Operations of the Group, Individual and Family Social Health Insurance Programme (GIFSHIP)

A Pamphlet for CONTRIBUTORS

October, 2020
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1.0. INTRODUCTION
The National Health Insurance Scheme (NHIS) is a body corporate established by Cap No 42, LFN 2004 of the Federal Government of Nigeria to improve the health of all Nigerians at an affordable cost.

The attainment of this Universal Health Coverage, which is the mandate of NHIS, is pursued using social health insurance, a health financing system, based on social solidarity and equity. Under this system contributions are made according to ability and healthcare utilization based on need.

Social health insurance is a social security arrangement mandated by law to provide financial protection for participants against cost of ill-health. It provides a very good platform for risk and resources pooling and ensuring the attainment of equity through its inclusiveness.

1.1. NHIS VISION
A leading Agency committed to Achieving financial Access to quality healthcare for all Nigerians.

1.2. NHIS MISSION
To mobilize and pool financial resources for strategic purchasing of affordable and quality healthcare for all Nigerians.

1.3. OBJECTIVES OF THE SCHEME
i. To ensure that every Nigerian has access to good healthcare services
ii. To protect families from the financial hardship of huge medical bills
iii. To limit the rise in the cost of healthcare services
iv. To ensure equitable distribution of health care costs among different income groups.
v. To ensure high standard of healthcare services delivery to Nigerians
vi. To ensure efficiency in healthcare services
vii. To improve and harness private sector participation in the provision of healthcare services
viii. To ensure equitable distribution of health facilities within the Federation
ix. To ensure appropriate patronage of all levels of healthcare
x. To ensure the availability of funds to the health sector for improved services.

1.4. What Is GIFSHIP?
Group, Individual and Family Social Health Insurance Programme (GIFSHIP) is health insurance that is taken up and paid for by groups, individuals and families not covered by other NHIS coverage platforms.

1.5. Eligibility And Membership
Membership shall include:

i. Small scale enterprises with less than 10 staff
ii. Non cohesive groups of persons, such as: Associations, Unions and institutions outside the Organized Private Sector (OPS)
iii. Self-employed individuals, families and groups
iv. Retirees and retiree associations
v. Diaspora groups
vi. Foreigners living in Nigeria
vii. Adopted persons, such as those paid for by members of the National Assembly and Philanthropists etc.

1.6. **Scope of Coverage**
The scope of coverage shall be individuals. This shall either be contributing individuals; individual members of a family; individuals in a group or in Organizations employing less than 10 employees.

1.7. **OPERATIONAL MODALITIES OF THE PROGRAMME:**

1.7.1. **Contribution**
The programme is financed from contributions made by interested individuals. The contribution rate is as follows:

i. For the individual subscriber, the contribution rate is N45,000 per annum. The subscriber may add two direct dependents.

ii. A family will contribute N60,000 for four biologically related persons.

iii. Each extra dependent of a family will be enrolled at N15,000.

iv. Ten persons shall be the minimum number of persons in a group, except small scale enterprises with less than 10 employees.

v. Group enrolment is at a contribution rate of N15,000 per person per annum.

vi. These rates are subject to changes as may be determined from time to time by the NHIS.
1.7.2. **Benefit Package**

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

A. Primary Healthcare Level
   • Out-Patient Care
     Services include:
     - Proper history taking, examination and routine laboratory investigations to help reach a diagnosis.
     - Laboratory investigations include malaria parasite, WBC, Hb or PCV, urinalysis, stool and urine microscopy, Blood film for microfilaria, ESR, WBC-diff, pregnancy test (urine), Blood grouping, Blood Sugar and Widal test.

   • Immunisation
     Immunisation against childhood killer diseases. The vaccines are BCG, Oral Polio, DPT, Measles, Hepatitis B, HPV and Vitamin A supplementation and other vaccines that may be included in the National programme on immunisation from time to time.

