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Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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PHILHEALTH CIRCULAR
No. 009 s. 2014

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

SUBJECT : 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

I. INTRODUCTION

New policies have been implemented recently as part of the road to universal health care. Some of the significant changes include the revision of PhilHealth categories of health care institutions (HCI) found in PhilHealth Circular 14, s. 2013, the shift in payment mechanism to 'All Case Rates' (PC 31 and 35, s. 2013) and the exemption of cataract surgery from the rule on single period of confinement (PC 17, s. 2013).

In order to facilitate implementation of the aforementioned issuances and further explain certain policies, additional guidelines and clarifications are hereby issued.

II. SPECIFIC GUIDELINES

A. Primary Care Facility Rates

1. As contained in PhilHealth Circular (PC) 14, s. 2013 and PC 35, s. 2013, rates for the following six (6) case rates shall be paid at 70% of the rates stipulated in PC 35, s. 2013 for admissions from January 1, 2014 onwards in primary care facilities–infirmaries/dispensaries:

Table 1. New Rates for Selected Case Rates in Primary Care Facilities–Infirmaries/Dispensaries

	Group	Old Case Rate	New Case Rate
i.	Dengue Fever	10,000	7,000
ii.	Pneumonia Moderate Risk	15,000	10,500
iii.	Hypertensive Emergency/Urgency	9,000	6,300
iv.	Acute Gastroenteritis	6,000	4,200
v.	Asthma in Acute Exacerbation	9,000	6,300
vi.	Typhoid Fever	10,000	7,000

PHILHEALTH
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Date: 3/5/14
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2. Annex 5 of PC 35, s. 2013 is hereby amended. The complete list of medical case rates for primary care facilities–infirmaries/dispensaries is in Annex 1 of this Circular.
3. Annex 6 of PC 35, s. 2013, List of Procedure Case Rates for Primary Care Facilities – Infirmaries/Dispensaries shall still be used as basis for reimbursement of claims for procedure case rates in primary care facilities–infirmaries/dispensaries.

B. Laterality of Procedures

The succeeding rules shall be applicable to all health care institutions that are allowed to claim for cataract package procedures:

1. An additional character shall no longer be required for Relative Value Scale (RVS) codes of cataract package procedures (RVS 66983, 66984 and 66987). Instead, the laterality of the procedure shall be indicated by checking the appropriate box in the laterality column of item 7 of Claim Form 2 (CF2) (see Figure 1).
2. However, an additional character shall still be required for the International Statistical Classification of Diseases and Related Health Problems 10th Revisions (ICD 10) codes for cataract cases as provided in PC 17, s. 2013.

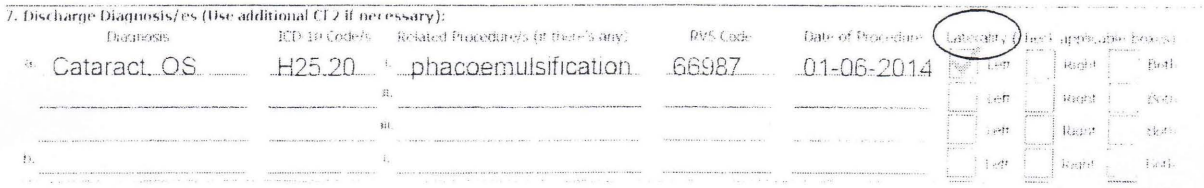

Figure 1. Item 7 of CF 2 showing the portion (encircled) where laterality of procedure is indicated.

C. Case Rate Code

The following shall apply to all claims:

1. Clarification on item ii of Part IV.I.1.d. of PC 35, s. 2013: Instead of indicating the case rate codes as stated in the aforementioned Circular, the referral (receiving) hospital shall indicate the appropriate ICD 10 or RVS code/s in the first and second (if applicable) case rate field/s in Claim Form 2 (Part II, item 9).
2. There shall be no instance where the case rate codes are to be used in any of the claims. Only the appropriate ICD 10, RVS or package codes are required for reimbursement.

