

Date: 19/01/2022

Reference: GC 01-2022

External Circular

تعميم خارجي

الموضوع: برنامج دعم المرضى - خطة العمل الجديدة
Subject- Patient Support Program – New workflow process

To: HIPs and PIs

Dubai Health Authority extends its sincere thanks and appreciation to all its strategic partners in the field of health care and the health insurance system for their contribution and efforts in providing better health care to members of the community.

Please note that the contract between DHA/DHIC and Trudoc for the Patient Support Program (PSP) has expired on 31st December 2021.

Though the structure and coverage of the program will remain the same, updated workflow process and the revised guidelines (Appendix 1, Appendix 2 and Appendix 3) requires to be followed by respective stakeholders from the 1st of January 2022.

The screening criteria for Basmah program and Hepatitis C remains the same as before. Screening criteria for Hepatitis B in Appendix 4.

Starting 1st January 2022, the Payors/TPAs will be responsible for ensuring that the enrolled PSP members are provided with required assistance at all times during the time period when they come under their respective insurance cover as in Appendix 1.

إلى : أطراف منظومة التأمين الصحي في إمارة دبي (مقدمي الرعاية الصحية وشركات التأمين الصحي وشركات إدارة المطالبات

تتقدم هيئة الصحة في دبي بخالص الشكر والتقدير لجميع شركائها الاستراتيجيين في مجال الرعاية الصحية ومنظومة الضمان الصحي لمساهماتهم وجهودهم المبذولة في توفير رعاية صحية أفضل لأفراد المجتمع.

بالإشارة إلى الموضوع أعلاه واستمراراً لجهود هيئة الصحة في دبي بتحسين جودة الرعاية الصحية المقدمة وضمان الارتقاء بمستويات الخدمات المختلفة، وتزويد شركائها الاستراتيجيين بكافة المستجدات المتعلقة بمنظومة الضمان الصحي، وعليه تسر الهيئة إعلان الآتي:

العقد المبرم بين هيئة الصحة في دبي و شركة ترودوك للرعاية الصحية بشأن برنامج دعم المرضى انتهى بتاريخ 31 ديسمبر 2021.

سيتم الإستمرار بمنهجية البرنامج فيما يتعلق بنطاق التغطية المعمول بها مع الأخذ بعين الإعتبار التوجيهات الجديدة الواردة في الملحق 1 و 2 و 3 وذلك لجميع المعنيين ابتداءً من 1 يناير 2022.

سيتم الإستمرار بمعايير الفحص الحالية لمرضى التهاب الكبد الوبائي سي. مع العلم بأنه تم استحداث معايير لفحص التهاب الكبد الوبائي بي، يرجى الإطلاع على الملحق 4.

For Basmah members, once the ABL is exhausted and Basmah fund is approved, the DHIC PSP Team will take over thereon until the expiry of the respective policy of the member.

ابتداء من تاريخ 1 يناير 2022، ينبغي على جميع شركات التأمين وشركات إدارة المطالبات تقديم المساعدة اللازمة لجميع أعضاء برنامج دعم المرضى من الذين يستخدمون وثائق التغطية التأمينية التابعة للشركات كما هو موضح في الملحق 1.

Following points to be noted:

- The census report which was previously uploaded to the TruDoc Portal should be henceforth sent to DHIC via DHA Citrix share file in text format on or before 15th of every month [here](#)
The headers will remain the same.
- The screening and enrolment reports continue to be forwarded to dhic-ppsp@dha.gov.ae in the present format.

فيما يخص مرضى برنامج بسمه، بمجرد استنفاد حد الاستحقاق السنوي و بعد الحصول على الموافقة على قيمة التمويل المستحق للمريض من صندوق برنامج بسمه، سيتولى فريق برنامج دعم المرضى من الهيئة متابعة الإجراءات الخاصة بالمرضى وذلك حتى انتهاء وثيقة التأمين الخاصة بالعضو.

