



PHILHEALTH CIRCULAR

No. 005 - 2015

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

SUBJECT : PHILHEALTH COVERAGE FOR CONFIRMED CASES OF EBOLA VIRUS DISEASE (EVD)

I. RATIONALE

True to its mandate to provide financial risk protection especially at times when the country needs it most, the Corporation has consistently and proactively responded to prevent the potential spread of threats from diseases that are emerging and re-emerging from all over the globe.

These potential threats in the past have been adequately met in a way that unequivocally resulted in prevention of disruptive and catastrophic consequences to public health and the growing economy.

Recently, a new threat has re-emerged that must be stopped by effective policies even before it reaches Philippine shore. This threat is from the Ebola Virus Disease (EVD).

The Department of Health thru Department Memorandum No. 2013-0205 recognizes the potential spread of Ebola Virus Disease in the country if left unchecked. Department Memo 2014-257 mentioned that WHO declared the 2014 Ebola Virus Disease (EVD) outbreak in the West Africa as a public health emergency of international concern; the current outbreak has been recognized as the largest in history and the potential threat of international spread is becoming more real every day.

Hence, the following are the guidelines for the coverage of confirmed cases of EVD.

II. SCOPE AND COVERAGE

- A. This policy shall cover the following confirmed cases of Ebola Virus Disease (EVD).
- B. It shall cover members and their dependents as defined in Section V, Rule I, Title III of the Revised IRR of the National Health Insurance Act of 2013 (RA 7875 as amended by RA 9241 and 10606).
- C. This benefit may be availed of in an accredited HCI that has the capabilities and facilities to manage EVD, as required by the DOH EVD strategic plans (i.e. negative isolation room, respirators, etc).

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III. SPECIFIC GUIDELINES

1. The "Confirmed" cases of EVD must have their confirmatory tests done by the Research Institute for Tropical Medicine (RITM).
2. ICD-10 code "A98.4" shall be the designated code for this particular EVD benefit package and must be written in PhilHealth Claim Form 2 item 7.
3. These shall cover reimbursements of the laboratory procedures, drugs, medicines and all aspects of care needed to screen or confirm the infection, confinement in a specialized facility within the hospital designed to contain the infection, medical management and other auxiliary procedures for the proper care of the patients.
4. The following are the EVD Benefit Packages:

a. EVD Basic Package

Patients admitted with confirmed case of Ebola Virus Disease shall be given this basic package if their length of stay at the HCI is seven (7) days or less, to wit:

Benefit Item	Amount (in Php)
HCI Fee	Php 85,400
Professional Fee	Php 19,600
Ambulance conduction	Php 5,000
Total Case Rate package	Php 110,000

b. EVD Extended Package

- i. Patients who need to be confined beyond seven (7) days shall be reimbursed the amount of Php 16,000 on a per day basis up to a maximum amount of Php 112,000 in addition to the EVD Basic Package.
- ii. Breakdown of Php 16,000 per day benefit:

Benefit Item	Amount (in Php)
HCI Fee	13,200/day
Professional Fee	2,800/day
Total Case Rate package	16,000/day

Case Rate Summary for EVD Basic and Extended Packages

PACKAGE CODE	EVD PACKAGE TYPE	CONFINEMENT DAYS	CASE RATE (in Php)	PF (in Php)	HCI FEE (in Php)
EVD	EVD Basic Package	1 - 7	110,000	19,600	90,400
EVD08	EVD Extended Package	8	126,000	22,400	103,600
EVD09		9	142,000	25,200	116,800
EVD10		10	158,000	28,000	130,000
EVD11		11	174,000	30,800	143,200
EVD12		12	190,000	33,600	156,400
EVD13		13	206,000	36,400	164,600
EVD14		14 and beyond	222,000	39,200	182,800

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5. Ambulance Conduction.
 - a. The ambulance conduction fee included in the EVD basic package shall be given directly to the HCI.
 - b. The HCI shall reimburse the actual amount up to a maximum of Php 5,000 to the member if the ambulance conduction was paid out of pocket by the patient or member.
6. Health care institutions claiming for EVD are not allowed to claim for any second case rate.

7. Compliance to the required qualifying contribution and 45 days benefit limit shall be waived for availment of this benefit.
8. The No Balance Billing policy shall be applied to EVD package claims.
9. The co-payment of PhilHealth member/dependent not covered by the No Balance Billing policy shall be allowed only up to 20% of the claimed EVD Package.
10. All EVD benefits shall be subjected to post audit.

IV. CLAIMS FILING

1. Completely and properly filled out and signed PhilHealth Claim Form 1 or PhilHealth Benefit Eligibility Form (PBEF)
2. Completely and properly filled out and signed PhilHealth Claim Form 2
The HCI shall write the ICD-10 for Ebola Virus in Item No. 7 and shall specify the claimed benefit package using the following package codes to be written in item No. 9 of PhilHealth Claim Form 2:

Package Name	Package Code
EVD Basic Package (1-7 days)	EVD
EVD Extended Package (8 days)	EVD08
EVD Extended Package (9 days)	EVD09
EVD Extended Package (10 days)	EVD10
EVD Extended Package (11 days)	EVD11
EVD Extended Package (12 days)	EVD12
EVD Extended Package (13 days)	EVD13
EVD Extended Package (14 days and beyond)	EVD14

3. Completely and properly filled out and signed PhilHealth Claim Form 3
4. For non-members availing of the benefit, PhilHealth Membership Registration Form (PMRF) must be properly accomplished and submitted. Those who qualify shall be enrolled under point of care as provided in PhilHealth Circular No. 32, s-2013.
5. Positive confirmatory test result for EVD by RITM.

V. MONITORING AND EVALUATION

The health care provider shall be subjected to the rules on monitoring and evaluation of performance as provided for in PhilHealth Circular No. 54, s-2012: Provider Engagement through Accreditation and Contracting for Health Services (PEACHeS) and PhilHealth Circular No. 031-2014 re: Health Care Provider Performance Assessment System (HCP PAS).

Violations shall be dealt with accordingly and the Corporation reserves the right to rectify any prejudicial financial charges of the hospital to ultimately redound back to the patient.

This Circular shall be reviewed annually and as necessary.

VI. REPEALING CLAUSE

All provisions of previous issuances, circulars, and directives that are inconsistent with any of the provisions of this Circular for this particular circumstance wherein the same is exclusively applicable, are hereby amended, modified or repealed accordingly.

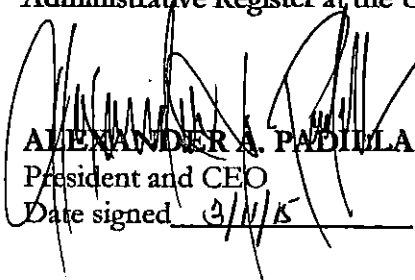
VII. SEPARABILITY CLAUSE

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.

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VIII. EFFECTIVITY

This Circular shall take effect for all admissions starting January 1, 2015. 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.


ALEXANDER A. PADILLA
President and CEO
Date signed 3/11/15

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