MedSys

E-CLAIMS SYSTEM

User's Manual



December 21, 2021

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Introduction

Overview



The **e-Claims System** is part of the Philippine Health Insurance Corporation to provide a greater public service to Filipinos by converting the manual claims processing to an automated one. Being one of the leading hospital information system providers in the Philippines, **MedSys** created eClaims System to ease the process while providing a time efficient and accurate result.

The program itself is protected by the use of password and defined rights to secure all user-entered data and to maintain its confidentiality.

Objectives

- To serve as an initial step towards a paperless hospital claims reimbursement
- To speed up the period of filing and processing of claims
- Provide mechanism for hospitals to verify status of already submitted claims by using the Claims Series LHIO number generated by PhilHealth

Features

- Data-entry restriction Warning messages are flashed for possible invalid entries. This ensures all data inputted would be made useful for any transaction that may occur.
- Password-protected The use of password is necessary to restrict unauthorized access. Thus the program only accepts passwords which are registered into it. This feature ensures the confidentiality and integrity of data entered in the program.
- **User-friendly** The program is designed with a simple and friendly user interface (UI)

Getting Started

How to Start the Program

- 1 Double-click the eClaimsApps executable file icon located in your computer desktop.
- 2 The Login window will be displayed asking you to enter your employee number and password for security purposes.

Application Login			FA
KAISER-DELA CRUZ CONSULTI	NG, INC.		
MEDSYS	(c) K(Ci	v. 8.0.41
Connected.			192.168.1.100
Employee Number		<u>L</u> ogin	
Password	<u>b</u> iometrics	C <u>a</u> ncel	

Figure 1: Login Window

3 If accepted, you can now start a transaction. Otherwise, a message below will be displayed



How to Change Password

It is advisable to change your password as often as possible for security reasons. To change you current password, follow these steps.

- 1 From the Login window, type your employee number and then press < Enter>.
- 2 Under the **Password** entry, press <F12>. Pressing this function key will invoke the **Change Password** window.

🖎 Change User Password	×
User ID: 8	
User Name: MEDSYS , MEDSYS MEDSYS	
<u>O</u> ld Password:	
<u>N</u> ew Password:	
Con <u>f</u> irm Password:	
<u>S</u> ave <u>C</u> lose	
Tips:	
1. Use at least 5 characters	
2. Use numbers and special characters	
3. Use mixed-case letters	
5. Do not share your password	
6. Do not use your name or employeeid as your pw	
skip	

Figure 2: Change Password Window

- 3 Under the Change Password window, type the following data.
 - Old Password Type your existing password.
 - New Password Type your new password not exceeding to 15 characters.
 - Confirm Password Retype your new password to confirm and then press <Enter> or you can click the Save button.

How to End the Program

It is important for users to close the program when they are done to end-up their session. Other users might use the open program using the same password.

To close the program:

- Click 🔀 which is located at the upper right corner of the main window or
- Click Exit from Transaction Entry pull-down menu or
- Press Ctrl + X

Program Operation

Searching of Patient

This option allows you to search for patient(s).

MedSys e-Claims v.8.5.51

Data Entry Settings				
PATIENT LIST				
Patient Type :	IN-PATIENT -	licolay		
Admission Date :	01/01/2017 💌	ispiay		Member <u>E</u> ligibility
Search Key :		Adv.	anced Search	
Admission#	Patient Name		Confinement Period	
17000001			01/01/2017 - 01/02/2017	Unload Documents
1700002			01/01/2017 - 01/04/2017	
1700003			01/01/2017 - 01/03/2017	
1700004			01/01/2017 - 01/03/2017	
17000005			01/01/2017 - 01/05/2017	
17000006			01/01/2017 - 01/03/2017	Electronic Claim
1700007			01/01/2017 - 01/04/2017	Submission
1700008			01/01/2017 - 01/04/2017	
				Claims <u>I</u> nquiry
				Check <u>V</u> oucher Details
				<u>Ex</u> it

Figure 3.1: e-Claims: Patient List Window

- **Patient Type** There are two types of patient: IN-PATIENT and OUT-PATIENT. Select the preferred one.
- Admission Date Refers to the date when the patient is admitted
- Search Key This is used when you prefer to search for a specific patient regardless of the admission date

1. To search for patients, enter the **Patient Type** and **Admission Date** and click on **Display** button. Searched result will be displayed just below the window to match your query.

