



*Cost Data Collection Technical
Document*

**Abu Dhabi Clinical Costing Road
Map Implementation Project 2025**

Document Version 1.12

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Purpose of this document

This document outlines the technical requirements for implementing the cost data collection process from healthcare providers in Abu Dhabi. This covers information on the submission schema, submission platform submission validations and data quality and other internal validations. This cost data collection aligns with DOH's goal of establishing a value-based funding model, where healthcare providers are reimbursed based on service quality, efficiency, and cost of care. This initiative supports the transformation of healthcare funding by providing accurate cost data for informed pricing and policy making. Providers should refer to the document Abu Dhabi Clinical Cost Data Collection (ADCCDC).

Project Background

DOH as the healthcare regulator in Abu Dhabi, aims to improve care quality and operational efficiency within the Emirate by utilizing patient-level clinical costing data for creating funding and pricing policies.

Shafafiya serves as Abu Dhabi's transaction exchange platform, processing healthcare claims data between providers, payers, and government entities. It is now selected as the collection platform for healthcare costing data.

Technical scope

The technical scope of this implementation is to introduce a new transaction type in Shafafiya for the submission, validation, and analysis of healthcare patient – level costing data from providers. Cost data will be submitted annually, reviewed for compliance with DOH's data standards, and validated based on critical and warning error types.

The key stakeholders

The following list comprises of the project stakeholders.

Sr. #	Stakeholder Name	Dept/Sec	Internal / External	Responsibility (for cost data submission)
1	Department Of Health	Clinical Costing / Healthcare Payer Sector	Internal	Act as primary contact between provider and DOH technical teams to ensure successful data submission
2	Department Of Health	Digital Health and Shafafiya Teams	Internal	Ensures the platform operates smoothly, manages data transactions, and supports the integration of new functionalities. Authenticated via internal Shafafiya system
3	Health care providers	All providers with direct patient care	External	Responsible for submitting accurate costing data through Shafafiya as per DOH standards and specifications

System and Business Requirements

Requirement ID	SHF-COST-001
Title	Costing Data Submission via Shafafiya
Description/Purpose	Healthcare providers will submit costing data through Shafafiya using a unique transaction ID specifically for this data type. Cost data will be collected annually, in line with DOH's guidelines, during a specified submission window
Ref. Use Case ID	UC-SHF-COST-001
User Story	As a healthcare provider, I want to submit my organization's costing data annually via Shafafiya to comply with DOH's requirements for value-based funding and reimbursement.
Actors	Healthcare Providers
Systems/Applications involved	Shafafiya Portal, Costing Data Module
Pre-Condition	Providers have received the costing data template and are aware of the annual submission requirements.
Post-Condition	Costing data is successfully submitted in the Shafafiya system, ready for validation and analysis.
Main workflow	<ol style="list-style-type: none"> Costing Submission:/ Resubmission: Providers prepare costing data files following DOH structure. Requests are submitted through provider integration with Shafafiya. Transaction ID: A unique transaction ID is assigned for tracking. Data Entry and File Upload: Providers upload the costing data files, following the DOH-defined template and specifications. "Transaction size must not exceed 5 MB" PTE Submit: Providers to submit their costing data ASAP via PTE prior to the go-live date within the specified annual submission window Production Submit: Providers submit their final costing data within the specified annual submission window (1 September to 30 September 2025). <i>NB: Reconciliation Report is to be submitted concurrently to dohclinicalcosting@doh.gov.ae</i> Acknowledgment: The system acknowledges successful submission and initiates the validation process. Resubmission: Providers can only re-submit their patient level cost data as corrections. Resubmissions occur if the providers receive any communications from the DOH to do so. <p>Notes:</p> <ul style="list-style-type: none"> Communication is going to be offline not through the Shafafiya.

