Frequently Asked Questions

This document is intended to provide answers to questions and concerns related to National Health Insurance Bahamas ("NHI Bahamas"). These are some of the commonly asked questions by different provider groups that were raised during the provider consultation meetings. The questions are grouped into the following 6 categories:

1) NHI Design;
2) Beneficiary Enrolment;
3) Facility Certification and Provider Registration;
4) Provider Reimbursement;
5) Quality Assurance; and
6) Health System Strengthening.

Providers are encouraged to contact NHI Bahamas at info@nhibahamas.gov.bs if they have questions or comments that are not addressed in this document.

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1) NHI Design

	Question	Answer
1	What is the role of NHI Bahamas as part of Universal Health Coverage in The Bahamas?	The fundamental premise of NHI Bahamas is that it will provide all legal residents health insurance coverage and therefore access to a defined health services package. Under NHI, no one will be denied insurance coverage because they have a pre-existing condition, have reached old age or cannot afford to pay. Nor will anyone receive less care than they do today. NHI Bahamas will guarantee, for specified benefits, the ability to have one's insurance coverage renewed regardless of diagnosis or amount of care required.
2	What is Primary Health Care (PHC)?	Primary care is best described as the wide variety of health services provided by a family doctor or other primary care physician (examples include Paediatricians, Internists, General Practitioners, and Obstetricians for prenatal services). The primary care physician guides the patient through the health care system by referring him/her to specialists, maintaining relationships with nurses, labs, pharmacies and other health care stakeholders. Primary care would include services such as sick visits to a primary care physician, annual general screenings, maternity care, health promotion and counselling, as well as certain lab, pharmaceuticals and diagnostics in order to properly diagnosis and treat patients.
3	Isn't PHC already being provided for free?	No, while some specific groups, like pregnant women or children, may have free access to health care visits at public clinics, most Bahamians still have to pay for lab tests, medications like antibiotics, ultrasounds, X-rays and other services primary care providers deliver. With NHI Bahamas, these services will be free of cost at point of service, and there will be no bill/charge to the beneficiary. Tests and screening for disease are important in order for doctors to diagnose health problems early, which can help Bahamians from getting more sick ("catastrophic illness") and requiring more expensive treatment ("catastrophic care").
4	Which PHC services are covered in Phase I of NHI?	A high-level overview of PHC services covered in Phase 1 is detailed in the Primary Care Benefits Package. These services are categorized into 3 components: Promotion, Prevention and Care. The document can be found at the following link: www.nhibahamas.gov.bs/providers The more detailed version of the Benefits Package is being developed with consultations with providers and other stakeholders.
5	Are mental health services included in the PHC Benefits Package?	The latest data from the WHO is that mental health is going to be the #1 burden of disease in the very near future, and as such, promotional mental health initiatives have been included in the initial phase of NHI. Specialized mental health services and inpatient mental health will continue to be provided by the public system, specifically Sandilands Rehabilitation Centre and the Community Counselling and Assessment Centre, until the Benefits Package is expanded in future phases.

