



NHI Bahamas:

Provider Registration Policy

Amended: February 22, 2017

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Provider Registration Policy

1. Purpose of document

National Health Insurance Bahamas (“NHI Bahamas”) is the Government’s programme for a modern, affordable and accessible National Health Insurance (“NHI”) plan, beginning with primary health care. Pursuant to the *National Health Insurance Act, 2016* (“NHI Act”), the Government will establish the National Health Insurance Authority (“NHIA”) to administer NHI Bahamas.

This document outlines the operational policy that will be used to register, monitor and evaluate Providers under NHI Bahamas.

2. Definitions

Beneficiary means a person who is enrolled to receive benefits under NHI Bahamas.

Benefits means the goods and services specified in the Second Schedule of the NHI Act, and available to beneficiaries under NHI Bahamas.

Capitation means fixed Provider payments on a per-person, per-year basis, in contrast to variable per-service payments – i.e., a fee-for-service basis.

Fee-for-service means variable Provider payments on a per-service basis, in contrast to fixed Capitation payments.

Insurance Act means Statute Law of The Bahamas Chapter 347 Insurance and known by the short title *Insurance Act*.

Insurance Commission means the Insurance Commission of The Bahamas established pursuant to section 4 of the *Insurance Act* (Ch.347).

National Health Insurance Authority (“NHIA”) means the Authority established under section 4 of the NHI Act.

NHI Bahamas means the Government’s programme for a modern, affordable and accessible National Health Insurance plan as established by the NHI Act.

NHI Act means the *National Health Insurance Act, 2016*.

National Insurance Board of The Bahamas (“NIB”) means the organization charged with administering the National Insurance programme established by the *National Insurance Act, 1972*.

NIB Smart Card means the electronically readable card issued by the NIB that provides validation that the individual to whom it is issued is registered with the NIB, and on which information about that person is stored.

Primary health care means the outpatient, first level of health care that focuses on prevention, and addresses and coordinates essential health needs.

Provider means a licensed entity (corporate or unincorporated) approved to provide health care services to beneficiaries under NHI Bahamas.

Provider facility means a physical location (public or private) approved to render benefits under NHI Bahamas.

Regulated Health Administrator (“RHA”) means a company carrying on insurance business, which (i) is registered as a long-term insurance business in carrying on sickness or health insurance in accordance with the *Insurance Act*; (ii) is certified as an RHA by the Insurance Commission of The Bahamas in accordance with the provisions of the *Insurance Act*; and (iii) has entered into an agreement with the NHIA pursuant to section 25 of the NHI Act.

3. Overview of NHI Bahamas

NHI Bahamas will provide access to quality health care services for legal residents who meet statutory eligibility requirements, such as the possession of a National Insurance Board (“NIB”) Smart Card and the ability to demonstrate legal residency within the preceding six months.

Eligible individuals will be required to enrol in NHI Bahamas to access covered services as beneficiaries. Covered services are outlined in the primary care benefits package, which is available on the NHI Bahamas website.

NHI Bahamas will be implemented in stages, beginning with primary health care.

During the primary care phase of NHI Bahamas, covered services will be delivered by:

- primary care medical professionals (e.g., physicians, nurses);
- pharmacists;
- diagnostic imaging professionals; and
- laboratory professionals.

NHI Bahamas will be a multi-payer health insurance plan with insurance services administered by:

- multiple participating private-sector RHAs; and
- a publicly owned, privately managed RHA.

Due to the importance of health insurance to the general public’s well-being, all RHAs – whether public or private – will be subject to regulation by the Insurance Commission and NHI Bahamas. RHAs will be treated equally by these regulatory bodies.

During enrolment, beneficiaries will select:

- a primary care Provider facility;
- a primary care physician associated with that Provider facility; and
- an RHA.

Beneficiaries enrolled in NHI Bahamas cannot be denied covered benefits without cause by a Provider. Cause for denial of covered benefits may include services available only to specific genders or age cohorts. Please refer to the primary care benefits package for more detail about covered services.

Individuals with pre-existing conditions cannot be denied enrolment in NHI Bahamas, and there will be no waiting period to enrol for those with pre-existing conditions. NHI Bahamas guarantees the ability to maintain one's insurance coverage regardless of diagnosis or amount of care required. There is no lifetime maximum benefit amount.

For non-covered benefits, individuals will continue to access care as they would today – for example, through existing public funding mechanisms, their own private health insurance or other means. Workplace-related injuries, industrial accidents and occupational diseases will continue to be covered by the NIB.

