



PHILHEALTH CIRCULAR

NO. 022 - 2014

TO : PHILHEALTH ACCREDITED HEALTH CARE INSTITUTIONS (HCI) and PROFESSIONALS, PHILHEALTH MEMBERS, PHILHEALTH REGIONAL OFFICES and BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND CENTRAL OFFICE AND ALL OTHERS CONCERNED

SUBJECT : SOCIAL HEALTH INSURANCE COVERAGE AND BENEFITS FOR WOMEN ABOUT TO GIVE BIRTH

I. BACKGROUND

The National Health Insurance Act of 2013 (Republic Act 10606) and its Implementing Rules and Regulations (IRR) provide that un-enrolled women about to give birth shall be covered by National Health Insurance Program. This is to enable all mothers and their newborns to have financial access to essential health services that will ensure their survival and well being. With this commitment to save mothers and newborns by providing them financial risk protection, there is a need to redefine PhilHealth's maternity and newborn care benefits so that these benefits will focus on the health services that the pregnant women must receive throughout their pregnancy and delivery. Also, PhilHealth shifted its provider payment mechanism to case based payment which aims to increase efficiency in health care provision, simplify understanding of PhilHealth benefits by all sectors and improve the process of availing them.

In line with these, and in support of achieving the Millennium Development Goals for maternal and child health, the guidelines for enrollment and benefits of women about to give birth are hereby defined.

II. SCOPE AND COVERAGE

This Circular shall define policies and procedures that will give financial risk protection to women who are about to give birth.

III. DEFINITION OF TERMS

1. Women about to give birth - are those who are confirmed pregnant during their first visit to a health care provider and anytime thereafter. They shall also be referred to as pregnant women or expectant mothers in this Circular.

2. Parity - refers to the number of live-born children and stillbirths that have been delivered by the mother.

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3. Normal birth/delivery – is characterized by spontaneous onset of labor, low risk at the start of labor, throughout labor and delivery, the infant is born in vertex position, 37 to 42 weeks of completed pregnancy, and mother and child are in good health after delivery.
4. Point of Care Enrollment - is a PhilHealth enrollment mechanism so that the poor who is not yet a PhilHealth member may be enrolled to the National Health Insurance Program as sponsored member. The policy is defined in PhilHealth Circular 32, s-2013 (Implementation of The Point of Care Enrollment Program).
5. Coverage – refers to the entitlement of an individual as PhilHealth member or dependent to the benefits of the National Health Insurance Program.
6. Maternity Care Package (MCP) – is a PhilHealth benefit that covers the complete essential health care services for women about to give birth throughout their pregnancy and normal delivery (during antenatal, intrapartum and immediate postpartum periods) regardless of the type of health care institution where the services are rendered. The services shall include antenatal care, intrapartum monitoring, assist in normal delivery and post-partum care within 72 hours and 7 days after delivery.
7. Normal Spontaneous Delivery (NSD) Package – is a PhilHealth benefit that covers only health services during intrapartum and immediate post-partum period for normal delivery regardless of the type of health care institution. The services shall include monitoring and management of labor, assist in normal delivery and post-partum care within 72 hours and 7 days after delivery.
8. Antenatal Care Package – is a PhilHealth benefit that covers antenatal or pre-natal care services of expectant mothers. The services shall include pre-natal check-ups to screen, detect and manage complications of pregnancy; maternal nutrition; immunizations; and counseling for healthy lifestyle, breastfeeding, and family planning. Previously, the benefit is included in the benefits for normal deliveries but it is not fully utilized because of gaps in the health care delivery network. To promote access of pregnant women to quality antenatal care services that will ensure good outcome of their pregnancy, this benefit is made distinct from the benefits for delivery.
9. PhilHealth Benefit Eligibility Form (PBEF) - is a document produced through PhilHealth Enhanced Health Care Institution Portal that contains the information whether the member or dependent is eligible to avail of PhilHealth benefits in terms of the following: 1) status of membership/dependency; 2) premium contributions; and 3) compliance to 45 days benefit limit. The guidelines are provided in PhilHealth Circular 02, s-2014 [Enhanced Health Care Institution Portal (Formerly Known as Institutional Health Care Provider Portal)].

IV. GENERAL GUIDELINES

1. PhilHealth shall ensure that women about to give birth shall have financial risk protection during their pregnancy, delivery and post-partum period through their enrollment to the National Health Insurance Program.
2. PhilHealth shall provide benefits for all maternal deliveries regardless of parity, subject to the provision of qualifying contributions.



3. PhilHealth shall also cover admissions due to pregnancy related conditions such as pre-term labor and pregnancy induced hypertension.
4. Only low risk normal vaginal deliveries shall be compensable in non-hospital facilities. "Low risk" refers to absence of active complications and any maternal or fetal factors that will make the pregnancy at risk for complications. Hence, the following conditions listed in PhilHealth Circular 20, s 2008 shall not be reimbursed in non-hospital facilities:
 - a. Maternal age below 19 years old at the date of delivery;
 - b. First pregnancy in patients with age 35 years and older at the date of delivery;
 - c. Multiple pregnancy such as twins and triplets;
 - d. Ovarian abnormality (e.g. ovarian cyst);
 - e. Uterine abnormality (e.g. myoma uteri);
 - f. Placental abnormality (e.g. placenta previa);
 - g. Abnormal fetal presentation (e.g. breech);
 - h. History of (three) 3 or more miscarriages/abortion;
 - i. History of (one) 1 stillbirth;
 - j. History of major obstetric and/or gynecologic operation (e.g. cesarean section, uterine myomectomy);
 - k. History of medical conditions (e.g. hypertension, pre-eclampsia, eclampsia, heart disease, diabetes, thyroid disorder, morbid obesity, moderate to severe asthma, epilepsy, renal disease, bleeding disorder);
 - l. Other risk factors that may arise during present pregnancy (e.g. premature contractions, vaginal bleeding) that warrants referral for further management.

