

TAMANG SAGOT

PhilHealth Circular 2016-016

Full Implementation of the Electronic Claims System

1. What is eClaims?

EClaims is the electronic way of claims submission to PhilHealth by accredited HCIs. It involves the transmission of electronic documents and data.

2. What is the eClaims system?

The eClaims system is an interconnected modular information system for claim reimbursement transaction 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 electronic features, to wit: 1) ability for HCI to determine eligibility of patient to avail of insurance; 2) ability to submit a claim online; 3) ability for HCI to track and verify the status of its claims; 4) ability for PhilHealth to review and process a claim; and, 5) ability for HCI to reimburse the claim. The first three (3) are tasks performed at the HCI level while the rest are performed by PhilHealth.

3. What is the legal basis for eClaims implementation?

eClaims is based on Republic Act 8792 (Electronic Commerce Act of 2000), PC 014-2011, Office Order No. 0069-2011, PC 038 s.2012, PC 21, s.2014, PC 2016-016.

4. What is the difference between eClaims and N-claims?

N-claims is the existing method of processing manually encoded claims submitted directly by HCIs. eClaims is the electronic version of claims processing using the N-claims system.

5. What will happen to N-claims when eClaims is implemented?

N-claims will still remain even if eClaims is already fully implemented because it will still be the system used for processing eClaims. It will just be enhanced to respond to the requirements of EClaims processing. In addition, directly filed claims and appealed claims shall continue to be processed through the N-claims system.

6. What is the eClaims implementation timeline?

EClaims will initially be implemented when the policy is already legally in force or within 15 calendar days from date of publication, reckoning date of which shall be posted on the PhilHealth official website. Full implementation of eClaims is envisioned by July 2016 depending on how fast HHTPs can sign up the HCIs.

7. How will eClaims be implemented?

The eClaims System shall be implemented using the environment and infrastructure prescribed by PhilHealth. eClaims will be implemented through the HHTPs who shall

market their hospital information systems to the different PhilHealth accredited healthcare institutions. eClaims implementation shall be governed by the PhilHealth eClaims Implementation Guide (PeCIG) which shall be regularly updated when new benefits/packages are approved for implementation by the Corporation's Board of Directors.

8. What are covered in eClaims?

eClaims shall cover claims for All Case Rates, Z Benefits (special 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 and such others as may be decided by PhilHealth in the future.

9. What are not covered in eClaims?

eClaims shall not cover Primary Care Benefit Package (Tsekap scheme), readjustment of amount claimed, directly filed claims, MERS-COV, and Ebola.

10. What safety/security measures ensure that eClaims/HITP is a safe method for health facilities to do business with PhilHealth?

- a) HITPs shall establish the applicable connectivity with PhilHealth and partner HCIs depending on their system and infrastructure design.
- b) HITPs shall register with PhilHealth to enable them to connect to the eClaims System. PhilHealth shall provide the HITPs with appropriate forms to be accomplished and returned to PhilHealth so that configuration details for each of the HITPs can be specified based on their hardware.
- c) HITPs shall provide duly accomplished Non-Disclosure Agreement (NDA) including that of its partner HCI to PhilHealth.
- d) HITP shall notify PhilHealth of its readiness to commence the implementation of eClaims System.
- e) PhilHealth Head Office shall inform the concerned PhilHealth Regional Offices (PROs) of the HCI clients and their start dates of implementation of their eClaims System.
- f) There shall be two modes by which a HITP and its partner HCI may implement the eClaims system as follows:
 1. Through a connection of PhilHealth to HITP
 - i. Encoding is done by HCIs through the interface accessed centrally from a HITP server
 - ii. The scanned documents and their web location information are stored directly into the HITP server
 2. Through connections of PhilHealth to both HITP and HCI
 - i. Encoding is done by HCIs through a local application provided by HITP and the claims data including the scanned documents are sent to the server to store the scanned documents
 - ii. HCI sends the web location information of the scanned documents directly to PhilHealth.

11. Who/What is a HITP?

A HITP or Health Information Technology Provider is a third-party information technology provider accredited by PhilHealth after having met the minimum

requirements for managing transactions between HCIs and the Corporation (PC No. 038 series 2012)

12. Who can become a HITP?

Any legal organization that is technically capable of developing and providing a hospital information system (with full technical support and training) that is eClaims compliant, both in online and offline mode and passes the PhilHealth system validation criteria can become a HITP for the purpose of providing eClaims capability to PhilHealth accredited health care institutions.

