



An ISO 9001:2015 Certified Hospital



# MOI TEACHING AND REFERRAL HOSPITAL

## SOCIAL HEALTH AUTHORITY (SHA) REQUIREMENTS

### 1. KEY FUNDS

- Primary Healthcare Fund (PHC)
- Social Health Insurance Fund (SHIF)
- Emergency, Chronic & Critical Illness Fund

### PRIMARY HEALTHCARE (PHC) PACKAGE

#### Scope (Level 2–3 & select Level 4)

Consultation & treatment  
Lab tests & basic imaging (X-ray, Ultrasound)  
Drug dispensing  
Immunization (KEPI)  
RMNCAH services  
NCD & infectious disease management  
Mental health support

#### Payment Model

- KES 900 per person/year (Capitation)

#### Key Rules

- Patients must use assigned PCN
- Monthly distribution based on workload & disease burden

### 2. PATIENT ACCESS MODEL

- Patients are assigned to a **Primary Care Network (PCN)**
- Services accessed within the network
- Payment based on:
  - Capitation (PHC)
  - Fee-for-service / case-based (SHIF)

### 3. Facility Levels Covered

- Level 2–6 facilities (based on service package)

### 1. EMERGENCY & CRITICAL CARE

#### Emergency Services

- Accessible to ALL (even uninsured)
- Covers trauma, cardiac events, stroke, etc.

#### Critical Care (ICU)

- KES 28,000 per day
- Limit: 12 days

### 2. IMAGING SERVICES

Service	Tariff
MRI	KES 11,000
CT Scan	KES 6,900
CT Angio	KES 8,000
Mammogram	KES 3,000
Echo	KES 3,500

**Limit: 2 per service/year p Limit: 2 per service/year per household**

### 3. OUTPATIENT & DIAGNOSTICS (SHIF)

#### Specialized Diagnostics (Level 4–6)

Condition	Tariff
Diabetes	KES 4,300
Cardiovascular	KES 2,850
Sickle Cell	KES 6,800
COPD/Asthma	KES 700

**Limit:** Once per year per patient

### 5. MATERNITY & NEWBORN CARE

#### Services Covered

- Normal delivery
- Caesarean section
- Newborn care
- Complications management

#### Tariffs

- Normal Delivery: KES 10,000
- C-Section: KES 30,000
- Anti-D: KES 6,000

### 6. CANCER CARE (ONCOLOGY)

#### Coverage Includes

- Chemotherapy
- Radiotherapy
- Surgery Laboratory & Imaging

#### Annual Limit:

- KES 400,000 per patient
- Additional KES 150,000 if limits exceeded (chronic fund)

### 4. INPATIENT SERVICES

#### Coverage Includes:

- Admission & accommodation
- Nursing care & meals
- Labs, imaging, procedures
- Medications & oxygen
- Blood transfusion
- Post-discharge care

#### Daily Rates

- Level 3: KES 2,240
- Level 4: KES 3,360
- Level 5: KES 3,920
- Level 6: KES 4,480

**Limit:** 180 days per household/year

### DIALYSIS & TRANSPLANT SERVICES

Service	Tariff
Hemodialysis	KES 10,650/session
Peritoneal Dialysis	KES 85,200/month
Kidney Transplant	KES 700,000
Donor Surgery	KES 168,000

#### Limits:

- 2 dialysis sessions/week
- Annual caps apply for transplant care

### 7. SURGICAL SERVICES

#### Coverage

- Minor, major & specialized surgeries
- Includes pre-operative, surgery, post-operative care

#### Limits:

- 3 minor procedures/year
- 2 major procedures/year
- 1 specialized procedure/year

### 8. MENTAL HEALTH SERVICES

- Outpatient: Covered under PHC
- Inpatient: Same as inpatient rates
- Rehabilitation (Substance Abuse):  
KES 67,200

### ASSISTIVE DEVICES

Device	Tariff
Hearing Aid	KES 55,000
Wheelchair	KES 15,000
Crutches	KES 900

Limit: 1 device/year per household

### WHAT IS NOT COVERED (KEY EXCLUSIONS)

- ✗ Cosmetic procedures
- ✗ IVF & fertility treatment
- ✗ Non-KEPI vaccines
- ✗ Nutritional supplements
- ✗ Experimental/research treatments
- ✗ Private ward upgrades
- ✗ Non-essential medicines

### KEY PROVIDER REMINDERS

- Verify patient SHA registration
- Adhere to facility level scope
- Follow referral pathways (PCN)
- Do not exceed tariff limits
- Document services for reimbursement

### NOTE

- ✓ Follow referral pathway at all times
- ✓ Carry all documents
- ✓ Seek clarification before procedures

For inquiries  
Visit Customer Care Desk