



LEGAL NOTICE NO.

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

THE SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2024

Arrangement of Regulations

Regulation

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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, 2024

PART I—PRELIMINARY

Citation. 1. These Regulations may be cited as the Social Health Insurance (General) Regulations, 2024.

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 physical or biological attribute including a fingerprint, hand geometry, earlobe geometry, retina

or iris pattern, toe impression, voice wave or blood typing in a digital form that identifies an individual;

“biometric data” includes fingerprint, hand geometry, earlobe geometry, retina or 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-seeker 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 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” includes—

- (a) any of the branches of the Authority;
- (b) Huduma Centres; and
- (c) such other place as may be 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 provide for the—

- (a) implementation of the Primary Healthcare Fund; and
- (b) implementation of the Social Health Insurance Fund;

- (c) implementation of the Emergency, Chronic and Critical Illness Fund;
- (d) mandatory registration of every person resident in Kenya pursuant to section 26(1) of the Act and these Regulations; and
- (e) mode of payment of contributions pursuant to section 27(1) and (2) of the Act and these Regulations.

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 primary healthcare facilities;
- (b) pay health facilities for the provision of quality primary healthcare 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 register as a member of the Social Health Insurance Fund for purposes of sub regulation (1).

(3) Where a person using the social health insurance cover is referred for further review, treatment and management from a primary health facility to a level 4, 5 or 6 health facility, that person shall comply with the provisions of section 27(1) and (2) of the Act.

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 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 sub regulation (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) A 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; and
- (d) receive funds appropriated by the National Assembly as contributions for indigents, vulnerable persons and persons under lawful custody.

Initial registration.

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

applicant as a member of 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.

(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.

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

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 the beneficiary;
- (b) the date of birth of the beneficiary;
- (c) the place of birth of the beneficiary;
- (d) the sex of the beneficiary;
- (e) a passport photograph of the beneficiary;
- (f) the nationality of the beneficiary, where necessary;
- (g) the contact information of the beneficiary;
- (h) the relationship with the beneficiary,
- (i) disability of the 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

No. 4 of 2014.

copy of the document of evidence of marriage recognized under the Marriage Act;

- (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 —

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 in another country, a decree of divorce or annulment obtained in another 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 comply with section 27(1) and (2) of the Act and these Regulations;
- (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 comply with section 27(1) and (2) of the Act and these Regulations; 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 sub regulation (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 of change in circumstances or on becoming aware of an error, notify the Authority of such change or error in the information in relation to the child.

(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 and the national government in the case of vulnerable children shall ensure that every child has a social health insurance cover for purposes of receiving healthcare services under the Act and these Regulations.

(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 sub regulation (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 period under sub regulation (9), 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 sub regulation (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 shall, upon receipt of notification of the death of the beneficiary, —

- (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 sub regulation (1) shall not, in any case, be less than Kenya shillings three hundred (Kshs. 300) per month.

(3) The Cabinet Secretary for the time responsible for matters relating 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 the time being responsible for matters relating 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 sub regulation (1) shall not, in any case, be less than Kenya shillings three hundred (Kshs. 300) per month.

(3) The amount payable under sub regulation (1) shall be paid fourteen days before the lapse of the annual contribution of the beneficiary.

(4) The Authority, in collaboration with the Ministry for the time being 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 contributions pursuant to section 27(2)(c) 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 sub regulation (1) in case of national government.

(4) The County Executive Committee member for the time being responsible for matters relating to social protection shall be liable as a contributor under sub regulation (1) in the case of the county government.

(5) The amount payable every month for households under sub regulation (1) shall be the base premium calculated using statistical data and actuarial models and guided by the benefits packages 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 for the time being responsible for matters relating to the National Treasury shall deduct and remit the contribution to the Authority on behalf of the 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 the time being responsible for matters relating to the County Treasury shall 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 the law and persons under police custody pursuant to section 27(2)(d) of the Act.

(2) The amount payable every month for persons under lawful custody under sub regulation (1) shall be the base premium calculated using statistical data and actuarial models and guided by the benefits packages 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 sub regulation (1), the Authority shall use the means testing instrument developed by the Ministry of health in collaboration with the Ministry responsible for social protection.

(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 of the termination 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 sub regulation (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 of benefits;
- (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 sub regulation (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 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 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 sub regulation (2), every person shall be entitled to access emergency treatment in accordance with the 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 benefits package of emergency services and chronic and critical illness services provided in the Fourth Schedule to these Regulations.

(2) Notwithstanding the provisions of sub regulation (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, hemorrhagic, 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 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 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 sub regulation (1), the Authority may pay benefits to a healthcare provider or health facility that provides emergency treatment in accordance with the 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.

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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 sub regulation (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 benefits package applicable to the beneficiary;
- (d) administer healthcare services within the limits provided in the 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 where 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;
- (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;
- (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 or 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 sub regulation (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.

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

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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 comply with section 27(1) and (2) of the Act and these Regulations;
- (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

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(b) a duly filled form prescribed under the Medical Practitioners and Dentists Act.

