BRITISH VIRGIN ISLANDS

National Health Insurance Project

NATIONAL HEALTH INSURANCE:

FREQUENTLY ASKED QUESTIONS

FINAL (v4)

SUBMITTED AS AN AID TO THE BVI COMMUNICATIONS TEAM

BY

HEU, CENTRE FOR HEALTH ECONOMICS
THE UNIVERSITY OF THE WEST INDIES

AUGUST 2012

NATIONAL HEALTH INSURANCE PROJECT

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Introduction

National Health Insurance (NHI) is a contributory health insurance plan that provides coverage for the legally resident population (the members or beneficiaries) against the cost of a stipulated package of health services in times of illness of injury. It is based on two (2) fundamental principles:-

(i) premiums or contributions are shared among members based on ability to pay rather than one's health risk which may be affected by age, occupation or pre-existing health conditions; and

(ii) benefits (access to the package of health services) are equally available to all members.

NHI (or social health insurance as it sometimes called) is one (1) of the two (2) major mechanisms used by countries worldwide to finance their health services.[1] There are several different approaches to and variations of NHI in use by countries depending on the benefit package covered, modes of administration and contributions. Countries which utilize some form of NHI as the principal source of financing for health services include:-

- Europe—Germany, France, Holland
- Asia—Japan, South Korea, Taiwan
- Latin America—Mexico, Chile, Argentina
- Caribbean—Bermuda, Cayman Islands, Turks and Caicos Islands, Antigua

[1] The other financing system for health services is based on general tax collections with a certain percentage allocated or dedicated to health. Examples are United Kingdom, Sweden, Denmark, Brazil, most Caribbean countries.

General Questions

1. What is National Health Insurance (NHI)?

NHI is a health insurance plan that aims to provide financial support for the legally resident population of the BVI to meet the cost of treatment in times of illness and injury. Premiums or contributions are shared among members based on ability to pay rather than on one's health risk which may be affected by age, occupation and pre-existing health conditions. All members have equal access to the benefit package and health providers are paid from contributed funds. What makes it 'national' is that no legal resident seeking membership is excluded from coverage; those unable to pay are covered by contributions from the Government.

2. What are the objectives of NHI?

The main objectives of NHI are to assist members with meeting the costs of health care when accessing health services and to increase the resources available to finance healthcare. It also aims to improve the quality of health services and to control costs in the system.

NHI can also provide resources for research, education and related activities which seek to promote and protect the health of the population.

3. How will NHI be financed?

NHI will mainly be financed through a combination of allocations from Government, including a contribution on behalf of certain groups, compulsory contributions from the working population and employers as well as from other persons with sources of income not originating from employment such as rent, remittances and dividends.

4. Is NHI mandatory?

Yes. NHI will be mandatory for persons who are eligible for coverage. It should be noted that mandatory enrolment is important for pooling the health risks and resources of members i.e. sharing the costs of health services covered by the Plan according to ability to pay rather than health risk. A mandatory system allows everyone to contribute to the costs of healthcare so that

the individual burden of payment is small. This would in turn enable individuals to have access to medical services when needed so there is less worry about having to find large amounts of money to pay for care since most payment has already been made through one's premium/contribution.

5. What are the benefits of NHI to a country and its population?

i. Benefits to Members:-

- Lifetime health insurance coverage for the legally resident population with no denial of coverage based on pre-existing conditions or employment or income;
- Health insurance coverage for entire family;
- Assured access to a predetermined set of primary, secondary and tertiary healthcare services including necessary overseas care;
- Choice of public and private health care providers;
- Contributions based on ability to pay and government support for the indigent.

ii. Benefits to Healthcare Providers:-

- Larger volume of business with more clients covered by health insurance and seeking care within the territory;
- Prompt processing of claims so timely and full payments;
- Supporting improvements in quality of care;
- Opportunities for expansion of operations.

iii. Benefits to Business Firms:-

- Affordable health insurance plan for their workers;
- More productive workers with access to early detection and prevention of illness services;
- Less salary advances and loans to workers to assist in paying their health bills.

iv. Benefits to the Territory:-

- The ability to better control the rising costs of healthcare;
- Supporting improvements in the quality of healthcare;

- Expansion in the range of local healthcare services, facilities and providers;
- Provision of a dedicated and sustainable source of funds for health;
- An information system reporting function, which will facilitate evidence-based policy, planning and decision making;
- Improvements in the population's overall health and wellness.

