



NATIONAL HEALTH INSURANCE SCHEME

NATIONAL HEALTH INSURANCE SCHEME BENEFIT PACKAGE AND TARIFFS

OPERATIONAL MANUAL FOR THE PUBLIC LEVEL 1 HCPs AND HOSPICES

Towards Universal Health Coverage in Zambia

2022

1. CONCEPTUAL FRAMEWORK

The principal function of the NHIS is to provide a predetermined set of benefits through pooling of both contributions on one-end and health risks on the other. The scheme operates on a tariff-based provider payment mechanism to reimburse healthcare providers for insured health services provided to the beneficiaries.

The conceptual framework consists of the following:

S/N	Description	Explanation
A	Tariffs	<ul style="list-style-type: none"> i. The tariffs should encourage efficiency - it should be able to provide incentives for quality improvement in health care facilities. The tariff should be linked to National standard treatment guidelines that incentivise health care providers to practice good health care ii. The Tariffs should be simple and easy to administer. Simplicity, ease of use and user friendliness should be a cardinal feature of the tariffs. It should be such as to allow for rapid data compilation by health providers and for quick processing and re-imburement. As most staff involved in claims management may not be health personnel, the tariff should be such that those with minimal knowledge of health terminology should be able to process claims efficiently and effectively. The tariff structure should be easy to follow and able to be administered in business rules that can be built into a robust hospital and claims administration system to manage risk. iii. The tariff should ensure uniformity in claims for conditions within a DRG. It should not allow patients with the same condition/principal diagnosis to have different charges because slightly different procedures or treatments were done/given. Thus, detailed fee for service tariff was ruled out. iv. The tariff should ensure equity and fairness. No health facility at one level of care should be reimbursed at a lower rate than another at the same level. This is also to ensure improved efficiency, as it will encourage health facilities to reduce their costs of providing services as they learn from comparable facilities who are utilizing resources in a more efficient manner. v. The Tariff should be based on the principal diagnosis for each patient. To this end average consumption of hospital resources for each principal diagnosis are to be calculated and used to determine the tariff. The average length of stay (ALOS), the costs of investigations, the average direct

S/N	Description	Explanation
		<p>costs, etc. are to be computed for each principal diagnosis. To this end, national guidelines and protocols for management of conditions are to be followed in consultation with Clinicians from the various disciplines.</p> <p>vi. The tariff should reflect the total costs, both direct and indirect incurred in-patient care to form the basis for reimbursement. The cost includes drugs, medical consumables, investigations, medical procedures, non-clinic costs and capital maintenance costs. Consideration of other variables maybe considered during future revision of the package.</p>
B	<p>Minimum Health care benefits covered by the scheme</p>	<p>i. The tariff structure should be in accordance with Statutory Instrument (SI) No. 63 of 2019, which stipulates the minimum healthcare benefits as well as exclusions.</p> <p>ii. The coverage of the benefits should meet at least the basic and the commonest health needs of the majority of Zambians. The NHIS shall cover a selected package of services accessible at district hospitals, central and provincial hospitals, teaching and specialized hospitals. The NHIS Benefits package will be accessed at both the public and private health facilities that are accredited to NHIMA. Primary health care services shall continue to be provided free of charge in line with the Health Policy.</p> <p>iii. The tariff should encourage the implementation of the gatekeeper principle. Services covered under the scheme shall be accessible on referral from primary health care. However, the gatekeeper principle shall not apply in case where a bypass fee has been paid.</p> <p>iv. Grouping of the diseases, procedures and operations should be clinically coherent and by the extent to which they use health resources. That is Diagnosis Related Groups or other case mix measures should be used.</p>

2. WHAT IS THE NHI BENEFIT PACKAGE?

This is the benefit package of the National Health Insurance Scheme offered to esteemed beneficiaries. The requirement for a benefits package is provided under Part III of the NHI Act No. 2 of 2018 and Section 10 of the SI 63 of 2019. Health care benefits in this package include the but not limited to the following: -

- a) **Registration and Consultation** - This cover for costs related to Registration and Consultation of Patients.

- b) **Pharmaceutical Services and Blood products** – it covers for the costs of medicines prescribed in Generic names, Blood products and medical consumables.
- c) **Investigations** – It provides for the costs of Investigations, Imaging and other Diagnostic tests.
- d) **Surgical Services** – It covers for the cost of medical Procedures, Minor, Major and Specialized surgical services listed in the benefit package.
- e) **Inpatient Care Services** - This cover for the costs of daily patient admission, Intensive Care Unit, High Dependency Unit Services for the daily admission costs depending on the level of the facility and the agreed DRG bundled fee schedule which includes costs of drugs, staff, lab investigations, medical consumables, catering, laundry, cleaning, disinfection, admin costs, overheads and Capital maintenance of Buildings and equipment.
- f) **Physiotherapy and rehabilitation services** - This is provided to in-patients and out-patients where the facility has specialties for these services.
- g) **Spectacles** - The NHIS also pays for visual corrective spectacles to the member once every three years.
- h) **Dental and Oral Health Services** - It covers services for in-patients and out-patients related to oral health. This includes Dental conservation surgeries (Carries and dental filling), gum diseases, dental extractions, and root canal treatment.
- i) **Medical/ Denture/Orthopedic Appliances** – It is provided for supportive orthopedic and medical appliances which are determined by NHIMA from time to time.

