



LEGAL NOTICE NO.

THE SOCIAL HEALTH INSURANCE ACT
(No. 16 of 2023)

THE SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2023

Arrangement of Regulations

Regulation

PART I- PRELIMINARY

- 1- Citation.
- 2- Interpretation.
- 3- Objects of the Regulations.

**PART II – IMPLEMENTATION OF THE PRIMARY
HEALTHCARE FUND**

- 4- Purpose of the Primary Healthcare Fund.
- 5- Access under the Primary Healthcare Fund.
- 6- Services offered under the Primary Healthcare Fund.
- 7- Payments out of the Primary Healthcare Fund.
- 8- Financing.

**PART III – IMPLEMENTATION OF THE SOCIAL HEALTH
INSURANCE FUND**

- 9- Purpose of the Social Health Insurance Fund.
- 10- Initial registration.
- 11- Registration of beneficiaries.
- 12- Members of the National Health Insurance Fund.
- 13- Amendment of beneficiaries.
- 14- Registration of a child.
- 15- Death of a beneficiary.
- 16- Household with income from salaried employment.
- 17- Household whose income is not derived from salaried employment.
- 18- Household in need of financial assistance.
- 19- Contributions for persons under lawful custody.

- 20- Contributions by persons above the age of twenty-five years without income or living with the contributor.
- 21- Means testing.
- 22- Obligations of an employer.
- 23- Payment of penalty.
- 24- Statement of account.
- 25- Payments out of the Social Health Insurance Fund.

PART IV – IMPLEMENTATION OF THE EMERGENCY, CHRONIC AND CRITICAL ILLNESS FUND

- 26- Purpose of the Emergency, Chronic and Critical Illness Fund.
- 27- Transition to the Emergency, Chronic and Critical Illness Fund.
- 28- Benefits under the Emergency, Chronic and Critical Illness Fund.
- 29- Payments out of the Emergency, Chronic and Critical Illness Fund.
- 30- Emergency medical care code.

PART V – EMPANELMENT AND CONTRACTING

- 31- Empanelment.
- 32- Contracting healthcare providers and health facilities.
- 33- Onboarding healthcare providers and health facilities.
- 34- Termination of contract.
- 35- Quality assurance.
- 36- Healthcare provider or health facility outside Kenya.
- 37- Obligations of a healthcare provider or health facility.

PART VI- BENEFITS

- 38- Identification of beneficiaries at the point of access.
- 39- Treatment outside Kenya.
- 40- Essential healthcare benefits packages under the Primary Healthcare Fund, the Social Health Insurance Fund and the Emergency, Chronic and Critical Illness Fund.
- 41- The Benefits Package and Tariffs Advisory Panel.
- 42- Functions of the Benefits Package and Tariffs Advisory Panel.
- 43- Secretariat of the Benefits Package and Tariffs Advisory Panel.
- 44- Designing an essential healthcare benefits package.
- 45- Proposal of interventions.
- 46- Selection of interventions.
- 47- Assessment of interventions.
- 48- Appraisal of interventions.
- 49- Decision making on interventions.

PART VII- TARIFFS

- 50- Rates payable.
- 51- Determination of applicable tariffs.
- 52- Data collection and analysis.
- 53- Proposal of a tariff.
- 54- Engagement on proposed tariff.
- 55- Recommendation of tariff.
- 56- Approval of the tariff.

PART VIII— CLAIMS SETTLEMENT

- 57- Benefits payable.
- 58- Lodging of claims.
- 59- Processing of claims
- 60- Pre-authorization.
- 61- Adjudication of claims and pre-authorization.
- 62- Zones.
- 63- Limitations in the payment of claims.

PART IX- GENERAL PROVISIONS

- 64- Centralized Digital Platform.
- 65- Access to national databases.
- 66- Duties of a person at registration.
- 67- Duties of members of the Social Health Insurance Fund.
- 68- Obligations of the Authority in processing of information.
- 69- Stakeholder engagement.
- 70- Compliance with section 26(5) of the Act.
- 71- Travel health insurance cover.

PART X- REVOCATION

- 72- Revocation of LN. No. 185/2003.
- 73- Revocation of LN. No. 186/2003.
- 74- Revocation of LN. No. 187/2003.
- 75- Revocation of LN. No. 188/2003.

THE SOCIAL HEALTH INSURANCE ACT

(No. 16 of 2023)

IN EXERCISE of the powers conferred by sections 24, 30, 46(2), 47(5) and 50 (1) of the Social Health Insurance Act, 2023, the Cabinet Secretary for Health, in consultation with the Board of the Social Health Authority, makes the following Regulations—

THE SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2023

PART I —PRELIMINARY

Citation.

1. These Regulations may be cited as the Social Health Insurance (General) Regulations, 2023.

Interpretation.

2. In these Regulations, unless the context otherwise requires—

No. 16 of 2023.

“Act” means the Social Health Insurance Act, 2023;

“ambulance” means an appropriately equipped and authorized vehicle either used on land, water or on air, that is designed or adapted to treat or convey a patient in an emergency care situation, marked in such a way as to indicate the category of medical care and transportation of the said vehicle and staffed with licensed ambulance service personnel;

“applicant” means a person who has made a request for registration by the Authority under the Act and these Regulations;

“Authority” has the meaning assigned to it under section 2 of the Act;

“base premium” means regular payments made to the Authority, in exchange for coverage, to cover the cost of healthcare coverage to enable contributors access various healthcare services and benefits in accordance with the Act and these Regulations;

“beneficiary” has the meaning assigned to it under section 2 of the Act;

“biometric” means a unique identifier or attribute including a fingerprint, hand geometry, earlobe geometry, retina or iris pattern, voice wave in a digital form;

“biometric data” includes fingerprint, hand geometry, earlobe geometry, retina and iris patterns, toe impression, voice waves, blood typing, photograph or such other biological attributes of an individual obtained by way of biometrics;

“Board” has the meaning assigned to it under section 2 of the Act;

“Cabinet Secretary” has the meaning assigned to it under section 2 of the Act;

No. 29 of 2022.

“child” has the meaning assigned to it under the Children Act, 2022;

“chronic illness” has the meaning assigned to it under section 2 of the Act;

“Claims Management Office” has the meaning assigned to it under section 2 of the Act;

“contracting” has the meaning assigned to it under section 2 of the Act;

“contributor” has the meaning assigned to it under section 2 of the Act;

“critical illness” has the meaning assigned to it under section 2 of the Act;

“Dispute Resolution Tribunal” has the meaning assigned to it under section 2 of the Act;

“Emergency, Chronic and Critical Illness Fund” has the meaning assigned to it under section 2 of the Act;

“emergency services” includes services that provide urgent prehospital care of critically ill or injured patients prior to transportation to definitive care;

“emergency treatment” has the meaning assigned to it under section 2 of the Act;

“empanelment” has the meaning assigned to it under section 2 of the Act;

- No. 11 of 2007. “employer” has the meaning assigned to it under section 2 of the Employment Act;
- No. 21 of 2017. “healthcare provider” has the meaning assigned to it under the Health Act, 2017;
- No. 21 of 2017. “healthcare services” has the meaning assigned to it under the Health Act, 2017;
- “health technology assessment” means a multi-disciplinary process that uses explicit methods to determine the value of a health technology at different points in its life cycle to inform decision making in order to promote equitable, efficient and high quality systems;
- “household” has the meaning assigned to it under section 2 of the Act;
- “intervention” includes health services, medicines, vaccines or devices that have the potential to improve the health of individuals and populations;
- “means testing” has the meaning assigned to it under section 2 of the Act;
- “national identification document” includes—
- (a) a social health insurance number;
 - (b) a minor social health insurance number;
 - (c) a national identification card;
 - (d) a student identity card;
 - (e) a passport
 - (f) in the case of a child, a birth certificate or a birth notification;
 - (g) a prison admission number;
 - (h) an identification number issued to a person held in remand or police custody
 - (i) the admission number of the children’s remand home, rehabilitation institution or borstal institution;
 - (j) an asylum-seekers pass;
 - (k) a movement pass;
 - (l) a letter of recognition;
 - (m) a refugee identification card; or
 - (n) a conventional travel document;

“pre-authorization” means the restriction placed on a specified healthcare service under the essential healthcare benefits package offered by the Authority which obligates the healthcare provider or health facility to seek permission from the Authority before providing the specified healthcare service for purposes of determining whether a beneficiary’s cover caters for the costs of the healthcare service sought;

“pre-hospital care” means the medical care provided to patients in settings other than a health facility;

“primary health care” has the meaning assigned to it under section 2 of the Act;

“Primary Healthcare Fund” has the meaning assigned to it under section 2 of the Act;

No. 21 of 2017.

“referral” has the meaning assigned to it under section 2 of the Health Act, 2017;

“registration” means the process of collecting specified data from an individual for the purpose of access to the services under the Act and these Regulations;

“resident” means a citizen of Kenya or a non-citizen who has been granted lawful residence in Kenya;

“service point” means any of the branches of the Authority, huduma centres and any other place designated by the Authority; and

“Social Health Insurance Fund” has the meaning assigned to it under section 2 of the Act.

Objects of the Regulations.

3. The objects of these Regulations are to—

- (a) provide for the implementation of the Primary Healthcare Fund; and
- (b) provide for the implementation of the Social Health Insurance Fund;
- (c) provide for the implementation of the Emergency, Chronic and Critical Illness Fund; and

- (d) provide for the mandatory registration under the Act and these Regulations for every person resident in Kenya to enable him or her access healthcare services.

PART II – IMPLEMENTATION OF THE PRIMARY HEALTHCARE FUND

Purpose of the Primary Healthcare Fund.

4. The Primary Healthcare Fund shall be used to—

- (a) purchase primary healthcare services from the primary healthcare facilities;
- (b) pay health facilities for the provision of quality primary health care services based on the tariffs prescribed pursuant to section 32 (2) of the Act; and
- (c) establish a pool for receipt and payment of funds for primary healthcare in the country.

Access under the Primary Healthcare Fund.
No. 13 of 2023.

5. (1) Every person resident in Kenya shall access healthcare services under the Primary Healthcare Fund in the manner provided under the Primary Health Care Act, 2023.

(2) A person shall be required to register as a member of the Social Health Insurance Fund to access healthcare services under subregulation (1).

(3) Where the person is referred from a primary health facility to a level 4, 5 or 6 health facility for further review, treatment and management, the person shall be required to be a paid-up member of the Social Health Insurance Fund.

Services offered under the Primary Healthcare Fund.

No. 13 of 2023.

6. (1) A person registered as a member of the Social Health Insurance Fund shall access facility-based primary health care services as provided for in the Primary Health Care Act, 2023 purchased under the Primary Healthcare Fund.

(2) Facility-based primary health care services shall be accessed through a level 2 or level 3 health facility empanelled and contracted by the Authority.

(3) The Authority shall, using monies from the Primary Healthcare Fund, purchase from a health facility the primary healthcare services specified in the essential healthcare benefits

package provided in the Second Schedule to these Regulations including—

- (a) promotive services;
- (b) preventive services;
- (c) curative services;
- (d) rehabilitative services;
- (e) palliative care services; and
- (f) referral services.

(4) A health facility shall provide the primary healthcare services contracted under subregulation (3) in accordance with the tariffs prescribed pursuant to section 32 (2) of the Act

Payments out of the Primary Healthcare Fund.

7. (1) For purposes of expenditure out of the Primary Healthcare Fund as provided under section 22 of the Act, a health facility shall lodge a claim with the Claims Management Office for the payment of any facility-based primary health care service.

(2) The Authority shall pay the claims lodged based on the tariffs prescribed pursuant to section 32 (2) of the Act .

(3) The claim lodged under this regulation shall be processed in the manner set out in Part VIII of these Regulations.

Financing.

