LAW NO. 10/L-028

ON COMPULSORY HEALTHCARE INSURANCE

The Assembly of the Republic of Kosovo;

Based on Article 51 of the Constitution of the Republic of Kosovo,

Approves:

LAW ON COMPULSORY HEALTHCARE INSURANCE

CHAPTER I
GENERAL PROVISIONS

Article 1
Purpose

1. This Law shall govern the compulsory healthcare insurance system, including the principles, functions, rights and responsibilities of the involved parties, insured persons, contribution modalities, the package of benefits covered by the mandatory health insurance, contractual relations with healthcare institutions and pharmacies regarding the provision, use and payment of health services and dispensed products.

2. The Compulsory Healthcare Insurance Fund of the Republic of Kosovo is hereby established under this Law.

3. This Law shall govern the operation and financing of the Compulsory Healthcare Insurance Fund of the Republic of Kosovo.

Article 2
Scope

This Law shall be applied by all citizens and residents of the Republic of Kosovo, legal entities established and registered in Kosovo, responsible persons of legal entities, healthcare institutions and pharmacies contracted by the Compulsory Healthcare Insurance Fund, by the Compulsory Healthcare Insurance Fund itself and licensed institutions providing voluntary private health insurance.

Article 3
Definitions

1. The expressions used in this Law shall have the following meanings:

1.1. **Actuarial analysis** - a review by an actuary, showing the current and expected financial situation and developments of the health insurance fund resulting from the expected total amount of income (contributions to be paid and others). The fund has the legal right to also accept the costs of the benefit package, which the Fund offers and pays for the insured on the basis of contractual relations with healthcare institutions and pharmacies;

1.2. **Dependent family member** – within the meaning of this Law, the following are considered as economically dependent members of the active insured's family: the spouse, who is not the insured, children up to the age of eighteen (18), namely twenty-eight (28) years old, if they provide relevant proof of attending regular university education, including adopted children;

1.3. **CRA** - Civil Registration Agency;

1.4. **TAK** - Tax Administration of Kosovo - Unit in the Ministry of Finance, responsible for collecting taxes, pension contributions and health insurance in Kosovo;

1.5. **Resident** – the holder of the residence permit issued by the competent authority for the territory of the Republic of Kosovo and the person who has international protection or has applied for this status;

1.6. **Co-payment** – the amount or percentage of the costs of a health service or a particular service package that must be paid by the insured for sharing the cost of that service provided;

1.7. **Contribution base** – the specified amount on which contribution rates must be paid, such as the sum of all earnings derived from wages, pension payments or, in the case of self-employed workers, gross income minus allowable deductions. The minimum wage is used as a reference value to determine upper and lower limits, as well as flat-rate contributions for active insured persons, where the contribution base cannot be uniquely identified;

1.8. **Fund** – is an alternative name for the Compulsory Healthcare Insurance Fund (CHCIF), as defined in this Article;

1.9. **CHCIF** - The Compulsory Healthcare Insurance Fund - (hereinafter “the Fund”) public compulsory health insurance institution with the status of a legal entity with special rights, obligations, responsibilities and authorizations for the implementation of this Law on behalf of the insured, authorized for the legal collection of contributions or other financial means, to cover the costs of healthcare benefits to which the insured is entitled, provided by contracted healthcare institutions and pharmacies and all other expenses related to health insurance;

1.10. **The insured** - the person covered by the scope of Article 9 of this Law and for whom the payment of health insurance contributions is in accordance with the provisions of this law, by the person himself and by the third person responsible for paying all or a part of contributions for this person.

1.11. **Active insured** - the person who is obliged to pay the compulsory healthcare insurance contributions and pays regularly in accordance with the provisions of this Law.

1.12. **Inactive insured** –

1.12.1. the person for whom the third party pays all health insurance contributions;

1.12.2. the person covered as an economically dependent family member, co-insured through the active insured.

1.13. **Indexing** - adjusting prices and fees to reflect the rising cost of providing health technologies and services;

1.14. **Input -** within the meaning of this Law, includes the information, mechanisms and resources that enable the functioning of health financing; within a time limit;

1.15. **Healthcare institution** - the public, private, public-private healthcare institution, humanitarian healthcare institution, healthcare institutions and entities that have permission from the Ministry responsible for providing healthcare;

1.16. **Contribution for compulsory healthcare insurance** - the amount of money that must be paid to cover the compulsory healthcare insurance according to the provisions of this Law;

1.17. **Long-term care** – means the support and services, including medical and non-medical care, provided to people who are unable to perform basic activities of daily living;

1.18. **List of reimbursable out of hospital medicines and medical devices** - the list of items that are reimbursable;

1.19. **Provider payment mechanism** - the way whereby healthcare institutions are paid for services provided to the insured, who are covered by compulsory healthcare insurance;

1.20. **Managed Access Agreement** - the agreement between the manufacturer/distributor and the healthcare payer that allows drug coverage by managing uncertainty about the healthcare payer's impact or performance;

1.21. **Flat Rate** - it is a fixed and accurate monthly or annual percentage, which enables the planning of healthcare expenses;

1.22. **Output** – within the meaning of this Law, means the totality of values, goods and services produced;

1.23. **Salary** - any amount that the employer pays in money or in kind as compensation for the services provided by the employee during the employment, based on the employment contract, expressed or implied, verbal or written. Salary includes the wage, allowances, or any other form of payment related to employment;

1.24. **Minimum wage** - minimum payment for a full working hours during the month, as determined by the legislation in force;

1.25. **Budgetary payment** - a payment of a default fixed amount to be transferred to healthcare institutions, for a certain period. It can be applied either as a budget line/item, to cover input costs (e.g., personnel, drugs, utilities), or as a global budget in the form of a default amount, which should include the operational costs for services agreed upon by the healthcare institution;

1.26. **Case-based payment** - hospital payment at a fixed payment rate for admission or discharge for each case treated that falls into one of a set of defined categories of cases with nearly similar clinical characteristics and resource requirements for diagnosis and treatment. Cases may be pooled by determining average costs per case per department according to its clinical specialty or by patient diagnosis and main procedures (Diagnostic Groups), which as a minimum seek to determine a global average cost per case, also referred to as “base rate,” and certain case group weights to differentiate cases with different resource intensities;

1.27. **Fee-for-service payment** - payment based on a default fee schedule, determined and paid for each individual or for a predetermined group of services, which may include drugs, medical devices, and other materials intended for use for healthcare services;

1.28. **Payment per inpatient day** - payment of a fixed amount per day for each admitted patient, which may vary by department, patient, clinical characteristics or other factors;

1.29. **Payment per capita** - also referred to as “capitation payment,” a fixed amount payment for a certain set of services at the primary healthcare level, for a certain period of time, for each insured person;

1.30. **Benefit package** – a package containing the health services and products to which the insured are entitled in case of need, which serves as the basis for the Fund's contracts with selected healthcare institutions and pharmacies;

