دائـــــرة الـصـــحـــة
DEPARTMENT OF HEALTH

SHAFAFIYA – REIBURSEMENT REFORM CHANGES (EPISODES, ADJUSTOR AND SHADOWBILLING CLAIMS) – SHADOW BILLING

Revision History

Date	Version	Description	Author
11-11-2021	1.0	First Draft	Shafafiya Team
14-11-2021	1.1	Internal Review updates, template changes	Shafafiya Team
15-11-2021	1.2	Incorporate review & feedback	Shafafiya Team, Andrey, Nayeemuddin
24-11-2021	1.3	Incorporate the Episode and Adjustor changes	Shafafiya Team
05-12-2021	1.4	Incorporate comments from HSF team	Shafafiya Team, HSF, Nayeemuddin
06-12-2021	1.5	Incorporate comments from HSF team	Shafafiya Team, HSF, Nayeemuddin
17-03-2022	1.6	Incorporate comments from Daman, HSF and DOH Business team	Shafafiya Team

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1. Business Requirement

Providers:

- Provide the ability for inpatient providers to submit the Inpatients reimbursement reforms (inpatient, Adjustors changes) as Shadowbillilng claims during the pilot phase.

  Note: The current insurance claims submission shall continue as-is without any impact

- Provide the ability for inpatient providers in Abu Dhabi to submit shadowbilling in Shafafiya.
- Provide the ability for the providers to extend Abu Dhabi in-patient episode between 3 days before admission and 7 days post-discharge .
- Provide the ability for the providers to submit the in-patient changes related service codes and DRG codes
- Provide the ability for inpatient services providers in Abu Dhabi to download the corresponding remittance advices for shadowbilling claims

Payers:

- Provide the ability for the payers to download and process the Shadowbilling claims
- Provide the ability for the payers to submit the corresponding Remittance Advices for Shadowbilling claims

2. Proposed Solution

Below are the details of the proposed solution for the Re-imbursement Reforms (Episodes, Adjustors and Shadowbilling) for the pilot phase.

2.1. Shadowbilling

2.1.1. Disposition Flag and Shadowbilling SenderID

The proposed solution is to use the existing Shafafiya UploadTransaction service to submit the claims and Remittance Advices.

The Shadowbilling claims shall be submitted as a seperate claim as part of the separate transaction (file) and not to be mixed with the non-shadowbilling claims.

Note: The current insurance claims submission shall continue as-is without any impact

DispositionFlag

The below Disposition Flags which are at the claim transaction level are being proposed for ShadowBilling claims

- SHADOW_NOT_FOR_PAYMENT_SUBMIT
- SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY

Claims with the above mentioned DispositionFlag shall be considered as ShadowBilling claims.

Since the disposition flag at the transaction (file) level is for shadow billing, all the claims in the transaction (file) will be considered as Shadowbilling claims.

Shadowbilling License ID

Separate / dedicated Shadowbilling License ID (existing License ID with suffix MF231_ Shadow) will be created and providers are expected to use Shadowbilling License ID for submitting the shadowbilling claims

ClaimID

Providers are expected to use same insurance ClaimID for Shadowbilling claims

2.2. Inpatient (Episode) changes

The providers shall consider Episode Extension between 3 days pre-admision and 7 days post-discharge as part of the In-patient episode claims submission.

The providers shall report the observation as part of the first activity for the related ambulatory claim(s) i.e (Episode.PreAdmission and Episode.PostDischarge).

- For Pre-admission ambulatory:

```
<Observation>
        <Type>Episode</Type>
        <Code>PreAdmission</Code>
 </Observation>
```

- For Post-discharge ambulatory:

```
<Observation>
        <Type>Episode</Type>
        <Code>PostDischarge</Code>
 </Observation>
```

Hospitals can submit the ambulatory claim(s) (EncounterType 1, 2, 5, 6) within 4 days of the encounter start (in cases where it is not clear if the ambulatory service(s) will be linked to in-patient episode).

The **new service codes** (89, 90, 91, 92 and 93) for the new outlier and transfer component of the reimbursement reform shall be introduced as part of the in-patient changes.

