LEGAL NOTICE NO. …………………

THE NATIONAL HEALTH INSURANCE FUND ACT

(NO. 9 OF 1998)

THE NATIONAL HEALTH INSURANCE FUND (CLAIMS AND BENEFITS) REGULATIONS, 2022

IN EXERCISE of the powers conferred by section 27, 29 and 31 of the National Health Insurance Fund Act, 1998, the National Health Insurance Fund Management Board, in consultation with the Cabinet Secretary for Health makes the following Regulations—

THE NATIONAL HEALTH INSURANCE FUND (CLAIMS AND BENEFITS) REGULATIONS, 2022

PART I- PRELIMINARY

Citation.

1. These regulations may be cited as the National Health Insurance Fund (Claims and Benefits) Regulations, 2022.

Interpretation.

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

No.9 of 1998

"Act" means the National Health Insurance Fund Act;

"contributor" has the same meaning assigned under section 2 of the Act;

"dependant" has the same meaning assigned under section 2 of the Act;

"empaneled health care provider" means has the same meaning assigned under section 2 of the Act;

Act No.21 of 2017.

"emergency treatment" refers to necessary immediate health care that must be administered to prevent death or worsening of a medical situation;

"health care provider" means has the same meaning assigned under section 2 of the Act;

Act No.21 of 2017

"health care services" means the prevention, promotion, management or alleviation of disease, illness, injury, and other physical and mental impairments in individuals, delivered by health care professionals through the health care system's routine health services, or its emergency health services;

"indigent" means has the same meaning assigned under section 2 of the Act; and

"System" means the centralized health care provider management system developed under Regulation 17.

Application.

3. These Regulations shall apply to all benefits for all health services rendered including emergency treatment under this Act for purposes of payments of claims under the Fund.

PART II-CLAIMS AND BENEFITS

Health care services under the fund.

4. (1) The Board may empanel and contract health care providers to render health care services within or outside Kenya as provided under the First Schedule to these regulations.

(2) An empaneled and contracted health care provider is responsible for -

(a) the quality and safety of health services provided;
(b) assessing and reviewing health services;
(c) improving the quality and safety of the health services offered by the health care provider; and
(d) establishing and maintaining the necessary infrastructure for purposes of administering benefits and submitting claims.
(e) maintaining accurate and orderly medical records for the beneficiaries in respect to services provided.
(f) preparing a statement containing information in relation to claims for any health care services rendered.

Out-patient Services.

5. (1) A beneficiary shall select a primary health care provider in order to access any out-patient services as provided under the First Schedule to these Regulations.

(2) Without prejudice to a beneficiary's right to consumer choice in accordance with Article 46 of the Constitution, a beneficiary may change their choice of selected health care provider in a manner determined by the Board, where-

(a) health care services are non -existent within the jurisdiction of the beneficiary;
(b) a health care facility had been earlier empaneled and contracted and such empaneling and contracting has been revoked in accordance with the Act;
(c) a health facility has been closed down;
(d) a health facility is not closed but has stopped offering the particular health service sought by the beneficiary; and
(e) the beneficiary is unable to access the facility due to change of residency or employment.

Non withdrawal of benefits

6. (1)A Beneficiary with chronic illness shall access treatment for chronic illness from public health care providers only.

(2) The Beneficiary shall only access treatment for chronic illness if their contributions are up to date.

Benefits Payable

7. (1)The Board may, in respect of a health service provided under this Act, pay benefits to-

(a) an empaneled and contracted health care provider within or outside Kenya; and
(b) any health care provider who has been authorized to undertake emergency services.

(2)All benefits payable shall be for an active beneficiary of the Fund.

Claim.

8. (1) A health care provider shall lodge a claim for the payment of any health care service rendered to a beneficiary under the Act.

(2)The claim under Sub-Regulation (1) shall be submitted to the Board, in the manner determined by the Board indicating the following-

(a) the patient's unit record number;
(b) the patient's name, address, date of birth and gender;
(c) the name and contact details of the beneficiary;
(d) relevant clinical details of the patient; and
(e) amount claimed.
(f) any other details as determined by the Board.

(3) A claim for the payment in respect to any medical treatment shall be submitted within thirty days from the date of discharge from the health care provider.

(4) When a health care provider has submitted a claim, the health care provider may be required to provide the Board, in the manner determined by the Board, any further information in respect of the claim.

Payment.

9. (1) The Board shall pay for any claim or claims arising out of any health services rendered to a fully paid up contributor and declared dependent under the Act.

(2) The Board shall pay claims for health care services through the system established under Regulation 16.

Adjustment of claim.

10. The Board may review and make an adjustment if a health care provider has received any payment from the Board, with respect to a claim or claims and the health care provider subsequently requests an adjustment to be made in respect of the amount paid because of an error.

