Electronic PriorAuthorization - Provider Guide

July 2017

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Oman Insurance Company

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The Initiative

► Oman Insurance Company (OIC) will launch an online portal on January 1, 2016 which will enable its healthcare providers to submit pre-authorization requests and receive approvals online. The online portal will improve response time and ensure faster and better handling of requests.

► Please note that the Oman Insurance Company portal will communicate to 'post offices' in Abu Dhabi and Dubai for transaction compliance. Post the go live date, no approvals will be shared over email. All approvals will be given online via the new portal or Dubai Health Authority (DHA) / Abu Dhabi Health Authority (HAAD) post office portal. For emergency cases only, we will give approval over phone subject to be followed by online request submission.

► We encourage you to use the new portal to offer faster service to the members visiting your facility. In case of technical limitations to use and implement Oman Insurance Company portal, providers can submit their request through the post office portal of DHA or HAAD. We will download requests and respond back on the post office portal itself.

► To ensure smooth transition, this manual will brief you on how to use the new portal,

► In case you have technical concerns or queries related to the above enhancement, please contact us at **e-PAR @tameen.ae** or call us on **8006626** to avoid any delay in the implementation.

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Getting Started

- To get started with using the Electronic Prior Authorization (ePAR) portal of Oman Insurance Company, the healthcare providers should be equipped with a computer and internet access.
- To get started, open your internet browser and navigate to

par.tameen.ae

- On the website, you will find a login form, click register if you are a new user. You will then be redirected to a registration form where you can complete your facility details in preparation of activation.
- If you are already registered on the portal, please enter your license, username, and password to sign in.
- If you are registered and need assistance in recovering your password, please click on Forgot your password?

SIGN IN

License

Username

Password

Forgot your password?
Register

Sign In

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Registration

► If you are a new user and have clicked on the Register link on the portal, you will be redirected to the registration page.

► It is a requirement by Oman Insurance Company that registration on the portal is restricted to facilities that are appropriately licensed by either any of the health authorities (HAAD or DHA) or the Ministry of Health (MOH) in the UAE.

► If you are part of a larger group of facilities, it is recommended that each facility registers on the portal separately. You must only use the account of the facility in which the service is being provided and not the account of any other facility in the group.

► Complete all the requested information in the form and click on Register.

► Oman Insurance Company and its solution provider will conduct a validation check on the entered information and once successfully done, the account will be activated and a notification will be sent to you by email.

PROVIDER REGISTRATION

Use the form below to register your account.

Passwords are required to be a minimum of 8 characters in length.

Account Information

Provider:

Type:
<<Select>> ▼

District:
Dubai ▼

Contact Person:

Email:

Phone:

Username:

Password:

Confirm Password:

Register

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Logging In

► Once you are successfully registered and activated, you can login to your account.

► After logging in from the login section on the main page, you will be directly transferred to the Prior Request page, which is where all ePAR requests will be entered, requested, and received.

► You can also notice that we have added the right pane, in which you could see all the requests and any received authorizations from within the same page.

► This was done to improve accessibility to the information in the portal with having to navigate between pages.