NOTE: To search for a specific patient only, click on the **Advance Search** checkbox and enter the Admission No. or LastName of patient on the **Search Key** textbox. Click on the **Display** button to match your query.

Data Entry Settings					
PATIENT LIST					4
Patient Type	🗄 IN-PATIENT 👻				
Admission Date		splay			Member Eligibility
5	01/01/2017				
Search Key	/: DELA CRUZ	Advan	iced Search		
Admission#	Patient Name	0	Confinement Period	~	
17001526		d	7/08/2017 - 07/10/2017		Unload Documents
16000054		0	6/30/2016 - 07/02/2016		Opioad Documents
17002210		0	9/08/2017 - 09/11/2017		
17002679		1	0/23/2017 - 10/24/2017		
16000275		0	8/18/2016 - 08/21/2016		Electronic Claim
16000281		0	8/19/2016 - 08/23/2016		Submission
17000952		0	5/07/2017 - 05/13/2017		Submission
16000309		0	8/23/2016 - 08/26/2016		
16000526		0	9/24/2016 - 09/28/2016		
17001701		0	7/24/2017 - 07/28/2017		Claims Inquiru
16000558		0	9/29/2016 - 10/02/2016		Claims Induity
16001023		1	2/05/2016 - 12/10/2016		
17002168		0	9/06/2017 - 09/08/2017		
17000288		0	2/09/2017 - 02/14/2017		Charley
17000176		0	1/24/2017 - 01/27/2017		Check voucher
17001428		0	6/29/2017 - 07/01/2017		Details
17002645		1	0/18/2017 - 10/22/2017		
17003101		1	2/04/2017 - 12/06/2017		
17000454		0	3/02/2017 - 03/04/2017		
17000671		C C	3/30/2017 - 04/05/2017		
17003069		1	1/30/2017 - 12/02/2017	×	E <u>x</u> it
<			>		

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Figure 3.2: e-Claims: Patient List Advanced Search Window

e-Claims Procedure

Step 1: Member Eligibility Checking

This option allows you to check member's eligibility for PhilHealth claims.

1. Search for a patient and click on the **Member Eligibility** button located on the right side of the window. The window below will appear.

