



مجلس الضمان الصحي التعاوني
Council of Cooperative Health Insurance



Providers and Payers Qualification Programs



Executive Summary

The council of cooperative health insurance, through its regulatory role, strives to provide the best affordable care to its beneficiaries, in an unprecedented experience. The council is an integral contributor to the Kingdom's Healthcare-ECO system and shares the responsibility for executing the vision 2030 and the Health Sector Transformation Program. The CCHI's current strategy is a cascade from the strategy of the Health Sector Transformation Program. The strategy emphasizes the CCHI's beneficiaries' centrality, the commitment to enable both payers and providers to execute their professional role, its value-driven objectives, the commitment to develop and improve regulatory policies and finally its catalytic role for the sector's digital transformation. In line with its strategy, CCHI developed 17 programs and more than 60 initiatives. The underlying challenge is how to ensure the compliance of insurance companies and healthcare providers to the initiatives and programs. Therefore, CCHI developed separate programs for providers and payers to guide their sector journey, measure their compliance, assess their operational performance and motivate further improvement projects. Each program is formed from a number of standards that are grouped into functional chapters. The standards are scored by expert surveyors from CCHI, targeting a self-assessment process. It is envisioned that the programs are to be executed in phases with the first phase being a baseline assessment.



Executive Summary

The CCHI is the regulating body for the medical insurance in KSA. The Council provides an ongoing process of developing executive policies and procedures regulating the relationship between insurance companies and healthcare providers. The Council regularly updates the beneficiaries' essential medical benefits to ensure appropriate coverage and enhance their health and wellness. The council provides technical support to both insurance companies and healthcare providers to streamline their relationship and ensure the timely delivery of evidence based medical services to beneficiaries. The council holds regular periodic meetings with all medical insurance stakeholders including the Saudi central bank, insurance companies, healthcare providers, brokers, revenue cycle management companies, employers and beneficiaries. The council also directly supervises the technical performance of both insurance companies and healthcare providers. Through its direct hotline, its smart phone application and other electronic means, the council receives complaints from beneficiaries that are timely acted upon by a team of physicians and administrators to ensure beneficiaries' rights.

<https://www.cchi.gov.sa/en/Pages/default.aspx>



In early 2020, CCHI announced its new strategic directions. The first direction focuses on the full cover of the beneficiaries' essential benefit package and the protection of their rights. The second direction emphasizes the ongoing role of enabling both insurance companies and healthcare providers. The third direction highlights the importance of innovation and sustainability in the market. The fourth direction reflects the continuous role of CCHI in developing and educating the market on regulatory policies. Catalyzing the market's digital transformation is the fifth direction.



Health Sector Transformation

The Health Sector Transformation Program (HSTP), in alignment with the National transformation goals and relevant governmental entities, aims to restructure the health sector in the Kingdom to a more comprehensive, effective and integrated one that is based on the health of the individual and society. The program embraces value based healthcare to ensure financial transparency and sustainability as well as health promotion and disease prevention. The program focuses on optimal health coverage by providing equitable geographical access to care. In addition, relying on e-health and evidence based standards, the program aims to enhance the beneficiaries experience. The transformation program emphasizes the integration and coordination with and between all health sector entities.

<https://www.vision2030.gov.sa/v2030/vrps/hstp/>

CCHI Qualification Programs:

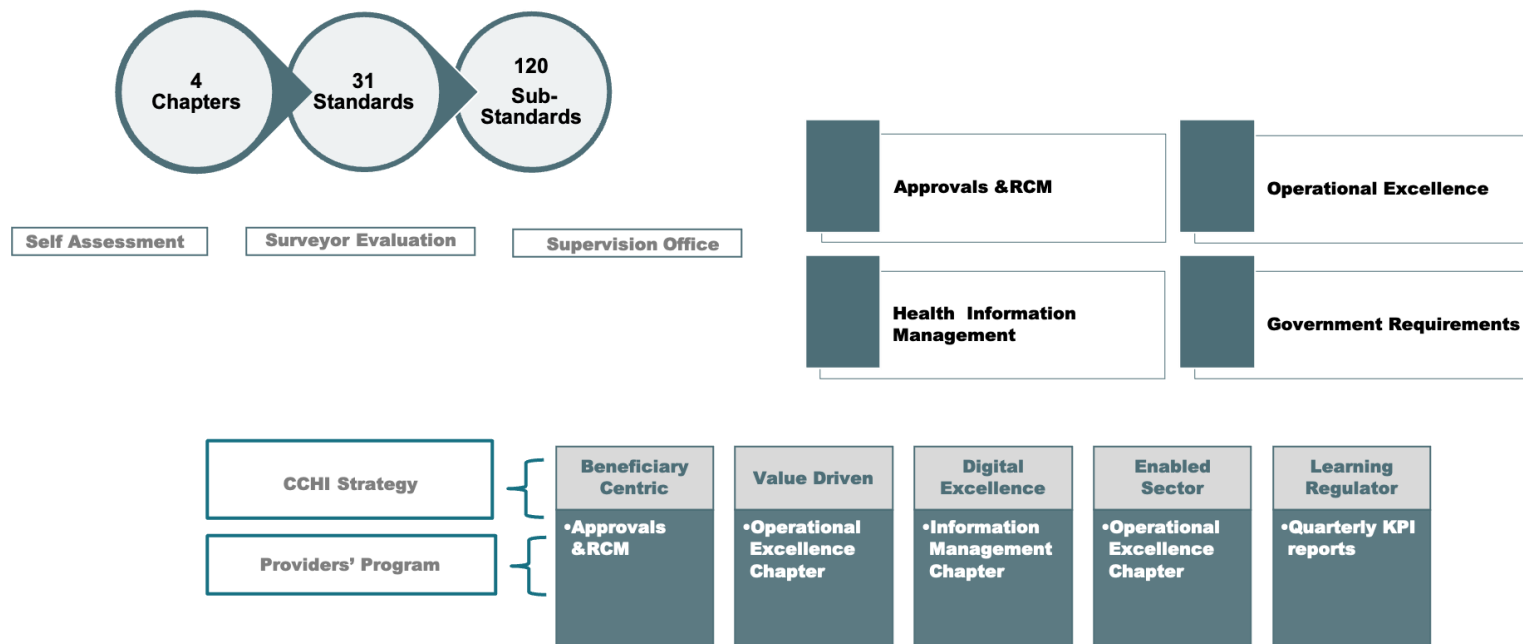
Being an integral executor of the National transformation program and in line with its strategy, CCHI developed a dedicated qualification and classification programs for both insurance companies and healthcare providers. The programs are based on the CCHI new strategy and reflect the mandatory compliance with current policies, bylaws and the unified contract requirements. Implementing the programs protects the beneficiaries' rights and enhances their experience, minimizes the pre-authorization waiting time and reduces claims' rejections. The programs provide an evidence based operational model for insurance companies and healthcare providers. The programs are written in the form of standards that can be measured objectively, thus providing a score and rating for each organization. The assessment score provides the beneficiaries and stakeholders with transparent information on the performance of insurance companies and healthcare providers. such information also drives competition between peers in the market. The scoring of healthcare providers paves the way for moving from the current payment system of "pay for service" to "pay for performance". The programs lay down the foundation for insurance companies and healthcare providers to

embrace value based healthcare and population health. A range of quality and performance measures are requested through the program thus enabling CCHI to measure the performance of the whole medical insurance sector. Standardizing the measures through the programs also provides peers' benchmarking.

The Qualification programs are comprised of chapters. Each chapter is composed of a set of standards and sub-standards. The standard reflects the quality dimension(s) to be achieved, while the sub-standards comprise the desired elements to be achieved in order reach the quality dimension(s) of the related standard. Each standard has its own intent which explains *why* we need the standard and *what* is required to be accomplished to comply with the standard. Each standard is further simplified by a set of evidences of compliance. The survey process is based on the organizational self-assessment documents that are uploaded to the survey platform. The standards are assessed by specialty surveyors from CCHI, and scores are generated automatically by the platform.

