



**TANZANIA INSURANCE REGULATORY AUTHORITY**

**MAMLAKA YA USIMAMIZI WA BIMA TANZANIA**

**GUIDELINES FOR MEDICAL INSURANCE AND REGISTRATION  
OF HEALTH SERVICE PROVIDERS (HSPs).**

**MIONGOZO YA BIMA YA AFYA NA USAJILI WA WATOA  
HUDUMA ZA AFYA**

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SECTION ONE: INTRODUCTION		SEHEMU YA KWANZA: UTANGULIZI	
1.1. Authorization and Powers	These Guidelines are issued pursuant to Section 6 (2) (b), (e), and (g) and; Section 11(a) and (b) of the Insurance Act Cap 394.	1.1. Idhini na Mamlaka	Miongozo hii imetolewa kwa mujibu wa Kifungu cha 6 (2) (b), (e) na (g) na; Kifungu cha 11 (a) na (b) cha Sheria ya Bima Sura ya 394.
1.2. Citation	These Guidelines may be cited as <b>"Guidelines on Medical Insurance and Registration of Health Service Providers (Hsps),2023"</b>	1.2. Nukuu	Miongozo hii itafahamika kama <b>"Miongozo ya Bima ya Afya na Usajili wa Watoa Huduma za Afya (Hsps),2023"</b>
1.3. Interpretation	<p>1.3.1 In these Guidelines, unless the context requires otherwise the following words shall mean: -</p> <p><b>"Health Service Provider (HSP)"</b> means an individual health professional or a health facility organization licensed by the Ministry responsible for health matters to provide health care Services.</p> <p><b>"Principal Officer"</b> means a medical officer in charge who is the overall controller for the general administration and provision of health services of the HSP.</p> <p><b>"Registered Health Service Provider"</b> means HSP duly registered under these Guidelines.</p> <p><b>"Health Insurance Scheme (HIS)"</b> means public, private or special health insurance scheme registered by the Authority under the Act which will be represented by insurers and scheme managers.</p> <p><b>"Authority"</b> means Tanzania Insurance Regulatory Authority (TIRA) as established under the Insurance Act CAP 394 of the Laws of Tanzania.</p>	1.3. Tafsiri ya Maneno	<p>1.3.1 Katika Miongozo hii, isipokuwa kama muktadha utaelekeza vinginevyo, maneno yafuatayo yatamaanisha: -</p> <p><b>"Mtoa Huduma za Afya (HSP)"</b> maana yake ni mtaalamu binafsi wa afya au taasisi ya afya iliyopewa leseni na Wizara inayohusika na masuala ya afya kutoa Huduma za afya.</p> <p><b>"Afisa Mkuu"</b> maana yake ni Afisa Mtendaji Mkuu anayewajibika kusimamia shughuli za kila siku za mtoa huduma za afya (HSP).</p> <p><b>"Mtoa Huduma za Afya Aliyesajiliwa"</b> maana yake ni HSP aliyesajiliwa chini ya Miongozo hii.</p> <p><b>"Skimu ya Bima ya Afya (HIS)"</b> maana yake ni skimu ya bima ya afya ya umma, ya binanfsi au skimu maalumu ya bima ya afya iliyosajiliwa na Mamlaka chini ya Sheria ambayo itawakilishwa na kampuni za bima na wasimamizi wa skimu.</p> <p><b>"Mamlaka"</b> maana yake ni Mamlaka ya Usimamizi wa Bima Tanzania (TIRA) iliyoanzishwa chini ya Sheria ya Bima Sura ya 394 ya Sheria za Tanzania.</p>

