OGUN STATE HEALTH INSURANCE AGENCY (OGSHIA)

OGUN STATE HEALTH INSURANCE SCHEMES OPERATIONAL GUIDELINE

FEBRUARY, 2021.

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FOREWORD

Ogun State Government in striving towards achieving Universal Health Coverage in line with national agenda has established Ogun State Health Insurance Agency (OGSHIA) and undertaking other health financing reforms.

The Ogun State Health Insurance Agency was established by the Ogun State Health Insurance Scheme Law 2018 to improve access to quality health services with financial risk protection and ensure equity in healthcare delivery for all residents of Ogun State through social health insurance schemes. As enshrined in the law, the social health insurance schemes would be implemented and regulated by the Ogun State Health Insurance Agency (OGHSIA). The Agency will be responsible for mobilizing financial resources for the Scheme, pooling of risks, purchase of healthcare services for the beneficiaries and performing general oversight functions.

To ensure a smooth take-off and implementation of the Schemes, we have developed this Operational Guideline which reflects and expands on the provisions of the OGSHIA Law. The manual specifies the objectives of the scheme, roles of various stakeholders and the adjoining benefits. It also enumerates the sanctions for offences committed by engaged stakeholders. The operational guideline has been designed through extensive consultations with technical partners and stakeholders and in line with the laws establishing the Schemes, the National Strategic Health Development Plan II, National Health Insurance Scheme (NHIS) Operational Guideline, National Health Act and Ogun State Strategic Health Development Plan.

As the Scheme progresses, there shall be a periodic review of the guideline based on feedback from all stakeholders.

We believe that the Scheme shall be embraced by all residents of the State and would ultimately improve the health indices of Ogun State as we strive to make significant progress towards Universal Health Coverage and attain the Sustainable Development Goals.

Dr. Tomi Coker.
Hon. Commissioner for Health,
Ogun State.

ACKNOWLEDGEMENTS

All praise be to God Almighty for giving us the opportunity to develop the Ogun State Health Agency's Operational Guideline, a detailed document that shall guide the planning, implementation, monitoring, and evaluation of the State Health Schemes.

Our sincere appreciation goes to the Executive Governor of Ogun State, His Excellency, Prince Dapo Abiodun for creating the enabling environment with maximum encouragement and motivation for promoting the delivery of healthcare services to the residents of Ogun State. Special thanks to the Speaker of Ogun State House of Assembly Rt. Honourable Olakunle Oluomo, the Chairman House Committee on Health; Hon. (Chief) Adeyanju Adegoke Olusesi, the House Committee on Health and the entire members of Ogun State House of Assembly for creating a legal framework for the Scheme and the Agency.

We appreciate the Ogun State Commissioner for Health Dr Tomi Coker and the Permanent Secretary State Ministry of Health Dr. A. E. Ayinde for their passionate drive, technical guidance and supervision of the development of the operational manual.

The Agency acknowledges the immense contribution of the Management and Staff of Ogun State Ministry of Health (SMOH), State Primary Health Care Development Agency (OGSPHCDA), Hospital Management Board (HMB), Ogun State Health Insurance Agency (OGSHIA), Ministry of Budget and Planning, State Ministry of Finance, Office of the State Accountant General, Office of the State Head of Civil Service and National Health Insurance Scheme (NHIS) at National, Zonal and State levels.

Our special thanks goes to the United State Agency for International Development (USAID) funded TB-LON 3 implemented by IHVN and DGI Consult for all the technical and logistics support in the development of the Operational Guideline. We also appreciate the leadership of Ogun State Chapter of Nigeria Labor Congress (NLC), Trade Union Congress (TUC), Nigerian Medical Association (NMA), Guild of Medical Directors, Civil Society Organizations (CSOs) and Media, Traditional and Religious leaders for their tremendous support.

To everyone not mentioned specifically in this piece, we thank you for your effort and support.

Dr. Afolabi Dosunmu
Executive Secretary,
OGSHIA.

ACRONYMS

ANC	Antenatal Care
AIDS	Acquired Immune Deficiency Syndrome
BMLS	Bachelor of Medical Laboratory Science
BNSc	Bachelor of Nursing Science
BOT	Board of Trustees
BP	Blood Pressure
CAC	Corporate Affairs Commission
CBOs	Community Based Organization
CHPRBN	Community Health Practitioners Registration Board of Nigeria
CSO	Civil Society Organization
FBO	Faith Based Organization
FSP	Formal Sector Plan
HCF	Health Care Facility
HMO	Health Maintenance Organization
MBBS	Bachelor of Medicine and Bachelor of Surgery
MHA	Mutual Health Association
MIS	Management Information System
MLSCN	Medical Laboratory Science Council of Nigeria
MRTBN	Medical Rehabilitation Therapist Board of Nigeria
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NMCN	Nursing and Midwifery Council of Nigeria
NMA	Nigerian Medical Association
NMDC	Nigerian Medical and Dental Council
NPHCDA	National Primary Health Care Development Agency
OGSHIA	Ogun State Health Insurance Agency
PCN	Pharmacists Council of Nigeria
PCP	Primary Care Provider
RDT	Rapid Diagnostic Test
RN/RM	Registered Nurse/Registered Midwife
SDG	Sustainable Development Goals
TPA	Third Party Administrator
UHC	Universal Health Coverage
WHO	World Health Organization

1. OVERVIEW OF THE AGENCY

BACKGROUND

The journey of Ogun State in the area of Health Insurance started at Ala-Idowa Community as Leguru Health Insurance Society (still needs date as suggested). In 2014, the Ogun State Community Based Health Insurance Scheme tagged "ARAYA" was launched and piloted in 8 LGAs. The scheme was subsequently scaled up to all 20 LGAs in 2016. The scaled-up scheme focused primarily on providing health cover for indigent pregnant women and children under-5. Ogun State Health Insurance Agency was created on 27th May, 2019 following the signing of Ogun State health insurance bill into law (Law 039/2018).

The law makes health insurance mandatory for all residents of the state. The agency is created to oversee the operations of health insurance coverage in the State, with the purpose of attaining Universal Health Coverage (UHC) for both the formal and informal sector. Also, the agency will be the National Health Insurance Scheme (NHIS) gateway for service delivery under the Basic Health Care Provision Fund (BHCPF). The implementation of the schemes in the agency will be guided by this Operational Manual.

In order to ensure the achievement of UHC, the Ogun State Government is strategically targeting the formal and informal sectors by mobilizing all stakeholders to operate in a synergistic manner through a sustainable health financing system. This forms the basis for the establishment of OGSHIA.

1.1 Vision

Ensure that every resident of Ogun State has access to affordable quality health care without exposure to financial hardship, through individual and collective participation in health insurance by pooling health risks and resources in the spirit of social solidarity and equity.

1.2 Mission

- To establish a sustainable mechanism for mobilizing resources for health financing in order to increase access to quality health care services and reduce out-of-pocket payment.

1.3 Core Values

- Equity
- Efficiency
- Integrity
- Accountability
- Commitment

1.4 Objectives

- To provide financial risk protection for access to healthcare services
- To ensure continuous improvement of quality of healthcare services
- To ensure equity in access and financial contribution to the scheme
- To improve health outcomes in the State
- To reduce out-of-pocket expenditure for healthcare
- To protect families from financial hardship due to illnesses
- To streamline the referral system at all levels of the health care delivery
- To mobilize and redistribute resources within the health sector

1.5 Functions of the Agency

- To determine the overall policies of the state health insurance scheme including the financial and operative procedure for the disbursement of the funds of the scheme
- To continuously refine and develop the administration of the scheme to maximize efficient use of funds
- To continuously explore sources of funds to expand the risk pool of the scheme
- To continuously develop elements of the scheme that improve access to and provision of quality healthcare services
- To ensure a program of continuous quality improvement operates in all service providers under the scheme
- To provide technical and financial support to service providers in the provision of healthcare services and the administration of the scheme
- To engage, monitor, assess and sanction Third Party Administrators (TPA) and other specialist organizations required for running of the scheme
- To assess, monitor and sanction healthcare providers engaged by the scheme to ensure strict compliance
- To monitor pricing to ensure best value for money at all times
- To provide liaison between the scheme and the State Government
- To foster relationships between government, donors and development partners to promote the objectives of the scheme
- To assess, document, publish and disseminate information on the impact of the scheme and the achievement of its objectives
- Advise the government on the categories of vulnerable populations that may benefit from extra subsidization under the scheme
- Determine through relevant actuarial studies and performance indicators, capitation due to service providers
- Foster inter-relation of the scheme with other social services
- Ensure that equipment and facilities concerned with the scheme comply with the national health insurance scheme guidelines
- Liaise with the relevant Federal agencies identified in the National Health Law, to where appropriate, obtain and disburse funds due to the state for the development of primary health care and the purchase of drugs.
- To work closely with and in support of the Ogun State Primary Healthcare Development Board (OGPHECADEB) to strengthen primary health care preventive and curative services and ensure equitable distribution across the state
- To work closely with OGPHECADEB, Hospitals Management Board (HMB), Olabisi Onabanjo University Teaching Hospital (OOUTH), Ogun State Ambulance Service (OGSAS) and Ministry of Heath to develop efficient referral services.

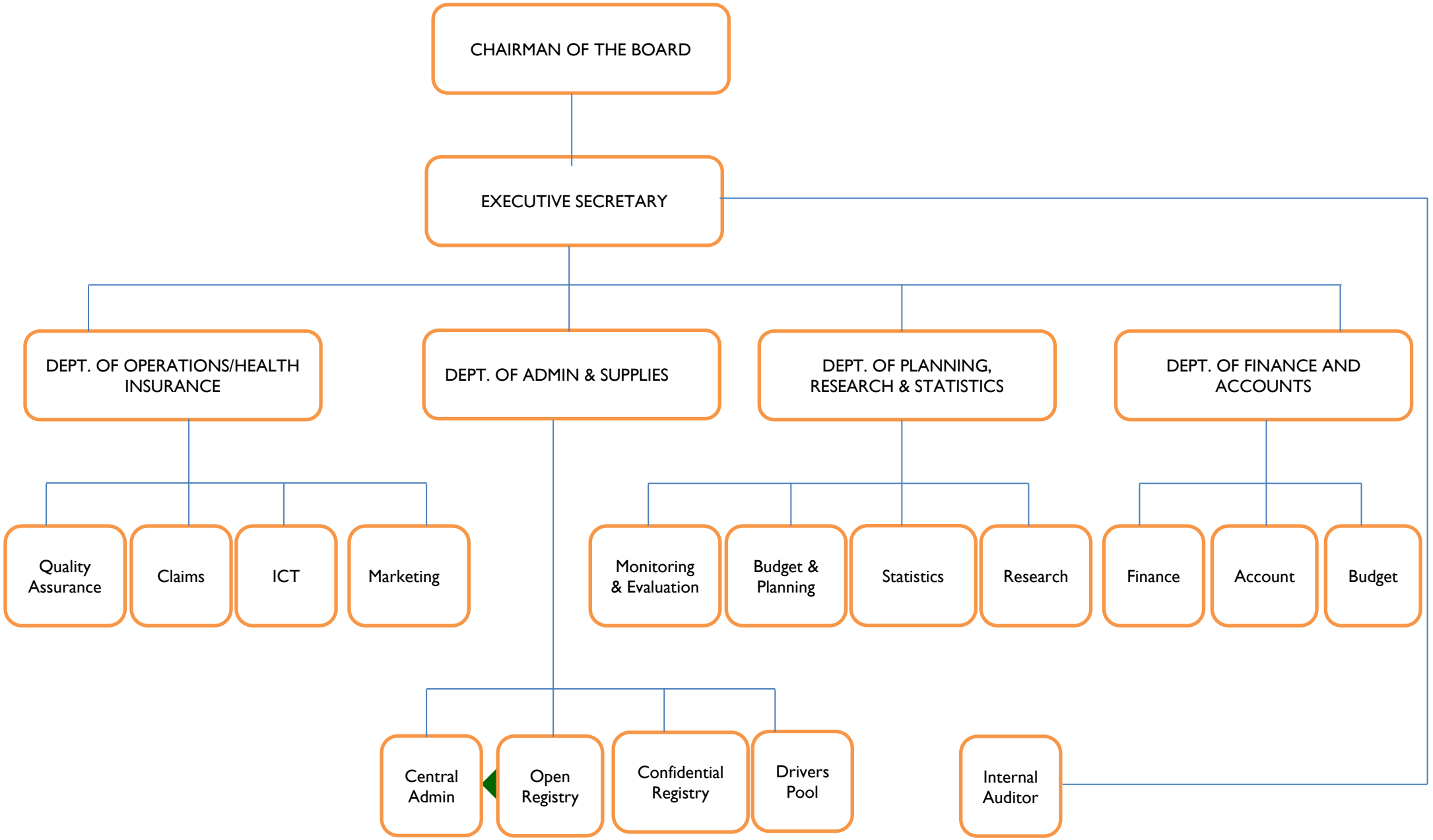
- To finance elements of the benefit packages that are to be provided by secondary and tertiary institutions under the scheme.
- To carry out such functions as to ensure the strengthening of the Ogun state primary health care system
- Perform any other functions as may be necessary to ensure the success and sustainability of the scheme

1.6 Scope of OGSHIA

The agency is positioned to provide health insurance cover to the following groups:

1) Formal Sector Health Insurance Programme
    - Public Sector Health Insurance Scheme
    - The Organised Private Sector Scheme
    - State's Uniformed Services e.g. TRACE
    - Students of Tertiary Institution Social Health Insurance Programmes
2) Informal Sector Health Insurance Programme
    - Community Based Health Insurance Scheme
    - Voluntary Contributors Health Insurance Scheme
3) Vulnerable Group Health Insurance Programme
    - Equity fund
    - Basic Health Care Provision Fund (BHCPF)

1.7 OGSHIA Organogram



1.8 Functions of the Departments

The Agency presently has four departments as follows:

- Operations / Health Insurance
- Planning, Research and Statistics
- Administration and Supplies
- Finance and Account

1.8.1 Schedule of Duty of Departments/Units

The functions of each department are as follows:

OPERATIONS /HEALTH INSURANCE

The Department of Health Insurance is responsible for the operation and implementation process of the Health Insurance Scheme(s) in the Agency. The broad functions are:

- Regulates the implementation of Ogun State Health Insurance Scheme
- Sets quality standards for health care providers
- Accredits health care providers and TPA
- Develops standard protocols for use by health care providers
- Continuous assessment of health care providers on the Agency's Schemes
- Determines the benefits package
- Recommends financial institutions for the scheme
- Prepares fund disbursement to respective stakeholders
- Processes claims for fee-for-service
- Collaborates with key stakeholders including development partners and organized private sector
- Conducts advocacy, sensitization and social mobilization as a marketing strategy for the scheme
- Registration and enrolment of beneficiaries
- Production of identification cards for the enrollees
- Demand creation by continuous awareness programs to the citizens of the State on the various schemes in the Agency
- Management of TPA like the Civil Society Organizations (CSO), Faith Based Organizations (FBO), Health Maintenance Organizations etc.

PLANNING, RESEARCH AND STATISTICS

The department is responsible for data collection, collation, analysis and reporting as well as planning the Agency's activities. The broad functions of the department are as follows:

- Prepares and submit the Agency's annual work-plan to the Board
- Coordinates the activities of the other departments in the Agency by formulating and implementing policies and programs
- Ensures the annual budget of the Agency is prepared timely and comprehensively
- Collates quarterly performance reports of the various departments in the Agency

- Ensures the confidentiality, integrity and accuracy of the Agency's information and records
- Maintains a robust and interactive website
- Compiles and submits reports on implementation of decisions of the Agency to the Board
- Coordinates inter-sectorial and stakeholders' meetings
- Conducts research studies into identified and approved areas of the Agency's program
- Manages the Agency's data bank and library
- Sets and monitors the performance efficiency targets
- Monitors and evaluates all the Agency's projects
- Liaises with other government ministries, departments and agencies
- Prepares the progress and annual reports to showcase the activities of the Agency
- Coordinates the annual press briefing of the Agency
- Identifies training gaps for capacity building of the Agency's personnel
- Any other duty as may be periodically assigned to the Department

ADMINISTRATION AND SUPPLIES:

This Department shall be headed by an Administrative Officer to provide centralized direction, support and leadership for the effective Administration and operation of the Ministries, Departments and Agencies for the overall objectives of the organization. Other functions are as follows;

- Co-ordinates manpower planning, recruitment, induction, confirmation, leave, promotion, discipline (general administration and establishment matters)
- Formulates executes and reviews policies and programs on administrative and human resources management.
- Implements all policies and programs relating to administrative functions in line with the public service rules and other extant regulations
- Provides essential and administrative support service
- Prepares monthly bulk expenses of the Agency for disbursement by the director, finance and accounts
- Responsible for administrative development planning & postings
- Procures and stores all necessary resources (material, machines etc) in a transparent manner and ensure their cost-effective usage
- Secures and maintains all physical resources and ensure timely requisition when the need arises
- Develops systems and structure for internal control relating to human and physical resources
- Covers meetings of the Executive Secretary with the Directors and Heads of Units
- Controls inventory of OGSHIA's resources including but not limited to offices, fixtures and fittings, vehicles etc.
- Prepares budget estimates in relation to manpower needs
- Pension and general welfare matters

FINANCE AND ACCOUNTS

The Department is responsible for making payments and generating financial reports. The broad functions of the Department of Finance and Accounts include:

- Accounting for Government Revenue
- Ensuring prudent management of Government Expenditure

- Budget and Budgetary Control
- Internal Control
- Handles all providers' payment mechanisms
- Pays third party administrators for services rendered

1.9 Stakeholders' Roles and Responsibilities

Office of the Head of Civil Service

- Provides updated nominal role of all public servants of the state to the Agency
- Deploys relevant staff to the Agency
- Provides periodic guidance on the human resources management and general administration of the Agency

Ministry of Health

The State Ministry of Health supervises the activities of the Agency. viz-a-vis: -

- Nomination of representative of the Ministry into the Board of the Agency
- Ensures that the Agency benefits from the provisions of the National Health Act
- Ensures accountability and judicious use of funds paid to the health care facilities
- Collaborates with the Agency to integrate free services into the benefit package of the scheme e.g, malaria, tuberculosis, HIV/AIDS etc

Hospitals Management Board

The Board will have the following roles on the scheme:

- Upgrades secondary health facilities to meet accreditation requirements for registration into the scheme
- Collaborates with OGSHIA and NHIS to secure accreditation for the secondary health facilities
- Appointments focal persons for each of the secondary facilities that will liaise with the Agency
- Ensures accountability and judicious use of funds paid to public health care facilities

Ogun State Primary Health Care Development Board (OGPHECADEB)

The Agency will have the following roles on the scheme:

- Upgrades facilities to meet accreditation requirements for registration into the scheme
- Collaborates with OGSHIA and NHIS to secure accreditation for the primary health facilities
- Appoints focal persons for each secondary facility that will liaise with the Agency
- Ensures accountability and judicious use of funds paid to primary health care facilities
- Collaborates with OGSHIA to integrate all free services into the scheme

Ministry of Finance/ Office of the Accountant General

- Prompt releases of monthly contributions and other funds accruable to the Agency
- Advice in the selection of approved banks for opening of Agency's account
- Provides guidance on financial management and procedures
- Posts relevant human resource to the Agency
- Appoints a focal person that will liaise with the Agency

Office of the Auditor General

- Routine auditing of the Agency
- Appointment of internal and external auditor for the Agency

Ogun State Ministry of Budget and Planning

- Creates budget line for the Agency.
- Ensures allocation of resources in the annual State Budget.
- Assists in mobilizing development partners to support the Agency.
- Appoints a focal person that will liaise with the Agency

National Health Insurance Scheme (NHIS)

- Guides the Agency in the development of legal framework
- Supports continuous capacity building and regular review of the State Health Insurance Scheme
- Shares best practices on health Insurance
- Collaborates with OGSHIA to accredit and re-accredit health care facilities and TPA.
- Carries out advocacies to the leadership at various levels of the state to ensure smooth conduct of social health scheme in the state
- Assists the Agency in community mobilization, registration as well sensitization of enrolees
- Assists the Agency in the overall coordination of the scheme
- Ensures the disbursement of the NHIS component of the BHCPF to the Agency
- Nominates a representative to the Board

Labour Unions

- Nominates representatives as members of the Board
- Conducts sensitization of its members' participation in the Scheme
- Establishes independent monitoring committee to ensure enrolees have access to qualitative healthcare services

Civil Society Organizations (CSOs)

- Nominates a member for appointment as representative to the Board
- May register as TPA and mutual health association (MHA) to support specific functions as determined by the Agency
- Supports sensitization of the general public on the benefits of the Scheme

Ogun State Health Financing Technical Working Group (TWG)

- Supports the Agency to coordinate all stakeholders towards the overall implementation of the state health insurance scheme
- Supports the Agency in the development of innovative programs that will assist in improving coverage for all residents of the state with financial risk protection
- Supports the Agency in identifying issues that may affect the healthcare financing landscape in the state and proffer solutions to them

Governing Board

- Determines the overall policies of health insurance scheme including the financial and operating procedures of the scheme
- Regulates and supervise the Health Insurance Schemes as established in the law
- Determines the organizational structure of the scheme
- Approves all health plans and third-party administrators (TPA) for the schemes
- Ensures the effective implementation of the policies and procedures of the scheme
- Establishes standards, rules and guidelines for the management of health insurance scheme
- Approves the recommendation of the scheme relating to research, consultancy and training in respect of the scheme
- Ensures the maintenance of State data bank on all activities of the scheme
- Determines the remuneration and allowance of all staff of the board and
- Ensure public awareness about the Agency and its schemes
- Set guidelines for effective cooperation with other organizations to promote the objectives of the scheme
- Performs such other duties which, in the opinion of the board are necessary or expedient for the discharge of its function in the law establishing OGSHIA

Health Care Providers (HCP)

The Agency will utilise both public and private health care providers, with the entry point of care for all enrolee being primary level. Referrals can be made to secondary level if the need arises. All HCPs coming on the scheme must undergo a registration and accreditation process and required to sign MoU with the agency.

- Provides quality health services to enrolees at no additional cost to enrolees
- Ensures the patient's waiting time is kept to a minimal
- Provides regular feedback to the agency on the status of the scheme.
- Maintains proper records of services rendered and payment received
- Ensures that the facility implements its quality improvement plans
- Facilitates two-way referral system

Third-Party Administrators (TPAs)

The agency will utilise the services of TPAs like HMOs, Civil Society Organisations (CSOs), Faith-Based Organisation (FBOs), as field administrators. The TPAs will go through an accreditation process after the interested organisation has submitted an application form with submission of other

relevant documents. Screening, selection and eventual accreditation of qualified TPA with signing of MoU. TPA will be assigned to operate in selected LGA of the State and will perform the following activities;

- Registration of enrolees
- Participation in advocacy and mobilisation activities
- Facilitate the distribution of enrolee ID cards
- Facilitate quality improvement and quality compliance at the provider level
- Act as a link between the agency and community

Executive Secretary, OGSHIA

- Recommendation for the appointment of ES for the Agency shall be by HCH
- Serves as the Chief Executive Officer of the Agency
- Provides strategic leadership and direction to the Agency
- Coordinates the day-to-day administration of the Agency
- Promotes and monitors the implementation of health insurance schemes in the State
- Ensures effective participation in the State health insurance scheme for all the residents in the state
- Ensures sound data base for effective planning, implementation and supervision of health insurance schemes in the state
- Promotes all components of health insurance schemes in the state
- Ensures effective programs for training and retraining of staff
- Encourages collaboration with other sectors at all levels in the development of the Agency
- Mobilizes resources nationally and internationally for the development and support of the Agency
- Reviews quarterly and evaluate the implementation of programs of the Agency
- Acts as the Secretary to the Governing Board and ensures the implementation of the Board's resolutions

1.10 The Health Plan

The Agency shall operate a single universal plan for all residents of Ogun State to be called the **Ogun State Health Plan**. The plan shall consist of a basic, defined essential benefits package of healthcare services for Primary Care as well as an "affordable" supplementary benefits package of healthcare services for Secondary Care and will be accessible from both Public and Private Primary Health Care Facilities who shall refer if necessary, to designated secondary and tertiary health facilities. All formal and informal sector contributors shall be entitled to this plan.

In addition, all Private Medical Insurance Programs in the State must be mandatorily operated in such a manner as stipulated by the Agency, to encourage uniformity and economic benefit for Ogun

residents. All TPA/HMOs offering private health plans to residents of Ogun State must be registered, licensed and monitored by OGSHIA in accordance with the laws establishing this Agency and they are to contribute 1% of their total annual premium collection from private health insurance to the Agency.

2. FINANCIAL MANAGEMENT

2.1 Sources of Funds

The Agency shall have the following sources of revenue:

1. Take off grant from the government
2. Budgetary allocation from the State
3. At least 1% of the State Consolidated Revenue Fund (CRF)
4. Contribution from formal sector employers and employees, public office holders, students and pensioners
5. Contribution from informal sector workers
6. Basic Health Care Provision Fund
7. Other social intervention programs
8. Funds from TPAs running private health insurance (1% of total premium per annum)
9. NGO, Development Partners, Foundations and Individual Philanthropists
10. Cooperate Social Responsibility
11. Fines charged by the Agency

2.2 Pooling of Resources

All funds accruing to the Agency will be placed in one pool and then disbursed in accordance with the operational guidelines of the agency.

2.2.1 Funds Flow and Utilization

- Take off grant from the government
- Budgetary Allocation from the state
- 1% Consolidated Revenue Fund from the State
- 1% Consolidated Revenue Fund from the 20 LGAs
- Contribution from formal sector employers and and employees
- Contribution from Informal sector workers
- Funds from TPAs private insurance
- Other social intervention programs
- Basic Health Care Provision Fund
- Cooperate Social Responsibility
- NGO, development partners, Foundations and Individual Philanthropists
- Fines charged by the Agency

- Fee for Service
- Capitation
- ICT
- Admin Charges
- TPA Admin Charge
- Strategic Reserve
- Performance Based Financing

2.2.2 Strategic Purchasing

In OGSHIA, healthcare services will be strategically purchased and healthcare providers will be reimbursed by a hybrid of capitation and fee for service. Primary care services will be paid through capitation while secondary services will be purchased through fee for service payment mechanism. A robust claims management system as well as monitoring and evaluation procedure will be put in place to ensure that all payments are made in accordance with OGSHIA operational guidelines. The capitation rate to be paid to health care providers will be determined by actuarial and sustainability analysis periodically.

- Primary care providers will be paid by capitation monthly, on or before the last day of the preceding month (a fixed amount per enrolee per month). The total payment made will be dependent on the number of enrolees enlisted with each primary care provider.
- Secondary care facilities will be reimbursed on fee for service basis after thorough review of their claims by the Agency not more than a month after submission of claims.
- Payment shall only be effected upon satisfactory presentation of evidence that services have been rendered
- The services rendered are part of the benefit package as specified by the authorization code duly issued by the Agency.
- All claims for fee-for-service should be presented to the Agency within 30 days from the end of the month
- All payments will be made directly into the health care facility's account by the Agency
- The Agency shall set up claims validation desks for specific secondary care services – referrals, pharmacies, labs, x-ray etc. to ensure prompt processing of claims.
- In case of dispute, the Agency shall pay what is deemed due according to the fee schedule of payment within the stipulated period, while the dispute is subject to arbitration.

Reserve funds shall be used to: -

- Principally absorb primary and secondary risks.

2.2.3 Payment to Third Party Administrators

TPA can be engaged for any assignment/task deemed necessary by the Agency and payment can be made upon:

- Satisfactory completion of the contracted task
- Submission of relevant reports and other means of verification
- Any other requirement specified in the terms of engagement

2.3 Funds Utilization

Funds pooled by the Agency shall be utilized as follows:

Disbursement Plan

		Percentage (%)	Amount Monthly	Amount Yearly
Service Delivery	Capitation	50	500.00	6,000.00
	Fee-for-Service	21	210.00	2,520.00
Admin Charges	ICT	2	20.00	240.00
	Admin Charges	8	80.00	960.00
TPAS	Marketing - Registration	3	30.00	360.00
	Data Capturing and Enrolee Management	6	60.00	720.00
	Strategic reserve	10	100.00	1,200.00
		100	1,000.00	12,000.00

Risk Management

Based on the principle of solidarity, the Ogun State Health Insurance Scheme has been carefully designed to spread financial risk to all pool members (all Ogun State residents). The risk is shared between the healthy and the sick, the young and the aged, the poor and the rich.

2.3.1 Adverse Selection

This will be addressed by a waiting period of 60 days before accessing care.

2.3.2 Moral Hazard

- The gate keeping function of the primary provider before referral is to check moral hazard at the secondary level
- Strict monitoring and verification of the issuance of authorization code to regulate referral on service utilization by the Agency

2.3.3 Fraud/Free Riding

- This is addressed by the facilities through proper identification
- Fraud at the secondary level can be addressed by transparent stakeholder compliance to referral protocols

3. PROGRAMS

The Agency is empowered by law to provide health insurance cover to all residents of the State in the formal and informal sector. This will be achieved through the following schemes:

3.1 Formal Sector Health Insurance Program

The Formal Sector Contributory Healthcare Program is for the following group of people:

- Public Sector Health Insurance Scheme (including retirees)
- The Organized Private Sector Scheme
- State's Uniformed Services e.g. TRACE
- Students of Tertiary Institution Social Health Insurance Program

3.2 Informal Sector Health Insurance Program

The informal sector in the state will be strategically targeted using various innovative means to ensure that every person in this sector is covered with health insurance. The Agency shall work closely with all stakeholders to develop programs and strategies towards this.

- Community Based Health Insurance Scheme
- Voluntary Contributors Health Insurance Scheme

3.3 The Vulnerable (Indigent) Group Health Insurance Program

This group constitutes residents of Ogun State who cannot pay for themselves (indigents) and shall be covered by subsidies from Government, donations and grants from donor agencies and philanthropists with special attention on:

- Pregnant women
- Children under 5
- Elderly
- People living with Sickle Cell Disease
- Physically and mentally challenged
- Prison inmates

3.3.1 Basic Health Care Provision Fund (BHCPF)

The Basic Health Care Provision Fund (BHCPF) enshrined in the National Health Act 2014 (NHAct 2014) guarantees the provision of a basic minimum package of health services to the poor and vulnerable in Ogun State though intra-fiscal transfers from the national level.

3.3.2 Donor Vulnerable Adoption Program

This is an adoption program for donors and corporate businesses as a form of Corporate Social Responsibility (CSR) to adopt and pay premium for the vulnerable group.

4. REGISTRATION PROCEDURE

4.1 Requirements for Registration of Healthcare Professionals

4.1.1 General Medical Practitioners

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

4.1.2 Specialist Medical Practitioners

- They include physicians, dental surgeons, radiologists, pediatricians, psychiatrists, surgeons, gynecologists, ENT surgeons, ophthalmologists, etc.
- Possession of recognized specialist qualifications in the proposed area of practice.

4.1.3 Pharmacists

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

4.1.4 Pharmacy Technicians

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

4.1.5 Medical Laboratory Scientists

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

4.1.6 Medical Laboratory Technicians

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

- Registration with the MLSCN
- Possession of current annual tag.

4.1.7 Nurse Practitioners

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

4.1.8 Radiographers and Ultra sonographers

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

4.1.9 Physiotherapists

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

4.1.10 Community Health Practitioners

- BSc Community Health
- Possession of BSc degree in community health or relevant field from a recognized university and with registration from the Community Health Practitioners Board of Nigeria.

4.1.11 Community Health Officer (CHO)

Possession of HND in Community Health from a recognized University and with registration from the Community Health Practitioners Board of Nigeria.

4.1.12 Community Health Technician (CHT)

Possession of Certificate in community health from a recognized School of Health Technology or any NBTE recognized institution and with registration from the Community Health Practitioners Board of Nigeria.

4.1.13 Junior Community Health Extension Worker (JCHEW)

Possession of Certificate in community health from a recognized School of Health Technology or any NBTE recognized Institution and with registration from the Community Health Practitioners Board of Nigeria.

4.2 Health Care Provider Registration

Only health care providers who possess the required manpower and who have been duly accredited by the Department of Hospital Services in the Ministry of Health shall be qualified to be registered by the Agency. Each accredited provider will sign an MOU with the Agency and commit to the following charter of service provision

- Commit to having good relationship with the enrolee e.g., friendliness, helpfulness, respect, courtesy, impartiality
- Provision of Quality of service, e.g., clarity, accuracy, responsiveness, availability
- Timeliness of service delivery, e.g., promptness, speed waiting times
- Special Needs Provision, e.g., the elderly, blind, people with disabilities, pregnant women, children, etc.
- Clear description of performance monitoring and reporting arrangement
- Complaints/Grievance Redress Mechanism
- Provider Exit from the scheme/Relocation/Change of Name

4.2.1 REGISTRATION PROCEDURE

EXPRESSION OF INTEREST (EOI)

- A 'letter of expression of interest' is written by the CMD to the Executive Secretary OGSHIA, signifying interest to come on board. The letter of EOI may be submitted online
- For a public hospital, the Chairman of the Local Government / the CMD as applicable writes the said letter.
- EOI will cost a charge of ₦20,000 which is non-refundable

REGISTRATION FORM

- After the payment of the non-refundable EOI fee, a representative of the facility picks up/downloads a hospital registration form and submits with copy of the following;
    - Certificate of incorporation from CAC.
    - Evidence of registration or revalidation with the Department of Hospital Services in the State.
    - Hospital profile.
    - Hospital staff details with qualifications and photocopies of relevant certificates.
    - Professional indemnity cover (up to the tune of 2 million Naira)

PRE-ACCREDITATION ASSESSMENT

- A pre-accreditation assessment will be conducted on the hospital using the OGSHIA checklist.
- The report of the assessment will be shared with the hospital
- If the facility does not meet the required standard, there is room to reapply after 3 months of the initial application provided that the required standards would have been put in place, after the payment of a re-assessment fee

CONTRACT STAGE

- An MOU will be signed between the facility and OGSHIA.

4.2.2 Provider Exit

A health care facility wishing to exit from the schemes of the agency shall:

- Give three (3) months' written notice to the Agency
- Ensure adequate dissemination of provider exit by placing notification banner at the concerned facility's entrance for duration of 3 months. The facility will also be required to send bulk SMS to its assigned enrolees.
- The facility shall accord all enrolees the necessary rights and privileges due to them as beneficiaries within the three (3) month period of this notice.

4.2.3 Provider Relocation

A health care facility wishing to relocate to a new site and still operate under the agency shall:

- Give three (3) months' written notice to the agency
- Ensure the adequate dissemination of provider relocation by placing notification banner at the concerned facility entrance for duration of 3 months. The facility will also be required to send bulk SMS to its assigned enrolees.
- The facility shall accord all enrolees the necessary rights and privileges due to them as beneficiaries within the three (3) month period of this notice.
- Apply for inspection and approval of the new premises within the initial six 6 months of relocation.

4.2.4 Change of Name

Any health care facility wishing to change name and still operate under the scheme must:

- Notify the Agency formally and attach CAC approval if the business name is registered with the CAC.
- Must publish its change of name in at least one (1) daily newspaper with significant circulation and readership in Ogun State
- Provide evidence of re-licensure from the Department of Hospital Services in the State

4.2.5 Change of Ownership

Any health care facility wishing to change ownership and still operate under the scheme must:

- Give a three (3) months' written notice to the agency of its intention.
- Notify the agency formally after the change of ownership has been completed with CAC and attach evidence of CAC approval for change of ownership and name.
- If its trade name i.e. public name is affected, the facility must publish its change of name in at least one (1) daily newspaper with significant circulation and readership in Ogun State.
- Provide evidence of re-licensure from the Department of Hospital Services in the State

4.3 Requirements for Health Care Providers (HCP)

- Licensed by Department of Hospital Services MOH
- Possession of professionals with relevant academic qualifications
- Registration with the relevant regulatory bodies
- Possession of the current license to practice
- Appropriate facility for its intended level of service delivery

4.3.1 Facility and Personnel Requirements for Primary Health Care Provider

Primary Healthcare centers must meet the standards as set by the National Primary Health Care Development Agency (NPHCDA). Public and private hospitals should have the following:

- Access to a Medical Practitioner
- At least two Registered Nurses/Midwives
- At least two Hospital Assistants
- At least one administrative staff and secretarial duties
- At least one medical records officer
- At least one Medical Laboratory Technician

4.3.1.1 Nursing and Maternity Homes

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

4.3.2 Requirements for Secondary Health Care Providers

A facility to be accredited as secondary provider must possess male and female wards, pharmacy,

laboratory, radiology, physiotherapy and operating theatre units. They must also offer the following specialized services:

Surgery

- Consultant Surgeons
- Peri-operative nurse
- Anesthetic personnel (doctors/nurses)
- Intensive Care Unit Nurse or Accident and Emergency Nurse
- Surgical Out-patient Department

Internal Medicine

- Physicians
- Qualified Nurses
- Medical Out-patient Department

Paediatrics

- Paediatrician
- Qualified Nurses
- Children Emergency Ward

Obstetrics and Gynaecology

- Obstetrician and Gynaecologist
- Qualified Nurses
- O&G Wards
- Delivery Room

Ear Nose Throat

- ENT Surgeon
- ENT Nurse
- Basic Equipment

Ophthalmology

- Ophthalmologist
- Optometrist
- Ophthalmic Nurse
- Basic Equipment

4.4 Registration of Third Party Administrators

The registration of an organization under the Agency shall be in such form and manner as may be determined from time to time by the Board. The TPA will also be required to have the following:

- Registration with relevant regulatory Agencies.
- Being financially viable before, during and after registration
- Have a track record of a healthy relationship with healthcare providers, with letter of recommendation from at least 3 HCPs that can attest to her record
- Make a complete disclosure of the ownership structure and composition of the organization;
- Have a designated current account to be used specifically for the operations of the activities of the Agency.

4.5 Complaints Handling Mechanisms in the Agency

Complaints from enrollees can be received through any of the following means:

i. Written
ii. Online via emails and direct messages to Agency's social media platforms
iii. Telephone (Call or SMS)
iv. Verbal

- All complaints received must be properly documented by the officer who receives the complaints. The staff must also ensure that the contact details of the enrollee are included to enable direct communication with the enrollee upon resolution or otherwise of the complaint
- All complaints shall be resolved within the shortest possible period of time but usually not later than 3 working days, those that cannot be resolved shall be escalated to management for further actions
- Upon satisfactory resolution of a complaint, the officer in charge shall provide comprehensive resolution details which shall also include possible root causes of the complaint as well as attach supporting documents to back up the decision or action taken and then close the case
- It is the responsibility of the Quality Assurance and Claims Units of the Agency to handle all complaints from enrollees

5. ORGANIZATION OF HEALTH SERVICES

5.1 Levels of Health Care Services

Healthcare services will be provided through two levels of service arrangement by public or private health facilities. These are primary and secondary services.

- Primary Healthcare Services: This refers to the first point of contact of enrolees with the health care facilities which serve as gatekeepers to the scheme. They provide preventive, promotive and curative services.
- Secondary Healthcare Services: This refers to specialized services to enrolees referred from the primary level of care after authorization from the Agency. In case of emergencies, direct referrals without authorisation code can be made, following which the Agency must be notified within 24 hours.

5.2 Waiting Period

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

5.3 Scope of Coverage

- The premium for family package covers an employee (principal), a spouse and four (4) biological children below the age of 18 years for the formal sector scheme
- For the informal sector, premium covers only the person paying. Every additional family member will be at a discounted fee
- Birth certificate of biological children should be provided at the point of registration for authentication.
- The enrolees should note that multiple registration and that of an ineligible dependant/spouse is a criminal offence punishable by law.

5.4 Registration of Employers and Employees

The registration of prospective enrolees shall be the responsibility of the Agency. However, the Agency may engage the services of TPAs as the need arises.

- All registration process shall be online using the Agency's approved data management software
- Every registered employer shall supply the following information:
    - Name
    - Age
    - Gender
    - Date of Birth
    - Name of employer
    - Phone number

- Residential Address
- Category of employer (public or private)
- Finger print and other biometrics identifiers as may be required
- The organisation is to provide a nominal roll containing staff details and basic salaries, this will serve as a guide for the registration

- The Agency shall bear the cost of initial production of enrolee identity card(s)
- The enrolee shall bear the cost of production of replacing any identity card(s). This shall be done at a cost to be determined by the Agency.

5.5 Rights and Privileges of Beneficiaries

The beneficiary has the right to:

- Freely choose his/her accredited primary healthcare provider
- Change primary healthcare provider after initial registration after three (3) months, if not satisfied with the service or due to relocation.
- Access care once the name is on the current enrolee register after proper identification.
- Receive treatment at the nearest registered healthcare facilities in emergencies.
- Add or remove dependent(s).
- Add extra dependent(s) on payment of a specified fee.

5.6 Referral

- Entry into the Program is via the Primary level of care at which treatment is administered as provided in the guidelines. All cases that require specialized attention are referred following the laid down guidelines from the Primary to Secondary levels of care. Referral can be vertical or lateral but as much as possible to the nearest specialists as contained in the list of OGSHIA accredited facilities in the area.
- All authorization codes must be given within 24hrs to the requesting facility. The Agency should follow–up to ensure that the services are rendered and documented. However, when such requests are denied, the facility must be notified in writing within 24 hours stating reasons for denial.

5.6.1 Procedures for 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 providers must refer early enough to the next level of care.
e. Personal and medical details including investigations done and treatments administered must be contained in the referral letter.
f. Notification of all designated stakeholders for authorization is mandatory before referral except in emergencies.
g. The outcome of a referral should be satisfactorily and properly documented.

h. Referred cases must be sent back by the specialist after completion of treatment to the referring healthcare facility, with a medical report and instructions for follow-up management.

i. The following information are required for referral:

- Patient's name, gender, age and address
- Referral location (Dept./clinic)
- Patient's hospital number
- Patient Agency number
- Referring Healthcare facility's code
- Referral date and time
- Clinical findings/investigations and results
- Treatment administered before referral
- Provisional diagnosis
- Reasons for referral
- The patient's authorization code
- Referring personnel's name and signature

6. MONITORING AND EVALUATION SYSTEM

a. The Agency should develop an efficient monitoring and evaluation system to facilitate effective monitoring of the scheme.

b. The M&E System should be adequately funded by the Agency

c. Base line and fiscal analysis studies should be conducted prior to the take-off of the scheme

d. Impact evaluation should be conducted after every 2-5 years to determine progress of the scheme

e. Periodic enrolee satisfaction surveys should be conducted to enable the Agency determine the perception of the enrolees on the quality of services provided to them. The Planning, Research and Statistics department shall be responsible for this activity. Survey data will be shared with the enrolees in the form of feedback to enable them appreciate all the mechanisms put in place by the Agency to handle all issues relating to do with quality assurance. Such reports generated by DPRS must be independently validated by the Stakeholders.

f. Enrolee fora periodic meetings (Bi-annually) will be held with enrolees and other stakeholders in the form of town hall meetings and other meetings to engage key community members on the operations of the scheme.

Thematic Area	Indicator	Target					Remarks
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
Financial protection	Percentage of formal sector enrollees registered into the scheme	100%	100%	100%	100%	100%	The Agency intends to start with both LGA and State formal workers in the first year Organized private sector in the 2nd year
	Percentage of informal sector enrollees registered into the scheme	10%	20%	50%	70%	80%	Must be performance-based
	% Increase in the number of families protected against catastrophic health expenditure	TBD	TBD	TBD	TBD	TBD	Subject to a baseline assessment to be conducted by the Agency
Equity	% Percentage of vulnerable group covered by the scheme	5%	7%	10%	20%	30%	Subject to the availability of the 1% CRF as stipulated in the law and other alternative sources of funds CRF – Consolidated Revenue Fund

Thematic Area	Indicator	Target					Remarks
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
Funding	% Increase in the funds of the Agency	40%	20%	20%	20%	20%	
	% Increase in private sector contribution to the agency	TBD	TBD	TBD	TBD	TBD	Subject to a baseline assessment to be conducted by the agency
	% Increase in Governments contribution to the agency						
Private sector participation	%Increase in the number of private healthcare providers participating in the scheme	0%	20%	60%	80%	100%	
Funds Utilization	Percentage of enrollees utilizing healthcare services as capitation	TBD	TBD	TBD	TBD	TBD	
	Percentage of enrollees utilizing secondary health care services	TBD	TBD	TBD	TBD	TBD	

7. OFFENCES, PENALTIES, SANCTIONS AND ARBITRATIONS

7.1 Health Care Providers

7.1.1 The following actions are regarded as wrongdoings:

1. Refusal to render services to beneficiaries
2. Putting beneficiaries under derogatory or inhospitable conditions
3. Not dispensing drugs to beneficiaries or asking them to buy or pay
4. Collection of money from beneficiaries as payment for services that are covered under the scheme
5. Undue referral of beneficiaries. Health care providers are not allowed to refer more than 25% of their assigned enrollee.

7.1.2 Offenders will face the following sanctions

1. Issuance of a warning letter as first offender
2. A second offence will attract a fine of one-month capitation for all its assigned enrollees
3. A third offence will attract a fine of three-months capitation for all its assigned enrollees
4. If found culpable again will have to face the ultimate sanction as in section 7.2
5. Any punishment/sanction must take into consideration the right of the enrollees

7.2 Automatic Termination

Unless the parties agree otherwise, this Agreement shall automatically terminate on the happening of any of the following events:

a) If either party to this Agreement becomes insolvent or generally fails to pay, or admits in writing its inability or refusal to pay its debts as they become due, or either party applies for, consents to, or acquiesces in the appointment of, a trustee, receiver or other custodian for such party or any property of such party, or makes a general assignment for the benefit of creditors, or in the absence of such application, consents or acquiesces that a trustee, receiver or other custodian is appointed for either party or for a substantial part of the property of such party and is not discharged within 60 days, or any bankruptcy, re-organization, debt arrangement or other case or proceeding under any bankruptcy or insolvency law or any dissolution or liquidation proceeding is not commenced by such party, it is consented to or acquiesced in by such party or remains for 60 days undismissed; or either party takes any action to authorize, or in furtherance of any of the foregoing.

b) If legislation is enacted or a court of competent jurisdiction interprets a law so as to prohibit the continuation of this Agreement or such law or court's interpretation so adversely affects the business of OGSHIA that it is determined it can no longer continue conducting the business of OGSHIA as presently contemplated, or

c) If OGSHIA or the Primary Care Provider is found guilty of an indictable criminal offence or if found liable for gross misconduct related to this Agreement;

d) If OGSHIA or the Primary Care Provider no longer has a valid Certificate of Authority, any party to this Agreement shall promptly notify the other party in writing of any event giving rise to automatic termination under this section, provided that failure to give such notice shall not prevent this Agreement from automatically terminating upon the occurrence of such event.

e) Where a Primary Care Provider fails to provide adequate quality of care to OGSHIA's Clients, then OGSHIA must take all necessary action to see that the incompetent provider's contract is not renewed. Renewal should be done every 2 years.

f) Failure on the part of the Primary Care Provider to meet up with the re credentialing requirements.

g) For business reasons, OGSHIA may consider and decide that the Primary Care Provider's Practice behavior or ethics is unsuitable for the managed care environment.

7.3 Termination for Breach

OGSHIA or the Primary Care Provider has the right to terminate this Agreement upon 30 days written notice of such termination to the other party if the party to whom such notice is given materially breaches any provision of this agreement. The party claiming the right to terminate hereunder shall set forth in the notice of termination the facts underlying its claim of breach. Remedy of such breach to the satisfaction of the other party within 30 days of the receipt of such notice, shall revive this Agreement for the remaining portion of its current term

- The Agency through her appointed officers may enter, inspect and audit any premises, books, accounts and relevant records of any health care facility that has received payments under this Law at any time and may require the hospital or facility to verify in a manner prescribed, any information submitted to the Agency
- Where health facility fails to keep the books, records and returns required under this Law or any regulations made there under the Agency may withhold payments due to it until the health care facility complies with the provisions of this Law and the Regulations made here under (the enrollees should be moved to a nearby facility after withholding payments)
- Any person who produces to an admitting official of a health care facility or a medical practitioner or a member of his staff or to a person authorized by Law to provide other health services or a member of his staff, a registration certificate-

  i. Knowing that the person named therein is not at the time of the production thereof, not covered under the Law;

  ii. Knowing that the person on behalf of whom and to facilitate whose treatment it is produced is not the person named therein or a dependant of that person;

  iii. Commits an offence and shall on conviction liable to be sentenced to a maximum period of twelve (12) months imprisonment and pay a fine of Two Hundred and Fifty thousand naira (N250, 000.00) in addition to the cost of treatment incurred

- Any person or organization who connives with a health care practitioner or health care facility to receive cash either for services rendered or not rendered shall on conviction be liable to be sentenced to a maximum period of twelve (12) months imprisonment and pay a fine of Five

Hundred thousand naira (N 500,000.00)

- Any health care practitioner who connives with an individual or organization to give cash either for services rendered or not rendered shall on conviction liable to be sentenced to a maximum period of twelve (12) months imprisonment and pay a fine of Five Hundred Thousand Naira (N 500,000.00)
- Any health care provider/organization who connives with an individual or organization to give cash either for services rendered or not rendered shall on conviction be liable to pay a fine of Two Million Naira (N2, 000,000.00) and shall be disengaged from the Ogun State Contributory Healthcare Scheme
- Any person or organization who fails to pay into the account of the agency an organization or association and within the specified period any contribution liable to be paid under this Bill; or deducts the contribution from the employee's wages and withholds such the contribution or refuses or neglects to remit the contribution to the organization or association concerned within the specified time, commits an offence, is liable on conviction-In the case of a first offence, to a fine of not less than Two Million Naira (N2, 000,000.00) or imprisonment for a term not exceeding two years or to both such fine and imprisonment; and in the case of a second or subsequent offence, to a fine of not less than Five Million Naira (N5, 000,000.00) or imprisonment for a term not exceeding five years or less than two years or to both such fine and imprisonment.
- Any health care practitioner engaged in the scheme who fails to comply with the provision of subsection (2) of Section 33 of the Law commits an offence and liable on conviction to his disengagement from the scheme.
- Any person who contravenes the provisions of subsection (1) of Section 44 of the Law commits an offence and is liable on conviction to a fine of not less than Fifty Thousand Naira (N50,000.00) or imprisonment for a term not exceeding two years or to both such fine and imprisonment. Punishments/sanctions relating to withholding payment should be rechecked-let the enrolees be transferred to a nearby facility.
- Where an offence under the Law has been committed by a corporate body or firm or other association of individuals, a person who at the time of the offence-
    - Was an officer of the corporate body, firm or other association; or
    - Was purporting to act in the capacity of an officer or the corporate body, firm or other association, is deemed to have committed the offence and liable to be prosecuted and punished for the offence in like manner as if he had himself committed the offence, unless he proves that the commission or omission constituting the offence took place without his knowledge, consent or connivance.
- In this section, "officer" includes-
    - In the case of Ministries, Departments and Agencies (MDAs) the accounting officer;
    - In the case of a body corporate, a Director, Chief Executive by whatever name called, Manager and Secretary of the body corporate;

- In the case of a firm, a partner, manager and secretary of the firm; and in the case of any other association of individuals, a person involved in the management of the affairs of the association.

SN	BENEFIT PACKAGE
A	**SERVICES UNDER CAPITATION**
1	**Internal Medicine (Adult)**
1.1	Management of simple infections/infestations
1.1.1	Uncomplicated hypertension
1.1.2	Uncomplicated diabetes
1.1.3	Uncomplicated Malaria
1.1.4	Respiratory tract infections
1.1.5	Urinary tract infections
1.1.5.1	Gastroenteritis/Diarhoeal diseases/Enteritis
1.1.5.2	Ear,Nose and Throat infections
1.1.5.3	Otitis media
1.1.6	Sinusitis
1.1.7	Tonsilitis, Pharyngitis, Epiglotitis
1.1.7.1	Worm infestations e.g. helminthiasis, NTDs (schistosomiasis, ascaris, hookworm, etc)
1.1.7.2	Skin Infections
1.1.7.3	Fungi: Tinea capitis, corporis, pedis, versicolor, etc
1.1.7.4	Viral: chicken pox, measles, etc
1.1.8	Parasitic: scabies, etc
1.2	Bacterial: furunculosis, furunculitis, mild cellulitis, etc
1.3	Emergency management of bites and stings eg Snakes, Scorpion, Bees
1.4	Management of mild anaemia (not requring blood transfusion)
1.5	Treatment of simple arthritis and other minor musculoskeletal diseases
1.6	Routine management of sickle cell disease(provision of proguanil, folic acid, analgesics and other preventive services)
1.7	Minor allergic conditions: Urticaria, Dermatitis
2	**Maternal, Neonatal and Child Health Services (MNCH)**
2.1	ANC care during pregnancy, Vaginal candidiasis during pregnancy
2.1.1	Routine Antenatal Clinic
2.1.2	Routine ANC drugs and immunization
2.1.3	Routine urine and blood tests: Urinary protein and glucose, PCV
2.2	Essential drugs for emergency obstetric services
2.2.1	Use of misoprosol for management of PPH (before referal)
2.2.2	Use of magnesium sulphate for management of eclampsia (before referral)
2.3	Post-Natal services
2.3.1	Post-Natal Care of mother
2.3.2	Family planning services to include provision of commodities

2.3.3	Newborn care up to six weeks from date of birth
2.3.4	Umbilical cord care
2.3.5	Eye care
2.3.6	Other uncomplicated neonatal infections
2.4	Child welfare services
2.4.1	Growth monitoring
2.4.2	Routine immunization as defined by NPHCDA
2.4.3	Vitamin A supplementation
2.4.4	Management of uncomplicated malnutrition
2.4.5	Treatment of helminthiasis
2.4.6	Treatment of common childhood illnesses
2.4.6.1	Malaria
2.4.6.2	Diarrhea
2.4.6.3	Worm infestations e.g. helminthiasis, NTDs (schistosomiasis, ascaris, hookworm, etc)
2.4.6.4	Respiratory tract infections
2.4.6.5	Simple otitis media
2.4.6.6	Viral illnesses eg mumps, chicken pox, measles
2.4.6.7	Skin Infections
2.4.6.7.1	Fungi: Tinea capitis, corporis, pedis, versicolor, etc
2.4.6.7.2	Viral: chicken pox, measles, etc
2.4.6.7.3	Parasitic: scabies, etc
2.4.6.7.4	Bacterial: furunculosis, furunculitis, mild cellulitis, etc
3	**Surgery**
3.1	Minor surgical procedures
3.1.1	Incision and Drainage
3.1.2	Suturing of lacerations
3.1.3	Minor burns
3.1.4	Simple abrasions
3.1.5	Minor wound debridement
3.1.6	Drainage of simple paronychia
3.1.7	Male circumcision
3.1.8	Release of tongue-tie
3.2	Other procedures
3.2.1	Evacuation of impacted faeces
3.2.2	Passage of urethral catheter to relieve urinary retention
4	**Eye care**
4.1	Treatment of conjuctivitis

4.2	Treatment of allergic ailments
4.3	Treatment of simple contusion, abrasions
5	**HIV/AIDS/Sexually transmitted diseases**
5.1	HIV counselling and testing
5.2	Treatment of simple opportunistic infections
5.3	Provision of ART
5.4	Management of uncomplicated STI
6	**Emergency care (First Aid treatment)**
6.1	Establishing intravenous line
6.2	Initial management of convulsion and coma
6.3	Control of minor bleeding episodes
6.4	Cardio-Pulmonary Resuscitation
6.5	Assisted respiration with ambu-bag
6.6	Immobilization of fractures using splint and neck collars
6.7	Aspiration of mucus plug to clear airway
6.8	Application of oxygen to restore breathing
7	**Emergency Psychiatry Management**
7.1	Anxiety neurosis
7.2	Psychosomatic illnesses
7.3	Insomnia
7.4	Other illnesses as may be listed from time to time by the agency
8	**Health Prevention, Promotion and Education**
8.1	Promotion of personal, domestic and environmental hygiene
8.2	Family planning education excluding provision of commodities
8.3	HIV/AIDS
8.4	Dental care (Preventive, and Promotive oral care)
8.5	Nutrition to include Protein Energy Malnutrition
8.6	Immunization
8.7	ANC care/safe motherhood
8.8	Consultation
8.9	Mental Health counselling and referral
9	**Annual Screening for Non-Communicable Diseases**
9.1	Hypertension
9.2	Diabetes Mellitus
9.3	Cancers
9.3.1	Prostate
9.3.2	Breast

9.3.3	Cervical

	PRIMARY LEVEL CARE
B	**SERVICES UNDER FEE FOR SERVICE**
1	**Delivery services**
1.1	Spontaneous delivery by skilled birth attendant
1.2	Assisted vaginal delivery
1.3	Repair of birth injuries and episiotomy
2	**Family planning consumables**
3	**Circumcision of male infants**
4	**Basic investigations**
4.1	Laboratory
4.1.1	Malaria parasite using rapid diagnostic test
4.1.2	Widal test
4.1.3	Urinalysis (Urine dipstick)
4.1.4	Packed Cell Volume
4.1.5	Random/Fasting Blood Sugar
4.1.6	Pregnancy test
4.1.7	Hepatitis B surface antigen
4.1.8	VDRL
4.1.9	Blood grouping
4.1.10	Genotype
4.1.11	HIV Screening
4.2	Radiological
4.2.1	Obstetric USS (at most twice)

SECONDARY LEVEL CARE

1	**Consultation for referred patients from primary healthcare providers**
2	**Consultation for emergency cases outside place of residence within the State in accredited HCF**
3	**Admission to a maximum of 21 days cumulative per year and 4 weeks for orthopaedic cases**
4	**Internal Medicne**
4.1	Treatment of moderate to severe infections and infestations

4.1.1	Management of severe malaria
4.1.2	Management of meningitis
4.1.3	Management of complicated respiratory tract infections
4.1.4	Management of complicated diarrheal diseases
4.1.5	Management of complicated typhoid fever
4.1.6	Management of complicated UTI
4.1.7	Management of septicemia
4.2	Management of non-communicable diseases
4.2.1	Management of chronic diseases
4.2.1.1	Hypertension and heart failure
4.2.1.2	Nephritis and nephrotic syndome
4.2.1.3	Hepatitis
4.2.1.4	Diabetes Mellitus
4.2.1.5	Asthma
4.2.1.6	Peptic Ucler Disease
4.2.1.7	Sickle cell disease
4.2.2	Blood transfusion services (not exceeding four pints of blood). Patients/relatives will be responsible for provision of blood.
5	**Obstetric and Gynaecological Services**
5.1	Comprehensive Emergency Obstetric Care
5.1.1	Management of preterm labour
5.1.2	Management of premature rupture of membranes
5.1.3	Detection and management of hypertensive disease in pregnancy
5.1.4	Management of eclampsia
5.1.5	Cervical Cerclage
5.1.6	Management of ante-partum and post-partum hemorrhage
5.1.7	Caesarian section
5.1.8	Surgical management of ectopic gestation
5.1.9	Management of intra-uterine fetal death
5.1.10	Management of puerperal sepsis
5.1.11	Instrumental deliveries
5.2	Gynaecological Interventions
5.2.1	Manual Vacuum Aspiration/Uterine evacuation
5.2.2	Bartholin cystectomy
5.2.3	Hysterectomy
5.2.4	Ovarian cystectomy
5.2.5	Pap smear
6	**Paediatrics**

6.1	Treatment of severe infections and infestations
6.1.1	Complicated malaria
6.1.2	Diarrheal diseases with moderate to severe dehydration
6.1.3	Respiratory infections
6.1.4	Urinary tract infections
6.1.5	Enteric fever
6.1.6	Septicemia
6.1.7	Meningitis
6.1.8	Complicated measles
6.2	Management of childhood non-communicable diseases
6.2.1	Asthma
6.2.2	Nephritis and nephrotic syndome
6.3	Blood transfusion services (not exceeding two pints of blood). Patients' relatives will be responsible for provision of blood.
6.4	Management of common neonatal conditions
6.4.1	Neonatal sepsis
6.4.2	Birth asphyxia
6.4.3	Neonatal jaundice (Blood for exchange blood transfusion will be provided by patients' relatives)
7	**Surgery**
7.1	Ganglion excision
7.2	Small cyst excision
7.3	Lumps excision
7.4	Appendectomy
7.5	Herniorrhaphy
7.6	Hydrocoelectomy
7.7	Haemorrhoidectomy
7.8	Management of fractures including internal fixation with the exception of provision of implants
8	**Ophthalmology**
8.1	Management of pterygium
8.2	Management of glaucoma
8.3	Cataract extraction
8.4	Removal of foreign bodies
8.5	Refraction including low cost spectacles to a maximum of ₦2500
9	**Ear, Nose and Throat (ENT)**
9.1	Ear syringing
9.2	Removal of foreign body
9.3	Tonsilectomy
10	**Dental care**

10.1	Amalgam filling
10.2	Simple tooth extraction up to a maximum of four (4) teeth
11	**Physiotherapy**
11.1	Management of palsies within 3 weeks after initial treatment with a maximum of 3 sessions
11.2	Post Cerebrovascular accident therapy within 6 weeks after initial treatment with a maximum of 12 visits
12	**Psychiatry; Diagnosis and couselling as well as treatment for**
12.1	Mood Disorders (Mild to moderate depression and anxiety)
12.2	Posttraumatic Stress Disorder
13	**Laboratory investigations**
13.1	Clinical Biochemistry
13.1.1	Urea/Electrolyte/Creatinine
13.1.2	Fasting/Random Blood Sugar/2 hours post prandial blood sugar
13.1.3	24 hours Urinary Protein/Calcium
13.1.4	Prostate Specific Antigen
13.1.5	Liver function Test
13.1.6	Bilirubin (Total and Conjugated)
13.2	Medical Microbiology/Parasitology
13.2.1	Microscopy/Culture/Sensitivity:
13.2.1.1	Urine
13.2.1.2	Stool (+ Occult blood)
13.2.1.3	Blood
13.2.1.4	Sputum
13.2.1.5	Wound swab
13.2.1.6	Urethral
13.2.1.7	Ear/Eye/Throat
13.2.1.8	Aspirate
13.2.1.9	Cerebrospinal fluid
13.2.1.10	Endocervical swab/High vaginal swab
13.2.1.11	MP
13.2.1.12	WIDAL
13.2.1.13	VDRL
13.2.1.14	Mantoux
13.2.1.15	H.pylori
13.2.1.16	Pregnancy test HCG (Blood)
13.3	Haematology
13.3.1	Plateletes/Reticulocyte Count
13.3.2	Full Blood Count

13.3.3	Genotype
14	**Radiology Investigations**
14.1	X-ray of Chest, Abdomen, Skull & Extremeties, Dental X-rays and other plain X-rays, Mammography
14.2	Dental X-rays
14.3	Abdominopelvic USS
14.4	Obstetric and Gynaecological USS

Services Covered Under FFS	**Proposed OGSHIA Tariff**
Specialist initial consultation	1,000.00
Specialist review (per day)	500.00
Bed Space (per day) Adult	300.00
Bed Space (per day) Paediatrics	200.00
Nursing care (per day)	300.00
Blood transfusion services (not exceeding two pints of blood) per pint	5,000.00
Internal Medicine	
Oxygen therapy ((Concentrator - per day)	3,500.00
Nebulisation (per day)	1,000.00
Gastric lavage	1,500.00
Aspirations/paracentesis	1,500.00
Lumbar puncture	2,500.00
Tissue biopsies	5,000.00
Paediatrics	
Oxygen therapy (Concentrator - per day)	3,500.00
Nebulisation (per day)	500.00
Gastric lavage	500.00
Aspirations/paracentesis	500.00
Phototherapy (per day)	500.00
Incubator care (per day)	500.00
Lumbar puncture	1,500.00
Exchange blood transfusion (excludinding blood)	2,000.00
General Surgery	

Group 1	
Urethral Catheterization	1,000.00
Circumcision of male infants	1,500.00
Ganglion excision	3,000.00
Small cyst excision	3,000.00
Lumps excision (local)	3,000.00
Minor debridement of burns	3,000.00
Incision and Drainage of Abscess	3,000.00
Release of chordae	3,000.00
Repair of minor laceration	3,000.00
Group 2	
Suprapubic Cystostomy	4,500.00
Surgical drainage of hematoma in rectus abdominis, hepatoma etc	4,500.00
Excisional Biopsy (Polypectomy/Lipoma)	4,500.00
Chest tube Drainage insertion	4,500.00
Ingrowing toe nail (excision)	4,500.00
Keloid Excision Surgery - simple (LA)	4,500.00
Repair of major laceration	5,000.00
Group 3	
Surgical Drainage of Anal Abscess	5,000.00
Appendicectomy	25,000.00
Hydrocoelectomy	10,000.00
Haemorrhoidectomy (simple)	10,000.00
Orchidectomy	10,000.00
Orchidopexy	10,000.00
Herniorraphy (superficial or external)	10,000.00
Group 4	
Exploratory Laparotomy/Adhesiolysis	20,000.00
Oophorectomy	20,000.00
Drainage of Hepatic Abscess	20,000.00
Repair of Splenic laceration	20,000.00
Splenectomy	20,000.00
Cholecystectomy	20,000.00
Intussusception Operation	20,000.00
Group 5	
Diaphragmmatic/Hiatus Hernia Repair	30,000.00
Surgery for Intestinal Obstruction(Resection & anastomosis)	30,000.00

Repair of bowel perforation (large & small)	30,000.00
Repair of Gastric laceration	30,000.00
Colostomy and its closure	30,000.00
Orthopaedic Surgery	
Closed reduction of Fracture and Application of Cast	7,500.00
Drainage of septic Arthritis	7,500.00
Skin Traction	7,500.00
Simple Congenital Talipes Repair	7,500.00
Subperiosteal Drainage of Acute Osteomyelitis	10,000.00
Sequestrectomy	10,000.00
Saucerisation of infected Bone	10,000.00
Amputation and Disarticulation of Joints	10,000.00
Skeletal Traction	10,000.00
Open Reduction & Internal fixation without provision of Implant	25,000.00
Ear, Nose and Throat	
Release of Tongue tie	500.00
Nasal Packing	500.00
Removal of foreign body in the ear, nose and throat	1,500.00
Aural and Nasal Sunction	1,000.00
Incision and Drainage of Abscess from the Ear Nose and Throat	2,500.00
Debridement and Toileting of wound	1,500.00
Suturing of Laceration in ENT	1,500.00
Tracheostomy	4,500.00
Nasal Polypectomy	4,500.00
Tonsillectomy/Adenotonsillectomy	6,000.00
Ophthalmology	
Refraction	1,000.00
Tonometry	1,000.00
Low cost Spectacles	1,500.00
Traumatic Lid laceration Repair	5,000.00
Removal of Forign bodies from Conjunctival and cornea	5,000.00
Conjunctival laceration repair	5,000.00
Chalazion Excision	5,000.00
Granuloma Excision	5,000.00
Tumour Excision from lid	5,000.00
Entropion & Ectropion Repair (minor)	5,000.00
Pterygium Excision	5,000.00

Repair of Ptosis (minor)	5,000.00
Extracapsular Cataract Extraction with intraocccular lens implantation	12,000.00
Intracapsular Cataract Extraction with intraocccular lens implantation	12,000.00
Combined Cataract Extraction with Trabeculectomy	12,000.00
Evisceration/enucleation/extenteration	12,000.00
Traumatic Corneal and/or scleral laceration repair (conjuctival repair)	17,000.00
Dental Surgery	
Xray	750.00
Simple Extraction	1,500.00
Simple Amalgam Filling	1,500.00
Composite fillling	2,000.00
Obstetrics and Gynaecology	
Antenatal Care	3,000.00
Vaginal Delivery ± Episiotomy	5,000.00
Obstetric USS	1,000.00
Group 1	
Repair of 3rd Degree tear	2,500.00
Manual vacuum extraction (MVA)	5,000.00
Instrumental deliveries	5,000.00
Removal of IUCD under Local/General Anaesthesia	5,000.00
Examination under Anaesthesia	5,000.00
Cervical Cerclage/Shirodkar suture	5,000.00
Marsurpialisation	5,000.00
Group 2	
Caesarian section with or without Tubal Ligation	35,000.00
Salpingectomy for ectopic gestation	35,000.00
Repair of ruptured uterus	35,000.00
Hysterectomy ± Bilateral Salpingo-Oophorectomy	45,000.00
Physiotherapy	
Cerebrovascular Accident per visit (max 12 visits)	500.00
Coorection of deformities and disabilities from palsies per visit (max 3 visits)	500.00
Laboratory Tests	
A. Clinical Biochemistry	
Urea/Electrolyte/Creatinine	1,600.00
Fasting blood sugar/Random blood sugar	300 each
24 HR Urinary protein/calcium	600 each
Prostate Specific Antigen	3,000.00

Liver function Test	2,300.00
Bilirubin (Total and Conjugated)	750.00
B. Medical Microbiology/Parasitology	
Urine M/C/S	1,000.00
Urinalysis	200.00
Stool M/C/S	1,000.00
Aspirate Pus M/C/S	1,000.00
MP	350.00
WIDAL	500.00
VDRL	400.00
Mantoux	500.00
H.pylori	1,000.00
Pregnancy test HCG (Blood)	400.00
C. Haematology	
Plateletes/Reticulocyte Count	400.00
Full Blood Count	1,000.00
To be covered under ANC (N5,000)	
PCV/Hemoglobin estimation(Hb)	400.00
Urinalysis	200.00
Blood grouping	300.00
HIV Screening	300.00
Blood genotype	500.00
Hepatitis B surface Antigen	400.00
USS (at least twice)	500.00
Fasting blood sugar/Random blood sugar	400.00
Radiology Investigations	
Xray	1,500.00
Abdominopelvic USS	3,000.00
Pelvic Scan	1,500.00
Abdominal Scan	2,000.00

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