

## Standards Notice pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai

### Standards Notice Number 3 of 2015 (SN 03/2015)

Subject of this Standards Notice	Health insurance claims records
Applicability of this Standards Notice	This Standards Notice applies directly to all insurance companies holding Dubai Health Insurance Permits and indirectly to all intermediaries holding Dubai Health Insurance Intermediary Permits
Purpose of this Standards Notice	To mandate standardised content of health insurance claims records produced by insurance companies
Authorised by	Dr Haidar Al Yousuf, Director, Health Funding Department
Drafted by	Robin Ali, Consultant, Health Funding Department
Publication date	9 June 2015
This document replaces	Not applicable
This document has been replaced by	Not applicable
Effective date of this Standards Notice	Immediately upon publication
Grace period for compliance	Insurers must be in a position to supply claims data in the required format by 31 July 2015

#### Preamble

Many insurance companies have registered their concerns with Health Funding Department (HFD) of Dubai Health Authority (DHA) over the content and format of claims records being presented to underwriters

The concerns have related to the content, uniformity and reliability of the data contained within such documents. This lack of standardization and reliability makes it difficult for underwriters to accurately price the risks presented and allows scope for less scrupulous market participants to manipulate the data to meet their own objectives

HFD has been working with the insurance market over recent months to produce a standardized claims record

#### Purpose of this Standards Notice

To advise insurance companies of the required standard format to be adopted when issuing claims records data for health insurance schemes insured by them

#### Format of this Standards Notice

Appendix A of this notice contains the required standardized format that all insurers must adopt. A Microsoft Excel spreadsheet version will be attached with the email containing this Standards Notice

#### Compliance with the standards

The format in Appendix A and the spreadsheet template are clear regarding the data required. The notes at the foot of the template must be read carefully and adhered to

#### Non-compliance

All market participants are encouraged to report to HFD via [isahd@dha.gov.ae](mailto:isahd@dha.gov.ae) any instances where an insurer after the grace period is not complying with the requirements

APPENDIX A

(Company Name/Logo)							
Health insurance claims record DHA mandated format							
<b>PART I Health insurance claims record summary</b>							
<b>1</b>	<b>Name of scheme/employer</b>						
<b>2</b>	<b>Policy number</b>						
<b>3</b>	<b>Policy period</b>						
3a	Policy effective date						
3b	Policy expiry date						
3c	Initial policy effective date (date from which you have provided continuous cover for this client)						
<b>4</b>	<b>Report period (must be a minimum 9 months, less at discretion of insurer)</b>						
4a	Report period start date						
4b	Report period end date						
4c	Report production date						
<b>5</b>	<b>Total values (AED)</b>						
5a	Value of claims paid during report period only						
5b	Value of claims incurred , reported but not paid up to end of reporting period						
5c	Value of claims incurred but not reported up to end of reporting period						
<b>6</b>	<b>Population census (at beginning of reporting period)</b>	0-15	16-25	26-35	36-50	51-65	Over 65
6a	Male						
6b	Single females						
6c	Married females						
<b>7</b>	<b>Population census (at end of reporting period)</b>	0-15	16-25	26-35	36-50	51-65	Over 65
7a	Male						
7b	Single females						
7c	Married females						
<b>PART II Claims data</b>							
<b>8</b>	<b>Claims data by member type (value AED)</b>	<b>IP</b>	<b>OP</b>	<b>Pharmacy</b>	<b>Dental</b>	<b>Optical</b>	<b>Totals</b>
8a	Employee						
8b	Spouse						
8c	Dependents						
8d	Totals						
<b>9</b>	<b>Claims data by member type (number)</b>	<b>IP</b>	<b>OP</b>	<b>Pharmacy</b>	<b>Dental</b>	<b>Optical</b>	<b>Totals</b>
9a	Employee						
9b	Spouse						
9c	Dependents						
9d	Totals						
<b>10</b>	<b>Claims data by diagnosis grouping (top 10 by value)</b>	<b>IP</b>	<b>OP</b>	<b>Pharmacy</b>			<b>Totals</b>
10a	Diagnosis 1						
10b	Diagnosis 2						
10c	Diagnosis 3						
10d	Diagnosis 4						
10e	Diagnosis 5						
10f	Diagnosis 6						
10g	Diagnosis 7						
10h	Diagnosis 8						
10i	Diagnosis 9						
10j	Diagnosis 10						
<b>11</b>	<b>Number of claims by diagnosis grouping (corresponds to list in 10 by value)</b>	<b>IP</b>	<b>OP</b>	<b>Pharmacy</b>			<b>Totals</b>
11a	Diagnosis 1						
11b	Diagnosis 2						
11c	Diagnosis 3						
11d	Diagnosis 4						
11e	Diagnosis 5						
11f	Diagnosis 6						
11g	Diagnosis 7						
11h	Diagnosis 8						
11i	Diagnosis 9						
11j	Diagnosis 10						

12	Claims data by provider (top 10 by AED value)	IP	OP				Totals
12a	Provider 1						
12b	Provider 2						
12c	Provider 3						
12d	Provider 4						
12e	Provider 5						
12f	Provider 6						
12g	Provider 7						
12h	Provider 8						
12i	Provider 9						
12j	Provider 10						
13	Number of Claims by provider (corresponding to top 10 by AED value)	IP	OP				Totals
13a	Provider 1						
13b	Provider 2						
13c	Provider 3						
13d	Provider 4						
13e	Provider 5						
13f	Provider 6						
13g	Provider 7						
13h	Provider 8						
13i	Provider 9						
13j	Provider 10						
14	Claims data by network (UAE only by AED value)	IP	OP	Pharmacy	Dental	Optical	Totals
14a	In network						
14b	Out of network						
15	Claims data by network (UAE only by number)	IP	OP	Pharmacy	Dental	Optical	Totals
15a	In network						
15b	Out of network						
16	Non-UAE claims data	IP	OP				Totals
16a	By value (AED)						
16b	By number						
17	Total claims paid per service month (by AED value)	Month ending date	Year	Value			
17a							
17b							
17c							
17d							
17e							
17f							
17g							
17h							
17i							
17j							
17k							
17l							
Notes							
a)	All monetary values to be entered as AED and rounded to nearest dirham						
b)	Claims amounts should be the net invoice value after application of any network discounts and excluding any patient share						
c)	Pharmacy values to be reported separately unless associated with IP treatment in which case they should be included within IP column						
d)	Where requested and in the case of schemes of 500+ lives at the time of request month by month population census data must be supplied						
e)	Reports must be provided (where requested) for up to 3 policy years where cover has been provided with the same insurer for multiple years. This applies in respect of reporting periods after the introduction of this reporting format only						
f)	The report is obligatory for group sizes of 100+ members. For smaller schemes provision of the report is at the discretion of the current insurer						
g)	The report can be generated as hard copy on the insurer's notepaper with signature or electronically with digital signature						
h)	The report must be issued only to the employer or the employer's authorised representative						
i)	An updated report must be provided (where requested) showing detail at end of scheme months 10 and 11 if not previously provided						
j)	Target turnaround time is 5 working days (10 working days during October to January inclusive)						
k)	Non-UAE claims data should be identified by continent where possible. This will be a mandatory requirement by 30 June 2016						
l)	Claims data must be restricted to claims made in respect of UAE based members only						
m)	The existing Table of Benefits and exclusions list must be provided with this report						
Authentication statement							
I certify that the information contained within this report is true and accurate as at the date of its production in so far as it reflects the complete claims history for the reporting period held in our records.							
Name		Designation					
Signature							

