What's on the table?

Rapid landscape review of challenges to successful engagement of private FP providers in public purchasing schemes

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The rationale for private sector engagement in purchasing programs

THE IMPORTANCE OF PRIVATE SECTOR PROVIDERS IN SERVICE DELIVERY

The private sector is a large and diverse range of non-state individuals and businesses that spans a spectrum of roles in health. Speaking specifically to private health providers, this part of the health workforce is already a significant source of service provision and provides at least 40% of all healthcare across low- and middle-income countries (LMICs).[1] Private health providers—including for-profit, not-for-profit, and faith-based—play a key role in the delivery of family planning (FP) services, with 37% of contraceptive uptake accessed through the private sector in LMICs.[2]

COUNTRY EXAMPLES OF PRIVATE SECTOR ENGAGEMENT

In the **Philippines**, private providers comprise ~65% of the health workforce and provide 38% of FP methods; however, fewer than 20% of these providers are accredited to provide Philippine Health Insurance Corporation (PhilHealth) FP packages.[3]

In **Indonesia**, private midwives contribute to 91% of skilled birth attendance. Of the estimated 250,000 practicing midwives registered with the Indonesian Midwives Association, only 5% of private midwives are contracted with Jaminan Kesehatan Nasional (JKN—national health insurance program).[4]

Of the women seeking antenatal care in **Kenya**, 28% received care from private facilities.[E] The free maternity scheme (Linda Mama) engages private providers in order to expand the availability of free maternity services.[5] Despite this, the National Hospital Insurance Fund (NHIF) estimates that only 299 private providers are actively providing services through Linda Mama.[6]

- **Many governments are increasingly eager to contract with private providers through public purchasing programs to expand affordable access to quality health services and as a mechanism through which to provide more robust stewardship to the private sector;** however, the engagement of private providers in purchasing programs has had limited success across LMICs.
- For private FP providers contracting with purchasing agencies, this can provide an opportunity to sustainably expand their businesses and increase their ability to serve clients for whom the cost of services might be a barrier.
- Despite good intentions, many private providers face challenges in the practicalities of participating in public purchasing programs**. These obstacles dissuade engagement with the public sector and hinder efforts to scale the coverage of quality FP services.**

IDENTIFYING CHALLENGES FOR PRIVATE PROVIDER ENGAGEMENT IN PURCHASING SCHEMES IS NECESSARY

The challenges faced by private providers, if left unaddressed, can undermine the capacity and the motivation of the private sector to integrate into public purchasing programs and improve health outcomes sustainably. Challenges to engaging private providers in public purchasing programs have evolved over time and across countries due to changing market conditions, including but are not limited to programs and processes that have been implemented to varying degrees of success. This rapid review highlights challenges documented in the literature at specific points but does not reflect the evolution of individual programs and conditions. Therefore, recommendations are conceptual rather than specific to unique challenges and updated conditions.

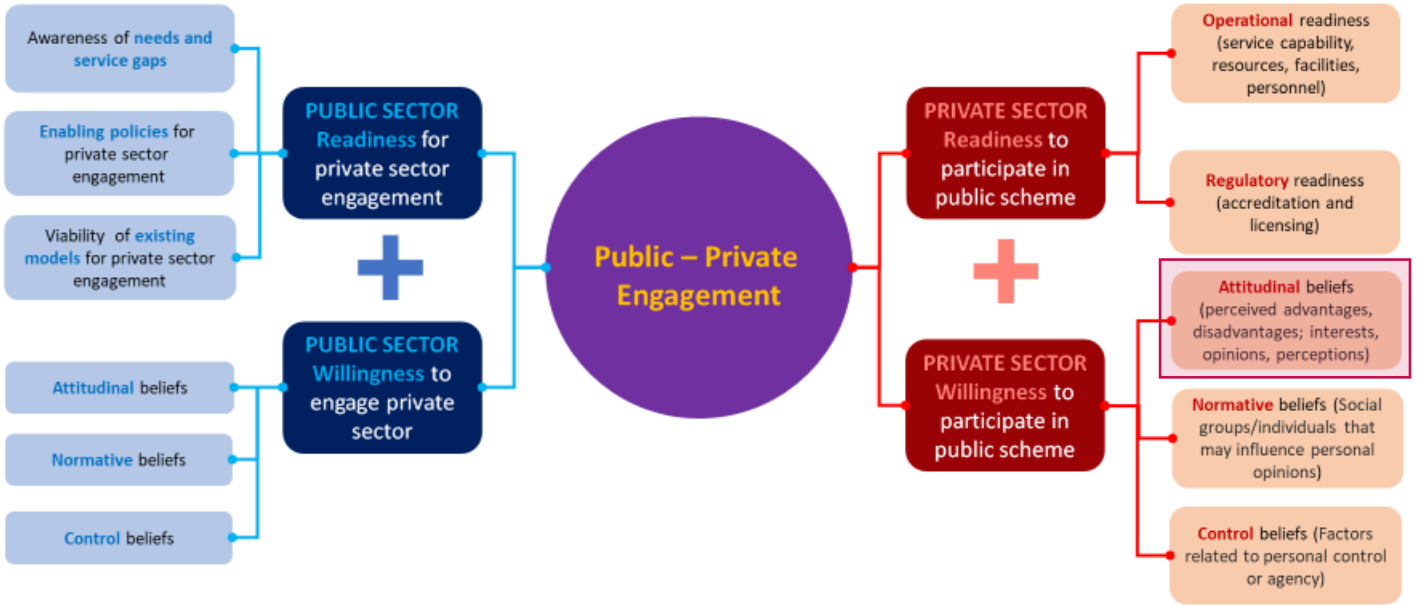
Reference documents cited in this slide are detailed in the *Notes* section.

