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Health Insurance Ethical Standards and Conflict of Interest Policy Directive

Dubai Health Insurance Corporation (DHIC)

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The Authority further recognizes the commitment and diligence of all contributors in reviewing existing practices, benchmarking against international standards, and shaping provisions that strengthen beneficiary protection, enhance compliance, and promote service excellence across the health insurance sector in the Emirate of Dubai.

Dubai Health Insurance Corporation

Dubai Health Authority

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1. Legal Authority

This Regulation is issued pursuant to Dubai Health Insurance Law No. (11) of 2013, Executive Council Resolution No. (7) of 2016, Board Resolution No. 9 of 2011, Administrative Resolution No. (78) of 2022 and Dubai Health Insurance Law, Executive Council Resolution No. 16 of 2013 – Health Insurance for Dubai Government Employees and relevant directives and circulars issued by the Dubai Health Authority (DHA) and the Dubai Health Insurance Corporation (DHIC).

2. Purpose

The purpose of this section is to establish clear, enforceable obligations for all regulated entities operating within the Dubai health insurance market to:

- Prevent and eliminate actual, potential, or perceived conflicts of interest;
- Promote transparency, integrity, and accountability in commercial conduct;
- Uphold ethical marketing and advisory standards;
- Safeguard fair competition, prevent market manipulation, and protect Beneficiary interests.

These provisions aim to align the behavior of Insurance Companies, Claim Management Companies (TPAs), Insurance Brokers, and Health Service Providers with the regulatory objectives of the Dubai Health Insurance Corporation (DHIC), ensuring a level playing field and maintaining public trust in the health insurance ecosystem.

3. Scope of Application

This Regulation shall apply to all Health Insurance Companies, Claims Management Companies (Third-Party Administrators - TPAs), and licensed Health Service Providers operating within the Emirate of Dubai under the jurisdiction of the Dubai Health Insurance Corporation (DHIC). It governs the end-to-end processes of claims management and adjudication, including pre-authorization, claims submission, adjudication, settlement, reconciliation, resubmission protocols, and associated compliance obligations. The Regulation is binding on all regulated entities engaged in the administration, processing, or submission of health insurance claims and establishes minimum standards for service timelines, data integrity, documentation accuracy, and financial accountability. It also defines prohibitions on fraudulent

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practices and codifies the responsibilities of all stakeholders to ensure fair, efficient, and transparent claims handling in accordance with DHIC regulatory frameworks.

The obligations herein cover the following operational domains:

- Contract negotiation, claims management, pricing, and beneficiary engagement;
- Governance structures, ownership disclosures, and related-party transactions;
- Market behavior, including transparency of fees, commissions, and financial incentives;
- Marketing, policy advice, and beneficiary interaction;
- Recordkeeping and disclosure of all commercial arrangements with regulated parties.

4. Regulatory Requirements

4.1 Conflict disclosure:

4.1.1 Conflict-free operations:

All Insurance Companies, Claim Management Companies (TPAs), and Insurance Brokers must conduct business in a manner that eliminates actual, potential, or perceived conflicts of interest across all areas of health insurance operations. This includes, but is not limited to:

- Contract negotiation and execution
- Claims review and adjudication
- Beneficiary interactions
- Premium pricing and policy benefits update

4.2 Conflict of Interest Disclosure and conduct standards:

4.2.1 Prohibited Conduct

Health Service Providers, Insurance Companies, and Claim Management Companies shall not engage in any conduct that results in, or may reasonably be perceived to result in, a conflict of interest. This includes actions or relationships that compromise, or appear to compromise, objectivity, impartiality, or professional judgment in the performance of regulatory, contractual, or fiduciary duties.

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4.2.2 Mandatory Disclosure Obligations

All regulated entities are required to disclose any actual, potential, direct, or indirect conflict of interest to the Dubai Health Insurance Corporation (DHIC) through the Unified Complaint Management System (submit complaint) - <https://services.dha.gov.ae/mga/sps/auth> , and submit it under FWA suspected field. Disclosures shall include, but are not limited to:

- Ownership interests or financial stakes in affiliated entities
- Cross-directorships or shared governance structures
- Contractual or informal relationships with Health Service Providers or vendors that may influence impartiality

4.3 Fair competition and Market Conduct:

4.3.1 Prohibition of Unethical Conduct

All Regulated Entities, including Insurance Companies, Claim Management Companies (TPAs), and Health Service Providers, shall engage in transparent, equitable, and non-discriminatory practices across all health insurance operations. The following practices are expressly prohibited:

- Preferential treatment or favoritism in contracting or claims processing
- Coercive contracting, collusion, or abuse of market dominance
- Price manipulation, kickbacks, or unethical financial incentives

4.3.2 Mandatory Reporting of Market Abuse

Insurance Companies and Claim Management Companies (TPAs), Insurance brokers and healthcare providers must report, without delay, any known or suspected instance of:

- Exploitation or manipulation of the insurance system
- Willful omission or gross negligence affecting compliance
- Breach of applicable DHA regulations by any Health Service Provider or market participant

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4.3.3 Compliance Responsibilities

Insurance Companies and Claim Management Companies (TPAs), Insurance brokers and healthcare providers are obligated to uphold the principles of fair market competition. Under no circumstances shall Providers engage in:

- Practices that distort the health insurance system
- Agreements or actions designed to secure illegal or excessive financial gain
- Any form of anti-competitive behavior or misrepresentation of services
- Commercial arrangements with Claim Management Companies (TPAs) or Insurance Brokers that involve discounts, rebates, other financial incentives linked to patient volume, treatment mix, or referral patterns.