13. What rules govern HITPs?

HITPs are governed by the following rules: Republic Act 8792 (Electronic Commerce Act of 2000) PhilHealth Circular 014-2011, Office Order 0069-2011, PhilHealth Circular 038 series 2013, Republic Act 10173 (Data Privacy Act of 2012).

14. What will be the role of the HITP?

The HITP shall be responsible for providing the front end interface for eClaims Modules 1-3 to an HCI, ensuring connection of an HCI to PhilHealth, and facilitating electronic transmissions. The HITP acts as a conduit for electronic transactions on claim reimbursements from the HCI to PhilHealth and vice-versa.

15. Who will set the fees/fee cap for the HITPs?

Currently no cap or floor price has been set either by PhilHealth or by the HITPs for the services to be offered to HCIs. However, a review shall be conducted after the HITPs have been engaged for 12 months.

16. How will HCIs know that a HITP is authorized to offer its services/product?

The HCI/prospective customer can check the PhilHealth website for the list of duly authorized HITPs. The HCI can also ask the HITP to show the original copy of its PhilHealth System Validation Certificate.

17. What proof will HITPs present to HCIs to prove their legality?

The HITP shall provide a photocopy of their latest PhilHealth System Validation Certificate when doing marketing calls with HCIs. They shall also bring the original certification for verification purposes.

18. What supporting documents must be submitted by HITPs so that a facility can have a valid claim?

These documents shall include, but are not be limited to:

- a. CF1, CF2, CF3
- b. Laboratory/diagnostic results/findings
- c. Surgical/anesthesia record
- d. Claim signature form for member, patient and doctor/s

19. What are the minimum requirements for HCIs prior to participation in eClaims?

HCI must possess the following minimum requirements for eClaims:

- a. Desktop computer
- b. Document scanner
- c. Internet connection
- d. Authorized depository bank account if ACPS-compliant, details of which must be submitted to its respective PhilHealth Regional Office, in accordance with guidelines provided under PhilHealth Circular No. 043 series 2012 known as the “auto-Credit Payment Scheme (ACPS)”

20. Will PhilHealth assign a HTP to a facility? Will HTPs be given geographic territories or be limited to certain types of facilities?

HCI shall have the prerogative to choose the HTP it will engage with, based on a roster of accredited HTPs posted on the PhilHealth website and with valid System Validation Certificate. HTPs shall be responsible for marketing their services to all accredited HCIs. PhilHealth shall not assign geographic territories or types of hospitals to any particular HTP for purposes of marketing their hospital information system. The valid System Validation Certificate issued by PhilHealth authorizes the HTP to market its hospital information system to all types of facilities anywhere in the Philippines. Healthy competition in the delivery of services shall be encouraged among HTPs while destructive cutthroat competition shall be discouraged.

21. What happens to HCIs with slow or without internet connections?

An offline version of the eClaims System may be provided by the HTPs for HCIs without or with poor internet connections.

22. How will PhilHealth BAS units know if an accredited HCI has engaged a HTP?

HCI shall communicate to the PhilHealth Regional Office that has jurisdiction over them their engagement with a HTP and provide the PRO with a photocopy of their HTP engagement for record purposes. In the event that it chooses to change its HTP, it shall provide the PRO a photocopy of the new HTP engagement contract. In case of contract renewal, it shall also provide the PRO a photocopy of the engagement renewal.

23. Can/When can HCIs change their HTPs?

Yes, HCIs can change their HTPs if their contracted HTP fails to comply with any of the provisions of their engagement or if the validation certificate of the HTP expires and is not revalidated by PhilHealth for valid reasons.

