KINGDOM OF CAMBODIA
Nation Religion King

MINISTRY OF HEALTH
Second Health Sector Support Program
No: 3451 **/O/14 HSSP2**

Phnom Penh: Aug 29, 2014

Attn: **Health Equity Funds Operators**

Subject: **Apply the Revised Standard Benefit Package and Provider Payment Mechanism for Health Equity Funds from 1st September 2014.**

Dear Sir/Madam,

The Standard Benefit Package and Provider Payment Mechanism for Health Equity Funds have been revised and approved to be applied in the operation of Health Equity Funds (HEF) in Cambodia.

In this regard, all Health Equity Funds Operators should apply this Revised Standard Benefit Package and Provider Payment Mechanism for Health Equity Funds from 1st September 2014 onwards.

Sincerely yours,

Ministry of Health
Second
Health Sector Support Program
Secretariat

Prof. ENG HUOT
Program Director

C.C: - Health Equity Funds Implementers (URC)
- GIZ
- Relevant PHDs, ODs, RHs

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MINISTRY OF HEALTH

Second Health Sector Support Program

No: 3450 /O/14 HSSP2

Phnom Penh, Aug 29, 2014

Standard Benefit Package and Provider Payment Mechanism for Health Equity Funds

1. Purpose:

This document describes the standard benefit package and provider payment mechanism to be applied in the operation of Health Equity Funds (HEF) in Cambodia. The standardization of the benefit package and provider payment mechanism is in support of the Cambodian Ministry of Health (MOH) efforts to harmonize the operation of HEFs and extend HEF coverage to all Operational Districts in the country. It is required that this benefit package be referred to and included as an annex to all contracts established by HEFs for the purchase of services from health facilities.

2. Definitions

HEF: Health Equity Funds are a pro-poor 3rd party health financing mechanism which purchases health services for the identified poor and provides them with reimbursements for transport costs and caretaker food allowances.

HEFO: A Health Equity Fund Operator is an agency (NGO or other type of organization in the civil society) that acts in the interest of poor people in an Operational District to facilitate access and purchase of health care services from a health care provider from which it is independent.

HEFI: A HEF Implementer is an agency identified by the MOH which supervises the activities of a cluster of HEFOs through field level output monitoring, certification of direct benefit invoices, and technical assistance to ensure validity of expenditures and harmonization of HEF operations.

In-Patient: An inpatient is a patient who has been officially "admitted" to hospital facility by a written doctor's order and stays overnight or for an indeterminate time, usually several days or weeks. An inpatient is normally "discharged" from a hospital facility by written doctor's order.

Out-Patient: An outpatient is a patient who is not "admitted" but who visits a hospital, clinic, or associated facility for diagnosis or treatment.

3. Eligibility

HEF support is available to any Cambodian citizen, from any province, who has been identified as poor either through a pre-identification or post-identification process and can provide sufficient documentation or evidence of their status. HEFs purchase health services from public health providers in a manner which is defined by this document and a contract between the facility, the HEFO and the HEFI which has been witnessed by MOH officials at the provincial level.

Pre-identification of poor households is conducted under the "Identification of Poor Households Program" led by the Ministry of Planning in collaboration with the Department of Local Administration of the Ministry of Interior. This program has established a standardized process by which poor households are identified and provided with an "Equity Card" issued with the stamp and signature of the relevant Commune Council. The results of the pre-identification process are entered into a database or poor households at the Ministry of Planning and also used by the HEF Operational Database to support confirmation of identity when HEF beneficiaries access health services.

Post-identification of poor households is conducted at referral hospital facilities by HEF Operators (HEFOs) in accordance with the HEF guidelines. If a household is identified through post-identification as poor they are provided with a "Priority Access Card" which is valid for one year and can be used to access services at the referral hospital and health center levels.

The benefits made available to HEF beneficiaries are available in any public health facility where the HEF purchases services throughout the country. This means that a HEF beneficiary from Rattanakiri who happens to be in Banteay Meanchey when they require medical services can access their HEF benefits.