(3) The referral under sub regulation (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 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.

Benefits packages under the Primary Healthcare Fund, the Social Health

40. (1) A beneficiary shall be entitled to the benefits under the benefits packages under the Primary Healthcare Fund, the Social Health Insurance Fund and the Emergency, Chronic

Insurance Fund and the Emergency, Chronic and Critical Illness Fund.

and Critical Illness Fund provided in the Second, Third and Fourth Schedules to these Regulations.

(2) The 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 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 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 benefits package;
- (b) critical care services beyond the benefits in the benefits package of the Social Health Insurance Fund; and
- (c) treatment and management of chronic illnesses beyond the benefits in the 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 benefits packages referred to under regulation 40(1) shall be reviewed every two years.

(2) To facilitate the review under sub regulation (1), the Cabinet Secretary shall establish a Benefits Package and Tariffs Advisory Panel to advise the Cabinet Secretary and the Authority on the 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 Panel; 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 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 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 sub regulation (1) shall have knowledge and expertise in medicine, health economics and epidemiology.

Designing a benefits package.

44. (1) The process of designing and reviewing a 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 sub regulation (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 benefits packages under regulation 40(1).

(2) Proposals for interventions under sub regulation (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 shall 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 sub regulation (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 benefits package; and
- (b) where it has recommended inclusion of an intervention, the manner in which the intervention may be included in the 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 a 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- TARIFFS

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 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 gazettelement of the set tariff.

(3) The process in sub regulation (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 sub regulation (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 benefits package.

(2) In undertaking the data collection and analysis under sub regulation (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 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 benefits package of the Emergency, Chronic and Critical Illness Fund.

(2) All benefits under the Act and these Regulations shall be paid where valid claims in respect of a beneficiary of the Social Health Insurance Fund are lodged and approved for payment by the Authority:

Provided that a registered member of the Social Health Insurance Fund shall receive healthcare services at a primary healthcare facility paid for under the Primary Health Care Fund.

(3) Notwithstanding the provisions of sub regulation (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 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 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 sub regulation (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

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

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

(4) The claim under sub regulation (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 hospital registration number of the patient;

- (c) the name, date of birth, gender, address and contact details of the patient;
- (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 is incomplete or contains errors, 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 received 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 seventy-two hours of receipt of the request for pre-authorization 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 shall 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—

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- (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.

(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 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 sub regulation (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 the Social Health Insurance Fund 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; and
- (k) 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.

(6) The Centralized Digital Platform referred to under sub regulation (1) shall be interoperable with the Comprehensive Integrated Health Information System established under section

No. 24 of 2019.

No. 15 of 2023.

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.

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 their household;
- (d) report any fraudulent activity that comes to his or her knowledge; and
- (e) 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.

Travel health insurance cover.

70. (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 person traveling into Kenya may obtain the travel health insurance cover at the point of entry in Kenya.

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

PART X- REVOCATION

Revocation of LN.
No. 185/2003.

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

Revocation of LN.
No. 186/2003.

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

Revocation of LN.
No. 187/2003.

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

Revocation of LN.
No. 188/2003.

74. 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, 2024**

APPLICATION FOR REGISTRATION

SOCIAL HEALTH AUTHORITY REGISTRATION FORM	
. PRINCIPAL MEMBER'S PERSONAL DETAILS	
	<ul style="list-style-type: none">● TITLE:
	<ul style="list-style-type: none">● LAST NAME(SURNAME):
	<ul style="list-style-type: none">● FIRST NAME:
	<ul style="list-style-type: none">● MIDDLE NAME:
EMPLOYMENT TYPE	
	<ul style="list-style-type: none">● EMPLOYED <input type="checkbox"/>
	<ul style="list-style-type: none">● SELF-EMPLOYED <input type="checkbox"/>
	<ul style="list-style-type: none">● SPONSORED <input type="checkbox"/>
	<ul style="list-style-type: none">● ORGANISED GROUP <input type="checkbox"/>
	<ul style="list-style-type: none">● PREFERRED PRIMARY CARE NETWORK:
	<ul style="list-style-type: none">● DATE OF BIRTH:
	<ul style="list-style-type: none">● PLACE OF BIRTH:
	<ul style="list-style-type: none">● ID NUMBER:
	<ul style="list-style-type: none">● 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"/>
	<ul style="list-style-type: none">● SEX:
	<ul style="list-style-type: none">● MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	<ul style="list-style-type: none">● CITIZENSHIP:
	<ul style="list-style-type: none">● KENYAN <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> RESIDENT <input type="checkbox"/>
	<ul style="list-style-type: none">● 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, 2024**

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.....



