Guidelines for Referral Health Care in Lebanon

Standard Operating Procedures

Lebanon

Updated Dec 2016

UNHCR
The UN Refugee Agency

List of Abbreviations

BO	Branch Office
CMR	Clinical Management of Rape
CRP	C-Reactive Protein
CT	Computer Tomography
ECC	Exceptional Care Committee
ER	Emergency Room
ERCP	Endoscopic Retrograde Cholangiopancreatogram
ESWT	Extracorporeal Shockwave Therapy
ICU	Intensive Care Unit
MoPH	Ministry of Public Health
MVA	Motor Vehicle Accident
MRI	Magnetic Resonance Imaging
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
PHA	Public Health Associate
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PHU	Public Health Unit
PICU	Paediatric Intensive Care Unit
PoC	Person of Concern
SGBV	Sexual and Gender Based Violence
STI	Sexually Transmitted Infection
SOP	Standard Operating Procedure
TPA	Third Party Administrator
UNHCR	United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees

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1. Introduction

Since the onset of the civil war in Syria, people have fled to neighboring countries. By September 2016, 1,017,433 Syrian refugees have been registered with UNHCR Lebanon. Refugees are living predominantly in urban settings. Lebanon also hosts around 22,007 refugees mainly from Iraq, Sudan, and Somalia.

According to the 2013 UNHCR Public Health Operational Guidance Document, UNHCR's responsibility towards the population under its mandate is to *facilitate* and *advocate* for access through existing services and health service providers and to *monitor* access to health care services. While the primary health care strategy is the core of all interventions; referral care is an essential part of access to comprehensive health services.

These standard operating procedures (SOPs) outline the policy and procedures for referral care applicable to all UNHCR registered refugees and persons of concern in Lebanon.

2. Definition of Referral Care

Referral health care is here defined as care that is too advanced for primary health care facilities and therefore needs to be provided at health care facilities of secondary or higher level i.e. in provincial, regional or central hospitals. Normally it requires admission of the patient.

3. Persons Eligible for Referral Care Support

Anyone residing in Lebanon who is recognized by UNHCR as a refugee or a person of concern (PoC) is eligible for supported referral care. This includes children born in Lebanon whose fathers are refugees, even though their mothers are not.

The following are not eligible for UNHCR supported referral care:

- Palestinians (fall under mandate of UNRWA)
- Lebanese or Palestinian spouses of refugees
- Migrants

4. Provision of Referral Care Support

UNHCR contracts a third party administrator (TPA) who in turn contracts hospitals throughout the country where refugees can access care. The hospitals under contract are a mix of private and public and form the so called UNHCR hospital network. Inclusion in this network depends mainly on proximity to beneficiaries and availability of services. The network is subject to continuous review according to the changing needs of the refugee population. As a general rule UNHCR does not support care given in hospitals outside of the network.

UNHCR supports provision of referral care to refugees through a cost-sharing mechanism. The TPA agrees with the contracted hospital upon standardized fees following Ministry of Public Health (MoPH) fixed rates. When care has been provided, UNHCR contributes by paying a certain proportion of the charges for the care given. The proportion covered is a function of socio-economic vulnerability of the beneficiary as well as type and cost of the treatment given.

The TPA is responsible for the medical and financial audit of referral care and is in turn audited by UNHCR.

5. Guiding Principles

The below principles are based on UNHCR's Principles and Guidance for Referral Health Care for Refugees and Other Persons of Concern (2009):

1. ***Equity of care and access between PoCs and host population***
   UNHCR aims ultimately to provide refugees with access to and quality of referral care at similar levels as received by Lebanese citizens in government health facilities.

2. ***Prioritizations should be based on prognosis and cost***
   Since funds are limited, prioritizations need to be done in order to deliver the most necessary care to the highest number of people. The two most important factors determining whether to make treatments available are therefore prognosis and cost. Due to current budget restraints the referral care supported by UNHCR is either for deliveries, potentially life threatening conditions or conditions that might lead to severe permanent disability. Very expensive treatments are beyond UNHCRs capacity to support, even if they are potentially lifesaving (i.e. chemotherapy for cancer).

3. ***The decision to provide referral care is medical***
   The medical aspect should always remain central in the decision making about what treatment should be available for whom and the responsibility for final decisions should lie with a medical doctor.

4. ***The decision making procedure should be consistent and transparent***
   Decisions should be made following available SOPs and guidelines and involve qualified experts according to the nature of the different cases.

5. ***Medical confidentiality is ensured throughout the referral care process***
   Please refer to *Annex 1*

