



دائرة الصحة
DEPARTMENT OF HEALTH

HEALTHCARE INSURERS MANUAL

November 17

PREAMBLE

The Department of Health (DOH), previously known as the Health Authority - Abu Dhabi (HAAD), is the regulator of the Abu Dhabi health system. The Health Regulations comprising of Policies, Standards and Circulars, collectively translate federal UAE and Abu Dhabi Laws into a simple, practical set of tools to help drive compliance and improve access, quality and affordability of care.

This document is an update of the “Policy Manuals” that were published in 2012. The Manuals were drafted in collaboration with Abu Dhabi and international healthcare experts including the Joint Commission International (‘JCI’), other health regulators, local and international legal advisors (Al Tamimi and Wragge and Co.), and delegates from Abu Dhabi and international Providers, Professionals and Insurers. The 2012 Manuals followed a structured consultation process comprising the formation of a permanent HAAD Policy Advisory and Consultative Panel and formal sector-wide consultation (8-12 weeks). The current document has been updated in light of the new relevant regulations published since 2012.

STRUCTURE OF ABU DHABI HEALTH REGULATIONS

The Department of Health (DOH), previously known as the Health Authority - Abu Dhabi (HAAD), was established by Law No. 1 of (2007) concerning the establishment of the Health Authority - Abu Dhabi. DOH's purposes, defined in Article 1 (clauses 1 and 2) of Law No. 1 (2007), are to achieve the highest standards in health, curative, preventive and medicinal services and health insurance; to advance these in the health sector; and to follow-up and monitor the operations of the health sector to achieve an exemplary standard in provision of health, curative, preventive and medicinal services and health insurance.

In order to achieve its purpose, the DOH establishing Law No. 1 of (2007) empowers the DOH, in particular:

- a) To apply the laws, rules, regulations and policies that are related to its purposes and responsibilities, in addition to those issued by respective international and regional organisations in line with the development of the health sector (Article 5 clause 2),
- b) To approve rules and procedures that are required for operating health and curative establishments, to approve procedures and methods of treatment, and to lay down policies and programs for satisfying the needs of the health sector in the Emirate (Article 5 clause 4),
- c) To develop and apply integrated systems for the control of government and private health sectors in the Emirate (Article 8 clause 12).

With this mandate, and by virtue of Article 8 clause 12, DOH has created an integrated Health Regulations system, comprised of Policies, Standards and Circulars for the Emirate to regulate, control and monitor the implementation of federal and local health laws and best practices in health, curative, preventive and medicinal services and health insurance in the health sector.

All health entities operating, or to be established in the future, in the health field, be it governmental or private, must carry out their responsibilities in accordance with the rules, regulations and decisions issued by DOH (Article 6). Governmental health sector entities include the Abu Dhabi Health Services Company (SEHA) incorporated by virtue of Emiri Decree no. (10) of 2007 and the National Insurance Company (DAMAN) incorporated by virtue of Emiri Decree no. (39) of 2005, are responsible for executing their objectives as incorporated companies in accordance with the rules, regulations and decisions issued by DOH.



Policies

Policies refer to decisions, plans, and actions undertaken to achieve DOH's health care goals for Abu Dhabi. DOH policies define a vision for the future that helps to establish targets and points of reference for the short- and medium-term. DOH policies outline priorities and the expected roles of different groups, and build consensus and inform Professionals, Providers, Insurers and the public.

DOH will consistently monitor the effectiveness of its Policies to improve access, quality and accessibility of care and will revise Policies, as needed. However, DOH intends that Policies will remain stable over time.

Standards

Standards add further definition around practice, establishing both acceptable minimum and aspirational levels. Standards set the minimum requirements for specific structures, processes, and services and define the related roles, responsibilities, and interactions of Providers, Professionals and Insurers. Whereas Policies are intended to provide regulatory consistency, Standards are intended to adapt as medical practice and the Abu Dhabi health system continue to evolve.

Standards define reciprocal binding responsibilities in support of the Patients' Charter, which sets out the rights and the responsibilities of those using the Abu Dhabi health system.

KEY PRINCIPLES

This section sets out the principles that underpin all DOH regulations.

Evidence-Based Regulation

DOH regulatory controls will be evidence based as far as possible.

Seamless, Coherent and Transparent Regulation

DOH regulatory framework will be seamless, transparent and coherent across the healthcare continuum.

Efficient and Effective Interventions

DOH regulatory framework seeks to optimise resources and reduce administrative burdens (cutting red tape where possible).

Consistent and Equitable Sector Regulation

Regulatory requirements will be applied consistently and equitably across the health sector.

Accountability

DOH is accountable to its stakeholders, through its consultative policy process.

Proportionality

DOH's regulatory framework is proportional, appropriate, necessary and reasonable in order to achieve the intended objective.



VISION, MISSION, VALUES AND STRATEGY

Vision

A Healthier Abu Dhabi.

Mission

DOH aims to regulate and develop the healthcare sector and to protect the health of individuals by ensuring better access to services, continually improving quality of care, and sustainability of resources.

Values

- Commitment to society: Commitment to our society's needs and expectations.
- Creativity and innovation: Encourage creative thinking and continuous improvement of our services.
- Accountability: All are responsible for his/her actions and their consequences.
- Integrity: Honesty, commitment to the policies of DOH, and avoiding acts contrary to the code of conduct.
- Excellence: Spreading and promoting the culture of excellence and continuously improving corporate performance.

Strategy

DOH periodically develops healthcare strategies that are in line with the wider Abu Dhabi Government Plans. At the time of publication, DOH pursues seven priorities for Health Sector improvement:

1. Integrated continuum of care for individuals

- "Cradle-to-grave" coverage, the individual's care throughout life,
- Access to care (all types of care: ER, primary, secondary, tertiary, quaternary, home, pre-hospital, rehabilitation, preventive measures/vaccination, etc.), this will reduce need for IPC,
- Capacity planning – including rural areas in the Western and Eastern Regions,
- Address healthcare issues specific to the Emirat.

2. Drive quality and safety as well as enhance patient experience

- Track outcomes and processes from Healthcare Providers to drive quality improvement,
- Publish outcomes and processes once data are validated.



3. Attract/retain/train workforce
 - Particularly Emiratis,
 - Encourage Research, Innovation, Education/Training.
4. Emergency preparedness
 - The Emirate of Abu Dhabi at all times must be prepared for potential major disasters or disease outbreaks.
5. Wellness and prevention—public Health approach
 - Community initiatives to enhance wellness and awareness.
6. Ensure value for money + Sustainability of healthcare spend
 - Reduce waste,
 - Encourage Private Sector (“level playing field”),
 - Eliminate loss transfer for non-mandated healthcare provision,
 - Foster effective management of funded mandates,
 - Ensure appropriate reimbursement framework.
7. Integrated Health Informatics and eHealth
 - Including Telemedicine,
 - Tool to drive 1, 2, 3, 4, 5, 6 above.



HEALTHCARE INSURERS MANUAL

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CHAPTER I. OVERVIEW OF THE HEALTH INSURANCE SCHEME IN ABU DHABI

1. Financing the Health System of Abu Dhabi

1.1. The healthcare system of Abu Dhabi is characterised by universal, mandatory health insurance with three main sources of financing:

1.1.1. employers or sponsors,

1.1.2. the Government, and

1.1.3. individuals.

1.2. The objective of Abu Dhabi Health system financing is to ensure that all residents of the Emirate of Abu Dhabi have sustainable access to needed high quality health care without enduring financial hardship in accessing services.

Financing by Employers and Sponsors

1.3. The Law and the Regulations make health insurance mandatory for non-Nationals who either hold a work or residence visa issued from the Emirate of Abu Dhabi or are visiting the Emirate under certain visa types. The Law requires that Employers or Sponsors provide health insurance coverage and visa screening to all non-Nationals under their employment or sponsorship and their dependents.

1.4. This Manual covers this stream of funding and the mandatory provisions relating to non-Nationals.

Financing by Government

1.5. 'Thiqa', the Government-funded, single-payer health insurance scheme for Nationals, was mandated by Resolution No. (83) of 2007 of the Abu Dhabi Executive Council concerning the application of the Law to Nationals and those of similar status in the Emirate. Thiqa is administered by the national health insurance company, Daman, and is regulated by DOH.

1.6. Nationals may privately purchase supplemental health insurance coverage, called "Thiqa Top up" Product in addition to the coverage provided under the Thiqa as long as any additional benefits are not already included in the Thiqa product to avoid duplication. In such cases, only chapters IV to VIII of this Manual will apply.

1.7. The Government also funds defined mandates for healthcare services and programmes that serve public good and that are not covered by the Health Insurance Scheme (Funded Mandates).

