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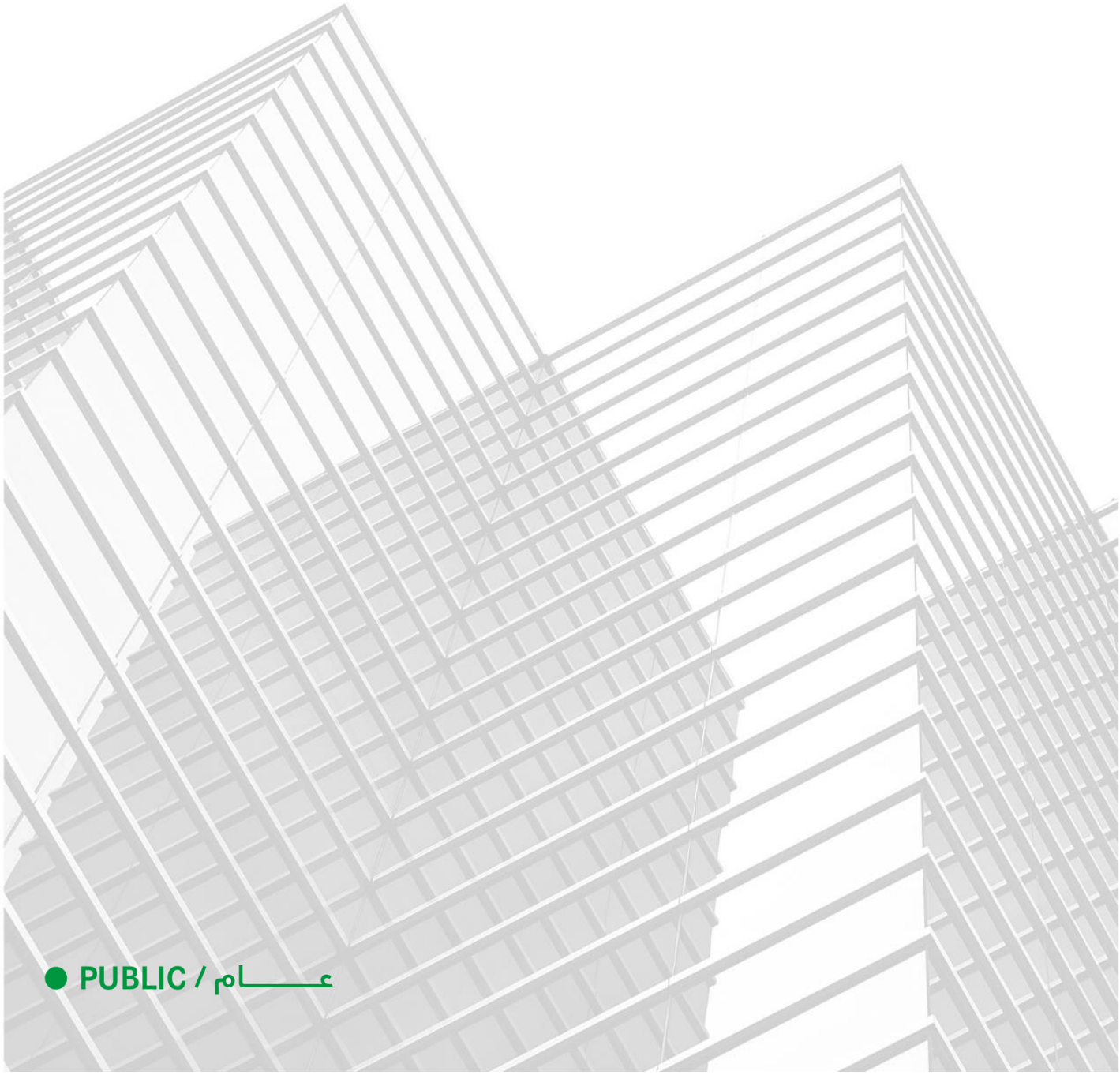
DEPARTMENT OF HEALTH

