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ACRONYMS:

HCP	Health Care Provider
ISHIA	Imo State Health Insurance Agency
NHIS	National Health Insurance Scheme
PHC	Primary Health Care
TPA	Third Party Administrator
UHC	Universal Health Coverage

Glossary

"Administrative charge" means percentage deducted from the Imo State Health Insurance fund for the administration of the Imo State Health Insurance Scheme;

"Capitation" means a payment to a health care provider made in advance, in respect of covered services to be provided to an insured person registered with the health care provider, whether the person uses the services or not;

"Equity Fund" means a fund used to cater for the vulnerable and indigent groups.

"Employee" means any person who is ordinarily resident in Imo State and is employed in the public service or private sector or an apprenticeship with an employer whether the contract is express or implied, oral or in writing;

"Employer" means an employer with five or more employees which includes the Federal, 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 wages or salaries of the employee including the lawful representative, successor or assignee of that person;

"Fee-for-service" means payment made for complete health care services, not included in the capitation fees paid to health care providers following approved referrals and/or professional services (specialist consultation, pharmaceutical care services, laboratory and radiological investigations etc. under this scheme;

"Health Care Providers" means any public or private health care facility, hospital, maternity centre, community pharmacy and all other service providers registered by the Agency for the provision of prescribed health services for insured persons and their dependents under this scheme.

"Insured persons" means any person who is covered by the insurance scheme either through own contributions or through other sources, including through budget transfers.

"National Health Insurance Scheme" is an agency of the Federal Government established by CAP 42LFN 2004 which regulates health insurance in Nigeria.

"Third Party Administrator means a Profit or Non-Profit organization with expertise and capability to administer all or a portion of the insurance claims process. They are usually contracted to perform administrative activities which may include claims administration, premium collection, enrollment etc.

"Vulnerable" refers to the following some categories of the population who because of social or economic conditions are more likely to fall ill and/or less likely to have the ability to pay for healthcare. This may include but not be restricted to: pregnant women, children under 5, the aged, the disabled and the poor (ie persons in the income quintiles Q1 & Q2 identified through a targeting mechanism recognized by the state government).

1.0 Introduction

It is the obligation of responsible governments to strive towards ensuring that all its people irrespective of their socio-economic status have access to quality and affordable healthcare. This is the concept of Universal Health Coverage (UHC).
For UHC to become a reality, governments must spearhead the process of (a) establishing pre-payment (health) schemes; (b) enlarging the pools to ensure adequate cross-subsidies and sustainability; (c) making participation mandatory; and (d) ensuring that those who cannot afford to pay are not excluded.

Towards achieving UHC, the government of Imo State has established the Imo State Health Insurance scheme which will be administered by the Imo State Health Insurance Agency (IMSHIA),to improve the access of Imo State residents to quality healthcare services.

1.1 Goal: To ensure that every Imo State resident has access to quality healthcare services.

1.2 Objectives:
The Objectives of the Scheme are to –

1) Ensure that every resident of Imo State has easy access to effective, quality and affordable healthcare services
2) Ensure that residents of Imo State have protection against financial risks that may arise due to illness
3) Protect families from financial hardship of huge medical bills;
4) Improve the health-seeking behaviour of Imo State residents thereby increasing life expectancy
5) Limit the inflammatory rise in the cost of healthcare services;
6) Ensure equitable distribution of healthcare costs across different income groups;
7) Ensure that the poor and vulnerable shall have access to the basic minimum package of healthcare as defined under the National Health Act
8) Maintain high standard of health care delivery services within the Health Sector.
9) Ensure efficiency in healthcare delivery within the Health Sector
10) Improve and harness private sector participation and investment in the health sector of Imo State.
11) Harness the great potentials of diaspora investment in the Imo State Health System
12) Ensure appropriate utilization of services at all levels of the healthcare delivery system
13) Ensure the availability of alternate sources of funding to the health sector for improved services;

2.0 Stakeholders and roles and responsibilities:

i. Imo State Health Insurance Agency (IMSHIA)
ii. NHIS (National Health Insurance Scheme)
iii. Health Care Providers (HCPs)
iv. Others

2.1 Imo State Health Insurance Agency (IMSHIA):

i. Advocacy to relevant stakeholders
ii. Development and enforcement of Blueprint/ Operational Guidelines.
iii. Coordination of registration of enrollees.

