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Health Care

Drug Policy Research Group

Stephen Soumerai ScD (Director, Drug Policy Research Group),

Dennis Ross-Degnan ScD (Co-Director, Harvard/Boston University WHO Collaborating Center on Pharmaceutical Policy)

Faculty: Alyce Adams PhD, Steven Simon MD, Jeanne Madden, PhD, Connie

A. General Questions on Your Community-Based Health Insurance Program

1. When did your community-based health insurance (CBHI) start? Year: _____

2. Why was your CBHI program created?

3. Who supported your CBHI program financially at the beginning?

4. How is your program funded now? What are its sources of revenues? (Check all that apply)

- Member Premiums/Contributions
 Government Other: _____
 Donors: _____ Don't know

5. Do your CBHI members live in an urban or rural setting, or both?

- Rural Urban Rural and Urban

6. Is membership voluntary or mandatory?

- Voluntary for all Mandatory/Compulsory for all
 Mandatory for the following groups: _____

7. How many individuals does your CBHI currently cover?

- ≤ 200 > 1,000 and ≤ 5,000
 > 200 and ≤ 500 > 5,000 and ≤ 10,000
 > 500 and ≤ 1,000 Over 10,000

8. Has this number changed over the past two years?

- No, it is stable Yes, it decreased
 Yes, it increased Don't know



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9. What is the percentage of your members in the following age groups?

- | | |
|-----------------|-------------------------------------|
| 0 - 5: _____% | 46 - 60: _____% |
| 6 - 20: _____% | 61 and above: _____% |
| 21 - 45: _____% | <input type="checkbox"/> Don't know |

10. What do members of your CBHI have in common? (Check all that apply)

- Region
- Community
- Professional group
- Other: _____ Don't know

11. Is your CBHI the only health insurance option available to your members?

- Yes No Don't know

12. Is the contribution (subscription) per member or per family?

- Member Family

13. How much is this contribution per year on average?

_____ *Value* _____ *Currency*

14. Does your CBHI offer reduced contributions for certain members?

- Yes No Don't know

If yes, please specify which categories of members: _____

15. Please rank in order of frequency the most common diseases in the population you cover:

- | | |
|----------|-------------------------------------|
| 1: _____ | 4: _____ |
| 2: _____ | 5: _____ |
| 3: _____ | <input type="checkbox"/> Don't know |

16. Please rank in order the most frequently used medications in the population you cover:

- | | |
|----------|---|
| 1: _____ | 6: _____ |
| 2: _____ | 7: _____ |
| 3: _____ | 8: _____ |
| 4: _____ | 9: _____ |
| 5: _____ | 10: _____ <input type="checkbox"/> Don't know |

17. Can you share administrative reports, such as the percentage of population groups your CBHI covers, number of individuals covered per member, revenues and expenditures per year, number of hospital admissions per year?

- Yes No Will get back to you



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B. Extent of Medicine Coverage by your Insurance

- | | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|--|--------------------------|----------------------------|--------------------------|
| 1. <u>Does your CBHI program pay for medicines (including vaccines) for members ? If it does not, is there a particular reason for not covering medicines? *</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> <hr/> <hr/> | | | |
| * If No to Question 1, skip to Section E at the end. | | | |
| 2. <u>How many different medicines does your program cover, regardless of formulation, dosage or strength?</u> | | | |
| <input type="checkbox"/> Up to 10 <input type="checkbox"/> 50 and over
<input type="checkbox"/> > 10 and <50 <input type="checkbox"/> Don't know | | | |
| 3. <u>Does your program cover medicines prescribed during hospitalization?</u>
If restrictions apply, please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> <hr/> | | | |
| 4. <u>Does your program cover medicines prescribed outside the hospital?</u>
If restrictions apply, please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> <hr/> | | | |
| 5. <u>Does your program cover traditional medicines?</u>
If restrictions apply, please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> <hr/> | | | |
| 6. <u>Does your program only cover medicines on a National Essential Medicine List?</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Does your insurance have its own list of covered medicines (a formulary)? If yes, please provide a copy.</u> | <input type="checkbox"/> | <input type="checkbox"/> * | <input type="checkbox"/> |

** If No to Question 7, skip to Section C.*



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8. Can your members be covered for medicines that are not on your list?

9. Who was involved in creating this list of covered medicines? (Check all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Insurance Managers | <input type="checkbox"/> Community |
| <input type="checkbox"/> Prescribers | <input type="checkbox"/> Subscribers |
| <input type="checkbox"/> Government | <input type="checkbox"/> Pharmacists |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Don't know |

10. What are the criteria used to create this list of covered medicines? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Disease Frequency | <input type="checkbox"/> Availability |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Prescriber or patient preferences |
| <input type="checkbox"/> WHO/ national list | <input type="checkbox"/> WHO/ national treatment guidelines |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Don't know |

11. How often is the list of covered medicines revised/updated?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Every year | <input type="checkbox"/> Every two years |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Don't know |

C. Access to Covered Medicines by your Members

1. When members are NOT in the hospital, where can they obtain medicines covered by your insurance? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician or other health worker |
| <input type="checkbox"/> Health Center | <input type="checkbox"/> Your own dispensary |
| <input type="checkbox"/> Drug shop | <input type="checkbox"/> Other _____ |

2. Can members obtain medicines covered by your insurance only at specific locations accredited by, or affiliated with your CBHI?

- Yes No Don't know

3. When members are NOT in the hospital, how far from their home do they have to travel on average to buy medicines covered by your insurance?

- | | |
|--|--|
| <input type="checkbox"/> ≤ 1 km | <input type="checkbox"/> > 5km and ≤ 10 km |
| <input type="checkbox"/> > 1km and < 5km | <input type="checkbox"/> Over 10 km |

4. How much do members pay for a covered medicine at the time of purchase?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Nothing | <input type="checkbox"/> Part of the cost called 'co-payment' |
| <input type="checkbox"/> Entire cost | <input type="checkbox"/> It depends on medicines or patients |
| <input type="checkbox"/> Don't know | |



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5. If members pay nothing or a portion of the cost, please describe how the seller gets paid:

6. If members pay the entire cost, please describe how they get reimbursed:

7. If the price paid at the time of purchase depends on medicines or patients, please explain:

8. If members pay part of the cost at the time of purchase, how is 'co-payment' determined?

- Co-payment is a fixed quantity for all medicines
- Co-payment is a percentage of medicine prices
- Other _____
- Don't know

9. If 'co-payment' is a fixed quantity, how much is this quantity?

_____ *Value*

_____ *Currency*

10. If 'co-payment' is a fixed percentage of medicines cost, how large is this percentage?

- Up to 25%
- > 25%, up to 50%
- > 50%
- Don't know

11. Is your insurance coverage of medicines the same when patients are hospitalized?

- Yes
- No
- Don't know

12. If it is different, please explain:
