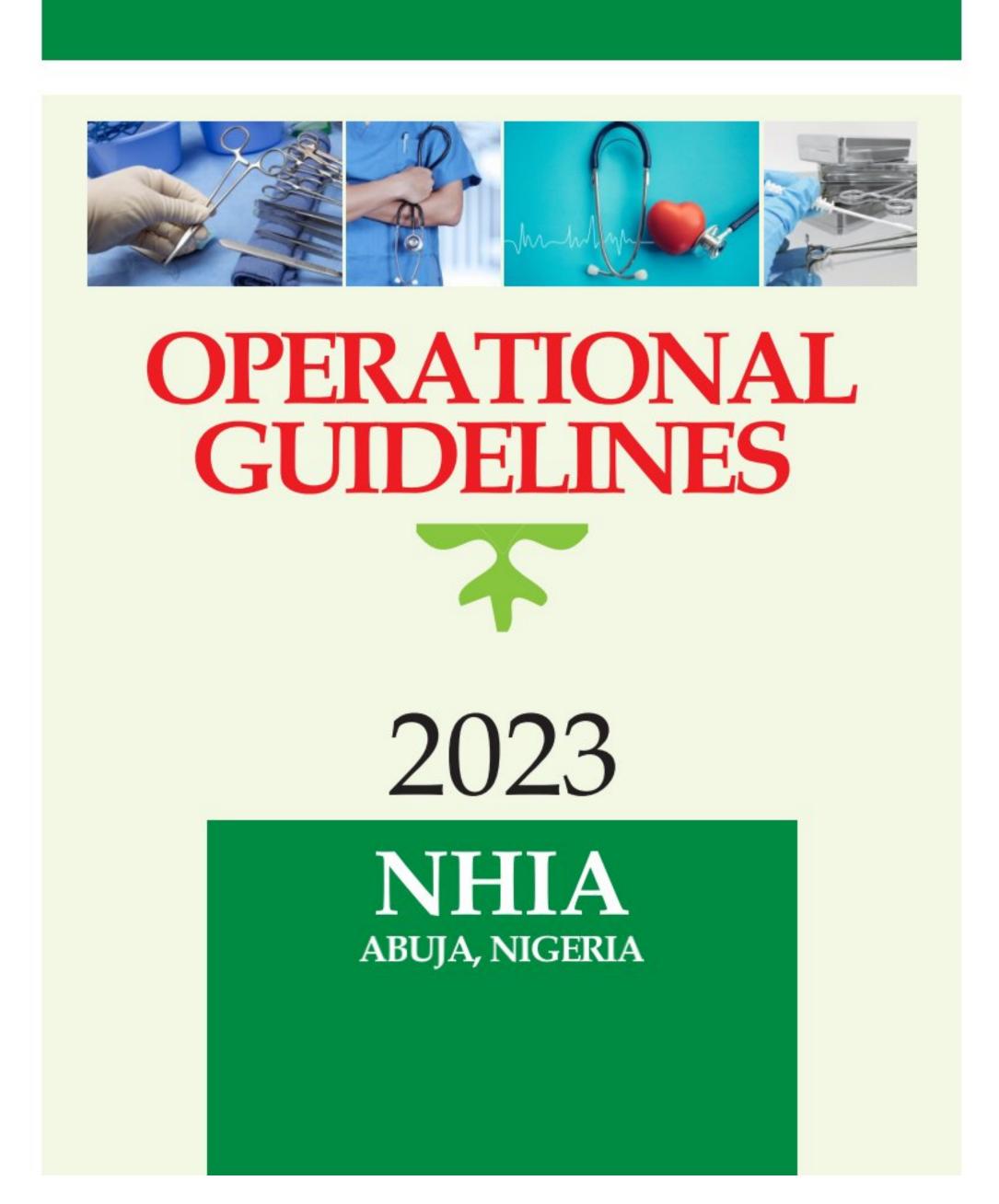


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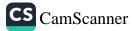






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### **FOREWORD**

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.

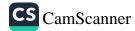
Within these pages, you will find a wealth of information that covers a wide range of operations ranging from governance and stewardship to accreditation, data management, as well as offences, penalties and legal proceedings. Each section provides clear and actionable guidance to support all actors in 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

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# **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.

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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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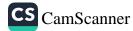




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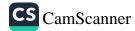


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# **ABBREVIATIONS**

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

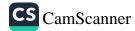
NHMIS National Health Management Information System

NPI National Programme on Immunization

NSR National Social Register

OPS Organized Private Sector

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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 enrolee) - 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.

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

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

**Co-payment** – payment made by the enrolee 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 enrolees 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.

**Enrolee** – 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 enrolees 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.

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<u>Health Maintenance Organizations</u> – a company accredited by the NHIA to manage the provision of health care services to beneficiaries by accredited healthcare facilities.

<u>HealthCare Facilities</u> – these are primary, secondary, or tertiary healthcare facilities that are accredited by NHIA to provide health services to their enrolees.

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

<u>Partial exclusions</u> – conditions that are included in the benefit package which are partly paid for by the beneficiary (enrolee).

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

<u>Per Diem</u> – 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.

<u>Principal (enrolee)</u> – 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.

<u>Private Health Insurance</u> – 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.

<u>Programme Managers</u> – 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).

<u>Provider Payment Mechanisms</u> – 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)

<u>Purchaser</u> – 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.

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