	Question	Answer
6	What is the approach to defining the PHC Benefits Package?	The PHC Benefits Package definition started by using international guidelines such as NICE[1] protocols. These protocols were reviewed by subject matter experts (including physicians who practice PHC in The Bahamas) to ensure the activities and services included are well-suited to address the unique healthcare needs of Bahamians. Revision of the package will be an ongoing aspect of NHI.
7	Are citizens required to pay additional taxes for PHC services in NHI?	In the first phase of NHI Bahamas, all primary care services outlined in the Benefits Package will be provided to legal residents at zero cost at the time they access the services. The Government has indicated that no contributions will be collected until Health System Strengthening has advanced.
8	Who is considered to be a Primary Care Physician?	Currently, eligible PHC providers are General Practitioners and select specialists (Family Medicine, Paediatrics, Internal Medicine, Obs & Gyn.). Notwithstanding the definition of these core specialties as primary care providers, other specialties can apply to NHI for registration if they are qualified to deliver the full range of PHC services in the Benefits Package.
9	How is the NHI going to be funded?	Initially all funding will be from the Government's consolidated fund financed by general revenues. This means the Government will pay for health services for all legal Bahamian residents using Government revenue collected through the existing taxation structure, and no additional tax will be imposed to pay for NHI Bahamas during the initial phases.
10	Is the $100M budget a one-time payment or will we need $100M annually to sustain the programs we plan to implement?	The $100M is an annual estimate to fund the Primary Care portion of NHI.
11	Why is a public insurer the best option for The Bahamas?	The vast majority of funding models for UHC around the world involve either a single payer model, where there is a sole public insurer dominantly involved in the NHI programme, or a multi-payer model, reflecting the participation of both public and private insurers in the NHI model. There are few jurisdictions where the payers are solely private entities. Including a public insurer is the best option for The Bahamas because a well-managed public insurer will drive a more cost-effective, efficient, fair, and accountable UHC model.
12	Why is the public insurer using a third party administrator?	The public insurer will outsource management to a private management company, and may also outsource other functions. Generally, jurisdictions where the public insurer was privately managed, or outsourced significant elements of its services, incurred lower expenses over the long term than those where the public insurer remained completely publicly operated. These types of public-private partnerships, when well-structured, allow for better management. If appropriately structured, a single private entity (or multiple private parties for different components of operations and administration) would be incentivized to achieve efficiencies and keep costs at a sustainable level in the management of the Public insurer.

[1] NICE is the National Institute for Health and Care Excellence and publishes clinical guidelines for the UK's National Health Service

	Question	Answer
		An example of this type of arrangement can be found in Medicare in the US where private insurers manage the public insurance, the Government Employees Medical Scheme in South Africa or Health Insurance BC (British Columbia, Canada) where in 2005, a third party took over their operations and IT, and the programme has met or exceeded service level requirements every year since. The IT solution supporting the National Health Fund in Jamaica operates in a similar way as well. Experience has shown that wholly publicly operated departments have consistently been challenged on being efficient and effective in their administration and responsiveness to client needs.
13	What are Regulated Health Administrators?	Regulated Health Administrators (RHA) are entities that enter into an agreement with the NHI Authority to provide the NHI Benefits Package (coverage) for beneficiaries at the NHI-agreed rates with respect to the plan. The public insurer will be an RHA, as well as any private-sector insurance companies that qualify to participate in NHI Bahamas through registration with the Insurance Commission of The Bahamas (ICB). RHAs will manage and administer the benefits under the plan for the beneficiaries who have selected that particular RHA.
14	Are providers required to submit claims using the same method used with private insurance companies?	Providers are contracted by the RHAs (one of the private insurers or the Public insurer). The claim submission standards may be different from one RHA to another but the services, network and fees will be standardized and identical across all RHAs participating in NHI.
15	Will non-legal residents be included in NHI?	No. NHI is limited to specific categories of citizens and legal residents. Individuals who are not legal residents will access services in similar manners as they do currently, usually being required to either pay out-of-pocket or through private health insurance. In some instances where public health is a consideration, Government will continue to ensure certain services are provided to all (e.g. infectious diseases such as Malaria or Tuberculosis).
16	Will all of the participating insurance companies in an NHI system have the same standard insurance requirements for all physicians in the NHI system? (i.e., Can one insurer require a provider to perform a service that another provider does not.)	Yes, all RHAs will adhere to the same standards for all those physicians that are providing the same service.

2) Beneficiary Enrolment

	Question	Answer
1	What is being done to educate beneficiaries on enrolment and services included in NHI?	It is noted that providers are worried about being the ones who are responsible for educating the public about NHI. A number of routes are being used and additional routes being considered to educate the public (including use of public media, town hall meetings, etc.) to ensure beneficiaries are aware of the services included and enrolment procedures.
2	Is there geographic zoning for beneficiary enrolment?	No, beneficiaries are free to choose any provider of their choice; however, NHI will not cover the costs of transportation for beneficiaries to visit their providers.
3	Do physicians have to enrol	No, beneficiaries sign themselves up when they enrol with NHI.

