Implementation of CBHI Schemes



2.2. Composition and Undertakings of Key Players

2.2.1. Ministry of Health

The Bureau of Health Economics and Financing (BHEF) under the Department of Planning and Health Information (DPHI) shall be responsible for the appraisal, over-all coordination and monitoring of all Community-Based Health Insurance (CBHI) schemes. Specifically, it shall:

- Develop policies and strategies relevant to the implementation of SHI in the country, particularly CBHI schemes.
- Develop a national implementation plan for CBHI schemes, targeting priority areas and catchments populations, including quality assessment of health care providers.
- Appraise and approve the implementation of a CBHI scheme including its coordination arrangements with the local stakeholders such as NGOs, Equity Funds etc (Appraisal process described in Annex A).
- Provide guidance to CBHI Implementers for targeting activities towards defined health sector priorities as defined by MOH policy documents.
- Coordinate capability building activities for CBHI implementers and provide technical support to central, provincial and district level implementation of CBHI.
- Conduct regular inspection and monitoring of approved schemes through PHD/OD.
- Develop social marketing and advocacy strategies for CBHI for more effective implementation at the community level, in collaboration with CBHI implementers.
- Study and analyze issues/reports from the field as input in policy development.
- Organize a review meeting with stakeholders at least annually and report on the progress of the various CBHI schemes at the level of MOH.
- Conduct an evaluation of CBHI Guidelines implementation and input into further MOH policy.

2.2.2 The SHI Committee (SHIC)

The SHI Committee shall assist BHEF in the discharge of its functions related to policy development and technical assistance to CBHI schemes. The Committee is composed of representatives from the relevant ministries, involved in development of Social Health Insurance in Cambodia. Specifically, the SHI Committee shall:

- Exchange information on social health insurance and lessons learned from the field among key stakeholders, including coordination and updates with the TWG for Health.
- Advise on development of Social Health Insurance schemes for different target populations such as employees of the private sector and civil servants, in coordination with CBHI schemes.
- Advise on implementation of CBHI schemes for ongoing and new schemes
- Provide a platform for appeal process for complaints that could not be addressed by local mechanisms (see Section 6 – Grievance and Appeal).

2.2.3 Provincial Health department / Operational district

- Conduct regular direct inspection and monitoring of approved schemes and contracted health care providers.
- Act as effective member of CBHI Steering Committee through the representative of the Operational District.
- Report to MOH

2.2.4. CBHI Consultative Committee (CBHI CC)

The composition of the CBHI Consultative Committee (CBHI SC) should be adapted to local options. It consists of representatives of the population, patients associations, CBHI implementers, Health Care Providers, local authorities and concerned sectors in the area where the CBHI scheme is running such as trade unions, workers associations, local and international NGOs locally involved in health care provision or health financing schemes. The roles of the CBHI CC are as follows:

- Advocate to the population the advantages of joining and sustaining their membership to the scheme.
- Provide a platform for representatives of the population, patient associations and other interest groups in the population to express their needs and expectations from a CBHI scheme.
- Make sure the acceptance of all households in the target population that apply for membership, without rejection of households or individual members due to existing health conditions.

2.2.5. CBHI Steering Committee (CBHI SC)

The CBHI Steering Committee (CBHI SC) is constituted of the CBHI Implementer, representative of Health Care Providers, representative of the Operational District and representative of beneficiaries. The responsibilities of the CBHI SC are:

- Oversee the implementation and activities of the health insurance scheme and ensure adequation of the scheme to local needs.
- Provide a platform for feedback and complaint management in the CBHI scheme.
- Establish an affiliation with the network of CBHI schemes;

The CBHI SC will meet on a monthly or quarterly basis.

2.2.6 Health Care Providers (HCP)

Health care providers consist of the following:

- National Hospital
- Referral Hospital
- Health Centers

The providers of a scheme shall ensure a functional referral mechanism to effectively manage the delivery of health services to all the members. Representative from each level shall be members in the CBHI Steering Committee (CBHI SC) to articulate and address issues and concerns related to health service delivery.
As part of the CBHI SC, the HCPs shall be responsible for regular reporting on indicators agreed with the MOH and other stakeholders, including quality assurance indicators.

2.2.7 CBHI Implementer

The CBHI Implementer is the initiator of the CBHI scheme and may be a development partner, local authority, Health Care Providers (HCPs), the community or a concerned sector/group. The CBHI Implementer will undertake all tasks involved in setting and maintaining a CBHI scheme including the following:

- Promote the concept and reach acceptance among the target population and health workers in the facilities in the area.
- Establish administrative capacity (registration procedures, contribution collection, and development of information systems, structure and staffing of the health insurance administration).
- Establish financial capacity and control including remittance of contributions and banking of funds.
- Enable the provision of quality health care benefits through negotiations and contractual arrangements with health care providers.
- Organize health promotion and health prevention activities; in collaboration with health care provider, targeting the specific needs of the CBHI beneficiaries.
- Ensure registration of the scheme according to national requirements conforming to regulations of the Ministry of Foreign Affair, Ministry of Interior, and Ministry of Economy and Finance and Ministry of Health.
- Ensure compliance of the CBHI scheme with MOH policies and guidelines, including the appraisal process defined in Annex A.

SECTION 3- FUNDS AND CONTRIBUTIONS

3.1. Stakeholders Financial Relationships

All financial relationships between the CBHI Implementer and the health care providers should be ruled by formal contracts, preferably on an annual basis, but which may cover shorter periods in the initial phases to allow for timely adjustments. Such contracts should contain agreement on benefits, entitlements, minimum quality assurance criteria, provider payment mechanisms and amounts, referral mechanism, etc. and be re-negotiated, when necessary, to satisfy the partners. A sample contract with between the CBHI Implementer and the Health Care Provider is attached as Annex B.1 and B.2.

All of the financial relationships between the CBHI Implementer and its insured members should also be contracted. There need to be one contract for each insured family or person as soon as the member is registered, notwithstanding the CBHI Implementer's right to apply a waiting period. Sample registration form (Annex C.1) and contract with members (Annex C.2) are attached.

3.2. Payment to providers

Provider payment mechanisms, which are often considered either alone or in combinations when paying health facilities, are as follows:

- Capitation
- Reimbursement of Fees for service
- Case-base payment

It is strongly advised to aim for using the capitation system for paying primary and secondary health facilities.
Capitation payment mechanism has the advantage of ensuring regular and predictable income for the health care provider, as well as predictable costs for the scheme. It helps avoid the administrative burden of reviewing cases and claims, with the advantage of easier and transparent accountability.

The risks associated with capitation are 1) over-consumption of services and goods (e.g. drugs) above the limit of capitation amount, 2) under-servicing CBHI patients by the health care provider. If capitation is chosen, both these concerns must be effectively addressed through a comprehensive quality assurance program and proper monitoring and evaluation. It is mandatory that minimum quality assurance criteria are specified in the formal contract between CBHI Implementer and HCPs and that payment to health facilities are subject to fulfilment of those criteria (See section 5 – Health Care Providers).

Payment mechanisms other than capitation can also be used, either alone or in addition to capitation, depending on the local context.
The risk associated with Case-Base Payments and Fee For Service Payments is provider-induced demand such as over-consumption of services and goods, unnecessary outpatient contacts, unnecessary surgical interventions and prolonged hospitalisations. Over-consumption and over-utilization are not necessarily associated with higher quality of services and may lead to financial instability for both the CBHI scheme and the HCPs. If Case-Base Payment or Fee-For Service payments is chosen, an adequate quality assurance program should also be in place. In addition, it is mandatory that the financial responsibility

of the scheme towards its members is taken into account and appropriate cost-containment mechanisms are in place.
Hence, the choice of alternative provider payment method is subject to appropriate feasibility and post hoc evaluation studies, and MOH approval. In all cases however, the core principle of premium pre-payment should be applied and any form of out-of-pocket payment at the time and place of care by a CBHI member must be avoided.

Capitation payments can be provided on a monthly or quarterly basis. Revenues from capitation payments should be considered by health facilities as user fees and allocated similarly.

For the delivery of more advanced health care (third level) with lower frequency, payment can be done through a reserve fund to the hospital based on a fee for service or other payment mechanism.

3.3. Sources of Revenues of the CBHI

The main source of revenue is the contributions from members (premium payment).

Alternative sources of revenues may be:

- Donations from individuals or local organizations.
- Funds from international agencies
- Special activities organised by the scheme.
- Contributions by social assistance schemes organised by the government, by donors or by organisations; e.g. Equity Funds.

Revenues should cover all costs of the scheme: medical and non-medical benefits, administrative costs, training, health promotion and quality assurance activities.

3.4. Use of revenues

3.4.1. Use of revenues by CBHI Implementers

Revenues should be allocated by the CBHI implementer to the following:

1. Paying health services delivered by the health facilities according to pre-defined and agreed medical benefit package
2. Paying direct non-medical benefits to the members:
    - Transportation costs upon referral
    - Transportation cost from home to health centre if this has been defined in the non-medical benefit package proposed to the members.
    - Funeral grant, maternity grant or other forms of grants, if those have been defined in the non-medical benefit package proposed to the members.
3. Strengthening the quality of health care provided;
4. Health education, promotion and prevention activities targeted to the specific needs of the CBHI beneficiaries;
5. Administrative costs;
6. Training costs;
7. Reserve Funds

It is strongly recommended for the scheme to keep 2 months of reserve funds to be used in case of catastrophic events.

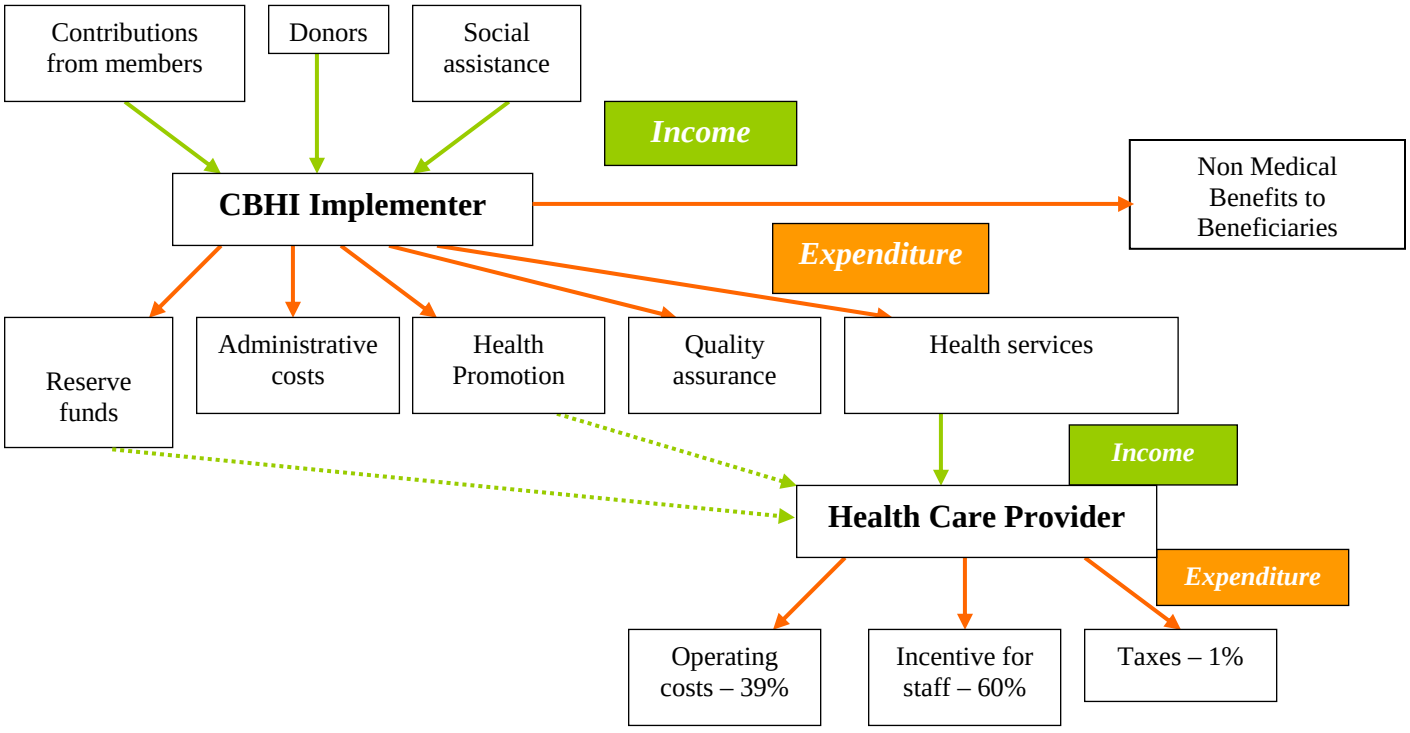
The percentage of membership contribution over the costs of the scheme (both medical and administrative) is expected to increase over the years to achieve financial sustainability of the scheme. Administrative costs should be kept at reasonable level (recommended ceiling 10%).

