REPUBLIC OF KENYA

SHA | Social Health Authority
Bima Bora, Afya Nyumbani

SOCIAL HEALTH INSURANCE ACT (NO. 16 OF 2023)

CONSOLIDATED MATRIX FOR THE TARIFFS TO THE BENEFIT PACKAGES UNDER THE SOCIAL HEALTH INSURANCE REGULATIONS, 2024

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
1.	Dr Victor Albert Okoth - Urologist	Missing Transurethral resection of the Bladder Tumour (TURBT) on urology surgery Transurethral resection of Bladder Tumour (TURBT). Recommended cost =Ksh 250,000.	Adopted with amendments	This is a bladder-cancer intervention and shall be incorporated under the tariffs with a proposed tariff of KES 201,600
2.	Dr Victor Albert Okoth - Urologist	Missing Redo-TURBT Most patients with confirmed Bladder cancer need to undergo a Redo-TURBT before intravesical chemotherapy to cure their cancers.	Not adopted	The code above (Transurethral resection of Bladder Tumour (TURBT)) applies to the Redo-TURBT.

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		Add a Redo-TURBT on the list at a recommended cost of Ksh 250,000		
3.	Dr Victor Albert Okoth - Urologist	Missing Transrectal Ultrasound guided Prostate Biopsy among Urology procedures Add Transrectal Ultrasound guided prostate biopsy. Recommended cost =Ksh 60,000	Not adopted	The draft Tariffs already provide for Transrectal Ultrasound guided biopsy under "Prostate Biopsy". Further, Prostate Biopsy shall be renamed as Transrectal Ultrasound guided prostate biopsy.
4.	Dr Victor Albert Okoth - Urologist	Missing Perineal Ultrasound guided Prostate Biopsy among Urology Procedures Add it to the list. Recommended cost of = Ksh 70000	Not adopted	Perineal Ultrasound guided Prostate Biopsy shall be provided as a service under Prostate biopsy which is already recognized under the draft Tariffs (Code 686).
5.	Judith Akolo	Classify Sickle Cell Disease, as a chronic disease series.	Noted	Sickle cell disease has been recognized under the draft Tariffs as a chronic disease.

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		My child is living with Sickle Cell Disease,has exhausted the family completely financially, socially and in all aspects due to the related complications. It's also a genetic disorder and therefore in the true sense of the word, those who get it, have nothing that they did or can do to get it. It's not their fault to be born with it. They need to be assisted medically with management of the disease for them to live a quality life.		
6.	Collins Nzuya Musaa. AG. Secretary. Health Economics Association of Kenya	Access point for outpatient services under the primary HC fund Level 2 and 3 have been perennially underfunded. Some were built but not adequately equipped. This is demonstrated through the health facilities census 2023 report.	Noted	This has been provided for under Regulation 5 of the Social Health Insurance Regulations, 2024 which prescribes that the Primary Healthcare Fund shall be used to purchase primary healthcare services from primary healthcare facilities or a level 4 primary health

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		Allow for a staggered transition to allow for counties time to invest at these levels. For example, in year 1 and 2 allow all level 4s to be part of access points.		care referral facility designated by the Authority for purposes of access to services under the Primary Healthcare Fund.
7.	Collins Nzuya Musaa. AG. Secretary. Health Economics Association of Kenya	Access rules • ARVs, antimalarials, anti TBs, and associated tests, family planning commodities, KEPI vaccines will be provided at public facilities, and faith based & private facilities that report to the health information system. This will discourage investment into this space by the private sector practitioners and any failure in the public	Not adopted	Access to these strategic programmes are guided by existing policies.

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		sector akin to what we had with vaccine will ground services • Include these services but allow for billing in the private sector only for new clients.		
8.	Collins Nzuya Musaa. AG. Secretary. Health Economics Association of Kenya	The reimbursement rates for levels 4, 5 and 6 at the outpatient Services have been stated as sh1800 for outpatient services, shs 8000 for specialist consultation. Further, shs 900 have been allocated per belly button per year for outpatient (primary care) services at level 2, 3 and 4. • There is need for clarity why the same set of outpatient services is paid twice at the level 4, 5, 6 (shs 1800) compared to level 2, 3 and 4 (shs 900).	Noted	The KES 900 is the set tariff for outpatient services at level 2 & 3 while the KES 2000 is the set tariff for outpatient visits for level 4, 5 and 6 where the patient can access specialist services.

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		• Access to diverse specialist's consultation services should be equitable. Limiting specialist consultation reimbursement for level 4, 5 and 6 (shs 8000) is a disincentive to specialist consultation at the lower levels of care. Traditionally, specialists have not had incentives to extend their much-needed services in relatively marginal, rural and lower care levels. Thus creating little demand for health infrastructural investment at primary health care with resultant overuse of higher level facilities. • A rationale for the outpatient costing estimate of shs 900 global budget at level 2, 3 and 4 compared to shs1800 for levels 4, 5 and 6 is needed. • Incentivize practice for		

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		medical specialists close to where people live (levels 1, 2, 3) and for the people in need. Therefore, expand the coverage of specialist's reimbursement of shs 8000 for level 2, 3, 4, 5 and 6. This will strengthen the quality and access of primary health care.		
9.	Collins Nzuya Musaa. AG. Secretary. Health Economics Association of Kenya	Accident And Emergency (A&E) care services. One of the access rules for A&E services is limited to registered and paid-up SHA members. • Is against the constitution, article 43 of COK 2010, which stipulates that no Kenyan should be denied emergency care for whatever reason, including their subscription status to the national scheme. • Does that imply there is a special fund or scheme developed towards responding to these future possibilities and	Not adopted	The Access and Emergency Care services are available to all persons in Kenya as provided under Regulation 27(4) of the Social Health Insurance Regulations, 2024 which provides that **every person** shall be entitled to access emergency treatment in accordance with the benefits package set out in the Fourth Schedule to the Regulations.

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		realities? Rephrase access rule as follows; All Kenyans in need of A&E services will be guaranteed emergency care access at any facility of Kenya.		
10.		In terms of access rules and assumption, the cost of emergency response systems to natural disasters and pandemics will not be covered under this benefits package. • If we do not have funds for natural disasters and pandemic emergency response, we need to be categorical how these emergencies will be funded. Otherwise, denying to cover emergency response from pandemic or natural disasters will be akin to suspending the right of citizens to emergency care because of a pandemic. (Previous experiences in	Not adopted	Response to pandemics and natural disasters are already covered under existing mechanisms including the Public Health Act and Legal Notice No. 14 which establishes the Kenya National Public Health Institute. Section 21 of the Public Finance Management Act further grants the Cabinet Secretary responsible for matters relating to finance with the power to make advances from the Contingencies Fund for the purposes of disaster

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		COVID19 have shown that turning a blind eye to public emergencies disproportionately burdens the poor and other vulnerable groups. Usually, vulnerable groups are left at the hands of market failures in the health sector). • Enlist infectious disease emergencies such as epidemics and pandemics as well as natural disaster emergencies as part of Benefits package (BP) and explore the feasibility of financing from SHIF, ECCIF or PHCF, if no other infectious disease fund(e.g. pandemic fund or disaster fund) is functionally in existence.		management.
11.		In terms of PPM and tariffs, Emergency transfer fee is capped at 4500 Shs (within 25 km radius) and shs75 per Km beyond 25 Km.	Not adopted	The fixed rate for ambulances within the 25 km radius was provided as an incentive to ambulance providers to set up their

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		This is an incentive for underproduction of emergency services beyond the 25 km radius given the relatively lower reimbursement rates for the provider. We see this as an inequity problem because communities living in areas with low ambulance availability will struggle finding ambulances under SHA owing to the dis-incentive of lower rates beyond 25 km. • We also feel that emergent epidemics and notifiable diseases whose nature of spread call for timely public health response, constitute public health emergencies, should be eligible for coverage as essential emergent services given their huge negative externalities.		ambulances closer to the communities where they offer these services.
12.		Another access rule for	Not adopted	The establishment of the

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		emergency services is the centralization of transfers through the National call centre • While the centralization of emergency dispatch powers will support a coordinated approach for Emergency calls, this should be coupled with a decentralized triaging decision making and autonomy to allow for timely transfer, response and car by the pre-hospital emergency providers. Emergency calls requiring urgent and emergency medical advice and attention, call for efficiencies around communication and triage decisions making to facilitate timely transfer and appropriate care. • We propose a review of tariffs towards an equitable reimbursement of ambulances		National call centre was premised on the need to provide a coordinated approach to providing ambulance services from a pooled stock of ambulances across the Country. Further, medically-trained and certified dispatchers will coordinate the triage.

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		within and beyond 25 km, to avoid underproduction of ambulance care services in distant areas where coverage of ambulance services and emergency care may be limited. However, we support an alternative coordinated approach that encourages timely ambulance response to the nearest scene such as the proposed centralized dispatch of ambulances coupled with increased investment to avail ambulances in marginalized areas		
13.		Medical Imaging and other investigations package (Radiology and laboratory services) • All radiology services are to be preauthorized. Radiology and laboratory as well as transfusion services are essential to timely expedition	Noted	Emergency Radiology and laboratory services are already covered under the Emergency, Chronic and Critical Illness Fund and do not require pre-authorization.

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		of Emergency and critical care. Yet assumptions and access rules in the proposed benefits package state that all radiology services are to be preauthorized which may create delays in authorization of immediate imaging requests in the emergency care settings. Exclude pre-authorization of radiology and laboratory services for patients in need of emergency care.		
14.		• Delayed surgical interventions are a preventable source of mortality. A Cameroonian study found that early imaging for trauma patients increased their odds ratio of survival by 5 times (Driban et al., 2023). Yet, reports of non-adherence to the legal mandate for provision of emergency care in a Kenyan hospital are rife owing to	Noted	Emergency Radiology services are already covered under the Emergency, Chronic and Critical Illness Fund. The Social Health insurance Act provides for mandatory provision of Emergency Medical Care for anyone within Kenya and the benefits package as tariffs provide a mechanism for

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		organizational equipment and working condition limitations in Kenya (Irene, Kithuka, & Rucha, 2024). We propose an explicit radiology and laboratory package and equivalent tariffs based on costing study for patients with trauma and other emergent or urgent need for diagnostic X-rays, CT scans, FAST Ultrasound and ECG. This package to be enlisted for capitation reimbursement at both public and private facilities where trauma and other emergency imaging services and stabilizing measures are to be offered.		reimbursements to the Health facilities thus ensuring that Citizens and Residents are able to access the emergency services. Before enactment of the SHI Act the Health Act mandated the provision of emergency medical services without a financing mechanism
15.		Optical Health services given in the BP • KES. 935 for Consultation and dispensing of eyeglasses.	Not adopted	The costing conducted in primary health facilities informed the tariff taking into consideration the optimization of benefits at the rollout stage with the

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		• The burden of Uncorrected Refractive Error (URE) remains a neglected public health concern with 60% of all eye impairment issues being attributed to URE(Ministry of Health in Kenya, 2023) and a about 7% of secondary school learners in Kakamega largely from poorer families were found to have unmet need for correction of refractive errors (Okenwa-vincent, Naidoo, & Clarke-farr, 2023). Expand optical services and care in the benefits package (BP) in line with the objectives of the National Eye care strategic plan 2020-2025. We propose as follows: Increase eye care funding prioritization by enhancing reimbursement rates in the BP to be between shs 5000 to shs 8000 based on current market		view of increasing coverage to other age-groups with the progressive implementation of the Funds.

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		prices for spectacles and their accessories to alleviate suffering among the young and poor people with uncorrected refractive errors (URE). Therefore, we call for a more transparent and Evidence-based approach to revise the optical care BP for consistency with market prices for eye care needs.		
16.		• Limit: KES. 1,000 per Household • Limited to beneficiaries below 18 years. • URE are associated with huge negative economic ramifications For instance, myopia and other forms of URE are associated with significant out of pocket expenditure (OOP) among adults based on a study in Singapore (Zheng et al., 2013). Furthermore, loss of annual economic productivity	Noted	The costing conducted in primary health facilities informed the tariff taking into consideration the optimization of benefits at the rollout stage with the view of increasing coverage to other age-groups with the progressive implementation of the Funds.

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		(annual GDP loss) due to URE in Kenya is approximated at US$ 671,455,575 to US$ 1,044,486,450 for 16–60 years population group and a productivity loss from the caregivers of the severe visually impaired is approximated at US$ 13,882,899 annually (Muma, Naidoo, & Hansraj, 2024a) Remove the limitation of below 18 years for beneficiaries; the burden of URE and other causes of eye sight impairment extends from early, and late childhood and adolescence into adulthood and old age with significant annual costs, reduced quality of life and economic productivity losses. However, sustain the preauthorization as a gate-keeping measures to tame moral hazard around unnecessary optical		

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		prescriptions.		
17.		Access points -Level 2-3 • In Kenya, eye care requiring correction of URE is inequitable and unaffordable owing to poor optical care at publicly-funded health facilities. Of the 11547 primary care facilities studied by Muma et al, none offered refractive care services or refractive correction spectacles, optometrist services being offered predominantly in the private sector. The burden of eye sight impairment is thus disproportionately borne by the poor who cannot sustain private eye care costs especially for spectacles (Muma, Naidoo, & Hansraj, 2024b). • Apply selective contracting of private eye care providers	Noted	The initial rollout has primarily considered public health facilities only but may be reviewed with the progressive implementation of the Fund.

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		given that public facilities (level2, 3) lack the immediate infrastructure needed for essential optical and optometrists eye care services in line with National Eye Care Strategic plan 2020-2025.		
18.		Exclusions • Nutritional care as essential care has been excluded from the BP. Nutrient supplements have been excluded from the benefits coverage. • Yet malnutrition is a pressing public health concern in Lowand middle-income countries, especially for women and early childhood (Victora et al., 2021). • Based on a collaborative study (COHA) supported by the Government of Kenya, child undernutrition in Kenya was linked to estimates of 6.9% GDP	Not adopted	Nutritional services are already covered under the Outpatient and Inpatient Services.

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		annual losses in 2014 (shs 373 billion) based on poor health, poor education and economic productivity (Government of Kenya (GoK), 2019). Malnutrition burden is disproportionately high among people with comorbid conditions such as among patients with HIV/AIDS(Seid, Seid, Workineh, Dessie, & Bitew, 2023). • To reduce the burden of malnutrition, the COHA report called for inclusion of essential nutritional therapeutics (such as Ready to use Therapeutic Foods) in the essential drug package (Government of Kenya (GoK), 2019)). • Enlist select nutrition products, supplements and therapeutics for chronic and acute severe malnutrition conditions among vulnerable groups as part of Pharmacy		

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		Benefits Package for groups at risk, with ill-health and vulnerable group e.g PLHIV, dialysis patients, cancer patients, at risk women, infants, and young children. • We propose an explicit nutritional package, to be defined under PHCF or under SHIF depending on the level of health-related nutritional need being prescribed.		
19.		Maternity Services • The access rule for C Section package is a maximum of 72 hours and 48 hours for normal deliveries, under the SHIF. There is a need to protect mothers and families from catastrophic spending associated with complicated and operative deliveries. Previously, the prevalence of catastrophic health spending (CHS) on maternal near misses	Noted	The draft tariffs provide for per diem coverage for all admissions exceeding 48 hours for normal deliveries and 72 hours for C-section deliveries.

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		and complications was reported at 26% (Juma, Amoadjei, Riley, Muga, & Mutua, 2021). We request further explicit clarification on the financing of per diem rates for complicated maternal care beyond 72 hours for C-section deliveries and beyond 48 hours for normal deliveries.		
20.		• In case of peripartum and postnatal complications beyond 48 hours for normal deliveries and 72 hours for CS deliveries, then per diem rate takes effect. All claims in this category will have to undergo surveillance A recent retrospective policy analysis linked Free Maternal Health Scheme (FMS) policy to reduction in neonatal deaths owing to increased institutional	Not adopted	The preauthorization process as prescribed under the Act and Regulations will be digitized and seamless. Any complicated maternal conditions will be covered under the Social Health Insurance Fund while maternal deaths will be covered under the End-of-Life Package.

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		deliveries. The authors called for sustained funding targeting maternal health for further potential gains in neonatal outcomes and a cost-benefit ratio of 21 from investing in FMS(Oyugi, Nizalova, Kendall, & Peckham, 2024). • We propose the costs based on per diem rates for complicated maternal deaths beyond the stipulated limit for SHIF, to be automatically covered by Emergency, Chronic and Critical Illness Fund (ECCIF).		
21.		Outpatient care services under PHC Fund Global budget allocation to PCNs being done at the end of the quarter means that providers will be expected to bear the entire financial risk of service provision during that quarter. In addition, any delays	Noted	Allocation of global budgets will be done on a monthly basis on a cost-weighted fee for service.

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		in allocating these funds would significantly and negatively impact service delivery. Allocation of global budgets needs to be done prospectively (either in full or almost in full) to ensure providers have the funds available to provide quality care to the population. A mechanism to ensure predictable distribution of funds to providers is needed		
22.		Screening & management of precancerous lesions Coverage of cancer screening is not in keeping with the Kenya National Cancer Screening Guidelines 2018 e.g. Prostate Cancer screening from 55 years, Colon Cancers should be screened in males only Align cancer screening package to the Kenya National Cancer	Adopted	Colon cancer screening will include both males and

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		Screening Guidelines 2018 e.g. • Prostate Cancer screening should be for all males above 40 years, • Colon Cancers should be screened in both males and females above 40 years		females and prostate cancer screening will be for all males above 40 years in alignment with the Kenya National Cancer Screening Guidelines 2018.
		The proposed rates for HPV DNA test at KES 3,600 and PSA test at KES 1,500 are too high for a national population based screening program. There is need to negotiate the cost of these screening tests with the manufacturers to ensure the available budget is stretched as far as possible	Noted	The cost of the screening tests will be reviewed in accordance with the input received from the relevant stakeholders.
23.		Pharmacy package The quarterly limit of KES 5,000 is not sufficient for some conditions e.g. post-transplant	Noted	The Pharmacy Benefits Package limits will be set as per the SHA negotiated prices.

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		medications while it may be more than sufficient for others e.g. hypertension. Define the pharmacy benefit package in accordance with the current market prices or SHA negotiated prices for the specific medications. In addition, SHA should define the formulary to be used, based on predetermined criteria e.g. cost effectiveness, quality, availability etc.		
24.		Quality of Care It is unclear what mechanisms will be used to ensure the population gets quality care SHA should proactively champion quality by financially incentivizing providers who provide high quality care. In addition, SHA should ensure that providers adhere to	Noted	The body responsible for quality of care will be responsible for ensuring the population receives quality health services. Regulation 37 of the Social Health Insurance Regulations, 2024 further obligates healthcare providers or facilities to provide quality and safe

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		Standard Treatment Guidelines to standardize care, reduce cost and improve population health outcomes		health services.
25.		Benefit Package and Tariff ReviewNational Cancer Screening Guidelines 2018 The Benefit Package and Tariff Review will be done every 2 years which is not frequent enough and may prevent SHA from making necessary adjustments based on provider behaviour, member feedback, market changes etc Incorporate a mechanism to continuously review the benefit package and tariff through the Benefit Package and Tariff Advisory Panel to ensure required adjustments are made as and when they are necessary.	Noted	Regulation 41(2) provides that the Benefit Package and Tariff Advisory Panel will be appointed by the CS and will be receiving recommendations and proposals continuously through the contracting period. They will be able to advise on new guidelines and benefits that may be incorporated in the benefit package.