6. What are primary healthcare services?

Primary healthcare services are normally the first point of contact for the patient and are mainly provided by general practitioners, community healthcare nurses, community pharmacists and other community healthcare personnel through the network of health centres and clinics. These health services include health education and promotion, disease prevention, initial assessment of health problems, treatment of acute and chronic health problems and the overall management of an individual's or family's healthcare services.

7. What are secondary healthcare services?

Secondary healthcare is provided by a medical specialist usually through a referral from a general physician or primary healthcare provider. Secondary healthcare is usually delivered in hospitals or clinics and refers to an intermediate level of healthcare that includes diagnosis and treatment which are performed in a health facility that has specialized equipment and laboratory facilities.

Members/Beneficiaries and Employers

Eligibility

8. Who is eligible for NHI coverage?

Persons ***legally residing*** in the BVI will be eligible for membership as beneficiaries in the NHIS. These will include the following groups:-

- Employed;
- Self-employed;
- Dependants (spouses and children);
- Unemployed;
- Indigent; and
- Wards of the State.

9. What documentation do I need to provide to show proof of eligibility?

You will need to submit at least one form of identification (Birth Certificate, Passport or Driver's License) or proof of residence (such as work permit card) to the NHI Division in order to be considered for NHI membership.

10. What will happen if I am not eligible for NHI? Will I be able to access care at the public and private health facilities?

Non-eligible persons, for instance tourists and temporary visitors, will not be registered with the NHI system. However, such persons will not be turned away from the public or private health facilities but will have to pay the full cost at the point of delivery either through private health insurance or out-of-pocket payments.

11. How long will this insurance coverage last?

NHI provides health coverage throughout a person's lifetime, that is, from birth to the time of death once contributions are made on a timely basis.

Registration

12. Why should I register for NHI?

All persons wishing to become members must be registered to receive a membership card. This card allows you to get access to the benefits/health services covered under the NHI. Without the card, one will not be able to receive the benefits of NHI.

13. What are the benefits of NHI to a member?

The benefits of NHI to its members include:

- Health insurance coverage for individual and dependents;
- Access to a range of primary, secondary and higher level health services;
- Choice of public or private providers;
- Contributions based on ability to pay rather than health risk; and
- Access to approved overseas care.

14. When will I be required to register for NHI?

The registration period will commence when Government announces the start-up of the Plan and will be conducted at all SSB Offices.

15. Will I have to complete a registration form?

Yes. All eligible persons will be required to complete the registration form/s that applies/apply to them or have one completed on their behalf. These persons include employees, employers, self-employed persons, unemployed persons (inclusive of the unemployed spouses of employed persons), prisoners, indigent persons, senior citizens, voluntary contributors and children.

16. Is there any penalty associated with late registration for NHI?

Yes. There will be a three (3) month waiting period together with full payment of contributions before any benefit can be accessed by an individual who did not register within the specified time. However, in a case where a member has obtained prior approval from the NHI Division regarding a lapse in membership e.g. if one is away from the BVI for an extended period of time, the penalty will be waived.

17. When I register, will I get an NHI number?

Yes. When you register with the NHI Division, a health insurance card with a unique NHI number will be issued to you.

18. What is a health insurance card?

This is a unique membership card that is issued to NHI beneficiaries. This card must be presented whenever the member accesses healthcare services from any contracted healthcare provider in the Plan.

19. How will the NHI card work?

When you go to a health facility for healthcare, show them your card. Your health insurance card will be swiped by the health care provider (like a credit or debit card) to provide access to your personal demographic and health insurance data. Once your membership and contributions are checked and found to be valid, the cost of your medical care will be fully or partly covered as the case may be. The card, once valid, will serve as a guarantee to service access.

20. Are there any age restrictions/limits on owning/acquiring a health insurance card?

No. All registered NHI members will be issued health insurance cards. Even children under 16 years of age or up to 25 years (if enrolled in a full-time education programme) will be issued individual membership cards.

