

BACKGROUND

INTRODUCTION

Bayelsa Health Insurance Scheme (BHIS) is a social security programme designed to achieve Universal Health Coverage (UHC) as an enabler for an inclusive social protection system. UHC could be achieved in the state through access to quality and essential healthcare service, access to safe, effective, quality and affordable essential medicines and vaccines, and financial risk protection for all Bayelsans.

Against this background, the State Government established the Bayelsa Health Insurance Scheme through the BAYELSA HEALTH INSURANCE SCHEME LAW, 2019, LAWS OF BAYELSA STATE, that makes participation mandatory for all residents of the State. BHIS is authorized to establish sustainable and equitable domestic health financing mechanisms and policies that promote access to and utilization of healthcare services across all income and social strata, and health-risk and demographic distribution of the state.

BHIS is created to be a single publicly owned and administered strategic purchaser of healthcare services in the state. The aim is to see health as a public good and social investment that will lead to increase in efficiency and quality of the state workforce, improve health indicator indices in the state as well as increase labour participation and productivity.

MANDATE

THE MANDATE OF BHIS IS TO ENSURE THAT ALL RESIDENTS OF BAYELSA STATE HAVE ACCESS TO NEEDED HEALTHCARE SERVICES THAT ARE AVAILABLE, AFFORDABLE, EFFECTIVE, EFFICIENT AND OF GOOD QUALITY:

VISION

TO CREATE A VIRILE, DYNAMIC AND HIGHLY RESPONSIVE HEALTHCARE FINANCING SYSTEM THAT IS DIRECTED AT MAKING NEEDED HEALTH SERVICES AVAILABLE, ACCESSIBLE, AND AFFORDABLE TO ALL RESIDENTS OF BAYELSA STATE BASED ON APPROPRIATENESS, SOCIAL SOLIDARITY, PROGRESSIVE UNIVERSALISM AND EQUITY:

MISSION

BHIS MISSION IS TO MAKE HEALTH SERVICES AVAILABLE TO ALL BAYELSANS OF ALL SOCIAL AND ECONOMIC CLASSES, THROUGH FAIR AND EQUITABLE FINANCING OF HEALTHCARE COST, IMPROVING TECHNICAL AND ALLOCATIVE

EFFICIENCY, STRENGTHENING GOVERNANCE AND ACCOUNTABILITY MECHANISMS, AND A DETERMINED PURSUIT TO ACHIEVE EFFECTIVE AND QUALITATIVE HEALTH SERVICE DELIVERY BY PROVIDING REGULATORY OVERSIGHT TO ALL STAKEHOLDERS IN THE VALUE CHAIN:



TERMS AND CONDITIONS FOR PARTICIPATION BY PRIVATE INDIVIDUALS

General Information

BHIS is committed to providing easy access to quality and affordable healthcare aim at improving the health status of all residents of Bayelsa State.

This document explains what your health insurance policy covers under BHIS; it is important that you read this document carefully.

This policy, the registration form and the benefit package listed in the attached BHIS leaflet, form an integral part of this policy and shall be read together as one contract.

Once you have completed your application form and signed you have committed to entering into a legal agreement between yourself and BHIS.

All residents of Bayelsa State outside the formal sector (workers in the Federal or State civil service and the corporate organisation) fall into the informal sector scheme.

Policyholders may seek to participate in BHIS as groups, business unions and associations, social unions and associations, communities, private individuals and families.

If you are not clear about any aspect of this document or would like to have further information, please contact the office for clarification.

Terms and Conditions:

(1) Commencement & Exit:

- The policy for your health insurance coverage starts after payment of premium contributions and enrollment under BHIS.

- A policy holder, cannot exit the policy after commencement and on receiving medical treatment covered by the policy.
- The policy holder will indemnify BHIS to the sum of the cost of the treatment received before exiting.
- A policy holder shall be eligible for surgical procedures only on payment of premium up to one year.

(2) *Enrollment under the Scheme:*

- A participant or persons participating in the scheme shall enroll with BHIS by filling and signing the registration form.

(3) *Waiting Period:*

- There shall be a waiting period of Sixty (60) days after enrollment before a participant can access healthcare services.

(4) *Premium:*

- Premium is the amount that you pay for your insurance policy under the scheme.
- The premium of group members and communities and their dependents shall be paid into BHIS accounts through the group executive and community leaders respectively or their brokers.
- Premium for private individuals and families shall be paid directly to BHIS accounts by them or through their brokers.
- Premiums can be paid monthly, quarterly, half yearly or yearly as may be convenient to the policyholder.
- Premium are payable in advance and as at when due.
- Payment of premium by the enrollee must be maintained to ensure continuity of participation in the scheme and eligibility for benefits.

