



PHILHEALTH CIRCULAR

No. 34, s-2006

TO : ACCREDITED INSTITUTIONAL AND PROFESSIONAL HEALTH CARE PROVIDERS, MEMBERS OF THE NATIONAL HEALTH INSURANCE PROGRAM AND ALL OTHERS CONCERNED

SUBJECT : PhilHealth Newborn Care Package (NCP)

The National Health Insurance Program aims to continuously provide its members and dependents with responsive benefits. In line with this objective, the PhilHealth Board has approved Resolution No. 925 series of 2006 providing for the Newborn Care Benefit Package. Guideline for the implementation of said package shall be as follows:

GENERAL RULES

1. The following accredited health facilities shall be the main providers of the NCP:
 - a. Hospitals
 - b. Non-Hospital Facilities such as Lying-In Clinics, Midwife-managed Clinics, Birthing Homes, Rural Health Units, Ambulatory Surgical Clinics or any other analogous health facilities
2. The NCP utilizes a case payment scheme for reimbursement amounting to Php 1,000 which shall be paid directly to the institutional health care provider
3. This package shall be applicable only to newborns of mothers who are qualified and have complied with PhilHealth requirements before availing of pregnancy-related benefit.
4. Accredited health care providers should be able to provide **all** the necessary services within this package which consists of the following:
 - a. Umbilical cord care
 - b. Eye prophylaxis
 - c. Administration of Vitamin K
 - d. Thermal care
 - e. First dose of Hepatitis B immunization
 - f. Newborn Screening Tests as recommended by the Department of Health

5. The amount of the package is broken down as follows:

Newborn Care Services	Distribution of Case Rate
Eye prophylaxis, umbilical cord care, Vitamin K & thermal care	Php 250
First dose of Hepatitis B immunization	Php 250
Newborn Screening Tests	Php 500

This however, does not allow claims for partial provision of services.

6. Only claims for **complete** newborn care services provided shall be compensated, otherwise, reimbursement to the facility shall be denied. In case of NCP claimed and reimbursed to the facility but later proven to lack the necessary services, the amount reimbursed shall be deducted from the future claims of the facility (health care provider).
7. Room and Board charges shall not be compensated. However, one-day shall be deducted from the 45-day allowance for room and board for dependents of a member. On the other hand, room and board charges may be compensated for newborns admitted/confined due to other conditions/illnesses.
8. Newborns/neonates admitted/confined in a hospital due to other conditions/illnesses may avail of other benefits (including room and board) based on the case type of their diagnosis/illness. Such claim should also include the applicable newborn care services provided for in the package and shall not be considered a separate benefit.
9. This Circular amends the rule on claims payment for newborn care under the Maternity Care Package both in the hospital and non-hospital facilities.

ELIGIBILITY RULES

1. Eligible newborns are those qualified dependents of NHIP members and are born to mothers who satisfy the eligibility requirements to avail of pregnancy related benefit:
 - a. An employed/KASAPI member whose premium contributions for at least three (3) months have been paid within the six (6) months prior to the first day of her or his/her dependent's availment shall be entitled to the benefits;
 - b. An individually paying member should comply with the rule on sufficient regularity of premium contributions and should have at least nine (9) months or three (3) quarters of premium contributions within the immediate twelve (12) months prior to the availment of the package.
 - c. Employed members are required three (3) months of contribution within the immediate six (6) months prior to delivery.
 - d. Sponsored members may avail of this benefit within the validity period stated in their PhilHealth Membership Identification Card or Certificate of Eligibility (Form CE1) per PhilHealth Circular No. 3 s. 2005.
 - e. OWP members or their dependents may avail of this benefit within the validity period stated in their enhanced Member Data Record (MDR).

CLAIMS FILING

1. A separate claims application using Claim Form 2 must be submitted for this package together with the maternal claim application. The amount for this package shall be indicated in Part I, item 12(C) and Part IV (C) of the said claim form.
2. All claims must be filed within sixty (60) calendar days from the date of discharge.
3. All claim applications for the Newborn Care Package shall be covered by PhilHealth rules on ICD-10.

This Circular shall take effect for all claims with admission dates starting December 1, 2006. All other benefit availment rules inconsistent with these rules are hereby repealed.

(Sgd.) **LORNA O. FAJARDO**
 Acting President and CEO

Date Signed: November 22, 2006