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26.	Veronica Kirogo Director of Nutrition and Dietetics Services Head, Division of Nutrition and Dietetics State Department for Public Health and Professional Standards Ministry of Health P.O. Box 30016-00100 Nairobi|Kenya	**Primary healthcare fund** Outpatient care services Nutrition and dietetics care has not been included Include nutrition screening, counselling for adoption of healthy diet and /or therapeutic diets and therapeutic nutrition support as part of benefits package. **Justification** · Most illnesses will affect the nutrition status of individuals. · Nutrition and dietetics services are already being offered at level four-six and some level two and threes. · Individualized nutrition care is offered to identify clients at	Noted	The second schedule to the Social Health Insurance Regulations provide for outpatient healthcare services which include Health education and wellness, counselling, and ongoing support as needed together with consultation and care plans. Nutrition and dietetics are crucial components of patient care and are therefore included within these services.

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		risk of disease related malnutrition including nutrition counselling and diet plans, therapeutic nutrition supplements especially where there is deficiency or when prescribed with medications that might cause deficiencies. Most patients pay from their pockets for the nutrition services and /or products		
27.		**Primary healthcare fund** Maternity, Newborn and child health services Nutrition and dietetics care has not been included Include nutrition screening, nutrition counselling and therapeutic nutrition support as	Noted	The Maternity, newborn and child health benefit package provided under the second schedule to the Social Health Insurance Regulations, 2024 includes: Ante-natal care, delivery by ways of normal delivery, assisted delivery and caesarean section as necessitated, Aftercare for the mother together with the newborn.

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		part of the benefits package. **Justification** In addition to the justification in the section on outpatient care services, women in maternity present with different forms of malnutrition and diseases /conditions which require nutrition and dietetics care including anemia, cardiovascular diseases among others. Some infants are born premature of low birth weight and require nutrition support and may require parenteral /enteral feeds, preterm formulas or breastmilk fortifiers, micronutrient supplementation among others. If not covered, the clients pay from their pockets. Malnutrition is also identified during ANC visits and nutrition		Nutrition and dietetics are crucial components of patient care and are therefore included within these services.

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		and dietetics care provided when need.		
28.		Social health insurance fund Outpatient care services Nutrition and dietetics care has not been included. Include nutrition screening and assessment, nutrition counseling, diet plans and therapeutic nutrition support. **Justification** As for primary healthcare fund In addition, more specialized nutrition and dietetics services are offered from level four to six even at outpatient. Foods for special medical purpose are already listed in	Noted	The third schedule to the Social Health Insurance Regulations, 2024 provides for outpatient healthcare services which include Health education and wellness, counselling, and ongoing support as needed . Nutrition and dietetics are crucial components of patient care and are therefore included within these services..

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		Kenya essential medicines list and patients are prescribed for mostly paying from their pocket .		
29.		Social health insurance fund Maternity ,neonatal and child health services Nutrition and dietetics care has not been included . Include nutrition screening, nutrition counseling and therapeutic nutrition support as part of benefits package. **Justification** **As for primary healthcare fund**	Noted	The Maternity, newborn and child health benefit schedule includes: Ante-natal care, delivery by ways of normal delivery, assisted delivery and caesarean section as necessitated, Aftercare for the mother together with the newborn. Nutrition and dietetics being an important element of patient care is therefore covered within these.
30.		**Social health insurance fund**	Noted	The renal care, surgical and oncology benefits include consultation, laboratory

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		Renal care package, Surgical services package, and Oncology services Nutrition and dietetics care has not been included Include nutrition and dietetics care in benefits package **Justification** Nutrition and dietetics care is an integral part of renal, cancer and surgical management. Patients with these diseases and conditions are at risk of all forms of malnutrition. When malnutrition is not treated, the probability of more hospital revisits in shorter intervals, slower wound healing after surgery is high and eventually the medical cost of		tests and drugs dispensing by relevant specialists. Nutrition and dietetics are crucial components of patient care and are therefore included within these services..

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		care will be higher. Timely diagnosis and treatment of all forms of malnutrition will reduce the cost of care for all patients and lead to better health outcomes. Most patients in these categories benefit from parenteral and enteral feeds which are very costly and when they cannot afford, the quality of care is compromised making efforts to be counterproductive. Most of these patients benefit from specialized Nutrition services.		

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31.		**Emergency ,chronic and critical illness fund** All categories in this fund Nutrition and dietetics care not included Include nutrition and dietetics care in the benefits package. **Justification** In addition to the above justification for social health insurance funds the need for specialized nutrition and dietetics services is critical especially in critical care and palliative care. People with disabilities might require specialized feeding equipment/tools and or specialized nutrition feeds.	Noted	The Emergency, chronic and critical illness fund benefits include consultation, laboratory tests and drugs dispensing by relevant specialists. Nutrition and dietetics are crucial components of patient care and are therefore included within these services.

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32.	Dr Samuel Okerosi Executive committee member, KENTS society,	**Renaming of procedures Specialty - Ear Nose & Throat** Block dissection of the neck should be replaced with Selective neck dissection. Terminology of Block neck dissection is no longer used Facial nerve decompression should be replaced with Facial nerve decompression/reanimation. Reflects true picture of surgical procedure for facial nerve palsy treatment Removal of FB in ear nose (Paediatric under GA) should be replaced with Removal of FB in ear nose Oesophagus (Paediatric under GA) Paediatric FB oesophagus needs to be done under GA using a rigid oesophagoscopy. It is not an OGD	Adopted	The terminologies will be amended to reflect current reality.

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		Hemiglossectomy should be replaced with Partial glossectomy Laryngocoele excision should be replaced with Excision of a deep neck space mass. Reflects true picture of surgery Radical mastoidectomy should be replaced with Tympanomastoidectomy. Radical mastoidectomies are almost never done nowadays Transpalatal excision of choanal atresia should be replaced with Chondroplasty. Transpalatal excision of choanal atresia is no longer done Vocal cord lateralisation should be replaced with Microlaryngeal surgery. Change name to reflect current reality		

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33.		**ENT procedures listed under other specialties** The following procedures listed under other specialties are either primarily (Bold) or also performed by ENT surgeons. We request that the coding does not bar ENT surgeons from performing the procedures as this will limit provision of services: a) Bronchoscopy and fB removal - This procedure Is primarily Done by ENT reference KNH b) Tracheal stenosis Resection and anastomosis - This procedure is also performed by ENT c) Tracheal/Bronchial Reconstruction - This procedure is also done	Noted	Access Rules will be programmed to allow different specialties to perform the cross-specialty surgeries.

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		by ENT d) Thyroidectomy - This procedure is also done by ENT e) Cervical lymph node biopsy - This is primarily an ENT procedure. It is also primarily done on children under anaesthesia and to diagnose lymphoma. The cost has made it unavailable to many patients. Strongly consider increasing cost to 28000 similar to EUA nasopharyngeal biopsy f) Tracheostomy - This is primarily an ENT procedure		
34.		**Inclusion of Ear and hearing care in Outpatient services as per National Strategic plan on ear and hearing care 2023-2024** On 3rd March 2023, Kenya		

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		launched its National strategic plan on Ear and hearing care. Hearing loss is the 4th highest cause of disability globally and cannot be wished away. We request inclusion of Ear and hearing care services under outpatient services as listed below. 1. Consultation (medical and surgical) 2. Audiologic Tests a) Diagnostic Audiometry b) Tympanometry c) Otoacoustic emissions d) Auditory Brainstem reflexes (ABR) e) Vestibular testing 3. Ear and hearing care procedures a) Ear syringing b) Aural toilet c) Foreign body removal	Adopted	The listed services will be coded as specialized outpatient visits.

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		The above costs for the consultation and audiologic services can be found in the National Strategic plan on ear and hearing care page 39 and 40. **Costing of procedures** We also propose the consideration in pricing for the following 5 procedures. This is because the current proposals are not in keeping with realities on the ground and the same procedures that involve the exact same organs with exactly the same level of difficulty and utilization of resources have been considered differently under the cardiac and thoracic specialty. a) Cochlea operations - Change name to cochlear Implant; proposed tariff -		The name shall be changed to cochlear implant.

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		2,600,000 Change to cochlear implant. Also placed under a special approval list. it costs 2.6 million to do cochlear implant and rehabilitation including purchase of cochlear implant; mainly due to the cost of the implant. MTRH successfully performed the first public cochlear implantation. KNH, KUTRRH, MTRH, Nairobi hospital mp shah, agha Khan hospital avenue hospital and Avenue hospital have capacity to perform cochlear implant surgery.	Adopted with amendments	However, the proposed tariff will be assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment. Selective procurement for cochlear implants will be established.
		b) Laryngectomy and selective neck dissection; proposed tariff - 971,600 This is surgery for laryngeal cancer, The highest prevalent ENT surgical cancer. It is complex 8- 10 hour surgery	Noted	Copayment will be allowed for this procedure in the interim and the tariff will be assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		entails a pharyngectomy and the formation of A tracheostomy form of tracheal resection and tracheal to skin Anastomosis. Consider costing similar to Tracheal resection and anastomosis together with a neck dissection consider 747600 + 224,000 cost of neck dissection total 971600 c) Cricotracheal resection; proposed tariff - 358,000 This is a very complex procedure, similar to tracheal and bronchial reconstruction. Many patients go to icu. Consider costing similar to tracheal and bronchial reconstruction 358000. d) Cervical lymph node biopsy; proposed tariff - 28,400 This is primarily an ENT procedure. It is also primarily	Adopted with amendments Adopted with	Cricotracheal resection and tracheal and bronchial reconstruction are procedures of the same complexity and will thus share a similar tariff The Access Rules will allow both ENT surgeons and General surgeons in facilities

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		done on children under anaesthesia and to diagnose lymphoma. The cost has made it unavailable to many patients. Strongly consider increasing the cost to 28000 similar to EUA nasopharyngeal biopsy.	amendments	which do not have ENT Surgeons. The proposed tariff of KES 11,200 is currently applicable but will be further assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment.
35.	Africa Healthcare network (AHN)	Approval process review - 3rd Session for Chronic Dialysis Patients For chronic dialysis pa□ents, we fully support coverage of a third (3rd) weekly dialysis session, we however strongly recommend that this be covered "by default" under the Benefits package without the need for any further authoriza□ons or approvals (by a nephrologist or otherwise). This would bring Kenya in line with global norms, leading to a drama□c reduc□on in hospitaliza□on and mortality	Not adopted	All dialysis sessions will require pre-authorization.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		rates, with improved clinical outcomes and pa□ent sa□sfac□on.		
36.	Africa Healthcare network (AHN)	Additional consideration for Acute Kidney Injury (AKI) Patients and especially critical patients admitted to the ICU/wards For Acute Kidney Injury (AKI) pa□ents, and especially critical pa□ents admi□ed to the ICU/ ward, they oŌen require more sessions to fully recover. We request the revision of the AKI benefits coverage to cover up to 18 sessions (maximum), which is consistent with other countries such as Rwanda. While most AKI pa□ents will not actually need this many sessions, it is important to have this op□on for those that actually require such life-sustaining care.	Adopted with amendments	The proposal will be reviewed with future revision of the Benefits Package by the Advisory Panel. Five sessions for dialysis for Acute Kidney Injury have been included under the proposed tariffs.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Inadequate reimbursement rates under the Renal Service benefits Tariffs currently at Ksh. 10,650/- per session As reiterated by several key healthcare industry groups including Kenya Healthcare Federation (KHF), Rural Private Hospital Associa□on – (RUPHA), Kenya Associa□on of Private Hospitals (KAPH), Chris□an Health Associa□on of Kenya (CHAK), Kenya Conference of Catholic Bishops (KKCCB, etc.), a sustainable rate for dialysis currently would be in the KES 12,000-13,000 range. Simply increasing the dialysis tariff by ~12% to KES 10,650 is not sufficient for dialysis since all of the major costs (machines, consumable kits, etc.) are purchased in USD. Dialysis services therefore is more significantly impacted by	Not adopted	Renal Services were costed for this package in collaboration with the Kenya Renal Association. The amount quoted is sufficient, according to the stakeholders engaged.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		exchange rate vola□lity, along with other infla□onary pressures. Other industry groups have advocated for rates of KES 15,000-20,000 per session, we however after in-depth analysis as AHN have remained consistent in proposing KES 12,350 as a reasonable rate that would enable providers to invest in critical infrastructure and ensure that dialysis services can be provided safely and effectively. Any rate below KES 11,500 will not spark the investment required to build the necessary infrastructure and capacity to meet the growing needs of chronic kidney disease (CKD) patients in Kenya. This could create a major access problem as patients would "theoretically" have this benefit to life-saving treatment under SHIF, but in reality, there would be gaps in		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		investment and infrastructure. This would not be aligned with the goals of UHC and would create significant public blowback.		
37.	Africa Healthcare network (AHN)	Set up a conducive Environment necessary to spark and encourage Investment in Healthcare As a company of 600+ employees headquartered in Nairobi with investment from Africa50 (who's largest shareholder is the Kenyan Government), AHN is very hopeful that the final dialysis package will be adjusted such that the company can invest heavily in Kenya to help make UHC a reality significantly expanding access to care and helping upskill the in-country workforce.	Noted	The dialysis package will be assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment
38.	Africa Healthcare	Considera□on of inclusion of	Noted	Pre-dialysis tests and Intra

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	network (AHN)	cri□cal Pre and Intra dialysis service tests We recommend the inclusion of pre-dialysis tests especially for newly diagnosed renal pa□ents i.e. Triple Serology tests as well as intra dialysis tests that are required periodically i.e. Calcium and Albumin tests as part of the benefits. This will ensure newly diagnosed pa□ents are easily on boarded onto dialysis services and with minimal out of pocket amounts required that prevents pa□ents from seeking service at the appropriate □me.		dialysis tests will be assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment.
39.	Africa Healthcare network (AHN)	Review tariff for Image guided dialysis catheter inser□on currently at Ksh. 36,176/- Permanent catheter inser□on cots to be reviewed upward to a minimum of ksh. 45,000/- as these are the rates charged on	Noted	The tariff for Image guided dialysis catheter insertion will be assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		average across most facili□es in the country currently. As a cri□cal access point for dialysis services to proceed, it would be prudent to cushion pa□ents from out-of-pocket costs that eventually delay service and puts their lives at risk. and plays a key role in pa□ents adherence to dialysis session		
40.	Africa Healthcare network (AHN)	Review access points of Renal care to other lower- level Hospitals With current reali□es, a lot of Level 3B hospitals have provided significant backbone in the provision of Dialysis Services and with a large number of dialysis centers harboured within these facili□es. We recommend that the access point for Dialysis services be reviewed to include Level 3B Hospitals	Adopted with amendments	Access Rules will include Level 3 health facilities with dialysis centres that have access to ambulance and ICU services within a 10 km radius and which meet the minimum standard of care criteria set by the body responsible for quality of care.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
41.	Dr. Kibata MMED(Ophth), ICO, FEACO(E.A), FRCS(Glasg-UK), Paed. Ophth.(Cape Town)	**Procedures that are redundant - We recommend they be deleted** 1. No 419. Bullae Rupture with Bandage contact lens - Repeated 2. No 411. Anterior Chamber reformation and Bandage contact lens 3. No 422 - Cataract Extraction with Implant Phacp ALCON - Repeated	Adopted	The deprecated procedures will be deleted from the Benefits Package as recommended by the Ophthalmologist Society of Kenya.
42.	Dr. Kibata MMED(Ophth), ICO, FEACO(E.A), FRCS(Glasg-UK), Paed. Ophth.(Cape Town)	**Procedures that are glaringly underpriced** 1. No. 413. Anterior Chamber washout - This is an intraocular surgery which requires operating microscope and the whole range of intraocular surgery pack and specialist skills. Needs to raise from 16,800/- to 32,500/- as	Not adopted	The tariffs for the procedures will be assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment. However, copayment may be allowed as per the contract with individual health

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		earlier suggested. 2. No 417. Bleb Revision - This is also a procedure that is technically difficult and not every ophthalmologist can do it and requires all set up of intraocular surgery. Suggest raise from 16,800/- to 23,000/- as earlier suggested in our detailed workup. 3. No 421. Cataract Extraction [SICS] + Intraocular Lens [IOL] - Cataract is the leading cause of blindness worldwide. The detailed workings we have provided earlier and submitted to the SHA team on multiple occasions and validated by both the FOB and RUPHA teams justified a raise from 30,000/- to		facilities or providers

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		45,000/-. Further, this price was calculated 2 NHIF contract cycles ago. The price of Ksh 30,000 is no longer tenable. 4. No 423. Cataract Extraction with Implant [Phaco + IOL] - The detailed working we provided earlier justified an increase from 60,000/- to 77,500/-. Justification is the same as SICS. 5. No 489. Trabeculectomy with Mitomycin C - Glaucoma is the leading cause of irreversible blindness worldwide. This procedure is vision saving and it is technically difficult both in surgery and follow-up. Although our detailed workings had		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		justified 84,000/-, we can revise it down to 75,000/-. The proposed 33,600/- will not be sufficient to cover the entire intraocular surgery set up, consumables, times and skills needed and none of our members will offer it at this price without at least a 100% copay from the patient. 6. No. 487. Trabeculectomy and Phaco. With the rule of 100% on the more costly surgery and 50% on the cheaper surgery will then work up to 116,000/-. 7. No. 488 - Trabeculectomy + SICS as per no. 6 above this combined procedure then becomes 97,500. 8. No. 490.		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Trabeculotomy/ Goniotomy. These procedures are done in children with congenital glaucoma, must be under GA and because they are usually very young babies, one will need a paediatric anaesthetist and paediatric anaesthetist set up including NICU if necessary available with an ambulance distance. In addition, the procedure is usually in both eyes in the same sitting. Reserved for Glaucoma specialists or paediatric ophthalmologists with adequate set up and experience and with less than 8 units in Kenya with his capability, the suggestion is to raise		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		the tariff from 56,000/- to 156,000/-. 9. No. 445: Current price of the implant alone is Ksh 130,000. Price of service cannot be lower than Ksh 150,000 once you include the cost of service.		
43.	Dr. Kibata MMED(Ophth), ICO, FEACO(E.A), FRCS(Glasg-UK), Paed. Ophth.(Cape Town)	**Procedures Overpriced** 1. No 429. Corneal/scleral Perforation repair - The last contract had this at 40,000/-. To cart for inflation, we can increase this to 60,000 and not the suggested 112,000 2. No. 430. Cross linking - The last contract had this at 40,000/-. There is justification due to cost of machine and consumables to arise it	**Adopted**	The tariffs will be revised as recommended by the Ophthalmologist Society of Kenya.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		to 65,000/- per eye but not the suggested 111,000/- 3. No. 426 Conjunctiva Incisional biopsy (including histology) - suggest Ksh 35,000 down from suggested Ksh 44,800. However, price for No. 425 should be maintained. 4. Resultant cost savings should be loaded to the following procedures who prices are way below the cost of service and therefore tough in the benefit list, will not be offered by any of our members due to the reimbursement absurdity. 5. No 429. Corneal/scleral Perforation repair - The last contract had this at 40,000/-. To cart for inflation, we can		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		increase this to 60,000 and not the suggested 112,000 6. No. 430. Cross linking - The last contract had this at 40,000/-. There is justification due to cost of machine and consumables to arise it to 65,000/- per eye but not the suggested 111,000/- 7. No. 426 Conjunctiva Incisional biopsy (including histology) - suggest Ksh 35,000 down from suggested Ksh 44,800. However, price for No. 425 should be maintained. 8. Resultant cost savings should be loaded to the following procedures who prices are way below the cost of service and therefore tough in the benefit list,		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		will not be offered by any of our members due to the reimbursement absurdity.		
44.	Dr. Kibata MMED(Ophth), ICO, FEACO(E.A), FRCS(Glasg-UK), Paed. Ophth.(Cape Town)	**Missing procedures** The following are important procedures key to prevention of blindness glaringly missing: 1. SLT/Micropulse laser (for glaucoma Treatment) - 25,000/-. Intervention benefit: Reduction of glaucoma related blindness and resultant economic impact. 2. Retinal Photocoagulation: PRP per eye (For treatment of Diabetic Retinopathy) - 30,000/-: Intervention benefit: Reduction in progression to sight threatening diabetic eye disease and reduction in the need for Vitrectomy	Adopted with amendments	No 1 - 5 are specialized laser procedures for prevention of blindness. The proposed tariff for the new laser procedures is KES 12,000 with the option for copayment .

