Mizan ميزان

SAUDI HEALTH POLICY
ASSESSMENT ENGINE

POLICY ASSESSMENT REPORT · RESTRICTED CIRCULATION

Mandatory Health Insurance Coverage for Visitors and Residents

Scope: Visitors · Expatriate Residents · Domestic Workers · High-Risk Expatriate Categories

READINESS VERDICT	QUALITY	FEASIBILITY	CRITICAL GAPS
Not Ready	1.7/5.0	1.9/5.0	7 of 12

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Prepared using the Mizan assessment framework · v1.0

CONTENTS

01 · EXECUTIVE DECISION BRIEF

Executive Decision Brief

IMPLEMENTATION READINESS VERDICT

Not Ready

Both dimensions fall below the 2.3/5.0 minimum floor. The policy carries seven critical gaps spanning a missing evidentiary base, an undefined implementation plan, and an unspecified monitoring and evaluation framework.

QUALITY SCORE

1.7/5.0

FEASIBILITY SCORE

1.9/5.0

GAP REGISTER (12 TOTAL)

Critical	7
Moderate	5
Minor	0

THREE PRINCIPAL STRENGTHS

- A clear definition of the core coverage scope: inpatient hospitalisation, outpatient consultations, emergency services, maternity, and chronic disease management.
- Specific procedural obligations with clear timelines: claims processed within 15 working days, and prior authorisation issued within 48 hours.
- Consistency with the current Council of Health Insurance and cooperative insurance regulatory framework, with explicit reference to extending coverage to domestic workers and high-risk categories.

FIVE PRIORITY RISKS

- No national evidentiary base documents current denial rates or expansion need (Evidence Base, 1.0/5.0).
- A complete absence of a monitoring and evaluation framework; no KPIs exist to measure policy impact (Monitoring and Evaluation, 1.0/5.0).
- No detail on premium structures or financial support mechanisms for high-risk categories, nor long-term sustainability (Financing, 1.5/5.0).
- No timelines, transition phases, or formal coordination mechanisms exist between the four implementing entities (Implementation Planning, 1.5/5.0).
- The policy itself acknowledges insufficient CHI oversight of claims denial rates, without a plan to strengthen capacity.

IMMEDIATE DECISION REQUIRED

Convene a Council of Health Insurance steering session within 30 days to authorize the eight-item corrective work programme (Section 10), beginning with the evidentiary study and the actuarial adequacy study. Absent this decision, the policy risks stalling before final issuance.

CONDITIONS THAT PREVENT IMPLEMENTATION

No national evidentiary base documents current denial rates or expansion need, no monitoring and evaluation framework exists, and no premium structures or financial support mechanisms are defined for high-risk categories. These three absences, taken together, make final issuance premature (see Section 12).

02 · POLICY PROFILE AND SCOPE

Policy Profile and Scope

A mandatory health insurance policy for visitors and expatriate residents in the Kingdom of Saudi Arabia, setting minimum coverage requirements and core procedural obligations for insurers and providers. It focuses on unifying coverage standards across cooperative insurance companies and defining mechanisms for handling claims and disputes.

Sector	Health insurance · visitor and resident protection
Core coverage scope	Inpatient hospitalisation, outpatient consultations, emergency services, maternity, chronic disease management
Procedural obligations	Claims processed within 15 working days · prior authorisation issued within 48 hours
Named implementing entities	Council of Health Insurance (CHI) · Cooperative Insurance Companies · Ministry of Human Resources · Ministry of Interior

COMPONENT COVERAGE

2 components present · 4 partial · 3 absent, against the nine-domain quality rubric

Problem Definition	Partial	Specific gaps identified, but without deep statistical analysis or a comprehensive coverage assessment.
Evidence Base	Absent	Only the internal regulatory framework is cited; no studies or international data.
Strategic Alignment	Partial	Consistent with the current regulatory framework; no explicit link to Vision 2030 or national goals.
Policy Design Quality	Developing	Core structure exists; prior-authorisation criteria and term definitions are not unified.
Implementation Planning	Absent	Entities are named; no implementation plan or resource/needs assessment.

