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PhilHealth@24: Tungo sa Kalusugan Para sa Lahat

FREQUENTLY ASKED QUESTIONS (FAQs) FOR PHILHEALTH CIRCULAR NO. 2019-0002

"Documentary Requirements for Claims Reimbursement and Medical Prepayment Review of Claims *(Revision 3)*

1. What is the rationale of PhilHealth Circular No. 2019-0002?

This new policy aims to provide PhilHealth with additional information to be able to assess the quality of care and ensure that quality health services are provided to its beneficiaries.

2. What are the objectives of PC 2019-0002?

a. PC 2019-0002 primarily aims to establish guidelines on requiring the Claim Form 4 (CF4) to facilitate systematic data collection and evaluation of claims for payment.

b. 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 CF4?

Claim Form 4 or CF4 is the summary of pertinent clinical information of a patient/member during their hospitalization/episode of care that shall be utilized by PhilHealth to conduct evaluation and review of Claims. It is an additional claim application requirement for case rate claims.

4. Does the Claim Form 4 replace the other claim forms of PhilHealth?

The Claim Form 4 is an additional attachment for claim application. It replaces previous requirement of a complete clinical chart. The current requirements for a complete claim application still apply such as but not limited to Claim Form 1, Claim Form 2, Statement of Account, Claim Signature Form, etc.

5. What conditions require submission of CF4?
All conditions and procedures under the List of Medical and Procedure Case Rates shall use CF4 in filing of claims. The HCI shall indicate it in the appropriate box in CF4 as shown below:

a) If there is one mentioned condition or procedure as indicated in item 6.a (1st case rate), submit one CF4.

To illustrate:

6.a 1st case rate code J46 (Acute severe asthma)*	One CF4 only
6.b 2nd case rate code (blank)*	

**to facilitate explanation of guideline, the description of code is written but not during actual filing (code only)*

b) If there are two mentioned conditions ---both conditions belong to the List of Medical and Procedure Case Rates, indicated in items 6.a (1st case rate) and 6.b (2nd case rate), where the latter is allowed as 2nd case rate. The HCI shall submit only one CF4 for both conditions.

To illustrate:

6.a 1st case rate code C50.1 (Malignant neoplasm of central portion of breast)*	One CF4 only for both
6.b 2nd case rate code 96408 (Chemotherapy administration)*	

**to facilitate explanation of guideline, the description of code is written but not during actual filing (code only)*

c) If there are two mentioned conditions ---first condition belongs to the List of Medical and Procedure Case Rates, indicated in item 6.a (1st case rate) and second condition in item 6.b (2nd case rate) belongs to the list of exemptions from CF4. The HCI shall submit CF4 only for both conditions.

To illustrate:

6.a 1st case rate code P36.9 (Bacterial sepsis of newborn, unspecified)*	One CF4 only for both
6.b 2nd case rate code 99432 (Newborn Care Package)*	

**to facilitate explanation of guideline, the description of code is written but not during actual filing (code only)*

d) If there are two mentioned conditions ---first condition belongs to the list of exemptions from CF4, indicated in item 6.a (1st case rate) and second condition belongs to the List of Medical and Procedure Case Rates indicated in item 6.b (2nd case rate), the HCI shall submit CF4 PLUS the required document for the exempted condition (e.g. CF3).

To illustrate:

6.a 1st case rate code 59514 (Cesarean delivery)*	CF3, the following sections shall be filled-out: a) Part I – item nos. 1, 2, 4, 5 only b) Part II – all items
6.b 2nd case rate code I60.9 (Subarachnoid hemorrhage)*	CF4

**to facilitate explanation of guideline, the description of code is written but not during actual filing (code only)*

6. What are the benefits or packages not covered by this circular?

A. Claims directly filed by beneficiaries with PhilHealth
B. Confinements abroad
C. Specific packages/ benefits (current requirements still apply):

a. Z-Benefit packages;
b. Outpatient HIV/AIDS Treatment (RVS 99246);
c. Outpatient Malaria Package (RVS 87207)
d. Animal Bite Treatment (RVS 90375);
e. TB-DOTS (RVS 89221 and 89222);
f. Antenatal Care Package (ANC01);
g. Normal Spontaneous Delivery (NSD01);
h. Maternity Care Package (MCP01);
i. Newborn Care Package (RVS 99432 *and 99460*);
j. Subdermal Contraceptive Implant Package (FP01);
k. Intrauterine Device Insertion Package (RVS 58300);
l. No-scalpel Vasectomy (RVS 55250);
m. Resuscitation Package (P0000); and
n. Referral Package (P0001)

7. How many CF4s shall be used when filing claims for repetitive procedures (e.g., hemodialysis, chemotherapy, blood transfusion)?

HCI may have the following options in filing claims for repetitive procedures:

a) Claim is filed for each session/cycle, shall require one CF4 per session/cycle.

b) Claim is filed one-time when all sessions/cycles were completed. It shall require one CF4 for all. In this case, the date admitted (item 9.a) shall refer to the date of the first session/cycle while the date discharge (item 10.a) shall be the last session/cycle.