6. The Referral Process

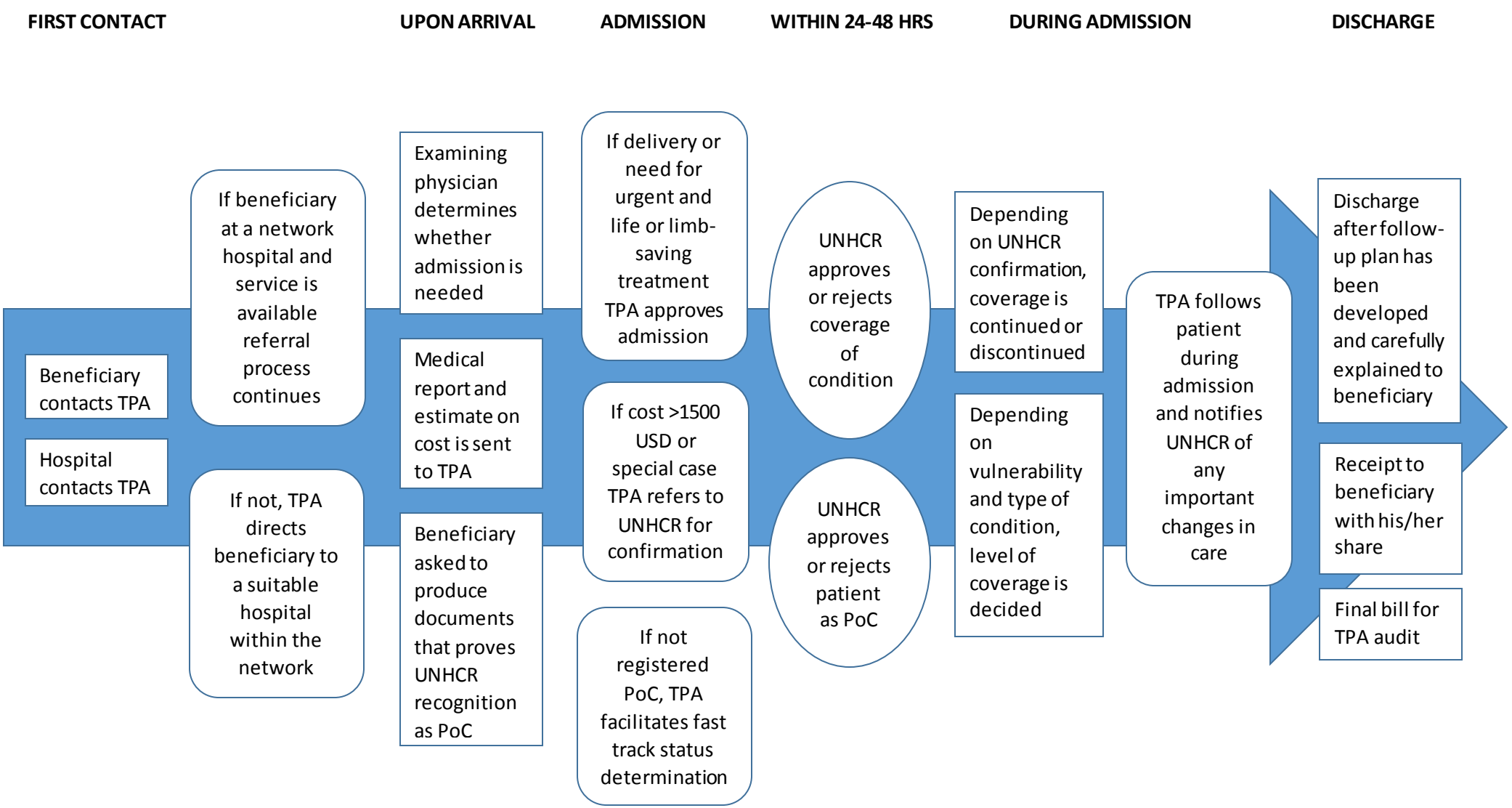
6.1. First contact with the TPA

The TPA can be contacted directly by the beneficiary, usually through a call-center that is available 24/7. More common though is that the patient arrives at a hospital without prior contact with the TPA. The patient might have been referred by a primary health care center or he/she comes straight to the hospital. In either case the hospital needs to contact the TPA as soon as possible.

6.2. Determining where to go

In the cases where the TPA is contacted by a beneficiary, a hospital outside the network or a contracted hospital that can't provide the requested service, the TPA will advise which hospital to go to. This is normally the nearest contracted hospital within the UNHCR network. In densely populated areas there might be several hospitals at equal distance in which case governmental hospitals should

Figure 1: The Referral Process



be prioritized. If there are no available beds at the governmental hospital, prioritization should be given to the most cost-effective hospital. Certain conditions require special care that only is available within few of the contracted hospitals, notably neonatal intensive care, burns care, cardiac surgery and psychiatric in-patient care. The same logic applies: the nearest hospital should be chosen. If similar distance – the governmental and so on. See *Annex 2* for list of contracted hospital and how prioritizations should be done between them.

Exceptionally for conditions that cannot be treated elsewhere UNHCR can approve care given in hospitals outside of network.

6.3. Approving admission

After the beneficiary has presented at the hospital he/she should be examined by a medical doctor. Some patients might be treated in the Emergency Room (ER). See below for the special rules that apply. If the patient needs admission, the examining doctor should produce a medical report stating the condition of the patient and the proposed treatment. This report, together with an estimation of the cost of the admission, will be sent to the TPA, who in turn will approve it or not.

Certain conditions can be approved by the TPA directly, while others need to be confirmed by UNHCR. Please see below for conditions which warrant admission. **If a condition is urgent and believed to be either life threatening or leading to permanent severe disability, the TPA can always approve the admission while awaiting the response from UNHCR**.

If the hospital has not contacted the TPA for approval within 24 hours after arrival of the beneficiary or decides to admit a beneficiary despite the TPA having rejected the case, the hospital will not be reimbursed.

6.4. Determining refugee status

Refugees need to show proof that they are registered with UNHCR. If they cannot do so, the TPA can still approve admission if it is for a delivery or if the condition is believed to be urgent and life-threatening/leading to permanent severe disability. If a refugee already is registered by UNHCR, information enough to identify him/her should be available through the UNHCR database to which the TPA has access. If a refugee has never been registered with UNHCR, the TPA should facilitate a hasty status determination, usually by providing the patient's family with a "fast track form" and directing them to the nearest UNHCR reception center. If the patient is found not to be a person of concern to UNHCR, support will be discontinued and will not exceed 48 hours.

6.5. Determining level of assistance

Except for deliveries, level of assistance is a function of the socioeconomic vulnerability status of the beneficiary. If he/she is a registered refugee, the vulnerability status has been determined and is available to the TPA. Beneficiaries without documentation will have their vulnerability status determined at the same time as their refugee status.

Level of assistance also depends on the type and cost of treatment given. See table 1) below.

6.6. Determining if condition is covered

Please see *Annex 3*, for details on how to determine if a condition is covered or not. Table 2) below provides some general guidelines.

Table 1: Level of UNHCR support

- **For all approved cases except the below UNHCR covers 75% of treatment costs**
- **For refugees considered severely vulnerable UNHCR cover 90% of treatment costs (except for deliveries and ER-care)**
- **UNHCR covers delivery costs according to predetermined rates regardless of vulnerability status. This includes C-sections (see special section)**
- **UNHCR covers 90% of NICU and PICU care**
- **UNHCR covers 90% of inpatient care for extensive burns**
- **UNHCR cover 90% of psychiatric referral care**
- **Referral care as a consequence of SGBV and torture is covered 100%**
- **Referral care as a consequence of malnutrition is covered 100%**

Table 2: Treatments supported by UNHCR

- **All delivery care is covered by UNHCR, however C-sections has to be medically indicated. See *Annex 4* for list of approved indications**
- **Treatment for urgent conditions that are life-threatening are covered by UNHCR**
- **Treatment for urgent conditions that are potentially leading to permanent severe disability such as blindness or loss of function in a limb, are covered by UNHCR**
- **Treatment for non-urgent conditions that eventually might lead to death or disability are exceptionally covered by UNHCR. See *Annex 3* for special list.**
- **Treatment for conditions that are covered by a third party such as work accidents and traffic accidents are not covered by UNHCR. However, when a third party cannot be found, the case can be referred to UNHCR for consideration. See special section.**
- **Treatments estimated to cost more than 1500 USD, always need to be referred by the TPA to UNHCR for approval**

6.7. Upper limits of UNHCR support

If justified, UNHCR will cover hospital costs up to 10,000 USD. Exceptions can be made for neonatal intensive care (see special section). The amount refer to the total bill; i.e. for an adult beneficiary whose level of support is 75%, the actual UNHCR contribution will not exceed 7,500 USD. The upper limit is for one admission; costs for separate admissions are not compiled.

6.8. Follow-up during admission

The TPA is to provide regular updates on all cases estimated to exceed USD 1,500. A medical update is to include current medical condition and treatment. Any request to extend hospital stay should be approved by UNHCR and justified by an updated medical report by the treating physician.