8. In furtherance of the object stipulated in section 20 of the Act, the Authority shall mobilize resources for the Primary Healthcare Fund for the purchase of primary healthcare services from primary health facilities.

PART III – IMPLEMENTATION OF THE SOCIAL HEALTH INSURANCE FUND

Purpose of the Social Health Insurance Fund.

9. The Social Health Insurance Fund established under section 25 of the Act shall be used to—

- (a) establish a pool of all contributions made under the Act;

- (b) purchase healthcare services from empanelled and contracted healthcare providers and health facilities on referral from primary health facilities;
- (c) pay for the provision of quality healthcare services to beneficiaries under the Act offered by empanelled and contracted—
 - (i) healthcare providers; and
 - (ii) level 4, 5 and 6 health facilities;
- (d) receive contributions for the indigents, vulnerable persons and persons under lawful custody appropriated by the National Assembly.

Initial registration.

10. (1) Within ninety days upon the coming into force of these Regulations, every person resident in Kenya shall apply for registration to the Authority as a member of the Social Health Insurance Fund pursuant to section 26 of the Act.

(2) The application shall be made in Form 1 set out in the First Schedule to these Regulations and shall be accompanied by—

- (a) a copy of the national identification document of the applicant; or
- (b) in the case of a person without a national identification document, any other document as may be approved by the Authority.

(3) Notwithstanding the provisions of subregulation (2), an application by a child with no form of identification shall be accompanied by documentation provided by the state department responsible for social protection for purposes of registration of the child.

(4) The Authority, upon examining the application and the information provided therein, shall register the applicant as a member to the Social Health Insurance Fund and shall assign to each beneficiary a social health insurance number.

(5) The Authority shall upon successful registration notify the applicant of the registration within fourteen days from the date of the registration.

(6) A beneficiary shall provide his or her biometric data at a designated service point.

(7) The Authority shall make special arrangements including availing mobile registration services for the registration of persons with disability, older persons, persons under lawful custody, the marginalized communities and persons incapacitated by illness.

No. 24 of 2019.
No. 15 of 2023.

(8) The Authority shall comply with the provisions of the Data Protection Act, 2019 and the Digital Health Act, 2023 in the processing of personal data.

Registration of
beneficiaries.

11. (1) A contributor may list beneficiaries in the application Form 1 provided in the First Schedule to these Regulations, at the time of registration to enable the beneficiaries to access the benefits under his or her cover.

(2) A contributor seeking to include a beneficiary in his or her application shall provide the following particulars—

- (a) the full name of a beneficiary;
- (b) the date of birth of a beneficiary;
- (c) the place of birth of a beneficiary;
- (d) the sex of a beneficiary;
- (e) a passport photograph of the beneficiary;
- (f) the nationality of the beneficiary, where necessary;
- (g) the contact information of the beneficiary;
- (h) state the existing relationship with the beneficiary,
- (i) disability of a beneficiary, if any; and
- (j) any other information as may be required by the Authority.

(3) A contributor shall provide the following documents of identification of a beneficiary—

- (a) in the case of a spouse of the contributor, a copy of the national identification document of the spouse and a copy of the document of evidence of marriage recognized under the Marriage Act;

No. 4 of 2014.

- (b) in the case of a child of the contributor, a copy of the birth certificate of the child or a copy of a birth notification where the child is below the age of six months;
- (c) in the case of an adopted child of a contributor, a copy of the adoption order;
- (d) in the case of a child for whom the contributor stands in *loco parentis*, a will, deed or court order;
- (e) in the case of a person with disability and who is wholly dependent on a contributor, a copy of the national identification document and a certificate of registration from the National Council for Persons with Disabilities;
- (f) in the case of a non-Kenyan resident, a work permit or an alien identification card;
- (g) in the case of a person in lawful custody, the prison admission number, the remand identification number or a copy of the national identification document;
- (h) in the case of a child in conflict with the law, the admission number of the children's remand home, rehabilitation institution or borstal institution or a copy of the birth certificate; or
- (i) in the case of a refugee—
 - (i) an asylum-seekers pass;
 - (ii) a movement pass;
 - (iii) a letter of recognition;
 - (iv) a refugee identification card; or
 - (v) a conventional travel document.

Members of the National Health Insurance Fund.

12. A person currently registered as a member of the repealed National Health Insurance Fund shall register afresh with the Authority as a member of the Social Health Insurance Fund.

Amendment of beneficiaries.

13. (1) A contributor may amend the list of beneficiaries under his or her cover by submitting to the Authority a duly filled Form 1 set out in the First Schedule to these Regulations.

(2) A contributor who requests for an amendment of beneficiaries shall provide the following—

No. 4 of 2014.

- (a) in the case of a new spouse, a copy of the national identification document of the spouse and a copy of the document of evidence of marriage recognized under the Marriage Act;
- (b) in the case of a child, a copy of the birth certificate or a copy of birth notification document of the child;
- (c) in the case of an adopted child for whom the contributor stands in *loco parentis*, a will, a deed or a court order;
- (d) in the case of divorce, a copy of a decree of divorce;
- (e) in the case of death, a copy of a death certificate or a decree declaring the presumption of the death of the beneficiary;
- (f) in the case of an annulment of a marriage, a decree of annulment; or
- (g) in the case of a divorce or an annulment, a decree of divorce or annulment obtained in a foreign country and recognized in Kenya under the Marriage Act.

(3) A beneficiary shall—

No. 4 of 2014.

- (a) in the case of a spouse, access the benefits under the cover of the contributor within a period of fourteen days from the date of the amendment if the contributions of the contributor are up to date;
- (b) in the case of a child, access the benefits under the cover of the contributor from the date of the amendment if the contributions of the contributor are up to date; or
- (c) cease to access the benefits under the cover of the contributor within a period of fourteen days from the date of amendment in the case of divorce, annulment of a marriage or death of a beneficiary.

Registration of a child.

14. (1) A parent or guardian of a child shall, within fourteen days of the birth of a child, apply to the Authority for the registration of the child.

(2) The application under subregulation (1) shall be accompanied by a birth notification document.

(3) An applicant seeking the registration of a child whose birth occurred outside Kenya shall provide a notification of

birth or a birth certificate issued by the appropriate authority from the country in which the birth occurred.

(4) The Authority, shall upon receipt and examination of the application, register the child into the Social Health Insurance Fund and assign the child a Minor Social Health Insurance Number.

(5) The Authority shall update the information of the child captured at birth on a continuous basis.

(6) A parent or guardian of a child shall within thirty days notify the Authority of any change or error in the information captured at birth in relation to the child after the change in circumstances or on becoming aware of the error.

(7) Upon the child attaining the age of seven years, a parent or a guardian shall present the child at a designated service point for the purposes of obtaining the child's biometric data.

(8) Every parent or guardian shall ensure that a school going child has a social health insurance number with up to date contribution.

(9) Within ninety days upon attaining the age of majority, an individual shall make an application using Form 1 set out in the First Schedule to these Regulations for updating of their registration details as a contributor and as a household separate from the parent or guardian's household.

(10) On receipt of the application made under subregulation (9), the Authority shall verify and update the individual's registration details and issue a new Social Health Insurance number to the applicant within thirty days of the application.

(11) The Authority shall, upon the lapse of the ninety-day period, suspend the Minor Social Health Insurance number for members who were previously children but have attained the age of majority and have not updated their registration details.

Death of a
beneficiary.

15. (1) The Authority shall deregister a person as a beneficiary upon the death of the person.

Cap. 149.

(2) Where a death occurs, the Principal Registrar of Births and Deaths appointed under section 3 of the Births and Deaths Registration Act shall notify the Authority of the death of the

beneficiary and shall submit a copy of the certificate of death of the beneficiary to the Authority.

(3) Notwithstanding the provisions of subregulation (2), a household shall notify the Authority of the death of any beneficiary and shall submit a copy of the certificate of death of the beneficiary to the Authority.

(4) The Authority, upon receipt of notification of the death of the beneficiary, shall—

- (a) retire the social health insurance number of the deceased beneficiary; and
- (b) revoke the Social Health Insurance Card of the deceased beneficiary.

(5) Where a deregistered person was making contributions on behalf of the household, the other beneficiaries shall continue to access benefits until the end of the period for which the contributions have been paid.

Household with income from salaried employment.

16. (1) A household whose income is derived from salaried employment shall pay a monthly statutory deduction contribution to the Social Health Insurance Fund at a rate of 2.75% of the gross salary or wage of the household by the ninth day of each month.

(2) The amount payable every month under subregulation (1) shall not, in any case, be less than Kenya shillings three hundred (Kshs. 300) per month.

(3) The Cabinet Secretary to the National Treasury shall deduct and remit the contributions of employees in the public service in the National Government and in a public office in the National government to the Authority on behalf of National Government by the ninth day of each month.

(4) The County Executive Committee member for finance to the County Treasury shall deduct and remit the contributions of employees in the county public service to the Authority on behalf of county public offices by the ninth day of each month.

Household whose income is not derived from salaried employment.

17. (1) A household whose income is not derived from salaried employment shall pay an annual contribution to the Social Health Insurance Fund at a rate of 2.75% of the

proportion of household income as determined by the means testing instrument in the manner prescribed under regulation 21.

(2) The amount payable every month under subregulation (1) shall not, in any case, be less than Kenya shillings three hundred (Kshs. 300) per month.

(3) The amount payable shall be paid fourteen days before the lapse of the annual contribution of the beneficiary.

(4) The Authority, in collaboration with the Ministry responsible for cooperatives and micro, small and medium enterprises development and other financing institutions, shall provide premium financing to non-salaried persons to enable them pay their annual contributions within the intervals under which their income becomes available.

(5) Money paid on behalf of a contributor through premium financing shall be remitted directly to the Authority.

(6) The Authority shall inform its members on the available premium financing products.

Household in need of financial assistance.

18. (1) The Authority shall use the means testing instrument in the manner provided in regulation 21 to identify the indigent households that require financial assistance and for whom the National Government or the County Government is liable to pay their contributions pursuant to section 27 of the Act.

(2) The Ministry of health, the Ministry of social protection and the county governments shall identify the households that require financial assistance and submit the list of such households to the Authority.

(3) The Ministry responsible for social protection shall be liable as a contributor under subregulation (1) in case of national government.

(4) The County Executive Committee member responsible for social protection shall be liable as a contributor under subregulation (1) in the case of the county government.

(5) The amount payable every month for households under subregulation (1) shall be the base premium calculated using statistical data and actuarial models and guided by the essential

healthcare benefits package provided in the Second, Third and Fourth Schedules to these Regulations and shall be payable on an annual basis.

(6) The national government and county government shall remit the amounts payable within nine days from the date when the annual contribution of the beneficiaries is due.

(7) The Cabinet Secretary to the National Treasury shall deduct and remit the contribution to the Authority on behalf of Ministry responsible for social protection for the national government by the day on which the payment of the contribution is due.

(8) The County Executive Committee member for finance to the County Treasury may deduct and remit the contribution to the Authority on behalf of the county government by the day on which the payment of the contribution is due.

Contributions for persons under lawful custody.

19. (1) The Ministry responsible for correctional services shall be liable as a contributor for persons in lawful custody including children in conflict with law and persons under police custody pursuant to section 27 of the Act.

(2) The amount payable every month for persons under lawful custody under subregulation (1) shall be the base premium calculated using statistical data and actuarial models and guided by the essential healthcare benefits provided in the Second, Third and Fourth Schedules to these Regulations and shall be payable on an annual basis.

(3) The Cabinet Secretary to the National Treasury shall deduct and remit the contribution to the Authority on behalf of Ministry responsible for correctional services within nine days from the date when the annual contribution of the beneficiaries is due.

Contributions by persons above the age of twenty-five years without income or living with the contributor.

