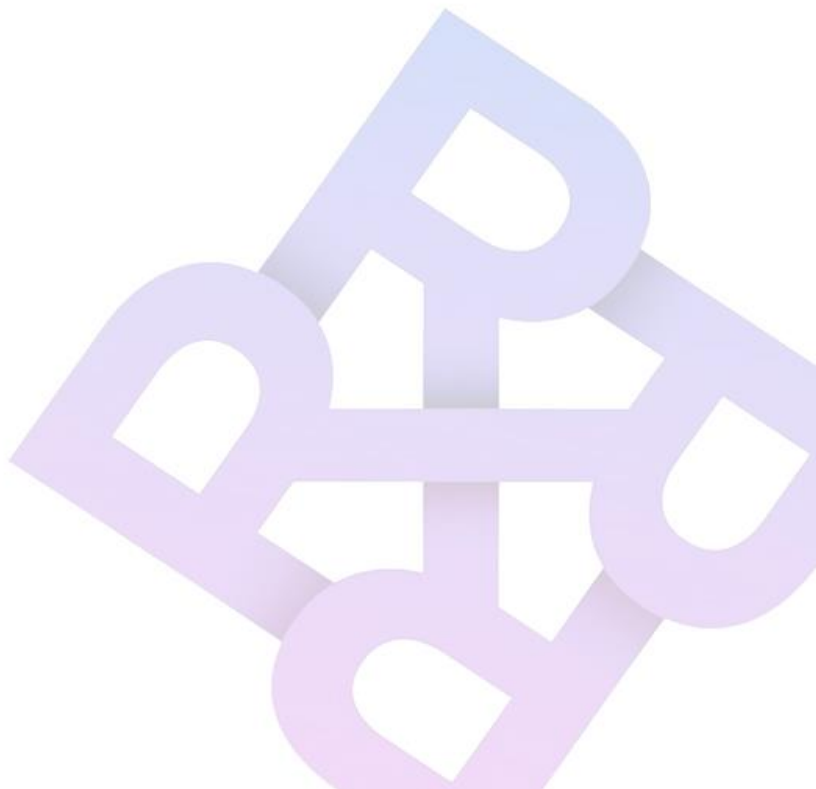




# **MEMBER REIMBURSEMENT PORTAL BUSINESS REQUIREMENT DOCUMENT**

Version 1.1

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## DOCUMENT HISTORY

Version	Date	Author	Status	Purpose
0.1	06/29/2022	Romie Lou Empaynado	Draft	Document creation based on existing SOW
1.0	07/04/2022	Romie Lou Empaynado	Signed off	
1.1	07/21/2022	Romie Lou Empaynado	Revised	*Add Introduction *Add required and supporting documents per service type  Integration *Add Active Directory and SendGrid *Update Dentist/Dental Clinic integration to PNAS

## LIST OF ACRONYMS AND ABBREVIATIONS

AO	Account Officer	A person that handles corporate accounts
APE	Annual Physical Examination	A benefit under preventive health
DD Limit	Dreaded Diseases Limit	Limit amount given to a member per illness
DMS	Document Management System	A shared network folder used by Reimbursement Department
DT	Dental	A service/service type of MediCard
EMED	Electronic MediCard System	An application that can be accessed via web by account officer, corporate members and HR of the account.  There are two versions that were released by MediCard, the EMED and EMED Plus. Not all accounts have these applications. Some accounts still use EMED even if EMED Plus is already available due to set-up and effort involved in transition.
HR	Human Resources	Serves as the representative of an account

IP	Inpatient	A service/service type of MediCard
IR	Incident Report	A document that can be issued to concerned department for review
MediCard Go	MediCard Go	Current mobile application for members of MediCard
MIMS	MediCard Information Management System	Current system of Customer Management Group (CMG), Operations and Hospital Based Operations (HBO) for approval of <i>Inpatient, Emergency</i> and <i>Dental</i> availments
MS	Medical Service	A subservice of Outpatient (OP) but will be a MediCard service/service type in this project.
OP	Outpatient	A service / service type of MediCard
PEC Limit	Pre-existing Condition Limit	A limit amount given to a member if the illness was categorized as pre-existing
PNAS	Providers Network Accreditation System	Current system of PRD for accreditation and maintenance of Member information, affiliation, services and rates
PRD	Provider Relations Department	A MediCard department that governs accreditation and relationship with Members e.g. Hospitals, Doctors, Dentist etc.
Reimbursement AS	Reimbursement Assistant Supervisor	Approver of Reimbursement internal request and member code revision
RMD	Revenue Management Department	A MediCard department that governs billing and payments of members or corporate accounts
SA Number	Statement of Account Number	Billing statement from Members
SPOC	Single Point of Contact	An SPOC can be assigned per process or department
URG	Underwriting	Processing of member enrolment

## INTRODUCTION

Members tend to submit their reimbursement request via company's Account Officer (AO), HR or send directly to MediCard via email or courier. Account Officers and HRs use the same channel for submission of reimbursement. Monitoring of reimbursement status is via call or email.

Reimbursement Receiving Clerk manually receives these requests by:

1. Segregating bills per service type
2. The records per SA Number will be encoded in *Reimbursement System* for the generation of control code and assignment of processor
3. A control slip will be printed and attached to the bill
4. If applicable, Reimbursement Receiving Clerk will create an action memo document to be sent to member, AO or HR for compliance. The action memo will also be sent via email or courier

The current process is inefficient in terms of accessibility and difficulty of reimbursement submission. MediCard reimbursement receiving has also manual processes that is hard to monitor and prone to loss of documents or mix-ups.

Member Reimbursement Portal is envisioned to be a web-based system that will allow members, account officers and HRs to submit their reimbursement request and reply to action memo online. They can still submit reimbursement request manually and the Reimbursement Clerk will create and receive the transaction.

## OBJECTIVES

The goal is to transform these manual processes of reimbursement submission and receiving into an easier, faster and with accessible channel for both members, AO, HR and Reimbursement Department. We aim to have a web-based application that will allow the following:

- Online submission of reimbursement and compliance to action memo by members, account officers and HR
- Online monitoring of reimbursement status
- Online reimbursement receiving and issuance of action memo by Reimbursement Clerk
- Online e-Payout enrolment of members
- Creation of reimbursement transaction and compliance to action memo by Reimbursement Clerk if manually submitted by members, account officers and HR
- Submission of edit/delete requests by Reimbursement Clerk for approval of Reimbursement AS

## 1. MEMBER SUBMISSION OF REIMBURSEMENT / COMPLIANCE TO ACTION MEMO

### 1.1 Login

- Members can login using credentials from MediCard Go
- Company HR and account officers will use EMED log-in credentials

Note: *Reimbursement* should be part of MediCard Go and EMED features. After log-in, a link should be available to direct the user to Member Reimbursement Portal.

## 1.2 Dashboard

- List of Reimbursement Request
  - Default the list by Date Filed in descending order (latest to oldest)
  - System should display the count of transactions with *Active* action memo – if count is clicked, this will filter the list to active action memos by Date Filed in ascending order (oldest to latest); Member should be able to reset the list to default
  - User can do the following:
    - Search for a particular request by control number, service type, date filed or status
    - Sort the list by column
    - View details of each request
    - Update or delete request with *Draft* or *Submitted* status only
- List of Issued Documents
  - Default the list by Date Issued in descending order (latest to oldest)
  - User can view and download issued documents per control number
- Download Template (not available to corporate members)
  - Account Officers and HR should be able to download template for the following:
    - APE
    - Pre-employment
- Notifications
  - The system should notify member, account officer or HR for the receipt and cut-off time of submitted requests via system and registered email in MediCard Go or EMED
- Users should also be able to:
  - File Bill Processing Request
  - Reply to Action Memo

## 1.3 Filing of Bills Processing Request

- Members should be able to submit reimbursement for the following service types:
  - In Patient (IP)
  - Out Patient (OP) except from below nature of claim:
    - Replenishment
    - Revolving Fund
- Account Officers and HR can submit the following Out Patient request with below nature of claim:
  - APE
  - Pre-employment
  - Replenishment
  - Medicine Allowance
  - Revolving Fund
- Below are the required and supporting documents that need to be uploaded by member, AO or HR per service type:

Service Type	Required Documents	Supporting Documents
In Patient (IP)	<ul style="list-style-type: none"> <li>*Clinical Abstract / Discharge Summary with final diagnosis</li> <li>*Itemized Breakdown of charges / charge slips</li> <li>*Official Receipts / proof of payment for online transactions</li> <li>*Operative Technique (required for surgical cases)</li> <li>*Statement of Account</li> </ul>	<ul style="list-style-type: none"> <li>*Certificate of live birth and/or Marriage Contract</li> <li>*Copy of doctor's request for tests and / or procedures</li> <li>*Copy of driver's license</li> <li>*Copy of OR /CR of vehicle</li> <li>*Doctor's prescription / certificate of non-availability of medicines from hospital pharmacy</li> <li>*Duly notarized affidavit of next of kin / Marriage Contract</li> <li>*Incident Report stating nature and cause of accident</li> <li>*Results of laboratory / diagnostic examination/Histopathologic result</li> <li>*Subrogation form(for accidents)</li> </ul>
Out Patient (OP)	<ul style="list-style-type: none"> <li>*Dental Certificate</li> <li>*Itemized Breakdown of charges / charge slips</li> <li>*Medical Certificate / Emergency Room Record stating chief complaint and final diagnosis</li> <li>*Official Receipts / proof of payment for online transactions</li> <li>*Operative Technique (required for surgical cases)</li> </ul>	<ul style="list-style-type: none"> <li>*Certificate of live birth and/or Marriage Contract</li> <li>*Copy of Autopsy report (for death of unknown causes)</li> <li>*Copy of doctor's request for tests and / or procedures</li> <li>*Copy of driver's license</li> <li>*Copy of OR /CR of vehicle</li> <li>*Doctor's prescription</li> <li>*Duly notarized affidavit of next of kin / Marriage Contract</li> <li>*Incident Report stating nature and cause of accident</li> <li>*Police Report / Traffic Investigation report/ Blotter (for accidents)</li> <li>*Results of laboratory / diagnostic examination/Histopathologic result</li> <li>*Schedule of vaccine administration</li> <li>*Subrogation form(for accidents)</li> </ul>

## FIELD DETAILS

Field Name	Mandatory	Field Type	Field Values	Description/Details
Service Type	Yes	Dropdown List	IP, OP	
Nature of Claim	Yes	Dropdown List	<p>If service type is IP:</p> <ul style="list-style-type: none"> <li>&gt;ECU</li> <li>&gt;Maternity Assistance</li> <li>&gt;Other Confinement/Admission Services</li> <li>&gt;Revolving Fund</li> <li>&gt;Vehicular Accident Availment</li> </ul> <p>If service type is OP:</p> <ul style="list-style-type: none"> <li>&gt;Ambulance</li> <li>&gt;APE</li> <li>&gt;Consultation</li> <li>&gt;Death Claim/MFA</li> <li>&gt;Dental Reimbursement</li> <li>&gt;Disability Claim</li> <li>&gt;ECU</li> <li>&gt;Maternity Assistance</li> <li>&gt;Medicine Allowance</li> <li>&gt;Other Outpatient Services</li> <li>&gt;OP Meds Reimbursement</li> <li>&gt;Optical Wear Reimbursement</li> <li>&gt;Pre-employment</li> <li>&gt;Replenishment</li> <li>&gt;Revolving Fund</li> <li>&gt;Vehicular Accident Availment</li> <li>&gt;Vaccines of any kind</li> </ul>	Display nature of claim list in alphabetical order
Filing Type	Yes; if service type is OP and Nature of Claim is APE or PE	Dropdown List	Upload Scanned Bills, Encode in template	



PATIENT'S DETAILS				
Patient's MediCard ID Number	Yes; if user is member	Free text (alpha- numeric)	MediCard ID Number of principal and dependents	Not required if user is AO or HR
Patient's Name	Yes	Read-only	Retrieve values from Membership System based on entered MediCard ID	
Membership Status	Yes	Read-only		
Company Name	Yes	Read-only; if user is member  Search field; if user is AO or HR		
Company Code	Yes	Read-only		Display if user is AO and HR of the account  Will be displayed after selection of Company Name
Principal Member's Name	Yes	Read-only	Retrieve values from Membership System based on entered MediCard ID	Not required if user is AO or HR
Email Address	Yes	Read-only		
Phone Number	Yes	Read-only		
SA Number	No	Free text (numeric)		Display if user is AO and HR and Nature of Claims is Replenishment
No. of Patients	Yes	Free text (alpha- numeric)		
SA Amount	Yes	Free text (numeric)		
Reason for filing Reimbursement	Yes	Dropdown list		
Others	Yes; if Reason for filing reimbursement is <i>Others (please specify)</i>	Free text (alpha- numeric)		
AVAILMENT DETAILS				
Doctor	Yes; if service type is OP and nature of	Dropdown list	List of doctors from PNAS	

	claim is Consultation			
Other Doctor	Yes; if <i>Others (please specify)</i> was selected in the list of doctors	Free text (alpha-numeric)		
Hospital Name	<p>Yes; if service type is:</p> <p>1. IP</p> <p>2. OP with nature of claim as:</p> <p>*Other Outpatient Services</p> <p>*Consultation – after selection of doctor, this will be filtered to list of doctor’s affiliated hospitals; this field can be blank if <i>Clinic Name</i> has data</p> <p>*Maternity Assistance - this field can be blank if <i>Clinic Name</i> has data</p> <p>*Vehicular Accident</p> <p>*Ambulance</p> <p>*ECU - this field can be blank if <i>Clinic Name</i> has data</p> <p>*APE - this field can be blank if <i>Clinic Name</i> has data</p> <p>*Pre-employment - this field can be blank if <i>Clinic Name</i> has data</p>	Dropdown list	List of hospitals from PNAS	
Other Hospital	Yes; if <i>Others (please specify)</i> was selected in the list of hospitals	Free text (alpha-numeric)		
Clinic Name	Yes; if service type is OP with nature of claim as:	Dropdown list	List of clinics from PNAS	

	<p>*Consultation - after selection of doctor, this will be filtered to list of doctor's affiliated clinics; this can be blank if <i>Hospital Name</i> has data</p> <p>*Maternity Assistance - this field can be blank if <i>Hospital Name</i> has data</p> <p>*ECU - this field can be blank if <i>Hospital Name</i> has data</p> <p>*APE - this field can be blank if <i>Hospital Name</i> has data</p> <p>*Pre-employment – this field can be blank if <i>Hospital Name</i> has data</p>			
Other Clinic	Yes; if <i>Others (please specify)</i> was selected in the list of clinics	Free text (alpha-numeric)		
Dentist	Yes; if service type is OP and nature of claim is Dental Reimbursement	Dropdown list	List of dentist from PNAS	
Other Dentist	Yes; if <i>Others (please specify)</i> was selected in the list of dentist	Free text (alpha-numeric)		
Dental Clinic	Yes; if service type is OP and nature of claim is Dental Reimbursement; after selection of dentist, this will be filtered to dentist's affiliated dental clinics	Dropdown list	List of dental clinic from PNAS	
Other Dental Clinic	Yes; if <i>Others (please specify)</i> was	Free text (alpha-numeric)		

	selected in the list of dental clinics			
Date of Admission	Yes; if IP	Calendar Widget		
Date of Discharge	Yes; if IP	Calendar Widget		
Date of Availment	Yes; if OP except if nature of claim is MFA	Calendar Widget		
Date of Death	Yes; if OP and nature of claim is MFA	Calendar Widget		
Total Amount of Claim	Yes	Free text (numeric)		
PAYMENT DETAILS				
Check Payment	Either <i>Check Payment</i> or <i>Online Crediting</i> should be selected	Checkbox		
For Pick-up	Any of the <i>For Pick-up</i> , <i>Thru Courier</i> or <i>Thru Account Officer</i> should be selected	Checkbox		
Thru Courier		Checkbox		
Mailing Address		Free text (alpha-numeric)	Mailing Address is required if Thru Courier is selected	Display if Thru Courier is selected
Thru Account Officer		Checkbox		
Online Crediting	Either <i>Check Payment</i> or <i>Online Crediting</i> should be selected	Checkbox		
E-payout	Either E-payout or GCash should be selected	Checkbox		<p>If E-payout is selected and member is enrolled, system should display the current E-payout details wherein user can either update or confirm the details.</p> <p>If not yet enrolled to E-payout, member has an option to enrol or change payment details. If the member opt to</p>

				enrol, system should display the "MediCard E-payout Online Reimbursement Enrolment Form"
GCash		Checkbox		<p>If GCash is selected and member is enrolled, system should display the current GCash details wherein user can either update or confirm the details.</p> <p>If member has not yet enrolled GCash, member has an option to enrol or change payment details. If the member opt to enrol, system should display the "MediCard E-payout Online Reimbursement Enrolment Form"</p>
Consent		Checkbox		