iv. Inspection and accreditation of health facilities for the Agency
v. Programme monitoring and evaluation including quality assurance of health care services
vi. Programme review and periodic evaluation of the performance of the Scheme
vii. Collection and pooling of contributions from all funding sources
viii. Payment of primary and secondary healthcare facilities for services
ix. Capacity building of stakeholders
x. Investment of the idle funds in a profitable venture with the approval of the board
xi. Registration and commissioning of participating TPAs

2.2 NHIS:

Technical assistance to Imo State in the following areas:

i. Development of the legal framework
ii. Advocacy, sensitization and mobilization
iii. Capacity building (ICT, Quality assurance etc.)
iv. Actuarial studies
v. Monitoring and evaluation

Any other areas that are deemed mutually important to the success of the Imo State Health Insurance scheme

2.3 Healthcare Providers (HCPs):

i. Provide quality services to registered beneficiaries.
ii. Provide health promotion and prevention and curative services to enrollees.
iii. Provide data on service utilization to IMSHIA and TPAs as the case may be at quarterly intervals.
iv. Participate in health care facility education forum
v. Participate in meetings, seminars and workshop aimed at improving service delivery for the IMSHIA enrollees

2.4 Others:

i. Suppliers of health care e.g. Imo State Primary Health Care Development Agency (SPHCDA)
ii. Programmes of Government e.g. Roll Back Malaria, TB Control, HIV/AIDS Control
iii. Local and international Non-Governmental Organizations (NGOs) e.g. UNESCO, UNICEF.
iv. Federal Ministry of Health and its relevant agencies.

3.0 Programmes:

The Imo State Health Insurance Scheme shall comprise a Mandatory Public Health Insurance Scheme for all residents. Voluntary (private) Health Insurance Plans may be purchased by residents to complement or supplement the Mandatory Public Health Insurance Scheme. And all other programs of government aimed at improving access to healthcare and financial risk protection.

3.1 Mandatory Health Insurance Programme:

This is a social health security system for all residents of Imo State, whether in **formal** or **informal** sector of the economy. It will also cater for the indigents and vulnerable persons in the State.

3.2 Membership: This shall include:

1. Employees of the public and organized private sector in Imo State employing five (5) or more persons;
2. Employees in the informal Sector outside the definition in (1) above; and
3. Indigents and vulnerable persons in the State.
4. A member can be identified with valid ISHIA enrollee identity card or evidence of inclusion in the register at the healthcare facility
5. Enrollee membership data base will be updated every 60 days by IMSHIA

3.3Contributions: Contributions are as follows:

1. Earnings-related for the Public (state & LGA) and Organized Private Sector (OPS) employees. The employer pays 3.25% of the consolidated salary while the employee contributes 1.75% of consolidated salary or for those paid basic salary, the contributions will be 5% by employee and 10% by employer. These deductions are made from sources monthly and transferred from State Accountant General to IMSHIA not later than 15th of the preceding month after reconciliation.
2. For employees of the OPS the employer may decide to pay the entire contribution for the employees. However contribution by OPS in Imo is compulsory for all companies with more than 5 employees.
3. Self Employed contribution of N12,000.00 per person per month with a possibility of reduction on the adoption model for large population.
4. Flat rate contributions at a rate to be determined by an Actuary.
5. Flat rate contribution at a rate determined by an Actuary and paid from the state budget transfers for the indigents and vulnerable persons.
6. Basic Health Care Provision Fund to cover maternal and child health services for all.

3.4 Co-payments and co-insurance.

There shall be 10% co-payment for only drugs prescribed to any enrollee either on outpatient basis or admission. This co-payment will be paid to the healthcare facility. This co-payment does not apply on bed fees, laboratory investigations, theatre fees, and procedure fees. In services under co-insurance list enrollee and ISHIA will pay 50% each.

3.5 Revenue raising for IMSHIA

ISHIA shall explore revenue raising options apart from the equity funding from the State government. Such options will include adoption model for people and communities by Imo sons and daughters. There could be diaspora funding from Imo and non Imo indigenes residents in abroad to cover enrollees selected by these groups. The use of telecommunication tax where agreed charges to be deducted upfront from telecommunication companies will be earmarked for ISHIA will be adopted in raising revenue for the scheme. Any call made within Imo State shall be charged 1kobo per second and the aggregate amount paid to ISHIA monthly by the telecommunication agencies.