Fields with (*) are required. Priled with (*) are required. * Last Name: CARASLUH IN TWENTY * Discharge Date: [02/10/2018] * Middle Name: CARASLUH NN TWENTY * Discharge Date: [02/10/2018] * Set: MALE * * Date of Birth: [01/21/1974] * Prist Name: CARASLUH IN TWENTY * Prist Name: CARASLUH IN NINETEEN * First Name: CARASLUH IN NINETEEN * Middle Name: CARASLUH IN NINETEEN * Midde Name: CARASLUH IN NINETEEN * Sers: MALE * * Date of Birth: [01/20/1974 * * Middle Name: CARASLUH IN NINETEEN * Sers: MALE * * Date of Birth: [01/20/1974 * * Sers: MALE * * Date of Birth: [01/20/1974 * * Sers: MALE * * Date of Birth: [01/20/1974 * * Barangay: CARLATAN * ZIP Code: 2500SAN FERNANDO * AUNION * Member Type: EMPLOYED PRIVATE * * Berne SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Addres: values in VALENCIA, 13	Check Member Eligi	bility	
PATLENT INFORMATION * Last Name: CARASLUH LIN TWENTY * Admission Date: [02/05/2018] * First Name: CARASLUH FIN TWENTY * Discharge Date: [02/10/2018] * Middle Name: CARASLUH NN TWENTY * Patients:	Fields with (*) are re	equired.	
 * Last Name: CARASLUH IN TWENTY * Admission Date: 02/05/2018 * First Name: CARASLUH FN TWENTY * Discharge Date: 02/10/2018 * Patientis: MEMBER * Sex: MALE * Sex: MALE * Date of Birth: 01/21/1974 * Date of Birth: 01/21/1974 * Date of Birth: 01/21/1974 * Forgot PIN2 * Last Name: CARASLUH FN NINETEEN * First Name: CARASLUH FN NINETEEN * Sex: MALE * Sex: MALE * Barangay: CARLATAN * Barangay: CARLATAN * Stret: * Sex: MALE * Barangay: CARLATAN * Barangay: CARLATAN * Barangay: CARLATAN * Sex: MALE * Barangay: CARLATAN * Barangay: CA	PATIENT INFORM	ATION	PHILHEALTH WEB SERVICE CALL
* First Name: (ARASLUH FN TWENTY * Discharge Date: 02/10/2018 * * Middle Name: (ARASLUH MN TWENTY * Patientis: MEMBER * * Patientis: MEMBER * * Patientis: MEMBER * * Patientis: MEMBER * * Patientis: 01/21/1974 * * Patientis: MEMBER * * Patientis: 01/21/1974 * * Patientis: 01/21/1974 * * Patientis: 01/21/1974 * * Patientis: 01/21/1974 * * Forgot PIN? * * Pin: 190268419091 * * Forgot PIN? * * * Pin: 190268419091 * * Forgot PIN? * * * * * * * * * * * * * * * * * * *	* Last Name :	CARASLUH LN TWENTY * Admission Date : 02/05/2018 -	Initial (For Member Verification)
<pre>* Middle Name: CARASLUH MN TWENTY * Patientls: MEMBER * Suffix: Suffix: Sex: MALE * Update Patient rormation * Date of Birth: 01/21/1974 * Go - Call Go - Call Go - Call Go - Call First Name: CARASLUH NN NNETEEN * First Name: CARASLUH NN NNETEEN * First Name: CARASLUH NN NNETEEN * Sex: MALE * Date of Birth: 01/20/1974 * Suffix: * Barangay: CARLATAN * Barangay: CARLATAN * Barangay: CARLATAN * Middle NAME: CARASLUH IN NINETEEN * Date of Birth: 01/20/1974 * Street: * * Barangay: CARLATAN * Malle * * Barangay: CARLATAN * Member Type: EMPLOYED PRIVATE * Mane: SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Address: VALUE VIDIATE FOR INCLUSIVE EDUCATION FOU * Address: VALUE VIDIATE * * Mane: SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Address: VALUE VIDIATE Save / Update Save / Update</pre>	* First Name :	CARASLUH FN TWENTY * Discharge Date : 02/10/2018	C Final (Generate Tracking No.)
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* Sex: MALE * Date of Birth: 01/21/1974 MEMBER INFORMATION * PIN: 190268419091 • Forgot PIN? * Last Name: CARASLUH IN NINETEEN * First Name: CARASLUH FN NINETEEN * First Name: CARASLUH FN NINETEEN * Sex: MALE * Sex: MALE * Date of Birth: 01/20/1974 Street: * Barangay: CARLATAN * ZIP Code: Z500 SAN FERNANDO LA UNION * Member Type: EMPLOYED PRIVATE EMPLOYER INFORMATION * PEN: 202113300068 Search Employer Online? * Name: SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Address: VALENCIA, 13 Print PBEF Save / Update Goose	Suffix :		
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* Last Name : CARASLUH LIN NINETEEN * First Name : CARASLUH FIN NINETEEN * Middle Name : CARASLUH MN NINETEEN Suffix : * Date of Birth : 01/20/1974 ▼ Street : * Date of Birth : 01/20/1974 ▼ Street : * Date of Birth : 01/20/1974 ▼ EMPLOYEE INFORMATION * Member Type : EMPLOYED PRIVATE ▼ * Mane : SAINT FERNANDO LA UNION * Member Type : EMPLOYED PRIVATE ▼ * Name : SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Address : VALENCIA, 13 * Close * Late Name : Carastic for the formation of	* PIN :	190268419091 Forgot PIN?	ELIGIBLE TO AVAIL PHILHEALTH BENEFITS? : YES
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Suffix: * Sex: MALE * Date of Birth: 01/20/1974 Street: * Barangay: CARLATAN I: Patient INFORMATION * Member Type: EMPLOYER INFORMATION * Name: SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Address: , VALENCIA, 13	* Middle Name :	CARASLUH MN NINETEEN	PHILHEALTH IDENTIFICATION NO. : 190268419091 MEMBER CATEGORY :
<pre>* Sex: MALE * Date of Birth: 01/20/1974 Street: * Barangay: CARLATAN * ZIP Code: 2500 SAN FERNANDO LA UNION * Member Type: EMPLOYED PRIVATE EMPLOYER INFORMATION * PEN: 202113300068 Search Employer Online? * Name: SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Address: , VALENCIA, 13 </pre>	Suffix :		LAST NAME : CARASLUH LN NINETEEN FIRST NAME : CARASLUH EN NINETEEN
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Street: * Barangay: CARLATAN * ZIP Code: 2500 SAN FERNANDO * Member Type: EMPLOYED PRIVATE	* Date of Birth :	01/20/1974 💌	DATE OF BIRTH : 01-20-1974
* ZIP Code: 2500 SAN FERNANDO LA UNION * Member Type: EMPLOYED PRIVATE Image: Carastud HX NINETEEN * Member Type: EMPLOYED PRIVATE Image: Carastud HX NINETEEN * Member Type: EMPLOYED NOTED PRIVATE Image: Carastud HX NINETEEN * Name: 202113300068 Search Employer Online? * Name: SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU Image: Carastud HX NINETEEN * Address: VALENCIA, 13 Image: Carastud HX NINETEEN	Street :	* Barangay : CARLATAN	[[PATIENT INFORMATION]]
* Member Type : EMPLOYED PRIVATE * EMPLOYER INFORMATION * PEN : 202113300068 , Search Employer Online? * Name : SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Address : , VALENCIA, 13 Print PBEF Save / Update Member Eligibility Close	* ZIP Code :	2500 SAN FERNANDO LA UNION	FIRST NAME : CARASLUH EN NINETEEN
EMPLOYER INFORMATION * PEN : 202113300068 * Name : Saint LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Address : , VALENCIA, 13	* Member Type :	EMPLOYED PRIVATE	MIDDLE NAME : CARASLUH MN NINETEEN SUFFIX :
* PEN: 202113300068 Search Employer Online? * Name: SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Address: , VALENCIA, 13 Print PBEF Save / Update Member Eligibility Close			DATE ADMITTED : 02-05-2018
* Name : SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU * Address : , VALENCIA, 13 Print PBEF Save / Update Member Eligibility Close	* PEN :	202113300068 Search Employer Online?	DATE OF BIRTH : 01-20-1974
* Address : , VALENCIA, 13	* Name :	SAINT LOUIS UNIVERSITY INSTITUTE FOR INCLUSIVE EDUCATION FOU	¥
Print PBEF Save / Update Member Eligibility Close	* Address :		
	Address .	, VALENCIA, IS	Print PBEF Save / Update Close Member Eligibility

