

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
Facility Identification			
PRS-01	Region	<ol style="list-style-type: none"> 1. Oromia 2. SW region 3. Somali 4. AA 	-
PRS-02	Facility name	Text: _____	-
PRS-03	Facility type	<ol style="list-style-type: none"> 1. Health Center 2. Primary Hospital 3. General Hospital 4. Specialized hospital 	
PRS-04	Your role in this institution	<ol style="list-style-type: none"> 1. CEO/delegate 2. HMIS 3. Clinical department head 4. Other(specify) 	
	Your profession	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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)	
Service Organization			
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
HIS Capabilities			
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 EMR 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
ICD Coding Infrastructure			
PR-09	Does your facility use standardized diagnosis codes (e.g., ICD-10)?	1. Yes 0. No 99. I don't know	If 0, or 99 , 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: ____ %	—
Human Resources			
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
Claims Processing			
PR-14	Does your facility submit claims to CBHI?	1. Yes 0. No 99. I don't know	If 0, or 99 , 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: _____	—
Perceived Readiness			
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
Revenue Streams			
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 0, or 99 , 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

Budget Execution			
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
Expenditure Tracking			
FM-09	Are expenditures tracked electronically?	1. Yes 0. No 99. I don't know	If 0, or 99 , 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	—
Financial Autonomy & Challenges			
FM-12	Can the facility retain surplus revenue?	1. Yes 0. No 99. I don't know	If 0, or 99 , 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: _____	
Section II: organizational Readiness			
	Domain 1: Ability to Measure Outcomes		
Mo1	Organization uses data to understand the specific health needs of the population.		
	Preliminary		
	Organization has capacity to monitor primary health conditions.		
	Available insurance or socio-economic data is examined infrequently.		
	Organization has ability to track performance against quality benchmarks.		
	Data is not readily available and/or challenging to collect.		

	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
	Intermediate	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
	Advanced	
	Organization regularly uses data with meaningful stratifications.	Yes/No
	Established feedback loop to incorporate patient input.	Yes/No
	Data on patient need/acute 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.	
	Preliminary	
	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
	Intermediate	
	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
	Advanced	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
	Domain 2: Board & Leadership Readiness	
Bdr1	Leadership and Board receive metrics associated with population health management strategies.	
	Preliminary	
	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
	Intermediate	
	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
	Advanced	
	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.	

	Preliminary	
	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
	Intermediate	
	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
	Advanced	
	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

Domain 3: Technological Capability to Measure Micro and Macro Results

Tech1	Organization staff have access to regular reporting or dashboards.	
	Preliminary	
	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
	Intermediate	
	Regular reporting methods assess broader health needs.	Yes/No
	Data on broader health needs is used to drive service delivery.	Yes/No
	Advanced	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
	Preliminary	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
	Intermediate	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
	Advanced	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
	Domain 4: Partnerships and Collaborative Agreements	
Paco1	Organization has agreements with strategic partners to achieve transformation.	
	Preliminary	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
	Intermediate	
	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
	Advanced	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
	MOU participants meet monthly to review data.	Yes/No
Paco2	Organization incorporates a health equity strategy.	
	Preliminary	

	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
	Intermediate	
	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
	Advanced	
	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.	
	Preliminary	
	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
	Intermediate	
	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
	Advanced	
	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

	Domain 6: Financial Management Capabilities & Cash-Flow Reserves	
Fin1	Organization's EMR/EHR is configured for integrated data access and analysis.	
	Preliminary	
	Practices are primarily paper-based or lack full functionality of EHR/EMR.	Yes/No
	Data integrity challenges persist for practice management.	Yes/No
	Intermediate	
	EHR/EMR is configured for information management.	Yes/No
	Accessible reports are available for practice management.	Yes/No
	Advanced	
	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.	
	Preliminary	
	Organization has general volume-based targets.	Yes/No
	Regular reports on financial indicators are conducted.	Yes/No
	Intermediate	
	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
	Advanced	
	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.	
	Preliminary	

	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
	Intermediate	
	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
	Advanced	
	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
Facility Identification			
PRS-01	Region	<ol style="list-style-type: none"> 1. Oromia 2. SW region 3. Somali 4. AA 	-
PRS-02	Facility name	Text: _____	-
PRS-03	Facility type	<ol style="list-style-type: none"> 1. <i>EHIS clusters</i> 2. <i>CBHI units</i> 3. <i>RHB finance teams</i> 4. <i>federal EHIA/CBHI</i> 5. Other(specify) 	
PRS-04	Your role in this institution	<ol style="list-style-type: none"> 1. <i>Head</i> 2. <i>HIS technician</i> 3. <i>Finance expert</i> 4. <i>Health expert/consultant</i> 5. Health economist 6. Other(specify) 	
	Your profession	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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)	
OPERATIONAL CAPACITY			
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 No , 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	—

DATA ANALYSIS SYSTEMS

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 No , 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	—

CONTRACT ADMINISTRATION

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 No or Partial , 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	—
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REIMBURSEMENT MECHANISMS

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	—

CBP MANAGEMENT SPECIFICS

CBP-01	Does the purchaser use DRG/ICD coding for case-based payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No , 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	—

Purchaser Identification

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	
CBP Management Specifics			
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	-