System Configurations – Post Office Settings

Error Message : One of the input parameters are null or empty

► Error may encounter if Post Office Settings are not configured.
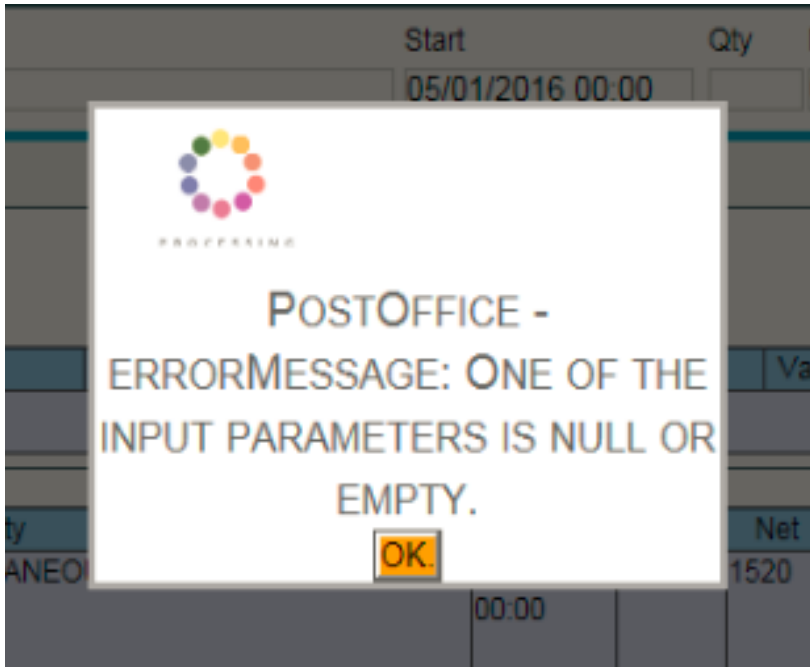
Actions to be taken :

► Click Users Management –Settings – Post Office –Select Post Office –**HAAD/DHPO**– Update Post Office credentials.
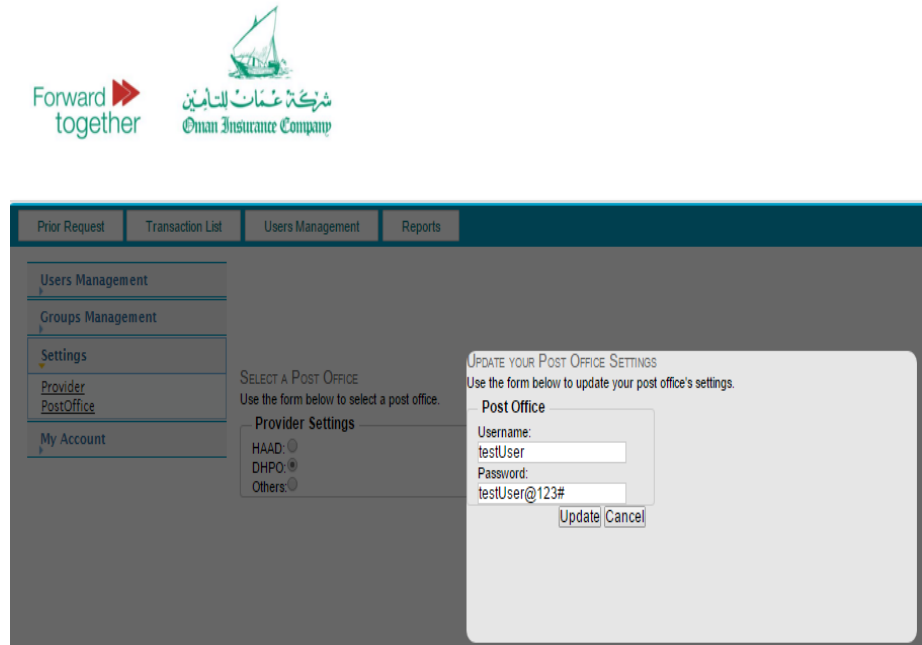
Prior Request Form | General

► The Prior Request Form screen contains a user friendly form designed to minimize the user's effort in submitting an authorization.

► It is also designed to be inclusive of required information for regulatory compliance in regions where electronic transactions communications is standardized.

► A number of fields are populated automatically with suggestions through smart lists.

► There are 3 sections in this form: **Patient & Encounter Information**, **Diagnosis Information** and **Activities Information**.

► Only when selecting authorizations of type Authorization will the user be able to view the complete form including its three sections.

The difference between Eligibility and Authorization transaction types on this form

Eligibility transactions check whether the patient is an eligible member within Oman Insurance Company managed portfolio. It only validates the member ID and does not provide an authorization of a specific service.

Authorization transactions include eligibility checks as well as diagnosis and activities details for a specific service. The provided authorization for these requests take into consideration member eligibility, coverage, limits, and clinical reviews.

Did you know?

By entering few letters or numbers of any of the fields of Name, Member ID, Contact Number or Patient ID, the system shall search to check if you entered this patient earlier on the system and shall fill the form automatically for Patient & Encounter Information section.

