

NATIONAL HEALTH INSURANCE AUTHORITY



**GUIDELINES FOR SUBMISSION OF CREDENTIALING
APPLICATIONS THROUGH THE NHIA WEB PORTAL**

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Kindly contact the Authority by sending an email to credentialing@nhia.gov.gh should there be any challenges with the credentialing application process.

1.0. The Credentialing Web Portal

The HP Web Portal is an online platform that allows healthcare providers to submit, track and manage their applications as captured in the Credentialing Database of the National Health Insurance Authority (NHIA).

The Web Portal allows a **unique user account** to be created for each provider to enable the:

- Submission of applications for one or more facilities
- Monitoring of progress of applications
- Viewing and management of respective credentialing statuses of facilities assigned to the user.

The Web Portal requires each healthcare provider to submit:

- A valid and official email address of the facility (this will be used to create an account for the entire duration of the facility's relationship with the NHIA)
- A valid license from the facility's primary regulatory agency
- Valid documentation personal identification numbers (PINs) and certificates of all healthcare professionals permanently employed at the facility.
- Any other documents as mandated by the NHIA

Each healthcare provider is also required to have the following for operating the Web Portal

- A computer
- Internet Access
- Browser

2.0. Account Creation Process

PROVIDERS WITH EXISTING PORTAL ACCOUNTS NEED NOT MAKE NEW REQUESTS.

To submit a credentialing application via the NHIA Credentialing Web Portal, a healthcare provider must have an account created for them. To create an account:

1. A provider must visit <https://credentialing.nhia.gov.gh> and click on the Request Portal Account Button

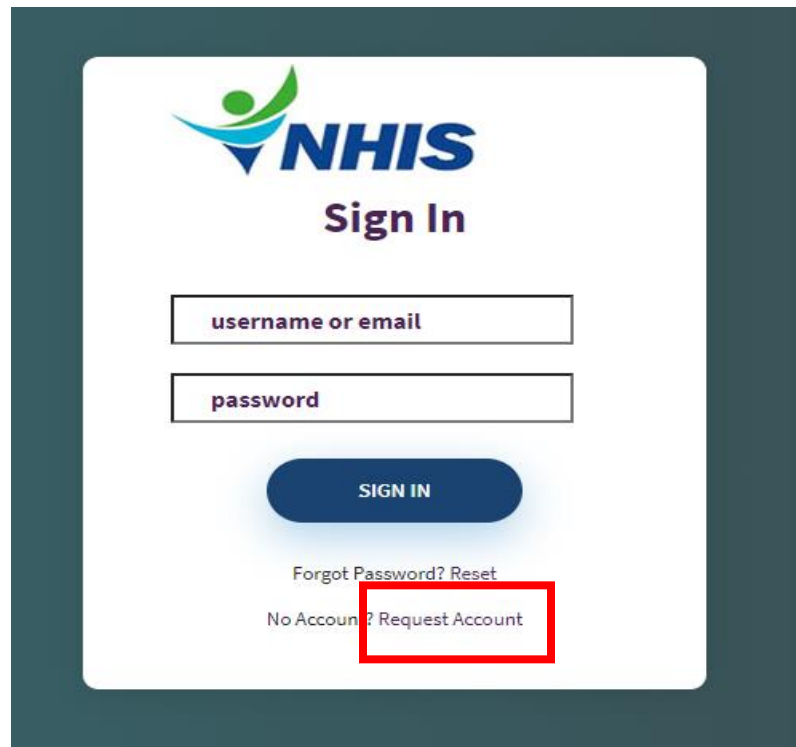


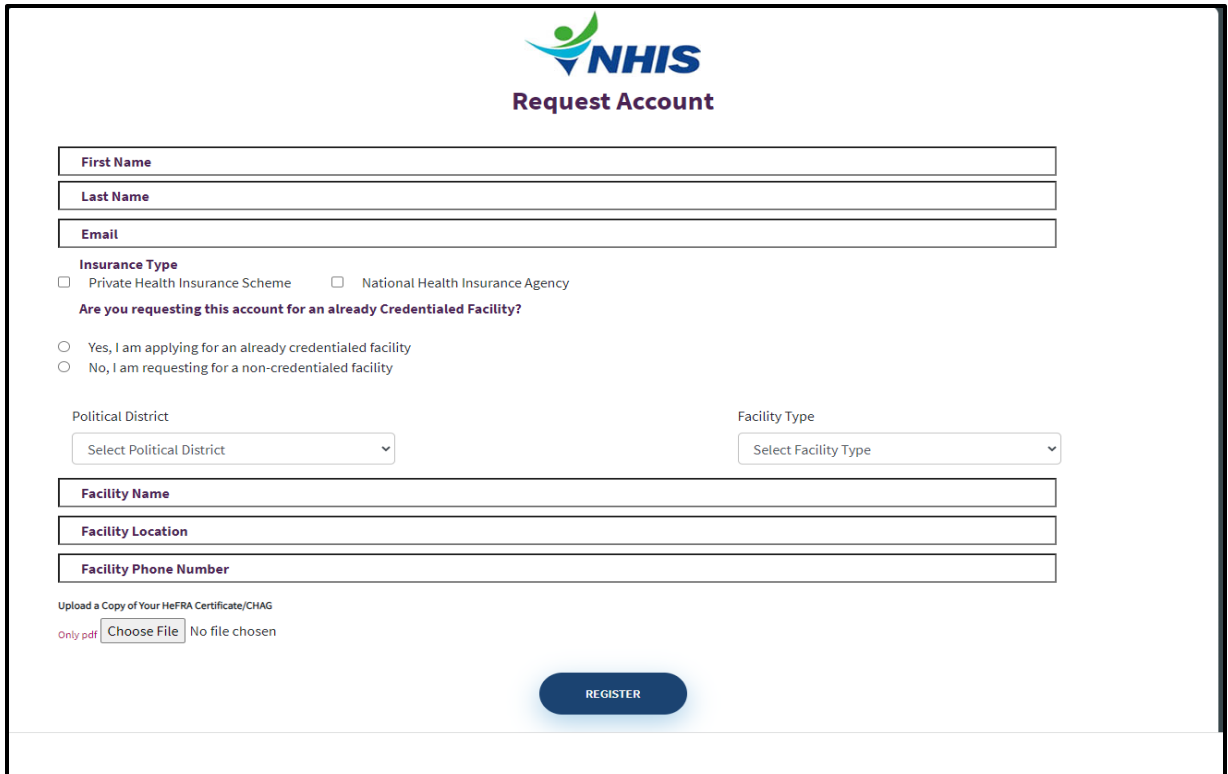
Figure 1: Request Account

2. The provider must provide the following information for the account to be approved by Management:
 - a. **Name of Portal Manager:** Officer from the facility that will manage the facility's account on the online platform.
 - b. **An official email address** of the facility; which will be used to create a user account for the facility.

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- c. **Select** the type of credentialing the facility seeks to acquire i.e., **National Health Insurance Scheme (NHIS)** or **Private Health Insurance Schemes (PHIS)** or **both**.
 - d. Indicate whether the account is being requested for a credentialed or non-credentialed facility.
 - e. If the account is being requested for a credentialed facility (without an account), enter the facility's **Health Provider Code**, select the **Political District** of the facility's location, and click on the **Fetch Info** icon.
 - f. If the facility is non-credentialed, follow the steps below:
 - g. **Select the Political District** of the facility's location.
 - h. **Select the Facility Type**
 - i. Enter the **Name of the Facility** (As captured on the facility's HeFRA Certificate)
 - j. Enter the Facility Location (Street Address or Physical Location)
 - k. The telephone number of the facility
 - l. Attach a **merged copy** of the facility's, Business Registration Certificate, HeFRA Certificate, Pharmacy Council Certificate and CHAG Certificate (Where Applicable) as a PDF.
3. Note that you will receive notification upon successful submission of the account request.