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		resulting in major cost savings. Each surgery costs more than Ksh 200,000 and the resulting loss of working ability and independence. 3. Grid Laser Macula Photocoagulation per eye 9 for diabetic macular edema) - Ksh 15,000. Interventional benefit - reduction in number of intravitreal injections needed to keep the macula edema in control and forestall loss of reading/near vision which usually leads to loss of the ability to transact in the digital space including mpesa/government transactions. 4. Micropulse Grid Laser Macula Photocoagulation per		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		eye (for treatment of diabetic macula edema) Ksh 20,000. Intervention benefit: New treatment modality that has shown tremendous benefit when ALL other treatments for diabetic macular edema have failed and is now available in a few selected eye units in Kenya. Will save loss of sight to patients and cost of the many intravitreal AntiVEGF/Steroids required for these patients per year. 5. YAG laser capsulotomy: Intervention benefit: Some patients lose their sight post cataract surgery due to opacification of the lens capsule that offers		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		support to the artificial lens. YAG laser is a safe non intraocular surgery that clears this effectively and usually will suffice for life. However, the machine cost has been prohibitive for most eye units including government level 4-5 hospitals. Suggested reimbursement per eye Ksh 15,000 per eye.	Adopted with amendments	Exenteration will be offered as per the tariff with similar complexities i.e posterior vitrectomy which is KES 168,000
		6. Exenteration - for life threatening orbital cancers in children especially but not uncommon in adults. Always under General Anesthesia Ksh 180,000	Adopted	Enucleation shall be provided as per the proposed tariff of KES 150,000
		7. Enucleation - for urgent life saving surgery when you have eye cancer that has not spread		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		beyond the eye-ball. Common in Children but can also be found in adults. Always under general anaesthesia. Ksh 150,000 8. 2nd Generation anti VEGF injections for diabetic eye disease (Ranibizumab, Aflibercept, Brolucizumab, Faricimab). These should be made available as second line intervention and domiciled under the Emergency and Chronic care, so they are available only after one has exhausted the SHIF options and there is a demonstration of their non-efficacy. Ksh 50,000 per injection with allowance for copay if	Not adopted	The clinical utilities (efficacy and safety) for 2nd Generation anti VEGF injections for diabetic eye disease will be provided for by the Micropulse Grid Laser Macula Photocoagulation.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		patients opts for a more expensive option. 9. Low vision devices: these are used for patients who have lost normal vision but that are not 100% blind. They are most helpful in children and using them, children can transition from schools for the blind/braille to integrated schools (learn with normal sighted children) Cost to the client; i) Dome Magnifier 4x65mm 12DS @ 6000 Kshs ii) Hand held magnifier 4x50mm 12DS @ 5000 Kshs iii) LED Hand Held magnifier 7x50mm 24DS @ 12,150 Kshs iv) Hand held magnifier	Not adopted	The proposed tariff will continuously be assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		8x35mm 28DS @ 13,000 Kshs v) Pocket magnifier 6xdeluxe 24DS @ 4,750 Kshs vi) Stand magnifier 4x50mm 16DS @ 13,500 Kshs vii) Stand magnifier 8x35mm 28ds @ 14,500 viii) Distance monocular Hand held telescope 4x @ 13,500 Kshs ix) Distance monocular Hand held telescope 6x @ 18,000 Kshs x) Distance monocular Hand held telescope 8x @ 22,500 Kshs xi) Electronic magnifier looky mode; 8x @ 22,500 Kshs xii) White cane - 2000		
45.	Dr. Kibata MMED(Ophth), ICO,	**Other Changes** 1. No. 447 - To read	Adopted	Iridolysis will be amended as

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	FEACO(E.A), FRCS(Glasg-UK), Paed. Ophth.(Cape Town)	Iridoplasty		advised to Iridoplasty
46.	Dr. Kipruto Chesang, Public Health Specialist and Epidemiologist	The benefits package as currently proposed does not address level 1 contrary to the provisions of the Social Health Insurance Act, 2023. The benefits package is therefore not aligned to BETA policy. Allocate some resources to level 1	Not adopted	Regulation 2 under the Social Health Insurance Regulations, 2024 defines primary healthcare to include health services offered to levels 2 and 3 so to individuals' meet their health needs at every stage of the life cycle, with their full participation and at an affordable cost to the community and the county Additionary level 1 services are linked to levels 2, 3 and 4 health facilities under the Primary Care Networks (PCNs).
47.	Dr. Kipruto Chesang, Public Health Specialist and Epidemiologist	The level 1 basic unit is the Community Health Unit (CHU). The CHU is composed of 10	Noted	MOH Policies, Standards and Guidelines adequately

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Community Health Promoters and one Community Health Assistant who collectively cover 1000 households (5,000 people). To achieve good outcomes, the CHU should have targets and be rewarded if they achieve a predetermined level for each target. Rationale: Work published for different regions in Kenya through different peer reviewed journals by AM Mbuba et al in Mbeere South District, in Western Kenya by T. Takasugi et al, in Kwale by AK Ngugi et al, and in Kilifi by G. Wairimu et al identified three key factors to influence the motivation and subsequent performance of Community Health Workers – first and most powerful is financial incentives, second is the personal recognition of CHWs,		address issues surrounding community health services provision.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		third is personal development, and fourth is the CHWs working conditions. The government set the CHPs stipend to KES 6,000 up from an average of KES 3,500 previously; elevated the profile of Community Health Providers championed by the President and therefore increasing their personal recognition; but attention on the CHPs working condition is yet to be addressed. In the scientific papers cited above, CHWs cited several challenges such as transport and telephone charges to reach needy community members and referral sites. The CHWs further identified lack of training to lead to poor services, and their roles eventually undermined by the community. It therefore follows that supporting well-trained and performing CHUs		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		that meet their targets would enhance improvement of all major health indicators. Allocate KES 15,000 per month to all CHUs that meet their transport, telephone, and other incidentals for promotive, preventive, and referral of patients/clients' services. Allocate KES 15,000 per month for continuous training and mentorship at the CHU level Est. HH 2025 - 14,704,103 CHUs ≈ 15,000 Financial implication annually – KES 5.4B		
48.	Dr. Kipruto Chesang, Public Health Specialist and Epidemiologist	The benefit package as proposed rewards institutions providing curative services and not to those keen at	Noted	The Primary Healthcare Act provides for promotive and preventive health care which is funded by the exchequer

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		promotive/preventive services. As such, the proposed benefits will drive supply up for curative services with no effort of improving promotive/preventive services Reverse the narrative of supporting curative services at the expense of PHC services		under that Act
49.	Dr. Kipruto Chesang, Public Health Specialist and Epidemiologist	Of Kenya's 10 top key indicators (Fertility rate per woman, Under 5 mortality rate, neonatal mortality rate, vaccination coverage, HIV incidence, HIV mother-to-child transmission, maternal mortality, life expectancy for females, and life expectancy for males) six (6) of the indicators are poor (Under 5 mortality rate, neonatal mortality rate, vaccination coverage, HIV mother-to-child transmission, and maternal	Noted	Level 1 services are financed by the National and County Government though the provisions of the Primary Healthcare Act, 2023 The Community Health Policy and Strategy guides the availing of operation costs to CHPS to adequately fulfil their responsibilities.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		mortality) and will not meet the 2030 SDG targets without the active involvement of CHPs. The six indicators can only be improved through identification and active referral of children and mothers at the household/community to health facilities. Operational costs will therefore be critical in realizing this objective Ensure CHPs have operational costs to reach needy children and mothers.		
50.	Dr. Joel Lessan chairman , Kenya Association of Paediatric Surgeons	Neonatal surgery accounting for almost 30% of paediatric surgery has not been included.	Noted	The proposed surgical lines will be amended and incorporated in the surgical package. The procedure shall be factored under procedures with similar complexities and will be progressively

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
				assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment.
51.	Dr. Joel Lessan chairman , Kenya Association of Paediatric Surgeons	1. Procedures that were initially in the NHIF list have been excluded in the proposed draft contrary to the government norms and regulations that a service initially provided to the public cannot be denied.	Noted	The proposed procedures are expanded from the NHIF list which means that the proposed tariffs have catered for more procedures
52.	Dr. Joel Lessan chairman , Kenya Association of Paediatric Surgeons	2. Congenital malformations including some with very high prevalence in Kenya have not been factored.	Noted	The proposed surgical lines will be amended and incorporated in the surgical package. The procedure shall be factored under procedures with similar complexities and will be progressively assessed by the Benefits Package and Tariffs Advisory Panel as per the health

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
				technology assessment.
53.	Dr. Joel Lessan chairman , Kenya Association of Paediatric Surgeons	3. Common surgical procedures conducted in children are not on the list.	Noted	The proposed surgical lines will be amended and incorporated in the surgical package. The procedure shall be factored under procedures with similar complexities and will be progressively assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment.
54.	Dr. Joel Lessan chairman , Kenya Association of Paediatric Surgeons	4. Paediatric Urology accounting for 30% of paediatric surgery has been left out.	Noted	The proposed surgical lines will be amended and incorporated in the surgical package. The procedure shall be factored under procedures with similar complexities and will be progressively assessed by the Benefits Package and Tariffs Advisory

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
				Panel as per the health technology assessment.
55.	Dr. Joel Lessan chairman , Kenya Association of Paediatric Surgeons	5. Discrepancies on the amount allocated for the same procedures under paediatric surgery and adult procedures have been noted.	Noted	The proposed surgical lines will be amended and incorporated in the surgical package. The procedure shall be factored under procedures with similar complexities and will be progressively assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment.
56.	Gilbert Ongachi Member Kakamega Private Health Sector Organization	**Primary Health Care Fund** **Outpatient care services** **Tariff: kes 900 per person per annum** **Access point: level 2,3 and 4** Review tariff upwards		Capitation amounts are not an arbitrary figure but rather derived from economic formulas. We use the population being covered

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		From KES 900 per annum (kes 75 per month) To KES 2400 per annum (kes 200 per month) Rationale The proposed rate was introduced more than three years ago. Since then, commodity prices have increased pushing up the overall cost of offering services. It is better to review the tariff upwards to match the current commodity prices (medicines and non-pharmaceutical commodities)	Not adopted	and the resource envelope as parameters.
57.	Nick Obedo The Sickle Cell Awareness Foundation Kenya (SCAFKENYA)	**We propose a multi-pronged approach to strengthen SHIF coverage for SCD, including:** a) Explicit inclusion of SCD in all relevant SHIF	Noted	Sickle cell disease is classified as a chronic disease under

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		benefit packages: Currently, the SHIF documents lack clear and comprehensive mention of SCD coverage. We urge the MoH to explicitly list SCD as a covered condition in each relevant SHIF package (Outpatient, Inpatient, etc.). b) Expanded coverage for essential SCD services: The current package should be broadened to encompass a wider range of vital services specifically required for SCD management. This should include: **Outpatient Services:** ➢Regular consultations with haematologists and other specialists. ➢Comprehensive laboratory investigations, including		the Social Health Insurance Act, 2023 and Regulations. Sickle cell disease has been adequately covered under the Social Health Insurance Fund Benefits Package and the Emergency, Chronic and Critical Illness Fund Benefits Package. The current package will be further reviewed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment in consultation with relevant stakeholders.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		regular monitoring of blood count, reticulocyte count, liver function tests, and other tests as deemed necessary by the specialist. ➢Essential medications, including Hydroxyurea, Folic Acid, Palundrine, Zinc Supplement, pain medication, and antibiotics.		
58.	Nick Obedo The Sickle Cell Awareness Foundation Kenya (SCAFKENYA)	➢**Vaccinations:** The Kenya Expanded Program on Immunization (KEPI) Vaccines are covered in SHIF which is very important, We wish to urge such services should not be limited to the first two years of childhood vaccination and it should be expanded to Persons living with Sickle Cell Disease beyond infancy and should include additional booster shots for Pneumococcal Conjugate Vaccine (PCV 23), Meningococcal Vaccine,	Noted	The National vaccination and immunization services will be covered as per the schedule provided by the National Vaccines and Immunization Program under the MOH

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		influence vaccine and any other public health concern disease outbreak that needs vaccination without age limitations for PLWSCD.		
59.	Nick Obedo The Sickle Cell Awareness Foundation Kenya (SCAFKENYA)	➢**Nutritional counseling.** ➢psychosocial support services, including access to counsellors and support groups.	Noted	Nutritional services are covered under outpatient and inpatient packages
60.	Nick Obedo The Sickle Cell Awareness Foundation Kenya (SCAFKENYA)	**Inpatient Services:** ➢Coverage for hospitalization due to SCD complications like pain crises, infections, acute chest syndrome, and others. ➢All necessary laboratory tests, imaging studies (X-rays, ultrasounds), and blood transfusions during hospitalization. ➢Pain management services	Noted	Sickle cell disease has been adequately covered under the PHC Benefits Package, Social Health Insurance Fund Benefits Package and the Emergency, Chronic and Critical Illness Fund Benefits Package.
61.	Nick Obedo The Sickle Cell Awareness Foundation Kenya (SCAFKENYA)	**Long-term Management:** ➢Increased access to hydroxyurea, a disease-modifying medication.	Noted	The benefit package has adequately covered the interventions. Emerging therapies will be assessed by

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		➢Coverage for emerging therapies, such as gene therapy, Bone Marrow Transplant as they become available.		the Health Benefits & Tariffs Panel following HTA
62.	Nick Obedo The Sickle Cell Awareness Foundation Kenya (SCAFKENYA)	**Comprehensive Mental Health Care:** - SCD can significantly impact mental well-being, causing anxiety, depression, and chronic stress. - SHIF coverage should be expanded to include regular consultations with psychologists or therapists for both patients and their families. - Support groups facilitated by mental health professionals should be covered to provide a safe space for sharing experiences and coping mechanisms.	Noted	Therapy sessions have been included in the benefit package as outpatient services.
63.	Nick Obedo The Sickle Cell	**Addressing Opioid Dependence:**	Noted	These services are included in the mental wellness

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	Awareness Foundation Kenya (SCAFKENYA)	- Chronic pain management in SCD often involves opioids, which can lead to dependence - SHIF coverage should be expanded to include access to specialized rehabilitation centers for patients struggling with opioid dependence. - This will promote a holistic approach to pain management, incorporating non-opioid options like physiotherapy and cognitive-behavioural therapy.		benefit package and shall be purchased where available.
64.	Nick Obedo The Sickle Cell Awareness Foundation Kenya (SCAFKENYA)	**Early Intervention and Detection:** - Early diagnosis and intervention are crucial for improving the lives of those with SCD.	Noted	Subsequent changes to the benefits and tariffs will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		- SHIF should cover newborn screening programs to identify SCD at birth. This allows for early treatment planning and can significantly improve long-term outcomes. - Regular screening programs for adolescents and adults at risk of SCD should also be covered. - Establishing a national registry for SCD patients would be immensely valuable. This would allow for better tracking of patients, improved resource allocation, and the potential for future research advancements. SHIF should cover the creation and maintenance of such a registry. - Addressing limitations		Preauthorization will be seamless, between 0-72hrs depending on the nature of the condition. There will be a chronic disease registry that includes all patients with chronic diseases including SCD

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		and streamlining access: We urge the MoH to address the proposed limitations within the SHIF program for SCD patients. - This includes; ➢ Increased limits on outpatient visits, lab tests, and hospital days. SCD often requires frequent medical attention. ➢Elimination of pre-authorization requirements for essential SCD medications and procedures to avoid unnecessary delays in accessing care. ➢Reduction or elimination of co-payments associated with SCD treatment to minimize the financial burden on patients.		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
65.	Susan Wanderi Mount Olive Sinai Hospital Limited	OUTPATIENT SERVICES 1. KES 900/= PER PERSON PER ANNUM –PAYMENT QUARTERLY BASED ON PATIENT VISITS, WEIGHTED BY DISEASE TREATED DOES THAT MEAN IF A PATIENT EXHAUSTS THE KSHS 900/= ACCORDING TO THE AMOUNT PAID TOFACILITY TO THE AMOUNT PAID TO THE FACILITY STARTS PAYING FOR SERVICES?	Noted	The KES 900 is the capitation amount per person. The number of Outpatient visits is unlimited.
66.	Susan Wanderi Mount Olive Sinai Hospital Limited	2. SCREENING & MANAGEMENT OF PRECANCEROUS LESIONS 1.COLON CANCER SCREENING TO COVER MALES OVER 40 YEARS KINDLY INCLUDE FEMALES AS	Adopted with amendments	The gender has been amended as per the cancer screening guidelines.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		WELL .		
67.	Susan Wanderi Mount Olive Sinai Hospital Limited	MEDICAL INPATIENT 1.TARIFF KSHS 2400/= TOO LOW CONSIDERING THE INPUT COST. KINDLY INCREASE	Not Adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
68.	Susan Wanderi Mount Olive Sinai Hospital Limited	RENAL CARE 1.ACCESS RULES - INCLUDE ACCESS TO LEVEL 3 & SPECIALIST CLINICS WHO HAVE THE INFRASTRUCTURE	Adopted	This has been adopted to cater for the stand alone facilities who have met set standards for operation.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
69.	Susan Wanderi Mount Olive Sinai Hospital Limited	SURGICAL SERVICES 1.ACCESS RULES –MAJOR SURGERIES INCLUDE LEVEL3 WHO HAVE THE INFRASTRUCTURE i.e TWO OPERATING THEATRES AS MANDATED BY NHIF & HAVE BEEN OFFERING THE SERVICES.	Not adopted	Such facilities will be assessed on a case by case basis depending on the availability of the relevant infrastructure and human resource
70.	Susan Wanderi Mount Olive Sinai Hospital Limited	CRITICAL ILLNESSES 1.ACCESS POINT .INCLUDE LEVEL 3 WHO HAVE THE INFRASTRUCTURE – ICU & HDU	Not adopted	ICU and HDU services cannot be offered under level 3 facilities. These are highly specialised services. A facility with an ICU/HDU should seek to be reclassified/recategorized depending on the relevant infrastructure and human resource
71.	Susan Wanderi Mount Olive Sinai	PALLIATIVE CARE	Not adopted	A facility with an palliative care unit should seek to be

