**KINGDOM OF CAMBODIA**
**Nation Religion King**

**MINISTRY OF HEALTH**

# National Guidelines

## for the

## Benefit Package and Provider Payment

## of the

## Health Equity Fund

January 2018

# Foreword

The Health Equity Fund is Cambodia's social health protection scheme for about 3.2 million poor people. It pays health providers at all public health facilities –health posts, health centres and hospitals- the user fees for healthcare services they provide to these poor people. The health services encompass preventive as well as curative care, outpatient consultations and inpatient admissions. The HEF also covers the cost associated with referrals, provides food stipends for one caretaker and covers funeral expenses for hospitalised patients. The Health Equity Funds aims at enabling poor people to timely access quality health care by lowering financial barriers.

This document describes the standard benefit packages and provider payments for services rendered to poor people covered under the Health Equity Funds. It is part of the efforts of the Ministry of Health to improve efficiencies and quality of its services. The service packages provided in these guidelines will direct the health provider to the appropriate clinical protocols to be applied against which they will be paid so patients receive the best quality health services. These National Guidelines can be considered as a living document that will be continuously updated with more service packages.

I am therefore very pleased to present this guideline to all stakeholders working in the health sector of Cambodia and especially to those involved in the operations of the Health Equity Fund system.

# Acknowledgement

The Benefit Package and Provider Payment guideline of the Health Equity Fund is a joint product of the Ministry of Health in collaboration with Health Development Partners, the Technical Working Group of the Department of Planning and Health Information, with technical and financial support from Giz, H-EQIP and USAID.

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Ministry of Health highly appreciate the efforts of the above people who contributed to the development of this document. Ministry of Health strongly hope that this document will be a good guidance for planning and implementation of the Health Equity Fund scheme.

## ABBREVIATIONS

| | |
|---|---|
| **ART** | Anti-retroviral therapy |
| **CENAT** | National Centre for Tuberculosis and Leprosy |
| **CNM** | National Malaria Centre |
| **CPA** | Complementary Package of Activities |
| **DOTS** | Direct observed treatment, short course |
| **HEF** | Health Equity Funds |
| **HIV** | Human Immunodeficiency Virus |
| **IPD** | In-patient admission |
| **IUD** | Intrauterine device |
| **MOH** | Ministry of Health |
| **MPA** | Minimum Package of Activities |
| **NCHADS** | National Centre for HIV, AIDS, Dermatology and STD |
| **NHID** | National health identification number |
| **OPD** | Outpatient visit |
| **PAC** | Post abortion care |
| **P/DHFSC** | Provincial/district health financing steering committee |
| **PMRS** | Patient management registration system |
| **PPM** | Provider payment |
| **STI** | Sexually transmitted infection |
| **VCCT** | Voluntary and confidential counselling and testing |

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## 1. Introduction

The Government of Cambodia is committed to achieving universal health coverage for its population, hereby ensuring that all people can obtain the health services they need without facing financial hardship when accessing them. To achieve universal health coverage several factors must be in place, including:

- An efficient, well managed health system that addresses common health needs through appropriate quality services by:
    - informing and encouraging people to stay healthy and prevent illness;
    - timely detecting health conditions;
    - having the capacity to treat disease; and
    - assisting patients with rehabilitation.
- Affordability – a system for financing health services so people do not suffer financial hardship when using them. This can be achieved in a variety of ways.
- Access to essential medicines and appropriate technologies to diagnose and treat medical problems.
- Well-trained, motivated, sufficiently equipped health workers, able to provide the services to meet patients' needs based on the best available evidence.

To achieve universal health coverage, the Royal Government of Cambodia envisages a two-pronged approach, including social health insurance through the National Social Security Fund for salaried employees and civil servants and veterans and Health Equity Funds (HEF) that financially support access to health services at public facilities for eligible poor people.

## 2. Objectives

The introduction of Service Packages with these Guidelines must be seen as part of the Ministry's intention to improve the quality of health services delivered to the HEF beneficiaries. As such the focus shifts from paying contracted health providers for services delivered to a category of patients towards actively purchasing defined health services provided in accordance with standards. Categories of patients include outpatients, inpatients, patients undergoing major surgery or women who delivered. Standards include services for a diagnosed condition delivered in accordance with clinical protocols.

To further improve the quality of care and to enable its verification, documentation of rendered services has to improve. This documentation includes summary of treatment forms and patient medical records. HEF Summary of Treatment Forms comprise simple, basic summaries of delivery of a HEF Service Package for invoicing purposes. Together with the more detailed patient medical records they allow reviews of service quality. The medical record review process will be introduced in a phased approach.

## 3. Clinical Practice Guidelines

The MOH has established diagnostic and treatment guidelines and protocols for clinical practice that stipulate the treatment to be given for a specified condition. These must be adhered to by providers when treating HEF supported clients, and all required treatment records must be completed in line with MOH instructions. Failure to do so may result in non-payment by the HEF.

The key clinical practice guidelines include, but are not restricted to:

- Clinical Practice Guidelines for Medicine
- Minimum Package of Activities Clinical Guidelines
- Safe Motherhood Protocol for Hospitals and Health Centers
- Emergency Obstetric and Neonatal Care Curriculum

- Clinical Practice Guidelines for Postpartum Hemorrhage
- Clinical Practice Guidelines for Neonatal sepsis
- Prevention of Mother to Child Transmission National Guidelines
- Clinical Practice Guidelines for Pediatrics
- TB Diagnostic and Treatment Guidelines and Standard Operating Procedures
- NCHADS HIV Prevention, Counseling, Testing, ART and other treatment Guidelines and SOPs
- Infection Prevention and Control Guidelines

## 4. Targeted Population Groups

### People Identified as Poor

People who are members of households that are currently identified as poor by the national Identification of Poor Households Program (IDPoor) of the Ministry of Planning are eligible for HEF benefits. Each household receives an "Equity Card" that includes a household number, a picture of household members, their address, and the name of the head of household. The household "Equity Card" is valid until the next round of IDPoor which is typically a period of three years. The Ministry of Planning provides the MOH with a complete data set of all households identified during each round of the IDPoor process that is incorporated into the MOH Patient Management Registration System (PMRS) and available to public health facilities to check the validity of IDPoor cards presented at the time that a HEF beneficiary seeks care.

During the IDPoor process there are some households that do not have every member present and who are therefore not included in the data collected by IDPoor. Additionally, in the three years between successive rounds of IDPoor data collection in a given area, some households may add members. HEF eligibility can be provided to new members of households identified as poor during the interim period between IDPoor rounds and registered at a public hospital or health center upon presentation of relevant documents that have been certified by local authorities that confirm the addition of a new household member.

Additionally, poor households that were missed by the IDPoor process can be post-identified at public hospitals at the time that they seek in-patient care. Post-identification is conducted as per the MOH Operation Manual For The Health Equity Fund. This service of post-identification is reserved for inpatient admissions and does not include clients seeking outpatient consultation. Following a successful post-identification interview every member of the poor client's household is registered as eligible for HEF benefits and the household is provided with a "Priority Access Card" that is valid for until the next anticipated round of pre-identification and card distribution by the IDPoor Program.

Both "Equity Cards" and "Priority Access Cards" can be used throughout the country to access HEF supported health services at public health facilities nationwide. Additionally, the PMRS provides every client registered into the system with a unique national health identification number (NHID) that is associated with their health records and printed on a card provided to the client. A HEF eligible beneficiary can use their NHID instead of the household "Equity Card" or "Priority Access Card" to access their benefits.

### People Identified as Disabled

On October 11th, 2014, a letter was issued by the Minister of Health directing public health facilities to provide exemptions to poor and vulnerable people and people with a disability. The Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSAVY) and MOH Inter-Ministerial Prakas number 2492 (November 22, 2011) provides definitions of physical, intellectual, mental, and other disabilities. Given that the HEF provides support to all individuals identified as poor, people who are poor and disabled are eligible for HEF benefits. For people with a disability not identified as poor, public health facilities are encouraged to provide exemptions from user fees.

## 5. Targeted Health Services

Section 4 above identifies population groups eligible for benefits supported by the HEF. All members of such a population group are eligible for all benefits of the HEF. In addition to these population groups, the MOH can designate targeted health services. A targeted health service is a benefit supported by the HEF that all Cambodian citizens can enjoy irrespectively of belonging to one of the aforementioned population groups. Targeted health services are selected based on an understanding that the population is better off if everybody receives these services to prevent negative health impacts on the population. Vaccination against common childhood illnesses is an example of such targeted health service

Targeted health services are defined within the individual service packages while the MOH Prakas sets the rates of facility service fees and non-medical benefits.

## 6. Service Packages

Each case of a HEF client seeking care at a public health facility is defined by a service package. Service packages are designed to complement, but not to duplicate, other sources of support provided to public health facilities by the MOH and its national programs. The number of service packages will expand and evolve over time and be periodically reviewed.

A service package contains six key elements:

1. **Facility Eligibility:** defines which types of facilities can provide the concerned service package;
2. **Clinical Indications:** for categorization of a case under the service package;
3. **Protocol:** The MOH protocol(s) to be followed;
4. **Services Covered:** Specific clinical services and tests that should be provided;
5. **Documentation:** What exact documentation is required to qualify the provider for payment from the HEF system;
6. **Health Facility Reimbursement:** Each service package includes codes which refer to the latest MOH Prakas which stipulates the monetary rates to be paid for medical services. It also indicates whether the service package is a targeted health service as described in Section 5 above.

There are two types of service packages: 1) specific; and 2) general. Specific service packages are based on MOH clinical practice guidelines and focus on a clear set of related clinical indications. They include options for laboratory and para-clinical tests and require more extensive documentation. A specific service package may include multiple visits over a defined period of time, the achievement of a treatment outcome with the client moving to another stage of treatment, or the client's case coming to a close. In such service packages payment is made to the facility according to the schedule in the service package, not each time the client is seen or treated.

General service packages are used by providers to categorize cases of HEF clients when the clinical indications of the case do not fit a specific service package. General service packages cover a single client visit for each case.

Over time the number of specific service packages will grow and the percentage of overall cases that are categorized as such will grow as well with a corresponding decrease in the use of general service packages.

A detailed list of service packages is provided in Chapter 11 "Medical Benefit Service Packages" of this document.

