



# EDO STATE HEALTH INSURANCE SCHEME

OPERATIONAL  
GUIDELINE  
• JUNE 2020 •



# EDO STATE HEALTH INSURANCE COMMISSION



## OPERATIONAL GUIDELINE

JUNE 2020

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## FOREWORD

**T**he Edo State Health Insurance Commission was established by the Edo State Health Insurance Law in May 2019 in response to the Federal and State Governments' mandate to provide Universal Health Coverage to its citizens. The Edo State Health Insurance Scheme aims to foster a public-private partnership aimed at providing all Edo State residents with accessible, affordable, and high-quality healthcare.

To ensure a functional and efficient Health Insurance Scheme, the Edo State Government is reforming the state's health sector through the Edo Health Improvement Program (EDOHIP), with a focus on revitalizing public Primary Health Care Facilities (via State and Local Government collaboration) and strengthening secondary and tertiary health institutions.

The Operational Guideline of the Edo State Health Insurance Scheme is provided for in the Law, which established the Edo State Health Insurance Commission and other Matters Connected Therewith. The functions of the Commission include but not limited to:

1. Ensure that every resident of the state has access to high-quality healthcare services, provide financial protection for individuals and families against large medical bills associated with unexpected illness, and keep the cost of healthcare services in the state under control.
2. Ensure an equitable and adequate distribution of Health Service Providers throughout the State.

3. Ensure the availability of adequate and alternative funding sources for the health sector in order to improve services.

Following careful consideration of suggestions and inputs from various Stakeholders, including Health Service Providers, Civil Society Organizations, Trade Union Congress, National Labour Congress, Professional Associations, and the general public, various Health Plans were established to cater to the various groups in society. These Health Plans are as follows:

1. Equity Health Insurance Plan
2. Student Health Insurance Plan
3. Formal Sector Health Insurance Plan
4. Informal Sector Health Insurance Plan
5. Enhanced Private Health Insurance Plan.

The creation of this Operational Guideline is hoped to provide a good framework and tool for the implementation and operation of the Scheme to achieve Universal Health Coverage in Edo State.



**Dr. Rock Amegor,**  
Director-General,  
Edo State Health Insurance Commission  
June 2020

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2. *The Pioneer Staff: Edo State Health Insurance Commission*
3. *Association of General Medical Practitioners*
4. *Nigerian Medical Association*
5. *Nigerian Dental Association*
6. *Pharmaceutical Association of Nigeria*
7. *Association of Medical Laboratory Scientists of Nigeria*
8. *Edo State Ministry of Health*
9. *Edo State Primary Health Care Development Agency*
10. *Edo State Hospital Management Board*

11. *The Consultants: Lauren Parker Limited*

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1. **Prof. Mustapha Abudu Danesi:** *Professor of Medicine and Consultant Neurologist, College of Medicine, University of Lagos.*
2. **Prof. Darlington Obaseki:** *Chief Medical Director, University of Benin Teaching Hospital.*

**Prof. (Mrs) Obehi Akoria:** *Consultant Geriatrician, University of Benin Teaching Hospital.*



**DEFINITION  
OF KEY TERMS  
& ACRONYMS**







## DEFINITION OF KEY TERMS



**Accreditation:** Accreditation is the process of assessing and certifying Health Service Providers for participation in the Scheme's programs using commonly accepted standards.

**Actuary:** A statistician who assesses risks in order to estimate payments for health plans.

**Aggregator:** An individual, group, or organization (public or private) that has entered into an agreement with the Commission to act as an agent for the Commission in the registration and/or collection of premiums from individuals, trade unions, and other similar community/occupation-based groups.

**Arbitration Committee:** A three-man panel of arbitrators formed to resolve a conflict arising under the Edo State Health Insurance Scheme.

**Benefits Package:** These are groups of services that the Commission has determined to be within the scope of coverage of a Health Plan in the Scheme. The contractual agreement between the Commission and Health Service Providers restricts coverage to these services, which are considered essential to good health.

**Capitation:** This is the fee paid to Health Service Providers based on an agreed-upon charge for the provision of primary healthcare services to enrollees. This payment is made on a regular and in advance basis, regardless

of whether or not the enrollee uses the services.

**Commission:** This refers to the Edo State Health Insurance Commission

**Contractual Agreement:** A contract is a legally binding agreement with specific terms between two or more people or organizations.

**Diagnostic Related Groups Payment:** Diagnostic Related Groups Payment: This is a standardized prospective payment to Health Service Providers that encourages disease-related cost containment.

**Employer:** A person or organization that employs one or more people. This includes the Federal, State, and Local Governments, as well as any Extra-Ministerial Departments, or any 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, including the employee's lawful representative, successor, or assignee.

**Employee:** Any person employed in the public or private sectors, or on an apprenticeship with an employer in Edo state, regardless of whether the contract is expressed or implied, oral or written.

**Enrollee:** Any person who is enlisted in the Edo State Health Insurance Scheme after paying premium.

**Fee-for-Service:** This is a payment made directly to Health Service Providers by the Commission for secondary or tertiary services that are not included in the capitation fees paid to Health Service Providers, following approved referrals and/or professional services (specialist consultation, pharmaceuticals, laboratory and radiological investigations, optometric services, and so on) on the Scheme.

**Formal Sector:** This refers to the public sector and the organized private sector.

**Four live births:** This refers to four live births in which a fetus, regardless of gestational age, exits the maternal body and exhibits any sign of life, such as voluntary movement, heartbeat, or pulsation of the umbilical cord, for however brief a time and regardless of whether the umbilical cord or placenta is intact.

**Health Service Provider (HSP):** This includes, but is not limited to, government or private Health Service Provider(s), clinics, hospitals, Maternity Centre(s), community pharmacies, ambulance service(s), and all other service providers accredited by the Commission to provide prescribed and denominated healthcare services to insured persons and their dependents under this Scheme.

**Health Insurance:** Health insurance is a system of pre-funding health care expenses through contributions, premiums, or taxes paid into a common pool to pay for all or part of the health services specified by a policy or plan.

**Informal Sector:** This refers to individuals and workers who are not part of the Formal Sector.

**Law:** This refers to the Law Establishing the Edo State Health Insurance Commission and Related Matters.

**Per Diem:** This is the payment made to secondary/tertiary Health Service Providers by primary providers and/or the Commission for bed space (per day) during hospitalization. Primary Health Service Providers may also be paid on a per diem basis for emergency cases.

**Premium:** The amount paid to the Commission by an enrollee or his or her sponsor (e.g., an employer) to purchase health coverage under a specific Health Plan.

**Principal:** The principal is the primary contributor on whose behalf the other members of the family (dependents) are enrolled.

**Providers:** Primary, secondary, and tertiary Health Service Providers that have been licensed by the appropriate authorities to provide services to the public. Health Service Providers that have been accredited by the Commission to provide healthcare services to their enrollees are known as EDHIC accredited Health Service Providers.

**Resident:** This is a person who lives in a long-term accommodation in Edo State, either temporarily or permanently.

**Scheme:** This refers to the Edo State Health Insurance Scheme.

**Vulnerable residents:** Pregnant women, children under the age of five (5), poor and elderly residents over the age of 60, physically and mentally challenged individuals, the less privileged, and other categories of people as prescribed by the Commission from time to time are considered vulnerable residents.

**Salary:** This is the remuneration paid to an employee under his service or apprenticeship contract, whether it is agreed to be paid at fixed or determined intervals of time.





## ACRONYMS

BHCPF	Basic Health Care Provision Fund
BMPHS	Basic Minimum Package for Health Services
CAGs	Community Action Groups
EDHIC	Edo State Health Insurance Commission
EDOHIS	Edo State Health Insurance Scheme
EDSPHCDA	Edo State Primary Health Care Development Agency
HSPs	Health Service Providers
ICT	Information and Communications Technology
MNCH	Maternal, Neonatal and Child Health
NHIS	National Health Insurance Scheme
NASSCO	National Social Safety-Net Coordinating Office
NPHCDA	National Primary Health Care Development Agency
PCP	Primary Care Provider
SCP	Secondary Care Provider
PHCs	Primary Health Centres
SHFs	Secondary Health Facilities
SHP	Student Health Plan
SMoH	State Ministry of Health



## OUR VISION

To achieve Universal Health Coverage goals in Edo State, by providing adequate financial access to healthcare.

## OUR MISSION

To develop and sustain better access to healthcare services for state residents through community-based contributory programs and deliberate stakeholder involvement.

## OUR STRATEGIC OBJECTIVE

To strengthen the foundation of the Edo State Healthcare System by reducing out-of-pocket spending and improving access to effective, efficient, sustainable and quality healthcare services to Edo residents.

## OUR CORE VALUES

Provision of accessible, affordable and quality services is the foundation of Edo State Health Insurance Commission and executional excellence through **INCLUSIVENESS, TRANSPARENCY** and **COMMUNITY-DRIVEN** processes is our core value.



# INTRODUCTION





## 1.0. INTRODUCTION

Health insurance is a type of financial protection (whole or partial) provided by contributions, premiums, or taxes paid into a risk pool to pay for health services specified in a policy document or plan.

In May 2019, the Edo State Health Insurance Commission was empowered by state law to carry out specific functions, including but not limited to:

1. Ensure the effective implementation of the State Health Insurance Scheme's policies and procedures.
2. Develop appropriate regulations and guidelines to ensure the continued viability of the State Health Insurance Scheme.
3. Manage the State Health Insurance Scheme in accordance with the law.
4. Approve the formats of the Commission's agreements with all Health Service Providers.
5. Raise public awareness and education about the establishment and administration of the State Health Insurance Scheme.
6. Encourage the development of other health insurance programs in order to broaden participation in the Scheme, including the development of new Health Plans.
7. After careful consideration, determine the capitation, fee-for-service, and other payment mechanisms owed to Health Service Providers.
8. Inform the relevant bodies about the Commission's interactions with other social security services.
9. Coordinate growth and development research and statistics.
10. Establish a Quality Assurance governance structure for all stakeholders.

The objectives of the Commission include the following:

1. Regulate, supervise, implement, and ensure that the State Contributory Health Insurance Scheme is administered effectively.
2. Ensure that all residents of the state have access to high-quality healthcare services.



3. Ensure that all residents of the state are financially protected and have physical access to high-quality, affordable healthcare services.
4. Prevent financial hardship for families as a result of large medical bills.
5. Control the cost of healthcare services.
6. Ensure that healthcare costs are distributed equitably across income levels.
7. Maintain a high level of service delivery in the Health Insurance Scheme.
8. Make sure that healthcare service delivery is as efficient as possible.
9. Increase and harness private sector participation in health care service delivery.
10. Ensure an equitable and adequate distribution of health-care facilities throughout the state.

The purpose of instituting the State Health Insurance Scheme is to ensure the delivery of healthcare services throughout the state. It must keep the following overarching principles in mind at all times during delivery:

- 1. Inclusion:** Inclusion: Access shall be provided without discrimination to all state residents by protecting, promoting, and fulfilling Edo State residents' rights to quality healthcare services.
- 2. Transparency:** There shall be clarity of Health Plans, Benefits Packages, Administrative and Operational Costs.
- 3. Community-Driven:** Community-Driven: Community structures will be created to serve as a conduit for delivering state-wide insurance.

The Law establishing the Edo State Health Insurance Commission empowers the Commission to issue appropriate regulations and guidelines to ensure the viability of the State Health Insurance Scheme. This has influenced the creation of this Operational Guideline.

These Guidelines address the business rules that govern the operations of the Edo State Health Insurance Scheme and specify the basic functionalities that

all stakeholders involved in the provision of services are expected to provide. It also establishes the foundation for the regulation of healthcare services provided at various levels by Health Service Providers (HSPs).

## 1.1. PURPOSE AND SCOPE

### 1.1.1. Purpose

The goal of these Guidelines is to provide a clear direction for the administration of the Edo State Health Insurance Scheme through structured, orderly implementation and delivery of services, with clear definitions of various participants and their expected roles and responsibilities.

The Guidelines are specifically put in place to:

1. Specify the minimum technical and business requirements for the various Edo State Health Insurance Scheme ecosystem participants and key stakeholders.
2. Increase enrollee confidence and interest in the Edo State Health Insurance Scheme by promoting its security and effectiveness.
3. Encourage system inclusion and transparency.
4. Ensure the development of well-understood Stakeholder Performance Metrics that are continuously monitored for improvement within the ecosystem.
5. Make certain that both public and private Health Service Providers are included.
6. Encourage all HSPs in the state to work together and share responsibility.
7. Provide the best possible healthcare services to Edo State residents within the constraints of available resources.
8. Defining the rights of HSPs, Healthcare Workers, Health Facilities, and Enrollees.

