

## HMO Accreditation Guidelines

### ACCREDITATION OF HEALTH MAINTENANCE ORGANISATIONS (HMOs)

#### Definition

A Health Maintenance Organization (HMO) is a private or public incorporated company registered by the Scheme solely to manage the provision of health care services through Health Care Facilities accredited by the Scheme.

#### Eligibility

Any group of persons or organization of proven and impeccable character may be eligible to form a company (private or public) and apply for registration as an HMO under the Scheme.

No HMO shall appoint or have in its employment a Director, Chief Executive, Manager or Secretary if he/she:

- a. Is or becomes of unsound mind, or as a result of ill health, is incapable of carrying out his duties;
- b. Is convicted of any offence involving dishonesty or fraud;
- c. Is not a fit and proper person for the position;
- d. Is guilty of serious misconduct in relation to his duties;
- e. In the case of a person with professional qualification; has been disqualified or suspended from practising his profession in Nigeria by the order of any competent authority made in respect of him personally.

#### Conditions for Accreditation

Any company applying for accreditation under the Scheme shall meet the following requirements:

- 1) Register with the Corporate Affairs Commission.
- 2) Original Certificate of Incorporation, Articles and Memorandum of Association would be sighted and verified
- 3) Provide Statement of Affairs of the Company or Audited Accounts for the past 3 years (where applicable)
- 4) Provide evidence of Fidelity Guarantee/Indemnity Insurance Cover with an NHIS-accredited insurance company to the value of the paid up share capital

5) Complete the prescribed application forms providing the following information:

- a. Ownership structure and composition of the organization
- b. Names, addresses and detailed CV of the principal officers

6) A minimum paid-up share capital requirement of HMOs shall be as follows:

- a. A National HMO shall be required to have a fully paid up share capital of N400 million naira and subject to review by the NHIS
- b. A Zonal HMO shall be required to have a fully paid up share capital of N200 Million and subject to review by the NHIS
- c. A State HMO shall be required to have a minimum paid up share capital of N100 Million and subject to review by the NHIS

Note

- i. A maximum of 30% of the paid up share capital can be held in form of fixed asset for a fresh applicant.
- ii. For currently accredited HMOs, a maximum of 40% of the paid up share capital can be held in form of fixed asset. 50% can be held as working capital and 10% in form of cash at hand.

7) HMOs shall have adequate office accommodation established for its operations as follows:

- a. A National HMO shall have
  - i. A National Head Office
  - ii. An office in every geopolitical zone
  - iii. An office in every state where the HMO has 5000 or more enrollees
  - iv. At least 3 official vehicles in the national head office
  - v. At least 2 official vehicles in each state office
  - vi. Each office shall be fully furnished and well equipped and headed by a bureau chief (HMO shall be at liberty to adopt its own nomenclature)
  - vii. Each zonal/state office shall have a minimum of four departments whose mandates will be Human resources and administrations, Health services and quality assurance, ICT and Finance

viii. The staff of the HMO zonal/state offices shall be authorized to fully represent and carry out the functions of an HMO as specified in NHIS Operational Guidelines

b. A Zonal HMO shall have

- i. A Zonal Head Office
- ii. An office in every state in the geopolitical zone.
- iii. An office in senatorial district where the HMO has 5000 or more enrollees within that geo-political zone
- iv. At least an official car in each office.
- v. Each office shall be fully furnished and well equipped and headed by a bureau chief (HMO shall be at liberty to adopt its own nomenclature)
- vi. Each Zonal HMO's office shall have a minimum of four departments whose mandates will be Human resources and administrations, Health services and quality assurance, ICT and Finance
- vii. The staff of the HMO state offices shall be authorized to fully represent and carry out the functions of an HMO as specified in NHIS Operational Guidelines

c. A State HMO shall have

- i. A State Head Office
- ii. An office in every senatorial district within the State.
- iii. An office in every Local Government Area where the HMO has 5000 or more enrollees within the State
- iv. At least an official car in each senatorial/LGA office.
- v. Each office shall be fully furnished and well equipped and headed by a bureau chief (HMO shall be at liberty to adopt its own nomenclature)
- vi. Each Zonal HMO's office shall have a minimum of four departments/units whose mandates will be Human resources and administrations, Health services and quality assurance, ICT and Finance
- vii. The staff of the HMO offices shall be authorized to fully represent and carry out the functions of an HMO as specified in NHIS Operational Guidelines

