



On approval of the rules for keeping records of healthcare entities providing medical care within the guaranteed scope of free medical care and (or) within the compulsory social health insurance system

Unofficial translation

Order of the Minister of Healthcare of the Republic of Kazakhstan No. KR DSM-186/2020 dated November 6, 2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on November 11, 2020 under No 21619

Unofficial translation

In conformity with sub-paragraph 67 of Article 7 of the Code of the Republic of Kazakhstan of July 7, 2020 “On Public Health and the Health Care System”, **I HEREBY ORDER:**

1. That the attached rules for keeping records of healthcare subjects providing medical care within the guaranteed volume of free medical care and (or) in the system of compulsory social medical insurance shall be approved.

2. That in accordance with the procedure established by the legislation of the Republic of Kazakhstan, the Department for Coordination of Mandatory Social Health Insurance of the Ministry of Healthcare of the Republic of Kazakhstan shall provide:

- 1) the state registration hereof with the Ministry of Justice of the Republic of Kazakhstan;
- 2) the placement hereof on the website of the Ministry of Healthcare of the Republic of Kazakhstan after its official publication;
- 3) within ten working days after state registration hereof, submission to the Legal Department of the Ministry of Health of the Republic of Kazakhstan of information on the implementation of activities stipulated by sub-paragraphs 1) and 2) of this paragraph.

3. That the First Vice-Minister of Healthcare of the Republic of Kazakhstan, M.Y. Shoranova shall be charged with control over execution hereof.

4. This order shall be put into effect ten calendar days after the date of its first official publication.

*Minister of Healthcare
of the Republic of Kazakhstan*

A. Tsoy

Approved by order
of the Minister of Healthcare
of the Republic of Kazakhstan
No. KR DSM-186/2020
dated November 6, 2020

Rules for keeping records of healthcare entities providing medical care within the guaranteed

scope of free medical care and (or) within the compulsory social health insurance system

Chapter 1. General provisions

1. These rules for keeping records of healthcare entities providing medical care within the guaranteed scope of free medical care and (or) within the compulsory social health insurance system (hereinafter – the Rules) have been developed pursuant to sub-paragraph 67) of article 7 of the Code of the Republic of Kazakhstan dated July 7, 2020 “On Public Health and Health Care System” (hereinafter - the Code) and determine the procedure for keeping records of healthcare entities providing medical care within the guaranteed scope of free medical care (GSFMC) and (or) within the compulsory social health insurance system (hereinafter - CSHIS).

2. The following basic concepts shall be used in these Rules:

1) social medical insurance fund (hereinafter - Fund) - a non-profit organization, which accumulates contributions and deductibles, as well as performs procurement and payment for services of healthcare subjects, providing medical care in the volumes and on terms stipulated by the contract for procurement of medical services, and other functions as defined by the laws of the Republic of Kazakhstan;

2) co-executor – a healthcare entity included in the database of health care entities applying for rendering medical assistance within the GSFMC and (or) in CSHIS system (hereinafter referred to as database) with which supplier entered into a co-execution contract to fulfill part of supplier's obligations under the concluded contract for purchasing medical services within GSFMC or in CSHIS system or the contract for purchasing services on additional provision of GSFMC (hereinafter referred to as contract for purchasing services);

3) regional perspective plan of healthcare infrastructure development (hereinafter - regional perspective plan) – a long-term plan of regional infrastructure development, reflecting information on existing network of healthcare organizations, planned restructuring (opening, merging, closing, re-profiling), as well as information on need for new healthcare facilities and investment planning.

4) authorized body in the field of healthcare (hereinafter - authorized body) – a central executive body, carrying out management and inter-sectoral coordination in the field of health care of citizens of the Republic of Kazakhstan, medical and pharmaceutical science, medical and pharmaceutical education, sanitary and epidemiological welfare of population, circulation of medicines and medical devices, quality of medical services (assistance);

5) health care entities - health care organizations, as well as individuals engaged in private medical practice and pharmaceutical activities;

6) web portal for procurement of services from health entities (as applied to the Rules) - information system providing a single point of access to electronic services for procurement

of services from health entities within the GSFMC and (or) in the CSHIS system (hereinafter - web portal);