### 1.1.2. Scope

In order to achieve the aforementioned goals, these Guidelines addressed the following topics: Identification of Key Stakeholders, Stakeholder Roles and Responsibilities, Health Plans to be offered to Edo State Residents, Fund Management, and Grievance Resolution in the Scheme

#### Key Stakeholders of the Scheme include:



1. Edo State Health Insurance Commission
2. National Health Insurance Scheme
3. Edo State Ministry of Health
4. Edo State Primary Health Care Development Agency
5. Edo State Hospital Management Board
6. Public and Private Health Service Providers (primary, secondary, tertiary, diagnostic and pharmaceutical health services)
7. National Social Safety-Net Coordinating Office (NASSCO)
8. Edo State Data to MEGA (Make Edo Great Again)
9. Resident Aggregators such as:
  - a. Edo State Ministry of Local Government.
  - b. Edo Internal Revenue Service (EIRS)
  - c. Community Action Groups such as Associations, Cooperatives and Religious Houses.
  - d. Agents.
10. Edo State residents.
11. Civil Society Organizations

### 1.2. FUNDING OF EDO STATE HEALTH INSURANCE SCHEME (EDOHIS)

1. Funding for the initial take-off from the Edo State Government.
2. Salary contributions from the formal sector (1.75 percent of monthly gross salaries of public servants) and co-contribution of the State

Government on behalf of public servants (1.75 percent of gross salaries).

3. Equity fund (by law, not less than one percent of the State's Consolidated Revenue Fund shall be set aside to pay for the delivery of healthcare services to "vulnerable" residents, as well as cross-subsidization across other health plans).
4. The Federal Government's Basic Healthcare Provision Fund (BHCPF). Premium contributions from Students in tertiary institutions and residents in the Informal Sector Health Plan or the Enhanced Health Plan.
5. Penalties in accordance with Section 7 of this document.
6. Dividends and interest on investment and stock investments.
7. Donations or aid grants from well-meaning individuals, corporations, private organizations, international donor organizations, non-governmental organizations, and so on.
8. Any other funds that may become available to the Commission.

### 1.3. PURCHASING STRUCTURE

The Commission will purchase health-related services, and the guidelines for purchasing healthcare services from HSPs will include, among other things, the following:

1. The Commission's verification of performance-based service provision.
2. As a priority, primary healthcare services will be equitably distributed and funded.
3. Only the services included in the Benefits Packages will be purchased.

### 1.4. SERVICE PROVISION

The Commission shall accredit private and public health facilities to provide services to all of its enrollees. Healthcare services will be delivered through four levels of service arrangement. These services are classified as primary, secondary, ancillary,



and/or tertiary.

- i. **Primary Health Care:** This refers to the entry point/enrollee's first point of contact with the Health Service Providers. Primary Health Service Providers shall provide preventive, curative, and rehabilitative services as specified in the Benefit Packages of the Scheme.
- ii. **Secondary Health Care:** This level of care offers specialized services to patients referred by duly authorized Primary Health Care Providers. At this level of care, physicians with specialized medical training in their areas of specialization shall provide required services. Direct referrals can be made in an emergency without involving the Commission. The Commission must however be notified within 24 hours.
- iii. **Ancillary Health Care:** This includes laboratory and pharmaceutical services.
- iv. **Tertiary Healthcare Level:** These are highly specialized services provided to enrollees by a specialist after a referral from the secondary care level that has been approved by the Commission. It must be proven that such a tertiary institution has the workforce and technology (diagnostic and therapeutic) necessary to perform the required services.

**Note:**

All treatment plans must be consistent with Disease Management Guidelines and Treatment Protocols.

## 1.5. ENROLMENT INTO THE EDO STATE HEALTH INSURANCE SCHEME (EDOHIS)

All enrollees in the Scheme shall go through the enrolment process outlined below:

- a. Every prospective enrollee shall register with the Commission and complete a registration form. The Commission or any other



agent/agggregator duly accredited by the Commission is responsible for enrollee registration. Residents can also enroll online through the Commission's self-service portal.

- b. Public Formal Sector employees shall register themselves, a spouse, and four (4) minor children under the age of eighteen (18).

Every enrollee shall supply the following information at the point of registration:

- » Full name
- » Marital status
- » Names of children and spouse (where applicable)
- » Residential Address
- » Date of Birth
- » Gender
- » Nationality
- » National Identity Number
- » Email Address
- » Phone Number
- » Blood group
- » Genotype
- » Allergies
- » Name of employer/MDA (where applicable)
- » Staff ID (where applicable)

Data will be collected using the Commission's data software, and the enrollee will be given an identification card that will allow him or her to access care once the application has been processed. The Commission retains sole ownership of all data collected on the Scheme.



**EDO STATE HEALTH INSURANCE COMMISSION**  
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**ENROLLMENT FORM**

PLEASE FILL ALL FIELDS WITH CAPITAL LETTERS

NAME OF BUSINESS: .....  
 OFFICE ADDRESS: .....  
 OFFICE LGA: .....  
 DATE OF REGISTRATION: .....

**PERSONAL INFORMATION**

FIRST NAME: .....  
 MIDDLE NAME: .....  
 SURNAME: .....  
 MARITAL STATUS: ..... GENDER: .....  
 DATE OF BIRTH: .....  
 RELIGION: .....  
 OCCUPATION: .....  
 NIN (Optional): .....  
 AMOUNT PAID: .....

**CONTACT INFORMATION**

RESIDENTIAL ADDRESS: .....  
 L.G.A OF RESIDENCE: .....  
 PHONE NUMBER: .....  
 EMAIL ADDRESS: .....

**MEDICAL INFORMATION**

GENOTYPE: .....  
 BLOOD GROUP: .....  
 ALLERGIES: .....  
 HEALTH PLAN: .....

Enrolment form for informal sector



**EDO STATE HEALTH INSURANCE COMMISSION**  
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**Benin City**



**ENROLLMENT FORM**

PLEASE FILL ALL FIELDS WITH CAPITAL LETTERS

NAME OF MDA: .....  
 OFFICE ADDRESS: ..... LGA.....  
 DATE OF REGISTRATION: .....

PERSONAL INFORMATION

FIRST NAME: ..... MIDDLE NAME: .....  
 LAST NAME (SURNAME): ..... MARITAL STATUS.....  
 GENDER: ..... DATE OF BIRTH: .....  
 RELIGION: ..... OCCUPATION: .....  
 ORACLE NUMBER..... FILE NUMBER.....  
 NIN.....

CONTACT INFORMATION

RESIDENTIAL ADDRESS: .....  
 L.G.A OF RESIDENCE: .....  
 PHONE NUMBER: ..... EMAIL ADDRESS: .....

MEDICAL INFORMATION

GENOTYPE: ..... BLOOD GROUP: .....  
 ALLERGIES: .....

**FOR PRINCIPAL ONLY: DEPENDANT INFORMATION**

S/N	Surname	Name	Date of birth	Blood Group	Genotype	Phone Number
1 (Spouse)						
2						
3						
4						
5						

*Dependants are made up of a spouse and four c hildre n under 18 years of age.*

Enrolment form for formal sector



## 1.6. EDO STATE HEALTH INSURANCE IDENTITY CARD

Enrollees in the Edo State Health Insurance Scheme will be identified using the Edo State Health Insurance Identity (ID) Card. Before enrollees can receive services, Health Service providers must confirm their identity with the Scheme's ID card. Enrollees in the Scheme's Equity Health Plan must also be verified by the Health Service Provider using the Commission's enrolment register.

In the first instance, the Commission will bear the cost of producing ID cards; however, in the event of theft, damage, or loss, the beneficiary will be responsible for the full cost of replacing his/her Insurance ID card.

### 1.6.1. Expiration of ID cards

The Beneficiary ID card in the Student Health Plan will expire at the end of the course duration specified on the Student's admission letter. A student with an extra year will be verified and issued a new ID card, with the student bearing the cost of the ID card.

ID cards issued to Equity Health Plan residents will be reviewed on an annual basis.

### 1.6.2. ID card specification

ID card issued under the Scheme shall bear the following:

1. Beneficiary's name
2. Gender
3. Blood group
4. Corporate Insurance Number
5. Photograph
6. Call Centre number
7. Authorized signature





## 1.7. ROLES & RESPONSIBILITIES OF STAKE-HOLDERS

### 1.7.1. Edo State Health Insurance Commission (EDHIC)

The Commission shall:

1. Establish the Scheme's guidelines and standards.
2. Establish the Equity Health Plan's guidelines and standards in collaboration with the National Health Insurance Scheme.
3. Work with other government agencies to accredit health-care facilities.
4. Collect, manage, and administer contributions made by Scheme participants.
5. Carry out quality assurance to ensure the delivery of high-quality healthcare services and program management.
6. Provide technical support, sensitization, mobilization and health education to stakeholders within the ecosystem.
7. Carry out actuarial review annually to determine contribution rates to be paid by the Government and enrollees as well as the payment rates to Health Service Providers.
8. Liaise with owners of health facilities on the use of their facilities for service delivery on the Scheme.
9. Reimburse Health Service Providers based on agreed tariff rates.
10. Ensure that health facilities adhere to the generic drug policy of the Scheme.
11. Ensure manpower development for the Commission.
12. Exchange information and data with the National Health Insurance Scheme, State Health Management Information System, relevant financial institutions, Development Partners, NGOs and other relevant bodies.
13. Submit a summary report endorsed by the Honorable Commissioner for Health to NHIS quarterly under the Equity Health Plan.
14. In collaboration with the NHIS, develop and deploy appropriate ICT platforms to ensure efficient monitoring, evaluation, and reporting under the Equity Health Plan.

15. Suspend or delist any HCP that falls short of quality prescriptions under the Equity Health Plan after due consultation with the NHIS and notify the relevant supervising bodies at the State and Federal levels.
16. Delist any HCP that falls short of quality prescriptions under any other Health Plan of the Scheme.
17. Treat all beneficiaries' health information with utmost confidentiality at all times.
18. Carry out continuous awareness and sensitization of enrollees.
19. Carry out high-level advocacy to generate support from tertiary institutions under the Student Health Plan.
20. Perform other roles as may be defined from time to time to ensure the viability of the Scheme.
21. Mediate and resolve any dispute that might arise between an enrollee and the Health Service Providers.

### **1.7.2. National Health Insurance Scheme (NHIS)**

The NHIS Shall:

1. Offer technical support to the Edo State Health Insurance Commission to ensure the viability of the Scheme.
2. Shall be a member of the Edo State Health Insurance Commission's Board.
3. Determine actuarially, the tariff rates to be paid to Health Service Providers under the Equity Health Plan (subject to review every two years).
4. In collaboration with the Commission, develop and deploy appropriate ICT platforms to ensure efficient monitoring, evaluation, and reporting under the Equity Health Plan.
5. Carry out quarterly monitoring and evaluation of the Equity Health Plan.

### **1.7.3. Edo State Ministry of Health (SMoH)**

1. Edo State Ministry of Health shall be responsible for the registration of HSPs in the state.
2. It shall be a member of the Edo State Health Insurance Commission's

Board.

3. It shall play a supervisory role in the implementation of BHCPF in the state.

#### **1.7.4. Edo State Primary Health Care Development Agency (EDSPHCDA)**

The EDSPHCDA Shall:

1. Be responsible for the regulation of Public Primary Health Centres (PHCs) accredited on the Scheme.
2. Be responsible for the provision of drugs used by Primary Health Service Providers under the Equity Health Plan in line with the BHCPF Operational Guideline.
3. Evaluate the quality of care at the Primary Health Service Provider level in collaboration with the Local Government Health Authority. General and financial management, essential drug management, outpatient and inpatient services, antenatal services, prenatal and postnatal care, and skilled birth attendance are all areas that will be evaluated for quality.

#### **1.7.5. Edo State Hospital Management Board (HMB)**

1. The Hospital Management Board shall be responsible for the regulation of Public Secondary Health Facilities in the Scheme.
2. It shall assess the quality of care provided by public hospitals at the secondary care provider level. Areas assessed for quality shall include but not limited to; general and financial management, essential drugs management, outpatient and inpatient services, antenatal services, prenatal and postnatal care and skilled birth attendance.

#### **1.7.6. Health Service Providers (HSPs)**

Health Service Provider's shall:

1. Be fully registered by the Edo State Ministry of Health.
2. Be accredited by the Edo State Health Insurance Commission.
3. Sign a contractual agreement with the Commission and abide by all

terms and conditions specified in the Contract.