Understanding the contextual elements for collaboration between the private sector and public purchasing programs

Catalyzing successful public-private engagement is contingent upon efforts by both sectors to understand and acknowledge the factors that influence readiness and willingness for cross-sectoral collaboration.

This review focuses on the private sector side of this framework and specifically on provider attitudinal beliefs that influence the willingness to engage. Private sector readiness challenges are considered primarily from the perspective of providers.

FRAMEWORK FOR UNDERSTANDING THE VIABILITY OF PUBLIC-PRIVATE ENGAGEMENT TO DELIVER HEALTH SERVICES



The conceptual framework for this review is adapted from the **Multiple Streams Model**[1] and the **Theory of Planned Behavior**[2] to provide a structured contextual approach to exploring the readiness for adoption and implementation of policy reform, as well as individual attitudes and beliefs of private sector providers of FP that inform willingness for collaboration.

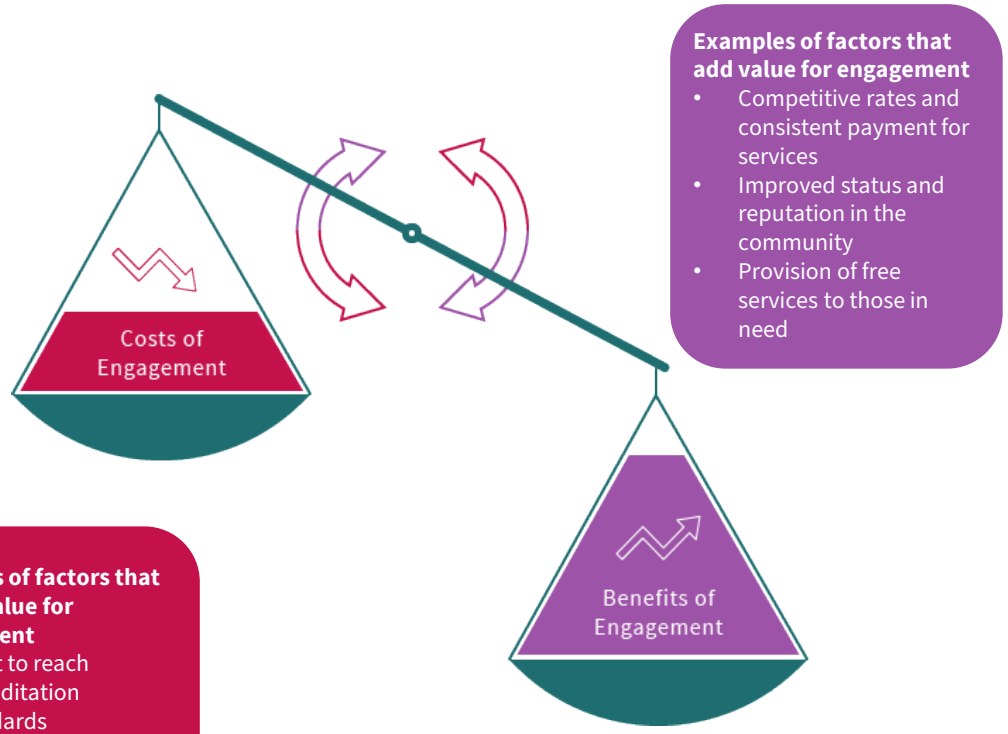
Developing effective policy and governance models for public-private engagement requires **the public sector to understand the barriers that inhibit the private sector's willingness to collaborate.**

A robust understanding of the factors that influence private sector beliefs can inform purchasing decisions that offer a stronger value proposition and subsequently shift attitudes and motivations towards collaboration with the public sector.

Reference documents cited in this slide are detailed in the *Notes* section.

Recognizing the value proposition of public purchasing programs for private providers

THE DEFINITION OF VALUE PROPOSITION
The perceived value of the benefits that private providers will receive from engagement with the public sector compared to the costs of engagement.