21. Can I use someone else's health insurance card (e.g. a family member, friend or otherwise) to access healthcare services?

No. Each registered NHI member must have his/her own insurance card in order to access healthcare services.

22. What do I do if my health insurance card is lost or stolen?

You must make a report to the NHI Division. Based on the rules regarding lost or stolen cards, a replacement card will be issued to you upon payment of a small fee.

23. What about confidentiality? Will all my personal information be accessible from my health insurance card?

No. Personal health and medical information will not be available or accessible from the card. Your medical information will be stored with the health providers (doctors, pharmacies etc). Access to different types of client information will depend on who is requesting that information and his or her level of authorization within the NHI system.

The Benefit Package of Health Services

24. Which healthcare services will be covered under NHI?

NHI members will be entitled to the following broad categories of healthcare services, with the specifics to be more clearly defined in the NHI's Benefit Package of Health Services: ambulatory care (primary and specialist), inpatient and outpatient services, diagnostic, laboratory and prescription pharmaceutical services. The Benefit Package will stipulate terms and conditions of access to all services particularly inpatient, specialist and overseas care. The Benefit Package will also be reviewed and amended, by the NHI Division, at periodic intervals.

25. Will alternative medical services be covered under NHI?

No. There are various therapeutic or preventive healthcare practices, such as homeopathy, naturopathy, and herbal medicine that may not have scientific support for their presumed effectiveness. These will not be covered under NHI.

26. How was the Benefit Package of Health Services determined?

The health services, that are included in the Benefit Package of Health Services, cover medically necessary services and were determined on the basis of a detailed analysis of the range of illnesses, the extent and incidence of injuries and the main causes of death in the BVI. The package aims to satisfy both medical and economic criteria i.e. cost-effective treatments. The package will however be revised in keeping with changes in both patterns of illness/injury and economic conditions in the BVI.

27. Can each member choose from different NHI Benefit Packages for the services that they specifically require?

No. There is one Benefit Package of Health Services that is intended to cover all registered NHI members.

Overseas Healthcare

28. Will NHI cover the cost of overseas healthcare services if they are required?

Coverage of overseas treatment will be guided by a referral system. Once the care is approved by the NHI Division, based on the referral by NHI-appointed medical personnel as well as other factors, NHI will cover your healthcare costs overseas.

29. What do I do if I require healthcare while I am abroad?

For non-emergency cases, you should call the telephone number listed at the back of your NHI card for the required information. You will be directed on how to proceed.

If emergency care is needed while abroad, such care can be accessed and will be subjected to the co-payments and deductibles applicable under the NHI. However, this will not present a barrier to care.

A medical emergency is defined as an unexpected injury or illness with acute symptoms that places an individual's life in immediate risk and that necessitates urgent medical and/or surgical attention. For such emergency care abroad, members and attending physicians are advised to contact the NHIS Office using the telephone numbers listed at the back of the NHIS membership card within 48 hours of the start of treatment or as soon as practicable.

30. Will my child be covered by NHI for services overseas while he is in full-time education at a foreign college/educational facility?

No. Your child will not be covered for services overseas. He/you will be responsible for paying his overseas health bills whether directly or through another health insurance plan.

Co-Payments and Deductibles

31. What is a co-payment?

A co-payment is a cost sharing mechanism between the NHI system and its members. It represents the share of the treatment bill that the patient is required to pay (either out-of-pocket and/or through private health insurance) when accessing healthcare services, with the rest to be covered by NHI.

32. Do co-payments vary based upon the location at which an NHI member chooses to access healthcare services?

Yes. There is a co-payment schedule that is set at a percentage of the cost of services and varies according to the location of the provider as follows:

- 0% at community health clinics;
- 5% at the public hospital;
- 10% at private in-country facilities (in-network);
- 40% at private in-country facilities (out-of-network);
- 20% at overseas facilities (in-network).

It should be noted that the exempt population[2] is not required to make co-payments at public health facilities (community health centres or the hospital). They are however responsible for meeting co-payments at all private healthcare facilities.

33. What is a deductible?

A deductible refers to the amount of money that the patient has to pay out-of-pocket before NHI coverage begins.

