



# **A HANDBOOK FOR STAKEHOLDERS**

**MAY 2023**



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## THE IMO STATE HEALTH INSURANCE AGENCY

The Imo State Health Insurance agency (IMSHIA) is established by Law No. 4, of 2018 to ensure accessible, affordable and quality Healthcare service to Imo resident. The Act provides for a **mandatory** Health Insurance for all persons resident in the State, including the general public, all employees of the public and organized private sector with five (5) staff and above. The informal sector with less than five (5) staff and the unemployed are also provided for through various pre-payment mechanisms such as, the ImoCare Health Insurance Programme. The Imo State Health Insurance Agency runs four (4) key major programmes; the Formal Sector programme, the Basic Health Care Provision Fund (BHCPF), the Tertiary Institutions Social Health Insurance Programme (TISHIP), and the ImoCare. The Agency was inaugurated in October, 2018.

In our quest for an equitable and all inclusive Universal Health Coverage (UHC) agenda, the ImoCare Health Insurance Programme will provide coverage for over 85% of Imo population in the informal sector and the unemployed cohort.

### GOAL

To Guarantee the health of Imolites that will sustain a productive society.

### MISSION

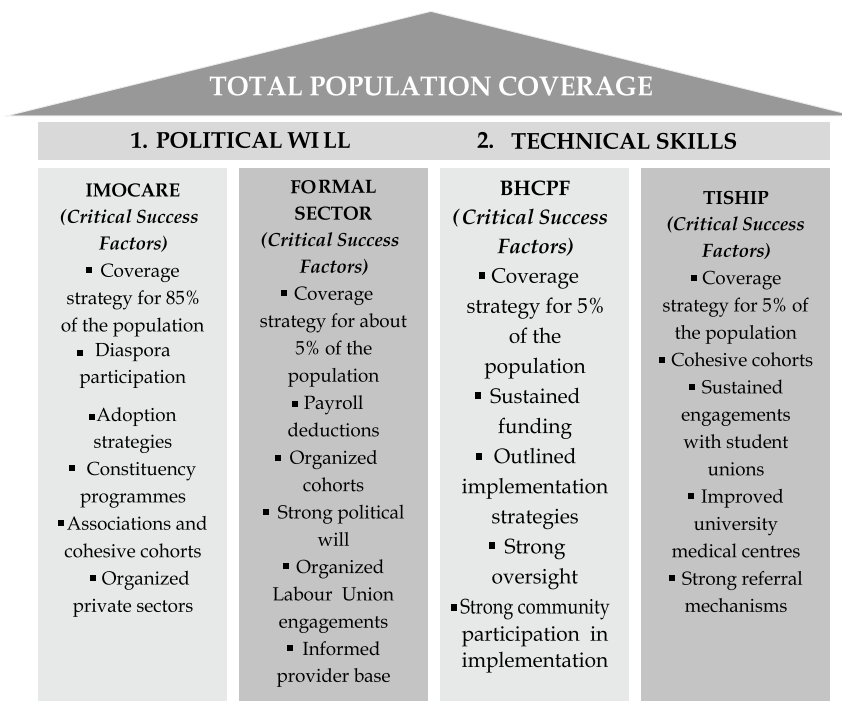
Improving the quality of life of Ndi-Imo by reducing the cost of needed health services.

### VISION

A results-driven health financing agency that ensures value for money.

## STRATEGIC OBJECTIVES

- To reduce the cost of needed healthcare services on residents through lowering of out of pocket expenditure.
- To ensure value for money for health services rendered to beneficiaries through strategic health purchasing.
- To improve and maintain quality of health services rendered to beneficiaries.
- To ensure that contribution of premium and access to health services are based on ability to pay and need respectively.
- To provide an enabling environment for result driven stakeholders engagement and collaboration.



*Fig. 1 IMSHIA Population Coverage Building Blocks*





## ABOUT IMOCARE

The Imocare is a conceptual program under the **Imo State Health Insurance Agency** that covers healthcare benefits for individuals, families, groups and organizations with mode of contribution through adoption, constituency project or organized private sector and as well as Diaspora groups, and all other in-formalized population. It is designed to cover individuals and population sub-groups not captured in any of the other IMSHIA programmes.

## ELIGIBILITY/MEMBERSHIP

Membership is open to all residents, including the following groups:

- Organized private sectors.
- Families and groups.
- Self-employed individuals.
- Business enterprises with less than five (5) employees.
- Cohesive and non-cohesive group of persons e.g.;  
Unions and Associations.
- Retirees and similar associations.
- Diaspora groups.
- Adoption.
- Philanthropy/Development partnerships.
- Others like foreigners living in the State.

## ENROLLMENT MODALITIES

- A. Electronic Enrollment @ [www.imshiaonline.com](http://www.imshiaonline.com)
  - i. Prospective enrollee fills data or enrollment information.
  - ii. Payment code generated and paid for via Paystack.
  - iii. Payment code submitted to IMSHIA office or uploaded online.



- iv. Issuance of IMSHIA unique enrollee ID card.
- B. Manual Enrollment**
- i. Prospective enrollee collects Hard Copy enrollment forms from IMSHIA.
- ii. Fills and pays for the enrolled number.
- iii. Biometrics for the enrollee at the signeted site
- iv. Issuance of IMSHIA unique enrollee ID card.
- C. Mobile Health Technology Enrollment**
- i. Prospective enrollee accesses the site using short code
- ii. Prospective enrollee key in the details
- iii. Prospective enrollee selects facility and makes payment
- iv. Prospective enrollee visit facility for biometrics and ID card

## **SCOPE OF COVERAGE**

- Contributions covers healthcare benefits for an individual enrollee.
- Tertiary Institution Social Health Insurance Program (TISHIP) Secondary services paid through **IMOCARE**, coverage is for enrolled students from 18 years and above.
- Basic Health Care Provision Fund (BHCPF) Secondary services paid through **IMOCARE** for enrolled beneficiaries.

