HEALTHCARE PROCESS FLOW DIAGRAM
SUBMISSION AND APPROVAL OF LOA (OUTPATIENT BENEFITS)

NOTE:
All clinic transactions and all updated data for Employees from HRMS will be linked to Healthcare Portal.
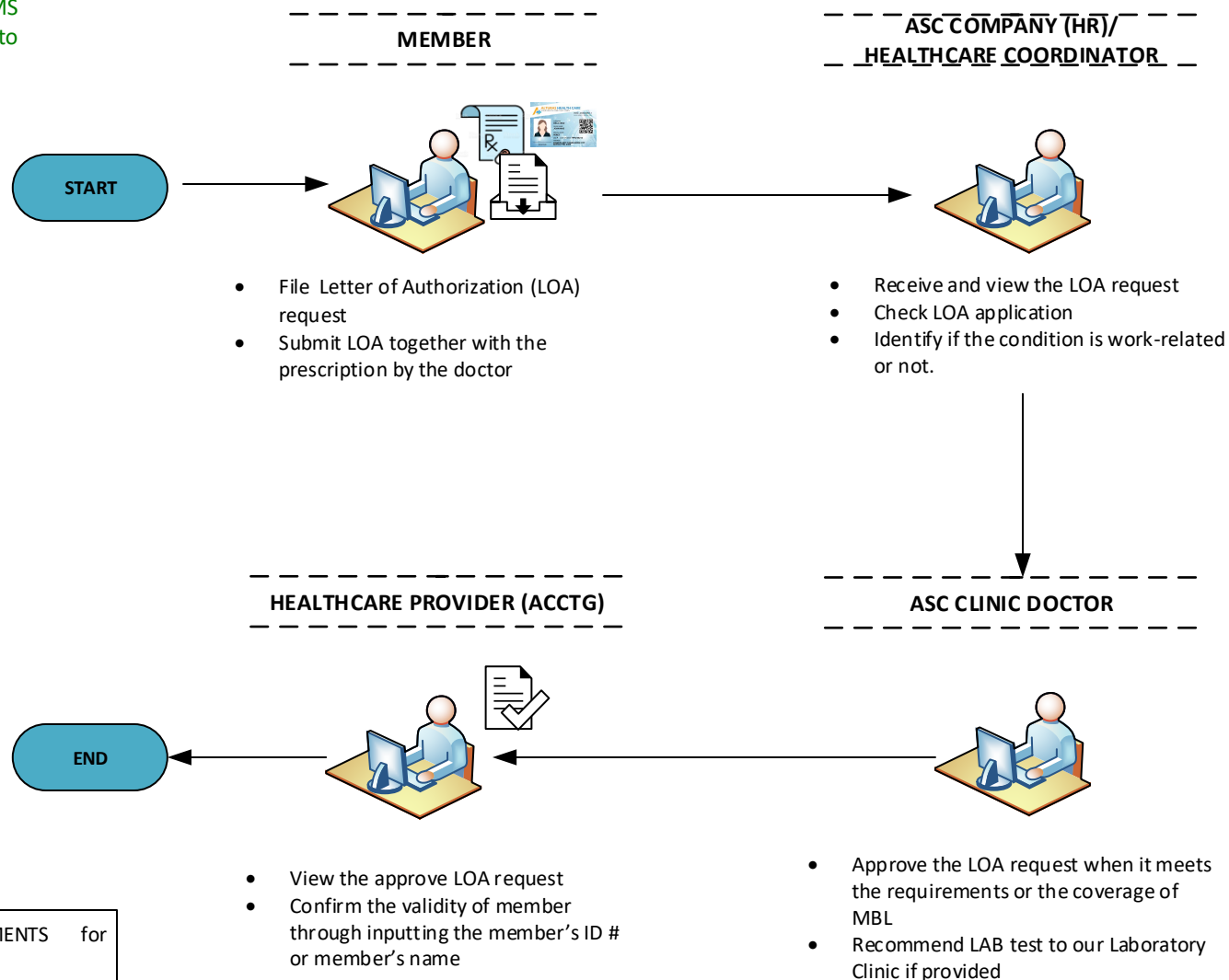
Alturas Group of Companies gave access to each member online using the HRMS portal, ASC (admin) portal, and Healthcare Provider portal.

NOTE:
- Our online Healthcare - LOA request form is designed to provide assistance for a more convenient way to request LOA (Letter of Authorization) for outpatient utilization of our services.
- Prescriptions are always required by the member so that he/she can file/request a Letter of Authorization (LOA) from the ASC healthcare company.
- When consulting, the member should go to the registered company doctor's clinic under affiliated hospitals.
- Employee-member can avail of the Laboratory Test benefit, employee-member must be checked first by the company/ affiliated physicians who will then decide what type of Laboratory Test is needed and can recommend also to other healthcare providers if there is no available equipment to our LAB clinic.

