 PhilHealth <i>Your Partner in Health</i>	SOFTWARE SOLUTION VALIDATION TEST FORM	
Software	PhilHealth eClaims Web Service	
Version No.	3.0	

Name of Health Care Institution/ Facility			
In-house <input type="checkbox"/> Outsourced <input type="checkbox"/>	Name of Service Provider		
Software Name / Title		Version #	
Date of Test		Time of Test	

PART I

	CRITERIA	CYCLE # _____				CYCLE # _____				CYCLE # _____		
		Yes	No	Remarks		Yes	No	Remarks		Yes	No	Remarks
	<u>STAGE 1 (for PhilHealth Regional Offices Use)</u>											
A	<u>I. COMPLETENESS</u>											
	1. The system successfully received Receipt Ticket Number (RTN)?											
	2. The Transmission Control Number was generated?											
	3. The RAW Image was sent via email?											
	4. The XML was retrieved in eClaims DB using RTN/TCN?											



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C R I T E R I A	CYCLE # _____				CYCLE # _____				CYCLE # _____		
	Yes	No	Remarks		Yes	No	Remarks		Yes	No	Remarks
5. The Screenshot of System Sign-on was captured?											
II. <u>MODULE I – Claims Eligibility</u>											
1. Is the interface for the eligibility call, with all parameters visible?											
2. Is there a Printout of the PBEF?											
3. Is there an interface for Search Employer?											
4. Is there an interface for the PIN Verification?											
5. Is there an interface for Getting Doctor PAN?											
6. Is there an interface for Doctor Accreditation Checking?											
<u>Module 2 – Electronic Claims Submission</u>											
1. Is there an interface of the encoding of the Claims (CF1/CF2)?											
2. Is the screenshot indicating successful upload captured?											
3. Is there a printout of the Receipt Ticket Number/Transmission Control Number?											
4. Are the screenshot of the mapping of the phic claims series no vs hospital claim id captured?											



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		Yes	No	Remarks		Yes	No	Remarks		Yes	No	Remarks
	5. Is there an interface for searching case rate?											
	6. Is there an interface for adding documents to claim for compliance (using RTH letter)?											
	7. Is the screenshot of sending RTH Compliance documents captured?											
	Module 3 – Claims Status Verification											
	1. Is there an interface for getting the PhilHealth claim series mapped to each hospital claim number?											
	2. Is there an interface for getting the status of the claims?											
	3. Is there an interface for checking doctor accreditation?											
	4. Is there an interface for getting the XML voucher?											
B	RAW IMAGE (sent via email)											
	1. Is the PDF/A-1b Compliant using http://www.pdf-tools.com/pdf/validate-pdf-online.aspx ?											
	2. Is there dummy data previously defined?											
C	ENCRYPTED XML											
	1. Is the document URL attribute defined in XML?											
	2. Is the data same as data in RAW PDF?											



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	C R I T E R I A	CYCLE # _____				CYCLE # _____				CYCLE # _____		
		Yes	No	Remarks		Yes	No	Remarks		Yes	No	Remarks
	DECRYPTED IMAGE											
	1. Are the RAW and Decrypted images the same (visual)?											
D	OFFLINE											
	1. Is the Encrypted XML data submitted?											
	2. Is there an offline data encoding?											
	3. Are the scanned images saved?											
	4. Is the system capable to submit offline data to eClaims WebService?											
	5. Is there an available of process for offline version?											
	STAGE 2 (for PhilHealth Central Office Use)											
F	ENCRYPTED XML (Online and Offline)											
	1. Is the data same as data in RAW PDF											
G	ENCRYPTED IMAGE											
	1. URL of encrypted accessible to PHILHEALTH via browser through the PHIC-HITP link											
	2. PhilHealth able to download the file via POST/GET http method											
	3. Downloaded image viewable											
	4. PhilHealth able to decrypt using pre-defined algorithm											



