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 faclilities 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

1.1.4.1. 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.

1.1.4.2. 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 faclilities 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 Faclilities are expected to provide counseling as an integral part of quality care.

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

1.1.5.1. 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.

1.1.5.2. 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
- Accredit 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.

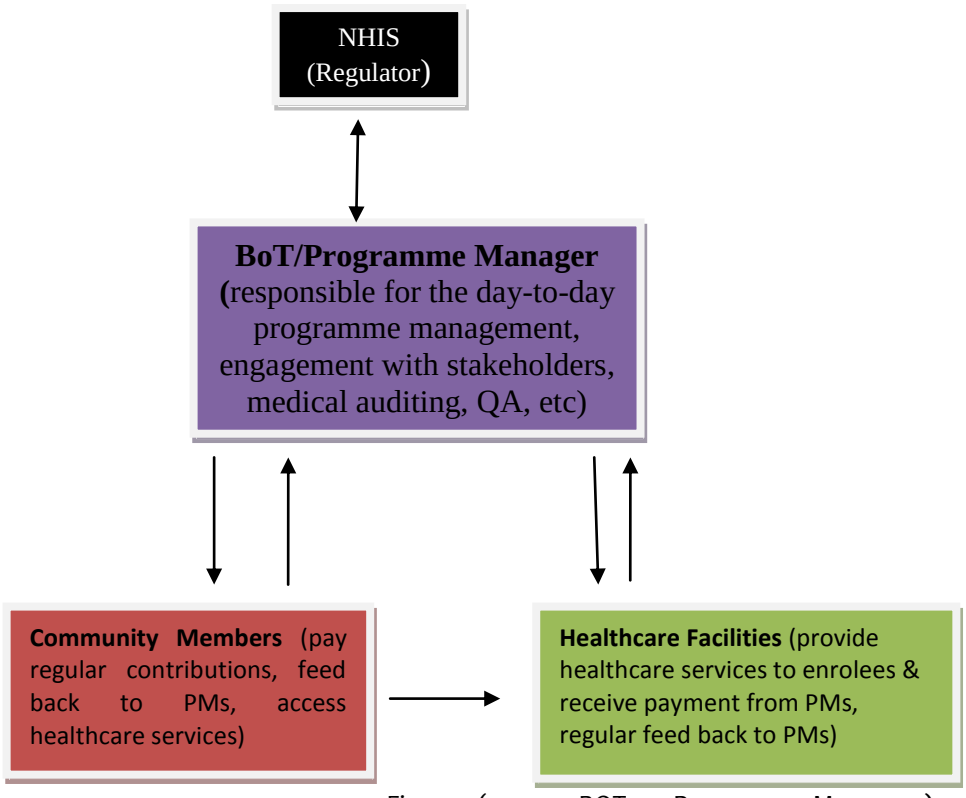

Figure 1 (1.2.1.7a BOTs as Programme Managers)

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)