2. Health Insurance Scheme

2.1. The Health Insurance Scheme in Abu Dhabi is established and regulated by the following:

- 2.1.1. Law 23 of 2005 Regarding the Health Insurance Scheme for the Emirate of Abu Dhabi (the Law),
- 2.1.2. Executive Regulations for Law 23 of 2005 Regarding the Health Insurance Scheme for the Emirate of Abu Dhabi (the Regulations),
- 2.1.3. any Decision of the Executive Council relating to, or amending the Law or the Regulations (Executive Decisions),
- 2.1.4. any applicable laws in the UAE,
- 2.1.5. this Manual, and
- 2.1.6. any relevant Policies, Standards and Circulars issued by DOH.

2.2. The Health Insurance Scheme places responsibilities on any Insurer, Broker, Third Party Administrator, Healthcare Provider, Employer, Sponsor (including educational establishments), Limited Income Investor and Insured Person who is required to participate in the Health Insurance Scheme. Chapter VI of this Manual also places obligations on Healthcare Professionals.

2.3. All people involved in the Health Insurance Scheme or who may require the use of health services in Abu Dhabi under the Health Insurance Scheme must ensure that they are fully aware of the provisions of each of the above legislative instruments that apply to them.

2.4. The contents of this Manual and the Standards are supplementary to the Law, Policies, DOH Circulars and any Executive Decisions. Where this Manual or any Policy or Standard refers to the provisions of the Law and the Regulations, such references will:

- 2.4.1. be selective, and be used in order to provide appropriate background to the supplementary obligations imposed by the Manual, Policy, Standard or Circular,
 - 2.4.1.1. not repeat the provisions of the Law, the Regulations or the Executive Decisions in full.

3. Regulator's Responsibilities

3.1. DOH plays key roles in relation to the management of an efficient private health insurance system. In particular, DOH is responsible for:¹

¹ Regulations: article 2.

- 3.1.1. enforcing the provisions of the Law and the Regulations,²
- 3.1.2. administering and overseeing the operation of the Health Insurance Scheme and its compliance,
- 3.1.3. licensing, registering and inspecting Insurers and Authorised Healthcare Providers, TPAs, Brokers, Public and Private Employers in relation to the Health Insurance Scheme,
- 3.1.4. prescribing and collecting fees for the registration and licensing of Insurers, Authorised Healthcare Providers, TPAs and Brokers,
- 3.1.5. setting the reimbursement rates (Standard Tariff), rules and mechanism for the Health Insurance Scheme,
- 3.1.6. determining and enforcing the implementation of applicable standards to be met by Insurers and Authorised Healthcare Providers relating to the Health Insurance Scheme,
- 3.1.7. investigating and resolving disputes³, suspected cases of fraud and abuse, and complaints regarding other parties in the Health Insurance Scheme,
- 3.1.8. conducting inspections and investigations to ensure that all participants in the Health Insurance Scheme comply with the Law and the Regulations, DOH Circulars and any Executive Decisions,
- 3.1.9. overseeing and conducting the appointment of authorised inspection officers, and working where appropriate with other Emirates and federal authorities to ensure compliance with the Law and Regulations.
- 3.1.10. collecting, monitoring and publishing statistical data on the rates of participation in and utilisation of the Health Insurance Scheme,^{4 5}
- 3.1.11. collecting and disseminating information about private health insurance to enable consumers to make informed choices.

4. Compliance

- 4.1. All regulated stakeholders (including any Insurer, Broker, Third Party Administrators, Healthcare Provider, Employer, Sponsor and Insured Person who is required to participate in the Health Insurance Scheme) are responsible for their own compliance with the legislative provisions of the Health Insurance Scheme. Such stakeholders must document and keep records that evidence their compliance.

² Law: article 22.

³ Standard for Claims Adjudication, Mandatory Tariff and Associated DOH Claims and Adjudication Rules, Standard Provider Contract, Chapter VII DOH Regulations - Inspections, Complaints, Appeals and Sanctions (Healthcare Insurers Manual).

⁴ Chapter VI: Healthcare Regulator Manual.

⁵ DOH Data Standards and Procedures Standard.



4.2. DOH assists compliance by Insurers and Authorised Healthcare Providers by standardising contracts, data submission, reporting templates, claims and adjudication rules and audit requirements^{6 7 8 9} to support in the ongoing review and monitoring of compliance.

4.3. DOH also seeks to support compliance by:

- 4.3.1. checking upon receiving a complaint¹⁰, other than suspicion of Fraud, Abuse, Misuse and/or and/or Errors¹¹, on resolving the complaint internally, and by ensuring that internal dispute resolution procedures have been exhausted,
- 4.3.2. conducting inspections and compliance reviews which are used to determine and address areas of non-compliance, and
- 4.3.3. reviewing the arrangements for audits.

5. Interpretation

5.1. Where this Manual refers to provisions of the Law or the Regulations, it will summarise the legislative provisions.

5.2. At all times the wording of the Law and the Regulations will remain authoritative and, if there are any issues of contradiction between the Law and/or the Regulations and this Manual, the Law and/or the Regulations will have precedence¹².

⁶ Chapter VI: Healthcare Regulator Manual.

⁷ DOH Data Standards and Procedures Standard.

⁸ Standard Provider Contract, Mandatory Tariff and DOH Claims and Adjudication Rules.

⁹ DOH Standard for Auditing.

¹⁰ DOH Standard for Complaints Management.

¹¹ Chapter VI: Healthcare Insurers Manual.

¹² Law: article 26.



CHAPTER II. OBLIGATIONS OF EMPLOYERS AND SPONSORS

6. Introduction

- 6.1. All non-Nationals who hold a work or residence visa issued from the Emirate of Abu Dhabi or those visiting the Emirate under certain visa types must have the appropriate level of health insurance cover (as described fully in the Law and the Regulations and as complemented by this Manual).
- 6.2. This Chapter further describes the obligations of:
- 6.2.1. Employers to provide health insurance coverage to their non-National Employees together with the dependent's spouse and three children below 18 years of age.
 - 6.2.2. Sponsors to provide insurance coverage to those Resident Expatriates under their sponsorship who are not covered by employment-based health insurance.
- 6.3. The Law provides for DOH to impose financial penalties on Employers and Sponsors who do not subscribe, on behalf of their employees or sponsored persons, as required by the Health Insurance Scheme or who do not renew Health Insurance Policies where required¹³.

7. Entry to the Emirate for a Limited Time or Purpose

- 7.1. The Regulations specify that Sponsors must cover the following persons with the Visitor Product:
- 7.1.1. persons sponsored for a visit visa of more than two (2) months¹⁴ (but under six (6) months) duration (excluding persons entering on tourist visas)¹⁵,
 - 7.1.2. non-permanently-residing dependent children of Resident Expatriates¹⁶.
- 7.2. The Regulations provide that Employers or Sponsors may provide cover to such persons specified in paragraph 7.1 above under an Enhanced Product¹⁷.

¹³ Law: article 24 and Regulations: articles 11(10) and 12(9), and Schedule 4 paragraph 1 and 30.

¹⁴ Regulations: article 4(6).

¹⁵ Health Insurance Circular No.7 (2006) <https://www.DOH.ae/DOH/Portals/0/Health%20Insurance/Circulare/Cir7.pdf>

¹⁶ Regulations: article 6(2)(b).

¹⁷ Regulations: articles 4(6) and 6(2)(C).



Additional Provisions

7.3. In respect to persons entering the Emirate on a 'mission visa', Employers or Sponsors of such persons must purchase Health Insurance for that person for the same period as that specified in the person's issued mission visa, provided that the mission visa is issued for no longer than 6 months.

8. Entry to the Emirate to Reside and/or Work

8.1. The Law restricts non-Nationals from being issued a work permit¹⁸, Emirates ID, residency permit¹⁹, or from having a residency permit renewed²⁰, unless proof of insurance coverage is established to the immigration authority.

8.2. The Regulations require that (except in cases where an exemption is permitted)²¹ :

8.2.1. Employers purchase health insurance coverage²² for every non-Nationals it employs,²³

8.2.2. Employers purchase health insurance coverage for the dependents of an Employee where such dependents hold a resident visa issued by the Emirate of Abu Dhabi. However, the Employer shall not be obliged to cover more than one wife and is only obliged to cover up to three children under the age of 18 years²⁴,

8.3. The Regulations provide that, unless one of the conditions in 8.4.3 applies, where the person to be insured receives a monthly compensation level that is:

8.3.1. lower than the income threshold set by the Regulations, Employers or Sponsors must purchase the Basic or Enhanced Product.²⁵

8.3.2. greater than the income threshold set by the Regulations, Employers or Sponsors must purchase an Enhanced Product²⁶,

8.3.3. paragraphs 8.4.1 and 8.4.2 do not apply in exceptional cases, or if the person to be insured is a non-National who is eligible for the Visitor Product²⁷ or is a dependent of a non-National employee who is not eligible for health insurance coverage by the employee's Employer²⁸.

¹⁸ Law: article 5 and Regulations: article 11(9).

¹⁹ Regulations: article 12(3).

²⁰ Regulations: article 12(5).