4. Provide services as defined under each Benefits Package covered on the Scheme.
5. Comply with the Operational Guideline of the Scheme.
6. Ensure beneficiaries' satisfaction.
7. Provide service utilization (encounter), financial, morbidity and mortality reports to the Commission monthly through the appropriate channels.
8. Report any complaints to the Commission, and/or other programme managers on the Scheme through the appropriate channel.
9. Limit delivery of services to the level of accreditation given to the facility.
10. Maintain a patient data privacy, confidentiality and non-disclosure policy.
11. Ensure annual training for its employees.
12. Upon request, provide an enrollee with his/her medical records.
13. Fulfil medical records transfer requests from patients should they choose to change their health facilities.

### 1.7.7. Tertiary Institutions

Tertiary Institutions shall;

1. Oversee the collection and remittance of contributions to the Commission.
2. Participate in mobilizing students for Student Health Plan.
3. Ensure that the Commission meets its obligation to students.
4. Ensure that the Institution's Health Service Providers meet the accreditation requirements of the Commission.

### 1.7.8. Students Union

Student Union shall;

1. Support the institution to manage the Student Health Plan in tertiary institutions.
2. Educate its members on the benefits and modalities of the Student Health Plan.

3. Ensure the delivery of quality health services to students and report complaints to the Commission through the Student Health Plan Management Committee if services are not satisfactory.

### 1.7.9. Student Health Plan (SHP) Management Committee

Within each Tertiary Institution, a Student Health Plan Management Committee shall be established and shall report periodically to the school authority. The committee will be headed by the Head of the Primary Health Care accredited by the Commission for the provision of health service for students and representatives from the Student Union, Student's Affairs, Bursary and Legal Department. The role of this Committee includes:

1. Oversee the implementation of SHP in the institution.
2. Ensure that the Commission fulfils its obligations to students.
3. Act as a key stakeholder in Quality Assurance and monitoring.
4. Liaise with the student population to ensure that their health needs are being met by the facility assigned to them.
5. Provide regular feedback to the management of the tertiary institution.
6. Keep records of the activities of the Scheme.

### 1.7.10. Employer

An employer under the scheme shall:

1. Cause to be deducted from an employee's wages, the negotiated amount of any contribution payable by the employee.
2. Shall not, because of the employer's liability for any contribution (or penalty thereon) made under this policy, reduce, whether directly or indirectly, the remuneration or allowances of the employee in respect of whom the contribution is payable.
3. Oversee the collection and remittance of contributions to the Commission.
4. Participate in mobilizing employees for the plan.
5. Keep records of contributions made on the Scheme by the organization in respect of its employees.
6. Ensure that co-contribution is made timely and adequately to meet



the needs of their employees as it relates to the health benefits package.

### 1.7.11. Resident Aggregators

Aggregators shall:

1. Be registered with the Commission.
2. Sign a contractual agreement with the Commission and abide by all terms and conditions specified in the Contract.
3. Sign contractual agreement (where applicable) with communities and occupation-based groups whom they represent and abide by all terms and conditions specified in the Contract.
4. Engage with key stakeholders as deemed necessary by the Commission.
5. Engage in day-to-day programme management as deemed necessary by the Commission.
6. Conduct advocacy outreach targeting policy makers at State and LGA levels.
7. Conduct awareness activities to sensitize and mobilize community members and occupation-based groups (including cooperatives) to buy-in to the State Health Insurance Scheme.
8. Aggregate residents of the state for participation on the Scheme.
9. Register and enrol new enrolees into the Scheme using the Commission's IT structure.
10. Ensure that aggregated residents are properly enrolled into the appropriate Health Plan of the Scheme.
11. Generate primary and secondary data (surveys, etc.) for the purpose of programme planning, monitoring and evaluation.
12. Conduct health promotion and prevention activities.
13. Send regular reports/feedback to the Commission, communities and occupation based groups.
14. Play other roles as defined on the Scheme from time to time.

### 1.7.12. Edo State Residents

1. Enrol into one of the Health Plans of the Scheme according to the Guidelines provided by the Commission.
2. Pay premium (where applicable) for the chosen Health Plan through the payment channels provided by the Commission.
3. Present Health Insurance ID card at the Health Facility assigned to him/her to gain access to services.
4. Make appropriate and adequate use of the Health Facility when the need arises.
5. Have emergency treatment in any EDHIC/NHIS accredited Health Facility.
6. Give feedback to the Commission in the case that services rendered at the Health Facility are poor or illegal extortion of beneficiaries by Health Service Providers.
7. May request details of services accessed from their HCPs and make complaints to the Commission where there are discrepancies.
8. May request access to their medical records according to the National Health Act.


### 1.7.13. Development Partners

Development Partners shall:

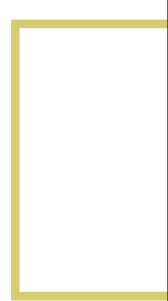
1. Provide technical support to all other stakeholders.
2. Provide financial and system support aimed at addressing the subsidy gap of the various Health Plans.

All Stakeholders under the scope of the Edo State Health Insurance Scheme, will at all times, adhere to all guidelines, rules and regulations outlined in this document in executing their functions under the Scheme.





**HEALTH PLANS**  
UNDER THE  
**EDO STATE**  
**HEALTH**  
**INSURANCE**  
**SCHEME**



## 2.0. HEALTH PLANS

To ensure that every Edo State Resident has access to good Healthcare Services, the Edo State Health Insurance Commission has developed various Health Plans to cover different segments of the state. They include the following:

Plan Type	Plan Title	Who is it for?
01	Equity Health Plan	Vulnerable residents
02	Student Health Plan	Students in public/private Higher Institutions of learning.
03	Informal Sector Health Plans A (Bronze) B (Silver) C (Gold)	Private organizations, self-employed residents and community-based groups.
04	Formal Sector Health Plan	All employees in public/private corporate sector.
05	Private Enhanced Health Plan (Platinum)	Any resident who wishes to access additional healthcare services not covered in the above Plans.

## 2.1. EQUITY HEALTH PLAN

### 2.1.1. Definition

The Edo State Equity Health Plan is designed to provide health services to persons who, due to their physical status (including age) cannot engage in any meaningful economic activity. This health plan is funded by the Federal and State Government, philanthropist, international donors, etc. Enrollees under this health plan are not required to pay any form of contribution.

### 2.1.2. Membership

Membership is based on selection and verification by the Edo State Health Insurance Commission in collaboration with the National and Social Safety-Net Coordinating Office (NASSCO) and Data to MEGA.

Residents eligible to benefit from this health plan include:

1. Poor pregnant women.
2. Children under five (5) years living below the poverty line.
3. Poor elderly residents (60 years and above)
4. Physically and mentally challenged persons.
5. Orphans with no support system.
6. Such other categories of persons as may be defined from time to time.

### 2.1.3. Contribution

Contributions under the equity Health Plan shall include:

1. Equity Fund (by Law requires provisioning of not less than 1% of the State's consolidated revenue to be set aside to pay for the delivery of healthcare services to residents termed "vulnerable").
2. Basic Healthcare Provision Fund (BHCPF) from the Federal Government.
3. 2% of all gross premiums paid in the other Health Plans of the Scheme.
4. Fees and commissions charged by the Commission.

5. Dividends and interest on investment and stocks.
6. Donations or Grants in Aid from well-meaning individuals, corporate bodies, private organizations, international donor organizations, non-governmental organizations etc.
7. All other monies as may accrue to the Commission.

#### 2.1.4. Registration Procedure

Registration will be carried out at EDHIC office, EDHIC accredited Health Service Providers or any other point of registration provided by the Commission.

1. Residents shall fill an enrolment form provided by the Commission.
2. The Commission shall verify the eligibility of resident to be on the Equity Health Plan through data provided by NASSCO.
3. Approved beneficiaries shall be issued an Equity Health Plan ID card by the Commission.
4. Beneficiaries on this Health Plan shall be reviewed annually.

#### Note:

Every payment made to Health Service Providers under this Health Plan shall be to their account in a commercial bank. All funds to the HCPs shall be for the provision of the content of Health Services, as defined under the Equity Health Plan of the Edo State Health Insurance Scheme.

#### 2.1.5. Benefits Package

Beneficiaries shall be entitled to all Health benefits applicable to the Equity Health Plan as defined by the BHCPF Operational Guidelines.

#### 2.1.6. Waiting Period

There shall be no administrative wait period under the Equity Plan of the Edo State Health Insurance Scheme.

## 2.2. STUDENT HEALTH PLAN

### 2.2.1. Definition

The Edo State Student Health Plan is a social health insurance plan designed for students in tertiary institutions. It is funded through the contributions made by students alongside their tuition fees. It is a plan committed to ensuring access to qualitative healthcare service for students of tertiary institutions, necessary for a conducive learning environment.

### 2.2.2. Membership

Membership of this Health Plan shall be open to full and part-time students of public and private tertiary institutions in the state. Tertiary institutions are categorized as Universities, Colleges of Education, Polytechnics, Colleges of Agriculture, other specialized Mono-technics, Schools of Nursing, Midwifery, Health Technology, etc.

### 2.2.3. Contribution

Funds will be mobilized mainly from medical bills formerly charged by institutions alongside the tuition fees of students. This shall cover the annual premium of the student. This contribution shall be made timely by the institution on behalf of her students.

Other sources of funds for the Student Health Plan may include funds derived from charitable or philanthropic organizations, corporate social responsibility initiatives, government mandates and subsidies.

### 2.2.4. Registration Procedure

Registration of students will be carried out by the Commission at the beginning of each academic year.

Each student shall fill the registration form provided by the Commission. ID cards shall be printed and issued to students as specified in section 1.6.1 of this document.

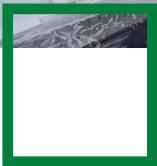


### 2.2.5. Benefits Package

Beneficiaries shall be entitled to all benefits applicable to the Student Health Plan as defined in the Benefits Package of the Edo State Health Insurance Scheme.

### 2.2.6. Waiting Period

There shall be no waiting period before students can access care in the assigned Health Service Providers. Access to care shall commence at the beginning of every new semester, however, where a student require health services during the holidays, care can be received at the assigned facility.



## 2.3. INFORMAL SECTOR HEALTH PLAN

### 2.3.1. Definition

The Edo State Informal Sector Health Plan is a Social Health Plan for residents in the Informal Sector. It is designed to cater for the health needs of self-employed residents and private organizations with a staff strength of between 1 to 3 personnel. This Health Plan has been categorized into A (Bronze), B (Silver) and C (Gold) according to the income level of residents in the sector.

### 2.3.2. Membership

Residents covered under this Health Plan shall include self-employed residents, employers and employees of organizations with staff strength of one to five personnel, artisans and other residents not covered under the other four Health Plans of the Scheme.

### 2.3.3. Contribution

The Informal Sector Health Plan shall be funded through contributions (premiums) paid by residents enrolled in the Health Plan. There shall be a co-contribution between employers and their employees under this Health Plan. Contributions made under this health plan shall be actuarially determined by the Edo State Health Insurance Commission.

### 2.3.4. Registration Procedure

Registration shall be in line with the enrolment procedure specified under Section 1.5 of this Operational Guideline.

Registration will be carried out at the EDHIC office, Health Service Provider's accredited by the Commission or any other point of registration as may be provided by the Commission from time to time.

### 2.3.5. Benefits Package

Beneficiaries shall be entitled to all benefits applicable to the Informal Sector Health Plan as defined in the Benefits package of the Edo State Health Insurance Scheme.

### 2.3.6. Waiting Period

There shall be an administrative waiting period of sixty (60) days for every new enrollee registered by the Commission under this Health Plan. Access to care at the assigned facility shall be granted upon the expiration of the 60 days waiting period.



## 2.4. FORMAL SECTOR HEALTH PLAN

### 2.4.1. Definition

The Formal Sector Health Plan of the Edo State Health Insurance Scheme is a social health insurance plan for public/civil servants, employees of organized private organizations with a work force greater than 3 staff. This Health Plan is funded through contributions made by employees and employers.

### 2.4.2. Membership

The Formal Sector consists of the following:

1. The public sector which covers all employees of the state, and
2. The organized private sector which covers all employees of organizations with a staff strength of three personnel or more.

#### Note:

The contributing employee of the State Government under this Health Plan shall be enrolled as a principal and his/her membership shall cover the principal, his/her spouse and four children under eighteen years of age who shall be registered as dependents under the principal. Additional dependents may be covered on the payment of additional contributions by the principal beneficiary as determined by the Commission.

