

## **[ PHILHEALTH CIRCULAR NO. 2017-0030, January 16, 2018 ]**

### **IMPLEMENTATION OF THE ELECTRONIC CLAIMS SYSTEM USING HYBRID APPROACH**

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#### **I. RATIONALE**

Electronic Claims System or eClaims is an interconnected modular information system for claim reimbursement transaction beginning from the time a patient signified the intention of using a PhilHealth benefit, and ends when the claim is paid. It enables a Health Care Institution (HCI) to determine eligibility of patient to avail of insurance, submit a claim electronically or online, track and verify the status of claims, and be reimbursed. The Electronic Claims System removes

duplication of effort in entering claims data especially if HCIs have existing Hospital Information System (HIS) or Electronic Medical Record (EMR). Data quality is a perennial issue with data entry and associated quota requirements among other factors in PhilHealth. Efficiency issues which are manifested in turn-around-time (TAT) indicator is PhilHealth's challenge as claim forms have to be physically submitted to PhilHealth and entered by the Local Health Insurance Offices (LHIOs) or PhilHealth Regional Offices (PROs); or printing of required claim forms and transmittal list, saving of claims data to a storage device like flash drives, and being physically submitted to the PROs where reconciliation and validation of claim forms and electronic copies have to be done prior to uploading to PhilHealth .

The benefits of eClaims to PhilHealth are enhanced opportunity for fraud detection, monitoring, and prevention; improved efficiencies with minimization and/or elimination of encoding; improved data quality through elimination of manual encoding and prevention of duplicated encoding; minimal warehousing of claims forms and supporting documentation; realignment of encoders, document administrators, and other support personnel of legacy manual processes to high-value tasks such as auditing; improved sources for adjudication as all documents are either electronic or imaged; and improved turnaround time in the processing claims. HCIs will also benefit from eClaims implementation by improving processes through automated workflows; improved data integrity through the use of data systems contained in HIS' or EMRs; minimal warehousing of claims forms and supporting documentation; timelier receipt of payments through shortened processes; and reduction of 'Return-to-Hospital' claims with automated validation prior to submission. PhilHealth members will also benefit through improved quality of services from HCIs with the availability of historical medical information from HIS' or EMRs; improved verification of eligibility leading to timely services; and

improved understanding of member costs.

To realize the benefits of eClaims and be able to support its implementation, PhilHealth opened the accreditation of service providers called as Health Information Technology Providers (HITPs) in 2012 to provide software solutions like HIS, EMR, or eClaims Transporter that complied with the requirements of PhilHealth on claims submission for processing and payment. The current implementation of eClaims via HITPs provides one or a combination of the following solutions and services: (1) Hospital Information System - a software solution where the business/ operational processes of the hospital are included and integrated, i.e. Admission, Billing, Medical Record, Cashiering, Laboratory, Radiology, Dietary, among others; (2) Infrastructure and data center support - secured storage of data and physical infrastructure containing the server and other required equipment/ devices; (3) electronic transmission of claims from HCIs to PhilHealth; (4) a software solution where data from existing HIS in the format of XML can be transmitted to PhilHealth; (5) secured connection between HCI and PhilHealth like dedicated leased line or secured tunnel connection; and/or (6) help desk support-assistance or support to answer/troubleshoot queries, questions, and/or technical problems relative to PhilHealth eClaims implementation.

PhilHealth Circular No. 2016-0016 set the implementation guidelines on full implementation of eClaims. It has focused on HITP engagement to provide the front end interface for eClaims modules, ensuring connection of an HCI to PhilHealth, and facilitating electronic transactions. Under PhilHealth Circular No.

038 series 2012 on the accreditation of HITP, the HITP acts as a conduit for electronic transactions on claim reimbursements from the HCI to PhilHealth and vice versa.

There are HCIs with existing in-house or outsourced software solutions/products that may have capabilities to do direct transmission to PhilHealth. Thus, this Circular opens up the hybrid approach in implementing eClaims for HCIs to select the best option appropriate to their needs, environment, capacity, and cost benefits. The opening of the hybrid approach supports the Philippine Health Agenda's mandate on the use of EMR in all health facilities; prepares the HCIs in data harmonization between the Department of Health and PhilHealth; and aligns with the strategic thrust of the Philippine Health Agenda (PHA) in investing in eHealth and data for decision making.

## **II. DEFINITION OF TERMS**

1. Direct Data Transmission (DDT) - transfer of data from existing software solution or product of HCI to PhilHealth.
2. eClaims Eligibility Web Service (eCEWS) - set of standard Application Programming Interfaces (APIs) provided by PhilHealth for electronic claim transactions.
3. Electronic Claims Transporter (EC1) - Software solution or product that allows extracted data from an HCI existing software solution/product to be electronically transmitted to PhilHealth.

