

Cancer Patient Support Program

1. Preamble

- 1.1. Dubai Health Authorities (DHA), as part of UAE 2021 vision and in alignment with Dubai Standards of Care has launched a Cancer Patient Support Program (Cancer PSP) having an objective to reduce cancer mortality in Dubai by the year 2021.
- 1.2. Accordingly, DHA has updated the benefits of the basic benefit plan to make sure screening and treatment of Cancer are seamlessly, equally and fairly granted for all residents of Dubai without limitation of annual coverage.

2. Policy Wording

2.1. Inclusion

2.1.1. Screening, healthcare services, investigations and treatments related to and associated complications related to cancer shall be extended to the fund ONLY for members enrolled under the Patient Support Program (PSP) as per terms and conditions of the Program

2.1.1.1. Screening for cancer is covered within the network offered by **[The Insurer]** - both public and private - for high-risk cases as defined in the guidelines approved by the DHA and subject to a written preapproval. Upon identification of a potential diagnosis, subsequent confirmatory screening tests are covered only in Centers of Excellence.

2.1.1.2. Treatment under the Program is ONLY available at the Centers of Excellence (CoEs)¹ and subject to enrolment into the Program through **[The Insurer]**

2.1.1.3. The above would apply for existing residents and new residence in Dubai who were not diagnosed with cancer before entering the country. Members are eligible to enroll in the support program only after 1st year of residence.

2.1.1.4. Coverage for cancer would be up to the annual limit, on direct billing only and is not subject to any sublimit.

2.2. Exclusion:

2.2.1. Extending coverage beyond annual limit is generally excluded except for members enrolled in Patient Support Program

2.2.2. In case of a product that mandates declaration of pre-existing conditions, an undeclared pre-existing cancer where the condition / symptoms existed before the date of the application and the insured failed intentionally to declare it thereby not giving **[The Insurer]** a chance to assess the risk appropriately shall be excluded from coverage

3. Screening for Cancer

- 3.1. Screening is covered for high risk cases as per guidelines issued by DHA (Screening possible within the provided Network- any Provider- Public or Private (guidelines of DHA would still apply)- controlled by pre-approval
- 3.2. Training for the CoE and **[The Insurer]** will be conducted by Roche on the criteria of the high risk patients

4. Terms and Conditions Of the Program

¹ Centers of Excellence are designated DHA providers in addition to any private provider designated by DHA as a participant in the program



- 4.1. General terms and conditions for insured enrolment in the PSP
 - 4.1.1. Insured with symptoms / already diagnosed with cancer shall be given the choice for enrolment into the program only once at the beginning of the treatment or once [The Insurer] is notified about the diagnosis of the condition. Once chosen to remain out of the program, the insured shall not be allowed at a later stage to exercise the option to enroll back and therefore will not benefit from any coverage beyond the annual limit
 - 4.1.2. Member enrollment shall happen only upon referral by [The Insurer] and the member
 - 4.1.3. Members holding a valid residency permit issued from Dubai ONLY will be eligible for the enrolment under the PSP
 - 4.1.4. Physicians and /or patients who were not enrolled in the patient support program are OBLIGED to follow the proposed DHA guidelines and report clinical progress to DHA as per the protocol.
 - 4.1.5. Once chosen to remain out of the Program, the insured shall not be allowed to at a later stage to exercise the option to enroll into the Program.
 - 4.1.6. The mandate for the coverage of cancer is applicable to the insured holding currently valid and /or policies issued after the launch date of the mandate as long as the criteria for treatment is met.
 - 4.1.7. Insured can benefit from the program as long as he/she is following his/her prescribed treatment plan, including but not limited to booking follow up appointments, complying to prescribed medications / investigations, commitment contract, etc.
 - 4.1.8. Absence without an excuse should not be more than one month
 - 4.1.9. The mandate for treatment of cancer cases for those types of cancers covered by the mandate, shall apply to all members covered under DHA compliant plans as on date of launch of the Program, where treatment cost exceeds the annual limit under the policy (enrolment into the program shall be a onetime option to be exercised by existing members already under treatment before).
- 4.2. For policy holders with no previous insurance
 - 4.2.1. If any insured presents with symptoms and/or is diagnosed with Cancer during policy term the usual process applies
 - 4.2.2. If there is an insured with ongoing treatment for Cancer, healthcare provider at first encounter shall report the case to [The Insurer]. It is [The Insurer] responsibility to endorse healthcare providers about the process.
 - 4.2.3. Upon notification, [The Insurer] shall trigger the process following the above terms and conditions
- 4.3. For policy holders changing carrier
 - 4.3.1. For all DHA compliant products, it is the responsibility of the previous insurer to include in the DHA claims report format enough information on the ongoing cases of Cancer
 - 4.3.2. This information shall include:
 - 4.3.2.1. Number of cases encountered
 - 4.3.2.2. Number of cases enrolled in PSP
 - 4.3.2.3. Ongoing cases
 - 4.3.3. Any deviation spotted by the existing carrier from the previous insurer's report shall be reported to DHA
- 4.4. Terms and conditions for fund utilization
 - 4.4.1. Insured diagnosed with cancer will benefit from coverage as per general terms and conditions of the policy



