



BAYELSA STATE HEALTH INSURANCE SCHEME

-----affordable, accessible, quality health care for residents of Bayelsa State.

OPERATIONAL GUIDELINES

Committed To Your Health Needs

AUGUST 2017

DEFINITION OF KEY TERMS AND ABBREVIATIONS

Actuary- Means a statistician who calculates risk and probabilities for a payment plan.

Benefit- means a benefit or advantage of any kind derived from the Scheme.

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

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

Capitation- This is payment to a primary healthcare provider by the BHIS 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.

Civil Society Organization - Association's usually non-government organizations and institutions that represent the interests and will of citizens through advocacy.

Community-Based Organization -A public or private non-profit body that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

Complaint Management System- The process of how organizations handle, manage, respond to and resolve customer complaints. Systems are put in place to interface with all stakeholders for easy feedback in order to ensure that complaints can be reported to the organization (BHIS) with a view of attending to and resolving such complaints from the stakeholder.

Contribution- means a statutory amount payable to BHIS, and any other fund under this Law.

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 BHIS Drug Price List (not applicable to vulnerable groups).

Co-Insurance - This is part-payment made by the enrollee for treatments/ investigations covered under partial exclusion list while the BHIS pay the balance

Consultant-A person providing guidance to the board for the use of cost-effective strategies as well as ensuring quality control on the TPA

Electronic medical Records- means a digital version of a paper chart that contains all of a patient's medical history from his health care provider. An Electronic Medical Record is mostly

used by providers to keep a record of diagnosis, treatment and medical services rendered to patients.

Employee-A paid worker

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 BHIS)

Enrollees-Same as in beneficiary.

Fee-For-Service-This is payment made by BHIS on recommendation of the TPA(s) to secondary/tertiary healthcare providers that render services on referrals from other accredited primary healthcare providers. Primary healthcare providers can also be paid on fee-for-service basis for emergency cases.

Four Live Births-Four pregnancies ending in live births under the BHIS for every insured contributor/couple in the Formal Sector Program.

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.

Medical Practitioner- means a person with a medical related degree registered with the Medical and Dental Council of Nigeria.

Member of the Board- means any person, including the Chairman who serves on the Board.

Mutual Health Association (MHA)-A body registered by the BHIS solely to manage the provision of health care services through BHIS accredited Healthcare Providers to an identified community under the Community Based Social Health Insurance Program.

NHIS - means National Health Insurance Scheme as defined in the National Health Insurance Scheme Act of 1999 of the Federal Republic of Nigeria Laws No. 42 VOL II 2004.

Per diem- This is payment made by Primary providers and BHIS on recommendation of the TPA to secondary/tertiary healthcare providers for bed space (per day) during hospitalization. Primary healthcare providers can also be paid per diem for emergency cases.

Premium- means the amount the policy-holder or their sponsor (e.g. an employer) pays to the Health plan to purchase health coverage.

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 (dependents) are enrolled.

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.

Providers-These are primary, secondary and tertiary healthcare facilities that are licensed/ accredited by relevant authorities to provide services to the populace. BHIS Accredited providers are those healthcare facilities that have been accredited by the BHIS to provide healthcare services to its enrollees.

Provider Payment Mechanism- means a payment made directly to HCFs, MHAs and other providers for complete health care services, following approved referrals and/or professional services (specialist consultation, pharmaceutical care services, laboratory and radiological investigations etc.) under this Scheme.

Resident- is a person who resides temporarily or permanently in a long-term accommodation in Bayelsa State.

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. **State**- means Bayelsa State of Nigeria.

The Scheme-Bayelsa Health Insurance Scheme (**BHIS**). A body corporate established under Bayelsa State Health Insurance Scheme Law of 2019, laws of Bayelsa State, to provide quality health insurance in Nigeria where health care services are paid for from the common pool of funds contributed by the participants of the Scheme.

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

Vulnerable -refer to the following categories of people, pregnant women, children under five (5) years, the aged (as defined by BHIS), the disable, the extremely poor, etc. that fall within the group.

Wage- means remuneration in money paid to an employee under his contract of service or apprenticeship whether agreed to be paid at fixed or determined intervals of time.

Acronyms

ANC	Antenatal care
BHIS	Bayelsa Health Insurance Scheme
BHISF	Bayelsa Health insurance Scheme Fund
BMLS	Bachelor of Medical laboratory Science
BNSc	Bachelor of Nursing Science
BSHP	Bayelsa State Health Programme
BOT	Board of Trustees
BP	Blood Pressure
CAC	Corporate Affairs Commission
CBOs	Community Based Organisations
CHPRBN	Community Health Practitioners Registration Board of Nigeria
CMS	Complaint Management System
CSOs	Civil Society Organisations
EMRs	Electronic Medical Records
FBOs	Faith Based Organisation
FSP	Formal Sector Programme
HCFs	Health Care Facility
LGA	Local Government Area
MBBS	Bachelor of Medicine and Bachelor of Surgery
MHA	Mutual Health Association
MIS	Medical Information System
MLSCN	Medical Laboratory Science Council of Nigeria
MRTBN	Medical Rehabilitation Therapist Board of Nigeria
NGOs	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
NMCN	Nursing and Midwifery Council of Nigeria
NMDC	Nigeria Medical and Dental Council
NPHCDA	National Primary Health Council Development Agency
ODORBN	Optometrist and Dispensing Optician Registration Board of Nigeria
PCN	Pharmacists Council of Nigeria
PCP	Primary Care Provider
PHPs	Private Health Plans
PPM	Provider Payment Mechanism
RDT	Rapid Diagnostic Test
RN/RM	Registered Nurse/Registered Midwife
RRBN	Radiographers Registration Board of Nigeria
SCP	Secondary Care Provider
SDG	Sustainable Development Goals
SMS	Short Message Services
TCP	Tertiary Care Provider
TFs	Technical Facilitators

BHIS 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

BHIS 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.

BHIS 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.

EXECUTIVE SUMMARY

Insurance is a risk sharing and/or risk transfer mechanism, the aim of which is to protect an individual from the financial consequences of an event with a low probability of happening but with potential to cause substantial loss. However, for health insurance the probability of illness is not low, hence, an actuarial determination allows for more variance.

Basically, there are two prongs through which health services are financed. One is the supply side financing and the other, demand side financing. Government expenditure on health is mainly tilted towards the supply side financing. Far less attention is given to creating demand and financing demand.

This leads to the present skewed system where health services are substantially financed through out-of-pocket payments at the point of service delivery. Out-of-pocket payment can lead to financial hardship in families, create poverty, reduce or dampen utilization of healthcare services, encourage inequity in health service utilization and ultimately, increase in death rates. It brings to bear the strong need to create an equitable health financing (demand side financing) mechanism that promote quality, accessibility, equity and increase in utilization of healthcare services.

It was on this basis that a Health Insurance Committee was set up on the 11th of March, 2013 to articulate a comprehensive Health Insurance Policy/Scheme for the State. Therefore, Bayelsa Health Insurance Scheme is a fallout of the recommendations of this committee. The scheme started first as Bayelsa State Health Services Scheme that subsequently transformed to Bayelsa Health Insurance Scheme through the Bayelsa Health Insurance scheme Law, 2019, Laws of Bayelsa State, to accommodate and be in line with recommendations, policies and guidelines from the National Health Insurance Scheme as the regulating body in the country.

The first attempt at establishing a health financing system that considers demand creation and demand side financing in Bayelsa State was in 2002. It was adjudged to add succor to the health of civil servants in the state while it lasted but, was bedeviled with structural flaws that do not guarantee sustainability.

The most important and frequently asked question from and among feelers of BHIS is whether, this scheme can be sustained beyond the present political season? It is in attempting to answer this question with some level of assurance and certainty that the scheme is defined by its core values – good governance, accountability,

quality of service delivery, efficiency and effectiveness, equity, progressive universalism and sustainability.

To sustain the scheme is to have sound, effective and sustainable domestic resource mobilization mechanisms that can guarantee continuous fund-flow into and availability of pooled funds. These should be mechanisms that are less dependent on government subventions and grants and possibly completely independent of external or foreign aids and donations. Having in sight donor fatigue that may arise in the nearest future thereby, truncating a laudable program as has happened over the years in so many states in the country.

The structural and functional efficiency of the scheme is edged on good governance. The enforcement of “Good governance” principles is through;

1. Effective organizational and legislative framework that enshrine effective control and accountability at all levels of service delivery and financial management,
2. Result oriented and performance-based resource disbursement through policies that ensure both technical and allocative efficiency,
3. Strict adherence to laid down rules and regulations,
4. Implementation of workable and agreed policies and
5. Establishment of functional monitoring and evaluation systems with less cumbersome processes of data collection and analysis.

The phased implementation of BHIS programs is to achieve Universal Health Coverage through the principles of progressive universalism and equity. At this level every socio-economic strata of the society would have access to quality healthcare and essential medicines and vaccines without driving individuals and families to financial hardship or poverty.

The first print of the Bayelsa Health Insurance Scheme Operational Guideline is coming up in the second half of 2020, three years and few months after commencement of the program, even though the design was in August, 2017 as stated in the cover page. This was intended for us to have a better understanding of the fundamentals of a social health insurance program and the functionality of the system. Thereby, enabling us to allow for adjustments and corrections where needed to arrive at more operable and near perfect principles that guide our operations, ease supervision, monitoring and evaluation and ultimately ensure sustainability.

No word, sentence or statement here is cast in stone. There is ample room for reviews, adjustments and even out right changes to align with the dictates,

circumstances and prevailing events of the times. My only plea is that the legacy of those who worked tooth and nail to achieve this level of success and functionality of the scheme be maintained.

My special thanks go to the National Health Insurance Scheme (NHIS) for setting the template upon which we built. Our duty was to make the necessary adjustments in some fundamental areas to adapt to our environment, design and vision. My deep appreciations go to the Chairmen and Members of the first and second Boards, and the Honorable Commissioners of Health at the time: Dr. Awoli Anapurere and later Prof. Ebitimitula N. Etebu particularly, who worked assiduously at a time when there was no clear-cut direction, both in terms of legitimacy and finances, to fashion a direction for the scheme to achieve its mandate. To the hard-working staff of BHIS, thank you.

Most of all, I deeply appreciate the immediate past Governor of Bayelsa State, The Hon. Henry Sriake Dickson, for maintaining the ground in the face of uncertainties and trusting us to bring to bear our qualities as Chairmen, Executive Secretary and Members of the Boards, to establish a functional domestic health financing system that is sustainable. Furthermore, my sincere appreciation to the present Governor, Sen. Douye Diri, whose determination and forthrightness is seeing to the sustenance of the scheme.

Finally, I thank God Almighty for the insight, intellect and vision granted every one of us and the strength that has taken us thus far.

THIS WORK IS DEDICATED TO THE GOVERNMENTS AND PEOPLES OF BAYELSA STATE IN ALL GENERATIONS!

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PERMANENT SECRETARY/EXECUTIVE SECRETARY, BAYELSA HEALTH INSURANCE SCHEME

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1 **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 categorized as social or private health insurance.

Bayelsa State Health Services Scheme law, 2019, laws of Bayelsa state established the Bayelsa Health Insurance Scheme which is a Social Health Insurance Program.

1.0.1 **AIM**

The aim of BHIS is to have a unified purchasing system of health services in Bayelsa State that will guarantee and offer all Bayelsans of all socio-economic classes easy access to needed medical care that is available, affordable and most importantly of good quality without driving them into financial hardship.

