

# Claim Submission Guideline

User Manual

Version 2.0



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## INTRODUCTION

The purpose of this document is to highlight for the Healthcare providers, Health insurance companies and TPAs what are the different claiming scenarios and how to identify the status of the claims after being submitted, what are the steps and processes to handle the queued cases and how to deal with the duplicated claims through nphies platform. As this document will help facilitating the process of reconciling of the monthly claims between the two parties (Provider and insurance) and support them to proceed with the payment.

The content of this guideline will cover the following:

- 1- Claim Cycle Process
  - How to identify the source of the Queued.
- 2- Handling of the Queued cases.
  - How to handle nphies queue and HIC queue to avoid claim duplication
- 3- Handling of duplicated Claims
  - Different approaches to handle the duplicated claims

Lastly, it is important to highlight that the Healthcare providers and the insurance companies have the freedom to align, agree and implement which processes mentioned in this document to handle the duplicated cases as they believe suitable for their business, except for the deletion of claims or transactions in general from their HCP and HIC systems as **no deletion of transactions is allowed**.

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## DOCUMENT RELEASE NOTE

REVISION HISTORY			
Document Version Number	Date of Release	Details of Changes	Section No.(s)
1.0	05-Jun-22	Created the first version to be published.	All Sections applicable
2.0	08-Aug-22	Adding new scenario: Handling Large claim submission	Section (1)

## SECTION 1.0 CLAIM CYCEL PROCESS

### Scenario #1: Individual Claim Cycle (HIC is online)

The individual claim cycle starts from the provider submitting the request through nphies to the insurance, nphies will check if the claim contained any validation errors and if no were found then the claim will be forwarded to be processed and acknowledged by the insurance, finally an adjudication results will be sent by the insurance the via final claim response.

