

## 1. Healthcare Provider Readiness Survey

(Participants from: hospitals and health centers: Facility management teams (CEO, HMIS, Finance, Clinical Dept. Head)

Section I: organizational Characteristics			
Code	Question	Response	Skip Logic
<b>Facility Identification</b>			
PRS-01	Region	1. Oromia 2. SW region 3. Somali 4. AA	-
PRS-02	Facility name	Text: _____	-
PRS-03	Facility type	1. Health Center 2. Primary Hospital 3. General Hospital 4. Specialized hospital	
PRS-04	Your role in this institution	1. CEO/delegate 2. HMIS 3. Clinical department head 4. Other(specify)	
	Your profession	1. Physician (all type) 2. Nurse (all type) 3. Health officer 4. Environmental health 5. HIT 6. Midwifery 7. Nutrition 8. Other(specify)	
	Educational status	1. Diploma 2. BSc 3. MSc/MPH 4. Specialty certificate 5. Sub-specialty	
	Total years of experience	(in years)	
	years of experience in this institution	(in years)	
<b>Service Organization</b>			
PR-02	How many outpatient consultations did your	Numeric: ____	Ask if Skip if PRS-04 =1

	facility handle in the last quarter?		
PR-03	To what extent do you agree that your facility is equipped to provide maternal health services (ANC, delivery, PNC)?	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	Ask if Skip if PRS-04 =1
PR-04	What percentage of essential medicines were available in the last month?	Numeric: ____%	Ask if Skip if PRS-04 =1
PR-05	Rate the frequency of essential medication stockouts in the last 6 months.	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	Ask if Skip if PRS-04 =1
<b>HIS Capabilities</b>			
PR-06	Which electronic systems does your facility use? (Select all)	<input type="checkbox"/> HMIS/DHIS2 <input type="checkbox"/> Laboratory system <input type="checkbox"/> Pharmacy system <input type="checkbox"/> EMR <input type="checkbox"/> Other(specify) <input type="checkbox"/> None	Ask if Skip if PRS-04 =2
PR-07	How often is data submitted to HMIS/DHIS2?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Never	Ask if Skip if PRS-04 =2
PR-08	Does your facility generate automated reports for service coverage (e.g., ANC, immunization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask if Skip if PRS-04 =2
<b>ICD Coding Infrastructure</b>			
PR-09	Does your facility use standardized diagnosis codes (e.g., ICD-10)?	1. Yes 0. No 99. I don't know	If <b>0, or 99</b> , skip to PR-12
PR-10	How are diagnosis codes assigned?	<input type="checkbox"/> Automated via HIS <input type="checkbox"/> Manual entry <input type="checkbox"/> Not applicable	—
PR-11	What percentage of diagnoses are coded in the system?	Numeric: ____%	—
<b>Human Resources</b>			
PR-12	Number of staff trained in claims processing/billing:	Numeric: ____	Ask if Skip if PRS-04 =1

PR-13	Are there designated staff for coding diagnoses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Ask if Skip if PRS-04 =1
<b>Claims Processing</b>			
PR-14	Does your facility submit claims to CBHI?	1. Yes 0. No 99. I don't know	If <b>0, or 99</b> , skip to PR-18
PR-15	Average time to prepare and submit a claim (days):	Numeric: _____	—
PR-16	Percentage of claims rejected by CBHI in the last quarter:	Numeric: _____%	—
PR-17	Reasons for claim rejections (Select all):	<input type="checkbox"/> Incomplete documentation <input type="checkbox"/> Incorrect coding <input type="checkbox"/> Eligibility issues <input type="checkbox"/> Other: _____	—
<b>Perceived Readiness</b>			
PR-18	Rate your facility's readiness to implement electronic claims submission:	<input type="checkbox"/> Very low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Very high	Ask if Skip if PRS-04 =1
PR-19	Major barriers to efficient claims processing (Select all):	<input type="checkbox"/> Staff shortages <input type="checkbox"/> Lack of training <input type="checkbox"/> Poor internet connectivity <input type="checkbox"/> Inadequate software <input type="checkbox"/> Other: _____	Ask if Skip if PRS-04 =1
<b>Revenue Streams</b>			
FM-01	Total government budget allocation (line-item) in the last fiscal year (local currency):	Numeric: _____	Ask if Skip if PRS-04 =1
FM-02	Total internal revenue generated in the last quarter (local currency):	Numeric: _____	Ask if Skip if PRS-04 =1
FM-03	Does your facility receive CBHI reimbursements?	1. Yes 0. No 99. I don't know	If <b>0, or 99</b> , skip to FM-06
FM-04	Total CBHI claims reimbursed in the last quarter (local currency):	Numeric: _____	—
FM-05	Total capitation payments received in the last 6 months (local currency) :	Numeric: _____	Only if the facility implementing capitation

