



**DEPARTMENT OF HEALTH
PHILIPPINE HEALTH INSURANCE CORPORATION
DEPARTMENT OF SCIENCE AND TECHNOLOGY**

JOINT ADMINISTRATIVE ORDER

No. 2016-_____

SUBJECT: Implementation of the National eHealth Electronic Medical Record System Validation for National Health Data Reporting Requirements

I. RATIONALE

One of the main challenges of today's health systems is access to real-time quality health information for informed decision making. At present, health facilities each employ an electronic medical record or information system, which uses differing reporting standards and protocols. This has posed a major dilemma especially when the national government needs to analyze health service data coming from various systems at the health facilities. With the evolving national health priorities and strategic direction, it is *imperative to serve national, regional, local and organizational mandates and objectives* that administrative levels of policy makers, program planners, and service providers get an overall and timely picture of the country's state of health, including its services and resource needs for program planning, resource management, and service provision for the entire health sector.

To achieve standardization on electronic health reporting standards and protocols, and optimization on the use of technological resources, the Department of Health (DOH) has developed the Electronic Medical Record System (EMRS), the Integrated Clinic Information System (iClinicsys), and a Hospital Information System (HIS), the Integrated Hospital Operations and Management Information System (iHOMIS) as reference models for EMRSs and HISs, respectively. These reference models have not only made service delivery and facility management more efficient over the years, but also proved that required national health data reports can be extracted and electronically submitted to DOH and/or Philippine Health Insurance Corporation (PhilHealth). To date, these two (2) systems capture not only the national health data reporting needs, but also include organizational requirements. With the advent implementation of the Philippine Health Information Exchange (PHIE), these reference models can therefore serve as benchmarks to achieve interoperability.

Guided by the Philippine eHealth Strategic Plan (PeHSP) for Universal Health Care (UHC), one of the identified major strategies is through the implementation of the National eHealth Electronic Medical Record System Validation (NeHEMRSV). The NeHEMRSV is envisioned to serve as the policy arm to implement national systems conformity assessment protocol for national health data reporting requirements of DOH and/or PhilHealth. Specifically, the NeHEMRSV shall confirm if an EMRS or HIS measures up and conforms to defined reporting requirements and

submission protocols. Further, its implementation will improve data capture, processing, aggregation, exchange and reporting on national health data requirements and standardize submission protocols among implementing health facilities.

This Joint Administrative Order aims to establish policies and guidelines in the implementation of the NeHEMRSV. It serves as guide for DOH and PhilHealth to implement a harmonized approach to validate an eHealth solution for national health data reporting for improved data collection, processing and generation of country health reports.

II. OBJECTIVES

This Joint Administrative Order aims to:

1. Define the policies and guidelines to successfully implement the NeHEMRSV;
2. Define the roles, duties and responsibilities of concerned agencies to support the NeHEMRSV implementation; and
3. Define the overall governance and management structures and mechanisms in the implementation, operations, management and sustainability of the NeHEMRSV.

III. SCOPE OF APPLICATION

This Administrative Order shall apply to all national, regional, local and branch offices under the DOH and PhilHealth; regional and provincial health offices; public and private health facilities; health care providers; software developers/providers of eHealth solutions like EMRSs and/or HISs; local or international donor or funding agencies with eHealth solution component; and all concerned stakeholders in health data collection, processing and reporting.

IV. DEFINITION OF TERMS

1. **Applicant** – is an individual software developer, or a company, firm, institution, organization, or institutional health care provider that seeks NeHEMRSV for national health data reporting requirements.
2. **Certificate** – refers to the issued NeHEMRSV Certificate after passing the required standard tests for connectivity, validation, security and other performance criteria.
3. **eHealth** – is the use of information and communication technologies (ICT) for health (WHO).
4. **eHealth Solutions** – is the cost-effective and secure use of information and communication technologies in support of the health and health-related fields including healthcare, health surveillance and health education, knowledge, and research (WHO); examples are EMRs and HISs.
5. **Electronic Medical Record** – is the electronic record system or the electronic document of a patient's encounter in one health facility. In this sense, the patient's medical or health record at a health facility is being received, recorded, transmitted, stored, processed, retrieved or produced electronically through computers or other electronic devices.
6. **Health Care Provider** – is a licensed health care professional such as doctors, nurses, dentists and midwives, among others, who provides health services to health care clients.
7. **Health Facility** – is a building or physical structure where health services to health care clients are being provided. It is synonymous with institutional health care provider (IHCP).
8. **National eHealth Governance Structure (NeHGS)** – is the overarching structure created to oversee and provide direction and technical guidance in the establishment of the National eHealth Program, including the development and approval of all eHealth architectures, policies, standards, protocols, and implementation or work plans. It is composed of composed of a high

level Steering Committee and intermediary strategic Technical Working Group (Joint DOH-DOST Department Memorandum 2013-0200).

