



QATAR NATIONAL HEALTH INSURANCE DATA MANAGEMENT

DIRECTIVE

MINISTRY OF PUBLIC HEALTH

1. OVERVIEW

The Ministry of Public Health (MOPH) is embarking on a journey to transform the country's integrated care services. As part of this journey, the MOPH is implementing various national solutions, including National Health Information Exchange called the Qatar Health Information Exchange Hub (QHIE-Hub), Qatar Health Insurance Solution (QHIS), and Qatar Pharmaceutical Track and Trace System (QPTTS).

Health Insurance Data Management is the foundation for achieving true digital health insurance capabilities to drive the industry's digital transformation initiatives. As the volume, veracity, and variety of data expands, health insurance stakeholders need a stable framework to govern data and democratize access for interoperability with the wider eHealth ecosystem to provide better health, better care, and better value to the state of Qatar.

This document addresses key questions and provides direction on the following key areas:

1. Direction on the storage of health insurance data
2. Direction on processing health insurance data for primary use
3. Direction on processing health insurance data for secondary use
4. Direction on the exchange of health insurance data

2. SCOPE

This directive applies to all entities (public and private) that store, use, process, and/or exchange health insurance data and provide direction on how to govern data and democratize access in compliance with the cross regulatory frameworks issued by the Ministry of Public Health and other competent regulatory authorities in the state of Qatar i.e., Qatar Central Bank (QCB), The Ministry of Communication and Information Technology (MCIT) and the Ministry of Interior (MOI).

3. KEY DRIVERS

- Governance of health insurance data management – its storage, usage, exchange, and authorization
- Direction on the storage of health insurance data
- Direction on processing health insurance data for primary use
- Direction on processing health insurance data for secondary use
- Direction on exchange of health insurance data
- Regulatory licensing requirement for entities processing health insurance data

4. STORAGE OF HEALTH INSURANCE DATA

In compliance with the cross regulatory guidelines and the “Minister of Public Health Decision No. (8) of 2022 issuing the executive regulations of Law No. (22) of 2021 regulating health care services within the country”, all entities storing health insurance data, shall do so in electronic systems or cloud infrastructure hosted inside the state of Qatar.

Storage of health insurance data shall be governed by the data security and privacy guidelines published by the competent cross regulatory authorities in the state of Qatar. Entities are required to get patient consent for all stored protected health information.

5. PROCESSING OF HEALTH INSURANCE DATA FOR PRIMARY USE

The primary use of health insurance data refers to all insurance data processing, claims management and adjudication activities performed by an insurance company or by a licensed claims processing entity on behalf of a licensed payor or licensed health insurance company. Only entities registered and licensed by the competent regulatory bodies in the state of Qatar are allowed to process insurance data for primary use. These include activities listed in the “Minister of Public Health Decision No. (8) of 2022 issuing the executive regulations of Law No. (22) of 2021 regulating health care services within the country” and covered under the scope of license issued by the competent cross regulatory body.

All entities processing data shall do so using electronic systems on-premises or cloud infrastructure hosted inside the state of Qatar.

6. PROCESSING OF HEALTH INSURANCE DATA FOR SECONDARY USE

Secondary use of health insurance data refers to the use of data for research, innovation, and public health policy making and decision support activities like actuarial analysis and policy underwriting. Entities processing health insurance data for secondary use shall do so by implementing data de-identification technology to anonymize and pseudonymize protected health information PHI. Processing of Health Insurance Data for secondary use can be performed by entities licensed by the competent regulators in the state of Qatar with restricted distribution of information and results.

7. EXCHANGE OF HEALTH INSURANCE DATA

Entities that require to exchange health insurance data shall do so, in accordance with the data exchange guidelines provided by the eHealth department of the Ministry of Public Health.

- HL7 FHIR is the National Standard for exchanging health information, including the claims submission¹
- QHIE-Hub will be the single gateway for exchanges of Patient's health information with MOPH, including health insurance claims as the end state (will be implemented in future phases).

The Insurance Data Set (IDS v5.x), approved by QNCC, must be used as National Standard for Claims submission and remittance.

8. LICENSING AND COMPLIANCE

All entities storing, processing, or exchanging health insurance data are required to register with the Ministry of Public Health and submit details of their data management, data processing and data exchange capabilities in accordance with the “Minister of Public Health Decision No. (8) of 2022 issuing the executive regulations of Law No. (22) of 2021 regulating health care services within the country”.

Entities must adhere to the scope of services to which they are licensed. E.g., Brokers and consulting firms are not permitted to process or submit claims on behalf of payors, Healthcare providers or members. It is prohibited to transfer health Insurance data outside the state of Qatar. MoPH as a regulator, has the right to audit entities storing, processing, or exchanging health and health insurance information to ensure compliance with the standards and guidelines published by the competent regulatory authorities in the state of Qatar.

