



ProviderLink

Healthcare Providers' eClaim Application

User Guide - Release 1.0

MAY 2012

www.eclaimlink.ae



in partnership with



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eClaimLink is the eClaim project of the Dubai Health Authority implemented in partnership with Dimensions Healthcare with the objectives of establishing a unified standard healthcare language communicated across the emirate, implementing a unified structured communication schema, providing a centralized health data tracking system, facilitating eClaim financial and clinical information between payers, providers, patients & authorities. Empowering the Dubai Health Authority with the needed information to organize, strategize, and optimize the healthcare setting in Dubai. The eClaimLink portal is intended to manage eClaims and health data. In addition, it will serve to connect all the healthcare community of Dubai and through its many anticipated modules will raise the quality of care, enhance efficiency, and reduce mistakes, fraud and abuse in the Emirate of Dubai. Visit www.eclaimlink.ae for more information.

1 Getting Started

Accessing the eClaimLink system requires that your **facility** is equipped with a computer and internet connection.

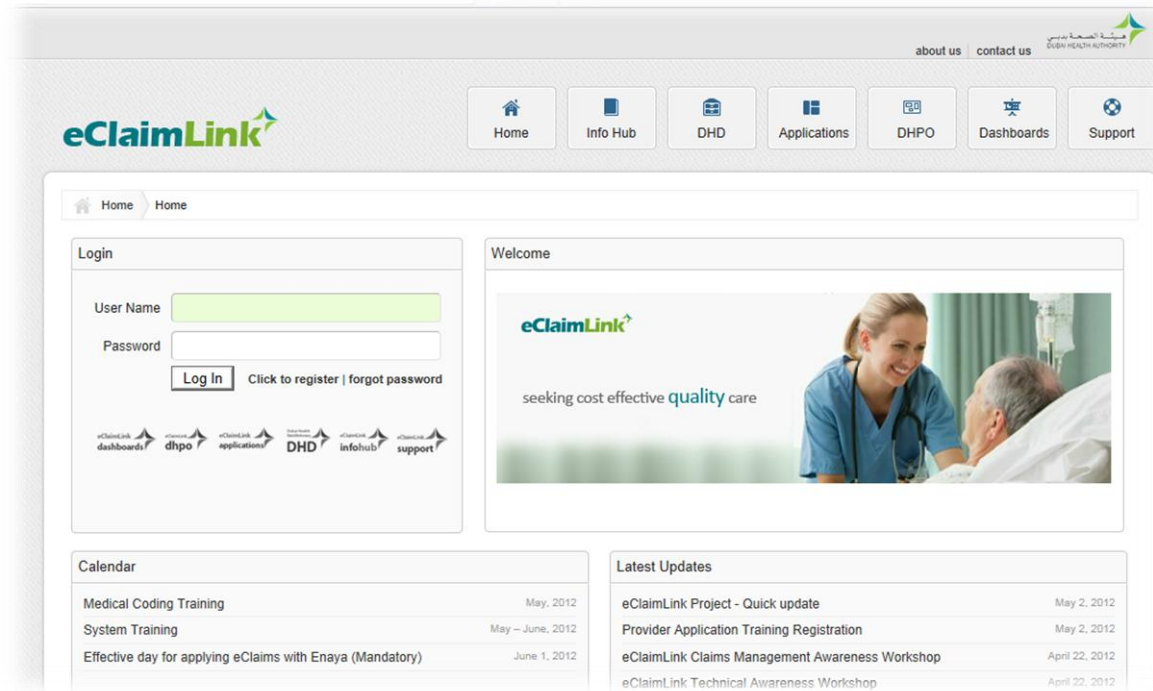
To get started, open your internet browser and navigate to the following website:

www.eclaimlink.ae

You will be then be directed to the eClaimLink main website.

On **the upper left** corner of the website, you will find a login form, click to register if you are a new user.

Please enter your **username**, and **password** if you are already a registered user.



2 Registration

If you are a new user, to register you need to have a valid license with one of the health authorities or MOH in the UAE.

Register your licensed facility on eClaimLink by clicking ‘Click to register’ in the login section on main page. If you are part of a group of facilities, each of these facilities need to be registered on eClaimLink and the account of the facility you are practicing in should be used.

Enter all requested info in the form, after validation for your ID is done, your account shall be activated and you should receive a notification through the email you registered with.



1 Account Details
2 Account Validation
3 Subscriptions
4 Finish

As you are registering on eClaimLink.ae site, you are hereby confirming that you are the authorized person at the selected healthcare provider/payer, and your contact information is the proper official email and phone.

Account Type	Provider ▼
Facility	DHC0006 - Testing Pharmacy
Username	Test User
Email	test.account@test.com
Password	••••••
Confirm Password	••••••
Contact Person	test contact person
Phone	000112233456

Continue >>

Cancel

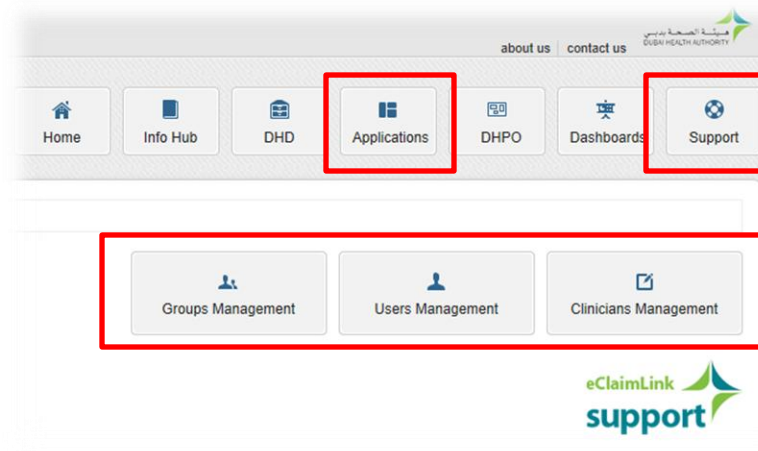
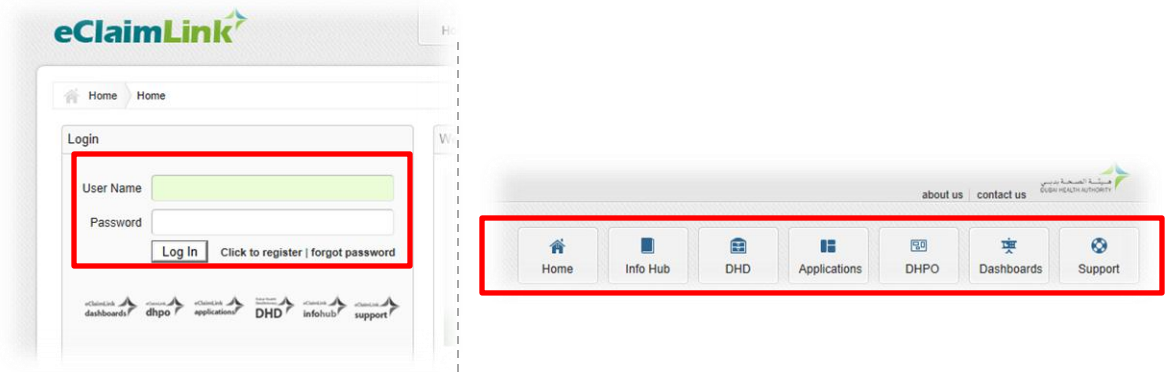
3 Logging In and Setup