Employees in the organized private sector may be enrolled individually or as a family based on the preference of the organization.

### 2.4.3. Contribution

Contribution under this health plan shall be as follows;

1. **State Government Staff**- The Edo State government shall contribute 1.75% of the gross monthly salary of its employee while the employee shall also make a contribution of 1.75% of his/her gross monthly salary, representing 3.5% of the employee's consolidated monthly salary.

2. **Organized private sector** - Contributions from employer and employee shall be determined by the organization to cover the premium of the Health Plan. An employer may however, decide to pay the entire contribution. The employer may also undertake extra contributions for additional services to those specified under the formal sector Health Plan, such as the Enhanced Health Insurance Plan.

#### 2.4.4.Registration Procedure

Enrolment of employees shall be in accordance with section 1.5 of this Operational Guideline.

1. Staff of the State Government shall be enrolled by the Commission.
2. Every private employer in Edo state shall register with the Commission.
3. Every registered employer shall supply the following information to the Commission:
  - a. Name of Company
  - b. Biodata of Management Staff.
  - c. Type of Company
  - d. Nominal rolls containing staff details and gross salaries.
5. Employee shall bear the cost of production of the following:
  - a. Insurance ID card(s) for additional dependent(s).
  - b. Replacement of insurance ID card(s) in case of theft, damage or loss.

#### 2.4.5. Benefits Package

Beneficiaries under this Health Plan shall be entitled to all benefits applicable to the Formal Sector Health Plan as defined in the Benefits Package of the Edo State Health Insurance Scheme.

#### 2.4.6. Waiting Period

There shall be an administrative waiting period of sixty (60) days for every new enrollee registered by the Commission under this Health Plan. Access to care at the assigned facility shall be granted upon the expiration of the 60 days waiting period.

## 2.5. ENHANCED PRIVATE HEALTH PLAN

### 2.5.1. Definition

The Enhanced Private Health Plan is designed to cater for the health needs of any resident who wish to access additional health care services not covered in the other Health Plans of the Scheme.

### 2.5.2. Membership

Membership shall cover interested individuals, families or organizations.

### 2.5.3. Contribution

Enrollee under this Health plan shall pay the premium actuarially determined by the Commission. Employers who wish to purchase this Health Plan for their staff shall pay the full actuarially determined premium for this Health Plan.

### 2.5.4. Registration Procedure

Enrolment of employees shall be in accordance with section 1.5 of this Operational Guideline.

### 2.5.5. Benefits Package

Beneficiaries shall be entitled all benefits applicable to the Enhanced Private Health Plan as defined in the Benefits Package of the Edo State Health Insurance Scheme.

### 2.5.6. Waiting Period

There shall be an administrative waiting period of thirty (30) days for every new enrollee registered by the Commission under this Health Plan. Access to care at the assigned facility shall be granted upon the expiration of the 30 days waiting period.



**HEALTH  
SERVICE  
PROVIDERS**



### 3.0. HEALTH SERVICE PROVIDERS (HSPs) ON THE EDO STATE HEALTH INSURANCE SCHEME



#### 3.1. ACCREDITATION OF HEALTH SERVICE PROVIDERS (HSPs)

To ensure that Edo State Residents have access to quality healthcare services, the Edo State Health Insurance Scheme has developed various standards and requirements for the accreditation for HSPs on the Scheme.

Accreditation of Health Service Providers shall be carried out for the following purposes:

1. To ensure accessibility and availability of healthcare services to enrolees on the Scheme.
2. To improve the quality of healthcare provided to enrolees.
3. To improve public confidence in the state health care system.





# EDO STATE HEALTH INSURANCE COMMISSION

## EDOHIS Health Care Facility Accreditation Checklist

*(Checklist for Primary & Secondary Health Care Facilities in the Edo Health Insurance Scheme)*

NAME OF FACILITY .....

ADDRESS OF FACILITY .....

.....

LEVEL OF SERVICE .....

CONTACT PERSON .....

FACILITY PHONE NO .....

FACILITY E-MAIL .....

DATE .....

*For all information and enquires on the Accreditation process, kindly send an e-mail to [edohishsp@edostate.gov.ng](mailto:edohishsp@edostate.gov.ng) or call EDHIC Health Service providers Hotline: 08061926745.*



## PERSONNEL

S/N	Facility Requirements	Tick available requirement	Specify available units/capacity	Official Use Only
1.	Medical/Health Care Personnel	Registered Medical Practitioner Registered Dental Surgeon Registered Nurse Registered Dental Nurse Dental Assistant Registered Radiologist Registered Radiographer Registered Physiotherapist Registered Ophthalmologist Registered Optometrist Registered Pharmacist Registered Pharmacist Technician Pharmacy Assistant Registered Medical Laboratory Scientist Registered Laboratory Technician Laboratory Assistant Registered Dental therapist X-ray Technician Clinic Assistant Paramedics CHEW JCHEW		
2.	Non-Medical Personnel	Receptionist Desk Officer ICT Personnel Clerk Accountant Medical records and Secretarial Staff Cleaners Drivers Auxiliary staff Ambulance Driver Billing Officer		
SPECIALTY SERVICES				
S/N	Facility Requirements	Tick available requirement	Specify available units	Official Use Only

<b>SPECIALTY SERVICES</b>				
S/N	Facility Requirements	Tick available requirement	Specify available units	Official Use Only
3.	Specialty Clinics Offered	Cardiology Dental ENT General surgery Internal medicine Obstetrics & Gynecology Orthopedics Ophthalmology Pediatrics Physiotherapy Radiology Others [specify]		
<b>INFRASTRUCTURE</b>				
S/N	Requirements	Tick available requirement	Specify available units/capacity	Official Use Only
4.	General Infrastructure of Health Facility	Adequate Layout Adequate Ventilation Clean, Adequate and Running Water Supply Electricity Supply Adequate Illumination Alternative Source of Power Adequate Waste Disposal System Color coded waste bins (Segregation of Wastes) Fire Extinguisher Disabled Ramp Emergency exit		
5.	Waiting/Reception room (approx. 24 sq. meters)	Comfortable seats (Waiting Area). Patient Registration Station with applicable personnel Record keeping Unit		
6	ICT Infrastructure	Functional Desktop/ Laptop Electronic Medical Record (EMR) Internet Access		
7.	Staff Room	Furnished Staff room/Lounge		
8.	Sanitary Facilities	Female Convenience Male Convenience		
9.	Consulting Room (Approx. 12 sq. meters, Minimum of 2, atleast 4x3 feet).	Wash hand Basin Towels Pedal Waste Bin Examination Couch Dental Chair		

9.	Consulting Room (Approx. 12 sq. meters, Minimum of 2, atleast 4x3 feet).	Wash hand Basin Towels Pedal Waste Bin Examination Couch Dental Chair Equipment for Physical Examination Screen Diagnostics set Sphygmomanometer		
10.	Treatment Room (At least 2x3 feet)	Wash hand basin Towels (Reusable/Disposable) Pedal waste bin Biohazard/ Sharp box Examination Couch Screen Equipment for physical Examination Equipment for Minor suturing/surgeries that needs local anesthesia Equipment for sterilization Instrument cabinet Drug shelf Drugs Observation bed		
11.	Labour/ Delivery Room (Approx. 12 sq. meters).	Pulse Oximeter Dilators set Forceps Obstetrics Washable water proof walls washable water proof floors Wash hand Basin Baby tray Photo therapy Unit Towels Placenta Receiver Delivery couch Medical Stirrups Anglepoise lamp Delivery Apron Scrub shoes		
12.	Operating Theatre (approx. 12sq. meters and height of not less than 3 meters, at least 4x3 feet)	Washable water proof walls Washable water proof floor Autoclave (Stand-by Sterilizing Unit) Operating table Surgical lights Theater Monitor Drip stand Dental unit operating light Dental aspirator and local anesthetic Dental hand instrument		

		Dental hand instrument Surgeons Dental tool Dental cabinet		
13.	Recovery Room	Bed Bedside Table		
14.	Ward(s)	<b>Male ward(s)</b> Nursing station 3 beds per ward Sharps box Locker per bed Over bed table per bed Toilet per ward		
		<b>Female ward(s)</b> Nursing station 3 beds per ward Sharps box Toilets per ward Locker per bed Over bed table per bed		
		<b>Children's ward(s)</b> Nursing station 3 beds per ward Sharps box Toilets per ward Locker per bed Over bed table per bed		
		<b>Neonatal Ward(s)</b> Incubator Baby bed/Cots Vital signs monitor Oxygen Saturation Monitor Phototherapy Lamp or Light Blanket Nursing station 3 beds per ward Sharps box		
15.	Dispensing and Drug Store (approx. 12 sq. meters)	Drug Store/dispensary Shelving for Drug Storage Dispensing and Compounding facility Refrigerator Cold chain storage system (Vaccines)		
16.	Nursing Bay	Stethoscope Weigh balance Sphygmomanometer Thermometer Bandage Supplies Consumables Thermometer Pulse oximeter Emergency tray Sharps box		

17.	Sterilization Facility	Autoclave Unit Sterilization -in-place (SIP) system Clean-in-place (CIP) system Dry heat Sterilizers and Ovens Steam Sterilizers UV Chambers Sterile gauze Sterile drapes		
18.	Radiographic room	Control Cubicle		
19.	Dark Room	Light trap Entrance		
20.	Patient Changing room	Patient surgical Gown scrub shoes Hangers/wardrobe		
21.	Monitoring equipment			
22.	Fluoroscopic equipment			
23.	Ultrasonic equipment	Sonography machine		
24.	Tomography equipment			
25.	Activity Room			
26.	D.D.A Facility			
27.	X-ray Facility			
28.	Sorting and filling room			
29.	Dialysis Room (approx. 12 sq. meters)	Oxygen cylinder Nasal cannular Oxygen tubing and mask Stethoscope/sphygmomano meter Suction machine		
30.	Refraction room	Auto-refractor Visual field analyser Phoropter Trial lens set Diagnostic set		

31.	Optical workshop	Lensometer/Focimeter Lens glazing and surfacing equipments		
32.	Dental Room	Dental patient Chairs Dental Operatory Lights X-ray Imaging Equipment Sterilization Equipment Utility Equipment Casting machine Trimming machine Articulator face bowl Impression materials Shade guide Porcelain teeth Acrylic teeth Acrylic powder and liquid Gold teeth Dental wires Auto-lab		

### LABORATORY / DIAGNOSTICS SERVICES

S/N	Requirements	Tick available requirement	Specify available units/capacity	Official Use Only
33.	Laboratory	Laboratory personnel Basic laboratory kit Refrigerators Microscopes Centrifuge Bunsen Burner Beaker Pipettes Incubator Test Tubes Weighing Scale Graduated Cylinders Burette Conical Flask Volumetric Flask Autoclave Magnifying Glass Thermometer Water bath Blood cell counter Petri-dish		
34.	Sample collection room	Gloves Tourniquet Syringes Multi- sample collection needles Blood Lancet Alcohol or Iodine		

		Sample tubes/ Bottles Tape/Plaster Gauze Bio-hazard Boxes Pedal bins Test tubes Wet and dry swabs container Sharps box		
35.	Diagnostic Facility	Dental X-Ray Unit Dental Machine/Solution Ray and shock proof X-Ray Table with Tilting facilities and control panel X-ray Tube Film processing equipment Rinse Fixer Stainless steel Master tank Cassettes Screens Film hangers Secondary radiation grids Beam Collimators Lead rubber aprons Gloves Incubator Microscope Other Facilities (List)		
<b>UTILITY AREA</b>				
36.	Kitchen Area			
37.	Laundry facility			
<b>AMBULATORY SERVICES</b>				
38.	Ambulance	Basic Life Support (BSL) Trauma /Spinal board Trauma Kits Bag Valve mask Suction unit Cervical collar Medication Bag ECG Monitor Wheeled Cot		

**Note:** This document should be properly filled and submitted alongside the health service providers form to the Health Services, Standards and Claims Department of the Edo State Health Insurance Commission.

For all information and enquires on the Accreditation process, kindly send an e-mail to [edohishsp@edostate.gov.ng](mailto:edohishsp@edostate.gov.ng) or call EDHIC Health Service providers Hotline: 08061926745.



