

# Payment Model for Healthcare Services in Dubai – 2016

Q&A Session

Wednesday 4<sup>th</sup> November 2015

# Outline

1. PN 3 / 2015
2. GC 09 / 2015
3. Definitions
4. Q&A List

## Subject of this Procedural Notice

Payment Model for Healthcare Services in Dubai - 2016

## Applicability of this Procedural Notice

This notice applies to all parties involved in providing healthcare services in the Emirate of Dubai (hospitals, clinics, polyclinics, laboratories and radiology centers) who are licensed by DHA or MoH, and those who are enrolled as providers in the eClaimLink platform

## Purpose of this Procedural Notice

To specify the characteristics of the interim Payment Model and the criteria which healthcare providers will be required to fulfill in order to apply for change in their respective price lists for 2016

DHA has established a maximum percentage of increase at the general [inflation of 4.41%](#) for any amendment in the **GROSS** price of healthcare services for the year of 2016 pending DHA's Health Funding Department Approval.

## Subject of this General Circular

Internal Coding Elimination and Coding Standards in eClaimLink

## Applicability of this General Circular

This notice applies to all parties involved in providing healthcare services in the Emirate of Dubai (hospitals, clinics, polyclinics, laboratories and radiology centers) who are licensed by DHA or MoH, and those who are enrolled as providers in the eClaimLink platform

## Purpose of this General Circular

To communicate to the market details of Internal Coding Elimination and Coding standards in eClaimLink

All Provider/Payers are required, as per the mandate to revise all contractual agreements to be in line with initial DMCC Release - Medical Coding Guidelines [2013-01-09](#)

- Gross Prices
  - The actual listed price, cash-patients price
- Net Prices
  - The actual agreed price in the contract with the insurance company (the discounted price). Composed of two values:
    - Paid amount from Insurance companies
    - Patients' share
- Tariff is not a commonly used term in the adjudication language by DHA.

Gross Price

100.00 AED

Net Price @ 10% Discount

90.00 AED

Paid Amount with 20% Patient Share

72.00 AED Insurance + 18.00 AED PS

Gross Price

104.41 AED

Net Price @ 20% Discount

83.53 AED

Paid Amount @ 5% Patient Share

79.35 AED Insurance + 4.18 AED PS

# Process for Payment Model

	Date	Instruction
<b>Step 1</b>	Wednesday 4 <sup>th</sup> November 2015	“Notification of intent” form published on eClaimLink portal (eClaimLink > Application > Request for Price Increase)
	Monday 9 <sup>th</sup> November 2015 1800 GST	“Notification of intent” closed on eClaimLink. Failure to respond will result in exclusion from the price increase exercise
<b>Step 2</b>	Tuesday 10 <sup>th</sup> November 2015 1800 GST	Eligibility Response <ol style="list-style-type: none"> <li>1. A valid active license</li> <li>2. Compliance with eClaimLink</li> <li>3. Compliance with eRx</li> <li>4. Meet the minimum criteria for medical necessity</li> <li>4. Pending violations and fines</li> <li>6. Completion of Dubai Healthcare Cost Index Data</li> </ol>
<b>Step 3</b>	Saturday 14 <sup>th</sup> November 2015 1800 GST	File upload must be completed. The data template file is available on eClaimLink (eClaimLink > Application > Request for Price Increase)
<b>Step 4</b>	Sunday 15 <sup>th</sup> November 2015	Price Increase Qualification Response will commencing

## Q&A List

**We have different price lists per insurance, which one are we going to upload in the application? Which one does this PN apply to?**

**1. In case of multiple facilities do we need to apply separately for price increase for each facility?**

Yes, as per each facility license, even if it is the same prices across the facilities.

**2. Do we need to apply for price increase in case we are adjusting the current price list which will result in increase of prices for some services and reduce for others?**

Cost neutralization and adjustments are still classified as price increases IF the GROSS prices are changed. Thus, this payment model applies to them.

**3. If required, can DHA provide us with written approval to increase the prices which thus can be used for negotiation with the payers?**

The list of eligible providers will be shared with the payers and TPAs. It will be made clear to the payers and TPAs that this list is sufficient for the new proof of eligibility. If needed, a screen shot can be shared internally or externally.

**4. If the provider has facilities in Dubai and Abu Dhabi, the price increase will be applicable to both or only in Dubai?**

The GC and PN explains this in its opening table.

### **5. Do providers need to follow the same steps and meet all the requirements in case they want to increase the price for only one specific service?**

The PN applies per CPT, CDT and DSL level regardless of the number of codes.

### **6. What quality indicators are taken into consideration while assessing the eligibility for price increase?**

Will be using the currently available options that were shared with the market. This include CEED, DACS, and Ejada.

### **7. What if a provider miss a deadline or need extra time to collect the information requested by DHA ? We are not ready yet to complete the process online. Can we do it later during 2016?**

DHA is working with very tight deadlines in order to implement the Law and meet the standard market processes. Thus, this PN will only apply for 2016 and must meet the announced deadlines.