[2] The exempt population includes persons 65 years and older, school children, the mentally ill, the indigent, police officers, prison officers, prisoners, health workers, workers in the Adina Donovan Home, firemen, immigration officers and customs officers.

Contributions

34. How much will I have to contribute?

Similar to one's Social Security contribution, the premium/contribution for NHI membership is a single fixed percentage of income. It is fixed at 7.5% of income. This means that lower income earners will contribute less than higher income earners (based on ability to pay) and that all members, regardless of the amount of their contribution, will have equal access to the same package of benefits. The premium/contribution will be shared on a 50/50 basis between employers and employees.

Self-employed persons will be required to contribute the full percentage of gross earnings as they serve as both employee and employer.

35. How was the rate of contribution determined?

The contribution rate was determined based upon the results of a detailed cost analysis of health services and an actuarial study that was conducted for the BVI. Twenty-year projections have been made to forecast costs, revenue and the overall sustainability of the NHI.

36. How will contributions be collected from employees?

Contributions will be paid by members of the working population in a similar manner as currently applies for Social Security deductions. Your employer will deduct your portion from your regular pay-cheque and pay it on your behalf to the NHI Division. These deductions are paid directly into the NHI Fund and do not contribute to general tax revenue.

37. Who pays for the unemployed?

Unemployed persons may be unemployed spouses of workers or unemployed individuals. Employed persons will be required to pay contributions on behalf of their unemployed spouses. An unemployed individual who cannot afford to pay for NHI coverage can and will be required to be assessed by the Department of Social Development for assistance. If assessed to be 'indigent' or unable to contribute, the Government will be responsible for paying his contribution to ensure coverage under the NHI. The unemployed will have a health insurance card just like the employed.

For the unemployed individual assisted by the Government, periodic needs assessment will be conducted by the Department of Social Development to determine if changes are to be made to his employment and income status.

38. Who pays for those individuals who cannot afford to pay their NHI contributions?

Government allocations will cover contribution obligations on behalf of those who cannot afford to pay and on behalf of other designated population groups.

39. Are there penalties associated with failure to comply with contribution obligations?

Yes. Penalties will be imposed on errant employers and self-employed persons in a similar manner to that which currently exists for Social Security contributions.

Private/Alternative Health Insurance

40. How is NHI different from private health insurance?

1. NHI does not exclude persons from coverage due to pre-existing conditions;
2. With NHI, premiums are based on ability to pay rather than on risk assessment; and
3. NHI is a non-profit system.

41. Can NHI members keep their private health insurance plans if they choose, or will they be required to give up their private health insurance?

NHI membership does not restrict or preclude the purchase of private health insurance by members. Persons can have private health insurance to complement as well as to supplement their coverage of health services under NHI. Complementary private health insurance increases a person's coverage for services included under NHI and as such, decreases out-of-pocket spending on healthcare. Supplementary private health insurance provides coverage for health services that are not included under NHI.

42. What will happen to private insurance companies?

Private insurance companies will continue to offer their non-health portfolios as well as healthcare coverage for people who choose to have private health insurance (either complementary or supplementary) in addition to their NHI policy.

43. Can NHI and private insurance companies co-exist?

Yes. People will be able to keep their private health insurance plans, if they so choose, since these companies may provide packages that allow expanded access to health services and providers both domestically and overseas.

In all cases where persons have private insurance, the NHI System will coordinate payments with the respective private insurers so that there are no 'double' payments for services received. For these cases, the NHIS will serve as the first payer since it is the 'national', 'mandatory' plan.

44. When NHI is introduced, what will happen to the current health insurance plan for Government employees?

When NHI comes on stream, there is expected to be a transition from the current health insurance plan for Government employees to the NHI Plan.

Healthcare Providers

45. How will NHI affect healthcare providers?

Both public and private providers of health services (as outlined in the Benefit Package) will be eligible to participate in the provider network established under NHI. The NHI Division will only enter into standard contracts with eligible providers if they have satisfied the licensing and certification requirements of the regulatory authorities in the BVI or their respective countries. Standard contracts for the supply of health services will be fixed for a period as determined by the Board.

