

Health Financing and Insurance Department (HFID)

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

Public User Manual



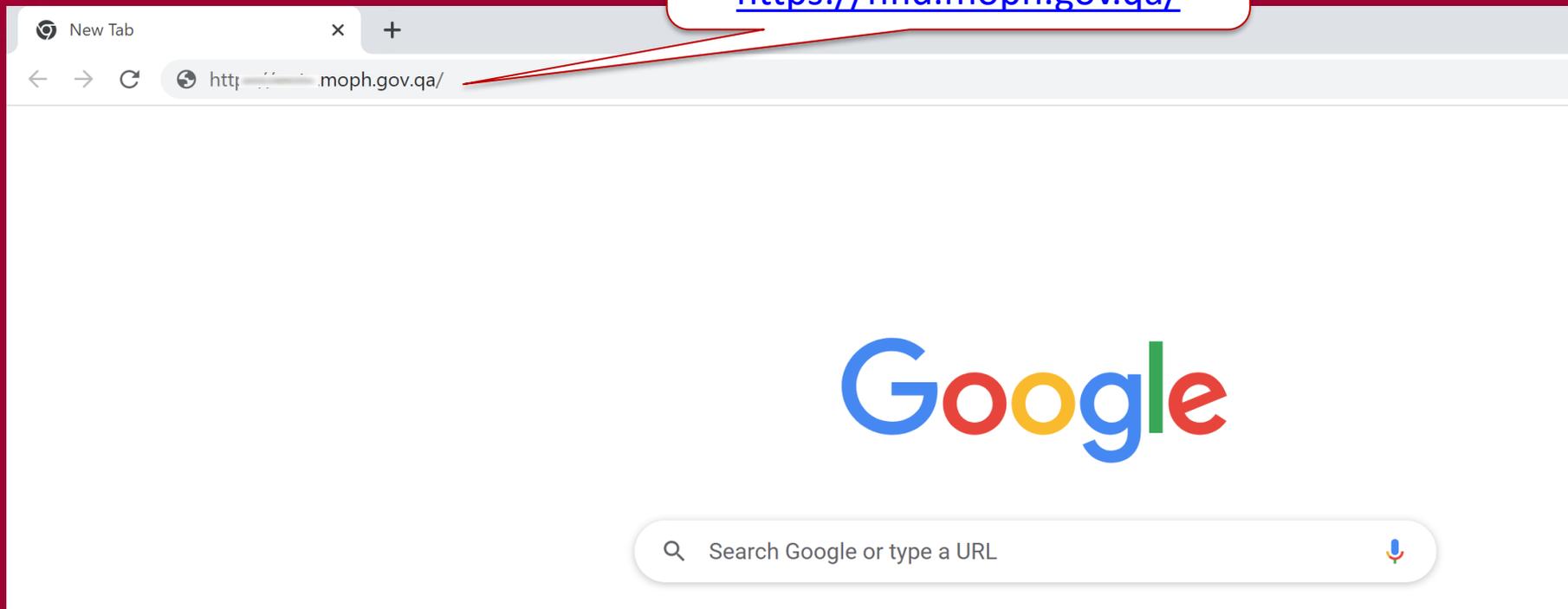
وزارة الصحة العامة
Ministry of Public Health

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

HCPTE_709892

Password

••••••••

Login

Become a Member of Health Insurance Scheme(HIS)

[Forgot Password?](#)

Copyright ©2022 Ministry of Pub

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 displays the Ministry of Public Health application interface. At the top, the logo of the State of Qatar and the Ministry of Public Health is visible, along with the Arabic word 'عربي'. The form contains two main sections: 'Type of Applicant' and 'Category of Healthcare Provider'. The 'Type of Applicant' section has four radio button options: 'HCP - Healthcare Provider' (selected), 'PHI - Private Health Insurer', 'TPA - Third Party Administrator', and 'HIB- Health Insurance Broker'. The 'Category of Healthcare Provider' section has five radio button options: 'Hospital' (selected), 'Polyclinic', 'Stand-alone Clinic', 'Diagnostic Center', and 'Community Pharmacy'. At the bottom of the form, there are 'Submit' and 'Cancel' buttons. The page footer includes the text 'Copyright ©2022 Ministry of Public Health'.