Limits to Claims.

11. The Board shall not pay out of the Fund any claims arising from –

(a) any health care provider who is not empanelled and contracted unless as provided in regulation 6(1)(b);
(b) any revoked or suspended healthcare provider;
(c) any unauthorized referrals;
(d) for health care services that are not included in the benefits package;
(e) for excluded health products or medicines;
(f) all costs by which the annual limits of a Beneficiary in respect of the relevant Services are exceeded, for any treatment;
(g) all costs related to interest charged and legal fees arising out of delays in reimbursement of claims;
(h) all costs relating to appointments not kept or cancelled by a Beneficiary
(i) any expenses payable by another insurance including Work Injury Benefits Act;

Claims outside Kenya.

12. (1)A beneficiary who wishes to access a health service outside Kenya shall request for authorization to access the health service in Form NHIF 001 in the **Second Schedule** to these Regulations to the Board accompanied by the following;

(a) referral letter from the treating doctor or consultant;
(b) duly filled form prescribed under the Medical Practitioners and Dentists Act; and
(c) letter of no objection from the Cabinet Secretary.

(2) The Board may consider the request for authorization of treatment outside Kenya to verify that the health service requested for authorization is not available within Kenya.
(3) Upon satisfaction that the health care service is not available for the beneficiary, the Board shall authorize the treatment outside.

Eligibility for overseas Treatment.

13. (1) Overseas treatment may be accessed by a fully paid up contributor and declared dependent under the Act.

Limits payable to Private Insurance

14. (1) A beneficiary shall declare to the Board within twenty-four hours upon seeking services where they have a private insurance cover.

(2) The Private insurance shall provide a written confirmation to the Board where the benefits have been exhausted.

(3) The Board may verify the information presented under this Regulation including the cover limits and apportionments.

PART III- Centralized Health Care Provider Management System

Centralized Health Care Provider Management System.

15. (1)There is established the centralized health care provider management system developed in accordance to section 21A of the Act.

(2) The system under sub Regulation (1) shall be accessible to the empaneled and contracted health care provider for purposes of –

(a) claims administration;
(b) recording beneficiaries data;
(c) inputting health care service delivery data;and
(d) maintaining health care providers data;

Access.

16. (1) The system shall permit access to the processes therein and guarantee user rights to the following authorized persons -

(a) National government and agencies;
(b) County governments
(c) members in accordance with the Act;

(d) Empanelled and contracted Healthcare providers

(2) Without prejudice to the generality of subsection (1), the system shall maintain an audit trail of all the processes and be capable of retrieval.
(3) A user under sub regulation (1) shall apply to the Board for rights and access to the system in line with the Data Protection Act 2019.

User Obligations.

17. A person who has been allowed access into the system shall—
(a) carry out such transactions as authorized;
(b) be responsible for the security and transactions carried out in the system.

System Upgrade and Update.

18. (1) The system shall be regularly upgraded or updated to-
(a) address the prevailing technological changes;
(b) maintain the system; and
(c) review security flaws and patches.

(2) Any upgrade or update performed under subsection (1), shall be documented.

Encryption.

19. The system shall encrypt all information during transmission to ensure data protection and safety.

Rate Payable .

20. The tariffs payable under the Fund in respect of any benefits to an empaneled health care provider shall be as specified in the health care provider contract and published on National Health Insurance Fund website.

Revocation of L. N. 188 of 2003.

21. The National Hospital Insurance (Claims and Benefits) Regulations, are revoked.

FIRST SCHEDULE

OUT-PATIENT HEALTH CARE SERVICES

i.	General consultation, diagnosis and treatment;
ii.	Prescribed laboratory, and basic radiological examinations including x-rays, ultra-sound investigative services;
iii.	Prescribed drug administration and dispensing;
iv.	Management of acute and chronic ailments including STI's
v.	Management of endemic/local diseases;
vi.	Daycare procedures
vii.	Oral Health services including dental care needed for relief of pain and infections and tooth extractions;
viii.	Family planning, Antenatal and postnatal services as defined in the MOH-MCH/RH policy guidelines
ix.	Immunization as per the KEPI schedule
x.	Anti-snake venom and anti-rabies
xi.	Health education and wellness support as needed
IN-PATIENT HEALTH CARE SERVICES	
i.	Pre-admission evaluation;
ii.	Hospital accommodation charges, meals and nursing care;
iii.	Bedside services including physiotherapy, occupational therapy, imaging, oxygen supply, medical consumables;
iv.	Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum.
v.	Intra admission consultation and reviews by both general and specialist consultants;
vi.	Laboratory investigations and medical imaging (X-rays, ultrasounds, E.C.G);
vii.	Infection preventions and control, sanitation package where offered; and
viii.	Intra-admission and post discharge medication or follow up within the treatment plan.
MATERNITY HEALTH CARE SERVICES	
i.	Labor, delivery by ways of normal delivery, assisted delivery and caesarean section as necessitated;, aftercare for the mother together with the newborn
ii.	Midwifery, including episiotomy care and nursing care;
iii.	operating, recovery, maternity ward and other treatment room charges. Including meals and special diets;
iv.	Prescribed medicines, including anti-D immunoglobulin injection where indicated;
v.	Diagnostic laboratory tests;
vi.	Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum.

