

# Hepatitis C Patient Support Program

## 1. Introduction

Dubai Health Insurance Corporation (DHIC) under Dubai Health Authorities (DHA), as part of UAE 2021 vision and in alignment with Dubai Standards of Care has launched a Hepatitis C Patient Support Program (HCV PSP) with the objective of eradication of HCV from Dubai by the year 2021.

Accordingly, Dubai Health Insurance Corporation under DHA (hereafter referred as DHIC) has updated the Table of Benefits to ensure equal and fair access to all residents to screening and treatment of Hepatitis C.

## 2. Enrolment into Hepatitis C Program

### I. Eligibility criteria

The Program is available **only** for insured members holding a residence permit issued from the Emirate of Dubai of validity not less than one year

- a) The mandate for coverage of Hepatitis C is applicable only for insured members, holding valid policies issued after the launch date of the mandate, subject to eligibility and treatment criteria being met
- b) The mandate would apply for existing residents and new residents in Dubai who were not diagnosed with Hepatitis C before entering the country. Existing and new residents who were diagnosed with Hepatitis C prior to entering the country will become eligible for enrollment only after one year of residence
- c) Eligibility for enrollment into the program will be based only on confirmed Diagnosis from the Centre of Excellence (CoE)

### II. Conditions for Enrolment

- a) Enrollment into the program is at the **sole** discretion of the insured member and subject to his/her consent.
- b) Only [The Insurer] has the right to enroll the insured into the PSP
- c) Insured with symptoms / already diagnosed with Hepatitis C shall be given the choice for enrolment into the program only once at the beginning of the treatment and/or when [The Insurer] is notified about the diagnosis.
- d) DHIC or its assignees is responsible and accountable for onboarding the insured and explain to him/her the responsibilities of DHIC or its assignees as detailed below.
- e) Once the insured choose to opt out of the Program, he/she shall not be permitted to enroll into the Program later.

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- f) Continuity of treatment is linked to validity of insured member's visa.

## 3. Terms and conditions of the Hepatitis C Patient Support Program(PSP)

The insured members enrolled under the HCV PSP are covered for

- a) Screening, healthcare services, investigations and treatments related to and associated complications of Hepatitis C infection
- b) Screening for Hepatitis C for high risk cases is covered within the respective network offered by [The Insurer] subject to written preapproval. If provisionally diagnosed, subsequent confirmatory tests may be covered at any network providers. Member, who underwent diagnostic tests at a non-CoE provider and is referred to CoE post enrollment into PSP, may require to take another confirmatory test if deemed necessary by the CoE.
- c) Treatment under the Program is available **only** at facilities designated by DHIC as Centers of Excellence (CoEs) presently. Any other centers approved by DHIC in the future will be notified to the market.
- d) Waiting period should be waived for patients already enrolled or having consented to enroll for treatment under the HCV Patient Support Program. For other conditions, the waiting period will continue to be applied as per the respective policy terms and conditions.
- e) Coverage of HCV would be up to the annual limit of the policy, on direct billing basis and **not** subject to any sublimit or copayment.
- f) In case of an insurance scheme that mandates declaration of pre-existing conditions, intentional non-disclosure of the condition, thereby limiting [The Insurer] to assess the risk appropriately, will lead to the member being excluded from the Patient Support Program.
- g) An insured member shall benefit from the program only if he/she shows full commitment to the program by following the prescribed treatment plan including but not limited to booking appointments, complying with prescribed medications / investigations, etc. Adherence to treatment plan will be monitored by the DHIC or its assignee.
- h) A patient will be considered to have completed the treatment under PSP, subject to confirmation from the treating CoE physician.
- i) Any follow up /post-recovery treatment must be carried out **only** at facilities designated by DHIC as Centers of Excellence (CoEs).
- j) Failure to adhere to the treatment plan or absence from CoE by the enrolled member, without CoE physician consent, for more than one month will invalidate the member's eligibility and automatically terminate the member's enrollment in the program.

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## 4. Terms and conditions for Policyholders with no previous insurance

- a) If any insured member presents with symptoms and/or is diagnosed with Hepatitis C during the policy term, the standard process described above shall apply
- b) If there is an insured member who is undergoing treatment for Hepatitis C at the time of inception of their initial policy, he/she shall not be eligible for enrollment.

## 5. Terms and conditions for Policyholders changing insurance companies (payors)

- a) For those members who were diagnosed towards the end of the policy term and renewed with another Insurer before being offered the PSP, the new Insurer is required to offer the Patient support program to the insured member.
- b) [The Insurer] is required to maintain continuity of cover and ensure enrollment of inherited members already enrolled in the PSP. To ensure that new insurers are aware of existing cases, a feature has been developed in Payer Portal called "Policy Handover Check". As detailed in the Portal user manual, [The Insurer] can run a new census list while quoting for new business (both group and individual policies) through the Policy Handover Check feature. The Portal will produce an anonymous report stating number of members offered the PSP, type of PSP (Screening Type), member PSP verbal and/or written consent status and member PSP status within the uploaded census.