## 7. National Programs and Integration of Support

The Ministry of Health has national programs that address particular diseases or conditions. The most notable national programs in Cambodia are the National Center for Tuberculosis and Leprosy Control (CENAT), the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS), the National Maternal Child Health Center (NMCHC), and the National Malaria Center (CNM).

Each of these national programs provides direct support (budgetary and/or in-kind) for the delivery of respective services. Chapter 11 of this guideline, "Medical Benefit Service Packages" and Chapter 12 "Non-Medical Benefits" include guidance as to how the support provided by national programs is coordinated with support provided by the HEF to avoid confusion at the service delivery level and overlaps and/or gaps in the support provided to HEF clients.

## 8. Benefit Package

### 8.1. Categories of Benefits

| Item | Referral Hospitals | | Former District Hospitals | | Health Centers |
|---|---|---|---|---|---|
| | IPD | OPD | IPD | OPD | |
| Medical Service Fees | Yes | Yes[1] | Yes | Yes | Yes |
| Transport Reimbursement | Yes | Yes | Delivery, Attempted Delivery, and Post Abortion Care Only | No | Delivery, Attempted Delivery, and Post Abortion Care Only |
| Funeral Support | Yes | | No | | No |

### 8.2. Medical Benefits

Health services for HEF clients are purchased from health facilities and include the full range of services defined in the Clinical Practice Guidelines, according to level of facility (MPA, Complementary Package of Activities 1 through 3, and National Hospitals). All services provided by individual health facilities are available at no out-of-pocket cost to HEF supported clients at any level of the health system.

A referral or appointment letter is required to access specialized outpatient or inpatient medical benefits with support from the HEF at hospital facilities. General outpatient (non-specialized) consultations at hospital facilities (CPA1 – CPA3) are not supported by the HEF except in hospitals that do not have a health center located within a 10-kilometer distance. It is required that referral hospitals provide exemptions to HEF beneficiaries who are accessing general outpatient (non-specialized) consultations as guided by the national Health Financing Charter. The details of Specific and General medical service packages are provided in Chapter 11.

### 8.3. Non-Medical Benefits

In addition to medical benefits, HEF clients and their caretakers are entitled to the non-medical benefits as outlined in Chapter 12 "Non-Medical Benefits". All population groups defined in Section 4 "Targeted Population Groups" are eligible for non-medical benefits. Detailed methods of calculation for non-medical

[1] Specialized out-patient services only as per the CPA Guidelines.

benefits are provided in Annex 2 “Non-Medical Benefits” of this guideline. The monetary rates of non-medical benefits are provided through Prakas issued by the MOH.

### 8.4. Exclusions

The HEF system provides support for members of targeted population groups to medical services as defined in Chapter 11. In general, all services as described in the MPA and CPA Guidelines provided at HEF-registered health facilities are included in the medical services that are supported. The following health services are excluded from HEF:

1. Select treatment options for cancer including chemotherapy, radiation therapy, and hormonal therapy
2. Organ transplants
3. Cosmetic surgery for the purpose of improving a person’s appearance and/or removing signs of aging.
4. Acupuncture
5. Infertility treatments
6. Reimbursements for medications not included on the MOH list of essential medicines.

## 9. Provider Payment

### 9.1. Payment at Health Centers

Health Centers and Former District Hospitals that deliver services based on the MOH Minimum Package of Activities (MPA) Guidelines receive case based payments for the delivery of Specific and General service packages to target population groups as recorded in the MOH PMRS or in MOH registers that have prices determined by MOH Prakas and adjusted by quality measures as described in Section 9.3 “Linkages to the Quality of Care”.

### 9.2. Payment at Hospitals

Hospitals that deliver services based on the MOH Complementary Package of Activities (CPA) Guidelines receive cased-based payments for the delivery of service packages to HEF clients. The reimbursement level for each service package takes into account three elements:

1. Consultation fees (labor cost)
2. Investigation costs (extra reagents and supplies purchased by facilities)
3. Medicines and supplies (extra purchased by facilities).

The Cambodian public health system includes significant amounts of supply-side funding provided through the regular budget. Therefore, HEF reimbursement levels are designed to complement the costs of treatment by taking into account the best available evidence of treatment costs borne directly by health facilities; that is, costs that occur in addition to the government budget. Financial incentives are incorporated to encourage quality of care improvements.

At the end of every month each public health facility compiles and submits a detailed list of all service packages provided to HEF supported clients during the calendar month through the MOH Patient Management and Registration System (PMRS). Payment for service packages delivered to HEF supported clients is made directly to the public health facility through a bank-to-bank transfer according to the MOH Operation Manual For The Health Equity Fund.

In the months that follow submission of any invoice to the HEF by a public health facility, an independent rigorous monitoring process is conducted to ensure that the service packages provided to HEF supported clients are accurate and complete. Service package Summary of Treatment Forms that document the delivery of service packages to HEF clients and kept in dedicated binders in the hospital cashier’s office are monitored

for completeness and individual patient dossiers may be monitored for completeness of documentation and clinical quality.

Any discrepancies or lack of documentation found during the monitoring of documentation is used to make deductions from future invoices for any cases found that were not deemed complete or accurate. If a public facility creates false documents that are found during monitoring, double the amount of the case-based payment is deducted from a future invoice.

### 9.3. Linkages to Quality of Care

The HEF system has a long history of working to improve the quality of care through linkage of payment levels to measures of quality of care at facilities. There are currently three primary sources of information about the quality of care being delivered in public health facilities. The goal of instituting a quality of care-payment link is to incentivize health facilities to deliver higher quality health services. At the same time the system needs to not penalize struggling health facilities that need support and resources to deliver higher quality health care. The H-EQIP Project has several mechanisms in place that will give Provincial Health Departments and Operating Districts the resources and tools necessary to raise the performance of low-quality health facilities.

1) The MOH H-EQIP quality enhancement process puts in place a quarterly assessment process that includes self-assessments, external assessments, and ex-post monitoring combined with coaching that will support quality improvements.

2) The HEF monitoring process samples client dossiers (at hospitals) and service registers (at health centers) and reviews them for completeness and adherence to standards using a set of standardized review tools.

The results of these two monitoring processes will be combined to provide an overall quality of care score that will determine reimbursement levels by the HEF. Additional inputs into the overall score used by the HEF may be developed over time.

The HEF reimburses facilities based on the number service packages provided to HEF beneficiaries minus any penalties associated with the submission of false claims or incomplete documentation (see above).

The overall payment by the HEF for medical services to each individual facility is further subject to change based on the quality of the care score derived from the two sources mentioned above. A quality of care score will be determined quarterly for each hospital and semi-annually for each health center based on the two separate sources of quality information: 1) the quarterly quality enhancement score; and 2) the Chart (Patient Dossier) and Health Register reviews conducted by the HEFI. The exact algorithm to determine the score still needs to be developed. This section may be updated through an MOH Prakas or policy circular as necessary when this scoring process has been finalized in detail and if it is subsequently updated.

### 9.4. Summary of Treatment Forms

All services delivered to HEF clients at Referral Hospitals must be documented using the standard “Summary of Treatment Form”. There is only one format for all types of cases at Referral Hospitals except for those accessing Methadone Maintenance Therapy (MMT). An example of this standard form which is printed out of the MOH Patient Management and Registration System at the time of admission is shown in Annex 1. The Summary of Non-Medical Benefits form is printed on the back of the Summary of Treatment Form.

### 9.5. Health Facility Reimbursements

Each service package includes codes which refer to the latest MOH Prakas which stipulates the monetary rates to be paid for medical services.

## 10. Medical Service Packages

### 10.1. General Service Packages

General Service packages are designed to be used when there are no appropriate Specific Service packages that are applicable. As the number and scope of Specific Service Packages expands, the General Service packages will be used less frequently.

### 10.2. TB Specific Service Packages

TB services command Specific Service packages because of their unique nature, their public health importance and the strength of CENAT's guidelines and protocols. The TB Service Packages can be linked through clinical pathways to have strong links with the HIV Service Packages.

### 10.3. HIV and STI Specific Service Packages

These four Specific Service Packages have been produced and technically appraised by NCHADS. In common with TB services, HIV services are of high public health importance and need to be linked to many other services over a prolonged period of time. The complexity of HIV management over prolonged periods of time is well captured in NCHADS guidelines, protocols and documentation.

### 10.4. NCD Specific Service Packages

These are based on Department of Preventive Medicine guidelines for type 2 diabetes.

### 10.5. Impairment Specific Service Package

These two service packages refer specifically to screening newborns and children aged 1 month to 5 years and cover cases screened at health center as well as (their referral to) district hospitals.

## 11 Service Packages

The provision of health services under the Health Equity Funds should adhere to the instruction outlined in each service package that correspond to the kind of service. Respective payment amounts are provided in the inter-ministerial Prakas between the Ministry of Health and Ministry of Economy and Finance. Note that the categorization for the payment rates is according to level of health provider (MPA, CPA1-3) and groups of conditions. Notwithstanding, the procedures outlined in the Service Packages of these guidelines will have to be adhered to.