Examples of factors that add value for engagement
- Competitive rates and consistent payment for services
- Improved status and reputation in the community
- Provision of free services to those in need

Examples of factors that reduce value for engagement
- Effort to reach accreditation standards
- Entrenched skepticism that the public sector will deliver on agreements

- Private sector attitudinal **beliefs about purchasing programs are founded on the perceived value proposition** offered from engagement with the public sector.
- The perceived value of public purchasing programs to private providers will determine whether the public sector successfully influences the private sector's willingness to participate. The value offered to private providers considers **the balance between factors that add value and those that reduce value.**
- **Neither the value of benefits nor the value of costs is based on a single factor, and no factor for engagement works in isolation**. For purchasers to successfully improve the perceived value proposition, the benefits of engagement must clearly offset the costs from the perspective of private providers.
- If understood correctly, **the factors that add value and those that reduce value can be leveraged to pilot solutions** to sustainably integrate private providers into purchasing programs.

Methodology for the rapid landscape review

GUIDING RESEARCH QUESTION

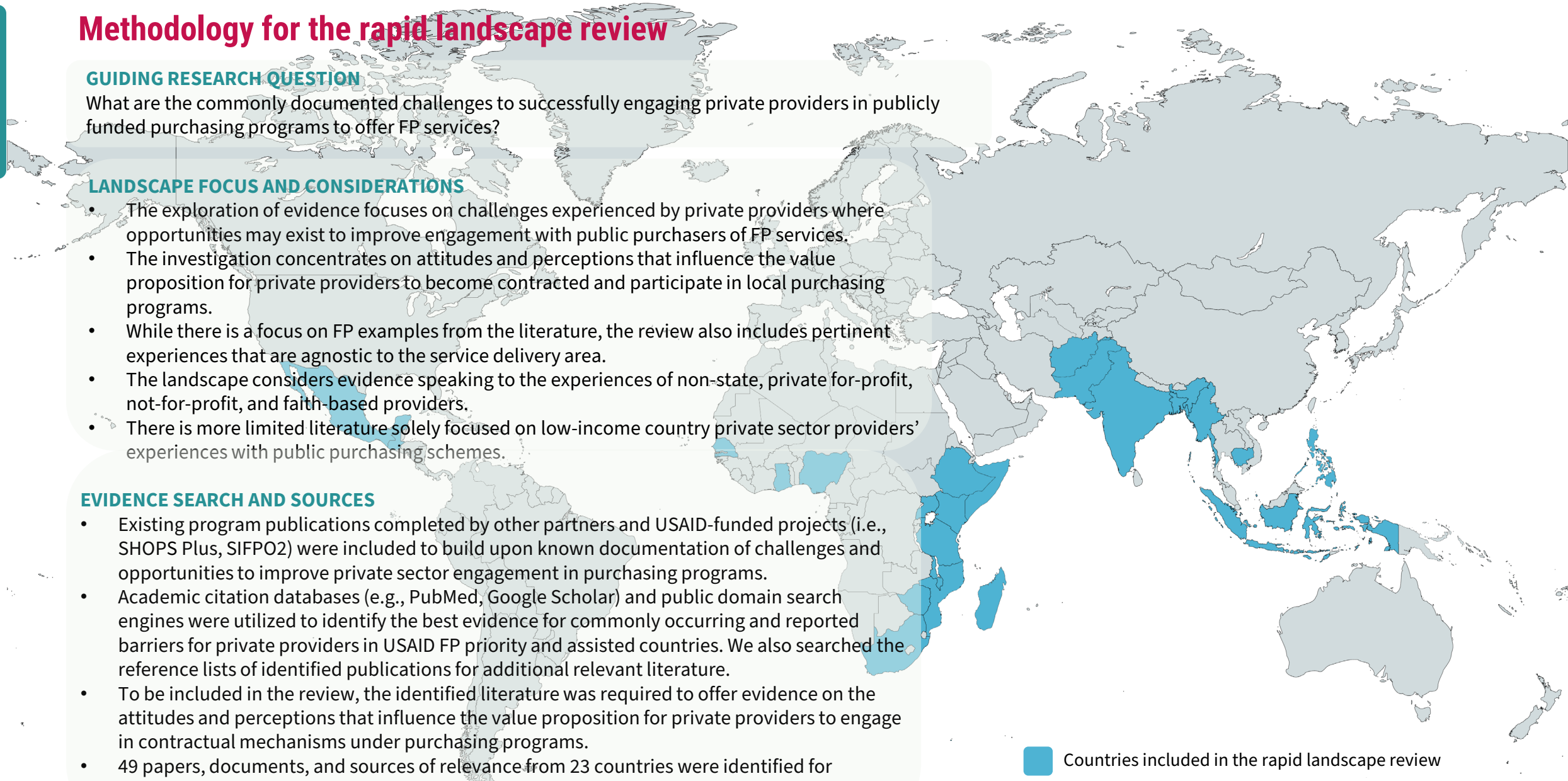
What are the commonly documented challenges to successfully engaging private providers in publicly funded purchasing programs to offer FP services?

