TURKS AND CAICOS ISLANDS

CHAPTER 8.10

NATIONAL HEALTH INSURANCE ORDINANCE
and Subsidiary Legislation

Revised Edition
showing the law as at 31 March 2018

This is a revised edition of the law, prepared by the Law Revision Commissioner under the authority of the Revised Edition of the Laws Ordinance.

This edition contains a consolidation of the following laws—

Continued on the Inside Cover …

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NATIONAL HEALTH INSURANCE ORDINANCE

ARRANGEMENT OF SECTIONS

PART I

PRELIMINARY

PART II

NATIONAL HEALTH INSURANCE PLAN, CONTRIBUTIONS, ETC

PART III

ESTABLISHMENT AND ADMINISTRATION OF THE NATIONAL HEALTH INSURANCE BOARD

PART IV

PERSONNEL OF THE BOARD

PART V

FINANCIAL PROVISIONS

PART VI

CONTRACTED HEALTH CARE PROVIDERS

PART VII

LEGAL PROCEEDINGS

PART VIII

MISCELLANEOUS

CHAPTER 8.10

NATIONAL HEALTH INSURANCE ORDINANCE

(Ordinances 3 of 2009, 16 of 2010, 15 of 2014, 32 of 2016 and 16 of 2017)

AN ORDINANCE TO ESTABLISH A NATIONAL HEALTH INSURANCE PLAN WHEREUNDER PERSONS ARE PROVIDED WITH HEALTH CARE SERVICES; TO ESTABLISH A NATIONAL HEALTH INSURANCE BOARD; AND FOR CONNECTED PURPOSES.

Commencement

[29 June 2009]

PART I

PRELIMINARY

Short title

1. This Ordinance may be cited as the National Health Insurance Ordinance.

Interpretation

2. In this Ordinance—

"Auditor General" means the person appointed as such under section 91 of the Constitution; *(Amended by Ord. 32 of 2016)*

"beneficiary" means a person entitled to health care services under the Plan in accordance with section 11;

"benefit" means a benefit or advantage derived from the Plan; *(Substituted by Ord. 32 of 2016)*

"Board" means the National Health Insurance Board established under section 12;

"card" means the personalised benefit card issued by the Board to each beneficiary confirming their registration with the Plan and entitlement to receive health care service under the Plan;

"Chief Executive Officer" means the person appointed as such under section 20;

"child" means an unmarried person who has not attained the age of eighteen years, and includes—

(a) an unmarried person who has attained the age of eighteen years but has not attained the age of twenty-five years and is receiving full-time education at a university or other educational institution;

(b) an unmarried person who has attained the age of eighteen years but has not attained the age of twenty-five years and is receiving part-time education at a university or other educational institution

or is unemployed and relies on his parents for financial support; or

(c) an unmarried person who has attained the age of eighteen years and is permanently incapable of self-support,

who is the biological or adopted child of any person; *(Substituted by Ord. 32 of 2016)*

"contribution" means a contribution payable under this Ordinance;

"dependent" means—

(a) an unemployed spouse of a subscriber;

(b) a child of a subscriber, who resides in the Islands;

(c) a grandchild of a subscriber, who is a legal resident and whose parents are not subscribers to the Plan; or

(d) a parent or grandparent of a subscriber, who resides in the Islands and who is not otherwise a beneficiary under the Plan; *(Substituted by Ord. 32 of 2016)*

"director" means a director of the National Health Insurance Board;

"earnings" means the sum of all wages, salaries and other remunerations as may be prescribed and is calculated as gross income; *(Inserted by Ord. 32 of 2016)*

"employee" means a person who enters into or works under a contract of employment with an employer whether the contract be oral or written, expressed or implied;

"employer" includes the Government of the Islands;

"Fund" means the National Health Insurance Fund established under section 24;

"health care provider" means a person, group of persons or entity that operates a business offering health services to the public, but does not include a person who is an employee under a contract of service;

"health care services" or "health services" or "health care" includes hospitals, medical, dental and professional services related to health;

"income" includes save as may be prescribed any superannuation benefits received under National Insurance Ordinance;

"indigent" means a person whose income is insufficient for the subsistence of himself or his family, as certified by the Director with responsibility for social services; *(Substituted by Ord. 32 of 2016)*

"legal resident" means a person who is legally residing in the Islands—

(a) by virtue of being a Turks and Caicos Islander; or

(b) in accordance with the Immigration Ordinance; *(Substituted by Ord. 32 of 2016)*

"Minister" means the Minister with responsibility for national health insurance; *(Substituted by Ord. 32 of 2016)*

"National Insurance Fund" means the National Insurance Fund established under section 45 of the National Insurance Ordinance;

"pensioner" means a person who is receiving a retirement pension or a retiring allowance under the National Insurance Ordinance, the Pensions Ordinance, the Retiring Allowances (Legislative Service) Ordinance or from any other source; *(Inserted by Ord. 32 of 2016)*

"Plan" means the National Health Insurance Plan established under section 3;

"preferred health care provider" means the Government's contracted health care provider in the Islands;

"prescribed" means prescribed by Regulations under this Ordinance;

"prisoner" has the meaning assigned to that expression in the Prisons Ordinance; *(Inserted by Ord. 32 of 2016)*

"self-employed" means working for gain or reward otherwise than under a contract of employment; *(Substituted by Ord. 32 of 2016)*

"student" means a person who is enrolled in a university or college; *(Inserted by Ord. 32 of 2016)*

"subscriber" means a person who subscribes to the Plan through the act of registration, in such category as may be prescribed; *(Substituted by Ord. 32 of 2016)*

"Turks and Caicos Islander" means a person who has acquired Turks and Caicos Islander status in accordance with section 3 or 4 of the Turks and Caicos Islanders Status Ordinance; *(Inserted by Ord. 32 of 2016)*

"unemployed spouse" in relation to a subscriber means (in the case of a male subscriber) a female, or (in the case of a female subscriber) a male, to whom the subscriber is married and who—

(a) is not living apart from that subscriber under a deed of separation or order of the court;

(b) is not an employee or self-employed; and

(c) is legally resident in the Islands.

"ward of the State" means a prisoner, a child in foster care or a person otherwise in legal custody of the Crown for the purposes of safety, care or treatment. *(Inserted by Ord. 32 of 2016)*

PART II

NATIONAL HEALTH INSURANCE PLAN, CONTRIBUTIONS, ETC

Establishment of National Health Insurance Plan

3. There is established a National Health Insurance Plan with a goal to facilitate the provision of accessible, affordable and quality health care services to all its beneficiaries as specified in this Ordinance.

Duty to pay contribution under the Plan

4. (1) Every employer shall, together with every person in his employment, pay contributions under this Ordinance, at such rate and in such manner as may be prescribed.

(2) An employer shall cause to be deducted from an employee's wages the amount of contribution payable by the employee.

(3) Any person who is legally resident in the Islands to whom subsections (1), (2) and (4) do not apply and who is not a dependent or a person for whom the Government pays contributions shall be eligible to contribute to the Plan at such rate and in such manner as may be prescribed. *(Substituted by Ord. 32 of 2016)*

(4) Subsection (1) shall apply to every self-employed person, and every partner in a partnership shall be regarded as self-employed.

Contribution

5. Regulations shall provide for the rates of contribution, which rates shall be based on a reasonable, equitable and progressive system and shall be paid as follows—

(a) in the case of a person whose income is derived from salaried employment, by statutory deduction from his wages or salary by the employer at such rate and in such manner as may be prescribed;

(b) in the case of a self-employed person, by that person from his income at such rate and in such manner as may be prescribed;

(c) in the case of—

(i) an indigent person;

(ii) a prisoner or a person under lawful custody;

(iii) a person in receipt of non-contributory old age pension under the National Insurance Ordinance or a person who may be eligible,

by the Government from funds voted by the House of Assembly for that purpose;

(d) in the case of any other person, by the person himself out of his own funds at such rate and in such manner as may be prescribed.

Contribution by employer

6. Every employer liable to pay contributions in respect of a person employed by him shall be liable to also pay on behalf of and to the exclusion of such person, any contribution payable by such person for the same contribution period, and for the purpose of this Ordinance, contributions so paid by an employer shall be deemed to be contributions paid by such person.

Employer's share of contribution not to be deducted from wages

7. (1) An employer shall not be entitled to deduct from the salary, wages or other remuneration of his employee, or to otherwise recover from him any part of any contribution payable by the employer under this Ordinance in respect of that employee.

(2) An employer who contravenes subsection (1) commits an offence.

Issuance of card

8. (1) There shall be issued to every beneficiary of the Plan, a card in the prescribed form—

(a) on which shall be inscribed the full name of the beneficiary and such other particulars as may be prescribed; and

(b) containing such biometric data of the beneficiary as may be prescribed.

(2) Regulations shall provide for the custody and management of the card. *(Substituted by Ord. 32 of 2016)*

Record to be kept

9. The Board shall cause to be kept a record containing the names of all beneficiaries, the particulars stated on every card issued to a beneficiary and particulars of all contributions or other payments to the Plan by the beneficiary.

Additional health insurance

10. Notwithstanding the provisions of this Ordinance, nothing shall be construed as preventing any person from taking, in addition to health insurance coverage under this Ordinance, additional health insurance coverage.

Eligibility for health care benefits

11. Health care services under the Plan shall, subject to such terms and conditions as may be prescribed, be provided to—

(a) subscribers and their dependants; and

(b) such other persons or class of persons as may be prescribed. *(Amended by Ord. 32 of 2016)*

PART III

ESTABLISHMENT AND ADMINISTRATION OF THE NATIONAL HEALTH INSURANCE BOARD

Establishment of the National Health Insurance Board

12. (1) For the purposes of this Ordinance, there is hereby established a Board called the National Health Insurance Board, which shall have a board of directors which shall exercise the powers, rights, authorities and functions conferred upon it by this Ordinance, and shall be charged with and shall perform the duties and obligations imposed upon it thereby.

(2) The Board shall be a body corporate with perpetual succession and a common seal and may in pursuance of its functions under this Ordinance, buy, lease, sell, hold, deal and otherwise acquire and dispose of property of any nature, enter into contracts of any nature, raise loans, and may sue and be sued in its corporate name.

Functions of the Board

13. (1) The functions of the Board are to—

(a) monitor and administer the Plan;

(b) monitor and administer the Fund;

(c) determine the benefit package;

(d) determine the contribution levels of subscribers to the Plan;

(e) advise the Minister on the policies relating to the health care needs of the beneficiaries;

(f) supervise and control expenditure from the Fund;

(g) advise the Minister on the policies and directions concerning the use of monies of the Fund;

(h) establish a quality assurance programme for the functioning of the Plan through monitoring of the health care service being provided to beneficiaries;

(i) contract health service providers for the purposes of the objects of the Plan;

(j) ensure compliance by contracted health service providers with the quality standards as may be prescribed by the Minister from time to time;

(k) make disbursements from the Fund;

(l) perform such functions as are for the time being conferred on it by virtue of this Ordinance or any other law or any Regulations made thereunder.

(2) The Board has power to carry on any activity which appears to it to be requisite, advantageous or convenient for or in connection with the discharge of its functions.

(3) The Board shall perform its functions through the Chief Executive Officer.

Delegation of powers by Board

14. (1) The Board may, after consultation with the Minister, in relation to any particular matter or class of matters, by writing under its seal, delegate to any Director or employee of the Board, the National Insurance Board or any other person any of its powers under this Ordinance, other than the power of delegation. *(Amended by Ord. 32 of 2016)*

(2) A delegation may—

(a) be made subject to such conditions, qualification and exceptions as are set out in the instrument; and

(b) be revoked or varied by a subsequent instrument.

(3) An instrument or delegation shall be published in the *Gazette*.

Minister may give general directions

15. (1) The Minister may, after consultation with the Board, give such general and lawful directions in written form as to the policy to be followed by the Board in the performance of its functions, and the Board shall give effect to such directions.

(2) Any direction given or decision made by the Minister which affects the members of the public and which is not of an internal or administrative nature shall be published in the *Gazette*; but no such direction shall apply in respect of a matter pending before the Board on the day on which the directions are published.

