NIGER STATE CONTRIBUTORY HEALTH AGENCY (NGSCHA) - NiCare

REVISED OPERATIONAL GUIDELINES

November, 2024

His Excellency

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Governor Niger State

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NIGER STATE CONTRIBUTORY HEALTH AGENCY (NGSCHA) - NiCare

OPERATIONAL

GUIDELINES

NOVEMBER, 2024.

FOREWORD

Healthcare remains a critical pillar of societal development, directly influencing our citizens' quality of life and economic potential and prioritizing the implementation of strategic frameworks to strengthen healthcare delivery across all levels.

The Niger State Contributory Health Agency – NiCare Operational Guideline was developed as a foundational document to ensure the effective management and execution of the scheme. Over the years, this guideline has provided essential direction and clarity, enabling stakeholders to work cohesively towards a shared objective. However, as the healthcare landscape evolves, we must adapt and update our systems to reflect advancements in practice and legislative developments.

The enactment of the National Health Insurance Authority (NHIA) Act in 2022 introduced new dimensions to health service delivery, emphasizing the importance of aligning operational structures with these legislative provisions. Consequently, revising the NiCare Operational Guideline was vital to enhance operational efficiency and integrate contemporary practices into the framework.

This revised guideline represents a robust response to emerging challenges and opportunities within the healthcare sector. It builds on the strengths of the existing framework while addressing identified gaps to ensure that the scheme continues to function effectively in eliminating catastrophic out-of-pocket expenditures for healthcare. Such expenditures remain a significant barrier to achieving universal health coverage, and this guideline seeks to mitigate their impact through timely and efficient interventions. The review process has been both meticulous and inclusive, involving contributions from a diverse group of stakeholders. Their collective expertise and insights have ensured that the revised document is comprehensive, practical, and adaptable to the dynamic needs of healthcare delivery.

With this updated guideline, NiCare is better positioned to fulfil its mandate of providing equitable, accessible, and sustainable healthcare for all. The document clarifies operational procedures and establishes a framework for accountability and transparency, which are critical elements for the success of any health scheme. As we move forward, it is essential for all stakeholders—healthcare providers, policymakers, administrators, and the general public—to familiarize themselves with the provisions of this guideline.

On behalf of the Ministry of Secondary and Tertiary Health, I wish to commend all individuals and organizations who have contributed to the review and publication of this critical document. Your efforts have laid a strong foundation for the continued success of the NiCare scheme. Let this document serve not only as a guide but also as a testament to our shared goal of ensuring that every resident of Niger State can access quality healthcare without financial hardship.

Dr Bello Tukur

Honourable Commissioner for Secondary and Tertiary Health, Niger State

ACKNOWLEDGEMENT

The successful development of this Operational Guideline for the Niger State Contributory Health Scheme – NiCare represents a collective milestone in our shared mission to deliver equitable, quality, and sustainable healthcare services to all residents of Niger State. This document is the culmination of months of dedicated effort, expert collaboration, and strategic planning to translate the vision of Universal Health Coverage into actionable realities for our people.

First and foremost, I extend my heartfelt appreciation to His Excellency, Farmer Mohammed Umaru Bago, the Executive Governor of Niger State, for his exceptional leadership and support in transforming the health sector. His vision and strategic foresight have created an enabling environment for this groundbreaking initiative, driving significant progress in our efforts to improve the livelihoods of Niger State residents.

Special appreciation goes to Dr Bello Tukur, the Honourable Commissioner for Secondary and Tertiary Health, for his consistent guidance and oversight while preparing this guideline. His efforts to bridge gaps in healthcare financing and service delivery in Niger State have been a source of inspiration throughout this process.

I also want to acknowledge the effort of the technical consultants led by Dr Fabong Jemchang who provided technical support in revising the Operational Guidelines, This achievement would not be possible without the relentless effort of the NiCare top management team and staff whose technical expertise and commitment to detail have ensured this document's accuracy, relevance, and comprehensiveness.

The input of the Ministry, Department, and Agencies viz.: Niger State Planning Commission, Ministry of Finance, Ministry of Primary Health Care, Niger State Drugs and Hospital Consumables Management Agency, Niger Foods and other state-level stakeholders have also been instrumental. Likewise, our development partners, technical advisors, and consultants brought their expertise to bear on this project.

Furthermore, I acknowledge the invaluable input of healthcare providers, civil society organizations, traditional and religious leaders, professional associations, and trade unions. Their insights into the realities on the ground and their advocacy for inclusivity ensured that this guideline reflects the needs of every Nigerlite, including vulnerable populations such as children, pregnant women, the elderly, and persons with disabilities.

Finally, I extend my heartfelt gratitude to the people of Niger State. This scheme was designed with you in mind, with the primary aim of addressing the challenges you face in accessing quality healthcare services. Your resilience and commitment to embracing innovative solutions give us the confidence to press forward. Your voices, represented through the various consultations, have guided this effort and will continue to shape its implementation.

Sulayman Abu-bakr, MPH

Niger State Contributory Health Agency - NiCare

ACRONYMS

BEDs	Biometric Enrolment Devices
BMPHS	Basic Minimum Package of Health Services
CPs	Community Pharmacists
CRF	Consolidated Revenue Fund
CIN	Corporate Identity Number
DHIS-II	District Health Information System II
EOI	Expression of Interest
FFS	Fee for Service
FMoH	Federal Ministry of Health
HMB	Hospital Management Board
HCF	Health Care Facility
HMIS	Health Management Information System
HMO	Health Maintenance Organization
HoS	Head of Service
ICT	Information Communication Technology
ID	Identity Card
KPI	Key Performance Indicator
LG	Local Government
LGA	Local Government Area
MDA	Ministries Departments Agencies
MFLG	Ministry for Local Governments

M&E	Monitoring and Evaluation
MoF	Ministry of Finance
NDHS	National Demographic Health Survey
NGDHCMA	Niger State Drugs and Hospital Consumables Management Agency
NGSCHA	Niger State Contributory Health Agency - NiCare
NGSHP	Niger State Health Plan
NGSCHS	Niger State Contributory Health Scheme
NHIS	National Health Insurance Scheme
NPopC	National Population Commission
NPHCDA	National Primary Health Care Development Agency
NSEHF	Niger State Equity Health Fund
OOP	Out-Of-Pocket
OPS	Organized Private Sector
PPMVs	Patent & Proprietary Medicine Vendors
PA	Pre-Authorization
PCP	Primary Care Provider
PHCs	Primary Health Care Services
	Planning, Research, And Statistics
SLA	Service Level Agreement
SBS	State Bureau of Statistics
SMOH	State Ministry of Health
SOP	Standard Operating Procedure
SPHCDA	State Primary Health Care Development Agency
SSHDP	State Strategic Health Development Plan

TISHIP	Tertiary Institution Health Insurance Program
TPA	Third-Party Administrator
UHC	Universal Health Coverage

DEFINITION OF KEY TERMS AND ABBREVIATIONS

Agency

The Agency refers to the Niger State Contributory Health Schemes (NiCare)

Administrative charge

This is a percentage deduction from each premium for the Niger State Contributory Health Scheme for the Agency's administration.

Beneficiary

A person who has enrolled or has been enrolled with NiCare and who is up to date with premium payment or (having been paid for) is entitled to be covered by NiCare.

Benefits

This is a gain or advantage of any kind whatsoever derived from the Scheme.

Benefit Package

These are services that NiCare defines as within its scope of coverage. NiCare contracts limit coverage to these services, which is essential to maintaining sound health. The benefit package is an entitlement of every beneficiary of the NiCare scheme.

Board

This is the Governing Board established under Section 3 of the Law for the Scheme.

Capitation

This is payment to a primary healthcare provider on behalf of a contributor for services rendered by the healthcare provider. This payment is made regularly and in advance, irrespective of whether the enrollee utilizes the service.

Contribution

This is a premium payable to the Niger State Contributory Health Fund under the scheme.

Employee

This is any person who is a state resident employed in the public service or private sector or an apprentice with an employer, whether the contract is express or implied, oral or in writing.

Employer

This means a firm with five (5) or more employees, which includes the State and Local Government or any Extra-Ministerial Department or a person with whom an employee has entered into a contract of service or apprenticeship and who is responsible for the payment of the employee's wages or salaries.

Elderly

These are individuals of Sixty-five years and above.

Exclusion

These conditions are excluded from NiCare's benefit package. The Agency or its agent(s) is not obligated to provide such service(s).

Fee-for-Service

This is a payment model whereby health services (not classified under capitation) are unbundled and paid for separately or discretely. In this case, service providers, hospitals and medical practices (in the case of a practice network) charge separately for each service they provide to a client enrolled in the scheme.

Four Live Births

Four pregnancies ending in live births under NiCare for every insured contributor/couple in the Formal Sector Programme.

Formal Sector

All organizations with five or more employees in the public and organized private sector, where the employees and employers shall make contributions as determined by NiCare, to be deducted from the source

Healthcare Practitioner

As defined by the scheme, this means any healthcare personnel, including doctors, health information officers, nurses, laboratory scientists, pharmacists, physiotherapists, Radiologists, and others.

Healthcare Facility

This means any government or private health care provider, hospital, maternity centre, pharmacy and all other service providers accredited and registered by the Agency to provide health care services under this scheme.

Health Insurance Scheme

A pre-payment system of advanced financing of health expenditure through contributions, premiums or taxes paid into a shared pool to pay for all or part of health services specified by a policy or plan.

HMU

This means a Health Maintenance Unit registered under Section 25 of this Law must ensure that healthcare providers approved by the Scheme adequately provide healthcare services.

Household

This means a father, mother and four biological children under the age of 18 years.

Informal Sector

This means self-employed organizations with less than five employees under them and people with irregular earnings or income.

Medical Documents

These include all prescriptions, laboratory forms, excuse duty, death certificates, and other documents used to manage patients under the scheme covered by this law.

Medical Loss Ratio

This means the portion of the total revenue expended on medical cost

Medical Practitioner

This means persons with a degree registerable with the Medical and Dental Council of Nigeria.

Member of the Board

This means any person, including the Chairman on the Board of the Agency.

NHIA

This means the National Health Insurance Authority, as defined in the NHIA Act of 2022, the laws of the Federal Republic of Nigeria.

Premium

This means the amount the policyholder or their sponsor pays to purchase a health plan.

Provider Payment Mechanisms

These are modes of payment made directly by HMU or any other approved entity to TPAs/HCF and other providers before and after the provision of health care services, following approved capitation rate, referrals and/or professional services (specialist consultation, pharmaceutical care services, laboratory and radiological investigations etc) under this Scheme.

Principal Enrollee (Principal)

A principal enrollee is the main contributor (employee in the Formal Sector Social Health Scheme) on behalf of the other biological members of the family (dependents) enrolled.

Private Health Insurance Scheme

A risk-based Health scheme (both financial and health risks borne by Enrolee), organized and administered by a Health service company or private agency, with the provisions specified in a contract.

Providers

NiCare Accredited providers are healthcare facilities that NiCare has accredited to provide healthcare services to its Enrollees. These are primary, secondary, and tertiary healthcare facilities licensed/accredited by relevant authorities to provide services to the populace.

Registered Healthcare Facility

This includes any government or private healthcare facility, hospital, maternity centre, community pharmacies, and all other service providers registered by the Scheme to provide prescribed health services for the beneficiary under this Scheme.

Resident

This means any person who is ordinarily residing in the State (legal resident in Nigeria)

Resource Mobilization

This is a mechanism for collecting financial resources for the scheme.

Risk

This is the probability of a loss.

Risk pooling

This means managing financial resources so that significant, unpredictable individual financial risks become predictable and are distributed among all pool members.

Social Health Insurance Scheme

A health scheme that is financed by compulsory contributions, which is mandated under the Contributory Health Scheme established under the Niger State Contributory Agency Law, 2019.

Single

These are individuals who are not married

Strategic Purchasing

This means active, evidence-based engagement in defining the service mix and volume and selecting the provider mix to maximize societal objectives.

Third-Party Administrator

These are organizations contracted to carry out predetermined functions on behalf of the agency for a defined period.

Universal Health Coverage

This means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need of sufficient quality to be effective while also ensuring that these services do not expose the user to financial hardship.

Vulnerable persons

Persons who, due to their physical or mental status, cannot engage in any meaningful economic activity. This includes children under five years of age, pregnant women, the elderly (older than 65 years), and the indigent, as may be defined from time to time.

Wage

This means remuneration in money paid to an employee under his contract of service or apprenticeship, whether agreed to be paid at fixed or determined time intervals.

Waiting period

This is a specified period that must pass before an enrollee accesses care.

Table of Content

1.0 INTRODUCTION

1.1 OVERVIEW OF THE NIGER STATE CONTRIBUTORY HEALTH SCHEME

Universal Health Coverage is central to attaining the United Nations Sustainable Development Goals 3 by 2030. The concept ensures that everyone has access to needed promotive, preventive, curative, rehabilitative and palliative health services of sufficient quality while ensuring that people do not suffer financial hardship when paying for services. The Niger State Contributory Health Agency - NiCare, is poised to strengthen health financing by pooling resources and, through strategic purchasing, mitigate high out-of-pocket expenditure. To that extent, the Agency was established by Law to undertake the task of improving healthcare services and making the same equitably available to all residents of Niger State.

Over the years, the Niger State Government has demonstrated its commitment to achieving UHC for all Niger residents through the development of the Niger Health 1.0, which aims to revive and strengthen the PHC System and to improve financing for health as well as through the ascension and gazetting into law, the bill to provide for the establishment of the Niger State Contributory Health Scheme (NGSCHS). Based on solidarity, the NGSCHS has been designed to spread financial risk to all pool members. The risk will, therefore, be shared between the healthy and the sick, the young and the aged, the poor and the rich. Healthcare services shall be purchased from accredited public and private providers, with the primary care providers performing the gate-keeping function, while access to other levels of care shall be through a referral system from the primary level of care.

To ensure the principles of strategic purchasing are applied to purchasing healthcare services, the NGSCHS shall deploy mechanisms that link payment for services to performance. The NGSCHA will ensure service quality requirements are met by instituting quality assurance and improvement mechanisms for all key stakeholders involved in the scheme's operationalization.

Reviewing this operational guideline is another step towards ensuring NiCare performs its utmost function of eliminating catastrophic out-of-pocket expenditures promptly and effectively. These operational guidelines for NGSCHS provide an overview of the scheme’s design and benefits package for various plans, roles/obligations, rights, and privileges of multiple stakeholders. They are intended to provide all stakeholders with the information required for the scheme's effective operation.

GOAL

To guarantee access to quality, equitable, timely and affordable healthcare to all residents of Niger State.

POSITION STATEMENT

Financial risk protection for all Nigerlites

CORE VALUES

Commitment

Responsiveness

Efficiency

Accountability

Transparency

Equity

OBJECTIVES

The Agency shall:

(a) Ensure that every resident of Niger State has access to good healthcare services

(b) Protect families from the financial hardship of huge medical bills

(c) Limit the rise in the cost of healthcare services

(d) Ensure equitable distribution of healthcare costs among different income groups

(e) Maintain a high standard of healthcare delivery services within the State.

(f) Ensure efficiency in healthcare services

(g) Improve and harness private sector participation in the provision of healthcare services through the scheme

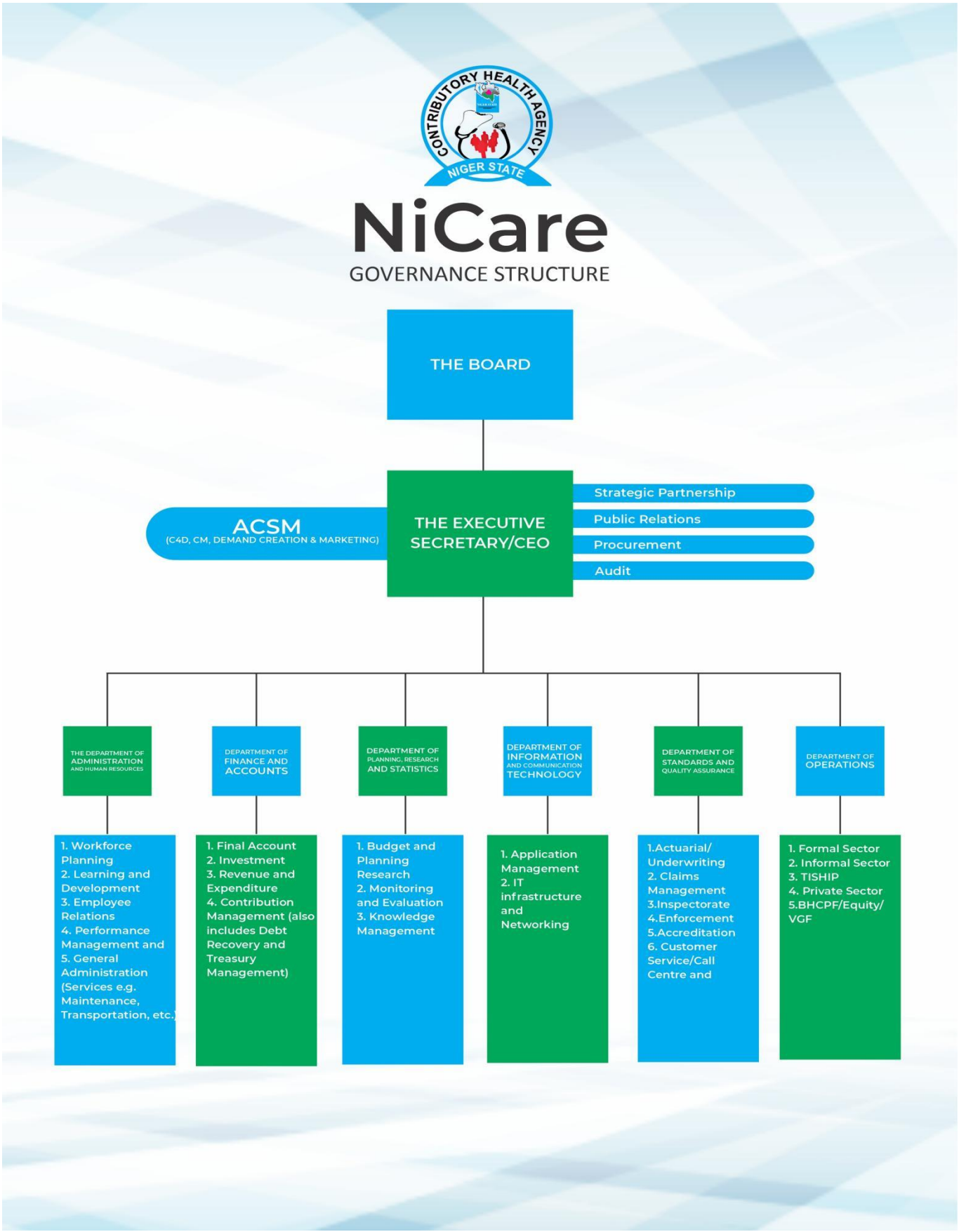
(h) Encourage adequate distribution of health facilities within the State

(i) Ensure equitable patronage of all levels of healthcare

(j) Ensure the availability of funds to the health sector for improved services.

ADMINISTRATIVE STRUCTURE

The NGSCHA management team implements the scheme, which a governing board regulates. The Board shall have a Chairman, who the Governor shall appoint based on the recommendation of the Honourable Commissioner of Health. The Board shall provide a guide and policy direction for the Agency. The management team shall consist of the Executive Secretary, Directors and heads of Units, who shall be responsible for the day-to-day running and operations of the Agency.


CONTRIBUTORY HEALTH AGENCY
NIGER STATE
NiCare
GOVERNANCE STRUCTURE
THE BOARD
THE EXECUTIVE SECRETARY/CEO
ACSM
(C4D, CM, DEMAND CREATION & MARKETING)
Strategic Partnership
Public Relations
Procurement
Audit
THE DEPARTMENT OF ADMINISTRATION AND HUMAN RESOURCES
1. Workforce Planning
2. Learning and Development
3. Employee Relations
4. Performance Management and
5. General Administration (Services e.g. Maintenance, Transportation, etc.)
DEPARTMENT OF FINANCE AND ACCOUNTS
1. Final Account
2. Investment
3. Revenue and Expenditure
4. Contribution Management (also includes Debt Recovery and Treasury Management)
DEPARTMENT OF PLANNING, RESEARCH AND STATISTICS
1. Budget and Planning Research
2. Monitoring and Evaluation
3. Knowledge Management
DEPARTMENT OF INFORMATION AND COMMUNICATION TECHNOLOGY
1. Application Management
2. IT infrastructure and Networking
DEPARTMENT OF STANDARDS AND QUALITY ASSURANCE
1.Actuarial/ Underwriting
2. Claims Management
3.Inspectorate
4.Enforcement
5.Accreditation
6. Customer Service/Call Centre and
DEPARTMENT OF OPERATIONS
1. Formal Sector
2. Informal Sector
3. TISHIP
4. Private Sector
5.BHCPF/Equity/ VGF

FUNCTIONS AND RESPONSIBILITIES OF NiCare

(a) Ensuring the effective implementation of the policies and procedures of the contributory health Agency

(b) Issuing appropriate regulations and guidelines, as approved by the Board, to maintain the viability of the contributory health Agency

(c) The management of the health Agency under the provision of the law

(d) Registering NHIA accredited Health Maintenance Organizations, accredited healthcare facilities and other relevant institutions

(e) Approving the format of the contracts for the Health Maintenance Unit and all healthcare providers

(f) Carrying out public awareness and education on the establishment and management of the contributory health Agency

(g) Promoting and development of the Mutual Health Associations for more involvement in the Agency

(h) Advising the relevant bodies on the inter-relationship of the Agency with other social security services

(i) Determining, after due consultation, provider payment mechanisms due to the healthcare providers

(j) Coordinating research and statistics

(k) Establishing quality assurance for all stakeholders

(l) The collection, collation, analysis and reporting on monthly and quarterly returns from the stakeholders

(m) Exchanging information and data with the NHIA, State Health Management Information System, relevant financial institutions, development partners, NGOs and other relevant bodies

(n) Ensuring workforce development in the Agency

(o) Carrying out such activities as are necessary or expedient for achieving the objectives of the Agency

(p) Receiving and investigating complaints of impropriety levelled against any stakeholder and other relevant institutions and ensuring appropriate sanctions are given

(q) Implementation of the Minimum Benefits Package of Health Services as defined under the NHAct 2014, the Equity Health Plan for the poor and vulnerable

(r) To define the Benefits Package under the health plans as provided in Section 5 of the Law establishing NiCare

(s) Determine the percentage of the premium from a private health plan that shall be payable as cross-subsidy to the Fund for financing

(t) The agency is responsible for mobilizing and pooling financial resources for the scheme, purchasing health services from providers, and coordinating and providing strategic direction for the scheme.

VISION

A reliable scheme that assures access to affordable quality healthcare to all the residents of Niger State.

MISSION

To facilitate easy healthcare financing through pooling and judicious utilization of financial resources, providing financial risk protection and cost burden sharing for people facing the high cost of healthcare through prepayment programs.

1.2 FUNDING SOURCES FOR THE SCHEME

The NGSCHS and NGSCHA will be financed through the Niger State Equity Health Fund (NSEHF), which was established by section 20 of the NGSCHS law. The Niger State Equity Health Fund is a single pool consisting of funds from the following sources:

(a) Formal Sector contributions, comprising of contributions from public servants and Organised Private Sector employers and employees

(b) Premium from the informal sector

(c) Equity Fund, comprising annual contributions of not less than 1% of Consolidated Revenue of the State

(d) Funds from the NHIA for pregnant women, children under five (5) years and other relevant programs

(e) Funds from the NHIA and National Primary Health Care Development Agency (NPHCDA) for guaranteeing a minimum health package

(f) Donations or Grants-in-Aid from Private Organizations, Philanthropists, International Donor Organizations and Non-Governmental Organizations

(g) Fines and commissions charged by Agency

(h) Other appropriations earmarked by the National, State and Local Government Authorities purposely for the implementation of the NGSCHS

(i) Funds as may be approved by the Niger State Primary Health Care Development Agency Board (PHCB) from the NPHCDA for the CBHP and other relevant programs

(j) Dividends and interest on investments and stocks.

The other source of funds for the scheme not captured in the law is the Basic Health Care Provision Fund, which is a Federal Government initiative that aims to increase resources for health and improve primary healthcare services (PHCs) to all Nigerians through the provision of Basic Minimum Package of Health Services (BMPHS) as enshrined in the National Health Act 2014. This fund has been agreed upon by all the relevant stakeholders to be utilized by the NGSCHA to cater for the vulnerable population, which are defined as including pregnant women, children under 5, disabled groups, aged 85 and the poor using the validated data obtained from Youth Empowerment and Social Support Organisation (YESSO), Niger state and other relevant sources.

1.3 ACCESSIBILITY OF CARE

(i) The Selection of the Health facility shall be based on ward/place of residence. All enrollees are encouraged to choose a PHC as their primary care provider within the proximity of their residence, except in peculiar circumstances.

(ii) The Agency shall encourage the spread of accredited health facilities to facilitate easy access, even in hard-to-reach areas.

1.4 DATA PRIVACY AND SECURITY

All patients' data will be strictly confidential, and all records will be kept with the Agency. All data generated, including data from outsourced services, during the scheme's implementation, are strictly the agency's property and cannot be used for any other purpose without the expressed permission of the Agency.