Social Health Insurance schemes are not-for-profit schemes, therefore all potential profits should be re-allocated on health or health related costs.

3.4.2. Use of revenues by health care provider

The health care provider should use the revenues from CBHI in the same way as revenues from user fees (according to the Health Financing Charter).

Diagram 2. Sources and Uses of Funds



3.5. Taxation

CBHI scheme should be exempted from government taxes, both from local authorities and from central level. The issue is pending further discussion with Ministry of Economy and Finance. MOH will facilitate issuance of appropriate policy on this matter. MOH will also support the tax exemption application to the MoEF by prospective CBHI implementers whose design follows these guidelines.

3.6. Contribution of members

In the informal or the semi-formal employment sector, insured families pay premiums on a monthly basis. Advance quarterly or annual payments are obviously possible.
For CBHI schemes covering the formal employment sector, at least the employer should pay at least 50% of premium, the remaining 50% being paid by the insured members. Employers may cover a higher share of the premium if they wish.

3.7 Contribution rates

Premiums should be calculated taking into account the following elements:

- posted user fees / real cost of health services
- capacity of target population to pay
- cost of CBHI scheme

Premiums should be set at an affordable level, particularly for large families. These rates should be adapted to the family location (different rates for urban and rural areas shall be calculated) and its economic environment. Digressive per capita rates should be applied for large families in order to facilitate their enrolment.

At the minimum, premiums rate should be set to cover the medical benefit package. During the design phase, additional non-medical benefits such as funeral grant, maternity grants and other forms of grants may be envisaged and discussed with the beneficiaries, local authorities and other partners. In such case, premium rates may need to be adjusted to cover those benefits, or alternative sources of funds may need to be identified.

Premiums can be subsidised in the first years of the CBHI life, but they should eventually cover the costs of the scheme (medical, non-medical, administrative and other costs) as soon as possible.

Cooperation arrangements with existing equity funds need and social assistance schemes to be envisaged and whenever possible formalized as part of the design.

3.8 Financial statements

The CBHI Implementer shall be able to provide dedicated financial statements, assessing the financial situation of the health insurance activity. This requires a specific accounting for the scheme.
The CBHI Implementer will provide the Ministry of Health with its annual financial statements, on a yearly basis.
The following budget items shall be identified (non exhaustive list):

- Premiums
- Subsidies

- Medical care costs
- Non-medical benefits costs (transport, grants etc)
- Quality assurance
- Health education, promotion and prevention
- Administrative costs
- Technical assistance
- Training costs
- Investments

The following ratios will have to be calculated:

- Ratio “Cost/member/year”
- Ratio “Premium/member/year”
- Ratio “premiums/medical costs”
- Ratio “premiums/non-medical benefits costs”
- Ratio “premiums/total costs ”
- Ratio “premium/capitation”

SECTION 4- BENEFITS

4.1. Medical Care for Insured Persons and their Families

Members and dependents, which include all persons recorded in the Cambodian Family book, are entitled to receive medical care benefits. No applying household and no member of the applying household is excluded from coverage by the scheme because of pre-existing condition or a chronic disease in the household. The scheme ultimately aims to provide equal opportunity to benefit according to medical need to all insured persons including those with pre-existing or new chronic diseases and conditions.

It is recommended that the benefit package is comprehensive and strives to include primary health care in the community, secondary disease prevention activities, hospital-based outpatient and inpatient care, including rehabilitative services. Specific attention shall be given to the design of health education, promotion and prevention activities adapted to the specific needs of the target beneficiaries. The beneficiaries likewise enjoy preventive and public health services provided by certain vertical programs free of charge, as any other citizen. However, it is acceptable that benefit packages provided by the CBHI scheme are adapted to specific population needs and specific environment and situations.

There is no age limit or exclusion due to existing medical conditions, except those conditions mentioned in the list of excluded conditions (see para 4.3).

The insurer is not liable towards the insured member for any medical malpractice, negligence or accidental damage during the medical services provision. However, an appropriate quality assurance mechanism must be in place at the health care provider facility and quality of care should be monitored thoroughly (see Section 5- Health Care Providers).

4.2 Benefit Package

The benefit package offered to CBHI members is based on MPA at health center level and CPA at referral hospital level (CPA1, CPA2 or CPA3 depending on the referral hospital).

Within MPA and CPA definition, all insured family members are entitled to the following benefits:

- **Medical Care**

  - Consultations, examinations, procedures
  - Inpatient and Out-patient care including diagnostic tests
  - Essential eye care
  - Treatment of injuries caused by all accidents is strongly advised at this stage. When appropriate motor vehicle insurance is developed, coverage of such will be reviewed and reconsidered.

Depending on the scheme design, the CBHI implementer may wish to impose a maximum number of hospitalisation days per person and per year but this ceiling should not be a barrier to hospitalisations of normal length or repeated hospitalisations for chronic conditions.

➢ Pharmaceuticals and Medical Supplies

- Prescription drugs on Essential Drug List adapted for CBHI
- Medical supplies (e.g., syringes, X-ray film)

Drugs should be provided as recorded in the Essential Drug List. The contracted provider is liable for all drugs on the Essential Drug List even if the hospital is out-of-stock, and notifies the MOH systematically when this happens. The contracted provider should prescribe exclusively generic drugs and whenever possible drugs listed in the Essential Drug List. Insured members of CBHI may have to pay out-of-pocket for drugs which are not on the Essential Drug List for that level of health facility, for exceptional cases only. A complete record is kept of these cases for monitoring and regular review.

➢ Health education, promotion and prevention

Health education, promotion and prevention can cover a wide range of services defined between CBHI Implementer and Health Care Provider, and adapted to the specific needs of the target beneficiaries (e.g. specific population groups such as rural, urban, children, elderly, women or specific employment groups such as moto-doup drivers, factory workers, market vendors and groups of chronic patients etc.)
Examples of effective programmes are Well-Baby check, Safe Motherhood Programme, reproductive health or specific prevention programmes such as cardiovascular disease prevention, prevention of secondary complications among diabetes patients etc. Health promotion days, free screening days for specific conditions and other types of promotion activities can be organized, involving health facilities, local authorities, communities and specific interest groups and patient associations.

➢ Non-Medical Benefits

As benefits for specific contingencies:

<u>Transport</u>
Transport for referral from health centre to the hospital should be covered for all insured members by CBHI.
Other transport (such as from home to the health centre) may be covered depending on geographical locations. Inclusion of transport costs other than referral transport should be envisaged in the design phase and costed.

<u>Grants</u>
Examples of grants may be cash maternity benefit upon completion of a Safe Motherhood Protocol, as defined by MOH, cash funeral grant in the event of death of an insured person. Inclusion of the above cash benefits should be envisaged in the design phase and carefully costed in order to identify appropriate sources of revenues either through additional premium collection or subsidies. Once included in the CBHI package, access to those benefits should not be limited by to the volume or cost of health care required or used by an individual insured person or household.

Other non-medical benefits
Additional benefits may be included in the package after these have been pilot-tested to determine viability, impact and acceptability to members, providers and implementers. Inclusion of additional benefits should be envisaged after careful costing and identification of appropriate funding.

4.3 Conditions not covered by the Benefit Package

Expenses for the following services shall not be covered by the CBHI scheme, except when after adequate studies, the SHI Committee of the MOH recommends their inclusion:

1. Cosmetic surgery and aesthetic treatments, or medical conditions resulting from these
2. Transsexual surgery or treatments
3. Organ transplants
4. Sickle cell anaemia and haemodialysis
5. Treatment of infertility and artificial insemination
6. Spectacles and artificial lenses, optical surgery other than basic essential eye surgery.
7. Dental fillings and prostheses. Coverage for these interventions may be considered at a later stage after more information is available on the supply of qualified dental practitioners and equipment. However, preventive dental care and essential extractions must be covered.
8. Treatments in clinics or private hospitals in Cambodia
9. Treatments in public and private clinics or hospitals abroad
10. All diagnostic procedures, treatments and drugs not readily available at the public health facilities in Cambodia.
11. Cost-ineffective procedures defined by the MOH based on Health Technology Assessment (HTA) studies.
12. Free treatment provided by National Programs (TB, Leprosy, HIV/AIDS etc...) . However, the symptomatic treatment of opportunistic conditions in HIV/AIDS cases is covered by the CBHI. It is recommended that the CBHI scheme closely coordinates with National Programs staff to define their respective coverage for those diseases.

4.4 Entitlement to Benefits

A member shall be entitled to benefits of the CBHI scheme provided he/she complies with the registration requirements, which will not exceed an administrative period of 10 working days after the required premium contribution;
All members must pay a minimum of three months contribution fee at the time of registration. Subsequent payments should be made on a monthly, quarterly or annual basis.

4.4.1 Waiting Period for Benefit Availment

At the time of registration, a minimum of 3 months contributions has to be paid. Once registration is completed, the following waiting periods shall be observed prior to benefit entitlement:

- Out-Patient Care – No waiting period after completion of registration process (10 working days)
- In-patient care (non-surgery) – No waiting period after completion of registration process (10 working days)

- Emergency care (including emergency surgical care) – No waiting period after completion of registration process (10 working days)
- Planned surgery - Waiting period of 6 months.
- Pregnancy-related benefits – Waiting period of 9 months. If deemed necessary (e.g, in populations with very high maternal mortality rates), the CBHI scheme may reduce the waiting period for pregnancy-related benefits in order to encourage delivery at public facilities. However, the waiting period cannot be cancelled in order to avoid adverse selection.

4.4.2 Grace Period for Payment

When the family stops contributing, there is a three-month grace period during which the family can catch up with payments, and be allowed to receive care. After the three months has lapsed, the family will start a new qualifying period
Alternative eligibility requirements can be applied by the CBHI scheme with approval of the CBHI SC and as long as appropriate waiting period is observed in order to avoid adverse selection.