	<ul style="list-style-type: none"> Cost data resubmission must not be present, unless the same Claim.ID exists in at least in one previous cost submission transaction.
Wireframes	N/A
Assumptions	<ul style="list-style-type: none"> Providers are aware of the submission requirements and deadlines. Providers follow the DOH-issued template and specifications for request format and data content. Providers are adhering to the validation rules published by the Department of Health (DOH) in their clinical costing systems before submitting their costing results to the DOH. Providers must conduct their clinical costing processes in their own clinical costing systems, following the clinical costing standards and guidelines published and the fields definition and schema provided by DOH team. <ul style="list-style-type: none"> Encounter Level: Data must be submitted at an encounter level (IP, OP, ED, etc.). Cost Aggregation: Costs will be aggregated to a cost bucket level and cost type level per encounter, not detailed per activity.

XML Schema for cost data submission (sample with dummy values)

<Cost.Submission>

<!--Header is required as we have common logic to validate the data-->

<Header>

<SenderID>MF118</SenderID>

<ReceiverID>HAAD</ReceiverID>

<TransactionDate>20/11/2024 10:31</TransactionDate>

<RecordCount>1</RecordCount>

<DispositionFlag>PTE_SUBMIT</DispositionFlag>

</Header>

<Claim>

<ID>1468-146802-65036</ID>

<ProviderID>MF118</ProviderID>

<Encounter>

<FacilityID>MF118</FacilityID>

<ID>49253687</ID>

```

    <PatientID>3779253</PatientID>
    <Type>1</Type>
    <Start>04/01/2023 14:30</Start>
    <End>04/01/2023 14:30</End>
    <StartType>1</StartType>
    <Specialty>General Practitioner</Specialty>
    <SubSpecialty>General Practitioner</SubSpecialty>
    <DRGCode>E01B</DRGCode>
    <EndType>1</EndType>
    <Diagnosis>
      <Type>Principal</Type>
      <Code>R80.9</Code>
    </Diagnosis>
    <Procedure>
      <Type>Principal</Type>
      <Code>111-11</Code>
      <Duration>15</Duration>
    </Procedure>
    <EDTriageLevel>0</EDTriageLevel>
    <OPAttendanceType>Followup Attendance</OPAttendanceType>
    <TheatreAttendanceFlag>0</TheatreAttendanceFlag>
    <CriticalCareTime>0</CriticalCareTime>
    <VentilationTime>0</VentilationTime>
    <CostBucketDirect>
      <Allied>0.000</Allied>
      <Anaesthesia>0.000</Anaesthesia>
      <ED>0.000</ED>
      <ICU>0.000</ICU>
      <Imaging>0.000</Imaging>
  
```

```

    <Laboratory>0.000</Laboratory>
    <Physician>25.294</Physician>
    <OP>18.145</OP>
    <OR>0.000</OR>
    <Other>0.000</Other>
    <Pharmacy>0.000</Pharmacy>
    <Prosthesis>0.000</Prosthesis>
    <Supplies>0.000</Supplies>
    <SPS>0.000</SPS>
    <Ward>0.000</Ward>
    </CostBucketDirect>
    <CostBucketOverheads>
    <Allied>0.000</Allied>
    <Anaesthesia>0.000</Anaesthesia>
    <ED>0.000</ED>
    <ICU>0.000</ICU>
    <Imaging>0.000</Imaging>
    <Laboratory>0.000</Laboratory>
    <Physician>25.294</Physician>
    <OP>18.145</OP>
    <OR>0.000</OR>
    <Other>0.000</Other>
    <Pharmacy>0.000</Pharmacy>
    <Prosthesis>0.000</Prosthesis>
    <Supplies>0.000</Supplies>
    <SPS>0.000</SPS>
    <Ward>0.000</Ward>
    </CostBucketOverheads>
    <CostTypeDetails>
  
```



```

    <SWNurs>0.000</SWNurs>
    <SWDoc>0.000</SWDoc>
    <SWAllied>0.000</SWAllied>
    <SWNonClin>0.000</SWNonClin>
    <Laboratory>0.000</Laboratory>
    <Imaging>0.000</Imaging>
    <Pharmacy>0.000</Pharmacy>
    <Prostheses>0.000</Prostheses>
    <MS>0.000</MS>
    <Hotel>0.000</Hotel>
    <GS>0.000</GS>
    <Depreciation>0.000</Depreciation>
    <OHF>0.000</OHF>
    <OHC>0.000</OHC>
    <NABMs>0.000</NABMs>
  </CostTypeDetails>
</Encounter>
  <Resubmission>
    <Type>correction</Type>
    <Comment>Test comment</Comment>
  </Resubmission>
</Claim>
  
