



**SOKOTO STATE CONTRIBUTORY
HEALTHCARE SCHEME ▾
(SOICHEMA)**



**OPERATIONAL
GUIDELINES**

OPERATIONAL GUIDELINES

TABLE OF CONTENTS

TABLE OF CONTENTS	i
FOREWORD	vi
ACKNOWLEDGEMENT	vii
INTRODUCTION	1
DEFINITION OF KEY TERMS.....	2
ACRONYMS	4
VISION AND MISSION	6
1.0 SECTION ONE: OVERVIEW OF THE AGENCY.....	7
1.1 OBJECTIVES.....	7
1.2 FUNCTIONS OF THE AGENCY	7
1.3 CORE VALUES.....	8
REPORTING LINES AND ORGANOGRAM	9
1.4 FUNCTIONS OF DEPARTMENTS.....	10
1.4.1 Department of Administration	10
1.4.2 Department of Finance	10
1.4.3 Department of Planning Research and Statistics	10
1.4.4 Department of Standard and Quality Assurance (SQA).....	11
1.4.5 Department of Programs	11
1.4.6 Department of Information and Communication Technology (ICT).....	11
1.5 STAKEHOLDERS ROLES AND RESPONSIBILITIES	12
1.5.1 Office of the Head of Civil Service.....	12
1.5.2 Ministry of Health	12
1.5.3 Hospitals Management Board.....	12
1.5.4 Primary Health Care Development Agency (SPHDA).....	12
1.5.5 Ministry of Finance.....	13
1.5.6 Ministry of Planning and Budget	13
1.5.7 Ministry of Social Welfare.....	13
1.5.8 Zakat Commission.....	13
1.5.9 National Health Insurance Scheme (NHIS).....	13
1.5.10 Labor Unions.....	14
1.5.11 Civil Society Organizations (CSOs).....	14
1.5.12 Media.....	14
1.5.13 Third Party Administrators (TPAs)	14
1.5.14 State Multi-Sectoral Health Financing Technical Working Group.....	14
1.5.15 SOCHEMA Stakeholders forum.....	15
1.5.16 Roles and responsibilities of the governing board of the agency.....	15
1.6 THE HEALTH PLANS.....	16

2.0	SECTION TWO: FINANCIAL MANAGEMENT.....	17
2.1	Revenue Sources	17
2.2	Pooling of Resources.....	17
2.3	Funds Flow and Utilization	18
2.4	Strategic Purchasing.....	18
2.5	Payment to Third Party Administrators TPAs	19
2.6	FUNDS UTILIZATION.....	19
2.6.1	Risk Management.....	19
2.6.2	Reinsurance (Retakaful)	20
2.6.3	Adverse Selection.....	20
2.6.4	Moral Hazard	20
2.6.5	Fraud/Free Riding.....	20
3.0	SECTION THREE: PROGRAMS.....	21
3.1	FORMAL SECTOR.....	21
3.2	INFORMAL SECTOR	21
3.3	QUALITY ASSURANCE.....	21
3.3.1	REQUIREMENTS FOR REGISTRATION OF HEALTHCARE PROFESSIONALS.....	21
3.3.1.1	General Medical Practitioners.....	21
3.3.1.2	Specialist Medical Practitioners.....	21
3.3.1.3	Pharmacists.....	21
3.3.1.4	Pharmacy Technicians	22
3.3.1.5	Medical Laboratory Scientists.....	22
3.3.1.6	Medical Laboratory Technicians.....	22
3.3.1.7	Nurse Practitioners	22
3.3.1.8	Radiographers and Ultra sonographers.....	22
3.3.1.9	Physiotherapists.....	22
3.3.1.10	Community Health Practitioners	23
3.3.1.11	Community Health Officer (CHO).....	23
3.3.1.12	Community Health Technician (CHT).....	23
3.3.1.13	Junior Community Health Extension Worker (JCHEW)	23
3.4	REQUIREMENTS FOR HEALTH CARE FACILITIES (HCFs).....	23
3.4.1	Facility and Personnel Requirements for Primary Health Care Provider Public and Private Hospitals should have the following:	23
3.4.2	Health Centers.....	24
3.4.3	Nursing and Maternity Homes.....	24
3.4.4	Facility and Personnel Requirements for Secondary Health Care Providers	24
3.4.5	Minimum Requirements for Surgery as a secondary service	24
3.4.6	Minimum Requirements for Internal Medicine	24
3.4.7	Minimum Requirements for Dental Clinics	24
3.4.8	Minimum Requirements for Ear, Nose and Throat (OTORHINOLARYNGOLOGY) ..	25

3.4.9	Minimum Requirements for Ophthalmology.....	25
3.4.10	Minimum Requirements for Optometry	25
3.4.11	Minimum Requirements for Pharmacy.....	25
3.4.12	Minimum Requirements for Medical Laboratory Services	25
3.4.13	Minimum Requirements for Radiography	25
3.4.14	Minimum Requirements for Physiotherapy.....	26
3.5	CRITERIA FOR REGISTRATION OF TPAS	26
3.6	COMPLAINTS HANDLING MECHANISMS IN THE AGENCY.....	26
4.0	SECTION FOUR: ORGANIZATION OF HEALTH SERVICES	27
4.1	WAITING PERIOD	27
4.2	SCOPE OF COVERAGE.....	27
4.3	REGISTRATION OF EMPLOYERS AND EMPLOYEES	27
4.4	RIGHTS AND PRIVILEGES OF BENEFICIARIES	28
4.4.1	Procedure for Change of Primary Healthcare Facility/Addition of Dependents.....	28
4.4.2	Organization of Health Services	28
4.5	REFERRAL.....	29
4.5.1	Procedures of Referral	29
4.5.2	Information Required for Referral.....	29
4.6	Health Care Provider Registration	30
4.7	Empanelment of Providers	30
4.8	Provider Exit from the scheme /Relocation/Change of Name	31
4.8.1	Provider Exit.....	31
4.8.2	Provider Relocation	31
4.8.3	Change of Name	31
4.8.4	Change of Ownership	31
5.0	SECTION FIVE MONITORING AND EVALUATION SYSTEM	33
6.0	SECTION SIX OFFENCES, PENALTIES, SANCTIONS AND ARBITRATIONS	35

FOREWORD

The Sokoto State Government under the leadership of Rt Hon. Aminu Waziri Tambuwal (Mutawallen) has a vision of achieving Universal Health Coverage (UHC) for all the residents of the state. It is in this regard that the State Government established the Sokoto State Contributory Healthcare Management Agency by law No. 2 of 2018 as passed by the Sokoto State House of Assembly in order to establish a sustainable health financing scheme that is economically viable, culturally and religiously acceptable to the people of Sokoto State.

The Sokoto State Contributory Health Scheme is build on the principals of Takaful Insurance (Islamic insurance) adopted to address peculiarities of the state and ensure full acceptance by all segment of the society.

As a new innovation, there is the need to develop an Operational Guideline for effective implementation of the scheme as provided by the Law. This Operational Guideline have drawn from the vast experience of the National Health Insurance Scheme (NHIS), Kano State Contributory Healthcare Scheme and other states that have commenced the operation of health insurance.

This guideline provides stakeholder of the ABCs of “how” to implement the Sokoto State Contributory Health Scheme.

