

**Policy Directive pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai**  
**Policy Directive Number 2 of 2017 (PD 02/2017)**

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| Subject of this Policy Directive        | Emergency Definition  |
| Applicability of this Policy Directive  | This Directive applies to all parties involved in the administration of health insurance plans in the Emirate of Dubai, specifically, insurance companies and health insurance claims management companies and all applicable medical providers both public and private |
| Purpose of this Policy Directive        | To specify the standard definition for Emergency and Stabilization  |
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| Publication date                        | 30/10/2017  |
| Effective date of this Policy Directive | Immediately upon publication  |
| Grace period for compliance             | None  |

**Objectives of this Policy Directive**

- To inform the market of the standard and mandated definition of Emergency to use going forward applicable to all currently active and new health insurance policies
- To advise on the definition of the two types of stability
- Treatment towards standard exclusions in emergency's

**Definition of Emergency**

"An Emergency is defined as the sudden onset of an illness, injury or medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) requiring immediate and unscheduled medical care, and if left untreated could result in placing the person's life and/or health in serious jeopardy; serious impairment to bodily functions; serious dysfunction of a bodily organ or part; serious disfigurement; or in the case of a pregnant woman, serious jeopardy to the health of the fetus".

It is the emergency medical condition of the patient, not the diagnosis, which drives the necessity for immediate treatment. Symptoms must be sufficiently severe to cause the patient to seek immediate medical aid.

**Definition of Stabilization**

As emergency treatment must be covered for any DHA compliant plan, regardless of the treatment Healthcare Provider's inclusion in the member's provider network or not, until stabilization. Stabilization may occur in the Emergency Department or following emergency In-Patient admission.

Going forward the below references are to be used to differentiate between patients who's vitals are stable:

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|--------------------------|---|
| Description              | <b>1. Stable fit for transfer</b>   |
| Expansion of Description | The patient's condition is stable to a condition where they can be transferred to an alternate Healthcare Provider within the patient's medical network without causing harm or threat to the patients' health; or in the case of a pregnant woman, jeopardy to the health of the fetus |

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|--------------------------|--|
| Description              | <b>2. Stable unfit for transfer</b>  |
| Expansion of Description | The patient is haemodynamically stable, however the patient's condition is not stable enough to where they can be transferred to an alternate Healthcare Provider, with the exception of DHA Tertiary Hospitals, without causing harm or threat to the patients' health; or in the case of a pregnant woman, jeopardy to the health of the fetus |

### Transfer of Patients who are Stable fit for transfer

Following an emergency, if an insurer has intimated that they wish to continue treatment of their policy holder at a network Healthcare Provider, it is the responsibility of that insurer to arrange transfer to the receiving 'In network' Healthcare Provider, once advised by the treating Healthcare Provider that the policy holder is 'Stable fit for transfer'

- **Market Unified Turn Around Time** - Transfers of this kind must be arranged by the insurer within 24 hours. Failure to do so will result in treatment being continued by the Provider until the transfer is arranged.
- **Billing Post Notification** – Charges incurred by the treating Healthcare Provider post 'Stable fit for transfer' notification will be billed to the insurer, until the point at which the patient is discharged to be transferred.

### Standard Exclusions & Emergencies

Any emergency medical condition regardless of the initial cause must be covered until stabilization. Stabilization may occur in the Emergency Department or following emergency In-Patient admission. This includes all standard exclusions e.g. including (but not limited to) Road Traffic Accidents, Work Related Injuries etc.

Where there is appropriate and adequate alternative insurance applicable e.g. A motor policy, or Workmen's Compensation policy, the health insurer must cover the initial treatment until stabilization at minimum. The health insurer then has the right to subrogate the claim against the appropriate policy/s accordingly. Where there is no alternate insurance to recover the claims paid, the insurer must settle the claim until stabilization at minimum.