



General Circular pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai General Circular Number 11 of 2018 (GC 11/2018)

Subject of this General Circular	New Member Register Structure
Applicability of this General Circular	This general circular applies to all health insurance market participants
Purpose of this General Circular	To update the market and all participating and permitted insurers including TPAs and Intermediaries
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Publication date	8 th November, 2018
This document replaces	Not applicable
Effective date of this General Circular	Immediately upon publication
Grace period for compliance	None

Preamble

As we have communicated in past market events and various interactions, we have been developing an updated member register structure. The intention of this circular is to inform all market participants (HIPs and HIIPs) of the information required to be gathered with immediate effect going forward for all new and renewed policies. Technical specifications of the system changes will be shared at a later date

Objectives of this General Circular

• Inform the market of all data required to be captured from members going forward

Information required

'Appendix A' is the data required to be captured depending on member type. Any questions relating to the updated structure and data requirement should be addressed to <u>ISAHD@DHA.gov.ae</u>

This is in immediate effect for all policies to be issued going forward, this circular does NOT require you to upload this data or upload in this format at this time. Only to capture it for when the new structure is ready for implementation.





APPENDIX A

Member Register Fields:

Please note the following:

- 1. Source clarification:
 - a. If source is 'Sender', then the field should be provided by the Payer
 - b. If source is 'GDRFA' then the field will be provided from GDRFA database and the Payer is not required to include it for the member.
 - i. This is only applicable for Members where MemberType = 4.
 - ii. For all members where MemberType is other than 4, then Payer is required to provide the entire list of fields.
- 2. Some minor changes to the fields list may apply in the final release.

No.	Element	Description	New / Update	validation	Source
1	SenderID	ID of the facility sending the MemberRegister			
2	ReceiverID	ID of the facility receiving the MemberRegister Default "DHA"			Sender
3	PayerID	The eClaimLink Payer ID (Insurer or Self- Funded Scheme)			Sender
4	TPAID	The eCLaimLink TPA ID number	New		Sender
5	IntermediaryID	The eClaimLink Intermediary ID number	New		Sender
6	FirstName	Member's first name as spelled in the passport			GDRFA
7	SecondName	Member's second name as spelled in the passport			GDRFA
8	FamilyName	Member's family/last/surname name as spelled in the passport			GDRFA
9	ContactNumber	Member's primary mobile contact number			GDRFA
10	BirthDate	Member's date of birth (DD/MM/YYYY) - for those official documents that are missing the values please fill in the following format: - Contains Year only: 01-01-yyyy		Will be used to validate member record with GDRFA	Sender/GDRFA
11	Gender	Member's gender (1 = male, 0 = female, 9 = unknown)		Will be used to validate member record with GDRFA	Sender/GDRFA





12	GDRFAFileNumber	The resident File Number. It can be found on the visa or the entry permit. xxx/xxxx/xxxxxx	New	Will be used to validate member record with GDRFA	Sender/GDRFA
13	MemberType	The member category. Select one from the below: 1 = UAE National 2 = GCC National 3 = Diplomat 4 = Expat who's residency is issued in Dubai 5 = Expat who's residency is issued in Emirates other than Dubai 6 = Newborn 7 = Dubai National		GDRFA validation process is only possible for MemberType = 4	Sender
14	Nationality	Member's nationality code as per the list published on the eClaimLink (GDRFA Nationalities)			GDRFA
15	PassportNumber	Member's passport number		Must be entered correctly for all members where member type is other than 4 or 6.	GDRFA
16	MaritalStatus	Member's current marital status (1 = unmarried, 2 = married)			Sender
17	Email	Member's personal email address			GDRFA
18	Emirate	 The Emirate from which the member's visa/residency is issued from. For UAE Nationals, select the Emirate that issued the passport. For GCC Nationals and Diplomats, select the Emirate or residence. Use the corresponding code from the following list : 4 = Dubai 2 = Abu Dhabi 6 = Ajman 9 = Fujairah 7 = Ras Al Khaimah 1 = Sharjah 5 = Umm Al Quwain 	Update		Sender
19	ResidentialLocation	Member's actual place of residence. Use the corresponding 3-digit location code from the predefined DSC locations list published on eClaimLink DHD.			Sender