SECTION II

ROLES AND OBLIGATIONS OF STAKEHOLDERS

2.0 ROLES AND OBLIGATIONS OF STAKEHOLDERS

The Niger State Contributory Health Agency (NiCare) recognises the roles of various stakeholders for the smooth running and success of the Scheme. Broadly, there are three (3) categories of stakeholders with diverse roles in the scheme, which include;

2.1 INTERNAL STAKEHOLDERS:

These are Niger State Government institutions such as Ministries, Departments, and Agencies (MDAs) with clearly defined roles in the scheme. These include the following

Niger State Ministry of Health

Niger State Contributory Health Agency

Niger State Primary Health Care Development Agency

Niger State Drugs and Hospital Consumables Management Agency

IBB Specialist Hospital

State Agency for Control of AIDS

Hospitals Management Board

Niger State Ministry of Finance

Office of the Head of Service Niger State

Office of the Secretary to the State Government

Niger State Ministry of Justice

Law Reform Commission

Niger State Ministry for Local Government & Chieftaincy Affairs

Niger State Ministry of Women Affairs & Social Development

Niger State Planning Commission

Niger State Bureau of Statistics

Office of the Accountant General, Niger State

Office of the Auditor-General

Niger State House of Assembly

2.2 EXTERNAL STAKEHOLDERS:

These include Federal & State MDAs, Development Partners, Implementing Partners, and private sector organizations with relevant roles in the scheme. These include:

Federal Ministry of Health

National Primary Health Development Agency

National Health Insurance Scheme

Ministry of Agriculture

Agricultural Produce Board

Third-Party Administrators

Health Care Providers

Central Bank of Nigeria

Commercial Banks

Public and Private Employers

Civil Society Organizations

Trade and Labour Unions

Nigeria Employers Consultative Association

Religious Institutions

Traditional institutions

Professional Health Associations

Professional regulatory bodies

Development Partners

Implementing Partners

2.3 ENROLLEES

Formal Sector

Informal Sector

Vulnerable

2.4 ROLES AND RESPONSIBILITIES OF INTERNAL STAKEHOLDERS

Niger State Ministry of Health (SMoH)	(a) Provides policy direction and supervision for all health matters in the state, including coordination of the Health Financing TWG (b) Provide high-level support for resource mobilization for the Scheme (c) Ensure public and private health facilities are fit for purpose.
Niger State Contributory Health Agency - NiCare	(a). Ensure the effective implementation of the policies and procedures of the NGSCHS (b) Issue appropriate regulations and guidelines as approved b the Board to maintain the viability of

the NGSCHS

(c) Manage the NGSCHS by

the provisions of the law establishing the scheme.

(d) Engage TPAs, accredited healthcare facilities

and other relevant institutions.

(e) Approve the format for contracts for TPAs and all health care providers.

Public awareness and education on

establishing and managing the NGSCHS should be carrie out.

(f) Determine, after due consultation with relevant stakeholders, provider payment mechanisms due to healt care providers.

(g) Define the health benefit packages for health plans.

(h) Determine the appropriate premium for health plans that shall be payable.

(i) Advise the relevant bodies on the inter-relationship of

the Agency with other social security services.

(j) Conduct research and statistics of utilization data.

(k) Establish quality assurance for the stakeholders.

(l) Ensure workforce development in the Agency.

(m) Receive and investigate complaints of impropriety levelle against any stakeholder and other relevant institutions and ensure appropriate sanctions are given.

(n) Manage the collection, collation, analysis, and reporting o monthly and quarterly returns from stakeholders.

(o) Ensure prudent management of the Niger State

	Equity Health Funds
	(p) Exchange information and data with the National Health Insurance Scheme (NHIS), State Health Management Information System, relevant financial institutions, development partners, NGOs, and other relevant bodies.
	(q) Carry out other activities as necessary or expedient to achieve the scheme's objectives.
State Primary Health Care Development Agency (SPHCDA)	(a) Collaborate with the NGSCHA to ensure quality improvement of Primary health facilities, which is necessary to meet accreditation requirements for registration into the scheme.
	(b) Ensure service delivery standards in the selected PHCs are maintained
Hospitals Management Board	(a) Collaborate with the NGSCHA to ensure quality improvement of secondary health facilities, which is necessary to meet accreditation requirements for registration into the scheme.
	(b) Ensure service delivery standards in the selected SHCs are maintained
IBB Specialist Hospital	(a) Collaborate with the NGSCHA to ensure the facility's quality improvement, which is necessary to meet accreditation requirements for registration into the scheme.
	(b) Ensure service delivery standards in the facility are maintained
Niger State Drugs and Hospital Consumables Management Agency	(a) Ensure quality and affordable drugs and medical consumables are provided to the accredited health facilities.

	(b) Ensure timely response to health facilities' requests for drugs and medical consumables to encourage continuous patronage.
State Agency for Control of AIDS	(a). Ensure availability of HIV Testing, Counselling and Treatment services.
Niger State Ministry of Finance	(a). Support the Agency in resource mobilization for the Scheme (b) Ensure cash backing for the Scheme. (c) Post internal Auditor to the Agency
Office of the Head of Service	(a). Provide an updated payroll for all state public servants to the agency. (b) Issue relevant circulars for the implementation of the Scheme. (c) Facilitate prompt release of matching funds for civil servants. (d) Facilitate enrolment of state civil servants. (e) Facilitate the deployment of relevant staff to the Agency.
Office of the Secretary to the State Government of Niger state	(a). Provide updated nominal roll of Political Office holders (b) Facilitate enrollment of Political Office holders (c) Facilitate the liaison between the Agency and Government
Niger State Ministry of Justice	(a). Assist the Secretary/Legal Adviser to the Agency in drafting and/or reviewing legal documents as may be required; (b) Provide necessary legal support to the Agency.
Law Reform Commission	(a). Assist the Secretary/Legal Adviser to the Agency in review of legal documents as may be required
Niger State Ministry for Local Government and Chieftaincy Affairs	(a). Provide an updated Payroll for all public servants of LGAs to the Agency.

	(b) Issue relevant circulars to LGAs for the implementation of the Scheme (c) Facilitate prompt release of LGA civil servants matching funds. (d) Facilitate enrolment of LGA civil servants. (e) Facilitate communication with grassroots gatekeepers.
Niger State Planning Commission	(a). Earmark not less than 1% of the state's CRF for the Scheme in the yearly State Budget (b) Facilitate the release of appropriated funds. (c) Assign an appropriate charge of the account.
Niger State Bureau of Statistics	(a). Provide relevant data for the Agency (b) Support the agency's research effort.
Office of the Accountant General, Niger State	(a). Assist in the mobilization of contributions from the formal public sector and 1%CRF (b) Assist in preparing the financial report for the Agency and the scheme.
Office of the Auditor-General	(a). Assign an external auditor to the Scheme.
Niger State House of Assembly	(a). Carry out relevant oversight functions on the scheme regarding interpretations and amendments of the law. (b) Carry out law amendments as needed.

2.5 ROLES AND RESPONSIBILITIES OF EXTERNAL STAKEHOLDERS

Federal Ministry of Health	(a). Provide policy direction and supervision for all health matters in Nigeria; (b) Rollout health financing interventions in Nigeria.
National Primary Health Development Agency	(a). Ensure service delivery standards for Primary Health Care (PHC) in Nigeria; (b) Rollout PHC interventions in Nigeria; (c) Establish a quality improvement system for PHCs in Nigeria.

National Health Insurance Scheme	(a). Provide regulatory functions to the Scheme (b) Provide technical support to the Scheme
Third-Party Administrators	(a). Carry out marketing of the NGSCHA-approved health plans to potential enrolees (b) Carry out mobilization and enrolment of individuals and families (c) Carry out continuous sensitization of enrolees and provide continuous education about the Scheme to the providers (d) Carry out claims verification for the informal sector and ensure timely payments to healthcare providers (e) Effective management of providers and carry-out continuous quality assurance of healthcare services (f). Ensure timely approval of referrals and undertake necessary follow-up to complete referrals (g) Comply with other provisions as spelled out in the Operational Guidelines (h) Mandatory attendance of periodic performance review meetings (i) Carry out other roles as required and agreed with the Agency.
Health Care Providers	(a). Maintain accreditation standards of the NGSCHA (b) Sign Service Level Agreement with the Agency (c) Provide quality healthcare services to enrollees as contained in the benefit package

	(d) Comply with NGSCHA Operational Guidelines and standard treatment guidelines (e) Ensure patient confidentiality and satisfaction (f) Provide reports on the utilization of services and other data to the NGSCHA through designated channels (g) Report any complaints to designated TPAs and NGSCHA (h) Limit delivery of services to the level of accreditation. (i) Provide continuous health education to enrolees (j) Institutionalize internal quality management systems (k) Mandatory attendance of periodic performance review meetings (l) Other responsibilities to ensure the viability of the NGSCHS as may be determined by NGSCHA from time to time
Commercial Banks	(a). Ensure the safety of the Agency's funds (b) Perform other approved and ethical financial functions as the Agency requires.
Employers	(a). Secure Corporate Identity Number (CIN) with the Agency (b) Pay contributions on behalf of the employees.
Nigeria Employers Consultative Association	(a). Ensure all employers in the state collaborate with the Agency in the deduction and remittance of employees.
Civil Society Organizations	(a). Sensitize residents on the benefits of the Scheme (b) Support enrolment of residents for the Scheme

	(c) Protect the interest of all residents. (d) Advocate for resource mobilisation.
Trade and Labour Unions	(a). Sensitize residents on the benefits of the Scheme (b) Support enrolment of members for the Scheme (c) Protect the interests of all members. (d) Support in ensuring the sustainability of the Scheme.
Traditional Institutions	(a). Sensitize community members on the benefits of the Scheme (b) Collaborate with the Agency to ensure the enrolment of the community members.
Religious institutions	(a). Sensitize members on the benefit of the Scheme; (b) Collaborate with the Agency to ensure the enrolment of members.
Professional regulatory bodies	(a). Support in the handling of disciplinary actions against members of their bodies with the Agency
Professional health associations	(a). Collaborate with the Agency to ensure members maintain a high level of professional ethics; (b) Collaborate with the Agency in engaging members; (c) Mediate between the Agency and members in the event of a dispute. (d) Support in the design/review of operational guidelines and treatment protocol of the Scheme.
Academia	(a). Support the Agency's effort to research the Scheme's operations, outputs, and impacts (b). Provide technical assistance to the Agency on health technology assessment and other areas as may be required by the Agency on the Scheme
Media	(a). Sensitize all residents on the benefit of the Scheme

Development Partners	(a). Build the capacity of staff of the Agency (b) Assist the Agency in advocacy and resource mobilization (c) Provide technical assistance in the design and operational areas of the Scheme as may be required by the Agency

2.6 ROLES AND RESPONSIBILITY OF ENROLLEES

Enrollees	**(a).** Complete enrolment forms and all registration requirements (b) Pay the requisite premium as it applies (c) Present ID cards and access health care services at selected providers (d) Provide feedback to the Agency on the quality of services. (e) Ensure that no other person uses their ID card to access the service.

SECTION III

FINANCING HEALTHCARE

3.0 ADMINISTRATION OF THE SCHEME

3.1 MANAGEMENT OF THE SCHEME

The Agency will carry out its functions from its Head office at the Niger State capital city Minna and offices across the Local Government Areas in the State where possible.

3.2 NIGER STATE CONTRIBUTORY HEALTH SCHEME

(a). NiCare shall provide a mandatory Health Scheme for all residents of Niger State. This is as contained in the Niger State Contributory Health Scheme law section 20 and the NHIA Law 2022.

(b) This shall be a Social Health Insurance Scheme that will provide access to quality and affordable health services for all residents of Niger State through a pre-payment contributory mechanism.

3.3 COVERAGE IN THE MANDATORY SCHEME SHALL INCLUDE THE FOLLOWING:

(a) Employees in the Public sector and Organized Private sector organizations with five employees and above;

(b) Workers in the informal sector such as artisans, self-employed, farmers, rural community dwellers, transporters, etc.; and

(c) Vulnerable persons may be defined from time to time for inclusion after approval by the State Executive Council on the recommendation of the Agency. This shall include beneficiaries enrolled into the Basic Health Care Provision Fund administered by NiCare.

3.4 COMPONENTS OF THE MANDATORY HEALTH SCHEME.

The Scheme shall have the following components:

i. **Niger State Equity Health Plan**: This shall be a plan for the vulnerable groups. These include children under five years of age, pregnant women, elderly (above 65 years), physically and mentally challenged individuals, verified orphans and vulnerable children, and Internally Displaced Persons. Other criteria for eligibility into the health plan shall be as approved by the State Executive Council on the recommendation(s) of the Agency. The entry point shall be designated primary healthcare facilities, faith-based primary healthcare facilities and/or nursing homes.

ii. **The Formal Health Plan**: This shall be a contributory plan for all public-sector employees and organized private-sector employees as defined, wherein all shall make contributions as

determined by the Board. The point of entry shall be designated public and private primary care facilities as selected by the enrolee from a list of accredited healthcare facilities.

iii. **The Informal Health Plan**: This shall be an affordable plan providing a healthcare service package at prescribed contributions accessible to all residents not covered by the other health plans. The entry point shall be designated public and private primary health care facilities. The Tertiary Institution Health Programme (TISHIP) shall fall under this category. This is a plan for students of tertiary institutions across Niger State. They shall access care from the institution's health centre or any designated healthcare facility outside the institution that has been accredited to render such care for the TI-Health programme for that institution. A similar programme for secondary and primary school students falls under this plan.

iv. **Private Health Plan**: This shall consist of various packages providing extra healthcare services directly proportional to the individual's contribution. Eligibility will be for those who subscribe and those approved to benefit by the Agency. Enrolees who access the private plan must first enrol under either the Formal Health Plan or the Informal Health Plan.

3.4.1 HEALTH PLANS

To achieve the mandate of the Agency, the scheme will have the following health plans.

I. Equity Health Plan
II. Formal Health Plan
III. Informal Health Plan
IV. Private Health Plan

Health Plans I-IV will have the Basic Minimum Health Care Benefit Package. There will also be an extra healthcare package for those who subscribe through extra contributions or have been approved to benefit through Health Plan IV.

3.4.2 GUIDELINES FOR PARTICIPATION

Participants shall include:

i. Vulnerable persons, as described above and resident in Niger State
ii. Employees of the public sector and Organized Private Sector in Niger State employing five (5) or more persons.
iii. Employees in the informal sector outside the definition in (ii) above; and
iv. All other residents of Niger State not covered in (i, ii & iii) above.

3.4.3 REVENUE MOBILIZATION

i. For the Informal Health Plan, the contribution shall be at a flat rate determined by the Agency based on an actuarial analysis. The Agency may consider instalment payment of such actuarially determined premium

ii. For the Equity Health Plan, the contribution shall be as captured in the NiCare Law as designated for the Niger State Equity Fund. Additionally, the Niger State Equity Fund may be supplemented with funding from innovative mechanisms as may be determined by supplementary State policies.

iii. For the Formal Health Plan, contributions shall be earnings-related for Public and Organized Private Sector (OPS) employees. The employee pays 5% of their consolidated Basic salary while the employer contributes 10% of its equivalent. Thus, the employer makes a 15% proportional contribution to the employee's salary. For employees in the Organized Private Sector, the employer may decide to pay the entire 15% contribution for the employees, i.e. employer and employee contributions.

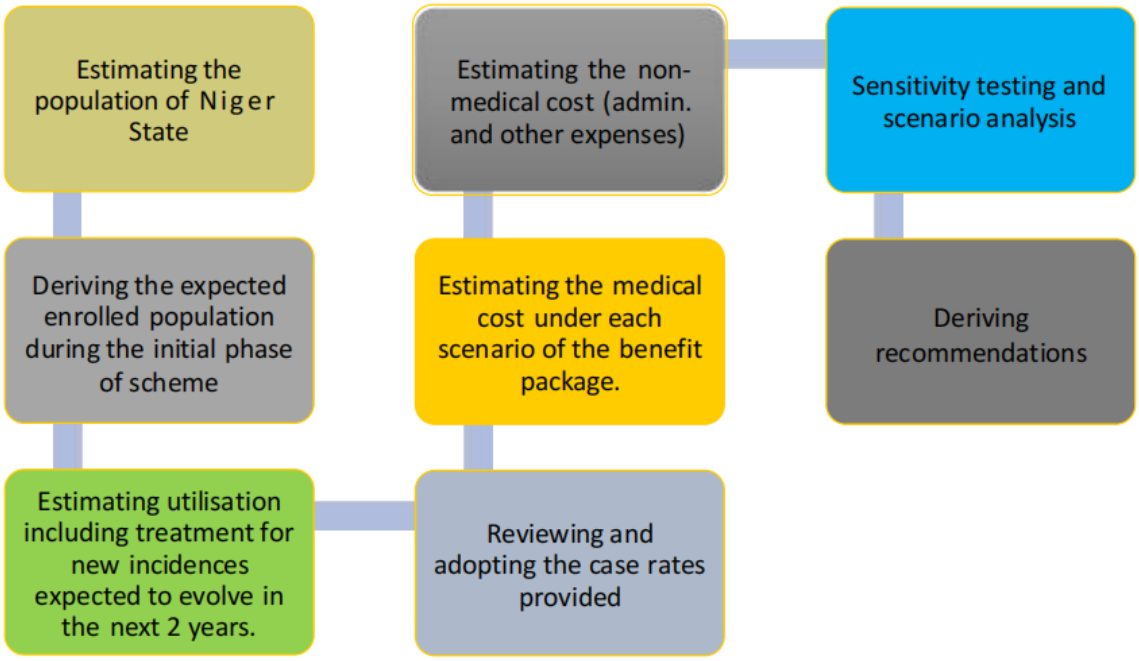
iv. Contributions for Private Health beneficiaries are as approved by the Agency.

3.4.4 POOLING OF CONTRIBUTIONS:

Contributions shall be collected into a single pool and used to purchase health care services for all enrollees by NiCare in a manner that allows risk-sharing and cost-sharing

3.4.5 PREMIUM DISTRIBUTION

The cost of securing medical treatment is carefully estimated. This estimate is based on the probability of seeking treatment (utilization rate) multiplied by the cost of obtaining treatment, and administrative and contingency costs are added, as illustrated in the diagram below.



Below is a simple table showing the annual premium/person/Household distribution.

	Individual	Household	% Split
	N	N	%
Capitation	7,515	39,268	47%
Fee for Service	5,342	27,912	33%
Pure Premium	12,857	67,180	
Admin Cost	804	4,199	5%
Operating Expenses	1,125	5,878	7%
Contingency	1,286	6,718	8%
Total cost	16,072	83,975	100%

3.4.6 CAPITATION

Forty-seven per cent (47%) of the premium shall be set aside as Capitation. The Provider Payment Mechanism policy recommends that:

1. Primary Health Facilities under NiCare shall be paid capitation per enrolee per month at a predetermined amount recommended by an actuarial analysis of the Basic Minimum Package of Health Services and subject to periodic review.
2. The total payment will depend on the number of enrolees empanelled with each primary care provider as of the last day of the preceding month. The capitation fee shall cover entitlements listed on the benefit package for the primary level of care. (Both public and private providers shall receive the same capitation rate.)
3. Capitation shall be paid in the last week preceding the month through the designated provider's commercial bank account, created for capitation purposes and recognized by the Agency for transparency and accountability. Payment shall be made electronically to the healthcare facility's Bank account.
4. All primary providers or hospitals involved in rendering primary level of care to beneficiaries shall open or designate a capitation account with banks in Niger State, recognised and approved by NiCare and transmit the hospital capitation account number to NiCare in an official letter domiciled on the hospital's letter-headed paper.
5. The Agency shall be in charge of capitation payment and send payment advice to each provider to notify them of payment. The agency must receive an acknowledged copy from the healthcare provider.
6. Each primary provider's panel list shall be downloadable from NiCare's online portal on or before the last day of the preceding month or sent to the HCP by NiCare via email or hard copies by post.
7. If the number of enrolees on the panel list of healthcare providers increases, the Agency shall pay for the increase and reduce the total capitation amount if the number of enrolees decreases.
8. Any facility that capitation must be paid to must have submitted or uploaded via the online portal the encounter/utilization data for the services rendered to the enrolees in that facility for the preceding month. Any facility that fails to provide encounter data or upload the

encounter data of the prior month on the NiCare online portal shall not receive a new capitation for the latest month.

9. Any facility that envisages any condition that will render them out of operation for more than a week for any reason must make an alternative arrangement with NiCare to identify and engage the services of another NiCare-accredited facility for its enrollees to receive care during that period.
10. The temporary out-of-operation shall be liable to pay the other facility during this period.
11. If it fails to make this arrangement, NiCare shall provide an out-of-station code for the affected enrollees for that period or remove them from such facility and automatically transfer them to other facilities. This may also result in the facility's delisting from NiCare programmes.

3.4.7 FEE FOR SERVICE PAYMENT METHOD

This is 33% of the agreed premium per head. An agreed fee shall be paid for each service rendered at the secondary and tertiary level of care provided an appropriate authorization code was obtained from NiCare or TPAs as applicable. The primary provider must sign a clear referral note. The list of secondary services for which FFS shall be paid is contained in the operational guideline. The fees payable per service rendered are based on the actuarially certified tariff designed by NiCare. By definition, the tariff is the maximum fee payable per line service rendered. Healthcare providers are not expected to claim any costs beyond the tariff limit.

The process for reviewing and reimbursing providers on fee-for-service is documented in the Claims Management and Referral Guideline.

3.4.8 CO-PAYMENT

Co-payment refers to a fixed payment defined in the insurance policy and paid by the insured person each time a medical service is accessed. According to the NiCare essential drug list, 10% of the total cost of drugs shall be paid to the health care provider by the enrolee for the total cost of prescribed medicines only. The health care provider shall deduct this 10% from the amount for drugs charged when submitting health service claims.

However, the vulnerable population are exempted from this co-payment arrangement since they are catered for through the equity fund and the Basic Health Care Provision Fund (BHCPF).

3.4.9 CO-INSURANCE

This is a part-payment made by the enrolee for services covered under the partial exclusion list after the service has been rendered while NiCare pays the balance. This is subject to review from time to time by NiCare. It refers to the insured person's payment for a percentage of the cost of partially covered health care services utilized.

3.4.10 PAY FOR PERFORMANCE AND ALLOWANCES

In addition to the conventional capitation and FFS, NiCare shall allocate a confident per cent of its total contribution's income to performance-based financing. It shall be paid according to agreed improved outcomes, care processes, service inputs and outputs, performance targets, measures and monitoring. This brings in an element of results-based financing, which makes purchasing health services more strategic, active, guided by information and geared towards achieving an expected good/quality health outcome.

Advantages

1. This payment method incentivises providers to improve quality, treat clients according to clinical guidelines, and focus on priority service inputs and outputs, performance targets, measures, and monitoring.
2. It also encourages decentralizing facility financing through periodic lump sum payments for activities to increase service productivity and quality

Disadvantages

1. This payment system does not favour coverage, which is a setback. Outcome data needs to be separated from HMIS records and closely monitored under periodic supervision visits with quality assessments.
2. Indicators for measuring quality must be derived before assessment, thus making it a highly technical process.

3.5 ROLE OF PROVIDER PAYMENT MECHANISMS (PPM) STAKEHOLDERS

This guideline highlights payment and reimbursement types to be adopted by the purchaser (NiCare) on provider incentives, the stakeholders' roles in purchasing the healthcare value chain, and the oversight, stewardship and accountability processes to ensure transparency and responsiveness of provider and purchaser. The primary structural institutions operating within the context of the PPM are:

i. Health Care Providers
ii. NiCare
iii. Others such as Third-Party Administrators (TPAs) where they are involved

3.5.1 HEALTH CARE PROVIDERS

Health care providers are NiCare accredited and licensed caregivers contracted to render health services to the enrolees on the scheme. The HCPs shall interface with both the Agency/TPAs and the enrollees. HCPs shall be registered as Primary, Secondary, or Tertiary Healthcare Providers, and they shall provide services to Enrolees as defined and classified in the NiCare operational guideline and as contained in the health benefits package in line with the provisions in NiCare standard treatment protocol.

3.5.2 NiCare

NiCare is mandated by law to regulate and provide oversight functions of all activities and programmes under the scheme. Concerning the PPM, NiCare shall be responsible for the following functions.

1. Developing the PPM guidelines and procedures and ensuring adherence.
2. Registering and accrediting TPAs and Health Care Providers participating in the scheme.
3. Payment of capitation and fee for service to providers.
4. Vetting of claims before payments are made.
5. Establishing a quality assurance system for the Scheme

3.5.3 Third Party Administrators (TPAs)

TPAs are Private and Public healthcare enterprises that can handle one or more of the activities listed below:

i. Mobilization and enrolment
ii. Quality assurance
iii. Any other role as may be assigned to them by the agency.

3.5.6 SCOPE OF COVERAGE:

The contributions paid will cover the following:

i. Formal Sector: This shall consist of the contributing employee as the principal enrolee, one (1) spouse, and four (4) biological or legally adopted children below 18. Where a

principal enrolee has more than one spouse or has more than four (4) biological or legally adopted children who may or may not be less than 18 years of age, such shall be enrolled as in the Informal Health Plan and necessary premium paid.

ii. Informal Sector: This shall cover the contributing individual only. All policies should be renewed at least one (1) month before the end of an existing one. NiCare and its Agents will implement mechanisms, including but not limited to mobile technology such as automated emails and SMS, to ensure adequate notification to enrollees in sufficient time to facilitate the renewal process.

iii. Equity Sector: The agency pays for individuals registered and approved by the State Executive Council as vulnerable persons from the Equity Fund. Under this plan, dependents are not covered under the principal enrolee.

3.5.7 ORGANIZATION OF HEALTH SERVICE:

Healthcare services will be provided through three levels of service arrangement at the Primary, Secondary and Tertiary healthcare facilities.

