

NATIONAL HEALTH INSURANCE SCHEME



OPERATIONAL GUIDELINES

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National Health Insurance Scheme
P.O.W. Mafemi Crescent
Off Solomon Lar Way, Utako
P. M. B 400, Garki
Abuja, Nigeria
Tel: 234-1-4130026-7
Fax: 234-1-4130028
Email: info@nhis.gov.ng
Website: www.nhis.gov.ng

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FOREWORD

National Health Insurance Scheme is a body set up by Decree 35, of 1999 (now Act 35) operating as Public Private Partnership and directed at providing accessible, affordable and qualitative healthcare for all Nigerians.

To have the NHIS of our dream, we must have a Scheme that is guided by vibrant Operational guidelines that is all encompassing and all inclusive. Having operated the scheme for about six years, we deem it necessary to review the guidelines and bring in issues that will make the scheme more vibrant. In reviewing the NHIS operational guidelines we were guided by some provision of the NHIS Act, some of which are listed below:

1. The Scheme shall be responsible for issuing appropriate guidelines to maintain the viability of the Scheme [section 6(b)]
2. The Scheme shall be responsible for advising on the continuous improvement of quality of services provided under the Scheme through guidelines issued by the Standard Committee established under section 45 of this Act [section 6(g)]
3. The council shall have the power to set guidelines for effective co-operation with other organizations to promote the objectives of the Scheme [section 7(f)]

Following calls for memoranda published in two national dailies, the Scheme received several contributions from different stakeholders and interested persons and bodies. These include Healthcare Providers, Health Maintenance Organizations, regulatory bodies and councils, labour unions, professional associations, enrollees and other individuals.

The contributions were passed on to the NHIS Standards Committee provided for in the NHIS Act. The committee reviewed the memoranda received from stakeholders and made their input.

The highlights of the review include the division of the operational guidelines into 4 sections (Programmes, Standards and Accreditation, Records and Information and Offences, Penalties & Legal Proceedings).

The Benefit Package of the Formal Sector Social Health Insurance after the review by a committee of experts has been included in the current edition of the Operational Guidelines. Hospitalization has been increased from 15 days to 21 days in reaction to complaints from enrollees, a new section on antenatal policy will help to clarify some grey areas. Others include increase of Co-insurance on partial exclusion to 50 percent also in reaction to enrollees' complaints, Compulsory notification of HCPs and NHIS of every

referral denied by HMO(s) to prevent unnecessary denial of referral authorization and review of accreditation fees to meet present day reality.

New programmes included in the current edition are Community Based Social Health Insurance Programme, Voluntary Contributors Social Health Insurance Scheme, Tertiary Institution Social Health Insurance Scheme, Refugees, Victims of Human Trafficking, Internally Displaced Persons and Immigrants Social Health Insurance Programme. Finally a new section on Offences, Penalties & Legal Proceedings was included.

I am positive that this reviewed Operational Guidelines will significantly lead to improvement in the operation of the scheme and enhance the quality of service delivered to enrollees.

Finally, I wish to urge all stakeholders of NHIS to embrace the reviewed NHIS Operational guidelines

DR. Abdulrahman Sambo, *mmi*,
Ag. Executive secretary, NHIS

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This review of the NHIS operational Guidelines benefitted from contributions of a large number of individuals, bodies and organizations from all sectors of our society. We are grateful to all of them especially the following:

1. *NHIS Standards Committee Members*

- a. *The Executive Secretary, NHIS*
- b. *Registrar, Medical and Dental Council of Nigeria (MDCN)*
- c. *Registrar, Nursing and Midwifery Council of Nigeria (NMCN)*
- d. *Registrar, Pharmacists Council of Nigeria (PCN)*
- e. *Medical Laboratory Science Council of Nigeria (MLSCN)*
- f. *Registrar, Health Record Officers Registration Board of Nigeria (HRORBN)*
- g. *Registrar, Optometrist and Dispensing Optician Registration Board Of Nigeria (ODORBN)*
- h. *Registrar, Radiographers Registration Board of Nigeria (RRBN)*
- i. *Registrar, Medical Rehabilitation Therapist Board of Nigeria (MRTBN)*
- j. *Registrar, Community Health Practitioners Registration Board of Nigeria (CHPRBN)*

2. *Memoranda Contributors*

- a. *Association of Community Pharmacists of Nigeria (ACPN) Adamawa State*
- b. *Association of General and Private Medical Practitioners of Nigeria (AGPMPN)*
- c. *Association of Medical Laboratory Scientists of Nigeria*
- d. *Community Health Practitioners Registration Board*
- e. *Concise Diagnostic Centre Lagos*
- f. *Health and Managed Care Association of Nigeria (HMCAN)*
- g. *Health Care Providers Association of Nigeria (HCPAN)*
- h. *Hygeia HMO Ltd*
- i. *International Centre for Eye Care Education (ICEE)*
- j. *Madonna Health Services Nigeria Ltd Makurdi*
- k. *Mr. Ahmed Iliyasu, Kano*
- l. *Nigerian Dental Association*
- m. *Nigerian Medical Association*
- n. *Nigerian Optometric Organization*
- o. *Nigerian Orthopedic Association*
- p. *Ophthalmological Society of Nigeria*
- q. *Pharmaceutical Society of Nigeria (PSN)*
- r. *Pharmaceutical Society of Nigeria (PSN)*
- s. *Stansfields Dental Clinics Jos*
- t. *System Specs Lagos*

3. *NHIS Harmonization Committee*

- a. *Mr.M.B.W. Dogo-Muhammad, FRCS, mni*
- b. *Dr. Abdulrahman Sambo, mni*
- c. *Dr. Hope Uweja*
- d. *Dr. Kabir Mustapha*
- e. *Mr. Abdulsalam Bala*
- f. *Mal Abubakar M. Sokoto*
- g. *Dr. (Mrs) Z. I. Makarfi*
- h. *Mr. Mohammed Idris*
- i. *Mr. Ghali Musa*
- j. *Dr. Yakubu Agada-Amade*
- k. *Mr. Ibrahim Aminu*
- l. *Mr. Olufemi Adeoye*
- m. *Mr. Thompson Oboh*
- n. *Mr. Gbenga Adams*
- o. *Mrs. Christiana Tobias-Tokbe*

INTRODUCTION

Health Insurance can be defined as a system of advance financing of health expenditure through contributions, premiums or taxes paid into a common pool to pay for all or part of health services specified by a policy or plan. Health Insurance can be broadly categorised as social or private health insurance.

Act 35 of 1999 which established National Health Insurance Scheme empowers the Scheme among others as follows

- a) determine the overall policies of the Scheme, including the financial and operative procedures of the Scheme;
- b) ensure the effective implementation of the policies and procedures of the Scheme;
- c) assess, from time to time, the research, consultancy and training programmes relative to the Scheme;
- d) arrange for the financial and medical audit of the Scheme
- e) set guidelines for effective co-operation with other organizations to promote the objectives of the Scheme;
- f) ensuring public awareness about the Scheme
- g) co-ordinating manpower training under the Scheme
- h) carry out such other activities as are necessary and expedient for the purpose of achieving the objectives of the Scheme as set out in this Act.

The objectives of the Scheme include the following:

- a) ensure that every Nigerian has access to good healthcare services
- b) protect families from the financial hardship of huge medical bills
- c) limit the rise in the cost of healthcare services
- d) ensure equitable distribution of healthcare costs among different income groups
- e) maintain high standard of healthcare delivery services within the Scheme.
- f) ensure efficiency in healthcare services
- g) improve and harness private sector participation in the provision of healthcare services
- h) ensure adequate distribution of health facilities within the Federation
- i) ensure equitable patronage of all levels of healthcare
- j) ensure the availability of funds to the health sector for improved services.

The Act also states that the Scheme shall be responsible for

- a) registering health maintenance organizations and healthcare facilities under the Scheme
- b) issuing appropriate guidelines to maintain the viability of the Scheme
- c) approving format of contracts proposed by the health maintenance organizations for all health care providers

- d) determining, after negotiation, capitation and other payments due to healthcare facilities, by the health maintenance organizations
- e) advising the relevant bodies on inter-relationship of the Scheme with other social security services
- f) the research and statistics of matters relating to the Scheme
- g) advising on the continuous improvement of quality of services provided under the Scheme through guidelines issued by the Standard Committee
- h) determining the remuneration and allowances of all staff of the Scheme
- i) exchanging information and data with the National Health Management Information System, Nigerian Social Insurance Trust Fund, the Federal Office of Statistics, the Central Bank of Nigeria, banks and other financial institutions, the Federal Inland Revenue Service, the State Internal Revenue Services and other relevant bodies
- j) doing such other things as are necessary or expedient for the purpose of achieving the objectives of the Scheme under this Act

According to the provision of Section 6(b) of the Act establishing NHIS, the Scheme is empowered to issue appropriate guidelines to maintain the viability of the Scheme. Also in Section 6(j) of the Act establishing NHIS, the Scheme is also empowered to do 'such things as are necessary or expedient for the purpose of achieving the objectives of the Scheme'. These provision of the NHIS Act are the bedrock of the NHIS Operational Guidelines.

The Operational Guidelines is divided into four sections. Each of the sections is ushered in by an introduction. Sections one dwells on the programmes developed by the Scheme to achieve universal coverage. Section two, standards and accreditation, explains the requirements for accreditation of healthcare facilities, health maintenance organizations, mutual health organization and non-governmental organization and others. Section three presents the necessary records expected by the various stakeholders of the Scheme. The final section is new. It highlight various offences and the penalties and legal proceedings they attract.

DEFINITION OF KEY TERMS

- **Health Insurance**

A system of advance financing of health expenditure through contributions, premiums or taxes paid into a common pool to pay for all or part of health services specified by a policy or plan

- **Social Health Insurance**

A system of health insurance that is financed by compulsory contributions which is mandated by law or by taxes and the system's provisions are specified by legal statute. The level of contribution is not determined by health risk (e.g. Age, history of illnesses in family, current health problems) but by ability to pay and it is nonprofit based

- **Private Health Insurance**

Health insurance system that is risk based (both financial and health borne by enrollee), organized and administered by an insurance company or other private agency, with the provisions specified in a contract, is private or voluntary health insurance.

- **The Scheme**

Refers to National Health Insurance Scheme.

A body corporate established under Act 35, of 1999, to regulate and provide health insurance in Nigeria where health care services are paid for from the common pool of funds contributed by the participants of the Scheme

- **Employer**

Public or private organization that hires and pays workers (Local, states and federal government or private companies employing ten or more persons in the case of NHIS)

- **Employee**

a paid worker

- **Beneficiary**

A person who has enrolled (or have been enrolled) with NHIS and who by being up to date with payment of premium (or having been paid for) is entitled to cover by NHIS

- **Enrollees**

Same as in beneficiary.

- **Principal Enrollee (Principal)**

A principal enrollee is the main contributor (employee in Formal Sector Social Health Insurance Scheme) on behalf of whom the other biological members of the family (dependants) are enrolled.

- **Providers**

These are primary, secondary and tertiary healthcare facilities that are licensed/accredited by relevant authorities to provide services to the populace.

NHIS Accredited providers are those healthcare facilities that have been accredited by the NHIS to provide healthcare services to its enrollees

- **Health Maintenance Organization (HMO)**

A private or public incorporated company registered by the NHIS solely to manage the provision of health care services through Health Care Providers accredited by the Scheme.

- **Benefit Package**

These are services that the NHIS defines as within its scope of coverage. NHIS contracts limit coverage to these services and they are considered important to maintaining sound health.

- **Exclusions**

- These are conditions that are excluded from the benefits package of the NHIS. NHIS or its agent(s) is not under any obligation to provide such service(s)

Vulnerable Groups

- Persons who due to their physical (including age) or mental status cannot engage in any meaningful economic activity.

Four Live Births

Four pregnancies ending in live births under the NHIS for every insured contributor/couple in the Formal Sector Programme.

- **Programme Manager**

Programme Managers (PMs) are bodies responsible for community mobilization and sensitization, determination and review of benefit package, determination and review of contribution rate, financial management, day-to-day administration and monitoring health care delivery by service providers. They include Board of trustees (BoTs), Technical Facilitators (TFs) etc

- **Board of Trustee (BoT)**

These are elected community representatives who function either as programme managers, responsible for the day to day management of Mutual Health

Associations (MHAs), or support Technical Facilitators in the management of Community Health Insurance Programmes.

- **Technical Facilitator (TFs)**

These are NHIS accredited bodies engaged to provide both initial and on-going technical facilitation (or programme management where applicable) for the establishment and implementation of CBSHIPs. They include all NHIS accredited HMO, Non-governmental organizations (NGOs), Civil Society Organizations (CSOs), Faith Based Organizations (FBOs) and limited liability companies, or companies limited by guaranty.

- **Mutual Health Association (MHA)**

A body registered by the NHIS solely to manage the provision of health care services through NHIS accredited Healthcare Providers to an identified community under the Community Based Social Health Insurance Programme.

- **Capitation**

This is payment to a primary healthcare provider by the HMOs on behalf of a contributor for services to be rendered by the healthcare provider. This payment is made regularly and in advance irrespective of whether the enrollee utilizes the service or not.

- **Fee-For-Service**

This is payment made by HMO(s) to secondary/tertiary healthcare providers that render services on referrals from other accredited healthcare providers. Primary healthcare providers can also be paid on fee-for-service basis for emergency cases.

- **Per diem**

- This is payment made by Primary providers and HMOs to secondary/tertiary healthcare providers for bed space (per day) during hospitalization. Primary healthcare providers can also be paid per diem for emergency cases.

Co-Payment

- This is payment made by the enrollee to the accredited pharmacy provider at the point of service. It is 10% of the total cost of drugs dispensed per prescription in accordance with the NHIS Drug Price List (not applicable to vulnerable groups and tertiary institutions programmes).

Co-Insurance

- This is part-payment made by the enrollee for treatments/ investigations covered under partial exclusion list while the HMO(s) pay the balance.

NHIS VISION

A strong, dynamic and responsive National Health Insurance Scheme that is totally committed to securing universal coverage and access to adequate and affordable healthcare; in order to improve the health status of Nigerians, especially for those participating in the various programmes/products of the Scheme.

NHIS MISSION

NHIS mission is to facilitate fair-financing of healthcare costs through pooling and judicious utilization of financial resources to provide financial risk protections and cost-burden sharing for people, against high cost of healthcare, through various prepayment programmes/products prior to their falling ill. This is in addition to providing regulatory oversight to Health Maintenance Organizations (HMOs) and participating Healthcare Providers.

SECTION ONE

Programmes

PROGRAMMES

Introduction

In order to ensure that every Nigerian has access to good healthcare services, the National Health Insurance Scheme has developed various programmes to cover different segments of the society. They include the following:

1. FORMAL SECTOR SOCIAL HEALTH INSURANCE PROGRAMMES
 - a) Public Sector (Federal, States and Local Governments)
 - b) Organized Private Sector
 - c) Armed Forces, Police and Other Uniformed Services
Students of Tertiary Institution Social Health Insurance Programmes

2. INFORMAL SECTOR SOCIAL HEALTH INSURANCE PROGRAMMES
 - a) Community Based Social Health Insurance Programmes
 - b) Voluntary contributors Social Health Insurance Programmes

3. VULNERABLE GROUP SOCIAL HEALTH INSURANCE PROGRAMME
 - a) Physically Challenged Persons
 - b) Prisons Inmates
 - c) Children Under Five
 - d) Refugees, Victims Of Human Trafficking, Internally Displaced Persons And Immigrants Social Health Insurance Programme
 - e) Pregnant Women

1.1. FORMAL SECTOR SOCIAL HEALTH INSURANCE PROGRAMME

1.1.0 Definition

The Formal Sector Social Health Insurance Programme is a social health security system in which the health care of employees in the Formal Sector is paid for from funds created by pooling the contributions of employees and employers.

The Formal Sector consists of the following:

- a. Public Sector
- b. Organized Private Sector
- c. Armed Forces, Police and other Uniformed Services

1.1.0.1. Roles and responsibilities of Healthcare Facility under the Formal Sector Social Health Insurance Programme

- i. Secure appropriate Accreditation with NHIS
- ii. Provide services as agreed with HMOs in the benefit package
- iii. Comply with NHIS Operational Guidelines
- iv. Sign contract with NHIS through HMOs
- v. Ensure enrollees satisfaction
- vi. Provide returns on utilization of services and other data to NHIS through HMOs
- vii. Report any complaints to HMOs and NHIS.
- viii. Limit delivery of services to level of accreditation.

1.1.0.2. Roles and responsibilities of Health Maintenance Organization under the Formal Sector Social Health Insurance Programme

- i. Effect timely payments to healthcare facilities
- ii. Ensure effective processing of claims (Secondary Services)
- iii. Carry out continuous quality assurance of healthcare services
- iv. Ensure timely approval of referrals and undertake necessary follow up to complete referrals
- v. Carry out continuous sensitization of enrollees
- vi. Market approved health plans to employers/enrollees
- vii. Collect appropriate contributions and make necessary payments to the appropriate pools in a timely manner
- viii. Effect necessary returns to NHIS in line with the Operational Guidelines
- ix. Comply with other provisions as spelt out in the Operational Guidelines

1.1.0.3. Roles and responsibilities of NHIS under the Formal Sector Social Health Insurance Programme

- i. Setting guidelines and standards for the Programme.
- ii. Accredit Healthcare Facilities and HMOs.
- iii. Carry out continuous quality assurance to ensure qualitative healthcare services and programme management
- iv. Technical Support
- v. Carrying out Actuary Review to determine contribution rates to be paid by Government and payment rates to service providers.
- vi. Sensitization and mobilization.
- vii. Health education.
- viii. Liaison with owners of health facilities on the use of their facilities and retention of funds by the facilities.
- ix. Other things to ensure the viability of the programme

1.1.0.4. Organization of Health Service

Healthcare services will be provided through a three level of service arrangement. These are primary, secondary and tertiary level services.

- i. **Primary Healthcare Facilities:** These refer to the entry point and point of first contact of individuals with the Healthcare Facilities. They serve as the gatekeepers to the scheme. They provide preventive, curative and rehabilitative services.
- ii. **Secondary Healthcare Facilities:** Offer specialized services to patients referred from the primary healthcare Facilities through the HMOs. Occasionally, particularly in cases of emergencies, direct referrals without recourse to the HMOs can be made. However, the HMOs must be notified immediately after.
- iii. **Tertiary Healthcare Services:** These consist of highly specialized services based on referral from the secondary care level through the HMOs.

1.1.1. GUIDELINES FOR PUBLIC SECTOR AND ORGANIZED PRIVATE SECTOR

1.1.1.1 Membership

Employees of the public sector and organized private sector organizations employing ten (10) or more persons shall participate in the Programme.

1.1.1.2 Contributions

Contributions are earnings-related. For the Public (federal) sector programme, the employer pays 3.25% while the employee pays 1.75%, representing 5% of the employee's consolidated salary. For the private sector programme and other tiers of Government, the employer pays 10% while the employee pays 5% representing 15% of the employee's basic salary. However, the employer may decide to pay the entire contribution. The employer may also undertake extra contributions for additional cover to the benefit package.

1.1.1.3 Waiting Period

There shall be a processing/waiting period of ninety (90) days before a participant can access healthcare services.

1.1.1.4 Scope of Coverage

- a. The contributions paid cover healthcare benefits for the employee, a spouse and four (4) biological children below the age of 18 years.
- b. More dependants or a child above the age of 18 is covered on the payment of additional contributions by the principal beneficiary as determined by NHIS.
- c. Principals are entitled to register four (4) biological children each, however a spouse or a child cannot be registered twice.

1.1.1.5 Registration of Employers and Employees

- a. Every employer shall register with the NHIS.
- b. Every employer shall affiliate itself with an NHIS-accredited Health Maintenance Organization (HMO).
- c. The registration of prospective enrollees shall be the responsibility of the HMOs.
- d. Every registered employer shall supply the following information to the Scheme and to the affiliated HMO:
 - i. Name of employer.
 - ii. Category of employer (public or private).
 - iii. Nominal rolls containing staff details and basic salaries.
- e. The employee shall register self, a spouse and four (4) biological children below the age of eighteen (18) years with the NHIS.
- f. The employer shall bear the cost of production of initial NHIS enrollee identity card(s)
- g. The enrollee shall bear the cost of production of
 - i. Additional dependents' NHIS enrollee identity card(s).
 - ii. Replacement of NHIS enrollee identity card(s).

1.1.1.6 Rights and Privileges of Beneficiaries

The beneficiary has the right to:

- a. Freely choose his/her NHIS accredited primary healthcare Facility(ies)
- b. Change primary healthcare facility after six (6) months with the present primary health care facility.
- c. Access care once the name is on the current NHIS enrollee register after proper identification.
- d. Treatment at the nearest NHIS accredited healthcare facilities on emergency.
- e. Add or remove dependant(s) subject to approval by NHIS.
- f. Add extra dependant(s) on payment of a fee.

1.1.1.7 Procedure for change of primary healthcare facility/addition of dependants.

- a. The enrollee shall obtain change of healthcare facility/update form(s) from his/her HMO, NHIS call centre or NHIS Headquarters or zonal offices
- ii. The principal enrollee shall complete the form, attach his/her passport photograph along with a duly signed application letter
- iii. The enrollee shall bear the cost of production of new identity cards in cases of update or addition of dependant(s).

1.1.2. GUIDELINES FOR ARMED FORCES, POLICE AND OTHER UNIFORMED SERVICES

1.1.2.1. Definition

The Armed Forces, Police and other Uniformed Services Social Health Insurance Programme is a social security system where the health care of members is fully paid for by the Federal Government.

1.1.2.1. Membership

All members of the Armed Forces, the Nigerian Police Force, Nigerian Customs Service, Nigerian Immigration Service, Nigerian Prisons Service and other Federal uniformed services.

1.1.2.2. Contribution

Contributions to be paid are earnings related. This currently equates to 5% of the consolidated salary of the participants. The Federal Government shall be responsible for payment of the contributions

1.1.2.3. Scope of Coverage

The contributions paid on behalf of a participant under this Programme covers provision of health benefits for the participant and

five dependants consisting of a spouse and four children below the age of 18 years.

1.1.2.4. **Benefit Package** (for all formal sector programmes)

1.1.3. BENEFIT PACKAGE (FORMAL SECTOR SOCIAL HEALTH INSURANCE SCHEME)

Healthcare Facilities under the Scheme shall provide the following benefit package to the enrollees:

- i. Out-patient care, including necessary consumables as in NHIS Standard Treatment Guidelines and Referral Protocol
- ii. Prescribed drugs, pharmaceutical care and diagnostic tests as contained in the NHIS Drugs List and NHIS Diagnostic Test Lists.
- iii. Maternity (ante-natal, delivery and post-natal) care for four pregnancies ending in live births under the NHIS for every insured enrollees in the Formal Sector Programme. Additional care if any still birth.
- iv. All live births eligible to cover will be covered during the post-natal period of twelve (12) weeks from the date of delivery.
- v. All preterm/premature babies eligible to cover shall be covered for twelve (12) weeks from the date of delivery.
- vi. Preventive care, including immunization, as it applies in the National Programme on Immunization, health and family planning education. Adult Immunizations viz. HPV, Hepatitis etc
- vii. Consultation with specialists, such as physicians, pediatricians, obstetricians, gynaecologists, general surgeons, orthopaedic surgeons, ENT surgeons, dental surgeons, radiologists, psychiatrists, ophthalmologists, physiotherapists, etc.
- viii. Hospital care in a standard ward for a stay limited to cumulative 21 days per year following referral.
- ix. Eye examination and care, the provision of low priced spectacles but excluding contact lenses.
- x. A range of prostheses (limited to prosthesis produced in Nigeria)
- xi. Dental care (excluding those on the Exclusion list).
- xii. Annual medical checkup unrelated to illness

Note: *“eligible to cover” as used above refers to a maximum of four biological children of the principal under the age of 18 years.*

A further breakdown of the benefit package is presented below according to the three levels of care.

1.1.3.1. PRIMARY HEALTHCARE LEVEL

- i. Out-patient care (including consumables)
- ii. Routine immunization
- iii. Surgical procedures
- iv. Internal medicine
- v. HIV/AIDS (management of Opportunistic Infections)
- vi. STIs
- vii. Mental Health
- viii. Paediatrics
- ix. Obstetrics and Gynaecology
- x. Ophthalmology
- xi. Emergency care
- xii. Family planning education
- xiii. Child welfare services.

i. Out-Patient Care

Services to be offered include proper history taking, examination and routine laboratory investigations to help reach a diagnosis. Laboratory investigations include malaria parasite, WBC, Haemoglobin estimate or packed cell volume, urinalysis, stool and urine microscopy, Blood film for microfilaria, ESR, WBC-diff, pregnancy test (urine), Blood grouping, Blood Sugar and widal test.

ii. Immunization

Immunization against childhood killer diseases. The vaccines are BCG, Oral Polio, DPT, Measles, Hepatitis B, HPV and Vitamin A supplementation and other vaccines that may be included in the National programme on immunization from time to time.

iii. Surgical procedure

- Drainage of simple abscess (I&D)
- Minor wound debridement
- Surgical repairs of simple lacerations
- Drainage of paronychia
- Circumcision of male infants
- Passage of urethral catheter
- Other services as may be listed from time to time by the NHIS

iv. Internal Medicine

- Malaria and other acute uncomplicated febrile illnesses.
- Uncomplicated Diarrhoeal diseases
- Acute upper respiratory tract infections
- Uncomplicated pneumonia
- Simple anaemia (not requiring blood transfusion)

- Simple skin diseases, e.g. Taenia vesicolor, M. furfur, T. Capitis, etc.
 - Worm infestation
 - Other uncomplicated bacteria, fungal, parasitic and viral infections and illnesses
 - Dog bites, snakebites, scorpion stings
 - Arthritis
 - Other illnesses as may be listed from time to time by the NHIS.
- v. HIV/AIDS**
- Voluntary Counseling and testing
 - Health education
 - Treatment of simple opportunistic infections
- vi. STI**
- Counseling
 - Health Education
 - Management of uncomplicated STIs
- vii. Mental Health**
- Psychosomatic illnesses
 - Insomnia
 - Other illnesses as may be listed from time to time by the NHIS
- viii. Paediatrics**
- Feeding problems and nutritional services
 - Treatment of common childhood illnesses, e.g., (malaria, other febrile illnesses, vomiting and uncomplicated diarrhoeal diseases, uncomplicated malnutrition, failure to thrive, measles, upper respiratory tract infections, uncomplicated pneumonia and other childhood exanthemas, simple skin diseases and viral illnesses)
 - Other illnesses as may be listed from time to time by the NHIS
- ix. Obstetrics & Gynaecology**
- Acute pelvic inflammatory diseases
 - Vaginal discharges
 - Routine maternity care for all pregnancies (ante-natal, delivery & post-natal) except where complication(s) exist.
 - Other illnesses as may be listed from time to time by the NHIS

Note: Post natal care cover the neonate and preterm/ premature babies for 12 weeks after delivery

x. Ophthalmology

- Treatment of minor eye ailments including:
- Conjunctivitis
- Simple contusion, abrasions, foreign bodies etc.
- Other illnesses as may be listed from time to time by the NHIS.

xi. Emergency Care

The beneficiary requiring emergency treatment shall visit his primary facility or the nearest NHIS accredited health facility. The Healthcare facility is to offer the following treatments (where applicable) before referral if necessary:

- Establishing an intravenous line
- Establishing patent airway
- Management of convulsion
- Control of bleeding
- Cardio-pulmonary resuscitation
- Immobilization of fractures using splints, neck collars, to ease transportation of patients
- Aspiration of mucus plug to clear airways
- Asthmatic Attacks
- Any other procedure that may be life saving.

xii. Family Planning Services

This includes family planning education only

xiii. Child Welfare Services

- Growth monitoring
- Routine immunization
- Nutritional advice and health education.
- Other services to be included from time to time by the NHIS

xiv. Dental Care

- Dental care education (preventative and promotive oral care)

1.1.3.2. SECONDARY HEALTHCARE LEVEL

i. Surgical Procedures

All other procedures that cannot be handled at the primary level of care can be undertaken at the Secondary level, depending on the complexity and the competence of the facility and its

personnel, except those conditions requiring tertiary care or on the exclusion list.