20	WorkLocation	Member's actual place of work. Use the corresponding 3-digit location code from the predefined DSC locations list published on eClaimLink DHD.			Sender
21	Salary	Member's salary bracket. 1 = less than 4000 AED/month 2 = between 4001 AED and 12000 AED/month 3 = more than 12000 AED/month 4 = no salary; will be used for dependents or children that do not acquire a salary)			Sender
22	Commission	Is member's salary is commission based? (1 = yes, 2 = no)			Sender
23	EmiratesIDNumber	Member's unique emirates ID number			GDRFA
24	UIDNumber	Member's UID number as issued by the MOI. When not available (only for non- Dubai residency/visa holders), copy the member's passport number from the "PassportNumber" field.			GDRFA
25	BirthCertificateID	The ID as shown on the member's birth cirtificate document	New	Required where MemberType = 6	Sender
26	PhotoAttachment	Member's photo attachment	New	Not required to be submitted by the sender for any MemberType	GDRFA
27	MemberID	Auto-generated ID by the DHPO for each member. This ID will be unique per: Person/Payer/TPA/Policy. This ID should be printed on the member's health insurance card and used during the claim submission process.	New		System Generated





28	Relation	 The information about the family relationships under the same PayerID (Insurance company). This value must be (1 = Principal) if the member does not have any relation with another insured member under the same PayerID. This value will have the relation with the insured family member if one exists. The field must have one of the values below: Principal Spouse Child Parent Other Domestic Worker 	Update	Sender
29	RelationTo	The information about the MemberID of the principal member of the family. Member ID should be used if reported member is the principal beneficiary.		Sender
30	ProductOrigin	Product origin (2 = Abu Dhabi, 4 =Dubai)		Sender
31	ProductCode	ID of the insurance product as in the payer's literature		Sender
32	ProductID	ID granted by the eClaimLink to the registered product		Sender
33	PolicyID	ID of the insurance policy as registered in the payer's system		Sender
34	TopUpPolicy	Any policy which provides benefits over and above the benefits provided under the main Dubai compliant policy. (1 = Top-Up Policy, 2 = Main Policy)		Sender
35	EnrollmentDate	The day (at 00.00 hours local time), month and year (dd/mm/yyyy) from which the Policy became effective for the Insured Member.		Sender
36	DeletionDate	The Expiry Date of the policy unless the member has been removed prior to the expiry of the policy, in which case, enter the day at 00:00hrs local time, month and year (dd/mm/yyyy) on which the insured member's coverage ceases as the result of his/her deletion at the request of the PolicyHolder.		Sender
37	GrossPremium	The amount in AED of the annualized premium payable for this insured member.		Sender





38	NetPremiun	The amount in AED of the premium payable for this insured member if charged on a pro-rata basis related to period of coverage. If not charged on a pro-rata basis, then enter same figure as for GrossPremium.	Update		Sender
39	IntermediaryFee	The commission paid to the intermediary involved with placing this policy. Should be a percentage value of the gross premium.	New	Must be a value between 0 - 100 (up to 2 decimal points are accepted.)	Sender
40	TPAFee	The TPA's commission. Value depends on TPAFeeType.	New		Sender
41	ТРАҒееТуре	Select one of the following: 1 = Fixed Fee per member 2 = Percentage of claims 3 = Fixed fee per Claim 4 = Percentage of member premium 5 = Capitation 6 = No TPA	New		Sender
42	ІРСорау	Members Inpatient Co-pay as per policy	New	Free Text	Sender
43	ОРСорау	Members Outpatient Co-pay as per policy	New	Free Text	Sender
44	PharmacyCopay	Pharmacy Co-pay as per policy	New	Free Text	Sender
45	Dental Copay	Dental Co-Pay as per policy where applicable. If benefit is not part of the policy sender must mention N/A	New	Free Text	Sender
46	OpticalCopay	Optical Co-Pay as per policy where applicable. If benefit is not part of the policy sender must mention N/A	New	Free Text	Sender
47	Maternity Copay	Maternity Co-Pay as per policy where applicable. If benefit is not part of the policy sender must mention N/A. If there are different copays for normal delivery and Cesarean section, the field allows entry to reflect this. E.g normal delivery 10% upto AED 500, Cesarean 15% upto AED 1000	New	Free Text	Sender
48	EstablishmentEntityType	This is the type of the sponsoring entity. 1 = Resident 2 = UAE Citizen 3 = Establishment 4 = Investor Visa 5 = GCC Citizen	Update		Sender





49	EstablishmentEntityID	Official ID of the sponsoring entity 1. if the sponsor is a Resident, then use the File Number of the resident 2. if the sponsor is a Citizen, then use the UID of the Citizen 3. if the sponsor is an Establishment, then use the Establishment Code 4. if the sponsor is on an Investor Visa, then use their File Number (for MemberType = 4), else the UID.	Update	Sender
50	EstablishmentContactNumber	The primary contact number of policy holder		Sender
51	EstablishmentEmail	The email address of the policy holder		Sender