If costs threaten to exceed the upper limit, the hospital and patient shall be informed and given advice by the TPA in good time before it happens.

6.9. Discharge

Discharge will be done when treating physician consider it safe. If needed, a follow-up plan should be developed and carefully explained to the beneficiary. The final bill is sent to the TPA who after audit will determine the final sum to be reimbursed. Upon discharge it is important that the hospital provides a receipt of the patient share to the beneficiary.

6.10. Care given in the ER

Upon arrival at the hospital, the examining physician might decide that admission is not necessary and it is enough to provide treatment in the ER. Care in the ER is only covered if it cannot be provided in a PHCC and only for the following cases:

- Closed fractures in need of plaster cast fixation
- Superficial wounds in need of suturing
- Acute asthma attack in need of nebulization

UNHCR support for ER care will be 75% regardless of vulnerability status and only cover costs up to 200 USD. This means that UNHCR actual contribution for ER care will not exceed 150 USD.

6.11. Transfers

Should patients require transfer to another hospital within the network due to unavailability of services, the referring hospital should inform the TPA of the need for transfer and contact the receiving hospital with the medical details of the referral. The TPA may be required to facilitate the admission at the receiving facility.

The Lebanese Red Cross provides ambulance services for the whole country and should be the ones contacted for all transfers of patients between health facilities.

7. The Exceptional Care Committee (ECC)

Refugees may present with serious and complex diseases. Treatments of such diseases may be complicated, protracted and expensive. As a consequence, an Exceptional Care Committee (ECC) has been established by UNHCR to review and decide on possible support for such cases.

The ECC consists of three anonymous expert medical professionals and is independent in its decision-making. The ECC meets with the UNHCR Public Health Unit (PHU) every two weeks to discuss cases.

The PHU will refer to the ECC complicated and costly cases for which prognosis is difficult to foresee. Examples are extensive surgery, expensive hormonal treatments and removal of malignant tumors.

Non-urgent cases will be discussed and decided upon during the ECC meetings. For urgent cases the relevant individual ECC member is contacted by phone or email. The ECC will decide on whether to support treatment for the case as well as the level of support to be provided. The decisions of the ECC are primarily based on:

- Necessity and duration of the suggested treatment
- Concomitant diseases and age
- Feasibility and evidence base of the treatment plan
- Prognosis
- Cost

The ECC meetings are chaired by the UNHCR Senior Public Health Officer and the Senior Public Health Assistant acts as the secretary; responsible for preparation, communication, documentation, minutes and follow-up. UNHCR will keep a confidential record of referred cases and ECC decisions.

Representatives from the TPA are also requested to participate in the ECC meetings.

8. Communication between the TPA and UNHCR

For the sake of patient security, confidentiality and documenting purposes, communication between UNHCR and the TPA needs to follow certain rules:

- Case management should be restricted between the TPA and the UNHCR public health unit (PHU) in Beirut branch office (BO).
- Communication between the field public health associates (PHAs) and the TPA should be restricted to the regular monitoring (see below) of TPA performance.
- Communication between PHAs and the PHU on referral care in regards to individual cases should be restricted to monitoring and complaints (see below).

Most communication will be by email, even though some urgent cases might be discussed and approved over telephone or WhatsApp. In these cases, an email containing a summary of the discussion and the decision should still be sent for documenting purposes.

Emails sent by the TPA on patient cases should contain data enough to make a decision i.e. basic bio data of patient and a medical report with relevant results of investigations attached. They should also follow a basic template. Please see *Annex 5* for details and a sample email.

9. Complaints

Irregularities noted in the provision of referral care should be brought to UNHCR's attention. Typically complaints may be raised by refugees, NGO partners, the TPA and hospitals.

The TPA should, according to the frame agreement between it and UNHCR have a mechanism for receiving complaints and act upon them. Received complaints and actions taken should be shared with UNHCR on a regular basis.

Refugees, NGO's and hospitals may also bring the complaint to the nearest UNHCR field office where it will be presented to the PHA.

The range of possible complaints may include medical negligence by physicians, abusive behavior from medical staff, the TPA not being reachable or neglecting to follow the SOP's. Regardless of its content, it must be specific i.e. it has to concern a specific case or beneficiary and it should contain a detailed description of what has occurred with names of the involved individuals if relevant.

Regarding complaints about hospitals, a confidential online form (Hospital Incident Tracking System - HITS) can be completed by the TPA and UNHCR. It should always be used for such cases and forwarded to PHU BO Beirut for action. Cases of medical negligence will be reported to the appropriate medical regulatory authorities. Repeated or severe cases of misconduct will lead to termination of contract and exclusion of the hospital from the UNHCR network.

Complaints on TPA performance brought to the PHA should be forwarded to the PHU BO Beirut for assessment and possible action. Proven cases of misconduct will be reported to the TPA senior management and appropriate action taken.

10. Specific Cases

10.1. Specific diagnoses

10.1.1. Obstetric care

- UNHCR/TPA has agreed with every hospital in the referral network on a single charge for a package of services included in a normal vaginal delivery and in a delivery by C-section. However the charge varies between hospitals.
- Services outside of the package will only be approved if essential such as antibiotic treatment, blood transfusions or pre-eclampsia/eclampsia care. These will be covered at 75% regardless of vulnerability status.
- No hospital ultrasounds in relation to delivery care are covered by UNHCR
- In order to avoid unnecessary C-sections, the TPA is required to grant approval (urgent) prior to any C- section. See *Annex 4* for list of approved indications for C-section.
- Dilatation and curettage will only be covered in cases of missed abortion with confirmed dead fetus.

10.1.2. Neonatal and pediatric intensive care

- UNHCR supports neonatal intensive care unit (NICU) care for preterm neonates born at and above 26 weeks of gestation. Neonates of less than 26 weeks are not covered due to the poor prognosis. The TPA must show the utmost consideration for the parents in these cases and guidance on where to find support and counselling should be given.
- Neonates should be discharged from hospital at a weight of 1,750 grams if stable and with appropriate counseling and follow up planned.
- Newborns with severe life-threatening congenital conditions will be referred to ECC to determine if treatment can be covered.
- Pediatric intensive care is defined as intensive care given to patients up to age 18 (even in a general ICU).
- Costs for NICU and PICU care is covered 90% by UNHCR.
- For NICU care UNHCR can consider to cover costs up to 15,000 USD. The amount refers to the total bill, i.e. at a coverage of 90%, UNHCR will contribute with a maximum of 13500 USD.
- If care has started outside of NICU or PICU, but the patient has been transferred here during the course of the admission, the 90% coverage will apply to the entirety of the admission.