1.31. **Waiting period** - the time period between the date when the insurance obligation starts running or the renewal of the valid insurance status and the date of obtaining the right to a certain service;

1.32. **Self-employed person** - a person who earns income from the sale of goods (including technological, commercial, agricultural, artistic, educational goods or intellectual property) or from the provision of services and (b) make such sales or provide services, which are not under the control or supervision of the employer and thus not considered employed;

1.33. **Persons receiving a pension** - persons receiving old-age pension payments subject to personal income tax in the Republic of Kosovo, with the exception of the basic old-age pension or disability pension paid by the Government of Kosovo;

1.34. **Unemployed person** – an unemployed working-age person who is an active member of the labour force and is actively looking for paid work, certified by the Employment Office;

1.35. **Person with a stateless status** – a person without any citizenship and who legally resides in the Republic of Kosovo, for the purposes of this Law, is considered a resident, if not covered by the complementary protection status;

1.36. **Beneficiary** – a person who has the right to receive healthcare services covered by health insurance according to Article 16 of this Law or guaranteed health services listed in Article 7 of this Law, regardless of compulsory healthcare insurance;

1.37. **Administrative procedures** - activities that are financed by contributions and other revenues and that are used to maintain the operational functions of the Compulsory Healthcare Insurance Fund;

1.38. **Employer** - the natural or legal person who provides work to the employee and pays him/her the salary for the work or for the services rendered. The employer may be state-owned or socially controlled by the state, privately owned or may be a combination of state-socially and privately owned and controlled, and may be a legal entity with or without profit;

1.39. **Employee** - a natural person who works for an employer on a paid and full-time or part-time basis, under the control and supervision of the employer, regardless of whether the agreement entered into between them is an employment contract, a service contract, a civil contract, any other commercial agreement, or whether it is a written or unwritten agreement;

1.40. **Extraordinary cases** – within the meaning of this Law, are considered: change of insurance status or questionable insurance status, loss of insurance policy or identity card, impossibility of access to the health file in HIS;

1.41. **Recourse (return)** – the right of the Fund for a request or lawsuit for the return of funds or financial compensation from a natural or legal person, who knowingly or unknowingly unjustly incurred expenses for the Fund;

1.42. **Reserve** - the amount of money generated by the Fund to meet the financial obligations arising from the health insurance system in periods of decreased income or increased expenses, including expenses incurred in unpredictable situations or pandemics;

1.43. **Healthcare Insurance Information System** - the digitized system that stores, processes or transmits data and information related to the civil, employment and income status of citizens, residents and employers of the Republic of Kosovo, to identify obligations and the rights of individuals in relation to health insurance, as well as data relating to the health of individuals and all services provided and products dispensed by health care providers and pharmacies for which health insurance is responsible to pay if are lawfully offered to a beneficiary;

1.44. **Referral System** – a system in which a patient is referred by written or digital request from the primary healthcare level or any other level of healthcare service that has insufficient expertise or medical equipment for the necessary diagnosis or treatment of a patient to be treated at the next higher level of health care services, or, to ensure continuation of care back to the lower level provider, which is considered a re-referral;

1.45. **HIS - Health Information System -** refers to a system designed to manage health care data, including the collection, storage, processing, management, transmission and reporting of necessary electronic data at all levels of health services and for each citizen and resident;

1.46. **Excluded healthcare services** – healthcare services that are not included in the Fund's benefits package;

1.47. **Guaranteed health services** – a limited list of healthcare services, which are covered by the Budget of the Republic of Kosovo, and which are provided free of

charge to a specific group of citizens and residents regardless of their legal and health insurance status;

1.48. **Healthcare services** – services provided by healthcare institutions, pharmacies and healthcare professionals to provide medical treatment and care, or to dispense medical products as defined by health legislation;

1.49. **UHCSK - University Hospital and Clinic Service of Kosovo** - independent public healthcare organization at the level of secondary and tertiary healthcare, in the capacity of a public legal entity, which has rights, obligations, responsibilities and authorizations determined by the healthcare legislation;

1.50. **Citizen** – A person with citizenship of the Republic of Kosovo according to the legislation on Kosovo citizenship and a person who has been granted refugee status or complementary protection status, in accordance with the relevant law in force;

1.51. **Assessment of healthcare technologies** – An activity carried out by the Fund with the support of independent experts who follow an evidence synthesis method to consider the evidence of clinical effectiveness, safety and cost-effectiveness of all healthcare technologies, including tests, drugs, vaccines, devices, procedures, and programs that serve as evidence-based information for determining coverage and reimbursement decisions for healthcare insurance benefit packages;

1.52. **Employment Office** – the organizational structure of the Employment Agency of the Republic of Kosovo (EARK) that is responsible for issuing the unemployment declaration.

2. In this Law, unless the context otherwise requires, the singular shall include the plural and the plural shall include the singular; and “he” shall include “she” and “his” shall include “her.”

Article 4
Principles

1. The basic principles on which this law will be applied are:

1.1. solidarity among citizens, residents, employers and public institutions;

1.2. transparency in the rights and obligations of all parties involved;

1.3. universal and equal access for all insured persons to health care services included in the benefit package covered by the Fund, under equal conditions;

1.4. sustainability of the health care system and its financing;

1.5. protecting the insured from the risks of health-related financial hardship;

1.6. responsibility and professionalism of management and staff members in health institutions and funding authorities;

1.7. cost effectiveness and cost-efficiency of the Fund's operation;

1.8. informed patient-centered, evidence-based, and cost-effective prescribing and regular review of the benefits package;

1.9. health promotion and disease prevention as a primary concern.

Article 5
Health insurance form

1. Health insurance in the Republic of Kosovo is organized and applied as mandatory health care insurance based on contributions.

2. Private and voluntary supplementary health insurance can be provided by the CHCIF and by any other licensed institution.

Article 6
Compulsory health care insurance

1. Compulsory health care Insurance is a right and obligation for all residents of the Republic of Kosovo. The insurance status is set as active or inactive insured.

2. Mandatory health care insurance includes the health service package provided by contracted health care providers based on the principles defined in Article 4 of this Law.

3. Compulsory health care insurance is provided only by the Compulsory Health Care Insurance Fund.

Article 7
Guaranteed health services

1. Regardless of the health care insurance status and legal status of persons living in the Republic of Kosovo, the following services are provided free of charge to persons in need who are not covered by mandatory health care insurance in any capacity other than insured active or inactive, according to Article 9 of this law, nor by another foreign or private health care insurance scheme and whose uninsured status is not the responsibility of that person, if they are offered in public health institutions:

1.1. emergency health care services;

1.2. with the exception of paragraph 1. of this Article, other services are determined by interstate agreement or by a sub-legal act of the Government.