وجب التنويه بشأن النقاط الآتية:

- ينبغي إرسال التقارير الإحصائية والتي كانت ترسل سابقاً عبر شركة ترودوك للرعاية الصحية إلى مؤسسة دبي للضمان الصحي وذلك بصورة دورية وذلك بمشاركة الملفات مع هيئة الصحة Citrix DHA بصيغة نصية (text format) عبر الرابط [التالي](#)

The contributions for Basmah and Hepatitis program should be transferred separately;

Transfer 1: with clear description "BASMAH Contribution"

Transfer 2: with clear description "HEPATITIS Contribution"

The account details (as mentioned previously in PN 01 of 2019.) is as below

- إرسال تقارير الفحص والتسجيل إلى البريد الإلكتروني التالي: dhic-ppsp@dha.gov.ae وذلك بالتنسيق المتفق عليه مسبقاً.

Emirates NBD

Account Name Dubai Health Authority

Account No. 1011000008301

IBAN AE330260001011000008301

Address Headquarters Baniyas Road, Deira P.O. Box 777

يجب تحويل المساهمات الخاصة ببرنامج بسمه وبرنامج التهاب الكبد الوبائي كل على حدة كالتالي:

يتم ذكر تفاصيل التحويل الأول بشكل واضح بأنه مساهمة برنامج بسمه.

ويتم ذكر تفاصيل التحويل الثاني بشكل واضح بأنه مساهمة برنامج إتهاب الكبد الوبائي.

- Please refer the below circulars for more details
PD 02/2018 published in 29/07/2018
PD 03/2018 published in 29/07/2018
PD 05/2018 published in 10/09/2018
PD 06/2018 published in 10/09/2018
PN 01/2019 published in 16/01/2019
PN 03/2019 published in 14/02/2019

GC 01/2020 published in 12/01/2020
GC 06/2021 published in 02/09/2021
and other communications published on ISAHD).

مدرج أدناه تفاصيل الحساب البنكي للإيداع (بحسب ما تم نشره
مسبقاً في التعميم رقم 01 of 2019):

Emirates NBD

Account Name Dubai Health Authority

Account No. 1011000008301

IBAN AE330260001011000008301

Address Headquarters Baniyas Road, Deira

P.O. Box 777

وللمزيد من المعلومات يرجى العودة إلى التعميم الصادرة
مسبقاً عن هيئة الصحة في دبي:

التعميم مرجع PD 02/2018 في المؤرخ 2018/07/29

و التعميم مرجع PD 03/2018 في المؤرخ 2018/07/29

التعميم مرجع PD 05/2018 في المؤرخ 2018/09/10

و التعميم مرجع PD 06/2018 في المؤرخ 2018/09/10

التعميم مرجع PN 01/2019 في المؤرخ 2019/01/16

التعميم مرجع PN 03/2019 في المؤرخ 2019/02/14

التعميم مرجع GC 01/2020 في المؤرخ 2020/01/12

التعميم مرجع GC 06/2021 في المؤرخ 2021/09/02

وما تم نشره على الموقع الإلكتروني الخاص ببرنامج اسعاد.

This circular is effective as of the date of its publication; all
HIPs and PIs must abide by its contract to avoid violations
and legal accountability.

يُعمل بهذا التعميم اعتباراً من تاريخ صدوره وعلى الجميع
التقيد التام والالتزام بما ورد فيه من أحكام تفادياً لأية مساءلة
قانونية.

This circular is for regulatory action and is not intended as
content for media reporting.

هذا التعميم للإجراءات التنظيمية وغير مخصص كمحتوى
للنشر الإعلامي.

For more information, kindly send an email to:

Email address: dhic-psp@dha.gov.ae

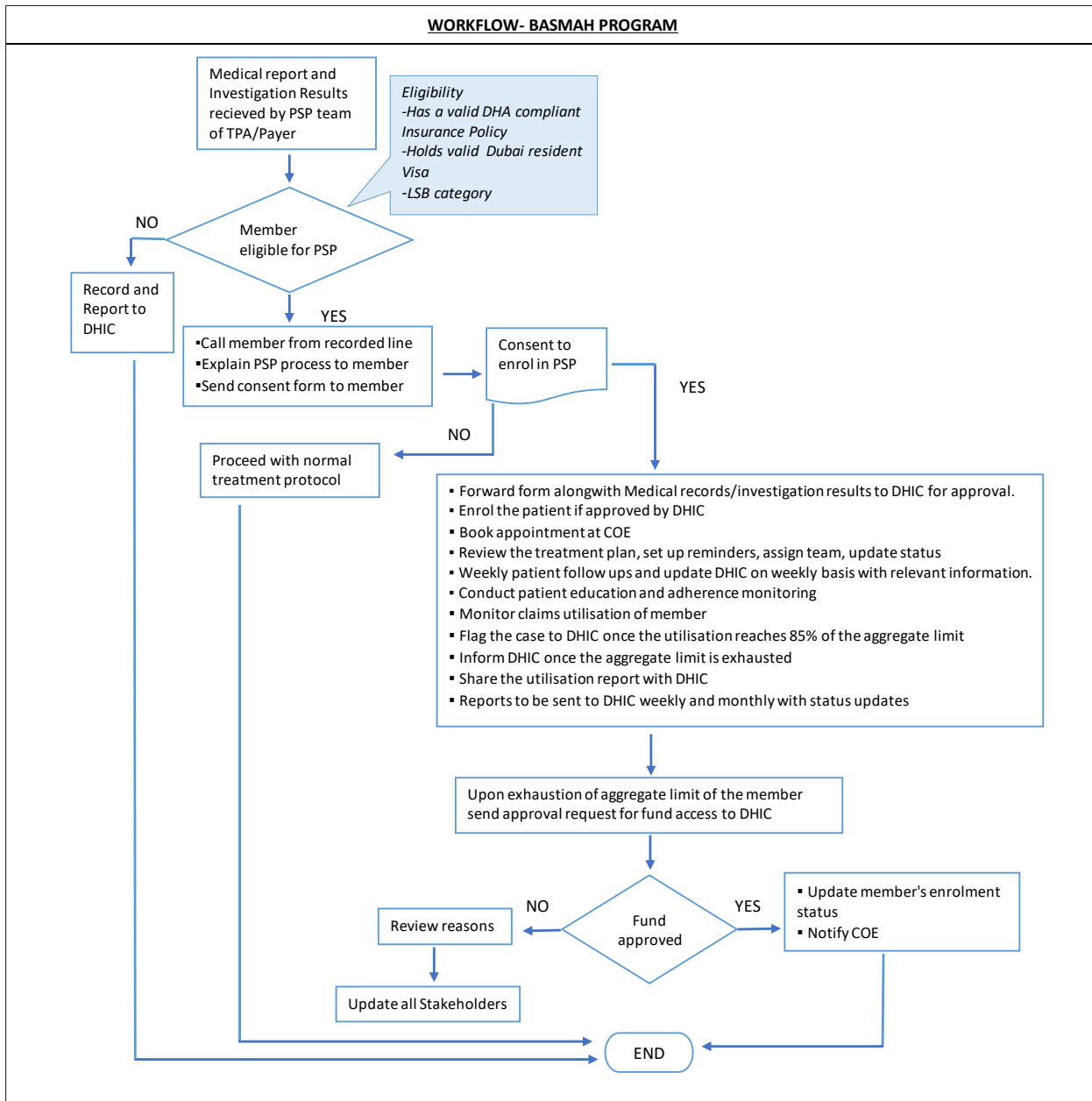
لمزيد من المعلومات، يرجى التواصل من خلال

البريد الإلكتروني: dhic-psp@dha.gov.ae

With Regards- DHA

مع تحيات - هيئة الصحة في دبي

Appendix -1



Appendix 2 Cancer Patient Support Program (BASMAH)

1. Introduction

As part of UAE 2021 vision and in alignment with Dubai Standards of Care, Dubai Health Insurance Corporation (DHIC) under Dubai Health Authority (DHA) has launched a Cancer Patient Support Program (BASMAH) with the objective to reduce cancer mortality in Dubai.

The Basmah Patient Support program covers Cervical, Breast and Colorectal cancers.

Accordingly Dubai Health Insurance Corporation under DHA (hereafter referred as DHIC) has updated the Table of Benefits of Essential Benefits Plan to ensure screening and treatment of cancer is seamlessly, equally and granted fairly to all eligible residents of Dubai irrespective of the annual coverage limit.

2. Enrolment into Basmah Program

I. Eligibility criteria

The Program is only available for

- a) Insured members holding a residence visa issued from the Emirate of Dubai with validity of not less than one year
- b) The mandate for coverage of Cancer is applicable only for insured **LSB** members, holding valid insurance policies or policies issued after the launch date of the mandate, with diagnosis of Cervical, Breast or Colorectal cancer, subject to eligibility and treatment criteria being met.
- c) The above would apply for existing and new residents in the Emirate of Dubai who are not diagnosed with cancer before entering the country.
- d) Existing and new residents who were diagnosed with cancer prior to entering the country will become eligible for enrolment only after one year of residence in UAE.
- e) Eligibility for enrollment into the program will be based only on confirmed Diagnosis from the Centre of Excellence(CoE)

II. Conditions for Enrolment

- a) Enrolment 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 BASMAH.
- c) Insured with symptoms / already diagnosed with cancer 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) Payors/TPAs are responsible and accountable for onboarding the insured and explain to him/her the conditions of the program.