   • Surgical procedure
     - Drainage of simple abscess (I&D)
     - Minor wound debridement
     - Surgical repairs of simple lacerations
     - Drainage of paronychia
     - Circumcision of male infants
     - Passage of urethral catheter
     - Other services as may be listed from time to time by the NHIS
• Internal Medicine
  o Malaria and other acute uncomplicated febrile illnesses.
  o Uncomplicated diarrhoeal diseases
  o Acute upper respiratory tract infections
  o Uncomplicated pneumonia
  o Simple anaemia (not requiring blood transfusion)
  o Simple skin diseases, e.g. Taenia vesicolor, M. furfur, T. Capitis, etc.
  o Worm infestation
  o Other uncomplicated bacteria, fungal, parasitic and viral infections and illnesses
  o Dog bites, snakebites, scorpion stings
  o Arthritis
  o Other illnesses as may be listed from time to time by the NHIS.

• HIV/AIDS
  o Voluntary Counselling and testing
  o Health education
  o Treatment of simple opportunistic infections

• Sexually Transmitted Infections
  o Counselling
  o Health Education
  o Management of uncomplicated STIs

• Mental Health
  o Psychosomatic illnesses
  o Insomnia
- Other illnesses as may be listed from time to time by the NHIS

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

- **Obstetrics & Gynaecology**
  - Acute pelvic inflammatory diseases
  - Vaginal discharges
  - Routine maternity care for all pregnancies (ante-natal, delivery & post-natal) except where complication(s) exist.
  - Other illnesses as may be listed from time to time by the NHIS

- **Ophthalmology**
  - Treatment of minor eye ailments including:
    - Conjunctivitis
    - Simple contusion, abrasions, foreign bodies etc.
  - Other illnesses as may be listed from time to time by the NHIS.
• Emergency Care
The following emergency treatment shall be given by the primary care facility or the nearest NHIS accredited health facility before referral if necessary:
  o Establishing an intravenous line
  o Establishing patent airway
  o Management of convulsion
  o Control of bleeding
  o Cardio-pulmonary resuscitation
  o Immobilization of fractures using splints, neck collars, to ease transportation of patients
  o Aspiration of mucus plug to clear airways
  o Asthmatic Attacks
  o Any other procedure that may be lifesaving.

• Family Planning Services
• This includes family planning education only

• Child Welfare Services
  o Growth monitoring
  o Routine immunisation
  o Nutritional advice and health education.
  o Other services to be included from time to time by the NHIS

• Dental Care
  o Dental care education (preventative and promoter oral care)

B. Secondary Healthcare Level
  i. Surgical Procedures
• All other procedures that cannot be handled at the primary level of care can be undertaken at the Secondary level, depending on the complexity and the competence of the facility and its personnel, except those conditions requiring tertiary care or on the exclusion list.

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

iii. HIV/AIDS
• HIV Screening and Confirmation
• Management of opportunistic infections
• Provision of ART

iv. Paediatrics
All medical and surgical Paediatric cases that cannot be handled at the Primary level except those requiring tertiary care or on the exclusion list

v. Obstetrics and Gynaecology
• Specialist consultation
• Multiple gestation/High risk pregnancies
• Caesarean sections
• All emergency gynaecological procedures
• All first pregnancies and women that have delivered up to four children shall be managed at the secondary levels of care
• Other procedures that are not on the exclusion list

vi. Ophthalmology
• Refraction, including provision of spectacles worth maximum of N10,000 and excluding contact lenses

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

vii. Ear Nose and Throat (ENT)
• All E.N.T cases that cannot be handled at the primary except those requiring tertiary care or on the exclusion list.

viii. Dental Health
• Dental check,
• scaling and polishing,
• minor oral surgeries,
• maximum of two root canal treatment,
• replacement of maximum of four dentures
• All dental cases that cannot be handled at the primary level except those requiring tertiary care or on the exclusion list.

ix. Physiotherapy
• All procedures except those on the exclusion list. Hospital stay in CVA cases is allowed for 12 cumulative weeks and does not foreclose post hospitalization therapy.
x. Radiology/Ultra-Sonography
   • All investigations except those on the exclusion list.

xi. NHIS Antenatal Policy
   • Services to be provided at Ante-natal care should include at least the following:

   a) Investigations
      i. PCV/Haemoglobin estimation (Hb)
      ii. Urinalysis
      iii. Blood grouping
      iv. HIV Screening
      v. Blood genotype
      vi. Hepatitis B surface Antigen
      vii. USS (at least twice)
      viii. Fasting blood sugar/Random blood sugar