D. Addendum to List of Medical Case Rates (Annex 1 of PC 35, s. 2013)

The following medical conditions in Table 2 shall be added to the List of Medical Case Rates that are reimbursable among all levels of hospitals. These case rates shall be available as first case rate only.

Table 2. Additional List of Medical Case Rates (Annex 1 of PC 35, s. 2013)

ICD Code	Description	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
Group: DIABETES MELLITUS WITH COMPLICATIONS OTHER THAN COMA AND KETOSIS				
E10.2+ N08.3*	Insulin-dependent diabetes mellitus with renal complications; Glomerular	12,600	3,780	8,820

ICD Code	Description	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	disorders in diabetes mellitus			
E11.2+ N08.3*	Non-insulin-dependent diabetes mellitus with renal complications; Glomerular disorders in diabetes mellitus	12,600	3,780	8,820
E12.2+ N08.3*	Malnutrition-related diabetes; Glomerular disorders in diabetes mellitus	12,600	3,780	8,820
E13.2+ N08.3*	Other specified diabetes mellitus; Glomerular disorders in diabetes mellitus	12,600	3,780	8,820
E14.2+ N08.3*	Unspecified diabetes mellitus; Glomerular disorders in diabetes mellitus	12,600	3,780	8,820
Group: MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE				
C91.0	Acute lymphoblastic leukemia; Acute lymphocytic leukemia	13,900	4,170	9,730
Group: INFLAMMATORY DISEASE OF THE CENTRAL NERVOUS SYSTEM				
B05.0+ G05.1*	Measles complicated by encephalitis; Encephalitis, myelitis and encephalomyelitis in viral diseases classified elsewhere	21,600	6,480	15,120
Group: MENINGITIS				
B05.1+ G02.0*	Measles complicated by meningitis; Meningitis in viral diseases classified elsewhere	25,700	7,710	17,990
Group: OTITIS MEDIA				
B05.3+ H67.1*	Measles complicated by otitis media; Otitis media in viral diseases classified elsewhere	7,800	2,340	5,460
Group: INTESTINAL DISORDERS				
B05.4	Measles with intestinal complications	9,500	2,850	6,650
Group: VIRAL INFECTION (ADMISSIBLE)				
B05.8	Measles with other complications	7,700	2,310	5,390
B05.9	Measles without complications	7,700	2,310	5,390
Group: FLUID AND ELECTROLYTE DISTURBANCES				
E87.0	Hyperosmolality and hypernatraemia; Sodium [Na] excess; Sodium [Na] overload	8,500	2,550	5,950
Group: VIRAL INFECTION WITHOUT COMPLICATIONS				
B01.9	Varicella [chickenpox] without complication	4,000	1,200	2,800

ICD Code	Description	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
B06.8	Rubella with other complications	4,000	1,200	2,800
B06.9	Rubella without complication	4,000	1,200	2,800
B09	Viral exanthem	4,000	1,200	2,800
B34.1	Echovirus infection NOS	4,000	1,200	2,800
B34.2	Coronavirus infection, unspecified	4,000	1,200	2,800
B34.3	Parvovirus infection, unspecified	4,000	1,200	2,800
B34.4	Papovavirus infection, unspecified	4,000	1,200	2,800
B34.8	Other viral infections of unspecified site	4,000	1,200	2,800
B34.9	Viral infection, unspecified;	4,000	1,200	2,800
Group: MALARIA WITHOUT COMPLICATIONS				
B50.9	Plasmodium falciparum malaria	4,000	1,200	2,800
B51.9	Plasmodium vivax malaria without complications	4,000	1,200	2,800
B52.9	Plasmodium malariae malaria without complications	4,000	1,200	2,800
Group: PARASITIC INFECTION WITHOUT COMPLICATIONS				
B65.1	Schistosomiasis due to Schistosoma mansoni [intestinal schistosomiasis]	4,000	1,200	2,800
B65.2	Schistosomiasis due to Schistosoma japonicum	4,000	1,200	2,800
B65.3	Cercarial dermatitis; Swimmer's itch	4,000	1,200	2,800
B65.8	Infection due to Schistosoma intercalatum, Schistosoma mattheei , Schistosoma mekongi	4,000	1,200	2,800
B65.9	Schistosomiasis, unspecified	4,000	1,200	2,800
B77.9	Ascariasis	4,000	1,200	2,800
B82.0	Intestinal helminthiasis, unspecified	4,000	1,200	2,800
B82.9	Intestinal parasitism, unspecified	4,000	1,200	2,800
Group: DIABETES MELLITUS WITHOUT COMPLICATIONS				
E11.9	Non-insulin-dependent diabetes mellitus without complications	4,000	1,200	2,800
E10.9	Insulin dependent diabetes mellitus without complications	4,000	1,200	2,800
Group: HYPOGLYCEMIA				
E16.2	Hypoglycemia	4,000	1,200	2,800