```

Description, data type and validation for each field of schema:

The existing schema is published on the DOH website, where applicable specific links are provided in the Data Definition field below. The general link to these references is

www.doh.gov.ae/shafafiya/dictionary

Field Name	Description	Validation	Data Format / Definition
<Header>			
SenderID	Transaction Sender ID	Can be empty	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~HeaderSenderID.html
ReceiverID	Transaction Receiver ID	Can be empty	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~HeaderReceiverID.html
TransactionDate	Cost transaction date	Required	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~HeaderTransactionDate.html
RecordCount	Claims count	Required	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~HeaderRecordCount.html
DispositionFlag	Submission environment	Required	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~HeaderDispositionFlag.html
</Header>			
<Claim>			
ID	Claim ID	Required	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~ClaimID.html
ProviderID	Claim Provider ID	Required	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~ClaimProviderID.html
<Encounter>			
FacilityID	Encounter Facility ID	Required	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~EncounterFacilityID.html
ID	Encounter ID	Required	Unique identifier of Encounter, as reported to Malaffi

Field Name	Description	Validation	Data Format / Definition
PatientID	Encounter patient ID	Required	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~EncounterPatientID.html
Type	Encounter type	Required	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~EncounterType.html
Start	Encounter start date	Required	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~EncounterStart.html
End	Encounter End date	Can be empty	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~EncounterEnd.html
StartType	Encounter start type	Can be empty	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~EncounterStartType.html
Specialty	Encounter Physician specialty	Required	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~EncounterSpecialty.html
SubSpecialty	Encounter Physician Sub-specialty	Can be empty	Text
DRGCode	IRDRG	Required when ActivityType=9, can be empty	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~ActivityCode.html
EndType	Encounter end type	Can be empty	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~EncounterEndType.html
<Diagnosis>			
Type	Diagnosis type	Required when ActivityType=9, can be empty	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~DiagnosisType.html

Field Name	Description	Validation	Data Format / Definition
Code	Diagnosis Code	Required when ActivityType=9, can be empty	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~DiagnosisCode.html
</Diagnosis>			
<Procedure>			
Type	Principal or Secondary	Required when ActivityType=4, can be empty	Text. Either Principal or Secondary.
Code	CPT Code	Required when ActivityType=3, can be empty	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~ActivityID.html
Duration	Activity Duration in minutes	Required when ActivityType=4, can be empty	Integer. 0 or greater.
</Procedure>			
EDTriageLevel	Triage levels (1-5)	Required if ED Event. Can be empty.	Integer. Between 1 and 5 only.
OPAttendanceType	Type of Attendance	Required if OP Encounter. Can be empty	Text. Characterise the Encounter: e.g. First visit, Follow-up visit, etc.)
TheatreAttendanceFlag	True if the Patient attended Theater	Required	Binary Flag. 1=True, 0=False

Field Name	Description	Validation	Data Format / Definition
CriticalCareTime	HDU/ICU/CCU etc. in minutes.	Can be empty.	Integer. 0 or greater.
VentilationTime	Duration of ventilation in minutes.	Can be empty.	Integer. 0 or greater.
<CostBucket Direct>			
Allied	Allied Health services including technicians	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Anaesthesia	Anaesthesia services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
ED	Emergency department	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
ICU	Intensive care, critical care, coronary care, and high dependency units	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Imaging	Imaging services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Laboratory	Laboratory services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Physician	Physician services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)

