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NATIONAL SOCIAL HEALTH INSURANCE AUTHORITY (NSHIA)
الهيئة الوطنية للتأمين الصحي الاجتماعي

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Digitalization Essentials and Needs for NSHIA Establishment and Implementation

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Digitalization should be considered the **operational backbone** of NSHIA, not as an auxiliary activity. For Somalia, the system must be practical, phased, low-cost initially, interoperable, fraud-resistant, and capable of functioning in environments with limited documentation, intermittent internet access, mobile populations, and mixed public-private service delivery.

The NSHIA assessment already outlines the operational engine as **digital-first enrollment, portable credentials, real-time claims, and transparent payment systems**, which are crucial for maintaining credibility and trust.

1. Core Digital Vision

NSHIA requires a **National Health Insurance Management Information System (HIMIS)** that serves as a minimum viable platform initially, gradually expanding its capabilities. It should support the following processes:

1. - **Enrollment**
2. - **Eligibility**
3. - **Contributions/Subsidies**
4. - **Provider Contracting**
5. - **Claims**
6. - **Payment**
7. - **Audit**
8. - **Dashboard Reporting**
9. - **Grievance Redress**

The NSHIA assessment specifically recommends a national HIMIS with modules for **member and provider registries, contribution and subsidy tracking, claims processing, payment reconciliation, and grievance management**. **Additionally**, there is potential for integration with mobile money, SMS, USSD, hotlines, and member notifications.

2. Minimum Digital Modules Required

A. Member Registry and Digital Identification

This module serves as the foundational component, ensuring the accurate recording and categorization of all insured individuals.

The National Social Health Insurance (NSHIA) encompasses a diverse range of beneficiaries, including civil servants, formal private employees, informal workers, dependents, internally displaced persons (IDPs), impoverished and vulnerable households, elderly individuals, diaspora-supported families, and subsidized groups.

Key requirements for NSHIA members include:

1. - Unique NSHIA member number
2. - Household and dependent linkage
3. - Eligibility status
4. - Vulnerability classification
5. - Renewal and suspension regulations
6. - Portable digital credential
7. - Offline-capable registration tools
8. - Mobile registration units for remote populations

The implementation plan delineates immediate execution actions, encompassing the identification of membership categories, the establishment of eligibility criteria, the definition of member registry specifications, and the outlining of member ID procedures.

B. Provider Registry and Accreditation Module

The NSHIA must ensure that eligible providers serve insured members. This module should encompass:

1. - Public and private facility profiles
2. - Licensing status
3. - Accreditation level
4. - Service package capacity
5. - Contract status
6. - Quality indicators
7. - Referral capacity
8. - Payment account details
9. - Sanctions or suspension status

Private facilities must adhere to minimum standards before joining the NSHIA network. The workshop concept emphasizes accreditation, quality standards, tariffs, claims reporting, audits, grievance redress, and member protection as core responsibilities for private sector participation.

C. Contribution and Subsidy Registry

This module is pivotal for financial sustainability and equity. It should track:

1. - Payroll-based contributions
2. - Voluntary contributions
3. - Government subsidies
4. - Family Medical Scheme (FMS) contributions
5. - Donor-aligned subsidies
6. Diaspora-supported contributions, exemptions for vulnerable groups, and arrears and payment history are crucial components of the system. These must be integrated with Ministry of Finance systems, payroll, mobile money systems, and public financial management controls where feasible.

D. Benefits Package and Tariff Management Module

Before claims can be processed, the system must clearly define what is covered, where, for whom, and at what rate.

- The benefits package should align with the EPHS, include primary care benefits, RMNCAH services, emergency stabilization, essential medicines, referral rules, an exclusion list, co-payment rules (if applicable), and a tariff schedule. The provider payment method should be specified as capitation, bundled payment, case-based payment, or fee schedule.

The assessment recommends a phased benefits approach linked to the EPHS, starting with high-impact services such as primary care, RMNCAH, essential medicines, and emergency stabilization.

E. Digital Claims Management System

- This is a critical operational system that should manage various aspects of claims processing. It should handle electronic claims submission, eligibility verification, service coding, automated rule checks, pre-authorization where necessary, claims approval or rejection, fraud flags, payment authorization, provider feedback, and maintain an audit trail.

The assessment emphasizes the importance of combining operational simplicity with integrity safeguards. These safeguards include automated checks, targeted pre-authorization, randomized audits, data analytics, community verification, sanctions, and prompt provider payments.

