BADRI

Medical
Newsletter

TOPIC 1
REGULATORY UPDATES

CCHI – Updated Unified Insurance Policy

The Council for Cooperative Health Insurance (CCHI) to enhance the quality and efficiency of health services, has introduced new benefits, increased coverage limits, introduced modifications to a few existing benefits, and introduced an insurance drug formulary which is effective from July 2022.[1]

The table enlists the summary of the new benefits introduced:

Benefit Objectives	New Benefits
Preventive Screen	Adult vaccinations cover; Tdap, PCV13, PPSV23, and Influenza
	Mammogram for breast cancer
	Pap smear to detect cervical cancer
	Fecal Immunochemical Test (FIT) for colorectal cancer screening
	Colonoscopy for colorectal cancer screening
	Healthful Dietary and physical activity for patients with cardiovascular risk
	Glycated hemoglobin HbA1c (HbA1C), Lipid Profile, and Bone Density screen (DEXA Scan) for osteoporosis screening
Enhance Beneficiary Health and Protection	Includes coverage for non-Gonococcal urethritis (NGU), Trichomoniasis, HIV, Syphilis, Human papillomavirus (genital warts), Neisseria gonorrhoeae, Genital herpes, and Chancroid
Family Planning	Include contraceptives as needed – IUD or Oral
Women Health	Adds coverage for outpatient management, hormone replacement therapy for perimenopausal women
Reduce Dialysis Complications	Kidney transplants covered up to AED 244,000 per policy year
Improve Physical Ability and Function	Hip and Trauma Knee replacement surgery up to AED 49,000 per surgery to include pre-and post-surgery management (Physiotherapy)
Improve Access To Care For Beneficiary Home Care	Insurance coverage for services provided through the telemedicine service
	Providing home care for patients after hospital discharge to facilitate continuity of care at home based on the best medical evidence (post-operative and medical wound care, providing intravenous medications after surgery and in medical cases, and urinary catheter care)

The table enlists the summary of the current benefits and the modifications in the current benefits:

Benefit Objectives	Current Benefits	Modified Benefits
Prevention and Promotion in Mental Health	Cost of acute and non-acute psychological disorders up to AED 15,000	Annual benefit limit to AED 49,000 for selected mental health conditions
Improve the efficiency of the benefit package	Spectacles up to AED 390	Spectacles up to AED 390 for less than <14 years
Promote Dental Health	Dental treatment up to AED 2,000	Dental cover limited to annual checkup, one cleaning and scaling per policyholder per year, and allow fillings, root canal treatment, and emergency dental (restorative dental covered with 0% coinsurance up to AED 1,200 whereas, emergency & root canal covered with 20% coinsurance up to AED 800)
Improve Service Quality and Efficiency	Diabetes covered	One-stop diabetic clinic (OSDC) to reduce admissions and improve outcomes
Enhance Policy	Followed procedure, but not binding	Removal of pre-existing diseases exclusion for SME group
	Copays on GP visits & Caps on OP visits	Classifies primary care settings and remove co-pays for GP visits, and caps on co-pays for all OP services received in hospital OP settings
	Life-threatening diseases covered	Increases coverage to include conditions that pose immediate or future risk for the health of the beneficiary
	Pregnancy and delivery costs up to AED 15,000	Maternity management, and clinical pathways for low and high-risk pregnancies. There is no change in the benefit limit
	Maximum doctor fees	Updates the maximum fee for a doctor (General practitioner AED 100, Specialist AED 150, Senior Specialist AED 200, Consultant AED 300, Specialist Consultant AED 400)
Reduce Chronic Diseases Complications	Cost of obesity surgeries, through gastric sleeve surgery only, if an individual's BMI exceeds 45	Introduces procedures in addition to gastric sleeve surgery along with the eligibility criteria based on international best practices
Improve Quality & Service Efficiency	Annual benefit sub-limit of AED 97,000	Increases annual benefit sub-limit to AED 175,000
Improve Service Efficiency & Safety	There is no IDF in place currently. Pharmacy claims are covered subject to 20% coinsurance with a cap on coinsurance	Separates medication copayment from the medical visits and enforces generic medication prescribing as an alternative to brand names