	<p><b>“Beneficiaries”</b> means health insurance scheme members, and other beneficiaries specified under the relevant health insurance policy.</p> <p><b>“Service Level Agreement (SLA)”</b> means a contract between HSP and HIS, the terms and conditions of that document to which the parties thereto shall oblige.</p> <p><b>“Policyholder”</b> means a person or group in whose name medical insurance policy is held.</p> <p><b>“Member”</b> means a policyholder</p> <p><b>“Price Review Committee (PRC)”</b> means committee set for analysis of price to be used by HIS and HSPs in the provision of treatment to policyholders and their beneficiaries”.</p> <p><b>“International Medical Insurance Providers”</b> means companies that offer customized global health insurance plans that are not available in the local market.</p>		<p><b>“Wanufaika”</b> maana yake ni wanachama wa skimu ya bima ya afya, na wanufaika wengine walioainishwa kwenye mkataba husika wa bima ya afya.</p> <p><b>“Mkataba wa Huduma”</b> maana yake ni mkataba kati ya HSP na HIS unaoainisha vigezo na masharti yatakayozingatiwa na wahusika.</p> <p><b>“Mbima”</b> Inamaanisha mtu au kikundi kinachomiliki mkataba wa bima ya afya.</p> <p><b>“Mwanachama”</b> inamaanisha mbima.</p> <p><b>“Kamati ya Mapitio ya Bei (PRC)”</b> maana yake ni kamati iliyoungwa kwa ajili ya kufanya uchambuzi wa bei zitakazotumiwa kati ya HIS na HSPs katika utoaji wa huduma za afya kwa wabima na wanufaika wao”.</p> <p><b>“Watoa huduma wa Bima ya Matibabu ya Kimataifa”</b> maana yake ni kampuni ambazo hutoa mipango ya kimataifa ya bima ya afya ambayo haipatikani katika soko la ndani.</p>
1.4. Background and Rationale	<p>1.4.1 HSPs play an important role in the national health system as they provide health services to members of the public including those covered by health insurance schemes.</p> <p>1.4.2 Issuance of these Guidelines is a response to several concerns including the need to ensure that scheme members receive quality health services from HSPs; the need to curb fraudulent acts in the health insurance</p>	1.4. Usuli na Mantiki	<p>1.4.1 HSP ni wadau muhimu katika mfumo wa utoaji wa huduma za afya nchini kwa kutoa huduma za afya kwa wananchi ikiwa ni pamoja na wale wanaohudumiwa na skimu za bima za afya.</p> <p>1.4.2 Utoaji wa Miongozo hii ni mwitikio wa mahitaji yafuatayo: kuhakikisha wanachama wa skimu za bima ya afya wanapata huduma bora za afya kutoka kwa HSP; kuzuia vitendo vya udanganyifu katika mfumo wa bima ya afya; kuhakikisha ulipwaji wa</p>

	<p>system; the need to ensure timely claims reimbursement; protection of the health insurance policyholders and beneficiaries' rights; and equity in the pricing of health insurance services according to the level of services offered.</p> <p>1.4.3 The Guidelines also intend to address complaints relating to health insurance issues from HSPs, HIS, policyholders, and other relevant stakeholders.</p>		<p>madai kwa wakati; kulinda haki za wabima na wanufaika wa bima za afya; na uwepo wa bei stahiki katika huduma za bima ya afya kulingana na kiwango cha huduma kinachotolewa;</p> <p>1.4.3 Miongozo hii pia inalenga kushughulikia malalamiko yanayohusiana na masuala ya bima ya afya kutoka kwa HSP, HIS, wabima na wadau wengine.</p>
<b>1.5. Application and Scope</b>	<p>1.5.1 These Guidelines shall apply to:</p> <ul style="list-style-type: none"> <li>i. HSPs registered by the Authority to serve policyholder and beneficiaries of HIS; and</li> <li>ii. Registrants licensed by the Authority to provide Health Insurance Services.</li> </ul>	<b>1.5. Matumizi na Mawanda</b>	<p>1.5.1 Miongozo hii itawahusu:</p> <ul style="list-style-type: none"> <li>i. HSP waliosajiliwa na Mamlaka kuhudumia wabima na wanufaika wa HIS; na</li> <li>ii. Watoa huduma za bima waliosajiliwa na Mamlaka kutoa Huduma za Bima ya Afya.</li> </ul>
<b>1.6. Purpose and Objectives</b>	<p>1.6.1 The main purpose of these Guidelines is to establish a Registration framework for HSPs who intend to offer health care services to health insurance policyholders and beneficiaries under Insurance Act, CAP 394.</p> <p>1.6.2 The objectives of these Guidelines are:</p> <ul style="list-style-type: none"> <li>i. To establish a framework for registration of HSPs intending to transact with HIS under the Insurance Act;</li> <li>ii. To establish a mechanism for ensuring fair business relationships between HSPs and HIS; and</li> <li>iii. To ensure the interest of the health insurance policyholders, beneficiaries, HIS, and HSPs are protected.</li> </ul>	<b>1.6 Lengo na Madhumuni</b>	<p>1.6.1 Madhumuni ya Miongozo hii ni kuweka mfumo wa kusajili HSP wanaohudumia wabima na wanufaika wa bima ya afya chini ya Sheria ya Bima, Sura ya 394.</p> <p>1.6.2 Malengo ya Miongozo hii ni:</p> <ul style="list-style-type: none"> <li>i. Kuweka mfumo wa usajili kwa HSP wanaofanya kazi na HIS chini ya Sheria ya Bima;</li> <li>ii. Kuweka mfumo wa mahusiano ya haki ya kibiashara kati ya HSP na HIS; na</li> <li>iii. Kuhakikisha maslahi ya wabima, wanufaika wa huduma ya bima ya afya, HSP na HIS yanalindwa.</li> </ul>

