

## DHA Cancer & HCV Program Rider for Patient Support Program

All insurance companies in Dubai are mandated to comply with this rider for the Term of the project:

<p><b>Parties</b></p>	<p><b>First Party:</b> TruDoc Healthcare LLC (“TruDoc 24x7”), a company incorporated in Business Bay, Office 701, Building 1, Bay Square, P.O. Box 125092 in Dubai, United Arab Emirates and hereafter is referred to as “First Party”.</p> <p><b>Second Party:</b> &lt;All Insurance Companies (including self-funded schemes) in Dubai&gt; and hereafter is referred to as “Second Party”.</p> <p>Both Parties are hereafter referred to as “the Parties”.</p>
<p><b>Scope of Services</b></p>	<p><b>First Party</b> will act as the sole Patient Support Program (PSP) provider and Central Support Center, on behalf of DHA, for the DHA Cancer and HCV Programs, and in this regard provide the following services, as required and approved by the Dubai Health Authority, to all eligible members of the Second Party who have been diagnosed as positive/suspected positive for Breast / Cervical / Colorectal Cancer &amp; positive for Hepatitis C and who consent to the PSP, as per the DHA PSP Guidelines:</p> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Medical Call Center <ul style="list-style-type: none"> <li>○ 24-7 access to a medical &amp; wellness helpline (telemedicine) <ul style="list-style-type: none"> <li>○ Advice on medical condition</li> <li>○ Medication prescription and delivery, if required and where available</li> <li>○ Referrals to CoEs / nearest in-network facility, if necessary</li> <li>○ Appointment booking on behalf of the member, if required</li> <li>○ Reminders</li> </ul> </li> <li>○ Adherence to Treatment Plan and Follow-up Calls</li> <li>○ Patient education</li> <li>○ Patient Journey Monitoring</li> <li>○ Feedback Collection</li> </ul> </li> <li>• Home Health <ul style="list-style-type: none"> <li>○ Doctor Home Visits (one visit for onboarding / registration in the program)</li> </ul> </li> <li>• Toll-free number</li> <li>• Interactive Mobile Application <ul style="list-style-type: none"> <li>○ Voice, Video* and Live Chat (*subject to telecom operator)</li> <li>○ Medication &amp; Appointment Reminders</li> <li>○ Push Notifications</li> <li>○ Wellness Tips</li> <li>○ Health Risk Assessment</li> </ul> </li> <li>• Monthly screening, compliance and utilization / KPI reports</li> <li>• Pharmacovigilance reporting to DHA</li> </ul> <p><b>Capabilities:</b></p> <ul style="list-style-type: none"> <li>○ Highly trained DHA licensed physicians and wellness experts</li> <li>○ Multiple Languages (Arabic, English, Hindi/Urdu)</li> </ul> <p>In addition, <b>First Party</b> will</p> <ul style="list-style-type: none"> <li>• Consolidate the screening statistics and share consolidated reports / dashboard with DHA on a quarterly basis.</li> <li>• Share appropriate Utilization and KPI reports for the services rendered by the <b>First Party</b>.</li> </ul> <p><b>Second Party</b> will</p> <ul style="list-style-type: none"> <li>• Maintain responsibility to screen their population as per DHA mandate and guidelines.</li> <li>• Share screening statistics (in a pre-agreed format/frequency as per Appendix A) with the <b>First Party</b>.</li> </ul>