SOFTWARE SOLUTION VALIDATION TEST FORM

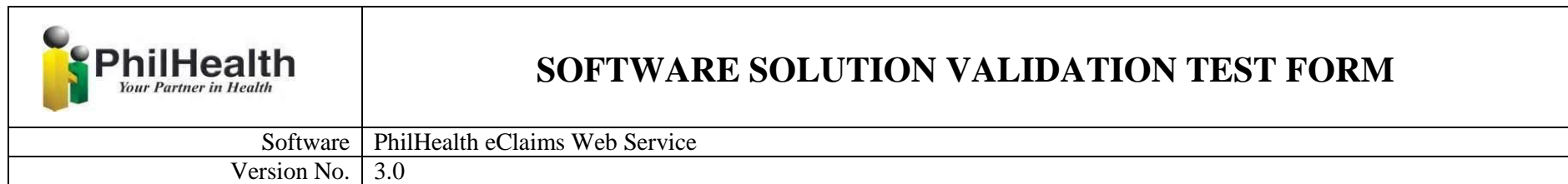
Software	PhilHealth eClaims Web Service
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	CRITERIA	CYCLE # _____				CYCLE # _____				CYCLE # _____		
		Yes	No	Remarks		Yes	No	Remarks		Yes	No	Remarks
H	<u>DECRYPTED IMAGE</u>											
	1. Are the RAW and Decrypted images the same (byte comparison)?											


	<h2 style="text-align: center;">SOFTWARE SOLUTION VALIDATION TEST FORM</h2>
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PART II

	C R I T E R I A	CYCLE # _____				CYCLE # _____				CYCLE # _____		
		P	F	Remarks		P	F	Remarks		P	F	Remarks
A	Data Completeness											
	I. eSOA – Compliance to PC 2023-0004											
	Did the system demonstrate its capability to capture the following eSOA data elements : (See Fig 1) ?											
	1. Summary of Fees											
	a. Particulars b. Actual Charges c. VAT Exemption d. Senior Citizen/PWD e. Case Rate 1 f. Case Rate 2 g. Other Funding Sources h. Balance											
	2. Professional Fees a. Physician Accreditation No. (PAN) b. Physician Name											



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Software

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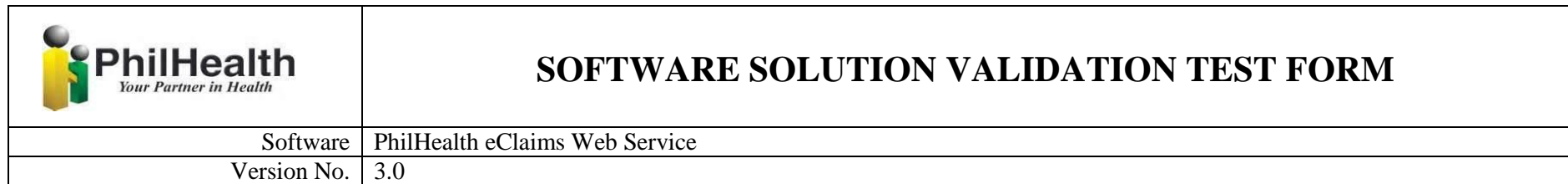
3.0

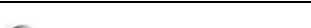
III. Claim Form 5 (CF 5)

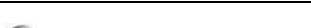
- | | |
|----|---|
| 1. | Does the system accepts only (1) Primary Diagnosis (PDx)? |
| 2. | Does the system accepts up to twelve (12) Secondary Diagnosis (SDx)? |
| 3. | Does the system accept up to twenty (20) Procedures using RVS codes? |
| 4. | Does the system accept laterality left right or both, as applicable? |
| 5. | Does the system ensure there are no repeated codes across all the secondary diagnosis and with the primary diagnosis? |
| 6. | Does the system accept extension code for each procedure, as necessary? |
| 7. | Does the system accept admission weight for newborn patients in kilograms (kg) up to one (1) decimal place? |

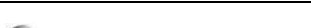
IV. eClaims Cloud Storage API (eCCSA)

1. Does the system has a feature to change or use multiple cloud storage to store eClaims file attachments?



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4. Does the system able to use the additional library code for no medicine record?