10.1.3. Congenital Heart Diseases

Patients with severe congenital heart disease (CHD) will be considered for coverage by the ECC. Priority will be given to children less than one year of age who are cyanotic on room air. All CHD cases will be evaluated on a case by case basis taking into account any associated co-morbidities that may affect overall prognosis.

10.1.4. Cerebrovascular disease and cardiovascular disease

- Patients admitted with Cerebrovascular Accident (CVA) will be assessed on a case-by-case basis. The duration of coverage will be influenced by the prognosis, complications, and evolution of the Glasgow Coma Scale (GCS). Care can be provided up to a cost of 5000 USD.
- All patients with acute coronary syndrome (ACS) where percutaneous transluminal coronary angioplasty (PTCA) or coronary artery bypass graft (CABG) are requested must be referred to UNHCR for ECC approval. Only bare metal stents will be covered. Drug-eluting stents will not be covered.
- Defibrillators will not be covered. Pacemakers may be considered on a case-by-case basis by the ECC.

10.1.5. Orthopedics/trauma

See *Annex 3* for common orthopedic referrals covered by UNHCR. Orthopedic implants/devices/prostheses are not covered by UNHCR. Removal of implants is not covered except for percutaneously inserted nails or in case of osteomyelitis.

10.1.6. Sexual and Gender Based Violence (SGBV) and survivors of torture

UNHCR will provide 100% medical coverage for:

- All reasonable medical investigations and the most conservative treatment resulting directly from an SGBV incident (including CMR, forensic examination, STIs, injuries, and hospitalization if required) or from torture.
- All subsequent appointments and follow up treatments related to the initial SGBV incident (within TPA contracted facilities) or the torture. (Pregnancies as a result of early marriage are not considered prima facie SGBV.)

The TPA is requested to appoint a focal person who will coordinate care for all cases of SGBV in close collaboration with the UNHCR PHU. Cases will be directed to chosen contracted hospitals that are known to have the capacity to provide CMR and forensic services.

10.1.7. Psychiatric Disorders

Any acute psychiatric condition requiring hospitalization will be covered at 90% irrespective of vulnerability status.

10.1.8. Hematological Conditions

All blood disorders (including thalassemia) will be covered for lifesaving emergency transfusion of Packed Red Blood Cell (PRBC) if HB < 7 or Fresh Frozen Plasma (FFP) if platelets are < 4000. Other treatments including Immunoglobulin G will be covered only in life threatening situations and only after approval by the ECC.

10.1.9. Cancers

Metastasized cancer that requires chemo- and/or radiotherapy is not covered. However, if it is believed that prognosis can be drastically improved through surgical intervention it can be considered. Such cases always need to be approved by the ECC.

10.1.10. Stones

Cholecystectomy for cholelithiasis is approved only if presence of acute cholecystitis. This must however be supported by radiological and laboratory findings such as elevated CRP, elevated bilirubin etc. For laboratory and radiologically proven obstruction of the bile duct, ERCP can be approved. Presence of gallbladder stones alone is not an indication for surgical intervention.

Surgical removal of stones in the ureter is approved if they are causing hydronephrosis or pyelonephritis. Large stones in the ureter that are unlikely to pass spontaneously can also be subject for interventions such as surgery or ESWT, even if not causing the above. Surgical intervention or ESWT is not approved for asymptomatic stones in the renal pelvis or smaller ureter stones causing renal colic but likely to pass spontaneously.

10.1.11. Eye surgery

Is indicated in beneficiaries less than 18 years of age with ophthalmological disorders that can lead to blindness.

10.1.12. Inguinal/femoral/umbilical hernias

In boys, surgical repair of inguinal and femoral hernias can be approved before 1 year of age. In girls, up to 16 years of age. For all other hernias, the only approved indication is acute strangulation.

10.1.13. Orchidopexy

Surgical correction can be approved after 1.5 years of age when there is no hope of spontaneous descent. All cases have to be approved by ECC.

10.1.14. Congenital disorders in the neonate

A variety of treatments can be considered, but all are subject to approval from the ECC

10.1.15 Thyroid surgery

If proven malignancy the same rules apply as for cancers. The only other indication is obstruction of airways. The latter has to be shown on a CT-scan or MRI.

10.1.16 Hemorrhoids, anal fissures and fistulas

Surgery may be considered for severe cases of anal fistula formation but only after ECC approval. Surgery for hemorrhoids and fissures is not supported.

10.1.17 Hemodialysis

In acute renal failure in which prognosis is good i.e. the patient has a good chance of recovering renal function, hemodialysis can be approved. All cases should however be presented to ECC.
For chronic cases and in cases for which renal function is unlikely to return, hemodialysis will not be approved and patients will be oriented to partners who support these services.

10.1.18 Malnutrition

The TPA is requested to appoint a focal person for malnutrition. X=Cases will be directed to a few chosen hospitals who has received training to provide care for severe acute malnutrition (SAM). Costs for referral care for malnutrition is covered 100%.

10.2. Work accidents

If a beneficiary has been injured in a work related accident, the employer should be responsible for covering the cost of referral care. UNHCRs position is to as far as possible make the employer take this responsibility, but as last resort work related accidents can be referred to UNHCR for consideration to approve coverage.

10.3. Traffic accidents

For refugees involved in a **Motor Vehicle Accident** (MVA):

- Accidents (cars and/or motorcycles), whereby the vehicle with injured refugees belongs to a refugee and the passengers are the owner's relatives, UNHCR will not cover any health care costs.
- Accidents where the owner/driver is not related to the passengers, UNHCR will cover for the passengers (provided they are refugees) as a last resort if no third party or insurance covers.
- Pedestrians involved in a hit and run accident will be covered by UNHCR. Proof of the incident in the form of a police report should as far as possible be ascertained.

11. Support provided by NGO partners

There are many NGOs present in Lebanon who may support a variety of conditions and patient categories. These NGOs can be contacted for cases outside the scope of UNHCR assistance. Typical examples are:

- Beneficiaries who cannot pay the patient share of hospital bills
- Beneficiaries who suffer from conditions not covered by these SOPs
- Beneficiaries for whom the cost of treatment exceeds the UNHCR limit of support

The linking between a patient and a NGO is normally done by the UNHCR field office , but may also be done by the TPA.

NGO support to beneficiaries in the form of payment of hospital bills is a transaction directly between the hospital and the NGO.

12. Monitoring and Evaluation

Monitoring and evaluation will be conducted through several mechanisms from several sources:

<u>By TPA:</u>

- Monthly compiling of referral care data supplied in reports

<u>By UNHCR field PHA:</u>

- Regular visits to network hospitals to audit admission documentation of current beneficiary inpatients and discuss ongoing issues with relevant hospital staff. Findings presented in reports.