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It is imperative that if the abovementioned conditions were diagnosed during pre-natal care, the pregnant women must be referred to hospitals for appropriate management and care during delivery.

5. Since Geographically Isolated and Disadvantaged Areas (GIDA) have limited access to hospitals, the infirmaries/dispensaries located in these areas may be reimbursed for the normal deliveries of the mothers with conditions listed in Section IV.4 of this Circular.
6. Hospitals shall not refuse women about to give birth who were referred from birthing homes, maternity clinics and infirmaries/dispensaries for higher level of care management.
7. The health care institution and professional must be PhilHealth accredited at the time when they provide care to pregnant women before they can be paid by PhilHealth.
8. The No Balance Billing Policy as stated in PhilHealth Circular 03, s-2014 shall apply.

9. Women about to give birth should have pre-natal care at the earliest time possible and keep a record of their pre-natal check-ups in a mother's book or its equivalent at all times. This is to ensure that they will receive continuous, comprehensive and coordinated care during pregnancy, delivery and post-partum.
10. The health care facility providing the pre-natal services shall give pregnant women a mother's book or its equivalent and shall assist them in checking and updating their PhilHealth membership and coverage.

V. MECHANISM TO PROVIDE SOCIAL HEALTH INSURANCE COVERAGE

1. All women shall consult a health care provider upon note of signs and symptoms of pregnancy.
2. The health care institution shall check the PhilHealth membership status and coverage of pregnant women upon their first consultation through PhilHealth Enhanced Health Care Institution Portal or other available means of verification.
3. Their membership status may be any of the following:

- a. Registered members or dependents - are registered/enrolled members with existing PhilHealth Identification Number (PIN). Whereas registered dependents are those that are declared as qualified dependents in the member's data record which may include pregnant women who are less than 21 years old and are listed as qualified dependents of their parents.

Their social health insurance coverage may be the following:

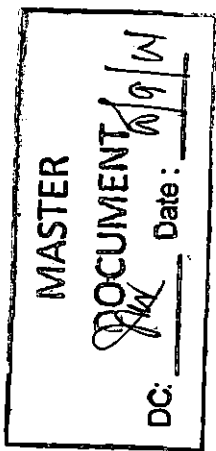
- i. Covered – the member paid their premium contributions for at least 3 months within the six months (3/6) prior to first day of avilment of benefits.
- ii. Not covered – if they do not have the qualifying contributions

Pregnant women who are not covered shall update their premium contributions. Specifically, they shall pay for any missed payment in previous quarter/s and for the remaining quarter/s of the year.

- b. Non - registered member - are individuals who are not yet recorded in PhilHealth member database and have no PIN. They are not yet covered by social health insurance.

Pregnant women with this status and who are able to pay the premium shall be advised immediately to register and pay the corresponding premium to PhilHealth for the whole year.

4. The health care provider shall refer to Medical Social Worker (MSW) or Social Worker for assessment to Point of Care enrollment (POC) the following pregnant women:



- a. Those who are not yet registered to PhilHealth;
- b. Those who are registered members but are not covered/eligible due to lack qualifying contributions; or
- c. Those who are qualified dependents of their parents (covered or not covered).

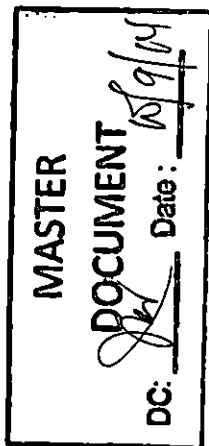
Pregnant women who qualify shall be enrolled to PhilHealth through Point of Care as prescribed in PhilHealth Circular 32, s-2013 (Implementation of the Point of Care Enrollment Program).

- 5. Pregnant women who were assessed in Item V.4 but did not qualify for Point of Care enrollment shall be covered through the provisions of Section 39b of the Implementing Rules and Regulations of National Health Insurance Act of 2013 following the procedures prior to discharge from health facility, to wit:

- a. Submit to the PhilHealth Local Health Insurance Office (LHIO) or PhilHealth Regional Office (PRO) an accomplished PhilHealth Membership Registration Form (PMRF) and ANY of the following documents:

- i. Medical certificate from her physician/midwife confirming her pregnancy;
- ii. Photocopy of laboratory/ultrasound result confirming the pregnancy;
- iii. Photocopy of her admission records.

- b. Pay to the nearest LHIO or PRO the corresponding annual premium contribution for the current calendar year regardless of the date when their pregnancy was confirmed. The premium rate shall be based on the current annual premium rate for the members of the Informal Economy. Those who only have gaps in the premium contributions shall only pay for the previous quarter/s with missed payment and the remaining quarter/s of the year.



Pregnant women who are covered through this provision can automatically avail of the benefits for giving birth and newborn care.

- 6. The privilege accorded to the women about to give birth provided by the provision of Section 39b shall only be availed ONCE without penalties. Subsequent use of updating premium contributions for the purpose of availing entitlement to benefits shall be subject to prevailing interests and penalties as prescribed by the Corporation. A separate guideline for this purpose shall be issued accordingly. Also, subsequent admissions after delivery that are not related to pregnancy and post-partum care shall be subject to the rules on qualifying contributions.
- 7. Pregnant women who are dependents of their parents should enroll as principal members either through POC or provision of Item V.5 of this Circular so that their children shall likewise have social health insurance coverage.

