

Essential Benefits Plan, Participating Insurer (PI) status and mandatory health insurance implementation

Responses to questions from payers

The following are the questions we have received from payers (and DHA responses) since the announcement of the implementation of Mandatory Health Insurance and the publication of the Essential Benefits Plan Schedule of Benefits (which is to be applied as a minimum standard to ALL policies of medical expenses insurance that are to be marketed in the Emirate of Dubai). All existing products currently being sold will have to conform to these minimum standards at various dates to be announced. **Revisions and clarifications as at 25 October 2014 are in red.**

Please note that where wording leaves the precise nature of the question unclear we have attempted to answer as best we can based upon the wording provided.

Nr	Question detail	Response
1	The rate provided for the Basic Product is AED 500 to AED 700 , for the groups. Will this be the same for the individual policies also?	The Index Rate chosen will apply to any basic plan policy sold regardless of to whom. The price can be varied around the IR by + or – 25AED.
2	Is there any minimum number of persons in a company. As there are some companies in Free zone which has only one or two staff members?	The number of employees is irrelevant other than to determine the implementation deadline that any particular company must meet. All residents and dependents will need to have insurance no matter who they work for.
3	Can we have a "no reimbursement clause" in the basic product which will mean that the members can use only the providers in the Network?	DHA has no objection so long as the network meets the requirements of "reasonable geographic" access. Emergency cases must still be covered by reimbursement if out of network.
4	Can we restrict the Out-patient services to the clinics only and Hospitals covered only for IP services?	DHA has no objection as long as the clinics selected provide a full range of specialisms for outpatient treatment.
5	If a quotation is received from a group or person is allowed to decline to quote?	Participating Insurers who will have exclusive access to the Lower Salary Band (LSB) (previously called Blue Collar) pool will not be able to deny coverage. All insurers must quote for other segments but can underwrite.
6	As DHA product mentioned 20% co-payment can be applied on Consultation without mentioning any guidelines for Deductible amount. We have products with fixed Deductible of say AED 25/- or AED 50/- or AED 75/- per consultation is applicable without any Co-payment, is that fine as per DHA guidelines?	DHA has decided to allow insurers to set fixed rate deductibles. However, the principle remains that no patient share of outpatient treatment should exceed 20% of the treatment cost. Therefore, any fixed rate deductible must be limited to the 20% of treatment cost. For example, deductible is 75 AED but treatment cost is only 200 AED.

63	Will there be any max volume that any participating insurer will be entitled to?	DHA invites insurers to provide an Expression of Interest in becoming a Participating Insurer. Part of the process will be the submission by the applicant of a business plan which will include projections of capacity handling in terms of potential numbers of insured members. DHA will not be establishing any maximum capacity or market share restrictions.
64	What about Administrative Services Only (ASO) type of schemes? Will these schemes be allowed in Dubai?	DHA intends to review all schemes providing medical expenses coverage that are not established as fully insured schemes. In the meantime and with immediate effect, no new schemes may be established that are not funded on a fully insured basis. Regarding terminology, DHA would appreciate the market using uniformity as follows for the main types of scheme found in the UAE: a) Fully insured, insurer administered schemes (FIIA); b) Fully insured, TPA administered schemes (FITA); c) Insured capitation schemes (IC), d) Self-funded, self-administered schemes (SSA); e) Self-funded, insurer administered schemes (SIA) (also known as administration services only schemes (ASO); f) Self-funded, TPA administered schemes (STA); g) Self-funded, provider administered scheme (SPA); h) Captive insurance schemes (CI)
65	Any decision on the dates of transitioning to compliant schemes?	Original answer amended by Policy Directive 02/2014. All new policies issued from 1 January 2015 must meet or exceed the EBP minimum benefits standards. For existing Phase 1 employer schemes, they must meet or exceed the EBP minimum requirements by the first renewal date after 31 October 2014. For existing schemes of Phase 2 and 3 employers they must meet or exceed the Essential Benefits Plan standards by the first renewal date after 30 June 2015.
66	Appreciate more Clarification on Programs (Competency/Training /Fraud/ Diseases Management etc...). Are there any guidelines at this stage?	DHA will be developing market appropriate Policy Directives in such areas throughout 2014 and into 2015 based upon local requirements and international leading practices.
67	What about a company who has employees whose salaries are mixed of both categories: Below AED4,000/-month and above AED4,000/Month ? will the average salaries be considered?	Salaries will not be averaged. An employer will have to ensure Lower Salary Band (LSB) workers with a Participating insurer but can choose to ensure higher paid workers with any insurer in possession of a Dubai Health Insurance Permit.
68	What about dependents who spend more than 6 months out of Dubai? Will their benefits be excluded in line with residency laws?	The requirement for insurance cover will be mandatory for a resident. For someone who becomes non-resident the requirement will no longer apply. However, if returning as a visitor, the relevant visitor requirements (once formulated and agreed with Federal authorities)