Constitution of the Board

16. (1) The Board shall consist of the following directors—

(a) three individuals appointed by the Minister from amongst persons who are qualified and experienced in the field of accounts, finance, medicine or insurance, of whom—

(i) one shall be appointed as Chairman;

(ii) one shall be appointed as Deputy Chairman;

(iii) one shall be a person nominated for appointment by the Leader of the Opposition;

(b) the Permanent Secretary, Finance or his representative, *ex officio*;

(c) the Permanent Secretary in the Ministry with responsibility for health or his representative, *ex officio*;

(d) the Director of Health Services, *ex officio*;

(e) the Attorney General or his representative, *ex officio*;

(f) the Director of the National Insurance Board, *ex officio*;

(g) the Chief Executive Officer, *ex officio.*

(Substituted by Ord. 16 of 2017)

(2) A director, other than an *ex officio* director, shall be appointed by the Minister for a term not exceeding three years and shall be eligible for reappointment.

(3) The validity of any proceedings of the Board shall not be affected by any vacancy among the directors or by any defect in the appointment of a director.

(4) There shall be paid to the directors, other than *ex officio* directors, such remuneration and on such terms and conditions as the Minister may determine.

(5) The office of a director shall become vacant where—

(a) the director dies;

(b) the director's term of office expires;

(c) the director resigns his office by notice in writing addressed, in the case of the Chairman, to the Minister, and, in the case of any other appointed director, to the Chairman;

(d) the director is removed by the Minister on account of being—

(i) incapacitated by prolonged physical or mental illness;

(ii) adjudged bankrupt or suspending payment to or compounding with his creditors;

(iii) convicted in the Islands or elsewhere of any offence involving dishonesty or fraud;

(iv) convicted of a criminal offence;

(v) guilty of serious misconduct in relation to his duties;

(vi) absent without permission of the Chairman from three consecutive Board meetings;

(vii) otherwise unable or unfit to discharge the functions of director.

(6) If any director dies or resigns or otherwise vacates his office before the expiry of the term for which he has been appointed, the Minister may appoint another person for the unexpired period of the term of office of the director in whose place he is appointed.

(7) The Board shall appoint an individual, not being a director, to be the secretary of the Board, who shall be present at all meetings and shall take minutes of the business transacted.

Meetings of the Board

17. (1) The Chairman of the Board shall summon regular meetings of the Board as often as may be required but not less than six times in any one year.

(2) Meetings of the Board shall be held at such places on such days, and at such times as the Chairman shall determine, and due notice of such place, date and time shall be given to each director in writing at least seven days before the time at which the meeting is to be held.

(3) The Chairman shall at any time call a special meeting of the Board within two days of receipt of request for that purpose addressed to him in writing and signed by any three directors.

(4) A meeting of the Board shall be presided over by—

(a) the Chairman; or

(b) in the absence of the Chairman, the Deputy Chairman; or

(c) in the absence of both the Chairman and Deputy Chairman, such director as the directors present elect to act as Chairman at that meeting.

(5) The quorum of the Board shall be five directors with at least two appointed directors. *(Substituted by Ord. 16 of 2017)*

(6) Every question or matter to be determined by the Board at any meeting shall be decided by a majority of the votes of the directors present and voting on the question or matter, and in the event of any equal division of votes on any question or matter the directors shall immediately vote again, and if there is a second equal division of votes the person presiding at the meeting shall have a second or casting vote.

(7) The decisions, resolutions, orders, policies and rules made by the Board shall be recorded in the minutes and kept by the secretary to the Board; and the Board shall cause any decision, resolution, order, policy or rule which affects the members of the public to be published in the *Gazette*.

Disclosure of director's interests

18 (1) If a director has any pecuniary interest, direct or indirect, in any contract, proposed contract, licence or other matter and is present at a meeting of the Board at which any of the foregoing is to be considered, he shall at or before the meeting or before the matter is considered disclose the fact and shall leave the meeting for the duration of and not take part in the consideration or discussion of or vote on the matter.

(2) If any director fails to comply with subsection (1) he shall be removed from the Board unless he proves that he did not know that the matter in which he had a pecuniary interest was the subject of consideration at that meeting.

(3) A disclosure under subsection (1) shall be recorded in the minutes of the Board meetings.

(4) No act or proceeding of the Board shall be questioned on the ground that a director contravened this section.

Director's pecuniary interests

19. (1) For the purposes of section 18, a director shall be treated as having an interest in a contract, proposed contract, licence or other matter if—

(a) he or any nominee of his is a member of a company or other body which has a direct or indirect pecuniary interest in the contract, proposed contract, licence or other matter under consideration;

(b) he is a partner, or in the employment of a person with whom the contract was made or is proposed to be made, or who has a direct or indirect pecuniary interest in the contract, proposed contract, licence or other matter under consideration; or

(c) he or any partner of his is a professional adviser to a person who has a direct or indirect pecuniary interest in a contract, proposed contract, licence or other matter under consideration.

(2) Subsection (1) does not apply to membership of, or employment by, any public body.

(3) In the case of married persons the interest of one spouse shall be deemed for the purpose of section 18 to be also the interest of the other.

(Amended by Ord. 16 of 2017)

PART IV

PERSONNEL OF THE BOARD

Chief Executive Officer and Deputy Chief Executive Officer

20. (1) The Minister shall**,** subject to subsection (3) and after consultation with the Board, appoint a person having the relevant qualification and experience to be the Chief Executive Officer of the Board, on such terms and conditions as the Minister thinks fit.

(2) The Chief Executive Officer shall be responsible for the day-to-day management and administration of the Board.

(3) No person shall be appointed under subsection (1) unless such person has a university degree or professional qualification and experience in a field relevant to the functions of the Board.

(4) The Board may appoint a person to be the Deputy Chief Executive Officer to assist the Chief Executive Officer in the performance of his functions under this Ordinance, and to act as Chief Executive Officer during any temporary absence or vacancy in the office of the Chief Executive Officer.

(5) The Chief Executive Officer may delegate any of his functions to the Deputy Chief Executive Officer or other officers or employee of the Board, but any person so delegated shall not sit as a member at meetings.

(6) The Minister or the Chairman may require the Chief Executive Officer to report to him on any matter concerning the Plan during any time that

the Board is not holding a meeting, and the Chief Executive Officer shall inform the Board at its next meeting of any such report.

Functions of the Chief Executive Officer

21. (1) The Chief Executive Officer shall be responsible for the day to day management and administration of the Board to the extent of the authority delegated to him by the Board, including—

(a) monitoring and administering the Plan;

(b) monitoring and administering the Fund;

(c) monitoring the collection of contributions under this Ordinance;

(d) financial and operational matters;

(e) developing administrative and human resource development manuals for approval by the Board;

(f) preparing regular financial and operational reports for the Board;

(g) the administration and control of the staff of the Board; and

(h) accounting for all monies collected, paid or invested under this Ordinance.

(2) The Board may employ, at such remuneration and on such terms and conditions as the Board thinks fit, such employees and engage under contract for services such professional, technical or other assistance, as the Board considers necessary to carry out the functions of the Board.

(3) The Board shall determine—

(a) the professional qualifications and requirements of the employees of the Board and persons under contracts for services with the Board;

(b) the terms and conditions of employment and contracts for services with the Board; and

(c) disciplinary procedures (including a right of appeal to the Board) for employees of and for persons under contracts for services with the Board.

Administrative structure of the Board

22. Subject to this Ordinance, the Board shall determine the executive, management and administrative structure of the Board for the necessary and proper discharge of the functions of the Board including, without limitation, the delegation of functions to officers and employees, and shall approve the administrative and human resources policies developed by the Chief Executive Officer and submitted for its consideration.

Transfer of public officers to the Board

23. (1) The Governor, acting in accordance with section 84 of the Constitution, and subject to such conditions as he may impose, may approve the secondment of any public officer to serve with the Board for a period not exceeding two years from the commencement of this Ordinance.

(2) Subject to the conditions of his secondment, a public officer shall, at the expiry of his period of secondment, have the option to be employed by the Board, and the Board shall have the option to employ him.

PART V

FINANCIAL PROVISIONS

Establishment of the National Health Insurance Fund

24. (1) For the purposes of this Ordinance, there is established under the control and overall management of the Board the National Health Insurance Fund, in this Ordinance referred to as "the Fund".

(2) There shall be paid into the Fund—

(a) all contributions;

(b) all sums properly accruing to the Plan, whether by way of grant, donation, rent, dividends and investments or otherwise;

(c) all monies paid into the Plan annually by the Minister with responsibility for finance out of the Consolidated Fund being the equivalent of the aggregate sum of the contributions shown by the Board as would likely be payable by persons mentioned in section 5*(c)*, *(d)* and *(e)* for health care services to be rendered to them in the respective financial year;

(d) all sums recovered for the Plan under this Ordinance;

(e) the National Insurance Board actuarially assessed compensatory transfers for medical services to beneficiaries arising from employment injury, pursuant to section 49 of the National Insurance Ordinance and regulation 43(1) and (2) of the National Insurance (Benefit) Regulations;

(f) any money appropriated by the House of Assembly and paid to the Board for the purposes of the Plan; and

(g) all sums properly accruing to the Plan under this Ordinance including, without prejudice to the generality of the foregoing, the repayment of benefit. *(Amended by Ordinance 16 of 2010)*

(3) There shall be paid out of the Fund—

(a) monies for the purchasing and financing of health care services for beneficiaries;

(b) all costs and expenses properly incurred in the management of the Plan including disbursements by way of remuneration, allowances and other operating costs;

(c) monies for health education, health promotion, and to meet the cost of studies or the implementation of measures to prevent illnesses; and

(d) such annual sum as agreed between the Board and such person (in consultation with the Minister) is payable to that person in performance of any functions delegated to that person by the Board.

(4) Except as provided in Regulations, the Fund shall be financially autonomous and monies allotted to the Fund shall not be used to cover expenditure of related social security schemes or health prevention programmes.

Audit

25. (1) The Board shall cause to be kept proper books and records of account of income, expenditure, assets and liabilities of the Plan.

(2) The accounts of the Board shall be audited annually by a qualified accountant appointed for the purpose by the Board (in this Ordinance referred to as "the Auditor").

(3) The Auditor shall forward his report to the Board and a copy thereof to the Minister.

(4) The Auditor General shall at all reasonable times have access to the books, accounts and other documents of the Board and any working papers of the Auditor and may call for such explanation and information as he may require or examine any officer of the Board.

(5) The Board shall not appoint an accountant under subsection (2) unless the accountant has had at least five years' experience auditing the accounts of public financial institutions.

Annual report and account to be submitted to the Minister

26. (1) The Board shall—

(a) prepare a report of its activities during the last preceding year and shall furnish that report to the Minister not later than the 30th day of September;

(b) submit to the Minister and Auditor General every account certified by the Auditor together with the report of the Auditor thereon, within one month of such certification.

(2) The Minister shall cause a copy of every account or report submitted to him under this section to be laid before the House of Assembly.

Annual estimates

27. At least four months before the commencement of each financial year the Chief Executive Officer shall prepare and submit, for approval by the Board, estimates of the revenue and expenditure of the Plan for the financial year concerned, and in particular the estimates shall provide for—

(a) the payment of claims by contracted health providers in respect of services rendered to beneficiaries;

(b) funding of the cost of research and the general administration of the Plan;

(c) the payment of salaries, allowances and other expenses in respect of the staff of the Board.

Reserve

28. The Board shall build up and maintain a reserve of funds equal to expenditure of the Plan for a period of six months, and such reserve shall be placed on deposit in such reputable bank(s) or financial institutions as the Board may from time to time determine.

Borrowing powers

29. (1) Subject to subsections (2) and (4), the Board may borrow sums required by it for meeting any of its obligations or discharging any of its functions.

(2) The power of the Board to borrow shall be exercisable only with the approval of the Minister, as to the amount, as to the sources of the borrowing and as to the terms on which the borrowing may be effected, and the Minister shall inform the House of Assembly as soon as possible thereafter.

(3) An approval given under subsection (2) may be either general or limited to a particular borrowing, and may be either unconditional or subject to conditions.

(4) Any sum to be borrowed exceeding the equivalent of the month's contributions shall be funded by a Loans Ordinance.

Investment of funds

30. (1) All monies of the Plan which are not immediately required to be applied for the purpose of this Ordinance may be invested in short-term interest bearing bank accounts.

(2) All investments made under this section shall be held in the name of the Board.

(3) The Board shall prudently manage the monies of the Plan to safeguard the Plan against unexpected expenses.

Actuarial review

31. The Board shall, with the assistance of an actuary approved by the Minister, review the operation of this Ordinance during the period ending the 31 March in the first year, and thereafter during the period ending with the 31 March in every third year; and at each such review shall make a report to the Minister on the financial condition of the Plan and the adequacy or otherwise of contributions to support benefits, having regard to its liabilities under the Ordinance:

Provided that the Minister may at any particular time direct that such a review be carried out at shorter periods.

