

TAMANG SAGOT

PhilHealth Circular No. 2016 – 005

Submission of Statement of Account (SOA) for All Case Rate Claims Reimbursement

1. What prompted PhilHealth to implement this policy?

As part of the review of the All Case Rates (ACR) in context of policy research, the statement of account (SoA) or billing statement shall be required as attachment to PhilHealth claims application for ACR.

2. What is the scope and coverage?

This policy shall cover all case rate claims of eligible PhilHealth members and their qualified dependents in all PhilHealth accredited health care institutions except for the following benefit packages mentioned in number _.

3. What is the Statement of Account (SOA) for the purpose proper implementation of this policy?

The Statement of Account (SOA) or Billing Statement (BS) or its equivalent document issued on the day of the patient's discharge indicating hospital charges and professional fees.

4. What information should reflect in the SOA?

For the purpose of standard implementation, the SOA must contain the following minimum requirements:

- The SOA shall reflect the actual total hospital charges minus the PhilHealth benefit for the Health Care Institution (HCI) fee. Part III item A of Claim Form 2: Certification for Consumption of Benefits and Consent to Access Patient Record/s must be consistent with that of SOA of the patient;
- The SOA should be duly signed by the member or his/her authorized representative (with printed name, relationship to member and contact number) confirming or concurring with the Statements therein relative to PhilHealth deductions;
- The signatory in SOA must be the same person as the signatory in PhilHealth Claim Form 1 under Part III. Member Certification. In the case the signatory in Claim Form 1 is different from the signatory of the SOA, information for authorized representative (name, relationship to member, contact number) should be indicated in the SOA;
- The SOA should have the signature over printed name and position of the accountant or billing clerk.

5. Are there any benefit packages excluded in the SOA requirement policy?

The following benefit packages shall be exempted from the SOA requirement for claims application:

1. TB DOTS
2. Maternity Care Package
3. Peritoneal Dialysis
4. Outpatient Malaria Package

5. Outpatient HIV/AIDS Treatment Package
6. Animal Bite Treatment Package
7. Newborn Care Package (in non-hospital facilities)

6. How will claims with incomplete information be processed?

- Claims with incomplete documents shall be returned to sender. Existing RTS rules shall apply;
- Claims with incomplete entries shall also be returned to sender for completion.