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Prior Request Form

Prior Request Form | Patient and Encounter Fields

- **Name:** Patient name (only for internal tracking purposes).

- **Patient ID** (File number): Patient file number at the facility, it will automatically populate an auto generated one if not entered by user

- **Contact Number:** Patient mobile number

- **Emirates ID:** National Emirates ID or select reason if not available.

- **Member ID** (Card Number)*: Member insurance ID as <u>exactly</u> provided on Insurance Card

   i.e.   BI-XXXX-XXXX-1693   ,   OIG/ME-XX/X/123456

- **Plan/Payer**: Defaulted to Oman Insurance/Oman Insurance Plan

- **Date Ordered**: The date of the order.

- **Is New Born**: To be checked if service is being provided to a new born only. If selected, date of birth will be required.

Prior Request Form | Diagnosis Fields

- **Type*:** Primary, Admitting, or Secondary. Only one Primary Diagnosis or Admitting is allowed, but you can add several Secondary diagnosis.

- **Diagnosis Code with Description*:** Enter the ICD10-CM/ICD9-CM (based on your region) code if you know it or enter keywords of the diagnosis description you are seeking and the system will show you a short list of related diagnosis descriptions and codes to select from. The more specific, the better the return results from the system.

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Prior Request Form

Prior Request Form | Diagnosis Fields

- **DxInfo type** and **code** must be indicated for primary and all secondary diagnoses, for all inpatient authorization requests to be submitted to the Dubai Health Post Office (DHPO).

- **DxInfo Type***: Used for Present on Admission (POA), to indicate if diagnosis is present at the time the order for inpatient admission occurs.

- **DxInfo Code***: Pre-defined list

- **Y** = Yes

- **N** = No

- **U** = Unknown

- **W** = Clinically undetermined

- **1** = Unreported/Not used

- **OP** = Outpatient claim

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Prior Request Form

Prior Request Form | Activities Fields

- **Type:** Type of the activity: CPT (for procedures including operations, labs and radiology), Dental, Drug, Service (including consultation), and HCPCS (consumable and disposables).

- **Activity:** Enter code or search by entering a keyword to search for the needed code or description. Please note that If one or more observations are to be added within an activity, then the observation details should be filled and added before you can finalize & click on the **"add activity"** button. ease note

- **Date of Service:** Start date of the activity /service.

- **Quantity:** The number of Activities served.

- **Net:** The net charges billed by the provider to Oman Insurance Company for this Activity (must be as per agreed tariff with Oman Insurance Company)

- **Clinician*:** Physician supervising the activities in this encounter,

Please note:

OP service must be requested by in-house doctor
IP cases: No split approval for hospital charges will be given, either full approval including doctor fees as per agreed tariff, or no approval and whole case will be on reimbursement.

Prior Request Form | Observation Fields

Observation(s) are part of activities and are not mandated except in certain cases.

This must be exactly same as reported by treating doctor.

- **Type:** One of the listed types to be selected

- **Code, Value and Value Types** vary depending on the observation type and nature of data.

- **Providers must capture the presenting Complaint** in observation if the Activity Type is a Service and the Code is a consultation code (9, 9.1, 10, 10.1, 11, 11.1, 21, 22, 23). The Presenting Complaint Observation box will be showing once the code is selected.

- **If a Dental code** is entered, the Tooth Number Observation Box will popup to enter tooth details if applicable.

- **Universal Tooth Numbering** should be from ADA (2011-2012).