Financial year

32. The Financial year of the Board shall end on 31 March of each year.

PART VI

CONTRACTED HEALTH CARE PROVIDERS

Contracted health care providers

33. (1) The Board may from time to time enter into contract with any health care provider for the provision of health care services to beneficiaries upon such terms as are agreed.

(2) A contract arrangement may provide for the provision of specific types of health care in specified circumstances to beneficiaries using an agreed payment method.

(3) For the avoidance of doubt, it shall be the duty of all hospitals and clinics under the control of the Government to make its facilities, personnel and services available to render and provide health care services to beneficiaries.

(4) The Board shall not be liable to make any payment or reimbursements in respect of health care services provided to a beneficiary by a health care provider either within or outside the Islands with whom the Board has no contractual arrangement unless those services were rendered—

(a) in an emergency;

(b) at the request of the Board.

Application by health care providers

34. (1) A health care provider who wishes to render health care services under the Plan shall make application to the Board to do so.

(2) The Board shall by notice in the *Gazette* publish the names of those health care providers with whom the Board has contractual arrangements.

(3) Regulations may provide for the payment of appropriate fees for services provided to beneficiaries and the keeping by the health care provider of adequate and acceptable patient information and accounting records.

(4) A health care provider who is aggrieved by a decision of the Board not to engage his services may appeal within seven days to the Minister who may confirm or cancel the decision.

PART VII

LEGAL PROCEEDINGS

Offence relating to benefits

35. (1) Any person who, for the purpose of obtaining any benefit under this Ordinance, knowingly makes any false statement, whether orally or in writing, commits an offence and is liable on summary conviction to a fine of $10,000 or to imprisonment for a term of two years, or to both.

(2) Any person who—

(a) with intent to obtain any benefit under this Ordinance, impersonates any person whether living or dead; or

(*b)* prints, buys, sells or offers for sale or hire, takes or gives, or pawns or receives any card under this Ordinance without the authority of the Board,

commits an offence and is liable on summary conviction to a fine of $10,000 or to imprisonment for a term of two years, or to both.

(3) Any contracted health care provider who knowingly or fraudulently alters or falsifies any information with intent to defraud the Plan or to obtain any benefit that it is not entitled to under this Ordinance commits an offence and is liable on summary conviction to a fine of $10,000 or to imprisonment for a term of two years, or to both.

(4) The Board may terminate the contract with any contracted health care provider convicted of an offence under subsection (3).

(5) The Board shall cause the name of every contracted health care provider whose contract is terminated to be notified in the *Gazette***.**

Offence relating to contribution

36. (1) An employer or a self-employed person who fails or neglects to pay any contribution or additional charge which is payable under this Ordinance commits an offence and is liable on summary conviction to a fine of $10,000 or to imprisonment for a term of two years, or to both; and if the offence is a continuing one to a further fine of $100 for every day or part of a day during which the offence has continued.

(2) Where a person is convicted of an offence under subsection (1), the court by or before which he is convicted, in addition to any fine or other punishment, may order that person to pay to the Plan a sum equal to the amount of any contribution or additional charge which he has been convicted of failing or neglecting to pay, together with any further additional charge proved to be due at the date of the conviction.

(3) Any sum ordered by a court to be paid to the Plan under this section shall be recoverable as a penalty.

(4) Any sum paid by an employer or self-employed person under subsection (2) shall be treated as a payment in satisfaction of the unpaid contributions or additional charge, and any of those contributions which are payable by any employed person shall not be recoverable from that employed person.

(5) An employer who deducts or recovers the whole or any part of the contributions of the employer in respect of any person from the wages or other remuneration of that person commits an offence and is liable on summary conviction to a fine of $10,000 and in default of payment of the fine to imprisonment for a term of twelve months; and where an employer is convicted of an offence under this subsection, the court by or before which he was convicted shall, in addition to any fine, order the employer to pay to that person such sum as has been proved to have been deducted or recovered from the wages or other remuneration of that person.

(6) If any employer, being a body corporate, fails to pay to the Plan any sum which the employer has been ordered to pay under this section, such sum or part thereof as remains unpaid shall be a debt due to the Plan jointly and severally from any of the directors of the body corporate who knew or could reasonably have been expected to know of the failure to pay that sum or that part thereof.

(7) Nothing in this section shall be construed as preventing the Board from recovering any sums due to the Plan by means of civil proceedings.

(8) In this section, "additional charge" means an additional charge required under section 37 to be paid if contributions are not paid within the prescribed time.

Delay in payment of contribution

37. (1) Any person who fails to pay any contribution in respect of any period on the day on which payment is due shall be liable to pay an additional charge at the rate of three per cent of the outstanding contributions for each month or part thereof during which the contribution remains unpaid. *(Substituted by Ord. 15 of 2014)*

(2) In addition to the additional charge provided under subsection (1) a person or employer who fails to pay any contribution due under this Ordinance shall be liable to pay the full cost of any medical services obtained by him or a person on whose behalf he is liable to pay such contributions.

(3) An employee in respect of whom an employer fails to pay contributions shall not be liable to any penalty under this section for the period during which he was an employee of that employer.

Penalties that may be imposed by the Board

38. (1) Where an authorised person has reason to believe that any person has committed an offence under section 36(1), he may, subject to subsection (2), by written notice given to the alleged offender—

(a) indicate that he believes that that person has committed the alleged offence; and

(b) advise that if the alleged offender does not wish to have proceedings brought against him under that section, he may pay to the Board, within such time after the giving of the notice as may be fixed by the Board and set out in the notice, such sum of money not exceeding $50, or if the alleged offence is believed to be a continuing one, not exceeding $50 for every day or part of a day during which the offence is believed to have continued, as may be fixed by the Board and set out in the notice, together with any sum of money believed to be due in respect of unpaid contributions and additional charge set out in the notice.

(2) An authorised person shall not give notice under subsection (1) unless he has first consulted the Board and the Board is satisfied that the procedure set out in that subsection would adequately punish the alleged offender.

(3) Where the sums of money set out in the notice have been paid within the time set out therein, the bringing of proceedings and the imposition of penalties under section 36 are prevented to the same extent as they would be if the alleged offender had been convicted by a court of, and punished for an offence under that section.

(4) Payment of any sums of money under this section shall not be regarded as an admission for the purposes of any proceedings, whether civil or criminal.

(5) In this section, "authorised person" means the Chief Executive Officer or such officer of the Board as may be specifically authorised by the Chief Executive Officer in writing to give notices under this section.

Hindering or obstructing officer of the Board

39. Any person who hinders, obstructs or assaults any officer of the Board, or a person assisting an officer of the Board, in the exercise of powers or functions conferred by the Ordinance or otherwise in administration of this Ordinance commits an offence and is liable on summary conviction to a fine of $10,000 or to imprisonment for a term of two years, or to both.

General offence

40. Any person who commits an offence under this Ordinance for which no other penalty is provided is liable on summary conviction to a fine of $5,000; and if the offence of which he is convicted is continued after the conviction he commits a further offence and is liable to a fine of $100 for every day or part of a day during which the offence is so continued.

General provisions as to prosecution under this Ordinance

41. (1) Notwithstanding any law to the contrary, proceedings for an offence under this Ordinance may, with the consent of the Chief Executive Officer, be instituted and conducted by any officer or officer falling within a class of officers of the Board authorised to do so by the Chief Executive Officer, whether or not any such officer is or is licensed to practise as an attorney-at-law.

(2) Notwithstanding any provision in any enactment prescribing the period within which summary proceedings may be commenced, proceedings for an offence under this Ordinance may be commenced at any time within the period of six months from the date on which evidence sufficient in the opinion of the Chief Executive Officer to justify a prosecution for the offence comes to his knowledge or within the period of twelve months after the commission of the offence whichever period last expires and for the purpose of this subsection a certificate purporting to be signed by or on behalf of the Chief Executive Officer as to the date on which such evidence came to his knowledge shall be conclusive evidence thereof.

(3) In any proceedings for an offence under this Ordinance the wife or husband of the defendant shall be competent to give evidence whether for or against the defendant, but a wife or husband shall not be compelled to give evidence, or in giving evidence to disclose any communication made to her or him by the defendant during the subsistence of the marriage.

Offence by body corporate

42. Where an offence under this Ordinance is committed by a body corporate and it is proved to have been committed with the consent or connivance of or to be attributable to any negligence on the part of any director, manager, secretary or other officer of the body corporate, he as well as that body shall be deemed to have committed that offence and shall be liable to be proceeded against and penalised accordingly.

Civil proceedings to recover sums due

43. (1) All sums due to the Plan under this Ordinance shall be recoverable as debts due to the Plan and without prejudice to any other remedy may be recovered summarily as a civil debt.

(2) Proceedings for the summary recovery of sums due to the Plan may, notwithstanding anything in any enactment to the contrary, be brought at any time within three years from the time when the matter complained of arose.

(3) Notwithstanding any law to the contrary, proceedings for the summary recovery as civil debts of sums due to the Plan may be instituted and conducted by an officer of the Board authorised in that behalf by special or general directions of the Chief Executive Officer, whether or not that officer is or is licensed to practise as an attorney-at-law.

Proceedings to recover benefit lost by employer's fault

44. (1) Where an employer has failed or neglected to pay any contribution which he is liable to pay in respect of or on behalf of any employee, and by reason of such failure or neglect such person or any other person becomes disentitled to any benefit, the Board may, on being satisfied that the contribution should have been paid by the employer, recover summarily in a court of summary jurisdiction from the employer as a civil debt a sum equal to the amount of the cost of medical service obtained by the employee or other person on whose behalf he is liable to pay such contribution.

(2) Proceedings may be taken under this section notwithstanding that proceedings have been taken under any other provision of this Ordinance in respect of the same failure or neglect.

PART VIII

MISCELLANEOUS

Confidentiality

45. (1) No person who acquires information in his capacity as a member, officer, employee or agent of the Board shall without the express or implied consent of the person to whom the information relates (herein referred to as the client) disclose to any other person such information relating to the identity, assets, liability or medical condition of the client except—

(a) for the purpose of the performance of his duties or the exercise of his functions under this Ordinance;

(b) for the purpose of the performance of his duties within the scope of his employment;

(c) when the Board is lawfully required to make disclosure by any court of competent jurisdiction;

(d) to a person with a view to the institution of, or the purpose of—

(i) criminal proceedings;

(ii) disciplinary proceedings, whether within or outside the Islands, relating to a counsel or attorney, auditor, accountant or actuary of his professional duties; or

(iii) discipline proceedings relating to the discharge by a public officer of his duties.

(2) Any person who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine of $2,500 or to imprisonment for a term of twelve months, or to both.

Protection from liability

46. No matter or thing done by a member of the Board or any officer, employee or agent of the Board shall, if the matter or thing is done *bona fide* for

executing the functions, powers or duties of the Board, under this Ordinance, render the member, officer, employee or agent or any person acting on their directions personally liable to any action, claim or demand whatsoever.

Intervention by Minister

47. If at any time it appears to the Minister that the operations of the Plan are not being carried out in the best interest of the subscribers, that the Board has failed to act in conformity with the provisions of this Ordinance, the Minister may, after such inquiry as may be necessary, take steps to rectify the situation in such manner as may be suitable in the circumstances.

Evidence

48. In any proceedings under this Ordinance, a copy of any entry in the accounts of, or any extract from the records of the Board, shall, if stated to be a true copy by a certificate signed by the Chief Executive Officer, be received in evidence as *prima facie* evidence of the truth of the contents thereof.

Recovery of compensation or damages

49. Where a beneficiary is entitled under any other law or policy to recover compensation or damages in respect of any injury or illness, such beneficiary shall not be entitled to benefit under this Ordinance in respect of the treatment undergone by him as a result of such injury or illness, and any benefit paid out of the Plan in respect of such treatment shall, to the extent to which such compensation or damages have been recovered be repaid to the Plan.

Regulations

50. (1) The Minister may make Regulations for the better administration of this Ordinance.

(2) Without prejudice to the generality of the foregoing, Regulations may provide for—

(a) the rates or amounts of contributions to be paid by employers and subscribers; *(Amended by Ord. 32 of 2016)*

(b) the class or classes of persons making contributions;

(c) registration of persons under the Plan;

(d) the payment and collection of contributions;

(e) the maintenance by employers of records of payment of contributions;

(f) the procedure for accessing treatment abroad;

(g) the time from and the terms and condition under which health care services are provided to beneficiaries including the exclusion of any type or class of those services;

(h) the procedure for determining who is an indigent;

(i) the issuance by the Board and the form of issue of benefit cards;

(j) the benefit package;

(k) the determination by the Board, by the Chief Executive Officer, or by a person or tribunal appointed or constituted in accordance with the Regulations, of any question arising in connection with this Ordinance, including any claim, the procedure to be followed, the time to be allowed for making any claims or appeal;

(l) penalties not exceeding a fine of $10,000 or a term of imprisonment of two years or to both such fine and imprisonment for the contravention of any regulation made under this Ordinance.

