

# The eClaimLink Taskforce

Date of Meeting	Start Time	Finish Time	Meeting Location
Sunday 29 <sup>th</sup> April 2018	10:00 am	12:00pm	Health Funding Department – Society of Engineers Hall 1 - Ground Floor



# Agenda

## 1. 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

- New denial code created– Missing eRx Reference Number
- Announcement to market [12<sup>th</sup> April 2018](#), including responsibility matrix for involved parties.
- Effective [12<sup>th</sup> July 2018](#) - 3 month preparatory period

### Mandatory fields

1. **Receiver ID** - Self-Pay
2. **Payer ID** - Self-Pay
3. **Member ID** - Unique patient ID. In order to pass through DHPO validation the provider can use a number such as medical file number to pass through DHPO or assign a default value in your system to map to this field when there is a self paying patient.

## 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**

- The eRX reference number will be lost if a pharmacist adds a diagnosis/deletes a diagnosis/changes the active ingredient. These changes will result in “dropping” of the eRx reference number resulting in denial by the Payers system.
- They are only permitted to dispense a similar drug with different brand.

### 3. Resubmission cap for claims

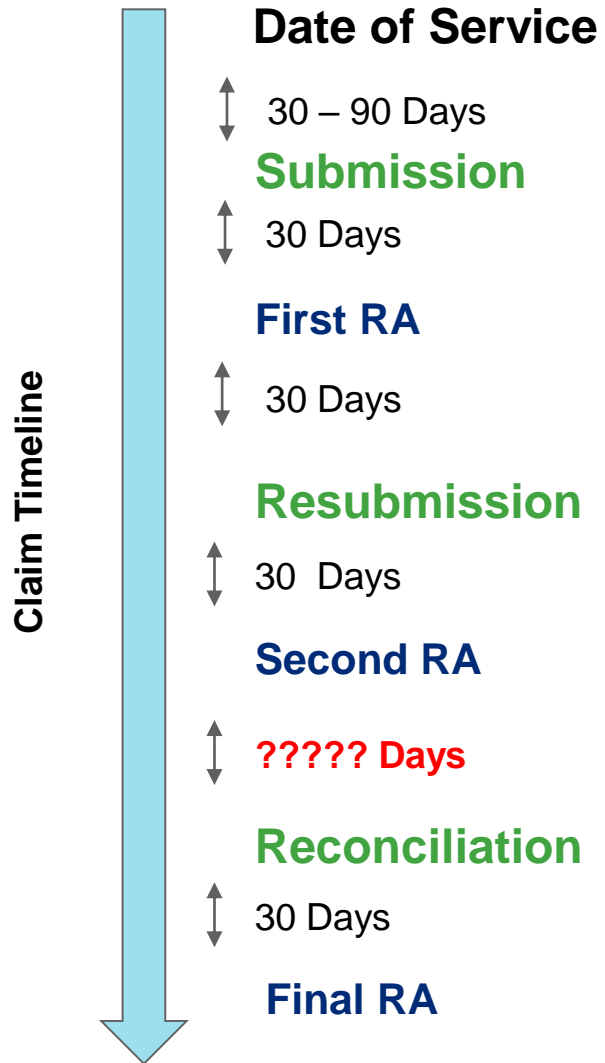
- We are considering setting a market limit of 2 resubmissions for each claim followed by reconciliation.
- Each claim will have 1 claim ID and a max of 2 submission ID's, plus an additional submission if adjustment is required.
- No limit for non-network providers will result in extended cycles and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

#### **Update**

- Each claim will have 1 claim ID, 1 submission and a max of 2 resubmission ID's, with the final resubmission being the result of reconciliation.
- Resubmission option Reconciliation to be created – this is a schema change
- 3 month preparatory period

# Agenda

**KEY:** **Provider Action**  
**Payer Action**



**Minimum Cycle Length:** 5 months plus reconciliation Period

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

**QUESTION:** Does the market require a mandated period for reconciliation?

If so this will be incorporated into system with a Business and Validation Rule that links submission date of **Second RA by a Payer** to Submission date of the **Reconciliation by a Provider**

**Suggested:** 3 – 4 months



# Agenda - Upcoming Developments

## 4. 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**

- We are considering updating DDC more frequently and considering other options that will allow us to move away from manual uploading of DDC by eClaimLink users.
- MOH Refill policy will be applied within DDC. We estimate this will take 6 months to apply, complete the awareness and training activities.
- New DHA Pharmacy Services Department/ Health Regulation Department Antimicrobials policy to be applied within DDC



# | Agenda - Upcoming Developments

## 5. Specialties - Unification of core eClaimLink list

- Many developments and initiatives rely on Specialties of Physicians.
- In particular eRx, eRx Refills and eReferral.

### **Update**

- A unique Specialties list has been developed.
- This list consists of:
  - American Medical Association (AMA) Medical Specialty Codes
  - American Medical Association (AMA) Dental Specialty Codes
  - Grouped Allied Health Specialties e.g. Surgical, Laboratory, Pharmacy
  - Complementary Alternative Medicine (CAM) Specialty Code (one code)
- Mapping to DHA, DHCC and MOH physician licensing details has been completed



# Agenda - Upcoming Developments

## 6. Denial Codes

- Denial codes need to be updated

### Update

- Feedback taken and new codes developed
- **6 New codes**
- **15 codes** present in HAAD list, some of which have been deactivated.
- **Operational rule:** The addition of denial codes is not sufficient and Payers will be instructed to add an observation in the RA to add details on the denial reason that are specific to each overall claim denial. This observation should be used in a similar way to the detailed description that is provided through Payer portals.
- Announcement to market **Mid-May 2018**
- Effective: 1 month preparatory period





# | Agenda - Upcoming Developments

## • 7. Contact list in eClaimLink

- Efficient communication and reach is vital to dissemination of eClaimLink updates and also ISAHD news

### **Update**

- Instructions will be send to all eClaimLink enrolled users to update the User Management functionality on the eClaimLink portal to allow providers to update their key contact staff whom responsible over health insurance activities and billing.
- HFD staff will extract the up to date list of users as and when required.
- Announcement to market [Mid-May 2018](#)
- Effective: Immediately
- Member Register Update



# | Agenda - Upcoming Developments

- **8. Member Register Update**

- Update of the member register format of accepting file number and extracting the data from the GDRFA database

**Update**

- The idea is that Payers cannot access to inquire this data directly, but payers should be able to download their member list as a whole once it has been populated on DHPO