



SP4PHC
Strategic Purchasing for
Primary Health Care

LINDA MAMA PROGRESS IN MAKUENI COUNTY

Linda Mama is the Government of Kenya's flagship universal entitlement program for free maternity services. It is funded by the national Ministry of Health and managed by the National Hospital Insurance Fund (NHIF). As part of the Strategic Purchasing for Primary Health Care project (SP4PHC), ThinkWell has been supporting the County Government of Makueni to track and improve the implementation of the scheme in its public facilities. This brief provides an overview of the Linda Mama scheme performance in the county in fiscal year (FY)¹ 2019/20 and discusses additional measures the County Government can take to improve claims submission and the rate of reimbursement.

BACKGROUND

Linda Mama is a publicly funded scheme managed by NHIF that aims to ensure that all Kenyan pregnant women and their infants have access to quality and affordable health services. Any pregnant woman can register for Linda Mama for free at NHIF or a participating public or private provider. The benefit package includes antenatal care (ANC), normal delivery, caesarean section (C-section), and postnatal care (PNC). NHIF reimburses providers directly for services utilized by scheme beneficiaries based on claims submitted by providers (NHIF n.d.).

The County Government of Makueni, supported by ThinkWell, has been tracking the implementation of Linda Mama in the county closely, which has led to considerable improvements in the scheme's performance. In 2020, ThinkWell [documented progress on Linda Mama implementation as of September 2019](#) as well as additional efforts that the County Government of Makueni and the team were planning to undertake to improve the uptake of the scheme in public sector facilities. This document provides an update a year later.

METHODOLOGY

The purpose of this brief is to document the performance of the Linda Mama scheme in Makueni County in FY 2019/20. This brief has drawn on data obtained from the following sources:

- Facility reports of Linda Mama service claims extracted from the NHIF system. The team analyzed reports from 52 facilities out of the 72 in the county that are submitting Linda Mama claims to NHIF. Twelve of these facilities are hospitals (level 4 and 5) and the remaining 40 facilities are dispensaries and health centers (level 2 and level 3, respectively). The selection criteria for the 40 dispensaries and health centers in the analysis took into account claims and service volume to ensure that 99% of the Linda Mama data were captured during the performance review exercise. The 20 dispensaries and health centers not included in the analysis account for only 1% of the total number of Linda Mama claims.
- Facility-level maternal health services summary forms data from the District Health Information System 2 (DHIS2) for individual facilities.
- In-depth consultations with the County Health Management Team and facility managers.

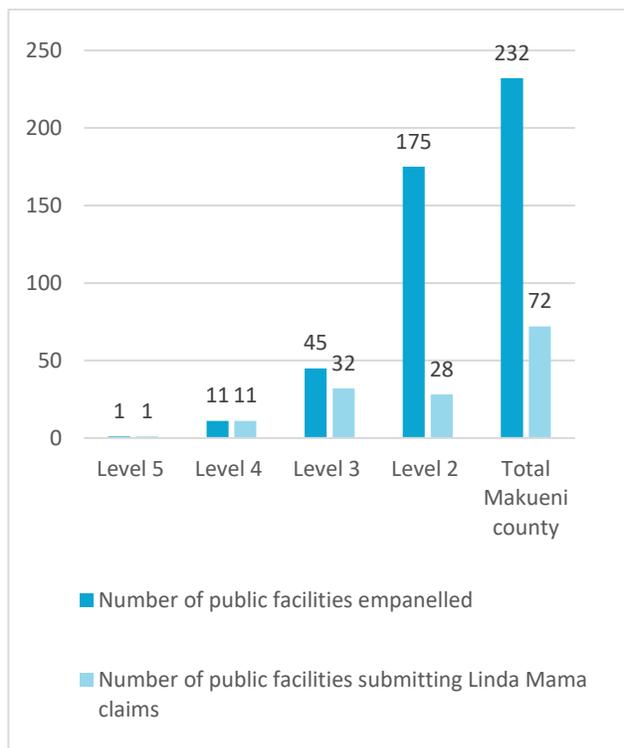
¹ The Kenyan FY runs from July 1 to June 30 of the next calendar year.