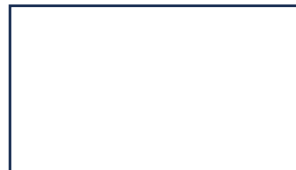
PART C - To be filled in by the Kenya Medical Practitioners and Dentists Council

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

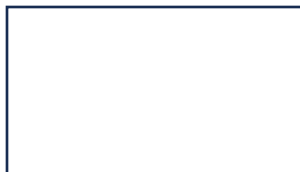


PART D - To be filled in by the SHA DIRECTOR

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, 2024**

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>	
CLAIM NO:	
PART I - HEALTH CARE PROVIDERS DETAILS	
1. Health Provider Identification 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?	
● NO	
● If, YES	
● Name of referring Health Care Provider/Facility:	

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

SHA Receiving

Receiving Officer Name: _____ **Date:** _____

Stamp

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, 2024
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

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, 2024

BENEFITS PACKAGE- PRIMARY HEALTHCARE FUND

S.No	BENEFIT	POINT OF ACCESS
OUTPATIENT HEALTH SERVICES	<ul style="list-style-type: none">(i) Out-patient services shall include both preventive and curative elements that include;(ii) Out-patient services shall include both preventive and curative elements that include;(iii) Consultation, diagnosis and treatment;(iv) Prescribed laboratory investigations;(v) Basic radiological examinations including ultra-sound;(vi) Prescription, drug administration and dispensing;(vii) Management of non-severe endemic/local diseases;(viii) Management of non-severe enteric infections;(ix) Management of non-severe neglected tropical diseases (NTDs);(x) Management of non-severe malnutrition;(xi) Management of STI's;(xii) Testing and Management of Uncomplicated Malaria in Children(xiii) Testing and Management of Uncomplicated Malaria in Adults	DISPENSARY HEALTH CENTERS

- | | | |
|--------|---|--|
| (xiv) | Testing and Management of non-severe Pneumonia Children <2months | |
| (xv) | Testing and Management non-severe Pneumonia (Children 2 months to 5 years) | |
| (xvi) | Testing and Management non-severe Pneumonia (Adult) | |
| xvii) | Testing and Management of Uncomplicated TB in Children | |
| xviii) | Testing and Management of Uncomplicated TB in Adults | |
| (xix) | Prophylaxis of TB among contacts | |
| (xx) | Prophylaxis of TB among PLHIV | |
| (xxi) | Screening and Diagnosis of HIV (testing and confirmatory test) | |
| xxii) | Viral load test (in lower levels on sample collection, tests done in higher levels) | |
| xxiii) | PCR test (in lower levels on sample collection, tests done in higher levels) | |
| xxiv) | ARV Treatment for Children 2-12 yrs (first line) | |
| xxv) | ARV treatment for Children 13-15 yrs (first line) | |
| xxvi) | ARV Treatment for Above 15 years (first line) | |
| xvii) | Post-exposure prophylaxis in Children | |
| xviii) | Post-exposure prophylaxis in Adults
Management of acute and chronic ailments for non-severe cases; | |
| xxix) | Management of poisons and toxic exposure for uncomplicated cases; | |
| xxx) | Minor surgical procedures and medical procedures; | |
| xxxi) | Anti-venoms and anti-rabies; | |
| xxii) | Immunization as per the KEPI schedule and recommended special vaccines; | |
| xxiii) | Focused antenatal care (FANC) and postnatal care as defined by the MOH-MCH policy guidelines | |

	<ul style="list-style-type: none"> xxiv) Family planning as per MOH-MCH policy guidelines; xxv) Management of non-severe child ailments and childhood growth monitoring and promotion; xxvi) Consultation and referral for orthopedic ailments; xxvii) Management of pre-invasive cervical cancer xxviii) Health education and wellness, counselling, and ongoing support as needed. xxix) Screening services: Breast cancer screening - clinical breast exam; Hypertension and diabetes screening; digital rectal exam; (xl) Management of Uncomplicated CO Poisoning (xli) Management of Uncomplicated Kerosene (xlii) Management of other poisons and toxic exposures xliii) Management of chemical and biological exposures xliv) Wound dressing procedure (xlv) Suturing in Adult xlvi) Suturing in Children xlvii) Screening and management of exposure to Rabies (Adult) xlviii) Screening and management of exposure to Rabies (Child) xliv) Management of Snake bite in Children <ul style="list-style-type: none"> (I) Management of Snake bite in Adult 	
EAR HEALTH SERVICES	<p>Prevention and treatment of conditions that may lead to visual loss through.</p> <ul style="list-style-type: none"> (i) Ear health education and counselling (ii) Management of non-severe ear, nose and throat (ENT) infections and pharyngitis (iii) Basic ear medication (including 	DISPENSARY HEALTH CENTER