### 11.1 List of the services package

| No | Code | Description | Type | PPM Unit |
|---|---|---|---|---|
| 1 | HC-Gen | General Consultations | General | Visit |
| 2 | HC-NBScreen | New Born Screening for Impairment Disability | Specific | Visit |
| 3 | HC-ChildScreen | Child 1month-5 years Screening for Impairment Disability | Specific | Visit |
| 4 | HC-TB1 | Suspect TB Investigation with Sputum | Specific | Visit |
| 5 | HC-TB2 | Suspect TB Investigation no Sputum | Specific | Visit |
| 6 | HC-TB3 | DOTS Intensive Phase | Specific | Visit |
| 7 | HC-TB4 | DOTS Maintenance Phase | Specific | Visit |
| 8 | HC-HIVSTI | HIV and STI Testing and Counseling | Specific | Visit |
| 9 | HC-Gyn1 | Cervical Cancer Screening | Specific | Visit |
| 10 | HC-Gyn2 | Breast Cancer Screening | Specific | Visit |
| 11 | HC-Dia1 | Diabetes Screening | Specific | Visit |
| 12 | HC-Dia2 | Diabetes Treatment and Follow-up | Specific | Visit Per month |
| 13 | HC-LARFP | Long-acting Reversible Family Planning (IUDs/Implants) | Specific | Visit |
| 14 | HC-Del | Delivery/Attempted Delivery/PAC | Specific | Case |
| 15 | HC-IPD | In-Patient Admission | General | Case |
| 16 | RH-VCCT | HIV and Testing and Counseling at VCCT Centers | Specific | Visit |
| 17 | RH-OPDSpec | Specialized OPD Consultation | General | Visit |
| 18 | RH-Gyn1 | Cervical Cancer Screening | Specific | Visit |
| 19 | RH-Gyn2 | Breast Cancer Screening | Specific | Visit |
| 20 | RH-NBScreen | Newborn screening for impairment or disability | Specific | visit |
| 21 | RH-ChildScreen | Child 1 month-5 years screening for impairment or disability | Specific | visit |

| | | | | |
|---|---|---|---|---|
| 22 | RH-STI | Management of STIs | Specific | Case |
| 23 | RH-TB1 | Suspect TB Investigation with Sputum | Specific | Case |
| 24 | RH-TB2 | Suspect TB Investigation no Sputum | Specific | Case |
| 25 | RH-TB3 | DOTS Intensive Phase | Specific | Case |
| 26 | RH-TB4 | DOTS Maintenance Phase | Specific | Case |
| 27 | RH-ART | ART Service | Specific | Person Month |
| 28 | RH-MMT | MMT OPD Consultation | Specific | Visit |
| 29 | RH-Dia1 | Diabetes Screening | Specific | Visit |
| 30 | RH-Dia2 | Diabetes Treatment and Follow-up | Specific | Visit Per Month |
| 31 | RH-Dia3 | Uncontrolled Diabetes Consultation | Specific | Visit |
| 32 | RH-LARFP | Long-acting Reversible Family Planning (IUDs/Implants) | Specific | Case |
| 33 | RH-PermFP | Permanent Family Planning (Vasectomy and Tubal Ligation) | Specific | Case |
| 34 | RH-Del | Delivery/Attempted Delivery/PAC | Specific | Case |
| 35 | RH-IPDGen | In-Patient Admission with minor surgery | General | case |
| 36 | RH-IPDSurg | In-Patient Admission with Major Surgery | Specific | Case |

## 11.2. Instructions by Specific Service Package

### Service Package 1

### General Out-Patient Consultation

**Code: HC-Gen**

**Facility Eligibility:** Health Centers and Former Districts Hospitals

**Clinical Indications:** This service package covers all consultations at health centers that do not logically fit in any other service package. The specific clinical indications that are relevant to each consultation must be noted in the standard health center registers and client health books/materials

**Protocol:** MPA Clinical Guideline

**Services Covered:**

1. Consultation
   - Presenting complaint, history, family history and physical examination as appropriate

2. Investigation
   - As indicated by consultation

3. Treatment
   - Medication from the MPA Essential Medicines List as indicated
   - Referral to hospital if necessary

4. Counseling
   - Provide information on diagnosis, treatment plan, compliance and follow-up

5. Schedule Follow-up Appointment if appropriate

**Documentation:**
- Health Center Registers.
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Code | Health Center | Former District Hospital |
|---|---|---|
| HC-Gen | HC-Gen-1 | HC-Gen-2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service package 2

## Physical screening of newborns for impairments and disabilities at HCs level

**Code: HC-NBScreen**

**Facility Eligibility:** Health Centers and Former District Hospitals

**Clinical Indications:** This service package covers the physical screening of impairments, birth defects and disabilities in neonates (up to 28 days). The specific clinical findings must be noted in the respective screening forms. The names and contact details of positively screened children will be entered in the physical screening registers.

**Protocol:** National protocols for Physical Screening for Newborns (0 - 28 days) as per MPA guidelines and Safe Motherhood Protocol

**Services Covered:**

**1.** Consultation
- History and physical examination as per guidelines

**2.** Investigation
- As per guidelines

**3.** Treatment
- Medication from the MPA Essential Medicines List as indicated
- Referral to hospital as per guidelines

**4.** Counseling
- Provide information to the caretakers on the reasons for hospital referral as per guidelines

**5.** Schedule Follow-up Appointment if appropriate

**Documentation:**
- Physical screening forms for neonates
- Health Center screening referral register

**Health Facility Reimbursement Codes:**

| Service Package Code | Health Center | Former District Hospital |
|---|---|---|
| HC-NBScreen | HC-NBScreen-1 | HC-NBScreen-2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service package 3

## Physical screening of children (1 month – 5 years) for impairments and disabilities

**Code: HC-ChildScreen**

**Facility Eligibility:** Health Centers and Former District Hospitals

**Clinical Indications:** This service package covers the physical screening of impairments, birth defects and disabilities in young children (1 month – 5 years). The specific clinical findings must be noted in the respective screening forms. The names and contact details of positively screened children will be entered in the physical screening registers.

**Protocol:** National protocols for Physical Screening for Young Children (1 month – 5 years) as per MPA guidelines and Safe Motherhood Protocol

**Services Covered:**

**6.** Consultation
- History and physical examination as per guidelines

**7.** Investigation
- As per guidelines

**8.** Treatment
- Medication from the MPA Essential Medicines List as indicated
- Referral to hospital as per guidelines

**9.** Counseling
- Provide information to the caretakers on the reasons for hospital referral as per guidelines

**10.** Schedule Follow-up Appointment if appropriate

**Documentation:**
- Physical screening forms for young child (1 month-5 years)
- Health Center screening referral register

**Health Facility Reimbursement Codes:**

| Service Package Code | Health Center | Former District Hospital |
|---|---|---|
| HC-ChildScreen | HC-ChildScreen-1 | HC-ChildScreen-2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 4

## Investigation of a Patient with TB symptoms who is Producing Sputum

**Code: HC-TB1**

**Facility Eligibility:** Health Centers and Former District Hospitals

**Clinical Indications:** As per CENAT diagnostic guidelines

**Protocol:** CENAT diagnostic guidelines

**Services covered:**

1. Consultation
   - History and examination as per CENAT clinical protocols
2. Investigation
   - Collection and smear-making using three sputum samples (spot-morning-spot samples)
   - Sputum smear transportation to laboratory for microscopy
   - If at high risk of TB, or high risk of MDRTB, collection and transport of one sputum sample for GeneXpert test and another sputum sample for conventional drug sensitivity (C&S) testing
3. Treatment
   - 7-10 days of a first line broad spectrum antibiotic (excluding fluoroquinolones)
   - Paracetamol for pain/fever
   - Referral to hospital if condition is serious
4. Counseling
   - Provide information about diagnostic tests and support the client's decision to be tested
   - Provide basic information on TB and reassure the client that TB is curable.
   - Help client cope with stress of being tested and a possible diagnosis of TB
   - Emphasize the importance of the next visit.
5. Schedule Follow-up Appointment
6. Conduct Follow-up Appointment
   - Provide client with results, provide appropriate counseling
   - Refer Sputum+ patients to DOTS Intensive phase (TB Service Package 8) Refer Sputum- patients for further diagnosis (TB Service Package 6)

**Documentation:**

- Health Center Registers
- Standard CENAT Documentation
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Codes | Health Center | Former District Hospital |
|---|---|---|
| HC-TB1 | HC-TB1-1 | HC-TB1-2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 5

## Investigation of a Patient with TB symptoms who is NOT producing sputum

**Code: HC-TB2**

**Facility level:** Health Centers

**Clinical Indications and Protocol:** CENAT diagnostic guidelines

**Services covered:**

1. Consultation
   - History and examination as per CENAT clinical protocols
2. Investigation
   - Refer for Chest X-ray
   - If at high risk of TB, or high risk of MDRTB, collection and transport of one sputum sample for GeneXpert test and another sputum sample for conventional drug sensitivity (C&S) testing
   - Make clinical decision whether or not the patient has sputum negative TB. If TB is diagnosed transfer to Service Package 8 Health Centre DOTS Intensive Phase.
3. Treatment
   - 7-10 days of a first line broad spectrum antibiotic (excluding fluoroquinolones)
   - Paracetamol for pain/fever
   - Referral to hospital if condition is serious
4. Counseling
   - Provide information about diagnostic tests and support the client's decision to be tested
   - Provide basic information on TB and reassure the client that TB is curable.
   - Help client cope with stress of being tested and a possible diagnosis of TB.
   - Emphasize the importance of the next visit.
5. Schedule Follow-up Appointment
6. Conduct Follow-up Appointment
   - Provide client with results, provide appropriate counseling

**Documentation:**

- Health Center Registers
- Standard CENAT Documentation
- Referral letter to hospital if necessary

**Facility Eligibility:** All Public Health Centers

**Health Facility Reimbursement Codes:**

| Service Package Code | Health Center | Former District Hospital |
|---|---|---|
| HC-TB2 | HC-TB2-1 | HC-TB2-2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 6

## TB DOTS Intensive Phase

**Code: HC-TB3**

**Facility Eligibility:** Health Centers and Former District Hospitals

**Protocol:** CENAT diagnostic guidelines

**Clinical Indications.** This TB DOTS service package covers all newly-diagnosed TB patients, (sputum positive or sputum negative) who have been diagnosed through the TB 1 and TB 2 service packages.

**Services covered:**

1. Consultation
   - Multiple consultations with physicians and nurses
   - History and examination as per CENAT clinical protocols
   - Monitoring for progress and drug side effects
2. Investigation
   - Collection and smear-making using three sputum samples (spot-morning-spot samples) after two months treatment
   - Sputum smear transportation to laboratory for microscopy after two months treatment
   - Refer for VCCT
   - Other investigations as clinically indicated
3. Treatment
   - First line DOTS as per CENAT protocols
   - Other medication as indicated
   - Inpatient admission if condition is serious
   - Referral to higher level hospital if necessary
4. Counseling
   - The importance of compliance.
   - Side effects
5. Schedule and conduct follow-up Appointments
   - Transcribe patient's DOTS form details onto CENAT treatment form

**Documentation:**

- Health Center Registers
- CENAT DOTS treatment form
- Referral letter to higher level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package | Health Center | Former District Hospital |
|---|---|---|
| HC-TB3 | HC-TB3-1 | HC-TB3-2 |

**There will be <u>no</u> reimbursement if the patient's treatment was not in line with CENAT protocols.**

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 7

## TB DOTS Maintenance Phase

**Code: HC-TB4**

**Facility Eligibility:** Health Centers and Former District Hospitals

**Protocol:** CENAT diagnostic guidelines

**Clinical Indications.** This TB DOTS service package covers all TB patients who have completed Health Centre TB DOTS Intensive Phase service package 8.