Additional fields for APE or PE if user selects "Encode in Template" as the Filing Type

Field Name	Mandatory	Field Type	Field Values	Description/Details
Visit Date	Yes	Calendar Widget		Display if the user is AO or account HR
No	Yes	Read only	System generated	
Member Code	Yes	Free text (alpha-numeric)		
Employee's Name	Yes	Read-only	Retrieve values from Membership System based on entered member code	
Age	Yes	Read-only		
Sex	Yes	Read-only		
Diagnosis	Yes	Dropdown list	List from CPS Diagnosis library	

			Default the value to PE if nature is claim is Pre-employment or APE if nature of claim is Annual Physical Exam	
Diagnosis Code	Yes	Read-only	Retrieve code based on selected diagnosis	
Examinations Done	Yes	Read only	Display summary of procedures (list of procedures based on columns with entered amount)	
Basic 5	Yes	Free text (numeric)	Amount of procedure	
ECG	No	Free text (numeric)	Amount of procedure	
Pap Smear	No	Free text (numeric)	Amount of procedure	
FBS	No	Free text (numeric)	Amount of procedure	
Cholesterol	No	Free text (numeric)	Amount of procedure	
Blood Typing	No	Free text (numeric)	Amount of procedure	
HBSAG	No	Free text (numeric)	Amount of procedure	
Other Lab Test	No	Free text (numeric)	Amount of procedure	
Drug Testing	No	Free text (numeric)	Amount of procedure	
Confirmatory Test	No	Free text (numeric)	Amount of procedure	
Remarks	No	Free text (alpha-numeric)		
Validate Template Details		button	<p>After clicking the button, system should perform the following:</p> <ol style="list-style-type: none"> <li>1. Validate required fields</li> <li>2. If with validation error, notify the user of the fields that needs to be corrected/completed; user should have option to download the file highlighting the data with error</li> </ol>	

			3. If without validation error, notify the user that validation is complete	
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MediCard E-payout / GCash Online Reimbursement Enrolment Form

Field Name	Mandatory	Field Type	Field Values	Description/Details
Bank Name / Branch		Dropdown list		These fields will be required if the member selected E-payout as the payment type
Full Account Name		Free text (alpha-numeric)	Format: Last Name, First Name, MI	
Bank Account Number		Free text (numeric)		
Mobile Phone Number		Free text (numeric)		
GCash Account Name		Free text (alpha-numeric)		These fields will be required if the member selected GCash as the payment type
GCash Number		Free text (numeric)		
E-mail Address		Free text (alpha-numeric)		
Data Privacy Agreement	Yes	Checkbox		
Consent	Yes	Checkbox		
E-signature over Printed Name	Yes	(any tool for e-signature)		Printed Name must be automatically displayed based on logged in member name
Submit		Button		After submission, the E-Payout enrolment or update request will be added to Reimbursement AS list of for approval requests

*Note: To include data for Paymaya and Paymongo in the same or another enrolment form, for future payment channel implementation.*

Actions

Name	Type	Action	Description/Details
Upload Required Documents	button	After clicking the button, display <i>File Selection</i> dialog box	Required and supporting documents varies based on nature of claims  can upload multiple files; system should display file name of the uploaded files
Upload Supporting Documents	button	After clicking the button, display <i>File Selection</i> dialog box	
Save	button	After clicking the button, system should save and add the request in the Reimbursement Request list with status displayed as "Draft"	
Submit	button	<p>After clicking the button, system should perform the following:</p> <ol style="list-style-type: none"> <li>1. Validate required fields and documents               <ol style="list-style-type: none"> <li>1.a If with validation error, notify the user of the fields or documents that needs to be corrected/completed</li> </ol> </li> <li>2. Validate availment details               <ol style="list-style-type: none"> <li>2.a Admission date / Availment Date is beyond membership validity/resigned date; user will not be able to proceed with the transaction *Prompt message: Admission date / Availment Date is beyond membership validity/resigned date</li> <li>2.b Admission date / Availment Date is prior to effectivity date of membership; user will not be able to proceed with the transaction *Prompt message: Admission date /Availment Date is prior to effectivity date of membership</li> </ol> </li> <li>3. Validate Grace Period ( GP) of the account for filing of reimbursement               <ol style="list-style-type: none"> <li>3.a Submission is beyond grace period for filing of reimbursement; ; user will not be able to proceed with the transaction *Prompt message: Submission of claim has already exceeded the grace period in filing of claim</li> </ol> </li> <li>4. Validate if possible duplicate by comparing availment date or</li> </ol>	



		admission/discharge date from all transactions in the system 4.a If possible duplicate, system should prompt the user that the request is a possible duplicate and subject for evaluation 5. If all validation passed, system should save and add the request in the Reimbursement Request list with status displayed as "Submitted"; a notification should also be sent via system and email	
Cancel	button	After clicking the button, system should perform the following: 1. Display Yes and No with prompt to the user that by clicking Yes, all entered data will be erased 2. If Yes was clicked, return to Dashboard 3. If No was clicked, return to previous page	

#### 1.4 Compliance to Action Memo

- An action memo can be issued to members after receiving the request or during processing by *Reimbursement Department*
- The status of filed request will be displayed as “with Action Memo” under *Reimbursement Request List*; details of the Action Memo can be seen under *Issued Documents*
  - “With Action Memo” status should be a link that will direct the user to *Issued Documents* filtered to the specified *Control Number*
- The member should be able to submit compliance to action memo using the *Control Number*

#### FIELD DETAILS

Field Name	Mandatory	Field Type	Field Values	Description/Details
Reference Control Number	Yes	Dropdown List	List of <i>Control Number</i> with action memo from Receiving or <i>Control Number</i> from Processing	Integrated to Reimbursement System for the list of Action Memo from processing
Service Type		Read-only	Retrieve values based on selected Reference Control Number	
Nature of Claim		Read-only		
Filing Type		Read-only		

PATIENT'S DETAILS				
Patient's MediCard ID Number		Read-only	Retrieve values based on selected Reference Control Number	
Patient's Name		Read-only		
Membership Status		Read-only		
Company Name		Read-only		
Principal Member's Name		Read-only		
Email Address		Read-only		
Phone Number		Read-only		
SA Number		Read-only		
No. of Patients		Read-only		
SA Amount		Read-only		
Reason for filing Reimbursement		Read-only		
Others		Read-only		
AVAILMENT DETAILS				
Doctor		Read-only	Retrieve values based on selected Reference Control Number	
Other Doctor		Read-only		
Hospital Name		Read-only		
Other Hospital		Read-only		
Clinic Name		Read-only		
Other Clinic		Read-only		
Dentist		Read-only		
Other Dentist		Read-only		
Dental Clinic		Read-only		
Other Dental Clinic		Read-only		
Date of Admission		Read-only		
Date of Discharge		Read-only		
Date of Availment		Read-only		
Date of Death		Read-only		
Total Amount of Claim		Read-only		
PAYMENT DETAILS				
Check Payment		Checkbox	Retrieve values based on selected Reference Control Number	Editable by the user
For Pick-up		Checkbox		
Thru Courier		Checkbox		
Mailing Address		Free text (alpha-numeric)		
Thru Account Officer		Checkbox		
Online Crediting		Checkbox		
E-payout		Checkbox		
GCash		Checkbox		

