



On approval of the rules for planning the volume of medical services within the guaranteed volume of free medical care and (or) in the system of compulsory social health insurance

Unofficial translation

Order of the Minister of Health of the Republic of Kazakhstan dated December 20, 2020 No. ҚР ДСМ -290/2020. Registered in the Ministry of Justice of the Republic of Kazakhstan on December 22, 2020 No. 21844.

Unofficial translation

In accordance with subparagraph 63) of Article 7 of the Code of the Republic of Kazakhstan “On People’s Health and Healthcare System”, **I HEREBY ORDER:**

Footnote. The Preamble as amended by the order of the Acting Minister of Healthcare of the Republic of Kazakhstan dated 19.11.2021 № ҚР ДСМ-120 (shall be enforced from the date of its first official publication).

1. To approve the attached rules for planning the volume of medical services within the guaranteed volume of free medical care and (or) in the system of compulsory social health insurance.

2. The Department for coordination of compulsory social health insurance of the Ministry of Health of the Republic of Kazakhstan, in the manner prescribed by the legislation of the Republic of Kazakhstan, to ensure:

1) state registration of this order in the Ministry of Justice of the Republic of Kazakhstan;
2) posting this order on the Internet resource of the Ministry of Health of the Republic of Kazakhstan after its official publication;

3) within ten working days after the state registration of this order in the Ministry of Justice of the Republic of Kazakhstan, submission of information to the Legal Department of the Ministry of Health of the Republic of Kazakhstan on implementation of the measures provided for in subparagraphs 1) and 2) of this paragraph.

3. The First Vice-Minister of Health of the Republic of Kazakhstan M.Ye. Shoranov is authorized to control the execution of this order.

4. This order comes into effect from the day of its first official publication.

*Minister of health of the
Republic of Kazakhstan*

A. Tsoi

Approved
by the order of the
Minister of health of the
Republic of Kazakhstan
dated December 20, 2020
№ ҚР ДСМ-290/2020

Rules for planning the volume of medical services within the framework of the guaranteed volume of free medical care and (or) in the system of compulsory social health insurance

Footnote. The Rules are in the wording of the order of the Minister of Healthcare of the Republic of Kazakhstan dated 16.11.2023 № 165 (the order of enforcement see clause 4).

Section 1. General provisions

1. These rules for planning the volume of medical services within the framework of the guaranteed volume of free medical care and (or) in the system of compulsory social health insurance (hereinafter - the Rules) have been developed in accordance with subparagraph 63) of Article 7 of the Code of the Republic of Kazakhstan “On Public Health and the Healthcare System” (hereinafter - the Code) and shall determine the procedure for planning the volume of medical services within the framework of the guaranteed volume of free medical care and (or) in the system of compulsory social health insurance.

2. Basic concepts used in these Rules:

1) a fund of social health insurance (hereinafter - the fund) - a non-commercial organization that accumulates deductions and contributions, as well as purchases and pays for the services of healthcare entities providing medical care in the volumes and on the conditions stipulated by the contract for the purchase of medical services, and other functions, determined by the laws of the Republic of Kazakhstan;

2) an authorized body in the field of healthcare (hereinafter - the authorized body) - the central executive body carrying out management and intersectoral coordination in the field of protecting the health of citizens of the Republic of Kazakhstan, medical and pharmaceutical science, medical and pharmaceutical education, sanitary and epidemiological welfare of the population, circulation of medicines and medical products, quality of medical services (assistance);

3) statistics of healthcare - a branch of statistics that includes statistical data on the health of the population, the activities of healthcare entities and on the use of healthcare resources;

4) emergency medical care - a system for organizing medical care in an emergency and urgent form for acute diseases and life-threatening conditions, as well as for preventing significant harm to health at the scene of an incident and (or) on the way to a medical organization;

5) high-tech medical care (hereinafter - HTMC) - a service provided by specialized specialists for diseases that require the use of innovative, resource-intensive and (or) unique methods of diagnosis and treatment;

6) clinical-cost groups – clinically homogeneous groups of diseases, similar in terms of the costs of their treatment (hereinafter - CCG);

7) assets of the fund - deductions and contributions, penalties received for late payment of deductions and (or) contributions, investment income minus commission fees to support the

activities of the fund, as well as other incomes to the fund not prohibited by the legislation of the Republic of Kazakhstan;

8) medical and social assistance - medical and socio-psychological assistance provided to persons with socially significant diseases, the list of which is determined by the authorized body in accordance with subparagraph 158) of Article 1 of the Code;

9) medical rehabilitation – a set of medical services aimed at preserving, partial or complete restoration of impaired and (or) lost functions of the patient's body;

10) primary health care – the place of first access to medical care focused on the needs of the population, including prevention, diagnosis, treatment of diseases and conditions provided at the level of an individual, family and society, including:

diagnosis, treatment and management of the most common diseases;

preventive examinations of target population groups (children, adults);

early identification and monitoring of behavioral risk factors for diseases, and training in skills to reduce identified risk factors;

immunization;

formation and promotion of a healthy lifestyle;

reproductive health activities;

monitoring pregnant women and postpartum women;

sanitary-anti-epidemic and sanitary-preventive measures in outbreaks of infectious diseases;

11) guaranteed volume of free medical care (hereinafter - GVPMC) - the volume of medical care provided at the expense of budgetary funds;

12) compulsory social health insurance (hereinafter - CSHI) – a set of legal, economic, and organizational measures to provide medical care to consumers of medical services at the expense of assets of the social health insurance fund;

13) palliative medical care – a complex of medical services aimed at alleviating pain and severe manifestations of the disease (condition) of a terminally ill patient in the absence of indications for radical treatment;

14) comprehensive tariff for one patient of a mental health center - the cost of a complex of medical and social services for patients of mental health centers, within the framework of the GVPMC, per one patient registered in the subsystems “Register of mental patients” and “Register of narcological patients” of the information system “Electronic Register of dispensary patients”, approved by the authorized body in accordance with paragraph 2 of Article 23 of the Code;

15) screening studies - a complex of medical examinations of the population who do not have clinical symptoms and complaints, in order to identify and prevent the development of various diseases at an early stage, as well as risk factors for their occurrence;

16) statistical information - aggregated data obtained in the process of processing primary statistical data and (or) administrative data;

17) specialized medical care in inpatient conditions - medical care provided by specialized specialists and providing for round-the-clock medical observation, treatment, care, as well as the provision of a bed with meals, including in cases of “one-day” therapy and surgery, providing for round-the-clock observation during the first day after the start of treatment at the secondary and tertiary levels of medical care;

18) specialized medical care in inpatient replacing conditions - a form of providing pre-hospital, specialized medical care, including the use of high-tech medical services that not requiring round-the-clock medical observation and treatment and providing for medical observation and treatment during the day with the provision of a bed;

19) dental care – a complex of medical services provided to patients with dental diseases, including diagnosis, treatment, prevention and medical rehabilitation;

20) an aggregator of personal medical data - an operator of personal data, carrying out collection, processing, storage, protection and provision of personal medical data in accordance with the order of the Minister of Healthcare of the Republic of Kazakhstan dated April 14, 2021 № KR HCM-30 “On approval of the rules for collection, processing, storage, protection and provision of personal medical data by subjects of digital healthcare” (registered in the Register of state registration of regulatory legal acts under № 22550);

21) tariff - the cost of a unit of medical service or a complex of medical services, calculated taking into account correction factors, when providing medical care within the framework of the GVPMC and (or) in the system CSHI;

22) tarifficator - a list of tariffs for medical services approved by the authorized body in accordance with subparagraph 65) of Article 7 of the Code;

23) target contribution to the social health insurance fund (hereinafter - the target contribution) - gratuitous and non-refundable payments from the republican budget to the social health insurance fund:

to pay for the provision of services within the guaranteed volume of free medical care;

in the form of state contributions to compulsory social health insurance for citizens of the Republic of Kazakhstan exempt from paying contributions to the social health insurance fund, determined by the Law of the Republic of Kazakhstan “On Compulsory Social Health Insurance” (hereinafter - the Law on CSHI);

to pay for the services of healthcare entities to provide medical care in the system of compulsory social health insurance to military personnel, employees of special state and law enforcement agencies.

Section 2. Planning the volumes of medical services within the framework of the guaranteed volume of free medical care and (or) in the system of compulsory social health insurance Chapter 1 . General provisions

3. The participants in the planning process shall be:

1) an authorized body;

2) the fund, which is the working body for the formation of a plan for the purchase of medical services within the framework of the GVPMC and in the system of CSHI (hereinafter - the purchase plan);

3) branches of the fund;

4) local authorities of state healthcare administration;

5) aggregator of personal medical data.

4. The process of planning the volumes of medical services includes the following stages:

Local authorities of state healthcare administration no later than February 15 of the corresponding year shall:

1) form a forecast volume of medical services by types, forms of medical care, conditions for its provision, types of medical activities within the framework of the GVPMC and in the system of CSHI for the planned three-year period, taking into account the needs of the population, infrastructure and staffing;

2) submit to the fund's branch the forecasted need for volumes of medical services by types, forms of medical care, conditions for its provision, types of medical activities within the framework of the GVPMC and in the system of CSHI.