9. **Interoperability** – is the ability by which systems and devices can exchange data and interpret that shared data.
10. **Revocation** – refers to the cancellation, suspension, or termination of the Certificate.
11. **Software Developer** – is a person, firm/organization concerned with the development of eHealth solutions like EMRSs and HISs.
12. **Testing** – is the process whereby an eHealth solution like EMRS or HIS is subjected to test according to specified criteria, e.g. connectivity, validation, security, performance and others.

V. GENERAL GUIDELINES

- A. The Department of Health in coordination with the National eHealth Governance Structure and concerned stakeholders shall reach national agreements on the standards or uniform data set for national health data reporting to provide statistics for health service plans, interventions and programs, and measure the quality of health care, performance and nation's health profile.
- B. The source of data for national health data reporting shall come from health facilities, medical societies, government agencies like PhilHealth, and concerned stakeholders to the Department of Health.
- C. The implementation of the NeHEMRSV shall be jointly managed and/or administered by the DOH and PhilHealth, with technical support of the Department of Science and Technology.
- D. The NeHEMRSV shall respect the universal principles of ethics, legal standards, and guiding principles on *primacy of human rights and protection of health information privacy* as defined by Philippine laws, international instruments, rules, and other applicable policies.
- E. The performance of the NeHEMRSV shall be measured by the progress made in improving national health data and service statistics reporting from the source to the DOH to support and facilitate the achievement of the national health system goals of better health outcomes, sustained health financing, and responsive health system.
- F. Health facilities like hospitals, rural health units or health centers (RHUs/HCs), provincial health offices (PHOs), municipal/city health offices (MHO/CHOs), barangay health stations (BHSs), clinics and the like shall be required to use eHealth solution (i.e. EMRS or HIS) that passed the NeHEMRSV.
- G. The eHealth solutions developed by Software Developers shall be required to pass the NeHEMRSV.

VI. SPECIFIC GUIDELINES

A. Governance and Management

1. National eHealth Governance Structure shall:

- a. Oversee the overall progress of implementation, management, operational maintenance and sustainability of the NeHEMRSV.
- b. Review and approve recommendations on policies, procedural guidelines, protocols and other operational requirements of the NeHEMRSV.
- c. Manage resolution of policy issues, conflicts, risks and challenges that may arise in the implementation of the NeHEMRSV on policy, standards, service provision and execution.

2. Department of Health, Philippine Health Insurance Corporation, and Department of Science and Technology shall:

- a. Jointly provide the overall direction, supervision, technical guidance, necessary resources and assistance to support the implementation, management and operational maintenance of the NeHEMRSV.
- b. Establish coordination and networking with concerned agencies and other stakeholders in the implementation, management, monitoring and evaluation of NeHEMRSV operations.
- c. Jointly review and approve the identified delivery, service, support and other requirements for the implementation and operationalization of the NeHEMRSV.
- d. Create the composition of the NeHEMRSV Team.

3. NeHEMRSV Team

a. Composition

The NeHEMRSV Team shall be composed of representatives from DOH, PhilHealth, DOST, and the private sector as duly appointed through the NeHGS.

Revisions on the composition, functions, and status of the NeHEMRSV Team shall require approval of the NeHGS, and shall be updated accordingly through the issuance of an appropriate Joint Memorandum. Non-member stakeholders may be invited by the NeHEMRSV Team subject to the required approvals.

b. Duties and Responsibilities

The NeHEMRSV Team shall:

- i. Develop standards such as policies, procedures and guidelines, and identify key resources to efficiently support, promote, and implement the NeHEMRSV.
- ii. Identify key resources to efficiently support, promote and implement the NeHEMRSV.
- iii. Execute the policies, procedures and guidelines of the NeHEMRSV.
 - (a) Receive, test-run and implement the test methods and/or products for the NeHEMRSV.
 - (b) Facilitate the conduct of NeHEMRSV from application, issuance of certificate, and monitoring and evaluation of issued certification status.
 - (c) Prepare the validation report with recommendation, and issue the NeHEMRS Certificate of Validation for the eHealth solution that passed the NeHEMRSV testing.
 - (d) Manage complaints and appeals in accordance with the NeHEMRSV Incident Response and Mitigation Policy, and Appeal Procedures.
 - (e) Revoke or suspend the certificate for those that have committed violations that threaten or undermine the integrity of the validation process, and/or whose software have been found non-compliant with set operational criteria for NeHEMRSV good standing at the health facility.
 - (f) Validate and approve for publication via the eHealth website all latest and approved issuances, updates and advisories on NeHEMRSV, including the most recent list of software developers, providers/vendors, and implementers that have passed the validation testing.

c. Tenure

Members of the NeHEMRSV Team shall serve for a term of three (3) years upon signing of an appropriate Joint Department Memorandum, unless revoked or amended through the NeHGS.

4. Observers

- a. To foster transparency, the NeHEMRSV Team shall be required to invite two (2) to five (5) observers to attend and witness the conduct of the actual testing. The observers shall come from any government agency, non-government organization, academe, or any institution, provided that these individuals hold/share no conflict of interest.
- b. The non-attendance of these observers does not invalidate the actual testing, provided that they have been formally invited at least two (2) days prior to the scheduled testing.

5. Pursuant to Joint DOH-DOST Department Memorandum No. 2013-0200-A, the **eHealth Program Management Office** shall serve as the official technical and administrative secretariat of all the activities related to the implementation of the NeHEMRSV.

B. Implementation and Operationalization of the NeHEMRSV

1. Scope and Coverage

The NeHEMRSV shall confirm if an eHealth solution measures up and conforms to the national health data reporting, exchange and transmission requirements. It shall apply to:

- i. Health facilities such as hospitals, RHUs/HCs, PHOs, MHO/CHOs, BHSs, clinics, and the like that are using or intending to develop and use eHealth solutions; and
- ii. Software developers that are developing or have developed eHealth solutions.

2. Reference Models

- a. The DOH-developed *Integrated Clinic Information System (iClinicSys)* for RHU/HCs, PHOs, MHO/CHOs, and BHS, and *Integrated Hospital Operations and Management Information System (iHOMIS)* for hospitals shall serve as the official de facto reference models for all NeHEMRSV testing prior to rollout to other software developers. As such, these two (2) eHealth solutions shall be exempted from undergoing the NeHEMRSV for national health data reporting requirements. DOH shall be required to regularly update these systems in compliance with the requirements of its mandate as the national health authority of the country.
- b. All pre-NeHEMRSV testing for new and/or updated national health data reporting requirements and their corresponding electronic submission and exchange protocols shall be conducted using these reference models, prior to official publication of the updates.

3. Application

- a. Who Can Apply for NeHEMRSV
 - i. Software developers; and government/public and/or private health facilities that have in-housed developed and/or implemented eHealth solutions, or intend to develop eHealth solutions for use at their health facility.
- b. Application Cost

Application for the NeHEMRSV for various national health data reporting requirements shall initially be free of charge. However, the NeHEMRSV Team, upon approval of the NeHGS, shall have the right to charge application cost in the future for operational maintenance and sustainability.
- c. Implementing Mechanisms
 - i. Application for NeHEMRSV can be made at any time, provided that all necessary application requirements have been duly fulfilled and submitted to the NeHEMRSV Team through its official communication instrument.

- ii. All applications, inquiries, and other relevant updates on NeHEMRSV shall be made only to its official email address.
- iii. All latest issuances, updates and advisories on NeHEMRSV, including the most recent list of validated EMRs and/or HISs shall be posted only at the eHealth website.

4. National Health Data Reporting Category Standards (NHDRCS)

- a. Initial list of NHDRCS for mandatory NeHEMRSV is posted in Annex A.
- b. The initial list of NHDRCS shall be continuously expanded or revised to accommodate the changing national eHealth climate and strategic context, and evolving national health data reporting requirements from DOH and/or PhilHealth, and the emerging use cases of the PHIE.
- c. New and/or updates on national health data reporting requirements and their corresponding submission protocols for NeHEMRSV shall be published accordingly at the official website.
- d. One certificate shall be issued for each NHDRCS passed. However, the NeHEMRSV Team can also issue a certificate for multiple NHDRCS passed. This procedure shall also apply for all re-validation and re-certification brought about by new updates and requirements being released and/or internally instituted.