Note

- The HMO shall be at liberty to adopt any nomenclature for these departments which shall be headed by adequately qualified personnel and the requisite manpower.

· The manpower in each department shall be as follows: Human resources and administrations at least 4 persons, Health services and quality assurance at least 5 persons, Information & communication Technology (ICT) at least 2 persons and Finance and accounts at least 4 persons.

8) Any company seeking accreditation as an HMO shall have a minimum of 7 shareholders of proven integrity

i. NHIS shall have the right to investigate the source(s) of funds

ii. NHIS shall have the right to conduct a background check on the share holders

9) Pay the stipulated registration fees, fees for guidelines and other sundries

10) Maintain operational accounts with NHIS-accredited banks

11) Not to carry on any business other than the business of health care management

12) Make complete disclosure of its ownership and organizational structure.

NOTE: The Scheme shall not accredit a company as HMO if it is not in the public interest or the interest of NHIS enrollees or prospective enrollees to do so.

Procedure for Accreditation

1) Each application for accreditation as an HMO shall be signed and verified by authorized representatives of the applicant, and shall be in a form prescribed by the Scheme. The prescribed fees and the following shall accompany such application:

a. Basic incorporation documents, such as the Certificate of Incorporation, Memorandum and Articles of Association, and other relevant documents

b. A copy of the byelaws, rules and regulations and such other documents regulating the conduct of the internal affairs of the applicant

c. The list of names, addresses and official positions of the persons who shall be responsible for the conduct of the affairs of the applicant, which shall include, among others, all members of the Board of Directors and Principal Officers of the company.

d. A detailed and satisfactory health Insurance business plan to be transacted within the next succeeding 2 years

- 2) Upon receipt of an application for registration, the Scheme shall carry out, either through its staff or its authorized agent, an inspection of the company's facilities to determine:
    - a. Whether members of the Board of Directors and Management of the company are fit and proper persons to run or manage the company as HMO
    - b. If the policy documents and manuals of the company conform to the NHIS Guidelines
    - c. The organizational structure of the company is as stipulated in the Operational Guidelines
    - d. The Management structure of the prospective HMO The company's health management procedures
    - e. Marketing procedures
    - f. Adequate Information and Communication Technology infrastructure with internet access
    - g. Evidence of tax payments and returns for the company
    - h. Evidence of current tax clearance for members of the Board of Directors
    - i. Minutes book with a view to ascertaining attendance of meetings by the Board of Directors and adherence to the company's Rules and Regulations by the Management Team.
  - 3) An HMO shall be accredited provisionally for two years in the first instance for the company to commence business.
  - 4) At the expiration of two years, it shall be assessed with emphasis on marketing and number of enrolees gained within the period.
  - 5) If no enrolee has been gained, the HMO shall have its accreditation withdrawn.
  - 6) Failure to reach a critical number of enrolees as determined by NHIS shall lead to extension of the provisional accreditation for a period of one year
- Conditions For Renewal Of The Accreditation Of Health Maintenance Organization
- Re-accreditation of an HMO shall be subject to:
- 1) The HMO conducting its operations in accordance with sound Health Insurance principles
  - 2) Evidence of consistent and prompt payment of capitation to the facilities and/or settlement of fee for service claims