Registration process to be published in Q1 2023

¹ A portal will be provided to upload claims files (IDS excel version) for entities that don't have the capability of electronic message exchange.

9. APPROVAL AND ENDORSEMENT AUTHORITY

9.1. HEALTH FINANCE INSURANCE DEPARTMENT (HFID)

The Health Finance and Insurance department was established by Emiri Decree No.10 of 2016, regarding the Organization Structure of the MoPH. Amiri Decree No. (36) of 2022 further redefines the HFID functions and specializations in regards to the clinical coding setup and standards as below:

- Ensure the provision of a high-quality integrated health insurance system characterized by efficiency and sustainability.
- Set the policies, plans, standards, systems, and procedures required to implement the health insurance system in accordance with the provisions of the law regulating healthcare services delivery within the State, and supervising its implementation.
- Registering the network of health care service providers and insurance companies in accordance with the standards and conditions set and approved in the law and the regulatory resolutions.
- Preparing and applying the different coding systems of the health services, patient classification systems and the minimum data needed, and identifying the mechanisms of filing financial claims and the mechanisms of their arbitration and payment.
- Developing and implementing mechanisms to educate Insurance-relation parties on the health insurance system, and mechanisms of settlement of disputes related to the health insurance system.
- Oversee the performance of Insurance-relation parties to ensure their compliance with the Law and the regulatory resolutions.
- Issue circulars and bulletins explaining the policies and procedures related to the implementation of legislation pertaining to the Health Insurance.

9.2. EHEALTH DEPARTMENT

The eHealth Department was established by Emiri Decree No.10 of 2016 Article 14, with the following responsibilities and functions (among many other functions):

- Proposing legislations and developing standards and regulations regarding the optimal usage of electronic environments to provide health services in the country, such as the confidentiality of personal health information and data, the method of storage and access to the system and coding
- Coordinating between the public health services providers to ensure harmony between their electronic systems to store and transfer information between them seamlessly

10. CONTACTS

Please reach out to the following contacts for questions and clarifications on any of the National Healthcare Coding and Terminology Standards.

10.1. HEALTH INSURANCE DEPARTMENT

MedicalCoding@moph.gov.qa

10.2. EHEALTH DEPARTMENT

eHealth@moph.gov.qa

11. APPENDIX

11.1. GLOSSARY AND DEFINITIONS

Abbreviation	Full Name
ACHI	Australian Classification of Health Interventions
AR-DRG	Australian Refined - Diagnosis Related Groups
ASDSG	Australian Schedule of Dental Services and Glossary
CDT	Current Dental Terminology
CPT	Current Procedural Terminology
CVX	Vaccine Administered Code Set
DICOM	Digital Imaging and Communications in Medicine
DQSP	Data Quality, Standards and Policy
GS1 - GTIN	General Specifications - Global Trade Item Number
HCP	Healthcare Provider
ICD-10-AM	International Classification of Diseases, Tenth Revision, Australian Modification
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
IR-DRG	International Refined - Diagnosis Related Groups
LOINC	Logical Observation Identifiers Names and Codes
MOPH	Ministry of Public Health
QHIE-Hub	Qatar Health Information Exchange Hub
QHIS	Qatar Health Insurance Solution
QNCCC	Qatar National Clinical Coding Committee
QNDC	Qatar National Drug Code
QACS	Qatar Ambulatory Categories Services
QPTTS	Qatar Pharmaceutical Track and Trace
SNODENT	Systematized Nomenclature of Dentistry
SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms

Term	Definition
Code System	A master catalog of a particular set of codes (e.g., CPT, LOINC, Local Code System). It is also .“known as the “Coding System
Cross-maps	.(Mappings between two Code Systems (e.g., HCP Local Code System to LOINC
Healthcare Provider Local Codes	A catalog of a particular set of codes developed to meet local system needs. These may or may not .be linked to International or National Standards
Healthcare Provider	A Healthcare Provider is a person or entity that provides medical care or treatment. Healthcare providers include doctors, nurse practitioners, midwives, radiologists, labs, hospitals, urgent care clinics, medical supply companies, and other professionals, facilities, and businesses that provide .such services
Local Code System	.A catalog of codes that are developed without a National Standard
National Standard	A standard mandated for the health sector to use for exchanging the Patient’s medical information .with other Healthcare Provider Systems and National Solutions
Payer System	A system used by the health insurance company that sets service rates, collect payments, process claims, and pay provider claims. Payer Systems such as Insurance Benefit Systems, Claims Submis- .sion Systems, Adjudicating Systems, etc
Provider System	A system used by the Healthcare Provider to provide health care services to the Patient (e.g., EMR, .(Lab System, Pharmacies
Temporary/Interim Support	Temporary/interim Support to Coding Standards is for up to 3 years from the mandate’s effective .date
Adjudication	Processing and validating the information on the Insurance claims pertaining to medical and financial .decisions



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