F. Payment and Reconciliation Module

This module is responsible for managing payments and reconciling claims. It should ensure that payments are processed accurately and efficiently, and that any discrepancies are identified and resolved promptly.

The assessment recommends integrating the payment and reconciliation module with other system modules to ensure seamless data flow and efficient processing.

NSHIA's credibility relies on timely and transparent provider payments. The payment system should encompass:

1. - Approved claim batches

2. - Payment schedules
3. - Provider payment status
4. - Reconciliation with bank or mobile money records
5. - Audit trail
6. - Rejected payment tracking
7. - Financial reporting
8. - Reserve fund monitoring

These features should align with the Treasury Single Account, Ministry of Finance procedures, Central Bank arrangements, and NSHIA internal audit.

G. Grievance, Appeals, and Member Protection System

A digital grievance system is crucial for public trust. It should facilitate complaints from:

1. - Members
2. - Providers
3. - Employers
4. - Vulnerable groups
5. - FMS focal points
6. - Civil society monitors

The system should offer channels such as hotline, SMS, USSD, web form, helpdesk, and paper-to-digital registration at NSHIA offices.

The implementation plan prioritizes delivering the member charter, complaint SOP, appeals committee terms of reference, mediation protocol, complaint register, and privacy procedure.

H. Dashboard, M&E, and Public Reporting System

NSHIA should maintain both internal and public dashboards. These dashboards should track:

1. - Enrollment coverage
2. - Coverage by sex, age, district, FMS, and vulnerability
3. - Contribution collection
4. - Subsidy utilization
5. - Provider payment timeliness
- **Key Performance Indicators (KPIs)**
- 1. - Claims rejection rate
 2. - Claims ratio
 3. - Administrative cost ratio
 4. - Service utilization
 5. - Referral completion
 6. - Complaint resolution time
 7. - Provider accreditation status
 8. - Medicine stock-out signals
 9. - Equity indicators

- **Dashboard Proposal**

The assessment proposes dashboards that encompass various aspects such as coverage, financial protection, purchasing performance, utilization, quality, trust, and equity.

Data Governance and Privacy Needs

Prior to implementing large-scale enrollment, NSHIA must establish data governance. Key requirements include:

1. - Data governance policy
2. - Privacy and confidentiality procedures
3. - Data-sharing agreements
4. - Role-based user access
5. - Consent and member information rules
6. - Data retention rules
7. - Cybersecurity policy
8. - Audit logs
9. - Incident response procedures
- 10.- Protection of vulnerable population data
- 11.- Legal basis for cross-government data exchange

The 100-day implementation plan explicitly identifies **digital registry, data governance, reporting systems, privacy policy, data-sharing templates, dashboard indicator list, and interoperability planning** as priority actions.

Interoperability Requirements

NSHIA should not operate in isolation. It must gradually connect with various systems, including:

1. - DHIS2 and national health information systems
2. - Ministry of Finance and PFM systems
3. - Civil service payroll
4. - Employer payroll systems
5. - FMS health information systems
6. - Provider EMR/HMIS systems
7. - Licensing and professional council databases
8. - Mobile money and banking systems
9. - Civil registry or national ID system (if available)
- 10.- Donor-funded health financing platforms
- 11.- Procurement and supply chain reporting systems

The Jowhar framework prioritizes federal ownership, portability, and standardized systems across Federal Member States. It also acknowledges the importance of the system's functionality in environments with limited and expanding digital capabilities.

5. Cybersecurity and System Integrity

Since NSHIA will handle financial, medical, and personal information, cybersecurity is a non-negotiable requirement.

Minimum requirements include:

1. - Secure cloud or hybrid hosting
2. - Daily backups
3. - Disaster recovery plans
4. - Multi-factor authentication for staff
5. - Role-based access control
6. - Encryption of sensitive data
7. - Audit logs for all claims and payments
8. - Fraud detection rules
9. - Duplicate member detection
- 10.- Provider behavior monitoring
- 11.- Cyber incident reporting protocol
- 12.- Independent security review before pilot launch

Digital limitations are recognized as a potential risk that can lead to claims errors, duplicate records, and inadequate monitoring. To mitigate this risk, it is recommended to establish minimum viable digital requirements and phased interoperability standards.