LANDSCAPE FOCUS AND CONSIDERATIONS

- The exploration of evidence focuses on challenges experienced by private providers where opportunities may exist to improve engagement with public purchasers of FP services.
- The investigation concentrates on attitudes and perceptions that influence the value proposition for private providers to become contracted and participate in local purchasing programs.
- While there is a focus on FP examples from the literature, the review also includes pertinent experiences that are agnostic to the service delivery area.
- The landscape considers evidence speaking to the experiences of non-state, private for-profit, not-for-profit, and faith-based providers.
- There is more limited literature solely focused on low-income country private sector providers' experiences with public purchasing schemes.

EVIDENCE SEARCH AND SOURCES

- Existing program publications completed by other partners and USAID-funded projects (i.e., SHOPS Plus, SIFPO2) were included to build upon known documentation of challenges and opportunities to improve private sector engagement in purchasing programs.
- Academic citation databases (e.g., PubMed, Google Scholar) and public domain search engines were utilized to identify the best evidence for commonly occurring and reported barriers for private providers in USAID FP priority and assisted countries. We also searched the reference lists of identified publications for additional relevant literature.
- To be included in the review, the identified literature was required to offer evidence on the attitudes and perceptions that influence the value proposition for private providers to engage in contractual mechanisms under purchasing programs.
- 49 papers, documents, and sources of relevance from 23 countries were identified for inclusion.



Countries included in the rapid landscape review

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Landscape review findings and country examples

The team undertook a rapid landscape review to understand the perceived and experienced challenges that hinder the value offered to private providers to engage in public purchasing programs for health services broadly and FP services specifically. The landscape review considers challenges for a range of non-state private providers, including for-profit, not-for-profit, and faith-based providers.

This rapid review of the evidence identifies 12 key recurring challenges that reduce the perceived value offered to private providers for engagement in public purchasing programs. Results from the review are presented as high-level summaries, and cross-country examples that impede the benefits of engagement are presented in the four challenge categories, which are examined in sequential order on the proceeding slides: [1] contracting and accreditation processes, [2] reimbursement rates, [3] claims procedures, and [4] provider beliefs. Examples speaking directly to the challenges faced by private providers of FP are highlighted where applicable. Reference documents cited in each slide are detailed in the *Notes* section.

For a full list of sources used in the development of this deck, please see *References* on slides 18-21.

A catalog of common challenges to the successful engagement of private providers in public purchasing schemes emerged from this rapid literature scan, the first type being contracting and accreditation

Challenge Type		Challenge
Contracting and accreditation	1	Insufficient knowledge of procedures
	2	Cumbersome administrative practices
	3	Costly accreditation requirements
Reimbursement rates	4	Unprofitable reimbursement rates
	5	Limited subsidized inputs
	6	Limited understanding of PPM
Claims procedures	7	Prolonged claims procedures
	8	Delays in payments
	9	Lack of transparency in claims processing
Provider beliefs	10	Distrust of government
	11	Compromises in personal and professional identity
	12	Perceived discrimination by government

Provider contracting and accreditation

The process of accreditation for private providers by public purchasing programs is commonly referenced as encouraging or discouraging the perceived advantages of contracting into or remaining engaged in public programs.

#	Challenges for private providers	Country examples	Examples from literature	Recommendations
1	**INSUFFICIENT KNOWLEDGE OF PROCEDURES** A lack of available information and poor comprehension of the public sector accreditation procedures discourages private providers from pursuing the public sector contracting and accreditation process. In some settings, this challenge is exacerbated by public sector beliefs, and specifically a lack of willingness to proactively engage or assist private providers with accreditation.	Kenya,[1-2] India,[3] Pakistan,[4] Tanzania,[5] Philippines.[7]	In **India**, a study identified that a lack of transparent guidelines for government accreditation and empanelment undermined the enthusiasm of private providers to participate in Janani Suraksha Yojana (JSY—maternity service scheme).[3]	• Private sector partners can be involved in the design and planning of accreditation processes to ensure that guidelines are available and intelligible. • Cross-sector collaboration should continue throughout the program lifecycle to reinforce these mechanisms for private providers whenever possible.
2	**CUMBERSOME ADMINISTRATIVE PRACTICES** In many public purchasing schemes, the numerous administrative steps and facility enhancements mandatory to attain accreditation and licensing can discourage private providers from engaging with these programs.	Philippines,[7] India,[3] Ghana,[2] Kenya,[1-2,6] Bangladesh,[8-9] Malawi,[10-11] Pakistan,[4] Indonesia.[12-14]	Private providers in **Kenya** seeking accreditation to provide FP services reported that the administrative process for obtaining accreditation is drawn out and overwhelming.[6]	• Public and private sector actors can together identify redundancies and conflicts for accreditation processes in the early stages of planning, and the co-creation of market-based solutions to support accreditation should be prioritized in program design. • Purchasers should manage these administrative practices and requirements adaptively throughout the program life cycle, in collaboration with private sector partners.
3	**COSTLY ACCREDITATION REQUIREMENTS** Substantial direct costs of accreditation as well as indirect costs in the form of investments to reach accreditation may outweigh the perceived benefits of engagement by private providers.	Kenya[2], Philippines.[7]	Private midwives in the **Philippines** are required to complete specialized trainings at their own cost in order to apply for PhilHealth accreditation to offer FP services.[2]	• Governments should prioritize in-service trainings that are financially accessible to private providers. These trainings should satisfy specialized FP training requirements of purchasing programs. • Professional associations can provide training to private providers to learn the necessary skills to deliver FP services and thus be eligible to receive claims reimbursement.

