



LEGAL NOTICE NO.

THE NATIONAL HEALTH INSURANCE FUND ACT
(No. 9 of 1998)

osteoporosis, or an oral disease or condition that requires ongoing medical attention;

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

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

“empanelment” has the meaning assigned under the Act;

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

“health care provider” has the meaning assigned under the Act; and

“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; and

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

“guardian” means a person appointed by will or deed, by a parent of a child or, by an order of the Court to assume parental responsibility for the child upon the death of the parent of the child, either alone or in conjunction with the surviving parent of the child;

“health care provider” has the same meaning assigned under section 2 of the Act;

“income” means the income described in regulation.....

“national identification number” means the number issued under the existing legal framework for registration of persons residing in Kenya;

“national population data base” means the National System for registration for all persons residing in Kenya; and

“one-time password” means a temporary alphanumerical sequence that is transmitted by the Fund to the registered phone number or email address of a contributor upon request by a health care provider;

“service point” means any of the branches of the Fund, a public health facility and any place where the services of the Fund are provided by the Fund.

“standard contribution” means contribution by a person whose income is derived from salaried employment;

“special contribution” means contribution by a person whose income is derived from self-employment or by the National Government on behalf of indigent and vulnerable persons;

“System” means the centralized health care provider management system developed in accordance with section 21A of the Act.

Objects of these Regulations.

3. The objects of these Regulations are—

- (a) ensure that every person who has attained the age of eighteen years and resident in Kenya is registered as a contributor of the Fund;
- (b) to prescribe the mode of identification of beneficiaries;
- (c) set out the criteria and procedure for empanelment and contracting of healthcare providers;
- (d) ensure that the public can access health services from qualified and licensed healthcare providers;
- (e) set out the criteria for payment of claims under the Act.

PART II – REGISTRATION OF CONTRIBUTORS AND BENEFICIARIES

Registration to the Fund.

4. (1) A person who meets the criteria under section 15 of the Act shall apply for registration as a contributor to the Fund.

(2) An application for registration under paragraph (1) shall be made in the form set out in the Schedule and accompanied by—

(a) a copy of the document bearing the national identification number of the applicant

(b) proof of income, if any.

(3) Where the application made under paragraph (2) is approved, the Board shall register a successful applicant as a contributor to the Fund and issue a registration number thereof.

(4) A successful applicant under paragraph (3) shall provide his or her biometric data to the Board at the nearest service point.

(5) Where the application does not meet the requirements by the Board, the Board shall inform the applicant to provide any missing documents or to clarify any erroneous information on the application.

Registration of beneficiaries.

5. (1) A contributor may include a beneficiary to access a benefit in his or her cover.

(2) The contributor seeking to include a beneficiary under the cover shall make an application—

(a) in the form set out in the Schedule;

(b) accompanied by the following identification document of the beneficiary—

(i) in the case of the spouse of the contributor, the spouse's national identification document and a copy of

a certificate of marriage issued under the Marriage Act;

- (ii) in the case of a child of a contributor, who is below six months, a birth certificate or birth notification;
- (iii) in the case of a child of a contributor who is six months of age and above, a birth certificate;
- (iv) in the case of an adopted child of a contributor, a copy of an adoption order;
- (v) in the case of a child for whom the contributor stands in *loco parentis*, a will, deed or court order;
- (vi) in the case of a person living with a disability and is wholly dependent on a contributor, a national identification number and disability certificate from the National Council of Persons living with Disabilities;
- (vii) in the case of a resident foreign citizen an alien identification card; or
- (viii) in the case of a refugee, a refugee identification card issued under the Refugees Act

No. 10 of 2021.

Access to national database.

6. The Fund shall utilize the existing National Population Data bases linkages for purposes of mobilising registration to the Fund.

Amendment of beneficiary details.

7. (1) A contributor may amend the details of a spouse as a beneficiary by submitting to the Fund the amendment Form set out in Second Schedule.

(2) A contributor who requests for an amendment referred to in paragraph (1) shall provide the following—

- No. 4 of 2014.
- (a) in the case of a divorce, a divorce decree;
 - (b) in the case of death, a death certificate;
 - (c) a decree declaring the presumption of the death of a spouse;
 - (d) a decree of annulment;
 - (e) a decree of divorce or annulment obtained in a foreign country and recognized in Kenya under the Marriage Act; or
 - (f) any other documentation approved by the Board.

