

**ACR POLICY NO. 4 – DIRECT FILING FOR ALL CASE RATES
AND RETURN TO SENDER
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1. What is ACR Policy No. 4?

ACR Policy No. 4 are provisions for the other conditions allowed for direct filing aside from confinement abroad and emergency in non-accredited health care institutions and return to sender.

2. What are the other conditions allowed for direct filing?

The other conditions are the following:

- a. Any situation where patient/member is unable to secure required documents such as but not limited to employer's certification that is required in Claim Form1 during weekend/holiday confinements (declared national or local) of **employed members and their dependents**
- b. Claims for peritoneal dialysis;
- c. Claims for Animal Bite Package; and
- d. Other circumstances as may be determined by the Corporation.

3. How much will be reimbursed to the patient?

The full case rate amount will be paid to the member regardless of the total amount of health care institution charges and professional fees. There is no splitting of payment. Hence, the HCI personnel shall inform the doctor/s handling the case that the patient-beneficiary is filing the claim with PhilHealth directly.

4. What are the required documents?

The following are the mandatory documents for direct filing for confinements in all accredited HCIs :

- a. Claim Form 1 and 2, completely and properly filled-out
- b. Claim Form 3 (CF 3), completely and properly filled-out
 - i. In lieu of CF 3, the following are acceptable alternatives: photocopy of chart, clinical abstract, etc
 - ii. For Animal Bite Package; the treatment card/animal bite treatment record shall be submitted instead of CF 3.
- c. Other documents as needed such as but not limited to proof of contribution and records of operative or surgical technique and anesthesia.

- d. Waiver issued by the health care institution that the member paid the full amount for the confinement and no PhilHealth deductions were made (see Annex 1 for the form and Annex 2 for the guidelines on how to accomplish the waiver form)

The requirements for confinement abroad and emergency in non-accredited HCI remain as enumerated in PC 35 s. 2013.

The health care institution is responsible in filling out all appropriate fields in the Claim Forms 2, 3 and supporting documents (e.g. Waiver Form for Direct File) and held accountable for the accuracy and correctness of the entries therein. The HCI will assist the patient in properly filling out Claim Form 1. The HCI is accountable for the accuracy and correctness of the entries in Claim Form 1.

5. What if the claim forms are not completely or properly filled -out?

All claim forms and required documents must be completely and properly filled out; otherwise, the claim will be returned to the sender (RTS to member) for completion.

Claims with incorrect/incomplete/without ICD 10 or RVS codes will be RTS for completion/correction. Exemptions to this include claims for confinement abroad and claims for emergency confinement in non-accredited facilities.

Re-filed claims with non-compliance to deficiencies stated in the RTS letter will be denied.

6. Where can I submit directly filed claims?

Complete and properly filled out documents may be submitted at any PhilHealth office nearest you nationwide.

7. When is the deadline of submission of directly filed claims?

The deadline for submission of directly filed claims (except those for confinements abroad and emergency confinements in non-accredited HCIs) shall be 60 days after date of discharge or on October 27, 2014 whichever is later; otherwise, the claim shall be denied.

For example:

Date of Discharge	60 days	Remarks
January 6, 2014	March 7, 2014	The claim may be filed on or before October 27, 2014 which is the later date.
August 13, 2014	October 12, 2014	The claim may be filed on or before October 27, 2014 which is the later date.
August 28, 2014	October 27, 2014	The claim may be filed on or before October 27, 2014.
August 29, 2014	October 28, 2014	The claim may be filed on or before October 28, 2014 which is the later date.
September 6, 2014	November 5, 2014	The claim may be filed on or before November 5, 2014 which is the later date.

Based on the above examples, claims for direct filing with discharge date starting August 28, 2014 shall follow the 60 days filing period.

8. When did PhilHealth set the deadline for return to sender?

As per PC 9 s. 2014, the return to sender (RTS) of claims for correction/revision /completion was extended for claims with admission dates on or before June 30, 2014.

9. Did PhilHealth lift the deadline of its no return to sender (RTS) policy?

Yes. PhilHealth published its advisory on July 2, 2014.

“Upon the request of our partner providers, PhilHealth is ALLOWING RETURN TO SENDER for all claims INDEFINITELY until further notice. The Corporation is granting this request to give the health care providers another opportunity to make sure our members' claims filed with us are free from errors or any violations of the laws and established rules of the Corporation.”

It is the responsibility and accountability of the health care providers and in fact in their best interest, to completely and properly fill out the claim forms at all times to facilitate reimbursement.

10. Does it mean that all claims will be returned to sender to ensure claims are free from errors?

No. Only claims for correction/revision /completion shall be returned to sender. It will be refiled and non-compliance to deficiencies stated in RTS will be denied.

Claims that are properly and completely filled out will be processed.