   Note: i-iv above services under primary care and are covered by payment made to the primary health care facility while the rest are covered under secondary/tertiary care and the healthcare facility should follow the due referral procedures.

   b) Routine ANC Drugs
   c) Immunisation
   d) Maternity (ante-natal, delivery and post-natal) care for every insured enrollee eligible to cover.
   e) The above services do not in any way relieve the healthcare facility of other obligations to the gravid enrollee in providing necessary health care services.
   f) All live births eligible to cover will be covered during the post-natal period of twelve (12) weeks from the date of delivery.
g) All preterm/premature babies eligible to cover shall be covered for twelve (12) weeks from the date of delivery.

C. **Tertiary HealthCare Level**
   i. Surgical Procedures
      • All procedures that cannot be handled at the primary and secondary levels of except those conditions on the exclusion list.

   ii. Internal Medicine
      • Screening as determined by NHIS
      • All other cases that cannot be treated at the Primary and secondary levels of care except those conditions on the exclusion list.

   iii. HIV/AIDS
      • Management of complications of HIV/AIDS

iv. Paediatrics
   • All medical and surgical paediatric cases that cannot be handled at the Primary level and secondary levels of care except those conditions on the exclusion list

v. Obstetrics and Gynaecology
   • All Obstetric and Gynaecological cases that cannot be handled at the primary and secondary levels of care except those conditions on the exclusion list

vi. Ophthalmology
   • All ophthalmological cases that cannot be handled at the primary and secondary levels of care except those on the exclusion list.
vii. Ear Nose and Throat (ENT)
   • All E.N.T cases that cannot be handled at the primary and secondary levels of care except those on the exclusion list.

Viii Radiology/Ultra-Sonography
   • All radiological procedures/investigations cases that cannot be handled at the secondary level of care except those conditions on the exclusion list

1.7.3. Exclusions
The following conditions are excluded from the benefits package of the NHIS:

1. Total Exclusions
   • Occupational/industrial injuries to the extent covered under the Workmen Compensation Act.
   • Injuries resulting from Natural disasters, e.g. earthquakes, landslides; Conflicts, social unrest, riots, wars.
   • Epidemics
   • Family planning commodities, including condoms
   • Injuries arising from extreme sports, e.g. car racing, horse racing, polo, mountaineering, boxing, wrestling, etc.
   • Drug abuse/addiction
   • Domiciliary visit
   • Mammoplasty
• Provision of contact lens.
• Anti-tuberculosis drugs
• Treatment of congenital abnormalities requiring advanced surgical procedures e.g. TOF, ASD, VSD.
• Artificial insemination, including IVF and ICSI
• Dental Care: Crowns and bridges, Bleaching, Implants
• Post Mortem examination

2. Partial Exclusions
• High technology investigations e.g. CT scan, MRI: the HMO would pay 50% of cost.
• Dialysis for acute renal failure (max. 6 sessions)

1.7.4. Referral
First level of access to health care services is the Primary Healthcare Facility. Cases requiring specialized treatment are referred to the secondary level. If a case requires referral to the Tertiary level, this is done by the Secondary Healthcare Facility.

1.7.5. Healthcare Provider Payments
Health care providers under the Scheme shall be paid by Capitation, Fee for Service Per Diem or Case Payment.

• Capitation
This is payment to a primary health care provider, done by HMOs on behalf of a contributor for services to be rendered by the provider. This is made regularly in advance for services to be rendered.
• Fee For Service
  This is payment by HMOs to HCPs who render services on referral from other approved providers.

• Per Diem
  HMOs make this payment to HCPs who render tertiary healthcare services and other expenses per day (medical treatment, drug, consumables, admission fees, etc.) during hospitalization.

1.7.6. Enrolment
• The individual registers self or individual members of the family with the NHIS following the payment of the required contribution(s)
• The contributor chooses his HMO from the list of NHIS accredited HMOs and HCF from the list of NHIS accredited HCF.
• For enrolments to be carried out, every individual must provide their National Identification Number (NIN).
• For persons under adoption, the contributions are made by the benefactors (philanthropist, Organisations etc.).
  o For specific adoption, the contributor defines the persons being paid for and NHIS will go and enrol them into the programme.
  o For non-specific adoption, the contributor allows the NHIS to move into the location of choice and enrol the number being paid for.

