



PHILHEALTH CIRCULAR

No. 2016-0005

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

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

I. RATIONALE

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

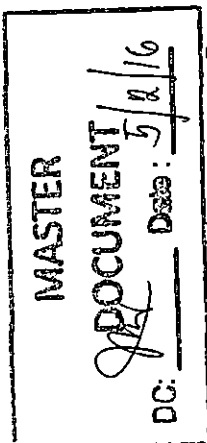
II. SCOPE AND COVERAGE

This policy shall cover all case rate claims of eligible PhilHealth members and their qualified dependents in all PhilHealth accredited health care institutions.

III. STATEMENT OF ACCOUNT (SOA)

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

- A. 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 of Consumption of Benefits and Consent to Access Patient Record/s must be consistent with that of the SOA of the patient;
- B. 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;
- C. The signatory in SOA must be the same person as the signatory in PhilHealth Claim Form 1 under Part III. Member Certification. In case the signatory in Claim Form 1 is different from the signatory in the SOA, information for authorized representative (name, relationship to member, contact number) should be indicated in the SOA;
- D. The SOA should have the signature over printed name and position of the accountant or billing clerk.



IV. IMPLEMENTING GUIDELINES

- A. The original or a certified true copy of the SOA shall be submitted together with the PhilHealth claim forms for claims application for ACR;
- B. Part III- Certification of consumption of benefits and consent to access patient record/s of PhilHealth Claim Form 2 should be completely filled out together with the SOA as supporting document.
- C. The accredited health care institution shall be obliged to provide assistance to facilitate member requests and concerns, consistent with PC No. 11, s-2008, page 2..
- D. The SOA shall not be required for claims application for the following:
 - 1. TB DOTS
 - 2. Maternity Care Package
 - 3. Peritoneal Dialysis Case Rates
 - 4. Malaria
 - 5. Outpatient HIV/AIDS Treatment Package
 - 6. Animal Bite Treatment Package
 - 7. Newborn Care Package (in non-hospital facilities)

V. CLAIMS FILING

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

VI. MONITORING AND EVALUATION

The health care provider shall be subject to the rules on monitoring and evaluation of performance as stipulated 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).

VII. 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.

VIII. SEPARABILITY CLAUSE

In the event that a part or provision of this Circular is declared unconstitutional or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

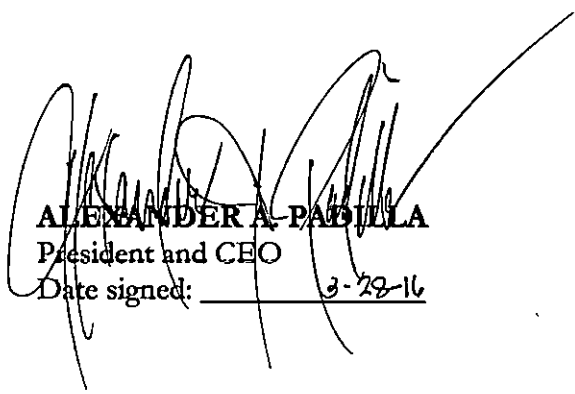
MASTER DOCUMENT
Date: 5/2/16
DC:

Product Team for Inpatient Benefits

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IX. EFFECTIVITY

In order to allow time for the accredited health care providers to adjust and comply with the said requirement, this Circular shall be effective for all admissions fifteen (15) days after its publication 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. PAGILLA
President and CEO
Date signed: 3-29-16

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

MASTER DOCUMENT
DC: JK Date: 5/2/16