- BHIS reserves the right to review and adjust premium actuarially to ensure viability of any plan for the group members or individual participants.
- Premiums received by BHIS in good faith are not refundable after registration should you cancel your policy.
- The policy may be terminated after a premium grace period of 31days. If the premium is not still paid on the due date by the policyholder, the terms and conditions for exit in item 1 shall become applicable.

(5) *Scope of coverage under the scheme:*

- Each premium paid cover healthcare benefits for a single individual enrollee.
- Every individual and dependent (spouse, child, etc.) shall register as single individual enrollee.
- Additional dependent(s) (spouse, children, etc.) may be covered under the scheme on payment of additional premium per person by the principal enrollee.
- Individual enrollment is required for all residents of Bayelsa State at any age and marital status who are not in the formal sector (Federal and State service or corporate organizations)
- The policy does not cover the new during the postnatal period.

(6) *Rights and privileges of beneficiary under the scheme:*

- Access care once the name is on the BHIS enrollee register after proper identification with your BHIS identification card at your registered healthcare facility.
- Freely choose his/her BHIS accredited primary healthcare provider.
- Treatment at the nearest BHIS accredited healthcare facilities on emergency at presentation of your BHIS identification card and confirmation of eligibility by the facility.

- Change your present primary healthcare provider after (6) months if you have any reason to do so on filling a change of healthcare provider form.
- Addition of dependent(s) subject to approval by BHIS on filling an application form with attached passport photograph of the dependent.
- Add extra dependent(s) on payment of the corresponding additional premium.

(7) *The policy voidable:*

- The policy shall be voidable by BHIS in the event of misrepresentation or non-disclosure of any material particular by the insured.

(8) *Exclusion Clause:*

- BHIS will not be held liable with regard to items under the exclusion list as specified in the BHIS benefit package.

(9) *Limited to Liability:*

- BHIS total liability under the policy shall not exceed the liability as specified in the BHIS benefit package.

(10) *Assignment:*

- The benefits and privileges of a participant cannot be assigned to a third party under the policy.

(11) *Termination:*

- Bayelsa Health Insurance Scheme reserves the right to terminate the contract for nonpayment of premium.

(12) *Termination of group member coverage:*

- In a group plan, a member's coverage shall be terminated when;

- (1) The individual ceases to be a member of the group,
- (2) The individual stops paying premium,
- (3) The group policy is terminated,

- The coverage of the member's dependent(s) terminates when the member does not continue premium payment.
- A member and his/her dependent(s) who are covered under a group policy shall continue coverage after the group policy is terminated with the continuation of premium payment by the individual.

(13) *Reinstatement:*

(1) Any group, member of a group or individual and dependents whose coverage has been terminated on account of items 11 and 12 above, shall only be reinstated on complete payment of the overdue premium arrears together with the current premium.

(2) Shall sign an undertaking against subsequent default.

(14) *Arbitration:*

- If any dispute arises under this policy, such dispute shall be referred to arbitration in accordance with the laws of the Federal Republic of Nigeria.

(15) IF YOU AGREE, PLEASE SIGN BELOW:

NAME OF ENROLLEE OR PRINCIPAL (SURNAME FIRST)

SIGNATURE

DATE

BENEFIT PACKAGE

ENROLLEES REGISTERED WITH THE SCHEME ARE ENTITLED TO THE FOLLOWING BENEFIT PACKAGE

- Out-patient care with standard treatment
- Maternal care (Antenatal, delivery and Postnatal care)
- Pharmaceutical care
- Diagnostic test
- Specialist consultation
- Eye care
- Dental care
- Physiotherapy
- Annual medical checkup
- Minor and major surgeries
- Promotive and preventive care, immunization, health and family planning education

INTRODUCTION

The benefit package refers to the services provided by Healthcare Facilities in the scheme to the enrollees duly registered under them. These services are provided at three (3) levels of care; Primary, Secondary and Tertiary levels of care through an established referral system.

SERVICES PROVIDED

1. Out-patient care, including necessary consumables.
2. Pharmaceutical care as contained in the BHIS drug list.
3. Diagnostic test as contained in the BHIS diagnostic test list.
4. Maternal (Antenatal, Delivery and Postnatal) care for four (4) pregnancies ending in live birth.
5. All live birth eligible for cover will be covered during the postnatal period of Twelve (12) weeks from the date of delivery for the formal sector programme.
6. All preterm/premature babies eligible to cover shall be covered for Twelve (12) weeks from the date of delivery for the formal sector programme.