## **CONTRIBUTION/PREMIUM**

- Individual subscription of N15000/person/year with 4 persons as minimum entry.
- A family package minimum entry is with 4 persons.
- Each extra dependent on a family package will subscribe with additional N15 000/person/year.

## **WAITING PERIOD**

- There is a mandatory processing/ waiting period of thirty (30) days from the date of enrollment before an enrollee can access healthcare services.
- Eligibility for Surgery of any kind is 90 days from the end of waiting period.

## **IDENTIFICATION**

- A unique IMSHIA membership identity card or evidence of inclusion in the register at the healthcare facility.

## **BENEFIT PACKAGE**

- Shall comprise preventive, promotive, curative and rehabilitative services.
- 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 IMOCARE shall be entitled to the benefits in both primary and secondary services as contained in the IMOCARE benefit package as thus;

## **PRIMARY LEVEL OF CARE**

<b>General consultation with prescribed drug from accredited primary health facility.</b>
<p>Health prevention and promotion Education</p> <ul style="list-style-type: none"> <li>▪ Family planning education excluding provision of commodities (Safe period, Pills, Condoms, etc.)</li> <li>▪ Dental care</li> <li>▪ HIV/AIDS</li> <li>▪ Tuberculosis</li> <li>▪ Immunization</li> <li>▪ Vitamin A supplementation</li> <li>▪ Promotion of essential nutrients for children and pregnant women</li> <li>▪ Promotion of personal, domestic and environmental hygiene, etc</li> </ul>

<b>Primary Surgery</b>
<ul style="list-style-type: none"> <li>▪ Minor Surgical Procedures: incision &amp; drainage, suturing of lacerations, minor burns, simple abrasions, etc.</li> <li>▪ Minor wound debridement</li> <li>▪ Circumcision of male infants</li> <li>▪ Evacuation of impacted faeces</li> <li>▪ Corrections of cases of simple polydactyly</li> <li>▪ Drainage of simple paronychia</li> <li>▪ Relief of urinary retention</li> </ul>
<b>Primary eye care including treatment of:</b>
<ul style="list-style-type: none"> <li>▪ Conjunctivitis</li> <li>▪ Parasitic and allergic ailments</li> <li>▪ Simple contusion, abrasions, etc</li> </ul>
<b>Primary Pediatrics</b>
<ul style="list-style-type: none"> <li>▪ Child Welfare Services -Growth monitoring , Routine immunization as defined by the NPHCDA, Vitamin A supplementation, Nutritional advice and health education, etc</li> <li>▪ Management of uncomplicated malnutrition</li> <li>▪ Treatment for Helminthiasis</li> <li>▪ 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</li> <li>▪ Other febrile illnesses as may be listed from time to time by the IMSHIA</li> <li>▪ Treatment of anaemia not requiring blood transfusion</li> </ul>
<b>Primary Internal Medicine (Adult)</b>
<p>Management of simple infections/infestations</p> <ul style="list-style-type: none"> <li>▪ Malaria</li> <li>▪ Respiratory tract infections</li> <li>▪ Urinary Tract Infections</li> <li>▪ Gastroenteritis</li> <li>▪ Primary Ear, Nose and Throat infections</li> <li>▪ Diarrheal diseases</li> <li>▪ Enteritis/ typhoid fever</li> <li>▪ Schistosomiasis</li> <li>▪ Helminthiasis</li> <li>▪ Skin infections/infestations such as Chicken pox and fungal diseases eg Tinea versicolor, Malassezia furfur, Tinea Capitis, etc</li> </ul>

<ul style="list-style-type: none"> <li>▪ Scorpion Bites</li> <li>▪ Other uncomplicated bacteria, fungal, parasitic and viral infections and illnesses</li> </ul> <p>Management of simple anaemia (not requiring blood transfusion)</p> <p>Screening &amp; referral for Diabetes Mellitus (DM), Hypertension (HTN) and other chronic diseases</p> <p>Treatment of simple arthritis and other minor musculoskeletal diseases</p> <p>Routine management of sickle cell disease</p> <p>Allergies</p>
<b>HIV/AIDS/STDs</b>
<ul style="list-style-type: none"> <li>▪ Voluntary Counseling and Testing (VCT)</li> </ul>
<b>Primary Psychiatry</b>
<ul style="list-style-type: none"> <li>▪ Anxiety neurosis</li> <li>▪ Psychosomatic illnesses</li> <li>▪ Insomnia</li> <li>▪ Other illnesses as may be listed from time to time by the IMSHIA</li> </ul>
<b>Primary Dental Care</b>
<p>Special Maternal, Neonatal and Child Health (MNCH) Services</p> <ol style="list-style-type: none"> <li>Antenatal care <ul style="list-style-type: none"> <li>- Routine Ante-natal care (ANC) (4 visits)</li> <li>- Routine drugs to cover duration of pregnancy</li> <li>- Routine urine and blood tests</li> <li>- Referral services for complicated cases</li> </ul> </li> <li>Postnatal services</li> <li>Newborn Care up to 6 weeks (Cord care, Eye care, Management of simple neonatal infections)</li> </ol> <p>Delivery services</p> <ol style="list-style-type: none"> <li>Spontaneous Vaginal Delivery by skilled attendant including repair of birth injuries and episiotomy</li> <li>Essential drugs for Emergency Obstetric care (EmOC)</li> </ol>
<b>Emergency</b>
<p>The Primary Health Care Provider (PHCP) is to offer First Aid treatment before referral.</p> <ul style="list-style-type: none"> <li>▪ Establishing an intravenous line</li> <li>▪ Simple tracheotomy</li> <li>▪ Management of convulsion, coma, etc.</li> <li>▪ Control of bleeding</li> <li>▪ Cardio-pulmonary resuscitation</li> </ul>

- Assisted respiration (e.g. Ambu bag, etc.)
- Immobilization of fractures (using splints, neck collars, etc.)
- Aspiration of mucus plug to clear airways