In the case of a beneficiary who presents a pre or post-identification card from another province, the HEFO should make an honest effort to contact a representative from the proper HEFO within that province to help confirm the identity of the beneficiary. If an honest effort has been made to contact the relevant HEFO but no contact has been made, this should not delay providing treatment to the HEF beneficiary. The card number of the beneficiary should be entered into the HEF Operational Database exactly as it is printed.

4. Categories of Benefits

Table 1: Categories of Benefits

Item	National & CPA 1-3 Referral Hospitals		Former District Hospitals		Health Centers
	IPD	OPD	IPD	OPD	OPD
User Fees	✓	✓	✓	✓	✓
Transport Reimbursement	✓	✓	Delivery, Attempted Delivery, and Post Abortion Care Only	No	Delivery, Attempted Delivery, and Post Abortion Care Only
Caretaker Food Support	✓	No[1]	Delivery and Attempted Delivery Only	No	No
Funeral Support	✓	✓	No	No	No

4.1. In-Patient Department (IPD) Services

The HEF will provide HEF beneficiaries, both post- and pre-identified, with access to public referral hospital facilities for all in-patient services where a signed contract between the hospital, HEFO, and HEFI is in place. As defined above, an in-patient refers to any patient who is admitted to stay within the ward of a hospital on a written doctor's order or is provided with emergency services. All in-patient services require that a HEF beneficiary have a written doctor's order for admission.

Based on the MOH Referral System Guidelines, section C. "Organization of the Referral System in Operational Districts", part c) "Referral and Provincial Hospital Guidelines", page 24 of the English version, hospitals should discourage patients from bypassing the Health Center level, however they should not refuse services to patients who come directly to the Referral Hospital. Therefore, HEF beneficiaries who access IPD services without a referral or appointment letter are eligible to receive in-patient services under support of the HEF, but are not eligible to receive transportation reimbursements. HEF beneficiaries without a referral or appointment letter are eligible to receive caretaker food allowances and funeral support.

[1] There is a possible exception to this category. In some cases a HEFB may be admitted to the Referral Hospital, Former District Hospital or Health Center and is expected by Medical staff to be kept as an in-patient. Based on this expectation, the HEFO may provide the caretaker of the HEFB with their daily food allowance. Following treatment, if the HEFB is allowed to go home the same day as they arrived, effectively making them an OPD patient, the HEFO should not attempt to take back the food allowance from the caretaker, this will be an allowable expense.

The requirement for HEF beneficiaries to have a referral or appointment letter when accessing IPD services is not applied in the following cases:

- HEF beneficiaries who receive in-patient services for either a delivery, attempted delivery, post abortion care, permanent contraception or on an emergency basis are not required to have a referral or appointment letter and are eligible for all benefits.
- Where the closest Health Center is greater than 10 km and the Referral Hospital is closer to their village.
- Where there is no Health Center coverage as defined by the MOH Health Coverage Plan.

In HIV and TB related cases where HEF beneficiaries receive in-patient services which are not fully supported by NCHADS[2] and CENAT[3], the facility will be paid by the HEF a case-based-payment according to the referral hospital provider payment mechanism described in section 4.4 below. HEF beneficiaries who receive supported services from NCHADS and CENAT are also eligible to receive transportation reimbursements, caretaker food allowances, and funeral support.

4.2. Out-Patient Services at the Referral Hospital (OPD)

The HEF will provide HEF beneficiaries, both post- and pre-identified, with access to public referral hospital facilities for all specialized out-patient services where a signed contract is in place. All specialized out-patient services require that the HEF beneficiary either have a referral or appointment letter. Facilities will be reimbursed for service fees according to the provider payment mechanism described in section 4.4 below. HEF beneficiaries who receive specialized OPD services are eligible for transportation reimbursements and funeral support. Facilities will not be reimbursed for specialized out-patient services which are provided without a referral or appointment letter and HEF beneficiaries are not eligible for transportation reimbursements or funeral support. Out-patient emergency room services are available to HEF beneficiaries without a referral letter.

