

## Standards Notice pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai

### Standards Notice Number 1 of 2018 (SN 01/2018)

Subject of this Standards Notice	Health insurance claims records
Applicability of this Standards Notice	This Standards Notice applies directly to all insurance companies holding Dubai Health Insurance Permits and indirectly to all intermediaries holding Dubai Health Insurance Intermediary Permits
Purpose of this Standards Notice	To mandate standardized content of health insurance claims records produced by insurance companies
Authorised by	Dubai Health Insurance Corporation, Dubai Health Authority
Drafted by	Ali F. Lutfi, Dubai Health Insurance Corporation
Publication date	10/09/2018
This document replaces	Standards Notice Number 1 of 2018
This document has been replaced by	Not applicable
Effective date of this Standards Notice	Immediately upon publication
Grace period for compliance	Insurers must be in a position to supply claims data in the required format by October 1 <sup>st</sup> 2018

#### Preamble

Many insurance companies have registered their concerns with Health Funding Department (HFD) of Dubai Health Authority (DHA) over the content and format of claims records being presented to underwriters

The concerns have related to the content, uniformity and reliability of the data contained within such documents. This lack of standardization and reliability makes it difficult for underwriters to accurately price the risks presented and allows scope for less scrupulous market participants to manipulate the data to meet their own objectives

Updated to the standard claims report have been based on feedback from both members and the insurance community to ensure a more transparent and accessible report is available.

#### Purpose of this Standards Notice

To advise insurance companies of the required standard format to be adopted when issuing claims records data for health insurance schemes insured by them

#### Format of this Standards Notice

Appendix A of this notice contains the required standardized format that all insurers must adopt. A Microsoft Excel spreadsheet version will be attached with the email containing this Standards Notice

#### Compliance with the standards

The format in Appendix A and the spreadsheet template are clear regarding the data required. The notes at the foot of the template must be read carefully and adhered to. Any previous approvals for products where Loss ratio reports were granted are now void. Once all existing policies of these types are expired/renewed the insurer is required to produce loss reports in line with the notes below.

#### Non-compliance

All market participants are encouraged to report to HFD via [isahd@dha.gov.ae](mailto:isahd@dha.gov.ae) any instances where an insurer after the grace period is not complying with the requirements

APPENDIX A

(Company Name/Logo)							
Health Insurance Claims Record DHA Mandated Format							
<b>PART I Health insurance claims record summary</b>							
<b>1</b>	<b>Name of Scheme/Employer</b>						
<b>0</b>	<b>Policy Number</b>						
<b>3</b>	<b>Policy Period</b>						
3a	Policy Effective Date						
3b	Policy Expiry Date						
3c	Initial policy effective date (date from which you have provided continuous cover for this client)						
<b>4</b>	<b>Report Period (Must be a minimum 9 months, less at discretion of insurer)</b>						
4a	Report period start date						
4b	Report period end date						
4c	Report production date						
<b>5</b>	<b>Total Values (AED)</b>						
5a	Value of claims paid during the policy						
5b	Value of claims incurred, reported but not paid up to end of reporting period						
5c	Value of claims incurred but not reported up to end of reporting period						
<b>6</b>	<b>Population census (at the beginning of reporting period)</b>	<b>0-15</b>	<b>16-05</b>	<b>Jun-35</b>	<b>36-50</b>	<b>51-65</b>	<b>Over 65</b>
6a	Male						
6b	Single Females						
6c	Married Femals						
<b>7</b>	<b>Population census (at the end of reporting period)</b>	<b>0-15</b>	<b>16-05</b>	<b>Jun-35</b>	<b>36-50</b>	<b>51-65</b>	<b>Over 65</b>
7a	Male						
7b	Single Females						
7c	Married Femals						
<b>PART II Claims Data</b>							
<b>8</b>	<b>Claims data by member type (value AED)</b>	<b>IP</b>	<b>OP</b>	<b>Pharmacy</b>	<b>Dental</b>	<b>Optical</b>	<b>Totals</b>
8a	Employee						
8b	Spouse						
8c	Dependents						
8d	Totals						
<b>9</b>	<b>Claims data by member type (number)</b>	<b>IP</b>	<b>OP</b>	<b>Pharmacy</b>	<b>Dental</b>	<b>Optical</b>	<b>Totals</b>
9a	Employee						
9b	Spouse						
9c	Dependents						
9d	Totals						
<b>10</b>	<b>Claims data by diagnosis grouping (top 10 by value)</b>	<b>IP</b>	<b>OP</b>				<b>Totals</b>
10a							
10b							
10c							
10d							
10e							
10f							
10g							
10h							
10i							
10j							
<b>11</b>	<b>Number of claims by provider (corresponding to top 10 by AED value)</b>	<b>IP</b>	<b>OP</b>				<b>Totals</b>
11a							
11b							
11c							
11d							
11e							
11f							
11g							
11h							
11i							
11j							0

12	Claims data by Provider (top 10 by AED value)	IP	OP				Totals
12a							
12b							
12c							
12d							
12e							
12f							
12g							
12h							
12i							
12j							
13	Number of claims by provider (corresponding to top 10 by AED value)	IP	OP				Totals
13a							
13b							
13c							
13d							
13e							
13f							
13g							
13h							
13i							
13j							
14	Calims data by network (UAE Only by AED Value)	IP	OP	Pharmacy	Dental	Optical	Totals
14a							
14b							
15	Calims data by network (UAE Only by number)	IP	OP	Pharmacy	Dental	Optical	Totals
15a							
15b							
16	Non-UAE Claims data	IP	OP				Totals
16a							
16b							
17	Total claims paid per service month (by AED value)	Month ending date		Year	Value		
17a							
17b							
17c							
17d							
17e							
17f							
17g							
17h							
17i							
17j							
18	Patient Support Programs						
	Number of Member enrolled in BASMAH initiative						
	Number of Member screened for BASMAH initiative						
	Number of Member enrolled in HCV initiative						
	Number of Members screened for HCV						
Notes							
a) All monetary values to be entered as AED and rounded to nearest dirham							
b) Claims amounts should be the net invoice value after application of any network discounts and excluding any patient share							
c) Pharmacy values to be reported seperately unless associated with IP treatment in which case they should be included within IP column							
d) Where requested and in the case of schemes of 500+ lives at the time of request month by month population census data must be supplied							
e) Reports must be provided (where requested) for up to 3 policy years where cover has been provided with the same insurer for multiple years. This applies in respect of reporting periods after the introduction of this reporting format only							
f) The report is obligatory for group sized of 10+ members. For smaller schemes provision of the report is at the discretion od the current insurer							
g) The report can be generated as a hard copy on the insurer's notepaper with signature or electronically with digital signature							
h) The report must be issued only to the employer or the employer's authorised representative							
i) An updated report must be provided (where requested) showing detail at end of scheme months 10 and 11 if not previously provided							
j) Target turn around time is 5 working days (10 working days during October to January inclusive)							
k) Non-UAE claims data should be identified by continent where possible.							
l) Claims data must be restricted to claims made in respect of UAE based members only							
m) The existing Table of Benefits and Exclusion list must be provided with this report							
Authentication Statement							
I certify that the information contained within this report is true and accurate as at the date of its production in so far as it reflects the complete claims history for the reporting period held in our records.							
Name				Designation			
Signature							