6. Human Resource and Institutional Capacity Needs

Digitalization will be unsuccessful without a competent internal team. NSHIA should establish a dedicated **Digital Health Insurance and Data Unit**.

Key positions required include:

1. - ICT / HIMIS Manager
2. - Health insurance systems architect
3. - Database administrator
4. - Data governance and privacy officer
5. - Claims systems officer
6. - Provider registry officer
7. - Member registry officer
8. - M&E and dashboard analyst
9. - Cybersecurity focal point
- 10.- Helpdesk and user support team
- 11.- Digital training officer
12. Business process analyst
13. Internal audit digital systems focal point

The implementation plan already includes job descriptions for legal, finance, membership, benefits, provider contracting, claims, ICT, M&E, communications, and internal audit functions.

7. Digital Tools for Public Trust and Communication

The system should instill a sense of reality, responsiveness, and protection in members.

Public-facing tools should include:

1. - SMS confirmation after enrollment

2. - SMS confirmation after service use
3. - USSD eligibility check
4. - Member hotline
5. - Provider location directory
6. - Public FAQ in Somali
7. - Complaint tracking number
8. - Digital member card
9. - Community registration support
- 10.- Multilingual communication materials
- 11.- Dashboard summary for public accountability

The communication priorities in the implementation plan include public FAQs on membership, benefits, contributions, rights, complaints, and privacy, supported by community engagement and media communication.

8. Digitalization Needs by Implementation Phase

Phase 0: First 100 Days — Foundation

Immediate deliverables:

1. - Digital systems blueprint
2. - Minimum viable HIMIS requirements
3. - Member registry specifications
4. - Provider registry specifications
5. - Claims workflow
6. - Data governance policy
7. - Privacy policy
8. - Data-sharing templates
9. - Dashboard indicator list
- 10.- ICT staffing plan
- 11.- Procurement plan
- 12.- Cybersecurity minimum standards
- 13.- Pilot readiness checklist

The establishment document register places the **Data Governance Policy, M&E Framework and Dashboard, Claims Manual and Fraud Control Policy, Member Rights Charter and Complaint SOP** within the 60–90 day establishment window.

Phase 1: 0–6 Months — Minimum Viable Digital Platform

Priority functions:

1. Member enrollment
2. Provider registration
3. Eligibility verification
4. Basic contribution tracking
5. Basic claims submission
6. Payment reconciliation
7. Complaint registration
8. Management dashboard
9. Pilot reporting

Phase 2: 6–18 Months — Pilot Operations

Priority functions:

1. Digital claims processing in pilot sites
2. Provider payment tracking
3. Mobile money or bank-linked payment options
4. Referral tracking
5. Public dashboard summaries
6. Audit and fraud analytics
7. Member SMS notifications
8. FMS reporting integration

The assessment roadmap recommends that during the 6–18 months, NSHIA should launch pilots, operationalize claims and payment workflows, publish dashboards, test referral rules, and conduct rapid learning cycles.

Phase 3: 18–36 Months — Expansion and Interoperability

Priority functions:

1. Expansion to more FMS and districts
2. Enhanced interoperability with DHIS2, PFM, payroll, and provider systems
3. Advanced fraud analytics
4. Provider scorecards
5. Quality-linked payment indicators
6. Tariff refinement using claims data
7. Equity monitoring

Phase 4: 3–5 Years — Mature National Platform

Priority functions:

1. National portability
2. Expanded benefit package management
3. Advanced actuarial analytics
4. Annual audited public reports
5. Integrated subsidy management, mature accreditation and provider performance systems, and a long-term UHC dashboard are key components of NSHIA's digitalization strategy.

To ensure efficient procurement, NSHIA should carefully select systems, avoiding costly ones until business processes are well-defined.

A minimum procurement package should include HIMIS software platform or modular system, cloud or secure hosting, registration tablets or laptops, office network and connectivity, backup power support, call center equipment, SMS/USSD gateway, dashboard and analytics tools, cybersecurity tools, helpdesk ticketing system, training package, and maintenance and support contract.

The procurement process should be phased, starting with a **blueprint, followed by a Minimum Viable Product (MVP), and then a pilot customization before scaling up to the national level.**

The primary objective of NSHIA's digitalization is **to create a simple, secure, flexible, and trusted platform** that enables enrollment, entitlement, purchasing, payment, accountability, portability, and public trust. This goes beyond merely purchasing software; it aims to build a transparent national protection platform.