General OPD consultations at the Referral Hospital level are not eligible for HEF payments except for beneficiaries who live in two types of specific areas:

- Where the closest Health Center is greater than 10 km and the Referral Hospital is closer to their village.
- Where there is no Health Center coverage as defined by the MOH Health Coverage Plan.

Facilities who provide general OPD services to HEF beneficiaries in this category will be reimbursed for service fees according to the provider payment mechanism in section 4.4. HEF beneficiaries who receive these exceptional general OPD consultations are not eligible for transportation reimbursements but are eligible for funeral benefits.

[2] National Center for HIV/AIDS, Dermatology, and STDs
[3] National Center for Tuberculosis and Leprosy Control

If a referral hospital has established a triage system which provides incoming patients with an assessment consultation, the HEF will not provide reimbursement for this consultation. The result of this consultation can be an official referral to either an IPD or specialized OPD service for which the referral hospital will receive payment from the HEF.

Payment for cases of HEF beneficiaries associated with the detection and treatment of HIV/AIDS need to be carefully coordinated with other organizations that support HIV/AIDs such as Home Based Care Teams. Support from these organization can include provider payments including (but not limited to) Lab Tests, ARV Clinic Services, and VCCT Center Services and may also include transport reimbursement and caretaker food allowances. The HEFO is required to actively seek out HIV/AIDS related organizations and other organizations that support specialized OPD services in the hospital to ensure that provider payments for OPD services and associated benefits is not duplicative and is well coordinated. He will document payment contributions from the different partners and the HEFO agreed by all. This document needs to be up to date and requires validation by the OD or PRH director.

In some Referral Hospitals, there is NGO support for some select specialized OPD support. It is the responsibility of the HEFO, to be aware of the various NGO support projects which are provided in the Referral Hospital and avoid duplication or double payment for services.

4.3. Referral Hospital Ambulance Services

The HEF will provide HEF beneficiaries access to ambulance services of the referral hospital. Payment for ambulance services is considered as a "User Fee" of the referral hospital and not as a transportation reimbursement. The rates for ambulance services are set at a flat rate per kilometer as detailed in the table below. As with all services provided by the referral hospital the rate below does not reflect the actual cost of the ambulance service but rather the subsidized cost of a government service.

Table 2: Ambulance Service Rates

Service	Option #1: Based on Logbook	Option #2: Based on Point of Pick-up to Drop-off
Ambulance Transport	1,000 Riels	2,000 Riels

There are two methods to calculate the ambulance cost for the transport of a HEF beneficiary to the Referral Hospital or to a higher level of care.

Option #1: The number of kilometers is calculated based on the ambulance logbook which records the entire length of an ambulance trip to pick up one or more HEF beneficiaries. This option requires that the ambulance has a working odometer (counter) and complete and accurate records are kept by the ambulance driver. Under

this option, each kilometer recorded in the logbook will be reimbursed at the rate of 1,000 Riels per kilometer.

Option #2: If the ambulance does not have a working odometer or complete and accurate records from the logbook are not available, the HEFO will use the number of kilometers from the village or place where the HEF beneficiary was picked[4] up to the Referral Hospital where they were dropped off. Under this option, each kilometer will be reimbursed at the rate of 2,000 Riels per kilometer.

In some areas Administrative District authorities have established ambulance services. The HEF may enter into agreements with Administrative District authorities to purchase ambulance services provided that the rates per kilometer are equal to our less than the rate in Table 2.

In the urban Sangkhats (see section 5.2) the HEF will reimburse health facilities for ambulance services using a flat rate of 60,000 Riels per trip for one or more HEF beneficiaries at the same time.