Figure 4: Check Member Eligibility Window

NOTE: All the information shown here is retrieved from the Form 1 Entry in PhilHealth module. You have options to edit or update it.

There are two (2) steps to be done for member's eligibility checking:

- Initial Call This is done upon admission
- Final Call This is done after discharge. Tracking Number will be generated to confirm member's eligibility to avail appointment
- 2. Click on the **Go-Call** button to check and verify member's eligibility. Results will be displayed on **PHILHEALTH WEB SERVICE RESPONSE** window.

The following button options can be clicked from:

- **Print PBEF** This will print the PhilHealth Benefit Eligibility Form (PBEF)
- Save/Update Member Eligibility This will save change(s) made
- Close This will close the window

PIN Verification Utility

This option allows you to search for member's PhilHealth Identification Number (PIN) through the Institutional Health Care Provider (IHCP)

a. Under **Member Information** section, click on **Forgot PIN**. The window below will appear.

PIN Verification Utility				
Fields with (*) are required. MEMBER INFORMATION				
* Last Name : CARASLUH LN TEN * First Name : CARASLUH FN TEN				
* Middle Name : CARASLUH MN TEN Suffix :				
* Date of Birth: 01/01/1974 -				
Get Member PIN Cancel				

Figure 5: PIN Verification Utility Window

b. Enter required member's information and click on **Get Member PIN** for lookup.

Employer Online Search

This option allows you to search online for employers with PhilHealth Employer Number (PEN).

a. Under Employer Information section, click on Search Employer Online. The window below will appear.

SEARCH INFORMATIC PhilHealth Employe * PhilHealth Employe	DN ENTRY er Number : byer Name : SAINT LOUIS (] J	Search
PEN	Employer Name	Address	
1 016000009311	SAINT LOUIS UNIV. EXTN	INST. FOR SN , DAVAO CITY, 24	
2 200274300086	SAINT LOUIS UNIVERSITY	INSTITUTE FO, MARIKINA CITY	
3 202113300068	SAINT LOUIS UNIVERSITY	INSTITUTE FO , VALENCIA, 13	
4 002000019102	SAINT LOUIS UNIVERSITY	, INC. ODM , MANILA 1ST DIST	RICT METRO MANILA, MAI
		s	elect <u>C</u> ancel

Figure 6: Search Employer Window

- b. Enter the employer name on the **PhilHealth Employer Name** textbox and click on **Search** button. Results will be displayed below to match your query.
- c. Click on the **Select** button to choose the correct employer for the member or click on the **Cancel** button to close the window.