After logging in from the login section on main page, explore the different components of the system by clicking on various buttons on the header menu, get familiar with various components of eClaimLink before you start. Visit the [DHD's](#) section of [Data Flow](#) to understand the expected flow for the system. Check the awareness workshops files on the [Info Hub](#) for more details.

Click on [Support](#) and setup your [Group Management](#) for your facility groups and their access permissions. Click on [User Management](#) to add your users and decide to which group they belong.

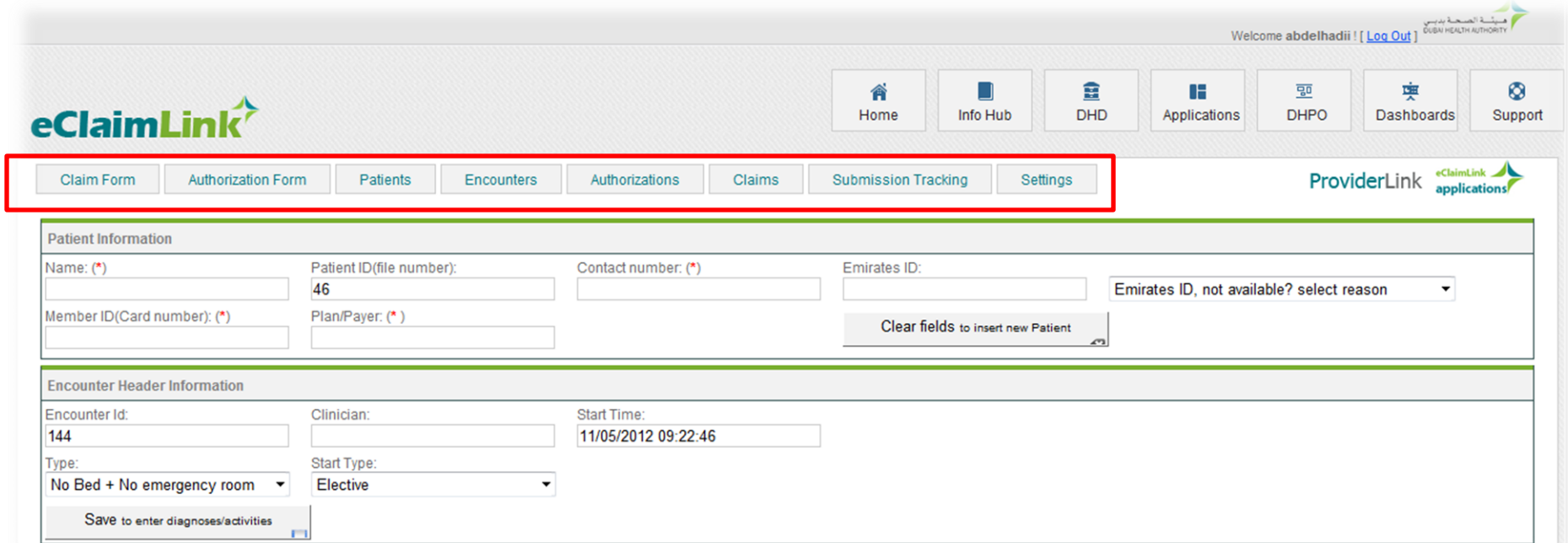
If you are a clinic, hospital or optical center then click on [Clinicians Management](#) to add the physicians who work at your facility. Its critical to add all physicians who you will claim for.

When done, click on [Applications](#) to login to the [ProviderLink](#) application and start entering claims and authorizations.



4 ProviderLink System

After logging in to ProviderLink, the **Claim Form** is automatically activated. Get familiar with the menu that you will be using while in the application to fill forms, search, generate submission files to submit it to the dhpo.



Welcome abdelhadii ! [\[Log Out \]](#) 

eClaimLink 

Home Info Hub DHD Applications DHPO Dashboards Support

Claim Form Authorization Form Patients Encounters Authorizations Claims Submission Tracking Settings

ProviderLink 

Patient Information

Name: (*) Patient ID(file number): Contact number: (*) Emirates ID: Emirates ID, not available? select reason

Member ID(Card number): (*) Plan/Payer: (*)

Encounter Header Information

Encounter Id: Clinician: Start Time:

144 11/05/2012 09:22:46

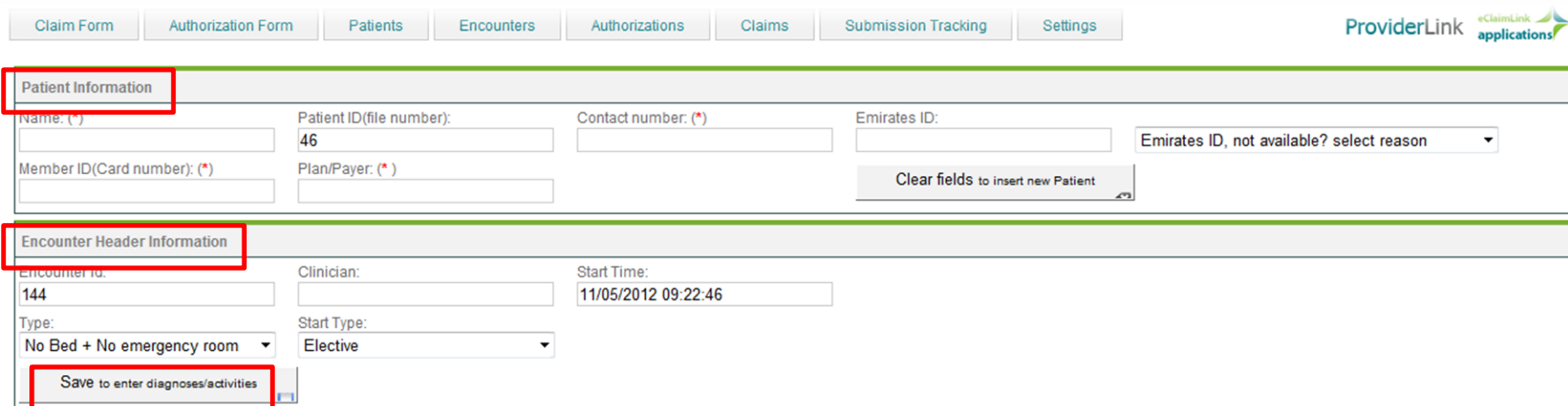
Type: Start Type:

No Bed + No emergency room Elective

5 Claim Form *General*

The Claim Form screen contains a user friendly form designed to minimize the user's effort in submitting a claim. Below is a brief descriptions of the fields found in this form. Many fields are populated automatically with suggestions. There are 4 sections in this form: [Patient Information](#), [Encounter Header Information](#), [Diagnosis Information](#) and [Activities Information](#). The last 2 sections shall appear when the first 2 sections are filled and saved.

By entering few letters or numbers of any of the fields of [Name](#), [Member ID](#), [Contact Number](#) or [Patient ID](#), the system shall search to check if you entered this patient earlier in the system and shall fill the form automatically for [Patient Information](#) section. You cannot edit previous patients info from this form, you need to go to Patients section and edit it there.



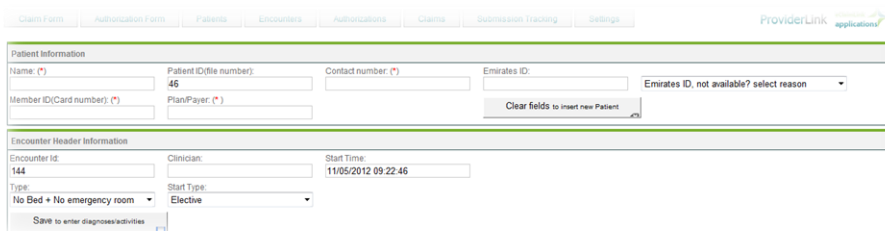
The screenshot shows the ProviderLink Claim Form interface. At the top, there are navigation tabs: Claim Form, Authorization Form, Patients, Encounters, Authorizations, Claims, Submission Tracking, and Settings. The main form is divided into sections. The 'Patient Information' section is highlighted with a red box and contains fields for Name (*), Patient ID (file number) (46), Contact number (*), Emirates ID, and Member ID (Card number) (*). There is also a dropdown for 'Emirates ID, not available? select reason' and a button 'Clear fields to insert new Patient'. The 'Encounter Header Information' section is also highlighted with a red box and contains fields for Encounter Id. (144), Clinician, Start Time (11/05/2012 09:22:46), Type (No Bed + No emergency room), and Start Type (Elective). At the bottom, there is a button 'Save to enter diagnoses/activities' which is highlighted with a red box.

5 Claim Form *Patient & Encounter Info*

Here are the definitions of the fields, notice some are mandatory (denoted by *).

Patient Information fields:

- **Name***: Patient name (it doesn't go to payers, but stay in system for tracking purposes).
- **Patient ID (File number)***: Patient file number at the facility, it will automatically populate an auto generated one if not entered by user.
- **Contact Number**: Patient phone or mobile number
- **Emirates ID***: Enter National Emirate ID or select reason if not available
- **Member ID (Card Number)***: Member insurance ID as showing on Insurance Card
- **Plan/Payer***: Insurance Company and Plan of the Member, this is not the TPA but the payer.



Encounter Header Information fields:

- **Encounter ID***: Is the encounter (visit or episode) number, it will automatically populate as an auto generated one if not filled manually. Many use it to track invoices (invoice number).
- **Clinician***: Physician supervising the activities in this encounter (the consultation, prescribing drugs, conduction a procedure or a service.) If you are a clinic, hospital or optical center then you need to enter all clinicians working at your facility in the system before seeing the clinician name here in the list (refer to section 3 on how to add your clinicians). Enter few letters of name or license number to choose from list.
- **Start Time***: Encounter Start date and time (automatically populated if done at time of service)
- **Type***: Encounter Type (choose from the list)
- **Start Type***: Encounter start type (choose from the list)

When entering inpatients, more fields (End Type and Time) shall be requested, also more info is requested in patient transfer cases.

After finish entering the Patient and Encounter Information, click the button of [Save to enter diagnosis and activities](#).

A new sections open for Diagnosis and Activities to enter the remaining information.

5 Claim Form *Diagnosis Info*

Here are the definitions of the fields, notice some are mandatory (denoted by *).

Diagnoses [2] (Click to show diagnoses)

Diagnosis Inserted Successfully

Type	Code - Description	Edit Diagnosis	Delete Diagnosis
Principal	A01.00 - Typhoid fever, unspecified		
Secondary	A02.24 - Salmonella osteomyelitis		

Secondary

Add Diagnosis

Activities [0] (Click to show activities)

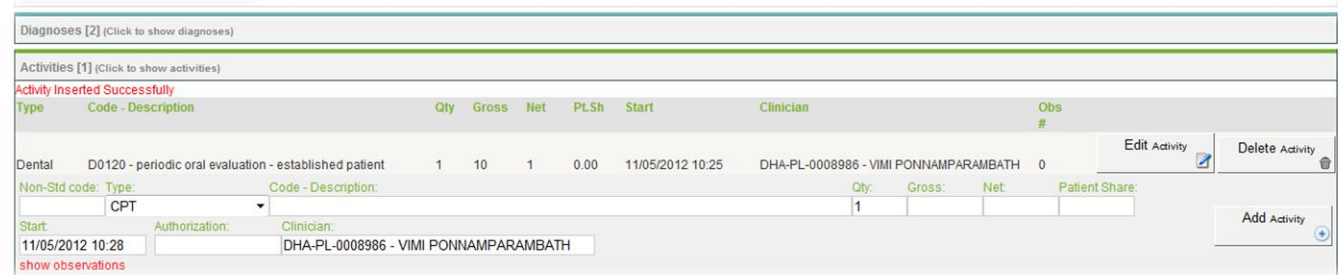
Diagnosis fields:

- Type***: Primary, Admitting, or Secondary. Only one Primary Diagnosis or Admitting is allowed, but can add several Secondary diagnosis.
- Code with Description ***: Enter the ICD10-CM code if you know it or enter key word of the diagnosis description you are seeking and the system will show you a short list of related diagnosis descriptions and codes to select from. Be more specific in your search if so many options pop up in the list, use other key words to search for.