**Services covered:**

1. Consultation
    - Multiple consultations with physicians and nurses
    - History and examination as per CENAT clinical protocols
    - Monitoring for progress and drug side effects
2. Investigation
    - Collection and smear-making using three sputum samples (spot-morning-spot samples) after two months treatment
    - Sputum smear transportation to laboratory for microscopy after two months treatment
    - Other investigations as clinically indicated
3. Treatment
    - First line DOTS Maintenance Phase as per CENAT protocols
    - Other medication as indicated
    - Inpatient admission if condition is serious
    - Referral to higher level hospital if necessary
4. Counseling
    - The importance of compliance.
    - Side effects
    - Schedule and conduct follow-up Appointments
    - Transcribe patient's DOTS form details onto CENAT treatment form

**Documentation**

- Health Center Registers
- CENAT DOTS treatment form
- Referral letter to higher level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package | Health Center | Former District Hospital |
|---|---|---|
| HC-TB4 | HC-TB4-1 | HC-TB4-2 |

**There will be <u>no</u> reimbursement if the patient's treatment was not in line with CENAT protocols.**

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 8

## HIV and STI Testing and Counseling at Health Centers

**Code: HC-HIVSTI**

**Facility Eligibility:** Health Centers and Former District Hospitals

**Clinical Indications**. This specific Service Package covers out-patient consultations for HIV and Syphilis Testing and Counseling and STI consultation at Health Centers.

**Services Covered**:

- Consultations with trained nurses who are trained in HIV finger prick testing
- Consultations with midwives who are trained in dual HIV-syphilis finger prick testing, and STI syndromic management.
- Includes:
    - Presenting complaint, history, contact history, physical examination, treatment of STI syndrome, contact tracing and patient education counseling
    - Pre-test HIV and syphilis counseling
    - Performing finger prick HIV tests for all clients (self-referred or referred by NGO) who need the test(symptomatic suggesting HIV infection, eligible TB or STI patients, partners of HIV reactive cases)
    - Performing dual HIV-syphilis tests for pregnant women
    - Post-test counseling
    - Provision of HIV and syphilis test result to the requested clients
    - Appropriate recording of the cases using registers at health centers
    - Issuance of the result and referral slips to VCCT center (for reactive finger prick HIV test) and to STI clinic (for reactive syphilis screening test)
    - Notification of reactive cases for HIV and syphilis to Case Management Coordinator/ HIV-STI OD Coordinator and Assistant (CMC and CMA)

**Medications:**

- All medications, condoms, and appropriate medical supplies supplied to facility by CMS.

**Required Documentation:**

- Health Center Registers
- Registers for HIV testing at health center
- Result and referral slip to VCCT Centre and Family Health Clinic if indicated

**Health Facility Reimbursement Codes:**

| | **Health Center** | **Former District Hospital** |
|---|---|---|
| HC-HIVSTI | HC-HIVSTI-1 | HC-HIVSTI-2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 9
## Screening for Cervical Cancer

**Code: HC-Gyn1**

**Facility Eligibility:** Health Centers and Former Districts Hospitals

**Clinical Indications:** This specific service package covers screening for cervical cancer

**Protocol:** MPA Clinical Guideline

**Services Covered:**

1. Consultation
    - History, family history and physical examination as appropriate.

2. Investigation
    - As indicated by consultation.

3. Treatment
    - Medication from the MPA Essential Medicines List as indicated.
    - Referral to hospital if necessary.

4. Counselling
    - Inform to patients cervical cancer is the first most common of cancer of women in Cambodia
    - Linkages between HPV and cervical cancer
    - Inform to patients about cervical cancer scanning prevention
    - Information to patients about method of cervical cancer screening (VIA, Pap Smear, and informed method cervical screening available)

5. Schedule Follow-up Appointment if appropriate
    - Repeat every years as recommended

**Documentation:**

- Health Center Registers
- VIA Test Record Form
- Cervical Cancer Screening Referral Letter if necessary

**Health Facility Reimbursement Codes:**

| Service package code | Health Center | Former District Hospital |
|---|---|---|
| HC-Gyn1 | HC-Gyn1-1 | HC-Gyn1-2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 10
## Screening for Breast Cancer

**Code: HC-Gyn2**

**Facility Eligibility:** Health Centers and Former Districts Hospitals

**Clinical Indications:** This screening for breast cancer covers all consultation, investigation with necessary referral for diagnosis and treatment if any positive result.

**Protocol:** MPA Clinical Guideline

**Services Covered:**

1- Consultation
- History, family history and physical examination as appropriate.

2- Investigation
- As indicated by consultation.

3- Treatment
- Medication from the MPA Essential Medicines List as indicated.
- Referral to hospital if necessary.

4- Counselling
- Provide information on breast cancer diagnosis and follow-up

5- Schedule Follow-up Appointment if appropriate
- Repeat every years as recommended

**Documentation:**
- Health Center Registers
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| Service package code | Health Center | Former District Hospital |
|---|---|---|
| HC-Gyn2 | HC-Gyn2 | HC-Gyn2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 11

### Screening for Diabetes Mellitus

**Code: HC-Dia1**

**Facility covered:** CPA1-3 and National Hospitals

**Protocol:** Clinical Practice Guidelines for Diabetes Mellitus and Blood Pressure control

**Clinical Indications:** This specific service package covers all services involved with screening and counseling persons for and about diabetes of persons with one or more risk factors (frequent urinating during night, polydipsia, aged ≥40 years, overweight, TB, sudden weight loss, Melioidosis, hypertension, history of stroke or ischaemic heart disease)

**Services Covered**:

1. Consultation
   - History taking
   - Vital information like blood pressure, height, weight, waist circumference
   - Fasting Blood Sugar (FBS)
2. Medication:
   - Referral to higher-level hospital if necessary
3. Counseling
   - If present in the operational district: local Peer Educator Group
   - Blood sugar and blood pressure targets bodyweight
   - Behavioral changes regarding diet, exercise, smoking, alcohol
   - Risk factors for diabetic complications and means to prevent these
4. Non-Medical Benefits:
   - Self-management booklet with health education for record keeping
   - A3-Diabetes Pyramid Poster

**Health Facility Reimbursement Codes:**

| Service Package Code | MPA |
|---|---|
| HC-Dia1 | HC-Dia1-1 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 12

## Diabetes Type 2 Quarterly Treatment & Follow-up

**Code: HC-Dia2**

**Facility eligibility:** MPA

**Protocol:**

**Clinical Indications:** This Hospital service package covers the treatment and follow-up of people diagnosed with Diabetes Mellitus. It is intended to be used for quarterly follow-up consultations to monitor clinical progress once stable. If more or less frequent consultations are needed use Diabetes Service Package 14: Single Consultation for Treatment and Follow-up.

**Services Covered**:

1. Consultation
   - History since last consultation, including self-management, symptoms, treatment adherence and side effects, diet, exercise, smoking, alcohol
   - Any glucose or HbA1c results since last consultation.
   - Examination for blood pressure height, weight, waist circumference
2. Investigations
   - Fasting blood glucose
3. Medication
   - Medication as indicated by the Clinical Practice Guidelines
   - Insulin Syringes
4. Counseling:
   - Encourage diabetes patient to contact with other diabetes patients in the village and stay with Peer
   - Behavioral changes regarding diet, exercise, smoking, alcohol
   - Risk factors for diabetic complications and means to prevent these
   - Adherence with and understanding of requirements for treatment
   - Check ability of Self-monitoring, ask to see the patient self-management book and discuss the records and progress towards targets

**Required Documentation:**

- Letter from RH to continue for treatment and follow up

**Health Facility Reimbursement Codes:**

| Service Package Code | MPA |
|---|---|
| HC-Dia2 | HC-Dia2-1 |

**Reimbursement**: reimbursed on a quarterly basis following completion of required documentation.

## Service Package 13

## Long-acting Reversible Family Planning Methods using IUDs and Implants

**Code: HC-LARFP**

**Facility Eligibility:** Health Centers and Former Districts Hospitals

**Clinical Indications:** This long-acting reversibly family planning service package covers all consultations in which a HEF client is voluntarily seeking long-acting reversible family planning products and procedures.

**Protocol:** MPA Clinical Guideline

**Services Covered:**

1. Consultation
   - History, family history and physical examination as appropriate.

2. Investigation
   - As indicated by consultation.

3. Treatment
   - Medication from the MPA Essential Medicines List as indicated.
   - Referral to hospital if necessary.

4. Counseling
   - Provide information on available FP methods diagnosis and follow-up
   - Informed Consent Counseling

5. Schedule Follow-up Appointment if appropriate

**Documentation:**
- Health Center Registers
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Code | Health Center | Former District Hospital |
|---|---|---|
| HC-LARFP | HC-LARFP-1 | HC-LARFP-2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 14

## Delivery, Attempted Delivery, or Post Abortion Care

**Code: HC-Del**

**Facility Eligibility:** Health Centers and Former Districts Hospitals

**Clinical Indications:** This service package covers deliveries, attempted deliveries, and post-abortion care with the relevant clinical indications recorded in health center registers and the MOH Mother Child Pink Book, MCH Book, or other client records.

**Protocol:** MPA Clinical Guideline

**Services Covered:**

1. Consultation
   - History, family history and physical examination as appropriate.

2. Investigation
   - As indicated by consultation.

3. Treatment
   - Medication from the MPA Essential Medicines List as indicated.
   - Referral to hospital if necessary.

4. Counseling
   - Provide information on breastfeeding, need for referral, FP methods diagnosis and follow-up.

5. Schedule Follow-up Appointment if appropriate

**Documentation:**
- Health Centre Registers.
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Code | Health Center | Former District Hospital |
|---|---|---|
| HC-Del | HC-Del-1 | HC-Del-2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 15
## In-Patient Admission

**Code: HC-IPD**

**Facility Eligibility:** Health Centers and Former Districts Hospitals

**Clinical Indications:** This service package covers deliveries, attempted deliveries, and post-abortion care with the relevant clinical indications recorded in health center registers and the MOH Mother Child Pink Book, MCH Book, or other client records.