20. A person, who has attained the age of twenty-five years and has no income of his or her own or is living with the contributor shall be treated as a household separate from the contributor and shall pay Kenya shillings three hundred (Kshs. 300) per month.

Means testing.

21. (1) The Authority shall collect data from households for the purposes of conducting proxy means testing.

(2) In collecting data pursuant to subregulation (1), the Authority shall use the means testing instrument developed by the Ministry of health in collaboration with the Ministry responsible for social protection and the county governments.

(3) The data collected from households shall be based on various socio-economic aspects including—

- (a) housing characteristics;
- (b) access to basic services;
- (c) household composition and characteristics; and
- (d) any other socio-economic aspects as may be relevant.

(4) The data collected shall be used to determine and estimate the household income for the purposes of the payment of the premiums set out in regulations 17 and 18.

(5) The Authority shall conduct periodic means testing reviews on households whose income is not derived from salaried employment and on households in need of financial assistance pursuant to section 27 (2)(b) and (c).

Obligations of an employer.

22. (1) An employer shall deduct the contribution of a salaried contributor and submit the contribution to the Authority on behalf of the employee at the rate provided in regulation 16 by the ninth day of each month.

(2) An employer shall inform the Authority of any changes in the employment status of its employees.

(3) Where an employer terminates the employment of a salaried contributor, the employer shall notify the Authority within thirty days thereof and remit the final contribution of the employee.

(4) The obligations of an employer in relation to a salaried contributor whose services have been terminated shall cease immediately the Authority receives the notification under subregulation (3).

Payment of penalty. **23.** The Authority shall notify a contributor of any penalty imposed under the Act in relation to the payment of contributions and the manner of remitting such penalty to the Authority.

Statement of account. **24.** (1) The Authority shall provide a statement of account to a contributor upon request.

(2) The statement of account shall contain information on the contribution by a contributor including—

- (a) the list of beneficiaries under the cover of the contributor;
- (b) the benefits paid out and balance thereof;
- (c) the status of contributions; and
- (d) penalties imposed, if any.

(3) The Authority shall ensure that the statement of account is updated on a regular basis.

Payments out of the Social Health Insurance Fund. **25.** (1) For purposes of expenditure out of the Social Health Insurance Fund, a healthcare provider or health facility shall lodge a claim with the Claims Management Office for the payment of healthcare services provided to the beneficiaries of the Social Health Insurance Fund.

(2) The Authority shall pay the claims lodged based on the tariffs prescribed pursuant to section 32 (2) of the Act .

(3) The claim lodged under this regulation shall be processed in the manner set out in Part VIII of these Regulations.

**PART IV – IMPLEMENTATION OF THE
EMERGENCY, CHRONIC AND CRITICAL ILLNESS
FUND**

Purpose of the Emergency, Chronic and Critical Illness Fund. **26.** The Emergency, Chronic and Critical Illness Fund shall be used to—

- (a) ensure access to quality emergency services and critical care;

- (b) ensure access to quality treatment of chronic and critical illnesses;
- (c) finance the provision of emergency, chronic and critical medical care; and
- (d) pay healthcare providers and health facilities for the provision of emergency services based on the tariffs prescribed pursuant to section 32 (2) of the Act.

Transition to the
Emergency, Chronic
and Critical Illness
Fund.

27. (1) A beneficiary under the Social Health Insurance Fund shall be entitled to the benefits under the Emergency, Chronic and Critical Illness Fund.

(2) For purposes of benefitting under the Emergency, Chronic and Critical Illness Fund, the beneficiary referred to under subregulation (1), shall transition from the Social Health Insurance Fund to the Emergency, Chronic and Critical Illness Fund after depletion of his or her benefits in the essential healthcare benefits package under the Social Health Insurance Fund.

(3) A beneficiary suffering from a chronic illness shall, upon exhaustion of his or her benefits under the Social Health Insurance Fund, access treatment for the chronic illness from an empanelled and contracted healthcare provider or health facility in accordance with the essential healthcare benefits package provided in the Fourth Schedule to these Regulations, to be paid for under the Emergency, Chronic and Critical Illness Fund.

(4) Notwithstanding the provisions of subregulation (2), every person shall be entitled to access emergency treatment in accordance with the essential healthcare benefits package.

(5) For the purposes of this regulation, emergency medical treatment shall include—

- (a) pre-hospital care;
- (b) stabilization of the health status of the individual; or
- (c) arranging for referral in cases where the healthcare provider or health facility of first call does not have

facilities or capability to stabilize the health status of the victim.

Benefits under the
Emergency, Chronic
and Critical Illness
Fund.

28. (1) A beneficiary shall be entitled to the benefits under the essential healthcare benefits package of emergency services and chronic and critical illness services provided in the Fourth Schedule to these Regulations.

(2) Notwithstanding the provisions of subregulation (1), emergency services shall include the management of—

- (a) cardiac or pulmonary arrest;
- (b) major trauma including burns and any serious injuries that are life-changing and could result in death or serious disability including head injuries, severe wounds and multiple fractures;
- (c) shock states including trauma, haemorrhagic, septic shock, dehydration, hypotension and significant tachycardia or bradycardia;
- (d) unconscious or altered level of consciousness or confusion;
- (e) severe respiratory distress;
- (f) seizures or status epilepticus;
- (g) acute coronary syndrome or chest pain;
- (h) acute cardiovascular accidents or stroke;
- (i) pregnancy related complications; and
- (j) ambulance and evacuation services.

Payments out of the
Emergency, Chronic
and Critical Illness
Fund.

29. (1) For purposes of expenditure out of the Emergency, Chronic and Critical Illness Fund, a healthcare provider or health facility shall lodge a claim with the Claims Management Office for the payment —

- (a) of healthcare services provided in the treatment and management of chronic and critical illnesses provided to the beneficiaries of the Social Health Insurance Fund; or

(b) for the provision of emergency services in accordance with the essential healthcare benefits package.

(2) The Authority shall pay the claims lodged based on the tariffs prescribed pursuant to section 32 (2) of the Act:

Provided that the payments by the Authority for the provision of emergency services shall be made to a licensed and certified healthcare provider or health facility in accordance with the essential healthcare benefits package.

(3) The claim lodged under this regulation shall be processed in the manner set out in Part VIII of these Regulations.

Emergency medical care code.

30. The Authority shall inform the beneficiaries of the Social Health Insurance Fund of the national single short toll-free emergency medical care code developed by the Ministry of health for purposes of handling medical emergencies.

PART V – EMPANELMENT AND CONTRACTING

Empanelment.

31. (1) The Authority shall pay benefits to empaneled and contracted healthcare providers or health facilities.

(2) Notwithstanding the provisions of subregulation (1), the Authority may pay benefits to a healthcare provider or health facility that provides emergency treatment in accordance essential healthcare benefits package:

Provided that the healthcare provider or health facility has been licensed and certified by the relevant body.

(3) The Authority shall empanel all licensed and certified healthcare providers and health facilities in the list submitted to the Authority from time to time by the relevant bodies responsible for accreditation.

(4) The Authority shall continuously empanel healthcare providers and health facilities.

Contracting
healthcare providers
and health facilities.

No. 33 of 2015.

32. (1) The Authority shall contract healthcare providers and health facilities under the Act in accordance with the provisions of the Public Procurement and Assets Disposal Act, 2015.

(2) An empaneled and contracted healthcare provider or health facility shall provide the healthcare services set out in the Second, Third or Fourth Schedules to these Regulations, as applicable, within or outside Kenya.

(3) In providing the healthcare services referred to under subregulation (1), the healthcare provider or health facility shall—

- (a) provide healthcare services to beneficiaries in accordance with—
 - (i) the Act;
 - (ii) these Regulations;
 - (iii) the terms of the contract with the Authority;
 - (iv) the quality standards set by the Ministry of health;
 - (v) Good Professional Practices; and
 - (vi) such other standards that are relevant for the provision of the healthcare services;
- (b) use and verify the data provided by the Authority in relation to beneficiaries in the provision of the healthcare services;
- (c) provide healthcare services to a beneficiary based on the essential healthcare benefits package applicable to the beneficiary;
- (d) administer healthcare services within the limits provided in the essential healthcare benefits package as may be applicable to a beneficiary;
- (e) maintain and improve the standards of healthcare services that it provides at all times;
- (f) provide healthcare services that are medically necessary and of therapeutic value to a beneficiary;
- (g) not encourage or influence a beneficiary to obtain a healthcare service that is not medically necessary in the circumstances of the beneficiary;

- (h) provide healthcare services in a timely manner, as appropriate in the circumstances;
- (i) inform the beneficiary and the Authority when the financial limit set by the Authority is close to being exceeded in any particular case provided that the healthcare provider or health facility shall not withhold the treatment of a beneficiary for financial reasons in case of accident and emergency services;
- (j) ensure that the persons employed by the healthcare provider or health facility comply with the Act, these Regulations and the laws and policies issued by the relevant regulatory authorities in relation to healthcare services;
- (k) ensure its employees or agents shall not, in the performance of the obligations of the healthcare provider or health facility under the contract with the Authority, engage in any corrupt practice or fraudulent practice;
- (l) ensure the availability of the relevant healthcare professionals and administrative officers with the relevant skills to appropriately provide quality healthcare services to beneficiaries;
- (m) where the healthcare provider or health facility does not have capacity to treat any beneficiary, refer the beneficiary to a contracted healthcare provider or health facility;
- (n) ensure that it has adequate equipment including computers and mobile phones with working internet connection at all times for purposes of verifying the details of beneficiaries and their respective account status on the Centralized Digital Platform;
- (o) maintain an adequate system for the collection, processing, maintenance, storage, retrieval and distribution of beneficiaries' records;
- (p) retain the records of beneficiaries in a readily accessible format;

2010.

(q) provide healthcare services to all beneficiaries with the same degree of care and skill without discriminating against any beneficiary on any grounds provided under Article 27 (4) of the Constitution of Kenya, 2010;

(r) obtain and maintain an adequate insurance cover during the contractual period with the Authority in respect of public liability, professional liability and insurance for the healthcare provider or health facility, its ambulances and all other equipment of the health facility or healthcare provider; and

(s) adhere to any other contractual requirements issued by the Authority.

Onboarding
healthcare providers
and health facilities.

33. Where a healthcare provider or health facility is contracted in accordance with the Act and these Regulations, the healthcare provider or health facility shall be onboarded into the Centralized Digital Platform maintained by the Authority.

Termination of
contract.

34. (1) The Authority shall terminate the contract of a healthcare provider or health facility where the healthcare provider or health facility has failed to adhere to the criteria and standards under regulation 32(3) or has breached the terms of its contract with the Authority.

(2) The Authority may, at any time, terminate the contract with a healthcare provider or health care facility where the Authority establishes that the healthcare provider or health facility—

- (a) is unable to provide the contracted service;
- (b) billed for a service that is not required by a beneficiary;
- (c) billed for a service that is not covered within the level of care of the healthcare provider or health facility;
- (d) billed for a service that is not within the scope of professional practice of the healthcare provider;
- (e) billed a patient for services and medicine not provided to the patient;
- (f) falsified or altered any information with intent to defraud the Authority;
- (g) submitted separate claims to the Authority for the same service; or

(h) commits any other act or omission which the Authority deems to be contrary to the terms of the contract.

(3) Adequate notice shall be given to the healthcare provider or health facility before termination of contract and a reasonable transition period provided to ensure continued service delivery to beneficiaries.

(4) Upon termination of the contract, the Authority shall publish on its website and in the *Gazette* the healthcare providers or health facilities whose contracts have been terminated.

(5) The Authority shall not purchase healthcare services from any healthcare provider or health facility whose contract has been terminated.

(6) A healthcare provider or health facility aggrieved by the Authority's decision to terminate its contract may lodge an appeal with the Dispute Resolution Tribunal.

Quality assurance.