If the policy is placed with the new insurer, at the time of new census upload to the Portal, [The Insurer] will be able to view the PSP status. [The Insurer] should verify eligibility/ineligibility for members with PSP status as "Paused – Policy Expired" and inform DHIC or its assignee via e-mail within seven calendar days to ensure continuity of treatment or appropriate termination of cover.

- c) Any deviation identified by the new insurer from the previous insurer's report should be reported to DHIC.

## 6. Responsibilities of DHIC and/or it's Assignee

As part of the PSP program, DHIC and/or its assignee is responsible for

- a) Referrals of insured members to Centers of Excellence
- b) Arranging appointments on behalf of the insured at the Centers of Excellence.

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- c) Scheduling as appropriate, home visits for registration and on-boarding.
- d) Providing 24/7 access to medical helpline staffed with DHA licensed physicians who are accountable for
  - i. Advising and educating the insured about Hepatitis C as per the guidelines issued by DHIC.
  - ii. Prescribing medications, if required, and organizing medication delivery
  - iii. Periodic follow up to ensure compliance to treatment plan
  - iv. Collecting feedback about the program
  - v. Reporting any adverse events to DHIC.
- e) Providing PSP enrollees with access to a mobile application with features like voice, video and live chat, as well as appointment / medication reminders.
- f) Validating participation in the PSP in the event of any unplanned interruption in the Program from insured member's side i.e. interruption without information and/or prior-approval from the Insurance Provider or in the event of the "window of interruption" exceeding 30 days without any prior notification and valid supporting evidence.
- g) Sharing relevant reports with concerned parties.
- h) Any other services as deemed necessary.

## 7. Confidentiality

Confidential data related to medical records of the enrolled insured member shall be accessible only to the parties concerned including the Insurer, DHIC or its assignees and CoEs based on a disclaimer signed upon the free will of the insured member.

For insured members, who do not consent to be part of the PSP, only screening data will be uploaded to the DHA PSP Payer Portal for regulatory information.

## 8. Referral Process

- a) For positive cases, Physicians/Network Provider is required to inform the patient of the test result and provide relevant advice of the program before sharing the test results with [The Insurer].
- b) Physicians/Network Providers should share test results within maximum 2 days of receipt with [The Insurer].
- c) [The Insurer] should confirm that the Physician/Network Provider has advised the member of the test results before enrolling him/her into the program.

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- d) [The Insurer] should contact member within 24 hours of receipt of test result and offer enrollment into PSP. Patients will have up to **seven** calendar days to respond to [The Insurer].
- e) [The Insurer] should refer enrolled members to the PSP Provider assigned by the DHA within 2 days of receipt of consent from the patient (should be recorded) via the DHA PSP Payer Portal (“Portal”). Physicians are **obliged** to follow the proposed guidelines by DHIC and report clinical progress to DHIC as per the protocol.

## 9. Member Engagement Reports

DHA assigned BASMAH (PSP) provider is required to send reports of member engagement on monthly basis

The following KPIs are defined to measure engagement activities:

- a) **Screening Penetration Ratio:** The DHA assigned PSP Provider is required to generate monthly reports showing the total number of insured lives who were screened against the total insured lives enrolled in the Emirate of Dubai.
- b) **High Risk Population Percentage:** The DHA assigned PSP Provider is required to generate monthly reports showing the total number of insured lives who were tested positive after undergoing preliminary screening against total active (eligible) and screened lives they enrolled in the Emirate of Dubai.
- c) **Diagnosis Percentage:** The DHA assigned PSP Provider is required to generate monthly reports showing confirmed positive cases against the total active (eligible), screened and high-risk insured lives enrolled in the Emirate of Dubai.
- d) **Engagement Percentage:** The DHA assigned PSP Provider is required to generate monthly reports showing the number of the insureds with symptoms / already diagnosed with HCV who agreed to be part of the PSP against total number of diagnosed cases.
- e) **Enrollment Percentage:** The DHA assigned PSP Provider is required to generate monthly reports showing the number of the insured having HCV (confirmed positive) who agreed to be part of the PSP against total number of diagnosed cases.
- f) **Number of inbound & outbound calls:** The DHA assigned PSP Provider is required to generate monthly reports showing the number of inbound & outbound calls in both absolute count and percentage per enrolled life.
- g) **Number of visits:** The DHA assigned PSP Provider is required to generate monthly reports showing the number of visits arranged in both absolute count and percentage per enrolled life.

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- h) **Retention Rate:** The DHA assigned PSP Provider is required to generate monthly reports showing the number of insured members retained against the total number of insured members enrolled into the program

All supporting documents for the above KPIs should be properly maintained and archived by [The Insurer] and the PSP Provider assigned by the DHIC for auditing purposes.

## 10. Communication

All communication related to the PSP should be directed to [DHIC-PSP@dha.gov.ae](mailto:DHIC-PSP@dha.gov.ae)

## 11. Exceptions

Any exceptions to the above guidelines are at the sole discretion of the DHIC.

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