Healthcare Payers Health Technology Assessment (HTA) Guidelines for Empanelment of Innovative Technologies



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1. Guideline Purpose and Brief

The purpose of this guideline is to outline the process of conducting Health Technology Assessments (HTA) for evaluating new and innovative health technologies. It provides detailed guidance on the procedures involved and offers a framework for making recommendations to the Empanelment Committee regarding the addition of services and reimbursement requests submitted by healthcare providers.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	**Budget Impact Analysis**	Analysis to determine the impact of implementing or adopting a particular technology or technology-related policy on a designated budget.
2.2	**Clinical added value**	Clinical added value refers to the additional benefits or improvements in health outcomes that a new medical intervention (such as a drug, device, or treatment) provides compared to existing standard treatments. This concept is often used in healthcare to assess the effectiveness and worth of new medical innovations. It considers factors like improved efficacy, reduced side effects, better patient adherence, and overall impact on quality of life.
2.3	**Empanelment Committee**	The committee at the Department of Health tasked with the development and optimization of a network of healthcare & pharmaceutical facilities that meet the community's health needs in a comprehensive, high-quality, and efficient manner.
2.4	**Government funded programs**	Insurance programs financed by Government: 'Thiqa', the Government-funded, single-payer health insurance scheme for Nationals, was mandated by Resolution No. (83) of 2007 of the Abu Dhabi Executive Council concerning the application of the Law to Nationals and those of similar status in the Emirate. The Government also funds defined mandates for healthcare services and programmes that serve public good and that are not covered by the Health Insurance Scheme (Funded Mandates).
2.5	**Healthcare Payers Sector (HPS)**	Healthcare Payers Sector (HPS) at the Department of (DoH) develops and defines the strategy of the healthcare financing system in the emirates of Abu Dhabi while driving to fund health services through outcome-based, affordable care with transparent cost structures and clear performance measurement practices ensuring long-term sustainability.
2.6	**HPS Benefits Section**	HPS Benefits section under the HPS Benefits and Purchasing Division (BPD) at the Department of Health (DoH) plays a key role in the design, configuration, and revision of member benefits, such as eligibility and exclusion criteria and Monitoring of Government sponsored insurance programs across the Emirate of Abu Dhabi.

2.7	**HPS Planning Division**	The HPS Planning Division at the Department of Health (DoH) consists of HTA Section, Analytics and Reporting Section and Standards and Pricing Section.
2.8	**HPS HTA Section**	HPS HTA Section at the Department of Health (DoH) conducts the health technology assessment of medical technologies and drugs and make recommendations for reimbursement based on cost effectiveness and budget impact analysis as well as on therapeutic added value compared to existing alternatives.
2.9	**HPS Analytics and Reporting Section**	HPS Analytics and Reporting Section at the Department of Health (DoH) is responsible for Conducting analytical studies on utilization of healthcare services and understanding utilization in the Emirate.
2.10	**HPS Standards and Pricing Section**	HPS Standards and Pricing Section at the Department of Health (DoH) is responsible for setting the prices for healthcare services, as well as managing coding, adjudication and billing rules.
2.11	**Healthcare Provider**	Healthcare or pharmaceutical facilities comprising Hospitals, Medical Centers, Clinics, Laboratories, Diagnostic Centers, pharmacies, and other entities which are licensed by DoH to provide healthcare services in the Emirate of Abu Dhabi.
2.12	**Health Technology Assessment (HTA)**	A systematic, transparent, and multidisciplinary process that summarizes information about the medical, social, economic, and ethical issues related to the use of a health intervention.
2.13	**Medical Procedure**	Minimally or noninvasive medical interventions that are used to diagnose, treat, monitor, or examine various conditions and diseases.
2.14	**New / Innovative Health Technology**	New medical device, digital technology, Artificial Intelligence (AI), medical procedure, but not limited to, in the context of this document.
2.15	**Payer**	The Third Party Administrative (TPA) company licensed to carry on insurance claims (government funded or subsidized program) administration in the Emirate of Abu Dhabi in the context of this document.
2.16	**Subject Matter Expert (SME)**	An individual with qualifications and experience in a particular field or work process; an individual who by education, training, and/or experience is a recognized expert on a particular subject, topic, or system. (Source: Subject Matter Expert (SME) (doe.gov)).
2.17	**Therapeutic added value**	Therapeutic added value refers to the additional clinical benefits that a new therapy or treatment provides over existing standard treatments. This concept is used to evaluate how much better a new treatment is in terms of efficacy, safety, patient outcomes, and overall impact on health and quality of life. It helps healthcare providers and policymakers determine the worth and
2.18	**Third Party Administrative (TPA)**	The Third Party Administrative (TPA) is a person and/or party that is responsible for managing the administrative responsibilities related to health insurance activities on behalf of insurance companies / payers.