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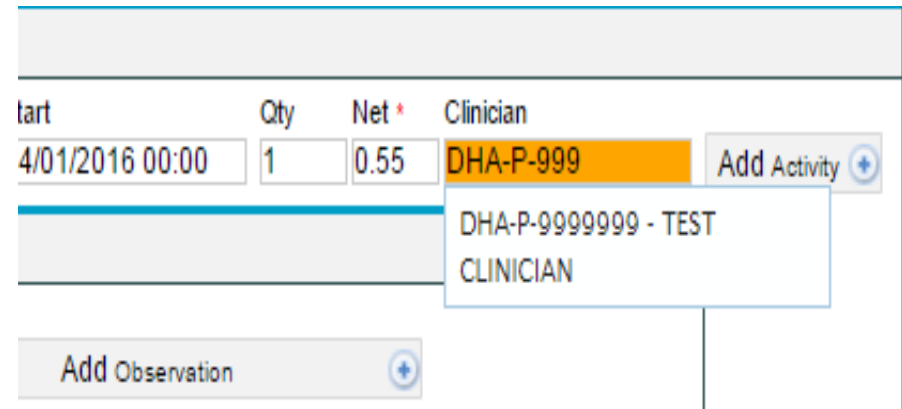شركة عُمان للتأمين
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Clinician field

Error Message : Error Occurred

► Error may encounter if Clinician ID/Name is not selected from the drop down list or manually entered on the Clinician field.
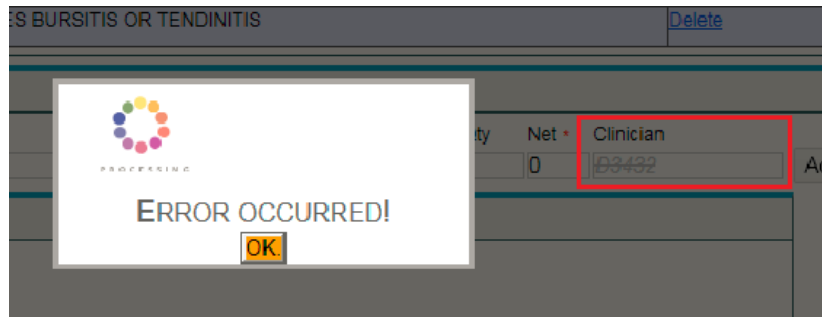
Actions to be taken :

► Clinician ID/Name should be selected from drop down list.

Attaching a file

Error Message : Invalid Activity

► Error may encounter if Activity Type is added prior to attaching a file.

Actions to be taken :

► Activity Type should be selected prior to attaching any file. Attachment requires PDF format and only maximum of 5MB is allowed.

Please note that If one or more observations are to be added within an activity, then the observation details should be filled and added before you can finalize and click on the "**add activity**" button.

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Submitting a Request

- After completion of the **Prior Request Form**, click on the **'Request Authorization'** button at the end of the Prior Request Form page to submit the Prior Request.

- The system will line up the prior request form in the order they were submitted along with their relevant information in the queue of submitted transactions on the right pane.

- The status of the request will initially be Pending until a response from Oman Insurance Company is received, in which the status will then be changed to Received.

- Response time from Oman Insurance Company will be within 60 minutes and maximum within 3 hours for elective cases.

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Requests and Authorizations Information

Transaction Summary table:

On the right side of the Prior Request Form is a small table containing some information related to the last 5 transactions sent.

Details included in table:

1. **Member ID** – Unique reference ID of the patient. This can be the insurance ID as shown on the patient's insurance card, or another unique identifier of the member.

2. **Type** – Eligibility or Authorization.

3. **Status** – A message displaying the current status of each authorization request:

   ▪ **Responded** – Payer has responded to the PriorRequest

   ▪ **Pending** – Payer has not yet responded to the PriorRequest

   ▪ **Cancelled** – Payer has responded to the PriorRequest, and then provider has cancelled the original request

Member ID	Type	Status	Result	Auth ID
OIG/ME-12763/E/5018441	Authorization	Pending		DHA-F-9999998-INS012-20170518110456
OIG/ME-12763/E/5018441	Authorization	Pending		DHA-F-9999998-INS012-20170516113615
OIG/ME-12763/E/5018441	Authorization	Pending		DHA-F-9999998-INS012-20170514193740
OIG/ME-12763/E/5018441	Authorization	Pending		DHA-F-9999998-INS012-20170514162935
OIG/ME-12763/E/5018441	Authorization	Pending		DHA-F-9999998-INS012-20170514162703
Showing 1 to 5 of 1,198 entries				

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Requests and Authorizations Information

Transaction Summary table:

4. **Result** – A message displaying the result in each authorization response, for all responded transactions:

- For Eligibility transactions, the possible results are **Eligible** or **ineligible**

- For Authorization transactions, the results will be the payer's response to the Auth request – **Auth Full, Auth Partial, Auth Rejected, or Pending Info**

5. **Authorization ID** – A unique number generated by the system for each authorization request. This number is also a hyperlink that enables the user to open the full transaction details.