	Question	Answer
	beneficiaries?	Enrolment with a specific primary care provider is an individual choice.
4	Can a beneficiary register for multiple primary care providers? (for example a provider on the family island and another in New Providence)	A beneficiary will only be allowed to select one primary care provider. The only exception is for beneficiaries who are pregnant. These beneficiaries have the option of receiving the routine maternity care from their existing primary care provider or selecting an OBGYN specialist who is registered with NHI as the maternity care provider. If a beneficiary chooses an OBGYN for her NHI-covered maternity care, she is still eligible to visit her primary care provider for non-pregnancy issues and needs.
5	How can we ensure that beneficiaries with an existing primary care provider are able to choose that provider with NHI?	If beneficiaries are established in a practice, they could have first preference to stay within a practice. During registration, the primary care providers will be able to provide the names of their current patients and block part of their panel size (number of allowed NHI beneficiaries) for their existing patients for a defined period of time.
6	Will the NHI group be dispersed to health institutions to facilitate beneficiary enrolment and registration for NIB smart cards?	No. NIB has hired operators to support this process, which will be done outside of public healthcare facilities for those people who don't have NIB smart cards.
7	How many beneficiaries can be enrolled with a primary care provider?	The panel size of each primary care provider in a registered facility is determined based on his/her time commitment to that facility. The maximum number of beneficiaries for a primary care physician working full-time is 2,000. Full-time equivalent is defined as 42 hours a week of spending time with NHI beneficiaries.
8	Is there a minimum number of beneficiaries per primary care provider?	No, there are no lower limits on the number of beneficiaries a provider can have.
9	Can a provider choose his/her beneficiaries?	No. Providers are expected to inform NHI on the average number of hours per week that they are planning on spending time with NHI beneficiaries in a facility. Based on the provider's submitted hours per week, NHI will determine the maximum allowable number of NHI beneficiaries for the provider in that facility. If a provider has a grievance with a beneficiary, he/she may petition NHI to remove the beneficiary from the empaneled list.
10	Will the PHC providers be linked to a map so the public can see who is available in the most convenient location at the time of registering with a doctor?	Yes, that is the intent.

3) Facility Certification and Provider Registration

	Question	Answer
1	Can physicians opt out of NHI after the initial enrolment?	Yes. Physicians have the choice to opt out of NHI. In order to ensure registries are up-to-date and to minimize impact on care delivery to beneficiaries, the physicians are required to give a 90-day notice to NHI and their patients to give enough time for a smooth transition of provider for the patient.
2	Can physicians switch from fee-for-service to capitation or vice versa after registration?	Yes. Physicians have the choice to switch from one form of reimbursement to the other. In order to ensure registries are up-to-date and to minimize unnecessary administrative complications, these changes are only allowed on an annual basis.
3	What are the criteria for Provider facility eligibility?	All Provider facilities, public and private, must be licensed by the Hospital and Health Care Facilities Licensing Board ("HHCFLB"), with the exception of pharmacies, which are licenced by the Pharmacy Council. Those facilities licensed by the HHCFLB will also be asked to provide their HHCLFB License Number and Expiry Date. Additionally, provider facilities must provide: • A valid Business Licence number • TIN or VAT number and, • NIB number
4	Why are there additional inspection requirements above HHCFLB licensing?	NHI Bahamas in collaboration with the HHCFLB have established a common set of registration standards to ensure quality and consistent care is being delivered across all NHI providers. NHI Bahamas on-site inspection will be administered by qualified HHCFLB inspectors to: • evaluate eligible Provider facilities according to a common set of registration standards; • establish benchmarks against which Provider facilities can be assessed, gaps identified and strengths recognized; and • provide evidence of compliance with registration requirements.
5	What is the required size of the facility?	Within the Facility inspection standards, there are minimum room size requirements for patient examination rooms based on patient safety and delivery of quality care. Other space requirements will exist for health and safety reason.
6	How are the fines and penalties determined?	Fines for penalties and offenses were developed using a set of comparable jurisdictions as well as other fines/penalties within the medical community. These are defined in the NHI Bill/Act.
7	Are providers required to install additional IT equipment? If yes, will those costs be reimbursed by NHIA?	The IT solution for claims adjudication is cloud-based, and facilities are only required to have a computer and internet connection. The cost of purchasing a computer and having internet connection will not be reimbursed by NHIA but the cost of the software will be borne by NHI.
8	Can physicians who work in the public sector also provide care in the private setting?	Yes. Physicians can choose to work in both public and private setting. Since there is a maximum allowable number of beneficiaries per physician, physicians are required to indicate their time commitment to each facility. Based on physician's allocated time in each facility, NHI will determine the maximum number of beneficiaries who can