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While 232 public health facilities (nine level 4 and 5, and 223 level 2 and 3) are empanelled by NHIF², only 72 are actively making claims for the Linda Mama services rendered (Figure 1). All hospitals were claiming services rendered under the Linda Mama scheme compared to only 16% of all the empanelled level 2 facilities. 71% of level 3 facilities were submitting claims.³

The value of claims submitted by health facilities in Makueni County reached the highest level in FY 2019/20 (KSh 93 million/US\$ 0.87 million). Hospitals were responsible for 89% of the total value of claims compared to 11% by dispensaries and health centers. 33% of the value of all claims was made by the level 5 hospital (Figure 2).

Figure 1. Number of public facilities empanelment vs. number of public facilities submitting Linda Mama claims, FY2019/20.

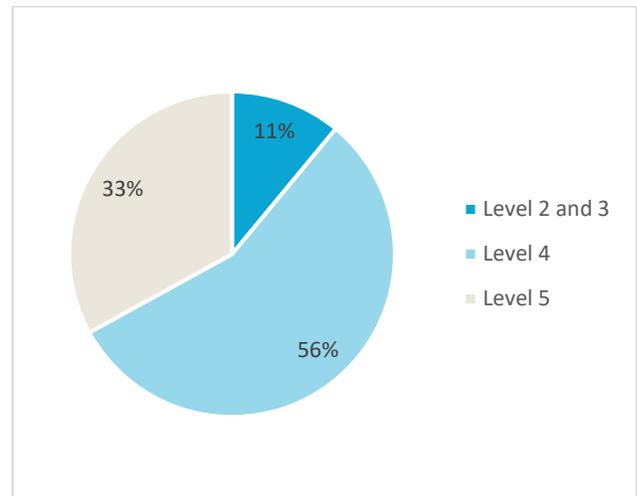


Source: NHIF Local Branch Makueni 2019; CDOH Makueni 2020.

² Faith-based and private facilities are also empanelled by NHIF to offer Linda Mama services. They represent less than 10% of the total number of empanelled facilities by NHIF in the county.

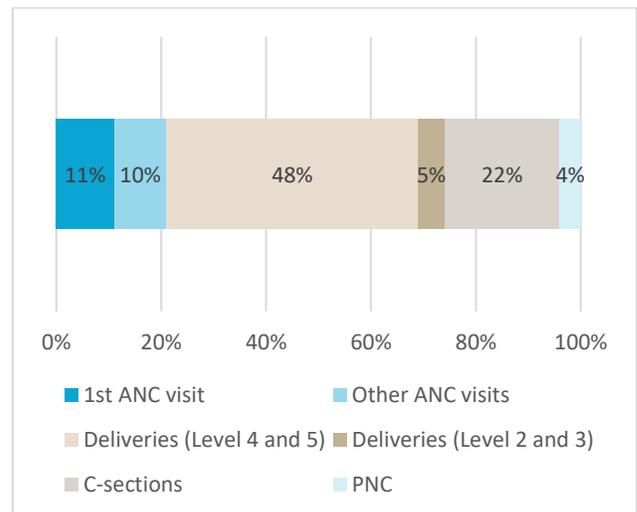
Claims for normal deliveries at level 4 and 5 facilities constituted over half of the value of all claims made in FY 2019/20 (Figure 3). C-sections and first ANC visits contributed 22% and 11%, respectively. The services with the least contribution to the claims value are PNC visits.

Figure 2. Contribution to value of claims submitted by facility level, FY 2019/20.



Source: CDOH Makueni 2020.

Figure 3. Contribution to value of claims by type of service, FY 2019/20.



