

**General Circular pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai**  
**General Circular Number 5 of 2017 (GC 05/2017)**

Subject of this General Circular	General updates and clarification of frequent misinterpretations
Applicability of this General Circular	This general circular applies to all market participants
Purpose of this General Circular	To update the market of frequent misinterpretations and general updates going forward
Authorized by	Dr Haidar Al Yousuf, Director Health Funding
Drafted by	Ali F. Lutfi, Specialist, Health Funding department
Publication date	29 <sup>th</sup> November, 2017
This document replaces	Not applicable
Effective date of this General Circular	Immediately upon publication
Grace period for compliance	None

**Preamble**

Since the implementation of the Health Insurance Law No. 11 of 2013 there have been many updates and changes to regulations and terminology used. Therefore, given the amount of recurring questions and misinterpretations or lack of clarity around certain common regulations or meaning, we felt the need to publish a general circular addressing common issue's.

**Objectives of this General Circular**

- Updated Member Register
- Member Register Deletions
- Essential Benefit Plan and Basic Benefit plan
- Internationally issued policies
- Approvals of GP visits
- Coverage of Members post deletion
- Back dating
- iPROMES

**Updated Member Register**

As presented in our recent market briefing on the 21<sup>st</sup> of November 2017. We are updating and changing the structure and required inputs of the member register. For ease of understanding you can find an illustration summarizing the changes in 'Appendix A' of this circular.

Once the newly structured member register has been officially launched, we will notify the market. From that, point going forward, all expatriate residents will be required to be uploaded to the member register in the new format. Therefore, we recommend insurers take a proactive approach and start collecting the file numbers from member visa's for all upcoming renewals. The new structure will increase data accuracy and avoid validation issues completely.

In parallel, the currently used member register format will still remain active and valid, however this should only be used for members which are not validated, as in UAE nationals, GCC Citizens or Diplomat's etc. We will be issuing more detailed guidelines once the new structure is launched.

## Member Register Deletions

This is just a reminder to all insurer's that deletions of a member need to be updated and reflected in the member register from their effective deletion date. Currently the 'DeletionDate' column in the member register is typically the expiry date of the policy. This is fine, unless there is a deletion mid-term of the policy, the insurer **IS** required to update the effective deletion date in the member register.

## Essential Benefit Plan and Basic Benefit Plan

Insurers and intermediaries constantly ask us about the 'essential benefit plan' and the 'basic benefit plan' and they are referred to as different products, and are even sometimes assumed that there are varying regulations around each. The EBP and basic benefit plan are the same thing; there is no difference other than the name. Therefore going forward any official communications from the DHA will only use the Essential Benefit Plan, we would expect all market participants to do the same in any communication with us or their members and other market participants.

## Internationally Issued Policies

A very common question we are asked at the DHA by individuals is if there internationally issued policy is locally compliant, for these cases, we refer the member to the local insurer's office/fronting partner. It is then the requirement and liability of the locally license and DHA permitted fronting insurer to verify whether the policy is locally compliant, and if so, they are required to upload the member the member register.

When we receive complaints from a member holding a policy from a fronted (not locally licensed) insurer, we will contact the locally licensed fronting partner in regards to the complaint. Where the policy has been issued locally, it is the local fronting partner that will be held liable for any wrongdoing, the locally licensed insurer and the fronted insurer may then handle the dispute internally.

In regards to direct billing for international (non locally issued) policy holders, whether emergency or elective treatment while in Dubai. We may now have an additional payer account created for those payers with direct billing facilities in Dubai in order to utilize and have claims submitted via eClaimLink. Any payers interested in this can express their interest via email to [isahd@dha.gov.ae](mailto:isahd@dha.gov.ae)

## Approval for GP visits

A common observance we have had is the number of complaints, or delays to members on waiting for approvals on GP visit's within their medical network.

**GP VISITS DO NOT REQUIRE APPROVALS** within network.

Any payer or TPA found holding members for approvals will penalized accordingly.