<u>By UNHCR project control:</u>

- Periodic verification visits to hospitals including for proof of payment by TPA
- Surveys in which beneficiaries are asked about eventual irregularities around their payment of referral care

By UNHCR PHU BO Beirut:

- Continuous medical audit by UNHCR of randomly selected sample of hospital bills from each received invoice (at least 1% of bills)
- Regular visits to contracted hospitals for review of quality of care
- Annual detailed referral care report and monthly review of referral care data
- Inclusion of questions on referral care in the annual "Health access and utilization survey among Syrian refugees in Lebanon"
- Tracking of complaints and actions taken
- Compiling of data on cases referred to UNHCR and actions taken
- Compiling of data on cases referred to the ECC and actions taken

Please see *Annex 6* for the monitor and evaluation framework.

13. Legal Issues

UNHCR and the TPA shall not be held responsible for malpractice, physical or mental harm or adverse outcomes of medical interventions provided by the contracted hospitals or any third party hospital that have admitted refugees. All these incidents will have to be dealt with between the treating hospitals and the patient or his/her family. Support may be provided by partners to obtain legal assistance in these matters.

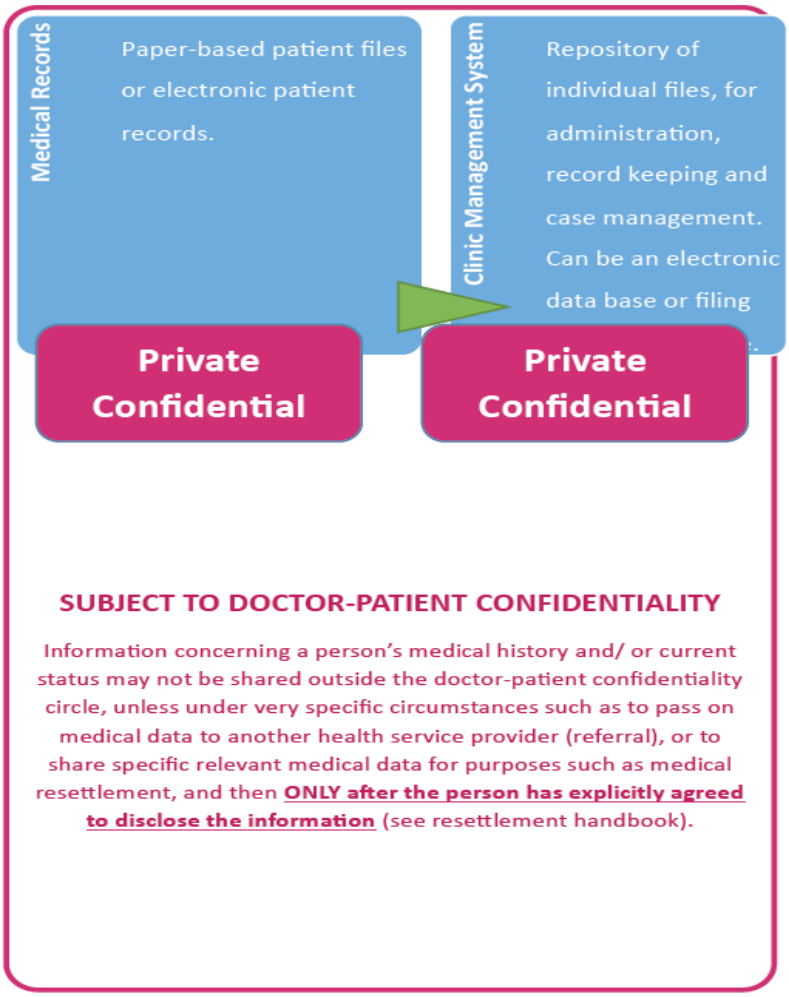
Annex 1) UNHCR medical confidentiality

Medical Data Confidentiality

Any medical data that has an individual identification tag is subject to data confidentiality. This includes medical records, referral forms, medical reports (diagnostic, hospital) and any other forms such as health insurance claims and medical assessment forms (MAF), such as those relevant to UNHCR, i.e. the MAF for medical resettlement.

Personal data in medicine and health is related to the **doctor-patient-confidentiality privileges** that are the basis of medical ethics as well as anchored in national and international laws.

Any sharing of this data outside of the doctor-patient relationship requires the agreed and explicit consent of the individual in writing to a disclosure of information agreement.



Annex 2) List of contracted hospitals and prioritizations when referring

The below list is from Jan 2017 and is subject to constant review. For the latest updated list please see http://data.unhcr.org/lebanon/ in the health section under "guidance".

Region	District	Name of Hospital	ICU/CCU	NICU	Type	Condition
North	Tripoli	Al-Salam Hospital	YES	YES	Private	Only burns
	Tripoli	Mazloum Hospital	YES	YES	Private	No deliveries
	Tripoli	Tripoli Hospital (Gov.)	YES	YES	Gov	
	Tripoli	Islamic Charitable Hospital (Islamy)	YES	YES	Private	
	Tripoli	Al-Hanan Hospital	YES	NO	Private	
	Tripoli	Dar Al Shifaa Hospital	YES	YES	Private	
	El Koura	Al Koura Hospital	YES	YES	Private	
	El Koura	Lebanon Heart Hospital	NA	NA	Private	Only cardiac
	El Minieh-Dennie	El-Kheir Hospital	YES	NO	Private	
	El Minieh-Dennie	Sir El Donnieh Hospital (Gov.)	NO	NO	Gov	
	Akkar	Notre-Dame de la Paix Hospital	YES	YES	Private	
Bekaa	Zahle	El-Bekaa Hospital	YES	YES	Private	
	Zahle	Elias El-Hraoui Hospital (Gov.)	YES	YES	Gov	
	Zahle	Chtoura Hospital	YES	YES	Private	
	Zahle	Rayak Hospital	YES	YES	Private	
	West Bekaa	Doctors Hospital	NO	NO	Private	
	West Bekaa	Dr. Hamed Farhat Hospital	YES	YES	Private	
	Baalbek	Rayan Hospital	YES	YES	Private	
	Baalbek	Al-Mortada Hospital	YES	YES	Private	
	Baalbek	Tamnine Hospital	YES	YES	Private	
	Baalbek	Baalback Governmental Hospital (Gov.)	CCU only	NO	Gov	
	Rachaya	Rashaya El-Wadi Hospital (Gov.)	YES	YES	Gov	
	El Hermel	Hermel Hospital (Gov.)	YES	YES	Gov	
Beirut/Mt-Lebanon	Baabda	Rafik Hariri University Hospital (Gov.)	YES	YES	Gov	
	Baabda	Sahel General Hospital	YES	YES	Private	
	Baabda	Baabda University Hospital (Gov.)	NO	NO	Gov	
	Keserwan	Bouar Hospital Ftouh Kerserwan (Gov.)	NO	NO	Gov	
	Keserwan	Notre-Dame du Liban Hospital	YES	YES	Private	
	Chouf	Iklim Hospital	YES	YES	Private	
	Chouf	Ain Wazein Hospital	YES	YES	Private	Also Psychiatry
	Chouf	Othman Hospital	YES	YES	Private	
	Beirut	Karantina Governmental Hospital (Gov.)	NO	YES	Gov	Only NICU/PICU
	El Metn	Dahr El-Bashek Hospital (Gov.)	NO	NO	Gov	
	El Metn	Beit Chabab Hospital	YES	NO	Private	
	El Metn	Lebanese Canadian Hospital	YES	YES	Private	
	El Metn	Hopital Psychiatrique De La Croix	NO	NO	Private	Only psychiatry
	Aley	Bshamoun Specialty Hospital	YES	YES	Private	
South	Saida	Saida Hospital (Gov.)	YES	YES	Gov	
	Saida	Health Medical Center (prev. Assayran Hospital)	YES	YES	Private	
	Saida	Kassab Hospital	YES	YES	Private	
	Saida	Raee Hospital	YES	YES	Private	
	Saida	Hammoud Hospital University Medical Center	CCU only	NO	Private	Only cardiology
	Marjaayoun	Marjayoun Hospital (Gov.)	YES	YES	Gov	
	Sour	Lebanese Italian Hospital	YES	YES	Private	
	Sour	Hiram Hospital	YES	YES	Private	
	Bent Jbeil	Tebnine Hospital (Gov.)	YES	NO	Gov	
	Bent Jbeil	Shaheed Salah Ghandour Hospital	NO	YES	Private	