Field Name	Description	Validation	Data Format / Definition
OP	Outpatient clinics	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))
OR	Operating room	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))
Other	Other services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))
Pharmacy	Pharmacy services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))
Prosthesis	Patient implants	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))
Supplies	Medical and surgical supplies	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))
SPS	Special procedure suites – e.g., endoscopy, cath lab	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))
Ward	Ward Services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))
</CostBucketDirect>			
<CostBucketOverheads>			
Allied	Allied Health services including technicians	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))
Anaesthesia	Anaesthesia services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))
ED	Emergency department	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details))

Field Name	Description	Validation	Data Format / Definition
ICU	Intensive care, critical care, coronary care, and high dependency units	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Imaging	Imaging services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Laboratory	Laboratory services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Physician	Physician services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
OP	Outpatient clinics	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
OR	Operating room	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Other	Other services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Pharmacy	Pharmacy services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Prosthesis	Patient implants	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Supplies	Medical and surgical supplies	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
SPS	Special procedure suites – e.g., endoscopy, cath lab	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)

Field Name	Description	Validation	Data Format / Definition
Ward	Ward Services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
</CostBucketOverheads>			
<CostTypeDetails>			
SWNurs	Salaries and Wages Nursing	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
SWDoc	Salaries and Wages Medical	Required	Number (max 3dp). A value in Dhs as (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
SWAllied	Salaries and Wages Allied Health professionals, including technicians (e.g., operating room)	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
SWNonClin	Salaries and Wages Non-Clinical staff	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Laboratory	Laboratory Supplies	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Imaging	Imaging Supplies	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Pharmacy	Pharmacy Drugs and Services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Prostheses	Implantable devices	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)

Field Name	Description	Validation	Data Format / Definition
MS	All other medical and surgical supplies	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Hotel	Cleaning , linen and laundry, patient food	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
GS	All other goods and services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
Depreciation	Building and Equipment depreciation and amortization	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
OHF	Overhead cost of health care facility	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
OHC	Overheads cost from Corporate Office / Shared Services	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
NABMs	Funded Mandates reported as negative cost type	Required	Number (max 3dp). A value in Dhs (Refer to Abu Dhabi Clinical Costing Standard, Guidelines and Training sessions Material for details)
</CostTypeDetails>			
</Encounter>			

Field Name	Description	Validation	Data Format / Definition
<Resubmission>			
Type	Resubmission type	Required if Resubmission	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~ResubmissionType.html
Comment	Resubmission comment	Can be empty.	https://shafafiyaportal.doh.gov.ae/dictionary/CommonTypes_xsd~s~ResubmissionComment.html
</Resubmission>			
</Claim>			

Technical Queries – Methodology

Claim ID vs Encounter

*Imaging, laboratory, and pharmacy, etc. produce separate claims for the same encounter.
Do we merge claims in this case?*

Please do not merge claims. Submit costs individually for each claim ID (split the encounter to match with individual claim).

If multiple encounters are included in one Claim, roll these details up under one encounter.

How do we proceed in outlier cases such as no Claim ID or multiple encounters per claim?

Where no Claim ID exists populates the ClaimID field with a unique, distinct identifier. It is your responsibility to ensure there are no conflicts with existing ClaimIDs

When you have multiple claims for the same encounter, report each Claim ID as a separate line.

Refer to the details in the Reconciliation Report for handling more complicated matches.

Diagnosis and Procedure Selection

Will the fields for Diagnosis Code and Procedure Code be set to Primary only?

It is important to understand the difference between Code and Type.

Diagnosis Type and Procedure Type may either be Primary or Secondary, but it is expected the vast majority of cases the Procedure and Diagnosis will be Primary.

When declaring Diagnosis Type and Procedure Type, these are declared in relation to the Encounter

Diagnosis Code and Procedure Code should comply with ICD-10 standards. Please ensure your Diagnosis and Procedure codes are accurately captured.

How do we choose which is the Primary Code on a claim (especially for Outpatient Service)? Is it ok to randomize the selection?

For the procedure, it is only applicable (to be reported) for the patients who had theatre flag as “yes”. Procedure is not required for the patients who did not attend any theatre (OR, cath lab, Interventional radiology etc.).

