



NATIONAL HEALTH INSURANCE AUTHORITY



OPERATIONAL GUIDELINES 2023



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OPERATIONAL GUIDELINES



2023

NHIA
ABUJA, NIGERIA



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TABLE OF CONTENTS

TABLE OF CONTENTS	iii
FOREWORD	xii
PREFACE	xiii
ACKNOWLEDGEMENTS	xv
ABBREVIATIONS	xviii
DEFINITION OF KEY TERMS	xx
SECTION 1: GOVERNANCE	2
1.1 INTRODUCTION	2
1.2 NHIA VISION, MISSION, AND POSITION STATEMENT	2
1.3 CORE VALUES	2
1.4 ADMINISTRATIVE STRUCTURES	3
1.5 FUNCTIONS AND RESPONSIBILITIES OF SOME STAKEHOLDERS	4
1.6 HEALTH INSURANCE UNDER ONE ROOF (HIUOR)	9
1.7 NHIA MEDICINE SUPPLY INITIATIVE (NMSI)	11
1.8 DEVELOPMENT AND REVIEW OF STRATEGIC PLAN	12
1.9 FUNDING FOR THE AUTHORITY	13
1.10 ACCOUNTABILITY MECHANISM	13
1.11 REVIEW OF OPERATIONAL GUIDELINES	14
SECTION 2: SCHEMES AND PROGRAMMES	16
2.1 INTRODUCTION	16
2.2 CONTRIBUTORY SOCIAL HEALTH INSURANCE SCHEME (CSHIS)	16
2.2.1 Definition	16
2.2.2 Target Population	17
2.2.3 Programmes and Mode of entry	17
2.2.4 Financing Mechanism for Contributory Schemes.	18
2.3 PUBLIC SECTOR AND ORGANIZED PRIVATE SECTOR	18
2.3.1 Membership	18
2.4 ARMED FORCES, POLICE AND OTHER UNIFORMED SERVICES	20
2.4.1 Definition	20

2.4.2	Membership	20
2.4.3	Contribution	20
2.4.4	Scope of Coverage	20
2.5	GROUP INDIVIDUAL AND FAMILY SOCIAL HEALTH INSURANCE PROGRAMME (GIFSHIP)	20
2.5.1	Membership	20
2.5.2	Scope of Coverage	21
2.5.3	Contribution	21
2.5.4	Waiting Period	21
2.5.5	Identification	21
2.5.6	Renewal of Enrolment	22
2.6	TERTIARY INSTITUTIONS SOCIAL HEALTH INSURANCE SCHEME	22
2.6.1	Definition:	22
2.6.2	The Purpose of the programme:	22
2.6.3	Guiding Principles of the Programme:	22
2.6.4	OBJECTIVES OF THE PROGRAMME	22
2.6.5	Stakeholders of the Programme:	23
d.	State Social Health Insurance Agency (SSHIA)	24
2.6.6	Operations of the Programme	25
2.6.7	Referral	27
2.6.8	Administration:	27
2.6.9	Grievance and Arbitration	27
2.6.10	Programme Review	27
2.6.11	General Procedure for Participation in the TISHIP:	28
2.6.12	Exit:	28
2.7	NON-CONTRIBUTORY (SUBSIDY) HEALTH INSURANCE SCHEMES	28
2.7.1	Definition	28
2.7.2	Target Population/Mode of entry	29
2.7.3	Financing Mechanism	29
2.7.4	Provision of Healthcare	29
2.8	STATE SOCIAL HEALTH INSURANCE/CONTRIBUTORY SCHEMES	29
2.7.1	Introduction	29

2.7.2	Objectives	29
2.9	PRIVATE HEALTH INSURANCE (PHI)	30
2.9.1	Introduction	30
2.9.2	Types of Private Health Insurance	30
2.9.3	Requirements for Approval of Private Health Insurance Plans	30
2.9.4	Responsibilities of the NHIA	30
2.9.5	Obligations of HMOs to enrolees/beneficiaries under private health insurance	31
2.9.6	Obligations of HMOs to Healthcare Facilities	31
2.9.7	Obligations of HMOs to NHIA	32
2.10	INTERNATIONAL HEALTH INSURANCE PLAN (IHP)	32
2.9.1	Introduction	32
2.9.2	Model 1	32
2.9.3	Model 2:	33
2.9.4	Model 3	33
2.9.5	Model 4:	34
2.10	VULNERABLE GROUP FUND	36
2.10.2	The guiding principles of the VGF	36
2.11	BENEFIT PACKAGES	39
2.11.1	Basic Minimum Package of Health Services (BMPHS)	39
2.11.2	Benefit Package for Contributory Social Health Insurance Scheme	46
2.11.3	Referrals	54
2.11.4	Protocol for Medical Check-Up	56
2.12	NHIA PROVIDER PAYMENT MECHANISMS	59
2.12.1	Definition:	59
2.12.2	Funds Flow to Primary Facilities	59
2.12.3	Transfer of Funds from NHIA/SSHIA to Secondary and Tertiary Facilities	60
2.13	CLAIMS MANAGEMENT	60
2.13.1	Introduction	60
2.13.2	Process Flow for claims management	61
2.13.3	Medical claims management steps	61
2.13.4	Claims Processing Tools:	62

2.13.5	Timeline for Claims Management by NHIA/SSHIA/TPA	62
2.13.6	Conditions for denial of claims	63
2.13.7	Claims Appeals	63
SECTION 3: STANDARDS AND ACCREDITATION		66
3.1	ACCREDITATION OF HEALTH CARE FACILITIES	66
3.1.1	Healthcare Professionals Under the NHIA	66
3.1.2	Requirements for Healthcare Professionals	66
3.1.3	Classification of Health Care Facilities	69
3.1.4	Organization of Health Services:	69
3.1.5	Primary Healthcare Facilities	69
3.1.6	Secondary Healthcare Facilities	69
3.1.7	Tertiary HealthCare Facilities	70
3.1.8	Obligations of Healthcare Facilities	70
3.1.10	Facility and Personnel Requirements for Accreditation of Healthcare Facilities.	71
3.1.11	Procedures for Accreditation	71
3.1.12	Procedure for Full Accreditation	71
3.1.13	Accreditation fees	72
3.1.14	Obligations of Accredited Health Care Facilities	72
3.1.15	Conditions for Renewal of the Accreditation of Health Care Facilities	73
3.1.16	Exit from the Authority/ Relocation/ Change of Name	73
3.2	MEDICAL AUDIT	75
3.3	ACCREDITATION OF HEALTH MAINTENANCE ORGANISATIONS (HMOs)	75
3.3.1	Definition	75
3.3.2	Eligibility	75
3.3.3	Application for Accreditation as a HMO	76
3.3.4	Requirements for Provisional Accreditation	76
3.3.5	Documentation for Provisional Accreditation	77
3.3.6	Minimum Paid Up Share Capital	78
3.3.7	Commencement of Business	79
3.3.8	Requirements for Full Accreditation	79

3.3.9 Organogram of A HMO	80
3.3.10 Office Accommodation of HMOs	80
3.3.11 Appointment to Board and Management Positions of Health Maintenance Organizations (HMOs)	82
E. HEAD OF HEALTH SERVICES DEPARTMENT	83
3.3.12 Appointments to Fill Vacant Positions	84
3.3.13 Requirements for HMO Reaccreditation	84
3.3.14 Functions of Health Maintenance Organisations (HMOs)	85
3.3.15 General Obligations of HMOs	86
3.3.16 Drug Administration	88
3.3.17 Health Care Delivery System and Administration	88
3.3.18 Financial Matters	88
3.3.19 Statement of Affairs	89
3.3.20 Quality Assurance	89
3.3.21 Agreement between Health Maintenance Organizations (HMOs) and Facilities	89
3.3.22 Protocol and Timeline for Acquisition of an Accredited HMO	90
3.3.23 Requirements for Change of Name of Accredited Health Maintenance Organization (HMOs) and Third-Party Administrators (TPAs)	91
3.3.24 Relocation of Premises	91
3.3.25 Mandatory Security Deposit for HMOs	92
3.3.26 Voluntary Exit of A HMO	93
3.3.27 Withdrawal of License of HMO	93
3.4 ACCREDITATION OF THIRD-PARTY ADMINISTRATOR (TPA) UNDER THE NATIONAL HEALTH INSURANCE AUTHORITY	94
3.4.1 Definition of a Third-Party Administrator (TPA)	94
3.10.2 ELIGIBILITY	95
3.4.3 Application Procedure	95
3.4.4 Requirements for Accreditation	95
3.4.5 Documentation	96
3.4.6 Minimum Capital Requirement	98
3.4.7 Accreditation fees	98

3.4.8 Management Structure of TPAs	98
3.4.9 Reaccreditation of TPAs	100
3.4.10 Obligations of TPAs	100
3.4.11 Functions of TPAs	100
3.5 ACCREDITATION OF MUTUAL HEALTH ASSOCIATIONS (MHA)	100
3.5.1 Introduction	100
3.5.2 Definition	101
3.5.3 Management of MHAs	101
3.5.4 Membership	101
3.5.5 Sources of Fund	101
3.5.6 Benefit Package	102
3.5.7 Conditions for Accreditation	102
3.5.8 Procedure for Accreditation	102
3.5.9 Accreditation Fee Payable by Mutual Health Associations	103
3.5.10 Rules and Regulations	103
3.5.11 Conditions for Renewal of the Accreditation of Mutual Health Associations	104
3.5.12 Board of Trustees (BoT)	105
3.5.13 Composition/Eligibility	105
3.5.14 Merger and Acquisition of MHAs	105
3.5.15 Exit from the Authority	105
3.6 ACCREDITATION OF INSURANCE COMPANIES UNDER THE NHIA	106
3.6.1 Requirement for Accreditation	106
3.6.2 Functions of Insurance Companies	106
3.6.3 Accreditation Fee for Insurance Companies	106
3.6.4 Professional Indemnity	106
3.6.5 Renewal of Accreditation of Insurance Companies	107
3.6.6 Exit from the NHIA Operations	107
3.7 ACCREDITATION OF INSURANCE BROKERS	108
3.7.1 Definition	108
3.7.2 Eligibility	108
3.7.3 Conditions for Accreditation of Insurance Brokers	108

3.7.4	Accreditation Fee Payable by Insurance Brokers	108
3.7.5	Functions of Insurance Brokers	108
3.7.6	Insurance Policies	109
SECTION 4: DATA MANAGEMENT		111
4.1	INTRODUCTION.	111
4.2	DATA COLLECTION	111
4.3	HEALTH INSURANCE ROUTINE DATA FLOW	114
4.4	DATA MANAGEMENT ROLES AND RESPONSIBILITIES	115
4.4.1	National Level: National Health Insurance Authority	115
4.4.2	State Level: State Social Health Insurance Agencies (SSHIA)	116
4.4.3	Facility Level: Healthcare Facility (PHCs & SHCs) Record Office	116
4.4.4	HMOs, TPAs & MHAs	117
4.5	COMPLIANCE WITH THE DATA MANAGEMENT GUIDELINES	117
4.6	ROUTINE DATA QUALITY ASSESSMENT (AUDITS) RDQA	117
4.7	DATA ANALYSIS AND SYNTHESIS	117
4.8	SPECIAL SURVEYS	118
4.9	DATA PRIVACY AND PROTECTION	118
4.9.1.	COMPLY WITH THE DATA PROTECTION, SAFEGUARD AND PRIVACY PROVISIONS OF NDPR AS IT CONCERNS THE MANAGEMENT AND PROCESSING OF PERSONAL AND PRIVATE DATA SUCH AS HEALTH INSURANCE DATA AND RELATED INFORMATION.	118
4.9.2.	COMPLY WITH THE NDPR REQUIREMENT FOR YEARLY DATA PROTECTION COMPLIANCE AUDIT TO BE CONDUCTED ONLY BY A DATA PROTECTION COMPLIANCE ORGANIZATIONS (DPCO) ACCREDITED BY THE NATIONAL DATA PROTECTION BUREAU (NDPB).	118
4.9.3.	FILE IN AN ANNUAL AUDIT REPORT AS A RESULT OF (ii) ABOVE TO THE NDPB WITHIN THE TIMEFRAME STIPULATED BY THE NDPR	118
4.10	DATA DISSEMINATION AND USE	118
4.11	MONITORING AND EVALUATION OF HEALTH INSURANCE IN NIGERIA	118
SECTION 5: OFFENCES, PENALTIES AND LEGAL PROCEEDINGS		120
5.1	INTRODUCTION	120
5.1.1	Categories of Sanctions	121

5.2 STATE SOCIAL HEALTH INSURANCE AGENCIES (SSHIA)	121
5.3 HEALTH MAINTENANCE ORGANIZATIONS (HMOs)	125
5.4 THIRD-PARTY ADMINISTRATORS (TPAs)	130
5.5 HEALTHCARE FACILITIES (HCFs)	135
5.6 BENEFICIARIES	140
5.7 COMPANIES/SMALL & MEDIUM SCALE ENTERPRISE (SMEs)	141
APPENDICES	143
• Appendix 1: A Claims Form	127
• Appendix 2: Accreditation Requirements For Healthcare Facility	128
• Appendix 3: Procedures And Timelines For Merger And Acquisition of MHOS	151
TABLE OF FIGURES	
Figure 1: Stakeholders of NHIA	3
Figure 2: Framework of the HIUOR	10
Figure 3: Disbursement of funds to healthcare facilities	38
Figure 4: Process Flow for claims management	61
TABLES	
Table 1: Core values of NHIA	4
Table 2: The types of Schemes	16
Table 3: Table of medical examinations unrelated to illness	56
Table 4: Timeline for Claims Management by NHIA/SSHIA/TPA	62
Table 5: Minimum Professional indemnity Cover for different Healthcare Facilities	107
Table 6: Data Collection Process	111
Table 7: Data management responsibilities: national	115
Table 8: Data management responsibilities: state	116
Table 9: Data management responsibilities: healthcare facility	116
Table 10: Data management responsibilities: HMOs, TPAs & MHAs	117
Table 11: Offences, Penalties and Legal Proceedings for SSHIA	121

Table 12: Offences, Penalties and Legal Proceedings for HMO	125
Table 13: Offences, Penalties and Legal Proceedings	131
Table 14: Offences, Penalties and Legal Proceedings	135
Table 15: Offences, Penalties and Legal Proceedings for Beneficiaries	140
Table 16: Offences, penalties and legal proceedings for SMEs and companies	142

FOREWORD

The quest for Universal Health Coverage in Nigeria has resulted in the development of various laws, policies, plans and strategies, to expand coverage, improve access and address implementation challenges. Accordingly, the National Health Insurance Authority (NHIA) Act was signed into law on May 19, 2022, repealing the NHIS Act 2004 and addressing many of its inherent challenges.

The NHIA Act provides two critical provisions for the attainment of Universal Health Coverage - a legal basis for mandatory participation and the establishment of the Vulnerable Group Fund. These two provisions strengthen the capacity of the NHIA to ensure financial access to quality healthcare services for all Nigerians, in line with Sustainable Development Goal (SDG) 3 and contribute to poverty reduction as well as socioeconomic development. The Act also expands the role of NHIA to that of a regulator, promoter and integrator of all health insurance schemes in Nigeria, while recognizing the relevance and roles of various stakeholders.

The NHIA Operational Guidelines are secondary laws derived from the NHIA Act. These Operational Guidelines are, therefore, the result of expert insights and extensive practical experience from all stakeholders in the health insurance ecosystem. They have been crafted to align with the rebranded NHIA mission, vision, and core values and the extensive reforms within the health insurance ecosystem. The Guidelines ensure that all stakeholders have a broad-based knowledge of health insurance operations in Nigeria.

Within these pages, you will find a wealth of information that covers a wide range of operations ranging from governance and stewardship to accreditation, data management, as well as offences, penalties and legal proceedings. Each section provides clear and actionable guidance to support all actors in their respective roles. By adhering to the principles, processes, procedures, and practices outlined in these Guidelines, we can enhance operational efficiency, mitigate risks, and drive sustainable growth.

We extend our gratitude to all those who contributed towards the review and development of these Guidelines. Thank you for your commitment to upholding the highest standards of operational excellence. Your dedication, expertise, and commitment to excellence have been instrumental to creating an enriched document that will take health insurance in Nigeria to greater heights.

We trust that these Guidelines will serve as valuable resources in our journey towards the attainment of Universal Health Coverage.

Prof. Mohammed Nasir Sambo
Director-General/CEO, NHIA

PREFACE

The National Health Insurance Authority (NHIA) Act 2022 was signed into law on May 19, 2022, by the then Commander-in-Chief of the Nigerian Armed Forces, President Muhammadu Buhari. Although the effort to review the National Health Insurance Scheme (NHIS) Operational Guidelines, 2012 has been ongoing, it was necessary to review the guidelines and bring them into compliance with the provisions of the new Act.

The NHIA Act 2022 makes health insurance mandatory in Nigeria. It recognizes the decentralized state of health insurance in Nigeria, provided for the Vulnerable Group Fund (VGF) and empowered the NHIA to promote, regulate and integrate health insurance schemes in the country among other major provisions of the Act.

The development of this edition of the operational guidelines passed through many stages and incorporated inputs from various stakeholders within and outside the health sector. The Committee leveraged on the work of an internal team that harmonized key provisions of the new Act with the old operational guidelines into a draft document. The Committee, after inauguration called for inputs through national dailies and received memoranda from many stakeholders. The draft document from NHIA, excerpts from the memoranda, inputs from committee members and opinions of health system experts formed the basis of this document.

The highlight of this review includes the expansion of the operational guidelines from four (4) to five (5) sections with the introduction of the Governance Section (Section One). Section Two is now called Schemes and Programmes (formerly Programmes); Records and Information section (formerly section three) has been renamed Data Management (section four).

Under the Section 2, three major schemes, viz: Contributory, Non-contributory and Private health insurance (Supplementary and Complementary) schemes were identified. Detailed guidelines were developed for Vulnerable Group Fund, State Social Health Insurance Schemes, Group, Individual and Family Social Health Insurance Programmes (GIFSHIP), Private Health Insurance, International Health Insurance, Claims Management and Provider Payment Mechanisms.

Section 3 provides new guidelines for the accreditation of all stakeholders and describes the standards that each stakeholder must comply with. Section 4 describes data management for the health insurance system in alignment with existing data laws. Section 5 discusses the penalties and sanctions prescribed for specific breeches and offences for all stakeholders.

Based on the effort of the membership of the different stakeholders, I am confident that NHIA Operational Guidelines, 2023 will significantly lead to improvement in the implementation of health insurance in Nigeria and the march towards Universal Health Coverage. I therefore, urge all stakeholders of health insurance in Nigeria and the public to embrace the NHIA Operational Guidelines, 2023

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BHCPF	Basic Health Care Provision Fund
BMPHS	Basic Minimum Package of Health Services
CAMA	Corporate and Allied Matters Act (2020)
CSHI	Contributory Social Health Insurance
EISHIP	Educational Institutions Social Health Insurance Programme
EmONC	Emergency Obstetric and Neonatal Care
FCT	Federal Capital Territory
FGN	Federal Government of Nigeria
HCP	Health Care Provider
HIUOR	Health Insurance Under One Roof
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IDP	Internally Displaced Persons
IHP	International Health Plans
GIFSHIP	Group, Individual and Family Social Health Insurance Programme
HIV	Human Immunodeficiency Virus
MDA	Ministries, Departments and Agencies
MHA	Mutual Health Association
MNCH	Maternal, Newborn and Child Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NHIA	National Health Insurance Authority
NHMIS	National Health Management Information System
NPI	National Programme on Immunization
NSR	National Social Register
OPS	Organized Private Sector

PHI	Private Health Insurance
PPM	Provider Payment Mechanism
PSSHIP	Public Sector Social Health Insurance Programme
SERVICOM	Service Compact with All Nigerians
SLA	Service Level Agreement
SSHIA	State Social Health Insurance Agency
SSHIS	State Social Health Insurance Scheme
TPA	Third Party Administrator
UHC	Universal Health Coverage
VCT	Voluntary Counselling and Testing
VGF	Vulnerable Group Fund

DEFINITION OF KEY TERMS

Beneficiary (also known as a client or enrollee) – a person who has (been) enrolled with NHIA, is up to date with payment of contributions or premiums and is entitled to health insurance cover.

Benefit Package – a list of healthcare services that is defined as being within the scope of a health insurance scheme or plan.

Board of Trustees – elected community representatives who manage the Mutual Health Association.

Capitation – regular advance payment(s) made to a primary care facility on behalf of an enrollee or contributor for health care services. Capitation is paid irrespective of whether the enrollee or contributor utilizes the services or not.

Co-insurance – part payment made by an enrollee for treatments or investigations covered under the partial exclusion list and other cost-sharing arrangements.

Co-payment – payment made by the enrollee to the accredited pharmacies at the point of service. Copayment is currently fixed at 10% of the total cost of medicines per prescription order, based on the NHIA Medicine List. Exemptions apply to some categories of enrollees including vulnerable groups and National Youth Corps Members.

Employee – a worker hired and paid by an employer.

Employer – a public or private organization that hires and pays five or more employees.

Enrollee – see Beneficiary.

Exclusions – conditions that are excluded from a health insurance benefit package.

Fee-for-service – retrospective payment(s) made to secondary or tertiary healthcare providers for services rendered to enrollees referred from the primary healthcare providers. Primary care facilities can also be paid on a fee-for-service basis for emergency cases.

Four live births – four pregnancies ending in live births under the NHIA for every insured principal.

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.

Health Maintenance Organizations - a company accredited by the NHIA to manage the provision of health care services to beneficiaries by accredited healthcare facilities.

HealthCare Facilities - these are primary, secondary, or tertiary healthcare facilities that are accredited by NHIA to provide health services to their enrollees.

Mutual Health Associations - bodies registered by the NHIA to manage the provision of healthcare services to identified communities through NHIA accredited providers.

Partial exclusions - conditions that are included in the benefit package which are partly paid for by the beneficiary (enrollee).

Payer - An organisation, entity or person that pays for health services rendered by healthcare facilities.

Per Diem - payment(s) made to secondary or tertiary healthcare facilities for bed space (per day) during hospitalization. Primary healthcare facilities can also be paid per diem for emergency cases.

Principal (enrollee) - the main contributor who is in formal employment (public or private), and on behalf of whom other biological members of the family (dependants) are enrolled.

Private Health Insurance - a health insurance system that is organized and administered by a private for-profit organization, with provisions specified in a contract. Participation is voluntary and the level of contribution is determined by the level of (health and/or financial) risk.

Programme Managers - bodies responsible for the technical and administrative operations of schemes/programmes. Programme Managers may include the Board of Trustees (BoT) of Mutual Health Associations, Health Maintenance Organisations, and accredited Third-Party Administrators (TPAs).

Provider Payment Mechanisms - mechanisms used to transfer funds from the purchaser to health care facilities for services (eg capitation, fee for service, disease related groups, per diem and commissioning)

Purchaser - A body or organization that purchases healthcare services on behalf of an identified group of persons.

Social Health Insurance - a health insurance system that is not-for-profit and usually financed by compulsory contributions or taxes which are mandated by law.

The level of contribution is determined by the ability to pay and not by risks such as age and pre-existing health conditions.

The Authority - refers to the National Health Insurance Authority (NHIA) established by NHIA Act 2022, and responsible for promotion, regulation, and integration of all health insurance schemes in Nigeria.

Vulnerable Groups - persons who due to their physical, mental, or socio-economic status cannot engage in meaningful economic activity or afford basic needs.



1

SECTION 1
Governance

SECTION 1: GOVERNANCE

1.1 Introduction

This section provides a broad overview of the governance, structures, and roles of the National Health Insurance Authority (NHIA) in relation to those of other actors whose activities impact the Health Insurance eco-system and the entire health care delivery system in the country.

The activities of all the stakeholders are expected to enhance the performance of the overall system.

The stakeholders are as shown in the figure 1 below:

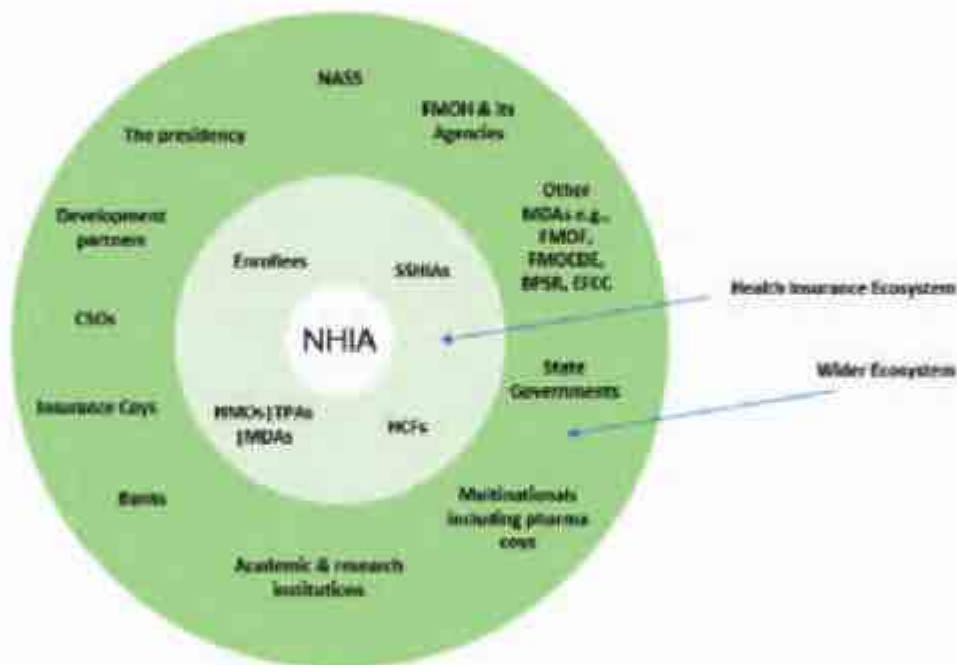


Figure 1: Stakeholders of NHIA

1.2 NHIA Vision, Mission, and Position Statement

Vision - To be a leading agency committed to achieving financial access to quality healthcare for all Nigerians.

Mission - To mobilize and pool financial resources for the strategic purchasing of affordable and quality healthcare for all Nigerians.

Position Statement - Financial access to quality healthcare for all Nigerians

1.3 Core Values

Table 1: Core values of NHIA

	Core Values
a) Commitment	We are committed to promoting excellence and professionalism in our business processes and healthcare delivery.
b) Responsiveness	We understand your healthcare needs and will ensure your rights are protected and expectations met.
c) Efficiency	We believe in delivery of highest standards of healthcare and will ensure speedy and cost-effective services.
d) Accountability	We value high standards of accountability and will hold ourselves and other stakeholders accountable for any inadequacy.
e) Transparency	We build open and honest relationships with all stakeholders.
f) Equity	We treat all healthcare providers, consumers, and other stakeholders at all levels with courtesy, respect, dignity, and impartiality.

1.4 Administrative Structures

The Authority consists of a Governing Council and a management team.

The Governing Council is headed by the Chairman appointed by the President on the recommendation of the Honourable Minister of Health to provide stewardship, policy direction, priority setting and to hold management at all levels accountable.

The Management team consists of the Director General/Chief Executive Officer, the directors and other heads of statutory units who are responsible for the day-to-day running and operations of the Authority.

1.5 Functions and Responsibilities of Some Stakeholders

1.5.1 Functions and Responsibilities of the Federal Government of Nigeria

- a. Appoint a Director General and CEO for the Authority subject to confirmation by the Senate.
- b. Establish a Governing Council for the Authority.
- c. Allocate a Special Intervention Fund which shall be appropriate to the Vulnerable Group Fund.

- d. Intervene wherever necessary to ensure the actualisation of Universal Health Coverage

1.5.2 Functions and Responsibilities of the Honourable Minister of Health

- a. May give directives to the Council on matters of policy.
- b. Notify the President, on behalf of the Council, of a vacancy in the event of resignation, demise, or removal from office of a member of the Council.
- c. Recommend to the President, the removal of a member of the Council if it is not in the interest of the Authority or the public that the member(s) should continue in office.

1.5.3 Functions and Responsibilities of NHIA

The NHIA was established by the NHIA Act of 2022 to promote, integrate, and regulate all health insurance schemes that operate in Nigeria. This therefore means its responsibilities include:

Promotion

- a. Ensure that health insurance is mandatory for every Nigerian and legal resident.
- b. Seek and advocate for funds for the Vulnerable Group Fund (including BHCPF).
- c. Make proposals to the Council for the formulation of policies on health insurance.
- d. Undertake on its own or in collaboration with other relevant bodies a sustained public education on health insurance.
- e. Devise a mechanism for ensuring that indigents' basic health care needs are adequately provided for.
- f. Devise a mechanism for ensuring that the basic health care needs of vulnerable persons are adequately provided for in conjunction with the States.
- g. Ensure manpower development of the Authority.
- h. Undertake research and generate statistics on matters relating to the Authority.

Integration

- a. Promote, support, and collaborate with States through State Social Health Insurance Schemes to ensure that Nigerians have access to quality health care that meets national health regulatory standards.
- b. Provide technical and other relevant support to State Social Health Insurance Agencies.
- c. Provide and maintain Information and Communication Technology (ICT) infrastructure and capability for the integration of all data on all health schemes in Nigeria.

- d. Exchange information and data with the National Health Management Information System, Financial Institutions, Federal Inland Revenue Services, State Inland Revenue Services, National Bureau of Statistics, professional regulatory bodies, and other relevant bodies and individuals for research purposes upon their request.
- e. Issue unique identifiers to all beneficiaries of Health Insurance in Nigeria

Regulation

- a. Enforce the basic minimum package of health services for all Nigerians across all health insurance schemes operating within the country including Federal, States, and the Federal Capital Territory (FCT) as well as private health insurance schemes.
- b. Ensure the implementation and utilization of the Basic Health Care Provision Fund as required under the National Health Act 2014 and any guidelines as approved by the Minister under that Act.
- c. Grant accreditation and re-accreditation to eligible Health Maintenance Organizations, Mutual Health Associations, Third Party Administrators, and Health Care Facilities and monitor their performance.
- d. Approve contributions to be made by members of various health insurance schemes.
- e. Provide or request for the establishment of mechanisms for receiving and resolving complaints by members of the schemes and Health Care Facilities, Health Maintenance Organizations, Mutual Health Associations, and Third-Party Administrators.
- f. Maintain a register of licensed health insurance schemes and accredited health care facilities.
- g. Evaluate any new proposal about extending the coverage of a health insurance scheme to any group of Nigerians.
- h. Accredit insurance companies, insurance brokers, and banks desirous of participating in health insurance schemes under the Authority.
- i. Regulating all health insurance schemes in Nigeria by the provisions of the Act.
- j. Approve formats of contracts for health service purchasing.
- k. Approve payment mechanisms for health insurance ecosystem.
- l. Develop operational guidelines for the Authority and ensure it is reviewed at least once every five years.
- m. Sanction erring parties by the provision of the operational guidelines.
- n. Ensure that tariffs agreed with health care facilities are reviewed on a three-yearly basis to the mutual satisfaction of Health Care Facilities, Health Maintenance Organizations, Health Insurance Schemes, and the Authority.
- o. Carry out such other activities as are necessary or expedient for achieving the objectives of the Authority under the Act

1.5.4 Functions and Responsibilities of State Social Health Insurance Agencies / Contributory Schemes

State social health insurance agencies/contributory schemes

- a. Provide access to health services to residents of the State.
- b. Ensure coverage as outlined in the Basic Minimum Package of the National Health Act.
- c. Ensure that any Health Maintenance Organization, Health Care Facility, Mutual Health Association, or Third-Party Administrator employed in State Health Insurance Schemes, or the Federal Capital Territory Health Insurance Scheme are registered by the Authority.
- d. Establish an Information and Communication Technology infrastructure for data management which shall integrate with and provide information in the requisite format to the ICT infrastructure of the Authority.
- e. Provide coverage for vulnerable persons through the Basic Health Care Provision Fund and other sources and not require the payment of premiums from beneficiaries for such coverage.
- f. Be responsible for disbursements, management, monitoring and evaluation of the Basic Health Care Provision Fund in line with the relevant guidelines issued by the Authority.

1.5.5 Functions and Responsibilities of Health Maintenance Organizations

A HMO shall:

- (a) Have roles as may be assigned to it by State Health Insurance Schemes including the role of TPA.
- (b) Where employed to collect contributions, ensure prompt remittance of contributions to State pools.
- (c) Perform other administrative functions as required under this Act.
- (d) Pay administrative charges to the Authority for regulation and related issues.
- (e) Pay for services rendered by Healthcare Facilities accredited under the Authority for private health insurance.
- (f) Establish a quality assurance system to ensure that qualitative care is given by health care providers to enrollees.
- (g) Render to the Authority returns on its activities as may be required by the Council.
- (h) Market and promote health insurance.
- (i) Perform any other function as may be required by the Authority.

A HMO shall not be involved in the direct delivery of health care services.

Any private health insurance plan marketed by a HMO shall be subject to approval by the Authority.

1.5.6 Functions and Responsibilities of Mutual Health Associations (MHAs)

An MHA may carry out any of the following functions:

- (a) Carry out continuous community mobilization and sensitization.
- (b) Negotiate with providers and purchase services for its members and their families in consultation with the Authority.
- (c) Ensure prompt remittance of contributions collected on behalf of the members to the State Health Insurance Scheme.
- (d) Assist in ensuring quality assurance.
- (e) Perform any other function as may be required by the Authority.

1.5.7 Functions and Responsibilities of Third-Party Administrators (TPAs)

A TPA may carry out any of the following functions:

- (a) Carry out continuous quality assurance.
- (b) Ensure patient satisfaction through relevant mechanisms including the operation of call centers.
- (c) Carry out any other administrative functions which they are required to perform to facilitate the implementation of state health schemes.
- (d) Perform any other function as may be required by the Authority.

1.5.8 Functions and Responsibilities of Health Care Facilities

A health care facility accredited under the Authority shall:

- (a) Render quality health care services in line with the approved benefit package.
- (b) Render quality health care services to insured persons in accordance with the benefit package.
- (c) Secure appropriate Accreditation with NHIA.
- (d) Provide services in line with approved the benefit package.
- (e) Comply with NHIA Operational Guidelines.
- (f) Sign contractual agreements with relevant stakeholders where applicable.
- (g) Ensure enrolees' satisfaction.
- (h) Provide returns on utilization of services and other data to NHIA.
- (i) Report any complaints to NHIA, SSHIAs, HMOs, TPAs and other stakeholders as applicable.
- (j) Limit delivery of services to level of accreditation.

1.5.9 Functions and Responsibilities of Beneficiaries / Enrolees

Every beneficiary shall:

- a. Enroll in Social Health Insurance.
- b. Ensure the provision of appropriate biodata at the point of registration.

- c. Freely choose his/her NHIA accredited primary healthcare facility(ies).
- d. Ensure that there is no impersonation of his/her identity.
- e. Report any dissatisfaction with services rendered to the relevant/responsible stakeholder(s).
- f. Ensure strict adherence to the provisions of the Act and the Operational Guidelines.

1.6 Health Insurance Under One Roof (HIUOR)

In 2020, reforms in the governance of the health insurance ecosystem in Nigeria birthed the Health Insurance Under One Roof (HIUOR) concept which was developed as a mechanism to reduce bottlenecks in service delivery and ensure that health insurance operates under a decentralized system with proper coordination and unified data among several other objectives. This is more pertinent now because the Act has allowed the NHIA to integrate, regulate and promote all health insurance activities.

The concept of HIUOR identifies critical success factors for repositioning Health Insurance schemes for UHC. The concept defines the common goal as Universal Health Coverage through social health insurance by 2030 and provides mechanisms for unifying direction of stakeholders.

The concept projects a collaborative system, uniform and integrated coordination and joined-up planning, etc. It also provides mechanisms for accountability and transparency in the health insurance industry.

In all, HIUOR is expected to further the policy of decentralization of Health Insurance, foster inclusiveness in operations of health insurance through robust stakeholder engagement as concerted efforts towards the attainment of UHC.

The effective operations of HIUOR shall be underpinned by twelve (12) pillars. The pillars represent the processes that will be improved upon by facilitating collaborative working of all stakeholders for fast-tracking UHC attainment. They evolved from a robust consultative process and root cause analysis of the low Health Insurance penetration in Nigeria.

The twelve pillars were identified as critical for expanding coverage and they draw from existing Nigerian statutes, policies, and operational guidelines of State and Federal implementers, private sector actors and technical partners.

The implementation of the HIUOR will optimize the coordination of governance mechanisms at national and subnational levels and promote the devolution of functions at the State level for improved demand generation and on-site support.

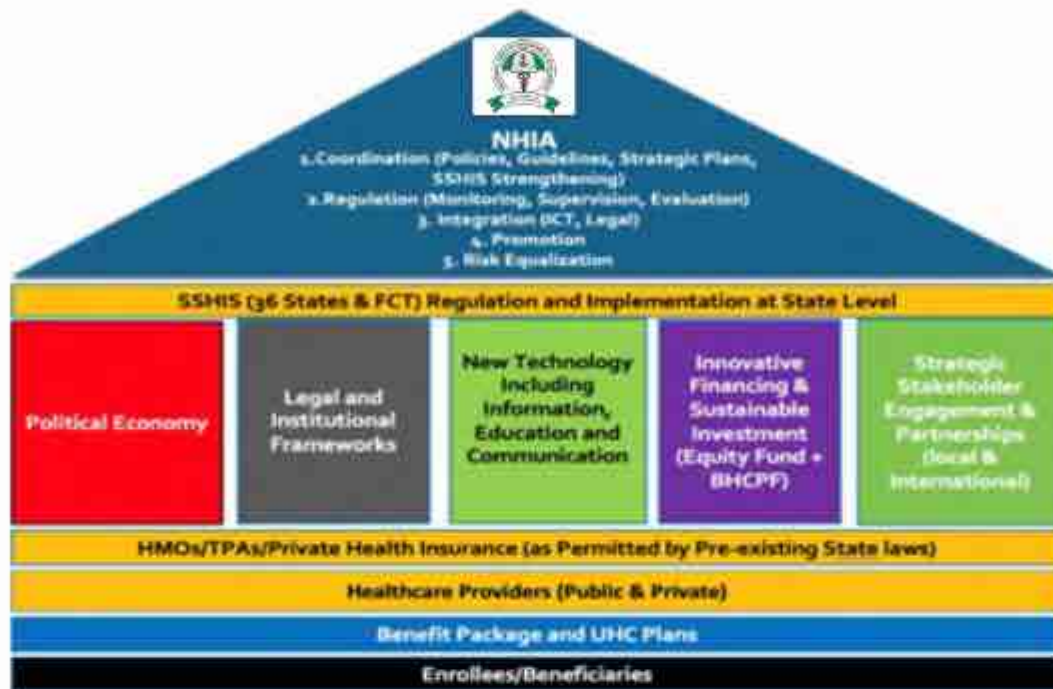


Figure 2: Framework of the HIUOR

The concept identifies linkages with evolving health policy changes and financing mechanisms while articulating with clarity the structure of fund disbursement, appropriation, data management and flow, business rules and governance framework.

The integration role of the Authority as provided in the NHIA Act 2022 is aptly described by the HIUOR concept.

1.6.1 Integration of Data

The NHIA shall deploy a national interoperable ICT infrastructure that would enable transmission of information from source to a central database. The Authority shall also provide guidance for ICT deployment to Health Insurance Schemes and support IT capacity improvements in Health Insurance Schemes across the country.

1.6.2 Integration of Identity

The NHIA in collaboration with the SSHIS shall develop a framework for the introduction of a unique national health insurance identity system. This would aid in the aggregation of national health insurance coverage data from all sources for tracking progress to UHC.

1.6.3 Integration of Funding

The NHIA shall utilise the HIUOR to expand finance options for Health Insurance in the country through innovative means. The performance of the financing options in the States and other strategies to operationalise innovative financing shall be appropriately monitored by the Authority.

1.7. NHIA Medicine Supply Initiative (NMSI)

1.7.1 Background

Following the strategic stakeholders' engagement of the pharmaceutical manufacturers and companies, the NHIA commenced the NHIA Medicine Supply Initiative. The strategic stakeholders' engagement with pharmaceutical manufacturers and companies was aimed at proffering solutions that would ensure eradication of out-of-stock syndrome and rid enrollees of the perception that Medicines dispensed under the NHIA are substandard and ineffective.

1.7.2 Justification

NHIA has continually faced challenges with compliance of stakeholders with the approved Medicine Price List. Some of these challenges include the perennial out-of-stock syndrome, which is a complete misnomer under a prepaid system, discordance in the price of Medicines on the NHIA MEDICINE LIST and price on offer at the healthcare facilities, preference for branded Medicines by prescribers and a growing negative perception about the quality of Medicines dispensed under the NHIA.

This scenario has resulted in beneficiaries of NHIA being denied access to necessary Medicines, citizens having a negative perception of the health insurance industry in Nigeria, and ultimately, dissatisfied beneficiaries. NHIA recognizes that dissatisfied beneficiaries can be the greatest de-marketers of the Authority, and further slow the progress towards Universal Health Coverage (UHC).

1.7.3 Objectives

- a. To facilitate the **availability of affordable, acceptable, accessible quality** Medicines and other health products.
- b. To harness the power of innovative financing and cost-sharing strategies to enhance access to Medicines and other health products for diseases requiring catastrophic funding.
- c. Eradicate out-of-stock syndrome within the health insurance ecosystem.
- d. Change enrollee perception about quality and efficacy of Medicines dispensed under the health insurance ecosystem.

