PhilHealth
Your Partner in Health

BAGONG PILIPINAS

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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PHILHEALTH CIRCULAR
No. _2023 - 0026_

TO : **ACCREDITED HEALTH FACILITIES, PHILHEALTH REGIONAL OFFICES, AND ALL OTHERS CONCERNED**

SUBJECT : <u>**Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (Revision 1)**</u>

I. RATIONALE

One of the general objectives of Republic Act No. 11223, otherwise known as the Universal Health Care Act, is to ensure that all Filipinos are guaranteed equitable access to quality and affordable healthcare goods and services, and protected against *financial catastrophe.*[1] Accordingly, PhilHealth is strengthening its mechanisms for monitoring and evaluating the support value of its benefits packages. To achieve this, PhilHealth shall require major essential components of the Statement of Account (SOA) in the submission of electronic claims (eClaims) for the All Case Rates (ACR) inpatient benefits. The SOA reflects service charges or *the* transactions between the patient and accredited health facilities (HF) during the episode of care, *both for direct healthcare services and* hotel-like amenities such as upgrades in *the type of* room accommodation, *choice of attending physicians,* or rental fees for the use of equipment. *Thus, the eSOA serves as a data source not only for accurate claims processing and reimbursement but also to improve understanding of* the cost drivers, especially for inpatient episodes of care, that are useful for policy research.

II. OBJECTIVES

This PhilHealth Circular provides all accredited HFs with guidelines on the electronic data submission of the SOA via the eClaims system.

III. SCOPE

This PhilHealth Circular shall apply to all accredited HFs that will submit eClaims for ACR.

It shall cover the ACR claims of PhilHealth members in all accredited HF, excluding claims for COVID-19 Community Isolation Benefit Package (CCIBP), COVID-19 Home Isolation Benefit Package (CHIBP), *Konsulta,* and Z Benefits.

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[1] Republic Act no. 11223. Section 3(b).

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PhilHealth shall disseminate separate policies for the submission of SOA for *Konsulta* and the Z Benefits.

The following identified outpatient benefits packages are also included in this policy:
A. Outpatient HIV/AIDS Treatment (OHAT);
B. TB DOTS Package;
C. Outpatient Malaria Package;
D. Animal Bite Treatment Package; *and,*
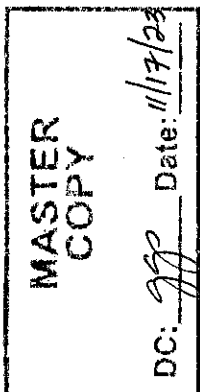E. *Hemodialysis covering 156 sessions.*

IV. DEFINITION OF TERMS

A. ***eClaims System*** – *refers to an interconnected modular information system for claim reimbursement transactions beginning from the time a patient signifies the intention of using PhilHealth benefit, and ends when the claim is paid.*[2]

B. ***Electronic Statement of Account (eSOA)*** - *refers to the digital document of the statement of account in XML format.*

C. **Health Facility (HF)** – *formerly termed healthcare institution (HCI),* *refers to facilities that* may be public or private, devoted primarily to the provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation, and palliation of individuals suffering from illness, disease, injury, disability, or deformity, or in need of obstetrical or other medical and nursing care.[3]

D. **Itemized Billing Statement** – refers to a document, in either paper or electronic form, generated by the HF that shows the detailed list of all the charges during the patient confinement or episode of care. This document shows the itemized charges and indicates the drugs and medicines, laboratory tests, surgery, diagnostic and imaging procedures, medical supplies, room and board, type of room accommodation, professional and reader's fees, and other services charged to patients on identified dates during the episode of care.

E. ***Itemized Charges*** - *refer to the hospital charges for all services delivered during the episode of care, such as room and board, drugs and medicines, surgical procedures, devices, implants, laboratory/chemistry tests, diagnostic tests and imaging, medical supplies, professional fees of attending physician/s, blood bank, clinical monitoring, infection control, fees for the use of equipment, pharmacy services (i.e., compounding), dietary, laundry, and other hospital charges.*
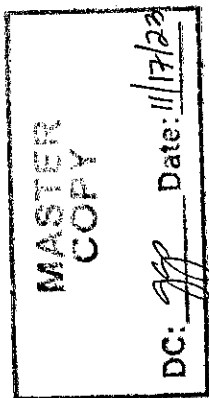
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[2] https://www.philhealth.gov.ph/circulars/2016/circ2016-016.pdf
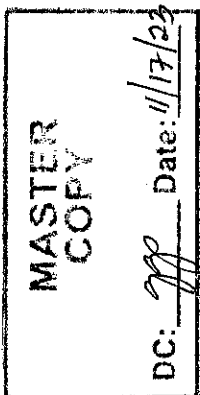[3] https://www.officialgazette.gov.ph/2019/02/20/republic-act-no-11223/

F. Out-of-Pocket Payment – refers to the balance of healthcare provider charges that are paid directly by the patients from their own resources or cash reserves or health spending made directly from households to providers.

