

WAH E-CLAIMS TRANSMISSION FLOW  
V.1

1. Registration of the PhilHealth Accredited Physician

Update/add user account of physician for the Philhealth accreditation Number, **Tin Number and programs accredited**. This will be done once only.

Edit User

User Name \*  
francis

Password \*

Confirm Password \*

Last Name \*  
Gamboa

First Name \*  
Francis Joseph

Middle Name \*  
Gamboa

Suffix Name  
N/A

Gender \*  
Male

Birthdate \*  
3/30/1989

Mobile Number \*  
+63(917) 000-0000

Email Address  
wahreports2014@gmail.

Designation \*  
Physician

TIN Number

Accreditation Number  
- - - - -

Admin \*  
Yes

☐ cc

☐ mc

☐ tb

☐ ab

SEARCH ACCREDITATION NUMBER

CANCEL

SAVE

2. Search the name of the Patient for submission

- Under Profile, Validate Patient Philhealth number;
- a. If employed, search for Employer name or Fill up properly the Employers information.
  - b. If dependent, fill up member's philhealth information.

9/21/2018

SEARCH PHILHEALTH NUMBER Q

Philhealth I.D. Number \*  
07-252415932-6

Confirm Philhealth Number \*  
07-252415932-6

Select Membership Type  
Member

Select Membership Category  
FE - Private - Permanent Regular

Search Employer

Employer PEN  
008020000768

Employer Name  
Wireless Access For Health Initiative Inc

Employer Address  
Room 201 Tpho Dormitory Hospital Drive San Vicente Tarlac City

12/31/2018

3. Search for rvs code caserate (MCP, TB, Animal bites) and select the applicable caserate fee.  
**NOTE: DO NOT manually fill out the Caserate form or else errors will be encountered in generating CF2.**

- If errors occur during searching of rvs, please check your Internet Connection

Search Case Rate

Case Rate Details

Case Rate Date: 9/27/2018

Case Rate Code:

ICD10 Code/ RVS Code:

Description:

HCI FEE:

PROF FEE:

CASE RATE FEE:

SAVE

Case Rate

Diagnosis Description

ICD10 Code

RVS Code

MCP01

Case Rate Group														
ICD 10 / RVS Code	Description	First Case Rate			Second Case Rate			Applicable Health Care Institutions Note: if licensed and capable to perform the procedure						
		HCI Fee	Prof Fee	Case Rate	HCI Fee	Prof Fee	Case Rate	Level 1	Level 2	Level 3	ASC	PCF	MCP	FSDC
MCP01	ROUTINE OBSTETRIC CARE INCLUDING PRENATAL, DELIVERY AND NEWBORN SERVICES OF NON-HOSPITAL FACILITIES (MATERNITY CARE PACKAGE)	3900	2600	6500				✓	✓	✓	✗	✗	✗	✗
		4800	3200	8000				✗	✗	✗	✗	✓	✓	✗

4. Go to E-CLAIMS menu and click CF2 button

TREATMENT HISTORY TREATMENT REGISTRY **E-CLAIMS**

PBEF CF1 **CF2** UPLOAD

Claim Series Lhio Transmittal Date Claim Status As of Action

**If errors occur in generating CF2, check the following solution.**

For MCP:

- Check Quality 4 Prenatal Visits (1 visit in 1<sup>st</sup> trimester, 1 visit in 2<sup>nd</sup> trimester, 2 visits in 3<sup>rd</sup> trimester)
- Check Postpartum details (Admission and discharge date must be 24 hrs)
- Check Caserate

For NBS:

- Check admission and discharge date in first visit.
- Check services given
- If NBS done, add filter number
- Check caserate

- For TB:
- Under caseholdings, check case number
  - Check important dates (startdate, continuation date and end date)
  - Check caserate
- For ABTC:
- Fill out properly the Post-exposure Prophylaxis History
    - Others (date)
    - Others (Specify) – free text box
    - Day 0, Day 03, and Day 07
  - Check caserate

5. Click the Queue for Submission in CF2

Claim Form 2

QUEUE FOR SUBMISSION

PhilHealth

Your Partner in Health

IMPORTANT REMINDERS:

PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.

This form together with other supporting documents should be filed within sixty (60) calendar days from date of discharge.