1.0.2 **OBJECTIVES**

The Objectives of the scheme include the following:

- a) To provide quality health care without payment at the point of access;
- b) Provide and maintain accessible healthcare delivery system;
- c) Provide, Promote and Maintain affordable healthcare services;
- d) Provide and maintain functional and professionally satisfactory healthcare delivery system;
- e) Eliminate the existence of the consequences of fake and adulterated drugs as well as out of stock syndrome in the healthcare delivery environment through a well-coordinated drug supply and distribution system;
- f) Improve and harness private sector participation in healthcare services.

To ensure the attainment of the objectives as set out in the Law, a **Governing Board** is established for the management of the scheme.

The Law states that the Board shall be responsible for:

- A. Registration of Health Care Providers
- B. Issuance of appropriate guidelines to maintain the viability of the scheme.
- C. Approving formats for all health care providers.
- D. Determining after negotiations, payments due healthcare providers.
- E. Advising on the continuity of quality of services provided for under the scheme.
- F. Doing such other things as are necessary or expedient for the purpose of carrying out the functions of the scheme and of the Board under this Law;
- G. Regulation and administration of the scheme;
- H. Staff employment with approval of the Governor;
- I. Advisory activities;
- J. Accreditation of Health Care Providers;
- K. Formulation of policies and guidelines;

According to the provision of Section 4(b) of the Law establishing BHIS, the scheme is empowered to issue appropriate guidelines to maintain the viability of the scheme. Also, in Section 4(f) of the Law establishing BHIS, the Scheme is also empowered to do 'such things as are necessary or expedient for the purpose of carrying out the functions of the Scheme and the Board. These provisions of the BHIS Law are the bedrock of the BHIS Operational Guidelines.

1.1 **FUNDING OF BHIS**

- Initial take-off grant from the Bayelsa State Government.
- Formal sector contributions, comprising of contributions from public and private sector employers and employees (2% of his/her consolidated salary for civil servants)

- Equity fund, comprising of not less than 5% of internally generated fund of the state.
- Funds from relevant Government and Non-governmental bodies for Maternal and Child Health Programs.
- Donations or Grants in Aid from well-meaning individuals, corporate bodies, private organizations, International donor organizations, nongovernmental organizations etc.
- Premium contributions from the informal sector and Tertiary Institution Social Health Insurance Program.
- Fines as stipulated in section five of the guidelines.
- Dividends and interest on investment and stocks.
- All other monies as may accrue to BHIS.

1.2 PURCHASING STRUCTURE

Health related services shall be purchased by the BHIS. Guidelines to be followed in the purchase of healthcare services from healthcare providers will include among others;

- Performance based service provision as verified by the TPA.
- Primary healthcare services will be equitably distributed and funded through capitation payment.
- Only services in the benefit package will be purchased.

1.3 SERVICE PROVISION

The BHIS will accredit private and public health facilities which will provide services to all its enrollees.

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

I. Primary Healthcare Level:

This refers 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 Level:

Offer specialized services to patients referred from the primary healthcare Facilities through authorization by the TPA(s). Such services are offered by physicians with specialized medical training in their areas of specialization. However, it may also include diagnostic and therapeutic services such as biopsy, dialysis etc. in cases of emergencies, direct referrals without recourse to the TPA can be made. However, the TPA must be notified immediately after (within 48hours).

III. Tertiary Healthcare Level:

This consist of highly specialized services provided to enrollees by specialist based on referral from the secondary care level through authorization by the TPA. It must be established that the requisite manpower and technology (diagnostic &therapeutic) are domiciled in such facilities (i.e. Tertiary Facilities).

1.4 ENROLLMENT

All persons participating in the scheme shall undergo the process of enrollment as specified below.

- a. Every employee shall register with the BHIS and all persons participating in the scheme will be required to fill the registration form.
- b. The registration of prospective enrollees shall be the responsibility of the BHIS.
- c. The employee shall register self, a spouse and four (4) biological children bellow the age of eighteen (18) years with the BHIS
- d. Every principal enrollee shall supply the following information to the scheme at the point of registration;
 - i. Name of employer/MDA

- ii. Designation/rank/grade level (public or private)
- iii. Full name (first, middle and last names)
- iv. Date of birth
- v. Date of first employment
- vi. Marital status
- vii. Staff ID number
- viii. Mobile phone number
- ix. Names of children and spouse (where applicable)
- x. Residential address
- xi. Next of kin and
- xii. Phone number of next of kin

e. BHIS shall bear the cost of production of initial enrollee identity card(s)

f. The enrollee shall bear the cost of production of;

- i. Additional dependents BHIS identity card(s)
- ii. Replacement of BHIS identity card(s)

Desk officers in the various ministries, department and agencies (formal sector) and the BHIS office will set up stations at designated areas in the MDAs and the BHIS office. Biometric data capturing using BHIS data software will be done and the enrollee will be given a temporary Identification card to enable him/her access care after due processing. All data will be the sole property of BHIS.

During the registration process, the enrollee will be required to select their preferred primary care provider (PCP) which to all intents and purposes will be;

1. BHIS accredited health facility.
2. First point of care by the principal, spouse and 4 biological children.

1.5 **RIGTHS AND PREVILEGES OF BENEFICIARIES**

The beneficiary has the right to;

- a. Freely choose his/her BHIS accredited primary provider.

- b. Change primary provider after six (6) months if there is cause for a change.
- c. Access care ones the name is on the current BHIS enrollee register after proper identification.
- d. Treatment at the nearest BHIS accredited healthcare facility on emergency.
- e. Add or remove dependent(s) subject to approval by BHIS
- f. Add extra dependent(s) on payment of corresponding fees.

1.6 PROCEDURE FOR CHANGE OF PRIMARY HEALTHCARE FACILITY AND ADDITION OF DEPENDENTS

- I. The enrollee shall obtain change of healthcare facility/update form(s) from TPA, BHIS call center.
- 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.

1.7 PORTABILITY OF CARE

Under the Bayelsa Health Insurance Scheme, all enrollees will receive care at BHIS accredited hospitals in Bayelsa State. However, where an enrollee needs emergency care outside Bayelsa State, he/she shall access care in an BHIS accredited hospital and the BHIS and the TPA must be informed within 24 hours of such occurrence.

1.8 PATIENT'S CONFIDENTIALITY

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

2 BAYELSA HEALTH INSURANCE SCHEME PROGRAMS

2.0 INTRODUCTYION

In order to ensure that every taxpaying citizen and resident of Bayelsa State has access to quality health care services, the Bayelsa Health Insurance Scheme (BHIS) has developed various program to cover different segments of the society. They include:

2.0.1 FORMAL SECTOR SOCIAL HEALTH INSURANCE PROGRAMMES

- a) Public Sector (State and Local Governments).
- b) Organized Private Sector.

2.0.2 INFORMAL SECTOR SOCIAL HEALTH INSURANCE PROGRAMMES

- a) Community Based Social Health Insurance Programs.
- b) Voluntary Contributors Social Health Insurance Scheme Programs.

2.0.3 VULNERABLE GROUP SOCIAL HEALTH INSURANCE PROGRAMME

- a) Children under Five.
- b) Pregnant women.
- c) The elderly.

2.1 FORMAL SECTOR PROGRAM (FSP)

2.1.0 Definition

The Formal Sector Social Health Insurance Program is a social health security system in which the healthcare services of employees in the Formal Sector is paid for from funds created by pooling the contributions of employees/employers and government subsidies or subventions.

The Formal Sector consists of the following:

- a. Public Sector
- b. Organized Private Sector

2.1.1 Membership

Employees of the public sector and organized private sector organizations employing five (5) or more persons shall participate in the Program. Employers and employees shall make separate contributions to the BHIS fund in respect of the employee's healthcare.

2.1.2 Contribution

Contributions to the scheme are earning-related for equity and solidarity. For the Public (state) sector program, the employer pays 2% of the employee's consolidated salary. For the private sector program, 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.

2.1.3 Scope of Coverage

- a) The contribution paid cover healthcare benefits for the employee (principal), a spouse and four (4) biological children below the age of 18 years. However, a spouse or a child cannot be registered twice.
- b) Additional dependents or children may be covered under the scheme on payment of additional contribution by the principal enrollee.
- c) Individual enrollment shall be required for residents that are above 18 years and are not married.

2.1.4 Waiting Period

There shall be a processing/waiting period of sixty (60) days before a participant can access healthcare services.

The BHIS will decide on a cut-off date (day 25) and all enrollment preceding the cut-off date shall be active (have access to care) from the first day of the subsequent month while enrollment after the cut-off date shall have access to care the month following the subsequent enrollment, and this shall not exceed the stipulated waiting period.

2.1.5 Identity Card/Identification of Enrollees

BHIS identification card is the means of identifying BHIS enrollees in the various programs.

- 2.1.5.1.** Identity cards shall be issued by the Scheme at a cost to the employer at the first instance
- 2.1.5.2.** It shall be renewed every three (3) years at a cost to the beneficiary.
- 2.1.5.3.** It shall bear the beneficiary's name, gender, address, registration number, photograph, date of first appointment (principal enrollee)

date of birth, date of issue, expiry date, TPA name/call center number(s), authorized signature.

2.1.5.4. All BHIS enrollee shall be registered with one provider as their Primary care provider.

2.1.5.5. All enrollee will be identified at the HCF before attended to (except in cases of emergencies) and the card is non-transferable.

2.1.5.6. The process of validating an enrollee's eligibility should be at each visit to the health facility.

2.1.5.7. If in doubt, call the BHIS contact center via phone or SMS to verify eligibility.

2.1.5.8. The identity card shall be replaced upon loss at a cost to the beneficiary.

2.1.5.9. It remains a property of the BHIS and can be withdrawn if the beneficiary ceases to be a participant of any of the BHIS program.

2.2 INFORMAL SECTOR SOCIAL HEALTH INSURANCE PROGRAM

2.2.1 Definition

The Informal Sector Social Health Insurance Program is a social health security system for people in the informal sector of the economy who are not covered by the formal sector SHIP. It covers employees of companies employing 5(five) 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 Program
- b. Voluntary contributors Social Health Insurance Program

2.2.2 Enrollment

Same as formal sector.

2.2.3 Contribution

Premium as determined by the board (based on actuarial analysis) shall be paid by those participating in the scheme. Payment shall be made monthly to BHIS account in a designated bank.

2.3 PAYMENT MECHANISM

Under the BHIS, payment of all healthcare services in the benefit package provided by an accredited HCP will be a mix of Capitation for primary services, Fee-for-Service and per diem for secondary services.

The cost of services for the conditions in the partial exclusion list shall be paid through cost sharing between BHIS and the enrollee as co-payment.

Enrollees will also be expected to pay 10% of the total cost of drugs per prescription in accordance with the BHIS drug price list, as co-payment.

The capitation rate to be paid to primary providers will be negotiated based on prevailing economic situation and the willingness of payment of additional premium by the enrollees to maintain sustainability.

Providers will be paid thus:

- I. Primary Care Providers (PCP) will be paid by capitation; a fixed amount per enrollee per month. The total amount to be paid will be determined by the number of enrollees (lives) enlisted with each of the PCP as at the last day of the preceding month.
- II. Secondary and Tertiary services will be paid on Fee-for Service basis.
- III. All HCPs will receive both the capitation and fee-for-service by direct transfer from BHIS fund to dedicated accounts of the HCP for accountability and transparency.

2.3.1 Frequency of Payment

- Capitation payments will be made in advance on monthly bases on/or before the last day of the processing month.

- Fee-for-Service payment will be made latest 30 days of submission of claims to the BHIS/TPA who vets the claims and recommend same for payment.

2.3.2 Transfer of Funds from BHIS to Secondary and Tertiary Facilities

2.3.2.1 There shall be contracts between BHIS and Facilities.

2.3.2.2 Payment from the BHIS to HCPs for Secondary and Tertiary services shall be on Fee-for-Service and per-diem after vetting of claims by the BHIS/TPA.