The updated policy established an Insurance Drug Formulary (IDF) and separates medication copayment from medical visits. It also enforces generic medication prescribing as an alternative to brand names. The maximum deductible percentage for drugs will now be calculated according to the price of the generic (or the innovative if there is no generic alternative). If the beneficiary requests the branded drug, where the same is different from the approved drug in the IDF, the price difference between the IDF approved drug and the branded drugs will be paid in full by the beneficiary, in addition to the copayment due for the corresponding IDF drug, unless the physician has provided a medical reason for dispensing the branded drug over the IDF approved drug, and the insurance company has agreed with the prescriber's decision.
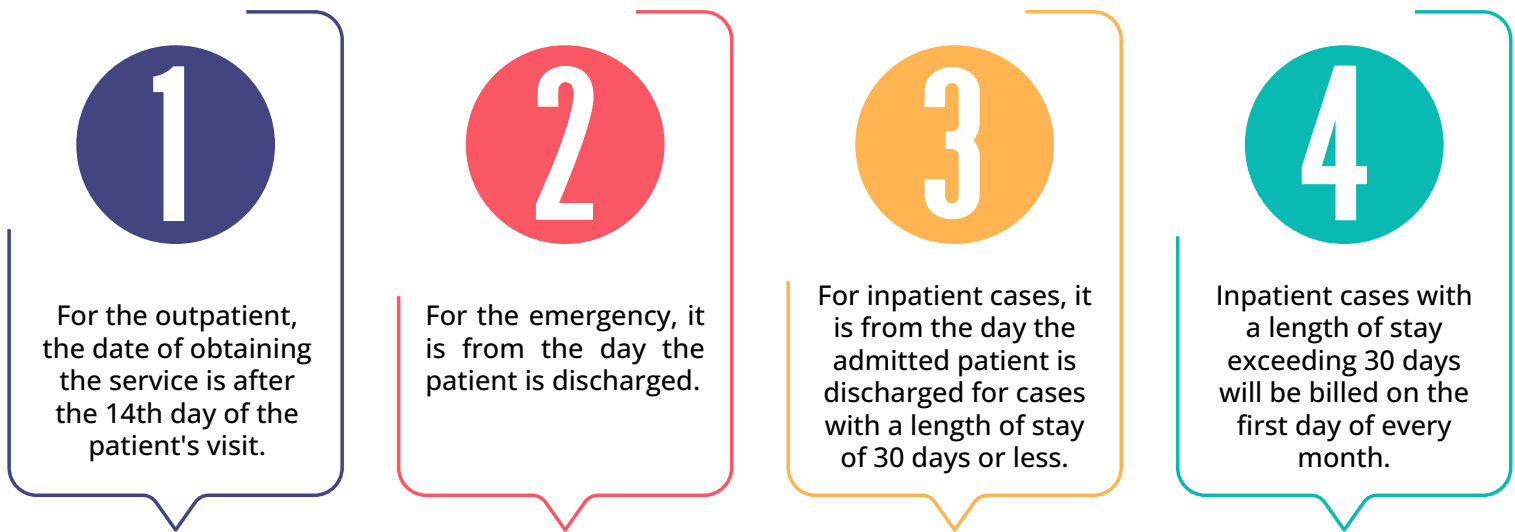
The updated policy has also reduced copays for primary care visits in primary care settings. Visits to primary care clinics (family medicine, GP, general pediatrics, general international medicine, general OB/GYN) regardless of the location of the clinic, will have a copay of 5%, with a maximum of 25 dirhams. Primary care service can be provided either in person or through telemedicine, as required by the beneficiary's need. This is in line with Saudi's drive to increase primary care usage and telemedicine.[2]
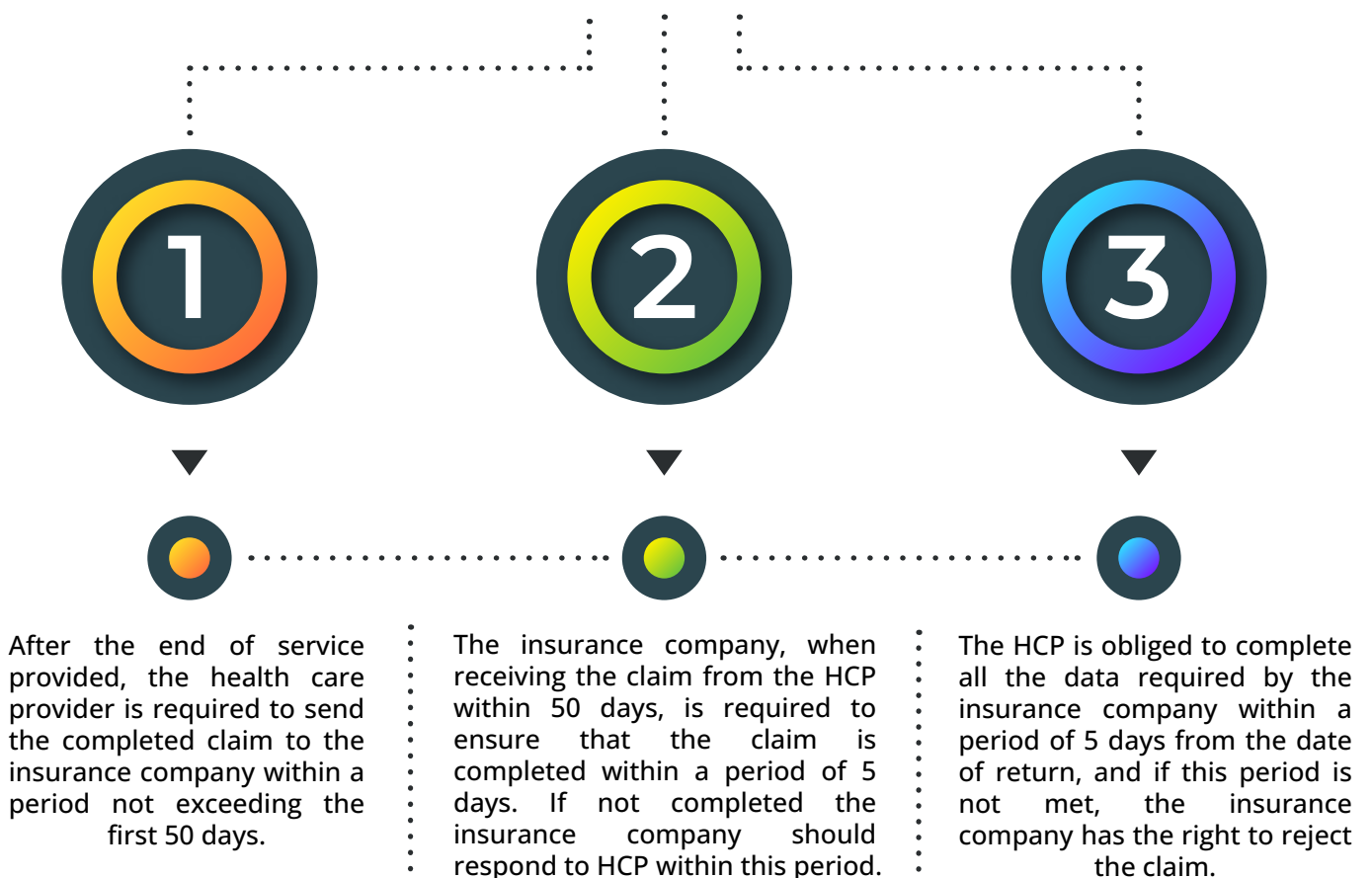
Circular 55