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	Hospital Limited	1.ACCESS POINT INCLUDE LEVEL 3 WHO HAVE THE INFRASTRUCTURE		reclassified/recategorized depending on the relevant infrastructure and human resource
72.	Susan Wanderi Mount Olive Sinai Hospital Limited	CHRONIC ILLNESSES 1.ACCESS POINT INCLUDE LEVEL 3 WHO HAVE THE INFRASTRUCTURE	Not adopted	A facility providing specialised services should seek to be reclassified/recategorized depending on the relevant infrastructure and human resource
73.	Susan Wanderi Mount Olive Sinai Hospital Limited	GENERAL DO NOT BAR FACILITIES FROM OFFERING SERVICES BASED ON THE LEVEL THEY HAVE BEEN ASSIGNED BUT RATHER	Noted	Classification and categorization is based on the criteria set by the regulator.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		CONSIDER THE INFRASTRUCTURE IN PLACE ON THE GROUND –SOME HAVE THE CAPACITY TO GIVE QUALITY SERVICES.		
74.	Susan Wanderi Mount Olive Sinai Hospital Limited	CLAIMS MANAGEMENT OFFICE CONSIDER HIRING STAFF UNDER YOUR OWN MANAGEMENT & SUPERVISION & CONTROL– OUTSOURCING HAS PRODUCED DISMAL RESULTS.	Noted	Matters on claims management are outside the scope of the published benefits and tariffs
75.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Unsustainable SHA maternity package for Normal delivery and Caesarean section We recommend this rate to be adjusted to at least **Ksh 40,000** for uncomplicated Caesarean section and **Ksh 70,000** for a	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		complicated Caesarean section. Normal delivery we propose this to be adjusted to **Ksh 15,000.**		
76.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	PHC- capitation rate and Funds distribution time. -We recommend a capitation of **Kes 1,200 per annum.** Fund should be distributed at the beginning of the quarter and not later than 30 days from the beginning of a quarter. Distribution of the Funds should not be done at the end of the quarter based on patient visits, weighted by disease treated. -Capitation period is complex. PCN, Allocation of budget, payment at the end of the Quarter (90-120 days after service has been given), based on "weighted disease burden".	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Capitation process complexity/**ambiguity** creates room for payer discretion, is perceived as an opaque system to the Hospitals, and is fertile ground for corruption and **rent-seeking**. -**Finance bill and budget estimates to make a specific allocation for PHC and ECCIF.**		
77.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Surgical Rate The applied rate of 12% from the current NHIF surgical rate is not sustainable based on the joint costing done by our team and MOH/SHA. We recommend this to be adjusted with 15% for non-implants procedures and **55% for procedures requiring implant** or allow co-charging for those procedures using implants.	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
78.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Renal rate We recommend **Ksh. 12,000** for renal dialysis per sessions for 3 session per week	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.
79.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Radiological Rate We recommend CT Angio to be paid at ksh 12000 or allow co-charging for contrast	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.
80.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	SHA outpatient service level 4-6 is unsustainable We recommend the rate to be adjusted from ksh 2000 to 4000 with no limit of visit time	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		per year per person		
81.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	PHC-Optical health too low (level 2-3) KES. 935 for Consultation and dispensing of eyeglasses isn't sustainable. Limit of 1,000 is not adequate per household. We recommend at least ksh 5000 for consultation and eyeglasses. The service should be available to all levels, ages and not restricted to one member per family. If the funds cannot support this service, allow co-pay, instead of making a promise that will raise expectations that cannot be met.	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.
82.	Moses Mokua, Mmokua@chak.or.ke	PHC- End of life service level at	Not adopted	The tariffs in the package are informed by costing

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	500/day This service is mainly offered by level 4-6 and hence shouldn't be under PHC, the recommended rate should be ksh 1,000 under SHA.		studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.
83.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Referral to GoK Facilities To remove requirement for referral of any service to GoK on account of cost, if the FBO facility can provide the service eg Radiology.	Not adopted	In the current roll out it is prudent to use the public health facilities/hospitals for some earmarked services. This will be expanded in due course as the Fund grows
84.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi	Dental and optical Include a dental and optical	Adopted with amendment	Dental package has been included. Optical is already captured with tariffs and age limits informed by costing

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	Program, CHAK	package, and publish negotiated rates. Remove age limits for ease of access.		studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.
85.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Contracting Phase this out: Start with currently empanelled facilities, then progress to new ones that meet the criteria. This would give comfort on the pending Bills that are being transitioned, and these facilities are already compliant on the licences applicable.	Noted	Matters on contracting are outside the scope of the published benefits and tariffs
86.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	New Online Software for Claims Transition with HICS parallel with the new system, to pilot	Noted	Matters on online software for claims management are outside the scope of the published benefits and tariffs

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		and train facilities; the system should be stressed, tested for data security, functionality and ability to track claims and reconcile liabilities.		
87.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Claims Management Office Retain the claims office in SHA for the first 2 years to assess internal systems before a decision to outsource is made. This will save much needed resources for patient care. It is quite clear that the financial yield (resource envelope) allocated for the 3 funds is not adequate. Outsourcing of critical services will be a leakage of resources that already have been found to be scarce. The SHI Act provides that the CS **MAY outsource. We recommend that in the**	Noted	Matters on claims management are outside the scope of the published benefits and tariffs.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		next 2 years, SC Health takes the option not to outsource.		
88.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	NHIF registration data transfer Transfer the members data already in NHIF to save costs of the new registration database, with an option for members to verify with a simple yes on no. We appreciate the use on Ecitizen portal to access the SHA system. However, we are concerned that the SHA website is not user friendly and lacks key navigation tools.	Noted	Matters on NHIF registration data transfer are outside the scope of the published benefits and tariffs
89.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	License overload Contract all facilities registered levels 4-6 with 3 mandatory	Noted	Matters on licences are outside the scope of the published benefits and tariffs

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		licences KMPDC, Lab, Pharm. Exempt levels 3-2-1 facilities from these licences for PHC, and for this require one main licence		
90.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Contract Type Keep to the Green and Amber licence concept, and allow all Hospitals to select the type without any restrictions. FBOs would like to work with a contract that eliminates or minimises catastrophic out-of-pocket payments and financial, and therefore ask for enhanced packages based on appropriate costing.	Noted	Matters on contract types are outside the scope of the published benefits and tariffs.
91.	Moses Mokua, Mmokua@chak.or.ke Director, Finance &	Level 3 inpatient limit of 120,000. This is on the lower	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	Administration. USAID Jamii Tekelezi Program, CHAK	side as a limit. Increase the limit to 100 days/year/head at applicable rebates per level; for level 4-6, the limit should be the same in days, but per the applicable rebates.		sustainability modelling that is the premise of a successful social health insurance in a developing country.
92.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Phase out contracting Start with Hospitals that already have NHIF patients/contracts approx. 9,000. They already have the 3 licences required. Then soon after, all others that meet the requirements.	Noted	Matters on contracting are outside the scope of the published benefits and tariffs.
93.	Moses Mokua, Mmokua@chak.or.ke	Payment period, Turnaround	Noted	Matters on payment period and turnaround time are outside the scope of the

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	period. SHA to pay facilities within 30 days of receiving a clean claim, and to provide feedback within 7 days to Hospitals on approval, amendments or rejection; and resolve all internal appeals in 30 days.		published benefits and tariffs.
94.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Selective procurement of specialized services (Cardio) This should be continuous to allow new entrants and investments in these services; and not to monopolize or lock out new participants.	Noted	The need for selective procurement is based on the nature of services and must be based on quality, expertise of healthcare providers and cost effectiveness. These services are highly specialised and should be carried out in highly specialised facilities equivalent to centres of excellence.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
95.	Moses Mokua, Mmokua@chak.or.ke Director, Finance & Administration. USAID Jamii Tekelezi Program, CHAK	Registration of members Open this to ***all facilities*** with Biometric capabilities, instead of restricting it to GoK facilities only. FBOs would be willing to register members in the facilities to the extent possible.	Noted	Matters on registration of members are outside the scope of the published benefits and tariffs
96.	Dr. Nathan Mulure Head of Government Affairs and Public Policy, SSA	1. Increase the Pharmacology package to 100,000 per year, instead of the current 20000. These patients need pain killers, anti malarial drugs, booster vaccines, renal, orthopaedic, hepatic, and cardiac evaluations frequently.	Not adopted	The pharmacy package is limited to select chronic diseases. Access to other prescribed medicines is provided within the services provided in the other benefits
97.	Dr. Nathan Mulure Head of Government Affairs and Public Policy, SSA	Increase the lab package to 50,000 per year. To cover for laboratory monitoring for patients on treatment.	Not adopted	The scope of cover for Specialized laboratory tests is explicit and aligned to the essential diagnostics

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Haematology, Hepatology, Nephrology, Cardiac, Neurological evaluations		lists(EDL). The prioritization of laboratory services is guided by WHO criteria for EDL. The tariff of 50,000 per year will not feasible following budget impact analysis.
98.	Dr. Nathan Mulure Head of Government Affairs and Public Policy, SSA	Introducing Red Blood Cell Exchange transfusion. This has been shown to increase quality of life, through reduction of crisis, pain, and multiorgan complications and many other economic benefits.	Adopted	It is now included under the hematology and oncology package.
99.	Tonnie Mulli	-In governance, we must try to eliminate duplication of tasks or seek to harmonise government policy across the different sectors and departments. This not only reduces time and resource wastage but also introduces fairness and standardisation with all its benefits.	Noted	The fees gazetted by KMPDC are professional fees. The published tariffs are the comprehensive cost of health services. The tariffs are exclusive to the Social Health Authority.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		-I argue why do we need the development of new tariffs when the same government through its most able body tasked with regulation of the health profession the KMPDC has gazetted rates for all dental treatment (See attached the Medical Practitioners and Dentists (Professional Fees) Rules, 2016) Why would the Ministry of Health of the same government duplicate and contradict itself or reinvent the wheels when the work of allocating a cost to each dental treatment was already accomplished by the same government? -At least one of the principles of fair treatment, the Ministry of Health should not develop any new rates for the benefit package under the Social Health Insurance Act No.16 of		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		2023 that are below what was already gazetted by the same ministry over 6 years ago owing to the obvious impact of inflation and increased cost of living since then. Harmonise these rates with current gazetted rates.		
100.	Kenneth Kipyego Meli The National Chairman NAOT-KENYA	It has come to our attention that the priority list of AT devices captured in the earlier SHIF draft document were either erroneously omitted or intentionally cut out. This will directly affect our professionals output and productivity in their areas of duty as well as negatively impact on the patients and the clients amongst them People living With Disabilities (PWDs) However, in the list captured earlier does not reflect the lowest market price of the	Not adopted	Additional assistive devices will be covered progressively subject to resource availability and utilization of the benefit. Further, the interventions and tariffs will be assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment.
101.			Not adopted	

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		basic AT medical devices in the market and prosthetic and orthotic rehabilitation services as provided centres (public health facilities) -There are additional Assistive Technology medical devices that ought to be added in the list as attached. -These are basic products that ought not be left out. (with their proposed costs) 1. Abdominal support/Surgical belt - 3,500 2. Basic Trans-Humeral Prosthesis-Adult - 100,000 3. Basic Trans-Humeral Prosthesis-child - 80,000 4. Basic Trans-Fumoral Prosthesis - Adult - 90,000 5. Basic Trans-Femoral Prosthesis-child - 70,000		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		6. Standard Trans-Femerol Prosthesis- adult - 250,000 7. Standard Trans-Femoral-Child - 150,000 8. Standard Trans-Femoral Adult- 300,000 9. Standard Trans-Femoral Child - 220,000 10. Higher Technology Trans-Femoral prosthesis -Adult - 330,000 11. Higher Technology Trans Femoral Thermolyn Flexible Socket with Thermoset Outer Shell-Adult - 300,000 12. Standard Trans-Femoral thermoset-Adult - 60,000 13. Standard Trans-Femoral thermoset Socket - Child - 50,000 14. Basic Trans-Femoral Thermoform Socket-		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Adult- 30,000 15. Basic Trans-Femoral Thermoset Socket-Child- 20,000 16. Auxiliary Crutches- 3,500 17. Arch Support soft padding-Adult- 2,000 18. Arch support soft padding-Child- 1,800 19. Thermoform Arch support-Adult- 2,500 20. Thermoform Arch support-Child- 2,000 21. Arch support with medial or lateral wedge-Child- 3,000 22. Foot Abduction Brace(FAB) -3,000 23. Auxiliary Crutches pads/foams- 1,000 24. Standard Trans-Tibial Prosthesis-Adult- 100,000 25. Standard Trans-Tibial Prosthesis-Child- 75,000 26. Trans-Tibial thermoform		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		socket-Adult- 50,000 27. Trans-Tibial thermoform socket-Child- 40,000 28. Trans-Tibial thermoform socket-Adult- 50,000 29. Trans-Tibial thermoset socket-Child- 40,000 30. Basic Trans-Tibial Prosthesis-Adult- 80,000 31. Basic Trans-Tibial Prosthesis-Child- 40,000 32. Calcaneal cushion heel Pad- 1,500 33. Consultation Orthopedic Technology Unit- 2,000 34. Footwear Vertical Compensation per 2.5cm- 2,000 35. Cuff suspension- 2,000 36. Elbow Crutches-Adult- 3,500 37. Elbow crutches-Child- 3,000 38. Flat rubber valve-adult- 4,000		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		39. Flat rubber valve-child-3,000 40. Gel cushion adult- 9,000 41. Gel cushion - child-7,000 42. Knee Ankle Foot Orthosis with Drop-Lock Joint-Adult- 63,000 43. Knee Ankle Foot Orthosis with Drop-Lock Joint-Child-55,000 44. Knee Ankle Foot Orthosis with Swiss Joint-Adult-63,000 45. Knee Ankle Foot Orthosis with Swiss Joint-Child-55,000 46. Knee Brace- 10,000 47. Knee support- 3,000 48. Knee cap- 2,500 49. Lumbosacral corset flexible with Stays-Adult- 8,000 50. Lumbosacral corset flexible with Stays-Child-5,000 51. Lumbosacral Brace		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		(Boston)-Adult-15,000 52. Lumbosacral Brace (Boston)-Child-10,000 53. Lumbar Belt- 2,500 54. Major repair Prosthesis/Orthosis-Adult -40,000 55. Major repair Prosthesis/Orthosis-Child- 30,000 56. Mermaid Splint- 10,000 57. Milwaukee Brace-25,000 58. Minor repair Prosthesis/Orthoses-Child- 20,000 59. Minor repair Prosthesis/Orthoses-Adult- 15,000 60. Pelvic Band with padding-adult- 5,000 61. Hip band padding-child-4,000 62. SACH foot- 20,000 63. Orthopedic Boot (Surgical)- adult- 10,000 64. Orthopedic Boot		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		(Surgical)- adult- 10,000 65. Orthoprosthesis (Appropriate) -Adult-75,000 66. Orthoprosthesis (Appropriate) -Child-60,000 67. Orthoprosthesis Standard- Adult-120,000 68. Orthoprosthesis-Standard-child 100,000 69. Orthopaedic Technology Services (In/Out Patient & Review) - 500 70. Cervical Collar- Rigid-15,000 71. Cervical Collar-semi-rigid-7,000 72. Cervical Collar-Soft - 2,000 73. Syme Prosthesis-Adult - 30,000 74. Syme Prosthesis-child-20,000 75. Thoracolumbosacral		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Orthosis (Fracture Brace)- 17,000 76. Registration- 200 77. Repair of wheelchair- 3,000 78. Rotational Harness- 8000 79. Serial Casting Newborn- 6000 80. Footwear Horizontal Compensation-Adult- 8,000 81. Footwear Horizontal Compensation-Child- 4,000 82. Hip Disarticulation Prosthesis with Polycentric Knee Joint - 390,000 83. Hip Disarticulation Prosthesis with Single-Axis Knee Joint -350,000 84. Hip Disarticulation Prosthesis Appropriate-Adult -150,000 85. Hip Disarticulation Prosthesis Appropriate-		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		child -110,000 86. Knee Disarticulation Prosthesis-Adult-240,000 87. Knee Disarticulation Prosthesis-Child - 200,000 88. T-Strap - 800 89. Ankle Foot Orthosis (AFO) - 10,000 90. Knee Ankle Foot Orthosis (KAPO) Non-articulated-Adult - 20,000 91. Unilateral KAFO-child Non-articulated -15,000 92. Walking Cane-Adult - 1,600 93. Fracture Brace(Giwett) - 1,500 94. Walking Frame -7,500 95. Appropriate Standard Wheelchair -35,000 96. Supra Malleoli Ankle Foot Orthosis (SMAFO) - Adult - 5,000 97. Supra Malleoli Ankle		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Foot Orthosis (SMAFO)-Child-4,000 98. Ground Reaction Ankle Foot Orthotics (SMAFO)-Adult -15,000 99. Hip Knee Ankle Foot Orthosis (HKAFO) - 30,000 100. Resting Hand Splint -5,000 101. Cork-up Splint Thermoform -10,000 102. Pressure -8,000 103. Cork-up Splint Orthoplast -8,000 104. Elbow Forearm Hand Orthosis - Articulated -12,000 105. Elbow Forearm Hand Orthosis- Non - Articulated -10,000 106. Arm Sling-2,000 107. Cranial Helmet-20,000 108. Shoulder Orthosis - 10,000 109. Toe separator		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Local - 500 110. Toe separator local-child-300 111. Plaster shoe unilateral-3500 112. Compression stockings - 7500 113. Counselling session-3,000 114. Pressure Sleeve-12,000 115. Extremely Pressure Sleeve-4,000 116. Crutch Tips -500 117. Extension TLSO Brace -- 80,000 118. Single Axis Foot-40,000 119. Multi Axial Foot- 70,000 120. Sports Orthotics Silicon Gel Foot Inlays - 26,000 121. HALO Jacket CTLSO - 80,000 122. HALO Jacket CTO -40,000 123. HALO Jacket Pneumatic -60,000		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		124. Trans-Tibial Custom Made Silicon Liner -120,000 125. Sports Protheses (Blades) Advanced - 1,500,000 126. Immediate Post Operative Prosthesis (IPOP) Trans-Tibial Advanced -500,000 127. Immediate Post Operative Prosthesis (IPOP) Trans-Femoral Advanced -1,000,000 128. Osseointegration Prosthesis (Advanced)		
102.	DrSarah Nyakiongora, MMED, FC-ECSA Consultant plastic reconstructive and aesthetic surgeon, KUTRRH Treasurer, KSPRAS	**Procedure & Proposed Rate** Scalp lacerations repair- 150,000 Facial lacerations repair - 150,000	Noted	Plastic reconstructive surgeries covered under the surgical listing of procedures. Cosmetic reconstructive surgery to enhance physical appearance is not catered for. The general exclusions