46. How will healthcare providers in the public sector be affected?

Public healthcare facilities will be contracted as providers of healthcare services under the NHI system. They will be included in the pool of providers from which NHI members can access healthcare services.

47. How will healthcare providers in the private sector be affected?

Healthcare providers in the private sector will be invited to contract with the NHI system for the delivery of services to members. Contracted private providers will benefit from NHI because more patients will seek their services. In addition, payments will be prompt for all valid claims.

48. How will I know if my healthcare provider is contracted with the NHI system?

The NHI Division will make a list of all contracted providers available at its office and on its website. Persons may also call the Customer Service Department of the NHI Division (using the telephone number located at the back of the NHI card) for this information. Finally, contracted providers will be required to publicly display their certificates of participation.

49. What happens if I go to a non-contracted healthcare provider for services?

If a member goes to a non-contracted provider (called an 'out-of-network' provider), then he can receive care as requested. However, the NHI will check the bill/claim carefully to see firstly, if it is a service covered in the benefit package, secondly if the provider is licensed to offer services to the public and thirdly, the NHI will compare the bill/claim to what it would pay for the same

service using a contracted provider. For on-island non-contracted providers, the NHI will only pay up to 60% of the bill/claim if it is the same amount as if the service was received from a contracted provider. The member will have to pay the rest of the claim. If the bill/claim is higher than for a similar service from a contracted provider, the NHI will only pay up to 60% of what it would have paid for the service from a contracted provider and the member will have to pay the difference.

For example, if the bill/claim for a service/procedure from a non-contracted provider is $100 and NHI negotiated rate for the same service with a contracted provider is $100, then NHI will pay $60 to the non-contracted provider and the member will pay $40. If the bill/claim from the non-contracted provider is $150, then NHI will only pay $60 and the member will have to pay $90.

Bills/claims from non-contracted off-island providers will not be paid, except in cases of emergency, in which case 60% of what it would have paid for the service from a contracted provider and the member will have to pay the difference.

50. Can a member pay for services from a healthcare provider and bring the bill/claim to the NHI for payment/reimbursement?

When accessing care at in-network providers, NHI requires all members to take their NHI cards with them and to present this to healthcare providers so that the bills/claims can be paid directly to providers by the NHI. The member will only be responsible for making any co-payments and deductibles.

If a member chooses to access services at an out-of-network provider, he will have to pay the full bill at the point of contact. He may then bring the bill to the NHI Office for reimbursement no later than 90 days after receiving care.

51. How will NHI-contracted healthcare providers be paid?

NHI-contracted health service providers will be paid at negotiated rates to be stipulated by the Board. These rates will be reviewed and amended at periodic intervals. In addition, the rates of

co-payment will be stipulated by the Board on approval by Cabinet and will also be reviewed and amended at periodic intervals.

Contracted providers will be reimbursed at the negotiated rates for services. However, contracted providers will not be permitted to 'extra-bill' members for amounts beyond what was agreed in the stipulated rates for services. Extra-billing will be treated as a breach of contract and the appropriate penalties will become applicable.

52. Will NHI-contracted healthcare providers be required to have computer facilities?

Yes. Contracted providers will be required to have Information Technology (IT) facilities in place to permit electronic web-based real-time processing of claims and payments for services that are rendered to members.

53. Given the IT system, will electronic versions of patients' medical records be kept by healthcare providers?

Contracted providers will only have access to electronic medical records of patients they treat. These records can only be shared following authorization by the patient and as may be required by law.

54. How will the procedures undertaken by healthcare providers be monitored?

Where data are available, there will be an evidenced-based approach to monitoring and evaluating providers. This will be facilitated by the NHI's Health Information System (HIS) and the protocols of care and systems for quality assurance that will be outlined by the NHI Division.

55. How will NHI affect visits to specialist healthcare providers?

A clearly defined system of referral from primary care providers for specialist and secondary level services will be outlined under the NHI system and, as far as possible, will be based on treatment protocols for various health conditions.

