

## National Health Insurance Bill

### Membership of the scheme

16. (1) Each resident in Ghana shall belong to the National Health Insurance Scheme, a private commercial health insurance scheme or a private mutual health insurance scheme which may by law be established.

(2) The Board shall issue guidelines and procedures for the registration of members of the National Health Insurance Scheme.

(3) The Board shall give the necessary assistance to disadvantaged applicants to facilitate their registration as members.

(4) A person may become a member of the Scheme on application to the Authority.

(5) The Authority shall process an application for membership within ninety days after submission of the application.

(6) A member of the Scheme who moves to reside in a district other than the district where the member enrolled, shall update information on that person's membership at the office of the Authority responsible for the new district of residence.

(7) Where a member loses a card, the Authority shall replace the card on payment of a prescribed fee.

(8) The Authority shall issue a card with a unique permanent number to each member.

(9) A member who applies for the replacement of a card for a reason other than the expiration or loss of the card shall be required to surrender the unexpired card.

(10) The Authority shall conduct registration at offices in a district and such other places determined by the Board.

(11) Despite any provision of this section, the Authority may accept the use of an identity card authorised under an enactment to be used for purposes of identification in this country.

### Contributions

17. (1) A member of the National Health Insurance Scheme shall pay the contributions that the Board may prescribe in consultation with the Minister.

(2) Without limiting subsection (2), members shall pay contributions in one instalment for their lifetime membership of the Scheme or as may be determined by the Board acting in consultation with the Minister.

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(3) In determining contributions payable by members, the Board may require that members pay their contributions in one or more instalments for a period covering one or more years.

(4) The contributions payable by members shall take into account the social nature of the scheme.

### Exemptions to contributions

18. The categories of persons exempted from the payment of contributions under the Scheme shall include

- (a) a child under eighteen years of age;
- (b) a person in need of ante-natal, delivery and neo-natal healthcare services;
- (c) a person with acute mental disorder;
- (d) a person classified by the Minister responsible for Social Welfare as an indigent, and
- (e) categories of differently-abled persons determined by the Minister responsible for Social Welfare using a means test prescribed by the Minister in consultation with the Minister responsible for Social Welfare and the Minister responsible for Local Government;
- (f) pensioners of the Social Security and National Insurance Trust;
- (g) contributors to the Social Security and National Insurance Trust; and
- (h) other categories prescribed by the Minister.

### Benefits

19. (1) The Minister shall prescribe the minimum healthcare benefits to be provided under the National Health Insurance Scheme.

(2) The Authority shall provide information at the point of member registration, about the benefit package, including benefits under the Ambulance Service, rights and responsibilities of members and complaints and dispute resolution mechanisms under the Scheme.

(3) The Authority shall assess the Scheme every six months and advise the Minister accordingly.

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### Quality assurance

20. (1) The Authority shall ensure that healthcare providers implement policies that guarantee quality healthcare to members of the Scheme.

(2) The policies shall include providing credentials, undertaking of utilisation review and technology assessment.

### Provision of credentials to healthcare providers and health facilities

21. (1) The Authority shall not use the services of a healthcare provider or health facility in the operation of the Scheme unless the healthcare provider or the health facility has been given credentials to provide services under the Scheme by the Authority in consultation with the Health Institutions Facilities Agency.

(2) The healthcare providers and healthcare facilities with credentials and the Authority shall collaborate with the Health Institutions and Facilities Agency in the regulation of health care facilities.

(3) A healthcare facility that seeks credentials with the Authority shall register with the Health Institutions and Facilities Agency or with the bodies mandated by law to regulate healthcare providers and healthcare facilities.

(4) The healthcare provider with credentials from the Authority shall not automatically be entitled to provide services to members of the Scheme.

(5) A credentialed healthcare provider is entitled to provide services to members of the Scheme only after entering into an agreement with the Authority.

(6) The Minister in consultation with the Board may prescribe qualifications, requirements and other matters as may be necessary to provide credentials to healthcare providers and facilities to operate under the Scheme.

### Medicine list and medicine tariffs

22. (1) The Authority shall in collaboration with health care providers and with the approval of the Minister develop a National Health Insurance Scheme Medicine List derived from the National Medicines list approved by the Minister.

(2) The Authority shall review the Medicine List and Medicine Tariff each year in consultation with the healthcare providers and the approval of the Minister.

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(3) The review of the Medicine List and Medicine Tariff may result in the addition or deletion of medicines, classification and grouping of medicines and a review of medicine prices.

(4) Each medicine on the Medicine List shall be referred to by the generic name of the medicine unless it is necessary to use the brand name of the medicine.

### Service list and service tariff

23. (1) The Authority shall develop a National Health Insurance Scheme Service List and Service Tariff for use within the Scheme in collaboration with healthcare providers.

(2) The Authority shall review the Service List and Service Tariff each year in consultation with the health-care providers and with the approval of the Minister.

(3) The review of the Service List and Service Tariff may result in the addition or deletion of diagnoses, procedures and examinations, their classification and grouping and review of their prices.

### Safeguards to prevent over or under use of Healthcare Services

24. (1) Each healthcare provider under the Scheme shall comply with the Medicines List and Medicines Tariff and the Service List and Service Tariff.

(2) The Authority may undertake inspections to validate compliance with the Medicines List and Medicines Tariff and the Service List and Service Tariff.

### Claims payable to healthcare providers

25. (1) A healthcare provider shall submit a claim for services provided to members of the Scheme to the Authority within eight weeks after the provision of the services.

(2) The Authority shall reject a claim which is submitted after eight weeks of the provision of the services.

(3) A healthcare provider shall not submit a claim which contains material errors.

(4) The Authority shall reject a claim with a material error and shall return the claim to the relevant healthcare service provider within one month after receipt of the claim with a statement of the reason for the rejection.