2.3.2.3 All treatment schedules must be standardized using disease management guidelines and treatment protocols.

2.3.2.4 The fee schedule shall be as contained in the BHIS Professional charges, Laboratory, Radiography/Ultrasonography and Drug Price Lists

2.3.2.5 Claims from facilities to the BHIS/TPA shall be submitted monthly, to be received by the BHIS/TPA within 14 days from the end of each month and settled within 30 days on receipt by the BHIS.

2.3.2.6 TPA 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.

2.3.2.7 When an enrollee is referred to the secondary level of care for ANC, delivery and post-natal care, the BHIS will be responsible for all payments.

2.3.2.8 In case of dispute, the BHIS shall pay what is deemed due according to the fee schedule of payment within the stipulated period, while the dispute is subject to arbitration.

2.3.3. Transfer of Funds from Primary Health Care Facility to Secondary Facility

2.3.3.1 The Secondary Facility (stand-alone Pharmacy & Laboratory) shall submit claims to the referring Primary Facility for prescriptions and laboratory investigations referred to them that are covered by Capitation.

2.3.3.2 In the event the above arrangement seemed abused, BHIS shall take up the responsibility to reimburse the stand-alone facilities directly such fees as due them from the capitation of the primary provider in question.

2.3.3.3 The secondary and tertiary facilities i.e. clinics and hospitals accredited as such shall be paid by Fee-for Service by BHIS.

2.3.3.4 Hospital stay is allowed for Thirty (30) cumulative days per year. 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. The primary facility shall pay per diem for the first Fifteen (15) days of the cumulative Thirty (30) days per year. While, BHIS shall pay per diem for bed space for the remaining Fifteen (15) days per year (except in orthopaedics and other special cases as in other sections of the BHIS operational guidelines). Beyond this, the beneficiary and/or the employer pay for the extra days as the case may be.

2.3.3.5 Where item **2.3.3.4** is not feasible, BHIS shall pay directly to the secondary facility the due fees from deductions from the capitation of the referring primary provider.

2.3.3.6 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 BHIS.

3 ROLES OF STAKEHOLDERS, THE ACCREDITATION PROCESS

The Bayelsa Health Insurance Scheme has some key stakeholders that are actively involved in the implementation of the scheme.

These stakeholders include the Healthcare providers, third Party Administrator, consultant, Mutual Health Association, Banks and the enrollees.

3.1 ROLES AND RESPONSIBILITIES OF BHIS

- Setting guidelines and standards for the Program.
- Accredit Healthcare Facilities and TPAs.
- Effect timely payments (capitation or fee-for-service) to healthcare facilities
- Carry out actuarial review to be done to determine contribution premium rates to be paid by Government as well as to service providers,
- Ensure that every player (HCP, TPA, Enrollee etc.) abides by the rules as stipulated in the operational guidelines.
- Carry out continuous quality assurance to ensure qualitative healthcare services and program management for all stakeholders.
- Sensitization and mobilization.
- Ensure capacity building and manpower development.
- Coordinating research and statistics including Health Education.
- Collaborate with developmental partners and international Agencies for technical support for the implementation of the program.
- Sanction erring TPAs and HCPs
- Recognize exemplary performance.
- Pay facilities for services rendered.

- Receiving and investigating complaints through the complaint management unit of the agency by enrollees, TPA, HCP, staff and any stakeholder.
- Other things to ensure the viability of the program.

3.2 ROLES AND RESPONSIBILITIES OF HEALTHCARE FACILITIES

- I. Secure appropriate Accreditation with Bayelsa Health Insurance Scheme as Primary Healthcare Providers (PCP), Secondary healthcare Providers (SCP), Tertiary Health care providers (TCP). While a facility may be registered as
 - Primary and Secondary
 - Secondary and Tertiary

Note-No health facility is allowed to provide Primary, Secondary and Tertiary services.

- ii. Provide services as specified in the benefit package.
- iii. Comply with BHIS Operational Guidelines.
- iv. Sign contract with BHIS.
- v. Ensure enrollees satisfaction where every beneficiary who visits the facility for care is attended to with utmost care, skill and prompt attention.
- vi. Provide service to duly identified enrollee at all times using the current BHIS enrollee register.
- vii. Display of the Patients Right charter.
- viii. Provide such information as may be requested from time to time by BHIS and TPAs.
- ix. Report any complaints to TPA and BHIS.
- x. Limit delivery of services to level of accreditation.

- xi All primary healthcare facilities must have facilities for ante-natal, delivery and post-natal care.
- Xii To collect payment advice from BHIS within 14days of receipt of payment.

3.3 ROLES AND RESPONSIBILITIES OF THIRD-PARTY ADMINISTRATOR

- i Ensure effective processing of claims (Secondary Services)
- ii Carry out continuous quality assurance of healthcare services
- iii Ensure timely approval of referrals and undertake necessary steps to follow up to complete referrals
- iv Carry out continuous sensitization of beneficiaries
- v Market approved health plans to employers/enrollees.
- vi Effect necessary data returns to BHIS in line with the Operational Guidelines
- vii Comply with other provisions as spelt out in the Operational Guidelines

3.4 ROLES AND RESPONSIBILITIES OF CONSULTANT

- i Provide guidance to the Board for use of cost-effective strategies.
- ii Act as quality assurance/control monitor for the scheme through periodic monitoring review of the scheme's purchasing agencies or Third-Party Administrator (TPA) while providing adequate feedback to the board.
- iii over the medium and long term serve as a link to targeted external assistance to the scheme.

3.5 ROLES OF BAYELSA STATE GOVERNMENT OF NIGERIA

- i. Ensure adequate funding of the scheme

- ii. Where possible, management of tertiary cases not covered by the BHIS program. Support for capacity building for BHIS staff/healthcare professionals.

3.6 PROCEDURES FOR ACCREDITATION

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

- a. To ensure accessibility and availability of healthcare services to enrollees of BHIS
- 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

3.6.1 ACCREDITATION OF HEALTHCARE PROVIDERS

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 thirty thousand (₦30,000.00) Naira only) shall comprise of both the registration fee and the accreditation fee for PCP. Twenty thousand (₦20,000.00) Naira only shall be for each secondary 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 one (1) year in the first instance.

- e. BHIS shall pay two compulsory quality assurance visits to the HCF pending the next accreditation visit.
- f. At the expiration of one year, 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. An HCF that meets the BHIS accreditation requirements shall be issued full accreditation.
- i. Approval of recommended facilities for accreditation by BHIS 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 BHIS.

3.6.1.1. accreditation fees

Each healthcare facility shall pay registration and accreditation fees of the sum of Thirty thousand naira (₦30,000) only for Primary Services. The sum of Twenty thousand (₦20,000.00) Naira only shall be paid for each Secondary Service applied for.

All accredited facilities shall for re-accreditation purposes pay fees as follows:

- a. Primary Facilities - Forty Thousand Naira (₦40,000.00) only
- b. Secondary and Tertiary Facilities - Thirty Thousand Naira (₦30,000.00) only per Specialty.

All fees are subject to review.

3.6.1.2. conditions for renewal of the accreditation of health care facilities

Accreditation of every HCF shall be renewable every three (3) years and notification shall be provided by BHIS or the TPA.

Some of the criteria for re-accreditation shall include:

3.6.1.2.1. Accreditation for not less than three years

3.6.1.2.2. Availability of requisite skilled/experienced personnel

- 3.6.1.2.3.** Availability of facilities to provide prompt and efficient services to enrollees
- 3.6.1.2.4.** The institution of well-organized and proper management structures.
- 3.6.1.2.5.** Employment of trained managers to run the administration of facilities professionally.
- 3.6.1.2.6.** Attendance of BHIS-HCF meetings shall be mandatory as an avenue to educate stakeholders. It shall be mandatory for the Director/CEO of BHIS accredited facilities with appreciable number of enrollees to attend these meetings at least annually and BHIS shall use attendance of these meetings as one of the prerequisites for reaccreditation.
- 3.6.1.2.7.** HCF must have made all returns due to the TPA and BHIS
- 3.6.1.2.8.** Current licenses of personnel and registration with regulatory bodies. (Current licenses of personnel to be sent to BHIS on yearly basis or as applicable).
- 3.6.1.2.9.** For a hospital/clinic to be accredited as secondary or tertiary healthcare facilities, it should have in-house pharmacy and laboratory.
- 3.6.1.2.10.** Every HCF shall meet the basic ICT infrastructure requirement for their category of accreditation.
- 3.6.1.2.11.** All BHIS accredited HCFs shall put in place a functional Health Information Management System/department as a prerequisite to their re-accreditation. The Unit/department shall coordinate the ICT of the facility.
- 3.6.1.2.12.** The institutionalization of internal total quality management system that will ensure effective delivery of qualitative healthcare in liaison with BHIS and the TPA.
- 3.6.1.2.13.** Compliance with BHIS operational guidelines.
- 3.6.1.2.14.** Compliance with the judgment of the Arbitration board.

3.6.1.2.15. Application for re-accreditation by collecting and completing the appropriate form and return same to BHIS office alongside the registration fees.

3.6.1.2.16. HCP who do not meet the renewal requirement shall be informed in writing.

- Such providers shall be given six (6) months to make amends.
- Following which a re-assessment will be carried out to determine their qualification.
- HCP who fail to qualify following the repeat re-assessment will be delisted and will be informed in writing and enrollees transferred to the nearest PCP.
- Enrollees will after a period of two months choose their preferred providers.

NOTE:

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

3.6.2 ACCREDITATION OF THIRD-PARTY ADMINISTRATOR

3.6.2.1. definition

A Third-Party Administrator 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.

3.6.2.2. 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 a TPA under the Scheme.

No TPA 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 practicing his profession in Nigeria by the order of any competent authority made in respect of him personally.

3.6.2.3 Organizational Structure and Operational Management of TPA

The TPA 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 24hour functional call center
- g. All heads of the departments mentioned above shall be members of the Strategic Planning Committee of the TPA
- h. The TPA shall have a well-defined employment policy and procedure, and have a proper staff-training program.

BHIS shall at all times have the power to ask for and inspect the activities of the departments and committees of the TPA.

3.6.3 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 by error or omission on the insured, his or their dependent(s) in the conduct of its or their specified professional duty.

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

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

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

HEALTH CARE FACILITIES				
size	Description	Limit any one occurrence	Aggregate limit	Premium
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
medium	Healthcare facilities providing primary and secondary healthcare services with enrollees of 5,000 and below	5 million	25 million	100,000.00
Large	Healthcare facilities providing primary, secondary and tertiary care, facilities providing primary and secondary care with enrollees	5 million	75 million	262,000.00

greater than 5,000 or facilities offering tertiary level care alone.			
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The minimum sum insured will be reviewed from time to time according to actuarial analysis.

3.7 EXIT FROM THE SCHEME, RELOCATION OR CHANGE OF NAME

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

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

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

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

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

- i. Give a three (3) months written notice to BHIS, the enrollees registered with it and the TPA of its intention.

- ii. Notify BHIS formally attaching evidence of Newspaper publication and CAC approval.
- iii. The Facility shall accord BHIS enrollees the necessary rights and privileges due to them as beneficiaries of the scheme within the 3-months 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 state Newspaper.