REQUIREMENTS for filling LOA:
- Prescription
- Valid Healthcare Card
- Valid Employee ID Number

MEMBER

START

- File Letter of Authorization (LOA) request
- Submit LOA together with the prescription by the doctor

ASC COMPANY (HR)/ HEALTHCARE COORDINATOR

- Receive and view the LOA request
- Check LOA application
- Identify if the condition is work-related or not.

HEALTHCARE PROVIDER (ACCTG)

END

- View the approve LOA request
- Confirm the validity of member through inputting the member's ID # or member's name

ASC CLINIC DOCTOR

- Approve the LOA request when it meets the requirements or the coverage of MBL
- Recommend LAB test to our Laboratory Clinic if provided

HEALTHCARE PROCESS FLOW DIAGRAM
## PRESENTATION OF HMO ID (INPATIENT BENEFITS)

NOTE:
All clinic transactions and all updated data for Employees from HRMS will be linked to Healthcare Portal.

Alturas Group of Companies gave access to each member online using the HRMS portal, ASC (admin) portal, and Healthcare Provider portal.

NOTE:
- Employee can present Healthcare ID up to maximum benefit limit (MBL)
- Employee can view the balance of MBL through his/her Employee Healthcare Portal.
- A maximum benefit limit (MBL) refers to the consumable limit one can use per treatment/ illnesses, per person, per year. This means you can be treated multiple times and every illness or injury is covered as long as total cost for each illness or injury is within the MBL indicated in your plan.

MEMBER

START

- Present the HEALTHCARE ID
- File Notice of Admission (NOA) request***

Hospital

***NOTE:
The Family Member will file the NOA request in the healthcare portal or inform the Healthcare Coordinator to file for the NOA request

ASC COMPANY (HR)/ HEALTHCARE COORDINATOR

NOTE:
Healthcare Coordinator will file/apply NOA for emergency purposes only.

- Receive and view the NOA request
- Check NOA application
- Identify if the condition is work-related or not.

HEALTHCARE PROVIDER (ACCTG)

END

- View the approve NOA Request
- Confirm the validity of member through inputting the member's ID # or member's name

ASC CLINIC DOCTOR

- View the employee's records in the portal
- Approve the NOA request when it meets the requirements or the coverage of MBL