35. The Authority shall conduct periodic quality assurance surveillance in claims management to ensure compliance with the provisions of the Act and these Regulations.

Healthcare provider or health facility outside Kenya.

36. (1) A healthcare provider or health facility outside Kenya shall be contracted by the Authority where the healthcare provider or health facility is—

- (a) accredited by the relevant authority in its country of origin and recognized by the relevant authority in Kenya;
- (b) linked to an empaneled and contracted health facility in Kenya that will follow up on the treatment and management of a beneficiary upon his or her return to Kenya; and
- (c) providing a healthcare service that is not available in Kenya.

(2) The Benefits Package and Tariffs Advisory Panel shall, at the beginning of each financial year, generate a list of healthcare services to be accessed outside Kenya by the beneficiaries of the Social Health Insurance Fund.

(3) The Authority shall, guided by the list in subregulation (2), identify and contract a panel of healthcare providers and health facilities to offer the specified healthcare services outside Kenya based on the tariffs prescribed pursuant to section 32 (2) of the Act.

(4) The Authority shall maintain the necessary medical records on services provided by healthcare providers and health facilities outside Kenya in accordance with the Digital Health Act, 2023 and the Data Protection Act, 2019.

No. 24 of 2019.
No. 15 of 2023.

(5) The Authority shall, based on the records in subregulation (4), advise the Cabinet Secretary on the relevant policy requirements on matters of treatment outside Kenya.

Obligations of a
healthcare provider or
health facility.

37. An empaneled and contracted healthcare provider or health facility shall—

- (a) provide quality and safe healthcare services;
- (b) subscribe to a quality improvement certification program;
- (c) assess and review healthcare services for purposes of improving the quality and safety of the healthcare services provided;
- (d) establish and maintain the necessary infrastructure for purposes of linking the administration of benefits and submission of claims to the Centralized Digital Platform of the Authority;
- (e) maintain accurate and orderly medical records of the beneficiaries in respect to the services provided;
- (f) prepare and avail a statement containing information in relation to claims for any healthcare services rendered; and
- (g) comply with any directions issued by the Authority.

PART VI- BENEFITS

Identification of beneficiaries at the point of access.

38. A beneficiary seeking to access a benefit from an empaneled and contracted healthcare provider or health facility shall provide the following documents for purposes of identification—

- (a) in the case of a contributor—
 - (i) their national identification document and their biometrics; or
 - (ii) where the biometric identification required under (i) is not available, the contributor's national identification document and the one-time password;
- (b) in the case of a spouse—
 - (i) the national identification document for the spouse and the contributor, and the biometrics of the spouse; or
 - (ii) where the biometric identification required under (i) is not available, the national identification documents for the spouse and the contributor and the one-time password;
- (c) in the case of a child who is below seven years, the contributor's national identification document and the one-time password or biometrics of the parent or guardian;
- (d) in the case of a child who is seven years and above—
 - (i) the contributor's national identification document and the biometrics of the child; or
 - (ii) where the biometric identification required under (i) is not available, the contributor's national identification document and the one-time password;
- (e) in the case of a beneficiary who has not attained the age of twenty-five years, is undergoing a full-time course at a university, college, school or other educational institution or serving under articles of an indenture with a view to qualifying in a trade or profession and is not in receipt of any income other than a scholarship, bursary or other similar grant or award—

- (i) the beneficiary's national identification document and the contributor's national identification document and the biometrics of the beneficiary; or
 - (ii) where the biometric identification required under (i) is not available, the beneficiary's national identification document and the contributor's national identification document and the one-time password;
- (f) in the case of a person with disability and is wholly dependent on and living with a contributor—
- (i) the contributor's national identification document and the biometrics of the beneficiary; or
 - (ii) where biometric identification required under (i) is not available, the contributor's national identification document and the one-time password.

Treatment outside
Kenya.

39. (1) A beneficiary may access treatment outside Kenya where—

- (a) the contributions in favour of the beneficiary are up to date;
- (b) where the treatment sought is not available in Kenya; and
- (c) the treatment sought is being provided by a healthcare provider or health facility contracted by the Authority.

(2) A beneficiary who requires treatment outside Kenya shall request the Authority to authorize the treatment by providing—

- (a) a referral for overseas treatment from the treating doctor or consultant submitted online in Form 2 set out in the First Schedule to these Regulations; and
- (b) a duly filled form prescribed under the Medical Practitioners and Dentists Act.

Cap. 253.

(3) The referral under subregulation (2)(a) shall contain the following—

- (a) the name of the receiving healthcare provider or health facility;
- (b) the diagnosis of the beneficiary including all results from the tests done by the treating doctor or consultant;
- (c) the medical history of the beneficiary including any relevant medical conditions including allergies and recent or related diseases;
- (d) clear and concise medical reasons for the referral; and
- (e) the signature of the treating doctor or consultant.

(4) The Claims Management Office shall review the request and shall confirm that—

- (a) the healthcare service for which the beneficiary is being referred is not available in Kenya;
- (b) the referral is to a health service provider or health facility that is contracted by the Authority;
- (c) based on peer review undertaken by the Claims Management Office, the referral is medically necessary; and
- (d) the financial implication of the healthcare service sought outside Kenya is within the limits of the essential benefits package.

(5) Where the Authority approves the request, the Authority shall undertake to pay for the treatment sought at the health facility outside Kenya based on the tariffs prescribed pursuant to section 32 (2) of the Act.

Essential healthcare benefits packages under the Primary Healthcare Fund, the Social Health Insurance Fund and the Emergency, Chronic and Critical Illness Fund.

40. (1) A beneficiary shall be entitled to the benefits under the essential healthcare benefits packages under the Primary Healthcare Fund, the Social Health Insurance Fund and the Emergency, Chronic and Critical Illness Fund provided in the Second, Third and Fourth Schedules to these Regulations.

(2) The essential healthcare benefits package under the Primary Healthcare Fund shall comprise of preventive,

promotive, curative, rehabilitative and palliative health services provided at the level 2 and 3 health care facilities.

(3) The essential healthcare benefits package under Social Health Insurance Fund shall comprise of integrated preventive, promotive, curative, rehabilitative and palliative health services provided at the level 4, 5 and 6 health facilities under the Social Health Insurance Fund.

(4) The essential healthcare benefits package under the Emergency, Chronic and Critical Illness Fund shall comprise of—

- (a) emergency services that shall be provided by a licensed and certified healthcare provider or health facility in accordance with the essential healthcare benefits package;
- (b) critical care services beyond the benefits in the essential healthcare benefits package of the Social Health Insurance Fund; and
- (c) treatment and management of chronic illnesses beyond the benefits in the essential healthcare benefits package of the Social Health Insurance Fund.

The Benefits
Package and Tariffs
Advisory Panel.

41. (1) In furtherance of section 31(1) of the Act, the essential healthcare benefits packages referred to under regulation 40(1) shall be reviewed every two years.

(2) To facilitate the review under subregulation (1), the Cabinet Secretary shall establish a Benefits Package and Tariffs Advisory Panel to advise the Cabinet Secretary and the Authority on the essential healthcare benefits packages under regulation 40(1).

(3) The Benefits Package and Tariffs Advisory Panel shall consist of—

- (a) a person nominated by the host local public university who shall be the chairperson of the Panel;
- (b) the Director-General for Health;

- (c) a person from the National Treasury nominated by the Principal Secretary in the ministry for the time being responsible for matters relating to finance;
- (d) one person, who is an actuary, nominated by the Authority;
- (e) two persons nominated by the Council of Governors, one of whom shall be a clinician;
- (f) one person nominated by the Health Non-Governmental Organizations' Network (HENNET) to represent civil society organizations;
- (g) one person nominated by the development partners involved in health matters;
- (h) one person nominated by the consortium of healthcare providers; and
- (i) two persons, a health economist and an epidemiologist, nominated by the Cabinet Secretary.

(4) A person shall be eligible for appointment as a Chairperson of the Benefits Package and Tariffs Advisory Panel if the person—

- (a) is a Kenyan citizen;
- (b) holds a minimum of a Master's degree from a university recognized in Kenya;
- (c) has knowledge and experience of not less than ten years in medicine, epidemiology, health economics or health financing; and
- (d) meets the requirements of Chapter Six of the Constitution.

(5) A person shall be eligible for appointment as a Member of the Benefits Package and Tariffs Advisory Panel if the person—

- (a) is a Kenyan citizen;

- (b) holds a minimum of a Master's degree from a university recognized in Kenya;
- (c) has knowledge and experience of not less than five years in medicine, epidemiology, health economics or health financing; and
- (d) meets the requirements of Chapter Six of the Constitution.

(6) The members of the Benefits Package and Tariffs Advisory Panel shall hold office for a period of three years and shall be eligible for reappointment for one further term of three years.

(7) The office of the Chairperson or Member of the Benefits Package and Tariffs Advisory Panel shall become vacant if the member—

- (a) dies;
- (b) resigns;
- (c) is unfit by reason of mental or physical infirmity to perform the duties of his office;
- (d) is convicted of an offence and is sentenced to a term of imprisonment for a period of six months or more;
- (e) has failed to attend at least three consecutive meetings of the Committee; or
- (f) is removed from office on any of the following grounds—
 - (i) gross violation of the Constitution or any other written law; or
 - (ii) gross misconduct or misbehaviour.

(8) The Benefits Package and Tariffs Advisory Panel shall be based at a local public university.

(9) The Benefits Package and Tariffs Advisory Panel shall meet at least twice every year.

(10) Unless a unanimous decision is reached, a decision on any matter before the Benefits Package and Tariffs Advisory

Panel shall be by the resolution of a majority of all the members present and voting at the meeting.

(11) The quorum for the meetings of the Benefits Package and Tariffs Advisory Panel shall be five members.

(12) The Panel may co-opt into the membership of a Committee established under subregulation (3), any person whose knowledge and expertise may be necessary for the effective performance of the functions of the Panel.

Functions of the Benefits Package and Tariffs Advisory Panel.

42. The Benefits Package and Tariffs Advisory Panel shall —

- (a) review and update the existing essential benefits package in accordance with the applicable health technology assessment;
- (b) review and update the existing tariffs in accordance with the applicable health technology assessment; and
- (c) identify and define the health interventions that are not available in Kenya.

Secretariat of the Benefits Package and Tariffs Advisory Panel.

43. (1) The Benefits Package and Tariffs Advisory Panel shall be supported by a joint secretariat with representation from the Ministry of health and the host university.

(2) The secretariat shall provide technical assistance and secretarial support to the Benefits Package and Tariffs Advisory Panel.

(3) The secretariat constituted under subregulation (1) shall have knowledge and expertise in medicine, health economics and epidemiology.

Designing an essential healthcare benefits package.

44. (1) The process of designing and reviewing an essential healthcare benefits package shall be—

- (a) based on research;
- (b) transparent;
- (c) consultative; and
- (d) inclusive.

(2) The process shall involve—

- (a) proposal of interventions;
- (b) selection of interventions;
- (c) assessment of interventions;
- (d) appraisal of interventions; and
- (e) decision making on the intervention.

(3) The process in subregulation (2) shall be guided by the following considerations—

- (a) clinical effectiveness, safety and quality of the intervention;
- (b) burden of disease;
- (c) incidence or occurrence of diseases;
- (d) the population;
- (e) equity;
- (f) cost-effectiveness;
- (g) budgetary impact and affordability;
- (h) feasibility of implementation of the intervention;
- (i) catastrophic health expenditure;
- (j) access to healthcare;
- (k) congruence with existing priorities in the health sector; and
- (l) any other consideration as may be necessary.

Proposal of
interventions.

45. (1) The relevant stakeholders including the Authority, policy makers, the academia, members of the public, health professional associations, civil society organizations

involved in matters of health, the Kenya Medical Supplies Authority and the county governments may propose interventions for inclusion in the essential healthcare benefits packages under regulation 40(1).