<b>Basic laboratory investigations</b>
a) Malaria Parasites (MP)
b) Widal
c) Urinalysis
d) Hemoglobin (Hb)
e) Stool microscopy
f) Urine microscopy
<b>Pulmonary Tuberculosis</b>
▪ Preventive counseling and Health Education
Other conditions as may be listed by IMSHIA from time to time

- **SECONDARY LEVEL OF CARE**

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	<i>Admission (maximum of 15 days cumulative per year for admission, but for orthopedic cases a maximum of 21 days cumulative per year).</i>
4	Procedures that cannot be handled at primary level of care such as
<b>A</b>	<b>HIV/AIDS</b> <ul style="list-style-type: none"> <li>▪ Treatment of complications requiring admission</li> </ul>
<b>B</b>	<b>Paediatrics</b> <ul style="list-style-type: none"> <li>▪ Treatment of severe infections/infestations -Respiratory infections, UTIs, diarrheal disease with moderate to severe dehydration, enteric fever, severe malaria, septicaemia, meningitis, severe measles, etc.</li> <li>▪ Management of childhood non-communicable diseases such as Nephritis, etc.</li> <li>▪ Management of severe anaemia requiring blood transfusion</li> <li>▪ Management of neonatal infections- neonatal sepsis,</li> <li>▪ Neonatal conditions such as birth asphyxia, neonatal jaundice, management of child from diabetic mothers, etc.</li> </ul>
<b>C</b>	<b>Internal medicine (Adult)</b>
I)	Treatment of moderate to severe infections and infestations <ul style="list-style-type: none"> <li>▪ Management of severe malaria</li> <li>▪ Management of meningitis, septicemia, etc.</li> <li>▪ Management of complicated RTIs</li> <li>▪ Management of complicated typhoid fever, etc.</li> </ul>

II)	Management of non-communicable diseases <ul style="list-style-type: none"> <li>▪ Management of uncomplicated &amp; complicated Diabetes and Hypertension</li> <li>▪ Management of Sickle cell disease</li> <li>▪ Treatment of severe musculoskeletal conditions</li> <li>▪ Treatment of cardiovascular conditions, renal diseases (such Nephritis, Nephritic syndrome, including, etc.), Liver diseases (Hepatitis, Amoebic liver abscess).</li> </ul>
III)	<ul style="list-style-type: none"> <li>▪ Management of severe anemia</li> <li>▪ Treatment of snake bites</li> </ul>
<b>D</b>	<b>Secondary Psychiatric Care</b>
<b>E</b>	<p><b>I) Basic and Comprehensive Emergency Obstetric Care</b></p> <ul style="list-style-type: none"> <li>▪ Management of Preterm/Pre-labor Rupture of Membrane (P/PROM)</li> <li>▪ Detection and management of hypertensive diseases in pregnancy</li> <li>▪ Management of bleeding in pregnancy</li> <li>▪ Management of Postpartum Hemorrhage</li> <li>▪ Eclampsia</li> <li>▪ Caesarian section</li> <li>▪ Operative Management for ectopic gestation</li> <li>▪ Management of intra-uterine fetal death</li> <li>▪ Management of puerperal sepsis</li> <li>▪ Instrumental deliveries</li> <li>▪ High risk deliveries – 1<sup>st</sup> deliveries, Beyond 4<sup>th</sup> deliveries, multiple deliveries, mal-positioning/mal-presentation and other complications, etc.</li> </ul> <p><b>II) Gynaecological Intervention</b></p> <ul style="list-style-type: none"> <li>▪ Bartholin cystectomy</li> <li>▪ Hysterectomy</li> <li>▪ Myomectomy</li> <li>▪ Colporrhaphy</li> <li>▪ Vaginoplasty</li> <li>▪ Ovarian cystectomy</li> </ul>
<b>F</b>	<p><b>Surgeries</b></p> <ul style="list-style-type: none"> <li>▪ Laparotomy for any cause</li> <li>▪ Intestinal Resection &amp; Anastomosis</li> <li>▪ Appendicectomy</li> <li>▪ Hernia repair</li> <li>▪ Hydrocelectomy</li> <li>▪ Management of Testicular Torsion</li> <li>▪ Management of Fractures excluding internal fixation</li> </ul>

<b>G</b>	<b>Dental care</b> <ul style="list-style-type: none"> <li>- Amalgam filling</li> <li>- Simple and surgical tooth extraction</li> <li>- Scaling &amp; Polishing</li> </ul>
<b>H</b>	<b>Ophthalmology &amp; Optometric Services</b> <ul style="list-style-type: none"> <li>▪ Eye problems, e.g. major trauma, pterygium, glaucoma, cataract extraction and other simple ophthalmological surgical procedures</li> <li>▪ Tonometry</li> <li>▪ Retinoscopy</li> <li>▪ Ophthalmoscopy</li> <li>▪ Slit Lamp Examination</li> <li>▪ Removal of foreign bodies</li> <li>▪ Refraction, including provision of spectacles not exceeding N5,000 once in every two years</li> </ul>
<b>I</b>	<b>Ear, Nose &amp; Throat</b> <ul style="list-style-type: none"> <li>▪ Antral wash-out</li> <li>▪ Foreign body removal</li> <li>▪ Surgical operations <ul style="list-style-type: none"> <li>- Tonsillectomy,</li> <li>- Polypectomy,</li> <li>- Tracheotomy</li> <li>- Adenoidectomy,</li> <li>- Myringotomy, etc.</li> </ul> </li> </ul>
<b>J</b>	<b>Physiotherapy</b> <ul style="list-style-type: none"> <li>▪ Post-traumatic rehabilitation</li> <li>▪ Management of palsies within 15 days after initial treatment.</li> <li>▪ Post-Cardio-Vascular Accident (CVA) therapy within 15 days</li> </ul>
<b>5</b>	<b>Laboratory investigations at secondary level of care</b>
<b>A</b>	<ul style="list-style-type: none"> <li>▪ Genotype</li> <li>▪ Lumbar puncture</li> <li>▪ Urea/electrolyte/Creatinine</li> <li>▪ Bilirubin (total and conjugated)</li> <li>▪ Liver Function Test</li> <li>▪ Fasting Lipid Profile</li> <li>▪ Ketone bodies</li> <li>▪ M/C/S-Urine, Blood, stool, Sputum, Wound, Urethral, Ear, Eye, Throat, Aspirate, CSF, ECS, HVS</li> <li>▪ Semen analysis &amp; M/C/S</li> <li>▪ Occult blood in stool</li> <li>▪ Skin snip for microfilaria</li> </ul>