<b>Budget Execution</b>			
FM-06	Percentage of allocated annual budget spent in the last quarter:	Numeric: ____%	Ask if Skip if PRS-04 =1
FM-07	Percentage of drug budget spent in the last quarter:	Numeric: ____%	Ask if Skip if PRS-04 =1
FM-08	Was the facility allowed to reallocate funds across budget lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask if Skip if PRS-04 =1
<b>Expenditure Tracking</b>			
FM-09	Are expenditures tracked electronically?	1. Yes 0. No 99. I don't know	If <b>0, or 99</b> , skip to FM-12
FM-10	System used for expenditure tracking:	<input type="checkbox"/> Excel <input type="checkbox"/> HMIS/DHIS2 <input type="checkbox"/> Dedicated software <input type="checkbox"/> Other: _____	—
FM-11	Frequency of financial reconciliation:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Never	—
<b>Financial Autonomy &amp; Challenges</b>			
FM-12	Can the facility retain surplus revenue?	1. Yes 0. No 99. I don't know	If <b>0, or 99</b> , skip to mo1
FM-13	Major financial management challenges (Select all):	<input type="checkbox"/> Delayed fund disbursement <input type="checkbox"/> Inadequate budget <input type="checkbox"/> Poor accounting skills <input type="checkbox"/> Fraud/leakage <input type="checkbox"/> Other: _____	—
FM-14	Total value of exempted services provided in the last quarter (local currency):	Numeric: _____	
<b>Section II: organizational Readiness</b>			
	<b>Domain 1: Ability to Measure Outcomes</b>		
Mo1	Organization uses data to understand the specific health needs of the population.		
	<b>Preliminary</b>		
	Organization has capacity to monitor primary health conditions.	Yes/No	
	Available insurance or socio-economic data is examined infrequently.	Yes/No	
	Organization has ability to track performance against quality benchmarks.	Yes/No	
	Data is not readily available and/or challenging to collect.	Yes/No	

	Data is limited to annual aggregate measures.	Yes/No
	Electronic Health Record (EHR) is functional but has little interoperability.	Yes/No
	Decisions are made regularly with incomplete data.	Yes/No
	<b>Intermediate</b>	Yes/No
	Organization regularly examines internal and external data sources.	Yes/No
	Reporting capacity can stratify data by meaningful groups.	Yes/No
	Organization can conduct trend analysis over time.	Yes/No
	There is a strategy in place to integrate EHR and analytic platforms.	Yes/No
	Integration of patient-level data is available for analysis.	Yes/No
	Availability of practice-level dashboards to track performance.	Yes/No
	<b>Advanced</b>	
	Organization regularly uses data with meaningful stratifications.	Yes/No
	Established feedback loop to incorporate patient input.	Yes/No
	Data on patient need/acuity drives targeted interventions.	Yes/No
	Common EHR analytics across organization.	Yes/No
	Ingrained understanding of data-driven decision-making processes.	Yes/No
	Significant investment in advanced data-driven strategy.	Yes/No
Mo2	Organization tracks quality measures.	
	<b>Preliminary</b>	
	Organization does not have defined key performance indicators.	Yes/No
	Data available is dependent on claims data.	Yes/No
	Organization can track and report National Measure Sets.	Yes/No
	Reports include clinical variables such as diagnosis, risk factors.	Yes/No
	Limited reporting is available on outcomes.	Yes/No
	Available quality reporting is primarily process measure based.	Yes/No
	<b>Intermediate</b>	
	The organization has defined metrics for client services.	Yes/No

