1. Purpose
1.1 This standard mandates the clinical screening service and service specifications, and data reporting requirements for the Weqaya cardiovascular (CVD) screening of patients to ensure that patients with cardiovascular risk factors receive quality and safe treatment and care.

2. Scope
2.1 This standard applies to:
   2.1.1 All Healthcare Facilities and Professionals licensed by HAAD in the Emirate of Abu Dhabi, including providers authorised to provide homecare health services and HAAD licensed mobile health units wishing to provide Weqaya screening in the workplace (refer to Section 6 service specifications for further detail);
   2.1.2 it also refers to patients eligible for Weqaya CVD screening.

3. Duties for Healthcare Providers
3.1 All healthcare providers, including healthcare facilities and professionals, licensed by HAAD must:
   3.1.1 Provide clinical services in accordance with the requirements of this Standard, and the relevant HAAD Clinical Care Standards and ensure their practices are consistent with internationally recognised evidence based clinical care pathways;
3.1.2 Report and submit data to HAAD via e-claims in accordance with the HAAD Reporting of Health Statistics Policy and as set out in the HAAD Data Standards and Procedures (found online at www.haad.ae/datadictionary);
3.1.3 Comply with HAAD policies and standards on infection control, waste management, managing patient medical records, including developing effective recording systems, maintaining patient records, maintaining confidentiality, privacy and security of patient information and educating patients and fulfilling the requirements of patient consent and patients' rights and responsibilities charter;
3.1.4 Comply with HAAD requests to inspect and audit records and cooperate with HAAD authorised auditors, as required for inspections and audits by HAAD.

4. Enforcement and Sanctions
4.1 Healthcare providers, payers and third party administrators must comply with the terms and requirements of this Standard, the HAAD Standard Contract and the HAAD Data Standards and Procedures. HAAD may impose sanctions in relation to any breach of requirements under this standard in accordance with the [HAAD Policy on Inspections, Complaints, Appeals and Sanctions].

5. Standard 1 – Clinical Services
5.1 The Weqaya CVD screening must be performed in accordance with Annex I.
5.2 Healthcare providers must perform the complete set of screening tests as detailed in Annex I, provided that the patient has granted consent.
5.3 Patients eligible for Weqaya CVD Screening include:
   5.3.1 adult Thiqa card holders aged 18 years and over;
   5.3.2 who have not had a Weqaya CVD Screening test during the previous 30 months if not defined as high-risk for cardiovascular disease, and
   5.3.3 who have not had a Weqaya CVD Screening test during the previous 9 months if defined as high-risk for cardiovascular disease.

6. Standard 2 - Service Specifications
6.1 Healthcare Facilities providing Weqaya CVD screening must be licensed by HAAD.
   6.1.1 Providers are expected to offer Weqaya Screening services over a flexible range of hours throughout the day, including evening and weekend services to ensure adequate access to screening services;
   6.1.2 clinics providing Weqaya screening services will be expected to take into account patients’ needs for access and transport requirements;
   6.1.3 Weqaya screening services may be provided in the home, where necessary, only where the healthcare provider holds a current and valid authorisation from HAAD to provide homecare health services in accordance with the HAAD Standard for Authorisation of Homecare Health Services in the Emirate of Abu Dhabi.
   6.1.4 Weqaya screening services may also be provided in the workplace by:
       6.1.4.1 HAAD licensed Mobile Health Units following the requirements specified in this standard, and in accordance with the following additional criteria:
6.1.4.2 Services are restricted to the Weqaya screening tests detailed in this standard and to the specifications mandated in this Standard; and
6.1.4.3 have available the equipment and supplies necessary for the screening tests, and maintain all equipment according to HAAD policies and standards.
6.1.4.4 on a case by case basis, and subject to HAAD’s sole discretion and HAAD inspection requirements, HAAD may issue authorisation for licensed healthcare providers other than licensed mobile units to offer Weqaya screening in the workplace in accordance with the following:
   6.1.4.4.1 Where HAAD is conducting a campaign to enhance access to Weqaya screening for eligible individuals; and
   6.1.4.4.2 healthcare provider scope of service meets the requirements specified in this Standard; and
   6.1.4.4.3 target workplace environment supports the requirements of this Standard, specifically the ability to dedicate appropriate rooms that support privacy and confidentiality, and that are compliant with the requirements of the EHSMS.

6.2 Healthcare professionals - The licensed Healthcare facility must provide that:
   6.2.1 All healthcare professionals are licensed by HAAD;
   6.2.2 The service is provided (or supervised) by a HAAD licensed physician;
   6.2.3 All healthcare professionals practice within the specified scope of services of their facility, and the professional activities allowed in the HAAD scope of practice for their respective professions, where a HAAD Scope of Practice exists;
   6.2.4 Healthcare professionals authorized under the term of employment by a healthcare facility to treat patients without immediate qualified supervision:
      6.2.4.1 Apply for privileges to be assigned to them by the facility;
      6.2.4.2 after privileges have been assigned, carry out their professional activities within the scope of the granted privileges;
      ensure they are operating within their competence at all times;

6.2.5 The multi-disciplinary team comprises of the necessary personnel and staff including physicians, nursing and allied health professionals with the requisite mix of qualifications and skills and experience to provide Weqaya Screening services.