I have conviction that this Operational Guidelines will revolutionize the delivery of health services in Sokoto State and accelerate the achievement of Universal Health Coverage.

I would like to implore all stakeholders o to embrace this Operational guideline in order to achieve effective implementation of the scheme.

DR Mohammad Ali Inname *MBBS, MSc*
Special Adviser,
Sokoto State Contributory Healthcare Agency (SOCHEMA)

ACKNOWLEDGEMENT

The Sokoto State Contributory Healthcare Management Agency (SOCHEMA) would like to thank Dr. Balarabe Shehu Kakale, Honourable Commissioner of Health, Sokoto State, the Executive Secretary Sokoto State Primary Healthcare Development Agency, the Executive Director Hospital Services Management Board and the pioneer Director General of SOCHEMA Shehu Adamu Rara for their valuable support.

We also thank the Sokoto State House of Assembly, lead by the Speaker Rt. Honourable Salihu Maidaji for their generous support and recognize Honourable Ibrahim Arzika Sarki Chairman House Committee on Health and Malami Ahmed Muhammed Chairman House Committee on Finance and Appropriation.

Special thanks to Dr. Abubakar Kurfi who was critical in the development and drafting this Operational Guideline and to Dr. Francis Ilica of Health Finance and Governance Project-Abt Associates who facilitated the processes.

The Health Finance and Governance Project a USAID funded project and implemented by Abt Associates supported states to strengthen health financing system through integrated approaches to Health Insurance, Governance and sustainable capacity building of state health insurance agencies, they have been critical to the development of SOCHEMA, we therefore recognize specially Dr. Gafar the Chief of Party and his team.

We thank our own Mainasara Bello and Mallam Abubakar Sokoto, and the embedded consultants (Dr. Uzo, Dr. Ope, Dr. Charles) as well as Ngozi all of the Health Finance and Governance Projects.

We are grateful to the NHIS Zonal Office lead by Ghali and the Sokoto State Coordinator Gwamba, Bala Gidado and Musa for sharing their valuable experience and guidance.

Finally, we appreciate and cherish the courage and patience of all SOCHEMA staff during the various stages of developing this Operational Guideline.

Aminu Umar Ahmed

Director General

Sokoto State Contributory Healthcare Agency (SOCHEMA)

INTRODUCTION

(Coming up soon)

DEFINITION OF KEY TERMS

- **Contributory Health Scheme**

A system of advance financing of health expenditure through contributions, premiums or taxes paid into a common pool to pay for all or part of health services specified by a policy or plan

- **The Agency**

Refers to the Sokoto State Contributory Health Management Agency.

A body corporate established under Sokoto State Law ...of 2018 to regulate and provide health care services to residents paid for from the common pool of funds contributed by the participants of the Scheme

- **Employer**

Public or private organization that hires and pays workers (Local and States Government or private companies employing five or more persons)

- **Employee**

A paid worker

- **Beneficiary**

A person who has enrolled (or have been enrolled) with the Agency and who by being up to date with payment of premium (or having been paid for) is entitled to a health cover by the Agency.

- **Enrolees**

Same as in beneficiary.

- **Principal Enrolee (Principal)**

A principal enrolee is the main contributor (employee in Formal Sector Health Scheme) on behalf of whom the other biological members of the family (dependants) are enrolled.

- **Providers**

These are primary, secondary and tertiary healthcare facilities that are licensed / accredited by relevant authorities to provide services to the populace.

Agency Accredited providers are those healthcare facilities that have been accredited by the Agency to provide healthcare services to its enrolees.

- **Benefit Package**

These are services that the Agency defines as within its scope of coverage. The Agency limits coverage to these services and they are considered important to maintaining sound health.

- **Exclusions**

These are conditions that are excluded from the benefits package of the Agency. The Agency or its agent(s) is not under any obligation to provide such service(s)

- **Vulnerable Groups**

Persons who due to their physical (including age) or mental status cannot engage in any meaningful economic activity.

- **Four Live Births**

Four pregnancies ending in live births under the Agency for every insured contributor/couple in the Formal Sector Programme.

- **Mutual Health Association (MHA)**

A body registered by the Agency solely to manage the provision of health care services through the Agency accredited Healthcare Providers to an identified community under the Community Based Social Health Insurance Programme.

- **Capitation**

This is payment to a primary healthcare provider made by the Agency on behalf of a contributor for services to be rendered by the healthcare provider. This payment is made regularly and in advance irrespective of whether the enrollee utilizes the service or not.

- **Fee-For-Service**

This is payment made by the Agency to secondary/tertiary healthcare providers that render services on referrals from other accredited healthcare providers. Primary healthcare providers can also be paid on fee-for-service basis for emergency cases.

- **Per diem**

This is payment made by Primary providers and Agency to secondary/tertiary healthcare providers for bed space (per day) during hospitalization. Primary healthcare providers can also be paid per diem for emergency cases.

- **Co-Payment**

This is payment made by the enrollee to the accredited pharmacy provider at the point of service. It is 10% of the total cost of drugs dispensed per prescription in accordance with the Agency Drug Price List (not applicable to vulnerable groups and students in tertiary institutions programmes).

- **Co-Insurance**

This is part-payment made by the enrollee for treatments/ investigations covered under partial exclusion list while the Agency pay the balance.

ACRONYMS

ANC	Antenatal Care
AIDS	Acquired Immune Deficiency Syndrome
BMLS	Bachelor of Medical Laboratory Science
BNSc	Bachelor of Nursing Science
BOT	Board of Trustees
BP	Blood Pressure
CAC	Corporate Affairs Commission
CBOs	Community Based Organizations
CHPRBN	Community Health Practitioners Registration Board of Nigeria
CSOs	Civil Society Organizations
FBOs	Faith Based Organization
FSP	Formal Sector Plan
HCFs	Health Care Facility
HMOs	Health Maintenance Organizations
MBBS	Bachelor of Medicine and Bachelor of Surgery
MHA	Mutual Health Association
MIS	Medical Information System
MLSCN	Medical Laboratory Science Council of Nigeria
MRTBN	Medical Rehabilitation Therapist Board of Nigeria
NGOs	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NMCN	Nursing and Midwifery Council of Nigeria
NMA	Nigerian Medical Association
NMDC	Nigeria Medical and Dental Council
NPHCDA	National Primary Health Care Development Agency
ODORBN	Optometrist and Dispensing Optician Registration Board of Nigeria
PCN	Pharmacists Council of Nigeria
PCP	Primary Care Provider

PHPs	Private Health Plans
RDT	Rapid Diagnostic Test
RN/RM	Registered Nurse/Registered Midwife
RRBN	Radiographers Registration Board of Nigeria
SDG	Sustainable Development Goals
SOCHEMA	Sokoto State Contributory Healthcare Management Agency
SOSMEA	Sokoto State Malaria Elimination Agency
UHC	Universal Health Coverage
W.H.O	World Health Organization

VISION AND MISSION

VISION

Universal Health Coverage to all residents of Sokoto State

MISSION

To improve the quality of health care and provide financial protection of health care for all residents of Sokoto State through pooling, cost burden-sharing and judicious utilization of resources.

