



# NATIONAL HEALTH INSURANCE AUTHORITY



# OPERATIONAL GUIDELINES 2023



# NATIONAL HEALTH INSURANCE AUTHORITY



## OPERATIONAL GUIDELINES



2023

**NHIA**  
ABUJA, NIGERIA



© National Health Insurance Authority  
ISBN: 978 2397 245

# TABLE OF CONTENTS

TABLE OF CONTENTS	iii
FOREWORD	xii
PREFACE	xiii
ACKNOWLEDGEMENTS	xv
ABBREVIATIONS	xviii
DEFINITION OF KEY TERMS	xx
<b>SECTION 1: GOVERNANCE</b>	<b>2</b>
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
<b>SECTION 2: SCHEMES AND PROGRAMMES</b>	<b>16</b>
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
<b>2.9</b>	<b>PRIVATE HEALTH INSURANCE (PHI)</b>	<b>30</b>
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 enrollees/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
<b>2.10</b>	<b>INTERNATIONAL HEALTH INSURANCE PLAN (IHP)</b>	<b>32</b>
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
<b>2.10</b>	<b>VULNERABLE GROUP FUND</b>	<b>36</b>
2.10.2	The guiding principles of the VGF	36
<b>2.11</b>	<b>BENEFIT PACKAGES</b>	<b>39</b>
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
<b>2.12</b>	<b>NHIA PROVIDER PAYMENT MECHANISMS</b>	<b>59</b>
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
<b>2.13</b>	<b>CLAIMS MANAGEMENT</b>	<b>60</b>
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's/TPA	62
2.13.6	Conditions for denial of claims	63
2.13.7	Claims Appeals	63
<b>SECTION 3: STANDARDS AND ACCREDITATION</b>		<b>66</b>
<b>3.1</b>	<b>ACCREDITATION OF HEALTH CARE FACILITIES</b>	<b>66</b>
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
<b>3.2</b>	<b>MEDICAL AUDIT</b>	<b>75</b>
<b>3.3</b>	<b>ACCREDITATION OF HEALTH MAINTENANCE ORGANISATIONS (HMOs)</b>	<b>75</b>
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
F. 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
<b>3.4 ACCREDITATION OF THIRD-PARTY ADMINISTRATOR (TPA) UNDER THE NATIONAL HEALTH INSURANCE AUTHORITY</b>	<b>94</b>
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
<b>3.5 ACCREDITATION OF MUTUAL HEALTH ASSOCIATIONS (MHA)</b>	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
<b>3.6. ACCREDITATION OF INSURANCE COMPANIES UNDER THE NHIA</b>	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
<b>3.7 ACCREDITATION OF INSURANCE BROKERS</b>	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
<b>SECTION 4: DATA MANAGEMENT</b>		<b>111</b>
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
<b>SECTION 5: OFFENCES, PENALTIES AND LEGAL PROCEEDINGS</b>		<b>120</b>
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 (HMO)	125
5.4 THIRD-PARTY ADMINISTRATORS (TPA)	130
5.5 HEALTHCARE FACILITIES (HCF)	135
5.6 BENEFICIARIES	140
5.7 COMPANIES/SMALL & MEDIUM SCALE ENTERPRISE (SME)	141
<b>APPENDICES</b>	<b>143</b>
• 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
<b>TABLE OF FIGURES</b>	
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
<b>TABLES</b>	
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: HMO, TPA & MHA	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

**Dr Yakubu Agada-Amade**

Director SQA NHIA  
Committee Chairman

**Dr Francis Ukwuije**

Senior Health Financing Officer, WHO  
Committee Co-chairman

## ACKNOWLEDGEMENTS

The development of the National Health Insurance Authority (NHIA) Operational Guidelines, 2023 benefited from contributions of many individuals, bodies, and organizations from all sectors of our society. We are grateful to all of them, especially the following:

### A. The Committee for the Development of the NHIA Operational Guidelines

1. **Prof Mohammed Nasir Sambo**, Director General/CEO, NHIA
2. **Dr. Yakubu Agada-Amade**, Director, SQA, NHIA - Chairman
3. **Dr. Francis Ukwuije**, WHO Senior Health Financing Officer - Co-Chair
4. **Capt M. J. Salihu**, Nigerian Navy
5. **Dr. Aisha Musa-Funtua**, Ministry of Defence Medical Services
6. **Dr. Akinwale Akinlabi Majeed**, Medical Laboratory Scientists Council of Nigeria (MLSCN)
7. **Dr. Kolawole Owoka Ajao**, Health Maintenance Organisations
8. **Dr. Nkechi Mba Osondu**, FCCPC
9. **Dr. Opeyemi Adeosun Aanuoluwapo**, Health Sector Reform Coalition
10. **Mr. Malachy Ejimofor Chukwudi**, Radiographers Registration Board of Nigeria (RRBN)
11. **Dr Oritseweyimi Ogbe**, National Primary Healthcare Development Agency (NPHCDA)
12. **Mr. Yakubu Sani**, National Primary Healthcare Development Agency (NPHCDA)
13. **Mr. Nekabari Annah**, Nigeria Bar Association (NBA)
14. **Dr. Thomas Omotayo Ilupeju**, Pharmacy Council of Nigeria (PCN)
15. **Mr. Yahaya N Sumi**, Nursing and Midwifery Council of Nigeria (NMCN)
16. **Mrs. Esther Okunola, Inioluwa** - DGI Consult
17. **Mrs. Sophia Inemotimi Igbori**, Health Reform Foundation of Nigeria (HERFON)
18. **Ms. Adamma, Isamade**, National Data Protection Bureau (NDPB)
19. **Pharm. Anita Fanto Moendat**, National Institute for Pharmaceutical Research and Development (NIPRD)
20. **Squadron leader, John, Emmanuel**, Nigerian Airforce
21. **Dr. Mohammad Audi Kongila**, Drug Management Agencies (DMA)
22. **Dr. Shekwonugaza Gwamna Dogara**, State Social Health Insurance Agencies
23. **Dr. Uche Rowland Ojinmah**, President Nigeria Medical Association (NMA)



24. **Abimbola Adebakin**, Healthcare Federation of Nigeria
25. **Dr. Jimmy Adeyeye Arigbagbuwo**, HealthCare Providers Association of Nigeria
26. **Dr. Augustine Aipoh Idenebemeh**, Health Care Providers Association of Nigeria
27. **Dr. Benedict Okpala Chibueze**, Health Maintenance Organisations
28. **Dr. Kefas Zawaya Paul**, Nigeria Medical Association (NMA)
29. **Mr. Chinedu Nnabuihe Fidelis**, Health Maintenance Organisations
30. **Mr. Frank N. Muonemeh** PMG-MAN
31. **Ms. Itohan Onaghinon**, Health Maintenance Organisations
32. **Pharm. Adewale Oladigbolu Aderemi**, PSN
33. **Dr. Charles Aninweze**, USAID
34. **Pharm. Ibrahim Binji Haliru**, PSN
35. **Prof. Isa Abubakar Sadeeq** - Aminu Kano University Teaching Hospital – Health systems expert
36. **Prof. Ayuba Zoakah Ibrahim**, Jos University Teaching Hospital – Health systems expert

## **B. NHIA Operational Guidelines Harmonisation Team**

1. **Dr Yakubu Agada-Amade**, Director, Standards and Quality Assurance Department, NHIA
2. **Pharm. Olufemi Adeoye** Deputy Director /Head Accreditation Division, SQA, NHIA
3. **Dr Eberechi Ukoh**, Deputy Director, Head Inspectorate Division, SQA, NHIA
4. **Dr Nnennaya Kalu-Umeh**, Deputy Director/Technical Adviser to DG/CEO, NHIA
5. **Dr. Kapoona Eteng**, Deputy Director, Head, GIFSHIP Division, Formal Sector Department, NHIA
6. **Pharm Yusuf Alhassan**, Deputy Director/Head HMO & Allied Services Division, SQA, NHIA
7. **Barr Joy Egharevba**, Deputy Director/ Head Corporate Services Division, Legal Services NHIA
8. **Dr Abdulhabib Abdulhamid** Deputy Director/Head HCF Division, Enforcement Department NHIA
9. **Mr Thompson Oboh**, Assistant Director/Technical Adviser II, Office of the Director General NHIA

### C. NHIA Operational Guidelines Editorial Team

1. **Prof. Ayuba Ibrahim Zoakah**, Jos University Teaching Hospital – Health systems expert
2. **Prof. Isa Sadeeq Abubakar**, - Aminu Kano University Teaching Hospital – Health systems expert
3. **Mr. Thomas Ilupeju**, Omotayo, PCN
4. **Dr Yakubu Agada-Amade** Director, Standards and Quality Assurance Department, NHIA
5. **Pharm. Olufemi Adeoye** Deputy Director/Head Accreditation Division, SQA, NHIA
6. **Dr Eberechi Ukoh**, Deputy Director/Head Inspectorate Division, SQA, NHIA
7. **Dr Nnennaya Kalu-Umeh**, Technical Adviser to DG/CEO, NHIA
8. **Dr. Kapoona Eteng**, Head, GIFSHIP Division, Formal Sector Department, NHIA
9. **Pharm Yusuf Alhassan**, Deputy Director/Head HMO & Allied Services Division, SQA, NHIA
10. **Daniel Adeleke**, Manager, State Office Coordination Division, NHIA

## 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 enrolees.

**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 (enrolee).

**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 (enrolee)** – 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.