Branches of the fund, until February 25 of the year preceding the planned three-year period, shall provide:

1) review and agreement with the authorities of local state healthcare administration of the forecast volume of medical services by types, forms of medical care, conditions for its provision, types of medical activities within the framework of the GVPMC and in the system of CSHI for the planned three-year period;

2) formation and submission to the application fund of the forecasted need for volumes of medical services by types, forms of medical care, conditions for its provision, types of medical activities within the framework of the GVPMC and in the system of CSHI with a corresponding forecast of the volumes of funds within the framework of the GVPMC and the forecast volume of costs in the system of CSHI for the upcoming three-year period.

The Fund, until March 1 of the corresponding year, shall provide:

1) consideration and analysis of applications received from the branches of the fund for the forecasted need for volumes of medical services by types, forms of medical care, conditions for its provision, types of medical activities within the framework of the GVPMC and in the system of CSHI for validity, compliance with healthcare development priorities, target indicators, outcome indicators reflected in the documents of the System of state planning and proposals of the authorized body;

2) sending to the authorized body a calculation of the financial need for the upcoming three-year period to achieve the goals and target indicators of the draft budget program aimed at providing a targeted contribution.

The authorized body, until May 1 of the current financial year, shall bring the limits of funds allocated for the provision of a targeted contribution, and the proposals of the

Republican budget commission to calculate the financial need for the upcoming three-year period for achieving the goals and target indicators of the draft budget program aimed at providing a targeted contribution.

The Fund, until May 5 of the current financial year, shall provide:

1) finalization of the forecast need for volumes of medical services by types, forms of medical care, conditions for its provision, types of medical activities within the framework of the GVPMC;

2) submitting to the authorized body a calculation of the financial need for the upcoming three-year period to achieve the goals and target indicators of the draft budget program aimed at providing a targeted contribution, within the established limit of funds;

3) in case of non-compliance of the submitted financial need with the limits of funds provided by the authorized body for the provision of a target contribution, priorities for the development of healthcare, target indicators, indicators of the result reflected in the documents of the System of state planning and proposals of the authorized body, shall finalize and submit within seven working days from the date of their submission to the authorized body.

The authorized body, before September 5 of the current financial year, shall send to the Fund the limits of funds aimed at providing a targeted contribution for a three-year period in the context of areas of expenditure, attaching the conclusion of the Republican budget commission on draft budget programs.

In order to formulate a draft procurement plan for the upcoming period, by September 10 of the current financial year, the Fund shall communicate to the Fund's branches the limits of funds for medical care within the framework of the GVPMC and in the system of CSHI by regions.

Branches of the fund, before October 1 of the current financial year, shall send to the fund :

the forecasted need of the population for medical care within the framework of the GVPMC and in the system of CSHI, finalized and agreed with the healthcare departments, with a corresponding forecast of the volumes of funds within the framework of the GVPMC and in the system of CSHI for the coming period;

bed capacity approved by the healthcare departments in agreement with the branches of the fund in the region for the coming period in accordance with the forecasted need of the population for medical care within the framework of the GVPMC and in the system of CSHI.

The Fund, before November 1 of the corresponding year, shall form and submit to the authorized body a draft procurement plan for the upcoming financial year.

5. Information for planning the volume of medical services within the framework of the GVPMC and in the system CSHI shall be the lists of services within the framework of the GVPMC in the system of CSHI, data from statistical information and healthcare statistics, information systems, financial reports of healthcare entities, clinical information and

information, data generated on the basis of paragraph 2 of Article 26 of the Law of the Republic of Kazakhstan “On State Statistics” and Article 65-1 of the Budget Code of the Republic of Kazakhstan.

6. Planning of the volumes of medical services shall be carried out by the participants of the process by types, forms of medical care, conditions for its provision, types of medical activities.

Chapter 2. The procedure for planning the volumes of medical services within the framework of the GVPMC and (or) in the system of CSHI Paragraph 1. Assessment of the forecasted need of the population for medical care within the framework of the GVPMC and in the system of CSHI

7. Local authorities of state healthcare administration when assessing the forecasted need of the population for medical care within the framework of the GVPMC and in the system of CSHI, shall take into account:

- 1) number, density, morbidity, age and sex composition of the population, including the right to receive medical care in the compulsory medical insurance system;
- 2) data from national statistical observation and departmental statistical observation in the field of healthcare;
- 3) target indicators, outcome indicators and priorities for healthcare development, reflected in the documents of the state planning System;
- 4) international experience;
- 5) epidemiological situation, based on data from the digital healthcare subject, as well as the results of epidemiological studies, if available;
- 6) proposals from healthcare entities, as well as deployment, reduction, repurposing of hospital beds, including reorganization of the network and regional long-term plans for the development of healthcare infrastructure;
- 7) actual consumption of medical services in previous years;
- 8) reorganization of the network, including newly introduced healthcare facilities in accordance with the regional long-term plan for the development of healthcare infrastructure;
- 9) predicted consumption of drugs by tuberculosis patients, HIV-infected people and AIDS patients;
- 10) predicted consumption of medicinal low-protein foods and foods with low phenylalanine content by patients with phenylketonuria;
- 11) disaggregation of primary health care entities (hereinafter - PHC);
- 12) the number of school-age children from among the population attached to the medical organization (school medicine).

In the absence of data from national statistical observation and departmental statistical observation, data in available information systems for planning the volumes of medical services, the fund shall send requests to the relevant authorities, organizations, healthcare entities and (or) use data for the previous period.

Paragraph 2. Determination of the volumes of funds within the framework of the GVPMC and (or) the fund assets in the system of CSHI

8. When determining the volumes of funds within the framework of the GVPMC and the fund assets in the system of CSHI, the following shall be taken into account:

1) tariffs approved in accordance with subparagraph 65) of Article 7 of the Code (hereinafter - the tariff) depending on the types, forms of medical care, conditions for its provision, types of medical activities;

2) additional costs provided for in program and strategic documents, including the introduction of new healthcare facilities;

3) expenses for the introduction and development of new and innovative technologies in the volumes provided for by the development plan of the authorized body.

9. In the case of formation of new healthcare entities that specifically provide medical care to the residents of all regions, cities of republican significance, the capital, redistribution of volumes between this entity and regions, cities of republican significance, the capital shall be carried out based on the criteria for hospitalization in this entity, or the capacity of this healthcare entity, bed capacity of the entity, physical volume of cases subject to redistribution (direction) to this entity from regions, cities of republican significance, the capital.

In the absence of epidemiological analysis data, the required volume shall be formed (redistributed) in proportion to the population of a given region, cities of republican significance, the capital, or the physical volume of medical care of a given entity.

10. The determination of the volumes of funds within the framework of the GVPMC and in the system of CSHI shall be carried out on the basis of:

the increased limit of the funds of the target contribution;

the forecast volume of assets of CSHI based on actuarial calculations, taking into account the financial stability of the CSHI system, within the expected and (or) projected amounts of receipts of fund assets intended to pay for the services of healthcare entities in the system of CSHI, minus the fund reserve to cover unforeseen expenses and established norms and limits ensuring the financial stability of the fund.

As part of the planned funds for the coming financial year, the fund shall form a draft procurement plan.

The procurement plan is a structured document containing information about the volumes of services and the amount of funds for their provision within the framework of the GVPMC and in the system of CSHI.

11. If the forecast volumes of medical services within the framework of the GVPMC and in the system of CSHI exceed the planned volume of funds for the corresponding financial year, the determination of costs by types of medical care and types of medical activity shall be carried out by the fund taking into account:

1) priority areas for healthcare development;

- 2) assessing the population's need for medical care;
- 3) target indicators of the fund, indicators of the results of the targeted contribution, determined in the development plan of the authorized body;
- 4) proposals of the authorized body and local authorities of state health administration.

Paragraph 3. Formation of a plan for the purchase of medical services within the framework of the GVPMC and in the system of CSHI

12. The formation of a plan for the purchase of medical services shall be carried out by the fund in agreement with the authorized body on the basis of the planned volumes of medical care within the limits of the volume of budget expenditures to pay for medical care within the framework of the GVPMC and the projected volume of costs for medical care in the system of CSHI.

13. The procurement plan contains the following aggregated information by regions, cities of republican significance, and the capital:

- 1) types, forms of medical care, conditions for its provision, types of medical activities provided for by the lists of medical care within the framework of the GVPMC and in the system of CSHI;

- 2) planned number of services;

- 3) the planned amount of funds intended to pay for medical care and medical activities within the framework of the GVPMC and in the system of CSHI;

- 4) the volume of undistributed funds.

14. The authorized body shall review the draft procurement plan within ten working days from the date of its receipt and notify the fund of the results of its consideration.

15. If there are any comments, the fund, within five working days, shall finalize the draft procurement plan and re-send it for approval to the authorized body.

16. The plan for the purchase of medical services for the coming financial year shall be approved by the fund annually within three working days after agreement with the authorized body.

17. During the financial year, the procurement plan shall be adjusted taking into account factors affecting the consumption of medical care.