	Patient assessments are completed and associated with outcomes.	Yes/No
	Regular reports are available to monitor metrics, no formal performance targets.	Yes/No
	A quality strategy guides a Plan do study act (PDSA) process.	Yes/No
	Client assessment scores are captured at a single point in time.	Yes/No
	Data on acute events is available but not actionable.	Yes/No
	<b>Advanced</b>	Yes/No
	Well-defined quality metrics exist among programs.	Yes/No
	Organization uses data to monitor volume, outcomes, and process.	Yes/No
	Available data includes client assessment scores over time.	Yes/No
	Real-time actionable data is available.	Yes/No
	Organization has access to closed-loop referral data.	Yes/No
	Reports and dashboards are automatically updated and used daily.	Yes/No
	<b>Domain 2: Board &amp; Leadership Readiness</b>	
Bdr1	Leadership and Board receive metrics associated with population health management strategies.	
	<b>Preliminary</b>	
	Board receives performance data infrequently.	Yes/No
	Board meetings do not include regular review of performance data.	Yes/No
	Board receives limited or no performance data.	Yes/No
	Board receives information on state transformation efforts.	Yes/No
	<b>Intermediate</b>	
	Board receives performance data quarterly.	Yes/No
	Board is apprised of CBHI performance.	Yes/No
	Board includes a semi-annual review of data.	Yes/No
	Board understands the importance of reform efforts.	Yes/No
	<b>Advanced</b>	
	Leadership and Board are aware of all measures.	Yes/No
	Data presented to Board is prioritized for risk-based arrangements.	Yes/No
	Board reviews data at the majority of meetings.	Yes/No
	Board can describe population implications for reform efforts.	Yes/No
Bdr2	Leadership has a shared vision for value transformation.	

	<b>Preliminary</b>	
	Population needs are assessed and identified.	Yes/No
	Data is shared with leadership.	Yes/No
	Organization's vision is not data-informed.	Yes/No
	Leadership staff have discussed reform opportunities.	Yes/No
	<b>Intermediate</b>	
	Comprehensive strategic plan is in place.	Yes/No
	Data is regularly shared across the organization.	Yes/No
	Performance is communicated throughout the organization.	Yes/No
	Organization has a performance improvement plan.	Yes/No
	<b>Advanced</b>	
	Organization's vision is data-informed and reflects interdependency.	Yes/No
	Organization has strong data partnerships.	Yes/No
	Organization receives and utilizes population data from referral partners.	Yes/No
<b>Domain 3: <i>Technological Capability to Measure Micro and Macro Results</i></b>		
Tech1	Organization staff have access to regular reporting or dashboards.	
	<b>Preliminary</b>	
	Data is available on diagnoses for which services are sought.	Yes/No
	Data is available on primary health conditions.	Yes/No
	Data is analyzed for health needs of specific populations.	Yes/No
	<b>Intermediate</b>	
	Regular reporting methods assess broader health needs.	Yes/No
	Data on broader health needs is used to drive service delivery.	Yes/No
	<b>Advanced</b>	Yes/No
	Dashboards using multiple data sources are employed.	Yes/No
	Automated, interactive dashboards are employed.	Yes/No
	Dashboards are shared with leadership.	Yes/No
Tech2	Organization has the capacity to manage internal and external data for analysis.	Yes/No
	<b>Preliminary</b>	Yes/No
	Data is siloed or difficult to aggregate.	Yes/No
	Standard reporting is limited to query reporting.	Yes/No