	Question	Answer
		choose that physician in the specified facility.
9	Who are the insurers participating in NHI?	The registration process for the Insurers will only begin after registration process with NHIA has launched.
10	Does the insurance provider get to choose or refuse who will be a part of their network?	No. Beneficiaries will select their RHA during registration and RHAs will not be able to refuse enrolment.
11	Who will determine final eligibility for acceptance as a registered facility?	This is determined by NHIA.

4) Provider Reimbursement

	Question	Answer
1	What are the proposed reimbursement models for NHI?	There are four proposed reimbursement models for NHI: **Full capitation**: The provider facility is reimbursed for physician visits, laboratory services, pharmaceutical drugs, and Diagnostic imaging services based on a per patient basis. **Partial Capitation**: The provider facility is reimbursed for the physician services based on a per patient basis (laboratory services, diagnostic imaging, and drugs will be reimbursed separately by the RHA to the provider of these services). **Fee-For-Service**: The provider facility is reimbursed based on each medical service rendered to the beneficiary. **Bundled Payments:** The provider is reimbursed for clinically-defined episodes of care, at the launch of NHI, bundles will reimburse for Routine Maternity Care and infant Care (0 – 24 months).
2	What is a capitation rate?	A capitation rate is an annual amount that is paid to a provider for each beneficiary that is being cared for by that provider.
3	What happens when a beneficiary exceeds the number of visits recommended in a given year under the capitation model? Will NHI pay for the remaining visits?	In a capitation model the primary care provider is responsible for all visits of his/her patients to the primary care facility. The capitation rates are designed based on average number of patient visits per year. While certain beneficiaries may see their primary care provider more than others, the capitation model reimburses providers based on an average number of patient visits per year that is higher than average expected visits under NHI.
4	What is Fee-For-Service (FFS)?	Fee-for-service is a reimbursement model where payment would be made to the provider according to each medical service provided to the beneficiary. A fee schedule is developed to guide the payments.
5	What are the reimbursement rates?	The NHI reimbursement rates for all reimbursement models are detailed in the Guide to NHI Physician Reimbursement.
6	Do providers have a choice when registering to be part of NHI?	Yes. Depending on their specialty, capability to provide a full range of services, and interest in being a fee-for-service or capitated provider, provider facilities can choose to register for full capitation, partial capitation, fee-for-service, or only for the bundles of care (maternity and infant care). The other provider facilities (laboratories, diagnostic imaging centres and pharmacies) will be compensated using a fee schedule. Registration with NHI is voluntary for all providers.
7	Can a physician charge FFS on top of	A physician cannot charge NHI a FFS code when he/she is receiving a