SECTION TWO: ROLES AND RESPONSIBILITIES		SEHEMU YA PILI: WAJIBU NA MAJUKUMU	
2.1 Roles and Responsibilities of HSPs	<p>2.1.1. Every HSP shall be responsible for the following: -</p> <ul style="list-style-type: none"> <li>i. To provide health services as per standard treatment guidelines and protocols issued by the Ministry responsible for health and as per the SLA;</li> <li>ii. To maintain all records related to HSP services offered to HIS policyholders and beneficiaries in the manner and formats prescribed by <b>Ministry of Health</b> and the Authority;</li> <li>iii. To provide quality services to eligible policyholders and beneficiaries who have been properly identified by the HIS as per SLA;</li> <li>iv. To permit duly authorized officers of the Authority to carry out an onsite inspection on HSPs activities relating to HIS;</li> <li>v. "Where such inspection stated in (iv) above is related to Professional Medical circumstances, the Inspection Officer should have Medical Knowledge";</li> <li>vi. To establish and implement a customer service charter for health insurance policyholders and beneficiaries in a manner and format prescribed by the Ministry of Health in collaboration with the Authority;</li> <li>vii. To ensure entitled members and beneficiaries of HIS are effectively</li> </ul>	2.1 Wajibu na Majukumu ya HSP	<p>2.1.1 Kila HSP atawajibika kama ifuatavyo: -</p> <ul style="list-style-type: none"> <li>i. Kutoa huduma za afya kulingana na miongozo ya matibabu na itifaki zinazotolewa na Wizara yenye dhamana ya afya pamoja na mkataba wa huduma;</li> <li>ii. Kutunza kumbukumbu zote zinazohusiana na huduma ya HSP inayotolewa kwa wabima na wanufaika wa HIS kwa kufuata taratibu zilizowekwa na Wizara ya Afya na Mamlaka;</li> <li>iii. Kutoa huduma bora kwa wabima na wanufaika wa HIS wanaostahili;</li> <li>iv. Kuruhusu maafisa walioidhinishwa na Mamlaka kufanya ukaguzi wa shughuli za HSP zinazohusiana na HIS;</li> <li>v. "Endapo ukaguzi huo uliotajwa kwenye kifungu namba (iv) hapo juu utahusisha taaluma ya Matibabu, Afisa Ukaguzi anapaswa kuwa na ujuzi husika";</li> <li>vi. Kuandaa na kutekeleza Mkataba wa Huduma kwa wabima na wanufaika wa bima ya afya kwa utaratibu na muundo uliowekwa na Wizara ya Afya kwa kushirikiana na Mamlaka;</li> <li>vii. Kuweka mfumo wa utambuzi wa wanachama</li> </ul>