2. The Fund implements the provisions of this article and makes payment for the guaranteed health services, for which it is financed by the Budget of Kosovo according to Article 19 of this Law.

Article 8
Voluntary supplementary health insurance

1. The resident of the Republic of Kosovo, the foreign employee in the Republic of Kosovo, as well as all others, can connect supplementary health care insurance coverage with their expenses, provided by the Fund, non-profit institutions and other licensed institutions, according to legislation in force.

2. Voluntary supplementary health insurance does not apply policies and provisions other than those governing the co-financing of insurance mandatory health care.

3.Inclusion in voluntary health insurance for health care services does not exclude the mandatory obligation of the resident, pensioner, employer and employee from the mandatory payment of contributions for health insurance coverage. compulsory health care in the Fund, according to Article 22 of this law.

CHAPTER II
THE INSURED

Article 9
Persons with compulsory insurance

1. Persons with compulsory active insurance:

1.1. employees, who are at least eighteen (18) years old, who exercise professional activity in the Republic of Kosovo with a salary or any other type of payment on behalf of a person or other legal entity;

1.2. the self-employed, who are at least eighteen (18) years old, who exercise professional activity on their own account in the Republic of Kosovo;

1.3. persons receiving pension payments provided by the Kosovo Pension Savings Trust or any type of supplementary pension on which personal income tax is payable if they reside in the Republic of Kosovo;

1.4. all other residents of the Republic of Kosovo who are at least eighteen (18) years old, who are not compulsorily connected in any other capacity with the mandatory

health care insurance and who do not fulfil criteria as inactive insured according to paragraph 2. of this Article.

2. Persons with inactive mandatory insurance:

2.1. coverage of dependent family members:

2.1.1. dependent family members, in the sense of Article 3, sub-paragraph 1.2. of this Law, of the active insured in the sense of this law, are covered by the family membership;

2.1.2. if a family has more than one active insured, the children's co-insurance will be registered with the active insured, who has the highest contribution base at the time when this decision has to be made, regarding the co-insurance. Registration with this parent is changed to the other parent only if the first one will lose the status of active insured;

2.1.3. except from the rule defined in sub-paragraph 2.1.2. of this Article, priority is given to the registration of dependent children with the active insured parent, who is registered at the same address as the children.

2.2. Persons on whose behalf compulsory health care insurance contributions are paid by the state:

2.2.1. individuals who receive social assistance benefits according to the social assistance legislation in force in Kosovo;

2.2.2. prisoners who have been sentenced;

2.2.3. individuals who live in state institutions or residential housing of social care, in family housing and in foster care, the elderly and persons with disabilities in public and non-public institutions of a non-profitable nature licensed by the relevant Ministry, as well as in homes for community-based integration;

2.2.4. repatriated persons based on bilateral agreements of the Republic of Kosovo with other countries, in the first year after repatriation;

2.2.5. war invalids, their spouses and children under the age of eighteen (18) in accordance with the legal provisions in force;

2.2.6. victims of trafficking during the first year after official registration, in accordance with the law;

2.2.7. victims of domestic violence during the first year after official registration in the responsible Ministry, in accordance with the law;

2.2.8. children under the age of eighteen (18) residing in the Republic of Kosovo, who are not insured in any other capacity;

2.2.9. persons over the age of eighteen (18) until the age of twenty-eight (28) who continue their studies or professional training in the Republic of Kosovo without compensation and who are not insured in any other capacity;

2.2.10. applicants for international protection;

2.2.11. persons with international protection;

2.2.12. persons with stateless status;

2.2.13. victims of sexual violence during the war, the status of whom is recognized by the Law;

2.3. persons on whose behalf the payment of the contribution by the state is conditioned by the poverty status of the individual.

2.3.1. the state pays contributions to persons as described in sub-paragraph 2.3.2 of this Article only at the written request of the person or of the mandatory health care insurance fund and conditional upon the fulfilment of the poverty test, which is applied by the Ministry responsible for social welfare, or the criteria determined by this Ministry.

2.3.2. Persons who fall under the provision of sub-paragraph 2.3 of this Article are:

2.3.2.1. persons over the age of sixty-five (65) who only benefit from the basic pension;

2.3.2.2. the members of the immediate family of the martyrs, according to the legislation in force;

2.3.2.3.war veterans, as well as their spouses and children up to the age of eighteen (18);

2.3.2.4. immediate family members of civilian war victims;

2.3.2.5. disabled persons (with a minimum degree of disability of fifty percent (50%));

2.3.2.6. persons with stateless status in the sense of Article 3, sub-paragraph 1.35. of this law;

2.3.2.7. unemployed persons according to Article 3, sub-paragraph 1.34. of this law.

Article 10
Categories and status of the insured

1. The categories of the insured are determined by the Fund in accordance with Article 9 of this law.

2. The mandatory health care insurance status of the insured person, as defined in Article 9 of this law, is registered in the mandatory health insurance information system and is verifiable in all health institutions on the day of membership.

3. The insured and the employer notify the Compulsory Health Care Insurance Fund of all changes related to the compulsory insurance requirements within thirty (30) days.

4. The validity of the mandatory health care insurance status from paragraph 2. of this article is conditioned by compliance with the payments of contributions according to article 22 of this law.

5. The right to benefits covered by the Compulsory Health Care Insurance Fund is terminated for the person who he/she or a third party paying on his/her behalf has not paid the contributions in accordance with Article 22 of this law for last three (3) months before that date.

6. In order to renew the rights to benefit from health insurance coverage, if necessary, a waiting period is applied, the criteria for which are established by a sub-legal act proposed by the Board of the Fund and approved by the Government.

7. The validity of the mandatory health care status referred to in Article 9 of this law is changed or terminated for all insured persons and, if applicable, the co-insurance status of family members, from the day when the change in status occurred of insurance.

8. In case of a change in the insurance status, the Fund allows a period of good will of insurance coverage according to the old status, the relevant criteria and procedures are regulated by a sub-legal act proposed by the Board of the Fund and approved by the Government.

Article 11
The rights of the insured and the obligations of the uninsured

1. The insured with valid mandatory health care insurance coverage in accordance with Article 10, paragraph 4. of this law are entitled, in case of need, to the health services benefit package, covered by the mandatory health care insurance fund health, defined in Articles 16 and 17 of this law.

2. Citizens and residents who are not registered in the mandatory health care insurance scheme or whose registration status has been terminated in accordance with Article 10 of this law, will pay the price of the health service provided, based on the price list approved by Ministry responsible for health, with a proposal from the Fund.

3. Residents of the Republic of Kosovo who are insured abroad will necessarily be included in the compulsory health care insurance and will be forced to pay contributions, unless there is a bilateral or multilateral agreement concluded by the Republic of Kosovo that determines something to the contrary.

