Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

PHILHEALTH CIRCULAR
No. 020, s. 2014

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

SUBJECT : ACR POLICY NO. 4--- DIRECTLY FILED CLAIMS FOR ALL CASE RATES AND RETURN TO SENDER

I. RATIONALE

PhilHealth Circular (PC) Nos. 31 and 35 s. 2013, All Case Rates (ACR) Policy Nos. 1 & 2 respectively, restrict direct filing of claims for reimbursements by members in the following cases only: claims for confinements abroad and claims for emergency confinements in non-accredited health care institutions (HCI).

In response to the clamor from members to allow direct filing for reasons beyond those mentioned above, the Corporation, as supported by Section 47(d) of the Implementing Rules and Regulations of Republic Act 10606, is now expanding the conditions allowed for direct filing of claims.

The rules on direct filing do not give the HCI the right to encourage PhilHealth members to directly file their claims for reimbursement. The HCIs are mandated to exhaust all possible means in order to determine the eligibility of a beneficiary and consequently deduct the PhilHealth benefit prior to discharge. The Corporation has made available several mechanisms for an HCI to verify PhilHealth member eligibility such as but not limited to the deployment of PhilHealth CARES in hospitals, availability of an HCI portal, implementation of the PhilHealth Benefit Eligibility Form (PBEF), and access to call centers and local health insurance offices.

Conversely, members are requested to always provide correct and accurate information and submit all required documents on time to facilitate verification of PhilHealth eligibility.

II. GENERAL GUIDELINES ON DIRECTLY FILED CLAIMS

1. The HCI shall always deduct the appropriate PhilHealth benefits of the beneficiary (full case rate: first case rate plus second case rate, if applicable) from the total actual charges of the HCI.
2. Only conditions and procedures approved in the All Case Rates Policies (PC 35 s. 2013 and PC 9 s. 2014) shall be reimbursed by the Corporation. Medical conditions and procedures that are not in any of the aforementioned policies shall be denied.

3. In addition to the cases enumerated in PC 35. s. 2013, direct filing of claims shall also be allowed in the following conditions:
   a. Any situation where patient/member is unable to secure the 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;**

For example:

	Admission	Discharge	Is direct filing allowed?
1	Friday, April 11, 2014	Saturday, April 12, 2014	Yes
2	Friday, April 11, 2014	Sunday, April 13, 2014	Yes
3	Friday, April 11, 2014	Monday, April 14, 2014	Yes
4	Friday, August 22, 2014	Monday, August 25, 2014, holiday	Yes
5	Thursday, April 17, 2014, holiday	Tuesday, April 22, 2014	No. Certification could have been secured on Monday.
6	Sunday, April 20, 2014	Saturday, April 26, 2014	No. Certification could have been secured from Monday thru Friday.

   b. Claims for peritoneal dialysis;
   c. Claims for Animal Bite Package; and
   d. Other circumstances as may be determined by the Corporation.
4. There shall be no splitting of payment of PhilHealth reimbursement. The full case rate amount shall be paid to the member. Hence, the HCI personnel shall inform the doctor/s handling the case that the patient-beneficiary is filing the claim with PhilHealth directly.
5. Directly filed claims shall be reimbursed as case rate. The full case rate amount (first and second case rate if applicable) shall be reimbursed to the member regardless of the total amount of health care institution charges and professional fees.

III. RULES ON DIRECT FILING OF CLAIMS

1. The following are the mandatory requirements for direct filing of claims for cases enumerated in Section II no. 3 of this circular:
   a. Claim Forms 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 premium contribution, 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.)
2. The requirements for direct filing of claims for confinements abroad and emergency confinements in non-accredited HCIs shall still remain as prescribed in PC 35 s 2013.

3. As is the case in HCI-filed claims, the health care institution shall be responsible in filling out all appropriate fields in Claim Forms 2, 3 and supporting documents (e.g. Waiver Form for Directly Filed Claims) and shall be held accountable for the accuracy and correctness of the entries therein. The HCI shall assist the patient in properly filling out Claim Form 1.
4. All claim forms and required documents must be completely and properly filled out; otherwise, claims with incorrect/incomplete/without ICD 10 or RVS codes shall be returned to sender (RTS) (member) for completion/ correction by the HCPs.
   Exemptions to this include claims for confinement abroad and claims for emergency confinement in non-accredited HCIs.
5. Re-filed claims with non-compliance to deficiencies stated in the RTS letter shall be denied.
6. Members whose directly filed claims are denied may file for a motion for reconsideration. Directly filed claims that have already been denied but with pending motion for reconsideration or appeal shall be decided considering the new provisions in this Circular.
7. 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. All directly filed claims shall be processed subject to other existing rules of the Corporation.
8. Emergency confinements in non-accredited HCIs shall follow existing rules on claims filing. Submission of claims shall still be within 60 days from the date of discharge.
9. Likewise, claims for confinements abroad shall follow existing rules on claims filing. Submission of claims shall still be within 180 days from the date of discharge.