The comprehensive list of all ICD10-CM codes is available in an excel file for reference in the [Support](#) section under [Codes Download](#) part.

5 Claim Form *Activities Info*

Here are the definitions of the fields, notice some are mandatory (denoted by *).



Activities fields:

- **Non-Std Code**: Your non-standard service code used by your facility with the payer before eclaims came into picture. This is not a mandatory field and can be used till Jan 1, 2013 when this field is dropped. Currently it's a code that is captured as an observation.
- **Type***: Type of the activity: CPT (for procedures including operations, labs and radiology), Dental, Drug, Service (including consultation), and HCPCS (consumable and disposables).
- **Code Description***: Enter code or search by entering a keyword to search for the needed code or description.
- **Quantity***: The number of Activities served. It can be also a fraction such as half a pack of drug.
- **Gross***: Is the total AED amount of the charges included on the Activity.
- **Net***: The net charges billed by the provider to the Payer for this Activity.
- **Patient Share***: Any fee the provider have effectively collected from the patient for this activity.

Activities fields:

- **Start***: Insurance Company and Plan of the Member
- **Authorization ID** : The ID number given by the payer for authorizing the activity.
- **Clinician***: Is the same Clinician ID entered in Encounter Information section before, no need to change unless needed for this specific activity.
- **Show observation**: observations are not required except in certain cases. Check next page for more details about rules related to it.

The Non-Standard Code must be mapped to a specific Activity Type and Code.

Its important to keep in mind that Gross is always equal or larger than Net+Patient Share.

Authorization ID is not mandatory, if you got it from payer (by e-Authorization, phone or fax) enter it here.

The comprehensive list of all Activity codes are available in an excel file for reference in the [Support](#) section under [Codes Download](#) part.

5 Claim Form *Observations Info*

Observation(s) are part of activities and are not mandated except in certain cases.

Observation fields:

- **Type:** One of the listed types to be selected.
- **Code, Value and Value Types** vary depending on the observation type and nature of needed data. Payers may request specific data to be captured and sent in a special DHA approved format.

Enaya program *mandate* providers to capture the **Presenting Complaint** in observation if the Activity Type is a Service and the Code is a consultation code (9, 9.1, 10, 10.1, 11, 11.1, 21, 22, 23). As soon as the code is entered, the system opens the **Presenting Complaint** Observation box. Also similar case happens when Dental code is entered, the system opens the **Tooth Number** Observation Box to enter tooth if it is applicable. With rest of Activity code, an optional **Description** Observation Box appears, but not mandatory.

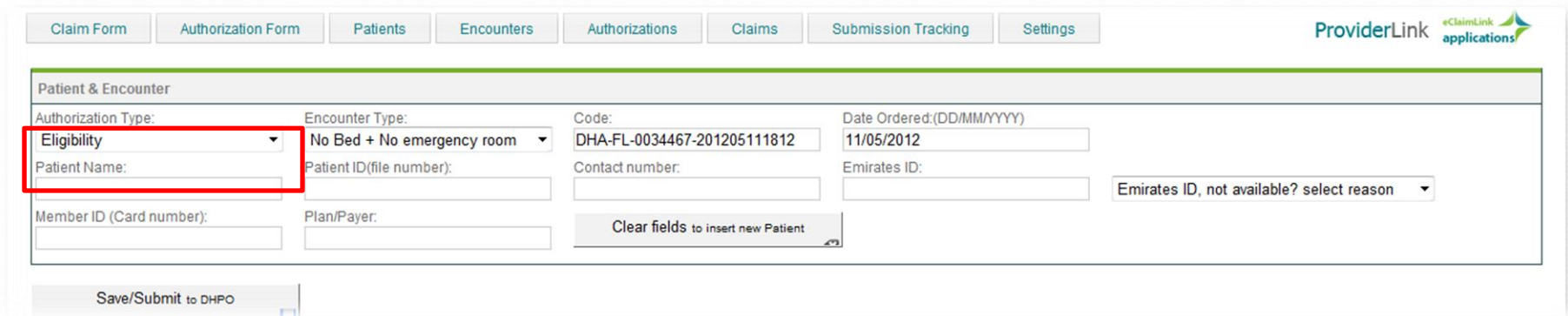
The screenshot displays the 'Observations' section of the ProviderLink eClaimLink application. At the top, there is a header with 'hide observations' and 'Observations'. Below this, a form allows users to add observations with fields for 'Type' (a dropdown menu), 'Code', 'Value', and 'Value Type', along with an 'Add Observation' button. Below the form, there is a table with columns: 'Non-Std code: Type:', 'Code - Description:', 'Qty.', 'Gross:', 'Net:', and 'Patient Share:'. The table contains one row with the following data: 'Service', '9 - Consultation GP', '1', '0.00', '0.00', and '0.00'. Below the table, there are three observation boxes, each highlighted with a red rectangle. The first box is labeled 'Presenting Complaint (*)' and contains a text area for entering the complaint. The second box is labeled 'Tooth Number' and contains a text area for entering the tooth number. The third box is labeled 'Description: (Optional)' and contains a text area for entering an optional description. The 'Tooth Number' and 'Description: (Optional)' boxes are also highlighted with red rectangles.

6 Authorization Form *General*

The Authorization Form screen contains a user friendly form designed to minimize the user's effort in submitting an Authorization. Below is a brief descriptions of the fields found in this form. Many fields are populated automatically with suggestions. There are 3 sections in this form: **Patient & Encounter Information**, **Diagnosis Information** and **Activities Information**. The last 2 sections shall appear when the first 2 section are filled and saved. There are 2 types of authorizations: **Eligibility** and **Authorization**.

Eligibility, checks whether the patient is an eligible member with the payer (without sending the encounter info, just validating on his member ID). **Authorization** type, is that requesting approval for specific encounter with detailing its Diagnosis and Activities.

By entering few letters or numbers of any of the fields of **Name**, **Member ID**, **Contact Number** or **Patient ID**, the system shall search to check if you entered this patient earlier on the system and shall fill the form automatically for **Patient & Encounter Information** section. You cannot edit previous patients info from this form, you need to go to Patients section and edit it there.



Claim Form | Authorization Form | Patients | Encounters | Authorizations | Claims | Submission Tracking | Settings

ProviderLink 

Patient & Encounter

Authorization Type: **Eligibility** | Encounter Type: **No Bed + No emergency room** | Code: **DHA-FL-0034467-201205111812** | Date Ordered:(DD/MM/YYYY) **11/05/2012**

Patient Name: | Patient ID(file number): | Contact number: | Emirates ID: | Emirates ID, not available? select reason

Member ID (Card number): | Plan/Payer: | **Clear fields to insert new Patient**

Save/Submit to DHPO

6 Authorization Form *Patient & Encounter Info*

Here are the definitions of the fields, notice some are mandatory (denoted by *).