Figure 2: Portal account creation form



NHIS
Request Account

First Name

Last Name

Email

Insurance Type

Private Health Insurance Scheme National Health Insurance Agency

Are you requesting this account for an already Credentialed Facility?

Yes, I am applying for an already credentialed facility

No, I am requesting for a non-credentialed facility

Political District

Facility Type

Facility Name

Facility Location

Facility Phone Number

Upload a Copy of Your HeFRA Certificate/CHAG

Only pdf No file chosen

3.0 Application Submission Process

1. Once an account has been successfully created for a healthcare provider, login details will be sent to the email address provided during the account creation stage (see 2.0 above). A link to the NHIA Web Portal (<https://credentialing.nhia.gov.gh/login>) will also be provided in the same email.
2. A healthcare provider may then proceed to application submission by following the link to the online portal. On clicking the link, a landing page will be displayed as in Figure 3 below:

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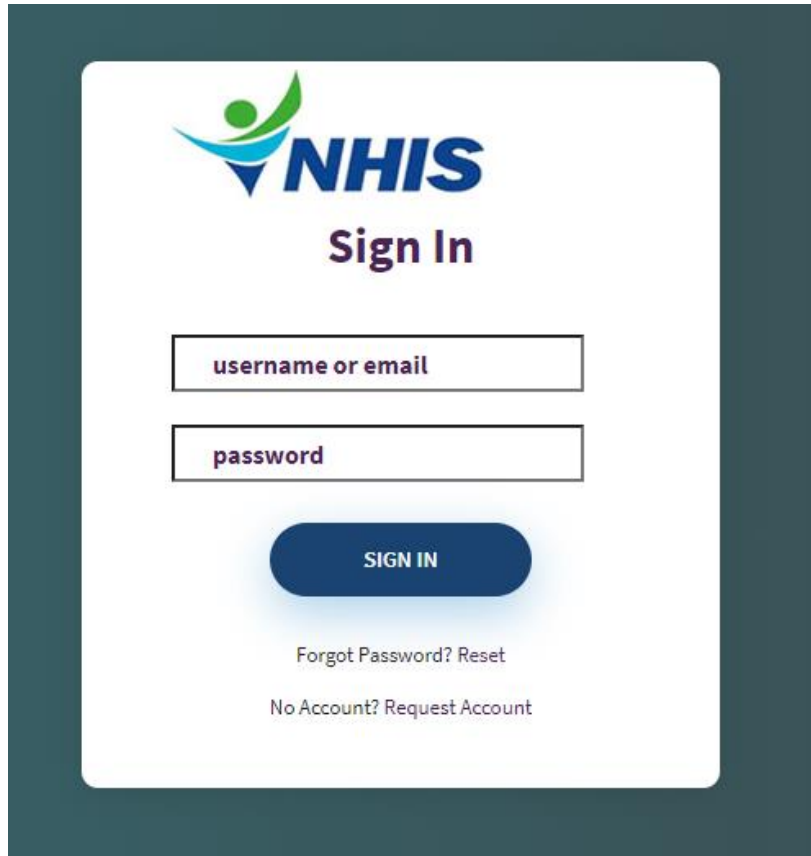