ICD Code	Description	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
Group: DEHYDRATION				
E86.1	Moderate dehydration	4,000	1,200	2,800
E86.2	Severe dehydration	4,000	1,200	2,800
Group: CHRONIC HEART DISEASES WITHOUT COMPLICATIONS				
I25.0	Atherosclerotic cardiovascular disease, so described	4,000	1,200	2,800
I25.1	Atherosclerotic heart disease; Coronary artery atheroma; Coronary artery atherosclerosis; Coronary artery disease; Coronary artery sclerosis	4,000	1,200	2,800
I25.3	Aneurysm of heart; Mural aneurysm; Venticular aneurysm	4,000	1,200	2,800
I25.4	Coronary artery aneurysm; Coronary arteriovenous fistula, acquired	4,000	1,200	2,800
Group: UPPER RESPIRATORY TRACT INFECTION				
J03.0	Streptococcal tonsillitis	4,000	1,200	2,800
J03.8	Acute tonsillitis due to other specified organisms	4,000	1,200	2,800
J03.9	Acute tonsillitis, unspecified; Acute tonsillitis NOS; Acute Follicular tonsillitis; Acute Gangrenous tonsillitis; Acute Infective tonsillitis; Acute Ulcerative tonsillitis	4,000	1,200	2,800
J06.0	Acute laryngopharyngitis	4,000	1,200	2,800
J06.8	Other acute upper respiratory infections of multiple sites	4,000	1,200	2,800
J06.9	Acute upper respiratory infection, unspecified; Acute upper respiratory disease; Upper respiratory infection NOS	4,000	1,200	2,800
J20.0	Acute bronchitis due to Mycoplasma pneumoniae	4,000	1,200	2,800
J20.1	Acute bronchitis due to Haemophilus influenzae	4,000	1,200	2,800
J20.2	Acute bronchitis due to streptococcus	4,000	1,200	2,800
J20.3	Acute bronchitis due to coxsackievirus	4,000	1,200	2,800
J20.4	Acute bronchitis due to parainfluenza virus	4,000	1,200	2,800
J20.5	Acute bronchitis due to respiratory syncytial virus	4,000	1,200	2,800
J20.6	Acute bronchitis due to	4,000	1,200	2,800

ICD Code	Description	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
	rhinovirus			
J20.7	Acute bronchitis due to echovirus	4,000	1,200	2,800
J20.8	Acute bronchitis due to other specified organisms	4,000	1,200	2,800
J20.9	Acute bronchitis, unspecified	4,000	1,200	2,800
J22	Unspecified acute lower respiratory infection	4,000	1,200	2,800
J40	Bronchitis, not specified as acute or chronic	4,000	1,200	2,800
Group: DENTAL DISORDERS				
K04.0	Pulpitis; Pulpal abscess; Pulpal polyp; Acute pulpitis; Hyperplastic chronic pulpitis; Ulcerative chronic pulpitis; Suppurative pulpitis	4,000	1,200	2,800
K04.1	Necrosis of pulp; Pulpal gangrene	4,000	1,200	2,800
K04.2	Pulp degeneration; Denticles; Pulpal calcifications; Pulpal stones	4,000	1,200	2,800
K04.3	Abnormal hard tissue formation in pulp; Secondary or irregular dentine	4,000	1,200	2,800
K04.4	Acute apical periodontitis of pulpal origin; Acute apical periodontitis NOS	4,000	1,200	2,800
K04.5	Chronic apical periodontitis; Apical or periapical granuloma; Apical periodontitis NOS	4,000	1,200	2,800
K04.6	Periapical abscess with sinus; Dental abscess with sinus; Dentoalveolar abscess with sinus	4,000	1,200	2,800
K04.7	Periapical abscess without sinus; Dental abscess NOS; Dentoalveolar abscess NOS; Periapical abscess NOS	4,000	1,200	2,800
K04.8	Radicular cyst; Periodontal apical cyst; Periapical cyst; Residual radicular cyst	4,000	1,200	2,800
K04.9	Other and unspecified diseases of pulp and periapical tissues	4,000	1,200	2,800
Group: BOWEL MOVEMENT DISORDERS				
K30	Dyspepsia	4,000	1,200	2,800
K31.0	Acute dilatation of stomach; Acute distension of stomach	4,000	1,200	2,800