4. Citizens of the Republic of Kosovo but without residence in the Republic of Kosovo, who are insured abroad, are obliged to pay the price of the health service provided, based on the special price list approved by the Ministry responsible for health with a proposal from the Fund, unless there are bilateral or multilateral agreements concluded by the Republic of Kosovo that stipulate something to the contrary.

5. In exceptional cases when the insured person, who received health care from a health institution contracted by the Compulsory Health Care Insurance Fund, to which health care he was legally entitled to in accordance with paragraph 1. of this Article, and who had to personally pay for these services to the health care provider, may request reimbursement from the Compulsory Health Care Insurance Fund for the reasonable costs of eligible health care, submitting a complete file of the request for payment, including original receipts and context explanation.

Article 12
Participation in expenses

1. The insured participates in health care costs through co-payments and other financial contributions.

2. The co-payments for the services from paragraph 1. of this Article will be proposed by the Board of Directors of the Fund and approved by a sub-legal act by the Government.

Article 13
Registration of insured and beneficiaries and employers for the purpose of health insurance

1. All active and inactive insured persons, as well as all employers and other beneficiaries of the services of the Compulsory Health Care Insurance Fund, are registered in the health care insurance information system in the sense of Article 3, sub-paragraph 1.43. of this Law, which represents the register of only health insurance.

2. The fund determines the content, data access and processing procedures of individual data of the insured, beneficiaries and employers stored in the health insurance register, in a normative act, in accordance with the legislation in force for the protection of personal data.

3. The fund is the owner of the health insurance register.

4. The mandatory health care insurance fund must not share personal information collected from insured persons and employers with any other organization or authority, except for the purposes of verifying application data, detecting fraud and corruption. For these purposes, the information may be shared with other public bodies based on the statute, in accordance with the legislation in force for the protection of personal data.

5. Except for the provisions in paragraph 4. of this Article, the health care insurance register is updated in cooperation and by means of electronic data exchange and reconciliation with the ARC, TAK, the Central Bank of Kosovo, the Ministry responsible for finance, labour and social welfare, the Employment Agency of the Republic of Kosovo, in accordance with the legislation in force for the protection of personal data.

Article 14
Prohibition of transfer of rights

The right to compulsory healthcare insurance coverage shall not be transferred to another natural person, nor can be changed by contract or alienated.

Article 15
The right to complain

1. The procedures for realizing the rights for compulsory health care insurance shall be provided for in accordance with the legislation on the administrative procedure in force.

2. Each insured person shall have the right to complain about his/her claims regarding the rights and obligations related to the compulsory healthcare insurance and be authorized to notify about the alleged violations of this law.

3. The right to complain shall also apply to the actions and omissions of healthcare providers in relation to the provision of the benefit package, allowing the insured person to submit such complaints to be considered by the Fund's Complaints Commission.

4. The written complaint is submitted within thirty (30) days from the date of the decision regarding the compulsory healthcare insurance, in accordance with the legislation on the administrative procedure in force.

5.The Fund's Complaints Commission of the first instance for examining complaints related to the compulsory healthcare insurance shall be established by decision of the Fund's Management Board, in accordance with Article 29, paragraph 15. of this law.

6. The Fund's Complaints Commission shall, within a period of thirty (30) days, examine and decide on the complaint, according to the legal provisions in force.

7. The Fund's Complaints Commission may propose to the Management Board the undertaking of the necessary actions for the entities contracted by the Fund in accordance with Article 34 of this law.

8. The Complaints Commission of the second instance for examining complaints related to the compulsory healthcare insurance shall be established by the decision of the Government of the Republic of Kosovo, with the proposal of the Minister responsible for Health; and shall be consisted of:

8.1. Representatives from the Ministry of Health;

8.2. A health professional;

8.3. Representatives from the Department for Social Work in the relevant Ministry;

8.4. A lawyer;

8.5. An economist;

8.6. The technical secretary from the Department for health services from the CHCIF without the right to vote.

9. The duties and responsibilities of this Commission shall be part of the Government Decision.

10. The mandate of this Commission is two (2) years and shall be compensated according to the legal provisions in force.

11. The Complaints Commission of the second instance shall, within a period of thirty (30) days, examine and decide on the appeal, according to the legal provisions in force.

CHAPTER III
BENEFIT PACKAGE

Article 16
Healthcare services

1. For healthcare services that are covered by the Fund and the arrangements defined in Article 12 of this law, the Ministry of Health shall draft a sub-legal act that shall be approved by the Government.

2. Healthcare services are defined in the Law on Health as medical practices, professional practices of healthcare professionals, healthcare measures, or rights of persons in the protection of healthcare, the provision or description of which is defined in primary healthcare, specialized out-of-hospital, secondary and tertiary healthcare, as well as specialist hospital, secondary and tertiary healthcare, including emergency healthcare.

3. Exceptionally from paragraph 2. of this Article, the compulsory healthcare insurance may cover the expenses for medical treatment outside the health institutions contracted by the Fund, inside the country and abroad, if such treatment proves to be necessary to avoid serious damage of the insured person's health, in accordance with the procedure determined by the Ministry responsible for Health, based on the proposal of the Fund's Management Board, for which the details shall be specified through a sub-legal act issued by the Minister responsible for Health.

4. The benefit package covered by the Fund and all subsequent proposals for adjustments shall be drawn up by a technical commission, further specified in Article 29, paragraph 13. of this Law, based on the policies of the Ministry responsible for Health and on the principles of clinical effectiveness, quality, safety and cost-effectiveness in the application of relevant service guidelines and protocols as well as standards for the evaluation of health technologies.

5. Healthcare benefits shall be provided from the first day of membership, without prejudice to the provisions of Article 12, paragraph 2., and Article 10, paragraphs 5. to 9. of this Law.

Article 17
Implementation of the healthcare benefit package

1. The health services benefit package shall be provided by the health institutions with which the Fund has contractual relations in force.

2. Except for emergency and urgent cases, the financial coverage from the Fund for any usual use of health service provision beyond the level of primary health care shall be conditional upon compliance with the referral system.

3. Preventive programs, as well as services and systematic and periodic medical visits, shall be part of the health service benefit package and the arrangements of Article 12 of this Law.

4. For the creation of the scheme of preventive programs from paragraph 3. of this Article, the Minister of Health shall appoint a technical commission that draws up their list.

5. For the creation of the benefit scheme of medicines and medical devices for out-of-hospital patients, the technical committee shall draw up the List of reimbursable medicines and medical devices, approved by a sub-legal act issued by the Ministry responsible for Health.

6. The reimbursable list of medicines and medical devices from paragraph 5. of this Article shall include medicines and medical devices, which are available by prescription according to the relevant Law on Health, and shall be determined by the Ministry of Health.

7. The Minister of Health shall appoint the Technical Commission responsible for the List of reimbursable medicines and medical devices.

8. The description of medicines included in the List of reimbursable medicines and consumables from paragraph 5. of this Article shall have the exclusive use of generic names for identifying the active ingredients of a medicine, along with the appropriate and available dosage, as well as the schedule and the period of taking the medicines.