G. Professional Fees – refer to the component of the SOA detailing the charges declared by the attending physicians, specialists, and other attending healthcare professionals for services rendered to patients during the episode of care. Reader's fee is also considered a professional fee.

H. Statement of Account (SOA) – refers to the document generated by the HF that reflects the summary of all service charges, including professional and reader's fees, for the episode of care. The SOA does not reflect charges for services before or after patient confinement.

I. Summary of Fees – refers to the SOA component that summarizes the main cost items for the hospital confinement or episode of care. It includes total charges, deductions, and balances.

J. XML Format – refers to the "Extensible Markup Language" through which all the data within the claim is stored and structured or the data storage format used for electronic data submission of HF claims to PhilHealth.

V. POLICY STATEMENTS

A. *The SOA provides vital information on the financial transactions in healthcare between providers and patients. As such, PhilHealth shall utilize the information provided in the eSOA in claims submission for accurate claims processing and reimbursement, wherein PhilHealth can verify services provided, given the details contained therein. Additionally, PhilHealth shall utilize the eSOA for policy research, describing health-related expenses and cost drivers, costing analyses, understanding provider practice, utilization reviews, monitoring, etc.*

B. PhilHealth shall develop the *Application Programming Interface (API) or Web Service (WS)* for the electronic data submission of the SOA in XML format that includes the *three (3) major components:* summary of fees, professional and *reader's* fees, and the itemized charges via the eClaims system *(Annex A:* Data Definitions and XML Format for the Summary of Fees, Professional Fees, and Itemized Charges*)*.

C. *PhilHealth shall not prescribe a format for the SOA generated by the HF as long as it contains the three (3) major components. Accredited HFs can use the suggested SOA format (Annex B:* Minimum Data Elements *of the eSOA) if it does not generate a document that includes the three (3) major components.*

D. PhilHealth shall conduct live data submission of the SOA *in XML format* in close coordination with HFs. PhilHealth will provide a reasonable lead time for accredited HFs to comply.
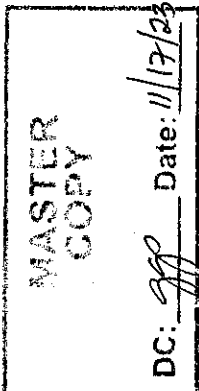
E. *PhilHealth shall conduct orientation of service providers on the eSOA in parallel with the enhanced eClaims system.*

F. *PhilHealth shall ensure service providers' compliance with the eSOA requirements by issuing the corresponding IT certification.*

G. *PhilHealth shall implement the eSOA with a functional enhanced eClaims system with an integrated eSOA module.*

H. *PhilHealth shall provide IT support for systems enhancements to proactively correct systems errors, develop additional features and functions, and other systems enhancements in relation to the data entry for the eSOA and its integration to the enhanced eClaims system.*

I. *PhilHealth shall regularly review the policy on eSOA in parallel with the DRG development and implementation.*

J. PhilHealth will not require the submission of SOA in XML format for claims of members confined abroad. *However, the member shall submit equivalent documents based on existing PhilHealth policy for members confined abroad*

K. *PhilHealth will not require the member's or the patient's signature in the eSOA, except when the system for eSOA enables the requirement such as a digital signature or digital fingerprint. PhilHealth shall duly notify the HFs of any changes in the requirement through an issuance.*

L. PhilHealth *management and relevant units* shall facilitate the necessary support systems, such as IT systems *enhancements and development, human resource complement,* and *proper* communications, to ensure the *smooth* implementation of this policy *by the PhilHealth Regional Offices.*

M. *PhilHealth shall extend the submission of eSOA in cases of disruptions or events interrupting normal operations. PhilHealth shall disseminate the necessary issuance to guide accredited HFs in submitting the eSOA in the context of PhilHealth's business continuity plan (BCP) and PhilHealth's Public Service Continuity Plan (PSCP).*

N. A complete and proper SOA submission in XML format should reflect three (3) major components: the summary of fees, professional and reader's fees, and the itemized charges. PhilHealth shall return to the HF any claim that lacks any of the three (3) major components of the SOA.