Note: Hospital stay in orthopedic cases is allowed for 6 cumulative weeks and does not in any way foreclose post hospitalization management. The primary healthcare facility of enrollee shall pay per diem for the first 15 cumulative days of hospitalization while the HMO shall pay for the remaining 27 cumulative days per year.

ii. Internal Medicine

- Screening as determined by NHIS
- All other cases that cannot be treated at the Primary level must be promptly referred to a Secondary centre, except those conditions requiring tertiary care or on the exclusion list.

iii. HIV/AIDS

- HIV Screening and Confirmation
- Management of opportunistic infections
- Provision of ART

iv. Paediatrics

- All medical and surgical paediatric cases that cannot be handled at the Primary level except those requiring tertiary care or on the exclusion list

xv. Obstetrics and Gynaecology

- Specialist consultation
- Multiple gestation/High risk pregnancies
- Caesarian sections
- All emergency gynaecological procedures
- All Primigravidae and Grand multipara shall be managed at the secondary levels of care
- Other procedures that are not on the exclusion list

xvi. Ophthalmology

- Refraction, including provision of low priced spectacles and excluding contact lenses
- All ophthalmological cases that cannot be handled at the primary level except those requiring tertiary care or on the exclusion list.

xvii. Ear Nose and Throat (ENT)

- All E.N.T cases that cannot be handled at the primary except those requiring tertiary care or on the exclusion list.
- xviii. Dental Health**
- Dental check,
 - scaling and polishing,
 - minor oral surgeries,
 - maximum of two root canal treatment,
 - replacement of maximum of four dentures
 - All dental cases that cannot be handled at the primary level except those requiring tertiary care or on the exclusion list.
- xix. Physiotherapy**
- All procedures except those on the exclusion list. Hospital stay in CVA cases is allowed for 12 cumulative weeks and does not foreclose post hospitalization therapy.

Note: the primary healthcare facility of the enrollee shall pay for bed stay for the first 15 cumulative days of hospitalization while the HMO shall pay for the remaining 69 cumulative days per year

xx. Radiology/Ultra-Sonography

- All investigations except those on the exclusion list.

Note: All radiological imaging must be accompanied with its detailed report

xxi. NHIS Antenatal Policy

- Services to be provided at Ante-natal care should include at least the following:

a) Investigations

- PCV/Hemoglobin estimation(Hb)
- Urinalysis
- Blood grouping
- HIV Screening
- Blood genotype
- Hepatitis B surface Antigen
- USS (at least twice)
- Fasting blood sugar/Random blood sugar

Note: i-iv above services under primary care and are covered by capitation while the rest shall be handled under secondary/tertiary care and the healthcare facility should follow the due referral procedures.

- b) Routine ANC Drugs
- c) Immunization
- d) Maternity (ante-natal, delivery and post-natal) care for every insured enrollee eligible to cover.
- e) The above services do not in any way relieve the healthcare facility of other obligations to the gravid enrollee in providing necessary health care services.
- f) All live births eligible to cover will be covered during the post-natal period of twelve (12) weeks from the date of delivery.
- g) All preterm/premature babies eligible to cover shall be covered for twelve (12) weeks from the date of delivery.

1.1.3.3. TERTIARY HEALTHCARE LEVEL

i. Surgical Procedures

All procedures that cannot be handled at the primary and secondary levels of except those conditions on the exclusion list.

Note: Hospital stay in orthopedic cases is allowed for 6 cumulative weeks and does not in any way foreclose post hospitalization management. The primary healthcare facility of enrollee shall pay per diem for the first 15 cumulative days of hospitalization while the HMO shall pay for the remaining 27 cumulative days per year.

ii. Internal Medicine

- Screening as determined by NHIS
- All other cases that cannot be treated at the Primary and secondary levels of care except those conditions on the exclusion list.

iii. HIV/AIDS

- Management of complications of HIV/AIDS

iv. Paediatrics

- All medical and surgical paediatric cases that cannot be handled at the Primary level and secondary levels of care except those conditions on the exclusion list

v. Obstetrics and Gynaecology

- All Obstetric and Gynaecological cases that cannot be handled at the primary and secondary levels of care except those conditions on the exclusion list

vi. Ophthalmology

- All ophthalmological cases that cannot be handled at the primary and secondary levels of care except those on the exclusion list.

vii. Ear Nose and Throat (ENT)

- All E.N.T cases that cannot be handled at the primary and secondary levels of care except those on the exclusion list.

viii. Radiology/Ultra-Sonography

- All radiological procedures/investigations cases that cannot be handled at the secondary level of care except those conditions on the exclusion list

NOTE: All radiological imaging must be accompanied with its detailed report

1.1.3.4. EXCLUSION FOR FSSHIP

The following conditions are excluded from the benefits package of the NHIS:

i. TOTAL EXCLUSIONS

- a. Occupational/industrial injuries to the extent covered under the Workmen Compensation Act.
- b. Injuries resulting from:
 - Natural disasters, e.g. earthquakes, landslides.
 - Conflicts, social unrest, riots, wars.
- c. Epidemics
- d. Family planning commodities, including condoms
- e. Injuries arising from extreme sports, e.g. car racing, horse racing, polo, mountaineering, boxing, wrestling, etc
- f. Drug abuse/addiction
- g. Domiciliary visit
- h. Surgery
 - Mammoplasty
- i. Ophthalmology
 - Provision of contact lens.
- j. Medicine
 - Anti-tuberculosis drugs
- k. Paediatrics
 - Treatment of congenital abnormalities requiring advanced surgical procedures e.g. TOF, ASD, VSD.
- l. Obstetrics & Gynaecology
 - Artificial insemination, including IVF and ICSI
- m. Dental Care
 - Crowns and bridges
 - Bleaching
 - Implants

- n. Pathology
 - Post Mortem examination

ii. PARTIAL EXCLUSIONS

- a. High technology investigations e.g. CT scan, MRI: the HMO would pay 50% of cost.
- b. Dialysis for acute renal failure (max. 6 sessions)

Note: *No HMO is allowed to generate and circulate any list of exclusions (partial or total) under the NHIS programmes except as stipulated in the NHIS Operational Guidelines.*

1.1.4 REFERRALS

1.1.6.1. Levels of Referral

Entry into the Programme is via the Primary Healthcare Facility. At that level, treatment is administered as recommended by the guidelines. Cases that require Specialized attention are referred following the laid down guidelines from the Primary to Secondary and tertiary levels.

1.1.6.2. Need for Referral

Referral can be vertical or lateral. A patient may be referred from a Primary to a Secondary/Tertiary Service Facility or from a Secondary to a Tertiary Service Facility due to need for specialized investigations, for medical/ surgical reasons or other services – diagnostic, physiotherapy etc. Approval by the HMOs is necessary, except in emergencies and notification of such should be served within 48hrs.

Referrals should be to the nearest specialist as contained in the list of NHIS accredited facilities in the area.

All authorization codes must be given within 24hrs of the requesting facility making contact with the HMO and when such requests are denied, the HCFs must be notified in writing within 24 hours stating reasons for denial and copied to NHIS.

1.1.4.3. Basic Principles of Referral

- a. A referral line must be established.
- b. There must be a clinical basis for referral.
- c. A referral letter must accompany every case.
- d. Primary care physicians are obliged to refer early enough to the next level of care.
- e. Personal and medical details must be contained in the referral letter.
- f. All investigations carried out at a lower level must be sent to a higher level.

- g. The outcome of a referral should be satisfactorily and properly documented.
- h. Referred cases must be sent back by the specialist after completion of treatment to the referring healthcare facility, with a medical report and instructions for follow-up management.

1.1.4.4. Information Required for Referral

- a. Patient's name, gender, age and address
- b. Referral location (dept/clinic)
- c. Patient's hospital number
- d. Patient NHIS number
- e. Referring Healthcare facility's NHIS code
- f. Referral date
- g. Clinical findings/investigations and results
- h. Treatment administered before referral
- i. Provisional diagnosis
- j. Reasons for referral
- k. The patient's HMO and code
- l. Referring personnel's name and signature

Note:

- a. In chronic conditions covered by the Scheme, the primary facility shall refer the patient to the requisite level of care. HMO shall generate an authorization code that would cover follow up visits until the patient stabilizes. The payment to the secondary/tertiary care facility for all follow up visits shall be borne by the HMO.
- b. All Facilities are expected to provide counseling as an integral part of quality care.

1.1.4. GUIDELINES FOR STUDENTS OF TERTIARY INSTITUTIONS SOCIAL HEALTH INSURANCE PROGRAMME

1.1.4.1. Definition

The Tertiary Institutions Social Health Insurance Programme is a social security system whereby the health care of students in tertiary institutions is paid for from funds pooled through the contributions of students. It is a programme committed to ensuring access to qualitative healthcare service for students of tertiary institutions thereby promoting the health of students with a view to creating conducive learning environment.

1.1.4.2. Membership

Membership is for students (full and part-time) of Federal, State and Private Tertiary Institutions. Tertiary institutions are categorized as Universities, Colleges of Education, Polytechnics, other specialized

Colleges of Agriculture and Monotechnics, Schools of Nursing, Midwifery and Health Technology etc.

1.1.5.3. Objectives

The objectives of this programme are:

- To ensure that every student in tertiary institutions has access to good health services
- To protect students and families from the financial hardships of huge medical bills
- To maintain high standard of health care delivery services within tertiary institutions
- To ensure availability of funds to the tertiary institution health centres for improved services
- To take cognizance of the peculiar health needs of students in the design of the programme, including access to periodic health education and outreaches

1.1.5.4. Stakeholders

Several stakeholders are crucial to the successful implementation of the TISHIP through various structures as follows:

i. National Health Insurance Scheme

The role of the NHIS is essentially regulatory, in collaboration with key stakeholders. Key roles include to:

- Provide guidance through the development and enforcement of the blueprint and operational guidelines for implementation
- Grant approvals for the health plans of HMOS
- Accredite health care facilities
- Set standards for health care facilities
- Support HMOs in actuarial review to determine rates and payment to service providers
- High level advocacy to generate support from tertiary institutions
- Supervise quality as well as the monitoring and evaluation of the programme

ii. Tertiary Institutions

The tertiary institutions are responsible for overall administration of the programme. Key roles include to:

- Select HMOs that are best suited to purchase healthcare to the students (in collaboration with the Students Union).
- Enter an MoU with the HMOS and notifying the NHIS of such
- Oversees the collection and remittance of contributions to the HMOs
- Participate in mobilizing students for the programme

- Ensures that HMOs meet their obligations to students.
- Ensure that the health care facilities of the institution meet the NHIS accreditation requirements.

iii. TISHIP Management Committee

Within each institution, a TISHIP Management Committee will be established and will report periodically to the school authority. The committee will be headed by the Medical Director and representatives from the HMO, student's body, student's affairs, bursar and legal department. The roles of this committee are to:

- Oversee the implementation of TISHIP in the institution
- Ensure that the HMOs meet their obligations to students
- Act as a key stakeholder in quality assurance and monitoring
- Liaise with the student population to ensure that their needs are being met
- Provide regular feedback to the management of the tertiary institution
- Keep records of the activities of the scheme

iv. Students Union

The roles of the student union are to:

- Contribute to, and support the choice of the institution's chosen HMOs to provide the required healthcare services.
- Educate its membership on the benefits and modalities of the programme.
- Participate to ensure that quality services are provided by reporting complaints to HMO in the first instance and NHIS if unsatisfied.

v. Health Maintenance Organizations

The responsibilities of the HMOs under the TISHIP include to:

- Develop health plans, using the basic benefit package defined as a minimum.
- Market their products (with ethical standards) to the tertiary institutions
- Register students under the scheme
- Pool, manage and administer the contributions made
- Make payments of capitation and fee-for-service
- Meet the minimum enrollee target set by the NHIS
- Put in place a system that will maintain quality assurance
- Ensure proper adherence to referral procedures
- Conduct health promotion and prevention activities
- Generate primary and secondary data for the purpose of programme design and monitoring
- Send regular reports to the tertiary institutions and NHIS

vi. Health Care facilities

The healthcare facilities have the responsibility to:

- Enter into contracts with the HMOs
- Provide quality services to registered beneficiaries
- Maintain records of all scheme activities
- Provide health prevention and promotion services

vii. Development Partners

Development Partners have a role within TISHIP to:

- Provide technical support to all other stakeholders, including NHIS
- Provide financial and system support aimed at addressing the subsidy gap

viii. Private Sector

- Support to address subsidy gaps in the programme

1.1.5.5. Registration

Health Maintenance Organizations will register students at the beginning of the academic year. New students are to be registered at the beginning of every academic year.

1.1.5.6. Contribution/Fund Mobilization

Funds will be mobilized mainly from premium contributions from students. Payments will be mandatory. **These premiums will replace the institutional medical fees** previously charged by various institutions.

- Other sources of funds for TISHIP can include charitable or philanthropic organizations, corporate social responsibility initiatives, government mandates and subsidies
- Premium should be paid by students annually on registration for every academic session. Contributions will be determined actuarially and a minimum premium of N1, 600 has been set to guide implementation. Premiums will be subject to periodic review.
- No co-payments will be charged under this programme
- Students will contribute an actuarially determined rate through their institutions at the point of payment of School fees/registration.

Primary Health care facility will be paid by capitation. Providers of secondary and tertiary care are to be paid fee-for-service for services rendered to the contributor.

1.1.5.7. Scope of Coverage

Contribution paid entitles participating student to a health care benefit package shown below.

1.1.5.8. Benefit Package

The NHIS Standard Benefit Package is selected to suit the healthcare needs of students. It includes the following:

- a. Out-patient care, including necessary consumables (as contained in the NHIS Drug List).
- b. Prescribed drugs, pharmaceutical care and diagnostic tests as contained in the NHIS Drugs List and Diagnostic Test Lists.
- c. Consultation with range of specialists such as physicians, surgeons, ophthalmologists, etc
- d. Hospital care in a standard ward for a stay limited to cumulative 21 days per year following referral. The primary facility shall pay per diem for the initial 15 cumulative days of hospitalization while The HMO shall pay for bed space for the remaining cumulative 6 days per year (except in orthopaedics and other special cases as in the NHIS operational guidelines). Thereafter, the beneficiary/institution pays
- e. Eye examination and care, excluding the provision of Spectacles and contact lenses;
- f. Dental care (excluding those in the exclusion list).
- g. Emergency care for accident cases
- h. Health Education on relevant health issues including drug addiction, smoking, sexually transmitted diseases and counselling and testing for HIV/AIDS.
- i. Health and family planning education and counseling.
- j. All enrollees are entitled to treatment at the nearest NHIS accredited healthcare facilities on emergency.

Note: Additional services can be provided at the request of the tertiary institutions to address any additional identified needs. These extra services will be costed accordingly by the HMOs.

Tertiary Institutions could gain the services of the HMO to prepare a customized benefit package if they so wish.

1.1.5.9. Referrals

Referrals will be through the three levels of healthcare, with care being rendered at the appropriate level. The criteria for referral shall be in accordance with established NHIS principles and procedure, where prescribed skills and services specific to each level are strictly adhered.

1.1.5.10. Administration

All Tertiary Institutions shall remit the contribution of students to the HMO at the beginning of each academic year. The HMO which is accredited by the NHIS shall be responsible for paying the Facility for services rendered and shall also be responsible for maintaining quality assurance in the delivery of health care services under the programme.

Students can be registered with NHIS accredited Health Centres of the Institutions.

1.1.5.11. Grievance and Arbitration

Arbitration Committee

A tertiary institution is expected to set up an arbitration committee comprising of the Dean of student affairs, National Association of Nigerian Students branch chairman, head of the health centre, representative of the HMO, NHIS Zonal coordinator and the legal adviser of the institution. The committee shall address grievances/breaches from all aggrieved stakeholders.

Arbitration

- Complaints by students are to be addressed by the primary healthcare facility.
- The second line channel for addressing students' complaints is the HMO; all deadlocked matters should be referred to the NHIS.
- Any aggrieved stakeholder would first seek redress from the institution arbitration committee and refer unresolved issues to Health Insurance Arbitration Board who shall consider complaints.

1.1.5.12. Exit

The beneficiary will be deemed to have exited the programme on:

- a. Completion of the specified course of studies.
- b. Withdrawal or expulsion from the institution.

1.1.6. GUIDELINES FOR VOLUNTARY CONTRIBUTORS SOCIAL HEALTH INSURANCE PROGRAMME (VCSHIP)

1.1.6.1. Definition

Voluntary Contributors Social Health Insurance Programme (VCSHIP) is health insurance that is taken up and paid for at the discretion of

willing individuals or at the discretion of employers on behalf of employee in organization with less than ten staff.

It is a programme designed for those who are not currently covered by any of the NHIS programmes and for those who may not have been satisfied with the existing healthcare services.

This programme shall provide full or partial coverage for services that are excluded or not fully covered by statutory health system. Premiums in Social Health Insurance are not risk related and access to healthcare by voluntary contributors is always dependent on proof of contribution.

Family members of person voluntarily insured in Nigeria social health insurance scheme are not covered as co-insured.

1.1.6.2. Need For VCSHIP

To cater for those Nigerians who are yearning daily for opportunity to benefit from quality, affordable and cost reducing healthcare services, NHIS promised and was mandated to provide for Nigerians irrespective of their socio economic background, the Enabling law establishing the Scheme and the Operational Guidelines of NHIS refer to these groups of people as:

- Large number of financially viable Nigerian businessmen and women with staff strength of less than ten but could not be categorized under OPS programme and not yet covered.
- An active self employed individual not covered and categorized under CBSHIP but willing to participate in the programme.
- Retirees who wish to continue under NHIS Formal Sector Programme
- Political office holders
- Foreigners living in Nigeria (legal residents),etc

1.1.6.3. Membership

Membership shall be voluntary and shall cover interested individuals, families, employers of establishments with less than ten staff, and actively self employed persons, political office holders at three tiers of governments and retirees not currently covered by any of the NHIS prepaid programmes. Others are foreigners to Nigeria or persons with temporary residency status and Nigerians in Diaspora.

Note: all extra dependants registered under formal sector programme should be transferred and folded into VCSHIP.

1.1.6.4. Financing

The programme shall be financed from contributions made by interested individuals. The contribution rate actuarially determined to be **₦15,000 (Fifteen Thousand Naira) only per person, payable once annually or instalmentally at least one month in advance**

and subject to review when necessary. (*Actuarial Report to be attached*).

1.1.6.5. Scope of Coverage

All the participants that have paid their premium and logged into the programme shall benefit.

1.1.6.6. Benefit Package

Same as benefit package for FSSHIP (P.8)

1.1.6.7. Administration And Management

This Shall Be A Social Health Insurance Market And Managed By Hmos As A Form Of Social Protection. It Shall Be Properly Regulated Through Legal, Fiscal Or Bureaucratic Procedures. Nhis Shall Supervise Overall Implementation.

Hmos Shall:

- i. Market The Product And Manage The Programme,
- ii. Collect The Contributions And Remit To National Health Insurance Fund (NHIF),
- iii. Register The Enrollees.
- iv. Maintain Quality Assurance In The Delivery Of Healthcare Services,
- v. Pay The Healthcare Facilities.

1.1.6.8. Fund Management

NHIS is to oversee the contributions paid by the voluntary insured persons. Voluntary contributors registered with HMOs shall remit their contributions to the NHIF through the HMOs.

1.1.6.9. Payment Mechanisms

Health care Facilities under the Scheme shall be paid by capitation, fee for service per diem or case payment.

1.1.6.10. Registration

Enrollees under this programme shall register and pay online logging on HMOs Web Sites and be allotted registration number by NHIS. NHIF Account number shall be imputed on HMOs web sites.

1.1.6.11. Identity Card

To be handed over to the enrollees by HMOs.

1.1.6.12. Stakeholders in Voluntary Contributors Social Health Insurance Programme

- i. NHIS
- ii. HMOs
- iii. Contributors
- iv. Health care Facilities
- v. Federal Government of Nigeria
- vi. International organizations e.g. ILO, WHO etc.

a. Role of NHIS

- Assumes the overall regulatory functions/roles
- Ensure that every player abides by the guidelines
- Periodically update and review the programme,
- Carry out advocacy, mobilization and sensitization workshops to the relevant stakeholders,
- Ensure capacity building support for implementing partners,
- Collaborate with development partners and International Agencies for technical support for the implementation of the programme
- Sanctions erring HMOs and HCPs.
- Recognize exemplary performance.

b. Health Maintenance Organizations (HMOs)

- Market the programme to the group that constitutes the VCSHIP
- Register enrollees of the VCSHIP
- Pay Facilities for service rendered
- Ensure quality assurance of services by HCPs
- Ensure capacity building for the HCPs
- Provide such information as may be required by NHIS.

c. Contributors

- Pay their contributions to NHIF account through HMOs
- Register with HMOs
- Select PHCP from the list of NHIS accredited facilities
- Report poor treatment by HCPs and HMOs to NHIS.

d. Healthcare Facilities

- Sign contract with HMOs
- Provide quality services to enrollees
- Attend all workshops/seminars at the instance of NHIS/HMOs
- Provide such information as may be requested from time to time by NHIS and HMOs.

e. Federal Government Of Nigeria

- National Health Reform bill
- Management of Tertiary cases not covered by the NHIS Programme
- Support for capacity building for NHIS Staff/Healthcare professionals

f. International Organizations

- Give necessary support to the VCP

1.1.6.13. Arbitration

Any dispute in respect of the expectations of a participant with service delivery that cannot be mutually settled between the concerned parties shall be referred to the Arbitration Board as provided by the NHIS Act.

1.1.6.14. Exit from The Programme

Participants may exit from the programme at any time, by giving three months written notice of his intension of withdrawal to the HMO, who shall notify the primary healthcare facility to terminate access to health services as at when due. In the event he/she wishes to re-engage, the mandatory waiting period shall be observed and all the arrears for the period of absence must be fully paid.

1.2 INFORMAL SECTOR SOCIAL HEALTH INSURANCE PROGRAMME

1.2.0. Definition

The Informal Sector Social Health Insurance Programme is a social health security system for people in the informal sector or economy. It covers employees of companies employing 10 or less people, artisans, voluntary participants, rural dwellers and others not covered under the Formal Sector or the Vulnerable Group.

The Informal Sector consists of the following:

- a. Community Based Social Health Insurance Programmes
- b. Voluntary contributors Social Health Insurance Programmes

1.2.0.1. Roles and responsibilities of Healthcare facility under the Informal Sector Social Health Insurance Scheme

- i. Secure appropriate Accreditation with NHIS
- ii. Provide services as agreed with HMOs and other programme manager in the benefit package
- iii. Comply with NHIS Operational Guidelines
- iv. Sign contract with NHIS through HMOs and/or other programme managers.
- v. Ensure enrollees satisfaction
- vi. Provide returns on utilization of services and other data to NHIS through HMOs
- vii. Report any complaints to HMOs, other programme managers and NHIS.
- viii. Limit delivery of services to level of accreditation.

1.2.0.2. Roles and responsibilities of Health Maintenance Organization under the Informal Sector Social Health Insurance Scheme

- i. Collect appropriate contributions and make necessary payments to the appropriate pools in a timely manner
- ii. Effect timely payments to healthcare facilities
- iii. Ensure effective processing of claims (Secondary Services)
- iv. Carry out continuous quality assurance of healthcare services
- v. Ensure timely approval of referrals and undertake necessary follow up to complete referrals
- vi. Carry out continuous sensitization of enrollees
- vii. Market approved health plans to employers/enrollees
- viii. Print and issue identification cards as appropriate in line with NHIS specifications
- ix. Effect necessary returns to NHIS in line with the Operational Guidelines
- x. Comply with other provisions as spelt out in the Operational Guidelines

1.2.0.3. Roles and responsibilities of NHIS under the Informal Sector Social Health Insurance Scheme

- i. Setting guidelines and standards for the Programme.
- ii. Accreditation of Healthcare facilities, HMOs and other programme managers.
- iii. Carry out continuous quality assurance to ensure qualitative healthcare services and programme management
- iv. Technical Support
- v. Carrying out Actuary Review to determine contribution rates to be paid by Government and payment rates to service providers.

- vi. Sensitization and mobilization.
- vii. Health education.
- viii. Liaison with owners of health facilities on the use of their facilities and retention of funds by the facilities.
- ix. Other things to ensure the viability of the programme

1.2.1 COMMUNITY BASED SOCIAL HEALTH INSURANCE PROGRAMME

1.2.1.1 Definition of CBSHIP

Community Based Social Health Insurance is a non-profit health insurance programme for a cohesive group of households /individuals or occupation based groups, formed on the basis of the ethics of mutual aid and the collective pooling of health risks, in which members take part in its management

1.2.1.2 Membership

This shall be voluntary and open to all residents (families) of the participating communities/occupation based groups (including retirees). The family or individual members shall be the unit of registration. In order to achieve a critical pool of funds to ensure financial viability, as well as to address the problem of adverse selection, communities/occupation based groups shall have at least 50% of members willing to participate (or a minimum of 1000 members).

1.2.1.3 Registration Procedure

Registration of enrollees shall be by technical facilitators or BOTs. Each programme shall have a clearly defined procedure for registering enrollees as well as a form of identification (such as membership card) to assist in the identification of scheme members.

1.2.1.4 Benefit Package

The benefit package shall reflect preventive, promotive and curative components of health care delivery. It shall aim at minimum primary and secondary curative care, taking into cognizance the prevailing local morbidity and mortality profile, including pre- & post-natal care, normal delivery, child welfare services (including immunization), family planning and health education services.

1.2.1.5 Contribution/Premium

This shall be actuarially determined flat rate fee per household/individual household member or member of an occupation based group and paid in cash monthly or seasonally in advance.

1.2.1.6 Donations

Project managers may seek for donations/grants by way of formal launching/fund raising events, or by targeting individuals, governmental and Civil Society Organizations, including private companies, with the aim to boost the financial base of these schemes.

1.2.1.7 Management Models

Given the heterogeneity of the country, no single CBSHIP management model will satisfy the needs of the different communities in the country. Based on this, the following Management Models are open for user groups to choose from

- a. BOTs as Programme Managers
- b. BOT as Programme Managers with external technical Facilitators
- c. Technical Facilitators as Programme Managers.