9. Exceptions to paragraph 8. of this Article are compounded pharmaceutical products and special medicines for complex and chronic diseases, which can be prescribed under the name of the patented brand, for the reimbursement of which prior authorization from the Fund is required.

10. Unless the authorized doctor, according to paragraph 6. of this Article, while prescribing a medicine, specifically instructs otherwise, the pharmacist who provides the medicine or medicinal product may choose and provide a lower cost substitutable pharmaceutical product.

11. Medicines from the List of reimbursable medicines and medical devices shall be provided to the insured person free of charge.

12. During visits to the hospital, medicines and consumables shall be included in the hospital payment.

13. In exceptional cases, based on the recommendations of the specialist doctor, the Compulsory Healthcare Insurance Fund may, based on the proposal from the Technical

Commission, allow exemption from the List of Reimbursable Medicines and Medical Devices as well as from the conditions of co-payment defined in it, without prejudice to the provisions of this Article and Article 12 of this law regarding co-payments and their exceptions.

14. Healthcare institutions contracted by the Fund shall implement their complaints mechanisms, according to Article 15 of this Law, of which, complaints related to compulsory health insurance shall be sent to the Fund's Complaints Commission for comments or responses, within the specified time limits.

15. The contracting of services under Article 24, paragraph 5. of this Law shall begin on the date determined by a sub-legal act issued by the Ministry responsible for Health.

Article 18
Services excluded from coverage by the Compulsory Healthcare Insurance Fund

1. The services provided for in Article 7 of this law as "guaranteed health services" are paid by the government through the state budget.

2. As a supplement to the provisions of paragraph 1. of this Article, compulsory healthcare insurance shall not include the measures that, according to the health legislation, the Government foresees using the state budget, as follows:

2.1. Experimental treatments;

2.2. Aids and medicines in the clinical research phase;

2.3. Measures of national programs for improving the health of the population;

2.4. Epidemiological surveillance, prevention and control of communicable diseases, mass chronic diseases, including alcoholism, smoking, drug addiction and other addictions;

2.5. Funding of scientific research;

2.6. Health statistics and other medical-social activities;

2.7. Blood collection and tissue and cell transplantation;

2.8. Implementation of environmental health measures.

CHAPTER IV
FUNDING

Article 19
Funding of compulsory healthcare insurance

1. The financial resources for compulsory healthcare insurance shall be:

1.1. financial contributions for compulsory healthcare insurance paid to the Fund or to the organization defined by employers, employees, self-employed and persons receiving pension according to Article 3, sub-paragraph 1.33. of this Law;

1.2. payment from other countries, according to bilateral and multilateral agreements for social security, including health insurance;

1.3. donations and other resources;

1.4. income from the reserve fund, originating from interest amounts, investments or from elsewhere;

1.5. one-time allocations from the state budget;

1.6. payments for compensation of damages according to Article 33 of this law;

1.7. the fund dedicated from the consolidated budget of Kosovo for the payment of guaranteed health services, as defined in Article 7 of this law.

Article 20
Financial management

1. The Fund shall not borrow and collect unpaid obligations according to the law.

2. The financial rules and procedures of the Fund shall be determined by the Regulation on the financial management of the Fund, which shall be approved by the Government, at the proposal of the Ministry of Health.

Article 21
Levels of contribution for compulsory health insurance

1. The relevant Ministry of Finance shall review the rate of contributions in case of imbalances between revenues and expenses.

2. Contributions shall be payable on the total income derived from salaries, pension payments or, in the case of the self-employed, the gross income minus the allowed deductions to the extent defined in Article 22 of this law.

3. The minimum salary is used as a reference value to determine the flat rate for active insured persons with compulsory insurance, for whom a contribution base cannot be uniquely identified in the sense of paragraph 2. of this Article.

4. Without prejudice to the provisions of Article 22, paragraph 6. of this law, the basis of the monthly contribution for all active insured persons shall not be less than the minimum salary for equivalent full-time employment.

5. The contributions payable by each insurance group from Article 9 of this Law for the next fiscal year shall be approved by the Government and the Assembly through the budget process.

6. The procedures for the implementation of this Article shall be determined by a sub-legal act issued by the Minister responsible for Health.

Article 22
Rates of contributions for compulsory health insurance and their collection

1. The contribution rate for the account of the Compulsory Healthcare Insurance Fund shall be seven percent (7%) of the gross salary, of which three point five percent (3.5%) shall be covered by the employer and three point five percent (3.5%) by the employee.

2. The employee's contribution shall be deducted from the employee's salary by the employer and transferred to the specified account of the Compulsory Healthcare Insurance Fund together with the employer's contribution at the appropriate time, in accordance with the rules to be issued and in a manner determined by the Tax Administration of Kosovo.

3. The Tax Administration of Kosovo and the Compulsory Healthcare Insurance Fund are authorized to collect contributions in accordance with this Article, with the approval of the Government after consultations with the Central Bank of Kosovo.

4.In cases where the full-time employment salary is less than the minimum salary, the employer shall pay three point five percent (3.5%) of the minimum salary and the employee shall pay three point five percent (3.5%) of his/her full-time employment salary.

5.The Tax Administration of Kosovo shall have the same responsibilities and rights in relation to the inspection, assessment and enforcement of the payment of compulsory healthcare insurance contributions as it has in relation to the collection of income tax. This includes without limitation the right to consider penalties, correct the basis of contribution, examine records and all other enforcement powers granted to it in accordance with applicable law.

6. Contributions collected from commercial banks and other licensed financial institutions shall be transferred to the account of the Compulsory Healthcare Insurance Fund at the CBK.

7. The Compulsory Healthcare Insurance Fund shall reconcile the collected contributions with its internal accounts regarding the deficit and surplus of the balance of payments for each beneficiary.

8. The employer shall submit the list of all employees to the Tax Administration of Kosovo in the form determined by the Tax Administration of Kosovo. The employer shall list all of its employees with their personal identification numbers, as well as the amounts of employer and employee contributions that must be paid. Such reporting shall be made prior to payment of contributions. Self-employed persons shall submit this information on their own behalf.

9. For the period during which the employee is registered on the payroll with no salary paid, the contributions payable will be suspended and collected later after the payment is made retroactively, unless the employer has notified the Fund of the change in the status of unemployed employees, even temporarily, according to Article 10, paragraph 3., of this law.

10. A self-employed person who pays income tax based on gross income less allowed deductions (before deducting mandatory health insurance contributions), pays seven (7%) percent of taxable income.

11.The self-employed person who pays income tax on a prejudgment basis pays compulsory health insurance contributions of twenty-three (23%) percent of the amount of the prejudgment tax, but not less than twenty-one percent (21%) of minimum salary.