3.6 Pooling of Contributions: Contributions shall be collected, pooled and used to purchase health care services for enrollees by IMSHIA. All contributions should be made to IMSHIA directly through dedicated accounts in accredited banks.

3.7Waiting Period: There shall be a processing/waiting period of sixty (60) days before a participant can access healthcare services.

3.8 Scope of Coverage:

1. The contributions paid cover healthcare benefits for the employee, a spouse and four (4) biological or adopted children below the age of 18 years for formal sector employees. However, it is expected that children of enrollees who are above 18 years will be covered through the IMSHIA Tertiary Institution Social Health Insurance Program.
2. Contributing individual in the case of the informal sector workers
3. Individual identified as vulnerable and paid for by the State based on the data provided by the appropriate State or National agency,

4. For extra dependents of formal sector employees, this will be on individual basis and contribution will be at same rate as determined by the Actuary for the informal sector.

3.9 Benefit Package

The Imo State Health Insurance Benefit Package shall comprise preventive, promotive and curative services. It shall aim at minimum primary and secondary care, taking into cognizance the prevailing local disease burden and morbidity pattern in Imo State.

An enrollee under the IMSHIA shall be entitled to the following package in both primary and secondary services

1 Procedure for Referral

a. A referral line shall be established

b. There shall be a clinical basis for referral and a referral letter shall accompany every case

c. Personal and medical details shall be contained in the referral letter

d. All investigations carried out at a lower level shall be sent to the higher level

e. Primary providers are to refer patients early enough to the next level of care

f. The outcome(s) of a referral should be properly documented

g. Referred cases shall be sent back to the referring provider at the lower level, by the specialist after completion of the treatment, with a medical report and instruction for follow-up management.

S/N	PRIMARY LEVEL CARE
1	General consultation with prescribed drug from accredited primary health facility.
2	Health prevention and promotion Education • Family planning education excluding provision of commodities (Safe period, Pills, Condoms, etc.) • Dental care • HIV/AIDS • Immunization • Vitamin A supplementation • Promotion of essential nutrients for children and pregnant women • Promotion of personal, domestic and environmental hygiene, etc
3	Primary Surgery
	• Minor Surgical Procedures: incision & drainage, suturing of lacerations, minor burns, simple abrasions, etc. • Minor wound debridement • Circumcision of male infants • Evacuation of impacted faeces • Corrections of cases of simple polydactyly • Drainage of simple paronychia • Relief of urinary retention
4	Primary eye care including treatment of: • Conjunctivitis • Parasitic and allergic ailments • Simple contusion, abrasions, etc
5	Primary Paediatrics
	• Child Welfare Services-Growth monitoring, Routine immunization as defined by the NPHCDA, Vitamin A supplementation, Nutritional advice and health education, etc • Management of uncomplicated malnutrition • Treatment for Helminthiasis • Treatment of common childhood illnesses such as malaria, diarrhoeal disease, schistosomiasis, upper respiratory tract infections and uncomplicated pneumonia, UTIs, simple otitis media, pharyngitis, childhood exanthemas, simple skin diseases/infestations and other viral illnesses such as mumps • Other febrile illnesses as may be listed from time to time by the IMSHIA • Treatment of anaemia not requiring blood transfusion
6	Primary Internal Medicine (Adult)
A	Management of simple infections/infestations • Malaria • Respiratory tract infections • Urinary Tract Infections • Gastroenteritis • Primary Ear, Nose and Throat infections • Diarrheal diseases • Enteritis/ typhoid fever • schistosomiasis • Helminthiasis • Skin infections/infestations such as Chicken pox and fungal diseases eg Tinea vesicolor, Malasezia furfur, Tinea Capitis, etc • Scorpion Bites