	<p>antibiotics, analgesics, antihistamines)</p> <p>(iv) Uncomplicated ear treatments including foreign body removal, ear wax syringing</p>	
ORAL HEALTH SERVICES	<p>Services covered include consultation and diagnosis, preventive services, restorative, and treatment services as necessary.</p> <p>(i) Oral health education and counselling</p> <p>(ii) Prophylaxis of gingivitis in children</p> <p>(iii) Management of non-severe infections, necrotizing fasciitis, and cellulitis</p> <p>(iv) Dental surgical procedures for non-severe cases including tooth extraction, atraumatic restorative treatment, and glass polyalkenoate (ionomer) (ART and GIC, fluoride application, draining of abscess, scaling and polishing, dry socket debridement, suturing, herpetic wound cleaning</p>	
EYE HEALTH SERVICES	<p>Prevention and treatment of conditions that may lead to visual loss through.</p> <p>(i) Eye health education and counselling.</p> <p>(ii) Eye examination; Visual acuity testing, Visual Field Analysis, Fundoscopy</p> <p>(iii) Basic eye medication (including anti-inflammatory, steroids, antibiotics, artificial tears)</p>	
MENTAL AND BEHAVIOURAL HEALTH SERVICES	<p>Prevention and treatment of non-severe conditions.</p> <p>(i) Screening and referral for substance abuse disorders</p> <p>(ii) Non-severe psychotic disorders including acute psychosis</p>	<p>DISPENSARY</p> <p>HEALTH CENTER</p>
SCREENING SERVICES	<p>(i) Cervical cancer screening</p> <p>(ii) Breast cancer screening</p> <p>(iii) Colorectal cancer screening</p> <p>(iv) NCDs screening; BP measurement, blood glucose test, body mass index (BMI)</p> <p>(v) Malnutrition screening</p>	<p>DISPENSARY</p> <p>HEALTH CENTER</p>

	(vi) HIV screening	
REHABILITATIVE SERVICES	(i) Beneficiary assessment for occupational, physical and childhood developmental conditions.	DISPENSARY HEALTH CENTER
ASSISTIVE DEVICES	Provision and training of use of devices to enhance a person's independence and quality of life including; i) Short term use devices including crutches, wheelchairs.	DISPENSARY HEALTH CENTER
MATERNITY HEALTHCARE SERVICES	Caters for pregnancy-related, delivery and after-care health services for both the mother and child including; (i) Labor, delivery by ways of normal delivery, assisted delivery and caesarean section as necessitated; (ii) Aftercare for the mother together with the newborn; (iii) Midwifery, including episiotomy care and nursing care; (iv) operating, recovery, maternity ward and other treatment room charges including meals and special diets; (v) Prescribed medicines, including anti-D immunoglobulin injection where indicated; (vi) Diagnostic laboratory tests; (vii) Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum; (viii) Medical supplies and equipment, including oxygen; (ix) Professional fees related to the delivery and lactation/nutritional consultations; (x) Postpartum family planning	DISPENSARY HEALTH CENTER

	<ul style="list-style-type: none"> (xi) Immunization for the newborn including OPV zero and BCG vaccines and post-discharge medication; (xii) Take-home items; Medical supplies, appliances, medical equipment, and any covered items billed by the hospital for use at home; and (xiii) Management of intra-admission postpartum infections and hemorrhage, birth traumas and conditions related to childbirth. (xiv) Management of neonatal conditions (xv) Management of critical illness in mother and neonate 	
INPATIENT SERVICES	<p>Inpatient services shall include management of disease/condition while admitted.</p> <ul style="list-style-type: none"> (i) Pre-admission evaluation. (ii) Hospital accommodation charges, meals and nursing care in a general ward bed; (iii) Bedside services including physiotherapy, occupational therapy, imaging, oxygen supply, and medical consumables; (iv) Intra-admission consultation and reviews; (v) Laboratory investigations and medical imaging (ultrasounds); (vi) Infection prevention and control, sanitation package where offered; and <p>Intra-admission and post-discharge medication or follow-up within the treatment plan.</p>	<p>DISPENSARY</p> <p>HEALTH CENTER</p>
LAST EXPENSE	Preparation of the body	<p>DISPENSARY</p> <p>HEALTH CENTER</p>

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, 2024

BENEFITS PACKAGE- SOCIAL HEALTH INSURANCE FUND

S.No	BENEFIT	POINT OF ACCESS
OUTPATIENT	Out-patient services shall include both preventive and curative elements that include; (i) Consultation, diagnosis and treatment in both general and specialized clinics; (ii) Prescribed laboratory investigations; basic and advanced (iii) Radiological examinations including x-rays, ultra-sounds and ECGs; (iv) Prescription, drug administration and dispensing; (v) Management of endemic/local diseases; (vi) Management of acute and chronic ailments; (vii) Management of STI's and reproductive tract infections; (viii) Management of mental health disorders; (ix) Accident & Emergency services (x) Daycare procedures and medical procedures; (xi) Immunization as per the KEPI schedule; (xii) Anti-snake venom and anti-rabies; (xiii) Health education and wellness, counselling, and ongoing support, as needed, about lifestyle issues, including nutrition; exercise; weight; use of	LEVEL 4-6 SUBJECT TO REFERRAL FROM PRIMARY LEVEL FACILITY

