

**General Circular pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai
General Circular Number 04 of 2019 (GC 04/2019)**

Subject of this General Circular	Addition of Comment Field to the Remittance.Advice Schema
Applicability of this General Circular	This Standard is applicable to all Healthcare Payers (Payers), Third Party Administrators (TPAs), Healthcare Providers (Providers) and Health Insurance Stakeholders in the Emirate of Dubai. This General Circular is integrated with other regulations, standards and circulars in Emirate of Dubai relevant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai.
Purpose of this General Circular	The General Circular serves to announce the addition of a new comments field to the Remittance.Advice schema
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This document replaces	Not Applicable
This document has been replaced by	Not Applicable
Publication date	23 rd April 2019
Effective date of this General Circular	23 rd July 2019
Grace period for compliance	Three (3) Calendar Months

1 Preamble

The General Circular serves to:

- 1.1 Announce the addition of a new comments field to the Remittance.Advice schema.
- 1.2 Share the sample schema for all Healthcare Payers (Payers), Third Party Administrators (TPAs), Healthcare Providers (Providers) to complete the necessary system developments.

2 Comments Field

- 2.1 Within eClaimLink, the Prior.Authorization transaction includes a section that allows Payers and TPAs to add a free text comment in their response to Providers.
- 2.2 A similar comment section has been added on the Remittance.Advice schema that will allow Payers and TPAs to share with Providers, additional details at a claim level, such as:
 - 2.2.1 Additional Insurance coverage details;
 - 2.2.2 Further information for the reason of any denial;
 - 2.2.3 Description of clarification or supporting documentation that may be required;
 - 2.2.4 Any other relevant information related to the claim.

2.3 This field will not be mandatory however is in line with Dubai Health Insurance Corporations objective to improve the quality of information shared during the claim cycle reduce the cycle lengths and improve overall efficiency process.

3 Sample Schema:

```
<Remittance.Advice xmlns:tns="http://www.eclaimlink.ae/DHD/ValidationSchema"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xsi:noNamespaceSchemaLocation="http://www.eclaimlink.ae/DHD/ValidationSchema/RemittanceAdvice.xsd">
  <Header>
    <SenderID>INS999</SenderID>
    <ReceiverID>DHA-F-9999998</ReceiverID>
    <TransactionDate>05/02/2019 00:00</TransactionDate>
    <RecordCount>1</RecordCount>
    <DispositionFlag>PRODUCTION</DispositionFlag>
  </Header>
  <Claim>
    <ID>717 - TestClaim-2211 - 1</ID>
    <IDPayer>test43221mbrAQ</IDPayer>
    <ProviderID>DHA-F-9999998</ProviderID>
    <PaymentReference>testrefer22ence2</PaymentReference>
    <DateSettlement>05/02/2019 00:00</DateSettlement>
    <Comments>Claim will be subject to Medical review</Comments>
    <Encounter>
      <FacilityID>DHA-F-9999998</FacilityID>
    </Encounter>
    <Activity>
      <ID>472742</ID>
      <Start>05/02/2019 00:00</Start>
      <Type>3</Type>
      <Code>00524</Code>
      <Quantity>1</Quantity>
      <Net>0</Net>
      <Clinician>DHA-P-9999999</Clinician>
      <PatientShare>0</PatientShare>
    <PaymentAmount>0.0</PaymentAmount>
  </Activity>
</Claim>
</Remittance.Advice>
```