7) provider - a healthcare entity with which a fund or administrator of budget programs has entered into a contract for the procurement of health services within the framework of GSFMC or in the CSHIS system or a contract for the procurement of services to supplement GSFMC (hereinafter - the contract for the procurement of services) in accordance with the procedure for the procurement of services from health care entities to provide medical care within the framework of GSFMC and (or) in the CSHIS system, determined under sub-paragraph 62) of Article 7 of the Code (hereinafter - Procurement Rules);

8) database - a list of healthcare entities applying for medical assistance under the GSFMC and/or in the CSHIS system, formed by the Fund in accordance with these Rules;

9) contract for procurement of services for additional GSFMC (hereinafter - the contract for procurement of services) - an agreement in writing between the administrator of budget programs and the subject of health care, providing for the provision of medical care in the framework of GSFMC;

10) contract for purchase of medical services within the framework of GSFMC or in the CSHIS system (hereinafter referred to as contract for purchase of services) - a written agreement between the Fund and a subject of health care, providing for the provision of medical assistance within the framework of GSFMC or in the CSHIS system;

11) digital healthcare entity (in relation to the Rules) - a legal entity, carrying out activities or entering into public relations in the field of digital health in terms of information and technical support of health information systems, including ensuring information security and organizational and methodological work with healthcare entities;

12) electronic document - a document in which information is presented in electronic digital form and certified by means of electronic digital signature;

13) electronic digital signature (hereinafter referred to as EDS) - set of electronic digital characters, created by means of electronic digital signature and confirming authenticity of electronic document, its ownership and invariability of content;

Chapter 2. Procedures for keeping records of healthcare entities providing medical care within the guaranteed scope of free medical care and (or) within the compulsory social health insurance system

3. The Fund shall maintain records of healthcare entities under the GSFMC and (or) the CSHIS system (hereinafter referred to as records of health care entities).

4. Record keeping of health care entities shall be carried out by means of:

1) forming and updating a database;

2) forming and updating a list of healthcare entities excluded from the database;

- 3) creating and updating a list of providers;
- 4) creating and updating the list of subcontractors.

5. Formation of the database shall be performed continually by the Fund on the basis of submitted by healthcare entities applications for inclusion in the database and documents attached thereto (hereinafter - application).

6. An application for inclusion in the database shall be submitted by a healthcare entity in electronic form on the web portal using a digital signature.

Application for inclusion in the database as a supplier shall be submitted by a healthcare entity included in the regional perspective plan.

A health care entity with a branch, representative office or other separate structural subdivision shall submit an application as a supplier and/or co-contractor, specifying all available production bases claiming to provide services under the GSFMC and/or the CSHIS system.

7. Healthcare entities shall attach the following documents to the application:

- 1) a copy of a certificate (certificate) of state registration (re-registration) of legal entity (for legal entity) or copy of certificate (certificate) of registration as individual entrepreneur and copy of document proving identity (for individual);

- 2) a copy of a license for medical activity and annexes thereto confirming the right to provide relevant medical services at the place of location of production facilities of the subject of public health services.

8. Within three working days from the date of the application of the entity, the Fund shall review and decide on the inclusion (non-inclusion) of the healthcare subject in the database.

9. In reviewing the application, the Fund shall:

reconcile the data specified in the application with the data of the documents attached thereto and considers them for compliance with the requirements of paragraphs 6 and 7 hereof ;

consider the information posted on the internet resource of the authorised body supervising the bankruptcy or liquidation procedures regarding the non-involvement of the healthcare subject in the bankruptcy or liquidation procedure;

verify the submitted copy of the license and its annexes in the information system – E-Licensing State Database;

verify the presence of the healthcare entity in the regional prospectus.

10. The Fund shall include a healthcare entity in the database following consideration of an application in accordance with Paragraph 9 of hereof in case of:

compliance with the requirements of paragraphs 6 and 7 hereof;

establishment of compliance (reliability) of documents presented by the healthcare entity and (or) data (information) contained therein with the data specified in the application;

an absence of bankruptcy of the entity or liquidation procedure;

correspondence of the entity's licence and it's Annex to the data of information system E-licensing State Database.

11. As a result of consideration of the application in compliance with paragraph 9 hereof, the Fund shall refuse to accept the application and send to the healthcare entity a notice of rejection of the application for inclusion in the database of healthcare entities applying for medical care under the GSFMC and (or) in the CSHIS system in the form of an electronic document on the web portal according to Annex 1 hereto:

in case of non-compliance with the requirements of paragraphs 6 and 7 hereof, the inconsistency (unreliability) of documents submitted by the healthcare entity and (or) data (information) contained therein to the data specified in the application;

or when a healthcare entity undergoes bankruptcy or liquidation proceedings;

or in case of non-compliance of the license and its annexes with the data in the information system E-licensing State Database.

