

Health Financing and Insurance Department (HFID)

Account Creation for Registration & Participation
in *Health Insurance Scheme (HIS)*

Public User Manual



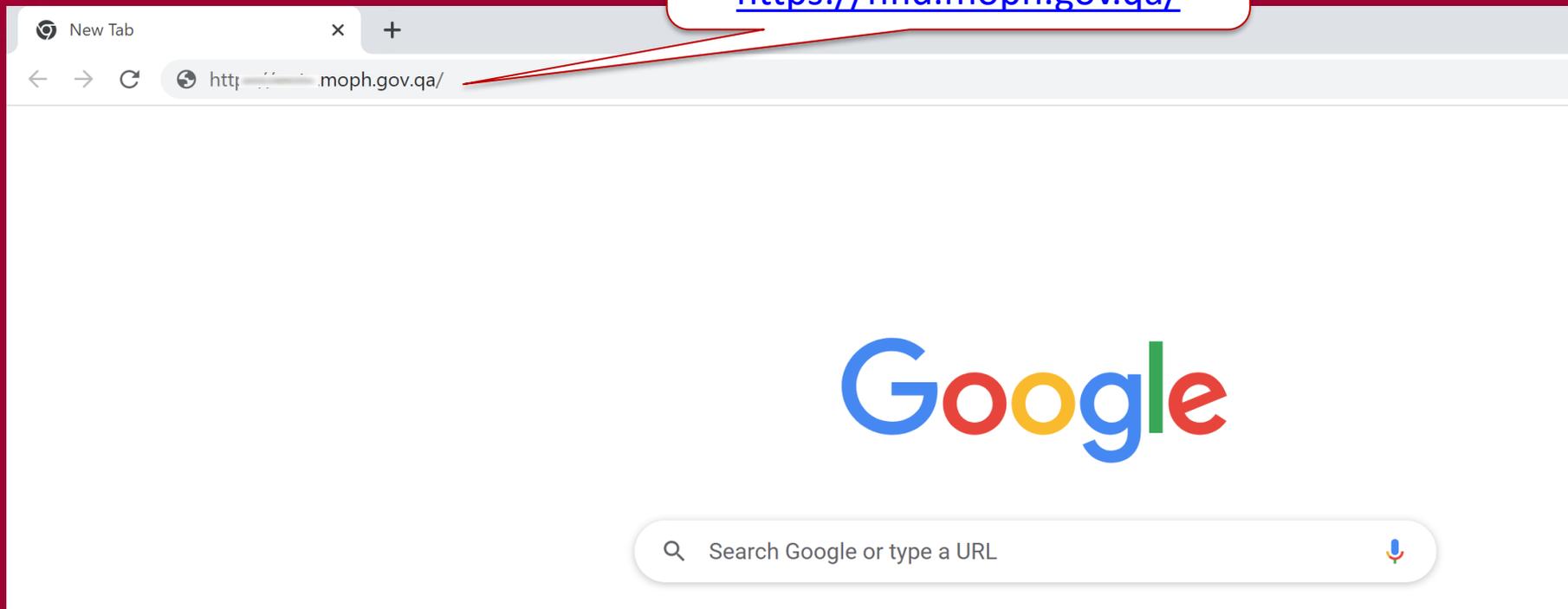
وزارة الصحة العامة
Ministry of Public Health

دولة قطر
State of Qatar

1. PRE-REGISTRATION



Open your browser and type
[“https://hfid.moph.gov.qa/”](https://hfid.moph.gov.qa/)



STEPS :

1. Click on “Become a Member of Health insurance Scheme (HIS)” for proceeding further to pre-registration formalities.

State of Qatar
MINISTRY OF PUBLIC HEALTH

عربي

Health Insurance Registration Portal

Username

Password

Login

Become a Member of Health Insurance Scheme(HIS)

[Forgot Password?](#)

Copyright ©2022 Ministry of Public Health

Click on “Become a Member of Health Insurance Scheme (HIS)”

STEPS :

There are 2 Types of membership

Read the mentioned details in Notice and choose your membership type accordingly.