- 3) Evidence of consistent and prompt remittance of returns on private health insurance as prescribed in the NHIS Operational Guidelines
- 4) Non engagement in fraudulent activities
- 5) Compliance with provisions of the NHIS operational guidelines and the contractual agreement.
- 6) Meeting re-accreditation requirements
- 7) Adequate and regular conduct of corporate governance and management of the company with regards to:
  - a. Board meetings
  - b. Management meetings
  - c. Adherence to company conditions of service e.g. regular payment of staff salaries
- 1) Compliance with the judgement of the arbitration panel where applicable
- 2) Non engagement in any business other than healthcare management

NOTE:

1. State Governments may invest in HMOs. Such HMOs must meet all NHIS requirements and shall be accredited by NHIS.
2. When an HMO's accreditation is suspended/cancelled or not renewed, the Scheme shall act as Receiver from the date of cancellation or non-renewal of accreditation pending relocation of the enrolees to another HMO.

Functions Of Health Maintenance Organisations (HMOs)

The functions of HMOs shall include the following:

- 1) The collection of contributions from registered employers and employees under the private health insurance/where applicable
- 2) The collection of contributions from voluntary contributors
- 3) Effect timely payment of capitation to Primary Facilities and fee-for- service to Secondary and Tertiary Facilities
- 4) Ensure effective processing of claims (Secondary Services)
- 5) Rendering to the Scheme monthly returns on capitation and fee-for service payment within 30 days of the following month
- 6) Collection and submission of encounter data forms from HCFs to NHIS
- 7) Contracting with only Health Care Facilities accredited by the Scheme for the purpose of rendering health care services

- 8) Ensuring that contributions are kept in the Scheme's accredited banks
- 9) Establishing and ensuring a quality assurance system for the provision of quality health care by Health Care Facilities. Quality Assurance monitoring of HCFs by HMOs shall be quarterly and the reports sent to NHIS within 1Month.
- 10) Ensure timely approval of referrals and undertake necessary follow up to complete referrals
- 11) Carry out continuous sensitization of enrollees
- 12) Marketing in accordance with NHIS Guidelines
- 13) Market health plans to employers/enrollees
- 14) Collect appropriate contributions and make necessary payments to the appropriate pools in a timely manner
- 15) Rendering accounts to the NHIS as stipulated in NHIS operational guidelines
- 16) Comply with other provisions as spelt out in the Operational Guidelines
- 17) Carrying out such functions as are contained in the NHIS operational Guidelines.

#### Obligations of HMOs

- 1) Accredited HMOs shall operate and open at least one office in every State
- 2) Accredited HMOs shall carry on their businesses in the way that will ensure that their areas of coverage are fully covered by their operations
- 3) An HMO shall maintain accounts (capitation, fee-for-service and admin charge) in an NHIS accredited bank
- 4) Providing NHIS free access to information on their accounts with the NHIS-accredited banks
- 5) The HMO shall Remit 1% of contribution collected from private health insurance to the NHIS quarterly.
- 6) Accredited HMOs shall authorise their banks to forward monthly statements of account to the NHIS
- 7) There shall be monthly returns from the HMOs to the NHIS on financial data and quarterly returns on utilization rates, summary of statistics of disease pattern in given population. This is the basis of release of another tranche of capitation.

- 8) Shall possess Advance Payment Guarantee Insurance Cover from an NHIS-accredited insurance company for any disbursement made to them by the NHIS
- 9) Ensure the continuous monitoring of the Facilities for quality assurance.
- 10) Accredited HMOs should make themselves accessible to facilities and enrolees.
- 11) The HMOs shall provide an avenue for regular meetings with Facilities with a view to maintaining standards and other operational modalities.
- 12) Except as it relates to misconduct, both healthcare facilities and HMOs, together with their officers and agents, shall treat any information obtained in respect of each other as confidential
- 13) Signing of the appropriate contractual agreement(s) with the NHIS
- 14) All HMOs shall engage in contributor education services, facility education services, and all such services shall be documented and made available to contributors and the interested public
- 15) Request for referrals from Primary Health Care Facilities shall only be authorized by licensed Medical Doctors within the HMO within 24 hours of receiving such requests
- 16) Where the request for referral is not approved the reasons should be documented and communicated to the Primary Health Care Facility seeking the request for approval.
- 17) Keep a log of all requests for referrals whether approved or not and forward to NHIS.
- 18) Continuous marketing of the NHIS programmes
- 19) All advertisements by HMOs shall be carried out decently, and within the bounds of fair competition
- 20) It shall be an offence to make false claims or engage in negative campaigns against NHIS and other HMOs
- 21) HMOs shall engage in the building of goodwill, which shall not include bribery or corruption