A catalog of common challenges to the successful engagement of private providers in public purchasing schemes emerged from this rapid literature scan, the second being reimbursement rates for services and subsidies

Challenge Type		Challenge
Contracting and accreditation	1	Insufficient knowledge of procedures
	2	Cumbersome administrative practices
	3	Costly accreditation requirements
Reimbursement rates	4	Unprofitable reimbursement rates
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	6	Limited understanding of PPM
Claims procedures	7	Prolonged claims procedures
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Provider beliefs	10	Distrust of government
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Reimbursement rates

Evidence of insufficient reimbursement for services and subsidies for commodities and less favorable business results are noted as major concerns for private providers considering when engaging with the public sector.

#	Challenges for private providers	Country examples	Examples from literature	Recommendations
4	**INSUFFICENT REIMBURSEMENT RATES** In many countries, reimbursement rates for FP and MNCH services offered to private providers is insufficient to recover the costs of services and is less than what private providers would receive directly by out-of-pocket (OOP) payments.	Philippines,[1-2] Indonesia,[3-7] Malawi,[8-9] Mexico,[10] India,[11] Guatemala,[12] Ethiopia,[13] Kenya,[14-15] Pakistan,[16] Bangladesh[17], Afghanistan.[24]	Private providers in **Pakistan** considered reimbursements from the public sector for FP services to be financially disadvantageous to the viability of their businesses.[16]	• Public and private sector stakeholders can jointly review payment rates for FP services in the planning stages of engagement and consider private sector perspectives in the implementation phases to ensure that rates are appropriate. • Private providers can enhance their negotiating power through professional associations and industry bodies (which could also serve as intermediaries).
5	**LIMITED SUBSIDIZED INPUTS** In some contexts where both cadres of providers receive the same rate for services, public providers receive subsidies for inputs, while private providers receive reduced or no subsidies. Reimbursement rates often do not include the costs of inputs, making these programs financially unattractive to private providers.	Philippines,[1] Indonesia,[4] South Africa,[18] Zimbabwe,[18] Tanzania[19] , Uganda.[19]	In **Indonesia**, private midwives must pay for all their FP inputs and are only paid for services rendered, whereas public providers receive subsidized inputs and the same reimbursement rates.[4]	• It is important for public purchasers to work with private sector partners to understand the implications of subsidized contraceptives and the related provision of services. • Professional associations can be leveraged to facilitate access by private providers to subsidized FP inputs.
6	**LIMITED UNDERSTANDING OF PPM** Providers must understand the guiding principles of the scheme's provider payment mechanism(s) (PPM), especially where payment is not based directly on services provided. They must also understand that increases in volume achieved through public sector contracting can offset lower rates per service.	Uganda,[21] Ghana,[22-24] Kenya,[22] South Africa[18], Zimbabwe[18], Afghanistan.[25]	Private providers in **Kenya** had difficulty understanding the financial logistics of a capitation system used by the national health insurance schemes, which discouraged their willingness to engage.[22]	• It is important for purchasers to work hand-in-hand with private sector partners to plan and implement payment methods that best fit the context of that individual health system. • Private providers may consider working with intermediaries or provider networks to represent their existing concerns about payment systems and build knowledge of current PPMs.

A catalog of common challenges to the successful engagement of private providers in public purchasing schemes emerged from this rapid literature scan, the third being claims procedures for services rendered

Challenge Type		Challenge
Contracting and accreditation	1	Insufficient knowledge of procedures
	2	Cumbersome administrative practices
	3	Costly accreditation requirements
Reimbursement rates	4	Unprofitable reimbursement rates
	5	Limited subsidized inputs
	6	Limited understanding of PPM
Claims procedures	7	Prolonged claims procedures
	8	Delays in payments
	9	Lack of transparency in claims processing
Provider beliefs	10	Distrust of government
	11	Compromises in personal and professional identity
	12	Perceived discrimination by government

Claims processes

Evidence suggests that challenges for private providers to submit claims, together with delays and uncertainty about reimbursement, are critical factors that reduce the value of engagement in public purchasing schemes.

