



# The National Health Insurance Plan Turks & Caicos Islands

Presented by  
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# Turks & Caicos Islands Healthcare System



Ministry  
of  
Health

Preferred  
Provider  
Interhealth  
Canada

Private  
Sector &  
Int'l  
Donors

Contract  
Providers  
TCI and Int'l



# Objectives & Scope of NHIP

- The National Health Insurance Board (NHIB) was established under the National Health Insurance Ordinance 2009, as a statutory body.
- NHIB's goal is to facilitate the provision of accessible, affordable and quality health care services to all its beneficiaries as specified in the ordinance.
- NHIB is the financing mechanism that insures the entire population against meeting the costs associated with ill health.
- It is a key pillar of a comprehensive social security system intended to protect the well-being of the people of the Turks and Caicos Islands.
- Enrolment in the NHIP is mandatory for all those who are legally employed or reside in country



# Objectives & Scope of NHIP

- The package of benefits for the NHIP includes:
  - All essential medical services, most of which are provided by the health care facilities managed by Interhealth Canada on Grand Turk and Providenciales
  - Access to the primary care clinics which the government manages on the Outer Islands
  - Government's provision of public health services directly such as immunizations and wellness programs.
- Benefits are structured on social principles of equal access to comprehensive health care services for all legal residents.
  - Unlike private insurance there are no exclusions or waiting periods for pre-existing conditions; and no deductibles or co-insurance.



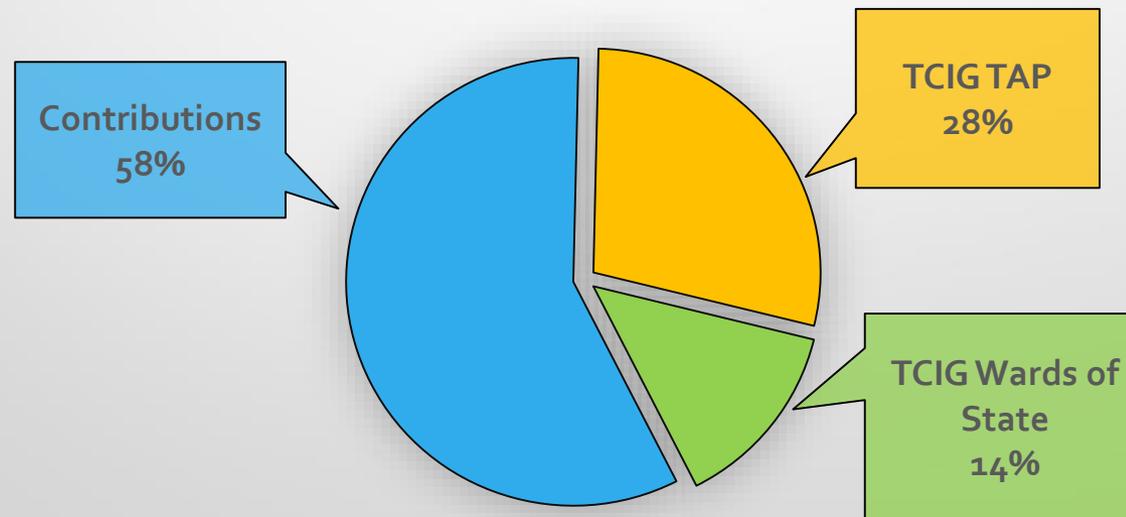
# Objective & Scope of NHIP

- Comprehensive benefits package through a strict Preferred Provider network.
  - Domestically, the Preferred Provider is Interhealth Canada
  - All services offered by Interhealth Canada are available to NHIP beneficiaries, for a \$10 co-payment (co-payments for a single event or chronic condition are capped at 5 per year).
- In the event that Interhealth Canada cannot manage a condition domestically, the beneficiary is referred to NHIB for Overseas Treatment.
- The prescription drug formulary includes approximately 1,000 drugs. NHIB reimburses 50% of the cost of drugs, up to a maximum out-of-pocket of \$25.
- Beneficiaries may choose to utilize the services of a private doctor, NHIB pays a \$35 indemnity per medically necessary visit.
- NHIP coverage does not extend to medical events incurred outside of Turks and Caicos Islands (all overseas treatment must be referred by the Preferred Provider and approved by NHIB)