Figure 3: Web Portal login page

3. After the unique login details are entered, the provider arrives on a welcome page as in Figure 4 below:

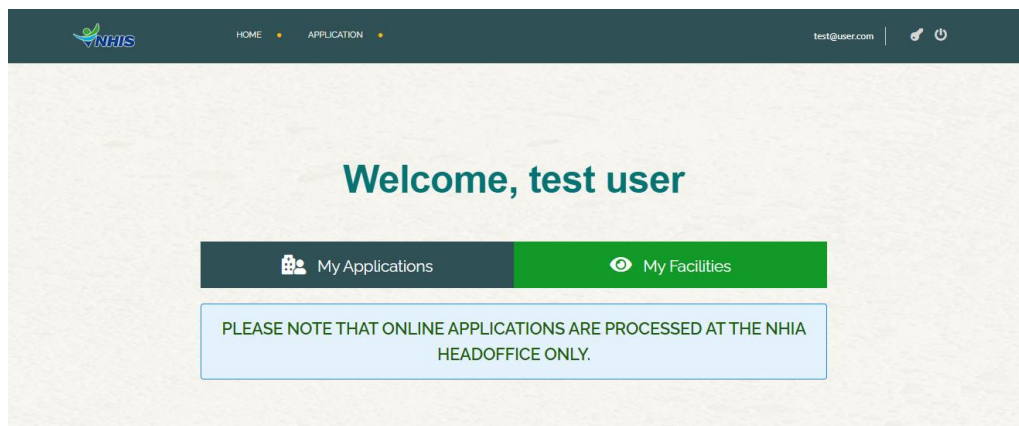


Figure 4: Welcome Page

3.1. New and Existing Healthcare Facilities

3.1.1. New Healthcare Facilities (First Time Applicants)

Facilities applying for the first time to the Authority must submit their credentialing applications as new applications. For such a facility, select the Application button on the Welcome Page, select 'New Application' (Figure 5) and proceed with the rest of the process.

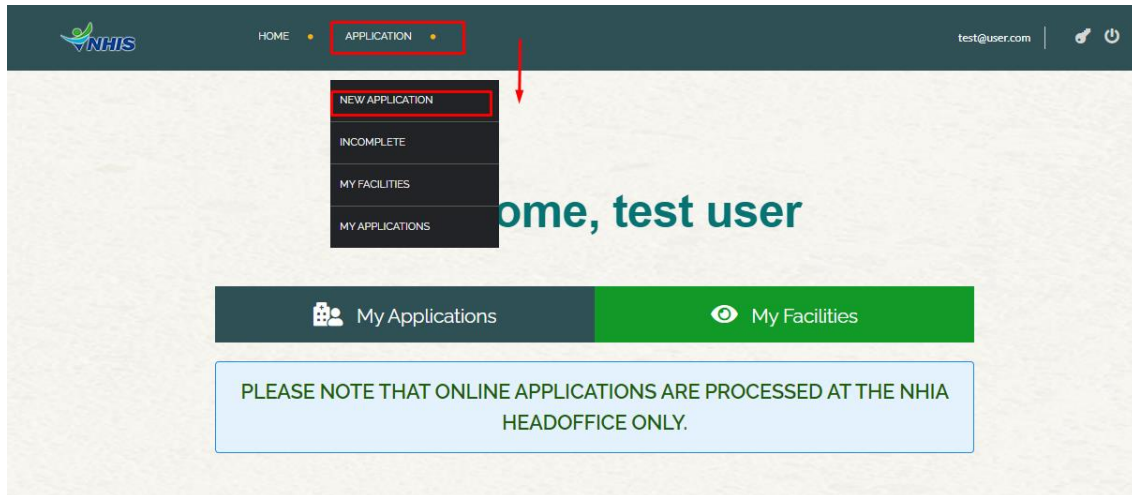


Figure 5: New Application tab

3.1.2. Existing Healthcare Facilities (Previously-credentialed Applicants)

This refers to facilities who have previously been credentialed by the Authority in any capacity. Existing facilities may apply for **renewal, upgrade, or additional services**. For such a facility, click on 'My Facilities' (Figure 6) and then select the appropriate application category to proceed with the application.