18. The Fund shall make changes to the procurement plan taking into account the results of monitoring and justification in the following cases:

- 1) distribution of the fund's reserve for unforeseen expenses;

- 2) distribution of temporarily free assets of the CSHI system, including investment income;

- 3) distribution of released funds, changes in the volumes of medical care based on the results of reconciliation of the fulfillment of the volumes of medical services and financial obligations, as well as monitoring the fulfillment of contractual obligations in terms of quality and volume;

4) changes in the volumes of funds in connection with changes in tariffs, population, number of patients and other data that are the basis for the placement of services;

5) allocation by the authorized body of an additional volume of targeted contribution funds not previously provided for in the procurement plan;

6) distribution (redistribution) of volumes of services and/or undistributed funds;

7) making changes to the structure of the procurement plan;

8) changes in the volume and list of services;

9) the emergence of newly introduced healthcare facilities.

19. Amendments to the procurement plan in the cases provided for in subparagraphs 1), 2) and 5) of paragraph 18 of these Rules shall be carried out in agreement with the authorized body.

20. The Fund shall make changes to the procurement plan in the cases provided for in subparagraphs 3), 6), 7), 8), 9) of paragraph 18 of these Rules, after ten working days from the date of sending the draft changes to the procurement plan for approval to the authorized body and in the absence of comments received within the prescribed period.

The Fund shall make changes to the procurement plan independently without notifying the authorized body when distributing (redistributing) the volume of funds to pay for medical care within the framework of the GVFCM and in the system of CSHI within the framework of one type of medical care, type of medical activity.

Chapter 3. Planning of the volumes of medical services by types, forms of medical care, conditions for its provision, types of medical activities Paragraph 1. Planning of emergency medical services

21. Planning of the volume of emergency medical services and medical care related to the transportation of qualified specialists and (or) a patient by ambulance (hereinafter - emergency medical care) shall be carried out based on the following data:

1) the average annual population in the republic and in the context of regions, cities of republican significance, the capital for the period of the previous year;

2) the number of population by sex and age groups in the context of regional centers and (or) other settlements;

3) per capita standard (hereinafter - CS), determined in accordance with subparagraph 64) of Article 7 of the Code.

22. The planned volume of emergency medical care shall be determined on the basis of population, taking into account sex and age groups and expected population growth in the context of regions, cities of republican significance, and the capital.

23. Planning of the volumes of emergency medical care when paying for CS shall be carried out at the level of regions, cities of republican significance, and the capital according to correction factors.

24. When planning the volumes of emergency medical care, calculations shall be made by multiplying the number of the attached population by the CS.

Paragraph 2. Planning of primary health care services

25. Planning of the volume of primary health care services shall be carried out based on the following data:

- 1) the average annual population in the republic and in the context of regions, cities of republican significance, and the capital;
- 2) the number of population by sex and age groups in the context of regional centers and (or) other settlements;
- 3) the number of patients with phenylketonuria over the previous three years.
- 4) complex per capita standard (hereinafter - CCS);
- 5) the incentive component of the per capita standard (hereinafter - ICCS);
- 6) per capita standard for emergency medical care of the fourth category of urgency of calls to the attached population (hereinafter - CS4);
- 7) volumes of consumption of medicinal low-protein foods and foods low in phenylalanine;
- 8) disaggregation of primary health care entities to ensure accessibility of medical care to the population;
- 9) screening studies for additional target groups of people from the rural population.

26. The planned volume of CCS funds shall be determined in accordance with the average number of the attached population and gender and age groups in the context of regions, cities of republican significance, and the capital.

27. At the preparatory stage, input data shall be collected and generated from information systems, data from national statistical observation and departmental statistical observation, on the basis of which an analysis of the actual situation for the last three years of provision of primary health care services shall be carried out:

- 1) the number of visits to primary health care specialists according to disease codes according to ICD-10 with acute diseases (conditions) or exacerbations of chronic diseases over the period of the previous year at the city and village level;
- 2) the number of persons who received preventive vaccinations by types, taking into account age and gender during the previous year at the city and village level;
- 3) the number of persons who have undergone preventive examinations and screenings by types, taking into account age and gender over the period of the previous year at the city and village level;
- 4) the number of persons who have undergone antenatal observation, taking into account age, over the period of the previous year at the city and village level;
- 5) the number of persons who have undergone postnatal observation, taking into account age and gender, over the period of the previous year at the city and village level;
- 6) the number of persons who have been provided with medical and social services, taking into account age and gender during the previous year at the city and village level;

7) the number of persons under dynamic observation with chronic non-communicable diseases (including DMP), taking into account age and gender for the period of the previous year at the city and village level;

8) the number of persons under dynamic observation with socially significant diseases, taking into account age and gender for the period of the previous year at the city and village level.

The planned volume of primary health care services shall be considered depending on the level of morbidity, changes in population size, and by age and sex groups.

The CCS includes a range of available medical services provided by primary health care specialists (local doctor, nurse, psychologist, social worker) and includes the following services:

- 1) preventive examinations of target population groups by primary health care specialists;
- 2) immunization;
- 3) appointments with primary care specialists;
- 4) laboratory diagnostic tests according to the list;
- 5) monitoring of pregnant women and postpartum women in the postpartum period by primary health care specialists;
- 6) patronage of children under one year of age;
- 7) medical and social assistance for socially significant diseases;
- 8) sanitary-anti-epidemic and sanitary-preventive measures in hotbeds of infectious diseases.

28. Planning of the volumes of funds for primary health care when paying for CCS, for CS4 shall be carried out at the level of regions, cities of republican significance, the capital according to correction factors.

29. Planning of the amount of funds for ICCS shall be carried out at the level of regions, cities of republican significance, the capital, taking into account the number of attached population in the regions, cities of republican significance, the capital at a certain tariff.

30. Planning of the amount of funds for the provision of medicinal low-protein products and products with a low phenylalanine content shall be carried out on the basis of calculating the needs by gender and age of patients with phenylketonuria.

31. When planning the amount of funds for primary health care, a calculation shall be made by multiplying the number of the attached population by the CCS, CS4 and ICCS, as well as summing up the costs of providing medicinal low-protein products and products with a low phenylalanine content, disaggregating PHC subjects to ensure accessibility to medical care and screening studies for the population for additional target groups of people from the rural population.

Paragraph 3. Planning the volumes of specialized medical care in outpatient conditions and screening studies

32. Planning of specialized medical care in outpatient conditions shall be carried out in the following areas:

1) dynamic observation according to the list of chronic diseases subject to dynamic observation in primary health care organizations within the framework of the GVPMC (hereinafter - dynamic observation at the PHC level);

2) dynamic observation according to the list of socially significant diseases that are subject to dynamic observation by specialized specialists in the form of consultative and diagnostic assistance (hereinafter - CDA) within the framework of the GVPMC (hereinafter - dynamic observation of socially significant diseases);

3) dynamic observation according to the list of chronic diseases that are subject to supervision by specialized specialists, within the framework of the GVPMC and in the system of CSHI (hereinafter - dynamic observation by specialized specialists);

4) as part of an appointment with a patient for an acute or exacerbation of a chronic disease;

5) in trauma centers;

6) mobile medical complexes (hereinafter - MMC) and medical trains (hereinafter - MT);

7) routine dental care for children and pregnant women (except for orthodontic care);

8) for monitoring pregnant women, taking into account medical genetic screening services

;

9) to protect the health of students (school medicine);

10) for dermatovenerological care;

11) for the services of youth health centers;

12) for republican organizations;

13) for services to pensioners and family members of military personnel, law enforcement officers, and specialized state agencies;

14) for certain types of diagnostic studies (computed tomography, magnetic resonance imaging) for patients with suspected cancer;

15) for preventive medical examinations/screening studies.

33. Planning of dynamic observation services at the PHC level shall be carried out based on the following data:

1) the number of persons under dynamic observation at the outpatient level, taking into account age and gender over a period of three years;

2) the annual increase in the number of persons undergoing dynamic observation at the outpatient level, in the republic and in regions, cities of republican significance, and the capital over the period of the previous three years;

3) the average population in the republic for the period of the three previous years;

4) a list of chronic diseases subject to dynamic observation at the outpatient level, determined in accordance with paragraph 2) of Article 88 of the Code;

5) the established mandatory minimum of diagnostic studies;

6) frequency of diagnostic studies;

7) the number of registered patients undergoing dynamic observation at the outpatient level for the reporting period, broken down by age categories for this list of nosologies;

8) the number of services per year per patient for a specific disease and (or) group of diseases by summing up services according to the standard;

9) the total number of services for a specific disease and (or) group of diseases by multiplying the number of services per year per patient by the number of patients undergoing dynamic observation at the outpatient level for this disease and (or) group of diseases;

10) the total volume of services in the context of each region, cities of republican significance, the capital by the number of patients undergoing dynamic observation at the outpatient level in a given region, cities of republican significance, the capital;

11) the total volume of services in the republic shall be determined by summing the volumes of services in each region, cities of republican significance, and the capital.

Planning the amount of funds for dynamic observation at the PHC level shall be carried out in stages:

1) at the level of regions, cities of republican significance, the capital for a given nosology and in a given age and sex group;

2) at the level of regions, cities of republican significance, the capital for a given nosology and for all age and sex groups;

3) at the level of regions, cities of republican significance, the capital for all nosologies and for all age and sex groups;

4) at the republican level for all nosologies and for all age and sex groups.

When planning the amount of funds for dynamic observation services at the PHC level, the following calculations shall be made:

1) of the amount of expenses per patient undergoing dynamic observation at the primary health care level for a given disease per year by summing up the cost of services included in the examination standard;

2) of the total amount of expenses for a specific disease and (or) group of diseases by multiplying the amount of expenses per one patient undergoing dynamic observation at the primary health care level by the number of patients undergoing dynamic observation at the outpatient level for this disease and (or) group of diseases.