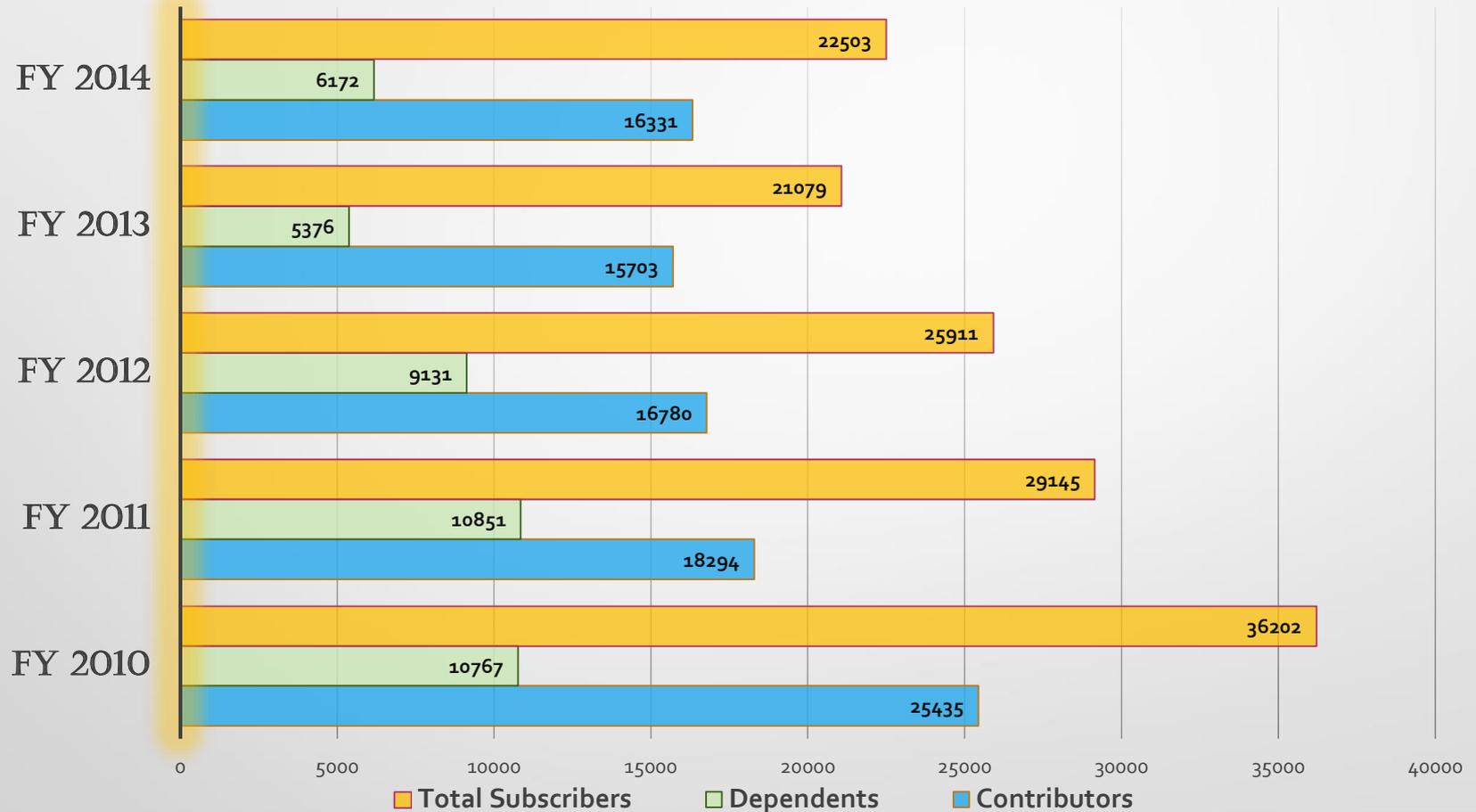
# Scope of NHIP Funding

- Contributions - \$25.4 mil
  - Employer/Employee share 6.0% (Qualifying Compensations Up To \$7,800 per month)
  - Self-employed pay \$250/month (no income disclosure), or \$150 or \$50 with income disclosure
  - Pensioners pay 2.5% of pension benefits exceeding \$2,000/month
- TCIG fund Treatment Aboard Programme - \$12.5 mil
- TCIG pays “actuarial transfers” to cover wards of the State \$6 mil