**Protocol:** MPA Clinical Guideline

**Services Covered:**

**6.** Consultation
- History, family history and physical examination as appropriate.

**7.** Investigation
- As indicated by consultation.

**8.** Treatment
- Medication from the MPA Essential Medicines List as indicated.
- Referral to hospital if necessary.

**9.** Counseling
- Provide information on breastfeeding, need for referral, FP methods diagnosis and follow-up.

**10.** Schedule Follow-up Appointment if appropriate

**Documentation:**
- Health Centre Registers.
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Code | Health Center | Former District Hospital |
|---|---|---|
| HC-IPD | No | HC-IPD-1 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 16

## HIV Testing and Counseling at VCCT Centers

**Code: VCCT**

**Facility Eligibility:** MOH VCCT Centers

**Clinical Indications**. This specific Service Package covers out-patient consultations and testing for HIV Testing and Counseling at VCCT Centers located at referral hospitals with referral to Pre-ART/ART service.

**Services Covered**:

- Consultations with trained nurses and/or midwifes who are trained in HIV testing and counseling based on SOP on HIV testing and Counseling recommended by the National HIV program.
- Includes:
    - Pre-test HIV testing and counseling
    - Performing HIV testing using the three-test algorithm recommended by the national HIV program
    - Post-test counseling
    - Provision of HIV test result to the requested clients
    - Issuance of result and referral slips to ART service
    - Recording the cases using the VCCT register and risk assessment form
    - Notification of HIV positive cases to Case Management Coordinator/HIV-STI OD Coordinator and Assistant (CMC and CMA)

**Medications:**

- All medications, commodities including HIV tests and condoms, and medical supplies appropriate to facility supplied by CMS.

**Required Documentation:**

- Registers and risk assessment forms at VCCT centers
- Result and referral slip to ART service if indicated

**Health Facility Reimbursement Codes:**

| Service Package | VCCT Center |
|---|---|
| VCCT | VCCT-1 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 17

## Specialized Out-Patient Consultation

**Code: RH-OPDSpec**

**Facility Eligibility:** CPA1-3 referral hospitals and National Hospitals

**Clinical Indications:** This service package covers all specialized out-patient consultations at hospitals. The specific clinical indications that are relevant to each specialized out-patient services must be noted in the summary of treatment form.

**Protocol:** Clinical Practice Guidelines

**Services Covered:**

1. Consultation
   - Presenting complaint, history, family history and physical examination as appropriate.
2. Investigation
   - As indicated by consultation.
3. Treatment
   - Medication from the CPA Essential Medicines List as indicated.
   - Minor surgery if indicated
   - Inpatient admission if condition is serious.
   - Referral to higher level hospital if necessary.
4. Counseling
   - Provide information on diagnostic tests and support the client's decision to be tested.
   - Provide information on diagnosis, treatment plan, compliance and follow-up.
5. Schedule Follow-up Appointment if appropriate

**Documentation:**

- Standard Patient Dossier Medical Records
- Hospital Registers
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service package code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-OPDSpec | RH-OPDSpec-1 | RH-OPDSpec-2 | RH-OPDSpec-3 | RH-OPDSpec-4 |

**Targeted Health Service:** ☐ Yes ☑ No

**Note:** This service package can be used by hospitals for General OPD Consultations if there is no health center facility located within 10 kilometer of the hospital as per section 9.2 of the HEF Benefit Package Guideline.

## Service Package 18
## Screening for Cervical Cancer

**Code: RH-Gyn1**

**Protocol:** Guideline for Cervical Cancer Screening

**Facility eligibility**:

**Clinical Indications:**
Risk factors (any one or more) that trigger screening:

- Previous VIA (visual inspection with acetic acid) test positive or abnormal PAP smear
- Human Papilloma virus infection, exposure to sexually transmitted infection
- Chronic cervico–vaginal infection
- Mother or sister with cervical cancer
- Long term oral contraceptive use more than 5 years (oestro-progestative)
- Immuno-suppression: HIV/AIDS and/or chronic corticoid-steroid use

**Services Covered**:

**1-** Consultation
- Presenting complaint, history, family history and physical examination as appropriate.
- History and examination as per MOH guideline for cervical cancer screening

**2-** Investigation
- As indicated by consultation.
- Inpatient admission if condition is serious., referral to other facilities
- Other investigations as clinically indicated, Visual Inspection with acetic acid (VIA), PAP smear test

**3-** Counseling
- Information to patients about method of cervical cancer screening (VIA, Pap Smear, AND informed method cervical screening available) and prevention

**4-** Schedule and conduct follow-up Appointments

**Documentation**

- Standard Patient Dossier Medical Records
- VIA Test Record Form
- Cervical Cancer Screening Referral Letter if necessary
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-Gyn1 | RH-Gyn1.1 | RH-Gyn1.2 | RH-Gyn1.3 | RH-Gyn1.4 |

**Reimbursement:** record of screening results in Treatment Summary form

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 19
## Screening for Breast Cancer

**Code RH-Gyn2**

**Protocol:**

**Facility eligibility**:

**Clinical Indications:**
Breast Cancer Risk factors (any one or more) that trigger screening:

- Early menopause
- First pregnancy at age of 30 or more
- Increased body weight at menopause stage

**Services Covered**:

1. Consultation
   - Presenting complaint, history, family history and physical examination as appropriate.
   - History and examination as per MOH guideline

**1.** Investigation
   - As indicated by consultation.
   - Inpatient admission if condition is serious and referral to other facilities if positive result
   - Other investigations as clinically indicated
   -

**2.** Counselling
   - Provide information on breast cancer diagnosis and follow-up
   -

**3.** Schedule and conduct follow-up Appointments
   - Repeat every year as recommended

**Documentation**

- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service PackageCode | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-Gyn1 | RH-Gyn1.1 | RH-Gyn1.2 | RH-Gyn1.3 | RH-Gyn1.4 |

**Reimbursement:** record of screening results in Treatment Summary form

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 20-21

## Referral consultation for children positively screened for impairments at Health Center level

**Code: RH-NBScreen and RH-ChildScreen**

**Facility Eligibility:** District Referral Hospitals

**Clinical Indications:** This service package covers the examination, diagnosis and medical interventions by doctors at the referral hospital for neonates and for young children who are positively screened for impairments, birth defects or disabilities by health center staff. The specific clinical findings must be noted on the back of the respective health center screening forms.
The names, contact details and medical findings of all children positively screened at Health Center level will be entered in the referral hospital physical screening register.

**Protocol:** National protocols for Referral Hospital Physical Screening for Newborns (0 - 28 days) and for Young Children (1 month – 5 years) (including referral pathways and on-line service directory)

**Services Covered:**

**11.** Consultation
- History and physical examination as per guidelines

**12.** Investigation
- As per guidelines

**13.** Treatment
- Medication from the CPA Essential Medicines List as indicated
- Other medical interventions (surgery, physiotherapy) as indicated
- Referral to other service providers as per guidelines: national hospitals, regional Physical Rehabilitation Centers, community based rehabilitation initiatives,

**14.** Counseling
- Provide information to the caretakers on diagnosis, treatment plan, compliance and follow-up as per referral pathways

**15.** Schedule Follow-up Appointment if appropriate

**Documentation:**
- Physical screening forms for neonate and for young child (1 month-5 years)
- Referral Hospital impairment referral register

**Health Facility Reimbursement Codes:**

| Service Package Code | Hospital |
|---|---|
| RH-NBScreen | RH-NBScreen-2 |
| RH-ChildScreen | RH-ChildScreen-2 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 22

## Management of Sexually Transmitted Infections

**Code: RH-STI**

**Facility Eligibility:** CPA1-3 and National Hospitals

**Clinical Indications**. This specific service package covers all out-patient screening and management consultations for STIs.

**Protocol:** CPA Guidelines

**Services Covered**:

1. Consultations
   - Treatment of STI syndrome, HIV testing, contact tracing and patient education counseling
   - STI lab tests to confirm the diagnosis
   - Consultation for partners of the clients
   - Syphilis confirmatory test and management of confirmed cases and their infants and partners

2. Investigations:
   - Microbiology and serology tests and others as clinically indicated.

3. Medications:
   - All medications, commodities including condoms

**Required Documentation:**

- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Hospital registers.
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| Service package code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-STI | RH-STI-1 | RH-STI-2 | RH-STI-3 | RH-STI-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 23

## Investigation of a Patient with TB Symptoms who is Producing Sputum

**Code: RH-TB1**

**Facility level:** CPA1-3 and National Hospitals

**Clinical Indications and Protocol:** CENAT diagnostic guidelines

**Services covered:**

1. Consultation
   - History and examination as per CENAT clinical protocols
2. Investigation
   - Collection and smear-making using three sputum samples (spot-morning-spot samples)
   - Sputum smear transportation to laboratory for microscopy
   - If at high risk of TB, or high risk of MDRTB, collection and transport of one sputum sample for GeneXpert test and another sputum sample for conventional drug sensitivity (C&S) testing
3. Treatment
   - 7-10 days of a first line broad spectrum antibiotic (excluding fluoroquinolones)
   - Paracetamol for pain/fever
   - Inpatient admission if condition is serious
   - Referral to higher level hospital if necessary
4. Counseling
   - Provide information about diagnostic tests and support the client's decision to be tested
   - Provide basic information on TB and reassure the client that TB is curable.
   - Help client cope with the stress of being tested and a possible diagnosis of TB.
   - Emphasize the importance of the next visit.
5. Schedule Follow-up Appointment
6. Conduct Follow-up Appointment
   - Provide client with results, provide appropriate counseling
   - Refer Sputum+ patients to intensive treatment (TB Service Package 25), refer sputum negative patients for further diagnosis (TB Service Package 5)

**Documentation**

- Standard Patient Dossier Medical Records
- Standard CENAT documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service package code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-TB! | RH-TB1-1 | RH-TB1-2 | RH-TB1-3 | RH-TB1-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 24

## Investigation of a patient with TB symptoms who is NOT producing sputum

**Code: RH-TB2**

**Facility level:** CPA1-3 and National Hospitals

**Clinical Indications and Protocol:** CENAT diagnostic guidelines and clinical protocols

**Services covered:**

1. Consultation
   - History and examination as per CENAT clinical protocols
2. Investigation
   - Chest X-ray and others as clinically indicated
   - If at high risk of TB, or high risk of MDRTB, collection and transport of one sputum sample for GeneXpert test and another sputum sample for conventional drug sensitivity (C&S) testing
   - Make clinical decision whether or not the patient has sputum negative TB. If TB is diagnosed transfer to Service Package 25 Hospital or 6 Health Centre DOTS Intensive Phase.
3. Treatment
   - 7-10 days of a first line broad spectrum antibiotic (excluding fluoroquinolones)
   - Paracetamol for pain/fever
   - Admit if condition is serious
4. Counseling
   - Provide information about diagnostic tests and support the client's decision to be tested
   - Provide basic information on TB and reassure the client that TB is curable.
   - Help client cope with the stress of being tested and a possible diagnosis of TB and emphasize the importance of the next visit.
5. Schedule Follow-up Appointment
6. Conduct Follow-up Appointment
   - Provide client with results, provide appropriate counseling

**Documentation:**

- Standard Patient Dossier Medical Records
- Standard CENAT Documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

**Facility Eligibility:** All Public Hospitals

**Health Facility Reimbursement Codes:**

| Service package code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-TB2 | RH-TB2-1 | RH-TB2-2 | RH-TB2-3 | RH-TB2-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 25

## TB DOTS Intensive Phase

**Code: RH-TB3**

**Facility level:** CPA 1-3 and National Hospitals

**Protocol:** CENAT diagnostic guidelines

**Clinical Indications.** This TB DOTS service package covers all newly diagnosed TB patients, (sputum positive or sputum negative) who have been diagnosed through the TB 1 and TB 2 service packages.