8. PhilHealth shall update the mother's member records and issue PhilHealth Identification Number for the newborn dependent upon processing of claims.

VI. BENEFITS PACKAGE FOR WOMEN ABOUT TO BIRTH

Women about to give birth shall be enrolled to the National Health Insurance Program so that they can avail of the appropriate benefit packages provided by PhilHealth.

A. Maternity Care Package (MCP)

1. This package covers the essential health services during antenatal period, entire stages of labor, normal delivery and immediate post-partum period including follow-up visits within the first 72 hours and 1 week after delivery.
2. The package code shall be **MCP01**. The Package Code 59401 shall no longer be used.
3. This Package may be availed in hospitals, infirmaries/dispensaries and birthing homes/maternity clinics with the following rates:

Health Care Institution	MCP Package Rate
Hospitals	Php 6,500.00
Infirmaries/dispensaries	Php 8,000.00
Birthing homes/maternity Clinics	

4. The professional fee shall be 40% of the package rate while the remaining 60% is for the facility fee.
5. The minimum stay of the mother in the facility shall be 24 hours.
6. Availment of this package shall be charged one (1) day to the annual 45-day benefit limit.
7. In line with the current standards of care, pregnant women are encouraged to have the first pre-natal check up during the first trimester of pregnancy with at least 4 pre-natal visits throughout the course of pregnancy. This is to detect and manage danger signs and complications of pregnancy and to reduce the risk of perinatal deaths. However, at this time, PhilHealth shall just require at least 4 pre-natal visits during the course of pregnancy.

B. Normal Spontaneous Delivery (NSD) Package

1. This package covers essential health services for normal low risk vaginal deliveries and post-partum period within the first 72 hours and 7 days after delivery.
2. The package code shall be **NSD01**. The Package Code 59400 shall no longer be used.
3. However, services for Normal Spontaneous Delivery as Package Code 59400 provided in PCF-Infirmery/dispensary by an accredited physician prior to the effectivity of this circular shall be compensable.
4. This Package may be availed in hospitals, infirmaries/dispensaries and birthing homes/maternity clinics with the following rates:

Health Care Institution	NSD Package Rate

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Hospitals	Php 5,000.00
Infirmaries/dispensaries Birthing homes/maternity clinics	Php 6,500.00

5. Forty percent (40%) of the package rate is for professional fees while 60% is for the facility fee.
6. Availment of this package shall be charged one (1) day to the 45-day annual benefit limit.
7. In cases when the pregnant women receives pre-natal care from another facility, the facility where pre-natal care is rendered may claim for Antenatal Care Package while the facility that will assist in normal delivery may claim for NSD Package.

C. Antenatal Care Package (ANC01)

1. This package covers essential health services that women about to give birth during antenatal period.
2. The case rate for this package is Php 1,500.00 for which forty percent (40%) is for professional fees while 60% is for the facility fee.
3. The package code shall be ANC01.
4. The requirements for this package are the following

- a. The facility is PhilHealth accredited as hospital, birthing home/maternity clinic, infirmary/dispensary, or TSeKaP (Primary Care Benefit 1) provider. Likewise the health care professional shall also be PhilHealth accredited.
- b. During antenatal period, the women have qualifying contributions or social health insurance coverage through different mechanisms described in Section V of this Circular.
- c. There are at least 4 pre-natal check-ups/visits with the last one during the last trimester of pregnancy.
- d. All the essential health services for the pre-natal care are provided.
- e. The women about to give birth are referred appropriately to an accredited health care institution for management of labor and delivery.
- f. Pre-natal visits and other services given, referrals and outcome of delivery are documented in the mother's record and mother's book or its equivalent.

D. Payment for Cases Referred to Hospitals

1. In cases when women in labor were initially managed in non-hospital facilities but eventually referred to hospitals for higher level of management and delivery, the referring facility shall be reimbursed 10% of the rate of NSD Package.

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- Facilities that also provided Antenatal Care Package and initial management of pregnant women who are in labor may claim for both services.
- The package codes, rates and descriptions are the following:

Description	Package Code	Package Rate
Intrapartum monitoring or labor watch (without delivery)	59403	Php 650.00
Antenatal care services with intrapartum monitoring or labor watch (without delivery)	ANC02	Php 2,150 <i>*ANC Package (Php 1,500) plus Intrapartum monitoring(Php 650)</i>

- Forty percent (40%) shall be for professional fee and 60% is for the facility fee.

E. Other Methods of Deliveries Covered by PhilHealth

- PhilHealth also covers the following methods of deliveries in accredited hospitals:

Procedure	RVS/ Package Code	Description	Case Rate (Php)
Cesarean Section (CS)	59513	Caesarian section, primary	19,000.00
Cesarean Section (CS)	59514	Cesarean delivery	19,000.00
	59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	19,000.00
Complicated Vaginal Delivery	59409	Vaginal delivery only (w/ episiotomy)	9,700.00
Breech Extraction	59411	Breech extraction	12,120.00
Vaginal Delivery after Cesarean Section	59612	Vaginal delivery only, after previous cesarean delivery (w/ or w/o episiotomy)	12,120.00

- The Package Code 59402 (Normal Spontaneous Delivery with Bilateral Tubal Ligation shall not be used anymore. Instead, hospitals that provided Maternity Care Package or NSD Package and also performed bilateral tubal ligation may claim the procedure "Ligation or transaction of fallopian tube(s) abdominal or vaginal approach, unilateral or bilateral" (RVS Code 58600, Case Rate – Php 4,000) as second case rate.