1.0 SECTION ONE: OVERVIEW OF THE AGENCY

In order to ensure the achievement of Universal Health Coverage, the Sokoto State Government is strategically targeting the formal, informal sectors and mobilizing all stakeholders to operate in a synergistic manner to support as many people as possible, to establish sustainable health financing system that is economically viable, culturally and religiously acceptable to the people of Sokoto State. This is the basis for the formation of the Sokoto State Contributory Health Care Management Agency

1.1 OBJECTIVES

- Regulate, supervise, implement and ensure effective administration of the Sokoto State Contributory Health Scheme.
- Ensure that every resident of Sokoto State has access to qualitative and affordable health care services.
- Ensure that all residents of Sokoto State have financial protection and physical access to quality and affordable health care services.
- Protect families from the financial hardship of healthcare
- Limit the rise in the cost of healthcare services;
- Ensure equitable distribution of health care costs across different income groups.
- Maintain high standard of health care delivery services within the Health Scheme.
- Ensure efficiency in health care service delivery;
- Improve and harness private sector participation in the provision of health care services.
- Ensure appropriate patronage at all levels of the health care delivery system.
- Ensure the availability of alternative sources of funding to the health sector for improved services.

1.2 FUNCTIONS OF THE AGENCY

- The Agency shall make regulations and issue guidelines for-
- The registration of employers and employees liable for contributions under this Law.
- The registration of dependants of employees covered by the Scheme;
- The registration of health care practitioners practicing under the Sokoto State Contributory Healthcare Scheme
- The Automatic payment of contributions by students of tertiary institutions under the Sokoto State, employers and employees, the rates of those contributions and the deduction by the employers of contributions payable by employees under this Scheme from any salary, wage or other money payable;
- The payment of contributions by self-employed and other persons and rates of such contributions;
- The maintenance of the records to be kept for the Agency and the records to be kept by employers in respect of contributions payable under this Law and in respect of their employees;
- The methods of receiving contributions under this Law;
- The imposition of sub-charges in respect of late payment of contributions by employers or employees;

- The manner and circumstances in which contributions may be remitted and refunded;
- Negotiated fees and charges payable for medical, dental, pharmaceutical and all other services provided under the scheme;
- The nature and amount of benefits to be provided under this Scheme, the circumstances and the manner in which the benefits shall be provided;
- The nature and amount of capitation and other forms of healthcare providers payment under this Scheme, the circumstances and the manner in which health care providers shall receive the payment;
- The reduction, suspension or withdrawal of any payment under this Scheme;
- The submission of returns by employers regarding the employers and their employees;
- The procedure for assessment of contributions made under this Scheme;
- Any other matter what so ever for which, in the opinion of the Agency, is necessary or desirable to make regulation and issue guidelines for giving effect to this Law.

1.3 CORE VALUES

- Teamwork, Dedication and Innovation
- Fairness, Care and Compassion
- Professionalism and Integrity
- Excellence and Quality Improvement
- Transparency and Accountability

REPORTING LINES AND ORGANOGRAM

1.4 FUNCTIONS OF DEPARTMENTS

Agency has the following departments:

- Administration
- Finance
- Planning Research and Statistics
- Standard and Quality Assurance
- Programs
- ICT

1.4.1 Department of Administration

The department is responsible for day-to-day general administration of the Agency.

Specific functions include:

- Human Resources Management
- Maintenance
- General Administration

1.4.2 Department of Finance

Specific functions include:

- Investment and Insurance
- Financial Management
- Treasury Management
- Disbursement

1.4.3 Department of Planning Research and Statistics

The department is responsible for defining the strategic focus of the agency, planning, and measurement of impact of the Programs and the entire scheme. Specific functions include:

- Procurement
- Strategic Planning
- Annual plans and Budget
- Review of guidelines
- Research

- Monitoring and Evaluation (M&E)

1.4.4 Department of Standard and Quality Assurance (SQA)

The department is responsible for ensuring that all services provided under the scheme are in compliance with guidelines for the provision of such services as provided in the Agency guidelines or service protocols.

Specific functions include:

- Development of quality assurance (QA) guidelines
- Define standards according to Agency guidelines and protocol
- Ensure compliance to guidelines
- Underwriting functions
- Contact Centre functions.

1.4.5 Department of Programs

The department is responsible for designing, coordinating, supervising and reviewing of all Programs under the scheme.

Specific functions include:

- Design of Programs (Formal Sector, Informal Sector, Health Equity Programs etc.)
- Coordination of Programs
- Program supervision
- Periodic review of Programs
- Registration of third party administrators (TPAs)

1.4.6 Department of Information and Communication Technology (ICT)

The department is responsible for provision and maintenance of all information and communication technology soft and hardware of the Agency.

Specific responsibilities include:

- Registration and enrolment of enrolees.
- Development and maintenance of the Agency's database.
- Update and publishing of enrolee database and distribution to all registered service providers.
- Production of identity card for enrolees.
- Cyber security
- Data management

1.5 STAKEHOLDERS ROLES AND RESPONSIBILITIES

1.5.1 Office of the Head of Civil Service

- Provide updated nominal role of all public servants of the state to the Agency.
- Deployment of relevant staff to the Agency.
- Provide periodic guidance on the Human Resources Management and general administration of the Agency.

1.5.2 Ministry of Health

The State Ministry of Health supervises the activities of the Agency. These include:-

- Regular supervision to ensure activities of the Board and Agency conform to the law and objectives of the scheme.
- Recommendation for the appointment of DG for the Agency.
- Nomination of representative of the Ministry into the Board of the Agency.
- Ensure that the Agency benefits from the provisions of the National Health Act.
- Ensure accountability and judicious use of funds paid to the private health care facilities

1.5.3 Hospitals Management Board

The Board will have the following roles in the scheme:

- Facility upgrade to meet accreditation requirements for registration into the scheme.
- Support its health facilities to secure accreditation from National Health Insurance Scheme (NHIS).
- Appoint focal persons that will liaise with the Agency.
- Ensure accountability and judicious use of funds paid to public health care facilities

1.5.4 Primary Health Care Development Agency (SPHDA)

The Board will have the following roles in the scheme:

- Facility upgrade to meet accreditation requirements for registration into the scheme.
- Support its health facilities to secure accreditation from National Health Insurance Scheme (NHIS).
- Appoint focal persons that will liaise with the Agency.
- Ensure accountability and judicious use of funds paid to primary health care facilities The appoint of Local Government focal person shall be done by Sokoto

State Contributory HealthCare Management Agency in collaboration with Local Government Councils, Ministry for Local and Sokoto State Primary Health Care Development Agency and the appointees should be Senior serving officers in the services of the Local Government Departments of Health to co-ordinate and collaborate with the Agency..

The duties of the focal person include the following:

- Facilitate the process of accreditation of health facilities.
- Sensitize communities on the benefits of the scheme.
- Facilitate the formation of Mutual Health Associations (MHAs).
- Collate and liaise with the Agency to resolve enrollees' complaints.
- Submit reports to the Agency.
- Supervise activities of MHAs within catchment area.

1.5.5 Ministry of Finance

- Prompt releases of contributions to the Agency.
- Advice in the selection of approved Banks for opening of Agency's account.
- Provide guidance on financial management and procedures.
- Posting relevant human resource to the Agency.
- Appoint a focal person that will liaise with the Agency.