56. How will NHI deal with different prices being charged by providers for the same service?

In the public health system, there will be no difference in charges for the same service.[3] In the private sector, the NHI Division will negotiate health service fees with providers and a price list will be generated.[4] For all fees/payments to provider for services, NHI will cover its part of the cost while the patient will be required to pay the difference either out-of-pocket or through private health insurance. It should be noted that the co-payment that is required at the public hospital will be lower than that required at private health facilities.[5]

[3] The exempt population is not required to pay for healthcare services that are accessed at public health facilities (community health centres or the hospital).

[4] Once again, extra-billing by NHI-contracted providers will be treated as a breach of contract and the appropriate penalties will be applied.

[5] Refer to Question 32 above.

Management and Structure

57. Who will manage the NHI system?

The Social Security Board (SSB) will have overall responsibility for the NHI system, which will be managed by a new Division of the Board, with separate financial accounts. The SSB will establish a defined NHI Fund for managing the inflows and outflows of monies involved in conducting the business operations of the NHI System. In addition, the SSB will also set aside a portion of allocated and contributed funds in a reserve account to meet defined shortfalls and payment obligations.

58. Who will be responsible for setting and monitoring healthcare standards?

The Ministry of Health will continue to have responsibility for setting and monitoring the standards of healthcare.

59. Does the NHI Division have legal recourse in the case of injury sustained by a beneficiary while under the care of an NHI-contracted healthcare provider?

Yes. The SSB will have the ability to recover costs of injury or disability against a healthcare provider (on behalf of the beneficiary) in cases where a beneficiary has suffered damage due to the negligence or willful misconduct of a healthcare provider.

60. Can a dissatisfied NHI member or contracted healthcare provider appeal a decision that is taken by the NHI Division?

Yes. A member or contracted healthcare provider who is aggrieved in respect of any action or inaction or failure of the NHI Division in meeting its obligations under the Plan may lodge a complaint and have the case taken up by the Appeals Tribunal of the SSB.

61. Will the NHI system be computerized?

Yes. The NHI Division will work closely with public and private healthcare providers to establish a Health Information System-Information Technology (HIS-IT) network which will allow for greater efficiency in the management of NHI operations.

62. Will the NHI Plan be reviewed periodically?

Yes. The SSB will undertake an actuarial review of the operations of the NHI System at the end of the first year of operation and thereafter, in a similar manner as it applies to the Social Security Fund. This will serve to assess financial performance and can be used to adjust the contribution rate if deemed to be necessary.

Furthermore, the operations of the NHI System will be published and open for review as part of the SSB's annual reporting requirement.

Cost Containment

63. How will costs in the NHI be controlled when everyone has access to comprehensive healthcare?

This will be done by implementing cost control measures that minimize misuse and wastage of health resources. These include the use of:

- co-payments;
- deductibles; and
- a comprehensive system of referral for diagnostic tests and secondary level care.

Negotiating with pharmaceutical companies, sourcing cheaper supplies and using generic drugs of proven quality will contribute to controlling the costs of medicines and other pharmaceutical supplies.

The NHI System will set aside a portion of funds collected for supporting the efforts of the Ministry of Health in its health promotion and illness prevention activities in the community to improve the overall health of the population thereby reducing the need to access healthcare services.

Additionally, the NHI will implement an HIS-IT, which will keep track of every encounter between patient and provider and which will therefore provide real time data for auditing of claims as well as monitoring and quality checks of healthcare services provided to members.

64. How will medicine/drug prices be kept down?

Negotiating with pharmaceutical companies, the sourcing of cheaper supplies and using high quality, tested generic drugs will assist in controlling the costs of medicines. The NHI will also continue to rely on the existing arrangement for the pooled procurement of pharmaceutical supplies via the OECS/PPS for the public health system.

65. How will costs be contained with the ageing population and the advent of expensive technology?

Some costs will continue to rise because of the need to provide ongoing care to the aging population and to keep abreast of technology changes in health. However, some of these costs may be contained through the encouragement of 'healthy ageing' programs, evaluation and choice of technology for what is appropriate rather than what is the latest and development of protocols for use of technology rather than simply using technological innovations because they are available (such as CT and MRI scanning).

66. Will a strain be placed on the system's financial resources if the majority of people seek private medical treatment?