12. For the self-employed person, the minimum contribution for mandatory healthcare insurance is twenty-one percent (21%) of the minimum salary for the quarterly period, even if he/she declares zero (0) euro tax liability for that quarterly period.

13. The Tax Administration of Kosovo is authorized to issue regulations regarding the time and manner of contributions by self-employed persons.

14.The person receiving a pension according to Article 3, sub-paragraph 1.33. pays health insurance contributions of three point five percent (3.5%) of his/her gross income from the pension, which are deducted by the pension payer and transferred to the Health Insurance Fund compulsory health insurance through the Tax Administration of Kosovo.

15. Except for paragraph 16. of this Article, for the income received from the one-time pension withdrawal, the contribution for health insurance of three point five percent (3.5%) must not be greater than the amount equal to three point five (3.5%) times of the minimum wage.

16. For income from pension payments, no contributions are paid by the state.

17. The Tax Administration of Kosovo shall deliver to the Compulsory Health Insurance Fund all information on reporting and collected contributions within forty-eight (48) hours.

18. Payment of contributions to the compulsorily insured person who is not part of health care insurance compulsorily in any other capacity, and who does not meet or has ceased to meet the criteria as an inactive insured under Article 9, paragraph 2. of this law pays a monthly contribution of seven (7%) of the contribution base of twice the minimum wage to the Fund's account.

19. For the person released from the obligation to pay the contributions themselves according to Article 9, sub-paragraphs 2.2. and 2.3. of this Law, the Government transfers from the consolidated budget of Kosovo through the transfer of an annual amount equal to seven (7%) percent of the contribution base of one (1) minimum salary per person per month, which must be transferred to the account of Mandatory health insurance fund in CBK, in accordance with the budget allocation legislation in force.

20. Allocations from the consolidated budget of Kosovo for the services mentioned in Article 19, sub-paragraph 1.7. of this Law, are determined and transferred in accordance with the legislation in force for the management of public finances.

21.The procedures for the implementation of the Article are determined by a sub-legal act issued by the Government of the Republic of Kosovo, based on the proposal from the Ministry responsible for health and the Ministry responsible for finance.

Article 23
Reserve fund and contingency payment obligations

1. The Fund creates a financial reserve in the Central Bank of Kosovo that must not be less than ten (10%) percent of the annual budget of the Compulsory Health Insurance Fund and must be maintained at all times. The rules for the calculation and use of this reserve will be specified in the Regulation for the Financial Management of the Fund, according to Articles 19 and 20 of this Law.

2. Unforeseen difficulties for the Fund's financial situation can be triggered for the use of the Fund's reserves and dealt with within the following year through the process of determining contributions in accordance with this law.

CHAPTER V
RELATIONS WITH HEALTH INSTITUTIONS

Article 24
Contracting and payment of providers

1. The fund negotiates and contracts the provision of health care services included in the benefit package from article 16 and 17 of this law with health institutions.

2. Health institutions, except pharmacies, are paid for providing health services covered by health insurance with the following payment methods, as defined in Article 3, sub-paragraphs 1.29, 1.27, 1.26, 1.28, and 1.25 of this Law, either separately or in any combination thereof.

2.1. Capitation payment is applied as the dominant method of payment for primary health care services in terms of a fixed amount for the insured registered with the family doctor or PHC as his/her provider of first access to health care, allowing adjustments according to relevant legislation in force;

2.2. the payment of the fee for the service is made on the basis of the output after the predetermined tariff plan, regardless of the real costs incurred for the provision.

2.2.1. In exceptional cases, an input-based service charge is authorized on the basis of a prior authorization granted by the Fund's Management Board with approval from the Ministry responsible for health.

2.3. The payment based on the case is realized only for the tertiary level (hospital care), and in some cases (as specified in which cases) it is combined with the secondary level (specialized ambulatory care).

2.4. Payment for days of hospitalization. It is only implemented as a payment mechanism for a limited number of cases, allowing for variations across hospitals and different rates for earlier and later days of hospital stay.

2.4.1. Payment per hospital day, payment of a fixed amount per day for each admitted patient, which may vary by department, patient, clinical characteristics or other factors.

2.5. The payment can be applied at all levels of health care as payment for all or part of the services provided by a single institution or a group of health care institutions, and presents: (The budget must be transferred to the fund, and then the fund deals with all payments. An exception would be that the state takes over the capital investments, but this is a problem as long as the fund negotiates with the private sector. In this case, the financing scheme could be emphasized favours the public sector)

2.5.1. a predetermined fixed payment for health institutions, for a certain period.

3. The contracts from paragraph 1. of this article contain the following elements:

3.1. Types and volume of contracted services;

3.2. The conditions of providing services, including the standards of safety, quality, productivity, and performance of the provision of health institutions;

3.3. Documentation, coding and reporting requirements for services rendered;

3.4. The regulation applicable to co-payments and additional payments for health services to be paid by the insured;

3.5.The payment mechanism referred to in paragraph 2. of this article applicable to the services provided;

3.6. Administrative requirements and payment terms;

3.7. The contract implementation supervision mechanism;

3.8. Performance indicators for measuring and evaluating the performance of outputs, final results and accuracy of medical documentation;

3.9. Stimulus measures; based on performance and health indicators;

3.10. Punitive measures;

3.11. The mechanism of arbitration and legal responsibility for non-implementation of the contract, in accordance with the legal provisions in force.

4. The Fund negotiates and contracts health care services with primary health care institutions, based on the special regulation approved by the Government, at the proposal of the Ministry of Health.

5. Fond contracts pharmacies, to implement the service of dispensing prescribed drugs, medical devices and other eventual health aids for citizens, from article 17 of this law, which are reimbursable to the insured, at a price agreed between the Fund and health institutions.

6. The Fund has the right to negotiate and supply drugs and medical devices directly from the manufacturer of drugs and medical devices (managed access agreement),

6.1. the Fund has the right to negotiate and supply drugs and medical devices directly from the authorized representative of the manufacturer, who holds the Marketing Authorization, according to the legislation in force.

7. Based on the proposal of the Management Board of the Fund, the modalities of the general conditions for contracting, pricing and payment of health services from paragraph 1., paragraph 2., paragraph 3. and paragraph 5. of this article, are specified in more detail and

amended or are supplemented by a sub-legal act issued by the Ministry responsible for health.

8. Notwithstanding other provisions of this law, the Fund's obligation to reimburse the provider for fees or costs for any or all benefits provided to patients arises only if:

8.1. The payments of contributions to the insured are in accordance with Article 22 of this law.

8.2. The services are specifically included in the benefit package of health care services in force at the time of delivery, according to Article 16 of this law or the figures in the list of guaranteed services listed in Article 7 of this law.

8.3. The paid services have actually been provided to the extent necessary according to paragraph 4. of article 16 of this law, and that they have been coded and documented according to the legislation in force.

9. The Fund does not assume any responsibility for non-reimbursement of any fee for the sums unfairly charged by the providers, according to paragraph 8. of this Article.

