

Subject: Claims Settlement Monitoring Data Frequently Asked Questions (Q) and
Answers (A)

1. Q1. When should a Third Party Administrator (TPA) submit the Claims Settlement Data to Health System Financing (HSF) at the Health Authority of Abu Dhabi (HAAD)?
A1. Data should be submitted on a monthly basis and within 7 working days of the end of each calendar month. For example, the first submission for the month of July of 2017 should be made no later than Thursday, August 10, 2017.
2. Q2. Is the claims data required for the HAAD licensed insurers only?
A2. The required claims data to be submitted by TPAs is for all insurers operating in the Emirate of Abu Dhabi and licensed by HAAD to provide health insurance services as per Law No. (23) of 2005.
3. Q3. Is the claims data related to admissions to HAAD providers only?
A3. No. The required reporting criteria for the claims data is for any claim submitted for any member insured under a HAAD approved product; i.e. any claim submitted by an insurer for a treatment (inpatient, outpatient, and/or other services) approved under a HAAD product for an insured person/group in the Emirate of Abu Dhabi and covered under Law No. (23) of 2005 irrespective whether the healthcare services were provided in Abu Dhabi, in another Emirate in the UAE, or outside the UAE.
4. Q4. What should be reported under Table 1 – Claims Processed during Month (Number of Days from Claims Reception)?
A4. Under Table 1, the count of claims processed during the calendar month will be reflected as per the claims age band [0-10, 11-20, 21-30, 31-45, and > 45 days]. The aging of claims will be calculated from claims batch reception date to claims processed date by the TPA.
5. Q5. What should be reported under Table 2 – Amounts of Claims [in AEDs] Processed during Month [Number of Days from Claims Reception]?
A5. Under Table 2, the amount of claims processed during a calendar month is equal to the final approved payment [in AEDs] that a payer will pay to the provider and will be reflected as per the claims age band [0-10, 11-20, 21-30, 31-45, and > 45 days]. The claims aging will be calculated from claims batch received date to claims processed date by the TPA.
6. Q6. What should be reported under Table 3 – Claims Ready for Settlement [Number of Days from Payment Order Received]?
A6. Under Table 3, the count of claims ready for settlement during the calendar month will be reflected as per the claims age band [0-10, 11-20, 21-30, 31-45, and > 45 days]. The aging of claims will be calculated from the time the TPA issues a payment order (PO) to insurers to the current date.
7. Q7. What should be reported under Table 4 – Claims Amount [in AEDs] Ready for Settlement [Number of Days from Payment Order Received]?
A7. Under Table 4, the amount of claims ready for settlement during a calendar month is equal to the sum of the final approved payment that a payer will pay to the provider and will be reflected as per the claims age band [0-10, 11-20, 21-30, 31-45, and > 45 days]. The claims aging will be calculated from payment order issued by the TPA to the current date.

8. Q8. What should be reported under Table 5 – Claims Amount [in AEDs] settled by Insurer [Nbr Of Days From Payment Request Sent to Insurers]

A8. Under Table 5, TPA Receivables (in AEDs) to be settled by Insurer is equal to TPA amounts received from insurer against PO issued by the TPA per age band [0-10, 11-20, 21-30, 31-45, and > 45 days]. The claims amounts settled will be calculated from TPA claims processed date to payment made to provider. Claims amounts settled by insurer or TPA Receivables (in AEDs) settled by Insurer is equal to TPA amounts received from insurer against PO issued by the TPA.