#### Memorandum and Articles of Association of HMOs

Provisions in the Memorandum and Articles of Association of registered HMOs shall include the following:



- 1) Election or appointment of a Board of Directors and Management that are fit and proper to manage the business as provided by the NHIS operational guidelines
- 2) The appointment, removal from office, powers and remuneration of principal officers
- 3) The manners and circumstances under which the HMO shall be dissolved
- 4) The appointment of a liquidator in case of voluntary dissolution

The manner of calling the Annual General Meeting of members, the quorum necessary for the transaction of business at such meetings, and the manner of voting therein.

### Organisational Structure of HMOS

#### Operational Management

An HMO shall have a Management structure, which shall include the following:

- 1) Finance and Administration Department,
- 2) Health Services Department (to be headed by a health care professional),
- 3) Information and Communications Technology Department,
- 4) Underwriting Department
- 5) A 24 hour functional call centre
- 6) All heads of the department mentioned in sub-paragraph above shall be members of the Strategic Planning Committee of the HMO
- 7) An HMO shall have a well-defined employment policy and procedure, and have a proper staff-training programme.

NHIS shall at all times have the power to ask for and inspect the activities of the departments and committees of an HMO

#### Patients' Confidentiality

HMOs and Facilities shall adopt operational techniques that shall protect patients' confidentiality.

#### Drug Administration

1. HMOs should ensure that Facilities adhere to the generic drug policy of the Scheme.
2. NHIS shall negotiate the prices of drugs to ensure availability of drugs at affordable costs.
3. The NHIS, HMOs and Pharmacy Facilities shall co-operate to build acceptable channels for the distribution of drugs and materials to eliminate fake and counterfeit drugs.
4. The NHIS shall adopt drug utilization review programmes in order to streamline the management of pharmaceutical care services.

#### Health Care Delivery System and Administration

1. The HMOs shall develop a health care organisational structure which shall ensure that:
  - a. There is a well-developed and utilised Primary Health Care Facility (PHCF) System
  - b. The PHCF shall be the first port of call for every enrolee
  - c. The PHCF shall refer the enrolee to a hospital or for specialist care where necessary

The hospital and specialist may refer the enrolee for defined rehabilitative care.

1. Tertiary Health Centres may register with NHIS for ambulatory, hospital, specialist, ancillary and rehabilitative care.
2. HMOs shall use public and private facilities accredited by NHIS as components of Provider network for all NHIS programmes.

#### Financial Matters

1. An HMO shall at all times maintain its business as provided under the NHIS operational guidelines.
2. An HMO shall maintain separate capitation and fee for service accounts in any of the NHIS accredited banks.
3. An HMO shall not:
  - i. Encumber its assets without the prior consent of NHIS in writing.
  - ii. Allow its assets to be held by other persons on its behalf.

4. An HMO shall in respect of its business maintain at all times a margin of solvency being the excess of the value of its assets in Nigeria over its liabilities in Nigeria consisting of:
  - a. Provisions for unpaid capitation
  - b. Provisions for outstanding claims
  - c. Provisions for claims incurred but not yet reported
  - d. Funds to meet other liabilities.
5. The solvency margin referred to above shall not be less than 15% of the gross contributions/ collections in the year under review or the minimum paid- up share capital whichever is greater
6. Where the Scheme finds that the solvency margin of an HMO has fallen below the margin stipulated, it shall forthwith direct the HMO to make good the deficiency by way of cash payment into its accounts and satisfactory evidence of such payment shall be produced to NHIS within a stipulated period of time.