Date: 20/5/14

ICD Code	Description	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
K31.9	Disease of stomach and duodenum, unspecified	4,000	1,200	2,800
K59.0	Constipation	4,000	1,200	2,800
Group: SKIN INFECTIONS				
L02.0	Cutaneous abscess, furuncle and carbuncle of face	4,000	1,200	2,800
L02.1	Cutaneous abscess, furuncle and carbuncle of neck	4,000	1,200	2,800
L02.2	Cutaneous abscess, furuncle and carbuncle of trunk; cutaneous abscess, furuncle and carbuncle of abdominal wall; cutaneous abscess, furuncle and carbuncle of back [any part, except buttock]; cutaneous abscess, furuncle and carbuncle of chest wall; cutaneous abscess, furuncle and carbuncle of groin; cutaneous abscess, furuncle and carbuncle of perineum; cutaneous abscess, furuncle and carbuncle of umbilicus	4,000	1,200	2,800
L02.3	Cutaneous abscess, furuncle and carbuncle of buttock; cutaneous abscess, furuncle and carbuncle of gluteal region	4,000	1,200	2,800
L02.4	Cutaneous abscess, furuncle and carbuncle of limb, axilla, hip & shoulder	4,000	1,200	2,800
L02.8	Cutaneous abscess, furuncle and carbuncle of other sites: head [any part, except face]; scalp	4,000	1,200	2,800
L02.9	Cutaneous abscess, furuncle and carbuncle, unspecified; Furunculosis NOS	4,000	1,200	2,800
Group: CUTANEOUS CYSTS				
L72.0	Epidermal cyst	4,000	1,200	2,800
L72.1	Trichilemmal cyst; Pilar cyst; Sebaceous cyst	4,000	1,200	2,800
L72.2	Steatocystoma multiplex	4,000	1,200	2,800
L72.8	Other follicular cysts of skin and subcutaneous tissue	4,000	1,200	2,800
L72.9	Follicular cyst of skin and subcutaneous tissue, unspecified	4,000	1,200	2,800