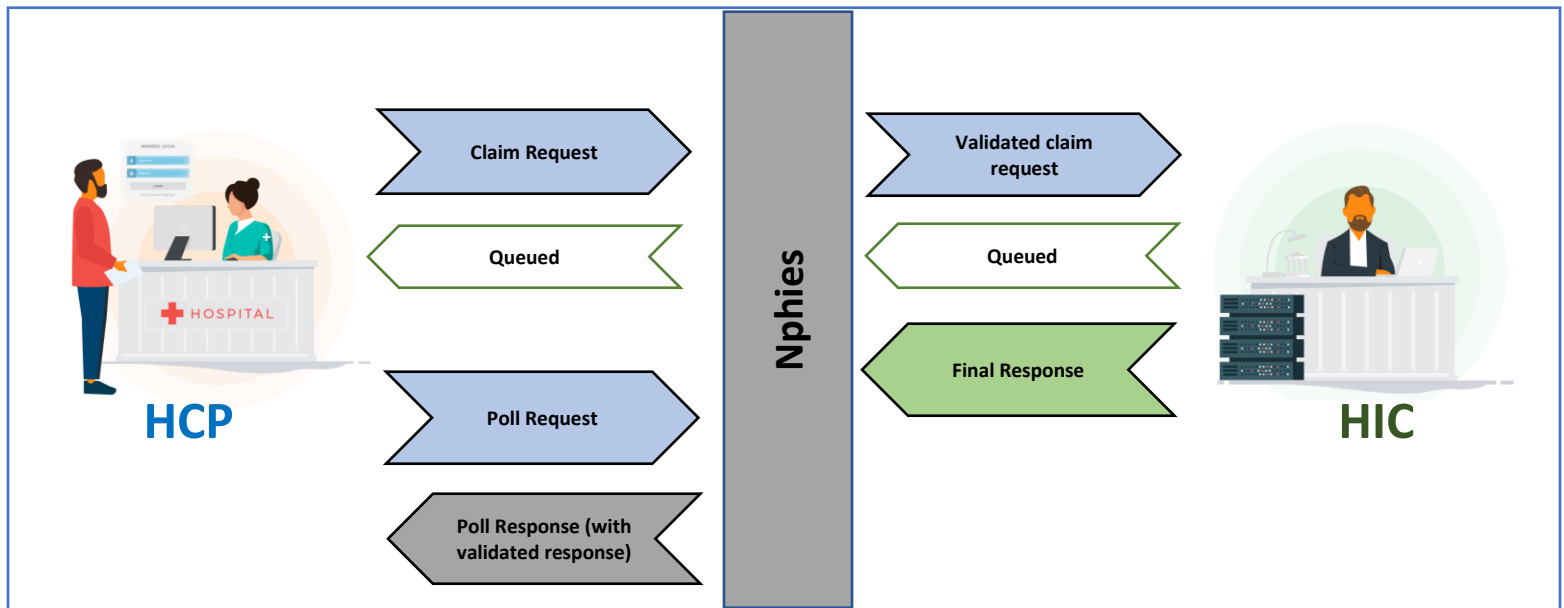


Figure 1 - Individual nphies Claim Cycle (HIC is Online)

#### - How to identify the source of the Queued

In this scenario when the HIC is online, the message which indicates that this is an “HIC Queued” can be captured by observing the following elements that exists in the “Queued” response JSON response:

Element	Result
Sender	HIC License (700#)
Outcome	queued

## Scenario #2: Individual Claim Cycle (HIC is Offline/No Acknowledgement recived)

This cycle starts from the provider submitting the request through nphies to the insurance, nphies will check if the claim contained any validation errors and if no were found then the claim will be forwarded to be processed and acknowledged by the insurance, if the insurance was offline during the submission of such request or for any reason the insurance could not reply back with acknowledgment of receiving a request during the allowed time period, nphies will queue the transaction and send a nphies queued message to the provider then will forward the request again automatically to the insurance.