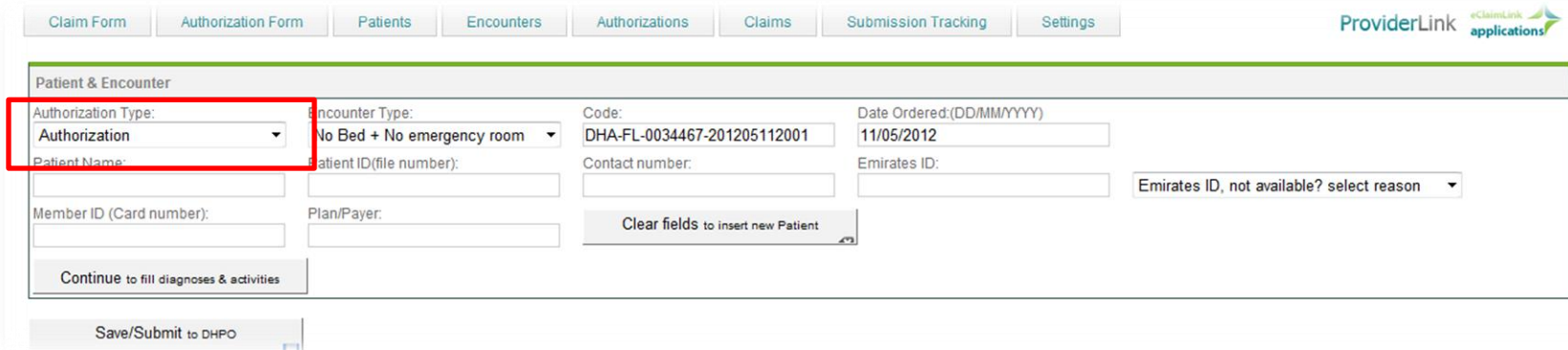
Patient & Encounter Header Information fields:

- **Name***: Patient name (only for internal tracking, not sent to payers).
- **Patient ID (File number)***: Patient file number at the facility, it will automatically populate an auto generated one if not entered by user
- **Contact Number**: Patient phone or mobile number
- **Emirates ID***: National Emirate ID or select reason if not available

- **Member ID (Card Number)***: Member insurance ID as showing on Insurance Card
- **Plan/Payer***: Insurance Company and Plan of the Member
- **Date Ordered***: The date on which the prescription/order is prescribed/ordered.
- **Code***: The prior request ID (tracking number for request).

After finish entering the Patient and Encounter Information, click button of [Save](#) to enter diagnosis and activities.

A new sections open for Diagnosis and Activities open to enter the remaining information.



Claim Form Authorization Form Patients Encounters Authorizations Claims Submission Tracking Settings

ProviderLink 

Patient & Encounter

Authorization Type: **Authorization** Encounter Type: **No Bed + No emergency room** Code: **DHA-FL-0034467-201205112001** Date Ordered:(DD/MM/YYYY) **11/05/2012**

Patient Name: Patient ID(file number): Contact number: Emirates ID: Emirates ID, not available? select reason

Member ID (Card number): Plan/Payer: Clear fields to insert new Patient

Continue to fill diagnoses & activities

Save/Submit to DHPO

6 Authorization Form *Diagnosis Info*

Here are the definitions of the fields, notice some are mandatory (denoted by *).

Diagnoses [2] (Click to show diagnoses)

Diagnosis Inserted Successfully

Type	Code - Description	Edit Diagnosis	Delete Diagnosis
Principal	A01.00 - Typhoid fever, unspecified		
Secondary	A02.24 - Salmonella osteomyelitis		

Secondary

Add Diagnosis

Activities [0] (Click to show activities)

Diagnosis fields:

- **Type***: Primary, Admitting, or Secondary. Only one Primary Diagnosis or Admitting is allowed, but can add several Secondary diagnosis.
- **Code with Description***: Enter the ICD10-CM code if you know it or enter key word of the diagnosis description you are seeking and the system will show you a short list of related diagnosis descriptions and codes to select from. Be more specific in your search if so many options pop up in the list, use other key words to search for.

The comprehensive list of all ICD10-CM codes is available in an excel file for reference in the [Support](#) section under [Codes Download](#) part.

6 Authorization Form

Activities Info

Here are the definitions of the fields, notice some are mandatory (denoted by *).

Diagnoses [2] (Click to show diagnoses)									
Activities [1] (Click to show activities)									
Type	Code - Description	Qty	Gross	Net	PLSh	Start	Clinician	Obs #	
Dental	D0120 - periodic oral evaluation - established patient	1	10	1	0.00	11/05/2012 10:25	DHA-PL-0008986 - VIMI PONNAMPARAMBATH	0	Edit Activity Delete Activity
Non-Std code: Type: CPT Code - Description: Qty: 1 Gross: Net: Patient Share: Start: 11/05/2012 10:28 Authorization: Clinician: DHA-PL-0008986 - VIMI PONNAMPARAMBATH show observations Add Activity									

Activities fields:

- Non-Std Code:** Your non-standard service code used by your facility with the payer before eclaims came into picture. This is not mandatory and can be used till Jan 1, 2013 when this field is dropped. Currently it's a code that is captured as an observation.
- Type*:** Type of the activity: CPT (for procedures including operations, labs and radiology), Dental, Drug, Service (including consultation), and HCPCS (consumable and disposables).
- Code Description*:** Enter code or search by entering a keyword to search for the needed code or description.
- Quantity*:** The number of Activities served. It can be also a fraction such as half a pack of drug.
- Gross*:** Is the total AED amount of the charges included on the Activity.
- Net*:** The net charges billed by the provider to the Payer for this Activity
- Patient Share*:** Any fee the provider have effectively collected from the patient for this activity.

Activities fields:

- Start*:** Insurance Company and Plan of the Member
- Clinician*:** Physician supervising the activities in this encounter (the consultation, prescribing drugs, conduction a procedure or a service.) If you are a clinic, hospital or optical center then you need to enter all clinicians working at your facility in the system before seeing the clinician name here in the list (refer to section 3 on how to add your clinicians). Enter few letters of name or license number to choose from list.
- Show observation:** observations are not required except in limited cases. Check next page for more details about rules related to it.

The Non-Standard Code must be mapped to a specific Activity Type and Code

Its important to keep in mind that Gross is always equal or larger than Net+Patient Share.