- e) Once the insured choose to opt out of the Program, he/she shall not be permitted to enroll into the Program later.
- f) Continuity of treatment is linked to validity of insured member's visa.

3. Terms and conditions of BASMAH Program

The insured members enrolled under the BASMAH program are covered for:

- a) Screening, healthcare services, investigations and treatments related to and associated complications of the cancers are covered under the BASMAH program.
- b) Screening for cancer is covered within the network offered by [The Insurer] - both public and private - for high-risk cases as defined in the guidelines; ([Breast Cancer](#), [Colorectal Cancer](#), and [Cervical Cancer](#)) and subject to a 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 BASMAH, may require to take another confirmatory test if deemed necessary by the CoE. Eligibility for confirmed enrolment in the program will only be based on confirmed diagnosis from 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) Coverage of Cancer would be up to the annual limit of the insurance policy, on direct billing and will **not** be subject to any sublimit or copayment. Treatment beyond the policy annual limit for LSB members will be covered under the BASMAH fund provisioned by insurance companies and placed with the DHIC. The decision on eligibility for treatment is made by DHIC.
- e) Waiting period should be waived for patients already enrolled or having consented to enroll for treatment under the BASMAH Program. However, existing members undergoing treatment for cancer under the BASMAH program or newly diagnosed cases should declare if they want to enroll into the BASMAH program. Waiting period will continue to be applied for other conditions as per the respective policy terms and conditions.
- 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 BASMAH 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 DHIC and Payors/TPAs
- h) A patient will be considered to have completed the treatment under BASMAH Program, 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.

4. Terms and conditions for Policyholders with no previous insurance

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

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

- a) For those members who were diagnosed towards the end of the policy term, however renewed with another Insurer before being offered the BASMAH program, the new Insurer is required to offer the program to the insured member.
- b) [The Insurer] is required to maintain continuity of cover and ensure enrolment of inherited members already enrolled into BASMAH program.

6. Criteria for fund management / utilization

- a) Insured members diagnosed with cancer will benefit from coverage under the respective policy as per general terms and conditions of the policy up to the applicable annual benefit limit.
- b) LSB members, who are enrolled into the BASMAH program, will benefit from the extended coverage over and above their annual benefit limit.
- c) The fund will be managed by DHIC PSP Team and based on the internally approved protocols. For this, the Payor should deposit the agreed fund amount into the PSP Trust Account on monthly basis as detailed in the Procedural Notice ([PN 03/2019](#)).
- d) For eligible cases, CoE will submit the pre-authorization request. Payor/TPA will have to notify DHIC when 85% of the annual benefit limit of the policy is utilized. The DHIC PSP Team will make decisions thereafter on coverage based on the internally approved protocols.
- e) However, after approval of the fund, at expiry of the policy, if the member has not utilized upto the Annual Benefit Limit, then the difference in amount should be settled back by the Insurer to DHA RCM against claims raised via Eclaimlink.

7. Referral Process

- a) For confirmed cases, Physicians/Network Provider is required to inform the patient of the test result and provide relevant advice about the program before sharing the test results with Payor/TPA.
- b) Physicians/Network Providers should share test results within maximum 2 days of receipt with Payor/TPA.
- c) Payor/TPA should confirm that Network Provider Physician has advised the member of the test results before enrolling the member into the program.
- d) Payor/TPA should contact member within 24 hours of receipt of test result and offer enrolment into the BASMAH Program. Patients will have up to **seven (7)** calendar days to respond to Payor/TPA.
- e) Payor/TPA should refer enrolled members to the PSP Team at DHIC within 2 days of receipt of consent from the patient (should be recorded) via the **New Portal** (details of the New portal will be shared shortly)
- f) Physicians are **obliged** to follow the proposed guidelines and report clinical progress to DHIC as per the protocol.