No. NHI, in its design and determination of financial sustainability, catered for increased utilization in the private sector. NHI will negotiate fees and other care arrangements for the provision of healthcare services in both the public and private health sectors. Beneficiaries will have the choice of accessing care from public or private providers and the co-payments will be higher for use of private rather than public services.

67. Will NHI pay for health promotion and illness prevention services which can reduce the cost of care?

Yes. The NHI will set aside a portion of funds collected for supporting the efforts of the Ministry of Health and other community groups in their health promotion and illness prevention activities.

Contacts for Further Information

68. Who can be contacted for further information on the NHI?

For further information on the NHI, please contact the following:-

Social Security Board
NHI Division
Joshua Smith Building
Road Town, Tortola
British Virgin Islands

Phone: [insert information]
Fax: [insert information]
Email: [insert information]
Website: [insert information]

APPENDIX 1

Responses to Questions & Comments from NHI Steering Committee on the
NATIONAL HEALTH INSURANCE: FREQUENTLY ASKED QUESTIONS (v2) – December, 2011

August, 2012

Report Reference	Questions/Comments from NHI Steering Committee	HEU-UWI Responses
Question #1	National plan—can this be expanded to state that no one is excluded for medical care available in Territory?	No. NHI covers a defined package of 'medically necessary services'. It cannot be assumed that all 'medical care' in the Territory is 'medically necessary'.
Question #1	The statement, "NHI is a health insurance plan that provides coverage for the entire population….no one is excluded from coverage..." Is this statement correct? It is propose the word 'eligible' be added. The above should match the response to the question 'Is NHI mandatory....' and in 'Eligibility' section. The response addresses persons who are eligible for coverage.	Agreed. The text has been amended to refer to 'legally resident population' (in keeping with Legislation) as the eligible group.
Question #3	How will NHI be financed? Please clarify '…persons with sources of income not originating from employment'.	This refers to persons whose prime sources of income may be rent, dividends, remittances or similar funds which may not be shown as income from employment. Some of these persons may seem to be unemployed since they may not appear in the books of the SSB as 'employee' or 'self-employed'.

Report Reference	Questions/Comments from NHI Steering Committee	HEU-UWI Responses
	NHI is said to assist with resources for research, education and related activities for the purpose of promoting and protecting the health in the Territory. Therefore, to ensure the collaborative process and necessary work is undertaken with Government it is recommended that the relationship between NHI/SSB and BVI HSA be regulated, formalized and make official certain activities.	Agreed. This will be discussed with the MoH and the BVI HSA.
	The benefit of NHI is stated as access to a range of health services without worry over finding the money to pay for care. Is this misleading? Should the wording of access to 'some' health services be referenced? Isn't additional expense, such as co-payments when needed, an issue? Choice of public or private providers—is this not restricted to facilities in-network?	Agreed. This should be re-worded to say 'without worry over finding large sums of money to pay for care' (since member would have 'pre-paid' for most of the costs through NHI contributions). Copayments may not be an additional expense since these will vary according to choice of provider. Someone choosing to seek care at a public clinic will have zero co-payments as compared to 5% at Peebles Hospital; 10% at private in-network clinics and 40% at private out-of-network clinics. No. The member has choice of in or out-of-network facilities, except for overseas care. Co-payments (as stated above) vary according to the choice of provider. For overseas care, choice will be restricted to facility selected for treating member upon referral by his physician and approval by the MRC of the NHI.

Report Reference	Questions/Comments from NHI Steering Committee	HEU-UWI Responses
Question #6/7	What if beneficiary forgoes primary care and goes directly to a secondary healthcare provider?	The member will be required to pay for the services directly from his resources since the NHI System will not be responsible for payments.
Question #8	Will a deductible apply if the NHI agrees to pay for off-island services?	Yes. It will apply.
Question #10	Persons should be required to present valid work permit cards.	Agreed. This is already covered in the Regulations.
Question #10	A driver's license should not be the sole piece of ID used to show proof of eligibility to NHI. If this is used it must be in conjunction with a Passport. Considering some issues of fraudulent documentation, a passport should be the first preference of document then an original or certified copy of birth certificate and a driver's license should be the 2nd documentation required for consideration of eligibility.	Agreed in principle. The 'authoritative' ID document relating to eligibility will be determined by the SSB.
Question #12	'All persons wishing to become members....' gives a choice to register or not. It should be a definite statement 'all persons must register with the NHI and will be issued a membership card upon completion of the process'	Response is amended to reflect provisions in legislation i.e. all eligible persons will be required to be registered, with eligibility referring to the 'legally resident' population.
Question #20	Change age [for coverage of children] from 21 to 24 in keeping with Regulations.	Agreed. Change is made in the document.