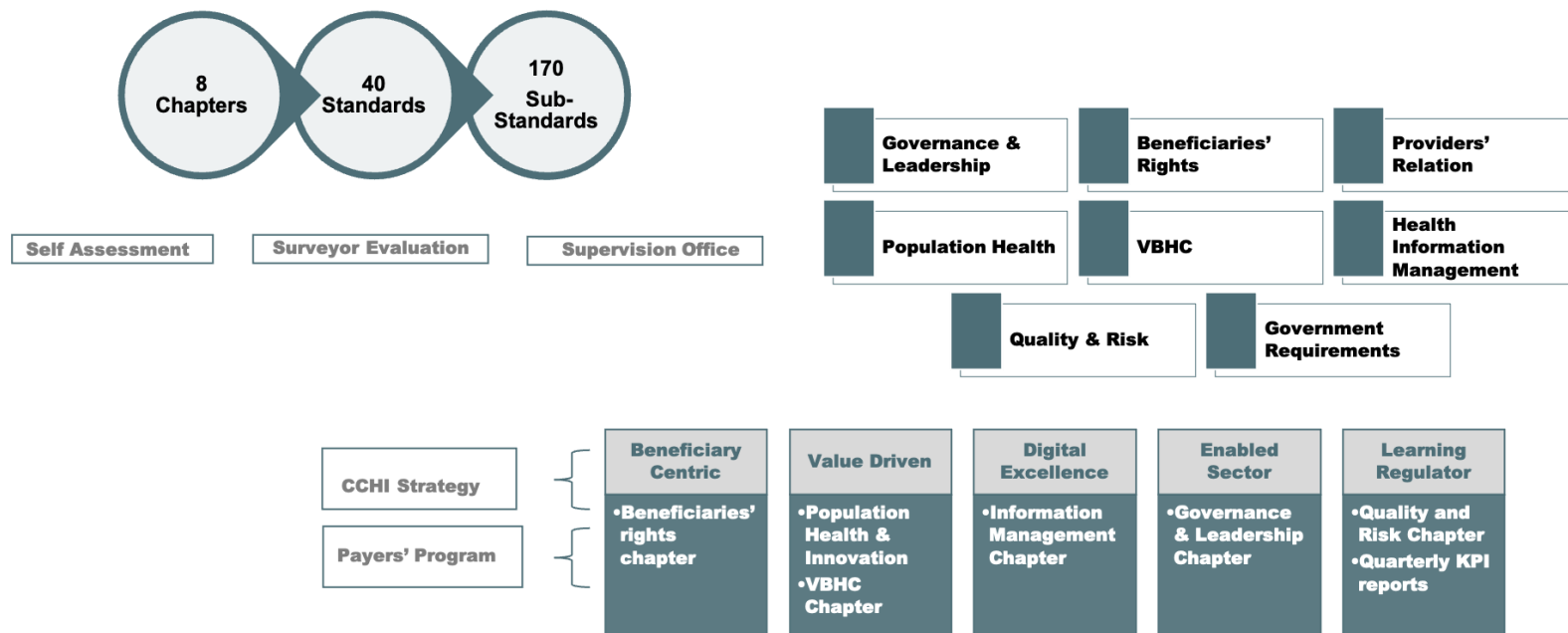
1. Providers' Qualification program

The providers' classification program focuses on enhancing the beneficiaries' rights and improving the approvals and the revenue cycle management, how the providers improve their beneficiaries' services moving towards population health and introducing innovations, enhancing the relationship between payers and providers, how the providers utilize the CCHI information technology platforms and improve their information governance and business continuity and finally the governmental requirements for entering the insurance market.

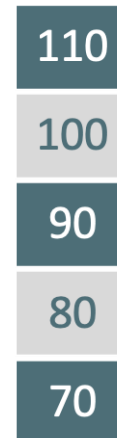


2. Payers Qualification Program

The Payers' classification Program focuses on enhancing the payers' operational services by introducing evidence-based structural reforms, enhancing the beneficiaries' rights, streamlining the payers' providers' relationship, supporting value based healthcare and population health program, utilizing the CCHI information technology platforms and improving their information governance and business continuity, measuring their performance and continuously improving their services and finally the governmental requirements for entering the insurance market.



Each standard is scored separately. Standards are distributed to one of the 4 scoring matrix quadrants that fits its description. More weight is given to the quality and sustainability quadrants. The final score is out of 110 with market leaders considered at this level and learning organizations at the 70's level.



Self Assessment

Surveyor Evaluation

Supervision Office