#	Challenges for private providers	Country examples	Examples from literature	Recommendations
7	**PROLONGED CLAIMS PROCEDURES** Arduous administrative processes for submitting and filing claims discourages private provider engagement. Moreover, time spent overcoming administrative challenges to submit claims may require private providers to sacrifice valuable staff time.	India,[1] Philippines,[2] Uganda,[3-4] Malawi,[5-6] Nigeria,[7] Ethiopia,[8] Indonesia,[9-10] Bangladesh.[18]	In **India**, a perceived lack of understanding of procedures for submitting claims for maternity services and FP counseling to Janani Suraksha Yojana (maternity service scheme) led private providers to submit for payment multiple times and feel that their time had been wasted.[1]	• Purchasers and private sector stakeholders may explore opportunities to streamline and standardize claims procedures, as well as establish clear guidance that is widely available and conveyable to private providers. • Private providers may consider working with intermediaries or provider networks to facilitate claims submission and processing.
8	**DELAYS IN PAYMENTS** Experienced or perceived delays in payments to private providers lead to a lack of confidence in a public program, as well as undermining the ability of the private provider to pay staff and stock quality assured health commodities in their facilities.	Philippines,[2] Kenya,[11-15] Ghana,[13] Ethiopia,[8] Malawi,[6,14] Indonesia,[9,16-17] Bangladesh,[5,18-19] India,[1] Uganda.[4]	Under the Maternal Health Voucher scheme in **Bangladesh**, delays in processing payments for FP services compromise the ability of private providers to cover basic expenses and threaten their ability to continue services to voucher clients.[18]	• Continued investigation in and optimization of digital claims and reimbursement processes should be considered. These digital systems should be inclusive of public and private providers participating in a purchasing scheme. • Recognizing the range in technology sophistication across private providers will continue to be an important component of facilitating engagement with public purchasing programs.
9	**LACK OF TRANSPARENCY IN CLAIMS PROCESSING** Many claims processing systems do not allow providers to track claims submitted. This may be because claims processing systems are not yet fully digital, providers do not have internet access to these digital systems, or simply because transparency has not been designed into the system. This leads to a lack of clarity as to why payments are delayed, not made in full, or denied.	Philippines,[2] Indonesia,[9-10] Ghana,[20-21] Kenya,[21] Uganda.[4]	In the **Philippines**, many private providers lack the computer literacy skills and reliable internet to submit claims for FP on the electronic system successfully. PhilHealth's current electronic system does not have a mechanism to inform private FP providers of the outcome of their claims.[2]	• Partnership between a professional association and an e-Claims software company might be explored to build the capacity of private providers to understand and successfully use electronic systems. • Detailed claims error management within digital systems will be critical for successful public-private contracting and system success.

A catalog of common challenges to the successful engagement of private providers in public purchasing schemes emerged from this rapid literature scan, the final being provider beliefs

Challenge Type		Challenge
Contracting and accreditation	1	Insufficient knowledge of procedures
	2	Cumbersome administrative practices
	3	Costly accreditation requirements
Reimbursement rates	4	Unprofitable reimbursement rates
	5	Limited subsidized inputs
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Provider beliefs	10	Distrust of government
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Provider beliefs

Sources suggest that private providers' self-defined professional identities, purposes, and beliefs influence cognitive biases about the public sector and provision of FP services, influencing their willingness to participate in public purchasing schemes.

#	Challenges for private providers	Country examples	Examples from literature	Recommendations
10	**DISTRUST OF GOVERNMENT** In some settings, private providers distrust government programs to deliver on agreements or accurately represent their interests. This lack of confidence discourages providers from partnering with public purchasing arrangements.	Cambodia,[1] Uganda,[2-4] India,[5] South Africa,[6] Tanzania,[7] Nigeria,[7] Senegal.[7]	In **Tanzania**, accredited private-sector FP providers perceive the government as indifferent to their concerns, hence ill-equipped to deliver on their agreements and promises.[7]	• Private providers can work with intermediaries as facilitators to represent their interests and build more robust relationships with public purchasing programs. • Public purchasers can establish routine practices where the concerns raised by private providers are welcomed and recognized to demonstrate trust and a vested interest in the longevity of these relationships.
11	**COMPROMISING PERSONAL AND PROFESSIONAL IDENTITY** Providing certain services, including family planning, may not align with established cultural norms, values, and beliefs. Religious and traditional beliefs can affect private provider behavior in contraceptive product and service offerings.	Philippines,[8] Uganda,[4] Afghanistan.[9]	Many private midwives in the **Philippines** see the provision of FP as at odds with their self-defined roles as facilitators of birth[3]	• Policy makers may consider incorporating FP into pre-service and in-service midwifery courses and consider including values exploration exercises to investigate professional identity. • Professional associations and NGO partners can consider broadening in-service training curricula to include FP services, which could encourage providers to reconsider their self-defined roles and beliefs.
12	**PERCEIVED DISCRIMINATION BY GOVERNMENT** Some private providers—particularly for-profit private providers—operate under the assumption that governments or public programs have an inherent dislike of for-profit providers and so assume that they will be treated unfavorably.	India,[5] Pakistan,[10-11] Cambodia,[1] Uganda.[2]	In **Uganda**, previous experiences with FP initiatives influenced private for-profit providers to believe that government officials had a negative opinion of this cadre of health workers and thus discouraged their willingness to participate in public schemes.[2]	• Public purchasers can proactively seek opportunities to build relationships with private sector partners and establish practices to celebrate collective success and adapt based on lessons learned. • Professional associations can influence the hearts and minds of private providers to see value in engaging with the public sector.