	Data integrity issues lead to inconsistent versions of the truth.	Yes/No
	Cumbersome manual reporting makes informed actions a challenge.	Yes/No
	<b>Intermediate</b>	Yes/No
	Data is managed in a centralized location.	Yes/No
	IT has developed data automation for reporting.	Yes/No
	Diagnostic analytics are available for actionable decisions.	Yes/No
	Reports and dashboards are used to evaluate programs.	Yes/No
	<b>Advanced</b>	Yes/No
	Data is available through an enterprise data warehouse.	Yes/No
	Dynamic dashboards integrating multiple sources are available.	Yes/No
	Analysis can be accomplished through self-service data access.	Yes/No
	<b>Domain 4: Partnerships and Collaborative Agreements</b>	
Paco1	Organization has agreements with strategic partners to achieve transformation.	
	<b>Preliminary</b>	Yes/No
	Informal relationships or MOUs that have not been implemented exist.	Yes/No
	Positive working relationships exist with key partners.	Yes/No
	Organization works regularly with community partners but has no formal agreements.	Yes/No
	<b>Intermediate</b>	
	Focused partnerships are in development.	Yes/No
	Data is analyzed together to identify improvement opportunities.	Yes/No
	MOUs are in development and partners meet to discuss data.	Yes/No
	<b>Advanced</b>	Yes/No
	Formal partnerships are in place with rigorous MOUs.	Yes/No
	Access to timely and accurate data is available to all partners.	Yes/No
Paco2	MOU participants meet monthly to review data.	Yes/No
	Organization incorporates a health equity strategy.	
	<b>Preliminary</b>	



	Organization understands referral resources for SDOH/HRSN.	Yes/No
	Organization has referral relationships with community organizations.	Yes/No
	Organization has communication mechanisms with referral partners.	Yes/No
	Data can be stratified by race/ethnicity and other indicators.	Yes/No
	<b>Intermediate</b>	
	Organization has formal relationships or an MOU with referral partners.	Yes/No
	Organization holds regular meetings with referral partners.	Yes/No
	Organization has referral tracking systems with clinical responsibility.	Yes/No
	Stratified data can be shared across community partners.	Yes/No
	<b>Advanced</b>	
	Data on disparities is acted upon by the organization.	Yes/No
	Organization has dedicated care teams for SDOH/HRSN.	Yes/No
	Organization can provide seamless coordination of social service needs.	Yes/No
Paco3	Organization demonstrates proficiency in managing performance-based contracts.	
	<b>Preliminary</b>	
	Organization operates solely on fee for service billing.	Yes/No
	Organization has experience negotiating fee for service contracts.	Yes/No
	Contracts with managed care organizations do not include performance expectations.	Yes/No
	<b>Intermediate</b>	
	Organization has experience negotiating pay-for-performance contracts with upside risk.	Yes/No
	Contracts with managed care organizations include an incentive based VBP arrangement.	Yes/No
	<b>Advanced</b>	
	Organization has experience with negotiating downside risk-bearing contracts.	Yes/No
	Risk adjustment strategies are in place for higher need populations.	Yes/No
	Managed care contracts have sharing VBP agreements.	Yes/No

	<b>Domain 6: Financial Management Capabilities &amp; Cash-Flow Reserves</b>	
Fin1	Organization's EMR/EHR is configured for integrated data access and analysis.	
	<b>Preliminary</b>	
	Practices are primarily paper-based or lack full functionality of EHR/EMR.	Yes/No
	Data integrity challenges persist for practice management.	Yes/No
	<b>Intermediate</b>	
	EHR/EMR is configured for information management.	Yes/No
	Accessible reports are available for practice management.	Yes/No
	<b>Advanced</b>	
	EHR/EMR provides tracking of outcomes and data sharing capabilities.	Yes/No
	Additional functionality includes dashboarding of population health management.	Yes/No
	EHR/EMR is used for VBP payment reporting.	Yes/No
Fin2	Organization conducts analysis of its current financial performance.	
	<b>Preliminary</b>	
	Organization has general volume-based targets.	Yes/No
	Regular reports on financial indicators are conducted.	Yes/No
	<b>Intermediate</b>	
	Key Performance Indicators (KPI) are monitored regularly.	Yes/No
	KPIs are defined for meaningful metrics in VBP.	Yes/No
	Total Cost of care is monitored alongside patient gaps.	Yes/No
	<b>Advanced</b>	
	Financial KPIs are tracked and compared to benchmarks.	Yes/No
	Reports on financial health inform negotiations for value-based contracts.	Yes/No
	Organization can assess financial impact of services provided.	Yes/No
Fin4	Organization has conducted a comprehensive analysis of its financial capacity to participate in risk-based contracts.	
	<b>Preliminary</b>	