34. Planning of the volumes of the CDA for dynamic observation of socially significant diseases shall be carried out on the basis of the following data:

1) the number of persons under dynamic observation for socially significant diseases, taking into account age and gender for the period of the previous year;

2) the annual increase in the number of persons undergoing dynamic observation for socially significant diseases in the republic and in regions, cities of republican significance, and the capital over the period of the previous three years;

3) the average population in the republic for the period of the three previous years;

- 4) a list of socially significant diseases subject to dynamic monitoring;
- 5) the established mandatory minimum of diagnostic studies;
- 6) frequency of conducting these studies;

7) the number of registered patients undergoing dynamic observation for socially significant diseases for the reporting period, broken down by age categories according to this list of nosologies;

8) the number of services per year per patient for a specific service per year per patient for a specific disease and (or) group of diseases by summing up services according to the standard;

9) the total number of services for a specific disease and (or) group of diseases by multiplying the number of services per year per patient by the number of patients undergoing dynamic observation for this socially significant disease;

10) the total volume of services in the context of each region, cities of republican significance, the capital by the number of patients undergoing dynamic observation for socially significant diseases in this region, cities of republican significance, the capital;

11) the total volume of services in the republic shall be determined by summing the volumes of each region, cities of republican significance, and the capital.

Planning of the volume of dynamic observation services for socially significant diseases shall be carried out in stages:

1) at the level of the region, cities of republican significance, the capital for a given nosology and for all age and sex structures;

2) at the level of the region, cities of republican significance, the capital for all nosologies and for all age and sex groups;

3) at the republican level for all nosologies and for all age and sex groups.

When planning the amount of funds for dynamic observation services for socially significant diseases, the following calculations shall be made:

1) of the amount of expenses per patient undergoing dynamic observation for this socially significant disease per year, by summing up the cost of services included in the examination standard;

2) of the total amount of expenses for a specific disease and (or) group of diseases by multiplying the amount of expenses per one patient undergoing dynamic observation for socially significant diseases by the number of patients undergoing dynamic observation for this socially significant disease and (or) group of diseases at the level of the region, cities of republican significance, the capital for a given nosology and in a given age and sex group.

Planning of services for dynamic monitoring of socially significant diseases shall be carried out in accordance with changes in the prevalence and number of sex and age groups, in the context of nosologies and sex and age groups, on the basis of which an analysis of the actual situation over the past three years shall be carried out.

35. Planning of the volumes of CDA services by specialized specialists shall be carried out on the basis of the following data:

- 1) the number of persons under dynamic supervision by specialized specialists, taking into account age and gender over a period of three years;
- 2) the annual increase in the number of persons under dynamic observation by specialized specialists in the republic and in regions, cities of republican significance, and the capital over the period of the previous three years;
- 3) demographic forecast of the population in the republic and (or) regions, cities of republican significance, the capital for the period of the next three years;
- 4) the average population in the republic for the period of the previous three years;
- 5) a list of diseases subject to dynamic monitoring by specialized specialists;
- 6) the established mandatory minimum of diagnostic studies;
- 7) frequency of conducting these studies;
- 8) the number of registered patients undergoing dynamic observation by specialized specialists for the reporting period, broken down by age categories for this list of nosologies.

Planning the volume of dynamic observation services by specialized specialists shall be carried out in stages:

- 1) at the level of regions, cities of republican significance, the capital for a given nosology and in a given age and sex group;
- 2) at the level of regions, cities of republican significance, the capital for a given nosology and for all age and sex groups;
- 3) at the level of regions, cities of republican significance, the capital for all nosologies and for all age and sex groups;
- 4) at the republican level for all nosologies and for all age and sex groups.

When planning the amount of funds for dynamic observation services, the specialized specialists shall calculate:

- 1) the number of services per year per patient for a specific disease and (or) group of diseases by summing up the services determined in accordance with paragraph 3 of Article 88 of the Code;
- 2) the total number of services for a specific disease and (or) group of diseases by multiplying the number of services per year per patient by the number of patients under dynamic observation by specialized specialists for this disease and (or) group of diseases;
- 3) the total volume of services in the context of each region, city of republican significance, capital by the number of patients undergoing dynamic observation by specialized specialists in this field, city of republican significance, capital;
- 4) the total volume of services in the republic, summing up the volumes of services in each region, cities of republican significance, and the capital;
- 5) the amount of expenses per patient undergoing dynamic observation by specialized specialists for a given disease per year, by summing up the cost of services included in the list

of chronic diseases subject to dynamic observation, determined in accordance with paragraph 2 of Article 88 of the Code;

6) the total amount of expenses for a specific disease and (or) group of diseases by multiplying the amount of expenses per patient under dynamic observation by specialized specialists by the number of patients under dynamic observation by specialized specialists for a given disease and (or) group of diseases.

Planning of the volume of CDA services at the outpatient level for dynamic observation by specialized specialists shall be carried out in accordance with changes in the prevalence and number of sex and age groups, in the context of nosologies and sex and age groups, on the basis of which an analysis of the actual situation over the past three years shall be carried out.

36. Planning of the volumes of services for an acute or exacerbation of a chronic disease shall be carried out based on the following data:

1) the number of registered diseases in the reporting year in the republic, regions, cities of republican significance and the capital over a period of three years;

2) the annual increase in the number of people applying for acute or exacerbation of a chronic disease in the republic, regions, cities of republican significance and the capital over the period of the previous three years;

3) the average annual population in the republic, regions, cities of republican significance and the capital for the period of the previous three years;

4) the average population in the republic for the period of the three previous years.

Planning of the volume of services for an acute or exacerbation of a chronic disease shall be carried out in stages:

1) at the level of regions, cities of republican significance and the capital for a given nosology and in a given age and sex group;

2) at the level of regions, cities of republican significance and the capital for a given nosology, for all age and sex groups;

3) at the republican level for all nosologies, for all age and sex groups.

When planning the amount of funds for services for an acute or exacerbation of a chronic disease, a calculation shall be made by multiplying the planned number of requests by the estimated average cost of services (based on the number of services of the previous year and tariffs).

Planning the volume of CDA services as part of a patient's appointment for an acute or exacerbation of a chronic disease shall be determined in accordance with changes in morbidity and the number of sex and age groups, on the basis of which an analysis of the actual situation over the past three years shall be carried out.

37. Planning of the volume of services in trauma centers shall be carried out based on the following data:

1) the average number of registered cases of visits to trauma centers in the republic, regions, cities of republican significance and the capital over the period of the previous three years;

2) the annual increase in the number of people who applied to trauma centers in the republic, regions, cities of republican significance and the capital over the period of the previous three years;

3) the average population in the republic for the period of the three previous years.

Planning the amount of funds for services in trauma centers shall be carried out in stages:

1) at the level of regions, cities of republican significance and the capital for a given type of service and a given age group;

2) at the level of regions, cities of republican significance and the capital for a certain type of service, for all age groups;

3) at the level of regions, cities of republican significance and the capital for all types of services, for all age groups;

4) at the republican level, for all types of services, for all age groups.

When planning the volume of services in trauma centers, a calculation shall be made by multiplying the planned number of services by the estimated average cost of services (based on the number of services of the previous year and tariffs).

38. Planning of the volume of MMC and MT services shall be carried out on the basis of the following data:

1) the average number of services provided by MMC, MT in the republic for the period of the previous three years;

2) the average population in the republic for the period of the previous three years at the village level;

3) the number of operating MMCs, MTs;

4) forecast coverage of the rural population and (or) living population at stations;

5) the period of operation of the MMC on the basis of special vehicles, taking into account the climatic characteristics of the regions, cities of republican significance, and the capital;

6) the period of operation of the MT, taking into account the approved schedule of medical trains.

Planning the amount of funds for MMC and MT services shall be carried out in stages:

1) determination of the forecast coverage of the population for MMC services and (or) the living population at stations for MT services at the level of regions and the capital;

2) calculation of the need for funds for MMC and MT services, taking into account the period of work and the schedule of medical trains at the republican level.

Planning of the volume of MMC and MT services shall be carried out in the context of each MMC, MT, taking into account consumption for one month, work schedule throughout the year.

When planning the volume of services of MMC, MT, a calculation shall be made by multiplying the planned number of services by the tariff.

39. Planning the volume of planned dental care services for children and pregnant women (with the exception of orthodontic care) shall be carried out based on the following data:

1) the average number of registered cases of visits by types to specialized dental clinics in the republic and by regions, cities of republican significance, and the capital for the period of the previous three years;

2) the average population in the republic for the period of the previous three years.

Planning the amount of funds for planned dental care services shall be carried out in stages:

1) at the level of regions, cities of republican significance and the capital;

2) at the republic level.

Planning of services of planned dental care shall be carried out according to the list approved in accordance with subparagraph 1) of paragraph 1 of Article 200 of the Code.

Planning of the volume of planned dental care services shall be carried out by multiplying the planned number of persons to be treated by the estimated average cost of services (based on the number of services of the previous year and tariffs).

Planning of the volume of emergency dental care services (acute pain) for socially vulnerable categories of the population shall be carried out taking into account the input data from information systems, statistical data on the basis of which an analysis of the actual situation over the past three years shall be carried out.

