



PhilHealth

eClaims

Implementation Guide

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Version 3.1

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1. INTRODUCTION

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Philippine Health Insurance Corporation (PhilHealth) is committed to ensuring ease of availment at the point of care for all its beneficiaries.

As such, in 2011, the Corporation launched the eClaims Project through PhilHealth Circular No.14 and Office Order No. 69 which broadly aims to streamline key processes such as eligibility check, claims submission, verification and payment in order to serve both members and partner providers better. The eClaims Project had three phases, namely

- *Phase I or Claims Eligibility Web Service (CEWS)*
- *Phase II or Electronic Claims Submission (ECS)*
- *Phase III or Claims Status Verification/Payment (CSV)*

Republic Act 8792 or the e-Commerce Act was signed into law on June 14, 2000, and mandated all government agencies to, among others, transact government business and perform government functions using electronic data messages or electronic documents. It therefore provides for the legal recognition of electronic documents, data messages, electronic signatures and electronic contracts. RA 8792 provides the legal framework and environment for the PhilHealth eClaims System.

In view thereof, PhilHealth is scaling up the eClaims project to ensure key processes are performed with utmost efficiency. The goal of the enhanced eClaims system is to reform business transactions between PhilHealth and IHCPs by establishing an efficient web-based online information technology scheme in all IHCPs that would effectively improve claims processing systems.

The enhanced eClaims system shall introduce the following features, to wit: 1) a paper-free claims transaction through a fully electronic and online submission of reimbursement claim documents by IHCPs; 2) online evaluation and processing of claims in PhilHealth regional and service offices; and 3) online tracking and status verification of claims; and,

This document applies to accredited IHCP and Health Information Technology Provider (HITP) which will serve as conduits between PhilHealth and IHCPs and provide the latter with utilities to enable access to the PhilHealth eClaims system.

2. PREPARATIONS

PROCEDURES ON HOW TO CONNECT TO eCLAIMS WEB SERVICE WITH DIGITAL CERTIFICATES USING PROXYSERVER

Step 1. Prepare the I.T. hardware/Operating system requirements

- a. Computer with Windows OS (Windows XP or later and Windows 2003 or Later) with direct **Internet Connection** and **WinRAR** installed.
- b. Claims Web Service package named “eClaims Web Service.rar” which contains the following:
 - OpenSSL application
 - Dll files
 - i. libeay32.dll
 - ii. ssleay32.dll
 - Cert folder containing
 - i. Certificate (.pfx file) - This is your PhilHealth assigned client digital certificate
 - ii. Root certificate (.cer file)
 - Proxy Server Application (ProxyServer.exe)
 - Client Test Application (ClientTest.exe)
 - Updator. exe – This is used by the Proxy Server Application to get updates from the server

Step 2. Get the e Claims Web Service Package:

- a. Fill-up the eClaims Account Profile (eCAP) Form (*Annex F*) and Non-Disclosure Agreement (*Annex F-1*).
- b. Email the forms at hitpac@philhealth.gov.ph for digital certificate generation.
- c. PhilHealth will only email the eClaims Web Service Package to the official email address as specified in the eCAP.
- d. Upon receipt of the packages, confirm directly to PhilHealth at network@philhealth.gov.ph or it.helpdesk@philhealth.gov.ph for the certificate password and the password to extract the eClaims Web Service Package.

Step 3. Proceed with the configuration of digital certificate

Overview:

- a. Extract the package, i.e., “eClaims Web Service.rar”
- b. Extract the key and certificate from the .pfx file.
 - i. Extract the certificate file (.pem) from the client certificate (.pfx), i.e.

```
openssl.exe pkcs12 -clcerts -nokeys -in "C:\eClaims Web Service\cert\pbichospital.pfx" -out "C:\eClaims Web Service\Cert\pbichospitalcert.pem"
```

- ii. Extract the certificate key (.pem) from the same client certificate (.pfx), i.e.

```
openssl.exe pkcs12 -nocerts -in "C:\eClaims Web Service\cert\phichospital.pfx" -out "C:\eClaims Web Service\Cert\phichospitalkey.pem"
```

c. Run the Proxy Server and point to the URLs to connect to the eClaims web services and certificates, i.e.,

i. For **eClaims Module 1 & 2 Test environment**, use

<https://cws.philhealth.gov.ph/bin>

ii. c:\eClaims web service\cert\phichospitalcert.pem

iii. c:\eClaims web service\cert\phichospitalkey.pem

iv. c:\eClaims web service\cert\phicrootca.cer

v. Enter the *passphrase*

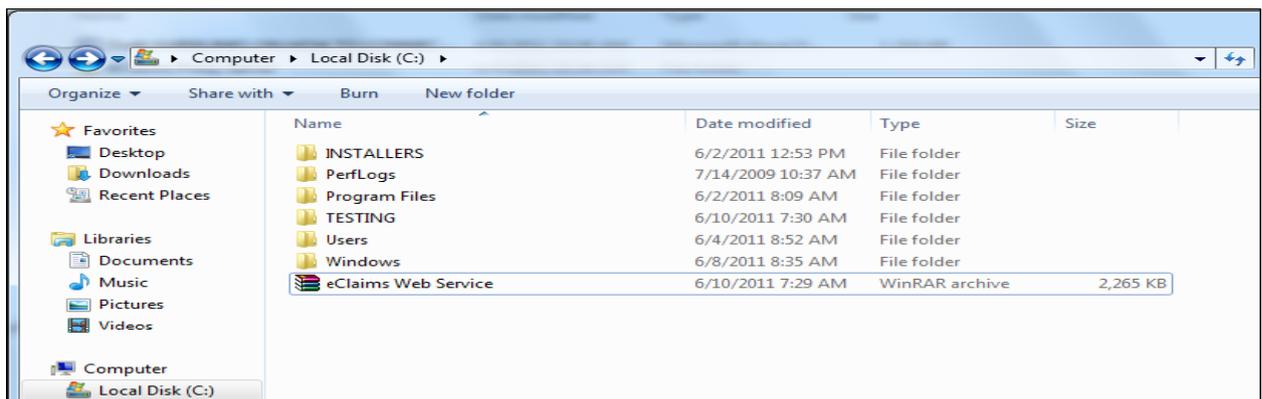
vi. Start the Server

d. Point your eClaims modules to connect to the computer where the PROXY SERVER is running,

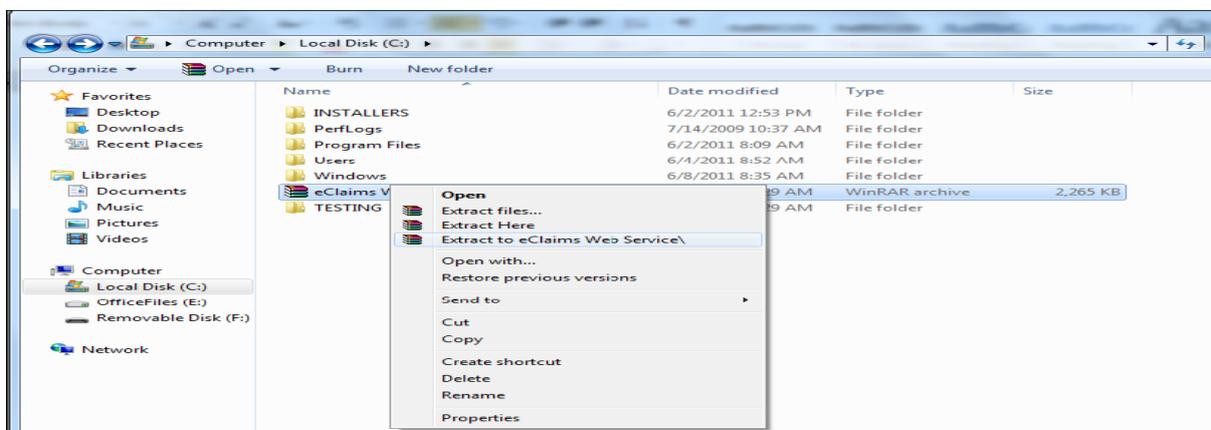
i.e., http://computername:8098/soap

Step by Step Configuration:

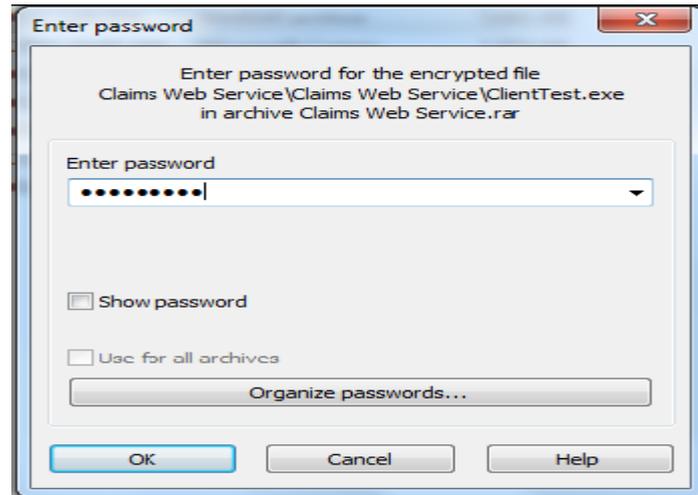
1. Save the “eClaims Web Service.rar” in drive “C” or any drive in your workstation



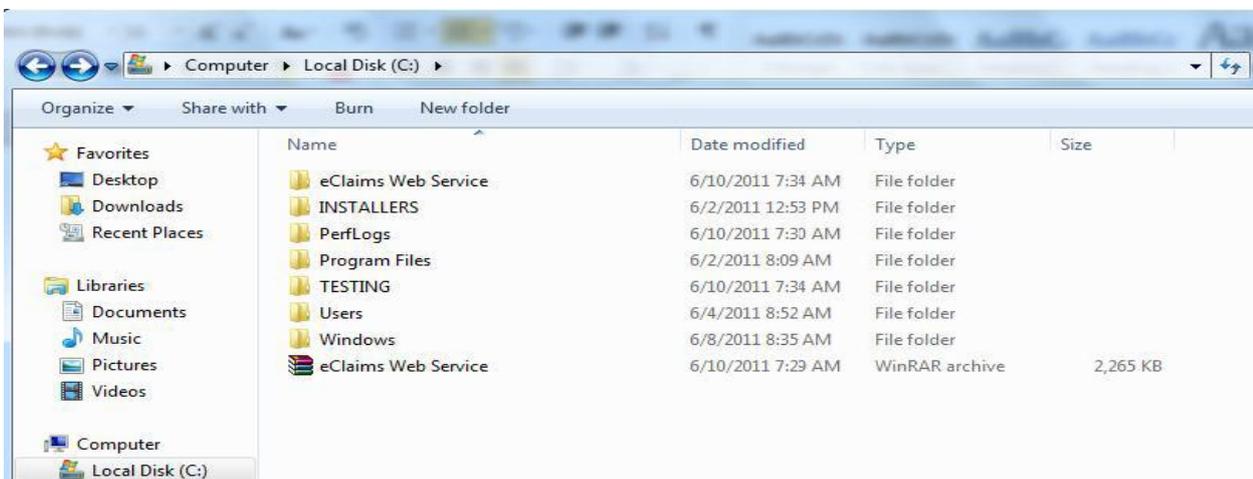
2. Extract the .rar file



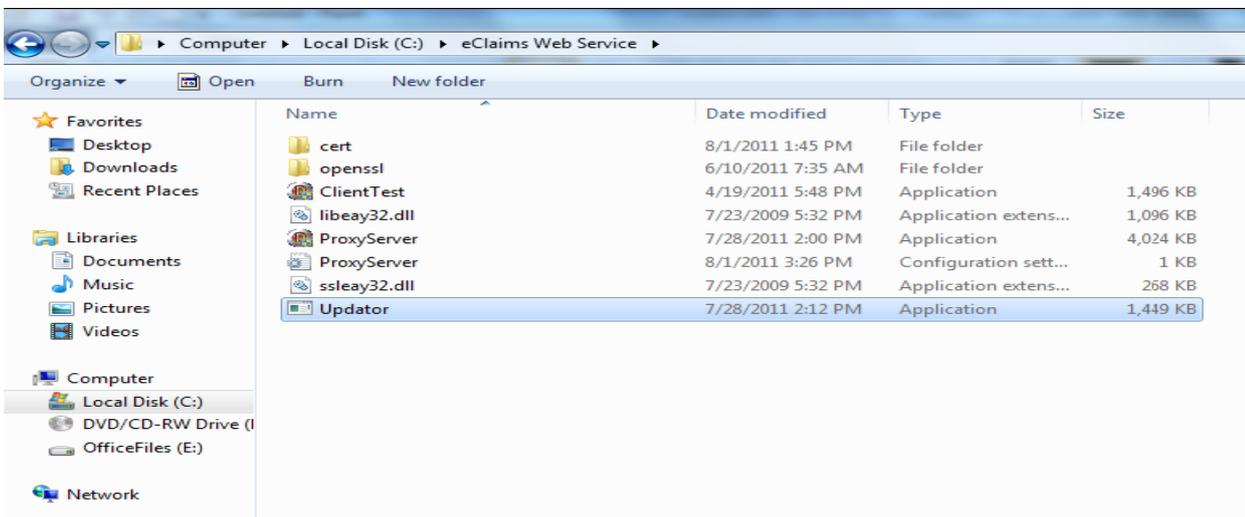
3. Input the password provided in the email that was sent by PhilHealth then click “**OK**”.



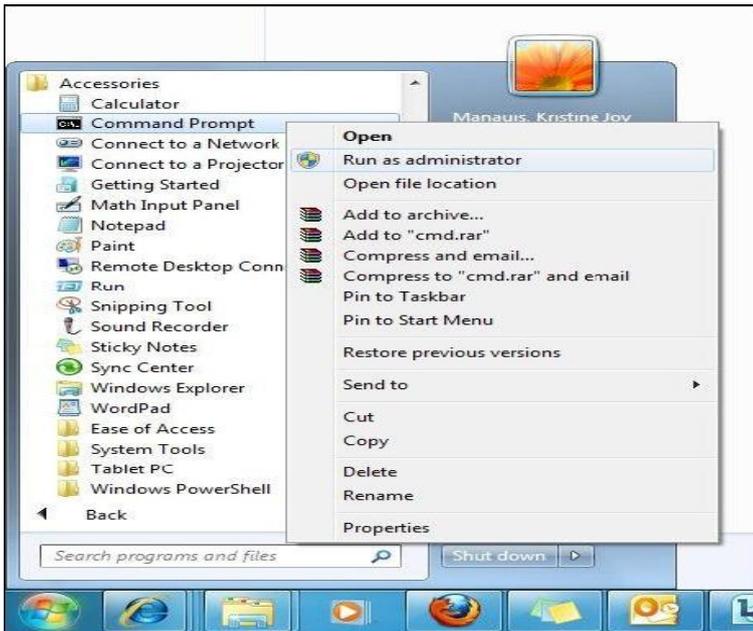
4. Click on the *eClaims Web Service* folder to open.



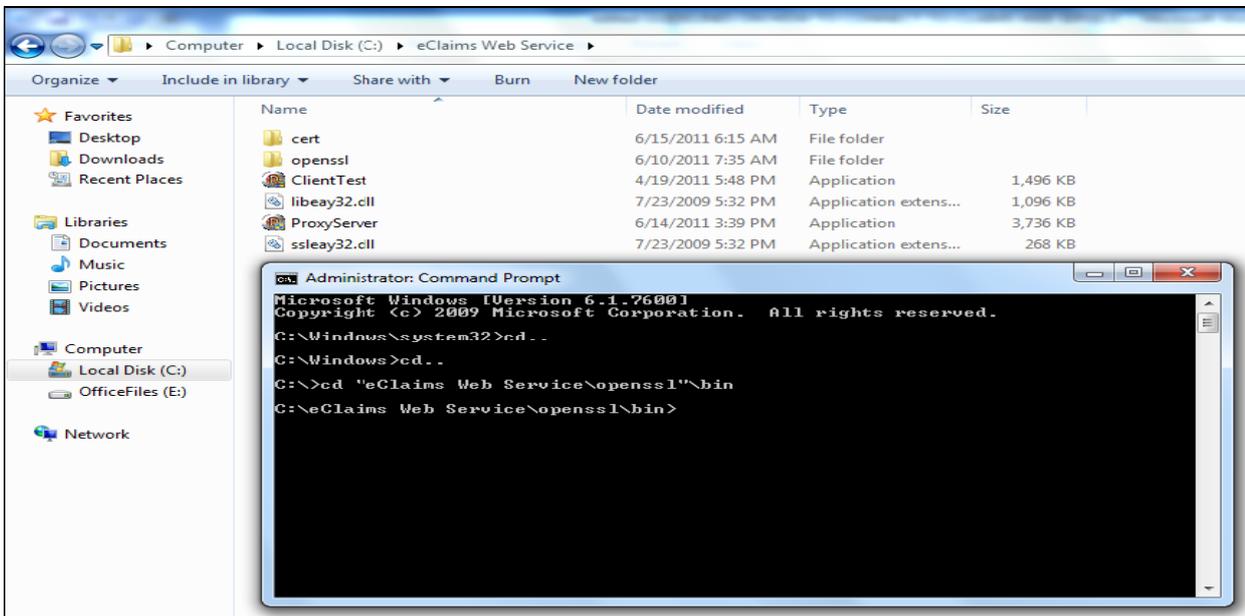
5. The contents of the folder should be the following: *OpenSSL* folder containing the openSSL application, *libeay32.dll* file, *ssleay32.dll* file, “*cert*” folder, “*Proxy Server*” Application, “*Client Test*” Application, and the “*Updater.exe*”.



6. After checking the contents of the folder, click on the “**Start**” button or the “**Windows Logo**” button then go to “**Accessories**” then right click on the “Command Prompt” application. Click on “**Run as Administrator**” the command prompt should appear.



7. Locate the **Key file** (*phichospitalkey.pem*) and **Client certificate** (*phichospitalcert.pem*) which will be used by the Proxy Server Application to connect to the Claims Web Service. On the Command Prompt window, go to the folder where the *openssl.exe* resides. In this guideline, the *openssl.exe* resides in the “**C:\eClaims Web Service\openssl\bin**”.

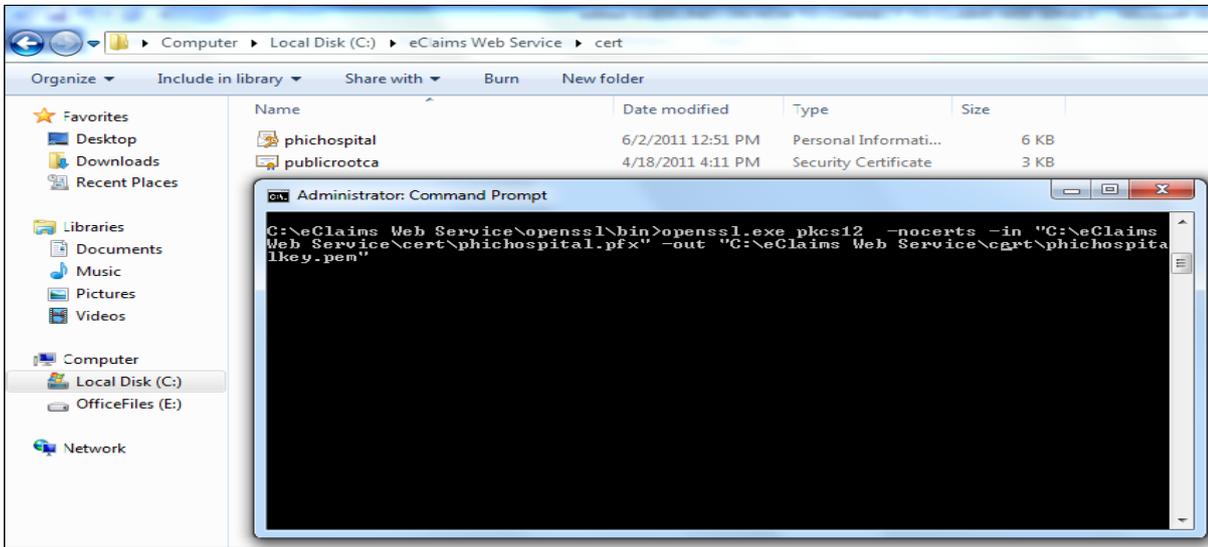


8. To extract the **Key file** (*phichospitalkey.pem*) type the following script into the Command Prompt then press ENTER:

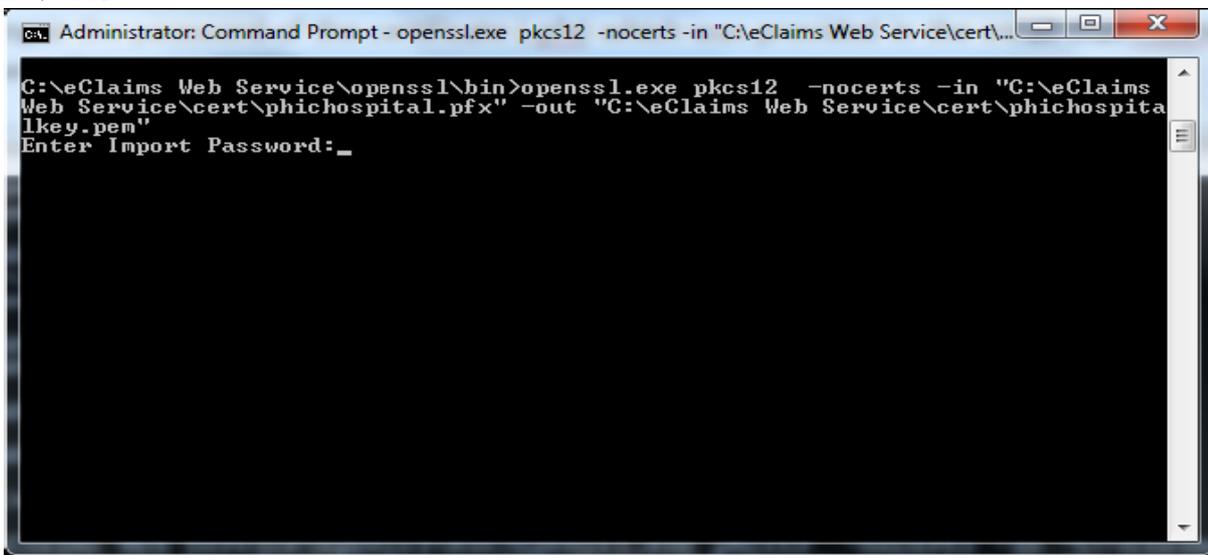
openssl.exe pkcs12 -nocerts -in "<path where the .pfx file resides>\certificate.pfx"-out "<path where you want to save the .pem file>\key.pem"

In this guideline, use the following script:

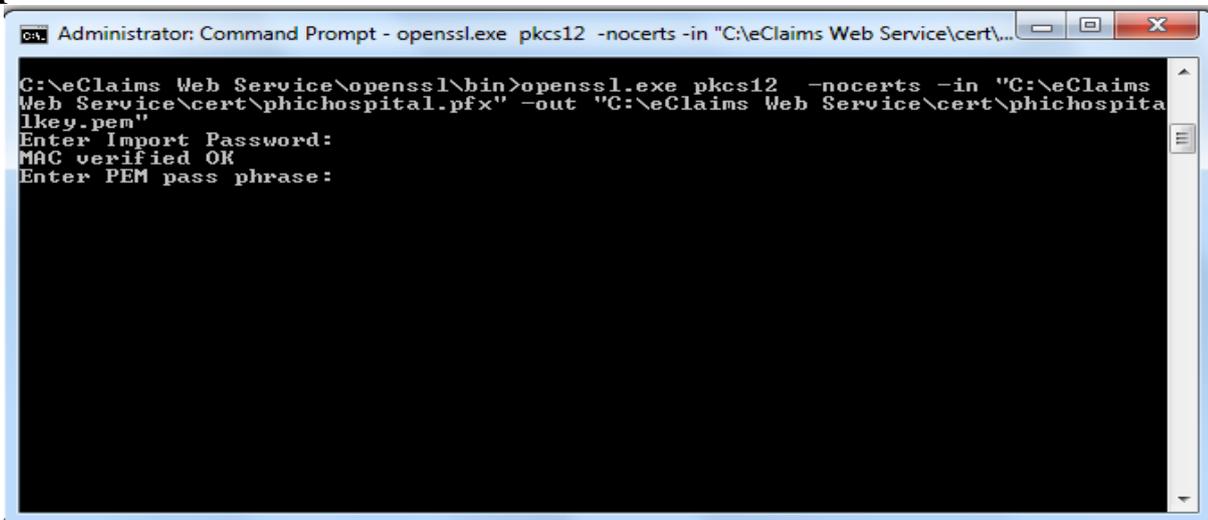
openssl.exe pkcs12 -nocerts -in "C:\eClaims Web Service\cert\phichospital.pfx" -out "C:\eClaims Web Service\cert\phichospitalkey.pem"



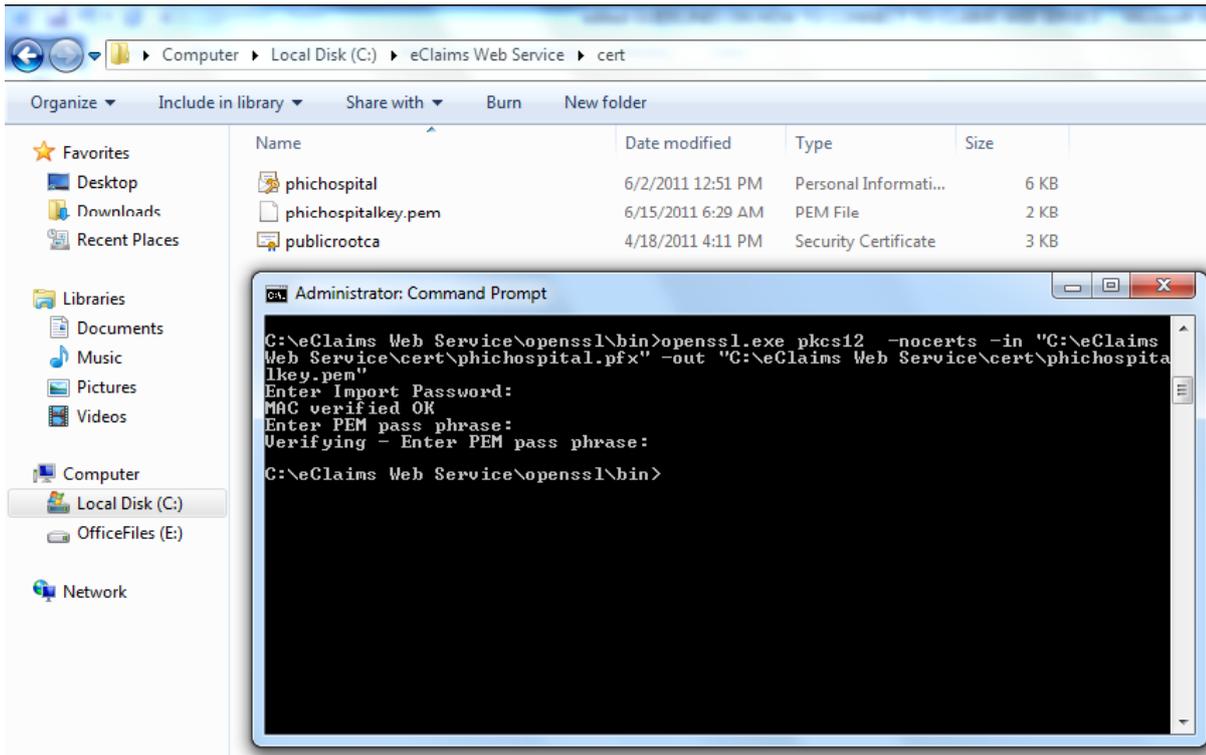
9. Input the password of the certificate (.pfx) exactly as provided in the email that PhilHealth sent then press ENTER.



10. If you have entered the password successfully, the command prompt will ask you to provide a “**PEM pass phrase**” for the “Key file”. *Copy the PEM pass phrase exactly as provided.*



11. After successfully inputting the “PEM pass phrase”, a new file (*phichospitalkey.pem*) will be created in the “cert” folder. This is the certificate key file.

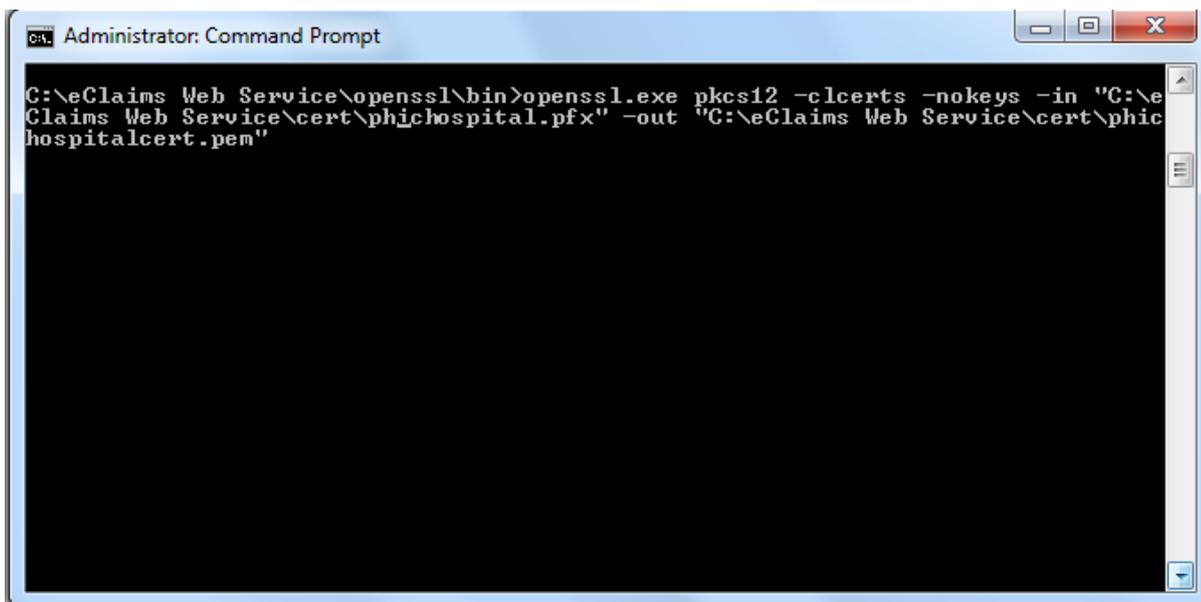


12. To extract the **Client certificate file** (*phichospitalcert.pem*) type the following script into the Command Prompt then press ENTER:

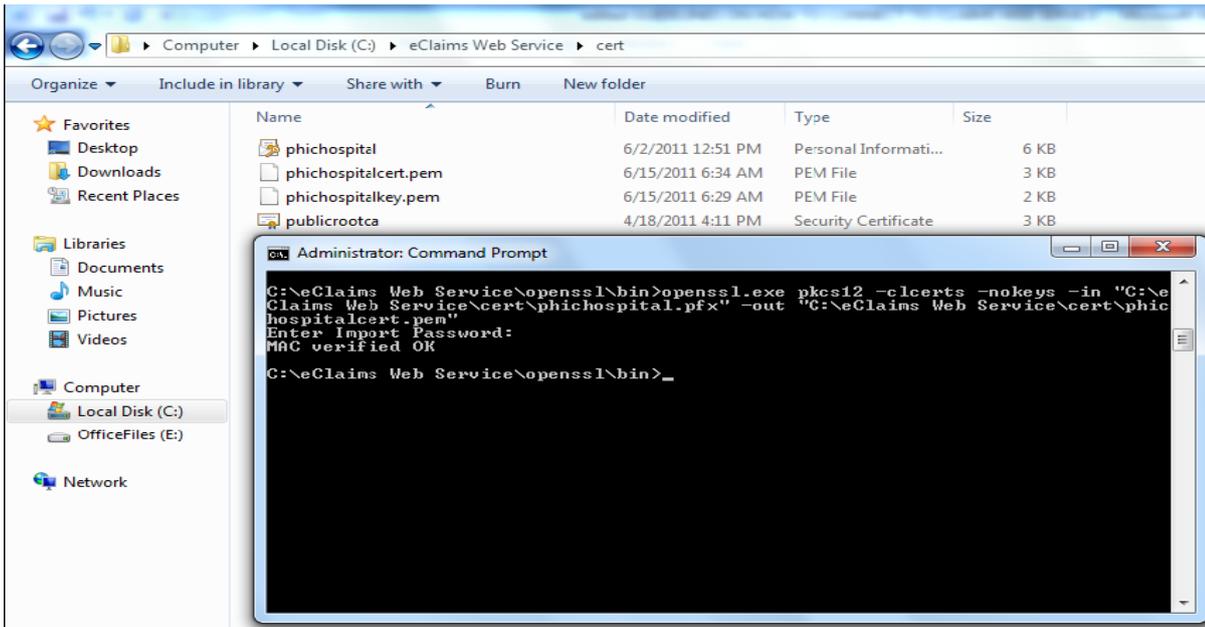
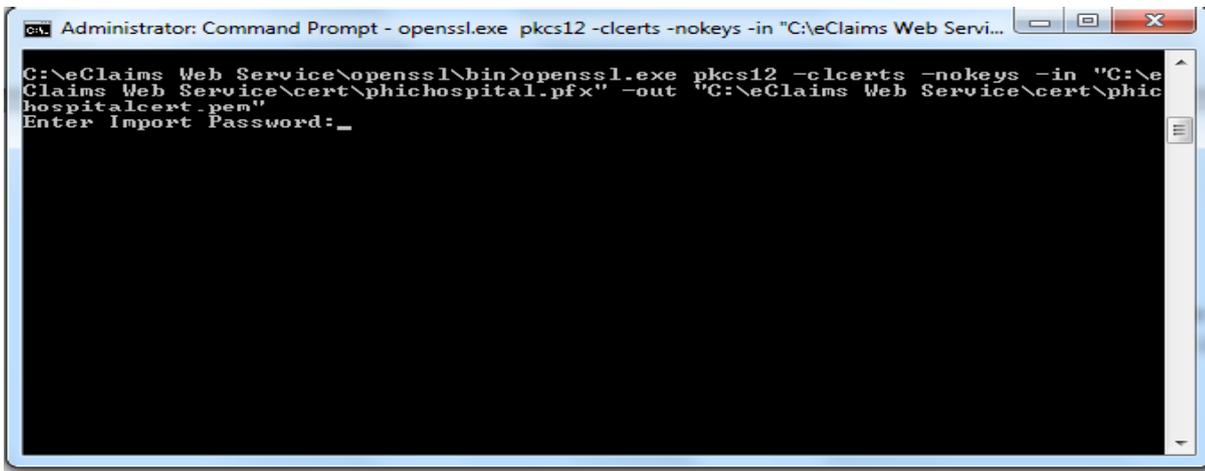
openssl.exe pkcs12 -clcerts -nokeys -in "<path where the .pfx file resides>\certificate.pfx" -out "<path where you want to save the .pem file>\cert.pem"

In this guideline, use the following script:

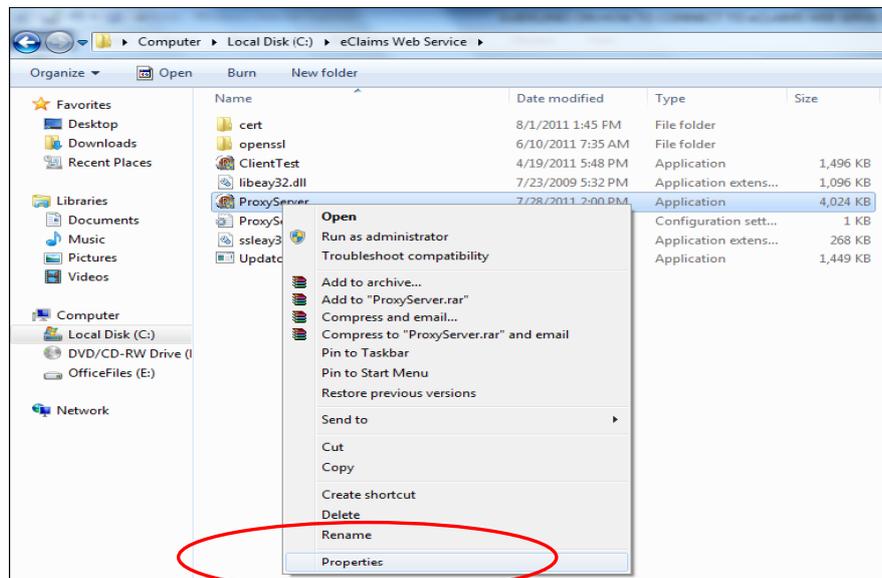
openssl.exe pkcs12 -clcerts -nokeys -in "C:\eClaims Web Service\cert\phichospital.pfx" -out "C:\eClaims Web Service\cert\phichospitalcert.pem"



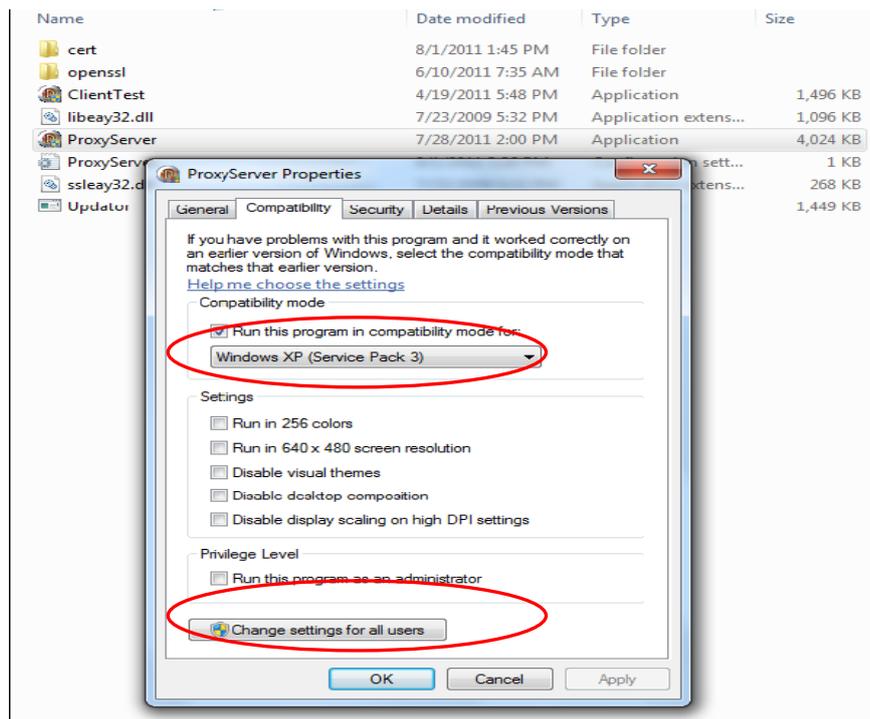
13. Input the password of the certificate (.pfx) which was provided in the email that PhilHealth has sent then press ENTER. A new file (*phichospitalcert.pem*) will be created in the “cert” folder. This is the certificate file.



14. Once the Key and the Client Certificate have been successfully extracted into the .pem file, these will be used together with the Root Certificate to run the Proxy Server Application. But before running the proxy server application, set the compatibility properties of the said application. Right click the “*Proxy Server*” application then click on “*Properties*”.



15. Click on the “*Compatibility*” tab then check if the “*Run this program in compatibility mode*” is enabled then select “*Windows XP (Service Pack3)*” on the drop down list under the Compatibility mode, put a check on the *Run the program as an administrator under the Privilege Level*, then Click “*OK*”.



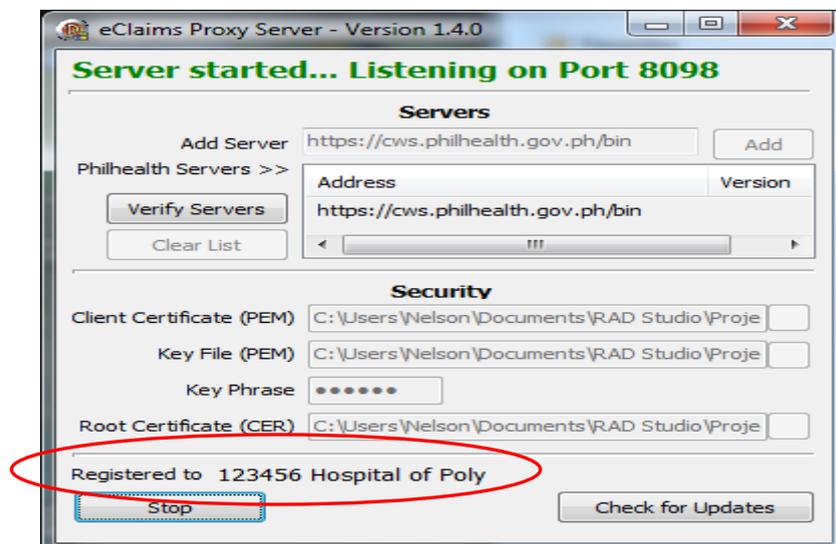
16. Open “*Proxy Server*” application.

17. The Proxy Server application will appear. Input the following then click “*Start Server*” button:



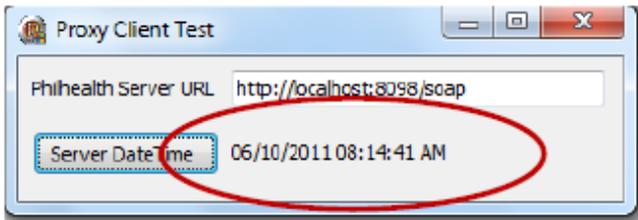
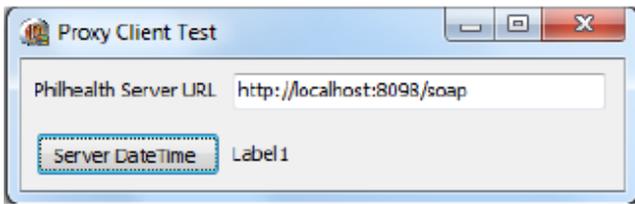
a. At the “Add Server” portion, input *https://cws.philhealth.gov.ph/bin* . The proxy server will load on the Test environment.

- b. Select the “*Client Certificate*” (.pem) that you created on Step 11. Input “C:\eClaims Web Service\cert\phichospitalcert.pem”
- c. Select the “*Key file*” (.pem) that you created on Step 8. Input “C:\eClaims Web Service\cert\phichospitalkey.pem”
- d. Key in the *PEM Pass Phrase* you created on Step 10.
- e. Select the *Root Certificate*. Input “C:\eClaims Web Service\cert\publicrootca.cer”
- f. “**Check for Updates**” button is used to run the “**Updater.exe**” which will automatically update the version of the Proxy Server application. PhilHealth will send an email if there is a new version of the Proxy Server application.
- g. The button is disabled by default but when the server is started it will automatically be enabled. This button is used to verify connectivity of the servers listed.
- h. “**Clear List**” button is used to clear the contents of the PhilHealth Servers list.
- i. Click the “**Start Server**” button to run the Proxy Server application.



18. To test whether your application is now connected to PhilHealth’s Claims Web Service, use the “*Client Test*” application.

19. Open the  ClientTest |. Then click on the “*Server Date Time*” button. The application should display the correct date and time of the server. If the application window is minimized, click the maximize button to check whether the application displays the correct date and time of the server.



Congratulations! You have successfully connected to the PhilHealth Web Service with Digital Certificates using the PhilHealth Proxy Server.

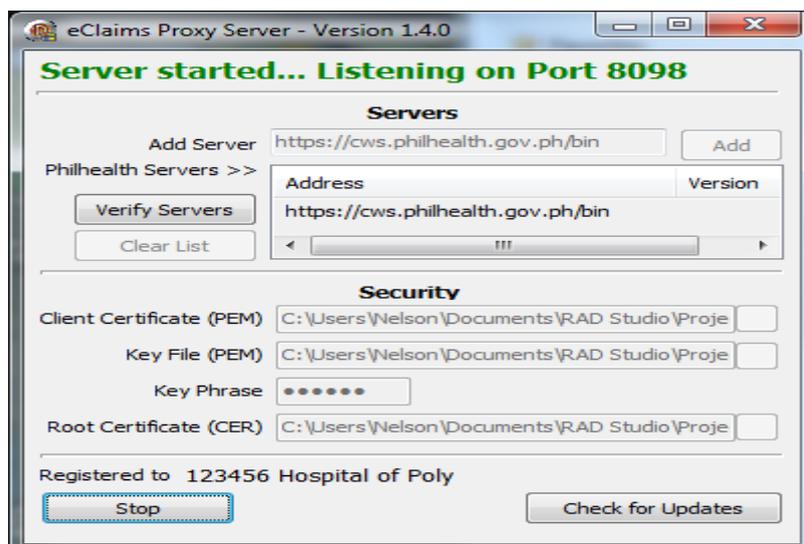
20. To use these proxy servers, direct your eClaims modules to the following: <http://localhost:8098/soap> (for local clients) or <http://<PCNAME>:8098/soap>, replacing <PCNAME> with the IP address or computer name of the workstation where the proxy runs.

Step 4. Proceed with the development of eClaims Modules

-**Module 1**, see pages 13-16
-**Module 2**, see pages 17-28
-**Module 3**, see pages 29-36

In conducting the test with all the modules, check always your URL. Refer to the sample screenshots below.

A. *This should be the appearance of your proxy server running on a test environment*



A prompt message **“HOSPITAL NOT REGISTERED FOR ONLINE”** will display on your first encounter while sending an eligibility test query to CEWS. Kindly inform and provide the hitpac secretariat the screenshot of the message for documentation and registration.

Note: (Not applicable to Phase 1 CEWS users)

Step 5. If all modules are completed, email hitpac@philhealth.gov.ph for scheduling of conformance and compliance testing of PhilHealth.

Step 6. Applicant provider will be notified through email of the results of the conformance and compliance testing.

3. eClaims System Parameter Definition

The CEWS addresses eligibility of a member and valid dependents. Particularly it validates status the profile information of the following:

- a. Member validity;
- b. Patient who is a dependent of the member;
- c. 45 days confinement
- d. Qualifying posted contribution (3/6 and 9/12)

Verification should be made upon admission (initial call) and after discharge (final call). The final call is where the authorization code (AC) is generated for confirming eligibility for member to avail of his/her appointment.