1.7.4 The Initiative

The initiative is composed of three sub-initiatives. They include the following:

- a. **Branding of Medicines:** This sub-initiative is to facilitate the supply of affordable, acceptable, accessible, available and quality Medicines and other products produced by NAFDAC approved local manufacturers to enrollees. The initiative is to enhance the production of high-quality Medicines that will inspire the confidence of users and improve the general perception of medicines and other products within the Health Insurance Ecosystem.
- b. **Cost sharing:** The objective under the NMSI is to increase availability, accessibility, affordability, and acceptability of prescription medicines used in the management of chronic diseases as well as laboratory investigations for specific medical disorders. It is a veritable platform for Multinational Pharmaceutical Companies, to share the cost of certain medicines they produce with NHIA and the enrollees. This sub-initiative aims to either reduce or remove the co-payment on specific prescription medicines, laboratory investigations or services because of arrangements/negotiations between NHIA and pharmaceutical manufacturers or other original equipment manufacturers (OEM)
- c. **Innovative financing:** Payment for medicines for catastrophic diseases such as cancer, organ transplant and non-communicable diseases shall be sourced from any approved vote, donations from local and international donors, interest earned on invested NHIA funds and any other source as may be determined by NHIA in line with Medicines and Medical Equipment Donation Guidelines of the Federal Ministry of Health.

1.8 Development and Review of Strategic Plan

The NHIA Strategic Plan (2020 - 2030) was developed to reposition the NHIA for efficiency and improved performance towards achieving UHC.

The Specific Objectives of the Strategic Plan include:

- a. Accelerating the attainment of Universal Health Coverage through 90% coverage of the populace with health insurance by 2030.
- b. Ensuring substantial pooling of resources to guarantee adequate financial risk protection from catastrophic health expenditure for all enrollees.
- c. Enshrining good governance, strategic communication, transparency, and accountability within the National Health Insurance Authority with strategic communication.
- d. Ensuring that equity remains a priority in the programmes of the National Health Insurance Authority and that vulnerable groups have financial protection while accessing healthcare services.
- e. Fostering Strategic purchasing of healthcare goods and services with a focus on increasing provider efficiency.

1.9 Funding for the Authority

The NHIA Act 2022 has provided for the funding of the Authority from the following sources:

- a. Budgetary allocation from the Federal Government
- b. Special Intervention funds
- c. Such money as may be due to the Authority as administrative charges.
- d. Fees, fines and commissions charged by the Authority.
- e. Income from any investment of the Authority
- f. Such money as may be received from international or donor organizations, and non-governmental organizations.
- g. All other money which may accrue to the Authority.

1.10 Accountability Mechanism

NHIA shall utilize its accountability framework to ensure seamless operations and strict compliance by all stakeholders within the health insurance ecosystem. The framework shall ensure that stakeholders provide services they are set out to provide and are answerable for their action across the following domains:

1.11.1 Financial Accountability: NHIA in collaboration with relevant stakeholders shall track and report on collection, allocation, disbursement, and utilization of financial resources across all levels in line with extant rules using appropriate Public Financial Management tools.

1.11.2 Performance Accountability: NHIA in collaboration with relevant stakeholders shall track performance in line with agreed-upon performance targets and service level agreements using appropriate monitoring and evaluation tools. To ensure accountability, the NHIA shall deploy the following among others:

- a. Service Level Agreements with HCPs, HMOs, TPAs, MHAs and SSHIAs.
- b. Effective Grievance Redress Mechanisms.
- c. System for communicating Health Benefits to beneficiaries.
- d. Working with community structures including CSOs, CBOs, WDCs etc.
- e. Performance-Based Financing of SSHIAs.
- f. Regular stakeholders' engagements, supervision, feedback joint learning and experience sharing.
- g. Strengthening Compliance and Enforcement.
- h. Strengthening SERVICOM.

1.11.3 Professional Accountability and Regulatory Compliance: NHIA in collaboration with relevant stakeholders shall track and ensure strict compliance with professional rules, regulations, guidelines, and ethical code of conduct.

1.11.4 Social Accountability: NHIA in collaboration with relevant stakeholders shall provide an enabling environment for citizens, communities, Civil Society

Organisations (CSOs) and the media to track, investigate and hold stakeholders, public and government officials accountable for their actions or inactions.

1.11 Review of Operational Guidelines

The NHIA Operational Guidelines shall be reviewed every 5 years and / or with any review of the NHIA Act.

In the event of a need to alter, amend, review, or expunge any section(s) of this NHIA Operational Guidelines in between reviews, the Authority shall issue circular(s) to that effect and incorporate same in the next edition.



2

SECTION 2 Schemes & Programmes

SECTION 2: SCHEMES AND PROGRAMMES

2.1 Introduction

The National Health Insurance Authority (NHIA) is statutorily established to facilitate access to healthcare services for all Nigerians and legal residents, through pre-payment mechanisms that would ensure significant reduction in financial barriers to access to healthcare services.

With the signing into law of the NHIA Act 2022, repealing the NHIS Act 2004, LFN, (previously Decree 35 of 1999), the Authority has been empowered to promote, regulate, and integrate all health insurance schemes in the country. To achieve this, the NHIA is mandated to:

1. Ensure mandatory health insurance for every Nigerian and legal resident.
2. Provide a Basic Minimum Package of Health Services,
3. Establish schemes for the coverage of MDAs in the Federal Civil Service and other relevant groups,
4. Support State Health Insurance Schemes to implement health insurance,
5. Implement the BHCPF and Vulnerable Group Fund (VGF)

Under the NHIA Act 2023, there are three main types of Schemes: they are presented in a table below.

Table 2: The types of Schemes

S/N	Type of Scheme	Examples
A	Contributory Schemes	Eg; Public Sector Health Insurance Scheme, GIFSHIP, SSHIS, Organized Private Sector Schemes
B	Non- Contributory (Subsidy) Schemes	VGF, BHCPF
C	Supplementary/Complementary Schemes	Private Health Insurance Schemes

2.2 Contributory Social Health Insurance Scheme (CSHIS)

2.2.1 Definition.

Contributory Social Health Insurance Scheme is a form of financing and managing health care based on risk pooling. CSHIS pools the health risks of the people on one hand, and the contributions of individuals, households, enterprises, and the government on the other. CSHIS are paid for by contributions from the individual members, their employers, or a mix of both.

2.2.2 Target Population

Contributory Schemes shall cover the following members and their dependant(s):

a. Members in the Formal Economy:

these are persons with formal contracts and fixed terms of employment including workers in the government and private sector, whose premium contribution payments are shared by the employee and the employer.

- i. Government Employee - an employee of the government, whether regular, casual, or contractual, who renders services in any of the government branches, military or police force, political subdivisions, agencies, and its instrumentalities, including government-owned and controlled corporations, financial institutions with original charter, Constitutional Commissions, and is occupying either an elective or appointive position, regardless of status of appointment.
- ii. Private Employee - an employee who renders services in any of the following:
 - Corporations, partnerships, or single proprietorships,
 - NGOs, cooperatives, non-profit organizations,
 - social, civic, or professional or charitable institutions, organized and based in Nigeria including those that are foreign owned.
 - Foreign governments
 - international organisations with quasi-state status based in Nigeria.
 - Foreign business organisations with branches in Nigeria.
 - All other workers rendering services, whether in government or private offices, such as job order contractors, project-based contractors, etc.
- iii. Owners of small, medium, and large-scale enterprises with five (5) or more employees.

b. Members of the Informal Economy

These are employees of companies employing less than five (5) people or employing people with non-fixed income. e.g., staff of micro enterprises, domestic staff, artisans etc.

2.2.3 Programmes and Mode of entry

- a. **Public Sector Social Health Insurance Programme (PSSHIP):** The Public Sector Social Health Insurance Programme is a social health security system in which the health care needs of employees in the Public Sector are paid for from funds pooled from the contributions of employees and contributions from their respective government employers.

b. Group, Individual, Family Social Health Insurance Programme (GIFSHIP): Group, Individual, Family Social Health Insurance Programme (GIFSHIP) is health insurance that is taken up and paid for by individuals who are not currently covered by any of the NHIA programmes or at the discretion of employers on behalf of the employee in the organization with less than five staff. GIFSHIP covers only the insured.

c. Organized Private Sector Social Health Insurance Programme (OPS): The Organized Private Sector Social Health Insurance Programme is a social health security system in which the health care needs of employees in the Private Sector is paid for from funds created by pooling the contributions of employees and employers.

2.2.4 Financing Mechanism for Contributory Schemes.

- a. Contributions from employers of labour
- b. Contributions from employees
- c. Contributions from individuals, families, groups, etc

2.3 Public Sector and Organized Private Sector

2.3.1 Membership: Employees of the public sector and organized private sector organizations employing five (5) or more persons shall participate in the Programme.

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

2.3.3 Waiting Period: There shall be a processing/waiting period of sixty (60) days before an enrollee can access the package of healthcare services. This shall be subject to review by NHIA from time to time.

2.3.4 Scope of Coverage

- a. The contributions paid shall cover healthcare benefits as specified under the NHIA Operational Guidelines, service tariff, and Medicine List, for the employee, a spouse and four (4) biological children below the age of 18 years.

- b. More dependants or children above the age of 18 can be covered on the payment of additional contributions by the principal beneficiary as determined by NHIA.
- c. Where a principal and the spouse are both contributors, they are entitled to register four (4) biological children each, however a spouse or a child cannot be registered twice.

2.3.5 Registration of Employers and Employees

- a. Every employer shall register with the NHIA.
- b. The registration of prospective enrolees shall be the responsibility of the Authority or its agent(s).
- c. Every registered employer shall supply the following information to the Authority or its agent(s):
 - i. Name of employer.
 - ii. Category of employer (public or private).
 - iii. Nominal rolls containing staff details, salaries, and emoluments.
- d. The employee shall register self, a spouse and four (4) biological children below the age of eighteen (18) years with the NHIA.
- e. The employer shall bear the cost of production of initial NHIA enrolee identity card(s)
- f. The enrolee shall bear the cost of production of
 - i. Additional dependants' NHIA enrolee identity card(s).
 - ii. Replacement of NHIA enrolee identity card(s).
- g. The use of NHIA Identity card to be integrated with the National Identity Number (NIN), therefore NIN should be a requirement for registration into the Health Insurance programmes.

2.3.6 Rights and Privileges of Beneficiaries

The beneficiary has the right to:

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

2.3.7 Procedure for change of primary healthcare facility/addition of dependants

- a. The enrollee shall obtain change of healthcare facility/update form(s) from NHIA Offices
- b. The principal enrollee shall complete the form, attach his/her passport photograph along with a duly signed application letter.
- c. The enrollee shall bear the cost of production of new identity cards in cases of update or addition of dependant(s).

2.4 Armed Forces, Police and Other Uniformed Services

2.4.1 Definition

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

2.4.2 Membership

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

2.4.3 Contribution

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

2.4.4 Scope of Coverage

The contributions paid on behalf of a participant under this Programme covers the provision of health benefits for the participant and five dependants consisting of a spouse and four children below the age of 18 years.

2.5 Group Individual and Family Social Health Insurance Programme (GIFSHIP)

2.5.1 Membership

- a. Small scale enterprises with less than five (5) staff.
- b. Non-cohesive groups of persons, such as: Associations, Unions, and institutions outside the Organized Private Sector (OPS)
- c. Self-employed individuals, families, and groups
- d. Retirees and retiree associations
- e. Diaspora groups

- f. Foreigners living in Nigeria.
- g. Adopted persons, such as those paid for by members of the National Assembly and Philanthropists etc.

2.5.2 Scope of Coverage

The scope of coverage shall be individuals. This shall either be contributing individuals; individual members of a family; individuals in a group or in Organizations employing less than five (5) employees.

Note: The GIFSHIP is applicable for all age groups

2.5.3 Contribution

The programme is financed from contributions made by interested individuals, families and Groups. The contribution rate is as follows:

- a. For the individual subscriber, the contribution rate is N45,000 per annum. The subscriber may add two direct dependants.
- b. A family will contribute N60,000 for four biologically related person.
- c. Each extra dependant of a family will be enrolled at N15,000.
- d. Ten persons shall be the minimum number of persons in a group, except small scale enterprises with less than 5 employees.
- e. Group enrolment is at a contribution rate of N15,000 per person per annum.
- f. These rates are subject to changes as may be determined from time to time by the NHIA

2.5.4 Waiting Period

- a. There is a waiting time of sixty 60 days before accessing care by contributors. This is to enable the Authority to conclude all administrative processes necessary for participation and discourage adverse selection.
- b. A minimum of 6 months is required following the commencement of access to care for eligibility for surgical procedures and other high-cost procedures viz. drugs under partial coverage.

2.5.5 Identification

NIN to be used as means of identification under Health Insurance in the future, however presently NIN should be a requirement for registration into the Health Insurance programmes.

2.5.6 Renewal of Enrolment

- a. Enrolment for the programme is valid for a duration of one year.
- b. The Authority shall notify subscribers three months to the expiration of current enrolment.
- c. A subscriber is expected to renew subscription two months to the expiration of current subscription.
- d. A subscriber that renews at least two months before expiry of current subscription will not observe a waiting time after renewal.
- e. A subscriber who renews after expiration of previous subscription will observe the sixty (60) days waiting time.

2.6 Tertiary Institutions Social Health Insurance Scheme

2.6.1 Definition:

The Tertiary Institutions Social Health Insurance Programme (TISHIP) is a social security system whereby the healthcare of students in tertiary education institutions is paid for from funds created by pooling the contributions of students.

2.6.2 The Purpose of the programme:

The purpose of TISHIP is to provide adequate healthcare needs of students in tertiary schools who constitute a significant percentage of the country's population, especially those who have attained the age of 18 years cannot benefit from the public sector programme as dependents of enrolees. TISHIP therefore, is designed to cover this significant section of the population.

2.6.3 Guiding Principles of the Programme:

TISHIP is focused on ensuring that students in tertiary schools continue to have access to quality healthcare services during their studies without let or cessation due to ill-health.

2.6.4 Objectives of the Programme

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

2.6.5 Stakeholders of the Programme:

Several stakeholders are crucial to the successful implementation of the TISHIP. The Stakeholders and their roles are as follows:

- a. **National Health Insurance Authority**
 - i. Set standards and regulations for healthcare providers.
 - ii. Provide guidance through the development and enforcement of the Blueprint and Operational guidelines for implementation.
 - iii. Approve referrals by the primary provider.
 - iv. Ensure proper adherence to and completion of referral procedures.
 - v. Make fee-for-service payments for secondary care.
 - vi. Accreditation of healthcare facilities for primary and secondary care. (Tertiary institutions facilities and secondary healthcare facilities for referral).
 - vii. High-level advocacy to generate support from tertiary institutions and other stakeholders.
 - viii. Supervise quality as well as the monitoring and evaluation of the programme.

- b. **Tertiary Institutions.**
 - i. Enter an MoU with the NHIA and SSHIA
 - ii. Oversee the collection and remittance of contributions to the TISHIP Fund.
 - iii. Participate in mobilizing students for the programme.
 - iv. Ensure that NHIA and SSHIA meet their obligations to the students.
 - v. Ensure that the Health Care Facilities of the institution meet the NHIA accreditation requirements.
 - vi. Provide records of registered students at the beginning of each academic session to NHIA, SSHIA, and Health Care Facilities.
 - vii. Ensure that every student pays his/her premium at the commencement of the academic session.
 - viii. Provide identification cards with students' identification numbers as TISHIP numbers.

- c. **Students Union**
 - i. Enlightenment and sensitization of students on the benefits and operational modalities of TISHIP.
 - ii. Enlighten the students on the need to pay for TISHIP upon resumption of each academic session.

- iii. Create demand in the institutions' health facilities by encouraging the students to register at the facilities upon resumption of a new academic session.
- d. **State Social Health Insurance Agency (SSHIA)**
- i. Implement TISHIP for students of State-Owned Tertiary Education Institutions.
 - ii. Approve referrals by the primary provider.
 - iii. Ensure enforcement and compliance with the TISHIP implementation guideline.
 - iv. Make fee-for-service payments for secondary care.
 - v. Establish quality assurance mechanisms.
 - vi. Conduct periodic sensitization and enlightenment of students on the programme.
 - vii. Collate and analyse data for the purpose of programme improvement and monitoring and evaluation.
 - viii. Submission of quarterly reports to the institutions and NHIA.
- e. **Tertiary Institutions' Healthcare Facility**
- i. Provide quality primary/secondary services to registered beneficiaries as contained in the benefits package.
 - ii. Maintain records of all TISHIP activities within the facility.
 - iii. Submit quarterly reports to the institution, NHIA/SSHIA.
 - iv. Implement Quality Assurance and Quality Improvement Plan
- f. **Secondary Health Care Facilities**
- i. Enter contracts with NHIA/SSHIA for secondary services.
 - ii. Provide quality services to registered beneficiaries as contained in the benefits package.
 - iii. Maintain records of all TISHIP activities within the facility.
 - iv. Submit quarterly reports to the institution, NHIA/SSHIA.
 - v. Implement Quality Assurance and Quality Improvement Plan
- g. **Regulatory Bodies of Tertiary Education Institutions**
- i. Ensure all tertiary education institutions participate in the programme.
 - ii. Enlightenment and sensitization of tertiary education institutions on TISHIP
 - iii. Participation in high-level advocacy.

2.6.6 Operations of the Programme

a. Membership

Membership is for full and part-time students of Federal, State and Private Tertiary education Institutions who are not on any form of mandatory health insurance.

b. Eligibility and Registration

- i. Students shall pay contribution to health insurance agencies.
- ii. Students provide evidence of payment for health insurance enrolment as part of the annual registration process.
- iii. The student's school identity card serves as the ID card for the programme.
- iv. The student must ensure she/he is registered at the institution's Health Centre/Clinic.

c. Fund Mobilization

- i. Same as GIFSHIP
- ii. Charitable or philanthropic organizations, corporate social responsibility initiatives, government special interventions, grants, donations etc can serve as subsidy to defray the payment for enrolment where available.
- iii. Beneficiaries are not charged co-payments at the point of accessing healthcare services under this programme.

d. Contributions

- i. Same as GIFSHIP
- ii. Contributions entitle students to the benefits package defined by NHIA and SSHIAs.
- iii. The contributions shall be reviewed periodically by NHIA.

e. Fund Utilization

Healthcare Facilities will be paid by capitation and fee-for-service or any other payment mechanism as determined by NHIA and SSHIAs

f. Benefit Package

- i. The Benefits Package is as defined by NHIA and SSHIAs.
- ii. It consists of promotive, preventive, curative and rehabilitative services at both primary and secondary levels of care.
- iii. All services will be provided using public and private health facilities accredited by the NHIA.

g. Provider Payment Systems

- i. Providers of primary healthcare services will be paid by capitation.
- ii. Providers of secondary care services are to be paid by fee-for-service.
- iii. The payments are based on the current NHIA rates and tariffs which are subject to periodic review by the Authority.

h. Provision of Healthcare Services

- i. The School Healthcare Facility shall serve as the Primary Healthcare Provider for the programme. Which is the entry point and serves as the gatekeeper.
- ii. In the absence of a healthcare facility within the school or if the school healthcare facility fails to meet NHIA requirement for accreditation of primary healthcare facility, the institution will identify a facility accredited by the NHIA to provide healthcare services to the students following authorization by NHIA/SSHIA.
- iii. NHIA accredited Secondary/ Tertiary Healthcare Facilities shall provide secondary care services to students referred by primary healthcare facilities following authorization by NHIA/SSHIA.
- iv. In case of emergencies, direct referral without recourse to NHIA/SSHIA can be made. However, NHIA/SSHIA must be notified within 48 hours.
- v. In case of emergency, students can access care at any NHIA accredited facility upon presentation of the institution's student identity card and NHIA identity card. However, the School Authority and NHIA/SSHIA must be notified within 48 hours.
- vi. Students are to access care at the school healthcare facility when school is in session. When the school is not in session, students can access care at any NHIA-accredited facility upon presentation of the NHIA/SSHIA identity card. The Healthcare Facility shall notify NHIA/SSHIA within 48 hours. Such services provided shall be paid for through fee-for-service PPM.
- vii. School healthcare facilities shall operate a current bank account with a commercial bank, into which all payments for services provided will be made.
- viii. Funds accruing to the school health facilities for the programme shall be used only for medicines, treatment commodities, consumables, laboratory reagents, equipment, and other inputs for effective service delivery.
- ix. In the case of forceful closure of any institution, the students of institutions will access care from any nearest NHIA-accredited

facility. NHIA/SSHIA shall reimburse such facilities the cost of the services rendered on fee-for-service basis following the submission of evidence of such transactions. Capitation payment made to the school health facility shall be refunded to the NHIA/SSHIA for the period of the closure.

- x. Students involved in such treatments shall inform the head of the institution's health facility before or during the treatment and submit their medical report to the School Authority.

2.6.7 Referral

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

2.6.8 Administration:

- a. All tertiary education institutions students shall show evidence of enrolment in mandatory health insurance with NHIA/SSHIA at the beginning of each academic session.
- b. NHIA/SSHIA shall be responsible for payment of the healthcare provider for service rendered to the students.
- c. NHIA/SSHIA are also responsible for assuring quality in the delivery of health care services under the programme.

2.6.9 Grievance and Arbitration

- a. Complaints by students are to be addressed by the school's primary healthcare facility.
- b. Institution Arbitration Committee: An aggrieved student is expected to first seek redress from the Institution Arbitration Committee comprising of the Dean, Student Affairs, NANS branch chairman, head of the School Health Centre, and representative of NHIA/SSHIA.
- c. Unresolved cases should be referred to NHIA/SSHIA
- d. Cases that are not resolved by NHIA/SSHIA shall be referred to the Health Insurance Arbitration Committee.
- e. Prescribed sanctions will be in line with the NHIA/SSHIA Operational Guidelines.

2.6.10 Programme Review

- a. Monitoring and evaluation will be carried out periodically by NHIA in collaboration with SSHIA.

- b. Programme review will be carried out periodically by NHIA in conjunction with SSHIAs.

2.6.11 General Procedure for Participation in the TISHIP:

- a. Institution shall inform NHIA/SSHIA of its intention to participate in the programme.
- b. Accreditation of institution healthcare facility by NHIA.
- c. Students pay for TISHIP through health insurance agencies at the beginning of each academic session as they pay for school fees.
- d. Provide list of registered students per academic session to NHIA/SSHIA.
- e. NHIA/SSHIA carry out verification of information submitted.
- f. Sensitization of students by NHIA/SSHIA on operations of the programme.
- g. Fee-for-Service payments shall be made by NHIA/SSHIA to secondary care facilities within 2 weeks of submission of claims.
- h. Quarterly submission of Fee-for-Service utilization report to the NHIA/SSHIA.
- i. Quarterly submission of Quality Assurance report by NHIA/SSHIA to the School.
- j. NHIA and SSHIA shall conduct quarterly financial verification and reconciliation.

2.6.12 Exit:

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

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

Note: The above notwithstanding, the beneficiary shall be eligible to access care for the period of coverage as defined under GIFSHIP.

2.7 Non-Contributory (Subsidy) Health Insurance Schemes

2.7.1 Definition

In this scheme, beneficiaries are covered, usually by the Government, donors, or both, following agreed criteria of beneficiary identification. Beneficiaries of this Scheme are;

- a. those classified as indigents and vulnerable in the lowest deciles of the National Social Register (NSR) and
- b. other persons identified and verified as vulnerable or indigent by the various states but not captured in the NSR.

2.7.2 Target Population/Mode of entry

- a. Children under five,
- b. Pregnant women,
- c. The aged or elderly (60 years and above)
- d. Physically and mentally challenged.
- e. Indigent/ Economically disadvantaged
- f. The homeless
- g. Internally Displaced Persons (IDPs)/Refugees
- h. Inmates of correctional facilities
- i. Others as may be approved by the NHIA Governing Council

2.7.3 Financing Mechanism

Sources of funds for the subsidy scheme(s) include:

- a. The Basic Healthcare Provision Fund
- b. Health Insurance Levy
- c. Special Intervention Fund allocated by the Government and appropriated to the Vulnerable Group Fund (VGF)
- d. Monies that accrue to the VGF from investments made by the NHIA Council
- e. Grants, Donations, Gifts and any other voluntary contribution made to the VGF.

2.7.4 Provision of Healthcare

Beneficiaries will access a primary, secondary, and tertiary levels of healthcare.

2.8 State Social Health Insurance/Contributory Schemes

2.7.1 Introduction

State Social Health Insurance Schemes are administered by State Health Insurance Agencies established by law at State Government and Federal Capital Territory (FCT) level.

2.7.2 Objectives

The objectives of the schemes are:

- a. To rapidly expand coverage through States' participation in social health insurance implementation in Nigeria towards UHC
- b. To bring States into collective financing of healthcare using prepayment mechanisms

- c. To ensure uniformity in the design and implementation of health insurance across the States.

2.9 Private Health Insurance (PHI)

2.9.1 Introduction

These are health insurance plans marketed by Health Maintenance Organization (HMOs) as opposed to mandatory plans under social health insurance schemes.

A Health Maintenance Organization (HMO) can develop private health insurance plans to suit the needs of its enrollees. These plans cover interested individuals, employers or employees of an organization who may want to purchase supplementary or complementary benefits.

No private health insurance plan shall be introduced into the health insurance market by a HMO without prior approval in writing by the NHIA. This approval is valid for only three (3) years.

2.9.2 Types of Private Health Insurance

- a. **Supplementary Health Insurance:** This is an additional health insurance plan that helps pay for healthcare costs that are not covered by a person's mandatory social health insurance plan.
- b. **Complementary Health Insurance:** This is a health insurance plan that provides coverage to people who are beneficiaries of the mandatory social health insurance schemes but also want a private health insurance plan that covers the same or more benefits.

2.9.3 Requirements for Approval of Private Health Insurance Plans

- a. A detailed health insurance plan.
- b. An actuarial report supporting the proposed health insurance plan.
- c. Adherence of the plan to the stipulated Medical Loss Ratio.
- d. A plan for compliance with enrolment requirements under the mandatory social health insurance.

2.9.4 Responsibilities of the NHIA

- a. The NHIA shall process all private health insurance plans within a period of thirty (30) days, subject to the submission of all required documents.
- b. NHIA shall approve and code all private health insurance plans that conform with the requirements.

- c. The NHIA shall monitor the implementation of all approved private health insurance plans.
- d. NHIA shall resolve all disputes between parties involved in the course of implementation of private health insurance plans.

2.9.5 Obligations of HMOs to enrolees/beneficiaries under private health insurance

- a. All HMOs shall sensitize the beneficiaries and contribute to Information, Education and Communication (IEC) for health insurance. All such IEC materials shall be made available to contributors and the interested public.
- b. The HMO shall ensure that the enrolees fully understand the scope of benefits of the plan.
- c. The HMO shall contract with ONLY Healthcare Facilities accredited by the NHIA to render healthcare services to the enrolee(s).
- d. The HMO shall adhere to the quality management system prescribed by NHIA.
- e. The HMO shall disclose fully any restrictions and exclusions applying to the plan, including exclusions related to emergency and critical care.
- f. The HMO shall utilise a minimum of 70% of the premium paid for purchasing healthcare services under private health insurance plans.
- g. The HMO shall not impose any charge(s) in addition to the premium agreed with the enrolees without disclosing the amount and purpose of such charges.
- h. The HMO shall be responsible for issuing the authorization code(s) required where necessary.
- i. The HMO shall ensure adequate documentation and communication to the initiating healthcare facility and NHIA where a request for a referral is not approved.

2.9.6 Obligations of HMOs to Healthcare Facilities

- a. Pay for services rendered by accredited Healthcare Facilities.
- b. Ensure continuous quality management.
- c. Ensure the use of NHIA approved template for contractual agreement(s) with the HCFs.
- d. Carry out continuous education and sensitization of facilities in their network.

2.9.7 Obligations of HMOs to NHIA

- a. Submit their Private Health Insurance (PHI) plans once every three (3) years for approval.
- b. Submit their actuarial reports signed by a licensed actuary.
- c. Ensure the use of NHIA approved template for contractual agreement(s) with the HCFs.
- d. Provide the NHIA with all data relevant for monitoring and evaluating the private health insurance plans.
- e. Share data on disease patterns, prevalence, service utilization and other data generated from implementing its private plans.
- f. Remit 4% of all the premiums collected from private health insurance to the NHIA quarterly.
- g. HMOs shall submit quarterly reports of activities to the Authority using approved templates.
- h. All advertisements by HMOs shall be carried out decently and within the bounds of fair competition.
- i. Ensure strict compliance with the provisions of the NHIA Act and Operational Guidelines.
- j. All transactions under the PHI should be accessible and interoperable with the e-NHIA.
- k. Perform any other function as may be determined by the Authority.

2.10 International Health Insurance Plan (IHP)

2.9.1 Introduction

The major feature of this plan is that it has elements of overseas care, including evacuation. There are five (5) models of this plan.

2.9.2 Model 1

In this model, the HMO has total control over the plan. The HMO develops the plan with an international underwriter.

Requirements for approval of IHP- model 1: For an international health insurance plan to be approved by the NHIA:

- a. The HMO shall submit a letter of intent to the NHIA.
- b. The HMO shall obtain a letter of no objection from NHIA.
- c. The HMO shall submit the MOU and other Service Level Agreements (SLAs) with the third party (underwriter).
- d. The HMO shall submit the benefit package with all exclusions clearly specified, including an actuarial report accompanying the benefit package.

- e. The HMOs shall submit copies of partnership agreements, regulatory certificates and no-objection certificates from their partners' country of origin to the Authority.

Note: Where the Authority is satisfied with a-e above, the benefit packages and the actuarial report of the tariff, the Authority shall approve the benefit package and assign codes.

2.9.3 Model 2:

International Health Insurance Organisations collaborate with HMOs to sell their health insurance plans to prospective enrollees within Nigeria. The HMO shall request approval from NHIA to market the plan. All plans and benefit packages are basically for international partners, and the HMO only acts as a middleman.

Requirements for approval of IHP-model 2: For an international health insurance plan to be approved by the NHIA:

- a. The HMO shall submit a letter of intent to the NHIA.
- b. The HMO shall obtain a letter of no objection from NHIA.
- c. The HMO shall submit the MOU and other Service Level Agreements (SLAs) with the International Health Insurance Organisations to the NHIA.
- d. The HMO shall submit the benefit package with all exclusions clearly specified, including an actuarial report that shall accompany the benefit package.
- e. The HMO shall bear any risks arising therefrom.
- f. The HMOs shall submit copies of partnership agreements, regulatory certificates and no-objection certificates from their partners' country of origin to the Authority.

Note: Where the Authority is satisfied with a-f above, the benefit packages and the actuarial report of the tariff, the Authority shall approve the benefit package and assign codes.

2.9.4 Model 3

This plan consists of local and international content owned by the HMO and the International partner. The international partner provides the international end of the cover where necessary. The major feature of this model is that it has the element of both local and overseas care, including evacuation.

Requirements for approval of IHP-model 3: For an international health insurance plan to be approved by the NHIA:

- a. The HMO shall submit a letter of intent to the NHIA.
- b. The HMO shall obtain a letter of no objection to NHIA.
- c. The HMO shall submit every MOU and other Service Level Agreements (SLAs) with the third party (underwriter).
- d. The HMO shall submit the benefit package with all exclusions clearly specified, including an actuarial analysis shall accompany the benefit package.
- e. The International health insurance organization shall register with NHIA.
- f. The HMO and international health insurance organization bear any risks that may arise therefrom.
- g. The HMOs shall submit copies of partnership agreements, regulatory certificates, and no-objection certificates from their partners' country of origin to the Authority.

Note: Where the Authority is satisfied with a-g above, the benefit packages, and the actuarial analysis of the tariff, the Authority shall approve the benefit package and assign codes.

2.9.5 Model 4:

In this model, the International Health Insurance Organisation controls the plan. The organisation develops the plan with an international underwriter too. All the elements of this model, both local and overseas care, including evacuation, are accessible to all legal residents in Nigeria. The Organisation shall submit copies of regulatory certificates and certificates of no-objection from the country of origin to the Authority.

Requirements for approval of IHP - Model 4: The requirements include the following:

- i. Registration with the Corporate Affairs Commission (CAC) as a foreign company with a branch in Nigeria, as a limited liability company, or as a company limited by guarantee.
- ii. Clearly defined objects of Health Insurance.
- iii. Compliance with the provisions of CAC
- iv. Compliance with the requirements of the NHIA Act 2022
- v. Compliance with the appropriate sections of the NHIA Operational Guidelines
- vi. Completion of the prescribed application forms, providing the following information: (1) ownership structure and composition of the organization, (2) detailed CV of the Principal Officers in the home country, along with the liaison officers, (3) a minimum paid-up share capital of One (1) Billion Naira, (4) adequate office accommodation both in Nigeria and in the Country of registration, (5) deposit with a bank accredited by the Authority 20% in an

interest-yielding account that the Authority shall prescribe as Mandatory Security Deposit for its members, and (6) the Mandatory Security Deposit mentioned above shall be maintained throughout the period that the business is carried on.

Procedures for approval of IHP -Model 4: The following are the procedures for this model's approval by NHIA:

- i. The Company shall submit a letter of intent to enter an international health insurance plan in Nigeria.
- ii. The Company shall also submit every MOU and other agreement papers to the Ministry of Foreign Affairs.
- iii. In collaboration with the Ministry of Foreign Affairs, the Authority shall conduct a verification exercise on such organisation's headquarters overseas, after which the Authority also verifies the liaison office in Nigeria.
- iv. The Organisation shall submit the benefit packages with all exclusions spelt out.
- v. An actuarial report shall accompany the benefit package.
- vi. Where the Authority is satisfied with the benefit packages and the actuarial report of the tariff, the Authority will approve the benefits package of such plan and notify the Organisation.
- vii. All approved plans shall be coded before putting to use by the Organisation.
- viii. The Organisation shall be informed of its code per plan.

Obligations of the International Health Insurance Organisation to NHIA

- i. The Organisation shall submit its Private Health insurance plan once every three years for proper monitoring.
- ii. The Organisation shall provide the NHIA with all data relevant to evaluate the private health insurance plan.
- iii. The Organisation shall share data on disease patterns, prevalence, service utilisation and other data generated from implementing its private plan.
- iv. The Organisation shall Remit 10% of the premium collected from private health insurance to the NHIA quarterly.
- v. The Organisation shall submit monthly/quarterly, as required, reports of activities to the Authority as follows (1) number of enrolees annually covered by all categories of the plans, (2) percentage of the increase in enrolee number annually, financially report of activities on all health insurance plans, (4) monthly reports of activities on new plans, (5) quarterly quality assurance report of PHI, (6) quarterly report of utilisation rate, and (7) annual Financial reports.
- vi. Without prejudice to models 2 and 3 above, no international Organisation shall be involved in the local plans of the country without approval by the NHIA.

- vii. Ensure strict compliance with the appropriate sections of the NHIA Operational Guidelines.
- viii. Perform any other function as may be determined by the Authority from time to time.

2.9.5 Model 5 (International Travel Health Insurance):

This model is to be administered by the NHIA and HMO for International visitors coming into the country, to facilitate access to the Basic Minimum Package of Health Services (BMPHS) in collaboration with the Ministry of Foreign Affairs and Nigeria Immigration Service.

Based on reciprocity, all visitors to the country shall be mandated to have Travel Health Insurance.

2.10 Vulnerable Group Fund

2.10.1 Introduction: the NHIA Act 2022 established the VGF to provide access to quality healthcare to vulnerable Nigerians. **The NHIA shall** ensure uniform implementation of the VGF across the 36 states plus FCT, provide a template for monitoring implementation and provide an accountability framework for the Fund. The object of the VGF is to provide finance to subsidize the cost of the provision of health care services to vulnerable persons in Nigeria through the payment of health insurance premium.

2.10.2 The guiding principles of the VGF

- a. Decentralization: while the resource pooling is done centrally by NHIA, the Fund utilisation shall be by the State Social Health Insurance/ Contributory Agencies.
- b. Performance Driven: Disbursement of funds to States shall be based on ability to meet some performance-based indicators.
- c. Provider Mix: Both public and private facilities shall be engaged to provide services.
- d. Innovative Financing and Accountability: The financial contributions shall leverage innovative financing with transparency and accountability in the management of the funds.
- e. Fund Management: The NHIA shall invest Reserve Funds.
- f. Benefit Package: Benefit package not lower than the Basic Minimum Package of Health Services (BMPHS) as approved by the Honourable Minister of Health shall be employed.
- g. Accountability Mechanism: The VGF implementation shall engage a multi-stakeholder accountability.
- h. Health Equity: All vulnerable persons shall have equal opportunity to be enrolled based on available funds. This would consider issues of diversity and social inclusions.

- i. Financial Risk Protection: All services shall be provided at no cost to the enrollee.
- j. Data Integration: There shall be integration of data from all sources at all levels.
- k. Cost containment: There shall be the adoption of strategic purchasing and other innovative methods aimed at achieving cost containment of the purchase of health services and products.

2.10.3 Source of Funding: The funding for the VGF will be derived as stipulated in the Act from the following sources;

- a. The Basic Health Care Provision Fund (BHCPF)
- b. Health Insurance Levy
- c. Special intervention fund allocated by the Government and appropriated to the VGF.
- d. Money that accrues to the VGF from investments made by the NHIA.
- e. Grants, donations, gifts and any voluntary contribution made to the VGF.

2.10.4 Beneficiaries of the Fund: Any household, person or dependant that lives below poverty line based on identified criteria for poverty shall be eligible. This includes the Children Under 5, Pregnant Women, Elderly (>60 years), Retirees, Persons living with disability, Internally Displaced Persons (IDP). Selection of eligible population and enrolment shall be based on the following.

- a. Civil Registration and Vital Statistics (CRVS),
- b. Social register as generated by the states in collaboration with the State Operations Coordinating Unit (SOCU) and harmonized by National Social Safety-net Coordinating Office (NASSCO)
- c. Anyone already covered by any plan (public including BHCPF/private) shall be excluded.
- d. Other community and facility targeting mechanisms.
- e. Beneficiaries must be registered with NIMC and present their National Identification Number (NIN) to be eligible for enrolment.

2.10.5 Disbursement of Funds: NHIA shall disburse funds directly into eligible SSHIA

Accounts periodically.

a. Eligibility criteria for SSHIA to access funding.

- i. States with functional SSHIA shall be eligible to receive funds.
- ii. The establishment of the SSHIA must be backed by the State law.

- iii. The SSHIA must have adequate human resources to man different departments and must have commenced health insurance coverage for the formal sector in the State.
- iv. States that have released counterpart funds (or Equity Fund) for the index year.

b. Conditions for disbursement to SSHIA

- i. Fulfilment of items i- iv above.
- ii. Additional funds shall be disbursed based on Performance Based Financing in line with approved indicators periodically.

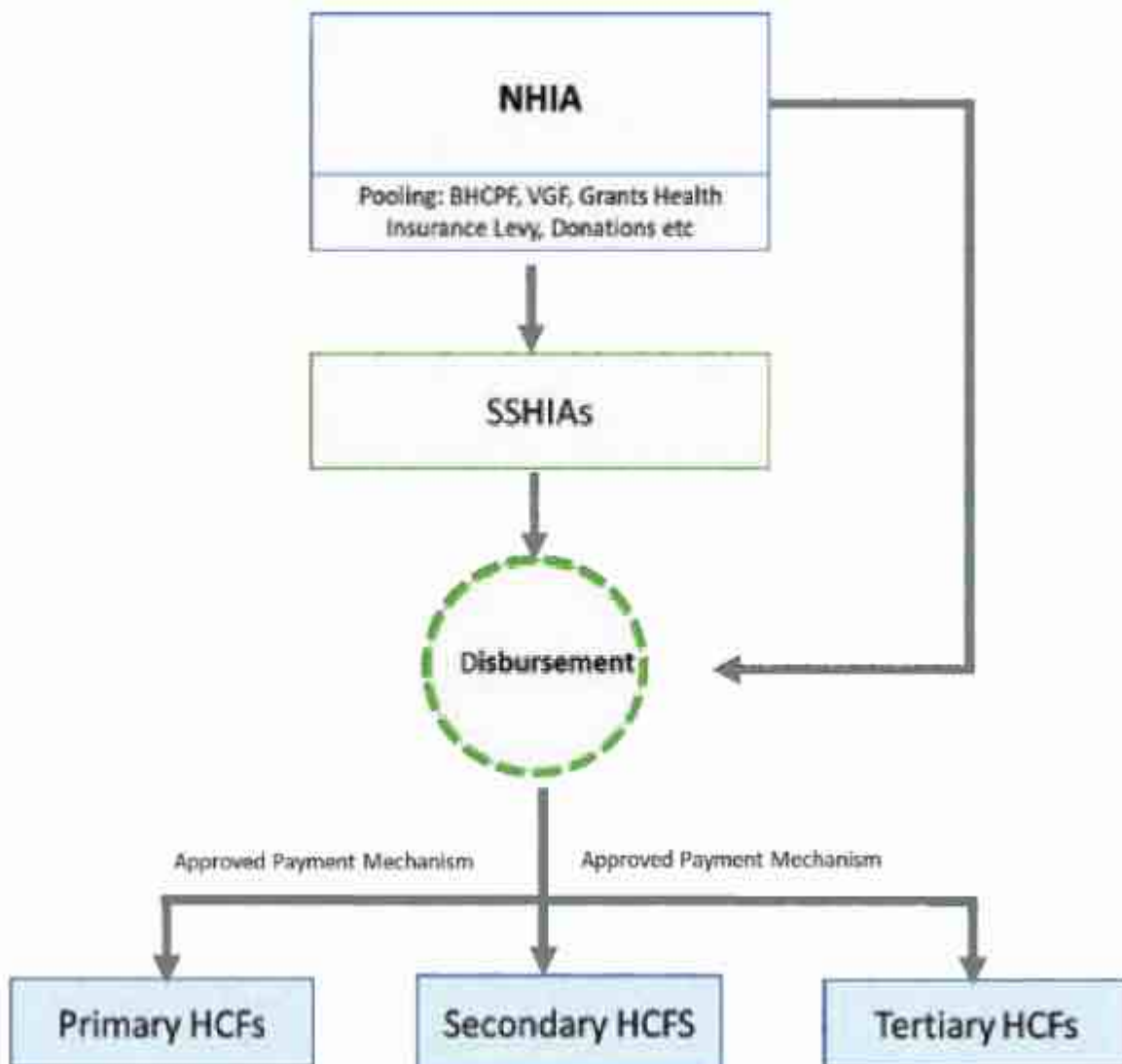


Figure 3: Disbursement of funds to healthcare facilities

2.10.6 Benefit Package and Service Provision: The Basic Minimum Package of Health

Services (BMPHS) as approved by the Honourable Minister of Health shall be provided for beneficiaries. utilized for beneficiaries. All services will be provided using public and private health facilities accredited by the NHIA.