4.5 Benefit Availment Process

Insured members shall be consulted and be treated only by health centers and hospitals contracted by the CBHI Implementer.
To avail of the health care benefits, a member must present the scheme's Identification Card/Certification/ or any other proof of membership to the health care provider.
Primary health care performs a gate-keeping function and has to be utilised first before a formal referral is made to the designated referral hospital where the scheme has a contract.
When a patient takes a decision by him/herself to go to the referral facility, the expenditures will not be covered by the CBHI, except in case of genuine emergency, as determined by the main contractor.

SECTION 5 - HEALTH CARE PROVIDERS

5.1 Benefit Payments to Health Care Providers

The CBHI Implementer shall pay the main contractor to cover the health care costs of all the insured members in the contracted network of health care providers, based on mutually agreed contracts, witnessed by CBHI Steering Committee. Sharing of the benefit payments among the health care providers shall be according to the agreed arrangement stipulated in the contract.

5.2 Reimbursement in Case of Emergency Treatment

In case of genuine emergency, insured family members may use the medical services of nearby and appropriate public hospitals, but shall be required to report to the hospital they are affiliated to, through the CBHI Implementer, within 48 hours. Where such persons sustain an accident or are sick, but do not use the designated services and fail to report to the selected hospital, the total medical costs shall be at their expense.

If the insured patient is transportable, the patient must relocate to contracted facilities or to the referral hospital under CBHI contract, or lose the right to reimbursement for that condition.

The hospital contracted by CBHI Implementer shall reimburse medical costs made in the hospital where the emergency treatment was provided, subject to verification of the situation by CBHI SC.

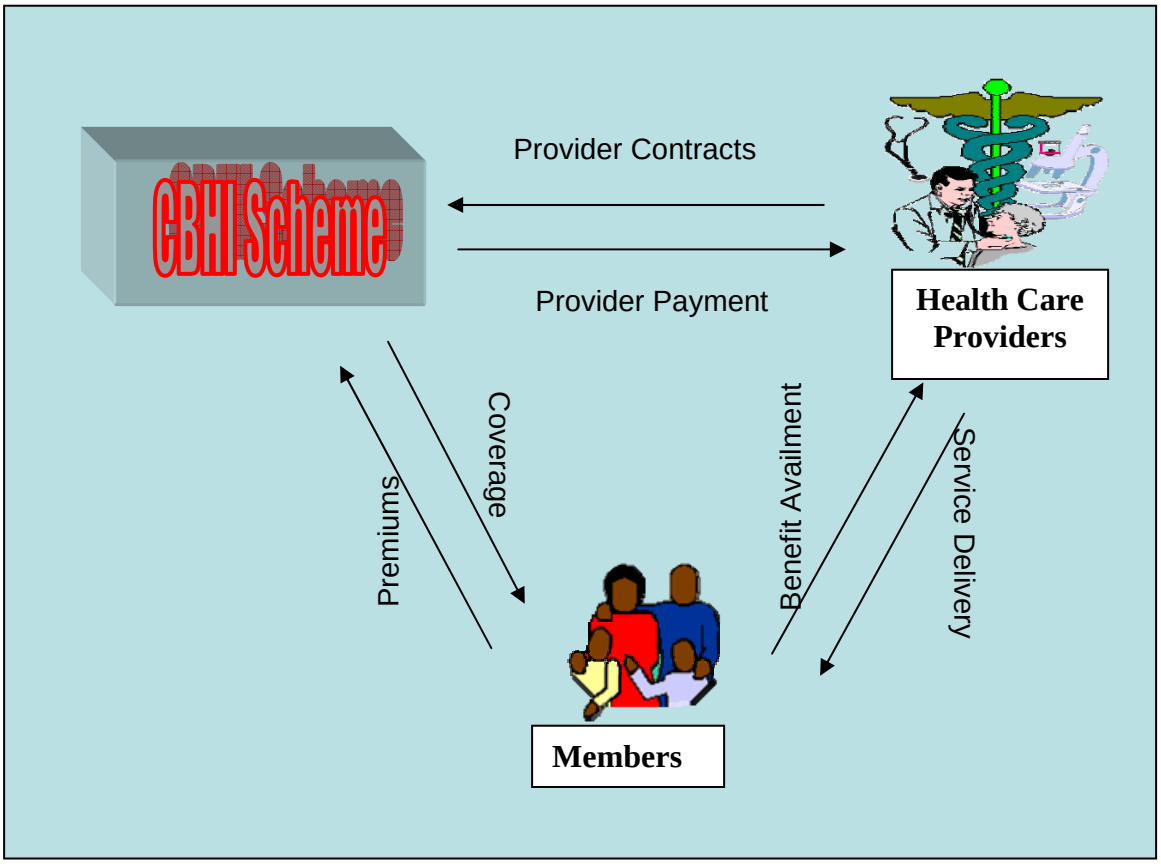
5.3 Additional Payment by Insured Persons

No co-payment/additional payment shall be made by an insured member to the contracted health care providers at the time of care. In cases where additional fees resulting from choosing upgraded rooms, use of drugs not included in the essential drug list, drugs purchased outside the hospital, or from treatments in hospitals outside the scheme for non-emergency cases, the member shall be responsible for the extra charges.

5.4 Quality Assurance

The CBHI scheme acts as a financial intermediary for the provision of accessible, affordable health services to its members. Thus, it needs to ensure the quality of health services rendered to members toward the achievement of desired health outcomes and member satisfaction. This shall be a joint collaboration and partnership among the insurer, the providers and the members.

Diagram 3: Relationship between CBHI, Contracted Health Care Providers and Members



Creating value for the members of the CBHI scheme is the focus of the above relationship. The CBHI purchases health services in behalf of the members and is therefore concerned in ensuring value of services purchased.

To do this, a quality assurance framework shall be implemented using the existing MOH standards for health centers (MPA) and referral hospital (CPA) as the minimum acceptable criteria in selecting the health service delivery mechanism for CBHI schemes. In addition, other relevant indicators for quality that impacts the success of CBHI schemes will be assessed. This framework consists of 2 phases: pre-implementation and implementation phase. The pre-implementation phase will focus on the preparedness of the facility and staff to deliver the health services to members; and the implementation phase will focus on quality gaps and continuing quality improvement.

Pre-Implementation Phase Activities:

- Request permission from authorities regarding conduct of health facility assessment
- Validate CPA status and compliance from Hospital Department, MOH
- Assess health facility based on recommended criteria for selection of CBHI provider (Annex D Checklist for Selection of Health Centre and Annex E Checklist for Selection of Referral Hospital)
- Selection of CBHI provider

- Negotiation of contract with HCP, which includes stipulation on value-added facilities and services for members and commitment to implement quality improvement activities

Implementation Phase Activities:

- Using the result of pre-implementation assessment, identify quality issues in the hospital and health centre and opportunities for improvement.
- Develop Quality Improvement Plan
- Provide opportunities for capability-building on quality concepts, tools and processes and allocate resources
- Conduct of Research and Studies to gauge effectiveness of the scheme in providing access to quality health care

All provider payment mechanism has potential impacts in the quality of care delivered to members. They provide incentives for behavioural changes and health service improvements. Hence, the contract with providers should explicitly mention the conditions for the subsequent release of the fund as follows:

- Submission of the Monthly Report Form (Annex _) to the CBHI implementer on or before the 7th calendar day of the following month (e.g. May Report should be submitted on or before June 7)
- Compliance to other agreements in the provider contract

Hospital documents, registers, accounts and pharmacy records shall be open to the CBHI implementer for inspection and random checking.

The CBHI Implementer, in collaboration with the Health Care Provider shall institutionalize a functional feedback mechanism regarding the quality of health care services delivered to insured members. This may be in the form of Exit Patient Interviews, Patient Satisfaction Surveys, Suggestion box and installation of member's hotline.

It shall also coordinate with Equity Fund implementers regarding the implementation of QA activities, if working in the same health center or referral hospital.

5.5 Designation of CBHI Focal Person in the Hospital

In order to facilitate the implementation of the CBHI scheme, the hospital shall designate a senior staff to assume the role of CBHI Focal Person to take charge of health insurance matters within the hospital. This same staff shall be the counterpart of the CBHI SC, and the contact person for the Ministry of Health BHEF for supervision purposes. The designated staff is preferably a senior clinical staff, or a member of the Hospital Board of Directors or staff related to hospital finances.

5.6 Management of benefit payments in CBHI contracted hospitals

Revenues for CBHI must be allocated by the health care provider according to the Health Financing Charter, i.e. following allocation guidelines for user fees revenues.

SECTION 6- GRIEVANCE AND APPEAL

6.1. Complaint with health care provider

Members or dependents who believe that they have been aggrieved by any decision of the health care providers in the process of benefit availment may file a complaint in accordance with the following procedure:
If an insured member is of the opinion that the benefit granted or refused by the contracted hospital is not appropriate with the actual conditions, an application for re-consideration may be lodged with the CBHI Implementer.
If the member still is not satisfied with the resolution of the complaint, the insured patient or the family can lodge an application for re-consideration with the CBHI SC, in writing. The CBHI SC must then consider the appeal during the first coming monthly meeting.
If the member is not satisfied with the decision of the CBHI SC, a letter to the Chair of the SHI Committee may be made, who shall request the BHEF to study the complaint and recommend for appropriate action.

6.2. Complaint with CBHI Implementer

Members or dependents who believe that they have been aggrieved by any process, action or decision of the CBHI Implementer may file a complaint in writing with the CBHI SC. The CBHI SC must then consider the appeal during the first coming monthly meeting.
If the member is not satisfied with the decision of the CBHI SC, a letter to the Chair of the SHI Committee may be made, who shall request the BHEF to study the complaint and recommend for appropriate action.

6.3. Other complaints

All other complaints from other stakeholders (health care provider, CBHI Implementer etc) should be addressed during the regular meetings of CBHI SC.
Complaints or conflicts that cannot be resolved during the CBHI SC meetings must be addressed in writing to SHI C, who shall request the BHEF to study the complaint and recommend for appropriate action.
Offences and penalties shall be based on the existing policy, regulations and guidelines of Government and Ministry of Health in particular.

6.4. Contents of a Complaint and a Decision

All complaints for grievance filed at CBHI SC level shall contain the following information, among others:

- Name /Address/Membership Number of Complainant
- Name /Address of Respondent
- Clear and concise statement of cause/grounds for grievance
- The relief sought
- Signature of the complainant

The complaint shall be verified by the CBHI SC and duly investigated. The CBHI SC shall render a decision not later than ninety-days (90) days from the receipt of complaint. It should be clear and concise and contains the following:

- Statement of the facts of the case
- Issues and concerns involved
- Conclusions
- Specific remedy
- Signature of the CBHI Head/authorized signing authority

The CBHI scheme shall maintain a complaint registry with a systematic filing of decisions made for purposes of monitoring.

SECTION 7- MONITORING AND EVALUATION FRAMEWORK

The current Monitoring and Evaluation framework defines the monitoring and evaluation responsibilities of MOH, through PHDs and ODs.

The CBHI schemes are responsible for developing their own monitoring formats, adapted to their local needs within and outside this framework.

The proposed monitoring and evaluation framework follows four broad directions:

1. CBHI performance
2. Health Care Provider performance
3. Client satisfaction
4. Impact on household health expenditures

MOH/ PHD / OD are responsible for monitoring of all indicators described in the monitoring framework tables.