## Coverage of members post deletion

As stated in 'General Circular 09 of 2016' pertaining to individual refunds, we had stated that individually sponsored domestic helpers must be covered for 30 days after the cancelation of the policy. Going forward the same requirement will apply to all members insured under group policies. Therefore, for a group policy with a 1<sup>st</sup> January 2017 inception date, and a 31<sup>st</sup> December 2017 expiry date, if a deletion request was sent on June 1<sup>st</sup> 2017, the member would be covered until July 1<sup>st</sup> 2017. However if a deletion request was received on the 15<sup>th</sup> of December 2017 the member would only be covered until expiry of the policy.

The cover required post deletion date must at minimum cover emergency expenses. It is encouraged however to maintain the existing benefits, terms and conditions.

### Backdation

Backdating is still not allowed, and never has been. The only case where backdating is allowed is for New Born children, in which an insurer can backdate upto **7 days** to achieve insuring the child from birth. There are no other circumstances or situations that allow backdating for any reason.

### iPROMES

iPROMES is the DHA's official complaint system in regards to Health Insurance. The acronym iPROMES stands for 'Insurance Partner Relations Opinion Management System'. It provides an opportunity for members to give feedback, complaints, suggestions or complements to service providers and the DHA.

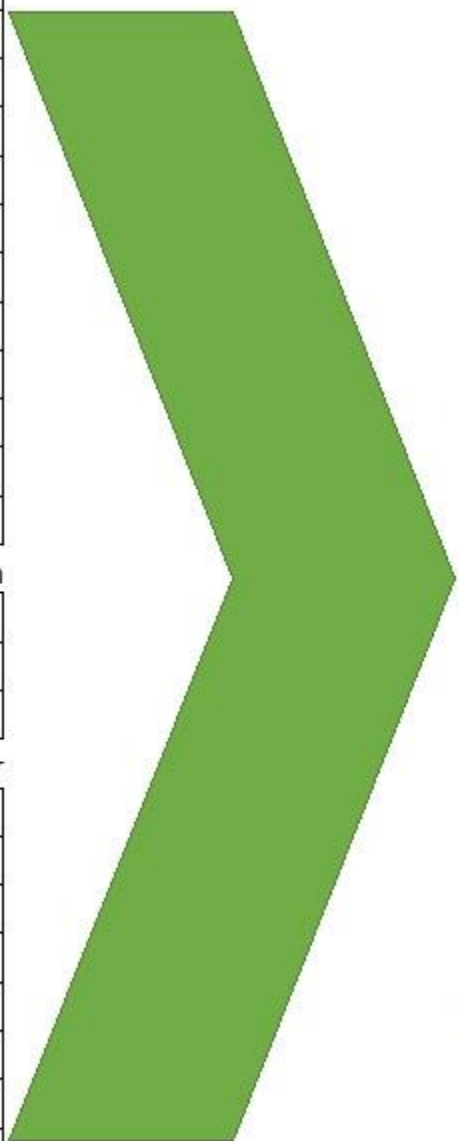
In General Circular 02 of 2017, we had mentioned the following:

"All insurers and TPAs are required to embed a link on their website to direct disgruntled members to our complaints system at the following link [HERE](#) "

Till date we have noticed many insurers, TPAs and intermediaries that do not have links to the iPROMES complaints system. This is to reiterate that requirement, and we expect to see this on all market participants websites immediately.

APPENDIX A

TransactionId
UIDNumber
MemberId
SenderId
ReceiverId
CreationDate
FirstName
SecondName
FamilyName
ContactNumber
BirthDate
Gender
Nationality
PassportNumber
MaritalStatus
Email
Emirate
ResidentialLocation
WorkLocation
Salary
Commission
EmiratesIDNumber
Relation
RelationTo
CreatedBy
PolicyId
PayerId
ProductOrigin
ProductCode
ProductID
DeletionDate
GrossPremium
EnrollmentDate
ActualPremium
PayerName



TransactionId
<b>Insurer ID</b>
<b>TPA ID</b>
<b>Intermediary ID</b>
MemberId
CreationDate
<b>File Number</b>
ResidentialLocation
WorkLocation
Salary
Commission
Relation
RelationTo
CreatedBy
PolicyId
PayerId
ProductOrigin
ProductCode
ProductID
DeletionDate
GrossPremium
<b>Renumeration</b>
<b>TPA fee</b>
EnrollmentDate
ActualPremium