For Example:

Services provided	Claim	Package/RVS Code	Case Rate
Intrapartum care, normal delivery and post-partum care (no pre-natal care)	1 st Case Rate	NSD 01	Php 5,000.00
with			
Bilateral tubal ligation	2 nd Case Rate	58600	Php 4,000.00

- Guidelines for availing of benefits and claims filing are stated in Circular 35, s-2013 (ACR Policy No. 2 – Implementing Guidelines on Medical and Procedures Case Rates) and subsequent issuances related to All Case Rates Policy.

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VII. NEWBORN CARE PACKAGE

Pregnancy and childbirth involve both the mother and the newborn. The Newborn Care Package ensures that newborns have access to health care services within their first hours of life.

1. This package shall cover essential health services that newborns must receive within the first hours of life regardless of the method of their delivery and presence of co-morbidities.
2. The amount of the package shall be Php 1750.00 and paid to the facility.
3. The package code shall be 99432.
4. The package has the following components:

Services	Amount (Php)
Essential Newborn Care:	
<ul style="list-style-type: none"> • Immediate drying of the baby, early skin to skin contact, timely cord clamping, non-separation of mother/baby for early breastfeeding initiation, eye prophylaxis, vitamin K administration, weighing of the newborn, first dose of hepatitis B and BCG vaccine 	500.00
<ul style="list-style-type: none"> • Professional fee 	500.00
Newborn Screening Test (for metabolic diseases)	550.00
Newborn Hearing Screening Test	200.00
TOTAL	Php 1,750.00

5. This package may be availed from health care institutions that provide services for MCP, NSD Package and other methods of delivery.
6. As stated in PhilHealth Circular 09, s-2014 (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), newborns delivered in hospitals and managed for other morbid conditions (i.e. newborn sepsis, congenital pneumonia) may also claim for NCP as second case rate for health services provided to the newborn.

VIII. CLARIFICATION OF BENEFIT FOR IUD INSERTION

1. To provide women access to family planning procedures, aside from hospitals and ambulatory surgical clinics, PhilHealth shall also pay IUD insertion (RVS Code 58300) performed in the following qualified primary care facilities:
 - a. Birthing homes/Lying-in clinics/maternity clinics;
 - b. Infirmaries/dispensaries; and

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- c. HCIs that are accredited TSeKaP providers.
- 2. For the facilities to qualify to provide IUD insertion benefit, they shall submit a copy of their staff's certificate on Family Planning Competency Based Training (FPCBT) Level 2. The said training must have been conducted by trainers recognized by the Department of Health (DOH) and coordinated with respective DOH Regional Offices. As such, the training certificates must have the signature of the respective DOH Regional Director or his/her representative. An alternative to this is the physician's certificate of residency training on Obstetrics and Gynecology.
- 3. Availment of this benefit shall have a corresponding 1 day deduction in the 45-day annual benefit limit.

IX. PROVIDER ACCREDITATION

- 1. Accreditation of health care institutions shall be in accordance with the policy on Provider Engagement through Accreditation and Contracting of Health Services as stated in PhilHealth Circular 54, s-2012 and its subsequent issuances.
- 2. Accreditation of health care professionals shall follow the accreditation process for health care professionals as stated in PhilHealth Circular 10, s-2014 (The New Accreditation Process for Health Care Professionals and Guidelines for Credentialing and Privileging of Professionals).

X. BENEFIT AVAILMENT AND CLAIMS FILING

- 1. For easier verification of eligibility status, all accredited health care institutions must have access to PhilHealth Enhanced HCI Portal.
- 2. For filing of all claims, the following documents shall be submitted to PhilHealth within 60 calendar days after discharge:

- a. PhilHealth Benefit Eligibility Form (PBEF) OR

Other documents required by PhilHealth as proof of eligibility such as Member Data Record (MDR); proof of premium payment (for individually paying and overseas workers members); PhilHealth ID cards (for indigent, sponsored and lifetime members); and other secondary documents as enumerated in PBEF and Circulars 50, s-2012 and PC 01, s-2013 in cases when PBEF is not available.

- b. PhilHealth Claim Form 1 (CF1) duly filled out by the member and/or employer.

It shall no longer be required if PBEF confirmed (answered "Yes") the eligibility of patient.

- c. PhilHealth Claim Form 2 (CF2) duly filled out by health care provider; and

- d. Claim Form 3 (CF3) for claims from infirmaries/dispensaries and birthing homes/maternity clinics except claims for Newborn Care Package.

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- e. Official receipt Newborn Hearing Screening Test for Newborn Care Package if applicable;
 - f. Copy of newborn's birth certificate attached to newborn's claim (for Newborn Care Package) and to mother's claim (for updating of her membership data record). A photocopy from the facility without the registry number is acceptable as long as it is stamped as "Certified True Copy" and signed by the records officer/clinic administrator of that facility.
3. An additional requirement for Antenatal Care Package is a copy of pre-natal card or mother's book (Annex D) or their equivalent (i.e. "Pink Form"). The facility where the expectant mothers are referred for delivery shall be indicated Part II item 4.f of Claim Form 2.
 4. For purposes of monitoring, the date of last menstrual period (LMP) must be written beside Part II item 8.c of Claim Form 2. Also, Part II Item 7 must have complete diagnosis and ICD- 10 Codes including the method/s and outcome of delivery.
 5. Claims for Newborn Care Package without the component of Essential Newborn Care and Newborn Screening Test shall be denied.
 - a. In cases when Newborn Hearing Screening Test was not provided by HCI, the corresponding amount (Php 200.00) shall be deducted from the NCP claim.
 - b. When the said test was paid by the member, official receipt shall be attached to the claims for the Newborn Care Package. The two hundred pesos (Php 200.00) shall be deducted from the HCI claim and shall be paid to the member.
 6. Claims with incomplete requirements and/or discrepancy/ies shall be returned to sender (RTS) for compliance within 60 calendar days from receipt of notice. Failure to comply shall cause denial of claim. Claims for MCP and Antenatal Care Package without the appropriate dates for the pre-natal visits shall be denied.
 7. PhilHealth strongly upholds that the facility shall file the claims after having exhausted the corresponding case rates in providing complete provision of care including pre-natal care for MCP.
 8. For Maternity Care Package, PhilHealth shall no longer directly reimburse the member just for the pre-natal care component. In cases when the pregnant women spent for some diagnostic procedures such as laboratory and ultrasound, the facility shall have to reimburse them up to a maximum of one thousand five hundred pesos (Php 1500.00).
 9. Directly filed claims shall be allowed in the following instances:
 - a. Facilities did not provide complete health care for mothers and newborns such that patient/member have to spend for drugs and medicines, laboratories and other services that should be available in the facility; and