(2) Proposals for interventions under subregulation (1) shall be made on a continuous basis to the Secretariat of the Benefits Package and Tariffs Advisory Panel using the benefit package intervention proposal Form 4 set out in the First Schedule to these Regulations.

(3) The proposals made shall be received by the secretariat of the Benefits Package and Tariffs Advisory Panel through various channels including—

- (a) direct requests by the Panel to key stakeholders;
- (b) scheduled stakeholder meetings or forums; or
- (c) digital platforms including a web-based platform and a designated email.

Selection of interventions.

46. (1) A selection working group formed by the Ministry of health shall select an intervention within a period of one month.

(2) The selection working group shall using the considerations under regulation 44(3) review the interventions proposed and select the interventions that will be subjected to assessment.

(3) The selection working group shall meet at least twice every year.

Assessment of interventions.

47. (1) The selected interventions will be assessed based on the considerations under regulation 44(3).

(2) The Benefits Package and Tariffs Advisory Panel shall undertake scientific assessment of the selected interventions within a period of six months.

(3) Notwithstanding the provisions of subregulation (2), the Benefits Package and Tariffs Advisory Panel may request for an extension of the assessment period.

(4) The Benefits Package and Tariffs Advisory Panel shall assign an academic and research institution to undertake the scientific assessment of the selected interventions using a

standard methodology developed by the Ministry of health and adopted by the Benefits Package and Tariffs Advisory Panel.

Appraisal of interventions.

48. (1) The Benefits Package and Tariffs Advisory Panel shall, guided by the considerations in regulation 44(3), appraise the findings of the interventions assessed under regulation 47 within a period of two months.

(2) On conclusion of the appraisal, the Benefits Package and Tariffs Advisory Panel shall make a recommendation on—

- (a) the inclusion of the proposed intervention in the essential healthcare benefits package; and
- (b) where it has recommended inclusion of an intervention, the manner in which the intervention may be included in the essential healthcare benefits package.

Decision making on interventions.

49. (1) The Benefits Package and Tariffs Advisory Panel shall submit its recommendation to the Cabinet Secretary for approval.

(2) In making a decision on the inclusion of the recommended intervention in an essential healthcare benefits package, the Cabinet Secretary shall consult the Authority.

(3) Where an intervention is rejected by the Cabinet secretary, the intervention may be reconsidered where additional information is provided to the Benefits Package and Tariffs Advisory Panel.

PART VII- TARRIFS

Rates payable.

50. All benefits payable to a healthcare provider or health facility under the Primary Healthcare Fund, the Social Health Insurance Fund and the Emergency, Chronic and Critical Illness Fund shall be paid based on the tariffs prescribed pursuant to section 32 (2) of the Act.

Determination of applicable tariffs.

51. (1) In furtherance of section 32(2) of the Act, the tariffs applicable to the essential healthcare benefits packages referred to under regulation 40(1) shall be determined by the Benefits Package and Tariffs Advisory Panel which shall advise the Cabinet Secretary and the Authority on the applicable tariffs.

(2) The process of determining the applicable tariffs shall involve—

- (a) data collection and analysis of benefits;
- (b) proposal of a tariff;
- (c) engagement with stakeholders on the proposed tariff;
- (d) recommendation of the proposed tariff to the Cabinet Secretary; and
- (e) approval and gazettement of the set tariff.

(3) The process in subregulation (2) shall be guided by the following considerations—

- (a) evidence on the cost of intervention;
- (b) evidence on actuarial analysis;
- (c) budgetary impact and affordability of benefits; and
- (d) any other consideration as may be necessary.

(4) The tariff determined may be reviewed by the Benefits Package and Tariffs Advisory Panel every two years or as may be determined by the Cabinet Secretary in consultation with the Board of the Authority.

(5) The review under subregulation (4) shall be informed by —

- (a) advancement in technology providing more efficient health interventions;
- (b) economic factors significantly causing alteration in the cost of healthcare;
- (c) change in the disease burden;
- (d) changing dynamics in the market and population health risk;
- (e) feedback from healthcare providers; and

(f) any other factors that may occur.

Data collection and analysis.

52. (1) The Benefits Package and Tariffs Advisory Panel shall undertake data collection and analysis for the purposes of determining the unit cost, population need and the total cost of the interventions in the essential healthcare benefits package.

(2) In undertaking the data collection and analysis under subregulation (1), the Benefits Package and Tariffs Advisory Panel shall—

- (a) collect data from primary data, secondary data and evidence and operational data;
- (b) analyse the collected data on the costs of interventions; and
- (c) conduct an actuarial analysis of the population health risks and financial implications of the interventions in the essential healthcare benefits package.

(3) The Benefits Package and Tariffs Advisory Panel may assign the data analysis to an academic and research institution.

Proposal of a tariff.

53. (1) The Benefits Package and Tariffs Advisory Panel shall, guided by the finding of the data collection and analysis, propose a tariff.

(2) The tariff shall be a percentage adjustment, upwards or downwards, of the base cost.

(3) The adjustment in tariff shall be guided by—

- (a) budget impact and affordability; and
- (b) market trends.

Engagement on proposed tariff.

54. The Benefits Package and Tariffs Advisory Panel shall engage stakeholders including the Authority, healthcare providers, actuaries and other relevant experts on the tariff proposed in regulation 53(1).

Recommendation of tariff.

55. (1) The Benefits Package and Tariffs Advisory Panel shall, taking into consideration the views of the

stakeholder engagement under regulation 54, and make recommendations on the tariff.

(2) The Benefits Package and Tariffs Advisory Panel shall submit its recommendations to the Cabinet Secretary for approval.

Approval of the tariff.

56. (1) On receipt of the recommendations of the Benefits Package and Tariffs Advisory Panel, the Cabinet Secretary shall either—

- (a) approve the tariff; or
- (b) reject the tariff.

(2) Where the Cabinet Secretary approves the recommended tariff, the Cabinet Secretary shall gazette the new tariffs pursuant to section 32(2) of the Act.

(3) Where the recommended tariff is rejected, the Benefits Package and Tariffs Advisory Panel shall consider the reasons for rejection and subject the tariff to the process provided in regulation 51(2).

PART VIII- CLAIMS SETTLEMENT

Benefits payable.

57. (1) The Authority may, in respect of a healthcare service provided under the Act, pay benefits to—

- (a) an empanelled and contracted healthcare provider or health facility within or outside Kenya; and
- (b) any healthcare provider or health facility that has been licensed and certified to provide emergency services in accordance with the essential healthcare benefits package of the Emergency, Chronic and Critical Illness Fund.

(2) All benefits under the Act and these Regulations shall be paid for an active beneficiary of the Social Health Insurance Fund:

Provided that a person shall receive healthcare services at a primary healthcare facility upon registration as a member of the Social Health Insurance Fund pursuant to section 26 of the Act.

(3) Notwithstanding the provisions of subregulation (2), the benefits under the Act shall be paid to a healthcare provider or health facility that provides emergency services to any person in accordance with the essential healthcare benefits package of the Emergency, Chronic and Critical Illness Fund.

(4) All claims shall be lodged, reviewed, processed, validated, appraised and paid under the Act and these Regulations through the Centralized Digital Platform.

Lodging of claims.

58. (1) A healthcare provider or health facility shall, within seven days from the date of discharge of the patient, lodge a claim to the Claims Management Office of the Authority or a medical insurance provider and claim settling agent, where applicable, for review and processing of the claim.

(2) The medical insurance provider and claim settling agent referred to in subregulation (1) shall—

(a) be registered by the Insurance Regulatory Authority as a medical insurance provider and a claim settling agent;

(b) have a valid licence issued by the Insurance Regulatory Authority;

(c) have at least two qualified and experienced medical doctors;

(d) be registered with the Office of the Data Commissioner established under the Data Protection Act, 2019; and

No. 24 of 2019.

(e) comply with the provisions of the Data Protection Act, 2019 and the Digital Health Act, 2023.

No. 24 of 2019.
No. 15 of 2023.

No. 33 of 2015.

(3) The medical insurance provider and claim settling agent referred to in subregulation (1) shall be procured in accordance with the provisions of the Public Procurement and Assets Disposal Act, 2015.

(4) The claim under subregulation (1) shall be made in Form 3 provided in the First Schedule to these Regulations and shall contain—

(a) the social health insurance number of the patient;

- (b) the patient's hospital registration number;
- (c) the patient's name, date of birth, gender, address and contact details;
- (d) the clinical details of the patient;
- (e) amount claimed; and
- (f) any other relevant information as may be required by the Authority.

Processing of claims.

59. (1) On receipt of claims lodged, the Claims Management Office or the medical insurance provider and claim settling agent shall review the claims and where—

- (a) the claim is approved, submit the claim to the Authority for payment;
- (b) the claim has errors or is missing some information, return the claim to the healthcare provider or health facility with reasons for amendment of the claim; or
- (c) the claim is rejected, notify the healthcare provider or health facility of the rejection and the reasons for the rejection.

(2) The Authority may review and make an adjustment if a healthcare provider or health facility has received any payment from the Authority with respect to a claim and the healthcare provider or health facility subsequently requests an adjustment to be made where there is an error in respect of the amount paid.

(3) In the review and processing of claims, the Claims Management Office shall develop formularies to be used to inform benefits packages development, mapping diagnostics, costing and tariff development.

Pre-authorization.

60. (1) A healthcare provider or health facility shall send an online pre-authorization request to the Authority for the specialized healthcare services as determined by the Authority.

(2) The request shall be accompanied by—

- (a) the details of the beneficiary;
- (b) the details of the healthcare provider or health facility;
- (c) the details of healthcare service required; and

(d) any other information as may be required by the Authority.

(3) The Claims Management Office shall review the request and make a decision on the request within not more than seventy-two hours and notify the beneficiary of its decision.

(4) The Claims Management Office may, conduct peer review, during the consideration of the pre-authorization requests.

(5) The Authority may review the list of specialized healthcare services from time to time.

Adjudication of claims and pre-authorization.

61. (1) The Claims Management Office may, in considering pre-authorization requests and any claims that it deems inappropriate, constitute an independent panel to adjudicate such pre-authorization requests and claims and check whether they are complaint.

(2) In conducting the adjudication, the Claims Management Office shall ensure objectivity of the process by—

- (a) concealing the identity of the panel members;
- (b) anonymizing the identity of the patient;
- (c) anonymizing the identity of the doctor; and
- (d) anonymizing the identity of the healthcare facility.

(3) Where the independent panel finds that—

- (a) the pre-authorization request is not compliant, the pre-authorization request shall be rejected by the Authority;
- (b) before the Authority has effected any payment, the claim is not complaint, the healthcare provider or health facility shall not be paid for the claim; or
- (c) after the Authority has effected a payment, the claim is not complaint, the healthcare provider or health facility shall be requested to refund the monies paid to it in respect of that claim.

(4) The healthcare provider or health facility aggrieved by the decision of the Authority in this regulation may, with new

evidence, request for a review of the decision by the Authority within seven working days.

Zones.

62. (1) Where the Authority has contracted a medical insurance provider and claim settling agent, the medical insurance provider and claim settling agent shall manage the claims in zones.

(2) The zones shall be categorized based on—

- (a) population size;
- (b) disease burden;
- (c) geographical size of the area; and
- (d) the estimated claims as informed by existing records and data.

(3) For purposes of these Regulations, the zones shall be as provided in the Fifth Schedule to these Regulations.

(4) No medical insurance provider and claim settling agent shall be assigned more than one zone:

Provided that a consortium of medical insurance providers and claim settling agents may be assigned one zone.

(5) The Authority may terminate the contract of a medical insurance provider and claim settling agent where—

- (a) the medical insurance provider and claim settling agent becomes insolvent as defined in the Insolvency Act;
- (b) the registration of the medical insurance provider and claim settling agent has been cancelled;
- (c) the licence of the medical insurance provider and claim settling agent has been revoked; or
- (d) the medical insurance provider and claim settling agent engages in fraudulent activities.

