



Kenya Medical Association

NATIONAL EXECUTIVE

KMA CENTRE, CHYULU ROAD, P.O. BOX 48502 – 00100 GPO, NAIROBI-KENYA

Mobile: 0722-275695

Email: nec@kma.co.ke

Website: www.kma.co.ke

11th May 2023

REF:KMA/NEC/NHIF/ACT/2023

**CHIEF EXECUTIVE OFFICER,
NATIONAL HEALTH INSURANCE FUND.
P.O BOX 30443-00100
NAIROBI, KENYA.**

Dear Sir,

RE: KENYA MEDICAL ASSOCIATION MEMORANDUM ON DRAFT NHIF REGULATIONS 2023

The Kenya Medical Association (KMA) is the umbrella body for Doctors in Kenya. It has a twin mission: Champion the doctors' welfare and quality healthcare in Kenya. Pursuant to this mandate, KMA would like to submit the following recommendations in response to the invitation by the National Health Insurance Fund for public participation on the draft NHIF amendment act regulation, 2023.

Regulation/Clause	Issues of Concern	Justification	Recommendation
CONTRIBUTIONS TO THE FUND	10. Proposed increase of formal sector contribution to a capitation rate of 2.75% of gross income. 11. (2) Lowering the informal sector contribution from 500 to 300 shillings	-Placing the cost of the healthcare burden unequally on the formal sector employees (Minority at 3 million) for the benefit of the majority in the informal (18 Million) does not promote equity and is not in spirit of Universal Health Coverage. -Some of those informally employed outearn those in formal employment who are still	-The contribution amount should stay with no increase or decrease for either sector.

**President
Dr. Simon Kigundu**

**Vice-President
Dr. Amos Otara**

**Secretary-General
Dr. Diana Marion**

**Assistant Secretary-General
Dr. Elizabeth Gitau**

**Treasurer-General
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		<p>overburdened with additional forms of taxation amidst the rising cost of living due to inflation.</p> <p>-Lack of trust bred in corruption witnessed in NHIF through lack of transparency makes the mwananchi not believe they can trust the body to work efficiently with larger sums of money drawn from higher premiums</p> <p>-The capitation amount 2.75% is a higher amount than that charged by some private insurance companies making NHIF lose its competitive advantage based on affordability of cover.</p>	
STATEMENT OF ACCOUNT	17. (2) The Board shall promptly respond to the request and provide the statement indicating the status of contributions	- No specific timeline is given, and this impacts negatively on operational efficiency	-Status of contributions to be provided within 12 hours
OUT- PATIENT SERVICES	19. (2) A beneficiary may change their choice of selected health care provider in a manner determined by the Board	-Good governance/management should follow clear guidelines that are clearly communicated especially in cases concerning the public.	-The procedure for beneficiaries to change their choice of selected health care provider should be clearly outlined and information communicated to the general public.

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<p>ENPANELMENT</p>	<p>25. Application for empanelment having to be approved by the board.</p> <p>26. 120days specified for review of applications is too long.</p>	<p>-Applications for empanelment to be approved by the board is an inefficient process that does not guarantee freedom and fairness.</p>	<p>-There should be automatic empanelment after providers who have made applications meet the criteria specified in the act.</p>
<p>CLAIMS AND BENEFITS</p>	<p>34.(4) to provide, in the manner determined by the Board, any further information in respect of the claim.</p> <p>35. The board does not specify the timeline within which the claim should be paid to the provider but clearly stipulates the timeframe within which the claim should be made.</p>	<p>-Data protection laws should apply hence 'any manner determined by the board' should comply.</p> <p>-NHIF owes substantial amounts to providers through claims that are yet to be honored.</p>	<p>-The board should clearly define the information required.</p> <p>-Payments for claims made should be paid within 14 days of submission of the claim.</p>

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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	-It is costly for providers to have more than one inspection.	- Inspections should be coordinated with KMPDC
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DR. DIANA MARION,

SECRETARY GENERAL

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