PRIMARY CARE BENEFIT ADVISORY

In view of the transition from manual to electronic processing of the Per Family Payment under the Primary Care Benefit Program, please be advised of the following to address the issues and concerns in the implementation of the Primary Care Benefit System in all accredited primary care benefit providers:

1. Primary Care Benefit (PCB) Providers can use <u>any of the following systems</u> to enter and submit the required PCB data (e.g. enlistment, profiling) to PhilHealth: Updated Primary Care Module **(UPCM)**, Online Electronic Medical Record **(On-EMR)**, Offline EMR with Uploading Facility **(Off-EMR)**, <u>or</u> Manual with Excel File **(MEF)** submission.

2. Regardless of what system to implement or has been implemented, *all data are captured* and securely stored in PhilHealth's data repository. The submitted data are evaluated for possible duplication and harmonized if such cases occur. In case of duplication, the *most complete data set will prevail.*

3. There is *no need to re-enter data* that have been encoded if one PCB Provider shifts from one system to another (e.g. from UPCM to On-EMR, UPCM to Off-EMR, On-EMR to Off-EMR, UPCM to MEF, On-EMR to MEF, or Off-EMR to MEF).

4. Generation and Dissemination of the Statement of Accounts Payable (SAP), i.e. Billing Statement:
    i. The "Billing Statement" is now called "Statement of Accounts Payable" or SAP.
    ii. There is now a *Centralized Automated Scheduled Batch Processing (CASBP)* to compute the Per Family Payments and generate the SAP. Batch processing will be run in the Central Office.
    iii. PCB Providers are *no longer required* to run or execute the UPCM Generation of Billing Statement because the SAPs will be emailed to their official accounts.
    iv. Processing and computation of payment for 2016 <u>data as submitted</u> will commence on *November 16, 2016 onwards* using the CASBP.
    v. Computation of payment will be based on the *current available data* from the time the CASBP is executed.
    vi. The *CASBP* will automatically generate the SAP in pdf format (SAP-pdf) and email to the PCB Providers and PhilHealth Regional Offices. The sending of the SAP-pdf to the EMR Providers depends on their agreement with the PCB Providers.
    vii. The SAP-pdf reflects the amount payables for each quarter, including retroactive payments: (see Annex A, refer to www.philhealth.gov.ph)

5. PCB Providers using the On-EMR or Off-EMR have the benefits of fast retrieval of patient's health data or information; improve workflows from the time the patient is log, given services, and discharged; improved quality of care; ease of updating the profiled/medical record data; provision of medical alerts and reminders; improved accuracy of data for computation of primary care benefit packages; improved reporting compliance to the Department of Health, among others.   For 2017 enlistment and profiling, PCB Providers who have used the On-EMR or Off-EMR can easily retrieve the data and update accordingly.

6. PCB Providers who were able to encode data using the UPCM have until *December 31, 2016* to use the system.

7. PCB Providers who were able to encode data using On-EMR, or Off-EMR can *continue to use the system.*

8. <u>Use of the MEF:</u>
    a. The use of MEF is recommended only to PCB Providers with slow / no internet connectivity or no Off-EMR until *31 December 2016.*
        i. The recommended bandwidth is 1Mbps per user with wired connection. However, wireless can also be used such as LTE or 3G depending on the actual response of the UPCM testing.
        ii. PCB Providers can check or validate the quality of connections or seek assistance from the PRO IT or IT Coordinators to check their actual connections.
        iii. Validation of connection includes but not limited to the following: Actual testing of UPCM system, Testing the UPCM system using firefox and chrome or IE browsers, and/or Speed test using OOKLA site.
        iv. Rural Health Units that can meet the following criteria is qualified for online transactions: Wired connection with at least 800 Kbps Bandwidth (download); Successful full cycle UPCM transaction even if the connection is wireless or wired; and Successful full cycle UPCM transaction using any of the major browsers.

b. PCB Providers who have submitted through MEF for the 1st and 2nd semester, and have connectivity may shift to On-EMR or Off-EMR to achieve the benefits of Item #5.

c. PCB Providers must comply with the prescribed excel file template, also called the Transmittal List.

    i. Required data inside the excel file template are as follows:

    Header: Date Prepared, Name of PCB Provider, RHU Accreditation Number, Applicable Quarter

    Columns: <u>Member PhilHealth Identification Number</u>, <u>Last Name</u>, <u>First Name</u>, Middle Name, Suffix Name, <u>Date of Birth</u> in d-mmm-yy format, <u>Sex</u> (M for Male or F for Female), <u>Category</u> (M for Member or D for Dependent), <u>Date Enlisted</u> in d-mmm-yy format, and <u>Date Profiled</u> in d-mmm-yy.