4.4. Referral Hospital Provider Payment Mechanism

Referral Hospitals will be compensated for the medical services which they provide to HEF beneficiaries on case-based payment mechanism according to the categories and rates presented below in Table 3. Each case-based payment is inclusive of all services (clinical/laboratory/imaging) provided to a patient and irrespective of diagnosis, ward of discharge, services provided, or length of stay. Only one case-based payment per patient per visit is allowed. In cases which include services which might be classified in two or more case types, the HEF will make a single case payment for the type with the highest rate.

Table 3: Direct benefits for CPA and NHs

Direct Benefit Cost	CPA1	CPA2	CPA3	NHs
Average OPD Cost - Hospitals (including minor surgery)	6,000 Riels	8,000 Riels	10,000 Riels	18,000 Riels
Long-Acting Reversible Contraception (IUD/Implants)	20,000 Riels	20,000 Riels	20,000 Riels	20,000 Riels
Average IPD Medical cost (including delivery, attempted delivery with referral,	60,000 Riels	100,000 Riels	120,000 Riels	300,000 Riels

[4] The results of the HEFO Annual Village Distance Survey are recorded into the HEF Operational Database which can be used by the HEFO to determination of the distance from any village to the Referral Hospital.

and post-abortion care[5])				
Permanent Contraceptive Methods (Vasectomy and Tubal Ligation)	No	100,000 Riels	100,000 Riels	100,000 Riels
Average cost of Surgery (excluding minor surgery)[6]	No	320,000 Riels	400,000 Riels	1,120,000 Riels

4.5. Consultations at the Health Center

The HEF will provide HEF beneficiaries, both pre- and post-identified with access to Health Center services in facilities where a signed contract between the Health Center, HEFO, and witnessed by the MOH authorities at the Operational District level and the HEFI is in place. All services supported by the HEF must be provided in the Health Center facility, outreach services provided to HEF beneficiaries are not eligible for HEF reimbursements to the facility.

The identity of each HEF beneficiary should be properly screened at the Health Center level by a HEFO Access Facilitator or Health Center staff who examine the household "Equity Card" or "Priority Access Card" and check their status in the HEF Registry Book.[7] The HEFO must ensure that the HEFO Access Facilitator or Health Center staff complete the "HEF Health Center Register" form properly. The HEF Health Center Register" form is used by the HEFO for data entry into the HEF Operational Database. If the HEFO data entry staff are unable to identify the HEF beneficiary listed in the "HEF Health Center Register" in the HEF Operational Database, the health center will not be paid for that case.

Cases of HEF beneficiaries who receive Health Center services which are supported by NCHADS, CENAT, NMCHC and NIP, the Health Center will be paid by the HEF according to the health center provider payment mechanism described in section 4.6 below.

4.6. Health Center Provider Payment Mechanism

Health Centers will be compensated for the medical services provided to HEF beneficiaries on a case base rate. Each visit by a HEF beneficiary will result in a single payment even if the beneficiary received more than one service during the visit and is inclusive of medicines from the pharmacy.

[5] Referral Hospital facilities at the CPA 1-3 levels will receive a case-based payment for attempted deliveries which are referred to a higher level of care if there is a documented referral which clearly states a valid reason for the referral. This payment is to ensure that there are no financial considerations involved in the decision to refer a delivery to higher care.

[6] All surgical cases are defined by the use of general or epidural anesthesia during the procedure.

[7] The HEF Registry Book is a standard report generated by the HEF Operational Database which provides a small picture of each household along with a list of members with details including name, age and sex.

Table 4: Direct Benefits for MPA

Direct Benefit Cost	MPA	FDH
All MPA Services[8]	2,000 Riels or 4,000 Riels	2,000 Riels or 4,000 Riels
• Long-Acting Reversible Contraception (IUD/Implants)	20,000 Riels	20,000 Riels
• Delivery • Attempted Delivery with Referral[9] • Post-abortion Care • IPD cases (FDHs)	60,000 Riels	60,000 Riels

The rate of reimbursement for MPA services will be determined by quality of services (Quality Assessment Score). 2,000 Riels will be used for facilities with quality assessment score below 75% and 4,000 Riels for the score equal or above 75%.