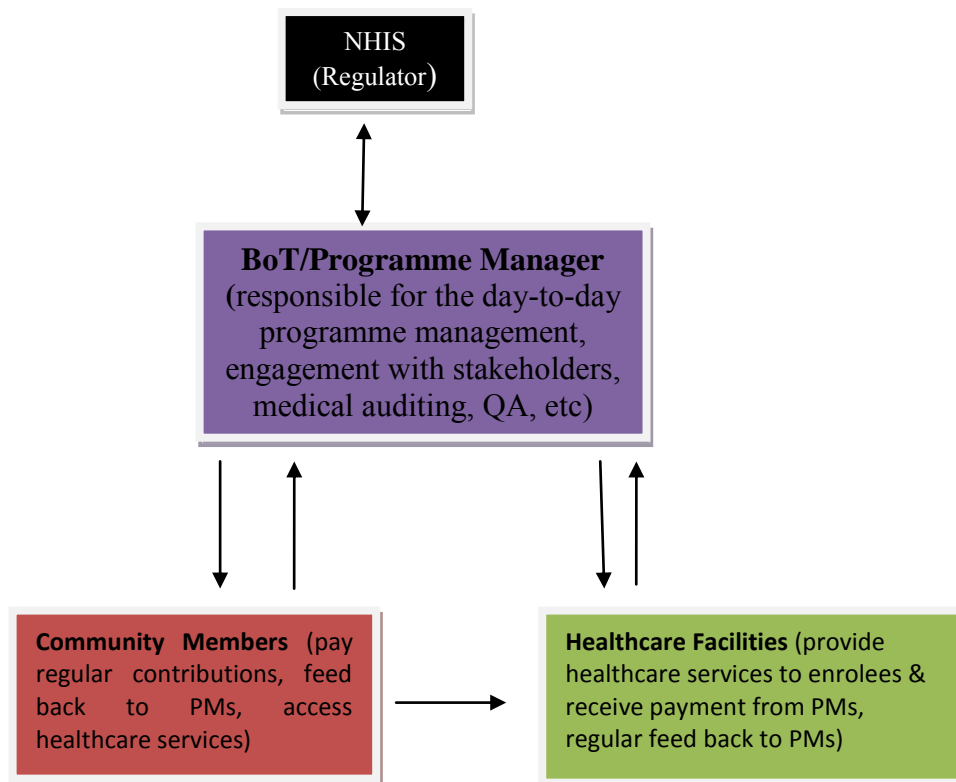


Figure 1 (1.2.1.7a BOTs as Programme Managers)

In this model the community elected Board of Trustees (BoTs) acts as the programme managers carrying out the day - to - day management of the programme, including engagement with all other stakeholders. the community elected BoTs shall have the technical capacity to the extent that they do not require any technical facilitation, or where they cannot afford to engage a Technical Facilitator (TF). Existing community structures and organizations such as village, community development committees, CSOs, and existing health facilities and workers provide the platform for easy programme take off. The BoTs in this model have dual roles; they function both as BoTs as well as programme managers (PMs). (See Figure 1)

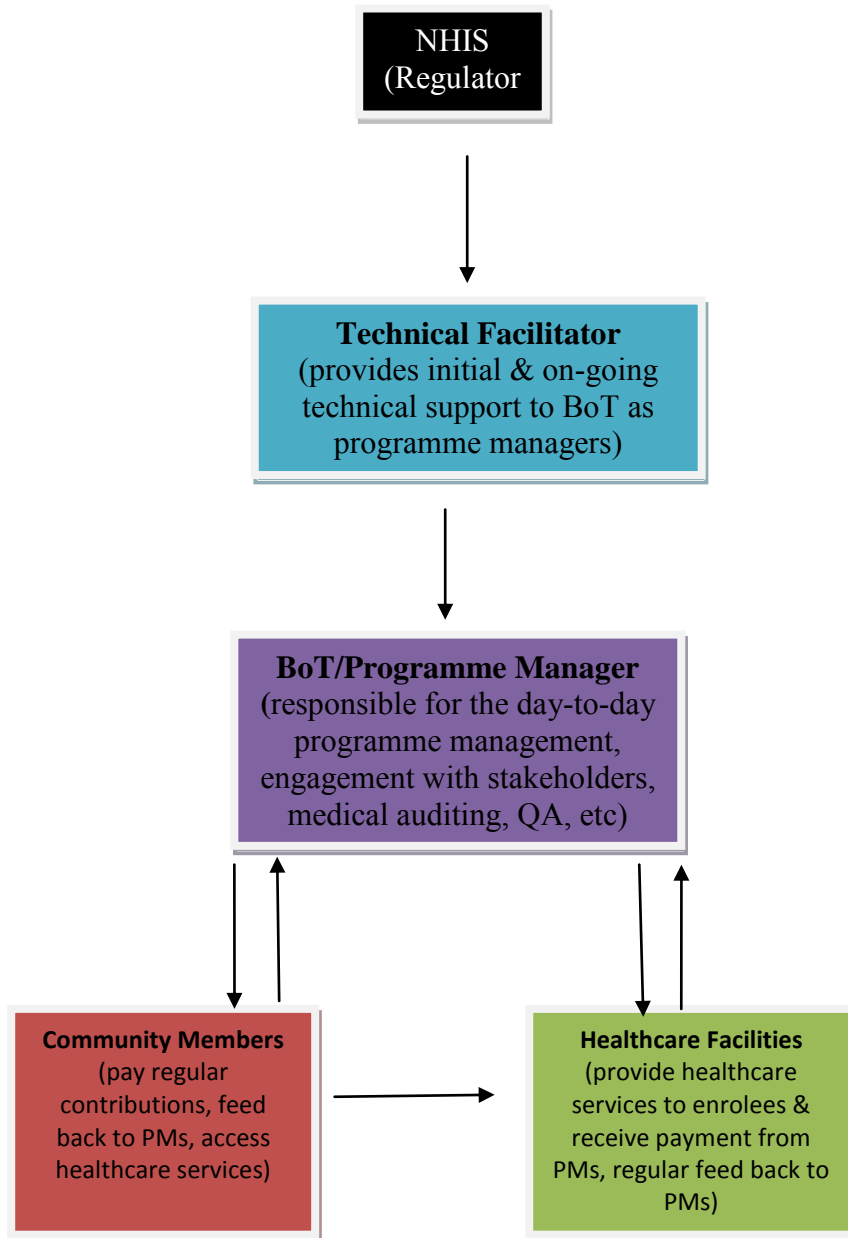


Figure 2 (1.2.1.7b BOT as Programme Managers with external Technical Facilitation)

1.2.1.7b BOT as Programme Managers with External Technical Facilitation

In this model, an NHIS accredited technical facilitator is engaged to provide programme support. The BoT in this model, while maintaining programme ownership and management, shall use technical facilitators to bridge gaps in technical competence. (see figure 2)

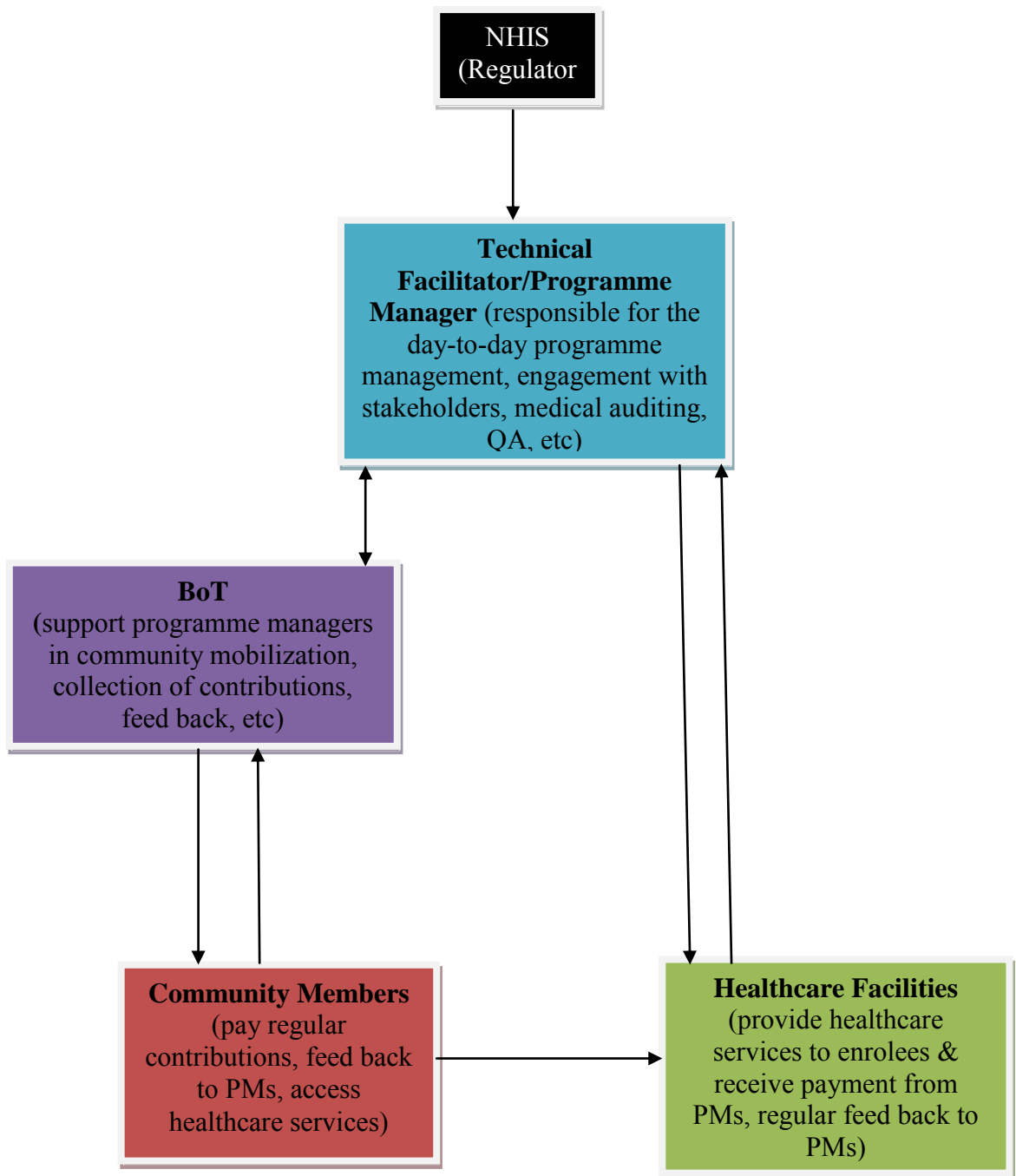


Figure 3 (1.2.1.7c Technical Facilitators as Programme Managers)

1.2.1.7c Technical Facilitators as Programme Manager

In this model, the BoT relinquishes technical management functions to TFs, performing only functions ascribed to BoT. Essentially the BoT gives policy guidelines and serves to recruit and monitor community members into the scheme. The TF implements policy guidelines (see figure 3)

1.2.1.8 Programme Managers (PMs) of Community Based Social Health Insurance Programme

The Programme Managers (PMs) are responsible for community mobilization and sensitization, determination and review of benefit package, determination and review of contribution rate, financial management, day-to-day administration and monitoring health care delivery by service providers. They include Board of trustees (BoTs), CSOs etc, HMOs.

a. Obligations of PMs

- i. Conduct advocacy outreach targeting policy makers at State and LGA levels
- ii. Conduct advocacy activities to sensitize and mobilize community, religious and opinion leaders and the leadership of occupation based groups, for the purpose of generating awareness for the establishment of CBSHIPs
- iii. Conduct IEC activities to sensitize and mobilize community members and occupation based groups (including cooperatives) to buy-in to CBSHIP
- iv. Generate primary and secondary data (surveys, etc) for the purpose of programme planning, monitoring and evaluation
- v. Determine benefit package and contribution rates in consultation with NHIS and community members
- vi. Sign contractual agreement with participating communities and occupation based groups
- vii. Pool contributions collected
- viii. Ensure prudent financial management of pooled resources,
- ix. Sign contractual agreements with service providers
- x. Purchase health care services on behalf of participating communities and occupation based groups
- xi. Conduct medical auditing and quality assurance
- xii. Conduct health promotion and prevention activities
- xiii. Conduct capacity building activities for the BOTs and participating healthcare facilities
- xiv. Supervise and monitor Programme activities
- xv. Generate and contribute additional funding into CHISNEF
- xvi. Assist new participating communities to set up Board of Trustees (BOTs)
- xvii. Send regular reports/feedback to the NHIS, its agents, communities & facilities.

b. Technical Facilitators (TFs) of Community Based Social Health Insurance Programme

i. Definition

These are NHIS accredited bodies engaged to provide both initial and on-going technical facilitation (or programme management where applicable) for the establishment and implementation of CBSHIPs.

ii. Eligibility

All NHIS accredited HMOs automatically qualify to function as TFs, whereas Civil Society Organizations (CSOs), Civil Society Organizations (CSOs), Faith Based Organizations (FBOs) and limited liability companies, or companies limited by guaranty shall seek accreditation with the NHIS having met the under-listed requirements and any other that may be set up from time to time by the NHIS.

iii. Functions of Technical Facilitators (TFs)

- Generate primary and secondary data (surveys, etc) for the purpose of programme design and monitoring,
- Determine benefit package and contribution rates in consultation with community members
- Conduct medical auditing and quality assurance,
- Conduct capacity building activities for the BOTs and participating healthcare facilities
- Supervise and monitor Programme activities,
- Assist new participating communities to set up Board of Trustees (BOTs)
- Send regular reports/feedback to the NHIS, communities & facilities.

1.3. VULNERABLE GROUP SOCIAL HEALTH INSURANCE PROGRAMME

1.3.1. Definition

Vulnerable Group Social Health Insurance Programmes are programmes designed to provide Healthcare Services to Persons who due to their physical status (including age) cannot engage in any meaningful economic activity.

They include the following:

- a. Physically Challenged Persons
- b. Prisons Inmates
- c. Children Under Five
- d. Refugees, Victims Of Human Trafficking, Internally Displaced Persons And Immigrants Social Health Insurance Programme
- e. Pregnant Women and orphans

1.3.1.1. Roles and responsibilities of Healthcare facility under the Vulnerable Group Social Health Insurance Scheme

- i. Secure appropriate Accreditation with NHIS
- ii. Provide services as agreed with HMOs and other programme manager in the benefit package
- iii. Comply with NHIS Operational Guidelines
- iv. Sign contract with NHIS through HMOs and/or other programme managers.
- v. Ensure beneficiaries' satisfaction
- vi. Provide returns on utilization of services and other data to NHIS through HMOs and programme managers
- vii. Report any complaints to HMOs, other programme managers and NHIS.
- viii. Print and issue identification cards as appropriate in line with NHIS specifications
- ix. Limit delivery of services to level of accreditation.

1.3.1.2. Roles and responsibilities of Health Maintenance Organization under the Vulnerable Group Social Health Insurance Scheme

- i. Source for and collect appropriate contributions/donations aids where applicable and make necessary payments to the appropriate pools in a timely manner
- ii. Effect timely payments to healthcare facilities
- iii. Ensure effective processing of claims (Secondary Services)
- iv. Carry out continuous quality assurance of healthcare services
- v. Ensure timely approval of referrals and undertake necessary follow up to complete referrals
- vi. Carry out continuous sensitization of beneficiaries
- vii. Print and issue identification cards as appropriate in line with NHIS specifications
- viii. Effect necessary returns to NHIS in line with the Operational Guidelines
- ix. Comply with other provisions as spelt out in the Operational Guidelines

1.3.1.3. Roles and responsibilities of NHIS under the Vulnerable Group Social Health Insurance Scheme

- x. Setting guidelines and standards for the Programme.
- xi. Accreditation of Healthcare facilities, HMOs and other programme managers.
- xii. Carry out continuous quality assurance to ensure qualitative healthcare services and programme management
- xiii. Technical Support

- xiv. Carrying out Actuary Review to determine contribution rates to be paid by Government and payment rates to service providers.
- xv. Sensitization and mobilization.
- xvi. Health education.
- xvii. Liaison with owners of health facilities on the use of their facilities and retention of funds by the facilities.
- xviii. Other things to ensure the viability of the programme

1.3.2. PHYSICALLY CHALLENGED PERSONS SOCIAL HEALTH INSURANCE PROGRAMME

1.3.2.1. Definition

Physically Challenged Persons Social Health Insurance Programme (PCPSHIP) is a programme designed to provide Healthcare Services to Physically/Mentally Challenged Persons who due to their physical status cannot engage in any meaningful economic activity.

1.3.2.2. Membership

Physically/Mentally Challenged Persons will be covered under the programme.

1.3.2.3. Contributions

The Federal, States, Local Governments, Development Partners and Civil Society Organizations will pay contributions in advance into the Vulnerable Group Fund.

1.3.2.4. Health Benefit Package

As in public sector.

1.3.2.5. Administration

Administration shall be through HMOs accredited by the NHIS

1.3.3. PRISON INMATES SOCIAL HEALTH INSURANCE PROGRAMME

1.3.3.1. Definition

A programme designed to provide healthcare services to inmates of Nigeria Prisons and offending minors in Borstal Homes, who by virtue of their restriction, cannot engage in any activity to earn income.

1.3.3.2. Membership

- a. Convicts
- b. Awaiting trial (remanded in Prison custody).
- c. Offending Minors in Borstal Homes.

1.3.3.3. Contribution

The Federal, States and Local Governments, Development Partners and Civil Society Organizations (CSOs) will pay contributions in advance into the Vulnerable Group Fund.

1.3.3.4. Health Benefit Package

As in public sector.

1.3.3.5. Administration

To be administered by HMOs accredited by the NHIS.

1.3.4. CHILDREN UNDER FIVE (5) SOCIAL HEALTH INSURANCE PROGRAMME (CUFSHIP)

1.3.4.1. Definition

Children under Five Social Health Insurance Programme (CUFSHIP) is a programme designed to cover the health needs of Children under the age of five (5) years across the country, who are considered vulnerable.

1.3.4.2. Membership

Children under the age of five (5) years especially those whose parents are participating in Community Based Social Health Insurance Programme (CBSHIP).

1.3.4.3. Contributions

The Federal, State, Local Government, Development Partners and Civil Society Organizations will pay contributions in advance into the Vulnerable Group Fund.

1.3.4.4. Health Benefit Package

The health benefits derivable under this programme cover the major causes of morbidity and mortality in children under the age of five (5), and these include:

- a. Malaria
- b. Diarrhoea
- c. Upper Respiratory Tract infections

- d. Pneumonia
- e. Measles
- f. Skin Infections
- g. Domestic Accidents
- h. Immunization
- i. Typhoid (Enteric fever)
- j. Hospitalization

1.3.4.5. Provision of Health Care Benefits

In order to ensure proper coordination, the children shall make use of the Health Care Facilities accredited by NHIS that are nearest to them.

1.3.4.6. Provider Payment Systems

Capitation and fee-for-service payment system will be used. The rate to be paid to Health Care Facilities will be determined by actuarial analysis, which will be carried out from time to time.

1.3.5. REFUGEES, VICTIMS OF HUMAN TRAFFICKING, INTERNALLY DISPLACED PERSONS AND IMMIGRANTS SOCIAL HEALTH INSURANCE PROGRAMME

1.3.5.1. Definition

A programme designed to provide healthcare services to refugees, victims of human trafficking, internally displaced persons and immigrants in camps or clearly defined centers, who by virtue of their status, cannot engage in any activity to earn income.

1.3.5.2. Membership

- a. Refugee(s)
- b. Victims of human trafficking
- c. Internally displaced persons
- d. Legal Immigrants

1.3.5.3. Contribution

The Federal, States and Local Governments, Development Partners and Civil Society Organizations (CSOs) will pay contributions in advance into the Vulnerable Group Fund.

1.3.5.4. Health Benefit Package

As in public sector.

1.3.5.5. Administration

To be administered by HMOs accredited by the NHIS.

1.4 IDENTITY CARD

NHIS identity card is a means of identifying NHIS enrollees in various programmes.

- 1.4.1. Identity cards shall be issued by the Scheme at a cost to the employer at the first instance.
- 1.4.2. It shall be renewed every three (3) years at a cost to the beneficiary.
- 1.4.3. It shall bear the beneficiary's name, gender, address, registration number, photograph, thumbprint, date of birth, blood group, date of issue, expiry date, HMOs name/call centre number(s), authorized signature.
- 1.4.4. It shall be replaced upon loss at a cost to the beneficiary. It remains a property of the NHIS and can be withdrawn if the beneficiary ceases to be a participant of any of the NHIS programmes.

1.5 PROVIDER PAYMENT MECHANISMS

Healthcare facilities under the NHIS may be paid by capitation, fee-for-service or per diem.

For conditions on the partial exclusion list, the HMO and the enrollee pay (co-insurance).

Enrollees will also be expected to pay 10% of the total cost of drugs dispensed per prescription in accordance with the NHIS drug price list (co-payment).

Note:

Co-payment is not applicable to vulnerable groups, students of tertiary institutions social health insurance programmes or any non-contributory programme e.g. NHIS-MDG MCH project. (See definition of terms)

1.5.1. Funds Flow Between HMOs and Primary Facilities

There shall be contracts between HMOs and Facilities.

- 1.5.1.1. All treatment schedules must be standardized using disease management guidelines and treatment protocols.
- 1.5.1.2. Primary care Facility (capitation) shall be paid monthly
- 1.5.1.3. Primary care Facility shall be paid at least 14 days before due date.

1.5.2. Transfer of Funds from HMOs to Secondary and Tertiary Facilities

- 1.5.2.1 Payment from the HMOs to Secondary and Tertiary Facilities shall be on fee-for-service and per-diem.

- 1.5.2.2 All treatment schedules must be standardized using disease management guidelines and treatment protocols.
- 1.5.2.3 The fee schedule shall be as contained in the NHIS Professional charges, Laboratory, Radiography/Ultrasonography and Drug Price Lists
- 1.5.2.4 Claims from facilities to the HMOs shall be submitted monthly, to be received by the HMO within 14 days from the end of each month and settled within 14 days on receipt by the HMOs.
- 1.5.2.5 HMOs shall set up claims validation desks for specific secondary and tertiary care services – referrals, pharmacies, labs, x-ray etc to ensure prompt processing of claims.
- 1.5.2.6 When an enrollee is referred to the secondary level of care for ANC, delivery and post natal care, the HMO will be responsible for all payments.
- 1.5.2.7 In case of dispute, the HMO shall pay what is deemed due according to the fee schedule of payment within the stipulated period, while the dispute is subject to arbitration.

1.5.3. Primary Health Care Facility To Secondary Facility

- 1.5.3.1 The Secondary Facility (stand alone Pharmacy & Laboratory) shall submit claims to the referring Primary Facility for prescriptions and laboratory investigations referred to them covered by Capitation.
- 1.5.3.2 The secondary and tertiary facilities i.e. clinics and hospitals accredited as such should be paid by fee-for-service by the HMOs.
- 1.5.3.3 Payment for bed space is by Per Diem. The secondary/tertiary facilities shall submit such claims to the referring Primary Facility for the bed space occupied by the referred patient up to a maximum of 15 cumulative days. The HMO shall pay Per Diem for bed space for the remaining cumulative 6 days per year (except in orthopaedics and other special cases as in the NHIS operational guidelines). Thereafter, the beneficiary and/or the employer pays
- 1.5.3.4 In case of dispute the original bill shall be paid by the primary healthcare facility while the dispute is subject to arbitration conducted as stipulated by NHIS.

FLOW OF FUNDS
TRANSFER OF FUNDS FROM N.H.I.S. TO HMO (FORMAL SECTOR)

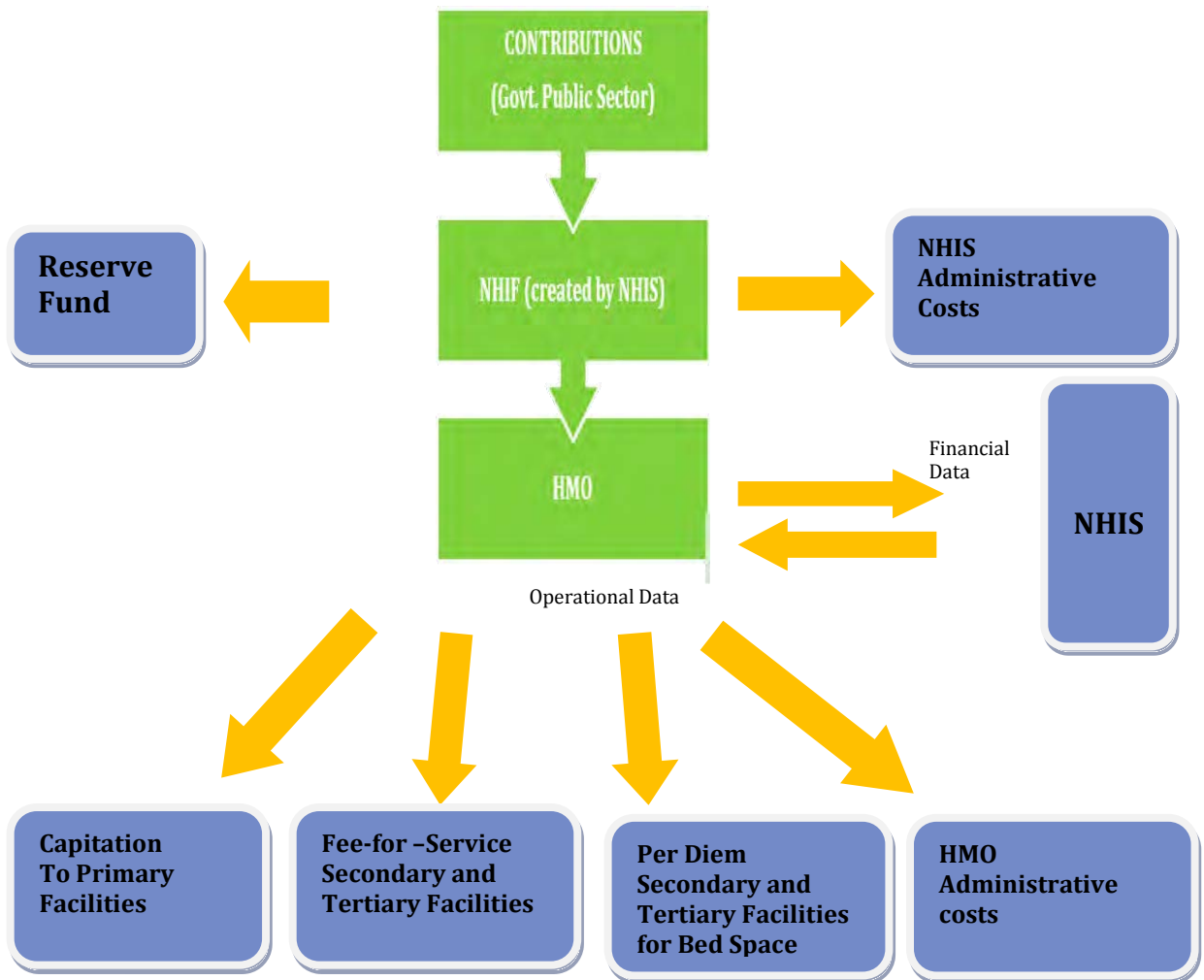


Figure 4 (Flow Of Funds)

1.6 HOSPITALIZATION

Enrollees in the NHIS are entitled to 21 cumulative day's hospitalization in standard wards with the exclusion of meals. The costs for the first 15 days shall be borne by the Primary Healthcare Facilities while the remaining 6 days shall be borne by the HMO. In cases of CVA and orthopaedics, the enrollee is entitled to hospitalization in a standard ward for 6 cumulative weeks. The cost shall be borne by the HMO. The primary facility of enrollee shall pay per diem for the first 15 cumulative days of hospitalization while the HMO shall pay for the remaining 27 cumulative days per year.

SECTION TWO

Standards and Accreditation

STANDARDS AND ACCREDITATION

Introduction

In order to ensure that every Nigerian has access to qualitative healthcare services, the National Health Insurance Scheme has developed various standards and requirement for accreditation as Health care Facility (HCF), Health Maintenance Organization (HMO), Mutual Health Association (MHA), Civil Society Organization (CSO), Banks etc.

Accreditation Of Health Care Facilities

Accreditation Of Health Maintenance Organizations (HMOs)

Accreditation Of Mutual Health Associations (MHA)

Board Of Trustees (BOT)

Accreditation Of Civil Society Organizations (CSOs), Community Based Organizations (CBOS) And Faith Based Organizations (FBOs)
Etc

Accreditation Of Insurance Companies

Accreditation Of Insurance Brokers

Accreditation Of Banks

2.0 ACCREDITATION OF HEALTH CARE FACILITIES

2.1 HEALTHCARE PROFESSIONALS UNDER THE NHIS

- 2.1.1. General Medical Practitioners
- 2.1.2. Specialist Medical Practitioners
- 2.1.3. Pharmacists
- 2.1.4. Nurses/Midwives
- 2.1.5. Medical Laboratory Scientists
- 2.1.6. Radiographers
- 2.1.7. Physiotherapists
- 2.1.8. Dental Surgeons
- 2.1.9. Optometrists
- 2.1.10. Medical Records Officers
- 2.1.11. Dental Technologist
- 2.1.12. Pharmacy Technicians
- 2.1.13. Medical Laboratory Technicians
- 2.1.14. Community Health Workers
- 2.1.15. Nutritionists
- 2.1.16. Social workers (for counseling)

2.2 REQUIREMENTS FOR HEALTHCARE PROFESSIONALS

2.2.1 General Medical Practitioners

- 2.2.1.1 Possession of the Bachelor of Medicine, Bachelor of Surgery (MBBS) degree, or its equivalent, recognized by the Medical and Dental Council of Nigeria;
- 2.2.1.2 Registration with the Medical and Dental Council of Nigeria
- 2.2.1.3 Possession of the current licence to practise, issued by the Medical and Dental Council of Nigeria (MDCN).

2.2.2. Specialist Medical Practitioners

- 2.2.2.1 They include: physicians, dental surgeons, radiologists, paediatricians, psychiatrists, surgeons, gynaecologists, ENT surgeons, ophthalmologists, etc.
- 2.2.2.2 Possession of recognized specialist qualifications in the proposed area of practice in addition to (2.2.1 and 2.2.1.2) above.