- 4.4.2. Only insured who agreed to register for the PSP will benefit from the extended coverage
- 4.4.3. Insured will be eligible to apply for the additional fund through The Insurer only when he exceeded the annual limit provided that he has followed the PSP general terms and conditions
- 4.4.4. The Insurer upon applying for fund utilization shall submit to the Fund Management Committee
- 4.4.5. Evidence of insured coverage including but not limited to a certificate of insurance, policy document and table of benefits
- 4.4.6. All transactions related to the policy should be submitted through Eclaims.
- 4.4.7. Claims extract showing detailed claims fund proving that insured consumed 75% of his limit.
- 4.4.8. Adherence reports to treatment plan and PSP
- 4.4.9. Medical reports showing the current stage as well as protocol followed
- 4.5. The Insurer upon receiving the decision of the Fund Management Committee shall communicate with the insured and inform him about the status of the coverage.

5. Patient Support Program Enrollment Rules

5.1. Enrollment

- 5.1.1. Enrollment is SOLELY the insured members choice
- 5.1.2. Once the option to enroll into the PSP is exercised, only [The Insurer] has the right to enroll the insured in the PSP handled by Mobile Doctors 24-7
- 5.1.3. Mobile Doctors 24-7 shall therefore take over the accountability of onboarding the insured and explain to him/her that Mobile Doctors 24-7 will be responsible for
 - 5.1.3.1. Insured referrals to Centers of Excellence
 - 5.1.3.2. Arranging appointments on behalf of the insured with the Centers of Excellence
 - 5.1.3.3. Scheduling as appropriate doctor home visit for registration and on boarding
 - 5.1.3.4. Providing access 24/7 to medical helpline staffed with DHA licensed physicians who are accountable for
 - 5.1.3.4.1. Advising and educating the insured about Cancer as per the DHA guidelines
 - 5.1.3.4.2. Prescribing OTC medications, if required, and organizing medication delivery, where available
 - 5.1.3.4.3. Following up periodically to check on compliance to treatment plan
 - 5.1.3.4.4. Collecting feedback about the program
 - 5.1.3.4.5. Reporting of adverse events to regulator
 - 5.1.3.5. Providing you with access to a mobile application with features like voice, video and live chat, as well as appointment / medication reminders;
 - 5.1.3.6. Sharing personal information with the Centers of Excellence
 - 5.1.3.7. Validating participation in the PSP in the event of any unplanned interruption in the Program from insured side i.e. interruption without information and pre-approval from the Insurance Provider or in the event of the "window of interruption" exceeding 30 days without any prior notification and valid supporting evidence

5.2. Rules and terms of PSP:



- 5.2.1. Confidential data related to medical conditions of the enrolled insured shall be accessible to all the parties concerned- DHA, The Insurer, Mobile Doctors 24-7 and CoEs based on a disclaimer signed upon the free will of the insured
- 5.2.2. Once opted out of the PSP, the insured loses his/her rights of coverage as per the mandate unless valid reason with supporting evidence is presented to the insurer
- 5.2.3. The costs incurred under the PSP will be consumed from the annual limit under the insurance cover of the member

6. Reporting

6.1. Reporting on engagement

- 6.1.1. Reporting on engagement has to occur on quarterly basis
- 6.1.2. All reports shall be shared with Mobile Doctors 24-7
- 6.1.3. Mobile Doctors 24-7 shall consolidate these reports and share it with [The Insurer] and DHA
- 6.1.4. The following KPIs are defined to measure engagement activities:
 - 6.1.4.1. **Coverage Penetration Ratio:** [The Insurer] shall produce on a quarterly basis a report showing the number of lives benefiting from Cancer PSP coverage over the total insured lives they booked in Dubai.
 - 6.1.4.2. **Screening Penetration Ratio:** [The Insurer] shall produce on a quarterly basis a report showing the total number of insured lives who went through screening over the total insured lives they booked in Dubai.
 - 6.1.4.3. **High Risk Population Percentage:** [The Insurer] shall produce on a quarterly basis a report showing the total number of insured lives who went through preliminary screening and the outcome of the test was positive over the total insured lives they booked in Dubai.
 - 6.1.4.4. **Diagnosis Percentage:** [The Insurer] shall produce on a quarterly basis a report showing the confirmed positive cases over the total insured lives they booked in Dubai
 - 6.1.4.5. **Engagement Percentage:** [The Insurer] shall produce a quarterly report showing the number of the insured having Cancer who agreed to be part of the PSP over the total cases diagnosed
 - 6.1.4.6. **Number of inbound & outbound calls:** Mobile Doctors 24-7 shall produce a report showing the number of inbound & outbound calls performed in both absolute count and percentage of calls per enrolled life.
 - 6.1.4.7. **Number of visits:** Mobile Doctors 24-7 shall produce a report showing the number of visits arranged in both absolute count and percentage of calls per enrolled life.
 - 6.1.4.8. **Retention Rate:** Mobile Doctors 24-7 shall produce a report showing the number of insured retained in the program over the total number of insured enrolled