2.3. Adjustor Changes Solution

The providers shall report the adjustors as separate activities with service codes (80-01, 80-02, 80-03) as part of the in-patient claim.

3. How the Solution Works

Below are the details of how the overall solution works and the required changes for shadowbilling claims

Category	Elements	Description
Claims	Providers	The shadow billing rollout is for Inpatient services Providers in Abu Dhabi.
	Payers	The shadow billing rollout is for claims submitted to Daman and later to be extended to other insurers
	Claim Submission	The current insurance claims shall continue as-is without any impact. A shadowbilling claims to be submitted in a separate shadowbilling transactions.
	Shadowbilling License IDs (Providers / Payer IDs)	The Shadowbilling claims shall be submitted using shadowbilling license IDs i.e. License IDs with a suffix "_Shadow" For ex: MF231_ Shadow
	Disposition Flag	The below disposition flag to be submitted for shadowbilling claims •SHADOW_NOT_FOR_PAYMENT_SUBMIT •SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY
	Episode Definition	Include inpatient encounter with ambulatory encounters within 3 days pre-admission and 7 days post-discharge (same medical reason and same facility)
	Encounter-type	The scope for shadowbilling claims shall be limited to in-patient claims i.e. claims with EncounterType 3 or 4 and related ambulatory claim(s) if exsist (PreAdmission and PostDischarge) with EncounterType 1 , 2, 5, 6
	IPC Claims	The International Providers shall NOT submit shadowbilling claims
	Selfpay claims, , etc	The shadowbilling claims will not be applicable for - Selfpay claims - ProFormaPayer - MedicalTourismSelfPay - MedicalTourismOther - Legacy
	Resubmissions	Providers shall NOT submit resubmissions for shadowbilling claims
	DRG version	Providers shall use DRG version 3.3 for shadowbilling claims
	New Service Codes	Below service codes shall be introduced for re-imbursement reforms 89, 90, 91, 92, 93 80-01, 80-02, 80-03
	Effective Start Date for new Codes	TBD
Authorization	Prior Request & Prior Authorization	The prior authorizations are not Applicable for shadowbilling claims
Pilot Go-Live Date	Effective Start Date	**TBD**

3.1. Claim Submission

Below are the details specific to claim submissions.

Object	Element	Value	Comments
Header	SenderID	*LicenseID_Shadow* *(For ex: MF5375_Shadow)*	Inpatient services providers in Abu Dhai
	ReceiverID	*LicenseID_Shadow* *(For ex: D001_Shadow)*	The Shadowbilling claims shall be applicable for all the insurance plans for Daman i.e. Enhanced, Basic and Thiqa programme, this will also be extended to other insurers
Claim	Claim ID		Claim ID of the shadow claim shall be the same as the real insurance Claim ID

3.2. Remittance Advice

The payers are expected to download the claim, process the claim and submit the remittance advice for the shadowbilling claims with below changes and the rest of the remittance advice information shall be the same.

Specific changes to the Remittance Advice are as per the below

Object	Element	Value	Comments
Header	SenderID	*LicenseID_Shadow* *(For ex: D001_Shadow)*	
	ReceiverID	*LicenseID_Shadow* *(For ex: MF5375_Shadow)*	
Claim	PaymentReference	*Shadow*	

3.3. DRG Service

The providers are expected to use the same service with new element (optional) for invoking the DRG3.3 version for submitting the shadowbilling claims and continue to use the existing Grouper DRG3.1 by providing the new element for the non-shadow billing claims.