#### Annual Financial Statements

The accounting year for all HMOs shall be from 1st January to 31st December of every year

An HMO shall submit its Annual Report and Audited Accounts to the NHIS not later than six months after the HMO's accounting year.

#### Quality Assurance

HMOs shall ensure quality assurance as provided for under the NHIS Operational Guidelines.

HMO shall:

- 1) Establish complaints boxes at Provider facilities;
- 2) Undertake periodic monitoring and evaluation of Health Care Facilities;
- 3) Organize seminars (at least once a quarter) for Health Care Facilities in each of the six geopolitical zones.
- 4) Organize seminars (at least once a quarter) for enrollees in each of the six geopolitical zones
- 5) Conduct survey on enrollee satisfaction.

6) Provide monthly statistical returns on Facilities, i.e. rate of attendance, investigations, admissions, and disease patterns.

#### Agreement between Health Maintenance Organizations (HMOs) and Facilities

1) Agreement between the HMO and Facility shall include the following terms:

a) Acceptance by the Facility to provide healthcare services 24 hours a day and 365 days in a year

b) Accepting beneficiaries without discrimination. A Facility cannot reject a patient except on appeal to the NHIS stating the grounds for rejection.

c) Stock generic drugs based on the NHIS Medicine List (for pharmacy facilities).

d) All prescriptions by the Facility must be in quadruplicate. Two copies shall be sent to the pharmacy, a copy to the HMO and a copy retained by the Provider.

e) All beneficiaries shall be given adequate treatment in line with NHIS standard treatment and referral protocol.

f) A Facility shall not see a beneficiary as a fee paying patient.

g) Refer patients only to the NHIS-accredited health facilities and using only the approved referral procedure.

h) Acceptance by the facility to provide healthcare to enrollees even during periods of strike/industrial action or any other unforeseen circumstance in which services has been disrupted by making adequate alternative arrangement for provision of service at a nearby accredited facility

i) To accord NHIS enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme.”

2) A Facility shall contract with any registered HMO.

3) The obligations of the HMOs shall include payment of capitation for primary health care facilities and fee-for-service for secondary and tertiary facilities. The NHIS shall however regulate all the fees payable.

4) The HMOs shall:

a) Ensure continuous monitoring of the Facilities.

b) The Facilities should allow HMOs easy access for such monitoring.

5) The relationship between the HMO and its affiliated Facilities shall be governed by the provisions of NHIS Operational Guidelines and the contractual agreement executed between them.

#### Merger and Acquisition

1) No HMO shall merge with, transfer to or receive from any other HMO its business or lives without the approval of the Scheme in writing.

2) Considering request for (6.18.1) above the Scheme may request for:

i. A draft of the agreement or deed under which it is proposed to effect the merger, acquisition or transfer.

ii. Auditors report of each of the HMOs

iii. A report of the proposed merger or acquisition.

3) The Scheme using its discretion may approve or reject the merger, or acquisition.

4) Any HMO that has transferred its business or is acquired or is merged with another HMO shall not be given fresh accreditation.

5)

#### Exit From the Scheme

HMOs wishing to exit from participation in the Scheme shall:

1) Give three (3) months written notice to the Scheme and Facilities of its intention and submit a plan demonstrating how its outstanding claims and obligations will be settled.

2) Submit an actuarial analysis of the adequacy of reserved resources to pay Facility claims.

3) The HMO shall accord NHIS enrollees and Facilities the necessary rights and privileges due to them under the Scheme within the 3months period of this notice.

NOTE: In the case of an HMO winding up, the following priority list shall be followed in settling debts by the HMO:

i. Capitation to primary healthcare facilities

ii. Fee-for-service to secondary healthcare facilities

iii. HMO must publish its intention to exit the Scheme

in at least two (2) National Daily Newspapers.