Table 1: CBHI performance

Expected Outcome	Indicator	Means of verification	Reporting Frequency
Adequate coverage of target population	- No of beneficiaries - % target population covered within catchment's area	CBHI records	6 months
Financial sustainability	-Total income from premium collection -Other income (eg. Subsidies) -Administrative costs: 1) Personnel, 2) Operating costs -Outreach (marketing) costs -Payment to providers (1st, 2nd, 3rd level) -Other payments - Drop-out rate vs. insured population	CBHI financial records	6 months 6 months
Financial impact of CBHI	-Use of benefit payments according to users fee regulations -% of total health facility revenue coming from CBHI benefit payments -Comparison between income from capitation and foregone income from user fees	Hospital financial records Hospital financial records	6 months 6 months 12 months
Access and use	-Total number of patients OPD, IPD - No of OPD visits per capita - No of IP admissions per capita By age and by gender Comparison insured and non insured - No of complaints received and processed	Hospital and CBHI records CBHI records	6 months 6 month 12 months 6 months
Social assistance	% CBHI beneficiaries covered by social assistance schemes (EFs, others)	CBHI records	6 months

Table 2: Health Care Provider performance

Expected Outcome	Indicator	Means of verification	Reporting Frequency
Adequate service delivery	-Compliance with MPA -Compliance with CPA	Hospital inspection	6 months
Efficiency	-Bed Occupancy Rate -Average Length of Stay By age and by gender Comparison insured and non insured[9]	Hospital records	6 months 6 months 12 months
Health staff satisfaction	Satisfaction with: - Existence of CBHI scheme - CBHI staff support (administrative, quality of care) - Timeliness of payment - Financial income	Health staff survey	12 months

Table 3: Client satisfaction

Expected Outcome	Indicator	Means of verification	Reporting Frequency
Satisfaction with CBHI scheme	- Premium levels - Benefit package - CBHI information - CBHI support	Patient survey	12 months l
Satisfaction with health services	- Facilities for CBHI patients - Treatment - Safety - Staff friendliness – Counselling - Quantity and Quality of food	Patient survey	12 months

[9] Note that the TB patients should be excluded from computation of Average Length of Stay

Table 4: Impact on household health expenditures

Expected Outcome	Indicator	Means of verification	Reporting Frequency
Impact on household expenditures	Incidence of new debt (within 30 days prior to survey) for health care reasons among insured households Total debt for health care reasons among insured households Insured households with a member having attended a private clinic during the past 30 days; Reported health expenditure over the past 30 days among insured households;	Survey among members	12 months

APPRAISAL PROCESS GUIDELINES

The Ministry of Health shall implement an appraisal process that shall cover all community-based health insurance (CBHI) schemes partnering with public health facilities in the country. This process shall ensure that the schemes comply with the over-all framework of SHI Master plan for Cambodia; hence, facilitate the attainment of universal coverage.

The following are the necessary steps in the appraisal process:

A. Pre-Implementation

The CBHI implementer shall ensure that all the necessary human resources and system requirements are in place to support the implementation of the scheme.

To do this, the following activities may be undertaken:

1. Assess the feasibility of putting-up a CBHI scheme in the target area;
2. Design and installation of administrative systems, procedures and processes;
3. Capability building of the staff involved in the program;
4. Preparation of overall implementation plan, including quality assurance plan and financial projections;
5. Mobilization of required resources;
6. Preparation of manual of operations; and
7. Marketing and Information campaign plan.

B. Application for Appraisal

The CBHI implementer shall communicate its intent to undergo appraisal and be recognized by the Ministry of Health by accomplishing the attached Application Form ***(Annex A.1)*** and submit it together with supporting documents to the Bureau of Health Economics and Financing, Department of Planning and Health Information, Ministry of Health

C. Appraisal Criteria

The CBHI scheme will be assessed mainly on their compliance with the guiding principles and provisions in the CBHI Guidelines. Broadly, these include:

1. Administrative and Legal Requirements
2. Membership
3. Funds and Contributions
4. Benefits
5. Health Care Providers
6. Quality Assurance
7. Monitoring and Evaluation
8. Grievance and Appeal process
9. Finances – Based on the financial documents submitted, the CBHI scheme should be able to show financial stability and cost-efficiency in operations relative to its design and coverage.

In addition to the above criteria, the CBHI Implementer must produce evidence that negotiations have started with the designated health authorities and health facilities in

the area of operation and that these stakeholders are willing to participate in the scheme, once the implementation is formalized.

Please refer to attached Assessment Form (***Annex A.2***) which will be initially completed by the CBHI scheme and will be validated by the Assessment Team

D. Assessment Process

An Assessment Team shall be formed to handle the evaluation and assessment of the applications of the CBHI Implementers. The team shall conduct interviews and site visits to validate the information provided by the CBHI. This process shall be completed within a period of 60 days from the time of the receipt of the application

E. Memorandum of Understanding (MOU) Signing

The representative of the CBHI scheme shall be required to sign a Memorandum of Understanding with the Ministry of Health, with the representative of the PHDs and ODs where the scheme is implemented. The MOU shall clearly define the roles of the different parties in the implementation of the scheme, including participation in capability building activities and implementation of social marketing and advocacy activities coordinated by MOH.

F. Certificate of Recognition

The MOH shall issue a Certificate of Recognition to the CBHI scheme signed by the Head of the Assessment Team and the Chair of SHI Committee.

Accreditation of the scheme shall be valid for ___year/s and is renewable on the month of expiry date.

G. Provisional Status of Recognition

For CBHI schemes, which are determined by SHI Committee to be small scale and beneficial in policy development and piloting, provisional recognition of the scheme for one year may be given to allow such schemes some flexibility and time to comply with CBHI Guidelines.

APPLICATION FORM FOR APPRAISAL
FOR COMMUNITY-BASED HEALTH INSURANCE (CBHI) SCHEMES

_____, 2006

THE CHAIRMAN
Social Health Insurance Committee
Ministry of Health,
Kampuchea Krom, Phnom Penh

SIR:

I, _____, of legal age,
_____
(name) (Position/Designation)

with address at _____ and the duly authorized representative to act for and in behalf of
_____,
(Name of CBHI scheme)

hereby applies for appraisal per requirement in the CBHI Guidelines released by the Ministry of Health. For this purpose, I hereby submit the following pertinent information and documentary requirements:

- **Assessment Form**
- **Supporting documents as follows:**

_____

_____

_____

_____

_____

_____

II hereby certify to the veracity of all the information provided in this form, including the information represented in all the supporting documents.

_____
CBHI Representative DATE:.....

ASSESSMENT FORM
FOR CBHI Schemes

Name of the Scheme : _____
Office Address : _____
Telephone Numbers : _____
Fax Number : _____
Email Address : _____

INSTRUCTIONS

1. The following questions should be answered and submitted by the CBHI scheme together with the accomplished Application Form

2. Attach required supporting documents for validation purposes

COMPLIANCE WITH	**YES**	**NO**	**Remarks**
1. Administrative and Legal Requirements			
a) Profile of the Organization			
b) Organizational Structure			
c) Manpower Complement/Staffing			
d) Registration with Ministry of Interior*			
e) Registration and collection procedures			
f) Presence of information system covering registration and membership, contribution payment, utilization of health care and cash benefits and select health indicators			
g) Letter of agreement from health authorities (PHD, OD) in the area of operation			
h) Letter of agreement from health facilities in the area of operation			
2. Membership			
a) Coverage of all members reflected in the Family Book			
b) Conduct of IEC on concept of CBHI schemes to target population prior to coverage			
c) Provision of health education, promotion and prevention activities adapted to the needs of the target beneficiaries			
d) Creation of CBHI Steering Committee with composition adapted to local options			
e) Involvement of all stakeholders in the development, operation and adaptation including the conduct of			

COMPLIANCE WITH	YES	NO	Remarks
feasibility study (with technical assistance) on establishing an SHI scheme			
3. Funds and Contributions			
a) Affordable contribution levels to the majority of the population			
b) Full pre-payment mechanism			
c) Non-profit scheme with earmarked allocations for use of revenues			
d) Provider payment mechanism, preferably capitation			
e) Presence of reserve funds			
f) Capability to provide financial statements			
4. Benefits			
a) Equal benefits to all insured persons regardless of condition			
b) Comprehensive benefit package determined jointly with the community			
c) Benefit package excludes the services/conditions specified in the Guidelines			
d) Rules on entitlement to benefits			
e) Clear benefit availment process and referral mechanism			
5. Health Care Providers for the scheme			
a) Partnership contracts with health care providers			
b) Implementation of a Quality Assurance in the hospital to ensure member satisfaction and desired health outcomes			
c) Networking of contracted hospital to health centers			
d) Use of revenues/benefit payment from CBHI schemes consistent with approved national guidelines			
e) Availability and access to hospital documents and records, as deemed necessary			
6. Grievance and Appeal			
Grievance and appeal process in place according to Guidelines requirements			
7. Monitoring Reports			
Willingness to comply with monitoring framework required by the CBHI Guidelines			
8. Finances			

COMPLIANCE WITH	**YES**	**NO**	**Remarks**
Financial projections show stability and sustainability of the scheme			

RECOMMENDATIONS *(For use of BHEF, MOH)*

Prepared by: ***Approved/Disapproved by:***

_____
_____

Partnership Contract between Referral Hospital and CBHI Scheme

1. Name of RH represented by _____ hereinafter referred as _____

2. Name of CBHI scheme represented by_____hereinafter referred as _____

3. Name of Operational District represented by_____hereinafter referred as _____

4. Name of Provincial Health Department represented by_____hereinafter referred as _____

The purpose of this contract is to set partnership conditions between CBHI Scheme and Referral Hospital to develop health insurance services at RH in villages of covered by _____area.

CHAPTER 1 – Roles and Responsibilities of All Parties

PART A –Referral Hospital

1. RH commits itself to ensure that, during the present contract period, Referral Hospital:

1.1 Recognizes patients as an insured person when they provide an official & valid health insurance family book matching with the list of members provided by CBHI scheme to the RH.

1.2 Gives insured person free access to CPA services in RH, which includes but not limited to the following items:

- **Medical Care**
  Consultations, examinations, procedures
  Inpatient and Out-patient care including diagnostic tests, eye surgery and preventive dental care.
- **Pharmaceutical Drugs And Supplies:**
  Prescription drugs on Essential Drug List adapted for CBHI
  Medical supplies (e.g., syringes, X-ray film)
- **Health education, promotion and prevention**
- **Cash Benefits**

1.3 Charges to any insured persons for administrative services the regular user fee as mentioned in article 1.2.

1.4 Charges regular user fee for delivery intervention to <u>insured members under waiting period</u> (as indicated on the insured member family book).

1.5 Respects the user fee list as mentioned in article 1.2 for insured persons **<u>only when they are officially referred by contracted Health Center</u>**.

1.6 Provides access to X-Ray, ultrasound and all available laboratory exams when insured patients are officially referred by HC and when medically necessary according to the decision of the medical doctor in the hospital.

1.7 Considers that insured persons are officially referred by HC when they provide an official referral document signed by two of the following medical staff:

(Names of Medical Staff/Position in the HC)

1.8 Accepts that in case of traumatic or other emergency case insured patients can be covered (free of charge) even without showing referral letter from Health Center.