1

Select type of applicant as HCP

2

Select any one of the category of Healthcare Provider

3

Click on “Submit”

STEPS :

During account creation process, provide Healthcare facility details (if your type of applicant is Healthcare provider - HCP)

After type of applicant – below page to choose Healthcare Facility

HFID - Account Creation for Registration & participation in HIS

عربي

Login / Register

Account Creation

Healthcare Facility Details

Parent Company (Head Office)
 Local Overseas

Entity Type*
Private

Proceed

1 Select parent company

2 Select Entity Type

3 Click on "Proceed"

Alert

Please check your selected fields carefully as you will not be able to make changes after this step.

OK

4 Click on "OK"

STEPS :

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

HFID - Account Creation for Registration & participation in HIS

العربي

Login / Register

Account Creation

Please enter all the fields marked with asterisks *

Hospital Details

Healthcare Licence No.*	CR Number (Establishment No.)*	Name of the Provider (exactly as appear in CR)*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of the Head Office	Mobile No.*	Category of Healthcare Provider*
<input type="text"/>	<input type="text"/>	Hospital
Email*	Licence Expiry Date*	
<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* (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

Conflict of Interest: The provider is not an owner, shareholder or operator of any Private Health Insurer (PHI) or a Third-Party Administrator (TPA). If yes, please specify. Yes No

The provider is not state employee. If yes, please specify. Yes No

1 Enter all details

2 Upload documents

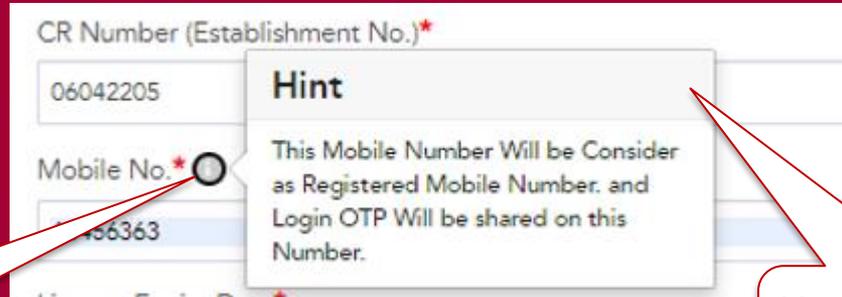
3 Declaration

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 the information icon (an 'i' in a circle) next to the 'Mobile No.*' label. A white hint box with a grey border is overlaid on the form, containing the text: 'Hint: 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 hint box to the information icon.

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 the information icon.

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 - PreHub - Pre Registration Details Approved

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

Reply Reply All Forward

Sun 4/17/2022 8:06 AM

HFID - Account Creation for Registration & participation in HIS

عزيزي [Redacted]

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 من خلال [نقر هنا](#) باستخدام بياناتك

اسم المستخدم: **HCPT_4401**
كلمة المرور: **ACEEEXGT4**

مع أطيب التحيات.

التأمين والتأمين الصحي - وزارة الصحة العامة
[نظام المتولدة]
AM 08:05:56 2022/04/17

Dear [Redacted]

Welcome To HFID 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: **HCPT_4401**
Password: **ACEEEXGT4**