24. What mandatory services shall HTPs provide to HCIs?

HTPs are mandated to provide the following:

- a. Data center
- b. Front-end security and authentication
- c. Database security
- d. Semantic security (data dictionary and document type definition)
- e. Transmission security
- f. eClaims utility including URLs
- g. after sales service (helpdesk)
- h. capability building of HCI personnel assigned to the eClaims system

- i. registration to PhilHealth's web system

25. What are the duties and responsibilities of HITPs?

- a. HITPs shall ensure storage of claim files and scanned documents for its HCI client
- b. HITP shall be responsible for ensuring security of the eClaims connectivity technology with PhilHealth and/or with HCIs
- c. HITP shall ensure that only authorized personnel should handle the eClaims modules
- d. HITPs are required to develop and maintain policies and procedures protecting the personal health information (PHI) of patient-member/dependent stored electronically in accordance with the Data Privacy Law which include those for backup, archive, and live electronic data management
- e. HITPs shall elevate to PhilHealth all other unresolved technical queries/concerns through its IT Helpdesk

26. Who is responsible for ensuring the quality of the data transmitted electronically?

The HCI Head (hospital director, chief of hospital) shall be responsible for ensuring the quality (i.e. validity, accuracy, completeness, etc.) of data transmitted electronically.

27. How long should submitted claims be stored?

All electronically submitted claims, together with its attached documents, whether through a HITP or not, must be stored and archived at the provider end, for a minimum of ten years. Records involving Medico legal cases are archived forever without disposal.

28. Are submitted claims subject to correction by HCIs?

Submitted claims shall be deemed final, hence, actionable by PhilHealth. Only PhiHealth authorized personnel shall be given access to retrieve the data for viewing, reviewing, assessing, and other permissible rights or actions. Electronic claim review, adjudication, and payment shall be conducted in compliance with existing policies.

29. Who shall be responsible for ensuring security over personal information processing and transmission?

Security over personal information processing and transmission must be ensured by HCI and HITP following the standards implemented by PhilHealth in compliance with the Data Privacy Act of 2012. HCIs are required to develop and maintain policies and procedures protecting the personal health information (PHI) of patient-member/dependent stored electronically in accordance with the Data Privacy Law which include those for backup, archive and live electronic data management.

30. What information needs to be encoded for inclusion in the eClaim?

All information found in Claim Forms 1, 2, and 3(if required) shall be encoded electronically or extracted with the provided module.

31. What format will be used in saving scanned files?

Scanned files shall be saved in Portable Document Format for Archive (PDF/A) format.

32. How will electronic claims be submitted, individually or otherwise?

Submission of electronic claims can be done individually in real time during office hours or in batches during off-peak hours.

33. How will HITPs transmit eClaims to PhilHealth?

HITPs will transmit eClaims to PhilHealth via leased line.

34. How will eClaims be processed?

eClaims will be processed electronically using electronic adjudication using the enhanced N-claims system.

35. What happens to defective claims submitted?

Defective claims shall be returned to the concerned HCI for compliance of deficiency. Compliant claims shall then be resubmitted electronically for re-processing.

36. How will claims be paid?

eClaims will be paid via auto credit payment scheme (ACPS) after being processed through the N-claims system.

37. How will HITPs be monitored and evaluated?

The HITPs will be evaluated based on a set of criteria that includes, but is not limited to:

- a) Delivery of contracted services to HCIs
- b) Compliance to PhilHealth policies and applicable issuances

38. How will security be enforced during data capture and transmission?

The eClaims system shall ensure that all data collected, including personal information and health records, and transmitted through the use of information and communications technology systems provided by juridical entities, are in accordance with Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012. With such, HITPs will be connected to PhilHealth through a secured means of connection as prescribed by PhilHealth. HITP shall also ensure secure data transmission and storage with its HCI clients. In general, PhilHealth security standards that will govern information exchange among HCIs, HITPs, and PhilHealth, as specified under PhilHealth Circular No. 038 series 2013, shall cover the following:

- a. Data center
- b. Front-end security and authentication
- c. Database security
- d. Semantic security (data dictionary and document type definition)
- e. Transmission security

HCIs are required to develop and maintain policies and procedures protecting the personal health information (PHI) of patient-member/dependent stored electronically in accordance with the Data Privacy Law which includes those for backup, archived, and live electronic data management.

39. How will security breaches be dealt with?

Security breaches shall be dealt with in consonance with existing provisions of the Data Privacy Act and/or applicable PhilHealth policies and such other legal provisions as necessary and appropriate.

40. What will happen to errant/non-compliant HITP/s?

Errant/Non-compliant HITPs shall have their system validation certificate/PhilHealth accreditation either revoked or not renewed depending on the findings of a duly constituted investigation/appraisal team.