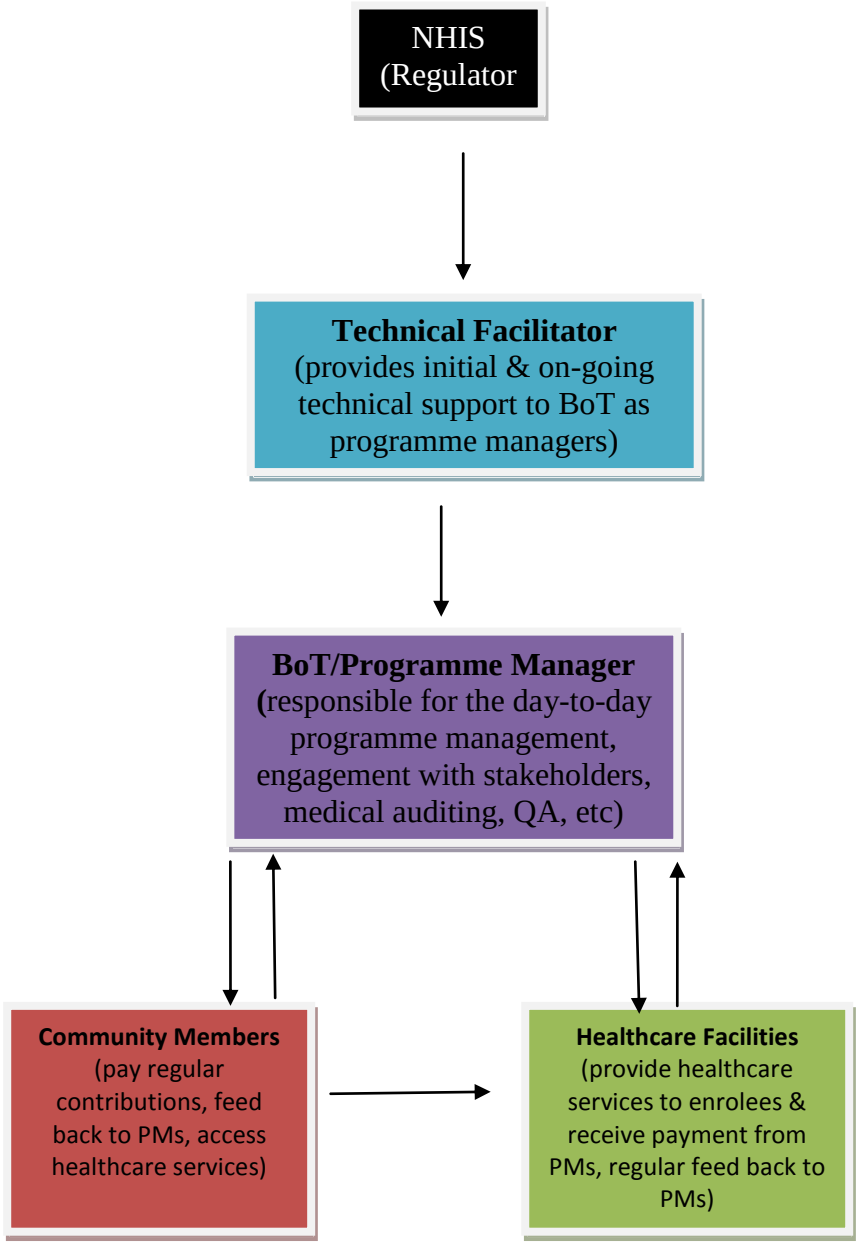

Figure 2 (1.2.1.7b BOT as Programme Managers with external Technical Facilitation)

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)

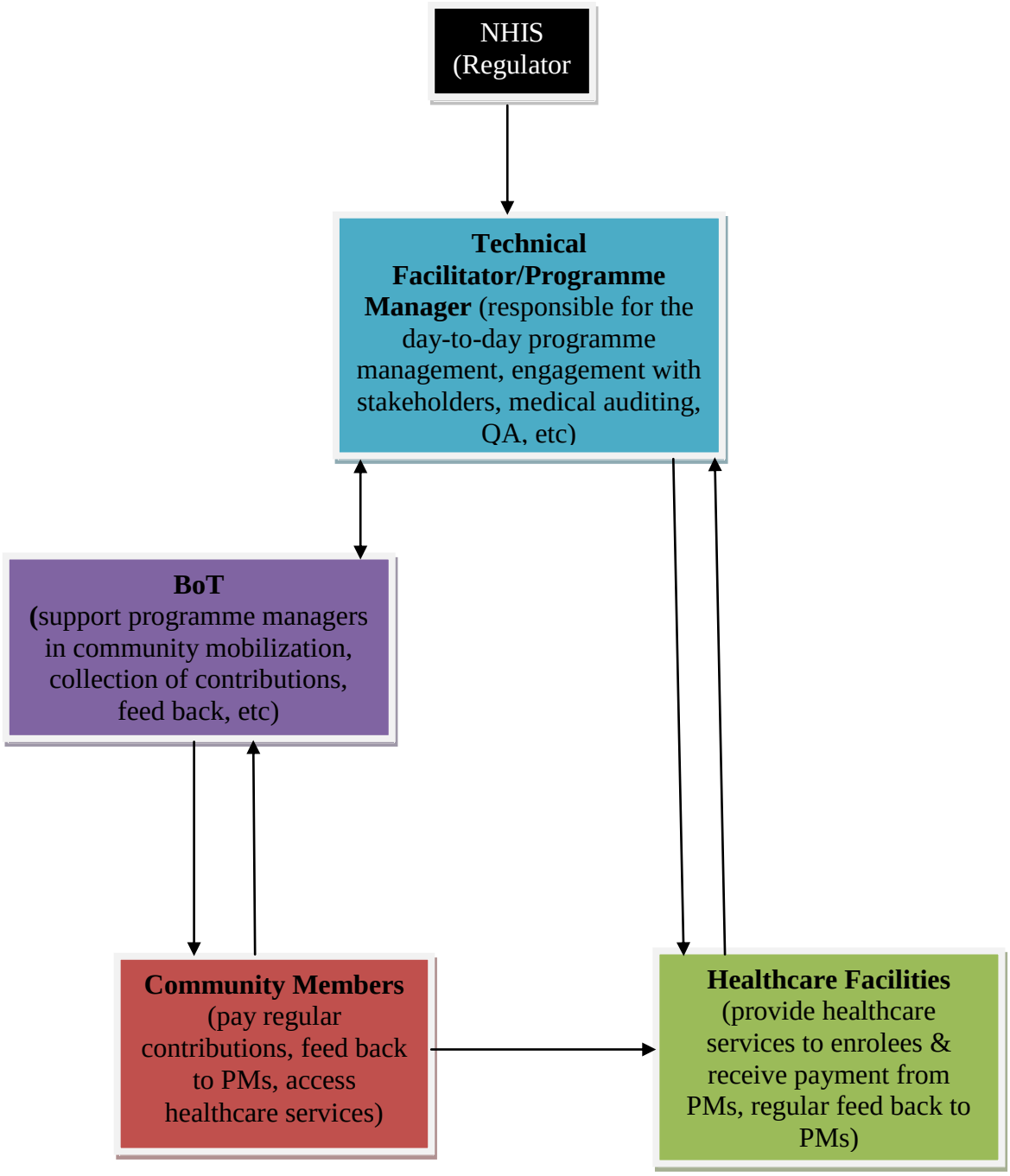

Figure 3 (1.2.1.7c Technical Facilitators as Programme Managers)

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 faclilities
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 & faclilities.

