



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
Healthline 441-7444 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



**PHILHEALTH CIRCULAR**

No. 0006 s. 2014

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

**SUBJECT :** SUPPLEMENT TO PHILHEALTH CIRCULAR 34, S.2013 : GUIDELINES ON THE PROVISION OF SPECIAL PRIVILEGES TO THOSE AFFECTED BY A FORTUITOUS EVENT INCLUDING SPECIFIC PROVISIONS FOR THOSE AFFECTED BY TYPHOON YOLANDA.

In order to facilitate the implementation of PhilHealth Circular (PC) 34 s. 2013, the following supplemental provisions to the Guidelines on the Provision of Special Privileges to those Affected by a Fortuitous Event are hereby issued.

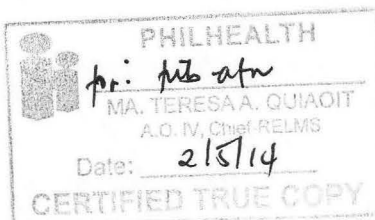
**I. CLARIFICATION:**

- A. Improvised/satellite facilities shall be limited only to those put-up and managed by accredited health care institutions (HCIs) or non-accredited HCIs licensed by DOH or certified by a body recognized by PhilHealth to relocate patients because the facility was destroyed /unstable or augment the need for more beds during fortuitous events.
- B. Less than 24 hours confinements (excludes outpatient consults) shall be reimbursed subject to the evaluation of the submitted justification per claim by the Benefits Administration Section (BAS) of the PROs. This shall be paid a fixed amount of 4,000 pesos.
- C. Inactive and/or non-members may automatically be accorded with PhilHealth benefits as prescribed by the Corporation provided the patient/head of the family will submit a duly accomplished PhilHealth Membership Registration Form (PMRF).
- D. Option for payment for destroyed claims

Option 1: Reconstruction/recovery of destroyed claims for submission/filing to PhilHealth within 120 calendar days from date of discharge of patients for the covered period (from 60 days prior to first day of occurrence of the fortuitous event up to the first day of occurrence of the fortuitous event).

Option 2: Payment of destroyed claims based on the average reimbursement per day multiplied by the number of days of the covered period (from 60 days prior to first day of occurrence of the fortuitous event up to the first day of occurrence of the fortuitous event). From the computed amount, all claims paid and received by the health care institutions for admitted and discharged patients within the covered period shall be deducted.

For both options 1 and 2, all directly filed claims for and by members shall be reimbursed.



- E. All claims of patients admitted and subsequently discharged prior to the covered period due for payment shall still be reimbursed to the HCIs.

## II. GENERAL GUIDELINES (applicable to ALL fortuitous events)

- A. Health care institutions, even those not directly affected by fortuitous events but are taking care of those affected by the fortuitous event shall be covered by the applicable special privileges in Section VI of PhilHealth Circular 34, s. 2013.
- B. Following a fortuitous event, the Corporation may issue a Circular enumerating the applicable special privileges. Health care institutions may send their letters of request even in the absence of any Circular or issuance from the Corporation.
- C. In cases when the PhilHealth offices are also affected by the fortuitous event, the applicable special privileges may also be implemented. Affected HCIs shall be notified by the Corporation.
- D. The Corporation may add new special privileges or alter those enumerated as applicable to the fortuitous event.

## III. ADDITIONAL PRIVILEGES SPECIFIC TO THOSE AFFECTED BY TYPHOON YOLANDA (HAIYAN)

### A. MEMBERSHIP, CONTRIBUTION AND BENEFIT ENTITLEMENT

1. All those affected by Typhoon Yolanda (PhilHealth members and non-members) shall be granted maximum flexibility regarding documentary requirements as proof of membership or contribution until December 31, 2013. A separate Circular shall be issued for the extension of the implementation of this privilege as needed.
2. For formal sector (employed members) if employer's office is based in calamity areas. Employer certification/signature need not be required provided that member record is confirmed thru:
  - i. Health Care Institutional Portal
  - ii. ICares/PCares
3. Those availing benefits in health care institutions that are in areas DIRECTLY affected by Typhoon Yolanda shall be granted full benefit entitlement regardless of membership or eligibility status.
4. Those availing benefits in health care institutions that are in areas NOT affected by Typhoon Yolanda shall be granted full benefit entitlement once certified by any of the following PhilHealth personnel:
  - i. PhilHealth Cares assigned to the health care institution
  - ii. Local Health Insurance Office head
  - iii. Authorized PhilHealth Regional Office personnel
5. Deadline for payment of contributions due on the month of November 2013 or on the 4<sup>th</sup> Quarter of 2013 for those in the **EMPLOYED SECTOR** shall be **extended until March 31, 2014 in directly hit areas.**
6. Premium contributions for the non-employed is not a requirement during the time of availment for a period prescribed by the Corporation through the Vice Presidents/Regional Vice President of the concerned PROs.

### B. PROCESSING OF PER FAMILY PAYMENT (PFP) FOR PRIMARY CARE BENEFIT 1 (PCB1 PROVIDERS THAT ARE AFFECTED BY FORTUITOUS EVENT)

1. The PRO shall certify that the PCB1 provider is among those affected by the fortuitous event.

2. The PRO shall facilitate the release of pending/on process PFP for affected areas. Payment of PFP shall continue to follow the guidelines set in PhilHealth Circular 7, s. 2013 re: Guidelines for Payment of Primary Care Benefit 1(PCB1) Per Family Payment (PFP) for 4th Quarter of 2012 and CY 2013. However, if the PCB1 records for the period covered by the fortuitous event were destroyed, the PRO may pay the PCB1 provider based on the amount of PFP computed for the quarter previous to the fortuitous event. Therefore, such process shall not require submission of reports by the PCB1 provider for the applicable period only.

