

[PHILHEALTH CIRCULAR NO. 0015, S. 2013, June 19, 2013]

**IMPLEMENTATION OF THE FULL ELECTRONIC CLAIMS SYSTEM
FOR CASE RATES**

I. RATIONALE

Republic Act No. 8792, known as the "Electronic Commerce Act of 2000" provides that information in the form of electronic documents or electronic data message "shall have the effect, validity or enforceability as any other document or legal writing" for as long as "said electronic document maintains its integrity and reliability and can be authenticated so as to be usable for subsequent reference".

In 2011, the Corporation launched the eClaims Project by virtue of *PhilHealth Circular No. 014-2011*. The project was a strategic approach towards improving operational efficiency in health insurance claim processing by enhancing information technology (IT). It empowered institutional health care providers (IHCP) by providing them with standards for automation of claim transactions to PhilHealth. It consisted of three modules aimed at providing institutional healthcare providers (IHCP) with the online capability to verify a patient's eligibility for health insurance, to submit claims electronically, and to track the status of reimbursement. Implementation was by phase and only the first module was released.

However, two years after initial implementation, only five percent of hospitals nationwide had availed of this amenity. Of these, more than half engaged IT companies to provide the application that would enable them to connect to PhilHealth.

As PhilHealth strives to attain its goal of financial risk protection for all Filipinos under the Universal Health Care(UHC) framework, membership has increased and more health insurance benefit packages have been developed to address the health needs of members. This has resulted in a corollary increase in availment of benefits and in the volume of claims. This marked volume increase, under existing operational systems and workforce, translated to a corresponding lag in claim processing and payment mechanisms, and hence, poorer client satisfaction. This chain reaction has highlighted the need to reform business transactions between PhilHealth and its partners.

The Corporation noted that the involvement of an IT company as a third party in electronic claims transactions is pivotal in expediting the implementation of the project. Through *PhilHealth Circular 038 series 2012*, otherwise known as the "Accreditation of Health Information Technology Providers," (HITPs) the policy framework for recognizing information technology companies, as links in providing IHCPs with the means to connect to PhilHealth and transact business electronically, was established.

In view of the foregoing considerations, PhilHealth is scaling up the eClaims project to ensure that core processes for claim transactions are performed with utmost efficiency. The goal of the enhanced Claims system is to establish an effective, standards-based transaction system between IHCPs that would efficiently improve claims processing.

Hence, the full eClaims system is expected to tremendously simplify claim processes thereby drastically reducing turnaround time in processing and hastening payment to IHCPs.

II. DEFINITION OF TERMS

1. **Certificate authority** - a third party that issues digital certificates and is trusted by both the sender and the recipient.
2. **digital certificate** - an electronic document which pairs a digital signature with a public key, which ensures authenticity of the document (that is sent by the person who is supposed to send it and not someone else pretending to be him/her) and that the document is meant to be read by another person who is authorized to do so.
3. **eClaims tracking dashboard** - a monitoring tool to determine eClaims utilization
4. **eClaims utility** - the front-end eClaims application provided by health information technology providers (HITP) that complies with any or all of the standards on eClaims modules 1 to 3.
5. **eClaims web service** - a set of standard application programming interfaces (APIs) provided by PhilHealth for electronic transactions.
6. **electronic document** - in R.A. 8792 (*e-Commerce Law*) refers to 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.
7. **health information technology provider** - also called HITP; a third party information technology provider accredited by PhilHealth after having met the minimum requirements for managing transactions between IHCPs and the Corporation (*PhilHealth Circular No. 038 series 2012*).
8. **provider** - when not specified, refers to both IHCP and HITP
9. **tracking number** - the code generated in module 1 as proof that the eligibility of the member has been verified and affirmed. Its absence denotes deficiency thereby requiring submission of documentary evidence.

III. THE PHILHEALTH ELECTRONIC CLAIMS SYSTEM

A. The eClaims System Framework. The eClaims System is an interconnected modular information system for claim reimbursement transactions beginning from the time a patient signifies the intention of using a PhilHealth benefit, and ends when the claim is paid. It possesses the following automated features, to wit: 1) ability for IHCP to determine eligibility of patient to avail of insurance; 2) ability to submit a claim online; 3) ability of IHCP to track and verify the status of its claims; 4) ability for PhilHealth to review and process a submitted claim; and, 5) ability for IHCP to be reimbursed for the claim. The first three are tasks performed at the IHCP side while the other two are performed by PhilHealth.