Importantly, the confinement period in CF2, under item 3.a (date admission) and item 3.c (date discharge) should be consistent with CF4.

8. What form should 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) as additional attachment for claim application.

9. Is CF4 required in Primary Care Facilities?

PCFs are covered in the policy. Hence, it shall submit CF4 for all case rates except in cases enumerated in PC 2019-0002

10. What attachments are required with CF4?

Relevant laboratory and imaging results including OR technique (when there is a procedure done) shall be attached with CF4.

Certification as true copy (CTC) is not required. But all documents submitted should be consistent with other forms and with patient records in the facility.

11. What will happen to CF4 with incomplete attachments and/or improperly accomplished?

CF4 with incomplete attachments and/or improperly accomplished (i.e., certain items were left blank) shall be returned to the HCPs.

12. What should be written in the "course in the wards section" if the LOS of patient is more than 30 days and the space provided may not be enough?

Provide a summary that details only the pertinent information that will support the diagnosis. However, information in CF4 should be consistent with patient chart.

13. Which drugs should be included in CF4?

All medicines used during the patient's hospital stay/encounter should be included, as well as intravenous fluids. Note that information in all claim forms submitted to PhilHealth should be consistent with patient records in the facility.

14. Does the policy cover use and non-use of PNF drugs?

PC 2019-0002 refers to the guidelines in claims application using the new claim form, the CF4, including transmission through a module developed by the service provider of HCI.

On the use and non-use of PNF drugs shall be interpreted based on the current policy.

15. Who will sign the CF 4 if the patient is co-managed by multiple physicians?

It should be the primary/main attending physician who should sign and this should be reflected in the claim signature form (CSF) of the claim. For dialysis cases, the required signatory is the attending nephrologist, except for government facilities where the chief of hospital may sign the claim forms or CSF.

16. Is CF 4 a requirement for all conditions?

CF4 is mandatory for all case rates. Specific exceptions are provided in PC 2019-0002.

17. How do eClaims compliant HCIs submit their CF4 including the required attachments?

eClaims compliant HCIs shall submit CF4 together with other documents (i.e., laboratory and imaging results and OR technique) during claim application transmission using the module developed by their service provider.

18. What will HCIs do when their eClaims system is ready for transmission of CF4?

Health care institutions whose eClaims system is ready for transmission of CF4 may start transmitting encoded CF4s for admissions starting March 1, 2019

19. What will HCIs do when their eClaims system is not yet ready by March 1, 2019 implementation?

Under the transitory clause of the policy (Section VIII), the Corporation shall provide sufficient time for HCIs to align their processes and update their systems during the transition period March 1 to 31, 2019 (admission dates).

HCIs during this said transition period shall use the offline application to be provided by PhilHealth to encode Claim Form 4 and transmit using existing applications *or submit alternatives indicated below*:

- Those still enhancing their eClaims: Submit *scanned or* encoded CF4 as attachment to claim application
- Those using PHICS or SClaims: Submit *hardcopy, scanned or* encoded CF4 as attachment to claim application
- Those manually submitting claim applications: Submit *hardcopy, scanned or* soft copy of encoded CF4 together with manually-transmitted claim application

20. Is it mandatory to use the CF 4 generator?

Yes, it is mandatory for facilities to use it while their system is being enhanced for the full electronic version.

21. Why are there missing CF4 fields in the CF4 generator?

These are not missing fields. These are data that are available in other claim forms submitted to PhilHealth. To reduce encoding work, duplicate fields will be taken from the other claim forms. Examples of these duplicate fields include but are not limited to first case rate, second case rate, date of admission and date of discharge.

22. What will all HCIs do after the transition period?

For admissions starting April 1, 2019:

- HCIs with eClaims shall transmit encoded CF4 using their module developed by their service provider.
- HCIs with PHICS or SClaims shall continue to submit encoded CF4 as attachment to claim application.
- HCIs that manually submit claim applications shall continue to submit encoded CF4 together with manually-transmitted claim application.

IMPORTANT NOTE: submission of other documents (e.g. Claim Form 1 and 2, SOA, etc) are not affected and shall follow existing rules and guidelines.

23. What instances shall warrant penalties from the Corporation?

The Corporation shall penalize claims attended by any, but not limited to the following circumstances (Section 47.e, IRR of RA 7875, as amended by RA 9241 and RA 10606):

1. *Over-utilization or under-utilization of services;*
2. *Unnecessary diagnostic and therapeutic procedures and intervention;*
3. *Irrational medication and prescriptions;*
4. *Fraudulent, false or incorrect information as determined by the appropriate office;*
5. *Gross, unjustified deviations from currently accepted standards of practice and/or treatment protocols;*
6. *Inappropriate referral practices;*
7. *Use of fake, adulterated or misbranded pharmaceuticals, or unregistered drugs; and*
8. *Failure to comply without justifiable cause with the pertinent provision of the law, IRR and any issuance of the Corporation.*

24. 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 Sevices (PEACHes) and PhilHealth Circular No. 2018-0019 re: Health Care Provider Performance Assessment System (Revision 2).

25. When will PC 2019-0002 take effect?

The Circular shall take effect for admissions starting March 1, 2019 onwards.