	Question	Answer
	capitation if a sick patient requires services that are beyond capitation?	capitation rate for that beneficiary. Providers are not allowed to charge any co-pay for the services included in NHI.
8	Are the rates going to be reviewed and updated regularly?	The proposed plan is that once NHI rolls out, regular data would be collected from the RHAs to better determine the appropriate rates for each beneficiary based on the utilization of services. A fee setting committee will be established at the level of NHIA – with participation from insurers and medical professionals – to annually update capitation rates.
9	How does NHI impact reimbursement of physicians who are on a salary-based contract in the public sector?	NHIA (through RHAs) will reimburse NHI facilities. The flow of funds from the facility to individual providers is based on contractual agreements between facilities and providers, and all existing contracts with physicians in public facilities will be in effect. However, for capitation to work, the providers need to realize their activities and health outcomes of their patients are linked to their reimbursement, so it is anticipated that facilities will develop more modern and creative contractual arrangements.
10	Will there be any compensation for services that fall outside NHI?	Any service that is not included in NHI Benefits Package will not be reimbursed by NHI. In cases where a patient has private insurance, those services will be reimbursed through the patient's private insurance. If private insurance is not available, and the services are not covered by NHI, then individuals may be asked to pay for that service out-of-pocket.
11	Will the remuneration of public sector physicians change as a result of NHI?	NHI is not setting individual physician remuneration levels. Remuneration of public sector physicians are based on contractual agreements between the physicians and the facilities. It is expected that both parties will review the contractual terms and revise as needed.
12	If there is going to be outcome-based incentives, will those incentives be paid directly to public sector doctors or will they be paid to the facilities?	At the outset of NHI rollout, there are no outcome-based incentives in the reimbursement model. Outcome-based incentives will be introduced in the future years.
13	What will the flow of funds look like if a beneficiary gets sick somewhere far from his/her primary care provider or during times that the primary care provider is not operating?	Patients are expected to see their primary care providers for all non-emergency health needs. In case of emergency, patients can walk-in to the emergency department of hospitals. Primary care providers are encouraged to form teams and identify backups to ensure beneficiaries have access to care when the physician is not available. There are policies in place to ensure patients are visiting their dedicated primary care providers for all primary care related needs.

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5) Scope and Utilization of Services

	Question	Answer
1	What happens when a beneficiary under a capitated model needs primary care services outside the working hours of his/her physician?	As part of registration, physicians will submit names of other physicians who will act as back up. This information is expected to be communicated by physicians to their patients. It is encouraged that providers will be able to form provider networks or team based practices which will provide beneficiaries with improved access.
2	What will happen if the patient requires services outside the scope of Primary Care during the visit?	From a patient's perspective, just because a service is not covered under NHI, it does not necessarily mean the service will not be provided. If the patient is in a private setting, he/she can choose to pay out of pocket or use his/her private insurance. If the patient is in a public clinic and does not have private insurance, he/she will receive the care needed similar to today's status quo. From a provider's perspective, if the patient requires additional services that are not covered under NHI, the provider can get reimbursed through the patient's private insurance or out of pocket. Public sector facilities will continue to provide services to patients, and in cases where the service is not covered under NHI, it will be covered under the global budget of the facility (similar to today's status quo).
3	Has there been any consideration to the amount of time to provide services to patients per day?	Each facility needs to have a minimum service hours to be eligible as a NHI-approved facility. Moreover, extended hour services are encouraged.
4	Are there limits on the number of times a patient can visit the provider (in FFS or capitation model)?	No there is no limit but there are protocols or guidelines that provide for an overall framework and suggested visits depending on the patient's risk profile. Limits may be established in the future if abuses are detected or care provided exceeds the protocols defined.
5	What happens if a patient requires hospitalization or referral to a specialist?	NHI's first phase only include primary care. As a result, any additional services will be treated similar to current practices (i.e. public clinics or specialized care in public hospitals for those who do not have private insurance, private insurers for those who qualify).
6	Will there still be Med Cards after NHI is launched?	Yes, for services that are not covered by NHI. It is expected that many of the needs currently financed through Med Cards will be covered by NHI primary care.
8	What is the "catastrophic care fund", and what services will be covered?	The Government has reserved an additional $24 million annually for coverage of selected high-cost specialized care treatments. There is an expert group of medical professionals who are formulating evidence-based guidelines that will direct how those funds will be used to deliver care to the population that most needs it.
9	What services and tests are included in NHI?	The *NHI Benefits Package* is the guide that defines what services are included in NHI.