Step 2: Upload Documents

This option allows you to upload supporting documents.

1. Search for a patient and click on the **Upload Document** button located on the right side of the window. The window below will appear.

SUPPORTING DOCUMENTS

Document Type : SELECT -	Browse
Document Code Document Url	
<	>
	Close

Figure 7: Supporting Documents Window

Document Types:

- Anesthesia Record
- Clinical Abstract
- Certification of Approval / Agreement from the Employer
- Claim Form 1
- Claim Form 2
- Claim Form 3
- Certificate of Eligibility
- Claim Signature Form
- Confirmation Test Results by Saccl or RITM
- Diagnostic Test Result
- HIV Screening Test Result
- Malarial Smear Results
- Member's Birth Certificate
- Member Empowerment Form

- Member's Marriage Contract
- NTP Registry Card
- Operative Records
- Official Receipts
- Patient's Birth Certificate
- PhilHealth Member Registration Form
- PhilHealth Official Receipts
- Pre-Authorization Clearance
- Proof of MDR with Payment Details
- Statement of Account
- TB-Diagnostic Committee Certification (-) Sputum
- Three Years Payment of (2400 X 3 Years of Proof of Payment
- Valid PhilHealth Indigent ID
- Waiver for Consent for Release of Confidential Patient Health
 Information
- 2. Select **Document Type** to be uploaded by clicking on the drop-down arrow.
- 3. Click on the **Browse** button to locate the scanned document on your local computer. Selected document will automatically be uploaded.

NOTE: For **RTH (Returned to Hospital)**, click on the **For RTH** checkbox. Once the document is uploaded, go to **Claim Status Inquiry** option and click on **Submit Required Documents** to submit it.

Step 3: Electronic Claim Submission

This option allows you to submit your claims electronically to PhilHealth server.

NOTE: Transmittals done in PhilHealth module will be accessed here.

1. Go to **Data Entry > Electronic Claim Submission** or click on the Electronic Claim Submission button located on the right side of the window. The window below will appear.

Electronic Claim Submis	sion	
Transmittal Date : Member Type :	01/15/2018 EMPLOYED GOVERNMENT Display Claims	CLAIM STATUS Processed Claims Pending Claims
BATCH Transmittal # 38	LIST OF CLAIMS Admission # Patient Name Confinement Period Member Number I S0027 CARASLUH LN TWENTY FOUR 01/10/2018-01/14/2018 190268419156 T T S0027 CARASLUH LN TWENTY FOUR 01/10/2018-01/14/2018 190268419156 T T S0027 CARASLUH LN TWENTY FOUR 01/10/2018-01/14/2018 190268419156 T S0027 CARASLUH LN TWENTY FOUR 01/14/2018 190268419156 T S0027 CARASLUH LN TWENTY FOUR 01/14/14/14/14/14/14/14/14/14/14/14/14/14	TRANSMISSION RECEIPT INFORMATION HOSPITAL CODE : 20132 TRANSMISSION CONTROL NUMBER : 0201-3218-0100-0005 TRANSMISSION DATE : 01-15-2018 TRANSMISSION TIME : 03:23:04PM RECEIPT TICKET NUMBER : 011518000010 CLAIM SERIES LHIO : 180115040000104 REMARKS
	Preview XML Submit Close	Get Uploaded Claim Series Lhio

Figure 8: Electronic Claim Submission Window

- 2. Select Transmittal Date you prefer.
- 3. Choose Member Type.
- 4. Click **Display Claims**. List of claims will be displayed to match your query.

The following button options can be clicked from:

- Preview XML This will generate the Extensive Markup Language (XML) file for preview. This will be used when you want to review first the generated XML before sending it
- Submit This will generate and submit directly the Extensive Markup Language (XML) file to PhilHealth server. Results will be displayed on the Transmission Receipt Information window.
- Get Uploaded Claim Series Lhio This is used when you want to retrieve the Lhio series number for a specific claim in case you were unable to receive one during transmission.