12. An automatic registration of applications with assignment of a through numbering shall be carried on the web-portal.

13. The database of healthcare entities applying for medical care under the GSFMS and (or) in the CSHIS system, in the form according to Annex 2 hereto, shall be formed by the Fund in electronic form on the web portal and be placed on the Internet resource of the Fund.

Inclusion of a healthcare entity in the database shall be an expression of the healthcare entity's consent to comply with the requirements hereof and normative legal acts regulating the procedure of purchasing health care services within the framework of GSFMS and (or) in the CSHIS system, the procedure of payment to healthcare entities within the framework of GSFMS and (or) in the CSHIS system and monitoring contractual obligations on quality and volume of health care services.

The authorized body and the local public health authorities shall provide a link to the database formed on the web portal on their Internet resources.

14. The healthcare entities included in the database shall receive access to the healthcare information systems provided by the digital healthcare entity within three working days from the date of receipt of information from the foundation on the healthcare entities included in the database (to the information systems "Resource Management System" and "Medical Technology Management System" - all healthcare entities; additionally to the portal "Register of Registered Population" - healthcare entities eligible for primary health care services).

Healthcare entities shall enter their data into the health information systems referred to in part one of this paragraph within ten working days from the day they gain access thereto, and shall keep the data up-to-date on an ongoing basis.

Access to health information systems other than those referred to in part one of this paragraph shall be available to healthcare entities which have entered into a contract to procure services from the fund or the administrator of budget programmes, and their co-implementers.

15. The database shall be updated by the Fund on an ongoing basis and provide for the modification of the data contained in the database.

16. Healthcare entities shall submit supporting documents to the Fund for updating the database no later than five working days from the day the information in the database is changed.

17. If the Fund or the budget programme administrator identifies any changes in the data contained in the database, the Fund or the budget programme administrator shall notify the health care entity in writing of the need to submit supporting documents to update the data in the database.

18. The Fund shall compile a list of health care entities excluded from the database of health care entities applying for medical care under the GSFMS and (or) the CSHIS system according to the form in Annex 3 hereto.

19. Formation of the list of healthcare entities excluded from the database, with which the Fund or the administrator of budget programs has terminated the contract for procurement of services, shall be made on the web portal with a link on the Internet resource of the Fund or posted on the Internet resource of the Fund in the following cases:

1) in the case of liquidation or reorganisation of a health care entity (if necessary) and in other cases of change of ownership or its legal form that involve the exclusion of the health care entity from the database;

2) in cases where the financial and economic activity of the health care entity is suspended in accordance with the legislation of the Republic of Kazakhstan;

3) if a contract for the purchase of services concluded during the previous three years has been unilaterally terminated by the Fund or the administrator of budget programmes due to non-performance, untimely or improper performance;

4) if the contract for procurement of services concluded during the previous three years was terminated unilaterally upon the initiative of the healthcare entity;

5) in case the health care entity provided false data and (or) information containing false information about the activities of a legal entity or a natural person;

6) on the basis of a court decision.

20. Provider excluded from the database on the grounds stipulated by sub-paragraphs 2) - 6) of paragraph 19 hereof shall not be included in the database as a supplier and (or) co-contractor for three years from the date of its exclusion from the database.

21. The list of healthcare entities excluded from the database shall be updated by the Fund on an ongoing basis on the basis of documents submitted by the Fund or the administrator of budget programmes confirming the need for their exclusion in the cases referred to in paragraph 19 hereof.

22. Healthcare entities among which there are no health-care service volumes allocated under the GSFMS and (or) the CSHISC system shall not be excluded from the database, except as specified in paragraph 19 hereof.

23. The Fund shall form a list of providers who have concluded contracts for the procurement of medical services within the guaranteed scope of free medical care or in the system of compulsory social health insurance (hereinafter - the list of providers) with the Fund or the administrator of budget programs according to the form in Annex 4 hereto.

24. The list of providers shall be formed on the web-portal with a link on the internet resource of the fund or posted on the internet resource of the fund.

25. The list of suppliers shall updated on the basis of the service procurement contracts concluded with the suppliers by the fund or the budget administrator.