2.2.3. Pharmacists

- 2.2.2.1. Possession of the Bachelor of Pharmacy (B. Pharm) degree or equivalent qualification, recognized by the Pharmacists Council of Nigeria (PCN)
- 2.2.2.2. Registration with PCN
- 2.2.2.3. Possession of the professional licence to practice, issued by the Pharmacists Council of Nigeria (PCN).

2.2.4. Pharmacy Technicians

- 2.2.4.1 Possession of pharmacy technician certificate issued by the school of health technology accredited and recognized by the Pharmacists Council of Nigeria (PCN)
- 2.2.4.2 Registration with the PCN
- 2.2.4.3 Possession of current annual permit to practice, issued by the Pharmacists Council of Nigeria (PCN).

2.2.5 Medical Laboratory Scientists

- 2.2.5.1 Possession of the Bachelor of Medical Laboratory Science (BMLS) degree or equivalent qualification, recognized by the Medical Laboratory Science Council of Nigeria (MLSCN)
- 2.2.5.2 Registration with the MLSCN
- 2.2.5.3 Possession of the current license to practice, issued by the MLSCN.

2.2.6 Medical Laboratory Technicians

- 2.2.6.1 possession of certificate issued by Medical Laboratory Science Council Of Nigeria (MLSCN)
- 2.2.6.2 registration with the MLSCN
- 2.2.6.3 Possession of current annual tag issued by MLSCN

2.2.7. Nurse Practitioners

- 2.2.7.1 Qualified Nurse (i.e. BNSc or its equivalent, Registered Nurse/Midwife [RN/RM] or other specialized areas of Nursing)
- 2.2.7.2 Registration by the Nursing and Midwifery Council of Nigeria (NMCN)
- 2.2.7.3 Possession of the current licence to practice, issued by the NMCN

2.2.8 Radiographers and Ultrasonographers

- 2.2.8.1 Possession of the Bachelor of Radiography degree, or equivalent qualification recognized by the Radiographers Registration Board of Nigeria (RRBN)
- 2.2.8.2 Registration with the RRBN
- 2.2.8.3 Possession of the current licence to practice, issued by the RRBN.

2.2.9. Physiotherapists

- 2.2.9.1 Possession of the BSc, BMR or B physiotherapy or equivalent qualification, recognized by the Medical Rehabilitation Therapist Board of Nigeria (MRTBN)
- 2.2.9.2 Registration with the MRTBN
- 2.2.9.3 Possession of the current licence to practice, issued by the MRTBN.

2.2.10 Medical Rehabilitation Therapy Technician

- 2.2.10.1 Possession of Medical Rehabilitation Therapy Technician certificate issued by schools accredited and recognized by the MRTBN
- 2.2.10.2 Registration with the MRTBN
- 2.2.10.3 Possession of current annual permit to practice, issued by MRTBN

2.2.11 Dental Surgeons

- 2.2.11.1 Possession of the Bachelor of Dental Surgery degree, or equivalent qualification, recognized by the Medical and Dental Council of Nigeria (MDCN)
- 2.2.11.2 Registration with the MDCN
- 2.2.11.3 Possession of the current licence to practise issued by the MDCN.

2.2.12 Dental Technicians/Technologist

- 2.2.12.1 Possession of the certificate, BSc. Or HND in Dental Technology or equivalent qualification from accredited Schools or institution

Note:

Dental Technologists are required to be registered with their relevant Regulatory body.

2.2.13 Optometrists

- 2.2.13.1 Possession of Doctor of Optometry degree, or equivalent qualification recognized by optometrist and dispensing optician registration board of Nigeria (ODORBN)
- 2.2.13.2 Registration with ODORBN
- 2.2.13.3 Possession of current licence to practise issued by ODORBN.

2.2.14 Community Health Workers

2.2.14.1 *Community Health Officers*

- a. Must have completed a 12-month course for Community Health Officer Course in an approved University Teaching Hospital or College of Health Technology as additional to qualification in (2.2.14.2) and (2.2.14.3) below.
 - i. Must be registered by Community Health Practitioners Registration Board of Nigeria (CHPRBN)
 - ii. Possesses a current licence to practice by the CHPRBN
 - iii. Must have the **Standing Orders** from Federal Ministry of Health for Community Health Officers and Community Health Extension Workers

- b. *Senior Community Health Extension Workers*
 - i. Must have completed a 36 month course for Community Health Extension Worker in an approved Health Institution
 - ii. Must have complied with 2.2.14.1.2 – 2.2.14.1.4

- c. *Junior Community Health Extension Workers*
 - i. Must have completed a 24-month course for Junior Community Health Extension Worker in an approved Health Institution.
 - ii. Must have complied with 2.2.14.1.2 – 2.2.14.1.4

Note: Healthcare facilities are advised to train their staff on basic life support (BLS)

2.3. CLASSIFICATION OF HEALTH CARE FACILITIES

2.3.1. Primary Health Care Facilities

Primary Health Care Facilities - First contact with the health system, i.e. gatekeepers. These include:

- 2.3.1.1 Primary Health Care Centers
- 2.3.1.2 Comprehensive Health Care Centers
- 2.3.1.3 Nursing and Maternity Homes (Proof of Access to Medical Practitioner).
- 2.3.1.4 Out-patient Departments of General Hospitals, Armed Forces, the Police and Other Uniformed Services Hospitals/Clinics, University Medical Centers, Federal Staff Hospitals and Outpatient Department of Federal Medical centers, Specialist Hospitals and Teaching Hospitals.
- 2.3.1.5 Non-specialist Private Hospitals and Clinics

2.3.2. Secondary Health Care Facilities

Secondary Health Care Facilities provide health services on referral from Primary Facilities. These include:

- 2.3.2.1. General/Divisional Hospitals (out-patient specialist care and in-patient care for medical, surgical, paediatrics, obstetrics and gynaecology etc)
- 2.3.2.2. Specialist Hospitals/Reference Hospitals
- 2.3.2.3. Federal Medical Centres
- 2.3.2.4. Pharmacies
- 2.3.2.5. Laboratories
- 2.3.2.6. Dental clinics
- 2.3.2.7. Physiotherapy clinics
- 2.3.2.8. Radiography centers
- 2.3.2.9. Ophthalmology centers
- 2.3.2.10. Optometry centers
- 2.3.2.11. ENT clinics

2.3.3. Tertiary HealthCare Facilities

Tertiary Health Care Facilities provide health services on referral from primary and secondary levels. These include:

- 2.3.3.1 Teaching Hospitals
- 2.3.3.2 Specialist Hospitals
- 2.3.3.3 Specialty/Specialized Hospitals (orthopedic, psychiatric, etc)
- 2.3.3.4 Federal Medical Centres
- 2.3.3.5 Military Reference Hospitals

2.4. OBLIGATIONS OF HEALTHCARE FACILITIES

The obligations of healthcare facilities shall include:

- 2.4.1. Providing the NHIS with the following information:-
 - 2.4.1.1.1 Names of serving health professionals and their qualifications (doctors, nurses, pharmacists, etc)
 - 2.4.1.1.2 hours of duty coverage
 - 2.4.1.1.3 Details of equipment available for medical care;
- 2.4.2 Ensuring that every beneficiary who visits the facility for care is attended to with utmost care, skill and prompt attention.
- 2.4.3 Provide service to duly identified enrollee at all times using the current NHIS enrollee register from HMO/NHIS website
- 2.4.4 All primary healthcare facilities must have facilities for ante-natal, delivery and post-natal care.

2.5 REQUIREMENTS FOR HEALTH CARE FACILITIES (HCFS)

- 2.5.1 Possession of professionals with relevant academic qualifications
- 2.5.2 Registration with the relevant regulatory body
- 2.5.3 Possession of the current licence to practice
- 2.5.4 Appropriate facility for service delivery
- 2.5.5 Registration by State authorities where applicable
- 2.5.6 Possession of professional indemnity cover
- 2.5.7 Possession of evidence of registration with Corporate Affairs Commission (CAC) or official gazette for government owned health institutions
- 2.5.8 Possession of adequate information and communication technology (ICT) infrastructure which must include internet access

2.6 FACILITY AND PERSONNEL REQUIREMENTS FOR PRIMARY HEALTH CARE FACILITY

2.6.1. Facility Requirements:

The following minimum features shall be provided at a Primary Health Care Facility:

2.6.1.1. Waiting and Reception Area

- 2.6.1.1.1 At least 4 x 3 metres
- 2.6.1.1.2 Sitting facilities
- 2.6.1.1.3 Reception table
- 2.6.1.1.4 Registration table
- 2.6.1.1.5 Medical record keeping facilities
- 2.6.1.1.6 Wheel chair/patients' Trolley
- 2.6.1.1.7 Adequate ventilation
- 2.6.1.1.8 Weighing scale
- 2.6.1.1.9 Stadiometre for heights

2.6.1.2. Consulting Room

- 2.6.1.2.1. At least 4 x 3 metres
- 2.6.1.2.2. Examination couch
- 2.6.1.2.3. Wash hand basin
- 2.6.1.2.4. Thermometer
- 2.6.1.2.5. Good light source
- 2.6.1.2.6. Stethoscope
- 2.6.1.2.7. Diagnostic set
- 2.6.1.2.8. Sphygmomanometer
- 2.6.1.2.9. Table and chairs
- 2.6.1.2.10. Adequate ventilation

2.6.1.3. Treatment Room

- 2.6.1.3.1. At least 2 x 3 metres
 - 2.6.1.3.2. Instruments cabinet
 - 2.6.1.3.3. Dressing trolley/tray
 - 2.6.1.3.4. Cotton swab
 - 2.6.1.3.5. Needles and syringes
 - 2.6.1.3.6. Galipot
 - 2.6.1.3.7. Dressing forceps
 - 2.6.1.3.8. Needle holder
 - 2.6.1.3.9. Suture materials
 - 2.6.1.3.10. Antiseptics and disinfectants
 - 2.6.1.3.11. Gauze/bandages
 - 2.6.1.3.12. Disposable gloves
 - 2.6.1.3.13. Wash hand basin
 - 2.6.1.3.14. Dressing stool
 - 2.6.1.3.15. Colour coded containers for waste disposal
 - 2.6.1.3.16. Safety box(es) for sharps
- 2.6.1.4. Patients' toilet facilities with adequate water supply
 - 2.6.1.5. Sterilizer/Autoclave
 - 2.6.1.6. Containers for disposal of sharp objects

- 2.6.1.7. Emergency tray containing:
 - 2.6.1.7. 1 Needles and syringes
 - 2.6.1.7. 2 Scalp vein needles
 - 2.6.1.7. 3 I V giving set
 - 2.6.1.7. 4 Injection hydrocortisone
 - 2.6.1.7. 5 Injection adrenaline
 - 2.6.1.7. 6 5% dextrose
 - 2.6.1.7. 7 Normal saline
 - 2.6.1.7. 8 Injection Aminophylline
 - 2.6.1.7. 9 Gloves
- 2.6.1.8. **Resuscitative equipment**
 - 2.6.1.8.1. Ambu bag
 - 2.6.1.8.2. Oxygen cylinder and trolley
 - 2.6.1.8.3. Suction machine (auto or pedal)
 - 2.6.1.8.4. Drip stand
 - 2.6.1.8.5. Oropharyngeal airway
- 2.6.1.9. **Appropriate firefighting equipment**
- 2.6.1.10. **Adequate waste disposal facilities**
- 2.6.1.11. **Refrigerator**
- 2.6.1.12. **Alternate power supply**

2.6.2. MINIMUM FACILITIES FOR LABOUR ROOM

- 2.6.2.1. **Labour room at least 4 x 3 metres**
 - 2.6.2.1.1. Equipment and consumables in labour room
 - a) Delivery bed
 - b) Baby's cot
 - c) Weighing scale for (babies)
 - d) Delivery packs containing:
 - i. Episiotomy scissors
 - ii. Kocher forceps
 - iii. Artery forceps
 - iv. Surgical scissors
 - v. Kidney dish without cover
 - vi. Galipot
 - vii. Straight scissors (long)
 - viii. Cord scissors
 - ix. Kidney dish with cover
 - x. Cord Clamp
 - xi. Needle & Syringe
 - xii. Mucous extractor
 - xiii. Surgical gloves
 - xiv. Disposable gloves
 - xv. Draw Mackintosh
 - xvi. Tape rule
 - xvii. sterilizer (for delivery pack)
 - xviii. Suturing materials
 - xix. Gauze bowl
 - xx. Vitamin K, Oxytocin and Ergometrine injections

2.6.2.2. **Resuscitative Equipment:**

- a Oxygen
- b Suction machine (auto or pedal)
- c Resuscitative table
- d Oropharyngeal airway
- e Disposable gloves
- f Needles & syringes
- g 10/50% dextrose
- h Scalp vein needle 21G, 23G
- i IV giving set
- j Normal saline
- k Dextrose saline

2.6.2.3 **At least 1 bed**

2.6.2.4 **Adequate toilet facilities**

2.6.2.5 **Adequate lighting**

2.6.2.6 **Adequate water supply**

2.6.2.7 **Adequate waste disposal**

2.6.2.8 **Washable floor**

2.6.2.9 **Ward**

- 2.6.2.9.1 Lying-in ward with minimum distance of one metre in-between adjoining beds, and 1 x 3 sq. metres between two rows of beds
- 2.6.2.9.2 A locker and an over-bed table for each bed
- 2.6.2.9.3 Sterilizer/Autoclave
- 2.6.2.9.4 Wheel chair/patients' trolley
- 2.6.2.9.5 Ward screen
- 2.6.2.9.6 Sluice room
- 2.6.2.9.7 Adequate lighting
- 2.6.2.9.8 Clean water
- 2.6.2.9.9 Clean toilet and bath facilities with adequate water supply
- 2.6.2.9.10 Adequate drainage
- 2.6.2.9.11 Fire fighting facilities in good condition that are appropriately distributed throughout the premises
- 2.6.2.9.12 Mosquito screening for the wards
- 2.6.2.9.13 Nurses ' bay
- 2.6.2.9.14 Doctors' room
- 2.6.2.9.15 Possession of required professional indemnity insurance cover as stipulated in the NHIS Operational *Guidelines*
- 2.6.2.9.16 Possession of appropriate equipment and staff to render services in the field of specialization
- 2.6.2.9.17 Registration of premises by the Government of the State in which they operate, where applicable
- 2.6.2.9.18 Alternative power supply in good condition

2.6.3. **SIDE LABORATORY**

- 2.6.3.1 Microscope
- 2.6.3.2 Bench centrifuge
- 2.6.3.3 Refrigerator
- 2.6.3.4 Glassware (slide, cover slips, etc)

- 2.6.3.5 Stains
- 2.6.3.6 Reagents/Kits
- 2.6.3.7 Haematocrit centrifuge and reader
- 2.6.3.8 Adequate waste disposal

Note: Side laboratory is a prerequisite for registration as a primary healthcare facility

2.6.4. PERSONNEL REQUIREMENTS

2.6.4.1. Primary HealthCare Facilities

Public and private hospitals should have the following:

- a At least one Medical Practitioner
- b At least five Registered Nurses/Midwives
- c At least two Hospital Assistants
- d At least one administrative staff and secretarial duties
- e At least one medical Records
- f At least one Medical Laboratory Technician

2.6.4.1. Health Centres

Primary Healthcare centers should meet the standards as set by the National Primary Health Care Development Agency (NPHCDA)

2.6.4.2. Nursing and Maternity Homes

- a Proof of access to Medical Practitioner
- b At least two registered nurses/midwives
- c At least two hospital assistants
- d At least one administrative staff for medical records and secretarial duties

2.7. FACILITY AND PERSONNEL REQUIREMENTS FOR SECONDARY HEALTH CARE FACILITY

This level of health care is to have facilities for out-patient and in-patient services, for general, medical, surgical, paediatric, maternal care, etc. The wards are divided strictly into gender compartments. For a facility to be accredited as secondary facility it must possess the following accredited services:

- i. Pharmacy
- ii. Laboratory
- iii. Operating theatre (where applicable)

2.7.1. Facility Requirements

In addition to the requirements specified for primary health care facilities and the compulsory requirement above, the secondary health care facility depending on the services applied for, shall possess the following:

- 2.7.1.1 X-ray and allied diagnostics
- 2.7.1.2 Surgical operating theatre

- 2.7.1.3 Lying-in ward with minimum distance of one metre in-between adjoining beds, and 1 x 3 sq. metres between two rows of beds
- 2.7.1.4 A locker and an over-bed table for each bed
- 2.7.1.5 Separate wards for male, female and children
- 2.7.1.6 Delivery room, where applicable, to be 12sq. metres
- 2.7.1.7 Wheel chair/patients' trolley
- 2.7.1.8 Sluice room
- 2.7.1.9 Possession of required professional indemnity insurance cover as stipulated in the NHIS Operational *Guidelines*
- 2.7.1.10 Possession of appropriate equipment and staff to render services in the field of specialization
- 2.7.1.11 Laundry Services
- 2.7.1.12 Medical Equipment Management System
- 2.7.1.13 Medical Janitorial Services
- 2.7.1.14 Catering Services
- 2.7.1.15 Bed pan/Urinal
- 2.7.1.16 At least four Bed linens per bed
- 2.7.1.17 Screens
- 2.7.1.18 Adequate waste disposal
- 2.7.1.19 Adequate alternate power source
- 2.7.1.20 Firefighting equipment

Note: Any other facility that may be prescribed by the NHIS

2.7.2. Minimum Requirements For O & G

2.7.2.1 Personnel

- a. Consultant Obstetrician and Gynaecologist
- b. At least a visiting Paediatrician
- c. At least two RN/RM per shift
- d. Peri-operative nurse
- e. Anaesthetic personnel
- 2.7.2.3 Gynaecological Clinic
- 2.7.2.4 Antenatal, Post-natal and Family Planning Clinics
- 2.7.2.5 Antenatal, Post-natal and Gynae Wards
- 2.7.2.6 Delivery Suite:

- a. First Stage
 - i. At least one bed
 - b. Labour room at least 4 x 3 metres
- Equipment and consumables in labour room should include the following:

- i. At least 2 Delivery beds
- ii. Baby's cot
- iii. Weighing scale for (babies)
- iv. Delivery pack containing:
 - Episiotomy scissors
 - Kocher forceps
 - Artery forceps

- Surgical scissors
- Kidney dish without cover
- Galipot
- Straight scissors (long)
- Cord scissors
- Kidney dish with cover
- Cord Clamp
- Needles & Syringes –
 - v. Mucous extractor
 - vi. Surgical gloves
 - vii. Disposable gloves
 - viii. Draw Mackintosh
 - ix. Tape rule
 - x. Sterilizer (for delivery pack)
 - xi. Suturing materials
 - xii. Gauze bowl
- xxiii. Vitamin K, Oxytocin and Ergometrine injections
- xiv. Resuscitative Equipment:
 - xv. Oxygen
 - xvi. Suction machine (auto or pedal)
 - xvii. Ambu bag
 - xviii. Resuscitative table
 - xix. Oropharyngeal airway
 - xx. Disposable gloves
 - xxi. Needles & syringes
 - xxii. 10/50% dextrose
 - xxiii. Scalp vein needle 21G, 23G
 - xxiv. IV giving set
 - xxv. Normal saline
 - xxvi. Dextrose saline
 - xxvii. At least 4 beds
 - xxviii. Adequate toilet facilities
 - xxix. Adequate lighting
 - xxx. Adequate water supply
 - xxxi. Adequate waste disposal
 - xxxii. Washable floor

2.7.6.6. Operating Theatre

- 2.7.2.6.1 Standard theatre room
- 2.7.2.6.2 Operating table
- 2.7.2.6.3 Diathermy Machine
- 2.7.2.6.4 Gynae and Obstetrics Packs
- 2.7.2.6.5 Anaesthetic machine
- 2.7.2.6.6 Cardio-Respiratory Monitor
- 2.7.2.6.7 Suction Machine
- 2.7.2.6.8 Autoclave
- 2.7.2.6.9 Emergency Tray
- 2.7.2.6.10 Adequate air conditioning units
- 2.7.2.6.11 Adequate resuscitative equipment

- 2.7.2.6.12 Operating light source
- 2.7.2.6.13 Washable floor

2.7.3. MINIMUM REQUIREMENTS FOR SURGERY

- 2.7.3.1. Personnel
 - 2.7.3.1.1 Consultant Surgeons
 - 2.7.3.1.2 Peri-operative nurse
 - 2.7.3.1.3 Anaesthetic personnel (doctors/nurses)
 - 2.7.3.1.4 Intensive Care Nurse or Accident and Emergency Nurse, Theater technician
 - 2.7.3.1.5 Surgical Clinic
 - 2.7.3.1.6 Male and Female Surgical Ward

2.7.3.4. Operating Theatre

- 2.7.3.4.1 Standard theatre room
- 2.7.3.4.2 Operating table
- 2.7.3.4.3 Diathermy Machine
- 2.7.3.4.4 Minor and Major Surgical Packs
- 2.7.3.4.5 Anaesthetic machine
- 2.7.3.4.6 Cardio-Respiratory Monitor
- 2.7.3.4.7 Suction Machine
- 2.7.3.4.8 Autoclave
- 2.7.3.4.9 Emergency Tray
- 2.7.3.4.10 Adequate air conditioning units
- 2.7.3.4.11 Adequate resuscitative equipment
- 2.7.3.4.12 Operating light source
- 2.7.3.4.13 Washable floor
- 2.7.3.5 **Casualty (Accident & Emergency)**
 - 2.7.3.5.1 Stretcher
 - 2.7.3.5.2 Couch
 - 2.7.3.5.3 Drip stand
 - 2.7.3.5.4 Emergency Trolley/Cupboard
 - 2.7.3.5.5 Adequate resuscitative equipment

2.7.4. Minimum Requirements For Paediatrics

- 2.7.4.4. **Personnel**
 - 2.7.4.4.1. Paediatrician
 - 2.7.4.4.2. Paediatric nurses
 - 2.7.4.4.3. Nutritionist/dietician
- 2.7.4.2. **Equipment**
 - 2.7.4.2.1 **Paediatric Clinic**
 - i. Examination couch
 - ii. Auroscope
 - iii. Laryngoscope/Endotracheal tube
 - iv. Oxygen cylinder with face mask
 - v. Torch light/spot light
 - vi. Tongue depressor
 - vii. Weighing scale
 - viii. Tape rule
 - ix. Suction machine

- x. Treatment tray/Cupboard
- xi. Paediatric sphygmomanometer
- xii. Paediatric stethoscope
- xiii. Sterilizer
- xiv. Waiting area
- xv. Clinical thermometer

2.7.4.2.2 Emergency Paediatric Unit (EPU)

- i. Paediatric couch/beds
- ii. Solusets and Haemosets
- iii. Weighing scale
- iv. Tape rule
- v. Suction machine
- vi. Oxygen cylinder/face mask/endotracheal tube
- vii. Diagnostic set
- viii. Emergency drug tray/cupboard
- ix. Treatment tray
- x. Sphygmomanometer/stethoscope
- xi. Paediatric resuscitative kit
- xii. Paediatric ambu bag
- xiii. Gloves

2.7.4.2.3 Special Care Baby Unit (SCBU):

- i. Scrubbing Room
- ii. Incubator
- iii. Heat radiant
- iv. Exchange blood transfusion kits
- v. Solusets (various set)
- vi. Phototherapy machine
- vii. Oxygen cylinder/face mask/endotracheal tube
- viii. Weighing scale and tape rule
- ix. Spot light/torch light
- x. Diagnostic set
- xi. Emergency drug tray/cupboard
- xii. Treatment/instrument tray

2.7.4.2.4 Nutritional Rehabilitation Unit (NRU)

- i. Demonstration laboratory (i.e. room with demonstration aids)
- ii. Nutritional clinic
 - a. Weighing scale
 - b. Tape rule
 - c. Health Education Aids (i.e. posters, flow charts)

2.7.5 MINIMUM REQUIREMENTS FOR INTERNAL MEDICINE

- 2.7.5.1 Personnel
- 2.7.5.1.1 Consultant Physicians

- 2.7.5.1.2 Qualified Nurse with Relevant Specialization
- 2.7.5.2 Medical Out-patient Department
 - 2.7.5.2.1 Diabetic Clinic
 - 2.7.5.2.2 Hypertensive Clinic
 - 2.7.5.2.3 Cardiac Clinic
 - 2.7.5.2.4 G I Clinic
 - 2.7.5.2.5 Renal/Nephrology Clinic
 - 2.7.5.2.6 Neurology Clinic
 - 2.7.5.2.7 Relevant Equipment such as: ECG, EEG, Echo –
Cardiography

2.7.6 MINIMUM REQUIREMENTS FOR DENTAL CLINICS

2.7.6.1 Personnel

- 2.7.6.1.1 Dental Surgeon
- 2.7.6.1.2 Dental Therapist
- 2.7.6.1.3 Dental Technologist

2.7.6.2 Dental Clinic

- 2.7.6.2.1 General outlay (20 sq meter)
 - 2.7.6.2.2 Waiting area
- 2.7.6.2.3 Screened/partitioned cubicle
- 2.7.6.2.4 Complete dental unit
- 2.7.6.2.5 Autoclave
- 2.7.6.2.6 Extraction forceps
- 2.7.6.2.7 Elevators
- 2.7.6.2.8 Amalgamator
- 2.7.6.2.9 Tooth filling instruments (temporary/permanent)
- 2.7.6.2.10 Tooth extraction materials
- 2.7.6.2.11 Dental syringes
- 2.7.6.2.12 Xylocaine cartridge/spray
- 2.7.6.2.13 Dental X-ray machine

NOTE: *Dental services may be provided by in-house facilities or stand- alone dental centres accredited by the NHIS.*

2.7.7 MINIMUM REQUIREMENTS FOR EAR, NOSE AND THROAT (OTORHINOLARYNGOLOGY)

- 2.7.7.1 Personnel
 - 2.7.7.1.1 ENT Surgeon
 - 2.7.7.1.2 ENT Nurse
- 2.7.7.2 **Well-Equipped Clinic**
 - 2.7.7.2.1 ENT examination table with instrument set(Console)
 - 2.7.7.2.2 Headlamp/head mirror
 - 2.7.7.2.3 Auroscope
 - 2.7.7.2.4 Fibre optic Naso-laryngo-pharyngoscope
 - 2.7.7.2.5 Suction machine
 - 2.7.7.2.6 Sterilizing systems
 - 2.7.7.2.7 Chemical sterilization
 - 2.7.7.2.8 Steam sterilization (Autoclave)
- 2.7.7.3 **Audiometry Unit**
 - 2.7.7.3.1 Audiometer

2.7.7.3.2	Tympanometer
2.7.7.3.3	Bera equipment
2.7.7.3.4	Calorimeter
2.7.7.4	Special Therapy Unit
2.7.8	MINIMUM REQUIREMENTS FOR OPHTHALMOLOGY
2.7.8.1	Personnel
2.7.8.1.1	Consultant Ophthalmologist
2.7.8.1.2	Ophthalmic Nurse
2.7.8.1.3	Anaesthetic Personnel
2.7.8.2	Ophthalmology Clinic
2.7.8.2.1	Waiting area
2.7.8.2.2	Instrument tray/trolley
2.7.8.2.3	Slit lamp
2.7.8.2.4	Applanation tonometer
2.7.8.2.5	Ophthalmoscope
2.7.8.2.6	Retinoscope
2.7.8.2.7	Flash light
2.7.8.2.8	VA chart box
2.7.8.2.9	Trial lens set (for refraction)
2.7.8.2.10	Visual field machine
2.7.8.2.11	AB scoring machine
2.7.8.2.12	CVF machine
2.7.8.2.13	Ophthalmic drops
2.7.8.2.14	lensometer
2.7.8.3	Treatment Room
2.7.8.3.1	Examination couch
2.7.8.3.2	Minor treatment set
2.7.8.3.3	Sterilization systems
2.7.8.3.4	Autoclave
2.7.8.3.5	Angle poised lamp
2.7.8.3.6	Treatment tray/trolley
2.7.8.3.7	Flash light
2.7.8.4	Adequate Inpatient Ward
2.7.8.5	Theatre
2.7.8.5.1	Operating microscope
2.7.8.5.2	General ophthalmic surgery set
2.7.8.5.3	Oxygen and delivery system
2.7.9	MINIMUM REQUIREMENTS FOR OPTOMETRY
2.7.9.1	Personnel
2.7.9.1.1	Optometrist
2.7.9.1.2	Ophthalmic Technician
2.7.9.2	Clinic
2.7.9.2.1	Waiting area
2.7.9.2.2	Instrument tray/trolley
2.7.9.2.3	Slit lamp
2.7.9.2.4	lensometer
2.7.9.2.5	Ophthalmoscope

- 2.7.9.2.6 Retinoscope
- 2.7.9.2.7 Flash light
- 2.7.9.2.8 VA chart box
- 2.7.9.2.9 Trial lens set (for refraction)
- 2.7.9.2.10 Visual field machine
- 2.7.9.2.11 AB scoring machine
- 2.7.9.2.12 CVF machine
- 2.7.9.2.13 Ophthalmic drops
- 2.7.9.2.14 Applanation tonometer
- 2.7.9.3 **Optometry laboratory**
- 2.7.9.3.1 Glazing Machine
- 2.7.9.3.2 PD (pupillary distance) rule

2.7.10 MINIMUM REQUIREMENTS FOR PSYCHIATRY

2.7.11 MINIMUM REQUIREMENTS FOR PHARMACY

2.7.11.1 Personnel

- 2.7.11.1.1 Superintendent Pharmacist
- 2.7.11.1.2 Pharmacy Technician where applicable
- 2.7.11.1.3 Sales Personnel where applicable

2.7.11.2 Pharmacy

- 2.7.11.2.1 Possession of approved and registered premises as specified by the Pharmacists Council of Nigeria (PCN)
- 2.7.11.2.2 Possession of required professional indemnity insurance cover as stipulated in the *NHIS Operational Guidelines*
- 2.7.11.2.3 Pharmacy must be equipped to meet the minimum requirements as prescribed below:
 - a Pharmacist with basic qualification and registered with the Pharmacists Council of Nigeria
 - b Pharmacists possession of current licence to practise from the Pharmacists Council of Nigeria (PCN)
 - c Possession of current premises licence issued by the PCN
 - d Pharmacy must be supervised by a Superintendent pharmacist, approved and registered by the Pharmacists Council of Nigeria
 - e Pharmacy must provide services 24 hours a day and 7 days a week.
- 2.7.11.2.4 **General outlay of the premises:**
 - a Entire space area as prescribed by PCN
 - b Arrangement of shelves and drugs for easy access
 - c Pharmacist's office/counseling area
 - d Display of original certificates
 - e Separate dispensing area with tray and spatula/spoon
 - f Air-conditioner
 - g Fans
 - h Refrigerator
 - i Washable floor

- 2.7.11.2.5 **Adequate storage for drugs:**
 - a. Separate air-conditioned store with shelves
 - b. Refrigerator
- 2.7.11.2.6 Drug Information Unit:
 - a. Computer, Printer and Internet access
 - b. Medi-Pharm or MIMs Africa
 - c. Martindale – Extra-pharmacopoeia
 - d. Pharmacy Laws
 - e. British Pharmacopoeia
 - f. National Drug Policy
 - g. National Essential Medicines List
 - h. Pharmacy Journals
 - i. The 4 part compendium of standards for the assurance of pharmaceutical care in Nigeria.
- 2.7.11.2.7 **Schedule drugs**
 - a. Separation of schedule drugs from over-the- counter drugs
 - b. Availability of lockable DDA cupboard
 - c. Availability of disposal of Dangerous Drugs Register (PCN Form K)
 - d. Regular entries into the Dangerous Drugs Register (PCN Form K)
- 2.7.11.2.8 **Adequate record keeping/ computerization**
 - a. Drug receipts
 - b. Sales invoices
 - c. Sales books/ledgers
 - d. Bin cards
 - e. Adverse Drug Reaction Register
- 2.7.11.2.9 Alternative power supply
- 2.7.11.2.2.10 Fire Extinguisher

Note: Pharmacy services may be provided by hospital facilities as stated above, or by the community pharmacies accredited by the NHIS.

