

SCHEDULE 17
NHIB & TAP PROCEDURES

SCHEDULE 17

Part A

NHIB Procedures

1. Definitions

1.1

NHIB Card	the personalised card issued by NHIB to each Member confirming their registration for the NHI Plan and entitlement to receive the Healthcare Package.
NHI Plan	the TCIG national health insurance plan operated through NHIB on behalf of TCIG.
Healthcare Package	the package of healthcare benefits available to Members as specified by the NHIB.
Private Insurer	any private insurance company providing healthcare insurance other than NHIB.
Members	those persons from time to time registered and/or capable of being registered under the NHI Plan.
Non-Entitled Individuals	means visitors or other individuals who are not entitled to the Healthcare Package under the NHI Plan.
Registered Member	shall mean any member who is registered with NHIB for the NHI Plan.
Treatment	the provision of appropriate treatment to Patients within the scope of the Clinical Services.
Unregistered Member	shall mean any Member who has not yet registered for the NHIB Plan through the NHIB.

2. General

- 2.1 The NHIB will be instituted as an arm of the TCIG to provide the administrative functions of collection and appropriate disbursement of national health insurance

taxes. As the TCIG national health insurer, its functions will include but will not be limited to:

- Collecting and accounting for payroll tax contributions for national health coverage
- Managing financial performance, investments and cash flow of these revenues
- Contracting with enrolees and employers
- Issuing smart cards or other forms of identification to all those entitled to health coverage
- Developing benefits guidelines
- Developing and distributing materials to Members
- Carrying out its functions in a way which is accessible to users
- Implementing and administering the payment administration and monitoring and anti-fraud provisions set out in this Agreement on behalf of TCIG
- Contracting with providers on island other than the Relevant Providers
- Carrying out all those functions specified as being the responsibility of NHIB in Part B of this Schedule 17 (TAP Requirements) in relation to TAP and including managing and approving contracts with Overseas Providers on the Preferred Provider List
- Adjudicating and paying claims to providers (including the Relevant Providers) on a capitation basis, or other method, in the case of the Relevant Providers, as provided for under the terms of this Agreement
- Accepting electronic bills and processing electronic payments for each Relevant Provider.
- Actively managing health care on behalf of TCIG including:
 - monitoring of quality and utilization;
 - providing reviews of TAP triage, utilization and quality; and
 - creating profiles and reports to monitor changes in practice patterns

2.2 It is the policy of the TCIG to ensure that all those persons eligible for membership through the NHI Plan are registered through NHIB. The NHIB will be

responsible for registering Members, collecting contributions and issuing Members with an NHIB Card.

- 2.3 Members will be encouraged to use ClinCo for all Treatment. Not only will this save costs and enhance patient access and convenience, but over time it will improve the quality of health care services provided on TCI.
- 2.4 If a Patient presents to ClinCo with a valid NHIB Card, ClinCo will consider the Patient to be a Registered Member and will provide Treatment. ClinCo will verify the validity of a Patient's NHIB Card, preferably at the time of appointment. If this is not possible, verification will take place at the time the Patient presents for Treatment. Verification will occur through online access to the NHIB membership database. For all Members, ClinCo will be responsible for collecting co-payments as specified in the Healthcare Package.
- 2.5 While TCIG shall procure that NHIB will use all reasonable endeavours to ensure that all Members are registered with the NHIB and hold a valid NHIB Card, in some cases, a Patient may present to ClinCo without an NHIB Card. In these cases, ClinCo will be responsible for verifying whether the Patient is a Member and entitled to Treatment through the NHI Plan based on the following procedures. A separate procedure is specified for non-emergency situations and emergency situations.

3. **If the situation is NOT an emergency**

- 3.1 If the Patient presents to ClinCo and is not able to show a valid NHIB Card ClinCo will ask the Patient whether s/he is an Unregistered Member, a visitor or other Non-Entitled Individual. If the Patient is a visitor or other Non-Entitled Individual, ClinCo shall determine whether the Patient is covered through a Private Insurer or is able to pay out-of-pocket for Treatment. If the Patient can provide satisfactory evidence of ability to pay for Treatment, ClinCo will provide the Treatment and seek payment for such Treatment directly from the Patient's Private Insurer, the Patient or the Patient's family.
- 3.2 If the Patient claims to be a Member, ClinCo will verify this information either through a direct link to the NHIB database or via telephone with the NHIB. If the Patient is an Unregistered Member, the NHIB will be responsible for registering the Patient prior to the commencement of Treatment. The NHIB may (at TCIG's option) also provide ClinCo with registration access to its database so that ClinCo can complete the registration process online.
- 3.3 Once the registration process is complete, the NHIB will authorize ClinCo to provide Treatment and will confirm that such Treatment will be reimbursed by TCIG, through the NHIB, to ClinCo in accordance with this Agreement