• Close - This will close the window

Claim Status Legend:

- Processed Claims Claims submitted to PhilHealth server
- Pending Claims Claims in queu for submission. These are the transmittals done in Philhealth module and ready for online submission

Claim Status Inquiry

This is used to check the status of submitted claims.

- 1. To open its window,
 - Go to **Data Entry > Claims Inquiry** or click on the Claims Inquiry button located on the right side of the window.

Claims Inquiry					
			CLAIM STATUS		
Date Admitted : 01	/01/2018 -	Display	IN PROCESS : 2	DENIED : 0 V	VITH VOUCHER: 3
Date Discharged :		Claims			
Date Distinargeut. [0]	/1//2018 -				
Claim Series Lhio	Patient Name		Confinement Period	Claim Date Received	Status
180104040000104	CARASLUH LN TWE	ENTY SEVEN , C.	01-01-2018 - 01-04-	2018 01-04-2018	WITH VOUCHER
180111040000104	CARASLUH LN TWE	ENTY SIX , CARA	01-01-2018 - 01-04-	2018 01-11-2018	WITH VOUCHER
180112040000104	CARASLUH LN TWE	ENTY TWO , CAI	01-06-2018 - 01-10-	2018 01-12-2018	IN PROCESS
180112040000204	CARASLUH LN TWE	ENTY ONE , CAF	01-05-2018 - 01-10-	2018 01-12-2018	IN PROCESS
180115040000104	CARASLUH LN TWE	ENTY FOUR , C4	01-10-2018 - 01-14-	2018 01-15-2018	WITH VOUCHER
1					
			Submi	Required View Clai	m Close
			Doc	uments Details	<u></u>

Figure 9: Claims Inquiry Window

- 2. Enter the preferred **Date Admitted** and **Date Discharged**.
- 3. Click on **Display Claims** to show searched results

CLAIMS STATUS LEGEND:

- IN PROCESS Claims already received by PhilHealth and currently under validation and verification
- RETURN Returned claims
- DENIED Disapproved claims
- WITH CHECQUE Claims with cheque done
- WITH VOUCHER Claims with voucher done
- VOUCHERING Claims with an ongoing voucher

The following button options can be clicked from:

• Submit Required Documents – This is used for RTH (Returned to Hospital) claims. Uploaded RTH documents on Step 3: Upload Documents will be sent to PhilHealth server using this option.

Submission of	Additional Required Documents	
Claim Ser	ies LHIO : 180511040000104 Confinement Period : 03-05-2018 - 03-	05-2018
Patie	nt Name : SAMPLE 1 , SAMPLE 1 SAMPLE 1	
ADDITIONA	L DOCUMENTS LIST	
Code	Document URL	Submitted?
CF2	http://localhost:8085/ClientDocument/20132/2018/5/31/4/e213c4bb-ef93-4fde-a15a	YES
CSF	http://localhost:8085/ClientDocument/20132/2018/5/31/4/da2ade9a-4c19-4bc6-bb1	YES
SOA	http://localhost:8085/ClientDocument/20132/2018/5/31/4/534ab946-3e6b-4069-93e8	YES
CF2	http://localhost:8085/ClientDocument/20132/2018/5/31/4/54c03c2b-d404-4060-9553	YES
	Submit	Close

Figure 9.1: Submission of Additional Required Documents Window

- View Claim Details This is used to view details of claims submitted.
- Close This will close the window

Voucher Details Checking

This is used to check the details of the voucher made.

- 1. To open its window,
 - Go to **Data Entry > Voucher Details** or click on the Voucher Details button located on the right side of the window.

Voucher Details
* Voucher Number : Search
VOUCHER DETAILS Voucher Number: 201-010002-18G04 CLAUNC SLIMMARY
View Charges
Claim Series Lhio Patient Name Confinement Period Member Number Claim Date Received 180104040000104 CARASLUH LN TWENTY SEVEN , C. 01-01-2018 - 01-04-2018 190268419180 01-04-2018 180111040000104 CARASLUH LN TWENTY SIX , CAR4 01-01-2018 - 01-04-2018 190268419172 01-11-2018
<
Close

Figure 10: Voucher Details Window

2. Enter **Voucher Number** and click on the **Search** button. Results will be displayed below to match your search query.

MEDSYS E-CLAIMS FLOWCHART