Deregistration of contributor.

8. (1) The Fund shall deregister a person as a contributor upon the death of the person.

(2) The Fund shall reallocate contributions for a deregistered person to the surviving spouse who is a declared beneficiary.

(3) Where a deregistered person has no surviving spouse and has pre-paid contributions, the beneficiaries shall continue to access benefits until the end of the period for which the contributions have been paid.

PART III – CONTRIBUTIONS TO THE FUND

Contributors of the Fund.

9. Pursuant to section 15 of the Act, the following persons shall be liable as contributors to the Fund—

- (a) a person who derives an income from salaried employment;
- (b) a self-employed person who meets the criteria set out in section 15(1) of the Act;
- (c) the National Government on behalf of indigent and vulnerable persons as provided under section 15(1B); and

- (d) a person who is not employed or listed as an indigent person or vulnerable person.

Standard contribution.

10. A contributor in salaried employment shall pay a standard contribution at a rate of 2.75% of the gross monthly income derived from employment in the preceding month.

Contribution by self-employed person.

11. (1) A contributor in self-employment shall pay a special contribution to the Fund at a rate of 2.75% of the declared or assessed gross monthly income of the contributor.

(2) A contributor shall pay three hundred shillings (Kshs. 300) where the amount in paragraph (1) is less than three hundred shillings (kshs. 300).

(3) In determining the income upon which a contribution is applicable, the Board may require the contributor to avail such evidence and documentation as the Board may consider necessary.

Contributions for indigent and vulnerable persons.

12. (1) The state department responsible for social protection shall submit to the Board a list of the indigent and vulnerable persons for whom the National Government is liable as a contributor.

(2) Upon receipt of the list under paragraph (1), the Board shall notify the persons listed thereto that they are eligible as beneficiaries of the Fund.

(3) The amount payable by the National Government on behalf of indigent and vulnerable persons shall be thirteen thousand and three hundred shillings (Kshs.13300).

Other contributors.

13. A contributor who is not employed or listed as an indigent person or vulnerable person shall pay a monthly contribution of one thousand shillings.

Obligations of an employer.

14. (1) An employer shall deduct the contribution of a salaried employed contributor and submit it to the Fund on behalf of the employee.

(2) Where an employer terminates the employment of a contributor, the employer shall notify the Fund within thirty days thereof.

(3) The obligations of an employer in relation to a contributor whose services have been terminated shall cease immediately the Fund receives the notification referred to in paragraph (2).

Remission of contribution.

15. (1) Any contribution under these Regulations shall be remitted to the Fund on or before the ninth day of the succeeding month.

Remission of penalty.

16. A penalty imposed on a contributor under section 18 or 19 of the Act, shall be remitted to the Fund in the manner notified to the person liable to pay the penalty, by the Board.

Statement of account.

17. (1) A contributor may obtain a statement of account by submitting a written or electronic request to the Board.

(2) The Board shall promptly respond to the request and provide the statement indicating the following details—

(a) the status of the contributions;

PART IV – ACCESS TO BENEFITS BY CONTRIBUTOR AND BENEFICIARIES

Access to benefits.

18. A contributor or beneficiary shall access a benefit of the Fund sixty days from the date of registration.

Out-patient services.

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

(2) 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 provider had been earlier empanelled and contracted and such empanelling and contracting has been revoked in accordance with the Act;
- (c) a health care provider is not operational;
- (d) a health care provider is operational but does not offer the particular health service sought by the beneficiary; or
- (e) the beneficiary is unable to access the health care provider due to change of residency or employment.

Identification of beneficiaries accessing services.