The following are the proposed format to be used as guide for developing the prototype for claims eligibility function:

Web Service Method:

isClaimEligible (pUserName, pUserPassword, pHospitalCode, pPIN, pMemberLastName, pMemberFirstName, pMemberMiddleName, pMemberSuffix, pMemberBirthDate, pMailingAddress, pZipCode, pPatientIs, pAdmissionDate, pDischargeDate, pPatientLastName, pPatientFirstName, pPatientMiddleName, pPatientSuffix, pPatientBirthDate, pPatientGender, pMemberShipType, pPEN, pEmployerName, pRVS, pTotalAmountActual, pTotalAmountClaimed, pIsFinal)

Parameter Definition

Name	Length	Description	Valid Values
pUserName	String(20)	Provider user id	To be provided by PhilHealth
pUserPassword	String(20)	Provider user password	To be provided by PhilHealth
pHospitalCode	String(12)	Facility Accreditation Number	For now PMCC number should be used
pPIN	String(12)	PhilHealth Identification Number – a unique 12 digit number assigned to a member.	The last character in the PIN is a modulus 11 check digit.
pMemberLastName	String(60)	Member’s Complete Surname	Any value consisting of : ‘A’ to ‘Z’, ‘N’. Can include a space in between characters
pMemberFirstName	String(60)	Member’s Complete First name	
pMemberMiddleName	String(60)	Member’s Complete Middle name	
pMemberSuffix	String(5)	Member’s Suffix name	‘JR’, ‘SR’, ‘III’, ...etc Suffixes can be blank
pMemberBirthDate	String(10)	Member’s Birth Date	Date Format should be : ‘MM-DD-YYYY’
pMailingAddress	String(150)	Mailing Address (address where the benefit payment notice will be sent)	Should not be blank
pZipCode	String(4)	Philippine Zip Code of the municipality	Should not be blank
pPatientIs	String(1)	Flag whether patient is the member or if dependent the relationship of patient with the member.	<ul style="list-style-type: none"> • ‘M’ – patient is member(Self) • ‘S’ – patient is spouse • ‘C’ – patient is child • ‘P’ – patient is parent
pAdmissionDate	String(10)	Admission Date	Date Format should be : ‘MM-DD-YYYY’
pDischargeDate	String(10)	Discharge Date	
pPatientLastName	String(60)	Patient’s Complete Surname	Same as for the member. These can be blank since these are disregarded if the value of pPatientIs is ‘M’
pPatientFirstName	String(60)	Patient’s Complete First name	
pPatientMiddleName	String(60)	Patient’s Complete Middle name	

pPatientSuffix	String(5)	Patient's Suffix name	'JR', 'SR', 'III', ...etc Suffixes can be blank
pPatientBirthDate	String(10)	Patient's Birth Date	Date Format should be : 'MM-DD-YYYY'
pPatientGender	String(1)	Patient's Gender	M – Male F - Female
pMemberShipType	String(2)	PhilHealth membership type of the member	(Not limited to the following :) 'S' – Employed Private 'G' – Employer Government 'I' – Indigent 'NS' – Individually Paying 'NO' – OFW 'PS' – Non Paying Private 'PG' – Non Paying Government
pPEN	String(12)	PhilHealth Employer Number – a unique 12 digit number assigned to an employer	These are disregarded if pMemberShipType is not ('S' or 'G')
pEmployerName	String(100)	The Registered name of the employer	
pRVS	String(6)	RVS code of the surgical procedure to be done to the patient.	Leave blank if no surgery is to be done.
pTotalAmountActual	String(12)	Actual Amount of the Hospital Bill	Hospital Charges only. Formatted as: '#####.##'
pTotalAmountClaimed	String(12)	Amount to be reimbursed by PhilHealth	
pIsFinal	String(1)	Flag for Initial and Final Call.	Limited to the following: '0' – Initial '1' - Final

Note : All the fields are required unless otherwise specified that it can be blank or disregarded.

Response Definition

The response of the service is in the form of an XML file.

An example "YES" Xml Response :

```
<RESPONSE
  ISOK="YES"
  TRACKING_NUMBER="1234561212000011"
  REMAINING_DAYS="44"
  ASOF="12-19-2012">
  <PATIENT
    PATIENTIS="M"
    LASTNAME="DELA CRUZ"
    FIRSTNAME="JUAN"
    MIDDLENAME="OCAMPO"
    SUFFIX="JR"
    BIRTHDATE="09-15-1970"
  ></PATIENT>
  <CONFINMENT>
    ADMITTED="12-19-2012"
    DISCHARGE="12-19-2012"
  </CONFINMENT>
  <MEMBER
    PIN="190905703882"
    MEMBER_TYPE="P"
    LASTNAME="DELA CRUZ"
    FIRSTNAME="JUAN"
    MIDDLENAME="OCAMPO"
    SUFFIX="SR"
    BIRTHDATE="09-15-1970"
  ></MEMBER>
  <EMPLOYER>
    PEN="019000029665"
```

```

NAME="SAMPLE HOSPITAL"
</EMPLOYER>
<DOCUMENTS>
</DOCUMENTS>
</RESPONSE>

```

For the "YES" Response, the developer of the module 1 should be able to display the Tracking Number (TN) . The same TN will later be used for the uploading of electronic claims.

The following sample can be used:

On-Line Claims Eligibility Verification	
Tracking Number:	1234-5612-1200-0011
PhilHealth Number (PIN):	19-090570388-2
Member :	DELA CRUZ, JUAN OCAMPO JR
Patient is the:	MEMBER
Patient :	DELA CRUZ, JUAN OCAMPO JR
Confinement :	12-19-2012 to 12-19-2012
Hospital :	SAMPLE HOSPITAL
Information:	As of 12-19-2012: 44 days remaining room and board allowance.
With 3 Over 6 (3/6):	YES
With 9 Over 12 (9/12):	YES

 This is a system generated report by PhilHealth eClaims.

An example "NO" Xml Response :

```

<RESPONSE
  ISOK="NO"
  TRACKING_NUMBER=""
  REMAINING_DAYS=""
  ASOF="12-19-2012">
  <PATIENT
    PATIENTIS="D"
    LASTNAME="DELA CRUZ"
    FIRSTNAME="MARIA"
    MIDDLENAME="BAUTISTA"
    SUFFIX=""
    BIRTHDATE="01-01-2005"
  ></PATIENT>
  <CONFINMENT>
    ADMITTED="12-19-2012"
    DISCHARGE="12-19-2012"
  </CONFINMENT>
  <MEMBER
    PIN="190905703882"
    MEMBER_TYPE="S"
    LASTNAME="DELA CRUZ"
    FIRSTNAME="JUAN"
    MIDDLENAME="OCAMPO"
    SUFFIX="JR"
    BIRTHDATE="09-15-1970"
  ></MEMBER>
  <EMPLOYER>
    PEN="019000029665"

```

```

NAME="SAMPLE HOSPITAL"
</EMPLOYER>
<DOCUMENTS>
  <DOCUMENT
    CODE="PBC"
    NAME="PATIENT'S BIRTH CERTIFICATE">UNDECLARED DEPENDENT
  </DOCUMENT>
  <DOCUMENT
    CODE="MBC"
    NAME="MEMBER'S BIRTH CERTIFICATE">DISCREPANCY-MEMBER'S FIRSTNAME;DISCREPANCY-
    MEMBER'S LAST NAME
  </DOCUMENT>
</DOCUMENTS>
</RESPONSE>

```

The message remarks should be relayed to the member or authorized representative of the member for compliance of the listed documents to be submitted to the hospital for document scanning which will be part of module 2.

The following sample can be used.

For Membership Updating/Registration	
PhilHealth Number (PIN):	19-090570388-2
Member :	DELA CRUZ, JUAN OCAMPO JR
Patient is the:	(DEPENDENT) - SPOUSE
Patient :	DELA CRUZ, MARIA BAUTISTA
Confinement :	12-19-2012 to 12-19-2012
Hospital :	SAMPLE HOSPITAL
Information:	As of 12-19-2012: 35 days remaining room and board allowance.
With 3 Over 6 (3/6):	YES
With 9 Over 12 (9/12):	YES
Documents to be submitted to PhilHealth:	
MEMBER'S BIRTH CERTIFICATE	
<i>Reason: DISCREPANCY-MEMBERS LASTNAME; DISCREPANCY-MEMBERS SUFFIX</i>	
PATIENT'S BIRTH CERTIFICATE	
<i>Reason: DISCREPANCY-DEPENDENT BIRTHDATE</i>	
DELA CRUZ, JUAN O. JR	
Member's Signature Over Printed Name	
This serves as an amendment form when signed.	

Module 1A : PIN Verification Utility (PVU)

This utility allows member through the IHCP to look up its PhilHealth Identification Number (PIN) in the event the member does not know his PIN. The hospital needs to enter the information of the member such as the complete name including the suffix if applicable and birth date.

Web Service Method:

GetMemberPIN (Result, pUserName, pUserPassword, pHospitalCode, pMemberLastName, pMemberFirstName, pMemberMiddleName, pMemberSuffix, pMemberBirthDate)

- ❖ For successful transaction, a PhilHealth Number will display:
e.g.

19-0000220202

- ❖ For unsuccessful transaction, the method will return either of the following:
a.) No PhilHealth Identification Number

**NO RECORD FOUND. REGISTER ONLINE OR
PROCEED TO ANY PHILHEALTH OFFICE**

- b.) Multiple PIN

**MULTIPLE RECORDS FOUND. PLEASE
PROCEED TO ANY PHILHEALTH OFFICE FOR
PIN CLEANUP**

Module 1B: Doctor Accreditation Check

isDoctorAccredited (Result, pUserName, pUserPassword, pHospitalCode, pDoctorAccreCode, pAdmissionDate, pDischargeDate)

For case rates, cases attended by non-accredited doctors are denied. Another functionality of the system is its capacity to check whether or not the attending doctor is accredited. The hospital clerk needs to enter the information of the doctor such as doctor accreditation code, admission date and discharge date. The admission date and discharge date will be checked against the validity of the doctor's accreditation.

```
< eACCREDITATION  
  IsAccredited=""  
  pDoctorAccreCode=""  
  pAdmissionDate=""  
  pDischargeDate="">
```

- ❖ For successful transaction,

PhilHealth will display "Doctor is accredited based on admission or discharge date"

- ❖ For unsuccessful transaction,

PhilHealth will display "Doctor is not accredited based on admission or discharge"

Module 1C: Doctor Accreditation Number Utility (under construction)

GetDoctorPAN (Result, pUserName, pUserPassword, pHospitalCode, pDoctorTIN, pDoctorLastName, pDoctorFirstName, pDoctorMiddleName, pDoctorSuffix, pDoctorBirthDate)

In the event the doctor does not know his accreditation number, he can check using the Doctor Accreditation Number Utility. This utility is a free look up of Doctor Accreditation Number. The hospital clerk needs to enter the information of the doctor such as complete name and date of birth.

(For implementation)

- ❖ For successful transaction,

PhilHealth will display the 12 digits accreditation number “0000-0000000-0”

- ❖ For unsuccessful transaction,

PhilHealth will display “ Database exception: Doctor does not exist”

Module 1D: Check Single Period of Confinement

CheckSinglePeriod(Result,pPIN,pPatientIs,pPatientLastName,pPatientFirstName,pAdmissionDate,PhilhealthClaimType, pICDCodes, pHighRVSSs, pCaseRateCode)

Single period of confinement refers to a confinement or series of confinements for the same illness with intervals of not more than 90 days. In such cases, they can only avail of the unused portion of the benefits and room and board allowance until the 45 days allowance is exhausted.

PhilHealth will display “ Same illness within 90 days”

MODULE 2: ELECTRONIC CLAIMS SUBMISSION (VERSION 3.0)

The following are the proposed format to be used as guide for hospital systems accomplishing and transmitting electronic PhilHealth claims. These files should be submitted together with scanned images of the actual claim documents to support electronic version. These documents shall be uploaded to a web server provided by the hospital and later on will be viewed by PhilHealth via https.

FIELD/ATTRUBUTE/PARAMETER DEFINITION

Name	Length	Description	Valid Values
pUserName	String(20)	Provider user id	To be provided by PhilHealth
pUserPassword	String(20)	Provider user password	To be provided by PhilHealth
pHospitalCode	String(12)	Facility Accreditation Number	For now PMCC number should be used
pHospitalTransmittalNo		Hospital Transmittal Number	Generated by the Hospital own batching system. This should be unique per hospital.
pTotalClaims	String(3)	Claims counter	Integer format
pHospitalEmail	String(150)	Hospital Email Address where communication will be sent	Can be blank
pClaimNumber	String(12)	Hospital Claim Number	Hospital Generated Claim Case #, this should be unique per hospital
pTrackingNumber	String(20)	The Claims Eligibility Tracking number assigned if undergone the Online Eligibility Checking	Formatted as: '#####-#####-#####-#####' Can be blank
pClaimSeriesLhio	String(15)	PhilHealth Generated and Assigned Unique Number per Claim	Can be used by the hospital to reconcile their records with PhilHealth This will be returned after the claim are uploaded to PhilHealth
pPIN	String(12)	PhilHealth Identification Number – a unique 12 digit number assigned to a member.	The last character in the PIN is a modulus 11 check digit.
pMemberShipType	String(2)	PhilHealth membership type of the member	(Not limited to the following) 'S' – Employed Private 'G' – Employer Government 'I' – Indigent 'NS' – Individually Paying 'NO' – OFW 'PS' – Non Paying Private 'PG' – Non Paying Government
pMemberLastName	String(60)	Member's Complete Surname	Any value consisting of : 'A' to 'Z', 'N'. Can include a space in between characters
pMemberFirstName	String(60)	Member's Complete First name	
pMemberMiddleName	String(60)	Member's Complete Middle name	
pMemberSuffix	String(5)	Member's Suffix name	'JR', 'SR', 'III', ...etc Suffixes can be blank
pMemberBirthDate	String(10)	Member's Birth Date	Date Format should be : 'MM-DD-YYYY'
pMailingAddress	String(150)	Mailing Address (address where the benefit payment notice will be sent)	This is where the notices will be mailed.
pMobileNo	String(20)	Members Cell Number	Can be blank
pLandlineNo	String(20)	Members Landline Number	Can be blank
pZipCode	String(4)	Philippine Zip Code of the municipality	4 digit Philippine zip code value of the municipality/city
pEmailAddress	String(150)	Email Address	Can be blank
pPEN	String(12)	PhilHealth Employer Number – a unique 12 digit number assigned to an employer	These are disregarded if pMemberShipType is not ('S' or 'G')
pEmployerName	String(100)	The Registered name of the employer	
pPatientIs	String(1)	Flag whether patient is the member or if dependent the relationship of patient with the member.	<ul style="list-style-type: none"> • 'M' – patient is member(Self) • 'S' – patient is spouse • 'C' – patient is child • 'P' – patient is parent
pPatientLastName	String(60)	Patient's Complete Surname	Same as for the member. These can be blank since these are disregarded if the value of pPatientIs is 'M'
pPatientFirstName	String(60)	Patient's Complete First name	
pPatientMiddleName	String(60)	Patient's Complete Middle name	
pPatientSuffix	String(5)	Patient's Suffix name	'JR', 'SR', 'III', ...etc Suffixes can be blank
pPatientBirthDate	String(10)	Patient's Birth Date	Date Format should be : 'MM-DD-YYYY'
pPatientGender	String(1)	Patient's Gender	M – Male F - Female

pAdmissionDate	String(10)	Admission Date	Date Format should be : 'MM-DD-YYYY'
pDischargeDate	String(10)	Discharge Date	
pAdmissionTime	String(10)	Admission Time	Time Format should be : 'HH:MM:SSAM/PM'
pDischargeTime	String(10)	Discharge Time	
pPatientExpired	String(1)	Flag whether the patient died	<ul style="list-style-type: none"> • 'T' – True • 'F' – False
pDateOfDeath	String(1)	Date of Death of patient	Date Format should be : 'MM-DD-YYYY'
pTotalAmountActual	String(12)	Actual Amount of the Hospital Bill	Hospital Charges only. Formatted as: '#####.##'
pTotalAmountClaimed	String(12)	Amount to be reimbursed by PhilHealth	
pAdmissionDiagnosis	String(500)	Admission Diagnosis	Can be multiple lines
pFinalDiagnosis	String(500)	Final Diagnosis	Can be multiple lines
pIsOPD	String(1)	Flag whether Out-Patient case	<ul style="list-style-type: none"> • 'T' – True • 'F' – False
pIsEMG	String(1)	Flag whether Emergency case	<ul style="list-style-type: none"> • 'T' – True • 'F' – False
pICDCode	String(10)	ICD 10 Code of the illness	<i>Refer to ICD10 library</i>
pIllnessCaseType	String(1)	Case Type of the illness	<ul style="list-style-type: none"> • 'A' – Case Type A • 'B' – Case Type B • 'C' – Case Type C • 'D' – Case Type D
pClaimedDays	String(2)	Number of days being claimed	Integer formatted as string sample for 3 day : '03' or '3' Usually equal to # of days confined, for opd/package this is default to '1'
pRoomType	String(1)	Type of Room	<ul style="list-style-type: none"> • 'P' – Private • 'W' – Ward
pAmtActual	String(12)	Actual amount of charge per benefit	Formatted as: '#####.##'
pAmtClaimed	String(12)	Claimed amount of charge per benefit	Formatted as: '#####.##'
pAmtPaidByMember	String(12)	Amount Paid by the member as reflected in the SOA	Formatted as: '#####.##'
pDrugCode	String(20)	Hospital Assigned Drug Code	Can be any format
pPNDFCode	String(20)	PNDF Code (Blank until PNDF lib is available)	Can be Blank for now
pGenericName	String(50)	Generic Name of Medicines/Drugs taken	Must not be blank
pBrandName	String(50)	Brand Name of Medicines/Drugs taken	Must not be blank
pPreparation	String(30)	Dose/ Cap/ Syrup/ Injectable/ Tab with ml/mg/gm content	Must not be blank
pQuantity	String(10)	Unit quantity of item	Integer format
pUnitPrice	String(10)	Unit price of item	Formatted as: '#####.##'
pDiagnosticType	String(20)	Type of diagnostic/test done	<ul style="list-style-type: none"> • 'IMAGING' • 'LABORATORY' • 'SUPPLIES' • 'OTHERS'
pParticulars	String(50)	Name of Imaging procedure for Imaging, Name of Laboratory procedure for Laboratory, Name of Supplies for Supplies or Others for Supplies and Others	Must not be blank
pHospClaimantType	String(1)	Claimant type for the benefit	<ul style="list-style-type: none"> • 'H' – Hospital • 'M' – Member
pPhilhealthClaimType	String(20)	Flag whether Claims Payment Mechanism	<ul style="list-style-type: none"> • 'FEE-FOR-SERVICE' • 'PACKAGE' • 'CASE-MIX' • 'CASE-RATE'
pPackageRVS	String(7)	The Assigned RVSCode for the package	Integer format Required when pPhilHealthClaimType=' PACKAGE'
pPackageName	String(10)	Benefit Packages <ul style="list-style-type: none"> • 'AHIN1' • 'CATARACT' • 'TBDOTS' • 'MCP' – Maternity Care • 'NSD' – Normal Spontaneous Delivery • 'NBCP' – New-born care • 'VASBTL' – Surgical Contraception 	Required when pPhilHealthClaimType=' PACKAGE'
pMaternityClaimType	String(1)	Type of maternity package claim	<ul style="list-style-type: none"> • '0' – Pre Natal • '1' – Normal Delivery • '2' – New Born Care • '3' – Post Natal

			Required for maternity package only
pCaseRateCode	String(7)	Case Rate Codes	<ul style="list-style-type: none"> 'IDENG1' - DENGUE I 'IDENG2' - DENGUE II 'IPNEU1' - PNEUMONIA I 'IPNEU2' - PNEUMONIA II 'IESHY' - ESSENTIAL HYPERTENSION 'ICVA_1' - CVA I (INFARCTION) 'ICVA_2' - CVA II (HEMORRHAGE) 'IAGE' - ACUTE GASTROENTERITIS (AGE) 'ITYPOI' - TYPHOID FEVER 'IASTM' - ASTHMA 'P47090' - APPENDECTOMY 'P51200' - CHOLECYSTECTOMY 'P74991' - CAESARIAN SECTION 'P75091' - DILATION AND CURETAGE 'P39950' - HEMODIALYSIS 'P53000' - HERNIORRHAPY 'P75095' - HYSTERECTOMY 'P85400' - MASTECTOMY 'P73594' – MCP (Maternity Care Package for Non-hospitals) 'P99430' – NCP (Newborn Care Package) 'P73591' - NSD 'P92290' - RADIOTHERAPHY 'P63900' - THYROIDECTOMY 'CATAR' - CATARACT 'TBDOTS' - TB-DOTS 'HIVAIDS' - HIV-AIDS 'MALARIA' – MALARIA
pIsFirstPregnancy	String(1)	For pregnancy cases, flag whether case is first pregnancy of patient	<ul style="list-style-type: none"> 'T' – True 'F' – False Required for NSD claims under non-hospital facility
pLMPDate	String(10)	Last Menstrual Date	Date Format should be : 'MM-DD-YYYY' Required for prenatal claims under non-hospital facility
pInitialCheckUpDate	String(10)	Initial Checkup Date	Date Format should be : 'MM-DD-YYYY' Required for prenatal claims under non-hospital facility
pDeliveryDate	String(10)	Delivery Date	Date Format should be : 'MM-DD-YYYY' Required for postnatal claims under non-hospital facility
pTBType	String(1)	Type of TB-Dots claim	<ul style="list-style-type: none"> 'I' – Intensive Phase 'M' – Maintenance NOTE For 'I', admission and discharge dates should be the first and last days of treatment in the intensive phase respectively. For 'M', admission and discharge dates should be the first and last days of treatment in the maintenance phase respectively. Required for TB-DOTS claims only
pNTPCardNo	String(10)	NTP Card No	Required for TB-DOTS claims only
pPhilhealthCBG	String(5)	PhilHealth Cost Based Group	CBG Code Required when PhilHealthClaimType='CASE-MIX'
pCBGDescription	String(50)	CBG Description	Can be Blank
pDoctorAccreCode	String(12)	Doctor's Accreditation Number	Formatted as: '#####-#####-###'
pDoctorTIN	String(12)	Doctor's TIN	Formatted as: '###-###-###'
pDoctorLastName	String(60)	Doctor's Complete Surname	Same as for the member.
pDoctorFirstName	String(60)	Doctor's Complete First name	
pDoctorMiddleName	String(60)	Doctor's Complete Middle name	
pDoctorSuffix	String(5)	Doctor's Suffix name	
			'JR', 'SR', 'III', ...etc Suffixes can be blank

pDoctorBirthdate	String(10)	Doctors's Birth Date	Date Format should be : 'MM-DD-YYYY'
pVisitDate	String(10)	Doctor's date of daily visit	Date Format should be : 'MM-DD-YYYY' Visit dates must be enumerated Number of dates must coincide with pVisitDays Required for General practitioner and Specialist Visit claims only
pVisitDays	String(2)	Doctor's number of daily visits	Integer format Required for General practitioner and Specialist Visit claims only
pRVSCode	String(6)	Relative Value Scale Code of the procedure/operation performed	See RVS Library Required for Operating Room, Surgeons and Anesthesiologist claims only
pRVU	String(3)	Relative Value Unit of the procedure/operation	Integer format
pOperationDate	String(10)	Date of surgery/operation/procedure	Date Format should be : 'MM-DD-YYYY'
pDoctorClaimantType	String(1)	Claimant type for the benefit	<ul style="list-style-type: none"> 'M' – Member 'D' – Doctor 'C' – Chief of Hospital
pReceiptNumber	String(18)	PhilHealth Generated Transmittal file receipt control number.	Will be blank if the pCheckedPassed is 'NO'
pCheckPassed	String(3)	Flag whether transmittal file passed the checking requirements	<ul style="list-style-type: none"> 'YES' 'NO'
pErrorCode	String(3)	Claim file error Code	
pErrorDescription	String(100)	Claim file error Description	
pConfirmationNumber	String(18)	PhilHealth Generated Upload Confirmation control number	
pUploadDate	String(10)		Date Format should be : 'MM-DD-YYYY'
pUploadTime	String(10)		TIME Format should be : 'HH:MM:SSAM/PM'
pDocumentType	String(3)	Document to support the claim	<ul style="list-style-type: none"> See Annex K for the list of document codes
pDocumentURL	String(250)	URL of the document accessible via FTPS	The document must first be encrypted using PhilHealth public key before publishing online.
pZBenefitCode	String(7)	Z-Benefit Codes	<ul style="list-style-type: none"> Standard Risk Acute Lymphocytic (lymphoblastic) Leukemia for Children Z0011 – 1st tranche Z0012 – 2nd tranche Z0013 – 3rd tranche Early Stage Breast Cancer (Stage 0 to III-A) Z0021 –1st tranche Z0022 –2nd tranche Low to Intermediate Risk Prostate Cancer Requiring Prostatectomy Z003 – full payment End Stage Renal Disease Eligible for Kidney Transplant (Low Risk) Z0041 –1st tranche Z0042 –2nd tranche
pCode	String(10)	The observation code	Observation code
pCodeSystemName	String(10)	Observation coding system	e.g. LOINC
pDisplayName	String(50)	Observation description/name	Common name/description of the observation
pValue	String(10)	Observation value	Alphanumeric values
pUnit	String(10)	Unit of measurement of the observation	Unit of measurement of the observation

The above table defines the valid values for the attributes in the xml. These attributes will hold the actual value they represent.