5. Transportation Reimbursements

Transportation reimbursements are provided at the referral hospital level for HEF beneficiaries who are officially in writing admitted to the hospital as an in-patient or for specialized OPD services based upon a referral letter or documented appointment. Transportation allowances are not available for in-patients who do not have a referral or appointment letter except in cases of delivery, attempted delivery, post-abortion care, permanent contraception, or emergency (Detailed in section 4 above).

Transport reimbursement should be provided directly to the HEF beneficiaries based on the standard method of calculating transport costs described below. Reimbursement for transport costs to the HEF beneficiaries should be provided in two parts. The first payment should be made when the HEF beneficiary arrives at the referral hospital and

[8] The MOH MPA includes the following maternal and child health services: antenatal care (ANC), postnatal care (PNC) for mothers and newborns upt o 6 weeks postpartum, immunization, growth monitoring and promotion unitl 2 years of age, birth spacing (counseling, condoms, pills, etc.), and integrated management of childhood illness (OPD/IOMCI) and other services if not otherwise mentioned in the table.

[9] Health Centers will receive a case-based payment for attempted deliveries that are referred to a higher level of care if there is a documented referral which clearly states a valid reason for the referral. This payment is to ensure that there are no financial considerations involved in the decision to refer a delivery to higher car

should only be for the cost of transport one way, from their village of record to the referral Hospital via their respective Health Center. The second payment should be made when the HEFB is officially discharged from the RH and should only be for the cost of transport back to their village of record. There should be no double reimbursement for transportation if the HEF beneficiary accesses both IPD and OPD services at the same time.

A maximum of two transportation reimbursements may be provided to a household which has multiple members which used the same transport to either arrive to the hospital or return to their village. If a HEF patient dies while in hospital, their caretaker or relative will be provided with their remaining transportation reimbursement.

All payments for transportation which has been provided by an ambulance service of the health facility, should be paid for as a service of the facility, and included in the overall user fees paid by the HEFO.

In cases of HEF beneficiaries who come from outside the catchment area of the RH[10], the HEFO staff should ask them why they are in the catchment area and determine where they slept the night before. If they slept the previous night in a village which lies within the catchment area of the RH, then this village can be used as the reference point for calculating the appropriate transport reimbursement. If they slept the previous night in a village which lies outside the catchment area of the RH, then transport reimbursement should be provided based on the distance from the border of the catchment area to the Referral Hospital.

Transportation reimbursements will be provided to female HEF beneficiaries who deliver at Health Centers if they come from a village located within the catchment area of that facility. Female HEF beneficiaries who come from Health Center catchment areas where there is no HEF coverage are eligible for transportation benefits in the neighboring Health Centers with HEF coverage. The calculation of these transportation reimbursements will be based on the standard method of calculating transport costs below. Payment of the transportation reimbursement should be made when the woman is discharged from the facility following delivery or upon referral to a hospital.

5.1. Calculation of Transportation Costs

On an annual basis, the HEFO should conduct a survey using maps and key informants to determine the actual traveling distance from each village to the RH within the catchment area HEFO. This distance should be broken down by the number of kilometers of "good road", "bad road", and "water". Good roads are defined by the ability to ride a bicycle on the road during the rainy season, bad roads are defined as the inability to ride a bicycle on the road during the rainy season and water is defined as distances that must be traveled by boat. This survey should be done in coordination with OD and PHD/MHD authorities.

[10] The catchment area of a Provincial or Municipal Referral Hospital is the border of the Province or the Municipality. The catchment area of a Referral Hospital is the border of the Operational District as defined by the MOH Health Coverage Plan.

The results of the survey are entered into the HEF Operational Database which will use the information to automatically calculate the maximum amount of transportation due to each HEF beneficiary. The HEFO should ask each HEF beneficiary who is eligible for a transportation reimbursement the actual amount they paid for transport and if they have any receipts. The HEFO should reimburse the HEF beneficiary based on the actual amount they paid for transport up to the maximum amount allowed based on the annual distance survey and maximum transportation reimbursement rates in table 5.