Consent		Checkbox		
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Note: When replying to action memo, use below information under **Filing of Bills Processing** for other fields and actions details. Follow links:

- [Additional fields for APE or PE if user selects “Encode in Template” as the Filing Type](#)
- [MediCard E-payout / GCash Online Reimbursement Enrolment Form](#)
- [Actions](#)

## 2. REIMBURSEMENT RECEIVING

### 2.1 Login

- Reimbursement Clerk, AS and Inquiry Recipients (URG and PRD) should be able to login using MediCard Active Directory

### 2.2 Dashboard

- List of Reimbursement Requests
  - *Assigned Request List* - system should display the list of requests assigned to the logged in *Reimbursement Clerk*; this is the default list
  - *All Reimbursement Request List* - Reimbursement Clerk should have option to view all reimbursement request and reset the list to default
  - For both list:
    - System should display the list by Date Filed in descending order (latest to oldest)
    - Reimbursement Clerk can do the following:
      - Search for a particular request by control number, service type, date filed or status
      - Sort the list by column
      - View details of each request
      - Receive request
      - Create “Explanation Letter” per control number; system will display a blank template and after submission, it will be added to the *List of Issued Documents* of the member
- List of Edit/Delete Request
  - System should display the list of submitted *edit/delete request* of the logged in user
  - Default the list by Date Filed in descending order (latest to oldest)
  - User can do the following:
    - Search for a particular request by control number, service type, date submitted or status
    - Sort the list by column
    - View details of each request
    - Create edit/delete request for records with “Received” status only
  - The following request types can be created by the user per Reimbursement request record:
    - Edit Date Received – the following should be provided:

- New Date Received
  - Reason for editing
- Edit Details – the following data can be edited:
  - Admission Date
  - Discharge Date
  - Availment Date
  - Member Code
  - SA Amount
  - Company Name
  - Hospital Name
  - Clinic Name

\*New Data and reason for editing should be provided
- Delete Record – the following data should be provided
  - Reason for deletion

\* If reason is *Duplicate Record*, existing control number should be provided
- After submission of edit/delete request, the record will be added to *List of Edit/Delete Request* with “For Approval” status
 

\*Note: *Edit* request should contain previous and new data for reference
- List of Inquiries
  - Reimbursement Clerk and Reimbursement AS
    - System should display the list of system generated inquiries assigned to the logged in user by *Date Sent* in descending order (latest to oldest); this is the default list
 

\*Initial status of system generated inquiry is *Open*
    - System should display the count of *Replied* inquiries - if count is clicked, this will filter the list to Replied status by Date Sent in ascending order (oldest to latest); user should be able to reset the list to default
    - Add inquiry per control number, select recipient and template for inquiry; send the inquiry
    - User can update the status of inquiry as *Closed*
  - Inquiry Recipient (URG and PRD)
    - Recipients will be notified via email regarding the inquiry for claims request
      - For URG, notification will be sent via email of underwriter based on account assignment from *Membership System*. e.g. Member is from Samsung, inquiry should be assigned to Underwriter under Samsung account
      - For PRD, notification will be sent via department’s group email

\*Note: Notification should have link that will direct the user to the system’s reply to inquiry
    - System should display the list of system generated inquiries assigned to the logged in user by Date Sent in descending order (latest to oldest)
    - System should display the count of *Open* inquiries - if count is clicked, this will filter the list to Open status by Date Sent in ascending order (oldest to latest); user should be able to reset the list to default

- User can reply to the inquiry; after submission of reply, system should update the status to *Replied*
- User can do the following:
  - Search by recipient (for Reimbursement Clerk and AS only), control number, service type, date sent or status
  - Sort the list by column
  - View details of each inquiry
- List of Issued and System-Generated Action/Disapproved Memo
  - System should display the list of issued and system generated action/disapproved memo by the logged in user by *Date Issued* in descending order (latest to oldest)  
\*Action/Disapproved memo can be viewed by Members per control number under *Issued Documents*
- Notifications
  - The system should notify Reimbursement Clerk if a particular request with action memo as “Waiting for Hospital Bill” was received already by *Provider Claims Portal*. There should be a link to the corresponding control number from *Provider Claims Portal*.
- Reimbursement Clerk should be able to create and receive *Bills Processing Request* or *Compliance to Action Memo* from manually submitted request

### 2.3 Receiving of Request from Online Submission

- Reimbursement Clerk should be able to view the details of request and view/download documents from the request
- A **Summary of the Request** should be displayed
- Upon submission of request, system should automatically do the following:
  - If Admission/Discharge Dates (IP) or Visit Date (OP) is beyond the Validity Date/Resigned Date/Amendment Date of the member – generate inquiry to URG with “Open” status
  - If selected Hospital or Clinic is “Others (please specify)” – system should perform the following:
    - Notify Reimbursement AS to add the specified provider name in PNAS
    - Generate inquiry to PRD with “Open” status; system will not generate control code

#### Field Details – Summary of Request

Field Name	Field Type	Field Values	Description/Details
Control Code	Read-only	System generated	Control Code format: RE<Service Type>yyyymm-<5numeric digit> e.g. REIP202206-12345
Request Type	Read-only	Display values based on request	
Request Created by	Read-only		
Received by	Read-only	Name of the logged in user	
Date Received	Calendar Widget	Current date	Editable by the user

Service Type	Read-only	Display values based on request	
Nature of Claims	Read-only		
Filing Type	Read-only		
Action Memo Number	Read-only		Display action memo number/s of issued and system generated action memos
Patient Name	Read-only		
Patient MediCard ID No.	Read-only		
Company Name	Read-only		
Total Amount of Claim	Read-only		
Reason for Reimbursement	Read-only		
Doctor	Read-only		
Other Doctor	Read-only		
Hospital Name	Read-only		
Other Hospital	Read-only		
Clinic Name	Read-only		
Other Clinic	Read-only		
Dentist	Read-only		
Dental Clinic	Read-only		
Member Type	Read-only	Display values from Membership System	
Effectivity Date	Read-only		
Validity Date	Read-only		
Plan	Read-only		
DD Limit	Read-only		
PEC Limit	Read-only		
Payment Status	Read-only		
Other Remarks/URG Status	Read-only		
Age	Read-only		
Principal	Read-only		
Member Status	Read-only		
Covered Period	Read-only		
Availment Date	Read-only	Display values based on request	Display if service type is OP
Admission Date and Time	Read-only		Display if service type is IP
Discharge Date and Time	Read-only		
SA Number	Read-only		Display if nature of claim is Replenishment
No. of Patients	Read-only		
SA Amount	Read-only		

Particulars	Read-only		Display if nature of claim is Revolving Fund or Replenishment
Cost Plus	Read-only	Yes or No – from SOB/Intranet	Display if Nature of Claim is Revolving Fund; Yes or No; integration with SOB/Intranet
Process Target Date	Read-only	Display values computed by the system	
Check Prep Target Date	Read-only		
Release Target Date	Read-only		
Due Date	Read-only		
Attached Documents	Read-only	List of document types with attachment	
Reimbursement Remarks	Read-only		

Actions

Name	Type	Action	Description/Details
Add Reimbursement Remarks	button	After clicking the button, <i>Reimbursement Remarks</i> dropdown list should be displayed *Multiple Reimbursement Remarks can be selected by the user	
Issue Disapproval Memo	button	After clicking the button, system should issue Disapproval Memo and generate <i>Action Memo Number</i> as reference	
Issue Lacking Memo	button	After clicking the button, system should issue Lacking Memo and generate <i>Action Memo Number</i> as reference	
With Letter of Appeal	checkbox		If this is selected, user can proceed with the transaction

			even if there are failed validation results
Tag as Fast Track	checkbox		If this is selected, request should be placed on top of the list and in red font
Tag as Possible Duplicate	checkbox		If this is tagged, user is required to provide Reimbursement Remarks
Receive	button	<p>After clicking the button, system should perform the following:</p> <ol style="list-style-type: none"> <li>1. Generate control code</li> <li>2. Set Received Date to current date</li> <li>3. Update the status as "Received"</li> <li>4. Compute for the due dates, process target date, release target date, check prep date</li> <li>5. Received requests will be forwarded to Reimbursement System for processing</li> </ol> <p>If request is tagged as fast track or if the account belongs to fast track category, system should place the request on top of the list and in red font</p> <p>If Reimbursement Remarks = <b>non-member</b>, system should generate 400K as MediCard ID while if Reimbursement Remarks = <b>ID on</b></p>	<p>1. The system should automatically set the receiving date to next day if the bill was received after 4pm for bills submitted via portal</p> <p>2. Control Code format: RE&lt;Service Type&gt;yyyymm-&lt;5numeric digit&gt; e.g. REIP202206-12345</p>