	<p>verified before providing medical services;</p> <p>viii. To put in place and implement insurance anti-fraud policy and strategy as may be prescribed by the Authority;</p> <p>ix. To ensure policyholders and beneficiaries are adequately informed on the scope of medical services covered under HIS;</p> <p>x. To formulate annual forums to discuss and agree on the prices before implementation in the following quarter;</p> <p>xi. Without prejudice to 2.1.1 (ix) above whenever there is a significant change in price affecting the level of services to HIS members, such price review shall be done; and</p> <p>xii. To list the services provided with detailed costs for each beneficiary acknowledgment.</p>		<p>na wanufaika wa HIS;</p> <p>viii. Kuandaa na kutekeleza sera na mkakati wa kupambana na udanganyifu kama itakavyoelekezwa na Mamlaka;</p> <p>ix. Kuhakikisha wabima na wanufaika wa HIS wanaelimishwa kuhusu wigo wa huduma za matibabu chini ya HIS;</p> <p>x. Kuandaa vikao vya mwaka kujadili na kukubaliana juu ya bei kabla ya utekelezaji katika robo inayofuata;</p> <p>xi. Bila kuathiri 2.1.1 (ix) hapo juu endapo yatatokea mabadiliko ya bei yanayoathiri kiwango cha huduma kwa wanachama wake, mapitio ya bei yatafanyika; na</p> <p>xii. Kuorodhesha huduma zilizotolewa na gharama husika ili wanufaika waridhie gharama hizo.</p>
<p><b>2.2 Roles and Responsibilities of HIS</b></p>	<p>2.2.1 Every HIS shall ensure: -</p> <p>i. All members and beneficiaries are effectively identifiable through the use of appropriate technology in a manner agreed upon between HIS and HSPs;</p> <p>ii. HSPs are informed on the benefits that members are entitled.</p> <p>iii. All genuine claims arising from services rendered to members and beneficiaries are paid in accordance with SLA;</p> <p>iv. Genuine claims from HSPs are reimbursed provided that where alterations are made during</p>	<p><b>2.2 Wajibu na Majukumu ya HIS</b></p>	<p>2.2.1 Kila HIS atahakikisha:</p> <p>i. Wanachama na wanufaika wanatambulika ipasavyo kwa kutumia teknolojia stahiki kwa namna iliyokubaliwa baina ya HIS na HSP;</p> <p>ii. HSP anafahamishwa juu ya manufaa ya bima ambayo wanachama wanastahili;</p> <p>iii. Madai yote halali yatokanayo na huduma zinazotolewa kwa wanachama na wanufaika wa HIS yanalipwa kwa mujibu wa Mkataba wa huduma (SLA);</p> <p>iv. Madai halali kutoka kwa HSP yanalipwa ipasavyo isipokuwa marekebisho yanapofanyika ufafanuzi husika utolewe kwa</p>

	<p>payment of claimed amounts detailed explanations are provided to the claimants;</p> <ul style="list-style-type: none"> <li>v. A reconciliation is done between HIS and HSPs in quarterly basis;</li> <li>vi. Services that require prior approval of the HIS are approved within the time frame specified in the SLA;</li> <li>vii. Members and beneficiaries are adequately informed on the scope of cover as well as services requiring special approvals by HIS;</li> <li>viii. Regular and targeted inspections relating to the implementation of SLAs are conducted on identified HSPs and provide reports to relevant authorities;</li> <li>ix. Cases of malpractice and fraud are reported to relevant Authorities; and</li> <li>x. Proper underwriting practices are observed during inception and renewal.</li> </ul>		<p>wadai;</p> <ul style="list-style-type: none"> <li>v. Upatanisho wa kifedha kati ya HIS na HSP unafanyika kila robo mwaka;</li> <li>vi. Huduma zinazohitaji vibali kutoka kwa HIS zinaidhinishwa kulingana na muda ulioainishwa kwenye mkataba wa huduma;</li> <li>vii. Wanachama na wanufaika wanaelimishwa ipasavyo kuhusu wigo wa huduma pamoja na huduma zinazohitaji vibali maalum kutoka kwa HIS;</li> <li>viii. Ukaguzi wa kawaida na maalum unafanywa kwa HSP waliobainishwa na kuwasilisha ripoti kwa Mamlaka husika;</li> <li>ix. Matukio ya ukiukwaji wa maadili na udanganyifu yanatolewa taarifa kwa Mamlaka husika; na</li> <li>x. Kuhakikisha utaratibu sahihi wa uandikishaji wa bima unafuatwa wakati wa kuandikisha na kuhuisha Bima.</li> </ul>
<p><b>2.3 Roles and Responsibilities of PRC</b></p>	<p>2.3.1 Members from the Authority, HIS and HSPs will form a Price Review Committee (PRC) which will involve any other members as appointed by the Commissioner of Insurance. The committee will be responsible for: -</p> <ul style="list-style-type: none"> <li>• Holding a meeting every six months or whenever necessary to discuss price-related issues.</li> </ul>	<p><b>2.3 Wajibu na Majukumu ya PRC</b></p>	<p>2.3.1 Wajumbe kutoka Mamlaka, HIS na HSP wataunda Kamati ya mapitio ya bei (PRC) ambayo itahusisha na wajumbe wengine wowote kama watakatavyoteuliwa na Kamishna wa Bima. Kamati itakuwa na jukumu la: -</p> <ul style="list-style-type: none"> <li>• Kukutana kila baada ya miezi sita au wakati wowote inapobidi ili kujadili suala linalohusiana na bei.</li> </ul>