2.10.7 Investment of the Vulnerable Group Fund: Subject to the approval of the Authority's Governing Council, the Authority may invest a portion of the VGF that it considers appropriate in government securities and deposits.

2.10.8 Annual Accounts:

- a. NHIA shall prepare an annual financial report on VGF implementation.
- b. NHIA shall conduct a quarterly reconciliation exercise of all funds disbursed to SSHIAs.
- c. SSHIAs shall prepare and submit quarterly financial reports to NHIA. The quarterly financial report shall be a prerequisite for the SSHIAs to receive quarterly disbursements from the NHIA.
- d. SSHIAs shall submit annual business plans/workplans to NHIA for approval and subsequent disbursement.

2.11 BENEFIT PACKAGES

2.11.1 Basic Minimum Package of Health Services (BMPHS)

The Basic Minimum Package of Health Services (BMPHS) as approved by the Honourable Minister of Health shall be the minimum package of health services provided by any scheme or programme in Nigeria.

This package provides preventive, promotive, curative, and rehabilitative services for all Nigerians. No health plan for use in Nigeria shall offer benefits less than the BMPHS.

Primary care services will be provided by accredited primary healthcare providers which may include primary healthcare centres. Secondary services will be provided following referral from the primary care provider.

2.11.2 Basic Minimum Package of Health Services (BMPHS) for Primary Level Care

Primary level of care refers to general consultation with or without prescription of drugs from accredited health care facilities.

- a. **Health education for prevention of diseases**
 - i. Family planning education (use of safe period, pills, condoms, etc.)
 - ii. Dental health
 - iii. HIV/AIDS/Tuberculosis/Malaria
 - iv. Immunization
 - v. Vitamin A supplementation
 - vi. Promotion of essential nutrients for children and pregnant women
 - vii. Promotion of personal, domestic, and environmental hygiene, etc.
 - viii. Other health matters

- b. **Primary Care Surgery/Procedures**
 - i. Minor Surgical Procedures: incision & drainage, suturing of lacerations, minor burns, simple abrasions.
 - ii. Minor wound debridement
 - iii. Circumcision of male infants
 - iv. Evacuation of impacted faeces
 - v. Relief of urinary retention
 - vi. Primary eye care including treatment of Conjunctivitis, Parasitic and allergic ailments.

- c. **Primary Care Paediatrics**
 - i. Child Welfare Services - Growth monitoring, routine immunization as defined by NPHCDA immunization schedule, Vitamin A supplementation, Nutritional advice, health education, etc.
 - ii. Management of uncomplicated malnutrition
 - iii. Treatment for Helminthiasis
 - iv. Treatment of common childhood illnesses such as malaria, diarrheal disease, schistosomiasis, upper respiratory tract infections, and uncomplicated pneumonia.
 - v. Urinary Tract Infections (uncomplicated)
 - vi. Simple otitis media, pharyngitis
 - vii. Childhood exanthemas, simple skin diseases/infestations, and other viral illnesses such as mumps
 - viii. Treatment of anaemia that does not require blood transfusion.

d. Primary Care Internal Medicine

Management of simple infections/infestations such as

- i. Malaria
- ii. Respiratory tract infections
- iii. Urinary tract infections
- iv. Gastroenteritis and enteritis
- v. Primary ear, nose, and throat infections
- vi. Diarrheal diseases
- vii. Typhoid fever
- viii. Schistosomiasis
- ix. Helminthiasis
- x. Skin infections/infestations such as chicken pox and fungal diseases e.g.
- xi. Tinea versicolor, Malassezia furfur, Tinea Capitis etc.
- xii. Emergency management of bites and stings e.g., snakes, scorpions, bees, spiders, dogs, etc. (excluding serum)
- xiii. Management of simple anaemia (not requiring blood transfusion)
- xiv. Screening, treatment and referral of mild hypertension, uncomplicated diabetes mellitus and other chronic diseases
- xv. Treatment of simple arthritis and other minor musculoskeletal diseases
- xvi. Routine management of sickle cell disease
- xvii. Allergies
- xviii. Other illnesses may be listed from time to time by the NHIA.

e. HIV/AIDS/Sexually Transmitted Diseases: HIV Testing Services (HTS)

f. Primary Care Mental Health

- i. Anxiety and other neurosis
- ii. Psychosomatic illnesses
- iii. Insomnia
- iv. Screening and referral for drug use disorder.

g. Primary Care Maternal, Neonatal and Child Health (MNCH) Services

- i. Provision of basic Family Planning Commodities
- ii. *Antenatal care:* (1) routine antenatal clinic, (2) routine drugs to cover duration of pregnancy, (3) routine urine and blood tests, (4) referral services for complicated case.

- iii. *Delivery services:* (1) spontaneous Vaginal Delivery by skilled attendant including repair of birth injuries and episiotomy, (2) essential drugs for Emergency Obstetric and Neonatal care (EmONC).
- iv. *Postnatal services:* All eligible livebirths up to 6 weeks from date of birth. (Cord care, Eye care, Management of simple neonatal infections) and postnatal services for the mother.

h. Primary Care Emergency Services and Referral

- i. Airway assessment and use of airway adjuncts
- ii. Use of basic means of airway aspiration and clearance
- iii. Breathing assessment and use of simple equipment to aid and monitor breathing like Ambu-bag.
- iv. Pulse oximetry
- v. Control of bleeding using compression dressing
- vi. Assessment of hemodynamic stability
- vii. Establishment of intravenous line and venous cut-down
- viii. Fluid resuscitation
- ix. Basic cardiopulmonary resuscitation
- x. Assessment and basic management of the unconscious patient
- xi. Suturing of small lacerations where no resuscitation is required.
- xii. Immobilization of fractures and cervical spine using pre-provided splints
- xiii. Asthmatic Attacks
- xiv. Any other procedure that may be lifesaving.

i. Basic laboratory investigations

- i. Rapid Diagnostic Test/ Blood Film for Malaria Parasite
- ii. Urinalysis
- iii. HB/PCV
- iv. Stool microscopy
- v. Urine microscopy
- vi. Pregnancy Test
- vii. Blood Glucose Test
- viii. Blood grouping and genotype.

2.11.3 Basic Minimum Package of Health Services (BMPHS) for Secondary Care

- a. Consultation with or without prescription drugs from accredited Secondary Health Care facility.

- b. Emergencies occurring outside the usual residence and/or accredited HCP of the enrollee.
- c. Admission for maximum of 15 days cumulative per year for medical admission and 20 days cumulative per year for surgical admissions.
- d. Treatment and procedures that cannot be handled at primary level but covered with the BMPHS.
- e. HIV/AIDS: Treatment of HIV/AIDS and treatment of opportunistic infections as defined in the HIV Treatment Protocol.

f. Paediatrics

- i. Treatment of Severe infections/infestations.
- ii. Respiratory tract infections.
- iii. Urinary Tract Infections, diarrhoea disease with moderate to severe dehydration,
- iv. Enteric fever, severe malaria, septicaemia, meningitis, measles
- v. Management of childhood non-communicable diseases
- vi. Management of severe anaemia requiring blood transfusion
- vii. Management of neonatal infections, Neonatal sepsis
- viii. Neonatal conditions such as birth asphyxia, neonatal jaundice, management of babies from diabetic mothers

g. Internal Medicine

- i. Treatment of moderate to severe infections and infestations: (1) Management of severe malaria, (2) Management of meningitis, septicaemia, (3) Management of severe and /or complicated Respiratory Tract Infections, (4) Management of complicated typhoid fever.
- ii. Management of non-communicable diseases: (1) Management of diabetes and hypertension, (2) Management of sickle cell disease, (3) Treatment of severe musculoskeletal conditions, (4) Treatment of cardiovascular conditions, renal diseases (such as glomerulonephritis, nephrotic syndrome, etc.), (5) Liver diseases (hepatitis, amoebic liver abscess etc.), (6) Management of severe anaemia.
- iii. Emergency management of bites and stings e.g., snakes, scorpions, bees, spiders, dogs, etc (inclusive of serum)

h. Obstetrics and Gynaecology

- i. Basic and Comprehensive Emergency Obstetric Care: (1) Management of preterm/pre-labour Rupture of Membrane (P/PROM), (2) Detection and management of hypertensive diseases in pregnancy (pre-eclampsia and eclampsia), (3) Management of bleeding in pregnancy, (4) Management of postpartum haemorrhage, (5) Caesarean section, (6) Operative management for ectopic gestation, (7) Management of intrauterine foetal death, (8) Management of puerperal sepsis, (9) Instrumental deliveries, (10) High risk deliveries: 1st deliveries, Beyond 4th deliveries, multiple deliveries, malpositioning/malpresentation and other presentations.
- ii. Gynaecological Intervention: (1) Hysterectomy, (2) All emergency gynaecological procedures, (3) Pelvic Inflammatory Disease.

i. Surgery

- i. Appendicectomy
- ii. Herniorrhaphy
- iii. Hydrocelectomy
- iv. Management of Testicular Torsion
- v. Management of Fractures
- vi. Acute Abdomen

j. Dental care

- i. Simple and/or surgical tooth extraction for medical reasons without complications
- ii. Scaling and polishing. (Not more than twice in a year).

k. Ophthalmology

- i. Eye problems, e.g., trauma, pterygium, glaucoma, cataract extraction and other simple ophthalmological surgical procedures
- ii. Removal of foreign bodies
- iii. Refraction, including provision of spectacles not exceeding N5000

l. Ear, Nose & Throat

- i. Antral wash-out
- ii. Foreign body removal from Ear, Nose and Throat
- iii. Tonsillectomy
- iv. Nasal Polypectomy

- v. Tracheostomy
- vi. Adenoidectomy
- vii. Myringotomy

m. Physiotherapy

- i. Post-traumatic rehabilitation
- ii. Management of palsies within 15 days after initial treatment with a maximum of 5 sessions.
- iii. Post-cerebrovascular accident therapy within 15 days with a maximum of 5 sessions.

n. Laboratory investigations

- i. Genotype
- ii. Urea/electrolyte/creatinine
- iii. Liver Function Test
- iv. Microscopy/culture/sensitivity - urine, blood, stool, sputum, wound, urethral, ear, eye, throat, aspirate, cerebrovascular spinal fluid, endocervical swab, high vaginal swab. Ascetic fluid and other body fluids.
- v. Occult blood in stool
- vi. Skin snip for microfilaria
- vii. Acid-fast bacillus for Tuberculous Bacillus (sputum, blood)
- viii. Gram stain
- ix. Mantoux test
- x. Blood grouping/Cross matching
- xi. Hepatitis B surface antigen and profile.
- xii. Hepatitis C
- xiii. Glycated Hemoglobin (HbA1c)
- xiv. Lipid Profile.
- xv. Confirmatory test for HIV
- xvi. Full Blood Count
- xvii. Erythrocyte Sedimentation Rate
- xviii. PCR, IGRA
- xix. Platelets/ Reticulocyte count
- xx. Platelets concentration
- xxi. Bleeding time
- xxii. Clotting time.

- xxiii. PT/INR
- xxiv. aPTT.
- xxv. Blood transfusion services within the Facility excluding the provision of blood and blood products.
- xxvi. Radiology
- xxvii. -X-ray of chest, abdomen, skull & extremities, dental X-rays
- xxviii. Abdominopelvic ultrasound scan
- xxix. Obstetric scan (maximum 4)
- xxx. Inclusive of all investigations covered under the Primary care.

2.11.4 Exclusion List

The following conditions are excluded from the BMPHS:

- a. Occupational/industrial injuries to the extent covered under the Workmen Compensation Act.
- b. Injuries resulting from: Natural disasters, e.g., earthquakes, landslides, Conflicts, social unrest, riots, wars.
- c. Epidemics
- d. Family planning commodities, including condoms.
- e. Injuries arising from extreme sports, e.g., car racing, horse racing, polo, mountaineering, boxing, wrestling, etc.
- f. Drug abuse/addiction
- g. Domiciliary visit
- h. Surgery: Mammoplasty
- i. Cosmetic surgery
- j. Ophthalmology: Provision of contact lens.
- k. Internal Medicine: Anti-tuberculosis drugs
- l. Paediatric Surgery: Treatment of congenital abnormalities requiring advanced surgical procedures e.g., TOF, ASD, VSD.
- m. Obstetrics & Gynaecology: Assisted Reproductive Technology
- n. Dental Care: Crowns and bridges, Bleaching, Implants
- o. Pathology: Post-Mortem examination
- p. High technology investigations e.g., CT scan, MRI
- q. Dialysis for Renal failure

2.11.2 Benefit Package for Contributory Social Health Insurance Scheme

This benefit package is for all contributory social health insurance schemes and programmes. These services shall be provided by healthcare facilities accredited by the Authority.

- a. Out-patient care, including necessary consumables as in NHIA Standard Treatment Guidelines and Referral Protocol
- b. Prescribed drugs, pharmaceutical care and diagnostic tests as contained in the NHIA Medicine List and NHIA Diagnostic Test Lists.
- c. Maternity (ante-natal, delivery and post-natal) care for four pregnancies ending in live births under the NHIA for every insured enrollee in the contributory Social Health Insurance Scheme or Programmes, except otherwise specified. Additional maternity care for subsequent pregnancies if any still birth.
- d. All live births (including preterm/premature babies) eligible to cover will be covered for twelve (12) weeks from the date of delivery.
- e. Preventive care, including immunization, as it applies in the National Primary Healthcare Development Agency (NPHCDA) immunization schedule, health, and family planning education. Adult Immunizations viz. HPV, Hepatitis, including others captured in the NHIA tariff.
- f. Consultation with specialists, such as physicians, paediatricians, obstetricians, gynaecologists, general surgeons, orthopaedic surgeons, ENT surgeons, dental surgeons, radiologists, psychiatrists, ophthalmologists, physiotherapists, etc.
- g. Hospital care in a standard ward for a stay limited to cumulative 21 days per year following referral.
- h. Eye examination and care, the provision of low-priced spectacles but excluding contact lenses.
- i. A range of prostheses (limited to prosthesis produced in Nigeria)
- j. Dental care (excluding those on the Exclusion list).
- k. Medical checkup unrelated to illness.

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

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

2.12.1 PRIMARY CARE LEVEL

a. 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, FBC, Haemoglobin estimate or packed cell volume, urinalysis, stool and urine microscopy, Blood film for microfilaria, ESR, FBC

differential, pregnancy test (urine), Blood grouping and genotype, Blood Sugar and widal test.

b. Immunization

Immunization against vaccine preventable diseases. The vaccines are BCG, Oral Polio, PENTA 1-3, PVC 1-3, Measles, Hepatitis B, HPV and Vitamin A supplementation and other vaccines that may be included in the National Primary Healthcare Development Agency (NPHCDA) immunization schedule from time to time.

c. Surgical procedure

- i. Drainage of simple abscess (I&D)
- ii. Minor wound debridement
- iii. Surgical repairs of simple lacerations
- iv. Drainage of paronychia
- v. Circumcision of male infants
- vi. Passage of urethral catheter
- vii. Passage of NG tube
- viii. Wound dressing
- ix. Other services as may be listed from time to time by the NHIA

d. Internal Medicine

- i. Malaria and other acute uncomplicated febrile illnesses.
- ii. Uncomplicated Diarrhoeal diseases
- iii. Acute upper respiratory tract infections
- iv. Uncomplicated pneumonia
- v. Simple anaemia (not requiring blood transfusion)
- vi. Simple skin diseases, e.g. Taenia vesicolor, M. furfur, T. Capitis, etc.
- vii. Worm infestation
- viii. Other uncomplicated bacteria, fungal, parasitic and viral infections and illnesses
- ix. Treatment of Dog bites, snakebites, scorpion stings including the administration of antivenom (request for a code for the antivenom)
- x. Arthritis
- xi. Other illnesses as may be listed from time to time by the NHIA.

e. **HIV/AIDS**

- i. HIV testing service
- ii. Health education
- iii. Treatment of opportunistic infections

f. **STI**

- i. Counseling
- ii. Health Education
- iii. Management of uncomplicated STIs

g. **Mental Health**

- i. Psychosomatic illnesses
- ii. Insomnia
- iii. Other illnesses as may be listed from time to time by the NHIA.

h. **Paediatrics**

- i. Feeding problems and nutritional services
- ii. Treatment of common childhood illnesses, e.g., (malaria, other febrile illnesses, vomiting and uncomplicated diarrhoea diseases, uncomplicated malnutrition, failure to thrive, measles, upper respiratory tract infections, uncomplicated pneumonia and other childhood illnesses, exanthemas, simple skin diseases and viral illnesses)
- iii. Other illnesses as may be listed from time to time by the NHIA.

i. **Obstetrics & Gynaecology**

- i. Pelvic inflammatory diseases
- ii. Vaginal discharges
- iii. Routine maternity care for four life births (ante-natal, delivery & post-natal) except where complication(s) exist.
- iv. Other illnesses as may be listed from time to time by the NHIA.

j. **Ophthalmology**

- i. Treatment of minor eye ailments including:
- ii. Conjunctivitis
- iii. Other illnesses as may be listed from time to time by the NHIA.

k. Emergency Care

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

- i. Establishing an intravenous line
- ii. Establishing patent airway
- iii. Management of convulsion
- iv. Control of bleeding
- v. Cardiopulmonary resuscitation
- vi. Immobilization of fractures using splints, neck collars, to ease transportation of patients.
- vii. Aspiration of mucus plug to clear airways.
- viii. Asthmatic Attacks
- ix. Any other procedure that is lifesaving.

l. Family Planning Services: This includes family planning education only.

m. Child Welfare Services

- i. Growth monitoring
- ii. immunization
- iii. Nutritional advice and health education.
- iv. Other services to be included from time to time by the NHIA.

n. Dental Care: Dental care education (preventative and promotive oral care)

2.12.2 SECONDARY CARE LEVEL

a. 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. As shall be provided by NHIA.

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

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

- b. **HIV/AIDS**
 - i. HIV testing services (HTS).
 - ii. Management of opportunistic infections

- c. **Paediatrics:** All medical and surgical paediatrics cases that cannot be handled at the Primary level except those requiring tertiary care or on the exclusion list

- d. **Obstetrics and Gynaecology**
 - i. Specialist consultation
 - ii. Multiple gestation
 - iii. High risk pregnancies
 - iv. Caesarean sections
 - v. Emergency gynaecological procedures
 - vi. Primigravidae and Grand multipara
 - vii. Other procedures that are not on the exclusion list

- e. **Ophthalmology**
 - i. Refraction, including provision of low-priced spectacles as shall be determined by NHIA from time to time excluding contact lenses.
 - ii. Management of abrasions, Contusions, and foreign body removal
 - iii. All ophthalmological cases that cannot be handled at the primary level except those requiring tertiary care or on the exclusion list.

- f. **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.

- g. **Dental Health**
 - i. Dental check,
 - ii. scaling and polishing,
 - iii. minor oral surgeries,
 - iv. maximum of two root canal treatment
 - v. Filling of cavities
 - vi. replacement of maximum of four dentures

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

h. Physiotherapy: All procedures except those on the exclusion list. Hospital stay in CVA cases is allowed for 12 cumulative weeks and does not foreclose post hospitalization therapy.

Note: The primary healthcare facility of the enrollee shall pay for bed stay for the first 15 cumulative days of hospitalization while the Authority or its agent shall pay for the remaining 69 cumulative days per year

- i. **Radiological services:** All investigations except those on the exclusion list.

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

- j. **Laboratory services:** All laboratory services except those in exclusion list.

- k. **Antenatal Services:** Services to be provided at Ante-natal care should include at least the following:

- i. Investigations: (1) PCV/Haemoglobin estimation (Hb), (2) Urinalysis, (3) Blood grouping, (4) HIV Screening, (5) Blood genotype, (6) Hepatitis B surface Antigen, (7) Hepatitis C screening, (8) USS (at least twice), (9) Fasting blood sugar/Random blood sugar.
- i. Note: 1-4 investigations above are under primary care and are covered by capitation while 5-9 shall be handled under secondary/tertiary care. The healthcare facility should follow due referral process.
- ii. Routine ANC Drugs
- iii. Immunization
- iv. Maternity (ante-natal, delivery and post-natal) care for every insured enrollee eligible to cover.
- v. 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.
- vi. All live births eligible to cover will be covered for twelve (12) weeks from the date of delivery.
- vii. All preterm/premature babies eligible to cover shall be covered for twelve (12) weeks from the date of delivery.

2.12.3 TERTIARY CARE LEVEL

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

Note: Hospital stay in orthopaedic 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 Authority or its agent shall pay for the remaining 27 cumulative days per year.

- b. Internal Medicine: Screening as determined by NHIA. All other cases that cannot be treated at the Primary and secondary levels of care except those conditions on the exclusion list.
- c. HIV/AIDS: Management of complications of HIV/AIDS
- d. 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
- e. 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.
- f. Ophthalmology: All ophthalmological cases that cannot be handled at the primary and secondary levels of care except those on the exclusion list.
- g. 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.
- h. Radiology services: All radiological procedures/investigations that cannot be handled at the secondary level of care except those on the exclusion list

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

- i. Laboratory service: All laboratory services except those on the exclusion list.

2.12.4 Exclusion List: The following conditions are excluded from the benefits package of the NHIA:

a. Total Exclusions

- i. Occupational/industrial injuries to the extent covered under the Workman Compensation Act.
- ii. Injuries resulting from: (1) Natural disasters, e.g., earthquakes, landslides, (2) Conflicts, social unrest, riots, wars.
- iii. Epidemics
- iv. Family planning commodities including condoms.
- v. Injuries arising from extreme sports, e.g., car racing, horse racing, polo, mountaineering, boxing, wrestling, etc.
- vi. Drug abuse/addiction
- vii. Domiciliary visit (consultation and treatment at home by the health care professional)
- viii. Surgery: Mammoplasty
- ix. Ophthalmology: Provision of contact lens.
- x. Medicine: Anti-tuberculosis drugs
- xi. Paediatric Surgery: Treatment of congenital abnormalities requiring advanced surgical procedures e.g., TOF, ASD, VSD.
- xii. Obstetrics & Gynaecology: Artificial insemination, including IVF and ICSI
- xiii. Dental Care: (1) Crowns and bridges, (2) Bleaching, (3) Implants
- xiv. Pathology: Postmortem examination

b. Partial Exclusions

- i. High technology investigations e.g., CT scan, MRI: the Authority or its agent would pay 50% of the cost.
- ii. Dialysis for renal failure (the enrollee pays 50% while the Authority or its agent pays 50% and limited to 6 sessions per annum.
- iii. Radiotherapy for cancer (50% co-payment up to a maximum of N400,000 payable by the Authority)
- iv. Chemotherapy for cancer as provided in the NHIA Medicines Price List.

2.11.3 Referrals

2.13.1 Levels of Referral: Entry into the programme is via the Primary Healthcare Facility. At that level, treatment is administered as recommended by the guidelines. Cases that require specialized attention are referred following the laid down guidelines from the Primary to Secondary and Tertiary levels.

2.13.2 Need for Referral: Referral can be vertical or lateral. A patient may be referred from a Primary to a Secondary/Tertiary Service Facility or from a Secondary to a Tertiary Service Facility due to need for specialized investigations, for medical/ surgical reasons or other services – diagnostic, physiotherapy etc. Approval by the Authority or its agent 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 NHIA accredited facilities in the area.

All authorization codes must be given within 6 hours of the requesting facility contacting the Authority or its agent and when such requests are denied, the HCFs must be notified within 24 hours stating reasons for denial.

2.13.3 Basic Principles of Referral

- a. A referral line must be established.
- b. There must be a clinical basis for referral.
- c. A referral letter must accompany every case.
- d. Primary care physicians are obliged to refer early enough to the next level of care.
- e. Requests to refer a patient from primary healthcare facilities shall only be authorized by a licensed medical professional within 6 hours of request.
- f. Personal and medical details must be contained in the referral letter.
- g. All investigations carried out at a lower level must be sent to a higher level.
- h. The outcome of a referral should be satisfactorily and properly documented.
- i. 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.
- j. A Healthcare facility cannot refer an enrollee to another facility for services that it is already accredited for.

2.13.4 Information Required for Referral

- a. Enrollee/Client's name, gender, age and address
- b. Details of referring facility (Name, NHIA code,)
- c. Details of receiving facility (Name, NHIA code, location, department/clinic)

- d. Enrolee's NHIA number
- e. Patients' Healthcare Facility number
- f. Referral date
- g. Provisional diagnosis
- h. Clinical findings/investigations and results
- i. Treatment administered before referral.
- j. Reasons for referral
- k. The enrolee/client's purchaser and code
- l. Referring personnel's name and signature

Note: In chronic conditions covered by the Authority, the primary facility shall refer the patient to the requisite level of care. The Authority or its agent shall generate an authorization code that would cover follow-up visits until the patient stabilizes. The payment to the secondary/tertiary care facility for all follow-up visits shall be borne by the Authority or its agent.

All Facilities are expected to provide counselling as an integral part of quality care.

2.11.4 Protocol for Medical Check-Up

2.14.1 Periodic Medical Examination unrelated to illness

To ensure early diagnosis of chronic medical conditions, enrolees are entitled to periodic medical examinations unrelated to illness. The medical examinations are as in the Table below.

Table 3: Table of medical examinations unrelated to illness

Investigation	Age Group	Frequency	Remarks
Full Physical Examination	All	Annually	
Blood pressure (BP)	≥ 40years	Annually	For those without risk factor for hypertension. Adults aged 18-39 years with normal BP who do not have other risk factors should be re-screened every 2 years
Full Blood Count	All	Annually	

Investigation	Age Group	Frequency	Remarks
Fasting blood sugar (FBS)	≥ 40years*	Every 2 years	<p>*Check FBS starting at the age of 40 years, then every 2 years if no other risk factors that suggest doing otherwise.</p> <p>Screen all persons annually irrespective of age who are overweight (BMI ≥ 25 kg/ m²) and have additional risk factors:</p> <ul style="list-style-type: none"> - Physical inactivity - First degree relative with Diabetes Mellitus (DM) - Women who delivered baby more than 4 kg or those diagnosed with Gestational DM - Blood pressure ≥ 140/90mmHg or on therapy for hypertension - HDL cholesterol level < 35 mg/dl (0.9mmol/l) or TG > 250mg/ dl (2.82mmol/l) - Women with polycystic ovary syndrome - Impaired glucose tolerance test or impaired fasting glucose. OR HBA1C ≥ 5.7 %
Electrolytes/Urea			- History of CVD.
Electrolytes/Urea and Creatines	40 years and above	Biennially	Check annually for those without for those without risk factors
HbSAg	All	Once in a lifetime	<ul style="list-style-type: none"> • Treatment for positive • No screening for already vaccinated.
HCV	All	Once in a lifetime	<ul style="list-style-type: none"> • Treatment for positive cases
Lipid profile	Adults ≥40 Years	Every 2 years	These recommendations apply to adults 40 years or older without a history of known cardiovascular disease (CVD) and a calculated 10-year CVD event risk of 10% or greater and who do not have signs and symptoms of CVD.

Investigation	Age Group	Frequency	Remarks
			Those with risk factors should be screened annually
Pap Smear:	Women aged 21 to 65 years	Every 1-2 years for ages 21-29 years Every 3 years for those ≥ 30 years	Screen with cytology (Pap smear) Begin at 21 years. Screen every 3 years in patients with no risk factors. Screen annually in patients with identified risk factors or inconclusive results. Discontinue between 65-70 years if low risk. Discontinue after hysterectomy (for benign reason and if no prior high risk abnormal pap smear)
Mammogram	Women aged 40-49 years* Women aged 50-74 years Women aged ≥ 75 years***	Every 1 to 2 years Annually** (Depending on risk factor)	*For this age group, routine screening should be individualized **Yearly mammogram should be considered in women with history of breast cancer in a first degree relative. Screening should begin at an age earlier than the age at which their youngest family member was diagnosed. ***The evidence to recommend for routine screening in this age group is currently insufficient.
Colon Cancer Screening	From the age of 45 and above	Choose one of the following tests: - Faecal occult blood testing annually - Colonoscopy every 5-10 years.	* Screening should commence at a younger age in those that have a strong family history of colon cancer or polyps or have risk factors such as a history of inflammatory bowel disease or polyps. All positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy. For those not at risk; <ul style="list-style-type: none"> • 45-65 every 5 years • 65 and above, biennially
Prostate Cancer Screening	40 - 60 years >60years	Annually Bi-annually	Digital rectal examination may be done yearly for those above 50 years. PSA - annually (40 - 60 yrs) biannually ≥ 60 yrs

2.15 HOSPITALIZATION

2.15.1 Health Insurance beneficiaries/enrolees/clients are entitled to 21 cumulative days hospitalization in standard wards with the exclusion of meals.

2.15.2 In cases of Cardiovascular Accidents (CVA) and Orthopaedics, the enrolee is entitled to hospitalization in a standard ward for up to 6 cumulative weeks. The cost shall be borne by the Payer.

2.15.3 Payment for bed space is by Per Diem.

2.12 NHIA Provider Payment Mechanisms

2.12.1 Definition:

Provider payment mechanisms (PPM) are used to transfer funds from the purchaser to health care facilities for health services. Healthcare facilities in the health insurance ecosystem may be paid by various mechanisms including capitation, fee-for-service, disease related groups, per diem etc.

Enrolees will be expected to pay 10% of the total cost of drugs dispensed per prescription in accordance with the NHIA drug price list (co-payment). Co-payment is not applicable to the Vulnerable group, Corps members, Nigerian Armed Forces or other groups specified by NHIA.

For conditions on the partial exclusion list, the NHIA or its agent and the enrolee pay (co-insurance).

2.12.2 Funds Flow to Primary Facilities

- a. Primary Care Facility shall be paid by PPM determined by NHIA/SSHIA, and the due date for payment shall be as determined by the NHIA/SSHIA
- b. Where the PPM is Capitation, the Primary Care Facility shall be paid at least 14 days before the 1st day of every month. Such payments should be accompanied with an up-to-date register of the enrolees.
- c. Where the PPM is FFS, claims should be submitted within 14 days of the succeeding month, and payment of claims should not be later than 14 days after receipt of same.
- d. All treatment schedules must be standardized using approved disease management guidelines and treatment protocols.

2.12.3 Transfer of Funds from NHIA/SSHIA to Secondary and Tertiary Facilities

- a. Claims from facilities to the purchaser or its agent(s) shall be submitted monthly, to be received within 14 days from the end of each month and settled within 14 days on receipt.
- b. Payers shall set up claims validation desks for secondary and tertiary care services – referrals, pharmacies, labs, x-ray etc to ensure prompt processing of claims.
- c. When an enrollee is referred to an accredited Healthcare Facility for secondary level of care for ANC, delivery and post-natal care, the payer will be responsible for all payments.
- d. In case of dispute, the NHIA or its agent shall pay what is deemed due according to the fee schedule of payment within the stipulated period, while the dispute is subject to mediation.
- e. All treatment schedules must be standardized using approved disease management guidelines and treatment protocols.

2.13 Claims Management

2.13.1 Introduction

Claims management is the organization, billing, filing, updating and processing of medical claims related to patient diagnoses, treatments and other services received in healthcare facilities.

Effective claims management system promotes fairness and transparency between healthcare facilities, the enrollees and NHIA/SSHIA and aid in cost reduction, fraud detection and risk mitigation.

Claims processing and review is a multiple steps and rule-based process aimed at ensuring quality of care and value for money. Only claims that have been successfully processed and verified and deemed acceptable based on the quality of services (value-based care) rendered following verification are approved for payment to the healthcare facilities.

2.13.2 Process Flow for claims management

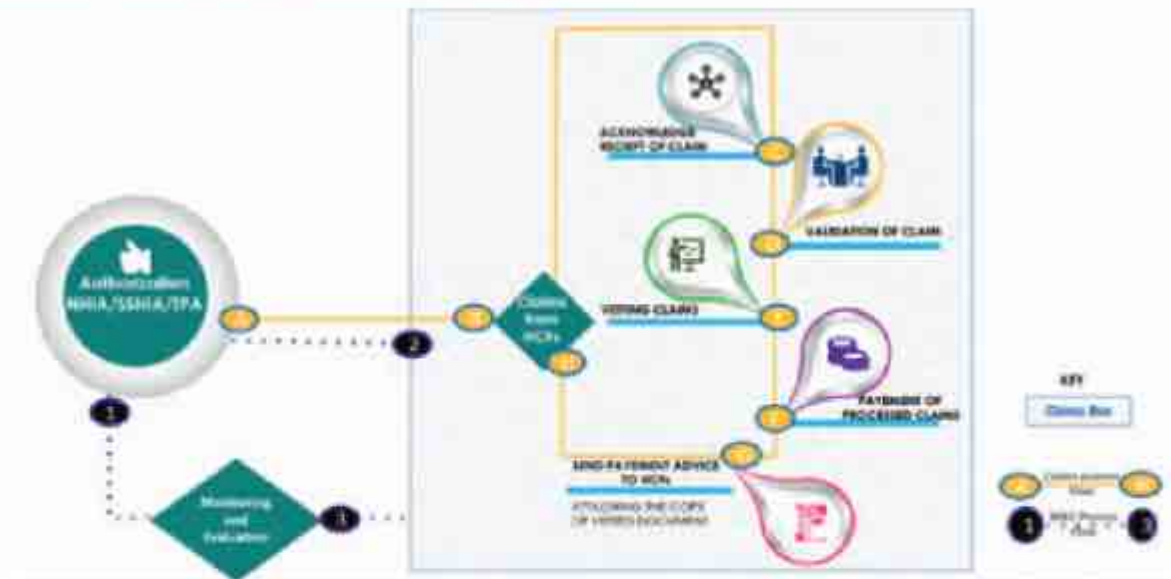


Figure 4: Process flowchart for claims management

2.13.3 Medical claims management steps

- a. Authorization for service provision shall be sought by the Healthcare Facility and issued by the NHIA/SSHIA/TPAs.
- b. Healthcare Facility provides services to the beneficiary and fills encounter form at point of service.
- c. HCF generates a bill of services provided to each beneficiary.
- d. Bill (claim) is sent, preferably electronically, to a designated office of the NHIA/SSHIA or its assigned TPAs.
- e. Acknowledgement of receipt of claims by NHIA/SSHIA/TPAs.
- f. Validation of claims by NHIA/SSHIA/TPAs.
- g. The NHIA/SSHIA or their TPAs vet the claims based on approved or agreed tariffs.
- h. NHIA/SSHIA or their TPAs pay vetted claims within 15 days of submission of claims.
- i. NHIA/SSHIA/TPAs send payment advice to the Healthcare Facility.
- j. NHIA shall monitor and evaluate the entire process quarterly.

Note: NHIA Claims Clearing house shall act as a mediator between stakeholders engaged in contract of healthcare services delivery. In addition, it ensures no risk of default in the purchase of service.

2.13.4 Claims Processing Tools:

- i. Claims Form: from the Healthcare facility a document used to collect medical information as recorded by doctors and medical staff, the billing for services and request for payment.
- ii. Encounter Data Sheets: A record of all enrolees' transactions with the HCF which must be signed by each enrolee or enrolees' relatives.
- iii. Claims Validation Slip: used by health insurance agency - A sheet of paper specifying the Justifications for Payment, Adjustment or Denial of Healthcare Facility medical claims/bills.
- iv. Explanation of Benefits Form: A document from a health insurance agency made on a batch of enrolee's bills sent to HCFs for information before payment.
- v. Approval Slip: from a health insurance agency, a sheet of paper specifying the amount approved per bill in a batch of medical claims received by a health insurance agency.

Note: See APPENDIX 1 for the Claims Management tools.

2.13.5 Timeline for Claims Management by NHIA/SSHIA/TPA

Table 4: Timeline for Claims Management by NHIA/SSHIA/TPA

Activity	Timeline	Claims	
		Valid/conform	Not valid/does not conform
Submission of claims by HCF	Within 15 days from provision of service	Pass for acknowledgment and validation	Return to HCF with a formal letter electronically within 3 days
Acknowledge receipt of claims from HCF	Within 24hrs	Pass for validation	Return to HCF with a formal letter electronically within 3 days
Validation	Within 24hrs	Pass to claims vetting unit	Send feedback to the HCF
Vetting	Within 48hrs	Send for payment with schedule	Seek more information via a formal letter within 3 working days with HCF on what was authorized.

Activity	Timeline	Claims	
		Valid/conform	Not valid/does not conform
Submission of claims by HCF	Within 15 days from provision of service	Pass for acknowledgment and validation	Return to HCF with a formal letter electronically within 3 days
Auditing	Within 48hrs	Pass for payment	Return to claims vetting unit within 2 days
Payment	Within 15 days of receipt	Pay to HCF's bank account	Confirm HCF's bank account
Payment Advice	Within 24hrs after payment completion	Send to HCF with supporting document	Payment to wrong account, HCF to inform NHIA/SSHIA or its TPA with a formal letter

Note: Submissions and feedback on Claims Management will be made using electronic platform.

2.13.6 Conditions for denial of claims

Claims submitted by providers will be denied under the following circumstances:

- a. Claims submitted on a format other than the authorized Claims forms or electronic data format/Channel.
- b. Data fields not filled completely or incorrectly filled.
- c. Claims submitted more than 46 days from the date of service.
- d. Duplicate claims
- e. Claims for encounters not reported in the monthly utilization report/Encounter Data Sheet
- f. Claim that is fraudulent.
- g. All claims that do not conform with the NHIA Operational Guidelines
- h. Any other denied claim(s) that qualify for denial as determined by NHIA

2.13.7 Claims Appeals

HCF dissatisfied with claims denial or processing outcome may appeal to the NHIA or SSHIA where applicable. An appeal is a request for insurance payment of items that were denied or underpaid. The requirements to file an appeal are:

- a. A letter stating how the charge should have been paid and why it should have been paid that way.

- b. A copy of the bill, or a corrected bill and the EOB
- c. Any evidence such as eligibility verification, proof of timely filing, medical records etc.
- d. NHIA/SSHIA reserved the rights to specify deadline for appeals filing and Appeal processing within 10 working days from the date of denial or underpayment.



3

SECTION 3

Standards & Accreditation

SECTION 3: STANDARDS AND ACCREDITATION

3.1 Accreditation of Health Care Facilities

3.1.1 Healthcare Professionals Under the NHIA

- a. General Medical Practitioners
- b. Specialist Medical Practitioners
- c. Pharmacists
- d. Nurses/Midwives
- e. Medical Laboratory Scientists
- f. Radiographers
- g. Physiotherapists
- h. Dental Surgeons
- i. Optometrists
- j. Medical Records Officers
- k. Dental Technologist
- l. Pharmacy Technicians
- m. Medical Laboratory Technicians/ Assistants
- n. Community Health Workers
- o. Nutritionists
- p. Social workers

3.1.2 Requirements for Healthcare Professionals

a. General Medical Practitioners

- i. Possession of the Bachelor of Medicine, Bachelor of Surgery (MBBS) degree, or its equivalent, recognized by the Medical and Dental Council of Nigeria.
- ii. Registration with the Medical and Dental Council of Nigeria
- iii. Possession of the current license to practice, issued by the Medical and Dental Council of Nigeria (MDCN).

b. Specialist Medical Practitioners

- i. They include physicians, radiologists, paediatricians, psychiatrists, surgeons, gynaecologists, ENT surgeons, ophthalmologists, etc.
- ii. Possession of recognized specialist qualifications in the proposed area of practice in addition to (3.2.1) above.

c. Pharmacists

- i. Possession of the Bachelor of Pharmacy (B. Pharm) degree or equivalent qualification, recognized by the Pharmacy Council of Nigeria (PCN)
- ii. Registration with PCN
- iii. Possession of the professional license to practice, issued by the Pharmacists Council of Nigeria (PCN).

- d. **Pharmacy Technicians**
 - i. Possession of pharmacy technician certificate issued by the school of health technology accredited and recognized by the Pharmacy Council of Nigeria (PCN)
 - ii. Registration with the PCN
 - iii. Possession of current annual permit to practice, issued by the Pharmacy Council of Nigeria (PCN).