2.7.12 MINIMUM REQUIREMENTS FOR MEDICAL LABORATORY SERVICES

- 2.7.12.1 **Personnel**
- 2.7.12.1.1 Medical Laboratory Scientist
- 2.7.12.1.2 Medical Laboratory Technician
- 2.7.12.1.3 Medical Laboratory Assistant

Note: It is necessary to have an officer dedicated to Quality assurance/bio-safety at secondary and tertiary healthcare facilities.

- 2.7.12.2 **Laboratory**
- 2.7.12.2.1 Possession of a laboratory approved by the Medical Laboratory Science Council of Nigeria (MLSCN)

- 2.7.12.2.2 The laboratory should be equipped to perform full investigations in the following areas:
- a Haematology/Blood group serology
 - b Clinical Chemistry
 - c Medical Microbiology
 - d Medical Parasitology
 - e Histopathology (where necessary)
- 2.7.12.2.3 Possession of personnel requirements for comprehensive laboratory services, i.e. qualified Medical laboratory scientists in the following specialized areas:
- a. Medical Microbiology
 - b. Haematology/Blood group serology
 - c. Clinical Chemistry
 - d. Medical Parasitology
 - e. Histopathology (where necessary)
- 2.7.12.2.4 Possession of the following general minimum equipment and consumables:
- i. Binocular Microscope
 - ii. Incubator
 - iii. Weighing balance
 - iv. Water or Dry bath
 - v. Bench Centrifuge
 - vi. Haemoglobin electrophoresis machine and accessories
 - vii. Haematocrit centrifuge and reader
 - viii. ESR system and accessories
 - ix. Bunsen burner and gas cylinder
 - x. Laboratory consumables (disposables, reagents, chemicals, stains e.t.c)
 - xi. Laboratory glass wares
 - xii. Colorimeter/Spectrophotometer
 - xiii. Improved Neubauer counting chamber
 - xiv. Domestic and Blood Bank Refrigerators
 - xv. Sterilizer/Autoclave
 - xvi. Bleeding Bay/Sample Collection Room
 - xvii. Pipetting devices (single or variable, serologic, etc)
 - xviii. Microtome (where necessary)
 - xix. Wooden or plastic racks
 - xx. Wash- up room/special media room
 - xxi. Adequate water supply
 - xxii. Air-conditioner
 - xxiii. Fire extinguishing facilities
 - xxiv. Alternative power supply
 - xxv. Toilet facilities/washable floor
 - xxvi. Adequate Sharp/Waste Disposal
 - xxvii. Bio-safety cabinet
 - xxviii. Waste disposal (local incinerator must be provided)
 - xxix. Impermeable working benches (Formica/tiles)

- xxx. No cloth blinds
 - xxxi. Separate media room for microbiology which must be air-conditioned
 - xxxii. Adequate illumination is vital
 - xxxiii. Copy of certificate of incorporation or business name registration certification must accompany the n completed forms
- Note: Possession of the following equipment at the different departments/benches
- 2.7.12.2. 5. Chemical Pathology
 - a. Flame Photometer
 - b. Colorimeter/spectrophotometer
 - c. Fridge
 - d. Deep freezer
 - e. Chemical Balance
 - f. Automatic Pipette
 - 2.7.12.2. 6. Haematology
 - a. Haematocrit
 - b. Microscope
 - c. Centrifuge
 - d. Colorimeter (if offering chemical pathology colorimeter spectrometer provided for chemical pathology will suffice)
 - 2.7.12.2. 7. Parasitology
 - a. Microscope
 - b. Centrifuge
 - c. Hot air oven
 - 2.7.12.2. 8. Bacteriology
 - a. Binocular
 - b. Autoclave
 - c. Hot air oven
 - d. Anaerobic jar
 - e. Facilities for CO₂ incubation
 - f. centrifuge
 - g. incubator
 - 2.7.12.2. 9. Blood transfusion Science
 - a. Blood Bank
 - b. Facilities for bleeding of donors (bleeding coach)
 - c. Centrifuge
 - d. Microscope
 - e. Water bath
 - 2.7.12.2. 10. Histology
 - a. Microtome

- b. Microscope
- c. Water bath
- d. Tissue processor

NOTE:

- a. Laboratory services may be provided by in-house facilities as stated above, or by stand-alone laboratories accredited by the NHIS.
- b. Laboratory accredited by NHIS shall operate on 24 hours basis.

2.7.13 MINIMUM REQUIREMENTS FOR RADIOGRAPHY

2.7.13.1 Personnel

2.7.13.1 At least a part time Radiologist

2.7.13.2 Radiographer

2.7.13.2 Radiological Centre

Premises duly registered with the Government of the State in which the facility operates as an X-ray centre, and possession of minimum of radiological equipment for routine and special investigations, as specified by the Radiographers Registration Board of Nigeria (RRBN) and Nigeria Nuclear Regulatory Agency (NNRA).

2.7.13.2.1 Radio Diagnosis

Minimum requirements as follows:

- a. Waiting room
- b. Standard X-Ray room as specified by the RRBN
- c. At least one static X-Ray machine with a minimum of 100 MAS and 125 KVP output rating
- d. One sizeable processing room equipped with a set of manual processor, including a drier
- e. One X-Ray couch with Bucky
- f. One chest stand
- g. lead aprons
- h. 1 protective cubicle
- i. hangers – all sizes
- j. cassettes – all sizes
- k. X-ray viewing box
- l. Gloves and masks
- m. Gonad Shields
- n. Safe Light
- o. Lead Lining as specified by RRBN

2.7.14 MINIMUM REQUIREMENTS FOR ULTRASONOGRAPHY

2.7.14.1 Personnel

2.7.14.1.1 Sonographer

2.7.14.1.2 visiting Sonologist

2.7.14.2 USS Centre

2.7.14.2.1 Registration with RRBN

- 2.7.14.2.2 Possession of professional indemnity cover as may be determined from time to time by the NHIS
- 2.7.14.2.3 Patient waiting room
- 2.7.14.2.4 One ultrasound machine – with at least standard probes of different resistance rating
- 2.7.14.2.5 Gel

NOTE: The above services may be provided by in-house facilities or by stand-alone centres accredited by the NHIS.

2.7.15 MINIMUM REQUIREMENTS FOR PHYSIOTHERAPY AND OTHER MEDICAL REHABILITATION THERAPY PROFESSIONS

2.7.15.1 Personnel

- 1.7.15.1.1 Registered Physiotherapists and Other medical rehabilitation therapists
- 1.7.15.1.2 Medical rehabilitation therapy technicians

2.7.15.2 Clinic/Centre

- 2.7.15.2.1 Certification of equipment and premises by MRTB
- 2.7.15.2.2 Registration with the Medical Rehabilitation Therapists Board (MRTB)

2.7.15.2.3 Possession of professional indemnity cover as stipulated in the NHIS Operational *Guidelines*.

2.7.15.2.4 Current licence to practise

2.7.15.2.5 Well-equipped gym containing:

- a Bicycle ergometer Wall & parallel bars
- b Hand and wrist exerciser
- c Traction machines
- d Re-education boards
- e Exercise mats/matresses
- f Shoulder wheels
- g Tread mill
- h Air-conditioner
- i Compression Bands
- j Foam Pads of all sizes and shapes
- k Bowls and dishes
- l Sterilizers/Autoclave

2.7.15.2.5 Treatment room (rehabilitation equipment)

- a Short-wave diathermy
- b Infra-red
- c Hydropak (Hot, cold)
- d Electrical stimulators
- e Ultrasound stimulators
- f Wax bath stimulators
- g Ultraviolet stimulators
- h Micro wave stimulators
- i Sphygmomanometer
- j Splints
- k Clean linen

- l Gloves and masks
 - m Crepe bandages
 - n Stadiometer
 - o Ointment/cream for massage
- 2.7.15.2.6 Assistive devices (store)
- a Walking stick
 - b Crutches
 - c Walking frame
 - d Wheel chairs
- 2.7.16. MEDICAL RECORD**
- 2.7.16.1. Minimum Requirement for Health Records**
- 2.7.16.1.1 Personnel**
- a. Health Technicians in Health Information Management
 - i. Register with NHRA and HRORBN
 - ii. OND/HND in Health Information Management register with NHRA and HRORBN
- Material
- a Patient waiting room with pigeon window well furnished.
 - b Patients Hand card
 - c Patients folder
 - d Tracer card
 - e Out Patient Register
 - f In Patients Register
 - g Notification of Diseases Form
 - h ICD 10/11 by WHO
 - i Computer/IT Backups
 - j Library with Professional Medical journals
 - k Health records Archive As specified by HRORBN
 - l NHIS desk
- 2.7.15.2.8 Good ventilation
- 2.7.15.2.9 Washable floor
- 2.7.15.2.10 Alternate Power Supply
- 2.7.15.2.11 Fire-fighting equipment

Note: Physiotherapy and Other medical rehabilitation therapy services may be provided by in-house facilities or by stand-alone physiotherapy clinics/centres accredited by the NHIS.

2.8 FACILITY AND PERSONNEL REQUIREMENTS FOR TERTIARY HEALTH CARE FACILITY

Categories

- 2.8.1. Teaching Hospitals
- 2.8.2. Federal Medical Centres

- 2.8.3. Specialist Hospitals
- 2.8.4. Specialized Hospitals

2.8.1. TEACHING HOSPITALS

2.8.1.1. Personnel

Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel

2.8.1.2. Clinics

- a. **Psychiatry**
- b. Subspecialty in: **Surgery** (viz: Urology, ENT, ophthalmology, orthopaedics, pediatric surgery, etc)
- c. Internal medicine (viz. dermatology, nephrology, neurology, cardiology etc)
- d. **O&G** (Reproductive endocrinology, high risk obstetrics and gynecological oncology etc)
- e. Pediatrics (viz. paediatric oncology, paediatric nephrology, paediatric neurology, paediatric cardiology and neonatology)

2.8.1.3. Services

In addition to all the departments identified at the secondary level:

- a. Specialized Laboratory services
 - i. Blood Transfusion services
 - ii. Histopathology
 - iii. Forensic Services
 - iv. PAP smear
 - v. HIV confirmation, CD 4 count and Viral load etc
- b. Specialized medical imaging department
 - i. Magnetic Resonance Imaging (MRI)
 - ii. Radiotherapy
 - iii. Nuclear Medicine
 - iv. Computerized Tomography Scan
- c. Physiotherapy
- d. Pharmacy.
 - ii. Pharmaceutical Care
 - iii. Compounding
 - iv. Drug Information Service
 - v. Therapeutic Drug Monitoring
 - vi. Unit dose dispensing
- f. Medical Library
- g. Adequate Information and Communication Technology (ICT) infrastructure to include internet access.
- h. Dialysis
- i. Optometry

2.8.1.4. Minimum Bed Space - 70 Beds

2.8.1.5. Equipment: As for each sub-specialty

2.8.2. FEDERAL MEDICAL CENTERS

2.8.2.1 Personnel

Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel

2.8.2.2 Clinics

All the clinics identified at the secondary level and available sub-specialties.

2.8.2.3 Services

As per existing departments and sub-specialties

2.8.2.4 Equipment

As for each sub-specialty in addition to requirements at secondary level.

2.8.2.5 Minimum Bed Space - 50 Beds

2.8.4 SPECIALIST HOSPITALS

2.8.4.1 Personnel

Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel

2.8.4.2 Clinics

All the clinics identified at the secondary level and available sub-specialties.

2.8.4.3 Services

As per existing departments and sub-specialties

2.8.4.4 Equipment

As for each sub-specialty in addition to requirements at secondary level.

2.8.4.5 Minimum Bed Space - 40 Beds

2.8.5 SPECIALIZED HOSPITALS

2.8.5.1 Personnel

Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel

2.8.5.2 Clinics

All relevant clinics and available sub-specialties.

2.8.5.3 Services

As per existing departments and sub-specialties

2.8.5.4 Equipment

As for each sub-specialty in addition to requirements at secondary level for the specific service.

2.8.5.5 Minimum Bed Space - 20 Beds

2.9. PROCEDURES FOR ACCREDITATION

Accreditation is the process of assessing and certifying healthcare facilities using commonly accepted standards for participation in the programmes of the Scheme. The National Health Insurance Scheme performs accreditation for the following purposes:

- a. To ensure accessibility and availability of healthcare services to enrollees of NHIS
- b. To promote and improve quality of Healthcare
- c. To ensure continuous improvement of quality of services provided under the Scheme
- d. To improve public confidence in the Health care system

A full accreditation procedure for any health care facility includes the following steps:

- a. Application for participation in the Scheme (which attracts a non-refundable fee of fifty thousand naira N50,000.00 and shall comprise of both the registration fee and the accreditation fee. It shall be for each service applied for)
- b. Screening of completed applications to determine suitability for possible inspection
- c. Accreditation visits by teams of Healthcare professionals to perform an in-depth evaluation to determine whether the facilities meet the established standards.
- d. HCF shall be accredited provisionally for two years in the first instance.
- e. NHIS shall pay two compulsory quality assurance visits to the HCF pending the next accreditation visit.
- f. At the expiration of two years, it shall be assessed with emphasis on any deficiency noted during the first accreditation visit.
- g. If there is no improvement, the HCF shall have its accreditation withdrawn.
- h. A HCF that meets the NHIS accreditation requirements shall be issued full accreditation.
- i. Approval of recommended facilities for accreditation by NHIS Management
- j. Publishing a list of institutions that have met these requirements and have been accredited by the Scheme
- k. Periodic review of accredited Health care facilities to determine whether they should continue to provide services to enrollees of NHIS.

2.10. ACCREDITATION FEES

Each healthcare facility shall pay the sum of fifty thousand naira (N50,000:00 and shall comprise of both the registration fee and the accreditation fee. It shall be for each service applied for).

All re-accredited facilities shall be required to pay re-accreditation fees as follows:

- a. Primary Facilities Forty Thousand Naira (N40,000.00)
- b. Secondary and Tertiary Facilities Thirty Thousand Naira (N30,000.00) per service.

All fees are subject to review.

2.11.AGREEMENT BETWEEN HEALTH CARE FACILITIES AND NHIS

Agreement between the Health Care Facilities and NHIS shall include the following terms:

- 2.11.1. Acceptance by the Facility to provide healthcare services, 24 hours a day and 365 days in the year
- 2.11.2. Accepting beneficiaries without discrimination. A Facility cannot reject a patient except on appeal to the NHIS stating the grounds for rejection.
- 2.11.3. Pharmacy facilities shall stock generic drugs based on the NHIS Drugs List
- 2.11.4. All prescriptions by the Facility shall be in quadruplicate. Two copies shall be sent to the pharmacy, a copy to the HMO and a copy retained by the Healthcare facility
- 2.11.5. All beneficiaries shall be given adequate treatment in line with NHIS standard treatment and referral protocol.
- 2.11.6. A Facility shall not solicit to see an NHIS enrollee as a fee paying patient
- 2.11.7. Patients should only be referred to NHIS accredited secondary and tertiary facilities
- 2.11.8. A facility shall not misrepresent an enrollee as to the benefit package of NHIS programmes
- 2.11.9. Acceptance by the facility to provide healthcare to enrollees even during periods of strike/industrial action or any other unforeseen circumstance in which services has been disrupted by making adequate alternative arrangement for provision of service at a nearby accredited facility
- 2.11.10. To accord NHIS enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme
- 2.11.11. Facility shall maintain an NHIS dedicated account for the sole purposes of improving health care services and render account to NHIS during periodic inspections

2.12. EXIT FROM THE SCHEME/RELOCATION/CHANGE OF NAME

A Healthcare Facility wishing to exit from operation of the NHIS shall:

- i. Give three (3) months written notice to the NHIS, the enrollees registered with it and the HMOs of its intention.
- ii. The Facility shall accord NHIS enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme within the 3months period of this notice.

Any healthcare facility wishing to relocate to a new site and still operate under NHIS must:

- i. Give a three (3) months written notice to NHIS, the enrollees registered with it and the HMOs of its intention.
- ii. Apply for inspection and accreditation of the new premises.
- iii. The Facility shall accord NHIS enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme within the 3months period of this notice.

Any health care facility wishing to change name/ownership and still operate under NHIS must:

- i. Give a three (3) months written notice to NHIS, the enrollees registered with it and the HMOs of its intention
- ii. Notify NHIS formally attaching evidence of Newspaper publication and CAC approval
- iii. The Facility shall accord NHIS enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme within the 3months period of this notice.

NOTE:

- i. The enrollees will be at liberty to remain with a relocating facility or choose a new one.
- ii. A Facility must publish its intention to exit the Scheme or relocate to a new site in at least One (1) National Daily Newspaper.

2.13. CONDITIONS FOR RENEWAL OF THE ACCREDITATION OF HEALTH CARE FACILITIES

Accreditation of every HCF shall be renewable every three (3) years. Some of the criteria for re-accreditation shall include:

- 2.13.1. Accreditation for not less than three years
- 2.13.2. Availability of requisite skilled/experienced personnel
- 2.13.3. Availability of facilities to provide prompt and efficient services to enrollees
- 2.13.4. The institution of well organized and proper management structures.
- 2.13.5. Employment of trained managers to run the administration of facilities professionally.
- 2.13.6. Attendance of NHIS-HCF meetings shall be mandatory as an avenue to educate stakeholders. It shall be mandatory

for the Director/CEO of NHIS accredited facilities with appreciable number of enrollees to attend these meetings at least annually and NHIS shall use attendance of these meetings as one of the prerequisite for reaccreditation.

- 2.13.7. HCF must have made all returns due to HMOs and NHIS
- 2.13.8. Current licences of personnel and registration with regulatory bodies. (current licences of personnel to be sent to NHIS on yearly basis or as applicable).
- 2.13.9. For a hospital/clinic to be accredited as secondary or tertiary healthcare facilities, it should have in-house pharmacy and laboratory.
- 2.13.10. Every HCF shall meet the basic ICT infrastructure requirement for their category of accreditation.
- 2.13.11. All NHIS accredited HCFs shall put in place a functional medical records unit/department as a prerequisite to their re-accreditation. The unit/department shall coordinate the ICT of the facility.
- 2.13.12. The institutionalization of internal total quality management system that will ensure effective delivery of qualitative healthcare in liaison with NHIS and HMOs.
- 2.13.13. Compliance with NHIS operational guidelines
- 2.13.14. Compliance with the judgment of the Arbitration board
- 2.13.15. Application for re-accreditation

Note:

1. NHIS shall work towards ranking of accredited HCFs. This will enable the Scheme to set ceiling for the number of enrollee a HCF can efficiently and effectively manage.
2. NHIS shall encourage group practice as a means of providing qualitative healthcare to enrollees.

2.14. ACCREDITATION OF HEALTH MAINTENANCE ORGANISATIONS (HMOs)

2.14.1. Definition

A Health Maintenance Organization (HMO) is a private or public incorporated company registered by the Scheme solely to manage the provision of health care services through Health Care Facilities accredited by the Scheme.

2.14.2. Eligibility

Any group of persons or organization of proven and impeccable character may be eligible to form a company (private or public) and apply for registration as an HMO under the Scheme.

No HMO shall appoint or have in its employment a Director, Chief Executive, Manager or Secretary if he/she:

- a. Is or becomes of unsound mind , or as a result of ill health, is incapable of carrying out his duties;
- b. Is convicted of any offence involving dishonesty or fraud;
- c. Is not a fit and proper person for the position;
- d. Is guilty of serious misconduct in relation to his duties;
- e. In the case of a person with professional qualification; has been disqualified or suspended from practising his profession in Nigeria by the order of any competent authority made in respect of him personally.

2.14.3. Conditions for Accreditation

Any company applying for accreditation under the Scheme shall meet the following requirements:

- 2.14.3.1. Register with the Corporate Affairs Commission.
- 2.14.3.2. Original Certificate of Incorporation, Articles and Memorandum of Association would be sighted and verified
- 2.14.3.3. Provide Statement of Affairs of the Company or Audited Accounts for the past 3 years (where applicable)
- 2.14.3.4. Provide evidence of Fidelity Guarantee/Indemnity Insurance Cover with an NHIS-accredited insurance company to the value of the paid up share capital
- 2.14.3.5. Complete the prescribed application forms providing the following information:
 - a. Ownership structure and composition of the organization
 - b. Names, addresses and detailed CV of the principal officers
- 2.14.3.6. A minimum paid-up share capital requirement of HMOs shall be as follows:
 - a. A **National HMO** shall be required to have a fully paid up share capital of **N400 million** naira and subject to review by the NHIS
 - b. A **Zonal HMO** shall be required to have a fully paid up share capital of **N200 Million** and subject to review by the NHIS
 - c. A **State HMO** shall be required to have a minimum paid up share capital of **N100 Million** and subject to review by the NHIS

Note

- i. A maximum of 30% of the paid up share capital can be held in form of fixed asset for a fresh applicant.
- 2.14.3.7. For currently accredited HMOs, a maximum of 45% of the paid up share capital can be held in form of fixed asset. 55% can be held as current asset.

- 2.14.3.8. HMOs shall have adequate office accommodation established for its operations as follows:
- a. A National HMO shall have
 - i. A National Head Office
 - ii. An office in every geopolitical zone
 - iii. An office in every state where the HMO has 5000 or more enrollees
 - iv. At least 3 official vehicles in the national head office
 - v. At least 2 official vehicles in each state office
 - vi. Each office shall be fully furnished and well equipped and headed by a bureau chief (HMO shall be at liberty to adopt its own nomenclature)
 - vii. Each zonal/state office shall have a minimum of four departments whose mandates will be Human resources and administrations, Health services and quality assurance, ICT and Finance
 - viii. The staff of the HMO zonal/state offices shall be authorized to fully represent and carry out the functions of an HMO as specified in NHIS Operational Guidelines
 - b. A Zonal HMO shall have
 - i. A Zonal Head Office
 - ii. An office in every state in the geopolitical zone.
 - iii. An office in senatorial district where the HMO has 5000 or more enrollees within that geo-political zone
 - iv. At least an official car in each office.
 - v. Each office shall be fully furnished and well equipped and headed by a bureau chief (HMO shall be at liberty to adopt its own nomenclature)
 - vi. Each Zonal HMO's office shall have a minimum of four departments whose mandates will be Human resources and administrations, Health services and quality assurance, ICT and Finance
 - vii. The staff of the HMO state offices shall be authorized to fully represent and carry out the functions of an HMO as specified in NHIS Operational Guidelines
 - c. A State HMO shall have
 - i. A State Head Office
 - ii. An office in every senatorial district within the State.
 - iii. An office in every Local Government Area where the HMO has 5000 or more enrollees within the State
 - iv. At least an official car in each senatorial/LGA office.

- v. Each office shall be fully furnished and well equipped and headed by a bureau chief (HMO shall be at liberty to adopt its own nomenclature)
- vi. Each Zonal HMO's office shall have a minimum of four departments/units whose mandates will be Human resources and administrations, Health services and quality assurance, ICT and Finance
- vii. The staff of the HMO offices shall be authorized to fully represent and carry out the functions of an HMO as specified in NHIS Operational Guidelines

Note

- The HMO shall be at liberty to adopt any nomenclature for these departments which shall be headed by adequately qualified personnel and the requisite manpower.
 - The manpower in each department shall be as follows: Human resources and administrations at least 4 persons, Health services and quality assurance at least 5 persons, Information & communication Technology (ICT) at least 2 persons and Finance and accounts at least 4 persons.
- 2.14.3.8. Any company seeking accreditation as an HMO shall have a minimum of 7 shareholders of proven integrity
- i. NHIS shall have the right to investigate the source(s) of funds
 - ii. NHIS shall have the right to conduct a background check on the share holders
- 2.14.3.9. Pay the stipulated registration fees, fees for guidelines and other sundries
- 2.14.3.10. Maintain operational accounts with NHIS-accredited banks
- 2.14.3.11. Not to carry on any business other than the business of health care management
- 2.14.3.12. Make complete disclosure of its ownership and organizational structure.

NOTE: The Scheme shall not accredit a company as HMO if it is not in the public interest or the interest of NHIS enrollees or prospective enrollees to do so.