7. Consultation with specialist in the various field of medicine.
8. Hospital care in a standard ward for a stay limited to cumulative 30days per year.
9. Eye examination and care. Provision of low-priced glasses (excluding contact lenses) and at a shared cost in some services.
10. Dental care (excluding those on the exclusion list) and at a shared cost in some cases.
11. A range of prosthesis (limited to prosthesis produced in Nigeria) at a shared cost.
12. Annual medical checkup unrelated to illness.
13. Promotive and preventive care (including immunization, health and family planning education)

PRIMARY HEALTH CARE SERVICES

- Services covered by capitation
- Entry point and point of first contact of enrollees with service providers
- Provides essential but basic health care services

SERVICES PROVIDED AT THIS LEVEL

- Access to promotive, preventive, curative and rehabilitative services to common ailments and injuries.

A. Internal Medicine

- I. Malaria and other acute and uncomplicated febrile illnesses
- II. Uncomplicated diarrhea disease
- III. Acute upper respiratory tract infection
- IV. Uncomplicated pneumonia
- V. Mild anaemia (not requiring blood transfusion)
- VI. Simple skin infections, e.g. Tinea infections, pityriasis versicolor, herpes zoster
- VII. Worm infestation
- VIII. Other uncomplicated bacteria, fungal, parasitic and viral infections

- IX. Follow-up treatment of chronic illnesses, e.g. hypertension, diabetes mellitus etc.
- X. Dog bites, snake bites and scorpion bites
- XI. Arthritis and common musculoskeletal diseases
- XII. Treatment of simple opportunistic infections in HIV/AIDS
- XIII. Other illnesses as may be updated and listed from time to time by BHIS

B. Surgical Procedures

- I. Drainage of simple abscess (I & D)
- II. Minor wound debridement
- III. Surgical repairs of simple lacerations
- IV. Circumcision of male infants
- V. Passage of urethral catheter
- VI. Drainage of paronychia
- VII. Other procedures as may be listed from time to time by BHIS

C. MATERNAL AND CHILD HEALTH SERVICES

a. Maternal Health Services

- I. Routine care for uncomplicated pregnancies (Antenatal, Delivery and postnatal) i.e. 2nd, 3rd and 4th pregnancies
- II. Family planning services; this includes family planning education only
- III. Acute pelvic inflammatory disease
- IV. Vaginal discharge
- V. Other illnesses as may be listed from time to time by BHIS

b. Childhood Health Services

- I. Growth monitoring
- II. Nutritional advice and health education
- III. Routine immunization based on the NPI schedule
- IV. Treatment of common childhood illnesses e.g. (malaria, other febrile illnesses, vomiting and uncomplicated diarrhoeal disease, uncomplicated malnutrition, failure to thrive, measles, SCD, upper respiratory tract infections, uncomplicated pneumonia, other childhood exanthemas, simple skin disease and other viral illnesses)

D. Health Education to prevent and control health problems

- I. Voluntary counselling and testing (VCT) for HIV/AIDS and other STIs
- II. Health education and control of other communicable diseases e.g. cholera and non communicable diseases such as hypertension, diabetes mellitus etc.

E. Essential Drugs from Accredited Pharmaceutical shops

- I. This is based on the BHIS essential drug and price list
- II. Note that the beneficiary is expected to make a co-payment of 10% of the total cost of drugs prescribed
- III. They are generic and not branded drugs

F. Accident and Emergency

An enrollee requiring emergency treatment shall visit his primary facility or the nearest BHIS accredited health facility. He is to be offered First Aid treatment before referral if necessary.

The Procedures include:

- I. Establish an intravenous line
- II. Establish patent airway
- III. Control bleeding
- IV. Cardiopulmonary resuscitation
- V. Immobilization of fractures (using splint, neck collars, etc.) to ease transportation of patient.
- VI. Aspiration of mucus plug to clear airways.
- VII. Management of convulsions.
- VIII. Asthmatic attacks
- IX. Passage of urinary catheter
- X. Any other procedure that may be life saving.