²¹ Law: article 3 and Regulations: article 5 and Schedule 4 paragraphs 19, 26 and 37.

²² Regulations: article 6(2) requires at least the Basic Product to be obtained.

²³ Regulations: article 11(1), (2) and (3).

²⁴ Law: article 5 and Regulations: article 11(3).

²⁵ Regulations: article 6(2)(a), as amended by Executive Decision 47 of 2008, and Schedule 4 paragraph 23.

²⁶ Regulations: article 6(2)(c).

²⁷ Regulations: article 6(2)(b).

²⁸ Regulations: article 6(2)(a) – such persons are eligible for the Basic Product.



- 8.4. The Regulations stipulate that the Employer²⁹ or Sponsor³⁰ is liable for the cost of providing Health Insurance (Basic or Enhanced Product) for persons sponsored by them and penalise Employers or Sponsors if they pass any of this cost onto the Insured Person^{31,32}
- 8.5. The Regulations make the Employer and/or Sponsor, in the absence of the required coverage, responsible for the costs of any healthcare services incurred by any non-Nationals under their sponsorship³³.

Additional Provisions

- 8.6. Employers must obtain health insurance for the dependents of a female non-National employee who intend to reside in the Emirate if the³⁴:
- 8.6.1. female employee is a widow who maintains and sponsors her children, provided that a judgment rendered by an Abu Dhabi Sharia Court regarding the children's maintenance by the mother is submitted, or
 - 8.6.2. female employee's spouse is deemed medically incompetent as evidenced by a certificate issued by the DOH Medical Committee in the Emirate and the female employee sponsors her husband and any children.

9. Entry to the Emirate to Study Additional Provisions

- 9.1. Where a non-National, aged 18 years and over, is studying at a recognised educational establishment in the Emirate, and is not sponsored by parents residing in the Emirate, the educational establishment must act as that student's Sponsor and purchase the Basic Product.

10. Sanctions

- 10.1. The Law pronounces that DOH is in charge of enforcing the Law, and the Regulations give DOH the power to prescribe and collect fines for breaches of the Health Insurance Scheme³⁵.
- 10.2. DOH may impose sanctions³⁶ on relevant parties for breaches of the obligations set out in this Manual and any Regulation issued under it.

²⁹Regulations: article 11(4)

³⁰ Regulations: articles 11(2) and 11(6).

³¹ Regulations: articles 11(4) and 12(6), and Schedule 4 paragraph 3.

³² Since July 2016 new regulation allow employer to share up to 50% (optional sharing) of the premium with his employee except worker up to age 40 years.

³³ Regulations: articles 11(5) and 12(2).

³⁴ DOH Circular no. 9.

³⁵ Law: article 22 and Regulations: articles 2 and 17(9), 22 and Schedule 4.

³⁶ Chapter VII, Healthcare Insurance Manual.



CHAPTER III. HEALTH INSURANCE PRODUCTS

11. Introduction

11.1. There are three types of private health insurance for non-Nationals, namely:

- 11.1.1. The Basic Product for individuals with limited income in accordance with the threshold set by the Regulations and dependents of non-Nationals who are not eligible to be covered by the employment based insurance,
- 11.1.2. The Enhanced Product for individuals above the income threshold set by the Regulations for the Basic Product and available to all non-Nationals,
- 11.1.3. The Visitor Product for visitors to the Emirate of Abu Dhabi holding certain types of visas.³⁷

PART A: GENERAL REQUIREMENTS

12. DOH Approval of Health Insurance Policies

12.1.1. Penalty shall be imposed if DOH approval of a health insurance policy is not obtained and if amendments are made to a health insurance policy without DOH's approval³⁸.

Additional Provisions

12.2. DOH will not approve any health insurance policy that does not comply with the requirements under the Law and the Regulations.

13. Validity and Renewal

13.1. The Regulations specify that health insurance policies will be valid for a minimum of one (1)³⁹ year from the commencement date of the policy, except the visitor health insurance product⁴⁰.

³⁷ Regulations: article 5(6).

³⁸ Regulations: Schedule 4, paragraph 25.

³⁹ Regulations: article 6(4).

⁴⁰ Regulations: article 6(7).



14. Benefits and Exclusions

- 14.1. All Insurers must ensure that their health insurance policies:
- 14.1.1. include the minimum requirements regarding policy benefits and exclusions as set out by the Law and the Regulations⁴¹,
 - 14.1.2. provide cover to an Insured Person for a High Cost Medical Condition following six months from the commencement of the policy⁴².

Additional Provisions

- 14.2. In all health insurance policies, Insurers must:
- 14.2.1. not impose an age limit on health insurance coverage,
 - 14.2.2. include coverage for work-related injuries and illnesses.
- 14.3. DOH will, review the definition of High Cost Medical Conditions for which Insurers should provide coverage.

15. Policy Documentation

- 15.1. In relation to all individual policies, Insurers are required to issue the Insured Person:
- 15.1.1. a health insurance card⁴³, and
 - 15.1.2. a document explaining the key terms of the policy, including the benefits and exclusions⁴⁴ the network and the rights and responsibilities of the Insured Person⁴⁵ and the Insurer (the Policy Summary).

Additional Provisions

- 15.2. Upon request from (or on behalf of) an Insured Person, Insurers must provide a copy of the Policy Summary to the Insured Person.
- 15.3. Insurers, in relation to all group policies, must:

⁴¹ Law: articles 12 and 13, and Regulations: article 6(6) and Schedules 1, 2 and 3.

⁴² Regulations: article 6 (10).

⁴³ Law: article 16 and Regulations: article 6(12).

⁴⁴ Law: Article 16.

⁴⁵ DOH Patient Charter.



- 15.3.1. issue the Employer or Sponsor purchasing the group policy: (i) the health insurance card; (ii) the policy summary including the benefits schedule, exclusions list and provider network; and (iii) the premium receipt and debit note, and
- 15.3.2. retain evidence of the above communication for the purposes of a DOH inspection.
- 15.4. Employers or Sponsors purchasing a group policy must distribute to the Insured Persons their health insurance card and the Policy Summary.

PART B: BASIC PRODUCT

16. Benefits and Exclusions

- 16.1. DOH sets out the benefits and exclusions for the Basic Product, subject to approval by the Abu Dhabi Executive Council, to add or delete benefits and services from time to time⁴⁶.
- 16.2. The Regulations:
 - 16.2.1. provide further detail relating to the healthcare services that should be covered under the Basic Product⁴⁷ and the healthcare services that are excluded from cover under the Basic Product⁴⁸, and
 - 16.2.2. establish penalties for authorised Insurers who amend the Basic Product (as determined by DOH⁴⁹) or provide less cover than that required for the Basic Product without obtaining approval from DOH⁵⁰.

Additional Provisions

- 16.3. Insurers must ensure that the Basic Product provides reasonable and timely access to covered inpatient and outpatient services within the Emirate and to emergency services within the UAE.
- 16.4. DOH controls the Basic Product Provider Network.

⁴⁶ Law: articles 12 and 13.

⁴⁷ Standard for Healthcare Services for Work-Related Injuries and Specified Occupational Diseases.

⁴⁸ Regulations: article 8(1) and 10(1), and Schedules 1 and 2.

⁴⁹ Regulations: Schedule 4, paragraph 18.

⁵⁰ Regulations: Schedule 4, paragraph 8.

17. Premium and Tariffs

17.1. The Regulations:

17.1.1. state that the Premium for the Basic Product will be determined by an Executive Decision⁵¹ and that penalty will be imposed on Insurers who fail to comply with the approved premium⁵²,

17.1.2. state that the premium for Basic Product cannot be refunded⁵³, and

17.1.3. authorise DOH to set the reimbursement rate (Standard-Tariff)⁵⁴, price list for services covered in the Basic Product⁵⁵, and establish penalties for Insurers and Healthcare Providers who fail to comply with the approved rates.⁵⁶

Additional Provisions

17.2. Employers, Sponsors, Insurers must comply with the eligibility requirements for the Basic Product.

PART C: ENHANCED PRODUCT

18. Benefits and Exclusions

18.1. The Regulations stipulate that:

18.1.1. an Insurer must not exclude from an Enhanced Product any of the benefits covered under the Basic Policy⁵⁷,

18.1.2. an Insurer may design Enhanced Products which extend the benefits of the Basic Product to provide additional health insurance cover for healthcare services which are specifically excluded from the Basic Product⁵⁸,

18.1.3. DOH may impose a penalty where an Enhanced Product is sold without a sample policy being approved by DOH⁵⁹.

Additional Provisions

18.2. DOH will publish the necessary policies or standards relating to the development of policy enhancements.⁶⁰

⁵¹ Regulations: article 6(5).

⁵² Regulations: Schedule 4, paragraph 18.

⁵³ Regulations: article 6(4).

⁵⁴ Standard Provider Contract, Mandatory Tariff Price List Application Rules.

⁵⁵ Regulations: article 8(5).

