

TAMANG SAGOT

PhilHealth Circular No. 015 - 2015

Charge To Future Claims (CtFC) Policy

1. What prompted PhilHealth to introduce this policy?

Charge to Future Claims is primarily a preventive measure to dissuade any potential violation by the health care providers on the rights and privileges of PhilHealth members under their care, especially those under the “No Balance Billing” program.

2. What are the cases where the Charge to Future Claims (CtFC) policy can be applied?

- a. When NBB eligible PhilHealth members and their dependents who were made to pay for out of pocket expenses;
- b. When validated claims of PhilHealth members and their dependents are found to have under deduction of PhilHealth benefits based on what was claimed and/or paid for by PhilHealth to health care providers;
- c. When cases of delay in the filing of claim were caused by the health care provider wherein the benefits are not yet deducted; in such cases, the benefit will be paid to the member.

3. When can the member file for refund?

It may be filed prior to discharge of the patient, within 60 calendar days from date of discharge or from receipt of the benefit payment notice (BPN)

4. Where can the member file for refund?

- a. PCARES assigned in selected accredited HCIs
- b. Any of the PhilHealth offices (PROs, Local Health Insurance Offices, Satellite Offices, PhilHealth Express)

5. What are the documents that should be submitted with the request?

- a. For NBB eligible patients with out of pocket expenses
 - i. Official receipt/s (original copies) for the diagnostic examination, laboratory tests, drugs, medicines, supplies, other services to include professional fees etc.
 - ii. Document/s (original copies) that will prove the out-of-pocket expenses
 - iii. Document/s deemed necessary by PhilHealth.
- b. For claims with under deduction of PhilHealth benefits
 - i. Statement of Account (SOA) and
 - ii. Official receipts for HCI fees and/or professional fees to support the under deduction.
- c. For claims with delay in filing caused by the health care provider.
Claim/Transmittal stamped received by PhilHealth beyond sixty (60) days or one hundred eighty (180) days for applicable cases.

- d. Other source documents for the application of CtFC policy maybe any of the following:
 - i. PCARES report
 - ii. Submitted claim forms
 - iii. Monitoring findings/reports conducted by PhilHealth

6. How much shall be charged to the future claims of the facility?

- a. Twice the approved amount for refund due to the PhilHealth member/dependent as determined by the PhilHealth Regional Monitoring Committee (PRMC). Half shall be reimbursed to the member and half shall go to the trust liability account under the General Fund of the Corporation.
- b. As a transitory provision, claims for admission before the effectivity of this Circular shall be deducted/ charged only with the exact amount due for refund to the PhilHealth member/dependent.

7. When is the effectivity of this policy?

This Circular is effective on August 1, 2015. The claims for admission starting September 1, 2015 shall be charged twice (2X) the approved refund amount due to the PhilHealth member/dependent.