	<ul style="list-style-type: none"> <li>▪ AFB for TB (sputum, Blood)</li> <li>▪ H Pylori</li> <li>▪ Gram stain</li> <li>▪ Mantoux test</li> <li>▪ Blood groupings/Cross matching</li> <li>▪ Hepatitis B surface Antigen screening</li> <li>▪ Confirmatory test for HIV</li> <li>▪ Full Blood Count (FBC)</li> <li>▪ Platelets/Reticulocyte count</li> <li>▪ Platelets concentration</li> <li>▪ Prothrombin/thromboplastin time</li> <li>▪ Blood transfusion services</li> <li>▪ Donor screening</li> </ul>
<b>B</b>	<ul style="list-style-type: none"> <li>▪ Radiology-X-ray of chest, Abdomen, Skull &amp; Extremities, Dental X - rays, etc</li> <li>▪ Abdominopelvic&amp; obstetric scan, soft tissues scans</li> <li>▪ C-T Scan (Co-Insurance 50:50 enrollee:IMSHIA)</li> <li>▪ MRI (Co-Insurance 50:50 Enrollee:IMSHIA)</li> </ul>

**- PROVIDER PAYMENT METHOD: i-DRG**

<b>Capitation</b>	<b>@500/person/month</b>
<b>Drugs</b>	<b>@25% of capitation</b>
<b>Consultation</b>	<b>@40% of capitation</b>
<b>Facility upgrade</b>	<b>@20% of capitation</b>
<b>Human resource</b>	<b>@15% of capitation</b>

**NB:**

1. Payments for drugs is to a different account numbers of an accredited facility designated for medicines purchase alone
2. Capitation paid monthly
3. i-DRG 30days after submission of claims
4. Capitation utilization will be monitored through IMSHIA key performance indicator (KPI)



## **PROCEDURE FOR REFERRAL**

- Primary healthcare should be the first point of call for all enrollees.
- All referrals must have approval/authorization number from IMSHIA before claims can be paid.
- An accredited primary healthcare facility can refer enrollees only to accredited secondary or tertiary facility, where the need arises.
- Secondary and tertiary facilities must accept patient in their areas of specialty accredited by IMSHIA.
- Enrollees on transit shall be treated on negotiated i-DRG basis with authorization from IMSHIA.
- Referral in the programme terminates at the tertiary level of care.
- Except under emergency situations, in which cases, service delivery may be effected and referral approval sought afterwards.

## **CO-PAYMENTS**

- 10% co-payment only for drugs prescribed to any enrollee either on outpatient basis or admission.
- Co-payment is paid to the healthcare facility and receipted.
- Co-payment does not apply on bed fees, laboratory investigations, theatre usage, and procedure.

## **CO-INSURANCE**

In services under co-insurance list; enrollee and IMSHIA will pay 50% each. 50:50 (Enrollee and Insurer)

- C-T scan
- MRI

**Please Note:** IMSHIA will introduce co-insurance on some high cost burden services where necessary in cases of financial shocks to her reserve.

## **EXCLUSION**

### **A. Partial Exclusion**

- Spectacles exceeding N10,000.
- Management of palsies above 15 days after treatment.
- Post- Cardio-vascular Accident (CVA) therapy above 15 days.
- Prolonged Physiotherapy.
- Dialysis above five (5) sessions.

### **B. Total Exclusion**

- Cancer treatment
- Provision of contact lens
- Mammoplasty
- Dialysis for chronic renal failure
- Occupational/industrial injuries to extent of cover under the workmen compensation act
- Drug abuse/addiction
- Anti-TB drugs provided free by government
- Post mortem exam
- Artificial insemination
- Dental care- crown & bridges, bleaching, implants
- Congenital abnormalities requiring surgical intervention e.g. TOF, VSD, ASD
- Injuries from natural disasters, Epidemics and Pandemics
- Family Planning commodities including condoms provided free by government
- Domiciliary visits

## **RENEWAL OF ENROLLMENT**

- Validity for IMOCARE is per annum
- Enrollee can commence re-enrollment 60 days before the expiration of the current validity.

## **RIGHTS AND RESPONSIBILITIES OF ENROLEES**

- Shall be entitled to the benefits enlisted in the benefit package for both primary and secondary services.
- Mandated to observe the Processing/waiting period of thirty (30) days before accessing healthcare service.
- Ensure 10% payment for only drugs prescribed to either on outpatient basis or admission and 50:50 basis on co-insurance model and seek for the receipt.
- Ensure to have a membership identity card or evidence of inclusion in the register at the healthcare facility.
- Participate in the client satisfaction survey and stakeholders meetings.
- Ensure to use the complaint resolution mechanism established by the scheme.
- An enrollee should not exchange his/her enrollment status with another person for utilization of services as this is considered a criminal offence.
- For ImoCare, surgeries can only be done after three (3) months from the end of waiting period.
- Except where contra-indicated, enrollee can choose his/her Primary Health Care Provider.

## **RESPONSIBILITIES OF IMSHIA**

- Registering enrollees.
- Setting guidelines and standards for the programme.
- Accrediting healthcare facilities with NHIA.
- Payment of healthcare facilities for services rendered under Imo State mandatory Health Insurance Scheme.
- Carrying out continuous stakeholders engagements.
- Carrying out continuous quality assurance to ensure qualitative healthcare services and programme management.