26. The Fund shall draw up a list of co-contractors with which suppliers have concluded co-contracts in accordance with the Procurement Rules according to the form in Annex 5 hereto (hereinafter referred to as the list of co-contractors).

27. The list of co-performers shall be made available on the web portal with a link on the Foundation's website or posted on the Foundation's website on the basis of co-performance contracts concluded with co-performers to fulfil part of the obligations of the Fund supplier or the Budget Programme Administrator under the service procurement contract according to the Procurement Rules.

28. The list of co-executors shall be updated on the basis of the concluded co-execution contracts between the supplier of the fund or administrator of budget programmes and the co-executors.

29. The local public health authorities shall also inform on their website about the list of providers, the list of health care entities excluded from the database, the list of co-implementers by posting a link to the web portal or the internet resource of the fund.

Annex 1 to the Rules
for keeping records of healthcare entities
providing medical care within
the guaranteed scope of free medical
care within the guaranteed scope
of free medical care and (or) within
the compulsory social health insurance
system
Document form

Notification of rejection of an application for inclusion in the database of health care entities Notification of the rejection of an application for inclusion in the database of free medical care and (or) in the system of Compulsory Social Health Insurance System

(please, indicate the name of the branch of the Social Health Insurance Fund NJS
or administrator of budget programmes)

hereby notifies _____

(please, insert the name of health-care provider)

on the rejection of the application for inclusion in the healthcare entities database, eligible for medical care as part of a guaranteed volume of

free medical care and (or) in the compulsory social health insurance system

in connection with _____ on the basis of paragraph

(please, specify the reason for rejection)

_____ Rules for keeping records of healthcare entities providing (specify paragraph number)

medical care within the guaranteed scope of free medical care and (or) within the compulsory social health insurance system,

approved by order No. _____ dated 20__ __ (recorded in the Register of State Registration of Regulatory Legal Acts under No. _____).

Head (person authorised by him/her) of the branch office

(name of the branch of the Social Health Insurance Fund)

(Signature, first name, surname and patronymic (if any))

Stamp here (if available)

Date of completion

Annex 2 to the Rules
for keeping records of healthcare entities
providing medical care within
the guaranteed scope of free medical
care within the guaranteed scope
of free medical care and (or) within
the compulsory social health insurance
system
Document form

Database of health care entities eligible for providing medical care within the scope of guaranteed

free medical care and/or within the compulsory social health insurance system

No s /o	BIN (IIN)	Name of health-care entity	Registered office	Location address of the production base*	Form of ownership of the healthcare entity	Date of inclusion in the database
1	2	3	4	5	6	7

Table continued

					Healthcare entity status
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Date of exclusion from the database	Date of the last amendment	Type/form of care/service	Contact details (telephone number, e-mail address)	Surname, first name, patronymic (if any) of the manager	Provider	Co-executor
8	9	10	11	12	13	14

Note:

* the address(es) of the manufacturing base(s) shall be indicated as per the medical licence attachment.

Annex 3 to the Rules
for keeping records of healthcare entities
providing medical care within
the guaranteed scope of free medical
care within the guaranteed scope
of free medical care and (or) within
the compulsory social health insurance system
Document form

List of healthcare entities excluded from the database of healthcare entities eligible for providing medical care under the guaranteed scope of free medical care and/or in the compulsory social health insurance system

No	BIN (IIN)	Name of health-care entity	Registered office	Location address of the production base *	Form of ownership of the healthcare entity	Date of exclusion from the database	Date of termination of exclusion from the database	Reason for exclusion
1	2	3	4	5	6	7	8	9

Note:

* the address(es) of the manufacturing base(s) shall be indicated as per the medical licence attachment.

Annex 4 to the Rules
for keeping records of healthcare entities
providing medical care within
the guaranteed scope of free medical
care within the guaranteed scope
of free medical care and (or) within
the compulsory social health insurance
system
Document form

List of providers who have entered into contracts for the procurement of health care services

**within the scope of guaranteed free medical care or within the system of compulsory social health insurance
or contracts for the procurement of services to supplement the guaranteed scope of free medical care) for the year of _____**

№ s/ o	BIN (IIN)	Name of co-executor	Registered office	Location address of the production base*	Form of ownership	Contact details (telephone number , e-mail address)	Surname, first name, patronymic (if any) of the manager	Type, form of care or service
1	2	3	4	5	6	7	8	9

Note:

* the address(es) of the manufacturing base(s) shall be indicated as per the medical licence attachment.