6.3 Patient Consent – Healthcare professionals must obtain consent:
   6.3.1 To be screened for Weqaya CVD from the patient using the consent form at Annex II;
   6.3.2 to collect, retain and store blood samples from the Weqaya patients, including consent for the potential of future use of blood samples for research.
   6.3.3 It is the responsibility of the managing physician to ensure that patient consent for 6.4.1 and 6.4.2 has been obtained and documented in accordance with HAAD Consent Policy and the HAAD Policy Governing Research Involving Human Subjects (available online at www.haad.ae).
6.3.4 Healthcare professionals and facilities must not use collected Weqaya data or blood/tissue samples for any purpose other than to provide the screening and follow up care and for the purposes of reimbursement of claims for services by health insurers, in accordance with the HAAD eClaims requirements, Standard Provider Contract and health insurance law.

6.3.5 Information on third party contacts provided as part of the screening form (Annex I) must not be used by healthcare providers or health insurers.

6.3.6 Healthcare professionals and facilities must not use collected Weqaya data or blood/tissue samples for research purposes without the prior approval of HAAD; approval from HAAD must be sought in writing.

6.3.7 HAAD, at its sole discretion, may grant approval to use collected Weqaya data or blood/tissue samples for research purposes.

6.4 Reporting on screening results – healthcare facilities participating in the Weqaya CVD screening must:

6.4.1 Submit the data as per the requirements set out in Annex III; and

6.4.2 ensure that data entered are accurate and are validated prior to submitting to HAAD. Data entry validation remains the responsibility of the healthcare professional responsible for screening; data entered by clerks must not be changed or edited without the approval of the healthcare professional responsible for the screening.

6.5 Clinical follow up and management – the healthcare professional responsible for managing the concerned patient, must:

6.5.1 follow up on any abnormal findings detected from the screening services in accordance with HAAD clinical care standards for CVD (available online at www.haad.ae);

6.5.2 communicate abnormal findings to the patient within 5 working days, and

6.5.3 offer a follow-up appointment or referral to other appropriately licensed and privileged health professional within a period of two weeks; and

6.5.4 report on the specified diabetes and Weqaya follow up visits in accordance with Annex III and as detailed in the HAAD Weqaya Follow Up Standard.

6.6 Laboratories providing Weqaya CVD screening test services must be:

6.6.1 licensed by HAAD;

6.6.2 have in place the systems, policies and operating procedures in accordance with the requirements of the HAAD Clinical Laboratory Standards;

6.6.3 perform the Weqaya CVD laboratory tests in accordance with the requirements and specifications provided at Annex I; and

6.6.4 attain accreditation by the College of American Pathologists 30 December 2012.

6.7 HAAD may, at its discretion, conduct third-party independent quality assurance testing of laboratories providing Weqaya laboratory test service. Where it does so, providers must comply with HAAD’s direction and cooperate with the HAAD appointed party.

7 Standard 3 - Payment Mechanism

7.1 Cost of services prescribed by this standard and related services are covered under Thiqah plan for the eligible members. Incomplete screens (lacking mandatory fields) will lead to rejection of eClaims and therefore non-payment as detailed in Annex III.
7.2 Coding for services prescribed by this standard, and any related subsequent services, must follow the Codes Classification defined in the Coding Manual published by the Clinical Coding Steering Committee, and in compliance with e-claim requirements.

7.3 Reimbursement rate for services prescribed by this standard, and related services, must be at the contracted rate in effect at the Date of Service (encounter Start Date), and must be in accordance with HAAD Mandatory Tariff and Claims and Adjudication Rules.

7.4 Reimbursement for codes 50-01 and 50-02 (refer Annex III) shall not be allowed if billed jointly or with CPTs 99381-99387; for the same patient and episode of care. In the event of being jointly billed for the same patient and same episode of care, reimbursement shall be limited to the “single” code that deems most appropriate.

7.5 For the purposes of this Standard, “E&M Follow up within one week” rule shall not apply to service codes 50-01 and 50-02. Hence, reimbursement shall be allowed for subsequent Evaluation and Management office visit or consultation, if deemed medically necessary. Nonetheless, subsequent Evaluation and Management office visit or consultation shall be subject to the E&M rules in effect.

7.6 Coding and reimbursement of services following those prescribed by this Standard (including E&M) must be based on the medical necessity determined by the initial screening outcomes or services prescribed by this standard. Whereby -

7.6.4 Preventive medicine counseling CPT codes (99401 – 99420) shall be allowed for patients with established high to medium risk factors, and / or further investigation or diagnostic services on any abnormal findings detected from the screening services;

7.6.5 In the absence of established risk factor or for subsequent encounter after counseling was commenced, and where abnormal findings were detected, such encounters shall be billed and reimbursed under the Thiqta plan, but as a medical condition and not a preventive service.

Annexes all available with this standard:

Annex I - Weqaya Screening Form (Sections 1 and 2)
Annex II – Weqaya Consent Form
Annex III - Data Reporting for Weqaya Screening Form