2.14.4 Procedure for Accreditation

- 2.14.4.1. Each application for accreditation as an HMO shall be signed and verified by authorized representatives of the applicant, and shall be in a form prescribed by the Scheme. The prescribed fees and the following shall accompany such application:

- a. Basic incorporation documents, such as the Certificate of Incorporation, Memorandum and Articles of Association, and other relevant documents
 - b. A copy of the byelaws, rules and regulations and such other documents regulating the conduct of the internal affairs of the applicant
 - c. The list of names, addresses and official positions of the persons who shall be responsible for the conduct of the affairs of the applicant, which shall include, among others, all members of the Board of Directors and Principal Officers of the company.
 - d. A detailed and satisfactory health Insurance business plan to be transacted within the next succeeding 2 years
- 2.14.4.2. Upon receipt of an application for registration, the Scheme shall carry out, either through its staff or its authorized agent, an inspection of the company's facilities to determine:
- a. Whether members of the Board of Directors and Management of the company are fit and proper persons to run or manage the company as HMO
 - b. If the policy documents and manuals of the company conform to the NHIS Guidelines
 - c. The organizational structure of the company is as stipulated in the Operational Guidelines
 - d. The Management structure of the prospective HMO The company's health management procedures
 - e. Marketing procedures
 - f. Adequate Information and Communication Technology infrastructure with internet access
 - g. Evidence of tax payments and returns for the company
 - h. Evidence of current tax clearance for members of the Board of Directors
 - i. Minutes book with a view to ascertaining attendance of meetings by the Board of Directors and adherence to the company's Rules and Regulations by the Management Team.
- 2.14.4.3. An HMO shall be accredited provisionally for two years in the first instance for the company to commence business.
- 2.14.4.4. At the expiration of two years, it shall be assessed with emphasis on marketing and number of enrolees gained within the period.
- 2.14.4.5. If no enrolee has been gained, the HMO shall have its accreditation withdrawn.
- 2.14.4.6. Failure to reach a critical number of enrolees as determined by NHIS shall lead to extension of the provisional accreditation for a period of one year

2.14.4 Accreditation Fee Payable by Health Maintenance Organizations

The accreditation fee payable by an HMO to the Scheme shall be N500,000.00 (Five Hundred Thousand Naira only). The fee for renewal of accreditation shall be N1, 000,000.00 (One Million Naira Only)

The Scheme shall issue a certificate of Accreditation to every successful HMO.

2.14.5 Conditions For Renewal Of The Accreditation Of Health Maintenance Organization

Re-accreditation of an HMO shall be subject to:

- a. The HMO conducting its operations in accordance with sound Health Insurance principles
- b. Evidence of consistent and prompt payment of capitation to the facilities and/or settlement of fee for service claims
- c. Evidence of consistent and prompt remittance of returns on private health insurance as prescribed in the NHIS Operational Guidelines
- d. Non engagement in fraudulent activities
- e. Compliance with provisions of the NHIS operational guidelines and the contractual agreement.
- f. Meeting re-accreditation requirements
- g. Adequate and regular conduct of corporate governance and management of the company with regards to:
 - a. Board meetings
 - b. Management meetings
 - c. Adherence to company conditions of service e.g. regular payment of staff salaries
- a. Compliance with the judgement of the arbitration panel where applicable
- b. Non engagement in any business other than healthcare management

NOTE:

1. State Governments may invest in HMOs. Such HMOs must meet all NHIS requirements and shall be accredited by NHIS.
2. When an HMO's accreditation is suspended/cancelled or not renewed, the Scheme shall act as Receiver from the date of cancellation or non-renewal of accreditation pending relocation of the enrolees to another HMO.

2.14.6 Functions Of Health Maintenance Organisations (HMOs)

The functions of HMOs shall include the following:

- 2.14.7.1. The collection of contributions from registered employers and employees under the private health insurance/where applicable
- 2.14.7.2. The collection of contributions from voluntary contributors
- 2.14.7.3. Effect timely payment of capitation to Primary Facilities and fee-for- service to Secondary and Tertiary Facilities
- 2.14.7.4. Ensure effective processing of claims (Secondary Services)
- 2.14.7.5. Rendering to the Scheme monthly returns on capitation and fee-for service payment within 30 days of the following month
- 2.14.7.6. Collection and submission of encounter data forms from HCFs to NHIS
- 2.14.7.7. Contracting with only Health Care Facilities accredited by the Scheme for the purpose of rendering health care services
- 2.14.7.8. Ensuring that contributions are kept in the Scheme's accredited banks
- 2.14.7.9. Establishing and ensuring a quality assurance system for the provision of quality health care by Health Care Facilities. Quality Assurance monitoring of HCFs by HMOs shall be quarterly and the reports sent to NHIS within 1Month.
- 2.14.7.10. Ensure timely approval of referrals and undertake necessary follow up to complete referrals
- 2.14.7.11. Carry out continuous sensitization of enrollees
- 2.14.7.12. Marketing in accordance with NHIS *Guidelines*
- 2.14.7.13. Market health plans to employers/enrollees
- 2.14.7.14. Collect appropriate contributions and make necessary payments to the appropriate pools in a timely manner
- 2.14.7.15. Rendering accounts to the NHIS as stipulated in NHIS operational guidelines
- 2.14.7.16. Comply with other provisions as spelt out in the Operational Guidelines
- 2.14.7.17. Carrying out such functions as are contained in the NHIS operational Guidelines.

2.14.8 OBLIGATIONS OF HMOs

- 2.14.8.1. Accredited HMOs shall operate and open at least one office in every State
- 2.14.8.2. Accredited HMOs shall carry on their businesses in the way that will ensure that their areas of coverage are fully covered by their operations
- 2.14.8.3. An HMO shall maintain accounts (capitation, fee-for-service and admin charge) in an NHIS accredited bank
- 2.14.8.4. Providing NHIS free access to information on their accounts with the NHIS-accredited banks

- 2.14.8.5. The HMO shall Remit 1% of contribution collected from private health insurance to the NHIS quarterly.
- 2.14.8.6. Accredited HMOs shall authorise their banks to forward monthly statements of account to the NHIS
- 2.14.8.7. There shall be monthly returns from the HMOs to the NHIS on financial data and quarterly returns on utilization rates, summary of statistics of disease pattern in given population. This is the basis of release of another tranche of capitation.
- 2.14.8.8. Shall possess Advance Payment Guarantee Insurance Cover from an NHIS-accredited insurance company for any disbursement made to them by the NHIS
- 2.14.8.9. Ensure the continuous monitoring of the Facilities for quality assurance.
- 2.14.8.10. Accredited HMOs should make themselves accessible to facilities and enrolees.
- 2.14.8.11. The HMOs shall provide an avenue for regular meetings with Facilities with a view to maintaining standards and other operational modalities.
- 2.14.8.12. Except as it relates to misconduct, both healthcare facilities and HMOs, together with their officers and agents, shall treat any information obtained in respect of each other as confidential
- 2.14.8.13. Signing of the appropriate contractual agreement(s) with the NHIS
- 2.14.8.14. All HMOs shall engage in contributor education services, facility education services, and all such services shall be documented and made available to contributors and the interested public
- 2.14.8.15. Request for referrals from Primary Health Care Facilities shall only be authorized by licensed Medical Doctors within the HMO within 24 hours of receiving such requests
- 2.14.8.16. Where the request for referral is not approved the reasons should be documented and communicated to the Primary Health Care Facility seeking the request for approval.
- 2.14.8.17. Keep a log of all requests for referrals whether approved or not and forward to NHIS.
- 2.14.8.18. Continuous marketing of the NHIS programmes
- 2.14.8.19. All advertisements by HMOs shall be carried out decently, and within the bounds of fair competition
- 2.14.8.20. It shall be an offence to make false claims or engage in negative campaigns against NHIS and other HMOs
- 2.14.8.21. HMOs shall engage in the building of goodwill, which shall not include bribery or corruption

2.14.9 Memorandum and Articles of Association of HMOs

Provisions in the Memorandum and Articles of Association of registered HMOs shall include the following:

- 2.14.9.1. Election or appointment of a Board of Directors and Management that are fit and proper to manage the business as provided by the NHIS operational guidelines
- 2.14.9.2. The appointment, removal from office, powers and remuneration of principal officers
- 2.14.9.3. The manners and circumstances under which the HMO shall be dissolved
- 2.14.9.4. The appointment of a liquidator in case of voluntary dissolution

The manner of calling the Annual General Meeting of members, the quorum necessary for the transaction of business at such meetings, and the manner of voting therein.

2.14.10 Organisational Structure of HMOS

2.14.10.1 Operational Management

An HMO shall have a Management structure, which shall include the following:

- a. Finance and accounts department
- b. Human resources and administration department,
- c. Health Services Department (to be headed by a health care professional),
- d. Information and Communications Technology Department,
- e. Underwriting Department
- f. A 24 hour functional call centre
- g. All heads of the department mentioned in sub-paragraph (i) above shall be members of the Strategic Planning Committee of the HMO
- h. An HMO shall have a well-defined employment policy and procedure, and have a proper staff-training programme.

NHIS shall at all times have the power to ask for and inspect the activities of the departments and committees of an HMO

2.14.11 Patients' Confidentiality

HMOs and Facilities shall adopt operational techniques that shall protect patients' confidentiality.

2.14.12 Drug Administration

- 2.14.12.1. HMOs should ensure that Facilities adhere to the generic drug policy of the Scheme.
- 2.14.12.2. NHIS shall negotiate the prices of drugs to ensure availability of drugs at affordable costs.

- 2.14.12.3. The NHIS, HMOs and Pharmacy Facilities shall co-operate to build acceptable channels for the distribution of drugs and materials to eliminate fake and counterfeit drugs.
- 2.14.12.4. The NHIS shall adopt drug utilization review programmes in order to streamline the management of pharmaceutical care services.

2.14.13 Health Care Delivery System and Administration

2.14.13.1 The HMOs shall develop a health care organisational structure which shall ensure that:

- i. There is a well-developed and utilised Primary Health Care Facility (PHCF) System
- ii. The PHCF shall be the first port of call for every enrollee
- iii. The PHCF shall refer the enrollee to a hospital or for specialist care where necessary

The hospital and specialist may refer the enrollee for defined rehabilitative care.

2.14.13.2 Tertiary Health Centres may register with NHIS for ambulatory, hospital, specialist, ancillary and rehabilitative care.

2.14.13.3 HMOs shall use public and private facilities accredited by NHIS as components of Provider network for all NHIS programmes.

2.14.14 Financial Matters

2.14.14.1 An HMO shall at all times maintain its business as provided under the *NHIS* operational guidelines.

2.14.14.2 An HMO shall maintain separate capitation and fee for service accounts in any of the NHIS accredited banks.

2.14.14.3 An HMO shall not:

- i. Encumber its assets without the prior consent of NHIS in writing.
- ii. Allow its assets to be held by other persons on its behalf.

2.14.14.4 An HMO shall in respect of its business maintain at all times a margin of solvency being the excess of the value of its assets in Nigeria over its liabilities in Nigeria consisting of:

- i. Provisions for unpaid capitation
- ii. Provisions for outstanding claims
- iii. Provisions for claims incurred but not yet reported
- iv. Funds to meet other liabilities.

2.14.14.5 The solvency margin referred to above shall not be less than 15% of the gross contributions/ collections in the

year under review or the minimum paid- up share capital whichever is greater

2.14.14.6 Where the Scheme finds that the solvency margin of an HMO has fallen below the margin stipulated, it shall forthwith direct the HMO to make good the deficiency by way of cash payment into its accounts and satisfactory evidence of such payment shall be produced to NHIS within a stipulated period of time.

2.14.15 Annual Financial Statements

The accounting year for all HMOs shall be from 1st January to 31st December of every year

An HMO shall submit its Annual Report and Audited Accounts to the NHIS not later than six months after the HMO's accounting year.

2.14.16 Quality Assurance

HMOs shall ensure quality assurance as provided for under the NHIS Operational Guidelines.

HMO shall:

- i. Establish complaints boxes at Provider facilities;
- ii. Undertake periodic monitoring and evaluation of Health Care Facilities;
- iii. Organize seminars (at least once a quarter) for Health Care Facilities in each of the six geopolitical zones.
- iv. Organize seminars (at least once a quarter) for enrollees in each of the six geopolitical zones
- v. Conduct survey on enrollee satisfaction.
- vi. Provide monthly statistical returns on Facilities, i.e. rate of attendance, investigations, admissions, and disease patterns.

2.14.17. Agreement between Health Maintenance Organizations (HMOs) and Facilities

2.14.17.1 Agreement between the HMO and Facility shall include the following terms:

- i. Acceptance by the Facility to provide healthcare services 24 hours a day and 365 days in a year
- ii. Accepting beneficiaries without discrimination. A Facility cannot reject a patient except on appeal to the NHIS stating the grounds for rejection.
- iii. Stock generic drugs based on the NHIS Medicine List (for pharmacy facilities).
- iv. All prescriptions by the Facility must be in quadruplicate. Two copies shall be sent to the

- pharmacy, a copy to the HMO and a copy retained by the Healthcare facility.
- v. All beneficiaries shall be given adequate treatment in line with NHIS standard treatment and referral protocol.
 - vi. A Facility shall not see a beneficiary as a fee paying patient.
 - vii. Refer patients only to the NHIS-accredited health facilities and using only the approved referral procedure.
 - viii. Acceptance by the facility to provide healthcare to enrollees even during periods of strike/industrial action or any other unforeseen circumstance in which services has been disrupted by making adequate alternative arrangement for provision of service at a nearby accredited facility
 - ix. To accord NHIS enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme.”
- 2.14.17.2 A Facility shall contract with any registered HMO.
- 2.14.17.3 The obligations of the HMOs shall include payment of capitation for primary health care facilities and fee-for-service for secondary and tertiary facilities. The NHIS shall however regulate all the fees payable.
- 2.14.17.4 The HMOs shall:
- i. Ensure continuous monitoring of the Facilities.
 - ii. The Facilities should allow HMOs easy access for such monitoring.
- 2.14.17.5 The relationship between the HMO and its affiliated Facilities shall be governed by the provisions of NHIS *Operational Guidelines* and the contractual agreement executed between them.
- 2.14.18 Merger and Acquisition**
- 2.14.18.1 No HMO shall merge with, transfer to or receive from any other HMO its business or lives without the approval of the Scheme in writing.
- 2.14.18.2 Considering request for (6.18.1) above the Scheme may request for:
- i. A draft of the agreement or deed under which it is proposed to effect the merger, acquisition or transfer.
 - ii. Auditors report of each of the HMOs
 - iii. A report of the proposed merger or acquisition.
- 2.14.18.3 The Scheme using its discretion may approve or reject the merger, or acquisition.
- 2.14.18.4 Any HMO that has transferred its business or is acquired or is

merged with another HMO shall not be given fresh accreditation.

2.14.19 Exit From the Scheme

HMOs wishing to exit from participation in the Scheme shall:

- 2.14.19.1. Give three (3) months written notice to the Scheme and Facilities of its intention and submit a plan demonstrating how its outstanding claims and obligations will be settled.
- 2.14.19.2. Submit an actuarial analysis of the adequacy of reserved resources to pay Facility claims.
- 2.14.19.3. The HMO shall accord NHIS enrollees and Facilities the necessary rights and privileges due to them under the Scheme within the 3months period of this notice.

NOTE: In the case of an HMO winding up, the following priority list shall be followed in settling debts by the HMO:

- i. Capitation to primary healthcare facilities
- ii. Fee-for-service to secondary healthcare facilities

HMO must publish its intention to exit the Scheme in at least two (2) National Daily Newspapers.

2.14.20 Relocation of Premises

Any HMO wishing to relocate to a new site and still operate under NHIS must:

- i. Give a three (3) months written notice to NHIS, the enrollees registered with it and the Facilities of its intention.
- ii. Reapply for approval of the new premises.
- iii. HMO must publish its intention to relocate to a new site in at least two (2) National Daily Newspapers and electronic media

2.14.21 Private Health Plan

Any HMO can develop its private health plan(s) to suit the needs of its clients outside the social health insurance programme.

2.14.22 Health Plan

A health plan is a set of defined health care benefits offered to the enrollee at a premium payable as agreed by the parties.

All health plans must be supported by an actuarial analysis.

No health plan shall be introduced into the private health insurance market by an HMO without prior approval of the health plan in writing by the NHIS.

2.14.23 Responsibilities of HMOs on Health Plans

- 2.14.1. The HMO shall ensure that the health plan proposed is suitable to the needs and resources of the client; and that the client fully understands the scope of the benefits under the plan.
- 2.14.2. The HMO shall give advice only on matters in which he is knowledgeable and seek or recommend other specialist advice when necessary, to avoid misrepresentation; or misleading the client.
- 2.14.3. Health plans by contract or policy, must not prohibit physicians from communicating with patients concerning medical care, medically appropriate treatment options, (Whether covered or not) or from making factual and non proprietary statements regarding the plan.
- 2.14.4. The HMO shall disclose fully any restrictions and exclusions applying to the plan, including emergency coverage.
- 2.14.5. The HMO shall not impose any charge in addition to the premium agreed with the client without disclosing the amount and purpose of such charge.

2.15. APPOINTMENT TO BOARD AND MANAGEMENT POSITIONS OF HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

2.15.1. INTRODUCTION

Pursuant to its role as specified in Section 6(b) of the NHIS Act 1999, the National Health Insurance Scheme (NHIS) hereby sets out the minimum qualification requirements for appointments to the Board and Management positions of accredited Health Maintenance Organizations (HMOs).

Every HMO shall seek the approval of NHIS before appointing members of its Board and Management.

2.15.2. INITIAL APPOINTMENTS

In order to ensure sound management of HMOs, NHIS shall approve only qualified and experienced staff for executive positions. Persons seeking to occupy Board and Management positions in HMOs must, therefore, possess the following minimum qualifications:

2.15.2.1. Chief Executive Officer/Managing Director

A candidate for the position of Chief Executive Officer/ Managing Director must have the following:

- a. Minimum of first degree or its equivalent.
- b. Post Graduate Qualification in Management, Public Health, Health Management, Health Economics, Insurance or other related fields

- c. Certification in and/or professional membership of Health, Management and Health Insurance related bodies shall be an added advantage
- d. ICT savvy
- e. Minimum of 15 years experience post-NYSC
- f. Minimum of 7 years cognate experience in senior management position in relevant and related field.
- g. Attendance of Related Courses/ workshops/ seminars etc

2.15.2.2. Chief Finance Officer

A candidate for the position of Chief Finance Officer must have the following:

- a. Minimum of first degree or its equivalent in accounting or related field.
- b. Post Graduate Qualification in accounting or related fields
- c. Certification in or professional membership of accounting or related bodies
- d. Good knowledge of Excel, Word, accounting software
- e. Minimum of 10 years post-NYSC
- f. Minimum of 5 years in relevant and related field.
- g. Attendance of Related Courses/ workshops/ seminars etc

2.15.2.3. Chief Administration/HR Officer

- a. Minimum of first degree or its equivalent in administration or related field.
- b. Post Graduate Qualification in administration, health or related fields
- c. Certification in or professional membership of administration, personnel or related bodies
- d. Good knowledge of Ms Excel, Ms Word
- e. Minimum of 10 years experience post-NYSC
- f. Minimum of 5 years experience in relevant and related field
- g. Attendance of related Courses/ workshops/seminars etc

2.15.2.4. Head of Health Services Department

- a. Minimum of first degree or its equivalent in Medicine or Health related field.
- b. Post Graduate Qualification in Public Health, Health Management, health financing or related fields
- c. Certification in or professional membership of health, management or related bodies
- d. Knowledge of statistical/epidemiological tools such as SPSS, Epiinfo. Ms power point etc
- e. Minimum of 10 years experience post NYSC
- f. Minimum of 5 years experience in relevant and related field
- g. Attendance of related Courses/ workshops/seminars etc

2.15.2.5. Head of Information Technology (ICT) Department

- a. Minimum of first degree or its equivalent in Computer Sciences or related field.

- b. Post Graduate Qualification in ICT or related fields
- c. Certification in or professional membership of ICT related bodies
- d. Certification, Membership of health, management or related bodies
- e. Knowledge of Databases, Oracle, statistical/ epidemiological tools such as SPSS, Epiinfo etc
- f. Minimum of 10 years experience post NYSC
- g. Minimum of 5 years experience in relevant and related field
- h. Attendance of related Courses/ workshops/seminars etc

2.15.2.6. Head of Underwriting Department

- a. Minimum of first degree or its equivalent in Actuarial Sciences, Insurance or related field.
- b. Post Graduate Qualification in Actuarial Sciences, Insurance, Health Management, health financing or related fields
- c. Certification in or professional membership of Insurance, actuary sciences or related bodies
- d. ICT in Ms Excel, Ms word and field specific software
- e. Minimum of 10 years experience post NYSC
- f. Minimum of 5 years experience in relevant and related field
- g. Attendance of related Courses/ workshops/seminars etc

2.15.3. Board of Directors

- 2.15.3.1. The Board of Directors of any HMO shall consist of a minimum of 7 persons of proven integrity
- 2.15.3.2. The Directors shall complete a full disclosure form as prescribed by NHIS showing clearly their shareholding interest if any.
- 2.15.3.3. Under-aged children shall not be directors of the company.
- 2.15.3.4. NHIS shall conduct background check on each person and thereafter ratify their appointment.
- 2.15.3.5. All directors are jointly and severally liable to indemnify the HMOs against any loss arising from failure to comply with the provisions of the NHIS Act, NHIS Operational Guidelines, circulars and internal rules and guidelines guiding the operations of HMOs. Consequently, NHIS shall require that for any candidate to be appointed as director of any HMO, he/she shall have the ability to interpret and appreciate reports and be sufficiently knowledgeable to make meaningful contributions to Board deliberations. A candidate for the position of Non-Executive Director, therefore, must show evidence of effective and efficient management experience in a well run organization (the organization's audited accounts shall be required for this purpose).

- 2.15.3.6. In addition to the above requirements, candidates for the positions listed above shall be expected to provide at least references from two individuals of proven integrity in the society. The candidates shall be required to meet any other requirement that may be stipulated by NHIS from time to time.

2.16.1. APPOINTMENTS TO FILL VACANT POSITIONS

In the event of existence of vacancies of any position in the Board or Management of an HMO, the process of filling the vacancy shall be as follows:

2.16.1.1. Planned Exit

This could be due to either compulsory or voluntary retirement. The following steps shall be taken by the HMO:

- a. HMO shall notify NHIS at least three months before the exit.
- b. HMO shall apply to NHIS for replacement of the person.
- c. HMO may nominate its best qualified staff to fill the vacancy on interim basis or source externally for such.
- d. If a staff of the HMO, the HMO shall forward all required document of staff immediately to NHIS.
- e. Where the appointment is in an acting capacity, the HMO shall, within a period of six months, source for a suitable replacement from both internal and external sources.

2.16.1.2. Sudden Exit

Where a vacancy that was not envisaged by the Management of the HMO is created, the following steps shall be observed:

- a. The most qualified personnel of company shall be appointed in acting capacity.
- b. HMO shall within two weeks, send the particulars of the person and/or the proposed person from outside the HMO to fill the vacant position to NHIS for approval.
- c. Where the appointee is unsuitable for position, he/she should vacate the seat immediately the rejection notice has been communicated to the HMO.
- d. Where the appointee is from outside the HMO, NHIS approval should be obtained before assumption of duty.

2.17 ACCREDITATION OF MUTUAL HEALTH ASSOCIATIONS (MHA)

2.17.1. Introduction

Mutual Health Associations (MHAs)/organizations are voluntary membership organizations providing health insurance services to their members. MHAs aim at increasing access to health care by reducing out-of-pocket payment faced by households. Mutual health organizations, also called Community Based Health Financing Scheme, provide a viable option for those in need of financial assistance for health care. These are non-profit, voluntary schemes whereby individuals or households pay contribution to finance all or part of their basic health care services when they become ill. The members of these health care organizations help manage the plan and determine which health services will be covered then negotiate the care package with public or private health Facility.

2.17.2. Definition

A Mutual Health Associations (MHA)/organizations are a privately or publicly incorporated body registered by the Scheme solely to access health care services through Health Care Facilities accredited by the Scheme. The association shall be run by a Board of Trustee (BoT) elected by members.

It is a non-profit organization formed on the basis of solidarity and the collective pooling of health risk by community members governed by the constitution/bylaws and members take part in its management. MHA/organization usually secures a form of legal status through registration with relevant authorities. The MHAs include CBOs, FBOs, NGOs, CSOs etc.

2.17.3. Membership

Membership shall be voluntary and open to all residents (families) of the participating communities or occupation based groups (including retirees). The family or individual members shall be the unit of registration. In order to achieve a critical pool of funds to ensure financial viability, as well as to address the problem of adverse selection, communities or occupation based groups shall have at least

50% of members willing to participate (or a minimum of 500 members).

2.17.4. Sources of Fund

2.17.4.1. Contribution/Premium

Contribution shall be actuarially determined in relation to their health needs and benefit package. This shall be a flat rate fee per individual household member or member of an occupation based group and paid in cash annually or quarterly in advance as may be agreed by the members, BoT and NHIS.

2.17.4.2. Donations

BoT may seek for donations/grants by way of formal launching/fund raising events, or by targeting individuals, governmental and Civil Society Organizations, including private companies, with the aim to boost the financial base of the associations.

2.17.5. Benefit Package

The benefit package shall reflect preventive, promotive and curative components of health care delivery. It shall aim at primary and secondary care, taking into cognizance the prevailing local morbidity and mortality profile, pre- & post-natal care, normal delivery, child welfare services (including immunization), family planning and health education services. The BoT and NHIS shall work to adopt a suitable benefit package.

2.17.6. Conditions for Accreditation

Any association applying for accreditation under the Scheme as mutual health association shall meet the following requirements:

- a. Register with the Corporate Affairs Commission.
- b. Original Certificate of Incorporation and Incorporated Trustees Form shall be sighted and verified.
- c. Constitution/Byelaws
- d. Complete the prescribed NHIS application forms, providing the following information:-
 - i. Composition of the BoT
 - ii. Names and addresses of the principal officers of the BoT
 - iii. Possess necessary staff and infrastructure including computerization

- iv. Pay the stipulated registration fees for guidelines and other sundries
- v. Maintain current accounts with NHIS-accredited banks
- a. Evidence of registration with relevant professional/occupational bodies (where applicable.
- b. Evidence of Audited Account/Statement of Affairs

Note: The Scheme shall not accredit any MHA/organization if it is not in the public interest or the interest of members or prospective members.

2.17.7. Procedure for Accreditation

2.17.7.1. Each application for accreditation as MHA/organization shall be signed and verified by authorized representatives of the applicants, and shall be in a form prescribed by the Scheme. The prescribed fees and the following shall accompany such application:

- i. Basic registration documents, such as the Certificate of registration and other relevant documents
- ii. A copy of the byelaws, rules and regulations and such other documents regulating the conduct of the internal affairs of the MHA/organization
- iii. The names, addresses and official positions of the persons who shall be responsible for the conduct of the affairs of the MHA/organization

2.17.7.2. Upon receipt of an application for accreditation, the Scheme shall carry out, through its staff, an inspection of the association's facility to determine:

- i. Whether members of the Board of Trustees are fit and proper persons to run or manage the MHA/organization
- ii. If the documents and manuals of the association conform to the NHIS Guidelines.
- iii. The organizational structure of the Association is as stipulated in the NHIS Operational Guidelines
- iv. Evidence of current tax clearance of members of the Board of Trustees
- v. Minutes book/file with a view to ascertaining attendance of meetings by the Board of Trustees and adherence to the Association's Rules and Regulations.

2.17.7.3. The Scheme shall, upon receipt of the above reports, register or reject the application of an MHA/organization.

2.17.8. Accreditation Fee Payable by Mutual Health Associations/organizations

The registration fee payable by any MHA/organization to the Scheme shall be N10,000.00 (Ten Thousand Naira only). The MHA/organization shall pay an accreditation fee as may be determined by NHIS from time to time. The Scheme shall issue a certificate of Accreditation to every successful MHA/organization.