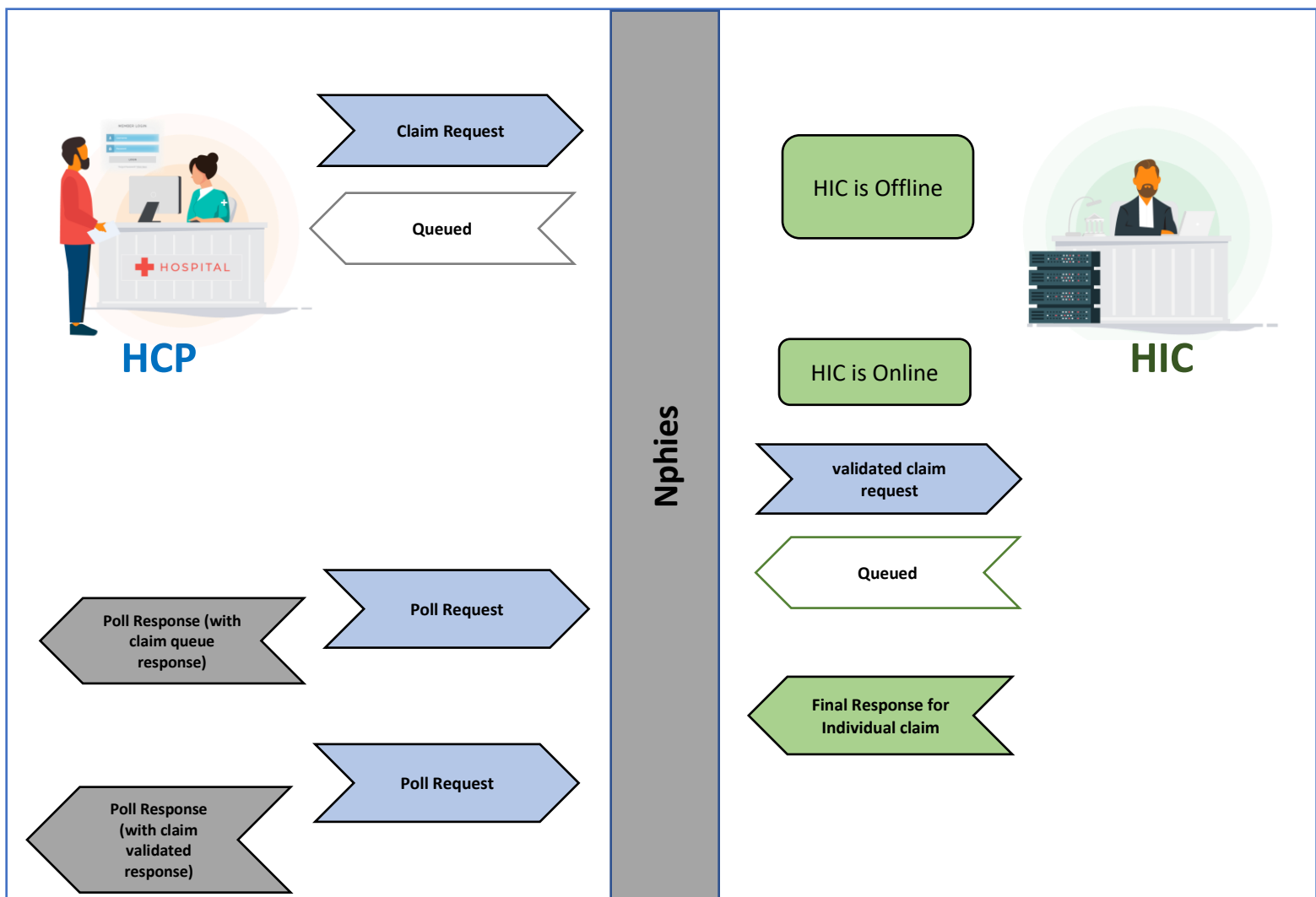


Figure 2 – Individual Claim Cycle (HIC is Offline/No Acknowledgement recived)

## - How to identify the source of the Queued

In this scenario when the HIC is offline, the “Queued” message will be received from nphies not from the HIC as the transaction is yet to be received by the insurance, and this can be captured by observing the following elements that exists in the “Queued” JSON response:

Element	Result
Sender	nphies License
Meta.tag	nphies generated
Outcome	queued

## Scenario #3: Handling Large claim submission

Nphies introduced the large claim check to avoid the timeout error for such claim while getting validated by nphies and submitted to HICs.

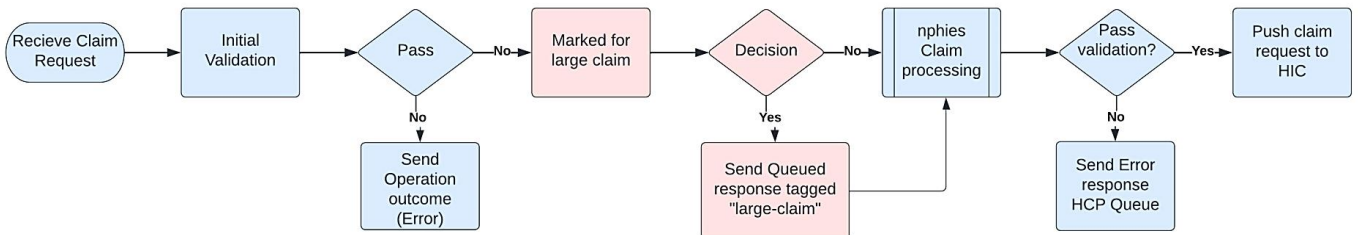
Nphies will identify if a certain claim is large based on the **items count** in payload, nphies will start marking claims as “**large-claim**”; if it contains more than 300 items which can be modified later.

In this newly introduced step in the claim workflow- excluding the batch claim submission workflow, once the claim is marked as a large claim, nphies will send a real-time **generated queued response** to the HCP notifying them that the claim is identified as **large claim** before starting the transaction validation step, a new tag will be introduced by nphies to mark the large claim:

Path	Description	Min	Max	Type	Array
<b>Resource: MessageHeader</b>					
<b>MessageHeader.meta.tag</b>	Tags applied to this resource	0	*	Coding	Array

```
{
  "fullUrl": "http://nphies.sa/MessageHeader/0e680887-7d04-47b7-a6a6-a144f79683a6",
  "resource": {
    "resourceType": "MessageHeader",
    "id": "0e680887-7d04-47b7-a6a6-a144f79683a6",
    "meta": {
      "profile": [
        "http://nphies.sa/fhir/ksa/nphies-fs/StructureDefinition/message-header|1.0.0"
      ],
      "tag": [
        {
          "system": "http://nphies.sa/terminology/CodeSystem/meta-tags",
          "code": "queued-messages"
        },
        {
          "system": "http://nphies.sa/terminology/CodeSystem/meta-tags",
          "code": "large-claims"
        }
      ]
    }
  }
},
```