O. The *member*/patient or their authorized representative and the HF billing section representative shall attest to the information provided in the eSOA in the *claims signature form* (CSF).

P. *The member/patient shall sign Part III of Claim Form 2 (CF2), "Certification of Consumption of Benefits and Consent to Access Patient Records."*

Q. *The HF shall ensure the integrity, accuracy, and consistency of data entries on the eSOA, Claim Form 2 (CF2), and hospital billing statement.*

R. *The authorized or designated signatory of the accredited HF shall certify the eSOA as true and correct in the CSF or using a system-generated signature indicating the authorized signatory's name and official designation.*

S. *Accredited HFs shall follow all relevant laws, such as Republic Act (RA) No. 9994 or the Expanded Senior Citizens Act of 2010, RA No. 10754 for the Benefits and Privileges of Persons with Disability, including prospective laws providing mandatory discounts, and policies and guidelines of the Bureau of Internal Revenue (BIR), including those relevant to VAT implementation on the actual hospital charges.*

T. *PhilHealth benefits and all mandatory discounts provided by law, such as, but not limited to, senior citizen and PWD discounts, shall be deducted first from the total hospital bill of the patient. Benefits from private health insurance (PHI), health maintenance organizations (HMO), or employee benefits shall be applied after PhilHealth deductions and complement the PhilHealth benefits packages. Accredited HFs shall reflect all benefits and discounts in the itemized billing statement and eSOA.*

U. *Accredited HFs shall follow the order of charging based on Joint Administrative Order No. 2020-0001, entitled: Operational Guidelines for the Implementation of the Medical and Financial Assistance to Indigent and Financially-Incapacitated Patients Pursuant to Republic Act No. 11463 also known as "Malasakit Centers Act of 2019."*

V. *After the accredited HF deducts the PhilHealth benefits, mandatory discounts, HMO, or Malasakit, the remaining chargeable amount is the out-of-pocket.*

W. *The HF may provide a printed or electronic copy of the SOA to the member or patient free of charge.*

X. If the patient has a treatment cycle necessitating several episodes of care or more than one encounter with the healthcare provider, the eSOA should reflect all the service charges for the applicable period or treatment cycle for the following PhilHealth benefits packages:

1. SOA for Outpatient HIV/AIDS Treatment (OHAT) Package shall reflect the charges for the services provided during the applicable quarter *while ensuring privacy and protection of patient identification in processing OHAT claims*

2. SOA for TB DOTS Package shall reflect charges for services provided during the entire treatment phase (i.e., intensive phase or continuation phase)

3. SOA for Outpatient Malaria Package shall reflect the charges for complete health services including consultations, laboratory tests, treatment, and follow-up malarial smear during the entire treatment phase

4. SOA for the Animal Bite Treatment Package shall reflect the charges for the health services given during the entire course of vaccination and treatment of animal bite

5. *SOA for the hemodialysis services per session of patients with chronic kidney disease stage 5 (CKD5) who are registered in the PhilHealth dialysis database (PDD).*

6. *Other relevant PhilHealth benefits, such as chemotherapy, radiotherapy, etc., and all prospective benefits packages necessitating several episodes of care or repetitive procedures.*

Y. *The following benefits packages shall follow the specific rules on accomplishment and submission of SOA as enumerated under Section V.B of PhilHealth Circular No. 2022-0024, "Statement of Account (SOA) Requirement for Z Benefits Claims Submission."*

1. *Medical Detoxification Package*

2. *Outpatient Benefit Package for the Secondary Prevention of Rheumatic Fever/Rheumatic Heart Disease*

Z. Monitoring and Evaluation

PhilHealth shall monitor the implementation of this policy and the compliance of accredited HFs following the current rules and guidelines of PhilHealth.