Planning the amount of funds for emergency dental care services shall be carried out in stages:

1) at the level of regions, cities of republican significance and the capital;

2) at the republic level.

When planning the volume of emergency dental care services, a calculation shall be made by multiplying the planned number of people to be treated by the estimated average cost of services (based on the number of services from the previous year and tariffs).

Planning of the volume of orthodontic care services shall be carried out based on the following data:

1) the average number of registered cases of visits by types to specialized dental clinics in the republic, regions and cities of republican significance, the capital for the period of the previous three years;

2) the average population in the republic for the period of the three previous years.

Planning of the volume of orthodontic care services shall be determined in accordance with changes in morbidity, corresponding pathologies, and the number of children's population.

Planning the amount of funds for orthodontic care services shall be carried out in stages:

1) at the level of regions, cities of republican significance and the capital;

2) at the republic level.

When planning the volume of orthodontic care services, a calculation shall be made by multiplying the planned number of persons to be treated by the estimated average cost of services (based on the number of services of the previous year and tariffs).

40. Planning of the volume of services for monitoring pregnant women, taking into account medical genetic screening services, shall be carried out in accordance with changes in the number of pregnant women.

Planning of the volume of services for monitoring pregnant women shall be carried out based on the following data:

1) the number of pregnant women who received monitoring services based on age during the previous year;

2) the contingent of pregnant women in the republic, regions and cities of republican significance, the capital for the period of the previous year;

3) the average population in the republic for the period of the previous three years.

Planning the amount of funds for monitoring services for pregnant women shall be carried out in stages:

1) at the level of regions, cities of republican significance and the capital;

2) at the republic level.

When planning the volume of services for monitoring pregnant women, a calculation shall be made by multiplying the planned number of persons to be monitored by the estimated average cost of services (based on the number of services of the previous year and tariffs).

41. Planning of the volume of health services for students (school medicine) shall be carried out in accordance with changes in the number of students according to data from local executive bodies.

Planning of the volume of school medicine services shall be carried out based on the following data:

1) the number of services provided within the framework of school medicine, taking into account age and gender for the period of the previous year;

2) the average number of schoolchildren in the republic for the period of the previous three years.

Planning the amount of funds for school medicine services shall be carried out in stages:

1) at the level of regions, cities of republican significance, and the capital;

2) at the republic level.

When planning the volume of school medicine services, a calculation shall be made by multiplying the planned number of students by the tariff.

42. Planning of the volume of dermatovenerological care services at the outpatient level shall be determined in accordance with the primary morbidity and prevalence of diseases.

Planning of the volume of dermatovenerological care services shall be carried out on the basis of the following data:

1) the average number of registered cases of disease in the republic for the period of previous three years;

2) the annual increase in the number of patients registered in the republic, regions and cities of republican significance, the capital over the period of the previous three years;

3) the average number of patients newly identified in the republic, regions, and cities of republican significance, the capital for the period of previous three years;

4) the average population in the republic for the period of previous three years at the city and village level.

Planning the amount of funds for dermatovenerological care services at the outpatient level shall be carried out in stages:

1) at the level of regions, cities of republican significance, and the capital;

2) at the republic level.

When planning the volume of dermatovenerological care services, a calculation shall be made by multiplying the planned number of calls by the estimated average cost of services per case.

43. Planning of the volume of services of youth health centers at the outpatient level shall be determined on the basis of the average population in the republic for the period of the previous three years at the city and village level.

Planning the amount of funds for youth health centers shall be carried out in stages:

1) at the level of regions, cities of republican significance, and the capital;

2) at the republic level.

When planning the volume of services of youth health centers, a calculation shall be made by multiplying the planned number of the corresponding category of population by the actual average cost of the corresponding services per applicant.

44. Planning of the volume of CDA services at outpatient level for republican organizations shall be carried out separately by population categories and types of services received based on the following data:

1) the number of visits by disease codes according to ICD-10 to republican organizations by population categories and types of services received for the previous year;

2) the average number of registered cases of disease in the republic for the period of the previous three years;

3) the average population in the republic for the period of the previous three years.

45. Planning of a Service for pensioners and family members of military personnel, law enforcement officers, and specialized state agencies shall be calculated based on requests from departmental organizations such as the National Security Committee of the Republic of Kazakhstan, the Ministry of Defense of the Republic of Kazakhstan, the Ministry of Internal Affairs of the Republic of Kazakhstan and the State Security Service of the Republic of Kazakhstan.

46. Planning of services for certain types of diagnostic studies (computed tomography, magnetic resonance imaging) for patients with suspected cancer upon referral from a specialist shall be carried out on the basis of the following data:

- 1) the number of machines for computed tomography (hereinafter - CT), magnetic resonance imaging (hereinafter - MRI);
- 2) average duration of the study;
- 3) number of studies per day;
- 4) number of studies in outpatient conditions.

Planning the amount of funds for expensive types of diagnostic tests for patients with suspected cancer upon referral of a specialist (CT, MRI) shall be carried out in stages:

- 1) at the level of regions, cities of republican significance, and the capital;
- 2) at the republic level.

When planning the amount of funds for certain types of diagnostic tests for patients with suspected cancer upon referral of a specialist (CT, MRI), a calculation shall be made by multiplying the planned number of services per year at maximum load by the estimated average cost of tariffs for CT, MRI.

47. Planning of services for preventive medical examinations/screening studies shall be carried out for services provided in outpatient conditions.

48. Planning of the volume of services for preventive medical examinations/screening studies shall be carried out based on the data:

- 1) the number of persons subject to preventive medical examinations/screening studies, taking into account age and gender for the period of the previous year;
- 2) the number of target population groups subject to preventive medical examinations/screening studies within the time frame and frequency established in accordance with paragraph 11 of Article 86 and paragraph 2 of Article 87 of the Code;
- 3) the average population in the republic, regions, and cities of republican significance, the capital for the period of the previous three years at the city and village level.

49. Planning the amount of funds for preventive medical examinations/screening studies shall be carried out in stages:

- 1) at the level of regions, cities of republican significance, the capital for each type of preventive medical examinations/screening studies and target group;
- 2) at the level of regions, cities of republican significance, the capital for all types of preventive medical examinations/screening studies and for all target groups;
- 3) at the republican level for all types of preventive medical examinations/screening studies and for all target groups.

50. When planning the amount of funds for preventive medical examinations/screening studies, calculations shall be made by multiplying the number of services by tariffs.

Paragraph 4. Planning of services for program dialysis

51. When planning services for program dialysis, the requirements of the standard for the provision of nephrological care to the population of Kazakhstan, approved by the authorized body in accordance with paragraph 32) of Article 7 of the Code, shall be taken into account.

52. If the volume of total demand for program dialysis services according to international indicators does not correspond to the volume of projected financial resources, the method of planning program hemodialysis services shall be used, taking into account the annual increase in patients.

53. Planning of volumes of program dialysis services shall be carried out based on the following data:

1) the average number of sessions of program dialysis in the republic for the period of the three previous years;

2) the average number of registered cases of diseases subject to program dialysis in the republic for the period of the previous three years;

3) an increase in the number of patients receiving program dialysis for the period of the previous three years;

4) population size in the republic for the period of the previous three years.

54. Planning of the volume of program dialysis services shall be carried out separately from planning specialized medical care in inpatient replacing conditions, taking into account the annual increase in patients.

55. To fully determine the need for program dialysis services, planning shall be carried out in stages:

1) at the first stage, planning shall be carried out taking into account the number of patients receiving program dialysis services;

2) at the second stage, planning shall be carried out taking into account the number of program dialysis services.

56. In the case of full coverage of the population's needs for program dialysis services, planning shall be carried out in accordance with changes in the total population in terms of the number of patients for the period of the three previous years.

57. Planning the amount of funds in the event that the population's needs for program dialysis services are fully covered and within the limits of the increase in the number of patients receiving program dialysis shall be carried out in stages:

1) at the level of regions, cities of republican significance, and the capital;

2) at the republic level.

58. When planning the amount of funds for program dialysis, a calculation shall be made by multiplying the cost of hemodialysis services according to the tarifficator determined in accordance with subparagraph 65) of Article 7 of the Code by the forecast number of sessions

Paragraph 5. Planning of specialized medical care in inpatient replacing conditions

59. Planning of the volumes of specialized medical care in inpatient replacing conditions shall be carried out separately at the republican, city and rural levels based on the following data:

- 1) actual indicators of the number of hospitalizations for the period of the previous year;
- 2) the average number of hospitalizations for the period of the previous three years;
- 3) morbidity rates for the period of the previous three years;
- 4) predicted morbidity for the planned period;
- 5) demographic indicators for the period of the three previous years, the projected size of population for the planned period.

60. The planned volume of specialized medical care services in inpatient-replacing conditions at the urban and rural levels shall be determined depending on the level of hospitalizations, projected morbidity, changes in population, and by age and sex groups.

61. Planning the amount of funds for specialized medical care services in inpatient replacing conditions shall be carried out in stages:

- 1) at the level of regions, cities of republican significance, and the capital for a given age and sex group;
- 2) at the level of regions, cities of republican significance, and the capital for this ICD-10 class, for all age and sex groups;
- 3) at the level of regions, cities of republican significance, and the capital for all classes of ICD-10, for all age and sex groups;
- 4) at the republican level, for all classes of ICD-10, for all age and sex groups.