G. Eye care Services

Treatment of minor eye ailments including

- I. Conjunctivitis

- II. Parasitic and allergic ailments
- III. Simple contusion, abrasion, foreign bodies etc.
- H. Other illnesses as may be listed from time to time by BHIS

I. Mental Health Services

- I. Anxiety neurosis
- II. Psychosomatic illnesses
- III. Insomnia
- IV. Other illnesses as may be listed from time to time by BHIS

J. Laboratory and Diagnostic Services

- I. Malaria parasite
- II. White blood cell count (WBC)
- III. Hemoglobin estimation and packed cell volume (PCV)
- IV. Urinalysis
- V. Stool and urine microscopy
- VI. Widal test
- VII. ESR
- VIII. Blood grouping
- IX. Blood sugar
- X. Pregnancy test
- XI. Blood film for microfilaria

SECONDARY HEALTH CARE LEVEL

- Offer specialised care on referral
- Services covered by fee for service

A. Surgical Procedures:

All other procedures that can not be handled at the primary level of care can be undertaken at the secondary care level, depending on the complexity and the

competence of the facility and its personnel, except those conditions requiring tertiary level of care or the exclusion list.

NOTE:

Hospital stay in orthopaedic cases is allowed for Six (6) cumulative weeks and does not in anyway foreclose post hospitalization management. The primary healthcare facility of the enrollee shall pay per diem for the first Fifteen (15) cumulative days of hospitalization while the BHIS shall pay for the remaining Twenty Seven (27) cumulative days per year.

B. Internal Medicine

all cases that cannot be treated at the primary level of care must be promptly referred to a secondary centre. Except those conditions requiring tertiary level of care or in the exclusion list.

C. HIV/AIDS

- I. Management of cases requiring admission
- II. Treatment of opportunistic infections

D. Paediatrics

All medical and surgical paediatric cases that cannot be handled at the primary level, except those requiring tertiary care or on the exclusive list

E. Obstetrics and Gynaecology

- I. Specialist consultation
- II. Multiple pregnancies/high-risk pregnancies
- III. Caesarian section
- IV. All Emergency gynaecological procedures
- V. All primigravida and grand multigravida shall be managed at the secondary level of care.
- VI. Other procedures that are not in the exclusion list.

F. Dental Health

- I. Dental check
- II. Scaling and polishing
- III. Minor oral surgeries
- IV. Maximum of two root canal treatment
- V. Replacement of maximum of two dentures

G. Ophthalmology

- I. Refraction, including provision of low-priced glasses, excluding contact lenses
- II. All cases that can not be handled at the primary level except those requiring tertiary care or on the exclusion list

H. Ear, Nose and Throat (ENT)

All ENT cases that cannot be handled at the primary level except those requiring tertiary care or on the exclusion list.

I. Physiotherapy

All procedures except those in the exclusion list.

Maximum of 12 cumulative sessions per year

NOTE:

Hospital stay in CVA is allowed for Twelve (12) cumulative weeks and does not foreclose post hospitalization therapy. The primary healthcare facility of the enrollee shall pay per diem for the first Fifteen (15) days of hospitalization, while the BHIS shall pay for the remaining Sixty Nine (69) cumulative days per year.

J. Radiology/Ultrasonography

All investigations except those in the exclusion list

NOTE:

All radiological imaging must be accompanied with its detailed report

K. Emergency care

Acute stroke, acute renal failure (maximum of three sessions of dialysis), RTAs.

TERTIARY HEALTH CARE LEVEL

- Services covered by fee for service
- All cases/procedures that cannot be handled at the secondary level except those on the exclusion list.