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Facial scar revision -180,000 Cheiloplasty-180,000 Unilateral cleft lip repair - 200,000 Bilateral cleft lip repair-240,000 Cleft palate repair-300,000 Secondary cleft lip/palate repair -260,000 Pharyngoplasty-360,000 Open rhinoplasty -450,000 Fasciotomy-180,000 Escharectomy- 240,000 Minor skin graft -120,000 Major skin graft-220,000		expound further.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Minor contracture release - 150,000 Major contracture release - 280,000 Advancement flaps-450,000 Rotation flaps=450,000 Free flaps-1.200.000 Change of dressing minor 10-25% -80,000 Change of dressing major >25% -120,000 Pressure sore debridement-150,000 Digit reconstruction -250,000 Anterior canthotomy and z-plasty -220,000		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Blepharoplasty-220,000 Auriculoplasty -350,000 Lip reconstruction -320,000 Reduction mammoplasty medical unilateral-350,000 Reduction mammoplasty medical bilateral-450,000 Insertion of tissue expander (one)-320,000 Insertion of tissue expander (two)-480,000 Removal of tissue expander and flap inset-300,000 Breast reconstruction (post cancer)- implants-360,000 Breast reconstruction (post		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		cancer)- tissue-480,000 Excision of skin cancers-350,000 Lymph node dissection -360,000 Lymphoedema excision-450,000 Neurofibromatosis excision-420,000 Biopsy skin lesion-45,000 MEEK skin graft-825,000 Syndactyly/polydactyly correction-380,000 Tendon transfer/repairs-540,000 Nerve repairs/brachial plexus-750,000		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Abdominoplasty-650,000		
103.	DrSarah Nyakiongora, MMED, FC-ECSA Consultant plastic reconstructive and aesthetic surgeon, KUTRRH Treasurer, KSPRAS	**Procedures & Implant Rate** Post burn hypertrophic scar excision-220,000 Unilateral ear keloid excision (LA)-54,000 Bilateral ear keloid excision (LA)-96,000 Keloid excision (other sites) (LA)-50,000 Keloid excision plus skin graft or flap closure-360,000 Replantation surgery - 1,500,000 Gynaecomastia excision-280,000	Noted	Plastic reconstructive surgeries covered under the surgical listing of procedures. Cosmetic reconstructive surgery to enhance physical appearance is not catered for. The general exclusions expound further.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Soft tissue masses excision (LA)-50,000 Bleomycin/5FU/Triamcinolone therapy (GA)-75,000 Cranioplasty for craniosynostosis-750,000 Medical clitoroplasty (post FGM)-280,000 Flap vaginoplasty-450,000 Distant flaps-450,000 Distant flaps division-240,000 Graciloplasty (pedicled)-450,000 Medical liposuction-420,000 Lipotransfer/stem cell therapy-480,000		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Macrostomia correction- 260,000 Facial (Tessier) cleft correction- 320,000		
104.	USAID	PHC Fund "ARVs, HIV testing and follow up tests, family planning commodities, antimalarial medication and testing, anti TBs and testing, KEPI vaccines, as provided in the guidelines, will be offered at no cost to the patient." While it is clear that the patient will not incur a cost for these services initially under the vertical program, it is unclear if they are part of the Global budget of 900 per head. If they are then consider listing them under the scope like immunization is listed. As it is they are listed as an unclear	Noted	The services are accessed under both PHC and SHIF funds depending on the level of care. The services are financed separately under the vertical programs.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		aspect of Tariff/PPM.		
105.	USAID	PHC Fund "Reproductive, Maternal and Child Health Services as defined by the MOH guidelines";For the sake of service providers and users it would be helpful if SHA can provide the full list of services covered under this, the same way the surgical packages have been clearly outlined	Noted	The benefit package includes the package for Reproductive, Maternal and Child Health Services.
106.	USAID	Maternity Newborn and Child Health Services: Ante-natal care, Postnatal family planning. Management of postpartum infections and haemorrhage, birth traumas and conditions related to childbirth. Management of neonatal conditions. Obstetric and neonatal complications including inter admission	Noted	The scope of complicated Maternity, Newborn and Child Services are covered under other packages i.e Inpatient, ICU/HDU etc. Anti D Immunoglobulin is covered under maternity and newborn package.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		postpartum/postnatal infections and haemorrhage, birth traumas and conditions related to childbirth. ➢Anti-D Serum for Rhesus-negative mothers; Under maternal care, the provider payment mechanism is case based, and only provides for delivery by CS and SVD, however the scope covers everything else. How will the authority reimburse costs for all other services such as anti D?		
107.	USAID	ANC and PNC services will be covered under the outpatient at the PHC level;The PPM is case based. To increase utilization it would be good to link ANC with the delivery benefit, to prevent hospitals from skimming for just the delivery. The amount of 900/=	Noted	The KES 900 is the capitated amount per individual for primary healthcare services and is not a limit for the service.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		is too low for full antenatal coverage and ANC profile including the first ANC. SHA could have this model as a learning agenda to see to what extent it increases or decreases coverage of full ANC and incentivizes or disincentivizes providers		
108.	USAID	"Normal delivery - maximum stay of 48 hours C-section - maximum stay of 72 hours" ; Consider rewording to state Normal delivery without complications and CS without complications. Just to avoid misinterpretation/misrepresentation. We acknowledge the additional PPM for complications.	Adopted	The terminologies will be amended as proposed to avoid misinterpretation/misrepresentation.
109.	USAID	Screening and Management of precancerous lessions: ➢HPV –	Noted	The terminology will be amended to specify "HPV test" only.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		KES. 3,600;Consider specifying whether its VIA/VILI or pap smear or both, or consider separate costs for the two so that its clear to service users too		
110.	USAID	Screening and management of precancerous lesions: Prostate cancer screening will only be covered in males over 55 years. ➢Colon cancer screening will only be covered in males over 40 years. ➢Screening for cervical cancer will only be covered in women between 30-50 years ➢HPV screening for females aged 35 and 45 years; For the age limits, consider, unless "clinically indicated" to allow provision of testing to people who show symptoms of cancer For Ca colon, while males at a higher risk, the 1 in 25 (4.0%) for women and 1 in 23	Adopted	For prostate cancer screening, the age limit has been adjusted to provide for males from 40 years and above. Colon cancer has been amended to include all genders recognized by law. Cervical cancer screening is based on the National Cancer Guidelines, MOH 2018 which provide for 25 - 49 years.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		(4.3%) for men is not too big a difference to justify complete exclusion of one gender from accessing the service Since prevention is key i.e. early detection,, screening for cervical cancer should be extended to below 30 years		
111.	USAID	**Optical services** Limit: KES. 1,000 per Household (ii) Pre-authorized service. (iii) Limited to beneficiaries below 18 years. (iv)Replacement of eyeglasses only after every two years if indicated.;The exclusion of the elderly in this may deny services to people who need it the most. The limitation to one household may be a challenge given short sightedness is	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. The benefit is limited to persons below 18 years for school-going children. Budget allocations limit expanding access of the benefit to all age groups. The pre-authorization service takes place between 0-72

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		partly genetic		hours.
112.	USAID	End of life services: (i) Preparation and storage of the body in a mortuary (ii) Preservation and storage of the body in a mortuary; What is the opportunity cost? It would be best to look at this vis a vee other services that are either partially funded or not funded at all. The country may be providing last expense services at the expense of primary healthcare services. Maybe this could be considered when all other services of maintaining life are effectively covered?	Noted	The addition of "End of life services" was informed by public participation comments. The benefits prescribed take into consideration a population's culture and customs so as to provide care that is socially-acceptable.
113.	USAID	Inpatient services shall include management of disease/condition while	Noted	Inpatient services will cover management of advanced HIV, TB and Malaria.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		admitted; Consider including as part of the scope: Management of advanced HIV Disease Management of advanced TB Management of complicated Malaria		
114.	USAID	The Primary Health care Section included level 2,3 and 4. I note that level 1 community level services are missed out.; Each CHP is linked to a Community health Unit , which is linked to a facility. With regard to commodity refills for the CHP kits, supervision and outreach services should be part of the PHC funds. Failure to this the level one services will grind to a halt.	Noted	PHC Fund finances facility-based primary care health services as per the Social Health Insurance Act and its attendant Regulations. Level 1 services are covered by funds provided under the Primary Healthcare Act.
115.	USAID	The capitation for PHC services	Not Adopted	The tariffs in the package are

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		at levels 2,3,and 4 are Ksh 900 per annum;Consider revising this figure upwards, to cater for health needs at this level, where 90% of the population visit for care. If not well addressed the clients may opt to go to higher level facilities , hence defeating the idea of decongesting the upper level facilities.		informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Clients will not opt for higher-level facilities as they require referral from the level 2 and 3 facilities.
116.	USAID	The Access rules (Quarterly limit of 5,000 per person as captured in the chronic disease registry) for the SPECIALIZED LABORATORY SERVICE are quite low;Consider increasing the said limit for the targeted labs to be able to sustain offering quality tests. Otherwise, laboratories could consistently be stocked out of reagents and systems to conduct the requested tests.	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
117.	USAID	VL/EID testing and follow up tests;Consider a costing/ reimbursement model that could allow selected private sector labs to provide VL and EID testing services and be reimbursed based on the set reimbursements levels. Patients who choose to go for these services at the selected private facilities will then have to top up the difference between the costs charged by the private sector labs and what is set are the reimbursable limit. This model will catalyze the private labs to complement the public laboratories, and get patients who would otherwise seek services from private facilities do so using their SHI subscriptions.	Not adopted	VL/EID testing and follow up tests are currently covered under vertical programmes and are thus not provided for under the SHA benefits package.
118.	USAID	Patient/ member facing benefit	Noted	The communications team is developing member

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		package, member education toolkit that could also be utilized by CHP as they interact with households ;Recommend an easy to read and understand member facing package that makes it easy to read and also provide a and easy channels for member seeking clarification on benefit, ant copayments and provide feedback		education materials which will include explanations of the packages to the public.
119.	USAID	Outcomes: Patient level outcomes;There are no mechanisms to ensure good patient outcomes, the fund should consider funding for patient outcomes at least for 1 package of service such as maternity care.	Noted	There will be provision for patient feedback. Quality indicators and performance based financing will be considered in future.
120.	USAID	Urological surgeries: vasectomy is missing;Consider including vasectomy as a long	Noted	Vasectomy is a low-uptake intervention based on cultural beliefs.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		term FP to increase access to long term family planning		
121.	USAID	Accident and Emergency Services;Consider listing out the types of emergency for which evacuation should be provided to enhance sustainability and reduce over utilization, which may limit access to those who need the services. Consider including maternal and child emergencies on the list	Noted	The National Ambulance Call Centre will be staffed with certified medical dispatchers to help with screening of emergencies.
122.	USAID	Pharmacy services;consider listing out specific medication ie sickle cell, COPD	Noted	An essential pharmacy formulary will be provided for every disease management protocol.
123.	National Cancer Control Program	Screening for common cancers (breast, cervix, prostate, and colon) at Levels 2-6 with	Adopted with amendments	For prostate cancer screening, the age limit has been adjusted to provide for

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		capacity is appropriate; However, the provisions are not within the screening guideline recommendations, as follows: 1. Cervical Cancer • Add other screening methods: VIA and Pap smear • Age: screening for cervical cancer will be covered in women between 25 to 65 years • Indicate as follows: ➢ HPV screening for above 30 years – once every 5 years 2. Prostate cancer screening will only be covered in males over 40 years. 3. Colon cancer screening will only be covered in males and females over 45 years. 4. LEEP – KES. 2,800 ➢the amount is too low considering that LEEP is a minor surgical procedure used to treat lesions that are more extensive than those treated using thermal		males from 40 years and above. Colon cancer has been amended to include all genders recognized by law. Cervical cancer screening is based on the National Cancer Guidelines, MOH 2018 which provide for 25 - 49 years and also cover VIA and Pap smear based on prescription by a clinician.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		ablation or cryotherapy; Minimum amount recommended is KES. 6,000 5. Breast cancer screening – should be ADDED • Ultrasound for women ages 35-40 years every 1-3 years • Mammography for all women o Age 40-55 years – Annual o Age 55-74 years – Every two years These recommendations are as per the Cancer Screening Guidelines 2018 which are currently under review; We recommend that the packages should be reviewed upon completion of review of the Screening Guidelines		
124.	Physiotherapy Council Of Kenya	PRIMARY HEALTHCARE		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		FUND(i) **OUTPATIENT CARE SERVICES** **SCOPE** Physiotherapy services play a crucial role in primary healthcare by aiding in the prevention, management, and rehabilitation of various conditions, such as musculoskeletal disorders, chronic pain, and physical disabilities. Despite its importance, the current scope of outpatient services does not explicitly include physiotherapy. This omission risks these essential services being overlooked or deemed less important by healthcare facilities;Include physiotherapy among services under the scope of outpatient;	Noted	The services are covered under outpatient and inpatient tariffs.
125.	Physiotherapy Council Of Kenya	SOCIAL HEALTH INSURANCE	Noted	The services are covered in the outpatient and inpatient tariffs.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		FUND(i) **OUTPATIENT CARE SERVICES** **Scope** Physiotherapy services are essential in a hospital setting, providing crucial support in the prevention, management, and rehabilitation of various conditions such as musculoskeletal injuries, post-surgical recovery, chronic pain, and neurological disorders. Despite the importance of these services, the current scope of outpatient care does not explicitly include physiotherapy. This omission risks these vital services being overlooked or undervalued by health facilities;Include physiotherapy among services under the scope of outpatient		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		(ii) MATERNITY, NEONATAL AND CHILD HEALTH SERVICES **Scope** Physiotherapy services are omitted despite being import for post-operative care;Include post-surgery ward physiotherapy		
126.	Physiotherapy Council Of Kenya	EMERGENCY, CHRONIC AND CRITICAL ILLNESS FUND**(i) PALLIATIVE CARE SERVICES** **scope** despite physiotherapy in palliative care is essential for managing symptoms, improving mobility, enhancing emotional well-being, and ultimately providing a better quality of life;Include	Noted	The services are covered under inpatient and outpatient tariffs

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		physiotherapy services for palliative care **(ii)CHRONIC ILLNESSES** **SCOPE** Some conditions such as spinal cord injuries missed out;Include spinal cord injuries among conditions		
127.	HENNET	Capital at KES 900 does not make economic sense. factor in inflation and other economic variables makes me wonder what cost models were they using; We appreciate and acknowledge inclusion of ARVs, antimalarials, anti TBs, and associated tests, family planning commodities, KEPI vaccines. However, capping the outpatient services to 900 per person per household does not make economic sense. SHIF is anticipating collecting more	Noted	The allocation is progressive based on the available financial resources. The proposed tariff is based on the principle of insurance where a beneficiary may or may not utilize the benefit. The proposed tariff of KES 900 is not commensurate to the total cost of service accessed.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		from Kenyans and hence it is expected that we get better tariffs respond to the contribution. Consider having this cost standing at 1500 per person per household instead.		
128.	HENNET	For SHIF - All registered households will be mapped to a Primary Care Network. What happens if one travels outside their primary care network? Why not make it possible for Kenyans to access care in whatever facility in Kenya because some Kenyans travel or are nomadic lifestyle?; NHIF restricts/ed outpatient access to a facility. This made access to health care challenging at the point of need for the service if a beneficiary is not within reach. Restricting access would also limit access by special groups such as pastoralist communities. The Digital health	Noted	PCNs seek to widen access to outpatient services for members as opposed to the defunct NHIF that tied an individual to one health facility. Members have been afforded the chance to choose the health facility they desire to access health services from within the PCN. Health services offered at level 4,5 and 6 health facilities can be accessed at any such facilities in the country.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Act, highlights in Section 27 that "The health data that is contained in a health data bank shall be applied to— (a) identify a person who needs or is receiving a health service. This therefore should allow for access of health services regardless of the PCNs they are registered in. We appreciate the new directive where health service access is not limited to a "link Facility". And anticipate that this is adhered to.		
129.	HENNET	NHIF did not provide an assistive devices cover package for persons with disability which then disadvantages them from accessing the devices they need. SHIF should have a package to ensure persons with disability can afford to purchase assistive devices they need. Majorly the devices are very expensive, and this puts the PWD in a more	Noted	Assistive devices are covered within the benefits package. The benefits are progressive based on the available financial resources.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		vulnerable state. People living with disability are not being considered yet they are the most needy and vulnerable ; While we commend the matching funds for the cost of procuring hearing aid, SHIF is barely offering half the cost of devices such as crutches. One would have to foot over twice the cost of what NHIF would be offering for crutches. See below annex of contribution on additional propositions that would make SHIF comprehensive. SHIF provides for only 4 out of approximately 35 assistive devices of persons living with disabilities. According to the 2019 census, 2.2% (0.9 million people) of Kenyans live with some form of disability. Not all of these need assistive devices hence those that need access should be covered fully without any access rules.		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
130.	HENNET	Palliative care -Is palliative care tariff only covering end of life at inpatient? What happens after 60 days e.g., palliative care case that is not end of life? Palliative care is capped at 60 days that limits access beyond the set time. Not all palliative care results in end of life. - Palliative care is important, and the cover can be extended to 90 days, with clear transition from Hospice level to Home based care where caregivers can be trained under the Fund and weekly Palliative health worker reviews; in Kenya, about 800,000 Kenyans need palliative care every year. Unfortunately, only about 14,552 Kenyans are accessing these services. Access to palliative care is even more limited among children with less than 5% of paediatric patients having access. According to the 2021-2030,	Noted	Palliative coverage includes all patients who require palliation not just end of life. The capping and inclusion of home based care is progressive depending on the available financial resources.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Continuum of Care Provision of palliative care should commence from diagnosis and throughout the trajectory of the illness including bereavement care. Caping access to 60 days for palliative care is against the very statement outlined in the Kenya policy that requires care to be throughout the trajectory of the illness. A clause should therefore be put in place through the PCN model to provide palliative care at home in the community after the 60 days under the cost of the facility of the client		
131.	HENNET	Maternal ANC Profile- The ANC (antenatal care) profile test is a crucial diagnostic examination used to monitor the overall health of a pregnant woman and track the growth and well-being of the baby. Typically	Noted	The ANC profile test has been covered under the ANC services provided within the benefits package.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		recommended during the first trimester of pregnancy, this test enables early detection of any abnormalities. The package includes Diagnostic laboratory tests but does not cost the ; ANC Profile should be included in the package and cost. In most public health facilities, ANC profiles are offered for free under government programs like Linda Mama or donor-funded programs. In the private sector, these are usually charged at the prevailing market rates, making them unaffordable to most Kenyan mothers. Or rather, a clause should be added thar all related* (text missing in the email)		
132.	HENNET	Post-Transplant immunosuppressive drugs Proposed cover is 5000/- per quarter. This does not cover the real cost of these drugs.;	Adopted with amendments	Post-transplant Immunosuppressive therapy is included with a tariff of up to KES 65,000 per month in the induction phase and up

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Allocate adequate funds for Post-Transplant Immunosuppressive drugs on need basis per month. Cost varies with time.		toKES 35,000 in the maintenance phase.
133.	HENNET	Pre-Transplant evaluation cover proposed to be as per PPM under SHIF, which is 5000 per quarter. This amount is not sufficient; Pre-Transplant Evaluation costs up to 300,000. Adjust Tariff to match.	Adopted with amendments	Pre-transplant evaluation of donor and recipient is included.
134.	HENNET	Dialysis sessions proposed at "Maximum." This is ambiguous and leaves room for downward review of No. of session.; Be specific about the number of Dialysis sessions covered per week.	Noted	Dialysis sessions are provided at a Maximum of 3 sessions per week in the proposed tariffs.
135.	HENNET	Dialysis services proposed to be offered at level 4-6 facilities. This locks out most Standalone	Noted	Dialysis centers, including standalone centres, will be contracted based on their