3. Guideline Content

3.1 Guideline Objectives

3.1.1 The purpose of this guideline is to:

3.1.1.1 Provide guidance and to detail the procedures involved in economic evaluation of Health Technology Assessment for the evaluation of new / innovative technologies / novel application for the proposed technology 3.1.1.2 Guidance on developing the recommendations to the Empanelment Committee for addition of new / innovative health technologies to the service and reimbursement of requests submitted by Healthcare Providers.

3.2 Scope of Guideline

3.2.1 This Guideline outlines the procedures for submission and economic evaluation of new / innovative technologies that either modify the existing standard of care or meet an unmet need and are intended for inclusion in a government-funded program. Excludes empanelment requests for existing technologies, pricing and coding requests or requests for change in billing rules.

3.3 Details of Guideline

The workflow for submission and economic evaluation of new / innovative technologies is illustrated in (Appendix 1).

3.3.1 Submission of the empanelment request

For coverage and reimbursement of healthcare services the provider applies online through Daman portal.

3.3.2 Daman review of the request

Daman receives and reviews the completeness of provider empanelment request, ensures all information required for HTA process is being submitted by the provider (Appendix 2).
The Daman Provider Network Team makes its initial evaluation of the request and submits the request to DoH Benefits team with their feedback.

3.3.3 HPS Benefits section review of the request

HPS Benefits section reviews the details of the empanelment request and assesses the completeness of the required documents.
HPS Benefits section shares the request with the HPS HTA section for assessment.

3.3.4 HPS HTA section assessment and recommendation

As a pre-requisite, all submissions need to be reviewed and evaluated by DoH in cooperation with strategic partners and technical experts in the health sector. This is to ensure patient safety, effectiveness, and the requirement for technology approval is issued after its successful evaluation.[1] For the medical technologies approved for market entry (access) approval, HPS HTA section conducts the economic evaluation of health technology assessment and makes recommendations for reimbursement. HPS HTA section makes recommendations for reimbursement based on cost effectiveness and budget impact analysis as well as on therapeutic added value compared to existing alternative(s). Subject Matter Expert (SME) and multidisciplinary team feedback is requested from other sectors on therapeutic added value. Below are the steps involved in the HTA economic evaluation as performed by an internal HPS task force consisting of senior specialists, specialists, and led by HPS HTA section head. (Appendix 3)

3.3.4.1 HPS HTA section reviews and summarizes the request and presents the request to the task force during the weekly task force meeting.

3.3.4.2 The HPS Standards and Pricing section assesses if codes and prices are available for the requested service(s).

3.3.4.3 Review of standard of care or comparator for the service or intervention is conducted.

3.3.4.4 When required, at least two SME inputs are considered on the impact of new intervention on the current standard of care and clinical added value of the intervention compared to current standard of care.

3.3.4.5 The task force discusses data requirements for economic analysis, data extraction logic and sources of data, and notifies the analytic team on the data extraction requirements.

3.3.4.6 Review and analysis of the provided data extract.

3.3.4.7 HPS Standards and Pricing section conducts pricing analysis, reviews standard of care (comparative technology) and new intervention patient pathways and consequently recommends the reimbursement mechanism. The HPS Standards and Pricing section also evaluates the reimbursement structure throughout the patient pathway with existing codes & prices.