ICD Code	Description	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
Group: UROLITHIASIS				
N20.0	Calculus of kidney; Nephrolithiasis NOS; Renal calculus or stone; Staghorn calculus; Stone in kidney	4,000	1,200	2,800
N20.1	Calculus of ureter; Ureteric stone	4,000	1,200	2,800
N20.2	Calculus of kidney with calculus of ureter	4,000	1,200	2,800
N20.9	Urinary calculus, unspecified; Calculous pyelonephritis	4,000	1,200	2,800
Group: IRRADIATION CYSTITIS				
N30.4	Irradiation cystitis	4,000	1,200	2,800
Group: URINARY TRACT INFECTION IN PREGNANCY				
O23.1	Infections of bladder in pregnancy	4,000	1,200	2,800
O23.2	Infections of urethra in pregnancy	4,000	1,200	2,800
O23.4	Unspecified infection of urinary tract in pregnancy	4,000	1,200	2,800
O23.5	Infections of the genital tract in pregnancy	4,000	1,200	2,800
O23.9	Other and unspecified genitourinary tract infection in pregnancy; Genitourinary tract infection in pregnancy NOS	4,000	1,200	2,800
Group: SUPERFICIAL INJURIES				
S00.0	Superficial injury of scalp	4,000	1,200	2,800
S00.1	Contusion of eyelid and periocular area; Black eye	4,000	1,200	2,800
S00.2	Other superficial injuries of eyelid and periocular area	4,000	1,200	2,800
S00.3	Superficial injury of nose	4,000	1,200	2,800
S00.4	Superficial injury of ear	4,000	1,200	2,800
S00.5	Superficial injury of lip and oral cavity	4,000	1,200	2,800
S00.7	Multiple superficial injuries of head	4,000	1,200	2,800
S00.8	Superficial injury of other parts of head	4,000	1,200	2,800
S00.9	Superficial injury of head, part unspecified	4,000	1,200	2,800
S01.0	Open wound of scalp	4,000	1,200	2,800
S01.1	Open wound of eyelid and periocular area	4,000	1,200	2,800

ICD Code	Description	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
S01.2	Open wound of nose	4,000	1,200	2,800
S01.3	Open wound of ear	4,000	1,200	2,800
S01.4	Open wound of cheek and temporomandibular area	4,000	1,200	2,800
S01.5	Open wound of lip and oral cavity	4,000	1,200	2,800
S01.7	Multiple open wounds of head	4,000	1,200	2,800
S01.8	Open wound of other parts of head	4,000	1,200	2,800
S01.9	Open wound of head, part unspecified	4,000	1,200	2,800
S61.0	Open wound of finger(s) without damage to nail; Open wound of finger(s) NOS	4,000	1,200	2,800
S61.1	Open wound of finger(s) with damage to nail	4,000	1,200	2,800
S61.7	Multiple open wounds of wrist and hand	4,000	1,200	2,800
S61.8	Open wound of other parts of wrist and hand	4,000	1,200	2,800
S61.9	Open wound of wrist and hand part, part unspecified	4,000	1,200	2,800
S81.0	Open wound of knee	4,000	1,200	2,800
S81.7	Multiple open wounds of lower leg	4,000	1,200	2,800
S81.8	Open wound of other parts of lower leg	4,000	1,200	2,800
S81.9	Open wound of lower leg, part unspecified	4,000	1,200	2,800
S91.0	Open wound of ankle	4,000	1,200	2,800
S91.1	Open wound of toe(s) without damage to nail; open wound of toe (s) NOS	4,000	1,200	2,800
S91.2	Open wound of toe(s) with damage to nail	4,000	1,200	2,800
S91.3	Open wound of other parts of foot; open wound of foot NOS	4,000	1,200	2,800
S91.7	Multiple open wounds of ankle and foot	4,000	1,200	2,800
T00.0	Superficial injuries involving head with neck	4,000	1,200	2,800
T00.1	Superficial injuries involving thorax with abdomen lower back and pelvis	4,000	1,200	2,800
T00.2	Superficial injuries involving multiple regions of upper limb(s)	4,000	1,200	2,800

ICD Code	Description	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
T00.3	Superficial injuries involving multiple regions of lower limb(s)	4,000	1,200	2,800
T00.6	Superficial injuries involving multiple regions of upper limb(s) with lower limb(s)	4,000	1,200	2,800
T00.8	Superficial injuries involving other combinations of body regions	4,000	1,200	2,800
T00.9	Multiple superficial injuries, unspecified; Multiple abrasions NOS; Multiple non thermal blisters NOS; Multiple bruises NOS; Multiple contusions NOS; Multiple haematomas NOS; Multiple nonvenomous insect bite NOS	4,000	1,200	2,800

Note: Please refer to the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD 10), and Philippine ICD-10 Modifications, October 2008 for the complete descriptions of the ICD 10 codes

E. Extension of Deadline for Return to Sender
Return to sender (RTS) of claims for correction/revision/completion shall be allowed for claims with admission dates on or before June 30, 2014.