- Carrying out actuarial reviews to determine contribution rates to be paid by beneficiaries and payment rates to service providers.
- Liaising with owners of healthcare facilities on the use of their facilities and retention of funds by the facilities.
- Any other roles to ensure the viability of the programme.

### **RESPONSIBILITIES OF HEALTHCARE PROVIDERS**

- Secure appropriate accreditation following NHIA/IMSHIA assessment.
- Provide quality services as agreed with IMSHIA in the benefit package.
- Comply with IMSHIA operational guidelines.
- Sign contract with IMSHIA.
- Ensure enrollees satisfaction.
- Provide returns on utilization of services and other data to IMSHIA.
- Report any complaints to IMSHIA.
- Limit delivery of services to level of accreditation.

### **RESPONSIBILITIES OF THIRD PARTY ADMINISTRATORS, HMOs AND FACILITATORS**

- To facilitate population sub-groups for enrollment by IMSHIA.
- Community engagement for mobilization by IMSHIA.
- Advocacy to stakeholders on ImoCare.
- Marketing and engagement of organized private sectors for ImoCare usage.
- Perform these roles and responsibilities at an agreed administrative fee with IMSHIA.
- And all other responsibilities that may be assigned by IMSHIA on ImoCare.

## DISEASE/PROCEDURES PROVIDER'S PAYMENT METHOD

S/ N	i-DRG CODE	PROCUDURES /DISEASE	i-DRG Output Indicator for Payment
<b>DENTAL CARE</b>			
1	IMSHIA/DEN/ AF/001	Amalgam filling (Composit per Hole)	Day case (hole filled) Patient able to chew and discharged with medication).
2	IMSHIA/DEN/ SURGTE/002	Surgical tooth extraction	Day case (tooth removed and pain relieved, patient discharged with medication.
4	IMSHIA/DEN/ SE/003	Simple extraction	Day case (tooth removed pain relieved, patient discharged with medication).
5	IMSHIA/DEN/ SP/004	Scaling & Polishing (1 per annum only)	Day case (teeth cleaned and pains relieved, patient discharged).
<b>INTERNAL MEDICINE</b>			
6	IMSHIA/MED/ SM/001	Severe Malaria	5-7 days admission for adequate management, patient stable and discharged.
7	IMSHIA/MED/ SS/002	(Severe Sepsis) Meningitis, Septicaemia etc.	5-7 days admission for adequate management, patient stable and discharged.
8	IMSHIA/MED/ CRTI/003	Complicated RTIs	5-7 days admission for adequate management, patient stable and discharged.
9	IMSHIA/MED/ CTF/004	Complicated typhoid fever etc.	5-7 days admission for adequate management, patient stable and discharged.
10	IMSHIA/MED/ CDH/005	Grade 1. Complicated Diabetes and Hypertension (Without Coma, Heart Failure, Ulcers)	5 days active admission and management, 10 days follow up and patient rec overs and discharged with medication

11	IMSHIA/MED/ CDH2/006	Grade 2. Complicated Diabetes and Hypertension (including diabetic ketoacidosis, Hyperosmolar Nonketotic Hyperglycemic State, Congestive Cardiac Failure etc.) (Not more than twice per person per annum).	7 days active admission and management, 10 days follow up with medication and patient stable and fully recovered for further care
12	IMSHIA/MED/ SCD/007	Sickle cell disease	3-5 days admission for adequate management, patient stable and discharged with medication.
13	IMSHIA/MED/ SMC/008	Severe musculoskeletal conditions	5 days active admission and management, 10 days follow up with medication, patient stable and fully recovered and discharged.
14	IMSHIA/MED/ HF/009	Cardiovascular Disease (Heart Failure)	5 days active admission and management, follow up for 10 days with medication, patient is stable and discharged.
15	IMSHIA/MED/ AKD/010	Kidney Disease (Acute)	7 days active admission and management, follow up for 10 days with medication, patient is stable and discharged.
16	IMSHIA/MED/ LD/011	Liver diseases (Hepatitis, Amoebic liver abscess).	7 days active admission and management, follow up for 10 days with medication, patient is stable and discharged.
17	IMSHIA/MED/ SA/012	Severe anaemia	3-5 day s active admission and management, follow up for 5 days with medication, patient is stable and discharged.

18	IMSHIA/MED/ SOD/013	Snake or Dog bites.	3-5 days active admission and management, 7 days follow up with medication, patient is stable and discharged
19	IMSHIA/MED/ AIDS/014	Treatment of complications from HIV/AIDS requiring admission	3-5 days active admission and management, 5 days follow up with medication, patient is stable and discharged to continue ART
<b>LABORATORY</b>			
20	IMSHIA/LAB/ MP/001	Malaria Parasites (MP)	Investigation performed and result discussed with patient
21	IMSHIA/LAB/ WT/002	Widal	Investigation performed and result discussed with patient
22	IMSHIA/LAB/ URN/003	Urinalysis	Investigation performed and result discussed with patient
23	IMSHIA/LAB/ HB/004	Haemoglobin (Hb)	Investigation performed and result discussed with patient
24	IMSHIA/LAB/ SM/005	Stool microscopy	Investigation performed and result discussed with patient
25	IMSHIA/LAB/ UM/006	Urine microscopy	Investigation performed and result discussed with patient
26	IMSHIA/LAB/ GNT/007	Genotype	Investigation performed and result discussed with patient
27	IMSHIA/LAB/ LP/008	Lumbar puncture	Investigation performed and result discussed with patient
28	IMSHIA/LAB/ UEC/009	Urea/electrolyte /Creatinine	Investigation performed and result discussed with patient
29	IMSHIA/LAB/ BIL/010	Bilirubin (total and conjugated)	Investigation performed and result discussed with patient
30	IMSHIA/LAB/ LFT/011	Liver Function Test	Investigation performed and result discussed with patient
31	IMSHIA/LAB/ FLP/012	Fasting Lipid Profile	Investigation performed and result discussed with patient
31	IMSHIA/LAB/ FLP/012	Fasting Lipid Profile	Investigation performed and result discussed with patient
32	IMSHIA/LAB/ KB/013	Ketone bodies	Investigation performed and result discussed with patient