3.5.8 PRIMARY HEALTHCARE FACILITIES:

They will be the entry point for all Enrolees into the Scheme and the point of first contact with Healthcare Facilities. They serve as the gatekeepers to the Scheme. They will provide preventive and curative services. These can be from private or public healthcare facilities accredited to provide that level of healthcare.

3.5.9. SECONDARY HEALTHCARE FACILITIES:

They will offer services beyond the Primary level of care to enrolees referred from the primary healthcare facilities with referral codes approved by the Agency or TPAs as applicable. Direct referrals without an authorization code can occasionally be made, particularly in emergencies. However, the Agency or TPA must be notified within 24 hours of such a referral.

3.5.10 TERTIARY HEALTHCARE FACILITIES:

Though not covered in the benefits package, tertiary healthcare service may be considered on a case-by-case basis with an approved referral from the management of NiCare.

3.6 PROVIDER ENGAGEMENT/PAYMENT:

i. NiCare shall utilise accredited healthcare providers to provide healthcare services to its Enrollees. The Enrollees shall choose the primary healthcare facility closest to them.

ii. NiCare may occasionally determine the maximum number of enrolees a healthcare facility may have, depending on its capacity.

iii. NiCare shall ensure an adequate pool of lives for participating primary health care facilities.

iv. The agency shall generally pay providers through capitation and fee-for-service for primary and secondary care. Additionally, providers may be paid through performance-based financing (PBF) for selected healthcare services. For PBF, set goals and targets will be set to qualify for this payment instrument.

v. Any approved provider payment methods may be made directly through the Agency or TPAs as approved by the Agency.

vi. Fee-for-service rates are as contained in the NiCare tariff. The rates captured in the tariff refer to the maximum amount a service provider claims. This means a service provider may claim less than what is captured in the tariff if they can acquire such services at lower rates and still provide optimal healthcare services

vii. NiCare shall make payment to the facilities, and the facilities shall purchase drugs and medical consumables from Niger State Drugs and Hospital Consumables Management Agency (NGDHCMA) only as it is the solely approved Agency responsible for health supplies to public healthcare providers. The Agency shall work with the NSDHCMA to ensure the efficiency and effectiveness of supplying drugs and commodities to the HCPs.

viii. Alternatively, Community pharmacies and Patent-Proprietary Medicine Vendors (PPMVs) shall be accredited by NiCare and other regulatory authorities as alternative health suppliers of drugs and medical consumables unavailable at healthcare facilities. The healthcare provider will reimburse pharmacies fee-for-service, informed by a tariff schedule for prescription drugs such as NiCare.

3.6.1 REFERRAL:

i. Referrals in the program may terminate with the tertiary service provider. Thus, a primary provider must refer to the next level (secondary) any case deemed more appropriately managed at that level, in line with the defined functions and expertise for each level of care.

ii. Before making a referral, the primary provider must first seek approval from the enrolee's TPA or NiCare, whichever is applicable, who provides authorization within 24 hours. In this regard, TPAs and NiCare are to provide healthcare providers with

multiple channels for authorization requests, which may include web-based systems, email, WhatsApp, SMS, voice calls, etc. This is to ensure efficiency in referral management.

iii. In emergency situations, referrals should be made, and approvals should be sought from the Agency within 24 hours.

iv. TPAs and NiCare are expected to issue authorization only for the care the enrolee needs to enhance allocative efficiency in resource use. Therefore, the outcome of authorization may be: (1) authorization of whole request(s) as sent by the primary care provider, (2) approval of only part of the request(s) sent by the primary care provider and (3) decline of whole request(s). In some situations, where the enrolee's health need is not urgent, the TPA or NiCare may keep them on a waiting list, fixing a date when they can access their needed healthcare. Such wait-listing should not be more than three (3) months from receiving the request. Whatever the outcome of the authorization management, the TPA or NiCare should communicate the same clearly to the primary care provider. In turn, it is the responsibility of the primary care provider to communicate the outcome of the authorization request to the enrolee in an unbiased manner to ensure that the enrolee continues to maintain confidence in the system.

v. Healthcare providers (HCPs) must obtain pre-authorization (PA) codes from Agency/TPAs for secondary and tertiary healthcare services before administering care. The PA codes will be obtained through the TPAs or NiCare contact/call centre. Pre-authorization is required for the following services (this is not an exhaustive list):

1. All in-patient admissions beyond 24 hours
2. Referrals to secondary or tertiary centres
3. Surgeries as in the benefit package
4. Antenatal care (for high-risk pregnancies)
5. Assisted and cesarean deliveries
6. Specialist consultations
7. Emergency care outside the place of usual residence.

The pre-authorization/approval codes must be included when the healthcare provider submits its claims. Information required for requesting a pre-authorization must consist of the following: enrollee's name, enrollee number, provider name, investigations to be done (if any), provisional diagnosis, and planned treatment/management procedures. TPAs are expected to respond to all pre-authorization requests within 30 minutes of receiving requests. All denied requests must be

communicated verbally and in writing to the healthcare provider and NiCare with necessary details/explanations.

3.6.2 LEVELS OF REFERRAL

Entry into the Programme is via the Primary Healthcare Facility. At that level, treatment is administered as recommended by the guidelines. Cases requiring specialized attention are referred to following the guidelines from the Primary to Secondary and tertiary levels.

3.6.3 NEED FOR REFERRAL

Referral can be vertical or lateral. A patient may be referred from a Primary to a Secondary/Tertiary Service Facility or from a Secondary to a Tertiary Service Facility due to the need for specialized investigations, medical/ surgical reasons or other services, such as diagnostic, physiotherapy, etc. Approval by the TPAs or NiCare is necessary, except referrals should be sent to the nearest specialist as contained in the list of NiCare-accredited facilities in the area. However, the TPA or NiCare may route referrals to any facility within the network of accredited healthcare facilities. Additionally, the TPAs or NiCare, upon considerations of clinical and technical programmatic quality, may decide to route the referral of an enrolee to another facility with requisite accreditation even when the facility initiating the referral has accreditation to render the healthcare services being sought.

All authorization codes must be given within 24 hours of the requesting facility contacting the TPA. When such requests are denied, the healthcare facilities must be notified in writing within 24 hours, stating the reasons for the denial and copying to NiCare.

3.6.4 PROCEDURES FOR REFERRAL

i. A referral line shall be established.
ii. There shall be a clear clinical basis for referral, and a referral letter/form will accompany every case.
iii. The outcome of a referral should be satisfactorily and adequately documented.
iv. Relevant information shall be contained in the referral letter/form to the next level.
v. There must be proper records for all referral cases at all levels.
vi. After the specialist completes the treatment, referred cases are sent back to the referring healthcare facility at the lower level with a medical report and instructions for follow-up management.

3.6.5 INFORMATION REQUIRED FOR REFERRALS

Information required for referral includes the following:

1. Patient’s name and enrollee NiCare number

2. Gender,
3. Age
4. Address
5. Referring to the Health Care Provider's name and referring unit (department/clinic)
6. Enrollees' hospital number
7. Referring healthcare facility's NiCare code
8. Referral date
9. Clinical findings/investigations and results
10. Provisional diagnosis
11. Treatment administered before referral
12. Reasons for referral
13. The patient's designated TPA and referral code obtained from the designated TPA or the Agency for the formal sector
14. Referring to personnel's name and signature

3.6.6 OPERATIONAL ROLES AND RESPONSIBILITIES OF STAKEHOLDERS UNDER NiCare.

(a). Healthcare facilities

i. Secure appropriate Accreditation with NiCare.
ii. Sign a contract with NiCare.
iii. Provide services as agreed with NiCare in the benefit package.
iv. Comply with NiCare Operational Guidelines.
v. Ensure enrolee's satisfaction with best practice standards.
vi. Provide information feedback on the utilization of services and other data to NiCare.
vii. Report any complaints to NiCare.
viii. Limit delivery of services to the level of accreditation.
ix. Ensure patient confidentiality in the discharge of its responsibilities.

(b). Third Party Administrators (TPAs)

Carry out duties that NiCare may approve in line with the Law.

(c). Niger State Contributory Health Scheme - NiCare

i. Register enrolees.
ii. Set guidelines and standards for the Scheme.
iii. Accredit healthcare facilities.

iv. Register TPAs.

v. Pay healthcare providers for services rendered under the Niger State Contributory Health Scheme. This may be done directly by the Agency or through TPAs

vi. Carry out continuous advocacy, sensitization and mobilization for the programme.

vii. Carry out continuous quality assurance to ensure qualitative healthcare services and programme management.

viii. Carry out an Actuarial review to determine contribution rates to be paid by Enrolees and payment rates to service providers.

ix. Health education and promotion.

x. Liaise with health facilities to ensure adequate use of their facilities for quality healthcare service delivery under the Scheme.

xi. Carry out other functions to ensure the viability and sustainability of the programme.

(d). Allocation of Risks:

Primary healthcare risk:

This shall be borne by the primary healthcare facilities, which shall pay a capitated monthly amount on behalf of every enrolee registered with the healthcare facility. NiCare shall make this payment in advance, and it does not depend on service usage at that level.

Secondary/Tertiary Healthcare Risk:

NiCare or TPA shall bear this and pay the secondary/tertiary healthcare facility based on fee-for-service for authorized secondary/tertiary care to registered and referred enrolees.

3.6.7 ADDRESSING HEALTH INSURANCE RISKS:

(a). Adverse Selection:

i. This shall be addressed by a waiting period of at most 90 days before accessing care.

(b). Moral Hazard:

i. The gatekeeping function of the primary healthcare facility will address this before referral to check moral hazard at the secondary level.

ii. User charge (co-insurance) shall be paid for medicines

(c). Supplier-induced demand

i. Payment shall be made after vetting that services offered to enrolees meet quality standards. This is to prevent supplier-induced demand in the secondary and tertiary levels of care where payment is by fee-for-service.

(d). Fraud/Free riding:

i. This is addressed by adequately identifying enrollees using identity cards provided by NiCare.

ii. The pre-authorization code to regulate referral service utilization.

3.6.8 BENEFIT PACKAGE

The Niger State Basic Minimum Package of Health Services shall comprise promotive, preventive, curative and rehabilitative services. It shall aim at primary and secondary care, taking into cognisance the prevailing local disease burden and morbidity in Niger State.
Tertiary care services will be based on an approved referral by NiCare.

The Benefits Package under NiCare

To ensure that every Niger State resident has access to quality healthcare services, NiCare has developed the benefit package under the scheme using five considerations of: (1) path dependence: by considering the benefit package content of existing social health insurance programmes across Nigeria (2) cost-effectiveness: by ensuring maximum health benefit for every funds utilized and (3) social values: by considering those healthcare needs that are unique to the people of Niger State, (4) Willingness and ability of the various population segments to pay contributions, (5) The capacity of the health facilities to deliver the services in the health benefits package and, the fiscal space of the state.

In this regard, healthcare facilities under the Scheme shall provide the following benefit package to all enrollees:

a. General out-patient care, including the use of necessary consumables and commodities, pharmaceutical care and diagnostic tests as contained in the Niger state treatment protocol, Drugs List and Diagnostic Test Lists.
b. Maternity care for four pregnancies ending in live births under NiCare for every insured principal enrolee, and care for an additional pregnancy for any stillbirth to make four live births.
c. c. All eligible live births/preterm babies will be covered during the postnatal period of twelve (12) weeks from the delivery date. This applies only to enrolees of the Formal Health Plan and TISHIP Programme.
d. Preventive care, including immunization, as it applies in the National/State Programmes on Immunization, Health, and Family Planning Education.
e. Consultation with specialists.

f. Hospital care in a standard ward for a stay limited to a cumulative 21 days per year following referral.
g. Eye examination and care, providing low-priced spectacles but excluding contact lenses.
h. Prostheses are limited to those produced in Nigeria.
i. Dental care (excluding those on the Exclusion list.)

Note: "Eligible to cover," as used above, refers to a maximum of four biological or legally adopted children of the principal under 18. The benefit package is further broken down below according to the three levels of care.

S/N	**PRIMARY CARE LEVEL**
1	General outpatient care includes proper history taking, physical examination, routine laboratory tests, consumables, and pharmaceutical care as contained in the NiCare treatment protocol, medicines list, and diagnostic test list.
2	**PHARMACEUTICAL CARE:** i. Community Pharmacies under the scheme shall provide Enrolees with out-of-stock medicines in the healthcare facilities. ii. All medicines provided are subject to 10% co-insurance, except for some listed in the medicine tariff, where different proportions of cost-sharing are indicated.
2	**EMERGENCY** The beneficiary requiring emergency treatment shall visit his primary facility or the nearest accredited health facility. The healthcare facility is to offer the following treatments (where applicable) before referral if necessary; i. Establishing an intravenous line ii. Establishing a patent airway iii. Aborting of convulsion iv. Control of bleeding

v. Cardio-pulmonary resuscitation
vi. Immobilization of fractures using splints neck collars to ease transportation of patients
vii. Aspiration of mucus plug to clear airways
viii. Relief of Acute Asthmatic Attacks
ix. Any other procedure that may be lifesaving.

3 PRIMARY LABORATORY INVESTIGATIONS

i. Malaria Parasite (microscopy)
ii. Malaria RDT
iii. Urinalysis
iv. Haemoglobin/PCV
v. Stool microscopy
vi. Urine microscopy
vii. Pregnancy Test
viii. Blood Sugar (glucose) Test
ix. ESR,
x. Blood film for microfilaria
xi. Blood grouping (ABO and RhD)
xii. clotting time
xiii. VDRL

4 HEALTH EDUCATION, PREVENTION AND PROMOTION

i. Family planning, including the provision of commodities (Long-acting Reversible Contraceptive, IUD and Implants)
ii. Immunization.
iii. Promotion of essential nutrients for children and pregnant women
iv. Promotion of personal, domestic and environmental hygiene
v. Promotion of Oral hygiene.

5 **PRIMARY SURGICAL PROCEDURE**

i. Drainage of uncomplicated abscess (I&D)
ii. Minor wound debridement
iii. Wound dressing
iv. Surgical repairs of simple lacerations
v. Drainage of paronychia
vi. Circumcision of male infants
vii. Passage of urethral catheter
viii. Correction of cases of simple polydactyl
ix. Other services may be listed from time to time.

6 **PRIMARY INTERNAL MEDICINE**

i. Acute Malaria and other acute uncomplicated febrile illnesses
ii. Management of simple infections/infestations
iii. Respiratory tract infections
iv. Urinary Tract Infections
v. Gastroenteritis
vi. Ear, Nose and Throat infections
vii. Diarrheal diseases
viii. Enteritis/ typhoid fever
ix. Schistosomiasis
x. Helminthiasis.
xi. Simple Skin infections/infestations: Scabies, lice/tick infestation, Tinea vesicolor etc.
xii. Emergency Management of Bites and Sting.
xiii. Screening, referral for diabetes mellitus, hypertension
xiv. Screening and referral for Eye conditions.
xv. Treatment of simple arthritis and other minor musculoskeletal diseases
xvi. Treatment of peptic ulcer disease.

7 **PRIMARY (HIV/AIDS AND STI)**

i. Voluntary Counselling and testing for HIV
ii. Health Education

iii. Treatment of uncomplicated STI and simple opportunistic infections

8 **COMMUNITY MENTAL HEALTH COUNSELLING AND REFERRAL**

i. Psychosomatic illnesses
ii. Insomnia
iii. Post-Traumatic Stress Disorders
iv. Other illnesses as may be listed from time to time by NiCare

9 **CHILD HEALTH SERVICES (PRIMARY PAEDIATRICS)**

i. Growth monitoring
ii. Routine immunization,
iii. Nutritional advice and Vitamin A supplementation/other supplementation.
iv. Health education.
v. Treatment of common childhood illnesses such as malaria, typhoid/enteric fever, diarrheal disease, acute respiratory infections, uncomplicated malnutrition, helminthiasis, uncomplicated pneumonia, and childhood exanthemas.
vi. Other febrile illnesses may be listed from time to time by NiCare

10 **PRIMARY OBSTETRICS & GYNAECOLOGY**

i. Provision of basic Family Planning Commodities
ii. Antenatal care
    a. Routine antenatal clinic
    b. Routine drugs to cover the duration of pregnancy
    c. Routine urine and blood tests
    d. Referral services for complicated cases
iii. Postnatal services
    a. All eligible live births up to 12 weeks from the date of birth. (Cord care, eye care, management of uncomplicated neonatal infections). This coverage applies to only those enrolled under the Formal Health Plan or TISHIP programme.
iv. Delivery services
    a. Spontaneous Vaginal Delivery by skilled attendant, including repair of birth injuries and episiotomy – paid for by fee-for-service.

b. Essential drugs for Emergency Obstetric care (EmOC)

v. Common gynaecological problems, e.g. pelvic inflammatory disease, vaginal discharges, etc.

11 **OPHTHALMOLOGY (EYE CARE)**

i. Treatment of minor eye ailments including
   a. Conjunctivitis
   b. Simple contusion
   c. Abrasions
   d. Refraction and provision of spectacles
   e. , Foreign bodies, etc.
   f. Other illnesses as may be listed from time to time.

12 **DENTAL CARE**

i. Dental education (preventative and primitive oral health care), referral for dental management.

ii. Oral toileting

iii. Scaling and polishing

iv. Other services as may be determined by NiCare

S/N **SECONDARY LEVEL CARE**

1 **SURGICAL PROCEDURES**

Consultations and treatment by specialists for referred patients from Primary Healthcare Providers.

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 for conditions requiring tertiary care or being on the exclusion list.

Note: Hospital stay in orthopaedic cases is allowed for six cumulative weeks and does not in any way foreclose post-hospitalization management. The primary healthcare facility of enrollees shall pay per diem for the first 15 days of hospitalization, while NiCare/TPA shall pay for the remaining 27 cumulative days per year.

2 INTERNAL MEDICINE

i. Screening as determined by NiCare
ii. Dog bites, snakebites, scorpion stings, and other bites
iii. All other cases that cannot be treated at the primary level must be promptly referred to a secondary centre, except for those requiring tertiary care or excluded.

NOTE: In the case of chronic non-communicable diseases covered by the Scheme, except where there are complications, follow-up consultations and reviews are capitated, while the medications are paid for fee-for-service. In the case of complicated chronic non-communicable diseases, the consultation and medications are paid for fee-for-service, and authorization will need to be sought from the TPA or NiCare where applicable.

3 **HIV/AIDS AND STI**

i. HIV Screening and Confirmation
ii. Management of opportunistic infections/complicated STI
iii. Provision of ART

4 **PAEDIATRICS**

i. Treatment of Severe infections/infestations-Respiratory tract infections, Urinary Tract Infections, diarrhoea disease with moderate to severe dehydration, enteric fever, severe malaria, septicaemia, meningitis, severe measles
ii. Management of childhood non-communicable diseases
iii. Management of severe anaemia requiring blood transfusion
iv. Management of neonatal infections-Neonatal sepsis

v. Neonatal conditions such as birth asphyxia, neonatal jaundice, and management of children from diabetic mothers

5 OBSTETRICS AND GYNAECOLOGY

Basic and Comprehensive Emergency Obstetric Care

i. Management of preterm/pre-labour Rupture of Membrane (P/PROM)
ii. Detection and management of hypertensive diseases in pregnancy
iii. Management of bleeding in pregnancy
iv. Management of postpartum haemorrhage
v. Eclampsia
vi. Caesarean section
vii. Management of intra-uterine foetal death
viii. Management of puerperal sepsis
ix. Instrumental deliveries
x. High-risk deliveries – 1st deliveries, Beyond 4th deliveries, multiple
xi. deliveries, mal-positioning/mal-presentation and other complications,

Gynaecological Intervention

xii. Hysterectomy for uncontrollable Postpartum Haemorrhage
xiii. Laparotomy for gynaecological emergencies
xiv. Operative management for ectopic gestation
xv. myomectomy
xvi. Investigations for infertility management
xvii. Other procedures that are not on the exclusion list

6 NICARE ANTENATAL CARE 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. Fasting blood sugar/Random blood sugar
vi. Blood genotype
vii. Hepatitis B surface Antigen/Hepatitis C
viii. USS (maximum of twice in the entire course of pregnancy)

Note: The i—v above services are primary care covered by capitation. The rest shall be handled under secondary/tertiary care, and the healthcare facility should follow the due referral procedures for ANC booking.

i. Routine ANC Drugs.
ii. Immunization(s).
iii. The gestational age for booking for ANC shall be 13 weeks.
iv. Maternity (ante-natal, delivery and post-natal) care for every insured Enrolee eligible to cover.
v. The above services do not relieve the healthcare facility of other obligations to the gravid enrolee in providing necessary healthcare services.
vi. All preterm babies eligible for coverage are covered for twelve (12) weeks from the delivery date.

7 OPHTHALMOLOGY

i. Refraction, including the provision of low-priced spectacles not exceeding N6,000 (once in 18 months when necessary) and excluding contact lenses
ii. All ophthalmological cases that cannot be handled at the primary level except those requiring tertiary care or on the exclusion list.

8 DENTAL HEALTH

i. Dental examination.
ii. Scaling and polishing.
iii. Crowns and bridges.
iv. Minor oral surgeries.
v. Simple tooth extraction.

vi. Maximum of two root canal treatments.

9 **PHYSIOTHERAPY**

i. All procedures except those on the exclusion list.
ii. Hospital stay in CVA cases is allowed for 12 cumulative weeks and does not foreclose post-hospitalization therapy.
iii. All enrollees are entitled to physiotherapy sessions where such is indicated for not more than 12 sessions per annum.
iv. Note: In the case of CVA, the primary healthcare facility of the enrolee shall pay for bed stay for the first 15 cumulative days of hospitalization while NiCare/TPA shall pay for the remaining 69 cumulative days per year

10 **RADIOLOGY/ULTRA-SONOGRAPHY**

All investigations except those on the exclusion list.

Note: A detailed report must accompany all radiological imaging

11 **EMERGENCY**

All emergency cases outside the place of residence within the State in an accredited NiCare healthcare facility

12 **ADMISSION**

Hospital care in a standard ward for a stay is limited to a cumulative 21 days per year following referral.

13 **LABORATORY INVESTIGATIONS AT THE SECONDARY LEVEL OF CARE**

i. Haemoglobin Protein Electrophoresis
ii. Lumbar puncture
iii. Urea, Electrolytes and Creatinine
iv. Bilirubin
v. Ketone bodies
vi. Microscopy, Culture and Sensitivity for Urine, Blood, Stool, Sputum, Wound, Ear, Eye, Throat, Aspirate, CSF, HVS

vii. Occult blood in stool

viii. Skin snip for microfilaria

ix. Other blood groupings and cross-matching

x. Blood transfusion services and donor screening

xi. Hepatitis B surface antigen screening

xii. Confirmatory test for HIV

xiii. FBC

xiv. Platelets counts

xv. Prothrombin/thromboplastin time

xvi. Pap smear for cervical cancer

xvii. Prostate Specific Antigen (quantitative)

xviii. Lipid Profile

xix. Uric Acid

xx. Hormonal Assays

xxi. Thyroid Function Test

xxii. LFT

xxiii. Viral Loads

xxiv. Clothing profile

xxv. HBA_1C

xxvi. Alpha-fetoprotein

xxvii. Rheumatoid factor

xxviii. Tissue Biopsy/Histology

xxix. Seminal fluid Analysis & Cultures

xxx. OGTT

S/N	**TERTIARY HEALTHCARE LEVEL**
1	All Health cases that cannot be handled at primary and secondary levels of care except those conditions on the exclusion list.
2	**TOTAL EXCLUSIONS**

i. Occupational/industrial injuries to the extent covered under the Workmen Compensation Act. (refer to NDIC)
ii. Injuries resulting from Natural disasters (e.g. Floods, windstorms, etc.), Conflicts, Social unrest, Riots, Wars, etc.
iii. Epidemics
iv. Family planning commodities (excluding LARC), including condoms.
v. Injuries arising from extreme sports, e.g. car racing, horse racing, polo, mountaineering, boxing, wrestling, etc.
vi. Substance use or abuse/addiction
vii. Domiciliary visit
viii. Mammoplasty
ix. Provision of contact lenses.
x. Anti-tuberculosis drugs
xi. Treatment of congenital abnormalities requiring advanced surgical procedures, e.g.TOF, ASD, VSD.
xii. Artificial insemination, including IVF and ICSI
xiii. Dental Bleaching
xiv. Dental Implants
xv. Post Mortem examination
xvi. Cancer Management and Treatment
xvii. Provision of Prosthesis

3 **PARTIAL EXCLUSIONS**

i. High-tech investigations, such as CT scans and MRIs: The enrollee shall pay 50% of the cost of these investigations.
ii. Some high-cost medical commodities and laboratory investigations may be listed in the NiCare tariff.
iii. Dialysis for acute renal failure (max. six sessions per annum)
iv. Note: No TPA can generate and circulate any list of exclusions (partial or total) under the NiCare programmes except as stipulated in the NiCare Operational Guidelines.

NB. Under the Private Health Plan, all Health Maintenance Organizations (HMOs) operating private health insurance schemes in the state shall report their existing scheme to NiCare annually.

The Agency shall permit HMOs to provide health insurance to those who require additional benefits to the existing NiCare Standard Health Plan (NGSHP) in the state and shall refer to such packages as Top-up Health Packages (THP). HMOs providing or operating private sector insurance schemes for individuals, households or Organized Private Sectors in the state must subscribe to NiCare as the basic health plan/package before they can offer or purchase any other type of additional healthcare package, one year after the roll-out of NiCare.

The private sector insurance schemes for the OPS enrolment process will be done as follows:

Agency to release vouchers

HMOs to purchase vouchers

HMOs to register private sector clients in the state

HMOs are to document registration data with the Agency for the new and existing schemes quarterly and annually.

The agency will allocate unique IDs and print the identity cards of validated enrollees.