NOTICE

MoPH is offering the opportunity to participate in the Health Insurance Scheme (HIS).

i As per the Law No 22 of 2021 Regulating Healthcare Services Within the State and its Implementing Regulations, Healthcare Providers(HCP) Private Health Insurer(PHI), Third Party Administrator(TPA) and Health Insurance Broker(HIB) that wish to be part of the Health Insurance Scheme (HIS) must be registered with the Health Financing and Insurance Department (HFID) of the MOPH. Please click below to register in the Scheme:

Registration with HFID to participate in the HIS

i Entities (Healthcare providers, Private Health Insurers, TPAs and Health Insurance Brokers) that wish to participate in the Health Insurance Scheme (HIS) must be registered with the Health Financing and Insurance Department (HFID) of the MOPH. Please click below to register in the Scheme:

Provision of data to HFID

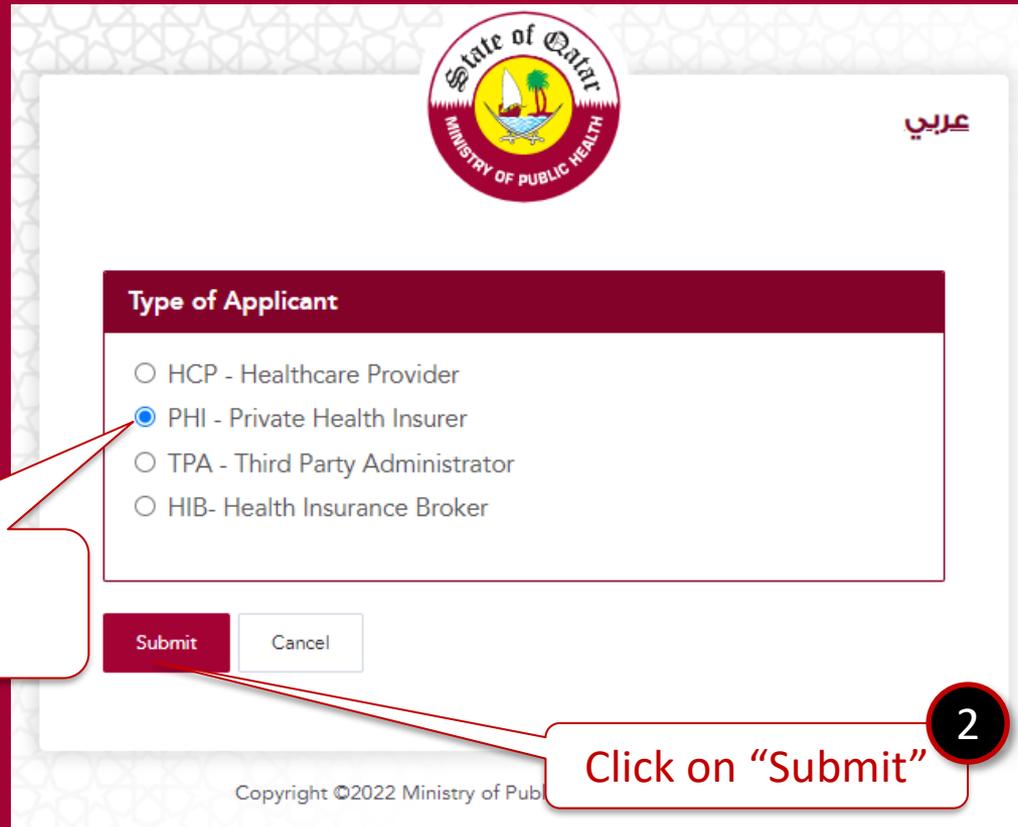
Important Notes

Click on "Registration with HFID to Participate in the HIS"

STEPS :

In this Page user is allowed to select “Type of applicant”

After Notice – below page to choose Type of Applicant and Categories (*if any*)



The screenshot shows the official website of the Ministry of Public Health of the State of Qatar. At the top center is the logo of the State of Qatar, featuring a dhow on water, with the text 'State of Qatar' and 'MINISTRY OF PUBLIC HEALTH' around it. To the right of the logo is the Arabic word 'عربي'. Below the logo is a form titled 'Type of Applicant'. The form contains four radio button options: 'HCP - Healthcare Provider', 'PHI - Private Health Insurer' (which is selected), 'TPA - Third Party Administrator', and 'HIB- Health Insurance Broker'. At the bottom of the form are two buttons: 'Submit' and 'Cancel'. The page footer contains the text 'Copyright ©2022 Ministry of Pub'.

1

Select type of applicant as PHI

2

Click on “Submit”

STEPS :

Fill the details and upload required documents for pre-registration submission with declarations.