Best Regards,

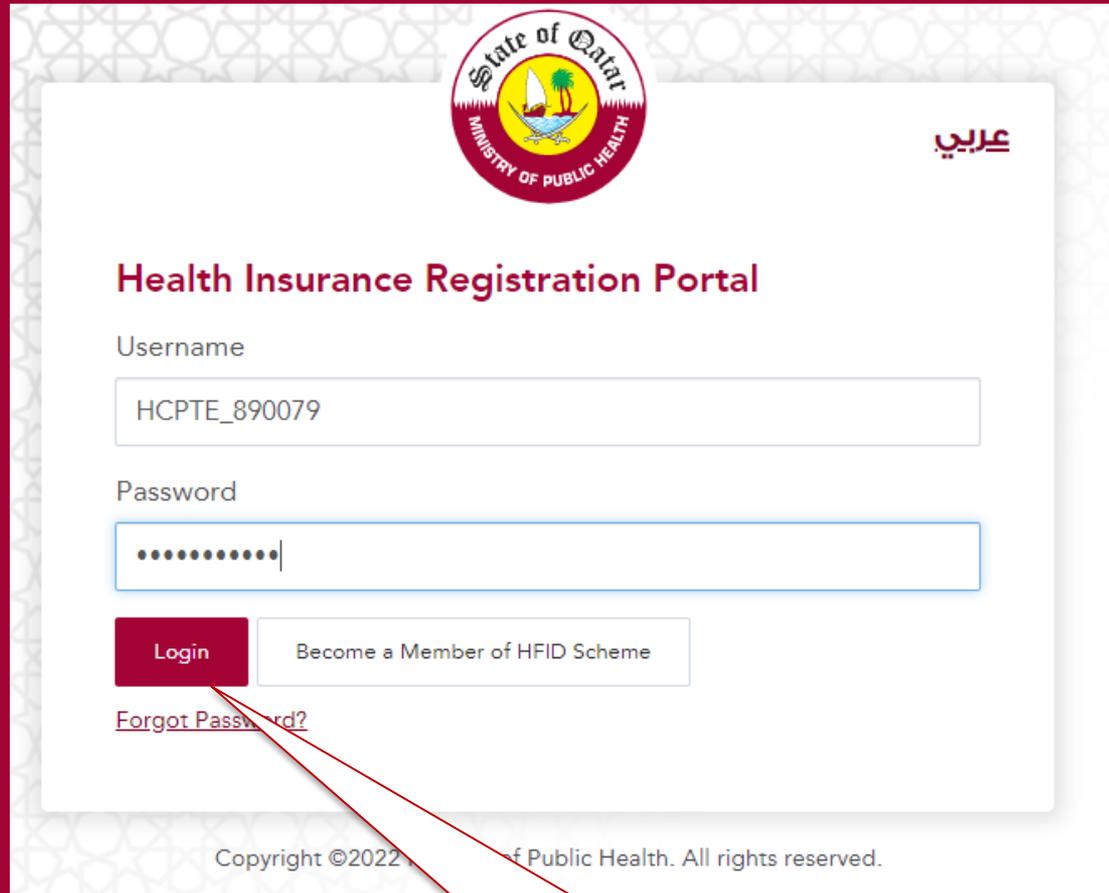
Health Financing & Insurance Department, MoPH
[System Generated]
17/04/2022 08:05:56 AM