- e. **Medical Laboratory Scientists**
 - i. Possession of the Bachelor of Medical Laboratory Science (BMLS) degree or equivalent qualification, recognized by the Medical Laboratory Science Council of Nigeria (MLSCN)
 - ii. Registration with the MLSCN
 - iii. Possession of the current license to practice, issued by the MLSCN.

- f. **Medical Laboratory Technicians**
 - i. Possession of certificate issued by Medical Laboratory Science Council of Nigeria (MLSCN)
 - ii. Registration with the MLSCN
 - iii. Possession of current annual tag issued by MLSCN.

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

- h. **Radiographers and Ultrasonographers**
 - i. Possession of the Bachelor of Radiography degree, or equivalent qualification recognized by the Radiographers Registration Board of Nigeria (RRBN)
 - ii. Registration with the RRBN
 - iii. Possession of the current license to practice, issued by the RRBN.

- i. **Physiotherapists**
 - i. Possession of the BSc, BMR or B physiotherapy or equivalent qualification, recognized by the Medical Rehabilitation Therapist Board of Nigeria (MRTBN)
 - ii. Registration with the MRTBN

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

j. Medical Rehabilitation Therapy Technician

- i. Possession of Medical Rehabilitation Therapy Technician certificate issued by schools accredited and recognized by the MRTBN.
- ii. Registration with the MRTBN
- iii. Possession of current annual permit to practice, issued by MRTBN.

K. Dental Surgeon

- i Possession of the Bachelor of Dental Surgery degree, or equivalent qualification, recognized. by the Medical and Dental Council of Nigeria (MDCN)
- ii Registration with the MDCN
- iii Possession of the current license to practice issued by the MDCN.

L. Dental Technicians/Technologist

- i Possession of the certificate, BSc. Or HND in Dental Technology or equivalent qualification from accredited Schools or institution.
- ii Dental Technologists are required to be registered with their relevant Regulatory body.

m. Optometrists

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

n. Community Health Workers

- i. **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. They must be registered by Community Health Practitioners Registration Board of Nigeria (CHPRBN) They should possess a current licence to practice by the CHPRBN. They should have the Standing Orders from Federal Ministry of Health for Community Health Officers and Community Health Extension Workers
- ii. **Community Health Extension Workers:** Must have completed a 36-month course for Community Health Extension Worker in an approved Health Institution and registered with the CHPRBN

- iii. **Junior Community Health Extension Workers:** Must have completed a 24-month course for Junior Community Health Extension Worker in an approved Health Institution and registered with the CHPRBN.

3.1.3 Classification of Health Care Facilities

3.1.4 Organization of Health Services:

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

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

3.1.5 Primary Healthcare Facilities

These are the point of first contacts with the health system, i.e. gatekeepers. They include:

- a. Primary Healthcare Centres
- b. Comprehensive Healthcare Centres
- c. Nursing and Maternity Homes (Proof of Access to Medical Practitioner).
- d. Out-patient Departments of General Hospitals, Armed Forces, the

Police and Other Uniformed Services Hospitals/Clinics, University Medical centres, Federal Staff Hospitals and Non-specialist Private Hospitals and Clinics

3.1.6 Secondary Healthcare Facilities

These provide health services on referral from Primary Facilities. These include.

- a. General/Divisional Hospitals (out-patient specialist care and inpatient care for medical, surgical, paediatrics, obstetrics and gynaecology etc)
- b. Specialist Hospitals/Reference Hospitals

- c. Federal Medical Centres
- d. Pharmacies
- e. Laboratories
- f. Dental clinics
- g. Physiotherapy clinics
- h. Radiography centres
- i. Ophthalmology centres
- j. Optometry centres
- k. ENT clinics

3.1.7 Tertiary HealthCare Facilities

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

- a. Teaching Hospitals
- b. Specialist Hospitals
- c. Specialty/Specialized Hospitals (orthopedic, psychiatric, etc)
- d. Federal Medical Centres
- e. Military Reference Hospitals

3.1.8. Obligations of Healthcare Facilities

The healthcare facilities shall provide to the NHIA with the following information:-

- a. Names of serving health professionals and their qualifications (doctors, nurses, pharmacists,
- b. Hours of duty coverage
- c. Details of equipment available for medical care.
- d. Ensuring that every beneficiary who visits the facility for care is attended to with utmost care, skill and prompt attention.
- e. Provide services to duly identified enrollee at all times using the current NHIS enrollee register as applies.
- f. primary healthcare facilities must have facilities for ante-natal, delivery and post-natal care.
- g. Healthcare facilities are advised to train their staff on basic life support (BLS)

3.1.9 Requirements for Health Care Facilities (HCFS)

- a. Possession of professionals with relevant academic qualifications
- b. Registration with the relevant regulatory body
- c. Possession of the current license to practice
- d. Appropriate facility for service delivery
- e. Registration by State authorities where applicable
- f. Possession of professional indemnity cover

- g. Possession of evidence of registration with Corporate Affairs Commission (CAC) or official gazette for government owned health institutions.
- h. Possession of adequate information and communication technology (ICT) infrastructure which must include internet access.

3.1.10 Facility and Personnel Requirements for Accreditation of Healthcare Facilities.

The detailed requirements for accreditation of healthcare facilities are presented in **APPENDIX 2**

3.1.11 Procedures for Accreditation

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

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

3.1.12 Procedure for Full Accreditation

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

- a. Application for participation in the Authority which shall attract a non-refundable fee comprising of both the registration fee and the accreditation fee. It shall be for each service applied for.
- b. Screening of completed applications to determine suitability for possible inspection.
- c. Accreditation visits by teams of healthcare professionals to perform an in-depth evaluation to determine whether the facilities meet the established standards.
- d. Approval of recommended facilities for accreditation by NHIA Management
- e. Publishing a list of HCFs that have met the requirements for accreditation.
- f. Reaccreditation of accredited Health care facilities to determine whether they should continue to provide services to enrollees of NHIA.

NOTE: Accreditation of a HCF shall be for a two-year period (NHIA shall pay at least two compulsory quality assurance visits to the HCF pending the next accreditation visit).

3.1.13 Accreditation fees

Each healthcare facility shall pay the sum of sixty thousand naira (N60, 000:00 and shall comprise of both the registration fee and the accreditation fee. It shall be for each service applied for).

All facilities due for reaccreditation shall be required to pay re-accreditation fees as follows:

- a. Primary Facilities – Fifty Thousand Naira (N50,000.00)
- b. Secondary and Tertiary Facilities - Fifty Thousand Naira (N50, 000.00) per service.

NOTE: All fees are subject to review by NHIA.

3.1.14 Obligations of Accredited Health Care Facilities

- 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 NHIA stating the grounds for rejection.
- c. Pharmacies shall stock drugs based on the NHIA Medicines List
- d. All beneficiaries shall be given adequate treatment in line with NHIA standard treatment and referral protocol.
- e. A Facility shall not solicit to manage an NHIA enrollee as a fee-paying patient
- f. Patients should only be referred to NHIA accredited secondary and tertiary facilities.
- g. A facility shall not refer an enrollee to another facility for a service it is accredited to render without the approval of NHIA.
- h. A facility shall not misrepresent the NHIA benefit package to an enrollee.
- i. A facility shall not misrepresent the NHIA Operations to an enrollee.
- 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. Facility shall maintain an NHIA dedicated account for the sole purposes of improving health care services and render account to NHIA during periodic inspections
- l. To accord NHIA enrollees the necessary rights and privileges due to them as beneficiaries of the Authority

3.1.15 Conditions for Renewal of the Accreditation of Health Care Facilities

Accreditation of every HCF shall be renewed every three (3) years. The criteria for re-accreditation shall include:

- a. Accreditation for not less than three years
- b. Availability of requisite skilled/experienced personnel
- c. Availability of facilities to provide prompt and efficient services to enrolees.
- d. The institution of well-organised and proper management structures.
- e. Employment of trained managers to run the administration of facilities professionally.
- f. Attendance of NHIA-HCF meetings shall be mandatory as an avenue to educate stakeholders. It shall be mandatory for the Medical Directors of NHIA accredited facilities to attend these meetings at least annually and NHIA shall use attendance of these meetings as one of the prerequisites for reaccreditation.
- g. HCF must have made all returns due to HMOs and NHIA
- h. Current licenses of personnel and registration with regulatory bodies. (Current licenses of personnel to be sent to NHIA on yearly basis or as applicable).
- i. For a hospital/clinic to be accredited as secondary or tertiary healthcare facilities, it should have in-house pharmacy and laboratory.
- j. Every HCF shall meet the basic ICT infrastructure requirements for their category of accreditation.
- k. All NHIA accredited HCFs shall put in place a functional medical records unit/department as a prerequisite to their re-accreditation. The unit/department shall coordinate the ICT of the facility.
- l. The institutionalization of internal total quality management system that will ensure effective delivery of qualitative healthcare in liaison with NHIA and HMOs.
- m. Compliance with NHIA operational guidelines
- n. Compliance with the judgment of the Arbitration board

Note: NHIA shall rank accredited HCFs and set ceilings for the number of enrolees that a HCF can efficiently and effectively manage. NHIA shall encourage group practice as a means of providing quality healthcare to enrolees.

3.1.16 Exit from the Authority/Relocation/Change of Name

- a. A Healthcare Facility wishing to exit from operation of the NHIA shall:
 - i. Give three (3) months written notice to the NHIA, the enrolees registered with it and all relevant stakeholders of its intention.
 - ii. The Facility shall accord NHIA enrolees the necessary rights and privileges due to them as beneficiaries of the Scheme within the 3months period of this notice.

- b. Any healthcare facility wishing to relocate to a new site and still operate under NHIA:
 - i. Give three (3) months written notice to NHIA, the enrolees registered with it and all relevant stakeholders of its intention.
 - ii. Apply for inspection and accreditation of the new premises.
 - iii. The Facility shall accord NHIA enrolees the necessary rights and privileges due to them as beneficiaries of the Authority within the 3months period of this notice.

NOTE: The enrolees will be at liberty to remain with a relocating facility or choose a new one. A Facility must publish its intention to exit the Authority or relocate to a new site in at least one (1) National Daily Newspaper.

- c. Guidelines for change of corporate name by accredited healthcare facilities: Any health care facility wishing to change its corporate name in the NHIA register shall be required to do the following:

Step 1: Submission of request for change of name to NHIA

- a. HCFs shall formally write requesting for a change of corporate name with reasons.
- b. The letter should be addressed to the DG/CEO and routed through the NHIA State Office where the facility is located.
- c. The letter of request for change of name should be submitted with the following attachments:
 - i. Board resolution to effect the change of name at CAC.
 - ii. Copy of filling for change of name
 - iii. Copies of CAC Forms reflecting both old and new names
 - iv. Copies of newspaper publication of the change of name in at least two national newspapers
 - v. Copy of evidence of payment for processing fee (₦50,000.00)

Step 2: Notification of all stakeholders by the HCFs

Following the submission of the request for change, the facility shall

- a. Publish its intention to change its name in at least two (2) National Daily Newspapers (as in c.iv above).
- b. Continue to accord NHIA enrolees the necessary rights and provide care due them during the period of transiting from the old to new name.

Step 3: Approval of Change of Name by NHIA

- a. HCF shall return the Accreditation Certificate in its possession to NHIA upon receipt of formal communication of approval of change of name.
- b. The HCF shall pay the required fee for reissue of a HCF accreditation certificate bearing the new name.
- c. Notify all enrollees and stakeholders of the new name of HCF.

3.2 Medical Audit

A medical audit system is a quality improvement process designed to find out if healthcare is being delivered to beneficiaries in accordance with established standards of care and costs. It is an integral part of the quality improvement process. The goal is to improve patient outcomes, patient satisfaction, and financial sustainability.

The following domains will be addressed during a Medical Audit**a. Quality of care related domains:**

- i. Appropriateness of care
- ii. Continuity of care
- iii. Timeliness of care
- iv. Equity and fairness
- v. Effectiveness
- vi. Efficiency
- vii. Patient Centeredness

b. Finance related domains:

- i. Financial sustainability of the Health Insurance System.
- ii. Financial risk protection for beneficiaries
- iii. Fraud detection at all levels

NOTE: The NHIA will carry out medical audits for every healthcare facility periodically.

3.3 Accreditation of Health Maintenance Organisations (HMOs)**3.3.1 Definition**

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

3.3.2 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 HMO

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

- a. Is or becomes of unsound mind, or because 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.

3.3.3 Application for Accreditation as a HMO

Any organization wishing to transact the business of a Health Maintenance Organization (HMO) under the National Health Insurance Authority (NHIA) must apply and be duly accredited and registered as such in accordance with the NHIA Act 2022. Application for accreditation to transact business as a HMO shall be made in the prescribed manner as determined by the NHIA. Also,

- a. Application for accreditation to transact business as a HMO under the NHIA shall be made to the Director General, National Health Insurance Authority.
- b. Satisfactory fulfilment of the requirements for provisional accreditation as a HMO under the NHIA would lead to the grant of a provisional accreditation which shall be valid for twelve (12) months only.
- c. The satisfactory fulfilment of the requirements for full accreditation as a HMO under the NHIA would lead to the grant of a certificate of accreditation which shall be valid for three (3) years only.
- d. Application for accreditation as a HMO under the NHIA or documents issued by the NHIA as acknowledgment of an application are not substitutes of accreditation certificates.

3.3.4 Requirements for Provisional Accreditation

The following are the requirements for provisional accreditation that must be met by any organization desiring to be accredited to carry out the business of a HMO under the NHIA. The applicant must submit to NHIA evidence that:

- a. It is a duly incorporated limited liability or public company in Nigeria under the Companies and Allied Matters Act.
- b. It shall not engage in any business other than those related to health insurance.
- c. It is not a judgement debtor nor failed to honour its financial obligations.
- d. It possesses the requisite paid-up share capital as defined by the NHIA.
- e. It has the skilled professionals with the necessary experience to manage the transactions expected of a HMO.
- f. It has a minimum of three (3) subscribers to its shares.

- g. It has a minimum of five (5) directors on its Board.
- h. It has only Directors who are up to date in the payment of Taxes on its Board.
- i. None of the proposed members of the Board has ever compounded his/her debt, nor is a judgment debtor nor been involved in any fraud nor indicted by any commission of inquiry.
- j. None of the proposed Directors has been refused or expelled from membership of a professional body or association.
- k. It has satisfied all requirements prescribed by the provisions of the NHIA Act 2022, other relevant laws or any such additional requirements or conditions as may be prescribed from time to time by NHIA.
- l. It possesses the Information Communication Technology that suits its proposed line of operations and aligns with the specifications of the NHIA.
- m. It has met the mandatory security deposit requirement of 20% of paid-up share capital.
- n. It has paid all the necessary regulatory fees as determined by the NHIA including a non-refundable application fee of One million Naira (₦1,000,000) paid through approved platforms/route to National Health Insurance Authority. (All fees are subject to reviews)
- o. The applicant or its subscribers, directors or officers have never mismanaged, either in full or in part, any fund, and deposited to at a Federal High Court.
- p. It shall maintain operational accounts with NHIA-accredited banks.
- q. It shall not carry on any business other than the business of health insurance.

3.3.5 Documentation for Provisional Accreditation

Any company applying for provisional accreditation under the Authority shall submit the following documents:

- a. Certified true copies of Certificate of Incorporation, Articles and Memorandum of Association (Original copies would be sighted and verified during physical inspection of the Organisation) showing among others, the following provisions:
 - i. That the sole object of the Company being to conduct businesses of a HMO as provided under the NHIA Act 2022
 - ii. A limitation on the sales/transfer of the shares of the HMO without prior approval of the NHIA
 - iii. The manner of calling the Annual General Meeting of members, the quorum necessary for the transaction of business at such meetings, and the manner of voting therein.
 - iv. The structure of proposed Board and senior management, committees, and internal control systems
- b. Statement of Affairs of the Company or Audited Accounts for the past 3 years (where applicable).

- c. Fidelity Guarantee/Indemnity Insurance Cover with a NHIA-accredited insurance company to the value of the paid-up share capital
- d. Certified True Copy of Status Report from CAC
- e. Certified True Copy of Form C06 (Location of Registered Office)
- f. Signed copies of Technical Services Agreements (where applicable).
- g. An undertaking by the shareholders that the HMO will be adequately always capitalized for the volume of its business, and in keeping with regulations on capitalization as issued by the NHIA.
- h. An undertaking that the Head Office of the applicant shall be located at such a place that would allow it to provide adequate services within the geographical space it desires to operate.
- i. An undertaking that where the applicant intends to have branches outside the geographical space it should apply for an upgrade of its status with NHIA.
- j. Feasibility Report/Business Plan, which shall contain, amongst others, the Business Strategy and Objectives of the HMO. It should specify amongst others, the services to be rendered, business strategy, profit growth, investment objectives as well as implementation plan.
- k. Corporate investors in HMOs shall be required to attach:
 - i. Certificate of Incorporation from the Corporate Affairs Commission (CAC) and Status Report of the Company.
 - ii. Board Resolution supporting company's decision to invest in equity shares of the proposed HMO;
 - iii. Names and current addresses (Business and Residential) of directors and their related companies, if any.
 - iv. Audited accounts & reports of the company within the last three years (if it is an ongoing business concerns) or financial statement for companies in operation for less than a year.
- l. Completed application forms providing the following information:
 - a. Ownership structure and composition of the organization
 - b. Names, addresses and detailed CV of the principal officers.

3.3.6 Minimum Paid Up Share Capital

The minimum paid-up share capital requirement for HMOs are as follows:

- a. National HMO: Seven Hundred and Fifty Million Naira (N750,000,000.00) only
- b. Zonal HMO: Five Hundred Million Naira (N500,000,000) only
- c. State HMO: Two Hundred and Fifty Million Naira (N250,000,000) only

Paid up share capitals are subject to NHIA review.

A maximum of 30% of the paid-up share capital can be held in form of non-current asset for a fresh applicant. For Accredited HMOs, a maximum of 45% of the paid-up share capital can be held in form of non-current asset at any point, while 55% can be held as current asset. NHIA shall have the right to investigate the source(s) of funds and conduct a background check on the shareholders.

Note: The Authority shall not accredit a company as a HMO if it is not in the public interest to do so. Also, a HMO desiring to upgrade its status to a higher one will be treated as a new application, and will be required to pay an upgrade fee of Five Hundred Thousand Naira (N500,000) only.

3.3.7 Commencement of Business

- a. After preliminary evaluation of an application and before the issuance of a Provisional Accreditation, the applicant shall be required to submit the evidence of deposit of the minimum paid-up share capital in an escrow account along with details of contribution by each investor in any licensed commercial bank of interest.
- b. Where Provisional Accreditation is granted, the deposited paid-up share capital shall be used to finance the HMO as well as meet the requirements for Full Accreditation.
- c. Not more than 30% of the minimum capital can be used to purchase non-current assets by an applicant company at commencement, and no more than 45% can be held as non-current assets at any point in time on commencement of business.
- d. The Authority shall issue only Letters of Provisional Accreditation Valid for not more than twelve (12) months to HMOs which comply with the requirements for this phase of accreditation, and after an on-site inspection.
- e. After twelve (12) months, the provisional accreditation of the HMO shall elapse.
- f. Not less than 20% of the Paid-up share capital of the HMO shall be held as a fixed deposit in an interest yielding account and shall be maintained for the duration of the Company. This deposit cannot be accessed without prior approval from the NHIA. However, the company can be allowed access to the interest yielded on the money.

3.3.8 Requirements for Full Accreditation

Within twelve (12) months of the grant of a Provisional Accreditation, a HMO shall be inspected by NHIA for full accreditation. The following shall be presented for full accreditation:

- a. Evidence of payment Non-refundable accreditation fee of ₦1million
- b. Filed status-update of shareholders from CAC.
- c. Copy of the share certificate issued to each investor.
- d. Copy of the opening financial statements signed by a company director and Firm of Chartered Accountants.
- e. Company Tax Clearance for period in operation
- f. Evidence of implementation of operations manual(s).
- g. Minutes of Board Meeting.
- h. Evidence of installation of appropriate Information and Communication Technology facilities.
- i. Copies of letter of offer and acceptance of employment in respect of Management Team and Staff.
- j. Company Scheme of Service
- k. Copy of organizational policy on data management, data protection, data sharing
- l. Appointment of a compliance officer / data officer
- m. Evidence of staffing in tandem with NHIA specifications
- n. Approval of the Top-Management staff from NHIA.
- o. Undertaking by each member of the Board and the management team that the HMO shall not engage in any business other than that for which it is accredited by the NHIA.

3.3.9 Organogram of A HMO

The organizational structure of a HMO showing the departments as well as reporting relationships and manning levels to cover, at the minimum, the following functional areas:

- a. Human Resources
- b. Information Communication Technology
- c. Health Services
- d. Finance
- e. Call centre
- f. Underwriting

3.3.10 Office Accommodation of HMOs

A HMOs shall have adequate office accommodation established for its operations as follows:

a. National HMO

A national HMO shall have

- i. A National Head Office
- ii. An office in every geopolitical zone
- iii. An office in every state where the HMO has 5000 or more enrolees.
- iv. At least 3 official vehicles in the national head office
- v. At least 1 official vehicles in each state office
- vi. Each office shall be fully furnished and well equipped and headed by a bureau chief (HMO shall be at liberty to adopt its own nomenclature)
- vii. The staff of the HMO offices shall be authorized to fully represent and carry out the functions of a HMO as specified in NHIA Operational Guidelines

b. Zonal HMO

A Zonal HMO shall have

- i. A Head Office within the geopolitical zone it has accreditation for
- ii. An office in every state in the geopolitical zone.
- iii. An office in senatorial district where the HMO has 5000 or more enrolees within that geo-political zone.
- iv. At least an official car in each office.
- v. Each office shall be fully furnished and well equipped and headed by a bureau chief (HMO shall be at liberty to adopt its own nomenclature)
- vi. Each Zonal HMO's office shall have a minimum of four departments whose mandates will be Human resources and administrations, Health services and quality assurance, ICT and Finance
- vii. The staff of the HMO state offices shall be authorized to fully represent and carry out the functions of a HMO as specified in NHIA Operational Guidelines

c. State HMO

A State HMO shall have

- i. A Head Office in the State it is accredited to operate in,
- ii. An office in every senatorial district within the State.
- iii. An office in every Local Government Area where the HMO has 5000 or more enrolees within the State.
- iv. At least an official car in each senatorial/LGA office.
- v. Each office shall be fully furnished and well equipped and headed by a bureau chief (HMO shall be at liberty to adopt its own nomenclature)
- vi. The staff of the HMO offices shall be authorized to fully represent and carry out the functions of a HMO as specified in NHIA Operational Guidelines

Note: Each zonal/state office shall have a minimum of four staff of which two must be health care professionals. The office must have ICT capabilities. The staff of the HMO zonal/state offices shall be authorized to fully represent and carry out the functions of a HMO as specified in NHIA Operational Guidelines. The staffing level at the Head offices shall include at the minimum, the top management staff as prescribed in the NHIA operational guideline.

3.3.11 Appointment to Board and Management Positions of Health Maintenance Organizations (HMOs)

The minimum qualification requirements for appointments to the Board and Management positions of accredited Health Maintenance Organizations (HMOs) are:

To ensure sound management, NHIA shall approve only qualified and experienced persons into Boards, Executive positions and Top Management for HMOs. Persons seeking to occupy Board and Management positions in HMOs must, therefore, possess the following minimum qualifications:

- a. **Chief Executive Officer/Managing Director**
 - i. First degree or equivalent
 - ii. Post Graduate qualification in any relevant field.
 - iii. Good knowledge of Microsoft Office package (Word, Excel etc)
 - iv. Minimum of 15 years' work experience post-NYSC
 - v. Minimum of 7 years' experience in management position
 - vi. Evidence of attendance of related courses/workshops/seminars etc.

- b. **Head, Administration/HR Department**
 - i. First degree or equivalent in administration/HR or related field
 - ii. Post graduate qualification in administration or any relevant field.
 - iii. Good knowledge of Microsoft Office package (Word, Excel etc.)
 - iv. Membership of HR Professional Body
 - v. Minimum of 10 years' work experience post-NYSC
 - vi. Minimum of 5 years' experience in similar role.
 - vii. Evidence of attendance of related courses/workshops/seminars etc.

- c. **Head, Finance Department**
 - i. First degree or equivalent in accounting or related field
 - ii. Post Graduate qualification in accounting or any relevant field
 - iii. Good knowledge of Microsoft Office package (Word, Excel etc.)
 - iv. Membership of Accounting Professional Body
 - v. Minimum of 10 years' work experience post-NYSC

- vi. Minimum of 5 years cognate experience in similar role.
 - vii. Evidence of attendance of related courses/workshops/seminars etc.
- d. Head, Information Technology (ICT) Department**
- i. First degree or equivalent in computer science or related field
 - ii. Relevant certifications
 - iii. Excellent knowledge of database, Oracle, statistical tools
 - iv. Membership of ICT Professional Body
 - v. Minimum of 10 years' work experience post-NYSC.
 - vi. Minimum of 5 years' experience in similar role.
 - vii. Evidence of attendance of related courses/workshops/seminars etc.
- e. Head, Underwriting Department**
- i. First degree in any discipline
 - ii. A Certification in Insurance is an added advantage.
 - iii. Good knowledge of Microsoft Office package (Word, Excel) etc.
 - iv. Certificate courses and trainings in Claims Management and other relevant areas
 - v. Minimum of 10 years' work experience post-NYSC
 - vi. Minimum of 5 years' experience in similar role.
 - vii. Evidence of attendance of related workshops/seminars etc.
- f. Head of Health Services Department**
- i. Minimum of first degree or its equivalent in Medicine or Health related field.
 - ii. Post Graduate Qualification in Public Health, Health Management, health financing or related fields.
 - iii. Certification in or professional membership of health, management, or related bodies
 - iv. Knowledge of statistical/epidemiological tools such as SPSS, Epiinfo, Ms power point etc
 - v. Minimum of 10 years' experience post NYSC
 - vi. Minimum of 5 years' experience in relevant and related field
 - vii. Attendance of related Courses/ workshops/seminars etc.

Note: Every HMO shall seek the approval of NHIA before appointing members of its Board and Management.

3.3.12 Appointments to Fill Vacant Positions

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

a. Planned Exit

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

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

b. Sudden Exit

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

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

After inspection of the Company, the Authority shall issue a certificate of Full Accreditation to every successful HMO within three (3) months of receipt of complete documentation.

3.3.13 Requirements for HMO Reaccreditation

A HMO will be eligible for re-accreditation after three (3) years of operations, from the date of commencement of operations or last accreditation.

A HMO may only be re-accredited if:

- a. it still complies with the basic requirements for full accreditation and shows consistent progress in tandem with its business plan.
- b. it has transacted its business in accordance with sound business and health insurance principles.
- c. it has discharged its responsibilities to all its clients in a credible and acceptable manner, including timely settlement of claims/capitations/payments due HCFs.
- d. it has made consistent and prompt remittance of returns on private health insurance as prescribed in the NHIA Operational Guidelines.
- e. it has complied with provisions of the NHIA Guidelines, and other contractual agreements binding on it.
- f. Non-engagement in fraudulent activities.
- g. it pays the requisite re-accreditation fees.
- h. it has upheld the principles of good corporate governance, including transparency, accountability, fairness, and responsibility.
- i. Adherence to company conditions of service e.g., regular payment of staff salaries.
- j. complied with the judgment of an arbitration panel duly constituted under the provisions of the NHIA Act, 2022.
- k. Evidence of Non-indebtedness to healthcare facilities across all its operations.

Note: Operating a HMO in whatever form without accreditation from the NHIA shall be considered as a breach of the NHIA Act (2022), and necessary sanctions shall apply.

3.3.14 Functions of Health Maintenance Organisations (HMOs)

The functions of HMOs shall include the following:

- a. The collection of contributions from willing employers and/or employees under the private health insurance, or from any other Scheme under NHIA as the NHIA Act or supplementary guidelines that may be issued allows.
- b. Ensure effective processing of claims.
- c. Effect timely payment to all providers it has valid contracts with.
- d. Rendering to the Authority monthly returns on payments within 30 days of the following month, where applicable
- e. Collection and submission of encounter data forms from Healthcare Facilities to NHIA under the Private Health Insurance
- f. Contracting with only Health Care Facilities accredited by the Authority for the purpose of rendering health care services.

- g. Ensuring that contributions are kept in only NHIA accredited banks.
- h. Establishing and ensuring a quality assurance system for the provision of quality health care by Health Care Facilities. Quality Assurance monitoring of HCFs by HMOs shall be quarterly and the reports sent to NHIA within one (1) Month.
- i. Ensure timely approval of referrals and follow up to complete referrals.
- j. Carry out continuous sensitization of enrolees.
- k. Marketing in accordance with NHIA Guidelines
- l. Market only health plans approved and coded by NHIA to its clientele.
- m. Collect appropriate contributions and make necessary payments to the appropriate pools in a timely manner.
- n. Rendering accounts to the NHI as stipulated in NHIA operational guidelines.
- o. Comply with other provisions as spelt out in the Operational Guidelines
- p. Carrying out such functions as are contained in the NHIA operational Guidelines.
- q. Submit a report on the extent of its coverage under all Schemes including those under private health insurance to NHIA, for the preceding year not later than the 31st of March every year. This report on the extent of coverage under all Schemes shall include the number of enrolees covered by the HMO in the preceding year, the employers of the enrolees, HCFs providing care and the disaggregation of the enrolees into types of health plans, and HCFs providing care and location of enrolees.

3.3.15 General Obligations of HMOs

- a. Accredited HMOs shall operate and open at least one office in every State where they have 5000 - 10,000 lives or more.
- b. Accredited HMOs shall carry on their businesses in the way that will ensure that their areas of coverage are fully covered by their operations.
- c. Providing NHIA free access to information on their accounts with the NHIA-accredited banks
- d. The HMO shall Remit 4% of contributions collected from private health insurance to the NHIA quarterly.
- e. Accredited HMOs shall authorise their banks to forward monthly statements of account to the NHIA.
- f. There shall be monthly returns from the HMOs to the NHIA on financial data and quarterly returns on utilization rates, summary of statistics of disease pattern in given population.
- g. Ensure the continuous monitoring of the Facilities for quality assurance.

- h. Accredited HMOs shall make themselves accessible to facilities and enrolees.
- i. The HMOs shall provide an avenue for regular meetings with Facilities with a view to maintaining standards and other operational modalities.
- j. Except as it relates to misconduct, both healthcare facilities and HMOs, together with their officers and agents, shall treat any information obtained in respect of each other as confidential.
- k. All HMOs shall engage in contributor education services, facility education services, and all such services shall be documented and made available to contributors and the interested public.
- l. Request for referrals from Primary Health Care Facilities shall only be authorized by licensed Medical Personnel within the HMO within 24 hours of receiving such requests.
- m. Where the request for referral is not approved the reasons should be documented and communicated to the Primary Health Care Facility seeking the request for approval.
- n. Keep a log of all requests for referrals whether approved or not and forward to NHIA and SSHIAs.
- o. All advertisements by HMOs shall be carried out decently, and within the bounds of fair competition.
- p. It shall be an offence to make false claims or engage in negative campaigns against NHIA, SSHIAs, other HMOs.
- q. HMOs shall engage in the building of goodwill, which shall not include bribery or corruption.
- r. HMOs and (facilities) shall adopt operational techniques that shall protect patients' confidentiality.
- s. Comply with any supplementary guideline or circular as may be issued by the NHIA from time to time.
- t. When a HMO makes a refund or return to NHIA, a schedule showing the following details must be submitted within 7 days: Date of refund, type/nature of the refund/return (e.g. fee-for-service, capitation, admin. charge), the corresponding amount, the NHIA account the refund/return was made into, the related period the funds relate to, and the reason for the refund.

Note:

All returns and reports relating to NHIA Schemes as well as PHI Schemes/plans under the guidelines shall be made by HMOs only to NHIA and not any individual state. States shall only obtain reports and returns as it relates to their own social health insurance schemes alone. States shall not regulate on PHIs and NHIA and their operation within the states.

3.3.16 Drug Administration

- a. HMOs should ensure that Facilities adhere to the generic drug policy of the Scheme.
- b. NHIA shall negotiate the prices of drugs to ensure availability of drugs at affordable costs.
- c. The NHIA, HMOs 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 NHIA shall adopt drug utilization review programmes in order to streamline the management of pharmaceutical care services.

3.3.17 Health Care Delivery System and Administration

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

- a. There is a well-developed and utilised Primary Health Care Facility (PHCF) System
- b. The PHCF shall be the first port of call for every enrollee.
- c. The PHCF shall refer the enrollee to a hospital or for specialist care where necessary.
- d. The hospital and specialist may refer the enrollee for defined rehabilitative care.
- e. Tertiary Health Centres may register with NHIA for ambulatory, hospital, specialist, ancillary and rehabilitative care.
- f. HMOs shall use public and private facilities accredited by NHIA as components of Provider network for all NHIA programmes.

3.3.18 Financial Matters

- a. A HMO shall, in respect of its business, always maintain a margin of solvency being the excess of the value of its assets over its liabilities in Nigeria.
- b. The solvency margin referred to above shall be at least 15% of the gross contributions/collections in the year under review or the minimum paid-up share capital, whichever is greater.
- c. Where the Authority finds that the solvency margin of a HMO has fallen below the margin stipulated, it shall immediately direct the HMO to make good the deficiency by way of a cash payment into its accounts, and satisfactory evidence of such payment shall be produced to NHIA within ninety (90) days.
- d. Where a HMO suffers a substantial loss arising from liability to its enrollees, and the loss cannot be reasonably met from its available resources, the Authority may, after ascertaining the nature of the claim and on an application made to it by the HMO, shall approve the withdrawal from the Mandatory

Security Deposit of the HMO in the Authority's custody of an amount sufficient to meet the liability. The amount so withdrawn shall be replaced by the HMO not later than 90 days after the date of the withdrawal.

- e. The Mandatory Security Deposit is the asset of the HMO and shall be available to the Authority only in the event of the closure or winding up of the Health Insurance business for the discharge of the liabilities arising out of policies transacted by the insurer and remaining undischarged at the time of the closure or winding up of the insurance business.
- f. The HMOs shall adopt the Standardized Capitation/ Fee for service, or any other payment mechanism approved by the Authority.

3.3.19 Statement of Affairs

The accounting year for all HMOs shall be from 1st January to 31st December of every year. A HMO shall submit its Audited Accounts to the NHIA not later than six months after the HMO's accounting year.

3.3.20 Quality Assurance

A HMOs shall ensure the quality of services provided by the healthcare facilities under their network through a series of Quality Assurance procedures. As such, a HMO shall:

- a. Make provisions for handling complaints and grievances.
- b. Undertake periodic monitoring and evaluation of Health Care Facilities.
- c. Organize seminars (at least once a quarter) for Health Care Facilities in each of the six geopolitical zones.
- d. Organize seminars (at least once a quarter) for enrollees in each of the six geopolitical zones.
- e. Conduct survey on enrollee satisfaction.
- f. Provide monthly statistical returns on Facilities, i.e. rate of attendance, investigations, admissions, and disease patterns.

3.3.21 Agreement between Health Maintenance Organizations (HMOs) and Facilities

The agreement between HMOs and health care facilities shall include among others, the following terms:

- a. Acceptance by the Facility to provide healthcare services 24 hours a day and 365 days in a year.
- b. Accepting beneficiaries without discrimination. A Facility cannot reject a patient except on appeal to the NHIA stating the grounds for rejection.
- c. Stock drugs based on the NHIA Medicine List (for pharmacy facilities).

- d. All beneficiaries shall be given adequate treatment in line with NHIA standard treatment and referral protocol.
- e. A Facility shall not see a beneficiary as a fee-paying patient.
- f. Refer patients only to the NHIA-accredited health facilities and using only the approved referral procedure.
- g. Acceptance by the facility to provide healthcare to enrolees 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.
- h. To accord NHIA enrolees the necessary rights and. privileges due to them as beneficiaries of the Scheme.”
- i. Acceptance by the health care facility to allow the HMO carry out Quality Assurance. And access the records of its enrolee.

3.3.22 Protocol and Timeline for Acquisition of an Accredited HMO

The following steps will be followed in the acquisition of an accredited HMO.

- a. Notification of intendment of an acquirer to acquire an accredited HMO.
- b. Submission of the following Documents:
 - i. A certified true copy of the Memorandum and Article of Association of the Acquirer and Target Company.
 - ii. Certificate of Incorporation certified by the company secretary of both companies.
 - iii. Extracts of board resolution of the Acquirer and Accredited HMO agreeing to the acquisition of the target company
 - iv. Certified true copy of Form CAC 7 (Particulars of Directors) and Form CAC 2 (authorised share capital) of both companies
- c. Submission of the following documents:
 - i. Share purchase agreement executed between the Acquirer and Target Company
 - ii. Annual reports and accounts of both companies for the preceding 5 years of operation before the acquisition
 - iii. The financial service agreement between the acquirer and accredited HMO and their relevant financial advisers.
 - iv. Report on the valuation of shares and assets of the target company
- d. Submission of the following
 - i. Executed share and asset purchase agreement.
 - ii. Evidence of settlement of purchase consideration
 - iii. Evidence of severance benefits for employees that may lose their jobs because of the acquisition.

- iv. Evidence of settlement of dissenting shareholders
- v. Newspaper publication of the acquisition
- vi. Acceptance of all assets and liabilities of Company
- e. Approval of acquisition by FCCPC
- f. Approval of the acquisition by NHIA upon completion of the requirements for Milestone 4 and Payment of 1% consideration of transaction fees or last combined turnover (whichever is higher) as regulatory fee.

The timelines are as in **APPENDIX 3**.

3.3.23 Requirements for Change of Name of Accredited Health Maintenance Organization (HMOs) and Third-Party Administrators (TPAs)

An Accredited HMO or TPA desirous of changing its Corporate Name shall submit to the Authority the following:

- a. **Step 1 (Pre CAC)**
 - i. A letter of intent to change its registered name with the Corporate Affairs Commission (CAC)
 - ii. A copy of the resolution of the Board of Directors of the HMO/TPA for the change of name.
 - iii. Evidence of payment of processing fee (HMO; ₦200,000.00; TPA ₦50,000.00)
- b. **Step 2 (Post CAC)**
 - i. A copy of the certificate indicating the new name.
 - ii. A Copy of Newspaper publication of the new name of the HMO/TPA in at least two national dailies.
 - iii. Filed status-update of the Directors and Shareholders after the change of its corporate name.
 - iv. Copy of Memorandum of Association (where applicable).

The HMO shall pay the required fee for reissue of a HMO /TPA accreditation certificate bearing the new name.

Thereafter, the HMO/TPA shall be authorized by the Authority to commence the use of the new name.

3.3.24 Relocation of Premises

Any HMO wishing to relocate to a new office address and still operate under NHIA must:

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

3.3.25 Mandatory Security Deposit for HMOs

In implementing the requirement that all HMOs have a mandatory security deposit, it is required that:

- a. Every HMO operating within the Nigerian Health Insurance Ecosystem shall have an account opened by the NHIA on its behalf at the Central Bank of Nigeria.
- b. This account will be a TSA account or, as the Governing Council may approve from time to time.
- c. The amount of such deposit, referred to as a “Mandatory Security Deposit,” shall be 20% of the paid-up share capital at commencement. Subsequently, 20% of turnover or paid-up share capital, whichever is higher, shall apply.
- d. The HMOs shall sign an irrevocable declaration of domiciliation/indemnity submitted to the NHIA and the bank at the opening of the account.
- e. The irrevocable declaration of domiciliation/indemnity shall contain a phrase excluding the Mandatory Security Deposit as an asset to be declared by the company upon insolvency.
- f. The deposit of the fund in the Mandatory Security Deposit account and signing of the irrevocable declaration of domiciliation/indemnity shall be a condition for accreditation.
- g. The HMOs shall advise the Authority on what form of government instruments to invest the deposit in for interest yielding.
- h. NHIA shall utilize the Mandatory Security Deposit in the event of default payment of liabilities (indebtedness) to healthcare facilities and contributors.
- i. The interest yielded or accrued on the Mandatory Security Deposit shall be accessible to HMOs, after application, on the recommendation of a management committee of NHIA and approval by the management of NHIA.
- j. The Authority shall have the right to act as Receiver to Non-Performing HMOs.

Note: All HMOs shall maintain this account throughout the period that the business is carried on.

Use of Mandatory Security Deposit

The Mandatory Security Deposit shall be utilized under the following conditions:

- i. Where a HMO is found to be indebted to HCFs, such HMO shall have access to the Mandatory Security Deposit to offset such bills under the supervision of the Authority.

- ii. The HMO shall be given a period of ninety (90) days to pay back the Deposit.
- iii. Should the HMO be able to offset the amount collected from the Mandatory Security Deposit, such a HMO shall continue with the business.
- iv. Where the debt of a HMO is in excess of 35% of its Mandatory Security Deposit, a Regulatory action shall be triggered.
- v. When the debt of a HMO is in excess of 50% of its Mandatory Security Deposit, and the HMO is unable to offset the Deposit, the Authority shall write the HMO of its solvency level and its intention to withdraw the operating license of the HMO.