	Jezzine	Jezzine Hospital (Gov.)	NO	NO	Gov	
	El Nabatieh	Nabih Berri/ Nabatieh Hospital (Gov.)	YES	YES	Gov	
	Hasbaya	Hasbaya Hospital (Gov.)	YES	YES	Gov	

Prioritization:

- If large distance between hospitals – chose the nearest
- If short distance between hospitals – prioritize governmental
- If governmental full – prioritize lowest fees

Annex 3a) List of common causes of referral supported and not supported by UNHCR

1. Cases supported by UNHCR	
Obstetrics/ Gynaecology	Arrhythmia with hemodynamic instability
Normal delivery and C- section if indicated	Hypertensive emergencies
Ruptured ectopic, incomplete abortion	**Respiratory**
Severe pelvic inflammatory disease	Acute respiratory distress with hypoxia/ failure
Ovarian cyst with torsion	Severe pneumonia
Neonatology	PE with haemodynamic instability
Preterm at/ > 26 weeks gestation	Haemo/ pneumothorax
Respiratory distress and hypoxia	Massive haemoptysis
Sepsis	**Neurological**
Neurological abnormalities/ seizures	Acute intracranial bleed including stroke
Severe jaundice	Meningitis
General	Status epilepticus
Septic shock	Acute hydrocephalus
Poisoning with complications	**Surgical**
Acute renal failure	Acute abdomen
Severe anemia requiring blood transfusion	Severe gastrointestinal bleeding
Diabetic ketoacidosis	Strangulated hernias
Cardiac	Acute poly trauma
Congenital heart disease with hypoxia	Severe head injuries
Acute MI and unstable angina	Open fracture of long bones
Cardiogenic shock/ cardiac failure	Burns (> 10% BSA adults/ 5% in children)

2. Cases to be considered for exceptional support in need of approval from UNHCR
Cancer cases where surgery is not complicated and may significantly improve prognosis
Congenital neonatal malformations
Undescended testes in children > 1.5 years old
Acute ophthalmic conditions threatening vision
Chronic ophthalmological conditions threatening vision in patients < 18 years of age
Inguinal/femoral hernias in girls < 16 years of age and males < 1 year of age
Severe cardiac valvular disease in adults
Urinary tract and gall bladder calculi with complications
Acute renal failure
Prostate surgery for cases in whom catheter-demanding obstruction is present
Thyroid surgery for cases in whom airway obstruction is present
Life threatening hematological urgencies demanding treatment other than transfusion
Injuries due to motor vehicle- or work accidents without a third party to cover costs

3. Cases not supported by UNHCR (to be referred to other partners if support available)
Advanced cancer treatment (including radiotherapy and chemotherapy)
Bone marrow and organ transplantation
Hemodialysis for chronic renal failure
Chronic care for haematological conditions such as haemophilia and thalassemia
Chronic care for metabolic diseases
Antiviral therapy for hepatitis B and C
Hernias in males > 1 year without strangulation
Surgery for congenital orthopedic cases
Undescended testes in boys < 1.5 years old
Gallbladder stones without complications
Stones in renal pelvis or ureter unlikely to cause complications
Surgery for hemorrhoids or anal fissures
Tympanoplasty, myringotomy, tonsillectomy and adenoidectomy
Injuries due to motor vehicle- or work accidents in which a third party is covering costs
Cosmetic, reconstructive, cleft lip/palate surgery, dental care, glasses
Non-evidence based, unproven or experimental treatment
Infertility treatment