⁵⁶ Regulations: Schedule 4 paragraphs 17 and 18.

⁵⁷ Regulations: article 10(3).

⁵⁸ Law: article 17 and Regulations: article 10(3).

⁵⁹ Regulations: Schedule 4, paragraph 24.

⁶⁰ Standard Insurance Product Enhancement Guidelines accompanying Form-CR4 & DOH Standard for Product Enhancement.



18.3. Insurers must:

- 18.3.1. ensure that the enhancements of an Enhanced Product comply with the Law, the Regulations, this Manual, Policies and Standards relating to the development of policy enhancements,
 - 18.3.2. prior to permitting the sale of an Enhanced Product, ensure that the initial terms (including details of all proposed policy benefits and exclusions) of the policy are submitted to DOH for approval,
 - 18.3.3. prior to implementing any amendments to a policy approved by DOH, resubmit the amended terms for re-approval by DOH,
 - 18.3.4. ensure that an Enhanced Product is renewable with any increase in the Premium; a minimum of 30 days' notice must be provided to the Insured before implementing any increased Premium,
 - 18.3.5. group underwrite policies for Employers with eleven (11) or more employees per product, and
 - 18.3.6. Individually underwrite all Enhanced Products which were purchased for individuals.
- 18.4. Insurers may individually underwrite Enhanced Products (individual policies) which were purchased for a group where an Employer has ten (10) or fewer employees per product.

19. Premium and Tariffs

- 19.1. The Regulations provide that the Premium for the Enhanced Product is to be determined by market rates^{61 62} and that the parties to the Health Insurance Policy may agree on the terms on which a refund of Premiums may be recovered⁶³.

Additional Provisions

19.2. Insurers must:

- 19.2.1. not sell any Enhanced Product for less than or equal to the Premium determined for the Basic Product,
- 19.2.2. not set the reimbursement rates for the Enhanced Product above the price cap or below the price floor set by the Standard Provider Contract between the Healthcare Provider and the Insurer, and
- 19.2.3. submit the reimbursement rates for the healthcare services covered by the Enhanced Product which have been negotiated between the Insurer and Healthcare Provider to DOH for approval.

⁶¹ Regulations: article 10(3).

⁶² DOH Mandatory Tariff Price List Application Rules.

⁶³ Regulations: articles 6(4).

- 19.3. Insurers may use the DOH Basic Product reimbursement rates as the base line for the Enhanced Product reimbursement rate negotiations.

PART D: VISITOR PRODUCT (EMERGENCY HEALTHCARE)

20. Benefits and Exclusions

- 20.1. Insurers must not sell a Visitor Product to person issued a visa which allows entry for a period in excess of six (6) months.
- 20.2. Insurers must ensure that all Visitor Products provide insurance cover for emergency healthcare services as defined by DOH.
- 20.3. Insurers must ensure that all Visitor Products:
- 20.3.1. provide an aggregate limit on covered care of no less than AED 100,000⁶⁴ (one hundred thousand dirhams),
 - 20.3.2. do not require any payment to be made by the Insured Person either as a lump sum or percentage deductible for the emergency treatment (except for a course of prescribed medication), and
 - 20.3.3. provide for the emergency healthcare service benefits and transportation services for medical emergencies to be covered throughout the Emirate of Abu Dhabi.
- 20.4. Insurers may:
- 20.4.1. provide benefits to Insured Persons in the Visitors Product which are additional to the minimum requirements set out above where such additional benefits are negotiated between the purchaser of the product and the Insurer, and
 - 20.4.2. exclude coverage in the Visitor Product for non-emergency treatment for chronic conditions.
- 20.5. Insurers must:
- 20.5.1. prior to permitting the sale of a Visitor Product, ensure that the terms (including details of all proposed policy benefits and exclusions) of the policy are submitted to and approved by DOH, and
 - 20.5.2. prior to implementing any amendments to a policy approved by DOH, resubmit the amended terms for approval by DOH as a new policy.

⁶⁴ DOH Circular No. 3.

- 20.6. Insurers must ensure that a Visitor Product terminates at the end of the validity period of the Insured Person's entry visa.

21. Premium and Tariffs

- 21.1. Premium will be determined on the basis of the duration of the stay and market rates⁶⁵.

Additional Provisions

- 21.2. Insurers must refund the whole Premium paid⁶⁶ for a Visitor Product if the Insured Person is not issued a 'visit visa' by the department of immigration for which the Insured Person had applied or intended to apply for at the time of purchasing the Visitor Product, provided that no claim has been made under the Policy.

⁶⁵ Regulations: article 6(7).

⁶⁶ DOH Circular No. 41.



CHAPTER IV. PARTICIPATION IN THE HEALTH INSURANCE SCHEME

22. Introduction

- 22.1. DOH is empowered⁶⁷ to establish a set of requirements to govern and regulate the participation of Insurers, Brokers, Third Party Administrators and Healthcare Providers in the Health Insurance Scheme.
- 22.2. This Manual, together with any related Policies and Standards, establishes further requirements on such parties, in addition to the obligations set out under the Law and the Regulations.

PART A: PARTICIPATION OF INSURERS, BROKERS AND THIRD PARTY ADMINISTRATORS

23. Application for Authorisation to Participate in the Health Insurance Scheme

- 23.1. The Regulations restrict parties who are not an Insurer from carrying on activities relating to the provision of health insurance coverage in the Emirate⁶⁸.
- 23.2. The Regulations require Insurers, Brokers or Third Party Administrators wishing to sell or administer health insurance policies in the Emirate to:
- 23.2.1. hold a Certificate of Authorisation from DOH before they sell or administer any health insurance products in the Emirate⁶⁹, and
 - 23.2.2. comply with the provisions in the Regulations regarding the process for applying for such authorisation⁷⁰.

Additional Provisions

- 23.3. DOH provides online resources for the application for authorisation.
- 23.4. Insurers and Third Party Administrators must submit to DOH, with each initial and renewal application for authorisation the material specified by Policies, Standards and/or Forms available via the DOH website.

⁶⁷ Law: article 25 and Regulations: article 2.

⁶⁸ Regulations: article 13(2), 14(1), 16(1) and Schedule 4 paragraphs 2, 4 and 5.

⁶⁹ Regulations: articles 13(6), 14(3) and 16(1).

⁷⁰ Law: article 20 and Regulations: articles 13(1) and (3), 14(3), and 16(1), Schedule 4 paragraph 21, and Schedule 5 (application fees).



- 23.5. DOH may conduct an inspection visit at a time it specifies following each initial and renewal application for authorisation.

24. Application Approvals and Denials

- 24.1. in relation to applications from Insurers or Third Party Administrators for authorisation to sell or administer health insurance policies in the Emirate:
- 24.1.1. DOH may request the applicant to provide additional documents or information as may be reasonably necessary to make its decision on the application⁷¹,
- 24.1.2. DOH will provide the applicant with a written response of its decision within 60 days of the submission of the complete application⁷², and
- 24.1.3. DOH will, following approval of the application and receipt of applicable fees, issue the applicant with a formal Certificate of Authorisation⁷³, which will be valid for one (1) year from its date of issuance and will be renewable on the same terms⁷⁴.

Additional Provisions

- 24.2. Where it rejects an application for authorisation from an Insurer, Third Party Administrator or Broker, DOH will:
- 24.2.1. inform the applicant,
- 24.2.2. give the reasons for its decision,
- 24.2.3. indicate any conditions with which the applicant must comply with respect to any reapplication.
and
- 24.3. An Insurer, Third Party Administrator or Broker may appeal the rejection of its application for authorisation as an Insurer. Appeal submission is with customer service as per policies and procedures.

⁷¹ Regulations: articles 13(4) and 14(3).

⁷² Regulations: articles 13(4) and 14(3).

⁷³ Regulations: articles 13(6) and 14(3).

⁷⁴ Regulations: articles 13(7) and 14(3).



25. Information Obligations

25.1. The Regulations require:

25.1.1. Insurers to submit to DOH all reports determined to be required by it (and in the form and frequency prescribed by DOH),

25.1.2. Insurers to produce all records and details of its transactions with all Brokers⁷⁵, and

25.1.3. Brokers and TPAs to submit an annual report to DOH on all transacted business in the form prescribed by DOH⁷⁶.

Additional Provisions

25.2. Insurers must submit to DOH information as maybe requested within the time period set out in the request.

25.3. An Insurer must:

25.3.1. submit claims and reimbursement data to DOH in the format, manner and frequency prescribe,

25.3.2. report on their management of claims in accordance with such indicators as specified by DOH Standards,

25.3.3. notify DOH of any material changes that arise during the validity period of its Certificate of Authorisation. Failure to do so will be considered a breach of the Conditions of the Authorisation and DOH may impose a disciplinary sanction, and

25.3.4. produce its accounts and records⁷⁷ for inspection following a reasonable request by DOH.