4 **BENEFIT PACKAGE**

4.1 **BENEFIT PACKAGE**

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

- i. Out-patient care, including necessary consumables as in BHIS standard Treatment Guidelines and Referral Protocol.
- ii. Prescribed drugs, pharmaceutical care and diagnostic tests as contained in the BHIS Drugs List and BHIS Diagnostic Test Lists.
- iii. Maternity (ante-natal, delivery and post-natal) care for four pregnancies ending in live births under the BHIS for every insured enrollee in the Formal Sector Program. 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 Program on Immunization, health and family planning education. Adult Immunizations viz. HPV, Hepatitis etc.
- vii. Consultation with specialists, such as physicians, Paediatricians, 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 30 days per year.
- 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).

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.

4.1.2 PRIMARY HEALTHCARE LEVEL: Services covered by Capitation.

- 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.
- XIV. Annual general medical check-up.

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 program 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 BHIS

iv. Internal Medicine

Malaria and other acute uncomplicated febrile illnesses.

Uncomplicated Diarrhoeal diseases

Acute upper respiratory tract infections

Uncomplicated pneumonia

Mild anaemia (not requiring blood transfusion)

Simple skin diseases, e.g. Tinia vesicolor, M. furfur, T.Capitis, etc.

Worm infestation

Other uncomplicated bacteria, fungal, parasitic and viral infections and illnesses
Follow up treatment of chronic illnesses, e.g. hypertension, diabetes mellitus, etc.

Dog bites, snakebites, scorpion stings

Arthritis and other musculoskeletal diseases

Other illnesses as may be listed from time to time by the BHIS

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 BHIS

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, SCD, 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 BHIS

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 BHIS

Note: Postnatal care covers 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 BHIS

xi. Emergency Care

The beneficiary requiring emergency treatment shall visit his primary facility or the nearest BHIS 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- Treat
- Passage of urinary catheter
- 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 BHIS

xiv. Dental Care

Dental care education (preventative and promotive oral care)

4.1.3 SECONDARY HEALTHCARE LEVEL: Services covered by Fee-for-Service

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 BHIS shall pay for the remaining 27 cumulative days per year.

ii. Internal Medicine

Screening as determined by BHIS

All other cases that cannot be treated at the Primary level must be promptly referred to a Secondary center, 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.

All dental services are for copayment.

xix. Physiotherapy

All procedures except those on the exclusion list.

The maximum cumulative number of sessions per year is Twelve (12) thereafter, the enrollee pays for further sessions.

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 BHIS 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. BHIS Antenatal Policy

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

- a) Investigations
 - I. PCV/Hemoglobin estimation (Hb)
 - II. Urinalysis
 - III. Blood grouping
 - IV. HIV Screening
 - V. Fasting blood sugar/Random blood sugar
 - VI. Blood genotype
 - VII. Hepatitis B surface Antigen
 - VIII. USS (at least twice)

Note: i-v above services under primary care 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.

Xiii. Emergency care

Acute stroke, Acute Renal Failure (maximum of 3 dialysis session), RTAs, DKA in children, Acute chest syndrome in SCD, Acute Tumour Lysis Syndrome in Children.

4.1.4 TERTIARY HEALTHCARE LEVEL: Services covered by Fee-for-Service

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 TPA shall pay for the remaining 27 cumulative days per year.

ii. Internal Medicine

Screening as determined by BHIS

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

4.2 EXCLUSIONS

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

4.2.1 TOTAL EXCLUSIONS

- a. Occupational/industrial injuries to the extent covered under the employee Compensation Act.
- b. Injuries resulting from: Natural disasters; e.g. earthquakes, landslides etc. Conflicts; social unrest, riots, wars, etc.
- c. Epidemics
- d. Family planning
- e. Injuries arising from extreme sports; car racing, horse racing, boat racing, polo, boxing, wrestling, canoe racing, mountaineering etc.
- f. drug abuse/addiction
- g. Domiciliary visit
- h. Surgery - Mammoplasty

- Transplant and Cosmetic Surgery
- Super-specialty procedures; e.g. brain surgery, spinal surgery
- i. Ophthalmology - Provision of contact lens
- j. Medicine - imported prosthetic device such as cardiac pacemaker
 - chronic renal failure requiring dialysis/kidney transplant
 - Definitive Management of CVA.
 - Anti Tb drugs
- k. Paediatrics – oncology
 - Treatment of congenital abnormalities requiring advance surgical procedures, e.g. TOF, ASD, VSD
- l. Obstetrics & Gynaecology - Artificial insemination, including IVF and ICSI
 - Investigation and treatment of infertility
- m. Dental Care - dentures
 - Implants
 - Crowns and bridges
 - Bleaching
 - Maxillo-facial surgeries
- n. Pathology - Post Mortem examination
 - Histology/tissue examination

4.2.1 **PARTIAL EXCLUSIONS**

- a. High technology investigations e.g. CT scan, MRI: the BHIS would pay 50% of cost.
- b. Congenital heart diseases-VSD, PDA, TOF (diagnosis only)

- c. Congenital abnormalities.
- d. Dental services
- e. Some eye care services

Note: The TPA is not allowed to generate or circulate any list of exclusions (Partial or total) under the BHIS programs, except as stipulated in the BHIS operational guidelines.

4.3 REFERRALS

4.3.1 Levels of Referral

Entry into the Program 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.

4.3.2. 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. authorization which serves as approval by the TPA 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 BHIS accredited facilities in the area.

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

4.3.3 services that will require authorization/Approval

a) authorization is required for the following services

- i. Referrals to secondary or tertiary centers
- ii. Minor and intermediate surgeries that are not capitated
- iii. Ante-natal care (once only-at booking)
- iv. Normal and Caesarian Section
- v. Specialist consultations
- vi. All secondary services requiring FFS re-imbursement
- vii. All Tertiary services covered by BHIS requiring FFS re-imbursement

4.3.4 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.

4.3.5. Information Required for Referral

- a. Patient's name, gender, age and address
- b. Referral location (dept/clinic)
- c. Patient's hospital number
- d. Patient BHIS number
- e. Referring Healthcare facility's BHIS 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 TPA 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. TPA shall generate a pre-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 BHIS.
- b. All Facilities are expected to provide counseling as an integral part of quality care.

5 **HEALTHCARE PROFESSIONALS UNDER BHIS**

5.1 **LIST OF HEALTHCARE PROFESSIONALS**

General Medical Practitioners

Dental Surgeons

Specialist Medical Practitioners

Pharmacists

Nurses/Midwives

Medical Laboratory Scientists

Radiographers

Physiotherapists

Optometrists

Medical Records Officers

Dental Technologist

Pharmacy Technicians

Medical Laboratory Technicians

Community Health Workers

Nutritionists

Social workers (for counseling)

5.1.1. **REQUIREMENTS FOR HEALTHCARE PROFESSIONALS**

5.1.1.1 **General Medical Practitioners**

5.1.1.1.1 Possession of the Bachelor of Medicine, Bachelor of Surgery (MBBS)

degree, or its equivalent, recognized by the Medical and Dental Council of Nigeria;

5.1.1.1.2 Registration with the Medical and Dental Council of Nigeria

5.1.1.1.3 Possession of the current license to practice, issued by the Medical and Dental Council of Nigeria (MDCN).

5.1.1.2 Dental Surgeons

5.1.1.2.1 Possession of the Bachelor of Dental Surgery degree, or equivalent qualification, recognized by the Medical and Dental Council of Nigeria (MDCN)

5.1.1.2.2 Registration with the MDCN

5.1.1.2.3 Possession of the current license to practice issued by the MDCN.

5.1.1.3. Specialist/Consultant Medical Practitioners

5.1.1.3.1 They include: Physicians, Paediatricians, Obstetricians &Gynaecologists, Surgeons Dental Surgeons, Radiologists, Anaesthetics, Psychiatrists, ENT Surgeons, Ophthalmologists, Pathologist Etc.

5.1.1.3.2 Possession of recognized additional qualifications in the proposed area of practice in addition to (5.1.1.3.1 and 5.1.1.3.2) above.

5.1.1.4. Pharmacists

5.1.1.4.1. Possession of the Bachelor of Pharmacy (B. Pharm) degree or equivalent qualification, recognized by the Pharmacists Council of Nigeria (PCN)

5.1.1.4.2. Registration with PCN

5.1.1.4.3. Possession of the professional license to practice, issued by the Pharmacists Council of Nigeria (PCN).

5.1.1.5. Pharmacy Technicians

5.1.1.5.1 Possession of pharmacy technician certificate issued by the School of health technology accredited and recognized by the Pharmacists Council of Nigeria (PCN)

5.1.1.5.2 Registration with the PCN

5.1.1.5.3 Possession of current annual permit to practice, issued by the Pharmacists Council of Nigeria (PCN).

5.1.1.6 Medical Laboratory Scientists

5.1.1.6.1 Possession of the Bachelor of Medical Laboratory Science (BMLS) degree or equivalent qualification, recognized by the Medical Laboratory Science Council of Nigeria (MLSCN)

5.1.1.6.2 Registration with the MLSCN

5.1.1.6.3 Possession of the current license to practice, issued by the MLSCN.

5.1.1.7 Medical Laboratory Technicians

5.1.1.7.1 Possession of certificate issued by Medical Laboratory Science Council of Nigeria (MLSCN)

5.1.1.7.2 Registration with the MLSCN

5.1.1.7.3 Possession of current annual tag issued by MLSCN.

5.1.1.8. Nurse Practitioners

5.1.1.8.1 Qualified Nurse (i.e. BNSc or its equivalent, Registered Nurse/Midwife [RN/RM] or other specialized areas of Nursing)

5.1.1.8.2 Registration by the Nursing and Midwifery Council of Nigeria (NMCN)

5.1.1.8.3 Possession of the current license to practice, issued by the NMCN.

5.1.1.9 Radiographers and Ultrasonographers

5.1.1.9.1 Possession of the Bachelor of Radiography degree, or equivalent qualification recognized by the Radiographers Registration Board of Nigeria (RRBN)

5.1.1.9.2 Registration with the RRBN

5.1.1.9.3 Possession of the current license to practice, issued by the RRBN.

5.1.1.10. *Physiotherapists*

5.1.1.10.1 Possession of the BSc, BMR or B physiotherapy or equivalent qualification, recognized by the Medical Rehabilitation Therapist Board of Nigeria (MRTBN)

5.1.1.10.2 Registration with the MRTBN

5.1.1.10.3 Possession of the current license to practice, issued by the MRTBN.

5.1.1.11. *Medical Rehabilitation Therapy Technician*

5.1.1.11.1 Possession of Medical Rehabilitation Therapy Technician certificate issued by schools accredited and recognized by the MRTBN

5.1.1.11.2 Registration with the MRTBN

5.1.1.11.3 Possession of current annual permit to practice, issued by MRTBN

5.1.1.12. *Dental Technicians/Technologist*

5.1.1.12.1 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.

5.1.1.13. *Optometrists*

5.1.1.13.1 Possession of Doctor of Optometry degree, or equivalent qualification recognized by optometrist and dispensing optician registration board of Nigeria (ODORBN)

3.1.1.13.2 Registration with ODORBN

5.1.1.13.3 Possession of current license to practice issued by ODORBN.

5.1.1.14 Community Health Workers

5.1.1.14.1 Community Health Officers

Must have completed a 12-month course for Community Health Officer Course in an Approved University Teaching Hospital or College of Health Technology.

- i. Must be registered by Community Health Practitioners Registration Board of Nigeria (CHPRBN)
- ii. Possesses a current license 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

5.1.1.14.2 Senior Community Health Extension Workers

Must have completed a 36 months course for Community Health Extension Worker in an approved Health Institution

5.1.1.14.3 Junior Community Health Extension Workers

Must have completed a 24-month course for Junior Community Health Extension Worker in an approved Health Institution.