Level	Room and Board	Maximum Benefit Limit
I-VI	Payward	30,000
VII-IX	Semi-Private	50,000
X and Above	Regular Private	100,000
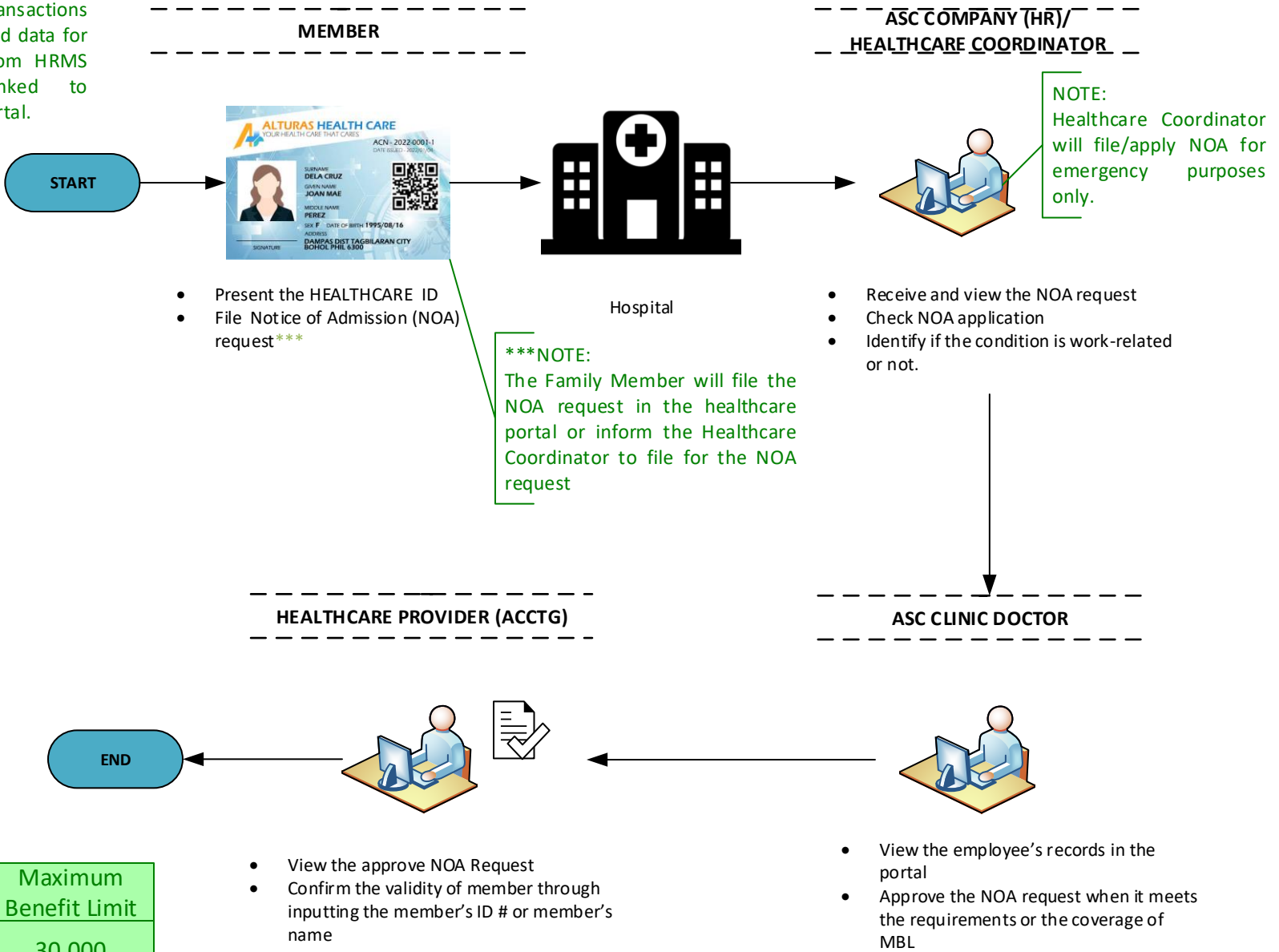
HEALTHCARE PROCESS FLOW DIAGRAM
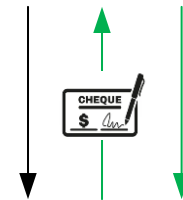## BILLING & PAYMENT (OUTPATIENT BENEFITS)
Manual Process

ASC COMPANY (HR)/ HEALTHCARE COORDINATOR

HEALTHCARE PROVIDER (ACCTG)

START

SEQUENCE FLOW:
- ■ FIRST
- ■ SECOND
- ■ THIRD

NOTE:
- AGC will pay off the whole amount including the excess to the Hospital to not further increase the employees' payable. However, AGC shall make the employee liable for the excess of MBL amount, only if the condition is work related.
- If member exceeds Maximum Benefit Limit (MBL) and the condition is not work related, all other expenses exceeding the MBL will be charged to personal or charged as an Employees Special Cash Advance.

* If there's mismatch data, internal auditor must reconcile with ASC Company (CORP ACCTG).

- View the approve request
- Clarify/coordinate with the healthcare provider if the services have already been performed
- Tag/input information of the availed services, together with the date performed, time, and performing doctor
- LOA status will change to "completed" after tagging information indicating that the services have already been used by the member

- View the information tag/input by Healthcare Coordinator
- Input the amount of the availed services
- Prepare billing and check the total amount due of the member and the summary of the transaction for each member
- Input the total amount due of the member
- Submit bill of expenses to ASC employee-member
- Receive/confirm payment from ASC company

CHEQUE $

INTERNAL AUDIT DEPARTMENT

ASC COMPANY (CORP ACCTG)

END

JOURNAL ENTRY

Medical Expense   xxx

　　Cash in Bank   xxx

NOTE:
IAD can have viewing access to Healthcare Portal for auditing.

- Receive billing summary/report
- Audit the accuracy and completeness of the document and stamp it as "Audited"*

NOTE:
Healthcare Provider (ACCTG) can view the "closed" status and payment details.