Governance and Accountability	**Developing**	Core roles defined; accountability and oversight mechanisms remain weak.
Financing and Sustainability	**Absent**	No detail on premium structures or support mechanisms for high-risk categories.

03 · ASSESSMENT METHODOLOGY

Assessment Methodology

Mizan evaluates each policy along two independent axes and reconciles them into a single readiness verdict.

QUALITY ASSESSMENT

A rubric-based score across nine policy-design domains — problem definition, evidence base, strategic alignment, design quality, implementation planning, governance, financing, monitoring, and equity — each scored 0–5 and combined into a weighted mean.

FEASIBILITY ASSESSMENT

A contextual risk assessment across six delivery dimensions specific to the Saudi Arabia 2025 operating environment, each rated by risk level and scored 0–5.

READINESS THRESHOLD

A policy advances to final issuance only when both the quality and feasibility weighted means reach **3.0/5.0** (minimum floor: 2.3/5.0 per dimension). Falling below this threshold returns a “Not Ready” verdict pending the corrective actions identified in the gap register.

Evidence for each score is drawn from the policy document itself, cross-referenced against the current Council of Health Insurance regulatory framework and, where available, international practice and comparator standards. Domain scores below 2.5/5.0 are classified Critical; 2.5–3.9 Adequate; 4.0 and above Strong.

04 · CONSOLIDATED SCORECARD

Consolidated Scorecard

1.7	1.9	0	5/6
QUALITY · WEIGHTED MEAN	FEASIBILITY · WEIGHTED MEAN	DOMAINS RATED STRONG (OF 9)	FEASIBILITY AXES RATED HIGH-RISK

QUALITY BY DOMAIN

Problem Definition	2.0
Evidence Base	1.0
Strategic Alignment	2.5
Policy Design Quality	2.5
Implementation Planning	1.5
Governance and Accountability	2.0
Financing and Sustainability	1.5
Monitoring and Evaluation	1.0
Equity and Health in All Policies	2.0

FEASIBILITY BY DIMENSION

Regulatory and Legal Alignment	Medium risk	3.0
Institutional Capacity and Governance	High risk	2.5
Financial Sustainability and Budget Availability	High risk	1.5
Technology Infrastructure and Data Systems	High risk	2.0

Stakeholder Coordination and Implementation Readiness	High risk	2.0	
Monitoring, Evaluation, and Adaptive Management	High risk	1.0	

05 · POLICY QUALITY ASSESSMENT

Policy Quality Assessment

Rubric-based scoring across nine quality domains · weighted mean 1.7/5.0

Problem Definition

CRITICAL **2.0**/5.0

The policy identifies specific gaps but without a deep statistical analysis, epidemiological data, or a comprehensive assessment of current coverage and targeted needs.

EVIDENCE — *"Gap Analysis: Incomplete coverage for dependants of domestic workers. Inconsistent prior authorisation criteria across insurers. Insufficient CHI oversight of claims denial rates."*

IMPLICATION — Without population-level data, remediation priorities cannot be set with confidence.

CORRECTIVE ACTION — Comprehensive statistical documentation of targeted populations and root-cause analysis of the identified problems.

Evidence Base

CRITICAL **1.0**/5.0

No citations to research studies, statistical data, impact assessments, or international standards; the only cited basis is CHI's own internal regulatory framework.

EVIDENCE — *"No citations to research studies, statistical data, impact assessments, or comparative policy references. Only internal regulatory framework cited."*

IMPLICATION — Design choices are not evidence-anchored, weakening the case for the proposed expansion.

CORRECTIVE ACTION — Investigative studies and prior impact assessments, national statistical data on coverage and compliance, and references to international practice or comparator standards.

Strategic Alignment

ADEQUATE **2.5**/5.0

The policy is consistent with the current CHI and cooperative insurance regulatory framework but does not explicitly link to Vision 2030, national health goals, or the primary-care transformation strategy.

EVIDENCE — *"Regulatory Framework: Council of Health Insurance Law and Cooperative Health Insurance regulations. CHI Unified Policy Document."*

IMPLICATION — Broader national strategic priorities are not mapped to this policy's specific milestones.

CORRECTIVE ACTION — An explicit link between policy targets and Vision 2030's quantified goals, and clarified alignment with the primary-care transformation strategy.

