General Circular pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai

eClaimLink General Circular Number 03 of 2018 (GC 03/2018)

Subject of this General Circular	**The eAuthorization Initiative - Update**
Applicability of this General Circular	This circular applies to all Payers and Providers in the Emirate of Dubai and those who are enrolled on the eClaimLink platform.
Purpose of this General Circular	To communicate across the Market changes that are to be applied as per agreement with the eClaimLink Taskforce and its members.
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Publication date	12th April 2018
This document replaces	Not applicable
This document has been replaced by	Not applicable
Effective date of this General Circular	12th July 2018
Grace period for compliance	3 calendar months

Preamble

As part of DHA Health Funding Department's endeavors to encourage efficient communication through the eClaimLink system we will be announcing some operational and technical improvements and guidelines over the course of 2018.

Note: The application of the below operational guidelines, does not require any technical modification to the eClaimLink schema.

1. eAuthorizations from Non Network Providers

Many concerns have been raised by Providers that eAuthorization requests sent to Payers, who's networks they are not part of, via eClaimLink are either not responded to or rejected automatically. This is mainly due to the automation that occurs within Payer systems whereby they differentiate between network and non-network Providers.

There are some situations where a non-network provider will need to send an eAuthorization request. For example, this may occur in the following scenarios:

- When, following an emergency admission, there is a continuation of treatment post stabilization in an out of network facility.
- When a service is unavailable within a given network of facilities and is available in an out of network facility, so the eAuthorization process must be initiated by the Provider.

Payers are required to configure their systems to detect non-network Providers and respond to eAuthorization request posted to DHPO regardless of whether they are network or non-network.

2. eAuthorization - Emergency Notifications

The 24-hour notice period for emergency care commonly stated in Payer Standard Polices and Schedule of Benefits, whereby treatment received without prior approval from the insurance company, including cases of medical emergency which were not notified within 24 hours from the date of presenting at ED or admission is considered an exclusion.

Currently this notification is sent via email, which is a labor intensive process outside of the eClaimLink system and often involves unnecessary exchange between Providers and Payers.

The objective of this operational guideline is to allow for a DHPO time stamped emergency notification to be initiated by a Provider, which will automate this initial stage of the authorization process.

At the point of notification, discussions around diagnosis and medical necessity should not occur. Providers are therefore responsible for accurate assessment of emergency cases that fall within the following definition as outlined in Policy Directive Number 2 of 2017 (PD 02/2017) - Emergency Definition.

Definition of Emergency

"An Emergency is defined as the sudden onset of an illness, injury or medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) requiring immediate and unscheduled medical care, and if left untreated could result in placing the person's life and/or health in serious jeopardy; serious impairment to bodily functions; serious dysfunction of a bodily organ or part; serious disfigurement; or in the case of a pregnant woman, serious jeopardy to the health of the fetus".

It is the emergency medical condition of the patient, not the diagnosis, which drives the necessity for immediate treatment. Symptoms must be sufficiently severe to cause the patient to seek immediate medical aid.

Guidelines

Code	Description	Detailed Description
61.08	Emergency Consultation	Consultation by a physician at Emergency Room

- Providers are required to submit an eAuthorization with encounter **type 2(No Bed + Emergency room)** to satisfy the 24hr notification policy for provision of emergency services.
- DSL code available – 61.08 – Consultation by a physician at Emergency Room must be added as a service.
- This notification must be sent within 24hrs of the patient presenting for treatment or before discharge, whichever comes first.
- Payer systems must be configured to accept all notifications with diagnoses that meet the above definition of emergency, and with Emergency encounter type 2 from non-network Providers, if policy validation is correct (valid and effective).

3. eAuthorization Turn-Around-Time (TAT)

In order to encourage the adoption and growth of the eAuthorization initiative we will begin assessing and reporting **turnaround times**, which will aid us in our analysis and evaluation of the eAuthorization workflow, Provider compliance and Payer performance.

Turnaround times will be calculated through eClaimLink **as** the total **time** taken between the submission of an eAuthorization request (and successful posting on DHPO) and the return of the Payer response (and successful Posting on DHPO).

The following TAT's have been agreed with the eClaimLink Task Force members and will be monitored and reported quarterly to access if adjustments are required.

Encounter Type	TAT
OP	Within 6 hours
IP	Within 24 hours

Note: There is no TAT outlined for emergency services, as authorizations are not required and they are to continue to be handled as exceptions.

Timelines and Deadlines

Instructions of this General Circular must be applied by **10th July 2018** by all Payers and Providers in the Emirate of Dubai and those who are enrolled on the eClaimLink platform