Council of Cooperative Health Insurance (CCHI) on 4th August 2022 issued circular 55 for all accredited providers of health care services and qualified insurance companies regarding the period specified for submitting and completing claims directly or through Revenue Cycle Management (RCM) to the insurance company directly or to TPA if there is a contract. This period should not exceed 60 days from the date of obtaining the service.[3]

The date of obtaining the service is as follows:

1
For the outpatient, the date of obtaining the service is after the 14th day of the patient's visit.

2
For the emergency, it is from the day the patient is discharged.

3
For inpatient cases, it is from the day the admitted patient is discharged for cases with a length of stay of 30 days or less.

4
Inpatient cases with a length of stay exceeding 30 days will be billed on the first day of every month.

The submitting mechanism within the specified period of 60 days is as follows:

1
After the end of service provided, the health care provider is required to send the completed claim to the insurance company within a period not exceeding the first 50 days.

2
The insurance company, when receiving the claim from the HCP within 50 days, is required to ensure that the claim is completed within a period of 5 days. If not completed the insurance company should respond to HCP within this period.

3
The HCP is obliged to complete all the data required by the insurance company within a period of 5 days from the date of return, and if this period is not met, the insurance company has the right to reject the claim.

Dubai announces a new Value-Based Health Insurance Scheme "Ejadah" for faster claim approvals

Dubai's health insurance regulator has launched a healthcare model to enhance preventive care for faster claim approvals with reduced costs called "Ejadah". With this technology, the emirate is keen on shifting its healthcare sector from a volume-based model to one that is more value-driven. The healthcare model will pay for performance and outcomes "that matter to patients". It will increase the quality and address the costs while allowing access to next-generation technology. It will also provide healthcare service providers with evidence-based guidelines which will be a framework for all physicians to follow regarding treatment protocols for all ailments. Moreover, the model is driven by quality outcomes, which will put health consumers at the center of the model, reduce healthcare expenditure, focus on preventive care to examine how a significant part of the cost of managing non-communicable diseases such as diabetes goes towards managing the complications of the disease rather than the disease itself. With the Ejadah scheme, Dubai's healthcare sector will become more sustainable and patient-centric, with major improvements in value rather than volume through alternative payment models.[4]

CMA issues Health Insurance Claims Revenue Cycle Management Regulation

For the management of the health insurance claims revenue cycle, Capital Market Authority (CMA) has issued a regulation by Decision No. (107/ 2022). The major aim of the regulation was to organize the documentary cycle and provide services of filing, following up, and processing insurance claims on behalf of the health service provider. This regulation plays an important role in the implementation of the compulsory health insurance scheme (Dhamani) for the employees of the private sector and visitors to the Sultanate of Oman. This new regulation will enhance the quality of health insurance claims sent to insurance companies, verify compatibility with the medical coding system, and reduce the differences between insurance companies and private health institutions because of rejected claims and nonpayment.

Moreover, the initiative will help in verifying the identity of the insured and eligibility for treatment services, processing rejected claims, knowing the reason for rejected claims, and working to correct them, in addition to sending health insurance claims electronically to insurance companies. The importance of private health institutions contracting with health insurance claims revenue cycle management companies is to raise the quality of health insurance claims that will be sent to insurance companies, reduce administrative and operational costs for private health institutions, reduce health insurance claims rejected by insurance companies, in addition to improving and simplifying the operational procedures of private health institutions, and ensuring the financial stability of the private health institution.[5]

TOPIC 2
HEALTH SERVICES IN GCC REGION
Cybersecurity Threats and Challenges

From artificial intelligence to alternative medicine, there are some of the key trends that are set to drive major investments in healthcare in the future. This includes accelerated digital adoption to improve patient outcomes, growth of traditional and complementary medicine, and wider adoption of cyber security measures to safeguard patient data.

The benefits of healthcare technology advancement are undeniable. Electronic health records (EHRs) have become critical to improving diagnostics and patient outcomes. With providers increasingly relying on technological advancements, healthcare cyber security threats have risen in tandem. The four biggest cyber security challenges in the healthcare industry are listed below. These cyber-threats pose the highest risk to patient information and healthcare data security.[6]

01
PHISHING
Phishing is the most prevalent cybersecurity threat in healthcare. Phishing is the practice of infecting an innocuous email with malicious links. The most common type of phishing is email phishing. Phishing emails can look very convincing, and they usually reference a well-known medical disturbance to intensify link clicking.