Please find the below diagram highlighting the workflow changes elaborated in this section:



After closing the provider opened channel with the queued response contains the large-claim tag, nphies continues to process the claim through the different validation steps, once the validation process is completed, If the claim passes nphies validation successfully, nphies will push the transaction to the destination HIC. Otherwise, in case of nphies validation failure, nphies will generate an **error response** and queues the response in the **HCP queue** from which it will need to be polled.

**Note:**

The batch claim process and workflow are not impacted by this change, it will follow the existing process.

Below two diagrams illustrate large claim flow, first diagram demonstrates the flow when claimRequest passes nphies validations, second diagram demonstrates the flow when claimRequest fails nphies validations:



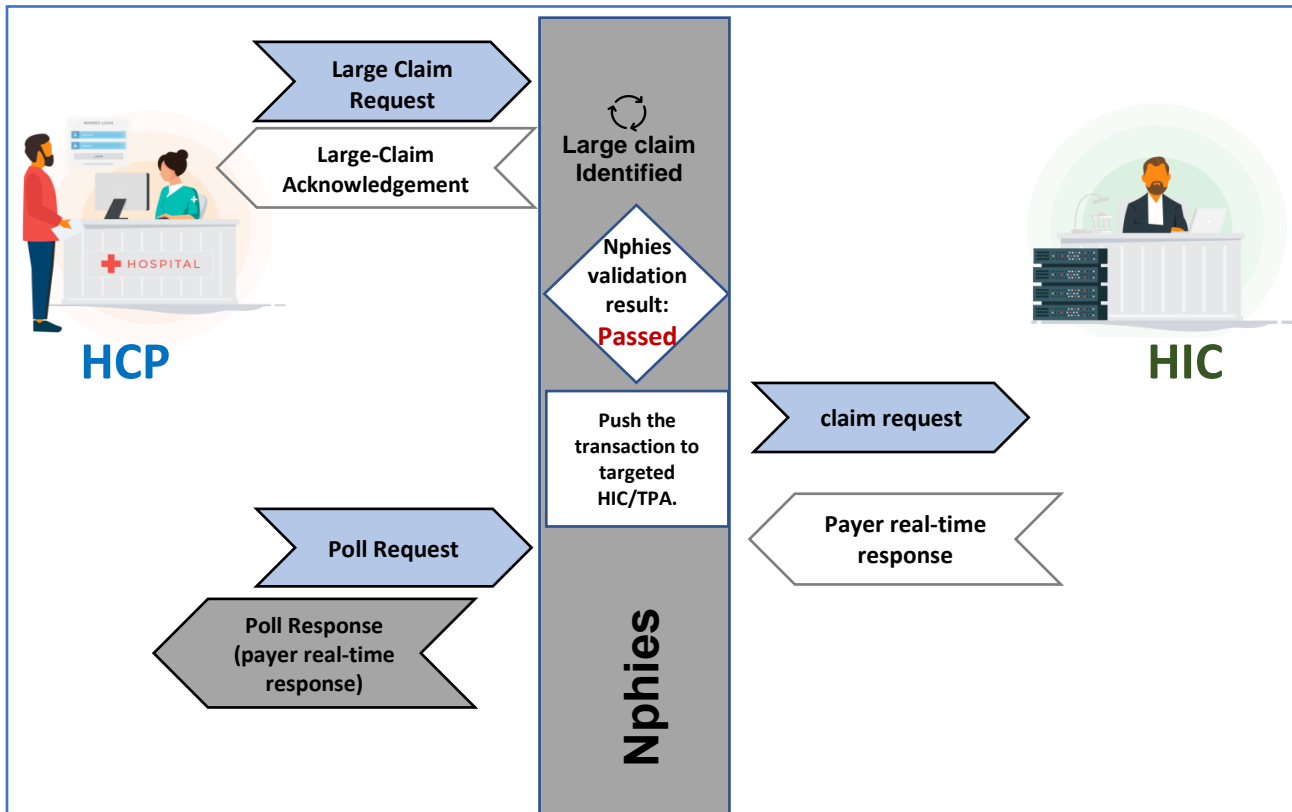


Figure 3 – Large Claim (Valid claimRequest)