AA. Policy Review

PhilHealth shall review this policy, as necessary, in collaboration with relevant stakeholders, considering pertinent updates *in provider payment policy reforms* and IT-related concerns.
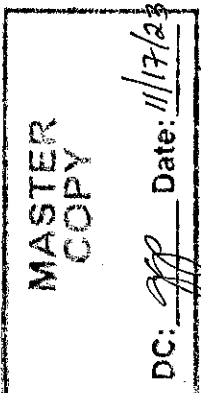
BB. Annexes

The following annexes shall be accessible on the PhilHealth website at www.philhealth.gov.ph.

Annex A : Data Definitions and XML Format for the Summary of Fees, Professional Fees, and Itemized Charges

Annex B : Minimum Data Elements of the eSOA

PhilHealth may update the DTD and eSOA XML formats as necessary. As such, accredited HFs and/or service providers are advised to coordinate with the Unified PhilHealth Electronic Claims System – Electronic Medical Record (UPECS-EMR) Team for the updated version of DTD and eSOA XML formats.

VI. PENALTY CLAUSE

Penalty provisions stated in RA No. 7875 as amended by RA Nos. 9241 and 10606 (National Health Insurance Act of 2013), and RA No. 11223 (Universal Health Care Act), and other applicable laws and their implementing rules and regulations shall apply.
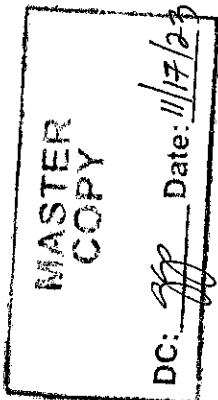
VII. TRANSITORY CLAUSE

A. *Upon effectivity of this PhilHealth Circular, PhilHealth shall start the eSOA certification of service providers within two months (2) or upon completion of the software system for the implementation of a functional enhanced eClaims system with integrated eSOA module, whichever comes available.*

B. All accredited HFs *shall submit* the eSOA in an XML format via the eClaims system within *two (2)* months *from the orientation of service providers on the enhanced eClaims system and/or issuance of the eSOA certification for service providers.*

C. PhilHealth *shall* disseminate a separate issuance or advisory *regarding the implementation of the eSOA or* XML submission of the SOA via the *enhanced* eClaims system, and revision or updating of the claim signature form (CSF).

D. While *the certification of the hospital information system (HIS) for the submission of eSOA is on-process, the concerned HFs may submit the PDF copy of the SOA* following PC no. 2017-0014, "Submission of Statement of Account (SOA) or Its Equivalent for All Case Rates Claims Reimbursement (Revision 1)."

VIII. SEPARABILITY CLAUSE

In the event that a part or provision of this PhilHealth Circular is declared unconstitutional or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

IX. REPEALING CLAUSE

This policy repeals PhilHealth Circular No. 2023-0004 [Electronic Data Submission of Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits]. *All other issuances or parts thereof that are contrary to or inconsistent with this policy are hereby amended, modified, or repealed accordingly.*
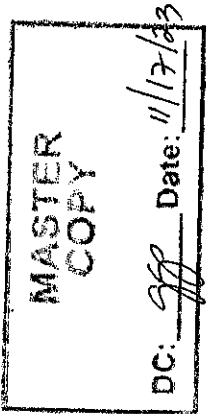
X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect after fifteen (15) days after the completion of its publication in a newspaper of general circulation. Three (3) certified copies shall thereafter be filed with the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.

EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer

Date signed: ___11/14/2023___

Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (*Revision 1*)
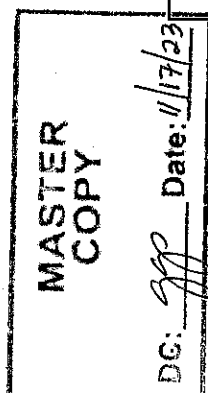
Annex A: Data Definitions and XML Format Summary of Fees, Professional Fees, and Itemized Charges

I. Summary of Fees

Field Name	Description	Data Type
Particular	The full name of the cost category or particular (ex: Room and Board, Laboratory, Pharmacy).	Text
Amount	The total amount being charged for the cost item.	Numeric
Discount	The total amount of discounts for persons with disabilities (PWD) or senior citizens (SC).	Numeric
PhilHealth	The amount of benefit coverage provided by PhilHealth.	Numeric
Other Funding Sources	The amount of coverage provided by other external fund sources for the cost particular. These sources may include, but are not limited to, Health Maintenance Organization (HMO), private health insurance, employee discounts, PCSO-IMAP, DOH-MAP, Malasakit, PIDAF.	Numeric
Balance	This represents the final balance that is directly charged to the patient. It should equal the Amount column with the Discount, PhilHealth, and Other Funding Sources deducted.	Numeric

