

## The eClaimLink Taskforce

Date of Meeting	Start Time	Finish Time	Meeting Location
Monday 30 <sup>th</sup> July 2018	09:00 am	11:00am	Health Funding Department – Society of Engineers Hall 1 - Ground Floor

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# Agenda - Upcoming Developments

## 1. DDC updates, eRx Refills and other Pharmacy policies

- Developments that we are in the process of researching, planning for and implementing with DHA Pharmacy Services Department.

### Update

- All DDC drugs listed with Source “DHA” are licensed and intended for use within DHA Government Facilities and therefore remittance, payment and reimbursement for these DDCs must ONLY be made on claims and prescriptions issued by DHA Government Facilities. Payers must apply this on **1st November 2018**
- All drugs listed with source “HAAD”, “Private Hospital” and “EHL” will be discontinued on **1st November 2018** for the entire Dubai market.
- MOH Refill policy will be applied within DDC – initially for DHA Governmental facilities

## 2. Pharmacist edit restrictions

- Diagnosis cannot be changed once an eRx reference number is used to populate a Prior request.
- Without an eRx reference number the pharmacist must enter diagnosis
- Modification of the medication is allowed, as per stock and availability
- Restrictions to be reviewed for pharmacists ability to edit an ePrescription in line with MOH guidelines
- Will be fully resolved once the eRx reference number is mandated

### **Update**

- Diagnosis section on the eClaimLink portal for Pharmacy system is blocked – no change permitted – however this will not affect those directly integrated to DHPO unless the Provider adjusts their system to comply with the mandate.
- MOH/PSD/HRD policies are the foundation and must be adhered to – inspection. Fines and penalties applied.

### 3. Prescriber compliance – enforcement of the eRx cycle & mandate of eRx Reference Number

- Enhancements to be added to the eClaimLink eRx Pharmacy system to allow Payers to reject Prior requests with missing eRx reference number
- This will be mandated for prescriptions written by enrolled Dubai Providers for insured patients and to be enforced across those in Dubai only.
- eRx Reference number is not mandatory for prescriptions from Providers Outside of Dubai (OOD)

#### **Update**

- Technical feedback and instructions on linking the eRxRequest Activities within the PriorRequest and ClaimSubmission
  - Circular - eRxReference in PriorRequest and ClaimSubmission 26062018
- Application is linked to facility ID by linking the Prior Request to the eRx request.

## 4. Resubmission cap for claims

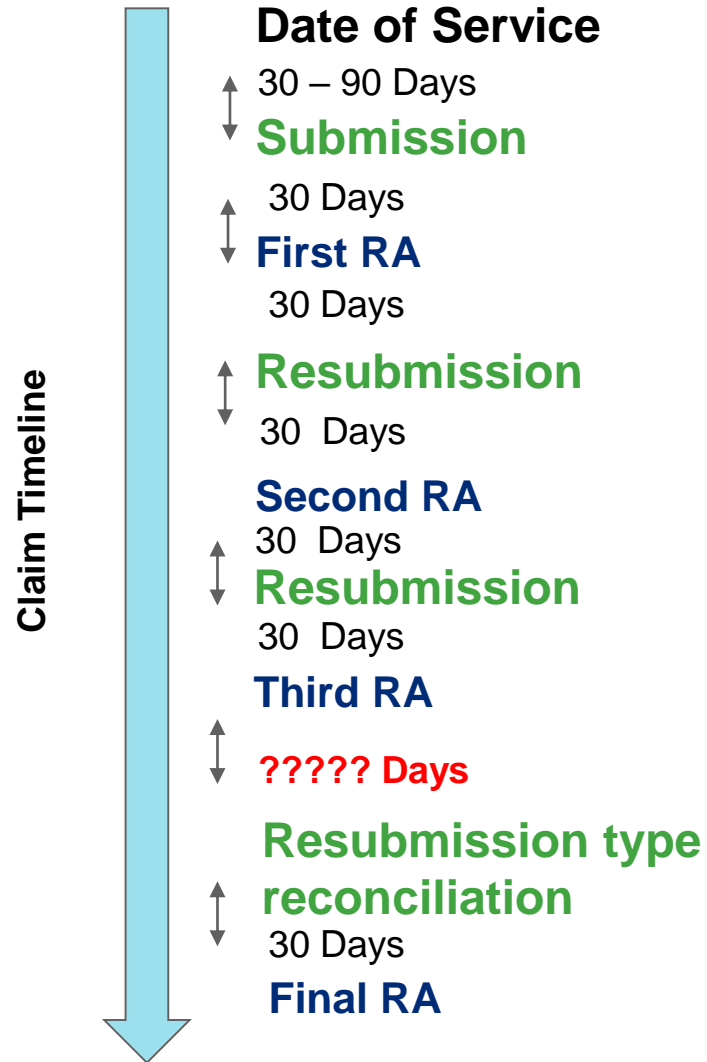
- We are considering setting a market limit of 2 resubmissions for each claim followed by reconciliation.
- Each claim will have 1 claim ID and a max of 2 submission ID's, plus an additional submission if adjustment is required.
- No limit for non-network providers will result in extended cycles and delayed reconciliation.