**Services covered:**

**4.** Consultation
- Multiple consultations with physicians and nurses
- History and examination as per CENAT clinical protocols
- Monitoring for progress and drug side effects

2. Investigation
- Collection and smear-making using three sputum samples (spot-morning-spot samples) after two months treatment
- Sputum smear transportation to laboratory for microscopy after two months treatment
- Refer for VCCT
- Other investigations as clinically indicated

3. Treatment
- First line DOTS as per CENAT protocols
- Other medication as indicated
- Inpatient admission if condition is serious
- Referral to higher level hospital if necessary

4. Counseling
- The importance of compliance.
- Side effects

5. Schedule and conduct follow-up Appointments
- Transcribe patient's DOTS form details onto CENAT treatment form

**Documentation**
- Standard Patient Dossier Medical Records
- Standard CENAT Documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-TB3 | RH-TB3-1 | RH-TB3-2 | RH-TB3-3 | RH-TB3-4 |

**There will be <u>no</u> reimbursement if the patient's treatment was not in line with CENAT protocols.**

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 26

## TB DOTS Maintenance Phase

**Code: RH-TB4**

**Facility Eligibility:** CPA1-3 and National Hospitals

**Protocol:** CENAT diagnostic guidelines

**Clinical Indications.** This TB DOTS service package covers all TB patients who have completed Hospital TB DOTS Intensive Phase service package 27.

**Services covered:**

1. Consultation
   - Multiple consultations with physicians and nurses
   - History and examination as per CENAT clinical protocols
   - Monitoring for progress and drug side effects
2. Investigation
   - Collection and smear-making using three sputum samples (spot-morning-spot samples) after two months treatment
   - Sputum smear transportation to laboratory for microscopy after two months treatment
   - Other investigations as clinically indicated
3. Treatment
   - First line DOTS Maintenance Phase as per CENAT protocols
   - Other medication as indicated
   - Inpatient admission if condition is serious
   - Referral to higher level hospital if necessary
4. Counseling
   - The importance of compliance.
   - Side effects
5. Schedule and conduct follow-up Appointments
   - Transcribe patient's DOTS form details onto CENAT treatment form

**Documentation:**

- Standard Patient Dossier Medical Records
- Standard CENAT Documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-TB3 | RH-TB3-1 | RH-TB3-2 | RH-TB3-3 | RH-TB3-4 |

**There will be <u>no</u> reimbursement if A) the patient lost to follow-up or B) the patient's treatment was not in line with CENAT protocols.**

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 27

## Adult and Pediatric ART Service

**Code: RH-ART**

**Clinical Indications**. This service package covers patients identified by the MOH NCHADS Program as being HIV+ and defined as stable.

**Facility Eligibility:**

**Protocol:**

**Clinical Indications:**

**Services Covered**:

1. Consultations
   - Cotrimoxazol and/or IPT for eligible PLHIV according to clinical guidelines
   - Care and treatment for HIV exposed infants, including ARV prophylaxis, CPT, EID
   - Lab test for patient monitoring
   - Birth spacing service
   - Follow up of patients who miss the appointments with the support peer community workers at the ART site as well as CMC and CMA

2. Investigations:
   - CD4/viral load, DNA PCR, plus others as clinically indicated
   - Rapid test for cryptococcal antigens (LFA).

3. Medications:
   - All ART medications, FP commodities, and medical supplies appropriate to facility supplied by CMS.

**Required Documentation:**

- Visit forms (A, B, Exposed Infant Form)
- Lab request form and Lab result forms
- Entry into ART databases
- Referral form if indicated

**Health Facility Reimbursement Codes:**

| Service Package Code | MPA | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|---|
| RH-ART | RH-ART-HC | RH-ART-1 | RH-ART-2 | RH-ART-3 | RH-ART-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 28

## Specialized Methadone Maintenance Therapy (MMT) OPD Consultation

**Code: RH-MMT**

**Facility Eligibility:** All MOH Approved MMT Facilities

**Clinical Indications:** This service package covers all specialized out-patient consultations at MOH approved MMT facilities. The specific clinical indications that are relevant to each specialized out-patient services must be noted in the summary of treatment form.

**Protocol:** National Program for Mental Health and Substance Abuse Methadone Maintenance Therapy Guidelines

**Services Covered:**

1. Daily Methadone Dosing
2. Weekly Medical Checkups for New Cases
3. Weekly Psychological Checkups for New Cases
4. Bi-weekly Medical Checkups for Continuing Cases
5. Bi-weekly Psychological Checkups for Continuing Cases
6. Blood Tests
   - Complete Blood Count
   - Hepatitis A, B, and C
7. Urine Tests
   - Methamphetamine presence
   - Opiate presence
8. Wound Care
9. Referral to Voluntary Confidential Counseling and Testing (VCCT) services.
10. Referral to relevant services at registered HEF facilities.

**Documentation:**

- Standard Patient Dossier Medical Records
- Hospital MMT Summary of Treatment Form Automatically Generated from PMRS
- Standard MOH Registers

**Health Facility Reimbursement Codes:**

| Service Package Code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-MMT | n/a | n/a | n/a | RH-MMT-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 29

### Screening for Diabetes Mellitus

**Code: RH-Dia1**

**Facility covered:** CPA1-3 and National Hospitals

**Protocol:** Clinical Practice Guidelines for Diabetes Mellitus and Blood Pressure control

**Clinical Indications:** This specific service package covers all services involved with screening and counseling persons for and about diabetes of persons with one or more risk factors (frequent urinating during night, polydipsia, aged ≥40 years, overweight, TB, sudden weight loss, Melioidosis, hypertension, history of stroke or ischaemic heart disease)

**Services Covered**:

5. Consultation
   - History taking
   - Vital information like bloosd pressure, height, weight, waist circumference
   - Fundoscopy for Diabetic Retinopathy
   - (non)sasting blood glucose
   - HbA1c, Creatinin + urine albumin/protein + lipid profile + at least K+ electrolyte
6. Medication:
   - Medication as indicated by the Clinical Practice Guidelines
   - Insulin Syringes
7. Counseling
   - If present in the operational district: local Peer Educator Group
   - Blood sugar and blood pressure targets bodyweight
   - Behavioral changes regarding diet, exercise, smoking, alcohol
   - Risk factors for diabetic complications and means to prevent these
8. Non-Medical Benefits:
   - Self-management booklet with health education for record keeping
   - A3-Diabetes Pyramid Poster

**Required Documentation:**

- Standard Patient Dossier Medical Records
- Standard CENAT Documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-Dia1 | RH-Dia1-1 | RH-Dia1-2 | RH-Dia1-3 | RH-Dia1-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 30

## Diabetes Type 2 Quarterly Treatment & Follow-up

**Code: RH-Dia2**

**Facility eligibility:** CPA1-3 and National Hospitals

**Protocol:**

**Clinical Indications:** This Hospital service package covers the treatment and follow-up of people diagnosed with Diabetes Mellitus. It is intended to be used for quarterly follow-up consultations to monitor clinical progress once stable. If more or less frequent consultations are needed use Diabetes Service Package 30: Single Consultation for Treatment and Follow-up.

**Services Covered**:

5. Consultation
   - History since last consultation, including self-management, symptoms, treatment adherence and side effects, diet, exercise, smoking, alcohol
   - Any glucose or HbA1c results since last consultation.
   - Examination for blood pressure height, weight, waist circumference
6. Investigations
   - Fasting blood glucose or RBG (+/- HbA1c one time per year), urine protein, creatinine, lipids, hepatitis C
7. Medication
   - Medication as indicated by the Clinical Practice Guidelines
   - Insulin Syringes
8. Counseling:
   - Encourage diabetes patient to contact with other diabetes patients in the village and stay with Peer
   - Behavioral changes regarding diet, exercise, smoking, alcohol
   - Risk factors for diabetic complications and means to prevent these
   - Adherence with and understanding of requirements for treatment
   - Check ability of Self-monitoring, ask to see the patient self management book and discuss the records and progress towards targets

**Required Documentation:**

- Standard Patient Dossier Medical Records
- Standard CENAT Documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-Dia2 | RH-Dia2-1 | RH-Dia2-2 | RH-Dia2-3 | RH-Dia2-4 |

**Reimbursement**: on a quarterly basis following completion of required documentation.

## Service Package 31

## Single Consultation for Diabetes Treatment and Follow-up

**Code: RH-Dia3**

**Clinical Indications:** This Hospital Diabetes Service Package is to be used for diabetes-related consultations that are not covered by Diabetes Service Package 30: Quarterly Treatment and Follow-up.