Sample Data

Fee Particulars	Amount	Discount	PhilHealth	Other Funding Sources	Balance
Room and Board	5000.00				
Drugs and Medicines	3500.00				
Laboratory and Diagnostics	4000.00				
Operating Room Fees	7000.00				
Medical Supplies	2000.00				
Total	21,500.00	(4,300.00)	(6,500.00)	(2,000.00)	8700.00

II. Professional Fees

Field Name	Description	Data Type
Physician Accreditation Number	The Accreditation Number of the health professional.	Text
Physician Name	The full name of the attending physician or specialist.	Text
Amount	The total amount being charged by the attending physician or specialist.	Numeric
Discount	Any persons with disabilities (PWD) or senior citizen (SC) discount applicable to physician's fees.	Numeric
PhilHealth	The amount of coverage provided by PhilHealth for the physician's fees.	Numeric
Other Funding Sources	The amount of coverage provided by other external fund sources HMO or private health insurance for the cost particular. These sources may include, but are not limited to, HMO, private health insurance, PCSO, DOH-IMap, Malasakit, PIDAF.	Numeric
Balance	The Amount with the Discount, PhilHealth, and HMO deducted. This represents the final balance that is directly charged to the patient.	Numeric

Sample Data

Physician Accreditation Number	Physician Name	Amount	Discount	PhilHealth	Other Funding Sources	Balance
123456	Dr. Juan dela Cruz	18,750.00	(3,750.00)	0.00	0.00	15,000.00
654321	Dr. Angel Santos	21,000.00	(4,000.00)	(2,000.00)	(3,000.00)	12,000.00
Total						27,000.00

III. Itemized Charges

Field Name	Description	Data Type
Service Date	The date when the item was consumed.	Date
Item Name	The full name of the cost item.	Text
Unit of Measurement	The unit of measurement - or UOM - for the cost item (ex: piece, bottle, box, etc.).	Text
Price	The price for each unit of measurement of the cost item.	Numeric
Quantity	The total units of the item consumed during the confinement.	Numeric
Amount	The total charge for the cost item. This should equal the Price multiplied by the Quantity.	Numeric

Sample Data

Service Date	Item Name	Unit of Measurement	Price	Quantity	Amount
2021-06-30	Gloves	Box	373.00	2	746.00
2021-07-01	N95 Face Mask	Box	246.00	2	492.00
Total					1,238.00

Statement of Account

HCP Logo

SOA Reference No: _____

Name of Health Care Provider
Address
Contact No/s.

Print Name: _____ Age: _____
Address: _____
Final Diagnosis (ICD-10/RVS): _____
Other Diagnosis (ICD-10/RVS): 1._____
2._____
3._____

Date and Time Admitted: _____
Date and Time Discharged: _____

Summary of Fees

Fee Particulars	Amount	Mandatory Discount	PhilHealth	Other Funding Sources	Balance
Room and Board	5,000.00	-	-	-	-
Drugs and Medicines	3,500.00	-	-	-	-
Laboratory and Diagnostics	4,000.00	-	-	-	-
Operating Room Fees	7,000.00	-	-	-	-
Medical Supplies	2,000.00	-	-	-	-
Total	21,500.00	(4,300.00)	(6,500.00)	(2,000.00)	8,700.00

Professional Fees

Physician Accreditation Number (check appropriate term with accre)	Physician Name	Amount	Discount	PhilHealth	Other Funding Sources	Balance
123456	Dr. Juan dela Cruz	18,750.00	(3,750.00)	-	-	15,000.00
654321	Dr. Angel Santos	21,000.00	(4,000.00)	(2,000.00)	(3,000.00)	12,000.00
Total						27,000.00

Itemized Charges

Service Date	Item Name	Unit of Measurement	Price	Quantity	Amount
6/30/2021	Gloves	Box	373.00	2	746.00
7/1/2021	N95 Face Mask	Box	246.00	2	492.00
Total					1,238.00

Prepared by:

_____
Billing Clerk/Accountant
(Signature over printed name)
Date Signed: _____
Contact No.: _____

Conforme:

_____
Patient/ Representative
(Signature over printed name)
Relationship of representative to patient

_____
Date Signed: _____
Contact No.: _____