3.3.26 Voluntary Exit of A HMO

For a HMO exiting the business of a Health Maintenance Organisation voluntarily, the following shall apply:

- a. The HMO shall submit a letter of its intention to exit the business accompanied by the board's resolution.
- b. The Authority shall set up an auditing committee to check the solvency of the HMO to ascertain its ability to offset all debts.
- c. HMO shall publish in 2 national dailies intimating stakeholders of its exit and requesting stakeholders to submit claims to NHIA within three weeks from the date of publication.
- d. The NHIA shall make the claims available to the HMO.
- e. The HMO shall submit letters of non-indebtedness collected from all affiliated Health Care Facilities who had made claims and verified by the Authority.
- f. Should the HMO be able to pay off its debts and liabilities from the company's assets, a letter of consent from the Authority to proceed with the exit will be issued. Otherwise, the NHIA shall resort to paying the liabilities from the Mandatory Security Deposit.
- g. The HMO can, therefore, continue with the process of closing a business, according to the Company and Allied Matters Act (CAMA).
- h. A detailed and satisfactory report of the winding up shall be sent to the Authority for proper record-keeping.
- i. NHIA shall publish the withdrawal of the license of such HMO in two national dailies within three months.
- j. Any transfer of shares or alteration of the status of members of the HMO made after the commencement of a voluntary exit without the approval of the NHIA shall be void.

3.3.27 Withdrawal of License of HMO

To ensure that all debts owed by a HMO is paid, the following shall apply when withdrawing the licence of a HMO:

- a. The Authority shall write the HMO of its intention to withdraw the license of the HMO.
- b. At this stage, the HMO shall be required to submit letters of non-indebtedness from all HCF under its network.
- c. The Authority will invite the HMO to chart a way to offset the liabilities from the Mandatory Security Deposit.
- d. The NHIA shall constitute a committee to review the operation of the HMO.
- e. The Authority shall publish in two national dailies requesting for HCFs and contributors owed by the HMO to come up with evidence of indebtedness.
- f. After verification of all submitted bills, the NHIA shall offset all liabilities from the Mandatory Security Deposit.
- g. Should the Mandatory Security Deposit be able to offset all liabilities, the HMO shall be allowed to start the process of winding up the business by the Board of Directors according to the existing law (CAMA).
- h. Any transfer of shares or alteration of the status of members of the HMO made after the withdrawal of the license without the approval of the NHIA shall be void.
- i. NHIA shall publish a notice of license withdrawal in two national dailies.

Note:

1. Any transfer of shares or alteration of the status of members of the HMO made after the commencement of a voluntary exiting or after the withdrawal of license without the approval of the NHIA shall be void.
2. Where the debt of a HMO is more than 35% of its Mandatory Security Deposit, a Regulatory action shall be triggered.
3. When a HMO's accreditation is suspended/withdrawn or not renewed, the Authority shall assign a Receiver from the date of withdrawal/suspension/non-renewal of accreditation pending relocation of the enrolees to another HMO.

3.4 Accreditation of Third-Party Administrator (TPA) Under the National Health Insurance Authority

3.4.1 Definition of a Third-Party Administrator (TPA)

A Third-Party Administrator (TPA) is a private or public owned entity, incorporated as a Limited Liability Company under the Companies and Allied Matters Act, and registered by the Authority to carry out functions as provided in the NHIA Act (2022).

Eligibility

Any person(s) or organization of proven and impeccable character may be eligible to form a company (private or public) and apply for accreditation as a TPA under the NHIA.

3.4.3 Application Procedure

Any organization wishing to transact the business of a Third-Party Administrator (TPA) under the National Health Insurance Authority (NHIA) must apply and be duly accredited and registered as such in accordance with NHIA Act 2022.

Application for accreditation to transact business as a TPA shall be made in the manner prescribed by NHIA.

- i Application for accreditation to transact business as a TPA under the NHIA shall be made to the Director General, National Health Insurance Authority
- ii The satisfactory fulfilment of the requirements for accreditation as a TPA under the NHIA would lead to the grant of a certificate of accreditation which shall be valid for three (3) years only.
- iii Application for accreditation as a TPA under the NHIA or documents issued by the NHIA as acknowledgment of an application are not substitutes of accreditation certificates.
- iv A TPA will be eligible for re-accreditation after three (3) years of operations, from the date of accreditation.

An accredited HMO may act as a TPA only on approval of its application by the NHIA. Its operations shall be within the same geopolitical space it is accredited to operate within as a HMO, and the approval to operate as a TPA ends with the loss of its accreditation as a HMO.

3.4.4 Requirements for Accreditation

The following are the requirements that must be met by any organization desiring to be accredited to carry out the business of a TPA under the NHIA.

The applicant must submit to NHIA evidence that it:

- a. is a duly incorporated limited liability or public company in Nigeria under the Companies and Allied Matters Act;
- b. has expertise and capability to carry out all, or a portion of health insurance processes.
- c. is not a judgement debtor nor failed to honor its financial obligations.
- d. possesses the requisite paid-up share capital as defined by the NHIA.

- e. has the skilled personnel with the necessary experience to manage the transactions expected of a TPA.
- f. has a minimum of three (3) subscribers to its shares.
- g. has a minimum of three (3) directors.
- h. has satisfied all requirements prescribed by the provisions of the NHIA Act 2022, other relevant laws or any such additional requirements or conditions as may be prescribed from time to time by NHIA.
- i. possesses the Information Communication Technology that suits its proposed line of operations, and aligns with the specifications of the NHIA.
- j. has paid all the necessary regulatory fees as determined by the NHIA, which is subject to reviews.
- k. Duly completed Application Form.
- l. A non-refundable application fee of One Hundred Thousand Naira (₦100,000) paid through the approved platform to National Health Insurance Authority.
- m. Name, Address (physical and electronic) and Telephone numbers of the person to whom enquiries may be referred.
- n. Address and location of the applicant's registered office and proposed Head Office, if different from the registered office.
- o. An affidavit deposed to at a High Court by each director of the company that he/she has not mismanaged any fund either in part or in full.

Note: All fees are subject to review.

3.4.5 Documentation

An application shall include the following documents:

- a. A Certified True Copy of the Memorandum and Articles of Association of the applicant company, which must contain, amongst others, the following provisions:
 - i. The object being to conduct businesses related to all or a portion of the health insurance processes.
 - ii. A limitation on the sales/transfer of the shares of the TPA without prior approval of the NHIA
- b. Certified True Copy of Status Report of the Company (Location of Registered Office) and Certificate of Incorporation.
- c. Audited accounts & reports of the company within the last three years (if it is an ongoing business concern) or Financial Statement for companies in operation for less than a year.

- d. Signed copies of Technical Services Agreements (where applicable).
- e. Feasibility Report/Business Plan, which shall contain, amongst others, the following:
 - i. Business Strategy and Objectives of the TPA.
 - ii. It should specify amongst others, the services to be rendered, business strategy, profit growth, investment objectives as well as implementation plan.
- f. Corporate investors (where applicable) shall be required to attach:
 - i. Certificate of Incorporation from the Corporate Affairs Commission (CAC) and Status Report of the Company.
 - ii. Board Resolution supporting company's decision to invest in equity shares of the proposed TPA.
 - iii. Names and current addresses (Business and Residential) of investors/directors).
 - iv. Latest 3 years audited accounts & reports of the company (if it is an ongoing business concerns) or Financial Statement for companies in operation for less than a year.
 - v. Organizational structure showing the functional units and departments as well as reporting relationships and manning levels to cover functional areas: information Communication Technology, human resources, Finance (where applicable), Health Services (where applicable), and Call Center (where applicable). Other personnel requirements will be related to the objectives of the TPA
- g. Applicant's Five-Year financial projections including Statement of financial position, Statement of comprehensive income and Cash Flow Statement and underlying assumptions Document showing the structure of proposed Board and senior management, committees, and internal control systems.
- h. Attestation by each of the proposed members of the top management that he/she has never:
 - i. compounded his/her debt, is not a judgment debtor nor been involved in any fraud.
 - ii. been indicted by any commission of inquiry.
 - iii. been refused or expelled from membership of a professional body or association.
 - iv. been convicted by any court of law or is under any pending criminal prosecution; and

- v. has not been disqualified under any law in Nigeria from acting in that capacity.

Note: NHIA reserves the right to carry out status enquiries on the fitness and propriety of the investors

3.4.6 Minimum Capital Requirement

The minimum paid up share capital of a TPA shall be:

- a. National TPA: Twenty Million Naira (N20,000,000.00) only.
- b. Zonal TPA: Ten Million Naira (N10,000,000) only.
- c. State TPA: Five Million Naira (N5,000,000) only.

3.4.7 Accreditation fees

Upon accreditation, a TPA shall pay a non-refundable accreditation fee of Two Hundred and Fifty Thousand Naira (₦ 250,000.00).

3.4.8 Management Structure of TPAs

A TPA shall have a Management structure, which shall include the following:

- a. **Chief Executive Officer/Managing Director**
 - i. Post Graduate qualification in any relevant field is a requirement.
 - ii. Good knowledge of Microsoft Office package (Word, Excel etc.)
 - iii. minimum of 7 years' work experience post-NYSC
 - iv. minimum of 2 years' experience in management position.
 - v. Evidence of attendance of related courses/workshops/seminars etc.
- b. **Head, Administration/HR Department**
 - i. Post Graduate qualification in administration or any related field is a requirement.
 - ii. Good knowledge of Microsoft Office package (Word, Excel etc.)
 - iii. Membership of HR Professional Body
 - iv. Minimum of 5 years' work experience post-NYSC
 - v. Minimum of 2 years' experience in similar role.
 - vi. Evidence of attendance of related courses/workshops/seminars etc.
- c. **Head, Information Technology (ICT) Department**
 - i. First degree or equivalent in computer science or related field is a requirement.
 - ii. Relevant certifications.
 - iii. Excellent knowledge of database, Oracle, statistical tools

- iv. Membership of ICT Professional Body
 - v. Minimum of 5 years' work experience post-NYSC
 - vi. Minimum of 2 years' experience in a similar role.
 - vii. Evidence of attendance of related courses/workshops/seminars etc.
- d. Head, Finance Department (if relevant to the functions of the TPA)**
- i. Post Graduate qualification in accounting or any related field is a requirement.
 - ii. Good knowledge of Microsoft Office package (Word, Excel etc.)
 - iii. Membership of Accounting Professional Body
 - iv. Minimum of 5 years' work experience post-NYSC.
 - v. Minimum of 2 years cognate experience in similar role.
 - vi. Evidence of attendance of related courses/workshops/seminars etc.
- e. Head, Claims Management Department (if relevant to the functions of the TPA)**
- i. First degree in any discipline
 - ii. A Certification in Insurance is an added advantage.
 - iii. Good knowledge of Microsoft Office package (Word, Excel) etc.
 - iv. Certificate courses and trainings in Claims Management and other relevant areas is an added advantage.
 - v. Minimum of 5 years' work experience post-NYSC
 - vi. Minimum of 2 years' experience in similar role.
 - vii. Evidence of attendance of related workshops/seminars etc.
- f. Head, Call Centre Department (if relevant to the functions of the TPA)**
- i. First degree in any discipline
 - ii. Good knowledge of Microsoft Office package (Word, Excel) etc.
 - iii. Certificate courses and trainings in relevant areas.
 - iv. Minimum of 5 years' work experience post-NYSC
 - v. Minimum of 3 years' experience in similar role.
 - vi. Evidence of attendance of related workshops/seminars etc.
- g. Head, Quality Assurance (if relevant to the functions of the TPA)**
- i. First degree in Medicine or any related field.
 - ii. Good knowledge of Microsoft Office package (Word, Excel, Statistical software) etc.
 - iii. Certificate courses and trainings in relevant areas.
 - iv. Minimum of 5 years' work experience post-NYSC.
 - v. Minimum of 3 years' experience in similar role.
 - vi. Evidence of attendance of related workshops/seminars etc.

NOTE: A TPA will be required to create additional Management positions that fit their functions if not stated above, this shall be subject to approval by NHIA.

3.4.9 Reaccreditation of TPAs

A TPA may only be re-accredited if:

- a. it still complies with the basic minimum requirements for accreditation and shows consistent progress in tandem with its business plan.
- b. it has transacted its business in accordance with NHIA Operational Guidelines.
- c. it has discharged its responsibilities to all its clients in a credible and acceptable manner.
- d. it pays the requisite re-accreditation fees as determined by NHIA.

3.4.10 Obligations of TPAs

The Obligations of TPAs shall be as specified in the contracts between TPAs and their principal.

3.4.11 Functions of TPAs

A TPA shall carry out all or any of the following:

- a. continuous quality assurance
- b. ensure patient satisfaction through relevant mechanisms including the operation of call centres.
- c. claims management.
- d. Collection of premiums
- e. Enrolment
- f. sensitization
- g. carry out any other administrative functions which they are required to perform to facilitate the implementation of health insurance schemes and
- h. perform any other function as may be required by the Authority.

3.5 Accreditation of Mutual Health Associations (MHA)

3.5.1 Introduction

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

and determine which health services will be covered then negotiate the care package with public or private health Facility.

3.5.2 Definition

Mutual Health Associations (MHA) are privately or publicly incorporated bodies accredited by the Authority solely to carry out functions enumerated in the NHIA Act (2022).

These functions include;

- a. continuous community mobilization and sensitization,
- b. negotiation with providers for the purchase of services for its members,
- c. prompt remittance of contributions to SHIAs
- d. assist in ensuring quality assurance
- e. any other function as may be determined by the Authority

NOTE: The purchase of service for members of MHAs shall be borne by the SHIAs.

3.5.3 Management of MHAs

The association shall be run by a Board of Trustee (BoT) elected by members. It is a non-profit organization formed on the basis of solidarity and the collective pooling of health risk by community members governed by the constitution/bylaws and members take part in its management.

3.5.4 Membership

Membership shall be voluntary and open to all residents (families) of the participating communities or occupation-based groups (including retirees). The family or individual members shall be the unit of registration. In order to achieve a critical pool of funds to ensure financial viability, as well as to address the problem of adverse selection, communities or occupation-based groups shall have at least 50% of members willing to participate (or a minimum of 500 members).

3.5.5 Sources of Fund

The sources of funds for an MHA shall include the following:

a. **Contribution/Premium**

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

b. **Donations**

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

3.5.6 Benefit Package

The benefit package on offer by MHAs shall be the Basic Minimum Package of Healthcare.

3.5.7 Conditions for Accreditation

Any association applying for accreditation under the Authority as Mutual Health Association shall meet the following requirements:

- a. Register with the Corporate Affairs Commission.
- b. Original Certificate of Incorporation and Incorporated Trustees Form shall be sighted and verified.
- c. Submission of Constitution/Byelaws.
- d. Complete the prescribed NHIA application forms, providing the following information: -
 - i. Composition of the BoT
 - ii. Names and addresses of the principal officers of the BoT
 - iii. Possess necessary staff and infrastructure including computerization.
 - iv. Pay the stipulated accreditation fees.
 - v. Maintain current accounts with NHIA-accredited banks.
- a. Evidence of registration with relevant professional/occupational bodies (where applicable).
- b. Evidence of Audited Account/Financial Statement

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

3.5.8 Procedure for Accreditation

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

- i. Basic registration documents, such as the Certificate of registration and other relevant documents

- ii. A copy of the byelaws, rules and regulations and such other documents regulating the conduct of the internal affairs of the MHA
- iii. The names, addresses and official positions of the persons who shall be responsible for the conduct of the affairs of the MHA
 - a. The organizational structure of the Association is as stipulated in the NHIA Operational Guidelines
 - b. Evidence of current tax clearance of members of the Board of Trustees
 - c. Details of the Board of Trustees
 - d. Documents and manuals of the association in conformance to the NHIA Guidelines.
 - e. Minute book/file with a view to ascertaining attendance of meetings by the Board of Trustees and adherence to the Association's Rules and Regulations.

Upon receipt of all documents, NHIA shall carry out an inspection of the MHA

3.5.9 Accreditation Fee Payable by Mutual Health Associations

The accreditation fee payable by any MHA to the Authority shall be N50,000.00 (Fifty Thousand Naira only) and subject to reviews.

3.5.10 Rules and Regulations

The rules and regulations guiding the operations of an MHA shall include among others, the following:

- a. No Mutual Health Association accredited by the NHIA shall discriminate against any member on arbitrary grounds, including race, religion, gender, marital status, or ethnic background.
- b. The NHIA may use its own staff or appointed agents to visit any Mutual Health Association and assess its structure and performance.
- c. The NHIA shall issue a certificate of accreditation to each Mutual Health Association accredited by it
- d. This accreditation of the MHA shall be for a period of three (3) years at the first instance.
- e. Upon accreditation, each Mutual Health Association shall open a bank account with any bank from the list of NHIA accredited banks and inform the NHIA accordingly.
- f. Upon accreditation, no person shall have claim on the assets or rights of any Mutual Health Association.
- g. Accreditation of any Mutual Health Association may be cancelled if the accreditation is based on fraudulent misrepresentation, the Association ceases to exist, or is unable to maintain the financial conditions stipulated by the NHIA.

- h. Upon accreditation, the Mutual Health Association shall enter into an agreement with a chosen Healthcare Facility(s), after due negotiations.
- i. Upon accreditation, Mutual Health Associations, SHIA and NHIA shall sign a Memoranda of Agreement.
- j. No Mutual Health Association shall be allowed to invest its funds.
- k. Every Mutual Health Association shall evolve an appropriate dispute resolution mechanism, which shall be made known to its members.
- l. Every Mutual Health Association accredited by the NHIA shall set up a Quality Assurance Committee to ensure quality of service by the Healthcare facility.
- m. The NHIA shall carry out periodic evaluation exercises for accredited Mutual Health Associations and assess their level of performance and efficiency.
- n. The Board of Trustees shall meet at least once a month while the general meetings of the Associations shall be held quarterly.
- o. Every Mutual Health Association shall set up a Health Education Committee.

3.5.11 Conditions for Renewal of the Accreditation of Mutual Health Associations

Re-accreditation of an MHA shall be subject to:

- a. The MHA conducting its operations in accordance with sound Health Insurance principles for a period of three years.
- b. Evidence of consistent and prompt remittance of contributions to SHIAs.
- c. Non engagement in fraudulent activities
- d. Compliance with provisions of the NHIA operational guidelines and the contractual agreement.
- e. Meeting any other re-accreditation requirements issued by NHIA.
- f. Management of the Association with regards to:
 - i. BoT meetings
 - ii. General meetings
 - iii. Adherence to Association conditions of service e.g., regular payment of BoT allowance
 - iv. Compliance with the judgment of the arbitration panel where applicable
 - v. Evidence of quality assurance exercise conducted on healthcare facilities.

Note: When a BoT of an association is suspended, the Authority shall assign a Receiver from the date of suspension pending resolution of the issues or election of a new BoT.

3.5.12 Board of Trustees (BoT)

These are elected community representatives who manage the MHA and may also function as programme managers.

3.5.13 Composition/Eligibility

The BoT members comprising of a Chairman, Secretary, Financial Secretary, Treasurer, Public Relations Officer, Clerk and two others, who are elected by members. They conduct their functions in line with a constitution developed and adopted by members.

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

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

Note: BoT members shall be elected in a democratic manner acceptable to the generality of the members. They shall operate in line with a constitution developed and adopted by the members. They shall register their MHAs/Organizations with Local/State Government authorities and the Corporate Affairs Commission (CAC) as applicable and then seek accreditation with NHIA.

3.5.14 Merger and Acquisition of MHAs

Any MHA intending to go through a process of merger or acquisition shall obtain a letter of no objection from NHIA.

3.5.15 Exit from the Authority

MHAs ceasing to operate under the NHIA shall:

- a. Give three (3) months written notice to the NHIA/SHIA and facilities of its intention and submit a plan demonstrating how its outstanding claims and obligations will be settled.
- b. Submit an actuarial analysis of the adequacy of reserved resources to pay Facility claims.

- c. The MHA shall accord all its enrolees and Facilities the necessary rights and privileges due to them under the Authority within the 3months period of this notice.

Note: In the event of an MHA winding up, it will be expected to pay up all its debts

3.6. Accreditation of Insurance Companies Under the NHIA

3.6.1 Requirement for Accreditation

The following are the requirements for the accreditation of Insurance Companies:

- a. An insurance company must have a minimum paid-up share capital as determined by the National Insurance Commission.
- b. It must be registered to practice Insurance Business in line with the provisions of the National Insurance Commission.
- c. Must be Registered with Corporate Affairs Commission.
- d. Must possess a Certificate of Incorporation.
- e. Provides Financial Statement/ Audited Accounts of the company for the past three years.
- f. Completion of the prescribed NHIA application forms providing the following information:
 - i. Ownership structure and composition of the organization
 - ii. Names and address of the officers of the organization
 - iii. Possession of necessary staff and infrastructure, including computerization
 - iv. Evidence of Health Insurance Registration for employees of the insurance companies.
 - v. Evidence of PENCOM compliance.

3.6.2 Functions of Insurance Companies

The functions of the Insurance Companies shall include:

- a. To provide professional indemnity cover to stakeholders as required.
- b. To provide Advance Payment Guarantee Bond to HMOs.

3.6.3 Accreditation Fee for Insurance Companies

The accreditation fee payable by insurance companies shall be One Million Naira (₦1,000, 000.00) only for a period of three years (the fees are subject to review by the Authority).

3.6.4 Professional Indemnity

Professional Indemnity Insurance Policy is mandatory for all healthcare facilities registered by the National Health Insurance Authority.

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

Table 5: Minimum Professional indemnity Cover for different Healthcare Facilities

Healthcare Facilities		
	Size	Description
1.	Small	Healthcare facilities providing primary care only, stand-alone pharmacies and laboratories, physiotherapy centres, ophthalmology centres, optometric centres, radiographic centres, dental centres, etc
2.	Medium	Healthcare facilities providing primary and secondary healthcare services with enrolees of 5,000 and below.
3.	Large	Healthcare facilities providing primary, secondary, and tertiary care, facilities providing primary and secondary care with enrolees greater than 5,000 or facilities offering tertiary level care alone.
Please see company representative		

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

Note: All registered Insurance Companies must be reinsured with reputable Reinsurance Companies and evidence should be submitted to NHIA.

3.6.5 Renewal of Accreditation of Insurance Companies

Registration of Insurance Companies under NHIA is for a period of three (3) years. The fee payable for the renewal of registration shall be Two Hundred Thousand Naira only (N200, 000.00) (the fees are subject to review by NHIA).

3.6.6 Exit from the NHIA Operations

An Insurance Company exiting from operations under the NHIA shall:

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

3.7 Accreditation of Insurance Brokers

3.7.1 Definition

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

3.7.2 Eligibility

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

3.7.3 Conditions for Accreditation of Insurance Brokers

Any firm or company applying for registration under the Authority shall meet the following requirements:

- a. Registration with Corporate Affairs Commission
- b. License with National Insurance Commission
- c. Registration with National Council of Registered Insurance Brokers.
- d. Provides Financial Statement/ Audited accounts of the company for the past three years
- e. Completion of the prescribed NHIA application forms providing the following information:
 - i. Ownership structure and composition of the organization
 - ii. Names and address of the Officers of the organization
 - iii. Possession of necessary staff and infrastructure, including computerization
 - iv. Payment of stipulated registration fee.
- f. Evidence of Health Insurance registration for staff.
- g. Evidence of compliance with PENCOM requirements.

3.7.4 Accreditation Fee Payable by Insurance Brokers

The accreditation fee payable by the Insurance Broker to the Authority shall be ₦500, 000.00 (Five Hundred Thousand Naira) only.

The Authority shall issue a certificate of registration to every successful Insurance Broker, which shall be subject to review every three years.

3.7.5 Functions of Insurance Brokers

The functions of the Insurance Brokers shall be as follows:

- a. To advise the Authority on Insurance needs and policies of all Stakeholders

- b. To act as intermediaries for procurement of fidelity guarantee insurance and advanced payment bond for all stakeholders.

3.7.6 Insurance Policies

Insurance policies are designed based on the identified risks associated with the defined business operation of the Authority. They serve to mitigate against the insured event, should it occur. All Insurance policies for the NHIA operations are to be taken from among the registered Insurance companies and brokers. The policies among others include:

1. Advance payment Guarantee Bond (APGB) to provide surety to funds disbursed to HMOs
2. Fidelity Guaranty insurance Policy to provide protection for staff entrusted for the management of funds entrusted to them
3. Performance Bond (PB) to contractors
4. Professional Indemnity Insurance Policy to cover any act of professional negligence for professionals working with the HCFs.



4

SECTION 4 Data Management

SECTION 4: DATA MANAGEMENT

4.1 Introduction.

The National Health Insurance Authority has been empowered by its enabling law to provide and maintain Information and Communication Technology infrastructure and capability for the integration of data on health Schemes in Nigeria.

Every stakeholder in the Health Insurance Ecosystem shall provide data to the Authority for the purpose of fulfilling this mandate to the Nigerians.

Data drawn will be managed correctly, consistently and maintained to the highest possible standard using the enhanced e-NHIA automated system. This is to ensure interconnectivity for the purpose of collaboration, data sharing, medical audit, and research within the different domains. It will also aid effective decision making towards providing efficient and quality services to enrolees. Levels of access to health insurance data on the e-NHIA platform shall vary in accordance with the respective roles of the stakeholders in the sector.

4.2 Data collection

Data collection will be carried out using standardized tools and techniques on monthly, quarterly, and annual (survey-based indicators) basis. The data required are as indicated in Table 6 below:

Table 6: Data Collection Process

S/N	Stakeholders	Set of data to be collected	Sources/Tools	Frequency of reporting
1	Healthcare Facilities (HCF)	Operations Data	<ul style="list-style-type: none"> Financial Register Enrolee Register Drug Request Drug Utilization 	Monthly
		Service Utilization Data	<ul style="list-style-type: none"> Facility Registers 	Monthly
		Quality Assurance Data	<ul style="list-style-type: none"> Enrolees (Exit Interview) 	Quarterly
		Survey Data	<ul style="list-style-type: none"> Facility Registers 	Annually
2	State Social Health Insurance Agencies (SSHIA)	Operations Data	<ul style="list-style-type: none"> Complaints Register Enrolment Register Financial Data Report 	Monthly

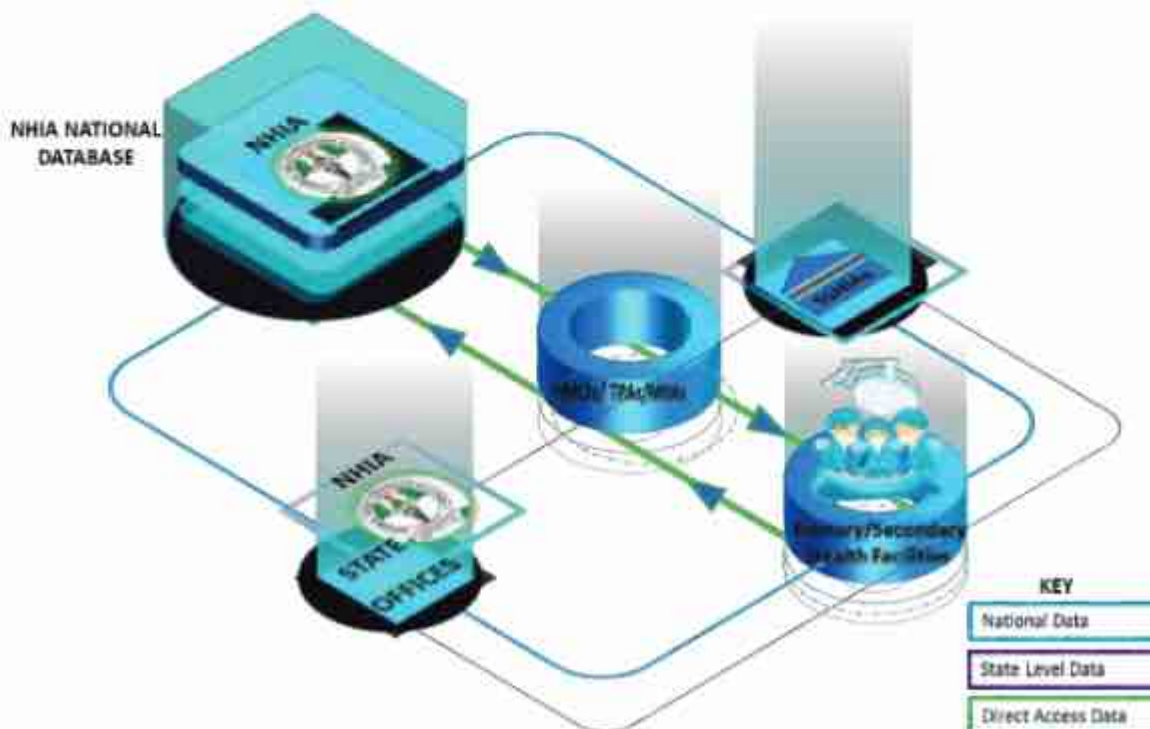
S/N	Stakeholders	Set of data to be collected	Sources/Tools	Frequency of reporting
			<ul style="list-style-type: none"> Accreditation/Re-accreditation of Facility Report Quality Assurance Report 	Quarterly
		Service Utilization	<ul style="list-style-type: none"> L.G.A Facility Summary Sheet Enrollee Complains Report 	Monthly
		Quality Assurance Data	<ul style="list-style-type: none"> Structures/input data (HCF) Process data (HCF) Enrolees (Exit Interview) 	Quarterly
		Survey Data	<ul style="list-style-type: none"> Survey Report 	Annually
		Medical Auditing	<ul style="list-style-type: none"> Medical Audit Report 	Periodically
3	Health Maintenance Organization (HMO)	Operations Data	<ul style="list-style-type: none"> Enrolment Register (Top-Up) Complaints Register FFS Payment Records Capitation Payment Records Enrolment Data as TPAs 	Monthly
			<ul style="list-style-type: none"> Quality Assurance Report 	Quarterly
		Service Utilization Data	<ul style="list-style-type: none"> Encounter Data 	Monthly
		Survey Data	<ul style="list-style-type: none"> Survey Report 	Annually
4	Third Party Administrators (TPAs)	Operation Data	<ul style="list-style-type: none"> Quality Assurance Report Sensitization Report Enrolment Register Financial Data Report 	Quarterly

S/N	Stakeholders	Set of data to be collected	Sources/Tools	Frequency of reporting
			<ul style="list-style-type: none"> • Claims Management Register. 	
		Survey Data	<ul style="list-style-type: none"> • Survey Report 	Annually
5	Mutual Health Associations (MHA)	Operation Data	<ul style="list-style-type: none"> • Complaints/Redress Register • Financial • Enrolment Report 	Monthly
			<ul style="list-style-type: none"> • Sensitization Report 	Quarterly
6	Drug Manufacturers	Operation Data	<ul style="list-style-type: none"> • Request Register • Distribution Register • Financial Data Report • Drug Supply Register 	Quarterly
7	Drug Management Organizations/ Agencies	Operation Data	<ul style="list-style-type: none"> • Drug Supply Report • Request from HCPs • Request to Drug Manufacturers • Distribution Register • Financial Register 	Quarterly
8	National Health Insurance Authority (NHIA)	Operation Data	<ul style="list-style-type: none"> • Enrolee Register • Claims Management Register • Complaints/Redress Register 	Monthly
			<ul style="list-style-type: none"> • Drug Manufacturer's Register • HCF Register • HMO Register • TPA Register • MHA Register • DMO/DMA Register • Financial Records • Accreditation Report • Quality Assurance Report • LGA Facility Summary Sheet (State Offices) 	Quarterly

S/N	Stakeholders	Set of data to be collected	Sources/Tools	Frequency of reporting
			<ul style="list-style-type: none"> Enrolee Exit Interview (State Offices) 	
		Service Utilization Data	<ul style="list-style-type: none"> HIMIS Enrolee Complaints Report 	Monthly
		Survey Data	<ul style="list-style-type: none"> Survey Report 	Annually
		Medical Audit Data	<ul style="list-style-type: none"> Medical Audit Report 	Biennial
		Service Utilization Data	<ul style="list-style-type: none"> HIMIS Enrolee Complaints Report 	Monthly

4.3 Health Insurance Routine Data Flow

Data generated from the primary and secondary healthcare facilities will be transmitted directly to the NHIA national database and shall be subjected to comply with all applicable domestic and international data protection standards and privacy frameworks including but not limited to the Nigeria Data Protection Regulation (NDPR).



Claims from the HCFs will be sent to the NHIA, SSHIAs and HMOs, as is applicable, for processing.

The data obtained from the NHIA State offices, SSHIAs, MHAs, TPAs and HMOs on enrolment and other insurance operations is transmitted directly to the NHIA national database, while Data on operations and claims received from facilities will be reconciled at the NHIA, SSHIAs, HMOs and TPAs and forwarded to the NHIA national database. Appropriate feedback will be given at all levels.

4.4 Data Management Roles and Responsibilities

4.4.1 National Level: National Health Insurance Authority

Table 7: Data management responsibilities: National

Key Areas	Roles
a. Establishment of a common data architecture	<ol style="list-style-type: none"> i. Define standards for sharing aggregate data. ii. Coordinate the development of data requirements for the eco-system. iii. Create and maintain a repository of all health insurance data. iv. Conduct oversight functions in the management of health insurance data across all levels for informed policy making. v. All Stakeholders must comply with the extant law on Data Protection. vi. All stakeholder organisations shall have a Data Protection Officer who ensures that the corporate data received, transmitted through or processed by the organisation complies with the provisions of the NDPR and other applicable data protection laws
b. Improve performance and review processes	<ol style="list-style-type: none"> i. Compile reports at the National level to track implementation of the HIUOR. <ul style="list-style-type: none"> • Verify the quality of data received and follow up for validity and reliability. • Use aggregate data to analyze findings for Health Insurance priorities. • Build capacity and provide technical support at all levels (SSHIAs, PHCs, SHFs, HMOs, TPAs & MHAs).
c. Enhance sharing of data and promote use of information for decision making	<ul style="list-style-type: none"> • Institutionalize data flow to meet reporting obligations. • Prepare national quarterly and annual performance reports. • Disseminate reports

4.4.2 State Level: State Social Health Insurance Agencies (SSHIA)

Table 8: Data management responsibilities: State

Key Areas	Roles
a. Establishment of a common data architecture	<ul style="list-style-type: none"> i. Create data collection management structures. ii. Create and maintain a repository of data. iii. Collaborate with State MoH in sharing of data for policy formulation and decision making. iv. Build capacity and provide technical support to the facility level on use of data collection tools. v. SSHIAs must comply with the extant law on Data Protection. vi. SSHIAs shall have a Data Protection Officer
b. Improve performance and review processes	<ul style="list-style-type: none"> i. Work within the HICOUR framework and guideline to meet reporting requirement
c. Enhance sharing of data and promote use of information for decision making	<ul style="list-style-type: none"> i. Strengthen data management operations within the state. ii. Prepare (summarized and disaggregated data) and submit to the national database.

4.4.3 Facility Level: Healthcare Facility (PHCs & SHCs) Record Office

Table 9: Data management responsibilities: Healthcare Facility

Key Areas	Roles
a. Establishment of a common data architecture	<ul style="list-style-type: none"> i. Create and maintain a repository of Health Insurance data. ii. Assign a staff responsible for management of Health Insurance data. iii. Routinely update the data information system for effective management iv. Protect from unauthorized access to Health Insurance data. v. Build capacity in Record Officers in the Facilities. vi. HCFs must comply with the extant law on Data Protection. vii. HCFs shall have a Data Protection Officer
b. Improve performance and review processes	<ul style="list-style-type: none"> i. Work within the stipulated NHIA guidelines to meet reporting requirements.
c. Enhance sharing of data and promote use of information for decision making	<ul style="list-style-type: none"> i. Fill All data reporting tools appropriately for routine submission to the SSHIAs/NHIA

4.4.4 HMOs, TPAs & MHAs

Table 10: Data management responsibilities: HMOs, TPAs & MHAs

Key Areas	Roles
a. Establishment of a common data architecture	<ul style="list-style-type: none"> i. Create and maintain a repository of Health Insurance data. ii. Assign a staff responsible for management of Health Insurance data. iii. Routinely update the data information system for effective management iv. Protect from unauthorized access to Health Insurance data. v. Build the capacity of Record Officers in the Facilities. vi. All Stakeholders must comply with the extant law on Data Protection. vii. All stakeholder organisations shall have a Data Protection Officer (DPO)
b. Improve performance and review processes	<ul style="list-style-type: none"> i. Work within the stipulated NHIA guidelines to meet reporting requirements.
c. Enhance sharing of data and promote use of information for decision making	<ul style="list-style-type: none"> i. Routine submission of data using the appropriately filled reporting tools. ii. Render periodic reports

4.5 Compliance with the Data Management Guidelines

All stakeholders in the eco-system are obliged to comply with the guidelines to ensure high quality data management is applied throughout the system. The stakeholder must also ensure that they abide by Data Management Standards.

4.6 Routine Data Quality Assessment (Audits) RDQA

Scheduled Routine Data Quality Assessments (RDQA) will be carried out to ensure that the data used by the stakeholders in making decisions is sound and accurate. RDQAs will be conducted at all levels of the Health Insurance eco-system using International Standard Tools.

4.7 Data analysis and synthesis

Data analysis and synthesis will be done at all levels (National and States) to support evidence-based decision-making. All relevant data will be synthesized based on pre-determined parameters and analysed for use at various levels of the eco-system. The results obtained will be summarized

into a continuous trend, using key performance indicators and targets. DHIS2 report will be used for benchmarking some of the Health Insurance Indicators.

4.8 Special surveys

Data would be collected from special surveys organized by NHIA & other Stakeholders. The data may also serve as baseline to assess the progress towards the attainment of UHC.

4.9 Data Privacy and Protection

All stakeholder organisations in the health insurance eco-system must comply with the extant provisions of the Nigeria Data Protection Regulation (NDPR) especially but not limited to the following:

- 4.9.1. Comply with the data protection, safeguard and privacy provisions of NDPR as it concerns the management and processing of personal and private data such as health insurance data and related information.
- 4.9.2. Comply with the NDPR requirement for yearly data protection compliance audit to be conducted only by a Data Protection Compliance Organizations (DPCO) accredited by the National Data Protection Bureau (NDPB).
- 4.9.3. File in an annual audit report as a result of (ii) above to the NDPB within the timeframe stipulated by the NDPR

4.10 Data dissemination and use

Data will be presented in usable formats to allow policy makers to make well informed decisions. The NHIA will use a variety of decision-support tools and approaches such as data dashboards, enrolment bulletins, States status reports, Service Utilization Report, Quarterly Health Insurance Report, Quarterly BHCPF Report, GIS Health Insurance Service Availability Mapping including AI-enabled tools. Reports will be disseminated in formats that are determined by NHIA to the various levels, using the HIMIS formats that will be provided.

4.11 Monitoring and Evaluation of Health Insurance in Nigeria

To achieve effective coordination of the multiple stakeholders and the tiers of implementation of health insurance in Nigeria, a clear monitoring and evaluation (M&E) framework is essential. NHIA will continuously track progress, ensure programme effectiveness, efficiency, and responsiveness to the needs of stakeholders. It will also enhance evidence-based decision making, using standard monitoring and evaluation frameworks.



5

SECTION 5

Offences, penalties & Legal Proceedings

SECTION 5: OFFENCES, PENALTIES AND LEGAL PROCEEDINGS

5.1 Introduction

Offences, penalties, and legal proceedings are the rules ensuring compliance with all the provisions of the NHIA Operational Guidelines by the relevant stakeholders. In the event that a stakeholder is aggrieved, his/her complaints shall be investigated and resolved where possible in line with the NHIA Complaints and Grievance Management Protocol (CGMP).

Whenever there is dispute amongst parties, the dispute shall be first referred to the Authority for Mediation and Conciliation in accordance with the Operational Guidelines and where conciliation fails, parties may resort to Arbitration. The process of mediation is clearly outlined in the Compliance and Enforcement Manual (CEM).

The applicable arbitral procedure shall be as provided in the Arbitration and Conciliation Act.

The Authority may direct a stakeholder or an officer of the stakeholder to comply with the directives of the Authority specified in writing and where there is failure to comply with the directives, the Authority may apply sanctions as provided for in the NHIA Act and Operational Guidelines.

Notwithstanding anything contained in any other provisions or sections of the Act, the Authority shall always retain the power to sanction erring State Social Health Insurance Agencies (SSHIA), Health Maintenance Organizations (HMO), Third Party Administrators (TPAs), Mutual Health Associations (MHAs), Healthcare Facilities (HCFs), Beneficiaries, or any other operator, manager, licensed or accredited persons in line with the Operational Guidelines, as may from time to time be issued by the Authority.

For effective implementation and enforcement of compliance with the provisions of the NHIA Act, 2022 and those of the Operational Guidelines, the following acts or omissions are codified as offences for which the penalties are prescribed thereto.

The Authority has put in place an open and transparent complaint handling mechanism to sustain the confidence of stakeholders in the redress of dissatisfaction with the quality of an action taken, a decision made, or a service provided. Complaints are thus handled fairly and objectively within established timeframes and specific key performance indicators to which the Authority hold itself accountable.

5.1.1 Categories of Sanctions

When offences are established, the following sanctions may be imposed to ensure compliance with provisions of the Operational Guidelines.

The sanctions fall into the following:

- a. Warning
- b. Penalties
- c. Suspension
- d. Withholding release of funds
- e. Withdrawal of license/accreditation.
- f. Delisting
- g. Prosecution
- h. Refund (with interest)
- i. Deductions

5.2 State Social Health Insurance Agencies (SSHIA)

The Authority will, upon a complaint by any stakeholder against the SSHIAs, after investigation, including affording the SSHIAs or their representatives an opportunity to be heard, and upon ascertaining any breaches, prescribe penalties for the offences as follows.