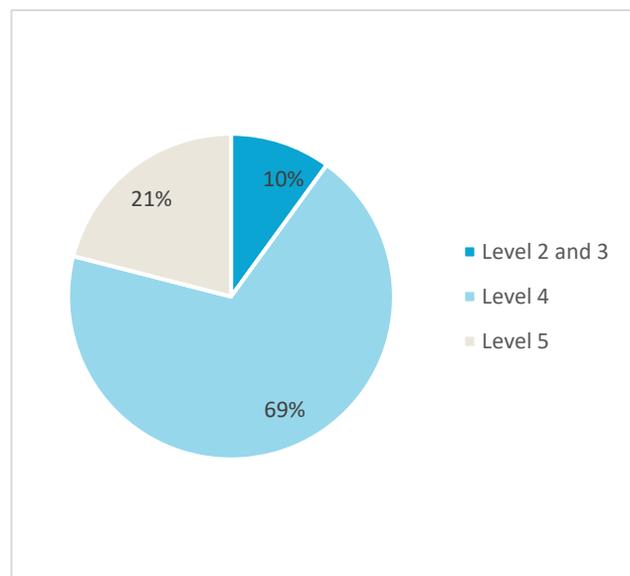
Source: CDOH Makueni 2020.

³ All facilities in the county offer ANC, deliveries, and PNC services.

NHIF paid 87% (KSh 81 million/US\$ 0.76 million) of the value of total claims submitted by health facilities in FY 2019/20 compared to 70% in the previous year. County officials attribute this to (i) constant follow-up by health facilities and the County Department of Health (CDOH) with NHIF, which was enabled by good record tracking of claims at the health facility level, and (ii) sustained submission of claims for services covered under the Linda Mama scheme. While hospitals received 90% of the value of Linda Mama payments, only 10% of the value of payments was made to level 2 and 3 facilities. The level 5 facility received over 20% of all funds (Figure 4).

Linda Mama was the second biggest contributor to hospitals' revenue in FY 2019/20, representing 15% of their total revenue (KSh 73 million/US \$0.67 million out of KSh 476 million/US \$4.4 million) (Figure 5). This is attributed to strategic interventions to optimize the Linda Mama claims submission process, including (i) capacity-building of facility staff responsible for submitting claims, and (ii) CDOH engagement with hospital managers on issues related to NHIF.

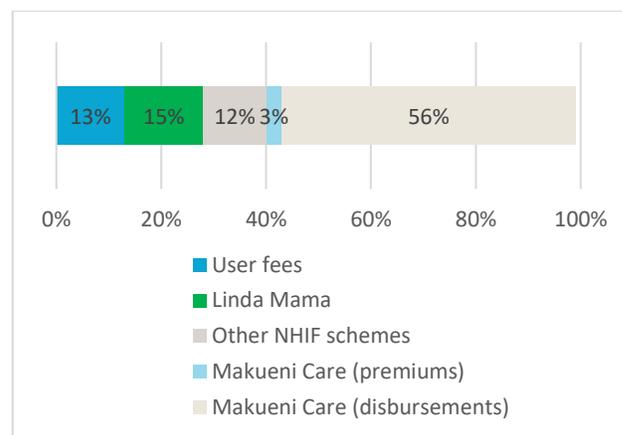
Figure 4. Contribution to value of paid claims by facility level, FY 2019/20.



Source: CDOH Makueni 2020.

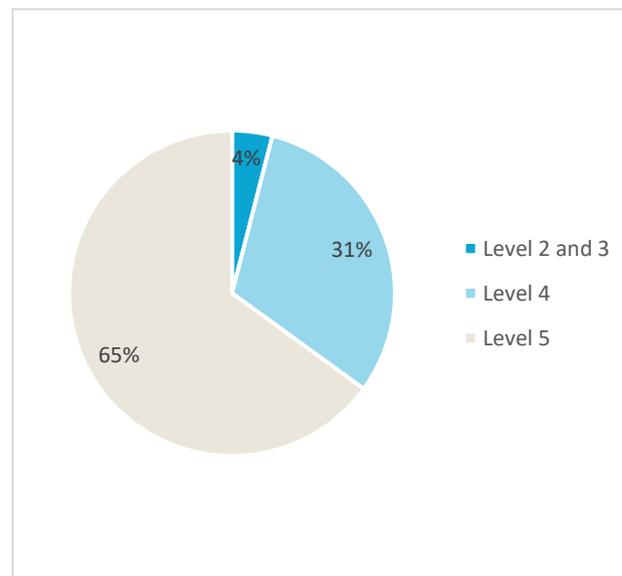
The value of pending claims (i.e., unpaid claims) dropped from approximately KSh 58 million/US \$0.54 million in September 2019 to KSh 23 million/US \$0.21 million in June 2020.⁴ This too can be attributed to reduced errors in claims submitted and robust follow-up with NHIF. 96% of the value of pending claims are submitted by hospitals, with the majority of these submitted by the level 5 hospital (Figure 6).