B C	• Other uncomplicated bacteria, fungal, parasitic and viral infections and illnesses Management of simple anaemia (not requiring blood transfusion) Screening & referral for Diabetes Mellitus (DM), Hypertension (HTN) and other chronic diseases
D E F	Treatment of simple aarthritis and other minor musculoskeletal diseases Routine management of sickle cell disease Allergies
7	HIV/AIDS/STDs • Voluntary Counseling and Testing (VCT)
8	Primary Psychiatry
	· Anxiety neurosis · Psychosomatic illnesses · Insomnia · Other illnesses as may be listed from time to time by the ISHIA
9	Primary dental care
10	Special Maternal, Neonatal and Child Health (MNCH) Services a. Antenatal care - Routine Ante-natal care (ANC) (4 visits) - Routine drugs to cover duration of pregnancy - Routine urine and blood tests - Referral services for complicated cases b. Postnatal services c. Newborn Care up to 6 weeks (Cord care, Eye care, Management of simple neonatal infections) Delivery services a. Spontaneous Vaginal Delivery by skilled attendant including repair of birth injuries and episiotomy b. Essential drugs for Emergency Obstetric care (EmOC)
11	Emergency
	The Primary Health Care Provider (PHCP) is to offer First Aid treatment before referral. • Establishing an intravenous line • Simple tracheostomy • Management of convulsion, coma, etc. • Control of bleeding • Cardio-pulmonary resuscitation • Assisted respiration (e.g. Ambu bag, etc.) • Immobilization of fractures (using splints, neck collars, etc.) • Aspiration of mucus plug to clear airways
12	Basic laboratory investigations a) Malaria Parasites (MP) b) Widal c) Urinalysis d) Haemoglobin (Hb) e) Stool microscopy f) Urine microscopy
13	Other conditions as may be listed by ISHIA from time to time

S/N	**SECONDARY LEVEL CARE**

1	Consultation and treatment by specialists
2	Emergency cases outside place of residence within the country in an NHIS accredited HCF
3	*Admission (maximum of 15 days cumulative per year for admission, but for orthopedic cases a maximum of 21 days cumulative per year).*
4	Procedures that cannot be handled at primary level of care such as
A	HIV/AIDS • Treatment of complications requiring admission
B	Paediatrics • Treatment of severe infections/infestations-Respiratory infections, UTIs, diarrheal disease with moderate to severe dehydration, enteric fever, severe malaria, septicaemia, meningitis, severe measles, etc. • Management of childhood non-communicable diseases such as Nephritis, etc. • Management of severe anaemia requiring blood transfusion • Management of neonatal infections- neonatal sepsis, • Neonatal conditions such as birth asphyxia, neonatal jaundice, management of child from diabetic mothers, etc.
C I) II) III)	Internal medicine (Adult) Treatment of moderate to severe infections and infestations • Management of severe malaria • Management of meningitis, septicaemia, etc. • Management of complicated RTIs • Management of complicated typhoid fever, etc. Management of non-communicable diseases • Management of uncomplicated & complicated Diabetes and Hypertension • Management of Sickle cell disease • Treatment of severe musculoskeletal conditions • Treatment of cardiovascular conditions, renal diseases (such Nephritis, Nephrotic syndrome, including, etc.), Liver diseases (Hepatitis, Amoebic liver abscess). • Management of severe anaemia Treatment of snake bites
D	Secondary Psychiatric Care
E	I) Basic and Comprehensive Emergency Obstetric Care • Management of Preterm/Pre-labour Rupture of Membrane (P/PROM) • Detection and management of hypertensive diseases in pregnancy • Management of bleeding in pregnancy • Management of Postpartum Haemorrhage • Eclampsia • Caesarian section • Operative Management for ectopic gestation • Management of intra-uterine fetal death • Management of puerperal sepsis • Instrumental deliveries • High risk deliveries – 1st deliveries, Beyond 4th deliveries, multiple deliveries, mal-positioning/mal-presentation and other complications, etc II) Gynaecological Intervention • Bartholin cystectomy • Hysterectomy • Myomectomies