F. Resuscitation Package
1. As contained in the implementing guidelines of Republic Act (RA) 10606 otherwise known as the National Health Insurance Act of 2013, claims for confinements of less than 24 hours shall be compensated if the patient expired even if beyond the service capability of the HCI. The health care institution shall be reimbursed a fixed rate of 4,000 pesos with HCI fee and professional fee (PF) computed at 70% and 30% respectively.
2. For purely medical cases and cases where a procedure has been started but not completed, the HCI shall utilize the **code P00000** as the first case rate code and write this on item 9 (PhilHealth Benefits) of CF2. The complete and final diagnosis/es shall still be reflected in item 7 of CF2. For cases where a procedure was completed or where confinement is more than 24 hours, existing rules shall still apply.
3. P00000 cannot be used as a second case rate. Also, second case rate may not be claimed along with code P00000.
4. P00000 shall be available for all health care institutions. Along with the usual requirements for filing of claims, the HCI shall also provide proof that resuscitative measures were done to the patient in the form of a certified true copy of the doctor's and nurse's notes.
5. Claims for P00000 shall be subject to post-audit monitoring and evaluation.

G. The time of death shall be the basis of the time of discharge in determining the number of confinement days.

H. Chemotherapy
Only one (1) cycle of chemotherapy shall be claimed in the claim form 2. The HCI shall follow the guidelines on chemotherapy found in Annex 11 of PC 35 s. 2013.

I. Photocopy of records of anesthesia and surgical or operative techniques shall be accepted in lieu of original or certified true copy. Records of anesthesia shall be required for the management of all general and spinal anesthesia.

J. Special Consideration for Direct Filing of Claims for Selected Cases that were either Denied or Not Filed and Adjustment of Reimbursement

1. Direct filing of members shall be allowed for all medical conditions listed in Table 2-Additional List of Medical Case Rates (Annex 1 of PC 35 s. 2013) for all hospital admissions starting January 1, 2014 until March 20, 2014. Starting March 21, 2014, direct filing shall no longer be allowed. Hence, the correct case rate amount shall be deducted by the health care institutions prior to the discharge of the patient.
2. Direct filing shall also be allowed for admissions starting January 1, 2014 to March 20, 2014 for confinements of less than 24 hours where the patient expired including confinements beyond service capability. The member shall be reimbursed a fixed rate of 4,000 pesos.
3. The case rate amounts for the following medical conditions are adjusted in primary care facilities–infirmaries/dispensaries:

	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

The complete breakdown (including HCI fee and PF) is found in Annex 1 (Revised Annex 5 of PC 35 s. 2013) of this Circular.

Patients who were admitted in primary care facilities for these four medical conditions shall be allowed to claim for adjustment of reimbursement. Requirements for filing of adjustment for reimbursement include official receipts or its equivalent and a completely filled-out adjustment form.

4. All claims for special consideration shall be processed subject to existing rules of the Corporation.

K. Single Period of Confinement

The reckoning for the single period of confinement (SPC) shall be refreshed for all admissions starting January 1, 2014. For example, a hospital claim for pneumonia MR admitted on January 1, 2014 shall be paid regardless of history of previous admissions.

L. The Newborn Care Package (NCP) shall be included in the list of case rates allowed as second case rate for hospitals with admissions starting January 1, 2014.

Table 3. Additional List of Medical Conditions and Procedures Allowed as Second Case Rates (Annex 3 of PC 35, s. 2013)

RVS Code	Description	SECOND CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
99432	Normal Newborn Care Package	1,750	500	1,250

III. REPEALING CLAUSE

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

IV. SEPARABILITY CLAUSE

In the event that a 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.

V. EFFECTIVITY

This Circular shall take effect for all admissions starting January 1, 2014. It 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.

VI. ANNEXES

Annex 1: List of Medical Case Rates for Primary Care Facilities-Infirmaries/Dispensaries (Revised Annex 5 of PC 35, s. 2013)

ALEXANDER A. PADILLA
President and CEO
Date Signed: 2-20-14

PHILHEALTH
Date: 2/5/14

PhilHealth | Office of the PCEO