### **7.A Can we make changes during 2016 to our discount rates or our net prices? should we apply for any permission?**

This PN applies only to the GROSS prices. It is up to the contractual parties to agree on any discounts, and at any point in time. These parties don't need to apply for permission from DHA

### **8. Do providers need to provide additional justifications for price increase?**

DHA may request additional information, in certain cases, where it deems necessary.

### **9. Are there any new requirements or change in the criteria for assessment? What if a provider gets a conditional status like last year?**

The criteria has been customized to reflect the updated compliance requirements with the Law. Providers will be assessed based on their previous year's status, where requirements stated by DHA last year should be met.

### **10. When will the DRG be implemented?**

Implementation of DRG will occur in phases and is part of a larger road map. DHA has commenced the first phase of DRG implementation, which consists of improving coding standards in Dubai and data collection for analytical purposes.

### **11. What are the thresholds for eRx use and Medical necessity?**

The thresholds have been set based on the current market averages, adjusted by the standard deviation.

### **12. How can we as a provider check if any of our claims have medical necessity flags in eClaim?**

There are systems available in the market that will allow Providers to access their claims based on medical necessity and safety checks.

### **13. Will we see the results for our facility for some of the criteria?**

This is an interim solution for Price Regulation done at an overall inflation rate. The future model will allow each provider to monitor their individual performance with all required details.

### **14. What if a provider needs more than the 4.41% price increase?**

The 4.41% cap has been set based on the published inflation rate for August 2015 by Dubai Statistics Center.

### **15. The yearly price hike approval can be implemented immediately or do we have to agree the same with the insurance companies?**

The price increase is only pertained to the GROSS prices and not to the discounted prices. The agreement to implement the new discounted prices must include both parties involved.

### **16. Will there be a mandatory price from DHA and if yes what will be its logic?**

DHA have no plan to have mandatory prices.

### **17. Will DHA continue with this model at inflation rates every year, or there will be another model?**

The long term model is under study and approval, and will be communicated to the market once a decision is made. The long term model will include several advantages over the current FFS, including but not limited to:

- Fostering sustainability
- Rewards more efficient healthcare providers with a higher profits
- Provides a systematic method for updating prices
- Rewards higher quality

### **18. Some insurance companies refuse to accept the new prices, and request a freeze on our list although we are eligible to increase. Who should we report to?**

The increase is not mandatory on insurance companies. Once eligible for a GROSS price increase, a negotiated discounted is warranted.

### **19. We have arrangements with the insurance companies following their code lists. Does the Procedural Notice of payment model apply to these lists?**

These lists should not be followed starting 01/Jan/2016, as per GC 09/2015. Reporting other parties that insist in using the internal is required as per the same PN.

## Your questions

1. Some insurance are refusing to take us on their network. Can DHA assist the facilities by providing the same opportunity to participate on the insurance system?
2. Is our facility eligible for the "Payment Model 2016"?
3. We have different price list with different insurance companies , is there an issue regarding this ?
4. If we will be given only up to the maximum of 4.41% increase, then there should also be a specified maximum discount that an insurance company can request from DHA. I believe without this then tariff revisions will most likely not to be finalized by both ends.
5. Which price should be submitted to DHA? Ex: Consultation is Charged at Dhs 415, As per the below column, when we approach DHA for price revision should we approach with the Least Net amount or the Highest Net amount?

S.NO	CONSULT COST	INCREASE %	NET
1	415	2%	423.30
2	415	3%	427.45
3	415	4%	431.60
4	415	4.41%	433.30

- 1. In the agreed contract between the Provider and the Insurance company, there is an agreed stipulated time for the provider to request for price increase (Example – every two years), does it mean now that if approval is given by DHA yearly then we can submit this to the insurance company regardless of the one stated in the contract?**
- 2. If the 4.41% must be increase from the gross how we are going to increase for those insurance company prices who is providing us only gross amount with 0% discount?**

- 1. If a provider undertakes to defer the approved Price increase for 2016, can the same be carried forward & accumulated to the next year ?**
- 2. What are the Key preparations needed to prepare the Hospitals for DRG Billing. Do we receive any sort of guidelines in advance to prepare the costing methodology in our Facility.**
- 3. Apart from the standard 4.4% price increase, what is the plan for 2016 for select DRG's in 2016 ?**
- 4. What is the process for new codes (based on new scope of services) that will be created in 2016 ? Can this be discussed and decided between Provider & Payers ?**
- 5. When will DHA adopt to CPT 2015 as against the current CPT 2012 ?**
- 6. Can we deny any Price Increase request from providers, who do not have approval from DHA? These requests are usually received during mid-year.**
- 7. What is the expected implementation date of the DRG codes in Dubai?**
- 8. If prices will increased does it changed automatically in the system or need to change it manually by the insurance companies or provider?**
- 9. Will the Internal coding be eliminated from the schema submission from providers to Payers effective from 1st Jan 2016 ?**

## *Other Questions*