HMOs to provide quality healthcare services to all enrollees in the State

The Agency will regulate all health insurance schemes in the State except that for the NHIS.

3.6.9 ENROLMENT

Enrolment will be conducted using both a paper-based and IT-based system. Public sector employee enrolment will be conducted by designated NiCare staff, while qualified TPAs will be engaged to enrol the organized private and informal sector populations. All private sector employers shall register with NiCare and obtain a Corporate Identification Number (CIN) as required by the enabling NGSCHS Law. Possession of the CIN is a prerequisite for the TPAs to sell the Agency's health plans to corporate entities.

Medicare will set up designated enrolment centres at the various Ministries, Agencies, and Departments to cater to public sector employees. At the same time, TPAs will be responsible for the enrolment of the Informal and Organised Private Sectors.

3.6.10 FORMAL SECTOR

Enrolment will be at the instance of a principal who must be a civil servant on the payroll of the State or Local Government and resident in the state. A household will include a maximum of six (6) members of a family comprising of a principal, spouse and four (4) biological children below the age of 18 years. Households comprising more than the prescribed number will be required to make additional contributions per dependent annually, as will be actuarially

determined, to be enrolled into the scheme. The enrolment process for formal public sector employees shall be done as follows:

1. NiCare will write a memo to the Head of Service (HoS) informing the HoS of the commencement of enrolment. In subsequent years, the Agency will rely on a standing order to effect this function,
2. The Head of Service (HoS) will issue a circular on notification of the commencement of registration to all MDAs in the state,
3. The agency will liaise with the Ministry of Finance (MoF) and the Accountant General for salary deduction and pooling into the Agency's designated account,
4. Enrolment will commence at designated enrolment centres established at all MDAs, with enrolment forms distributed to public and formal sector employees. The enrolment forms will capture information on the principal and dependents.
5. The agency will send an SMS/email to enrollees who have completed forms detailing their information and generated unique identity numbers,
6. Employees will be required to visit designated enrolment centres set up at all MDAs for the capturing of biometric data to complete the enrolment process,
7. The agency will print and disseminate enrollee identification cards for validated registrations/employees and dependents,
8. The agency will empanel enrollees and warehouse data.

3.6.11 INFORMAL SECTOR

Enrolment can be done either individually or in households. TPAs will purchase bulk vouchers for enrollment from the agency, which will be sold to residents to facilitate enrollment into the scheme. The enrolment process for the informal sector and organized private sector will be conducted as follows:

1. The agency will allocate LGAs to TPAs
2. The Agency will produce vouchers
3. TPAs will purchase vouchers from the Agency
4. TPAs will register residents within their allocated LGAs using the Biometric Enrolment Devices (BEDs) configured by the Agency;
5. If BEDs malfunction, TPAs will use paper-based enrolment forms and ensure data is transferred into the Agency's electronic platform within 72 hours.
6. The agency will allocate unique identification numbers and print enrollee identification cards for validated enrollees;

7. Printed ID cards are picked up from the Agency by the TPAs for dissemination to all their enrollees
8. The agency will empanel enrollees and warehouse data.

3.6.12 VULNERABLE ENROLMENT

The enrolment process for the vulnerable and indigent population is as follows:

1. The agency will submit an updated database of registered identified vulnerable populations to the government to solicit for the release of at least 1% equity contribution;
2. A database on vulnerable populations paid for by the government will be disseminated to TPAs as a notification to commence registration within respective allocated LGAs,
3. TPAs will commence enrolment within allocated LGAs using the Agency's configured BEDs;
4. The agency will allocate unique IDs and print enrollee identification cards for validated persons (validation will be done by leveraging the protocol adapted for the World Bank YESSO program);
5. Printed ID cards are picked up from the Agency by the TPAs for dissemination to all enrollees;
6. The agency will empanel enrollees and warehouse data.

Information to be sought during enrolment includes the following:

- Name (first name, other names, last names)
- phone number (s) of the principal and spouse (where applicable)
- sex
- marital status
- date of birth
- residential address/community of residence
- email address of the principal and spouse (where applicable) and
- next of kin information.

During registration, enrollees must select their preferred primary care provider (PCP), an empanelled healthcare facility.

3.6.13 IDENTITY CARDS

Enrolees shall be issued individualized identity cards within 21 days of completing registration. The ID cards shall validate their identity and benefit coverage. ID cards shall be renewable every

policy year at no extra cost to the enrollees. Any dependent automatically cut off when they attain 18 years of age will be enrolled separately on a plan after the payment and confirmation of premium.

Enrolees shall pay the Agency a token fee to replace missing ID cards. A report from the relevant security agencies will be required to process the new ID card. When the enrollee loses their ID card and goes through all the processes to replace such an ID card, the agency will be expected to reproduce and issue a new ID card within 14 days. If an enrollee is yet to receive the new ID card and he/she requires medical attention, the enrolee or health care provider (HCP) shall contact the Agency/TPA for approval to enable the enrolee access care.

3.6.14 WAITING PERIOD

There shall be a processing/waiting period of not more than ninety (90) days after enrolment completion before an enrollee can access healthcare services to enable adequate pooling and completion of administrative processes.

All policies should be renewed at least one (1) month before the expiration of an active subscription. Enrollees who fail to renew their subscription before the expiration of an active policy shall be subject to a 30-day waiting period. The Agency and TPAs will institute mechanisms such as automated emails and SMSs to ensure adequate notification to enrollees within ample time to facilitate the renewal process.

3.6.15 RIGHTS AND PRIVILEGES OF BENEFICIARIES

Beneficiaries of NiCare have the following rights and privileges:

i. Be treated with respect, dignity, and privacy;
ii. Receive information about the Scheme, its benefits, policies, and participating providers
iii. Access care at no additional cost for covered services from empanelled public or private providers after proper identification at the care facility without any discrimination or prejudice;
iv. Receive a complete course of treatment and generic medications for covered services
v. Change their primary care provider/receive services from any designated PHC as stipulated on the acceptable reasons for the change after 6 months from the date of enrolment.
vi. After approval from the agency, an enrollee can change their provider due to relocation or dissatisfaction with the quality of service of their chosen healthcare provider. Enrollees will be required to complete a change of provider form to effect this change.

For documentation purposes, all applications for change of provider shall be processed within 3 months from the Agency's receipt of such application.

vii. Where the enrollee's provider is delisted, the beneficiaries will be interim transferred to another provider within the same ward/vicinity, pending when the beneficiaries indicate their preferred choice of provider within the provider network;

viii. In the case of an emergency, enrollees can access healthcare services at any accredited healthcare facility within the vicinity of the incident. Enrollees must contact their TPA or the Agency for proper identification and authorization of treatment within 24-48 hours of commencement of treatment. Where the enrollee is not eligible to access health care services, the HCP shall recoup the cost of the medical services provided by the enrollee using the agreed tariff of NiCare

ix. Voice complaints and grievances about the provider's quality of services and receive a timely response to address dissatisfaction.

x. Confidential management of their medical information

xi. Access to their medical record by the National Health Act.

3.7 CLAIMS MANAGEMENT

Health care providers shall collate and send collated claims every month either as hard copies using NiCare claims forms (see annexe 2) or through the Scheme provider portal to TPAs or the Agency (for the formal sector) within 30 days in which the claims were incurred. The provider must ensure that all mandatory fields on the forms are appropriately filled and signed off by the enrollee, parent/caregiver/guardian.

Agency/TPAs shall vet and process valid claims for payment within thirty (30) days of receipt of claims forms from the HCP. Claims not submitted after 90 days from the encounter date will be rendered void. Agency/TPAs, post vetting and payment of claims, must send payment advice to HCPs accompanied by a copy of the details of the processed claims. The HCPs must acknowledge and issue a receipt for payment to the Agency/TPAs.

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

1. Claims submitted in a format other than the authorized claims forms or electronic data
2. Absence of pre-authorization code for services rendered
3. Incorrect or missing data fields on claims forms
4. Claims submitted later than 90 days post-encounter date
5. Submission of duplicated claims
6. Submission of claims for capitated services

7. Other circumstances that violate the scheme's principles, such as fraud, etc.

If the HCP is not satisfied with the TPAs/Agency's decisions regarding denied claims, a case can be raised for adjudication by an established Mediation committee. The committee shall comprise representatives from SMOH, NiCare, NHIS, HMB, and the legal representative of NiCare.

The committee shall meet to review the case within fourteen (14) days and communicate decisions to the TPA/Agency and HCP in writing. Where claims are deemed valid, TPAs/Agency must pay the HCP within seven (7) days, and if claims are deemed invalid, the case shall be dismissed entirely by the committee.

3.8 OUT OF STATION TREATMENT

Provisions shall be made for enrollees to access care outside of their selected HCPs only in circumstances where there is an emergency need for healthcare services and the enrollee is outside his/her place of residence, location or vicinity of preferred HCP within the State (Intra-state) or outside the State (Inter-State). In such cases, the following shall apply:

Intra-State Out of Station treatment or healthcare services:

1. Enrollees within the state must endeavour to communicate with their Agency/TPA via approved channels. Vital information to be transmitted must include the enrollee's name and enrollee number,
2. Agency/TPA must be alerted within 24-48hrs and services to be accessed must be a covered benefit under the scheme,
3. Agency/TPA shall advise the enrollee accordingly on necessary steps to be taken and make available alternative accredited health care providers within the proximity of the enrollee's location or make arrangements for referral after resuscitation and stabilization of the enrollee with the approval of the attending HCP (if need be);
4. Agency/TPA shall be responsible for the reimbursement of secondary healthcare services rendered to enrollees out of the station in emergencies by HCPs other than his/her chosen provider,
5. HCPs will prepare and send medical claims incurred by the enrollee using the process outlined in section 3.7 above.

Inter-State Out of Station treatment or healthcare services (Emergency services only):

- Enrollees outside of the state but within the Federal Republic of Nigeria must endeavour to communicate with their TPA via approved channels or the NiCare platform. Salient information must include the enrollee's name, enrollee number, and state/location. The enrollee can access care in any NHIA/SSHIS-accredited HCP near the incident.

- Agency/TPA shall advise and make arrangements for a referral after resuscitation and stabilization of the enrollee with the approval of the attending HCP in the case of an emergency,
- Agency/TPA shall be responsible for the payment of healthcare services rendered to enrollee out of station in other states within the Federation,
- HCP will prepare and send medical claims incurred by the out-of-station enrollee to the Agency/TPA for adjudication either as an electronic copy or as a hard copy using means agreed upon by the HCP and the Agency/TPA.
- Agency/TPA is advised to make available NiCare claims form (see Annex 2) to HCP outside the state.
- All clean claims shall be processed and paid within 30 days from receipt of such medical claims by the Agency/TPA.
- Agency/TPA shall pay the HCP using the NiCare tariff or the TPA network tariff in the state or negotiated rates with the HCP, whichever is applicable,
- Agency/TPA to inform HCP outside of the state within 24 hours in writing that claims not submitted after 90 days from the date of treatment for outpatient or date of discharge for inpatient will be rendered void,
- All mandatory fields on the claim's forms must be appropriately filled and returned through an agreed channel,
- The agency/TPA must send the HCP payment advice with a copy of the processed claim. When the TPA makes payment, a copy should be sent to the Agency. The HCP must acknowledge and issue a receipt of payment to the TPA and a copy to NGSCHA.
- Out-of-station emergency enrollee must be referred to their primary care provider with a medical report, follow-up treatment instructions and/or protocol.
- The outcome of the inter-state out-of-station treatment should be satisfactory and adequately documented.

3.9 INTEGRATION OF VERTICAL PROGRAMMES INTO THE SCHEME

All vertical programs implemented in the state shall be integrated into the Scheme as an add-on to the present Health Benefits Package. The Agency shall make a case to all donors for contributions to the Scheme's single pool to discourage fragmentation in pooling, encourage strategic purchasing, provide essential health services, implement effective programs, and make available

quality data to inform decision-making in strengthening health systems in the state. The Agency shall engage donors after one year of the Scheme's rollout.

3.10 INFLUENCERS

These include organizations and persons who, by their relationship with and influence over specific population segments, can improve Niger State's residents' acceptance of the Scheme. These include the following:

- The Executive
- The Legislature
- The Judiciary
- Media (Fourth Estate of the Realm)
- Civil Servants and other political appointees
- Religious leaders, e.g. Imams and Pastors
- Public Personalities, e.g. Actors, Comedians,
- LGA Chairmen, etc.
- Traditional leaders
- CBOs and CSOs
- Labour Unions
- Trade associations and groups
- Professional Associations
- Others

3.11 CATALYSTS

These include the different arms of Government that can strengthen and contribute to NiCare's operations and enact policies and guidelines to extend coverage to all residents.

i. The Governor and other members of the State's Executive Management teams
ii. Members of the State House of Assembly

3.12 BRAND IDENTITY AND KEY MESSAGE POINTS

i. As may be determined by the management of NiCare

3.13 CHANNELS AND TOOLS

Communication channels are modes of transmission that enable messages to be exchanged between "senders" and "receivers." NiCare shall adopt various types of communication channels, such as:

Interpersonal Channels include one-to-one communication, such as handbills, fliers, provider advocacy, and posters.

Community-based channels reach communities (a group within a distinct geographic area, such as a village or neighbourhood, or a group based on shared interests or characteristics, such as ethnicity, occupational status, associations, and unions). Types of community communication that NiCare shall adopt are:

Community-based media include local newspapers, radio stations, bulletin boards, and posters.

Community-based activities include health fairs, folk dramas, concerts, rallies, and parades.

Community mobilization.

Fundraising dinner

Mass Media Channels, which reach a large audience in a short period and include:

Television

Radio

Newspapers

Magazines

Outdoor/Transit Advertising

Direct Mail

The Internet and social media (Facebook, Twitter, WhatsApp etc)

SECTION IV

STANDARDS AND QUALITY ASSURANCE/ACCREDITATION

4.0 ACCREDITATION

4.1. HEALTH CARE PROVIDERS

Health Care Providers are necessary to facilitate quality healthcare services under the NGSCHS. They are the scheme's representatives to the people and are crucial to ensuring its sustainability.

4.1.1. ORGANIZATION OF HEALTH CARE PROVIDERS

The NGSCHS will provide health care services from accredited public and private providers. Services under the scheme shall be organised into three levels: primary, secondary, and tertiary.

PRIMARY HEALTHCARE FACILITIES

The primary care providers will perform the gatekeeping function serving enrollees under the NGSCHS. They shall provide preventive, promotive, curative and rehabilitative health care services under the NGSCHS and will comprise of:

- Primary Health Care Centres (Public and Private)
- Comprehensive Health Care Centres;
- Nursing and Maternity Homes (Proof of Access to Medical Practitioner).

SECONDARY HEALTH FACILITIES

Access to secondary health care services under the NGSCHS shall be through a referral from the primary level of care. This category of providers includes the following:

- General Hospitals (out-patient specialist care and in-patient care for medical, surgical, paediatrics, obstetrics and gynaecology etc)
- Specialist Hospitals/Reference Hospitals
- Physiotherapy centers
- Pharmacies
- Laboratories
- Dental clinics
- Radiography/Ultrasound centres
- Optometry clinics

4.1.2. PROVIDER REGISTRATION AND ACCREDITATION

As stated in the NGSCHS law, only registered and accredited providers by the Niger State Contributory Health Agency are eligible to provide healthcare services to enrollees in the scheme.

The Agency has developed processes and accreditation tools to assess/ evaluate all levels of care providers to be eligible to operate on the scheme. This process is described below:

- The Agency shall release an Expression of Interest (EOI). Providers are expected to apply to the Agency by completing the appropriate registration form obtained from NGSCHA upon payment of the designated registration fee.
- The NGSCHA shall visit the HCFs to verify they meet the management, personnel and infrastructural criteria required for accreditation.
- Health facilities that meet the necessary accreditation criteria shall sign a service level agreement (SLA) with the NGSCHA and be enlisted and empanelled to provide services under the NGSCHS. SLAs shall be reviewed on a bi-annual basis.
- The names of accredited providers shall be published on the NGSCHA website.

No provider will be accredited concurrently as a primary and secondary provider. However, for LGAs without public or private primary healthcare facilities that meet the accreditation criteria, the NGSCHA would allow a secondary facility to operate concurrently as a primary healthcare provider and secondary healthcare provider (but under strict conditions) for 1 year, after which the rule/policy will be reviewed. The standards and requirements for accreditation of healthcare facilities are outlined in the next section.

4.1.3. LIST OF PERSONNEL

Primary Healthcare Facilities

- Medical Doctor(s)
- Community Health Officer(s)
- Pharmacy technician(s)
- Registered Nurses/Midwives with training in life-saving skills
- Community Health Extension Workers (CHEWs)
- Junior Community Health Extension Workers (JCHEWs)
- Environmental Health Officers/Technicians
- Information Technology staff
- Laboratory technician(s)
- Accounting staff
- Hospital attendants
- Clerk/Secretary
- Security personnel

- Medical records technicians

Secondary Healthcare Facilities

- Consultant/specialist in the relevant areas of medical speciality
- Medical doctor
- Dentist
- Opticians/Optometrists
- Ophthalmologist
- Registered Nurses-Midwives
- Registered Nurses
- Registered Midwives
- Nurse Specialists in relevant fields
- Hospital Assistants
- Accounting staff
- Health information managers/Medical record officers
- Information Technology staff
- Clerk/Secretary
- Pharmacists/Pharmacy Technicians
- Medical laboratory scientists/Technicians

4.1.4. REQUIREMENTS FOR HEALTHCARE PROFESSIONALS

General Medical Practitioners

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

Specialist Medical Practitioners

- These include Physicians, Dental surgeons, Radiologists, Paediatricians, Psychiatrists, Surgeons, Gynaecologists & Obstetricians, ENT surgeons, Ophthalmologists, etc.
- Possession of recognized specialist qualifications in the proposed area of practice
- Registration with the Medical and Dental Council of Nigeria
- Possession of the current license to practice issued by the Medical and Dental Council of Nigeria (MDCN)

Pharmacists

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

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 Pharmacists Council of Nigeria (PCN)
- Possession of current annual permit to practice, issued by the Pharmacists Council of Nigeria (PCN)

Medical Laboratory Scientists

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

Medical Laboratory Technicians

- Possession of certificate issued by the Medical Laboratory Science Council of Nigeria (MLSCN)
- Registration with the MLSCN
- Possession of current annual license issued by MLSCN

Nurse Practitioners

- Qualified Nurse (i.e. B. NSc. 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 issued by the NMCN

Community Health Workers

- Must have completed a course for Community Health Officers in an approved University Teaching Hospital or College of Health Technology in addition to the qualification below.

- Must be registered by the Community Health Practitioners Registration Board of Nigeria (CHPRBN)
- Possesses a current license to practice by the CHPRBN
- Must have the Standing Orders from the Federal Ministry of Health for Community Health Officers and Community Health Extension Workers

Senior Community Health Extension Workers

- Must have completed a course for Community Health Extension Worker in an approved Health Institution
- Must be registered by the Community Health Practitioners Registration Board of Nigeria (CHPRBN)
- Possesses a current license to practice by the CHPRBN
- Must have the Standing Orders from the Federal Ministry of Health for Community Health Officers and Community Health Extension Workers

Junior Community Health Extension Workers

- Must have completed a Junior Community Health Extension Worker course in an approved Health Institution.
- Must be registered by the Community Health Practitioners Registration Board of Nigeria (CHPRBN)
- Possesses a current license to practice by the CHPRBN
- Must have the Standing Orders from the Federal Ministry of Health for Community Health Officers and Community Health Extension Workers
- Note: Healthcare facilities are advised to train their staff on Basic Life Support (BLS)

Dental Technicians/Technologists

- Possess the certificate, BSC or HND in Dental Technology or equivalent qualification from accredited schools or institutions.
- Must be registered by a relevant regulatory body
- Possesses a current license to practice

Health Information Managers/Medical Record officers

- Possession of the certificate, BSC or HND in Health Information/ Medical Records or equivalent qualification from accredited schools or institutions.
- Must be registered by a relevant regulatory body

- Possess a current license to practice

4.1.5. REQUIREMENTS FOR HEALTHCARE FACILITIES

Healthcare facilities are expected to meet the following requirements to obtain accreditation from the Agency:

- Registration with the Niger State Ministry of Health
- Possession of professionals with relevant academic/professional qualifications
- Registration with the relevant regulatory body
- Possession of the current license to practice
- Accreditation requirement for service delivery
- Registration by state authorities where applicable
- Possession of professional indemnity cover
- Possession of evidence of incorporation with the Corporate Affairs Commission (CAC) or official gazette for government-owned health institutions
- Possession of adequate information and communication technology (ICT) infrastructure, which must include internet access

Annex 3 provides details on specific personnel and infrastructural requirements for accreditation of primary and secondary health facilities.

4.1.6. PROVIDER GRADING

Healthcare providers shall be categorised into two (2) categories based on the results of accreditation exercises:

- Full accreditation: This is for facilities that score at least 70%, thus meeting the required criteria and shall attain full accreditation status. To be awarded full accreditation status, facilities must have the following (details on personnel, equipment infrastructure requirements, etc, are provided in Annexe 3):
  - evidence that specified personnel, equipment and infrastructure requirements are available
  - Evidence of an annual quality improvement plan which addresses clinical and non-clinical structures and processes

The accreditation shall be valid for 2 years, and NGSCHA shall pay a maximum of four (4) visits to assess the status of quality assurance measures before the next accreditation visit.

- Provisional accreditation: Healthcare facilities that do not meet all the required criteria but score a minimum of 50% shall be awarded temporary accreditation. The accreditation shall be

valid for one (1) year, during which the facility is expected to meet the requirements for full accreditation before the next accreditation exercise. NGSCHA shall conduct periodic follow-up accreditation before or after the expiration of the temporary accreditation license to evaluate the provider's compliance with the shared quality improvement plan towards achieving full accreditation or disengagement for failing to meet the required criteria.

Providers shall be incentivised based on their grades, as shown in the table below:

Provider Grade	Incentives
Full Accreditation	● Admittance into NGSCHS ● Enrollee limit of 2000 enrollees subject to demonstration of capacity availability
Provisional Accreditation	● Admittance into NGSCHS ● Enrollee limit of 500 enrollees subject to demonstration of capacity availability to be awarded full accreditation status

The NGSCHA will put quality assurance/improvement measures in place to facilitate the review of enrollee limits allotted to healthcare providers. In circumstances where a health care provider reaches its enrollee limit, the TPA or NGSCHA shall advise the enrollee to select another facility within the ward/LGA or will lift the cap on the provider (particularly in locations with limited options) with the provision that the healthcare facility will provide commensurate resources in terms of HRH and infrastructure to ensure the quality of care is not compromised.

4.1.7. CONDITIONS FOR RENEWAL OF ACCREDITATION LICENSE

- Licenses shall be renewed every two (2) years. The criteria for renewal of the permit include the following:
- Ensure the availability of requisite skilled/experienced personnel with valid current licenses. Licenses are to be sent to NGSCHA on an annual basis or as applicable
- Availability of current licenses with requisite regulatory bodies
- Availability of infrastructural requirements
- Availability of facilities to provide prompt and efficient services to enrollees
- The institution of well-organized business and financial management structures
- Availability of requisite ICT infrastructure

- Evidence of a functional medical records unit/department
- Evidence of internal quality management system
- Compliance with NGSCHS operational guidelines and facility quality improvement plan.
- Follow-up on the quality improvement plan (QIP) of the Facility
- The NGSCHA may determine other criteria.

To apply for license renewal, providers are to collect and complete the appropriate healthcare facility registration form from the Agency and return the filled form alongside applicable registration fees/evidence of payment to the Agency or TPAs.

4.1.8. PROVIDER EXIT FROM THE SCHEME/RELOCATION/CHANGE OF NAME

A healthcare provider that intends to exit, change location, or change its name shall give three (3) months' written notice to NGSCHA. The agency will publish the notice on electronic platforms/media. Providers will also be required to provide sufficient accounts of their funding transactions with the Agency.

4.1.9. SUSPENSION AND WITHDRAWAL OF ACCREDITATION

The Agency has the right to withdraw the health provider accreditation or suspend the practice of health services arising from any of the reasons below; -

- Unresolved complaints from the enrolees
- Persistent low quality of services despite two successive warnings
- Loss of licence of the provider
- Malpractice results in sanctions by any regulatory body.
- Non-compliance with the pre-developed quality improvement plan
- Failure to renew registration with the agency upon expiration of accreditation license

SECTION V

RECORDS AND INFORMATION

5.0 MONITORING AND EVALUATION

This chapter describes the guidelines and mechanisms for the effective monitoring and evaluation (M&E) of the Niger State Contributory Health Scheme towards UHC attainment.

It outlines the NGSCHS complaint management systems, feedback mechanisms, and other modalities for M&E. A detailed monitoring and evaluation plan has been developed as a separate document. The Niger State Contributory Health Agency and other relevant stakeholders will periodically review the plan.

