



صادر : ١٠٥  
 ١٤٤٢/٠١/١٥هـ : التاريخ  
 ٠٣/٩/٢٠٢٠ م : الموافق  
 المرفقات : بدون

## Enabling Provisions Notice Pursuant to the Implementation of the National Platform for Health Information Exchange Services (nphies)

### Technical Update Number 3 of 2020 (TU 03-2020)

Subject of this Technical Update	<b>nphies</b> Onboarding: Participation Requirements
Applicability of this Technical Update	This Technical Update applies to all health insurance market participants providing health insurance products, health insurance services or healthcare services in the Kingdom of Saudi Arabia
Purpose of this Technical Update	This Technical Update relates to the release of Business and Validation Rules that <b>nphies</b> and the market will use, standard profiles, denial codes and use cases
Publication date	01/9/2020
This document replaces	Not applicable
This document has been replaced by	Not applicable
Effective date of this Technical Update	immediately
Grace period for compliance	Ends on 16 <sup>th</sup> Oct 2020

#### Objectives of this Technical Update

- To explain the types of rules that will be embedded in the system to ensure that transaction process flows follow the correct sequence (business rules) and that data entry is in a valid format (validation rules)
- To provide an overview of the standard transaction profiles, their content and purpose
- To notify the market of the introduction of a standard set of denial codes to be used by payers
- To describe the use cases (the process flows for individual transactions)
- To indicate where these items will be found

#### Business rules and validation rules (BRVR)

The business and validation rules will be utilized to govern transaction use cases in line with **nphies** use case profiles, for example, but not limited to (as eligibility checks, preauthorization requests, and claims process cycle)

**Business rules:** Business rules will outline the workflows and business cycles governing the use case transactions. For example, an eligibility check response cannot come before an eligibility check request

**Validation rules:** Validation rules will govern the syntax, minimum data set, and values utilized within the fields of the transactions. For example, the encounter type field cannot be empty, and the value must be one of the predefined list of values

#### Further Sub-classes for BRVR

**Data Restriction Rules:** will validate the data type, the maximum length for each field of the transaction. For example, the maximum length for the patient identification is 30 characters.

**Functional Rules:** will outline the workflows and business cycles governing the use case transactions. For example, the patient in the eligibility response must be the same patient in the eligibility request.

**Regulation Rules:** will be set by the regulator concerning payer-provider contractual matters. For example, the maximum number of resubmission requests and settlement deadlines.

### Information Exchange Profiles

Standard profiles will define for each transaction the schema elements, fields, cardinality type, data type and minimum data sets. There are four major profiles as below each having sub profiles:

Eligibility Request

Eligibility Response

Authorization Request

Authorization Response

Claim Request

Claim Response

Payment Notification

Payment confirmation

Minimum data sets (MDS) will be contained within each profile. These indicate the data required as a minimum for the transaction to be processed.

### Denial codes

When payers have a reason to reject a claim, a denial code will be applied to the transaction, which will generate a message to the provider. The set of more than 80 denial codes are grouped into benefit, clinical and operational and will cover a range of subjects such as:

Authorization

Eligibility

Price

Claim

Coding

Dosage

Time

### Use cases

Use cases are a series of subroutines within the overall claims cycle. These subroutines are defined in the communication cycle between payers and provider within **nphies**.

## Implementation Guide

Implementation guide will be used by Insurance (including TPAs) and providers to integrate with **nphies**. The guide describes the information exchange construction and flow between different healthcare stakeholders and the solution, use cases, defines the message structure of profiles for FHIR implementation, and specifies the links to relevant FHIR artefacts and documentation.

## Updates and maintenance

Please note that all documents in this notice are dynamic and will be updated continuously. Therefore, please use the up to date versions.

All the **Technical standers published** on the CCHI website via:

<https://www.cchi.gov.sa/en/Uniplat/Pages/default.aspx>, under the technical standard tap.