If a beneficiary is already covered by a private health insurance plan, they will be required to disclose this during enrolment, including the name of the insurer and the plan.

4. Provider facility eligibility and registration process

NHI Bahamas, in consultation with the Ministry of Health and other stakeholders, established eligibility criteria for Provider facilities seeking registration. These criteria are outlined in this section.

4.1 Business and professional certifications

Provider facilities must provide:

- a valid Business License;
- a Tax Compliance Certificate;
- a TIN or VAT Certificate;
- an NIB Certificate; and
- a License number with associated expiry date issued by:
 - the Hospital and Health Care Facilities Licensing Board (“HHCFLB”); or
 - the Pharmacy Council.

4.2 Registering Provider facilities

Providers with multiple facilities must register each one separately.

Facilities offering multiple primary care services (e.g., both physician services *and* laboratory services) will be required to submit separate application forms.

4.3 Provider self-assessment

Prior to applying, Providers must complete a self-assessment for each facility using the relevant set of registration standards, which vary by Provider type and will be used by the HHCFLB or Pharmacy Council during on-site inspections. (See Section 6: On-site inspection process and Appendices A and B)

Provider facilities will need to ensure that facility personnel meet the eligibility requirements for each facility type:

- Primary Care Provider facilities must list at least 1 licensed eligible physician:
 - Eligible primary care physicians include: family medicine specialists, general practitioners, internists, obstetricians/gynaecologists or paediatricians;
- Pharmacy Provider facilities must list at least 1 licensed pharmacist;
- Laboratory Services Provider facilities must list at least 1 licensed medical laboratory technologist; and
- Diagnostic Imaging Provider facilities must list at least 1 radiologist or obstetrician/gynaecologist.

4.4 Application process

The registration application process begins when a Provider facility administrator completes the “Application for Assessment Form” and submits other documentation as outlined in that form.

NHI Bahamas, in conjunction with the HHCFLB or Pharmacy Council, will then schedule an on-site inspection (if not already completed), ideally within 10 business days of receiving a completed application. (See Section 6: On-site inspection process).

Provider facilities will receive an assessment in writing of the facility’s strengths and weaknesses within 15 business days of the on-site inspection. This assessment will be used to determine any improvements to the facility that are required to remain registered with NHI Bahamas, as applicable. (See Section 7: Grading and registration decision)

Registered Provider facilities are required to apply for re-registration every 24 months, or sooner if otherwise stated in original registration approval.

Per the NHI Act, registered Provider facilities seeking to withdraw from participation are required to notify NHI Bahamas in writing at least 90 days in advance of the effective date of withdrawal. (See Section 12: Withdrawal process)

5. Primary care physician registration

Primary care physicians are required to register to provide services under NHI Bahamas.

The need for physician registration is triggered when a Provider facility specifies the primary care physician as an employee (staff or contract) at that facility.

The registration process confirms that the primary care physician:

- is licensed and in good standing by their respective regulatory body;
- possesses a scope of practice that corresponds to covered benefits;
- agrees to the terms, conditions and code of conduct for participating in NHI Bahamas; and
- is not currently de-registered under NHI Bahamas. (See Section 10: Deregistration)

Provider facilities are required to notify NHI Bahamas of any primary care physician staffing changes (both new and withdrawing) within 15 business days of the change.

Primary care physicians may withdraw according to the process outlined below in Section 12: Withdrawal process.

5.1 NHI panel size and service level standards

As part of registration, primary care physicians who seek to deliver services under NHI Bahamas must report their hours per week worked at each registered facility they are associated with to a maximum of 42 hours, representing 100% full time equivalent (FTE) and 2,000 enrolled beneficiaries under NHI Bahamas. This information is used by NHI Bahamas for quality of care purposes.

5.2 Reserving spaces in panel allocations for existing patients

Primary care physicians will be permitted to reserve spaces for existing patients in the maximum panel size associated with their hours per week worked under NHI Bahamas (e.g., 2,000 spaces for physicians working 100% FTE or 42 hours at a registered Provider facility).

Provider facilities will reserve spaces by completing a form made available on the NHI Bahamas website and receiving approval.

5.3 Designating a back-up primary care Provider facility

Under NHI Bahamas, primary care Provider facilities are responsible for providing continuity of care for enrolled beneficiaries.

Provider registration may include designating a back-up primary care Provider facility in certain cases, such as when the principal Provider facility is a sole practitioner or when the principal Provider facility employs only one registered primary care physician.

For primary care physicians practicing at Provider facilities with multiple registered primary care physicians, the other registered physicians at that Provider facility will be deemed designated back-ups.