4.4 Intermediary Integrity:

Insurance Brokers must act solely in the best interest of the Beneficiary and the health insurance market:

- All advice and transactions must be grounded in objective criteria such as coverage adequacy, suitability, and full regulatory compliance.
- Brokers must refrain from any form of undue influence over policy selection, provider choice, or claims outcomes.
- Brokers shall not operate as exclusive agents for any single insurer. They are required to present a minimum of three (3) DHA-compliant insurance options to clients—sourced from distinct Insurance Companies—unless fewer options are available due to underwriting restrictions or regulatory limitations. In such cases, the broker must retain documented justification subject to DHIC audit review.
- Brokers must explicitly disclose their affiliation status to clients, specifying whether they operate as independent advisors or maintain exclusive or preferential commercial relationships with any

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insurer. This declaration must be made in writing and retained as part of the client's advisory record.

- Each quotation provided to a client must clearly state the validity period, including expiration of pricing terms and coverage conditions. Presentation of expired or unverifiable quotations is strictly prohibited.
- All client interactions—particularly those involving advisory input and sales recommendations—must be documented in a verifiable format to ensure traceability and enable audit review by DHA or other relevant authorities.

4.5 Ethical Conduct in Policy Marketing and Influence:

4.5.1 Prohibition of Undue Influence

No Regulated Entity, including Insurance Companies, Claim Management Companies (TPAs), and Brokers, shall apply direct or indirect pressure, financial incentives, or disincentives to:

- Influence the selection of an insurance policy or coverage plan
- Direct beneficiaries toward or away from specific Health Service Providers
- Manipulate or pre-determine claims outcomes

Any conduct aimed at steering beneficiary decisions or compromising impartiality is strictly prohibited. In addition, all forms of undisclosed financial arrangements, whether commissions, rebates, referral fees, or bundled service incentives—are expressly prohibited. All financial relationships must be fully transparent and declared in accordance with DHA regulations.

4.5.2 Ethical Standards for Marketing and Advisory Activities

All marketing, sales, and policy advisory activities must be conducted in full alignment with the ethical and professional standards issued by the Dubai Health Insurance Corporation (DHIC). This includes but is not limited to:

- Clear, honest, and non-misleading representations of policy terms, conditions and benefits
- Fair and equitable treatment of all policyholders regardless of demographic or financial status

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- Complete transparency in agent or broker remuneration and affiliations
- Brokers must clearly disclose the validity period of all quotations, the basis of product comparisons, and must refrain from misrepresenting competing products, services, or market offerings.
- Claim Management Companies (TPAs) are strictly prohibited from engaging—directly or indirectly—in any marketing, sales, or policy advisory functions. This restriction must be clearly communicated and enforced across all TPA operations.

4.6 Commission and Fee transparency:

All commission structures, intermediary fees, and incentive models must:

- Be formally documented
- Be made available to DHIC upon request
- Avoid creating misalignment with Beneficiary interests

4.7 Non-discriminatory Practice:

Entities shall not discriminate against Beneficiaries or applicants based on nationality, age, gender, health status, or socioeconomic condition, except as permitted by underwriting rules explicitly approved by DHA.

The selection of clients or the design of insurance policies that disproportionately exclude or disadvantage specific beneficiary demographics is strictly prohibited, unless such practices are explicitly justified and approved under DHA-sanctioned underwriting policies.

All underwriting and eligibility criteria must be transparent, evidence-based, and subject to regulatory review.

4.8 Recordkeeping:

4.8.1 Record Keeping:

All regulated entities must maintain full documentation of commercial agreements, including those involving:

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- Insurance Brokers
- Health Service Providers
- Reinsurers

Records must be retained for a minimum period of ten (10) years, in line with the Central Bank of the UAE (CBUAE) regulations, specifically Insurance Authority Board Decision No. (25) of 2014 Pertinent to Financial Regulations for Insurance Companies.

This retention period begins from the end date of the relevant activity or termination of the contractual relationship with the insured. All records must be made available to the Dubai Health Insurance Corporation (DHIC) upon official request.

5. Monitoring and Enforcement

5.1 Oversight Authority:

The Dubai Health Insurance Corporation (DHIC) reserves the right to conduct audits, inspections, investigations, and reviews to assess compliance with the provisions of this Regulation. These reviews may include, but are not limited to, examination of:

- Policy documentation and filings.
- Financial and pricing arrangements.
- Product structures and benefit schedules.
- Claims practices and reimbursement methodologies.
- Operational procedures and data management systems.

