

**ACR POLICY NO.3 - ADDITIONAL LIST OF MEDICAL CONDITIONS FOR HOSPITALS, NEW RATES FOR SELECTED CASE RATES IN PRIMARY CARE FACILITIES–INFIRMARIES/DISPENSARIES, AND CLARIFICATION OF EXISTING RULES ON ALL CASE RATES**

**- TAMANG SAGOT -**

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**1. What is ACR Policy No. 3?**

ACR Policy No. 3 contains reiterations/clarifications on the provisions stated in ACR Policy No. 2 to properly implement All Case Rates and additional benefits/policies under the All Case Rates (i.e., Resuscitation Package).

**2. What are the new case rates for Primary Care Facilities (Infirmaries/Dispensaries)?**

Starting January 1, 2014, Annex 5 of PC 35, s-2013 shall be amended by Annex 1 of PC 9, s-2014. Annex 1 of PC 9, s-2014 shall be the new reference for medical case rates for Primary Care Facilities.

**3. Are there additional medical case rates allowed in hospitals?**

Yes, there are additional list of medical conditions which shall be covered by PhilHealth if admitted in a hospital. Included in the list are acute lymphoblastic leukemia, measles with other complications, etc. (please see complete list in Table 2. Additional List of Medical Case Rates of PhilHealth Circular No. 9, s-2014).

**4. Hospitals are still adjusting with the new PhilHealth All Case Rate rules, will PhilHealth extend the deadline for the return to sender claims?**

Yes, return to sender (RTS) of claims for correction/revision/completion shall be allowed for claims with admission dates on or before June 30, 2014 to give health care institutions enough time to adjust and get used to the new claims processing forms and rules.

**5. Are claims for confinements of less than 24 hours wherein the patient expired now covered by PhilHealth? Will this be allowed in all health care institutions?**

Yes, PhilHealth now has a Resuscitation Package which shall cover claims for confinement of less than 24 hours if the patient expired even if beyond the service capability of the health care institution (HCI). For this Resuscitation Package, the HCI shall be reimbursed a fixed rate of 4,000 pesos to be distributed as follows:

Particulars	Percentage (%)	Amount (in Php)
Health Care Institution (HCI) Fee	70	2,800
Professional Fee (PF)	30	1,200
<b>Total Case Rate</b>	<b>100</b>	<b>4,000</b>

This package is available for all HCIs, however along with the usual requirements for filing claims, HCIs are required to submit a certified true copy of the doctor's and nurse's notes as proof that resuscitative measures were done to the patient.

**6. For claims whereby the patient expired, what should be the basis for the time of discharge of the patient?**

The time of death of the patient shall be the basis of the time of discharge in determining the number of confinement days/hours.

**7. How are we going to claim for chemotherapy? Can we claim multiple cycles of chemotherapy in a single claim form?**

In order to facilitate claims for chemotherapy, only one (1) cycle of chemotherapy shall be claimed in the PhilHealth Claim Form 2. The guidelines on how chemotherapy claims may be filed are found in Annex 11 of PhilHealth Circular 35, s. 2013.

**8. For procedures requiring general and spinal anesthesia, can we submit a photocopy instead of a certified true copy of the records of anesthesia?**

Photocopy of records of anesthesia and surgical or operative techniques shall be accepted in lieu of the original or certified true copy.

**9. Can a member still file claims directly to PhilHealth?**

Yes, PhilHealth shall give special consideration for direct filing of claims for **selected cases** that were either denied or not filed and with appeals for adjustment of reimbursement.

Members may directly file their claims if their illness is included in the list of allowed medical conditions and if their confinement falls within the prescribed period of confinement.

The following are the list of cases allowed for direct filing/request for adjustments:

No.	Cases	Confinement Period Allowed for Direct Filing/Request for Adjustment	Confinement Period <b>NOT</b> Allowed for Direct Filing
1	All medical conditions listed in Table 2-Additional List of Medical Case Rates (Annex 1 of PC 35 s. 2013) of PhilHealth Circular No. 9 s-2014 for all hospital admissions	Admissions starting January 1, 2014 until March 20, 2014	Admissions starting March 21, 2014 onwards

2	Confinements of less than 24 hours where the patient expired including confinements beyond service capability	Admissions starting January 1, 2014 to March 20, 2014	Admissions starting March 21, 2014 onwards																				
3	<p>Patients who were admitted in <b>primary care facilities (PCF)</b> for the following cases since their rates were adjusted:</p> <table border="1"> <thead> <tr> <th></th> <th>Description</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Measles complicated by otitis media; Otitis media in viral diseases classified elsewhere</td> <td>2,800</td> <td>5,460</td> </tr> <tr> <td>2</td> <td>Measles with intestinal complications</td> <td>2,800</td> <td>6,650</td> </tr> <tr> <td>3</td> <td>Measles without complications</td> <td>2,800</td> <td>5,390</td> </tr> <tr> <td>4</td> <td>Hyperosmolality and hypernatraemia; Sodium [Na] excess; Sodium [Na] overload</td> <td>2,800</td> <td>5,950</td> </tr> </tbody> </table>		Description	From	To	1	Measles complicated by otitis media; Otitis media in viral diseases classified elsewhere	2,800	5,460	2	Measles with intestinal complications	2,800	6,650	3	Measles without complications	2,800	5,390	4	Hyperosmolality and hypernatraemia; Sodium [Na] excess; Sodium [Na] overload	2,800	5,950	Admissions starting January 1, 2014 to March 20, 2014	Admissions starting March 21, 2014 onwards
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4	The Newborn Care Package (NCP) being claimed as second case rate. NCP shall be included in the list of case rates allowed as second case rate if admitted in <b>hospitals</b> .	Admissions starting January 1, 2014.	Admissions starting March 21, 2014 onwards																				

However, all claims for special consideration shall be processed subject to existing rules of the Corporation. Requirements for filing of adjustment for reimbursement include official receipts or its equivalent and a completely filled-out adjustment form.

Starting March 21, 2014, health care institutions should properly deduct these additional/adjusted rates to the claim.

#### 10. Can a newborn sick baby still avail of the Newborn Care Package?

Starting January 1, 2014, a newborn sick baby may now avail of the Newborn Care Package (NCP) on top of the illness the newborn baby is being managed/treated at the hospital. The NCP benefit of Php 1,750 (RVS Code: 99432) may be claimed as second case rate.