HFID - Account Creation for Registration & Participation in HIS

State of Qatar
Ministry of Public Health

عربي

Login / Register

Account Creation

Please enter all the fields marked with asterisks *

Private Health Insurer (PHI) Information

Insurance License No*	CR Number (Establishment No.)*	Name of the Private Health Insurer (PHI)*
<input type="text"/>	<input type="text"/>	<input type="text"/>
License Expiry Date*	Mobile No* ¹	Email* ¹
<input type="text"/>	<input type="text"/>	<input type="text"/>

Documents

Note
1. Only PDF, WORD file(s) and Excel file(s) document(s) is/are accepted.
2. The document/file size must be less than or equal to 2MB.

Entity Licence Copy*	CR Certificate*	Authorization Letter* ¹ (Download Authorization Letter)
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen

Declaration

The Private Health Insurer (PHI) is not an owner, shareholder or operator of any Healthcare Provider (HCP). If yes, please specify Yes No

The Private Health Insurer (PHI) is not a resident of State of Qatar. If yes, please specify. Yes No

1 Enter all details

2 Upload documents

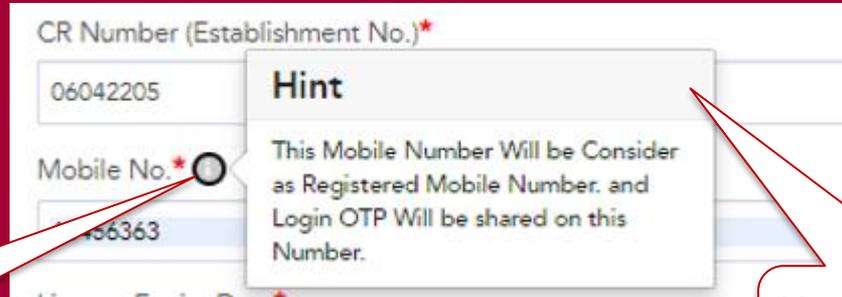
3 Declaration

Note: Download the authorization letter and fill the form and upload

4 Click on "Submit"

Key Points :

Provided more details in Hints section which helps user to know the importance of some fields



CR Number (Establishment No.)*
06042205

Mobile No.*
86363

Hint
This Mobile Number Will be Consider as Registered Mobile Number. and Login OTP Will be shared on this Number.

The screenshot shows a form with two input fields. The first field is labeled 'CR Number (Establishment No.)*' and contains the value '06042205'. The second field is labeled 'Mobile No.*' and contains the value '86363'. A red circle highlights an information icon (an 'i' in a circle) next to the 'Mobile No.*' label. A white box with a red border, titled 'Hint', is overlaid on the form, containing the text: 'This Mobile Number Will be Consider as Registered Mobile Number. and Login OTP Will be shared on this Number.' A red arrow points from the information icon to the hint box.

Click on “i” icon

Hints are provided for more details

Authorization letter link is displayed in the form to download



Authorization Letter* (Download Authorization Letter)

Choose File No file chosen

The screenshot shows a form with a label 'Authorization Letter*' followed by an information icon and a link '(Download Authorization Letter)'. Below the label is a file upload area with a 'Choose File' button and the text 'No file chosen'. A red arrow points from the link to a text box below.

Click on link, form will be opened in browser

After Successful submission , - your
Pre-Registration process is completed



Registration Application

Thank you for your Pre Registration. For Next step please check your provided Email for login and further details

[Back To Login](#)

User will receive acknowledgement Email

HFID - PreHub - New Provider Registration Details

RH Reg.HFID@moph.gov.qa
To [Redacted]

Follow up. Completed on Monday, April 18, 2022.

Reply Reply All Forward ...
Sun 4/17/2022 8:05 AM

HFID - Account Creation for Registration & participation in HIS

عزيزي 1
مرحبًا بكم في نظام التسجيل في إدارة التمويل والتأمين الصحي. تم استلام التفاصيل الخاصة بك. إدارة التمويل والتأمين الصحي - وزارة الصحة العامة ستقوم بمراجعة التفاصيل المقدمة والرد عليك.

مع أطيب التحيات,

التمويل والتأمين الصحي - وزارة الصحة العامة
[نظام المتولدة]
AM 08:04:36 2022/04/17

Dear [Redacted]

Welcome To Health Financing & Insurance Department Registration System. Your Details have been received. Health Financing & Insurance Department - Ministry of Public Health department will review your provided details and get back to you.