6.1.5. All supporting documents for the above KPIs shall be properly maintained and archived by [The Insurer] and Mobile Doctors 24-7 for auditing purposes

6.2. Reporting on fund utilization

- 6.2.1. [The Insurer] shall report to DHA on quarterly basis the overall status of the fund based on the calculation of a prorated amount of 19 AED per Dubai based insured life
- 6.2.2. [The Insurer] shall report to the Fund Management committee on a quarterly basis the amounts utilized from the fund per covered beneficiary



Appendix A - Patient Support Program: Client Consent Form

Dubai Health Authority (DHA), as part of Dubai Standards of Care, has launched Patient Support Program for managing and supporting suspected and diagnosed cases of Cancer Participation/Enrolment into the Program would mean-

- Acceptance to the terms and conditions of the Program (as explained by [The Insurer] and as listed in the Terms of Reference attached)
- Coverage for above medical conditions within the terms and conditions of the Program
- For those members who choose not to participate in the program the regular policy terms and conditions and exclusions as per the policy terms would apply
- In order for us to help you with your enrolment under the PSP and treatment under the same, we will be required to record details of your case containing your personal and confidential data and share the same with the third party Patient Support Program provider if any contracted by us.

Choice of the member and consent to share confidential information

We are required by law to ask for your permission to record the details of your case. These details may contain your personal and confidential data. The record of your case will be stored in a shared electronic case management system accessed by members of the Patient Support Program and would be accessible to us as your insurer and to the Centers of Excellence that would provide further services related to treatment of your medical condition.

Paper copies of your data may also be stored and/or exchanged between(Insurance provider),(the third party PSP provider) the(CoEs) and the Regulator as and when required in connection with the Patient Support Program.

For this purpose we would require you to exercise your choice to enroll into the Program or you could choose to remain out of the same, in which case, coverage and treatment of your medical condition shall not fall within the mandate of this Program and the terms and conditions as per the schedule of benefits offered under your policy shall be applicable.

Please exercise your option here-

Yes - I/We choose to enroll into the Patient Support Program launched by DHA for treatment of Cancer and hereby provide my/our consent to share my confidential data with the PSP service Provider, the Centre of Excellence where I may be referred to for further treatment, and DHA as and when required.

No – I/We choose not to enroll into the Patient Support Program launched by DHA for treatment of Cancer and understand by doing so my treatment/coverage shall be solely governed by the terms and conditions of the policy as per the schedule of benefits offered.

DECLARATION: I hereby declare that(Insurance Provider) has contacted and explained all the rules of the Program and I clearly understand the impacts of enrolling into the Program or opting to stay out of the Program. I have exercised my option with complete understanding and without any external influence. I have also been explained that I will be able to exercise the option to enroll into the Program only now and once I choose to remain out of the same, I shall not be given the choice to reconsider my decision at a later stage for whatsoever reason. I also understand the PSP mandate applies only within Dubai and for treatment within the authorized Centers of Excellence.

Name(s) :	
National ID No:	
Medical condition: (diagnosed/suspected) (to be completed by insurer/PSP provider)	
Signature:	Date

Patient Support Program: (Terms of Reference)



Dubai Health Authority (DHA), as part of Dubai Standards of Care, has launched Patient Support Program (PSP) for managing and supporting suspected and diagnosed cases of Cancer

- Treatment under the Program is ONLY available at the Centers of Excellence (CoEs) and subject to enrolment into the Program through the Insurance Provider.
- Screening is possible anywhere within the Network offered by the Insurer subject to-
 - Pre-approvals
 - ONLY high risk cases are eligible for screening (as per protocols issued by DHA)