5. Procedural Guidelines

Implementation of the NeHEMRSV shall be in accordance with the most recent standard operating guidelines as stipulated in the NeHEMRSV Manual of Operations as duly approved by NeHGS through the NeHEMRSV Team such as:

- i. Submission and Processing of Application
- ii. EMRSs/HISs Software Enhancement
- iii. Testing and Evaluation of Test Results
- iv. Issuance of Certificate
- v. Monitoring and Evaluation
- vi. Maintenance of Good Standing
- vii. Termination of Certificate
- viii. EMRSs/HISs Software Version Update Validation
- ix. Validity and Termination of the Certificate
- x. Incident Response and Mitigation
- xi. Appeal Procedures
- xii. Non-Compliance and Corrective Action Procedure
- xiii. Publication of NeHEMRSV Issuances and Other-Related Documentations
- xiv. Financing and Sustainability
- xv. Management of the NeHEMRSV Artifacts and Repository

6. Functional and Technical Specifications

- a. All eHealth solutions shall be subjected to NeHEMRSV Testing according to specified criteria such as connectivity, validation, security, and performance, among others.
- b. The list of criteria (i.e. functional and technical specifications) for testing and evaluation shall vary depending on the NHDRCS of interest, and shall be fully defined in the issued NHDRCS-specific Functional and Technical Specifications Manual.

7. Validity of the Certificate

- a. Issued certificate shall be valid for two (2) years from date of issuance or depending upon the system updates instituted on the iClinicSys and iHOMIS, unless otherwise revoked or suspended.

- b. Issued certificate shall remain valid for the specified duration, provided that there are no changes in the national health data reporting requirements that affect the current procedural integrity of the validation and the issued certificates, and/or implemented specifications and version updates made on the eHealth solution at the health facilities or by the software developers.
- c. For those with issued certificates that have become obsolete due to new NeHEMRSV updates and requirements instituted, re-validation and re-certification shall be required to maintain their validated status. Re-validation and re-certification shall also apply to those with validated EMRs and/or HISs that have implemented internal specifications and/or version updates on their respective EMRSs or HISs.

8. Functionality Warranty and Guarantee

- a. The issued certificate guarantees that the eHealth solution has passed the NeHEMRSV testing based on specified criteria for national health data reporting. It does not validate nor certify software quality attributes on information security, privacy and confidentiality at the health facility, development/enhancement features and processes, and other functionalities as specifically required by the end-users.
- b. The DOH, PhilHealth and DOST shall not be held liable for security, privacy and confidentiality breaches, and risks to patient safety resulting from the use of the validated software within their area of jurisdiction.

VII. ROLES AND RESPONSIBILITIES

1. Department of Health, Philippine Health Insurance Corporation, and Department of Science and Technology shall:

- a. Jointly spearhead and manage the provision of technical and operational updates on various DOH, PhilHealth, and other national health data reporting requirements for NeHEMRSV.
- b. Jointly administer and manage the testing facilities, databases, services, methods and applications for NeHEMRSV, subject to existing privacy, security and other operational protocols of the hosting source or identified owner.
- c. Jointly spearhead the conduct of operations management and monitoring, and quality assurance management and sustainability of the NeHEMRSV.
- d. Spearhead the conduct of all capability building activities to the NeHEMRSV Team and the designated observers.

2. Other DOH Attached Agencies, other Government Agencies, Regional and Provincial Health Offices, and other Private and Non-Government Institutions shall:

- a. Provide technical expertise and subject matter inputs pertaining to the implementation, management and operational maintenance of the NeHEMRSV as informed by the NeHGS.
- b. Participate in all requests for collaborative works and technical assistance with the DOH, PhilHealth and DOST, through the NeHEMRSV Team, in the implementation, management and operational maintenance of the NeHEMRSV as informed by the NeHGS.

3. All Health Facilities that are Implementing or Intending to Implement an eHealth Solution; Software Developers and Providers/Vendors of eHealth Solutions; Local or International Donor or Funding Agencies with eHealth Solution component shall:

- a. Mandatorily subject their eHealth solutions to NeHEMRSV for national health data reporting requirements.