SECTION THREE: REGISTRATION CRITERIA		SEHEMU YA TATU: VIGEZO VYA USAJILI	
3.1 Registration Criteria	<p>3.1.1 An applicant for registration shall fulfill the following requirements:</p> <ul style="list-style-type: none"> <li>i. Completion of the Application Form prescribed by the Authority;</li> <li>ii. Payment of non-refundable application fees of TZS 25,000;</li> <li>iii. Payment of annual renewal registration fee of TZS 10,000; and</li> <li>iv. Submission of a certified copy of the certificate of registration and license to undertake health services.</li> </ul>	3.1 Vigezo vya Usajili	<p>3.1.1 Mwombaji wa usajili atatimiza masharti yafuatayo:</p> <ul style="list-style-type: none"> <li>i. Kujaza Fomu maalum ya maombi iliyotolewa na Mamlaka;</li> <li>ii. Kulipa ada ya maombi isiyorejeshwa ya Shilingi 25,000;</li> <li>iii. Kulipa ada ya kuhuisha usajili kila mwaka ya Shilingi 10,000; na</li> <li>iv. Kuwasilisha nakala iliyothibitishwa ya cheti cha usajili na leseni ya kutoa huduma za afya.</li> </ul>
3.2 Additional Registration requirements	<p>3.2.1 Applicants for registration which are categorized as National Referral Hospital, Zonal Referral hospitals, regional referral hospital, and District hospital, shall meet the following additional registration requirements:</p> <ul style="list-style-type: none"> <li>i. To designate an officer to be responsible for the coordination of health insurance matters in the relevant HSPs to be known as “Insurance Liason Officer - ILO” for purposes of these Guidelines;</li> <li>ii. Submission of proof of competence of the ILO which shall include a minimum of Certificate of Proficiency in Insurance from a training institution accredited by NACTIVET or TCU; and</li> <li>iii. The Authority shall specify minimum duties and responsibilities of the ILO under these Guidelines.</li> </ul>	3.2 Vigezo nyongeza vya Usajili	<p>3.2.1 Waombaji wa usajili katika ngazi ya Hospitali za Rufaa za Taifa, Hospitali za Rufaa za Kanda, Hospitali za Rufaa za Mikoa na Hospitali za Wilaya watakidhi masharti ya nyongeza kama ifuatavyo: -</p> <ul style="list-style-type: none"> <li>i. Kuteua afisa atakayeratibu masuala ya bima ya afya katika HSP husika ambaye kwa mujibu wa Miongozo hii atafahamika kama “Afisa Uratibu Bima – AUB);</li> <li>ii. Uwasilishaji wa uthibitisho wa cheti cha umahiri wa AUB ambao utajumuisha angalau cheti cha umahiri katika bima kinachotolewa na taasisi elimu iliyoidhinishwa na NACTIVET au TCU; na</li> <li>iii. Mamlaka itaainisha viwango vya chini vya wajibu na majukumu ya AUB chini ya Miongozo hii.</li> </ul>