Policy Design Quality

ADEQUATE **2.5**/5.0

The core structure exists but operational detail is missing. Prior-authorisation criteria are inconsistent across insurers, and key financial terms are undefined.

EVIDENCE — *"Insurance Coverage Scope: Inpatient hospitalisation, Outpatient consultations, Emergency services, Maternity, Chronic disease management. Gap Analysis: Inconsistent prior authorisation criteria across insurers."*

IMPLICATION — The absence of clear definitions may cause implementation ambiguity and compliance disputes.

CORRECTIVE ACTION — Clear definitions of key terms, a detailed benefits schedule, shared liability limits, and unified prior-authorisation standards across insurers.

Implementation Planning

CRITICAL **1.5**/5.0

The four implementing entities are named, but without a defined implementation plan, resource and training-needs assessment, or technology-infrastructure requirements.

EVIDENCE — *"Implementation Entities: Council of Health Insurance (CHI), Cooperative insurance companies, Ministry of Human Resources, Ministry of Interior."*

IMPLICATION — Implementation risks delay and role conflict across the four named entities.

CORRECTIVE ACTION — A detailed implementation timeline and transition phases, defined coordination mechanisms between entities, and identified resource, training, and technology-infrastructure requirements.

Governance and Accountability

CRITICAL **2.0**/5.0

Core roles are defined but accountability and oversight mechanisms are weak; no specific performance standards, clear complaint channels, or compliance-oversight mechanisms exist.

EVIDENCE — *"Payer and Provider Obligations: Insurers must process claims within 15 working days. Prior authorisation for elective procedures must be issued within 48 hours. Denials must state clinical justification in writing."*

IMPLICATION — Accountability for denial rates and compliance cannot currently be enforced.

CORRECTIVE ACTION — Clear accountability mechanisms for denial rates, specific performance standards and compliance-measurement mechanisms, and beneficiary complaint and corrective-oversight channels.

Financing and Sustainability

CRITICAL **1.5**/5.0

No detail on premium structures, support mechanisms for high-risk categories, financial sustainability analysis, or reinsurance mechanisms.

EVIDENCE — *"Financing: Premium schedules set by CHI. Employer-sponsored for residents. Visitor insurance mandatory for visa issuance."*

IMPLICATION — Financial adequacy to cover high-risk categories cannot currently be verified.

CORRECTIVE ACTION — Detailed pricing schedules and premium structures, financial support mechanisms for high-risk categories, and a long-term financial sustainability and reserve-adequacy analysis.

Monitoring and Evaluation

CRITICAL **1.0**/5.0

A complete absence of a monitoring and evaluation framework; no KPIs, measurable targets, or data-collection mechanisms for periodic review.

EVIDENCE — *"No KPIs, measurable targets, data collection mechanisms, or review timelines specified in the policy document."*

IMPLICATION — Policy impact cannot be measured, problems cannot be identified in time, and resources cannot be redirected to the most in-need cases.

CORRECTIVE ACTION — KPIs and measurable coverage targets, data-collection mechanisms and a periodic review timeline, and mechanisms to measure beneficiary satisfaction and compliance.

Equity and Health in All Policies

CRITICAL **2.0**/5.0

Equity intent is present but without deep analysis or specific implementation mechanisms; known coverage gaps have not been fully addressed.

EVIDENCE — *"Extend coverage to domestic workers and low-income expatriate populations. Emergency services: unconditional coverage regardless of policyholder status."*

IMPLICATION — Coverage gaps for the most vulnerable categories may persist without specific mechanisms ensuring equitable access.

CORRECTIVE ACTION — An equity-impact and socio-economic barrier analysis, specific mechanisms ensuring equitable and fair access, and a defined plan to close the domestic-worker coverage gap.

06 · IMPLEMENTATION FEASIBILITY ASSESSMENT

Implementation Feasibility Assessment

Six delivery dimensions · Saudi Arabia 2025 context · weighted mean 1.9/5.0

Regulatory and Legal Alignment

MEDIUM RISK 3.0/5.0

The policy is consistent with the current CHI and cooperative insurance regulatory framework, but requires a comprehensive statutory review to confirm no conflict with Labor Law and the Unified Domestic Workers Insurance Programme.