5.1 MODALITIES FOR FEEDBACK AND COMPLAINTS MANAGEMENT

The modalities for monitoring and assessing the performance of the Niger State Contributory Health Scheme shall include:

5.1.1 COMPLAINT MANAGEMENT SYSTEMS

Stakeholders, including but not limited to the other members of staff of NGSCHA (excluding the leadership), Health Care Providers, TPAs, and enrollees shall lodge their complaints about the Scheme to the Agency via the following channels:

- Central and Local Government offices of the Agency
- 24 Hours toll-free call center
- TPAs
- SMS platform
- A web-based portal
- Dedicated email address for customer complaints

The Agency shall ensure that all complaints are attended to within 24 – 48 hours of receipt and resolved as soon as possible. This shall be achieved using the following approach:

- Develop a structured and consistent approach towards addressing customers' complaints
- Provide a simple process for complaints handling
- Promote customer satisfaction by enabling poor decisions to be rectified quickly and efficiently
- Identify areas, practices, procedures, and services for improvement
- Prevent complaints from unnecessary escalation that may result in adverse publicity

5.1.2 CUSTOMER SATISFACTION SURVEYS

Customer satisfaction surveys (CSS) provide a platform for identifying gaps and developing an effective action plan for continuous quality improvement of the service delivery system. The

NGSCHA shall work closely with TPAs, the SBS, CSOs and other stakeholders to conduct customer satisfaction surveys on a bi-annual basis at the enrollee (patient) level and the health care provider level. The objective of CSS at the enrolee level shall be to enhance good customer service and measure satisfaction levels of enrollees utilizing health services to improve quality where necessary. At the healthcare provider level, the objective shall be to enhance the quality of patient care.

The surveys shall be carried out using precise and scientific research methodologies.

5.1.3 CONFLICT RESOLUTION

As stated in the Law, the Agency shall handle all critical issues or disputes beyond the purview of the stakeholders.

5.1.4 TOWN HALL MEETINGS

In addition to the other feedback mechanisms mentioned, NGSCHA shall conduct periodic Town Hall Meetings. The key objective of these meetings will be to engage the community structures (Traditional Organizations, Religious Groups, and Trade Associations) in each LGA in the State to raise awareness, solicit feedback and address issues between the community and the NGSCHA. The process for convening town hall meetings is outlined below:

The NGSCHA shall:

1. At the beginning of each year:

- Identify key community organizations and stakeholders
- Draw up an annual plan (including date and location) to engage the community structures in each LGA with the help of the LGA Authorities

2. Send an agenda for the meeting through the LGA or any other Agency (SPHCDA, HMB, etc.) to the community organization not later than two (2) weeks before the meeting
3. Have a meeting report (including the action plan) and attendance register for each meeting's proceedings,
4. TPAs and the health care providers' representatives operating in the LGA are mandated to attend and participate in the meetings and;
5. Implement a follow-up meeting to provide feedback on issues raised before the end of the year

5.2 PERIODIC PERFORMANCE REVIEW

The Agency will periodically convene meetings with relevant stakeholders to ascertain the performance of the Scheme. The scope of performance reviews will include, but not be limited to, the following:

- Utilization data: The Agency shall review/analyze every quarter, utilization data submitted by the Health Care Providers under the NGSCHS through the TPAs not later than the 15th day of the preceding quarter with a focus on:
    - Categories of medical services with high utilization ("What services are being purchased the most?").
    - Categories of enrollees with high utilization ("for which sector/section of enrollees are we purchasing the most services?").
    - Providers with the highest encounter ("from whom are we purchasing services the most?")

  Utilization data shall be vigorously pursued to enable the Agency to review and make decisions related to various components of the Scheme, such as enrolment, medical benefits, quality of care provided, enrollee/provider moral hazard strategic purchasing, etc.

- Claims data: The TPA shall submit an analysis of claims data received and adjudicated every quarter to the Agency for review. This will enable the Agency to ensure transparency and accountability and review and make decisions on the claims processing (if need be).
- Complaints: The Agency shall review complaints lodged by enrollees and/or providers and actions taken during the quarter every quarter to ensure guaranteed enrollee/provider satisfaction.
- Encounter data: Every month, the Agency shall review all encounter data submitted by the Health Care Providers through the TPAs using the Agency's approved encounter form (see annexe 2) to determine cost utilization disease trends and ascertain quality of services provided to enrollees.
- Data use: The Agency shall periodically demand data from relevant stakeholders and use the results from the analysis to inform decisions/reviews.
- Benefits package: The Agency shall, on a three-year basis or when it deems fit to, review the benefits package of the Scheme in a bid to ensure it addresses/meets current realities in the context of the state.

- Premium: The Agency shall periodically (annually/as the benefits packages are reviewed) review the premium, depending on the circumstance. However, all active policies will remain valid until expiration before the introduction/endorsement of the new premium.
- Target population: The Agency, every month, shall review the number of enrollees in the Scheme to ensure successful uptake of the Scheme and the state's contribution towards attaining UHC.

5.3 ROUTINE MONITORING

Routine monitoring is continuously tracking and reporting priority information about a program or project, its inputs and intended outputs, outcomes, and impacts. At the same time, performance review is the degree to which an intervention or organization operates according to specific criteria, standards/guidelines or achieves results by stated goals or plans.

The Agency will collect continuous and routine data throughout the scheme's implementation. Data generated at the health facility will be reported to LGA Desk Officer, Agency, and NHIA. Data collected will be reported and analyzed continuously to show whether the scheme activities are driving towards meeting the set objectives. TPAs/healthcare facilities will use digital technology across all levels to collect and report data. There will be an integrated data platform. For the continuous assessment of the performance of the Scheme, the Agency shall report on the indicators presented in the table below. This process shall be fully automated to ensure real-time updates on the Agency's dashboard/website. The table below presents key domains and indicators that the NGSCHA will routinely monitor:

Related Domains	Sub Thematic Area	Indicators	Rationale/Objective
Access and Coverage	Service delivery	% Wards with empanelled health facility	Assess (i) coverage of health services, (ii) equity in service availability (delivery)

Related Domains	Sub Thematic Area	Indicators	Rationale/Objective
		% Primary health facilities with capacities (and capabilities) to deliver the full range of essential health services (primary care) as defined in the benefit package	Assess health facility readiness for service delivery.
		% of health facilities with drug stock-outs	Assess the frequency of occurrence of drug-stock out in health facilities
		Completed referrals	(i) Assess the efficiency and effectiveness of the referral system (ii) Help detect unwarranted referrals
	Utilization	Outpatient (OP) visits per capita	Determines (i) Service access levels (ii) health-seeking behaviour
		Inpatient (IP) days per capita	Determine service access levels Assess provider behaviour

Related Domains	Sub Thematic Area	Indicators	Rationale/Objective
		% Focused ANC visits	Determine (i). service access levels , (ii) usage of ANC services
		% Fully immunized children by age 12 months	Determines: (i) Service access and coverage levels (ii) immunization coverage levels (iii) health-seeking behaviour
	Enrolment	% Population enrolled on the scheme	Assess health insurance coverage levels
		% Policy renewals	Assess health insurance coverage levels
Quality	Accreditation	% Facility of accredited	Assess provider capacities and capabilities as part of quality assurance
		% Health of facilities sanctioned	Assesses oversight/monitoring functions

Related Domains	Sub Thematic Area	Indicators	Rationale/Objective
	Quality of Care (QoC)	% of facilities adhering to approved treatment protocols	Assess the quality of service delivery through adherence to predetermined case management protocols
		% of requests for facility change due to reported poor service	Measure client satisfaction
		The ratio of empanelled health care facilities to total enrollees on the scheme.	To assess equity and quality of health service delivery
		Client satisfaction rate	Measure client satisfaction
Efficiency	Efficiency	Readmission rate	Assess (i) efficiency in the use of resources, (ii) quality of care
		Incurred claims per capita	To have an overview of the cost of coverage
		Medical loss ratio	Assess efficiency in resource utilization.
Resource Mobilization	Revenue Collection	% contributions from government (public) sources	Measure the government commitment level

Related Domains	Sub Thematic Area	Indicators	Rationale/Objective
		% contributions from the formal sector	Measure contribution from the formal sector
		% of contributions from the informal sector	Measure contribution from the informal sector
		% of contributions from donors	Measure contributions from donors
	Advocacy	% Advocacy/sensitisation conducted	Assess advocacy and social mobilization efforts for revenue generation
Financial Protection	Financial Protection		
		OOP expenditures on health as a percentage of total health expenditures (THE)	Measure out-of-pocket payments for health.
Strategic Purchasing	Claims Management	% of claims adjudicated as clean	Assess provider adherence to provider payment protocols
		% of returned claims	Assess provider adherence to provider payment protocols
		% of claims processed within the stipulated processing period	Assess the Agency's & TPAs efficiency in claims processing

Related Domains	Sub Thematic Area	Indicators	Rationale/Objective
Private Sector Engagement	Employer Registration	% of Employers registered on the scheme	Assess private sector engagement

SECTION VI

PENALTIES, OFFENSES AND LEGAL PROCEEDING

6.0 OFFENCES AND PENALTIES

The success and effectiveness of the NGSCHS are highly dependent on strict adherence to the provisions of the guidelines. As stated below, sanctions are put in place to ensure strict compliance with all the provisions of the NGSCHS Operational Guidelines by the relevant stakeholders.

The sanctions for the frequencies of offences may be applied directly, as found in the table below or vary based on the severity of the offence committed and/or used as deemed fit. The list of offences and associated sanctions will be updated as the scheme progresses.

6.1 HEALTHCARE PROVIDERS

The Scheme will, upon a complaint by the TPA, enrollee or other stakeholders and after investigation, including affording the Health Care Provider or his legal representative an opportunity of being heard, if found wanting, impose the following Sanctions to any defaulting Health Care Provider that are applicable as in the table below:

S/N	OFFENSES	SANCTIONS
1.	Discriminates and refuses to treat/manage enrollees or their covered dependents after receiving capitation payments from the Agency on behalf of such enrollees.	● First-term offender: Notification and warning ● Second-term offender: Payment of a fine, not less than N250,000 per case. ● Third-term offender: - Suspension for not less than 3 months with a fine ● Serial offenders: o Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. o liable to prosecution under the relevant laws in the State and National
2.	Management of any enrollee as a fee-paying patient for services covered under primary care.	● First-term offender: Notification and warning ● Second-term offender: Payment of a fine not less than N500,000 per case ● Third term offender: o Suspension for not less than 3 months with a fine

		• Serial offenders:
		  ○ Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate.
		  ○ liable to prosecution under the relevant laws in the State and the Federation.

3.	Solicits collect or charge any fee from an enrollee besides the fees payable by the Scheme.	• First-term offender: Notification and warning, and make a full refund of all payments made by the enrollee
		• Second-term offender: Payment of a fine, not less than N250,000 per case, and make a full refund of all payments made by the enrollee
		• Third term offender:
		  ○ Suspension for not less than 3 months with a fine
		• Serial offenders:
		  ○ Delist from the Scheme and refund all NGSCHS funds in its custody.
		  ○ liable to prosecution under the relevant laws in the State and National

4.	Any provider that connives with the enrollee by giving cash to the enrollee in exchange for services	• First-term offender: Notification and warning, and refund twice the amount claimed
		• Second term offender:
		  ○ Payment of a fine of not less than N2,000,000 per case
		• Third term offender:
		  ○ Delist from the Scheme and refund all NGSCHS funds in its custody.
		  ○ liable to prosecution under the

		relevant laws in the State and National
5.	Where a Health Care Provider fails to appropriately refer an enrollee promptly to the appropriate healthcare facilities accredited by the Scheme	● First-term offender: Notification and warning ● Second-term offender: Suspension from the scheme for not less than 3 months ● Third term offender: o Suspension for not less than 6-12 months or o Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. o liable to prosecution under the relevant laws in the State and National
6.	A primary healthcare facility does not operate 24 hours a day, 7 days a week.	● First-term offender: Notification and warning ● Second-term offender: Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate
7.	Where a Healthcare Provider fails to keep and maintain standard medical records in respect of each or all enrollees	● First-term offender: Notification and warning ● Second-term offender: Suspension from the scheme for not less than 3 months ● Third term offender: o Suspension for not less than 6-12 months or o Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. o liable to prosecution under the relevant laws in the State and National
8.	Where Health Care Provider fails to permit NGSCHS/TPA officers' access to the premises and documents for	● First-term offender: Notification and warning ● Second-term offender: Payment of a fine, not

	inspection	less than N100,000 ● Third term offender: o Suspension for not less than 3 months o Delist from the scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. o liable to prosecution under the relevant laws in the State and the Federation
9.	Where the Healthcare Provider fails to notify the Agency, the enrollees registered with it, TPAs and other relevant stakeholders within 3 months of its intention to relocate to a new place officially in writing.	● First-term offender: Payment of a fine not less than N250,000 ● Second-term offender: Suspension for not less than 3 months and Payment of a fine not less than N250,000 ● Third term offender: o Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. o liable to prosecution under the relevant laws in the State and National
10.	Where the Healthcare Provider breaches the 3 months written notice to the Scheme and fails to notify the enrollees registered with it, the TPAs and other relevant stakeholders of its intention to exit from the Scheme	● Liable to prosecution under the pertinent laws of the State, the Federation and Refund of all NGSCHS funds in its custody with interest at the prevailing bank rate.
11.	Where Health Care Provider refuses to abide by the judgments of the Arbitration Panel	● First term offender: o liable to prosecution under the relevant laws in the State and the Federation after refund of all NGSCHS funds in its custody with the prevailing interest at the

		prevailing bank rate ○ Delist from the Scheme
12.	Where a Health Care Provider makes false claims to the TPAs for a treatment/procedure not carried out	● First-term offender: Notification and warning ● Second term offender: ○ Suspension for not less than 3 months ○ Third-term offender: Payment of a fine, not less than N250,000 ● Serial offenders: ○ Delist from the scheme and refund all NGSCHS funds in its custody. ○ liable to prosecution under the relevant laws guiding financial transactions in the State and National
13.	Where a Healthcare Provider deliberately and against medical ethics undermanages an enrollee	● First-term offender Minimum of 2 months suspension ● Second-term offender: Payment of a fine not less than N1,000,000 ● Third term offender: ○ Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. ○ liable to prosecution under the relevant laws guiding financial transactions in the State and nation.
14.	Where a Healthcare Provider engages in any fraudulent activity, e.g. unethical practices in preparation of medical claims, encouraging supplier-induced demand, manipulation of financial documents, etc.	● Payment of a fine not less than N1,000,000 ● Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. ● Liable to prosecution under the relevant laws guiding financial transactions in the State and

		the Federation
15.	Where it is discovered that there was deliberate misrepresentation on the part of the Healthcare Provider at the time of application, e.g. non-registration with relevant authorities, use of the practising licenses of medical personnel other than the provider's staff, etc.	• Payment of a fine not less than N100,000 • Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. • Liable to prosecution under the relevant laws in the State and the Federation

16.	When specified NGSCHS technical/ personnel requirements are no longer being met	• First-term offender: Notification and warning
		• Second-term offender: Suspension for not less than 3 months
		• Third term offender:
		  ○ Delist from the Scheme and refund all NGSCHS funds in its custody.
		  ○ liable to prosecution under the relevant laws in the State and National.

17.	Where a Health Care Provider deliberately and against medical ethics divulges information about patients	• First-term offender Notification and warning
		• Second-term offender: Payment of a fine, not less than N100,000 with a minimum of 3 months suspension
		• Third term offender:
		  ○ Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate
		  ○ liable to prosecution under the relevant laws in the State and the Federation.

18.	Claims not submitted within 90 days	• Such claims will be rendered void

6.2 THIRD PARTY ADMINISTRATORS

The Scheme will, upon receipt of a complaint from the Healthcare facility, enrollee or any other stakeholder, investigate, including affording the TPA (or other programme managers) or his legal representative an opportunity to be heard, then impose the following Sanctions to any defaulting TPA /other programme managers;

S/N	OFFENCES	SANCTIONS
1.	Refusal to remit Fee–ForService payment or other claims to health facilities after receiving such from the Agency within the specified period indicated in the Operational Guidelines.	● First term offender; o Notification and warning. o Payment of appropriate fee–for–service amount, including accrued interest, at the prevailing bank rate to the affected health facilities. ● Second-term offender: Pay twice the amount withheld, including accrued interest, to the affected health facilities. ● Third term offender: - Suspension for not less than 3 months ● Serial offenders o Delist from the Scheme o liable to prosecution under the relevant laws guiding financial transactions in the State and nation.
2	Deliberately manipulates the enrollees or the benefits of other parties or circulates a different register other than the register released by the Scheme	● First term offender – Notification and warning to withdraw the fake register. ● Second term offender: – Payment of a fine not less than N100,000 ● Third term offender

		- Suspension for not less than 3 months ● Serial offenders - Delist from the Scheme - Liable to prosecution under the relevant laws guiding Financial transactions in the State and National
3.	Deliberately issue Dud cheque (s)	● First term offender – Payment of the actual amount to the facility and a fine of not less than N100,000 ● Second term offender: – Suspension for not less than 3 months ● Serial offenders: – Delist from the Scheme and make full payment to the relevant receiving body, the full value of the dud cheque - Liable to prosecution under the relevant laws guiding financial transactions in the State and National
4.	Refusal to abide by the judgments of the Arbitration Panel without appeal within the stipulated period.	● Liable to prosecution under the relevant laws in the State and National
5.	Restricts the Scheme or its appointed agent(s) from free access to information on their activities and accounts with the NGSCHS	● First term offender – Notification and warning to give access to information on their activities and accounts; and Payment of a fine not less than N200,000 ● Second term offender – Suspension for not less than 3 months with a fine. ● Third term offender:

		- Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. - Liable to prosecution under the relevant laws guiding Financial transactions in the State and nation.
6.	Willful refusal to meet with and monitor all facilities quarterly in their network to maintain standards and other operational modalities.	● First term offender: Notification and warning to monitor all facilities and submit a report of same to NGSCHS within 14 days ● Second term offender: Payment of a fine not less than N100,000 and warning to monitor all facilities and submit a report of same to NGSCHS within 14 days ● Third term offender: - Suspension for not less than 3 months ● Serial offenders: – Delist from the Scheme - Liable to prosecution under the relevant laws guiding standards and other operational modalities at the State and National level
7.	Failure to submit Annual reports and audited accounts to the Agency within the stipulated time allowed.	● First-term offender: Notification and warning to submit Annual report and Audited accounts ● Second-term offender: Payment of a fine, not less than N100,000 and submission of Annual report and Audited accounts ● Third term offender: - Suspension for not less than 3 months with a fine

		● Serial offenders: – Delist from the scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. - Liable to prosecution under the relevant laws guiding Financial transactions in the State and National
8.	Where TPA fails to permit NGSCHS Officers the right to gain entrance to any part of the organisation to examine or inspect the facilities, books, records, and files maintained in respect of each or registered enrollees.	● First-term offender: Notification, warning and Payment of a fine, not less than N500,000 ● Second term offender: – Suspension for not less than 3 months ● Third term offender: – Delist from the scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. - Liable to prosecution under the relevant laws in the State and National.
9.	Where TPA fails to notify the Scheme, the enrollees and facilities within 3 months of its intention to relocate to a new place.	● First term offender – Notification and warning ● Second term offender: – Payment of a fine not less than N250,000 ● Third term offender: – Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. - Liable to prosecution under the relevant laws in the State and National.

10.	Where TPA breaches the 3 months written notice to the Scheme, notify the enrollees and facilities of its intention to exit from the Scheme.	● First term offender - Payment of a fine, not less than N500,000 - Liable to prosecution under the relevant laws in the State and National.
11.	Where TPA circulates a Total or Partial Exclusions list, benefits package and other services different from those covered in the NGSCHS Operational Guidelines	● First-term offender: Notification and warning ● Second-term offender: Payment of a fine, not less than N50,000 ● Third term offender: – Suspension for not less than 3 months ● Serial offenders – Delist from the Scheme and refund of all NGSCHS unremitted funds in its; - Liable to prosecution under the relevant laws in the State and National.
12.	Where a TPA engages in any fraudulent activity, e.g. unethical practices, inappropriate vetting of medical bills from HCPs, manipulation of financial documents, etc.	● First term offender: - Payment of a fine not less than N1,000,000 - Delist from the Scheme and refund of all NGSCHS unremitted funds in its custody - Liable to prosecution under the relevant laws guiding financial transactions in the State and nation.
13.	Where it is discovered that there was deliberate misrepresentation on the part of TPA at the time of application	● Payment of a fine not less than N500,000 - Suspension for not less than 3 months - Delist from the Scheme and refund all NGSCHS unremitted funds in its custody with interest at the prevailing bank rate. - Liable to prosecution under the relevant laws in the State and National.

14.	Where it is discovered that the TPA no longer meets specified NGSCHS technical requirements, e.g. functions and rules of engagement. as required under NGSCHS Operational Guidelines	• First term offender: Notification and warning • Second Term offender - Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate.
15.	Where it is discovered that the TPA is engaged in marketing and sales of plans unapproved by NGSCHS operational guidelines	• First-term offender: Notification and warning to desist from engaging in marketing and sales of unapproved plans • Second term offender: - Payment of a fine not less than N1,000,000 - Delist from the Scheme and refund all NGSCHS funds in its custody with interest at the prevailing bank rate. - Liable to prosecution under the relevant laws in the State and National.
16.	Willful and intentional engagement in multiple registrations of enrollees	• First term offender; Warning: deletion of excess registration and refund of the unduly paid For-Service and Administrative charge • Second-term offender: Payment of a fine, not less than N250,000 and Suspension for not less than 3 months • Third term offender: - Delist from the Scheme and refund all NGSCHS unremitted funds in its custody with interest at the prevailing bank rate. - Liable to prosecution under the relevant laws in the State and National.

17.	Where it is discovered that a TPA refuses to approve a referral without any justification and/or is inaccessible to authorize referrals	• First term offender: – Notification and warning and payment of all expenses incurred by the enrollee for that referral. • Second offender: – Payment of a fine, not less than N250,000 and payment of all expenses incurred by the enrollee for that referral • Third time offender: - Suspension for not less than 3 months • Serial offenders: - Delist from the Scheme and refund all NGSCHS unremitted funds in its custody with interest at the prevailing bank rate. - Liable to prosecution under the relevant laws in the State and National
18.	Where a TPA deliberately, and against medical ethics, divulge information about patients	• First term offender: – Notification and warning. TPA was found wanting to submit a written undertaking for the enrollees to the Agency. • Second-term offender: Payment of a fine, not less than N500,000 • Third term offender - Suspension for not less than 3 months • Serial offenders: - Delist from the Scheme and refund all NGSCHS unremitted funds in its custody with interest at the prevailing bank rate.

		- Liable to prosecution under the relevant laws in the State and National

6.3 BENEFICIARIES/ENROLLEES

The NGSCHA will, upon receipt of a complaint by the TPA, HCP or other stakeholders and after investigation, including affording the beneficiary or his legal representative an opportunity to be heard, if found wanting, impose the following Sanctions to any defaulting beneficiary:

S/N	OFFENCES	SANCTIONS
1.	a) Willfully or intentionally engages in multiple registrations	● First-term offender: Notification and warning. Cancellation of other registrations. ● Second-term offender: Payment of a fine, not less than N50,000 ● Third term offender: - Delist from the Scheme and without refund. - Liable to prosecution under the relevant laws in the State and the Federation
	b) Refusal to obtain health insurance cover	● Denied from the following Opening and maintaining a bank account Renewal of tax clearance Renewal of driver's licence and other benefits of safety social nets.
2.	Falsification of personal/medical records	● First-term offender: Notification and warning to correct records ● Second-term offender: Payment of a fine, not less than N100,000 ● Third offence:

		- - Delist from the Scheme with no refund - Liable to prosecution under the relevant laws in the State and the Federation
3.	Willfully and intentionally allow usage of NGSCHS ID cards by unauthorized persons for access to service	● First-term offender: Payment of twice the medical costs incurred on the scheme by the illegitimate subscriber: ● Second-term offender: Payment of all the medical expenses incurred with an additional monetary fine not less than N250,000. ● Third term offender: - Delist from the Scheme without a refund - Liable to prosecution under the relevant laws in the State and the Federation.
4.	Impersonates another enrollee	● Payment of a fine not less than N50,000 Liable to prosecution under the relevant laws guiding identity theft in the State and the Federation.
5.	Connectives with Health facilities to defraud schemes, e.g. enrollees are given cash for their HCPs to present claims for Fee-For-Service, etc.	● Payment of a fine not less than N250,000 ● Delist from the Scheme and without refund. ● Liable to prosecution under the relevant laws guiding financial transactions in the State and the Federation
6.	Violent behaviour not related to the medical ailment that puts the life and well-being of staff of the Agency, TPA or HCP at risk	● First-term offender: Notification and warning ● Second term offender: - Suspension for not less than 3 months ● Third-term offender: Delist from the Scheme without a refund - Liable to prosecution under the relevant laws in the State and the Federation.

6.4 EMPLOYERS

NGSCHA will, upon receipt of a complaint by any stakeholder and after investigation, including affording the employer or its Legal representative an opportunity to be heard, impose the following Sanctions on any defaulting employer:

S/N	OFFENCES	SANCTIONS
1.	Failure to remit premium (over 3 months; Non-remittance of premium)	▪ First-time offender: o Notification and warning; remittance of the amount collected. o Payment of a fine, not less than N2,000,000 or imprisonment for a term not exceeding five years or less than two years or to both such fine and imprisonment. ▪ Second-time offender: Payment of a fine, not less than N5,000,000 - Liable to prosecution under the relevant laws in the State and the Federation.
2.	Delay payment of premiums (Below 3 months Non-remittance of premium)	▪ First-time offender: Notification and warning ▪ Second offender: Payment of a fine not less than N500,000 ▪ Third-time term offender: - Liable to prosecution under the relevant laws in the State and the Federation.
3.	Falsifies staff record	▪ First-time offender: Payment of a fine not less than N500,000 ▪ Second offender:

		- Liable to prosecution under the relevant laws in the State and the Federation.
4.	Fails to register employees with NGSCHS	▪ First-time offender: Payment of a fine not less than N500,000 ▪ Second-term offender: - Liable to prosecution under the relevant laws in the State and the Federation.