25.4. Insurers must demonstrate their financial solvency and responsibility by:

25.4.1. submitting annually (or as often as may otherwise be prescribed by DOH in a Policy or Standard) to DOH independently audited financial statements, and

25.4.2. complying with periodic DOH audits⁷⁸.

26. Data Management

26.1. Healthcare Providers and Insurers must, in accordance with DOH Policies and Standards, ensure they:

⁷⁵ Regulations: article 16(6).

⁷⁶ Regulations: article 16(8).

⁷⁷ Regulations: article 15(7).

⁷⁸ Regulations: article 13(9) and 15(7).



- 26.1.1. maintain data confidentiality,
- 26.1.2. have in place appropriate systems for data management and retention,
- 26.1.3. fulfil requirements relating to data portability, and
- 26.1.4. comply with the established ethics and principles for collection, storage, use and destruction of data.

27. Market Exit⁷⁹

- 27.1. The Regulations provide that Insurers will be subject to disciplinary sanctions⁸⁰ if they breach the provisions relating to withdrawal from the Health Insurance Scheme, which include the requirement to:
 - 27.1.1. obtain the approval of DOH prior to withdrawal, and
 - 27.1.2. publish a notice of cancellation twice in both Arabic and English newspapers at least one (1) month in advance⁸¹, or in any other form determined by DOH.

Additional Provisions

- 27.2. Insurers must:
 - 27.2.1. where they do not intend to renew their Certificate of Authorisation, comply with the market exit provisions set out in the Regulations and this Manual, and
 - 27.2.2. comply with DOH Policies and Standards regarding the settlement and reconciliation of all obligations prior to exiting from participation in the Health Insurance Scheme.

PART B: PARTICIPATION OF HEALTHCARE PROVIDERS

28. Application for Authorisation to Participate in the Health Insurance Scheme

- 28.1. Healthcare Providers who are not a DOH Authorised are restricted from providing healthcare services for reimbursement under the Health Insurance Scheme⁸².
- 28.2. Healthcare Providers in Abu Dhabi wishing to participate in the Health Insurance Scheme must:

⁷⁹ DOH Standard for Market Exits.

⁸⁰ Regulations: Schedule 4, paragraphs 32 and 33.

⁸¹ Regulations: article 13(10).

⁸² Regulations: article 17(3) and Schedule 4 paragraphs 2 and 5.



- 28.2.1. hold a Certificate of Authorisation from DOH before they may contract with authorised Insurers⁸³ to provide healthcare services for reimbursement under the Health Insurance Scheme⁸⁴, and
- 28.2.2. comply with the provisions in the Regulations regarding the process for applying for such authorisation⁸⁵.

Additional Provisions

- 28.3. DOH may provide online resources for the application for authorisation.
- 28.4. Healthcare Providers must submit to DOH, with each initial and renewal application for authorisation, the material specified by Policies, Standards and/or Forms available via the DOH website.

29. Application Approvals and Denials

- 29.1. In relation to applications from Healthcare Providers for authorisation to provide healthcare services under the Health Insurance Scheme:
 - 29.1.1. DOH may require the applicant to provide additional information for DOH to make its decision on the application⁸⁶.
 - 29.1.2. DOH will provide the applicant with a written response of its within 60 days of the submission of the complete application⁸⁷,
- 29.2. Following approval of the application and receipt of applicable fees, issue the applicant a formal Certificate of Authorisation⁸⁸, which will be valid for one (1) year from its date of issuance and will be renewable on the same terms⁸⁹.

Additional Provisions

- 29.3. Where DOH rejects an application from a Healthcare Provider for authorisation, it will:
 - 29.3.1. inform the applicant,
 - 29.3.2. give the reasons for its decision, and

⁸³ Regulations: Schedule 4 paragraphs 6 and 7.

⁸⁴ Law: article 9 and Regulations: article 17(7).

⁸⁵ Regulations: articles 17(1) and (4), and Schedule 4 paragraph 21.

⁸⁶ Regulations: article 17(5).

⁸⁷ Regulations: article 17(5).

⁸⁸ Regulations: article 17(7).

⁸⁹ Regulations: article 17(8).

29.3.3. indicate any conditions with which the applicant must comply in respect of any reapplication.

29.4. A Healthcare Provider may appeal the rejection of its application for authorisation as a Healthcare Provider. Appeal submission is with customer service as per policies and procedures.

30. Information Obligations

30.1. Healthcare Providers are required to submit the reports determined by DOH (and in the form prescribed by DOH) every three months⁹⁰.

30.2. Healthcare Providers must, following a reasonable request by DOH:

30.2.1. produce for inspection requested accounts and records⁹¹,

30.2.2. submit to DOH such information as detailed in the request within the time period set out in the request,

30.2.3. submit reports to DOH according to a prescribed format and frequency,

30.2.4. submit reimbursement data to DOH in such a format, manner and frequency as DOH may from time to time prescribe, and

30.2.5. comply with DOH audits⁹².

30.3. The Regulations provide that Healthcare Providers must:

30.3.1. adhere to the DOH approved price list for the Basic Product⁹³,

30.3.2. retain all patient files and records relating to the healthcare services provided to an Insured Person for at least two (2) years from the date of that person's last health insurance policy or treatment (whichever is the latest) and may only dispose of the records permanently five (5) years after the last treatment⁹⁴, and

30.3.3. recover the costs of medical care provided to a Patient who is injured in an accident for which that Patient is covered for the accident by an insurance company operating in the State (the additional coverage), from the insurance company providing the additional coverage⁹⁵.

⁹⁰ Regulations: article 24(1) and Schedule 4 paragraphs 9 and 28.

⁹¹ Regulations: article 18(5).

⁹² Regulations: article 17(9).

⁹³ Regulations: Schedule 4 paragraph 17.

⁹⁴ Regulations: article 23(2) and Schedule 4 paragraphs 13 and 20.

⁹⁵ Regulations: article 9(4).



30.3.4. Healthcare Providers must provide healthcare to a non-National person (the Patient) requiring emergency medical treatment, regardless of whether the Patient has valid health insurance coverage, and only subsequent to treatment recover the actual cost of the healthcare services provided from either:

30.3.5. an Insurer, in accordance with the terms of the insurance policy held by the Patient⁹⁶, or

30.3.6. where the Patient's treatment is not covered by an insurance policy, the Patient's Employer or Sponsor.⁹⁷

30.4. Healthcare Providers must:

30.4.1. meet the DOH electronic claims requirements, and

30.4.2. adhere to the DOH-approved medication list (the DOH Approved Products List⁹⁸).

31. Data Management

31.1. Healthcare Providers must, in accordance with DOH Standards, ensure they:

31.1.1. maintain data confidentiality,

31.1.2. have in place appropriate systems for data management and retention,

31.1.3. fulfil requirements relating to data portability, and

31.1.4. comply with the established ethics and principles for collection, storage, use and destruction of and access to data.

⁹⁶ Law: article 11 and Regulations: article 9(1) and Schedule 4 paragraph 31.

⁹⁷ Regulations: article 9(2).

⁹⁸ List of Approved Medical Products can be found here: <https://www.DOH.ae/DOH/tabid/1505/Default.aspx>



32. Market Exit

32.1. Healthcare Providers will be subject to disciplinary sanctions⁹⁹ if they breach the provisions relating to withdrawal from the Health Insurance Scheme, which include (amongst other obligations) the requirement to:

32.1.1. obtain the approval of DOH prior to withdrawal,

32.1.2. publish a notice of cancellation twice in both Arabic and English newspapers at least two (2) months in advance¹⁰⁰.

32.2. Healthcare Providers must:

32.2.1. where they do not intend to renew their Certificate of Authorisation, comply with the market exit provisions set out in the Regulations and this Manual, and

32.2.2. comply with DOH Policies and Standards regarding the settlement and reconciliation of all obligations prior to exiting from participation in the Health Insurance Scheme.

PART C: RELATIONSHIPS WITH OTHER PARTICIPANTS IN THE HEALTH INSURANCE SCHEME

33. Agreements between any Authorised Parties

33.1. The Regulations provide that:

33.1.1. Insurers and Healthcare Providers must only deal with other parties authorised to participate in the Health Insurance Scheme¹⁰¹, and

33.1.2. Insurers may only contract with Third Party Administrators for the purpose of health insurance affairs administration¹⁰² and where they do so:

a) the Insurer and Third Party Administrator will be jointly liable for performing the obligations of the Insurer¹⁰³, and

b) the Insurer will be responsible for the actions of the Third-Party Administrator¹⁰⁴.

⁹⁹ Regulations: Schedule 4 paragraphs 32 and 33

¹⁰⁰ Regulations: article 17(13).

¹⁰¹ Regulations: articles 14(1), 16(3), 16(9), 19(3), and Schedules 4 paragraphs 6 and 7.

¹⁰² Regulations: article 14(1).

¹⁰³ Regulations: article 14(2).

¹⁰⁴ Regulations: article 15(2).

33.1.3. A copy of the Standard Provider Contract agreement between an Insurer and a Healthcare Provider must be submitted to DOH¹⁰⁵.