33	IMSHIA/LAB/MT/014	Mantoux test	Investigation performed and result discussed with patient
34	IMSHIA/LAB/BC/015	Blood Culture/MCS	Investigation performed and result discussed with patient
35	IMSHIA/LAB/SC/016	Stool, Urine, Sputum, Wound, Urethral, Ear, Eye, Throat, Aspirate, CSF, ECS, HVS	Investigation performed and result discussed with patient
36	IMSHIA/LAB/SA/017	Semen analysis & M/C/S	Investigation performed and result discussed with patient
37	IMSHIA/LAB/OB/018	Occult blood in stool	Investigation performed and result discussed with patient
38	IMSHIA/LAB/SS/019	Skin snip for microfilaria	Investigation performed and result discussed with patient
39	IMSHIA/LAB/AFB/020	AFB for TB (sputum, Blood)	Investigation performed and result discussed with patient
40	IMSHIA/LAB/HP/021	H Pylori	Investigation performed and result discussed with patient
41	IMSHIA/LAB/GS/022	Gram stain	Investigation performed and result discussed with patient
43	IMSHIA/LAB/BGX/023	Blood groupings/Cross matching	Investigation performed and result discussed with patient
44	IMSHIA/LAB/HBV/024	Hepatitis B surface Antigen screening	Investigation performed and result discussed with patient
45	IMSHIA/LAB/HIVC/025	Confirmatory test for HIV	Investigation performed and result discussed with patient
46	IMSHIA/LAB/FBC/026	Full Blood Count (FBC)	Investigation performed and result discussed with patient
47	IMSHIA/LAB/PTC/027	Platelets/Reticulocyte count	Investigation performed and result discussed with patient
48	IMSHIA/LAB/PCON/028	Platelets concentration	Investigation performed and result discussed with patient
49	IMSHIA/LAB/PBT/029	Prothrombin/thromboplastin time	Investigation performed and result discussed with patient

50	IMSHIA/LAB/ BTS/030	Blood transfusion services per unit	Transfusion performed, patient stable and discharged.
51	IMSHIA/LAB/ BDS/031	Blood Donor screening	Investigation performed and result discussed with patient
<b>O &amp; G</b>			
52	IMSHIA/OBGY /CS/001	Caesarian Section	5-7 days post op patient and baby/s are stable and discharged, 5 days post discharge follow up with medication
53	IMSHIA/OBGY /TDR/002	Repair of third degree tear	3 days post op, patient is stable and discharged, and 3 days follow up with medication.
54	IMSHIA/OBGY /MPL/003	Management of preterm/pre- labour rupture of membrane	3-5days active admission and management, patient is stable and discharged to continue ANC.
55	IMSHIA/OBGY /HIP/004	Detection and management of hypertensive disease in pregnancy	Patient is managed with medication all through pregnancy and 42 days after delivery.
56	IMSHIA/OBGY /BIP/005	Management of bleeding in Pregnancy	3-5 days active admission and management per episode. Patient is stable and discharged to continue ANC.
57	IMSHIA/OBGY /PPH/006	Management of postpartum Haemorrhage	3-5 days active admission and management, patient is stable and discharged with 5 days follow up medication.
58	IMSHIA/OBGY /ECL/007	Eclampsia	7 days active admission and management, patient is conscious, stable and discharged with 7 days follow up medication.
59	IMSHIA/OBGY /OMEP/008	Operative management of ectopic gestation	5-7 days post op care, patient is stable and discharged with 7 days follow up medication.

60	IMSHIA/OBGY /SIUFD/009	Surgical management of Intra Uterine fetal death	3-5 days post op care, fetus is expelled and patient discharged with 5 days follow medication.
61	IMSHIA/OBGY /MPS/010	Management of puerperal sepsis	5-7 days active admission and management, patient is stable and discharged with 5 days follow up medication.
62	IMSHIA/OBGY /ID/011	Instrumental deliveries	2-3 days active admission and management, baby is delivered or expelled, mother and baby stable and discharged with 5 days follow up medication.
63	IMSHIA/OBGY /HRD/012	High risk deliveries	Delivery is conducted and baby/mother are stable and discharged on 5 days follow up medication.
64	IMSHIA/OBGY /BC/013	Bartholin's Cystectomy	2-3 days post op admission and management, patient is stable and discharged on 5 days follow up medication.
65	IMSHIA/OBGY /HYST/014	Hysterectomy	5-7 days post op admission and management, patient is stable and discharged with 5 days follow up medication.
66	IMSHIA/OBGY /MYT/015	Myomectomy	5-7days post op admission and management, patient is stable and discharged with 5 days follow up medication.
67	IMSHIA/OBGY /COLP/016	Colporrhaphy	5-7 days post op admission and management, patient is discharged with 5 days follow up medication.
68	IMSHIA/OBGY /VGP/017	Vaginoplasty	2-3 days post op admission and management, patient is stable and discharged with 5 days up medication.
69	IMSHIA/OBGY /OCT/018	Ovarian Cystectomy	5-7 days post op admission and management, patient is stable and discharged with 7 days follow up medication.