6) Quality Assurance

	Question	Answer
1	How does NHI plan to manage the quality of care in conjunction with the number of beneficiaries assigned to the Provider?	There are a number of quality assurance mechanisms being designed to ensure all beneficiaries receive a minimum level of quality care. First, all provider facilities must go through an inspection process to ensure they meet a minimum level of standards. Second, there will be limits on the maximum allowable number of beneficiaries for each physician based on the physician's available time. Finally, NHI beneficiaries are encouraged to report any quality-related issues to NHIA.
2	To ensure people in the Family Islands have access to primary care, there needs to be appropriate incentives for providers. What is being done about this?	In the capitation reimbursement model adjusters are in place to compensate providers who serve in areas that are harder to serve. These adjusters will increase the capitation rate for each beneficiary by 20-40% based on the island.
3	Will there be standardized reporting requirements for each medical facility registered with the NHIA?	Yes, the NHI Authority is in the process of defining these standards.
4	Will NHI hold workshops and refresher courses for staff to educate them on NHI-specific procedures? Will there be any coordination of CME activities between NHI and the medical council?	NHI will hold workshops where it is relevant for the purpose of delivering the NHI Benefits Package. The Medical Council will determine the requirements for a refresher course.
5	Who will have access to patients' information?	Health care providers will have different levels of access according to the privacy profile that is appropriate. NHIA will be able to access aggregate information to track patient utilization and quality outcomes as required by the reporting framework.

7) Health System Strengthening

	Question	Answer
1	Will there be ongoing training/education for physicians and support staff to better utilize the system that is being put in place?	In preparation for the launch of NHI, various forums are used to educate all stakeholders including providers. Moreover, a number of health system strengthening initiatives are currently being undertaken and others proposed to improve the health system as NHI is being rolled out. The implementation of those initiatives, which includes educating the current and prospective workforce, is currently under the stewardship of the Ministry of Health.
2	Are there plans in place to provide the appropriate support infrastructure and resources for a successful capitation model (e.g. Home Care, diabetic educators, etc.)?	Inherent in the shift toward capitation and universal health coverage is the shift to team-based, interdisciplinary care to ensure that more appropriate resources are available to support a truly patient-centred care model. While it is not the mandate of NHI to bring these pieces together, the reimbursements are designed in such a way to promote partnerships and team-based care.
3	What are the anticipated timelines for having the proper IT infrastructure in place to collect data on patient visits/risk profiles and to incorporate those risk adjustments in the capitation rates?	The IT infrastructure requirements are defined and the implementation process is underway. The IT solution in place for the launch of NHI will have the core functionality to manage beneficiaries, providers, payments and collect data on utilization. A longer-term IT solution is in the process of being procured which will have expanded functionality and allow for integrations with provider health information management systems (e.g. EMR's)
4	What is being done now to correct the inefficiencies in the public system?	There are health system strengthening initiatives currently underway by the Ministry of Health and the Public Hospital Authority. These initiatives will improve effectiveness of NHI. This includes the launch of a common integrated Health Information Management System in the public sector.
5	Is there a human resource plan in place to ensure NHI is successful?	It has been noted that a health human resource strategy is required to ensure long-term success of NHI, and the Ministry of Health is taking a lead on this initiative.
6	Capitation model is intended to promote team-based care. However, currently the public sector clinics are not equipped with the appropriate level of support staff for physicians to move to a team-base care. Is NHI going to fix this?	While NHI is not going to directly address the lack of team-based care in public or private settings, it is anticipated that a capitated payment model will result in innovative private-public partnerships that will drive organizations to a more team-based care delivery model. The Ministry of Health has trained nearly 50 additional patient care technicians and the PHA has also added significant resources in this area to ensure that a team based model is developed.