62. The planned number of hospitalizations can be adjusted depending on the limit of the planned amount of funds at the republic, city, and village levels. When adjusting, they shall be guided by the selection of groups according to ICD-10 and ICD-9 codes, taking into account priority areas of healthcare.

63. When planning the amount of funds for specialized medical care in inpatient replacing conditions, a calculation shall be made by multiplying the forecast volume of hospitalizations and the average cost of one treated case for the period of the previous year by ICD-10 class and age and gender group, taking into account changes in the base rate and methods of payment for one treated case when providing specialized medical care in inpatient replacing conditions.

Paragraph 6. Planning of specialized medical care in inpatient conditions

64. Planning of the volume of services in the provision of specialized medical care (hereinafter - SMC) in inpatient conditions shall be carried out separately at the republican, city, and rural levels based on the following data:

- 1) actual indicators of the number of hospitalizations for the period of the previous year;
- 2) the average number of hospitalizations over the period of the previous three years;
- 3) morbidity rates for the period of the previous three years;

- 4) predicted morbidity for the planned period;
- 5) projected population for the planned period.

65. The planned volume of emergency medical services in inpatient conditions at the republican, city and rural levels shall be determined depending on the level of hospitalization, morbidity rates of the population in terms of ICD-10 classes and population size.

66. When planning the amount of funds for emergency medical care in inpatient conditions, a calculation shall be made by multiplying the forecast volume of hospitalization cases and the average cost of one treated case for the period of the previous year by ICD-10 class and gender and age group, taking into account changes in the base rate and methods of payment for one treated case when providing specialized medical care in inpatient conditions.

67. The planned number of hospitalization cases can be adjusted taking into account the limit of the planned volume of funds at the republic, city and village levels. When adjusting, they shall be guided by the selection of groups according to disease codes according to ICD-10 and operation codes according to ICD-9, taking into account priority values.

68. To eliminate the risk of a shortage or excess of the planned volumes of detailed inpatient SMC services according to disease codes according to ICD-10 and operation codes according to ICD-9, a gradual equalization approach shall be used between regions and cities of republican significance, the capital.

69. Planning of the volume of services of reception departments of specialized medical care in inpatient conditions shall be carried out separately at the city and village levels based on the following data:

- 1) actual indicators of the number of cases in reception departments for the period of the previous year;
- 2) the average number of cases in reception departments for the period of the three previous years;
- 3) actual morbidity indicators for the period of the previous three years, predicted morbidity for the planned period;
- 4) demographic indicators for the period of the three previous years, the projected population for the planned period.

70. The planned volume of reception departments in inpatient conditions at the urban and rural levels shall be determined in accordance with the medical services provided at the level of reception departments, forecast morbidity, changes in population, by ICD-10 classes and age and sex groups.

71. Planning the amount of funds for reception departments in inpatient conditions shall be carried out by multiplying the forecast volume of cases and the average cost of one case for the period of the previous year by ICD-10 class and age-sex group, taking into account changes in the base rate and payment methods.

72. The planned number of cases of visits to the reception rooms of hospitalization hospitals can be adjusted depending on the limit of the planned volume of funds at the city and village level.

Paragraph 7. Planning of high-tech medical care

73. Planning of the volume of high-tech medical care (hereinafter - HTMC) shall be carried out by types of technology provided at all levels based on the following data:

- 1) actual indicators of the number of people who received HTMC services in the republic for the period of the previous year;
- 2) the average population in the republic for the period of the previous year;
- 3) the number of types of HTMC services provided according to the ICD operation code – 9;
- 4) the number of people who received HTMC, including for emergency indications;
- 5) data from the analysis of international experience in the provision of HTMC services;
- 6) proposals from local authorities of state healthcare administration, research centers, scientific-research institutes on the forecast volumes of providing HTMC services for the planned period in the context of healthcare subjects and technologies;
- 7) tariffs for HTMC services.

74. Calculations to determine the volume of HTMC services shall be carried out in the context of technologies, across the republic, taking into account the impact of HTMC services on morbidity, mortality and quality of life.

75. A comparative analysis of the level of HTMC in the Republic of Kazakhstan shall be carried out per one million population in comparison with advanced international experience.

76. Planning the amount of funds within the recommended international level and within the capacity of suppliers for HTMC services shall be carried out at the republican level.

77. If it is possible to fully cover the population's needs for HTMC services, planning shall be carried out in accordance with changes in the total population at the republican level, for a specific HTMC service.

78. When planning the amount of HTMC funds, a calculation shall be made by multiplying the forecasted number of services by the average cost of services for the last year and (or) by the tariff.

Paragraph 8. Planning of services for palliative care

79. Planning of the volume of palliative care services shall be carried out separately for medical care in inpatient, inpatient replacing conditions and mobile teams.

80. Planning of the volume of palliative care services shall be carried out based on the following data:

1) actual indicators of the number of hospitalizations in the republic for the period of the previous year;

2) the average number of hospitalizations by disease codes according to ICD-10, subject to palliative care for the period of the previous three years;

3) the average number of hospitalizations of patients who received palliative care services in the republic for the period of the previous three years;

4) the average population in the republic for the period of the three previous years.

81. Planning of palliative care shall be carried out in accordance with changes in the total population in terms of the number of patients subject to palliative care for the period of the previous three years.

82. The planned volume of palliative care services in inpatient, inpatient replacing conditions shall be determined in accordance with changes in population, in terms of disease codes according to ICD - 10.

83. When planning the volume of palliative medical care services in the form of mobile teams, the tariff for palliative medical care, the region, the number of visits, and the projected number of people in need of palliative medical care shall be taken into account.

84. Planning the amount of funds for palliative care services when paying for a bed-day, as well as in the form of mobile teams, the following shall be calculated:

1) at the level of regions and cities of republican significance, the capital by multiplying the planned number of bed days, visits of mobile teams to the appropriate tariff;

2) at the republican level by summing up regional budgets for palliative care.

Paragraph 9. Planning of pathological diagnostic services

85. Planning of the volume of pathological diagnostic services shall be carried out taking into account the types and categories of complexity of the diagnostics performed and on the basis of the following data:

1) the actual number of deaths in hospitals during the previous year;

2) the average number of deaths in hospitals for the period of the three previous years;

3) the actual number of pathological autopsies for the period of the previous year;

4) the average number of pathological autopsies for the period of the previous three years;

5) the actual number of cytological studies of biopsy and surgical material for the period of the previous year;

6) the average number of cytological studies of biopsy and surgical material for the period of the previous three years;

7) the actual number of intravital pathological examinations of biopsy and surgical material for the period of the previous year;

8) the average number of lifetime pathological examinations of biopsy and surgical material for the period of the previous three years.

86. Planning of the full need for intravital pathological examinations and cytological examinations of biopsy and surgical material shall be carried out separately in accordance with changes in the total volume of surgical cases in a round-the-clock and (or) day hospital; manipulations to collect biological material in a 24-hour and (or) day hospital; outpatient procedures and manipulations in the context of current tariffs for relevant pathological services.

87. When planning pathoanatomical autopsies (autopsy), the classification of autopsies into mandatory (maternal, infant mortality, stillbirths) and upon written application of legal representatives shall be taken into account.

88. When planning the amount of funds for pathoanatomic diagnostics, the calculation shall be made by multiplying the forecasted number of pathoanatomical autopsies (autopsy) and lifetime pathoanatomical studies and cytological studies compiled on the basis of applications from regional pathoanatomical departments and (or) bureaus for tariffs.

Paragraph 10. Planning services for the procurement, processing, storage, and sale of blood and its components, for the production of blood products

89. Planning the volume of services for the procurement, processing, storage and sale of blood and its components, the production of blood products to provide patients hospitalized in 24-hour and day hospitals shall be carried out based on the following data:

1) actual indicators of the number of hospitalizations in the republic for the period of the previous year;

2) the average number of hospitalizations in the republic for the period of the previous three years;

3) the average number of hospitalizations of patients who received services for the procurement, processing, storage, and sale of blood and its components, production of blood products in the republic for the period of the previous three years;

4) the average number of registered cases of disease in the republic for the period of the three previous years;

5) demographic indicators of population movement throughout the republic for the period of the previous year;

6) the average population in the republic for the period of the three previous years.

90. Planning the amount of funds for services for the procurement, processing, storage, and sale of blood and its components, production of blood products shall be carried out in stages:

1) at the level of regions, cities of republican significance, and the capital according to a given profile (for emergency medical services) or operation code according to ICD-9 (for HTMC), at a certain tariff;

2) at the level of regions, cities of republican significance, and the capital for all profiles (for emergency medical services) or operation codes according to ICD-9 (for HTMC), at a certain tariff;

3) at the level of regions, cities of republican significance, and the capital for all profiles (for emergency medical services) or operation codes according to ICD-9 (for HTMC), for all tariffs;

4) at the republican level for all profiles (for emergency medical services) or operation codes according to ICD-9 (for HTMC), for all tariffs.

