# General Circular pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai

## General Circular Number 1 of 2019 (GC 01/2019)

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| Subject of this General Circular | Unnecessary medical treatments, diagnostics or medications at medical providers |
| Applicability of this General Circular | This general circular is for the information of all market participants, and is applicable to all 'eClaimLink licensed medical providers |
| Purpose of this General Circular | To reiterate and inform all uninformed medical providers of possible reproductions of conducting/prolonging unnecessary treatments/admissions |
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| Drafted by | Ali F. Lutfi, Dubai Health Insurance Corporation |
| Publication date | 14th January, 2019 |
| This document replaces | Not applicable |
| Effective date of this General Circular | Immediately upon publication |
| Grace period for compliance | None |

### Preamble

There has been an increasing number of member/payer complaints against providers for extended and unnecessary inpatient admissions, as well as medical treatments (which include laboratory, diagnostic and any other in or outpatient services). In addition, there is an equally increasing number of complaints from providers against payers that are not settling claims to providers for various reasons. The aim of this circular is to address and correct this issue going forward.

### Objectives of this General Circular

- To explain and provide examples of the current issues
- Advise how these complaints can be escalated to the DHIC
- What steps will be taken to investigate
- The repercussions of such activities from medical providers

### The current scenario

As mentioned above, there are a growing number of complaints/disputes from members and payers alike. Where for example an admitted patient is admitted for a prolonged period of time, and once stabilized inpatient admission is unnecessarily requested, even though the patient can be safely and medically discharged. This is also applicable to medically unjustified lab/diagnostic tests, or prescribed medications.
Providers have raised the issue of numerous cases of emergency inpatient admissions for example, where when a patient is stable and fit for transfer (as defined in PD 02/2017), and where the payer does not transfer the patient nor settle the outstanding bill upon discharge.

### Escalation of Complaints of this nature

Insured members may raise any concerns or complaints of this nature via the iPROMeS portal that can be found on the ISAHD website (www.isahd.ae).

Payers and providers may raise these concerns via the ISAHD email (ISAHD@dha.gov.ae), this is also applicable for any medical provider's staff concerned with any unethical practices taking place at their place of employment.

## Investigation Process

Any complaint raised will be required to be accompanied with a detailed explanation of the scenario, and accurate timeline of events in addition to medical evidence supporting their claim. Once sufficient evidence is compiled as deemed fit by the DHIC, it will be raised to a medical committee appointed by the DHIC.

After a thorough investigation, the committee will issue a decision on the specific case; this may agree or disagree, in whole or in part with the decisions made by the medical provider or payer.

## Repercussions

Depending on the outcome of the investigation and DHIC appointed medical committee's decision is final; which may include the medical provider to bear the cost of the excessive treatment/admissions in part or in whole, or the payer to settle the outstanding amount in part or in whole, or any other third parties involved which may have prolonged/caused the increase in treatment/medical bill. The decision may also include an increase or decrease in the patient share.