

# HEALTH FACILITY NHIS TARIFFS

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# INTRODUCTION

- Tariffs are charges for social services provided by a government , an organization or an institution. Example water, electricity, hospital fees and road tolls.
- Tariffs are governed by law and are aimed at partial recovery of cost of material or services over a period of time. Very few social service are aimed at full recovery.
- Most tariffs charged by state are aimed at covering some aspects of service or material used.

# INTRODUCTION

- Ghana after Independence has gone through various methods of paying health services.
- They include tax funded (Free health care), token fees, “cash and carry” all partial or supplementary payments.
- Health Insurance is another method of payment for health care through advance contributions by prospectus users in anticipation of illness to be used only by those who fall sick.

# INTRODUCTION

- Health Insurance works by the principle of solidarity; many people paying or contributing and only few falling sick and using the fund. Numbers are very important
- Health Insurance requires the application principle of economics into health care.
- Ghana NHIS contribution is funded by token premium, 2.5% SSNIT tax, 2.5 % NHIS levies collected by VAT office, grants and donor support.

# METHOD OF NHIS CHARGES

- There are many methods Health Insurance all over the world uses to pay for health services rendered to members.
- They include “fee for service” or itemized billing (Charging every item or service provided).
- Diagnosis related group (DRGs), capitation, budget, co-payment or a combination of one or more of the types.

# METHOD OF NHIS CHARGES

- Ghana NHIS started with “Fee for service” from 2004 to 2008. Here providers charge for every service or item used in the care of the patient. Here providers had advantage of the more services or items provided the more money paid by the schemes; thus has resulted in some abuses.
- It is very tedious to use, it delays submission and payment of bills.

# GHANA DIAGNOSIS RELATED GROUP TARIFFS

- Ghana Diagnosis Related Group (G-DRGs) Tariffs is aim at making the charges easy to understand, charge, compile and make a claim.
- It is to enable quick payment and reduce disputes.
- The health provider charges for a **DIAGNOSIS** or a **PROCEDURE PERFORMED** depending on which one of the two **cost higher**.
- The charge is determined at the end of the service (Need for cooperation between therapist and billing officer) thus all who are involved in the care of the patient.

# CONCEPT AND OBJECTIVE OF G-DRGs TARIFFS

- Encourages and **pays for only efficiencies** and not inefficiencies. Gain for efficient services thus every staff must be involved. Particularly doctors and nurses.
- G-DRGs makes it simple and easy to use by all parties.
- Encourage provider to provide good quality care at a lower cost to make a gain for the health facility.
- To ensure uniformity in claims processing and claim management.

# CONCEPT AND OBJECTIVE OF G-DRGs TARIFFS

- G-DRGs is to ensure equity and fairness (lower service provider charging low and higher level high for the same services). Because the bigger your facility the higher your fixed cost and so the overheads. The new tariffs compensate for that.
- Tariffs should be charged on only principal (main) diagnosis or procedure and add cost of medicines for each diagnosis. Example malaria with anaemia.

# CONCEPT AND OBJECTIVE OF G-DRGs TARIFFS

- Tariffs should reflect total cost (direct and indirect, plus small overheads) except salaries, capital items and major equipment cost
- Total cost should be arrived at irrespective ownership of the health facility, or who is charging or paying for the services. (what is charged must be made clear to avoid dispute in reimbursement).
- G-DRGs Tariffs requires the support of staff.

# NHIS BENEFIT PACKAGE.

You should only charge for services in the NHIS minimum benefit health care package in LI 1809 and in the local contract agreement with the scheme. “it meets the basic and common health needs of majority of the diseases of people living in Ghana”.

- Tariffs encourages the use of the gatekeeper system by asking members to use primary care first and be referred up.

# GROUPING OF CONDITIONS

- Grouping is by diseases, procedures or operation that is clinically coherent and by the extent to which health care resources are used.
- The G-DRGs uses the disease, the procedure or the operation carried out under a given list of categories for easy identification and use.

# THE G-DRG CATEGORIES

- The G-DRGS considers the following areas;
  - Adult Medicine (12 years and above).
  - -Paediatrics (11years and below)
  - Adult Surgery (12 years and above)
  - Paediatrics Surgery (11 years and below)
  - Ear, Nose and Throat “ENT” (Adult and Children or all ages)

# THE G-DRG CATEGORIES

- Dental Service (All ages and Sex)
- Ophthalmology “Eye” (All ages and sex)
- The ZOOM for
- Further subdivision could be made using the various specialties assisted by the ICD 10 codes
- The above guides your category and initiates your basis and stem for tariffs.

# BENEFIT PACKAGE AND EXCLUSIVE LIST

- Benefit package is what the health insurance will pay for after care. Get details from you focal person.
- Exclusive list (What Health Insurance will not pay). Get details from your focal person.
- Note that a minimum benefit package and exclusive list are not peculiar to Ghana Health Insurance but all health insurance schemes world wide; Germany, America, UK, Canada,Thailand etc. They only vary in list and cost.

# TARIFFS, CODING AND CLAIMS FORM

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# TARRIF PART 11

- Tariffs are charges payable for health services offered in accordance to what is listed in LI1809 by an accredited health facility.
- It is based on details of services at each level of Health care and those included in the contract.
- Note that the current tariffs allow you to do certain things the first one was not doing. Example operations to diagnosis cancers and other malignancies are covered. Their subsequent treatment depends on the outcome of diagnosis. Eg Fibroids, cancers and retroviral treatments.