<b>OPHTHALMOLOGY &amp; OPTOMETRIC SERVICES</b>			
70	IMSHIA/OPHT /TMT/001	Tonometry (Maximum 3 per annum for glaucoma patient, maximum 1 per annum for screening)	Day case, intraocular pressured determined, result discussed with patient.
71	IMSHIA/OPHT /RNTS/002	Retinoscopy/ Autorefraction (Maximum 1 per annum per patient)	Objective refraction determined, result discussed with patient.
72	IMSHIA/OPHT /OFT/003	Ophthalmoscopy	Internal eye health determined, result discussed with patient.
73	IMSHIA/OPHT /SLE/004	Slit Lamp Examination	External and internal eye health determined, result discussed with patient.
74	IMSHIA/OPHT /FB/005	Removal of foreign bodies (Maximum 1 per annum per patient)	Foreign bodies removed, patient discharged on 5 days medication.
75	IMSHIA/OPHT /RFN/006	Refraction (Maximum 1 per annum per patient)	Subjective refraction determined, result discussed with patient.
76	IMSHIA/OPHT /SPT/007	Provision of low price spectacles (Maximum 1 per annum per patient)	Refractive error corrected, spectacle issued to patient.
77	IMSHIA/OPHT /TAS/008	Major trauma anterior segment	Anterior segment trauma managed, patient stable and discharged on 5 days medication.
78	IMSHIA/OPHT /TPS/009	Major trauma posterior segment	Posterior segment trauma managed, patient stable and discharged on 5 days medication.
79	IMSHIA/OPHT /PTD/010	Pterygium	Pterygium removed, patient stable and discharged on 5 days medication.

80	IMSHIA/OPHT /GLM/011	Glaucoma management without surgery	5-7 days IOP is reduced, patient stable, can see and placed on 7 days medication.
81	IMSHIA/OPHT /SMGL/012	Glaucoma management including surgery.	2-3 days post op care, glaucoma managed and patient discharged on 7 days medication.
82	IMSHIA/OPHT /CTE/013	Cataract extraction per eye plus Intraocular lens.	2-3 days post op care, cataract extracted patient discharged on 7 days medication and follow up.
83	IMSHIA/OPHT /SOP/014	Simple ophthalmological surgical procedures.	Simple ophthalmological surgical procedure conducted, patient is stable and discharged with 5 days follow up medication.
<b>RADIOGRAPHY</b>			
84	IMSHIA/RAD/ CXR/001	Chest X-ray (AP or Lateral)	Investigation performed and result discussed with patient
85	IMSHIA/RAD/ ABX/002	Abdomen X-rays	Investigation performed and result discussed with patient
86	IMSHIA/RAD/ XSE/003	Skull & Extremities	Investigation performed and result discussed with patient
87	IMSHIA/RAD/ DXR/004	Dental X-rays	Investigation performed and result discussed with patient
88	IMSHIA/RAD/ ABPS/005	Abdomino-pelvic Scan	Investigation performed and result discussed with patient
89	IMSHIA/RAD/ OBS/006	Obstetric scan	Investigation performed and result discussed with patient
90	IMSHIA/RAD/STS/007	Soft Tissues Scan (Lateral Neck)	Investigation performed and result discussed with patient
91	IMSHIA/RAD/ CT/008	C-T Scan (Co-Insurance 50-50)	Investigation performed and result discussed with patient
92	IMSHIA/RAD/ MRI/009	MRI (Co-Insurance 50-50)	Investigation performed and result discussed with patient
<b>SURGERY</b>			
93	IMSHIA/SURG/ LAPT/001	Laparotomy	5-7 days post op care, patient fully recovered, stable and discharged on 7 days follow up medication.

94	IMSHIA/SURG/ IRA/002	Intestinal Resection & Anastomosis	8-10 days post op care, patient fully recovered, stable and discharged on 10 days follow up medication.
95	IMSHIA/SURG/ APDT/003	Appendicetomy	3-4 days post op care, patient fully recovered, stable and discharged on 5 days follow up medication.
96	IMSHIA/SURG/ HR/004	Hernia repair	3-4 days post op care, patient fully recovered, stable and discharged on 5 days follow up medication.
97	IMSHIA/SURG/ HYDT/005	Hydrocelecto my	5-7 days post op care, patient fully recovered, stable and discharged on 5 days follow up medication.
98	IMSHIA/SURG/ TT/006	Surgical Management of Testicular Torsion	5-7 days post op care, patient fully recovered, stable and discharged on 5 days follow up medication.
99	IMSHIA/SURG/ FRT/007	Management of Fractures excluding internal fixation	7-10 days fracture management, patient ambulating and discharged on 10 days follow up medication.
<b>PAEDIATRICS</b>			
100	IMSHIA/PAED/ SM/001	Treatment of severe malaria,	3-4 days admission and management, child is stable and discharged on 3 days follow up medication.
101	IMSHIA/PAED/ SS/002	Treatment of severe septicaemia, enteric fever, meningitis.	5-7 days admission and management, child is stable and discharged on 3 days follow up medication.
102	IMSHIA/PAED/ SS2/003	Treatment of severe UTI, URTI, diarrhea disease, Nephritis.	3-4 days admission an d management, child is stable and discharged on 5 days follow up medication.

103	IMSHIA/PAED/ NCD/004	Management of severe childhood non-communicable diseases (Sickle cell, diabetes, hypertension)	3-4 days admission and management, child is stable and discharged on 5 days follow up medication.
104	IMSHIA/PAED/ SA/005	Management of severe anaemia requiring blood transfusion (per unit. Thereafter N6000. per additional unit.	3-4 days admission and management, child is stable and discharged on 5 days follow up medication.
105	IMSHIA/PAED/ NS/006	Management of neonatal infections- neonatal sepsis	5 days admission and management, child is stable and discharged on 7 days follow up medication.
106	IMSHIA/PAED/ NBA/007	Management of Neonatal birth asphyxia	3-4 days admission and management, child is stable and discharged on 5 days follow up medication.
107	IMSHIA/PAED/ NDM/008	Management of neonate from diabetic mothers.	3-4 days admission and management, child is stable and discharged on 3 days follow up medication.
108	IMSHIA/PAED/ SJ/009	Management of severe neonatal jaundice.	5-7 days admission and management, child is stable and discharged on 5 days follow up medication.
<b>PHYSIOTHERAPY</b>			
109	IMSHIA/PHYSI O/PTS/001	Post traumatic rehabilitation (per session, maximum 15 per annum).	Day case, physiotherapy session completed, patient feels better and relieved