Module 2: FILE STRUCTURE

Pertinent claims information will be transformed electronically by using the Extensible Markup Language (XML). The following sample is an illustration:

```
<eCLAIMS
  pUserName=""
  pUserPassword=""
  pHospitalCode="123456"
  pHospitalEmail="">
  <eTRANSMITTAL
    pHospitalTransmittalNo="0671"
    pTotalClaims="1">
    <CLAIM
      pClaimNumber="01-31-12-671"
      pTrackingNumber=""
      pPIN="19-000092375-7"
      pMembershipType="G"
      pMemberBirthDate="09-19-1973"
      pMemberLastName="DE VERA"
      pMemberFirstName="NELSON"
      pMemberMiddleName="SALAZAR"
      pMemberSuffix=""
      pMailingAddress="PHILIPPINES"
      pZipCode="1234"
      pEmailAddress="delacruzjuan@yahoo.com.ph"
      pMobileNo=""
      pLandlineNo=""
      pPEN="11-047400000-2"
      pEmployerName="PHILHEALTH"
      pPatientIs="M"
      pPatientBirthDate="09-19-1973"
      pPatientGender="F"
      pPatientLastName="DE VERA"
      pPatientFirstName="NELSON"
      pPatientMiddleName="SALAZAR"
      pPatientSuffix=""
      pAdmissionDate="08-25-2009"
      pAdmissionTime="01:00:00PM"
      pDischargeDate="08-27-2009"
      pDischargeTime="03:00:00PM"
      pClaimedDays="3"
      pPatientExpired="F"
      pDateOfDeath=""
      pTotalAmountActual="9000.00"
      pTotalAmountClaimed="7000.00"
      pAdmissionDiagnosis="PNEUMONIA"
      pFinalDiagnosis="ACUTE PNEUMONIA WITH DIARRHEA"
      pIsOPD="F"
      pIsEMD="F"
      pPhilhealthClaimType="CASE-RATE">
      <ICDCODES
        pICDCCode="O13.012"
        pIllnessCaseType="A">
        <ADDITIONAL pICDCCode="A90.0"/>
        <ADDITIONAL pICDCCode="B90.0"/>
      </ICDCODES>
      <!-- pPhilhealthClaimType="CASE-RATE" -->
      <CASERATE
        pCaseRateCode="IDENG1"
        pAmtActual="10000.00"
        pAmtClaimed="8000.00"
        pAmtPaidByMember="2000.00"/>
      <!-- pPhilhealthClaimType="Z-BENEFIT" -->
      <ZBENEFIT
        pZBenefitCode="Z0011"
        pAmtActual="100000.00"
        pAmtClaimed="100000.00"
        pAmtPaidByMember="0.00">
      <OBSERVATION>
        <CODE
          pCode="33248-6"
          pCodeSystemName="LOINC"
          pDisplayName="Diabetes status Patient"/>
        <VALUE
          pValue="Y"
          pUnit=""/>
      </OBSERVATION>
    </OBSERVATION>
  </CLAIM>
</TRANSMITTAL>
</eCLAIMS>
```

```

        <CODE
            pCode="33248-7"
            pCodeSystemName="LOINC"
            pDisplayName="Diabetes status Patient"/>
        <VALUE
            pValue="1.5"
            pUnit="mm[Hg]"/>
    </OBSERVATION>
</ZBENEFIT>
-->
<!-- pPhilhealthClaimType="FEE-FOR-SERVICE" -->
<!--
    <FEEFORSERVICE>
        <ROOMANDBOARD
            pRoomType="W"
            pAmtActual="2000.00"
            pAmtClaimed="900.00"
            pHospClaimantType="H" />
        <DRUGSMEDS
            pAmtActual="38.00"
            pAmtClaimed="27.75"
            pHospClaimantType="H" />
        <XRAYLABOTHERS
            pAmtActual="760.00"
            pAmtClaimed="385.00"
            pHospClaimantType="H" />
        <OPERATINGROOM>
            <ORFEE
                pRVSCode="79000"
                pProcedureName="Radioactive Iodine Therapy"
                pRVU="40"
                pOperationDate="08-26-2009"
                pAmtActual="600.00"
                pAmtClaimed="500.00"
                pHospClaimantType="H" />
            <ORFEE
                pRVSCode="66983"
                pProcedureName="Cataract Extraction"
                pRVU="10"
                pOperationDate="08-27-2009"
                pAmtActual="600.00"
                pAmtClaimed="500.00"
                pHospClaimantType="H" />
        </OPERATINGROOM>
    </FEEFORSERVICE>
-->
<!-- pPhilhealthClaimType="PACKAGE" -->
<!--
    <PACKAGE
        pPackageRVS="59400"
        pPackageName="NORMAL SPONTANEOUS DELIVERY PACKAGE"
        pAmtActual="5000.00"
        pAmtClaimed="2000.00"
        pHospClaimantType="H" >
    <PCKGDETAILS>
        <MATERNITY
            pMaternityClaimType="1"
            pIsFirstPregnancy=""
            pLMPDate=""
            pInitialCheckUpDate=""
            pDeliveryDate="" />
        <TBDOTS
            pTBType="I"
            pNTPCardNo="" />
    </PCKGDETAILS>
</PACKAGE>
-->
<!-- pPhilhealthClaimType="CASE-MIX" -->
<!--
    <CASEMIX
        pPhilhealthCBG="X-001"
        pCBGDescription="TEST"
        pAmtActual="5000.00"
        pAmtClaimed="2000.00"
        pHospClaimantType="H"/>
-->
    <PARTICULARS>
        <DRGMED
            pDrugCode="X0001234"
            pPNDFCode=""
            pGenericName="PARACETAMOL"

```

```

        pBrandName="GAYAGESIC"
        pPreparation="TABLET 250MG"
        pQuantity="3"
        pUnitPrice="5.50"
        pAmtActual="17.50"
        pAmtClaimed="17.50"
        pIsCompensable="T"/>
<DRGMED
    pDrugCode="X0001235"
    pPNDFCode=""
    pGenericName="PARACETAMOL"
    pBrandName="GAYAGESIC"
    pPreparation="TABLET 250MG"
    pQuantity="3"
    pUnitPrice="5.50"
    pAmtActual="17.50"
    pAmtClaimed="17.50"
    pIsCompensable="T"/>
<XLSO
    pDiagnosticType="IMAGING"
    pDiagnosticName="ULTRASOUND"
    pQuantity="2"
    pUnitPrice="200.00"
    pAmtActual="400.00"
    pAmtClaimed="200.00"
    pIsCompensable="T"/>
<XLSO
    pDiagnosticType="IMAGING"
    pDiagnosticName="ULTRASOUND"
    pQuantity="2"
    pUnitPrice="200.00"
    pAmtActual="400.00"
    pAmtClaimed="200.00"
    pIsCompensable="T"/>
</PARTICULARS>
<PROFESSIONALFEES>
    <DAILYVISITS>
        <PHYSICIAN
            pDoctorAccreCode="1234-3265954-1"
            pIsSpecialist="F"
            pDoctorTIN="123-456-789"
            pDoctorLastName="TEST"
            pDoctorFirstName="TEST"
            pDoctorMiddleName=""
            pDoctorSuffix=""
            pAmtActual="3000.00"
            pAmtClaimed="1000.00"
            pAmtPaidByMember="2000.00"
            pDoctorClaimantType="D"
            pVisitDays="3">
                <VISIT pVisitDate="08-25-2009"/>
                <VISIT pVisitDate="08-26-2009"/>
                <VISIT pVisitDate="08-27-2009"/>
            </PHYSICIAN>
        <PHYSICIAN
            pDoctorAccreCode="1234-3265954-1"
            pIsSpecialist="F"
            pDoctorTIN="123-456-789"
            pDoctorLastName="VISITING DOCTORS LASTNAME"
            pDoctorFirstName="VISITING DOCTORS FIRSTNAME"
            pDoctorMiddleName="VISITING DOCTORS MIDDLENAME"
            pDoctorSuffix=""
            pAmtActual="3000.00"
            pAmtClaimed="1000.00"
            pAmtPaidByMember="2000.00"
            pDoctorClaimantType="D"
            pVisitDays="1">
                <VISIT pVisitDate="08-25-2009"/>
            </PHYSICIAN>
    </DAILYVISITS>
</SURGERIES>
    <SURGICALPROCEDURE
        pRVSCode="90935"
        pRVU="10"
        pOperationDate="08-25-2009">
        <SURGEON
            pDoctorAccreCode="1234-3265954-1"
            pDoctorTIN="123-456-789"
            pDoctorLastName="SURGEON LASTNAME"
            pDoctorFirstName="SURGEON FIRSTNAME"
            pDoctorMiddleName="SURGEON MIDDLENAME"

```

```

        pDoctorSuffix="JR"
        pAmtActual="1000.00"
        pAmtClaimed="1000.00"
        pAmtPaidByMember="0.00"
        pDoctorClaimantType="D"/>
    <ANESTHESIOLOGIST
        pDoctorAccreCode="1234-3265954-1"
        pDoctorTIN="123-456-789"
        pDoctorLastName="ANES LASTNAME"
        pDoctorFirstName="ANES FIRSTNAME"
        pDoctorMiddleName="ANES MIDDLENAME"
        pDoctorSuffix="SR"
        pAmtActual="1000.00"
        pAmtClaimed="1000.00"
        pAmtPaidByMember="0.00"
        pDoctorClaimantType="D"/>
    </SURGICALPROCEDURE>
</SURGERIES>
</PROFESSIONALFEES>
<DOCUMENTS>
    <DOCUMENT
        pDocumentType="CF3"
        pDocumentURL="https://hospitalwebserver/eclaims/claimnumber/yyyymdd000001.pdf"/>
    <DOCUMENT
        pDocumentType="OPR"
        pDocumentURL="https://hospitalwebserver/eclaims/claimnumber/yyyymdd000002.pdf"/>
    <DOCUMENT
        pDocumentType="SOA"
        pDocumentURL="https://hospitalwebserver/eclaims/claimnumber/yyyymdd000003.pdf"/>
</DOCUMENTS>
</CLAIM>
</eTRANSMITTAL>
</eCLAIMS>

```

NOTE: <!-- and --> in the sample xml above are used to treat the block as commented out. To explain further when the value for pPhilHealthClaimType="CASE-RATE", the element tags for "PACKAGE" (<PACKAGE>), "FEE-FOR-SERVICE" (<FEEFORSERVICE>), and "CASE-MIX" (<CASEMIX>) must be omitted.

Module 2: DOCUMENT TYPE DEFINITION

[Ctrl+Click me for a sample case rate eClaims V3.0.xml](#)

[Ctrl+Click me for a sample zbenefit eClaims File](#) or see **Annex A** for sample copy.

Document Type Definition url – <http://cdp.philhealth.gov.ph/dtd/eClaimsDef.dtd>

Element Hierarchy – Defines the structure of the xml file, Elements/Tags are those entries in the xml that is enclosed in “<” and “>”, these tags should always be terminated either with “/>” or “</elementname>”. To explain further: the element eCLAIMS is started as <eCLAIMS > and ended with </eCLAIMS>. Another example is the element which is started as <DOCUMENT and ended with />. Please refer to the matrix below for hierarchy of the elements.

Element/Tag	Definition	Appearance
eCLAIMS	Root Element	only once
eTRANSMITTAL	Transmittal Header	only once
CLAIM	Patient Claim Data	1 or more
ICDCODES	ICD Data	only once
ADDITIONAL	Additional ICDs	0 or more
FEEFORSERVICE	Hospital Charges	only once
ROOMANDBOARD	Room/Board Charge	0 or 1
DRUGSMEDS	Drug/Med Charge	0 or 1
XRAYLABOTHERS	Diagnostic Charge	0 or 1
OPERATINGROOM	Operating Room Charge	0 or 1
ORFEE	OR Details	1 or more
PACKAGE	Package Charges	only once
PCKGDETAILS	Package Details	0 or 1
MATERNITY	Maternity Details	only once
TBDOTS	TB Dots Details	only once
CASEMIX	Casemix Charges	only once
CASERATE	CaseRate Charges	only once
ZBENEFIT	Z Benefit Charges	only once
OBSERVATION	Observations	1 or more
CODE	Coding system	only once
VALUE	observation Values	only once
PARTICULARS	Drugs/Diagnostic Data	only once
DRGMED	Drug particulars	0 or more
XLSO	XRay, Lab, Supplies, etc..	0 or more
PROFESSIONALFEES	Doctor Charges	0 or 1
DAILYVISITS	Visits	0 or 1
PHYSICIAN	Physician details	1 or more
VISIT	Visit dates	1 or more
SURGERIES	Surgeries performed	0 or 1
SURGICALPROCEDURE	Procedure Details	1 or more
SURGEON	Surgeon Details	1 or more
ANESTHESIOLOGIST	Anesthesiologist Details	0 or more
DOCUMENTS	Supporting Documents	only once
DOCUMENT	Document Details	1 or more

After understanding the above, you can now proceed with creating your prototype system to generate an eclaims xml file. There are several ways to check if the xml file you have created is compliant with the eclaims dtd.

Module 2 :CHECKING XML CONFORMITY

I. Validating an xml file against a Document Type Definition (DTD) using the Internet Explorer

Things you need

- DTD location: <http://cdp.philhealth.gov.ph/dtd/eClaimsDef.dtd>
- XML file: to be provided by hospital
- Free Online XML-DTD Validator Site: http://www.w3schools.com/XML/xml_validator.asp
- Browser: Internet Explorer

Steps:

1. Only Internet Explorer will actually check your XML against the DTD. Firefox, Mozilla, Netscape, and Opera will not.
2. Navigate to the http://www.w3schools.com/XML/xml_validator.asp
3. Find the “**Validate Your XML Against a DTD**” portion. Paste the following in the window provided to define the location of the dtd.

```
<?xml version="1.0"?>
<!DOCTYPE eCLAIMS PUBLIC "-//PHIC-ITMD//DTD eClaims File 1.0//EN" "http://cdp.philhealth.gov.ph/dtd/eClaimsDef.dtd" >
```

4. Append your eClaims xml there after.
5. Click validate button. [This will check if the xml file you created conforms to the document type definition we have created.](#)
6. This will validate conformity to the DTD, however upon load to PHIC additional check will be made like existence checks, valid parameter values etc.... a prototype web page is already available now for loading of eClaims XML file. The same functionality is made available as a webservice for loading the xml files.

II. Accessing the eClaims Test Portal – To facilitate checking of the DTD, PhilHealth provided a webpage which will check the xml file by uploading it to the test servers. This portal accesses also the eClaims Phase II methods.

Things you need

- Digital Certificates
 - publicrootca.cer – this is the PhilHealth server certificate
 - hospitalcertificate.pfx (file name may vary) – this is the hospital client certificate (right now temporarily issued by PhilHealth ITMD)
- XML file: to be provided by hospital
- Browser: Internet Explorer

Steps:

1. Install the certificates in the browser. ([refer to install certificates in browser](#)), (see **Annex D**)
2. Navigate to <https://cws.philhealth.gov.ph/eclaims> and supply credentials. (username and password is blank for now).
3. Browse for the xml file and click Submit.
4. If the file is ok, a message with transmittal number information will be displayed otherwise a message displaying the first deficiency of the xml file.

Inspecting the message displayed could prove to be very helpful in identifying the problems of your xml file. After successfully compliance to the PhilHealth eclaims xml standard proceed to call the web service method for uploading claims.

Module 2: XML FILE TRANSMISSION

Web Service Method

eClaimsUpload(pUserName, pUserPassword, pHospitalCode, pXML)

This can be used by the hospitals to make their application upload the eClaims file to PhilHealth. This method also checks for DTD compliance and validate the values of the xml attributes if they are valid.

Unsuccessful upload, the method will return:

```
<eRECEIPT
  pUserName="XXXXXX"
  pUserPassword="xxx123"
  pHospitalCode="123456"
  pHospitalTransmittalNo="001"
  pTotalClaims="1"
  pTransmissionControlNumber=""
  pTransmissionDate="08-26-2009"
  pTransmissionTime="00:00:00AM" >
  <REMARKS pErrCode="T01" pErrDescription="Invalid parameter value: pAmtActual" />
  <REMARKS pErrCode="T02" pErrDescription="Invalid parameter value: pOperationDate" />
</eRECEIPT>
```

Successful upload, the method will return:

```
<eRECEIPT
  pUserName="XXXXXX"
  pUserPassword="xxx123"
  pHospitalCode="123456"
  pHospitalTransmittalNo="001"
  pTotalClaims="1"
  pTransmissionControlNumber="1234-5601-1234-1253"
  pTransmissionDate="08-26-2009"
  pTransmissionTime="00:00:00AM"
  pReceiptTicketNumber="1234-5601-1234">
</eRECEIPT>
```

The values for the pReceiptTicketNumber should be saved. This will be used later to retrieve the mapping of the hospital claim id against the PhilHealth claim series number.

The transmission date will be the official date received for the uploaded claims upon which the Turn Around Time (TAT) will be measured.

Module 2: HOSPITAL AND PHILHEALTH CLAIMS MAPPING

To facilitate claims reconciliation and verification, hospital and PhilHealth must have a common reference when pertaining to the same case/claim. The PhilHealth claim series number will be used for this purpose. This is generated everytime a receipt ticket number is generated when calling the eClaimsUpload method.

Web Service Method

GetUploadedClaimsMap (pUserName, pUserPassword, pHospitalCode, pReceiptTicketNumber)

```
<eCONFIRMATION
  pReceiptTicketNumber="071311000005"
  pHospitalCode="300832"
  pHospitalTransmittalNo="3008321107000008"
  pTotalClaims="1"
  pReceivedDate="09-13-2009">
  <MAPPING
    pClaimNumber="09-08-01-006"
    pPatientLastName="DELA CRUZ"
    pPatientFirstName="MARIA"
    pPatientMiddleName="C"
    pPatientSuffix=""
    pAdmissionDate="08-25-2009"
    pDischargeDate="08-25-2009"
    pClaimSeriesLhio="090801990000199" />
</eCONFIRMATION>
```

Each hospital claim number (pClaimNumber) has a corresponding PhilHealth claim series number (pClaimSeriesLhio). This should be saved to a database which will be used when verifying claims status and for purposes of claims reconciliation.

MODULE 3: CLAIM STATUS VERIFICATION

Electronic Claims Verification/Reconciliation (Version 1.0)

This module will facilitate claims status inquiry on the side of the hospital and provide an online means of claims reconciliation between hospital and Philhealth.

