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

General Circular Number 2 of 2015 (GC 02/2015)

Subject of this General Circular	Patient drug safety checks
Applicability of this General Circular	All insurers and health insurance claims management companies operating in the Emirate of Dubai
Purpose of this General Circular	To reinforce the importance of drug safety checks and compliance requirements
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Publication date	10 February 2015
This document replaces	Not applicable
This document has been replaced by	Not applicable
Effective date of this General Circular	Immediately upon publication
Grace period for compliance	See the text of this General Circular

Preamble

An investigation was carried out to identify the extent to which insurers and health insurance claims management companies were carrying out patient drug safety checks as required by section 19 of the Health Insurance Permit (HIP) requirements 2014.

The investigation revealed three levels of compliance:

- One group of payers had been producing drug safety checks with messages and rejections
- A second group was producing messages almost all of which had no denial codes or irrelevant denial codes (price, eligibility, etc.). Only 1% to 2% of messages were estimated to be accompanied by proper denial codes
- A third group of payers produced no drug safety checks at physician level at all

Objectives of this General Circular

This General Circular is intended to reinforce the requirements for companies receiving ePrescriptions to carry out patient drug safety checks

It also includes in Appendix A the guidelines issued on 8 February 2015 via an eClaimLink circular together with an updated set of denial codes and implementation dates for their usage

Responsible parties

Physicians remain **legally responsible** for the consequences of drugs they prescribe

Administrators have the member history (via eClaimlink) to which a physician may not have access and accordingly should use this privilege for the safety of patients. Through the safety checks, administrators can alert physicians to risks. Administrators therefore have a **moral responsibility** to adhere to drug safety checks

Many Insurers delegate claims processing to administrators. This does not absolve them from due diligence to assess the administrator's capabilities or compliance with drug safety checks. Insurers therefore also carry a **moral responsibility**.

The HIP requirements

The requirements **to which payers committed in their 2014 HIP application** are reproduced here:

The applicant (whether insurer or TPA) must demonstrate (directly or through their TPA) how its internal systems are able to manage ePrescription and related eAuthorization as mandated by the DHA within its ePrescription initiative including:

1. Providing accurate and consistent valid patient related information in a timely manner.
2. Demonstrating operational efficiency:
    - Provide real-time responses (eAuthorization) on ePrescriptions to physicians on:
        - Member benefits coverage
        - Clinical checks such as: Drug-drug interactions, contraindications, indications, etc.
        - Formulary management (e.g. Open, Closed, Mixed, Tiered, etc. once formulary is implemented and product requires it)
        - Have adequate support staff and online real-time tools with the ability to see prescriptions in real time in order to answer physician and pharmacist questions regarding the ePrescription messages:
        - Why this claim was rejected and ability to override it real-time as needed.
3. Provide evidence based clinical decision support systems that cover:
    - Severe Drug to Drug Interactions to prevent patient harm and unnecessary doctor and hospital visits from unnecessary adverse-drug-events
        - Based on current prescription
        - Based on available drug history
    - Review potential issues based on Patient Age
    - Review potential issues based on Dosing
    - Review potential issues based on Patient Gender
    - Check for duplicate therapy issues, including refill too soon editing so that the patient does not take too much of a prescribed medicine or abuse the system
    - Drug to Diagnosis Contraindication checking to prevent patient harm
    - Drug to Diagnosis indication editing to prevent patient harm or abuse of the system

Consequences of non-compliance

We shall shortly be announcing the results of the HIP 2015 applications.

- Any **insurer applicant administering claims in-house** that is not fully compliant with carrying out patient drug safety checks will (all other requirements having been met) be given Conditional Compliance status only
- Any **insurer applicant who uses a TPA** that is not fully compliant with carrying out patient drug safety checks will (all other requirements having been met) be given Conditional Compliance status only
- Any **TPA** that is not fully compliant with carrying out patient drug safety checks will (all other requirements having been met) be given Conditional Compliance status only

The Conditional Compliance status will remain until the insurer (or its TPA(s) where used) becomes fully compliant

Action required

In the meantime, those companies whose status is Conditional Compliance due to them (or their TPA(s)) not complying with the drug safety check requirements are required to submit to HFD an email confirmation of the date by which they will be fully compliant with the requirements.

This confirmation is required by 1800 GST on Thursday 26 February and should be sent to isahd@dha.gov.ae . After reviewing the responses we will then confirm a single, final date for compliance by all parties.

If full compliance is not achieved by this final date the Conditional Compliance status will be changed to **Permit Suspended**.

This status means that **the insurer/TPA will be prohibited from renewing existing business or accepting new business** (other than additional members to existing schemes) and this status will remain in force until full compliance is achieved.

Technical issues

If any payer is experiencing technical issues with the eClaimLink portal preventing their compliance they should contact Dimensions Healthcare Technical Support team.

APPENDIX A

Dear eClaimLink Payer,

DHA is glad to see the eClaimLink transactions stabilizing between the healthcare Providers, Payers and TPAs within the healthcare insurance market. Transforming the market from a non-regulated paper based market into a fully regulated electronic one was the initial step towards being the best healthcare system in the world.