1.5.6 Ministry of Planning and Budget

- Create budget line for the Agency.
- Ensure allocation of resources in the annual State Budget.
- Assist in mobilizing development partners to support the Agency.
- Appoint a focal person that will liaise with the scheme.

1.5.7 Ministry of Social Welfare

- Identification of the poor and the vulnerable such as the handicapped, IDPs, destitute.
- Compilation of the pro-poor group list and transmission of list to the Agency

1.5.8 Zakat Commission

- Identify the poor, less privileged and transfer list and funds to Agency

1.5.9 National Health Insurance Scheme (NHIS)

- Guide the Agency in the development of legal framework.

- Support continuous capacity building and regular review of the State Contributory Healthcare Management Agency.
- Share best practices.
- Conduct accreditation and re-accreditation of health care facilities and TPAs.
- Carry out advocacies to the leadership at various levels of the state to ensure smooth conduct of Contributory Healthcare Scheme in the state
- Assist the Agency in community mobilization, registration as well sensitization of enrollees
- Assist the Agency in the overall coordination of the scheme

1.5.10 Labor Unions

- Nominate representatives as members of the Board.
- Conduct sensitization of its members participating in the Scheme.
- Establish independent monitoring committee to ensure enrollees have access to qualitative healthcare services.

1.5.11 Civil Society Organizations (CSOs)

- Nomination for the appointment of a representative as member of the Board
- Register as TPA and MHAs to support specific functions as determined by the Agency
- Support sensitization of the general public on the benefits of the Scheme

1.5.12 Media

- Plays an important part in Communication and Marketing.

1.5.13 Third Party Administrators (TPAs)

- Independent verifiers of quality of services provided to enrollees.
- Assess whether healthcare facilities are receiving capitation correctly and timely in line with the provider payment system.
- Assess whether healthcare facilities are getting fee-for-service as the need arises.
- Conduct Enrollee satisfaction survey
- Support the agency in claims management, enrollee registration among others

1.5.14 State Multi-Sectoral Health Financing Technical Working Group

- Support the agency to coordinate all stakeholders towards the overall implementation of the state contributory health care scheme

- Support the agency in the development of innovative programs that will assist in improving coverage for all residents of the state with financial risk protection
- Support the agency in identifying issues that may affect the healthcare financing landscape in the state proffer solutions to them

1.5.15 SOCHEMA Stakeholders forum

All the stakeholders mentioned above are to meet quarterly with the agency in order to review progress in the implementation of the scheme and proffer suggestions to identified bottlenecks where necessary.

This forum shall work closely with the board and the management of the agency including CSOs and other community structures to ensure the successful implementation of all the programs of the agency.

1.5.16 Roles and responsibilities of the governing board of the agency

- determine the organizational structure of the Agency;
- approve for the Agency all the paid schemes and private health plans of Health Maintenance Organizations,
- determine the overall policies of the Contributory Healthcare Scheme, including the financial and operative procedures of the Scheme;
- ensure the effective implementation of the policies and procedures of the Scheme;
- regulate and supervise the Contributory Healthcare Scheme established under this Law;
- establish standards, rules and guidelines for the management of the Contributory Healthcare Scheme under this Law;
- engage, license, regulate and supervise Health Maintenance Organisations and other institutions relating to private health insurance as the Agency may from time to time determine;
- Issue guidelines and approval for the administration and release of funds under the Contributory Healthcare Scheme;
- The private health plan presented by TPAs shall be vetted by the Agency before approval,
- Approve the recommendation of the Agency relating to research, consultancy and training in respect of the Scheme;
- Ensure the maintenance of a State Data Bank on all Scheme matters;
- Determine the remuneration and allowances of all staff of the Agency;
- Determine the level of Co-Payment for all schemes of the Agency
- Develop a targeting mechanism to identify the poor and vulnerable who will benefit from the Health Equity Plan.

- Perform such other duties which, in the opinion of the Board, are necessary or expedient for the discharge of its functions under this Law;
- Engage the various ministries and level of government, stakeholders and the public during strategy development, policies and procedures of the health scheme;
- Approve annual reports and statement of accounts of the Agency;
- Decide approving fees for external consultants; and carry out such other activities connected with or incidental to the other functions of the Agency.
- Appoint approving fees for external consultants
- Carry out such other activities connected with or incidental to other functions of the agency

1.6 THE HEALTH PLANS

The agency shall operate a single universal plan for all residents of Sokoto State to be called the Sokoto State Health Plan: The plan shall consist of a basic, defined Minimum Benefit Package of healthcare services for Primary Care as well as an “affordable” Supplementary Benefit Package of healthcare services for Secondary Care. It will be accessible from both Public and Private Primary Health Care Facilities who shall refer if necessary to designated secondary and tertiary health facilities. All formal and informal sector contributors shall be entitled to this plan. In addition, all Private Medical Insurance Programs in the State must be mandatorily operated in such a manner as stipulated by the Agency, to encourage uniformity and economic benefit for Sokoto residents. All HMOs offering private health plans to residents of Sokoto State must be registered, licensed and monitored by SOCHEMA in accordance with the laws establishing this agency and they are to contribute 1% of their private health insurance contribution to this agency

2.0 SECTION TWO: FINANCIAL MANAGEMENT

2.1 Revenue Sources

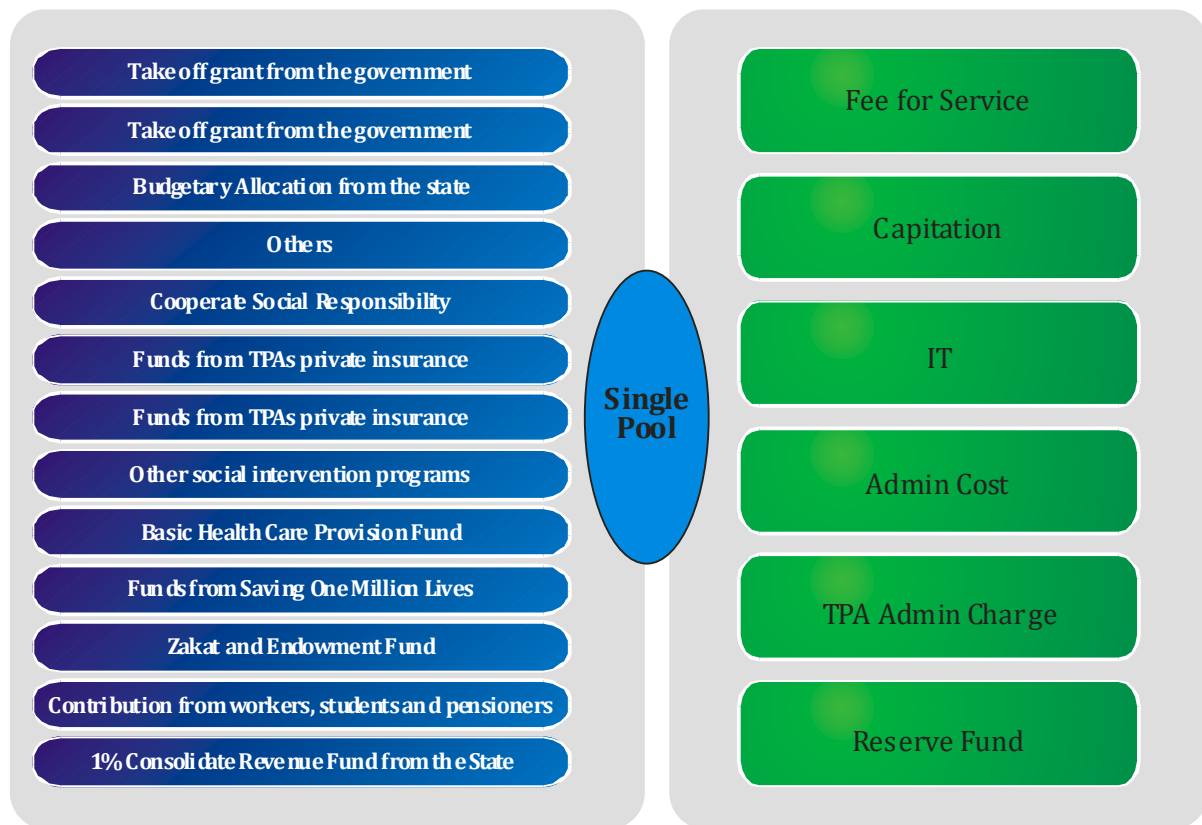
The agency shall have the following sources of revenue:

1. Take off grant from the government
2. Budgetary Allocation from the state
3. 2% Consolidated Revenue Fund from the State
4. Contribution from formal and informal employers, workers, public office holders, students and pensioners (For the pensioners and employees of the state and Local Governments, contributions will be determined after deliberations with all stakeholders)
5. Zakat Endowment Fund
6. Funds from Saving One Million Lives
7. Basic Health Care Provision Fund
8. NHIS Subsidy Contributions
9. Other social intervention programs
10. Funds from TPAs private insurance
11. NGOs and other development partners
12. Cooperate Social Responsibility
13. Fines and taxes charged by the Agency
14. 1% charge on all contracts and capital projects
15. 1% contribution from the LGA allocation to be deducted at source
16. Others

2.2 Pooling of Resources

All funds accruing to the agency will be pulled in one pool and then disbursed in accordance with the operational guidelines of the agency.

2.3 Funds Flow and Utilization



2.4 Strategic Purchasing

In SOCHEMA healthcare services will be strategically purchased and healthcare providers will be reimbursed by a hybrid of capitation and fee for service. Primary care services will be reimbursed through capitation payment, while secondary and tertiary services will be purchased through a fee for service payment. A robust claims management system as well as monitoring and evaluation procedure will be put in place to ensure that all payments are made in accordance with SOCHEMA operational guidelines. The capitation rate to be paid to health care providers will be determined by actuarial and sustainability analysis periodically.

- Primary care providers will be paid by capitation monthly, on or before the 15th of the preceding months - a fixed amount per enrollee per month. The total payment made will be dependent on the number of enrollees enlisted with each primary care provider; however the agency may consider other factors to reward facilities with better quality of care.
- Secondary Care Facilities will be reimbursed on fee for service basis after thorough review of their claims by the agency on or before the last day of the preceding month.
- Payment shall only be effected upon satisfactory presentation of evidence that service has been rendered
- The services rendered are part of the benefit package as specified by the authorization code duly issued by the Agency.

- All payments for fee-for-service should be presented to the Agency on or before the last working day of the month.
- All payments will be made directly into the HCFs account by the agency
- The Agency shall set up claims validation desks for specific secondary care services – referrals, pharmacies, labs, x-ray etc. to ensure prompt processing of claims.
- In case of dispute, the Agency shall pay what is deemed due according to the fee schedule of payment within the stipulated period, while the dispute is subject to arbitration.

Reserve funds can be used to:-

- Principally absorb primary and secondary risks.
- Money not immediately required by the Agency can be invested ONLY in Sharia approved investment portfolios.

2.5 Payment to Third Party Administrators TPAs

TPAs can be engaged for any assignment/task deemed necessary by the Agency and payment can be made upon:

- Satisfactory completion of the contracted task.
- Submission of relevant reports and other means of verification.
- Any other requirement specified in the terms of engagement.

2.6 FUNDS UTILIZATION

Funds pooled by the Agency shall be utilized as follows:

Capitation	70%
Fee for Service	12%
Agency Administrative Charge	6%
Third Party Admin (TPA) Charge	3%
Information Technology (IT)	4%
Reserve Fund	5%
Total	100%

2.6.1 Risk Management

Based on the principle of solidarity, the Sokoto State Contributory Healthcare Scheme has been carefully designed to spread financial risk to all pool members - all Sokoto State residents. The risk is shared between the healthy and the sick, the young and the aged,

the poor and the rich, and in accordance with the Islamic injunctions of the strong helping the weak and the rich helping the poor.

2.6.2 Reinsurance (Retakaful)

The Agency's pool (Reserve pool may not be sufficient to protect the Agency from catastrophic claim conditions, a fraudulent/criminal activity or a bad investment outcome leading to loss of funds). We shall use the Takaful system to reinsure the Agency's risk. (Contact Jaiz Takaful Insurance Plc or Africa Retakaful)

2.6.3 Adverse Selection

This will be addressed by a waiting period of 45 days before accessing care.

2.6.4 Moral Hazard

- The gate keeping function of the primary provider before referral is to check moral hazard at the secondary level.
- Strict monitoring and verification of the issuance of authorization code to regulate referral on service utilization by the Agency.

2.6.5 Fraud/Free Riding

- This shall be addressed by the Agency through proper reference to already existing documents and in compliance to civil service provision in Sokoto State.
- Fraud at all levels of care shall be addressed by transparent stakeholders in compliance to referral protocols.

3.0 SECTION THREE: PROGRAMS

3.1 FORMAL SECTOR

The Formal Sector Contributory Healthcare Program is for the following group of people:

- Sokoto State Public Sector Employees (State and Local Government)
- Organized Private Sector (OPS) for organizations with a minimum of five (5) staff
- Tertiary Institutions Contributory Health Program (TICHP)
- Uniformed service men
- Retirees

3.2 INFORMAL SECTOR

- Sokoto State Enhanced Community Based Contributory Healthcare Scheme is a non-profit contributory health care scheme for a cohesive group of households /individuals or occupation based groups, formed on the basis of mutual relationships and the collective pooling of health risks, in which members take part in its management
- Other programs for vulnerable groups in the state

3.3 QUALITY ASSURANCE

3.3.1 REQUIREMENTS FOR REGISTRATION OF HEALTHCARE PROFESSIONALS

3.3.1.1 General Medical Practitioners

- Possession of the Bachelor of Medicine, Bachelor of Surgery (MBBS) degree, or its equivalent, recognized by the Medical and Dental Council of Nigeria;
- Registration with the Medical and Dental Council of Nigeria
- Possession of the current license to practice

3.3.1.2 Specialist Medical Practitioners

- They include physicians, dental surgeons, radiologists, paediatricians, psychiatrists, surgeons, gynaecologists, ENT surgeons, ophthalmologists, etc.
- Possession of recognized specialist qualifications in the proposed area of practice in addition to (a, b & c of 3.3.1.1) above.