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 faclilities
- Supervise and monitor Programme activities,
- Assist new participating communities to set up Board of Trustees (BOTs)
- Send regular reports/feedback to the NHIS, communities & faclilities.

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 Faclilities 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)

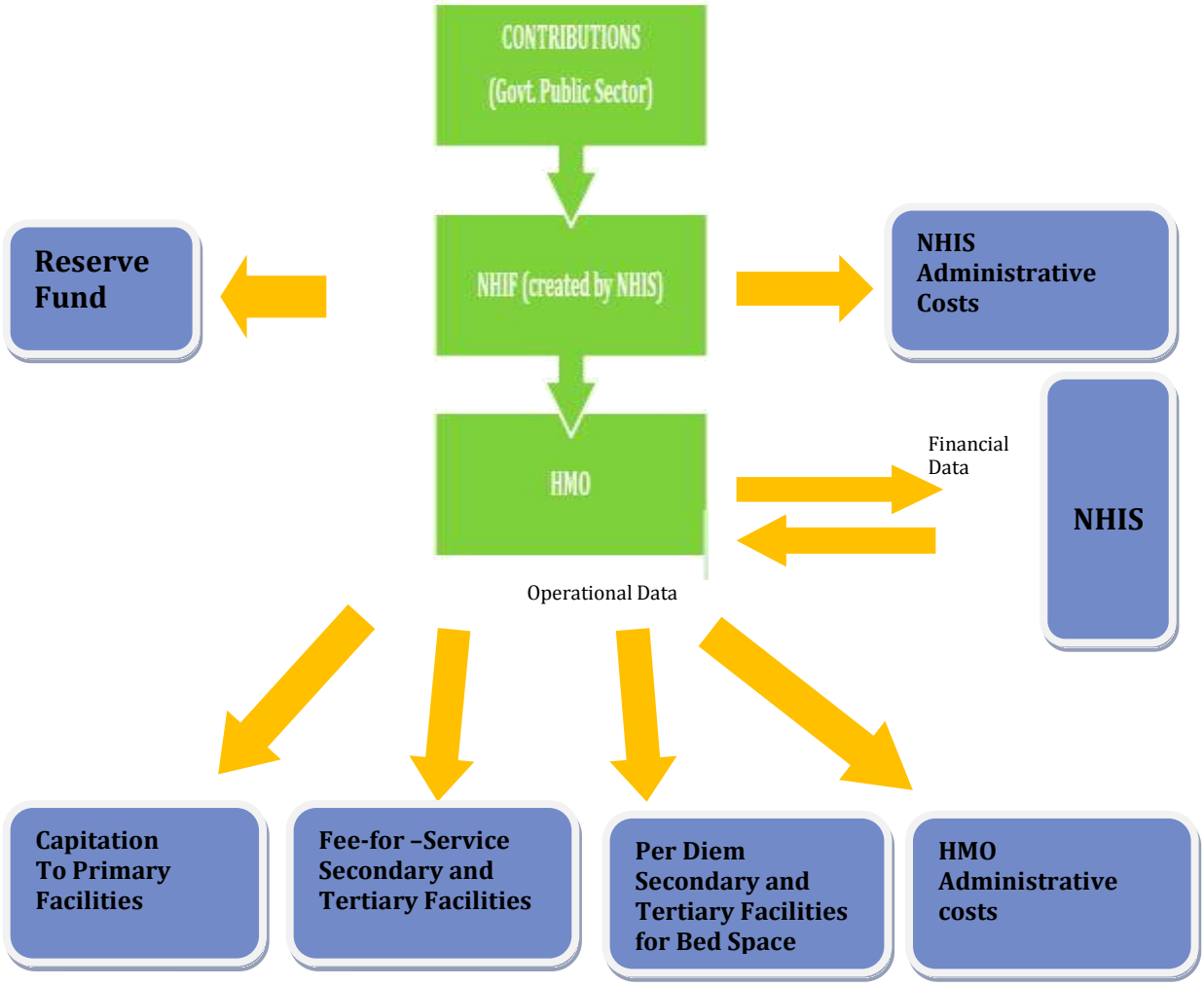

Figure 4 (Flow Of Funds)

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.