02
RANSOMWARE ATTACKS
During a ransomware attack, malware is injected into a network to infect and encrypt sensitive data until a ransom amount is paid. Ransomware attacks are a growing threat amongst healthcare providers. More than 1 in 3 healthcare organizations globally fell victim to a ransomware attack in 2020.

03
DATA BREACHES
The healthcare industry suffers a large number of data breaches compared to other industries. HIPAA specifies strict requirements for protecting health records and other sensitive information from unauthorized access, but many health entities struggle with the implementation of its security controls.

04
DDOS ATTACKS
A Distributed-Denial-of-Service attack is due to fake connection requests directed at a targeted server, forcing it offline. DDOS attacks don't have the same data exfiltration risks as ransomware attacks, but they do have the same operational disturbance effects.

The healthcare sector has seen the greatest increase in cyber attacks during the pandemic – a 97% increase according to the 2022 Global Threat Landscape Report. Cyber criminal groups took advantage of the large-scale digitization of personal data that occurred during the pandemic, particularly sensitive medical data, which can be sold at a very high price.[7]

The wealthy Gulf states have been the main targets for attacks in the region as they currently are transitioning to technologies such as the internet of things, artificial intelligence, and blockchain, which can be infiltrated by malware. Some countries, such as the UAE, recently passed a series of new laws in February 2022 aimed at curbing such wide-ranging practices as hacking and identity theft while increasing penalties for violations. Moreover, UAE health data law provides health data disclosure restrictions and sanctions for noncompliance. There are many ways in which Health Insurance Portability and Accountability Act (HIPAA) and the UAE health data law are similar.[8]

01
DATA SECURITY
HIPAA requires healthcare organizations to ensure the confidentiality, integrity, and availability of protected health information (PHI).

02
PATIENT AUTHORIZATION
HIPAA requires healthcare entities to obtain written patient authorization for the use or disclosure of PHI for purposes other than treatment, payment, or healthcare operations.