Regulations to be laid before the House of Assembly

51. (1) Regulations made under this Ordinance shall come into operation in accordance with section 26 of the Interpretation Ordinance, but shall be laid before the House of Assembly at its next meeting immediately following the date that they come into operation.

(2) If—

(a) at the meeting of House of Assembly referred to in subsection (1), the House of Assembly passes a resolution annulling Regulations which have been laid before it in accordance with that subsection; or

(b) any Regulations made under this Ordinance are not laid before the House of Assembly in accordance with that subsection,

the Regulations shall cease to have effect on and after—

(i) the day of the annulment; or

(ii) the day next following the day that the meeting is concluded,

as the case may require, but without affecting the validity or curing the invalidity of anything done or omitted to be done thereunder before that day or the making of new Regulations.

(3) Notwithstanding section 23(2) of the Interpretation Ordinance, where—

(a) Regulations are annulled under subsection (2) or are not laid before the House of Assembly in accordance with subsection (1); and

(b) those Regulations amended or revoked Regulations that were in operation immediately before the first-mentioned Regulations came into operation,

the annulment under subsection (2) or failure to lay in accordance with subsection (1) revives the previous Regulations on and after the day of the annulment, or in the case of failure to lay in accordance with subsection (1), on and after the day next following the day that the meeting of the House of Assembly referred to in subsection (1) is concluded.

Ordinance binds the Crown

52. This Ordinance binds the Crown.

Vesting of property

53. On the coming into operation of this Ordinance all the assets and all the rights and liabilities acquired or incurred by the Government in relation to the setting up of the Plan, shall vest in the Board without further assurance and the Board shall have all powers necessary to take possession of, recover and deal with those assets and discharge those liabilities.

NATIONAL HEALTH INSURANCE (REGISTRATION) REGULATIONS

ARRANGEMENT OF REGULATIONS

REGULATION

NATIONAL HEALTH INSURANCE (REGISTRATION) REGULATIONS - SECTION 50

(Legal Notices 20/2009 and 78/2016)

Commencement

[1 October 2009]

Short title

1. These Regulations may be cited as the National Health Insurance (Registration) Regulations.

Interpretation

2. In these Regulations—

"benefit card" means the national health insurance card issued by the Board to a person entitled to receive health care services under the Plan;

"Ordinance" means the National Health Insurance Ordinance;

"Permanent Residence Certificate" means a certificate issued under section 15 of the Immigration Ordinance;

"permanent resident" means a person who holds a Permanent Residence Certificate issued under the Immigration Ordinance;

"place of safety" means a place designated as such under any enactment; *(Inserted by L.N. 78/2016)*;

"prison" means any place referred to as a prison in the Prisons Ordinance; *(Inserted by L.N. 78/2016)*;

"Prisons Superintendent" means any person appointed as such under section 3(1) of the Prisons Ordinance and includes any person for the time being lawfully exercising the functions of that office; *(Substituted by L.N. 78/2016)*;

"temporary worker" means a person who holds a temporary work permit issued under section 11 of the Immigration Ordinance;

"Turks and Caicos Islander Status Card" means the National Turks and Caicos Islander Status Card issued under section 8 of the Turks and Caicos Islander Status Ordinance; *(Inserted by L.N. 78/2016)*;

"Turks and Caicos Islander Status Certificate" means the Turks and Caicos Islander Status Certificate issued under section 7 of the Turks and Caicos Islander Status Ordinance; *(Inserted by L.N. 78/2016)*;

"work permit" means a permit issued under section 25 of the Immigration Ordinance.

Application for registration

3. (1) Every employer shall, within forty-five days after 1 October 2009 present to the Chief Executive Officer, on the appropriate form, an application for registration with the Plan together with applications for all of his employees.

(2) Where an employer employs any person after 1 October 2009, the employer shall, within seven days of employing such person present to the Chief Executive Officer, on the appropriate form, an application for the registration of that person with the Plan or, where the person is already registered with the Plan, the person's national health insurance number.

(3) The Board may in special circumstances extend the time specified in subregulations (1) and (2).

(4) Upon receipt of an application made under this regulation, the Chief Executive Officer may register the applicant and the applicant's dependents and allot to them respective national health insurance numbers if he is satisfied that the applicant and applicant's dependents are eligible to be registered.

(Amended by L.N. 78/2016)

Categories of beneficiaries

4. Beneficiaries shall be registered in one of the following categories—

(a) employee/employed;

(b) self-employed;

(c) dependent;

(d) pensioner;

(e) unemployed;

(f) indigent;

(g) ward of the State;

(h) student;

(i) voluntary contributor.

(Inserted by L.N. 78/2016)

Registration of employees[1]

5. (1) Every employer shall take all necessary steps to ensure that his employees and their dependents (if any) are registered with the Plan within the period permitted.

(2) The registration form for registering with the Plan shall be completed in part by an employee and in part by his employer.

(3) Every employee shall furnish to his employer upon request, such personal particulars as the employer may request for the purposes of these Regulations, and the employee shall be responsible for the correctness of the particulars furnished and shall if required sign the appropriate form in the place provided for that purpose.

[1] *Substituted by L.N. 78/2016*

(4) Every person shall be responsible for providing accurate and complete information as required by the Board.

(5) Every employee shall register his dependents (if any), with the Plan.

Registration of self-employed persons

6. (1) Every self-employed person shall, within forty-five days after 1 October 2009, present to the Chief Executive Officer, on the appropriate form, an application for the registration of himself and his dependents (if any) with the Plan.

(2) Every person who becomes a self-employed person after 1 October 2009 shall, within seven days of becoming a self-employed person present to the Chief Executive Officer, on the appropriate form, an application for the registration of himself and his dependents (if any) with the Plan.

(3) The Board may in special circumstances extend the time specified in subregulations (1) and (2).

(4) Upon receipt of an application made under this regulation, the Chief Executive Officer may register the self-employed person and the self-employed person's dependents (if any) and allot to them respective national health insurance numbers if he is satisfied that the self-employed person and his dependents are eligible to be registered.

Registration of students

7. A student who does not qualify for registration under any other category of beneficiary may apply to the Chief Executive Officer, on the approved form, for registration with the Plan.

(2) If the student is a foreign national his application shall be accompanied by a student visa issued under the Immigration Ordinance, in addition to any applicable documents specified in regulation 6.

(Inserted by L.N. 78/2016)

Documents for registration

8. The following documents would, separately or in combination, and at the Board's discretion, be acceptable for registration purposes under these Regulations—

(a) for Turks and Caicos Islanders, birth certificate, valid passport, Turks and Caicos Islander Certificate or Turks and Caicos Islander Status Card; *(Amended by L.N. 78/2016)*

(b) for foreign nationals (expatriates) on current work permits, valid passport, birth certificate, valid work permit;

(c) for foreign nationals (expatriates), proof of legal status in the Islands;

(d) for permanent residents, valid passport, birth certificate, Permanent Residence Certificate;

(e) in any case, marriage certificate;

(f) in any case, affidavit in support of any fact;

(g) such other documentary evidence as the Board may consider necessary to support the accuracy of any particulars submitted.

Registration of unemployed persons or indigent

9. (1) A person who is unemployed or an indigent and who does not qualify for registration under any other category of beneficiary, may apply to the Chief Executive Officer, on the approved form, for registration with the Plan.

(2) A person who applies for registration as an unemployed person or an indigent shall provide the Chief Executive Officer with—

(a) proof that he has registered as an unemployed person with the Department of Labour or as an indigent with the Department with responsibility for social services, as the case may be; and

(b) such other particulars as the Chief Executive Officer may require,

in order to determine whether that person should be so registered with the Plan.

(Substituted by L.N. 78/2016)

Registration of pensioners

10. A person shall, within one month after he becomes a pensioner, apply to the Chief Executive Officer, on the approved form, for registration with the Plan.

(Substituted by L.N. 78/2016)

Registration of ward of the State

11. (1) Where a person is ordered to be confined or detained in a prison, the Superintendent of Prison shall, within seven days of such person's confinement or detention, present to the Chief Executive Officer an application, on the approved form, for the registration of that person with the Plan.

(2) Where a child is placed in foster care or a person becomes a resident of a place of safety, government-run establishment for the elderly or mentally ill or is otherwise in legal custody of the Crown, the Director with responsibility for social services or the Director with responsibility for mental health, as the case may be, shall, within seven days of such person becoming a ward of the State, apply to the Chief Executive Officer, on the approved form, for registration of that person with the Plan.

(Inserted by L.N. 78/2016)

Voluntary registration of other residents

12. A legal resident who is not a Turks and Caicos Islander and who does not qualify for registration under any other category of beneficiary may apply to the Chief Executive Officer, on the approved form, for voluntary registration with the Plan.

(Inserted by L.N. 78/2016)

Registration of newborn or an adopted child

13. A newborn child or an adopted child will be granted the insured status of his parent, from the date of birth or adoption:

Provided that the parent of the child shall register such child with the Plan within ninety days after the said birth or adoption. *(Amended by L.N. 78/2016)*

Issue of benefit card

14. (1) Upon registration of a person in accordance with these Regulations, the Chief Executive Officer shall issue to that person and the person's dependent (if any) respective benefit cards, which shall be used for purposes of identification, eligibility certification and utilisation recording.

(2) A benefit card issued under subregulation (1)—

(a) shall bear the full name of the cardholder;

(b) shall have imprinted or contained on it the cardholder's national health insurance number;

(c) may have a photograph of the cardholder affixed to or imaged onto it;

(d) may state the day on which it expires;

(e) may state the day on which it commences;

(f) may have imprinted or contained on it such other information as the Board may decide to indicate thereon.

Custody and replacement of benefit card

15. (1) Any person who is registered pursuant to these Regulations and to whom a benefit card is issued shall be responsible for the safe custody of that card:

Provided that where a benefit card is issued to a dependent child below the age of eighteen years, the parent or guardian of such child shall be responsible for complying with this regulation.

(2) If any benefit card is destroyed, lost or defaced, the person responsible for its safe custody shall report the matter to the Chief Executive Officer, who may replace the benefit card on payment of a fee determined by the Board.

Surrender of benefit card where coverage terminated

16. Where coverage under the Plan is terminated by the Board for non-payment of contributions, the beneficiary or any other person having possession of a benefit card shall deliver it to the Chief Executive Officer within seven days after notification by the Board of such termination.

Return of benefit card on death of beneficiary

17. On the death of a beneficiary, any person having possession or thereafter obtaining possession of the benefit card of the deceased person shall forthwith deliver it to the Chief Executive Officer.

Notification of termination of employment

18. (1) Every employer shall, no later than three days after the termination of employment of a person employed by him, give notification of such termination in writing to the Chief Executive Officer. *(Amended by L.N. 78/2016)*

(2) Coverage under the Plan for the person whose employment has been terminated shall cease at the end of the calendar month for which premiums have been paid for that person, unless he qualifies for coverage under the Plan in another category.

(3) Notwithstanding subregulation (2), a Turks and Caicos Islander who ceases to be employed shall notify the Chief Executive Officer of such cessation of employment, not later than the end of the calendar month following the date of his ceasing to be employed, and may continue to receive coverage under the Plan for a period of eighteen months following the date he ceases to be employed, if he is registered with the Labour Department as being unemployed. *(Amended by L.N. 78/2016)*

Notification of change in work status

19. Every person who changes his work status (for example, he ceases working as an employee and begins working as self-employed) shall notify the Chief Executive Officer of the change in work status, within seven days following the date of such change in work status. *(Amended by L.N. 78/2016)*

Notification of change in family status

20. Every person shall, where there is a change in his family status (for example, such as marriage or divorce or he is no longer a dependent) notify the Chief Executive Officer of the change in family status, not later than the end of the calendar month following the date of such change in family status.

New employer

21. A person who is already registered with the Plan shall, on commencing employment with a new employer, produce his benefit card to that employer.