2.17.9. Rules and Regulations

- 2.17.9.1.** All Mutual Health Associations shall register with the NHIS.
- 2.17.9.2.** No Mutual Health Association/organization/organization registered with the NHIS shall discriminate against any member on arbitrary grounds, including race, religion, gender, marital status, or ethnic background.
- 2.17.9.3.** The NHIS may use its own staff or appointed agents to visit any Mutual Health Association and assess its structure and performance.
- 2.17.9.4.** The NHIS shall issue a certificate of accreditation to each Mutual Health Association accredited by it and enter such name in its register.
- 2.17.9.5.** This accreditation of the MHA/organization shall be for a period of two (2) years at the first instance.
- 2.17.9.6.** Upon accreditation, each Mutual Health Association/organization shall open a bank account with any bank from the list of NHIS-accredited banks and inform the NHIS accordingly.
- 2.17.9.7.** Upon accreditation, no person shall have claim on the assets or rights of any Mutual Health Association.
- 2.17.9.8.** Accreditation of any Mutual Health Association/organization may be cancelled if the accreditation is based on fraudulent misrepresentation, the Association ceases to exist, or is unable to maintain the financial conditions stipulated by the NHIS.
- 2.17.9.9.** Upon accreditation, the Mutual Health Association/organization shall enter into an agreement with a chosen Healthcare Facility(s), after due negotiations.
- 2.17.9.10.** Upon accreditation, Mutual Health Associations/organizations shall sign Memoranda of Understanding with the NHIS.

- 2.17.9.11. No Mutual Health Association/organization shall be allowed to invest its funds.
- 2.17.9.12. Every Mutual Health Association/organization shall evolve an appropriate dispute resolution mechanism, which shall be made known to its members.
- 2.17.9.13. Every Mutual Health Association/organization accredited by the NHIS, in collaboration with NHIS, shall set up a Quality Assurance Committee to ensure quality of service by the Healthcare facility.
- 2.17.9.14. The NHIS shall carry out periodic evaluation exercises for accredited Mutual Health Associations/organizations and assess their level of performance and efficiency
- 2.17.9.15. Identity cards shall be provided by the NHIS and its agents to members at a cost.
- 2.17.9.16. The Board of Trustees shall meet at least once a month while the general meetings of the Associations shall be held quarterly.
- 2.17.9.17. Every Mutual Health Association/organization shall set up a Health Education Committee.
- 2.17.9.18. The NHIS and its agents shall attend the meetings of Mutual Health Associations/organizations and Board of Trustees as observers.

2.17.10. Conditions for Renewal of the Accreditation Of Mutual Health Association

Re-accreditation of an MHA/organization shall be subject to:

- 2.17.10.1. The MHA/organization conducting its operations in accordance with sound Health Insurance principles for a period of two years
- 2.17.10.2. Evidence of consistent and prompt payment of capitation to the facilities and/or settlement of fee for service claims
- 2.17.10.3. Non engagement in fraudulent activities
- 2.17.10.4. Compliance with provisions of the NHIS operational guidelines and the contractual agreement.
- 2.17.10.5. Meeting re-accreditation requirements
- 2.17.10.6. Adequate and regular conduct of social responsibility
- 2.17.10.7. management of the Association with regards to:
 - i. BoT meetings
 - ii. General meetings
 - iii. Adherence to Association conditions of service e.g. regular payment of BoT allowance
 - iv. Compliance with the judgment of the arbitration panel where applicable

NOTE:

When a BoT of an association is suspended, the Scheme shall act as Receiver from the date of suspension pending resolution of the issues or election of a new BoT.

2.15.10.8 No MHA/organization shall elect or have in its board, if he/she:

- i. becomes of unsound mind , or as a result of ill health, is incapable of carrying out his duties
- ii. Is convicted of any offence involving dishonesty or fraud
- iii. Is not a fit and proper person for the position
- iv. Is guilty of serious misconduct in relation to his duties
- v. In the case of a person with professional qualification; has been disqualified or suspended from practicing his profession in Nigeria by the order of any competent authority made in respect of him personally.

2.16 BOARD OF TRUSTEES (BoT)**2.16.1 Definition**

These are elected community representatives who function either as programme managers, responsible for the day to day management of Mutual Health Associations (MHAs)/organizations, or support Technical Facilitators in the management of Community Health Insurance Programmes.

2.16.2 Eligibility

The BoT members comprising of a Chairman, Secretary, Financial Secretary, Treasurer, Public Relations Officer, Clerk and two others, are elected by community members (sometimes the BoT is a transformation of existing community structures such as Community Development Committees, etc). They conduct their functions in line with a Constitution developed and adopted by the community members. Mutual Health Associations (MHAs)/ organizations as this collection of community members is termed are governed by this constitution and usually secure a form of legal status through registration with relevant authorities of the State and Local Government.

2.16.3 Guidelines for BoT

- 2.16.3.1. BoT members shall be resident members of the community,
- 2.16.3.2. BoT members shall be elected in a democratic manner acceptable to the generality of the community members,
- 2.16.3.3. BoTs shall operate in line with a constitution developed and adopted by the community members,
- 2.16.3.4. BoTs shall register MHAs/Organizations with Local/State Government authorities and the Corporate Affairs Commission (CAC) as applicable and seek accreditation with the NHIS.

2.16.4 Functions of Board of Trustees (BoTs)

- 2.16.4.1. Conduct mobilization & sensitization of community members,
- 2.16.4.2. Register and regularly update the record of members
- 2.16.4.3. Collect contribution from participating members and keep record of same.
- 2.16.4.4. Pay contributions collected to Technical Facilitators (TF) in TF- managed programmes,
- 2.16.4.5. Pay Healthcare Facilities in BOT-managed programmes
- 2.16.4.6. Screen members to benefit from Community Health Insurance Safety Net Fund (CHISNEF)
- 2.16.4.7. Ensure that there is no abuse of the system
- 2.16.4.8. Support health promotion and prevention activities
- 2.16.4.9. Provide community level quality assurance
- 2.16.4.10. Organize regular community meetings (for feedback),
- 2.16.4.11. Send regular reports/feedback to community members, facilities, NHIS and TFs where applicable.

2.16.5 Registration of Enrollees

Registration of enrollees shall be by BoTs. Each programme shall have a clearly defined procedure for registering enrollees as well as a form of identification (I D cards shall be issued by NHIS at a cost) to assist in the identification of scheme members.

2.16.6 Tenure of Board of Trustees (BoTs)

BoTs tenure shall be as enshrined in the Association's Constitution/Bye Laws.

2.16.7 Remuneration of BoT Members

As much as voluntary work is encouraged, Members of the BoT shall be entitled to monthly remuneration as determined by the members of the MHA/organization. Any such remuneration to the Clerk must

take into consideration the logistics of carrying out functions assigned to him/her.

2.16.8 Annual Financial Statements

The accounting year shall be from 1st January to 31st December of every year. An MHA shall submit its quarterly financial report to NHIS. Its annual audited accounts shall be submitted to the NHIS not later than six months after the MHA's accounting year.

2.16.9 Agreement between Mutual Health Association (MHAs) /organizations and Facilities

Agreement between the MHA/organization and Facility shall include the following terms:

- 2.16.9.1.** Acceptance by the Facility to provide healthcare services 24 hours a day and 365 days in a year
- 2.16.9.2.** Stock generic drugs based on the NHIS Drug List.
- 2.16.9.3.** All prescriptions by the Facility must be in quadruplicate. Two copies shall be sent to the pharmacy, a copy to the MHA/organization and a copy retained by the Healthcare facility.
- 2.16.9.4.** All beneficiaries shall be given adequate treatment in line with NHIS standard treatment and referral protocol.
- 2.16.9.5.** A Facility shall not see a beneficiary as a fee paying patient.
- 2.16.9.6.** Refer patients only to the NHIS-accredited health facilities and using only the approved referral procedure.
- 2.16.9.7.** Acceptance by the facility to provide healthcare to enrollees even during periods of strike/industrial action or any other unforeseen circumstance in which services has been disrupted by making adequate alternative arrangement for provision of service at a nearby accredited facility
- 2.16.9.8.** To accord NHIS enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme.”
- 2.16.9.9.** The relationship between the MHA/organization and its affiliated Facilities shall be governed by the provisions of NHIS Operational Guidelines and the contractual agreement executed between them.

2.16.10 Merger and Acquisition

2.16.10.1. No MHA shall merge with, transfer to or receive from any other MHA its business or lives without the approval of the Scheme in writing. The BoT however, shall retain the power to register more enrollees to the benefit of the MHA/organization.

2.16.10.2. Considering request for (1) above the Scheme may request for

- i. a draft of the agreement or deed under which it is proposed to effect the merger, acquisition or transfer.
- ii. Auditors report of each of the MHAs/organization
- iii. A report of the proposed merger or acquisition.

2.16.10.3. The Scheme using its discretion may approve or reject the merger, or acquisition.

2.16.11 Exit from the Scheme

MHAs wishing to exit from participation in the Scheme shall:

- i. Give three (3) months written notice to the Scheme and Facilities of its intention and submit a plan demonstrating how its outstanding claims and obligations will be settled.
- ii. Submit an actuarial analysis of the adequacy of reserved resources to pay Facility claims.
- iii. The MHA shall accord all its enrollees and Facilities the necessary rights and privileges due to them under the Scheme within the 3months period of this notice.

NOTE:

In the case of an MHA/organization winding up, the following priority list shall be followed in settling debts by the MHA:

1. Capitation to primary healthcare facilities
2. Fee-for-service to secondary healthcare facilities

2.17. ACCREDITATION OF CIVIL SOCIETY ORGANIZATIONS (CSOs), COMMUNITY BASED ORGANIZATIONS (CBOs) AND FAITH BASED ORGANIZATIONS (FBOs) etc

2.17.1. Introduction

Civil Society Organizations (CSOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) etc shall participate in the Community Based Social Health Insurance

Programme (CBSHIP) either as Programme Managers (PMs) or Technical Facilitators (TFs). As Programme Managers, they shall be responsible for the day to day management of CBSHIPs while as TFs, they shall provide both initial and on-going technical support to the management of the CBSHIPs.

2.17.2. Definition

Civil Society Organizations (CSOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) etc are the multitude of associations/organizations around which society voluntarily organizes itself and represent a wide range of interest and ties. They shall be accredited by NHIS as Programme Managers or Technical Facilitators in the Community Based Social Health Insurance Programme (CBSHIP).

2.17.3. Eligibility

Any group of persons or organizations of proven and impeccable character may be legible to form a company public or private and apply for accreditation as CSO under the Scheme.

2.17.4. Conditions for Accreditation

Any association applying for accreditation as CSO etc under the Scheme shall meet the following requirements:

- 2.17.4.1. Register with the Corporate Affairs Commission (CAC).
- 2.17.4.2. Original Certificate of Incorporation and Incorporated Trustees Form shall be sighted and verified.
- 2.17.4.3. CSO etc shall identify with Local/State Government authorities as applicable and seek accreditation with the NHIS.
- 2.17.4.4. Constitution/Byelaws of CSO etc
- 2.17.4.5. Complete the prescribed NHIS application forms, providing the following information:-
 - a. Composition of the Trustees
 - b. Names and addresses of the principal officers of the Trustees
- 2.17.4.6. Possess necessary staff and infrastructure including computerization
- 2.17.4.7. Pay the stipulated registration fees for guidelines and other sundries
- 2.17.4.8. Maintain current accounts with NHIS-accredited banks
- 2.17.4.9. Evidence of registration with relevant professional/occupational bodies (where applicable).
- 2.17.4.10. Evidence of at least three (3) years experience in implementing health related community development activities including monitoring and evaluation (M&E).

- 2.17.4.11. Good administrative and management structure shall include the following:
 - a. CSO etc shall seek the approval of NHIS to confirm the appointment of its Trustees and management staff.
 - b. Key departments shall be as follows:
 - i. Finance and Accounts
 - ii. Admin/Human Resources
 - iii. Health Services
 - iv. Information Technology
 - v. Underwriting
- 2.17.4.12. Minimum working capital of N5.0 Million deposited with any of the NHIS accredited banks, where the TF functions as the programme manager
- 2.17.4.13. Re-insurance with an NHIS accredited insurance company, where the TF functions as programme manager,

Note: The Scheme shall not accredit any CSO etc if it is not in the public interest or in the interest of prospective enrollees.

2.17.5. Procedure for Accreditation

- 2.17.5.1. Each application for accreditation as CSO etc shall be signed and verified by authorized representatives of the applicants, and shall be in a form prescribed by the Scheme. The prescribed fees and the following shall accompany such application:
 - i. Basic registration documents, such as the Certificate of registration and other relevant documents
 - ii. A copy of the byelaws, rules and regulations and such other documents regulating the conduct of the internal affairs of the CSO etc.
 - iii. The names, addresses and official positions of the persons who shall be responsible for the conduct of the affairs of the CSO etc.
- 2.17.5.2. Upon receipt of an application for accreditation, the Scheme shall carry out, through its staff, an inspection of the association's facility to determine:
 - i. Whether members of the Trustees are fit and proper persons to run or manage the CSO etc.
 - ii. If the documents and manuals of the association conform to the NHIS Guidelines.
 - iii. The organizational structure of the organization is as stipulated in the NHIS Operational Guidelines
 - iv. Evidence of current tax clearance of members of the Trustees/management staff.
 - v. Minutes book/file with a view to ascertaining attendance of meetings by the Trustees and adherence to the organization's Rules and Regulations.

- 2.17.5.3. The Scheme shall, upon receipt of the above reports, accredit or reject the application of a CSO etc.
- 2.17.5.4. The registration fee payable by any CSO etc to the Scheme shall be N10,000.00 (Ten Thousand Naira only).
- 2.17.5.5. The CSO etc shall pay an accreditation fee as may be determined by NHIS from time to time.
- 2.17.5.6. The Scheme shall issue a certificate of Accreditation to every successful CSO etc.
- 2.17.6. Rules and Regulations**
- 2.17.6.1. All CSOs etc shall seek for accreditation with the NHIS.
- 2.17.6.2. No CSO etc accredited by the NHIS shall discriminate against any enrollee on arbitrary grounds, including race, religion, gender, marital status, or ethnic background.
- 2.17.6.3. The NHIS may use its own staff or appointed agents to visit any CSO etc and assess its structure and performance.
- 2.17.6.4. The NHIS shall issue a certificate of accreditation to each CSO etc accredited by it and enter such name in its register.
- 2.17.6.5. This accreditation of the CSO etc shall be for a period of two (2) years at the first instance and shall be renewable every two years
- 2.17.6.6. Upon accreditation, each CSO etc shall open a bank account with any bank from the list of NHIS-accredited banks and inform the NHIS accordingly.
- 2.17.6.7. Upon accreditation, no person shall have claim on the assets or rights of any CSO etc.
- 2.17.6.8. Accreditation of any CSO etc shall be cancelled if the accreditation is based on fraudulent misrepresentation, the organization ceases to exist, or is unable to maintain the financial conditions stipulated by the NHIS.
- 2.17.6.9. Upon accreditation, the CSO etc (if also programme manager) shall enter into an agreement with a chosen Healthcare facility(ies), after due negotiations.
- 2.17.6.10. Upon accreditation, CSO etc shall sign Memoranda of Understanding with the NHIS.
- 2.17.6.11. No CSO etc shall be allowed to invest its funds.
- 2.17.6.12. Every CSO etc shall evolve or help PMs to evolve an appropriate dispute resolution mechanism, which shall be made known to enrollees and Healthcare facilities.
- 2.17.6.13. Every CSO etc accredited by the NHIS, in collaboration with NHIS, shall set up a Quality Assurance Committee or help PMs to set up one to ensure quality of service by the facilities.

- 2.17.6.14. The NHIS shall carry out periodic evaluation exercises for accredited CSO etc and assess their level of performance and efficiency
- 2.17.6.15. Identity cards shall be provided by the NHIS and its agents to enrollees at a cost.
- 2.17.6.16. The Trustees shall meet at least once a month while there shall be regular interaction between enrollees, facilities and CSO etc that are PMs. Where they are not PMs, They shall support the PMs.
- 2.17.6.17. Every CSO etc shall set up or help to set up a Health Education Committee.
- 2.17.6.18. The NHIS and its agents shall attend the meetings of CSO etc and Trustees as observers.

2.17.7. Membership/Structure

No CSO etc shall elect or have in its board, if he/she:

- 2.17.7.1. Becomes of unsound mind , or as a result of ill health, is incapable of carrying out his duties
- 2.17.7.2. Is convicted of any offence involving dishonesty or fraud
- 2.17.7.3. Is not a fit and proper person for the position
- 2.17.7.4. Is guilty of serious misconduct in relation to his duties
- 2.17.7.5. In the case of a person with professional qualification; has been disqualified or suspended from practicing his profession in Nigeria by the order of any competent authority made in respect of him personally.

2.17.8. Benefit Package

The benefit package shall reflect preventive, promotive and curative components of health care delivery. It shall aim at primary and secondary care, taking into cognizance the prevailing local morbidity and mortality profile, pre- & post-natal care, normal delivery, child welfare services (including immunization), family planning and health education services. The Trustees and NHIS shall work to adopt a suitable benefit package.

2.17.9. Conditions for Renewal of the Accreditation of Civil Society Organizations (CSOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) etc

Re-accreditation of CSO etc shall be subject to:

- 2.17.9.1. The CSO etc conducting its operations in accordance with sound Health Insurance principles for a period of two years

- 2.17.9.2. Evidence of consistent and prompt payment of capitation to the facilities and/or settlement of fee for service claims if CSOs functions as PM
- 2.17.9.3. Non engagement in fraudulent activities
- 2.17.9.4. Compliance with provisions of the NHIS Operational Guidelines and the contractual agreement.
- 2.17.9.5. Meeting re-accreditation requirements
- 2.17.9.6. Adequate and regular conduct of social responsibility
- 2.17.9.7. Management of the CSO with regards to:
 - i. Trustees meetings
 - ii. Joint meetings with facilities and enrollees
 - iii. Adherence to Association conditions of service e.g. regular payment of Trustees allowance
 - iv. Compliance with the judgment of the arbitration panel where applicable

Note:

When Trustees of a CSO are suspended, the Scheme shall act as receiver from the date of suspension pending resolution of the issues involved.

2.17.10. Functions of Civil Society Organizations (CSOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) etc

The functions of an CSO etc depends on whether the it will function as PM or TF

2.17.10.1. CSO etc as Programme Manager

- i. Conduct advocacy outreach targeting policy makers at State and LGA levels
- ii. Conduct advocacy activities to sensitize and mobilize community, religious and opinion leaders and the leadership of occupation based groups, for the purpose of generating awareness for the establishment of CSHIPs,
- iii. Conduct IEC activities to sensitize and mobilize community members and occupation based groups (including cooperatives) to buy-in to CBSHIP,
- iv. Generate primary and secondary data (surveys, etc) for the purpose of programme planning, monitoring and evaluation,
- v. Determine benefit package and contribution rates in consultation with enrollees and NHIS
- vi. Sign contractual agreement with participating communities and occupation based groups,
- vii. Pool contributions collected
- viii. Ensure prudent financial management of pooled resources
- ix. Sign contractual agreements with service providers,

- x. Purchase health care services on behalf of participating communities and occupation based groups
- xi. Conduct medical auditing and quality assurance,
- xii. Conduct health promotion and prevention activities,
- xiii. Conduct capacity building activities for the BOTs and participating healthcare facilities
- xiv. Supervise and monitor Programme activities,
- xv. Generate and contribute additional funding into CHISNEF,
- xvi. Assist new participating communities to set up Board of Trustees (BOTs),
- xvii. Send regular reports/feedback to the NHIS, communities & facilities.

2.17.10.2 CSO etc as Technical Facilitators

- i. Generate primary and secondary data (surveys, etc) for the purpose of programme design and monitoring.
- ii. To determine benefit package and contribution rates in consultation with community members,
- iii. Conduct medical auditing and quality assurance
- iv. Conduct capacity building activities for the BOTs and participating healthcare facilities
- v. Supervise and monitor Programme activities
- vi. Assist new participating communities to set up Board of Trustees (BOTs)
- vii. Send regular reports/feedback to the NHIS, communities & facilities

2.17.10.2.Registration of Enrollees

Registration of enrollees shall be by CSO etc. Each programme shall have a clearly defined procedure for registering enrollees as well as a form of identification (ID cards shall be issued by NHIS at a cost) to assist in the identification of enrollees. Where CSO etc functions as TF, it shall support the PM in performing the function

2.17.10.2.Tenure of Trustees

Trustee's tenure shall be as enshrined in the CSO etc Constitution/Bye Laws.

2.17.10.3.Remuneration of CSO etc

As much as voluntary work is encouraged, CSO etc shall be entitled to administrative charge to be determined by NHIS. Administrative costs of TFs shall be funded by volunteer philanthropic individuals, the Organized Private Sector (OPS) or from a percentage of CHISNEF set aside for the management of CBSHIPs.

2.17.10.4. Annual Financial Statements

The accounting year shall be from 1st January to 31st December of every year. CSOs shall submit its quarterly financial report to NHIS. Its annual audited accounts shall be submitted to the NHIS not later than six months after the CSO's accounting year.

2.17.10.5. Agreement between CSO etc and Facilities

Agreement between the CSOs and facilities shall include the following terms:

- i. Acceptance by the facility to provide healthcare services 24 hours a day in a year
- ii. Stock drugs based on the NHIS Drug List.
- iii. All beneficiaries shall be given adequate treatment in line with NHIS standard treatment and referral protocol.
- iv. A facility shall not see a beneficiary as a fee paying patient.
- v. Refer patients only to the NHIS-accredited healthcare facilities and using only the approved referral procedure.
- vi. Acceptance by the facility to provide healthcare to enrollees even during periods of strike/industrial action or any other unforeseen circumstance in which services has been disrupted by making adequate alternative arrangement for provision of service at a nearby accredited facility
- vii. To accord NHIS enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme.”
- viii. The relationship between the CSO etc and its affiliated facilities shall be governed by the provisions of NHIS Operational Guidelines and the contractual agreement executed between them.

2.17.10.6. Sources of Fund:

2.17.10.7. Contribution/Premium

Contribution shall be actuarially determined in relation to health need and benefit package. This shall be a flat rate fee per individual household member or member of an occupation based group and paid in cash annually or quarterly in advance as may be agreed by the enrollees, Trustees and NHIS.

2.17.10.8. Donations (Local and International)

Trustees may seek for donations/grants by way of formal launching/fund raising events, or by targeting individuals, governmental and Civil Society Organizations, including private companies, with the aim to boost the financial base of the associations.

2.17.10.8.Merger and Acquisition

- a.** No CSO shall merge with, transfer to or receive from any other CSO its business or lives without the approval of the Scheme in writing.
- b.** Considering request for (1) above the Scheme may request for
 - i.** a draft of the agreement or deed under which it is proposed to effect the merger, acquisition or transfer.
 - ii.** Auditors report of each of the CSOs.
 - iii.** A report of the proposed merger or acquisition.
- c.** The Scheme using its discretion may approve or reject the merger, or acquisition.

2.17.10.9.Exit from the Scheme

CSO etc wishing to exit from participation in the Scheme shall:

- a.** Give three (3) months written notice to the Scheme and facilities of its intention and submit a plan demonstrating how its outstanding claims and obligations will be settled.
- b.** Submit an actuarial analysis of the adequacy of reserved resources to pay Facility claims.
- c.** The CSO etc shall accord all its enrollees and facilities the necessary rights and privileges due to them under the Scheme within the three (3) months period of this notice.

Note:

In the case of CSO etc winding up, the following priority steps shall be followed in settling debts by the CSO etc:

- i.** Capitation to primary healthcare facilities
- ii.** Fee-for-service to secondary healthcare facilities

2.18. ACCREDITATION OF INSURANCE COMPANIES

Insurance companies are to provide appropriate insurance covers for the programmes under the Scheme.

2.18.1 Requirements for Accreditation Of Insurance Companies

- 2.19.1.1. An insurance company must have a minimum paid-up share capital as determined by the National Insurance Commission.
- 2.19.1.2. It must be registered to practice General Insurance Business in line with the provisions of the *Insurance Act*.
- 2.19.1.3. Registration with Corporate Affairs Commission
- 2.19.1.4. Provides statements of Affairs of the company audited accounts for the past three years.
- 2.19.1.5. Completion of the prescribed NHIS application forms providing the following information:
 - 2.19.1.5.1. Ownership structure and composition of the organization.
 - 2.19.1.5.2. Names and addresses of the Officers of the organization
- 2.19.1.6. Possession of necessary staff and infrastructure, including computerization
- 2.19.1.7. Payment of stipulated accreditation fee.

2.19.2 Accreditation Fee for Insurance Companies

The accreditation fee payable by insurance companies shall be One Hundred Thousand Naira (N100, 000.00) only (the fees are subject to review by the Scheme).

2.19.3 Professional Indemnity

Professional indemnity insurance cover is taken by health care facilities against the risk of professional negligence which may arise in the course of the execution of their professional duties, in which a patient believes he/she has suffered injury or injuries and proceeds to a court of law to seek redress, as a result of which compensation is awarded to the patient.

This is a compulsory requirement for all Health Care Facilities, which is intended to engender discipline in the system and promote strict compliance to the ethics of the profession.

Under the policy, the Insurer provides indemnity to the Healthcare Facility against claims for damages, breach of professional duty, negligent act, error or omission by the insured, his or their servants in the conduct of his or their specified professional duty.

Professional indemnity is mandatory for all healthcare Facilities accredited by the National Health Insurance Scheme.

The minimum Professional indemnity Cover for different Healthcare Facilities is as follows:

Healthcare Facilities			₦		
	Size	Description	Limit any one occurrence	Aggregate Limit	Premium
1.	Small	Healthcare facilities providing primary care only, stand alone pharmacies and laboratories, physiotherapy centers, ophthalmology centers, optometric centers, radiographic centers, dental centers, etc	2.5 million	5 million	20,000.00
2.	Medium	Healthcare facilities providing primary and secondary healthcare services with enrollees of 5,000 and below	5 million	25 million	100,000.00
3.	Large	Healthcare facilities providing primary, secondary and tertiary care, facilities providing primary and secondary care with enrollees greater than 5,000 or facilities offering tertiary level care alone.	5 million	75 million	262,000.00
Please see company representative				Above 75 million	Please see company rep

Table 1 (minimum Professional indemnity Cover for different Healthcare Facilities)

The minimum sum insured will be reviewed from time to time according to actuarial analysis.

2.19.4 Advance Payment Guarantee Bond

Accredited insurance company shall provide Advance Payment Guarantee Bond to HMOs.

2.19.5 Reinsurance

All accredited Insurance Companies must be reinsured with reputable Reinsurance Companies and evidence should be submitted to NHIS.

2.19.6 Renewal of Accreditation

Accreditation of Insurance Companies under NHIS is for a period of two (2) years. The fee payable for the renewal of accreditation shall be One Hundred and Fifty Thousand Naira only (N150, 000.00) (the fees are subject to review by NHIS).

2.19.7 Exit from the Scheme

An Insurance Company wishing to exit from operation of the NHIS shall:

- 2.19.7.1. Give three (3) months written notice to the NHIS, the Facilities and the HMO of its intention.
- 2.19.7.2. Settle all outstanding claims and obligations between it, the NHIS, the Facilities, and the HMO(s).
- 2.19.7.3. Submit a detailed list of all Stakeholders insured by it.

2.20. ACCREDITATION OF INSURANCE BROKERS

2.20.1 Definition

Insurance Brokers are professional intermediaries who by law are concerned with placing of various insurance products with insurance companies as well as performing substantial marketing roles.

2.20.2 Eligibility

Any firm or company duly licensed by the National Insurance Commission as Insurance Broker may apply for accreditation to participate in the NHIS as an Insurance Broker.

2.20.3 Conditions for Accreditation

Any firm or company applying for accreditation under the Scheme shall meet the following requirements: -

- 2.20.3.1. Registration with Corporate Affairs Commission
- 2.20.3.2. License with National Insurance Commission
- 2.20.3.3. Registration with National Commission of Registered Insurance Brokers.
- 2.20.3.4. Provides statements of Affairs of the company audited accounts for the past three years.
- 2.20.3.5. Completion of the prescribed NHIS application forms providing the following information:
 - 2.20.3.5.1. Ownership structure and composition of the organization.
 - 2.20.3.5.2. Names and addresses of the Officers of the organization.
- 2.20.3.6. Possession of necessary staff and infrastructure, including computerization
- 2.20.3.7. Payment of stipulated accreditation fee.

2.20.4. Accreditation fee payable by insurance brokers

- 2.20.4.1. The accreditation fee payable by the Insurance Broker to the Scheme shall be N50, 000 (Fifty Thousand Naira) only
- 2.20.4.2. The Scheme shall issue a certificate of accreditation to every successful Insurance Broker, which shall be subject to review every two years.