### 3.1.1. PROCEDURES FOR ACCREDITATION

A full accreditation procedure for any Health Service Provider shall include the following steps:

1. All Health Service Providers seeking Accreditation under the Edo State Health Insurance Scheme shall fill the Health Service Providers application form, pay a processing fee of **N10,000** and obtain the Health Service Provider accreditation checklist packet.
2. Completed applications shall be submitted alongside **Ministry of Health Certificate, CAC document and Licenses** of all practicing professionals at the applying Health Service Provider.
3. All submitted documents shall be reviewed by the Commission to determine suitability of the provider.
4. Qualified providers shall be scheduled for inspection by the Commission.
5. Health Service Providers who meet the specified standards shall thereby pay an Accreditation fee depending on the Level of service the facility is being accredited for.
6. Upon completion of the Accreditation process, the facility shall sign an agreement with the Commission and be issued a provisional Accreditation for one year in the first instance.
7. Providers who do not meet the accreditation standards shall be placed on remediation and re-inspected on the completion of the remediation phase.
8. At the end of the provisional accreditation year, Providers shall be assessed with emphasis on any deficiency noted in that year.
9. In the case where there is no improvement in the areas addressed by the Commission, the accreditation of the Health Service Provider shall be withdrawn.
10. Health Service Providers who meet the full accreditation requirement of the Scheme shall be issued a full accreditation by the Commission.
11. Full accreditation on the Scheme is subject to renewal every two years, upon the Health Service Provider fulfilling the reaccreditation criteria on the Scheme.



**HEALTH CARE SERVICE PROVIDERS  
FORM**



DATE OF APPLICATION.....

NAME OF HEALTH CARE FACILITY.....

.....

NAME OF THE MANAGING DIRECTOR/CMD.....  
*(PLEASE ATTACH A COPY OF YOUR ORGANIZATION'S CORPORATE PROFILE)*

ARE YOU REGISTERED WITH EDO STATE MINISTRY OF HEALTH? YES  NO  IF YES, PROVIDE REGISTRATION NUMBER.....  
*(PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF REGISTRATION)*

PROVIDE EDO STATE OFFICE ADDRESS OF HEALTHCARE FACILITY.....

TOWN/ LGA OF OFFICE LOCATION .....

WHAT SERVICES ARE OFFERED AT YOUR FACILITY? .....

.....

.....

HOW MANY STAFF DO YOU HAVE? .....

*(PLEASE STATE SPECIFIC POSITION OF STAFF)*

.....

.....

.....

HOW MANY EMERGENCY SERVICE VEHICLES DO YOU HAVE? .....

FOR MEDICAL SERVICES, HOW MANY BED SPACE ARE AVAILABLE AT YOUR FACILITY? .....

DAILY TIME SCHEDULE FOR SERVICES RENDERED AT YOUR FACILITY, 24 HRS  12HRS  8HRS

PLEASE SPECIFY DAILY WORKING SCHEDULE .....

**NOTE: KINDLY ATTACH UP TO DATE LICENSES FOR PRACTICING PROFESSIONALS WORKING IN YOUR FACILITY**

### 3.1.2. ACCREDITATION FEES

Accreditation fee for Health Service Provider shall be based on the category and level of service provided. Fees for the various category and level are as follows;

All fees are subject to review by the Commission.

- a. Primary Health Service Providers - Fifty thousand naira (N50,000.00)
- b. Secondary Health Service Providers - Forty thousand naira (N40,000)

- c. Diagnostic - Forty thousand naira (N40,000)
- d. Pharmaceuticals – Thirty thousand naira (N30,000)

**Note:**

In the case that a provider is accredited for both primary and secondary services, such provider shall pay the sum of N70,000.

Fee for renewal of accreditation shall be:

- a. Primary Health Service Providers - Fifty thousand naira (N50,000.00)
- b. Secondary Health Service Providers - Thirty thousand naira (N40,000)
- c. Diagnostic - Thirty thousand naira (N30,000)
- d. Pharmaceuticals – Twenty thousand naira (N20,000)

**Note:**

In the case of renewal of accreditation for a Provider with primary and secondary accreditation, the cost of renewal of accreditation shall be N80,000.

All fees are subject to review by the Commission.

### 3.1.3. REMEDIATION PHASE UNDER EDO STATE HEALTH INSURANCE SCHEME

Accredited facilities can be moved into remediation phase on the Scheme for the following reasons;

1. Health Service Providers who do not operate in line with EDOHIS policies. (Perpetual defaulters).
2. Dissatisfaction in the quality of services rendered at the facility by the enrollees' (Complains and negative feedback from the customer support reports).
3. Facilities who have declined below the initial rating. (Baseline rating is a 2 star and facilities who go below that after the first quarter on the scheme can be moved into remediation).

**Note:**

1. Facilities would be given a series of verbal and written warnings (for at least three months) before they are placed on remediation.
2. The facility should also be given one month notice before being placed on remediation.
3. Facilities who are on remediation would have their lives reassigned and they would be a reprocessing fee before re inspections would be carried out.

### **3.2. HEALTH SERVICE PROVIDER EXIT FROM THE SCHEME, RELOCATION OR CHANGE OF NAME**

**A Health Service Provider wishing to exit from the Scheme shall:**

1. Give three (3) months written notice to the Commission of its intention.
2. The Facility shall accord enrolees under it, the necessary rights and privileges due to them as beneficiaries of the Scheme within the 3-month period of this notice.

**Any Health Service Provider wishing to relocate to a new site and still operate on the Scheme shall:**

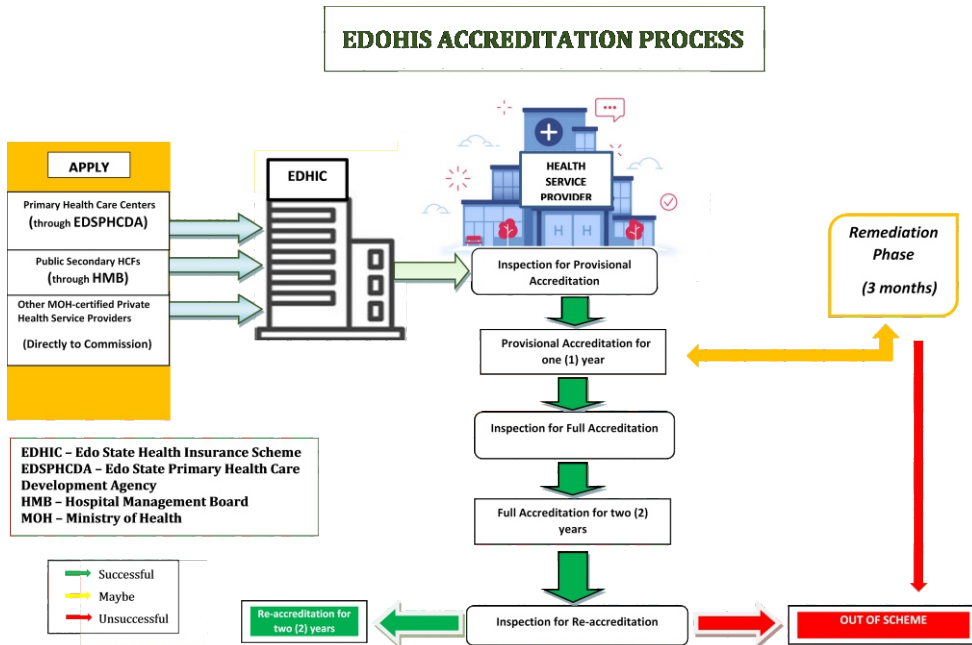
1. Give a three (3) months written notice to the Commission of its intention.
2. Apply for inspection and accreditation of the new premises.
3. The Provider shall accord enrolees under it, the necessary rights and privileges due them as beneficiaries of the Scheme within the 3months period of this notice.

**Note:**

The enrolees under such a facility shall be at liberty to remain with a relocating facility or choose a new one.

**Any Health Service Provider wishing to change its name/ownership and still operate on the Scheme shall:**

1. Give three (3) months written notice to the Commission of its intention, attaching evidence of Newspaper publication and CAC approval.
2. Publish its intention in at least one (1) state daily newspaper.
3. The Provider shall accord enrolees under it, the necessary rights and privileges due to them as beneficiaries of the Scheme within the 3-month period of this notice.





# ENROLLEE MANAGEMENT



## 4.0. ENROLLEE MANAGEMENT



### 4.1. RIGHTS & PRIVILEGES OF ENROLLEE

EDHIC Clients under the various Health Plans shall have a right to:

1. Receive information about his/her Health Plan – benefits policies, and participating providers.
2. Access care at no additional cost for services covered in the Benefits Package of his/her Health Plan (except in cases where co-payment applies), from participating public or private Health Service Providers assigned to him/her after proper identification at the care facility, without any discrimination or prejudice.
3. Receive the complete course of treatment and generic medications for covered services.
4. Change his/her primary care provider after six months of being with the previous provider with good reasons.
5. Voice complaints and grievances about the Health Plan or care provided, and receive a timely response from the Commission.
6. Participate in decision-making regarding their health care through the appropriate channels provided by the Commission.
7. Confidential treatment of his/her medical information.

8. Access his/her medical record following the National Health Act.
9. Receive treatment at the nearest EDHIC/NHIS accredited Health Facility in the case of an emergency.
10. Enrollee shall pay a 10% co-payment for drugs and diagnostic services, and 50% co-payment for selected services.

#### 4.2. HOSPITALIZATION

The principal beneficiary and dependents enrolled under the Formal Sector Health Plan shall be entitled hospitalization in standard wards with the exclusion of meals. In the case of a referral, the cost



of hospitalization shall be borne by the Primary Health Service Provider of the enrollee and the Commission as spelt out in the benefits packages under the various Health Plans of the Scheme. The number of days of hospitalization shall be cumulative for a family enrolled under as specified under the benefits package of the health plan.

Enrolees in the Equity, Student and Informal Sector Health Plans shall be entitled to hospitalization in standard wards with the exclusion of meals.

Enrolees in the Enhanced Private Health Plan shall be entitled to hospitalization in standard wards with the exclusion of meals. In the case of a Family enrolled under the Enhanced Health Plan, the Principal and his/her dependants shall be entitled to the cumulative days of hospitalization in standard wards with the exclusion of meals. In the case of a referral, the cost for the first 15 days of hospitalization shall be borne by the Primary Health Service Providers of the enrollee while the remaining 15 days shall be paid for by the Commission.



### 4.3. DRUG ADMINISTRATION

The Commission shall negotiate the prices of drugs to ensure availability of drugs at affordable costs.

The Commission and pharmaceutical facilities shall co-operate to build acceptable channels for



the distribution of drugs and materials to eliminate fake and counterfeit drugs.

Drug utilization review programmes shall be adopted in order to streamline the management of pharmaceutical care services.

Facilities shall adhere to the generic drug list and policy of the Scheme.

### 4.4. CO-PAYMENT POLICY

The following co-payments shall be applicable under the various health plans of the Scheme except in the Equity Health Plan;

1. Co-payment of 10% for all drugs prescribed on the Scheme except for routine antenatal care drugs.
2. Co-payment of 10% for all diagnostics services.
3. Co-Payment of 50% for selected services.

## 4.5. REFERRAL POLICY

All non-emergency access to care shall be via Primary Care Provider. Cases beyond the competence or capacity of the Primary Care provider (complicated cases, high risk cases, emergency cases,



cases out of primary care scope and other cases that require specialist attention) shall be referred, in line with the following laid down guidelines, from the Primary Care Provider to another Health Service Provider:

- i. A patient may be referred from a Primary Health Facility to a Secondary/Tertiary Health Facility due to need for specialized investigations, for medical/ surgical reasons or other services – diagnostic, physiotherapy etc.
- ii. Referral can be within the same facility in the case that the facility has been issued primary and secondary accreditation from the Commission or from one Health Service Provider to another with the same level of accreditation in a situation where the required service cannot be accessed at the referring facility at that time.
- iii. Rarely a referral may arise from one Primary Health Service Provider to another Primary Health Service Provider if the required primary services are not available at the referring facility in which case the cost of these services shall be calculated in line with the actuarially determined tariff of the Scheme and shall be deducted from the next capitation of the referring facility for the reimbursement of the receiving facility.

Following stabilization and treatment, the referred beneficiary is expected to be referred back to his primary care provider with a medical report and follow up treatment instructions and/or protocol.