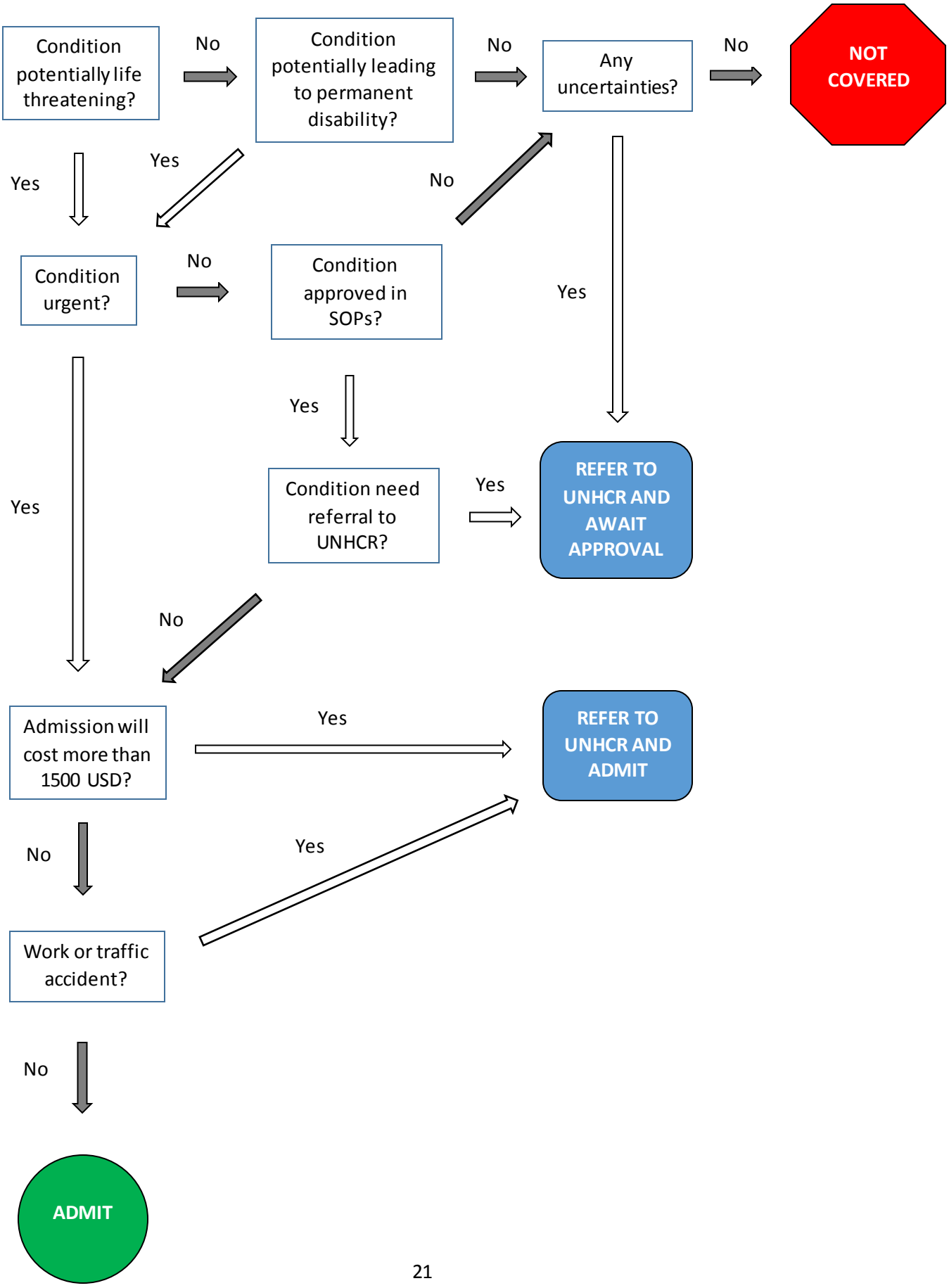
Annex 3b) Common orthopaedic referrals covered and not covered by UNHCR

N.B. The cases below all refer to *admissions* and not ER-treatment. All cases referred to UNHCR should have radiographic films (X-rays, CT scans, and MRI) attached as well as culture results where applicable.

Orthopedic implants/devices/prostheses are not covered by UNHCR nor is removal of any implants with the exception of percutaneously inserted pins.

1. Orthopedic cases supported by UNHCR
Open fresh fractures with need for surgical intervention
Closed fractures with significant displacement requiring reduction under anesthesia
Debridement of soft tissue and bone in open wounds and fractures (Gustilo II and III)
Acute upper limb nerve injuries including those of the brachial plexus
Primary tendon repair
Acute osteomyelitis
2. Cases not supported by UNHCR to be referred to other partners if support available
Mal-alignment with acceptable function
Surgery for herniated lumbar discs (to be referred to ECC only if neurological complications)
Sciatic nerve injuries not part of an acute injury or complete nerve injury with trophic changes
Very stiff hands with intra-articular fibrosis that prevent any further improvement of the function
Face injuries with big soft tissue or bony defects that require complex reconstructive surgical
- intervention, including injuries that affect the function of the mouth, orbit, nose, and ears
Cases where the nerve was explored previously and was released or repaired
Complex surgeries for reduction and fixation of old fractures, or malunion (including intra-articular)
Tendon graft or transfer
Bone transplant procedures or free vascularized grafts for bone gaps
Primary nerve repair or exploration or graft
Post-burn contracture release
Chronic osteomyelitis requiring extensive antibiotic treatment and multiple surgeries

Annex 3c) Algorithm to follow for referrals other than deliveries



Annex 4) Approved indications for C-section

Absolute maternal indications for C-Section:

- failed induction of labour
- failure to progress; labour dystocia
- cephalopelvic disproportion
- 2 or more previous C-sections

Relative maternal indication for C-Section:

- 1 previous C-Section. Note: if no other indication trial of vaginal delivery is strongly recommended
- maternal disease (cardiac,DM,cancer…)
- severe preeclampsia
- infection (genital herpes,HIV…)

Utero-placental indication for C-Section:

- placenta praevia
- large placental abruption
- previous uterine surgery

Fetal indications for C-Section:

- fetal distress,hypoxia
- cord prolapse
- fetal malpresentation
- breech presentation
- macrosomia
- fetal anomaly, hydrocephalus
- multiple pregnancy

Essential documentation to be supplied by hospital prior to approval *:

- Obstetrical ultrasound
- Urinanalysis (in pre eclampsia cases)
- Urine Culture (in case of infection)
- Detailed medical report (presentation, previous c/s, past history, investigation results)

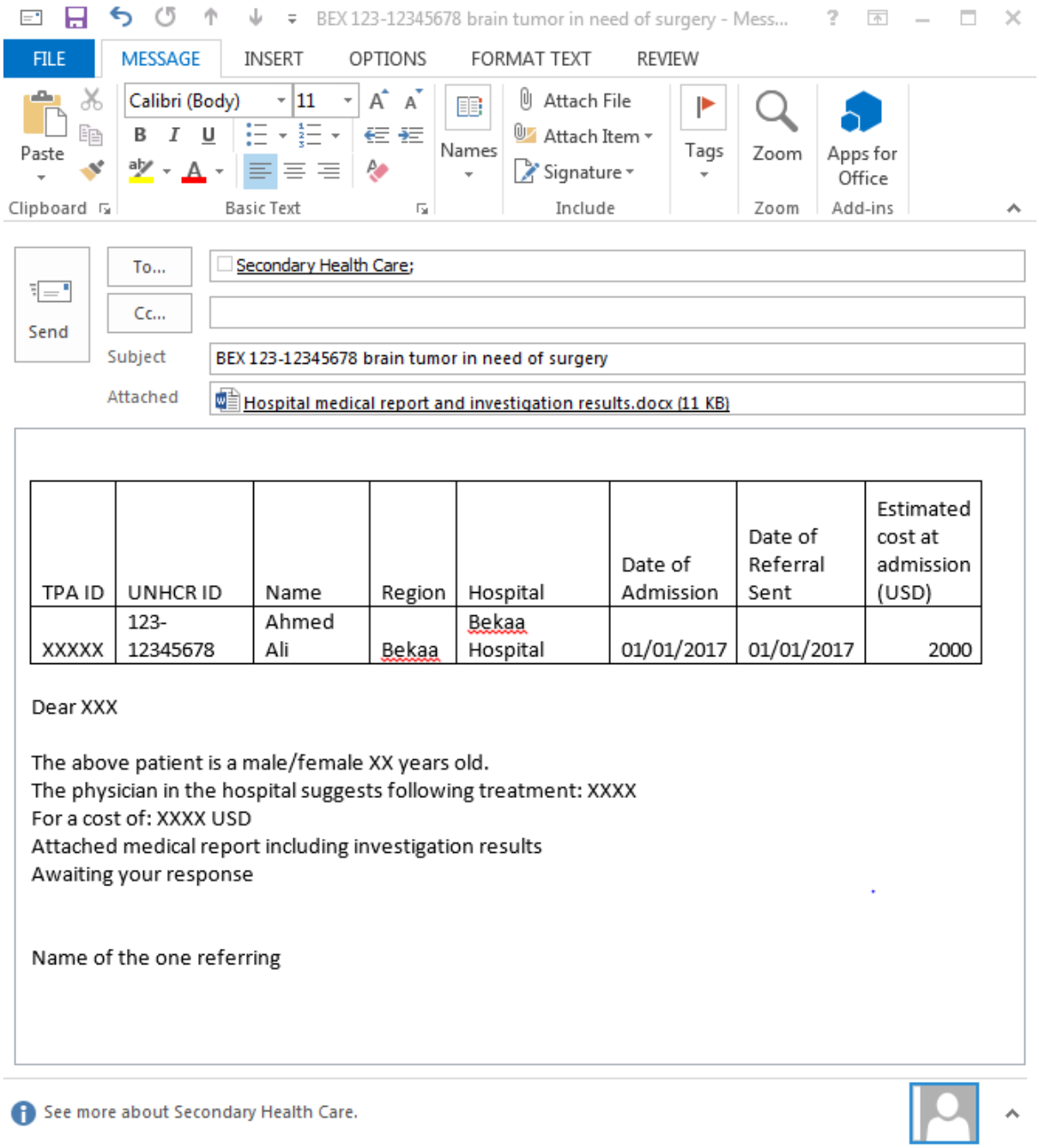
*In case of urgent C-section due to fetal distress, documentation can be presented in retrospect. However, it should include CTG printout.