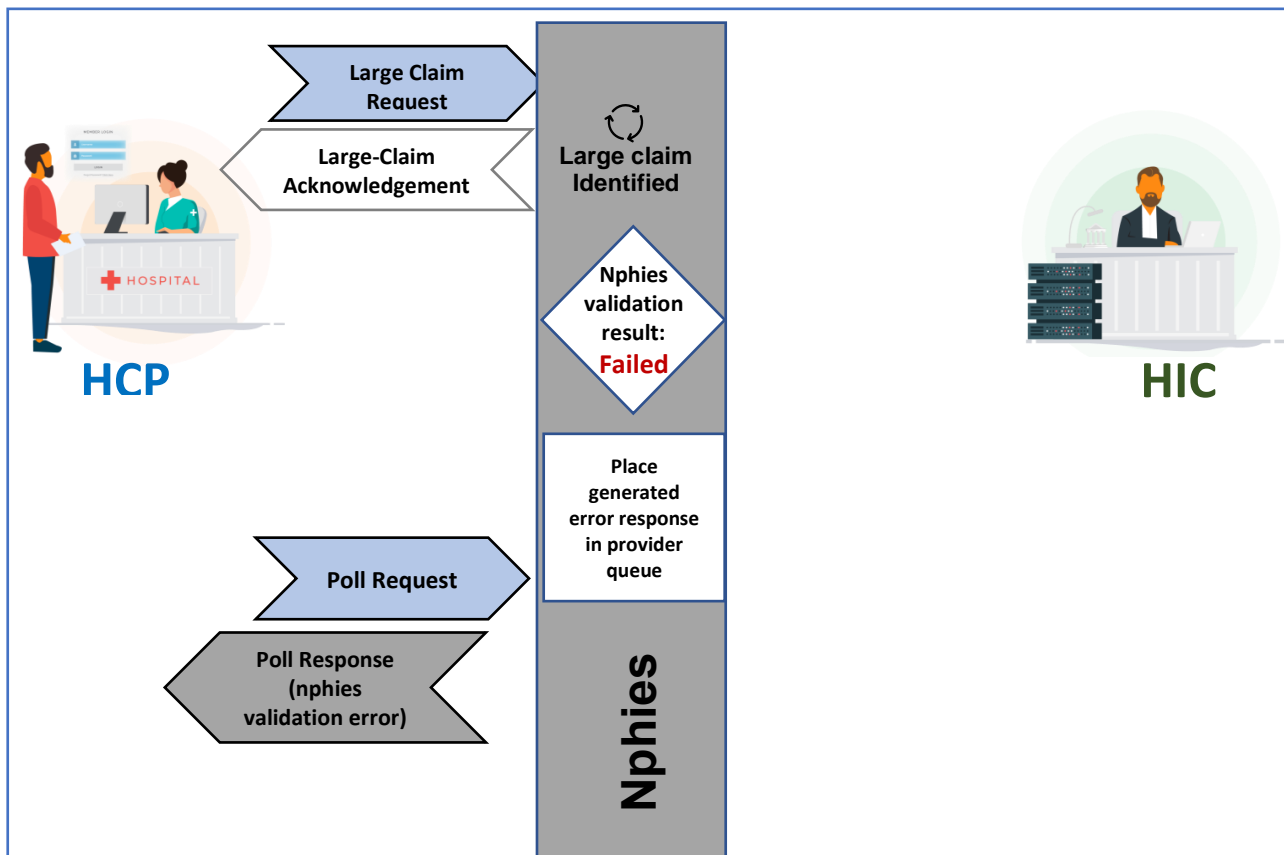


Figure 4 – Large Claim (failed validation claimRequest)

## Scenario #4: Batch Claims Cycle

The batch claims cycle starts from the provider submitting the batch claim request through nphies to the insurance, nphies will check the included claims in the batch if they contained any validation errors, then an acknowledgment from nphies that the batch been submitted successfully, afterwards the claims included in the batch will be forwarded one by one to the insurance to be processed and acknowledged, finally an adjudication results will be sent by the insurance the via final claim response.