### Relocation of Premises

Any HMO wishing to relocate to a new site and still operate under NHIS must:

- a) Give a three (3) months written notice to NHIS, the enrollees registered with it and the Facilities of its intention.
- b) Reapply for approval of the new premises.
- c) HMO must publish its intention to relocate to a new site in at least two (2) National Daily Newspapers and electronic media

### Private Health Plan

Any HMO can develop its private health plan(s) to suit the needs of its clients outside the social health insurance programme.

### Health Plan

A health plan is a set of defined health care benefits offered to the enrollee at a premium payable as agreed by the parties.

All health plans must be supported by an actuarial analysis.

No health plan shall be introduced into the private health insurance market by an HMO without prior approval of the health plan in writing by the NHIS.

### Responsibilities of HMOs on Health Plans

- The HMO shall ensure that the health plan proposed is suitable to the needs and resources of the client; and that the client fully understands the scope of the benefits under the plan.
- The HMO shall give advice only on matters in which he is knowledgeable and seek or recommend other specialist advice when necessary, to avoid misrepresentation; or misleading the client.
- Health plans by contract or policy, must not prohibit physicians from communicating with patients concerning medical care, medically appropriate treatment options, (Whether covered or not) or from making factual and non proprietary statements regarding the plan.
- The HMO shall disclose fully any restrictions and exclusions applying to the plan, including emergency coverage.
- The HMO shall not impose any charge in addition to the premium agreed with the client without disclosing the amount and purpose of such charge.

## APPOINTMENT TO BOARD AND MANAGEMENT POSITIONS OF HEALTH MAINTENANCE ORGANIZATIONS (HMOs) INTRODUCTION

Pursuant to its role as specified in Section 6(b) of the NHIS Act 1999, the National Health Insurance Scheme (NHIS) hereby sets out the minimum qualification requirements for appointments to the Board and Management positions of accredited Health Maintenance Organizations (HMOs).

Every HMO shall seek the approval of NHIS before appointing members of its Board and Management.

#### INITIAL APPOINTMENTS

In order to ensure sound management of HMOs, NHIS shall approve only qualified and experienced staff for executive positions. Persons seeking to occupy Board and Management positions in HMOs must, therefore, possess the following minimum qualifications:

Chief Executive Officer/Managing Director

A candidate for the position of Chief Executive Officer/ Managing Director must have the following:

- a. Minimum of first degree or its equivalent.
- b. Post Graduate Qualification in Management, Public Health, Health Management, Health Economics, Insurance or other related fields
- c. Certification in and/or professional membership of Health, Management and Health Insurance related bodies shall be an added advantage
- d. ICT savvy
- e. Minimum of 15 years experience post-NYSC
- f. Minimum of 7 years cognate experience in senior management position in relevant and related field.
- g. Attendance of Related Courses/ workshops/ seminars etc

Chief Finance Officer

A candidate for the position of Chief Finance Officer must have the following:

- a. Minimum of first degree or its equivalent in accounting or related field.
- b. Post Graduate Qualification in accounting or related fields
- c. Certification in or professional membership of accounting or related bodies
- d. Good knowledge of Excel, Word, accounting software
- e. Minimum of 10 years post-NYSC
- f. Minimum of 5 years in relevant and related field.
- g. Attendance of Related Courses/ workshops/ seminars etc

Chief Administration/HR Officer

- a. Minimum of first degree or its equivalent in administration or related field.
- b. Post Graduate Qualification in administration, health or related fields
- c. Certification in or professional membership of administration, personnel or related bodies
- d. Good knowledge of Ms Excel, Ms Word
- e. Minimum of 10 years experience post-NYSC
- f. Minimum of 5 years experience in relevant and related field
- g. Attendance of related Courses/ workshops/seminars etc