- b. Report issues, concerns, and/or problems that may arise in the subject of their eHealth solution to NeHEMRSV for national health data reporting requirements, and/or the institution of the corresponding operational requirements and mechanisms at the health facilities.
- c. Provide relevant inputs to further improve the implementation, management, and operational maintenance of the NeHEMRSV.

3.1. Software Developers and Providers/Vendors of eHealth Solutions shall:

- a. Support various health facilities in implementing a NeHEMRSV-compliant EMRS or HIS.

3.2. All eHealth Solutions–Implementing Health Facilities shall:

- a. Implement an eHealth Solution (i.e. EMRS or HIS) that has passed the NeHEMRSV for national health data reporting requirements.

3.3. All Health Facilities that Intend to Implement an eHealth Solution shall:

- a. Acquire an EMRS or HIS that has passed the NeHEMRSV for national health data reporting requirements.
- b. If the eHealth Solution (i.e. EMRS or HIS) shall be in-house developed, subject the developed EMRS or HISs to the NeHEMRSV.

3.4. All Local or International Donor or Funding Agencies that Intend to Implement an eHealth Solution shall:

- a. Acquire an eHealth solution that has passed the NeHEMRSV for national health data reporting requirements.
- b. If the eHealth Solution shall be in-house developed, subject the developed eHealth solution to the NeHEMRSV.

VIII. PENALTY CLAUSE

Penalties and sanctions for non-compliance with the provisions of this Order such as imposition of fines, revocation and/or transfer of service rights and privileges, or non-processing and/or release of capitation funds or other related resources for those implementing, distributing and providing non-validated eHealth solutions despite notices, among others, shall be imposed in accordance with the Non-Compliance and Corrective Action Procedure in the duly approved NeHEMRSV Manual of Operations.

IX. OPERATIONAL BUDGET

The DOH, PhilHealth, and DOST shall separately allocate funds and provide counterpart resources necessary and appropriate to the overall and regularly funded functions and projects of each agency for the proper implementation of the NeHEMRSV for national health data reporting requirements. Each agency shall secure COA Post Audit review over any and all transactions for this project.

X. GOVERNING CLAUSE

Issues arising from the implementation of this Joint Administrative Order shall be resolved jointly by the Department of Health, Philippine Health Insurance Corporation, and Department of Science and Technology.

XI. REPEALING CLAUSE

All issuances whose provisions are inconsistent with or contrary to any of the provisions of this Joint Administrative Order are hereby rescinded and modified accordingly.

XII. SEPARABILITY CLAUSE

In the event that any provision or part of this Joint Administrative Order is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and in force.

XIII. PUBLICATION AND EFFECTIVITY

This Joint Administrative Order shall take effect upon its approval, and fifteen (15) days after its publication in two (2) newspapers of general circulation.

ALEXANDER A. PADILLA
President and Chief Executive Officer
Philippine Health Insurance Corporation

MARIO G. MONTEJO
Secretary
Department of Science and Technology

JANETTE P. LORETO-GARIN, MD, MBA-H
Secretary
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ANNEX A: INITIAL LIST OF NHDRCS FOR MANDATORY NeHEMRSV

<u>NHDRCS #</u>	<u>National Health Data Reporting Requirement</u>	<u>Legal Basis</u>
GOV-001 (Governance Group)	Drug Price Monitoring	DOH Administrative Order No. 2011-0012: Implementing Guidelines on Electronic Drug Price Monitoring System Version 2.0.
GOV-002	National Stock Inventory	DOH Department Memorandum No. 2013-0044: Submission of Inventory Levels of Family Planning Commodities to the National Online Stock Inventory Reporting System (NOSIRS).
LIC-001 (Licensing Group)	Drug Testing	DOH Administrative Order No. 2008-0025: Guidelines on the Implementation of the Integrated Drug Test Operations and Management Information System for Screening and Confirmatory Drug Test Laboratory Operation.
LIC-002	Hospital Statistics	DOH Administrative Order No. 2011-0020: Streamlining of Licensure and Accreditation of Hospitals, Section V. Guidelines A, Specific Guidelines, f. Reports, states that, “an annual updated consolidated hospital statistical reports shall be prepared by DOH-CO/CHD in accordance with the format posted in at DOH website.”
NCD-001 (Non-Communicable Disease)	Blindness	DOH Administrative Order No. 2013-0005: National Policy on the Unified Registry Systems of the Department of Health (<i>Chronic Non-Communicable Diseases</i> , Injury Related Cases, Persons with Disabilities, and Violence Against Women and Children Registry System). Administrative Order No. 179 s.2004: Guidelines on the Implementation of the National Prevention of Blindness Program. Administrative Order No. 2013-0010: Revised Guidelines on the Implementation of the National Prevention of Blindness Program (NPBP) amending Administrative Order No.179 s.2004.
NCD-002	Cancer	DOH Administrative Order No. 2013-0005: National Policy on the Unified Registry Systems of the Department of Health (<i>Chronic Non-Communicable Diseases</i> , Injury Related Cases, Persons with Disabilities, and Violence Against Women and Children Registry System).
NCD-003	Chronic Obstructive Pulmonary Disease (COPD)	DOH Administrative Order No. 2013-0005: National Policy on the Unified Registry Systems of the Department of Health (<i>Chronic Non-Communicable Diseases</i> , Injury Related Cases, Persons with Disabilities, and Violence Against