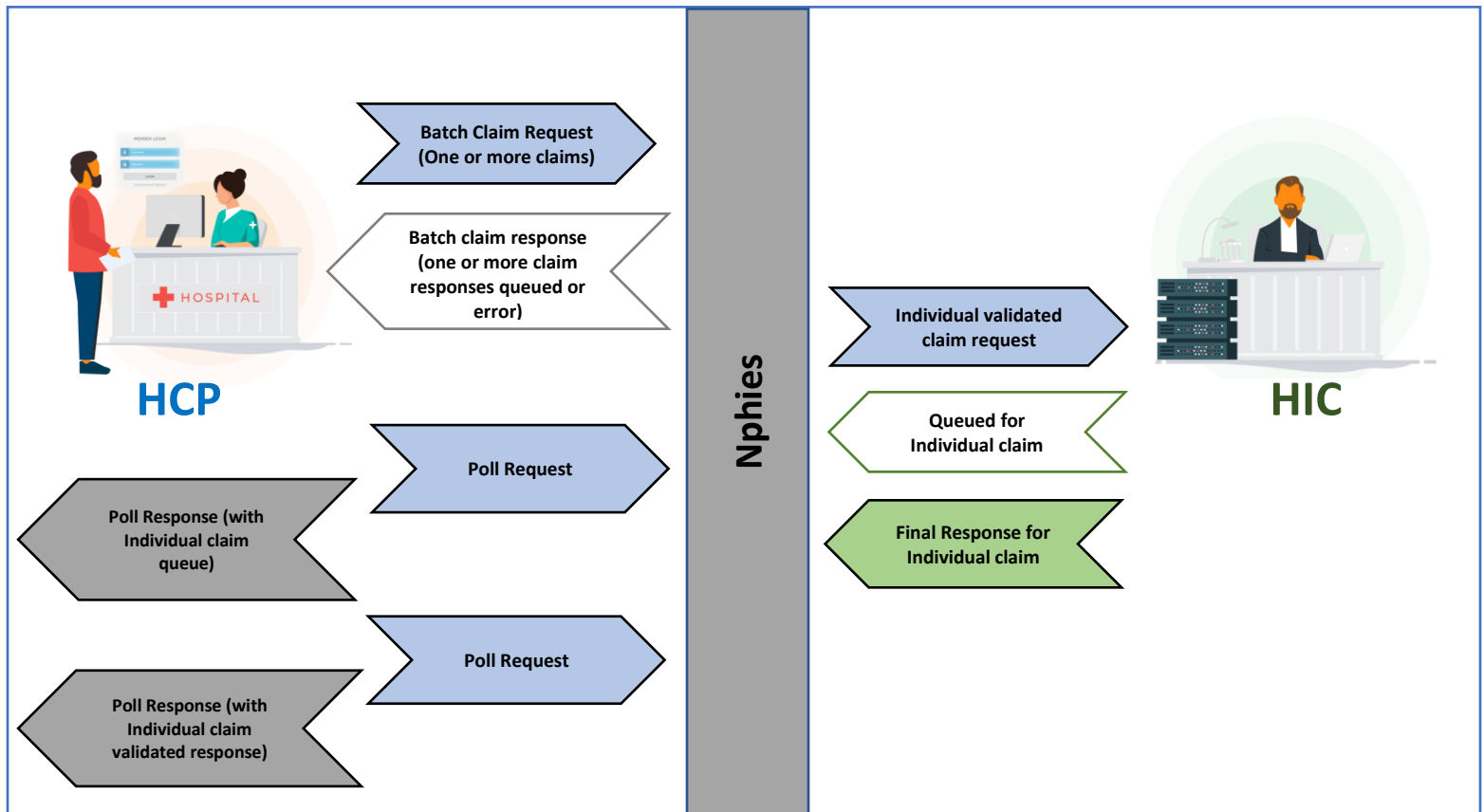


Figure 5 – Batch Claim Cycle

#### - How to identify the source of the Queued

In this scenario as the HCP is sending batch claim request, the “Queued” message will be received from nphies first not from the HIC, as the transaction is yet to be received by the insurance, and this can be captured by observing the following elements that exists in the “Queued” JSON response:

Element	Result
Sender	nphies License
Meta.tag	nphies generated
Outcome	queued

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## SECTION 2.0 HANDLING OF HIC QUEUED

When the HCP receives a “Queued” response from the HIC or nphies and still waiting for an adjudication response, there are several options that can be considered to handle such situations, whether the HCP needed to know the status of the Pre Auth/claim request at the HIC side, or to poll the latest response for such transactions if any, in this section, we will be highlighting the available option(s) to treat these cases through the platform with accordance to the **Implementation Guide**.

### Poll Request

Poll is a mechanism that provider uses to fetch the latest responses received from the HIC from the “Queue”. (to know more about this use case, Please Refer to [Community Portal](#) and navigate to HD → Documentation → Technical Standards → NPHIES Implementation Guide section 6.3.4)

### Status Check

This use case allows the HCP the ability to enquire from the HIC about the status of the request if no final adjudication response is received yet. (to know more about this use case, Please Refer to [Community Portal](#) and navigate to HD → Documentation → Technical Standards → NPHIES Implementation Guide section 6.2.9)

### Section 2.1 Retry Mechanism

If the HCP sends a message and got back one of the 500 error codes (i.e., 503, 504), or when the HCP system cannot record the response, then they should use This mechanism which allows the HCP to Poll the latest response received from the HIC, as the HCP should send the same exact request again. NPHIES will return the response received from the HIC. **send the exact same transaction again with the same Bundle ID and message header ID** (to know more about this use case, Please Refer to [Community Portal](#) and navigate to HD → Documentation → Technical Standards → NPHIES Implementation Guide section 6.4)

## SECTION 3.0 HANDLING OF NPHIES QUEUED

### Reasons to receive nphies queue

When the HCP sends a request for a Pre auth or a claim, in the following scenarios the HCP will receive a queue response from nphies:

- Payer is offline
- The HCP submitted a claim batch request
- Payer did not respond/acknowledge or a validation error occurred on the payer response within the timeout period

### Steps for provider to handle the above cases:

1. Check the “Queued messages” flag from the message headers resource on responses from nphies as follows:



```
"resource": {
  "resourceType": "MessageHeader",
  "id": 123,
  "meta": {
    "lastUpdated": "2020-12-13",
    "profile": [],
    "tag": [{
      "system":
        "http://nphies.sa/terminology/CodeSystem/meta-
        tags",
      "code": "queued-messages"
```

2. Send Poll request to check the queue or retrieve messages from the queue.

**In the above cases, the provider SHALL not send the claim again with new bundle ids. In case the provider does, it may create a duplication of claims.**

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## SECTION 4.0 HANDLING OF NO PAYER RESPONSE

### No Payer response

When the HCP sends a request for a claim, and no queued response received from the payer or no final response (complete or error) is received for an authorization or is received within 30 days, then the HCP should contact nphies support team with the queued requests bundle ids, Nphies support team will check the status and update the HCP.

In the above cases, the provider SHALL not send the claim again with new bundle ids. In case the provider does, it may create a duplication of claims, the following section will explain what are the steps that both the HCP and the HIC might execute to deal with the duplicated claims.

## SECTION 5.0 DUPLICATION HANDLING

In the case that the provider submitted the same claim request again but with different bundle ID, Message header ID and Claim ID, it will result in a Business duplicated claim at the payer's end, meaning it will have the same content of a previously submitted claim and will represent two charges against the patient. If the same claim was submitted with the same claim Identifier, nphies will detect that and not forwarded on to the payer, instead nphies will respond back to the HCP with the most recent response from the HIC.

In case the HCP sent through duplicate claim services on two different claims with different identifiers, then:

- If it is detected by the HCP, then they do claim cancellation to cancel the duplicated claim if no error is received from the HIC.