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

Password

Login Become a Member of HFID Scheme

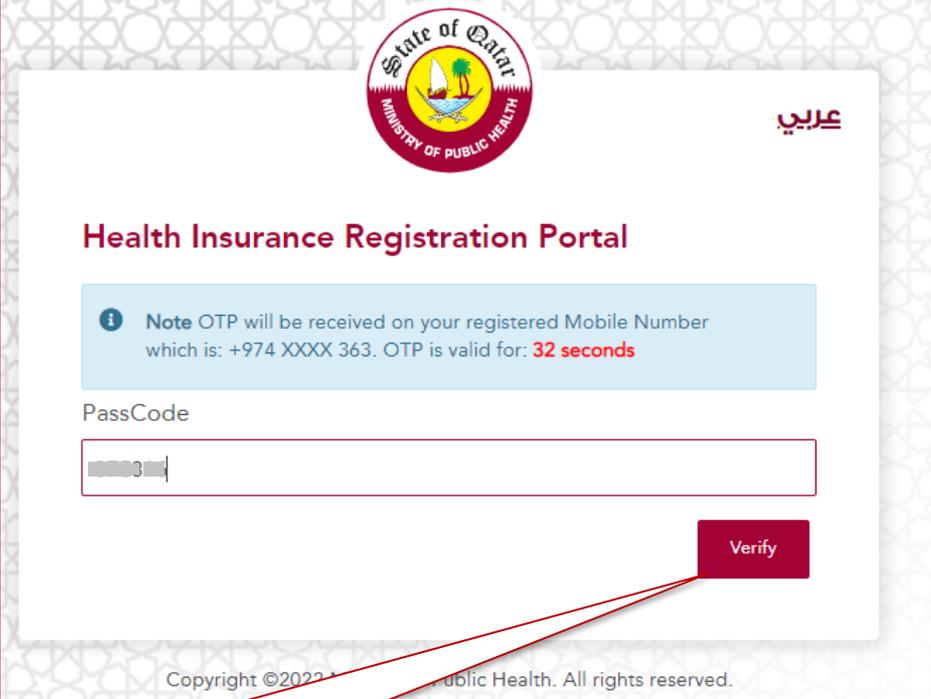
[Forgot Password?](#)

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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 contains the number '363'. A red 'Verify' button is positioned to the right of the input field. At the bottom, 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

HFID - Account Creation for Registration & participation in HIS

State of Qatar
Ministry of Public Health

عربي

HCPT_890079 Change Password Logout

Healthcare Facility

- Contacts
- Healthcare Services
- Data Handling Capabilities
- Declaration
- Documents

Registration Application

Please enter all the fields marked with asterisks *

Healthcare Facility Contacts Documents Submit Application

Click on Change password to change or reset new password

Healthcare Facility Details

Parent Company (Head Office)
 Local Overseas

Entity Type*
Private

After login - you can reset your password using
Change Password

HFID - Account Creation for Registration & participation in HIS

عربي

HCPTE_890079 Change Password Logout

Healthcare Facility

- Contacts
- Healthcare Services
- Data Handling Capabilities
- Declaration
- Documents

Registration Application

Change Password

Username	Mobile No.	Email
<input type="text" value="HCPTE_890079"/>	<input type="text"/>	<input type="text"/>
Current Password	New Password	Confirm Password
<input type="password"/>	<input type="password"/>	<input type="password"/>

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 *



Hospital Details

Parent Company (Head Office)

Local Overseas

Entity Type*

Private

Healthcare Licence No.*

HC10042206

CR Number (Establishment No.)*

10042206

Name of the Provider (exactly as appear in CR)*

Test CR_006

Name of the Head Office

Test Head Office

Mobile No.*

Category of Healthcare Provider*

Licence Expiry Date*

06/23/2022

Email*

Service Number

Working Hours

Level

Please Select

1
Enter National Address details of the entity

National Address (Inside State of Qatar)

Zone*

Street*

Building No.*

Kahramaa No.*

Municipality Name*

Phone No.

Post Box / Zip Code

Website

Save & Continue

Skip

Reset

2

Click on Save and Continue

STEPS 2: Contacts

Registration Application

Please enter all the fields marked with asterisks *

Healthcare Facility **Contacts** Healthcare Services Data Handling Capabilities Declaration Documents Submit Application

The Authorized Person Details

Note

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

1 Enter Authorised person details

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: Healthcare Services

Registration Application



Healthcare Services

OutPatient Services

Internal Medicine Yes No

General Surgery Yes No

Other Services

Emergency Services Yes No

GP - Family Physician Services Yes No

Day Care Services Yes No

Rehabilitation Services Yes No

Pharmacy Yes No

Availability of Complaints Policy and logs. Yes No

Availability of Healthcare Quality Management Policy. Yes No

Availability of Claims and Billing Unit (Revenue Cycle Management). Yes No

Availability of an Appointment System that is capable of providing convenient appointments to the beneficiaries. Yes No