Annex 5) Emails about case management

The first email presenting a patient should contain a copy pasted excel row specifying TPA claim number, UNHCR ID, name, region, hospital, admission date, date referred to UNHCR and estimated cost at presentation.

The subject label on emails regarding beneficiaries should always start with the region and the beneficiary's ID-number followed by a brief description of content. Examples: "BEX 123-12345678 admission for cholecystectomy" or "SOX 098-09876543 hospital refusing to give receipt". The subject should thereafter never be changed during the correspondence so that the email thread about the patient is easily accessed.

Sample email of a medical referral from TPA to UNHCR PHU



Annex 6) Monitoring and Evaluation framework

There are two broad aspects of the monitoring and evaluation of the programme:

1. Monitoring of the programme through collection, analysis and reporting of data
2. Monitoring of the performance of the TPA through Key Performance Indicators monitored on an ongoing basis.

In order to monitor the programme and TPA performance the TPA should provide UNHCR on a monthly basis:

- Data related to the management of each case that is processed by them – the so called monthly TPA claims report. See list below
- A summary of calls made to the TPA call center detailing number of received calls from beneficiaries and their length

Furthermore, the TPA is obliged to archive the medical reports for each claim that was rejected and the reason for rejection for regular auditing by the UNHCR PHU.

Data to be included in the monthly TPA claims report:

Variable	Variable description. Options for pull down menus are in curved parenthesis {}
Unique patient id (generated by TPA system - not to be confused with hospital number)	Unique ID provided
UNHCR ID	UNHCR registration number
Full Name	Full name of patient
Gender	Gender {Male, Female}
Date of birth	Date of birth (ensure format is fixed)
Age	Age at time of referral
Nationality	Nationality of refugee {Syrian, Sudanese, Iraqi, Other}
Vulnerability status	{Severe, Non-severe}
Hospital name	Hospital or other health facility name (please use name in official list)
Region	Region where hospital is located {North, Mt Lebanon, Bekaa, Beirut, South}
Presentation date	Date patient presented to hospital
Type of referral	{Self-referred, Referred by PHCC, Unknown}
Referral facility	Name of referral facility
Delivery?	{Yes-vaginal, Yes-C-section, No}
ER case?	{Yes,No}
Diagnosis at presentation	Provisional (initial/preliminary) diagnosis (ICD-10)
Estimated cost at admission	Estimated cost provided by caregiver as basis for approval in USD
Referred to UNHCCR?	{Yes,No}
Approved/Rejected	{Approved, Rejected}
Reason for rejection	Reason for not approving {Not PoC, Not life or limb-saving, Not urgent, Not in SOPs, Investigation case, Third party coverage, Patient defaults*, Other}
Main intervention	Intervention Code + Description
Diagnosis at discharge	ICD-10
Nosocomial complication?	{No, Infection, Surgical complication, Other}
Reached UNHCR ceiling?	{No, Yes - 10,000, Yes - 15,000}

Outcome	**{Death, Alive}**
Reason for mortality	**Description of reason for death**
Level of coverage	**{75%, 90%, 100%}**
Final Hospital Bill (TPA Share)	**USD**
Final Hospital Bill (TPA Share) after audit	**USD**

*Default here defined as patient self-discharges or does not show up with the consequence that a treatment that initially has been approved cannot be provided. If more than 10 days pass the case will be rejected.

TPA key performance indicators

	Indicator	Target	Source	Reporting (by PHU)
Availability and responsiveness of TPA	# Complaints from beneficiaries or hospitals not reaching call center	0	TPA and PHU complaints register	Quarterly
	# Complaints from beneficiaries or hospitals not being helped by call center	0	TPA and PHU complaints register	Quarterly
	# Complaints from hospitals not reaching responsible delegate	0	TPA and PHU complaints register	Quarterly
	# Reports that a TPA delegate is not follow-up cases in a satisfactory manner	0	Continuous auditing of documents of inpatients by field PHA	Quarterly
Admission Process	# Complaints from hospitals about delegate delayed approval/rejection (for cases not demanding UNHCR approval)	0	TPA and PHU complaints register	Quarterly
	# TPA approvals outside of SOPs	0	Continuous auditing of invoices by PHU	Quarterly
	# TPA approvals of admissions estimated >1500 USD with delayed or omitted referral to UNHCR	0	Monthly TPA claims report	Quarterly
	# TPA rejections outside of SOPs	0	Quarterly auditing of medical files of cases rejected by TPA	Quarterly
	# reports of admission documents not in order	0	Continuous auditing of documents of inpatients by UNHCR field PHA	Quarterly

Hospital Performance	C-section rate	< 30%	Monthly TPA claims report	Quarterly
	# of cases in which length of stay exceeds MoPH guidelines for preapproved specific procedures	0	Monthly TPA claims report	Quarterly
Reporting	# times TPA claims report delayed or absent	0	Monthly TPA claims report	Quarterly