	<ul style="list-style-type: none"> <li>Contract with and reimburse <b>First Party</b> for their dues in providing the aforementioned services as per the approved Pricing below.</li> <li>Share census data (in a pre-agreed format/frequency as per Appendix A) with the <b>First Party</b>.</li> <li>Provide the network list to the <b>First Party</b> for the purpose of referrals for cases related to conditions apart from Cancer &amp; HCV.</li> <li>Add the <b>First Party</b> as a Provider in their network for the purpose of medication prescription (included in the AED 2.6)</li> </ul>
<b>Term</b>	Both Parties will enter into an agreement for the Scope of Services for <b>One year automatically renewable until otherwise decided by DHA.</b>
<b>IP Rights &amp; Confidentiality</b>	This rider prohibits either Party's infringement of the other Party's Intellectual Property and Confidentiality Rights (definitions in Contract).
<b>Applicable Law</b>	Both Parties acknowledge that the applicable laws in the UAE in general and Dubai in particular, will explain and control this rider and contractual agreements between both Parties.
<b>General Provisions</b>	Both Parties should agree that each party should call a representative of either an individual or committee and coordinate to follow up on the stages of the implementation of the PSP for the Term of effect.
<b>Pricing</b>	<ul style="list-style-type: none"> <li>AED 2.6 ( VAT 0 rated) per insured member per year for both Cancer (breast, cervical &amp; colorectal) &amp; HCV PSP programs.</li> </ul> <p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>AED 1.85 per insured member per year for Cancer (breast, cervical and colorectal) PSP.</li> <li>Invoicing for Cancer PSP will be effective for all new renewals / additions on or after the Cancer PSP Effective Date (as communicated by DHA) on a prorata basis.</li> </ul> <p><b>HCV</b></p> <ul style="list-style-type: none"> <li>AED 0.75 per insured member per year for HCV PSP.</li> <li>Invoicing for HCV will be effective for all new renewals / additions on or after the HCV PSP Effective Date (as communicated by DHA) on a prorata basis</li> </ul> <ul style="list-style-type: none"> <li>There will be an annual review by DHA for reconciliation of fees collected by the <b>First Party</b> against the services rendered by the <b>First Party</b>.</li> <li><b>First Party</b> will offer 24-7 Medical &amp; Wellness Concierge Service (Inbound calls) for free for all patients who are on boarded onto the PSP.</li> <li>Any mid-term policy additions and deletions will be adjusted for between <b>both Parties</b> on a pro-rata basis.</li> </ul> <p><i>Note: AED 2.6 is accounted for as part of the AED 18.00 premium loading for HCV coverage.</i></p>

## Dubai Health Authority

Dubai Standards of Care  
Health Funding Department,  
Dubai Health Authority,  
P.O. Box #4545,  
Dubai, UAE  
Date: \_\_\_\_\_



## Appendix A: Data Sharing / Upload related to Cancer / HCV PSP Screening

\*Any changes/updates to the below data points will be communicated via an updated version of the DHA PSP Payer Portal User Manual and in the form of circular from the DHA\*

### 1A: Screening Data

#### Frequency:

Type	Frequency
Positive/ suspected positive cases who have agreed to consent for PSP enrollment	Within 24 hours of receipt of verbal consent from patient
Positive/ suspected positive cases who have refused to consent for PSP enrollment	Monthly
Negative cases	Monthly

#### Data Schema:

Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
First Name	First name or given name of the member	Mandatory	Character	30	Field length validation only	Khalid
Second Name	Second name or middle name of the member	Mandatory	Character	30	Field length validation only	Abdul Ali
Family Name	Family name or last name or surname of the member	Mandatory	Character	30	Field length validation only	Sasha
National ID	Member's Emirates ID	Mandatory	Character	18	Emirates ID in xxx-xxxx-xxxxxxx-x format only where x is a number and "-" should not be replaced by any other character  In case of new born and new entrants where Emirates ID is not available, default value of 0 should be used  Duplication of National ID not allowed	123-1234-1234567-0
UID	Member's UID (Unified identification number) displayed on resident UAE visa (Top right corner)	Mandatory	Alphanumeric	12	Alphanumeric field with 12 characters max  If Member UID is not available, default of 0 should	234342345612

Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
					be entered  Duplication of UID not allowed	
File Number	Member's File Number displayed on resident UAE visa (Below UID)	Mandatory	Character	20	Field length validation only  Enter default of 0 in case file number is not available	564/5964/5645645
Passport Number	Passport number of the member	Non-Mandatory	Character	20	Field length validation only	RL3781297
Policy ID	Policy number for the plan, member is enrolled in	Mandatory	Character	20	Field length validation only	12/XI/123456/0/0
Insurance Unique No	Field to identify an insured life uniquely. For instance, if a person has multiple policies with an insurance company, the field that identifies member insured on policy A or policy B. It could be the combination of policy ID and member ID or it could be the card number or any other identifier payers utilize for unambiguous identification	Mandatory	Character	20	Field length validation  Insurance Unique ID and Insurance company combination should be unique	12/XI/123456-E2357
Insurance Company	Insurance company with which member has a policy	Mandatory	Alphanumeric	10	This field should be populated with the eClaim Link ID for the insurer and will be matched against the predefined list of values shown in the dropdown menu of the field in Census Addition Template Worksheet	INS123
TPA Company	Third party insurer responsible to handle the administrative tasks related to the member's policy where applicable	Mandatory	Alphanumeric	10	This field should be populated with the eClaim Link ID for the TPA and will be matched against the predefined list of values shown in the dropdown menu of the field	INS002



Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
					in Census Addition Template Worksheet  In case of no TPA, the insurer should enter their own eClaim Link ID for the TPA field as well	
Insurance Network	Provider network available to the member as part of his/ her plan benefits	Non-Mandatory	Character	50	Field length validation only	RN
Gender	Member's gender	Mandatory	Alphanumeric	6	Predefined List of values (Male/ Female)	Male
Date of Birth	Member's date of birth	Mandatory	Date	10	Date in DD/MM/YYYY format  Date of Birth in future not allowed	13/5/1985
Mobile No (971XXXX XXXXX)	Member contact information	Mandatory	Numeric	12	Field length of max 12 digits  Special characters like prefixing with + is not allowed	971521234766
Nationality (Country Name)	Country of passport for the member	Mandatory	Character	50	This will be matched against the predefined list of values of nationalities in the GDRFA database  If and when the GDRFA database gets updated for new countries, corresponding updates will be done to DHA PSP Portal too	Egypt
Country	Country of residence for the member	Mandatory	Character	50	It should be United Arab Emirates for all the records as the program is available only to Dubai residents	United Arab Emirates
City	City of residence for the member	Mandatory	Character	50	It should be Dubai for all the records as the program is available only to Dubai residents	Dubai



Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
Member Policy Start Date	Policy effective date	Mandatory	Date	10	Date in DD/MM/YYYY	1/1/18
Member Policy End Date	Policy end date	Mandatory	Date	10	Date in DD/MM/YYYY Policy End Date cannot be less than Policy Start Date	31/12/2018
Member Policy Termination Date	Policy termination date in case of midterm deletions/ terminations	Non-Mandatory	Date	10	Date in DD/MM/YYYY format Member Policy Termination Date should be less than Policy Expiry Date for midterm cancellations/ terminations Termination date less than policy start date not allowed	6/5/18
Screening Type	The clinical condition for which the member went screening	Mandatory	Character	20	It will be matched against a predefined list of values Current LOV includes Breast Cancer/ Cervical Cancer / Colorectal Cancer / Hepatitis C	Breast Cancer
Screening Test Category	Category of screening test that the member underwent. This information will be shared with the insurer by either the network provider or COE which refers the patient to undergo screening	Mandatory	Character	15	It will be matched against a predefined list of values Current LOV includes Initial and Confirmatory	Initial
Screening Test Date	Date on which screening test was conducted for member	Mandatory	Date	10	Date should be in DD/MM/YYYY format Cannot be a future date	25/6/2018





Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
Screening Test Outcome (Positive / Negative / Requires further investigation)	Result/ outcome of the screening test	Mandatory	Character	40	It will be matched against a predefined list of values  Current LOV includes Positive / Negative / Requires further investigation for Initial Screening and Positive / Negative for Confirmatory Screening	Positive
Screening Test Code	CPT4 code mapped to the screening type	Mandatory	Alphanumeric	8	It will be matched against a predefined list of values  Current LOV includes entire CPT4 listing for each screening type  Acceptable COT4 codes for each screening type will be updated as per DHA mandate	0001F
PSP Verbal Consent (Yes/No)	Status of the verbal consent taken from member if the member is willing to be a part of PSP or not	Conditional Mandatory	Character	3	It will be matched against a predefined list of values  LOV includes Yes/ No  Mandatory for Positive/ Requires further investigation screening outcomes  Should be blank for screening outcome of Negative  Update of PSP Verbal Consent is allowed only from NULL to Yes or No. Data overwriting or	Yes



Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
					update not allowed for updating the consent from Yes to No or vice versa	
PSP Verbal Consent Date	Date on which member provided his/ her consent or confirmed the willingness to enroll in PSP	Conditional Mandatory	Date	10	Date should be in DD/MM/YYYY format Mandatory for cases where PSP Verbal Consent is not blank	25/06/2018
Screening Document	Test reports and supporting documents confirming the member as positive or suspected positive for a screening test	Conditional Mandatory	Excel, PDF, Word and Image	10MB	Document should be uploaded on the portal directly (cannot be attached at bulk data upload file) Mandatory for members with PSP verbal consent as Yes Should be attached for each screening type, in case member has undergone multiple screenings	Member_Conse nt_Form.pdf
Remarks	Remarks for the record, if any	Non-Mandatory	Character	400	Field length validation only	Member should be contacted between 10AM to 8PM.





## 1B: Census Addition Data

### Frequency:

Type	Frequency
Newly issued or renewed policies	Monthly, by the 5th of the next month

### Data Schema:

Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
First Name	First name or given name of the member	Not Mandatory	Character	30	Field length validation only	Khalid
Second Name	Second name or middle name of the member	Not Mandatory	Character	30	Field length validation only	Abdul Ali
Family Name	Family name or last name or surname of the member	Not Mandatory	Character	30	Field length validation only	Sasha
National ID	Member's Emirates ID	Mandatory	Character	18	Emirates ID in xxx-xxxx-xxxxxxx-x format only where x is a number and "-" should not be replaced by any other character  In case of new born and new entrants where Emirates ID is not available, default value of 0 should be used  Duplication of National ID not allowed	123-1234-1234567-0
UID	Member's UID (Unified identification number) displayed on resident UAE visa (Top right corner)	Mandatory	Alphanumeric	12	Alphanumeric field up to 12 characters max  If Member UID is not available, default of 0 should be entered  Duplication of UID not allowed	234342345612
File Number	Member's File Number displayed on resident UAE visa (Below UID)	Mandatory	Character	20	Field length validation only  Enter default of 0 in case file	564/5964/5645645

Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
					number is not available	
Passport Number	Passport number of the member	Not Mandatory	Character	20	Field length validation only	RL3781297
Policy ID	Policy number for the plan member is enrolled in	Mandatory	Character	20	Field length validation only	12/XI/123456/0/0
Insurance Unique No	Field to identify an insured life uniquely. For instance, if a person has multiple policies with an insurance company, the field that identifies member insured on policy A or policy B. It could be the combination of policy ID and member ID or it could be the card number or any other identifier payers utilize for unambiguous identification	Mandatory	Character	20	Field length validation Insurance Unique ID and Insurance company combination should be unique	12/XI/123456-E2357
Insurance Company	Insurance company with which member has a policy	Mandatory	Alphanumeric	10	This field should be populated with the eClaim Link ID for the insurer and will be matched against the predefined list of values shown in the dropdown menu of the field in Census Addition Template Worksheet	INS123
TPA Company	Third party insurer responsible to handle the administrative tasks related to the member's policy	Mandatory	Alphanumeric	10	This field should be populated with the eClaim Link ID for the TPA and will be matched against the predefined list of values shown in the dropdown menu of the field in Census Addition Template Worksheet  In case of no TPA, the insurer should enter their own eClaim Link ID for	INS002



Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
					the TPA field as well	
Insurance Network	Provider network available to the member as part of his/ her plan benefits	Not Mandatory	Character	50	Field length validation only	RN
Gender	Member's gender	Mandatory	Alphanumeric	6	Predefined List of values (Male/ Female)	Male
Date of Birth	Member's date of birth	Mandatory	Date	10	Date in DD/MM/YYYY format Date of Birth in future not allowed	13/5/1985
Member Policy Start Date	Policy effective date	Mandatory	Date	10	Date in DD/MM/YYYY	1/1/18
Member Policy End Date	Policy end date	Mandatory	Date	10	Date in DD/MM/YYYY Policy End Date cannot be less than Policy Start Date	31/12/2018
Member Policy Termination Date	Policy termination date in case of midterm deletions/ terminations	Not Mandatory	Date	10	Date in DD/MM/YYYY format Member Policy Termination Date should be less than Policy Expiry Date for midterm cancellations/ terminations Termination date less than policy start date not allowed	6/5/18
Remarks	Remarks for the record, if any	Not Mandatory	Character	400	Field length validation only	Member should be contacted between 10AM to 8PM.