VI. Data Migration

1. Was the system able to export all HCI data compliant to the encrypted eClaims migration format?

2. Was the system able to import the eClaims migration file?

B PROCESS REQUIREMENT

I. eSOA

1. Did the system successfully generated eSOA in XML format?

2. Did the system successfully upload the encrypted eSOA XML data?

3. Did the system successfully attached the encrypted eSOA XML data to the claim?

II. QR Code

1. Does the the system able to scan and read the QR code of member?



SOFTWARE SOLUTION VALIDATION TEST FORM

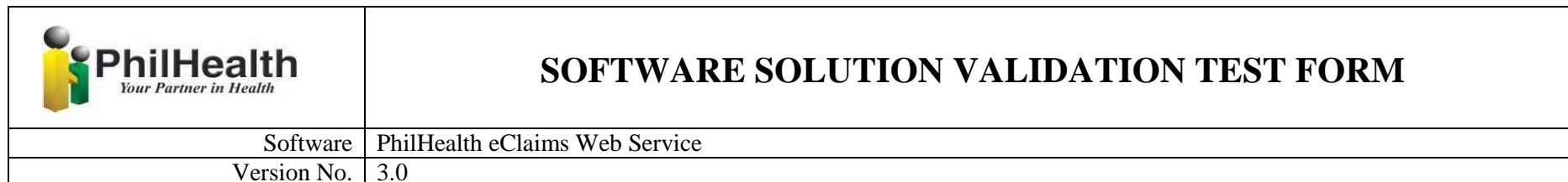
Software

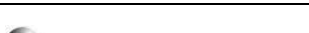
PhilHealth eClaims Web Service

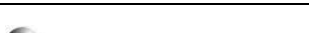
Version No.

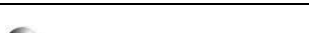
3.0

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E. SECURE / ADEQUATE LINK / BANDWIDTH

- ISP Provider : _____
- Type of Connection
(Dedicated/not Personal): _____
- Bandwidth : _____

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RESULT: **PASSED / FAILED:** _____
EVALUATORS:

Cycle # _____	Cycle # _____	Cycle # _____
_____ Signature above Name	_____ Signature above Name	_____ Signature above Name
_____ Position	_____ Position	_____ Position
_____ Signature above Name	_____ Signature above Name	_____ Signature above Name
_____ Position	_____ Position	_____ Position
_____ Signature above Name	_____ Signature above Name	_____ Signature above Name
_____ Position	_____ Position	_____ Position


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Fig. 1 (PC 2023-0004)

Annex B: Minimum Data Elements for the SOA

Statement of Account

HCP Logo _____ SOA Reference No: _____

Name of Health Care Provider _____
 Address _____
 Contact No./s. _____

Patient Name: _____ Age: _____ Date and Time Admitted: _____
 Address: _____ Date and Time Discharged: _____
 Final Diagnosis (ICD-10/RVS): _____
 Other Diagnosis (ICD-10/RVS): 1. _____
 2. _____
 3. _____

Summary of Fees

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

Professional Fees

Physician/Healthcare Number (check appropriate room admission)	Physician Name	Amount	Discount	PhilHealth	Other Funding Sources	Balance
123456	Dr. Juan dela Cruz	15,750.00	(3,750.00)	-	-	15,000.00
654321	Dr. Angel Santos	21,000.00	(4,000.00)	(2,000.00)	(3,000.00)	12,000.00
Total						27,000.00

Itemized Charges

Service Date	Item Name	Unit of Measurement	Price	Quantity	Amount
6/30/2023	Gloves	Box	373.00	2	746.00
7/1/2023	N95 Face Mask	Box	246.00	2	492.00
Total					1,238.00

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

Conformed: _____
 Patient/ Representative
 (Signature over printed name)
 Relationship of representative to patient
 Date Signed: _____
 Contact No.: _____

Page 1 of 1 of Annex B

MASTER COPY
 DC: 11/13/23
 Date: 11/13/23