	Organization has not analyzed its cost of delivering services.	Yes/No
	Organization understands its cost but has not analyzed its ability to bear risk.	Yes/No
	<b>Intermediate</b>	
	Organization has conducted an analysis of its ability to bear risk.	Yes/No
	A financial model is available to anticipate impact on patient population.	Yes/No
	<b>Advanced</b>	
	Organization has meaningful financial models and determined capacity for risk-sharing.	Yes/No
	A reserve has been established to support payment reform planning.	Yes/No
	Organization has utilized financial models for negotiations for risk-sharing contracts.	Yes/No
	Analysis of impact of proposed APMs on revenues has been completed.	Yes/No

## 2. Purchaser Preparedness Assessment Tool

(Participants from: EHIS clusters, CBHI units, RHB finance teams, and federal EHIA/CBHI)

Section I: organizational Characteristics			
Code	Question	Response	Skip Logic
<b>Facility Identification</b>			
PRS-01	Region	1. Oromia 2. SW region 3. Somali 4. AA	-
PRS-02	Facility name	Text: _____	-
PRS-03	Facility type	1. <b><i>EHIS clusters</i></b> 2. <b><i>CBHI units</i></b> 3. <b><i>RHB finance teams</i></b> 4. <b><i>federal EHIA/CBHI</i></b> 5. Other(specify)	
PRS-04	Your role in this institution	1. <b><i>Head</i></b> 2. <b><i>HIS technician</i></b> 3. <b><i>Finance expert</i></b> 4. <b><i>Health expert/consultant</i></b> 5. Health economist 6. Other(specify)	
	Your profession	9. Physician (all type) 10. Nurse (all type) 11. Health officer 12. Environmental health 13. HIT 14. Midwifery 15. Nutrition 16. Other(specify)	
	Educational status	6. Diploma 7. BSc 8. MSc/MPH 9. Specialty certificate 10. Sub-specialty	
	Total years of experience	(in years)	
	years of experience in this institution	(in years)	
<b>OPERATIONAL CAPACITY</b>			
OC-01	Number of full-time staff dedicated to provider payment management:	Numeric: _____	—
OC-02	Percentage of staff trained in health	Numeric: _____%	—

	financing/payment mechanisms:		
OC-03	Does the purchaser have documented SOPs for claims processing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>No</b> , skip to OC-05
OC-04	Frequency of SOP updates:	<input type="checkbox"/> Quarterly <input type="checkbox"/> Biannually <input type="checkbox"/> Annually <input type="checkbox"/> Never	—
OC-05	How often are staff skills refreshed (training/re-training)?	<input type="checkbox"/> Quarterly <input type="checkbox"/> Biannually <input type="checkbox"/> Annually <input type="checkbox"/> Never	—
<b>DATA ANALYSIS SYSTEMS</b>			
DA-01	Which systems are used for claims processing? (Select all)	<input type="checkbox"/> Dedicated software <input type="checkbox"/> Spreadsheets <input type="checkbox"/> Manual ledgers <input type="checkbox"/> Other: _____	—
DA-02	Can the system generate real-time reports on: (Select all)	<input type="checkbox"/> Claims volume <input type="checkbox"/> Rejection rates <input type="checkbox"/> Provider performance <input type="checkbox"/> Expenditure trends <input type="checkbox"/> None	—
DA-03	Is the system integrated with national health databases (e.g., HMIS, CBHI enrollment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>No</b> , skip to DA-05
DA-04	Frequency of data synchronization with external systems:	<input type="checkbox"/> Real-time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	—
DA-05	Automated fraud detection capabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	—
<b>CONTRACT ADMINISTRATION</b>			
CA-01	Number of active provider contracts managed:	Numeric: _____	—
CA-02	Are contracts standardized with clear payment terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	If <b>No</b> or <b>Partial</b> , skip to CA-04
CA-03	Key payment terms included: (Select all)	<input type="checkbox"/> Service packages <input type="checkbox"/> Payment rates <input type="checkbox"/> Performance targets <input type="checkbox"/> Penalties <input type="checkbox"/> Timelines	—
CA-04	Average time to resolve contract disputes (days):	Numeric: _____	—