1.9 Accepts that in case of traumatic or other emergency case insured patients will have a one-day delay to show their member family book if they do not have it with them.

1.10 Accepts, in the case mentioned in article 1.9 and when patients have to be referred to RH, to charge regular fee and reimburse it to insured patients if their family can show insurance member family book during the day after referral.

1.11 Accepts, in case mentioned in article 1.10, to give the reimbursement only to an adult person (> 15 years old) listed in the insurance member family book of the insured patient family.

1.12 Provides official referral document duly filled in and signed by the authorized staffs mentioned in article 1.13 to insured persons in case they are referred to RH.

1.13 Recognizes that only the following staff can issue official referral document duly filled in to insured persons in case they are referred to RH:

(Names of Authorized medical staff/position)

1.14 Provides appropriate health care to insured members following medical guidelines from Ministry of Health and without any discrimination.

1.15 Provides to insured members, without discrimination neither on quality nor on fees, all other health services available in RH that are not listed in article 1.2 (i.e. TB package).

1.16 Provides access to utilization of care recording books to CBHI team twice in a month in order for the CBHI scheme to fill in the monthly follow up report about all insured persons' utilization of care within the RH.

1.17. Designates a focal person for CBHI in the hospital to be respondents to CBHI scheme, members, CBHI Steering Committee and Ministry of Health

PART B – CBHI Scheme

2. CBHI Scheme commits itself to sell insurance services for health care at RH, at the conditions defined in part A, starting from the _____.

3. CBHI Scheme commits itself to propose insurance services for health care at RH, at the conditions defined in part A, to any household living permanently in contracted Health Center area.

4. In exchange for benefit to be provided to insured persons at Referral Hospital as described in part A, all articles 1, CBHI Scheme commits itself to pay to the Referral Hospital a monthly capitation fees of ____ riels for each insured person covered on the 21st of the month.

5. CBHI Scheme commits itself to give the monthly capitation fee amount as described in articles 04 in cash in riels, Khmer currency.

6. CBHI Scheme commits itself to give the monthly capitation fee amount as described in articles 04 between the(Date) and (Date).

7. CBHI Scheme commits itself to give to RH an official copy of all **Health insurance family books** issued for each family registered in the scheme with the following information:

   - Family name and given name of each person insured in the family.
   - The insurance code and number of the family allowing recognizing new insured.
   - A photo of all the persons insured in the family
   - An official stamp from CBHI Scheme

8. The CBHI scheme commits itself to give to provider's representative, upon request, an official listing of all insured registered in the scheme at a given date.

9. CBHI Scheme commits itself to invite RH's representative to its CBHI Steering Committee meetings to exchange about insurance services and general functioning of the health insurance scheme.

10. CBHI Scheme commits itself to consult patients' utilization recording books in RH and make the follow up report on insured patients' utilization in collaboration with one duly mandated person from RH.

11. CBHI Scheme commits itself to communicate the monthly follow up report on insured patients utilization to RH's representatives.

PART C–Operational District (OD) and Provincial Health Department (PHD)

12. OD and PHD recognize the existence of the present pilot partnership between RH and CBHI Scheme

13. OD and PHD commit to be involved in the discussion to find a satisfactory solution when subjects of litigation occur between contracting parties.

CHAPTER 2 - Duration of the contract

This contract is signed for the 11-month period starting from the _____ to the _____.

CHAPTER 3 - Litigious cases

In case of non-respect of clauses by one of the parties, the subject of litigation will be discussed among all parties until a satisfactory solution has been found.

CHAPTER 4 - Amendment of the contract

The contract may be amended if all contracting parties agree.

This contract will start being effective on _____

Place: : .....

Date :.....

Signatories:

Referral Hospital Represented by :

_____ , Position

and

CBHI Scheme Represented by _____, Position

With the agreement of :

Operational District represented by

_____

OD director

Provincial Health Department represented by

_____

PHD Director

Partnership Contract between Health Center and CBHI Scheme

This partnership contract is entered between:

Health Center **(herein referred as HC)**
Represented by _____
and
_____, Health Center chief.

CBHI Scheme (herein referred as CBHI)
Represented by _____, Position

Operational District (herein referred as OD)
Represented by _____, OD Director

Provincial Health Department (herein referred as PHD)
Represented by _____, PHD Director

The purpose of this contract is to set partnership conditions between CBHI Scheme and Health Center to develop health insurance services in the coverage area of the Health Center.

CHAPTER 1 – Roles and Responsibilities of All parties

PART A - Health Center

1. Health Center commits itself to ensure that, during the present contract period:

1.1 Recognizes patients as an insured person when they provide an official & valid health insurance family book matching with the list of members provided by CBHI scheme to HC.

1.2 Gives insured persons free access to MPA services as listed below:

1.3Charges to any insured persons for administrative services the regular user fee as mentioned in article 1.2.

1.4Charge regular user fee for delivery intervention to insured members under waiting period (as indicated on the insured member family book).

1.5 Provides official referral document duly filled in to insured persons in case they are referred to RH.

1.6 Recognizes that only the following staff can issue official referral document duly filled in case they are referred to RH:

(Names and Position of authorized Medical Staff)

1.7 Provides health care to insured members following medical guidelines from Ministry of Health and without any discrimination on quality (consultation time, medical treatment, drugs provided, waiting time, staff behavior, etc.).

1.8 Provides to insured members, without discrimination on quality, all other health services available in HC already free of charge that are not listed in article 2.2 (i.e. immunization in HC and during outreach).

1.9 Provides access to utilization of care recording books to CBHI team twice in a month in order for them to fill in the monthly follow up report about all insured persons' utilization of care.

1.10 Accepts Insurance members' representatives (Insurance agent) to attend Health Center management committee quarterly meeting.

1.11 Commits itself to accept the installation of the "insurance space" in the waiting hall of HC, and the attendance of insurance agent every day from Monday to Friday, 7.30 AM to 11.30 AM.

2. HC commits itself to mandate one of its staff to be a "point person " for CBHI Steering Committee to facilitate the monitoring of insured members' utilization of care.

PART B – CBHI Scheme

3. CBHI scheme commits itself to sell insurance services for health care at HC, at the conditions defined in part A, starting from _____ 200_

4. CBHI scheme commits itself to propose insurance services for health care at HC, at the conditions defined in part A, to any rural households living permanently in Health Center catchment area

5. In exchange for benefits to be provided to insured persons at Health Center as described in part A, article 2, CBHI commits itself to give to a monthly capitation fee of ___riels for each insured person covered as of ____ of the month.

6. CBHI scheme commits itself to give the monthly capitation fee amount as described in articles 06 to _____, Health Center.

7. CBHI scheme commits itself to give the monthly capitation fee amount as described in articles 06 in cash in riels, Khmer currency.

8. CBHI scheme commits itself to give the monthly capitation fee amount as described in articles 06 between the _____ and the _____ of each month.

9. CBHI scheme commits itself to give to HC an official copy of all **health insurance family book** issued for each family registered in the scheme with the following information:

   - Family name and given name of each person insured in the family.
   - The insurance code and number of the family allowing recognizing new insured.
   - A photo of all the persons insured in the family
   - An official stamp from CBHI scheme

10. CBHI scheme commits itself to give to HC representatives, upon request, an official listing of all insured registered in the scheme at any given date.

11. CBHI scheme commits itself to invite HC representatives to CBHI Steering Committee to exchange about insurance services and general functioning of the health insurance scheme.

12. CBHI scheme commits itself to consult patients' utilization recording books in HC and make the follow up report on insured patients' utilization in collaboration with one duly mandated person from HC.

PART C –Operational District (OD) and Provincial Health Department (PHD)

13. OD and PHD recognize the existence of the present pilot partnership between HC represented by CBHI scheme.
14. OD and PHD commit itself to be involved in the discussion to find a satisfactory solution when subjects of litigation occur between contracting parties.

CHAPTER 2 - Duration of the Contract

This contract is signed for the one year starting from _____ to _____.

CHAPTER 3 - Litigious Cases

In case of non-respect of clauses by one of the parties, the subject of litigation will be discussed among all parties until a satisfactory solution has been found.

CHAPTER 4 - Amendment of the Contract

The contract may be amended if all contracting parties agree.

This contract will start being effective on _____

Place: : .....

Date :.....

Signatories:

Health Center Represented by :

_____ , Position

and

CBHI Scheme Represented by _____, Position

With the agreement of :

Operational District represented by

_____

OD director

Provincial Health Department represented by

_____

PHD Director

Annex C. 1

NAME OF CBHI SCHEME

MEMBERSHIP REGISTRATION FORM

Household Control No.: _____Address:_____Village: _____ Commune:_____Province: _____

Date: _____

FAMILY COMPOSITION

No.	Name of Family Members (Last Name, First Name, Middle Name)	Relationship to Family Head	Sex	Civil Status	Date of Birth MM/DD/YY	Highest Educational Attainment	Major Occupation	Monthly Income
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)

I hereby certify that the above information are true and correct to the best of my knowledge and belief.

_____
Signature of the Member

Received By:_____

Date:_____

Annex C. 2

Sample Contract between Members and CBHI scheme

LOGO OF CBHI SCHEME

From the..... of ..... to the ..... of ..... 20 .....

Head of family's name: .....

CBHI BENEFIT PACKAGE

	Conditions	Restrictions
Health Center: members receive MPA services without paying	- Up to date family book must be presented	- Only in contracted Health Center
 In Referral Hospital: members receive 100% cover of care on CPA when hospitalised (OPD, IPD)	- Only when they are referred by health center - Referral document duly signed by authorized medical staff of health center must be presented - Up to date family book must be presented - Non emergency surgeries referred by Health Center must receive previous authorisation from CBHI scheme	- Ambulance service will be covered only in case of emergency -Expenses will not be covered for hospitalisation for the following: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.
 If one member dies, family gets ____ Riels to contribute to funerals costs	 Subject to validation of insurance agent	-Planned surgery – waiting period of 6 months -Pregnancy-related benefits- waiting period of 9 months

Member families commit themselves to respect the following rules:

Enrollment Conditions

1/ General Conditions

In order to become a member of the insurance scheme and get services for the 6-months contract, each family has to pay in advance the a fixed amount equivalent to 3 months of premium according to its size (please check with our Agent for detailed fees), corresponding to 2 months of reserve and the first month of health insurance coverage. Family will then get their family book and be covered for the next period starting the 1st (if they registered before or by the 21th of last month, otherwise they wait until next period).

2/ Specific Conditions for New babies born in Member Families

New baby born during the insurance cycle will be immediately covered by the scheme if mother has performed 2 ante natal care visits and baby has received proper immunization shots. Membership fees of the family will be adjusted –if necessary- at the next anniversary date of the 6-months contract.

3/ Other cases

Case of a death occurring in a member family during cycle : Membership fees will be adjusted only at anniversary date of the contract.

For any other reason (wedding, etc,…), individuals can only be added up or removed from the list of insured members of a family at anniversary date of the 6-contract, after approval by CBHI Management.

For any changes within the family please contact the CBHI Insurance Agent.

Premium Payment

1/ Regular payment

•Following the registration payment equivalent to 3 months of premium, starting on next month the family has to pay at least a monthly premium (1/6 of the total premium for the 6-months contract) before or by the 21th of each month. The family will thus get insurance coverage for the period going from the 1st of the next month till the end of the month.