Member ID	Type	Status	Result	Auth ID
OIG/ME-12763/E/5018441	Authorization	Pending		DHA-F-9999998-INS012-20170518110456
OIG/ME-12763/E/5018441	Authorization	Pending		DHA-F-9999998-INS012-20170516113615
OIG/ME-12763/E/5018441	Authorization	Pending		DHA-F-9999998-INS012-20170514193740
OIG/ME-12763/E/5018441	Authorization	Pending		DHA-F-9999998-INS012-20170514162935
OIG/ME-12763/E/5018441	Authorization	Pending		DHA-F-9999998-INS012-20170514162703

Showing 1 to 5 of 1,198 entries

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Transactions Summary Table

6. Responded Transactions Action buttons - When you receive a response from the payer on the authorization request, you have the option to take one of the following actions:

- ❌ Cancel – The Prior Request sent will be fully cancelled.

- ✎ Edit – The original Prior Request will be cancelled and a new Prior Request form will appear auto-populated with the previously entered information, to be edited and resubmitted.

7. Cancelled Transactions Action buttons – If you have cancelled the PriorRequest, you have the option for the following:

- ↩ Fill the form to request again – The original Prior Request was cancelled and a new Prior Request form will appear auto-populated with the previously entered information, to be resubmitted.

Click on Authorization ID located in the Auth ID column to view the details for each submission.

A full list of transactions can be viewed by clicking on the Transactions List tab on the main navigation bar. The Transactions List displays all transactions in an organized table format. Use the search fields to enter the criteria in which you want to filter your results.

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ePAR Edit and Status update for Claim Submission

As Oman Insurance Company is currently using e-Authorization system, please be informed in case of Editing approvals received from OIC with status: **full approval / or partial approval / or rejected case in full (in order to attach more required justification).**

Once you press edit, initial request will be cancelled automatically, and the edited case will have new approval reference number from OIC, Later the related claim must always be submitted with the new active approval number (update approval not the initial canceled one).

The correct e-Authorization format to be entered during claims submission is the alphanumeric format **(eAuth_number).**

➢ **Example :**

        eAuth_4567 (valid update code with approved status)
        eAuth_4567 (invalid code as status is cancelled
        eAuth_1234 (valid code format)
        1234 (invalid code format)

Kindly ensure to use the correct authorization format with active status at claims submission level to avoid unnecessary technical denials.

Response Interpretation

DENIAL CODE	DENIAL DESRIPTION
ELIG-001	Patient is not a covered member
ELIG-005	Services performed after the last date of coverage
ELIG-006	Services performed prior to the effective date of coverage
ELIG-007	Services performed by a non-network provider
AUTH-001	Prior approval is required and was not obtained
AUTH-003	Prior Authorization Number is invalid
AUTH-004	Service(s) is (are) performed outside authorization validity date
AUTH-005	Claim information is inconsistent with pre-certified/authorized services
AUTH-006	Alert drug - drug interaction or drug is contra-indicated
AUTH-007	Drug duplicate therapy
AUTH-008	Inappropriate drug dose
AUTH-009	Prescription out of date

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Response Interpretation

DENIAL CODE	DENIAL DESRIPTION
AUTH-010	Authorization request overlaps or is within the period of another paid claim or approved authorization
AUTH-011	Waiting period on pre-existing / specific conditions
AUTH-012	Authorization request is pending further information to be submitted by the provider
BENX-002	Benefit maximum for this time period or occurrence has been reached
BENX-005	Annual limit/sublimit amount exceeded
CLAI-007	Claim is a work-related injury/illness and thus the liability of the employer
CLAI-008	Claim overlaps inpatient stay. Resubmit only those services rendered outside the inpatient stay
CLAI-009	Date of birth follows the date of service
CLAI-010	Date of death precedes the date of service
CLAI-011	Inpatient admission spans multiple rate periods. Resubmit separate claims
CLAI-012	Submission not compliant with contractual agreement between provider & payer
CLAI-014	Claim not compliant with Resubmission type (used only for resubmissions)
CLAI-017	Services not available on direct billing

