



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
 Healthline 441-7442 www.philhealth.gov.ph



PHILHEALTH CIRCULAR

No. 028, s-2012

TO : ALL PHILHEALTH MEMBERS, ACCREDITED PROVIDERS, PHILHEALTH REGIONAL OFFICES (PROs), AND ALL OTHERS CONCERNED

SUBJECT : Splitting of Payment for Facility and Professional Fee and Issuance of Official Receipts for PhilHealth Claims

Pursuant to PhilHealth Circular Nos.11, 11-A and 11-B, series of 2011 (New PhilHealth Case Rates for Selected Medical Cases and Surgical Procedures and the No Balance Billing Policy), the following additional guidelines are being issued for proper implementation. Further, for purposes of uniform understanding, the type of payment mechanism for PhilHealth case rates shall be known as Per Case Payment Rate (PCPR).

I. RULES ON PAYMENT OF PROFESSIONAL FEES

As a general rule, reimbursement for the case rates including professional fee (PF) shall be made directly to the facility. Exceptions to this rule are government facilities wherein the PF is designated for pooling.

The PF portion for medical and surgical cases shall remain as 30% and 40% respectively, except for newborn care and hemodialysis. The facility shall still be the withholding tax agent for the professionals.

In consideration of the issues raised by providers on payment of PF, the following policies are hereby issued:

A. Private Facilities

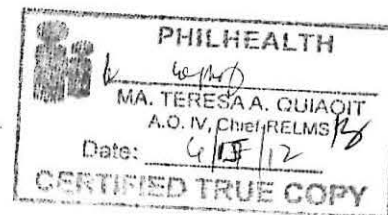
- Accredited facilities may opt to open a separate account for professional fees.
- Facilities are required to submit a written request addressed to the concerned Regional Vice President of the PhilHealth Regional Office (PRO), to formally state their option for reimbursement. Two (2) checks shall be issued by PhilHealth to the facility, one for hospital charges and another payable to the account of doctors for PF.

To illustrate:

SAMPLE CHECK	PAYEE
1 st Check	"Pay to (name of facility) for hospital charges"
2 nd Check	"Pay to (name of facility) for the account of doctors for professional fees"

B. Government Facilities

- The payment of PF for pooling in government facilities shall still follow the provision of PhilHealth Circular No. 20, s-2011 specifically under Item II.E. However, it shall be amended such that the 30-40% allotted for professional fee shall be issued payable to the "Chief of Facility".
- The policies above for private facilities shall also apply for payment of PF for private patients in government hospitals.



II. ISSUANCE OF OFFICIAL RECEIPT FOR ALL PHILHEALTH REIMBURSEMENTS

- A. As required by PhilHealth Circular No. 24, s-2005, it is reiterated that providers are required to submit official receipt/s within 30 days from date of receipt of check/s for all PhilHealth reimbursements for fee-for-service and case rate claims.
- B. For PhilHealth payment for case rate claims, the official receipt to be issued by the facility to PhilHealth should include the amount paid both for facility charges and professional fees. In compliance with BIR Revenue Memorandum Circular No. 49-2011 dated 2 November 2011, the facility is required to withhold the 10% or 15%, whichever is applicable, on the payment of professional fees.
- C. For PhilHealth payment for fee-for-service claims, it is reiterated that both facility and professionals should issue official receipts upon receipt of such payment.
- D. The succeeding release of checks of facilities and professionals who fail to issue official receipts for the past three (3) months shall be withheld until they comply with this requirement.
- E. PROs shall closely monitor compliance of facilities and professionals with the requirements on issuance of official receipts.

III. OTHER CLARIFICATORY GUIDELINES FOR PF:

- A. All PhilHealth-accredited doctors who actively participate in the care of the patient shall sign in the claim form 2. This refers to the attending physician/s and referral physician/s, if there is any.
- B. For patients managed by a team composed of both PhilHealth-accredited and non-PhilHealth-accredited doctors, only the PhilHealth-accredited doctor/s shall be entitled to take part in the sharing of the PF.
- C. Doctors who participate in the care of the patient should coordinate with the facility management and agree on the sharing of the professional fee, as well as, the schedule of disbursement to the doctors.
- D. In relation to the Benchbook requirements on credentialing and privileging, the facility management shall be responsible in assuring that the professional health care provider is qualified/appropriately skilled to manage or participate in the care of a patient based on the acceptable standards of practice of medicine. Compliance with such requirements/undertakings shall be closely monitored by PhilHealth as part of its quality assurance program.

IV. REPEALING CLAUSE

All other issuances inconsistent herewith are hereby repealed or modified accordingly.

V. EFFECTIVITY

This Circular shall take effect for all admissions starting July 1, 2012.

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DR. EDUARDO P. BANZON
President and CEO
Date signed: 6/8/2012

