

INVITATION

Dubai Health Insurance Corporation
cordially invites you to attend the monthly meeting of
eClaimLink Taskforce



30th September 2018



09:00AM – 10:30 AM



Dubai Health Insurance Corporation
Society of Engineers
Hall 1 – Ground Floor

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

- Technical feedback and instructions on Dispensing ePrescriptions from Facilities Outside Dubai and from Exempt Providers on eClaimLink (available on eClaimLink)
- Update provided on eClaimLink exempt providers
- **Launch: 1st November 2018**

2. Schema Developments – Comments at Claim Level

- Enhancements to be added to the eClaimLink claim submission schema to allow Payers to input comments detailing all denial reasons
- The objective of this, incorporation with updated Denial Code List is to allow for greater transparency and clarity during remittance with the intention of reducing the number of resubmissions, therefore reducing the length of the claim cycle.

Update

- Development has been completed on the QA environment and technical specifications for all developments planned for 2019 will be share with the market to give sufficient time for system developments
- **Launch: Q2 2019**

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

- **Agreed** - Each claim will have 1 claim ID, 1 submission and a max of 2 resubmission ID's, with the final resubmission being a the result of reconciliation.
- A **Quarter** will be recommended for reconciliation to occur before the final resubmission (type reconciliation) is submitted by the Provider.
- Development has been completed on the QA environment and technical specifications for all developments planned for 2019 will be share with the market to give sufficient time for system developments
- DHIC will monitor the compliance of Payers and Providers and form an arbitration process will be put in place
- Launch: **Q3 2019**

4. Unification of Payer response to eEligibility and eAuth

- 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

- This has been developed by Dimension's Healthcare and we expect Payers who require technical instructions to develop this feature to contact Sabine Karam:
<skaram@dimensions-healthcare.com>
- **Launch: Q2 2019**

5. Abolition of Claim Forms

- The combination of eClaims and strengthening of DHIC regulations has led to the decision to abolish claim forms

Update

- Market feedback required and objections need to be raised before 31st October 2018.
- **Launch: 1st November 2018**

6. Duplicate Remittances

- Duplicate remittances was previously allowed within eClaimLink.
- Many valid uses for this function.
- However following many concerns raised by Providers this function was stopped by HFD which in turn led to many Payer complaints.
- DHIC is considering allowing for this function to be used for Recovery of claims.

Update

- In line with regulations on FWA and Recovery, development is being accessed for and RA type of Recovery.
- This will allow for greater transparency between Payers and TPAs and also improve eClaim data quality as recovered amounts will be reflected in the system
- **Launch: TBC – Suggested Q2 2019**

7. Abolition of Batch Claim Submission

- Linked to decreasing the length of the claim cycle.
- Single Claim Submission allows the Provider to submit a single claim, particularly high cost IP encounters and Emergency encounters.
- The objective is to expedite both the processing of the claim and tracking of patient covered amounts and therefore increase the accuracy of information available to Payers

Update

- Technical assessment is underway and will be fed back to the market once ready.
 - **Launch: TBC – Suggested Q2 2019**

8. Payer Access to eClaimLink

- Currently Payers do not have the ability to access claims that are submitted by TPAs.
- Many concerns have been raised by Payers
- Objective is to increase transparency and visibility to Payers

Update

- Technical assessment is underway and will be fed back to the market once ready.
 - **Launch: TBC – Q3 2019**

9. eClaimLink Online Forum

- There is a need to improve and evolve the communication and access to support for the market.
- An online forum will be developed through eClaimLink with the ability to search threads for common questions.
- With the launch of new developments, a proactive approach is being discussed and developed.

Update

- **Launch: Q1 2019**

10. ePrescription Taskforce

- An ePrescription focused taskforce has been formed to address operational concerns and regulations in detail.
- Invitations have been sent to all pharmacy groups within Dubai and Hospitals.
- Payers are encouraged to share material with MOH pharmacies to improve their awareness and their understanding of the ePrescription system and regulations incorporated into it.

Update

- **Launch: 30th September 2018**