		Women and Children Registry System).
NCD-004	Coronary Artery Diseases	DOH Administrative Order No. 2013-0005: National Policy on the Unified Registry Systems of the Department of Health (<i>Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities, and Violence Against Women and Children Registry System</i>).
NCD-005	Diabetes	DOH Administrative Order No. 2013-0005: National Policy on the Unified Registry Systems of the Department of Health (<i>Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities, and Violence Against Women and Children Registry System</i>).
NCD-006	Mental Health	DOH Administrative Order No. 2013-0005: National Policy on the Unified Registry Systems of the Department of Health (<i>Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities, and Violence Against Women and Children Registry System</i>).
NCD-007	Stroke	DOH Administrative Order No. 2013-0005: National Policy on the Unified Registry Systems of the Department of Health (<i>Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities, and Violence Against Women and Children Registry System</i>).
PHG-001 (Public Health Group)	Field Health Services Programs	DOH Administrative Order No. 2011-0010: Implementing Procedures and Guidelines in Reporting Field Health Services Data to the DOH Central Office
PHG-002	Injury	DOH Administrative Order No. 2013-0005: National Policy on the Unified Registry Systems of the Department of Health (<i>Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities, and Violence Against Women and Children Registry System</i>).
PHG-003	Maternal and Child Mortalities	DOH Administrative Order No. 2008-0029: Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality
PHG-004	Persons with Disabilities	DOH Administrative Order No. 16-A, s. 1999: Guidelines on the Issuance of Certification of Disability to Persons with Disabilities. DOH Administrative Order No. 2013-0005: National Policy on the Unified Registry Systems of the Department of Health (<i>Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities, and Violence Against Women and Children Registry System</i>)
PHG-005	Violence Against Women and Children	DOH Administrative Order No. 1-B, s. 1997: Establishment of a Women and Children

		<p>Protection Unit in All DOH Hospitals.</p> <p>DOH Administrative Order No. 2013-0005: National Policy on the Unified Registry Systems of the Department of Health (Chronic Non-Communicable Diseases, Injury Related Cases, Persons with Disabilities, and <i>Violence Against Women and Children</i> Registry System)</p>
PHG-006	Expanded Primary Care Benefit (TSeKAP)	<p>PhilHealth Circular No. 010 s. 2012: Implementing Guidelines of Universal Health Care Primary Care Benefits Package for Transition Period CY 2012-2013.</p> <p>PhilHealth Circular No. 02 s.2015: Expanded Primary Health Care Benefit (Tamang Serbisyo Para sa Kalusugan ng Pamilyang Pilipino [TSeKAP]).</p>
PHG-007	eClaims	PhilHealth Circular No. 21, s.2014: Guidelines for eClaims System Simulation
PHG-008	National Health Database on Human Resources Information System	DOH Administrative Order No. 2015-0017: Guidelines on the Use of National Database of Human Resources for Health Information System (NDHRHIS).
PHIE-001	PHIE Lite	<p>Joint DOH-DOST-PhilHealth Administrative Order No. 2016-001: Implementation of the Philippine Health Information Exchange.</p> <p>Joint DOH-PhilHealth Administrative Order on the Adoption of the Philippine Health Information Exchange Lite</p>