03
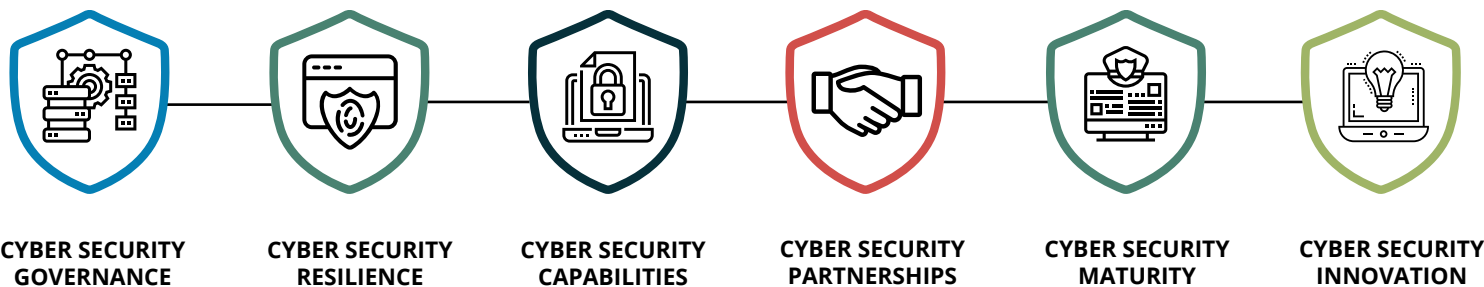### DATA RETENTION
HIPAA requires healthcare organizations to retain patient medical records for six years after their last procedure.
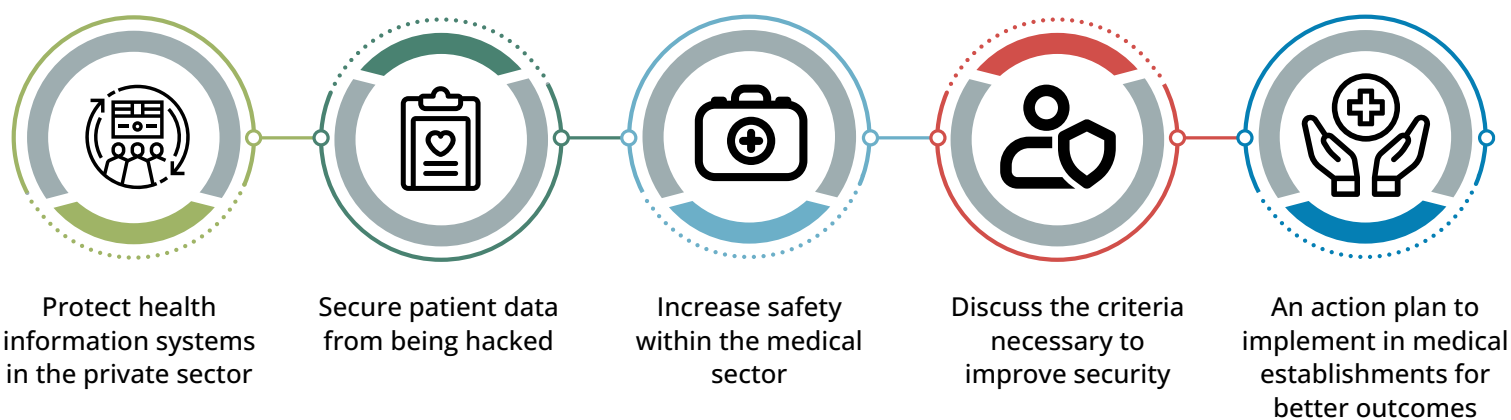
Strategies to protect Cyber Security in GCC Region

Abu Dhabi is the first entity in the region to enhance Abu Dhabi's healthcare sector to alleviate cyber threats securely and effectively. This strategy for cyber security consists of six key areas of focus.

CYBER SECURITY GOVERNANCE	CYBER SECURITY RESILIENCE	CYBER SECURITY CAPABILITIES	CYBER SECURITY PARTNERSHIPS	CYBER SECURITY MATURITY	CYBER SECURITY INNOVATION

All healthcare facilities in the emirate, including healthcare professionals, insurance providers, service providers, vendors, and authorized parties who have access to, handle, process, and store patients' healthcare data must be administered by the strategy.[9]

Moreover, healthcare facilities in Bahrain follow strict established cybersecurity standards to get sanctions from the National Health Regulatory Authority (NHRA). The major aim is to:

Protect health information systems in the private sector	Secure patient data from being hacked	Increase safety within the medical sector	Discuss the criteria necessary to improve security	An action plan to implement in medical establishments for better outcomes

To enhance their ability to stay secure, cyber security controls document for Bahrain's health sector includes hospitals and health institutions to protect their systems, networks, and applications.[10]

Pyramid Health Services from Abu Dhabi enters to Dubai market

One of UAE's leading healthcare services, "Pyramid Health Services", licensed by DOH, has now entered Dubai market after making an impressive mark in Abu Dhabi. The service has been operating for more than a decade in the UAE and offers expert patient care within the comforts of home, providing a stress-free environment for treatment and recovery. Services that are offered includes home nursing, mother & baby care, wound management, catheter care, diabetes management, post-operative rehabilitation, pain and medication management, physiotherapy, occupational and speech therapy, tracheostomy care, and PCR test at home.