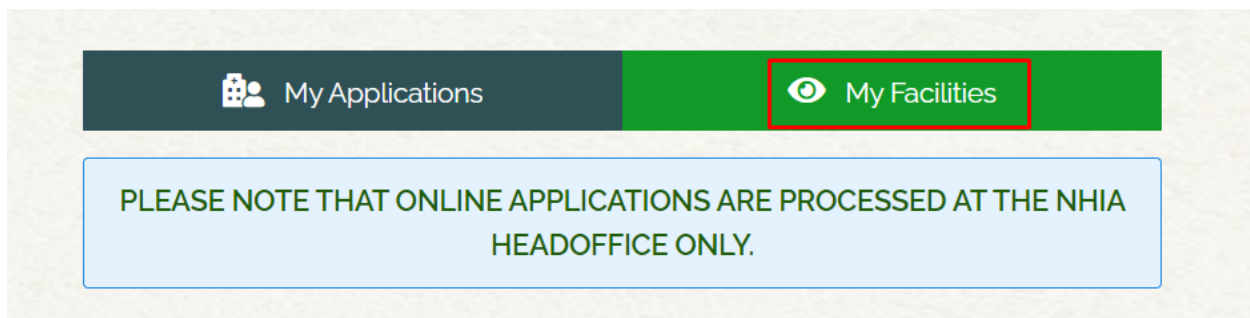


Figure 6: My Facilities tab

Kindly contact the Authority by sending an email to credentialing@nhia.gov.gh should there be any challenges with the credentialing application process.

3.2. Filing of Application Form

1. Providers may then proceed to fill the credentialing application forms by entering information onto the HP Information page (Figure 7). All fields with * are mandatory fields and need to be completed before the provider can proceed with the application.

The screenshot shows a web application interface for a 'New Application'. The header includes 'HOME' and 'APPLICATION' tabs. The main content area is titled 'New Application - All fields marked * are mandatory' and 'HP Info - Tell us a bit about your facility'. The form is organized into two columns of fields. The left column includes: Name of Facility*, Facility Ownership Type* (Mission), Insurance Type* (Both), Date Registered (Business)*, Mission Certificate Number, Private Health Schemes You Will Provide Services For (Nothing selected), Association*, Date Registered (Association), and Catering Service*. The right column includes: Facility Type*, Application Category* (New Application), Registration Number (Business)*, Last Renewal Date (Business), Registration Number (Association), and Last Renewal Date (Association). At the bottom right, there are 'Back' and 'Next' buttons.

Figure 7: HP Information Page

- Kindly fill out the application form accurately, ensuring to capture details of **all professional healthcare staff** engaged at the facility. Click on the 'Next' tab to move through the application form to enter all facility and staff details.
2. To save incomplete data on the form, click the 'Next' tab and return to the page using the 'Previous' tab. All data previously entered will be saved and the provider can continue with the data entry process.
 3. After completion of the application form, providers arrive at a page where documents for the facility are to be attached. Providers are to attach all required documents in **PDF format only**. Please note that each attachment must not exceed **5MB** in size.

Documents to be provided must be attached in the following sequence:

- a. Scanned copy of Certificate of registration of facility with the **Registrar General's** Department (for private facilities).
- b. Scanned copy of Certificate of registration and proof of retention of facility with appropriate regulatory body (**HeFRA, Pharmacy Council** etc.).

- c. Scanned copy of evidence of membership with **faith-based or quasi-government institution** (where applicable).
 - d. Scanned copies of **certificates of qualification of all professional healthcare staff, as well as proof of retention of these staff with their respective regulatory bodies** (NMC, MDC, AHPC, TMPC etc.). This should be as one **single PDF** document.
4. Once all documents have been attached, the provider can preview the information captured on the form in a pop-up box. The provider can then check to ensure that all the provided information is accurate. Click the 'Finish' tab to complete the form.

NB1: Please note that once the 'Finish' tab is clicked, **no further edits** can be made to the application form.

After this stage, the provider is returned to the welcome page (Figure 4). The process may continue with the generation of an invoice for payment of credentialing fees.

NB2: Please note that the application **has still not been submitted** to the Authority at this point.

3.3. Invoice for Payment of Credentialing Fees

1. After the application form has been thoroughly filled and all required documents have been attached successfully, a provider must generate an invoice for payment of credentialing fees.
2. To generate an invoice, select 'My Applications' tab (Figure 8) on the welcome page.