#### 4.5.1. Basic Principles of Referral

1. There should be a clinical basis for referral - Cases beyond the competence or capacity of the primary care provider, complicated cases, high risk cases, emergency cases, cases out of primary care scope and other cases that require specialist attention.
2. Patient should be resuscitated and stabilized prior to referral.
3. Primary care physicians are obliged to refer promptly to the next level of care where indicated.
4. A referral line (receiving facility) should be confirmed prior to referral.
5. A referral letter (written electronically and/or manually) should accompany every case.
6. Personal and medical details should be contained in the referral letter.
7. All investigations carried out at a lower level of care should be transferred to the receiving facility.
8. The outcome of a referral should be satisfactorily and properly documented by the receiving facility.
9. Referred cases should be sent back by the receiving facility after completion of treatment to the referring Facility, with a medical report and instructions for follow-up management.

#### 4.5.2. Information Required for Referral

- i. Patient's name, gender, age and address.
- ii. Referring HCP's name and referring unit (Department/Clinic), if applicable.
- iii. Referring HSP's Code.
- iv. Patient's unique identifier (CIN)
- v. Referral date
- vi. Clinical findings/investigations and results.
- vii. Treatment administered before referral.
- viii. Provisional diagnosis
- ix. Reasons for referral.
- x. Referral code obtained from the Commission.
- xi. Referring personnel's name and signature.

**Note:**

- a. In chronic conditions covered by the Scheme, the primary facility shall refer the patient to the requisite level of care.
- b. The Commission shall generate an authorization code that would cover follow up visits until the patient is stabilized.
- c. The payment to the Secondary/Tertiary Health Service Provider for all follow-up visits shall be borne by the Commission.
- d. The payment of Primary Health Service Providers for services referred to it by another Primary Health Service Provider shall be paid by the referring facility.
- e. All Facilities are expected to provide counselling as an integral part of quality care.



## EDOHIS PATIENT REFERRAL FORM

### Referring Facility Information

Name of Facility	EDOHIS Facility Code
Address	Phone Number Email
Referring Doctor (Name/Position)	

### Patient Information

Name	EDOHIS Enrollee ID
Gender	Date of Birth
Address	Phone Number

### Reason for Referral

### Referral/PA Code(s) (Obtained from the Commission by the referring facility)

	Requested Health Services (Consultations, Investigations, Procedures etc.)	Referral or PA Code
1.		
2.		
3.		

Authorized Signature/Stamp

Date

**Note: This form is to be accompanied by a referral letter from the Primary Health Care Provider where applicable.**

## **4.6. PROCEDURE FOR CHANGE OF HEALTH PLAN/ HEALTH SERVICE PROVIDER /ADDITION OF DEPENDENT**

### **4.6.1. Procedure for changing Health Plan**

An enrollee who wishes to change his/her Health Plan shall:

1. Duly notify the Commission one (1) month before intended date of change.
2. Provide the Commission with the necessary information required to include him/her in the new Health Plan of his/her choice.
3. Pay the cost of the Health Plan selected, where applicable, to the designated account of the Commission.

The Commission shall:

1. Determine and communicate premium contribution requirements to the individual.
2. Migrate the resident to the new Health Plan after validation of the information provided by the resident to see if he/she is eligible to be on the Health Plan selected.
3. Issue a new ID card to the enrollee under the new Health Plan. Kindly note that enrollee will bear the cost of the production of the new ID card.

### **4.6.2. Procedure for changing Health Facility.**

An enrollee who wishes to change his/her Primary Health Facility shall:

1. Notify the Commission of his/her intention three (3) months before the due date.
2. The enrollee shall obtain change of Health Service Provider/update form from the Commission.
3. Fill the change of Facility form provided by the Commission. The enrollee shall attach his/her passport photograph along with a duly signed application letter.

The Commission shall:

1. Only accept change requests from principal enrollees, where applicable.
2. Notify the former facility of the Beneficiary, of the Change.
3. Notify the new facility assigned to the Beneficiary at least a month before due date.
4. The enrollee shall bear the cost of production of new ID card should an update be required.

#### 4.6.3. Procedure for addition of dependents

A principal who wishes to add an additional dependent shall:

1. Notify the Commission of his/her intention.
2. Fill an addition of dependent form.
3. Pay the cost of adding a dependent to his/her Health Plan to the designated account of the Commission.

The Commission shall:

1. Approve the addition of new dependent(s).
2. Add the dependent to the list of dependents under the principal beneficiary.
3. The principal enrollee shall bear the cost of production of the new ID card(s) for the additional dependent(s).

**Note:**

Dependents above 18 years of age shall be enrolled individually under any Health Plan chosen and paid for by the principal.







**FUND  
MANAGEMENT**



## 5.0. FUND MANAGEMENT

Premiums collected under the various Health Plans of the Scheme, Basic Health Care Provision Fund and all other monies collected under the Edo State Health Insurance Scheme shall be managed by the Edo State Health Insurance Commission.

### 5.1. Edo State Health Insurance Provider Payment Mechanisms

Health Service Providers under the Edo State Health Insurance Scheme shall be paid through the following methods:

- a. Capitation
- b. Fee-for-Service
- c. Diagnostic related payment
- d. Per diem

Providers on the Scheme are expected to maintain a proper financial record of income and expenditure on the scheme

Payment made to Health Service Providers shall be to their account domiciled in a commercial bank.

### 5.2. Funds Flow between the Commission and Primary Health Service Providers

Primary Health Service Providers shall be paid by the Commission via active capitation, i.e, primary services shall be paid for in advance for the number of lives assigned to the facility. Capitation shall cover for all primary services rendered on the Scheme.

Drugs and diagnostics will require a co-payment of 10% from the enrolee.

### 5.3. Funds Flow between the Commission and Secondary/Tertiary Health Service Providers

The Commission shall make payment to secondary/tertiary Health Service Providers for secondary services rendered to enrolees under the various Health Plans. The cost of each secondary health service shall be in

accordance with the actuarially determined cost of health services.

Secondary/Tertiary Health Facilities shall submit their claims to the Commission monthly.

The Commission shall set up claims validation desks for specific secondary and tertiary care services – referrals, pharmacies, laboratories, imaging, etc. to ensure prompt processing of claims.

The Commission shall receive the claims of a previous month within 7 days from the beginning of the new month. (i.e., Claims for services rendered in January shall be submitted to the Commission within the first 7 days of February).

The Commission shall process and settle all claims received within 21 days of receiving them from the facilities.

**Note:**

Application for extension of submission of claims should be submitted a week before the due date of claims submission. A delay in claims submission without a written application for extension will attract an administrative fee of 10% of fee-for-service payment due to the defaulting Health Service Provider.

In case of dispute, the Commission shall process the claims and a caveat shall be placed on the fee scheduled for payment, while the dispute is subject to arbitration.

#### **5.4. Funds Flow between Primary and Secondary Health Service Providers.**

In a case where an enrollee is referred from a Primary Health Service Provider to a Secondary Health Service Provider, services covered under the primary level of care offered by the receiving facility on behalf of the referring facility

shall be paid for by the referring facility.

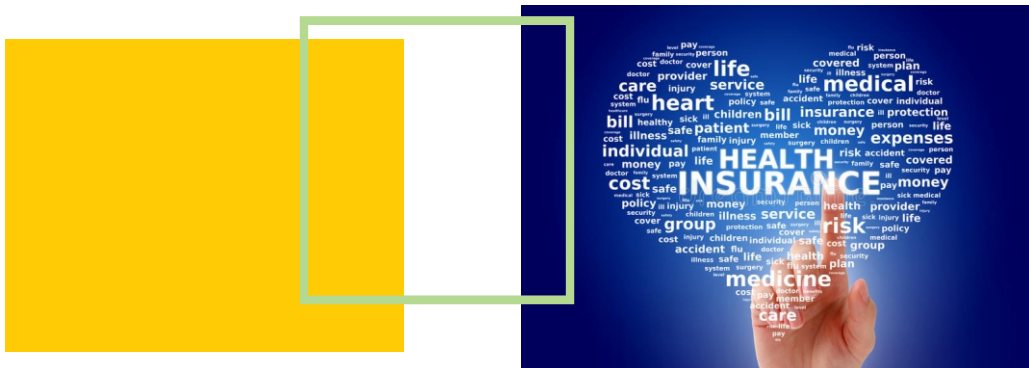
The secondary facility (hospitals, stand-alone pharmacy & laboratory) shall submit claims to the Commission for prescriptions and laboratory investigations referred to them but covered by under primary level of care.

Payment for bed space shall be per diem. The secondary facilities shall submit such claims to the Commission for the bed space occupied by the referred patient up to a maximum number of days as stipulated under the various Health Plans.

The Commission shall deduct the total cost of services rendered by the receiving facility but covered under primary service from the next capitation of the referring facility and shall reimburse the receiving facility for such services. The cost of services shall be as stipulated under the Benefits package and price list of the Commission.

### 5.5. Funds Flow between the Commission and Aggregators

Aggregators under the Edo State Health Insurance Scheme shall be entitled to a percentage of premiums collected from residents aggregated and enrolled into the Scheme. The Commission shall reimburse aggregators on the scheme based on this percentage monthly, quarterly, bi-annually or annually as specified in the contract between the aggregator and the Commission.







**MONITORING  
AND  
ENFORCEMENT**





## **6.0. MONITORING AND ENFORCEMENT**

### **6.1. QUALITY ASSURANCE**

The Commission shall ensure that high quality of service is rendered on the Edo State Health Insurance Scheme.

The Commission shall:

1. Establish feedback boxes for enrolees at the various facilities accredited on the scheme.
2. Establish a 2-way electronic feedback mechanism (phone calls, emails, social media handles, etc.) between enrolees and the Commission.
3. Undertake monthly monitoring and evaluation of Health Service Providers.
4. Organize seminars (at least once a quarter) for all Health Service Providers.
5. Organize seminars (at least once annually) for enrolees.
6. Conduct monthly survey on enrolee satisfaction.
7. Carry out quarterly assessment and rating of Health Service Providers based on identified thematic areas.
8. A score card shall be issued to each facility based on the quarterly assessments carried out at the HCFs.





## EDO STATE HEALTH INSURANCE COMMISSION

### EDOHS Quality Assurance/M & E Tool for Health Facility Visits

#### DATE OF VISIT:

<b>Name of Facility</b>	<b>EDOHS Facility Code</b>
<b>Address</b>	
<b>Phone number</b>	<b>Email</b>
<b>Ownership – Public</b> [ ] <b>Private</b> [ ]	<b>Level of Accreditation – Primary</b> [ ] <b>Secondary</b> [ ]

#### ASSESSMENT CHECKLIST

S/N	Thematic Area		Facility Score	Facility Rating
<b>1</b>	<b>Clinical Personnel</b>	<b>Max = 10</b>	<b>=</b>	
A	Two or more registered nurses/midwives One registered nurse/midwife	2 1		
B	Two or more doctors A doctor	2 1		
C	Pharmacist Pharmacist technician	2 1		
D	Medical lab scientist Lab technician	2 1		
E	Two or more in house or visiting consultants One consultant	2 1		
<b>2</b>	<b>General Infrastructure</b>	<b>Max = 5</b>	<b>=</b>	
A	Accessible facility	1		
B	Good facility structure	1		
C	Organised layout of the facility	1		
D	Maintained facility structure	1		
E	Reliable alternative source of power	1		
<b>3</b>	<b>Core Clinical Services</b>	<b>Max = 10</b>	<b>=</b>	
A	Out-patient and in-patient services Out-patient services only	2 1		
B	Specialty Clinics e.g. Paediatrics, Internal medicine, Surgery, O & G, ENT, Orthopaedics, Eye, Dental etc. <b>Two or more specialty clinics</b> <b>One specialty clinic</b> <b>No specialty clinic</b>	  4 2 0		