Response Interpretation

DENIAL CODE	DENIAL DESRIPTION
CLAI-018	Claims Recalled By Provider
CODE-010	Activity/diagnosis inconsistent with clinician specialty
CODE-012	Encounter type inconsistent with service(s) / diagnosis
CODE-013	Invalid principal diagnosis
CODE-014	Activity/diagnosis is inconsistent with the patient's age/gender
CODE-015	Activity/diagnosis is inconsistent with the provider type
DUPL-001	Claim is a duplicate based on service codes and dates
DUPL-002	Payment already made for same/similar service within set time frame
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate, but too frequent
MNEC-006	Alternative service should have been utilized

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Response Interpretation

DENIAL CODE	DENIAL DESRIPTION
NCOV-001	Diagnosis(es) is (are) not covered
NCOV-002	Pre-existing conditions are not covered
NCOV-003	Service(s) is (are) not covered
NCOV-025	Service(s) is (are) not performed (used after audit)
PRCE-001	Calculation discrepancy
PRCE-002	Payment is included in the allowance for another service
PRCE-003	Recovery of Payment
PRCE-006	Consultation within free follow up period
PRCE-007	Service has no contract price
PRCE-008	Multiple procedure payment rules incorrectly applied
PRCE-009	Charges inconsistent with clinician specialty
PRCE-010	Use bundled code

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Response Interpretation

DENIAL CODE	DENIAL DESRIPTION
PRCE-011	Discount discrepancy
TIME-001	Time limit for submission has expired
TIME-002	Requested additional information was not received or was not received within time limit
TIME-003	Appeal procedures not followed or time limits not met
COPY-001	Deductible/co-pay not collected from member
SURC-001	Sever drug - drug interaction
SURC-002	Sever drug - age contraindication
SURC-003	Sever drug - gender contraindication
SURC-004	Sever drug - diagnosis contraindication
SURC-005	Sever procedure\service - diagnosis contraindication
SURC-006	Sever procedure\service - drug contraindication
SURC-007	Sever procedure\service - procedure contraindication

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Response Interpretation

DENIAL CODE	DENIAL DESRIPTION
PRCE-011	Discount discrepancy
TIME-001	Time limit for submission has expired
TIME-002	Requested additional information was not received or was not received within time limit
TIME-003	Appeal procedures not followed or time limits not met
COPY-001	Deductible/co-pay not collected from member
SURC-001	Sever drug - drug interaction
SURC-002	Sever drug - age contraindication
SURC-003	Sever drug - gender contraindication
SURC-004	Sever drug - diagnosis contraindication
SURC-005	Sever procedure\service - diagnosis contraindication
SURC-006	Sever procedure\service - drug contraindication
SURC-007	Sever procedure\service - procedure contraindication
SURC-008	Serious safety issue with drug dose
WRNG-001	Wrong submission, receiver is not responsible for the payer within this transaction submission.

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User Management

The Users Management Tab allows the Administrator to create and manage user accounts, as well as create and manage groups and privileges.

It is advisable that each Facility has a single administrator, and multiple user accounts.

Groups Management

The Groups Management Tab allows the Administrator to create a Group Name, Description and assign privileges that may limited to Create, Read, Update and Delete.

Once complete, click **Save**.

ADD/UPDATE GROUP

Click on "Close", or "Esc" key to close this window.