B. Properties of the eClaims System

1. The eClaims System is divided into five modules.

Module 1. Claim Eligibility Web Service (CEWS). Launched in 2011, it allowed an IHCP to determine eligibility of a member to avail of an insurance benefit based on patient type and qualifying contributions. It was enhanced to provide a view into compensability of a claim based on PhilHealth rules on annual maximum 45 days confinement, premium payments per member type, and professional healthcare provider status. It also serves to instruct PhilHealth member with compliance to particular deficiencies. To utilize this feature, IHCP will have to input the following information:

- a. Member and patient data:
 - i. Member name, PhilHealth identification number, birth date, address, membership type, employer name and PhilHealth employer number
 - ii. Patient name, birth date, admission and discharge dates
- b. Procedure performed (RVS)
- c. IHCP and professional healthcare provider (PHCP) accreditation number

Module 2. Electronic Claim Submission (ECS). This module consists of attributes specified in PhilHealth Claim Forms as Extensible Markup Language (XML). It also allows documents (i.e. official receipts, laboratory results, operative records, etc) required for arbitration and evaluation to be submitted in a format prescribed by PhilHealth (i.e. portable document format or PDF).

Module 3. Electronic Claim Status Verification (CSV). This module functions as a required add-on feature in the eClaims system. It enables an IHCP to track a submitted claim, map it against its own information system, and verify the adjudication and payment status of a claim.

Module 4. Electronic Claim Review and Processing. A module that simplifies the number of processing steps for a claim and enables medical and non-medical adjudicators to review claims in a systematic manner and support decision-making.

Module 5. Auto-Credit Payment of Claim. *PhilHealth Circular No. 043 series 2012, also known as the "Reimbursement of Hospital Claims through Auto-Credit Payment Scheme (ACPS)"*, provides the guidelines for settling a provider's claim through direct crediting to an IHCP deposit account. The eClaims system shall adopt this mechanism, and for this purpose, it shall be referred to as "Module 5".

2. **Data security, privacy, and confidentiality.** The eClaims system ensures that all data collected, including personal information and health records, and transmitted through the use of information and communication systems provided by juridical entities, are in accordance with *Republic Act No. 10173*, otherwise known as the *Data Privacy Act of 2012*. As such, all electronic claim transactions will be conducted through dedicated telecommunication lines and secure internet connection. In general, PhilHealth security standards that will

govern information exchange among IHCP, HITPs and PhilHealth, as specified under *PhilHealth Circular No. 038 series 2012*, will cover the following:

- security and privacy policies
- data center
- front end security and authentication
- database security
- semantic security (data dictionary and document type definition)
- transmission security

3. **The Role of a HITP.** After having passed rigorous conformance and compliance tests with PhilHealth standards, HITPs were recognized as being qualified to assist IHCPs. They will provide IHCPs with a set of integrated systems and services and ensure secure connection at points of electronic transmission of claims information. Under *PhilHealth Circular No. 038 series 2012* on the accreditation of HITP, the HITP will act as a conduit for electronic transactions on claim reimbursements from the IHCP to PhilHealth and vice versa.

IV. THE PHILHEALTH ECLAIMS IMPLEMENTATION GUIDE (PECIG)

There shall be a manual of procedures called the **PhilHealth Electronic Claims Implementation Guide (PeCIG)**. It contains the PhilHealth standards for developing eClaims Modules 1 to 3. It shall be provided to HITPs. It shall be regularly updated to include new system requirement specifications. Every version shall be properly indexed and covered by an advisory prior to its release to the relevant provider. The edition shall also adequately state the PhilHealth policies it has addressed. The PeCIG shall be posted in the Corporate website.

V. SCOPE

1. The eClaims System shall apply to all case rates and special benefit packages (such as Outpatient malaria Package, Outpatient HIV/AIDS Treatment, Maternity Care Package, Newborn Care Package, TB-DOTS Package, Animal Bite Treatment Package, etc).
2. The System shall not cover reimbursement claims filed under the following:
 - a. fee-for-service payment
 - b. directly-filed claims

VI. GENERAL GUIDELINES

1. All IHCPs shall be required to be eClaims System compliant by the end of 2015.
2. There shall be a signature form prescribed (Annex A) for patient and doctor/s. It shall be a mandatory supporting document scanned and uploaded with every claim file. This will be required until a new signature mechanism is implemented.
3. The IHCP head (i.e. hospital director, chief of hospital) shall be responsible for ensuring the quality (i.e. validity, accuracy, completeness, etc.) of the data submitted electronically.
4. Electronic data received by PhilHealth and stored in its database shall be its property and shall not be accessible to IHCP or HITP.
5. Submitted electronic claims shall be deemed final, hence, valid for action by PhilHealth. Only PhilHealth may access, retrieve and open the file.