		<b>process</b> , system should generate 300K as MediCard ID	
Close	button	After clicking the button, system should close the request and return to Reimbursement Receiving Dashboard	

## 2.4 Creation and Receiving of Request from Manual Submission

- Reimbursement Clerk should be able to create bills processing request or compliance to action memo for members, account officers or HR

### 2.41 Bills Processing Request

#### FIELD DETAILS

Field Name	Mandatory	Field Type	Field Values	Description/Details
Service Type	Yes	Dropdown List	IP, OP	
Nature of Claim	Yes	Dropdown List		
Filing Type	Yes	Dropdown List	Upload Scanned Bills, Encode in template	Display if service type is OP and Nature of Claim is APE or PE
PATIENT'S DETAILS				
Patient's MediCard ID Number	Yes	Free text (alpha-numeric)		Not required if filing for AO or HR
No Member ID	No	Checkbox	If this is selected, user is required to provide Reimbursement Remarks	
Patient's Name	Yes	Read-only  Free text (alpha-numeric) - if "No Member ID" was selected	Retrieve data from Membership System based on entered MediCard ID	
Membership Status	Yes	Read-only		
Principal Member's Name	But If "No Member ID" was checked, these are not required	Read-only		

Company Name	Yes  But If “No Member ID” was checked, these are not required	Read-only; if filing for a member  Search field; if filing for Replenishment, Medicine Allowance and Revolving Fund		
Email Address	Yes	Read-only		
Phone Number	Yes	Free text (alpha-numeric) - if “No Member ID” was selected		
SA Number	No	Free text (alpha-numeric)		Display if Nature of Claims is Replenishment
No. of Patients	Yes	Free text (alpha-numeric)		
SA Amount	Yes			
Reason for filing Reimbursement	Yes	Dropdown list		
Others	Yes; if Reason for filing Reimbursement is <i>Others (please specify)</i>	Free text (alpha-numeric)		
AVAILMENT DETAILS				
Doctor	Yes; if service type is OP and nature of claim is Consultation	Dropdown list	List of doctors from PNAS	
Other Doctor	Yes; if <i>Others (please specify)</i> was selected in the list of doctors	Free text (alpha-numeric)		
Hospital Name	Yes; if service type is either: 1. IP	Dropdown list	List of hospitals from PNAS	

	<p>2. OP with nature of claim as:</p> <ul style="list-style-type: none"> <li>*Other Outpatient Services</li> <li>*Consultation – after selection of doctor, this will be filtered to list of doctor’s affiliated hospitals; this field can be blank if <i>Clinic Name</i> has data</li> <li>*Maternity Assistance - this field can be blank if <i>Clinic Name</i> has data</li> <li>*Vehicular Accident</li> <li>*Ambulance</li> <li>*ECU - this field can be blank if <i>Clinic Name</i> has data</li> <li>*APE - this field can be blank if <i>Clinic Name</i> has data</li> <li>*Pre-employment - this field can be blank if <i>Clinic Name</i> has data</li> </ul>			
Other Hospital	Yes; if <i>Others (please specify)</i> was selected in the list of hospitals	Free text (alpha-numeric)		
Clinic Name	Yes; if service type is OP with nature of claim as:	Dropdown list	List of clinics from PNAS	

	<p>*Consultation - after selection of doctor, this will be filtered to list of doctor's affiliated clinics; this can be blank if <i>Hospital Name</i> has data</p> <p>*Maternity Assistance - this field can be blank if <i>Hospital Name</i> has data</p> <p>*ECU - this field can be blank if <i>Hospital Name</i> has data</p> <p>*APE - this field can be blank if <i>Hospital Name</i> has data</p> <p>*Pre-employment – this field can be blank if <i>Hospital Name</i> has data</p>			
Other Clinic	Yes; if <i>Others (please specify)</i> was selected in the list of clinics	Free text (alpha-numeric)		
Dentist	Yes; if service type is OP and nature of claim is Dental Reimbursement	Dropdown list	List of dentist from PNAS	
Other Dentist	Yes; if <i>Others (please specify)</i> was selected in the list of dentist	Free text (alpha-numeric)		
Dental Clinic	Yes; if service type is OP and nature of claim is Dental Reimbursement ; after selection	Dropdown list	List of dental clinic from PNAS	

	of dentist, this will be filtered to dentist's affiliated dental clinics			
Other Dental Clinic	Yes; if <i>Others (please specify)</i> was selected in the list of dental clinics	Free text (alpha-numeric)		
Date of Admission	Yes; if IP	Calendar Widget		
Date of Discharge	Yes; if IP	Calendar Widget		
Date of Availment	Yes; if OP	Calendar Widget		
Date of Death	Yes; if OP - MFA	Calendar Widget		
Total Amount of Claim	Yes	Free text (numeric)		
PAYMENT DETAILS				
Check Payment	Not required if user is Reimbursement Clerk	Checkbox		
For Pick-up		Checkbox		
Thru Courier		Checkbox		
Mailing Address		Free text (alpha-numeric)	Mailing Address is required if Thru Courier is selected	Display if Thru Courier is selected
Thru Account Officer		Checkbox		
Online Crediting		Checkbox		
E-payout		Checkbox	MediCard E-payout Enrolment Form is not available for Reimbursement Clerk	
GCash		Checkbox		
Consent		Checkbox		

- If Nature of Claims is APE or PE, follow link:
  - [Additional fields for APE or PE if user selects "Encode in Template" as the Filing Type](#)

#### Actions

Name	Type	Action	Description/Details
Upload Required Documents	button	After clicking the button, display <i>File Selection</i> dialog box	If user is Reimbursement Clerk, uploading of documents is not required but can issue action memo to member
Upload Supporting Documents	button	After clicking the button, display <i>File Selection</i> dialog box	
Save	button	After clicking the button, system should save and add the request in	

		the Reimbursement Request list with status displayed as "Draft"	
Submit	button	<p>After clicking the button, system should perform the following:</p> <ol style="list-style-type: none"> <li>1. Validate required fields and documents               <ol style="list-style-type: none"> <li>1.a If with validation error, notify the user of the fields or documents that needs to be corrected/completed</li> </ol> </li> <li>2. Validate availment details               <ol style="list-style-type: none"> <li>2.a Admission date / Availment Date is beyond membership validity/resigned date                   <ul style="list-style-type: none"> <li>*Prompt message: Admission date / Availment Date is beyond membership validity/resigned date</li> <li>*Auto-generate Disapproval Memo with Action Memo Number as reference</li> </ul> </li> <li>2.b Admission date / Availment Date is prior to effectivity date of membership                   <ul style="list-style-type: none"> <li>*Prompt message: Admission date / Availment Date is prior to effectivity date of membership</li> <li>*Auto-generate Disapproval Memo with Action Memo Number as reference</li> </ul> </li> </ol> </li> <li>3. Validate Grace Period ( GP) for filing of reimbursement               <ul style="list-style-type: none"> <li>*Prompt Message: Submission of claim has already exceeded grace period in filing of claim</li> <li>*Auto-generate Disapproval Memo with Action Memo Number as reference</li> </ul> </li> <li>4. Validate if possible duplicate by comparing availment date or admission/discharge date from all transactions in the system               <ol style="list-style-type: none"> <li>4.a If possible duplicate, system should display a dropdown list wherein user can select for the corresponding Reimbursement Remarks</li> </ol> </li> </ol>	