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- b. The patient/member is unable to secure required documents for claims filing during weekends/holidays.
10. For directly filed claims, the member shall submit the requirements listed in Section X.2 of this Circular AND a waiver (Annex E) from the health care institution stating that the member paid the full amount for the confinement and no PhilHealth deductions were made.

The health care institution shall be responsible in filling out appropriate fields in Claims Form 2 and CF 3 and providing supporting documents such as PBEF. It shall also assist the member in filling out Claim Form 1.

- 11. All directly filed claims shall be processed subject to existing rules and guidelines of the Corporation.

XI. MONITORING AND EVALUATION

- 1. To ensure provision of quality health services to PhilHealth members and their dependents, monitoring of the utilization of the benefit packages provided to women about to give birth and their newborns shall be anchored on the Health Care Provider Performance Assessment System of the Corporation.
- 2. PhilHealth shall likewise strictly monitor but not limited to the following cases:
 - a. All directly filed claims;
 - b. Reimbursement (of facilities) for pre-natal care expenses of women about to give birth and newborn hearing screening test
 - c. Outcomes of deliveries from birthing homes/maternity clinics and facilities in GIDAs.
 - d. Health outcomes of all referrals from non-hospital facilities.
- 3. Claims for Maternity Care Package and Antenatal Care Package that are filed for the same patient during the same period of pregnancy shall be referred for investigation.
- 4. For monitoring purposes, health care institutions shall maintain copies of patient records in their facility. These records shall have complete documentation of mother's history including but not limited to all her pre-natal consultations from different providers, course in the ward including her progress of labor and the delivery of care such as services provided, drugs and medicines given and procedures performed. Mother's record in non-hospital facilities shall include a partograph. Newborn's charts shall have complete documentation of the services provided including the essential newborn care. These documents must be made available to PhilHealth personnel at all times.

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XII. EFFECTIVITY

This Circular shall take effect 15 days after its publication in a newspaper of general circulation. All other existing issuances and provisions of previous issuances inconsistent with this circular are hereby repealed and/or amended.

XIII. ANNEXES

1. Annex A – Summary of Requirements for Filing of Claims
2. Annex B – Instructions in Filling-up Claim Form 2
3. Annex C – Sample Claim Form 2
4. Annex E – Sample Copy of Mother’s Book
5. Annex D – Waiver Form from HCI for Directly Filed Claims

ALEXANDER A. RADILLA
President and CEO


Date signed: 10/9/14




ANNEX A – SUMMARY OF DOCUMENTARY REQUIREMENTS FOR FILING OF CLAIMS

Benefits	List of Documents
For All Claims	PhilHealth Benefit Eligibility Form (PBEF) OR Member Data Record (MDR), proof of premium payment for individually paying & overseas workers program members and PhilHealth ID cards (for indigent, sponsored & lifetime members) and other secondary documents as enumerated in the PBEF or PhilHealth Circulars 50, s 2012 and PC 01, s 2013.
	Claim Form 1 – not needed if PBEF answer is YES
	Claim Form 2
Additional Requirements:	
Claims from Infirmaries/Dispensaries & Birthing Homes/Maternity Clinics	Claim Form 3 (except NCP)
Claims for MCP, NSD Package and other types of delivery	Copy of newborn's birth certificate (to be attached to mother's claim) for updating of member data record
Claims for Newborn Care Package (NCP)	Copy of newborn's birth certificate
	If patient/member paid for newborn hearing screening test: Copy of official receipt of newborn hearing screening test
Claims for Antenatal Care Package	Copy of pre-natal care card or mother's book or its equivalent
For Directly Filed Claims	Waiver (Annex E) issued by the facility that the member paid the full amount for the confinement and no PhilHealth deductions were made. Claim Form 3

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ANNEX B – INSTRUCTIONS ON HOW TO ACCOMPLISH CLAIM FORM 2 and SAMPLE CLAIM FORM 2


Note: Claim Form 2 shall be accomplished using capital letters and by checking the appropriate boxes. All items should be marked legibly by using ballpen only. All dates should be filled out in MM-DD.YYY format.