6.5 STAFF OF THE AGENCY

NGSCHA will, upon receipt of a complaint by any stakeholder and after investigation, including affording the staff or their Legal representative an opportunity to be heard, impose the following Sanctions on any defaulting Staff:

S/N	OFFENCES	SANCTIONS
1.	Failure to pay healthcare facilities in line with the provider payment mechanism within a specified period	● First-term offender: Pay the sum withheld to the affected facilities with the accrued interest ● Second-term offender: Pay a fine of not less than twice the amount withheld to the affected facilities
2.	Connives with Healthcare Providers and/or TPAs to defraud/game the scheme	● First-term offender: Refund the entire amount defrauded the Agency; Suspension of the HCP involved for a minimum of 3 months; appropriate disciplinary action against the Staff according to Civil Service Rule. ● Second term offender: - Liable to prosecution under the relevant laws in the State and the Federation.

3.	Poor customer service to enrollees	● First-term offender: Notification and warning ● Second-term offender: suspension for a minimum of 3 months without salary; ● Third-term offender: appropriate disciplinary action against the Staff according to Civil Service Rules.
4.	Disclose medical information of enrollees without consent or approval from the Agency	● First-term offender: Notification and warning. ● Second-term offender: suspension for a minimum of 3 months without salary; ● Third term offender: - Suspension for not less than 6 months without salary - Liable to prosecution under the relevant laws in the State and the Federation

A person or organization aggrieved with the committee's decision may appeal to the board within thirty days of receiving the decision.

NICARE TARIFF

	NICARE TARIFF	
	DRUGS: All drugs in the Niger State Essential drug list. **ALL PRESCRIPTIONS SHOULD BE IN GENERIC**	
S/N	**PROFESSIONAL SERVICES**	COST
1	General Consultation	2,000
2	Specialist Initial Consultation	5,000
3	Specialist Review (Per visit)	2,000
4	ARVs Drug dispensing	500
5	Viral load (sample collection and specimen separation only)	700
6	Nursing Care (per day)	1,000
7	Special Nursing Care (e.g. Intensive care, SCBU, Paediatric Emergency etc)	5,000
8	Hospital Bed Occupancy	2,000
9	Folder	1,000
10	Critical Care In I.C.U (per day)- Adult (Internal Medicine)	7,500
11	Critical Care In I.C.U (per day)- Paediatrics	5,000
12	Gastric Lavage	3,000
13	Nebulisation (per day)	10,000
14	Oxygen Therapy (per day)- Adult (Internal Medicine)	15,000
15	Oxygen Therapy (per day)- Paediatrics	5,000
16	Phototherapy per day	10,000
17	Incubator Care per day	15,000
18	Exchange Blood Transfusion	10,000
19	Subdural Tap	
	SURGERY	
20	Emergency Laparotomy for any cause (Laparotomy)	80,000
21	Intestinal Resection and Anastomosis	80,000
22	Appendectomy	50,000
23	Herniorhaphies (all types)	40,000
24	Hydrocelectomy	40,000
25	Management of Testicular Torsion	40,000
26	Lumpectomies	40,000

27	Incision and Drainage for extensive wounds	30,000
28	Major Wound Repair	30,000
29	Major Burns	40,000
30	Complicated Abrasions	30,000
31	Wound Debridement under GA	40,000
32	Evacuation of impacted faeces beyond primary	15,000
33	Relief of urinary retention that require surgery	15,000
34	Conjunctivitis beyond primary	15,000
35	Parasitic and allergic ailments beyond primary	10,000
36	Complicated contusion	20,000
37	Appendicular Abscess - Drainage	60,000
38	Appendicular Perforation	60,000
39	Herniotomy/Herniorraphy	40,000
40	Herniorraphy and Hydrocelectomy Sac Excision	60,000
41	Hydrocelectomy + Orchidectomy	60,000
42	Hydrocelectomy+Hernioplasty - Excision	60,000
43	Testicular Biopsy	25,000
44	Orchidectomy	40,000
45	Orchidopexy	40,000
46	Orchidopexy, with Circumsion, With Eversion of Sac, with Herniotomy	50,000
	PAEDIATRICS	
47	Treatment of Acute Respiratory infections	10,000
48	Treatment of Urinary Tract Infections	10,000
49	Diarrhoea disease with moderate to severe dehydration	15,000
50	Treatment of Enteric fever	10,000
51	Treatment of Severe malaria	15,000
52	Treatment of Septicemia	20,000
53	Treatment of Meningitis	15,000
54	Treatment of Severe measles	15,000
55	Management of Nephritis	10,000
56	Management of severe anaemia requiring blood transfusion(covering 2 pints of blood)	30,000

57	Management of Neonatal sepsis	15,000
58	Birth Asphyxia	20,000
59	Neonatal jaundice	20,000
60	Management of child from diabetic mothers	30,000
	INTERNAL MEDICINE	
61	Aspirations/Paracentesis	5,000
62	Treatment of nephrotic syndrome	10,000
63	Management of severe malaria	15,000
64	Management of Meningitis (Non epidemic)	15,000
65	Management of Septicemia	15,000
66	Management of complicated Respiratory Tract Infections	20,000
67	Management of complicated typhoid fever (No perforation)	20,000
68	Management of Diabetes	30,000
69	Management of Hypertension (per visit upto maximum of 2 visits per month)	15,000
70	Management of sickle cell disease	10,000
71	Treatment of severe musculoskeletal conditions (per visit upto maximum of 2 visits per month)	10,000
72	Treatment of Nephritis	10,000
73	Treatment of hepatitis	10,000
74	Treatment of Amoebic liver abscess	15,000
75	Management of severe anemia (Excluding blood transfusion)	10,000
76	Treatment of snake bites (inclusive of serum)- bite (Max of 3 vials of anti-snake venom)	75,000
77	Management of Severe Asthmatic Attack	15,000
78	Treatment of Exacerbated Peptic Ulcer Disease (PUD)	15,000
79	Aspirations/Paracentesis	5,000
80	Management of HIV/AIDS (OIs)	10,000
81	Emergencies occurring outside the usual residence or accredited HCP	
82	Medical & Surgical admission for maximum of 15 days cumulative per year	15,000
83	Surgical admission for maximum of 20 days cumulative per year	15,000
84	Medical admission for maximum of 15 days cumulative per year	20,000

OBSTETRICS AND GYNAECOLOGY		
85	Management of preterm/pre-labor Rupture of Membrane (P/PROM)	20,000
86	Detection and management of hypertensive diseases in pregnancy (Pre-eclampsia)	30,000
87	Management of bleeding in pregnancy (APH)	15,000
88	Management of postpartum haemorrhage (PPH)	10,000
89	Management of Eclampsia	30,000
90	Caesarean Section (elective, emergency, single live born, twin etc)	55,000
91	Operative management for ectopic Pregnancy (gestation)	65,000
92	Management of intra-uterine fetal death (IUFD)	15,000
93	Management of puerperal sepsis	10,000
94	Instrumental deliveries (Assisted delivery)	75,000
95	High risk of 1st deliveries (Primigravida)	15,000
96	High risk Beyond 4th deliveries (Grand Multipara)	10,000
97	High risk of multiple Pregnancy	10,000
98	High risk of mal-positioning/mal-presentation and other complications (Obstructed labor) - Not resulting to CS	15,000
99	Antenatal care (throughout duration of pregnancy)	10,000
100	Normal Delivery	30,000
101	D&C/Evacuation Of Retained Products Of Conception (Management of abortions)	15,000
102	Marsupialisation (Bartholin's Cyst)	30,000
103	Pap Smear Procedure	7000
104	Repair of Episiotomy	15,000
105	Excision Of Vaginal Septum	15,000
106	Labial Cyst Enucleation	15,000
107	Vaginal Cyst Enucleation	15,000
108	Perineal Warts	15,000
109	Cervical Circlage/Shirodkar Suture	25,000
110	Hymenectomy and repair of Hymen	20,000
111	Vaginal wall repair/Colpoperineorrhaphy	45,000
112	Repair Of Third Degree Tear	30,000
113	Bilateral tubal ligation (Stand alone)	30,000
114	Hysterectomy And Bilateral Salpingo-Oophorectomy	70,000

115	Hysterectomy/Manchester Repair (all types)	65,000
116	Laparotomy Diagnostic / Therapeutic	60,000
117	Repair Of Perforated Uterus	65,000
118	Repair Of Ruptured Uterus	65,000
119	Mastitis	10,000
120	Pelvic Inflammatory Diseases (PID)	10,000
	OPHTHALMOLOGY	
121	Manual Refraction	1,500.00
122	Auto Refraction	2,500.00
123	Cytoplegic Refraction	3,000.00
124	Pupillary Dilation - Unilateral	2000
125	Pupillary Dilation - Bilateral	3000
126	Indirect Opthalmoscopy	4000
127	Direct Opthalmoscopy	2000
128	Visual Field Assessment	5000
129	Slit Lamp Examination	15,000
130	Low Priced Spectacles - frame and lens	10,000
131	Conjuctival Laceration Repair	25,000
132	Pterygium	25,000
133	Glaucoma	45,000
134	Cataract extraction	50,000
135	Removal Of Foreign Bodies From Conjuctiva And Cornea	20,000
136	Refraction, including provision of spectacles not exceeding N5000	10,000
137	Abscess Drainage of Lid	20,000
138	Cataract + Pterygium	75,000
139	Cataract Removal - Bilateral	80,000
140	Chalazion Excision	10,000
141	Entropion And Ectropion Repairs	25,000
142	Intraocular Foreign Body Removal	20,000
143	Syringing And Probing	15,000
144	Traumatic Corneal And/Or Scleral Laceration Repair	35,000
145	Traumatic Lid Laceration Repair	20,000

146	orbtal abcess	40,000
147	anterior chamber washout	20,000
148	posterior chamber washout	35,000
149	EUA with Refraction	25,000
150	EUA with Repair	35,000
151	EUA	20,000
152	Evisceration	30,000
153	Eviscerationm with implant	50,000
154	Enucleation	45,000
155	Exentration	90,000
156	pachymetry	5,000
157	Biometry	4,000
ORTHORHINOLARYNGOLOGY (ENT)		
158	Ear syringing unilateral	2,500
159	Aural dressing	5,000
160	Nasal packing	5,000
161	peritonsilar abcess I&D	25,000
162	Deep Neck abcess LA	30,000
163	Deep Neck abcess GA	50,000
164	Ear keloid excision	15,000
165	Thyroidectomy	80,000
166	pure tone audiometry	30,000
167	mastoidectomy	200,000
168	Antral wash-out	30,000
169	Foreign body removal (from Ear, Nose and Throat)	10,000
170	Tonsillectomy	50,000
171	Nasal Polypectomy	80,000
172	Tracheostomy	100,000
173	Adenoidectomy	100,000
174	Myringotomy	80,000
PHYSIOTHERAPHY		
175	Post surgical rehabilitation per session/ visit	1,200.00

176	Management of palsies within 15 days after initial treatment with a maximum of 5 sessions.	1,200.00
177	Post-cerebrovascular accident therapy within 15 days with a maximum of 5 sessions	5,000.00
178	Cerebro-vascular Accident per visit/ session (Maximum of 3 visit)	1,600.00
179	Fractures/dislocations/subluxation per session/visit	1,200.00
180	Amalgam filling	10,200
181	Composite Filling Per Tooth	10,200
182	Root Canal Treatment Per Tooth	30,000
183	Partial Denture Per Tooth	10,200
184	Incision and Drainage of Facial Spaces	15,000
185	Maxilla-Mandibular Fixation	70,000
186	Sub-Ginginval Currettage Per Quadrant	10,000
187	Periapical Radiograph	4,000
188	Zinc Oxide Eugenol Dressing Per Tooth	15,000
189	Denture Repair	7,500
190	TMJ Dislocation	15,000
191	Splinting of Mobile Teeth with Arch Bar	20,000
192	Splinting of Mobile Teeth with Eyelet Wires	15,000
193	Cementation of Mecca Crown Per Tooth	8,500
194	Other Minor Oral Sugeries (Suturing Etc.)	10,000
195	Surgical Endodontics	20,000
196	Dis-impaction Per Tooth	15,000
197	Soft Tissue Wound Dressing	10,000
198	Scaling and Polishing	10,200
RADIOLOGY		
199	Skull	4,500
200	Sinuses	6,500
201	Post-nasal space (PNS)	2,100
202	Cervical spine	4,500
203	Mandible	6,500
204	Soft Tissue Neck	4,500

205	Chest	2,500
206	Shoulder	3,500
207	Clavicle	3,500
208	Hand	3,500
209	Wrist	3,500
210	Fore-Arm	3,500
211	Arm	3,500
212	Thoracic Spine	4,500
213	Lumbo-Sacral Spine	4,500
214	Pelvic	4,500
215	Hip+Lateral Oblique	6,500
216	Femur	4,500
217	Knee Joint	4,500
218	Leg	3,500
219	Ankle Joint	4,500
220	Foot	4,500
221	Abdomen	4,500
222	H.S.G	25,000
223	I.V.U	35,000
224	RUCG	25,000
225	MCUG	35,000
226	Fistulography	25,000
227	Barium Swallow	25,000
228	Barium Meal	30,000
229	Barium Meal And Follow Through -	35,000
230	Barium Enema	35,000
231	Neck Uss	4000
232	Scrotal Uss	4000
233	B. Ocular Uss	4000
234	Transfontanel Uss	4000
235	Soft Tissue Uss	4000
236	Transvagina Uss	4000

237	Chest Uss	4000
238	Both Leg Doppler Scan	14,000
239	Single Leg Scan	10,000
240	Single Hand Doppler	10,000
241	Both Hands Doppler	14,000
242	Breast Uss	4,000
243	Biophysical Profile	5,000
244	Fetal Doppler	5,000
245	Abdominopelvic	4,000
246	Pelvic	2,000
247	Abdominal	2,000
ORTHOPAEDICS		
	MUA & POP Application	
248	Above Knee POP	N20,000
249	Cast Cylinder POP Cast	N20,000
250	Below Knee POP Cast	N20,000
251	Boot POP Cast	N20,000
252	Above Knee Back Slab	N20,000
253	Below Knee Back Slab	N20,000
254	Above Elbow POP Cast	N20,000
255	Below Elbow POP Cast	N20,000
256	U- Shaped POP Cast	N20,000
257	Shaped POP Back Slap	N20,000
258	Hanging Cast	N20,000
259	Hip Spica POP Cast	N20,000
260	Mineaur Jacket POP Cast	N20,000
261	Thoracolumbar POP Cast	N20,000

262	Above Knee POP Cast	N20,000
263	Cylinder POP Cast	N20,000
264	Below Knee POP Cast	N20,000
265	Boot POP Cast	N20,000
266	Intermediate Procedures/surgeries	
267	Closed Reduction of Fracture	N45,000
268	Drainage of Septic Arthritis	N45,000
269	Exostectomy/Bunionectomy	N45,000
270	Saucerization of Chronically Infected Bone	N45,000
271	Sequestrectomy	N45,000
272	Simple Congenital Talipes Repair	N45,000
273	Major Procedures/surgeries	
274	Amputation and Disarticulation of Joints	N120,000
275	Amputation	N120,000
276	Anterior and Posterior Spine Fixation	N120,000
277	Arthrodesis	N120,000
278	Arthroplasty	N120,000
279	Arthrotomy (+ Synovectomy)	N120,000
280	Bone Grafting	30,000
	Open Reduction and Internal Fixation of Fractures of	
281	Foot	N120,000
282	Fore- Arm	N120,000
283	Hand	N120,000

284	Leg	N120,000
285	Pectoral Girdle	N120,000
286	Pelvic Girdle	N120,000
287	Ribs	N120,000
288	Thigh	N120,000
289	Upper Arm	N120,000
290	Spinal Column	200,000
291	Surgical Repair of Congenital Talipes Equanovarus/ Valgus	N120,000
292	Tendon Grafting	N120,000
293	Decompression of Carpal Tunnel Syndrome	N120,000
294	Tenoplasty	N120,000
295	Minor Procedures/surgeries	
296	Amputation - Fingers	N25,000
297	Amputation - Toes	N25,000
298	Excision biopsy	N20,000
299	Knee Effusion Tap	N20,000
300	Surgical Release in Stenosing Tenosynovitis	N25,000
301	Synovectomy	N20,000
302	Grafting of minor amputation	N30,000
DENTAL		
303	Simple tooth extraction per tooth	5,200
304	Transalveolar (Surgical) tooth extraction per tooth	30,000
MEDICAL LABORATORY INVESTIGATIONS AND PRICES		
PRIMARY HEALTHCARE PROVIDERS		
305	Packed Cell Volume (PCV)	600

306	Haemoglobin (HB)	700
307	White Blood Cell Count (WBC)	700
308	Differential White Blood Cell Count (WBC-Diff)	800
309	Full Blood Count (FBC)	3,000
310	Erythrocyte Sedimentation Rate (ESR)	600
311	Blood Film for Malarial Parasites (MP)	600
312	Widal Test	700
313	Blood Grouping (ABO & Rh)	500
314	VDRL	700
315	Blood Microfilaria	500
316	Urine Microscopy	500
317	Urinalysis	500
318	Pregnancy Test (Urine)	500
319	Stool Analysis (R/E Only)	500
320	Blood Sugar (FBS/ RBS)	700
321	HB Genotype	1000
	1.1. HAEMATOLOGY & BLOOD GROUP SEROLOGY	
322	Full Blood Count (FBC) (All Parameters)	3,000
323	Haemoglobin (HB)	800
324	Packed Cell Volume (PCV)	600
325	Erythrocyte Sedimentation Rate (ESR)	800
326	Reticulocyte Count	600
327	Bleeding Time	800
328	Clotting Time	800
329	Prothrombin Time (PT)	1,680
330	Kaolin-Cephalin Clotting Time	1,988
331	Prothrombin Time with Kaolin (PTTK)	2,500
332	Partial Prothrombin Time (PTT)	1,680
333	Partial Thromboplastin Time (PTT)	1,500
334	HB Genotype	1000
335	Blood Grouping (ABO & RH)	600

336	Sickling Test	700
337	Direct Coomb's Test	1000
338	Indirect Coomb's Test	1,500
339	Screening of Donor Blood	6,000
340	Cross Match	1,000
341	Le Cells	2,000
342	G-6-PD Screening	4,000
343	Osmotic Fragility	1,330
344	Coagulation Profile	9,000
345	Bone Marrow Examination	7,000
346	Fibrinogen	5,390
347	Fresh Frozen plasma	7,000
348	Blood gas Analysis	10,000
349	D-Dimer	9,000
350	Ferritin	3,000
351	Homocysteine	9,000
352	Vitamin D	7,000
353	Vitamin B12	7,000
354	Folate	2,000
	1.2. MICROBIOLOGY/PARASITOLOGY/MYCOLOGY	
355	Urine Microscopy	500
356	Urinalysis	500
357	Urine Microscopy, Culture & Sensitivity	1,400
358	Stool Microscopy R/E only	700
359	Stool Microscopy, Culture & Sensitivity	1,400
360	Faecal Occult Blood	1,200
361	H. Pylori	2,800
362	H Pylori Ag	3,000
363	Blood Culture & Sensitivity	2,800
364	Malaria Parasites	600
365	Microfilaria	600
366	Trypanosomes	700

367	Seminal Fluid Analysis	1,750
368	Seminal Fluid Microscopy, Culture & Sensitivity	1,400
369	Sputum Gram Stain	840
370	Sputum Z.N stain (AFB x 3)	1,680
371	Sputum Culture & Sensitivity	1,400
372	C.S.F Cell Count + Microscopy	840
373	C.S.F. Culture & Sensitivity	1,400
374	Swabs - Pus, Wound, Throat, Eye, Ear, Urethral, Aspirates, HVS, Endo-cervical and others. Microscopy	700
375	Swabs - Pus, Wound, Throat, Eye, Ear, Urethral, Aspirates, HVS, Endo-cervical and others Gram stain (where applicable)	840
376	Swabs - Pus, Wound, Throat, Eye, Ear, Urethral, Aspirates, HVS, Endo-cervical and others Culture & Sensitivity	1,400
377	Skin Snip (microfilaria)	840
378	Skin Snip Microscopy for Fungal Elements (KOH mount)	840
379	Skin Scraping For Fungal Element (Culture)	1,680
380	Mantoux test	1,330
	1.3. IMMUNOLOGY/SEROLOGICAL/MOLECULAR TESTS	
381	Widal Test	980
382	VDRL	980
383	Rheumatoid Factor	1200
384	Anti-Streptolysin O Titre (ASO Titre)	1200
385	Hepatitis B Surface Antigen (HbsAg)	1,400
386	Hepatitis B Confirmatory Test (Core Antigen Elisa)	4,200
387	Hepatitis A (IgM)	4,200
388	HbcAg/HbeAg (HBV Serology)	4,200
389	Hepatitis B DNA Viral Load	35,000
390	HIV Screening	2,450
391	HIV Confirmatory Test Elisa	6,790
392	CD4 Count	5,810
393	HIV Viral load	7,770
394	Hepatitis C Antibody Screening	2,000

395	Hepatitis C Antibody (HCVAb) Elisa	4,900
396	Hepatitis C RNA Viral Load	40,000
397	Hepatitis C RNA Viral Load (GeneXpert PCR)	40,000
398	Hepatitis C Genotype	50,000
399	Serum Tuberculosis Antigen	3,500
400	Chlamydia Antigen	3,500
401	Herpes Simplex 1 & 11 Antigen	4,550
402	Toxoplasma Gondii	4,130
403	Rubella	3,500
404	Helicobacter Pylori	2,800
405	Infectious Mononucleosis	4,130
406	C-Reactive Protein	7,000
407	C-Reactive Protein hs	9,000
408	Antibody screening	2,800
409	Cytomegalovirus (CMV) (Qualitative)	4,550
410	Human Pappilloma Virus	3,000
411	Hpv viral Load	35,000
	1.4. HISTOLOGY/CYTOLOGY	
412	Tissue Biopsy (Small)	7,350
413	Tissue Biopsy (Multiple)	10,010
414	Bone Tissues (Special stains)	10,010
415	Lymph Nodes Biopsy	7,350
416	Pap Smear	5,600
417	Fine Needle Aspiration (FNA)	5,880
418	Nasal Smear Cytology	3,500
419	Toxicology tests.	17,000
	SECONDARY/TERTIARY HEALTHCARE PROVIDERS	
	1.1. CLINICAL CHEMISTRY/CHEMICAL PATHOLOGY	
420	**RENAL FUNCTION TESTS (I -- vi)**	3,400
421	Sodium	500

422	Potassium	500
423	Chloride	500
424	Bicarbonate	500
425	Urea	700
426	Creatinine	700
427	**LIVER FUNCTION TESTS (vii --- xiv)**	4,500
428	Unconjugated Bilirubin	500
429	Conjugated Bilirubin	500
430	Alkaline Phosphatase	500
431	Alanine Aminotransferase (SGPT)	500
432	Aspartate Aminotransferase (SGOT)	500
433	Total Protein	700
434	Albumin	700
435	Globulin	700
436	Gamma-GT	1,300
437	Total Acid Phosphatase	1,300
438	Prostatic Acid Phosphatase	1,300
439	**TOTAL LIPID PROFILE (xviii -- vvi)**	5,500
440	Total Cholesterol	1,000
441	Triglyceride	1,500
442	Low- Density Lipoprotein (LDL)	1,500
443	High -Density Lipoprotein (HDL)	1,500
444	Amylase	1,000
445	Fasting Blood Sugar (FBS)	700
446	Random Blood Sugar (RBS)	700
447	2-Hr Post Prandial Blood Sugar	1,000
448	24 HR- Urine Protein	1,200
449	Oral Glucose Tolerance Test (OGTT)	2,500
450	Uric Acid	800
451	Iron	900
452	Magnesium	900
453	Creatine Phosphokinase (CPK)	1,680

454	Phosphate	700
455	Lactate Dehydrogenase (LDH)	1,200
456	CSF: Chloride	700
457	CSF: Protein (Total)	700
458	CSF: Glucose	900
459	Urinalysis	500
460	Urea Clearance	1,162
461	Urease Breathe	2,000
462	Urea/Creatinine ratio	1,000
463	Inorganic Phosphorus	840
464	Creatinine Clearance	1,260
465	Glycosylated Haemoglobin (HBA1C)	3,000
466	Pregnancy Test (Urine)	500
467	Pregnancy Test (Blood)	900
468	Calcium	900
469	Total Calcium	1,000
470	Ionised Calcium	1,500
471	Myoglobin	2,000
472	CK	1,260
473	CK-MB	5,390
474	Troponin T.	9,000
475	Troponin I	9,000
476	Follicle Stimulating Hormone (FSH)	7,000
477	Luteinizing Hormone (LH)	7,000
478	Prolactin	7,000
479	Progesterone	9,000
480	Testosterone	9,000
481	Free Testosterone	9,000
482	Oestradiol (E2)	9,000
483	Oestriol (E3)	9,000
484	Oxytocin	9,000
485	Cortisol	8,000

486	Insulin	8,000
487	b-HCG	10,000
488	DHEA-Sulphate (17 ketosteroids)	10,000
489	MH hormone (Anti Mullerian Hormone)	7,000
490	Thyroid Screening (ixviii – ixxiv)	49,000
491	Triiodothyronine (T3)	7,000
492	Thyroid globulin	14,000
493	Free Triiodothyronine (T3)	7,000
494	Free Thyroxine (T4)	7,000
495	Thyroxine (T4)	7,000
496	Thyroid Stimulating Hormones (TSH)	7,000
497	Carcinoembryonic Antigen (CEA)	8,000
498	Breast Cancer Antigen/ CA 15-3	8,000
499	Ovarian Cancer Antigen /CA 125	8,000
500	Pancreatic/Gut Cancer Antigen / CA19-9	7,000
501	Alpha-Feto Protein (AFP)	7,000
502	Prostate Specific Antigen (Total PSA)	7,000
503	Free PSA	8,000
504	Vanillyl Mandellic Acid (VMA)	7,000

Forms

Photograph

a. Enrolment Form

Form No. TPA/0001/EF/0001

Niger State Contributory Health Agency (NGSCHA)
NiCare Enrolment Form

A. Personal Details

Principal				
Surname			First Name	
Other Names			Marital Status	
Date of Birth			Gender (M/F)	
Phone Number			Occupation	
Email Address			NIMC No.	
Residential Address	LGA	Ward	Home Address	
Vulnerable	Yes ☐	No ☐		
If yes, please tick appropriately	Children U5 ☐	Preg woma ☐	Elderly ☐	Disabl ☐
Next of Kin Details in this order- Surname, First Name and Other Name				
Surname:	First Name:		Other Name:	
Relationship			Phone Number	
Address:				

B. Informal Sector only please tick appropriately

Occupation:	Farmer ☐	Artisan ☐	Stude ☐
Others Specify:			

C. Employment Details (for Formal Sector only)

Employer: tick appropriately	State ☐	LGA ☐	Private Organization ☐
Ministry/MDA:			
Occupation: tick appropriately	Public Serv t	Political A pintee	Pri e Worker
Employer ID (Control No.):	Station/Place of Work:		

Station/ Place of Work Address:	

D. Provider Choice

Name of health facility of choice	
LGA of Provider	
Ward of Provider	
Health Zone of Provider	
Location Address	

E. Health Benefit Package

Basic	☐	Standard	☐
Premium PIN Sales: Code:			

F. Dependent Enrolment (To be completed only if the enrollee has dependents to include in the policy)

Personal Details (Spouse):				Passport Photograph
Surname		First Name		
Other Names		Gender (M/F)		
Date of Birth		Phone Number		
Alternate HCP:				
Email				

Personal Details (Child 1):				Passport Photograph
Surname		First Name		
Other Names		Gender (M/F)		
Date of Birth		Phone Number		
Alternate HCP:				
Email				

Personal Details (Child 2):				Passport Photograph
Surname		First Name		
Other Names		Gender (M/F)		
Date of Birth		Phone Number		
Alternate HCP:				
Email				

Personal Details (Child 3):				
Surname		First Name		

Other Names		Gender (M/F)		Passport Photograph
Date of Birth		Phone Number		
Alternate HCP:				
Email				

Personal Details (Child 4):				Passport Photograph
Surname		First Name		
Other Names		Gender (M/F)		
Date of Birth		Phone Number		
Alternate HCP:				
Email				

Signature:

Data Collection Staff (Name/Designation): …….