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

6 **AGREEMENTS AND MEMORANDER OF UNDERSTANDING**

6.1 **AGREEMENT BETWEEN HEALTHCARE FACILITIES AND BHIS**

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

- A. Acceptance by the Facility to provide healthcare services, 24 hours a day and 365 days in the year.
- B. Accepting beneficiaries without discrimination. A Facility cannot reject a patient except on appeal to the BHIS stating the grounds for rejection.
- C. Pharmacy facilities shall stock generic drugs based on Bayelsa State Essential Drugs List
- D. All prescriptions by the Facility shall be in quadruplicate.
- E. Two copies shall be sent to the pharmacy, a copy to the third party and a copy retained by the Healthcare facility
- F. All beneficiaries shall be given adequate treatment in line with referral protocol.
- G. A Facility shall not solicit to see a BHIS enrollee as a fee-paying patient
- H. Patients should only be referred to BHIS accredited secondary and tertiary facilities
- I. A facility shall not misrepresent an enrollee as to the benefit package of BHIS program.
- J. 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.
- K. To accord BHIS enrollees the necessary rights and privileges due to them as beneficiaries of the scheme.

- L. Facility shall maintain a BHIS dedicated account for the sole purposes of improving health care services and render account to BHIS during periodic inspections

6.2 AGREEMENT BETWEEN TPA AND FACILITIES

A. Agreement between the TPA 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 BHIS stating the grounds for rejection.
- III. Stock generic drugs based on the BHIS 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 TPA and a copy retained by the Healthcare facility.
- V. All beneficiaries shall be given adequate treatment in line with BHIS standard treatment and referral protocol.
- VI. A Facility shall not see a beneficiary as a fee-paying patient.
- VII. Refer patients only to the BHIS-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 BHIS enrollees the necessary rights and privileges due to them as beneficiaries of the scheme.”

B. The TPA shall:

- I. Ensure continuous monitoring of the Facilities.
- II. The Facilities should allow TPA easy access for such monitoring.
- III. There is a well-developed and utilized Primary Health Care Facility (PHCF) System
- IV. The PHCF shall be the first port of call for every enrollee. The relationship between the TPA and its affiliated facilities shall be governed by the provisions of BHIS Operational Guidelines and the contractual agreement executed between them.

6.3 DRUG ADMINISTRATION

- A. BHIS should ensure that Facilities adhere to the generic drug policy of the Scheme.
- B. BHIS shall negotiate the prices of drugs to ensure availability of drugs at affordable costs.
- C. The BHIS, TPA and Pharmacy Facilities shall co-operate to build acceptable channels for the distribution of drugs and materials to eliminate fake and counterfeit drugs.
- D. The BHIS shall adopt drug utilization review program in order to streamline the management of pharmaceutical care services.

6.4 HEALTHCARE DELIVERY SYSTEM AND ADMINISTRATION

- A. The BHIS shall develop a health care organizational structure which shall ensure that:
 - I. There is a well-developed and utilized 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
- IV. The hospital and specialist may refer the enrollee for defined rehabilitative care.

B. Tertiary Health Center may register with BHIS for ambulatory, hospital, specialist, ancillary and rehabilitative care.

6.5 **FINANCIAL MATTERS**

The BHIS shall maintain accounts in only the BHIS accredited banks.

Annual Financial Statements

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

6.6 **QUALITY ASSURANCE**

TPA shall ensure quality assurance as provided for under the BHIS Operational Guidelines.

TPA 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 eight local governments.
- IV. Organize seminars (at least once a quarter) for enrollees in each of the eight local governments.
- V. Conduct survey on enrollee satisfaction.

VI. Provide monthly statistical returns on Facilities, i.e. rate of attendance, investigations, admissions, and disease patterns.

7 **RECORDS AND INFORMATION**

INTRODUCTION

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

THIRD PARTY ADMINISTRATOR

Information to be provided to the BHIS for accreditation

Periodic information to be provided to the TPA on registration of new enrollee.

Monthly enrollee data update

Quality Assurance Report

HEALTHCARE FACILITIES (HCFs)

HCFs information to be submitted to the BHIS on application for accreditation.

Monthly reports to BHIS and TPA

REPORTS FROM BHIS TO FACILITIES.

7.1 THIRD PARTY ADMINISTRATOR.

7.1.1 Information to be provided to the BHIS for Accreditation

- A. Name of TPA
- B. Head office/addresses
- C. Telephone number.
- D. Email address
- E. Date of Incorporation
- F. RC Number.
- G. Chief Executives' Name

- H. Administrative Structure
- I. Addresses & telephone number of branch offices

7.1.2 Periodic information to be provided to the TPA on registration of new enrollees

- A. BHIS Registration Number.
- B. Name
- C. Address
- D. Date of Birth
- E. Sex
- F. Next of Kin
- G. Email Address
- H. Mobile
- I. Date of first appointment
- J. Staff ID No.
- K. Employer/MDA
- L. Date of BHIS Registration
- M. Expiry date
- N. LGA
- O. Place of residence
- P. Photograph
- Q. Blood group
- R. Genotype
- S. Allergies
- T. Relationship:
 - a. Principal
 - b. Spouse
 - c. Child

- d. Extra-dependent
- U. Expiry date of ID card
- V. Primary healthcare facility

7.1.3 Monthly Enrollee data Update.

This shall show changes in the following enrollee data:

- A. Primary facility
- B. Employer/MDA
- C. Location
- D. Next of kin
- E. Contact information
- F. Exit from the scheme (withdrawal or death)

The enrollee data update form to be filled by each enrollee to capture the above.

7.1.4 Quality Assurance Report

Annual quality assessment of each accredited healthcare facility

7.2 HEALTHCARE FACILITIES (HCFs)

7.2.1 HCFs information to be submitted to the BHIS on application for accreditation

- A. Name
- B. Address
- C. Telephone number
- D. Email
- E. Type of Facility
- F. Category of Registration
- G. Name of Medical Director
- H. Name of Supervising Health Professional
- I. Professional Indemnity Cover
- J. Certificate and Current Practice License of all Health Professionals

- K. Registration with Regulatory Bodies and Relevant Bodies
- L. Detailed list of equipment/personnel/services in the facility
- M. Operating Hours
- N. Incorporation/Business Registration

7.2.2 Monthly reports from facilities to TPA and BHIS.

- A. Encounter Information for all the BHIS' Enrollees seen:
 - I. Name of patient
 - II. BHIS no of patient
 - III. Presenting complaints
 - IV. Diagnosis/ disease code (ICD No)
 - V. Treatment
 - VI. Admission days (if applicable)
 - VII. Doctor's remark
 - VIII. Signature of enrollee
- B. Hospital attendance data booklets are to be supplied to all facilities by BHIS. The information may also be submitted electronically in a prescribed format.
- C. Copies of prescriptions and referrals issued during the month Fee for service claim forms (for secondary facilities) containing the following:
 - I. Name and BHIS No. of patient
 - II. Name and BHIS No. of patient's primary healthcare facility
 - III. Name and BHIS No. of Secondary Facilities
 - IV. Complaints
 - V. Diagnosis/disease code (ICD No.)
 - VI. Treatment given
 - VII. Date of treatment.

VIII. Amount billed

IX. Co-payment received (when applicable)

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

7.3. REPORTS FROM BHIS TO FACILITIES

- A. Information to be provided to other stakeholders on Accreditation
- B. List of accredited Facilities and their code numbers
- C. Name of accredited TPA and their numbers, email addresses, call center no.
- D. List of accredited Banks and Insurance companies and their code numbers
- E. BHIS Medicine Price List.
- F. BHIS Professional Fee-for-Service
- G. BHIS Laboratory Price List
- H. BHIS Radiological/Ultrasonography Price List
- I. Detailed Enrollee Register to each facility (monthly)
- J. BHIS *Operational Guidelines* (given at the point of application)

7.4 INFORMATION TO BE PROVIDED PERIODICALLY TO OTHER STAKEHOLDERS

7.4.1 Notice of new Registrations:

- 1. New facilities registered Name Address Tel no Email type of facility
Category of registration
- 2. New Banks registered Name Address Tel no Email
- 3. New Insurance Companies Name Address Tel no Email

4. New Enrollees/employers Name Address Tel no Email

7.4.2 Other information

- I. Disease patterns
- II. Utilization of services data

To be posted on BHIS website and updated at least monthly, as well as sent to all accredited TPAs and Facilities.

8 BHIS MONITORING AND EVALUATION FRAME WORK

INTRODUCTION

Quality assurance and enrollee satisfaction are vital to the BHIS hence the need for an effective monitoring and evaluation system. This would involve:

(A) BHIS REPORTING STRUCTURE:

The operational board of the BHIS is the governing body of the BHIS and will continuously work to improve all aspects of the BHIS operations and performance.

(B) ROUTINE MONITORING ACTIVITIES:

Routine monitoring activities will be carried out in the Health Provider facilities to ensure that the services rendered are meeting the required standards of quality and cost effectiveness.

These standards are required for accreditation and renewal of accreditation.

The activities employed will involve:

8.1 COMPLAINT MANAGEMENT

Enrollees and Health care providers have the right to complain and express dissatisfaction either verbally or in writing about a decision or action or service provided (or not provided) by the BHIS. As an integral part of good customer service, quality and accountability process, the board of the BHIS shall ensure that an effective Complaint Management System (CMS) is in place to address complaints from different stakeholders.

The system will operate in line with the international standard guidelines for complaint Management ISO 10002-2006, which will embrace the following:

- **Visibility** - information about how and where to complain should be well publicized to BHIS beneficiaries.
- **Accessibility** – the CMS process should be easily accessible to all complainants.
- **Responsiveness** – complaints should be acknowledged, and addressed promptly in accordance with their urgency.
- **Objectively** - each complain should be addressed in an equitable, objective and unbiased manner through the complaint management process.
- **Charges** - there should be no charge for access to the complaint process.
- **Confidentiality** - personal information concerning the complainant should be used only for the purpose of addressing the complaint and protected from disclosure unless the complainant agrees to release the information.
- **Customer focused approach** - customer focused approach should be adopted and their complaint promptly handled.
- **Accountability**- accountability for and reporting on complaint decisions and actions is clearly established.
- **Continual improvement**- continual improvement of the CMS and service is a key objective.

8.1.1 Objective of the BHIS complaint management system.

The BHIS CMS shall achieve the following objectivities:

1. Provide a structure and consistent approach to complaints management.
2. Promote customer satisfaction by enabling poor decisions to be rectified quickly and efficiently.
3. Identify areas, practices, procedures and services for improvement.

4. Prevent complaints from unnecessary escalation that may result to adverse publicity and
5. Comply with overall BHIS monitoring and evaluation framework.

8.1.2 Recommended tools:

The following tools may be used for complaints handling and reporting.

- Complaint boxes – which shall be mounted at the provider facilities.
- Registers/Records
- Web and/or Mobile Application
- Email Messaging platform
- Toll-free call center
- Short- code SMS messaging Application

8.1.3 Periodic Reports

The standard and quality assurance team of the BHIS shall give bi-annual report of the (provider Facilities) Health Care Provider to the board.

- Complaint generated in the Health facilities will be communicated to the facilities and should be promptly addressed.

8.2 CUSTOMER SATISFACTION SURVEYS

Customer satisfaction surveys are a meaningful and essential source of information for identifying gaps and developing an effective action plan for continuous quality improvement of the service delivery system.

Periodic customer (Enrollee) satisfaction surveys will be conducted in the various Health Provider facilities.

8.3 FEED BACK AND REPORTING

BHIS shall ensure that:

- A feed-back process to engage Health Care Provider based on the outcomes of the surveys and to agree on timeline for addressing areas identified for improvement.
- The HCPs communicate progress based on the timeline agreed during the feedback process: and
- Shall conduct unannounced supervision visits to confirm the progress made so far.