- 3.4 If the NHIB cannot make the determination of eligibility and register the Patient as a Registered Member in a timely manner, ClinCo will elect to either:-
- (a) treat the Patient and seek payment directly from the Patient, the Patient's Private Insurer (if one exists) or the Patient's family; or
 - (b) refuse treatment until the Patient presents with a valid NHIB Card.
4. **If the situation is an emergency**
- 4.1 If the Patient presents to ClinCo and is not able to show a valid NHIB card, ClinCo is required to treat the Patient according to standard clinical protocols and ensure that the Patient's condition is stable in that they are ready for transfer and/or the Patient is ready for discharge. This is a clinical decision based on ClinCo's clinical protocols approved by TCIG.
- 4.2 Once the Patient is stable for transfer and/or ready for discharge, ClinCo shall then determine whether the Patient is an Unregistered Member or a Non-Entitled Individual.
- 4.3 If the Patient claims to be a Member, ClinCo will verify this information either through a direct link to the NHIB database or via telephone with the NHIB. If the Patient is an Unregistered Member, the NHIB will be responsible for registering the Patient. The NHIB may (at TCIG's option) also provide ClinCo with registration access to its database so that ClinCo can complete the registration process online.
- 4.4 Once the registration process is complete, the NHIB will authorize ClinCo to provide additional Treatment to the Patient as needed (in addition to emergency care) and will confirm that such Treatment will be reimbursed by TCIG, through the NHIB, to ClinCo in accordance with this Agreement.
- 4.5 If the NHIB cannot make the determination of eligibility and register the Patient as a Registered Member in a timely manner, ClinCo will elect after the Patient is stable in that they are ready for transfer or ready for discharge to either:
- (a) treat the Patient and seek payment directly from the Patient, the Patient's family or the Patient's Private Insurer (if one exists); or
 - (b) refuse additional treatment until the Patient presents with a valid NHIB Card.
- 4.6 If the Patient is determined to be a Non-Entitled Individual, ClinCo shall determine whether the Patient is covered through a Private Insurer or will pay out-of-pocket for services. If the Patient has Private Insurance or can provide satisfactory evidence of ability to pay for Treatment, ClinCo will provide the

Treatment and will seek payment for Treatment directly from the Patient's Private Insurer, the Patient or the Patient's family,

- 4.7 If the Patient is a Non-Entitled Individual but **does not** have the ability to pay for Treatment, ClinCo will notify the NHIB. NHIB will be responsible for reimbursing ClinCo in accordance with this Agreement for emergency care up to the point required to stabilize the Patient for transfer and/or discharge based on an agreed TCIG fee schedule. Where a Non-Entitled Individual is an unlawful entrant for the purposes of section 39 of the Immigration Ordinance, ClinCo shall promptly notify TCIG of this to allow TCIG to take such further steps as may be appropriate.

5. TCIG as Payee of last Resort

- 5.1 In all emergency cases, ClinCo will be required to provide necessary care to stabilize the Patient for transfer or ensure that the patient is ready for discharge. TCIG will be required through NHIB to reimburse ClinCo for this emergency care only as the payer of last resort for Non-Entitled Individuals who are unable to provide any other means of payment for emergency services. Payment will be in accordance with this Agreement.
- 5.2 For the avoidance of doubt, nothing in this Schedule 17 shall prevent ClinCo or any ClinCo Party from providing Treatment to any Non-Entitled Individual provided always TCIG shall not be required to reimburse ClinCo or any ClinCo Party for any Treatment given by ClinCo or any ClinCo Party where ClinCo or the ClinCo Party has elected to seek payment direct from the Patient or the Patient's Family or the Patient's Private Insurer.
- 5.3 In cases where a Member is also covered through a Private Insurer, ClinCo will make every effort to collect payment from such member's Private Insurer in which case no payment will be payable by TCIG whether in an emergency situation or otherwise. The income collected will be treated as Third Party Income and shared with TCIG in accordance with this Agreement.

6. Day to day administration

Protocols and/or procedures will be agreed between NHIB and the Relevant Providers (and other providers) for day to day administration of NHIB's functions including the use of online, fax or other facilities for dealing with approvals for emergency treatment.

SCHEDULE 17

PART B

TAP Requirements

Overseas Referral Process

1 Definitions

Insurance Provider	shall for the purposes of this Schedule 17 be the National Health Insurance Body (NHIB) of TCI
Overseas Provider	the overseas provider which operates the hospital to which a Patient is to be sent under this Schedule 17 for treatment not capable of being provided in either the Grand Turk Facility or the Providenciales Facility
Overseas Treatment Form	a form indicating the name, address and NHIB reference of the Patient, the nature of the treatment required, a certification that such treatment cannot be provided in either of the Facilities, the name of the Overseas Provider selected and, if not on the Preferred Provider List, an explanation as to why another Overseas Provider has been selected and such other information as may be called for in the format to be agreed between the TCIG/NHIB and ClinCo
Preferred Provider List	a list of Overseas Providers approved by the TCIG for the treatment of Patients and where possible to whom preference is to be given in the selection of an Overseas Provider
Receiving Physician	the physician appointed by the Overseas Provider to treat the Patient under this Schedule 17
Referral Criteria	the criteria to be developed in accordance with paragraph 3 of this Schedule 17
Referring Physician	has the meaning given in paragraph 4.2 of this Schedule 17

- 2 It is the policy of the TCIG to encourage use of the Facilities for all conditions that can be safely treated at the Facilities. Not only will this save costs and enhance Patient access and convenience, but over time it will improve the quality of hospital care provided on TCI. However, ClinCo and TCIG agree that where a Patient requires treatment which cannot be provided at the Facilities the following procedure will be used to obtain appropriate treatment for that Patient.