<b>C</b>	Ambulance services	<b>2</b>		
<b>D</b>	Diagnostic & radiographic services	<b>2</b>		
<b>4.</b>	<b>ICT Infrastructure</b>	<b>Max = 5</b>	<b>=</b>	
<b>A</b>	Two or more functional desktops or laptops for use One functional laptop for use by EDHIC Desk Officer/ Records Officer	<b>1</b> 0.5		
<b>B</b>	At least 1 trained ICT personnel	<b>1</b>		
<b>C</b>	Access to the internet	<b>1</b>		
<b>D</b>	External hard drive for storing patient information	<b>1</b>		
<b>E</b>	Electronic Medical Records	<b>1</b>		
<b>5.</b>	<b>Essential Drugs</b>	<b>Max = 10</b>	<b>=</b>	
<b>A</b>	Pharmacy Drug dispensary	<b>2</b> 1		
<b>B</b>	Pharmacist Pharm. Tech	<b>2</b> 1		
<b>C</b>	Availability of vaccines and immunization supplies	<b>2</b>		
<b>D</b>	<b>Drugs in stock -</b> ≥ 80% of drugs on essential drug list ≥ 40% of drugs on the essential list < 40% of drugs on essential drug list	<b>2</b> 1 0		
<b>E</b>	Adequate storage facility for drug	<b>1</b>		
<b>F</b>	Easy access to restock drugs when the facility is running low	<b>1</b>		
<b>6.</b>	<b>Equipment</b>	<b>Max = 10</b>	<b>=</b>	
<b>A</b>	<b>Basic Equipment</b> i. Thermometer ii. Weighing scale iii. Stethoscope iv. Sphygmomanometer v. Glucometer vi. Pulse oximeter vii. Oxygen cylinder/concentrator viii. Ambu bag  <i>All (or more) of the above</i> <i>4 - 7 of the above</i> <i>Less than 4 of the above</i>	          <b>2</b> <b>1</b> <b>0.5</b>		
<b>B</b>	<b>Laboratory Equipment</b> i. Microscope ii. Centrifuge iii. Incubator iv. Spectrophotometer v. Autoclave, etc.  <i>5 or more of the above</i> <i>2 - 4 of the above</i> <i>Less than 2 of the above</i>	          <b>2</b> <b>1</b> <b>0.5</b>		

<b>C</b>	<b>Cold Chain Storage</b> Freezers/fridges to store vaccines, reagents, blood, tissue cultures, and other medical samples.	<b>2</b>	
<b>D</b>	<b>Specialized Equipment</b> i. Ventilator iii. Incubator for neonates iii. Dental Chair iv. Other specialized equipment (.....)  <i>One or more of the above</i> <i>None of the above</i>	<b>2</b> <b>0</b>	
<b>E</b>	<b>Radio-diagnostic Equipment</b> i. Ultra-sound scan ii. X-Ray machine iii. ECG iv. Echocardiography machine v. Endoscope vi. CT Scan vii. MRI Other equipment (specify .....)  <i>Two or more of the above</i> <i>Any of the above</i> <i>None of the above</i>	<b>2</b> <b>1</b> <b>0</b>	
<b>7.</b>	<b>General Infrastructure and Sanitation</b>	<b>Max = 10</b>	
<b>A</b>	<b>General Maintenance</b> Well maintained building/compound Building/compound with need for minor improvement Poorly maintained building/compound	<b>2</b> <b>1</b> <b>0</b>	
<b>B</b>	<b>Water Supply</b> Borehole/tanker + running water Borehole/tanker but no running water No steady source of water	<b>2</b> <b>1</b> <b>0</b>	
<b>C</b>	<b>Toilet Facilities</b> <i>i. Number</i> Adequate number of toilets Inadequate number of toilets No toilet  <i>ii. Maintenance</i> Well maintained with running water Clean without running water Poorly maintained	<b>1</b> <b>0.5</b> <b>0</b>  <b>1</b> <b>0.5</b> <b>0</b>	
<b>D</b>	<b>Cleaning Supplies</b> Adequate cleaning equipment/supplies Inadequate cleaning equipment/supplies	<b>2</b> <b>0</b>	

<b>E</b>	<b>General Waste Management</b>			
	<i>i. Storage</i>			
	Proper waste storage bins in designated area	1		
	Improper storage	0		
<b>ii. Disposal</b>	Waste disposal by licensed waste managers	1		
	No licensed waste manager	0		
<b>8.</b>	<b>Infection Prevention and Control</b>	<b>Max = 10</b>		
<b>A</b>	<b>IPC Manpower</b>			
	Facility has an IPC committee and trained staff	2		
	Facility has trained IPC staff	1		
	No trained IPC staff	0		
<b>B</b>	<b>Hand Hygiene</b>			
	<i>i. Handwashing stations and liquid soap</i>			
	Adequately placed in clinics/ wards	1		
	Inadequate	0		
	<i>ii. Hand sanitizers</i>			
Available	1			
	Unavailable/inadequate	0		
<b>C</b>	<b>Personal Protective Equipment</b>			
	Adequate stock of PPEs (latex and surgical gloves, face masks, aprons etc.)	2		
	Inadequate stock of PPEs	0		
<b>D</b>	<b>Disinfection and Sterilization</b>			
	Adequate supply of disinfecting lotions/ bleach	1		
	Sterilizing unit or autoclave	1		
<b>E</b>	<b>Medical Waste Management</b>			
	Waste segregation using colour-coded bins/bin liners	0.5		
	Biohazard/sharps disposal boxes	0.5		
	Incinerator or burn/bury pit	1		
<b>Overall Score and Rating</b>		<b>Max = 70</b>	<b>=</b>	

Rating System			
Rating	Maximum Score = 10	Maximum Score = 5	Overall Score = 70
Very Good	9 – 10	5	
Good	7 – 8	4	
Fair	5 – 6	3	
Poor	3 – 4	2	
Very Poor	1 – 2	1	

**OTHER OBSERVATIONS**

S/N	Thematic Area	Comments
<b>Client Satisfaction</b>		
1	Attitude of staff	
2	Average waiting time for EDOHIS enrollees present at the time of visit	
3	Availability, use and confidentiality of Patient Feedback Form	
<b>Adherence to EDOHIS Policies and Guidelines</b>		
4	Staff's understanding of basic processes for identification and validation of enrollees and their dependants	
5	Desk Officer's understanding of Benefits Packages and Price Lists, policies and procedures for authorizations, submission of claims etc	
6	Adequacy of documentation using EDOHIS registers and forms (patient encounter, referral, claims etc)	

**Challenges observed at the facility:**

**Recommendations:**

**General/Other Comments:**

\_\_\_\_\_  
Name of Assessment Officer 1

\_\_\_\_\_  
Name of Assessment Officer 2

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Signature/Date



## EDOHIS HEALTH FACILITY ASSESSMENT SCORE CARD

HEALTH CARE FACILITY: IGBINEDION UNIVERSITY TEACHING HOSPITAL (BENIN CENTRE)		LEVEL: PRIMARY/SECONDARY					Scoring Template
		Maximum Score	Q1	Q2	Q4	Q4	
PRIORITY AREAS							
General Infrastructure		5					10-20 ★ 21-30 ★★ 31-40 ★★★ 41-50 ★★★★ 51-60 ★★★★★ 61-70 ★★★★★★ 71-80 ★★★★★★★ 81-90 ★★★★★★★★ 91-10 ★★★★★★★★★
ICT Infrastructure		5					★ ★ ★ ★ ★
Core Clinical Services		10					★ ★ ★ ★ ★
Personnel		10					★ ★ ★ ★ ★
Equipment		10					★ ★ ★ ★ ★
Essential Drugs		10					★ ★ ★ ★ ★
Laboratory Services		10					★ ★ ★ ★ ★
Infection Prevention and Control		10					★ ★ ★ ★ ★
Sanitation and Waste Management		10					★ ★ ★ ★ ★
Client Satisfaction		10					★ ★ ★ ★ ★
Compliance to EDHIC policies		10					★ ★ ★ ★ ★
<b>TOTAL POINTS</b>		<b>100</b>					<b>RATING</b> ★ ★ ★ ★ ★

Note:0

- ❖ Assessments of Health Care Facilities are carried out quarterly to improve facility ratings.
- ❖ Facilities who are rated below 2 Star at the end of the provisional Accreditation year are not eligible for full Accreditation and would be asked to withdraw from the Scheme.
- ❖ Facilities who Score or maintain a 5 star are automatically eligible for full Accreditation for two years and would be prioritized for the Enhanced private plan.

## EDOHIS HEALTH CARE FACILITY RATING TOOL

ACCREDITATION CODE	ACCREDITED FACILITIES	LEVEL OF SERVICE	THEMATIC AREAS FOR FACILITIES RATING											TOTAL SCORE (100 POINTS)	PERCENTAGE (100%)	RATING	LABORATORY SERVICES
			PERSONNEL (10 POINTS)	GENERAL INFRASTRUCTURE (5 POINTS)	CLINICAL SERVICES (10 POINTS)	ICT SERVICES (10 POINTS)	ESSENTIAL DRUGS (10 POINTS)	EQUIPMENTS (10 POINTS)	WASTE MANAGEMENT (10 POINTS)	INFECTION PREVENTION AND CONTROL (10 POINTS)	CLIENT SATISFACTION (10 POINTS)						
EDOH02101		Primary/Secondary	9	5	6	4	9	8	8	8	8	3	N/A	52	64%	☆☆☆☆	
EDOH02102		Primary	5	4	4	2	1	4	6	7	6	2	N/A	30	30%	☆☆☆☆	
EDOH02103		Primary	7	5	8	3	8	8	8	8	4	4	N/A	53	64%	☆☆☆☆	
EDOH02104		Primary/Secondary	9	4	8	3	8	8	8	7	4	4	N/A	51	64%	☆☆☆☆	
EDOH02105		Primary	5	3	5	3	4	4	4	4	3	N/A	31	39%	☆☆☆☆		
EDOH02106		Primary	5	3	5	3	4	4	4	5	4	N/A	33	41%	☆☆☆☆		
EDOH02107		Primary	4	3	4	3	3	3	3	4	3	N/A	27	34%	☆☆☆☆		
EDOH02108		Primary/Secondary	9	4	8	3	8	7	7	7	4	N/A	50	63%	☆☆☆☆		
EDOH02109		Primary/Secondary	9	4	8	3	8	7	8	8	4	N/A	53	64%	☆☆☆☆		
EDOH02110		Primary/Secondary	8	4	6	3	8	8	8	7	4	N/A	48	60%	☆☆☆☆		
EDOH02111		Primary/Secondary	5	2	8	2	4	3	4	4	2	N/A	30	38%	☆☆☆☆		
EDOH02112		Primary/Secondary	8	5	8	3	7	7	8	8	4	N/A	50	63%	☆☆☆☆		
EDOH02113		Primary/Secondary	8	4	6	2	7	7	7	7	4	N/A	45	56%	☆☆☆☆		
EDOH02114		Primary/Secondary	8	4	8	3	8	7	7	5	5	N/A	50	63%	☆☆☆☆		
EDOH02115		Primary/Secondary	8	4	6	3	8	7	6	6	5	N/A	47	59%	☆☆☆☆		
EDOH02116		Primary/Secondary	9	5	9	4	9	9	8	8	5	N/A	58	73%	☆☆☆☆		
EDOH02117		Primary/Secondary	8	4	6	3	5	6	6	8	4	N/A	42	53%	☆☆☆☆		
EDOH02118		Primary/Secondary	9	3	5	3	9	8	8	5	5	N/A	50	63%	☆☆☆☆		
EDOH02119		Primary/Secondary	9	4	9	5	9	9	8	8	6	N/A	59	74%	☆☆☆☆		
EDOH02120		Primary/Secondary	9	5	8	5	8	8	8	5	5	N/A	56	70%	☆☆☆☆		
EDOH02121		Primary/Secondary	9	3	9	4	9	8	8	5	5	N/A	57	71%	☆☆☆☆		
EDOH02122		Primary/Secondary	9	5	9	5	9	9	9	8	8	N/A	63	79%	☆☆☆☆		
EDOH02123		Primary/Secondary	9	5	9	5	9	9	9	9	8	N/A	63	79%	☆☆☆☆		
EDOH02124		Primary/Secondary	5	3	8	3	9	4	4	4	5	N/A	41	51%	☆☆☆☆		
EDOH02125		Secondary	9	4	9	5	9	9	8	8	8	N/A	61	76%	☆☆☆☆		
EDOH02126		Primary/Secondary	8	4	8	4	9	8	8	8	5	N/A	54	68%	☆☆☆☆		
EDOH02127		Primary/Secondary														☆☆☆☆	

SCORING TEMPLATE (%)	5	4	3	2	1
10-21	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆
21-30	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆
31-40	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆
41-50	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆
51-60	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆
61-70	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆
71-80	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆
81-90	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆
91-100	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆	☆☆☆☆

## 6.2. REPORTS AND RENDITIONS

### 6.2.1. Records and Information

The following stakeholders under this Scheme shall provide the necessary information and records as stated in this Operational Guideline to ensure the proper management of the Scheme.

