

## **LAGOS STATE GOVERNMENT**

### **MINISTRY OF HEALTH**

#### **INVITATION FOR EXPRESSION OF INTEREST (EOI) FOR THE PROVIDERS OF HEALTHCARE SERVICES UNDER THE LAGOS STATE HEALTH SCHEME (LSHS)**

##### **1.0 BACKGROUND**

Lagos State in its quest to achieve Universal Health Coverage passed the Lagos State Health Scheme (LSHS) Law in May 2015. This establishes a mandatory pre-paid health scheme aimed at increasing both financial and physical access of residents of Lagos State to quality and affordable health care services with the goal of improving the State's health indices (especially maternal, under-5 and infant mortality rates).

The scheme will offer a Basic, defined minimum benefit package of health care services for Primary Care as well as a supplementary benefit package of health care services for Secondary Care – The Lagos State Health Plan.

Lagos State Ministry of Health (LSMOH) now seeks Expressions of Interest from reputable and experienced primary and secondary healthcare providers (including Community Pharmacies, Clinical Laboratories, and Diagnostic Centres) for the purposes of providing healthcare services in the proposed Lagos State Health Scheme.

##### **2.0 PROJECT SCOPE**

###### **The healthcare services provider will be expected to:**

- Provide services as defined in the Lagos State Health Plan benefit package
- Comply with Scheme's Operational Guidelines and Standard Treatment Guidelines
- Provide returns on utilization of services and other data to the Lagos State Health Management Agency (LASHMA) and through the designated Health insurance Agents in compliance with stipulated guidelines
- Institute an effective Customer Feedback System and report any unresolved complaints to designated Health Insurance Agents and LASHMA.
- Limit delivery of services to the level of approved service provision.
- Adherence to approved Quality Improvement Plans and institutionalization of internal quality management systems.
- Other responsibilities to ensure the viability of the Program as may be determined by LASHMA from time to time.

##### **3.0 REQUIREMENTS FROM INTERESTED PARTIES**

Prospective firms/consortia must possess relevant experience and will be required to submit comprehensive technical and financial information as follows:

###### **3.1 LEGAL STATUS AND PROFILE**

- Full name of company and contact person, postal address, telephone/fax numbers, and e-mail addresses.

- Ownership structure including name(s) of shareholders and percentage shareholdings.
- Company registration including Certificate of Incorporation, certified true copies of Memorandum and Articles of Association and CAC Form C07
- Evidence of registration with the relevant professional bodies
- Evidence of registration with Lagos State Public Procurement Agency
- List of current accounts with banks

### **3.2 RELEVANT EXPERIENCE**

- Provide evidence of at least 5 years previous experience / portfolio in providing healthcare services, including the following details:
- Primary and Secondary Health Facilities
- Must be accredited for Year 2017 by the Health Facility Monitoring and Accreditation Agency (HEFAMAA)
- Must possess 24 hour Emergency Room (ER) coverage for primary and/or secondary care facilities
- Must possess Technology infrastructure compatible with Windows, Linux and their databases  
Community Pharmacies
- Must be licensed and accredited for Year 2017 by the Pharmacists Council of Nigeria Must meet empanelment requirements as stipulated by HEFAMAA
- Must possess Technology Infrastructure compatible with Windows, Linux and their databases

### **3.3 SAFETY, HEALTH AND ENVIRONMENT (SHE) STATEMENT**

Provide HER Policy and evidence of Management's commitment to the policy.

### **3.4 QUALITY ASSURANCE AND QUALITY CONTROL (QA/QC)**

Provide Quality Assurance and Quality Improvement Plan which addresses patient safety, clinical and non-clinical structures, processes and outcomes

### **3.5 FINANCIAL CAPABILITY**

- Provide the following information:
- Most recent 3-Years (2014, 2015, 2016) Audited Financial Statements and latest Management Accounts.
- Evidence of available financing and/or access to credit line for the project.
- Evidence of company tax clearance for the last 3 years (2014,2015,2016)

### **4.0 EMPANELMENT REQUIREMENTS**

Having scaled through the preliminary assessment phase conducted by HEFAMAA, shortlisted Facilities including Community Pharmacies shall be required to undergo a further Quality Assessment (at a prescribed fee) to ascertain their eligibility to join the network of providers for the LSHS.

### **5.0 SUBMISSION OF EXPRESSION OF INTEREST**

The EOI document should include:

An original copy and five (5) other copies of Expression of Interest shall be delivered in a sealed envelope clearly marked "EOI – Provision of Health Care Services on the Lagos State

Health Scheme" and delivered to the address below not later than 5.00 pm, **NOT LATER THAN 28<sup>TH</sup> JULY, 2017:**

**Attention:**

**Office of the Honourable Commissioner, Lagos State Ministry of Health Room 505, Block 4 the Secretariat Alausa, Ikeja Lagos, Nigeria**

It should be noted that this invitation does not constitute a commitment on the part of LASG or LSMOH. Furthermore, the submission of documents shall not entitle any of the interested parties to any claims against LASG and/or LSMOH by virtue of such consortia having responded to the EOI invitation. All costs incurred by respondents as a result of this EOI invitation and any subsequent requests for information shall be for the respondents account only.