Health Insurance Mandate for Dubai

Healthcare Providers

April 23, 2014
1. Mandate implementation
3. Immediate future steps
4. Discharge Data
Mandate implementation timelines

Expatriates

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>1000+ employees</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>End Oct</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 2</th>
<th>100-999 employees</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>End July</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 3a</th>
<th>Below 100 employees</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>End June</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 3b</th>
<th>Spouses and dependants</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>End June</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 3c</th>
<th>Domestic workers</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>End June</td>
<td></td>
</tr>
</tbody>
</table>

Each phase has a defined end point. By the relevant deadline, all in each phase must have insurance. There is no defined start point for each phase. Enrolment can commence at any time.
Mandate implementation timelines – the opportunity

<table>
<thead>
<tr>
<th>Size of company (no of employees)</th>
<th>Phase</th>
<th>White collar (incl dependents)</th>
<th>Blue collar</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000+</td>
<td>1</td>
<td>223,940</td>
<td>536,546</td>
<td>760,486</td>
</tr>
<tr>
<td>100-999</td>
<td>2</td>
<td>514,515</td>
<td>501,661</td>
<td>1,016,176</td>
</tr>
<tr>
<td>&gt;100</td>
<td>3</td>
<td>1,085,515</td>
<td>1,137,523</td>
<td>2,223,338</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,823,970</td>
<td>2,175,731</td>
<td>4,000,000</td>
</tr>
</tbody>
</table>

Total premiums for Blue Collar: Over 1.2bn AED
Total premiums for White Collar: Over 4.5bn AED
Totals: > 6 bn AED
Current: < 4 bn AED (50% increase)
Agenda

1. Mandate implementation
3. Immediate future steps
4. Discharge Data
### Article 15. Providers’ obligations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Guidelines</strong></td>
<td>• Provide benefits according to the applicable professional and ethical standards, and according to the official medical guidelines issued by DHA.</td>
</tr>
<tr>
<td><strong>3. EclaimLink</strong></td>
<td>• Submit their financial claims related to health insurance based on DHA approved mechanisms.</td>
</tr>
<tr>
<td><strong>4. Price Control</strong></td>
<td>• Approve their price list from DHA, and comply with that list.</td>
</tr>
<tr>
<td><strong>5. Transparency</strong></td>
<td>• Not to manipulate or neglect medical records or financial reports related to the benefits provided.</td>
</tr>
<tr>
<td><strong>7. Emergency</strong></td>
<td>• Provide service in case of emergency until the cases is stable, even if not in the providers’ network, and recover the costs from the liable coverage provider.</td>
</tr>
<tr>
<td><strong>8. Data confidentiality</strong></td>
<td>• Protect the beneficiaries’ information and ensure data confidentiality.</td>
</tr>
<tr>
<td><strong>11. Healthy Competition</strong></td>
<td>• Abide by the legal competition, and not to involve in trickery actions, or to obtain any financial benefits illegally; i.e. fraud, abuse, and misuse of the resources, through un-necessary OR overutilization of services.</td>
</tr>
<tr>
<td><strong>12. CoI</strong></td>
<td>• Report to DHA any conflict of interest, or any direct or indirect interests with the healthcare providers</td>
</tr>
</tbody>
</table>
### Article 15. Providers’ obligations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13. Patients’ records</strong></td>
<td>• Provide DHA, health insurance companies and TPAs with any required data and information related to the health services provided to the beneficiaries</td>
</tr>
<tr>
<td><strong>14. Close monitoring</strong></td>
<td>• Inform DHA of any changes (…) previously approved by DHA, within 7 working days of the change; and that this change should be consistent with this Law, its regulations, and all legislations in the Emirate.</td>
</tr>
<tr>
<td><strong>16. Data to DHA</strong></td>
<td>• Provide any information, data, or statistics requested that deems necessary for inspection, to DHA for the purpose of enforcing this Law and its regulations, including the medical file of the beneficiary; financial information, and to cooperate with DHA’s employees and allow them access to all records and information.</td>
</tr>
<tr>
<td><strong>17. Compliance</strong></td>
<td>• Comply with the standards, conditions, and procedures approved in this Law, its decrees, instructions, and circulars, and all other legislations in the Emirate.</td>
</tr>
</tbody>
</table>
| **18. Others** | • Any other responsibilities assigned by DHA as issued in the Regulations.  
|   | • Regulations to be issued soon |
Article 18

Liability

• All costs associated with any healthcare benefits provided by the healthcare providers will be the liability of those who do not act in accordance with the health insurance policy, or those who provide incorrect information to receive these healthcare benefits.
Article 23. Fines and penalties

A. Whoever violates the provisions of this Law and its Regulation shall be fined with a minimum of 500 AED and a maximum of 150,000 AED.

B. The fine shall be doubled in case the violator repeats the same violation within one year of the first violation, and should not exceed a maximum of 500,000 AED.

