

# TAMANG SAGOT

## PhilHealth Circular No. 2018 - 0014

### Documentary Requirements for Claims Reimbursement and Medical Prepayment Review of Claims (*Revision 1*)

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#### 1. What is the rationale for PhilHealth Circular No. 2018-0014?

The National Health Insurance Act of 2013 provides that PhilHealth should ensure that services provided by accredited health care providers are appropriate, necessary and consistent with accepted standards of medical practice and ethics. The new documentary requirements and processes shall equip PhilHealth with the information and tools necessary to be able to protect the Program and set safeguards to ensure that reimbursements of services are correct, appropriate and ethical.

#### 2. What is the objective of PC 2018-0014?

To establish guidelines on the use of Claim Form 4 (CF4) for systematic data collection and evaluation of claims for payment.

The clinical and administrative data contained in the CF4 together with the results of diagnostic tests will be vital to assess the quality of care delivered by health care providers (HCPs).

#### 3. What is Claim Form 4 (CF4)?

CF4 is the summary of pertinent clinical information of a patient/member during their hospitalization/episode of care that will be utilized by PhilHealth to conduct evaluation and review of claims. It is the replacement of the previously required Certified True Copy of the complete clinical charts for four conditions (sepsis, pneumonia, acute gastroenteritis, and urinary tract infection) as previously mentioned in PhilHealth Circular No. 2017-0028.

#### 4. What benefits/claims shall require CF4 as an attachment?

All claims for reimbursement should be accompanied by the CF4 following the prescribed format, together with photocopies of the corresponding laboratory and imaging results. (Except for packages mentioned in item 5 of this TS).

#### 5. What benefits/packages/claims shall NOT require CF4 as an attachment?

CF4 shall NOT be required for the following benefits/packages/claims as their current documentary requirements shall still apply:

- a. Claims directly filed with PhilHealth
- b. Confinements abroad
- c. Specific packages/ benefits such as:

1. Z-Benefit packages;
2. Outpatient HIV/AIDS Treatment (RVS 99246);
3. Outpatient Malaria Package (RVS 87207)
4. Animal Bite Treatment (RVS 90375);
5. TB-DOTS (RVS 89221 and 89222);
6. Antenatal Care Package (ANC01);
7. Normal Spontaneous Delivery (NSD01);
8. Maternity Care Package (MCP01);
9. Newborn Care Package (RVS 99432);
10. Subdermal Contraceptive Implant Package (FP01);
11. Intrauterine Device Insertion Package (RVS 58300);
12. No-scalpel Vasectomy (RVS 55250);
13. Resuscitation Package (P0000); and,
14. Referral Package (P0001)

**6. What form shall be used for claims related to deliveries?**

Normal deliveries (NSD01, MCP01), cesarean section (59620, 59513, 59514), other methods of deliveries (59409, 59411, 59612), and intrapartum monitoring (59403, ANC02) shall use Claim Form 3 (CF3) for claims.

**7. What will happen to improperly filled-out CF4?**

Improperly accomplished or illegible CF4 and/or incomplete attachments shall be returned to the HCPs.

**8. What will be the procedure for eClaims-compliant HCIs?**

HCIs with eClaims shall scan the above required documents and attach them during claim application transmission.

**9. What circumstances shall warrant penalties?**

The Corporation shall penalize claims attended by any, but not limited to the following:

- a. Over-utilization or under- utilization of services;
- b. Unnecessary diagnostic and therapeutic procedures and intervention;
- c. Irrational medication and prescriptions;
- d. Fraudulent, false or incorrect information as determined by the appropriate office;
- e. Gross deviations from currently accepted standards of practice and/or treatment protocols;
- f. Inappropriate referral practices;
- g. Use of fake, adulterated or misbranded pharmaceuticals, or unregistered drugs;
- h. Failure to comply without justifiable cause with the pertinent provision of the law, IRR and any issuance of the Corporation.

**10. What if the HCI prescribed non-PNF drugs?**

PhilHealth reimbursement of drugs shall be based on the latest edition of the Philippine National Formulary (PNF). For claims with non-PNF drugs, the applicable amount shall be deducted from the Case Rate.

**11. How will PhilHealth monitor the performance of health care providers and facilities?**

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 Contacting for Health Services (PEACHes)) and PhilHealth Circular No. 2016-0026 re: (Health Care Provider Performance Assessment System (HCP PAS) Revision 1).

**12. When will PC 2018-0014 take effect?**

The Circular shall take effect for admissions starting September 1, 2018.