Signature & Date of Enrollee: ……

NB: Photocopy before filling if you are to enroll more than one spouse or four Children.

b. Claims Management Forms

NIGER STATE CONTRIBUTORY HEALTH SCHEME

SUMMARY OF APPROVED CLAIMS REPORT

Provider Name.....
Provider Code.....
Month.....

S/N	DATE	NAME OF ENROLLEE	NGSCHS ID	FOLDER NO.	DIAGNOSIS	AMOUNT BILLED	AMOUNT APPROVED

Total Reimbursable Amount(N): .....

Executive Secretary:

Name.....
Signature & Stamp ..... Date.....

Chief Accountant:

Name: .....
Signature & Stamp..... Date.....

NIGER STATE CONTRIBUTORY HEALTH SCHEME

CLAIMS REVIEW/VERIFICATION LETTER

i. Approval Code.....

ii. Enrolee ID.....

iii. Health Package/Plan ……

iv. Provider Code.....

Reviewer:

Signature & Stamp.....Designation.....

Full Name.....

v. Received Date.....
vi. Review Date.....
vii. Final Diagnosis.....

viii. Summary of Claim submitted by HCP (Services & cost):

	Service	**Amount Billed (N)**
a	Laboratory	
b	Pharmacy	
c	Professional services	
d	Procedures (surgeries)	
e	Radiology, Ultra etc.	
f	Admissions	
Total		(N)

ix. Summary of Adjustment: (Use the table below to adjust to cost categories if any on review/verification)

	Service	**Reviewed Cost (N)**	
		Billed (N)	Reviewed (N)
a	Laboratory		
b	Pharmacy		
c	Professional services		
d	Procedures (surgeries)		
e	Radiology, Ultra etc.		
f	Admissions		
Total			(N)

The Reviewer can adjust the cost of the services using this table (which should be tracked and reported to the confirmer) or reject outrightly with reasons.

NIGER STATE CONTRIBUTORY HEALTH SCHEME

CLAIMS CONFIRMATION LETTER

i. Approval Code.....

ii. Enrollee ID.....

iii. Health Package/Plan ……

iv. Provider Code.....

Confirmer:

Signature&Stamp.....Designation.....

Full Name.....

v. Received Date.....
vi. Confirmation Date.....

vii. Summary of Claim (Services & cost):

	Service	**Total Cost (N)**	**Reviewed N)**
a	Laboratory		
b	Pharmacy		
c	Professional services		
d	Procedures (surgeries)		
e	Radiology, Ultra etc.		
f	Admissions		
g	Others		
Total		(N)	

NIGER STATE CONTRIBUTORY HEALTH SCHEME
REFERRAL & CLAIMS PROCESSING SYSTEM
CLAIMS APPROVAL LETTER

i. Approval Code.....
ii. Enrolee ID.....
iii. Health Package ……
iv. Provider Code.....

Reviewer:

Signature & Stamp.....Designation.....

Full Name.....

Review Date: .....

Confirmer:

Signature &Stamp.....Designation.....

Full Name.....

Confirmation Date: .....

v. Approval Code: .....

Approval:

Signature & Stamp.....Designation.....

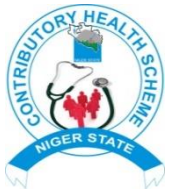
Full Name: .....

vi. Approved Date: .....

vii. Summary of Claim (Services & cost):

	Service	**Total Cost (N)**
a	Laboratory	
b	Pharmacy	
c	Professional services	
d	Procedures (surgeries)	
e	Radiology, Ultra etc.	
f	Admissions	
Total		(N)

This page will be saved as an approved claim against the Enrollee ID and Approval Code and can be retrieved/viewed Using “Enrollee ID” or “Referral Approval Code.



NIGER STATE CONTRIBUTORY HEALTH SCHEME

SUMMARY OF APPROVED PROVIDER CLAIMS SCHEDULE

Month.....

S/N	PROVIDER NAME	BANK NAME	ACCOUNT NAME	ACCOUNT NO.	SORT CODE	CLAIM S AMOUNT

Executive Secretary: Name.....Signature & Stamp.....Date.....

Chief Accountant: Name: .....Signature & Stamp.....Date.....

c. Encounter Form

NIGER STATE CONTRIBUTORY HEALTH AGENCY

Enrollee Facility Encounter Form

1. Name of Provider:

   ……

2. Provide Code (Provider NGSCHS No):

   …….....

3. Date of Encounter:

   ……

4. Enrollee ID:

   ……..

5. Enrollee Name: Surname…… First……Other Names……

6. Age: ……

7. Primary Phone No.: …….

8. Next of Kin Name: ……..…

9. Relationship: ……....

   Phone No: ……

10. Enrollee Facility Folder No: …….

11. Complaints/Diagnosis:……

    ……

    ……

12. Repeat Visit: Yes ☐ No ☐

13. Referred: Yes ☐ No ☐

14. HCSA:

……..

15. Progamme (Intervention) .....

16. Service Summary: ……..

- Investigations:

S/N	Laboratory	Quantity	Radiology	Quantity
1				
2				
3				
4				
5				

- Drug:

S/N	Drug Name	Dosage Form	Presentation	Quantity
1				
2				
3				
4				
5				

- Professional Services:

S/N	Professional Service Name
1	
2	
3	
4	
5	

- Other Services:

S/N	Professional Service Name
1	
2	
3	
4	
5	

17. Health Personnel Name: …….....

18. Cadre: ……..

19. Phone No: ……..

20. Date Encounter Closed: ……..

Desk Officer Signature: ……..

Date: .....

d. Referral Forms

NIGER STATE CONTRIBUTORY HEALTH AGENCY

REFERRAL SLIP/FORM

Date: _____

A. REFERRING PROVIDER

Patient details

Surname:_____ Given names:_____

Date of birth:_____ Sex: Male ☐ Female ☐

Address:_____

_____

Enrolee ID: _____ Phone No: _____

Mobile No: _____

Provider/Clinical Information

Facility Name_____

Facility Code_____

Clinic findings_____

_____

_____

___

Investigation:_____

_____

_____

_____

Provisional diagnosis:

_____

_____

____

_____

____

Referring Personnel (Name):_____

Cadre: _____

Service No (C.No/PSN): _____

Phone No: _____

Signature & Stamp: _____

Date: _____

B. RECEIVING PROVIDER

Provider Information

Facility Name:_____

Provider Code:_____

Location:_____Contact No:_____

_____

Address:_____

_____

Receiving Doctor (Name):_____

_____

MDCN No:_____	Phone	No:
_____		
Signature:_____	Date:_____	

Official Use Only

Referral Management & Outcome			
Date referral received:		Date seen at by doctor:	
Outcome:			

NIGER STATE CONTRIBUTORY HEALTH AGENCY

PRIOR AUTHORIZATION (PA) CODE

A. INPUT DATA FROM REFERRING/REQUESTING HEALTH CARE PROVIDER (Primary/Secondary):

Sending (Referring) Facility's Code.....

Receiving Facility's Code.....

Programme Code…….

Case Code…….

Enrollee ID(E_ID)……..

B. OUTPUT DATA FROM NGSCHA TO RECEIVING HEALTH CARE PROVIDER (*Secondary/Tertiary)*:

Sending (Referring) Facility's Code (SP_CODE)

.....

Receiving Facility's Code (RP_CODE)

.....……

Programme Code (PROG_CODE)

……

Case Code(C_CODE)

……

Enrollee ID……..

Generated Date (GEN_DATE) …….

Pre-Authorization Code (PA_CODE) …….

NB: The final outputted Pre-Authorization code for each referred case is generated and presented in the below format:

SP_CODE/PROG_CODE/C_CODE/RP_CODE/E_ID/GEN_DATE/PA_COE

I. Accreditation Requirements

NIGER STATE CONTRIBUTORY HEALTH SCHEME

(NGSCHS/A&I/ACC/001)

Facility Checklist for Primary HealthCare Providers

To be accredited, a health care provider must have satisfied the specified criteria and must also meet the following requirements:

i. The facility must have a minimum score of 70% to be awarded with full accreditation
ii. The facility must have a total score that is between 50% and 69% to be awarded with provisional accreditation for a minimum period of 6months
iii. Facilities with scores below 50% shall be required to upgrade and resubmit applications for reaccreditation

DESCRIPTION	DETAILS
Name of Provider	
Address/Location of Facility	
Local Government Area/Ward	
Phone Number of Facility (not OIC/MD)	
Email Address of Facility (not OIC/MD)	
Facility Website (if available)	
Type of Provider (Private/Public)	
Level of Care	
Contact Person 1 (OIC)/MD Name: Phone no: Email address: Contact Person 2 Name: Phone no:	

Email address:	

GENERAL REQUIREMENTS FOR FACILITY INSPECTION

Management System

Scoring Criteria: Yes = 1, No = 0

S/NO		YES	No	SCORE	REMARKS
	Process and Compliance				
1.	Well (evidence of organogram)				
2.	Evidence of registration of facility with the State authorities				
3.	Possession of malpractice insurance cover				
4.	Evidence and use of Standard Operating Procedure for management & treatment of malaria, Diarrhea, pneumonia diseases, etc				
5.	Evidence of health record reporting strategy (such as presence of patient record forms, use of standardized patient codes, registration forms, DHIS reporting rates, Up to date facility register)				
6.	Functional referral system Availability of functional referral process (as evident by sighted process flow/forms, document) & process is actively used				
7.	Evidence of functional management committee/WDC/FDC *(verify by* sighting *at least 5 minutes of meetings)*				
8.	Evidence of clinical meetings *(verify by sighting at least 5 minutes of meetings)*				

9.	Evidence of updated version of essential equipment/drugs list for primary health care *(verify by sighting the document) (refer to equipment and drugs section below)*				
10.	Cleanliness of inner and outdoor environment (is there a cleaner? The frequency of cleaning? how they maintain surroundings)				
	Sub-total (total mark is 10)				
	Financial Health of the Healthcare Provider				
11	Availability of financial report within the last 3 years, audited financial report is an added advantage				
12	Availability of annual plan and budget (to be sighted)				
13	Evidence of dedicated bank account for the scheme				
14	Availability of accounting records				
	Sub-total (total mark is 4)				
	Human Resources				
15	Personnel by category (see personnel checklist below)				
16	Staff quality defined by possession of a current license to practice in Niger State (Medical practitioners, nurses, midwives and others)				
17	Evidence of continuing capacity development. (training, workshops/clinical meetings, continuing professional development) in the last one year				
18	Low staff turnover (not more than 20% staff turnover in the last 1 year). How many staff left within the last year,				

	how many staff were there 1 year ago?				
19	Supervisor(s) for each unit/department				
20	IT proficiency - is there demonstrated a willingness to adapt/accept Scheme-recommended IT systems or make their systems interoperable with that of the Agency)				
21	Evidence of duty roster for staff (sight for the current month and in an easily accessible/visible part of the HCF e.g board at the reception/nurses' station)				
22	Is the duty roster being implemented? *(verify by sighting duty rooster for the last 3 months)*				
23	Is there a system for staff motivation (e.g issuance of monthly/quarterly award for best staff/dept/HCF, letter of commendations, promotions etc.)				
	Sub-total (total mark is 9)				
	Customer Care				
24	Previous experience (minimum of 5 years) in providing healthcare services in similar health insurance schemes to enrollees				

25	Well displayed functional complaint box and customer feedback mechanism				
26	Evidence of guaranteed confidentiality for enrolees information/data (methods for filing/maintaining enrollee folders)				
	Sub-total (total mark is 3)				

MANAGEMENT RESULTS		
S/N	DOMAIN	SCORES
1.	Financials	
2.	Processes and Compliance	
3.	Human Resources	
4.	Customer Care	
Total score		

PERSONNEL

The scoring matrix is 0 – 2 where 0 is “No – Personnel not available, 1 is “Personnel available but License expired” and 2 is “Personnel available and License is current

Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
			Current	Expired		

Medical Doctor						
Community Health Officer						
Registered Nurses/ Midwives with training						
CHEW/JCHEW						
Pharmacy Tech						
Environmental Officer			NA		NA	
Accounting Staff (at least one)			NA		NA	
Medical Records Staff/IT Staff (at least one)			NA		NA	
Laboratory Tech			NA		NA	
Health Assistant/ Attendant			NA		NA	
Security Personnel/General Maintenance Staff			NA		NA	
Adhoc staff			NA		NA	
Sub-total personnel (total mark is 24)						
Total Score Personnel (24 marks)						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is “not functional”, 1 is “Functional but room for improvement (partially functional)” and 2 is “Fully functional”

S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
	OPD					
1	Diagnostic set					
2	Sphygmomanometer					
3	Stethoscope					
4	Stadiometer					
5	Weighing scale (adults)					
6	Weighing scale (babies)					
7	Patella Hammer					
8	Vaginal Speculum					
9	Thermometer (at least 2)					
10	Wheelchair					
11	Sterilizer/Autoclave					
12	Glucometer					
13	Oropharyngeal Tubes					
14	Suction Machine					
15	Drip stand					
16	Instrument cabinet					
17	Dressing / in trolley					
18	Gallipot					
19	Kidney Dish					
20	Dressing Forceps					
21	Needles holder					
22	Cotton swab					
23	Gauze/bandage					
24	Antiseptic/Disinfectant					
25	Disposable gloves					

26	Suture materials					
27	Syringes/needles					
28	Kerosene Pressured Lamp					
29	Screen					
30	Refrigerator					
31	Vaccine Carrier/Cold Box					
32	Ice Pack					
	Sub-total (total mark is 64)					
	Emergency tray containing					
34	Scalp vein needle					
35	Iv giving set					
36	Needles/syringes					
37	Normal saline					
38	50% dextrose					
39	5% dextrose					
40	Injection aminophylline					
41	Injection hydrocortisone					
42	Injection adrenaline					
43	Disposable gloves					
	Sub-total (total mark is 20)					
	Labour room					
44	At least 4 by 3 meters					
45	Good light source					
46	Delivery bed					
47	Baby cot					

48	Draw mackintosh					
49	Tape rule (for measuring head circumference)					
50	Foetal Stethoscope					
51	Availability and use of partograph					
	Sub-total (total mark is 16)					
	Delivery pack containing					
52	Cotton Swab					
53	Episiotomy scissors					
54	Mucus extractor					
55	Long artery forceps					
56	Cord scissors					
57	Kocher's forceps					
58	Surgical scissors					
59	Kidney dish with cover					
60	Kidney dish without cover					
61	Gallipot					
62	Surgical Gloves					
63	Injection ergometrine					
64	Injection oxytocin					
64	Suture material					
66	Disposable gloves					
67	Gauze					
68	Bed Pan					
69	Cord Clamp					
70	Needle Holder					

71	Plastic Apron					
72	Ambu Bag					
73	Oxygen					
	Sub-total (total mark is 44)					
	Family Planning					
74	Instrument Tray					
75	Disposable Gloves					
76	Kidney Dish					
77	Vaginal Speculum					
78	Couch					
79	Screen					
80	Suture Materials					
81	Needle Holder					
82	Scalpels					
	Sub-total (total mark is 18)					
	Laboratory					
84	Microscope					
85	Centrifuge					
86	Blood Lancets					
87	Tourniquet					
88	Urine Dipstick					
89	Glucometer					
90	RDT/HIV Test Kits					
91	Hepatitis Test kits					
92	Surgical Gloves					
93	Capillary Tubes					
94	Kidney Dish					

95	Urine Sample Bottles					
96	Reagents					
97	Glass Slide					
	Sub-total (total mark is 28)					
	Total Score Equipment (192 marks)					

PHYSICAL RESOURCES

Scoring matrix is 0 – 2 where 0 is "not-accessible", 1 is "partially accessible" and 2 is "accessible"

S/NO	DESCRIPTION	QTY	ACCESSIBLE	PARTIALLY ACCESSIBLE	NOT ACCESSIBLE	SCORE
98	HCF Accessibility (within 5KM distance/2 hours walking distance)	NA	Accessible	Partially Accessible	Not Accessible	
	Sub-total (total mark is 2)					
	Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Functional"					
S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
	OPD					
99	at least 4X3 meters with adequate sitting facilities (in relation to the total number of clients accessing care)					
100	Medical record-keeping facility/ Computer unit					

	Sub-total (total mark is 4)					
	Consultation Room					
101	At least 4X3 metres					
102	Examination couch					
103	Wash hand basin with water					
104	Good Light Source					
	Sub-total (total mark is 8)					
	Ward					
105	Total no of wards (min 2)					
106	Total no beds (min 4)					
107	Mosquito screen across entire HCF					
108	Distance of 1 metre between beds					
109	Locker for each bed					
110	FUNCTIONAL Fans (s)					
111	Standby Generator / Kerosene Pressured Lamp					
112	Functional Firefighting equipment (minimum of fire extinguisher,)					
113	Adequate water supply					
114	Clean toilet (Min 3)					
	Sub-total (total mark is 20)					
	Dispensary Unit					

115	Dispensary size at least 30sqm					
116	Tables & Chairs					
117	Dispensing Tray & Spoon					
118	Reference Books e.g patient roaster, drugs stock in-stock out					
119	Generator (or other alternative power sources) & AC					
120	Refrigerator or Ice Pack					
121	Shelves & Pallet					
122	Functional Firefighting equipment (minimum of fire extinguisher,)					
123	National essential drug list					
	Sub-total (total mark is 18)					
	Total score physical resources (52 marks)					

ENVIRONMENT

Scoring matrix is 0 – 2 where 0 is "Not acceptable", 1 is "Acceptable but room for improvement" and 2 is "Acceptable"

S/NO	DESCRIPTION	QTY	ACCEPTABLE	PARTIALLY ACCEPTABLE	NOT ACCEPTABLE	SCORE
124	Cleanliness					
125	Method of waste disposal (burning, burying, safety box)					
126	Washable floor					

	Sub-total (total mark is 6)					
	Total Score (Environment – Max 6 marks)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Total scores gained per domain are to be added up divided by overall scores per domains multiply by 100 to get the percentage score.
- The overall score for the assessment is 300

RESULTS

Domain	Score
Management	
Personnel	
Equipment	
Physical Resources	
Environment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

Name of Contact Person……

Sign/Date……..

Further Comment

INSPECTION TEAM:

Name…… Sign/Date…….

Name…… Sign/Date…….

Name…… Sign/Date…….

Name…… Sign/Date…….

NIGER STATE CONTRIBUTORY HEALTH SCHEME

Facility Checklist for Secondary and Tertiary Health Care Providers

To be accredited, a health care provider must have satisfied the specified criteria and must also meet the following requirements:

iv. The facility must have a minimum score of 70% to be awarded with full accreditation

v. The facility must have a total score that is between 50% and 69% to be awarded with provisional accreditation for a minimum period of One year

vi. facilities with scores below 50% shall be required to upgrade and resubmit applications for reaccreditation

DESCRIPTION	DETAILS
Name of Provider	

Address/Location of Facility	
Local Government Area/Ward	
Phone Number of Facility (not HHS/MD/CMD)	
Email Address of Facility NOT(HHS/MD/CMD)	
Facility Website (if available)	
Type of Provider (Private/Public)	
Level of Care (secondary/ Tertiary)	
Contact Person 1 HHS/MD/CMD **Name:** **Phone no:** **Email address/website:** **Contact Person 2 (Health insurance Desk officer)** **Name:** **Phone no:** **Email address:**	

GENERAL REQUIREMENTS FOR FACILITY INSPECTION

Management System

Scoring Criteria: Yes = 1, No = 0, verify by sighting all relevant document

S/NO		YES/NO	Scores	Remarks
Process and Compliance				
11.	Well defined organizational structure – enquire on existence of top Management Meetings; Board Meetings and other governance and institutional structures and evidence of meeting reports			
12.	Evidence of registration of facility with the CAC and HMB (sight document)			
13.	Possession of malpractice/indemnity insurance cover (sight document)			

14.	Evidence of health record reporting strategy (such as presence of patient record forms, use of standardized patient codes, registration forms, DHS reporting rates, Up to date facility register)			
15.	Medical Records Staff			Indicate number of medical record staff
16.	Availability of functional referral process (as evident by sighted process flow/document or referral forms for at least 3 months)			
17.	Evidence of essential equipment/drugs list *(verify by sighting the list)*			
18.	IT Staff			Indicate number of IT staff
19.	Evidence of duty roster for staff (sight for current month and in an easily accessible/visible part of the HCF e.g board at the reception/nurses' station)			
	Sub-total (total mark is 9)			
	Financial health of the healthcare provider			
10	Availability of last 2 years audited financial report			
11	Dedicated bank account in the name of the facility			
12	Availability of accounting records (Income/expenditure tracking system: tools and processes)			
13	Accounting staff			Indicate number of accounting staff
	Subtotal (total mark is 4)			
	Human resources, learning/Innovation			
14	Staff quality defined by possession of current license to practice in Niger State (Medical practitioners, nurses, midwives and others)			
15	Evidence of continuing capacity development. (training, workshops/clinical meetings, continuing professional development) in the last one year			

16	Low staff turnover (not more than 20% staff turnover in the last 1 year). How many staff left within the last year, how many staff were there 1 year ago?			
17	IT proficiency - is there demonstrated willingness to adopt/accept Scheme-recommended IT systems or make their systems inter-operable with that of the Agency)			
18	Evidence of duty roster for staff (sight for current month and in an easily accessible/visible part of the facility e.g board at the reception/nurses' station)			
17	Is the duty roster being implemented? *(verify by sighting duty rooster for the last 3 months)*			
19	IT Staff			Indicate number of IT staff
	Sub-total (total mark is 7)			
	Customer Care			
20	Years of experience in providing healthcare services in health insurance schemes to enrollees (min. of 2 years with enrollee list)			
21	Well displayed complaint box with Email and Phone number to call to lay complaints or seek useful info; Board displays services provided and procedure for laying down complaints and its resolution			
	Sub-total (total mark is 2)			
	Environment			
22	Cleanliness – of inner and outdoor environment (is there a cleaner? The frequency of cleaning? how they maintain surroundings) (sight duty rooster)			
23	Method of waste disposal (burning, burying, safety box)			
24	Washable floor			
	Sub-total (total mark is 3)			
	Physical resources			
	OUT-PATIENT DEPARTMENT			

25	Waiting/ Reception area			
26	Sitting facilities			
27	Medical record keeping /computer unit			
	Consultation room			
28	At least 4x3 metres			
29	Examination couch			
30	Wash hand basin, soap, water and hand towel			
31	Good light source			
32	Adequate ventilation			
	In- patient ward			
33	Total no of wards (min 4)			
34	Total no of beds (min 4)			
35	Mosquitoes screen			
36	Distance of 1 metre between beds			
37	Locker for each bed			
38	A/C unit or Fan(s)			
39	Computer unit			
40	Stand by generator			
41	Firefighting equipment			
42	Adequate water supply			
43	Clean toilet facilities			
44	Adequate waste disposal source			
45	Ward Screen(s)			
46	Intensive Care Unit (ICU)			
47	Stretcher			
	Sub-total (total mark is 23)			

MANAGEMENT RESULTS			
S/N	DOMAIN	MAX. SCORE	SCORE
5.	Processes and Compliance	9	
6.	Financials	4	
7.	Human resource/ Learning/Innovation	7	
8.	Customer focus	2	
9.	Environment	3	
10.	Physical resources	23	
	Total Scores (add sub-totals per domain)	48	