	tobacco, alcohol, and other habit-forming substances; environmental exposures to diseases; and self-prevention and management of communicable and non-communicable diseases;	
(xiv)	Screening services: Breast cancer screening - clinical breast exam; Hypertension and diabetes screening; digital rectal exam;	
(xv)	Diagnosis of Drug Susceptible TB	
(xvi)	Management of Drug Susceptible TB in Children	
(xvii)	Management of Drug Susceptible TB in Adults	
(xviii)	Screening and testing for HIV in all individuals with a diagnosis of active TB	
(xix)	TB prevention therapy for close contacts or household members of individuals with active TB	
(xx)	TB prevention therapy among those PLHIV	
(xxi)	Diagnosis of Drug Resistant TB	
(xxii)	Management of Drug Resistant TB	
(xxiii)	Screening and Diagnosis of HIV (testing and confirmatory test)	
(xxiv)	Viral load test (in lower levels on sample collection, tests done in higher levels)	
(xxv)	PCR test (in lower levels on sample collection, tests done in higher levels)	
(xxvi)	ARV Treatment for Children 2-12 yrs (first line)	
(xxvii)	ARV treatment for Children 13-15 yrs (first line)	
(xxviii)	ARV Treatment for Above 15 years (first line)	
(xxix)	ARV Treatment (second line)	
(xxx)	ARV Treatment (3rd line)	
(xxxi)	Prevention of HIV opportunistic Infections using cotrimoxazole tablets (targeted	

	<p>population)</p> <p>xxii) PMTCT and Exposed Child (treatment for 2 years)</p> <p>xxiii) Post-exposure prophylaxis in Children</p> <p>xxiv) Post-exposure prophylaxis in adults</p> <p>xxv) For individuals testing positive for hepatitis B and C, assessment of treatment eligibility by trained providers followed by initiation and monitoring of antiviral treatment when indicated.</p> <p>xxvi) Partner notification and expedited treatment for common STIs, including HIV</p> <p>xxvii) PrEP for discordant couples and others at high risk of HIV infection such as commercial sex workers (in high-prevalence settings)</p> <p>xxviii) Provider-initiated testing and counseling for HIV, STIs, and hepatitis for all in contact with the health system in high prevalence settings, including prenatal care with appropriate referral or linkage to care including immediate ART initiation for those testing positive for HIV</p>	
<p>INPATIENT HEALTH SERVICES</p>	<p>Inpatient services shall include management of disease/condition while admitted.</p> <p>(i) Pre-admission evaluation;</p> <p>(ii) Hospital accommodation charges, meals and nursing care in a general ward bed;</p> <p>(iii) Bedside services including physiotherapy, occupational therapy, imaging, oxygen supply, and medical consumables; therapeutic nutritional support</p> <p>(iv) Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum.</p>	<p>LEVEL 4-6</p>

	<ul style="list-style-type: none"> (v) Intra-admission consultation and reviews by both general and specialist consultants; (vii) Laboratory investigations and medical imaging (X-rays, ultrasounds, E.C.G); Infection prevention and control, sanitation package where offered; and * (viii) Intra-admission and post-discharge medication or follow-up within the treatment plan. (vi) Palliative care admission* (vii) Critical care services including ICU, HDU, NICU* <p>*Tariffs covered elsewhere</p>	
<p>MATERNITY SERVICES</p>	<p>Pregnancy-related, delivery and after-care health services for both the mother and child including;</p> <ul style="list-style-type: none"> (i) Labor, delivery by ways of normal delivery, assisted delivery and caesarean section as necessitated; (ii) Aftercare for the mother together with the newborn; (iii) Midwifery, including episiotomy care and nursing care; (iv) operating, recovery, maternity ward and other treatment room charges including meals and special diets; (v) Prescribed medicines, including anti-D immunoglobulin injection where indicated; (vi) Diagnostic laboratory tests; (vii) Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum; (viii) Medical supplies and equipment, including 	<p>LEVEL 4-6 ACCREDITED TO OFFER MATERNITY SERVICES</p>

	<p>oxygen;</p> <ul style="list-style-type: none"> (ix) Professional fees related to the delivery and lactation/nutritional consultations; (x) Postpartum family planning (xi) Immunization for the newborn including OPV zero and BCG vaccines and post-discharge medication; (xii) Take-home items; Medical supplies, appliances, medical equipment, and any covered items billed by the hospital for use at home; and (xiii) Management of intra-admission postpartum infections and hemorrhage, birth traumas and conditions related to childbirth (xiv) Management of neonatal conditions (xv) Management of critical illness in mother and neonate* <p>*Tariffs covered elsewhere</p>	
<p>SURGICAL SERVICES</p>	<ul style="list-style-type: none"> (i) Pre-operative admission and care; (ii) Minor, major and specialized surgical procedures including organ transplants, implants; (iii) Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum; (iv) Management of intraoperative complications and complications following the surgical procedure; (v) all additional medical or surgical service required during the postoperative period because of complications that do not require additional trips to the operating room; (vi) postoperative visits - follow-up visits during the postoperative period that are related to recovery; 	<p>LEVEL 4-6 ACCREDITED TO OFFER SURGICAL SERVICES</p>