Ex. RHU A, a PCB1 provider was affected by massive flooding brought about by Typhoon Yolanda last November 2013 (4<sup>th</sup> quarter of 2013) thus resulting to destroyed documents including patient's records. The released PFP for RHU A for the 2nd quarter of 2013 amounted to P20,000. Since RHU A is not capable of submitting the required reports for the release of PFP of 3<sup>rd</sup> quarter of 2013, PRO shall process the PFP equivalent to the 2<sup>nd</sup> quarter of 2013 which amounted to P20,000. The same amount shall be released for PFP of the 4<sup>th</sup> quarter 2013 unless RHU A shall be able to submit the required documents.

3. Disposition of PFP shall be used based on guidelines set in PhilHealth Circular 10 s. 2012 re: Implementing Guidelines for Universal Health Care Primary Care Benefit I (PCB1) Package for Transition Period CY 2012-2013.

### C. MATERNITY CARE BENEFITS

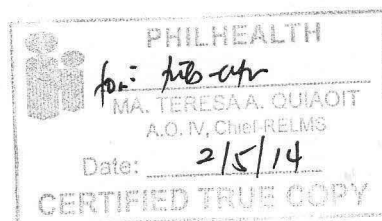
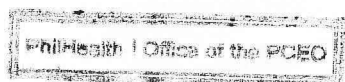
1. To ensure access to safe, facility-based deliveries, PhilHealth shall pay the normal delivery of mothers, regardless of maternal parity of the same, whether availed of in hospitals as Normal Spontaneous Delivery (NSD) Package or non-hospital facilities as Maternity Care Package (MCP).
2. Entitlement to these benefits shall be according to Sections III.A.2 and III.A.3 of this circular.
3. To facilitate the processing of claims, HCI should write/stamp on the right upper hand corner of Claim Form 2 the words "affected by fortuitous event (Typhoon Yolanda)".
4. Maternal conditions that will increase the risk of complications during delivery as enumerated in Section I.B.3 of Circular 20 s, 2008 shall remain excluded in MCP. Normal Delivery even if beyond 4<sup>th</sup> is compensable as MCP as long as it is low risk and uncomplicated pregnancy.

### IV. MONITORING

The health care providers shall be subjected to the rules on monitoring and evaluation of performance as provided for in PhilHealth Circular 54, s.2012: Provider Engagement through Accreditation and Contracting for Health Services (PEACHeS).

### V. REPEALING CLAUSE

All provisions of previous issuances that are inconsistent with any provisions of this Circular are hereby amended/modified/or repealed accordingly.

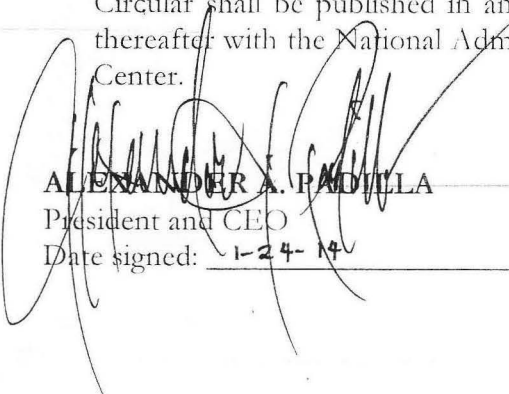


## VI. SEPARABILITY CLAUSE

In the event that any part or provision of this Circular is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

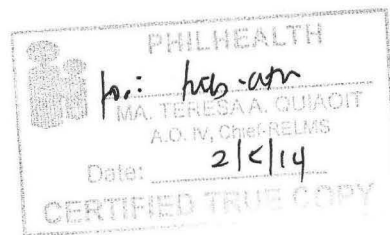
## VII. EFFECTIVITY

This Circular shall have the same effectivity with PhilHealth Circular 34, s.2013. Further, this Circular shall be published in any newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

  
ALEXANDER A. PADILLA

President and CEO

Date signed: 1-24-14



**REQUEST LETTER**  
**MODE OF PAYMENT OF DESTROYED CLAIMS**  
**DURING A FORTUITOUS EVENT**

Date: \_\_\_\_\_

Name of Health Care Institution: \_\_\_\_\_

Address: \_\_\_\_\_

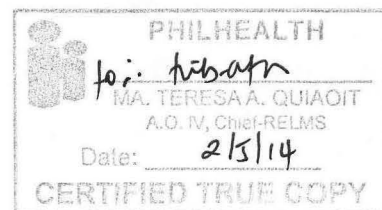
For the mode of payment of destroyed claims, I hereby choose (check the appropriate box)

- ☐ 1. Reconstruction/recovery of destroyed claims for submission/filing to PhilHealth within 120 calendar days from date of discharge of patients for the covered period (from 60 days prior to first day of occurrence of the fortuitous event up to the first day of occurrence of the fortuitous event).

**OR**

- ☐ 2. Payment of destroyed claims based on the average reimbursement per day multiplied by the number of days of the covered period (from 60 days prior to first day of occurrence of the fortuitous event up to the first day of occurrence of the fortuitous event). From the computed amount, all claims paid and received by the health care institutions for admitted and discharged patients within the covered period shall be deducted.

\_\_\_\_\_  
Signature over printed name  
Medical Director/ Chief of Hospital /Authorized Representative



**Important Reminders:**

1. Choose **ONLY ONE (1)** option
2. The chosen option once approved by the Corporation shall no longer be changed.

**FOR PHILHEALTH USE ONLY**

	LHIO	PRO
Date Received		
Received By	  _____ Signature over printed name	  _____ Signature over printed name