Diagnostics should be reported for all the claims. We are expecting that the providers will report the primary diagnosis for the patient as reported in claim.

I have multiple procedures per claim

Roll the costs up for the claim and choose one as Primary. For some code cases such as Dental, there are codes that detail the Procedure performed on increasing numbers of teeth.

Alternatively, you may denote your multiple Procedure Type as Secondary and split the Costs for the same Claim, though this is not mandatory.

Uninsured/Self-Paying Patient

Do we need to submit Costing data for patients that do not have or do not use their insurance?

Any Claim that incurs a cost, either directly or indirectly, should be included in your submission.

Technical Queries - Submission

Below is a summary of common technical queries received via the Clinical Costing Technical Questions Survey.

File Submission

We understand that Shafafiya will receive the file and generate unique transaction id. How will we get this transaction id?

Refer to the section in this document *Submission end-to-end process flow*. The transaction id will only be reported if errors are identified with your submission.

What value is required in the Disposition Flag when submitting to the Live? The only one that is shown currently is PTE_SUBMIT

Set disposition flag to PRODUCTION for production submissions. DoH Clinical Costing team will notify providers when the environment/APIs become available.

Test - constant flickering

The File Size of our data is over 6MB

It is recommended to split your data into 5MB batches, taking care not to duplicate entries. Candidate ways to split the data could be by month, quarter and facility.

My submission was rejected by Shafafiya!

First principles should be to read and understand the error message you receive from Shafafiya. Review your file to ensure it complies with the guidelines and contains all requested fields. 99% of issues occur because the fields are not present or a number format is incorrect. After amending all these, resubmit the file to Shafafiya. If you are unable to interpret the error messages successfully, and have confirmed you are providing all requested fields, please email Shafafiya Support shafafiyasupport@doh.gov.ae for assistance and cc dohclinicalcosting@doh.gov.ae



Resubmissions

Will Correction type Resubmission override the complete submission as the number of encounters could be different?

The Resubmission is attached to the Claim ID. If for example you only have 50 claims out of 20,000 to resubmit, you need only resubmit data for those claims. If you submit 19,950 extra claims data (duplicate), they will be flagged as resubmission

Would it be a batch process, likewise the DOH team will provide data dump in excel and which specific fields, just Request ID and comment as to what corrections to be made?

Shafafiya will perform an initial check on the upload status and provide a timely response on any non-compliant submissions.

As a secondary check, The DOH Clinical Costing team will review your submissions for data accuracy and may request a resubmission.

Within how many days will we have to resubmit, any time frame?

All costing data must be in the system by July 15 2025. It is strongly advised that you are prepared and ready to submit your results in the week starting July 1 so you have enough time to review or recalculate submissions.

How do I access the Public Test Environment?

Please refer to the following link for further information:

<https://www.doh.gov.ae/en/Shafafiya/dictionary/public-test-environment>

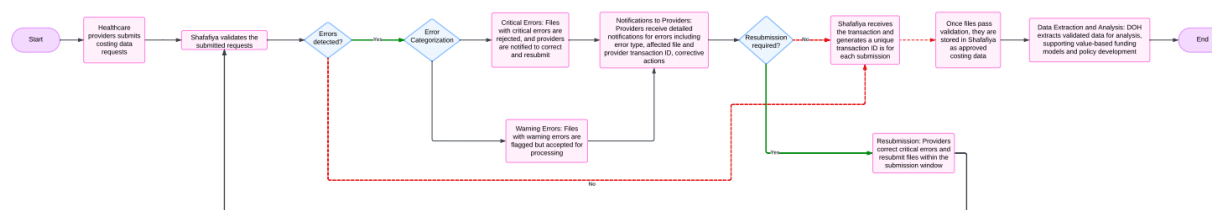
Shafafiya Submission Portal Validations:

Since this is the first year of cost data submission for the healthcare providers, the validations are kept at the minimum. In future, more validations will be added to the submission process to enhance the accuracy of received cost data. Please note that below validations would be in addition to the submission validations mentioned in table above.