FIELD/ATTRIBUTE/PARAMETER DEFINITION

pClaimSeriesLhio	String(15)	Philhealth Generated and Assigned Unique Number per Claim, Acquired in module 2, which is mapped to a specific hospital claim number.	Will be used in verifying status/payment details for a specific hospital case.
pClaimSeriesLhios		Comma-separated values of one or more pClaimSeriesLhio	e.g. 121234567890119, 129876543211119, 120000000002119
pPIN	String(12)	PhilHealth Identification Number – a unique 12 digit number assigned to a member.	
pStatus	String(50)	Describes the status of a claim	<ul style="list-style-type: none"> • ‘WITH CHEQUE’ • ‘WITH VOUCHER’ • ‘VOUCHERING’ • ‘IN PROCESS’ • ‘RETURN’ • ‘DENIED’
pAsOf	String(10)	Date of Inquiry	Date Format: ‘MM-DD-YYYY’
pAsOfTime	String(10)	Time of Inquiry	TIME Format: ‘HH:MM:SSAM/PM’
pPatientLastName	String(60)	Patient’s Complete Surname	
pPatientFirstName	String(60)	Patient’s Complete First name	
pPatientMiddleName	String(60)	Patient’s Complete Middle name	
pPatientSuffix	String(5)	Patient’s Suffix name	
pAdmissionDate	String(10)	Admission Date	Date Format: ‘MM-DD-YYYY’
pDischargeDate	String(10)	Discharge Date	Date Format: ‘MM-DD-YYYY’
pDateReceived	String(10)	Date of Claim was received in Philhealth/ same as the date the claim was electronically submitted using Module 2, When Claim was return/ this would be the date of Refiling/ electronically sending the additional documents	Date Format: ‘MM-DD-YYYY’
pDateRefile	String(10)	Just in case the Claim was return/ this would be the date of Refiling. Synonymous to the date of electronically sending the additional requested documents.	Date Format: ‘MM-DD-YYYY’
pDeficiency	String(100)	Describes the reason why the status of the claims is RETURN.	
pRequirement	String(100)	For pStatus=‘RETURN’, this is the needed documents that has to be complied with in order to facilitate/continue the claims process.	
pReason	String(100)	Describes the reason why the status of the claims is DENIED.	
pProcessStage	String(100)	Describes the process stage.	
pProcessDate	String(10)	Date of process	Date Format: ‘MM-DD-YYYY’
pVoucherNo	String(5)		Formatted as: ‘###-#####-##X##’ X can be: <ul style="list-style-type: none"> • ‘I’ • ‘S’ • ‘G’ • ‘W’
pVoucherDate	String(10)	Date voucher was generated	Date Format: ‘MM-DD-YYYY’
pCheckNo	String(10)	Check Number of reimbursement	If value=‘AC’ this is autocredit for doctors otherwise it is the check number
pCheckDate	String(10)	Date when check was generated	Date Format should be : ‘MM-DD-YYYY’
pCheckAmount	String(12)	Amount reflected in Cheque, Note: Amount in Cheque is the sum of all claims included in a voucher.	Formatted as: ‘#####.##’
pClaimAmount	String(12)	Amount claimed	Formatted as: ‘#####.##’
pClaimPayeeName	String(100)	Name of payee reflected in Cheque	Alpha-numeric
pTotalClaimAmount Paid	String(12)	Sum of all payment for a particular claim	Formatted as: ‘#####.##’
pPayeeCode	String(14)	Payee Code	If pPayeeType=‘H’ this is the Hospital accreditation code,

			if pPayeeType='D' this is the Doctor accreditation code, if pPayeeType='M' this is the Member PIN code, if pPayeeType='C' this is the Hospital accreditation code.
pPayeeType	String(1)	Type of Payee	<ul style="list-style-type: none"> • 'H' – Hospital • 'D' – Doctor • 'M' – Member • 'C' – Chief of Hospital
pTaxAmount	String(12)	Payee Tax Amount	Formatted as: '#####.###'
pGrossAmount	String(12)	Payee Gross Amount	Formatted as: '#####.###'
pRMBD	String(10)	Room and Board	Formatted as: '#####.###'
pDRUGS	String(10)	Drugs and medicines	Formatted as: '#####.###'
pXRAY	String(10)	X-ray, Laboratories and othera	Formatted as: '#####.###'
pOPRM	String(10)	Operating Room fee	Formatted as: '#####.###'
pGPFee	String(10)	General Practitioner	Formatted as: '#####.###'
pSPFee	String(10)	Specialist	Formatted as: '#####.###'
pSURFee	String(10)	Surgeon	Formatted as: '#####.###'
pANESFee	String(10)	Anesthesiologist	Formatted as: '#####.###'
pNetAmount	String(10)	Net Amount (Gross less tax)	Formatted as: '#####.###'
pIsAdjustment	String(3)	Flag if claim is an adjustment	<ul style="list-style-type: none"> • 'T' – True • 'F' – False
pIsAutoCredit	String(3)	Flag if payee was paid through auto credit payment scheme	<ul style="list-style-type: none"> • 'T' – True • 'F' – False

Module 3: GETTING THE CURRENT STATUS OF A CLAIM

eClaimsStatus Document Type Definition Version 1.0

```
-->
<!ELEMENT STATUS (CLAIM+)>
<!ATTLIST STATUS
  pAsOf CDATA #REQUIRED
  pAsOfTime CDATA #REQUIRED >

<!ELEMENT CLAIM (TRAIL|RETURN|DENIED|PAYMENT) >
<!ATTLIST CLAIM
  pClaimSeriesLhio CDATA #REQUIRED
  pPin CDATA #REQUIRED
  pPatientLastName CDATA #REQUIRED
  pPatientFirstName CDATA #REQUIRED
  pPatientMiddleName CDATA #REQUIRED
  pPatientSuffix CDATA #REQUIRED
  pAdmissionDate CDATA #REQUIRED
  pDischargeDate CDATA #REQUIRED
  pClaimDateReceived CDATA #REQUIRED
  pClaimDateRefile CDATA #REQUIRED
  pStatus CDATA #REQUIRED >

<!ELEMENT TRAIL (PROCESS+)>
<!ELEMENT PROCESS EMPTY>
<!ATTLIST PROCESS
  pProcessStage CDATA #REQUIRED
  pProcessDate CDATA #REQUIRED >

<!ELEMENT RETURN (DEFECTS+)>

<!ELEMENT DEFECTS (REQUIREMENT+)>
<!ATTLIST DEFECTS
  pDeficiency CDATA #REQUIRED >

<!ELEMENT REQUIREMENT EMPTY>
<!ATTLIST REQUIREMENT
  pRequirement CDATA #REQUIRED >

<!ELEMENT DENIED (REASON+)>

<!ELEMENT REASON EMPTY>
<!ATTLIST REASON
  pReason CDATA #REQUIRED >

<!ELEMENT PAYMENT (PAYEE+)>
<!ATTLIST PAYMENT
  pTotalClaimAmountPaid CDATA #REQUIRED >
<!ELEMENT PAYEE EMPTY>
<!ATTLIST PAYEE
  pVoucherNo CDATA #REQUIRED
  pVoucherDate CDATA #REQUIRED
  pCheckNo CDATA #REQUIRED
  pCheckDate CDATA #REQUIRED
  pCheckAmount CDATA #REQUIRED
  pClaimAmount CDATA #REQUIRED
  pClaimPayeeName CDATA #REQUIRED >
```

Module 3: GET CLAIM STATUS Web Service Method

The following method will facilitate this functionality. The pSeriesLhioNos can contain multiple claims by separating each parameter by comma (CSV, comma-separated value).

GetClaimStatus(pUserName, pUserPassword, pHospitalCode, pSeriesLhioNos)

The method will return the status of a claim, formatted in xml based on the eClaimStatusDef.dtd, sample is shown below

```
<STATUS
  pAsOf="07-25-2012"
  pAsOfTime="04:46:23PM">
  <CLAIM
    pClaimSeriesLhio="120723190000119"
    pPin="190892937994"
    pPatientLastName="ALARCON"
    pPatientFirstName="MAMERTO"
    pPatientMiddleName="TRIA"
    pPatientSuffix=""
    pAdmissionDate="05-02-2012"
    pDischargeDate="05-06-2012"
    pClaimDateReceived="05-15-2012"
    pClaimDateRefile=""
    pStatus="IN PROCESS"
  <!-- pStatus="IN PROCESS"-->
    <TRAIL>
      <PROCESS pProcessStage="VALIDATION" pProcessDate="07-25-2012"/>
      <PROCESS pProcessStage="EDITING" pProcessDate="07-25-2012"/>
      <PROCESS pProcessStage="VALIDATION" pProcessDate="07-23-2012"/>
      <PROCESS pProcessStage="EDITING (RECEIVING)" pProcessDate="07-23-2012"/>
      <PROCESS pProcessStage="ENCODING" pProcessDate="07-23-2012"/>
      <PROCESS pProcessStage="RECEIVING" pProcessDate="07-23-2012"/>
    </TRAIL>
  <!-- pStatus="RETURN"-->
    <!--
    <RETURN>
      <DEFECTS pDeficiency="">
        <REQUIREMENT pRequirement=""/>
        <REQUIREMENT pRequirement=""/>
      </DEFECTS>
    </RETURN>
    -->
  <!-- pStatus="DENIED"-->
    <!--
    <DENIED>
      <REASON pReason=""/>
    </DENIED>
    -->
  <!-- pStatus="WITH CHEQUE" or "WITH VOUCHER" or "VOUCHERING"-->
    <!--
    <PAYMENT>
      PTotalClaimAmountPaid="1000.00"
      <PAYEE
        pVoucherNo=""
        pVoucherDate=""
        pCheckNo=""
        pCheckDate=""
        pCheckAmount=""
        pClaimAmount="600.00"
        pClaimPayeeName=""/>
      <PAYEE
        pVoucherNo=""
        pVoucherDate=""
        pCheckNo=""
        pCheckDate=""
        pCheckAmount=""
        pClaimAmount="400.00"
        pClaimPayeeName=""/>
      </PAYMENT>
    -->
  </CLAIM>
</STATUS>
```

[Click me for a blank xml sample](#)

Module 3: GETTING THE VOUCHER DETAILS

eClaims Voucher Document Type Definition Version 1.0

```
-->  
<!ELEMENT VOUCHER (CLAIM+, SUMMARY)>  
<!ATTLIST VOUCHER  
pVoucherNo CDATA #REQUIRED  
pVoucherDate CDATA #REQUIRED>
```

```
<!ELEMENT CLAIM (CHARGE+) >  
<!ATTLIST CLAIM  
pClaimSeriesLhio CDATA #REQUIRED  
pPin CDATA #REQUIRED  
pPatientLastName CDATA #REQUIRED  
pPatientFirstName CDATA #REQUIRED  
pPatientMiddleName CDATA #REQUIRED  
pPatientSuffix CDATA #REQUIRED  
pAdmissionDate CDATA #REQUIRED  
pDischargeDate CDATA #REQUIRED  
pClaimDateReceived CDATA #REQUIRED  
pClaimDateRefile CDATA #REQUIRED  
pIsAdjustment CDATA #REQUIRED >
```

```
<!ELEMENT CHARGE EMPTY>  
<!ATTLIST CHARGE  
pPayeeType CDATA #REQUIRED  
pPayeeCode CDATA #REQUIRED  
pPayeeName CDATA #REQUIRED  
pRMBD CDATA #REQUIRED  
pDRUGS CDATA #REQUIRED  
pXRAY CDATA #REQUIRED  
pOPRM CDATA #REQUIRED  
pSPFee CDATA #REQUIRED  
pGPFee CDATA #REQUIRED  
pSURFee CDATA #REQUIRED  
pANESFee CDATA #REQUIRED  
pGrossAmount CDATA #REQUIRED  
pTaxAmount CDATA #REQUIRED  
pNetAmount CDATA #REQUIRED >
```

```
<!ELEMENT SUMMARY (PAYEE+)>  
<!ATTLIST SUMMARY  
pTotalAmount CDATA #REQUIRED  
pNumberOfClaims CDATA #REQUIRED >  
<!ELEMENT PAYEE EMPTY>  
<!ATTLIST PAYEE  
pPayeeType CDATA #REQUIRED  
pPayeeCode CDATA #REQUIRED  
pPayeeName CDATA #REQUIRED  
pRMBD CDATA #REQUIRED  
pDRUGS CDATA #REQUIRED  
pXRAY CDATA #REQUIRED  
pOPRM CDATA #REQUIRED  
pSPFee CDATA #REQUIRED  
pGPFee CDATA #REQUIRED  
pSURFee CDATA #REQUIRED  
pANESFee CDATA #REQUIRED  
pGrossAmount CDATA #REQUIRED  
pTaxAmount CDATA #REQUIRED  
pNetAmount CDATA #REQUIRED  
pCheckNo CDATA #REQUIRED  
pCheckDate CDATA #REQUIRED  
pIsAutoCredit CDATA #REQUIRED >
```

Module 3: GET VOUCHER DETAILS Web Service Method

To facilitate reconciliation between paid claims. The following method will return the payment details. The input parameter here is the voucher number. Take note that there could be more than one claim in a voucher.

GetVoucherDetails(pUserName, pUserPassword, pHospitalCode, pVoucherNo)

After payment is made an electronic copy of the voucher will be sent to the hospital. This can be used by the hospital to reconcile with their records. The following is a sample:

```
<VOUCHER
  pVoucherNo="201-062001-06I03"
  pVoucherDate="06-14-2006">
  <CLAIM
    pClaimSeriesLhio="060516030019903"
    pPin="192003610605"
    pPatientLastName="AL0XXX"
    pPatientFirstName="BERN0XXX"
    pPatientMiddleName="B"
    pPatientSuffix=""
    pAdmissionDate="04-18-2006"
    pDischargeDate="04-20-2006"
    pClaimDateReceived="05-12-2006"
    pClaimDateRefile=""
    pIsAdjustment="F">
    <CHARGE
      pPayeeType="C"
      pPayeeCode="2XX25"
      pPayeeName="DR. DJXXXXX XXX X. SXXX"
      pRMBD="0.00"
      pDRUGS="0.00"
      pXRAY="0.00"
      pOPRM="0.00"
      pSPFee="0.00"
      pGPFee="0.00"
      pSURFee="4000.00"
      pANESFee="0.00"
      pGrossAmount="4000.00"
      pTaxAmount="0.00"
      pNetAmount="4000.00"/>
    <CHARGE
      pPayeeType="C"
      pPayeeCode="3XX25"
      pPayeeName="DR. IXX OLXXXX A. CANXXXX"
      pRMBD="0.00"
      pDRUGS="0.00"
      pXRAY="0.00"
      pOPRM="0.00"
      pSPFee="0.00"
      pGPFee="0.00"
      pSURFee="0.00"
      pANESFee="1200.00"
      pGrossAmount="1200.00"
      pTaxAmount="0.00"
      pNetAmount="1200.00"/>
    <CHARGE
      pPayeeType="H"
      pPayeeCode="30XX04"
      pPayeeName="XXXX CITY XXXXXX HOSPITAL"
      pRMBD="800.00"
      pDRUGS="507.50"
      pXRAY="994.40"
      pOPRM="3490.00"
      pSPFee="0.00"
      pGPFee="0.00"
      pSURFee="0.00"
      pANESFee="0.00"
      pGrossAmount="5791.90"
      pTaxAmount="0.00"
      pNetAmount="5791.90"/>
    <CHARGE
      pPayeeType="M"
      pPayeeCode="P192003617072"
      pPayeeName="AL0XXX , BERN0XXX X"
      pRMBD="0.00"
```

```

        pDRUGS="2544.00"
        pXRAY="141.00"
        pOPRM="0.00"
        pSPFee="0.00"
        pGPFee="0.00"
        pSURFee="0.00"
        pANESFee="0.00"
        pGrossAmount="2685.00"
        pTaxAmount="0.00"
        pNetAmount="2685.00"/>
</CLAIM>
<CLAIM
  pClaimSeriesLhio="060516030031234"
  pPin="192005981034"
  pPatientLastName="ANDXXX"
  pPatientFirstName="CONCHXXX"
  pPatientMiddleName="XXXX"
  pPatientSuffix=""
  pAdmissionDate="04-21-2006"
  pDischargeDate="04-27-2006"
  pClaimDateReceived="05-12-2006"
  pClaimDateRefile=""
  pIsAdjustment="F">
  <CHARGE
    pPayeeType="C"
    pPayeeCode="27XX2"
    pPayeeName="DR. VIRXXX XX. X. DXXXO"
    pRMBD="0.00"
    pDRUGS="0.00"
    pXRAY="0.00"
    pOPRM="0.00"
    pSPFee="0.00"
    pGPFee="600.00"
    pSURFee="0.00"
    pANESFee="0.00"
    pGrossAmount="600.00"
    pTaxAmount="0.00"
    pNetAmount="600.00"/>
  <CHARGE
    pPayeeType="H"
    pPayeeCode="3XXX04"
    pPayeeName="XXXX CITY XXXXX HOSPITAL"
    pRMBD="2400.00"
    pDRUGS="240.00"
    pXRAY="671.25"
    pOPRM="0.00"
    pSPFee="0.00"
    pGPFee="0.00"
    pSURFee="0.00"
    pANESFee="0.00"
    pGrossAmount="3311.25"
    pTaxAmount="0.00"
    pNetAmount="3311.25"/>
  <CHARGE
    pPayeeType="M"
    pPayeeCode="P19200XX31034"
    pPayeeName="ANDXXX , CONCHXXX X"
    pRMBD="0.00"
    pDRUGS="1157.50"
    pXRAY="863.00"
    pOPRM="0.00"
    pSPFee="0.00"
    pGPFee="0.00"
    pSURFee="0.00"
    pANESFee="0.00"
    pGrossAmount="2020.50"
    pTaxAmount="0.00"
    pNetAmount="2020.50"/>
</CLAIM>
<SUMMARY
  pTotalAmount="19608.65"
  pNumberOfClaims="2">
  <PAYEE
    pPayeeType="C"
    pPayeeCode="30XX04"
    pPayeeName="HC- XXXX CITY XXXXX HOSPITAL "
    pRMBD="0.00"
    pDRUGS="0.00"
    pXRAY="0.00"
    pOPRM="0.00"
    pSPFee="0.00"

```

```

pGPFee="600.00"
pSURFee="4000.00"
pANESFee="1200.00"
pGrossAmount="5800.00"
pTaxAmount="0.00"
pNetAmount="5800.00"
pCheckNo="0000XXX429"
pCheckDate="06-19-2006"/>
<PAYEE
  pPayeeType="H"
  pPayeeCode="30XX04"
  pPayeeName="XXXX CITY XXXXX HOSPITAL"
  pRMBD="3200.00"
  pDRUGS="747.50"
  pXRAY="1665.65"
  pOPRM="3490.00"
  pSPFee="0.00"
  pGPFee="0.00"
  pSURFee="0.00"
  pANESFee="0.00"
  pGrossAmount="9103.15"
  pTaxAmount="0.00"
  pNetAmount="9103.15"
  pCheckNo="0000XXX430"
  pCheckDate="06-19-2006"/>
<PAYEE
  pPayeeType="M"
  pPayeeCode="P1920XX987072"
  pPayeeName="AL0XXX , BERNXXXX X"
  pRMBD="0.00"
  pDRUGS="2544.00"
  pXRAY="141.00"
  pOPRM="0.00"
  pSPFee="0.00"
  pGPFee="0.00"
  pSURFee="0.00"
  pANESFee="0.00"
  pGrossAmount="2685.00"
  pTaxAmount="0.00"
  pNetAmount="2685.00"
  pCheckNo="0000XXX431"
  pCheckDate="06-19-2006"/>
<PAYEE
  pPayeeType="M"
  pPayeeCode="P1920XX731034"
  pPayeeName="ANXXXX , CONXXXXX X"
  pRMBD="0.00"
  pDRUGS="1157.50"
  pXRAY="863.00"
  pOPRM="0.00"
  pSPFee="0.00"
  pGPFee="0.00"
  pSURFee="0.00"
  pANESFee="0.00"
  pGrossAmount="2020.50"
  pTaxAmount="0.00"
  pNetAmount="2020.50"
  pCheckNo="0000XXX432"
  pCheckDate="06-19-2006"/>
</SUMMARY>
</VOUCHER>

```

[Click me for an xml sample with values](#)

This data can then be saved and match against hospital records facilitating reconciliation.

4. CONFIDENTIALITY

Given the nature PhilHealth mandate, it is vital that we maintain the confidentiality of patient information. PhilHealth is committed in ensuring utmost confidentiality of health records and related information of all patient because the right to privacy is personal and fundamental; likewise it is the responsibility of PhilHealth to safeguard all confidential information.

Confidential Information

Confidential information includes, but is not limited to, protected health information, personal financial information, patients records, or information gained from committee meetings, hospital or facility visits during accreditation and investigation, inquiries from members, patients or other PhilHealth employees. Example include: data contained on claim forms, past and current medical and psychiatric record member employment data, patient insurance and billing of records, computerized patient data, visual observation of patients/members or any verbal information provided by or about a patient. These information may be contained via any communication medium, including verbal, written or electronic.¹

Protection Policies and Procedures

All information that can be used to identify a Patient or a commercial entity in a commercially sensitive context is considered Confidential Health Information (CHI).

It is required that all partners develop, institute, educate staff and periodically update standard operating policies and procedures that protect CHI. The policies and procedures must be available for inspection and their use must be demonstrate upon request. PhilHealth will make available default policies and procedures.

Necessary and authorized access. Each party is required to ensure that only minimum necessary personnel have access to CHI. Additionally, each party must have appropriate means to secure CHI and its use within its operations including when exchanging CHI with other partners. Each party must provide a means to authenticate authorized users.

Unauthorized access. Every party should keep CHI from unauthorized access. PhilHealth must be notified, however, as soon as unauthorized access is detected. This notice must include what was disclosed, how it was obtained (means and methods), who gained unauthorized access if known, if the data has been subsequently unlawfully disclosed and the risk mitigation plan the party is now pursuing to prevent any further unauthorized access. Confidentiality breaches can occur from external and internal sources. Each party must have a published sanction policy and ensure that is effectively communicated to staff periodically. For external breaches appropriate law enforcement officials will be involved in the investigation and prosecution as necessary.

Storage of CHI. Each party is required to develop, maintain and implement policies and procedures for protecting CHI stored electronically or via paper. This is especially true for off-site storage in the case of paper records and back-ups, archives and live storage of electronic records. The storage policies and procedures apply irrespective of the purpose of storage, for instance whether the CHI is stored on a CD for archiving or transmission purposes.

¹ PhilHealth Office Order 0050, s.,2011

Transmission of CHI. Each party must protect CHI during the full life cycle of transformations, whether electronic or not. This includes preparation of data transmission, transmitting data, and receiving transmitted data. For the electronic transmission of CHI

- If the public internet is used for electronic data exchange, policies and procedures should cover the secure transmission of data, which includes encryption of data.
- If private secure point-to-point connections are used for electronic data exchange, policies and procedures should cover their provisioning and maintenance. Data encryption is recommended even when using secure private point-to-point connections²

² www.shafafiya.org/HAAD, s2008

5. ANNEXES

ANNEX A:

SAMPLE Z-CLAIM XML

```
- <eCLAIMS pUserName="" pUserPassword="" pHospitalCode="123456" pHospitalEmail="">
- <eTRANSMITTAL pHospitalTransmittalNo="0671" pTotalClaims="1">
- <CLAIM pClaimNumber="01-31-12-671" pTrackingNumber="" pPIN="19-000092375-7" pMembershipType="G"
  pMemberBirthDate="09-19-1973" pMemberLastName="DE VERA" pMemberFirstName="NELSON"
  pMemberMiddleName="SALAZAR" pMemberSuffix="" pMailingAddress="PHILIPPINES" pZipCode="1234"
  pEmailAddress="delacruzjuan@yahoo.com.ph" pMobileNo="" pLandlineNo="" pPEN="11-047400000-2"
  pEmployerName="PHILHEALTH" pPatientIs="M" pPatientBirthDate="09-19-1973" pPatientGender="F"
  pPatientLastName="DE VERA" pPatientFirstName="NELSON" pPatientMiddleName="SALAZAR" pPatientSuffix=""
  pAdmissionDate="08-25-2009" pAdmissionTime="01:00:00PM" pDischargeDate="08-27-2009"
  pDischargeTime="03:00:00PM" pClaimedDays="3" pPatientExpired="F" pDateOfDeath=""
  pTotalAmountActual="9000.00" pTotalAmountClaimed="7000.00" pAdmissionDiagnosis="ADMISSION DIAGNOSIS"
  pFinalDiagnosis="FINAL DIAGNOSIS" pIsOPD="F" pIsEMD="F" pPhilhealthClaimType="Z-BENEFIT">
- <ICDCODES pICDCCode="O13.012" pIllnessCaseType="A">
  <ADDITIONAL pICDCCode="A90.0" />
  <ADDITIONAL pICDCCode="B90.0" />
  </ICDCODES>
- <ZBENEFIT pZBenefitCode="Z0011" pAmtActual="100000.00" pAmtClaimed="100000.00" pAmtPaidByMember="0.00">
- <OBSERVATION>
  <CODE pCode="33248-6" pCodeSystemName="LOINC" pDisplayName="Diabetes status Patient" />
  <VALUE pValue="Y" pUnit="" />
  </OBSERVATION>
- <OBSERVATION>
  <CODE pCode="33248-7" pCodeSystemName="LOINC" pDisplayName="Diabetes status Patient" />
  <VALUE pValue="1.5" pUnit="mm[Hg]" />
  </OBSERVATION>
</ZBENEFIT>
- <PARTICULARS>
  <DRGMED pDrugCode="X0001234" pPNDFCode="" pGenericName="PARACETAMOL" pBrandName="GAYAGESIC"
    pPreparation="TABLET 250MG" pQuantity="3" pUnitPrice="5.50" pAmtActual="17.50" pAmtClaimed="17.50"
    pIsCompensable="T" />
  <DRGMED pDrugCode="X0001235" pPNDFCode="" pGenericName="PARACETAMOL" pBrandName="GAYAGESIC"
    pPreparation="TABLET 250MG" pQuantity="3" pUnitPrice="5.50" pAmtActual="17.50" pAmtClaimed="17.50"
    pIsCompensable="T" />
  <XLSO pDiagnosticType="IMAGING" pDiagnosticName="XRAY" pQuantity="2" pUnitPrice="200.00" pAmtActual="400.00"
    pAmtClaimed="200.00" pIsCompensable="T" />
  <XLSO pDiagnosticType="IMAGING" pDiagnosticName="ULTRASOUND" pQuantity="2" pUnitPrice="200.00"
    pAmtActual="400.00" pAmtClaimed="200.00" pIsCompensable="T" />
  </PARTICULARS>
- <PROFESSIONALFEES>
- <DAILYVISITS>
- <PHYSICIAN pDoctorAccreCode="1234-3265954-1" pIsSpecialist="F" pDoctorTIN="123-456-789" pDoctorLastName="TEST"
  pDoctorFirstName="TEST" pDoctorMiddleName="" pDoctorSuffix="" pAmtActual="3000.00" pAmtClaimed="1000.00"
  pAmtPaidByMember="2000.00" pDoctorClaimantType="D" pVisitDays="3">
  <VISIT pVisitDate="08-25-2009" />
  <VISIT pVisitDate="08-26-2009" />
  <VISIT pVisitDate="08-27-2009" />
  </PHYSICIAN>
- <PHYSICIAN pDoctorAccreCode="1234-3265954-1" pIsSpecialist="F" pDoctorTIN="123-456-789"
  pDoctorLastName="VISITING DOCTORS LASTNAME" pDoctorFirstName="VISITING DOCTORS FIRSTNAME"
  pDoctorMiddleName="VISITING DOCTORS MIDDLENAME" pDoctorSuffix="" pAmtActual="3000.00"
  pAmtClaimed="1000.00" pAmtPaidByMember="2000.00" pDoctorClaimantType="D" pVisitDays="1">
  <VISIT pVisitDate="08-25-2009" />
  </PHYSICIAN>
</DAILYVISITS>
- <SURGERIES>
- <SURGICALPROCEDURE pRVSCode="90935" pRVU="10" pOperationDate="08-25-2009">
  <SURGEON pDoctorAccreCode="1234-3265954-1" pDoctorTIN="123-456-789" pDoctorLastName="SURGEON
  LASTNAME" pDoctorFirstName="SURGEON FIRSTNAME" pDoctorMiddleName="SURGEON MIDDLENAME"
```

```
pDoctorSuffix="JR" pAmtActual="1000.00" pAmtClaimed="1000.00" pAmtPaidByMember="0.00"
pDoctorClaimantType="D" />
<ANESTHESIOLOGIST pDoctorAccreCode="1234-3265954-1" pDoctorTIN="123-456-789" pDoctorLastName="ANES
LASTNAME" pDoctorFirstName="ANES FIRSTNAME" pDoctorMiddleName="ANES MIDDLENAME"
pDoctorSuffix="SR" pAmtActual="1000.00" pAmtClaimed="1000.00" pAmtPaidByMember="0.00"
pDoctorClaimantType="D" />
</SURGICALPROCEDURE>
</SURGERIES>
</PROFESSIONALFEES>
=<DOCUMENTS>
<DOCUMENT pDocumentType="CF3"
pDocumentURL="https://hospitalwebservice/eclaims/claimnumber/yyyymmdd000001.pdf" />
<DOCUMENT pDocumentType="OPR"
pDocumentURL="https://hospitalwebservice/eclaims/claimnumber/yyyymmdd000002.pdf" />
<DOCUMENT pDocumentType="SOA "
pDocumentURL="https://hospitalwebservice/eclaims/claimnumber/yyyymmdd000003.pdf" />
</DOCUMENTS>
</CLAIM>
</eTRANSMITTAL>
</eCLAIMS>
```

ANNEX B:

SAMPLE eClaimsVoucherDef-FormattedWithValue.xml

```

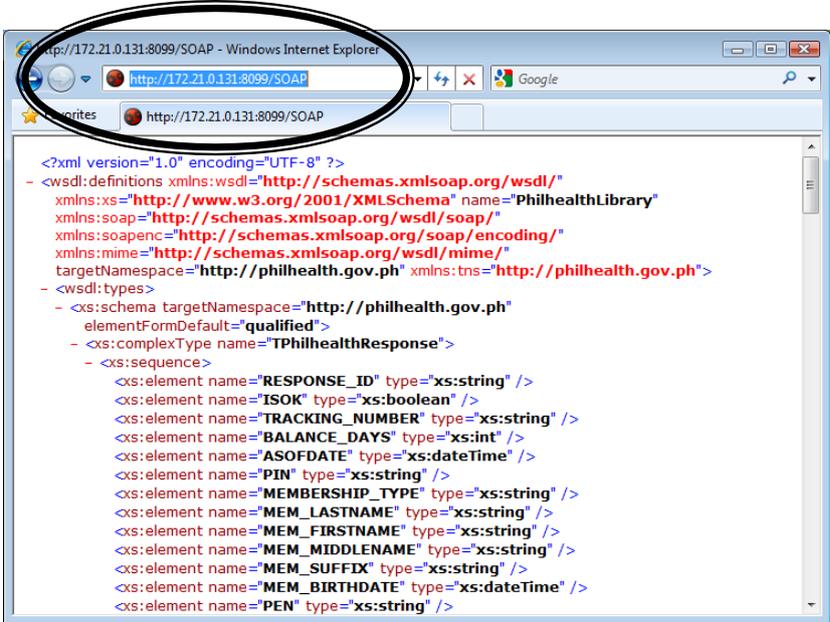
=<VOUCHER pVoucherNo="201-062001-06I03" pVoucherDate="06-14-2006">
=<CLAIM pClaimSeriesLhio="060516030019903" pPin="192003610605" pPatientLastName="ALOXXX"
  pPatientFirstName="BERNAXXX" pPatientMiddleName="B" pPatientSuffix="" pAdmissionDate="04-18-2006"
  pDischargeDate="04-20-2006" pClaimDateReceived="05-12-2006" pClaimDateRefile=""
  pIsAdjustment="F">
<CHARGE pPayeeType="C" pPayeeCode="29325" pPayeeName="DR. DJXXXXX XXX X. SXXX" pRMBD="0.00"
  pDRUGS="0.00" pXRAY="0.00" pOPRM="0.00" pSPFee="0.00" pGPFee="0.00" pSURFee="4000.00"
  pANESFee="0.00" pGrossAmount="4000.00" pTaxAmount="0.00" pNetAmount="4000.00" />
<CHARGE pPayeeType="C" pPayeeCode="30325" pPayeeName="DR. IXX OLXXXX A. CANXXXX"
  pRMBD="0.00" pDRUGS="0.00" pXRAY="0.00" pOPRM="0.00" pSPFee="0.00" pGPFee="0.00"
  pSURFee="0.00" pANESFee="1200.00" pGrossAmount="1200.00" pTaxAmount="0.00"
  pNetAmount="1200.00" />
<CHARGE pPayeeType="H" pPayeeCode="300804" pPayeeName="QUEZON CITY XXXXXX HOSPITAL"
  pRMBD="800.00" pDRUGS="507.50" pXRAY="994.40" pOPRM="3490.00" pSPFee="0.00" pGPFee="0.00"
  pSURFee="0.00" pANESFee="0.00" pGrossAmount="5791.90" pTaxAmount="0.00" pNetAmount="5791.90"
  />
<CHARGE pPayeeType="M" pPayeeCode="P192003617072" pPayeeName="ALOXXX , BERNAXXX X"
  pRMBD="0.00" pDRUGS="2544.00" pXRAY="141.00" pOPRM="0.00" pSPFee="0.00" pGPFee="0.00"
  pSURFee="0.00" pANESFee="0.00" pGrossAmount="2685.00" pTaxAmount="0.00" pNetAmount="2685.00"
  />
</CLAIM>
=<CLAIM pClaimSeriesLhio="060516030031234" pPin="192005981034" pPatientLastName="ANDXXX"
  pPatientFirstName="CONCHXXX" pPatientMiddleName="XXXX" pPatientSuffix="" pAdmissionDate="04-21-
  2006" pDischargeDate="04-27-2006" pClaimDateReceived="05-12-2006" pClaimDateRefile=""
  pIsAdjustment="F">
<CHARGE pPayeeType="C" pPayeeCode="27392" pPayeeName="DR. VIRXXX XX. X. DXXXO" pRMBD="0.00"
  pDRUGS="0.00" pXRAY="0.00" pOPRM="0.00" pSPFee="0.00" pGPFee="600.00" pSURFee="0.00"
  pANESFee="0.00" pGrossAmount="600.00" pTaxAmount="0.00" pNetAmount="600.00" />
<CHARGE pPayeeType="H" pPayeeCode="300804" pPayeeName="QUEZON CITY XXXXXX HOSPITAL"
  pRMBD="2400.00" pDRUGS="240.00" pXRAY="671.25" pOPRM="0.00" pSPFee="0.00" pGPFee="0.00"
  pSURFee="0.00" pANESFee="0.00" pGrossAmount="3311.25" pTaxAmount="0.00" pNetAmount="3311.25"
  />
<CHARGE pPayeeType="M" pPayeeCode="P192005731034" pPayeeName="ANDXXX , CONCHXXX X"
  pRMBD="0.00" pDRUGS="1157.50" pXRAY="863.00" pOPRM="0.00" pSPFee="0.00" pGPFee="0.00"
  pSURFee="0.00" pANESFee="0.00" pGrossAmount="2020.50" pTaxAmount="0.00" pNetAmount="2020.50"
  />
</CLAIM>
=<SUMMARY pTotalAmount="19608.65" pNumberOfClaims="2">
=<PAYEE pPayeeType="C" pPayeeCode="XXX" pPayeeName="XXX" pRMBD="0.00" pDRUGS="0.00"
  pXRAY="0.00" pOPRM="0.00" pSPFee="0.00" pGPFee="600.00" pSURFee="4000.00"
  pANESFee="1200.00" pGrossAmount="5800.00" pTaxAmount="0.00" pNetAmount="5800.00"
  pCheckNo="0000XXX429" pCheckDate="06-19-2006" />
<PAYEE pPayeeType="H" pPayeeCode="300804" pPayeeName="QUEZON CITY XXXXXX HOSPITAL"
  pRMBD="3200.00" pDRUGS="747.50" pXRAY="1665.65" pOPRM="3490.00" pSPFee="0.00"
  pGPFee="0.00" pSURFee="0.00" pANESFee="0.00" pGrossAmount="9103.15" pTaxAmount="0.00"
  pNetAmount="9103.15" pCheckNo="0000XXX430" pCheckDate="06-19-2006" />
<PAYEE pPayeeType="M" pPayeeCode="P192003987072" pPayeeName="ALOXXX , BERNXXXX X"
  pRMBD="0.00" pDRUGS="2544.00" pXRAY="141.00" pOPRM="0.00" pSPFee="0.00" pGPFee="0.00"
  pSURFee="0.00" pANESFee="0.00" pGrossAmount="2685.00" pTaxAmount="0.00" pNetAmount="2685.00"
  pCheckNo="0000XXX431" pCheckDate="06-19-2006" />
<PAYEE pPayeeType="M" pPayeeCode="P192005731034" pPayeeName="ANXXXX , CONXXXXX X"
  pRMBD="0.00" pDRUGS="1157.50" pXRAY="863.00" pOPRM="0.00" pSPFee="0.00" pGPFee="0.00"
  pSURFee="0.00" pANESFee="0.00" pGrossAmount="2020.50" pTaxAmount="0.00" pNetAmount="2020.50"
  pCheckNo="0000XXX432" pCheckDate="06-19-2006" />
</SUMMARY>
</VOUCHER>

```

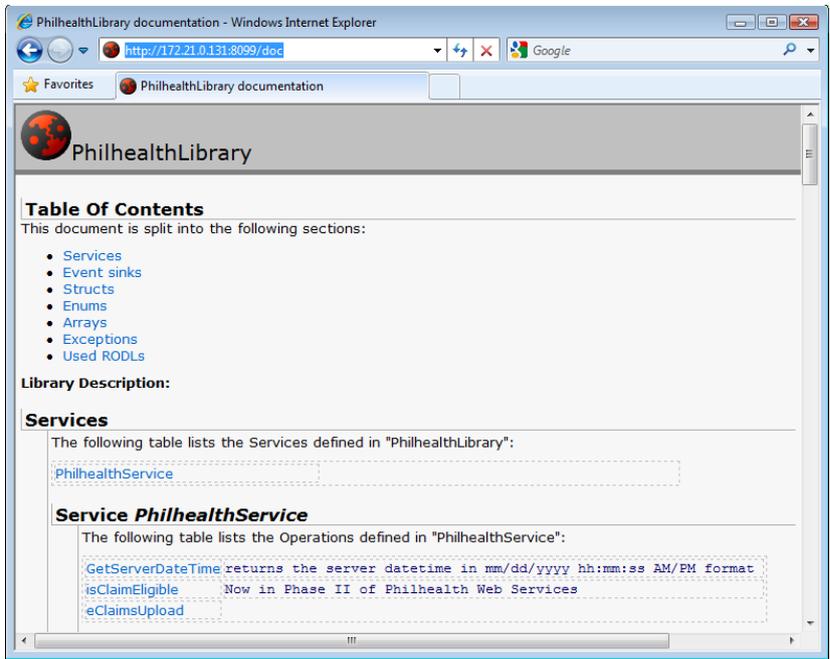
CONSUMING PHILHEALTH WEB SERVICE

VIEWING THE API SPECIFICATION OF THE WEB SERVICE

A web service was setup as a SOAP web service. The API Specification of the web service can be viewed in a browser using the URL of the WSDL (Web Service Description Language) of the web service. The screenshot below shows how the WSDL appears in Internet Explorer. This is also a way to checking whether the web service is available or not.



The documentation of the web service can also be viewed by replacing “/SOAP” with “/doc”.

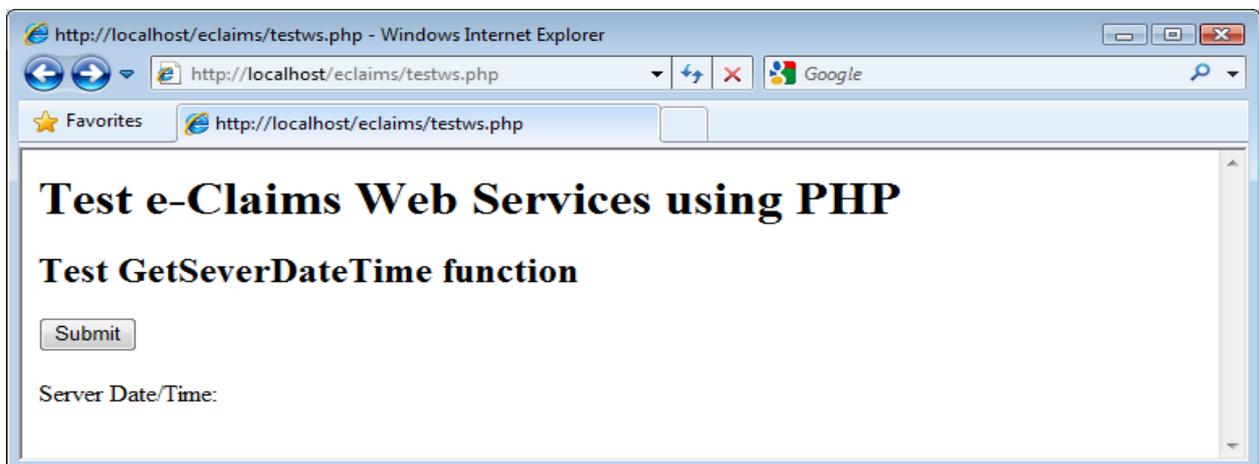


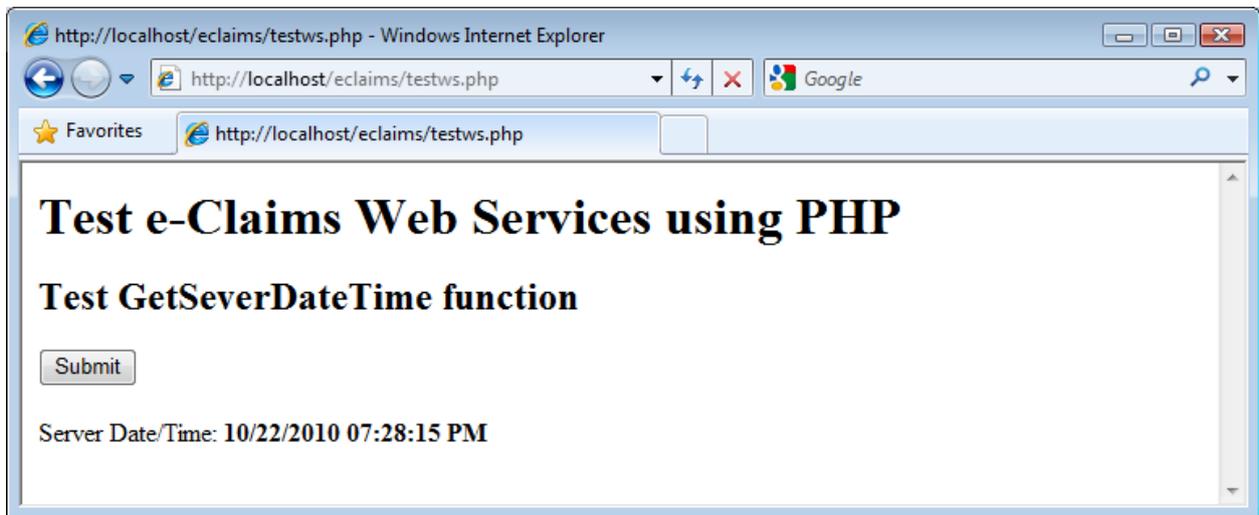
Web services are designed for the interoperability between systems, which, could be running in different platforms and could have been developed using different programming languages and tools. A web service can be consumed using different programming languages. And even with the same language, a web service can be consumed in a variety of ways. This section just illustrates how the web service can be consumed in some of the programming languages. The web service exposes a function named `GetServerDateTime` and this function will be used in the following sample codes. This function just returns as string the current date and time of the server where web service is hosted.

Consuming the Web Service in PHP using the SoapClient Extension

This section shows how the web service can be consumed in PHP using the `SoapClient` extension of PHP. The `SoapClient` extension can be enabled by including the line “`extension=php_soap.dll`” in the configuration file (`PHP.ini`) of PHP. The image below shows the codes PHP page that will call `GetServerDateTime` function after clicking the `Submit` button. As shown, one line is needed to instantiate the `SoapClient` with the WSDL URL as the first parameter. Then another line to call the `GetServerDateTime` function. The next images shows the output pages.

```
<?php
error_reporting(E_ALL);
$serverDateTime = "";
if(isset($_POST['Submit'])){
    try{
        $client = new SoapClient('http://172.21.0.131:8099/SOAP');
        $serverDateTime = $client->GetServerDateTime();
    }catch(SoapFault $fault){
        die($fault->faultstring);
    }
}
?>
<!DOCTYPE html PUBLIC "-//W3C//DTD HTML 4.01 Transitional//EN">
<html>
<head>
<meta http-equiv="Content-Type" content="text/html; charset=utf-8" />
</head>
<body>
<h1>Test e-Claims Web Services using PHP</h1>
<h2>Test GetSeverDateTime function</h2>
<form name="form" method="post">
    <input type="submit" value="Submit" name="Submit"/><br/>
</form>
Server Date/Time: <b><?php echo $serverDateTime; ?></b> <br/>
</body>
</html>
```



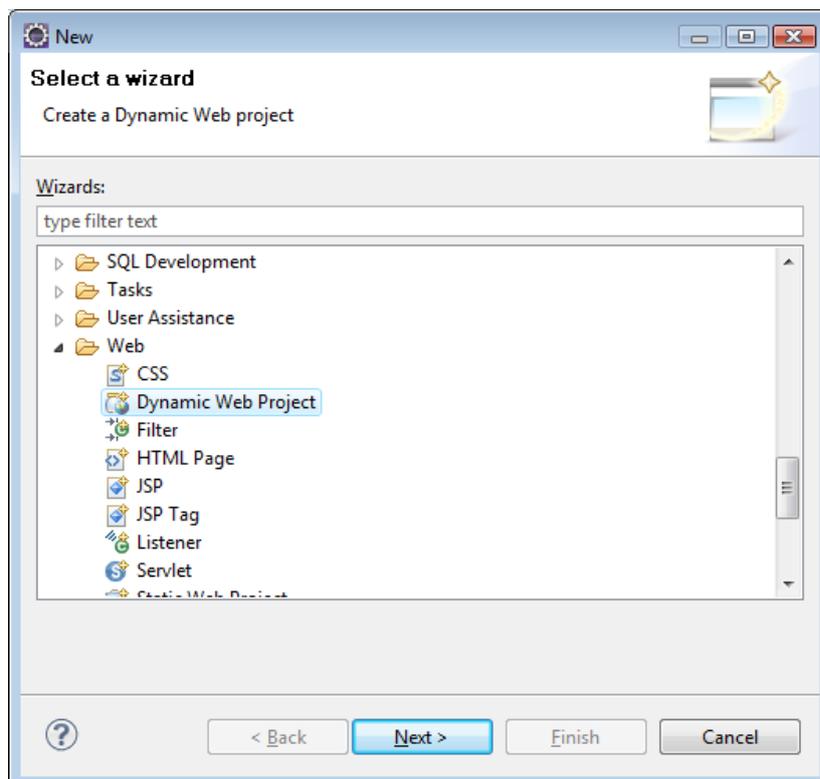


Consuming the Web Service in Java using Eclipse

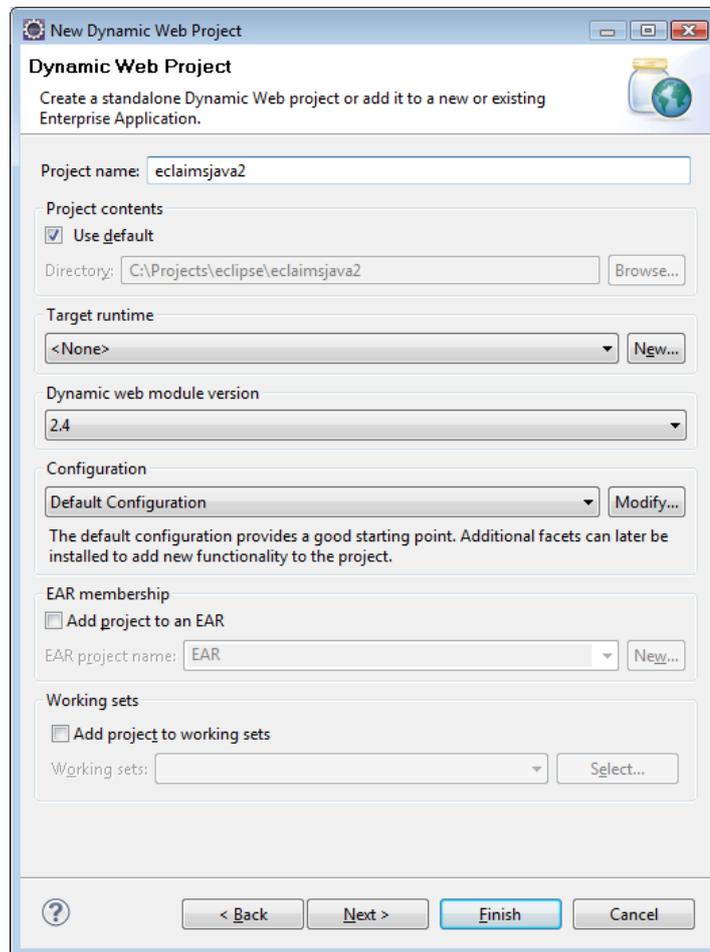
This section shows how the web service can be consumed in Java using Eclipse IDE.