IV. RETURN TO SENDER (RTS)

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.

V. OTHERS

The Claim Summary Report stated in item IV. E.6 of PC 35 s. 2013 shall no longer be necessary because of the enhancements made by the Corporation in the claims voucher. The name/s of the concerned health care professional is/are already reflected in the claims voucher.

VI. MONITORING AND EVALUATION

All directly filed claims shall be included in the monitoring and evaluation of the performance of the health care providers on their compliance to this Circular and violations shall be dealt with in accordance with the provisions of PC 54 s. 2012 (Provider

Engagement through Accreditation and Contracting for Health Services) and other pertinent issuances. Penalties and sanctions shall be enforced on providers that encourage or require PhilHealth beneficiaries to directly file their claims for reimbursement with PhilHealth instead of automatically deducting the PhilHealth benefit prior to discharge.

VII. REPEALING CLAUSE

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

VIII. 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.

IX. 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.

IX. ANNEXES

Annex 1: Waiver Form for Directly Filed Claims (revised May 2014)
Annex 2: Guidelines on the Proper Accomplishment of Waiver Form for Directly Filed Claims (revised May 2014)

ALEXANDER A. PADILLA
President and CEO
Date signed: 7/24/14

SUBJECT : ACR POLICY NO. 4 --- DIRECTLY FILED CLAIMS FOR ALL CASE RATES AND RETURN TO SENDER

MASTER DOCUMENT
DC: Date: 7/24/14

Annex 1

Waiver Form for Directly Filed Claims (revised May 2014)

_____
(Date)

To Whom It May Concern:

This is to certify that based on our record, _____,
(Name of Patient)

who was confined/admitted at _____
(Name of Health Care Institution)

from _____ to _____ had no PhilHealth deductions for health care
(Date of Admission) *(Date of Discharge)*

institution charges (HCI) and professional fees upon discharge. All HCI charges and professional fees to the amount of _____
(Amount in words)

(Php _____) were fully paid by the patient/member under Official Receipt Nos. _____.

DOCUMENT
Date: 7/10/14
DC: [illegible]

PhilHealth benefits were not deducted prior to discharge because of the following reason/s:

_____

_____
(reason)

This waiver is being issued upon the request of _____ for
(Name of Patient/Member)

whatever legal purpose it may serve.

_____
(Printed Name and Signature of Authorized HCI Representative)

_____
(Printed Name and Signature of Attending Health Care Professional)

_____
(Designation of Authorized HCI Representative)

Conforme:

_____
(Printed Name and Signature of Patient/Member/Authorized Representative)

PhilHealth | Office of the PCEO

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Annex 2

Guidelines on the Proper Accomplishment of Waiver Form for Directly Filed Claims (revised May 2014)

1. Waiver Form shall be accomplished using CAPITAL LETTERS. All items should be marked legibly by using ballpen only.
2. Write the date when the waiver form is accomplished.
   Illustration: JANUARY 1, 2014
3. Name of patient should be written starting with last name, first name, name extension and middle name. Extensions such as (but not limited to the following) Jr., Sr., III should be indicated after the first name.
   Illustration: ***DELA CRUZ*** ***JUAN*** ***JR.*** ***SIPAG***
   Last name *First Name* *Name Extension* *Middle Name*
4. Write the complete name of health care institution in capital letters as written in the accreditation certificate. This should correspond to the HCI name written in the claim forms.
5. The dates of admission and discharge should be filled out following this format: MONTH-DAY-YEAR (MM-DD-YYYY)
   Illustration: *January 1, 2014 should be written as* ***01 - 01 – 2014***
6. For outpatient procedures such as peritoneal dialysis and animal bite package, the date of admission shall be the date of the first session in the claim while the date of discharge shall be the date of the last session in the claim.
7. Write the total amount in words of all HCI charges and professional fees.
8. Write the official receipts numbers of all HCI charges and professional fees following this format:
   Illustration: 56891, 56990, 57001
9. Write the reason/s why the PhilHealth benefits were not deducted prior to discharge. Please refer to item II no. 3 of this circular.
10. Write the name of patient/member requesting the waiver following this format.

    Illustration: ***DELA CRUZ*** ***JUAN*** ***JR.*** ***SIPAG***
    Last name *First Name* *Name Extension* *Middle Name*

11. The authorized HCI representative shall write his/her printed name and affix his/her signature certifying that the information given are true and correct. Write the official capacity/designation of the signatory.
12. The attending health care professional shall write his/her printed name and affix his/her signature certifying that the information given are true and correct.
13. In the conforme, write the signature over printed name of patient/ member/authorized representative.
14. Avoid erasures in any of the forms. If unavoidable, HCI represenative shall put his/her initials.