20. A beneficiary seeking to access a benefit of the Fund from an empanelled health care provider shall provide the following documents for purposes of identification—

- (a) in the case of a contributor—
 - (i) at first instance, their national identification document and their biometrics;
 - (ii) where the biometric identification required under (i) is not available the contributor's national identification number and the one-time password; or
- (b) in the case of a spouse—
 - (i) at first instance, 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 numbers 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; or

- (d) in the case of a child who is seven years and above—
 - (i) at first instance, the contributor's national identification document and the biometrics of the child; or
 - (ii) where the biometric identification required under (f) is not available, the contributor's national identification document and the one-time password; or
- (e) in the case of a beneficiary who is at least eighteen years but has not attained the age of twenty-one years, has no income and is living with a contributor—
 - (i) at first instance, the contributor's national identification number and the biometrics of the beneficiary; or
 - (ii) where the biometric identification required under (i) is not available, the contributor's national identification number and the one-time password;
- (f) 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) at first instance, the beneficiary's student identification card or other evidence of ongoing education or training and the contributor's national identification number and the biometrics of the beneficiary;

- (ii) where the biometric identification required under (i) is not available, the beneficiary's student identification card or other evidence of ongoing education or training and the contributor's national identification number and the one-time password; or
- (g) in the case of a beneficiary who is a person living with a disability and is wholly dependent on and living with a contributor—
 - (i) at first instance, the contributor's national identification card and the biometrics of the beneficiary; or
 - (ii) where the biometric identification required under (1) is not available, the contributor's national identification number and the one-time password.

Non-withdrawal of benefits in relation to chronic illness.

21.(1) A beneficiary suffering from a chronic illness shall, upon exhaustion of his or her benefit limits, access treatment for the chronic illness from a public health care provider subject to the applicable benefits package.

(2) A beneficiary referred to in paragraph (1) shall access treatment for the chronic illness if there are no arrears in the contributions in favour of the beneficiary.

Claims outside Kenya.

22. (1) A beneficiary who wishes to access a health service outside Kenya shall request for authorization from the Board to access the health service in Form NHIF 001 set out in the First Schedule to these Regulations.

(2) The request in paragraph (1) shall be accompanied by the following—

- (a) a referral letter from the treating doctor or consultant;
- (b) a duly filled form prescribed under the Medical Practitioners and Dentists Act; and

- (c) a letter of no objection from the Director-General for Health.

(3) The Board shall consider the request for authorization of treatment outside Kenya to verify that the health service requested for authorization is not available within Kenya.

(4) Where the Board is satisfied that the health care service is not available for the beneficiary, the Board shall authorize treatment of beneficiary outside Kenya.

Eligibility for overseas Treatment.

23. Overseas treatment may be accessed by a beneficiary if there are no arrears in the contributions in favour of the beneficiary.

PART V – EMPANELMENT

Empanelment.

24. (1) No benefit shall be payable to a healthcare provider that is not empanelled and contracted by the Board.

(2) The Board shall empanel health care providers only three times in a year.

Application for empanelment

25. A health care provider seeking empanelment under the Act shall make an application to the Board in Form A set out in the Schedule and accompanied by the following documents—

- (a) a copy of the certificate of registration and a valid license issued by the relevant regulatory body referred to in section 60 of the Health Act;
- (b) a certificate of registration of business name or certificate of incorporation, where applicable;
- (c) a certified copy of CR 12 for facilities with certificate of incorporation or CR 13 for facilities with certificate Business registration, where applicable;

- (d) certificate of change of name applicable to facilities requesting for change their name, where applicable;
- (e) tax compliance certificate issued by Kenya Revenue Authority;
- (f) a certificate of compliance issued by the National Health Insurance Fund

Processing of application.

26. (1) Upon receipt of the application for empanelment under regulation 21, the Board shall review the application and make a decision within one hundred and twenty days of receipt of the application.

No. 21 of 2017.

(2) Where the application is approved, the Board, in consultation with the relevant regulatory bodies specified in section 60 of the Health Act, shall empanel a healthcare provider.

(3) Upon the publication of an empanelled health care provider in the gazette under section 30 of the Act, the Board may contract the health care provider within thirty days of the date of the publication.

On boarding in the system.

27. Where a health care provider is empanelled and contracted in accordance with the Act and these Regulations, the healthcare provider shall be on boarded into the Centralised Healthcare Provider Management System.

Inspection.

28. The Board shall, at least once every year, inspect every contracted healthcare provider to ensure compliance with the provisions of the Act and these Regulations.

Revocation of empanelment.

29. The Board shall revoke the empanelment of a healthcare provider where it is established by the Fund that the healthcare provider—

- (a) billed for a procedure that is not required by a beneficiary;
- (b) billed for a procedure that is not covered within the level of care of the health care provider;

- (c) billed for a procedure that is not within the scope of professional practice of the health care provider;
- (d) billed a patient for services and medicine not provided;
- (e) falsified or alters any information with intent to defraud the Fund; or
- (f) submitted separate claims to the Fund for services that are to be contained in a single claim.