## 1C: Census Termination Data

### Frequency:

Type	Frequency
Mid-term deleted policies (i.e. policies that have been terminated before policy expiration)	Monthly, by the 5th of the next month

### Data Schema:

Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
First Name	First name or given name of the member	Non-Mandatory	Character	30	Field length validation only	Khalid
Second Name	Second name or middle name of the member	Non-Mandatory	Character	30	Field length validation only	Abdul Ali
Family Name	Family name or last name or surname of the member	Non-Mandatory	Character	30	Field length validation only	Sasha
National ID	Member's Emirates ID	Mandatory	Character	18	Emirates ID in xxx-xxxx-xxxxxxx-x format only where x is a number and "-" should not be replaced by any other character  In case of new born and new entrants where Emirates ID is not available, default value of 0 should be used  Duplication of National ID not allowed	123-1234-1234567-0
UID	Member's UID (Unified identification number) displayed on resident UAE visa (Top right corner)	Mandatory	Alphanumeric	12	Alphanumeric field up to a max of 12 characters  If Member UID is not available, default of 0 should be entered  Duplication of UID not allowed	234342345612
File Number	Member's File Number displayed on resident UAE visa (Below UID)	Mandatory	Character	20	Field length validation only  Enter default of 0 in case file	564/5964/5645645

Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
					number is not available	
Passport Number	Passport number of the member	Non-Mandatory	Character	20	Field length validation only	RL3781297
Policy ID	Policy number for the plan member is enrolled in	Mandatory	Character	20	Field length validation only	12/XI/123456/0/0
Insurance Unique No	Field to identify an insured life uniquely. For instance, if a person has multiple policies with an insurance company, the field that identifies member insured on policy A or policy B. It could be the combination of policy ID and member ID or it could be the card number or any other identifier payers utilize for unambiguous identification	Mandatory	Character	20	Field length validation Insurance Unique ID and Insurance company combination should be unique	12/XI/123456-E2357
Insurance Company	Insurance company with which member has a policy	Mandatory	Alphanumeric	10	This field should be populated with the eClaim Link ID for the insurer and will be matched against the predefined list of values shown in the dropdown menu of the field in Census Addition Template Worksheet	INS123
TPA Company	Third party insurer responsible to handle the administrative tasks related to the member's policy	Mandatory	Alphanumeric	10	This field should be populated with the eClaim Link ID for the TPA and will be matched against the predefined list of values shown in the dropdown menu of the field in Census Addition Template Worksheet  In case of no TPA, the insurer should enter their own eClaim Link ID for	INS002



Field Name	Description	Type	Format	Max Length	Data/ Business Rule	Example
					the TPA field as well	
Insurance Network	Provider network available to the member as part of his/ her plan benefits	Non-Mandatory	Character	50	Field length validation only	RN
Gender	Member's gender	Mandatory	Alphanumeric	6	Predefined List of values (Male/ Female)	Male
Date of Birth	Member's date of birth	Mandatory	Date	10	Date in DD/MM/YYYY format Date of Birth in future not allowed	13/5/1985
Member Policy Start Date	Policy effective date	Mandatory	Date	10	Date in DD/MM/YYYY	1/1/18
Member Policy End Date	Policy end date	Mandatory	Date	10	Date in DD/MM/YYYY Policy End Date cannot be less than Policy Start Date	31/12/2018
Member Policy Termination Date	Policy termination date in case of midterm deletions/ terminations	Mandatory	Date	10	Date in DD/MM/YYYY format Member Policy Termination Date should be less than Policy Expiry Date for midterm cancellations/ terminations Termination date less than policy start date not allowed	6/5/18
Remarks	Remarks for the record, if any	Non-Mandatory	Character	400	Field length validation only	Member should be contacted between 10AM to 8PM.