No. 18 of 2015.

(6) Where the Authority has terminated the contract of a medical insurance provider and claim settling agent, the medical insurance provider and claim settling agent may appeal to the Dispute Resolution Tribunal established under section 44 of the Act.

Limitations in the
payment of claims.

63. The Authority shall not pay out of the Primary Healthcare Fund, the Social Health Insurance Fund and the Emergency, Chronic and Critical Illness Fund, any claims arising from—

- (a) any healthcare provider or health facility that is not empanelled and contracted except as provided in the Act or in these Regulations;
- (b) any revoked or suspended healthcare provider or health facility;
- (c) any unauthorised referrals;
- (d) healthcare services that are not included in the essential healthcare benefits package;
- (e) all costs by which the annual limits of a beneficiary in respect of the relevant healthcare services are exceeded, for any treatment; and
- (f) all costs related to interest charged and legal fees arising out of delays in reimbursement of claims.

PART VIII— GENERAL PROVISIONS

Centralized Digital
Platform.

64. (1) The Authority shall implement and maintain a Centralized Digital Platform, with a minimum enterprise resource planning functionality, that shall handle all the processes and services at the Authority.

(2) Any processing of data for any purpose under the Act and these Regulations shall be done through the Centralized Digital Platform.

(3) In furtherance of subregulation (2), the Platform shall —

- (a) provide for the digital payment of contributions in a simple, accurate and verifiable manner;
- (b) generate statement of accounts to be made available upon request to beneficiaries on the status of their

membership, contributions, usage of their contributions and pre-authorization requests;

- (c) provide for the registration of members of under the Act and these Regulations;
- (d) assign Social Health Insurance Numbers to registered members of the Social Health Insurance Fund;
- (e) identify the registered members of the Social Health Insurance Fund at the point of access of services;
- (f) review and process the claims lodged under the Act and these Regulations;
- (g) process pre-authorizations;
- (h) provide for the follow up of claims lodged by healthcare providers and health facilities;
- (i) provide for the contracting of healthcare providers and health facilities;
- (j) provide for the payment of empanelled and contracted healthcare providers and health facilities for the provision of healthcare services under the Act;
- (k) provide for the verification of registration and contribution by the members of the Social Health Insurance Fund by public officers and public entities; and
- (l) perform any other function as approved by the Authority.

(4) The staff of the Authority or any other person who, with the authorization of the Authority, processes information under the Centralized Digital Platform shall treat the information that comes to their knowledge as confidential.

(5) The Authority shall conduct a Data Protection Impact Assessment of the Centralized Digital Platform and document the necessary mitigation measures in accordance with the provisions of the Data Protection Act, 2019.

No. 24 of 2019.

(6) The Centralized Digital Platform referred to under subregulation (1) shall be interoperable with the

No. 15 of 2023. Comprehensive Integrated Health Information System established under section 15 of the Digital Health Act, 2023 and in accordance with approved standards.

Access to national databases.

65. The Authority shall utilize the existing relevant government databases in the performance of its functions including the verification of the information provided by a contributor during registration.

Duties of a person at registration.

66. A person applying for registration under the Act and these Regulations shall—

- (a) provide correct information to the Authority during registration;
- (b) inform the Authority of any errors in their information;
- (c) provide all particulars requested by the Authority;
- (d) permit his or her fingerprints and other biometric data to be taken; and
- (e) furnish the Authority with documents requested including such documentary proof of identification as may be required by the Authority.

Duties of members of the Social Health Insurance Fund.

67. A person registered to the Social Health Insurance Fund shall—

- (a) provide correct information to the Authority;
- (b) inform the Authority of any errors in their information;
- (c) notify the Authority of the need to update their particulars whenever there is any change in any particulars or in household;
- (d) report any fraudulent activity that comes to his or her knowledge;
- (e) produce proof of registration and up to date contribution to the Social Health Insurance Fund when requested by a public officer or public entity; and
- (f) pay their contributions as required by the Act.

Obligations of the Authority in processing of information.

68. (1) A person registered by the Authority has a right to—

- (a) be informed of the manner in which their personal data may be utilized;
- (b) access their personal data in the manner prescribed by the Authority;
- (c) object to the sharing of all or part of their personal data without his or her consent;
- (d) correction of any false or misleading data about them without delay; and
- (e) obtain a copy of the particulars of his or her personal data held by the Authority.

(2) Personal data collected pursuant to the Act and these Regulations shall not be—

- (a) used for unlawful purpose; or
- (b) disclosed except with the prior consent of the individual to whom such personal data relates.

(3) The Authority shall implement reasonable and appropriate security measures to ensure that personal data held by the Authority is protected against unauthorised access, use or disclosure.

Stakeholder engagement.

69. The Authority shall convene fora through meetings, colloquiums, webinars, workshops or such other consultative platforms for purposes of—

- (a) facilitating consultations, co-ordination and collaboration in the implementation of the Act and these Regulations;
- (b) making recommendations aimed at improving the furtherance of the objects of the Act and these Regulations;
- (c) creating awareness on any matter under the Act and these Regulations; and

- (d) promoting data and information sharing including sharing of experiences, best practice or emerging issues on matters of social health insurance.

Compliance with section 26(5) of the Act.

70. (1) For purposes of section 26(5), a public officer or public entity shall undertake such compliance checks as may be necessary including requesting a person seeking a government service in the public entity to provide their social health insurance number.

(2) The services contemplated under subregulation (1) include—

- (a) granting of student loans for higher education;
- (b) appointing persons to hold public offices or confirmation of public appointments;
- (c) procurement of goods and services or asset disposal;
- (d) selling and purchasing of property;
- (e) acquisition of tax compliance certificate;
- (f) licensing of drivers and motor vehicles;
- (g) registration of a business name, partnership or corporation;
- (h) issuance of travel permits or passes;
- (i) accessing transfers for social assistance and government subsidy;
- (j) registration of marriages;
- (k) registration of persons; and
- (l) any other government service for purposes of the Act and these Regulations.

(3) On production of the social health insurance number, the public officer shall verify and confirm that the person's contributions are up to date.

(4) All public entities shall review their list of requirements and service charters to include the requirement for production of the social health insurance number and confirmation that the contributions are up to date by the individuals.

(5) A public entity that regulates the provision of any government service shall, before licensing an institution to operate in the relevant sector, require the institutions that it regulates to provide proof that it checks that the members of the public that it offers services or goods to, are registered to the Social Health Insurance Fund and that their contributions are up to date.

(6) The Authority shall provide mechanisms for online or digital verification on the status of contributions on the Centralized Digital Platform.

(7) A person who requests for information on the status of the social health insurance contribution and registration of an individual shall not use the information obtained for any unlawful purpose.

Travel health
insurance cover.

71. (1) A person travelling into Kenya shall possess a travel health insurance cover pursuant to section 26(6) of the Act.

(2) The travel health insurance shall—

(a) cover the person's entire period of stay in Kenya; and

(b) provide for the following benefits—

(i) personal accident that may lead to death or permanent total disability;

(ii) emergency medical expenses;

(iii) emergency medical evacuation;

(iv) repatriation of mortal remains;

(v) hospital benefits;

(vi) prescription medicines; and

(vii) any other benefit as may be prescribed by the Cabinet Secretary.

(3) A non-Kenyan may obtain the travel health insurance cover at the point of entry in Kenya.

(4) Notwithstanding the provisions of subregulation (3), the Authority shall not provide travel health insurance covers for Kenyans or non-Kenyans.

PART X- REVOCATION

Revocation of LN.
No. 185/2003.

72. The National Hospital Insurance Fund (Standard and Special Contributions) Regulations, 2003, are revoked.

Revocation of LN.
No. 186/2003.

73. The National Hospital Insurance Fund (Accreditation) Regulations, 2003, are revoked.

Revocation of LN.
No. 187/2003.

74. The National Hospital Insurance Fund (Voluntary Contributions) Regulations, 2003, are revoked.

Revocation of LN.
No. 188/2003.

75. The National Hospital Insurance Fund (Claims and Benefits) Regulations, 2003, are revoked.

FIRST SCHEDULE

FORM 1 ((r. 10(2), (r.11), (r.13), (r.14(9)))

REPUBLIC OF KENYA
SOCIAL HEALTH INSURANCE ACT, 2023
SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2023

APPLICATION FOR REGISTRATION

| SOCIAL HEALTH AUTHORITY REGISTRATION FORM | |
|--|--|
| . PRINCIPAL MEMBER'S PERSONAL DETAILS | |
| | ● TITLE: |
| | ● LAST NAME(SURNAME): |
| | ● FIRST NAME: |
| | ● MIDDLE NAME: |
| EMPLOYMENT TYPE | |
| | ● EMPLOYED <input type="checkbox"/> |
| | ● SELF-EMPLOYED <input type="checkbox"/> |
| | ● SPONSORED <input type="checkbox"/> |
| | ● ORGANISED GROUP <input type="checkbox"/> |
| | ● PREFERRED PRIMARY CARE NETWORK: |
| | ● DATE OF BIRTH: |
| | ● PLACE OF BIRTH: |
| | ● ID NUMBER: |
| | ● CIVIL STATUS: Single <input type="checkbox"/> Separated <input type="checkbox"/> |
| | Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Widower <input type="checkbox"/> |
| | ● SEX: |
| | ● MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| | ● CITIZENSHIP: |
| | ● KENYAN <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> RESIDENT <input type="checkbox"/> |
| | ● KRA PIN: (Required) |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Check if with Permanent Disability:

| |
|--|
| |
| |
| |

IV. UPDATING/AMENDMENT

| |
|---|
| <ul style="list-style-type: none"> • Change/Correction of Name: <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Change of Dependents: <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Correction of Date of Birth: <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Change of Civil Status: <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Change of Facility/PCN: <input type="checkbox"/> <p>If you ticked above, indicate reason for change</p> |
| <ul style="list-style-type: none"> • Updating of Personal Information/Address/Telephone Number/Mobile Number/email Address: <input type="checkbox"/> |

V. DECLARATION

I hereby attest that the information provided, including the attached documents, is true and accurate to the best of my knowledge. I authorise SHA for validation and verification for legitimate purposes.

| |
|--|
| <ul style="list-style-type: none"> • MEMBER'S SIGNATURE: |
| <ul style="list-style-type: none"> • DATE: |

Please affix the right thumbmark if unable to write:

FOR OFFICIAL USE ONLY

| |
|---|
| <ul style="list-style-type: none"> • RECEIVED BY: |
| <ul style="list-style-type: none"> • Full Name: |
| <ul style="list-style-type: none"> • Zone/Branch: |

| |
|---|
| • Date & Time: |
| |
| Please affix the right thumbmark if unable to write. |
| INSTRUCTIONS |
| 1. All information should be written in UPPER CASE/CAPITAL LETTERS. If not applicable, write "N/A." |
| 2. Fields are mandatory unless indicated as optional. |
| 3. Filled forms require a valid proof of identity for first-time registrants. |
| 4. For updating, check the appropriate section and indicate the correct data. |
| 5. Provide complete permanent and postal addresses and contact numbers. |
| 6. Affix the signature or right thumbmark and date the form. |
| 7. Declare dependents accurately. |
| |

FIRST SCHEDULE

FORM 2 (r. 39(2)(a))

**REPUBLIC OF KENYA
SOCIAL HEALTH INSURANCE ACT, 2023
SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2023**

REFERRAL FOR OVERSEAS TREATMENT

SOCIAL HEALTH AUTHORITY

REFERRAL FOR OVERSEAS TREATMENT FORM

PART A - To be filled by the patient

A. BIODATA OF THE PATIENT

Surname: First name.....