Our Pre-authorization requirements for Private sector will include:

- a) Admission in private/sideward of more than 7 days
- b) CT and MRI scans,
- c) HDU of more than 5 days and ICU accommodation of more than 7 days,
- d) Spectacles and
- e) Post OP of more than 5 days

3. EXCLUDED SERVICES

Health Care Services not listed in this package are not covered by the NHIS. These include but not limited to the following: -

- a) Public health care services under government or Donor vertical programs, epidemic and disasters
- b) Purchases of cosmetic items, wheelchairs or prosthetic appliances not listed
- c) Illegal abortion and illicit drug use
- d) Employment injuries or illness arising from occupational hazards which are compensated under other schemes
- e) Cosmetic surgery and aesthetic treatments (unless where medically required)
- f) All costs for operations, medicines, treatment, and procedures for cosmetic purposes
- g) Holidays for recuperative purposes
- h) Medicines and consumables not registered with ZAMRA including

- i. Toiletries, perfumes, deodorants and other beauty preparations
 - ii. Slimming products
 - iii. Homemade remedies
 - iv. Alternative medicines
- i) Where a beneficiary is required to pay a penalty to any service provider which penalty is levied by health provider due to beneficiary not keeping an appointment
- j) Costs of services rendered by or in respect of:
 - i. Persons not registered with recognized professional body in terms of legislation
 - ii. Any institutions not registered in terms of legislation
 - iii. Any procedure or treatment not supported by National treatment protocols or scheme protocols,
 - iv. Any procedure, treatment or medication that is provided to members in the course of a clinical trial unless authorized by the scheme subsequent to an authorization request from a member. Treatment or participation in any health service deemed to be experimental. Experimental, for this policy, refers to treatment, medicine or other procedures that are a part of a research programme and have not been approved by the relevant medical board and/or accreditation authority.
- k) Trans-sexual surgery
- l) Long-term in-patient nursing care (over 90 days per admission and 180 days per year for the insured person).
- m) Medical treatment of motor vehicle accident injuries covered by other insurance/funds arrangements, such as motor vehicle insurance and a Motor Vehicle Accident Fund.
- n) Treatment of occupational accidents and illness covered by Worker's Compensation Fund.
- o) Treatment of injuries resulting from declared national disasters in collaboration with the National Disaster Management and Mitigation Unit.
- p) Fertility treatment according to set criteria.
- q) Telephone charges
- r) Treatment Abroad

4. BENEFITS AND TARIFFS

BENEFIT	DESCRIPTION
Capitation	
OPD	OPD
IPD	IPD General ward
Accommodation	
	IPD Private room/Sideward (per day)
Ophthalmic/Spectacles Services	
Premium Pack 1	Premium frames + Single clear /Photochromatic lens + Accessories (Hard case, cords, cleaner pack)
Premium Pack 2	Premium frames + Bifocal clear/Photochromatic Lens + Accessories (Hard case, cords, cleaner pack)
Executive Pack 1	Executive frames + Single clear/photochromatic lens + Accessories (Hard case, cords, cleaner pack)
Executive Pack 2	Executive Frames + Bifocal clear/photochromatic lens + Accessories (Hard case, cords, cleaner pack)
Eye surgeries	Conjunctival and Eyelid excision
	Ocular trauma
	Eyelid conditions
Physiotherapy	
Exercise therapy (120 min session)	General Exercise
	Pre & Post-natal
	Pre & Post-Operative
	Specialized Exercise Training
	Keep fit/group exercise
	Manipulative Therapy-reduction of joints, fractures and POP immobilization/splinting
Surgeries	
Major surgery	Major surgery with GA or Spinal
Minor surgery	Minor surgery under local anaesthesia
Post OP	Post Op per day (Max 5 day, if more seek pre-authorisation)
POP	Manipulation Under Anaesthesia + POP
Dental Services	
Restorative Dentistry	Dental Caries-Temporal Fillings per tooth
	Dental Caries-Permanent Fillings per tooth
Oral Surgery	Simple extraction
	Surgical extraction
	Alveolar osteitis
	Opeculectomy
Oral Medicine	Gingivitis
	Fungal infections-oral candidiasis
	Viral infections- (Herpes Simplex, Varicella Zoster, Oral Hairy leucoplakia)
	Mouth ulcers
	Dental Scaling -whole mouth (Must be medically indicated)
	Frenulum Attachment
Pedodontics	Pit and Fissure sealing
Palliative Care/Terminal Care (For Hospices Only) - All inclusive of accommodation and management	

IPD	Palliative terminal care/day (Max. 90 days)
Imaging Services (Tariffs include Maintenance costs)	
X-ray	Skull
	Neck
	Chest
	Abdomen
	Extremities
	Joint
	Spine (per region)
	Extra oral dental 2D OPG
	Extra oral dental 3D CBCT
Intraoral dental Xray	
Ultrasound	General
	Obs/gynae
	Small parts
	Paediatric
	Elastoblast
	Doppler
	ECHO
	US guided interventions (e.g., biopsy, aspiration etc)
Contrast studies: (Digital OR Analogue)	Ba swallow
	Ba meal
	Ba meal follow through
	Small bowel enema (SBE)
	Ba enema
	IVU
	Cystogram
	Urethrogram
	MCUG
	HSG
	Sinogram
	Sialography
Fistulogram	
Mammogram: (Analog or Digital)	- Diagnostic
	- Screening
	Mammography guided intervention
Ear Tests & Procedures	Audiometry
Eye Tests & Procedures	A Scan
	B scan
	Automated perimetry/Visual Field
	Optical Coherence Tomography
	Corneal Topography
	Pachymetry
	Fundus Fluorescein Angiography (FFA)
Fundus Photo	
ECG	ECG- Stress/Exercise (Treadmill Test)
	ECG- Holter (24/48hrs)
	ECG including Resting ECG
Lung Capacity	Spirometry Peak flow