•Monthly premium can be paid in several deposit, the minimum amount authorized being ------. Families have the possibility to make advance payment for several months of coverage.

•If monthly payments are paid regularly and on time, the family will not be required to pay 3 months in advance for the next cycle, they will just go on paying the monthly premium.

2/ Grace Period for Payment

•When the family stops contributing, there is a three-month grace period during which the family can catch up with payments, and be allowed to receive care. After the three months has lapsed, the family will start a new qualifying periodof the monthly premium, the member will get exceptional insurance coverage for one month with the reserve payment.

3/ Termination of contract

•When excluded from the system, member family is not allowed to join the scheme straight away. If the family join again, they will have to go through waiting period again.

4/ Premium Price

•The price of the premium is guaranteed for a six months period. Modification of this price can be made by CBHI scheme only on the anniversary date of the contract, with a two months prior notice information to the member.

Respect of the conditions and restrictions set by health insurance scheme

- Family members commit themselves to respect the conditions and restrictions of the different health insurance services that are previously presented in the contract In case member family lose their family book, they will have to pay a ------ Riels penalty in order to get a new one.

CBHI Scheme's Management

1/ The insurance scheme is managed by _____located at _____ with the following contact numbers:

_____

2/ The premiums collected are pooled and stored at CBHI's office in _____

3/ The total premium collected for each cycle is used to : pay out health facilities which provide services to members, reimburse health expenditures to insured families if any, cover operating costs for the insurance scheme (salaries, transportation costs, purchase of equipment, etc.) and build up reserves to pay for catastrophic health events.

4/ To ensure regular exchange about health insurance services and accounting of the scheme, a CBHI Steering Committee (CBHI SC) has been set up. It is composed of the following persons:

The present contract is valid starting from The ..... of ... 20... until the..... of ..... 20..... In absence of notice 2 months before the end of this period, the contract will be tacitly renewed by CBHI scheme for another 6 months period.

In _____,

Date ___/ ____ /____

Read and Approved

The Member

Annex D

CHECKLIST FOR ASSESSMENT OF CBHI PROVIDER
Health Center

Name of Health Center_____
Office Address_____
Telephone Numbers _____
MPA Category _____
Head of the Health Center _____
Referral Hospital_____
Distance in KM_____ Duration of trip _____

A. Clinic Facilities

1. Building
   - ( ) Concrete
   - ( ) Semi-concrete
   - ( ) Wood
   - ( ) Old Structure
   - ( ) Renovated
   - ( ) New structure
2. Sanitation and safety standards
   - a. Water supply _____
   - b. Electric power _____
   - c. Covered garbage containers with color –coded segregation
3. Clinic condition
   - ( ) Receiving area
   - ( ) Large and clear sign bearing name of the RHU
   - ( ) Additional sign indicating it as a "CBHI " provider
   - ( ) Generally clean environment
   - ( ) Sufficient seats at waiting area.
   - No of seats: ( ) ≤ 5 ( ) ≤10 ( ) ≤20
   - ( ) Adequate lighting
   - ( ) Examination room with privacy
   - ( ) Examination table with clean linen
   - ( ) Cleaning supplies for the facility and clinical instruments

B. Equipment and Supplies (Refer to MPA Checklist Annex D.1)

( ) Checklist completed Rating _____

C. Staffing (Refer to MPA Checklist Annex D.2) and Organizational Chart

( ) Checklist completed Rating _____
( ) Updated Organizational chart

D. Drugs and Supplies ((Refer to MPA Checklist Annex D.3)

( ) Checklist completed Rating _____

E. Service Capability

Medical Consultation in:
( ) General Medicine
( ) Reproductive Health

( ) Minor Surgery

Health Promotion and Prevention Activities
( ) Immunization Outreach
( ) Education and prevention activities
( ) Other activities:
_____
_____

F. Administrative Organization

Working Hours
( ) Follows official working hours (8 hours/day) If not, actual no. of hours: _____
( ) Duty board clearly posted

Cost Recovery
( ) Annual Financial Report Available
( ) Allocation of user fees based on HF Charter
( ) Provides exemptions to the poor how many percent? _____
( ) Provides receipts for user fee payments
( ) User Fee Rates prominently displayed in the HC

G. Attitudes and Behavior of Staff (Refer to Annex D.4 PBCI Checklist)

( ) Checklist completed Rating _____

H. Referral System (Refer to Annex D.5 MPA Referral Checklist)

( ) Annual Financial Report Available
( ) Allocation of user fees based on HF Charter

I. Quality Assurance Activities
( ) Annual report of the HC
( ) Action plans available
( ) Financial reports I
( ) Regular staff meetings on clinic management

Process control based on standards
( ) Use of Standards for specific management (CPG protocols)
( ) Posters on treatment protocols (e.g. Diarrhea, Rabies, Pneumonia, etc)
( ) Standards for patient education
a) Brochures
b) Mother's class
( ) Training on Rational Drug Use

Annex D

Human Resource Management
( ) Continuing Training/ education of staff based on priorities
( ) Systematic feedback to RHU Staff

Quality Improvement Procedures
( ) Satisfaction survey among patients
( ) Satisfaction survey among employees

J. Awareness and Interest on SHI (CBHI)
( ) Staff Aware of SHI/ CBHI concept Remarks:_____
( ) Aware of effect of SHI implementation on staff income
( ) Willing to be a partner for implementation of SHI scheme

K. Other comments

_____
_____
_____
_____
_____

RECOMMENDATIONS
(For use of Assessor)

Please encircle your recommendation

1	2	3	4
HIGHLY RECOMMENDED	***RECOMMENDED***	***NEEDS SERIOUS IMPROVEMENT***	***NOT RECOMMENDED***

Assessment conducted by:

_____

Certified Correct by:

_____

Annex D. 1

MPA Equipment
Evaluation checklist of Equipment according to MPA standard

Facility assessed: ____

Date of assessment: (dd/mm/yy) ____

Duration of assessment: (mm) ____

% of Materials and medical equipment : ____

Assessors:

Name	Working place	Position

1) *Materials and Medical equipment follow MPA standard:*

Item no.	Evaluated items	Scoring	
1.	Sterilizer 24L	0	1
2.	Stretcher	0	1
3.	Vaccine carrier	0	1
4.	Filter, Drinking candle 10-80L/days	0	1
5.	Scale Mother/child electronic 150 kg	0	1
6.	Weight for height chart	0	1
7.	Forceps artery pean roch 160 mm	0	1
8.	Scissor Curved mato 140 mm	0	1
9.	Tourniquet	0	1
10.	Stethoscope	0	1
11.	Brush hand	0	1
12.	Tape mesure 1,5m	0	1
13.	Box for syringe 2ml ss	0	1
14.	Scale infant spring 25 Kg	0	1
15.	Holder needle mayo hegar 160mm	0	1
16.	weighing trousers for scale	0	1
17.	scalpel blades #4	0	1
18.	stetoscope foetal pinard	0	1
19.	tape umbilical non sterile	0	1
20.	Drum cylindrical 290mm dia	0	1
21.	Bed pan adult	0	1
22.	Vaccine cold box	0	1
23.	Tray instument 350 X 250 X 20mm	0	1
24.	Drum cylindrical 260mm dia	0	1
25.	Speculum vaginal graves 115 X 35mm	0	1
26.	Tray instument wi/cover 225 X 125 X 150mm	0	1
27.	Box 165 X 90 X 30mm wi/cover	0	1
28.	Speculum vaginal graves 95 X 35mm	0	1
29.	Scissor episotomy 145mm	0	1
30.	Basin kidney 475ml	0	1
31.	Box 18oml	0	1

Item no.	Evaluated items	Scoring	
32.	Speculum vaginal graves 75 X 20mm	0	1
33.	Forceps dressing 155mm	0	1
34.	Probe tonge tie 145mm	0	1
35.	Blade surgical #22	0	1
36.	Scissor operating 145mm	0	1
37.	Holder needle Mayo Hega 200mm	0	1
38.	Forceps tissues foester 200mm	0	1
39.	Sphygmomanometer aneroid	0	1
40.	Apron protection plastic	0	1
41.	Sterilizer double rack model XD22	0	1
42.	Tray mayo table ss 480 X 330 X 19mm	0	1
43.	Thermometer, clinical	0	1
44.	Bedpan adult	0	1
45.	Washing bottle	0	1
	Total Scores (45) :		

2) ***Assessor guide***

a) The assessors have to check the health center against the above list if each item goes with the above list score 1 and 0 if no.
b) Overall Score = Total score / evaluated items and multiply by 100
c) Conclusion of assessor = The factors influence the strength and weakness of each item in the data sheet

Note : if existing but can not be used score 0

3) ***Conclusion of assessors:***

Strength	Areas to improve

1) ***Recommendation***

1.
2.
3.

Annex D. 2

Evaluation Checklist for MPA staffing at HC

Facility assessed: | |

Date of assessment: (dd/mm/yy) | | | | | | |

Duration of assessment: (mn) | |

Score for available staff: | |

Assessors:

Name	Working place	Position

1) *Standard guideline for MPA staff*

Evaluated Items
1. Number of Staff
2. Qualified staff
a. Secondary Midwife
b. Secondary Nurse
c. Staff received FHCT training

2) *Assessor guide*

a) Assessor has to count the number of staffs if equal 6 or more than score 1 and 0 if less than 6 (excluding floating staff and staff in long term training >= 1 year)
b) At least one secondary midwife score 1 and 0 if no.
c) At least one secondary nurse score 1 and 0 if no.
d) All staffs have received FHCT training more than 80 % score 1 and 0 if less than 80%
e) Overall Score = Total score / evaluated items and multiply by 100
f) Conclusion of assessor = The factors influence the strength and weakness of each item in the data sheet

3) *Data sheet*

Staff currently working at the HC:

Category	Score	
Number of staff >= 6	1	0
Secondary midwife	1	0
Secondary nurse (or MA/MD)	1	0
Staff received FHCT training	1	0
Total Score		

Score Ranking:

- ***Poor:*** ***less than 59%***
- ***Fair:*** ***Between 60% to 80%***
- ***Good:*** ***More than 80%***

4) ***Conclusion of assessors:***

Strength	Areas to improve

5) ***Recommendation***

1.
2.
3.
4.
5.