#### Head of Health Services Department

- a. Minimum of first degree or its equivalent in Medicine or Health related field.
- b. Post Graduate Qualification in Public Health, Health Management, health financing or related fields
- c. Certification in or professional membership of health, management or related bodies
- d. Knowledge of statistical/epidemiological tools such as SPSS, Epiinfo. Ms power point etc
- e. Minimum of 10 years experience post NYSC
- f. Minimum of 5 years experience in relevant and related field
- g. Attendance of related Courses/ workshops/seminars etc

#### Head of Information Technology (ICT) Department

- a. Minimum of first degree or its equivalent in Computer Sciences or related field.
- b. Post Graduate Qualification in ICT or related fields
- c. Certification in or professional membership of ICT related bodies
- d. Certification, Membership of health, management or related bodies
- e. Knowledge of Databases, Oracle, statistical/ epidemiological tools such as SPSS, Epiinfo etc
- f. Minimum of 10 years experience post NYSC
- g. Minimum of 5 years experience in relevant and related field
- h. Attendance of related Courses/ workshops/seminars etc

#### Head of Underwriting Department

- a. Minimum of first degree or its equivalent in Actuarial Sciences, Insurance or related field.



- b. Post Graduate Qualification in Actuarial Sciences, Insurance, Health Management, health financing or related fields
- c. Certification in or professional membership of Insurance, actuary sciences or related bodies
- d. ICT in Ms Excel, Ms word and field specific software
- e. Minimum of 10 years experience post NYSC
- f. Minimum of 5 years experience in relevant and related field
- g. Attendance of related Courses/ workshops/seminars etc

#### Board of Directors

- The Board of Directors of any HMO shall consist of a minimum of 7 persons of proven integrity
- The Directors shall complete a full disclosure form as prescribed by NHIS showing clearly their shareholding interest if any.
- Under-aged children shall not be directors of the company.
- NHIS shall conduct background check on each person and thereafter ratify their appointment.
- All directors are jointly and severally liable to indemnify the HMOs against any loss arising from failure to comply with the provisions of the NHIS Act, NHIS Operational Guidelines, circulars and internal rules and guidelines guiding the operations of HMOs. Consequently, NHIS shall require that for any candidate to be appointed as director of any HMO, he/she shall have the ability to interpret and appreciate reports and be sufficiently knowledgeable to make meaningful contributions to Board deliberations. A candidate for the position of Non-Executive Director, therefore, must show evidence of effective and efficient management experience in a well run organization (the organization's audited accounts shall be required for this purpose).
- In addition to the above requirements, candidates for the positions listed above shall be expected to provide at least references from two individuals of proven integrity in the society. The candidates shall be required to meet any other requirement that may be stipulated by NHIS from time to time.

#### APPOINTMENTS TO FILL VACANT POSITIONS

In the event of existence of vacancies of any position in the Board or Management of an HMO, the process of filling the vacancy shall be as follows:

Planned Exit

This could be due to either compulsory or voluntary retirement. The following steps shall be taken by the HMO:

- a. HMO shall notify NHIS at least three months before the exit.
- b. HMO shall apply to NHIS for replacement of the person.
- c. HMO may nominate its best qualified staff to fill the vacancy on interim basis or source externally for such.
- d. If a staff of the HMO, the HMO shall forward all required document of staff immediately to NHIS.
- e. Where the appointment is in an acting capacity, the HMO shall, within a period of six months, source for a suitable replacement from both internal and external sources.

#### Sudden Exit

Where a vacancy that was not envisaged by the Management of the HMO is created, the following steps shall be observed:

- a. The most qualified personnel of company shall be appointed in acting capacity.
- b. HMO shall within two weeks, send the particulars of the person and/or the proposed person from outside the HMO to fill the vacant position to NHIS for approval.
- c. Where the appointee is unsuitable for position, he/she should vacate the seat immediately the rejection notice has been communicated to the HMO.
- d. Where the appointee is from outside the HMO, NHIS approval should be obtained before assumption of duty.