### **Update**

- Tashforce members must agree on a solution which consists of both limiting resubmissions and time limit for reconciliation between Providers and Payers
- Mechanism through which we will regulate and monitor this will depend on the final solution that is proposed
- Resubmission option “Reconciliation” may still be created if it is decided that we want to enforce a set reconciliation period i.e every Quarter.
- This is a schema change.
- 3 month preparatory period

# Agenda

**KEY:** Provider Action  
Payer Action



**Minimum Cycle Length: 7 months plus reconciliation Period**

**Maximum Cycle Length: 9 months plus reconciliation Period**

**QUESTION: Does the market require a mandated period for reconciliation?**  
If so this will be mandated that the market must comply with an agreed period to complete the reconciliation so that Providers can submit the resubmission with type reconciliation  
**Suggested: 6 months**



# Agenda - Upcoming Developments

## 5. Unification of Payer response to eEligibility and eAuthorization

- There are too many combinations and permutations available in the market to unify all the policy fields across all Payers.
- PriorAuthorization response can contain additional information related to the member's insurance coverage details within the comments section.
- The information can be standardized and customized as per each payer's requirements.

### **Update**

### **Next Steps**

- This is a functionality that payers can develop, and it would allow them to customize the additional insurance coverage details that they want to share with the provider.
- Planned for Q1 2019



# Agenda - Upcoming Developments

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```
<?xml version="1.0" encoding="UTF-8" standalone="yes"?>
<Prior.Authorization xsi:schemaLocation="http://www.eClaimLink.ae/DHD/CommonTypes.xsd
http://www.w3.org/2001/XMLSchema-instance"
xsi:noNamespaceSchemaLocation="http://www.eClaimLink.ae/DHD/CommonTypes.xsd
http://www.w3.org/2001/XMLSchema-instance" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
  <Header>
    <SenderID>INS123</SenderID>
    <ReceiverID>DHA-123</ReceiverID>
    <TransactionDate>26/07/2018 00:00</TransactionDate>
    <RecordCount>1</RecordCount>
    <DispositionFlag>PRODUCTION</DispositionFlag>
  </Header>
  <Authorization>
    <Result>Yes</Result>
    <ID>DHA-123</ID>
    <IDPayer>ABC-123</IDPayer>
    <Start>26/07/2018 00:00</Start>
    <End>26/07/2018 00:00</End>
    <Comments> POLICY HOLDER: ABC GROUP , CARD VALIDITY: 01/05/2018 TO: 30/04/2018 ,
NETWORK: COMPREHENSIVE , CO-PAY: 20% MAX AED50 FOR OP-CONSULT , PLAN
BENEFITS: OP/IP , DENTAL:Y , MATERNITY:Y , EXCLUSIONS:OPTICAL
  </Comments>
</Authorization>
</Prior.Authorization>
```

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# Agenda - Upcoming Developments

## 6. Update eClaimLink Code Lists

- Developments need to be made to both eAuth and eEligibility to increase the information received.

### **Update**

- eEligibility will soon provide TPAID.
  - This is linked with the member register update which is expected September, however this is in coordination with GDRFA so we have to take into account their timelines for development.
- eAuthorization schema will change
  - The idea is for eAuth to provide as much information as possible. Due to the different possible components of Payer/TPA benefits matrix, we have been gathering information from the market and accessing how best to approach this task so that we do not need to keep making changes to the application.
  - Benefits matrix unification is a possible route.



# | Agenda - Upcoming Developments

## 7. Member Insurance ID

- As per our records there is no unified member ID between Insurers and TPAs majority of the time. E.g. A member can be uploaded to the member register with the Insurer's member ID, whereas at the time of a claim the provider may send the TPA's member ID for that member.
- In addition if the same member were to visit an alternate provider it is possible that a claim is sent with the Insurer's member ID. This is becoming an issue for both our database and has caused issues for providers.

### **Update**

- We are exploring the idea of mandating and generating member IDs for insurers and TPAs to use going forward therefore from a members perspective, Insurer, TPA, Provider or HFDs view one insured member will have the same member ID across all submissions, whether claim submission, member register upload or member insurance card.

# Agenda - Upcoming Developments

Formula	Insured	Insured with no EID*
<ol style="list-style-type: none"> <li><b>Insurer ID</b> – 3 Numbers following <b>INS...</b> -</li> <li><b>TPA ID</b> – 3 Numbers following <b>TPA...</b></li> <li><b>First 3 of first name</b> –</li> <li><b>Gender</b> – 1 = male or 2 = female</li> <li><b>DOB</b> – ddmmyy</li> <li><b>Last 3 of last name</b></li> <li><b>Last 4 of emirates ID</b></li> </ol> <p>11-111-111-1-ddmmyy-1111</p> <p><b>Anytime there is no value, e.g. no TPA, name with only 2 characters use asterisk *</b></p>	<ol style="list-style-type: none"> <li>Insurer = Orient =INS 008</li> <li>TPA = Nextcare = TPA002</li> <li>Name = Mohammad</li> <li>Gender = Male</li> <li>DOB = 20/05/1988</li> <li>Last Name = Al Banna</li> <li>Last 4 of emirates ID = 8354</li> </ol> <p>008002MOH1200588NNA8354</p>	<ol style="list-style-type: none"> <li>Payer = Enaya = SP001</li> <li>TPA = Neuron = TPA001</li> <li>Name = Rashid</li> <li>Gender = Male</li> <li>DOB = 12/06/2018</li> <li>Last Name = Abdullah</li> <li>Last 4 of Emirates ID = N/A</li> </ol> <p>001002RAS1120618LAH****</p>

\*There are many scenarios where an insured member may not have an EID – New born, Diplomats, GCC citizens