C. In addition to the fines in Article 23-A, DHA can take one or more of the following actions against the violators:
   - Warning,
   - Suspending the health insurance activities in Dubai for not more than 2 years,
   - Canceling the Permit

D. Applying these fines does not excuse the violators from any civil or criminal actions.
   - DHA can inform any other official entity of the violation committed and the fines applied.
Agenda

1. Mandate implementation


3. Immediate future steps

4. Discharge Data
Providers Enrolment

- Online process (Smart Enrolment) via EcliamLink.
  - Deadline 1/May/2014
- What is needed:
  - The valid license (facility / clinician, etc.)
  - Detailed existing price list, to be submitted to DHA
  - Evidence of full compatibility with EclaimLink, and submission of all insurance claims electronically.
  - Other relevant documents specified by DHA
- The permit period is 1 year, renewable, with no fees.
- DHA will announce the list of enrolled providers.
- Illegal to bill health insurance services without a valid permit (Article 15/3)
Mandatory Health Insurance Audit and Inspections

- DHA will formally carry out announced or unannounced visits to any party
- Random audit, or targeted visits for specific issues
- **Objective: ensure compliance with Health Insurance Law 11/2013**
- Inspection team to view or check
  - Patients’ electronic or paper records,
  - Question provider’s employees or professional staff,
  - Check financial reports and information.
Price regulation

- Price list submission to DHA (Gross) – Article 15-4
- Annual submission exercise: started Nov/2013
- Request of changes should be supported by analytical and statistical data, according to DHA’s Price Model
- Price Model exercise
  - What is best for Dubai (patients, providers, investors, employers, economy, etc.)
  - Consultation process: government, insurance, academia, providers
  - Depth and width
  - Ample time to adjust
  - Data will be requested for the Model (Article 15-16)
Agenda

1. Mandate implementation
3. Immediate future steps
4. Discharge Data
Your Activities

Services provided to patients 100%

Provider submitted 60%

Cash patients 30%

Settled OUTSIDE, 20%
Overall Claims submitted
Main questions

What is needed?

- Detailed admission / discharge / OP data
- Similar to EclaimLink Fields and Format, with few additions
- Only viewed by DHA (not the payers)
- International standards

Why?

- Policy making: Price model, audit, system improvement
- Compliment Eclaim Data for 2013, and the OOP

How and When?

- Process: using EclaimLink account – SEPARATE LINK
- Templates uploaded online: sample to be submitted for review and approval
- Deadline: End of May
Q & A
eClaimLink

Project Update

April 23, 2014
**Innovation in e-Prescribing**

**e-Prescribing Solution of Dubai**

1. **Physician**
   - An e-prescription reference number is given to patient.
   - After diagnosis, a drug to be prescribed.

2. **DHA Hub**
   - An e-prescription is filed by a physician and sent to DHA Hub.

3. **Insurance Company or TPA**
   - Insurance companies shall handle complaints and deal with limited number of approvals manually on exceptional basis only.

4. **Patient**
   - The e-prescription number with insurance card is handed to pharmacy.

5. **Pharmacist**
   - Medication is dispensed to patient.

6. **DHA Hub**
   - E-prescription is downloaded, approval on medication is obtained from insurance.

7. **Insurance Company or TPA**
   - Target: 30 seconds average response time.

8. **Patient**
   - Medication is dispensed to patient.

**Target: 30 seconds average response time**

**Safety Quality**

**Waiting Time**

**Errors & Waste**

**Technical Partner**

Dimensions Healthcare
Innovation in e-Prescribing

150,000+ Transactions on the DHPO\eRxHub last month

Target: 30 seconds average response time

Onboarding, but not as should be

Doing Well

Doing Very Well

Safety Quality

Waiting Time

Errors & Waste

Insurance companies shall handle complains and deal with limited number of approvals manually on exceptional basis only

Target: 30 seconds average response time

Dimensions Healthcare
After diagnosis, GP decides that a referral is required.

1. A referral number is requested and generated from DHA hub.
2. The referral number is given to the patient.

3. The referral number is submitted to the specialist or reception.
4. Specialist deliver service if e-referral confirmed.
5. Specialist confirm e-referral from DHA hub.
6. Can forward same referral or generate a new one as needed to another specialist.
e-Referral Solution of Dubai

- **Mandatory** for Basic Product starting June 2014
- **Voluntary** for all other plans, starting June 2014

Details will be provided soon on eClaimLink website:

Data Flow

- Patient
- General Practitioner
- Specialist
- DHA Hub

Steps:
1. After diagnosis, GP decides that a referral is required.
2. Specialist delivers service if e-referral confirmed.
3. The referral number is given to the patient.
4. A referral number is requested and generated from DHA hub.
5. Referral number is submitted to the specialist or reception.
6. Specialist confirms e-referral from DHA hub.

- Can forward same referral or generate a new one as needed to another specialist.
eAuthorization

Based on the Agreement between the Payers and Providers

Medical Facility

Prior Request

1

Insurance Company or TPA

Prior Authorization

2

Claim Submission

3

Remittance Advice

4

DHPO

Safety
Quality

Waiting Time
Errors & Waste

tenchnical partner
Dimensions Healthcare

Medical Authorization
eAuthorization

Based on the Agreement between the Payers and Providers

- **Mandatory** for Basic Product starting June 2014
- **Mandatory** for all other plans starting **Sept 2014**
  - Insurance Company or TPA

- Details are already available at eClaimLink DHD since 2012