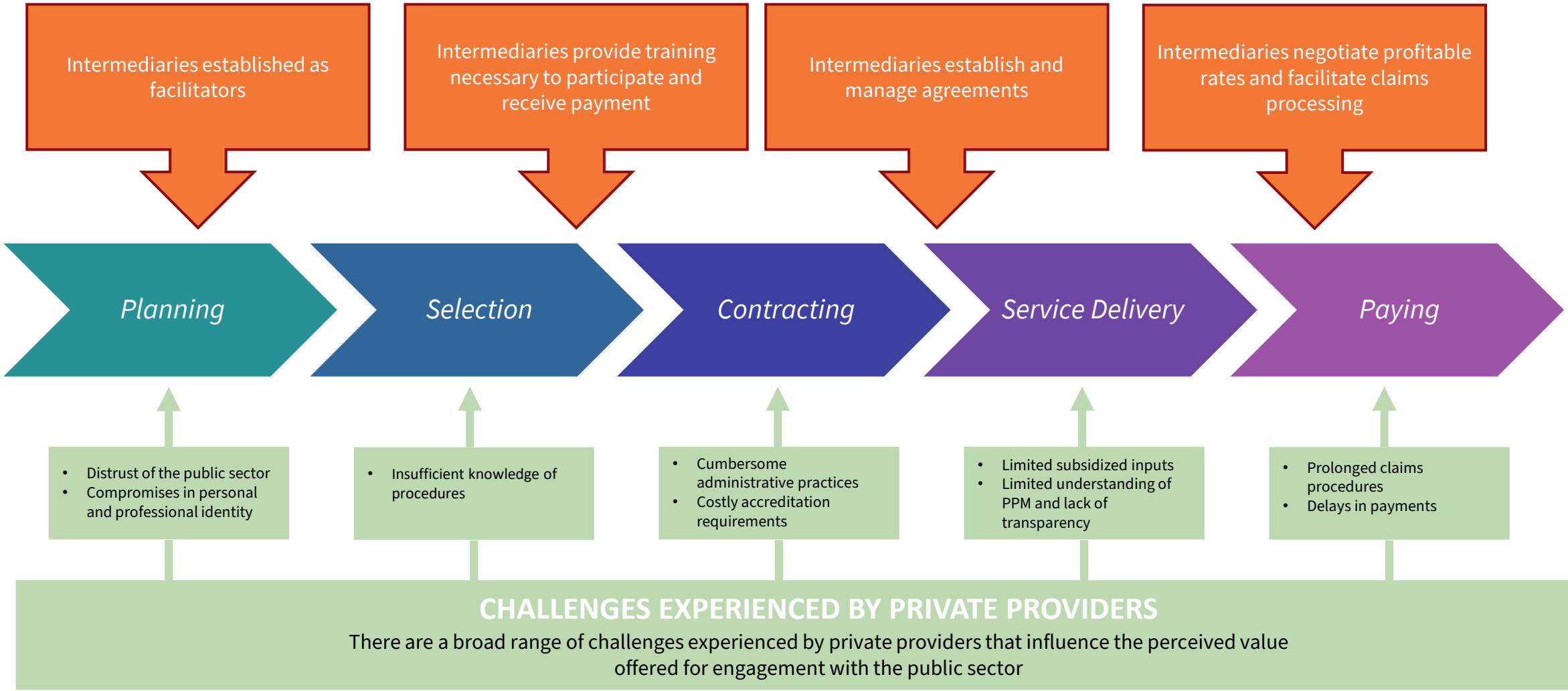
A practical approach: the role of intermediaries

We note a potential role for intermediary organizations in efforts to address identified challenges.[1] Defining what constitutes an intermediary is important, and no single intermediary has addressed the myriad of challenges that private providers face. In some cases, intermediary models have demonstrated improvements in communication and collaboration between sectors, as demonstrated in the examples below.