All information, fields and tick boxes required in this form are necessary. Claim forms with incomplete information shall not be processed.

FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

This form may be reproduced and is NOT FOR SALE

CF2

(Claim Form 2)

revised November 2013

Series #

PART I - HEALTH CARE INSTITUTION (HCI) INFORMATION

Note

Claim queued for submission, please upload the all required documents

OK

6. After queueing for submission in CF2, Click upload button for your attached docs

TREATMENT HISTORY

TREATMENT REGISTRY

E-CLAIMS

PBEF

CF1

CF2

UPLOAD

Claim Series Lhio

Transmittal Date

Claim Status

As of

Action

- I. Select Document type in the list
  - II. Click "Choose File" and then Click "Upload Doc"
  - III. Repeat "Step I" for all remaining documents before clicking "Upload Claim"
- NOTE: Please upload all the documents required first before UPLOAD CLAIM**

all documents uploaded must reflect in the center screen.

Document Upload

1. Doc Type

Statement of Account

2. CHOOSE FILE

3. UPLOAD DOC

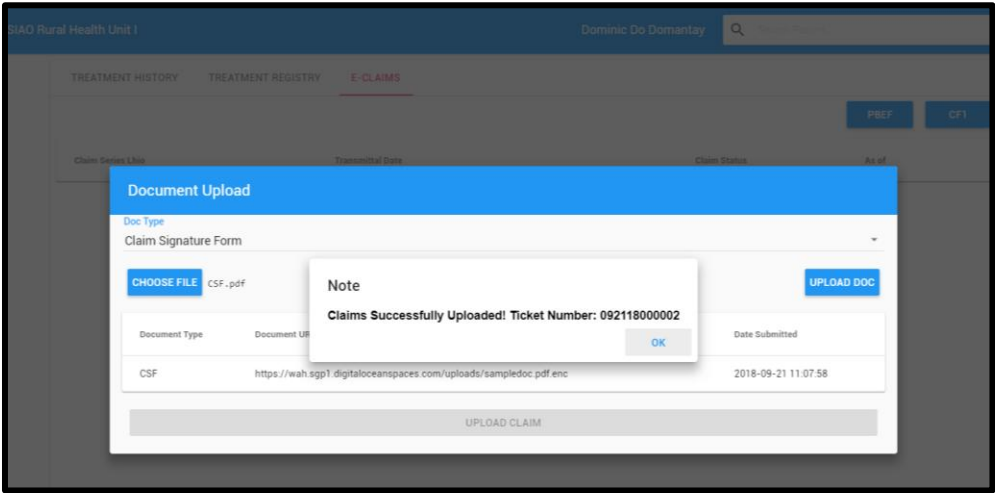
Document Type	Document URL	Date Submitted
CSF	https://wah.sgp1.digitaloceanspaces.com/uploads/sampledoc.pdf.enc	2018-09-27 10:53:44
SOA	https://wah.sgp1.digitaloceanspaces.com/uploads/sampledoc.pdf.enc	2018-09-27 10:55:04

Final Step

UPLOAD CLAIM

V.

7. SUCCESSFUL UPLOAD CLAIM



Types of Claims Status

**IN PROCESS** – Successfully transmitted to Philhealth and currently validating the claim.

Claim Series Lhio	Transmittal Date	Claim Status	As of
180808050137605	08-08-2018	IN PROCESS	09-29-2018 11:23:48PM

WITH VOUCHER

Claim Series Lhio	Transmittal Date	Claim Status	As of
05	08-08-2018	WITH VOUCHER	09-29-2018 11:23:48PM

WITH CHEQUE

Claim Series Lhio	Transmittal Date	Claim Status	As of
05	07-02-2018	WITH CHEQUE	09-27-2018 11:22:27AM

PAID

Claim Series Lhio	Transmittal Date	Claim Status	As of
180808050137605	08-08-2018	PAID	09-29-2018 11:23:48PM

**RETURN** (Please click the **icon** next to RETURN to view the reason)

Claim Series Lhio	Transmittal Date	Claim Status	As of
180810050007505	08-10-2018	RETURN	09-17-2018 08:45:12PM

DENIED

Claim Series Lhio	Transmittal Date	Claim Status	As of
05	08-10-2018	DENIED	09-17-2018 08:42:56PM