

Policy Directive pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai
Policy Directive Number 1 of 2016 (PD 01/2016)

Subject of this Policy Directive	Insurance coverage for emergency cases and DHA price list
Applicability of this Policy Directive	This Directive applies to all health insurance companies providing health insurance plans in the Emirate of Dubai
Purpose of this Policy Directive	To confirm DHA policy relating to payment for treatment of emergencies
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Publication date	20 April 2016
This document replaces	Not applicable
This document has been replaced by	Not applicable
Effective date of this Policy Directive	Immediately upon publication
Grace period for compliance	None

Preamble

For all Insurance companies operating in Dubai under a DHA permit, DHA will start billing for all services provided to insured members in DHA trauma departments as per Health Insurance Law No. 11 of 2013 and subject to the relevant offences and penalties listed in Executive Council Resolution No. (7) of 2016 (issued recently). Insurance companies can also contract with DHA to be a network provider as per the standard payer provider contract procedure.

This Directive confirms the responsibilities of insurance companies specifically in respect of emergency treatment provided to its policyholders in the setting of a Government facility as well as attaching the DHA trauma price lists.

Minimum benefits requirements

The minimum benefits requirements for all primary health insurance policies issued in the Emirate of Dubai require that cover be provided for emergency medical treatment in all Emirates of the UAE. The treating facility is not specified and it should therefore be understood that chargeable treatment costs must be covered under the policy in whatever facility the treatment is provided (whether inside or outside a particular network).

Penalties for not covering emergency treatment costs

Executive Council Resolution No. (7) of 2016 states at Table No.2, item 19:

“Failure of the Insurance Company to pay the cost of the provided medical services for the emergency cases held in a non-network healthcare provider within (7) seven working days from the service date” will incur a fine of “5,000 AED in addition to the settlement of the health insurance cost”

Government hospitals are currently generally not included as within network facilities since they are not yet part of the health insurance system. They are clearly therefore “non- network”.

Expenses to be covered in non-network facilities

It is legally required that as a minimum treatment costs necessary to stabilize the patient’s condition and prior to a transfer to a network facility must be covered under the insurance policy. Accordingly this Directive confirms that where requested to pay for such treatment, the insurer should settle the claim.