3.3.1.3 Pharmacists

- Possession of the Bachelor of Pharmacy (B. Pharm) degree or equivalent qualification, recognized by the Pharmacists Council of Nigeria (PCN)
- Registration with PCN

- Possession of the professional license to practice.

3.3.1.4 Pharmacy Technicians

- Possession of pharmacy technician certificate issued by the school of health technology accredited and recognized by the Pharmacists Council of Nigeria (PCN)
- Registration with the PCN
- Possession of current annual permit to practice.

3.3.1.5 Medical Laboratory Scientists

- Possession of the Bachelor of Medical Laboratory Science (BMLS) degree or equivalent qualification, recognized by the Medical Laboratory Science Council of Nigeria (MLSCN)
- Registration with the MLSCN
- Possession of the current license to practice.

3.3.1.6 Medical Laboratory Technicians

- Possession of certificate issued by Medical Laboratory Science Council of Nigeria (MLSCN)
- Registration with the MLSCN
- Possession of current annual tag.

3.3.1.7 Nurse Practitioners

- Qualified Nurse (i.e. B.Sc. or its equivalent, Registered Nurse/Midwife [RN/RM] or other specialized areas of Nursing)
- Registration by the Nursing and Midwifery Council of Nigeria (NMCN)
- Possession of the current license to practice.

3.3.1.8 Radiographers and Ultra sonographers

- Possession of the Bachelor of Radiography degree, or equivalent qualification recognized by the Radiographers Registration Board of Nigeria (RRBN)
- Registration with the RRBN
- Possession of the current license to practice.

3.3.1.9 Physiotherapists

- Possession of the BSc, BMR or B physiotherapy or equivalent qualification, recognized by the Medical Rehabilitation Therapist Board of Nigeria (MRTBN)
- Registration with the MRTBN
- Possession of the current license to practice, issued by the MRTBN.

3.3.1.10 Community Health Practitioners

- B.Sc Community Health
- Possession of B.Sc degree in community health or relevant field from a recognized university and with registration from the Community Health Practitioners Board of Nigeria.

3.3.1.11 Community Health Officer (CHO)

- Possession of HND in Community Health from a recognized University and with registration from the Community Health Practitioners Board of Nigeria.

3.3.1.12 Community Health Technician (CHT)

- Possession of Certificate in community health a recognized School of Health Technology or any recognized Institution by NBTE and with registration from the Community Health Practitioners Board of Nigeria.

3.3.1.13 Junior Community Health Extension Worker (JCHEW)

- Possession of Certificate in community health a recognized School of Health Technology or any recognized Institution by NBTE and with registration from the Community Health Practitioners Board of Nigeria.

3.4 REQUIREMENTS FOR HEALTH CARE FACILITIES (HCFs)

- Accreditation by NHIS
- Possession of professionals with relevant academic qualifications
- Registration with the relevant regulatory body
- Possession of the current license to practice
- Appropriate facility for service delivery
- Registration by State authority.

3.4.1 Facility and Personnel Requirements for Primary Health Care Provider Public and Private Hospitals should have the following:

- Accreditation by NHIS
- At least one Medical Practitioner
- At least five Registered Nurses/Midwives
- At least two Hospital Assistants
- At least one administrative staff and secretarial duties
- At least one medical Records

- At least one Medical Laboratory Technician

3.4.2 Health Centers

Primary Healthcare centers should meet the standards as set by the National Primary Health Care Development Agency (NPHCDA)

3.4.3 Nursing and Maternity Homes

- Proof of access to Medical Practitioner
- At least two registered nurses/midwives
- At least two hospital assistants
- At least one administrative staff for medical records and secretarial duties

3.4.4 Facility and Personnel Requirements for Secondary Health Care Providers

- This level of health care is to have facilities for out-patient and inpatient services for General, Medical, Surgical, Pediatric, and Maternal care etc. The wards divided strictly into gender compartments.
- A facility to be accredited as secondary provider must possess accredited Pharmacy, Laboratory and Operating theatre.

3.4.5 Minimum Requirements for Surgery as a secondary service

- Consultant Surgeons
- Peri-operative nurse
- Anesthetic personnel (doctors/nurses)
- Intensive Care Nurse or Accident and Emergency Nurse, Theater technician
- Surgical Clinic
- Male and Female Surgical Ward
- Operating Theatre

3.4.6 Minimum Requirements for Internal Medicine

- Consultant Physicians
- Qualified Nurses
- Medical Out-patient Department

3.4.7 Minimum Requirements for Dental Clinics

- Dental Surgeon
- Dental Therapist

- Dental Technologist
- Dental Clinic

3.4.8 Minimum Requirements for Ear, Nose and Throat (OTORHINOLARYNGOLOGY)

- ENT Surgeon
- ENT Nurse
- Equipped Clinic

3.4.9 Minimum Requirements for Ophthalmology

- Consultant Ophthalmologist/s
- Ophthalmic Nurse/s
- Equipped clinic

3.4.10 Minimum Requirements for Optometry

- Optometrist
- Ophthalmic Technician

3.4.11 Minimum Requirements for Pharmacy

- Pharmacist
- Pharmacy Technician where applicable
- Sales Personnel where applicable

3.4.12 Minimum Requirements for Medical Laboratory Services

- Medical Laboratory Scientist
- Medical Laboratory Technician
- Medical Laboratory Assistant

3.4.13 Minimum Requirements for Radiography

- At least a part time Radiologist
- Radiographer
- Radiological Centre
- Premises duly registered with the Government of the State in which the facility operates as an X-ray Centre.

3.4.14 Minimum Requirements for Physiotherapy

- Registered Physiotherapists and other Medical rehabilitation Therapists.

3.5 CRITERIA FOR REGISTRATION OF TPAS

The registration of an organization under the Agency shall be in such form and manner as may be determined from time to time by the Board using guidelines which shall include:

- Registration with relevant regulatory Agencies.
- Being financially viable before, during and after registration
- Have a track record of a healthy relationship with Healthcare providers
- Make a complete disclosure of the ownership structure and composition of the organization;
- Have current account or accounts with one or more Banks approved by the Agency.

3.6 COMPLAINTS HANDLING MECHANISMS IN THE AGENCY

- Complaints from enrollees can be received through any of the following means:
- Written complains
- Online Complaints via emails
- Telephone (Call or SMS)
- Verbal
- All complaints received must be properly documented by the officer who receives the complaints. The staff must also ensure that the contact details of the enrollee are included to enable direct communication with the customer upon resolution or otherwise of the complaint
- All complaints shall be resolved within the shortest possible period of time based usually not later than 48hrs, those that cannot be resolved will be escalated to management for further actions
- On satisfactory resolution of a complaint, the officer in charge shall provide comprehensive resolution details which shall also include possible root causes of the complaint as well as attach supporting documents to back up the decision or action taken and then close the case
- It is the responsibility of the Standards and Quality Assurance Department of the agency to handle all complaints from enrollees

4.0 SECTION FOUR: ORGANIZATION OF HEALTH SERVICES

4.1 WAITING PERIOD

There shall be a processing/waiting period of (ninety (90) days before an enrollee can access healthcare services

4.2 SCOPE OF COVERAGE

- The contributions cover an employee, a spouse and four (4) biological children below the age of 18 years.
- Principals are entitled to register a maximum of four (4) additional dependants, upon payment of N9000/per annum per additional dependant, subject to review by the agency. The dependant has to be a wife, biological parents or biological children below the age of 18 years.
- Birth certificate of biological children must be provided at the point of registration for authentication.
- The enrollees should note that multiple registration and that of an ineligible dependants/spouse is a criminal offence punishable bylaw.