CA-05	Are providers categorized by service complexity (e.g., primary/specialty)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	—
<b>REIMBURSEMENT MECHANISMS</b>			
RM-01	Primary reimbursement methods used: (Select all)	<input type="checkbox"/> Capitation <input type="checkbox"/> Case-Based <input type="checkbox"/> Fee-for-Service <input type="checkbox"/> Global Budget <input type="checkbox"/> Line-Item Budget	—
RM-02	Average claim processing time (days):	Numeric: _____	—
RM-03	Claim rejection rate in the last quarter:	Numeric: _____%	—
RM-04	Top reasons for claim rejection: (Select all)	<input type="checkbox"/> Incomplete documentation <input type="checkbox"/> Coding errors <input type="checkbox"/> Ineligible services <input type="checkbox"/> Duplicate claims <input type="checkbox"/> Fraud	—
RM-05	Are reimbursement rates adjusted for: (Select all)	<input type="checkbox"/> Geography <input type="checkbox"/> Facility level <input type="checkbox"/> Case severity <input type="checkbox"/> Inflation	—
<b>CBP MANAGEMENT SPECIFICS</b>			
CBP-01	Does the purchaser use DRG/ICD coding for case-based payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>No</b> , skip to CBP-04
CBP-02	Number of DRG/ICD code categories used:	Numeric: _____	—
CBP-03	Frequency of DRG/ICD codebook updates:	<input type="checkbox"/> Quarterly <input type="checkbox"/> Biannually <input type="checkbox"/> Annually <input type="checkbox"/> Never	—
CBP-04	Are case-based payments cross-checked against clinical records?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sample audits	—
CBP-05	Are outlier cases (high-cost/low-frequency) handled differently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Purchaser Identification</b>			
PPA-01	Purchaser organization name	Text: _____	-
PPA-02	Purchaser type	1. Ministry of Health 2. Ethiopian Health Insurance Service 3. Private Insurer 4. Donor/Partner	-

Operational Capacity			
PPA-03	Number of full-time staff dedicated to provider payment systems	Numeric: _____	-
PPA-04	Staff expertise level in health financing (1–5 scale)	1. Very low 2. Low 3. Moderate 4. High 5. Very high	-
PPA-05	IT infrastructure supports real-time claims processing?	1. Yes 2. No	-
Data Analysis Systems			
PPA-06	Systems used for claims data analysis (Select all)	1. DHIS2 2. Custom software 3. Excel/Manual 4. Other: _____	-
PPA-07	Frequency of cost-efficiency reports for providers	1. Monthly 2. Quarterly 3. Annually 4. Never	-
PPA-08	Data used to set payment rates (Select all)	1. Historical claims 2. Costing studies 3. National benchmarks 4. Other: _____	-
Contract Administration			
PPA-09	Are provider contracts standardized?	1. Yes 2. No	-
PPA-10	Key performance indicators (KPIs) in contracts (Select top 3)	1. Service volumes 2. Quality metrics 3. Cost targets 4. Patient satisfaction 5. Other: _____	-
PPA-11	Frequency of contract compliance audits	1. Quarterly 2. Biannually 3. Annually 4. Never	-
Reimbursement Mechanisms			
PPA-12	Timeliness of reimbursements to providers	1. ≤30 days 2. 31–60 days 3. >60 days 4. Unpredictable	-
PPA-13	Methods to verify claims validity (Select all)	1. Pre-payment audits 2. Post-payment audits	-

		3. Automated algorithms 4. Spot checks	
<b>CBP Management Specifics</b>			
PPA-14	Capitation rate calculation methodology	1. Age/risk-adjusted 2. Flat rate 3. Historical utilization 4. Other: _____	-
PPA-15	Mechanisms to monitor provider gaming under CBP	1. Data analytics 2. Patient feedback 3. Clinical audits 4. None	-
PPA-16	Adjustments for high-cost cases in case-based payments	1. Yes, outlier payments 2. Yes, severity adjustments 3. No	-