Additional Provisions

33.2. Agreements between an Insurer and a Healthcare Provider must be executed using the Standard Provider Contract.

33.3. Where a Network Provider is located outside of the Emirate, Insurers must ensure that their contractual relationship with that Network Provider requires the Network Provider to comply with the relevant regulations and performance indicators applicable in that location, which regulate the safety and quality of care.

34. Conflicts of Interest

34.1. The Regulations provide that:

34.1.1. Insurers and Healthcare Providers must not own, manage or participate in the management of the other¹⁰⁶,

34.1.2. Insurer and Healthcare Providers must not have an interest in or participate in the ownership of the other or a Broker that could conflict with the proper performance of their duties¹⁰⁷,

34.1.3. Insurers and Healthcare Providers must take immediate steps to avoid a conflict of interest or to avert a conflict of interest that has arisen and shall disclose in writing to DOH matters giving rise to a conflict¹⁰⁸, and

34.1.4. Healthcare Providers must not participate in any manner in acting as a Broker in the sale and marketing of health insurance policies¹⁰⁹, or pay any commission or fees to a Broker¹¹⁰.

Additional Provisions

34.2. Insurers and Healthcare Providers must adhere to the DOH Standard Provider Contract for the provision and payment of healthcare services under the Health Insurance Scheme.

¹⁰⁵ Law: article 14 and Regulations: articles 19(3) to 19(6) and Schedule 4 paragraphs 10 and 27.

¹⁰⁶ Law: article 8 and Regulations: articles 14(4), 15(4), 16(5) and 18(2) and Schedule 4 paragraphs 11 and 12.

¹⁰⁷ Regulations: articles 14(4), 15(5) and 18(3), and Schedule 4 paragraphs 11 and 12.

¹⁰⁸ Regulations: articles 15(6) and 18(4).

¹⁰⁹ Regulations: article 18(2).

¹¹⁰ Regulations: article 16(7) and Schedule 4 paragraph 36.



34.3. An Insurer must not place pressure (by any means) on Healthcare Providers to restrict an Insured Person from receiving treatment which is:

34.3.1. medically necessary,

34.3.2. in accordance with best practice, and

34.3.3. likely to provide optimum benefit for the Patient.

34.4. An Insurer must:

34.4.1. require those Healthcare Providers which provide healthcare services to the Insurer's Insured Persons to provide those services only where medically necessary or otherwise approved under the Policy and in accordance with the relevant DOH Service Standards and Clinical Care Standards, and

34.4.2. audit the Healthcare Providers performance of the above requirement in accordance with indicators specified in DOH Standards, including but not limited to the Standard Provider Contract.



CHAPTER V. HEALTH INSURANCE CLAIMS MANAGEMENT

35. Introduction

- 35.1. This Chapter establishes further rules and regulations to govern and monitor the management of health insurance claims by Insurers and Healthcare Providers.
- 35.2. DOH will regulate the reimbursement rates, rules and mechanisms of Authorised Healthcare Providers and Insurers to achieve the principles of:
- 35.2.1. quality,
 - 35.2.2. value for money,
 - 35.2.3. transparency,
 - 35.2.4. accountability, and
 - 35.2.5. sustainability.

36. Reimbursement Methodologies

- 36.1. DOH will (amongst other matters) publish, and revise Policies, Standards and other regulatory instruments, including:
- 36.1.1. A Diagnosis Related Groupings system,
 - 36.1.2. claims and reimbursement systems and procedures for all health insurance products,
 - 36.1.3. unit of payment to be used to pay for healthcare services based on standard medical coding, and
 - 36.1.4. coding, data exchange requirements and procedures for healthcare services in relation to:
 - a) the use of common medical language and standard codes,
 - b) changes and/or additions to electronic data exchange standards,
 - c) the rules governing data exchange between Insurers (including self-pay) and Healthcare Providers,
 - d) the rules and processes governing claims adjudication,
 - e) the system, definition and rules for managing and monitoring of health insurance claims, and



- f) other matters relating to the Health Insurance Scheme, including (but not limited to) Clinical Care Standards and Guidelines and clinical quality indicators, that DOH may from time to time determine as necessary.

36.2. Insurers and Healthcare Providers must:

36.2.1. comply with such applicable Policies and Standards¹¹¹ relating to claims management,

36.2.2. submit all claims including self-pay in a timely manner and in compliance with the provisions of the Standard Provider Contract (Healthcare Providers), and

36.2.3. settle claims in a timely manner and in compliance with the provisions of the Standard Provider Contract (Insurers).

36.3. Insurers may refuse payment, either partially or fully, for claims submitted, which are not in accordance with the terms and conditions of the health insurance policy approved by DOH or consistent with the provisions set out in the Standard Provider Contract or DOH Policies and Standards.

36.4. DOH will develop and publish reimbursement rates and rules for a list of services not covered for the Basic Product.

36.5. DOH may require that claims and reimbursements for healthcare services provided under all health insurance products be submitted via an electronic system.

37. Monitoring Payment Levels, Utilisation, and Provider Performance

37.1. DOH will monitor the adequacy of reimbursement rates and Healthcare Provider performance under all health insurance products. In doing so, DOH:

37.1.1. will use monthly data on payment rates submitted by, or collected from, Healthcare Providers and Insurers,

37.1.2. may utilise external data for benchmarking purposes,

37.1.3. may assess whether Insured Persons have timely access to Healthcare Providers for the full range of covered services in their health insurance policy, and

37.1.4. may assess whether reimbursement rates are adequate to cover the cost of efficiently provided services, may assess whether healthcare services are provided in accordance with DOH Clinical Care Standards and clinical indicators where established, or evidence-based treatment guidelines.

¹¹¹ DOH Health Insurance Claims Adjudication Standard.

38. Corrective Actions

- 38.1. DOH will publish, and regularly review and revise a Policy or Standard to establish procedures for requiring Insurers to take corrective action when reimbursement rates do not meet the general principle of 'covering the cost of efficiently delivered care'. Such procedures will include:
- 38.1.1. notification to the Insurers explaining DOH's determination, the criteria and data used to reach the determination, and the corrective action proposed by DOH,
 - 38.1.2. an appeals process that allows the Insurance Providers to submit additional information in support of appeals against a DOH determination, and
 - 38.1.3. imposing sanctions on Insurance Providers where a corrective action following an adverse appeals determination is not implemented.



CHAPTER VI. HEALTH INSURANCE FRAUD, ABUSE, MISUSE AND ERROR

39. Introduction

- 39.1. Health Insurance Fraud is a crime in the United Arab Emirates.
- 39.2. Health Insurance Fraud, Abuse, Misuse and Errors are breaches of the ethical standards and requirements of absolute good faith that should apply to all insurance relationships.
- 39.3. Health Insurance Fraud, Abuse, Misuse, and Errors impose financial burdens not only on Insurers and Insured Persons, but on Healthcare Providers, the Government of Abu Dhabi, and Employers and Sponsors in the Emirate of Abu Dhabi. In certain cases, they also put patient health and the quality of healthcare at risk.
- 39.4. DOH will put in place and enforce adequate measures to prevent, detect and deal appropriately with Health Insurance Fraud, Abuse, Misuse and Errors in Abu Dhabi.

40. General Duties

- 40.1. Insurers, Healthcare Providers, Healthcare Professionals, Insured Persons, TPAs and Health Insurance Brokers must not engage in:
 - 40.1.1. Health Insurance Fraud,
 - 40.1.2. Health Insurance Abuse, or
 - 40.1.3. Health Insurance Misuse and Errors.

41. Duties of Insurers – Policies

- 41.1. Each Insurer must establish and must at all times:
 - 41.1.1. have in place a Health Insurance Fraud, Abuse, Misuse and Errors Policy & in accordance with the requirements of this Manual, and
 - 41.1.2. implement and comply with the provisions of that Policy.

41.2. Policy and Procedures are a written set of policy statements and cascading operating standards and procedures designed to ensure that appropriate:

41.2.1. steps are taken to prevent Fraud, Abuse, Misuse and Errors from occurring in relation to the health insurance provided or administered by the Insurer,

41.2.2. measures are in place to detect any such acts of Fraud, Abuse, Misuse and Errors that do occur or that are attempted, and

41.2.3. actions are taken to investigate and deal appropriately with those acts of Fraud, Abuse, Misuse and Errors that have been detected.

41.3. Each Insurer must make its Fraud, Abuse, Misuse and Errors Policy available to DOH for audit, when requested to do so.

42. Duties of Insurer and Providers

42.1. Where an Insurer has reasonable grounds to believe that health insurance Fraud and/or Abuse and/ or Misuse and/or Errors is taking or has taken place in relation to healthcare insurance which it provides or administers, it must submit to DOH a Complaint, in accordance with the DOH Complaints Process, which:

42.1.1. sets out its reasons for that suspicion,

42.1.2. provides relevant evidence in support of that belief, and

42.1.3. details the steps that the Insurer is taking to deal with the matter, and in accordance with the terms and processes specified in the Standard Provider Contract.