4.3 REGISTRATION OF EMPLOYERS AND EMPLOYEES

The registration of prospective enrollees shall be the responsibility of the Agency. However, the Agency may engage the services of TPAs as the need arises.

- All registration process shall be online through direct data capture.
- Every registered employer shall supply the following information:
 - Name
 - Age
 - Sex
 - Name of employer.
 - Category of employer (public or private).
 - Finger print and other biometrics identifiers
 - The office of the head of service is to provide a nominal rolls containing staff details and basic salaries, this will serve as a guide for the registration
- The Agency shall bear the cost of initial production of enrollee identity card(s)
- The enrollee shall bear the cost of production of:
 - Additional dependent's identity card(s).
 - Replacement of enrollee identity card(s).
 - Change of name, employment data.

- i, ii, iii above shall be done at a cost to be determined by the agency.

4.4 RIGHTS AND PRIVILEGES OF BENEFICIARIES

The beneficiary has the right to:

- Freely choose his/her accredited primary healthcare provider and an alternate provider (where principal is not residing with his dependents in the same location).
- Change primary healthcare provider after initial registration after six (6) months, if not satisfied with the service or due to relocation.
- Access care once the name is on the current enrollee register after proper identification.
- Receive treatment at the nearest registered healthcare facilities in emergencies.
- Add or remove dependent(s).
- Add extra dependent(s) on payment of a specified fee.
- The cost of drugs should be made known to the enrollee for verification of co-payment.

4.4.1 Procedure for Change of Primary Healthcare Facility/Addition of Dependents

- a) The enrollee shall obtain change of Healthcare facility/update form(s) from the agency after payment of the specified fee into the Agency's account.
- b) The principal enrollee shall complete the form; attach his/her passport photograph along with a duly signed application letter and evidence of payment, to be submitted by the MDA'S/Organization Focal person to the Agency.
- c) The enrollee shall bear the cost of producing new identity cards in cases of update or addition of dependent(s).

4.4.2 Organization of Health Services

Healthcare services will be provided through two levels of service arrangement by public or private health facilities. These are primary and secondary services.

- **Primary Healthcare Services:** These refer to the entry point and point of first contact of enrollees with the Healthcare Facilities. They serve as the gatekeepers to the scheme. They provide preventive, promotive and curative services.
- **Secondary Healthcare Services:** These refer to specialized services to enrollees referred from the primary level of care after authorization from the Agency or assigned TPA (s). In case of emergency, direct referrals without recourse to the agency or assigned TPA (s) can be made. However, the Agency or assigned TPA(s) must be notified within 24 hours. All Agency accredited General Hospitals,

Teaching Hospitals and Specialist Hospitals will provide secondary healthcare services.

4.5 REFERRAL

- Entry into the Program is via the Primary level of care at which treatment is administered as provided in the guidelines. All cases that require specialized attention are referred following the laid down guidelines from the Primary to Secondary levels of care. Referral can be vertical or lateral but as much as possible to the nearest specialists as contained in the list of NHIS accredited facilities in the area.
- All authorization codes must be given within 24hrs to the requesting facility making contact with the Agency or assigned TPA(s). The Agency should follow – up to ensure that the services are rendered and documented. However when such requests are denied, the facility must be notified in writing within 24 hours stating reasons for denial.

4.5.1 Procedures of Referral

- a. A referral line must be established.
- b. There must be a clinical basis for referral.
- c. A referral letter must accompany every case.
- d. Primary care providers must refer early enough to the next level of care.
- e. Personal and medical details including investigations must be contained in the referral letter.
- f. Notification of all designated stakeholders for authorization is mandatory before referral except in emergencies.
- g. The outcome of a referral should be satisfactorily and properly documented.
- h. Referred cases must be sent back by the specialist after completion of treatment to the referring healthcare facility, with a medical report and instructions for follow-up management.

4.5.2 Information Required for Referral

- a. Patient's name, gender, age and address
- b. Referral location (Dept./clinic)
- c. Patient's hospital number
- d. Patient Agency number
- e. Referring Healthcare facility's code
- f. Referral date and time
- g. Clinical findings/investigations and results

- h. Treatment administered before referral
- i. Provisional diagnosis
- j. Reasons for referral
- k. The patient's authorization code
- l. Referring personnel's name and signature

4.6 Health Care Provider Registration

Only health care providers who possess the above manpower and who have been duly accredited by the NHIS shall be qualified to be registered by the agency. Each accredited provider will sign contracts with the agency and commit to the following charter of service provision:

- Commit to having good relationship with the enrollee e.g. friendliness, helpfulness, respect, courtesy, impartiality
- Provision of Quality of service, e.g. clarity, accuracy, responsiveness, availability
- Timeliness of service delivery, e.g. promptness, speed waiting times
- Special Needs Provision, e.g., the elderly, blind, people with disabilities, pregnant women, children, etc.
- Clear description of performance monitoring and reporting arrangement
- Complaints/Grievance Redress Mechanism

4.7 Empanelment of Providers

- a. Primary Health Care Facilities will be the entry point of all enrollees.
- b. Healthcare Facilities will be accredited, selected and empanelled as Primary, Secondary or Tertiary.
- c. No facility will be registered as Primary and Secondary Provider; or Primary, Secondary and Tertiary Provider at the same time.
- d. Primary Healthcare Facilities will get capitation for primary cases and refer all secondary cases to Secondary and Tertiary Centres.
- e. There shall be a ceiling of a maximum number of enrollee to be determined by the Agency for Primary Healthcare Facility to ensure quality services.
- f. A critical mass of enrollees per Primary Healthcare Facility shall be determined by the Agency to incentivize the facilities and ensure productivity. Too little number of enrollees per facility discourages healthcare practitioners from rendering adequate care to enrollees.
- g. Enrollees have the reserved right to choose a Primary Facility during registration.

- h. Facilities registered and accredited as Secondary and Tertiary Centres have nothing to do with the treatment of malaria and other primary medical cases.
- i. This shall strengthen the PHC system and the referral system.

4.8 Provider Exit from the scheme /Relocation/Change of Name

4.8.1 Provider Exit

A health care facility wishing to exit from the operation of the agency shall:

- Give three (3) months' written notice to the agency
- Publish its intention to exit from the scheme in at least one (1) daily newspaper with significant circulation and readership in Sokoto State.
- The facility shall accord all enrollees the necessary rights and privileges due to them as beneficiaries within the three (3) month period of this notice.

4.8.2 Provider Relocation

A health care facility wishing to relocate to a new site and still operate under the agency shall:

- Give three (3) months' written notice to the agency
- Publish its intention to relocate from the scheme in at least one (1) daily newspaper with significant circulation and readership in Sokoto State
- The facility shall accord all enrollees the necessary rights and privileges due to them as beneficiaries within the three (3) month period of this notice.
- Apply for inspection and approval of the new premises within the initial six 6 months of relocation.