CF 2 Pa part/ Item	Description	Instructions
Part I	PhilHealth Accredited Number Name of Health Care Institution Address	WRITE the PhilHealth Accreditation Number, name of HCI and the address on the space provided
Part II, item 1	Name of Patient	WRITE the complete name of the patient in this format: Last Name, First Name, Name Extension (if any), Middle Name
Part II, item 2	Referred by another HCI	Tick appropriate box IF yes, write the name and address of referring institution *In NSD Package, write the name of the facility that provided the antenatal care (as applicable)
Part II, item 3	Confinement period	
<div style="border: 2px solid black; padding: 5px; width: fit-content;"> MASTER DOCUMENT <i>W/9/14</i> DC: _____ Date: _____ </div>	Date Admitted	WRITE the date of admission For Antenatal Care Package write the date of 1 st pre-natal visit
	Time Admitted	Write the time of admission Blank for Antenatal Care Package
	Date Discharged	WRITE the date of discharge For Antenatal Care Package write the date of last pre-natal visit
	Time Discharged	WRITE the time of discharge Blank for Antenatal Care Package
	Part II, item 4	Patient Disposition
Part II, item 4f	Transferred/referred	TICK the appropriate box If patient is referred to another facility, write the name and address of the facility and reasons for referral *Claims for Antenatal Care Package (ANC01) and Referral Fee (59403) should have the name of the facility where the patient is referred to for delivery/further management
Part II, item 5	Type of Accommodation	TICK appropriate box Blank for Antenatal Care Package
Part II, item 6	Admission Diagnosis/es	WRITE the admitting diagnosis
Part II, item 7	Discharge Diagnosis	WRITE the diagnosis on discharge
	ICD 10 Code/s	WRITE the appropriate ICD 10 Code/s Codes for method and outcome of delivery must be included

CF 2 Pa part/ Item	Description	Instructions
	Related Procedures	Leave blank
	RVS Code	WRITE the applicable Package/RVS Code: Maternity Care Package: MCP01 NSD Package: NSD01 Cesarean Section: 59513 or 59514 or 59620 Breech extraction: 59411 Vaginal delivery after CS: 59612 NSD with BTL: 59402 Antenatal Care Package: ANC01 Intrapartum monitoring (w/o delivery): 59403 Antenatal Care Package with Intrapartum monitoring: ANC02 Newborn Care Package:99432
	Date of procedures	WRITE the corresponding date/s for the procedure/s *for claims for delivery (i.e. MCP, NSD, etc.) write the date of delivery
Part II, item 8 c	Special consideration MCP Package	For ALL deliveries: WRITE the date of last menstrual period (LMP) For Claims for MCP and Antenatal Care Package: WRITE the dates of at least 4 pre-natal visits on the spaces provided. Leave blank for other claims.
Part II item 8 d	Newborn Care Package	TICK the services that are provided ATTACH the Filter Card Sticker for Newborn Screening Test in the space provided
Part II, item 9	PhilHealth Benefits	WRITE the corresponding package/RVS Codes for the benefits that will be claimed: Maternity Care Package: MCP01 NSD Package: NSD01 Cesarean Section: 59513 or 59514 or 59620 Breech extraction: 59411 Vaginal delivery after CS: 59612 Antenatal Care Package: ANC01 Intrapartum monitoring (w/o delivery): 59403 Antenatal Care Package with Intrapartum monitoring: ANC02 Newborn Care Package:99432
Part II, item 10	Professional Fees	WRITE the accreditation number and the name of Physician/midwife on the spaces provided AFFIX the signature of the Physician/midwife over his/her name then write the date of the space provided
Part III Section A	Certification of Consumption of Benefits	TICK first box (PhilHealth benefit is enough to cover HCI and PF charges) if the patient did not have any out of pocket expense TICK second box the benefit was consumed but there is additional cost to the patient then accomplish tables a and/or b
Part III Section B	Consent to Access Patient Record/s	PRINT the name of the patient and AFFIX his/her signature over the name WRITE the date when this was signed Should the patient was unable to sign, tick the appropriate boxes
Part IV	Certification of Health Care Institution	PRINT the name of the authorized person to fill-up the claim and his/her designation. AFFIX his/her signature above the name. This person must review and verify all the entries before affixing his/her signature.

MASTER DOCUMENT
 Date:

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ANNEX C – SAMPLE CLAIM



This form may be reproduced and is NOT FOR SALE

CF2
(Claim Form 2)
revised November 2013

If yes, write the name and address of referring institution
*In NSD Package, when antenatal care is provided by other facility write the name of that facility

IMPORTANT REMINDERS:
PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.
This form together with other supporting documents should be filed within sixty (60) calendar days from date of discharge.
All information, fields and tick boxes required in this form are necessary. Claim forms with incomplete information shall not be processed.
FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

PART I - HEALTH CARE INSTITUTION (HCI) INFORMATION

1. PhilHealth Accreditation Number (PAN) of Health Care Institution: M10101621061
 2. Name of Health Care Institution: ESTRADA MENDOZA & MARTINEZ BIRTHING HOME
 3. Address: 14 J RAMOS ST. BRGY TALIPAPA, NOVALICHES, QUEZON CITY
Building Number and Street Name City/Municipality Province

Write the date & time of admission and discharge
*For Ante-natal Care Package write the date of 1st and last pre-natal visit. Spaces provided for time shall be left blank

PART II - PATIENT CONFINEMENT INFORMATION

1. Name of Patient: IGNACIO ROMERO
Last Name First Name Middle Extension (R/CR/III) NSD's Name (example: DELA CRUZ JUAN JR. (PAG))
 2. Was patient referred by another Health Care Institution (HCI)?
 NO YES
Name of Referring Health Care Institution Building Number and Street Name City/Municipality Province Zip Code
 3. Confinement Period: a. Date Admitted: 10-27-2014 b. Time Admitted: 07:20 AM/PM
month day year hour min
 c. Date Discharged: 10-28-2014 d. Time Discharged: 13:00 AM/PM
month day year hour min
 4. Patient Disposition: (select only 1)
 a. Improved e. Expired, Date: _____ Time: _____ AM/PM
 b. Recovered f. Transferred/Referred
month day year hour min
Name of Referral Health Care Institution Building Number and Street Name City/Municipality Province Zip Code
 5. Type of Accommodation: Private Non-Private (Charity/Service)
 6. Admission Diagnosis/es:
G2P1 (2001) PREGNANCY UTERI 38 WEEKS AOG CEPHALIC, IN LABOR
 7. Discharge Diagnosis/es (Use additional CF2 if necessary):