The comprehensive list of all Activity codes are available in an excel file for reference in the [Support](#) section under [Codes Download](#) part.

6 Authorization Form

Observations Info

Observation(s) are part of activities and are not mandated except in certain cases.

Observation fields:

- **Type:** One of the listed types to be selected
- **Code, Value and Value Types** vary depending on the observation type and nature of needed data. Payers may request specific data to be captured and sent in a special DHA approved form.

Enaya programs *mandate* providers to capture the presenting Complaint in observation if the Activity Type is a Service and the Code is a consultation code (9, 9.1, 10, 10.1, 11, 11.1, 21, 22, 23). As soon as the code is entered the system opens the **Presenting Complaint** Observation box. Also similar case happens when Dental code is entered, the system opens the **Tooth Number** Observation Box to enter tooth if it is applicable. With rest of Activity code, an optional **Description** Observation Box appears, but not mandatory.

The screenshot displays the 'Observations' section of the ProviderLink Authorization Form. It features a table with columns for Type, Code, Value, and Value Type. Below the table, there are three observation boxes, each highlighted with a red rectangle:

- Presenting Complaint (*):** This box is associated with the 'Service' type and '9 - Consultation GP' code. It contains the text 'Presenting Complaint (*)' and a redacted area.
- Tooth Number:** This box is associated with the 'Dental' type and 'D7511 - incision and drainage of abscess - intraoral, soft tissue - complicated (includes drainage of)' code. It contains the text 'Tooth Number:' and a redacted area.
- Description: (Optional):** This box is associated with the 'GX - Voluntary liability notice' type and 'DHA-PL-0008920 - VENKATA PHANI RAJ CHITTAJA' code. It contains the text 'Description: (Optional)' and a redacted area.

7 Patients Page *Search and Edit*

The [Patients](#) Screen will allow you to define [New Patient](#) or edit existing patient information, and allow you to create Encounter for a selected patient. It will also provide you with a detailed look on the patient general information and Plan information.

Claim Form

Authorization Form

Patients

Encounters

Authorizations

Claims

Submission Tracking

Settings

ProviderLink

eClaimLink
applications

[New Patient](#)

☒ Search By General Information

☐ Search By Plan Information

Personal Information

Name

Gender

Phone

Patient Code

Emirates ID Number

Female ▾

Search By General Information

Previous

Next

Page 1/1[1]

Patient Code	Patient Name	Birthdate	Phone	Emirates ID	Create Encounter	Edit	Delete
32	dana test	18/05/2012		000000000000000	Create Encounter	Edit Patient	

7 Patients Page *Create New Patient*

Here are the definitions of the fields, notice some are mandatory (denoted by *).

To [Create](#) a New Patient or [edit](#) existing ones, you will need to:

1. Enter patient **Name**:*
2. Enter **Emirates ID***. If the Emirates ID is not available, select a reason.
3. Enter **Birth Date**
4. Select **Gender**
5. Enter **Phone Number**
6. Click on **“Save Patient”*** button.

Rest of Information is not important for claims and follow up.

Patient Insurance Plans, you will need to:

1. Enter **Member ID***
3. Select **Plan/Payer***. The Plan/Payer is a smart list. Enter the first 2 or 3 letters of the plan/payer name or code and the system will show the matching records.
4. Enter **Expiry Date**
5. Click on **“Save Patient Plan”** *

The screenshot shows the 'Patients' tab in the ProviderLink application. The form is divided into two main sections: 'Save Patient' and 'New Patient'. The 'New Patient' section is active, showing fields for Name (Hasan), Gender (Male), Birthdate (03/12/1981), Weight (Kg.), Emirates ID (0000000000000000), National without card (selected), Phone, Weeks Of Pregnancy, and Creatinine Clearance (ml/min). Below this is the 'Patient Insurances' section, which includes fields for Member ID (2255), Plan/Payer (enayaA{P0001 - Category A - [INS001 - D]), and Expiry Date (27/05/2012). There are buttons for 'Save Patient Plan' and 'New Patient Plan'.

8 Encounters Page *Search and Edit*

To view encounters navigate to the “[Encounter Page](#)”. In this screen you will be able to view all generated encounters in details.

Use the search engine to enter the criteria in which you want to filter your results. If you desire to view all encounters leave all fields empty and click on search.

You may also Edit or Delete previously entered encounters ,by clicking on Edit or Delete buttons.

Search Filter

Encounter Code:

Encounter Type:

-- Any --

Patient Code:

Start Time:

End Time:

-- Any --

-- Select End Type --

Member Card:

Insurer:

-- Select Insurer --

Plan:

Search

Search result

Select Current Page

Clear Selection

Claim Selected

Claim All Search Result

Previous

Next

Page 1/10(92)

Select	EncounterId	Encounter Code	Type	StartTime	EndTime	Submitted	Activites Count	Diagnoses Count	Control	Delete
☐	2	2	No Bed + No emergency room	25/04/2012 15:53:20	25/04/2012 16:23:20	No	0	2	Edit	
☐	3	3	No Bed + No emergency room	25/04/2012 17:29:57	25/04/2012 17:59:57	No	0	0	Edit	
☐	4	4	No Bed + No emergency room	25/04/2012 17:34:10	25/04/2012 18:04:10	No	0	0	Edit	
☐	5	5	No Bed + No emergency room	25/04/2012 17:37:15	25/04/2012 18:07:15	No	0	0	Edit	
☐	6	6	No Bed + No emergency room	26/04/2012 09:39:45	26/04/2012 10:09:45	No	0	0	Edit	
☐	7	7	No Bed + No emergency room	26/04/2012 09:44:32	26/04/2012 10:14:32	No	0	0	Edit	
☐	8	8	No Bed + No emergency room	26/04/2012 10:09:14	26/04/2012 10:39:14	No	0	0	Edit	
☐	9	9	No Bed + No emergency room	26/04/2012 10:20:47	26/04/2012 10:50:47	No	0	0	Edit	
☐	10	10	No Bed + No emergency room	26/04/2012 10:23:30	26/04/2012 10:53:30	No	0	0	Edit	

8 Encounters Page *Generate Claims*

To send Claims to dhpo (post office), you need to:

1. Select the related encounters (see previous page).
2. Click on “[Claim Selected](#)” button
3. Click on “[Go to Generate Page](#)” button
4. If the TPA is receiving the file, enter the received ID as indicated (e.g. Enaya is the payer and Neuron is the TPA).
5. Enter the submission code (ID)
6. Click on “[Save](#)”.