Best Regards,

Health Financing & Insurance Department, MoPH
[System Generated]
17/04/2022 08:04:36 AM

PLEASE WAIT until HFID-MoPH department approves your Pre- Registration application

2. LOGIN



Post approval user will receive the Login Credentials to submit the application

HFID - MoPH Application for HIS Pre Registration Details Approved



Reg.HFID@moph.gov.qa

To

Reply Reply All Forward

Sun 4/24/2022 8:43 AM

HFID - Account Creation for Registration & Participation in HIS

عزيزي ،
مرحباً بكم في نظام التسجيل الخاص بإدارة التمويل والتأمين الصحي. تمت الموافقة على التفاصيل الخاصة بكم. الرجاء تسجيل الدخول إلى النظام وملء جميع المعلومات المطلوبة.

الرجاء تسجيل الدخول بمن خلال [نقر هنا](#) باستخدام بياناتك

اسم المستخدم: PHITE_415431
كلمة المرور: KXXQFMNM415

مع أطيب التحيات.

التمويل والتأمين الصحي - وزارة الصحة العامة
[نظام المولد]

AM 08:42:57 2022/04/24

Dear [Redacted]

Welcome To Health Financing & Insurance Department (HFID) - MoPH Registration System. Your Details have been approved. please login to the system and fill all the required information

Please login at [Click here for login](#) using below credentials

User Name: PHITE_415431
Password: KXXQFMNM415

Best Regards,

Health Financing & Insurance Department, MoPH
[System Generated]
24/04/2022 08:42:57 AM

Click on this link for login

Username and Password are provided in this email

STEPS :

Enter the Username and Passwords

State of Qatar
MINISTRY OF PUBLIC HEALTH

عربي

Health Insurance Registration Portal

Username
PHITE_415431

Password
.....

Login Become a Member of Health Insurance Scheme(HIS)

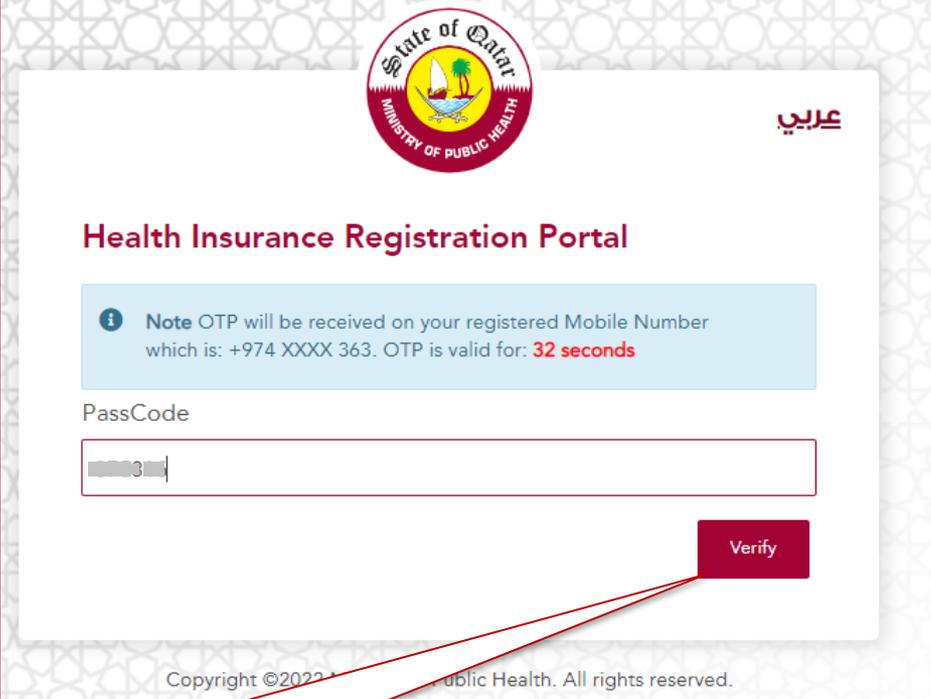
[Forgot Password?](#)

Copy yed.

Click on Login

STEPS :

A passcode will be received to Authorized phone number provided in pre-registration form



The screenshot displays the 'Health Insurance Registration Portal' for the State of Qatar Ministry of Public Health. At the top left is the ministry's logo, and at the top right is the Arabic word 'عربي'. Below the title, a light blue information box states: 'Note OTP will be received on your registered Mobile Number which is: +974 XXXX 363. OTP is valid for: 32 seconds'. A 'PassCode' input field is shown with a red border and a cursor. To the right of the input field is a red 'Verify' button. At the bottom of the page, a copyright notice reads: 'Copyright ©2022 Ministry of Public Health. All rights reserved.'

