

eClaim Data Standard Committee (EDSC)

Release (V1) – 20.01.2013

New Observation Types

New observation types will be introduced within the eClaimLink ClaimSubmission and PriorRequest to accommodate the communication of additional information related to the activities between the payers and the providers.

New Observation Types – Description

Type	Code	Value	Value Type	Description
Financial	ActivityGross		Float	Gross amount of the activity. Can be up to two digits after the decimal.
Financial	PSDeductible		Float	Deductible amount of the patient share. Can be up to two digits after the decimal.
Financial	PSCoPayment		Float	Co-Payment amount of the patient share. Can be up to two digits after the decimal.
Financial	PSOutOfPocket		Float	Out-Of-Pocket amount of the patient share. Can be up to two digits after the decimal.
Text	EncounterID		Other	Encounter ID field utilized by the providers to link the encounter to an internal filing system.
Grouping	PackageID		Other	Package ID to enable the linking of a given activity to a given package that facilitates a discounted price.
Grouping	BundleID		Other	Bundle ID to enable the linking of a given activity to a given package that facilitates a discounted price.
Text	PresentingComplaint		Other	Text description to give further clarification of the performed consultation. Used with service codes 9,9.1,10,10.1, 11, 11.1, 21, 22, 23
Text	Non-Standard-Code		Other	Code utilized to link a given activity to an internal service code agreed upon between the payer and the provider.
Text	Description		Other	Free text field to provide further description for a given activity.
Text	Modifier		Modifier code	Modifier attribute to the activity. Restriction of: LT, RT, 50 To be used only with CPT

New Observation Types – XML Schema

Type	Code	Description
Financial	ActivityGross	<pre><Observation> <Type>Financial</Type> <Code>ActivityGross</Code> <Value>###</Value> <ValueType>Float</ValueType> </Observation></pre>
Financial	PSDeductible	<pre><Observation> <Type>Financial</Type> <Code>PSDeductible</Code> <Value>###</Value> <ValueType>Float</ValueType> </Observation></pre>
Financial	PSCoPayment	<pre><Observation> <Type>Financial</Type> <Code>PSCoPayment</Code> <Value>###</Value> <ValueType>Float</ValueType> </Observation></pre>
Financial	PSOutOfPocket	<pre><Observation> <Type>Financial</Type> <Code>PSOutOfPocket</Code> <Value>###</Value> <ValueType>Float</ValueType> </Observation></pre>
Text	EncounterID	<pre><Observation> <Type>Text</Type> <Code>EncounterID</Code> <Value>ABC##</Value> <ValueType>Other</ValueType> </Observation></pre>
Grouping	PackageID	<pre><Observation> <Type>Grouping</Type> <Code>PackageID</Code> <Value>ABC##</Value> <ValueType>Other</ValueType> </Observation></pre>
Grouping	BundleID	<pre><Observation> <Type>Grouping</Type> <Code>BundleID</Code> <Value>ABC##</Value> <ValueType>Other</ValueType> </Observation></pre>

Text	PresentingComplaint	<pre> <Observation> <Type>Text</Type> <Code>PresentingComplaint</Code> <Value>ABC##</Value> <ValueType>Other</ValueType> </Observation> </pre>
Text	Non-Standard-Code	<pre> <Observation> <Type>Text</Type> <Code>Non-Standard-Code</Code> <Value>ABC##</Value> <ValueType>Other</ValueType> </Observation> </pre>
Text	Description	<pre> <Observation> <Type>Text</Type> <Code>Description</Code> <Value>ABC##</Value> <ValueType>Other</ValueType> </Observation> </pre>
Text	Modifier	<pre> <Observation> <Type>Text</Type> <Code>Modifier</Code> <Value>LT</Value> <ValueType>ModifierCode</ValueType> </Observation> </pre>

Bundle & Package

eClaimLink XML schema will be modified to accommodate the reporting of a group of activities that are linked together in a bundle or a group code.

Bundle

Definition: A group of services that are sold under one code with an agreed Net.

Sample:

- **Bundle Surgery X** – price 9,900
- **Contains** – CPT 1, CPT 2, HCPCS 3, Room 4, Anesthesia 5
- **Breakdown** –

Code	Original Net	Pkg. discount	Qty.	Pkg. Net
CPT 1	4,000	10%	1	3,600
CPT 2	3,000	10%	1	2,700
HCPCS 3	1,000	10%	1	900
Room 4	2,000	10%	1	1800
Anesthesia 5	1,000	10%	1	900
Total	11,000			9,900

Bundle – XML Schema

Activity	Description
CPT 1	<pre> <Activity> <Type>3</Type> <Code>CPT 1</Code> <Quantity>1</Quantity> <Net>3600</Net> <Observation> <Type>Grouping</Type> <Code>BundleID</Code> <Value>Surgery X</Value> <ValueType>Other</ValueType> </Observation> </Activity> </pre>
CPT 2	<pre> <Activity> <Type>3</Type> <Code>CPT 2</Code> <Quantity>1</Quantity> <Net>2700</Net> <Observation> <Type>Grouping</Type> <Code>BundleID</Code> </pre>