4.8.3 Change of Name

Any health care facility wishing to change name and still operate under the scheme must:

- Notify the agency formally and attach CAC approval if the business name is registered with the CAC.
- Must publish its change of name in at least one (1) daily newspaper with significant circulation and readership in Sokoto State

4.8.4 Change of Ownership

Any health care facility wishing to change ownership and still operate under the scheme must:

- Give a three (3) months' written notice to the agency of its intention.
- Notify the agency formally after the change of ownership has been completed with CAC, and attach evidence of CAC approval for change of ownership and name.

- If its trade name i.e. public name is affected, the facility must publish its change of name in at least one (1) daily newspaper with significant circulation and readership in SokotoState.

5.0 SECTION FIVE MONITORING AND EVALUATION SYSTEM

- a) The Agency should develop a monitoring and evaluation system to facilitate effective monitoring of the scheme.
- b) The M & E System shall be adequately funded by the Agency
- c) Base line and fiscal analysis studies shall be conducted prior to the take-off of the scheme
- d) Impact evaluation shall be conducted after every 5 years to determine progress of the scheme
- e) Periodic enrollee satisfaction surveys shall be conducted to enable the agency determine the perception of the enrollees on the quality of services provided to them. The agency can engage TPAs to carry out this service for them. Survey data will be shared with the enrollees in the form of feedback to enable them appreciate all the mechanisms put in place by the agency to handle all issues relating to do with quality assurance
- f) Enrollee Fora periodic meetings will be held with enrollees and other stakeholders in the form of town hall meetings and other meetings to engage key community members on the operations of the scheme

THEMATIC AREA	INDICATOR	TARGET					REMARKS
		YR 1	YR 2	YR 3	YR 4	YR 5	
Financial protection	Percentage of formal sector enrollees registered into the scheme	100%	100%	100%	100%	100%	The agency intends to start with both LGA and State formal workers in the first year Organized private sector in the 2nd year
	Percentage of informal sector enrollees registered into the scheme	50%	20%	50%	70%	80%	
	% Increase in the number of families protected against catastrophic health expenditure	10%	15%	20%	20%	30%	Subject to a baseline assessment to be conducted by the agency.
Equity	% Percentage of vulnerable group covered by the scheme	40%	40%	45%	50%	60%	Subject to the availability of the 2% CRF as stipulated in the law and other

THEMATIC AREA	INDICATOR	TARGET					REMARKS
		YR 1	YR 2	YR 3	YR 4	YR 5	
							alternative sources of funds
Funding	% Increase in the funds of the Agency	40%	10%	20%	20%	20%	
	% Increase in private sector contribution to the agency	50%	60%	70%	90%	100%	Subject to a baseline assessment to be conducted by the agency
	% Increase in Governments contribution to the agency	100%	100%	100%	100%	100%	
Private sector participation	% Increase in the number of private healthcare providers participating in the scheme	50%	70%	80%	80%	100%	
FUNDS UTILIZATION	% of enrollees utilizing healthcare services as capitation	80%	60%	50%	45%	40%	
	% of enrollees utilizing secondary health care services	40%	30%	25%	20%	20%	

6.0 SECTION SIX OFFENCES, PENALTIES, SANCTIONS AND ARBITRATIONS

- The Agency through her appointed officers may enter, inspect and audit any premises, books, accounts and records of any health care facility that has received payments under this Law at any time and may require the hospital or facility to verify in a manner prescribed, any information submitted to the Agency.
- Where health facility fail to keep the books, records and returns required under this Law or any regulations made there under the Agency may withhold payments due to it until the health care facility complies with the provisions of this Law and the Regulations made here under.
- Any person who produces to an admitting official of a health care facility or a medical practitioner or a member of his staff or to a person authorized by Law to provide other health services or a member of his staff, a registration certificate-
 - I. Knowing that the person named therein is not at the time of the production thereof, not covered under the Law;
 - II. Knowing that the person on behalf of whom and to facilitate whose treatment it is produced is not the person named therein or a dependant of that person;
 - III. Commits an offence and shall on conviction liable to be sentenced to a maximum period of twelve (12) months imprisonment and pay a fine of Two Hundred and Fifty thousand naira (N250, 000.00) in addition to the cost of treatment incurred.
- Any person or organisation who connives with a health care practitioner or health care facility to receive cash either for services rendered or not rendered shall on conviction be liable to be sentenced to a maximum period of twelve (12) months imprisonment and pay a fine of Five Hundred thousand naira (N 500,000.00).
- Any health care practitioner who connives with an individual or organisation to give cash either for services rendered or not rendered shall on conviction liable to be sentenced to a maximum period of twelve (12) months imprisonment and pay a fine of Five Hundred Thousand Naira (N 500,000.00).
- Any health care provider/organisation who connives with an individual or organisation to give cash either for services rendered or not rendered shall on conviction liable to pay a fine of Two Million Naira (N2, 000,000.00) and shall be disengaged from the Sokoto State Contributory Healthcare Scheme.
- Any member or agent of the Agency who fails, without reasonable cause, to comply with a requirement of an auditor under subsection (2) of Section 22 of this Law, commits an offence and is liable on conviction to a fine not exceeding N100,000 or imprisonment for a term not exceeding three months or to both such fine and imprisonment.
- Any person or organization who fails to pay into the account of the agency an organization or association and within the specified period any contribution liable to be paid under this Bill; or deducts the contribution from the employee's wages

and withholds the contribution or refuses or neglects to remit the contribution to the organisation or association concerned within the specified time, commits an offence. is liable on conviction-In the case of a first offence, to a fine of not less than Two Million Naira (N2, 000,000.00) or imprisonment for a term not exceeding two years or to both such fine and imprisonment; and In the case of a second or subsequent offence, to a fine of not less than Five Million Naira (N5, 000,000.00) or imprisonment for a term not exceeding five years or less than two years or to both such fine and imprisonment.

- Any health care practitioner engaged in the scheme who fails to comply with the provision of subsection (2) of Section 33 above commits an offence and liable on conviction to his disengagement from the scheme.
- Any person who contravenes the provisions of subsection (1) of Section 44 of this Law commits an offence and is liable on conviction to a fine of not less than Fifty Thousand Naira (N50,000.00) or imprisonment for a term not exceeding two years or to both such fine and imprisonment.
- Where an offence under this Law has been committed by a body corporate or firm or other association of individuals, a person who at the time of the offence-
 - (a) Was an officer of the body corporate, firm or other association; or
 - (b) Was purporting to act in the capacity of an officer or the body corporate, firm or other association, is deemed to have committed the offence and liable to be prosecuted and punished for the offence in like manner as if he had himself committed the offence, unless he proves that the commission or omission constituting the offence took place without his knowledge, consent or connivance.
- In this section, “officer” includes-
 - (a) In the case of Ministries, Departments and Agencies (MDAs) the accounting officer;
 - (b) In the case of a body corporate, a Director, Chief Executive by whatever name called, Manager and Secretary of the body corporate;
 - (c) In the case of a firm, a partner, manager and secretary of the firm; and In the case of any other association of individuals, a person involved in the management of the affairs of the association.