4. Electronic Document (ED) - information or the representation of information, data, figures, symbols or other modes of written expression, described or however represented, by which a right is established or an obligation extinguished, or by which a fact may be proved and affirmed, which is received, recorded, transmitted, stored, processed, retrieved or produced electronically.
5. Electronic Medical Record (EMR) - A software solution or product that enables entry of patient's health-related data or information.
6. Hospital Information System (HIS) - A software solution or product that is designed to manage all aspects of hospital's operations such as Outpatient Department, Emergency Room, Admission, Billing, Cashiering, Medical Record, Laboratory and other Revenue Centers, among others.
7. Service Provider (SP) - Company, firm, organization, institution, or individual that provides or offers software solutions or products, and other information technology services. Health Information Technology Provider is also a service provider.
8. Software Solution/Product (SSP) - Set of related software programs or services that are developed or sold as single package. Examples are hospital information system, electronic medical record, electronic claims transporter, and others.

### **III. SCOPE OF IMPLEMENTATION**

1. This Circular applies to all HCIs, health care providers, service providers, PhilHealth national and regional offices, local health insurance offices, and other concerned.
2. The eClaims applies to reimbursement claims on all case rates (ACRs); special benefit packages (Z Benefits); outpatient benefit packages such as but not limited to Maternal Care Package (MCP), Newborn Care Package (NCP), TB-DOTS Package, Outpatient Malaria Package, Animal Bite Treatment Package; Dialysis and Outpatient HIV /AIDS Treatment Package; and others as shall be defined by PhilHealth.
3. The eClaims does not cover reimbursement claims on Primary Care Benefit/Tsekap Scheme, readjustment of amount claimed, and directly-filed claims.

### **IV. GENERAL GUIDELINES**

A. Compliance to eClaims by HCIs is extended to December 31, 2017 to allow sufficient time to prepare and move to eClaims implementation by January 1, 2018. As such, HCIs shall maintain the status quo of claims submission, i.e. Manual using NClaims, eClaims using HITP, and PHICS/SCLAIMS. By January 1, 2018, eClaims shall be mandatory to all HCIs and all submitted new claims shall be in electronic form.

B. PhilHealth shall require all HCIs to use HIS/EMR to improve internal workflows or processes, data quality, efficiency, and client satisfaction.

C. Only HCIs using software solutions/products that are certified by PhilHealth shall be allowed to implement eClaims. Multiple certifications shall be given to specific version of the benefit packages.

D. Certified in-house or outsourced software solution/product that was endorsed by one (1) HCI can be used by other HCIs. Agreements, terms, and/or conditions on the use of the certified software solution/product shall be made between the service provider and the HCI. PhilHealth shall not be held liable for any action of the service provider with regards to its engagement with the HCI, or vice-versa that may result to damage or injury to the HCI or its clientele.

E. The eClaims implementation shall no longer be exclusive to HITPs. HCIs that partnered with HITPs shall opt to continue the upload of data through the use of software solution/product (i.e. HIS/EMR, or electronic claims transporter); or consider direct transmission from their existing software solution/product. HCIs shall communicate in writing to PhilHealth to confirm or validate compliance to PhilHealth requirements.

F. HCIs shall choose from various options to implement eClaims.

G. PhilHealth shall not charge any cost for the use of eClaims services. Investments on software solutions/products whether in-house or outsourced shall be borne by the HCIs.

H. Procedures and guidelines on direct transmission and certification of software solution/product as compliant to the requirements of PhilHealth claims submission shall be covered in a separate issuance.

I. HCIs and/ or service providers shall develop and maintain their policies and procedures in compliance to existing and applicable statutory laws, rules and regulations such as but not limited to Republic Act 8792 - Electronic Commerce Act of 2000, Republic Act 10173 - Data Privacy Act of 2012 and Republic Act 9470 - National Archives of the Philippines Act 2007.

J. The HCI head (i.e. Hospital Director, Chief of Hospital, Hospital Administrator, and the like) shall be accountable for data quality (i.e. validity, accuracy, completeness), security, storage, transmission, among others from their end.

K. The PhilHealth Electronic Claims Implementation Guide (PeCIG) shall serve as the technical reference manual on eClaims compliance. The PeCIG defines the standards on semantic security (data definition and document type definition), data security compliance like data encryption at rest and in transit, transmission protocol, format of scanned files or documents like portable document format for archive, files to be scanned and uploaded like Claim Signature Form and Statement of Account, and/or other technical specifications. Any updates shall be posted or published accordingly.

L. HCIs and/ or service providers shall be accountable for ensuring conformance to updated specifications.