MPA Drug Supplies
Evaluation checklist of drug supplies according to MPA standard

Facility assessed: _____

Date of assessment: (dd/mm/yy) _____

Duration of assessment: (mm) _____

% of drug supplies available at HC according to MPA standard: _____

Assessors:

Name	Working place	Position

1) *Drugs and Consumables follow MPA standard:*

Item no.	Description	Strength	Form	Scoring	
I. BASIC ITEMS :					
1. ORAL MEDICINE					
1	Acetyl Salicylic Acid	500mg	Tab	0	1
2	Aluminum Hydroxide	500mg	Tab	0	1
3	Aminophylline	100mg	Tab	0	1
4	Amoxycillin	250mg	Tab	0	1
5	Charcoal , Activated	500mg	Tab	0	1
6	Cotrimoxazole	100+20mg	Tab	0	1
7	Cotrimoxazole	400+80mg	Tab	0	1
8	Diazepam	5mg	Tab	0	1
9	Ferrous Sulphate + Folic Acid	200+0.40mg	Tab	0	1
10	Folic Acid	5mg	Tab	0	1
11	Hydralazine	25mg	Tab	0	1
12	Hydrochlorothiazide	50mg	Tab	0	1
13	Mebendazole	100mg	Tab	0	1
14	Mebendazole	500mg	Tab	0	1
15	Metronidazole	250mg	Tab	0	1
16	Multivitamines		Tab	0	1
17	Niclosamide	500mg	Tab	0	1
18	Nystatin	500,000IU	Pessa.	0	1
19	Oral Rehydration Salts (for 1 L)		Sachet	0	1
20	Paracetamol	100mg	Tab	0	1
21	Paracetamol	500mg	Tab	0	1
22	Phenoxymethyl Penicillin	250mg	Tab	0	1
23	Phenobarbital	50mg	Tab	0	1
24	Promethazine	25mg	Tab	0	1
25	Retinol / Vit. A	200,000IU	Cap	0	1
26	Retinol / Vit. A	100,000IU	Cap	0	1
27	Salbutamol	4mg	Tab	0	1
28	Vitamine B1	250mg	Tab	0	1
29	Bromhexin	8mg	Tab	0	1

Item no.	Description	Strength	Form	Scoring	
30	Paracetamol Syrup 60ml	125mg/5ml	Btl	0	1
31	Promethazine 0.1% Syrup 60ml	1mg/ml	Btl	0	1
2. INJECTION MEDICINE					
1	Atropine Sulphate	1mg/ml	Amp	0	1
2	Ampicillin (for IMCI programme)	1g	Vial	0	1
3	Gentamycin (for IMCI programme)	80mg/2ml	Amp	0	1
4	Diazepam	10mg/2ml	Amp	0	1
5	Lidocaine 2%	50ml	Vial	0	1
6	Lidocaine 2% / Adrenaline 0.01%	1.8ml	Cart	0	1
7	Metoclopramide	10mg/2ml	Amp	0	1
8	Oxytocin	10IU/ml	Vial	0	1
3. I.V FLUIDS					
1	Ringers Lactate (+Set)(*Emergency Stock*)	1000ml	Btl	0	1
4.EXTERNAL MEDICINES					
1	Benzoic Acid 6% + Salicylic Acid 3%	500g	Jar	0	1
2	Benzyl Benzoate 25%	1L	Btl	0	1
3	Chlorhexidine Digluconate 20%	1L	Btl	0	1
4	Gentian Violet Powder	25g	Jar	0	1
5	Zinc oxide 10%	500g	Jar	0	1
6	Polyvidone Iodine 10%	200ml	Btl	0	1
5. OPHTHALMOLOGICAL MEDICINES					
1	Gentamicine 0.3% eye drop	5ml	Vial	0	1
2	Tetracycline 1% eye ointment	5g	Tube	0	1
6. GENERAL DESINFECTIONS					
1	Chloramine	500mg	Tab	0	1
2	Aquartabs		Tab	0	1
7. OTHER MEDICINES					
1	Potassium Permanganate	250g	Vial	0	1
II. SPECIAL ITEMS OF NATIONAL PROGRAM :					
1. TUBERCULOSIS MEDICINES					
1	Ethambutol	400mg	Tab	0	1
2	Ethambutol / Isoniazide	400/150mg	Tab	0	1
3	Isoniazide	100mg	Tab	0	1
4	Pyrazinamide	500mg	Tab	0	1
5	Rifampicine	150mg	Cap	0	1
6	Rifampicine / Isoniazide	150/100mg	Tab	0	1
2. MALARIA MEDICINE					
1	Chloroquine (Base)	250mg	Tab	0	1
2	Mefloquine	250mg	Tab	0	1
3	Quinine Dihydrochloride	600mg	Amp	0	1
4	Praziquantel	600mg	Tab	0	1
5	Quinine Sulfate	300mg	Tab	0	1
6	Tetracycline	250mg	Tab	0	1
7	Artemeter	80mg	Amp	0	1
8	Artesunate	50mg	Tab	0	1
9	Artesunate Rectocap	50mg	Tab	0	1
10	Artesunate Rectocap	200mg	Tab	0	1
11	Artesunate Suppo 100mg	Blis/12supp	Supp	0	1

Item no.	Description	Strength	Form	Scoring	
12	Artesunate Suppo 200mg	200mg	Supp	0	1
13	Blister A + M2	50+250mg	Blister	0	1
14	Blister A + M3	50+250mg	Blister	0	1
15	Blister A + M4	50+250mg	Blister	0	1
3. BIRTH SPESING MEDICINE					
1	Progesterone+Oestradiol(Microgynon)	0.03/0.15mg	Blister	0	1
2	Progesterone (Ovrette)	0.075mg	Blister	0	1
3	Depoprovera+Syringe Disp 2ml	150mg/ml	Vial	0	1
4	Depot Medro Progest Ace + Syr+Ndle	150mg/3ml	Vial	0	1
5	Condoms	49mm	Pcs	0	1
6	IUD Copper T 380A		Pcs	0	1
4. STD/AIDS					
1	Ciprofloxacin	500mg	Tab	0	1
2	Erythromycin	250mg	Tab	0	1
3	Doxycycline	100mg	Tab	0	1
4	Cefixime	200mg	Tab	0	1
5	Clotrimazole	500mg	Pessary	0	1
6	Loperamide	2mg	Cap	0	1
7	Benzathine penicilline	2.4MIU	Vial	0	1
8	Spectinomycin	2gr	Vial	0	1
9	Podophilline solution 25%	5ml	Vial	0	1
5. LEPROSY MEDICINES					
1	MB Adult		Blister	0	1
2	MB Child		Blister	0	1
3	PB Adult		Blister	0	1
4	PB Child		Blister	0	1
5	Prednipack	Box /6blisters	Box	0	1
6. ORAL HEALTH MEDICINES					
1	Chlorex. Digluco. Septyl, Bain Bucal	200ml	Btl	0	1
2	Zinc Oxide Powder (powder)	1kg	Jar	0	1
3	Amalgame Gs 80 Powder A Non Gamma	250g	Btl	0	1
4	Amalgame Powder & Liquid	250g	Btl	0	1
5	Mercury Hg Pure	500g	Vial	0	1
6	Glass Ionomer For Rest. Gc Fuji Ii		Box	0	1
7	Eugenol Usp	10ml	Vial	0	1
8	Cartridge Syringe		Pcs	0	1
9	Mouth mirrows		Pcs	0	1
10	Cotton Pliers		Pcs	0	1
11	Calcium Hydroxide	13gBase+15gCat	Box	0	1
12	Composite Selfcure	15gBase+15gCat	Box	0	1
13	Polyhexanide + Didecyldimethyl	50ml	Sachet	0	1
14	Sodium Fluoride (NaF)*		kg	0	1
15	Osomol	10ml	Btl	0	1
7. ENLARGEMENT PROGRAM FOR IMMUNIZATION					
1	BCG Vaccine + Solvant (+VVM)	20Dose	Vial	0	1
2	DPT Vaccine	20Dose	Vial	0	1
3	DPT Vaccine	10Dose	Vial	0	1
4	DTPW-HB (+VVM)	10Dose	Vial	0	1

Item no.	Description	Strength	Form	Scoring	
5	Hepatitis B Vaccine 10ug/0.5ml(+VVM)	1Dose	Vial	0	1
6	Hepatitis B Vaccine 100ug/5ml(+VVM)	10Dose	Vial	0	1
7	Poliomyelite + Compte Goutte (+VVM)	20Dose	Vial	0	1
8	Poliomyelite + Compte Goutte (+VVM)	10Dose	Vial	0	1
9	Rougeoleux + Solvant	10Dose	Vial	0	1
10	Tetanol (+VVM)	20Dose	Vial	0	1
11	Kerosene		Litre	0	1
12	Needle Disposable 21Gx11/2	21G	Pcs	0	1
13	Needle Luer Reusable 24Gx3/4	24G	Pcs	0	1
14	Auto-destruct Syringe 0.5ml+Needle	23G	Pcs	0	1
15	Auto-destruct Syringe 0.1ml+Needle	27G1/2"	Pcs	0	1
16	Plastic syringe + Needle	5ml	Pcs	0	1
17	Safety Box For Used Syringe	5Litres	Pcs	0	1
18	Syringe Disposible 21Gx11/2	2ml	Pcs	0	1
III .CONSUMMABLE					
1	Adhesive Tape Zinc Oxide	5cmx5m	Roll	0	1
2	Bandage, Gauze Non-sterile	7.5cmx10m	Roll	0	1
3	Cotton Wool	500g	Roll	0	1
4	Cotton Non Absorbable	500g	Roll	0	1
5	Catheter I V *(Emergency stock)*	18G	Pcs	0	1
6	Catheter I V *(Emergency stock)*	22G	Pcs	0	1
7	Gauze Rolls	90cmx91m	Roll	0	1
8	Gloves Exam. Non Sterile, Latex	7/ Medium	Pcs	0	1
9	Needle Suture Cutting	Assorted	Pcs	0	1
10	Needle Suture Round	Assorted	Pcs	0	1
11	Needle Dental Dissposable	27G/35mm	Pcs	0	1
12	Needle Dental Dissposable	0.4x40mm	Pcs	0	1
13	Needle Disposable 1-½	19G	Pcs	0	1
14	Needle Disposable 1-½	21G	Pcs	0	1
15	Needle Disposable 5/8	25G	Pcs	0	1
16	Scalp Vein *(Emergency stock)*	25G	Pcs	0	1
17	Catgut Plain 25mm½ccle RB 75cm	2/0	Pcs	0	1
18	Syringe Disposable & Needle 25G	2ml	Pcs	0	1
19	Syringe Disposable & Needle 25G	5ml	Pcs	0	1
20	Talc	1kg	Btl	0	1
21	Umbilical Cord Clamp Sterile Disp.		Pcs	0	1
22	Thermometer Oral/Rectal ^{o}C+^{o}F		Pcs	0	1
23	Medical Plastic Bags (Khmer' printing)	7x11cm	Pcs	0	1
24	Tongue depressor wood Adult	150x20x16mm	Pcs	0	1
			Total scores (149):		

2) ***Assessor guide***

a) The assessors have to check the stock against the above list
b) Circle [**1**] if it is present; and [**0**] for not present.
c) Sum up the total scores, divided by total items (149), and multiplied by 100, as for percentage.

3) ***Conclusion of assessors:***

Strength	Areas to improve

1) ***Recommendation***

1.
2.
3.
4.
5.

Annex D. 4

Provider Behavior Change Intervention (PBCI) Checklist for HC to Assess Provider Behavior

Name of Health Center:

Date of Visit:

Please put a check mark on your answer.

