The eClaimLink Taskforce

Date of Meeting	Start Time	Finish Time	Meeting Location
Wednesday 27th June 2018	09:00 am	11:00am	Health Funding Department – Society of Engineers Hall 1 - Ground Floor

Agenda

1. DRG Implementation Update
1. Submission of DRG Negotiation Factors
• General Circular Number 2 of 2018 (GC 02/2018)
2. Claim submission with DRG Payment Parameter Information
• Reporting of DRG Payment Parameters in Phase II of Shadow Billing 20180520
3. Hospitals Exempted from DRG Implementation
• General Circular Number 7 of 2018 (GC 07/2018)
4. DRG Implementation Exempted Hospitals Using DHPO
• DHA and Dimensions are working on a dual system to cater for FFS and DRG claims submission.

Agenda

2. 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

Agenda

3. 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 will be 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.
- 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 the same active ingredient from a different brand if the prescribing physician is informed - Fines and penalties will apply

Agenda

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

- Feedback gathered from the market is consistent with the majority suggesting a set time frame i.e 1 year from claim submission to final remittance
- 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 - Upcoming Developments

5. 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

- New MOH Controlled Drug guidelines will be upload onto ISAHD website.
- 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

6. Denial Codes

- Denial codes need to be updated

Update

Next Steps

- **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.
- This may require a schema change – however we may be able to add a comments" section on the RA to allow input of detailed denial reason.

Agenda - Upcoming Developments

7. eEligibility and eAuthorization Structure

- 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

Completed Updates:

1. eAuthorizations from non-network providers via eClaimLink **– Completed (circular released)**
2. Revision of the approvals and Transaction ID's **– Completed (circular released)**
3. Denial Codes **– Completed (circular released)**
4. Specialties - Unification of core eClaimLink list – **Mapping Completed**
5. Contact list in eClaimLink – **Completed (circular released)**