PhilHealth Advisory

PhilHealth
Your Partner in Health

Bawat Pilipino MIYEMBRO
Bawat miyembro PROTEKTADO
Kahusayan natin SEGURADO

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REITERATION OF SOME POLICIES OF CASE RATES

In order to achieve a high rate on member satisfaction and achieve smooth implementation of the All Case Rates which became effective January 1, 2014, there's a need to reiterate or clarify certain provisions embodied in the previously approved case rate circulars to constantly remind or guide our health care providers and PhilHealth beneficiaries of their respective responsibilities.

A. The Statement of Account (SOA) shall reflect the total charges minus the PhilHealth benefit for both the health care institution (HCI) fee and professional fee/s. The SOA shall contain the following information. Please refer to illustrations below.

Illustration 1:
Mr. Y, 34 y/o, employed, admitted for Dengue Fever in an accredited Level 1 private hospital. The case rate amount is 10,000 (HCI fee: 7,000 and PF: 3,000).

HCI Charges	
Total HCI charges	25,000
Less PhilHealth Benefit for facility charges	- 7,000
Amount due after PhilHealth deduction	18,000
PF	
Total PF of Doctor X	15,000
Less PhilHealth benefit for PF	- 3,000
Amount due after PhilHealth deduction	12,000

Illustration 2:
Ms. Z, 42 y/o, self-employed was admitted for appendectomy due to a ruptured appendix in an accredited Level 2 private hospital. The case rate for appendectomy is 24,000 (HCI fee: 14,400 and PF: 9,600). Doctor A (surgeon) charged 25,000 while Doctor B (anesthesiologist) charged 10,000.

HCI Charges	
Total HCI charges	35,000
Less PhilHealth Benefit for facility charges	- 14,400
Amount due after PhilHealth deduction	20,600
PF	
Total PF of Doctors A & B	35,000
Less PhilHealth benefit for PF	- 9,600
Amount due after PhilHealth deduction	25,400

B. PhilHealth benefit for eligible members and their dependents shall at all times be deducted from the total HCI charges and PF regardless whether the member/patient made partial payment and/or issued a promissory note or a guarantee letter. These should be reflected also in the SOA.

Part III item A of Claim Form 2: Certification of Consumption of Benefits and Consent to Access Patient Record/s shall at all times be consistent with that of the SOA of the patient.

C. Complaints of PhilHealth members such as but not limited to under deduction, incomplete/inaccurate/deliberate omission of entries specifically on outside purchases or out of pockets in part III item A of claim form 2 shall be validated by the concerned PROs.

D. Representatives of health care providers shall explain to the member/patient the contents of the claim forms. Claims forms shall be properly and completely filled-out prior to signing of the PhilHealth member/patient.

E. Eligible PhilHealth members and their dependents availing of packages offered by HCIs, be it a "promo package", "special package" or "discounted package" or the likes shall be subject to PhilHealth deductions. They shall not be made to sign any document waiving their rights for PhilHealth deductions just to avail of the said "package/s".

F. PhilHealth benefits shall not be construed as an "add-on" instead it should be deducted from the actual charges of both HCI and PF charges. Both HCI and PF charges/rates for PhilHealth and non-PhilHealth members shall be the same.

G. PhilHealth members availing of repetitive procedures shall not be made to sign in advance the claim forms for the succeeding procedures/sessions (ex: hemodialysis, radiotherapy). This shall also be applicable to health care professionals.

H. Health care providers covered by the No Balance Billing (NBB) Policy shall accord such to qualified PhilHealth members and their dependents at all times. Provisions of PhilHealth Circular 3 s. 2014 re: Strengthening the Implementation of the No Balance Billing Policy and other related issuances still in effect shall be implemented accordingly. Directly filed claims by NBB patients shall be evaluated for possible violation of the NBB policy by the health care providers.

I. Applicable VAT - exemption, Senior Citizens Discount or Persons with Disability Discount shall be deducted prior to the application of the PhilHealth benefit based on existing rules and regulations.

J. Others:

1. RVS code 16010 - Dressings and/or debridement, initial or subsequent
   - This should only apply to local treatment of burns.
2. RVS code 59409 - Vaginal Delivery only (with episiotomy); also referred to as complicated vaginal delivery
   - This code shall be used for deliveries done vaginally for mothers with medical conditions or other indications that exempt them from the normal spontaneous delivery package. The following are the accepted indications:
   a. Preterm deliveries O60.1
   b. Multiple deliveries O84.0
   c. Maternal distress during delivery (unstable vital signs) O75.0
   d. Delayed delivery after rupture of membranes O75.6
   e. Abnormality in uterine contraction O62.4
   f. Prolonged labor O63.-
   g. Precipitous delivery O62.3
   h. Labor complicated by fetal distress O68.-
   i. Labor complicated by cord complication O69.-

ALEXANDER A. PADILLA
President and CEO