Other name(s):

ID/Passport No: SHA Number:

Date of Birth: Age:..... Gender: F/M:

P.O. Box Town County.....

Email address.....

Telephone No. Mobile No.

Source of funding (Tick(✓)where appropriate) :

Self-funded Social Hospital Insurance Private Insurance specify

.....

B. DETAILS OF THE ACCOMPANYING CARE-GIVER (If different from B above)

Surname: First name.....

Other name(s):

ID/Passport No: SHA Number:

Date of Birth: Age:..... Gender: F/M:

Relationship to the patient:

Email address.....

Telephone No. Mobile No.

C. DETAILS OF THE DONOR (Where Applicable)

Surname: First name.....

Other name(s):

ID/Passport No: SHA Number:

Date of Birth: Age:..... Gender: F/M:

Relationship to the patient:

Email address.....

Telephone No. Mobile No.

D. PATIENT/ AUTHORIZED PERSON'S DECLARATION

I hereby declare that the information given above is true to the best of my knowledge and belief.

Signature:..... Date

PART B – TO BE FILLED IN BY THE REFERRING PRACTITIONER

E. MEDICAL DETAILS OF THE PATIENT

(1)Provisional diagnosis
.....
.....

(2) Reason for referral:
.....
.....

(3)Expected Treatment
.....
.....

(4)Expected Outcome
.....
.....

(5)Plan for review and follow-up upon return of the patient to the country
.....
.....

F. DETAILS OF THE RECEIVING FACILITY/PRACTITIONER

a. Receiving Facility Name of facility:
City: Country: SHA
Healthcare Provider Number:

b. Practitioner/Contact Person:
Name:.....
Qualification:.....
E-mail address.....
Telephone/Mobile No.....

G. CERTIFICATION BY THE REFERRING PRACTITIONER

Details of referring practitioner:

Surname: First name.....
Other name(s):

Qualification:
Specialty..... Sub-
specialty..... Reg.
No:..... License No:..... P.O.
Box.....Code.....Town.....
County..... Email
address..... Telephone
No..... Mobile No..... Declaration

I, Dr. /Prof..... (Full Names in Block Letters) certify that the information given in Part A and B regarding Mr/Mrs/Ms/Mst.....

.....is true to the best of my knowledge and belief.

Signature:

Date.....

PART C- To be filled in by the Kenya Medical Practitioners and Dentists Council

I wish to confirm that Dr. is registered under Registration Number.....

..... validly Licensed under current Practice License No:.....and is of good standing.

Name..... Signature..... Date..... Chief

Executive Officer Kenya Medical Practitioners and Dentists Council Official Stamp of the Council

PART D - To be filled in by the SHA DIRECTOR

Approval is hereby given for..... who has been referred by

Dr.....to travel abroad for medical/dental management in..... (country).

Name..... Signature..... Date.....

FIRST SCHEDULE**FORM 3 ((r. 58(4)))**

**REPUBLIC OF KENYA
SOCIAL HEALTH INSURANCE ACT, 2023
SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2023**

CLAIMS

| | |
|---|--|
| IMPORTANT CLAIM FILING REMINDERS | |
| 1. | PLEASE USE CAPITAL LETTERS AND TICK THE APPROPRIATE BOXES. |
| 2. | Submit this form with supporting documents within seven (7) days from the discharge date. |
| 3. | All fields in this form are mandatory. Incomplete forms will not be processed. |
| 4. | Providing false or incorrect information may result in criminal or administrative liabilities. |
| <i>PLEASE BE AS COMPREHENSIVE AND ACCURATE AS POSSIBLE WHEN COMPLETING THIS CLAIM FORM. ERRORS OR OMISSIONS MAY DELAY CLAIM PAYMENTS</i> | |
| <i>CLAIM NO:</i> | |
| PART I - HEALTH CARE PROVIDERS DETAILS | |
| 1. | Health Provider Unique Number: |
| 2. | Name of Health Care Provider/Facility: |
| PART II - PATIENT DETAILS | |
| Patient's Full Name: | |
| | • Last Name |
| | • First Name |
| | • Middle Name |
| 3. Social Health Authority Number: | |
| 4. Residence: | |

| | | |
|--|--|-------------------|
| 5. Do you have another Health Insurance:(If Yes, State which one) | | |
| 6. Relationship to the Principal: | | |
| PART III - PATIENT VISIT DETAILS | | |
| 7.. Referral Information: | | |
| Was the patient referred by another Health Care Provider? | | |
| <ul style="list-style-type: none"> • NO | | |
| <ul style="list-style-type: none"> • If, YES | | |
| <ul style="list-style-type: none"> • Name of referring Health Care Provider/Facility: | | |
| | | |
| Visit type: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Day-care: | | |
| Visit/Admission Date: | OP/IP No.: | New/Return Visit: |
| Discharge Date: | Rendering Physician Name and Registration No: | |
| Type of Accommodation: | <i>(Female Medical, Male Medical, Female Surgical, Male Surgical, Gynaecology, Maternity, NBU, Psychiatric Unit, Burns, ICU, HDU, NICU, Isolation)</i> | |
| 9. Patient Disposition upon discharge (select only 1): | | |
| <ul style="list-style-type: none"> • Improved <input type="checkbox"/> | | |
| <ul style="list-style-type: none"> • Recovered <input type="checkbox"/> | | |
| <ul style="list-style-type: none"> • Leave Against/Discharged Against Medical Advice <input type="checkbox"/> | | |
| <ul style="list-style-type: none"> • Absconded <input type="checkbox"/> | | |
| <ul style="list-style-type: none"> • Died <input type="checkbox"/> | | |
| | | |
| 10. Referred (If not referred type N/A) | | |
| <ul style="list-style-type: none"> ● Name of Referral Institution: | | |
| <ul style="list-style-type: none"> ● Reason/s for referral: | | |
| 11. Admission Diagnosis/es: | | |
| | | |
| 12. Discharge Diagnosis/es: | | |
| <ul style="list-style-type: none"> • Diagnosis: | | |
| <ul style="list-style-type: none"> • ICD-11 Code/s: | | |
| <ul style="list-style-type: none"> • Related Procedure/s (if any): | | |
| <ul style="list-style-type: none"> • Date of Procedure: | | |
| | | |
| 14. SHA Health Benefits: | | |

* For outpatient services, Date of service is the Date of admission.

| Date of Admission | Date of Discharge | Case Code | ICD 11/ Procedure Code | Description | Preauth No. | Bill Amount | Claim Amount |
|-------------------|-------------------|-----------|---------------------------|-------------|-------------|-------------|--------------|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |

Any unforeseen circumstances or additional information that led to an increased length of stay for this admission? _____

(If the patient is unable to write, please provide necessary information.)

PATIENT'S/ AUTHORISED PERSON'S DECLARATION: I certify that I have received the above treatment, and that the above information is correct. I understand that it is an offence to falsify information to obtain any benefit under the SHI Act 2023.

Names (Majina): _____ **Signature(Sahihi):** _____ **Date(Tarehe):** _____

E. HOSPITAL DECLARATION: This is to certify that to the best of my knowledge, the information contained above, and any attachments provided is true, accurate, and complete and the service(s) rendered is necessary to the patient's health. I understand that it is an offence to knowingly make any false statement to obtain any benefit under the SHI Act 2023. Please arrange to pay the hospital the sum of Ksh. being the approved amount for services rendered.

Facility stamp

| |
|--|
| Signature: _____ Date: _____ |
| F. FOR OFFICIAL USE ONLY |
| <i>SHA Receiving</i> |
| Receiving Officer Name: _____ Date: _____ |
| <i>Stamp</i> |
| |
| |
| Notice: Any person/institution who/ knowingly files a statement of request or claim containing any misrepresentation or false, incomplete, or misleading information may be guilty of medical fraud punishable under law. |

FIRST SCHEDULE

FORM 4 ((r. 45(2)))

**REPUBLIC OF KENYA
SOCIAL HEALTH INSURANCE ACT, 2023
SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2023**

BENEFIT PACKAGE INTERVENTION PROPOSAL

| |
|--|
| 1. Name |
| 2. Phone number Email address |
| 3. Profession |
| 4. Organization |
| 5. County |
| 6. Name of intervention |
| 7. Type of intervention <input type="checkbox"/> Health Service |

| |
|---|
| <input type="checkbox"/> Vaccine <input type="checkbox"/> Drug <input type="checkbox"/> Medical Device Other _____ |
| 8. Proposed beneficiary for the proposed intervention <i>e.g., sickle cell patients</i> |
| 9. Reasons/justification for proposal of the intervention |
| 10. Anticipated/Expected impact if the proposed intervention is included in the benefits package |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| Signature _____ Date _____ |
| F. FOR OFFICIAL USE ONLY |
| Receiving Officer Name: _____ Date: _____ |

N.B. The form has to be duly filled for an intervention to be considered for selection

SECOND SCHEDULE

((r. 6(3), (r.18(5), (r.19(2), (r.32(2), (r.40(1))

**REPUBLIC OF KENYA
SOCIAL HEALTH INSURANCE ACT, 2023
SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2023**

ESSENTIAL HEALTHCARE BENEFITS PACKAGE- PRIMARY HEALTHCARE FUND

| OUT-PATIENT HEALTHCARE SERVICES |
|---|
| <p>Out-patient services shall include both preventive and curative elements that include;</p> <ul style="list-style-type: none"> • Consultation, diagnosis, and treatment. • Prescribed laboratory investigations; • Basic radiological examinations • Prescription, drug administration and dispensing. • Management of non-severe endemic/local diseases; • Management of non-severe enteric infections; non-severe neglected tropical diseases (NTDs), STI's. • Management of acute and chronic ailments for non-severe cases. • Minor surgical procedures and medical procedures. • Anti-venoms and anti-rabies; • Immunization as per the KEPI schedule and recommended special vaccines. • Reproductive, Maternal, Neonatal, Child, Adolescent, Health services as defined by the MOH guidelines. • Health education and wellness, counselling, and ongoing support as needed |
| IN-PATIENT HEALTH CARE SERVICES |
| <p>Inpatient services shall include management of disease/condition while admitted.</p> <ul style="list-style-type: none"> • Pre-admission evaluation; • Hospital accommodation charges, meals, and nursing care in a general ward bed. • Bedside services including physiotherapy, occupational therapy, oxygen supply, and medical consumables. • Intra-admission consultation and reviews; Laboratory investigations and medical imaging and medications |

- Infection prevention and control, sanitation package where offered; and
- Post-discharge medication or follow-up within the treatment plan.

MATERNITY HEALTH CARE SERVICES

Caters for delivery and postpartum health services for both the mother and child including.

- Labor, delivery by ways of normal delivery, assisted delivery and caesarean sections;
- Aftercare for the mother together with the newborn;
- Midwifery, including episiotomy care, nursing care, nutrition and lactation.
- Maternity ward and other treatment room charges including meals and special diets;
- Prescribed medicines;
- Diagnostic laboratory tests;
- Medical supplies and equipment, including oxygen;
- Immunization for the newborn including OPV zero and BCG vaccines and post-discharge medication.
- Referral for obstetric and neonatal complications including intra-admission postpartum infections and hemorrhage, birth traumas and conditions related to childbirth.

MENTAL & BEHAVIOURAL HEALTH CARE SERVICES

Scope of cover includes the prevention and treatment of non-severe conditions;

- Screening and referral for mental health, behavioral disorders, and substance abuse disorders
- Non – severe psychiatric, psychotic, affective and behavioral disorders

ORAL HEALTH SERVICES

Services covered include consultation and diagnosis, preventive services, restorative, and treatment services as necessary.