KEY BARRIER — No defined formal coordination mechanisms between the three implementing entities.

KEY ENABLER — An established CHI and cooperative-insurance regulatory framework with clear authority.

Institutional Capacity and Governance

HIGH RISK 2.5/5.0

CHI holds regulatory oversight and policy-issuance authority, but no detail exists on the institutional or technical capacity required to meet the specified turnaround commitments.

KEY BARRIER — A clear shortfall in CHI's current capacity to oversee denial rates and compliance.

KEY ENABLER — An established CHI regulatory framework as a central regulatory body.

Financial Sustainability and Budget Availability

HIGH RISK 1.5/5.0

The policy indicates that premium schedules are set by CHI, but lacks any detail on financial sustainability or budget availability for the proposed coverage expansion.

KEY BARRIER — No defined pricing structures or support mechanisms for high-risk categories.

KEY ENABLER — An established, functioning cooperative insurance system to build upon.

Technology Infrastructure and Data Systems

HIGH RISK 2.0/5.0

The policy does not address the technology infrastructure or claims-processing systems needed to meet its specified turnaround commitments, nor clarify integration with the current NPHIES platform.

KEY BARRIER — No clarity on integration requirements with the current NPHIES platform or on security and privacy requirements.

KEY ENABLER — An existing NPHIES platform that could be leveraged for claims processing.

Stakeholder Coordination and Implementation Readiness

HIGH RISK **2.0**/5.0

The policy names four implementing entities but without a detailed coordination plan or defined responsibilities per entity, and no clarity on mechanisms to engage other stakeholders.

KEY BARRIER — No defined entity-specific responsibilities or formal coordination mechanisms between entities.

KEY ENABLER — Clearly named implementing entities and CHI's existing regulatory experience.

Monitoring, Evaluation, and Adaptive Management

HIGH RISK **1.0**/5.0

The policy completely lacks a monitoring and evaluation framework; no KPIs or mechanisms exist to measure the policy's effect on health equity or access to services.

KEY BARRIER — No defined mechanism to measure the policy's effect on health equity or access to services.

KEY ENABLER — An existing NPHIES platform that could be leveraged to collect claims-related data.

07 · REGULATORY INTERSECTIONS

Regulatory Intersections

The policy operates at the intersection of four regulatory and enforcement bodies. Alignment is directionally sound but lacks documented formal coordination mechanisms across all four entities.

Council of Health Insurance مجلس الضمان الصحي	Holds regulatory oversight and policy-issuance authority, and sets insurer obligations; the lead entity responsible for overseeing claims denial rates.
Cooperative Insurance Companies شركات التأمين التعاوني	Issue policies and process claims within the specified turnaround times (15 working days, 48 hours for prior authorisation).
Ministry of Human Resources وزارة الموارد البشرية	Links work-visa issuance to the requirement of active health insurance for all expatriate workers and domestic workers.
Ministry of Interior وزارة الداخلية	Links visa issuance for visitors to the requirement of active mandatory health insurance.

REGULATORY & LEGAL ALIGNMENT · MEDIUM RISK · 3.0/5.0

The policy is consistent with the current Council of Health Insurance and cooperative insurance regulatory framework, but requires a comprehensive statutory review to confirm it does not conflict with Labor Law and the Unified Domestic Workers Insurance Programme, and has not defined formal coordination mechanisms between the Ministry of Human Resources and Ministry of Interior on enforcing coverage requirements for workers and visitors.

08 · BENCHMARKING ANALYSIS

Benchmarking Analysis

8 reference findings across Saudi frameworks and international standards

REF	SOURCE	DOMAIN	ALIGNMENT
BM-01	No Saudi health policy framework documents provided in reference context	Evidence Base and Policy Justification	Low
BM-02	No reference documents available for Vision 2030 or national health strategy alignment	Strategic Alignment with National Priorities	Low
BM-03	No reference documents on Saudi health-system governance or CHI operational frameworks	Governance and Institutional Capacity	Low
BM-04	No reference documents on Saudi health-financing frameworks or NPHIES integration	Financial Sustainability and Technology Infrastructure	Low
BM-05	No reference documents on Saudi implementation-planning or change-management frameworks	Implementation Planning and Stakeholder Coordination	Low
BM-06	No reference documents on Saudi health-policy monitoring frameworks or KPI standards	Monitoring, Evaluation, and Performance Management	Low
BM-07	No reference documents on Saudi health-equity frameworks or vulnerable-population policies	Health Equity and Vulnerable Populations	Moderate
BM-08	No reference documents on Saudi regulatory-compliance or legal-review frameworks	Regulatory and Legal Alignment	Low