If patient is referred to another facility, write the name and address of the facility and reasons for referral
*Claims for Antenatal Care Package (ANC01), Intrapartum monitoring (59403) or both (ANC02) should have the name of the facility where the patient is referred for delivery/further management

Diagnosis	ICD-10 Code/s	Related Procedure/s (if there's any)	RVS Code	Date of Procedure	Laterality (check applicable boxes)
<u>G2P2 (2002) 38 weeks</u>	<u>O 80.9</u>	<u>i. MCP</u>	<u>MCP 01</u>	<u>10-27-2014</u>	Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
<u>AOG delivered via NSD</u>	<u>Z 37.0</u>	<u>ii.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
<u>1 MALE BOY</u>	<u>Z 39.2</u>	<u>iii.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
		<u>iv.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
		<u>v.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
		<u>vi.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
		<u>vii.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
		<u>viii.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
		<u>ix.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
		<u>x.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
		<u>xi.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
		<u>xii.</u>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>

Write the admitting & discharge diagnosis
Write the appropriate ICD 10 Code/s and the corresponding Package/RVS Code.

8. Special Considerations:
 a. For the following repetitive procedures, check box that applies and enumerate the procedure/session dates (mm-dd-yyyy). For chemotherapy, see guidelines.
 Hemodialysis Blood Transfusion
 Peritoneal Dialysis Brachytherapy
 Radiotherapy (LINAC) Chemotherapy
 Radiotherapy (COBALT) Simple Debridement
 b. For Z-Benefit Package Z-Benefit Package Code: LMP: 02-03-2014
 c. For MCP Package (enumerate four dates [mm-dd-yyyy] of pre-natal check-ups)
1-10-14 2 4-15-14 3 9-22-14 4 11-20-14

All claims for delivery, WRITE the date of Last Menstrual Period (LMP)
For Claims for MCP and Antenatal Care Package, write the dates of at least 4 pre-natal visits.

d. For TB DOTS Package Intensive Phase Maintenance Phase
 e. For Animal Bite Package (write the dates (mm-dd-yyyy) when the following doses of vaccine were given) NOTE: Anti Rabies Vaccine (ARV), Rabies Immunoglobulin (RIG)
 Day 0 ARV _____ Day 3 ARV _____ Day 7 ARV _____ RIG _____ Others (Specify) _____
 For Newborn Care Package Essential Newborn Care Newborn Hearing Screening Test Newborn Screening Test For Newborn Screening, please attach NBS Filter Sticker here
 For Essential Newborn Care (check applicable boxes)
 Immediate drying of newborn Timely cord clamping Weighing of the newborn BCG vaccination Hepatitis B vaccination
 Early skin-to-skin contact Eye prophylaxis Vitamin K administration Non-separation of mother/baby for early breastfeeding initiation

For NCP claims, check the appropriate services and attach the Filter Card Sticker

g. For Outpatient HIV/AIDS Treatment Package Laboratory Number: _____
 9. PhilHealth Benefits
 ICD 10 or RVS Code: a. First Case Rate MCP 01 b. Second Case Rate _____

Write the appropriate code of the package being claimed.

MASTER DOCUMENT Date: 10/28/14



10. Professional Fees / Charges (Use additional sheets if necessary):

Accreditation Number / Name of Accredited Health Care Professional / Date Signed

Accreditation No.: 3,0,0,0 - 0,3,0,1,3,5,6,1,4

R. Martinez
ROSE MARTINEZ
Signature Over Printed Name

Date Signed: 1,0 - 3,0 - 2,0,1,4
month day year

Details

No co-pay on top of PhilHealth Benefit

With co-pay on top of PhilHealth Benefit P _____

Write the accreditation number and the name of Physician/midwife on the spaces provided

Affix the signature of the Physician/midwife over his/her name then write the date of the space provided

Accreditation No.: _____

Signature Over Printed Name _____

Date Signed: _____
month day year

No co-pay on top of PhilHealth Benefit

With co-pay on top of PhilHealth Benefit P _____

Accreditation No.: _____

Signature Over Printed Name _____

Date Signed: _____
month day year

No co-pay on top of PhilHealth Benefit

With co-pay on top of PhilHealth Benefit P _____

Tick first box (PhilHealth benefit is enough to cover HCI and PF charges) if the patient did not have any out of pocket expense

Tick second box if with patient has co-pay and fill-out the table

PART III - CERTIFICATION OF CONSUMPTION OF BENEFITS AND CONSENT TO ACCESS PATIENT RECORD/S
NOTE: Member/Patient should sign only after the applicable charges have been filled-out

A. CERTIFICATION OF CONSUMPTION OF BENEFITS

PhilHealth benefit is enough to cover HCI and PF charges. No purchases of drugs/medicines, supplies, diagnostics, and co-pay for professional fees by the member/patient.

	Total Actual Charges*
Total Health Care Institution Fees	4,800.00
Total Professional Fees	3,200.00
Grand Total	8,000.00

The benefit of the member/patient was completely consumed prior to co-pay OR the benefit of the member/patient is not completely consumed BUT with purchases/expenses for drugs/medicines, supplies, diagnostics and others.