Procedure for revocation of empanelment.

30. The Board shall revoke the empanelment of a health care provider in accordance with section 30 of the Act.

Health care services under the Fund.

31. An empaneled and contracted health care provider shall provide health care services set out in the Schedule to these Regulations within or outside Kenya.

Obligations of a healthcare provider

32. An empaneled and contracted health care provider shall—

- (a) ensure that quality and safe health services are provided;
- (b) assess and review health services;
- (c) improve the quality and safety of the health services provided;
- (d) establish and maintain the necessary infrastructure for purposes of linking the administration of benefits and submitting claims to the System;
- (e) maintain accurate and orderly medical records for the beneficiaries in respect to services provided; and

- (f) prepare a statement containing information in relation to claims for any health care services rendered.

PART VI- CLAIMS AND BENEFITS

Benefits payable.

33. (1) The Board may, in respect of a health service provided under the 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.

Lodging of claims.

34. (1) A contracted health care provider shall lodge a claim to the Board 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 valid patient's hospital registration 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.

(3) A health care provider shall submit to the Board a claim for payment of any medical treatment within seven days

from the date of discharge of the patient from the health care provider.

(4) The Board may require a health care provider who has submitted a claim under paragraph (3) to provide, in the manner determined by the Board, any further information in respect of the claim.

35. (1) The Board shall pay for a claim arising out of health services rendered to a beneficiary if there are no arrears in the contributions in favour of the beneficiary.

(2) The Board shall pay claims for health care services through the System established pursuant to section 21A of the Act.

Adjustment of claim.

36. 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 where there is an error in respect of the amount paid.

Limits to claims.

37. The Board shall not pay out of the Fund any claims arising from—

- (a) any health care provider who is not empanelled and contracted except as provided in regulation 33(b);
- (b) any revoked or suspended healthcare provider;
- (c) any unauthorized referrals;
- (d) health care services that are not included in the benefits package;
- (e) 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; and
 - (i) any expenses payable by another insurance including Work Injury Benefits Act.
- No. 13 of 2007.

Claims outside Kenya.

38. (1) A beneficiary who wishes to access a health service outside Kenya shall request for authorization from the Board to access the health service in Form NHIF 001 set out in the First Schedule to these Regulations.

(2) The request in paragraph (1) shall be accompanied by the following—

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

(3) The Board shall consider the request for authorization of treatment outside Kenya to verify that the health service requested for authorization is not available within Kenya.

(4) Where the Board is satisfied that the health care service is not available for the beneficiary, the Board shall authorize treatment of beneficiary outside Kenya.

Rates payable.

39. The tariffs payable under the Fund in respect of any benefits to an empanelled health care provider shall be as specified in the health care provider contract published on the website of the Fund.

PART VII— CENTRALIZED HEALTH CARE PROVIDER MANAGEMENT SYSTEM

Centralized Health
Care Provider
Management System.

40. (1) The centralized health care provider management system shall be accessible to the 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.

No. 4 of 2019.

(2) The Board shall review access rights granted under sub-regulation (1) in line with the provisions of the Data Protection Act.

(3) The review referred to in sub-regulation (2) shall be with respect to—

- (a) access and processing of data including who can access the system and at what point;
- (b) transmission to third parties including how third parties handle the information they access and the purposes for which they can access data;
- (c) use of data including commercial, research and advertising; and
- (d) amendment of data.

Access by other
persons.

No.

41. A person who wishes to access the system shall apply to the Board for rights of access in line with the provisions of the Data Protection Act.

User obligations.

42. A person who has been granted access into the system by the Board shall-

- (a) carry out such transactions as authorized;

(b) be responsible for the security of the transactions carried out in the system.

System upgrade and update.

43. (1) The Board shall update and upgrade the system on a regular basis in order to—

(a) address the prevailing technological changes;

(b) maintain the system; and

(c) review security flaws and patches.

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

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

PART VIII- REVOCATION AND SAVING PROVISIONS

Revocation of L. N. 185 of 2003.

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

Revocation
L. N. No. 186 of
2003.

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

Revocation of L. N. 187 of 2003.

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

Revocation of L. N. 188 of 2003.