DHA is focusing on quality through a set of safety guidelines below:

Potential risk study

- eClaimLink data analysis of potential risk of serious drug interactions and contraindications of the top dispensed drugs in Dubai for last 6 months was done.
- The results show potential serious risk cases.
- to reduce such risk **payers and providers must intervene.**

Payers must conduct safety checks (as per HIP requirements on ePrescriptions):

- At physician level when prescribing
- At pharmacy level when dispensing

Details of edits required is as per HIP requirements.

Messages on safety delivered in responses (PriorAuthorizations)

- Expected to be clear to the provider (specifically physician and pharmacy)
- Use the denial code (when rejection) and the comment section to send clear message details
- Rejections are expected (with denial codes) when a potential severe (high risk) safety issue of drug interaction, contraindication, age, gender, dose, duplicate therapy is anticipated
- Soft messages are expected as well (without rejections) on minor safety precaution messages
- Payers are expected to use well established medical edits/systems and references for their decisions.

Denial Codes when rejections are expected

- Select most appropriate denial code.
- if not available then use of the general denial code NCOV-03 'Service is not covered' is expected with detailed message why it is not covered by the payer explaining the safety risk
- A new Denial Codes List (*log in for access*), with more specific safety reasons, has been published on eClaimLink on February 4, 2015, and will be activated March 1, 2015 (New denial code set is provided below with explanation for the cases where each code will be used).
- It is expected that the payers use such message when applicable. The generic denial code can still be used for the specific safety ones as a transition till **May 31, 2015**.

Revisions and overrides to payer decision on safety

- Overrides are expected in certain cases (meaning rejections to be switched into approvals).
- Overrides will be after discussion between the clinician and the payer of the patient case and clinician still insists that benefits outweigh risk of taking the drug(s), then the payer can override it.
- These overrides shall be provided during prescribing and dispensing as needed. Payers should make available the tools and call center resources to enable this real-time when requested (as per HIP requirements).

Message to Providers (mainly physicians and pharmacists)

- Providers need to take potential risk to patient safety seriously and pay attention to payer messages in this regard.
- Providers are expected to use appropriate tools to ensure safe prescription and dispensation of medications.

- Providers need to understand that a process of override exist and can use as explained in the section above.

Denial Code Set
Below is a list of the new Denial codes to facilitate clear rejections to the providers based on the checks performed on the payer side

Safety Denial Codes (to be used when potential severe health risk is anticipated)

Code	Description
SURC-001	Potential Severe drug - drug interaction Denial code used to alert the Provider that the there is a potential severe drug – drug interaction with high safety risk.
SURC-002	Potential Severe drug - age contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the drug and the age of the patient with high safety risk.
SURC-003	Potential Severe drug - gender contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the drug and the gender of the patient with high safety risk.
SURC-004	Potential Severe drug - diagnosis contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the drug and the patient's diagnosis with high safety risk.
SURC-005	Potential Severe procedure\service - diagnosis contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the procedure\service and the patient's diagnosis with high safety risk.
SURC-006	Potential Severe procedure\service - drug contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the procedure\service and a drug given to the patient with high safety risk.
SURC-007	Potential Severe procedure\service - procedure contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the procedure\service and another procedure with high safety risk.
SURC-008	Potential Serious safety issue with drug dose Denial code used to alert the Provider that the there is a potential serious safety issue with the drug does requested for the patient.

Additional Codes

Advisory Denial Codes

If payers still want to use codes for **less severe** cases to differentiate them from the High-risk cases, please use the code set below:

Code	Description
AUTH-006	Alert drug - drug interaction or drug is contra-indicated Denial code used to advise the Provider that there is an interaction between two drugs, or if the drug is contra-indicated with a certain diagnosis.
AUTH-007	Drug duplicate therapy Denial code used to advise the Provider for therapeutic duplication between drugs within the same therapeutic classes.
AUTH-008	Inappropriate drug dose Denial code used to advise the Provider that the drug does provided is inappropriate.
AUTH-009	Prescription out of date Denial code used to notify the Provider that the prescription requested has already expired.
AUTH-010	Authorization request overlaps or is within the period of another paid claim or approved authorization Denial code used to notify the Provider that the service is being requested with an overlapping period of an existing approved authorization or a claim submission.
AUTH-011	Waiting period on pre-existing / specific conditions Denial code used to notify the Provider that the service is not covered due to a waiting period on a pre-existing condition.

Operational Denial Codes (not related to safety but DHA is adding to Denial code list)

Code	Description
CLAI-017	Services not available on direct billing Denial code used to notify the Provider that the service is not covered on direct billing.
CLAI-018	Claims Recalled By Provider Denial code used to notify the Provider that the ClaimSubmission has been recalled by the submitting provider.
PRCE-011	Discount discrepancy Denial code used to notify the Provider that the paid amount is not equal to the requested amount due to a discount discrepancy.
WRNG-001	Wrong submission, receiver is not responsible for the payer within this transaction submission. Denial code used to notify the Provider that the payer within the transaction is not under the receiver's responsibility.