- Check the policy limit/total transaction of each member
- Pay obligation thru cheque / Deposit to the bank account of the Healthcare Provider
- Input payment details
- Billing status will change to "closed" after inputting payment details indicating that the bill has already been paid
- Create billing summary/report and forward to Internal Audit Department

HEALTHCARE PROCESS FLOW DIAGRAM
BILLING & PAYMENT (OUTPATIENT BENEFITS)
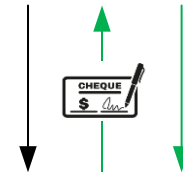### Textfile Process

ASC COMPANY (HR)/ HEALTHCARE COORDINATOR

START

- View the approve request
- Clarify/coordinate with the healthcare provider if the services have already been performed
- Tag/input information of the availed services, together with the date performed, time, and performing doctor
- LOA status will change to "completed" after tagging of information indicating the services has already been used by the member

HEALTHCARE PROVIDER (ACCTG)

- Upload textfile.
- Prepare billing and check the total amount due of the member and the summary of the transaction for each member
- Submit bill of expenses to ASC employee-member
- Receive/confirm payment from ASC company

CHEQUE $ ____

SEQUENCE FLOW:
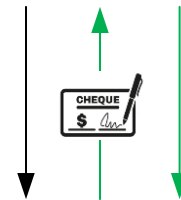- ■ FIRST
- ■ SECOND
- ■ THIRD

NOTE:
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- If member exceeds Maximum Benefit Limit (MBL) and the condition is not work related, all other expenses exceeding the MBL will be charged to personal or charged as an Employees Special Cash Advance.

* If there's mismatch data, internal auditor must reconcile with ASC Company (CORP ACCTG).

INTERNAL AUDIT DEPARTMENT

END

NOTE:
IAD can have viewing access to Healthcare Portal for auditing.

- Receive billing summary/report
- Audit the accuracy and completeness of the document and stamp it as "Audited"*

ASC COMPANY (CORP ACCTG)

JOURNAL ENTRY
Medical Expense   xxx
    Cash in Bank   xxx

- Check if the uploaded textfile is equal to the information inputted by Healthcare Coordinator
- Check the policy limit/total transaction of each member
- Pay obligation thru cheque / Deposit to the bank account of the Healthcare Provider
- Input payment details
- Billing status will change to "closed" after inputting payment details indicating that the bill has already been paid
- Create billing summary/report and forward to Internal Audit Department

NOTE:
Healthcare Provider (ACCTG) can view the "closed" status and payment details.

HEALTHCARE PROCESS FLOW DIAGRAM
BILLING & PAYMENT (INPATIENT BENEFITS)
Manual Process

ASC COMPANY (HR)/
HEALTHCARE COORDINATOR
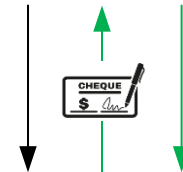
HEALTHCARE PROVIDER (ACCTG)

START

- View the approve request
- Visit the hospital to clarify the services used by the inpatient-member
- Input the services used by the inpatient-member (refer to the services below)

  1. Diagnostic Test
  2. Medical Supplies & Medication
  3. Room and Board
  4. PT

- View the inpatient used services
- Input the correct amount of the availed services
- Prepare billing and check the total amount due of the member and the summary of the transaction for each member
- Input the total amount due of the member
- Submit bill of expenses to ASC employee-member
- Receive/confirm payment from ASC company

SEQUENCE FLOW:
- ■ FIRST
- ■ SECOND
- ■ THIRD

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CHEQUE $

INTERNAL AUDIT DEPARTMENT

ASC COMPANY (CORP ACCTG)

END

JOURNAL ENTRY

Medical Expense	xxx	
Cash in Bank		xxx

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HEALTHCARE PROCESS FLOW DIAGRAM
BILLING & PAYMENT (INPATIENT BENEFITS)
Textfile Process

ASC COMPANY (HR)/ HEALTHCARE COORDINATOR

HEALTHCARE PROVIDER (ACCTG)

START

SEQUENCE FLOW:
- ■ FIRST
- ■ SECOND
- ■ THIRD

NOTE:
- AGC will pay off the whole amount including the excess to the Hospital to not further increase the employees' payable. However, AGC shall make the employee liable for the excess of MBL amount, only if the condition is work related.
- If member exceeds Maximum Benefit Limit (MBL) and the condition is not work related, all other expenses exceeding the MBL will be charged to personal or charged as an Employees Special Cash Advance.

* If there's mismatch data, internal auditor must reconcile with ASC Company (CORP ACCTG).

- View the approve request
- Visit the hospital to clarify the services used by the inpatient-member
- Input the services used by the inpatient-member (refer to the services below)

    1. Diagnostic Test
    2. Medical Supplies & Medication
    3. Room and Board
    4. PT

- Upload textfile.
- Prepare billing and check the total amount due of the member and the summary of the transaction for each member
- Submit bill of expenses to ASC employee-member
- Receive/confirm payment from ASC company

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INTERNAL AUDIT DEPARTMENT

ASC COMPANY (CORP ACCTG)

END

JOURNAL ENTRY

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- Create billing summary/report and forward to Internal Audit Department