	<pre> <Value>Surgery X</Value> <ValueType>Other</ValueType> </Observation> </Activity> </pre>
HCPCS 3	<pre> <Activity> <Type>4</Type> <Code>HCPCS 3</Code> <Quantity>1</Quantity> <Net>900</Net> <Observation> <Type>Grouping</Type> <Code>BundleID</Code> <Value>Surgery X</Value> <ValueType>Other</ValueType> </Observation> </Activity> </pre>
Room 4	<pre> <Activity> <Type>8</Type> <Code>Room 4</Code> <Quantity>1</Quantity> <Net>1800</Net> <Observation> <Type>Grouping</Type> <Code>BundleID</Code> <Value>Surgery X</Value> <ValueType>Other</ValueType> </Observation> </Activity> </pre>
Anesthesia 5	<pre> <Activity> <Type>8</Type> <Code>Anesthesia 5</Code> <Quantity>1</Quantity> <Net>900</Net> <Observation> <Type>Grouping</Type> <Code>BundleID</Code> <Value>Surgery X</Value> <ValueType>Other</ValueType> </Observation> </Activity> </pre>

Package

Definition: A group of services that are sold under one code with an agreed net the service price is paid in advance and the service can be rendered on a given period of time.

Sample:

- **Package** **Maternity Pkg. X** – price 9,000
- **Contains** – Ultrasound, Blood Test, Consultation
- **Breakdown** –

Code	Original Net	Pkg. discount	Qty.	Pkg. Net
Ultrasound	4,000	10%	1	3,600
CBC	3,000	10%	1	2,700
Consultation	1,000	10%	1	900
Total	8,000			7,200

Package – XML Schema

Activity	Description
Ultrasound	<pre> <Activity> <Type>3</Type> <Code>Ultrasound</Code> <Quantity>1</Quantity> <Net>3600</Net> <Observation> <Type>Grouping</Type> <Code>PackageID</Code> <Value>Maternity Pkg. X</Value> <ValueType>Other</ValueType> </Observation> </Activity> </pre>
Blood Test	<pre> <Activity> <Type>3</Type> <Code>CBC</Code> <Quantity>1</Quantity> <Net>2700</Net> <Observation> <Type>Grouping</Type> <Code>PackageID</Code> <Value>Maternity Pkg. X</Value> <ValueType>Other</ValueType> </Observation> </Activity> </pre>
Blood Test	<pre> <Activity> <Type>8</Type> </pre>

	<pre> <Code>Consultation</Code> <Quantity>1</Quantity> <Net>900</Net> <Observation> <Type>Grouping</Type> <Code>PackageID</Code> <Value>Maternity Pkg. X</Value> <ValueType>Other</ValueType> </Observation> </Activity> </pre>
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Person Register

Definition: Transaction utilized by the Payer to send the member registration details to the Health Authority through the standard electronic format designated by the DHD.

Schema Updates

Several updates will be applied on the person register schema as shown below:

Field	Update Description
PersonFirstName	Field mandated
PersonContactNumber	Field mandated
PersonEmail	Field added as Optional Description: The personal email address of the insured member.
PersonLocation	Field added as optional Description: The person's actual location at city of residence Based on Dubai Statistics Center (DSC) list.
MemberRelationTo	Field mandated
PersonPayerID	Field added as Mandatory Description: <ul style="list-style-type: none"> • The patient's insurance DHA payer ID. • For self-paid schemes it should be DHA assigned ID for self-paid scheme.
ContractGrossPremium	Field Mandated Description updated to: This is the AED amount the of the yearly premium, the member has to pay for his insurance policy.
ContractPolicyHolder	Field Mandated Description updated to: <ul style="list-style-type: none"> • The indication of the policy holder Type. • Restrictions: <ul style="list-style-type: none"> ○ 1 = Government ○ 2 = Government related services ○ 3 = Other ○ 4 = Private companies Less than 1000 employees ○ 5 = Private companies more than or equal to 1000 employees.

ContractCompanyName	Field added as Mandatory Description: This is the trade name of the member's company.
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Transaction submission mandate

Payers \ Self-Paid schemes are requested to submit the PersonRegister data to the DHPO starting 01.03.2013

Self-Paid Schemes

Dubai healthcare insurance market serves a good portion of the members under Self-Paid schemes that are managed by the self-paying organization or a TPA. eClaimLink will be capable of handling these schemes through an organized registration process.

Self-Paid Scheme registration

TPAs\Payers and Self-Paid bodies are requested to submit their scheme details using a predefined template provided on the eClaimLink website.

DHA will review the submitted list and will:

- Approve the scheme and generate an eClaimLink unique code.
- Reject the scheme and send the rejection code with the client.

eClaimLink will contain periodical updates on the Self-Paid plans list published on the website. Providers will be able to utilize the lists within the ClaimSubmission and RemittanceAdvice transactions.

Transaction Details

Self-Paid plans are utilized as a PayerID within the ClaimSubmission transaction, and the related TPA will be used in the receiver ID.