5.2 Enforcement action:

Any regulated entity or individual found in violation of this Regulation may be subject to one or more of the following administrative enforcement actions:

- Financial penalties in accordance with the severity and nature of the violation.

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- Suspension or restriction of the entity's permit or license to operate (not product registration, as enforcement applies to regulatory authorization).
- Temporary or permanent revocation of the operating permit.
- Public listing or reporting of non-compliant entities, if deemed necessary for transparency.

5.3 Violations framework:

To support consistent and transparent enforcement, the table below outlines key regulatory violations under this Regulation, the responsible entity type, and indicative enforcement actions. All penalties and administrative measures shall be applied in accordance with the provisions of **Executive Council Resolution No. (7) of 2016 – Concerning the Implementation of Dubai Health Insurance Law No. (11) of 2013 and Executive Council Resolution No. (16) of 2013 Concerning Health Insurance of Government of Dubai Employees**. Failure to comply with any other data governance standards not explicitly specified in this Regulation shall constitute a violation subject to appropriate regulatory action.

Executive Council Resolution No. (7) of 2016 – Concerning the Implementation of Dubai Health Insurance Law No. (11) of 2013		
SN	Violation	Penalty (AED)
29	Failure, by an Insurance Company or a Claim Management Company, to notify the DHA of any direct or indirect conflict of interest with any Health Service Providers	20,000.00
30	Failure, by an Insurance Company or a Claim Management Company, to notify the DHA of any incident of unlawful exploitation, manipulation, omission, negligence, or breach by a Health Service Provider or any party to the Health Insurance system	5,000.00
52	Committing an act, by a Health Service Provider, that constitutes a breach of the principles of fair competition, or that is aimed to manipulate the Health Insurance system or to illegally obtain material gains	50,000.00

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53	Failure by a Health Service Provider to notify the DHA of any direct or indirect conflict of interest with a Health Service Provider, an Insurance Company, or a Claim Management Company	20,000.00
56	Failure by an Insurance Company, a Claim Management Company, an Insurance Broker, or a Health Service Provider, to comply with the rules, conditions, and procedures approved under the Law, or under the instructions, bylaws, and resolutions issued by the DHA	10,000.00
Executive Council Resolution No. (16) of 2013 Concerning Health Insurance of Government of Dubai Employees (Schedule 1)		
3	Manipulating the medical or financial records of the Insured or dealing with these records in a negligent manner	30,000.00
5	Providing healthcare services that are not appropriate for the health condition of the Insured for financial gain	20,000.00
6	Transferring the Insured from one Healthcare Provider to another, or prescribing specific brands of medicine or medical equipment for material gain	20,000.00
10	Issuing false invoices for a healthcare service which was not provided to the Insured	100,000.00
11	Prescribing medicines which are covered by Health Insurance but which are not needed by the Insured	30,000.00
12	Failure to perform an obligation stipulated in this Resolution or the resolutions issued hereunder.	20,000.00
Executive Council Resolution No. (16) of 2013 Concerning Health Insurance of Government of Dubai Employees (Schedule 2)		
1	Non-compliance with the terms of the contract concluded with the Health Insurance Claim Management Company	100,000.00
2	Acceptance of any amount of money or of a material benefit from a Healthcare Provider	100,000.00

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5	Failure to report violations committed by Healthcare Providers	100,000.00
6	Failure to perform an obligation stipulated in this Resolution or the resolutions issued hereunder	25,000.00

6. Effective date and legal applicability

This Regulation shall enter effect twenty (20) calendar days from the date of its official publication by the Dubai Health Insurance Corporation (DHIC). All regulated entities shall ensure full compliance with the provisions herein within this period. Non-compliance beyond the effective date shall constitute a regulatory violation subject to enforcement under **Executive Council Resolution No. (7) of 2016 – Concerning the Implementation of Dubai Health Insurance Law No. (11) of 2013 and Executive Council Resolution No. (16) of 2013 Concerning Health Insurance of Government of Dubai Employees.**

7. References

The following legislative and regulatory instruments, policy directives, and guidance documents were consulted in the drafting of this Regulation:

- Dubai Health Insurance Law No. (11) of 2013** – Concerning the regulation of health insurance in the Emirate of Dubai.
- Executive Council Resolution No. (7) of 2016** – Concerning the implementation of Dubai Health Insurance Law No. (11) of 2013.
- Administrative Resolution No. (78) of 2022** – Pertaining to enforcement and compliance under Dubai health insurance regulations.
- Executive Council Resolution No. (16) of 2013** – Concerning Health Insurance for Dubai Government Employees.
- Relevant DHA Circulars and Directives** – Including but not limited to:
 - GC07-2019 - Ethical Standards of Business Conduct
 - GC06-2022 - Electronic Claim submissions for Dubai related Policies

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- GC01-2024 - The contractual relationship between the Healthcare Providers & Insurance Companies within the health insurance system in the Emirate of Dubai

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