	• Colporraphies • Vaginoplasty • Ovarian cystectomy
F	Surgeries • Laparotomy for any cause • Intestinal Resection & Anastomosis • Appendicectomy • Hernia repair • Hydrocelectomy • Management of Testicular Torsion • Thyroidectomy • Management of Fractures excluding internal fixation
G	Dental care - Amalgam filling - Simple and surgical tooth extraction - Scaling & Polishing
H	Ophthalmology& Optometric Services • Eye problems, e.g. major trauma, pterygium, glaucoma, cataract extraction and other simple ophthalmological surgical procedures • Tonometry • Retinoscopy • Ophthalmoscopy • Slit Lamp Examination • Removal of foreign bodies • Refraction, including provision of spectacles not exceeding N5,000 once in every two years
I	Ear, Nose & Throat • Antral wash-out • Foreign body removal • Surgical operations - Tonsillectomy, - Polypectomy, - Tracheotomy - Adenoidectomy, - Myringotomy, etc.
J	Physiotherapy • Post-traumatic rehabilitation • Management of palsies within 15 days after initial treatment. • Post-Cardio-Vascular Accident (CVA) therapy within 15 days
5	Laboratory investigations at secondary level of care
A	• Genotype • Lumbar puncture • Urea/electrolyte/Creatinine • Bilirubin (total and conjugated) • Liver Function Test • Fasting Lipid Profile • Ketone bodies • M/C/S-Urine, Blood, stool, Sputum, Wound, Urethral, Ear, Eye, Throat, Aspirate, CSF, ECS, HVS

	• Semen analysis & M/C/S • Occult blood in stool • Skin snip for microfilaria • AFB for TB (sputum, Blood) • H Pylori • Gram stain • Mantoux test • Blood groupings/Cross matching • Hepatitis B surface Antigen screening • Confirmatory test for HIV • Full Blood Count (FBC) • Platelets/Reticulocyte count • Platelets concentration • Prothrombin/thromboplastin time • KCCT • Blood transfusion services • Donor screening
B	▪ Radiology–X-ray of chest, Abdomen, Skull & Extremities, Dental X-rays, etc ▪ Abdominopelvic & obstetric scan, soft tissues scans ▪ C-T Scan (Co-Insurance 50:50 enrollee: IMSHIA) ▪ MRI (Co-Insurance 50:50 enrollee: IMSHIA)

4.0 Roles and responsibilities of Stakeholders under the Imo State Mandatory Health Insurance Programme:

4.1 Healthcare Providers

i. Secure appropriate accreditation with IMSHIA
ii. Provide quality services as agreed with IMSHIA in the benefit package
iii. Comply with IMSHIA Operational Guidelines
iv. Sign contract with IMSHIA
v. Ensure enrollees' satisfaction
vi. Provide returns on utilization of services and other data to IMSHIA
vii. Report any complaints to IMSHIA
viii. Limit delivery of services to level of accreditation.

4.2 IMSHIA(Mandatory Health Insurance Programme)

i. Registering of enrolees
ii. Setting guidelines and standards for the Programme.
iii. Accrediting Healthcare Facilities.
iv. Payment of healthcare facilities for services rendered under the Imo State Mandatory Health Insurance Scheme
v. Carrying out continuous advocacy, sensitization and mobilization for the programme
vi. Carrying out continuous quality assurance to ensure qualitative healthcare services and programme management
vii. Carrying out Actuarial Reviews to determine contribution rates to be paid by beneficiaries and payment rates to service providers.
viii. Health education

ix. Liaising with owners of health care facilities on the use of their facilities and retention of funds by the facilities
x. Other roles to ensure the viability of the programme

5.0 Organization of Health Services

Healthcare services will be provided through two levels of service arrangement. These levels are primary and secondary. No health facility shall function in more than one level of care.

5.1Primary Healthcare Providers/Facilities: These refer to the entry point and point of first contact of enrollees for healthcare services under the health insurance programme. They serve as the gatekeepers to the scheme and provide preventive, promotive as well as curative services. They can be private or public healthcare facilities.

5.2 Secondary Healthcare Providers/Facilities: Offer specialized services to patients referred from the primary healthcare facilities through the IMSHIA. Occasionally, particularly in cases of emergencies, direct referrals without recourse to the IMSHIA can be made. However, the ISHIA must be notified within 48 hours of such referrals

6.0 Accreditation of Primary and Secondary Health Care Facilities

Both public and private facilities primary and secondary facilities shall be contracted to provide health services to enrollees. Tertiary Providers shall be included based on benefits packages

To qualify for accreditation, each facility must be registered with Imo State Ministry of Health and located within the state.

A Facility can serve as Primary and Secondary provider at the same time otherwise determined by the agency.

Accreditation requirements for Primary Health Centres include;

1. Reception
2. Consulting room
3. A Delivery room
4. At least 2 wards (one male and one female)
5. One Side Laboratory
6. 4 beds
7. A Sign Post
8. Power Source
9. A clean and safe source of water

Accreditation requirements for Secondary Health Centres include;

1. A Theatre
2. Laboratory
3. Pharmacy
4. Dental room
5. X-ray and ultrasound room
6. Power and Water sources
7. Sign Post

- **6.1 Human Resource requirements for accreditation for healthcare providers**

  This is dependent on type of facility. I.e. public facilities will have less rigid minimum human resource for health requirements compared to private facilities.