**Facility eligibility:** CPA1-3 and National Hospitals

**Protocol:**

**Services Covered:**

1. Consultation
   - History since last consultation, including reasons for missing last quarterly review, symptoms, compliance and side effects, diet, exercise, smoking, alcohol, glucose or HbA1c results since last consultation.
   - Examination for blood pressure, height, weight, waist circumference, Fundoscopy, feet
2. Investigations:
   - Fasting blood glucose, or non-fasting blood glucose +/- HbA1c, urine protein, creatinine, Lipids, Hepatitis C if unknown, other as per guidelines
3. Medication:
   - Medication as indicated by the Clinical Practice Guidelines
   - Insulin Syringes
4. Counseling:
   - Encourage diabetes patient to contact with other diabetes patients in the village and stay with Peer
   - Behavioral changes regarding diet, exercise, smoking, alcohol
   - Risk factors for diabetic complications and means to prevent these
   - Adherence with and understanding of requirements for treatment
   - Check ability of Self-monitoring, ask to see the patient self management book and discuss the records and progress towards targets

**Documentation:**

- Standard Patient Dossier Medical Records
- Standard CENAT Documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

**Health Facility Reimbursement Codes:**

| Service Package Code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-Dia3 | RH-Dia3-1 | RH-Dia3-2 | RH-Dia3-3 | RH-Dia3-4 |

**Reimbursement:** Record of follow-up in Treatment Follow-up Summary form

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 32

## Long-acting Reversible Family Planning Methods using IUDs or Implants

**Code: RH-LARFP**

**Facility Eligibility:** CPA1-3 and National Hospitals

**Clinical Indications:** This long-acting reversibly family planning service package covers all admissions in which a HEF client is voluntarily seeking long-acting reversible family planning products and procedures.

**Protocol:** CPA guidelines

**Services Covered:**

**1.** Consultation
- History, method choice and physical examination as appropriate.

**2.** Investigation
- As indicated by consultation.

**3.** Treatment
- Medication from the CPA Essential Medicines List as indicated.
- Referral to hospital if necessary.

**4.** Counseling
- Provide information on available FP methods and follow-up.
- Informed Consent Counseling

**5.** Schedule Follow-up Appointment if appropriate

**Documentation:**
- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Hospital registers.
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| Service package code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-LARFP | RH-LARFP-1 | RH-LARFP-2 | RH-LARFP-3 | RH-LARFP-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 33

## Permanent Family Planning Methods including Vasectomy and Tubal Ligation

**Code: RH-PermFP**

**Facility Eligibility:** CPA2-3 and National Hospitals

**Clinical Indications:** This permanent family planning service package covers all admissions in which a HEF client is voluntarily seeking vasectomy or tubal ligation procedures.

**Protocol:** CPA Guidelines

**Services covered:**

**1.** Consultation
- History, method choice and physical examination as appropriate.

**2.** Investigation
- As indicated by consultation.

**3.** Treatment
- Medication from the CPA Essential Medicines List as indicated.
- Referral to hospital if necessary.

**4.** Counseling
- Provide information on available FP methods, their permanent nature and follow-up.

**5.** Schedule Follow-up Appointment if appropriate

**Documentation:**
- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Hospital registers.
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| Service package code | CPA2 | CPA3 | NH |
|---|---|---|---|
| RH-PermFP | RH-PermFP-2 | RH-PermFP-3 | RH-PermFP-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 34

## Hospital Delivery, including Attempted Delivery or Post Abortion Care

**Code: RH-Del**

**Facility Eligibility:** CPA1-3 and National Hospitals

**Clinical Indications:** This general hospital in-patient service package covers both outpatient and in-patient services provided to a client during one visit to a hospital facility for a delivery or attempted delivery with referral.

**Protocol:** CPA guidelines

**Services covered:**

1. Consultation
   - Presenting complaint, history, family history and physical examination as appropriate.
   - Admission to the appropriate ward.
   - Management of labor and delivery if indicated
   - Daily physical examination and assessment of clinical progress.

2. Investigation
   - As indicated by consultation.

3. Treatment
   - Medication from the CPA Essential Medicines List as indicated..
   - Referral to higher level hospital if necessary.

4. Counseling
   - Provide information on diagnosis, treatment plan, discharge, compliance and follow-up.

5. Schedule Follow-up Appointment if appropriate

**Documentation:**

- Standard Patient Dossier Medical Records
- Hospital Registers
- Hospital HEF Summary of Treatment form
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|
| RH-Del-1 | RH-Del-2 | RH-Del-3 | RH-Del-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 35

## General Inpatient Admission

**Code: RH-IPDGen**

**Facility Eligibility:** CPA 1-3 and National Hospitals

**Clinical Indications:** This general hospital in-patient consultation service package covers all non-specific admissions that do not include major surgery (see General Service Package 19). This service package covers both out-patient and in-patient services provided to a client during one visit to a hospital facility, and covers delivery and attempted delivery with referral.

**Protocol:** CPA guidelines

**Services covered:**

1. Consultation
   - Presenting complaint, history, family history and physical examination as appropriate.
   - Admission to the appropriate ward.
   - Management of labor and delivery if indicated
   - Daily physical examination and assessment of clinical progress.

2. Investigation
   - As indicated by consultation.

3. Treatment
   - Medication from the CPA Essential Medicines List as indicated.
   - Referral to higher level hospital if necessary.

4. Counseling
   - Provide information on diagnosis, treatment plan, discharge, compliance and follow-up.

5. Schedule Follow-up Appointment if appropriate

**Documentation:**

- Standard Patient Dossier Medical Records
- Hospital Registers
- Hospital HEF Summary of Treatment form
- Referral letter to hospital if necessary

**Health Facility Reimbursement Codes:**

| Service package code | CPA1 | CPA2 | CPA3 | NH |
|---|---|---|---|---|
| RH-IPD | RH-IPD-1 | RH-IPD-2 | RH-IPD-3 | RH-IPD-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## Service Package 36

## Inpatient Admission Major Surgery

**Code: RH-IPDSurg**

**Facility Eligibility:** CPA2-3 and National Hospitals

**Clinical Indications:** This general hospital in-patient surgical service package covers all major surgical admissions. This service package covers both outpatient and inpatient services provided to a client during one visit to a hospital facility. All major surgical cases are defined as only those that include the use of general or epidural anesthesia during the procedure.

**Services Covered:**

**1.** Consultation:
- Presenting complaint, history, physical examination,
- Pre-operative assessment.
- Multiple consultations with a surgeon, physician, medical assistant, nurse, or midwife, including counseling, surgery, anesthesia, pre- and post-operative care, and daily monitoring of progress.

**2.** Counseling:
- The surgical procedure, its potential hazards, informed consent, type of anesthetic, recovery, pain relief.

**3.** Investigations:
- As indicated by consultation

**4.** Medications:
- All medications, anesthetic agents, Family Planning commodities, and medical supplies appropriate to facility supplied by Central Medical Stores.

**Documentation:**
- Standard Patient Dossier Medical Records
- Informed consent for Surgery
- Hospital Registers
- Hospital HEF Summary of Treatment form.

**Health Facility Reimbursement Codes:**

| Service package code | CPA2 | CPA3 | NH |
|---|---|---|---|
| RH-IPDSurg | RH-IPDSurg-2 | RH-IPDSurg-3 | RH-IPDSurg-4 |

**Targeted Health Service:** ☐ Yes ☑ No

## 12. Non-Medical Benefits

Table 1 provides a summary of the types of cases at different levels within the public health system where HEF clients and their caretakers are eligible to receive non-medical benefits. These benefits include transportation cost reimbursements, caretaker food allowances, and funeral support.

**Table 1: Non-Medical Benefits by Case Category**

| Item | National & CPA 1-3 Referral Hospitals | | Former District Hospitals | | Health Centers |
|---|---|---|---|---|---|
| | IPD | OPD | IPD | OPD | OPD |
| **Transport Reimbursements** | ✓ | ✓ | Delivery, Attempted Delivery and Post Abortion Care Only | No | Delivery, Attempted Delivery and Post Abortion Care Only |
| **Caretaker Food Allowances** | ✓ | No | Delivery, Attempted Delivery Only | No | Delivery, Attempted Delivery Only |
| **Funeral Support** | ✓ | | No | | No |

### 12.1. Transportation Reimbursements

The HEF financially supports transportation of HEF clients to access health services. Transportation reimbursement amounts are automatically calculated in the MOH PMRS using regularly updated distance and actual cost information to ensure that reimbursements amounts reflect actual transport costs for HEF clients. The HEF supports the use of private transportation and ambulance services according to the criteria and methods described in the sections below.

Members of targeted population groups (as detailed in "Targeted Population Groups") who access services related to HIV/AIDS, Tuberculosis, or Sexually Transmitted Diseases (STDs) should be provided with transportation reimbursements as outlined below.

HEF clients accessing Methadone Maintenance Therapy (MMT) services under the specific service package for MMT defined in "Medical Benefits" are eligible for transportation reimbursements as per section 12.1.1.3 of this chapter

#### 12.1.1. Transport by Private Means

A household can receive a maximum of two transportation reimbursements per trip to and from a health facility if two or more members require medical attention. Transportation reimbursements are calculated automatically by the MOH PMRS to provide enough support for a HEF client to travel from their home of record to the health facility and back following treatment.

The following conditions apply to provision of transportation reimbursements by the HEF:

- Is only paid to HEF clients who have a Referral Letter or Appointment Letter when accessing Referral Hospitals except in the following cases: (1) women who deliver, (2) women who have an attempted delivery at a health facility, (3) women who seek post-abortion care, (4) HEF clients who are accessing permanent or long-acting contraception services, or (5) HEF clients who access emergency services.
- Transportation reimbursements are paid at health centers only for women who deliver, attempt to deliver, or seek post-abortion care at the health center from their catchment area.
- For referrals to higher level care providers (e.g. from CPA1 to CPA3 hospital)

Provincial and District Health Financing Steering Committees (P/DHFSC) should explore opportunities for establishing local transport arrangements for poor and vulnerable people from the village to the health center, with locally available money. Some areas have pre-existing arrangements of Community Managed HEFs that are organized and run with Commune Councils and Pagoda Committees. To enable access to contracted health facilities and to promote uptake of much needed health services, transport vouchers can be provided to selected groups. For example, people with disabilities and older people often face difficulties to physically access health centers.

#### 12.1.1.1. Health Center and Former District Hospital private transportation reimbursements

Transportation reimbursements shall be provided to HEF clients for private transportation, either personal or hired, who access a health centers and former district hospitals (collectively known as MPA facilities) to deliver a baby, attempt to deliver, or seek post abortion care.

- Transportation reimbursements shall be provided to such HEF clients that come from a village located within the catchment area of that MPA facility.
- HEF clients who come from outside the catchment area of the MPA facility shall only receive a transportation reimbursement equal to that of the village within the catchment area closest to their home village.
- Payment of the transportation cost reimbursement shall be made when the woman is discharged from the MPA facility following delivery, attempted delivery, post-abortion care, or upon referral to a hospital.

