

# Interim Measures During Systems Offline Related to Cybersecurity Incident

The following interim measures are hereby advised while the online services of the Philippine Health Insurance Corporation (PhilHealth) are being restored, as part of its containment measures following the detection of an information security incident on September 22, 2023:

## 1. Member Registration

- Members shall submit 2 copies of properly accomplished PhilHealth Member Registration Form (PMRF) to any PhilHealth Local Health Insurance Office (LHIO) with supporting documents such as proof of identity (copy of birth certificate, ID, etc.). Registrants shall be advised by the concerned LHIO through their given contact information to pick up their Member Data Record (MDR) and/or ID once the documents are already available.

## 2. Payment of Premium Contributions

- Payment of premiums by the employers shall be suspended in the collection window until access to the Electronic Premium Remittance System (EPRS) is restored to generate the Statement of Premium Account. Over the counter transactions for additional reports and settlement of arrears shall also be suspended.
- All self-paying members can remit their premium contributions to any PhilHealth-accredited Collecting Agents (ACAs) nationwide. The lowest amount of contribution to be accepted is P400/month based on the existing premium rate and income floor. Payment adjustments shall be made once the affected systems have been restored and are functional.
- The deadline of payment of premium contributions for self-paying members for the 3rd quarter of 2023 shall be extended until **October 31, 2023**.
- Group partners shall be notified of the availability of the system to facilitate the acceptance and processing of their remittances.

## 3. Benefit Availment

- All patients availing of benefits or those with membership and contributions concerns must be entertained and duly assisted by the healthcare facility.
- Members shall submit a photocopy of their Member Data Record (MDR) and/or PhilHealth Identification Card to the healthcare facility.
- In its absence or if patients are not yet declared or registered, they are required to submit duly accomplished PMRF together with supporting documents to the healthcare facility.
- Patients must accomplish and submit the duly accomplished PMRF within the availment period. The date of registration to PhilHealth shall follow the date that the PMRF was accomplished.
- Foreign nationals who wish to avail of PhilHealth benefits are required to submit supporting documents and proof of qualifying contributions.
- Hospitals and other healthcare facilities should require all availing patients to indicate their respective contact information in the PMRF so that they can be reached for any clarifications or follow-up.
- To avail of the No Balance Billing (NBB), members may present to the government healthcare facility any of the following documents: MDR, PhilHealth ID, Certificate of Financial Incapacity from the medical social worker, Certificate of Indigency from the LGU social worker, Certification from the City/Municipal Link for 4Ps beneficiaries, any government-issued ID with date of birth for senior citizens and lifetime members.

## 4. Claims Filing and other Claims Concerns

- The granting of immediate eligibility to PhilHealth benefits is absolute, thereby benefit availment of patients shall not be denied on the basis of membership and contributions concerns.
- Pursuant to PhilHealth Advisory No. 2023-0033 the period to file claims is further extended until October 31, 2023. This includes regular filing and return-to-hospital claims.
- Manual submission of claims is encouraged only when nearing the filing period. This is to document only the actual fulfillment and submission of the claim within the prescribed period to avoid denial of claims due to late filing.
- While connection with Service Provider (SP) is off, the following are recommended to avoid redundancy of encoding of claims information by healthcare facilities through their SP:
  - For initial filing, HF shall submit a properly accomplished Claims Signature Form (CSF) for the documentation of stamped received date on the passing of the 120 days filing period.
  - For refiling of RTH claim, a copy of the RTH Letter with stamped received date by the healthcare facility and the signed CSF will suffice for documentation.
- Once the eClaims is restored and fully operational, healthcare facilities must transmit all affected eClaims electronically for the issuance of claims series number, including CSF with stamp received.
- The documentation as recorded in the above measures 1 and 2, shall only be the basis of computing the 120-day filing period.
- To support the Cataract Pre-Surgery Authorization (CPSA) applications, a medical certificate shall be issued by the attending cataract surgeon attesting that the patient is diagnosed as a new case of cataract for the intended laterality. Existing rules on 10/50 rule and the appropriate day interval for both eye operations shall be observed by the health care provider to avoid denial.
- Late registration shall be accommodated for new case of Chronic Kidney Diseases Stage 5 (CKD-5) patient with filed hemodialysis claims during the optimization period.

For information and guidance.

**(Sgd.) EMMANUEL R. LEDESMA, JR.**

President and Chief Executive Officer

Date signed: September 28, 2023