• Prospective enrollees can register in any of NHIS State offices or at the national enrolment Centre or log on to the HMOs Websites for the purpose of
Registration.

1.7.7. Waiting Period

- There is a waiting time of Ninety (90) days before accessing care by contributors. This is to enable the Scheme conclude all administrative processes necessary for participation.
- A minimum of 6 months is required following the commencement of access to care for eligibility for surgical procedures and other high cost procedures viz. drugs under partial coverage.

1.7.8. Identification

NHIS will provide identity cards to all the enrolees. This shall bear the beneficiary's name, gender, address, registration number photograph, thumbprint, date of birth, blood group, allergies, date of issue, HMOs code/name and authorized signature. Replacement of I.D Cards would be at a cost to the individual.

1.7.9. Renewal of Enrolment

- Enrolment for the programme is valid for a duration of one year.
- The scheme shall notify subscribers three months to the expiration of current enrolment.
- A subscriber is expected to renew subscription two months to the expiration of current subscription.
- A subscriber that renews before expiry of current subscription will not observe a waiting time after renewal.
• A subscriber who renews after expiration of previous subscription will follow all the rule of the waiting time. Such subscriber will be required to pay for the period that s/he failed to renew

1.7.10. How the Programme Works
• Upon registration, a contributor will be issued an identity card with personal identification numbers (PIN).

• In the event of sickness, the contributor/ employee presents his/her identity card to his/her chosen Primary Healthcare Provider for treatment. The contributor will be able to access care after a waiting period of thirty (90) days.

• Following access to services, an enrolee is required to pay 10% of the cost of drugs only to the HCF or pharmacy

• For cases that are referred to higher levels of care (Secondary and Tertiary levels), the HMO gives an authorization code and later settles the bill based on NHIS tariffs. The enrolee only pays 10% of the cost of drugs.

• For services that are on cost sharing, such as high cost services like CT Scan, MRI and others, the enrolee is required to pay 50% of the cost of such services.

• Any enrolee denied access to health services by the primary healthcare facility should report to the HMO/NHIS. If the denial of access is by the HMO refusing to give authorization code, the enrolee should report to the NHIS.
1.7.11. **Right and Responsibilities of enrollees**

- **Rights of enrollees in NHIS:**
  
i. To choose his/her service provider from the list of NHIS accredited primary healthcare facilities

  
  ii. To change his/her primary healthcare facility after six (6) months if not satisfied with service rendered by it.

  
  iii. To access healthcare once his/her name is on the current register of enrolees and following proper identification

  
  iv. To access treatment at the nearest NHIS accredited healthcare facility on emergency

  
  v. To add extra dependant(s) on the payment of the stipulated fee.

  
  vi. To be heard in case of complaint against HCF or HMO

  
  vii. To know the total cost of drugs prescribed in order to know the 10% due as co-payment

- **Responsibilities of enrollees include:**
  
i. Ensuring that he/she enrolls in the programme

  
  ii. Pays the required fees for updates

  
  iii. Complaints of ill treatment by HCF and HMO to NHIS

  
  iv. Renew your NHIS membership once every year for GIFSHIP contributors

1.7.12. **Offences**

An enrolee who:
  
i. Wilfully or intentionally engages in multiple
registration;

ii. Falsifies his or personal/medical records; or

iii. Wilfully and intentionally allows an unauthorized persons to use his/her NHIS ID Card to access service Commits an offence and liable to prosecution.

1.7.13. **Complaints Resolution**

An enrollee who has complaints/challenges at healthcare facility on issues relating to service delivery/access should first contact his/her HMO either by phone, email, sms, writing or visits to the HMO Office.

If complaint is not resolved quickly or the case is of emergency in nature, the enrollee should register the complaint with the nearest NHIS State Office by phone call, email, sms, writing or visit the NHIS State Office or reach the NHIS Call Centre, NHIS website or other social media handles.