Table 11: Offences, Penalties and Legal Proceedings for SSHIA

S/N	OFFENCE	PENALTIES
5.2.1	<p>Delay in remittance of claims to facilities after receiving same from the Contributors /NHIA</p> <p><i>*Delay in this context means failure to pay within five (5) working days.</i></p>	<p>i. Shall remit the appropriate claim to the facility within seven (7) days.</p> <p>ii. Warning letter</p> <p>Repeat Offenders:</p> <p>iii. Suspension of administrative fees due for the next quarter</p> <p>iv. The funding by NHIA to SSHIAs shall be suspended.</p>

S/N	OFFENCE	PENALTIES
5.2.2	<p>Refusal to remit payment of claims to providers after receiving the same from the Contributors /NHIA</p> <p><i>*Refusal in this context means failure to comply with the warning to pay within seven (7) days.</i></p>	<ul style="list-style-type: none"> i. Refund of the monies to the facility with accrued interest within 3 working days. ii deduction of 20% of administrative funds due to the SSHIA for the next quarter iii. Repeat offenders: the funding by NHIA to the SSHIA shall be suspended.
5.2.3	<p>Underpayment of capitation and/or Fee -For-Service to healthcare providers</p>	<ul style="list-style-type: none"> i. Shall remit the appropriate claim to the facility within 7 days. ii. Warning letter iii. Deduction of 20% from the administrative fees due for the next quarter iv. Liable to prosecution. v. The officers involved in the fraud shall be handed over to the appropriate law enforcement agencies for prosecution
5.2.4	<p>Diversion of BHCPF funds for purposes other than provision of healthcare</p>	<ul style="list-style-type: none"> i. Refund of the monies back to the account compulsorily ii. Deduction of 50% of the administrative funds due to the SSHIA in the next quarter release. iii. Repeat offenders: suspension of funding to SSHIAs by NHIA
5.2.5	<p>Fraudulent bill-vetting process and procedure by officers involved in the vetting of submitted bills</p>	<ul style="list-style-type: none"> i. Remit the appropriate claim to the provider within 7 days. ii Warning letter iii. The officers involved in the fraud shall be handed over to appropriate law enforcement agency
5.2.6	<p>Failure to provide evidence of audited financial reports</p>	<ul style="list-style-type: none"> i. Warning letter ii. Suspension of BHCPF funds disbursement and NHIA to take over operations pending resolution of outstanding issues with SSHIA

S/N	OFFENCE	PENALTIES
5.2.7	Failure to conduct Quality Assurance visits to all accredited healthcare providers at least once annually.	<ul style="list-style-type: none"> i. Warning Letter and shall proceed to conduct Quality Assurance inspection of the healthcare facilities within 7 days. ii. Repeat offenders; withdrawal of 5% administrative funds due to the SSHIA in the next quarter's release.
5.2.8	Failure to keep records and/or make quarterly returns of data to the Authority	<ul style="list-style-type: none"> i. Warning letter and the requisite data shall be forwarded to the Authority within 7 days. ii. Withdrawal of 5% administrative funds due to the SSHIA in the next quarter's release.
5.2.9	Failure to implement sanctions prescribed by the Authority against erring stakeholders (HCFs/enrolees) as directed by NHIA.	<ul style="list-style-type: none"> i Warning letter ii. Pay a penalty of N50,000 to NHIA
5.2.10	Failure to enroll the appropriate number/population paid by NHIA	No further disbursement to the state till appropriate number paid is enrolled
5.2.11	Diversion of BHCPF funds for purposes other than provision of healthcare	<ul style="list-style-type: none"> - i Refund of the monies back to the account. -ii Suspension for not less than 3 months. -iii Withdrawal of accreditation of the provider and notification of NHIA
5.2.12	Failure to provide approved Basic Minimum Package of healthcare services.	<ul style="list-style-type: none"> i) Provide BMPHS within 3 working days ii) Warning letter iii) Pay a penalty of Five-Hundred thousand (N500,000) naira only
5.2.13	Where a State or FCT collects premium or any form of tax or levy from the vulnerable under the vulnerable group health insurance	<ul style="list-style-type: none"> i. Refund of the premium ii. Warning letter <p>The funding by NHIA to the SSHIA on vulnerable funds shall be suspended</p>
5.2.14	Failure to provide requested information to the Authority	<ul style="list-style-type: none"> i Warning letter ii To pay penalty of N250,000

S/N	OFFENCE	PENALTIES
5.2.15	Refuses to provide complaints and grievance redressal mechanism	<ul style="list-style-type: none"> i. Warning letter and establish the complaints and grievances mechanism. ii. Repeated offenders; Penalty of not less than N250,000
5.2.16	Failure to establish an internal compliance process/ or fail Regulatory assessment for 3 consecutive times	<ul style="list-style-type: none"> i. Warning letter and attend compulsory compliance training. ii. Repeat offenders' penalty of not less than N250,000
5.2.17	Manipulates the enrolees register for the benefit of other parties or circulates a different register other than the register released by the Authority.	<ul style="list-style-type: none"> i. Withdrawal of the fake register in writing. ii. Suspension for 3 months iii. Liable to prosecution under the relevant laws guiding financial transactions. iv. Repeat offenders to be delisted
5.2.18	Issues dud cheque	<ul style="list-style-type: none"> i. Liable to persecution under the relevant laws guiding financial regulations.
5.2.19	Where it is found out that authorization approval for referrals is not made by licensed medical personnel	<ul style="list-style-type: none"> i. Warning letter ii. To pay a Penalty of not less than N250,000
5.2.20	Unauthorized disclosure of patient's records.	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of not less than N250,000 iii. To report to the appropriate regulatory body
5.2.21	Unauthorized disclosure of health insurance data	<ul style="list-style-type: none"> i. To pay a penalty of not less than N1,000,000 liable to prosecution under the relevant laws
5.2.22	Where it is discovered that a SSHIS or its Agent refuses to approve a referral without any justification and/or is inaccessible to authorize referrals	<ul style="list-style-type: none"> i. Pay for the expenses incurred by enrolee. ii. Warning letter

S/N	OFFENCE	PENALTIES
5.2.23	Non-compliance with the Information Communication Technology that aligns with the specifications of the NHIA ICT policy.	i.Warning letter and establish ICT Platform as specified by the NHIA ICT policy. ii.Repeat offenders; To pay a penalty of not less than N500,000

5.3 Health Maintenance Organizations (HMOs)

The Authority will, upon a complaint by the Healthcare Facility, Enrolee, or any other stakeholder and after investigation, including affording the HMO or his legal representative an opportunity of being heard, impose the following penalties on any defaulting HMO that:

Table 12: Offences, Penalties and Legal Proceedings for HMO

S/N	Offences	Penalties
5.3.1	Refusal to remit appropriate payments (capitation, fee- for- service or other funds) due to Facilities within the specified period indicated in the Operational Guidelines or contracts.	i.Effect appropriate payments to the affected facilities within 3 working days ii.To pay a penalty not less than N500,000 iii.Suspension for not less than 3 months iv.Liable to prosecution under the relevant laws guiding financial transactions. v.Repeat offenders to be delisted
5.3.2	Issues Dud cheque(s)	Liable to persecution under the relevant laws guiding financial regulations.
5.3.3	Failure to conduct quality assurance in all facilities under their network annually	i.Warning letter and ii.Conduct quality assurance in all facilities and submit report of same to NHIA within 14 days. iii.To pay a penalty of not less than N500,000 iv.Suspension for not less than 3 months v.Withdrawal of accreditation for repeat offenders

S/N	Offences	Penalties
5.3.4	Where it is found out that authorization approval for referrals is not made by licensed medical personnel	<ul style="list-style-type: none"> i. Warning ii. To pay a Penalty of N500,000 iii. Suspension for not less than 3 months iv. Delisting of repeat offenders
5.3.5	Wilfully or negligently refuses to forward the prescribed remittances as required under NHIA Operational Guidelines and appropriate notices/reminders have been sent and ignored.	<ul style="list-style-type: none"> i. Immediate remittance of the amount due to NHIA by the HMO. ii. Warning letter iii. To pay a penalty of not less than N500,000 iv. Suspension for not less than 3 months v. Delisting of repeat offenders
5.3.6	Failure to submit Annual report and audited accounts to the Authority within the stipulated time allowed in the Operational Guidelines.	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of not less than N300,000 iii. Suspension for not less than 3 months iv. Delisting of repeat offenders
5.3.7	Where HMO fails to permit NHIA officers the right to enter upon any part of the company for the purpose of examining or inspecting the facilities, books, records, files maintained in respect of each enrolees.	<ul style="list-style-type: none"> i. Warning letter ii. To pay penalty not less than N500,000. iii. Suspension for not less than 3 months. iv. Withdrawal of accreditation for repeat offenders
5.3.8	Where HMO fails to duly notify the Authority, the enrolees, facilities, or other stakeholders within 3 months of its intention to relocate to a new place by way of publication in the National newspapers.	<ul style="list-style-type: none"> i. Warning letter and ii. Refund funds to the Authority/ SSHIAs/HMO iii. To pay Penalty of not less than N500,000 iv. Suspension for not less than 3 months

S/N	Offences	Penalties
5.3.9	Where HMO breaches the 3 months written notice to the Authority and also fails to publish in the National newspapers, notify the enrolees and Facilities of its intention to exit from the Authority.	<ul style="list-style-type: none"> i. Liable to prosecution under the relevant laws guiding financial transactions. ii. To be blacklisted
5.3.10	Where HMO fails to enter into agreement with NHIA accredited facilities	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of not less than N500,000 iii. Suspension for not less than 3 months iv. Delisting of repeat offenders
5.3.11	Where a HMO engages in any fraudulent activity	<ul style="list-style-type: none"> i. To pay a penalty of not less than N1,000,000 ii. Repeat offenders to pay N2,000,000 iii. Liable to prosecution under the relevant laws guiding financial transactions. iv. Delisting
5.3.12	Where it is discovered that there was false presentation on the part of HMO at time of application	<ul style="list-style-type: none"> i. To be delisted ii. Liable to prosecution
5.3.13	Where it is discovered that the HMO no longer meets with specified NHIA technical requirements	<ul style="list-style-type: none"> i. To refund all health insurance monies in its custody ii. To be delisted
5.3.14	Where it is discovered that the HMO is involved in direct healthcare service delivery.	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of not less than N2, 000,000. iii. Repeat offenders to be delisted
5.3.15	Where it is discovered that a HMO refuses to approve a referral without any justification and/or is inaccessible to authorize referrals	<ul style="list-style-type: none"> iii. Pay for the expenses incurred by enrolee. iv. Warning letter v. To pay a penalty of N500,000 vi. Suspension for not less than 3 months vii. Delisting of repeat offenders

S/N	Offences	Penalties
5.3.16	Where a HMO deliberately and against medical ethics divulges information about patients	<ul style="list-style-type: none"> i.Warning letter ii.To pay a penalty of not less than N500,000 iii.Suspension for not less than 3 months iv.To be penalized in accordance with the relevant Laws v.Delisting of HMO
5.3.17	Failure to comply with sanctions or directives within 30 days of the imposition of the sanction/ directive/ agreements.	<ul style="list-style-type: none"> i.Warning letter ii.Withdrawal of accreditation.
5.3.18	Non-submission of format of contract for private health insurance agreements by HMOs to NHIA for vetting and approval.	<ul style="list-style-type: none"> i.Warning letter ii.To pay a penalty of N500,000 iii.Withdrawal of accreditation
5.3.19	Refusal to settle an agreed amount after reconciliation exercise	<ul style="list-style-type: none"> i.Warning letter ii.Payment of the agreed amount from security deposit iii.To pay penalty of not less than N500,000 iv.Repeat offenders to be delisted
5.3.20	Failure by a HMO to refund the part of the security deposit withdrawn within 90 days,	<ul style="list-style-type: none"> i A letter of notification demanding for the refund of the amount withdrawn within 30days in the first instance. ii To pay a penalty the sum of N1,000,000 naira only monthly for the period in which it is in default iii. Withdrawal of accreditation after 3 months of default.
5.3.21	Where a HMO refuses to attend reconciliation exercise	<ul style="list-style-type: none"> i.Warning letter ii.To pay a penalty of not less than N500,000
5.3.22	Breach of contractual agreements by HMO.	<ul style="list-style-type: none"> i.Warning letter ii.To pay a penalty of not less than N500,000 iii.Repeat offenders to be Delisted
5.3.23	Failure to obtain approval from the	<ul style="list-style-type: none"> i. Compel the parties to seek approval of contract.

S/N	Offences	Penalties
	Authority for the contractual format of purchasing health services.	ii. Warning letter iii. To pay a penalty of not less than N500, 000.
5.3.24	Operating health insurance schemes without prior registration and license as a health insurance scheme by the Authority	i. The Authority shall seal off the premises. ii. Where seal is removed without consent of the authority- to pay a penalty of N10,000,000 only iii. The scheme shall be liable to prosecution.
5.3.25	Conducting business activity under any name which includes <i>health scheme, medical insurance scheme, HMO</i> etc. calculated to mislead the public	Liable to prosecution
5.3.26	Transfer of activities or joint operations by schemes without approval from the Authority	i.To pay a penalty of N10, 000,000 payable by each party. ii.The acquiring company should incur all the liabilities of the acquired company.
5.3.27	Failure to pay contributions into the account of the Authority, State health insurance, or any other after collecting such from the contributors.	i. Warning letter ii. Pay into the account of the Health Insurance Scheme within 14 days. iii.To pay a penalty of N1,000,000 iv.Liable to prosecution under the relevant laws guiding financial transaction
5.3.28	Where HMO engages in de-marketing other HMOs	i.Warning letter ii.To pay a penalty of not less than N10,000,000
5.3.29	Failure to provide requested information to the Authority	i. Warning letter ii. To pay a penalty of not less than N250,000
5.3.30	Refuses to provide complaints and grievance redressal mechanism	i.Warning letter and establish platform for complaints/ grievances redressal. ii.Repeat offenders to pay a penalty of not less than N250,000
5.3.31	Failure to establish an internal compliance process/ or fail Regulatory	i. Warning letter and attend compulsory compliance training.

S/N	Offences	Penalties
	assessment for 3 consecutive times	ii. Repeat offenders to pay a penalty of not less than N250,000
5.3.32	Unauthorized disclosure of Health Insurance Information Data	i. To pay a penalty of N1,000,000 ii. liable to prosecution under the relevant laws
5.3.33	Unauthorized marketing of a Health Plan.	i. Withdrawal of the Health plan ii. To pay a penalty of not less than N1,000,000
5.3.34	Non-compliance with the Information Communication Technology that aligns with the specifications of the NHIA ICT policy.	i. Warning letter and establish ICT Platform as specified by the NHIA ICT policy. ii. Repeat offenders; To pay a penalty of not less than N500,000

Note: Any HMO that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Authority. When a HMO is delisted, the Scheme shall act as receiver from date such action (s) is taken and may appoint any HMO to act on her behalf.

5.4 Third-Party Administrators (TPAs)

The Authority will, upon a complaint by the Healthcare Facility, Enrolee, or any other stakeholder and after investigation, including affording the TPA or his legal representative an opportunity of being heard, impose the following penalties on any defaulting.

Table 13: Offences, Penalties and Legal Proceedings

S/N	Offences	Penalties
5.4.1	Failure to adhere to agreed tariff during claims preparations.	<ul style="list-style-type: none"> i. Warning letter and shall re -prepare the claims. ii. To pay a penalty not less than N250,000 iii. Suspension for not less than 3 months vi. Liable to prosecution under the relevant laws guiding financial transaction. <p>Repeat offenders to be delisted</p>
5.4.2	Failure to remit the accurate health insurance funds after collecting same from contributors.	<ul style="list-style-type: none"> i. Remit the appropriate amount with accrued interest. ii. Warning letter iii. To pay a penalty of not less than N500,000 iv. Repeat offenders to be delisted.
5.4.3	Where a TPA absconds with contribution after receiving same from the contributors.	<ul style="list-style-type: none"> i. Liable to persecution under the relevant laws guiding financial regulations. ii. Blacklisting
5.4.4	Breach of contractual agreements by TPA	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of not less than N250,000 iii. Delisting of repeat offenders
5.4.5	Issues Dud cheque(s)	<ul style="list-style-type: none"> i. Liable to persecution under the relevant laws guiding financial regulations.
5.4.6	Failure to conduct quality assurance in all facilities under their network annually	<ul style="list-style-type: none"> i. Warning letter and ii. Conduct quality assurance in all facilities and submit report of same to NHIA within 14 days. iii. To pay a penalty of not less than N250,000 iv. Suspension for not less than 3 months v. Withdrawal of accreditation for repeat offenders
5.4.7	Where it is found out that authorization approval for referrals is not made by licensed medical personnel	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of not less than N250,000 iii. Suspension for not less than 3 months iv. Delisting of repeat offenders
5.4.8	Wilfully or negligently refuses to forward the prescribed remittances as required under NHIA Operational Guidelines	<ul style="list-style-type: none"> i. Immediate remittance of the amount due to NHIA by the TPA. ii. Warning letter iii. To pay a penalty of not less than N500,000 iv. Suspension for not less than 3 months

S/N	Offences	Penalties
	and appropriate notices/reminders have been sent and ignored.	v. Delisting of repeat offenders
5.4.9	Failure to submit Annual report and audited accounts to the Authority within the stipulated time allowed in the Operational Guidelines.	i. Warning letter ii. To pay a penalty of not less N300,000 than iii. Suspension for not less than 3 months iv. Delisting of repeat offenders
5.4.10	Where TPA fails to permit NHIA officers the right to enter upon any part of the company for the purpose of examining or inspecting the facilities, books, records, files maintained in respect of each enrolees.	i. Warning letter ii. To pay a penalty not less than N250,000. iii. Suspension for not less than 3 months. iv. Withdrawal of accreditation for repeat offenders
5.4.11	Where TPA fails to duly notify the Authority, the enrolees, facilities, or other stakeholders within 3 months of its intention to relocate to a new place by way of publication in the National newspapers.	i. Warning letter and ii. Refund funds to the Authority/ SSHIAs. iii. To pay a penalty of not less than N250,000 iv. Suspension for not less than 3 months
5.4.12	Where TPA breaches the 3 months written notice to the Authority and also fails to publish in the National newspapers, notify the enrolees and Facilities of its intention to exit from the Authority.	i. Liable to prosecution under the relevant laws guiding financial transactions. ii. To be blacklisted
5.4.13	Where TPA fails to enter into agreement with NHIA accredited facilities	i. Warning letter ii. To pay a penalty of not less than N500,000 iii. Suspension for not less than 3 months iv. Delisting of repeat offenders

S/N	Offences	Penalties
5.4.14	Where an TPA engages in any fraudulent activity	<ul style="list-style-type: none"> i.To pay a penalty of not less than N500,000 ii.Repeat offenders to pay not less than N1,000,000 iii.Liable to prosecution under the relevant laws guiding financial transactions. iv.Delisting
5.4.15	Where it is discovered that there was false presentation on the part of TPA at time of application	<ul style="list-style-type: none"> i. To be delisted ii. Liable to prosecution
5.4.16	Where it is discovered that the TPA no longer meets with specified NHIA technical requirements	<ul style="list-style-type: none"> i.To refund all health insurance monies in its custody ii.To be delisted
5.4.17	Where it is discovered that the TPA is involved in direct healthcare service delivery.	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of not less than N250, 000. iii. Repeat offenders to be delisted
5.4.18	Where it is discovered that an TPA refuses to approve a referral without any justification and/or is inaccessible to authorize referrals	<ul style="list-style-type: none"> i. Pay for the expenses incurred by enrollee ii.Warning letter iii.To pay a penalty of N500,000 iv.Suspension for not less than 3 months v.Delisting of repeat offenders
5.4.19	Where an TPA deliberately and against medical ethics divulges information about patients	<ul style="list-style-type: none"> i. Warning letter ii.To pay a penalty of not less than N250,000 iii.Suspension for not less than 3 months iv.To be penalized in accordance with the relevant Laws v.Delisting of TPA
5.4.20	Failure to comply with sanctions or directives within 30 days of the imposition of the sanction/ directive/ agreements.	<ul style="list-style-type: none"> i.Warning letter ii.Withdrawal of accreditation.
5.4.21	Breach of contractual agreements by TPA	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of not less than N250,000 iii.Repeat offenders to be Delisted

S/N	Offences	Penalties
5.4.22	Failure to register with the Authority before operating as a TPA	<ul style="list-style-type: none"> i. The Authority shall seal off the premises. ii. To pay a penalty of N500, 000 and shall fulfil all requirements for registration within 14 days. iii. Where seal is removed without consent of the authority- a penalty of N10,000,000 only iv. Shall be liable to prosecution.
5.4.23	Conducting business activity under any name which includes <i>health scheme, medical insurance scheme, HMO</i> etc. calculated to mislead the public	<ul style="list-style-type: none"> i. The Authority shall seal off the premises. ii. Liable to prosecution
5.4.24	Transfer of activities or joint operations without approval from the Authority	<ul style="list-style-type: none"> i. To pay a penalty of N1, 000,000 payable by each party. ii. The acquiring company should incur all the liabilities of the acquired company.
5.4.25	Failure to pay contributions into the account of the Authority, State Health Insurance, or any other after collecting such from the contributors.	<ul style="list-style-type: none"> i. Warning letter ii. Pay into the account of the Authority within 14 days. iii. To pay a penalty of not less than N1,000,000 iv. Liable to prosecution under the relevant laws guiding financial transaction.
5.4.26	Where TPA engages in de-marketing other TPAs	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of not less than N500,000
5.4.27	Failure to provide requested information to the Authority	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of not less than N250,000
5.4.28	Refuses to provide Complaints and Grievance Redressal Mechanism including the operation of a call center.	<ul style="list-style-type: none"> i. Warning letter and establish platform for Complaints/ Grievances Redressal and call center. ii. To pay a penalty of not less than N250,000 iii. Repeat offenders; To be delisted
5.4.29	Failure to establish an internal compliance process/	<ul style="list-style-type: none"> i. Warning letter and attend compulsory compliance training.

S/N	Offences	Penalties
	or fail Regulatory assessment for 3 consecutive times	ii.Repeat offenders; To pay a penalty of not less than N250,000
5.4.30	Unauthorized disclosure of Health Insurance Information Data	i.To pay a penalty of not less than N1,000,000 ii.liable to prosecution under the relevant laws
5.4.31	Non-compliance with the Information Communication Technology that aligns with the specifications of the NHIA ICT policy.	i.Warning letter and establish ICT Platform as specified by the NHIA ICT policy. ii.Repeat offenders; To pay a penalty of not less than N250,000

5.5 Healthcare Facilities (HCFs)

The Authority will, upon a complaint by the HMO, Enrolee 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 14: Offences, Penalties and Legal Proceedings

SN	Offences	Penalties
5.5.1	Discriminates and refuses to treat/ manage any enrolees and their covered dependents after receiving payments on behalf of such enrolees.	i.Warning letter ii.To pay a penalty of not less than N250,000 and/or iii.Report to regulatory body where applicable. iv.The bill incurred by the enrolee shall be paid by the provider. v.Repeat offenders; Suspension for not less than 3 months or vi.Delisting
5.5.2	Receives, consults with, or manage any enrolee as a fee-paying patient.	i.Refund all monies collected from the enrolee. ii.Warning letter iii.To pay a penalty of not less than N250,000 iv.Suspension for not less than 3 months v.Delisting of repeat offenders
5.5.3	Solicit, collect or charge any fee from any enrolee in addition to the fees payable by NHIA, except	i.Refund of all monies collected from the enrolee ii.Warning letter

SN	Offences	Penalties
	for prescribed co - insurance or co - payment.	iii.To pay a penalty of not less than N250,000 iv.Suspension for not less than 3 months v.Delisting of repeat offenders
5.5.4	Where a Primary Facility is found not operating 24 hours a day, and 7 days a week.	i.Warning letter ii.Suspension for not less than 3 months iii.To pay a penalty of N300,000 iv.Delisting of such Facilities
5.5.5	Where a health care facility refuses to refer an enrollee promptly to appropriate health care facilities accredited by the Authority	i. Warning letter ii.To pay a penalty of N500,000 iii.Suspension for not less than 3 months iv.Delisting of repeated offenders
5.5.6	Referring an enrollee for a service of which the healthcare facility is already accredited to render without prior notification to the Authority/SSHIA/HMO/TPA	i. Warning letter ii. To pay a penalty of not less than N500,000 iii. iii Suspension for not less than 3 months iv. Repeat offenders to be delisted.
5.5.7	Failure to keep and maintain standard medical records in respect of each or all enrollees.	i.Warning letter ii.To pay a penalty of not less than N250,000 iii.Suspension for not less than 3 months iv.Delisting of repeated offenders
5.5.8	Failure to permit NHIA officers and representative of the HMO/TPA/SSHIA the right to enter upon any part of the premises for the purpose of inspection and monitoring of facilities for quality assurance.	i.Warning letter ii.To pay a penalty not less than N500, 000. iii.Suspension for not less than 3 months. iv.Withdrawal of accreditation for repeat offenders.
5.5.9	Failure to duly notify the Authority, the Enrolees registered with it and	i. Warning letter and ii. To pay a penalty of not less than iii. N500,000

SN	Offences	Penalties
	SSHIS/TPA/HMO within 3 months of its intention to relocate to a new place by way of publication in the National newspapers.	iv. Suspension for not less than 3 months
5.5.10	Where Health Care Facility breaches the 3 months written notice to the Scheme, and fails to publish in the National newspapers, notify the enrollees registered with it and the HMOs of its intention to exit from the Scheme.	iv. Liable to prosecution under the relevant laws guiding financial transactions. v. To be blacklisted
5.5.11	Where a Health Care Facility makes false claims to the NHIA/SSHISs/HMOs for a treatment/procedure not carried out	i. Warning letter ii. Refund of amount paid by SSHISs/HMO/TPA iii. To pay a penalty of not less than N500,000 Report to relevant professional regulatory body iv. Delisting of such facilities
5.5.12	Where a Health Care Facility deliberately and against medical ethics undermanages an enrollee	i. To pay a penalty of not less than N250,000 ii. Warning letter iii. Formal report to relevant regulatory body where applicable. iv. Repeat offenders to be delisted
5.5.13	Where a Health care Facility engages in any fraudulent activity	i. Refund all monies fraudulently collected. ii. To pay a penalty of not less than N500,000 iii. Formal report to relevant Regulatory body where applicable and/or iv. Suspension for not less than 3 months v. Repeat offenders to be delisted
5.5.14	Where it is discovered that there was misrepresentation on the part of Health care Facility at time of application	i. Refund all health insurance monies in its custody. ii. To be delisted

SN	Offences	Penalties
5.5.15	When specified NHIA technical/ personnel requirements are no longer being met	<ul style="list-style-type: none"> i. Refund all health insurance monies. ii. Suspension of 3 months iii. To be delisted
5.5.16	Where a Health Care Facility deliberately and against medical ethics divulges information about patients	<ul style="list-style-type: none"> i. Formal report to relevant Regulatory body where applicable ii. Suspension for not less than 3 months iii. To pay a penalty of not less than N500,000 iv. Delisting of such facilities
5.5.17	Failure to make monthly returns on utilization/ fee-for-service, capitation, encounter data to the Authority or SSHIS/HMO or their duly authorized agents.	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty of N250,000
5.5.18	Denial of emergency care to enrolees who are out-of-station or not primarily registered with the facility.	<ul style="list-style-type: none"> i. Warning letter ii. To pay a penalty not less than N250,000 iii. Suspension for not less than 3 months iv. Repeat offenders to be delisted
5.5.19	Failure to submit claims within the stipulated period.	<ul style="list-style-type: none"> i. Warning letter ii. Forfeiture of the claims: <ul style="list-style-type: none"> a.) 30% of the vetted amount from 16 - 30 days after expiration b.) 50% from 31 - 45 days after expiration. c.) from 46 days after expiration bills will be rejected.
5.5.20	Failure to make adequate alternative arrangement for provision of service/ drugs during industrial strike action.	<ul style="list-style-type: none"> i. Refund all expenses incurred by the enrolee. ii. Warning iii. To pay a penalty not less than N250,000 iv. Suspension for not less than 3 months v. Repeat offenders to be delisted.
5.5.21	Failure to provide prescribe drugs to enrolees	<ul style="list-style-type: none"> i. Refund all expenses incurred by the enrolees. ii. Warning letter iii. To pay a penalty of not less than N250,000 iv. Suspension for not less than 3 months v. Repeat offender to be delisted.

SN	Offences	Penalties
5.5.22	Refusal to issue receipt for payments received/ Letters of non-indebtedness to HMOs on private health insurance	i.Warning letter ii.To pay a penalty of N250, 000.
5.5.23	Failure to comply with sanctions within 30 days of the imposition of the sanctions.	i.Warning letter ii.Delisting
5.5.24	Non -adherence to drugs and professional service tariffs during claims preparation.	i.Warning letter ii. To pay a penalty of N250,000
5.5.25	Non - adherence to the referral protocol / procedure	i. Warning letter ii. To pay a penalty of not less than N250,000 iii. Suspension for not less than 3 months iv. Repeat offenders to be delisted
5.5.26	Refusal to procure professional indemnity malpractice insurance cover	i. Warning letter ii. Suspension for 3 months iii. Repeat offenders to be delisted
5.5.27	Failure to provide requested information to the Authority	i. Warning letter ii. To pay a penalty of not less than N250,000
5.5.28	Refusal to provide complaints and grievance resolution mechanism	i. Warning letter and establish platform for complaints/ grievances redressal. ii. Repeat offenders; To pay a penalty of not less than N250,000
5.5.29	Failure to establish an internal compliance process. fails regulatory compliance assessment for 3 consecutive times	i.Warning letter and attend compulsory compliance training. ii.To pay a penalty of not less than N250,000
5.5.30	Unauthorized sharing of health insurance information data	i.To pay a penalty of N1,000,000 ii.liable to prosecution under the relevant laws

SN	Offences	Penalties
5.5.31	Non-compliance with the Information Communication Technology that aligns with the specifications of the NHIA ICT policy.	i.Warning letter and establish ICT Platform as specified by the NHIA ICT policy. ii.Repeat offenders; To pay a penalty of not less than N250,000

NOTE: Any HCF that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Authority. When an HCF accreditation is suspended/withdrawn, the NHIA shall act as the receiver from the date such action (s) is taken and may appoint any HCF to provide cover to the affected enrolees. Any HCF that is suspended/delisted shall refund all health insurance funds in its custody to the NHIA.

5.6 Beneficiaries

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

Note: At the time of registration, all registrants must declare whether they or their spouse is an employee of the civil or public service of the federation or in any State of the Federation or works in any organization where the registrant is entitled or benefits from Health Insurance, especially where both of the spouse could be principals in their independent ministries.

Table 15: Offences, Penalties and Legal Proceedings for Beneficiaries

S/N	Offences	Penalties
16.1	Failure to obtain health insurance cover	i. Denied from the following: a. opening and maintaining a bank account. b. issuance /renewal of international passport c. issuance/renewal of driver's license d. incorporation of companies or non - governmental organizations e. all probate services

S/N	Offences	Penalties
5.6.2	Willfully or intentionally engages in multiple registration across same or different schemes.	<ul style="list-style-type: none"> ii. Delete the excess registration. iii. Notify the employer. iv. Warning letter v. Liable to prosecution
5.6.3	Falsification of personal/medical records and conspiracy.	<ul style="list-style-type: none"> i. Correct the records. ii. Warning letter and iii. Notify the employer. iv. Liable to prosecution
5.6.4	Willfully and intentionally allowing impersonation of identity for service access	<ul style="list-style-type: none"> i. Refund the cost of consumed medical care. ii. liable to prosecution
5.6.5	Where it is reported that an enrollee(s) assaulted a Staff of NHIA/HMO/HCF, or any stakeholder accredited by the Authority	<ul style="list-style-type: none"> i. Report to the law enforcement agency
5.6.7	Receiving free health service under the vulnerable group health insurance by person already covered under a private health plan.	<ul style="list-style-type: none"> i. Withdrawal from the vulnerable group insurance program ii. Bills incurred should be refunded by the beneficiary with accrued interest. iii. Penalty of N50,000
5.6.8	A whistle blower who gives NHIA wrong information	<ul style="list-style-type: none"> i. Retract the false information by writing. ii. Warning iii. Liable to Prosecution

5.7 Companies/Small & Medium Scale Enterprise (SMEs)

The NHIA will, upon a complaint by the SSHIAs, HMO, HCF, or other stakeholders and after investigation, including affording the beneficiary or his legal representative an opportunity of being heard, impose the following penalties on any defaulting company.

Table 16: Offences, penalties and legal proceedings for SMEs and companies

S/N	OFFENCES	PENALTIES
5.7.1	Failure of a company /SME to obtain health insurance for its employees.	<ul style="list-style-type: none"> i. Warning letter directing the company to obtain health insurance for its employees within 30days. ii. To pay a penalty of N500,000 iii. Liable to prosecution.
5.7.2	Failure to remit contributions into the account of the Authority, State Health Insurance, or any other after deducting such from the employees.	<ul style="list-style-type: none"> i. Warning letter ii. Pay the amount into the account of the Health Insurance Scheme within 14 days with interest. iii. To pay a penalty of N500,000 <p>Liable to prosecution under the relevant laws guiding financial transaction</p>

Note:

Without prejudice to the offences and penalties contained herein, the Authority shall impose any penalty it considers appropriate where investigation reveals conducts that impedes the administration of the Act and implementation of health insurance in Nigeria.

APPENDICES

APPENDIX 2: Accreditation Requirements for Healthcare Facility

The following are general infrastructural requirements for accreditation of all Healthcare facilities.

I. Infrastructure

- a. Facility Accessibility
- b. Facility size appropriate for population to be catered for
- c. Ventilation and cooling system
- d. Window screens
- e. Fence
- f. Security guard
- g. Lockable doors
- h. Illumination
- i. Privacy
- j. Disability accessibility
- k. Washable non-slip floors
- l. Available clean water source
- m. Handwashing stations (at least one in each service station)
- n. Good drainage disposal system
- o. Adequate toilet facilities
- p. Adequate waste collection and disposal
- q. Reliable power supply
- r. Adequate firefighting equipment
- s. Emergency exits
- t. Muster points
- u. Telephone
- v. Computers (for electronic medical records)
- w. Storage facility for record

II. CARDIOLOGY

A. Personnel

1. At least one (1) Cardiologist with Registered Additional Qualification and Folio number from MDCN.
2. Certified Fellow from NPMCN or WACP or its equivalent
3. Current Medical Practicing license
4. At least two (2) Registered Nurses
5. Current practicing licenses available for the registered nurses
6. At least one (1) Pharmacist
7. At least one (1) Laboratory Scientist
8. At least two (2) Hospital Attendants
9. At least one (1) Medical Records Staff
10. At least one (1) ECG technician
11. Professional Indemnity Insurance Policy

12. Personnel files for all staff members

13. Credentials of Staff

B. Infrastructure

1. Nursing station
2. Consulting rooms measuring at least 4m(13ft) by 3m(9ft)
3. Treatment room

4. Appropriate equipment in consulting room

5. Sterilization System

6. Emergency Unit

7. Resuscitation Equipment

8. Basic Laboratory Equipment

9. At least two (2) in-patient wards (1 Male & 1 Female)

10. At least four (4) beds in the wards

C. Medical Equipment

1. Stadiometer (at least 2)

2. Weighing scale (adults) (at least 2)

3. Tape Rule (at least 2)

4. Sphygmomanometer (at least 2)

5. Stethoscope (at least 2)

6. Thermometer (at least 2)

7. Patient monitors

8. Glucometer (at least 2)

9. Pulse Oximeter (at least 2)

10. Capnometer (at least 2)

11. Cardiology Diagnostic Set (at least 2)

12. Tongue depressor (at least 2)

13. Pen torch / flashlight (at least 2)

14. Wheelchair

15. Other mobility aids – crutches

16. ECG machine (at least 1)

17. X-ray machine (at least 1, Portable)

18. Echocardiography / Cardiac Ultrasound Machine (at least 1)

19. Vascular Doppler / Ultrasound Device (at least 1)

20. Stress Test ECG System (at least 1)

21. Self-inflating bag (Ambubag) and resuscitation masks

22. Automated External Defibrillator (AED)

23. Oropharyngeal tubes (Guedel) (at least 2)

24. Nasogastric tubes (Different sizes) (at least 2)

25. Emergency tray / resuscitation trolley (with specialty-appropriate emergency medications)

26. Nebulizer

27. Oxygen cylinder and delivery set (prongs, cannula, non-rebreather mask)

28. Suction machine

29. Cleaning equipment – mops

30. Instrument cabinet

31. Dressing / Injection Trolley (treatment room)

32. Gallipot

33. Dressing forceps

34. Tourniquet

35. Vacutainer

36. Drip stand (at least 4)

37. Examination Couch

38. Locker / storage cabinet for each bed

<p>D. Medications</p> <ol style="list-style-type: none"> 1. Injection Labetalol 2. Injection Adrenaline 3. Injection Atropine 4. Injection Paracetamol 5. ACE-Inhibitors 6. ARBs 7. Beta-blockers 8. Calcium channel blockers 9. Diuretics 10. Hydralazine 11. SC Clexane 12. Oral Morphine 13. Nitrates / nitroglycerin 14. Digoxin 15. Salbutamol (tab and nebulas) 16. Aminophylline 17. Naloxone 18. Injection Magnesium Sulphate 19. Injection Calcium Chloride 	<ol style="list-style-type: none"> 20. Injection Potassium Chloride 21. Injectable hydrocortisone 22. Diazepam (IV and rectal) 23. Aspirin 24. 0.9% Normal Saline 25. IV 50% Dextrose Water 26. 5% Dextrose Saline 27. 10% Dextrose Water 28. Full-strength Darrow's Solution 29. Half-strength Darrow's Solution 30. Mannitol 31. Lidocaine <p>E. Supplies</p> <ol style="list-style-type: none"> 1. ECG Paper 2. Cotton swabs 3. Gauze/bandage 4. Syringes and needles (various sizes) 5. IV Cannulas 	<ol style="list-style-type: none"> 6. IV Giving Sets 7. Scalp vein needle 8. Water for injection 9. Methylated Spirit 10. Gels 11. Povidone Iodine 12. Plasters 13. Urinary Catheters 14. Glucometer strips 15. Urinalysis strips (dipsticks)
<p>III. DERMATOLOGY</p> <p>A. Personnel</p> <ol style="list-style-type: none"> 1 At least one (1) Dermatologist with Registered Additional Qualification and Folio number from MDCN. 2 Certified Fellow from NPMCN or WACP or its equivalent 3 Current Medical Practicing license At least two (2) Registered Nurses 	<ol style="list-style-type: none"> 5 Current practicing licenses available for the registered nurses 6 At least two (2) Clinic Attendants. 7 Professional Indemnity Insurance Policy 8 Personnel files for all staff members 9 Credentials of Staff 	<p>B. Infrastructure</p> <ol style="list-style-type: none"> 1. Nursing station 2. Consulting rooms measuring at least 4m(13ft) by 3m(9ft) 3. Treatment room 4. Screens 5. Examination couches 6. Sterilization System 7. Resuscitation Equipment 8. Basic Laboratory Equipment

9. At least two (2) inpatient wards (1 Male & 1 Female)
10. At least four (4) beds in the wards

D. Medical Equipment

1. Stadiometer
2. Weighing scale (adults)
3. Tape Rule
4. Sphygmomanometer (at least 2)
5. Stethoscope (at least 2)
6. Thermometer (at least 2)
7. Patient monitors
8. Glucometer (at least 2)
9. Pulse Oximeter (at least 2)
10. Capnometer (at least 2)
11. Tongue depressor (at least 2)
12. Pen torch / flashlight (at least 2)
13. Wheelchair
14. Other mobility aids - crutches
15. Wood's light / lamp
16. Suturing sets (with scissors, pickup and needle holders)
17. Comedone extractor Set.
18. Mohs Micrographic surgery Capability
19. Electrosurgical electrodes and accessories
20. Dermaplaning blades/Handles
21. Dermal Curettes

22. Haemostats

23. Skin hooks retractor
24. Electrocautery
25. Scalpel handlers
26. Splinter forceps
27. Stitch scissors
28. Digital Dermatoscope
29. Dermapen
30. Dermal biopsy punch
31. Self-inflating bag (Ambubag) and resuscitation masks
32. Emergency tray / resuscitation trolley (with specialty-appropriate emergency medications)
33. Nebulizer
34. Cleaning equipment - mops
35. Instrument cabinet
36. Dressing / Injection Trolley (treatment room)
37. Gallipot
38. Dressing forceps
39. Tourniquet
40. Vacutainer
41. Drip stand (at least 4)
42. Examination Couch
43. Locker / storage cabinet for each bed

E. Medications

1. Injection hydrocortisone
2. Dexamethasone
3. Emollients
4. Scabicides
5. Antifungals (oral and topical)
6. Antibacterials
7. Antihistamines
8. Anti-inflammatory
9. Immunosuppressant
10. Lidocaine
11. 0.9% Normal Saline
12. 5% Dextrose Saline
13. Lidocaine

F. Supplies

14. Cotton swabs
15. Gauze/bandage
16. Suture materials
17. Syringes and needles (various sizes)
18. IV Cannulas
19. IV Giving Sets
20. Scalp vein needle
21. Water for injection
22. Methylated Spirit
23. Povidone Iodine
24. Plasters
25. Glucometer strips
26. Urinalysis strips (dipsticks)