8. Responsibilities of Payor &/TPA

As part of the BASMAH program, Payor &/TPA is responsible for

- a) Onboarding of members to PSP
- b) Referrals of insured members to Centers of Excellence
- c) Arranging appointments on behalf of the insured at CoEs.
- d) Providing 24/7 access to medical helpline staffed with qualified and experienced personnel who will be accountable for
 - I. Advising and educating the insured about Cancer (Breast, Cervical and Colorectal) as per the guidelines
 - II. Periodic follow up to ensure compliance to treatment plan
 - III. Collecting feedback about the program
 - IV. Reporting any adverse events to DHIC at real time
- e) Validating participation in the program in the event of any unplanned interruption from insured member's side i.e. interruption without prior notification 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.
- f) Sharing relevant reports with DHIC

g) Any other services as deemed necessary by DHIC

9. Confidentiality

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

For insured members, who have not consented to be part of BASMAH, only screening data will be uploaded to DHIC for regulatory information.

10. Additional Prerequisites:

- The CoE should be included in the relevant Network (catering to LSB members) of the Participating Insurers /TPAs.
- Preferred tariffs should be negotiated where members enrolled under the BASMAH program are referred to private providers for services unavailable at the CoE.

11. Member Engagement Reports

The Payor is required to send reports of member engagement on monthly basis to DHIC PSP Team

The following KPIs are defined to measure engagement activities:

- Screening Penetration Ratio: The Payor** 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 under respective insurance company.
- Diagnosis Percentage: The Payor** 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
- Enrolment Percentage: The Payor** is required to generate monthly reports showing the number of the insureds with symptoms / already diagnosed with Cancer who agreed to be part of the BASMAH Program against total number of diagnosed eligible cases.
- Engagement Percentage: The Payor** is required to generate monthly reports showing the number of the insureds with symptoms / already diagnosed with Cancer who agreed to be part of the BASMAH Program against total number of all diagnosed cases.

All supporting documents for the above KPIs should be properly maintained and archived by the Payor/TPA for auditing purposes.

12. Non- LSB Members

Though the mandate of coverage of the BASMAH program is presently applicable only for LSB members, Non LSB members and their dependents can access relevant services at respective CoEs at

subsidized rates. However, they will NOT be eligible to avail the benefit of the extended coverage over and above their annual benefit limit offered under the Basmah program.

The relevant consent form should be duly completed by the Non LSB members.

13. Communication

All communications related to the BASMAH program should be directed to dhic-psz@dha.gov.ae

14. Exceptions

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

Appendix 3

Hepatitis B and C Patient Support Program

1. Introduction

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

With the aim of expanding the program for the benefit and well being of the residents in the Emirate of Dubai, Hepatitis B screening and treatment is being added to the Patient Support Program

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

2. Enrolment into Hepatitis B and 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 of not less than one year

- a) The mandate for coverage of Hepatitis B and 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 B or C before entering the country. Existing and new residents who were diagnosed with Hepatitis B or 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 B or 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 is responsible and accountable for onboarding the insured

- e) Once the insured choose to opt out of the Program, he/she shall not be permitted to enroll into the Program later.
- f) Continuity of treatment is linked to validity of insured member's visa.

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

The insured members enrolled under the PSP are covered for

- a) Screening, healthcare services, investigations and treatments related to and associated complications of Hepatitis B or C infection
- b) Screening for Hepatitis B or C for high-risk cases is covered within the respective network offered by Payor/TPA subject to written preapproval from DHIC. 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 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 Hepatitis B and C screening and treatment would be up only upto 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.
- 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.

4. Terms and conditions for Policyholders with no previous insurance

- a) If any insured member presents with symptoms and/or is diagnosed with Hepatitis B or 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 B or 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)

- c) 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.
- d) [The Insurer] is required to maintain continuity of cover and ensure enrollment of inherited members already enrolled in the PSP.

6. Responsibilities of Payor/TPA

As part of the PSP program, Payer/TPA 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.
- c) Scheduling as appropriate, home visits for registration and on boarding.
- d) Providing 24/7 access to medical helpline staffed with qualified and experienced individuals who are accountable for
 - i. Advising and educating the insured about Hepatitis B and C as per the guidelines issued by DHIC.
 - ii. Periodic follow up to ensure compliance to treatment plan
 - iii. Collecting feedback about the program
 - iv. Reporting any adverse events to DHIC on real time
- e) Validating participation in the PSP in the event of any unplanned interruption in the Program from insured member's side i.e. interruption without prior 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.
- f) Sharing relevant reports with concerned parties.
- g) Any other services as deemed necessary by DHIC.