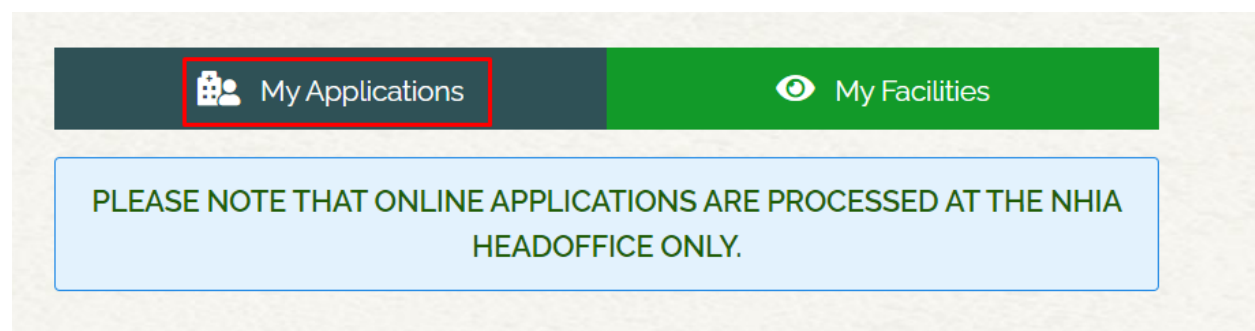


Figure 8: My Applications Tab

Kindly contact the Authority by sending an email to credentialing@nhia.gov.gh should there be any challenges with the credentialing application process.

- Here, a list of applications will be displayed for the provider (Figure 9) and the application being worked on can be seen. An invoice can be generated by clicking on the ‘Generate Invoice’ tab on the right side of the facility’s display (Figure 9).

My Applications







Facility Name	Facility Type	Category	Location	Ownership	Status	Actions
TEST	CHPS Compound	New Application	MADINA NUMBER 3	Public	Pending Payment Submission	 
TEST AGAIN	Clinic with a specialist	New Application	ADDRESS	Quasi-public	Payment Submitted - Pending Verification	 
TESTING TESTING	Clinic with a specialist	New Application	ESSSDS	Public	Payment Submitted - Pending Verification	 

Figure 9: My Applications List (with Generate Invoice Button highlighted in box)

- The generated invoice, a sample indicated in Figure 10 below, contains all the data required to pay credentialing fees to the Authority. Please pay careful attention to the details captured in the invoice.

NATIONAL HEALTH INSURANCE AUTHORITY
 No. 36 - 6th Avenue, Ridge Residential Area, Accra
 Private Mail Bag, Ministries, Accra, Ghana
 T: +233 302 228503 / 233555 / 235211
 F: +233 302 232325
 E: info@nhi.gov.gh W: www.nhi.gov.gh



Dear Sir/Madam,

SUBMISSION OF ONLINE APPLICATION

Management of the NHIA acknowledges receipt of an online application submitted with the following details:

- Region: Ashanti
- District: Asokore Mampong Municipal
- Facility name: TEST AGAIN
- Facility type: Clinic with a specialist
- Phone number: 0211478563
- Practitioner in charge name: AUGUSTINA KONADU
- Date of completion : February 20, 2020
- Application number: ARASO-0215-2020-003

Please pay amount due: GH\$ 1000.0 into the account below:

Bank Name	Account Name	Account Number	Branch
ECOBANK(GH) LIMITED	National Health Insurance Authority	1441001262797	Accra Main (Head Office)
GCB BANK LTD	National Health Insurance Authority	1011130030170	High Street, Accra

After the payment you are required to attach a scanned copy of the pay-in-slip online at **MY APPLICATIONS on the Web portal**.

An application is deemed complete when the amount due is paid and the scanned copy of pay-in-slip is attached to the online application.

Thank you

Chief Executive

*****Public facilities are to submit their application numbers to the Director General, Ghana Health Service to enable the NHIA process their applications*****

Figure 10: Invoice for Payment of Credentialing Fees

3.4 Submission of Proof of Payment

After depositing the required amount into the Authority’s account with the generated invoice, proof of payment must be attached to complete the credentialing application.