Challenge Type	Examples of promising approaches to address challenges for engagement	Other country examples
Contracting and accreditation	Professional associations and social franchises can function as mediators between public and private sectors in assisting accreditation and establishing contracts to deliver FP services in local purchasing programs. In **Tanzania**, social franchises and professional associations have been used to streamline accreditation procedures for private providers on behalf of the public sector.[2-3] Although there are cost, sustainability, and effectiveness considerations, some franchisors see these intermediary functions as an evolution of the social franchisor role.[18]	Kenya,[2, 4-5] Ghana,[4] Philippines,[8] Tanzania,[1-2,9] Nigeria,[9,18] Senegal,[10,13] Malawi, [5-6,10] Afghanistan,[11-12] Bangladesh,[13] India,[13] Madagascar.[13]
Reimbursement rates	Social franchising can also be leveraged to help ensure profitable rates for services offered by private providers and access to subsidized FP commodities and supplies. For instance, the AMUA and Tunza programs in **Kenya** facilitate access for private providers to subsidized medical equipment and FP commodities from public sector outlets.[1,4-5]	Kenya,[4,9] Ghana,[4] Philippines,[8] Ethiopia,[15] Tanzania,[9] Nigeria,[9-10] Malawi,[15] Jordan,[14] Afghanistan,[11-12,14] India,[13] Myanmar.[14]
Claims procedures	Private providers can work with intermediaries as facilitators to represent their interests and interact with public purchasing programs. In **Malawi**, for example, the Christian Health Alliance of Malawi (CHAM) functions as an intermediary between the Government of Malawi and private faith-based providers to establish service level agreements, manage oversight of these agreements, and facilitate claims processing and payments to facilities.[6-7] While the partnership has met challenges, the Ministry of Health and CHAM agree that the model has benefitted each party and has contributed to improved health outcomes in Malawi.[19]	Philippines,[8] Senegal,[10] Nigeria,[10] Malawi,[1,6, 19] Afghanistan,[11-12] Bangladesh.[13]
Provider beliefs	Professional associations can influence the hearts and minds of private providers to see value in engaging with the public sector to provide FP services. In partnership with MPHD, the Integrated Midwives Association of the **Philippines** is working with private providers to translate information on how health care provider networks function and to build confidence in establishing partnerships with the public sector.[7]	Kenya,[16] Ghana,[16] Tanzania,[9-10] Nigeria,[9] Senegal,[10] Philippines,[8] Afghanistan.[17]

Where opportunities may exist to address private provider challenges via intermediaries

Based on review findings, attitudinal beliefs and knowledge-based barriers can inhibit private sector providers' willingness to engage with public purchasers; decision-makers should consider private-sector provider needs at all stages of engagement. This review suggests that intermediaries can help address a subset of challenges that private providers face (illustrated in orange below) that reduce the value of engagement and subsequently shift attitudes and motivations towards collaboration with the public sector.



The costs and benefits of working with intermediaries

Intermediaries offer benefits and drawbacks to private providers, which can vary depending on the type of intermediary model (e.g., franchise networks, professional associations, etc.) and the particular health system context. The value of the benefits of working with an intermediary must clearly offset the associated costs in order to be a realistic option for private providers considering engagement with public purchasing programs. Careful consideration must be given at all stages of collaboration, particularly at the design stage, to ensure that the benefits of an intermediary model will sustainably incentivize provider membership and participation.

Examples of Benefits of Intermediary Arrangements

- Intermediary models can serve a mediation function to represent the interests of private providers and build more robust relationships with the public sector.[1]
- Professional associations can provide training to private providers to learn/reinforce the necessary clinical skills for FP and thus be eligible to achieve accreditation and/or receive claims reimbursement. [1-2]
- Intermediaries can establish and manage agreements with purchasers on behalf of private providers.[1]
- Intermediaries can negotiate profitable rates for services offered and facilitate claims processing. [1-2]

Examples of Costs of Intermediary Arrangements

- In most arrangements, private providers will face direct costs and indirect costs in the form of membership fees and time requirements to work with an intermediary, which, if not structured or explained correctly, could disincentivize private providers.[3]
- Depending on the mechanics of an agreement with an intermediary organization, an agreement may not reflect the total costs of running a business, such as facility operating costs or required infrastructure upgrades to meet standards. [3-4]
- Private providers may also face new direct costs, such as business loan payments, royalty payments, and fines for providers who do not comply with intermediary standards or quotas. [2-3]

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THANK YOU

MOMENTUM PRIVATE HEATLHCARE DELIVERY is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Population Services International with partners Jhpiego, FHI 360, Avenir Health, and ThinkWell under USAID cooperative agreement #7200AA20CA00007. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

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