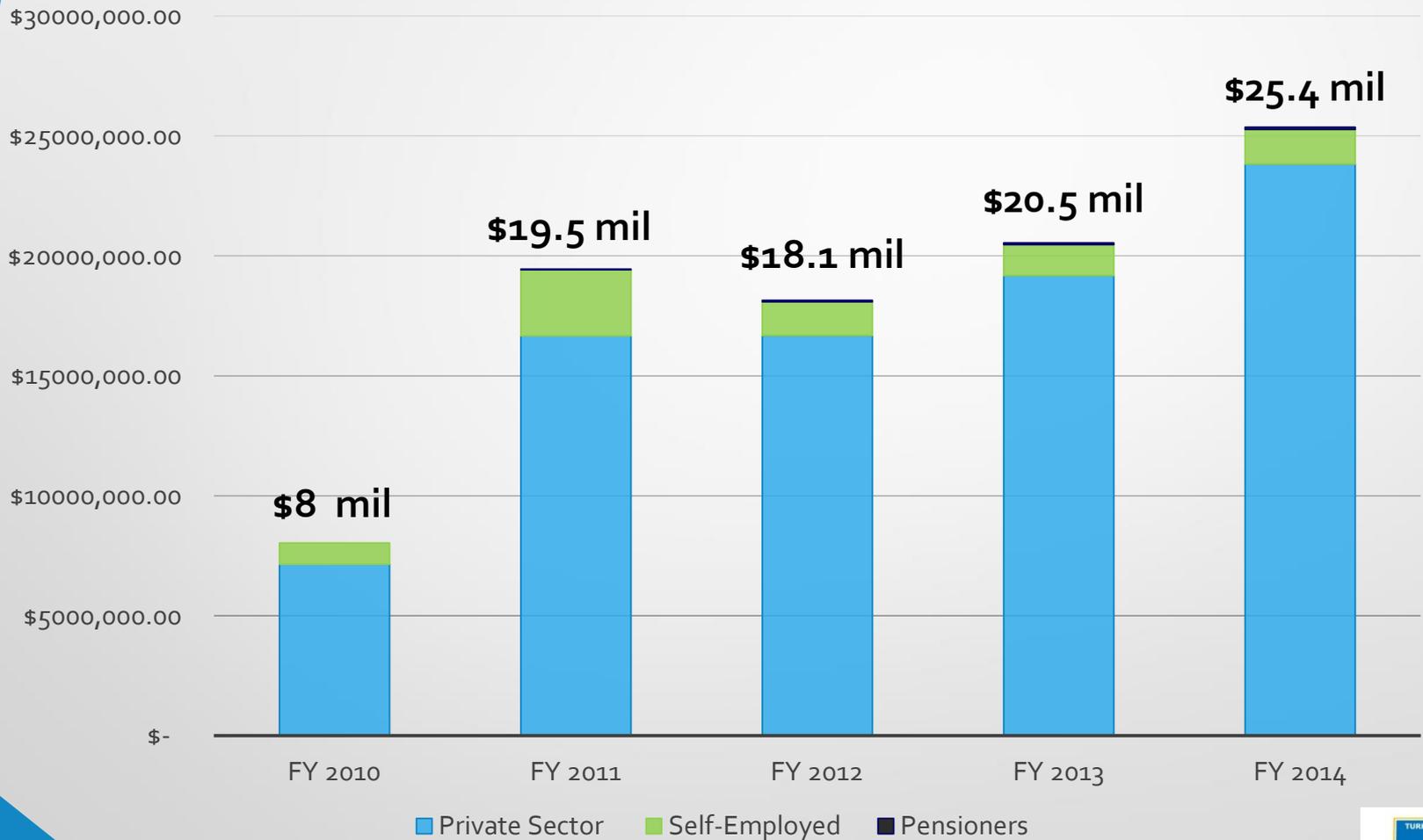
# Statistical Highlights

## MEMBERSHIP TREND



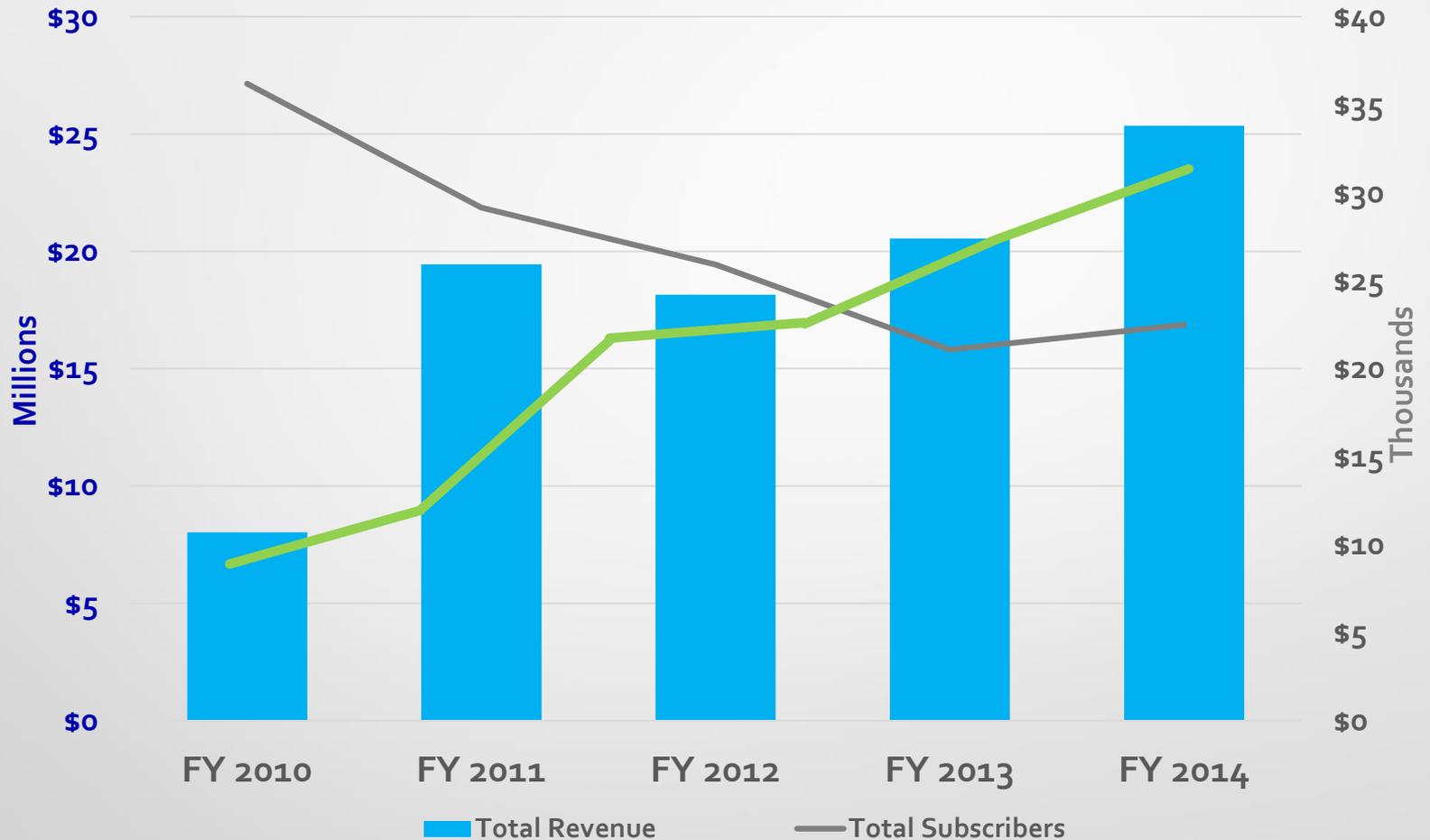
# Statistical Highlights

## Contributions Analysis



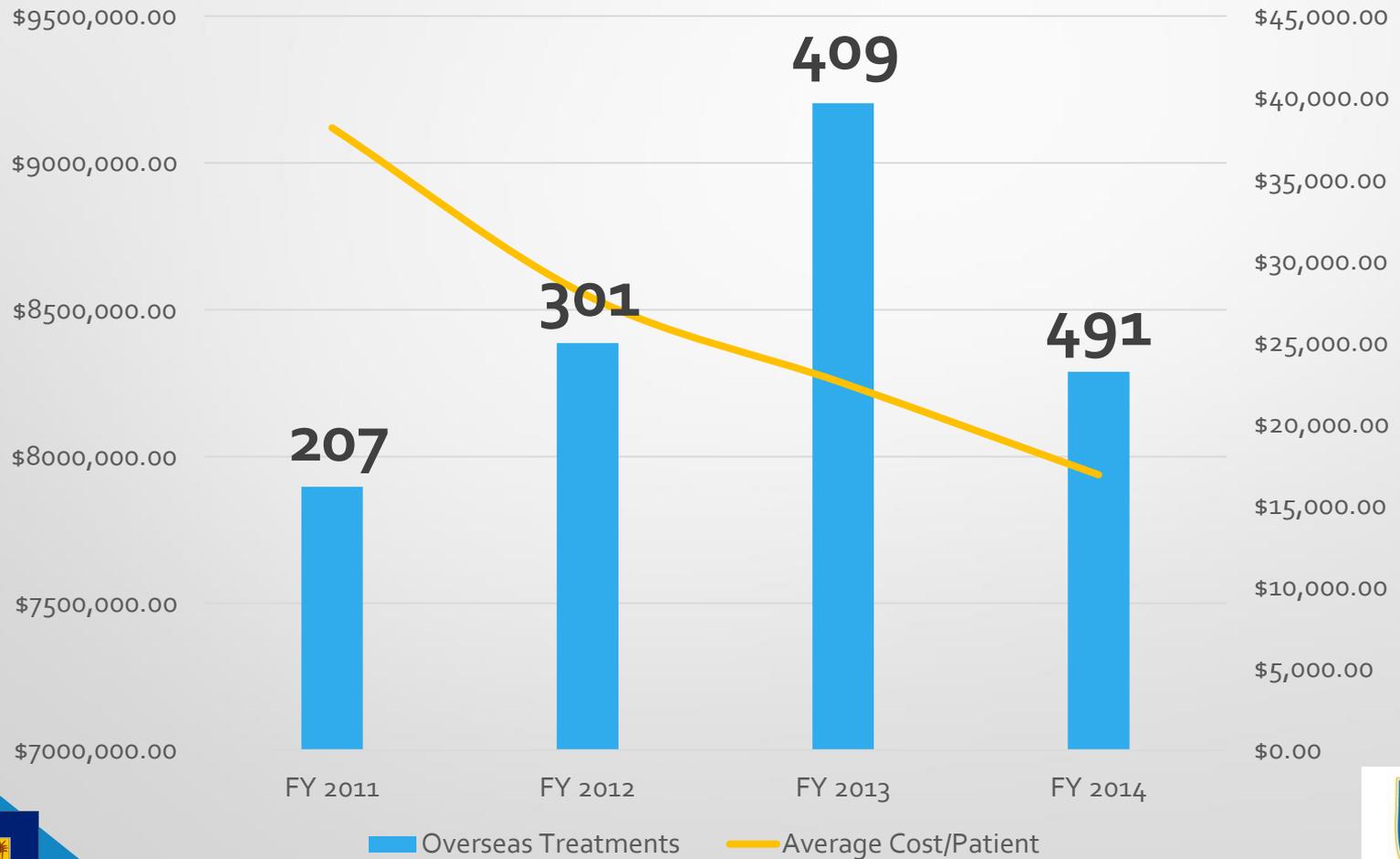
# Statistical Highlights

## Contribution per Member



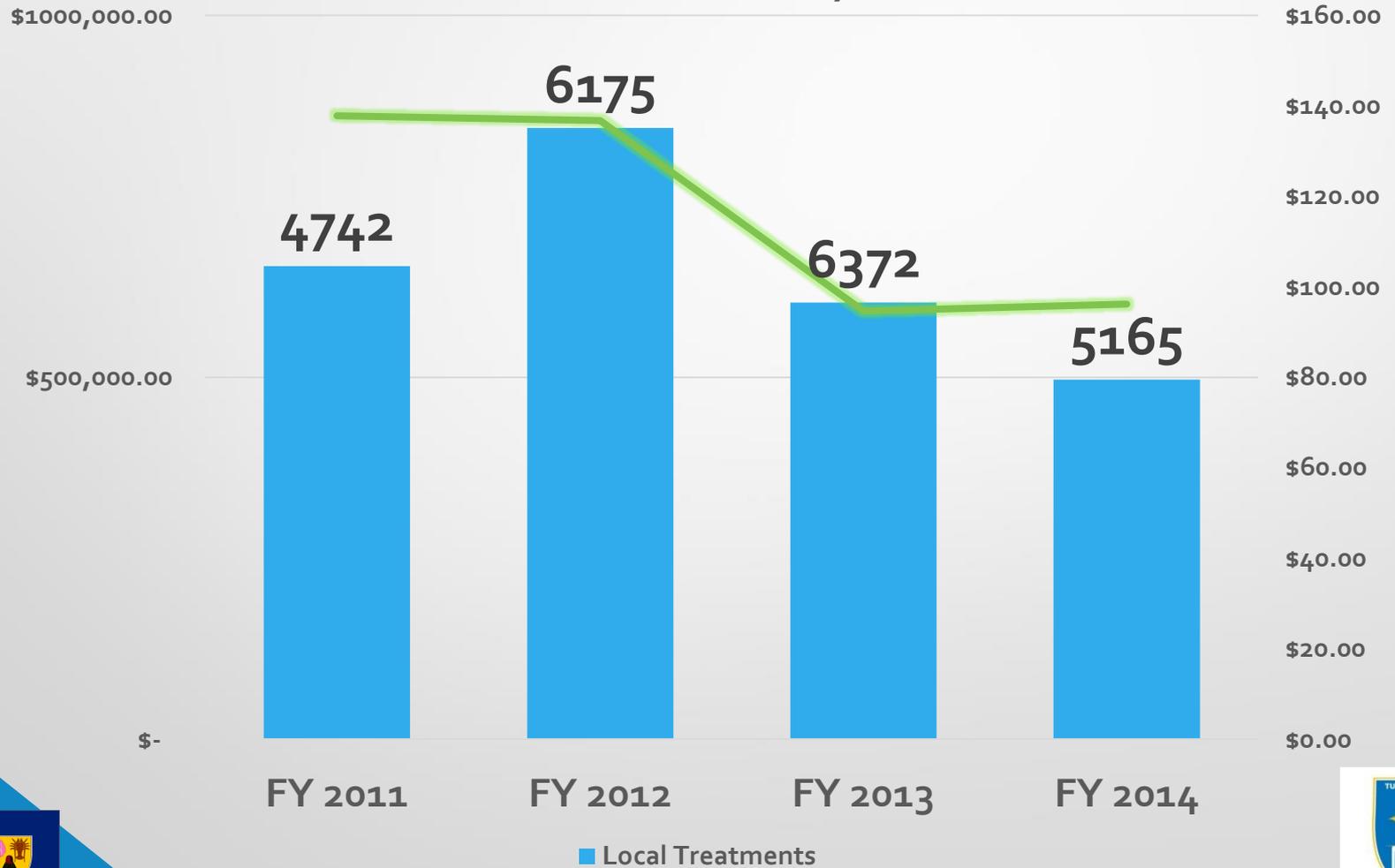
# Statistical Highlights

## Treatment Abroad Program Patient Cost Analysis



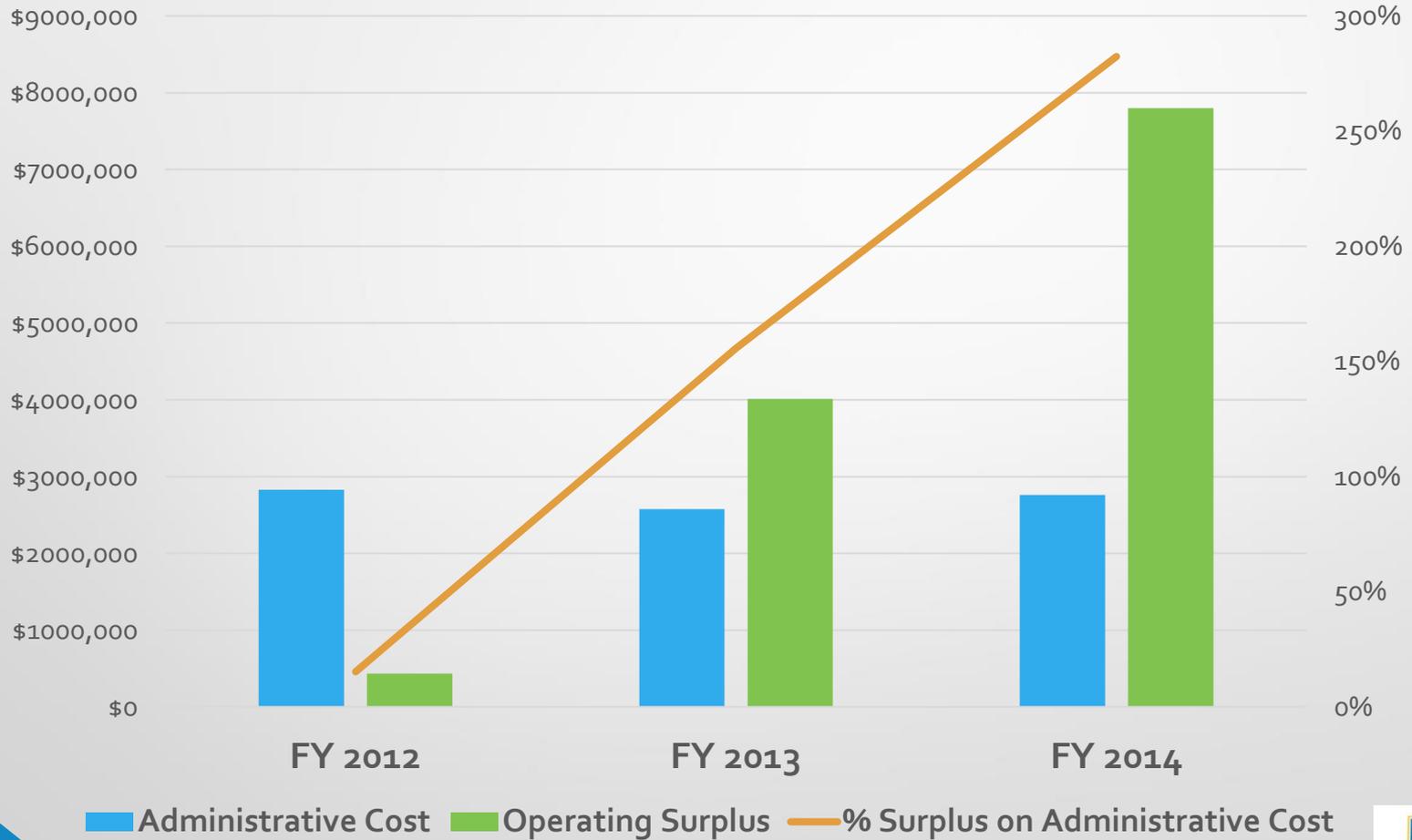
# Statistical Highlights

## Local Medical Providers Patient Cost Analysis



# Statistical Highlights

## Admin Cost on Surplus Analysis



# Strategic Plans to Address