Notification of release from prison

22. Where a person is released from prison, the Superintendent of Prison shall, on such form as may be approved by the Chief Executive Officer, notify the Chief Executive Officer of the release of that person, within seven days of the release. *(Inserted by L.N. 78/2016)*

Offences

23. A person who contravenes regulation 3(1) or (2) or regulation 5(1) or (2) commits an offence and is liable on summary conviction to a fine of $5,000; and if the offence is a continuing one, to a further fine of $100 for every day or part of a day during which the offence has continued.

Forms

24. The Board shall from time to time determine the forms to be used for the purpose of these Regulations and cause such forms to be published in the *Gazette* under the hand of the Chairman of the Board.

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NATIONAL HEALTH INSURANCE (CONTRIBUTIONS) REGULATIONS

ARRANGEMENT OF REGULATIONS

PART VI

MISCELLANEOUS

NATIONAL HEALTH INSURANCE (CONTRIBUTIONS) REGULATIONS – SECTION 50

(Legal Notices 21/2009, 35/2009, 2/2012, 10/2012, and 75/2016)

Commencement

[1 November 2009]

PART I

GENERAL

Short title

1. These Regulations may be cited as the National Health Insurance (Contributions) Regulations.

Collection of contributions

2. (1) Payment of national health insurance contributions is mandatory.

(2) The Board may collect contributions in a manner similar to the way national insurance contributions are collected and may enter into contract with any person or entity for the collection of contributions on behalf of the Board. *(Amended by L.N. 75/2016)*

PART II

CONTRIBUTIONS – EMPLOYERS AND EMPLOYEES

Liability for contributions

3. (1) In the case of any employee who is paid by the month, the employer shall deduct each month from his salary, the monthly contribution payable by such person.

(2) In the case of any employee who is paid by the week, the employer shall deduct each week from his salary or wages the weekly contribution payable by such person.

(3) Where a person takes up employment in the course of the month, he shall pay contributions in respect of each week or part of a week in which he is employed during that month.

(4) Where a husband and wife are both employees, each shall be required to make contributions in accordance with this regulation as if they had not been married to each other.

Amount of contribution

4. (1) The amount of contribution payable for each week or month in respect of the employment of an employee is 6% of his earnings for that week or month, of which an amount equal to 3% of such earnings is payable by the employer and an amount equal to 3% of the said earnings is payable by the employee.

(2) Notwithstanding subregulation (1), the minimum amount of contribution payable in respect of the employment of an employee shall be $50 per month, of which $25 is payable by the employer and $25 is payable by the employee.
(Amended by L.N. 2/2012 and 10/2012)

Earnings

5. (1) For the purposes of these Regulations, the earnings of an employee are the gross earnings received by such person from his employer, including—

(a) overtime payments;

(b) cost of living allowance;

(c) family allowances or payments in respect of dependents;

(d) any amount of a transport allowance exceeding $230 per month;

(e) any amount of a telephone allowance exceeding $60 per month;

(f) housing allowances;

(g) supplements or rewards for long service or efficiency;

(h) service charges, production bonus or incentive pay;

(i) commission on profits or sales;

(j) gratuities paid by the employer, excluding lump sums paid on retirement and any Christmas bonus or other similar payment;

(k) payments in consideration of dirty or dangerous conditions;

(l) payment on account of night or shift work;

(m) holiday pay or other amounts set aside out of the employed person's remuneration throughout the year or part of the year and to be paid to him periodically or as a lump sum:

Provided that in the case of payments specified under paragraphs *(a)* to *(m)*, the amounts so paid shall, if they are not paid together with the earnings for the period for which they were due, be included in the earnings for the period in, or immediately after, which they are paid.

(2) Where the earnings of an employee are not fixed on a time basis, the total amount of his earnings in a specific period for which contributions are payable shall be taken into account for the purpose of contributions.

(3) Where an employee does not receive any pecuniary remuneration from his employer, the Chief Executive Officer may determine for the purposes of the Ordinance the amount of contribution payable on the basis of earnings normally derived from employment of the same type and in similar circumstances.

(4) Where the employee's earnings are paid on a time basis other than weekly or monthly, they may be converted to such basis by simple proportion, or in such other way as the Chief Executive Officer may determine.

(5) With a view to ensuring that liability for the payment of contributions is not avoided or reduced by an employer using any pay practice which is abnormal for the employment, the Chief Executive Officer may if he thinks fit, whether or not application has been made to him,

determine any question in relation to the payment of contributions where any such practice has been or is being followed as if the employer concerned had not followed such abnormal practice, but had followed a practice normal for the employment in question.

Maximum amount of earnings for contribution

6. For the purposes of calculating the amount of contribution for each week, or month in respect of the employment of an employee with any one employer, no account will be taken of any part of the earrings of the employee which exceed—

(a) $1,800 per week in the case of any employee who is paid weekly or otherwise but not monthly; or

(b) $7,800 per month in the case of any employee paid monthly.

Employment by two or more employers

7. (1) A person who is employed by two or more employers in the same week or month, shall pay contributions from each of his sources of income, up to the maximum income liable for the payment of contributions.

(2) A person under subregulation (1) whose income from all sources is above the maximum income liable for payment of contributions is entitled to a refund of the contributions paid above the maximum sum.

Various employments

8. Where a person is employed in the same period as an employee and as a self-employed person, he shall pay contributions as an employee and as a self-employed person up to a maximum of $7,800 per month combined. *(Amended by L.N. 75/2016)*

Time and manner of payment of contributions

9. (1) The contribution payable by an employer under this Part shall be paid on or before the end of fourteen days following the month for which the contributions are payable.

(2) All contributions to be paid by an employer under this Part shall be paid by him to the Board in a manner acceptable to the Board.

(3) With each payment of contributions the employer shall furnish a statement of contributions in such form as may be approved by the Chief Executive Officer and shall provide such other information as the Chief Executive Officer may require.

Keeping of records

10. (1) Every employer shall keep employment records, in respect of each person employed by him, in which he shall record—

(a) the full name, address and national health insurance number of that person;

(b) the dates of the commencement and termination of employment; and

(c) the amount of each payment of earnings and the period to which such payment relates.

(2) The record required to be kept by an employer under subregulation (1) shall be available for inspection, at all reasonable times, by officers of the Board.

PART III

CONTRIBUTIONS – SELF-EMPLOYED PERSONS

Liability for contributions

11. A self-employed person shall be liable for the payment of contributions for each month during the whole of which or part thereof that he has been employed as a self-employed person.

Amount of contribution

12. (1) The amount of contribution payable by a self-employed person in respect of his employment shall be $250 per month. *(Amended by L.N. 75/2016)*

(2)The Chief Executive Officer, after investigation and consideration of the financial statement presented to him by the self-employed person, the nature of the self-employment or other means, may allow a self-employed person to pay contributions in the following manner—

(a) if his monthly net income is equal to or greater than $2,000 but less than $3,000, contribution of $150 per month;

(b) if his monthly net income is equal to or greater than $1,000 but less than $1,999, contribution of $75 per month; or

(c) if his monthly net income is equal to or less than $999, contribution of $50 per month. *(Substituted by L.N. 75/2016)*

Time and manner of payment of contributions

13. (1) All contributions which a self-employed person is liable to pay in respect of any calendar month shall be paid by him on or before the end of fourteen days following the month for which the contributions are payable.

(2) With each payment of contributions the self-employed person shall furnish a statement of contributions in such form as may be approved by the Chief Executive Officer and shall provide such other information as the Chief Executive Officer may require.

PART IV

CONTRIBUTIONS - DEPENDENTS

Contributions in respect of dependents

14. In addition to any contributions payable by a subscriber under these Regulations, he shall be liable to pay—

(a) in respect of his unemployed spouse, $25 per month;

(b) in respect of each child registered as his dependent, up to a maximum of three children, $10 per month. *(Inserted by L.N. 2/2012)*

(c) in respect of a grandchild who is registered as a dependent, $10 per month; and

(d) in respect of a parent or grandparent who is registered as a dependent, $25 per month. *(Inserted by L.N. 75/2016)*

PART V

CONTRIBUTIONS - OTHERS

Persons in receipt of retirement pension

15. (1) A person who is in receipt of retirement pension which is equal to or exceeds $2,050 per month shall pay a monthly contribution of 2.5% of his pension. *(Amended by L.N. 75/2016)*

(2) The pension payer shall deduct the contributions from the pension and transfer the payments to the Plan.

(3) A pensioner—

(a) who is in receipt of retirement pension which is less than $2,050 per month; or

(b) who is sixty-five years or older and is a Turks and Caicos Islander,

shall have his contributions paid on his behalf by the Government. *(Substituted by L.N. 75/2016)*

(4) Subregulation (1) also applies to a Turks and Caicos Islander who returns to the Islands after living abroad, and who has reached retirement age and qualifies to receive a retirement pension. *(Amended by L.N. 75/2016)*

(5) A Turks and Caicos Islander who returns to the Islands after living abroad, and who has reached retirement age but does not qualify for a retirement pension may register with the Plan for one year and pay contributions at the rate of $250 per month for six months in advance before becoming eligible to receive benefits under the Plan. *(Amended by L.N. 75/2016)*

(6) In this regulation "retirement pension" means the retirement pension or retiring allowance payable under the National Insurance Ordinance, the Pensions Ordinance, the Retiring Allowances (Legislative Service) Ordinance or from any other source. *(Substituted by L.N. 75/2016)*

Ward of the State, etc.

16. (1) The contributions for wards of the State, indigents, and non-contributory old age pensioners shall be paid by the Government.

(2) In this regulation "non-contributory old age pensioner" means a person who receives a non-contributory old age pension under the National Insurance Ordinance.

(Substituted by L.N. 75/2016)

Students

17. A student who is not a beneficiary under any other category shall pay contributions as follows—

(a) if he is under the age of twenty-five years, $10 per month;

(b) if he is over the age of twenty-five years, $25 per month;

(c) if he is a student on a student visa, $75 per month.

(Inserted by L.N. 75/2016

Voluntary contributors

18. A person who has voluntarily registered with the Plan shall pay contributions of $250 per month.

(Inserted by L.N. 75/2016)

PART VI

MISCELLANEOUS

Suspension for non-payment of contributions

19. A beneficiary who defaults in the payment of contributions to the Plan shall be suspended from the Plan.

NATIONAL HEALTH INSURANCE (ELIGIBILITY) REGULATIONS – SECTION 50

(Legal Notices 22/2009 and 76/2016)

Commencement

[1 October 2009]

Short title

1. These Regulations may be cited as the National Health Insurance (Eligibility) Regulations.

Persons eligible to receive health care services under the Plan

2. (1) Persons who are eligible to receive health care services purchased and financed by the Plan are—

(a) any of the following persons who have made contributions to the Plan—

(i) Turks and Caicos Islanders resident in the Islands; *(Amended by L.N. 76/2016)*

(ii) expatriates employed by the Government or any government agency or any statutory body;

(iii) expatriates on valid work permits; *(Amended by L.N. 75/2016)*

(iv) permanent residence certificate holders with a right to work;

(v) pensioners;

(b) dependents of any person referred to in paragraph *(a)*(i) to (iv);

(c) non-contributory old age pensioners for whom government has made contribution to the Plan;

(d) indigents for whom government has made contributions to the Plan; and

(e) wards of the State *(Substituted by L.N. 76/2016)*

(f) students who are not dependents under paragraph *(b)*; *(Inserted by L.N. 76/2016)*

(g) voluntary contributors. *(Inserted by L.N. 76/2016)*

(2) In this regulation "non-contributory old age pensioner" means a person who receives a non-contributory old age pension under the National Insurance Ordinance.

Persons excluded from eligibility

3. (1) Persons who are excluded from eligibility are—

(a) Turks and Caicos Islanders who by living or working abroad have not made contributions to the Plan; *(Amended by L.N. 76/2016)*

(b) expatriates retiring in the Islands who are not eligible for registration with the Plan; *(Amended by L.N. 76/2016)*

(c) visitors to the Islands;

(d) foreign students who are not eligible for registration with the Plan or have chosen not to register with the Plan. *(Amended by L.N. 76/2016)*

(e) persons on temporary work permit. *(Inserted by L.N. 76/2016)*

(2) Notwithstanding subregulation (1)*(a)*, a Turks and Caicos Islander who returns to the Islands after living abroad, and who has reached retirement age, may be eligible to receive health care coverage if he contributes to the Plan at the rate prescribed under the National Health Insurance (Contributions) Regulations. *(Amended by L.N. 76/2016)*

(3) A person who does not fall into any of the eligible category above (i.e. foreign student, holder of a residence permit who is not a dependent) must show proof of private insurance.