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Dialysis units which fall under Level 3 and will create a crisis of low access to dialysis; Expand Dialysis services to Level 3 to accommodate standalone dialysis units. Allow them time to upgrade		ability to offer dialysis services including presence of an attached nephrologist and access to ICU within a 10 km radius.
136.	HENNET	Lumping up Renal Disease Treatment packages with other NCDs creates the danger of underfunding of renal treatment costs. 5000/quarter may be adequate for Diabetes management, but it is way below the cost of post-Transplant immunosuppressive therapy for the same period; We recommend separation and each condition considered on its own needs.	Adopted	Post transplant immunosuppressants have their individual limit and will be given as an exclusion within the pharmacy limits. Post-transplant Immunosuppressive therapy is included with a tariff of up to KES 65,000 per month in the induction phase and up toKES 35,000 in the maintenance phase.
137.	HENNET	Provision of disease prevention products is missing. With PHC's focus being on disease prevention and health promotion, preventive	Noted	The national and county government budgets provide for disease prevention products including those for Malaria,

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		commodities should be given great emphasis. ; The benefits package gives little consideration for disease prevention commodities such as for Malaria, Cholera, Typhoid, yellow fever among all other disease prevention vaccines left out in the package. Access to other commodities within PHC such as condoms and mosquito nets should be provided for under SHIF to allow a smooth transition from donor funded programs. Glad to note inclusion of Anti Snake Venom and Anti Rabies		Cholera, Typhoid, yellow fever among others. Provision of condoms amd mosquito nets is vertically financed. Donor transition plans will determine its inclusion in the benefit package in the future.
138.	HENNET	Access roles Prostate cancer screening will only be covered in males over 55 years. Colon cancer screening will only be covered in males over 40 years. —It is subjective to allow access for males only leaving out women.	Adopted with amendments	For prostate cancer screening, the age limit has been adjusted to provide for males from 40 years and above.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		We acknowledge the prevalence of colorectal cancer is higher in males however, limiting to screening males is discriminatory and leaves out females that could be at risk of this cancer. Include screening for FEMALES. Unlike prostrate and cervical that are sexspecific, colon cancer is not sex-specific. Screening for cervical cancer will only be covered in women between 30-50 years—MoH Policy Documents mention 25-49 year as the eligible age for cervical screening. Reduce the age to be from 25 year. HPV screening for females aged 35 and 45 years. WHO recommends HPV Screening from the age of 30 (but 25 years in women living with HIV).; The benefits are only limited to SHIF paid members, however, SHIF is a universal cover for all. Hence the limiting in cover is		Colon cancer has been amended to include all genders recognized by law. Cervical cancer screening is based on the National Cancer Guidelines, MOH 2018 which provide for 25 - 49 years.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		against the core existence of SHIF. Add females in screening for colon cancer. Reduce age of cervical cancer screening to 25 years Reduce HPV Screening age to 30 years with a clause for 25 for women living with HIV.		
139.	HENNET	Limit: 4 Visits per year per person ; The limitation of 4 visits per year for SHIF Outpatient care is not practical. We propose that outpatient visits should be unlimited. With the BETA agenda, health promotion is one of the key pillars to a healthy nation. This, therefore, should be reflected with unlimited access to facilities to promote health seeking behaviour that would result in Kenyans visiting facilities not only to seek medication but also when they want to consult and check their wellbeing.	Not adopted	The End Term Review of the Kenya Health Sector Strategic Plan indicated outpatient utilization rates at 1.5 visits per year and, therefore, suboptimal. The limit of 4 visits per year per household is therefore sufficient.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
140.	Kenya Network of Cancer Organizations	Access points for outpatient services under the primary healthcare fund Level 2 and 3 have been perennially underfunded. Some were built but not adequately equipped. This is demonstrated through the health facilities census 2023 report. ; Allow for a staggered transition to allow time for counties to invest in level 2 and 3 facilities. For example, in year 1 and 2, allow all level 4s to be part of access points for primary healthcare services as deliberate investments are done to fully equip and operationalize level 2 and 3 facilities	Noted	This has been provided for under Regulation 5 of the Social Health Insurance Regulations, 2024 which prescribes that the Primary Healthcare Fund shall be used to purchase primary healthcare services from primary healthcare facilities or a level 4 primary health care referral facility designated by the Authority for purposes of access to services under the Primary Healthcare Fund.
141.	Kenya Network of Cancer Organizations	Screening and management of pre-cancerous lesions The services covered for screening of common cancers do not completely follow the screening modalities and	Noted	For prostate cancer screening, the age limit has been adjusted to provide for males from 40 years and above.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		recommended age for screening under the National Cancer Screening Guidelines, 2018; Align the covered services and age of cover with the National Cancer Screening Guidelines, 2018. This will promote cancer early detection and reduce the cost of treatment		Colon cancer has been amended to include all genders recognized by law. Cervical cancer screening is based on the National Cancer Guidelines, MOH 2018 which provide for 25 - 49 years.
142.	Kenya Network of Cancer Organizations	Screening and management of precancerous lesions HPV testing included as the only screening modality for cervical cancer but it's not universally available. Pap Smear which is readily available has been left out and needs to be included; Include Pap Smear as part of Cervical Cancer Screening services covered and the cap	Noted	Cervical cancer screening is based on the National Cancer Guidelines, MOH 2018 which provide for 25 - 49 years and also cover VIA and Pap smear based on prescription by a clinician.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		thereof.		
143.	Kenya Network of Cancer Organizations	Screening and management of pre-cancerous lesions For Breast cancer screening, no screening services has been included. Mammography should be included and since it is not universally available, clinical breast examination need to be included as well; Include mammography and clinical breast examination as part of screening services covered under the primary care fund.	Noted	Self-breast examinations and clinical breast examinations are conducted as part of consultation and health education services under Outpatient services. Mammography will only be provided upon clinical indication.
144.	Kenya Network of Cancer Organizations	Screening and management of precancerous lesions Colon cancer covered only for males over 40 years leaving out females but colorectum cancer is among the top 5 leading cancer for both males and females;	Adopted with amendments	Colon cancer has been amended to include all genders recognized by law.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Colon cancer screening should be offered for both males and females over 40 years. Consider also including colonoscopy as part of the screening services for colon cancer.		
145.	Kenya Network of Cancer Organizations	Oncology services Drug monitoring for chronic Myeloid Leukemia patients is not included. Lack of monitoring denies the patient, and the doctor, key information needed to know whether to vary treatment, and use a different line, or adjust doses. This delays optimization of treatment and may have serious effects; Drug monitoring is an integral part of treatment, and should be included in the cover as treatment. Though there is free treatment available, the cost of monitoring is prohibitively high,	Noted	Drug monitoring is not an independent intervention. The service is part of management of patients thus covered under the tariffs.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		and out of reach for all patients in Leukemia treatment.		
146.	Kenya Network of Cancer Organizations	Oncology Services Not all services listed in the scope of service are indicated in the tariff e.g. Not all routine and specialized laboratory services and consumables, stoma appliances, pre meds and post meds indicated under scope of services are listed in the tariffs.; For those services indicated in the scope but not in the tariff, clarify whether or how they are covered and the cap	Noted	The tariffs for Oncology services listed include the routine and specialized laboratory services and consumables, stoma appliances, pre meds and post meds. Further, specialised labs are under the specialised services package.
147.	Kenya Network of Cancer Organizations	Assistive Devices Assistive devices commonly used by cancer patients e.g. prosthetic limbs, stoma bags etc. have been left out. Devices like breast prosthesis go a long way in restoring the dignity of women who have undergone mastectomy ;	Not adopted	The intervention may be assessed by the Benefits Package and Tariffs Advisory Panel as per the health technology assessment.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Include common assistive devices that cancer patients need in the cover package.		
148.	The Legal Clinic	Primary Healthcare Fund Tariff: Outpatient care services; 900 per person per annum; This amount is unaffordable for the majority of persons in low income, informal employment or informal businesses. Make it 900 per contributor to be able to cater the entire household.	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
149.	The Legal Clinic	Maternity, New born & Child health care services: Level 2-3 ; This fund should also access services at Level 4 facilities as some constituencies do not have level 2 & 3 facilities and might be problematic for mothers in those locations	Noted	The PHC Fund shall be used to purchase primary healthcare services from primary healthcare facilities or **a level 4 primary health care referral facility** designated by the Authority.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
150.	The Legal Clinic	Maternity, New born & Child health care services: delivery tariffs.; The proposed tariffs may not cover actual costs for the services. Consult with facilities to get the standard costs for the services to ensure all mothers and infants receive the care they deserve without extra costs.	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
151.	The Legal Clinic	Restricting hospital stays to 48 hours for normal deliveries and 72 hours for Csections is very problematic. Patients are different and so recovery time is also different, complications will result in the need to for extended Early discharge risks the health and life of both mothers and newborns.; Extend time for the mothers and infants stay factoring in unplanned emergencies and	Noted	The time limitations are based on WHO guidelines. Complications are covered as a separate package under the SHIF and ECCF as per the Social Health Insurance Regulations, 2024.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		complications. The requirement for mothers with complications to undergo fresh vetting before accessing extended services is not practical		
		On screening and management of precancerous lesions. The provision to have the fund cater for 55 year old males and above for prostate cancer is discriminatory and disadvantages the younger males.; Screening and management of precancerous lesions will be beneficial for all males of all ages. This helps in prevention and management at earlier time.	Noted	For prostate cancer screening, the age limit has been adjusted to provide for males from 40 years and above.
152.	The Legal Clinic	On screening of cervical cancer and HPV in women.; Cervical cancer and HPV	Noted	Cervical cancer screening is based on the National Cancer Guidelines, MOH 2018

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		screening should be accessible for women of all ages. All sexual and reproductive healthcare services should be available for women of all ages.		which provide for 25 - 49 years.
153.	Ahmed Nassir	(i)The number of procedures as per Appendix 1 page 35-36 Is very few and does not cover a large number of procedures In Neurosurgery	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
154.	Ahmed Nassir	(ii) The costing of the procedures has not taken Into consideration factors like Increased ICU stay, use of aneurysm clips amongst other factors.	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
				reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
155.	Ahmed Nassir	(iii) In page 9: Access rules for Surgical Services package, Co-payment Is limited to Laser and Laparoscopic services. These should also be extended to Neurosurgical procedures.	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
156.	Renal Patients Society of Kenya	Post-Transplant immunosuppressive drugs Proposed cover is 5000/- per quarter. This does not cover the real cost of these drugs; Allocate adequate funds for Post-Transplant	Noted	Immunosuppressive therapy is included with a tariff of up to KES 65,000 per month in the induction phase and up toKES 35,000 in the maintenance phase.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Immunosuppressive drugs on need basis per month. Cost varies with time.		
157.	Renal Patients Society of Kenya	Pre Transplant evaluation cover proposed to be as per PPM under SHIF, Which is 5000 per quarter. This amount is not sufficient; Pre Transplant Evaluation costs up to 300,000. Adjust Tariff to match.	Noted	Immunosuppressive therapy is included with a tariff of up to KES 65,000 per month in the induction phase and up toKES 35,000 in the maintenance phase.
158.	Renal Patients Society of Kenya	Dialysis sessions proposed at "Maximum" This is ambiguous and leaves room for downward review of No. of session.; Be specific about number of Dialysis sessions covered per week	Noted	Dialysis sessions are provided at a Maximum of 3 sessions per week in the proposed tariffs.
159.	Renal Patients Society of Kenya	Dialysis services proposed to	Noted	Dialysis centers, including standalone centres, will be

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		be offered at level 4-6 facilities. This locks out most Standalone Dialysis units which fall under Level 3 and will create a crisis of low access to dialysis; Expand Dialysis services to Level 3 to accommodate standalone dialysis units. Allow them time to upgrade		contracted based on their ability to offer dialysis services including presence of an attached nephrologist and access to ICU within a 10 km radius.
160.	Kiprono Chebkok	Non-inclusion on the cost of blood collection, storage, testing, component preparation and distribution on the benefit package; (i)Include the cost of blood and funds to be disbursed to KBTTS in advance to enable them provide blood to all transfusing facilities. (ii)The costs of obtaining one	Adopted with amendments	The Oncology and haematology package has been amended to include blood collection, storage, testing, component preparation and distribution.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		pint of blood is approximated at Ksh 10,000 and request that the benefit package cover Ksh 2,000 being cost sharing.		
161.	Kiprono Chebkok	Non-inclusion of specialised products in the benefit package; The specialized products and services will be included in the benefit package and funds disbursed to KBTTS to ensure its availability. The specialized products includes: 1. **Aphaeretic platelets**- the cost of obtaining aphaeretic platelets is Ksh 40,000 broken down as cost of the apharetic bag@35,000,	Noted	The haematology and oncology package has been reviewed to incorporate specialized haematology products and services.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		testing@4000 and other utilities @ 1,000 **2.Red cell Exchange-** Approximate cost of red cell exchange is Ksh 100,000 being the cost of obtaining aphaeretic red cells Ksh 54,000, testing of 8 packed red cells to the patient Ksh 24,000 and aphaeretic red cell removal Ksh 22,000 of abnormal red cells from the recipient **3.Plasma exchange-**This involves the removal and administration of plasma to a sensitized patient. The approximate cost is Ksh 100,000 being the cost of aphaeretic removal of plasma and administration		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
162.	Community Led Solutions	The fixed vs actual cost conundrum, especially on surgical procedures. The fixed rates for various services might not adequately cover the actual costs incurred by healthcare providers, especially in areas with high operational costs. This could lead to healthcare providers being reluctant to offer certain services, thereby limiting access; A flexible pricing mechanism that ensures that providers in high-cost areas receive appropriate compensation is necessary or consider implementing a bundled payment system for certain treatments and procedures, covering all associated services in one package to ensure comprehensive care without financial loss to providers.	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
163.	Community Led Solutions	Setting maximum reimbursable tariffs may lead to cost-cutting measures by healthcare providers, potentially compromising the quality of care. Providers might opt for less costly but possibly less effective treatments to stay within the reimbursable limits; A balanced approach like the use of a tiered reimbursement system that adjusts tariffs based on the complexity and necessity of the treatment. This will ensure that more critical and complex procedures receive higher reimbursement rates, discouraging providers from cutting corners on essential care.	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
164.	Community Led	The fixed per diem rates for	Noted	The tariffs in the package are

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	Solutions	ICU and HDU care might not cover the full spectrum of necessary interventions, especially in cases requiring extensive and costly resources; Consider implementing a tiered pricing model that categorizes ICU and HDU care into different levels of intensity, with corresponding per diem rates for each level		informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
165.	Community Led Solutions	For procedures such as laser and laparoscopic surgeries where co-payments are allowed, it could disproportionately affect lower-income individuals who might not afford the co-payments, thus creating a barrier to accessing these services; Amend the benefits package to include comprehensive coverage for laser and	Noted	The benefits package is informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		laparoscopic surgeries, thereby eliminating the need for copayments for these essential procedures.		
166.	Community Led Solutions	The fixed rate for intra-metro ambulance services and the per-kilometre charge for extra-metro services may not reflect the true costs, especially in rural or remote areas where distances can be significant, and the terrain challenging. This could deter providers from offering these services in less accessible regions; To ensure the tariffs for ambulance services are fair and reflective of true costs, especially in rural or remote areas, consider a sliding scale or tiered pricing system which reflect regional	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
167.	Daniel Njoroge	**Lack of Clear Guidelines on**	Noted	The benefits package is

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	Ndungu	**Coverage of Surgical Procedures.** When a patient is admitted to the hospital and the management involves more than one surgical procedure, there can be confusion regarding the coverage provided by the Social Health Insurance Fund (SHIF). The existing guidelines do not clearly specify whether SHIF covers all the procedures or if the patient is required to make a copayment.; · Full Coverage for Medically Necessary Procedures SHIF will cover all medically necessary surgical procedures performed during a single		informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		hospital admission. This comprehensive coverage ensures that patients receive all required treatments without additional financial burden. · Copayment Requirements If there are specific circumstances where copayments are necessary, these will be clearly defined in the guidelines. Patients will be informed about the applicable copayment amounts, percentages, and any limits or caps on these payments. · Preauthorization For complex cases involving multiple procedures, a preauthorization process will be implemented. This process will confirm coverage and provide clarity on patient obligations before the		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		procedures are performed. · Transparency and Communication SHIF will provide clear and accessible information to patients regarding their coverage benefits, including details about multiple procedures and any potential costs. This information will be available through various channels, including healthcare providers and SHIF's official platforms		
168.	Daniel Njoroge Ndungu	**Long Stay Medical Cases Turning to Surgical Cases.** When a patient is admitted as a medical case and the situation evolves into a surgical case, the current guidelines may lack clarity on whether the Social Health Insurance Fund (SHIF) covers this transition through a	Noted	The tariffs provide for medical cases that may require surgery. The transition from medical cases to surgery will be seamless.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		rebate/per diem system or as a surgical package; · Define Coverage Transition: Clearly define the coverage transition from medical to surgical cases within the SHIF guidelines, ensuring there is no ambiguity regarding what is covered and how the costs are managed. · Coverage Methodology: Specify whether SHIF covers the costs through a rebate/per diem system for the entire hospital stay or transitions to a surgical package once the case becomes surgical. Ensure this methodology is consistent and transparent. · Integrated Coverage		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Approach: Adopt an integrated approach where the initial medical care is covered under the rebate/per diem system, and the surgical care, including any necessary pre- and post-operative care, is covered under the surgical package. This approach provides comprehensive coverage throughout the patient's hospital stay.		
169.	Daniel Njoroge Ndungu	**Optical Package underpayment.** The current allocation for the optical package under the Social Health Insurance Fund (SHIF) is insufficient to cover the full cost of optical services, leading to significant out-of-pocket expenses for patients. To address this issue, it is crucial to review and adjust the optical package to ensure	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		comprehensive coverage that includes not only consultation and dispensing of eyeglasses but also other essential optical services; · Comprehensive Coverage: Expand the optical package to cover the full spectrum of optical services, including consultation, eye examinations, diagnostic tests, eyeglasses, contact lenses, and necessary follow-up treatments. · Adjust Funding Allocation: Increase the funding allocation for the optical package to reflect the actual cost of comprehensive optical care. This adjustment should be based on market analysis and average costs of optical		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		services to ensure the allocation is realistic and sufficient. · Regular Review of Costs: Implement a mechanism for regular review and adjustment of the optical package allocation based on current market rates and inflation. This will ensure that the funding remains adequate over time. · Negotiated Rates with Providers: Negotiate rates with optical service providers to secure better pricing for SHIF beneficiaries. Establishing partnerships or agreements with optical centers can help manage costs while ensuring quality care.		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
170.	Amos riremoi	My concern is on the access rule to PRIMARY HEALTHCARE FUND on outpatient care services, requiring that all registered households will be mapped to a PCN. This requirement appears discriminatory to the **nomadic communities, people on transit, adolescents** and **young people.** What will happen for instance, to high school students in	Not adopted	The Social Health insurance act 2023 and regulations give a clear definition for a household. Members have been afforded the chance to choose the health facility they desire to access health services from within the PCN. However, individuals who are not in their current PCN can seek services in the location they are in and the same will be reflected through the referral systems. These referral systems will further facilitate the ease of access to healthcare services for nomadic communities.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		boarding schools, university and students who are temporarily away from their PCN where their households are registered and may not actually be living in an environment that can qualify to be defined as households e.g student hostels dormitories, Hotel accommodation and other forms of temporary accommodations??? What will happen to the nomadic communities in Kenya who are		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		forever on transit?? There is a huge risk of these populations being denied health care services by health facilities contracted by SHA in areas where their households are not registered in their PCN!!;		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		To ensure equitable access to outpatient care services for all, remove the term 'household' and replace it with the term **"persons".** This will ensure at any given time, every person living within a given PCN, is able to access outpatient care services. The access rule then should read: - **All registered persons will be mapped to a PCN.**		
171.	DR FLORENCE NGENDO MBUGUA	**LACK OF A COMPREHENSIVE**	Noted	The tariffs in the package are informed by costing