	Percentage score = sub-total per domain/overall scores (which is 48) x 100	

(NGSCHS/A&I/ACC/001) SURGERY DEPARTMENT

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available, 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current

S/NO	Type of personnel	Present (YES/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
1	Consultant Surgeon/specialist in the relevant area of specialty						
2	Medical officers						
3	Registered Nurses/ Midwives						
4	Anesthetic personnel						
5	Hospital Assistants			NA			
6	Accounting Staff			NA			
7	Medical Records Staff/HIM						
8	Clerk/Secretary			NA			
	Sub-total personnel (total mark is 16)						
	Total Score Personnel (16 marks)						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

S/NO	DESCRIPTION	QTY	FULLY FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
	SURGICAL OPD					
9	Sphygmomanometer (Min 2)					
10	Stethoscope (Min 2)					
11	Patella hammer (Min 1)					
12	Thermometer (at least 2)					
13	Wheelchair					
14	Sterilizer/autoclave					
15	Oxygen					
16	Ambu bag					
17	Oropharyngeal tubes					
18	Drip stand (at least 2)					
	Sub-total (total mark is 20)					

	Theatre					
19	Anesthetic machine					
20	Suction *machine*					
21	Tracheostomy kits					
22	Various cut down/cannulation kits					
23	Spotlight/torch light					
24	Instrument Cabinets					
25	Dressing / injection trolley					
	Sub-total (total mark is 14)					
	Emergency tray containing:					
26	Cannular					
27	IV giving set					
28	Needle /syringes					
29	Normal saline					
30	**50% dextrose**					
31	5% dextrose					
32	Injection aminophylline					
33	Injection hydrocortisone					
34	Injection adrenaline					
35	Disposable gloves					
	Sub-total (total mark is 20)					
	Total Score Equipment (54 marks)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Sub-total scores per domain are to be added up divided by the total score which is 70 and multiplied by to get the percentage score

SURGERY RESULTS:

Domain	Scores
Personnel	
Equipment	
Total Scores (add sub-totals per domain)	
Percentage score = Total score /overall scores x 100	

NGSCHS/A&I/ACC/002) OBSTETRICS AND GYNECOLOGY

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available, 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
36	Consultant/specialist in Obstetrics & Gynecology						
37	Medical officers/Registrars						
38	Registered Nurses/ Midwives						
39	Anesthetic personnel						
40	Hospital Assistants			NA			
41	Accounting Staff			NA			
42	Medical Records Staff/HIM						
43	Clerk/Secretary			NA			
	Sub-total personnel (total mark is 16)						
	Total Score Personnel (16 marks)						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

S/NO	DESCRIPTION	QTY	FULLY FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONA	SCORE
	OPD					
44	Sphygmomanometer (Min 2)					
45	Stethoscope (Min 2)					
46	Stadiometer					
47	Weighing scale(babies)					
48	Thermometer (Min 2)					
49	Stretcher /wheel - chair					
50	Vaginal speculum					
51	Sterilizer/Autoclave					
52	Oxygen					
53	Ambu bag					
54	Oropharyngeal tubes					
55	Suction Machine					
56	Drip Stand (at least 3)					

57	Instrument Cabinet					
	Sub-total (total mark is 28)					
	Dressing kit					
58	Dressing/injection trolley					
59	Iodine solution					
60	Bandage					
61	Gauze bandage					
62	Cotton wool					
63	Plaster					
64	Gloves – surgical & disposable					
65	Forceps, scissors, gallipot, kidney dish,					
66	Antiseptics/Disinfectants, Eusol, hydrogen peroxide, methylated spirit,					
	Sub-total (total mark is 18)					
	Emergency tray containing					
67	Scalp vein needle, Suture materials, IV Giving set, Needles/Syringes,					
68	IV Fluids - 50% Dextrose, 5% Dextrose, Normal saline					
69	Injection A3minophylline, Injection Hydrocortisone, Injection Adrenaline, misoprostol					
	Sub-total (total mark is 6)					
	Labour room					
70	At least 12 sqm					
71	Good light source					
72	Delivery bed, Draw mackintosh					
73	Foetal Stethoscope/sonicaid, tape rule (for measuring head circumference)					
74	Partograph					
	Sub-total (total mark is 10)					
	Delivery pack containing:					
75	Cotton swabs					
76	Episiotomy scissors					
77	Mucus extractor					
78	Long artery forceps					
79	Cord scissors					
80	Kochers forceps					

81	Surgical scissors					
82	Kidney dish with cover					
83	Kidney dish without cover					
84	Gallipot					
85	Surgical gloves					
86	Injection Ergometrine					
87	Injection Oxytocin					
88	Suture materials					
89	Disposable gloves					
90	Gauze					
	Sub-total (total mark is 32)					
	Theatre:					
91	Anesthetic machines					
92	Resuscitative equipment					
93	Cardio-respiratory monitor					
94	Spotlight/torch light					
	Sub-total (total mark is 8)					
	Total score equipment (110 marks)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Total scores gained per domain are to be added up divided by the total score which is 118 and multiplied by to get the percentage score

RESULTS:

Domain	Score
Personnel	
Equipment	
Total Scores = sub-totals per domain	
Percentage Score = total scores/overall scores x 100	

(NGSCHS/A&I/ACC/003) INTERNAL MEDICINE

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available, 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
95	Consultant Physician/specialist in the relevant area of specialty						
96	Medical officers/Registrars						
97	Registered Nurses/ Midwives						
99	Hospital Assistants			NA			
100	Accounting Staff			NA			
101	Medical Records Staff/HIM						
102	Clerk/Secretary			NA			
	Sub-total personnel (total mark is 16)						
	Total Score Personnel (16 marks)						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTION	SCORE
	OPD					
103	Diagnostic set					
104	Sphygmomanometer (Min 2)					
105	Stethoscope (Min 2)					
106	Stadiometer					
107	Weighing scale (adult)					
108	Patella hammer					
109	Thermometer (Min 2)					
110	Wheelchair					
111	Sterilizer/autoclave					

112	Oxygen					
113	Ambu bag					
114	Oropharyngeal tubes					
115	Suction machine					
116	Drip stand at least 2					
117	Instrument cabinet					
118	Dressing /injection trolley					
119	Gallipot					
120	Kidney dish					
121	Dressing forceps					
122	Needle holder					
123	Cotton swabs					
124	Gauze /bandage					
125	Antiseptics/disinfectants					
126	Disposable gloves					
127	Suture materials					
128	Syringes/needle					
	Sub-total (total mark is 32)					
	Emergency tray containing					
129	Scalp vein needle					
130	IV giving set					
131	Needle/syringes					
132	IV Fluids--Normal saline, 50% dextrose, 5% dextrose, etc					
133	Injection aminophyline, hydrocortisone, adrenaline.					
134	Surgical and Disposable gloves					
135	ECG					
136	x-ray machine					
137	Nebulizer					
138	Echocardiogram					
139	Trig Guide Sensor					
140	Thoracostomy					
141	Capacity to conduct Lipid profile					
142	Capacity to conduct Renal fxn test					

143	Capacity to conduct Liver fxn test					
144	Capacity to conduct Lung fxn test					
	Sub-total (total mark is 44)					
	Total Score Equipment (76 ma					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains
- Total scores gained per domain are to be added up divided by overall scores which is 76 multiply by 100 to get the percentage score.

RESULTS:

Domain	Score
Personnel	
Equipment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

(NGSCHS/A&I/ACC/004) PEDIATRICS

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available, 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
145	Consultant Paediatrician/specialist in the relevant area of specialty						
145	Medical officers/Registrars						
147	Registered Nurses/ Midwives						
148	Anesthetic personnel						
149	Hospital Assistants			NA			
150	Accounting Staff			NA			
151	Medical Records Staff/HIM						
152	Clerk/Secretary			NA			
	Sub-total personnel (total mark is 16)						
	Total core Personnel (16 marks)						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
153	Paed Sphygmomanometer					
154	Stethoscope/paed stethoscope					
155	Stadiometer					
156	Weighing scale (babies)					
157	Patella hammer					
158	Thermometer					
159	Sterilizer/autoclave					
160	Oxygen					
161	Suction machine					
162	Drip stand (at least 3)					
163	Phototherapy machine					
164	Incubator					
165	Paed ambu bag/endotracheal tube					
166	Heat radiant					
167	Exchange blood transfusion kits					
168	Soluset					
169	Umbilical vein cannulation kit					

170	Oropharyngeal tubes					
171	Instrument cabinet					
172	Dressing/injection trolley					
173	Gallipot					
174	Kidney dish					
175	Dressing forceps					
176	Needle holder					
177	Cotton swabs					
178	Gauze/bandage					
179	Antiseptic/disinfectant					
180	Disposable gloves					
181	Suture material					
182	Scalp vein needle, Needle/syringes					
183	I.V giving set, 50% dextrose, 5% dextrose					
184	Injection aminophylline, hydrocortisone, adrenaline					
185	Surgical, disposable gloves					
186	Waiting /reception area, at least 4 by 3 meters					
187	Sitting facility					
188	Medical record keeping facility/ Computer Unit					
	1.1. Sub-total (total mark is 72)					
	1.2. Total score equipment (72 marks)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Total scores gained per domain are to be added up divided by the total score which is 88 and multiplied by to get the percentage score

RESULTS:

Domain	Score
Personnel	
Equipment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

NGSCHS/A&I/ACC/005) OPHTHALMOLOGY

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available, 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
189	Consultant/ Specialist Ophthalmologist						
190	Medical Officer/Registrars						
191	Ophthalmic Nurses/Optometrists						
192	Anesthetic personnel						
193	Hospital Assistants			NA			
194	Accounting Staff			NA			
195	Medical Records Staff/HIM						
196	Clerk/Secretary			NA			
	Sub-total personnel (total mark is 16)						
	Total Score Personnel (16 marks)						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
197	Instrument tray and trolley					
198	Slit lamp					
199	Application lensometer					
200	Ophthalmoscope					
201	**Retinoscope**					
202	Flashlight					
203	VA chart box					
204	Trial lens set					
205	Visual field machine					
206	AB scoring machine					
207	*CVF machine*					
208	Sterilizer/autoclave					

209	Ophthalmic examination couch					
210	Treatment room					
211	Minor treatment set					
212	Angle poised lamp					
	1.3. Sub-total (total mark is 32)					
	Inpatient ward					
213	Total no of wards (min 2)					
214	*Total no of beds (min 4)*					
215	Mosquito screen					
216	Distance of one meter between beds					
217	Locker for each bed					
	1.4. Sub-total (total mark is 10)					
	Theater					
218	Operating microscope					
219	General ophthalmic surgery set					
220	Oxygen delivery set					
221	**Suction machine**					
	1.5. Sub-total (total mark is 8)					
	Total Score Equipment (50 marks)					

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.

Total scores gained per domain are to be added up divided by the total score which is 66 and multiplied by to get the percentage score

RESULTS:

Domain	Score
Personnel	
Equipment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

(NGSCHS/A&I/ACC/006) OPTOMETRY

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available, 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
222	Consultant/ Specialist Ophthalmologist						
223	Medical Officer						
224	Ophthalmic Nurses						
225	Anesthetic personnel						
226	Hospital Assistants/Opticians			N/A			
227	Accounting Staff			N/A			
228	Medical Records Staff/HIM						
229	Clerk/Secretary			N/A			
	Sub total (total mark is 16)						
	Total Score Personnel (16 marks)						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
230	Instrument tray and trolley					
231	Slit lamp					
232	Application lensometer					
232	Ophthalmoscope					
233	Retinoscope					
234	Flashlight					
235	VA chart box					
236	Trial lens set (for refraction)					
237	Visual field machine					
238	AB scoring machine					
239	CVF machine					
240	Sterilizer/autoclave					
241	Ophthalmic examination couch					
	Sub-total (total mark is 26)					

	Total Score Equipment (26 marks)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Total scores gained per domain are to be added up divided by the total score which is 42 and multiplied by to get the percentage score

RESULTS

Domain	Score
Personnel	
Equipment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

(NGSCHS/A&I/ACC/007) EAR NOSE AND THROAT (ENT)

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available", 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current"

S/NO	Type of personnel	Available (Yes/No)	Present (YES/No)	Number	License		Score (0-2)	Remarks
					Current	Expired		
242	Consultant/ Specialist ENT							
243	Medical Officer							
244	Audiometrician/Audiometrologist/speech therapist							
245	Registered Nurses							
246	Hospital Assistants				NA			
247	Accounting Staff				NA			
248	Medical Records Staff/HIM							
249	Clerk/Secretary				NA			
	Sub-total (total mark is 16)							
	Total Personnel score (16 marks							

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
	OPD					
250	ENT examination table with instrument (Console)					
251	Headlamp/head mirror					
252	Auroscope					
253	Fibre-optic Naso-laryngo-pharyngoscope					
254	Sterilizer/Autoclave					
255	Audiometer					
256	Tympanometer					
267	Bera equipment					
258	Calorimeter					
	Sub- total (total mark is 18)					
	Theatre:					
259	Tonsillectomy set					
260	Laryngoscope set & accessories					

261	Bronchoscope set & accessories					
262	Oesophagoscope set & accessories					
263	Ear surgery set					
264	Oxygen					
265	Suction machine					
266	Instrument trays: - Set of tunning forks, Forceps, Probes, Aural syringe, Sinus Trocher/cannular/syringe					
	Sub- total (total mark is 16)					
	Total Score Equipment (70 marks					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Total scores gained per domain are to be added up divided by the total score which is 86 and multiplied by to get the percentage score

RESULTS:

Domain	Score
Personnel	
Equipment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

(NGSCHS/A&I/ACC/008) DENTISTRY

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available", 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current"

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
267	Dental surgeon						
268	Dental therapist/assistant						
269	Dental Nurse						
270	Medical Officer						
271	Hospital Assistants			NA			
272	Accounting Staff			NA			
273	Medical Records Staff/HIM						
274	Clerk/Secretary			NA			
	Sub-total (total mark is 16)						
	Total Personnel score						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

S/N	DESCRIPTION	QTY	NO. FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
	Theatre					
275	Dental chair					
276	Tooth extraction instrument					
277	Tooth filing instrument (permanent/temporary)					
278	Dental syringe					
279	Elevators					
300	Extraction forceps					
301	Amalgamator					
302	Xylocaine cartridges/spray					
303	Sterilizer/ autoclave					
304	Scalars					
305	Brush and paste					
306	Dentus clasp machine (various types)					
307	Trimming machine					
308	Induction casting machine					
309	Porcelain					
310	Mixing machine					

311	Polishing leather					
312	Sound blasting machine					
313	Model vibrator					
314	Burn out machine					
315	Mouth tray					
316	X-ray machine					
317	Wash hand basin					
	Sub-total (total mark is 46)					
	Total Score Equipment (46 marks)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Total scores gained per domain are to be added up divided by the total score which is 62 and multiplied by to get the percentage score

RESULTS:

Domain	Score
Personnel	
Equipment	
Total Scores	
Percentage Score	

(NGSCHS/A&I/ACC/09) RADIOLOGY

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available", 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current"

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
318	Radiographer Registered With NCR						
319	Ultrasonographer/Ultrasonologist as applicable						
320	Radiologist to provide reports						
321	Radiography Technician/ Assistant						
322	Hospital Assistants			NA			
323	Accounting Staff			NA			
324	Medical Records Staff/HIM						
325	Clerk/Secretary			NA			
	Sub-total (total mark is 16)						
	Total Score Personnel (16 marks)						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
	Radiodiagnosis					
326	x-ray machine					
327	Viewing box					
328	Chest stand					
329	Film processor					
330	Drier					
331	Film maker					
332	Cassettes – all sizes					
333	Hanger – all sizes					
334	Gloves & mask					
335	Lead apron (at least 2)					
336	Couch					
337	Stretcher/wheelchair					

	Sub-total (total mark is 24)					
	Ultrasonography					
338	Ultrasound machine (at least one standard probe of different rating)					
339	Gel					
340	Gloves					
	Sub-total (total mark is 6)					
	Total Score Equipment (30 marks)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Total scores gained per domain are to be added up and divided by the total score which is 46 and multiplied by 100 to get the percentage score

RESULTS:

Domain	Score
Personnel	
Equipment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

(NGSCHS/A&I/ACC/010) PHARMACY

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available", 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current"

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
341	Pharmacists						
342	Pharmacy Technician/Assistant						
343	Sales Personnel						
344	Pharmacy Attendant			NA			
345	Accounting Staff			NA			
346	Medical Records Staff/HIM						
347	Clerk/Secretary			NA			
	Sub-total (total mark is 16)						
	Total Score Personnel (16 marks)						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
	OPD					
348	General outlay of the premises (at least 20sqm)					
349	Arrangement of shelves and drugs for easy access					
350	Accessibility					
351	Waiting/Reception area					
352	Pharmacist's office/counseling area					
353	Display of annual license and certificate					

354	Schedule drugs clearly separated from over the counter drugs					
355	Separate air-conditioned store with shelves					
356	Dispensing tray and spatula/spoon					
357	Swinging /sliding glass door					
358	Glazed shelves					
359	Adequate storage for drugs					
360	Availability of lockable poisons cupboard					
361	Dangerous drugs register					
362	Regular entries into dangerous drugs register					
363	Air conditioning unit					
364	Fans					
365	Firefighting equipment					
	Sub- total (total mark is 36)					
	Reference books					
366	Medi-pharm or mims Africa					
367	Martindale-extra-pharmacopoeia or British-pharmacopoeia / Emdex					
368	Pharmacy laws					
369	National drug policy					
370	National essential drugs list					
	Sub- total (total mark is 10)					
	Record keeping					
371	Accounting records					
372	Drug receipts					
373	Sales invoice					
374	Sales books /ledgers					
375	Bin/stock cards					
	Sub- total (total mark is 10)					
	Total Score Equipment (56 marks)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Total scores gained per domain are to be added up divided by the total score which is 72 and multiplied by to get the percentage score

RESULTS:

Domain	Score
Personnel	
Equipment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

(NGSCHS/A&I/ACC/011) LABORATORY

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available", 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current"

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
276	Medical Laboratory Scientist						
277	Medical Laboratory Technician						
278	Scientific officer						
279	Lab Attendants			NA			
280	Accounting Staff			NA			
281	Medical Records Staff/HIM						
282	Clerk/Secretary			NA			
	Sub-total (total mark is 16)						
	Total Score Personnel (16 marks)						

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
	Laboratory equipment					
283	Microscope					
284	Water bath					
285	Centrifuge					
286	Haematocrit centrifuge & Reader					
287	Genotype machine & tank					

288	Incubator					
289	Spectrophotometer/colorimeter					
290	Sterilizer/Autoclave					
291	Bunsen burner& Gas cylinder					
292	Wintergreen tubes & stand					
293	Improved Neubauer counting Chamber					
294	Blood bank Refrigerator					
295	Refrigerator					
296	Pipettes					
297	Slides & cover slips					
298	Petri dishes					
299	Flasks & cylinders					
300	chemistry reagents					
301	Microbiological culture media					
302	Stains					
303	Serological kits					
304	Disposable gloves					
305	Face masks					
306	Apron					
307	Boots					
308	Eyeglasses					
	Sub-total (total mark is 52)					
	Total Score Equipment (52 marks)					

SECTION B: HISTOPATHOLOGY (TERTIARY HEALTHCARE ONLY)

Scoring matrix is 0 – 2 where 0 is “not functional”, 1 is “Functional but room for improvement (partially functional)” and 2 is “Fully functional”

S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
309	Microscope					
310	Waterbath					
311	Microtome					
312	Automatic knife sharpening device					
313	Hot plate					
314	Refrigerator					
315	Weighing balance					
	Sub- total (total mark is 14)					
	Total Score Histopathology marks)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Total scores gained per domain are to be added up divided by the total score which is 82 and multiplied by to get the percentage score

RESULTS:

Domain	Score
Personnel	
Equipment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

(NGSCHS/A&I/ACC/012) PHYSIOTHERAPY

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available", 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current"

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
316	Physiotherapist registered with MRBN						
317	Accounting Staff			NA			
318	Medical Records Staff/HIM						
319	Clerk/Secretary			NA			
	Sub-total is (total marks is 8)						

	Total score personnel (16 marks)					

EQUIPMENT

Scoring matrix is 0 – 2 where 0 is “not functional”, 1 is “Functional but room for improvement (partially functional)” and 2 is “Fully functional”

S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
320	Bicycle ergo meter					
321	Wall & Parallel bars					
322	Hand & Wrist exerciser					
323	Traction machines					
324	Reduction mattress					
325	Shoulder Wheels					
326	Tread mill					
327	Sphygmomanometer					
328	Stadiometer (for height)					
329	Short wave diathermy					
330	Infra-red					
331	Hydropak (hot, cold)					
332	Electrical stimulators					
333	Ultrasound stimulators					
334	Wax-bath stimulators					
335	Ultraviolet stimulators					
336	Microwave stimulators					
337	Walking sticks					
338	Clutches					
339	Walking frame					
340	Wheelchair					
341	Crepe bandages & splints					
	Sub- total (total mark is 44)					
	Total Score Equipment (44 Marks)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains except for the Management domain.
- Total scores gained per domain are to be added up divided by the total score which is 60 and multiplied by to get the percentage score

RESULTS:

Domain	Score
Personnel	

Equipment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

(NGSCHS/A&I/ACC/013) ORTHOPEDIC SURGERY

PERSONNEL

Scoring matrix is 0 – 2 where 0 is "No – Personnel not available", 1 is "Personnel available but License expired" and 2 is "Personnel available and License is current"

S/NO	Type of personnel	Available (Yes/No)	Number	License		Score (0-2)	Remarks
				Current	Expired		
342	Consultant orthopedic surgeon						
343	Medical Doctor/Registrars						
344	Registered Nurses with training in life-saving skills						
345	Peri-operative Nurse			NA			
346	Anesthetic personnel			NA			
347	Accounting Staff			NA			
348	Medical Records Staff/HIM						
349	Clerk/Secretary			NA			
	Sub-total (total mark is 16)						
	Total Score Personnel (16 marks)						

EQUIPMENT

coring matrix is 0 – 2 where 0 is "not functional", 1 is "Functional but room for improvement (partially functional)" and 2 is "Fully functional"

S/NO	DESCRIPTION	QTY	FUNCTIONAL	PARTIALLY FUNCTIONAL	NOT FUNCTIONAL	SCORE
350	Diagnostic set					
351	Sphygmomanometer					
352	Stethoscope					
353	Stadiometer					
354	Weighing scale					
355	Patella hammer					
356	Thermometer					
357	Wheelchair					
358	Sterilizer/Autoclave					
359	Oxygen					
360	Ambu bag					
361	Oropharyngeal tubes					
362	Drip stand					
	Sub- total (total is mark 26)					
	Theatre					
363	Anaesthetic Machine					
364	Resuscitative equipment					
365	Suction machine					
366	Cardio-respiratory monitor					

367	Tracheotomy kits					
368	Various cut down/cannulation kits					
369	Spotlight/Torch light					
370	Traction with different weights					
371	Clutches					
372	Plates & screws					
373	POP/Crepe bandages					
374	Instrument cabinet					
375	Dressing/injection trolley					
	Sub-total (total mark is 26)					
	Emergency tray containing:					
376	Scalp vein needle					
377	IV fluids: 5% dextrose, 50% dextrose					
378	Needle & Syringes					
379	Normal saline					
380	Inj.Aminophyline					
381	Inj.Hydrocortisone					
382	Inj.Adrenaline					
383	Disposable gloves					
384	Special x ray. Review marks					
	Sub-total (total mark is 18)					
	Total Score Equipment (70)					

Scoring System

- Maximum score is 2 while 0 is minimum for all domains.
- Total scores gained per domain are to be added up and divided by the total score which is 86 and multiplied 100 by to get the percentage score

RESULTS:

Domain	Score
Personnel	
Equipment	
Total Scores (Add up sub-totals per domain)	
Percentage Score = total scores/overall scores x 100	

Total Facility Score

Department (sub-domain)	Available marks to be scored	Total Score for the department
Management System	48	
Surgery Department	70	
Obstetrics and Gynecology	126	
Internal Medicine	76	
Pediatrics	88	
Ophthalmology	66	
Optometry	42	
Ear Nose and Throat (ENT)	86	
Dentistry	62	
Radiology	46	
Pharmacy	72	
Laboratory	82	
Physiotherapy	60	
Orthopaedic Surgery	86	
Total Overall Facility Score:		

Calculate total facility score as: Total Score for the Departments divided by Available marks to be scored *100

Name of Contact Person……

Sign/Date……..

Further Comment

INSPECTION TEAM:

Name…… Sign/Date…….
Name…… Sign/Date…….
Name…… Sign/Date…….
Name…… Sign/Date…….

NIGER STATE CONTRIBUTORY HEALTH AGENCY

(NiCare)

Building a healthy future in NIger State, starts with providing essential healthcare services, enabling everyone to be at their best.

OUR SERVICES COVERS:

- Treatment of Malaria, RTI, Hypertension,Diabetes Mellitus, Common Infections, Eye conditions, Gastro enteritis, etc.
- Surgeries for Appendicitis, Hernia, Hemimorphy and Hemiotomy, Cataract extraction, Fibroid, Enlarged prostate, etc.
- Antenatal services; Delivery including Caesaren section and Postnatal services, Neonatal services and Immunization services.
- Laboratory and Radiology investigations including X-rays, Ultrasound scan, Abdomenopelvic, etc.
- Drugs for covered services.
- Optical and Dental services, referral and many more.

Health care providers:

ACCREDICTED PUBLIC AND PRIVATE HOSPITALS

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