42.2. Where a Healthcare Provider or Healthcare Professional has reasonable grounds to suspect that health insurance Fraud and/or Abuse and/or Misuse and/or Errors is taking or has taken place, it must submit to DOH a Complaint, in accordance with the DOH Complaints Process, which:

42.2.1. sets out its reasons for that suspicion, and

42.2.2. provides relevant evidence in support of that suspicion.

42.3. Where DOH publishes on its website a form to be used for reporting health insurance Fraud and/or Abuse and/or Misuse and/or Errors, reports required by this section must be submitted using that form.

43. Powers of DOH

- 43.1. If DOH became aware of a potential case of health insurance Fraud and/or Abuse and/or Misuse and/or Errors whether or not under an obligation set out in this Policy – DOH may investigate the matter to assess if it is appropriate for DOH to impose any sanctions.
- 43.2. Where DOH carries out an investigation of any case of potential health insurance Fraud and/ or Abuse and/or Misuse and/or Errors, Insurers, Healthcare Providers, Healthcare Professionals and Insured Persons must fully co-operate with that investigation and provide any information or assistance requested by DOH.
- 43.3. DOH may – pending the conclusion by it, or by any other appropriate authority of the government of Abu Dhabi, of an investigation or legal action in respect of health insurance Fraud and/or Abuse and/or Misuse and/or Errors – suspend the license of any Insurer, Healthcare Provider or Healthcare Professional who is under investigation.
- 43.4. DOH may generate monitoring reports against the Insurer, Healthcare Providers, Healthcare Professionals and Insured Persons to monitor and to be aware of the market compliance with health insurance regulations.

44. Confidentiality

- 44.1. Each Insurer, Healthcare Provider and Healthcare Professional must:
 - 44.1.1. take all reasonable steps to prevent the details of any persons suspected of committing health insurance Fraud and/or Abuse and/or Misuse and/or Errors from being disclosed to any person other than DOH and any appropriate authority of the government of Abu Dhabi for the purposes of their investigations, and
 - 44.1.2. not publish information concerning health insurance Fraud and/or Abuse and/or Misuse and/or Errors other than that which is already in the public domain or is a matter of public record (including, for example, criminal convictions and civil judgments).

45. Sanctions

- 45.1. Where DOH is satisfied that an Insurer, Healthcare Provider, Healthcare Professional or Insured Person has committed an act of health insurance Fraud and/or Abuse and/or Misuse and/or Errors, it may:
 - 45.1.1. impose a financial penalty, and/or
 - 45.1.2. in the case of an Insurer, Healthcare Provider or Healthcare Professional only, issue a directive as to conduct with which the recipient must comply, and/or suspend or revoke a license issued by DOH, and/or
 - 45.1.3. refer the case to the Abu Dhabi courts.

46. Appeals

- 46.1. See Appeals Procedures (Chapter VII Inspections, Complaints, Appeals & Sanctions in this Manual and the DOH Healthcare Regulator Manual).



CHAPTER VII. DOH REGULATION – INSPECTIONS, COMPLAINTS, APPEALS AND SANCTIONS

47. Introduction

- 47.1. The Law and the Regulations detail specific financial penalties for behavior that does not comply with the provisions of the Health Insurance Scheme. DOH is empowered to enforce the Law and the Regulations¹¹².
- 47.2. In this chapter, DOH specifies requirements to ensure the compliance of participants with the provisions of the Health Insurance Scheme, including in relation to cases where DOH undertakes any:
- 47.2.1. investigation into the compliance of the Insurer with its obligations,
 - 47.2.2. investigation into complaints submitted to DOH involving an Insurer, a Healthcare Provider, brokers, TPAs, employers and any insured, and
 - 47.2.3. disciplinary action against an Insurer, Healthcare Provider, broker, TPAs, employers and any insured.
- 47.3. Similar provisions relating to Healthcare Providers are included in the Healthcare Regulator Manual.

48. Inspections

- 48.1. The Law and the Regulations provide that:
- 48.1.1. DOH inspection officers have judicial capacity for inspecting entities licensed or authorised to operate under the Health Insurance Scheme¹¹³,
 - 48.1.2. insurers are subject to DOH monitoring to ensure compliance with the Health Insurance Scheme¹¹⁴, and
 - 48.1.3. any deliberate impediment(s) to a DOH inspection officer which are imposed by an entity under inspection is subject to sanction¹¹⁵.
- 48.2. Insurers are subject to DOH inspection.

¹¹² Law: article 22 and Regulations: article 2.

¹¹³ Law: article 23 and Regulations: article 20.

¹¹⁴ Regulations: article 13(9).

¹¹⁵ Regulations: Schedule 4 paragraph 29.

- 48.3. An Insurer may refuse entry to an inspector who does not present his identification documents to show that he is a duly authorised representative of DOH¹¹⁶.
- 48.4. During an inspection, an Authorised Insurance Provider may require that the inspector is accompanied at all times by a representative of the Insurer.
- 48.5. During an inspection, an Insurer must ensure that its staff co-operate fully with the requests of the inspector, who is duly acting within his/her scope of work and in accordance with DOH Standard Operating Procedures for health insurance inspections.
- 48.6. Following an inspection where DOH issues a report to the Insurer:
- 48.6.1. the administrator or another representative of the Insurer must at the time of receiving the report sign a written statement of the deficiencies identified in the report, and
- 48.6.2. the Insurer may submit a corrective plan to the DOH inspection team, which seeks to resolve any deficiencies or violations identified in the inspection report.
- 48.7. Where the Insurer submits a corrective plan and the plan is approved by DOH, the Insurer must comply with corrective plan within the time specified by the inspector.

49. Complaints

- 49.1. The Law and the Regulations provide that:
- 49.1.1. agreements between Insurers and Healthcare Providers, brokers, TPAs, employers and any insured must include procedures for the settlement of Complaints and disputes¹¹⁷,
- 49.1.2. DOH has established a Complaints Unit for dealing with Complaints and disputes arising between participants of the Health Insurance Scheme in the manner set out in the Regulations¹¹⁸,
- 49.1.3. the dispute resolution procedures of the Insurer or the Healthcare Provider, brokers, TPAs, employers and any insured must have been exhausted before the DOH Complaints Unit will hear a Complaint¹¹⁹,
- 49.1.4. DOH's authorised officers must investigate any Complaint referred from the DOH Complaints Unit and shall prepare a written report on the Complaint,

¹¹⁶ Regulations: article 20(3).

¹¹⁷ Regulations: article 19(3).

¹¹⁸ Regulations: article 21.

¹¹⁹ Regulations: article 21(2).

- 49.1.5. DOH shall set out the schedule of fees and procedures for the collection of fees for its investigation and handling of Complaints¹²⁰,
- 49.1.6. Insurers must submit on their application, for an initial, or renewal Certificate of Authorisation, full details of the dispute resolution procedures that will be implemented by the Insurer to deal with any Complaints or disputes that arise with Insured Persons¹²¹,
- 49.1.7. an Insurer must ensure that it deals with any Complaints or disputes in accordance with the provisions of the Regulations¹²², and
- 49.1.8. penalties can be imposed for failure to reply to a Complaint within a specified time, or for the making of malicious Complaints¹²³.

50. Additional Provisions

- 50.1. Insurers and Healthcare Providers, employer, TPAs, and brokers must manage complaints relating to health insurance matters in a timely and effective manner, by way of (but not limited to):
- 50.1.1. review and assessment,
- 50.1.2. response to complaints, and
- 50.1.3. measurement of patient satisfaction.
- 50.2. An Insurer must ensure that its dispute resolution procedure for dealing with Complaints or disputes deals with Complaints or disputes from the Insured Person, the Employer or Sponsor who purchased the health insurance policy, guardian or custodian of Insured Persons, independent advocates (on behalf of the Insured Person).
- 50.3. A Third-Party Administrator must:
- 50.3.1. develop an internal Complaints policy and procedure relating to the handling of Complaints or disputes made by Insured Persons, from the Employer or Sponsor who purchased the health insurance policy, guardian or custodian of Insured Persons or independent advocates (on behalf of the Insured Person),
- 50.4. Insurers must:

¹²⁰ Regulations: article 21(4) and Schedule 5.

¹²¹ Regulations: article 13(1).

¹²² Regulations: article 15(3).

¹²³ Regulations: Schedule 4 paragraphs 34, 40 and 41.