		4.b if possible duplicate, there is no required documents for uploading and system to auto-relate the current request to the original request's control code 5. If all validation passed, system should save and add the request in the Reimbursement Request list with status displayed as "Submitted"	
Cancel	button	After clicking the button, system should perform the following: 1. Display Yes and No with prompt to the user that by clicking Yes, all entered data will be erased 2. If Yes was clicked, return to Dashboard 3. If No was clicked, return to previous page	

- After submission, a summary of the request will be displayed. Refer to ***Receiving of Request from Online Submission*** for the field and action details under ***Summary of Request*** for the completion of receiving process. Follow links:
  - [Field Details – Summary of Request](#)
  - [Actions](#)

## 2.42 Compliance to Action Memo

### FIELD DETAILS

Field Name	Mandatory	Field Type	Field Values	Description/Details
Reference Control Number		Dropdown List	List of <i>Control Numbers</i> with action memo from Receiving or <i>Control Number</i> from Processing	Integrated to Reimbursement System for the list of Action Memo from processing
Service Type	Yes	Read-only	Retrieve values based on selected Reference Control Number	
Nature of Claim	Yes	Read-only		
Filing Type		Read-only		
PATIENT'S DETAILS				
Patient's MediCard ID Number		Read-only	Retrieve values based on selected Reference Control Number	
Patient's Name		Read-only		
Membership Status		Read-only		
Company Name		Read-only		

Principal Member's Name		Read-only		
Email Address		Read-only		
Phone Number		Read-only		
SOA Number		Read-only		
No. of Patients		Read-only		
Reason for filing Reimbursement		Read-only		
Others		Read-only		
AVAILMENT DETAILS				
Doctor		Read-only	Retrieve values based on selected Reference Control Number	
Other Doctor		Read-only		
Hospital Name		Read-only		
Other Hospital		Read-only		
Clinic Name		Read-only		
Other Clinic		Read-only		
Dentist		Read-only		
Other Dentist		Read-only		
Dental Clinic		Read-only		
Other Dental Clinic		Read-only		
Date of Admission		Read-only		
Date of Discharge		Read-only		
Date of Availment		Read-only		
Date of Death		Read-only		
Total Amount of Claim	Yes	Read-only		
PAYMENT DETAILS				
Check Payment		Checkbox	Retrieve values based on selected Reference Control Number; editable by the user	
For Pick-up		Checkbox		
Thru Courier		Checkbox		
Mailing Address		Free text (alpha-numeric)		
Thru Account Officer		Checkbox		
Online Crediting		Checkbox		
E-payout		Checkbox		
GCash		Checkbox		
Consent		Checkbox		

- If Nature of Claims is APE or PE and for submission of compliance to action memo, follow links:
  - [Additional fields for APE or PE if user selects "Encode in Template" as the Filing Type](#)
  - [Actions](#)



- After submission, a summary of the request will be displayed. Refer to ***Receiving of Request from Online Submission*** for the field and action details under ***Summary of Request*** for the completion of receiving process. Follow links:
  - [Field Details – Summary of Request](#)
  - [Actions](#)

### 3. REIMBURSEMENT ASSISTANT SUPERVISOR (AS) APPROVAL

#### 3.1 Login

- Reimbursement Assistant Supervisor (AS) should be able to login using MediCard Active Directory

#### 3.2 Dashboard

- List of Edit/Delete Request
  - Default the list by Date Submitted in descending order (latest to oldest)
  - System should display the count of *Edit Requests* with *For Approval* status – if count is clicked, this will filter the list to *Request Type = Edit Date Received/Edit Details* with *For Approval* status by Date Submitted in ascending order (oldest to latest); user should be able to reset the list to default
  - System should display the count of *Delete Requests* with *For Approval* status – if count is clicked, this will filter the list to *Request Type = Delete Record* with *For Approval* status by Date Submitted in ascending order (oldest to latest); user should be able to reset the list to default
  - User can do the following
    - Search for a particular request by control number, service type, date submitted or status
    - Sort the list by column
    - View details of each request
    - Select disposition as Approved, Disapproved or For Revision  
\*Reason is required if Disapproved or For Revision
- List of Reimbursement Request
  - Default the list by Date Filed in descending order (latest to oldest)
  - User can do the following:
    - Search for a particular request by control number, service type, date filed or status
    - Sort the list by column
    - View details of each request
- Notifications
  - The system should notify Reimbursement AS for the reimbursement requests with non-accredited hospital or clinic that needs to be transacted in PNAS. Notification should have the control number link that will direct the user to the reimbursement record for reference.

### 3.3 Approval of Edit/Delete Request

- Reimbursement AS should be able to view reimbursement request and edit/delete request details

#### FIELD DETAILS

Field Name	Field Type	Field Values	Description/Details
Control Code	Read-only	Display values based on request	
Request Type	Read-only		
Request Created by	Read-only		
Received by	Read-only		
Date Received	Read-only		
Service Type	Read-only		
Nature of Claims	Read-only		
Reason for filing reimbursement	Read-only		
Action Memo Number	Read-only		
Patient's MediCard ID No.	Read-only		
Patient's Name	Read-only		
Company Name	Read-only		
Total Amount of Claim	Read-only	Current Reimbursement Status	
Request Status	Read-only		
Edit/Delete Request Created By	Read-only	Display values based on <i>Reimbursement Clerk</i> request	
Request Date	Read-only		
Request Type	Read-only		
New Date Received	Read-only		
New Date of Admission	Read-only		
New Date of Discharge	Read-only		
New Date of Availment	Read-only		
Reason for Edit	Read-only		
Reason for Deletion	Read-only		
Existing Control Number	Read-only		Display if Request Type = Delete Record and if selected reason for deletion is <i>Duplicate Record</i>

#### ACTIONS

Name	Type	Action	Description/Details
Approve	button	After clicking the button, 1. Update the status of Edit/Delete request as “Approved” 2. If Edit request, update Reimbursement request record using the new data 3. If Delete request, delete the record in <i>Reimbursement Request List</i>	
Disapprove	button	After clicking the button, reason for disapproval should be required. After submission: 1. Update the status of Edit/Delete request as Disapproved with reason i.e. Disapproved - <Reason>	
Cancel	button	After clicking the button, system should perform the following: 1. Display Yes and No with prompt to the user that by clicking Yes, all entered data will be erased 2. If yes was clicked, return to Dashboard 3. If no was clicked, return to previous page	

### 3.4 E-payout Enrolment and Updates

- Reimbursement AS should be able to view list of e-payout enrollment by request date in descending order (latest to oldest); this is the default list
- System should display the count of requests with *For Approval* status – if count is clicked, this will filter the list to *For Approval* status by Date Requested in ascending order (oldest to latest); user should be able to reset the list to default
- User can do the following
  - Search for a particular request by member name, requested date or status
  - Sort the list by column
  - View and download enrolment form
  - Select disposition as Approved or Issue Lacking Memo

\*If “Approved”, system should perform the following:

- Update the status of request as “Approved”
- E-payout record of the member should be updated in Reimbursement System – E-payout Maintenance Module
- All approved e-payout can be downloaded or extracted in an excel file

\*If “Issue Lacking Memo” was selected, system should:

- Issue “Lacking Memo” for the particular control number, with Action Memo Number as reference; this memo can be seen under *List of Issued Documents* of members
- Notify member via email

## SYSTEM ADMINISTRATION

The following system administration is available in *Provider Claims Portal* and will be used by *Member Reimbursement* by integration:

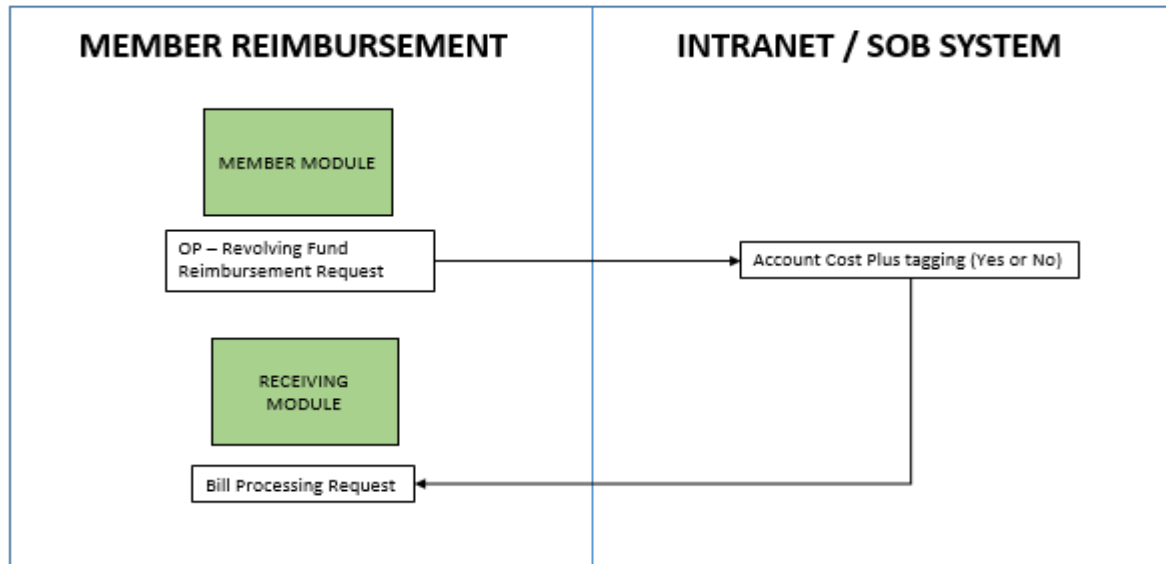
- Role Management
- Manage Assignment
- Memo Maintenance
- Inquiry Maintenance
- Template Maintenance
- Document Maintenance
- Reason Maintenance
- Claims and Reimbursement Remarks Maintenance
- Status Maintenance
- Request Type Maintenance
- Service Type Maintenance

The following maintenance libraries are needed for *Member Reimbursement Portal*:

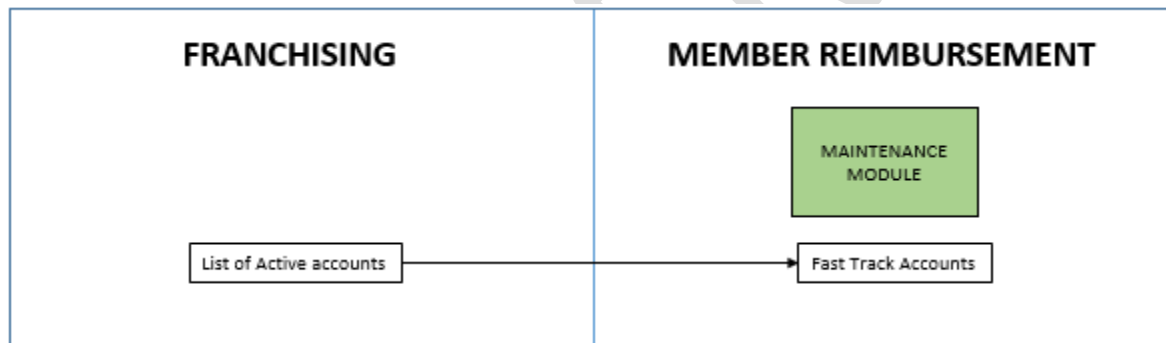
- Nature of Claims
- Account Grace Period for submission
- Fast Track Accounts
- Reason for filing reimbursement
- Payment Type
- Reimbursement Reports
  - Daily Receiving Reports Reimbursement - (per Control Code)
  - Daily Receiving Reports Reimbursement - (Slip)
  - Daily Receiving Reports Reimbursement - (SUMMARY)
  - Daily Receiving Reports Reimbursement - (SUMMARY GROUP BY COMPANY)
  - Daily Receiving Reports Reimbursement - (For verification)
  - Daily Receiving Reports Reimbursement - (SUMMARY OF RECEIVED BILLS ONSITE)
  - Daily Receiving Reports Reimbursement - (SUMMARY OF RECEIVED BILLS ONLINE)
- Audit Logs
  - Revision Logs
  - System Logs