At the Health Center levels where the HEF Operational Database is not available, a printed report which provides the transportation amounts related to each village in the catchment area can be produced from the HEF Operational Database. If the distances or rates per kilometer are changed in a specific area, it is the duty of the HEFO to re-print this report and distribute to the affected facilities.

5.2. Current Transportation Rates

Transport reimbursements will be paid on the actual reported and/or receipted costs of the HEF beneficiary up to the maximum amount allowed as determined by the annual village distance survey and the maximum transportation reimbursement rates in table 5.

Table 5: Maximum Transportation Reimbursement Rates

Type	Riels/km - Rural	Riels/km - Urban
Good Road	500 Riels	2,000 Riels
Bad Road	800 Riels	2,000 Riels
Water	1,000 Riels	1,000 Riels

The HEFO is responsible to determine which Sangkhats in the urban areas of Phnom Penh, Siem Reap and Sihanoukville should use the urban transportation reimbursement rates where it has been observed that the price of transportation is significantly higher. This list of urban Sangkhats should be done in coordination with the relevant Sangkhat, OD, and MHD authorities.

5.3. Emergency Transportation

Within the contract which articulates HEF purchase of services at Health Centers it must include a requirement that the Health Center Management Committee work with local authorities to establish at least three (3) standing emergency transportation contracts with local vehicle owners in ensure availability of transport of HEF beneficiaries to referral hospitals in emergencies at a pre-agreed price. Failure to maintain three contracted emergency transportation providers could result in a penalty to the Health Center. Contracts[11] can be established with vehicle owners at the following rates:

[11] Contracts established with vehicle owners for emergency transport must be signed by the vehicle owner, Health Center Chief, and HEFO representative with a witness by the HEFI and kept on file at the HEFO office for reference.

Table 6: Maximum Emergency Vehicle Transport Rates

The transport cost will be paid on actual receipt. In case the price is unrealistic (high price) the rates below will apply.

Type of Vehicle	Riels/km
Car/Taxi/Truck/Boat	3,000 Riels
Moto Romork/Tuk Tuk	2,000 Riels
Motorcycle	1,000 Riels

6. Food Allowance for Caretakers of HEF Beneficiaries

The HEF provides a food allowance to caretakers of in-patients. Caretakers of HEFBs can be a relative, friend, or neighbor of the HEFB who is at least 10 years of age or older. It is important that the HEFO staff seek confirmation from the HEFB that the caretaker receiving food support is indeed their caretaker.

Food allowance for the caretaker of a HEFB (only 1 per HEFB is allowed) should be distributed everyday at the same time that the access facilitator visits each patient who is currently admitted to the Referral Hospital. The HEFO should develop a staff schedule which ensures that food allowances are distributed every day, even on weekends and holidays.

For HEFBs who have no caretaker, the HEFO should endeavor to find alternate caretakers by making arrangements with locally available volunteers to ensure that a HEFB has adequate support while being hospitalized. The standard food allowance for the caretaker can be provided to the locally available volunteer and the HEFO staff must monitor these special arrangements to ensure that proper care is provided.

Food allowance which has already been distributed should not be taken back from the patient if they are officially discharged later that same day.

6.1. Current Caretaker Food Allowance Rates

Table 7: Caretaker Food Allowance Rate

Item	Rate
Caretaker Food Allowance per Day	5,000 Riels

7. Funeral Allowance

Funeral allowances will be paid to the family of any HEF beneficiary who dies in the Referral hospital while accessing either OPD or IPD services.

Table 8: Contribution to funeral

Item	Rate
Funeral Contribution per case	60,000 Riels

8. Effective Date

This Standard Benefit Package and Provider Payment Mechanism for Health Equity Funds become effective from 1st September 2014.

Approved By:

Ministry of Health
Second
Health Sector Support Program
Secretariat

Prof. ENG HUOT
Program Director