NATIONAL HEALTH INSURANCE (BENEFIT) REGULATIONS

ARRANGEMENT OF REGULATIONS

REGULATION

NATIONAL HEALTH INSURANCE (BENEFIT) REGULATIONS
– SECTION 50

(Legal Notices 1/2010 and 74/2016)

Commencement

[10 April 2010]

Short title

1. These Regulations may be cited as the National Health Insurance (Benefit) Regulations.

Interpretation

2. In these Regulations—

"contracted healthcare provider" means a healthcare provider under contract with the Board for the provision of medical services to beneficiaries;

"co-payment" means the amount that a beneficiary is required to pay up front for medical services;

"emergency" means an unforeseen combination of circumstances which calls for immediate action to preserve—

(a) the life of a person;

(b) the sight of one or both eyes;

(c) the hearing of one or both ears; or

(d) one or two limbs at or above the ankle or wrist;

"medical service" means the medical services set out in Schedule 1;

"Ordinance" means the National Health Insurance Ordinance;

"overseas provider" means the overseas provider to which a beneficiary is sent for medical service not available in the Islands.

Benefit package

3. Subject to these Regulations, a beneficiary shall be entitled to receive the medical services specified in Schedule 1.

Exclusions

4. The medical services set out in Schedule 2 are excluded from the medical services provided by the Plan.

Revision of healthcare benefits

5. The benefits provided under the Plan may, from time to time, be revised by the Board in accordance with any recommendation made after actuarial review.

Limitation on benefits to certain beneficiaries

6. (1) The Plan will cover medical services in the Islands only, for voluntary contributors and students on student visas who are registered with the Plan.

(2) The Plan will cover medical services in the Islands only, for a beneficiary who holds a work permit and his dependents during the first six months of registration with the Plan on or after the commencement date of these Regulations.

(3) After the first six months mentioned in subregulation (2), such beneficiary and his dependents shall be entitled to receive medical services outside the Islands as follows—

(a) if he has paid contributions to the Plan for 6 months to 2 years (i.e. 6 to 24 contributions), a maximum coverage of $200,000;

(b) if he has paid contributions to the Plan for 2 years to 4 years (i.e. 25 to 48 contributions), a maximum coverage of $400,000;

(c) if he has paid contributions to the Plan for 4 years to 6 years (i.e. 49 to 72 contributions), a maximum coverage of $600,000;

(d) if he has paid contributions to the Plan for 6 years to 8 years (i.e. 73 to 96 contributions), a maximum coverage of $800,000;

(e) if he has paid contributions to the Plan for 8 years to 10 years (i.e. 97 to 120 contributions), a maximum coverage of $1 million dollars;

(f) if he has paid contributions to the Plan for greater than 10 years (not less than 120 contributions), unlimited coverage. *(Inserted by L.N. 74/2016)*

Medical services from contracted health care provider

7. (1) Subject to these Regulations, beneficiaries may access medical service from any contracted healthcare provider in the Islands; however, such medical service shall be subject to the limitations set out in Schedule 1.

(2) The preferred healthcare provider shall be the preferred provider for medical service to beneficiaries.

(3) A beneficiary who receives medical service from a contracted healthcare provider shall pay to the provider out-of- pocket the fee for such medical service, less the element of the fee paid by the Board to the contracted healthcare provider.

Co-payment

8. A beneficiary shall pay the co-payment specified in Schedule 1 in respect of such medical service.

Transportation, meals and accommodation

9. (1) Where a beneficiary who is referred for medical service has to travel to another Island for such medical service, the beneficiary may claim—

(a) reasonable expenses for transportation (air and ground) and accommodation for himself; and

(b) subject to subregulation (2), a *per diem* for a competent adult or legal guardian accompanying the beneficiary for the first two days that the beneficiary is required to be on that Island for such medical service.

(2) The Plan will pay a *per diem* for a competent adult or legal guardian accompanying a beneficiary who is under age eighteen, or mentally impaired and reliant on another person for assistance.

(3) The decision to refer a beneficiary to another Island for medical service shall be made by the medical practitioner attending the beneficiary in consultation with the preferred healthcare provider.

Medical services outside the Islands

10. (1) Subject to subregulation (2), the Plan will cover medical service at an approved overseas provider outside of the Island where such medical service is not available in the Islands.

(2) Access to medical services out of the Islands shall be by referral in accordance with the procedure set out in the National Health Insurance (Overseas Referral Process) Regulations.

Maternity benefit

11. The Plan will cover maternity benefits (pre-natal care, delivery, hospitalisation and obstetrics operations) where care is obtained at the preferred healthcare provider or government clinics; however there will be a nine-month waiting period for maternity coverage under the Plan if a person does not register within forty-five days of her becoming eligible to register with the Plan.

Ambulance services

12. (1) The Plan will cover ground ambulance service for emergency medical service. However, where the Medical Advisor of the Board determines that the medical situation for which the ambulance was used was not an emergency case, the beneficiary shall be liable to pay for the said use of the ambulance.

(2) The Plan will cover air ambulance service if the preferred healthcare provider certifies that the transportation by air ambulance is necessary for emergency medical service and transportation by other means may endanger the patient.

Termination of benefits

13. Subject to regulation 14(3) of the National Health Insurance (Registration) Regulations, the Board shall terminate benefit under the Plan in the event of non-payment of any contribution due under the Plan, on the expiration of one month from the date on which such contribution becomes due.

Subrogation

14. (1) Where medical services are provided to a beneficiary in respect of an injury or disability caused or contributed to by or resulting from default, negligence or other wrongful act of another person, an action may be brought by or on behalf of the beneficiary to recover the cost of that service from the other person and the beneficiary shall, on such recovery, pay to the Board the cost so recovered and the Board may, if the beneficiary fails to pay it within a reasonable time, recover the cost from the beneficiary as a debt due to the Board.

(2) The Board is subrogated to all rights of recovery of or on behalf of the beneficiary referred to in subregulation (1), and may bring an action in its own name or in the name of the beneficiary to enforce those rights against that other person in respect of the cost of medical services provided, where medical service was provided under the Plan.

(3) The rights conferred on the Board under subregulation (2) shall not restrict those rights of recovery of the beneficiary in respect of the injury or disability in question, or for loss or damage not the subject of medical services.

(4) Where a beneficiary commences an action in respect of the loss or damage referred to in subregulation (1), he shall include a claim on behalf of the Board for the cost of the medical service provided to him.

(5) The costs of an action by a beneficiary in which a claim has been joined on behalf of the Board under subregulation (4) shall be borne by the Board in the same proportion as the Board's claim for the cost of the medical services bears to the total claimed by and through the beneficiary in the action.

(6) If no action has been commenced by a beneficiary for the recovery of damages arising out of injury, illness or disability within two months after the last act or omission which caused or contributed to the injury, illness or disability, the Board may—

(a) upon service of notice on the beneficiary, commence an action in the name of the beneficiary for the recovery of the cost of the medical services and before trial of the action, the beneficiary may join in the action other claims arising out of the same occurrence upon those conditions as to costs or otherwise as the court may see just; and

(b) effect settlement of the claim.

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SCHEDULE 1

(Regulations 2, 3, 6 and 7)

BENEFIT PACKAGE

PART A

PREFERRED PROVIDER - PROVIDENCIALES AND GRAND TURK

PRIMARY CARE	
Provider visits (doctors, midwives, nurse practitioners, etc)	$10 Co-pay per visit*
Chronic Disease Management (such as individualized diabetes education and management clinics, obesity management)	$10 Co-pay per visit*
Preventive visits e.g. annual or bi-annual check-ups for children and adults; immunizations	$10 Co-pay per visit
Well-baby visits	$10 Co-pay per visit
Ante and Post Natal Care including labs and diagnostic procedures as per clinical policy	$0 Co-pay per visit

Urgent Care (non-emergency)	$10 Co-pay per visit
Healthcare provider directed periodic physical examination and diagnostics as per approved clinical policy guidelines for example mammography, pap smears, etc.	$0 Co-pay
Wellness clinics for adults	See MOH Schedule
Patient education/health promotion and group	See MOH Schedule
Out-patient specialty visits and procedures on the same day	$0 Co-pay requires referral from primary care physician
Acute and chronic illnesses covered including: specialist office visits and surgical procedures	$10 Co-pay per visit*
Emergency room visits	$10 Co-pay
Out of hours Urgent Care for non urgent, non-emergency care in the Emergency room	$50 Co-pay
Lab, x-ray, CT, imaging complex typing, histopathology and other diagnostics	$10 Co-pay*
Renal Dialysis	$0 Co-pay
INPATIENT HOSPITAL CARE	
All general medical and surgical procedures	$0 Co-pay
All medical, lab, and x-ray procedures	$0 Co-pay
Medical supplies, physiotherapy and other inpatient services (includes one week take-home supply or as medically appropriate)	$0 Co-pay
In-Hospital Doctor's Visit	$0 Co-pay
LIMITED COVERAGE BENEFITS	
Drugs while not in Hospital (chronic disease drugs on formulary only, for renal dialysis and transplant patients, etc.) Benefits subject to NHIB Board review.	Generic and accepted brand names – schedule to be determined up to a maximum Co-pay of $50
Mental Health – Emergency and Stabilisation only. In-hospital only if related to other medical conditions.	$0 Co-pay
Home medical care as authorized by a healthcare provider after discharge.	$0 Co-pay
REHAB SERVICES	
Physical Therapy for non-traumatic or non-surgical rehabilitation that did not require hospitalisation	$10 Co-pay*
Basic appliances and prosthesis associated with rehab such as crutches	$10 Co-pay
LIMITED AUDIOLOGY COVERAGE	
Out-patient visit	See Contracted and MOH Schedule
Hearing Aids	See Contracted Schedule
LIMITED VISION COVERAGE	
Ophthalmology	$10 Co-pay

* Co-payments subject to a calendar annual maximum out-of-pocket payment of $50per single event that start medical treatment

LIMITED DENTAL COVERAGE	
Consultations as required for surgical admissions as authorized by a healthcare provider	$0 Co-pay
Emergency dental care – minor injuries/cellulites	$10 Co-pay
TRANSPORTATION	Arranged through NHIP contract
Emergency ground transportation	$10 co-pay for emergencies; not covered for non-emergency cases
Air transport	Only as authorized by ICL physician. Not covered for non emergencies
Regularly scheduled air or boat transport from other islands for those referred to ICL facilities by MOH	Arranged through NHIP and or MOH

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PART B

MINISTRY OF HEALTH

(PROVIDENCIALES, GRAND TURK AND OTHER ISLANDS)

PRIMARY CARE	
Provider visits (doctors, midwives, nurse practitioners, etc)	$5 Co-pay*
Chronic Disease Management (including diabetes education and management clinics, obesity management)	$0 Co-pay*
Preventive visits e.g. annual or bi-annual check-ups for children and adults; immunizations	$0 Co-pay*
Well-baby visits including immunizations	$0 Co-pay*
Ante and Post Natal Care	$0 Co-pay*
Urgent Care (non-emergency)	$0 Co-pay*
Periodic family physician physical examination and diagnostics as per approved clinical policy guidelines	$0 Co-pay*
Wellness clinics for adults	$0 Co-pay*
Patient education/health promotion	$0 Co-pay*
Out-patient specialty visits and procedures	$0 Co-pay*
Acute and chronic illnesses requiring specialist office visits and surgical procedures	See Preferred Provider and Contracted Provider Schedule
Emergency room visits (if patient admitted)	See Preferred Provider Schedule
Out of hours Urgent Care in Emergency Room	See Preferred Provider Schedule
Labs and x-rays	$0 Co-pay
Renal Dialysis	See Preferred Provider Schedule