Figure 5. Hospitals' revenue by source, FY 2019/20.



Source: CDOH Makueni 2020.

Figure 6. Contribution to value of pending claims by facility level, FY 2019/20.



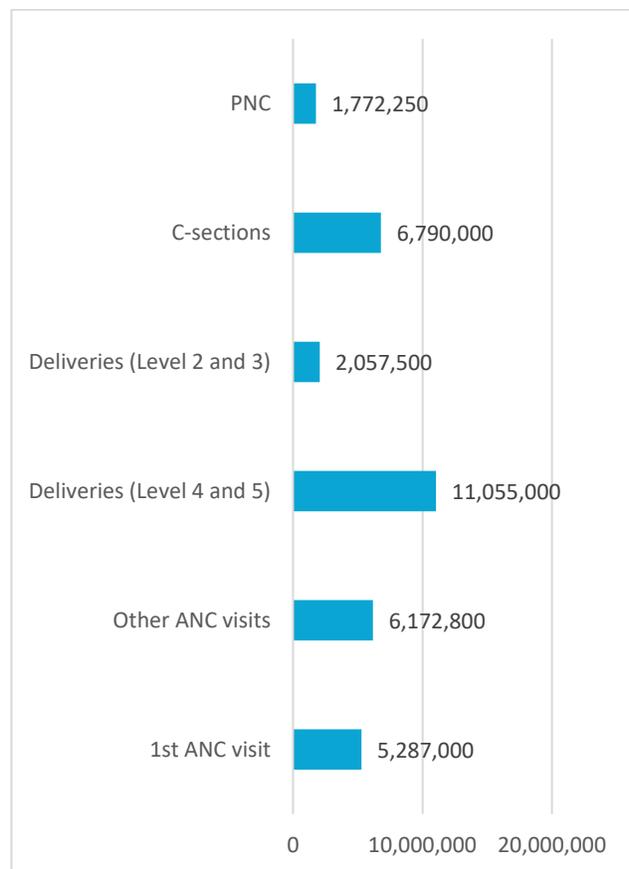
Source: CDOH Makueni 2020.

⁴ The value of pending claims at the end of June 2020 includes the value of unpaid claims in FY 2019/20 (i.e.,

KSh 12 million/US \$0.11 million) and FY 2018/19 (i.e., KSh 23 million/US \$0.10 million).

Despite the increasing value of submitted claims, the value of unclaimed services amounted to approximately KSh 33 million/US \$0.32 million in FY 2019/20 compared to KSh 67 million/US \$0.62 million in FY 2018/19. The biggest value of unclaimed services was recorded at hospital level for normal deliveries and C-sections, followed by ANC services⁵ (Figure 7).

Figure 7. Value of unclaimed services, FY 2019/20 (KSh).



Source: CDOH Makueni 2020.