Note: Only encounters with at least one activity and one diagnosis can be added in claim submissions.

Now you can go to [Claims Page](#) and see the generated file.

Submission Cart

Page 1/1[3]

EncounterId	Encounter Code	Type	StartTime	EndTime	Submitted	Activites Count	Diagnoses Count	Control	Delete
2	2	No Bed + No emergency room	25/04/2012 15:53:20	25/04/2012 16:23:20		0	2	Edit	
3	3	No Bed + No emergency room	25/04/2012 17:29:57	25/04/2012 17:59:57		0	0	Edit	
35	35	No Bed + No emergency room	01/05/2012 16:23:37	01/05/2012 16:53:37		0	1	Edit	

Previous Next

GoTo Generate Page



Home Info Hub DHD Applications DHPO

Claim Form Authorization Form Patients Encounters Authorizations Claims Submission Tracking Settings

Encounter Header Information

Saved Successfully Encounters should have at least 1 diagnosis and 1 activity to be claimed, else it will not be included in the claim submission.

Insurance Plan: **Dubai Government - Program 1 (Enaya)**

Receiver: Receiver is the selected insurer. [Click here to select a different receiver](#)

TPA001 - Neuron LLC

Submission Code: **June-2012-Enaya**

Disposition Flag: **PRODUCTION**

Save

9 Authorizations Page

To view previously generated and submitted Prior Requests/ and Prior Authorization, navigate to the “Authorizations Page”.

Use the search engine to enter the criteria in which you want to filter your results. If you want to view all Prior Requests/ Prior Authorizations leave all fields empty and click on “Filter/Search” button. You may also view the results received for the Requests/Authorization (Yes or No). To review details of already submitted requests, click on the needed line.

[Claim Form](#)
[Authorization Form](#)
[Patients](#)
[Encounters](#)
[Authorizations](#)
[Claims](#)
[Submission Tracking](#)
[Settings](#)



Authorization Filter/Search

Code(ID):

Date Ordered From:

Date Ordered To:

Patient Name:

Member ID (Card number):

Plan/Payer:

Denial:

Authorization Type:

<<Select>>

Result received:

☒ All
 ☐ Yes
 ☐ No

Filter/Search submitted prior requests/authori

	Member	Code	Payer	Plan	PR TransactionDate	PA TransactionDate	Type	Start	End
	Pending	1234554321	DHA-FL-0034467-201205071645	INS001	P0001	07/05/2012 16:45	Eligibility		
	Pending	AHM21	DHA-FL-0034467-201205071644	INS001	P0001	07/05/2012 16:45	Eligibility		
	Pending	0004145	DHA-FL-0034467-201205071158	INS001	P0001	07/05/2012 12:00	Eligibility		
	Pending	AHM21	DHA-FL-0034467-201205061042	INS001	P0001	06/05/2012 10:43	Eligibility		
	Pending	3543	DHA-FL-0034467-201205052202	INS001	P0002	05/05/2012 22:03	Eligibility		
	Pending	3543	DHA-FL-0034467-201205051508	INS001	P0002	05/05/2012 15:11	Eligibility		
	Pending	CARD100	DHA-FL-0034467-201205030944	INS001	P0001	03/05/2012 09:45	Authorization		
	Pending	AHM26	DHA-FL-0034467-201205022317	INS001	P0001	02/05/2012 23:22	Authorization		
	Pending	CARD100	DHA-FL-0034467-201205021615	INS001	P0001	02/05/2012 16:15	Authorization		

10 Claims Page *Submissions*

The “[Claims Page](#)” is where you will send and review status of submissions.

When you click on the [Send](#) button, the system shall update the ‘[Submitted](#)’ column status and shall inform you if there is an error message coming from dhpo and if unable to upload with excel file containing reason (such as clinician license is expired).

If nothing appears and status of submission becomes ‘[Yes](#)’ then its already submitted. You can validate this by checking the dhpo for the file.

Use the search engine to enter the criteria in which you want to filter your results.

Submissions List

Claim Code Is Submitted ☒ Yes ☐ No From Transaction Date To Date

ClaimId	Claim Code	Submitted	Transaction Date	Encounters Count	Send To Post Office
1	1	False	01/05/2012 11:23:15	0	
2	1	False	01/05/2012 11:23:21	0	
3	test	False	01/05/2012 11:25:14	0	
4	SubEnaya-4	False	02/05/2012 03:11:05	1	Send
5		False	02/05/2012 11:20:51	0	
6	1234	False	02/05/2012 11:25:09	0	
7		False	03/05/2012 11:21:47	0	
8	600	False	03/05/2012 14:51:57	1	Send
9	555	False	03/05/2012 16:39:54	1	Send
10	777	False	03/05/2012 16:42:47	2	Send

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10 Claims Page *Remittance Advices*

Use the search engine to view all the previously saved Remittances in the system.

To check for new Remittances, click on “[Check for new Remittances](#)” button. The system will allow you to download (to see it in xml format) or import (to include the file in the system) by clicking on “[Download](#)” or “[Import](#)” buttons.

Also you can click ‘[View](#)’ to see response from payers on your submission after importing the file and do [resubmission](#) for claims as needed.

Code	IDPayer	PaymentReference	Denial Code	Denial Description	Denied activities	Encounter Code	Total Payment	
check1 - 1	check1	check1			0	89		View Activities

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Search

Search result

Check for new remittances
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No#	Date	Claim Code	Insurer ID	Claims Count	Control
1	06/05/2012 17:41:11	TestClaim2	INS001	0	
2	06/05/2012 17:41:13	TestClaim2	INS001	0	
3	06/05/2012 17:41:15	TestClaim2	INS001	0	
4	06/05/2012 17:41:31	TestClaim2	INS001	0	
5	07/05/2012 12:50:36	abctest10	INS001	1	View
6	07/05/2012 13:14:00	abctest11	INS001	1	View
7	07/05/2012 14:58:32	check1	INS001	1	View
9	07/05/2012 16:42:17	check1	INS001	1	View
10	07/05/2012 17:21:11	checkclaim	INS001	1	View
12	07/05/2012 17:57:16	checkclaim	INS001	1	View

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Search result

Back to Remittance List

No#	Date	File Name	Insurer ID	Claims Count		
6e2adfdf-57cb-40ce-bb67-4824c52f324	08/05/2012 13:46	checkremittance.xml	INS001	1	Download	Import
6967b3e6-ebb3-4074-91ad-88cd6c15d447	08/05/2012 15:21	test8_05_2012.xml	INS001	1	Download	Import
d2e51707-06d2-477d-a70a-920ba2b85c1c	08/05/2012 15:21	test8_05_2012.xml	INS001	1	Download	Import
b9b0e030-6870-47e4-bc97-5209437a36b6	08/05/2012 16:24	checkremittance2.xml	INS001	1	Download	Import

11 Submission Tracking Page

To view submissions, navigate to the “[Submission Tracking Tab](#)”. In this screen you will be able to track all submissions and if payers responded to, with payment details.