10. Providers of health services contracted by the Fund are prohibited from charging additional payment to insured persons for services from the package of benefits covered by the Fund according to articles 12, 16 and 17 of this law, above the amount determined by the Fund's price list.

11. Co-payment for services from the benefit package covered by the Fund will be collected in health institutions and will be used in accordance with the legal provisions in force.

12. Based on the proposal of the Management Board of the Fund, the general conditions for the payment of the performance of doctors working in the institutions contracted by the Fund, from this article, are specified in more detail and are amended or supplemented by a sub-legal act issued by the responsible Ministry for health.

CHAPTER VI
MANDATORY HEALTH CARE INSURANCE FUND

Article 25
Basic Act

1. The Government of the Republic of Kosovo, at the proposal of the Ministry of Health, issues a Decision on the establishment of the compulsory health care fund.

2. The basic act of the Fund is the Statute, which is approved by the Government, on the proposal of the Ministry of Health.

3. The Fund's Statute defines the organization, rights, duties, responsibilities and way of carrying out the activity, according to this law.

Article 26
Organization and management of the Fund

1. The Fund is a special interest public institution with the legal autonomy of a legal entity, with special rights, obligations, responsibilities and authorizations for the implementation of this law.

2. The Fund is authorized to ensure and implement the rights and obligations of the insured, health care institutions, pharmacists and other actors, related to the mandatory health insurance, as well as the determination, use and payment of the Package of benefits covered by the mandatory health insurance health care, in accordance with the policies of the Ministry responsible for health.

3. The employees of the Fund are not public officials.

4. The fund is subject to the legislation and rules of public financial management.

5. The structure of the internal organization for the operation of the Fund is determined by the internal Regulation, which is approved by the Fund's Management Board.

Article 27
Role and duties of the Fund

1. The duties and responsibilities of the Fund are:

1.1. Implements health insurance policies, determined by the Ministry responsible for health;

1.2. Ensures the implementation of this Law;

1.3. Proposes the level or amounts of contributions to be paid, co-payments, additional payments, and other financial means for compulsory health care insurance based on the assessment of the situation of revenues and expenses, during a medium-term period for approval by the Governing Board;

1.4. Ensures the long-term sustainability of compulsory health care insurance by anticipating demographic changes, evolving health care needs, advances in medical technology, and cost developments for health care delivery.

1.5. Defines and operates a comprehensive risk management framework and an internal control system.

1.6. Supervises compliance with this law by all physical and legal persons subject to it, by informing the health inspectorate of the Ministry responsible for health and calling for action in case of doubt.

1.7. Ensures timely collection of payable contributions and transfers and other financial means for mandatory health care insurance, in accordance with this law;

1.8. Determines the terms of the contract with health institutions and pharmacies for the services and products of the benefit package, including safety, quality, cost-effectiveness, documentation and procedural standards that must be met;

1.9. Negotiates and contracts health care services, including quality criteria and performance indicators for measuring outputs, results and performance of medical documentation of health care institutions, including incentives for achieving defined objectives.

1.10. With the support of the Technical Commission in the Ministry of Health, competent institutions and experts, the fund examines and adapts the benefit package.

1.11. Ensures effective and timely payment of healthcare services provided by healthcare institutions, based on contracts;

1.12. In cooperation with the responsible Technical Committee within the Ministry of Health, examines and proposes the benefit package covered by the Fund to the Management Board, including the evaluation of costs;

1.13. Supervises the implementation of contracts concluded by the Fund and reports to the Management Board;

1.14. Organizes and implements the information system for health insurance of the Fund, and ensures the interaction with the health information system and with other relevant information systems of the Government;

1.15. Provides information to the public about the details of the benefit package in the official version, including the annual financial statements, on the official websites of the Fund, the Ministry of Health and the eKosova portal;

1.16. Requires actuarial analysis and financial audit of health institutions that are in contractual relationship with the Fund;

1.17. Protects the interests of the insured; solves according to its competence the requests and complaints for health insurance issues;

1.18. Records and archives health insurance files and data related to insurance status, contributions and use of services in accordance with the relevant law in force;

1.19. Compiles statistics and prepares reports;

1.20. Organizes professional training and scientific research and engages in international cooperation for health insurance;

1.21. Concludes health insurance agreements at the national or international level, which are subject to approval by the Ministry responsible for health, according to the legislation in force;

1.22. implements the decisions and recommendations proposed by the Fund's Appeals Commissions.

1.23. exercises its right to return funds, takes measures and initiates lawsuits with the aim of recovering financial damages or imposing sanctions in accordance with Articles 33 and 34 of this Law.

1.24. regulates other issues related to compulsory health insurance, in accordance with the legal acts in force.

Article 28
Administrative expenses

The maximum limit of the administrative expenses of the Fund shall be specified in the Regulation on Financial Management of the Fund, defined in Article 20 of this Law.

Article 29
Management Board of the Fund

1. The Fund shall be managed by the Management Board, as the highest decision-making body.

2. The Management Board shall report to the Government through the Minister responsible for health.

3. The Management Board shall consist of five (5) members:

3.1. Minister responsible for Health or his/her representative - Chairperson;

3.2. Expert representative of the Ministry of Health - Member;

3.3. Minister responsible for Finance or his/her representative - Member;

3.4. Expert representative of the Minister responsible for Finance - Member;

3.5. Minister responsible for Local Government or his/her representative – Member.

4. The Director of the Fund shall participate in the meetings of the Board, unless the Management Board decides otherwise, and shall not have the right to vote.

5. The Secretariat of the Management Board shall be elected by the Management Board.

6. The Management Board shall engage local and international experts to support its work on specific issues.

7. The members of the Management Board shall be appointed by decision of the Government, based on the proposal of the Minister responsible for Health, according to paragraph 3. of this Article, and shall be compensated according to the legislation in force.

8. The Management Board shall be chaired by the Minister responsible for Health or his/her representative.

9. The Management Board shall have the following duties and responsibilities:

9.1. Proposes, through the Minister responsible for Health, the Statute of the Fund for approval by the Government;

9.2. Elects the Director of the Fund for a term of four (4) years, based on the announcement of the public job vacancy.

9.3. Dismisses the Director of the Fund for the reasons defined by the legal provisions in force;

9.4. Supervises the activity and legality of the Fund's works;

9.5. Approves the Fund's annual work plans;

9.6. Approves the Regulation on the systematization of jobs of the Fund.

9.7. Ensures the transparency of accounting and continuous liquidity of payments;

9.8. Ensures the establishment of adequate internal control systems that will be designed in accordance with the principles of Public Finance Management in the public sector;

9.9. Ensures the implementation and execution of a comprehensive risk management framework for fiduciary risks in health insurance.

9.10. Examines and approves the Annual Financial Statements, annual reports on its activities for the Ministry responsible for health, the Ministry responsible for finance and the Government, as well as additional reports, as needed.