- Oral health education and counselling
- Prophylaxis of gingivitis
- Management of non-severe infections
- Tooth extraction
- Pulp treatment (root canal treatment and pulpectomy)

- Tooth fillings
- Dental surgical procedures for non-severe cases

EYE HEALTH SERVICES

Scope of cover includes the prevention and treatment of conditions that may lead to visual loss through;

- Eye health education and counselling;
- Eye examination; Visual acuity testing, Visual Field Analysis, Fundoscopy
- Basic eye medication (including anti-inflammatories, steroids, antibiotics, artificial tears)
- Prescribed Visual aids

EAR HEALTH SERVICES

Scope of cover includes the prevention and treatment of conditions that may lead to hearing loss through.

- Ear health education and counselling
- Management of non-severe ear, nose, and throat (ENT) infections and pharyngitis
- Basic ear medication (including antibiotics, analgesics, antihistamines)
- Uncomplicated ear treatments including foreign body removal, ear wax syringing

SCREENING SERVICES

Screening services shall include;

- Cancer screening i.e., breast, cervical, prostate, colorectal cancer
- NCDs screening; BP measurement, blood glucose test, body mass index (BMI), MUAC measurements.
- Screening for communicable diseases
- Hearing impairment screening

REHABILITATIVE SERVICES

The cover shall include;

- Comprehensive assessment for occupational, physical and childhood development disorders.

| |
|---|
| |
| PALLIATIVE SERVICES |
| <p>An essential service that focusses on improving the quality of life of patients living with chronic, life limiting illnesses both of communicable and non-communicable nature.</p> <p>Cover shall include.</p> <ul style="list-style-type: none">• Inpatient care, Health, products and technologies including assistive devices and pain management |
| |
| ASSISTIVE DEVICES |
| <p>This cover caters for provision and training of use of devices to enhance a person's independence and quality of life including;</p> <ul style="list-style-type: none">• Short term use devices including crutches, wheelchairs |
| |
| LAST EXPENSE |
| <ul style="list-style-type: none">• Covers the Last Office. |

THIRD SCHEDULE**((r.18(5), (r.19(2), (r.32(2), (r.40(1))**

REPUBLIC OF KENYA
SOCIAL HEALTH INSURANCE ACT, 2023
SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2023

ESSENTIAL HEALTHCARE BENEFITS PACKAGE- SOCIAL HEALTH INSURANCE FUND

| OUT-PATIENT HEALTHCARE SERVICES |
|--|
| <p>Out-patient services shall include both preventive and curative elements that include;</p> <ul style="list-style-type: none"> • Consultation, diagnosis and treatment in both general and specialized clinics • Prescribed laboratory investigations; basic and advanced • Radiological examinations • Prescription, drug administration and dispensing • Daycare surgical and medical procedures • Immunization as per the KEPI schedule • Anti-snake venom and anti-rabies • Reproductive, Maternal, Neonatal, Child, and Adolescent health services • Health education and wellness, counselling, and ongoing support as needed • Last office: confirmation and preparation |
| IN-PATIENT HEALTH CARE SERVICES |
| <p>Inpatient services shall include management of disease/condition while admitted.</p> <ul style="list-style-type: none"> • Pre-admission evaluation • Hospital accommodation charges, meals and nursing care in a general ward bed • Intra-admission consultation and reviews by both general and specialist consultants, Laboratory investigations and medical imaging, and medications. • Bedside services including physiotherapy, occupational therapy, oxygen supply, medical consumables, and therapeutic nutritional support • Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum • Infection prevention and control, sanitation packages where offered • Post-discharge medication or follow-up within the treatment plan • Critical care services including ICU, HDU, NICU |

- Last office: confirmation and preparation

MATERNAL AND NEWBORN HEALTH CARE SERVICES

Caters for labor, delivery and postpartum health services for both the mother and child including.

- Labor, delivery by ways of normal delivery, assisted delivery and caesarean section as necessitated
- Aftercare for the mother together with the newborn
- Midwifery, including episiotomy care and nursing care
- Operating, recovery, maternity ward and other treatment room charges including meals and special diets
- Immunization for the newborn
- Intra-admission and post-discharge medication
- Diagnostic laboratory tests
- Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum
- Medical supplies and equipment, including oxygen
- Postpartum family planning
- Management of postpartum infections and hemorrhage, birth traumas and conditions related to childbirth
- Management of neonatal conditions
- Management of critical illness in mother and neonate

SURGICAL HEALTH CARE SERVICES

- Pre-operative admission and care
- Diagnostic tests and procedure, including diagnostic radiological procedures related to the surgery
- Minor, major and specialized surgical procedures
- Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum
- Management of intraoperative complications and complications following the surgical procedure
- All additional medical or surgical services required during the postoperative period because of complications that do not require additional trips to the operating room
- Post-operative care and medicines and clinical management
- Critical care services related to the surgical procedure but within the same case definition

DIALYSIS HEALTHCARE SERVICES

Management of kidney failure due to chronic disease or acute injuries/diseases through dialysis including.

- Consultation and Specialists reviews
- Cost of the temporary catheter and insertion/removal
- Nursing care and dialysis services
- Routine laboratory investigations
- Dispense medications and maintenance drugs, counselling, and follow-up

RADIOLOGY HEALTH CARE SERVICES

Prescribed specialized imaging services including;

- MRI- limited to oncology cases, cardiac/CVA-related cases and trauma cases
- CT scans - limited to oncology cases, cardiac/CVA-related cases and trauma cases
- PET-CT scan -
- Fluoroscopy
- Mammography
- Specialized ultrasounds (Dopplers)
- Echocardiograms (ECHO)
- Electroencephalograms (EEGs) and
- Reviewing and interpretation of radiological images giving the diagnostic opinion and providing the referring physician with a detailed report of the imaging findings for treatment planning

MENTAL & BEHAVIOURAL HEALTH CARE SERVICES

- Screening and referral for mental health, behavioral disorders, and substance abuse disorders
- Non – severe psychiatric, psychotic, affective and behavioral disorders
- Drug and Substance Abuse Treatment and Rehabilitation
- Affective and Psychoactive Disorders Treatment

ONCOLOGY HEALTH CARE SERVICES

- Oncology services shall entail screening and treatment of cancers including breast, prostate, colorectal, cervical cancer, and childhood cancers
Administration of—
 - Chemotherapy, Radiotherapy, Brachytherapy
 - Consumables, premeds, and post meds
 - Chemotherapy pump
 - Radiosurgery
 - Routine laboratory investigations

- Blood and Blood products
- Treatment planning
- Radioiodine therapy
- Radiological services where part of oncological treatment planning
- Management through surgical interventions
- Management of pre-cancer

OVERSEAS HEALTHCARE SERVICES

Medical and Surgical treatment procedures that are not locally available and have been cleared for overseas treatment in accordance with these Regulations and the MOH guidelines provisions.

DENTAL/ ORAL HEALTH SERVICES

Services covered include consultation and diagnosis, preventive services, restorative, and treatment services as necessary.

- Consultation by a dentist
- Oral health education and counselling
- Pain management
- Management of infection and cellulitis
- Management of periodontal diseases
- Tooth extraction
- Pulp treatment
- Tooth fillings
- Dental surgical procedures

OPHTHALMIC HEALTH SERVICES

Scope of cover includes the prevention and treatment of conditions that may lead to visual loss through;

- Eye health education and counselling
- Relevant eye tests
- Vision rehabilitation through prescribing optical aids, such as glasses.
- Standard ophthalmic medication
- Eye minor, major and specialized surgical procedures as per the surgical benefit package

EAR HEALTH SERVICES

- Hearing impairment screening, Newborn screening and NICU high risk screening

SCREENING SERVICES

Screening services shall include

- Screening for cancers using selected tests (prostate, colorectal, cervical, breast cancer)
- Infant screening for sickle cell disease
- NCDs screening; BP measurement, blood glucose test, body mass index (BMI), MUAC measurements.
- Screening for communicable diseases

REHABILITATIVE SERVICES

The cover shall include

- (i) Comprehensive assessment for occupational, physical, and childhood developmental disorders
- (ii) Treatment through physical physiotherapy, speech/communication therapy, psychosocial therapy, work rehabilitation for adults.

ASSISTIVE DEVICES

Provision of assistive devices to support patients with impairment including but not limited to physical, hearing or visual challenges.

Cover shall include cost of selected tools or products used to assist beneficiaries with physical, sensory, or cognitive disabilities in carrying out daily activities, with a goal is to enhance a person's independence and quality of life.

PALLIATIVE SERVICES

An essential service that focusses on improving the quality of life of patients living with chronic, life limiting illnesses both of communicable and non-communicable nature. Cover shall include in-patient care and Health Products & Technologies including assistive devices, pain management

LAST EXPENSE/MORTUARY SERVICES

Mortuary fees of a confirmed mortality

FOURTH SCHEDULE**((r.18(5), (r.19(2), (r.27(3), (r.28(1), (r.32(2), (r.40(1))****REPUBLIC OF KENYA
SOCIAL HEALTH INSURANCE ACT, 2023
SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2023****ESSENTIAL HEALTHCARE BENEFITS PACKAGE-EMERGENCY, CHRONIC AND
CRITICAL ILLNESS FUND****EMERGENCIES AND CRITICAL CARE**

The Emergency, Chronic and Critical Illness Fund (ECCF) aims to improve access to quality emergency services and critical care and to reduce catastrophic expenditure experienced during management of the selected conditions

The services covered under ECCF shall include the following:

- Emergency services
- Critical care services beyond the SHIF limit
- Oncology services to cover beyond SHIF

- Assistive Devices: Services for Assistive devices for chronic conditions
- Immunosuppressive therapy post renal transplant.

The Emergency services include:

- Cardiac and pulmonary arrest
- Major trauma (severe burns, head injuries, severe wounds, multiple fractures)
- Shock states (Hemorrhagic, septic, dehydration)
- Unconscious altered level of consciousness.
- Severe respiratory distress
- Seizures, status epilepticus
- Acute coronary syndrome
- Acute cardiovascular accidents
- Pregnancy complications
- Ambulance and Evacuation services

FIFTH SCHEDULE

(r. 62(3))

REPUBLIC OF KENYA
SOCIAL HEALTH INSURANCE ACT, 2023
SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2023

ZONES

| <u>Zone</u> | <u>County</u> |
|---------------|---|
| <u>Zone 1</u> | <ol style="list-style-type: none"> 1. Mandera 2. Samburu 3. Nairobi |
| <u>Zone 2</u> | <ol style="list-style-type: none"> 1. Kiambu 2. Nakuru 3. Muranga |
| <u>Zone 3</u> | <ol style="list-style-type: none"> 1. Trans Nzoia 2. Kakamega 3. Bungoma 4. Busia 5. Turkana |
| <u>Zone 4</u> | <ol style="list-style-type: none"> 1. Siaya 2. Meru 3. Embu 4. Isiolo 5. Tharaka Nithi 6. Garissa |
| <u>Zone 5</u> | <ol style="list-style-type: none"> 1. Nyeri 2. Wajir 3. Makueni 4. Kwale |

| | | |
|--|----------------------|---|
| | | <ol style="list-style-type: none"> 5. Taita Taveta 6. Kajiado 7. Kisii 8. Nyamira 9. Bomet |
| | <u>Zone 6</u> | <ol style="list-style-type: none"> 1. Kirinyaga 2. Kitui 3. Machakos 4. Nyandarua 5. Laikipia 6. Kisumu |
| | <u>Zone 7</u> | <ol style="list-style-type: none"> 1. Marsabit 2. Narok 3. Nandi 4. Kericho 5. Baringo 6. Uasin Gishu 7. West Pokot 8. Elgeyo Marakwet 9. Vihiga |
| | <u>Zone 8</u> | <ol style="list-style-type: none"> 1. Migori 2. Homa Bay 3. Lamu 4. Kilifi 5. Mombasa 6. Tana River |

Made on the, 2023.

NAKHUMICHA S. WAFULA.
Cabinet Secretary for Health.