1. Return to the portal and select ‘My Applications’.
2. When the list of applications appears, select ‘Capture Payment Details’ by clicking the button in the box in Figure 11 below.

My Applications

Facility Name	Facility Type	Category	Location	Ownership	Status	Actions
TEST	CHPS Compound	New Application	MADINA NUMBER 3	Public	Pending Payment Submission	
TEST AGAIN	Clinic with a specialist	New Application	ADDRESS	Quasi-public	Payment Submitted - Pending Verification	
TESTING TESTING	Clinic with a specialist	New Application	ESSSDS	Public	Payment Submitted - Pending Verification	

Figure 11: Enter Payment details button

3. A popup box (Figure 12) will appear where required payment details are to be captured. Payment details are all available on the pay-in slip provided by the bank. The pay-in slip provided by the bank should also be attached as a PDF document during this stage

PAYMENT DETAILS

BANK NAME	<input type="text" value="Ecobank Ghana Limited"/>
BRANCH	<input type="text" value="Enter Branch Name"/>
DATE OF DEPOSIT	<input type="text" value="mm/dd/yyyy"/>
DEPOSITORS NAME	<input type="text" value="Enter Depositor Name"/>
REFERENCE NO.	<input type="text" value="Enter Reference Number"/>
PAYMENT SLIP	<input type="button" value="Choose File"/> No file chosen
TRANSACTION TYPE	<input type="text" value="Cash Deposit"/>
TRANSACTION DETAIL	<input type="text" value="Enter Transaction Number"/>

Figure 12: Payment details capture

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4.0 Monitoring of Application Status

Providers can monitor the progress of their credentialing application once the application is successfully submitted. The submission process is deemed complete once all the above steps have been completed and evidence of payment has been submitted to the application.

Status of each application can be monitored by viewing the ‘My Applications’ Page (Figure 11).

My Applications

Facility Name	Facility Type	Category	Location	Ownership	Status
TEST	CHPS Compound	New Application	MADINA NUMBER 3	Public	Pending Payment Submission
TEST AGAIN	Clinic with a specialist	New Application	ADDRESS	Quasi-public	Payment Submitted - Pending Verification
TESTING TESTING	Clinic with a specialist	New Application	ESSSDS	Public	Payment Submitted - Pending Verification

Figure 13: Display of Status of Credentialing Application

The possible statuses that may appear against an application are outlined in Table 1 below:

POSSIBLE STATUSES OF CREDENTIALING APPLICATION		
NO	STATUS	DEFINITION
1	PENDING	Application is incomplete. Provider must complete application form before proceeding further
2	PENDING PAYMENT SUBMISSION	Provider to submit evidence of payment of credentialing fees after application form has been completed
3	PAYMENT SUBMITTED: PENDING PAYMENT VERIFICATION	Authority to verify payment made by provider before application can be processed
4	PENDING REVIEW	Application to be vetted after payment verified
5	ON HOLD	Vetting indicates that provider must submit additional documents/information to the authority. Provider will be contacted via phone call or email to produce the required documents/information
6	PENDING APPROVAL FOR ASSESSMENT	Vetted application to be reviewed for assessment or desktop renewal. Unapproved applications are returned to ON HOLD above
7	IN ASSESSMENT	Facility to be inspected following approval of vetting
8	AFTER ASSESSMENT	Information captured during assessment to be synced with application information
9	PENDING APPROVAL FOR CREDENTIAL	Application and assessment information to be reviewed by Management of the Authority
10a	APPROVED CREDENTIAL	Credentialing approved after assessment. Provider to be communicated to on next steps
10b	DESKTOP APPROVED	Credentialing approved after desktop review of application. Provider to be communicated to on next steps
10c	REJECT CREDENTIAL	Credentialing rejected after assessment/desktop review. Provider to be communicated to on next steps
11	PENDING CERTIFICATE	Authority to distribute credentialing application outcome to provider

Table 1: Definitions of Statuses of Credentialing Applications

5.0 Account Password Reset

1. Once an account holder wants to change (update) login credentials, login first to the web portal application and from the homepage, click on the “Change Password” tool as shown in Figure 12. Providers are also advised to change password after the first login to the portal.