<p><b>3.3 International Medical Insurance Providers</b></p>	<p>3.3.1 All international medical insurances for citizens and residents of Tanzania shall only be placed through locally registered insurance companies.</p> <p>3.3.2 Reinsurances of international medical insurances shall be done as directed in the <b><i>Retention and Reinsurance Management Guideliness of 2023 and the Insurance Act Cap 394.</i></b></p> <p>3.3.3 All non-resident insurance and reinsurance companies shall only participate in the insurances mentioned in 3.3.1 and 3.3.2 after being accredited by the Authority.</p>	<p><b>3.3 Watoa huduma wa Bima ya Matibabu ya Kimataifa</b></p>	<p>3.3.1 Bima zote za matibabu za kimataifa kwa wananchi na wakazi wa Tanzania zitakatwa tu kupitia kampuni za bima zilizosajiliwa hapa nchini.</p> <p>3.3.2 Utaratibu wa bima mtawanyo wa bima za matibabu za kimataifa utafanywa kama ilivyoelekezwa katika <b>Miongozo ya Usimamizi wa Ubakizaji wa Bima na Bima Mtawanyo 2023 na Sheria ya Bima Sura ya 394.</b></p> <p>3.3.3 Kampuni zote za bima na bima mtawanyo zisizo za makazi zitashiriki tu katika bima zilizotajwa katika 3.3.1 na 3.3.2 baada ya kuidhinishwa na kupewa ithibati na Mamlaka.</p>
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SECTION FOUR: PROHIBITED PRACTICES		SEHEMU YA NNE: MAKATAZO	
<p><b>4.1 Prohibited Practices for HSPs and HIS</b></p>	<p>4.1.1 HIS shall not engage an unregistered or another unregistered person to provide health care services for its health insurance members and beneficiaries;</p> <p>4.1.2 HSPs shall not engage in unethical practices which prejudice the rights and interests of the HIS, health insurance members, beneficiaries, or the general public;</p> <p>4.1.3 HIS or HSP shall not operate contrary to the terms and conditions specified in the respective SLA; and</p> <p>4.1.4 HIS and all intermediaries shall not engage in any purchase of health insurance covers directly from overseas health Insurance companies.</p>	<p><b>4.1 Makatazo kwa HSPs na HIS</b></p>	<p>4.1.1 HIS hataruhusiwa kuingia makubaliano ya kutoa huduma za bima za afya na taasisi ambayo haijasajiliwa na Mamlaka;</p> <p>4.1.2 HSP hataruhusiwa kujihusisha na matendo yasiyo ya kimaadili ambayo yanaathiri haki na maslahi ya HIS, wanachama, wanufaika wa huduma za bima au umma kwa ujumla;</p> <p>4.1.3 HSP au HIS hataruhusiwa kutoa huduma nje ya vigezo na masharti yaliyoainishwa kwenye mkataba wa huduma;</p> <p>4.1.4 HIS na watu wa kati hawatajikusisha na ununuzi wowote wa bima ya afya moja kwa moja kutoka kwa makampuni ya Bima ya afya yaliyo nje ya Tanzania.</p>

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SECTION FIVE: SUPERVISION AND MONITORING		SEHEMU YA TANO: USIMAMIZI NA UFUATILIAJI	
5.1 <b>Monitoring and Reporting</b>	5.1.1 Insurers shall prepare and submit to the Authority a quarterly report on business transacted with HSPs in a manner and format prescribed by the Authority.	5.1 <b>Usimamizi na Uwasilishaji Taarifa</b>	5.1.1 Kampuni za bima zitaandaa na kuwasilisha taarifa ya robo mwaka inayoonyesha biashara walizofanya na HSP kwa namna na muundo uliowekwa na Mamlaka.
5.2 <b>Record Keeping</b>	5.2.1 Each HSP shall maintain records in respect of each HIS it deals with, which shall include: <ul style="list-style-type: none"> <li>i. The medical records of the members and beneficiaries who attended the health facility;</li> <li>ii. Register of members and beneficiaries attended at each point of care at the health facility;</li> <li>iii. Claims submitted to HIS for processing and payments;</li> <li>iv. Claims reimbursements/payments done by HIS to HSP;</li> <li>v. Each HSP shall maintain soft copies records in respect of each HIS; and</li> <li>vi. Any other records as may be required by the Authority from time to time.</li> </ul>	5.2 <b>Utunzaji wa Kumbukumbu</b>	5.2.1 Kila HSP atatumza kumbukumbu kwa kila HIS anayofanya kazi nayo, ambayo itajumuisha: - <ul style="list-style-type: none"> <li>i. Kumbukumbu za matibabu ya wanachama na wanufaika waliohudhuria katika kituo cha kutolea huduma za afya;</li> <li>ii. Rejesta ya wanachama na wanufaika waliohudhuria katika kila sehemu au idara ya kituo cha kutolea huduma za afya ambapo wamehudumiwa;</li> <li>iii. Nakala za Madai yaliyowasilishwa kwa HIS kwa ajili ya uchakataji na malipo;</li> <li>iv. Nakala za nyaraka za malipo ya madai yaliyofanywa na HIS kwa HSP;</li> <li>v. Kila HSP atatumza nakala laini kwa kila HIS; na</li> <li>vi. Taarifa nyingine zozote kama zitakavyo hitajika na Mamlaka.</li> </ul>
5.3 <b>Enforcement</b>	5.3.1 Any person who contravenes the provisions of these Guidelines commits an offense and shall be subject to regulatory sanction in line with the Insurance Act, Cap 394. 5.3.2 For the purposes of 5.3.1, offences shall include: - <ul style="list-style-type: none"> <li>i. Costs exaggeration contrary to SLA;</li> <li>ii. HIS dealing with HSPs not registered by the Authority;</li> </ul>	5.3 <b>Utekelezaji</b>	5.3.1 Mtu yeyote atakayekiuka masharti ya Miongozo hii atakuwa ametenda kosa na atachukuliwa hatua kwa mujibu wa Sheria ya Bima Sura ya 394.  5.3.2 Kwa madhumuni ya 5.3.1, makosa yatajumuishwa: - <ul style="list-style-type: none"> <li>i. Kuongeza gharama za huduma ya afya kinyume na mkataba;</li> <li>ii. HIS kufanya kazi na HSP ambao hawajasajiliwa na Mamlaka;</li> </ul>