No comparator Saudi policy documents, Vision 2030 references, or Cochrane Library international evidence were available at assessment time; benchmarking therefore relies principally on the policy's own cross-references to CHI's internal statutes. This constrains international comparability and is itself tracked as GAP-01 below.

09 · PRIORITIZED GAP REGISTER

Prioritized Gap Register

12 gaps identified · 7 critical · 5 moderate · 0 minor

GAP-01 CRITICAL

Evidence Base and Problem Definition

No reference to investigative studies, impact assessments, or national statistical data documenting current denial rates or expansion need; the only basis cited is internal legislation.

Implication: The absence of an evidentiary base limits decision-makers' ability to assess the genuine need for the proposed updates.

GAP-02 CRITICAL

Implementation Planning and Coordination

No defined timelines, transition phases, or formal coordination mechanisms exist between the four named implementing entities.

Implication: The absence of an implementation plan may cause delays in practical rollout and role and responsibility conflicts among the entities involved.

GAP-03 CRITICAL

Monitoring, Evaluation, and Performance Management

A complete absence of a monitoring and evaluation framework; no KPIs, measurable targets, or data-collection mechanisms for periodic review.

Implication: The absence of a monitoring and evaluation framework prevents measurement of policy impact and achievement of stated goals, and impedes continuous improvement.

GAP-04 CRITICAL

Financial Sustainability and Budget Allocation

No detail on premium structures, financial support mechanisms for high-risk categories, financial sustainability analysis, or reinsurance reserves.

Implication: The absence of a financial sustainability assessment may result in inadequate financial resources to meet the specified commitments, particularly on expanding coverage to vulnerable categories.

GAP-05 CRITICAL

Technology Infrastructure and Data Systems

No specifications exist for the claims-processing or prior-authorisation systems needed to meet the specified turnaround commitments (15 working days, 48 hours), and no clarity on integration with the current NPHIES platform.

Implication: Undefined technical requirements make meeting the specified turnaround commitments unlikely, weakening the policy's effectiveness.

GAP-06 CRITICAL

Institutional Capacity and Governance

The policy itself acknowledges a shortfall in CHI's capacity to oversee claims denial rates, without a plan to strengthen capacity or develop the required systems.

Implication: This self-acknowledged institutional capacity gap is a significant barrier to effective implementation and the persistence of the identified problems.

GAP-07 CRITICAL

Strategic Alignment and Policy Justification

The policy does not clearly define its link to Saudi Vision 2030, national health goals, or the primary-care transformation strategy.

Implication: The absence of a defined strategic link may result in misalignment with broader national priorities, weakening institutional and political support for the policy.

GAP-08 MODERATE

Policy Design Quality

Prior-authorisation criteria are inconsistent across insurers, and no clear definitions exist for key terms or a shared-liability schedule.

Implication: The absence of unified standards and clear definitions may cause inconsistent application across insurers and lead to compliance disputes.

GAP-09 MODERATE

Governance and Accountability

No clear mechanisms exist for accountability over denial rates, specific performance standards, or a beneficiary complaint channel.

Implication: The absence of clear accountability mechanisms may weaken compliance by insurers and providers; unjustified claims denial could persist without effective penalties.

GAP-10 MODERATE

Regulatory and Legal Alignment

The policy requires a comprehensive statutory review to confirm no conflict with Labor Law and the Unified Domestic Workers Insurance Programme; regulatory responsibilities in disputes between insurers and providers have not been clarified.

Implication: Without a comprehensive statutory review, legal conflicts may arise at implementation, and the policy may face compliance or data-protection challenges.

GAP-11 MODERATE

Equity and Health in All Policies

The policy references expanding coverage to domestic workers and high-risk categories but without a deep equity-impact analysis or specific mechanisms to ensure equal access.