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

SCHEDULES
FIRST SCHEDULE

FORMS

1. REGISTRATION FORM
2. AMENDMENT FORM
3. EMPANELMENT AS A HEALTHCARE PROVIDER

1. REGISTRATION FORM

(r. 4(2))

Tick where applicable

Employed **Self Employed** **Sponsored** **Unemployed.**

Tick where required **Registration**

Note:

1. **Attach Copies of National Identity Card/Alien ID/Passport for both contributor and spouse where applicable, Refugee ID (where applicable).**
2. **Please attach a copy of Birth Certificate for each child. For children under six (6) months, a birth notification is acceptable. Certificate of disability from National Council of Persons with Disability (where applicable), adoption order, a will, deed or court order.**

PART I: CONTRIBUTOR REGISTRATION DETAILS

Surname:
Other Names:
National I.D/Passport/Alien I.D/ Refugee ID No.:
Date of Birth (DD/MM/YYYY):
Gender.....
Employer/Self Employed Details.....
Sponsor Name:
Mobile No.:
Email Address:
Place of Residence (County):
Sub County:
Postal Address:

Post Code:



PART II: SPOUSE DETAILS

Surname:

Other Names:

National I.D./Passport/Alien I.D. No.:

Date of Birth (DD/MM/YYYY):

Gender:

Mobile Phone No.:

Note: Indicate details of additional spouses, if applicable.

PART III: CHILDREN DETAILS

	Name of Child	Date Of Birth					
		Date	Month	Year	Gender		
Child 1							
Child 2							
Child 3							
Child 4							
Child 5							

Sign..... Date

NHIF No..... Employer/Sponsor Code.....

2. AMENDMENT FORM

APPLICATION FOR

AMENDMENT/UPDATES

PART I: To be completed by the member

- a) Member Name:.....
- b) Member No:..... LD No.....
- c) Postal Address:..... Postal Code:.....
- d) Telephone No:..... Email:.....
- e) Requested Changes:
.....
.....

REQUIREMENTS

To change, remove or insert the name of a spouse the following documents must be included

- Copies of I.D cards for Member and Spouse.
- Marriage Certificate or Affidavit
- Divorce Certificate/ Affidavit or Death Certificate

NB:

In case of change of wife / husband the new spouse will only access benefits after 30 days after amendment is done

PART II: CHILDREN’S PARTICULARS

Name of	Date of			Gender	Birth Certificate / Adoption Certificate
	Day	Month	Year		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Please attach copies of Birth / Adoption Certificate.

Birth Notification is only acceptable for children under 6 months.

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PART III: PHOTOGRAPHS

Revised 2018

name of the person below as appropriate.

Spouse Name

Child's

Child's

Child's

Child's

Child's

In case the family has more than five (5) children kindly use / attach another form (NHI **PART III**) for the additional beneficiaries.

PART IV: Certification

I certify that the information provided above is correct to the best of my knowledge.

Name of Contributor.....Sign.....Date.

For official user only

1. Receiving Officer _____ Sign _____

2. Verification Officer _____ Sign _____

Please attach colored passport size photographs for each of the person named in **PART I and II**, indicate the

3. Amending Officer _____ Sign _____
_____ Date _____

4. Photo processing Officer _____ Sign _____
Date _____

* The receiving, verifying and amending officers should confirm that the application is in order and that the contributor has presented it in person before processing the request.

3. EMPANELMENT AS A HEALTHCARE PROVIDER

FORM

APPLICATION FORM FOR EMPANELMENT AS A HEALTHCARE PROVIDER

A: FACILITY INFORMATION

Licensed /Trading Name of institution	
Plot No	Building
Postal Address: P.O. Box	Town
County	Street
Sub County	Geo Coordinates
Nearest NHIF Office	Tel Landline
MOH Master Facility Code	Mobile Number
NHIF Employer Code	Email address
Licensing/Health Regulatory Body	Licence Serial Number
Number of Licensed Beds / Dental / dialysis Chairs	KEPH Level
Hospital Category	KEPH Tier
Health Facility KRA Pin	Inpatient Choice of Contract
Application Tracking Number	Application Type

B: SERVICES OFFERED (TICK WHERE APPLICABLE)

Outpatient only	Inpatient only	Both in & out patient	Maternity	Optical	Dental	Renal	Oncology	Rehabilitati