<p>IV. ECHOCARDIOGRAPHY</p> <p>A. Personnel</p> <ol style="list-style-type: none"> At least one (1) Consultant Cardiologist with Registered Additional Qualification and Folio number from MDCN Certified Fellow from NPMCN or WACP or its equivalent Current Medical practicing licenses At least two (2) Registered Nurses Current practicing licenses available for the registered nurses At least one (1) Sonologist or Sonographer Current practicing licenses for the sonologist or sonographer Registration number of the Sonologist or Sonographer At least one (1) Biomedical Engineer At least two (2) Hospital Attendants At least one (1) Medical Records Staff Professional Indemnity Insurance Policy Personnel files for all staff members Credentials of Staff 	<p>B. Infrastructure</p> <ol style="list-style-type: none"> Nursing station Consulting rooms measuring at least 4m(13ft) by 3m(9ft) Treatment room Appropriate equipment in consulting room Operating theatre Sterilization System Intensive Care Unit Emergency Unit Resuscitation Equipment Basic Laboratory Equipment At least two (2) in-patient wards At least four (4) beds in the wards <p>C. Equipment</p> <ol style="list-style-type: none"> Wheelchair Other mobility aids, such as stretchers Pediatric self-inflating bag ('Ambubag') and resuscitation masks Adult self-inflating bag ('Ambubag') and resuscitation masks Oropharyngeal tubes (Guedel) Emergency tray / resuscitation trolley Nebulizer Oxygen cylinder or concentrator Oxygen delivery accessories Suction machine 	<ol style="list-style-type: none"> Ultrasound scan machine, with sector/ cardiac probe Functional Printer <p>D. Medications</p> <ol style="list-style-type: none"> Injection Adrenaline Injectable hydrocortisone Diazepam (IV/IM and rectal) 0.9% Normal Saline Promethazine <p>E. Supplies</p> <ol style="list-style-type: none"> Cotton swabs Gauze/bandage Sterile procedure packs (containing a gallipot, kidney dish, sterile gauze, cotton wool and other tools for procedures) Syringes and needles (various sizes) IV cannula IV giving sets Water for injection Methylated spirit Povidone Iodine Plasters Wipes Thermal papers Sono gels
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<p>V. ENT</p> <p>A. Personnel</p> <ol style="list-style-type: none"> At least one (1) ENT Surgeon with Registered Additional Qualification and Folio number from MDCN Certified Fellow of NPMCN or WACS. Current Medical practicing license. At least one (1) Audiology Technician At least two (2) Medical Officers/Resident Doctors At least two (2) Registered Nurses with current practicing licenses (1 of which must be an ENT Nurse) At least one (1) Pharmacist At least one (1) Laboratory Scientist At least two (2) Hospital Attendants At least one (1) Medical Records Staff <p>B. Infrastructure</p> <ol style="list-style-type: none"> Nursing station Consulting rooms measuring at least 4m by 3m Treatment room Appropriate equipment in consulting room Examination couches 	<ol style="list-style-type: none"> Operating theatre Intensive Care Unit Emergency Unit Functional Ambulance At least two (2) surgical in-patient wards (1 Male & 1 Female) At least four (4) beds in the wards <p>C. Medical Equipment</p> <ol style="list-style-type: none"> Stadiometer Weighing scale Tape Rule Sphygmomanometer (at least 2) Stethoscope (at least 2) Thermometer (2) Patient monitors Operating microscopes Glucometer (at least 2) Pulse Oximeter (at least 2) Otosopes (at least 2) Laryngoscopes (at least 2) Head lamps (at least 2) Tongue depressor (at least 2) Pen torch / flashlight (at least 2) Wheelchair Mobility Aids Laryngoscopes (Indirect, Video) X-ray machine (at least, Portable) Audiometer (at least 2) Otosopes set (at least 2) Aural speculum (at least 2) Pen torch (at least 2) Laryngeal mirror 	<ol style="list-style-type: none"> Tuning fork (at least 2) Self-inflating bag (Ambu bag) Resuscitation Masks Automated External Defibrillator Oropharyngeal tubes (Guedel) Nasogastric tubes (Different sizes) Endotracheal (ET) tubes Laryngoscope Emergency tray Tracheostomy set Oxygen cylinder and delivery set Suction machine Infusion pump Microscope Centrifuge Operating lights Emergency operating lights Anaesthetic machine (main and backup) Operating room suction machine Operating room Laryngoscope Purpose packed surgical trays. Diathermy machine and consumables Specialized adjustable operating tables. Bipolar and monopolar forceps Farrion ear speculums Sinus endoscopes and instruments Septoplasty and rhinoplasty instruments
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<p>53. Myringotomy set.</p> <p>54. Dennis Bipolar turbinate probe</p> <p>55. Nerve stimulators</p> <p>56. Prosthesis and implants</p> <p>57. Radiograph viewing boards.</p> <p>58. Sterilizer/Autoclave</p> <p>59. Alternative (Provisional) Sterilizing Unit</p> <p>60. Face shields / masks / goggles.</p> <p>61. Boots / Crocs</p> <p>62. Surgical gloves</p> <p>63. Aprons</p> <p>64. Surgeons' gowns / drapes</p> <p>65. Cleaning equipment</p> <p>66. Instrument cabinet</p> <p>67. Dressing / Injection Trolley</p> <p>68. Gallipots</p> <p>69. Ear syringing set</p> <p>70. Mouth gag Davis double bite LT</p>	<p>71. Dressing forceps</p> <p>72. Tourniquet</p> <p>73. Drip stand (at least 4)</p> <p>74. Examination Couch</p> <p>75. Locker / storage cabinet for each bed</p> <p>D. Medications</p> <ol style="list-style-type: none"> 1. Injection Hydrocortisone 2. Injection Adrenaline 3. Beclomethasone Nasal Spray 4. Benzylamine (Diffiam) 5. Betahistine tablets 6. Betamethasone (nasal drops, ear drops) 7. Budesonide Nasal Spray 8. Injection Promethazine 9. Injection Paracetamol 	<ol style="list-style-type: none"> 10. Loratadine, Cetirizine 11. Injection Enoxaparin 12. Antihistamines 13. Cough suppressants / antitussives 14. Cough expectorants 15. Nasal decongestants 16. Phenylephrine spray 17. Pseudoephedrine sprays 18. Injection Calcium Chloride 19. Injection Potassium Chloride 20. Codeine and dihydrocodeine 21. Diazepam (IV and rectal) 22. Injection Tranexamic acid 23. Injection etamsilate 24. Wax emulsifier 25. 0.9% Normal Saline 26. IV 50% Dextrose Water 27. 5% Dextrose Saline
<p>VI. INFECTIOUS DISEASES</p> <p>A. Personnel</p> <ol style="list-style-type: none"> 1. At least one (1) Infectious Disease Consultant with Registered Additional Qualification and Folio number from MDCN 2. Certified Fellow from NPMCN or WACP or its equivalent 3. Current practicing license 4. At least two (2) Medical Officers/Resident Doctors Basic Life Support Certificate. 	<ol style="list-style-type: none"> 5. At least two (2) Registered Nurses 6. Current practicing licenses available for the registered nurses 7. At least one (1) Pharmacist 8. At least one (1) Laboratory Scientist 9. At least one (1) Environmental Health Officer. 10. At least two (2) Hospital Attendants 11. At least one (1) Medical Records Staff 	<ol style="list-style-type: none"> 12. Professional Indemnity Insurance Policy 13. Personnel files for all staff members 14. Credentials of Staff <p>B. Infrastructure</p> <ol style="list-style-type: none"> 1. Nursing station 2. Consulting rooms measuring at least 4m(13ft) by 3m(9ft) 3. Treatment room 4. Appropriate equipment in consulting room

<p>5. Examination couches</p> <p>6. Sterilization System</p> <p>7. Emergency Unit</p> <p>8. Resuscitation Equipment</p> <p>9. Functional Ambulance or Emergency Transport Services</p> <p>10. Basic Laboratory Equipment</p> <p>11. At least 4 in-patient and 2 isolation wards</p> <p>12. Minimum of 8 beds in the general ward and minimum of 4 beds in the isolation wards.</p> <p>C. Medical Equipment</p> <ol style="list-style-type: none"> 1. Stadiometer 2. Weighing scale (adults) 3. Tape Rule (at least 2) 4. Sphygmomanometer (both manual and digital) (at least 2) 5. Stethoscope (at least 2) 6. Thermometer (at least 2) infra-red and digital 7. Patient monitors 8. Glucometer (at least 2) 9. Pulse Oximeter (at least 2) 10. Capnometer (at least 2) 11. Diagnostic Set (at least 2) 12. Tongue depressor (at least 2) 13. Pen torch / flashlight (at least 2) 14. Wheelchair (at least 2) 15. Trolleys 16. Other mobility aids 	<p>17. Self-inflating bag (Ambu bag) and resuscitation masks (at least 2)</p> <p>18. Automated External Defibrillator (AED)</p> <p>19. Oropharyngeal tubes (Guedel)</p> <p>20. Nasogastric tubes (Different sizes)</p> <p>21. Endotracheal (ET) tubes</p> <p>22. Laryngoscope</p> <p>23. Emergency tray / resuscitation trolley (with specialty-appropriate emergency medications)</p> <p>24. Nebulizer</p> <p>25. Oxygen cylinder and delivery set (prongs, cannula, non-rebreather mask)</p> <p>26. Suction machine</p> <p>27. Facilities for negative pressure ventilation</p> <p>28. Neck collar</p> <p>D. Medications</p> <ol style="list-style-type: none"> 1. Narrow and Broad-spectrum penicillin 2. 2nd/3rd Generation Cephalosporins 3. Carbapenems and Piperacillin-tazobactam 4. Gentamycin, Vancomycin, and other antibiotics active against MRSA. 5. Fluoroquinolones, Doxycycline 6. Antivirals -- Ribavirin 7. Antimalarials 8. Antifungals 	<p>9. Emergency drugs e.g., Adrenaline, Atropine, Verapamil, Adenosine, Amiodarone</p> <p>10. Salbutamol (Tab and Aerosol)</p> <p>11. GI medications – Naloxone, Ondansetron, Proton-Pump Inhibitors</p> <p>12. Magnesium Sulphate</p> <p>13. Injectable hydrocortisone</p> <p>14. Diazepam (IV and rectal)</p> <p>15. Aspirin, other analgesics</p> <p>16. 0.9% Normal Saline</p> <p>17. IV 50% Dextrose Water</p> <p>18. 5% Dextrose Saline</p> <p>19. 4.3% Dextrose Saline</p> <p>20. Lidocaine</p> <p>E. Supplies</p> <ol style="list-style-type: none"> 1. Sterile packs for lumbar puncture, venous cutdown, wound dressing, biopsies etc. 2. Needles for closed/pleural/peritoneal/Liver biopsy (e.g., Cope-Abrams) 3. Tuberculin Skin Tests 4. Cotton swabs 5. Gauze/bandage 6. Suture materials 7. Syringes and needles (various sizes) 8. IV Cannulas 9. IV Giving Sets 10. Scalp vein needle
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<p>11. Water for injection 12. Methylated Spirit 13. Povidone Iodine</p>	<p>14. Plasters 15. Urinary Catheters 16. Glucometer strips</p>	<p>17. Urinalysis strips (dipsticks)</p>
<p>VII. LABORATORY</p>		
<p>A. Personnel</p>		
<p>1. At least a Medical Laboratory Scientist 2. Current license from the Medical Laboratory Science Council of Nigeria (MLSCN) 3. At least Laboratory Technician or Assistant 4. At least 1 Accounting staff / clerk secretary 5. Professional Indemnity Insurance Policy 6. Personnel files for all staff members 7. Credentials of Staff</p>	<p>7. Timer 8. Conical flasks 9. Centrifuge 10. Auto-analyzer 11. Haematocrit centrifuge and reader (n/a, if auto-analyzer is available) 12. Westergren tubes and stand (n/a, if auto-analyzer is available) 13. Improved Neubauer counting chamber (n/a, if auto-analyzer is available) 14. Refrigerators 15. Genotype machine and tasks 16. Incubator 17. Weighing balance 18. Autoclave 19. Bunsen burner / gas cylinder 20. Blood bank refrigerator 21. Couch 22. Pipettes and suction bulbs 23. Slides and cover slips 24. Petri dishes 25. Patient diaries and handover notes 26. Serological kits 27. Spectrophotometer / colorimeter 28. PPE</p>	<p>D. Supplies</p> <p>1. Cotton swabs/ cotton rolls/ cotton pellets 2. Gauze/ bandage 3. Sample bottles 4. Tourniquet 5. Syringes and needles 6. Vacutainer tubes & needles 7. Methylated spirit 8. Sodium hypochlorite 9. Hydrogen peroxide 10. Biochemistry reagents 11. Microbiological culture media 12. Swab sticks 13. Stains 14. Chlorhexidine rinses 15. Liquid antibacterial soap 16. Alcohol-based hand sanitizers 17. Paper towels 18. Disinfectants 19. Disposable Gloves 20. Face masks 21. Surgical gloves 22. Laboratory gowns and protective aprons 23. Sharp Boxes 24. Safety goggles</p>
<p>B. Infrastructure</p>		
<p>1. Equipped Phlebotomy Area 2. Work Benches 3. Basic Laboratory Equipment</p>		
<p>C. Equipment</p>		
<p>1. Microscope 2. Water Bath 3. Wire loops 4. Glucometers 5. Blood bags 6. Boil plaster</p>		

25. Colour-coded waste bags/bin liners

VIII. NEPHROLOGY

A. Personnel

1. At least one (1) Consultant Nephrologist with Registered Additional Qualification and Folio Number from MDCN
2. Certified Fellow from NPMCN or WACP or its equivalent
3. Current Medical practicing license
4. At least two (2) Medical Officers/Resident Doctors Basic Life Support Certificate.
5. At least two (2) Registered Nurses
6. At least one (1) Nephrology Nurse
7. Current practicing licenses available for the registered nurses
8. At least 2 dialysis technicians?
9. At least 1 renal nutritionist / dietician?
10. At least two (2) Hospital Attendants
11. At least one (1) Medical Records Staff
12. Professional Indemnity Insurance Policy
13. Personnel files for all staff members
14. Credentials of Staff

B. Infrastructure

1. Nursing station
2. Consulting rooms measuring at least 4m(13ft) by 3m(9ft)
3. Treatment room
4. Appropriate equipment in consulting room
5. Examination couches
6. Operating theatre
7. Sterilization System
8. Intensive Care Unit
9. Emergency Unit
10. Resuscitation Equipment
11. Functional Ambulance or Emergency Transport Services
13. Basic Laboratory Equipment
14. At least two (2) surgical inpatient wards
15. At least four (4) beds in the wards
16. Dialysis room with at least 2 dialysis machines and 2 dialysis chains (manual level adjusters)
17. Availability of a single membrane reverse osmosis
18. Availability of a dedicated water storage and treatment system

C. Medical Equipment

1. Stadiometer
2. Weighing scale (adults)
3. Tape Rule (at least 2)

4. Sphygmomanometer (manual and automatic) (at least 2)
5. Stethoscope (at least 2)
6. Ophthalmoscope (at least 2)
7. Thermometer (at least 2) - digital and infra-red
8. Patient monitors
9. Glucometer (at least 2)
10. Pulse Oximeter (at least 2)
11. Capnometer (at least 2)
12. Diagnostic Set (at least 2)
13. Tongue depressor (at least 2)
14. Pen torch / flashlight (at least 2)
15. Wheelchair
16. Other mobility aids -- crutches, tripods, tetrapod, walking frame.
17. Ultrasound machine (at least 1)
19. Self-inflating bag (Ambubag) and resuscitation masks
20. Automated External Defibrillator (AED)
21. Oropharyngeal tubes (Guedel)
22. Nasogastric tubes (Different sizes)
23. Endotracheal (ET) tubes
24. Laryngoscope
25. Emergency tray / resuscitation trolley
26. Nebulizer

<p>27. Oxygen cylinder and delivery set (prongs, cannula, non-rebreather mask)</p> <p>28. Suction machine (at least 1)</p> <p>29. Neck collar</p> <p>30. Cleaning equipment -- mops</p> <p>31. Instrument cabinet</p> <p>32. Dressing / Injection Trolley (treatment room)</p> <p>33. Gallipot</p> <p>34. Dressing forceps</p> <p>35. Tourniquet</p> <p>36. Vacutainer</p> <p>37. Locker / storage cabinet for each bed</p>	<p>15. Anticoagulants</p> <p>16. 0.9% Normal Saline</p> <p>17. IV 50% Dextrose Water</p> <p>18. 5% Dextrose Saline</p> <p>19. 4.3% Dextrose Saline</p> <p>20. Lidocaine</p> <p>21. Cotton swabs</p> <p>22. Gauze/Bandage/Plasters</p> <p>23. Suture materials</p> <p>24. Syringes and needles (various sizes)</p> <p>25. IV Cannulas (including Grey Cannula)</p> <p>26. IV Giving Sets</p> <p>27. Blood giving set</p> <p>28. Blood lines</p> <p>29. Heparinized Bottles</p> <p>30. Femoral catheters</p> <p>31. Central venous lines (Tunnelled jugular catheters)</p> <p>32. Guide wires</p> <p>33. Scalp vein needle</p> <p>34. Water for injection</p> <p>35. Methylated Spirit</p> <p>36. Povidone Iodine</p> <p>37. Dialysate/dialysis fluid</p> <p>38. Surgical gloves</p> <p>39. Urinary Catheters</p> <p>40. Glucometer strips</p> <p>41. Urinalysis strips (dipsticks)</p> <p>42. Sharp Boxes</p>	<p>43. Colour-coded waste bags / bin liners</p>
<p>D. Medications</p> <p>1. Injection Adrenaline</p> <p>2. Injection Atropine</p> <p>3. Injection Frusemide</p> <p>4. Injection Torsemide</p> <p>5. Injection Labetalol</p> <p>6. Dexamethasone</p> <p>7. Injection Paracetamol</p> <p>8. Salbutamol (Tab and Aerosol)</p> <p>9. Naloxone</p> <p>10. Magnesium Sulphate</p> <p>11. Injectable hydrocortisone</p> <p>12. Diazepam (IV and rectal)</p> <p>13. Aspirin</p> <p>14. Antihypertensives e.g. Nifedipine, Amlodipine, Amiodarone, Verapamil, Adenosine</p>	<p>IX. NEUROLOGY</p> <p>A. Personnel</p> <p>1. At least one (1) Consultant Neurologist with Registered Additional Qualification and Folio Number from MDCN</p> <p>2. Certified Fellow from NPMCN or WACP or its equivalent</p> <p>3. Current Medical practicing license</p> <p>4. At least two (2) Medical Officers/Resident Doctors Basic Life Support Certificate.</p> <p>5. At least two (2) Registered Nurses</p> <p>6. Current practicing licenses available for the registered nurses</p> <p>7. At least 1 electroencephalogram (EEG) technician</p> <p>8. At least 1 Radiographer</p> <p>9. At least two (2) Hospital Attendants</p> <p>10. At least one (1) Medical Records Staff</p> <p>11. Professional Indemnity Insurance Policy</p> <p>12. Personnel files for all staff members</p> <p>13. Credentials of Staff</p>	<p>IX. NEUROLOGY</p> <p>A. Personnel</p> <p>1. At least one (1) Consultant Neurologist with Registered Additional Qualification and Folio Number from MDCN</p> <p>2. Certified Fellow from NPMCN or WACP or its equivalent</p> <p>3. Current Medical practicing license</p> <p>4. At least two (2) Medical Officers/Resident Doctors Basic Life Support Certificate.</p> <p>5. At least two (2) Registered Nurses</p> <p>6. Current practicing licenses available for the registered nurses</p> <p>7. At least 1 electroencephalogram (EEG) technician</p> <p>8. At least 1 Radiographer</p> <p>9. At least two (2) Hospital Attendants</p> <p>10. At least one (1) Medical Records Staff</p> <p>11. Professional Indemnity Insurance Policy</p> <p>12. Personnel files for all staff members</p> <p>13. Credentials of Staff</p>

<p>B. Infrastructure</p> <ol style="list-style-type: none"> 1. Nursing station 2. Consulting rooms measuring at least 4m(13ft) by 3m(9ft) 3. Treatment room 4. Appropriate equipment in consulting room 5. Examination couches 6. Operating theatre 7. Sterilization System 8. Intensive Care Unit 9. Emergency Unit 10. Resuscitation Equipment 11. Functional Ambulance or Emergency Transport Services 12. Basic Laboratory Equipment 13. At least two (2) surgical inpatient wards 14. At least four (4) beds in the wards 	<p>C. Medical Equipment</p> <ol style="list-style-type: none"> 1. Stadiometer 2. Weighing scale (adults) 3. Tape Rule 4. Pen torch (at least 2) 5. Neuropin / Monofilament (at least 2) 6. Neurological hammer kit or patella / reflex hammer (at least 2) 7. Tuning fork (256Hz) (at least 2) 8. Glucometer (at least 2) 9. Pulse Oximeter (at least 2) 10. Capnometer (at least 2)
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<ol style="list-style-type: none"> 11. Diagnostic Set (at least 2) 12. Tongue depressor (at least 2) 13. Sphygmomanometer (at least 2) 14. Stethoscope (at least 2) 15. Thermometer (at least 2) 16. Patient monitors 17. Wheelchair 18. Other mobility aids -- crutches, tripods, tetrapod, walking frame. 19. EMG/NCS machine (optional) 20. X-ray machine 21. X-ray viewing box. 22. EEG machine 26. Access to neuro-imaging facilities (Brain CT or MRI)- at least off site 27. Polysomnography 28. Self-inflating bag (Ambubag) and resuscitation masks 29. Automated External Defibrillator (AED) 30. Oropharyngeal tubes (Guedel) 31. Nasogastric tubes (Different sizes) 32. Endotracheal (ET) tubes 33. Laryngoscope 34. Emergency tray / resuscitation trolley 35. Nebulizer 36. Oxygen cylinder and delivery set (prongs, cannula, non-rebreather mask) 37. Suction machine 38. Neck collar

<ol style="list-style-type: none"> 39. Cleaning equipment -- mops 40. Instrument cabinet 41. Dressing / Injection Trolley (treatment room) 42. Gallipot 43. Dressing forceps 44. Tourniquet 45. Vacutainer 46. Drip stand (at least 4) 47. Locker / storage cabinet for each bed 23. A sleep laboratory (with capacity for 1 or 2 patients) 	<p>D. Medications</p> <ol style="list-style-type: none"> 24. Injection Adrenaline 25. Injection Atropine 26. Injection/ Infusion Mannitol 27. Injection Haloperidol 28. Injection Phenytoin 29. Dexamethasone 30. Labetalol 31. Injection Paracetamol 32. Salbutamol (Tab and Aerosol) 33. Naloxone 34. Magnesium Sulphate 35. Injectable hydrocortisone 36. Diazepam (IV and rectal) 37. Aspirin 38. Injection Neostigmine 39. Oral pyridostigmine
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40. Antihypertensives e.g. Nifedipine, Amlodipine, Amlodarone, Verapamil, Adenosine
41. Anticoagulants
42. 0.9% Normal Saline
43. IV 50% Dextrose Water
44. 5% Dextrose Saline
45. 4.3% Dextrose Saline
46. Lidocaine

E. Supplies

1. Cotton swabs
2. Gauze/bandage
3. Suture materials
4. TED Stockings – different sizes
5. Syringes and needles (various sizes)
6. IV Cannulas
7. IV Giving Sets
8. Scalp vein needle
9. Water for injection
10. Methylated Spirit
11. Povidone Iodine
12. Plasters
13. Urinary Catheters
14. Glucometer strips
15. Urinalysis strips (dipsticks)
16. Liquid antibacterial soap
17. Alcohol-based hand sanitizers
18. Paper towels
19. Disinfectants
20. Sharp Boxes

21. Colour-coded waste bags / bin liners
22. Methylated Spirit

X. OBSTETRICS AND GYNAECOLOGY

A. Personnel

1. At least one (1) Consultant Obstetrician and Gynaecologist with Registered Additional Qualification and Folio number from MDCN
2. Certified Fellow from NPMCN or WACS or its equivalent
3. Current Medical practicing license
4. At least two (2) Medical Officers/Resident Doctors Basic Life Support Certificate.
5. At least two (2) Registered Nurses
6. Current practicing licenses available for the registered nurses
7. At least two (2) Hospital Attendants
8. At least one (1) Medical Records Staff
9. Professional Indemnity Insurance Policy
10. Personnel files for all staff members
11. Credentials of Staff

B. Infrastructure

1. Nursing station
2. Consulting rooms measuring at least 4m(13ft) by 3m(9ft)
3. Treatment room
4. Appropriate equipment in consulting room
5. Examination couches
6. Operating theatre
7. Sterilization System
8. Intensive Care Unit
9. Emergency Unit
10. Resuscitation Equipment
11. Functional Ambulance or Emergency Transport Services
12. Basic Laboratory Equipment
13. At least two (2) surgical inpatient wards
14. At least four (4) beds in the wards
15. A sleep laboratory (with capacity for 1 or 2 patients)
16. Availability of a labour / delivery room
17. Recovery Room

C. Equipment

1. Stadiometer (at least 2)
2. Weighing scale (adults)
3. Weighing scale (babies)
4. Tape Rule (at least 2)
5. Sphygmomanometer (at least 2)
6. Stethoscope (at least 2)

- 7 Thermometer (at least 2)
- 8 Patient Monitor
- 9 Glucometer (at least 2)
- 10 Pulse Oximeter (at least 2)
- 11 Pen torch / flashlight (at least 2)
- 12 Wheelchair
- 13 Other mobility aids
- 14 Vaginal speculum
- 15 Delivery bed
- 16 Angle poise lamp (at least 2)
- 17 Baby Cot (at least 2)
- 18 Draw Mackintosh
- 19 Fetoscope (at least 2)
- 20 Diathermy devices (at least 2)
- 21 Theater lights (at least 1)
- 22 Operating bed
- 23 Cardiocograph machine (CTG)
- 24 Dissecting forceps
- 25 Antishock garments (at least 2)
- 26 Transvaginal ultrasound probe
- 27 Fetal doppler
- 28 Episiotomy scissors
- 29 Mucus extractor
- 30 Cord scissors
- 31 Kocher's forceps
- 32 Hysterectomy forceps
- 33 Obstetric forceps
- 34 Ovum forceps
- 35 Karman Syringe
- 36 Retractors
- 37 Artery forceps
- 38 Cervical dilators

- 39 Surgical scissors
 - 40 Kidney dish with cover
 - 41 Needle holder
 - 42 Wrist tags / bracelets
 - 43 Pediatric self-inflating bag
 - 44 ('Ambubag') and resuscitation masks
 - 45 Adult self-inflating bag
 - 46 ('Ambubag') and resuscitation masks
 - 47 Oropharyngeal tubes (Guedel)
 - 48 Emergency tray / resuscitation trolley
 - 49 Radiant warmer or Resuscitaire
 - 50 Nebulizer
 - 51 Oxygen cylinder or concentrator
 - 52 Oxygen delivery accessories
 - 53 Suction machine
 - 54 Cleaning equipment – mops for different areas
- D. Medications**
- 1 Injection Aminophylline
 - 2 Injection Adrenaline
 - 3 Injection Oxytocin
 - 4 Misoprostol
 - 5 Injection Paracetamol
 - 6 Salbutamol (tablets and nebulas)
 - 7 Naloxone
 - 8 Magnesium Sulphate
 - 9 Injectable hydrocortisones
 - 10 Diazepam (IV/IM and rectal)

- 11 Aspirin
 - 12 0.9% Normal Saline
 - 13 IV 50% Dextrose Water
 - 14 5% Dextrose Saline
 - 15 4.3% Dextrose Saline
 - 16 Ringer's lactate
 - 17 Full-strength Darrow's Solution
 - 18 Half-strength Darrow's Solution
 - 19 Mannitol
 - 20 Lidocaine
- E. Supplies**
- 1 Partographs
 - 2 Cotton swabs
 - 3 Gauze/bandage
 - 4 Suture materials
 - 5 Syringes and needles (various sizes)
 - 6 IV cannula
 - 7 IV giving sets
 - 8 Blood-giving sets
 - 9 Water for injection
 - 10 Methylated spirit
 - 11 Antiseptics
 - 12 Povidone Iodine
 - 13 Plasters
 - 14 Urinary catheters

- 15 Glucometer strips
- 16 Urinalysis strips (dipsticks)
- 17 Liquid antibacterial soap
- 18 Alcohol-based hand sanitizers
- 19 Paper towels
- 20 Disinfectants
- 21 Handwashing posters
- 22 Methylated Spirit
- 23 Gloves – disposable and surgical
- 24 Surgical gowns
- 25 Drapes/Gowns
- 26 Aprons
- 27 Face masks
- 28 Surgical caps
- 29 Face shields and safety goggles
- 30 Safety Boots
- 31 Sharp Boxes
- 32 Colour-coded waste bags / bin liners

XI. OPHTHALMOLOGY

A. Personnel

- 1 At least one (1) Consultant Ophthalmologist with Registered Additional Qualification and Folio number from MDCN
- 2 Certified Fellow from NPMCN or WACS or its equivalent

- 3 Current Medical practicing license
- 4 At least two (2) Medical Officers/ Resident Doctors Basic Life Support Certificate.
- 5 At least two (2) Registered Nurses
- 6 At least one (1) ophthalmic nurse
- 7 Current practicing licenses available for the registered nurses
- 8 At least two (2) Hospital Attendants
- 9 At least one (1) Medical Records Staff
- 10 Professional Indemnity Insurance Policy
- 11 Personnel files for all staff members
- 12 Credentials of Staff

B. Infrastructure

1. Nursing station
2. Consulting rooms measuring at least 4m(13ft) by 3m(9ft)
3. Treatment room
4. Appropriate equipment in consulting room
5. Examination couches
6. Operating theatre
7. Sterilization System
8. Intensive Care Unit

9. Emergency Unit
10. Resuscitation Equipment
11. Functional Ambulance or Emergency Transport Services
12. Basic Laboratory Equipment
13. At least two (2) surgical inpatient wards (1 Female & 1 Male)
14. At least four (4) beds in the wards

XII. ONLY IF THEY PROVIDE 24HR OPHTHALMOLOGY COVERAGE

A. Equipment

- 1 Stadiometer
- 2 Weighing scale (adults)
- 3 Sphygmomanometer (at least 2)
- 4 Stethoscope (at least 2)
- 5 Thermometer (at least 2)
- 6 Pulse Oximeter (at least 2)
- 7 Direct Ophthalmoscope (at least 2)
- 8 Retinoscope (at least 2)
- 9 Pen torch / flashlight (at least 2)
- 10 Slit Lamp + ancillary lenses (78D or 90D, Gonio lens) (at least 2)
- 11 Ophthalmic Examination Chair / Couch
- 12 Tonometer (at least 2)
- 13 VA Chart Box / Snellen Chart / Digital visual acuity system

<p>14 Trial Lens set</p> <p>15 Visual Field Machine</p> <p>16 Pachymeter (at least 2)</p> <p>17 Minor Treatment Set (for clinic procedures e.g. epilation, suture removal, subconjunctival injection etc.)</p> <p>18 Angle Poise Lamp (at least 2)</p> <p>19 Operating Microscope</p> <p>20 General Ophthalmic Surgery Set</p> <p>21 Operating table</p> <p>22 Self-inflating bag (Ambubag) and resuscitation masks</p> <p>23 Oropharyngeal tubes (Guedel)</p> <p>24 Emergency tray / resuscitation trolley</p> <p>25 Oxygen Delivery Set</p> <p>26 Suction machine</p> <p>27 Neck collar</p> <p>28 Cleaning equipment – mops</p>	<p>29 Instrument cabinet</p> <p>30 Dressing / Injection Trolley (treatment room)</p> <p>31 Gallipot</p> <p>32 Dressing forceps</p> <p>33 Tourniquet</p> <p>34 Drip stand</p> <p>35 Locker / storage cabinet for each bed</p> <p>Supplies</p> <p>36 Cotton swabs</p> <p>37 Dilating eyedrops e.g. Tropicamide/Phenylephrine</p> <p>38 Gauze/bandage</p> <p>39 Suture materials</p> <p>40 Syringes and needles (various sizes), 25G orange needles</p> <p>41 IV Cannulas</p>	<p>42 IV Giving Sets</p> <p>43 Water for injection</p> <p>44 IVF e.g. 0.9% Normal saline or Hartmann solution</p> <p>45 Methylated Spirit</p> <p>46 Povidone Iodine</p> <p>47 Local anesthetic agents</p> <p>48 Fluorescein strips</p> <p>49 Plasters</p> <p>50 Liquid antibacterial soap</p> <p>51 Alcohol-based hand sanitizers</p> <p>52 Paper towels</p> <p>53 Disinfectants</p> <p>54 Methylated Spirit</p> <p>55 Sharp boxes</p> <p>56 Colour-coded waste bags / bin liners</p>
<p>OPTOMETRY</p> <p>Personnel</p> <p>1 At least one (1) Registered Optometrist</p> <p>2 Current practicing license by Optometry Registration Board of Nigeria</p>	<p>3 At least two (2) Opticians.</p> <p>4 At least two (2) Registered Nurses</p> <p>5 Current practicing licenses available for the registered nurses</p> <p>6 At least two (2) Hospital Attendants</p> <p>7 At least one (1) Medical Records Staff</p>	<p>8 Professional Indemnity Insurance Policy</p> <p>9 Personnel files for all staff members</p> <p>10 Credentials of Staff</p> <p>Infrastructure</p> <p>25 Nursing station</p> <p>26 Consulting rooms measuring at least 4m(13ft) by 3m(9ft)</p>

<p>27 Treatment room</p> <p>28 Appropriate equipment in consulting room</p> <p>29 Examination couches</p> <p>31 Sterilization System</p> <p>36 Equipped optical workshops</p>	<p>6 VA Chart Box / Snellen Chart/ Digital visual acuity system (at least 2)</p> <p>7 Autorefractor (at least 2)</p> <p>8 Keratometer (at least 2)</p> <p>9 Lensometer (at least 2)</p> <p>10 Trial Lens Set/Phoropter(at least 2)</p> <p>11 Tonometer (at least 2)</p> <p>13 Cleaning equipment - mops</p>	<p>4 Cotton swabs</p> <p>5 Gauze/ bandage</p> <p>6 Methylated Spirit</p> <p>7 Povidone Iodine</p> <p>8 Plasters</p> <p>9 Liquid antibacterial soap</p> <p>10 Alcohol-based hand sanitizers</p> <p>11 Disinfectants</p> <p>12 Methylated Spirit</p> <p>13 Sharp boxes</p> <p>14 Colour-coded waste bags / bin liners</p>
<p>Equipment</p> <p>1 Sphygmomanometer (at least 2)</p> <p>2 Direct Ophthalmoscope (at least 2)</p> <p>3 Retinoscope (at least 2)</p> <p>4 Slit Lamp (at least 2)</p> <p>5 Pen torch / flash light (at least 2)</p>	<p>Supplies</p> <p>1 Cycloplegic eyedrops e.g. cyclopentolate</p> <p>2 Fluorescein strips</p> <p>3 Local anaesthetic drops</p>	<p>12 At least one (1) Physiotherapist</p> <p>13 At least one (1) Plaster Technician</p> <p>14 At least one (1) Occupational Rehabilitation Therapist</p> <p>15 At least one (1) Radiologist</p> <p>16 Professional Indemnity Insurance Policy</p> <p>17 Personnel files for all staff members</p> <p>18 Credentials of Staff</p>
<p>ORTHOPAEDIC SURGERY</p> <p>Personnel</p> <p>1 At least one (1) Orthopaedic Surgeon with Registered Additional Qualification and Folio number from MDCN</p> <p>2 Certified Fellow from NPMCN or WACS or its equivalent</p> <p>3 Current Medical practicing license At least two (2) Medical Officers/Resident Doctors Basic Life Support Certificate.</p>	<p>5 At least two (2) Registered Nurses (1 of which must be an Orthopaedic Nurse).</p> <p>6 Current practicing licenses available for the registered nurses.</p> <p>7 At least one (1) Peri-Operative Nurse</p> <p>8 At least one (1) Pharmacist</p> <p>9 At least one (1) Laboratory Scientist</p> <p>10 At least two (2) Hospital Attendants</p> <p>11 At least one (1) Medical Records Staff</p>	<p>Infrastructure</p> <p>1. Cleaning Equipment</p> <p>2. Reliable power supply</p>

3. Adequate firefighting equipment
4. Emergency exits
5. Muster points
6. Telephone
7. Computers (for electronic medical records)
8. Storage facility for records
9. Nursing station
10. Consulting rooms measuring at least 4m by 3m
11. Treatment room
12. Appropriate equipment in consulting room
13. Examination couches
14. Operating theatre
15. Sterilization System
16. Intensive Care Unit
17. Emergency Unit
18. Resuscitation Equipment
19. Functional Ambulance or Emergency Transport Services
20. Basic Laboratory Equipment
21. At least two (2) surgical inpatient wards (1 Female & 1 Male)
22. At least four (4) beds in the wards

Medical Equipment

1. Stadiometer (at least 2)
2. Weighing scale (adults) (at least 2)
3. Tape Rule (at least 2)
4. Sphygmomanometer (at least 2)
5. Stethoscope (at least 2)

6. Thermometer (at least 2)
7. Patient monitors
8. Glucometers and strips (at least 2)
9. Pulse Oximeter(at least 2)
10. Urinalysis strips
11. Patella hammers (at least 2)
12. Goniometer (at least 2)
13. Calipers (at least 2)
14. Pen torch / flash light (at least 2)
15. Wheel chair (at least 2)
16. Prosthetic limbs
17. Walking frames
18. Crutches
19. X-ray machine (at least, Portable)
20. Computerized Tomography scan
21. Magnetic Resonance Imaging device
22. Bone Scan device
23. Arthroscopy device
24. Vascular Doppler Device
25. Trepphine needles
26. Self-inflating bag (Ambubag) and resuscitation masks
27. Automated External Defibrillator
28. Oropharyngeal tubes (Guedel)
29. Nasogastric tubes (Different sizes)
30. Endotracheal (ET) tubes
31. Laryngoscope
32. Emergency tray / resuscitation trolley (with specialty-appropriate emergency medications)
33. Venous cut-down tray

34. Oxygen cylinder and delivery set (prongs, cannula, non-rebreather mask)
35. Suction machine
36. Infusion pump
37. Operating lights
38. Emergency operating lights e.g angle poise lamps
39. Anaesthetic machine (main and back-up)
40. Operating room suction machine
41. Sutures and staplers
42. Gypsom salts
43. Creppe bandages and soft bands
44. Plate and screws
45. Intramedullary nails
46. Steinman's pins
47. Illizarov's external fixator set
48. Gallows frame
49. Skeletal traction kit
50. Pulley apparatus
51. Bone drills
52. Plaster cutter (manual, electric)
53. Spinal implants
54. Pneumatic tourniquet set
55. Orthopaedic corset
56. Fluoroscopy equipment
57. C-arm machine (including leaded jackets)
58. Instrument cabinet
59. Dressing / Injection Trolley (treatment room)
60. Gallipot

<p>61. Dressing forceps 62. Tourniquet 63. Vacutainer 64. Drip stand (at least 4) 65. Examination Couch 66. Locker / storage cabinet for each bed</p>	<p>Medications</p> <ol style="list-style-type: none"> 1. Bisphosphonates 2. Injection Adrenaline 3. Injection antibiotics 4. corticosteroids (oral, Injection) 5. Injection Paracetamol 6. Antidepressants 7. SC Clexane 8. Oral Morphine 9. Pregabalin 10. NSAIDS 11. Injection Calcium Chloride 12. Injectable hydrocortisone 13. Diazepam (IV and rectal) 14. Aspirin 15. 0.9% Normal Saline 16. IV 50% Dextrose Water 17. 5% Dextrose Saline 18. 10% Dextrose Water 19. Lidocaine
<p>Supplies</p> <ol style="list-style-type: none"> 1. Crepe bandages and soft bands 2. Cotton swabs 3. Gauze/bandage 4. Surgical blades 5. Vacuum drains 6. Diathermy (machine, pencil, pads) 7. Surgicels 8. Bone wax 9. Gelfoam 10. Abdo packs 11. Suture materials 12. Syringes and needles (various sizes) 13. IV Cannulas 14. IV Giving Sets 15. Water for injection 16. Methylated Spirit 17. Povidone Iodine 18. Plasters 19. Urinary Catheters 20. Plaster of Paris 21. Urinalysis strips (dipsticks) 22. Sterile gowns and drapes 23. Gypsona salt 24. Creppe bandages 25. Soft ban 26. Skin traction kit 27. Skeletal traction kit 28. Gallows 29. Steinman pins 	<p>30. External Fixation set 31. Plates and screws 32. Intramedullary nails</p> <p>PAEDIATRICS</p> <p>Personnel</p> <ol style="list-style-type: none"> 1. At least one (1) Consultant Pediatrician with Registered Additional Qualification and Folio Number from MDC2 Certified Fellow from NPMCN or WACP or its equivalent 2. Current Medical practicing license At least two (2) Registered Nurses (one of which must be a Pediatric nurse) 3. Current practicing licenses available for the registered nurses 4. At least two (2) Hospital Attendants 5. At least one (1) Medical Records Staff 6. Professional Indemnity Insurance Policy 7. Personnel files for all staff members 8. Credentials of Staff <p>Infrastructure</p> <ol style="list-style-type: none"> 1. Nursing station 2. Consulting rooms measuring at least 4m(13ft) by 3m(9ft) 3. Treatment room 4. Appropriate equipment in consulting room 5. Examination couches 6. Operating theatre

7. Sterilization System
8. Intensive Care Unit
9. Emergency Unit
10. Resuscitation Equipment
11. Functional Ambulance or Emergency Transport Services
12. Basic Laboratory Equipment
13. At least four (4) beds in the wards
14. Designated paediatric ward for children above 4 weeks of age and weighing over 4000g
15. Designated sick baby care unit (SCBU) in the facility
16. Functional incubators (a minimum ratio of 1:1 of functional and non-functional incubators) in the SCBU

Medical Equipment

1. Stadiometer (at least 2)
2. Infantometer (at least 2)
3. Weighing scale (babies) (at least 2)
4. Weighing scale (children and adolescents) (at least 2)
5. Shakir's Strip (at least 2)
6. Tape Rule (at least 2)
7. Manual / automated paediatric sphygmomanometer with infant and child-sized cuffs (at least 2)
8. Paediatric stethoscope (at least 2)

9. Digital and infrared thermometers (at least 3 in total on each ward)
10. Multi-parameter monitors (with paediatric monitoring probes for temperature, SpO₂, PR, +/- ECG at least 2 each)
11. Glucometer (at least 2)
12. Urinalysis strips (dipsticks)
13. Pulse Oximeter (at least 2)
14. Patella Hammer (at least 2)
15. Diagnostic Set (at least 2)
16. Tongue depressor (at least 2)
17. Pen torch (at least 2)
18. Wheelchair
19. Other mobility aids
20. Phototherapy Machine (at least 2)
21. Paediatric echocardiography (at least 1)
22. Electrocardiogram machine (at least 1)
23. Resuscitaire (at least 2)
24. Incubator
25. Radiant warmer
26. Exchange blood transfusion kits and crucifix
27. Self-inflating bag (Ambubag) and resuscitation masks
28. Automated External Defibrillator.