	<ul style="list-style-type: none"> (vii) post-procedure pain management; (viii) post-operative ward physiotherapy; (ix) supplies - except for those identified as exclusions; and (x) miscellaneous services - items such as dressing changes; local incisional care; removal of the operative pack; removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints; insertion, irrigation and removal of urinary catheters, routine peripheral intravenous lines, nasogastric and rectal tubes; and changes and removal of tracheostomy tubes <p>Others:</p> <ul style="list-style-type: none"> (xi) Critical care services related to the surgical procedure but within the same case definition (xii) Diagnostic tests and procedure, including diagnostic radiological procedures related to the surgery;* (xiii) Immunosuppressive therapy for organ transplants* <p>*Tariff covered elsewhere</p>	
NCD SCREENING	Clinical Breast Exam	LEVEL 2-6
	Cervical cancer screening - Visual examination (VIA/VILI)	LEVEL 2-6
	Prostate exam (Digital rectal exam)	LEVEL 4-6
	Colorectal cancer screening (fecal occult blood test)	LEVEL 4-6
	Hypertension screening	LEVEL 2-6
	Diabetes screening	LEVEL 2-6
CONGENITAL SCREENING	Targeted newborn screening for sickle cell disease	LEVEL 4-6
REHABILITATION	Occupational Therapy per session	FACILITY ACCREDITED TO OFFER REHABILITATION SERVICES
	Physical Therapy per session	
	Speech-Language Therapy per session	

	Drug and substance abuse rehabilitation: Pre-assessment, detoxification, inpatient treatment, lab test, counselling and psychosocial support, societal re-integration through family counselling, ECT service	FACILITY ACCREDITED TO OFFER DRUG/MENTAL HEALTH REHABILITATION SERVICES
CRITICAL CARE	(i) Critical care admissions in Intensive Care Unit (ICU), High Dependency Unit (HDU), -include NICU, PICU, Burns Unit	FACILITY ACCREDITED TO OFFER CRITICAL CARE SERVICES SERVICE
PALLIATIVE CARE	(i) Palliative care for terminal cancer cases, terminal chronic conditions, and terminal paediatric conditions - Inpatient care, home based care, commodities, assistive devices, pain management	FACILITY ACCREDITED TO OFFER PALLIATIVE SERVICE
	(ii) Psychosocial support and counseling services for individuals with serious, complex, or life-limiting health problems and their caregivers	FACILITY ACCREDITED TO OFFER PALLIATIVE SERVICE
RADIOLOGY HEALTH SERVICES	Prescribed specialized imaging services including. (i) MRI- limited to oncology cases, cardiac/CVA-related cases and trauma cases (ii) CT scans - limited to oncology cases, cardiac/CVA-related cases and trauma cases (iii) PET-CT scan (iv) Fluoroscopy (v) Mammography (vi) Specialized ultrasounds (Dopplers) (vii) Echocardiograms (ECHO) (viii) Electroencephalograms (EEGs) and (ix) Reviewing and interpretation of radiological images giving the diagnostic opinion and providing the	FACILITIES ACCREDITED TO OFFER THE SPECIFIC RADIOLOGY SERVICE

	referring physician with a detailed report of the imaging findings for treatment planning	
	CT scans for Accident and Emergency, Trauma, Cardiac, and Oncology indications	
	Fluoroscopy	
	Mammography	
	MRI for Accident and Emergency, Trauma, Cardiac, and Oncology indications	
	Specialized Ultrasounds (Dopplers)	
	Echocardiograms (ECHO) - Adult	
	Echocardiograms (ECHO) - Paediatrics	
	Electroencephalograms (EEG) - Adults	
	Electroencephalograms (EEG) - Paediatrics	
CANCER MANAGEMENT	Radiotherapy cost per session upto a maximum of 25 sessions	FACILITIES ACCREDITED TO OFFER CANCER MANAGEMENT SERVICE
	Chemotherapy cost per session up to a maximum of 10 sessions	
	PET CT-Scan for oncology	
	Brachytherapy up to 2 sessions	
ASSISTIVE DEVICES	Provision and training in use of assistive devices - Mobility aids	
	Provision and training in use of assistive devices - Prosthesis	
	Provision and training in use of assistive devices - Orthosis	
	Provision of assistive listening devices (hearing aid)	
	Provision and training in use of assistive devices - Mobility aids	
	Provision and training in use of assistive devices - Prosthesis	
	Provision of clubfoot brace	
	Provision of gait belts	
OVERSEAS TREATMENT	Medical and Surgical treatment procedures are not locally available and have been cleared for overseas treatment in accordance with these Regulations and the MOH guidelines provisions.	BASED ON FACILITIES ACCREDITED TO OFFER THE SPECIFIC SERVICE
MORTUARY FEE	DAILY RATE UP TO A MAXIMUM OF 5 DAYS	ACCREDITED MORTUARIES
	CLINICAL POSTMORTEM	