Patient Type	Title	Description	Tolerance	Flag
All Encounter Types	Duplicate Cost types	Duplicate Cost Types in one patient encounter		Block
	Duplicate Cost buckets	Duplicate Cost Buckets in one patient encounter		Block
	Zero Total Cost at the encounter level	Zero Total cost at the encounter level for any encounter (sum of all cost buckets and cost types) can only be used to cancel previous incorrect submission		Block, unless <Resubmission> element is present
	Negative Cost at the encounter level	Negative cost at the encounter level for any encounter (sum of all cost buckets and cost types)		Block
	NABM Cost Type (Refer to output tab) - applicable to SEHA Group only	If SEHA Group then value allowed ; error for other entities	Warning for SEHA if zero value or value > zero;	Warning

Submission end-to-end process flow



1. Submitted files are validated for schema, content, and DOH rules.
2. Critical errors result in file rejection; providers are notified to correct and resubmit.
3. Warning errors are flagged but do not block acceptance.

4. Providers receive error notifications with detailed feedback.
5. Resubmitted files follow the same workflow until validation passes.

Internal validations and quality checks:

Healthcare facilities must run minimum of below internal validations and quality checks before submitting the cost data in Shafafiya. These internal validations and quality checks are directional and non-exhaustive and will expand over time. The cost practitioners should also use their experience, judgement and analytical skills to validate the costing output before submission.

DOH Clinical Costing team reserves the right to reject the cost data file and request for resubmission if it is not validated against these validation rules and quality checks.

Patient Type	Title	Description	Tolerance	Flag
Emergency	High Cost Low Triage	Identify encounters in low triage codes (3,4,5) with high costs	Where triage category is 3, 4, or 5 and total cost of the encounter is >10,000 Dhs	Warning
Emergency	Low Cost High Triage	Identify encounters in triage codes 1 and 2 with low costs	Where triage category is 1 or 2 and the total cost of the encounter is <500 Dhs	Warning
Emergency	High Cost High Triage	Identify encounters in triage codes 1 and 2 with high costs	Where triage category is 1 or 2 and the total cost of the encounter is >20,000 Dhs	Warning
Emergency	No Triage	Missing triage data at the encounter level	Identify encounters with no triage data	Warning
Emergency	No Physician Cost	Identify emergency encounters without physician costs		Warning
Emergency	No ED Cost	Identify emergency department encounters with no associated costs		Warning
Emergency	No Triage Data	Identify the missing triage data at the encounter level		Warning
Emergency	Frequent User	Identify patients with > 10 emergency encounters in the year		Warning
Inpatient	Low LOS Costs	Identify all same day encounters that are low cost	Where LOS = Same day and total encounter costs less than or equal to 100 Dhs by DRG	Warning

Inpatient	Low Multi-Day Costs	Identify all multiday or one day encounters that have a low per day cost	Where LOS = Multiday and total encounter cost per day is less than or equal to 500 Dhs by DRG	Warning
Inpatient	High Costs	Identify total high-cost encounters (excluded LTC type)	Total encounter cost is \geq 500,000 Dhs by DRG	Warning
Inpatient	ICU Hours No Cost	Identify encounters where ICU hours have been reported but no corresponding ICU cost	Where ICU Hours is > 0 and total cost for ICU = 0 by DRG	Warning
Inpatient	ICU Hours No Cost	Identify encounters where ICU costs have been reported but no corresponding ICU hours	Where ICU cost is > 0 and ICU hours = 0 by DRG	Warning
Inpatient	Surgical DRG No OR Cost	Identify encounters with surgical DRGs with no Operating Room or Special Procedure Suites cost	Where encounters are grouped to surgical DRGs but OR and SPS cost buckets have zero cost	Warning
Inpatient	Prostheses DRG No Cost	Identify encounters in DRGs with expected prostheses consumption but no prosthesis cost	Where encounters are grouped to DRGs with expected prosthesis consumption, but the prosthesis cost bucket has zero cost	Warning
Inpatient	No Ward / HDU Cost	Identify inpatient encounters without Ward / HDU costs	Encounter IP with ward / HDU cost = 0 Dhs	Warning
Inpatient	Longest LOS	Identify the top 10 IP encounter with the longest LOS for the facility		Informative
Inpatient	No Physician Cost	Identify inpatient encounters where physician costs are missing		Warning
Inpatient	No Pharmacy Cost	Identify inpatient encounters with no pharmacy costs		Warning
Inpatient	No Laboratory Cost	Identify inpatient encounters without laboratory costs		Warning
Inpatient	OR Cost But No Anaesthesia Cost	Identify encounters with OR cost but no Anaesthesia cost		Warning