Specific changes to the DRG Service are as per the below

Object	Element	Value	Comments
DRG	DRGVersion	3.3	The providers can use the new DRG version for Shadowbilling by providing the DRGVersion as 3.3. If this element is empty or null then default value considered will be 3.1

3.4. Service codes

Below are the details of the services codes for Inpatient changes

Type	Code	Code Description
SERVICE	89	High Outlier Medical
SERVICE	90	High Outlier Procedural
SERVICE	91	Low Outlier
SERVICE	92	Transfer: Low Outlier
SERVICE	93	Transfer: High Outlier

Below are details of the services codes for Adjustor changes

Specification	Muashir	Under Supply ACO	Updersupply Procedure
Service code	**80-01**	**80-02**	**80-03**
Mode of payment* (decimal)	Calculated amount	Calculated Amount	Amount
Proposed code	Service code	Service code	Service code
Quantity allowed	0-100%	0-100%	Number of procedures
Net	Amount	Amount	Amount
Insurance Product	Thiqa and Basic only	Thiqa and Basic only	Thiqa and Basic only
Encounter Type in Claim	Should include IP	Should include IP	Should include IP
Activity in the Claim	+/- CPT	+/- CPT	Should include CPT/HCPCS

4. Validation Rules

4.1. Shadowbilling claims

Shafafya shall validate the availability of the original / real claim in Shafafiya prior to the submission of all the Shadowbilling claims.

The Claim Net amount for the ambulatory claims should be zero – if the observation Episode.PreAdmission or Episode.PostDischarge is present

Validation rule ID	Object	Element	Description	Claim. Submission	Remittance. Advice	Encounter. Start	Header. TransactionDate
	Header	SenderID	must be valid Shadow provider in the list of allowed licenses If Disposition Flag is •SHADOW_NOT_FOR_PAYMENT_SUBMIT or •SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY for Production Environment •PTE_SHADOW_NOT_FOR_PAYMENT_SUBMIT or •PTE_SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY for Public Test Environment	●			TBD
	Header	ReceiverID	must be valid Shadow payer in the list of allowed licenses If Disposition Flag is • SHADOW_NOT_FOR_PAYMENT_SUBMIT or •SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY for Production • PTE_SHADOW_NOT_FOR_PAYMENT_SUBMIT or •PTE_SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY for Public Test Environment		●		TBD
30	Header	DispositionFlag	must be either PRODUCTION or TEST or SHADOW_NOT_FOR_PAYMENT_SUBMIT or SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY on Production Shafafiya and either PTE_SUBMIT, PTE_VALIDATE_ONLY or PTE_RESPONSE PTE_SHADOW_NOT_FOR_PAYMENT_SUBMIT or PTE_SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY on Public Test Environment. The content of e-claim file will be stored in the Post Office database only if it is PRODUCTION or PTE_SUBMIT respectively.	●	●		

	Header	DispositionFlag	must be either SHADOW_NOT_FOR_PAYMENT_SUBMIT or SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY on Production Shafafiya and either PTE_SHADOW_NOT_FOR_PAYMENT_SUBMIT or PTE_SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY on Public Test Environment. if Encounter.Type = 1, 2, 3, 4, 5, 6 is present	●	TBD
	Resubmission	N/A	must not be present If Disposition Flag is • SHADOW_NOT_FOR_PAYMENT_SUBMIT or SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY for Production • PTE_SHADOW_NOT_FOR_PAYMENT_SUBMIT or PTE_SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY for Public Test Environment	●	TBD

4.2. Inpatient changes

Ambulatory encounters (pre-admission, post discharge) are present along with in-patient encounter as part of the episode. The following new validation rules are applicable only for in-patient claims.

New observation Type Episode need to be added in common Type Schema.

Validation rule ID	Object	Element	Description	Claim. Submission	Encounter.Start
306	Activity	Code	Service Codes 89,90,91,92,93, 80-01,80-02,80-03 can be used only If Disposition Flag is • SHADOW_NOT_FOR_PAYMENT_SUBMIT or SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY for Production • PTE_SHADOW_NOT_FOR_PAYMENT_SUBMIT or PTE_SHADOW_NOT_FOR_PAYMENT_VALIDATE_ONLY for Public Test Environment and Encounter.Type = 3 or 4 is present	•	TBD
307	Activity	Net	= 0 for Activity.Type = 9 (IR DRG) If Service Codes 91 or 92 is present	•	TBD
308	Activity	Net	= 0 for Activity.Type = 9 (IR DRG) If Service Code 92 is present and Encounter.StartType = 3 and Encounter.EndType = 4	•	TBD

4.3. Adjustor changes

Below are the proposed draft version of the validation rules for Adjustor changes.