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	What are the exceptions if a person is over 24 years and still in full-time education either at the local Community College or doing on-line studies.	Someone above 24 years in full-time education will be treated as an adult and will be required to contribute or have his contribution paid for him. If contributions cannot be made, then the person will need to visit the Social Development Department to be assessed for contribution assistance from Government.
Question #21	What if a member forgot or loses his card and needs medical services?	The member will still have access to emergency services and the bill for these will be processed afterwards. For other services, the member will be required to pay for services and seek re-imbursement from the NHI Division. Lost or damaged cards should be reported immediately to the NHI Division so that replacement cards can be issued.
Question #25	Will NHI cover services from a physical therapist?	Yes. These will be covered upon referral from a primary or secondary care provider.
Question #28	There might be lapses in coverage if a beneficiary resides outside of the Territory for more than 3 months at a time or longer than time approved by NHI.	Firstly, lapse in coverage only occurs if a member's contributions are not current. This will happen even if a member informs the NHI Division that he will be residing outside of the Territory for any period of time and contributions are not being paid. Secondly, the NHI Division is not in the business of approving residence or stay outside of the Territory. NHI Division can only point out to the member the implications of being abroad and not contributing for coverage of services.

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Question #30	Will there be 24/7 access to the NHI?	Yes. The contact information and numbers to call will be shown on the membership card.
Question #32	Will there be a co-payment for emergency services?	As agreed by the NHI Steering Committee, emergency services, as defined in the Benefits Package, will have co-payments. However, such co-payments will not be a barrier to accessing emergency care.
Question #36	The response to question on who pays for unemployed spouses will require amended based on the decision of the Steering Committee that Government will not absorb the costs of unemployed spouses.	The amendment will show that full premium contributions will be applicable to unemployed spouses in the NHI System.
Question #38	The penalties associated with failure to comply with contribution obligations must be firm and irreversible neither persuaded by political representation or influence.	The NHI will utilize similar provisions on non-compliance as currently exists in SSB's Regulations.
Questions #40/42	The NHI should coordinate its benefit package with those of private insurers to avoid duplication of coverage.	NHI is mandatory and provides equal access to a defined package of benefits for all members. To avoid duplication since NHI is mandatory, private insurers may choose to offer 'wrap-around' or supplementary packages which pay for services which are excluded from the NHI package. Where there is duplication in coverage of services, the costs of care will be shared (or coordinated) between the NHI and private insurers, with the NHI being the first payer. This is sometimes called a complementary plan.

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Question #41	Government/NHI should give the private sector a fair opportunity to prepare alternative medical plans.	Yes. Private insurers will be given a fair opportunity to prepare alternative plans such as supplementary and complementary plans as stated above.
Question #46	Private health providers 'can be voluntarily' registered.	NHI does not have provisions for 'voluntary' registration. Registered providers, having met contract requirements, are either contracted or have contracts pending with the NHI Division.
Question #48	Extra billing, also known as "balance billing". Please note that if the NHI were to negotiate a rate of payment with providers for services rendered to beneficiaries, any excess charged to beneficiaries or balance billing can be considered as an illegal act. The aim of balance billing would be to defraud beneficiaries of additional funds outside of the agreement with the NHI and should not be encouraged or accepted.	Agreed. The negotiated rates between the NHI and health care providers will set the limit for the claim/bill presented by the provider. This will be stipulated as one of the main provisions in the provider contract.
Question #57	The NHI should have a separate Appeals Tribunal.	This will have to be decided by the SSB. The current provisions indicate that the Board may adjust the composition of the Appeals Tribunal to deal with specific NHI matters. If this does not yield the best results, then the alternative of co-opting the expertise as needed to address specific NHI matters or the formation of a separate Tribunal may be considered.