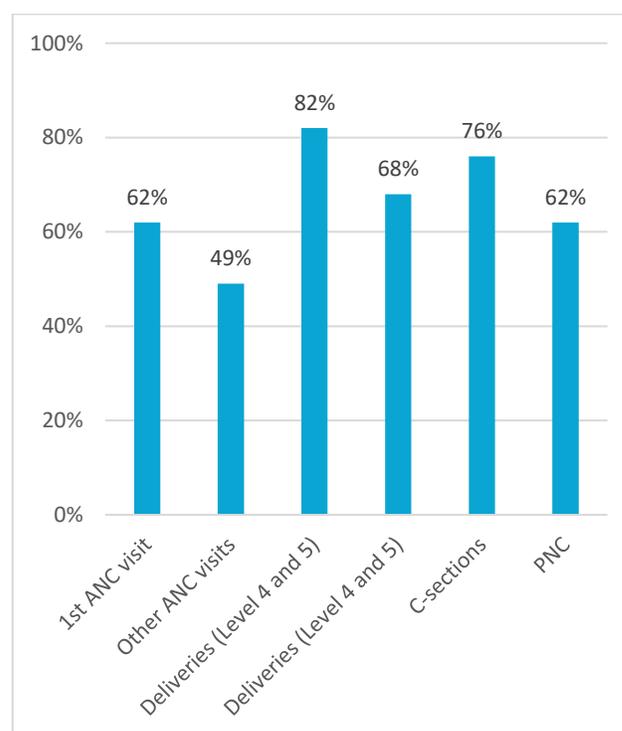
Health facilities in Makueni County had the potential to claim KSh 106 million/US \$0.98 million if all billable Linda Mama services were claimed (Table 1). Facilities claimed 60% of all services rendered; the lowest percentage of claims is registered for ANC visits, except the first visit (Figure 8).⁶

Table 1. Linda Mama revenue in Makueni County, FY 2018/19 – FY 2019/20 (KSh million).

FY 2018/19			FY 2019/20		
Potential revenue	Paid by NHIF	Unclaimed revenue	Potential revenue	Paid by NHIF	Unclaimed revenue
99	32	67	106	81	33

Source: CDOH Makueni 2020 .

Figure 8. Percentage of services claimed by type of service, FY 2019/20.



Source: CDOH Makueni 2020.

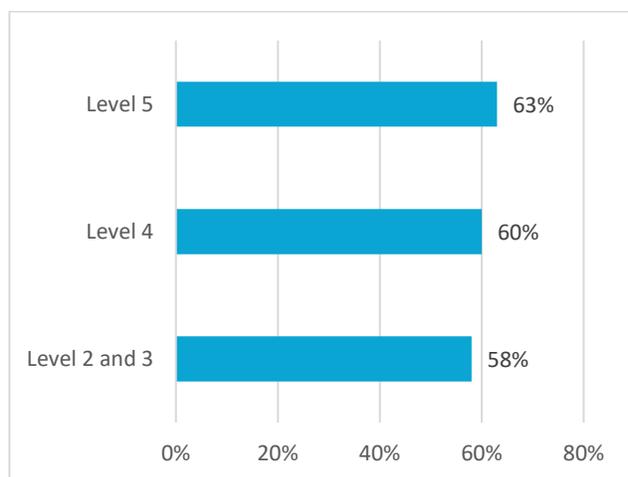
⁵ Linda Mama reimbursement rates vary by facility level and by sector. Reimbursement rates for deliveries and C-sections are higher than those of other services.

⁶ If health facilities do not submit claims for reimbursement under the Linda Mama scheme, they can claim refunds from other NHIF schemes or private insurance schemes.

Level 4 and 5 facilities claimed at least 60% of all the services rendered. Level 2 and 3 claimed 58% of services rendered (Figure 9).

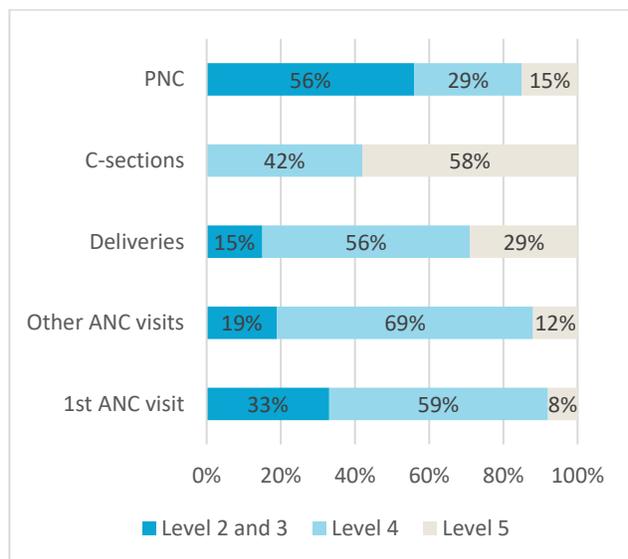
Level 2 and 3 facilities made 56% of PNC claims compared to 15% made by the level 5 facility (Figure 10). The level 4 facilities claimed 59% and 69% of all first and other ANC visits, respectively. 56% of all deliveries were claimed by level 4 facilities while close to a third were claimed by the level 5 facility. The level 5 facility made 58% of all C-sections claims.