Click on Verify after entering passcode

After login - you can reset your password using
Change Password

The screenshot shows the 'Registration Application' page for Private Health Insurer (PHI) registration. The page title is 'HFID - Account Creation for Registration & Participation in HIS'. The header includes the logo of the State of Qatar Ministry of Public Health and the user ID 'PHITE_415431'. A navigation menu on the left lists: Private Health Insurer (PHI) Information, Authorized Person Details, Claims Management Capabilities, Data Management, Declaration, and Documents. The main content area features a progress bar with five steps: Private Health Insurer (PHI) Information, Authorized Person Details, Declaration, Documents, and Submit Application. A callout box with a red border and white background points to the 'Change Password' link in the top right corner. The callout text reads: 'Click on Change password to change or reset new password'. Below the progress bar, the 'Private Health Insurer (PHI) Information' section is visible, with the 'Insurance License No*' field containing the value '17042201'.



After login - you can reset your password using
Change Password

Registration Application

Change Password

Username	Mobile No.	Email
<input type="text" value="PHITE_415431"/>	<input type="text"/>	<input type="text"/>
Current Password	New Password	Confirm Password
<input type="text"/>	<input type="text"/>	<input type="text"/>

1

Enter the details

2

Click on Update

3. REGISTRATION



STEPS 1: Health care Facility

Registration Application

Please enter all the fields marked with asterisks *

Private Health Insurer (PHI) Information Authorized Person Details Claims Management Capabilities Data Management Declaration Documents Submit Application

Private Health Insurer (PHI) Information

Insurance License No*	CR Number (Establishment No.)*	Name of the Private Health Insurer (PHI)*
<input type="text"/>	17042201	Test PHI
License Issuing Authority in Qatar	Mobile No* ⓘ	Email* ⓘ
QCB	<input type="text"/>	lvalu@ov.qa
Name of the Head Office*	Number of branches in GCC	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
License Expiry Date*	<input type="text"/>	<input type="text"/>
06/24/2022	<input type="text"/>	<input type="text"/>

National Address (Inside State of Qatar)

Zone*	Street*	Building No*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Kahramaa No*	Municipality*	Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Box / Zip Code	Website	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1 Enter National Address details of the entity

2 Click on Save and Continue

Save & Continue Skip Reset

STEPS 2: Authorized Person Details

Registration Application

Please enter all the fields marked with asterisks *



The Authorized Person Details

- Note**
1. The Person Authorized will be contacted for all Insurance related queries from HFID - MoPH.
 2. The Person shall be available at business working hours and should also provide an alternative Contact D
 3. Additional users can be added/delegated for their organization from the approved registered account w

Enter Authorised person details

1

QID*	Name of the Authorized Person (as per QID)*	Email*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation*	Mobile No*	Landline No.*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Alternate Email	Alternate Mobile No.	
<input type="text"/>	<input type="text"/>	

Save & Continue Back Skip Reset

2

Click on Save and Continue

STEPS 3: Claim Management Capabilities

Registration Application

Private Health Insurer (PHI) Information Authorized Person Details **Claims Management Capabilities** Data Management Declaration Documents Submit Application

Policy Type and Marketing

Registration for provision of health policy for the: Basic Benefits only Basic and Additional Benefits
 Additional Benefits only

Does the Private Health Insurer (PHI) intend to outsource the claims to a registered Third Party Administrator (TPA). Yes No

Does the Private Health Insurer (PHI) intend to market the insurance policies via a Health Insurance Broker (HIB) Yes No

Claims Management Capabilities

Claim Management system: In-House Outsourced

If the claims are outsourced, please indicate the following:

Please give the name of the contracted Third Party Administrator (TPA).

Please provide the role of the Third Party Administrator (TPA)

Claims Management Yes No

Benefit Management Yes No

Disease Management Program Yes No

Customer Care Services Yes No

1 **Select Policy & Claim details**

2 **Click on Save and Continue**

STEPS 4: Data Management

Registration Application

Private Health Insurer (PHI) Information Authorized Person Details Claims Management Capabilities **Data Management** Declaration Documents Submit Application

Data Management

Do you have a data security protocols. Yes No

Do you have a data confidentiality protocols. Yes No

Availability of backup in case of electronic system breakdown. Yes No

Availability of electronic systems capabilities to support the Healthcare Providers (HCP) for identity verification and claims processing. Yes (attach details) No (alternative mechanisms used)

Do you understand the Insurance Data Set (IDS) and agree to submit regular and ad hoc reports to the HFID - MoPH through the means specified by the HFID - MoPH and per the specified format. Yes No