## INTEGRATION POINTS

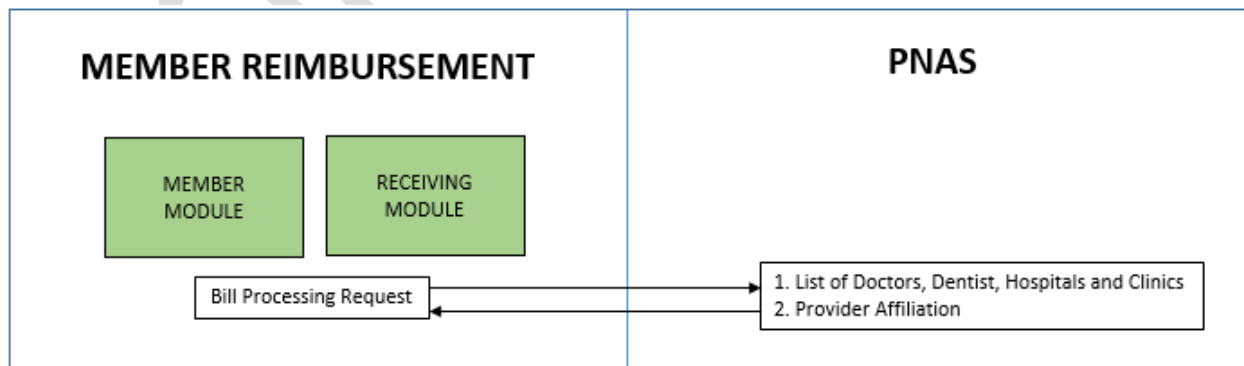
### Intranet



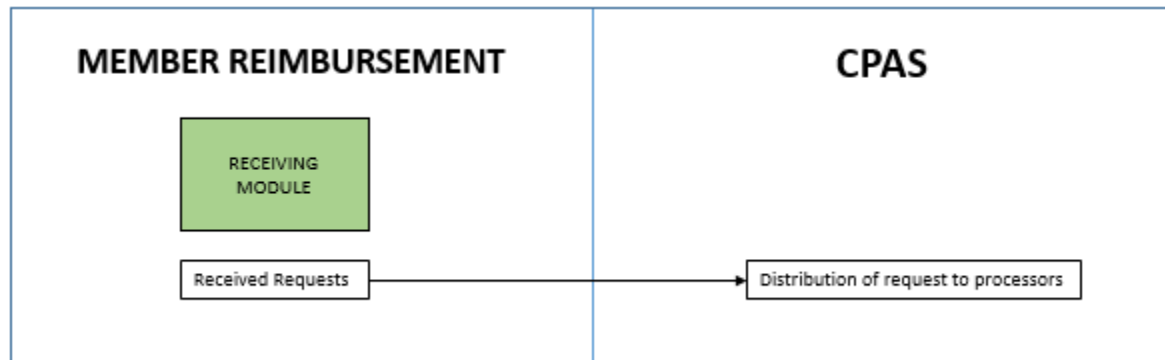
### Franchising



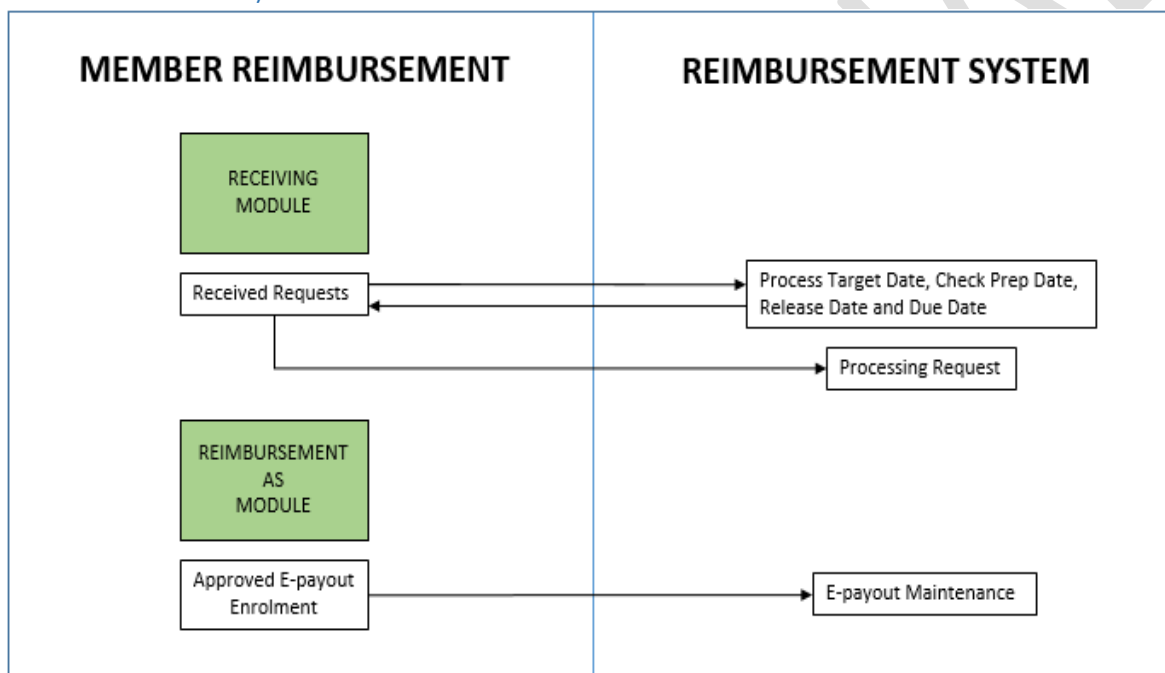
### Providers Network Accreditation System (PNAS)



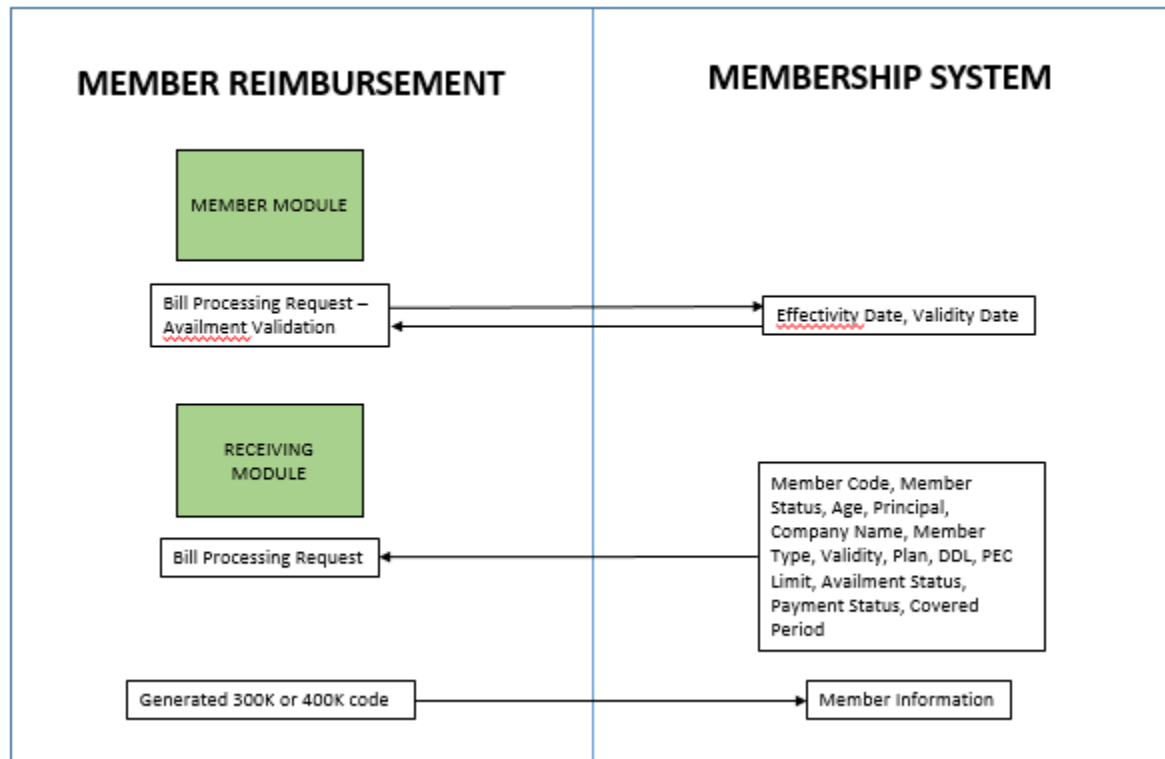
## Claims Processing Assignment System (CPAS)



## Reimbursement System



## Membership System



### MediCard Go

- Members will log in using credentials from MediCard Go

### EMED (eMediCard or EMED Plus)

- Account Officers and HRs will log in using credentials from EMED

### Provider Claims Portal

- A notification will be received from **Provider Claims** that the bill was already received for reimbursement request with action memo as “waiting for hospital bill”. There should be a link to the corresponding control number from Provider Claims.

### Active Directory

- MediCard internal users will use Active Directory to log in the system

### SendGrid Email

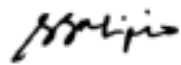



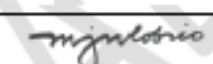
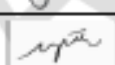
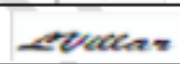

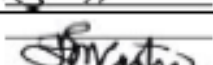
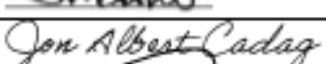


- System must send notifications via email to:
  - Members i.e. submission of request, cut-off, action memo, disapproved memo, release of payment status
  - Inquiry Recipient (URG and PRD)

## NON-FUNCTIONAL REQUIREMENTS

1	Programming Language	JS or any open source technologies
2	Data Base	MYSQL or Postgres
3	Deployment Type	Cloud
		High Availability - provides redundancy or failover mechanism to compensate for failure in processing
		Scalable - provides easy configuration to handle higher throughput or transaction volume
4	Configurable	Configuration settings are available that fulfils varying requirements of different user groups identified. As much as possible, minimal customization should be required
5	Performance	Ability to handle expected transaction volume and growth via a performance test (load and stress)
6	Interoperability	Ability to integrate with other systems using varied ways e.g. API, file etc.
7	Micro services	React JS, Vue JS, Express or Node JS (back-end), Spring boot Java (back-end)
8	Data	Back-up data restoration is relatively easy
		Audit Logs - records user access and data changes made by users
9	Security	User Roles - supports required user roles to control level of access to different groups of functions
		Authentication (MFA) by user name and password over HTTPS
		Encryption
		Data masking
		Protect the application/system by using e.g. Denial of Service (DoS) or Distributed Denial of Service (DDos)
		Attack detection and no repudiation
		The software must be protected from subversion which may include corruption, tampering, overwriting, destruction, insertions or deletions
		SSL certificate (if domain is accessible)



## DOCUMENT SIGN-OFF

Project Team		Date Signed	Signature
Ms. Rosemarie Alipio	Project Owner	07.25.2022	
Dr. Cristina Cuevas	Project Stakeholder	07.25.2022	
Ms. Blessie Cortez	Project Stakeholder	07.25.2022	
Ms. Melissa Mallari	Project Stakeholder	7/25/2022	
Dr. Judith Villamayor	Project Stakeholder	7/25/2022	
Ms. Ma. Margarita Valmores	Project Stakeholder	07/25/2022	
Mr. Leomar Ibay	Project Stakeholder	07/25/2022	
Mr. Reggie Viernes	Project Stakeholder	07/21/2022	
Ms. Fritzie Castro	Project Stakeholder	07/21/2022	
Mr. Jon Albert Cadag	IT Architecture Team	08/02/2022	
Mr. Jose Paolo Javier	IT Architecture Team	08/01/2022	
Mr. Michael Benedicto	BAS Team Lead	08/02/2022	

Approved by:

Mr. Aristotle Salas	Project Sponsor	8/3/2022	
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