

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
 Healthline 637-9999 www.philhealth.gov.ph

PhilHealth Circular

No. 441, 2009
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TO : ALL ACCREDITED HEALTH CARE PROVIDERS, MEMBERS OF PHILHEALTH, PHILHEALTH PERSONNEL AND ALL OTHERS CONCERNED

Subject : Simplified Reimbursement Scheme for Provider Claims

Pursuant to its mandate under Section 23(j) Article 5 of RA 7875 as amended, the Corporation is required to process, review and pay claims within 60 days from receipt of completed documents. In the spirit of true partnership with accredited health care providers and in line with the Corporation's commitment of operational efficiency, the Corporation shall adopt a Simplified Reimbursement Scheme (SRS) to ensure faster and more efficient reimbursement process.

Under this scheme, provider claims of eligible members shall be paid 75% of the amount claimed. The remaining 25% shall be paid subject to further review after payment such that any discrepancies between the amounts claimed, paid and allowable shall be adjusted accordingly, chargeable to hospital claims in process, if applicable.

In addition, compliance to existing PhilHealth policies to include but not limited to ICD 10 coding, case typing and RVS coding are still in place. Adherence to applicable laws and clinical standards of practice shall be monitored. Providers observed or found with deviation or in violation of existing policies and guidelines shall be excluded from this scheme without prejudice to other appropriate action the Corporation may undertake. A corresponding office order shall be issued accordingly for this purpose.

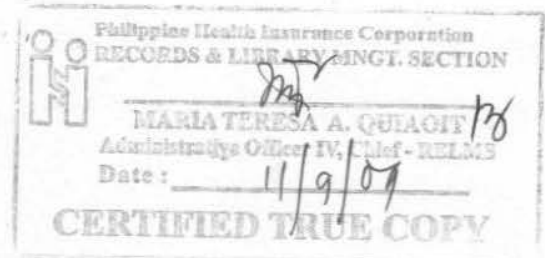
All issuances inconsistent with this policy are hereby amended/repealed accordingly.

This circular shall take effect 15 days from publication to any newspaper of general circulation or to the official gazette.

Please be guided accordingly.

DR. REY B. AQUINO
 President and CEO

Date signed: 09 Nov 09



PhilHealth
True Partner in Health



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