Validation rule ID	Object	Element	Description	Claim. Submission	Encounter.Start
	Activity	Quantity	must be 0 and 100 If Service Codes 80-01 or 80-02	•	TBD
	Activity	Code	must have atleast one CPT or HCPCS code in accordance with Routine Reporting spreadsheet If Service Codes 80-03	•	TBD

4.4. Sample XML Example

4.4.1 Sample Claim (3 days pre-admission):

```
<Claim.Submission
xsi:noNamespaceSchemaLocation="http://www.haad.ae/DataDictionary/CommonTypes/ClaimSubmission.xsd"
xmlns:tns="http://www.haad.ae/DataDictionary/CommonTypes" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
  <Header>
    <SenderID>MF5375_Shadow</SenderID>
    <ReceiverID>D001_Shadow</ReceiverID>
    <TransactionDate>16/03/2022 18:37</TransactionDate>
    <RecordCount>1</RecordCount>
    <DispositionFlag>SHADOW_NOT_FOR_PAYMENT_SUBMIT</DispositionFlag>
  </Header>
  <Claim>
    <ID>456</ID>
    <MemberID>1709890</MemberID>
    <PayerID>E001</PayerID>
    <ProviderID>MF5375_Shadow</ProviderID>
    <EmiratesIDNumber>111-1111-1111111-1</EmiratesIDNumber>
    <Gross>0.00</Gross>
    <PatientShare>0.00</PatientShare>
    <Net>0.00</Net>
    <Encounter>
      <FacilityID>MF5375_Shadow</FacilityID>
      <Type>1</Type>
      <PatientID>1709890</PatientID>
      <Start>10/02/2022 06:00</Start>
      <StartType>1</StartType>
      <EndType>1</EndType>
    </Encounter>
    <Diagnosis>
      <Type>Secondary</Type>
      <Code>Z39.1</Code>
    </Diagnosis>
    <Diagnosis>
      <Type>Secondary</Type>
      <Code>R10.2</Code>
    </Diagnosis>
    <Diagnosis>
      <Type>Principal</Type>
      <Code>N92.1</Code>
    </Diagnosis>
    <Diagnosis>
      <Type>Secondary</Type>
      <Code>D50.9</Code>
    </Diagnosis>
    <Activity>
      <ID>1249192_1</ID>
      <Start>10/02/2022 06:00</Start>
      <Type>3</Type>
      <Code>76830</Code>
      <Quantity>1</Quantity>
      <Net>0</Net>
      <OrderingClinician>GD16620</OrderingClinician>
      <Clinician>GD23628</Clinician>
```

```
      <Observation>
        <Type>Episode</Type>
        <Code>PreAdmission</Code>
      </Observation>
    </Activity>
    <Activity>
      <ID>1249192_2</ID>
      <Start>10/02/2022 10:00</Start>
      <Type>3</Type>
      <Code>99213</Code>
      <Quantity>1</Quantity>
      <Net>0</Net>
      <OrderingClinician>GD16620</OrderingClinician>
      <Clinician>GD16620</Clinician>
    </Activity>
  </Claim>
</Claim.Submission>
```