Print the name of the patient and affix his/her signature over the name

Write the date when this was signed

Should the patient was unable to sign, tick the appropriate boxes

a.) The total co-pay for the following are:

	Total Actual Charges*	Amount after Application of Discount (i.e., personal discount, Senior Citizen/PWD)	PhilHealth Benefit	Amount after PhilHealth Deduction
Total Health Care Institution Fees				Amount P _____ Paid by (Check all that applies): <input type="checkbox"/> Member/Patient <input type="checkbox"/> HMO <input type="checkbox"/> Others (i.e., PCSO, Promissory note, etc.)
Total Professional Fees (for accredited and non-accredited professionals)				Amount P _____ Paid by (Check all that applies): <input type="checkbox"/> Member/Patient <input type="checkbox"/> HMO <input type="checkbox"/> Others (i.e., PCSO, Promissory note, etc.)

b.) Purchases/Expenses NOT included in the Health Care Institution Charges

Total cost of purchase/s for drugs/medicines and/or medical supplies bought by the patient/member within/outside the HCI during confinement None Total Amount P _____

Total cost of diagnostic, laboratory examinations paid for by the patient/member done within/outside the HCI during confinement None Total Amount P _____

*NOTE: Total Actual Charges should be based on Statement of Account (SOA)

B. CONSENT TO ACCESS PATIENT RECORD/S

I hereby consent to the examination by PhilHealth of the patient's medical records for the purpose of verifying the veracity of this claim. I hereby hold PhilHealth or any of its officers, employees and/or representatives free from any and all liabilities relative to the herein-mentioned consent which I have voluntarily and willingly given in connection with this claim for reimbursement before PhilHealth.

Ivory J. Ignacio
IVORY IGNACIO

Signature Over Printed Name of Member/Patient/Authorized Representative

Date Signed: 1,0 - 2,8 - 2,0,1,4
month day year

Relationship of the representative to the member/patient:

Spouse Child Parent

Sibling Others, Specify _____

Reason for signing on behalf of the member/patient:

Patient is Incapacitated

Other Reasons: _____

If patient/representative is unable to write, put right thumbmark. Patient/representative should be assisted by an HCI representative. Check the appropriate box:

Patient Representative

Print the name of the authorized person to fill-up the claim and his/her designation. Affix his/her signature above the name.

This person must review and verify all the entries before affixing his/her signature.

PART IV - CERTIFICATION OF HEALTH CARE INSTITUTION

I certify that services rendered were recorded in the patient's chart and health care institution records and that the herein information given are true

J. Estrada
FLORENCE GAIL ESTRADA
Signature Over Printed Name of Authorized HCI Representative

MIDWIFE/ADMIN STAFF
Official Capacity / Designation

Date Signed: 1,0 - 3,1 - 2,0,1,4
month day year

MASTER DOCUMENT Date: _____

ANNEX D – WAIVER FROM HEALTH CARE INSTITUTION FOR DIRECTLY FILED CLAIMS

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.

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)

Source: PhilHealth Circular 20, s-2014

MASTER DOCUMENT

Date: 10/14/14

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MASTER

DOCUMENT

DC: *Jat*

Date: *20/1/14*

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*Sources: MOTHER AND CHILD BOOK, Revised Version 2011
Published by Department of Health, in cooperation with World Health Organization, UNICEF and AUSAID*

Mother and Child Book



Present Pregnancy									
Trimester Month	1 st			2 nd			3 rd		
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th
Date of Visit									
Weight in kg.									
Blood pressure									
Temperature (C°)									
Height of abdomen (in cms.)									
Fetal Heartbeat (per minute)									
Vaginal bleeding (Y/N)									
Urinary Tract Infection (Y/N)									
Pallor or Anemia (Y/N)									
Abnormal presentation (Y/N) (not head presentation)									
Swelling of face and hands (Y/N)									
Vaginal infection (Y/N)									
Lab. Test results (e.g. Hgb, urine, RPR (rapid plasma reagin), blood film for malaria parasites, Hep B screening)									
Remarks:									

3



Mother and Child Book

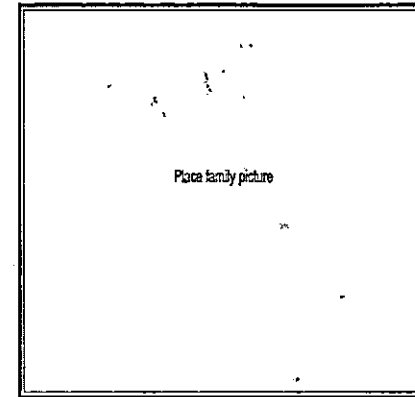
Health Record During Pregnancy						
This pregnancy is special, so I will make sure that I get the best care for me and my unborn child.						
Here are some important information regarding my health:						
Age (yrs. old): _____						
Weight (kgs.): _____						
Height (cms.): _____						
Body mass index: _____						
Last menstrual period: _____						
Expected date of delivery: _____						
Age of pregnancy: _____						
This is my _____ pregnancy <small>(number)</small>						
Previous Pregnancies						
Type of delivery	Pregnancy Number and Date of Delivery					
	1	2	3	4	5	6
Normal (N) or						
Cesarean Delivery (CD)						
Miscarriage (Y/N)						
Stillbirth (Y/N)						
Assisted delivery (forceps, etc.) Specify						
Twins/Multiple Births						
Bleeding during pregnancy or after delivery (Y/N)						
Child still alive						

2

Mother and Child Book



Family Serial no. _____
(Get number from the Family Folder at the Health Center)



Name of Mother: _____ Blood Type: _____

Educational level: _____ Occupation: _____

Name of Father: _____ Blood Type: _____

Educational level: _____ Occupation: _____

Name of Child: _____ Birth Date: _____

PhilHealth Membership: _____

Address: _____
(House No. Street Area Barangay Municipality/City/Province)

1

ANNEX E - SAMPLE COPY OF MOTHER'S BOOK