C: SELF ASSESSMENT ON UNIT SERVICE STATUS

UNIT OF SERVICE		SERVICE AVAILABILITY YES/NO	
1	Health Facility Infrastructure	Y <input type="checkbox"/>	N <input type="checkbox"/>
2	Leadership, clinical governance, patient's rights and human resources	Y <input type="checkbox"/>	N <input type="checkbox"/>
3	Infection, prevention and Control	Y <input type="checkbox"/>	N <input type="checkbox"/>
4	Consultation services	Y <input type="checkbox"/>	N <input type="checkbox"/>
5	Maternity unit	Y <input type="checkbox"/>	N <input type="checkbox"/>
6	General wards	Y <input type="checkbox"/>	N <input type="checkbox"/>
7	Theatre	Y <input type="checkbox"/>	N <input type="checkbox"/>

8	Pharmacy	Y <input type="checkbox"/>	N <input type="checkbox"/>
9	Laboratory	Y <input type="checkbox"/>	N <input type="checkbox"/>
10	Radiology	Y <input type="checkbox"/>	N <input type="checkbox"/>
11	Other support services	Y <input type="checkbox"/>	N <input type="checkbox"/>
12	Safety and Risk management	Y <input type="checkbox"/>	N <input type="checkbox"/>
13	Population engagement & facility outcome	Y <input type="checkbox"/>	N <input type="checkbox"/>
14	Eye unit	Y <input type="checkbox"/>	N <input type="checkbox"/>
15	Dental unit	Y <input type="checkbox"/>	N <input type="checkbox"/>
16	ICU	Y <input type="checkbox"/>	N <input type="checkbox"/>
17	Renal	Y <input type="checkbox"/>	N <input type="checkbox"/>
18	Rehabilitation	Y <input type="checkbox"/>	N <input type="checkbox"/>
19	Oncology	Y <input type="checkbox"/>	N <input type="checkbox"/>

D: DOCUMENTARY REQUIREMENT

Kindly attach the following up to date documents to the application.

- (a) the relevant certificate and licence issued by the relevant regulatory body referred to in section 60 of the Health Act;
- (b) a certified copy of Business registration name or Certificate of Business incorporation, where applicable;
- (c) a certified copy of CR 12 for facilities with certificate of incorporation or CR 13 for facilities with certificate Business registration, where applicable;
- (d) a certificate of change of name applicable to facilities requesting for change their name, where applicable; and
- (e) a certified copy of Certificate of Compliance by National Health Insurance Fund.

Note: The Board may request for such other additional information necessary for processing the application for empanelment.

E. HOSPITAL ENDORSMENT

I hereby declare that the above information is correct to the best of my knowledge.

Hospital Representative's

Names.....

Sign.....

Official Stamp & Date

F. FOR OFFICIAL USE: BRANCH OFFICE VALIDATION

We hereby confirm that the application form is duly completed, and all the required documents have been attached and validated.

Senior Quality Assurance Officer

Names

Sign

Date.....

Branch Manager

Names

Sign.....

Official Stamp & Date.....

REFERRAL FORM FOR OVERSEAS TREATMENT

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

Name of the Contributor:	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 <input type="checkbox"/> NO		
Please name Insurance/Sponsor Yes _____		
County:		

Name of the Patient:	Age:	Relationship to the Contributor:
	Sex: (Male/Female)	(Self/Spouse/beneficiary)

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 Contributor

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 Health Insurance Fund (NHIF).

Have you received treatment/care overseas before?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please state where, when and course of treatment received.	

SIGNATURE OF THE CONTRIBUTOR:

Date:

SECOND SCHEDULE

SERVICES RENDERED BY EMPANELLED AND CONTRACTED HEALTHCARE PROVIDERS

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 the 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 for 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;
- (viii) Bone scan and radio nucleoid scans.

ROAD EVACUATION HEALTH CARE SERVICES

On site evacuation via road ambulances: Transportation & transfer of a sick beneficiary 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 in accordance with these Regulations and the MOH guidelines provisions.

Made on the, 2023.

Eng. Michael Kamau,
Chairperson
The National Health Insurance Fund Board of Management.

Made on the 2023.

DR. NAKUMICHA S. WAFULA,
Cabinet Secretary For Health