4.4.2 **Sample Claim (In-patient claim):**

```
<Claim.Submission xmlns:xsd="http://www.w3.org/2001/XMLSchema" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
  <Header>
    <SenderID>MF5375_Shadow</SenderID>
    <ReceiverID>D001_Shadow</ReceiverID>
    <TransactionDate>22/02/2022 11:29</TransactionDate>
    <RecordCount>1</RecordCount>
    <DispositionFlag>SHADOW_NOT_FOR_PAYMENT_SUBMIT</DispositionFlag>
  </Header>
  <Claim>
    <ID>123</ID>
    <MemberID>1709890</MemberID>
    <PayerID>E001</PayerID>
    <ProviderID>MF5375_Shadow</ProviderID>
    <EmiratesIDNumber>111-1111-1111111-1</EmiratesIDNumber>
    <Gross>40096.00</Gross>
    <PatientShare>500.00</PatientShare>
    <Net>39596.00</Net>
    <Encounter>
      <FacilityID>MF5375_Shadow</FacilityID>
      <Type>3</Type>
      <PatientID>1709890</PatientID>
      <Start>13/02/2022 06:00</Start>
      <End>19/02/2022 06:40</End>
      <StartType>1</StartType>
      <EndType>1</EndType>
    </Encounter>
    <Diagnosis>
      <Type>Principal</Type>
      <Code>A41.81</Code>
      <DxInfo>
        <Type>POA</Type>
        <Code>Y</Code>
      </DxInfo>
    </Diagnosis>
    <Diagnosis>
      <Type>Secondary</Type>
```

```
      <Code>J80</Code>
      <DxInfo>
        <Type>POA</Type>
        <Code>Y</Code>
      </DxInfo>
    </Diagnosis>
    <Diagnosis>
      <Type>Secondary</Type>
      <Code>N18.5</Code>
      <DxInfo>
        <Type>POA</Type>
        <Code>Y</Code>
      </DxInfo>
    </Diagnosis>
    <Activity>
      <ID>1</ID>
      <Start>13/02/2022 06:00</Start>
      <Type>9</Type>
      <Code>184103</Code>
      <Quantity>1.0</Quantity>
      <Net>39596.00</Net>
      <OrderingClinician>GD16764</OrderingClinician>
      <Clinician>GD16764</Clinician>
      <PriorAuthorizationID/>
    </Activity>
  </Claim>
</Claim.Submission>
```

4.4.3 **Sample Claim (7 days post-discharge):**

```
<Claim.Submission xmlns:xsd="http://www.w3.org/2001/XMLSchema" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
 <Header>
  <SenderID>MF5375_Shadow</SenderID>
  <ReceiverID>D001_Shadow</ReceiverID>
  <TransactionDate>22/02/2022 11:29</TransactionDate>
  <RecordCount>1</RecordCount>
  <DispositionFlag>SHADOW_NOT_FOR_PAYMENT_SUBMIT</DispositionFlag>
 </Header>
 <Claim>
  <ID>789</ID>
  <MemberID>1709890</MemberID>
  <PayerID>E001</PayerID>
  <ProviderID>MF5375_Shadow</ProviderID>
  <EmiratesIDNumber>111-1111-1111111-1</EmiratesIDNumber>
  <Gross>0.00</Gross>
  <PatientShare>0.00</PatientShare>
  <Net>0.00</Net>
  <Encounter>
   <FacilityID>MF5375_Shadow</FacilityID>
   <Type>1</Type>
   <PatientID>1709890</PatientID>
   <Start>20/02/2022 06:00</Start>
   <StartType>1</StartType>
   <EndType>1</EndType>
  </Encounter>
  <Diagnosis>
```

```
  <Type>Principal</Type>
  <Code>A41.81</Code>
 </Diagnosis>
 <Diagnosis>
  <Type>Secondary</Type>
  <Code>J80</Code>
 </Diagnosis>
 <Diagnosis>
  <Type>Secondary</Type>
  <Code>N18.5</Code>
 </Diagnosis>
 <Activity>
    <ID>1249084_1</ID>
    <Start>20/02/2022 06:00</Start>
    <Type>3</Type>
    <Code>76830</Code>
    <Quantity>1</Quantity>
    <Net>0</Net>
    <OrderingClinician>GD16620</OrderingClinician>
    <Clinician>GD23628</Clinician>
    <Observation>
      <Type>Episode</Type>
      <Code>PostDischarge</Code>
    </Observation>
  </Activity>
  <Activity>
    <ID>1249084_2</ID>
    <Start>20/02/2022 10:00</Start>
    <Type>3</Type>
    <Code>99213</Code>
    <Quantity>1</Quantity>
    <Net>0</Net>
    <OrderingClinician>GD16620</OrderingClinician>
    <Clinician>GD16620</Clinician>
  </Activity>
 </Claim>
</Claim.Submission>
```

Notes:

- This XML example is for illustrative purpose and might not necessarily align with all current Shafafiya rules
- Healthcare Entities shuould ensure that all shadow XML are in compliance with business and reporting rules published in shafayia