10. Other duties and responsibilities of the Management Board shall be defined in the Fund's Statute.

11. The Management Board shall establish Technical Committees;

11.1. For the establishment and regular updating of the benefit package covered by the Fund;

11.2. For any other matter of importance to the Fund.

12. The composition, functioning, members' profiles, term of office and funding of each committee shall be determined by specific terms of reference, in accordance with this Article and the Fund's Statute.

13. The Management Board shall establish the Fund’s Appeals Commission, as provided for in Article 15, paragraph 5. of this Law.

Article 30
Director of the Fund

1. The Director of the Fund shall be responsible for the work of the Compulsory Healthcare Insurance Fund:

1.1. Represents the Fund;

1.2. Prepares regular reports and, upon request, reports for the Management Board;

1.3. Ensures efficient and effective implementation of risk management and internal control mechanisms;

1.4. Requests, at least every five (5) years, an Actuarial Analysis and presents it to the Management Board.

1.5. Proposes the members of the technical committees for approval by the Management Board.

2. Additional rights and responsibilities of the Director shall be determined by the Fund's Statute.

Article 31
Control and Audit

The Fund shall be subject to internal and external audit procedures, in accordance with the legal provisions in force.

Article 32
Supervision

The Fund's performance shall be supervised by the Government, through the Minister responsible for health.

CHAPTER VII
COMPENSATION OF DAMAGES AND SANCTIONS

Article 33
Compensation of damages

1. Exceptionally from legislation in force for minor offences, the legislation in force for tax administration and procedures and Article 10 of this Law, the natural or legal person who violates this law, causing damage to the Fund or the insured in the Fund, shall be obliged to pay compensation for that damage.

2. The natural or legal person, who is found guilty of violating this Law, shall be responsible for the following:

2.1. The amount of unpaid payable contributions, plus interest from the date due until the date of payment, with a fee determined on an annual basis by the Minister responsible for finance, according to the legislation in force for the Tax Administration, in cases where the employer or the active insured does not pay or does not fully pay contributions;

2.2. The amount of damages to the Fund arising from unjustified claims by health institutions and professionals caused by waste, fraud or abuse in connection with servicing, coding and billing,

2.3. The amount of any other quantifiable damage to the Fund or to the insured.

2.4. The costs of filing a legal action or lawsuit to recover damages.

3. The Fund shall seek compensation for damages to the Fund, caused by the costs to cover the health damages suffered by the insured caused by inadequate treatment, treatment errors, professional negligence or defective medical equipment.

Article 34
Minor offences that are sanctioned with a fine

1. According to this Law, minor offences shall be classified into minor and serious violations.

2. Minor violations shall be as follows:

2.1. Does not keep regular records for the insured persons;

2.2. Does not submit to the Fund complete and timely data for the registration of insured persons;

2.3. For the minor offence listed as a minor violation, the natural person shall be punished with a fine of sixty (60) euros;

2.4. For the minor offence listed as a minor violation, the responsible person in the legal entity shall be punished with a fine of four thousand (4,000) euros.

2.5. For the minor offence listed as a minor violation, the legal entity shall be punished with a fine of twenty thousand (20,000) euros.

3. Fines for the minor offence referred to in sub-paragraph 2.3, 2.4 and 2.5. of this Article shall be imposed by the Central Inspectorate of Health within the Ministry responsible for health, in accordance with the legislation in force for minor offences.

4. Serious violations shall be as follows:

4.1. refuses to provide information or provides incorrect information about registration and de-registration or about the insured's insurance status according to Articles 9 and 10 of this Law;

4.2. does not correct incorrect data by order of the Fund or prevents the control of official data regarding the insured person for compulsory healthcare insurance, in accordance with this Law.

4.3. does not fully or partially pay the contribution payable under this Law by the specified date.

4.4. does not implement the complaint mechanism in accordance with Article 17, paragraph 12. of this Law.

4.5. intentionally provides false or misleading information in an attempt to charge the Fund higher amounts than those agreed or for services not performed or only partially performed or those not authorized as part of the benefit package.

4.6. for the minor offence listed as a serious violation, according to Article 22, paragraphs 12. to 16., Article 9 and Article 10 of this Law, the legal person shall be punished with a fine in the amount of twenty thousand (20,000) euros.

5. Fines for minor offence referred to in paragraph 4. of this Article shall be imposed by the Central Inspectorate of Health within the Ministry responsible for health, in accordance with the legislation in force for minor offences.

6. Exceptionally from sub-paragraphs 2.1, 2.3 and paragraph 4. of this Article, any natural and legal person who is subject to tax rules and legislation in the Republic of Kosovo, who does not fulfil the obligation to register, declare and pay the contribution for the compulsory healthcare insurance defined by this Law, shall be punished based on the legislation in force on Tax Administration and Procedures.

7. The Criminal Code of the Republic of Kosovo shall apply to the natural and legal person who commits a criminal offense.

CHAPTER VIII
TRANSITIONAL AND FINAL PROVISIONS

Article 35
Transitional Provisions

1. The package of benefits covered by the compulsory healthcare insurance referred to in Article 16 of this Law can be phased in a maximum period of five (5) years. The benefit package of the first and initial phase shall include as a minimum the healthcare services at the level of primary health care from Article 16, sub-paragraph 2.1 of this Law, and, if the provisions of Article 17, paragraph 13. of this Law are fulfilled, also the scheme of reimbursement of medicines and consumables for out-of-hospital patients referred to in Article 17, paragraph 4. of this Law.

2. The contributions payable for the compulsory healthcare insurance from each insurance group referred to in Article 9 of this Law shall be calculated and the rates shall be determined for each introductory phase of the benefit package referred to in paragraph 1. of this Article for thirty-six (36) months, in accordance with Article 21 of this Law and shall be approved by the Government and the Assembly according to Article 21 paragraph 6. of this Law. During

the first five (5) years of operation, the rates of contributions may differ from those defined in Article 22 of this Law.

3. Exceptionally from Article 23, paragraph 1. and in accordance with Article 21, paragraph 6. of this Law, for the first five (5) years of operation, the value of the financial reserve of the Fund at the end of the next fiscal year can be determined separately.

4. The Ministry responsible for health and the Ministry responsible for finance shall prepare general acts, infrastructure and human resources.

Article 36
Repeal

With the entry into force of this Law, there shall be repealed the Law No. 04/L-249 on Health Insurance, Law No. 08/L-042 on amending and supplementing Law No. 04/L-249 on Health Insurance and other sub-legal acts that have derived from this Law.

Article 37
Entry into force

This Law shall enter into force fifteen (15) days after its publication in the Official Gazette of the Republic of Kosovo.

Promulgated by Decree No. DL-56/2026 dated 05.05.2026, Acting President of the Republic of Kosovo Albulena Haxhiu