

Update on Qatar's National Health Insurance Scheme

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This article looks at a key part of the strategy, the National Health Insurance Scheme and examines what the regime means for participants and employees alike.

Background

Launched in July 2013, Qatar's health insurance scheme, Seha, is an integral part of the National Health Strategy. The health insurance scheme is being rolled out in five stages with coverage initially applying to Qatari females aged 12 and above for gynecology, obstetrics, maternity and related women's health conditions. The second and third stages allow for the roll out of comprehensive insurance coverage to all Qatari nationals for their basic health care needs. Finally, stages four and five will provide cover for all white and blue collar expatriates as well as visitors to Qatar.

Legal basis

The health insurance scheme was put in place pursuant to *Law No. 7 of 2013 on the Social Health Insurance System (Law)* which was followed by the release of the *Resolution of Minister of Public Health No. 22 of 2013 Regarding Issuing Executive Regulations of Law No. (7) of 2013 (Regulations)*. The Law and Regulations set out the role of the Supreme Council of Health, the concepts of basic and additional health services, the licensing of participants, the responsibilities for premium payment, the establishment of the National Company for Health Insurance (**NCHI**) and the applicable penalties regime for non-compliance.

Bodies responsible for oversight and management of the Scheme

The health insurance scheme is to be implemented and managed by several bodies. The Supreme Council of Health is the Qatari government body with overall responsibility for the rollout of the scheme. It will also be responsible for the supervision and licensing of all regulated participants. As part of this role, the Supreme Council of Health will act as a repository of all health-related information, including patients' medical records (Article 4 of the Law).

The Government has established the NCHI to be responsible for the actual management of the health insurance scheme including contracting with and supervising health care providers, promulgating patient care standards, managing the collection of premium and payment of fees for service providers and ensuring adequate data protection regulations are in place in respect of health information (Articles 19 and 20 of the Law).

Importantly, the NCHI is solely responsible for issuing the basic health insurance benefits in Qatar with private insurers only being allowed to participate by offering prescribed additional benefits (Article 28 of the Regulations).

To act as its third party administrator for the health insurance scheme, the NCHI has appointed Qatari insurance company, Al Khaleej Takaful. Al Khaleej will be responsible for all essential administrative functions of the NCHI and in turn has appointed two sub-contractors, Aetna and GlobeMed. Aetna will provide health management services and GlobeMed will undertake enrolment, claims administration and call center capabilities.

Licensing and requirements of scheme participants

The Regulations prescribe the licensing requirements for health care providers wishing to contract with the NCHI. In particular, healthcare providers need to have an existing licence authorising them to operate a medical facility and/or offer health care services in Qatar.

Providers also need to evidence that their information systems will meet the standards of the Supreme Council of Health so as to allow the transmission of health information to the Supreme Council of Health and the NCHI. The Regulations also prescribe a range of terms that must be included in the agreement between the healthcare provider and the NCHI (Chapter III of the Regulations).

Insurers wishing to offer the prescribed additional insurance benefits must also apply for and receive a licence before they can participate in the health insurance scheme. Insurers must again already be licensed to practice health insurance in Qatar and cannot own or manage any health care provider. As insurers can only be licensed to provide '*additional health care benefits*' they must cease offering any other benefits by 30 April 2015. This requirement is pursuant to Supreme Council of Health Circular MA/5/2014 which allowed for a one year grace period from the original 1 April 2014 deadline. The Regulations prescribe a number of terms that must be included in the insurer's policy for provision of the additional benefits, including details of the limitations of the additional benefits, the claims and complaints processes, the applicable healthcare providers and the use and protection of policy holder information (Chapter IV of the Regulations).

Coverage and payment of premium

The health insurance scheme distinguishes between basic health benefits and additional health benefits. The Regulations itemise the basic health benefits that apply for Qatari nationals and non-Qataris under the scheme as set out in Table 1 below.

There is compulsory coverage for Qatari nationals, GCC nationals, residents and visitors (Article 2 of the Law). Visitors are defined under the Law and Regulations as '*each non-citizen who enters the State or resides in the same, on a temporary basis, for purposes other than residence or work.*'

The Minister of Health of Public Health, following the approval of the Supreme Council of Health, will set the premium amount for the basic health benefits based on generally accepted actuarial rules (Article 12 of the Law and Article 2 of the Regulations).

Employers will be liable for the payment of premiums for their non-Qatari employees and employees' families (Article 4 of the Regulations). Sponsors will then be responsible for payment of premiums for non-Qatari residents to the extent any employer is not required to pay their premium in accordance with the Regulations (Article 5 of the Regulations). Visitors to Qatar are responsible for payment of their own premium with the issue of temporary visas being subject to proof of payment of premiums (Article 7 of the Regulations). Finally, the Qatari Government will be responsible for the payment of premium for all Qatari nationals under the scheme (Article 13 of the Law).

Conclusion

Qatar's health insurance scheme is arguably the most fully formed of the recently arrived compulsory health insurance regimes in the GCC. The five stage roll out has allowed an incremental on-boarding of information systems and has provided that the capability build-up was able to take place without undue

pressure. However, given the population of Qatar is heavily weighted towards its ex-pat community, the real test of the scheme is still to come with stages four and five yet to be implemented.

Table 1

Basic Health Services covered by the Health Insurance Scheme	
Qatari Nationals	Non-Qatari Nationals
1. General Medicine Services	1. General Medicine Services
2. Preventive Care Services	2. Preventive Care Services
3. Emergency and Accidents Services	3. Emergency and Accidents Services
4. Inpatient and Outpatient Hospital Services	4. Inpatient and Outpatient Hospital Services
5. Lab, Radiology and Medical Analysis Services	5. Lab, Radiology and Medical Analysis Services
6. Maternity and Gynecology Services	6. Maternity and Gynecology Services
7. Pharmaceutical Services	
8. Basic Dental Services and Eye Services	
9. Neurological Diseases Treatment	
10. Home Health and Home Nursing.	
11. Speech Therapy and Treatment of Vocational Diseases and Palliative Treatment	
12. Organs Transplantation	
13. End of Life Care	
14. Durable Medical Equipment	
15. Infertility Treatment and Family Planning	