91. The planned volume of services for the procurement, processing, storage, and sale of blood and its components, the production of blood products in terms of groups of services: support for organ transplantation from related donors, support for organ transplantation from posthumous donors, support for hematopoietic stem cell transplantation, formation of a waiting list, forming a register of hematopoietic stem cell donors, conducting individual selection of platelets, typing of umbilical cord blood, and individual selection of erythrocyte-containing media shall be carried out in the context of the services of this group and centers. In this case, the volumes shall be determined based on the projected volumes of transplantations and resources.

92. When planning the amount of funds for the procurement, processing, storage and sale of blood and its components, the production of blood products, calculations shall be made by multiplying the cost of drugs and services according to the tarifficator by the forecasted number of blood products and services.

93. In the absence of the above data, planning the volume of services for the procurement, processing, storage and sale of blood and its components, the production of blood products shall be carried out on the basis of applications from regional and city blood centers, agreed upon with a healthcare organization operating in the field of blood services.

Paragraph 11. Planning of medical and social care for persons infected with HIV infection

94. Planning of the volume of medical and social care services for persons infected with HIV infection shall be carried out separately for persons under dynamic observation, persons who applied to friendly offices, and persons examined for HIV infection based on the following data:

1) the average number of registered cases of HIV infection for the period of the previous three years;

2) annual increase in the number of patients registered in the republic, regions, cities of republican significance and the capital for the period of the previous three years;

3) the average number of patients newly identified in the republic, regions, cities of republican significance and the capital for the period of the previous three years;

4) the average number of patients subject to examination for the disease in the republic, regions, cities of republican significance and the capital for the period of the previous three years;

5) the average size of population in the republic for the period of the previous three years at the city and village level.

95. When determining the forecast number of persons under dynamic supervision and planning the amount of funds, the following calculations shall be made:

1) of the average growth rate of patients over the past three years in the context of each region, city of republican significance and the capital for the planned period;

2) of the amount of expenses by multiplying the complex tariff by the forecast number of persons under dynamic supervision;

3) of the volume of services in the republic, summing up the volume of services in each region of cities of republican significance and the capital.

96. When determining the forecast number of people who applied to friendly offices and planning the volume of funds, the following calculations shall be made:

1) of the average growth rate over the last three years in the context of each region, cities of republican significance and the capital for the planned period;

2) of the amount of expenses by multiplying the tariff by the forecasted number of people who applied to friendly offices;

3) of the volume of services in the republic, summing up the volumes of services in each region and cities of republican significance.

97. When planning the volume of services for HIV testing and planning the amount of funds, the following calculations shall be made:

1) the average growth rate of the number of services over the past three years in the context of each region, city of republican significance and the capital for the planned period (data from tertiary level organizations);

2) the amount of expenses by multiplying the tariff by the forecasted number of services for testing the presence of HIV infection (data from tertiary level organizations);

3) the volume of services in the republic, summing up the volumes of services in each region and cities of republican significance, the capital.

98. When planning the volume of services of a republican organization and planning the amount of funds, the following calculations shall be made:

1) of the forecasted number of persons under dynamic supervision;

2) of the forecasted number of services per patient under dynamic observation;

3) of the amount of expenses shall be calculated by multiplying the cost of services according to the directory of medical services and the forecast number of services.

99. When planning the amount of funds for medicinal supply with antiretroviral drugs, the following calculations shall be made:

1) at the level of regions, cities of republican significance and the capital by multiplying the forecast volumes of medicinal supply with antiretroviral drugs (taking into account the form of release) with the cost of medicines determined in accordance with subparagraph 96) of Article 7 of the Code;

2) at the republican level by summing up regional budgets for the provision of antiretroviral drugs.

Paragraph 12. Planning of medical and social care for persons with tuberculosis

100. Planning of the volume of medical and social care services for persons with tuberculosis shall be carried out based on the following data:

1) actual indicators of the number of hospitalizations in the republic for the period of the previous year;

2) the average number of hospitalizations in the republic for the period of the previous three years;

3) the average number of patients registered under dynamic monitoring for tuberculosis in the republic for the period of the previous three years;

4) annual increase in the number of patients registered in the republic, regions, cities of republican significance, and the capital for the period of the previous three years;

5) the average number of newly diagnosed tuberculosis patients in the republic, regions, cities of republican significance, and the capital for the period of the previous three years;

6) the average number of patients examined with suspected disease in the republic, regions, cities of republican significance, and the capital for the period of the previous three years.

101. Planning of the volumes of medical and social care to persons with tuberculosis shall be carried out according to a comprehensive tariff per one patient with tuberculosis, with the exception of:

1) provision of anti-tuberculosis drugs;

2) republican organizations, which are paid for the provision of specialized medical care in inpatient and hospital-substituting conditions at a rate per bed per day (hereinafter - the healthcare subject providing medical and social assistance to persons with tuberculosis).

102. When planning the volume of medical and social care services for persons with tuberculosis, the following calculation shall be made:

1) of the average rate of change in the number of people with tuberculosis by determining the arithmetic mean number of registered patients at the beginning and end of the period for the previous three years in the context of regions, cities of republican significance, and the capital;

2) of the forecasted annual average number of people with tuberculosis by multiplying the number of registered patients with an average rate of change in the number of patients in the context of regions, cities of republican significance, and the capital.

103. When planning the amount of funds for medical and social care to persons with tuberculosis, the following calculations shall be made:

- 1) at the level of regions, cities of republican significance, the capital by multiplying the complex tariff by the annual average number of persons with tuberculosis;
- 2) at the republican level by summing up regional budgets for medical and social care of persons with tuberculosis.

104. When planning the volume of medicinal supply with anti-tuberculosis drugs, the following calculations shall be made:

- 1) of the total physical volume of consumption of anti-tuberculosis drugs for the period of the previous year in the context of regions and cities of republican significance, the capital, taking into account the form of release of medicines;
- 2) of the forecasted annual average number of people with tuberculosis.

105. When planning the amount of funds for medicinal supply with anti-tuberculosis drugs, the calculation shall be made:

- 1) at the level of regions, cities of republican significance, the capital by multiplying the forecast volumes of medicinal supply with anti-tuberculosis drugs (taking into account the form of release) with the cost of medicines determined in accordance with subparagraph 95) of Article 7 of the Code;

- 2) at the republican level by summing up regional budgets for the provision of anti-tuberculosis drugs.

Paragraph 13. Planning of medical care in the field of mental health for persons with mental and behavioral disorders (diseases)

106. Medical care in the field of mental health for persons with mental and behavioral disorders (diseases) shall be provided at the primary health care level, in outpatient, inpatient and inpatient replacing conditions (voluntary and compulsory).

107. Planning the volume of medical care services in the field of mental health for persons with mental and behavioral disorders (diseases) shall be carried out based on the following data:

- 1) actual indicators of the number of hospitalizations in the republic for the period of the previous year;
- 2) the average number of hospitalizations in the republic for the period of the previous three years;
- 3) the average number of patients registered for dynamic observation of persons with mental and behavioral disorders (diseases) in the republic for the period of the previous three years;
- 4) the annual increase in the number of patients registered in the republic, regions, cities of republican significance, and the capital for the period of the three previous years;

5) the average number of patients newly identified in the republic, regions, cities of republican significance, and the capital for the period of the three previous years;

6) the average number of patients examined with suspected disease in the republic, regions, cities of republican significance, and the capital for the period of the previous three years.

108. Planning the amount of funds of medical care in the field of mental health for persons with mental and behavioral disorders (diseases) shall be carried out at a comprehensive tariff per patient at a mental health center, with the exception of republican healthcare organizations providing specialized medical care in inpatient and inpatient replacing conditions, payment for which shall be made per treated case at the estimated average cost and per bed-day.

109. To determine the volume of medical care services in the field of mental health for persons with mental and behavioral disorders (diseases), the following calculations shall be made:

1) of the average rate of change in the number of people with mental and behavioral disorders (diseases), by determining the arithmetic average number of registered patients at the beginning and end of the period for the previous three years in the context of regions, cities of republican significance, and the capital;

2) of the forecasted annual average number of people with mental and behavioral disorders (diseases) by multiplying the number of registered patients with the average rate of change in the number of patients in mental health centers in the context of regions, cities of republican significance, and the capital.

110. When planning the amount of funds of medical care in the field of mental health for persons with mental and behavioral disorders (diseases), the following calculations shall be made:

1) at the level of regions, cities of republican significance, the capital by multiplying the complex tariff by the forecast annual average number of patients with mental and behavioral disorders;

2) at the republican level by summing up regional budgets for medical and social assistance to persons suffering from mental disorders (diseases).

Paragraph 14. Planning of medical care for persons with infectious and parasitic diseases in inpatient conditions

111. Planning of the volume of medical care services for persons with infectious and parasitic diseases shall be carried out based on the following data:

1) actual indicators of the number of hospitalizations in the republic for the period of the previous year;

2) the average number of hospitalizations in the republic for the period of the previous three years;

3) the average number of registered cases of infectious diseases in the republic for the period of the previous three years;

4) the average population size in the republic for the period of the three previous years.

112. The planned volume of services in inpatient conditions for persons with infectious and parasitic diseases shall be determined in accordance with the forecast morbidity in the context of infectious nosologies.

113. Planning the amount of funds for services in inpatient conditions for persons with infectious and parasitic diseases shall be carried out in stages:

1) at the level of regions, cities of republican significance, the capital according to disease codes according to ICD-10;

2) at the republican level for all nosologies according to ICD-10 codes.