Use the search engine to enter the criteria in which you want to filter your results. If you desire to view all submissions leave all fields empty and click on “Search” button.

Search Criteria

Claim

From

To

Submission Code

PayerId

Encounter Code

Remittance

--Remittance Advice--

Resubmitted

☐

Remittance Contains Rejections

☐

Search

Result

ClaimId	Encounter	Encounter Date	Submission Code	Submission Date	Payer ID	Remittance Received	Amount Submitted	Contains Rejections	Payment Amount	Rejection Amount	Claim Resubmitted	Amount Resubmitted
SubEnaya-4 - 1	39	02/05/2012 02:26:06	SubEnaya-4 - 1	02/05/2012 03:11:05	1	N	0.00	N			N	0.00
600 - 1	46	03/05/2012 14:48:48	600 - 1	03/05/2012 14:51:57	1	N	0.00	N			N	0.00
555 - 1	55	03/05/2012 16:38:34	555 - 1	03/05/2012 16:39:54	1	N	0.00	N			N	0.00
777 - 1	55	03/05/2012 16:38:34	777 - 1	03/05/2012 16:42:47	1	N	0.00	N			N	0.00
777 - 2	56	03/05/2012 16:41:14	777 - 2	03/05/2012 16:42:47	1	N	0.00	N			N	0.00
909 - 1	56	03/05/2012 16:41:14	909 - 1	03/05/2012 16:43:35	1	N	0.00	N			N	0.00
323 - 1	57	03/05/2012 17:56:22	323 - 1	03/05/2012 17:57:45	1	N	0.00	N			N	0.00

12 Settings Page *Insurance Plans*

The Settings module allow you to [Add New Plans](#), [Edit](#) and [Delete Plans](#).

To Add new plans, navigate to the “[Add Plan](#)” button then you need to :

1. Select [Insurance Plan](#). The Insurance Plan is an auto fill field. Enter the first 2 or 3 letters of the plan/payer name or code and the system will show the matching records.
2. Enter [Description](#).
3. Enter [Discount Rate \(%\)](#).
4. Enter [Patient share \(%\)](#).
5. Select [Out of](#) : Net or Gross.
6. Enter [Maximum Patient share](#).
7. Check the [Is Active](#) check box
8. Click on “[Save](#)” button

If price lists are uploaded with the concerned activities, it will override the equation set [here](#).

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	Description	Code	Discount Rate	Active	Max Pt. Share	OutOf	Patient Share	Name	License	ReceiverLicense
 	enayaA	P0001	0.1000	☒	200.00	N	0.1500	Category A	INS001	INS001
 	Category C	P0003	0.3000	☒	50.00	N	0.1000	Category C	INS001	INS001
 	the description for D	P0004	0.2500	☒	350.00	N	0.3500	Category D	INS001	INS001
 	Testing plan B	P0002	0.1000	☒		G	0.1000	Category B	INS001	INS001
 	test	P0005	0.1000	☒	100.00	G	0.0400	Category VIP	INS001	INS001

Add Plan

Insurance Plan Information

Insurance Plan:

Description:

Discount Rate(%):

Patient Share(%):

Out Of: <<Select>>

Max Patient Share:

Is Active ? ☐

Save Plan
Cancel

12 Settings Page *Price Lists*

The Settings module allow you to [Search for existing Prices](#), [Add New Prices](#), [Edit](#) and [Delete Prices](#).

Also [Import and Export Prices Sheet](#).

To Add new Prices, navigate to the “[Add Price](#)” button then you need to :

1. Select [Activity](#). The Activity is a auto fill field. Enter the first 2 or 3 letters of the plan/payer name or code and the system will show the matching records.
2. Select [Plan](#).
3. Enter [Gross](#).
4. Enter [Net](#).
5. Select [Patient Share](#).
6. Enter [Non-Standard code](#) (if available)
7. Click on “[Save Price](#)” button

Prices Filter/Search

Activity Type: <<Select>> Plan: Activity: NSC:

Filter/Search activities/plans/prices

	Activity Code	Activity Type	Plan Code	Plan Description	Gross	Net	Patient Share	NSC
	00103	CPT	P0001	enayaA	20.00	15.00	50.00	11
	00104	CPT	P0002	Testing plan B	100.00	50.00	10.00	011212
	00214	CPT	P0004	the description for D	300.00	200.00	60.00	
	01230	CPT	P0003	Category C	25.00	15.00	10.00	1234567
	42800	CPT	P0001	enayaA	3000.00	2700.00	450.00	

Add Price Import Prices Sheet Export Prices Sheet

Activity/Plan Price Information

Activity:

Plan: <<Select>>

Gross:

Net:

Patient Share:

Non-Standard Code(temp):

Save Price

Cancel

12 Settings Page *Price Lists*

To Import Prices sheets, navigate to the “Import Prices sheets” button then you need to use specific file template. Click on “[Get Sample File](#)” to see sample or click on “Choose File” button if ready to upload. Click on “[Upload Prices](#)” button once Finish.

To Export Prices sheets, Click on “[Export Prices sheets](#)” button.

Import Prices Sheet

You must use specific file template, with the following columns:

- PlanCode: DHA unique code of the plan.
- ActivityCode: Code of the activity.
- ActivityType: The type of the activity.
- Gross
- Net.
- PatientShare.
- Provider_NSC: the non-standard code if used(optional, temp).

[Get Sample File](#)

Prices Sheet:

12 Settings Page *Backup Data*

The Settings module incorporates a backup option which will allow you to back up your data on the system.

To backup your data navigate to the backup section, [specify the name for the back up folder](#) and click “Backup” button.

You will then be able to save your backup file locally on your computer device.

What to backup

Backup:

☐
☐
☐
☐

Encounters
Patients
Plans
Prices

Backup

13 Support

The eClaimLink System is a user-friendly platform built around the true needs of payers, providers, and regulators in the United Arab Emirates.

If you have any questions regarding the use of the system, you can:

Download ProviderLink Quick Guide.

Post Support Tickets through the Ticketing System (starting June 1, 2013).

If you still have inquiries, you can call us at:

Dimensions Healthcare – Contact Call Center

Failure to access system, login issues, functionality related inquiries, etc.

600 522 004

support@eclaimlink.ae