Availability of a dedicated MHIS Information Desk to provide sufficient support and information to the beneficiaries. Yes No

Availability of Accreditation Certificates, and in case of yes (please attach). Yes No

Select all services available

1

2

Click on Save and Continue

Save & Continue Back Stop Reset

STEPS 4: Data Handling Capabilities

Registration Application



Data Handling Capabilities

Note Kindly Select the Data Handling Capabilities Provided in your Facility from the list Below.

- Availability of medical coders who are capable to use MOPH mandated coding systems
- The provider understands the Insurance Data Set (IDS) and agree to submit regular and ad hoc reports to the HFID through the means specified by the HFID and as per the specified format.
- The provider has an established policy and process to ensure data and record confidentiality and protection.
- The provider has an established policy and process to ensure retaining of the medical records in compliance with the Implementing Regulations and any applicable laws.

Save & Continue Back Skip Reset

1
Select all Capabilities

2
Click on Save and Continue

STEPS 5: Declaration

Registration Application

Healthcare Facility Contacts Healthcare Services Data Handling Capabilities Declaration Documents Submit Application

Declaration

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. 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, and any provision of mis-guiding information or concealment of facts along with failure to comply with MOPH's requirements may result in revocation of the registration.

Save & Continue Back Skip Reset

1

Select all Declaration points accordingly

2

Click on Save and Continue

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.

Copy of the healthcare Licence/registration certificate

License-20220417080436.pdf

Authorization Letter

AuthLetter-20220417080436.pdf

CR Certificate

CRCertificate-20220417080436.pdf

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).

No file chosen

ContractualObligations-20220417083928.pdf

We hereby declare that we have maintained our license validity for the past 10 years. (please attach reasons for non-compliance).

No file chosen

LicenseValidity-20220417083928.pdf

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).

No file chosen

CorruptFraudulent-20220417083928.pdf

1
Upload all required documents

2

Click on Save and Continue

Save & Continue

Back

Skip

Reset

STEPS 7: Submit Application

Registration Application

Healthcare Facility Contacts Healthcare Services Data Handling Capabilities Declaration Documents Submit Application

1

Undertaking by Healthcare Provider

- We shall adhere to the referral system policy and procedures issued by the MOPH
- We shall adhere to the Health Service Performance Agreement (HSPAs), and confirm to submit the related
- We shall provide the HFID with the details of any subcontractors that will provide any of the healthcare services in accordance with the provisions of the Law and the Implementing Regulations.
- We shall adhere to the provisions of the Law No 22 of 2021, the Implementing Regulations and the decisions made by the MOPH to enforce thereof, which include but not limited to establishing contract with Private Health Insures (PHI) as per the Standard Provider Network Agreement (SPNA).
- We hereby affirm that we (individual representing us or on our behalf) have not directly or indirectly engaged in any corrupt, fraudulent, coercive, or restrictive business practice. We conform and fully satisfy the ethical requirements of the Mandatory Health Insurance Scheme.
- We hereby undertake and affirm that all the above details and informations furnished by our organization are true, complete, and correct in all respects. If any of the details and information provided by us is found to be untrue or incorrect, it may result in the immediate removal from the Mandatory Health Insurance Scheme in the State of Qatar as well as possible legal action as per the Laws and Regulations of the State of Qatar.

Preview Submit Back Reset

Select all Undertaking items

Click on Preview to see full details entered

Click on Submit

Alert

Are you sure you want to submit your application?

OK Cancel

Click on ok to confirm

After Successful submission , - Your application for registration is completed

Registration Application

Thank you for submitting your application. HFID team shall evaluate the submitted documents and revert on the status of your application within 30 working days.

[Return To Home](#)



Thank you !