	<ul style="list-style-type: none"> <li>iii. HIS dealing with HSPs without entering into SLA;</li> <li>iv. Refusal to settle valid claims within the time frame specified in their SLA;</li> <li>v. HSP and HIS engaging in an act intending to defraud the insurance sub-sector; and</li> <li>vi. Any other matter prescribed by the Insurance Act as an offense.</li> </ul>		<ul style="list-style-type: none"> <li>iii. HIS kufanya kazi na HSP bila kuingia katika makubaliano ya mkataba wa huduma.</li> <li>iv. Kukataa kulipa madai halali ndani ya muda ulioainishwa kwenye mkataba wa huduma;</li> <li>v. HSP na HIS kujihusisha na vitendo vya udanganyifu na kupata mapato yasiyo halali kutoka kwenye sekta ndogo ya bima; na</li> <li>vi. Kujihusisha na jambo lingine lolote lililoainishwa kuwa ni kosa chini ya Sheria ya Bima.</li> </ul>
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SECTION SIX: REVIEW AND APPROVAL OF GUIDELINES		SEHEMU YA SITA: MAPITIO NA IDHINI YA MIONGOZO	
6.1 Review of Guidelines	6.1.1 These Guidelines may be reviewed once every three years for improvement. 6.1.2 Notwithstanding paragraph 6.1.1, the Commissioner may review these Guidelines as and when a need arises. 6.1.3 Subject to 6.1.1 and 6.1.2, the Commissioner may issue provisions that shall form addendum to these Guidelines as and when required.	6.1 Mapitio ya Miongozo	6.1.1 Miongozo hii inaweza kufanyiwa mapitio mara moja kila baada ya miaka mitatu kwa ajili ya maboresho. 6.1.2 Bila kuathiri kifungu 6.1.1, Kamishna anaweza kufanya mapitio ya Miongozo hii wakati wowote itakapohitajika. 6.1.3 Kwa kuzingatia 6.1.1 na 6.1.2, Kamishna anaweza kutoa masharti yatakayounda nyongeza ya Miongozo hii pale itakapohitajika.
6.2 Effective date	These Guidelines shall come into force on the 1 <sup>st</sup> August, 2023.	6.2 Tarehe rasmi ya kuanza kutumika	Miongozo hii itanza kutumika rasmi tarehe 1 Agosti, 2023.
6.3 Approval of Guidelines	Approved by:  ..... Dr. Baghayo A. Saqware <b><u>COMMISSIONER OF INSURANCE</u></b>	6.3 Idhini ya Miongozo	Imeidhinishwa na:  ..... Dkt. Baghayo A. Saqware <b><u>KAMISHNA WA BIMA</u></b>

FOR APPLICATION AND ENQUIRIES PLEASE WRITE TO:	KWA MAOMBI AU MAULIZO, ANDIKA KWA:
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