

Country	India
Purchaser	Managed Care Purchasers (E.g. State Medicaid agencies)
Provider	Managed Care Organizations
Type of Service	
Government administration	
Physical plant development and capital investment	
Hospital (general and specialized)	TB-related inpatient hospital services, physician services, continuing diagnosis and evaluation services, discharge planning for hospitalized patients
Basic primary care and preventive services	TB-related screening services, TB-related diagnostic services, TB-related treatment services, DOT, case management services
Diagnostic services	
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	TB-related pharmaceutical services
Human resources, education and training	
Knowledge management	
Purchasing options	
Public-public partnership	
<i>Government service delivery</i>	
<i>Project agreements</i>	
<i>Direct subventions</i>	
<i>Autonomization</i>	
<i>Corporatization</i>	
Public – private partnership	
<i>Service contract</i>	
<i>Contract in</i>	
<i>Contract out</i>	√
<i>Leasing</i>	
<i>Concession</i>	
<i>Social Franchising</i>	
<i>Divestiture</i>	
Basic Content of Contract	
Preamble	No
Total amount of payment	No
Authorized persons and signature	No
Contract period	No
Summary content	No
Levels of services	TB-related screening, diagnostic and treatment services (See section 102: Covered Services)
Targeted population	Enrolled members receiving treatment of TB
Quality standards to be achieved	TB-related medical necessity standard. The providers should meet the network requirements set by the purchaser: Hospitals equipped with (AFB) isolation capabilities, clinical providers with experience in treatment of individuals with TB, referral providers specializing in the treatment of TB, laboratories maintaining expertise in mycobacteriology and conforming to national guidelines, appropriately trained case managers and DOT specialists
Payment mechanisms	
<i>Capitation</i>	
<i>Fee-for-service</i>	
<i>Block contracts</i>	
<i>Labor and materials</i>	
<i>Cost-and-volume contracts</i>	
<i>Set price</i>	
<i>Prepayment</i>	
<i>Indemnification</i>	Provider will be reimbursed by the local health agencies
Variations to the agreement	No
Best endeavours	No
Arbitration	No
Statutory regulations	No
Confidentiality	All federal, state and local laws relating to protection of patient confidentiality and management of medical records should be complied with.
Information requirements and reporting formats	Reporting diagnosed or suspected active TB cases, providing periodic clinical reports for members receiving treatment for TB.
What do contracts manage?	Input (Types of services, providers) Output (waiting time)
Does the provider have discretion	
<i>To hire and fire staff?</i>	N/A
<i>To set wages?</i>	N/A
<i>To decide services provided within the contract?</i>	N/A
<i>To decide services provided outside the contract?</i>	N/A
<i>To set prices of services covered by the contract?</i>	N/A
<i>To set other prices?</i>	N/A
Is this a performance-based contract?	No. But the providers need to submit performance measures for covered services and performance measures for making medical necessity determinations.
Performance goals and indicators	See Section 102, Section 103
Evaluation of Project	This is a model contract. No specific project to be evaluated.
Links to contract	Copy of Contract. Tuberculosis Control in a Changing health care system: Model Contract Specifications for managed care organizations Mukund Uplekar et. al 2001. Private practitioners and public health: weak links in Tuberculosis Control. The Lancet, 358 (9285): 912-916 D.E.C Weil. 2000. Advancing Tuberculosis Control within reforming health Systems. Int J Tuberc Lung DIS 4 (7) : 597-605
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Note	The “Contractor” in this paper means “Purchaser” of managed care providers’ services. In other contracts, “Contractor” means “Providers of services”.. This model contract addresses issues that are pertinent to clinical care for patients with TB or the public health aspects of TB control. It defined in detail different diagnostic, treatment and preventive services to tuberculosis , standards and procedures being used to determine coverage. It also includes information on provider selection criteria, access standards , quality assurance for TB programs. But as a contract, it lacks of a lot of basic elements including sections to define purchaser and provider, contract period, authorized signatures from both parties, target population, variations to agreement, best endeavours and arbitration. This contract model could be used as a technical reference, combining with another standard contract model to develop a TB-specific health service contracts.