Implication: Without specific equity mechanisms, coverage gaps may persist for the most vulnerable categories, and the policy may not achieve its stated goal of expanding coverage to domestic workers and high-risk categories.

GAP-12 MODERATE

Implementation Planning

No specific mechanisms exist for engaging other stakeholders (healthcare providers, employer groups, labor-rights organisations) in implementation and monitoring.

Implication: Failing to engage stakeholders may draw resistance from concerned parties and weaken implementation effectiveness, causing practical rollout challenges due to insufficient coordination among implementing entities.

10 · RECOMMENDATIONS

Recommendations

Eight prioritised actions, sequenced into a single implementation roadmap across two horizons. Each carries a named responsible entity, a defined deliverable and dependency, and a success indicator.

SHORT-TERM (0–3 months)

Develop a detailed implementation readiness plan with a timeline, transition phases, and formal coordination mechanisms across the four entities

ACT-02

Responsible — Council of Health Insurance

Deliverable — Approved implementation plan document

Success indicator — Plan approved and inter-entity coordination protocols signed

Supporting — — | **Dependency —** None

Develop a comprehensive monitoring and evaluation framework with KPIs and measurable targets

ACT-03

Responsible — Council of Health Insurance

Deliverable — M&E framework with indicators and review dates

Success indicator — Indicators published and periodic review under way

Supporting — — | **Dependency —** None

Conduct a comprehensive statutory and legal review to confirm no conflict with Labor Law and the Unified Domestic Workers Insurance Programme

ACT-07

Responsible — Council of Health Insurance

Deliverable — Legal and regulatory review report

Success indicator — Updated policy approved with no regulatory conflicts

Supporting — Ministry of Justice | **Dependency —** None

Develop unified prior-authorisation standards, clear key-term definitions, and a specific plan to close the domestic-worker coverage gap

ACT-08

Responsible — Council of Health Insurance

Deliverable — Unified standards and definitions handbook

Success indicator — Unified standards approved and applied across all insurers

Supporting — — | **Dependency —** None

MEDIUM-TERM (3–12 months)

Conduct a comprehensive investigative study tracking current denial rates and coverage gaps for high-risk categories

ACT-01

Responsible — Council of Health Insurance

Deliverable — Investigative study report with supporting statistical data

Success indicator — Study completed and its data adopted into the updated policy design

Supporting — Ministry of Health | **Dependency —** None

Conduct a comprehensive actuarial study to determine premium structures, financial sustainability, and support mechanisms for high-risk categories

ACT-04

Responsible — Council of Health Insurance

Deliverable — Approved actuarial study report

Success indicator — New pricing structures and support mechanisms approved

Supporting — Cooperative insurance companies | **Dependency —** None

Develop technical specifications for the infrastructure required for claims processing, prior authorisation, and NPHIES integration

ACT-05

Responsible — Council of Health Insurance

Deliverable — Technical specification and integration architecture document

Success indicator — Technical integration with NPHIES operational

Supporting — Ministry of Health | **Dependency —** None

Conduct a comprehensive capacity assessment of CHI and develop a plan to strengthen required capabilities and human resources

ACT-06

Responsible — Council of Health Insurance

Deliverable — Capacity assessment report and institutional development plan

Success indicator — Approved capacity-strengthening programme under implementation

Supporting — — | **Dependency —** None

11 · PHASED IMPLEMENTATION ROADMAP

Phased Implementation Roadmap

Short-term
(0–3 months)

- Develop a detailed implementation readiness plan with a timeline, transition phases, and formal coordination mechanisms across the four entities
- Develop a comprehensive monitoring and evaluation framework with KPIs and measurable targets
- Conduct a comprehensive statutory and legal review to confirm no conflict with Labor Law and the Unified Domestic Workers Insurance Programme
- Develop unified prior-authorisation standards, clear key-term definitions, and a specific plan to close the domestic-worker coverage gap

Medium-term
(3–12 months)

- Conduct a comprehensive investigative study tracking current denial rates and coverage gaps for high-risk categories
- Conduct a comprehensive actuarial study to determine premium structures, financial sustainability, and support mechanisms for high-risk categories
- Develop technical specifications for the infrastructure required for claims processing, prior authorisation, and NPHIES integration
- Conduct a comprehensive capacity assessment of CHI and develop a plan to strengthen required capabilities and human resources

12 · CONDITIONS FOR ADVANCEMENT

Conditions for Advancement

The following eight conditions must be satisfied before this policy can be considered ready to move from its current phase into final issuance.