2.20.5 Functions of insurance brokers

- 2.20.5.1. To advise the Scheme on Insurance needs of all Stakeholders
- 2.20.5.2. To advise on best type of cover and its restrictions
- 2.20.5.3. To negotiate rate of premium payable by all stakeholders and claims settlement.
- 2.20.5.4. To advise on obligations placed by the Insurance policy conditions.
- 2.20.5.5. To ensure that all stakeholders under the Scheme possess relevant and current Insurance cover or policy.

2.20.6 Obligations of insurance brokers to the NHIS

- 2.20.6.1. Provide free access of information of its activities with accredited Insurance companies and insured Facilities.
- 2.20.6.2. Continuously advise the Scheme on the status of the Performance Bond, Advance Payment Guarantee and professional Indemnity covers taken by the various stakeholders in the Scheme.

2.20.7 Renewal of accreditation

- 2.20.7.1. The Scheme shall issue a certificate of re-accreditation to every successful Insurance Broker.
- 2.20.7.2. Fee for renewal shall be One Hundred Thousand Naira only (N100,000.00)

(The fees are subject to review by NHIS)

2.21. ACCREDITATION OF BANKS

2.21.1 REQUIREMENTS FOR ACCREDITATION

- 2.21.1.1. Evidence of financial viability
- 2.21.1.2. Adequate branch network
- 2.21.1.3. Adequate Information Communications Technology infrastructure
- 2.21.1.4. Valid banking licence issued by Central Bank of Nigeria (CBN)

The accreditation fee payable by banks shall be One Million Naira (N1,000,000.00) and shall be for a period of two (2) years.

2.21.2 RESPONSIBILITIES

- 2.21.2.1. Take custody of all the funds accruing to the HMO and healthcare Facilities affiliated to it.
- 2.21.2.2. Ensure the safety of all funds for the operation of the Programme.
- 2.21.2.3. Provide, on request by the NHIS, information on the accounts of an HMO and healthcare Facilities.
- 2.21.2.4. Forward monthly statements of account of the HMO on authorization by the HMO to the NHIS.
- 2.21.2.5. Sign the contractual agreement(s) with the NHIS and the HMO.

2.21.3 RENEWAL OF ACCREDITATION

- 2.21.3.1. The Scheme shall issue a certificate of re-accreditation to every successful Banks.
- 2.21.3.2. Fee for renewal shall be One Million Five Hundred Thousand Naira N1,500,000.00 (the fees are subject to review by NHIS)

2.21.4 EXIT FROM THE SCHEME

A bank wishing to exit from operation under the NHIS shall:

- 2.21.4.1. Give three (3) months written notice to the NHIS, the HMOs and healthcare facilities of its intention.
- 2.21.4.2. Settle all outstanding claims and obligations between it, the NHIS, HMO(s) and healthcare facilities.

SECTION THREE

Records and Information

RECORDS AND INFORMATION

Introduction

This section presents the necessary flow of information and records that will ensure the proper implementation of the Scheme.

HMOs

Information to be provided to the NHIS for accreditation

Periodic information to be provided to the NHIS on registration of new enrollees

Monthly enrollee data update.

Financial Returns to NHIS

Quality Assurance report

HEALTHCARE FACILITIES (HCFs)

HCFs information to be submitted to the NHIS on application for accreditation

Monthly reports from facilities to HMOs

REPORTS FROM NHIS TO FACILITIES

3.0 RECORDS AND INFORMATION

3.1 HMOs

3.1.1 Information to be provided to the NHIS for Accreditation

- 3.1.1.1. Name of HMO
- 3.1.1.2. Head office/addresses
- 3.1.1.3. Telephone no.
- 3.1.1.4. Email address
- 3.1.1.5. Fax no.
- 3.1.1.6. Date of Incorporation
- 3.1.1.7. RC No.
- 3.1.1.8. Chief Executives' Name
- 3.1.1.9. Names and addresses of Directors
- 3.1.1.10. Bankers
- 3.1.1.11. Insurance Companies
- 3.1.1.12. Name and Address of Auditors
- 3.1.1.13. Three (3) years audited account (if available)
- 3.1.1.14. Health Plan
- 3.1.1.15. Operational Manual
- 3.1.1.16. Staff Manual
- 3.1.1.17. Administrative Structure
- 3.1.1.18. Addresses & telephone no of branch offices

3.1.2 PERIODIC INFORMATION TO BE PROVIDED TO THE NHIS ON REGISTRATION OF NEW ENROLLEES

- 3.1.2.1. NHIS Registration Number.
- 3.1.2.2. Name
- 3.1.2.3. Address
- 3.1.2.4. Date of Birth
- 3.1.2.5. Sex
- 3.1.2.6. Next of Kin
- 3.1.2.7. Email Address
- 3.1.2.8. Mobile
- 3.1.2.9. Telephone No (Fixed)
- 3.1.2.10. National ID No.
- 3.1.2.11. Employer NHIS Number.
- 3.1.2.12. Date of NHIS Registration
- 3.1.2.13. expiry date
- 3.1.2.14. Nationality
- 3.1.2.15. Location of Posting
- 3.1.2.16. Photograph
- 3.1.2.17. Blood group
- 3.1.2.18. Genotype
- 3.1.2.19. Allergies
- 3.1.2.20. Relationship:
 - a. Principal
 - b. Spouse
 - c. Child

- d. Extra-dependant
- 3.1.2.21. Expiry date of ID card
- 3.1.2.22. Primary healthcare facility
- 3.1.2.23. Alternate Healthcare facility

Note:

NHIS will provide unique ranges of registration numbers to be used in registering enrollees to each HMO. This is to ensure that:

- a. Each enrollee has a unique number
- b. Each enrollee retains the number, even after changing place of employment or healthcare facility
- c. Each enrollee retains the number, even after changing HMOs.

3.1.3. Monthly Enrollee data Update.

This shall show changes in the following enrollee data:

- 3.1.3.1 Primary facility
- 3.1.3.2 Employer
- 3.1.3.3 Location
- 3.1.3.4 Next of kin
- 3.1.3.5 Contact information
- 3.1.3.6 Change of HMO
- 3.1.3.7 Exit from the scheme (withdrawal or death)

The enrollee data Update Form to be filled by each enrollee to capture the above.

3.1.4 Financial Returns to NHIS

- 3.1.4.1 Premium collections from enrollees or employers – monthly
- 3.1.4.2 Summary of collections from Employer/Enrollees
- 3.1.4.3 Claims payment to facilities:
 - a. Capitation payments – according to payment schedule (Monthly)
 - b. Fee for service payments – monthly
 - c. Remittance of 1% of total collection from Organized Private Sector and other fee paying programmes
- 3.1.4.4 Monthly Bank Reconciliation
- 3.1.4.5 Quarterly remittance of prescription co-payments –facility number, period and amount
- 3.1.4.6 Annual audited financial reports

3.1.5. Quality Assurance Report

Annual quality assessment of each accredited healthcare facility

3.2 HEALTHCARE FACILITIES (HCFs)

3.2.1 HCFs INFORMATION TO BE SUBMITTED TO THE NHIS ON APPLICATION FOR ACCREDITATION

- 3.2.1.1 Name
- 3.2.1.2 Address
- 3.2.1.3 Telephone
- 3.2.1.4 Fax
- 3.2.1.5 Email
- 3.2.1.6 Type of Facility
- 3.2.1.7 Category of Registration
- 3.2.1.8 State Registration No.
- 3.2.1.9 Name of Director
- 3.2.1.10 Name of Supervising Health Professional
- 3.2.1.11 Professional Indemnity Cover
- 3.2.1.12 Certificate and Current Practice Licence of all Health Professionals
- 3.2.1.13 Registration with Regulatory Bodies and Relevant Bodies
- 3.2.1.14 Detailed list of equipment/personnel/services in the facility
- 3.2.1.15 Operating Hours
- 3.2.1.16 Incorporation/Business Registration

3.2.2 MONTHLY REPORTS FROM FACILITIES TO HMOs

- 3.2.2.1. Encounter Information for all the NHIS' Enrollees under the HMO seen:
 - a. Name of patient
 - b. NHIS no of patient
 - c. Presenting complaints
 - d. Diagnosis/ disease code (ICD No)
 - e. Treatment
 - f. Admission days (if applicable)
 - g. Doctor's remark
 - h. Signature of enrollee
- 3.2.2.2. Hospital attendance data booklets are to be supplied to all facilities by the HMOs. The information may also be submitted electronically in a prescribed format.
- 3.2.2.3. Copies of prescriptions and referrals issued during the month Fee for service claim forms (for secondary facilities) containing the following:
 - a. Name and NHIS No. of patient
 - b. Name and NHIS No. of patient's primary healthcare facility
 - c. Name and NHIS No. of Secondary Facilities
 - d. Complaints
 - e. Diagnosis/disease code (ICD No.)
 - f. Treatment given
 - g. Date of treatment

- h. Amount billed
- i. Co-payment received (when applicable)

Copy of prescription or referral form from healthcare facilities should be attached to claim form

3.3. REPORTS FROM NHIS TO FACILITIES

3.3.1 Information to be provided to other stakeholders on Accreditation

- 3.3.1.1 List of accredited Facilities and their code numbers
- 3.3.1.2 List of accredited HMOs and their code numbers, email addresses, call center no.
- 3.3.1.3 List of accredited Banks and Insurance companies and their code numbers
- 3.3.1.4 NHIS Medicine Price List.
- 3.3.1.5 NHIS Professional Fee-for-Service
- 3.3.1.6 NHIS Laboratory Price List
- 3.3.1.7 NHIS Radiological/Ultrasonography Price List
- 3.3.1.8 Detailed Enrollee Register on HMO basis under the network of each facility (monthly)

3.4 Information to be provided periodically to other stakeholders

3.4.1 Notice of new Registrations:

New facilities registered	Name	Address	Tel no	Email	fax	type of facility	Category of registration
New HMOs registered	Name	Address	Tel no	Email	fax	category	
New Banks registered	Name	Address	Tel no	Email	fax		
New Insurance companies	Name	Address	Tel no	Email	fax		
New Enrollees/employers	Name	Address	Tel no	Email	fax		

3.4.2 Other information

Scheme Actuarial information
Disease patterns
Utilization of services data

To be posted on NHIS website and updated at least monthly, as well as sent to all accredited HMOs, Employers and Facilities

3.3.1.9 NHIS Operational Guidelines (given at the point of application)

Table 2 (information to be provided periodically to other stakeholders)

SECTION FOUR

Offences, Penalties and Legal Proceedings

OFFENCES, PENALTIES AND LEGAL PROCEEDINGS

Introduction

Offences, penalties and legal proceedings are the rules ensuring compliance with all the provisions of the NHIS Operational Guidelines by the relevant stakeholders.

Where HMOs are mentioned under the preceding sections, HMO and other programmes are implied.

HEALTH MAINTENANCE ORGANIZATIONS (HMOs) & OTHER
PROGRAMME MANAGERS
HEALTH CARE FACILITIES
BENEFICIARIES
ACCREDITED BANKS
INSURANCE BROKERS
INSURANCE COMPANIES

OFFENCES, PENALTIES AND LEGAL PROCEEDINGS

Offences, penalties and legal proceedings are the rules ensuring compliance with all the provisions of the NHIS Operational Guidelines by the relevant stakeholders.

4.1 HEALTH MAINTENANCE ORGANIZATIONS (HMOs) AND OTHER PROGRAMME MANAGERS

The Scheme will, upon a complaint by the Healthcare Facility, Enrollee or any other stakeholder and after investigation, including affording the HMO (or other programme managers) or his legal representative an opportunity of being heard, impose the following penalties to any defaulting HMO/other programme managers that :

S/N	OFFENCES	PENALTIES
4.1.1	Refuse to remit capitation, fee-for-service or other claims to Facilities after receiving such from the Scheme within the specified period indicated in the Operational Guidelines.	<ul style="list-style-type: none"> i. Payment of appropriate capitation, fee-for-service and other claims to the affected facilities. i. Suspension for not less than 3 months ii. To pay a fine not less than N500,000 iii. Liable to prosecution under the relevant laws guiding financial transactions iv. Repeated offenders to be delisted
4.1.2	Deliberately manipulates the enrollees register for the benefit of other parties or circulates a different register other than the register released by the Scheme.	<ul style="list-style-type: none"> i. Withdrawal of the fake register in writing. ii. To pay a fine of not less than N500, 000 iii. Liable to prosecution under the relevant laws guiding financial transactions iv. Repeated offenders to be delisted
4.1.3	Deliberately issues Dud cheque(s)	<ul style="list-style-type: none"> i. To make full payment to the relevant receiving body the full value of the dud cheque ii. Liable to prosecution under the relevant laws guiding financial transactions iii. To pay a fine of not less than N500, 000 iv. Delisting of offenders
4.1.4	Refuses to abide by the judgments of the arbitration board	<ul style="list-style-type: none"> i. To refund all NHIS fund in its custody with the prevailing interest. ii. Delisting of such HMO
4.1.5	Restricts the Scheme free access to information on their activities and accounts with the	<ul style="list-style-type: none"> i. Delisting of the HMO and refund of all NHIS fund in its custody with interest.

	NHIS accredited banks	
4.1.6	Willfully refuses to meet with and monitor all facilities quarterly in their network with a view to maintaining standards and other operational modalities.	<ul style="list-style-type: none"> i. To monitor all facilities and submit report of same to NHIS within 14 days ii. Warning the HMO iii. Suspension for not less than 3 months iv. To pay a fine of not less than N250,000 v. Withdrawal of accreditation for repeated offenders
4.1.7	Where it is found out that authorization approval for referrals is not made by a licensed medical doctor.	<ul style="list-style-type: none"> i. Warning the HMO ii. Suspension for not less than 3 months iii. To pay a fine of N200,000 iv. Delisting of repeated offenders
4.1.8	Willfully or negligently refuses to forward the prescribed remittances as required under NHIS Operational Guidelines and appropriate notices/reminders have been sent and ignored	<ul style="list-style-type: none"> i. Immediate remittance of the amount due to NHIS by the HMO. ii. Warning to the HMO iii. Suspension for not less than 3 months iv. To pay a fine of not less than N500,000 v. Delisting of repeated offenders
4.1.9	Fails to submit Annual report and audited accounts to the Scheme within the stipulated time allowed in the Operational Guidelines.	<ul style="list-style-type: none"> i. Warning to the HMO ii. Suspension for not less than 3 months iii. To pay a fine of not less than N500,000 iv. Delisting of repeated offenders
4.1.10	Where HMO fails to permit NHIS Officers the right to enter upon any part of the Company for the purpose of examining or inspecting the facilities, books, records, files maintained in respect of each or registered enrollees.	<ul style="list-style-type: none"> i. To pay a fine of not less than N500,000 ii. Withdrawal of accreditation for repeated offenders
4.1.11	Where HMO fails to duly notify the Scheme, the Enrollees, Facilities within 3 months of its intention to relocate to a new place by way of publication in the National newspapers.	<ul style="list-style-type: none"> i. Warning to the HMO ii. Suspension for not less than 3 months iii. To pay a fine of not less than N200,000
4.1.12	Where HMO breaches the 3 months written notice to the Scheme, and also fails to publish in the National newspapers, notify the enrollees and Facilities of its intention to exit	<ul style="list-style-type: none"> i. To refund all NHIS fund in its custody with interest ii. Liable to prosecution under the relevant laws guiding financial transactions iii. To be delisted

	from the Scheme.	
4.1.13	Where HMO circulates a Total or Partial Exclusions list, benefit package and other services different from those covered in the NHIS Operational Guidelines	<ul style="list-style-type: none"> i. Warning to the HMO ii. Suspension for not less than 3 months iii. To pay a fine of not less than N500,000 iv. Delisting of repeated offenders
4.1.14	Where HMO fails to enter into agreement with NHIS accredited facilities	<ul style="list-style-type: none"> i. Warning to the HMO ii. Suspension for not less than 3 months iii. To pay a fine of not less than N200,000 iv. Delisting of repeated offenders
4.1.15	Where an HMO engages in any fraudulent activity	<ul style="list-style-type: none"> i. Liable to prosecution under the relevant laws guiding financial transactions ii. To pay a fine of not less than N500,000 iii. Repeated offenders to be delisted
4.1.16	Where it is discovered that there was false presentation on the part of HMO at time of application	<ul style="list-style-type: none"> i. To be delisted
4.1.17	Where it is discovered that the HMO no longer meets with specified NHIS technical requirements	<ul style="list-style-type: none"> i. To refund all NHIS fund in its custody with interest ii. To be delisted
4.1.18	Where it is discovered that the HMO is engaged in business other than managed health care as stipulated in the NHIS operational guidelines	<ul style="list-style-type: none"> i. To refund all NHIS fund in its custody with interest ii. To be delisted
4.1.19	Willfully and intentionally engages in multiple registration of enrollees	<ul style="list-style-type: none"> i. Delete the excess registration ii. Refund the excess capitation, fee-for-service and administrative charge iii. Warning to HMO iv. Suspension for not less than 3 months v. To pay a fine of not less than N500,000 vi. Liable to prosecution
4.1.20	Where it is discovered that an HMO refuses to approve a referral without any justification and/or is inaccessible to authorize referrals referrals	<ul style="list-style-type: none"> i. Pay for the expenses incurred by enrollee ii. Warning to HMO iii. Suspension for not less than 3 months iv. To pay a fine of N500,000 v. Delisting of repeated offenders
4.1.21	Where an HMO deliberately and against Medical ethics divulges	<ul style="list-style-type: none"> i. Warning ii. Suspension for not less than 3

	information about patients	months iii. To pay a fine of not less than N500,000 iv. Delisting of HMO
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NOTE:

- a). The Advance Payment Guarantee Bond provided by the HMO shall be used to defray bills of Facilities affiliated to the HMO in case of default.
- b). Any HMO that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Scheme.
- c). When an HMO is delisted, the Scheme shall act as receiver from date such action (s) is taken and may appoint any HMO to act on her behalf.
- d). Offences and penalties under this section apply to both HMOs and all other programme managers.

4.2 HEALTHCARE FACILITIES (HCFs)

The Scheme will, upon a complaint by the HMO, Enrollee or other stakeholders and after investigation, including affording the Health Care Facility or his legal representative an opportunity of being heard, impose the following penalties to any defaulting Health Care Facility that :

	OFFENCES	PENALTIES
4.2.1.	Discriminates and refuses to treat/ manage any enrollees and their covered dependants after receiving payments from the relevant HMOs on behalf of such enrollees.	<ol style="list-style-type: none"> i. Warning of the HCF ii. To pay a fine of not less than N100,000 and/or iii. Report to regulatory body where applicable. iv. Suspension for not less than 3 months v. Delisting of repeated offenders
4.2.2.	Receives, consults with or manage any enrollee as a fee paying patient.	<ol style="list-style-type: none"> i. To make a full refund of all moneys collected from the enrollee ii. Warning iii. To pay a fine of not less than N100,000 iv. Suspension for not less than 3 months v. Delisting of repeated

		offenders
4.2.3.	Solicit, collect or charge any fee from any enrollee in addition to the fees payable by NHIS, except for 10% co-payment for prescribed drugs.	<ul style="list-style-type: none"> i. To make refund of all moneys collected from the enrollee ii. Warning iii. To pay a fine of not less than N100,000 iv. Suspension for not less than 3 months v. Delisting of repeated offenders
4.2.4.	Where a Primary Facility is found not operating 24 hours a day, 7 days a week.	<ul style="list-style-type: none"> i. Warning ii. Delisting of such Facilities
4.2.5.	Where a health care facility fails to refer an enrollee promptly to appropriate health care facilities accredited by the Scheme.	<ul style="list-style-type: none"> i. Warning ii. Report to regulatory body where applicable. iii. Suspension for not less than 3 months iv. Delisting of repeated offenders
4.2.6.	Where a health care facility fails to keep and maintain standard medical records in respect of each or all enrollees, and/or fail to make monthly returns to the HMO or its duly authorized agents.	<ul style="list-style-type: none"> i. Forward the appropriate report ii. Warning iii. To pay a fine of not less than N100,000 iv. Suspension for not less than 3 months v. Delisting of repeated offenders
4.2.7.	Where Health Care Facility fails to permit NHIS officers and representative of the HMO the right to enter upon any part of the premises for the purpose of inspection and monitoring of facilities for quality assurance.	<ul style="list-style-type: none"> i. Delisting of such facilities
4.2.8.	Where Health Care Facility fails to duly notify the Scheme, the Enrollees registered with it and HMOs within 3 months of its intention to relocate to a new place by way of publication in the National newspapers.	<ul style="list-style-type: none"> i. Warning ii. To pay a fine of not less than N100,000 iii. Delisting of such facilities
4.2.9.	Where Health Care Facility breaches the 3 months written notice to the Scheme, and also fails to publish in the National newspapers, notify the enrollees registered with it and the HMOs of its intention to exit from the Scheme.	<ul style="list-style-type: none"> i. Liable to prosecution under the relevant laws guiding financial transactions

4.2.10.	Where Health Care Facility refuses to abide by the judgments of the arbitration board.	<ul style="list-style-type: none"> i. Formal report to relevant Regulatory body where applicable ii. Suspension for not less than 3 months iii. Delisting of such facilities
4.2.11.	Where a Health Care Facility makes false claims to the HMOs for a treatment/procedure not carried out	<ul style="list-style-type: none"> i. Formal report to relevant Regulatory body where applicable. ii. To pay a fine of not less than N100,000 iii. Delisting of such facilities
4.2.12.	Where a Health Care Facility deliberately and against Medical ethics undermanages an enrollee	<ul style="list-style-type: none"> i. To pay a fine of not less than N100,000 ii. Formal report to relevant Regulatory body where applicable. iii. Delisting of such facilities
4.2.13.	Where a Health care Facility engages in any fraudulent activity	<ul style="list-style-type: none"> i. To pay a fine of not less than N100,000 ii. Formal report to relevant Regulatory body where applicable and/or iii. Suspension for not less than 3 months iv. Delisting of such facilities
4.2.14.	Where it is discovered that there was misrepresentation on the part of Health care Facility at time of application	<ul style="list-style-type: none"> i. To be delisted
4.2.15.	When specified NHIS technical/ personnel requirements are no longer being met	<ul style="list-style-type: none"> i. To be delisted
4.2.16.	Where a Health Care Facility deliberately and against Medical ethics divulges information about patients	<ul style="list-style-type: none"> i. Formal report to relevant Regulatory body where applicable ii. Suspension for not less than 3 months iii. To pay a fine of not less than N200,000 iv. Delisting of such facilities

NOTE:

- a) Any HCF that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction

shall have its certificate of accreditation withdrawn by the Scheme.

- b). When a HCF's accreditation is suspended/withdrawn, the NHIS shall act as the receiver from the date such action (s) is taken and may appoint any HCF to provide cover to the affected enrollees
- c). Any healthcare facility that is suspended/delisted shall refund all monies in its custody to the HMOs/NHIS

4.3 BENEFICIARIES

The NHIS will, upon a complaint by the HMO, HCF or other stakeholders and after investigation, including affording the beneficiary or his legal representative an opportunity of being heard, impose the following penalties to any defaulting beneficiary that :

S/N	OFFENCES	PENALTIES
4.3.1	Willfully or intentionally engages in multiple registration	<ul style="list-style-type: none"> i. Delete the excess registration ii. Notify the employer iii. Warning iv. Liable to prosecution
4.3.2	Falsification of personal/medical records	<ul style="list-style-type: none"> i. Correct the records ii. Warning iii. Notify the employer iv. Liable to prosecution
4.3.3	Willfully and intentionally allowing usage of NHIS ID cards by unauthorized persons for service access	<ul style="list-style-type: none"> i. Persons involved are liable to prosecution ii. The enrollee involved should refund the cost of consumed medical care

4.4 ACCREDITED BANKS

The NHIS will, upon a complaint by any stakeholder and after investigation, including affording the accredited bank or its Legal representative an opportunity of being heard, impose the following penalties to any defaulting bank that:

S/N	OFFENCES	PENALTIES
4.4.1	Restricts the Scheme free access to information on NHIS accounts	<ul style="list-style-type: none"> i. Suspension of the Bank ii. Delisting of the Bank and refund of all NHIS fund in its custody with interest at the prevailing interest rate.

4.4.2	Fails to submit Annual statements of the Scheme's accounts within the stipulated time allowed in the Operational Guidelines	i. Warning to the Bank ii. Suspension of the Bank ii. Delisting of repeated offenders.
4.4.3	Where the Bank fails to enter into agreement with NHIS.	i. Warning to the Bank ii. Delisting of repeated offenders
4.4.4	Where the Bank engages in any other fraudulent activity.	i. Suspension of the Bank ii. Liable to prosecution under the relevant laws guiding financial transactions ii. Repeated offenders to be delisted
4.4.5	Where it is discovered that there was false representation on the part of the Bank at time of application.	i. To be delisted i. Report to appropriate regulatory body
4.4.6	Where it is discovered that the Bank no longer meets with specified NHIS Banking requirements	i. To refund all NHIS fund in its custody with interest ii. To be delisted
4.4.7	Willfully or intentionally engages in Bank alteration of figures/accounts	ii. To be delisted ii. Report to appropriate regulatory body
4.4.8	Refuses to abide by the judgments of the arbitration Board.	i. To refund all NHIS fund in its custody with the prevailing interest iv. To be delisted

NOTE:

- a) Any Bank that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Scheme.
- b) Where a Bank accreditation is withdrawn, the Scheme shall appoint a receiver from the date such action(s) is taken and may appoint any Banks to act on her behalf

4.5 INSURANCE BROKERS

The Scheme will upon a complaint by any stakeholder and after investigation, including affording an accredited Insurance Broker or its Legal representative an opportunity of being heard, impose the following penalties to a defaulting Broker that:

S/N	OFFENCES	PENALTIES
4.5.1	Refuses to enter into agreement with the NHIS.	i. To be delisted
4.5.2	Fails to properly and professionally advise NHIS of its interest regarding its insurance cover.	i. Warning ii. Repeated offenders to be delisted
4.5.3	Neglects and or fails to hold quarterly meetings with NHIS accredited Insurance companies with a view to advising NHIS.	i. To be delisted
4.5.4	Indulges in fraudulent activities	i. Warning ii. Repeated offenders to be delisted
4.5.5	No longer meets the accredited requirements of NHIS as stipulated in the operational guidelines.	i. To be delisted
4.5.7	Where an Insurance Broker fails to duly notify the Scheme of its intention to relocate to a new place by way of publication in the National newspapers.	i. Warning to the Insurance Broker ii. Suspension of the Insurance Broker
4.5.8	Refuses to abide by the judgments of the arbitration Board	i. To refund all NHIS fund in its custody with the prevailing interest. i. To be delisted

NOTE:

- a) Any Insurance Broker that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Scheme.
- b) Where an Insurance Broker's accreditation is withdrawn, the Scheme shall appoint a receiver from the date such action(s) is taken and may appoint any Insurance Broker to act on her behalf

4.6 INSURANCE COMPANIES

The Scheme will upon a complaint by any stakeholder and after investigation, including affording an accredited Insurance company or its Legal representative an opportunity of being heard, impose the following penalties to a defaulting Insurance company that:

S/	OFFENCES	PENALTIES
4.6.1.	Refuse to enter into agreement with the NHIS.	i. To be delisted
4.6.2.	Fails and/or neglects to provide necessary Insurance cover to the NHIS	i. To be delisted
4.6.3.	Deliberately issues dud cheque(s).	i. To make full payment to the relevant receiving body the full value of the dud cheque ii. Formal report to relevant Regulatory body iii. Liable for prosecution under the relevant laws guiding financial transactions. iv. Delisting of repeated offenders.
4.6.4.	Refuses to abide by the judgment of the Arbitration Board.	i. Formal report to relevant Regulatory body ii. Delisting of the Insurance company
4.6.5.	Restricts the NHIS free access to information regarding its activities on the Scheme's insured interests.	i. Warning ii. Suspension of the Insurance company. iii. Delisting of repeated offenders.
4.6.6.	Fails to duly notify the NHIS of its intention to relocate to a new place by way of publication in the National newspapers.	i. Warning to the Insurance company ii. Suspension of the Insurance company

NOTE:

- a) Any Insurance company that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Scheme.
- b) Where an Insurance company accreditation is withdrawn, the Scheme shall appoint a receiver from the date such action(s) is taken and may appoint any Insurance company to act on her behalf