### HCP Approach: Claim Cancellation:

When the provider submits a duplicated claim to the payer, the provider can correct this mistake by sending out a cancel request for that duplicated claim only, as they will keep the original claim untouched.

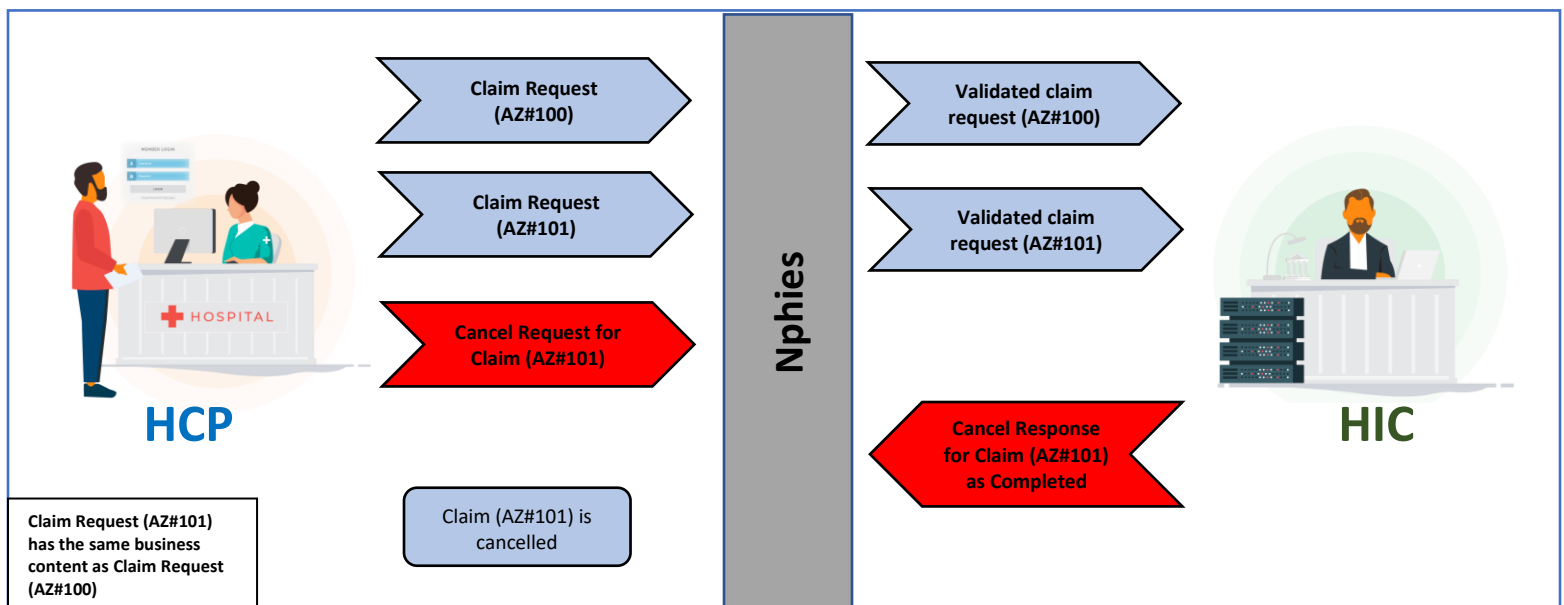


Figure 4 – Duplicated Claim Cancellation

\*Please refer to nphies profiles to know more about the cancel request.

- If it is detected by the HIC, then the HIC Shall send back a claim response with an outcome= “error” and the use error code that indicate that it is a duplicate claim.

### HIC Approach: Send an error code or denial code

When the HIC receives a duplicated claim from the HCP, the HIC shall respond back to such claim with the following **error codes**:

Code	Description
1677	Claim is a duplicate based on service codes and dates
1678	Claim is a duplicate, same claim was submitted and processed outside of nphies

Important notes:

- These codes will be monitored and audited by nphies team and cross validated with both the HCP and the HIC.
- The usage of the codes must align with the nphies utilization Percentages in the CHI General Circular 06 and 04.

The HIC can use the following **denial code** as well for any duplicated claim:

Code	Description
N-DC-069	Claim is a duplicate based on service codes and dates