114. In order to increase the accuracy of planning for infectious diseases in cases of an upcoming change in the epidemiological situation according to the list of ICD-10 codes for infectious diseases (an infection that exceeds the morbidity level usually recorded in a given territory and can become a source of emergency) in the direction of increasing the epidemic threshold, an analysis of the results of the past epidemiological season for this infection shall be carried out.

115. Information on morbidity and (or) the rate of predicted increase in morbidity (for the total population and each age group) shall be provided by the authorized body in charge of the sanitary and epidemiological welfare of the population, indicating the increase in infectious morbidity according to the list of ICD-10 codes.

116. If there are factors indicating the onset of an epidemic, the planned number of cases of a given infection increases for growth in the incidence of this infection.

Paragraph 15. Planning of oncological care for the population of the Republic of Kazakhstan

117. Planning of the volume of oncological care services to the population of the Republic of Kazakhstan shall be carried out based on the following data:

1) actual indicators of the number of hospitalizations in the republic for the period of the previous year;

2) the number of registered patients in the republic for the period of the previous three years, with the exception of patients with malignant neoplasms of lymphoid and hematopoietic tissue and children under the age of 14 years.

3) the average number of registered cases of cancer in the republic for the period of the previous three years;

4) annual increase in the number of patients registered for dynamic observation of cancer patients in the republic, regions, and cities of republican significance, the capital for the period of the previous three years, with the exception of patients with malignant neoplasms of lymphoid and hematopoietic tissue and children under the age of 14 years;

5) taking into account the costs of recharging radiation equipment and servicing ionizing radiation as part of the implementation of measures provided for by Decree of the Government of the Republic of Kazakhstan dated October 5, 2023 № 874 “On approval of the Comprehensive Plan for Combating Cancer in the Republic of Kazakhstan for 2023 - 2027”.

118. When determining the volume of cancer care services to the population of the Republic of Kazakhstan, the following calculations shall be made:

1) of the average rate of change in the number of cancer patients by determining the average number of registered patients at the beginning and end of the period for the previous three years in the context of regions, cities of republican significance, and the capital;

2) of the forecast annual average number of cancer patients by multiplying the number of cancer patients registered in the electronic register of cancer patients for the period of the previous year by the average rate of change in the number of cancer patients in the context of regions and cities of republican significance, the capital;

3) of hospitalization rate by nosology by analyzing the ratio of diseases and the actual number of hospitalizations for each nosology for the period of the previous year;

4) of the forecast number of hospitalizations by multiplying the annual average number of cancer patients by the hospitalization rate for the period of the previous year;

5) of the forecasted number of services per year per patient according to ICD-10 shall be determined by multiplying the minimum volume of services by the frequency of examination, in accordance with the standard for providing oncological care to the population of the Republic of Kazakhstan.

119. When determining the amount of funds for oncological care for the population of the Republic of Kazakhstan, the following calculations shall be made:

1) at the level of regions, cities of republican significance, and the capital:

for the provision of specialized medical care on an outpatient basis for patients of the II clinical group by multiplying the forecasted number of services by tariffs;

for the provision of specialized medical care in inpatient and inpatient replacing conditions by multiplying the average cost of one treated case according to the ICD-10 class by the planned number of hospitalizations in the context of ICD-10 classes;

2) at the republican level by summing the budgets of regions and cities of republican significance, the capital.

120. The calculation of the volume of oncological care for republican organizations shall be carried out similarly to the calculations used at the level of regions and cities of republican significance, the capital for the provision of specialized medical care in outpatient conditions, as well as for the provision of specialized medical care in inpatient and inpatient replacing conditions.

Paragraph 16. Planning of medical care for hematological oncology patients

121. Planning of the volume of medical care services for oncohematological patients shall be carried out based on the following data:

- 1) actual indicators of the number of hospitalizations in the republic for the period of the previous year;
- 2) the average number of hospitalizations in the republic for the period of the previous three years;
- 3) the average number of registered oncohematological patients in the republic for the period of the previous three years;
- 4) the average population in the republic for the period of the three previous years.

122. The planned volume of inpatient care services for oncohematological patients shall be determined in accordance with the forecasted morbidity in the context of ICD-10 codes.

123. Planning the amount of funds for inpatient care for oncohematological patients shall be carried out in stages:

- 1) at the level of regions, cities of republican significance, the capital for all codes of oncohematological diseases according to ICD-10;
- 2) at the republican level for all codes of oncohematological diseases according to ICD-10

Paragraph 17. Planning of medical rehabilitation services

124. Planning of the volume of medical rehabilitation services shall be carried out separately for persons receiving the second and third stages of medical rehabilitation, depending on the nosology, based on the following data:

- 1) actual indicators of the number of hospitalizations according to disease codes according to ICD-10, which form the need for medical rehabilitation of the second and third stages, in the republic for the period of the previous year;
- 2) the average number of hospitalizations of patients who received medical rehabilitation services in inpatient and inpatient replacing conditions, in the republic for the period of the previous year;
- 3) the average number of hospitalizations of patients who received medical rehabilitation services in outpatient conditions in the republic for the period of the three previous years;
- 4) the actual number of children with chronic diseases according to disease codes according to ICD-10, subject to medical rehabilitation, for the period of the previous year;
- 5) the average population size in the republic for the period of the three previous years.

125. When planning the volumes of medical rehabilitation services of the second stage in inpatient and inpatient replacing conditions, the following calculations shall be made:

- 1) of the number of hospitalizations according to disease codes according to ICD-10, provided for medical rehabilitation of the second stage, taking into account changes in the population in the context of each region, cities of republican significance, the capital for the planned period;

2) of the volumes of medical rehabilitation services of the second stage by determining the proportion of patients according to disease codes according to ICD-10, provided for medical rehabilitation of the second stage, in the context of each region, cities of republican significance, and the capital;

3) of the amount of expenses for medical rehabilitation of the second stage by multiplying the cost of services according to the CCG code by the forecast volume of medical rehabilitation of the second stage;

4) of the volume of services in the republic, summing up the volumes of services in each region, cities of republican significance, and the capital.

126. When planning the volumes of medical rehabilitation services of the third stage in inpatient and inpatient replacing conditions, the following calculations shall be made:

1) of the number of hospitalizations according to disease codes according to ICD-10, provided for medical rehabilitation of the third stage, taking into account changes in the population in the context of each region, cities of republican significance, and the capital for the planned period;

2) of the number of children with chronic diseases according to disease codes according to ICD-10, provided for medical rehabilitation, taking into account changes in the population in the context of each region, cities of republican significance, and the capital for the planned period;

3) of the volume of medical rehabilitation services of the third stage by calculating the frequency of consumption of medical rehabilitation services of the third stage, the forecast number of hospitalized patients, and the number of children with chronic diseases according to disease codes according to ICD-10, provided for medical rehabilitation of the third stage, in the context of each region, city republican significance, capital;

4) of the amount of expenses for medical rehabilitation of the third stage by multiplying the cost of services for one bed-day and the forecasted volume of bed-days of medical rehabilitation of the third stage;

5) of the volume of services in the republic, summing up the volumes of services in each region, cities of republican significance, and the capital.

127. The calculation of the volumes of medical rehabilitation of the third stage for republican organizations shall be carried out similarly to the calculation of the volume of rehabilitation services of the third stage in inpatient and inpatient replacing conditions, with the exception of tariffs application for medical organizations having a certificate of accreditation according to the standards of the Joint Commission International (JCI), USA).

128. The calculation of the volumes of medical rehabilitation services of the third stage in outpatient conditions shall be carried out similarly to the calculation of volumes of medical rehabilitation services of the third stage in inpatient and inpatient replacing conditions, with

the exception of determining the amount of expenses, which is determined by multiplying the tariff for the service according to the tarifficator and the forecast number of medical rehabilitation services of the third stage in outpatient conditions.

Paragraph 18. Planning of the volume of services when sending citizens of the Republic of Kazakhstan for treatment abroad and (or) attracting foreign specialists to carry out treatment in domestic medical organizations

129. Planning of the volume of services for sending citizens of the Republic of Kazakhstan for treatment abroad and (or) for treatment in domestic medical organizations with the involvement of foreign specialists (hereinafter - the master class) shall be carried out on the basis of the following data:

- 1) the actual number of people who received treatment abroad and as part of master classes during the previous year;
- 2) the actual number of people who received treatment abroad and as part of master classes for the period of the previous three years;
- 3) predicted morbidity for the planned period.

130. Planning the amount of funds for sending citizens of the Republic of Kazakhstan for treatment abroad and (or) for treatment within the framework of master classes shall be carried out by multiplying the forecast number of cases by the average cost of one case for the period of the previous year by ICD-10 classes and technologies, as well as taking into account the costs of transferring patients sent for treatment in previous years, based on the following data:

- 1) the actual amount of expenses when sending citizens of the Republic of Kazakhstan for treatment abroad and as part of master classes for the period of the previous year;
- 2) the actual amount of expenses for transferring patients sent for treatment abroad and (or) for treatment as part of master classes in previous years.

131. In case of currency exchange rate fluctuations, the amount of expenses shall be adjusted.

132. Planning of the volumes of medicines at the outpatient level within the framework of the GVPMC and in the system of CSHI shall be carried out in accordance with subparagraph 49) of Article 7 of the Code.