- 3 The NHIB will be responsible for creating and maintaining the Preferred Provider List, which will be developed in consultation with the TCIG Ministry of Health and ClinCo. NHIB will also develop referral criteria in consultation with the TCIG Ministry of Health and ClinCo. Both the Preferred Provider List and the Referral Criteria will be updated regularly and on each such update a copy of the updated Preferred Provider List and Referral Criteria will be delivered to ClinCo.
- 4 ClinCo will be responsible for identifying the need for overseas diagnosis or treatment for patients in its care, based on patient assessments, diagnostics, and treatments given locally, and its knowledge of clinical and other relevant resources available on TCI. A standard overseas referral will work as follows:
 - 4.1 The Patient is evaluated by a specialist physician at one of the Facilities, who determines whether the diagnostic equipment, expertise (resident or visiting), treatment or supportive services for good patient care are available locally to meet that Patient's needs;
 - 4.2 If the physician who evaluates the Patient under paragraph 4.1 above (the "**Referring Physician**") determines that the Patient's needs cannot be met at the Facilities he or she shall complete an Overseas Treatment form for the Patient which will be signed by the Medical Director/Chief of Staff of ClinCo and sent by ClinCo to the NHIB;
 - 4.3 In an emergency situation, the Referring Physician shall speak to the NHIB Medical Director or designee and both the Referring Physician and ClinCo shall be entitled to rely upon the verbal approval of the referral from the NHIB Medical Director, but in such case an Overseas Treatment Form shall be submitted to the NHIB as soon as practicable and in any event within 2 Working Days of such verbal approval having been given;
 - 4.4 The NHIB will evaluate the referral and (if it be the case) confirm that the care meets the Referral Criteria, that the benefits are covered under the NHIB and that the Overseas Provider is on the Preferred Provider List or is approved notwithstanding its absence from the Preferred Provider List. Upon completion of such evaluation and in any event no later than 2 Working Days after delivery to it of the Overseas Treatment Form, the NHIB will send an approval for overseas treatment to ClinCo or notify ClinCo of the reasons why such overseas treatment is declined;
 - 4.5 Upon receipt of approval for overseas treatment, the Referring Physician will send a medical referral letter addressed to the Receiving Physician at the Overseas Provider and, with the Patient's permission, shall transfer copies of all applicable medical records relating to that Patient to the Receiving Physician for review prior to the commencement of any treatment;
 - 4.6 ClinCo will co-ordinate all transportation required by the Patient in conjunction with the NHIB to allow the Patient to receive treatment under this Schedule 17. Selection of transportation may be based on prior contracts between the NHIB and transportation providers. For the avoidance of doubt, the cost of all transportation (including the cost of any ClinCo staff required for clinical reasons to accompany the Patient and their reasonable subsistence and accommodation costs) shall be borne by the NHIB and shall be invoiced to NHIB separately;

- 4.7 There will be direct communication between ClinCo and the Overseas Provider through the Referring Physician and the Receiving Physician and in particular ClinCo will use all reasonable endeavours (with the assistance of NHIB where appropriate) to obtain a full description of the treatment which the Patient received, what medications were prescribed and recommendations for follow-up care were made to facilitate Patient follow up and continuity of care once the Patient returns to TCI following the overseas treatment;
- 4.8 ClinCo, through the Referring Physician and on the basis of the information obtained through the communication process referred to in paragraph 4.7 above, will ensure that the interventions performed are properly documented in the Patient's medical records;
- 4.9 In cases where the Overseas Provider advises that the treatment to be provided to the Patient exceeds the original scope of authorized treatment abroad, ClinCo's Medical Director/Chief of Staff (or his designee) will communicate directly with the Medical Director of the NHIB in the manner set out in paragraphs 4.3 and/or 4.4 above to obtain authorization for such extended treatment;
- 4.10 In cases where the NHIB denies referral abroad, a review procedure will be established. This will include as a first step a full review of the case by the Medical Director of the NHIB, and direct communication with the Referring Physician. If the case is not resolved satisfactorily at this stage, a formal review by the Board of the NHIB can be sought. If the case is still not resolved, and after exhausting all remedies within the NHIB, the case may be further referred for final review to the HRA at the request of the Patient or the Patients' relatives;
- 4.11 The NHIB will pay all bills directly to the Overseas Provider for authorized services. In cases where the Patient has additional private insurance, the NHIB will coordinate payment of benefits with the Patient's private insurer;
- 4.12 The NHIB will, on an ongoing basis, monitor the referral process and overseas referrals under this Schedule 17 to ensure they meet all clinical, operational, and financial requirements. On a periodic basis, the HRA may also audit the referral process and referrals and the decisions and outcomes arising from those referrals to ensure compliance with the principles of the treatment abroad program and its objectives;

Figure A below shows a high level representation of referral responsibilities and relationships for standard referrals.