3.3.4.8 Analysis of coverage for other providers is conducted.

3.3.4.9 HPS HTA section conducts the Budget Impact Analysis.

3.3.4.10 Disease burden analysis is conducted

3.3.4.11 Evaluation of clinical added value of innovative technology. If needed, the SME and multidisciplinary team feedback is requested from other sectors on therapeutic added value.

3.3.4.12 International coverage benchmarking is conducted.

3.3.4.13 Completion of assessment and development of HPS HTA recommendation.

3.3.4.14 HPS Planning Division Director will conduct a review of the assessment and provide an approval of the recommendation.

3.3.5 Coding and Pricing

If it is an innovative technology that has not been coded and priced, then a specific code or codes will be selected, priced, and assigned by the Standards and Pricing Section to be utilized for the technology.

3.3.6 Empanelment Committee Review

The request with HPS HTA assessment outcomes and recommendations are presented to the Empanelment Committee; accordingly, the Committee makes the final decision.

3.3.7 Notification of provider

Once the decision is finalized, the HPS Benefits section notifies Daman of the decision, accordingly, Daman communicates the decision with the provider.

3.3.8 Appeal

In case of application rejection, the provider is allowed to submit the appeal with further justification. The provider is only allowed to submit one appeal during 6 months from the date of rejection of the first application[2].

3.3.9. Monitoring of Utilization and Budget Impact

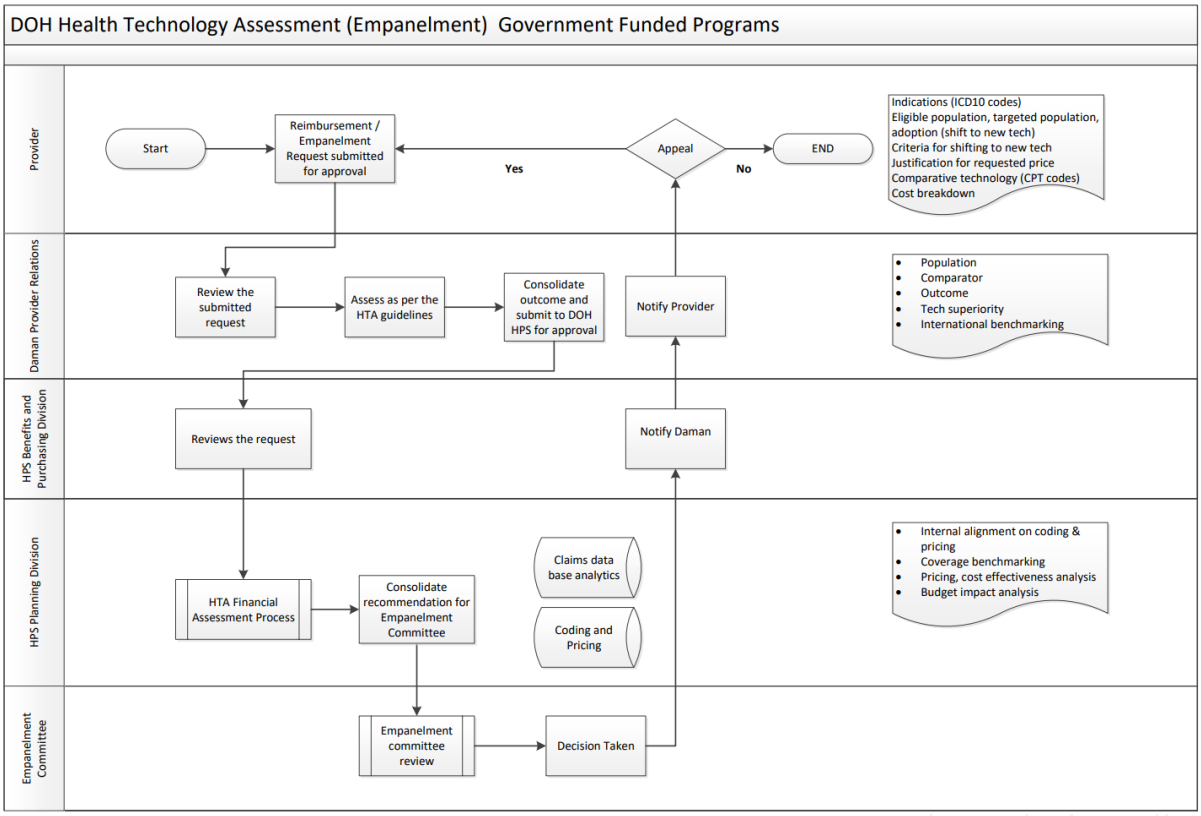
Following the approval for coverage and reimbursement of the new technology, on a quarterly basis, actual utilization and spending of healthcare providers for the new technology will be monitored compared to the forecasted budgets. The feedback from these reviews will be used to