8.4. CONFLICT RESOLUTION:

As stated in the BHSS law, 2019, laws of Bayelsa State, wherever there is a dispute among parties, it shall first be referred to Arbitration, Mediation or Conciliation before resorting to litigation. Any aggrieved stakeholder would first seek redress from the arbitration panel set up by the Board.

8.5 HCP FORUM

Health Care Providers are required to attend periodic meetings with the BHIS to share experiences, be reminded of the required standards and discuss ways to improve the scheme.

8.6 ENROLLEE FORUMS

Enrollee forum may be conducted periodically when necessary to engage the enrollees (key community structure- Traditional Organization, Religious Groups, and Trade Association) in each LGA in the state in order to raise awareness, solicit feedback and address issues between the community and BHIS.

BHIS shall:

1. Draw-up an annual plan (including date and location) to engage the community structures in each LGA with the help of the LGA authorities.
2. Send an agenda for the meeting through the LGA or any other Authority to the community organization not later than two (2) weeks before the meeting.

9 OFFENCES, PENALTIES AND LEGAL PROCEEDINGS

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

9.1 THIRD PARTY ADMINISTRATOR (TPA) AND OTHER PROGRAMME MANAGERS

The Scheme will, upon a complaint by the Healthcare Facility, Enrollee, TPA or any other stakeholder and after investigation, including affording an opportunity of being heard, impose the following penalties to any defaulting health care facility, enrollee or the bank that:

Table 1. Offences and Penalties for Third Party Administrators

	OFFENCES	PENALTIES
9.1.1	Restricts the scheme free access to information on their activities.	Withdrawal of accreditation of the TPA
9.1.2	Willfully refuses to meet and monitor all facilities quarterly with a view to maintaining standards and operational modalities.	<ul style="list-style-type: none">i. To monitor all facilities and submit report of same to BHIS within 21 days.ii. Warning to the TPA.iii. To pay a fine of not less than N 100,000iv. Withdrawal of accreditation for repeated offence.
9.1.3	Where it is found that authorization for approval for referrals is not made by a licensed doctor.	<ul style="list-style-type: none">i. Warning to TPAii. To pay a fine of not less than N 100,000iii. Possible de-accreditation
9.1.4	Where TPA fails to duly notify the Scheme, the Enrollees in writing within 3 months of its intention to relocate to a	<ul style="list-style-type: none">i. Warning to TPAii. To pay a fine of not less than N100,000iii. Delisting of such facilities

	new place).	
9.1.5	Where TPA breaches the 3-months written notice to the Scheme, and also fails to notify the enrollees 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

9.2 **HEALTHCARE FACILITIES (HCFs)**

The Scheme will, upon a complaint by the TPA, 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:

Table 2. Offences and Penalties for Health Care Facilities

	OFFENCES	PENALTIES
9.2.1	Discriminates and refuses to treat/manage any enrollees and their covered dependents after receiving payments on behalf of such enrollees.	<ul style="list-style-type: none"> i. Warning of the HCF ii. To pay a fine of not less than N50,000 and iii. Report to regulatory body where applicable. iv. Suspension for not less than 3 months v. Delisting of repeated offenders
9.2.2.	Receives, consults with or manage any enrollee as a fee-paying patient.	<ul 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 N50,000. iv. Suspension for not less than 3 months v. Delisting of repeated offenders

9.2.3	Solicit, collect or charge any fee from any enrollee in addition to the fees payable by BHIS.	<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
9.2.4	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
9.2.5	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.
9.2.6	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 BHIS/TPA.	<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
9.2.6	Where Health Care Facility fails to permit BHIS officers and representative of the TPA the right to enter upon any part of the premises for the purpose of	<ul style="list-style-type: none"> i. Delisting of such facilities

	inspection and monitoring of facilities for quality assurance	
9.2.7	Where Health Care Facility fails to duly notify the Scheme, the Enrollees registered with it and TPA within 3 months of its intention to relocate to a new place by way of appropriate documentation (in writing).	i. Warning ii. To pay a fine of not less than N50,000 iii. Delisting of such facilities
9.2.8	Where Health Care Facility breaches the 3-months written notice to the Scheme, and also fails to notify the enrollees registered with it and the BHIS of its intention to exit from the scheme.	
9.2.9	Where Health Care Facility refuses to abide by the judgments of the arbitration board.	i. Formal report to relevant Regulatory body where applicable ii. Suspension for not less than 3 months iii. Delisting of such facilities
9.2.10	Where a Health Care Facility makes false claims to the TPA for a treatment/procedure not carried out	i. Formal report to relevant Regulatory body where applicable. ii. To pay a fine of not less than N50,000 iii. Delisting of such facilities
9.2.11	Where a Health Care Facility	i. To pay a fine of not less than N50,000

	deliberately and against Medical ethics undermanages an enrollee	ii. Formal report to relevant Regulatory body where applicable. iii. Delisting of such facilities
9.2.12	Where a Health care Facility engages in any fraudulent activity	i. To pay a fine of not less than N50,000 ii. Formal report to relevant Regulatory body where applicable and/or iii. Suspension for not less than 3 months iv. Delisting of such facilities
9.2.13	Where it is discovered that there was misrepresentation on the part of Health care Facility at time of application	i. To be delisted
9.2.14	When specified BHIS technical personnel requirements are no longer being met	i. To be delisted
9.2.15	Where a Health Care Facility deliberately and against Medical ethics divulges information about patients	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 N100,000 iv. Delisting of such facilities

9.2.16	<p>Where a Healthcare facility fails to submit claims after 3months</p> <p>Reconciliation of shortfalls after payment of claims must be within 3 months of receipt of payment advice.</p>	<p>BHIS shall not be liable for processing and reimbursement of such claims.</p> <p>BHIS shall not be liable for losses not reconciled within this period.</p>
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NOTE:

- a) Any HCF that fails to comply with the sanctions under these guidelines within 60 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 BHIS 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.

9.3 BENEFICIARIES

The BHIS will, upon a complaint by the TPA, 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:

Table 3. Offences and Penalties for Beneficiaries

	OFFENCES	PENALTIES
9.3.1	Willfully or intentionally engages in multiple registration	i. Delete the excess registration ii. Notify the employer iii. Warning iv. Liable to prosecution
9.3.2	Falsification of personal and/or medical records	i. Correct the records ii. Warning iii. Notify the employer iv. Liable to prosecution
9.3.3	Willfully and intentionally allowing usage of BHIS ID cards by	i. Persons involved are liable to prosecution ii. The enrollee involved

	unauthorized persons for service access	should refund the cost of consumed medical care
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APPENDIX 1:

CATEGORIES OF HEALTH CARE FACILITIES

Primary Health Care Facilities

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

1. Primary Health Care Centers
2. Comprehensive Health Care Centers
3. Nursing and Maternity Homes (Proof of Access to Medical Practitioner).
4. Out-patient Departments of General Hospitals
5. University Medical Centers
6. Specialist Hospitals and Teaching Hospitals.
7. Non-specialist Private Hospitals and Clinics

Secondary Health Care Facilities

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

1. General/Cottage Hospitals (out-patient specialist care and in-patient care for medical, surgical, paediatrics, obstetrics and gynaecology etc.)
2. Specialist Hospitals/Reference Hospitals
3. Pharmacies
4. Laboratories
5. Dental clinics
6. Physiotherapy clinics
7. Radiography centers
8. Ophthalmology centers
9. Optometry centers

10. ENT clinics

Tertiary HealthCare Facilities

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

1. Teaching Hospitals
2. Specialist Hospitals
3. Specialty/Specialized Hospitals (orthopedic, psychiatric, etc.)

APPENDIX 2:

FACILITY AND PERSONNEL REQUIREMENTS FOR PRIMARY HEALTH CARE FACILITY

FACILITY REQUIREMENTS:

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

Facility:

Waiting and Reception Area:

1. At least 4 x 3 metres
2. Sitting facilities
3. Reception table
4. Registration table
5. Medical record keeping facilities
6. Wheel chair/patients' Trolley
7. Adequate ventilation
8. Weighing scale
9. Stadiometre for heights

Consulting Room

1. At least 4 x 3 metres
2. Examination couch
3. Wash hand basin
4. Thermometer
5. Good light source
6. Stethoscope
7. Diagnostic set

8. Sphygmomanometer
9. Table and chairs
10. Adequate ventilation

Treatment Room:

1. At least 2 x 3 metres
2. Instruments cabinet
3. Dressing trolley/tray
4. Cotton swab
5. Needles and syringes
6. Galipot
7. Dressing forceps
8. Needle holder
9. Suture materials
10. Antiseptics and disinfectants
11. Gauze/bandages
12. Disposable gloves
13. Wash hand basin
14. Dressing stool
15. Colour coded containers for waste disposal
16. Safety box(es) for sharps
17. Patients' toilet facilities with adequate water supply
18. Sterilizer/Autoclave
19. Containers for disposal of sharp objects

Emergency tray containing:

1. Needles and syringes
2. Scalp vein needles

3. IV giving set
4. Injection hydrocortisone
5. Injection adrenaline
6. 5% dextrose
7. Normal saline
8. Injection Aminophyline
9. Gloves
10. Resuscitative equipment
11. Ambu bag
12. Oxygen cylinder and trolley
13. Suction machine (auto or pedal)
14. Drip stand
15. Oropharyngeal airway
16. Appropriate firefighting equipment
17. Adequate waste disposal facilities
18. Refrigerator
19. Alternate power supply

MINIMUM FACILITIES FOR LABOUR ROOM

Labour room at least 4 x 3 meters

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

Resuscitative Equipment:

- a. Oxygen
- b. Suction machine (auto or pedal)
- c. Resuscitative table
- d. Oropharyngeal airway
- e. Disposable gloves
- f. Needles & syringes
- g. Resuscitation Tray containing
 - i. 10/50% dextrose

- ii. Canulla 21G, 23G
- iii. IV giving set
- iv. Normal saline
- v. Dextrose saline
- h. At least 1 bed
- i. Adequate toilet facilities
- j. Adequate lighting
- k. Adequate water supply
- l. Adequate waste disposal
- m. Washable floor

Ward

- a. Lying-in ward with minimum distance of one meter in- between adjoining beds, and 1 x 3 sq. meters between two rows of beds
- b. A locker and an over-bed table for each bed
- c. Sterilizer/Autoclave
- d. Wheel chair/patients' trolley
- e. Ward screen
- f. Sluice room
- g. Adequate lighting
- h. Clean water
- i. Clean toilet and bath facilities with adequate water supply
- j. Adequate drainage
- k. Firefighting facilities in good condition that are appropriately distributed throughout the premises
- l. Mosquito screening for the wards
- m. Nurses' bay
- n. Doctors' room

- o. Possession of required professional indemnity insurance cover as stipulated in the BHIS Operational Guidelines
- p. Possession of appropriate equipment and staff to render services in the field of specialization
- q. Registration of premises by the Government of the State in which they operate, where applicable
- r. Alternative power supply in good condition

SIDE LABORATORY

- a. Microscope
- b. Bench centrifuge
- c. Refrigerator
- d. Glassware (slide, cover slips, etc)
- e. Stains
- f. Reagents/Kits
- g. Haematocrit centrifuge and reader
- h. Adequate waste disposal

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

PERSONNEL REQUIREMENTS

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
- c. At least one administrative staff and secretarial duties
- d. At least one medical Records
- e. At least one Medical Laboratory Technician

Health Centers

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

Nursing and Maternity Homes

Proof of access to Medical Practitioner

- a. At least two registered nurses/midwives
- b. At least two hospital assistants
- c. At least one administrative staff for medical records and secretarial duties

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:

1. Pharmacy
2. Laboratory
3. Operating theatre (where applicable)

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:

- a. X-ray and allied diagnostics
- b. Surgical operating theatre
- c. Lying-in ward with minimum distance of one meter in- between adjoining beds, and 1 x 3 sq. meters between two rows of beds
- d. A locker and an over-bed table for each bed
- e. Separate wards for male, female and children
- f. Delivery room, where applicable, to be 12sq. meters
- g. Wheel chair/patients' trolley
- h. Sluice room
- i. Possession of required professional indemnity insurance cover as stipulated in the BHIS Operational Guidelines
- j. Possession of appropriate equipment and staff to render services in the field of specialization
- k. Laundry Services
- l. Medical Equipment Management System
- m. Medical Janitorial Services
- n. Catering Services
- o. Bed pan/Urinal
- p. At least four Bed linens per bed
- q. Screens
- r. Adequate waste disposal
- s. Adequate alternate power source
- t. Firefighting equipment

Note: Any other facility that may be prescribed by the BHIS.