Creating a Sample Eclipse Project that Consumes the Web Service

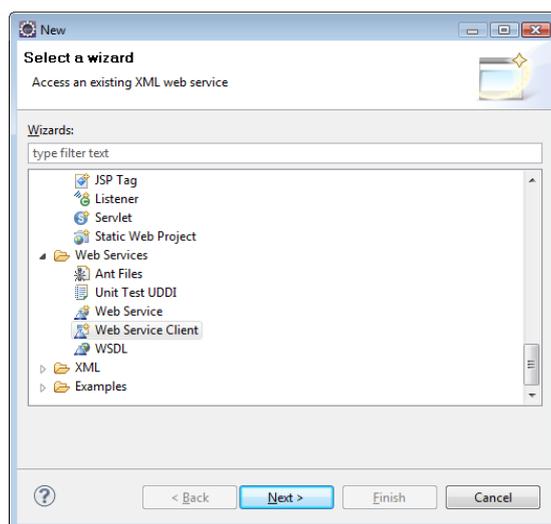
1. Create a Dynamic Web Project. One of the ways to do this is by clicking the File > New > Other menu.
2. In the New dialog box that appears, select the *Dynamic Web Project* item under the *Web* folder.



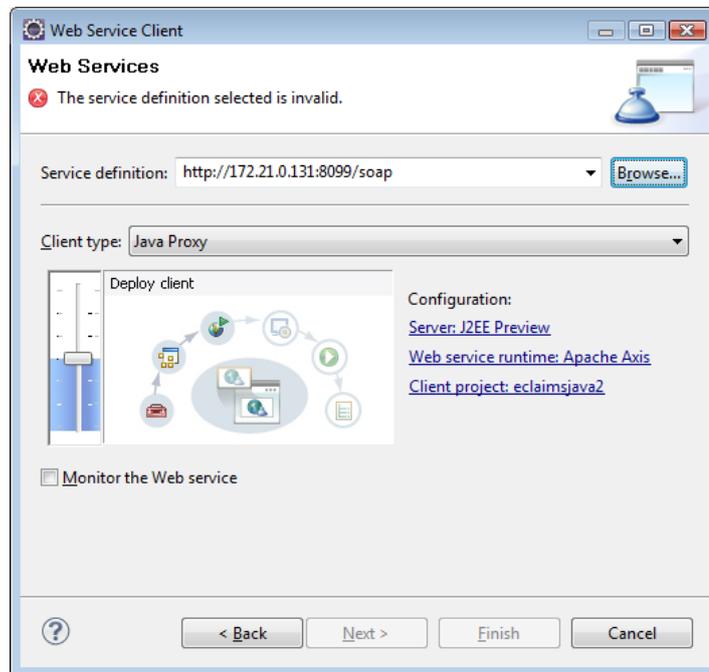
3. In the New dialog box that appears, select the *Dynamic Web Project* item under the *Web* folder. Click the *Next* button.
4. In the project name, you can enter "eclaimsjava2".



5. Just click the Next buttons until Next button became disabled, the click Finish button. The *New* dialog box will be closed.
6. Select the eclaimsjava2 item in the Project Explorer. Right click on it and the *New* dialog box will appear. Click the *Web Service Client* item under the *Web Services* folder. Click the Next button. The *Web Service Client* dialog box will appear.



7. In the *Web Service Client* dialog box, enter the URL of the WSDL of the web service. Do what the wizard asks you to do. After clicking the Finish button, eclipse will generate the classes for the web service.



8. Right click again on the eclaimsjava2 on the Project Explorer. Click New menu and select JSP menu. In the Editor, replace the codes of the JSP with the codes below. Compile the codes.

```

<%@ page language="java" contentType="text/html; charset=ISO-8859-1"
    pageEncoding="ISO-8859-1"%>
<%@ page import="ph.gov.PhilHealth.*"%>

<!DOCTYPE html PUBLIC "-//W3C//DTD HTML 4.01 Transitional//EN"
"http://www.w3.org/TR/html4/loose.dtd">
<html>
<head>
<meta http-equiv="Content-Type" content="text/html; charset=ISO-8859-1">
<title>Test e-Claims Web Services using JAVA</title>
</head>
<body>

<h1>Test e-Claims Web Services using JAVA</h1>
<h2>Test GetServerDateTime function</h2>
<form method="post"><input type="submit" name="submit" /></form>

<%
    String serverDateTime = "";
    if (request.getParameter("submit") != null ){
        try{
            PhilHealthService_ServiceLocator ws = new PhilHealthService_ServiceLocator();
            PhilHealthService_PortType app = ws.getPhilHealthServicePort();
            serverDateTime = app.getServerDateTime();
        } catch (Exception e){
            e.printStackTrace();
        }
    }
%>
Server Date/Time:
<%= serverDateTime %>

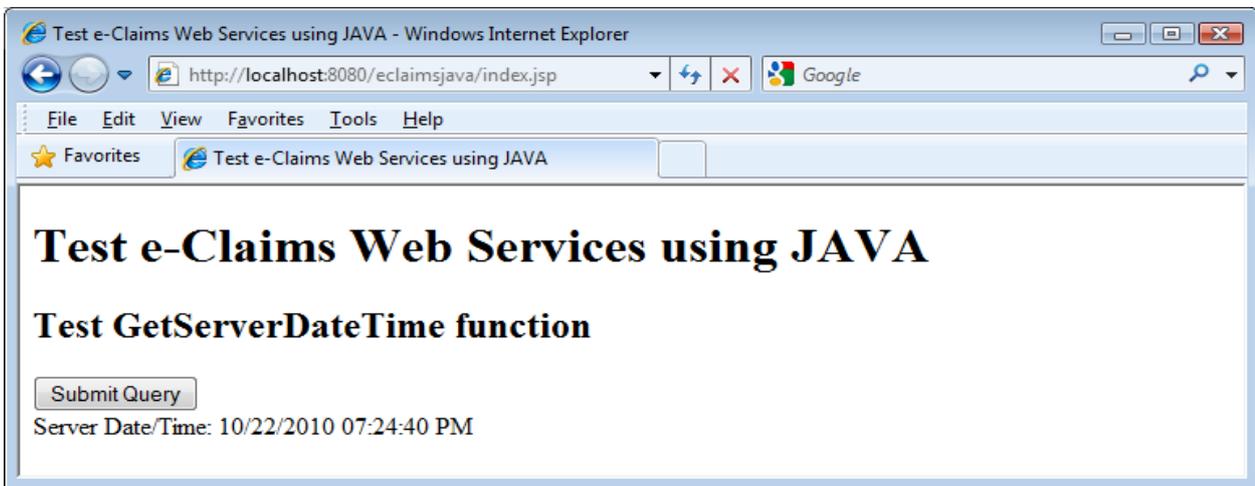
</body>
</html>

```

9. Run the project.



10. Run the project. Click the Submit Query button to display the date and time of the server where the webser

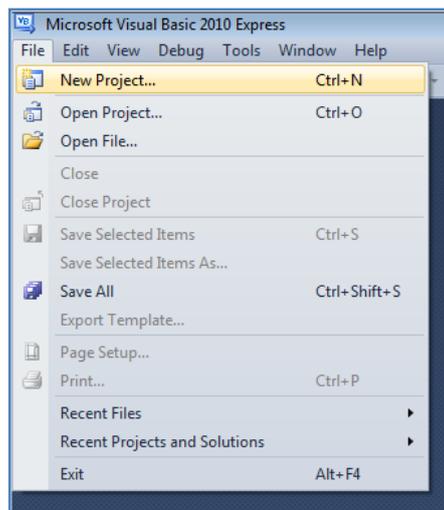


Using PhilHealth e-Claims Web Services in Visual Basic.

This tutorial on Building a Service implementer for PhilHealth Web Service assumes that the developer **already has a cached copy of the WSDL (XML) file** and saved as “c:\wsdlFiles\PhilHealthHospWebServices” and the necessary changes has been applied to the WSDL file.

The IP address of the connecting party should also be registered with PhilHealth.

This tutorial starts from building a new Project/Solution with a form, a button on the form, and an event handler for the button click.



To add the Service Reference for the Web Service using the WSDL file,

Click Project-Add Service Reference

A window will appear.

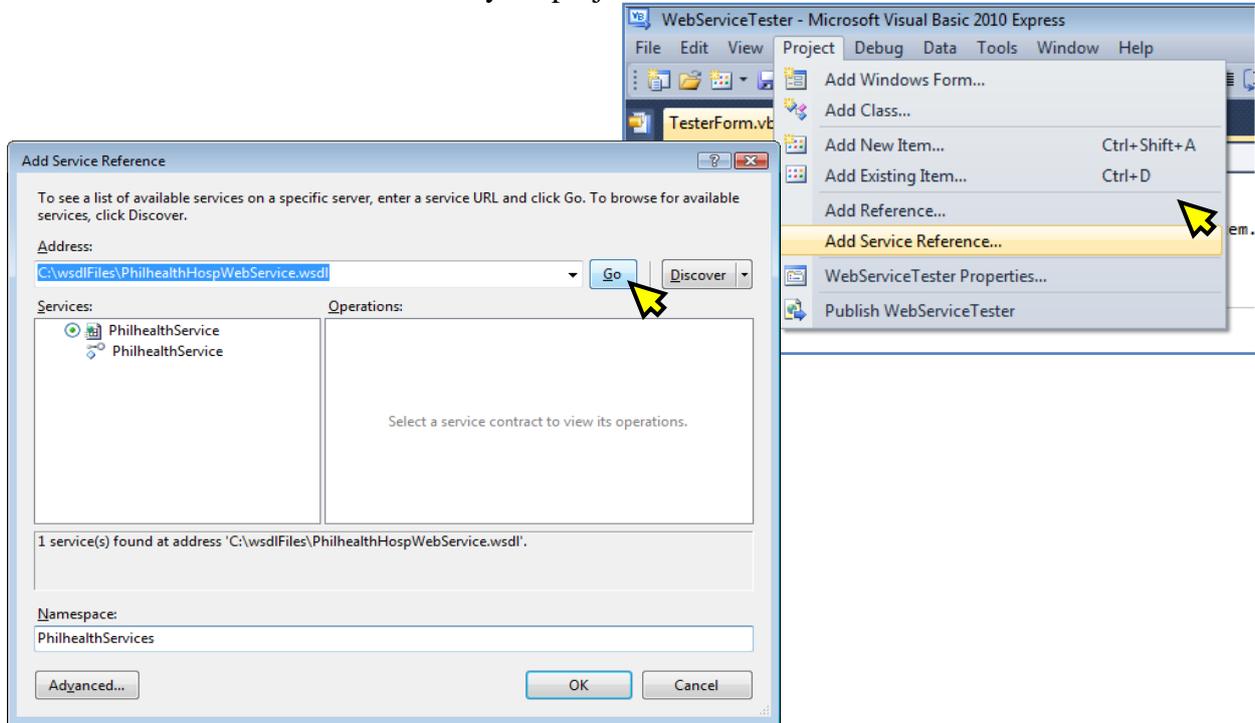
Type in the full path of the WSDL file and click Go.

The services will be shown on the left side

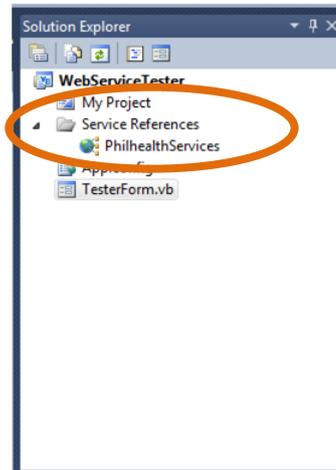
and all available functions and operations will be shown on the right.

Change the Namespace to PhilHealthServices.

Press OK to add the service reference to your project.



To verify if the Services has been added to your project, View the Solution Explorer and check if PhilHealthServices is included in the Services References folder.



To use the services in your code, declare a variable “aService” as “PhilHealthServices.PhilHealthServiceClient”. Declare a variable for the response. Initialize the connection for the services .3by assigning aService with a new instance of PhilHealthServiceClient. To test the Connection with PhilHealth Server, use the GetServerDateTime() function.

```

Public Class testerForm
    Private Sub btnTester_Click(ByVal sender As System.Object, ByVal e As System.EventArgs) Handles btnTester.Click
        Dim aService As PhilhealthServices.PhilhealthServiceClient
        Dim aResponse As String

        aService = New PhilhealthServices.PhilhealthServiceClient

        aResponse = aService.GetServerDateTime()
        MsgBox(aResponse)
    End Sub
End Class

```

The isClaimEligible function has numerous parameters, most of which require values other than an empty string. Supply the values to the parameters as necessary.

```

Public Class testerForm
    Private Sub btnTester_Click(ByVal sender As System.Object, ByVal e As System.EventArgs) Handles btnTester.Click
        Dim aService As PhilhealthServices.PhilhealthServiceClient
        Dim aResponse As String

        aService = New PhilhealthServices.PhilhealthServiceClient

        aResponse = aService.GetServerDateTime()
        MsgBox(aResponse)

        aService.isClaimEligible ( )
    End Sub
End Class

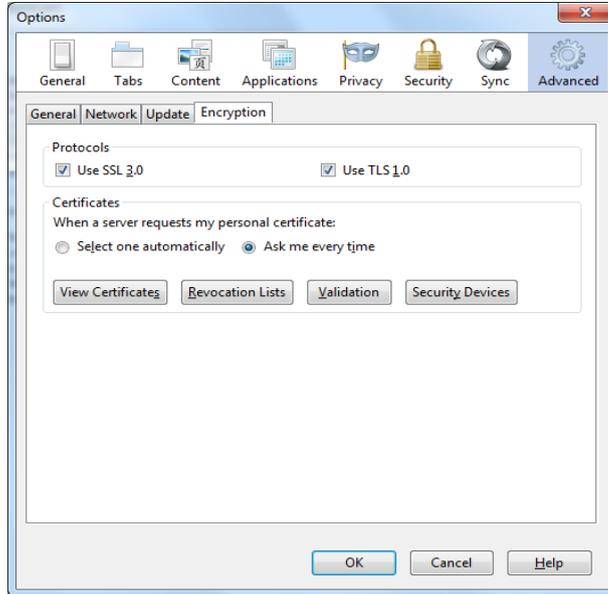
```

isClaimEligible(pUserName As String, pUserPassword As String, pHospitalCode As String, pPIN As String, pMemberLastName As String, pMemberFirstName As String, pMemberMiddleName As String, pMemberSuffix As String, pMemberBirthDate As String, pMailingAddress As String, pZipCode As String, pPatientIs As String, pAdmissionDate As String, pDischargeDate As String, pPatientLastName As String, pPatientFirstName As String, pPatientMiddleName As String, pPatientSuffix As String, pPatientBirthDate As String, pPatientGender As String, pMembershipType As String, pPEN As String, pEmployerName As String, pRVS As String, pTotalAmountActual As String, pTotalAmountClaimed As String, pIsFinal As String) As String

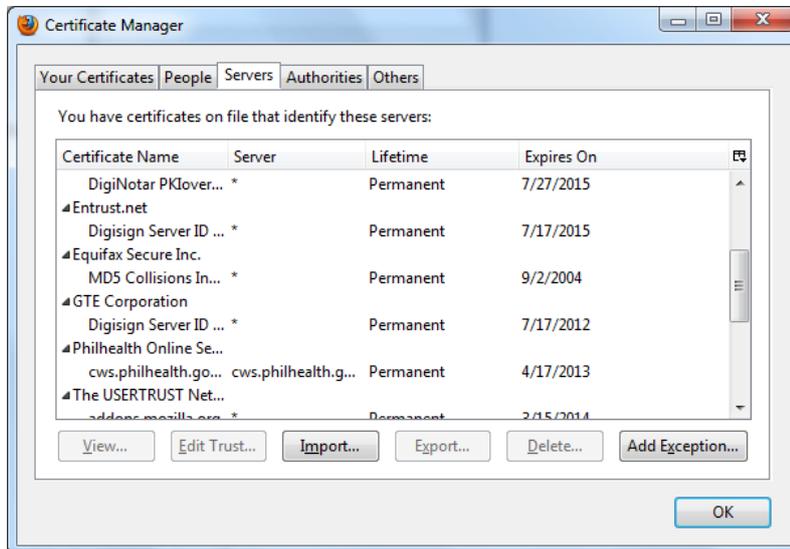
How To Install the Certificates in the Browser

I. For Firefox users

- a. Open Firefox, then click on the options menu. Something like the window below will appear.



- b. Click on View Certificates. A window like the one below will appear.

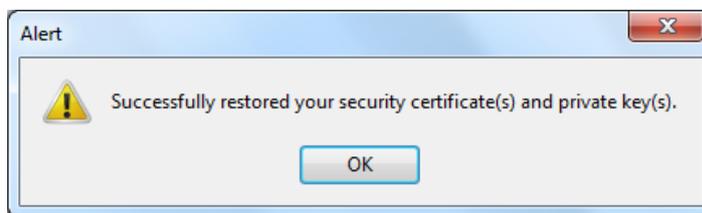


- c. Install the PhilHealth server certificate, by clicking on servers tab, then the import button. Browse for the publicrootca.cer then click ok. The certificate will be displayed in the list of trusted server certificates.

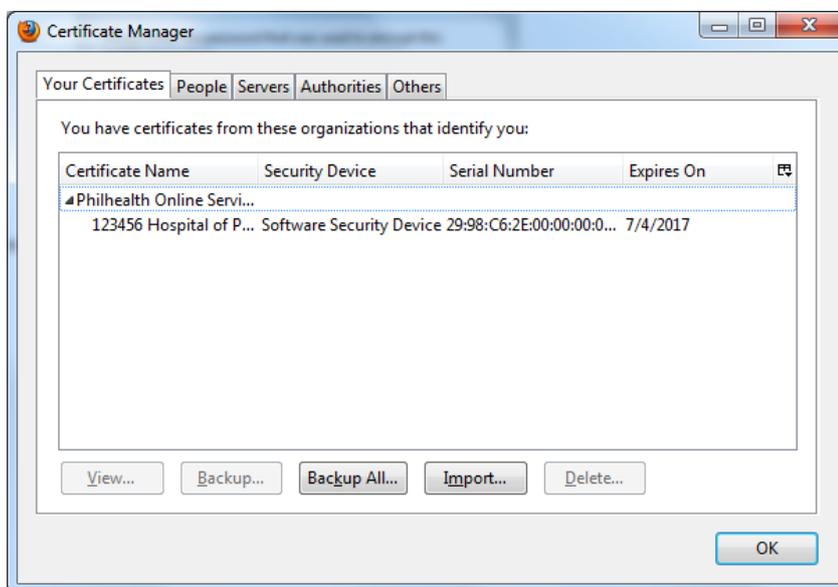
- d. Install the Hospital client certificate by click on the Your Certificates tab, then click on Import button, and browse for the hospitalcertificate.pfx file (filename may vary). You may be required to enter the certificate password that was emailed to you. Please take note the password are CASE sensitive.



- e. You will receive a confirmation alert.



- f. Verify that the certificates are shown in the list, just like the sample below.

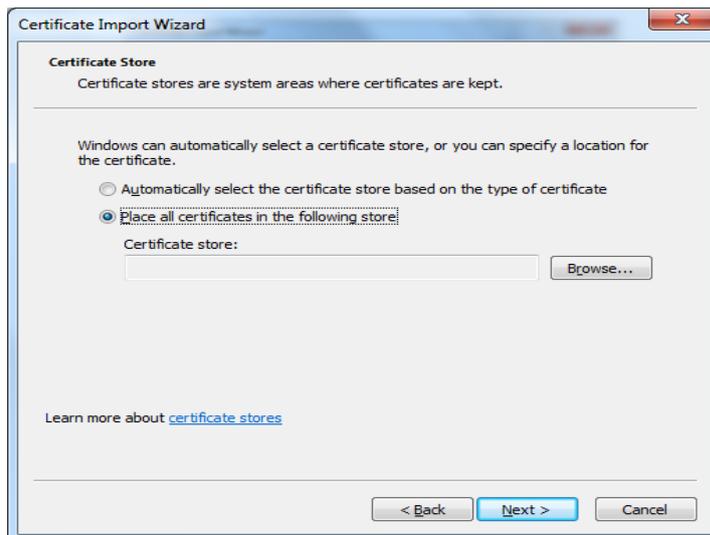


I. For Internet Explorer

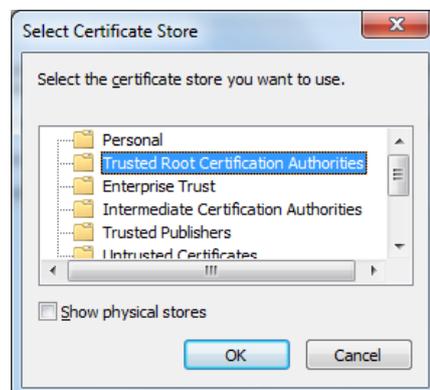
- a. Open a Windows Explorer, and navigate to the location of the certificates.
- b. Right click on the publicrootca.cer and choose Install Certificate



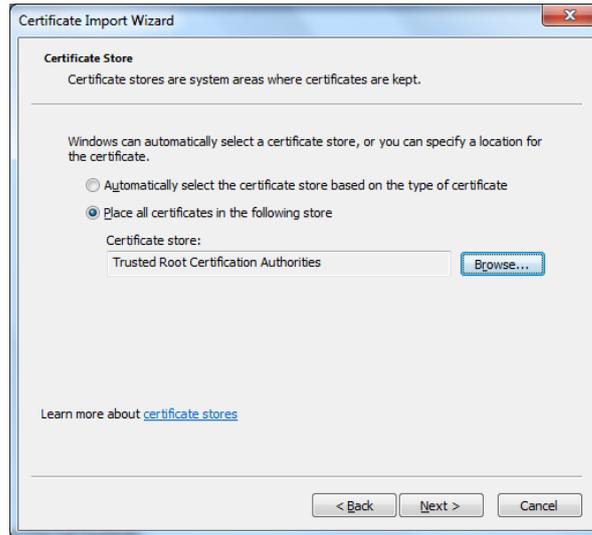
- c. Click Next, Choose the Place all certificates in the following store.



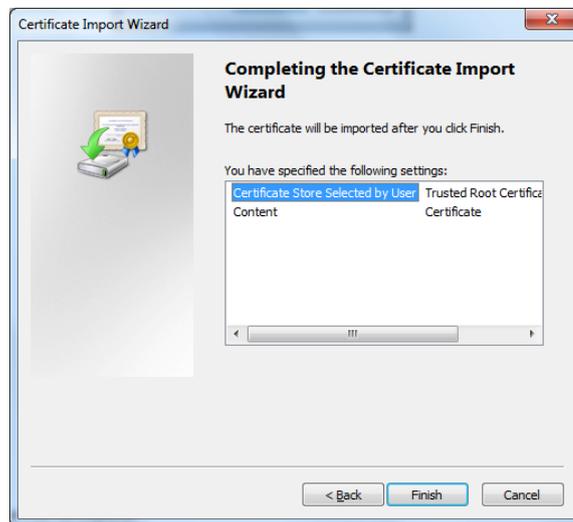
- d. Click on Browse. And click on the Trusted Root Certification Authorities, then click on OK button.