    Footer: Prepared By, and Approved By

    ii. Contents of the submitted excel file that are not in compliance with the prescribed excel template will be returned to the concerned PCB Providers for correction.

d. The following must be submitted to the Local Health Insurance Office (LHIO) as supporting documents:

    i. Manually prepared printed copies of A2 and A4 reports

    ii. Softcopy of the filled up excel file

9. <u>Process Flow – Viewpoint of the PCB Provider</u>

#	PCB Provider using On-EMR	PCB Provider using Off-EMR	PCB Provider using MEF	PHILHEALTH OFFICES		
				Local Health Insurance Office (LHIO)	PhilHealth Regional Office (PRO)	PhilHealth Central Office (PCO)
1	Enters the data Note: a. No need to submit A2 and A4. b. A2/ A4 and other PCB reports can be generated from On-EMR for reference purposes.	c. Enters the data. d. Extracts the data. e. Go to the nearest PRO to upload the data. Note: a. No need to submit A2 and A4. b. A2/A4 and other PCB reports can be generated from On-EMR for reference purposes.	a. Manually fills up A2 and A4. b. Fills up the excel template file. c. Submits A2, A4, and excel template file to nearest LHIO.	Monitors status of data submission.	Monitors status of data submission.	Monitors status of data submission.
2	Waits for the SAP via email.	Waits for the SAP via email.	Waits for the SAP via email.	a. Receives A2, A4, and excel template file of PCB Providers using MEF and issues acknowledgement receipts. b. Uploads the contents of the excel template file. Tool: Internal UPCM	Monitors status of data submission.	Monitors status of data submission.
3	Waits for the SAP via email. a. Receives SAP-pdf via email. b. Prints SAP-pdf. c. Checks contents of SAP-pdf. d. Signs the SAP-pdf. e. Submits signed SAP-pdf to LHIO.	Waits for the SAP via email. a. Receives SAP-pdf and Transmittal List via email. b. Prints SAP-pdf and Transmittal List c. Checks contents of SAP-pdf and Transmittal List. d. Authorized officers/s of the PCB Providers signs the SAP-pdf and Transmittal List. e. Submits signed SAP-pdf and Transmittal List to LHIO handling the PCB account.	Waits for the SAP via email.	-	-	Runs the *Centralized* <u>*Automated*</u> *Scheduled Batch Processing.* a. Checks data for duplication. b. If with duplication, the most complete data set will prevail. c. Computes payments and generates the SAP. d. Sends <u>SAP-pdf</u> and <u>Transmittal List</u> (see Annex 1.0, refer to www.philhealth.gov.ph) to concerned PROs and PCB Providers via emails.

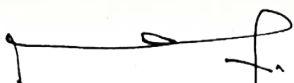|					
4	Waits for PRO notification that checks are available.	-	a. Checks signed SAP-pdf and Transmittal List. b. Signs the signed SAP-pdf and Transmittal List. c. Submits to PRO-BAS and signed SAP-pdf and Transmittal List. Tool: Internal UPCM	-	-
5	Waits for PRO notification that checks are available.	-	-	a. Generates voucher and attaches the signed SAP-pdf and Transmittal List. b. Generates checks. c. Notifies PCB Providers that checks are available. Tool: Internal UPCM Note: Same procedures apply for signing the voucher.	-
6	a. Picks up checks. b. Signs log that checks were released.	Issues an official receipt to PhilHealth.		a. Releases checks. b. Tags release of checks. Tool: Internal UPCM	

10. <u>Shifting from UPCM or MEF to the On-EMR or Off-EMR</u>:
   a. Continue encoding and submitting the required PCB data using the current system until *December 2016* BUT start works to engage the services of Certified EMR Providers. Deadline for encoding through MEF is <u>December 31, 2016</u>.
   b. The deadline for submission of all 2016 PCB data using UPCM or MEF is <u>February 2017</u>. PCB transactions until 31 December 2016 will be processed for payment.
   c. <u>Starting January 2017</u>, PCB Providers must use the On-EMR or Off-EMR. As such:
      i. The UPCM Data Entry Module shall be deactivated end of December 2016 and the MEF will no longer be used by March 2017.
      ii. The PCB data to be included are transactions beginning first quarter of 2017.
      iii. PCB providers who have used the On-EMR or Off-EMR have already the data that can be retrieved and updated anytime.
      iv. Assistance of certified EMR providers may be sought if PCB providers would like to access historical data from UPCM or uploaded from EMR.
      v. PCB Providers must engage the services of the EMR Providers whose software passed the validation testing of PhilHealth. The List of EMR Providers shall be regularly updated and posted in the PhilHealth portal or website www.philhealth.gov.ph.

For any questions/ clarifications, you may contact the PCB Team at telephone number (02) 441-7444 local 7575 or email address: pcb-philhealth@googlegroups.com.

For information and guidance. Thank you.

RAMON F. ARISTOZA, JR.
Acting President and CEO