EXCLUSION

The following conditions are excluded from the benefit package of BHIS

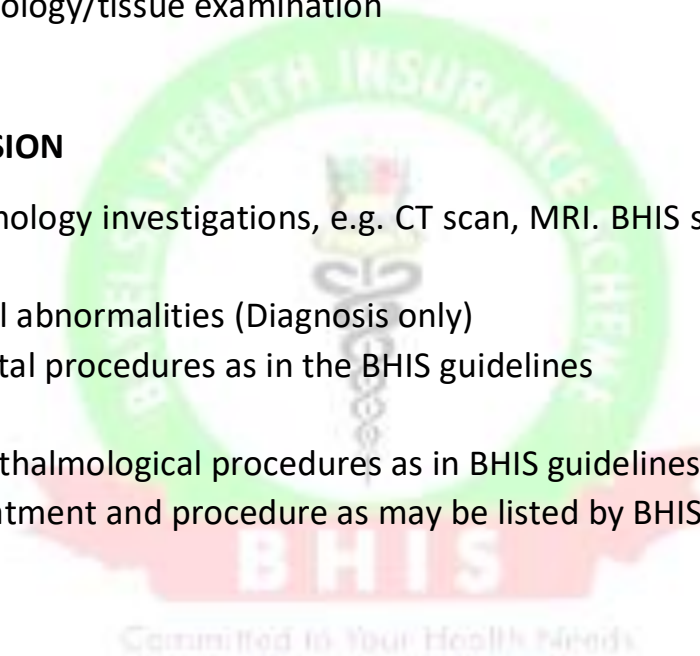
TOTAL EXCLUSION

- a. Occupational/Industrial injuries to the extent covered under the Workman Compensation Act
- b. Injuries resulting from;
 - I. Natural disasters, e.g. earth quakes, land slides
 - II. Conflicts, social unrest, riots, wars
- c. Pandemics, epidemics and outbreaks
- d. Family planning commodities, including condoms
- e. Injuries arising from extreme sports, e.g. car racing, horse racing, boat racing, polo, mountaineering, boxing, wrestling, swimming, etc.
- f. Drug abuse/addiction
- g. Domiciliary visit
- h. Surgical procedures as;
 - I. Mammoplasty
 - II. Transplant
 - III. Cosmetic surgeries
 - IV. Implants
 - V. Imported prosthesis
- i. Ophthalmological procedures
 - I. Provision of contact lenses

- j. Medical procedures
 - II. Cardiac pacemakers
 - III. Chronic renal failure requiring dialysis
 - IV. Renal transplant
- k. Oncology
- l. Dental care
 - I. Implants
- m. Maxillofacial surgeries
- n. Pathology
 - I. Post mortem examinations and procedures
 - II. Histology/tissue examination

PARTIAL EXCLUSION

- a. High technology investigations, e.g. CT scan, MRI. BHIS shall pay 50% Of the cost.
- b. Congenital abnormalities (Diagnosis only)
- c. Some dental procedures as in the BHIS guidelines
- d. Prosthesis
- e. Some ophthalmological procedures as in BHIS guidelines
- f. Other treatment and procedure as may be listed by BHIS from time to time



FREQUENTLY ASKED QUESTIONS

1. *What is BHIS?*

Bayelsa Health Insurance Scheme (BHIS) is a social security programme designed by the state government, where healthcare services of enrollees are paid from the common pool of funds contributed by participants in the scheme.

2. *Who is eligible?*

All those who contribute to the scheme as prescribed by the scheme, in addition to a spouse and four biological children below the age of eighteen (18) years for those in the formal sector, but for the informal sector participants, each premium paid cover one person only.

3. *How many members of my family are covered by my contribution?*

Each eligible family is allowed a maximum of 6 beneficiaries, as stipulated in (2) above for those in the formal sector programme, but for the informal sector, each contribution covers only one person.

4. *Is there any special arrangement for contributors having more than one wife and four children?*

Any member of the family outside the allowable number can be registered as additional dependents.

5. *What are the deductions?*

For those in public service, a total of two percent (2%) of gross monthly earnings is deducted towards the running of the scheme. While, it is a fixed amount per participant for those in the informal sector.

6. *How can the private sector participate?*

Private sector participation is through the employer, who shall share the premium payable for the scheme in such a manner as will from time to time be prescribed by the scheme. A private individual who do not have

any formal employment can pay a fixed amount for his/her self and for each family member.

7. *Where can one secure the cards?*

The cards can be collected at the BHIS office and from the BHIS accredited sales agents.

8. *If my spouse is also a government employee, would there be a rebate?*

No, there would be no rebate.

9. *What happens to my contribution if I and my family members do not access care?*

In social health insurance, there is cross subsidization where the healthy subsidize for the ill, the young subsidize for the old and the higher income group subsidizes for the lower income group. This is solidarity, being your brother's keeper.

10. *Does the scheme cover oversea treatment?*

No, the scheme does not cover overseas treatment.

11. *Can my child above 18 years benefit from my contribution?*

No, he/she should be enrolled under the tertiary institution social health insurance programme TSHIP. However, if such a child is not yet in tertiary institution, he/she can be covered as an extra dependent.

12. *If I get sick outside of my primary station, how do I access healthcare?*

You can go to the nearest BHIS accredited provider and upon presentation of your ID card, receive treatment. The hospital will contact your primary provider (i.e. the hospital you registered with), who will contact the BHIS Office if necessary.

13. *Does the scheme cover all kinds of disease?*

No, it does not cover all kinds of diseases.

14. Office contact.

BHIS office is located at Bayelsa State Secretariate, behind Annex 6, Ovom, Yenagoa.