INPATIENT HOSPITAL CARE	
All general medical and surgical procedures	See Preferred Provider Schedule
All medical, lab, and x-ray procedures	See Preferred Provider Schedule
Drugs (when hospitalised)	See Preferred Provider Schedule
Medical supplies, physiotherapy and other inpatient services	See Preferred Provider Schedule
In-Hospital Doctor's Visit	See Preferred Provider Schedule
LIMITED COVERAGE BENEFITS	
Drugs while not in Hospital (chronic disease drugs on formulary only, e.g. renal dialysis and transplants).	Generic and accepted brand names – schedule to be determined up to a maximum Co-pay of $50
Mental Health – Emergency and Stabilization only. In-hospital only if related to other medical conditions.	See Preferred Provider Schedule
Home medical care as authorized by a healthcare provider to facilitate discharge home	See Preferred Provider Schedule
REHAB SERVICES	
Physical Therapy	Published Contract Rate*
Basic appliances and prosthesis associated with rehab	Published Contract Rate*
LIMITED AUDIOLOGY COVERAGE	
Out-patient visits	See Contracted Provider Schedule
Hearing Aids	See Contracted Provider Schedule
LIMITED VISION COVERAGE	
Ophthalmology	See Contracted Provider Schedule
LIMITED DENTAL COVERAGE	
Primary Dental Care (cleaning and fillings)	$5 Co-pay
Consultations as required for other surgical admissions	See Preferred Provider
Minor jaw fractures	See Preferred Provider
Emergency dental care – minor injuries/cellulites	See Preferred Provider
TRANSPORTATION	Arranged through NHIP contract
Emergency ground transportation	$10 Co-pay for emergencies; not covered for non-emergency cases
Air transport	NHIP
Regularly scheduled air or boat transport from other islands for those referred to ICL facilities by MOH	Covered when approved in advance by MOH referring doctor and NHIP

PART C

CONTRACTED HEALTHCARE PROVIDER

(PRIVATE HEALTHCARE PROVIDERS CONTRACTED WITH NHIB)

PRIMARY CARE	
Provider visits (doctors, midwives, nurse practitioners, etc)	Published Contract Rate*
Chronic Disease Management (including diabetes education and management clinics, obesity management)	Published Contract Rate*
Preventive visits e.g. annual or bi-annual check-ups for children and adults; immunizations	Published Contract Rate*
Well-baby visits including immunizations	Published Contract Rate*
Ante and Post Natal Care	Published Contract Rate*
Urgent Care (non-emergency)	Published Contract Rate*
Periodic family physician physical examination and diagnostics as per approved clinical policy guidelines	Published Contract Rate*
Wellness clinics for adults	See MOH Schedule
Patient education/health promotion	See MOH Schedule
Out-patient specialty visits and procedures	Published Contract Rate*
Acute and chronic illnesses covered including: specialist office visits and surgical procedures	Published Contract Rate*
Emergency room visits	See Preferred Provider Schedule
Out of hours Urgent Care in Emergency Room	See Preferred Provider Schedule
Lab, x-ray, CT, imaging complex typing, histopathology and other diagnostics	See Preferred Provider Schedule
Renal Dialysis	See Preferred Provider Schedule
INPATIENT HOSPITAL CARE	
All general medical and surgical procedures	See Preferred Provider Schedule
All medical, lab, and x-ray procedures	See Preferred Provider Schedule
Drugs (when hospitalised)	See Preferred Provider Schedule
Medical supplies, physiotherapy and other inpatient services	See Preferred Provider Schedule
In-Hospital Doctor's Visit	See Preferred Provider Schedule
LIMITED COVERAGE BENEFITS	
Drugs while not in Hospital (chronic disease drugs on formulary only, e.g. hypertension, diabetes, etc.) Benefits subject to NHIB Board review.	Generic and accepted brand names – schedule to be determined up to a maximum Co-pay of $50
Mental Health – Emergency and Stabilization only. In-hospital only if related to other medical conditions.	See Preferred Provider Schedule
Acute home medical care as authorized by physician to facilitate discharge home	See Preferred Provider Schedule

REHAB SERVICES	
Physical Therapy	Published Contract Rate*
Basic appliances and prosthesis associated with rehab	See Preferred Provider Schedule
LIMITED AUDIOLOGY COVERAGE	
Out-patient visits for children and those over 65 years of age (Benefits subject to NHIB Board review)	Published Contract Rate*
Hearing Aids (Benefits subject to NHIB Board review)	Published Contract Rate*
LIMITED VISION COVERAGE	
Ophthalmology	Published Contract Rate*
LIMITED DENTAL COVERAGE	
Pre-op Dental	$0
Consultations as required for other surgical admissions	$0 Co-pay
Minor jaw fractures	$0 Co-pay
Emergency dental care – minor injuries/cellulites	$10 Co-pay
TRANSPORTATION	Arranged through NHIP contract
Emergency ground transportation	See Preferred Provider Schedule
Air transport	See Preferred Provider Schedule
Regularly scheduled air or boat transport from Family Islands for those referred to ICL facilities by MOH	See Preferred Provider Schedule

* Contract rates subject to negotiations with Private Healthcare Providers authorised to practice in the Islands

SCHEDULE 2

(Regulation 4)

EXCLUDED MEDICAL SERVICES

EXCLUDED MEDICAL SERVICES	
Cosmetic procedures	
Long term care	
Long term psychiatric care (may be available from MOH at a later stage)	
Orthodontics for adults	
Acupuncture	
Homeopathy	
Alternative Medicines	
Podiatry	
Lifestyle Procedures and sex changes	
Short term nursing or home skilled nursing facility	
Fertility Treatments	

NATIONAL HEALTH INSURANCE (APPEALS) REGULATIONS

ARRANGEMENT OF REGULATIONS

NATIONAL HEALTH INSURANCE (APPEALS) REGULATIONS – SECTION 50

(Legal Notices 6/2010 and 73/2016)

Commencement

[10 April 2010]

Short title

1. These Regulations may be cited as the National Health Insurance (Appeals) Regulations.

Interpretation

2. In these Regulations—

"Chairman" means the Chairman of the Tribunal;

"member" means a member of the Tribunal;

"Tribunal" means the Appeal Tribunal established under regulation 5.

PART I
QUESTIONS

Determination of questions

3. (1) Where any question arises as to—

(a) registration;

(b) contribution;

(c) eligibility to receive benefit;

(d) benefits; or

(e) a claim,

that question shall be considered in the first instance by the Chief Executive Officer who may, after making necessary inquiry, determine the question or refer it to the Board for determination, if he considers it expedient to do so.

(2) Where a person is aggrieved by the Chief Executive Officer's decision on a question under subregulation (1), that question shall be referred to the Board for determination on the application of the aggrieved person. In such a case the Chief Executive Officer shall submit to the Board a report of his inquiry and his findings thereon.

(3) The decision of the Board on a question, under subregulation (1) shall be given in writing and shall specify the reason on which the decision is based:

Provided that, if the Board considers that a question is of sufficient importance or that a question of law may arise therefrom, the question may be referred to the Tribunal for decision.

Notification of right to appeal

4. A person to whom a written notice of a decision is sent shall also be informed of his right to appeal against that decision in accordance with Part II.

PART II
APPEALS

Establishment of Appeal Tribunal

5. (1) There is established an Appeal Tribunal.

(2) The Tribunal shall consist of—

(a) a Chairman, who shall be an attorney-at-law of at least five years standing;

(b) a person drawn from a panel of persons representing employers in the Islands; and

(c) a person drawn from a panel of persons representing employees in the Islands.

(3) The members of the Tribunal shall—

(a) be appointed in writing by the Governor for a period not exceeding two years;

(b) hold and vacate office in accordance with the terms of their appointments; and

(c) be eligible for reappointment.

(4) No member of the Board shall be eligible for appointment as a member of the Tribunal.

(5) Where a member of the Tribunal becomes unable or unwilling to act, or dies, the Governor shall revoke the appointment of such person and appoint another person. Where a member is unable to act as a result of a conflict the Governor may appoint another person to act in his stead.

(6) The Governor may, if he considers it expedient so to do, at any time revoke the appointment of a member of the Tribunal.

(7) Any person appointed as or member of the Tribunal may resign his office on giving the Governor one month's notice in writing of his intention to do so.

(8) The appointment or termination of appointment of a member of the Tribunal shall be published in the *Gazette*.

(9) A member of the Tribunal, shall be paid such remuneration, allowances and travelling expenses incurred in connection with service on the Tribunal, as the Minister may determine. *(Inserted by L.N. 73/2016)*

(10) The Board shall appoint an officer of the Board to perform the functions of Clerk to the Tribunal.

(11) The Schedule has effect with respect to the procedure of the Tribunal.

Appeal from decision of the Board

6. (1) Subject to this regulation, a person who is aggrieved by a decision of the Board may appeal against that decision to the Tribunal.

(2) An appeal shall be brought by giving notice of appeal in writing to the Board not later than twenty-one days after the date on which the decision against which the appeal is made was issued to the person, or within such longer period, not exceeding sixty days, as the Chairman of the Tribunal may, in special circumstances, allow.

(3) The notice of appeal shall include a statement of the grounds upon which the appeal is made.

(4) The Board shall refer the appeal as soon as practicable to the Tribunal by written notice of reference, and shall forthwith send a copy of the notice to the appellant.

(5) The decision of the Tribunal on the appeal shall be referred to the Board, and the Board shall thereupon confirm or revise the decision against which the appeal was made in accordance with the decision of the Tribunal.

Power of Tribunal to summon witnesses

7. (1) The Tribunal shall have the power to summon witnesses, to require the production of such documents as the Chairman may consider necessary for the consideration of any question before the Tribunal and to administer oaths.

(2) Summons to a person to give evidence before the Tribunal shall be signed by the Chairman.

(3) The Chairman of the Tribunal shall administer the Oaths.

Appeal to Supreme Court

8. (1) An appeal shall lie with the leave of the court to the Supreme Court on a question of law.

(2) An application for leave to appeal to the Supreme Court shall be made by the aggrieved person or the Board.

(3) An application for leave to appeal to the Supreme Court shall—

(a) be made in writing to the Registrar of the Supreme Court not later than twenty-one days after the decision appealed against is given;

(b) include a short statement of the decision appealed against and a statement of the question of law arising from the decision and the facts material to the case; and

(c) specify the particulars of any party to the proceedings.

(4) The Registrar of the Supreme Court, upon receiving an application under subregulation (1), shall send a copy thereof to any party to the proceedings specified in accordance with subregulation (3)*(c)*.

(5) A person making an application under subregulation (1) shall deliver to the Registrar of the Supreme Court such number of copies of the application as may be required by the Registrar for the purposes of subregulation (4).

Hearing and determination of application for leave to appeal

9. (1) The Supreme Court shall hear and determine any application made under regulation 8 and shall—

(a) if it is of the opinion that the appeal raises a question of law, allow the application and instruct the Registrar to set the appeal down for hearing; or

(b) if it disallows the application, instruct the Registrar to strike out the said appeal and to communicate the said decision to the Board and parties to the proceedings.

(2) The decision of the Supreme Court on whether or not a question is a question of law shall be final and shall not be the subject of any further application to any court.

Reference to Supreme Court

10. (1) Where at any stage of the proceedings in any case before the Tribunal a question of law arises which in the opinion of the Chairman of the Tribunal is a question of law, of such importance that it should be decided by the Supreme Court, the Tribunal may state a case for decision by the Supreme Court.

(2) A case stated under subregulation (1) shall—

(a) be signed by the Chairman of the Tribunal;

(b) include a statement of the question of law arising for decision; and

(c) specify the particulars of the parties to the proceedings.

(3) Where a reference is made under subregulation (1), the Tribunal shall forthwith send a copy of the reference to each of the parties to the proceedings.

Rules of Court

11. Subject to regulations 8 and 10, appeals and references to the Supreme Court shall be made in accordance with rules of court issued pursuant to section 16 of the Supreme Court Ordinance.

PART III
REVIEW OF DECISIONS

Review of decisions by Board or Tribunal

12. (1) The Board or the Tribunal, having given a decision, may review that decision—

(a) if the previous decision was given in ignorance of, or was based on a mistake as to some material fact;

(b) if it is satisfied by fresh evidence that since the date of the decision there has been a relevant change of circumstances; or

(c) in consequence of the non-disclosure or misrepresentation by the person concerned or by any other person of a material fact (whether the non-disclosure or misrepresentation was or was not fraudulent):

Provided that any such decision shall not be reviewed while a reference or appeal is pending before the Supreme Court on a point of law arising in connection therewith, or before the time for appealing has expired.

(2) The provisions of regulation 3 relating to the procedure for consideration and determination of a question shall apply with such modifications as the circumstances require to the procedure for the review of such a determination.

(3) A decision of the Board or the Tribunal may be reviewed under subregulation (1)—

(a) at the instance of the Board or Tribunal, as the case may be; or

(b) on an application made in writing to the Board or Tribunal, as the case may be, by an aggrieved person stating the grounds on which the application is based.

(4) Any decision given on review or any refusal to review under this regulation may be appealed against in like manner as an original decision, and Part I or II shall apply with such modifications as the circumstances require to any such appeal.