assess whether adjustments are needed in clinical criteria, inclusion criteria, or pricing; to ensure optimal patient outcomes and cost-efficiency. The timeline for monitoring any technology varies based on the specific technology and the strength of established evidence regarding its clinical or economic benefits. If discrepancies are found, the relevant criteria could be modified or pricing could be adjusted to better align with DoH goals, ensuring that providers meet the necessary standards and deliver value to DoH programs.

4. Relevant References Documents			
No.	**Reference Date**	**Reference Name**	**Relation Explanation / Coding / Publication Links**
1	**10 Mar, 2021**	**USO/31/2021** Circular No 31 / 2021 Mandatory DoH Approval for New Health Technologies and new Therapeutic Practice	https://www.doh.gov.ae/-/media/12EF0544DDB84BA8AF457BC911DB7B31.ashx
2	**24 Apr, 2024**	**USO/67/2024** Circular No 67 / 2024 Appeals	https://www.doh.gov.ae/-/media/B853580DCD7B447DA57345F747DCC804.ashx

5. Appendices

Appendix 1: Workflow for submission and review of new / innovative technologies



Appendix 2: Provider application checklist

	Yes/No/NA
Technology/Service /Procedure Name	
Received Health Technology Product approval letter from DoH Research and Innovation Center	
Indication under assessment: (Describe Included and Excluded indications, and ICD 10 codes for those indications)	
Method of administration (inpatient, daycare, including homecare provision)	
Anticipated number of repeat courses of treatments/ interventions?	
Anticipated average interval between courses of treatments/ interventions	
Clinical added Benefits of the intervention/Technology	
Comparator / Current standard of care (what technology / procedures this new technology will replace or complement	
Whether new technology replaces or supplements current options	
How will the new technology change the current patient care/pathway?	
Certificate (FDA, CE marking)	
Coverage reference (International agencies, payors)	

	Yes/No/NA
Proposed codes and price for Technology	
CPT	
As per the medical necessity, SRVC codes	
DRG Codes	
Add on:	
Supply, not otherwise specified	
HCPCs	

Provider cost breakdown	Yes/No/NA
Average cost of the technology (CAPEX)	
Average cost of the disposables (OPEX)	
Staff Hour - Duration (hh:mm) for the procedure (OPEX)	

Treatment cost	Yes/No/NA
Proposed treatment cost (reimbursement) per unit/claim	
Annual utilization per patient (# of doses/units, # of interventions)	
Annual Cost of a course of treatment/patient	
Estimated number of target population	
Target market share / Adaption rate of the technology	
Estimated annual cost for the targeted population	

Population	Yes/No/NA
Total population	
Prevalence %	
Incidence %	
Prevalent patients	
Incident patients	
Number of patients with condition	
Mortality rate in patients with condition	
Net number of patients	
Patients eligible for the new intervention (%)	
Number of patients potentially treatable	
Sub-population of eligible patient population under consideration (%)	
Eligible patients treated with intervention	

Appendix 3: Workflow for internal HPS review of new / innovative technologies