  Accreditation requirements for human resource for health in Primary health facilities include;

1. A Medical Doctor
2. A CHEW
3. A Nurse or Midwife (RN or RM)
4. 2 JCHEWS
5. A Laboratory scientist/Technician
6. A Pharmacist/ pharmacy technician

Accreditation requirements for human resource for health in Secondary Health facilities must include at least one of the following based on the service required;

1. A Nurse/midwife
2. A Pharmacist
3. A Laboratory Scientist
4. A Dietician
5. A Dentist
6. A Physiotherapist
7. An Optometrist
8. A Gynecologist/obstetrician
9. A Surgeon
10. A Psychiatrist
11. A Radiologist
12. Pediatrician
13. Family Physician
14. Internal Physician
15. And other sub specialties recognized by FMOH and FGN

Where there are no Resident Specialist, evidence of contractual agreement is required for visiting personnel.

6.2 Accreditation of Healthcare Providers (Fees & Validity)

There shall be a non-refundable facility inspection fees of N30, 000.00 per facility. Successful healthcare facilities shall be accredited by IMSHIA for both primary and secondary services on payment of accreditation fees of N20.000 and N10, 000 only for primary and secondary services respectively. Accreditation of healthcare facility shall be for a validity period of 2 years. Any healthcare provider whose accreditation certificate expires will not be used for any IMSHIA program. Re-accreditation of healthcare facility attracts the same amount for accreditation.

7.0 Quality Assurance (QA)

I. There shall be quarterly quality assurance visit to all accredited healthcare facilities by IMSHIA

II. During the visits, healthcare facilities will be assessed in quality of care as agreed in the operation and contractual agreement

III. Quality assurance on a facility can also be don through desk review of records and complaints

IV. IMSHIA shall engage on rapid response visits to healthcare facilities with complaints that require immediate intervention
V. The findings of quality assurance visit can be used to make assessment, decision or sanctions against a facility
VI. IMSHIA reserves the right to inform providers or not before quality assurance visit

8.0 Agreement between IMSHIA and Healthcare facilities

I. The acceptance of accredited healthcare facility to render services 24 hours daily and 365 days in a year without interruption
II. Confidentiality of the enrollee records must be guaranteed in line with medical ethics on patient's record
III. To accept all enrollees without any form of discrimination such as disease condition or social status
IV. Should always stock generic drugs for enrollees and provide for the patient in event of out-of-stock in the facility
V. All prescribe drugs should be in quadruplet copies and should be made available to IMSHIA on request
VI. No enrollee should be seen or treated as a fee paying patient at any point of service delivery
VII. Enrollees should be treated with dignity, respect and quality of care agreed in the benefit package
VIII. Provider shall not at any point disrupt service delivery even during industrial actions, strike or unrest
IX. All providers should open account with accredited commercial bank in Nigeria
X. There could be contracts with performance indicators made public between the provider, the public and IMSHIA

9.0Exit, relocation and change of name

I. Accredited providers must notify IMSHIA 3 months in advance before relocation of facility
II. Registered enrollees must be notified within this 3 months
III. All relocated facilities should be accredited afresh before use in any IMSHIA program
IV. For change of name, CAC document for the new name must be provide before change of name
V. IMSHIA has rights not to allocate already existing enrollees to any facility after relocation in case of lack of proximity to enrollees

10.0Provider Payment:

IMSHIA shall utilize accredited and contracted healthcare providers in providing healthcare services to its members. The choice of the primary HCP is a prerogative of the enrollee. However, where the enrollee does not have a choice, the staff of the agency can guide the enrollee in his choice of provider. Once an enrollee chooses a provider, he or she cannot change till after six months.

To ensure even distribution for primary healthcare providers to maintain a healthy pool, IMSHIA shall ensure that each participating primary HCP has a minimum of 5,000 members in its pool.

Provider payment shall be made by IMSHIA using capitation, fee-for-service orfor primary and secondary care respectively. Capitation shall be paid in advance for a defined population for agreed amount monthly to the provider. Fee-for-service will be paid when claims have been submitted and processed by IMSHIA.