A. Reception	**YES**	**NO**	**Remarks**
1. Greet clients promptly?			
2. Smile?			
3. Make eye contact?			
4. Friendly?			A little bit
B. Health Care Provider: Consultation			
1. Greet client and ask to sit or lie down			
2. Smile?			
3. Make eye contact?			
4. Sit facing client ?			
5. Ask client questions about how they felt?			
6. Listen carefully to what client had to say?			
7. Examine client before prescribing?			
8. Explain about client's illness			
9. Explain what they were doing?			
10. Ask if client had any questions?			
11. Respond well to client questions?			
12. Ask if client understood what they said?			
13. Friendly?			A little bit
C. Health Care Provider: Midwife			
1. Greet client and ask to sit or lie down?			
2. Smile?			
3. Make eye contact?			
4. Sit facing client ?			
5. Ask client questions about how they felt?			
6. Listen carefully to what client had to say?			
7. Examine client before prescribing?			
8. Explain what they were doing?			
9. Explain about client's illness?			
10. Ask if client had any questions?			
11. Respond well to client questions			
12. Ask if client understood what they said?			
13. Friendly?			A little bit

Appropriate Referral of Cases in HC
Evaluation Checklist

Facility assessed: ____

Date of assessment: (dd/mm/yy) ____

Duration of assessment: (mn) ____

Score for Appropriate referral cases: ____

Assessors:

Name	Working place	Position

1) *Appropriate model for Appropriate referral cases*

Items to evaluate
1. Referral patient letter a. Name/Sex/Age b. Address (Village, Commune, District, Province) c. sign and symptom d. Vital signs e. Cause of referral f. Treatement according to national protocol g. Date and hour of referred h. Name of referral facility i. Signature and name of referrer
2. Information in registration book constant with referral patient letter
3. Staff 's accompany in severe cases such as Coma, Convulsion, Shock, Severe bleeding.
4. Feedback letter

2) *Assessor guide*

a) Assessor ask the chief of HC and check for evidance(Has to select five referral cases) :
   i) For each items in all evaluated items in referral patient letter give score 1 if yes and 0 if no.
   ii) Information in registration book constant with referral patient letter score 1 if yes and 0 if no.
   iii) Staff 's accompany in severe cases such as Coma, Convulsion, Shock, Severe bleeding score 1 if yes and 0 if no.
   iv) Feedback letter score 1 if yes and 0 if no.
b) Overall Score = Total score of all evaluated cases / evaluated items and multiply by 100
c) Conclusion of assessor = The factors influence the strength and weakness of each item in the data sheet

3) *Data sheet*

Items to Evaluate	Score				
	Case1	Case2	Case3	Case4	Case5
1-Referral patient letter					
a. Name/Sex/Age	1 0	1 0	1 0	1 0	1 0
b. Address (Village, Commune, District, Province)	1 0	1 0	1 0	1 0	1 0
c. Sign and symptom	1 0	1 0	1 0	1 0	1 0
d. Vital signs	1 0	1 0	1 0	1 0	1 0
e. Cause of referral	1 0	1 0	1 0	1 0	1 0
f. Treatement according to national protocol	1	1	1	1	1

	Score				
	0	0	0	0	0
g. Date and hour of referred	10	10	10	10	10
h. Name of referral facility	10	10	10	10	10
i. Signature and name of referrer	10	10	10	10	10
2-Information in registration book constant with referral patient letter	10	10	10	10	10
3-Staff 's accompany in severe cases such as Coma, Convulsion, Shock, Severe bleeding.	10	10	10	10	10
4-Feedback letter	10	10	10	10	10
Total score					

Score Ranking:

- ***Poor:*** ***less than 59%***
- ***Fair:*** ***Between 60% to 80%***
- ***Good:*** ***More than 80%***

4) ***Conclusion of assessors:***

Strength	Areas to improve

5) ***Recommendation***

1.
2.
3.
4.
5.

Annex E

CHECKLIST FOR ASSESSMENT OF CBHI PROVIDER
Referral Hospital

Name of Referral Hospital _____
Office Address_____
Telephone Numbers _____
CPA Category _____
Medical Director _____
Higher level referral facility _____
Distance in KM_____ Duration of trip _____

I. Compliance with CPA Guidelines *(Refer to CPA Guidelines)*

A. Organizational Structure

( ) Clear and updated organogramme available

B. Clinical Facilities

( ) Referral Consultation
( ) Dental Care Service
( ) Emergency Medicine
( ) Intensive Care Unit
( ) Pediatrics
( ) Internal Medicine
( ) Surgery
( ) Obstetrics-Gynecology
( ) Tuberculosis
( ) Others _____

C. Clinical Support Facilities

( ) Laboratory
( ) Pharmacy
( ) Blood Bank
( ) Radiology and Medical Imaging
( ) Others _____

D. Infrastructure

1. Water supply _____
2. Electric power _____
   Stand by generator ( ) Yes ( ) No

3. Sanitation _____

E. Technical and Logistical Support

( ) Kitchen and Nutrition Service
( ) Laundry
( ) Mortuary
( ) Maintenance and Repair of Equipment
( ) Transport and Ambulance
( ) Mode of Communication _____

F. Hospital Hygiene and Infection Control

( ) Infection Control Programme
( ) Safety Policy
( ) Waste Disposal system

G. Hospital Management

( ) Management Structure (Functional Chart)
( ) Job Description of Hospital Director
( ) Job Description of Deputy Director
( ) Job Description of Chief of Unit
( ) Job Description of Ward Chief
( ) Health Financing Committee
( ) Hospital Management Committee
( ) Other Committees: _____
_____

H. Planning Process

( ) Planning process institutionalized
( ) Has Annual Plan

I. Health Information System

( ) Patient Records System
( ) Referral and Discharge System
( ) Patient Satisfaction Information

J. Human Resource Management

( ) Has Internal Regulations for Staff
( ) Job Description of various positions
( ) Work Force Planning
( ) Orientation Programme for new staff
( ) Performance Appraisal
( ) Training Plan

K. Quality Control

( ) Quality Circles
( ) Peer Review
( ) Use of Hospital Standards (Supervision Checklist)
( ) Orientation Programme for new staff
( ) Performance Appraisal
( ) Training Plan

L. User Fee System

( ) Health Financing Committee manages functioning of user fee system
( ) Sub-Committee on Monitoring and Evaluation assists HFC
( ) Sub-Committee on logistics and procurement

II. Additional Criteria for Selection (Annexes to be submitted by the Hospital to the Assessor)

A. Total Bed Capacity _____
(Annex E.1 Hospital Bed Capacity, per Service)

B. Total Manpower Complement_____
(Annex E.2 List of Hospital Personnel)

C. Hospital User Fees
(Annex E.3 User Fee Rates for Various Services)

D. List of Equipment and Supplies
(Annex E.4 List of Hospital Equipment and Supplies)

E. List of Drugs and Supplies
(List of Drugs and Supplies- Refer to Essential Drug List Annex in CPA Guidelines)

F. Attitudes and Behavior of Staff
(Refer to Annex E.5 PBCI Checklist)
( ) Checklist completed Rating _____

F. Referral System
( ) Clear and functional referral system in place

I. Other Quality Assurance Activities
( ) Annual report of the RH
( ) Action plans available
( ) Regular staff meetings on clinic management
( ) Quality Assurance Plan

J. Awareness and Interest on SHI (CBHI)
( ) Staff Aware of SHI/ CBHI concept Remarks:_____
( ) Aware of effect of SHI implementation on staff income
( ) Willing to be a partner for implementation of SHI scheme

K. Other comments
_____
_____
_____
_____
_____

RECOMMENDATIONS
(For use of Assessor)

Please encircle your recommendation

1	2	3	4
HIGHLY RECOMMENDED	***RECOMMENDED***	***NEEDS SERIOUS IMPROVEMENT***	***NOT RECOMMENDED***

Assessment conducted by: ***Certified Correct by:***

_____ _____

Annex E. 1

HOSPITAL BED CAPACITY

Name of Referral Hospital _____
Address_____
CPA Category_____

Clinical Service	Number of Beds	Average Occupancy Rate
Pediatric Ward		
Medical Ward		
Surgical Ward		
Obstetric Ward		
Tuberculosis		
Intensive Care Unit		
Operating Room		
TOTAL		

I certify that the answers given are true and correct to the best of my knowledge and belief.

_____
Medical Director's Signature

Date Accomplished: _____

Annex E. 2

LIST OF HOSPITAL PERSONNEL, BY SERVICE

(Sample Format)

Name of Referral Hospital _____
Address_____
CPA Category_____

Name	Position
A. Management	
B. Medical Service	
C. Nursing Service	
D. Pharmacy	
E. Laboratory and X-ray	
F. Dietary Service	
G. Engineering and Maintenance	
H. Administrative	
I. Others	
TOTAL NUMBER OF PERSONNEL	

HOSPITAL USER FEE RATES

Name of Referral Hospital _____
Address_____
CPA Category_____

Services	User Fee
Clinical Services	
X-Ray and Laboratory Procedures	
Other Services	

I certify that the answers given are true and correct to the best of my knowledge and belief.

_____
Medical Director's Signature

Date Accomplished: _____

Annex E. 4

LIST OF HOSPITAL EQUIPMENT, APPARATUS, INSTRUMENTS

Name of Referral Hospital _____
Address_____
CPA Category_____

Equipment	**Number of units**	**Remarks** (Functional, For Repair, etc.)

I certify that the answers given are true and correct to the best of my knowledge and belief.

_____
Medical Director's Signature

Date Accomplished: _____

Annex E. 5

Provider Behavior Change Intervention (PBCI) Checklist for Referral Hospital to Assess Provider Behavior

Name of Referral Hospital:

Date of Visit:

Please put a check mark on your answer.

A. Reception/Registration	**YES**	**NO**	**Remarks**
1. Greet clients promptly?			
2. Smile?			
3. Make eye contact?			
4. Friendly?			A little bit
5. Corruption (ask for bribes)?			
B. Doctors or Other Persons in Charge of Case Management			
1.Smile?			
2. Make eye contact?			
3. Sit or stand facing client ?			
4. Ask client questions about how they felt?			
5. Listen carefully to what client had to say?			
6.Explain what they were doing?			
7. Explain about client's illness/progress			
8. Ask if client had any questions?			
9. Respond well to client questions?			
10. Ask if client understood what they said?			
11. Friendly?			A little bit
12. Corruption (ask for bribes)?			
C. Ward Nurses Comments:			
1. Smile?			
2. Make eye contact?			
3. Sit or stand facing client ?			
4. Ask client questions about how they felt?			
5. Listen carefully to what client had to say?			
6. Explain what they were doing?			
7. Explain about client's medications			
8. Ask if client had any questions?			

9. Respond well to client questions?			
10. Ask if client understood what they said?			
11. Friendly?			A little bit
12. Corruption (ask for bribes)?			
D. Cashier/Finance Comments			
1. Face to face with client?			
2. Smile?			
3. Use polite title?			
4. Fees Clearly posted?			
5. Explained charges?			
6. Ask client if they understood?			
7. Respond well to client questions?			
8. Corruption (Charged other than according to posted fee?)			
E. General Comments			
respect			A little bit
caring			A little bit

Other Comments/suggestions:

_____
_____
_____
_____
_____
_____

Coach: _____

Annex F

CHEKLIST FOR MONTHLY REPORTS

Monthly report from Health Care Provider to CBHI Implementer and CBHI Steering Committee

- Income from CBHI
- Use of resources from CBHI
- Number of OPD visits
    - Total
    - Insured
- Number of IPD discharges
    - Total
    - Insured
- Specific utilization indicators agreed upon between Health Care Provider and CBHI Implementer
- Bed Occupancy Rate
    - Total
    - Insured
- Average Length of Stay
    - Total
    - Insured
- Selected quality assurance indicators agreed upon between Health Care Provider and CBHI Implementer

Monthly report from CBHI Implementer to the CBHI Steering Committee

- Membership
    - Total
    - New (current month)
    - Drop out (current month)
- Income
    - Premiums
    - Other
- Expenditures
    - Medical benefits
        - Primary care
        - Referral Hospital
    - Non-medical benefit
    - Administration
    - Other
- Number of members covered by social assistance schemes