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FREQUENTLY ASKED QUESTIONS (FAQs) FOR PHILHEALTH CIRCULAR NO.2017-0028

POLICY ON CLAIMS FOR PNEUMONIA, ACUTE GASTROENTERITIS, AND URINARY TRACT INFECTION and Other Identified Conditions

1. What is PhilHealth Circular No. 2017-0028?

It is the adjustment in Policy for Pneumonia, Acute Gastroenteritis (AGE) and Urinary Tract Infection (UTI) in which the Corporation shall no longer require the length of stay as basis for application of claims. Claims for these conditions shall be subjected to Medical Prepayment Review (MPR) as directed in PhilHealth Board Resolution 2215.

2. What is Medical Prepayment Review (MPR)?

It is the review of claims to determine admissibility prior to payment

3. What are the conditions that shall be subjected to Medical Prepayment Review (MPR)?

The policy covers Pneumonia, Acute Gastroenteritis (AGE), Urinary Tract Infection (UTI), and sepsis of eligible PhilHealth members and their qualified dependents.

4. PC 2017-0028 has four (4) objectives. What are those?

- a. To remove the Length of Stay (LOS) as basis for reimbursing claims for pneumonia, acute gastroenteritis and urinary tract infection;
- b. To apply prepayment medical review on pneumonia, acute gastroenteritis, and urinary tract infection claims;
- c. To encourage healthcare institutions that have the resources and capability to file appropriate claims when patients are managed in critical care due to the complications arising from these conditions; and
- d. To institute measures to address moral hazard and other violations as stipulated in the performance commitment of healthcare providers.

5. What will be required from health care providers for all claims for pneumonia, AGE, UTI and Sepsis?

The Health Care Providers (HCPs) are required to submit certified true copy of complete clinical chart of the patients, which details the history of present illness, course in the ward, vital signs monitoring, doctors order sheet, nurses notes, laboratory and imaging results, among others. For all other conditions or surgical procedures, PhilHealth may subject the submission of clinical chart and other related documents.

6. What will happen if HCPs fail to attach the mentioned documents?

Claim applications without the required attachment of certified true copy of patient clinical charts shall be returned to sender (RTS). Returned claim documents that are re-submitted without compliance shall be denied.

7. Are there any policies that may be applied for HCPs that violate PC 2017 s. 0028?

All HCPs 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. 2016-0026 re: Health Care Provider Performance Assessment System (HCP PAS) Revision 1.

8. When will PC 2017 s. 0028 take effect?

The Circular shall be effective fifteen (15) days after publication.