Inpatient	Identify High Cost Other Services	Identify encounters with >10,000 Dhs in Other Services		Warning
Inpatient	Encounter Los > 3 Months	Identify inpatient encounters with a length of stay greater than 3 months		Warning
Inpatient	No Nursing Cost type	Identify inpatient encounters missing nursing costs		Warning
Inpatient	Duplicate Encounter Ids	Identify duplicate IDs across inpatient encounters		Warning
Outpatient	High Clinic Costs	Identify non admitted encounters with high total costs for clinic attendances	Total encounter cost is > 3,000 Dhs	Warning
Outpatient	Low Clinic Costs	Identify non admitted encounters with low total costs for clinic attendances	Total encounter cost is < 50 Dhs	Warning
Outpatient	Unexpected Clinic Costs	Identify non admitted clinic encounters with unexpected costs	Identify where ICU, OR, SPS, ED cost buckets have cost against these encounters	Warning
Outpatient	High Day Procedure Costs	Identify non admitted procedure encounters with high costs	Total encounter costs is > 25,000 Dhs	Warning
Outpatient	Low Day Procedure Costs	Identify non admitted procedure encounters with low costs	Total encounter costs is <500 Dhs	Warning
Outpatient	High Laboratory Costs	Identify non admitted laboratory encounters with high costs	Total encounter cost is > 1,000 Dhs	Warning
Outpatient	Low Laboratory Costs	Identify non admitted laboratory encounters with low costs	Total encounter cost is < 10 Dhs	Warning
Outpatient	High Imaging Costs	Identify non admitted imaging encounters with high costs	Total encounter cost is > 5,000 Dhs	Warning
Outpatient	Low Imaging Costs	Identify non admitted imaging encounters with low costs	Total encounter cost is < 50 Dhs	Warning
Outpatient	High Pharmacy Costs	Identify non admitted pharmacy encounters with high costs	Total encounter cost is > 1,000 Dhs	Warning

Outpatient	Low Pharmacy Costs	Identify non admitted pharmacy encounters with low costs	Total encounter cost is < 10 Dhs	Warning
Outpatient	Other Unexpected Costs	Identify non admitted encounters with unexpected cost buckets	Identify Imaging, Laboratory, Pharmacy encounter costs with costs in unexpected cost buckets: Ward, ICU, OR, SPS, ED, PROS, ANAES	Warning
Outpatient	No Supplies Cost	Identify outpatient encounters without any supplies costs		Warning
Outpatient	Identify High Cost Other Services	Identify encounters with >10,000 Dhs in Other Services	<10,000 Dhs in Other Services	Warning
Outpatient	Unexpected Cost Buckets	Identify encounters with unexpected cost buckets		Warning

Document Version History

Version	Publish Date (Month Year)	Overview of Changes
V1.12	July 2025	Added Document Version History Table Added Direct Link to PTE Information Adjusted Description of ProcedureCode to explicitly designate CPT Submission Timeline adjusted to align with Circular 2025/110 Added instruction in Main Workflow to align to test in PTE as per Circular 2025/110 Removed section <i>Important Notes</i> as this was covered elsewhere
V1.11	May 2025	ProviderID field added. Procedure Duration, CriticalCareTime and VentilationTime changed to Integer (minutes) datatypes. Description updated accordingly.
V1.1	May 2025	Overhauled Schema Table. Updated XML. Added Technical Queries-Methodology Section. Added Technical Queries - Submission section
V1.0	Nov 2024	