Capitation shall be divided as follows

S/N	Item	%	Professional
1	Doctor consultation	30	Doctors
2	Drugs	20	Pharmacy
3	Laboratory services	15	Medical Lab scientist
4	Nursing Services	15	Nurses
5	Others	20	HCF
		100	

Fee-for services rates are as contained in the IMSHIA professional tariff list.
Claims Payment

1, Claims from healthcare facilities should be submitted within 30 days of patient being seen.

2, Claims form containing the claims, and all clinical information from health care facilities should be submitted to IMSHIA or its agents.

3, Claims not submitted at first instance after 90 days of patient being seen will not be entertained.

4, Submitted claims should be vetted and paid within 40 days of submission of claims.

5, All reconciliations for claims between provider and IMSHIA must be concluded within 90 days of the patient being seen.

11.0 Terms of Access to Healthcare Services:
Registered Imo residents shall to have access to healthcare services through the primary HCP as gatekeeper and secondary health care services upon referral. Utilization records to be transmitted by the HCPs to the IMSHIA.

11.1 Healthcare delivery, system of administration and referrals

I. Primary healthcare should be the first point of call for all enrollees
II. All referrals must have approval/authorization number from IMSHIA before its claims can be paid
III. Accredited facility can refer enrollees to only accredited secondary or tertiary facility if need be
IV. Secondary and tertiary facilities must accept patient in their areas of specialty accredited by IMSHIA
V. Enrollees on transit shall be treated on a fees-for-service basis with authorization from IMSHIA
VI. Referral in the programme terminates at the tertiary level of care.

VII. Except under emergency situations, in which case, referral may be effected and approval sought afterwards.

12.0 Allocation of Risks:

12.1 Primary Risk:

This shall be borne by the Primary Healthcare Providers who shall be paid a capitated amount monthly on behalf of every enrollee registered with the healthcare facility. This payment shall be made by the IMSHIA in advance.

To ensure effective pooling at this level, a minimum of 5,000 (Five thousand) lives shall be allocated to each accredited primary health care provider/ facility.

12.2 Secondary Risk:

This shall be borne by the IMSHIA who shall pay secondary healthcare providers on fee-for-service basis, as payment for authorized secondary care to registered participants.

The IMSHIA pays capitation payments to primary HCPs. For secondary services, code and payment is provided by IMSHIA.

13.0 Tertiary Institutions Social Health Insurance Program

There shall be a program for all tertiary institutions students in Imo State call IMSHIA TISHIP. It will cover all students in public and private tertiary institutions in Imo State. The IMSHIA TISHIP will cover all services as it is contained in the formal sector program. The program will be implemented with IMSHIA accredited facility designated for TISHIP. However, obstetric services are not covered in the IMSHIA TISHIP. Contribution for TISHIP will be N2000 per student per year paid during payment of School fees. This program will be implemented with the same structure as the NHIS TISHIP with an IMSHIA TISHIP Committee.

14.0 Offences and Sanctions

SN	Offences	Penalties
1	Refusal or denial of access to enrollees by any accredited healthcare facility	Warning Fine of N100,000.00 Report to regulatory bodies Suspension for three months Delisting of healthcare facility
2	Refusal to allow IMSHIA to inspect facility or records at any point	Warning Fine N100,000.00 Delisting of healthcare facility
3	Fraudulent activities, like false claims and provider induced demands for FFS	Warning Report to anti-corruption agencies Delisting of healthcare facility
4	Poor standard and quality of care	Warming Three months suspension Delisting of healthcare provider
5	Treatment of enrollee as fee paying, high co-payment, high charges etc	Warning Return of excess funds collected Suspension for three months Delisting of healthcare facility

6	Late referrals	Report to regulatory bodies Suspension for three months Fine of N100,000.00 Delisting of healthcare facility
7	When healthcare provider do not provide 24 hours treatment	Warning Suspension for three months Delisting of health care facility
8	Abuse, neglect, insults or unauthorized disclosure of patient information	Report to professional bodies Delisting Report to security agencies
9	Multiple registration by enrollee, falsification of records	Delete the multiple enrolment Warning Report to security agencies
10	Use of health services through proxy	Report to security agencies Deleting of the enrollee Cancellation of benefits