MINIMUM REQUIREMENTS FOR OBSTETRICS & GYNAECOLOGY

PERSONNEL

- i. Consultant Obstetrician and Gynaecologist
- ii. At least a visiting Paediatrician
- iii. At least two RN/RM per shift
- iv. Peri-operative nurse
- v. Anaesthetic personnel

GYNAECOLOGICAL CLINIC AND WARDS

- i. Antenatal Clinic
- ii. Post-natal Clinic
- iii. Family Planning Clinic
- iv. Antenatal Ward
- v. Post-natal Ward
- vi. Gynaecology Ward

DELIVERY SUITE:

- i. First Stage
 - a. At least one bed
- ii. Labour room at least 4 x 3 metres
 - a. A delivery bed

EQUIPMENT AND CONSUMABLES IN LABOUR ROOM SHOULD INCLUDE THE FOLLOWING:

- 1. At least 2 Delivery beds
- 2. Baby's cot

3. Weighing scale for (babies)
4. Delivery pack containing:
5. Episiotomy scissors
6. Kocher forceps
7. Artery forceps
8. Surgical scissors
9. Kidney dish without cover
10. Galipot
11. Straight scissors (long)
12. Cord scissors
13. Kidney dish with cover
14. Cord Clamp
15. Needles & Syringes –
16. Mucous extractor
17. Surgical gloves
18. Disposable gloves
19. Draw Mackintosh
20. Tape rule
21. Sterilizer (for delivery pack)
22. Suturing materials
23. Gauze bowl
24. Vitamin K, Oxytocin and Ergometrine injections
25. Resuscitative Equipment:
26. Oxygen
27. Suction machine (auto or pedal)
28. Ambu bag
29. Resuscitative table
30. Oropharyngeal airway

31. Disposable gloves xxi. Needles & syringes xxii. 10/50% dextrose
32. canulla 21G, 23G
33. IV giving set
34. Normal saline xxvi. Dextrose saline
35. At least 4 beds
36. Adequate toilet facilities
37. Adequate lighting
38. Adequate water supply
39. Adequate waste disposal
40. Washable floor

OPERATING THEATRE:

1. Standard theatre room
2. Operating table
3. Diathermy Machine
4. Gynae and Obstetrics Packs
5. Anaesthetic machine
6. Cardio-Respiratory Monitor
7. Suction Machine
8. Autoclave
9. Emergency Tray
10. Adequate air conditioning units
11. Adequate resuscitative equipment
12. Operating light source
13. Washable floor

MINIMUM REQUIREMENTS FOR SURGERY

PERSONNEL

- i. Consultant Surgeons
- ii. Peri-operative nurse
- iii. Anaesthetic personnel (doctors/nurses)
- iv. Intensive Care Nurse or Accident and Emergency Nurse, Theater technician

CLINICS, WARDS, THEATER AND RESOURCES

- a. Surgical Clinic
- b. Male and Female Surgical Ward
- c. Operating Theatre
- d. Standard theatre room
- e. Operating table
- f. Diathermy Machine
- g. Minor and Major Surgical Packs
- h. Anaesthetic machine
- i. Cardio-Respiratory Monitor
- j. Suction Machine
- k. Autoclave
- l. Emergency Tray
- m. Adequate air conditioning units
- n. Adequate resuscitative equipment
- o. Operating light source
- p. Washable floor

CASUALTY (ACCIDENT & EMERGENCY)

- a. Stretcher

- b. Couch
- c. Drip stand
- d. Emergency Trolley/Cupboard
- e. Adequate resuscitative equipment

MINIMUM REQUIREMENTS FOR PAEDIATRICS

PERSONNEL

- a. Paediatrician
- b. Paediatric nurses
- c. Nutritionist/dietician

PAEDIATRIC CLINIC

1. Examination couch
2. Auroscope
3. Laryngoscope/Endotracheal tube
4. Oxygen cylinder with face mask
5. Torch light/spot light
6. Tongue depressor
7. Weighing scale
8. Tape rule
9. Suction machine
10. Treatment tray/Cupboard
11. Paediatric sphygmomanometer
12. Sterilizer
13. Waiting area
14. Clinical thermometer

EMERGENCY PAEDIATRIC UNIT (EPU)

1. Paediatric couch/beds
2. Solusets and Haemosets
3. Weighing scale
4. Tape rule
5. Suction machine
6. Oxygen cylinder/face mask/endotracheal tube
7. Diagnostic set
8. Emergency drug tray/cupboard
9. Treatment tray
10. Sphygmomanometer/stethoscope
11. Paediatric resuscitative kit
12. Paediatric ambu bag
13. Gloves

SPECIAL CARE BABY UNIT (SCBU):

1. Scrubbing Room
2. Incubator
3. Heat radiant
4. Exchange blood transfusion kits
5. Solusets (various set)
6. Phototherapy machine
7. Oxygen cylinder/face mask/endotracheal tube
8. Weighing scale and tape rule
9. Spot light/torch light
10. Diagnostic set
11. Emergency drug tray/cupboard
12. Treatment/instrument tray

NUTRITIONAL REHABILITATION UNIT (NRU)

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

MINIMUM REQUIREMENTS FOR INTERNAL MEDICINE

PERSONNEL

- a. Consultant Physicians
- b. Qualified Nurse with Relevant Specialization

MEDICAL OUT-PATIENT DEPARTMENT AND CLINICS

1. Diabetic Clinic
2. Hypertensive Clinic
3. Cardiac Clinic
4. G I Clinic
5. Renal/Nephrology Clinic
6. Neurology Clinic

Relevant Equipment such as: ECG, EEG, Echocardiography

MINIMUM REQUIREMENTS FOR DENTAL CLINICS

PERSONNEL

- a. Dental Surgeon
- b. Dental Therapist
- c. Dental Technologist

DENTAL CLINIC

1. General outlay (sq. meter)
2. Waiting area
3. Screened/partitioned cubicle
4. Complete dental unit
5. Autoclave
6. Extraction forceps
7. Elevators
8. Amalgamator
9. Tooth filling instruments (temporary/permanent)
10. Tooth extraction materials
11. Dental syringes
12. Xylocaine cartridge/spray
13. Dental X-ray machine

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

MINIMUM REQUIREMENTS FOR EAR, NOSE AND THROAT (OTORHINOLARYNGOLOGY)

PERSONNEL

- a. ENT Surgeon
- b. ENT Nurse

CLINIC AND EQUIPMENT

1. ENT examination table with instrument set (Console)
2. Headlamp/head mirror
3. Auroscope

4. Fibre optic Naso-laryngo-pharyngoscope
5. Suction machine
6. Sterilizing systems
7. Chemical sterilization
8. Steam sterilization (Autoclave)
9. Audiometry Unit
10. Audiometer
11. Tympanometer
12. Bera equipment
13. Calorimeter
14. Special Therapy Unit

MINIMUM REQUIREMENTS FOR OPHTHALMOLOGY

PERSONNEL

- a. Consultant Ophthalmologist
- b. Ophthalmic Nurse
- c. Anaesthetic Personnel

OPHTHALMOLOGY CLINIC

1. Waiting area
2. Instrument tray/trolley
3. Slit lamp
4. Applanation tonometer
5. Ophthalmoscope
6. Retinoscope
7. Flash light
8. VA chart box
9. Trial lens set (for refraction)

10. Visual field machine
11. AB scoring machine
12. CVF machine
13. Ophthalmic drops
14. lensometer

Treatment Room

1. Examination couch
2. Minor treatment set
3. Sterilization systems
4. Autoclave
5. Angle poised lamp
6. Treatment tray/trolley
7. Flash light
8. Adequate Inpatient Ward
9. Theatre
10. Operating microscope
11. General ophthalmic surgery set
12. Oxygen and delivery system

MINIMUM REQUIREMENTS FOR OPTOMETRY

PERSONNEL

- a. Optometrist
- b. Ophthalmic Technician

CLINIC

1. Waiting area

2. Instrument tray/trolley
3. Slit lamp
4. Lensometer
5. Ophthalmoscope
6. Retinoscope
7. Flash light
8. VA chart box
9. Trial lens set (for refraction)
10. Visual field machine
11. AB scoring machine
12. CVF machine
13. Ophthalmic drops
14. Applanation tonometer
15. Optometry laboratory
16. Glazing Machine
17. PD (pupillary distance) rule

MINIMUM REQUIREMENTS FOR PHARMACY

PERSONNEL

- a. Superintendent Pharmacist
- b. Pharmacy Technician where applicable
- c. Sales Personnel where applicable

PHARMACIST

- i. Possession of approved and registered premises as specified by the Pharmacists Council of Nigeria (PCN)
- ii. Possession of required professional indemnity insurance cover as stipulated in the BHIS Operational Guidelines

Pharmacy must be equipped to meet the minimum requirements as prescribed below:

1. Pharmacist with basic qualification and registered with the Pharmacists Council of Nigeria
2. Pharmacists possession of current license to practice from the Pharmacists Council of Nigeria (PCN)
3. Possession of current premises license issued by the PCN
4. Pharmacy must be supervised by a Superintendent pharmacist, approved registered by the Pharmacists Council of Nigeria
5. Pharmacy must provide services 24 hours a day and 7 days a week.

General outlay of the premises:

1. Entire space area as prescribed by PCN
2. Arrangement of shelves and drugs for easy access
3. Pharmacist's office/counseling area
4. Display of original certificates
5. Separate dispensing area with tray and spatula/spoon
6. Air-conditioner
7. Fans
8. Refrigerator
9. Washable floor

Adequate storage for drugs:

- a. Separate air-conditioned store with shelves
- b. Refrigerator

Drug Information Unit:

1. Computer, Printer and Internet access
2. Medi-Pharm or MIMs Africa
3. Martindale – Extra-pharmacopoeia
4. Pharmacy Laws
5. British Pharmacopoeia
6. National Drug Policy
7. National Essential Medicines List
8. Pharmacy Journals
9. The 4-part compendium of standards for the assurance
10. of pharmaceutical care in Nigeria.