Figure 9. Proportion of services claimed by facility level, FY 2019/20.



Source: CDOH Makueni 2020.

Figure 10. Proportion of claims made by facility level and type of service, FY 2019/20.



Source: CDOH Makueni 2020.

BEST PRACTICES FOR LINDA MAMA CLAIMS PROCESS

Progress regarding implementation of the Linda Mama scheme at facilities in the public sector in Makueni County was possible due to CDOH's and facilities' efforts. These include:

- CDOH's regular monitoring efforts which have increased visibility of this revenue source.
- Public facilities' ability to retain and use their own revenue incentivized them to increase their revenue collection efforts.
- Staff knowledge of the Linda Mama claims process, including use of NHIF e-system, led to higher number of claims submitted (for example, this is the case of Nthongoni Health Center that filed claims for 99% of services rendered).
- Dedicated staff at subcounty level which support all facilities in the subcounty to submit claims and follow up with NHIF (e.g., the case of Mbooni subcounty).
- Facility managers' involvement in the claims process led to increased number of claims submitted.
- Facilities' good data management practices, including tracking of Linda Mama claims on a monthly basis and good filing system (e.g., Matiliku Level 4 and Makueni Level 5 hospitals).

CHALLENGES LEADING TO SUB-OPTIMAL CLAIMS FOR THE LINDA MAMA SCHEME

Although Makueni County made considerable progress to improve implementation of the Linda Mama scheme in the public sector, it still faces a series of challenges. These include:

- Difficulties to split staff's time between seeing patients and filing claims in the case of facilities without NHIF clerks.
- Staff's lack of motivation to take on "extra" tasks associated with NHIF claims submission process in the case of facilities without NHIF clerks.
- Insufficient knowledge of the required claiming procedures and use of NHIF e-system. This included the required time for notification, use of SMS in facilities without internet connection,

late submission for hardcopies, and inability to track claims from the system.

- Lack of electricity at three level 2 and 3 facilities which impedes staff to access NHIF e-system and submit claims.

CONCLUSION

Despite progress made so far, the County Government of Makueni needs to make further efforts to continue to reduce the revenue loss at the facility level. Linda Mama is a significant

revenue source and unclaimed services result into losses because facilities still incur costs to deliver such services. Improvement measures include:

- Increasing the proportion of facilities that submit claims for Linda Mama and other NHIF prepaid schemes from 31% to 100%. This should include target-setting at county and facility levels.
- Providing support to facilities to optimize the submission process and tracking of claims on a monthly basis.
- Fast-tracking the CDOH's directives to improve facility performance, including (i) use of a weighted formula that considers NHIF performance when determining facility payments by CDOH for Makueni Care and county annual grants to level 2 and 3 facilities, and (ii) inclusion of NHIF prepaid schemes on facility managers' performance contracts for FY2021/22.
- Strengthening working relations between CDOH and NHIF to ensure regular updates on any policy and system changes that affect the claims submission processes and continuous sensitization and training of facility managers and staff on the NHIF claims processes and e-system.
- Providing continued support to facilities on best data management and reporting practices for NHIF prepaid schemes to help keep track of claims from filing to reimbursement.

All these efforts will prepare health facilities in Makueni County to be able to actively participate in the Universal Health Coverage program scale-up.

Under this program, NHIF will reimburse facilities based on services provided.

Recommended citation

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For more information, please visit our website at <https://thinkwell.global/projects/sp4phc/>.

With questions, please write to us at sp4phc@thinkwell.global.

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- CDOH Makueni. 2020. Makueni, Kenya: Makueni County Department of Health.
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