DIALYSIS HEALTHCARE SERVICES	Management of kidney failure due to chronic disease or acute disease through dialysis including; <ul style="list-style-type: none"> (i) Consultation and Specialists reviews. (ii) Cost of the temporary catheter and insertion/removal. (iii) Nursing care and dialysis services. (iv) Routine laboratory investigations. Dispense medications and maintenance drugs, counselling, and follow-up.	FACILITIES ACCREDITED TO OFFER DIALYSIS SERVICES
TRANSPLANT	Kidney transplant pre-transplant evaluation for donor	FACILITIES ACCREDITED TO OFFER TRANSPLANT SERVICES
	Kidney transplant pre-transplant evaluation for recipient	
	Post transplant management	

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, 2024

BENEFITS PACKAGE-EMERGENCY, CHRONIC AND CRITICAL ILLNESS FUND

S.No	BENEFIT	POINT OF ACCESS
A. CHRONIC ILLNESS FUND		
(i)	Longitudinal management of diabetes mellitus including managing symptoms (hyperglycaemic and hypoglycaemic emergencies): Type 2 Diabetes,	LEVEL 4-6 FACILITIES ACCREDITED TO OFFER THE SPECIFIC SERVICE
(ii)	Management of diabetes complications: diabetic foot ulcers (excluding amputation)	
(iii)	Management of diabetes complications: diabetic retinopathy	
(iv)	Management end stage kidney disease (dialysis) i.e. 3 sessions per week per patient for 1 year	
(v)	Kidney transplant	
(vi)	Initiation of treatment and longitudinal management among individuals with hypertension	
(vii)	Cancer management	
(viii)	Management of bipolar disorder and other mental health conditions	
(ix)	Management of depression and anxiety disorders	
(x)	Management of convulsive seizures and epilepsy.	
(xi)	Acute management for alcohol use disorders and other substances	
(xii)	Management of psychotic disorders	
(xiii)	Inpatient care for mental disorders and neurological conditions	
(xiv)	Diagnosis and Longitudinal Management of COPD and Asthma	

(xv)	Management of acute exacerbations of asthma and COPD	
(xvi)	Management of acute ventilatory failure due to acute exacerbations of asthma and COPD	
(xvii)	Provision of aspirin for all cases of suspected acute myocardial infarction (Diagnosis and management of suspected acute MI)-	
(xviii)	Longitudinal management of cardiovascular conditions, at outpatient	
(xix)	Management of acute coronary syndromes	
(xx)	Palliative care for terminal cancer cases, terminal chronic conditions, and terminal paediatric conditions -Admission cases	
(xxi)	Essential palliative care, pain control measures and medicines for associated symptoms	
(xxii)	Outpatient management of Cerebral Palsy	
(xxiii)	Inpatient management of cerebral palsy	
(xxiv)	Management of Autism	
(xxv)	Outpatient management of Down's syndrome	
(xxvi)	Outpatient management of sickle cell disease	
(xxvii)	Inpatient management of sickle cell disease	
(xxviii)	Surgeries	

B. EMERGENCY FUND

(i)	Cardiac and pulmonary address
(ii)	Major trauma (severe burns, head injuries, severe wounds, multiple fractures)
(iii)	Shock states (Hemorrhagic, septic, dehydration)
(iv)	Unconscious, altered level of consciousness.
(v)	Severe respiratory distress
(vi)	Seizures, status epilepticus
(vii)	Acute coronary syndrome
(viii)	Acute cardiovascular accidents
(ix)	Pregnancy complications
(x)	Ambulance services

EMERGENCY SERVICES	1. Cardiac respiratory arrest Investigations: Random Blood Sugar, Blood Gas Analysis, Point of Care Ultrasound, Electrocardiogram	LEVEL 4 LEVEL 5 LEVEL 6 FACILITIES ACCREDITED TO OFFER EMERGENCY SERVICES
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	<p>Chest X-Ray, Full Hemogram, Electrolytes, Urine Pregnancy Test; and Management - Resuscitation, Defibrillation/Pacing, Thrombolysis, Chest tube insertion, ICU Admission - 24 hours This comes as a package.</p>	<p>CARE FOR A MAXIMUM OF 24 HOURS AFTER WHICH SHIF</p>
	<p>2. Major Trauma (Severe Burns, Head injuries, Severe Wounds, Multiple Fractures)</p> <p>Includes investigations: Random Blood Sugar, Grouping and Crossmatch, Blood Gas Analysis, Point of Care, Ultrasound, C-Spine, Chest and Pelvis X-Ray, CT-Head, Neck and Abdomen, Full Haemogram, Urea, Creatinine and Electrolytes, Urine Pregnancy Test</p> <p>Management: Resuscitation, Tranexamic acid, Splinting, Joint and Fracture reductions, Chest tube insertion, Emergency Surgery, ICU Admission - 24 hours</p>	<p>LEVEL 4 LEVEL 5 LEVEL 6 FACILITIES ACCREDITED TO OFFER EMERGENCY SERVICES</p> <p>CARE FOR A MAXIMUM OF 24 HOURS AFTER WHICH SHIF</p>
	<p>3. Shock:</p> <p>Investigations: Random Blood Sugar, Blood Gas Analysis, Grouping and Crossmatch, Point of Care Ultrasound, Electrocardiogram, Chest X-Ray, Full Haemogram, Urea, Creatinine and Electrolyte, Malaria testing, Urine Pregnancy Test</p> <p>Management Resuscitation, Tranexamic acid, Emergency Surgery, ICU Admission - 24 hours</p>	<p>LEVEL 4 LEVEL 5 LEVEL 6 FACILITIES ACCREDITED TO OFFER EMERGENCY SERVICES</p> <p>CARE FOR A MAXIMUM OF 24 HOURS AFTER WHICH SHIF</p>
	<p>4. Altered level of consciousness:</p>	<p>LEVEL 4 LEVEL 5</p>