# NHIS G-DRG TARIFFS

- The tariffs provides payment for full services provided by an accredited health facility.
- Gives health care providers money for efficiency.
- It maintains fairness among health care providers, the higher the facility the higher the charge rate.

# NHIS G-DRG TARIFFS

- Pays full for bundled health care (investigations inclusive).
- Pays less investigations (unbundled ).
- Pay the same tariffs for first and fellow up visits.
- The tariffs covers direct cost (ward, theatre, recovery ward, procedure units, regents, stains, specimen containers and theatre drugs and gases )
- Tariffs cover indirect cost (vehicle running, utilities, administration, housing keeping, food, materials and minor maintenance)

# CODING STRUCTURE FOR G-DRGs

- The G-DRGs Coding uses alphabets, numbers and symbols in a three column combination to describe or identify the diagnosis or procedure.
- You need to take time and understand them for your daily use. A chart can be prepare for each unit to make it easy for reference.
- Note that future review will depend on your contributions after use.

# THE GATEKEEPER SYSTEM

- The NHIS requires that patients first point of call is at the nearest lowest health facility which for now is CHPS, Clinics, Maternity Homes, Health centers and District Hospitals,
- Regional hospitals who want to provide primary care shall create such centers at the OPD and charge primary care cost.
- Note that treatment aboard is not included.

# G-DRGs CODE STRUCTURE

- G-DRGs use alpha-numeric ie Alphabets or letters and numbers or figures.
- The G-DRG is alpha-numeric-alpha ie it starts with (4) alphabets, plus a numbers and ends with (1) an alphabet. Example AAAA/NN/A.
- The first four alphabets stand for the MDC. It is used to identify, name or describe the main diagnosis, procedure or operation. G-DRGs CODE STRUCTURE.

# G-DRGs CODE STRUCTUE

- To make it easy to describe, identify or name a diagnosis, procedure or operation, three columns are provided.
- First Column or column one is always represented by four Alphabets or letters used to identify the main diagnosis, procedure or operation eg ASUR
- The second column is represented by two numbers NN to give the G-DRG or ICD 10 code number.
- The third and last column is for the spilt for the G-DRG example age group. See structure of flip chat .G-DRGs CODE STRUCTURE

# G-DRG STRUCUTRE

MDC	G-DRG NUMBER	SPILT
AAAA	NN	A
ASUR	01	A

# THE MAIN MDCs

MDC	DESCRIPTION
ASUR	Adult Surgery
DENT	Dental/Maxillofacial Surgery
ENTH	Ear Nose /Throat Surgery
INVE	Investigations
MEDI	Medicine
OBGY	Obstetrics/Gynaecology
OPDC	OPD Consultation
OPHT	Ophthalmology

# THE MAIN MDCs Contd

MDC	DESCRIPTION
ORTH	Orthopaedics
PAED	Paediatrics
PSUR	Paediatric Surgery
RSUR	Reconstructive Surgery
ZOOM (Not LION)	Cross MDC

# DEFINITIONS

- Child is age 11 years and represented by letter C or P
- Adult is age 12 years or above and represented by the letter A.
- Primary Procedure or operation is the one which uses the highest or expensive resources.
- Principal Diagnosis of Main Problem is main reason for visit, admission or treatment. Cost must always be considered. Economic considerations are very important.

# DEFINITIONS Contd

- Other Diagnosis or problems are conditions, circumstances or problems that co-exist at the time of the patient visit or admission that require additional medical attention or treatment. Example a patient who come with malaria but is a known or detected to have diabetes.
- Another example is a patient with typhoid but found to be a sicklier.
- Note thst OPD charges are all inclusive bundled payment per each visit.

# HOW TO DETERMINE THE G-DRG AND TARIFF.

- This start with the patient encounter at the records staff and continuous after patient is leaving the health facility.
- At the end of each spell or episode a lot of things happens. But we want only the things that we need to arrive at the cost of care. They include diagnosis, investigations, procedures, operations and drugs or medicines.
- The clinician should decide on either Diagnosis or a procedure or operation.

# HOW TO DETERMINE THE G-DRG AND TARIFF.

- Record diagnosis or procedure performed.
- At the end of OPD or Admission, the biostatistician, nurse or doctor or any person completing the forms should extract the information required to build up the cost.
- Determine the ICD-10 code.using the ICD 10 code book or the one provided by in this tariffs manual(See Annex C)
- Look up for the specialty the patient got the care for the list of G-DRGs to complete.

# HOW TO DETERMINE THE G-DRG AND TARIFF.

- Look at the column with list of Diagnosis or procedures.
- Go ahead to determine the core G-DRG or procedure performed.
- If more than one diagnosis or procedure was performed, determine the one with the highest cost or dominant one.
- Determine the split (Adult or Child or Unit)

# HOW TO DETERMINE THE G-DRG AND TARIFF.

- Once you have your code, your G-DRG and your split, then go to the tariff and look for it and you will see the price.
- Add the cost of medicine by looking and calculating the quantity and prices of medicines and add to diagnosis and you have your tariff.
- If feeding is added look for the appropriate column and pick the tariffs with feeding.
- With the above you are ready to complete the claims form of the patient.

# HOW TO COMPLETE THE CLAIMS FORM.

- There should only one form filled for each patient.
- The first part of the form about identification of health facility and scheme.
- Identification of our patient (personal bio-data).
- Facility record number.
- The service or diagnosis provided (let have a quick look at the claims form).

# THE END

- Thank you elephantly .
- Let have question, comments and suggestions.
- Let us share your experiences.
- Have a good night with what you love at the end of a hard day's work.