110	IMSHIA/PHYSIO/PALS/002	Management of palsies (per session, maximum 15 per annum).	Day case, physiotherapy session completed, patient feels better and relieved
111	IMSHIA/PHYSIO/CVA/003	Post Cardio-vascular Accident (CVA) therapy (per session, maximum 15 per annum).	Day case, physiotherapy session completed, patient feels better and relieved
<b>EAR, NOSE &amp; THROAT</b>			
112	IMSHIA/ENT/ANW/001	Antral washout	Day case, ear washed, patient relieved.
113	IMSHIA/ENT/FBR/002	Foreign body removal	Day case, foreign body removed, patient stable.
114	IMSHIA/ENT/ADT/003	Adenotonsillectomy	2-3 days admission and management, adenoid or tonsil removed, patient stable and discharged on 5 days medication.
115	IMSHIA/ENT/POLY/004	Polypectomy	3-5 days admission, polyp removed, patient stable and discharged on 5 days medication.
116	IMSHIA/ENT/GRI/005	Myringotomy/Grommet insertion	Grommet inserted, procedure performed, patient stable and discharged.

**PLEASE NOTE: WHERE CO-INSURANCE IS REQUIRED ASIDE THOSE INDICATED, IMSHIA WILL NEGOTIATE WITH THE ENROLLEE AND THE HEALTHCARE PROVIDER ON PERCENTAGE BASIS.**



## OFFENCES AND PENALTIES

S/N	OFFENCES	PENALTIES
1	Refusal or denial of access to enrollees by any accredited healthcare facility	<ul style="list-style-type: none"> <li>▪ Warning</li> <li>▪ Fine of N100,000.00</li> <li>▪ Report to regulatory bodies</li> <li>▪ Suspension for three months</li> <li>▪ Delisting of healthcare facility</li> </ul>
2	Refusal to allow IMSHIA to inspect facility or records at any point	<ul style="list-style-type: none"> <li>▪ Warning</li> <li>▪ Fine N100,000.00</li> <li>▪ Delisting of healthcare facility</li> </ul>
3	Fraudulent activities, like false claims and provider induced demands for-DRG	<ul style="list-style-type: none"> <li>▪ Report to anti-corruption agencies</li> <li>▪ Delisting of healthcare facility</li> </ul>
4	Poor standard and quality of care	<ul style="list-style-type: none"> <li>▪ Warning</li> <li>▪ Three months suspension</li> <li>▪ Delisting of healthcare provider</li> </ul>
5	Treatment of enrollee as fee paying, high co-payment, high charges etc	<ul style="list-style-type: none"> <li>▪ Return of excess funds collected</li> <li>▪ Suspension for three months</li> <li>▪ Delisting of healthcare facility</li> </ul>
6	Late referrals	<ul style="list-style-type: none"> <li>▪ Report to regulatory bodies</li> <li>▪ Suspension for three months</li> <li>▪ Fine of N100,000.00</li> <li>▪ Delisting of healthcare facility</li> </ul>

7	When healthcare provider do not provide 24 hours treatment	<ul style="list-style-type: none"> <li>▪ Warning</li> <li>▪ Suspension for three months</li> <li>▪ Delisting of health care facility</li> </ul>
8	Abuse, neglect, insults or unauthorized disclosure of patient information	<ul style="list-style-type: none"> <li>▪ Report to professional bodies</li> <li>▪ Delisting</li> <li>▪ Report to security agencies</li> </ul>
9	Multiple registration by enrollee, falsification of records	<ul style="list-style-type: none"> <li>▪ Delete the multiple enrolment</li> <li>▪ Warning</li> <li>▪ Report to security agencies</li> </ul>
10	Use of health services through proxy	<ul style="list-style-type: none"> <li>▪ Report to security agencies</li> <li>▪ Deleting of the enrollee</li> <li>▪ Cancellation of benefits</li> </ul>

## CONTRIBUTORS

S/N	NAME	DESIGNATION	DEPARTMENT
1.	Hon. Dr. Prosper-Ohayagha Success	Honorable Commissioner for Health	Ministry of Health
2.	Hon. Dr. Barthy Okorochukwu	Honorable Commissioner for Health Insurance	Ministry of Health Insurance
3.	Dr. Uchenna Ewelike	Executive Secretary/CEO	Office of the Executive Secretary
4	Dr. Jonathan Eke	General Manager, Formal Sector	NHIA
5	Dr. Patrick Iwuchukwu	Head of Department	Standards and Quality Assurance
6	Dr. Chisom Ebere	Unit Head, Claims Management	Standards and Quality Assurance
7	Mr. Donald Madza	Head of Department	ICT
8	Mrs Elizabeth Opara	Head of Department	HR/ Administration
9	Mrs Lucy Mirikwe	Head of Department	Accounts
10	Mrs Amarachi Maduka	Head of Department	Planning, Research and Statistics
11.	Mr. Chinedu Onwuemeodo	Head of Department	Communications
12.	Leonis Ejiheme	Unit Head, M&E	Planning, Research and Statistics
13.	Oluchi Eluwa	Programme Account Officer (II)	Accounts
14.	Nwosu Christian	PR Officer (III)	Communications
15.	Ibeh Tochukwu	Technical Officer	ES/CEO's Office



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1. National Health Insurance Authority
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4. Ministry of Health Imo State
5. Ministry of Health Insurance Imo State
6. Imo State Primary Health Care Development Agency
7. Anambra State Health Insurance Agency
8. Bayelsa State Health Insurance Scheme



# COMPLAINTS RESOLUTION

In an event where an enrollee has complaints/challenges at the **HEALTH CARE FACILITY** bordering on service delivery/utilization should first contact IMSHIA Office by using all the necessary avenues provided such as either by Phone Call, SMS, Email, Writing or Visits to the Agency.

***No enrollee is allowed to take the Law into their hands.***

**IMSHIA CUSTOMER SERVICE NUMBER:**

0813 932 2999

0911 467 5601

0708 120 0999

Website: [www.imshiaonline.com](http://www.imshiaonline.com)

Email: [info@imshiaonline.com](mailto:info@imshiaonline.com)