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**Title**

The Improvement of double claiming due to the irregularity of health commodities to services users of National Health Insurance Fund within service ce

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**Summary**

Contributions collected through the social insurance system should finance the cost of the health/pre-specified proportion of cost. Descriptive Retrospective/Prospective Longitudinal study applied. Overutilization Investigation 500/17941(2.78%), Non adherence to NHIF pricing 84/17941(0.46%), Double

**Introduction**

Many of the functions of health systems depend on adequate financing. If sustainable financing mechanisms not put in place, innovative ideas for strengthening the primary health care base of health care systems will not yield results. Systems need to create an environment for effective team learning for quality improvement. While the quality of care depends to some extent by the organization of the health care system in which they work. Many health care organizations are moving from a practice of blaming individual health care workers for deficiencies to a culture of team learning and share quality improvement. Health financing is fundamental to the ability of health systems to maintain and improve human welfare. If sustainable financing mechanisms are not put in place, the health systems will not yield results (WHO 2003, 2006). Contributions collected through the social insurance system should finance the full insured cost of the health or pre-specified proportion of that cost. Proper

**Methods**

Descriptive Retrospective/Prospective Longitudinal study applied. Retrospectively the National Health Insurance Revenue Funds form submitted to National Health Insurance Fund Office identified and analyzed amount payable if may not be the same as the amount claimed/whether Fund adjusted as per anomalies observed. Gaps narrated are; Overutilization of Investigation

Test, Non-adherence to NHIF pricing, Double Claiming, Not in NHIF Benefit package, Non-adherence to STG, Missing details of services claimed to be provided after verification of claims, Not applicable due to facility level, Not Indicated to Diagnosis, No/Invalid Patient Signature. Solutions for eliminating double claiming was set, and implemented, Thereafter results of before and after implementation of countermeasures was compared to checked effectiveness. The concept of 5S KAIZEN Total Quality Management (continuous problem solving process applied). Data assessed, analyzed by use of Monitoring and Evaluation tool adopted from

### **Results**

8/27 referral hospitals sampled and implementing checked whether the submitted claims to National Health Insurance Revenue Funds Office has any rejection anomalies, The following observed: Overutilization of Investigation Test 500/17941 forms of patients attended (2.78%), Non-adherence to NHIF pricing 84/17941(0.46%), Double Claiming 406/17941 (2.26%), Not in NHIF Benefit package 13/17941(0.07%), Missing details of services claimed to be provided 36/17941(0.20%), Not applicable due to facility level 125/17941(0.69%), Not Indicated to Diagnosis 10/17941(0.05%), No/Invalid Patient Signature 18/17941(0.10%), Medicine Out of stock 18/17941(0.10%), Expired Card 7/17941(0.03%), Very Old Claim 24/17941(0.13%), Attendance Date Anomalies 31/17941(0.17%), Not in NHIF Benefit package 135/17941(0.75%), Not applicable due to facility level, Not Indicated to Diagnosis 31/17941(0.17%), No/Invalid Patient Signature, Medicine Out of stock, Invalid/No Seal of Health Facility on Form 2C/2E 11/17941(0.61%), Others 64/17941(0.35%), Missing Details of Surgery/Procedures 36/17941(0.20%), It was also noted that the proper filling of National Health Insurance Revenue Funds form require the urgent attention as the rejection amount was resulted from improper filling the form, signatures of the patients/clients. The key informant/ Focus group discussion (NHIF Unit) responses: That Inadequate training on management of National Health Insurance Revenue Funds form. Improper National Health Insurance Revenue

### **Conclusion**

Financing systems are critical for reaching universal health coverage. Improving Health financing levers to move closer to universal health coverage lie in three interrelated areas:

raising funds for health; reducing financial barriers to access through prepayment and subsequent pooling of funds in preference to direct out of pocket payments; and allocating funds in a way that promotes efficiency and equity. Improved revenue collection and avoid double claiming has a great impact in financing. Contributions collected should finance the full insured cost of the health or pre-specified proportion of that cost. The concept of 5S KAIZEN Total Quality Management has reliable and sustainable measures to ensure funding is made available for operational services improve quality services to users, management of National Health Insurance Fund Form, Double Claiming elimination and increased National Health Insurance Fund. Also Staff training on National Health Insurance Fund management is required and to be revived, proper use of National Health Insurance Fund Form appropriately is crucial. Permanent staff assigned to foreseeing all issues of filling the National Health Insurance Fund form is advised. All Workers knowledge and skills in management of National Health Insurance Fund to effectively to manage and rectify the current situation is mandatory to properly collect the amount of revenue depending on to the submitted National Health Insurance Fund forms. .Continuous Monitoring and

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