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		DENTAL COVER **Statement of problem;** ● Dental caries most prevalent health condition worldwide (WHO) ● More than 50% of the population is suffering from dental caries at any given time ● In addition to high prevalence of gum disease, childhood caries, dental and oral-facial trauma A good dental package will encourage subscription and retention to SHIF since most people can associate a direct benefit; **Recommendations:** 1. Include a dental package		studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		2. Dental Package to cover all BASIC dental services namely: ● Dental filling ● Full mouth scaling and polishing ● Root canal therapy ● Pulpotomy and pulpectomy (for children) ● Extractions ● Disimpactions ● Dentures (partial and complete) ● Minor Oral Surgery (incision and drainage,minor excisional biopsies, splinting, suturing etc).		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
172.	DR FLORENCE NGENDO MBUGUA	**LOW DENTAL TARIFFS** ● Dental inputs are relatively cost intensive. Tariffs must reflect this to ensure sustainability. ● Low dental tariffs will make dental services unsustainable therefore collapsing the services (this is already the case in many public hospitals currently where many dental services are unavailable) *Recommended tariffs* *Dental filling – 2000/-* *FMS and Polishing- 6000/-* *Root Canal (Anterior)- 6000/-* *Root Canal (Posterior)- 8000/-* *Pulpotomy – 4000/-*	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Pulpectomy – 6000/- *Extraction – 1200/-* *Disimpaction – 6000/-* *Partial Denture (1st tooth) – 4000/-* *Partial denture (additional tooth) – 500/-* *Complete denture – 16,000/-* *Minor Oral Surgery – 4000/-*		
173.	DR FLORENCE NGENDO MBUGUA	**VERY LOW HOUSEHOLD LIMIT PER ANNUM** KES 2000 per household per year is too low • Insufficient to adequately	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		cover a household given the high prevalence of dental conditions. · Will make dental services inaccessible to many as the limit is easily exceeded. · Will subject the public to excessive out-of-pocket expenditures thus fail to confer financial protection; **Recommendation** Increase household limit to **KES 100,000** per household per year given the high cost of dental inputs and the high prevalence of dental diseases.		through Health Technology Assessments.
174.	DR FLORENCE NGENDO MBUGUA	**ACCESS POINTS**	Noted	Stand alone dental clinics are categorised as level 2 , they will be able to offer services as such.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		· Most dental clinics are either stand-alone (level 1) or are under level 2 and 3 facilities · Limiting access points to level 4, 5 and 6 will lock out most dental facilities; **Recommendation:** Dental services be accessible in all levels of facilities **(Level 1, 2, 3, 4, 5 and 6)**		Dental services are accessible in all health facility categories. The complicated services will be offered in the level 4,5 and 6.
175.	Nick Nyaga Jumuia Hospitals, NCCK	The mapping of Primary Care Network has been limited to Providers in Levels 2 to 4. This needs to be revised to include Faith Based Hospitals like Jumuia Hospital, Huruma located in Mathare. The high	Noted	Level 2 is the lowest service point for health facilities, the services will be sufficient for the PHC fund. The Faith Based facilities mentioned are classified by the regulator as levels 2, 3 or 4

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		prevalence of diseases like TB, Sickle cell anaemia, HIV, diabetes, Hypertension, malaria, etc. demand attention at that level.		for purposes of offering primary healthcare services..
176.	Maureen Mwaura	Please clarify - outpatient services having a limit of 4 visits per person per year at Sh. 2,000. Does this mean after 4 visits the scheme will not pay for the visits? What about those with chronic illnesses? What data did you use to come up with the 4 visit limitation? We most definitely go to the hospitals more than 4 times a year.	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments. Further, chronic illnesses are covered under the Emergency Chronic and Critical Illness Fund.
177.	Maureen Mwaura	Is Sh 2,000 enough for an outpatient visit? Assuming you'll undergo lab	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
				sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
178.	Maureen Mwaura	Can we access the outpatient and inpatient services using SHIF in private hospitals?	Noted	Yes. Individuals can access outpatient and inpatient services under the Primary Healthcare Fund, Social Health Insurance Fund and Emergency, Chronic and Critical Illness Fund from an empanelled and contracted Private Health Facility.
179.	Maureen Mwaura	How much will SHIF contribute in the event of admission to a private hospital if we have private insurance? Previously NHIF only covered bed charges at Sh 1,850 (which is preposterous given the	Noted	The tariffs apply to both public healthcare facilities and private healthcare facilities.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		contributions we make monthly)		
180.	Maureen Mwaura	Have reduced the charges on maternity especially caesarean?Please explain the per diem on the statement below: "In case of peripartum and postnatal complications beyond 48 hours for normal deliveries and 72 hours for CS deliveries, then per diem rate takes effect. All claims in this category will have to undergo surveillance," the Ministry proposed.	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
181.	Maureen Mwaura	What led to the decision of deducting 2.75% of salaries to SHIF? That amount is too high given that the current NHIF system does not even cover us when we go to hospital. This needs to be reviewed downwards and put a cap, unless we shall be getting	Not adopted	The rates payable under the Social Health Insurance Fund are outside the scope of the tariffs.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		better services/higher benefits when we go compared to those who contribute Sh 300 monthly? - Just put a standard rate and do away with the %ages		
182.	Kiprono Chepkok For CEO KBTTS	Non-inclusion on the cost of blood collection, storage, testing, component preparation and distribution on the benefit package. Include the cost of blood and funds to be disbursed to KBTTS in advance to enable them to provide blood to all transfusing facilities. The cost of obtaining one pint of blood is approximated at Ksh 10,000 and request that the benefit package cover Ksh 2,000 being cost sharing.	Adopted with amendments	The Oncology and haematology package has been amended to include blood collection, storage, testing, component preparation and distribution.
183.	Kiprono Chepkok For CEO KBTTS	Non-inclusion of specialized blood and blood products in	Adopted with amendments	The Oncology and haematology package has been amended to include

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		the benefit package The specialized products and services will be included in the benefit package and funds disbursed to KBTTS to ensure its availability. The specialized products include: 1. **Aphaeretic platelets**- the cost of obtaining aphaeretic platelets is Ksh 40,000 broken down as cost of the apheretic bag@35,000, testing@4000 and other utilities @ 1,000 2. **Red cell Exchange**- Approximate cost of red cell exchange is Ksh 100,000 being the cost of obtaining aphaeretic red cells Ksh 54,000, testing		blood collection, storage, testing, component preparation and distribution.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		of 8 packed red cells to the patient Ksh 24,000 and aphaeretic red cell removal Ksh 22,000 of abnormal red cells from the recipient **3. Plasma exchange-** This involves the removal and administration of plasma to a sensitized patient. The approximate cost is Ksh 100,000 being the cost of aphaeresis removal of plasma and administration		
184.	Kiprono Chepkok For CEO KBTTS	Cornea transplant is included but the cost of importing cornea is not included. To include cornea importation or cost of retrieval and preparation at an average cost	Noted	No costing analysis has been provided to justify the proposed tariff. The tariffs in the package are informed by costing

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		of Ksh 300.000		studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country and is inclusive of cornea importation or cost of retrieval and preparation.
185.	Kiprono Chepkok For CEO KBTTS	Bone Marrow transplant cost not included. To include bone marrow transplant cost at an average of Ksh 3,000,000.	Adopted with amendments	The proposed tariffs have been amended to include: Autologous bone marrow transplant at KES 1,000,000 and Allogeneic bone marrow transplant at KES 1,500,000.
186.	Kiprono Chepkok For CEO KBTTS	In renal transplant, Donor nephrectomy is included but the actual transplant procedure is left out. To include the renal transplant procedure as a package @ Ksh 900,000.	Noted	Donor and recipient evaluation and transplant is covered. Post transplant immunosuppressive therapy is provided with co-payment allowed where the limit is exhausted.
187.	John Kiragu	There is need for clarity why the same set of outpatient services is paid twice at the	Noted	The KES 900 is the capitated amount per person for primary healthcare services

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		level 4,5,6(shs1800) compared to level 2, 3 and 4 (Shs 900). **Recommendation** ; A rationale for the outpatient costing estimate of shs 900 global budget at level 2,3 and 4 compared to shs 1800 for level 4,5 and 6 is needed. .		and not the tariff. The tariffs and capitation amounts in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
		Access to diverse specialist consultation services should be equitable. Limiting specialist consultation reimbursement for level 4,5 and 6 (Sh. 8000) is a dis-incentive to specialist consultation at the lower levels of care. Traditionally, specialists have not had	Noted	The proposed tariff is a tariff for the healthcare facility rather than the specialist offering the service. Consideration is not given to whether the healthcare professional is a specialist or a general practitioner.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		incentives to extend their much- needed services in relatively marginal,rural and lower care levels. Thus creating little demand for health infrastructure investment at primary health care with resultant overuse of higher level facilities. **Recommendations;** Incentive practice for medical specialists close to where people live (levels 1,2,3) and for the people in need. Therefore, expand the coverage of specialists reimbursement of shs. 8000 for level 2,3,4, 5 and 6. This will strengthen the quality and access of primary health care.		
188.	John Kiragu	(i) Is against the constitution, article 43 of COK 2010, which stipulates that no kenya should be denied emergency care for whatever reason, including	Not adopted	Response to pandemics and natural disasters are already covered under existing mechanisms including the Public Health Act and Legal

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		their subscription status to the national scheme. **Recommendation;** Rephrase access rule as follows; All Kenyans in need of A&E services will be guaranteed emergency care access at any facility in Kenya. (ii) Does that imply there is a special fund or scheme developed to wards responding to these future possibilities and realities?I If we do not have funds for natural disasters and pandemic emergency response, we need to be categorical how these emergencies will be funded. Otherwise, denying to cover emergency response from pandemic or natural disasters will be akin to suspending the right of citizens to emergency care because of a pandemic.(previous experiences in covid		Notice No. 14 which establishes the Kenya National Public Health Institute. Section 21 of the Public Finance Management Act further grants the Cabinet Secretary responsible for matters relating to finance with the power to make advances from the Contingencies Fund for the purposes of disaster management.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		19 have shown that turning a blind eye to public emergencies disproportionately burdens the poor and other vulnerable groups. Usually, vulnerable groups are left at the hands of market failures in health sector) Recommendation; Enlist infectious disease emergencies such as epidemics and pandemics as well as natural disaster emergencies as part of Benefit package (BP) and explore the feasibility of financing from SHIF, ECCIF or PHCF, if no other infectious disease fund(e.g pandemic fund or disaster fund) is functionally in existence.		
189.	John Kiragu	(iii) This is an incentive for underproduction of emergency services beyond the 25km radius given the relatively lower reimbursement rates for	Not adopted	The prescribed radius of 25km has been informed by costing studies,actuarial analysis and sustainability modelling that is the premise

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		the provider. We see this as an inequity problem because communities living in areas with low ambulance availability will struggle finding ambulances under SHA owing to the dis-incentive of lower rates beyond 25km. **Recommendation;** We also feel that emergent epidemics and notifiable diseases whose nature of spread call for timely public health response,constitute public health emergencies, should be eligible for coverage as essential emergent services given their huge negative externalities.		of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments. Further, the fixed rate for ambulances within the 25 km radius provides an incentive to ambulance providers to set up their ambulances closer to the communities where they offer these services.
190.	John Kiragu	(iv) While the centralization of emergency dispatch powers will support a coordinated approach for Emergency calls, this should be coupled with a decentralized triaging decision making and autonomy to allow	Not adopted	The establishment of the National call centre was premised on the need to provide a coordinated approach to providing ambulance services from a pooled stock of ambulances

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		for timely transfer, response and car by the pre-hospital emergency calls requiring urgent and emergency medical advice and attention, call for efficiencies around communication and triage decisions making to facilitate timely transfer and appropriate care. Recommendation; We propose a review of tariffs towards an equitable reimbursement of ambulances within and beyond 25 km to avoid underproduction of ambulance care services in distant areas where coverage of ambulance services and emergency care may be limited. However, we support an alternative coordinated approach that encourages timely ambulance response to the nearest scene such as the proposed centralised dispatch of ambulances coupled with		across the Country. Further, medically-trained and certified dispatchers will coordinate the triage. The fixed rate for ambulances within the 25 km radius provides as an incentive to ambulance providers to set up their ambulances closer to the communities where they offer these services.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		increased investment to avail ambulances in marginalised areas.		
191.	John Kiragu	(v)Radiology and laboratory as well as transfusion services are essential to timely expedition of Emergency and critical care. Yet assumptions and access rules in the proposed benefits package state that all radiology services are to be pre-authorized which may create delays in authorization of immediate imaging requests in the emergency care settings. **Recommendation;** Exclude pre-authorization of radiology and laboratory services for patients in need of emergency care. (vi) Delayed surgical interventions is a preventable source of mortality. A Cameroonian study found that	Noted	Emergency Radiology and laboratory services are already covered under the Emergency, Chronic and Critical Illness Fund and do not require pre-authorization.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		early imaging for trauma patients increased their odds ratio of survival by 5 times (Driban et al., 2023). Yet, reports of non-adherence to the legal mandate for provision of emergency care in a Kenyan hospital are rife owing to organizational equipment and working condition limitations in Kenya (Irene, Kithuka, Rucha,2024). **Recommendation;** We propose an explicit radiology and laboratory package and equivalent tariffs based on costing study for patients with trauma and other emergent or urgent need for diagnostic-rays, CT scans, FAST Ultrasound and ECG. This package to be enlisted for capitation reimbursement at both public and private facilities where trauma and other emergency imaging		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		services and stabilizing measures are to be offered. (vii) The burden of uncorrected Refractive Error (URE) remains a neglected public health concern with 60% of all eye impairment issues being attributed to URE(Ministry of Health in Kenya,2023) and about 7% of secondary school learners in kakamega largely from poorer families were found to have unmet need for correction of refractive errors(Okenwa-vincent,Naidooo&Clarke-farr,2023) **Recommendation;** Expand optical services and care in the benefits package(BP) in line with the objectives of the National Eye care strategic plan 2020-2025; we propose as follows; 1.Increase eye care funding	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments. Costing studies conducted in primary health facilities informed the tariff taking into consideration the optimization of benefits at the rollout stage with the view of increasing coverage to other age-groups with the progressive implementation of the Fund.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		prioritization by enhancing reimbursement rates in the BP to be between ksh. 5000 to kshs. 8000 based on current market prices for spectacles and their accessories to all suffering among the poor people with uncorrected refractive errors. Therefore we call for a transparent and Evidence based approach to revise the optical care BP for consistency with market prices for eye care needs. 2. Remove the limitation of below 18 years for beneficiaries, the burden of URE and other causes of eye sight impairment extends from early and late childhood and adolescence into adulthood and old age with significant annual costs, reduced quality of life and economic productivity losses. However, sustain the pre-authorization as a gate-keeping measures to		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		tame moral hazard around unnecessary optical prescriptions. 3. Apply selective contracting of private eye care providers given that public facilities (level2,3) lack the immediate infrastructure needed for essential optical and optometrists eye care strategic plan 202-2025. (viii)URE are associated with huge negative economic ramifications.For instance, myopia and other forms of URE are associated with significant out of pocket expenditure (OOP) among adults based on a study in Singapore(Zheng et al,2013). (ix) Yet, in Kenya, eye care requiring correction of URE is inequitable and unaffordable owing to poor optical care facilities studied by Muma et al, none offered refractive care		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		services or refractive correction spectacles, optometrist services being offered predominantly in the private sector. The burden of eye sight impairment is thus misappropriately borne by the poor who cannot sustain private eye care costs especially for spectacles (Muma,Naidoo and Hansraj, 2024b)		
192.	John Kiragu	Nutrient supplements have been excluded from the benefits coverage; (i) Yet malnutrition is a pressing public health concern in Low and middle income countries,especially for women and early childhood(victoria et al,2021). (ii) Based on a collaborative study (COHA) supported by the Government of Kenya was linked to estimates of 6.9% GDP annual losses in 2024 (shs373	Noted	The Social Health Insurance Regulations provide for outpatient healthcare services which include Health education and wellness, counselling, and ongoing support as needed together with consultation and care plans. Nutrition and dietetics are crucial components of patient care and are