#### 6.2.1.1. Monthly Reports from Health Service Providers to the Commission.

1. Encounter information for all enrolees seen. This information shall include but not limited to the following:
  - » Name of the patient.
  - » Patient CIN.
  - » Presenting complaints.
  - » Treatment given.
  - » Admission days (where applicable)
  - » Doctor's remark.
  - » Signature of enrolee.
2. Monthly Encounter Summary document.
3. Copies of prescriptions and referrals issued during the month.
4. Claim forms (for secondary facilities) containing the following:
  - » Name
  - » Patient CIN
  - » Name of patient's referring Primary Health Service Provider.
  - » Presenting complaints
  - » Diagnosis
  - » Treatment given
  - » Date of treatment.
  - » Amount billed.
5. Copy of referral form from Health Service Provider should be attached to claim form.



## EDOHIS CLAIMS FORM

### CLIENT DETAILS

NAME OF ENROLLEE:		
ENROLLEE COMPANY NAME/ADDRESS :		
SEX: M <input type="checkbox"/>	DATE OF BIRTH:	COOPERATE INSURANCE NUMBER(CIN):
F <input type="checkbox"/>		

### HEALTH CARE PROVIDERS DETAILS

HEALTH CARE FACILITY CODE:	
HEALTH CARE FACILITY NAME:	
NAME OF DOCTOR:	AREA OF SPECIALTY :

### TREATMENT DETAILS

PATIENT AUTHORIZATION CODE

DATE OF SERVICE:	DATE OF ADMISSION:	DATE OF DISCHARGE:
PRESENTING COMPLAIN:		
DIAGNOSIS:		

S/NO	SERVICE/ITEM DESCRIPTION	QUANTITY	TOTAL COST

PATIENT NAME/SIGNATURE/PHONE NUMBER

Kindly Attach All Investigation Results And Reports Required For All Admissions, Procedures And Surgeries.

## EDO STATE HEALTH INSURANCE SCHEME

### MONTHLY REPORT FORM FOR HEALTH SERVICE PROVIDERS

**Provider Information**

Month/Year

Name of Facility		EDOHIS Facility Code	
Address		Phone Number:  Email:	
Ownership of Facility:  Public <input type="checkbox"/>  Private <input type="checkbox"/>	Type of Facility:  Health Care Facility <input type="checkbox"/>  Laboratory <input type="checkbox"/>  Diagnostic Centre <input type="checkbox"/>	Level of Accreditation  Primary <input type="checkbox"/>  Secondary <input type="checkbox"/>  Tertiary <input type="checkbox"/>	

**Summary of Enrollees and Patient Encounters**

Number of Active Enrollees	
Number of Patient Encounters	
No of Approved Patient Authorizations	
No of Referred Patients Seen	

**Summary of Provider Payments**

Total Amount Received as Capitation in reporting month	(₦)
--	-----

## PATIENT FEEDBACK FORM

Name of Patient (Optional) \_\_\_\_\_  
 Enrollee ID (CIN) \_\_\_\_\_ Phone No \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_ Date of Visit \_\_\_\_\_

	QUESTIONS	Kindly Tick the Correct Answer
1	Did you have to wait more than 30 minutes before you were attended to at this facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	How would you describe the environment of this facility?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
3	How will you describe the quality of care you received at this facility?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
4	Were you made to pay for any services at this facility today?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, state the service(s) and amount paid?	
5	Overall, how would you rate your experience at our facility today?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	If poor, why?	
	Please tell us how we can improve our services	

**Thank you for using your EDOHIS health facility. Please answer the questions below to tell us about your experience today. Your feedback will help us improve our services.**

**General Comments**

## EDOHIS PATIENT REFERRAL FORM

### Referring Facility Information

Name of Facility	EDOHS Facility Code
Address	Phone Number Email
Referring Doctor (Name/Position)	

### Patient Information

Name	EDOHS Enrollee ID
Gender	Date of Birth
Address	Phone Number

### Reason for Referral

### Referral/PA Code(s) (Obtained from the Commission by the referring facility)

	Requested Health Services (Consultations, Investigations, Procedures etc.)	Referral or PA Code
1.		
2.		
3.		

Authorized Signature/Stamp  Date

**Note: This form is to be accompanied by a referral letter from the Primary Health Care Provider where applicable.**

### 6.6.1.2. Information to be provided to Facilities by the Commission

1. Operational Guideline.
2. Health Service Provider Handbook
3. Monthly Encounter Register
4. Drug price list.
5. Professional fee-for-service.
6. Laboratory price list.
7. Radiological/Ultrasonography Price List.
8. Monthly detailed enrolee register under the network of each Facility

### 6.2.2. Enrolee Data Update

This shall show changes in the following enrolee data:

- Primary facility
- Secondary facility
- Employer
- Location
- Next of kin
- Contact information
- Change of Facility
- Exit from the Scheme (withdrawal, relocation from the state or death)

The enrolee data update form shall be filled by each enrolee, the Commission, or the Facility where applicable to capture the above information.

### 6.2.3. Other Information

The Commission shall publish the following information on its website:

- Scheme actuarial information.
- Disease patterns.
- Utilization of services.
- Up to date list of accredited Health Service Providers.



**GRIEVANCE,  
ARBITRATION  
& SANCTIONS**





## 7.0. GRIEVANCE, ARBITRATION & SANCTIONS

### 7.1. GRIEVANCE & ARBITRATION

All cases of misconduct will be resolved by the Arbitration Panel set up in line with the law establishing the Edo State Health Insurance Commission. Cases that cannot be settled by the Arbitration Panel shall be referred to court.

### 7.2. OFFENCES, PENALTIES AND LEGAL PROCEEDINGS

The Operational Guidelines, of Edo State Health Insurance Scheme, contains principles of offences, penalties, and legal proceedings that ensures adherence with the standard of conduct.

#### 7.2.1. HEALTH SERVICE PROVIDERS

The Commission will upon feedback/complaint from enrolees or any other key stakeholder, and after investigation, including giving the Health Care Facility or her legal representative an opportunity of being heard, impose the following penalties to any Health Facility found wanting:

	OFFENCES	PENALTIES
1.	Discriminates and refuses to treat/ manage any enrolees and their covered dependents after receiving payments from the Commission on behalf of such enrolee.	<p>One or more of the following penalties shall apply:</p> <ul style="list-style-type: none"> <li>▪ HSP shall be issued a warning</li> <li>▪ HSP shall pay a fine.</li> <li>▪ Report to Regulatory Body where applicable</li> <li>▪ HSP shall be suspended for a period not less than three (3) months.</li> <li>▪ Delisting of repeated offenders.</li> </ul>



<p>2.</p>	<p>Receives, consults with or manage any enrollee as a fee-paying patient where required treatment is covered by his/her benefit package.</p>	<p>One or more of the following penalties shall apply:</p> <ul style="list-style-type: none"> <li>▪ HSP shall make a full refund of all moneys collected from the enrollee within 72 hours.</li> <li>▪ HSP shall be issued a warning</li> <li>▪ HSP shall pay a fine.</li> <li>▪ Suspension for not less than three (3) months.</li> <li>▪ Delisting of repeated offenders.</li> </ul>
<p>3.</p>	<p>Solicit, collect or charge any fee from any enrollee in addition to the fees payable by EDHIC for services covered in their benefits package (except in cases of co-payment as stipulated by the Commission)</p>	<p>One or more of the following penalties shall apply:</p> <ul style="list-style-type: none"> <li>▪ To make refund of all moneys collected from the enrollee within three (3) days.</li> <li>▪ Warning.</li> <li>▪ HSP shall pay a fine.</li> <li>▪ Suspension for not less than three (3) months.</li> <li>▪ Delisting of repeated offenders.</li> </ul>

4.	Where a Health Care Facility is found not operating 24 hours a day, 7 days a week.	One or both of the following penalties shall apply: <ul style="list-style-type: none"> <li>▪ Warning.</li> <li>▪ Delisting of such Health Facility.</li> </ul>
5.	Where a health care facility fails to refer an enrollee promptly to appropriate HCFs as determined by the Commission where necessary.	One or more of the following penalties shall apply: <ul style="list-style-type: none"> <li>▪ Warning.</li> <li>▪ Report to regulatory body where applicable.</li> <li>▪ Suspension for not less than three (3) months.</li> <li>▪ Delisting of repeated offenders.</li> </ul>
6.	Where a health care facility fails to keep and maintain standard medical records in respect of each or all enrollees, and/or fail to make monthly returns to the Commission or its duly authorized agents.	One or more of the following penalties shall apply: <ul style="list-style-type: none"> <li>▪ Warning</li> <li>▪ The Health Care Facility must forward the appropriate report.</li> <li>▪ HSP shall pay a fine</li> <li>▪ Suspension for not less than three (3) months.</li> <li>▪ Delisting of repeated offenders.</li> </ul>

7.	Where Health Care Facility fails to grant EDHIC officers the right to enter upon any part of the premises for the purpose of monitoring.	Delisting of such Facility.
8.	Where Health Care Facility fails to duly notify the Commission and the enrolees registered with it within 3 months of its intention to relocate to a new place by way of publication in the local newspapers.	One or more of the following penalties may apply: <ul style="list-style-type: none"> <li>▪ Warning.</li> <li>▪ Pay a fine</li> <li>▪ Delisting of such Facility.</li> </ul>
9.	Where Health Care Facility breaches the mandatory 3-month written notice to the Commission, and also fails to publish in the Local newspapers, notify the enrolees registered of its intention to exit from the Scheme.	Facility shall be liable to prosecution under the relevant laws guiding financial transactions.

10.	Where Health Care Facility refuses to abide by the judgments of the arbitration board.	One or both of the following penalties shall apply: <ul style="list-style-type: none"> <li>▪ Formal report to relevant Regulatory body where applicable.</li> <li>▪ Delisting of such facility</li> </ul>
11.	Where a Health Facility fails to file timely claims or file timely extension requests.	One or both of the following shall apply: <ul style="list-style-type: none"> <li>▪ Warning</li> <li>▪ The Commission shall delay payment,</li> </ul>
12.	Where a Health Care Facility makes false claims to the Commission for a treatment/procedure not carried out	One or both of the following shall apply: <ul style="list-style-type: none"> <li>▪ Formal report to relevant regulatory body where applicable.</li> <li>▪ Delisting of such facility</li> </ul>
13.	Where a Health Care Facility deliberately and against medical ethics under-manages an enrollee.	One or both of the following may apply: <ul style="list-style-type: none"> <li>▪ Formal report to relevant regulatory body where applicable.</li> <li>▪ Delisting of such facilities.</li> </ul>
14.	Where a Health care Facility engages in any fraudulent activity	One or both of the following may apply: <ul style="list-style-type: none"> <li>▪ Formal report to relevant Regulatory body where applicable and/or</li> <li>▪ Delisting of such facilities</li> </ul>

15.	Where it is discovered that there was misrepresentation on the part of Health Care Facility at time of application	Delisting of such facility.
16.	When specified EDHIC technical/ personnel requirements are no longer being met	Delisting of such facility.
17.	Where a Health Care Facility deliberately and against medical ethics divulges information about patients.	<p>One or more of the following shall apply:</p> <ul style="list-style-type: none"> <li>▪ Formal report to relevant regulatory bodies.</li> <li>▪ Shall pay a fine.</li> <li>▪ Suspension for not less than three (3) months</li> <li>▪ Delisting of such facility.</li> </ul>

**Note:**

1. Kindly refer to the EDHIC Sanction Manual where fines are applicable.
2. Any HCF that fails to comply with the sanctions under this Guideline/Manual, within the stipulated time shall have its certificate of accreditation withdrawn by the Commission and/or may face Arbitration proceedings/prosecution.
3. When a HCF's accreditation is suspended/withdrawn, EDHIC shall retain the right to reassign the affected enrolees from the date of such action(s) to another HCF.
4. Any HCF that is suspended/delisted shall refund all monies, data, software, hardware, materials and other documents in its custody to the Commission.


## 7.2.2. Beneficiaries


The Commission will upon feedback/complaint by the Health Service Provider or any other key stakeholder and after investigation, including giving the Beneficiary or his legal representative an opportunity of being heard, impose the following penalties to any Beneficiary found wanting:

S/N	OFFENCES	PENALTIES
1.	Wilfully or intentionally engages in multiple registration on the Scheme within the specified period indicated in the Operational Guideline.	<ul style="list-style-type: none"> <li>• Delete the excess registration</li> <li>• Liable to prosecution</li> </ul>
2.	Falsification of personal/medical records	<ul style="list-style-type: none"> <li>• Warning</li> <li>• Liable to prosecution</li> </ul>
3.	Wilfully and intentionally allowing usage of EDHIC ID cards by unauthorized persons for service access	<ul style="list-style-type: none"> <li>• Persons involved are liable to prosecution</li> <li>• The enrolee involved should refund the cost of consumed medical care</li> </ul>

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