- 50.4.1. handle Complaints in accordance with their approved Complaints policy and procedure and any relevant DOH Policies and Standards,
- 50.4.2. have regard to any guidance relating to complaints management published by DOH,
- 50.4.3. inform any other authorised participant in the Health Insurance Scheme of any Complaint pertaining to the conduct of the relevant participant,
- 50.4.4. clearly advertise the Complaints policy and procedure in all its premises,
- 50.4.5. record all written Complaints, and
- 50.4.6. obtain a written consent form from the complainant to start a formal Complaint investigation.
- 50.5. Where an Insurer investigates and assesses Complaints itself as part of its approved internal Complaints policy and procedure, it must:
- 50.5.1. inform DOH when suspicion of Fraud and/or Abuse and/or Misuse and/or Errors arises,
- 50.5.2. upon request, submit to DOH within the time specified in the request a database or report which summarises all Complaints reviewed by the Insurer's complaints policy and procedure, including details relating the allegations, investigations conducted, decisions and any remedies offered to the complainant,
- 50.5.3. report any Complaint which is unresolved within the specified timescale to DOH for independent review.
- 50.6. Where a Complaint is referred to DOH, an Insurer must:
- 50.6.1. submit all requested internal investigation reports to DOH within the specified time, subject to obtaining the informed consent of the complainant to the release of clinical details to DOH, and
- 50.6.2. where DOH directs that the Insurer properly follow its own Complaints policy and procedure, fulfil the direction within the time specified by DOH.
- 50.7. An Insurer may appeal a decision of DOH in respect of a Complaint to the Appeals Committee.

51. Appeals

- 51.1. Where a recipient of an infringement notice wishes to appeal the infringement notice, a written objection must be filed (as per policy and procedure) with DOH within seven (7) days of the issue of the infringement notice¹²⁴.

¹²⁴ Regulations: article 22(5).

Additional Provisions

51.2. All stakeholders to whom an infringement is issued:

51.2.1. must commence an appeal of a decision by DOH within the specified time from the date of the DOH decision to which the appeal relates, and

51.2.2. may appeal any sanction imposed by DOH.

52. Sanctions

52.1. The Law and the Regulations establish that:

52.1.1. DOH may impose fines for breaches of the Health Insurance Scheme¹²⁵,

52.1.2. authorisations issued by DOH to operate under the Health Insurance Scheme may not be renewed or cancelled unless all fines have been settled¹²⁶,

52.1.3. breaches of the Health Insurance Scheme can result in the suspension or revocation of the Certificate of Authorisation¹²⁷, and

52.1.4. sets out the procedure in respect of infringement notices and provides that if payment is not made within the specified time, DOH may refer the matter to the relevant authorities for prosecution¹²⁸.

Additional Provisions

All stakeholders to whom an infringement is issued must comply with any sanction imposed on it by DOH within the required time period.

¹²⁵ Law: articles 22 and 24, and Regulations: articles 2, 7(4), 9(3), 11(10), 12(9), 15 and 18, and Schedule 4.

¹²⁶ Regulations: article 22(6).

¹²⁷ Regulations: article 16.

¹²⁸ Regulations: article 22.



CHAPTER VIII. INTERPRETATION AND DEFINITIONS

53. Definitions

53.1. In this Manual, the following words shall have the meanings given to them below unless the context indicates otherwise:

Approved Product List	Has the meaning given in the Healthcare Regulator Manual.
Basic Product	The Health Insurance Policy to which basic healthcare services are offered to the categories set out in the regulation (Ref. Health Insurance law 23/2005).
Broker	Any person or entity that is duly licensed to operate as an insurance broker by DOH in the State the activities of marketing, intermediating or selling insurance policies for remuneration, commission or reward whether payable by an Insurer, or an individual purchasing a Health Insurance Policy.
Clinical Care Standards	Has the meaning given in the Healthcare Providers Manual.
Complaint	A written complaint against lack of fulfilment of an obligation arising from the health insurance scheme which is lodged with DOH pursuant to the regulation (Ref. Health Insurance law 23/2005).
Deductible	The amount that must be paid out of pocket by patient to the physician before an Insurance Company will pay any expenses.
Emirate	The Emirate of Abu Dhabi.
Employer	Any person or entity, including investor, employing Resident expatriates to work in the Emirate in consideration of a reward (including where the worker performs work for a third party under a special contract with the Employer).
Enhanced Product	A Health Insurance Policy, which complies with the requirements of the Law, the Regulations and this Manual for an 'Enhanced Health Insurance Policy'.
Executive Council	The Executive Council of Abu Dhabi.
DOH	The Department of Health.
Health Insurance Errors (Errors)	An error is something that is done incorrectly or wrong. Errors are usually made due to the lack of knowledge. So, the action was wrong because it was different from the rules, model or specific code.
Health Insurance Fraud (Fraud)	Means an intentional act of deception by any person which has as its purpose the objective of: (i) obtaining a (financial or other) benefit or advantage related to the operation of the Health Insurance Scheme; Or (ii) causing or exposing another person to a (financial or other) loss or disadvantage related to the operation of the Health Insurance Scheme, whether or not that act in fact achieves its intended purpose.
Health Insurance Misuse (Misuse)	The act of using something in an illegal, improper, or unfair way.
Health Insurance Policy	A contract entered into between the Employer or Sponsor, or Insured Person with an Insurer for providing health insurance coverage to the Insured Person pursuant to the Health Insurance Scheme.



Health Insurance Scheme	The executive and procedural scheme and the obligations arising from the Health Insurance Law and its implementing regulation according to which the concerned parties shall operate (Ref. Health Insurance law 23/2005).
Healthcare Insurance Abuse (Abuse)	Insured Person or Healthcare Provider practices that are inconsistent with sound fiscal, business, or, medical practices, and result in an unnecessary cost to the Insurer or in the reimbursement for services that are not medically necessary or that fail to meet professionally recognised standards for healthcare. In contrast to Health Insurance Fraud, Abuse is not criminal in intent.
Healthcare Provider	Government or private healthcare Facilities comprising Hospitals, Medical Centres, Clinics, Laboratories, Diagnostic Centres, pharmacies and other organizations and actors, which are licensed by DOH to provide healthcare services in the Emirate of Abu Dhabi with respect to medical insurance.
High Cost Medical Condition	Such medical conditions which necessitate expensive and/r ongoing treatment as may be determined by DOH as needed.
Insurance Provider	A national or foreign insurance company which is licensed and authorised to carry on the business of health insurance in the state, and which is licensed by DOH to provide health insurance in accordance with health insurance scheme (Ref. Health Insurance law 23/2005).
Insured Person	Any person insured under a Health Insurance Policy in accordance with the Health Insurance Law.
Insurer	A national or foreign insurance company which is licensed to carry on the business of insurance in the State in accordance with the health insurance scheme.
Law	Law No. 23 of 2005 regarding the health insurance scheme for the Emirate of Abu Dhabi.
Limited Income Investor	Limited Income Investors are as defined in the DOH Health Insurance Circular No. (12) of 2007; the categories comprise investors operating craft/professional/ service businesses as evidenced by the licence issued by the Department of Economy and Planning, and to the satisfaction of criteria specified in the DOH Health Insurance Circular No. (12) of 2007.
Material Changes	Means any change occurring to the Insurance Provider that is, in the opinion of DOH, acting within the Regulations and that gives rise to a conflict of interest or materially affecting one or more licensure requirement or the maintenance thereof. Examples may include, but are not limited to, change in entity ownership structure, change in board of directors, change in trade name, among others.
Medical Emergency	Any injury suffered as a result of a sudden accident that was not brought about by the Insured Person or an urgent health condition that requires an immediate medical intervention and is further defined in the Data Dictionary & Clinical Coding Steering Committee Guidance.
National	A natural person who holds the nationality of the State in accordance with applicable laws.
Network Provider	A Healthcare Provider, licensed by DOH, or other healthcare services regulatory authorities within the State, operating in the Emirate or the State and providing healthcare services to Insured Persons on a direct billing basis at a pre-agreed tariff, or on the basis of DOH's mandatory tariff for Basic Product services.
Regulation	Means the Executive Regulations for Law No. 23 of 2005 regarding the Health Insurance Scheme for the Emirate Regulation of Abu Dhabi and any provision of a Law, or of a Policy, Standard, Licence or related document issued by DOH which imposes a duty on a Regulated Person.
Resident Expatriate	Any non-UAE National and has entered the Emirate for the purpose of residing or working under a permanent or temporary work or residence permit issued by the State or the Emirate.



Service Standards	Has the meaning given in the Healthcare Providers Manual.
Sponsor	Any person or entity that sponsors a Resident Expatriate for the purpose of residing, whether temporarily or otherwise, in the Emirate (Sponsors may include other Resident Expatriate).
Standard Provider Contract – SPC	A uniform contract issued by DOH governing the agreement between an Insurer and a Healthcare Provider setting out the terms and conditions pursuant to which the Healthcare Provider will provide healthcare services to Insured Persons in return for payment by the Insurer in accordance with the Health Insurance Scheme.
State	The United Arab Emirates.
Third Party Administrator (TPA)	Any company licensed to carry on insurance claims administration in the Emirate, such services including but not limited to claims management, claims review and payment, claims utilisation review, maintenance of adherent records (eligibility and medical follow up) and underwriting consultancy without carrying insurance risk.