For sole practitioner Provider facilities or Provider facilities with only one registered primary care physician, these Providers will be required to designate a back-up Provider facility to see beneficiaries when necessary due to absence.

Confirmation from NHI Bahamas is required for designating a back-up Provider facility in order to validate the back-up Provider facility is registered with NHI Bahamas. Services delivered by back-up Provider facilities will be covered by NHI Bahamas. Under no circumstances may back-up Provider facilities seek payment from the beneficiary for covered services.

NHI Bahamas reserves the right to make adjustments to the Provider facility's capitation payments if beneficiaries repeatedly see the back-up or other Provider facility.

6. On-site inspection process

On-site inspections of Provider facilities will be carried out by an inspector qualified and trained by the HHCFLB or Pharmacy Council. NHI Bahamas and HHCFLB will determine the schedule of inspections.

NHI Bahamas requires an on-site inspection 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.

Appendix A presents the full set of registration standards for Provider facilities with primary care physicians, laboratory services and diagnostic imaging services.

Appendix B presents the full set of registration standards for pharmaceutical Providers, as established by the Pharmacy Council [**forthcoming**].

Upon completion of the on-site inspection process, the HHCFLB inspector will conduct an exit interview with the administrator.

No Provider facility will start to deliver services to beneficiaries prior to an on-site inspection.

7. Grading and registration decisions

NHI Bahamas is responsible for registering Provider facilities.

7.1 Temporary Registration

In order to facilitate the implementation of NHI Bahamas, every Provider facility that meets the following criteria will be granted “Temporary Registration” with NHI Bahamas, allowing those facilities to enrol beneficiaries:

- have submitted a complete and accurate Application for Assessment Form, including required documentation;
- possesses a current HHCFLB licence as a primary care, diagnostic imaging and/or laboratory services facility; and/or possesses a current Pharmacy Council facility licence;
- possesses functioning internet connectivity;
- meets the current requirements under The Bahamas Building Code;
- properly discards expired medicines; and
- properly stores potentially dangerous pharmaceuticals, narcotics and other hazardous materials behind a lock.

Provider facilities will be required to attest to satisfying these minimum requirements when making an application.

Temporary Registration will allow Provider facilities to begin enrolling beneficiaries in advance of a scheduled inspection.

7.2 Registration Following Inspections

Following the initial implementation of NHI Bahamas – currently envisioned to last 12 months – NHI Bahamas will only grant registration to Provider facilities if (i) mandatory requirements under the new NHI Bahamas Provider facility inspection checklist are met, and (ii) a minimum assessment score is met, resulting in a proposed registration grade. (See Table 1 below)

During the initial 12-month implementation period, the envisioned inspection programme will be used to determine material gaps in a Provider facility’s capabilities and will allow the facility to submit a Quality

Improvement Plan, as required, provided all mandatory requirements have been met. (See Section 7.4 Quality Improvement Programme)

Following the on-site inspection, an NHI Bahamas executive-level panel will review the inspection results, proposed registration grade and any other supporting information to make a registration decision. Provider facilities will receive a written decision on registration within 10 business days of the on-site inspection.

7.2.1 Mandatory requirements

A subset of the Provider facility checklist requirements are considered mandatory. Regardless of overall score achieved, Provider facilities must meet all mandatory requirements to be registered.

7.2.2 Grades of provider facility registration

For non-mandatory requirements, Provider facilities will receive registration grades corresponding to assessment scores as outlined in Table 1 below.

Table 1. Registration Grades for Provider Facilities

Registration Grade	Assessment scores (%)	Mandatory Items (%)
Registered with Merits	76-100	100 (Regardless of assessment score, Provider facilities must meet all mandatory requirements to be registered.)
Registered	51-75	
Provisional Registration	0-50	

7.2.3 Registered with Merits

This registration grade indicates that all mandatory standards and a high percentage of the registration standards are met.

7.2.4 Registered

This registration grade indicates that all mandatory and a minimum of registration standards are met.

7.2.5 Provisional Registration

This registration grade indicates that all mandatory standards are met but gaps remain in several core areas. A formal written report of decision will be provided to the provider. For the initial 12-month implementation period of NHI Bahamas following the launch of the programme, a Temporary Registration will permit a Provider facility to receive Provisional Registration, so long as the mandatory requirements are met.

Provider facilities receiving Provisional Registration require re-assessment according to a Quality Improvement Programme. (See Section 7.3 Quality Improvement Programme)

7.2.6 Registration Denied

Registration is denied if the Provider facility does not meet all mandatory requirements. A formal written report of decision will be provided to the provider.