(5) Notwithstanding subregulation (4), no appeal shall lie from a refusal to review if the application for review does not satisfy the conditions specified in subregulation (1)*(a)*, *(b)* or *(c).*

PART IV
MISCELLANEOUS

Transmission of notices and documents

13. Except where otherwise prescribed, any notice or other document required or authorised to be given or sent to any person under these Regulations shall be deemed to have been given or sent if it was sent by registered post to that person at his ordinary or last known address.

Delivery of summons to witnesses

14. Any summons to witnesses to be issued under these Regulations shall be delivered to the person concerned personally or by registered post and in the latter case, in proving service, it shall be sufficient to prove that the summons was properly addressed to the person concerned at his ordinary or last known address:

Provided that reasonable notice of the date, time and place of the hearing and of documents to be produced, if any, shall be given in the notice of summons.

Privileges of members of Tribunal and witnesses

15. (1) A member of the Tribunal has, in the performance of his functions as a member, the same protection and immunity as a Judge of the Supreme Court.

(2) No person giving evidence under these Regulations shall be compelled to incriminate himself and every such person has, in respect of any evidence given or document produced by him, all the privileges to which a person giving evidence or producing any document before the Supreme Court is entitled in respect of evidence given or documents produced before that Court.

Offences and Penalties

16. Any person who, having been summoned to attend proceedings for the purpose of giving evidence or to produce documents in accordance with these Regulations—

(a) refuses or fails without sufficient cause to attend on the date, at the time and the place specified in the summons served on him;

(b) refuses or fails without sufficient cause to answer, or to answer fully and satisfactorily, to the best of his knowledge and belief, all questions put to him by or with the concurrence of the Chairman or person so authorised under these Regulations; or

(c) refuses or fails without sufficient cause to produce books or documents mentioned or referred to in the summons served on him, which are in his possession or under his control,

commits an offence and is liable upon summary conviction to a fine of $1,000.

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SCHEDULE

(Regulation 5(10))

PROCEDURE OF APPEAL TRIBUNAL

1. Reasonable notice of date, place and time of hearing of a case before the Tribunal shall be given to the aggrieved person, and to any other person who may appear to the Chairman of the Tribunal to be interested and, except with the consent of the aggrieved person or interested person, the Tribunal shall not proceed with the hearing of the case unless such notice has been given.

2. If a person to whom notice of hearing has been duly given in accordance with these Regulations fails to appear either in person or by a representative at such hearing and has not given a reasonable explanation for his absence, the tribunal may proceed to determine the case, or may give such directions with a view to the determination of the case as it thinks proper.

3. Where a member of the Tribunal, other than the Chairman, is prevented by extraordinary and unforeseen circumstances from being present at the hearing of an appeal, the Tribunal may, with the consent of the claimant, and not otherwise, proceed with the appeal and if the members present are unable to agree on a decision, the Chairman shall have a second or casting vote.

4. For the purpose of arriving at a decision, or discussing any question or procedure, the Tribunal may, notwithstanding anything in these Regulations, order all persons, except the clerk of the tribunal, to withdraw from the hearing.

5. In any case before the Tribunal—

(a) a point of law arising from an appeal or reference shall be determined solely by the Chairman; and

(b) any other question submitted to the Tribunal in accordance with these Regulations shall be determined by simple majority of all members of the Tribunal.

6. The Tribunal shall record its decision in writing and such record shall —

(a) include a statement of the reason for the decision and the findings of the tribunal on all questions of fact material thereto; and

(b) be signed by all the members of the Tribunal:

Provided that the record of a decision on a question of law shall only be signed by the Chairman.

7. A copy of the record of the decision of the Tribunal shall be sent, as soon as practicable after the decision, to the appellant or other interested person and to the Board.

8. Subject to these Regulations, the procedure for the consideration and determination of any appeal or reference to the Tribunal shall be such as the Chairman of the Tribunal may determine, due regard being had to the principles of natural justice.

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NATIONAL HEALTH INSURANCE (CLAIMS) REGULATIONS – SECTION 50

(Legal Notice 7/2010)

Commencement

[10 April 2010]

Short title

1. These Regulations may be cited as the National Health Insurance (Claims) Regulations.

Interpretation

2. In these Regulations "healthcare provider" means a healthcare provider with whom the Board has a contract for the provision of medical services to its beneficiaries.

Making a claim

3. (1) A healthcare provider who has provided medical service to a beneficiary shall, on presentation of a detailed claims form showing the medical service rendered to the beneficiary together with any additional information the Board may require, receive payment at the agreed rate established by the Board for that medical service if the medical service is proven to have been given.

(2) A healthcare provider who provides medical service to a beneficiary shall collect directly from the beneficiary his fee for such medical service less the element of the fee paid by the Board.

(3) Claims submitted under subregulation (1) may be filed electronically or by hand.

Time for making claim

4. (1) A claim shall be made within the period of three months from the date of the medical service to which the claim relates.

(2) Subject to subregulation (3), a healthcare provider who fails to make a claim within the prescribed time may be disqualified from receiving any payment.

(3) Subject to subregulation (4), where a claim is not made within the prescribed time, if the contracted healthcare provider proves to the satisfaction of the Chief Executive Officer that there was good cause for the delay in making the claim, he shall not be disqualified, notwithstanding subregulation (2), from receiving any payment to which he would have been entitled if the claim had been made on the earlier day.

(4) Notwithstanding subregulation (3), no payment shall be made if the claim therefor is not made within six months after the date of the medical service to which the claim relates.

Claim not properly made

5. (1) Where, in the opinion of the Chief Executive Officer, on the day that a claim is first received at the office of the Board, the claim is not properly made in accordance with these Regulations because the claim is not, in the opinion of the Chief Executive Officer, in order, the Chief Executive Officer shall—

(a) refer the claim back to the healthcare provider making the claim; and

(b) require the healthcare provider to do whatever, in the opinion of the Chief Executive Officer, is necessary for the claim to be properly made. within such time, not exceeding thirty days after the day that the claim is so referred, as the Chief Executive Officer may direct.

(2) If a healthcare provider to whom a claim has been referred in accordance with subregulation (1) does not, within the time directed by the Chief Executive Officer, do what the Chief Executive Officer has required him to do for the claim to be properly made, the Chief Executive Officer may refuse to accept the claim.

(3) If a healthcare provider to whom a claim has been referred in accordance with subregulation (1) does, within the time directed by the Chief Executive Officer, what the Chief Executive Officer has required him to do for the claim to be properly made, the claim shall be treated as if it had been properly made on the day that it was first received at an office of the Board.

NATIONAL HEALTH INSURANCE (OVERSEAS REFERRAL PROCESS) REGULATIONS

ARRANGEMENT OF REGULATIONS

REGULATION

NATIONAL HEALTH INSURANCE (OVERSEAS REFERRAL PROCESS) REGULATIONS – SECTION 50

(Legal Notices 8/2010 and 77/2016)

Commencement

[10 April 2010]

Short title

1. These Regulations may be cited as the National Health Insurance (Overseas Referral Process) Regulations.

Interpretation

2. In these Regulations—

"Health Regulatory Agency" means the entity for the time being performing functions in relation to the regulation of healthcare services in the Islands; and

"overseas provider" means the overseas provider to which a beneficiary is to be sent for medical service not provided in the Islands.

Medical service overseas

3. Where a beneficiary requires service, which is not available in the Islands, the following procedure hereinafter set out in these Regulations shall be used to obtain appropriate service for overseas provider list

4. (1) The Board shall develop and maintain a list of overseas providers.

(2) The Board shall, in consultation with the Ministry of Health and the preferred healthcare provider, develop and update from time to time, the referral process and criteria. *(Amended by L.N. 77/2016)*

Overseas referral

5. (1) The preferred healthcare provider shall be responsible for identifying the need for overseas diagnosis or treatment for beneficiaries in its care, based on patient (beneficiary) assessment, diagnostics, and treatments given in the Islands and its knowledge of clinical and other relevant resources available in the Islands.

(2) A standard overseas referral will be as set out in subregulations (3) to (14).

(3) The patient (beneficiary) is evaluated by a specialist physician at one of the facilities, who determines whether the diagnostics equipment, expertise (resident or visiting), treatment or supportive services for good patient care are available locally to meet the patient's (beneficiary's) needs.

(4) If the referring physician determines that the patient's (beneficiary's) need cannot be met on the Islands he shall complete an overseas treatment form for the patient (beneficiary) which must be signed by the Medical Director/Chief of Staff or designee of the preferred healthcare provider and sent to the Board and if the provider to whom the referral is made is not on the preferred provider list, an explanation as to why another overseas provider has been selected must be included.

(5) The Board will evaluate the referral and (if it be the case) confirm that the care needs meet the referral that the benefits are covered under the Plan and the overseas provider is on the preferred provider list or is approved notwithstanding its absence from the preferred provider list.

(6) Upon completion of such evaluation, and in the event no later than two working days after delivery to it of the overseas treatment form, the Board shall send an approval for overseas treatment to the preferred healthcare provider or notify the preferred healthcare provider of the reasons why such overseas treatment is declined.

(7) Upon receipt of approval for overseas treatment, the referring physician shall send a medical referral letter addressed to the receiving physician at the overseas provider and, with the beneficiary's permission, shall transfer copies of all applicable medical records relating to that beneficiary to the receiving physician for review prior to the commencement of any treatment.

(8) In an emergency situation, the referring physician shall speak to the medical officer of the Board and the preferred healthcare provider shall be entitled to rely upon the verbal approval of the referral from the medical officer of the Board: *(Amended by L.N. 77/2016)*

Provided that in such case an overseas treatment form shall be submitted to the Board as soon as practicable and in any event within two working days of such verbal approval having been given.

(9) There will be direct communication between the preferred healthcare provider and the overseas provider through the referring physician and the receiving physician and in particular the preferred healthcare provider shall use all reasonable endeavours (with the assistance of the Board where appropriate) to obtain a full description of the treatment prescribed and recommendations for follow-up care to facilitate patient (beneficiary) follow-up and continuity of care once the patient (beneficiary) returns to the Islands following the overseas treatment.

(10) The preferred healthcare provider, through the referring physician and on the basis of information obtained through the communication process referred to in subregulation (9), shall ensure that the interventions performed are properly documented in the beneficiary's medical records.

(11) In any case where the overseas provider advises that the treatment to be provided to a beneficiary exceeds the original scope of the authorised treatment abroad, the overseas provider shall communicate directly with the medical advisor of the Board, in the manner set out in subregulation (5) or (8), in order to obtain authorisation for the extended treatment. *(Substituted by L.N. 77/2016)*

(12) In any case where an overseas referral is denied, a review procedure shall be established, which shall include, as a first step, a full review of the case by the medical advisor to the Board and direct communication with the Medical Director within the Ministry of Health. *(Substituted by L.N. 77/2016)*

(13) If the case is not resolved satisfactorily at this stage, a formal review by the Board can be sought. If after exhausting all remedies within the Board, and the case is still not resolved, the case may, at the request of the beneficiary or the beneficiary's representative, be further referred for final review to the body to be known as the Health Regulatory Agency.

(14) The preferred healthcare provider shall, in conjunction with the Board, co-ordinate all transportation required by a beneficiary to allow the beneficiary to receive treatment. Selection of transportation may be based on prior contracts between the Board and transportation providers and the cost of all transportation, including the cost of any preferred healthcare provider staff required for clinical reasons to accompany the beneficiary and their reasonable subsistence and accommodation costs, shall be borne by the Board and shall be invoiced to the Board separately.

(15) In this Regulation—

"overseas treatment form" means a form indicating the name, address and Board reference of the beneficiary, the nature of the treatment required, a certification that such treatment cannot be provided in the Islands and the name of the speciality service selected; *(Amended by L.N. 77/2016)*

"preferred provider list" means a list of overseas providers approved by the Board for the treatment of beneficiaries and where possible to whom preference is to be given in the selection of overseas provider;

"receiving physician" means the physician appointed by the Board; *(Amended by L.N. 77/2016)*

"referral criteria" means the criteria to be developed in accordance with regulation 4;

"referring physician" means the physician who evaluates a patient (beneficiary) under regulation 5(3).

Board to monitor referral process

6. (1) The Board shall, on an ongoing basis, monitor the referrals process and overseas referrals to ensure that they meet all clinical, operational, and financial requirements.

(2) On a periodic basis, the Health Regulatory Agency may, audit the referrals process, the referrals made and the decisions and outcomes arising from those referrals to ensure compliance with the principles of the treatment abroad programme and objectives.

Co-payment

7. (1) A beneficiary shall pay any co-payment that is required by an overseas provider directly to the overseas provider.

(2) In this regulation, "co-payment" means an amount paid by a beneficiary to the provider at the time he seeks medical care.