According to a recent study, the global home healthcare market, which was valued at US $320 billion in 2021, will grow at a CAGR rate of 7.9% between 2022 and 2030. The demand for home-based healthcare has increased by 65% in UAE, with elderly care being the main service in demand. An increasing geriatric population and rising cases of long-term ailments, that require full-time medical attention, have given home healthcare a boost, more so because it is cost-effective compared to regular hospitalization. Furthermore, access to portable medical machines - such as heart rate monitors and respiratory aids has also added to its appeal.[11]

TOPIC 3
LATEST NEWS

Monkeypox:

The World Health Organization has activated its highest alert level for the growing monkeypox outbreak, declaring the virus a **"Public Health Emergency"** of international concern.[12] More than 16,000 cases of monkeypox have been reported across more than 70 countries so far this year, and the number of confirmed infections rose 77% from late June through early July. The current monkeypox outbreak is highly unusual because it is spreading widely in North American and European nations where the virus is not usually found.

As the monkeypox outbreak grows, this can lead to a national shortage of vaccines. Europe's drug regulator has recommended a different strategy that uses a single shot instead of two injections as supplies run low and cases rise worldwide. The UK also advises people for a single dose. Fractional dosing can maximize the number of doses that can be administered without compromising protection. Under the new approach, eligible people aged 18 and over will be offered a 0.1ml dose of the small pox Jynneos vaccine, instead of the 0.5ml dose that is typically administered. This will potentially enable up to a five-fold increase in the number of people that can be offered vaccination. The change in dosage amount will not affect the eligibility for people with immunosuppression, children under the age of 5 years, and pregnant women. These individuals will continue to be offered a 0.5ml dose of the vaccine.

Key Figures[13]

| 66,471	26	106
Confirmed cases	Deaths	Countries reporting cases

* Updated 28 September 2022.

UAE: Overdose of Vitamin D can be dangerous

In our previous newsletter, we discussed the prevalence of Vitamin D deficiency in the UAE and found that about 90% of the UAE population was suffering from a lack of vitamin D, despite the sunny conditions throughout the year. However, medical professionals have now discovered overdosing on vitamin D is also a dangerous practice. An overdose of the vitamin could lead to a condition called hypercalcemia which occurs when the calcium level in the blood is above normal. It can cause drowsiness, lethargic, high blood pressure, erratic heartbeats, nausea, vomiting, and diarrhea. It could also cause serious issues like intoxication, a disorder of consciousness. A daily dosage of 200-800 IU of vitamin D daily is recommended for a person according to age.[14]

Smart program for Alzheimer's diagnosis

In Oman, a smart program is introduced to diagnose Alzheimer's disease and its degree of severity by using artificial intelligence includes 4IR techniques to help patients who suffer from the disease, which leads to exacerbated nervous disorder and a waste-away (atrophy) and death of brain cells—the most common manifestations of dementia. This program will provide practical solutions for the health sector to improve patient conditions. The early detection of the nervous disorder would help radiologists to understand the severity of the death of cells within a relatively short timeand effort compared to clinical examinations. By using digital image computing techniques, the

application automatically divides the brain tissues to have the size of tissue in Pixel. Moreover, it was further concluded that the brain image is obtained through resonance imaging and the use of digital image computing techniques and that the images are dealt with using erosion and dilation application.[15]
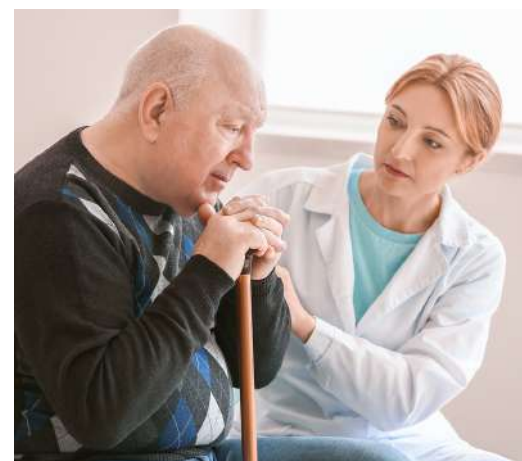
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How we can help

- Pricing and predictive analysis
- Fraud Waste and Abuse
- Cost Containment Alternatives
- Performance Monitoring and Analytics
- Profit Optimization
- Provide Network Structure

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