

Dear eClaimLink Providers and Payers,

eClaimLink Updates:

1. Member Insurance Check via Emirates ID (EID) – Provider Application and Web Service

A new application and web service has been added to eClaimLink that enables Providers to search for a member's insurance policy using the member's emirates ID number.

The application is currently published on both the QA and Production eClaimLink websites:

- All Providers can access this application on eClaimLink using the following path:
 - **eClaimLink Login > Applications > Add On box > Search Member**
- This functionality is also available through **web services integration**. The technical specifications document has been published online:
 - eClaimLink login > DHD > Documentation > [Member Insurance Check via Emirates ID \(EID\)](#)

2. IR-DRG

IR-DRG Code Validation

Starting on **Thursday, July 20th, 2017**, all inpatient claims (where encounter type = 3 or 4) that do not contain a valid DRG code will be rejected on the DHPO.

The validation is based on the mandate and guidelines that were published by the DHA in (December 2016) and enforced on (March 1, 2017).

Diagnosis Info Requirements

- As previously announced in the IR-DRG market briefings, and documented in [DRG codes & Schema Updates](#) (published on eClaimLink in December, 2016), for all inpatient transactions (where encounter type = 3 or 4), it is mandatory to indicate the Present on Admission status (POA) for all primary and secondary diagnosis using the following fields:
 - **DxInfoType** – The type of additional information for the diagnosis
 - The field is mandatory, with default value = **POA** Present on Admission
 - **DxInfoCode** – Value indicating the POA status
 - **Y**= Yes, **N** = No, **U**= Unknown, **W**= Clinically Undetermined, **1**= Unreported/Not used, **OP**= Outpatient claim.

*Full definitions of the values are available in the eClaimLink schema **CommonTypes, XSD and Sample***

3. eAuthorization Provider Application Update

The electronic Authorization application for providers on eClaimLink will be updated to include a few minor design changes that will enhance the end user experience on the system.

Updates include:

- Transactions summary table and transactions list – changes in fields and layout structure:
 - Added distinct columns to differentiate between transaction status and result
 - Authorization ID is now a hyperlink that provides direct access to the full transaction details

Implementation Timelines:

eClaimLink QA environment: effective now

eClaimLink Production environment: effective on **Sunday, July 2nd, 2017**.

User Manual:

All system changes are detailed in the updated version of the eAuthorization user manual available for download on eClaimLink:

- DHD > Documentation > User manuals > [eClaimLink eAuthorization Manual 2017-05-16](#)
- Applications > Login to eAuthorization system > User Guide

4. Guidelines for reporting the date of death of a patient in ClaimSubmission

If a patient is deceased, while under the care of a given provider/clinician, the provider is required to report the date and time of death of the patient, in their claim submission transactions.

The eClaimLink Schema can accommodate these values using the following fields:

- For deceased patients, the provider should use **EncounterEndType** : “5” = **Deceased**
- For EncounterEndType = “5”, the provider can use the field **EncounterEnd** to report the date and time of the patient’s death.

Best Regards,

Information Desk Officer

<https://www.eclaimlink.ae/>

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