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		billion based on poor health, poor education and economic productivity . (iii) Malnutrition burden is disproportionately high among people with comorbid conditions such a among patients with HIV/AIDS(Seid,Seid,Workineh,Dessie, Bitew,2023) (iv) To reduce the burden of malnutrition,the COHA report called for inclusion of essential nutritional therapeutics (such as Ready to use Therapeutic Foods) in the essential drug package (Government of kenya(GOK,2019). **Recommendations;** *Enlist select nutrition products, supplements and therapeutics for chronic and acute severe malnutrition conditions among vulnerable groups as part of pharmacy benefits package for groups at risk, with ill-health and		therefore included within these services.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		vulnerable groups e.g PLHIV, dialysis patients, cancer patients , at risk women, infants and young children. *We propose an explicit nutritional package, to be defined under SHIF depending on the level of health-related nutritional need being prescribed.		
193.	John Kiragu	-There is a need to protect mothers and families from catastrophic spending associated with complicated and operative deliveries. Previously, the prevalence of catastrophic health spending (CHS) on maternal near misses and complications was reported at 26%. **Recommendations;** *We request further explicit clarification on the financing of	Noted	Normal deliveries and c/section are catered for in the maternity and newborn package. In case of prolonged stay or any complications that may arise, the inpatient per diem sets in and any other relevant package as per diagnosis. If SHIF limits are exhausted, ECCIF sets in. Preauthorisation applies seamlessly where necessary.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		per diem rates for complicated maternal care beyond 72h for c-section on deliveries and beyond 48 hrs for normal deliveries. (ii) A Recent retrospective policy analysis linked free maternal health scheme (FMS) policy to reduction in neonatal deaths owing to increased institutional deliveries. The authors called for sustained funding targeting maternal health for further potential gains in neonatal outcomes and a cost-benefit ratio of 21 from investing in FMS (Oyugi,Nizalowa,Kendall & Peckham 2024). **Recommendations.** We propose the costs based on per diem rates for complicated maternal deaths beyond the stipulated limit for SHIF, to be automatically covered by Emergency, Chronic and Critical Illness Fund (ECCIF)		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
194.	The Kenya Association of Radiologists.	**ONCOLOGY SERVICES(pg11)** CT-Scan – KES. 9,600 **Recommendation;** CT Scan without contrast – 11,000 CT SCAN with contrast – 17500 CT SCAN (PAEDS) – 22,500 CARDIAC CT – 27,000 MRI – KES. 11,000 **Recommendations;** MRI without contrast – 22,500 MRI with contrast – 30,000 MRI BRAIN (WITH SPECIALIZED SEQUENCES) 32000 MRI ANGIOGRAMS – 32,500 SPECIALIZED MRI – DWIBS ETC – 32,500	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
195.	The Kenya Association of Radiologists	MEDICAL IMAGING AND OTHER INVESTIGATIONS PACKAGE (pg12) FLUOROSCOPY - 4000 **Recommendations;** BA SWALLOW – 5,500	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		BA MEAL – 7200 MCU/ URETHROGRAMS – 7500 HSG – 7000 FISTULOGRAM – 7200 COLOSTOGRAM – 7000 BA ENEMA – 10, 500 X-RAYS (Radiographs)- PER REGION 2,309 CT ANGIO – 8,000 **Recommendation;** CT Angiograms – 23,500 MAMMOGRAPHY – 3000 SPECIALIZED ULTRASOUNDS (DOPPLER) 5,000 **Recommendations;** OBSTETRIC/ ABD– 4,100 SPECIAL ULTRASOUNDS (CRANIAL, BREAST, TVS, FOLLICULAR TRACKING ETC) – 5,000 CAROTID DOPPLER – 8,100 (BIL)		Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		RENAL DOPPLER – 11,200		
196.	The Kenya Association of Radiologists	(pg 237-267) 4-vessel cerebral angiography – 61,600 **Recommendation;** 4-vessel cerebral angiography – 174,000 (pg237) Balloon angioplasty – 145,000 **RE;** Balloon angioplasty – 416,490 Balloon angioplasty with stenting – 589,490 IVC filter insertion – 336,490 (pg238) Bilateral nephrostomy tube nephrostomy insertion – 72,800 **RE;** Bilateral nephrostomy -223,000 Unilateral –185,000 Nephrostogram – 34,942 (	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		pg239) Biliary stenting – 112,000 (pg240) CT-guided biopsy (bone, lung) – 22,400 **RE;** CT guided biopsy (lung, pancreas, pleura) – 57,383 CT biopsy bone – 78,383 (pg241/2) DJ stenting bilateral/unilateral – 56,000 **RE;** DJ stenting (uni) – 138,434 (Pg 243/4) Embolization- carotid, renal (no coils)- 224,000 **RE;** Embolization (carotid, renal, hepatic, neck, peripheral masses) with particles – 570,675 (Pg245)		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Embolization- carotid, renal (no coils)- 168,000 **RE;** Embolization (carotid, renal, hepatic, neck, peripheral masses) with coils – 405,630 (246) Embolization – carotid/renal/hepatic (no microcatheter) – 280,000 **RE;** Transarterial chemoembolization (TACE) – 570. 675 Uterine fibroid embolization – 482,070 (pg247) Fallopian tube catheterization – 61,600		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		RE; Fallopian tube catheterization – 172,771(pg 248) Flush aortogram (with embolization material???) etc – 246,400 (pg249) Image-guided chemoport insertion (adult) – 15,000 **RE;** Image- guided chemoport insertion- 120,000 (pg250) Image-guided chemoport insertion (paeds) – 20,000 **RE;** Image-guided chemoport insertion- Paeds- 150,000 (Pg251) Image-guided CVC insertion- 15,568		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		RE; Image-guided CVC insertion- 70,000 (pg 252) Image guided dialysis catheter insertion – 36,176 **RE;** Image-guided dialysis catheter insertion- 130,000 (253) Image guided gastrostomy tube/nasojejunal tube insertion (without tube) – 11,200(pg 254) Image guided PICC line insertion – 31,024 **RE;** Insertion of PICC line – 74,805 (Pg255) Internalization of biliary tube - 50,400 (pg256)		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Lower limb/ upper limb arteriogram bilateral – 58,800 (pg 257) Lower limb/ upper limb arteriogram unilateral – 54,880 **RE;** Lower limb/upper limb 179,073(Pg 258) Neuro-embolization 392,000 (Pg259) PTC/Biliary drainage – 89,600 **RE;** PTC and external biliary drainage – 225,894 (Pg260) PTC/Biliary drainage (tubes not available) – 56,000 **RE;** Internalization of a biliary tube – 177,864 (Pg261)		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		PTC/Biliary drainage and stenting (stent available) – 190,400 **RE;** Biliary drainage and stenting – 362, 364 Biliary stenting only (tube in situ)- 334,364 (pg262) Ultrasound guided abdominal and peripheral biopsies – 22,400 **RE;** U/S guided biopsies – 52,776 (pg263) Ultrasound guided ascites drainage/abscess drainage – 22,400 **RE;** U/S guided abscess/ascites/cyst drainage – 68,018 U/S guided		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		FNA – 18,397 (pg264) Ultrasound guided bilateral pleural effusion drainage – 44,800 **RE;** U/S guided pleural drainage - Unilateral 70,469 - Bilateral 129,135 (pg265) Ultrasound guided breast/prostate biopsies – 16,800 **RE;** Ultrasound guided breast/prostate biopsies – 45,000 Ultrasound guided unilateral pleural effusion drainage 22,400 (Pg266) **RE;** U/S guided pleural drainage - Unilateral 70,469 - Bilateral		

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		129,135 (267)		
197.	Bitsengwa Celestine	Integrated system to be provided should be network error free to facilitate smooth services	Noted	The Comprehensive Health Information System has been adequately provided for under the Digital Health Act (No. 15 of 2023)
198.	Collet Mutua	The system should be able to indicate the no. of visits the patient has done and the balance	Noted	The Comprehensive Health Information System has been adequately provided for under the Digital Health Act (No. 15 of 2023)
199.	Gideon k. Kibowen, KDTA	Oral Health package is not included comprehensively. Kindly lets include all of it.	Noted	The benefits package has been informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
200.	Beatrice Achieng, OHAK	Let's capture simple dental extractions, dental restorations and dental prophylaxis(scaling) to ensure common mwananchi gets simple Oral Health Care.	Noted	The benefits package has been informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
201.	Lawrence Priungu	1. Include cyber knife in the proposal 2. Clarify renal package with the respect therapy (CPRT) versus continuous intermittent dialysis and reflective rates 3. Medical imaging - provision for co-payment for contracts	Noted	The Oncology and Renal care package has been informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
202.	Hillary Kibiru , KNUN	Well done for the forum. We pray the views are taken seriously and an exemption of the inclusions be shared with stakeholders alias this.	Noted	
203.	Bruno Otiato, COTU(K)	Have an engagement with the 47 affiliates of COTU-K . They have raised concerns that need a separate engagement.	Noted	Stakeholders will continuously be engaged by the Benefits Package and Tariffs Advisory Panel in th review of the benefits packages and proposed tariffs.
204.	George Maroah Gibore	Need to be engaged for our input to be taken into consideration . Primary Health Services seems muted and not cost properly to enhance services at	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		that level. The limitation of 900 Ksh per person per anum is unsubstantiated. Limitation of visit to Hospital not substantiated. Need for Actual study.		reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
205.	George Maroah Gibore	Fournier's gangrene - prior to General surgery horoscopy for females. Paediatric surgery not extensively under surgical package. Multiple corrective surgeries for congenital anomalies	Noted	This is covered. The surgical/medical associations provided the list of surgical procedures through numerous engagements.
206.	Mohammed Amin Adan	The consideration should be done so that	Noted	Service provision and Outsourcing of Claims by the

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		the top tier hospitals provide all the services since they have the capacity to offer all the services The government should not outsource the claim process Out-patient capitation be received to 2000 kes visit	Not adopted	Social Health Authority are not under the scope of the proposed tariffs. The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
207.	Frank	Kidney transplant captured here is very good up to 850,000.	Adopted with amendments	BMT and red cell exchange for SCD is covered under benefit package. Selective

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		However, does this also cover for sickle cell bone marrow transplant		contracting will apply in the initial phase of implementation.
208.	Daniel kimondo	A very good and well thought out benefits package Cyber knife services not included 2000/= outpatient package for level 6 not enough to cover specialized clinic diagnostics and pharmacy	Noted Noted	Cyberknife services are covered. The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Allow co-pay for highly specialized services	Noted	Copayment is allowed under the Social Health Insurance Fund but not under the Primary Healthcare Fund.
209.	Mathew Owaki	The engagement platform was open to our review and proposals as we hope they will be attended to	Noted	
210.	Mauree Nzioka, KNUN	There's an increased deduction of 2.5 % that is being deducted from the gross salary and not deducted differently according to the salary, The government would still achieve the objective deduction of getting a high amount from people who earn more.	Noted	Rates payable under the Social Health Insurance Fund are not under the scope of the proposed tariffs.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
211.	Prof. Eleanor Ochudo, KEMRI	Change: Screening and Management of precancerous lesions to pre and cancerous lesions.(we also saw people for unrecognized symptoms & signs) Most cancers detected late in our setting. Also under scope;- breast cancer mentioned but no associated tariffs and access rules.	Noted	Management of cancerous lesions is provided for under other tariffs and not the tariff for screening services.
212.	Dr. Stephen . O.O	Reimbursement for Bilateral Hernia repairs equal to unilateral repair Bilateral procedure should be reimbursed	Noted	The tariff provided for the procedure suffices for both bilateral and unilateral hernia repair.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		at least 150% of the unilateral. Skin grafting; Inguinal Lymph node dissection, Hydrocelectomy and fournier gangrene have been removed from the general surgical package. Return the procedures to the general surgery package. Massive discrepancy between specialities in reimbursement for same procedure: e.g Femoral Hernia repair by general surgery ; 56k Femoral Hernia repair by urologist: 150k a difference of 126k.	Adopted Adopted with amendments	The tariffs have been amended to include skin grafting, Inguinal Lymph node dissection, Hydrocelectomy and fournier gangrene under the general surgery package. The proposed tariff for femoral hernia repair has been retained at KES 56,000.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Screening for colon cancer only specific for males includes females also. Age of screening for colon cancer and prostate to be looked into.	Adopted Adopted	Colon cancer has been amended to include all genders recognized by law. For prostate cancer screening, the age limit has been adjusted to provide for males from 40 years and above in accordance with the National Cancer Screening Guidelines, 2018.
213.	Peter Kinuthia (NSDCC)	Am happy that the 1.4 million Kenyans living with Hiv will access medication under SHI Benefits Am proposing that the government start financing ARVs from	Noted Noted	

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		exchequer starting with paediatrics ARVs for country ownership, this can start in the near future. Thank you		
214.	Hassan Kulundu (SUPKEM)	What was the working definition of "Universal"?	Noted	The definition of "Universal" is aligned to the WHO target of 85% of the population.
215.	Mary Musau M.P. Shah Hospital	Can the contracting be considered to allow co-payments? Maternity and dental packages need a review current rates are too low Outpatient capitation of kes 900/= is not sustainable please review	Noted Noted	Co - payment is allowed under the Social Health Insurance Fund but not the Primary Healthcare Fund. The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
				Benefits Advisory Panel through Health Technology Assessments.
		The referral process is not clear to providers What systems are to be used to register patients How is claims administration going to be handled? How is the claims process going to be administered?	Noted	Registration and Claims processing don't fall under the scope of the proposed tariffs.
216.	Imelda Namai and Nick Nyaga (NCCK)	Screening and management of precancerous lesions Screening for Cervical Cancer be covered in women from as early as 25yrs	Noted	Cervical cancer screening is based on the National Cancer Guidelines, MOH 2018 which provide for 25 - 49 years.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Hpv screening for females be considered for women as early as 25yrs Prostate cancer screening needs to be covered from age 40 years where there are grounds/symptoms suggesting possibility of consent (early) Mapping of primary care network - PCN should be extended To FBO hospitals in level 5 located in high density poor neighbourhoods like Matgare		For prostate cancer screening, the age limit has been adjusted to provide for males from 40 years and above. Mapping of PCNs does not fall under the scope of the proposed tariffs.
217.	Chepkoo Rono - KTTA	Transplant services for renal transplant no provision for implantation	Noted	Renal transplantation is provided for under the draft Tariffs.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		.procurement of cornea	Noted	- Cornea procurement is part of the surgical tariff
		plasma exchange not captured for sickle cell patients	Adopted	The tariffs have been amended to include plasma exchange for sickle cell patients.
		platelets - cancer patients	Adopted	The tariffs have been amended to include Platelet Apheresis.
		Blood	Not adopted	There exists no tariff for blood since blood is donated for free in accordance with MOH guidelines. KBTTS caters for blood processing and storage and is funded by the exchequer.
218.	Timothy Kimani	feedback on special benefits packages for high cost medicine.	Noted	Medicine is covered under different tariffs as part of the service provided.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Management of outpatient visits appeals to visits per person. Is it through pre-authorisation or use an integrated system to confirm consumption.	Noted	Outpatient services will not be on a pre-authorization basis.
219.	Father Simon-KCCB	*Medical imaging and investigation restriction number limited *medical patient access rule- 50 days per household (patient) not enough for multiple chronic illnesses 100 days per year- proposal start surveillance after 7 days. *optical health	Noted Noted	Medical Imaging investigations have been considered for two sessions per year. Inpatient number of days is covered fully on a shared basis between the SHIF and ECCIF with the first 50 being under SHIF.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		services; consultations at level 2 & 3 , adult needs and specialised needs ignored.	Noted	Optical health services for adults will be considered with the availability of Funds. The benefits and tariffs are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
		*oral health - simple extraction	Adopted	Extractions have been incorporated in the Benefit Package.
220.	COTU	Engage COTU & affiliates.	Noted	Stakeholders will be continuously engaged on the benefits package and the tariffs by the Benefits

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
				Package and Tariffs Advisory Panel.
221.	Hillary Union of Nurses	*Administrative; composition of primary network	Noted	Administrative composition of the primary network does not fall under the scope of the proposed tariffs.
		*Screening of cervical cancer; age bracket start 20	Noted	Screening age brackets have been guided by National Cancer Screening Guidelines 2018 by MoH.
		*maternity services; normal delivery to include 3 drugs	Noted	Maternity services benefit is inclusive of the range of services required at service delivery.
		*diagnostics of behavioural disorders limit to 35 days	Noted	Behavioural disorders are covered up to 50 days for inpatient services.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		*chronic conditions; - cap at 5000 - quarterly -skewed towards rehabilitative & services- 10%		
222.	George Kibore SG	preventive services not properly covered. limit of 900 per annum at level 2 & 3. Be clear on services and costing on these levels. Was there a study to inform these tariffs?	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
223.	Dr. Boen , MTRH	Surgical services; & ICU 's all public hospitals should be able to give these services.	Noted.	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		surgical disciplines for 5 fields special procedures; Hearing 2.5M to do a procedure:-& other associated procedures before implantation. Laser surgery; co-opting should be paid fully Neurology No. 692 recipient pays 800,000 specialised clinics-specialised services after these procedures are done.		is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
224.	Prof.	Screening & management; precancerous- change of terminology breast cancer - not included in the tariffs.	Adopted.	For prostate cancer screening, the age limit has been adjusted to provide for males from 40 years and above.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		(*repeated*)		Colon cancer has been amended to include all genders recognized by law. Cervical cancer screening is based on the National Cancer Guidelines, MOH 2018 which provide for 25 - 49 years.
225.	Gladys, Radiologist	* oncology services apply to public sector contrast with private section; - cost to be shared *MRI's 11,000 -public and 22,500- private Fluoroscopy ● Specialised	Noted. Noted	Oncology Service will be on a comprehensive basis across all categories of healthcare providers. The Imaging Services have the same rate across the hospital categories. The tariffs provide for

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		sequences - additional software -32,000/=	Noted	additional software sequences etc. The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
		Radiography not included chest radiography/ abdominal.	Noted	Plain X-Rays and Ultra Sound are embedded within the primary healthcare packages.
		Specialised ultra sounds . -4100/= -dopler(11,200)	Noted	Specialized Ultra Sounds have been considered under the Imaging Services. The tariffs in the package are

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		annex- guide. interventional radiology(more costly) KMPDC professional rates. limiting 2 scans per family- Have at least 4. Ophthalmology scans. ● recommend : clinical imaging		informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
226.	Dr. Ismael paediatric	● surgical packages exclude children ● majority of the ones listed are for children ● multiples surgeries - like congenital surgeries(NHIF	Adopted	Surgical package has included paediatric surgeries in the benefit package.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		covered one)		
227.	Association for physically Disabled	-Assistive devices only 4 listed some dont meet market value.	Noted	Assistive devices have been considered at one per year and may be considered for 2 appliances when funds allow. Further, the tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
228.	HENNET	surgical services that require rehabilitative services	Noted	Assistive devices have been considered at one per year and may be considered for 2 appliances when funds allow.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		addition of assistive devices 2 appliances to be issued in a year.		
229.	Dr. Mwenda CHAK	● Transition- empanelled facilities to continue and new members onboarded. ● PCNs- clarity of funding for FBOs & private sector - flow of funding. ● required licenses for facilities several licenses being issued.	Noted	Empanelment of facilities, Funding of FBO & Private healthcare facilities and licensure of healthcare facilities do not fall under the scope of the proposed tariffs.
230.	Dr. Stephen	● Surgical	Adopted	The procedures have been

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
	Ochieng St. Martin	package(bilateral hernia vs Unilateral) ● two different procedures costed the same.. ● Discrepancy; procedures- (general surgeon vs neurologist) cost varies ● surgeries by general surgeons being moved to specialised. few specialists eps. in rural areas. proposal : procedures to be moved to both or stay as GS.		incorporated under General Surgery.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		Screening for colon cancer to be for both males and females.	Adopted	Colon cancer has been amended to include all genders recognized by law.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
231.	Margaret Lubate HENNET	• capitation of 900 • if outpatient visits per family per year - review • palliative care- end of life tariff cover to be extended to 90 days. • PHC outpatients maternal • NCDs $ Renal	Noted.	The benefits and tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
		care. ● Cancer screening - women living with HIV to be screened at an earlier age.		
232.	Lishenga RUPHA	● Capitation on prepayment - primary care ● allow co-payment- if cap is at 900/= ● superhighway(HICS) allow both systems to run concurrently claims management offices. ● don't outsource first 2 years	Not adopted Noted	Primary Healthcare will be funded from the PHC Fund with no co-payment. The digital superhighway and the outsourcing of claims don't fall under the scope of the proposed tariffs.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
233.	Dr. Kimani KNH	● medication that don't fall ● management of outpatient visits how to confirm no. of visits.	Noted .	The outpatient system will be configured to include all access rules including number of visits.
234.	Tim Theuri	● dental services: a)Pharmacy package; post transplant immunosuppressive - reduce amount -remove cap of 5000/= b)contracting; allow co-payment.	Noted Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments. Copayment is allowed under the Social Health Insurance Fund but not under the

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
				Primary Healthcare Fund.
235.	SUPKEM	• Elastic limits for persons-what happens to people who go beyond the limit-UHC . • Obama care comparison.	Noted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.
236.	Lawrence Irungu KUTTRH	SBR - oncology package	Noted	The SBR service is covered under Imaging Services for Oncology.
237.	Peter Kinuthia NSDCC	financier of ARVs-(donors)advocating for govt to take over start with paediatrics ARVs.	Noted	The services are financed separately under the vertical programs. However, the Benefits Package and Tariffs Advisory Panel will further review the

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
				financing with the transitioning of the donor funding.
238.	Dr. Mutuku NSDCC	(prostate) cancer screening age- prevention & management of disease lower age up to 30 years.	Noted	For prostate cancer screening, the age limit has been adjusted to provide for males from 40 years and above in accordance with the National Cancer Screening Guidelines, 2018.
		900 increase to 12k and 15k done on pre-payment basis payment cycle to remain as is	Not adopted	The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.

No.	Stakeholder	Stakeholder Comment	TWG Recommendation	Justification
239.	Dr. Mutuku NSDCC	Allow co-payment adjust lvl 3 24500 lvl 5 4500 lvl 16 000 ● maternity cover - 40000 complicated cs -70,000 complicated cs	Not adopted	The available funding for maternity services has been computed to be comprehensively implemented and no co-payment option based on the estimates. The tariffs in the package are informed by costing studies,actuarial analysis and sustainability modelling that is the premise of a successful social health insurance in a developing country. Subsequent changes will be reviewed by the Health Benefits Advisory Panel through Health Technology Assessments.