#### 12.1.1.2. Hospital Level Private Transportation Reimbursements

Transportation reimbursements shall be provided to HEF clients for private transportation, either personal or hired, to reach a hospital either from home, from a referring facility, and for their return journey home. Cost reimbursements for private transportation are provided at the referral hospital level for HEF clients who meet the following criteria:

- The HEF client has been officially admitted to the hospital as an inpatient or for specialized outpatient services based upon a Referral or Appointment Letter that indicates referral to that facility.
- A referral or appointment letter is <u>not</u> required for a HEF client to receive a transportation cost reimbursement in cases of delivery, attempted delivery, post-abortion care, permanent contraception, or emergency services.
- No transportation cost reimbursements will be provided to HEF client who received their referral letter from the health center located within the compound of the hospital to which they are referred.

Transportation reimbursements are made through direct payments to HEF clients or their caretaker. Calculation of transportation reimbursements at hospitals shall be according to Table 2 of this chapter. A maximum of two transportation reimbursements may be provided to a household which has multiple members (both accessing inpatient or outpatient services) which used the same transport to either arrive to the hospital or return to their village. If a HEF client dies while in hospital, their caretaker or relative shall be provided with the remaining transportation cost reimbursement.

For HEF clients who are accessing inpatient services, the transportation cost reimbursement that covers travel from their home village to the hospital is made at the time of admission, or by 9 am the next day if admitted between 6 pm and 6 am. The HEF client shall be paid a transportation cost reimbursement that covers travel from the hospital back to their home village at the time of official discharge from the hospital. HEF clients who are unofficially discharged from the hospital are not provided with any transportation cost reimbursements.

#### 12.1.1.3. Transportation Reimbursements for MMT HEF Clients

Each HEF supported MMT client will be provided with a pre-determined transportation reimbursement during a 30-day period if they comply with the following treatment protocol:

- Visit the clinic for services at least 28 times during the 30-day period counting only one visit per day as recorded in the MOH PMRS and documented in the MMT client dossiers.
- Attend psychological counseling sessions as required by the case manager.
- Are not involved in any physical violence, participation in any quarrels, use or distribution of drugs/alcohol, carrying of any weapons, theft, or violation of any established policies of the Department of Mental Health and Substance Abuse while accessing services at the MMT clinic.
- Clients who drop-out of the treatment program before receiving payment on the 15$^{th}$ or 30$^{th}$ of the month (as described below) are not eligible to receive a transportation reimbursement.

Newly registered HEF supported MMT clients are eligible for a transport reimbursements during the first month of treatment if the client enrolled before the 4$^{th}$ of the month (on 1, 2 or 3rd to 30th/31st). If new cases start using the services on 4th until 30th or 31st, they will not eligible for transportation. To avoid excessive workload of MMT clinic staff, the transportation reimbursements will be distributed during the last three days of any given month, and if this falls during a weekend or holiday, payment will be made on the following Monday or next working day.

Transportation reimbursements are only available to HEF supported MMT clients who do not receive other transportation support from NGOs supporting related harm reduction programs. A MOH approved MMT facility will use their own funds to provide reimbursements for transportation, and will submit an invoice to the HEF for the reimbursement.

#### 12.1.1.4. Private Transportation Reimbursements

On an annual basis, the Provincial and/or District Health Financing Steering Committee (P/DHFSC) is responsible to conduct a survey using maps and key informants to determine the actual traveling distance from each MPA facility to each village that lies within its catchment area as determined by the most recent MOH Health Coverage Plan. Additionally, actual traveling distances from each hospital to all MPA facilities within its catchment area are included in this annual survey. This survey should be done in coordination with Operational District Management.

The Provincial Health Department is responsible for annual collection and maintenance of current travel costs between Referral Hospitals, Provincial Hospitals, and National Hospitals for facilities under their responsibility. All annual survey results of actual traveling distances and current transportation costs should be reviewed and approved by the respective Health Financing Steering Committees and based on real traveling distances and current market rates.

All actual traveling distances are to 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 a rain storm, “bad roads” are defined by the inability to ride a bicycle during rain storm, and “water” is defined by distances that must be traveled by boat.

The results of the annual survey of actual traveling distances are entered into the MOH PMRS which uses the information to calculate the transportation reimbursement due to each HEF client. Hospital staff who are using the MOH PMRS to manage the transportation reimbursements due to a HEF client are informed of the exact amount to be paid to each HEF client at the time of discharge or referral.

At health centers and former district hospitals where the MOH PMRS is not yet available, a printed report which provides the transportation reimbursements for each village in the catchment area will be printed and

distributed by the Operational District. If the distances or rates per kilometer are changed in a specific area, it is the responsibility of the Operational District to re-print this report and distribute to the affected facilities. Table 2 provides the reimbursement for HEF client transportation.

**Table 2: Private Transportation Reimbursement**

| Type | Riels/km Good Road | Riels/km Bad Road | Riels/km Water |
|---|---|---|---|
| **Transportation Reimbursement Codes for Health Centers** | | | |
| Village to MPA Facilities | HC-TransGood | HC-TransBad | HC-TransWat |
| **Transportation Reimbursement Codes for Hospitals** | | | |
| Specialized Out-Patients | RH-OPD-TransGood | RH-OPD-TransBad | RH-OPD-TransWat |
| In-Patients | RH-IPD-TransGood | RH-IPD-TransBad | RH-IPD-TransWat |
| Phnom Penh Specialized Out-Patients | PP-RH-OPD-TransGood | PP-RH-OPD-TransBad | PP-RH-OPD-TransWat |
| Phnom Penh In-Patients | PP-RH-IPD-TransGood | PP-RH-IPD-TransBad | PP-RH-IPD-TransWat |
| **Transportation Reimbursements for Referrals between Hospitals (RH->PRH->NH)** | | | |
| Rate based on surveyed actual costs by Provincial Health Departments and Health Financing Steering Committees. | | | |

### 12.1.2. Ambulance Services

HEF clients shall have access to ambulance services that are provided by health centers, former district hospitals, and hospitals. Ambulance services must include a clinical provider during transport of clients and be documented using standard MOH referral forms. Payment for ambulance services is considered as a "service fee" and are paid directly to the health facility and not as a transportation reimbursement to the HEF client. The rates for ambulance services are set at a flat rate per kilometer as described in Table #3 below. As with all services provided by public authorities, the rates below do not reflect the actual cost of the ambulance services but rather the subsidized cost of a government service.

There are two methods to calculate the ambulance cost for the transport of a HEF client to the referral hospital or to a higher level of care.

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

Option 2: If the ambulance does not have a working odometer or complete and accurate records from the logbook are not available, the HEF will use the number of kilometers from the village or place that the HEF client was picked up to the referral hospital where they were dropped off.

**Table 3: Ambulance Service Reimbursement**

| Service | Option #1: Logbook | Option #2: Point of Pick-up to Drop Off |
|---|---|---|
| Ambulance Transport | RH-Amb-1WayKm | RH-Amb-2WayKm |
| Ambulance Service within Phnom Penh | PP-RH-Amb-FlatRate | |

Additionally, the actual costs paid for cases when an ambulance must use a toll road or ferry service will be paid to the ambulance operating authority based on actual costs.

In cases where a HEF client dies while being transported by ambulance the clinical provider can document details of the death and the client's body should be immediately transported back to their village of record by the ambulance. The additional kilometers incurred during transport of the deceased back to their village of record will be paid at the rates in Table 3. Catastrophic expenditures by the poor and vulnerable for transportation of deceased relatives is common, therefore ambulance drivers shall be strictly monitored to ensure that no out-of-pocket payments are charged to relatives of HEF clients who die while being transported by ambulance.

In some areas administrative district or provincial level authorities have established ambulance services that are not directly managed by the Ministry of Health. A referral hospital may enter into an agreement with the relevant administrative district or provincial authorities who manage the ambulance service to purchase ambulance services provided that the rates per kilometer are equal to or less than the rate in Table 3.

### 12.1.3. Non-Ambulance Emergency Transport

There are situations where a HEF client requires emergency transportations rot a referral hospital from a location or at a time when an ambulance is not available. In these cases, HEF shall be reimbursed for the expense of non-ambulance emergency transportation based on the actual costs of the emergency transport as evidenced by receipts. In cases where the price presented is unrealistic (i.e. too high) the following rates will apply.

**Table 4: Maximum Emergency Vehicle Transport Rates**

| Type of Vehicle | Riels/km |
|---|---|
| **Car/Taxi/Truck/Boat** | EmerVehMax |
| **Moto Romork/Tuk Tuk** | EmerRomorkMax |
| **Motorcycle** | EmerMotoMax |

## 12.2. Funeral Benefits

Funeral benefits will be paid to the family of any HEF client who dies in a hospital while accessing either OPD or IPD services with HEF support. The amount of funeral benefits to be provided to the family of a HEF client who dies in hospital is provided in Table 6 below.

**Table 6: HEF Funeral Benefit Rate**

| Item | Rate |
|---|---|
| Funeral Benefits Per Case | Funeral Grant |

**ANNEX 1**

**HEF Summary of Treatment Form Auto generated by the PMRS**

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| | | | | |
|---|---|---|---|---|
| **IDPoor No.** | **Patients Name:** | **Age** | **Gender:** | **Date:**<br>**Clerk Name *[Pre-Printed]*** |
| **Address:** | ***Province*** | ***District*** | ***Village*** | **Signature** |
| *[Information in this box will be pre-printed by PMRS]* | | | | |

**HEF Service Packages – Tick only 1**

| | SP Code | Physician Signature |
|---|---|---|
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| SP Code | Physician Signature | |
|---|---|---|
| | | |
| | | |
| | | **Complete Date:** |
| | | **Complete Date:** |
| | | **Month:** |
| | | **Quarter:** |

**Detailed Services Provided (Physician to Fill)**

| Ward | Services | Date |
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**User Fee Assigned (Cashier)**

| Fee | Cashier Stamp. |
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|---|---|---|---|
| **Discharge Date:** | | **Time:** | |
| **Discharge Type:** | | **Outcome:** | |

| **Admission Diagnosis or ICD10 Code** | **Discharge Diagnosis or ICD10 Code** |
|---|---|
| **1.** | **1.** |
| **2.** | **2.** |
| **3.** | **3.** |

| | | |
|---|---|---|
| Date:<br>[Patient Name] (Pre-Printed) | Date:<br>Discharge Physician Signature and Name | Date:<br>Cashier signature and name |