Group Fields

Name

Description

Admin ☐
Active ☐

Privilege	Create	Read	Update	Delete
Groups/Privileges Management	☐	☐	☐	☐
Users Management	☐	☐	☐	☐
Transactions Reporting	☐	☐	☐	☐
Settings Per Provider	☐	☐	☐	☐
Settings.PostOffice	☐	☐	☐	☐
Contact Us	☐	☐	☐	☐
eAuthorization Prior Request Form	☐	☐	☐	☐
eAuthorization Transactions List	☐	☐	☐	☐
Encounter Form	☐	☐	☐	☐
Encounters List	☐	☐	☐	☐

Save Cancel

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Support & Additional Training

- The ePAR portal is provided by Oman Insurance Company to promote the submission of ePAR requests for its managed members for eligible services.

- The portal is designed to support compliance with regulatory standards for electronic transactions communications in Abu Dhabi and Dubai. Providers who would like to integrate for ePAR services through the HAAD Post Office or DHPO are encouraged to do that in coordination with Oman Insurance Company and its solution provider.

- The portal was developed for Oman Insurance Company by Dimensions Healthcare, a health information company that provides services to more than 2,500 healthcare providers in the UAE. Technical support is provided 24/7 through calling **600 522 004.**

- Authorization, clinical, or coverage related queries can be directed to Oman Insurance Company through calling **8006626**

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Frequently Asked Questions

Questions	Answers
• **Do providers need to look at insurance card information?**	• Member eligibility, Network eligibility, and Co-Pay must match the original insurance card information, in case any difference with online transaction, please contact Oman Insurance Company for confirmation
• **What service price must be processed for requested service?**	• Agreed tariff and discount rate will follow contractual terms and conditions between provider and Oman Insurance Company on claim level. Please process the gross agreed tariff.

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Frequently Asked Questions

Questions	Answers
• **Is e-preauthorization is confirmation for payment of specific amount?**	• e-PAR is authorization for the service code as per given medical information not authorization for specific payment amount, the claim settlement of authorized service will be according to agreed tariff and contractual agreement with Oman Insurance Company.
• **Is there any change in claim process?**	• Claim submission and claim process will stay unchanged, provider will submit claim/e-claim along with e-PAR reference number whenever needed for services require prior approval.
• **Is there any change in PBM process?**	• PBM / e-RX process will remain unchanged.

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Frequently Asked Questions

Questions	Answers
• **What services require pre-authorization online?**	• Please submit e-PAR requests only for services require prior approval as per update protocol given by Oman Insurance Company, in case service does not require prior approval and submitted online for e-PAR the response will be rejected status with note: **does not require prior approval, this service would be validated on claim level.**
• **What If member has valid original card but is not eligible on line?**	• In case you need to confirm eligibility of member or service cover you still can contact Oman Insurance Company over the toll free 8006626.
• **If online response is late more than 3 hours, shall we need to submit reminder?**	• Please do not submit repeated request for same service, in case there is any delay in response **please call Oman Insurance Company 8006626**.

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Frequently Asked Questions

Questions	Answers
• **How to modify, correct, or extend an Authorization?**	• Actions to be taken are: ❌ Cancel the Request – The prior request will be fully cancelled and the system will bring the user back to an empty prior request form to fill a new request. ✏️ Edit the Request – Editing the prior request means that the original request will be cancelled and a new prior request form will appear auto-populated with the previously entered information, to be edited and resubmitted • Direct transaction extension and correct facilities will be available in the next version release.
• **What is the required format for attachment?**	• The file should be in PDF format

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Frequently Asked Questions

Questions	Answers
• **How to search for Approval History and Approval Status?**	• Refer to the Transactions List Page. The page contains search criteria in which you can utilize to locate a specific transaction.
• **Who should we call if no system response in 24 hours?**	• May contact Oman Insurance Company toll free **8006626**
• **In case a Provider prefers to use their own system to obtain Authorizations through direct integration with the regulatory Post Office. What should you advise?**	• All Authorization requests must go through the regulatory transaction Post Office (DHPO and HAAD) for regulated region. Outside Abu Dhabi and Dubai, no regulated post offices are available and therefore providers must use this portal. • For Dubai and Abu Dhabi providers no action is needed as the transactions can be submitted directly through DHPO and HAAD Post Office respectively. Other region providers, should contact Oman Insurance Company with the intent to do so for further instructions.

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