A Provider facility that has been denied registration, or that has its registration revoked, may apply for another assessment after 30 business days of the decision, as long as it has not exercised its right to appeal. (See Section 0: 7.4 Appeals process)

7.3 Quality Improvement Programme

Provider facilities that receive Provisional Registration are required to submit a quality improvement plan within 60 business days of receiving their registration grade. Providers will not be permitted to register beneficiaries until the quality improvement plan is approved.

Facilities will be expected to demonstrate progress against that plan within 6 months of registration. Evaluation of progress against a quality improvement plan will include on-site inspection. Completion of the quality improvement plan is required within 12 months of Provisional Registration being granted.

Quality improvement plans will be specific to each site and may include interim milestones or targets to enable an evaluation of progress against the plan. Any adjustments to the plan, missed milestones or targets are subject to the discretion of NHI Bahamas. Under no circumstances will more than one amendment or missed milestone or target be permitted.

Failure to complete the quality improvement plan will result in revocation of Provisional Registration status, and the Provider facility must re-start the registration process.

Under no circumstances will a quality improvement plan extend beyond 24 months. Failure to complete the quality improvement plan will result in revocation of Provisional Registration status.

7.4 Appeals process

Provider facilities that are denied registration, or that seek to challenge the decision made, may appeal to NHI Bahamas within 10 business days of receipt of the decision. An appeal must take the form of a formal written notice.

An appeal will be submitted to an independent tribunal established by NHI Bahamas for evaluation of appeals. The independent tribunal will decide whether to:

- issue a decision upon review of the appeal;
- facilitate mediation; or
- hold a hearing.

The independent tribunal will provide a decision on appeals within 30 business days.

7.5 Transparency

NHI Bahamas will publicly post on its website a list of all registered Provider entities and their respective registration status.

8. Monitoring and evaluation

Provider facilities will be monitored by NHI Bahamas on an ongoing basis. This may include on-site inspections.

NHI Bahamas will maintain a database of all Provider facilities authorized to offer services under NHI Bahamas. The database will be updated to reflect changes. A legal representative of an eligible Provider facility will be responsible for informing NHI Bahamas in writing of any material changes to the operations or staffing of the facility, including but not limited to:

- any changes in the employment status of any listed primary care physicians;
- the addition of any primary care physicians;
- changes in location;
- changes to the infrastructure of the Provider facility; and/or
- any other changes that would affect the level of registration as laid out in the process.

9. Re-registration

Provider facilities are required to re-register with NHI Bahamas every 24 months, or sooner if otherwise stated in original registration approval, including an on-site inspection.

Provider facilities will be inspected within the 24-month period to ensure standards are maintained. This will take place at least once every 12 months.

10. Deregistration

Provider facilities may be deregistered by NHI Bahamas if they:

- submit a false or fraudulent claim;
- commit any act of fraud in relation to the Plan;
- fail to disclose any material information requested by NHI Bahamas;
- fail to maintain compliance with mandatory standards;
- fail to comply with any requirement of an inspector;
- fail to disclose required data to NHI Bahamas as requested;
- fail to protect confidential data;
- fail to meet minimum registration standards;
- fail to be licensed by the HHCFLB or Pharmacy Council;
- fail to provide appropriate benefits to a beneficiary without good reason;
- have primary care providers become unable to provide services (e.g., licenses revoked, providers incapacitated, or another reason); or
- breach any material term of the agreement.

Primary care physicians may be deregistered by NHI Bahamas if they:

- fail to disclose any material information requested by NHI Bahamas or an inspector;
- fail to provide appropriate benefits to a beneficiary without good reason;
- conduct fraudulent activities;
- have their license to practice revoked or suspended; or
- breach any terms and conditions in the code of conduct.

Primary care physicians may apply for re-registration.

11. Master agreement

The master agreement between NHI Bahamas and Provider facility will contain provisions for:

- the procedure to be followed by beneficiaries to access services, including the referral process;
- any benefits to be provided;
- the terms of payment for services rendered or for benefits provided;
- health care quality assurance and standards of care;
- the procedure for the submission of claims;
- on-site, financial and clinical audit functions to be conducted;
- no beneficiary to be denied access to benefits by that Provider without good reason;
- reporting and record keeping and retention requirements; and
- the general responsibilities of the parties.

12. Withdrawal process

Primary care physicians and Provider facilities may withdraw from NHI Bahamas at any time.

To withdraw, primary care physicians and Provider facilities are required to provide NHI Bahamas written notice 90 business days in advance of the effective date to enable transition of beneficiaries to other registered primary care physicians.