vii.	Medical supplies and equipment, including oxygen;
viii.	Professional fees related to the delivery and lactation/nutritional consultations;
ix.	Immunization for the newborn including OPV zero and BCG vaccines and post discharge medication;
x.	Take-home items; Medical supplies, appliances, medical equipment, and any covered items billed by a hospital for use at home; and
xi.	Management of intra-admission postpartum infections and hemorrhage, birth traumas and conditions related to childbirth will be covered within the package.
SURGICAL HEALTH CARE SERVICES	
i.	Pre-operative admission and care;
ii.	Minor, major and specialized surgical procedures including transplants;
iii.	Administration of blood and blood products; derivatives and components, artificial blood products, and biological serum.
iv.	Management of complications following the surgical procedure;
v.	all additional medical or surgical service required during the postoperative period because of complications which do not require additional trips to the operating room;
vi.	postoperative visits - follow-up visits during the postoperative period that are related to recovery;
vii.	post-procedure pain management;
viii.	supplies - except for those identified as exclusions; and
ix.	miscellaneous services - items such as dressing changes; local incisional care; removal of 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.
DIALYSIS HEALTH CARE SERVICES	
i.	Registration, triaging, Consultation and Specialists reviews;
ii.	Cost of the temporary catheter, plus the catheter insertion/removal,
iii.	Nursing and dialysis services, routine laboratory investigations;
iv.	Dispense medications and maintenance drugs, counselling and follow up.
RADIOLOGY HEALTH CARE SERVICES	
i.	MRI, CT scans; and
ii.	Reviewing and interpretation of radiological images and giving the diagnostic opinion and provide the referring physician with a detailed report of the imaging findings Treatment planning;

MENTAL & BEHAVIOURAL HEALTH CARE SERVICES
i. Common mental disorders (including depression and anxiety); ii. Severe mental disorders (including psychosis, schizophrenia and bipolar disorder); iii. Neurological disorders (such as epilepsy and dementia); iv. Childhood disorders; and v. Drugs and substance abuse disorders.
ONCOLOGY HEALTH CARE SERVICES
Administration of; i. Chemotherapy, Radiotherapy, Brachy therapy ii. Consumables, premeds and post meds iii. Routine laboratory investigations iv. Blood and Blood products v. Treatment planning vi. PET-CT scan vii. Radioiodine therapy vi. Bone scan and radio nucleoid scans
ROAD EVACUATION HEALTH CARE SERVICES
On site evacuation via road ambulances: Transportation & transfer of a sick member or dependants for treatment to nearest NHIF declared hospital
OVERSEAS HEALTH CARE SERVICES
Medical and Surgical treatment procedures not locally available and have been cleared for overseas treatment as per the MOH guideline provisions

SECOND SCHEDULE

NHIF 001(r.12(1)

REFERRAL FORM FOR OVERSEAS TREATMENT

Part A: Patient particulars (To be completed by the Principal member)

Name of the Principal Member:	NHIF No:	ID No/Passport No:
Physical Address/Email address: P.O Box : Town:		Tel. No:
Employer (where applicable)		Job Group(Where applicable)
Co-Insurance? YES ☐ NO ☐ Please name Insurance/Spon: Yes ____________		
County:		
Name of the Patient:	Age: Sex: (Male/Female)	Relationship to the Principal Member: (Self/Spouse/Dependant)

Part B: Details of the illness and planned management (To be completed by referring specialist/Physician (or equivalent)

Nature of the disease	
How long have you treated/managed the patient?	
Treatment/Procedure/Investigation for which patient is being referred:	
Is the treatment/procedure/investigation option available in Kenya?	
If yes, state why the treatment/procedure/investigation outside the country is necessary and essential to the prognosis of patient's condition.	

Part C: Undertaking by Principal Member

I hereby declare that the information given above is true to the best of my knowledge and belief. I fully understand the rules governing the medical benefits extended to the me as provided by National Hospital Insurance Fund (NHIF).

Have you received treatment/care overseas before?	YES ☐ NO ☐
If yes, please state where, when and course of treatment received.	

SIGNATURE OF THE PRINCIPAL MEMBER: …………………………………………

Date: ……………………………..

Made on the ………………………………………………………………..., 2022.

MUTAHI KAGWE
Cabinet Secretary for Health.