1. Conduct a comprehensive investigative study tracking current denial rates and coverage gaps for domestic workers and high-risk categories, with statistical data to support policy design.

2. Develop a detailed implementation readiness plan that includes defined timelines, transition phases, and formal coordination mechanisms between the Council of Health Insurance, cooperative insurance companies, Ministry of Human Resources, and Ministry of Interior.

3. Develop a comprehensive monitoring and evaluation framework that includes KPIs, measurable coverage targets, data-collection mechanisms, and a periodic-review timeline.

4. Conduct a comprehensive actuarial study to determine premium structures, financial sustainability, and financial support mechanisms for high-risk categories and domestic workers.

5. Develop technical specifications for the infrastructure required for claims processing, prior authorisation, and integration with the current NPHIES platform.

6. Conduct a comprehensive capacity assessment of the Council of Health Insurance and develop a plan to strengthen the required human resources and administrative systems.

7. Conduct a comprehensive statutory and legal review of the policy to confirm it does not conflict with Labor Law and the Unified Domestic Workers Insurance Programme, and to verify compliance with health-data protection and privacy requirements.

8. Develop unified prior-authorisation standards, clear definitions of key terms, and a specific mechanism for closing the coverage gap for domestic workers and vulnerable categories.

13 · FINAL ASSESSMENT

Final Assessment

VERDICT	QUALITY	FEASIBILITY
Not Ready	1.7/5.0	1.9/5.0

This readiness assessment finds that the Mandatory Health Insurance Coverage policy for visitors and residents falls short of the foundational requirements for implementation readiness. The policy clearly defines its core coverage scope and procedural obligations, but lacks the systematic evidentiary base needed to justify the proposed expansions. On policy quality, it carries seven critical gaps including a missing evidence base (1.0/5.0), an undefined implementation plan (1.5/5.0), and the absence of any monitoring and evaluation framework (1.0/5.0). On feasibility, the policy faces vital barriers across several decisive axes: regulatory and institutional alignment requires a comprehensive review to confirm no conflict with Labor Law and the Unified Domestic Workers Insurance Programme, and CHI's current institutional capacity is insufficient to oversee claims denial rates — a limitation the policy document itself acknowledges. Financing structures and a financial sustainability framework remain undefined in detail, making it impossible to assess the adequacy of the proposed expansion to domestic workers and high-risk categories. The technical infrastructure needed to meet the specified turnaround commitments (claims processing, prior authorisation) has not been scoped. Advancing to final issuance requires closing these foundational gaps first.

14 · TECHNICAL APPENDIX AND SOURCES

Technical Appendix and Sources

SCORING METHODOLOGY DETAIL

Domain and dimension scores are assigned on a 0–5 scale by trained reviewers against a fixed rubric, weighted by domain importance to form the composite Quality and Feasibility means shown throughout this report. Bands: Strong ≥4.0 · Adequate 2.5–3.9 · Critical <2.5.

SOURCE DOCUMENTS CONSULTED

Policy document (Mandatory Health Insurance Coverage for Visitors and Residents) · CHI Unified Policy Document · Visitor Policy (Session No. 99) · Domestic Workers Health Insurance Policy. Requested but unavailable at assessment time: comparator Saudi policy documents, Vision 2030 health references, Cochrane Library international evidence, and Saudi health system or CHI governance standards.

REFERENCED INSTITUTIONS

CHI	Council of Health Insurance
MoH	Ministry of Health
MoHR	Ministry of Human Resources
MoI	Ministry of Interior
NPHIES	National Platform for Health Information Exchange Services
MoJ	Ministry of Justice

DATA INTEGRITY NOTE

All scores, risk classifications, gap findings and recommendations in this report reproduce the underlying Mizan assessment output unmodified. This document restructures presentation only; no score, finding, or recommendation was altered in the redesign.