29. Meconium aspirator (at least 2)
30. Suction bulb/penguin suction device (at least 2)
31. Suction catheter (at least 2)
32. Nasopharyngeal tubes
33. Oropharyngeal tubes (Guedel)
34. Endotracheal (ET) tubes
35. Emergency tray / resuscitation trolley
36. Spacer device
37. Nebulizer
38. Oxygen supply with functional gauges
39. Oxygen concentrators
40. Oxygen Delivery Set (paediatric nasal prongs, paediatric rebreather and non-rebreather face masks, connector tubing)
41. Suction machine
42. Cleaning equipment – mops, buckets, heavy duty gloves, rakes, etc.
43. Instrument cabinet
44. Dressing / Injection Trolley (treatment room)
45. Kidney dishes
46. Gallipots
47. Dressing forceps
48. Tourniquet

<p>49. Vein finder (at least 1)</p> <p>50. Drip stand (minimum of two on each ward)</p> <p>51. Infusion pump</p> <p>52. Bedside foldable screen (minimum of two on each ward)</p> <p>53. Sterile packs for specific procedures (dressing, injections, venesection, feeding, etc.)</p> <p>54. Measuring urinal</p> <p>55. Bed pan</p> <p>56. Locker / storage cabinet for each bed</p> <p>58. Refrigerator</p>	<p>72. IV 50% Dextrose Water</p> <p>73. IVF 10% Dextrose water</p> <p>74. 5% Dextrose Saline</p> <p>75. IV Ringer's Lactate</p> <p>76. Oral Rehydration Solution powders</p> <p>77. IV Frusemide</p> <p>78. IV Dopamine/Dobutamine</p> <p>79. Oral Morphine</p> <p>80. Lidocaine</p>	<p>14. Povidone Iodine</p> <p>15. Plasters</p> <p>16. Urethral catheters and urine bags</p> <p>17. Glucometer strips</p> <p>18. Urinalysis strips (dipsticks)</p> <p>19. Universal bottles and other specimen collection bottles</p> <p>20. ECG print paper rolls</p> <p>21. Gel for ECG, echocardiogram procedures</p> <p>22. Consultation and prescription forms</p> <p>23. Investigation forms</p> <p>24. Sharp Boxes</p> <p>25. Colour-coded waste bags / bin liners</p>
<p>Medications</p> <p>59. Injection Aminophylline</p> <p>60. Injection Adrenaline</p> <p>61. Injection and rectal Paracetamol</p> <p>62. Salbutamol (Aerosol - nebulers, MDI)</p> <p>63. IM Paraldehyde</p> <p>64. IV Phenobarbitone</p> <p>65. IV Phenytoin</p> <p>66. IV Calcium gluconate</p> <p>67. Activated charcoal</p> <p>68. Naloxone</p> <p>69. Injectable hydrocortisone</p> <p>70. Diazepam (IV and rectal)</p> <p>71. 0.9% Normal Saline</p>	<p>PHARMACY</p> <p>ACCREDITATION CHECKLIST FOR PHARMACY</p> <p>Supplies</p> <p>1. Cotton swabs</p> <p>2. Gauze/bandage</p> <p>3. Suture materials</p> <p>4. Syringes and needles (various sizes)</p> <p>5. IV Cannulas</p> <p>6. IV Giving Sets</p> <p>7. Nasogastric tubes</p> <p>8. Blood giving sets</p> <p>9. Spinal needles</p> <p>10. Solusets/Burretrol</p> <p>11. Scalp vein needle</p> <p>12. Water for injection</p> <p>13. Methylated Spirit</p>	<p>Personnel</p> <p>1 At least one (1) Pharmacist registered with PCN.</p> <p>2 Current Annual license to practice from Pharmacy Council of Nigeria</p> <p>3 At least one (1) pharmacy technician</p> <p>4 At least one (1) accounting staff / clerk</p>

<p>5 Professional Indemnity Insurance Policy</p> <p>6 Personnel files for all staff members</p> <p>7 Credentials of Staff</p> <p>8. Facility Registration by the Appropriate body</p>	<p>PHYSIOTHERAPY</p> <p>Personnel</p> <p>1 At least 1 physiotherapist with registration from Medical Rehabilitation Therapists Board of Nigeria</p> <p>2 Current practicing license from Medical Rehabilitation Therapists Board of Nigeria</p>	<p>13 Antidiabetics (at least 3 different classes)</p> <p>14 Antitussives (at least 3 different types)</p> <p>15 Anti-ulcer medications (Proton Pump Inhibitors, Antacids/H2)</p> <p>16 Antihistamines</p> <p>17 Analgesics</p> <p>18 Anti-diarrhoeal medications</p> <p>Availability of a well-equipped and appropriately sized (~25m2) gymnasium</p> <p>19 Aminoglycoside Class Antibacterials</p> <p>20 Fluoroquinolone Class Antibacterials</p> <p>21 Lozenges</p> <p>22 Topical medications</p>
<p>Infrastructure</p> <p>1. Air Conditioner</p> <p>2. Room Thermometer</p>	<p>Medications</p> <p>1 Antimalarials (ACTs)</p> <p>2 Vitamins / Multivitamins</p> <p>3 Cephalosporin Class Antibacterials</p> <p>4 Penicillin Class Antibacterials</p> <p>5 At least two (2) Hospital Attendants</p> <p>6 At least one (1) Medical Records Staff</p> <p>7 Professional Indemnity Insurance Policy</p> <p>8 Personnel files for all staff members</p> <p>9 Credentials of Staff</p> <p>10 Antihypertensives (at least 3 different classes)</p> <p>11 Intravenous fluids</p> <p>12 Antifungals</p>	<p>Equipment</p> <p>1. Sphygmomanometer</p> <p>2. Electrotherapy</p> <p>3. Infrared machine</p> <p>4. Ultrasound machine</p> <p>5. Hydrocollator Unit</p>
<p>Supplies</p> <p>25 Sphygmomanometer</p> <p>25 Lockable Poison Cupboards</p> <p>26 Dangerous Drug Register</p> <p>27 Mims Africa or MediPharm</p> <p>28 Drug Reference Books</p> <p>29 Nigerian Pharmacy/Drug Laws</p> <p>30 National Drug Policies</p> <p>31 National Essential Drug List</p> <p>32 Dispensing tray and spatula/spoon</p> <p>33 Glazed shelves</p> <p>34 Accounting Records</p> <p>35 Drug Receipts</p> <p>36 Receipts/Automated Cash Registers</p> <p>37. Refrigerator</p>		

<ol style="list-style-type: none"> 6. Hand Exercisers 7. Electrical Muscle Stimulator 8. Heating pads 9. Cryotherapy 10. Ice-making machine / deep freezer 11. Elliptical trainers 12. Treadmill 	<ol style="list-style-type: none"> 13. Stationary bikes 14. Bicycle Ergometers 15. Cross Trainers 16. Balance ball chair 17. Multi-station reciprocal pulleys 18. Free weights 19. Lumbar and cervical traction units 	<ol style="list-style-type: none"> 20. Supportive aids – walking frame and wheelchairs 21. Pool suites 22. Supportive aids – walking frame and wheelchairs 23. Lockers 24. Examination couches and tables
<p>PRIMARY CARE</p> <p>Personnel</p> <ol style="list-style-type: none"> 1. At least 1 medical doctor registered with MDCN 2. Current license to practice for all doctors, if more than one 3. At least two (2) Registered Nurses/midwives 4. Current practicing licenses available for the registered nurses/midwives 5. At least 2 hospital attendants 6. At least one (1) Medical Records Staff 7. Professional Indemnity Insurance Policy 8. Personnel files for all staff members 9. Credentials of Staff 	<p>Infrastructure</p> <ol style="list-style-type: none"> 1. Nursing station 2. Consulting rooms measuring at least 4m(13ft) by 3m(9ft) 3. Treatment room 4. Appropriate equipment in consulting room 5. Examination couches 6. Operating room 7. Sterilization System 8. Emergency Unit 9. Resuscitation Equipment 10. Functional Ambulance or Emergency Transport Services 11. Basic Laboratory Equipment 12. At least two (2) inpatient wards 13. At least four (4) beds in the wards 14. Labour/Delivery room 	<p>Equipment</p> <ol style="list-style-type: none"> 1. Stadiometer 2. Weighing scale (adults) 3. Weighing scale (babies) 4. Shakir's Strip (at least 2) 5. Tape Rule (at least 2) 6. Sphygmomanometer (at least 2) 7. Stethoscope (at least 2) 8. Thermometer (at least 2) 9. Patient Monitor (at least 2) 10. Glucometer (at least 2) 11. Pulse Oximeter (at least 2) 12. Diagnostic Set (at least 2) 13. Tongue-depressor (at least 2) 14. Pen torch / flash light (at least 2) 15. Wheel chair 16. Vaginal speculum 17. Delivery bed 18. Angle poise lamp (at least 2) 19. Baby Cot

<ol style="list-style-type: none"> 20. Draw Mackintosh 21. Fetoscope (at least 2) 22. Sonicaid 23. Episiotomy Scissors 24. Mucus Extractor 25. Cord Scissors 26. Kocher's Forceps 27. Surgical Scissors 28. Kidney Dish with Cover 29. Vaccine Cold Boxes 30. Needle holder 31. Wrist tags 32. Pediatric self-inflating bag ('Ambubag') and resuscitation masks (at least 2) 33. Adult self-inflating bag ('Ambubag') and resuscitation masks 34. Oropharyngeal tubes (Guedel) 35. Emergency tray / resuscitation trolley* 36. Nebulizer 37. Oxygen cylinder or concentrator 38. Oxygen delivery accessories 39. Suction machine 40. Neck collar 41. Microscope 42. Centrifuge 43. Haematocrit reader 	<ol style="list-style-type: none"> 44. RDT kits 45. Sterilizer/ Autoclave 46. Colour-coded waste bins 47. Cleaning equipment – mops 48. Instrument cabinet 49. Dressing / Injection Trolley (treatment room) 50. Gallipot 51. Dressing forceps 52. Tourniquet 53. Drip stands (at least 3) 54. Locker / storage cabinet for each bed 55. Refrigerator 	<ol style="list-style-type: none"> 12. Diazepam (IV/ IM and rectal) 13. 0.9% Normal Saline 14. IV 50% Dextrose Water 15. 5% Dextrose Saline 16. 4.3% Dextrose Saline 17. Ringer's lactate 18. Full-strength Darrow's solution 19. Half-strength Darrow's solution 20. Mannitol 21. Lidocaine 	<p>Supplies</p> <ol style="list-style-type: none"> 1. Cotton swabs 2. Gauze/bandage 3. Suture materials 4. Syringes and needles (various sizes) 5. IV cannula 6. IV giving sets 7. Blood-giving sets 8. Water for injection 9. Methylated spirit 10. Povidone Iodine 11. Plasters 12. Urinary catheters 13. Glucometer strips 14. Urinalysis strips (dipsticks)
	<p>Medications</p> <ol style="list-style-type: none"> 1. Antibiotics 2. Antihypertensives 3. Antidiabetics 4. Antimalarials 5. Injection Aminophylline 6. Injection Adrenaline 7. Injection Oxytocin 8. Injection Paracetamol 9. Salbutamol (tablets and nebulules) 10. Magnesium Sulphate 11. Injectable hydrocortisone 		

15. Liquid antibacterial soap
16. Alcohol-based hand sanitizers
17. Hand drying supplies e.g., hand dryer, paper towels, etc.
18. Disinfectants
19. Handwashing posters
20. Gloves – disposable and surgical
21. Face masks
22. Gowns and protective aprons
23. Face shields and safety goggles
24. Caps (for delivery area)
25. Safety boots
26. Sharp Boxes
27. Colour-coded waste bags / bin liners

PSYCHIATRY

Personnel

- 1 At least one (1) Consultant Psychiatrist with Registered Additional Qualification and Folio Number from MDCN
- 2 Certified Fellow from NPMCN or WACP or its equivalent
- 3 Current Medical practicing license
- 4 At least two (2) Medical Officers/ Resident Doctors Basic Life Support Certificate.

- 5 At least two (2) Registered Psychiatric Nurses
- 6 Current practicing licenses available for the registered nurses
- 7 Availability of a crisis intervention team
- 8 Availability of a clinical Psychologist
- 9 Accessibility to an Occupational therapist
- 10 Access to a Nutritionist
- 11 At least two (2) Hospital Attendants
- 12 At least one (1) Medical Records Staff
- 13 Professional Indemnity Insurance Policy
- 14 Personnel files for all staff members
- 15 Credentials of Staff

Infrastructure

- 25 Nursing station
- 26 Consulting rooms measuring at least 4m(13ft) by 3m(9ft)
- 27 Treatment room
- 28 Appropriate equipment in consulting room
- 29 Examination couches

- 31 System Operating room Sterilization
- 32 Intensive Care Unit
- 33 Emergency Unit
- 34 Resuscitation Equipment
- 35 Functional Ambulance or Emergency Transport Services
- 36
- 38 At least 2 inpatient wards (1 Male & 1 Female)
- 39 At least four (4) beds in the wards

Equipment

1. Stadiometer (at least 2)
2. Weighing scale (adults)
3. Tape Rule (at least 2)
4. Sphygmomanometer (both manual and digital) (at least 2)
5. Stethoscope (at least 2)
6. Thermometer (at least 2) infra-red and digital
7. Patient monitors (at least 2)
8. Glucometer (at least 2)
9. Pulse Oximeter (at least 2)
10. Assessment Instrument (MINI +, ICD10, MIMSE)
12. Tongue depressor (at least 2)
13. Pen torch / flash light (at least 2)

<p>14. Wheelchair (at least 2)</p> <p>15. Trolleys</p> <p>16. Other mobility aids -- crutches</p> <p>20. Electroencephalography (EEG) machine</p> <p>21. Neuroimaging Equipment -- CT, MRI</p> <p>22. Electroconvulsive therapy machine</p> <p>23. Self-inflating bag (Ambubag) and resuscitation masks</p> <p>24. Automated External Defibrillators (AED)</p> <p>25. Oropharyngeal tubes (Guedel)</p> <p>26. Nasogastric tubes (Different sizes)</p> <p>27. Endotracheal (ET) tubes</p> <p>28. Laryngoscope</p> <p>29. Emergency tray / resuscitation trolley (with speciality-appropriate emergency medications)</p> <p>30. Nebulizer</p> <p>31. Oxygen cylinder and delivery set (prongs, cannula, non-rebreather mask)</p> <p>32. Suction machine</p> <p>33. Facilities for negative pressure ventilation</p> <p>34. Neck collar</p> <p>35. Instrument cabinet</p>	<p>37. Dressing / Injection Trolley (treatment room)</p> <p>39. Gallipot</p> <p>41. Dressing forceps</p> <p>43. Tourniquet</p> <p>45. Vacutainer</p> <p>47. Drip stand (at least 6)</p> <p>49. Locker / storage cabinet for each bed</p> <p>53. Computers (for electronic medical records)</p> <p>Medication</p> <p>2. Injection Adrenaline</p> <p>3. Injection Chlorpromazine</p> <p>4. Injection haloperidol</p> <p>5. Depot antipsychotics</p> <p>6. Injection Diazepam</p> <p>7. Injection Paracetamol</p> <p>8. Oral Dissolvable Olanzapine</p> <p>9. Salbutamol (tab and nebulas)</p> <p>10. Naloxone</p> <p>11. Magnesium Sulphate</p> <p>12. Injectable hydrocortisone</p> <p>13. Diazepam (IV and rectal)</p> <p>14. Aspirin</p> <p>15. 0.9% Normal Saline</p>	<p>16. IV 50% Dextrose Water</p> <p>17. 5% Dextrose Saline</p> <p>18. 4.3% Dextrose Saline</p> <p>19. Lidocaine</p> <p>Supplies</p> <p>1. Sterile packs for lumbar puncture, venous cutdown, wound dressing, biopsies etc.</p> <p>2. Needles for closed/pleural/peritoneal/Liver biopsy (e.g. Cope-Abrams)</p> <p>3. Tuberculin Skin Tests</p> <p>4. Cotton swabs</p> <p>5. Gauze/bandage</p> <p>6. Suture materials</p> <p>7. Syringes and needles (various sizes)</p> <p>8. IV Cannulas</p> <p>9. IV Giving Sets</p> <p>10. Scalp vein needle</p> <p>11. Water for injection</p> <p>12. Methylated Spirit</p> <p>13. Povidone Iodine</p> <p>14. Plasters</p> <p>15. Urinary Catheters</p> <p>16. Glucometer strips</p> <p>17. Urinalysis strips (dipsticks)</p>
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<p>18. Liquid antibacterial soap</p> <p>19. Alcohol-based hand sanitizers</p> <p>20. Paper towels</p> <p>21. Disinfectants</p> <p>22. Sharp Boxes</p> <p>23. Colour-coded waste bags / bin liners</p>	<p>11 Professional Indemnity Insurance Policy</p> <p>12 Personnel files for all staff members</p> <p>13 Credentials of Staff</p>
<p>RADIOLOGY</p> <p>ACCREDITATION CHECKLIST FOR RADIOLOGY</p> <p>Personnel</p> <p>1 At least one (1) Consultant Radiologist with Registered Additional Qualification and Folio Number from MDCN2 Certified Fellow from NPMCN or WACP or its equivalent</p> <p>3 Current Medical practicing license</p> <p>4 At least two (2) Radiographers</p> <p>5 Current practicing licenses available for Radiographers</p> <p>6 Access to a biomedical engineer</p> <p>7 At least two (2) Radiology Assistants</p> <p>8 At least one (1) Medical Records Staff</p> <p>9 At least two (2) Porters</p> <p>10 At least two (2) Cleaners</p>	<p>Infrastructure</p> <p>1 Nursing station</p> <p>2 Availability of workstations, at least 4m by 3m in size</p> <p>26 Availability of an interventional procedure room</p> <p>27 Picture Archiving and Communication system (PACS) Accredited by the Nigerian Nuclear Regulatory Authority</p> <p>Equipment</p> <p>1. Digital xray or xray digitizer</p> <p>2. Static Xray machine with Digitizer</p> <p>3. Lead lined Xray room.</p> <p>4. HSG Set</p> <p>5. General purpose ultrasound machine with linear convex and transvaginal probe</p> <p>6. Patient couch</p> <p>7. At least two (2) viewing boxes.</p> <p>8. At least two (2) lead aprons</p> <p>9. Radiation personnel monitoring devices</p> <p>10. One (1) Workstation</p>

<p>GENERAL SURGERY</p> <p>Personnel</p> <p>1 At least one (1) General Surgeon with Registered Additional Qualification, and Folio Number from MDCN</p> <p>2 Certified Fellow from NPMCN or WACS or its equivalent</p> <p>3 Current Medical practicing license</p> <p>4 At least two (2) Medical Officers/Resident Doctors Basic Life Support Certificate.</p> <p>5 At least two (2) Registered Nurses</p> <p>6 Current practicing licenses available for the registered nurses</p> <p>7 At least one (1) Peri-Operative Nurse</p> <p>8 At least one (1) Pharmacist</p> <p>9 At least one (1) Laboratory Scientist</p> <p>10 At least two (2) Hospital Attendants</p> <p>11 At least one (1) Medical Records Staff</p> <p>12 Access to Physiotherapist</p> <p>13</p> <p>14 At least one (1) Occupational Rehabilitation Therapist</p> <p>15 At least one (1) Radiologist</p>

<p>16 Professional Indemnity Insurance Policy</p> <p>17 Personnel files for all staff members</p> <p>18 Credentials of Staff Infrastructure</p> <p>25 Nursing station</p> <p>26 Consulting rooms measuring at least 4m(13ft) by 3m(9ft)</p> <p>27 Treatment room</p> <p>28 Appropriate equipment in consulting room</p> <p>29 Examination couches</p> <p>30 Operating theatre</p> <p>31 Sterilization System</p> <p>32 Intensive Care Unit</p> <p>33 Emergency Unit</p> <p>34 Resuscitation Equipment</p> <p>35 Functional Ambulance or Emergency Transport Services</p> <p>37 Basic Laboratory Equipment</p> <p>38 At least two (2) surgical inpatient wards (1 male & 1 female)</p> <p>39 At least four (4) beds in the wards</p>	<p>3. Thermometer (at least 2)</p> <p>4. Patient monitors</p> <p>5. Dipsticks / Urinalysis strip</p> <p>6. Pulse Oximeter (at least 2)</p> <p>7. Pen torch (at least 2)</p> <p>8. Patella Harmer (at least 2)</p> <p>9.</p> <p>10. Tongue depressor (at least 2)</p> <p>11. Examination gloves</p> <p>12. Lubricating gel</p> <p>13. Proctoscope (at least 2)</p> <p>14. Goniometer (at least 2)</p> <p>15. Tape Rule (at least 2)</p> <p>16. Stadiometer</p> <p>17. Weighing scale (adults)</p> <p>18. Wheelchair</p> <p>19. Walking frame</p> <p>20. Crutches</p> <p>21.</p> <p>22. X-ray machine (at least, Portable)</p> <p>23. Diagnostic Laparoscopy Set</p> <p>24. Self-inflating bag (Ambubag) and resuscitation masks</p> <p>25. Automated External Defibrillator (AED)</p> <p>26. Oropharyngeal tubes (Guedel)</p> <p>27. Nasogastric tubes (Different sizes)</p> <p>28. Endotracheal (ET) tubes</p> <p>29. Laryngoscope</p> <p>30. Emergency tray / resuscitation trolley (with specialty-appropriate emergency medications)</p>	<p>32. Oxygen cylinder and delivery set (prongs, cannula, non-rebreather mask)</p> <p>33. Infusion pump</p> <p>34. Operating lights</p> <p>35. Anaesthetic machine (main and backup)</p> <p>36. Operating room suction machine</p> <p>37. Laryngoscope</p> <p>38. Fluoroscope</p> <p>39. Head lamps</p> <p>40. Purpose packed surgical trays</p> <p>41. Emergency tray / resuscitation trolley (with specialty-appropriate emergency medications)</p> <p>42. Venous Cut-down tray</p> <p>43. Nebulizer</p> <p>44. Diathermy machine and consumables</p> <p>45. Specialized adjustable operating tables</p> <p>46. Radiograph viewing boards</p> <p>47. Cleaning Equipment</p> <p>Supplies</p> <ol style="list-style-type: none"> 1. Uroflowmetry paper 2. Cotton swabs 3. Gauze/bandage 4. Urethral catheters 5. Bladder syringes 6. Disposable ear syringing set
<p>Medical Equipment</p> <ol style="list-style-type: none"> 1. Sphygmomanometer (at least 2) 2. Stethoscope (at least 2) 		

7. Vacuum / penrose / corrugated drains
8. Suture materials
9. Syringes and needles (various sizes)
10. IV Cannulas
11. IV Giving Sets
12. Scalp vein needle
13. Water for injection
14. Methylated Spirit
15. Povidone Iodine
16. Plasters
17. Urine bag
18. Glucometer strips
19. Urinalysis strips (dipsticks)

Medication

1. Injection Adrenaline
2. Injection Atropine
3. Injection Paracetamol
4. Injection Pentazocine
5. SC Clexane
6. Oral Morphine
7. Injection Dopamine
8. Injection Dobutamine
9. Injection Promethazine
10. Injection Chlopromazine
11. Injection Magnesium Sulphate
12. Injection Calcium Chloride
13. Injection Potassium Chloride
14. Injectable hydrocortisone
15. Diazepam (IV and rectal)

16. Tranexamic acid (IV and oral)
17. Injection Ethamsilate
18. Oral Daflon
19. Diclofenac (Injection, oral, rectal)
20. 0.9% Normal Saline
21. IV 50% Dextrose Water
22. 5% Dextrose Saline
23. 10% Dextrose Water
24. Dextrose Saline
25. Mannitol
26. Ringers Lactate
27. 2% Lidocaine
28. 2% Lidocaine with adrenaline

UROLOGY

ACCREDITATION CHECKLIST FOR UROLOGY

Personnel

- 1 At least one (1) Urologist with Registered Additional Qualification and Folio number from MDCN2 Certified Fellow from NPMCN or WACS or its equivalent
- 3 Current Medical practicing licenses
- 4 At least two (2) Medical Officers/Resident Doctors Basic Life Support Certificate.
- 5 At least two (2) Registered Nurses

- 6 Current practicing licenses available for the registered nurses
- 7 At least one (1) Peri-Operative Nurse
- 8 At least one (1) Pharmacist
- 9 At least one (1) Laboratory Scientist
- 10 At least two (2) Hospital Attendants
- 11 At least one (1) Medical Records Staff
- 12 At least one (1) Radiologist
- 13 Professional Indemnity Insurance Policy
- 14 Personnel files for all staff members
- 15 Credentials of Staff

Infrastructure

- 25 Nursing station
- 26 Consulting rooms measuring at least 4m by 3m
- 27 Treatment room
- 28 Appropriate equipment in consulting room
- 29 Examination couches
- 30 Operating theatre
- 31 Sterilization System

- 32 Intensive Care Unit
- 33 Emergency Unit
- 34 Resuscitation Equipment
- 35 Functional Ambulance or Emergency Transport Services
- 37 Basic Laboratory Equipment
- 38 At least two (2) surgical inpatient wards (1 Female & 1 Male)
- 39 At least four (4) beds in the wards

Medical Equipment

1. Stadiometer
2. Weighing scale (adults)
3. Tape Rule
4. Sphygmomanometer (at least 2)
5. Stethoscope (at least 2)
6. Thermometer (at least 2)
7. Patient monitors
8. Latex examination gloves
9. Lubricant gels
10. Pulse oximeter (at least 2)
11. Urology Surgery Set (at least 2)
12. Urethral catheters
13. Pen torch / flashlight (at least 2)
14. Wheelchair
15. Other mobility aids
16. Portable mobile USS machine
17. Uroflowmeter
18. X-ray machine (at least, Portable)

19. Self-inflating bag (Ambubag) and resuscitation masks
20. Automated External Defibrillator
- 21.
22. Emergency tray / resuscitation trolley (with specialty-appropriate emergency medications)
23. Oxygen cylinder and delivery set (prongs, cannula, non-rebreather mask)
24. Suction machine
25. Infusion pump
26. Operating lights
27. Emergency operating lights e.g angle poise lamps
28. Anaesthetic machine
29. Operating room suction machine
30. Urethroscope
31. Cystoscope
32. Ureteric cannulation equipment
33. Cleaning equipment – mops
34. Instrument cabinet
35. Dressing / Injection Trolley (treatment room)
36. Gallipot
37. Dressing forceps
38. Tourniquet
39. Vacutainer
40. Drip stand (at least 4)
41. Examination Couch
42. Locker / storage cabinet for each bed

43. Computers (for electronic medical records)

Medications

1. Oral Tamsulozin
2. Oral Finasteride (or Dutasteride)
3. Injection Goserelin
4. Injection Paracetamol
5. SC Clexane
6. Injection Tranexamic acid
7. Injection Ethamsilate
8. Oral Roliten
9. Injection Magnesium Sulphate
10. Injection Calcium Chloride
11. Injection Potassium Chloride
12. Injectable hydrocortisone
13. Diazepam (IV and rectal)
14. Aspirin
15. 0.9% Normal Saline
16. IV 50% Dextrose Water
17. 5% Dextrose Saline
18. 10% Dextrose Water
19. Lidocaine

Supplies

1. Uroflowmetry paper
2. Cotton swabs
3. Gauze /bandage
4. Suture materials
5. Syringes and needles (various sizes)
6. IV Cannulas
7. IV Giving Sets
8. Scalp vein needle

<ul style="list-style-type: none"> 9. Water for injection 10. Methylated Spirit 11. Povidone Iodine 12. Plasters 13. Urinary Catheters 14. Glucometer strips 15. Urinalysis strips (dipsticks) 16. Biopsy needles 17. Pig-tail catheters 18. PCNL catheters <p>DENTISTRY</p> <p>Personnel</p> <ul style="list-style-type: none"> 1. At least one (1) Registered Dentist 2. Current practicing license by Medical and Dental Council of Nigeria 3. At least 1 Registered Dental therapist 4. Access to a Dental Technologist 5. At least two (2) Registered Nurses One of which should be a Dental Nurse) 6. Current practicing licenses available for the registered nurses 7. At least two (2) Hospital Attendants 8. Possession of a malpractice insurance cover 	<ul style="list-style-type: none"> 9. Personnel files for all staff members 10. Credentials of Staff 11. Evidence of access to a Dental Surgeon 12. At least one (1) Medical Records Staff <p>Infrastructure</p> <ul style="list-style-type: none"> 1. Nursing station 2. Consulting rooms measuring at least 4m(13ft) by 3m(9ft) 3. Treatment room 4. Appropriate equipment in consulting room 5. Examination couches 6. Sterilization System <p>Equipment</p> <ul style="list-style-type: none"> 1. Stadiometer 2. Tongue depressor 3. Pen torch / flashlight 4. Core Dental Equipment -- at least 1 fully functional dental chair 5. Dental Stools 6. Tooth extraction instrument 7. Tooth filling instrument 8. Dental syringe 9. Extraction forceps 10. Xylocaine cartridge/spray 	<ul style="list-style-type: none"> 11 Dental clasp machine of various types 12 Washing brushes and bowls 13 Impression tray <p>Infection, Prevention and Control Equipment</p> <ul style="list-style-type: none"> 1. Sterilizer/ Autoclave 2. Alternative sterilization equipment (provisional) 3. Waste Bins 4. Cleaning equipment: Mops, Brooms, Mop buckets, Antibacterial wipes, brushes, napkins, caution signs 	<ul style="list-style-type: none"> 5. Supplies 6. Cotton swabs, Cotton rolls, Cotton pellets 7. Gauze/bandage 8. Suture materials 9. Syringes and needles (various sizes) -- LA needles 10. Methylated Spirit 11. Sodium hypochlorite 12. Hydrogen Peroxide 13. Chlorhexidine rinses
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INTERNAL MEDICINE		
<p>Personnel</p> <ol style="list-style-type: none"> At least one (1) Consultant Physician with Registered Additional Qualification and Folio number from MDCN Certified Fellow from NPMCN or WACS or its equivalent Current Medical practicing license At least two (2) Medical Officers/Resident Doctors with Basic Life Support Certificate. At least two (2) Registered Nurses Current practicing licenses available for the registered nurses At least two (2) Hospital Attendants At least one Dietician At least one (1) ECG technician At least one (1) Medical Records Staff Professional Indemnity Insurance Policy Personnel files for all staff members Credentials of Staff 	<ol style="list-style-type: none"> Intensive Care Unit Emergency Unit Resuscitation Equipment Functional Ambulance or Emergency Transport Services Basic Laboratory Equipment At least two (2) medical inpatient wards At least four (4) beds in the wards <p>Equipment</p> <ol style="list-style-type: none"> Anthropometric Equipment Stadiometer Weighing scale (adults) Tape Rule Physical examination and Vital Monitoring Equipment Sphygmomanometer (both manual and digital) Stethoscope Thermometer (at least 2) infra-red and digital Patient monitors Glucometer Pulse Oximeter Capnometer Diagnostic Set Tongue depressor Pen torch/flash light Neuropin / Monofilament Neurological hammer kit or patella/reflex hammer 	<ol style="list-style-type: none"> Tuning fork (256Hz) Ambulatory Devices Wheelchair Trolleys Other mobility aids – crutches, tripods, tetrapods, walking frame Diagnostic Equipment (General) X-ray machine X-ray viewing box Echocardiography/Cardiac Ultrasound Machine EEG machine Access to neuro-imaging facilities (Brain CT or MRI)- at least off-site Vascular Doppler / Ultrasound Device Stress Test / ECG System EMG/NCS machine (optional) Polysomnography (optional) Resuscitation Equipment Automated External Defibrillator (AED) Facilities for Endotracheal intubation (Optional, if there are Anaesthetists in the hospital) Oxygen cylinder and delivery set (prongs, cannula, non-rebreather mask) Suction machine (with a suction catheter) Facilities for negative pressure ventilation (at the least AMBU bag with full kit)
<p>Infrastructure</p> <ol style="list-style-type: none"> Nursing station Consulting rooms measuring at least 4m(13ft) by 3m(9ft) Treatment room Appropriate equipment in consulting room Sterilization System 		

- 39. Microscope
- 40. Centrifuge -- haematocrit
- 41. Capacity to conduct a tuberculin skin test
- 42. Capacity to carry out ELISA analysis
- 43. Capacity to analyze samples e.g. stool, sputum, blood
- 44. Capacity to conduct GeneXpert/RIF
- 45. Identification of microbes/ parasites
- 46. Capacity to conduct cardiac biomarkers e.g. troponin
- 47. Capacity to conduct lipid profile tests
- 48. Capacity to conduct renal function tests
- 49. Capacity to conduct liver function tests
- 50. Capacity to conduct lung function tests
- 51. Infection, Prevention and Control Equipment
- 52. Sterilizer/ Autoclave
- 53. Ancillary Equipment
- 54. Instrument cabinet
- 55. Dressing / Injection Trolley (treatment room)
- 56. Gallipot
- 57. Dressing forceps
- 58. Tourniquet
- 59. Vacutainer
- 60. Drip stand (at least 12)
- 61. Examination Couch

62. Locker/ storage cabinet for each bed

D. Medications

- 1. Injection Adrenalin
- 2. Salbutamol (tablets and nebulas)
- 3. Naloxone
- 4. Injectable hydrocortisones
- 5. Diazepam (IV/IM and rectal)
- 6. Aspirin
- 7. 0.9% Normal Saline
- 8. IV 50% Dextrose Water
- 9. 5% Dextrose Saline
- 10. 4.3% Dextrose Saline
- 11. Ringer's lactate
- 12. Full-strength Darrow's Solution
- 13. Half-strength Darrow's Solution
- 14. Mannitol
- 15. Lidocaine

Supplies

- 1. Cotton swabs
- 2. Gauze/ bandage
- 3. Syringes and needles (various sizes)
- 4. IV cannula
- 5. IV giving sets
- 6. Blood-giving sets
- 7. Water for injection
- 8. Methylated spirit
- 9. Antiseptics
- 10. Povidone Iodine
- 11. Plasters
- 12. Urinary catheters

- 13. Glucometer strips
- 14. Urinalysis strips (dipsticks)
- 15. Liquid antibacterial soap
- 16. Alcohol-based hand sanitizers
- 17. Paper towels
- 18. Disinfectants
- 19. Methylated Spirit
- 20. Gloves -- disposable and surgical
- 21. Surgical gowns
- 22. Drapes/ Gowns
- 23. Aprons
- 24. Face masks
- 25. Surgical caps
- 26. Personal Protective Equipment (PPE)
- 27. Sharp Boxes
- 28. Colour-coded waste bags / bin

APPENDIX 3: Procedures and timelines for merger and acquisition of HMOs

Milestones	Activity	Timeline	Action by	Condition	Proof of Completion
1	Notification of intendment of an acquirer to acquire an accredited HMO	Time 0	Target HMO to be acquired	a. Request by Target HMO b. Payment of 500,000.00 processing fee	Acknowledgment letter from NHIS advising the Target HMO to commence activities leading to MILESTONE 2 plus the issuance of protocol to guide process.
2	Submission of the following Documents: a. A certified true copy of the Memorandum and Article of Association of the Acquirer and Target Company. b. Certificate of Incorporation certified by the company secretary of both companies. c. Extracts of board resolution of the Acquirer and Accredited HMO agreeing to the acquisition of the target company d. Certified true copy of Form CAC 7 (Particulars of Directors) and Form CAC 2 (authorised share capital) of both companies	30 Days from Completion of first timeline	Target HMO and Acquirer	Completion of Milestone 1	Issuance of Letter of No Objection to proceed. NB: Target HMO = Accredited HMO to be acquired. by NHIA to Target HMO
3	Submission of the following documents: a. Share purchase agreement executed between the Acquirer and Target Company	30 days from completion of Milestone 2	Target HMO and Acquirer	Completion of Milestone 2	Letter Indicating successful completion of milestone

Milestones	Activity	Timeline	Action by	Condition	Proof of Completion
4	<ul style="list-style-type: none"> b. Annual reports and accounts of both companies for the preceding 5 years of operation before the acquisition c. The financial service agreement between the acquirer and accredited HMO and their relevant financial advisers. d. Report on the valuation of shares and assets of the target company 	30 days after completion of Milestone 3	NHIA	Completion of Milestone 3	Letter Indicating successful completion of milestone
	<ul style="list-style-type: none"> a. Executed share and asset purchase agreement. b. Evidence of settlement of purchase consideration c. Evidence of severance benefits for employees that may lose their jobs as a result of the acquisition. d. Evidence of settlement of dissenting shareholders e. Newspaper publication of the acquisition f. Acceptance of all assets and liabilities of Company g. Approval of acquisition by FCCPC 				

Milestones	Activity	Timeline	Action by	Condition	Proof of Completion
5	Approval of Acquisition by NHIA	30 days	NHIA	Payment of 1% consideration of transaction fees or last combined turnover (whichever is higher) as regulatory fee Completion of Milestone 4	Letter Indicating successful completion of milestone
6	Post- Acquisition Inspection	90 days after Completion of Milestone 5	NHIA	Completion of Milestone 5	Post -Acquisition report

NB: Target HMO = Accredited HMO to be acquired

Protocol and Timeline for Acquisition of Accredited Healthcare Facility

Milestone	Activity	Timeline	Action by	Condition	Proof of Completion
1	Notification of intendment of an acquirer to acquire an accredited HCF	Time 0	Target HCF to be acquired	i. Request by Target HCF ii. Payment of N100,000.00 Notification fee	Acknowledgement letter from NHIA advising the HCF to commence activities leading to Milestone 2 plus the issuance of protocol to guide the process.
2	Submission of the following Documents: a. A certified true copy of the Memorandum and Article of Association of the Acquirer and Target Company. b. Certificate of Incorporation certified by the company secretary of both companies c. Extracts of board resolution of the Acquirer and Accredited HCF agreeing to the acquisition of the target company d. Status Report from CAC.	30 Days from Completion of the first timeline	Target HCF and Acquirer	Completion of Milestone 1	Issuance of Letter of No Objection to proceed by NHIA to Target HCF
3	Submission of the following documents: e. Share purchase agreement executed	30 days from completion of Milestone 2	Target HCF and Acquirer	Completion of Milestone 2	Letter Indicating successful completion of milestone

Milestone	Activity	Timeline	Action by	Condition	Proof of Completion
	<p>between the Acquirer and Target Company</p> <p>f. Annual Audited Account Reports/Statement of affairs of both companies for the preceding three (3) years of operation before the acquisition</p> <p>g. The financial service agreement between the acquirer and accredited Target HCF and their relevant financial advisers.</p> <p>h. Report on the valuation of shares and assets of the target company</p>				
4	<p>a. Executed share and asset purchase agreement.</p> <p>b. Evidence of settlement of purchase consideration</p> <p>c. Evidence of registration of staff with Health Insurance and PENCOM</p> <p>d. Evidence of settlement of dissenting shareholders if any</p> <p>e. Newspaper publication of the acquisition</p>	30 days after completion of Milestone 3	NHIA	Completion of Milestone 3	Letter Indicating successful completion of milestone

Milestone	Activity	Timeline	Action by	Condition	Proof of Completion
	f. Acceptance of all assets and liabilities of the Company g. Payment of NHIA Regulatory fee of 0.05% of purchase consideration				
5	Approval of Acquisition	TBD	NHIA	Completion of Milestone 4	Approval Letter Indicating successful completion of milestones
6	Post-Acquisition Inspection	90 days after completion of Milestone 5	NHIA	Completion of Milestone 5	Post-Acquisition report

NB: Target HCF = Accredited HCF to be acquired.



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