Challenges

- Review of the ICL contract by both ICL and the TCIG to see if there is any room to modify or renegotiate the contract to reflect the current economic situation.
  - The goal would be to reduce the cost of clinical services provided by adjusting the clinical cost formula. There could also be a cap on the provision of primary care services from the hospital. This will reduce the cost of providing primary care in a hospital setting under a contract.
- Reduce the range of services that are funded by NHIP/TCIG.



# Strategic Plans to Address Challenges

- Limit the range of people whose care is fully funded by the state.
  - Under the existing Legislative frame work, migrant workers can register one day and receive coverage the same day. These individuals may only be resident in the TCI for relatively short periods of time, and in the case of the domestic workers, and laborers, are only making minimal payments for coverage of themselves and their dependents. A two tier policy differentiating long term residents and short term residents with different benefit packages might be an option.
- Cap or limit NHIP benefits.
  - The NHIP regulations already outline which services are offered to its members on a limited basis or totally excluded. However, one of the greatest risks to the sustainability of the NHIP fund is the open ended and unlimited nature of its treatment abroad policy. Medical treatment overseas is available to all members without a cap, deductible, or duration.



# Strategic Plans to Address Challenges

- NHIB could fund the delivery of TCIG primary health care programmes by several methods:
  - Support the current TCIG clinics by adequately funding the operational cost i.e. staff, supplies, infrastructure up-keep.
  - Paying TCIG for services provided to NHIP beneficiaries and TCIG continue to fund primary health care,
  - Support private sectors primary care providers by increasing the funding of private sector delivery of primary care services from \$35 per visit based on actuarial assessment.
- The NHIP should consider developing a drug programme . A system should be developed whereby there is more robust competitive tendering and the NHIP pays for the provision of drugs to all its beneficiaries through all participating pharmacies, including those that may be operated by NHIP.
- Increase co-payments for services provided.
- Increase revenue by encouraging health tourism





# THANK YOU

