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Claims Audit and Recovery

1- Introduction:

Policy Directive is developed to provide an overview of the Recovery and Claims Audit practices, standards and procedures defined by Dubai Health Insurance Corporation (DHIC) in the Emirate of Dubai.

The policy establishes the basic framework and offers a guide on the responsibilities of all parties engaged in the process of Recovery and Claims Audit.

This Policy Directive applies to audits carried out either by the Dubai Health Insurance Corporation (DHIC), by Payers or by TPAs on behalf of payers

2- Definitions / Key Terms:

2-1 Audit log

A historical record kept by Dubai Health Insurance Corporation (DHIC) or Payer that records the audit experience related to a particular party.

2-2 Claim

Any document that represents a Provider's request for payment from a Payer or TPA.

2-3 Claims Audit

A process to determine whether data in a Provider's health record, and/or appropriate and referenced medical policies, protocols and standards, document or support services listed on a Provider's claim.

2-4 Health Insurance Fraud:

False or misleading information provided in an attempt to have them pay unauthorized benefits.

2-5 Health Insurance Waste:

Activities involving payment or the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, but the outcome of poor or inefficient billing or unnecessary treatment that cause unnecessary costs.

2-6 Health Insurance Abuse:

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Insured person or healthcare provider practices that are inconsistent with accepted sound fiscal, business or medical practices, and result in an unnecessary cost or in reimbursement for services that are not medically necessary or that fail to meet recognized standards for healthcare.

2-7 Health record

A compilation of data supporting and describing an individual's health care encounter including data on diagnoses, treatment, and outcomes.

2-8 Over-Billing

The volume of services indicated on a claim exceeds the total volume identified in a Provider's health record documentation. Common reasons for overbilling are: billing for excessive or non-covered services, duplicate submission and subsequent payment of the same service or claim, billing for excluded or medically unnecessary services, billing for services that were furnished in a setting that was not appropriate to the patient's medical needs and condition.

2-9 Recovery of Payment

The return, in full or in part, of one or many payments made by healthcare payers in respect of a claim or claims.

2-10 Unbilled charges

Services that are documented but were never claimed originally.

2-11 Under-Billing

The volume of services indicated on a claim is less than the volume identified in a Provider's health record documentation.

3- Purpose of Policy:

3-1 The Policy Directive serves to regulate:

- a. Audit processes
- b. Recovery reasons
- c. Process for recovery

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- The obligations of Auditors – DHIC, Payers and Providers
- Regulatory requirements between DHIC Auditors, Payers and Providers

4- Policy Objectives:

4-1 The objective is to reduce improper payments by standardizing guidelines for all stakeholders to ensure all Claim Audits are performed efficiently and effectively, thereby promoting the accuracy and integrity of Providers' charges.

5- Scope:

5-1 To provide an overview of the Recovery and Claims Audit practices, standards and procedures defined by Dubai Health Insurance Corporation (DHIC) in the Emirate of Dubai and applies to audits carried out either by the Dubai Health Insurance Corporation (DHIC), by Payers or by TPAs on behalf of payers.

6- Policy Stakeholders:

- Payers (insurance companies)
- Third Party Administrators
- Healthcare providers

7- Policy Implementation Required Resources:

Circulars released by DHIC

8- Policy Content:

8-1 Dubai Health Insurance Corporation (DHIC) has specified the following reasons for seeking recovery of payment for claims;

- On-site audits for Provider;
- Identified Fraud, waste and abuse as per the above definitions;

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- Voluntary reporting of errors by Providers;
- Coding errors;
- Other unintentional errors; 3.1.6 Court ruling; 3.1.7 Duplicate billing/services;
- Multiple billings of services by more than one physician within a group;
- Overbilling

8-2 Payers/TPAs and Providers must adhere to the recovery process detailed in this Policy for cases where recovery of payment is sought, based on appropriate documentation.

8-3 Payers/TPAs must report any documented cases of Fraud, waste or abuse to Dubai Health Insurance Corporation (DHIC) through Health Insurance Compliance and Investigation Log (HICAL) that can be accessible via www.ISAHD.ae for corrective measures and legal sanctions as may be applicable.

9- Deployment Methodology: (Check all that apply)

- Announcement
- Awareness
- Training
- On Job Training

10- Policy Performance Indicators:

- Number of onsite audits completed for third party administrators, intermediaries and insurance companies.
- Number of mystery shopper activities conducted (by type).
- Number and fine value of confirmed violations through onsite activities against third party administrators, intermediaries and insurance companies.
- Number and fine value of confirmed violations through off-site activities against third party administrators, intermediaries and insurance companies.
- Ratio of confirmed violations against audits completed.

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11- List of Risks:

- Conflicts of Interest between DHIC Auditors and the insurance entity undergoing inspection and compliance (any such incident should follow the Declaration of Interest policy).
- Sufficient resources and expertise is available to undertake the necessary audit activities.
- Sufficient financial resources are available to support audit activities.
- Data (financial and patient records) is accurate and readily available to DHIC Auditors.

12- Policy Revision/Update :

- Every two years and/or when required (such as changes in DHIC mandate, laws and regulations, etc.).

13- Audit, Improvement & Development:

13-1 Internal audit for compliance with the document content

13-2 Corrective actions for non-conformities with the document content

14- Records List*

14-1

15- Appendices *

15-1 References

Policy Directive Number 01 of 2019 (PD 01/2019)

<https://www.isahd.ae/content/docs/PD%2001-2019.pdf>

15-1 Attachments

Policy Directive Number 01 of 2019 (PD 01/2019)

N.B.: “*” Put “N/A” if there is nothing to write.

(the document) to be replaced by document title

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Revision History

S.	Summary	Amend Type*	Page	Issue No.	Issue Date
1	Claims Audit and Recovery in the Emirate of Dubai	Modify		PD 01/2019	19-03-2019

* Amend Type: Add – Modify – Cancel

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