Customer Relations Management (CRM)

Do you have online service for the beneficiaries. Yes No

Do you maintain a Toll-Free Number – Hotline 24/7. Yes No

Languages used to communicate with the beneficiaries. Arabic English

How do you publish and update the provider network for the beneficiaries. Online Mobile App Company Publications

Where is your call center located. Inside Qatar Overseas

Do you run surveys on customer satisfaction Yes No

1 Select all Data and CRM details

2 Click on Save and Continue

Save & Continue Back Skip Reset

STEPS 5: Declaration

Registration Application



Declaration

We hereby declare that we have maintained the solvency margins required by any regulator over the past 10 years. (please attach reasons for non-compliance). Yes No

We hereby declare that we have maintained our contractual obligations with all contracted parties over the past 10 years. (please attach reasons for non-compliance). Yes No

We hereby declare that we have maintained our license validity for the past 10 years. (please attach reasons for non-compliance). Yes No

We hereby declare that we have not directly or indirectly or through an agent engaged or indulged in any corrupt, fraudulent or a restrictive practice. (please attach reasons for non-compliance). Yes No

PLEASE NOTE REGISTERED ENTITIES WILL BE REQUIRED TO COMPLY WITH FUTURE MOPH COSTING DATA REQUESTS.

Note

A. HFID - MoPH has the right to audit and seek further clarity on the any/or all content of the declaration above.

B. Also, the facility declares that the above information is correct to the best of their knowledge. Provision of mis-guiding information or concealment of facts along with failure to comply with HFID - MOPH's requirements may result in revocation of the registration.

2

Click on Save and Continue

Save & Continue

Back

Skip

Reset

1
Select all Declaration points accordingly

Kindly Note- If user selects No option, need to attach documents in document section

STEPS 6: Documents

Registration Application



Documents

Note

1. Only PDF, WORD file(s) and Excel file(s) document(s) is/are accepted.
2. The document/file size must be less than or equal to 2MB.

License Issuing Authority in Qatar

Lic-20220424084148.pdf

Authorization Letter

AuthLetter-20220424084149.pdf

CR Certificate

CRCertificate-20220424084149.pdf

Availability of electronic systems capabilities to support the HCPs for identity verification and claims processing. (attach details)

No file chosen

Do you have online service for the beneficiaries. (attach supporting document)

No file chosen

What are the products currently available for the beneficiaries (attach available policies).

No file chosen

List of the current provider network and a plan to upgrade the provider network to cover all geographical areas of the State of Qatar to meet the demand of the HIS beneficiaries.

No file chosen

1
Upload all required documents

2

Click on Save and Continue

STEPS 7: Submit Application

Registration Application



Undertaking by Private Health Insurer (PHI)

- We shall adhere to the referral system policy and procedures issued by the MOPH.
- We hereby affirm that we have not directly or indirectly engaged in any corrupt, fraudulent, coercive, or restrictive business practice. We accept and have taken the necessary steps to ensure that we confirm and fully satisfy the ethical requirements of the Health Insurance Scheme (HIS). Further, no individual representing us or on our behalf has engaged in the past, nor will engage in the future in any corrupt, coercive, or restrictive practice.
- We shall adhere to the provisions of the law No 22 of 2021, including:
 - o Mandatory Basic Benefits Package and its stipulations.
 - o Not to contract with any entity that is unregistered with the HFID - MoPH.
 - o Establish contract with Healthcare Providers (HCP) as per the Standard Provider Network Agreement.
 - o Not to process any patient level data outside of the State of Qatar.
 - o Not to reject any request from an employer, recruiter or visitor to be enrolled in the Health Insurance Scheme(HIS), without a written approval of the HFID - MoPH.
- We shall establish/continue to have a dedicated Health Insurance Scheme(HIS) Information Desk to provide sufficient support and information to the beneficiaries.
- We hereby undertake and affirm that the above information furnished by us are authentic, complete and correct. In case the information provided by us are found to be contrary to the facts, it shall result in suspension or provocation of the registration, along with initiation of legal actions in accordance with the applicable laws in the State of Qatar.

1
Select all Undertaking items of PHI

Preview Submit Back Reset

2
Click on Preview to see full details entered

Click on Submit

Alert
Are you sure you want to submit your application?

OK Cancel

3

Click on ok to confirm

**You have successfully
completed the process.**

**HFID team shall evaluate the submitted
documents and revert on the status of your
application within 30 working days.**



Thank you !