	<p>Investigations Random Blood Sugar, Blood Gas Analysis, Point of Care Ultrasound, Electrocardiogram, CT-Head, Full Haemogram, Urea, Creatinine and Electrolyte, Malaria testing, Urine Pregnancy Test</p> <p>Management Resuscitation</p>	<p>LEVEL 6 FACILITIES ACCREDITED TO OFFER EMERGENCY SERVICES</p> <p>CARE FOR A MAXIMUM OF 24 HOURS AFTER WHICH SHIF</p>
	<p>5. Severe respiratory distress:</p> <p>Investigations Random Blood Sugar, Blood Gas Analysis, Point of Care Ultrasound, Electrocardiogram, Chest X-Ray, Full Haemogram, Urea, Creatinine and Electrolyte, Urine Pregnancy Test.</p> <p>MANAGEMENT Resuscitation</p>	<p>LEVEL 4 LEVEL 5 LEVEL 6 FACILITIES ACCREDITED TO OFFER EMERGENCY SERVICES</p> <p>CARE FOR A MAXIMUM OF 24 HOURS AFTER WHICH SHIF</p>
	<p>6. Seizures</p> <p>Investigations Random Blood Sugar, Blood Gas Analysis, Point of Care Ultrasound, CT-Head, Full Haemogram, Urea, Creatinine and Electrolyte, Malaria testing, Urine Pregnancy Test</p> <p>MANAGEMENT Resuscitation, Midazolam, Phenytoin</p>	<p>LEVEL 4 LEVEL 5 LEVEL 6 FACILITIES ACCREDITED TO OFFER EMERGENCY SERVICES</p> <p>CARE FOR A MAXIMUM OF 24 HOURS AFTER WHICH SHIF</p>
	<p>7. Chest pain (Acute Coronary Syndrome/Pulmonary embolism):</p> <p>Investigations Random Blood Sugar, Electrocardiogram, Urea, Creatinine and</p>	

	<p>Electrolyte, Troponin Test, CT Pulmonary angiogram,</p> <p>MANAGEMENT Resuscitation, Defibrillation/Pacing, Thrombolysis, ICU Admission - 24 hours</p>	
	<p>8. Acute Cerebral vascular Accidents (Strokes)</p> <p>Investigations Random Blood Sugar, CT-Head, Full Haemogram, Urea, creatinine and Electrolyte, Coagulation Profile,</p> <p>MANAGEMENT Resuscitation, Thrombolysis, ICU Admission - 24 hours</p>	
	<p>9. Pregnancy complications</p> <p>INVESTIGATIONS Random Blood Sugar, Blood Gas Analysis, Point of Care Ultrasound, Full Haemogram, Urea, Creatinine and Electrolyte, Liver Function Tests</p> <p>MANAGEMENT Resuscitation, Tranexamic acid, Magnesium sulphate, Emergency C section, ICU Admission - 24 hours</p>	
AMBULANCE SERVICES	10. KEBS APPROVED AMBULANCE	

FIFTH SCHEDULE

(r. 62(3))

**REPUBLIC OF KENYA
SOCIAL HEALTH INSURANCE ACT, 2023
SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2024**

ZONES

<u>Zone</u>	<u>County</u>
<u>Zone 1</u>	1. Mandera 2. Samburu 3. Nairobi
<u>Zone 2</u>	1. Kiambu 2. Nakuru 3. Muranga
<u>Zone 3</u>	1. Trans Nzoia 2. Kakamega 3. Bungoma 4. Busia 5. Turkana
<u>Zone 4</u>	1. Siaya 2. Meru 3. Embu 4. Isiolo 5. Tharaka Nithi 6. Garissa
<u>Zone 5</u>	1. Nyeri 2. Wajir 3. Makueni 4. Kwale 5. Taita Taveta

		<ol style="list-style-type: none"> 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, 2024.

NAKHUMICHA S. WAFULA, EGH,
Cabinet Secretary for Health.