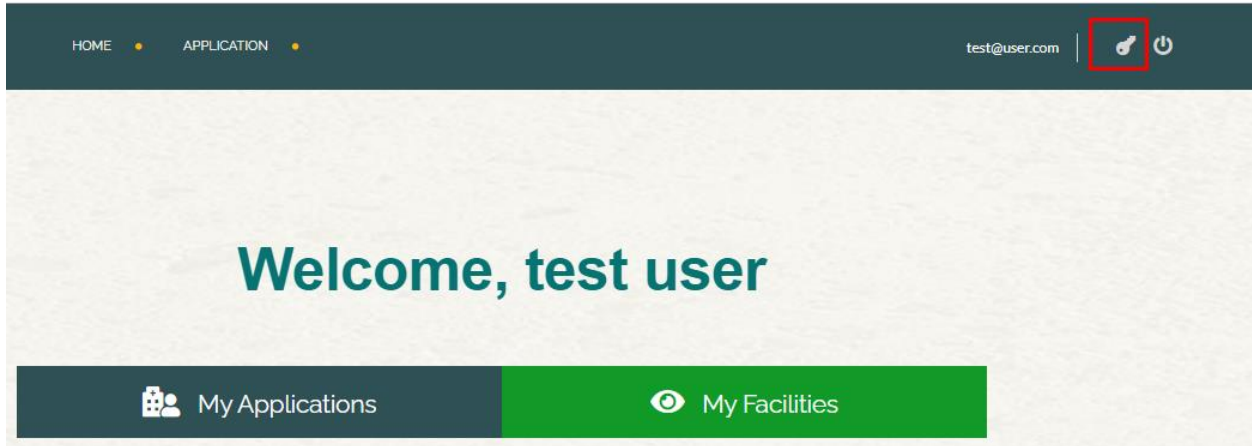


Figure 14: Tool for Password Reset in box

2. After clicking on the ‘Change Password’ icon, the form below opens (Figure 13). The user is required to enter his/her current password, the new password to use and to confirm the new password by re-entering it.
3. Click on “Update Password” to save the record.

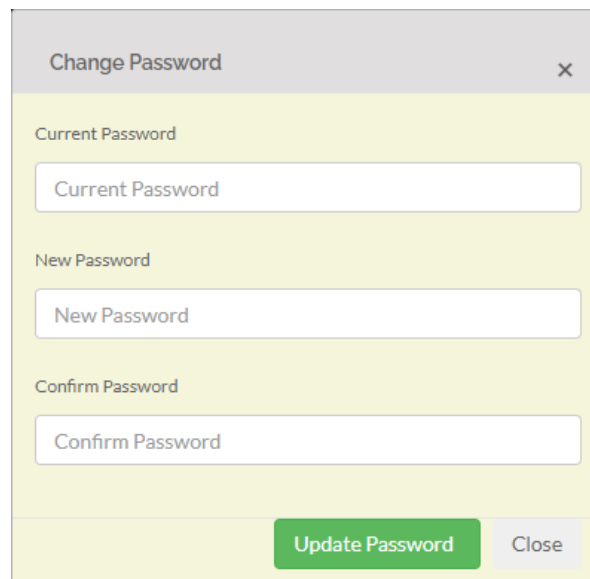
The image shows a 'Change Password' form. The form has a title bar with 'Change Password' and a close button (X). Below the title bar, there are three input fields: 'Current Password', 'New Password', and 'Confirm Password'. Each field has a placeholder text of the same name. At the bottom of the form, there are two buttons: 'Update Password' (green) and 'Close' (grey).

Figure 15: Change password form

Kindly contact the Authority by sending an email to credentialing@nhia.gov.gh should there be any challenges with the credentialing application process.