15. How soon after registration can I start benefitting from the scheme?

There is at least a sixty (60days) waiting/processing period after registration with BHIS before the enrollee can access care.

16. Can I request for a particular investigation or drug at the hospital?

You cannot request for any investigation, specific drugs or procedure except at the doctor's recommendation/prescription.

17. Am I required to pay anything at the point of service?

Yes. You may be required to pay a co-payment of 10% of total cost of drugs and 50% of test and procedures as in the partial exclusion list and as updated by BHIS from time to time.

18. Can I request to see a specialist directly in my hospital of choice?

You are required to see your chosen primary care provider first, who will refer you to see a specialist when necessary.

19. What happens if my case cannot be handled at my chosen hospital/primary provider?

The hospital will get an authorization from the BHIS office and refer you to the most appropriate hospital/specialist (secondary provider) where you will be properly taken care of.

20. How do I register with the scheme?

Contact the BHIS office and/or the accredited sales Agents.

21. What do I do when there is mistake on my BHIS ID card?

Report to BHIS office for clarification.

22.What do I do when I'm told to buy drugs by either the doctor or pharmacist?

Contact the BHIS office (call centre) immediately whilst still in the presence of the provider.

23.Can I take on more dependants who are not my immediate family members?

Yes, they can be registered as extra dependents.

24.How do I change my healthcare provider?

You can contact the BHIS office directly to fill a change of provider form.

25.Can I choose a provider that is not on the BHIS List of providers?

No, you are only allowed to use a BHIS accredited provider.

26.At the hospital, BHIS patient are usually discriminated against and given low quality and cheap drugs. What can I do?

Whenever you experience such mal-treatment, please call the BHIS office and lodge your complaint and we will deal with the situation accordingly.

27.How do I know what services and drugs are cover under the scheme?

They are listed in the benefit package and the BHIS essential drug list.

28.Who do I complain to when I am not satisfied with the services of the provider?

You can lodge your complaint to the BHIS office either physically or call us on our call centre.

ENROLLEE RIGHT, RESPONSIBILITIES AND SAFETY

YOUR HEALTH CARE IS OUR PRIORITY, YOU ARE WHY WE ARE HERE

At BHIS, we ensure that health facilities provide quality care which is patient-centered.

That means:

- They know who you are and care about you as an individual.
- They attend to your physical and emotional needs promptly
- Then earn your trust and ensure your confidence in the healthcare system

AS AN ENROLLEE (BHIS) YOU HAVE RIGHT TO:

- Individualized care that takes into account your comfort and dignity
- Ask questions and receive information about your health condition and results of care provided for you and your dependants. This should be in a way that meets your needs and helps you understand.
- Informed consent: the right to understand and agree to the care plan your provider recommends.
- Request and receive relief from pain as agreed by your provider Understand a decision to transfer you to another facility.

AS AN ENROLLEE OF BHIS, YOUR RESPONSIBILITY INCLUDE BUT NOT LIMITED TO:

- Be considerate and respectful of people who are helping or caring for you
- Refrain from using profanity, or threatening language or behavior while receiving care at a Health facility
- Provide accurate, honest and complete information about your medical history to your medical team
- Follow instruction once you and your provider have agreed on your care
- Follow hospital policies
- Tell us about your concern or complains and to receive a response from us promptly

- Share your concern, and provide suggestion that will help us provide you better services
- Do not impersonate or promote fraud. These are punishable offences.

PATIENT SAFETY:

While receiving care at any of our accredited facilities, it is your right to receive safe medical care and being involved in your care is the most important way to be certain you are safe. This means:

- **Know your medicines:**
Ask the doctor to tell you the names of your medicines and where possible write it out for you
- **Ask questions:**
Ask questions until you understand your illness, treatments, necessary surgeries or procedure, the medicine you will take and how to care for yourself at home.
- **Double check:**
Help the staff of the facility to provide safe care and a safe care environment. It is ok to confirm if they remembered to:
 - Confirm they are providing care to the correct patient.
 - Wash their hands or use hand sanitizer
 - Mark the site for your surgery or procedure

CONCERNS AND SUGGESTION

BHIS is committed to the prompt resolution of complains and grievances:

If you still have a concern after talking to the head of the healthcare facility or their representative. Contact the numbers overleaf

COMPLAINS/INQUIRIES:

REGULAR LINES

08132400545, 08086651087

07058449728, 08134516615

08135632959, 09092506675

08056082055

TOLL FREE LINES:

08031230438

08031230439

08031230440

08031230441

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