7. Contribution

The screening and treatment of Hepatitis B and C for eligible persons will be covered by DHIC/DHA.

For this, the Payor should deposit the agreed fund amount into the PSP Trust Account on monthly basis as detailed in the Procedural Notice (GC 06-2021)

The fund will be managed by DHIC PSP Team as per internally approved protocols

8. Confidentiality

Confidential data related to medical records of the enrolled insured member shall be accessible only to the parties concerned including the Payor /TPA, DHIC 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 DHIC Portal for regulatory information.

9. 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 Payor/TPA.
- b) Physicians/Network Providers should share test results within maximum 2 days of receipt with Payor/TPA
- c) The Payor/TPA should confirm that the Physician/Network Provider has advised the member of the test results before enrolling him/her into the program.
- d) The Payor/TPA 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 Payor/TPA.
- e) The Payor/ TPA should refer enrolled members to DHIC within 2 days of receipt of consent from the patient (should be recorded) via DHIC Portal Physicians are **obliged** to follow the proposed guidelines by DHIC and report clinical progress to DHIC as per the protocol.

10. Member Engagement Reports

Payor/TPA is required to send reports of member engagement to DHIC on monthly basis

The following KPIs are defined to measure engagement activities:

- a) **Screening Penetration Ratio: The Payor** 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 under respective insurance company
- b) **Diagnosis Percentage: The Payor** 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
- c) **Enrolment Percentage: The Payor** is required to generate monthly reports showing the number of the insureds with symptoms / already diagnosed with Hepatitis C and B who agreed to be part of the Patient Support Program against total number of diagnosed cases.

All supporting documents for the above KPIs should be properly maintained and archived by the Payor/TPA for auditing purposes.

11. Communication

All communication related to the PSP should be directed to dhic-bsp@dha.gov.ae

12. Exceptions

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

Appendix 4

ELIGIBILITY CRITERIA AND SCREENING TESTS FOR HEPATITIS B

Hepatitis B -

Hepatitis B is a **vaccine-preventable liver infection caused by the hepatitis B virus (HBV)**. Hepatitis B is spread through blood, semen, or other body fluids of an infected person.

Chronic hepatitis B can develop into a serious disease resulting in long-term health problems, including liver damage, liver failure, liver cancer, and even death.

Most adults with hepatitis B recover fully, even if their signs and symptoms are severe. Infants and children are more likely to develop a chronic (long-lasting) hepatitis B infection. A vaccine can prevent hepatitis B, but there is no cure if you have the condition.

1. Eligibility Criteria for Screening of HBV

- Family members/ household contacts of persons with HBV infection
- People infected with HIV
- People infected with chronic liver disease e.g. HCV
- People who have had tattoos, body piercing or scarification procedures with unsterilized equipment
- Persons needing immunosuppressive therapy, including chemotherapy, immunosuppression related to organ transplantation, and immunosuppression for rheumatologically or gastroenterological disorders
- Individuals with elevated ALT or AST of unknown etiology
- Donors of blood, plasma, organs, tissues, or semen
- Persons with end-stage renal disease, including pre-dialysis, hemodialysis, peritoneal dialysis, and home dialysis patients
- All pregnant women
- Infants born to HBsAg-positive mothers
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Travelers to countries with intermediate or high prevalence of HBV infection

- Inmates of correctional facilities
- Unvaccinated persons with diabetes who are aged 19 through 59 years (discretion of clinician for unvaccinated adults with diabetes who are aged ≥ 60 years)

2. Screening Tests for HBV

Three tests should be done to screen for HBV:

- HBsAg: Hepatitis B surface antigen
- Anti-HBs: antibody to hepatitis B surface antigen
- Anti-HBc: antibody to hepatitis B core antigen

3. Additional testing and work-up required for HBV patients (HBsAg+)

Additional testing and management are needed for patient diagnosed with Chronic Hepatitis B, i.e. those who have the hepatitis B surface antigen positive (HBsAg+) for at least 6 months:

- Liver enzymes: AST & ALT
- HBV DNA quantification
- HBeAg: hepatitis B, e antigen
- Liver biopsy or noninvasive tests such as elastography