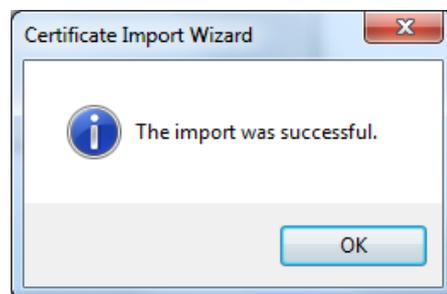
e. A window like the one below will appear.



f. Click on next and a window like the one below will appear.



g. Click on Finish. A message will display confirming the import was successful.



Revocation of the “Certificate” (.pfx):

Certificate revocation may be necessary when, prior to the expiration of a certificate, there has been a compromise in security or the certificate is no longer valid for legal or business reasons.

Certificate revocation begins with the subscriber questioning the validity of a particular certificate. Any number of reasons may exist which would invalidate a certificate for its intended purpose.

The PhilHealth issued certificates may be revoked under the following circumstances:

- The certificate corresponding to the root certificate has been
 - Lost
 - Disclosed without authorization
 - Stolen
 - Compromised in any way
- The subscriber does not meet the obligations of its Non-Disclosure Agreement with PhilHealth, which processed the certificate application.
- There is an improper or faulty issuance of a certificate due to:
 - A prerequisite to the issuance of the certificate not being satisfied;
 - A fact in the certificate is known, or reasonably believed, to be false.
- Any other circumstance that may reasonably be expected to affect the reliability, security, integrity or trustworthiness of the certificate or the cryptographic key pair associated with the certificate.
- The subscriber requests the revocation for any reason whatsoever of its certificate.

Procedure for revocation request:

Revocation shall be requested **PROMPTLY** after detection of a compromise or any other event giving cause for revocation.

A revocation request may be generated in the following ways, in order of preference:

- Electronically by a digitally signed message
- By personal representation to PhilHealth
- By a signed fax message
- Electronically by a non-signed message
- By telephone call to PhilHealth

Those wishing to revoke a certificate may contact:

PhilHealth IT Management Department Tel: +63 (02) 6376293 Trunkline: +63 (02) 4417444 local: 7604,7606, or 7607

Email: network@PhilHealth.gov.ph, and/or helpdesk@PhilHealth.gov.ph

Please provide the following details:

- Provider Name**
- Accreditation Number**
- Authorized Contact Person**
- Email Address**
- Contact Number**
- Reasons/circumstances surrounding its revocation.**

PhilHealth may seek independent confirmation, for example, by making a phone call to the subscriber’s employer or other sources, prior to initiating the revocation of a certificate.

ANNEX F

eClaims Account Profile

For digital certificate generation to connect to eClaims Web Services using Proxy Server for the development of eClaims Modules

Details	Data
Provider Name	
Address	
Provider Public IP Address	
Authorized Contact Person	
Official Email Address	
Official Contact Number	

I have read and agreed to the Terms of the Digital Certificate-Non Disclosure Agreement attached herewith as “Annex F-1”.

Requested by:

Signature over Printed Name of Authorized Personnel

Approved by:

(Owner/President/Administrator)

(Annex F-1)

DIGITAL CERTIFICATE-NON DISCLOSURE AGREEMENT

Provider Name is given the facility to connect to the PhilHealth network and access applicable services offered by it, subject to the provisions of a digital certificate to be issued by PhilHealth. The said digital certificate will and shall contain the following policies:

1. <Provider Name> acknowledges that it is aware of its legal obligation regarding PhilHealth policies and standards to not provide PhilHealth's data and programs especially if those consider confidential information or information that is important for the continued operation of the business.
2. <Provider Name> shall not give or provide access to such information to unauthorized persons or entities.
3. <Provider Name> shall store the digital certificate only in designated computers within its premises and accessed only by its authorized personnel.
4. <Provider Name> will use the digital certificate exclusively for business purposes and prevent any unauthorized access to it with all resources and capabilities.
5. <Provider Name> shall keep in confidentiality the digital certificate or any other form of security token/device that were issued to them in accessing PhilHealth Services.

ANNEX G

PHILHEALTH CIRCULAR

No. 038 s. 2012

TO: ALL HEALTH INFORMATION TECHNOLOGY PROVIDERS SPECIALIZING IN ONLINE INFORMATION SYSTEMS, PHILHEALTH REGIONAL OFFICES AND LOCAL HEALTH INSURANCE OFFICES, INSTITUTIONAL HEALTH CARE PROVIDERS AND OTHER STAKEHOLDERS

SUBJECT: Accreditation of Health Information Technology Providers

I. RATIONALE

Republic Act 8792 (e-Commerce Act of 2000) mandates all government agencies to transact government business and perform government functions using electronic data messages or electronic documents. It provides for the legal recognition of electronic documents, data messages, electronic signatures, and electronic contracts, among others. It also sets the framework and environment for the PhilHealth eClaims Project (PhilHealth Circular No. 14, s. 2011).

As a strategic instrument to improve efficiency of health insurance transactions under the government's thrust to achieve Universal Health Care for all Filipinos, PhilHealth is initiating a paperless online claims transaction system called eClaims system. Vital to this innovation is the partnership engagement of health information technology providers (HITP) to ensure that Institutional Health Care Providers (IHCPs) are able to connect to and utilize this electronic system.

II. COVERAGE

This program policy shall be open to participation by duly-registered companies and corporations interested in being accredited by PhilHealth as a Health Information Technology Provider (HITP). To be a HITP, they have to meet the following criteria:

- a. at least 60 % Filipino-owned information technology service company operating and maintaining a data center physically located in the Philippines;
- b. experienced in providing health information systems for health facilities for at least 3 years;
- c. able to comply with PhilHealth standards for electronic transactions;
- d. an organization NOT owned by or registered under a particular health maintenance organization, or a single institutional health care provider (IHCP); and,
- e. in good payment standing with PhilHealth on premium contributions of its employees.

III. GENERAL RULES

1. HITPs shall provide, as minimum utility services to IHCPs, the following:
 - a. an application front-end for the utility applied (i.e., eClaims/Z-Claims/PCB eReports);
 - b. an after sales service (helpdesk) and/or consulting services;
 - c. capability building for IHCP personnel;
 - d. assistance to IHCPs in acquiring digital certificates through the designated certificate authority for authentication;
 - e. secure data storage back-end; and,
 - f. provision of a leased line to PhilHealth for purposes of transmitting electronic messages
2. A HITP applicant may opt to be accredited for the following claims transaction utility services:
 - a. eClaims utility and/or Z-Claims – an online claims transaction service, consisting of member verification for eligibility, claims submissions, and claims tracking, that will be used for patients confined in hospitals and other accredited health facilities that admit patients;
 - b. PCB eReports utility – an online data aggregation service that accepts electronic reports from facilities such as health centers/rural health units (HC/RHU) and outpatient departments (OPD) of municipality/provincial health offices and government hospitals; and,

- c. other future electronic utility services as determined by the Corporation.
- 3. HITPs may market and sell their services to IHCPs only after the issuance of the Certificate of Accreditation.
- 4. HITPs shall not collect fees from their client IHCPs over and above PhilHealth-prescribed rates for the basic services provided above.
- 5. Accredited HITPs shall update their systems, consistent with PhilHealth issuances.
- 6. The Department of Health – Information Management Service is considered prequalified (part I) and shall not be charged the processing fee, but shall be subject to submission of the Business Agreement and the Conformance and Compliance Testing (Part II).
- 7. All communications shall be via electronic mail or through online portals as prescribed by PhilHealth.

IV. ACCREDITATION PROCESS

- a. The processing of initial applications shall consist of two (2) parts, namely: (Annex A)
 - b. Part I – Pre Qualification – consists of document review and evaluation
 - c. Part II – Conformance and Compliance Testing – consists of systems design, execution and demonstration based on the specifications and standards provided by PhilHealth
2. Part I – Pre Qualification
- a. An applicant shall send a letter of intent (LOI) electronically to hitpac@philhealth.gov.ph addressed to: the President and CEO, PhilHealth.
 - b. Two (2) sets of hard copies of the following documentary requirements submitted to the (no applications shall be accepted by mail): HITPAC Secretariat, eClaims Unit, Room 1802, 18th Floor, Citystate Centre Bldg. 709 Shaw Blvd., Brgy. Oranbo, Pasig City.
 - i. Duly accomplished HITP Data Record (Annex B)
 - ii. Proof of payment of processing fee
 - iii. A duly notarized company portfolio, which must include, among others, the following information:
 - 01. nature of the business;
 - 02. ownership and location;
 - 03. organizational structure and human resource complement;
 - 04. names and credentials of key people in the organization (management and project personnel); including Board of Directors, if applicable; and
 - 05. Tax Identification Number (T.I.N.)
 - iv. Notarized Certification of ongoing and completed IT systems project contracts with government and private IHCPs (including contracts awarded in its favor even if not yet started), signed by the company owner or his duly authorized representative. The certification shall specify the following:
 - 01. status of the contract (whether ongoing, completed or awarded but not yet started);
 - 02. name of contract;
 - 03. date of contract;
 - 04. scope of services provided;
 - 05. amount of contract and value of outstanding contracts;
 - 06. expected date of delivery; and
 - 07. end-user acceptance, if completed.
 - v. Registration certificate (whichever is applicable)
 - 01. Department of Trade and Industry (DTI)
 - 02. Securities and Exchange Commission (SEC)
 - 03. Cooperative Development Authority (CDA);
 - vi. Business Permit/License from the Mayor's Office, issued by the city or municipality where the principal place of business of the HITP applicant is located. In case the permit is for renewal and under process, permit of the previous year and the Official Receipt of the application for renewal shall be submitted;
 - vii. Audited financial statements, stamped "received" by the Bureau of Internal Revenue (BIR), for the preceding calendar year, or as of a date not exceeding one (1) year prior to application;
 - viii. Proof of paid-up capital (with not less than Php500,000 capitalization).
 - c. A duly signed Business Agreement (Annex C) in triplicate (3) copies shall also be submitted together with the documentary requirements.

- d. The Secretariat shall then issue an “order for payment” to the applicant to pay the processing fee.
 - e. A non-refundable processing fee of **Ten Thousand Pesos (PhP10,000)** shall be charged for **each type of utility service** applied for. The fee shall be paid, directly at the Cashier’s Office of PhilHealth Head Office, located at the 16th Floor, Citystate Centre Bldg. 709 Shaw Blvd., Brgy. Oranbo, Pasig City. For dated checks: checks should be made payable to “Philippine Health Insurance Corporation”.
 - f. A soft copy of all the documents must also be emailed to the ***hitpac@philhealth.gov.ph***.
 - g. Applicants that pass Pre Qualification Determination shall be duly notified through e-mail that they are eligible to advance to the Conformance and Compliance Testing (Part II).
 - h. Applicants with deficiencies shall be notified through e-mail and shall be given thirty (30) days within which to comply from receipt of the deficiency notice. Applications that still remain deficient/non-compliant shall be denied.
3. Part II – Conformance and Compliance Testing
 - a. Pre-qualified applicants shall be convened for an orientation and provided with the PhilHealth Implementing Guide of the claims transaction service it is applying for.
 - b. The applicants shall be given a maximum of sixty (60) days from date of orientation to develop and test their prototype against a standard environment.
 - c. The Corporation shall conduct supervised testing for applicants who are ready for demonstration. HITP applicants who pass the conformance and compliance testing shall be recommended for approval by the HITPAC to the PCEO. The applications of those who do not pass the demonstration within the prescribed period shall be deemed denied.
 4. The Certificate of Accreditation (CA) duly signed by the HITPAC Chair and the PhilHealth PCEO shall be issued to applicants who pass the foregoing.
 5. The CA shall be valid for one year as will be indicated therein.
 6. The list of accredited HITPs shall be posted in the PhilHealth website, for reference by IHCPs. PhilHealth may also publish the names of accredited HITPs in a newspaper of general circulation.
 7. Prior to actual engagement with IHCPs, accredited HITPs shall undergo an orientation on the policies and procedures of PhilHealth membership, contribution, and claims processing.

V. DENIED APPLICATIONS

1. Denied applicants shall be duly notified.
2. Denied applications shall not be subject to motions for reconsideration.
3. Denied applicants may apply again, undergoing the entire process, when the application period is reopened.

VI. MONITORING AND EVALUATION OF ACCREDITED HITPS

1. HITP must participate in an online forum prescribed by PhilHealth for interaction among HITPs, IHCPs and PhilHealth.
2. Performance of all accredited HITPs shall be monitored during the accreditation period. HITPs with violations documented during monitoring shall be notified and given fifteen days to correct. Thereafter, persistent violation shall be referred to the HITPAC for action.
3. Complaints from IHCPs subscribing to HITPs shall be subjected to evaluation and validation, the results of which shall be elevated to the HITPAC.
4. Accredited HITPs shall recognize the authority of PhilHealth to conduct visits, regular audit, and/or administrative assessment(s) at any time, extend due courtesy/cooperation thereto.

VII. TRANSITION CLAUSE

1. A call for applications of HITPs shall be announced through publication in a newspaper of general circulation and in the PhilHealth website.
2. PhilHealth may expand or limit the number of HITPs based on monitoring and review, and according to needs.
3. All other matters not provided for in this circular shall be covered by succeeding issuances.

I. EFFECTIVITY

This Circular shall take effect fifteen (15) days after publication in any newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

For the information and guidance of all concerned


EDUARDO P. BANZON, MD
President and CEO
8/9/2012

ANNEX H

CONFORMANCE AND COMPLIANCE TESTING VALIDATION TOOL

COMPONENT 1: IT Infrastructure and Technical Capabilities

Part II of the accreditation process consists of 2 components. Below is Test I (On-site Validation). This evaluation mechanism requires ocular inspection of the I.T. facility. Check **YES** if the item is present and **NO** if absent. Notable observations should be listed under **REMARKS**. The team may interview key persons to validate their observations.

I. ON-SITE VALIDATION

A. Data Center Attributes (Require applicant to show proof)

	YES	NO	Remarks
Is the data center ISO 27001 Certified			

If ISO 27001 Certified, proceed to item G onwards.

B. Building Location

	YES	NO	Remarks
Is the primary data center located in that building?			
Is the building location in a flood prone area?			

C. Secured/Authorized Access

	YES	NO	Remarks
Does it have a 24/7 Security guard on duty?			
Does it have proper identification for authorized employees?			
Does it have a biometric user access?			
Does it have a CCTV Inside/outside the data center with capability to record at least 2 months?			
Does it have an automatic fire suppression system that is compliant to the international data center standard?			

D. Air Conditioned (Require applicant to show proof)

	YES	NO	Remarks
Is the data center room equipped with redundant precision air conditioning system?			
Does the air-conditioning system permit laminar air flow?			

E. Power Supply (Require applicant to show proof)

	YES	NO	Remarks
Does it have a back-up generator capable to support the data center power requirement?			
Does it have an uninterruptible power supply capable to support the transition of power supply to/from main and generator?			

F. Network Security System (Require applicant to demonstrate)

	YES	NO	Remarks
Does it have an appliance based firewall system?			

Does it have an intrusion detection and prevention system?			
Does it have an anti-virus and anti-malware software?			
Does it have a patch management system?			

G. Server and Storage Facilities (Require applicant to demonstrate)

	YES	NO	Remarks
Is there a dedicated database and application servers, storage system and network facilities?			
Are all the software installed in the server licensed?			
Is there a dedicated storage with enough free space for the IHCP data not less than 5 terabytes			
Are the storage disks having at least 10,000 RPM to ensure performance?			
Does it have a backup system?			

H. Off-site Server and Storage Facilities

	YES	NO	Remarks
Does it have an off-site backup facility? If yes, indicate location			

I. Connections (Require applicant to demonstrate)

	YES	NO	Remarks
Does it have a contract of leased line with at least 1 MBPS bandwidth?			
PING www.philhealth.gov.ph Does the bandwidth have a latency of not more than 50ms?			

ANNEX I

CONFORMANCE AND COMPLIANCE TESTING VALIDATION TOOL

COMPONENT 2: White Box Testing

Part II of the accreditation process consists of 2 components. Below is Test II (White Box Testing). This test shall check for conformance and compliance with the PhilHealth eClaims Implementation Guide. Check **YES** if the test was successfully demonstrated and **NO** if not. Notable observations should be listed under **REMARKS**.

II. WHITE BOX TESTING – systems in conformity and compliance with PhilHealth standards and specifications.

Digital Certificate Conformance **(Require applicant to demonstrate)**

	YES	NO	Remarks
Correctly display server date and time following instructions on “Part II Preparations” of the implementation guide.			

Log-in authentication **(Require applicant to demonstrate)**

	YES	NO	Remarks
Demonstrate successful and unsuccessful log-in process			

○ **Module 1 – Claims Eligibility Web Service**

Note: Provide applicant with a test data and instruct them to encode the data.

TEST CASE:

A. Completeness of Data Display	YES	NO	Remarks
1. “YES” on Initial Call a. Number of remaining days allowable: As of “date”: “number” days remaining room and board allowance b. Member PIN c. Member Complete Name d. With 3 over 6 (3/6): Yes e. With 9 over 12 (9/12): Yes f. Patient Complete Name g. Confinement Period h. Hospital Name			
2. “YES” on Final Call a. Tracking Number b. Number of remaining days allowable: As of “date”: “number” days remaining room and board allowance c. Member PIN d. Member Complete Name e. With 3/6:Yes f. With 9/12:Yes g. Patient Complete Name h. Confinement Period i. Hospital Name			
3. Check for doctor accreditation status <u>Response Display:</u> ”a) Doctor does not exist ; b) Doctor is accredited based on admission and discharge date; and c) Doctor is not			

accredited based on admission and discharge date.			
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B. Display of Deficiency Remarks	YES	NO	Remarks
1. Test for PIN <u>Response Display:</u> a) No records found; b)“Display the 12 digit PIN			
2. Wrong first name of the member <u>Response Display:</u> “Submit member birth certificate”			
3. Wrong date of birth of member <u>Response Display:</u> “Submit member birth certificate”			
4. Omitted suffix of member <u>Response Display:</u> “Submit member birth certificate”			
5. Wrong first name of patient <u>Response Display:</u> “Submit patient birth certificate”			
6. Wrong date of birth of patient <u>Response Display:</u> “Submit patient birth certificate”			
7. Omitted suffix of patient <u>Response Display:</u> “Submit patient birth certificate”			
8. Undeclared spouse <u>Response Display:</u> “Submit patient birth certificate”;“Submit marriage contract”			
9. Undeclared parent <u>Response Display:</u> “Submit member’s birth certificate”; “Submit patient’s birth certificate”.			
10. Exhausted 45 days <u>Response Display:</u> “exhausted 45 days allowable limit”			
11. Dependent child above 20 years old <u>Response Display:</u> “Submit patient’s birth certificate”; “Submit updated medical certificate of patient”			
12. Wrong PEN <u>Response Display:</u> “Employer does not exist”			
13. Test for contribution <u>Response Display:</u> “Applicable PhilHealth Official Receipts (IPP)” “Latest MDR with applicable payment details (OWP)” “Sample YES response for Indigent member” “Submit properly filled up and signed claim form 1 (employed)”			

○ **Module 2 – Electronic Claims Submission**

Note: Provide claim form test data

TEST CASE:

A. For Successful Submission	YES	NO	Remarks
Can send an encrypted and well formed and valid XML file			
Can display the receipt ticket number			
Attachments are transmitted through encrypted channels using PhilHealth provided digital			

certificate.			
Display PDF attachments after decryption by PhilHealth			
Can map PhilHealth issued claims series number to hospital record/database			

B. For Unsuccessful Submission	YES	NO	Remarks
Can display error message for unsuccessful transmission			
Can display error message for incomplete fields			
Can display error message for PDF attachments			

o *Module 3 – Claims Status Verification*

Note: Retrieve the mapped claim series number, get the claim status

A. Display Claim Status	YES	NO	Remarks
In process			
Returned			
Denied			
Vouchering			
With voucher			
With check			
Not authorized			

B. Display “In Process” Claim Status Details	YES	NO	Remarks
Process Stage			
Process Date			

C. Display “Returned” Claim Status Details	YES	NO	Remarks
Deficiency			
Requirement/s			

D. Display “Denied” Claim Status Details	YES	NO	Remarks
Denial Reason/s			

E. Display “With Voucher” Claim Details	YES	NO	Remarks
Voucher Number			
Voucher Date			

F. Display “With Check” Claim Status Details	YES	NO	Remarks
Check Number			
Check Date			
Check Amount			
Claim Amount			
Claim Payee Name			
Total amount paid			

ANNEX J

COMPONENT 3: Policy Documents and Technical Support

A. Technical and Policy Documents (Require the applicant to show proof)

	YES	NO	Remarks
Does the applicant have a Non-Disclosure Agreement template between them and their client?			
Does the applicant have a Non-Disclosure Agreement template between them and their visitors			
Does the applicant have a policy on privacy of Confidential Health Information /Medical Records?			
Does the applicant have a policy on data ownership?			
Does the applicant have a policy on data sovereignty?			
Does the applicant have a prototype contract between them and their client compliant with PhilHealth - provided template?			
Does the applicant have a policy on data liberation?			
Does the applicant have a user management policy?			

B. Human Resources

	YES	NO	Remarks
Is the staffing pattern in accordance with provisions in the company portfolio?			

C. After Sales Service (Helpdesk)

	YES	NO	Remarks
Does it have a dedicated telephone line for technical concerns of clients?			
Does it have a dedicated telephone line operational from 8am – 5pm?			
Does it have a dedicated email address for technical concerns of clients?			

ANNEX K

Document Type Code and Description

Document Code	Description
CAB	Clinical Abstract
CAE	Certification of Approval/Agreement from the Employer
CF1	Claim Form 1
CF2	Claim Form 2
CF3	Claim Form 3
COE	Certificate of Eligibility
CSF	Claim Signature Form
CTR	Confirmatory Test Results by SACCL or RITM
DTR	Diagnostic Test Result
MBC	Member's Birth Certificate
MDR	Proof of MDR with Payment Details
MEF	Member Empowerment Form
MMC	Member's Marriage Contract
MSR	Malarial Smear Results
MWV	Waiver for Consent for Release of Confidential Patient Health Information
NTP	NTP Registry Card
OPR	Operative Record
ORS	Official Receipts
PAC	Pre-Authorization Clearance
PBC	Patient's Birth Certificate
PIC	Valid Philhealth Indigent ID
POR	PhilHealth Official Receipts
SOA	Statement of Account
STR	HIV Screening Test Result
TCC	TB-Diagnostic Committee Certification (-) Sputum
TYP	Three Years Payment of (2400 x 3 years of proof of payment)

Recommended steps for PDF attachments of files:

1. Create web server with https.
2. Create a folder where the pdfs will be publish.
3. In the system, provide facility for opening and uploading the pdfs in the web server, taking note of the urls.
4. When creating the xml, include the urls of the uploaded documents.

To test if the pdfs are accessible via browser, paste the url on the address bar of a browser. the pdf document can either be downloaded or loaded on the browser to be successful.