



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 039, s. 2012
[Signature]

TO : ALL INSTITUTIONAL AND PROFESSIONAL HEALTH CARE PROVIDERS, MEMBERS AND NON-MEMBERS OF PHILHEALTH IN SOUTHWEST MONSOON (HABAGAT) TRIGGERED BY TYPHOON HAIKUI - STRICKEN AREAS

SUBJECT : PhilHealth Policies for Southwest Monsoon (Habagat) Triggered By Typhoon Haikui - Stricken Areas

In view of the damage brought about by massive flooding which resulted from the southwest monsoon (*Habagat*) rains triggered by typhoon Haikui, the Philippine Health Insurance Corporation shall extend the following privileges to *all* affected institutional and professional health care providers and members *in all affected areas*, and most notably, areas which have been declared as under a state of calamity

I. Automatic Coverage of Non-Members Diagnosed with Leptospirosis in Southwest Monsoon (*Habagat*) Triggered By Typhoon Haikui - Stricken Areas

- A. All non-members of PhilHealth residing in the aforementioned areas affected by the recent severe floodings who have been diagnosed with leptospirosis shall be automatically covered as PhilHealth Sponsored Program members/beneficiaries and shall be accorded the benefits due them. For non-members less than 21 years of age whose parents are neither members, one parent shall be automatically covered.
1. The Institutional Health Care Provider (IHCP) shall check first whether the patient is indeed a non-member through any of the following means, if available: the PhilHealth website, the IHCP Portal, and/or the Claims Eligibility Web Service.
 2. The non-member shall fill out a PhilHealth Member Registration Form (PMRF) and Claim Form 1 (CF-1) which shall be provided either by a PhilHealth CARES staff or shall be made available at the PhilHealth or Billing Section. Supporting documents must be submitted as proof of dependency.
 3. The IHCP shall submit the following to the nearest PhilHealth Regional Office (PRO) or Local Health Insurance Office (LHIO) within 60-120 days after discharge:



- i. PMRF with requisite documents for members or dependents
- ii. CF-1 and other relevant claims forms/hospital documents

- B. Being automatically covered as PhilHealth Sponsored Program members, they shall not be required to pay premiums and that they shall be considered PhilHealth members for the period from 01 August 2012 to 31 July 2013.
- C. Being automatically covered as PhilHealth Sponsored Program members, they shall be entitled to PhilHealth number card which shall be given to by the concerned PRO or LHIO once the said cards are ready.
- D. All claims relating to cases of leptospirosis shall be reimbursed in accord with existing guidelines embodied in PhilHealth circulars on leptospirosis.
- E. This shall be applicable for all admissions starting 07 August 2012 to 31 August 2012.

II. Premium Payment for Employed Sector

The deadline of premium payment for the employed sector for the month of July 2012 is extended until 17 August 2012.

III. Reimbursement of Claims in Southwest Monsoon (*Habagat*) Triggered By Typhoon Haikui - Stricken Areas

- A. To allow providers and members in affected areas time to recover or reconstruct claims, the options for reimbursement provided hereunder are made available.
- B. For IHCPs, only one of the following options may be availed of:
 - 1. For hospitals that can recover and reconstruct damaged claims: The period for filing for all claims deemed 60 days due on 07 August to 30 October 2012 shall be extended by another 60 days for a total of 120 days. (*This is applicable to discharges covering the dates 8 June 2012 to 31 August 2012.*)
 - 2. For hospitals that cannot recover damaged claims: Providers shall be paid based on average reimbursement per day [or average value per day, ("AVPD")] multiplied by the number of days from the last discharge date for which no claims were filed until 31 August 2012. Hospitals can no longer file any individual claim for discharges falling on this date until 31 August 2012, and if any such claim is filed, it shall be denied.
 - a. The AVPD shall be based on period covering 01 September 2011 to 31 March 2012, to account for reimbursements paid both as per case payment rate and fee for service. To illustrate: Hospital A last filed claims on 01 August 2012 and its average reimbursement per day is Php 10,000. Thus, the reimbursement shall be computed as follows:

$$\begin{aligned}\text{Reimbursement} &= \text{Php } 10,000 \times [\text{August } 31 - \text{August } 1] \\ &= \text{Php } 10,000 \times [30 \text{ days}]\end{aligned}$$



= Php 300,000

- b. A voucher and check shall be generated for the provider based on computed amount. This amount shall be considered as reimbursement for services rendered and shall no longer be chargeable to future claims.
- C. The procedure for availing of the preferred or desired option of reimbursement is as follows:
1. Providers in affected areas shall submit the following to their respective PhilHealth Regional Office (PRO) on or before 01 September 2012 to avail of the options stated above:
 - a. A written letter of request formally stating preferred option for reimbursement and the extent of damage of the facility or records.
 - b. Documentation not limited to pictures, videos, newspaper clippings and the like.
 - c. A certification from the local authority regarding extent of damage.
 2. The PRO, through the regional vice president, shall submit a recommendation to the Office of the President and CEO for approval. All decisions made are final and immediately executory.
 3. In the event that good cause is not established, a written notice of disapproval shall be sent to the provider, in which case claims shall be filed as usual and must be submitted within 60 days from date of discharge. Failure to do so shall result to denial of claims.
- D. For MEMBERS who opt to directly file claims: The period for filing for all claims deemed 60 days due on 7 August to 30 October 2012 shall be extended by another 60 days for a total of 120 days. *(This is applicable to discharges covering the dates 8 June 2012 to 31 August 2012.)*

IV. Reimbursement of Claims for Non-Accredited Providers in Southwest Monsoon (*Habagat*) Triggered by Typhoon Haihui - Stricken Areas

- A. PhilHealth shall, in the exercise of its authority under Sec. 47 (e) of the Implementing Rules and Regulation of Republic Act 7875, and in recognition of the services rendered by health care providers to affected PhilHealth members or their dependents, reimburse the claims for treatments, procedures and other services considered emergency which have been rendered to eligible PhilHealth members or dependents by non-accredited providers as long as they are licensed by Department of Health (DOH) within the period of 01 to 31 August 2012 and have the capability to render complete medical services to affected patients.
- B. All claims from non-accredited IHCPs shall be filed directly by members and shall be payable *only* to the members.



C. The following documents must be filed by the members to the nearest LHIO or PRO:

1. Properly filled CF 1, 2 and 3 with official receipts;
2. Photocopy of IHCP's valid license;
3. Certification from the local authority regarding extent of damage.

D. This is applicable for all admissions starting 07 August – 31 August 2012.

V. **Repealing Clause**

All provisions of previous issuances, circulars, and directives that are inconsistent with any of the provisions of this Circular are hereby amended, modified, or repealed accordingly.

EB
DR. EDUARDO P. BANZON
President and CEO *8/15/12*