Terms and conditions of the Program-

- Eligibility for participation in the Patient Support Program-
 - Members with symptoms/already diagnosed with Cancer will be given the option to enroll into the Program only once at the beginning of treatment/when diagnosed with the condition.
 - Member can enroll into the PSP ONLY upon referral by the Insurer.
 - ONLY members holding a residency permit issued from Dubai will be eligible for enrolment under the PSP.
 - Once chosen to remain out of the PSP, the member shall not be allowed to, at a later stage, exercise the option to enroll into the PSP.
 - The mandate for coverage of Cancer is applicable ONLY to the members holding currently valid policy or issued and active policies at the time of the mandate, where treatment cost exceeds the annual limit under the policy. (enrolment into the Program shall be a onetime option to be exercised by existing members already under treatment before _____)
- Enrolment rules-
 - Enrolment into the PSP is ONLY by choice of the member.
 - Once the option to enroll into the PSP is exercised, the insurer directs the member to the PSP Provider contracted to manage the PSP.
 - Once enrolled into the PSP, the PSP Provider takes over and the member understands and agrees that the PSP Provider has all the rights to-
 - Refer you to other service providers - the Centres of Excellence;
 - Make appointments with the Centres of Excellence on your behalf;
 - Schedule an initial doctor home visit for registration and on boarding to the program;
 - Provide you with access to a 24-7 physician helpline with highly trained licensed physicians for
 - Advice / education on your condition
 - Periodic follow-up calls to check on compliance to your treatment plan
 - Feedback collection regarding the program
 - Reporting of adverse events to regulators
 - Provide you with access to a mobile application with features like voice, video and live chat, as well as appointment / medication reminders;
 - Share your personal information with the Centres of Excellence so that they have initial information about you and your possible problems;
 - Do anything required in the course of efficiently managing your case in order to provide you complete support and manage your treatment efficiently and effectively.
 - Invalidate your participation in the PSP in the event of any unplanned interruption in the Program from your side i.e. Interruption without information and pre-approval from the Insurance Provider or in the event of the "window of interruption" exceeding 30 days without any prior approval from the insurer.
 - Rules related to management/coverage under the PSP-
 - Confidential data related to medical conditions of the enrolled member shall be accessible to all the parties concerned- DHA, Insurer, PSP Provider and CoEs
 - Once opted out of the Program, the member loses his/her rights of coverage as per the mandate
 - The costs incurred under the PSP will be consumed from the annual limit under the insurance cover of the member (except in case of cancer treatment from the fund, where treatment cost already exceeds the policy annual limit)
 - Coverage under the Program is only within designated CoEs



Appendix B – Fund Management Committee Terms of Reference

Role Purpose

The role of the Fund Management Committee is:

- To provide recommendations and decisions on the eligibility of utilizing dedicated fund for Cancer PSP
- To control and monitor the compliance of HIPs for fund provision
- Control and monitor the way the fund is being utilized by each of the HIPs
- Reconcile with HIPs the utilization of the fund on annual basis

Term

This term of reference is effective from October 1st 2017 and will be ongoing until terminated by DHA

Chairman

The Chairman of the committee is the Head of Health Funding Department in Dubai Health Authority

Membership

The Fund Management Committee will comprise:

- Head of Insurance Medical Regulations - DHA
- Member from Clinical Committee (Cancer Clinical Committee)
- Insurance Monitoring Department - DHA

Roles and Responsibilities

The Fund Management Committee is accountable for

- Providing recommendations and decisions on the eligibility of utilizing dedicated fund for Cancer PSP
- Controlling and monitoring the compliance of HIPs for fund provision
- Controlling and monitoring the way the fund is being utilized by each of the HIPs
- Reconciling with HIPs the utilization of the fund on annual basis

The members of the Fund Management Committee will commit to

- Attending scheduled Fund Management committee meetings.
- Wholeheartedly champion the partnership within and outside the respective area of expertise
- Making timely recommendations, as soon as practical, if any matter arises which may be deemed to affect the delivery of the program.
- Attendance at meetings and if necessary nominate a proxy.

The members of the Fund Management Committee will expect

- Provision with complete, accurate and meaningful information in a timely manner by HIPs
- Being alerted to potential risks of fund exhaustion and/or any issue that may compromise the delivery of the program by HIPs
- Discussing openly and honestly with HIPs without resort to any misleading assertions

Meetings

- All meetings will be led by the Head of Health Funding Department unless he assigns a proxy
- Meeting agendas and minutes will be provided by to HIPs and published after consulting with the members of the Fund Management Committee.
- Meetings will be held monthly.
- If required subgroup meetings will be arranged outside of these times at a time convenient to subgroup members.

Amendments, Modification or Variation

These terms of reference can be amended, varied or modified in writing after consultation and agreement by Fund Management Committee members.