Schedule drugs

1. Separation of schedule drugs from over-the- counter drugs
2. Availability of lockable DDA cupboard
3. Availability of disposal of Dangerous Drugs Register
4. (PCN Form K)
5. Regular entries into the Dangerous Drugs Register (PCN Form K)

Adequate record keeping/ computerization

1. Drug receipts
2. Sales invoices
3. Sales books/ledgers
4. Bin cards
5. Adverse Drug Reaction Register
6. Alternative power supply
7. Fire Extinguisher

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

MINIMUM REQUIREMENTS FOR MEDICAL LABORATORY SERVICES

PERSONNEL

- a. Medical Laboratory Scientist
- b. Medical Laboratory Technician
- c. Medical Laboratory Assistant

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

LABORATORY

- A. Possession of a laboratory approved by the Medical Laboratory Science Council of Nigeria (MLSCN)
- B. The laboratory should be equipped to perform full investigations in the following areas:
 - 1. Haematology/Blood group serology
 - 2. Clinical Chemistry
 - 3. Medical Microbiology
 - 4. Medical Parasitology
 - 5. Histopathology (where necessary)
- C. Possession of personnel requirements for comprehensive laboratory services, i.e. qualified Medical laboratory scientists in the following specialized areas:
 - 1. Medical Microbiology
 - 2. Haematology/Blood group serology

3. Clinical Chemistry
4. Medical Parasitology
5. Histopathology (where necessary)

D. Possession of the following general minimum equipment and consumables:

1. Binocular Microscope
2. Incubator
3. Weighing balance
4. Water or Dry bath
5. Bench Centrifuge
6. Haemoglobin electrophoresis machine and accessories
7. Haematocrit centrifuge and reader
8. ESR system and accessories
9. Bunsen burner and gas cylinder
10. Laboratory consumables (disposables, reagents, chemicals, stains e.t.c)
11. Laboratory glass wares
12. Colorimeter/Spectrophotometer
13. Improved Neubauer counting chamber
14. Domestic and Blood Bank Refrigerators
15. Sterilizer/Autoclave
16. Bleeding Bay/Sample Collection Room
17. Pipetting devices (single or variable, serologic, etc)
18. Microtome (where necessary)
19. Wooden or plastic racks
20. Wash- up room/special media room
21. Adequate water supply
22. Air-conditioner
23. Fire extinguishing facilities
24. Alternative power supply

25. Toilet facilities/washable floor
26. Adequate Sharp/Waste Disposal
27. Bio-safety cabinet
28. Waste disposal (local incinerator must be provided)
29. Impermeable working benches (Formica/tiles)
30. No cloth blinds
31. Separate media room for microbiology which must be air-conditioned
32. Adequate illumination is vital
33. Copy of certificate of incorporation or business name registration
certification must accompany the completed forms

Note: Possession of the following equipment at the different departments/benches

Chemical Pathology

1. Flame Photometer
2. Colorimeter/spectrophotometer
3. Fridge
4. Deep freezer
5. Chemical Balance
6. Automatic Pipette

Haematology

1. Haematocrit
2. Microscope
3. Centrifuge
4. Colorimeter (if offering chemical pathology colorimeter spectrometer provided for chemical pathology will suffice)

Parasitology

1. Microscope
2. Centrifuge
3. Hot air oven

Bacteriology

1. Binocular
2. Autoclave
3. Hot air oven
4. Anaerobic jar
5. Facilities for CO2 incubation
6. Centrifuge
7. Incubator

Blood transfusion Science

1. Blood Bank
2. Facilities for bleeding of donors (bleeding coach)
3. Centrifuge
4. Microscope
5. Water bath

Histology

1. Microtome
2. Microscope
3. Water bath
4. Tissue processor

NOTE:

1. Laboratory services may be provided by in-house facilities as stated above, or by stand-alone laboratories accredited by the BHIS.
2. Laboratory accredited by BHIS shall operate on 24hour basis.

MINIMUM REQUIREMENTS FOR RADIOGRAPHY

PERSONNEL

- a. At least a part time Radiologist
- b. Radiographer

RADIOLOGICAL CENTER

Premises duly registered with the Government of the State in which the facility operates as an X-ray center, 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).

RADIO DIAGNOSIS

Minimum requirements as follows:

1. Waiting room
2. Standard X-Ray room as specified by the RRBN
3. At least one static X-Ray machine with a minimum of 100 MAS and 125 KVP output rating
4. One sizeable processing room equipped with a set of manual processor, including a drier
5. One X-Ray couch with Bucky
6. One chest stand

7. lead aprons
8. 1 protective cubicle
9. Hangers – all sizes
10. Cassettes – all sizes
11. X-ray viewing box
12. Gloves and masks
13. Gonad Shields
14. Safe Light
15. Lead Lining as specified by RRBN

MINIMUM REQUIREMENTS FOR ULTRASONOGRAPHY

PERSONNEL

- a. Sonographer
- b. Visiting Sonologist

USS CENTRE

1. Registration with RRBN
2. Possession of professional indemnity cover as may be determined from time to time by the BHIS
3. Patient waiting room
4. One ultrasound machine – with at least standard probes of different resistance rating
5. Gel

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

MINIMUM REQUIREMENTS FOR PHYSIOTHERAPY AND OTHER MEDICAL REHABILITATION THERAPY PROFESSIONS

PERSONNEL

- a. Registered Physiotherapists
- b. Other medical rehabilitation therapists
- c. Medical rehabilitation therapy technicians

CLINIC/CENTRE

- 1. Certification of equipment and premises by MRTB
- 2. Registration with the Medical Rehabilitation Therapists Board (MRTB)
- 3. Possession of professional indemnity cover as stipulated in the BHIS
Operational

Guidelines

- 1. Current license to practice
- 2. Well-equipped gym containing:
 - I. Bicycle ergometer Wall & parallel bars
 - II. Hand and wrist exerciser
 - III. Traction machines
 - IV. Re-education boards
 - V. Exercise mats/mattresses
 - VI. Shoulder wheels
 - VII. Tread mill
 - VIII. Air-conditioner
 - IX. Compression Bands
 - X. Foam Pads of all sizes and shapes
 - XI. Bowls and dishes

XII. Sterilizers/Autoclave

Treatment room (rehabilitation equipment)

1. Short-wave diathermy
2. Infra-red
3. Hydropak (Hot, cold)
4. Electrical stimulators
5. Ultrasound stimulators
6. Wax bath stimulators
7. Ultraviolet stimulators
8. Micro wave stimulators
9. Sphygmomanometer
10. Splints
11. Clean linen
12. Gloves and masks
13. Crepe bandages
14. Stadiometer
15. Ointment/cream for massage

Assistive devices (store)

- a. Walking stick
- b. Crutches
- c. Walking frame
- d. Wheel chairs

MINIMUM REQUIREMENT FOR HEALTH RECORDS

PERSONNEL

1. Health Technicians in Health Information Management
2. Register with NHRA and HRORBN
3. OND/HND in Health Information Management register with NHRA and HRORBN

MATERIAL

1. Patient waiting room with pigeon window well furnished.
2. Patients Hand card c Patients folder
3. Tracer card
4. Out Patient Register
5. In Patients Register
6. Notification of Diseases Form
7. ICD 10/11 by WHO
8. Computer/IT Backups
9. Library with Professional Medical journals
10. Health records Archive as specified by HRORBN
11. BHIS desk
12. Good ventilation
13. Washable floor
14. Alternate Power Supply
15. 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 BHIS.

FACILITY AND PERSONNEL REQUIREMENTS FOR TERTIARY HEALTH CARE

FACILITY

CATEGORIES

- a. Teaching Hospitals
- b. Federal Medical Centres
- c. Specialist Hospitals
- d. Specialized Hospitals

TEACHING HOSPITALS

PERSONNEL

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

CLINICS

- I. Psychiatry
- II. Subspecialty in: Surgery (viz: Urology, ENT, ophthalmology, orthopaedics, pediatric surgery, etc.)
- III. Internal medicine (viz. dermatology, nephrology, neurology, cardiology etc.)
- IV. O&G (Reproductive endocrinology, high risk obstetrics and gynaecological oncology etc.)
- V. Pediatrics (viz. paediatric oncology, paediatric nephrology, paediatric neurology, paediatric cardiology and neonatology)

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
- V. Physiotherapy
- VI. Pharmacy

c. Satellite Pharmacy

- I. Pharmaceutical Care
- II. Compounding
- III. Drug Information Service
- IV. Therapeutic Drug Monitoring
- V. Unit dose dispensing
- VI. Medical Library
- VII. Adequate Information and Communication Technology (ICT) infrastructure
to include internet access
- VIII. Dialysis
- IX. Optometry

d. Minimum Bed Space - 70 Beds

e. Equipment: As for each sub-specialty

FEDERAL MEDICAL CENTERS

PERSONNEL

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

CLINICS

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

SERVICES

As per existing departments and sub-specialties

Equipment

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

Minimum Bed Space - 50 Beds

SPECIALIST HOSPITALS

PERSONNEL

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

CLINICS

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

SERVICES

As per existing departments and sub-specialties

EQUIPMENT

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

Minimum Bed Space - 40 Beds

SPECIALIZED HOSPITALS

PERSONNEL

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

CLINICS

All relevant clinics and available sub-specialties.

SERVICES

As per existing departments and sub-specialties

EQUIPMENT

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

Minimum Bed Space - 20 Beds

APPENDIX 3:

TERMS AND CONDITIONS FOR PERTICIPATION

TERMS AND CONDITIONS FOR PARTICIPATION BY PRIVATE INDIVIDUALS

General Information

BHIS is committed to providing easy access to quality and affordable healthcare aimed 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 born 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)

<input type="text"/>	<input type="text"/>
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SIGNATURE

DATE

TERTIARY INSTITUTIONS SOCIAL HEALTH INSURANCE PROGRAM (TISHIP)

Tertiary Institutions Social Health Insurance Programme (TISHIP) of the Bayelsa Health Insurance Scheme is an adoption of that of the National Health Insurance Scheme (NHIS). However, several adjustments and additions have been made to fit into BHIS programs in terms of the benefit package, terms and conditions for participation and premium cost. Eligibility and duration of coverage are outlined in subsequent sections of this booklet.

AIM:

The aim of TISHIP of the Bayelsa Health Insurance Scheme is to have a unified purchasing system for healthcare services in tertiary institutions in the state that will guarantee and offer students access to needed medical care that is available, affordable and most importantly of good quality.

OBJECTIVES:

The objectives are;

1. To ensure that every student has access to qualitative healthcare services
2. To ensure that the institution clinics are improved in their standard of practice
3. To ensure availability of qualified personnel and standard equipment in the institution clinics

4. To ensure effectiveness and efficiency in service delivery in these clinics
5. To ensure that funds are readily available to health facilities in the institutions for upgrade and maintenance of equipment and services
6. To protect the students and their parents from the financial hardship that may arise from huge medical bills.

TERMS AND CONDITIONS FOR PARTICIPATION

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.

The Tertiary Institution

- The institution shall provide accurate record of all registered students at the beginning of each academic session.
- Ensure that each student as provided by the record, pays his/her premium at the commencement of each academic session.
- The premium does not cover the cost of pre-admission entry medical checks.
- The student registration number will serve as the TISHIP number and subsist same through the duration of his/her course of study.

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.
- The duration of the policy shall be though the duration and completion of your course of study with continuation of premium payment.
- 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.
- Premium are payable at the beginning of every academic session.
- 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 policy.
- 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.

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

- Each premium paid cover healthcare benefits for a single individual enrollee.

- Every student shall register as single individual enrollee.
- Each Premium covers a single enrollee only and do not cover dependents or coinsured.
- Individual enrollment is required for all students of an institution.
- The policy does not cover obstetric services.
- All participants shall be registered at their institution of learning clinic for primary services.

(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.
- Treatment at the nearest BHIS accredited healthcare facilities on emergency at presentation of your BHIS identification card and confirmation of eligibility by the facility.
- Receive appropriate referral to BHIS accredited secondary or tertiary facility for secondary or tertiary services.

(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) *Reinstatement:*

- (1) Any policyholder whose coverage has been terminated on account of items 11 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.

(13) *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

(14) IF YOU AGREE, PLEASE SIGN BELOW:

NAME OF ENROLLEE OR PRINCIPAL (SURNAME FIRST)

SIGNATURE

DATE