Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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www.philhealth.gov.ph

UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

PHILHEALTH CIRCULAR
No. 2020 - 0018

TO : ALL PHILHEALTH MEMBERS, ACCREDITED HEALTH CARE INSTITUTIONS/ PROVIDERS, PHILHEALTH REGIONAL OFFICES, BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Guidelines on the COVID-19 Community Isolation Benefit Package (CCIBP) (Revision 1)

I. RATIONALE

In addressing the COVID-19 global pandemic, the President of the Philippines, through Republic Act 11469 (Bayanihan to Heal as One Act) and Presidential Proclamation No. 929 s.2020, declared a State of Public Health Emergency and subsequently imposed an Enhanced Community Quarantine (ECQ) throughout Luzon. In response, PhilHealth, through PhilHealth Board Resolution No. 2516 s. 2020, committed to develop benefit packages providing for health services, including community-based isolation, to all Filipinos affected by the COVID-19.

II. OBJECTIVE

This Circular aims to provide coverage for all Filipinos for health services in identified Community Isolation Units (CIUs) for COVID-19. It aims to operationalize the PhilHealth COVID-19 Community Isolation Benefit Package (CCIBP) and provide specific guidelines for benefit availment and applicable payment mechanism, reporting rules and performance assessment.

III. SCOPE

This Circular shall apply to all claims for services provided by identified publicly or privately-run facilities temporarily serving as Community Isolation Units (CIUs) in response to the COVID-19 global pandemic.

MASTER COPY Date: 7/10/2020 DC:

IV. DEFINITION OF TERMS

a. **Case Investigation Form (CIF)**[1] - *electronic* reporting form specific for COVID-19 data that allows standard reporting of information for epidemiologic study and monitoring.

b. **Confirmed Case**[2]– any individual, irrespective of presence or absence of clinical signs and symptoms, who is confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, or any other officially accredited laboratory testing facility as prescribed by the Department of Health (DOH).

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[1] Joint Administrative Order No. 2020-0001: Guidelines on Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) and the Community-based Management of Mild COVID-19 Cases
[2]Administrative Order No. 2020-0013: Revised Administrative Order No. 2020-0012 "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health dated Mach 17, 2020.

c. **Community Isolation Units (CIUs)**[3]–*a* DOH certified publicly or privately owned non-hospital facilities set-up in coordination with or by the national government (NG) or local government units (LGUs) to serve as quarantine facilities for COVID-19 *cases*, based on DOH guidelines. *Examples of CIUs include LIGTAS COVID Centers and Mega LIGTAS COVID Centers.*

d. **Free Standing Facility** - a facility that does not share basic services with a hospital-based provider.

e. **Isolation**[4] - the separation of ill or infected persons from others to prevent the spread of infection or contamination.

f. ***Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) center***[5] *- a community-managed facility within a barangay, municipality, city or province, where contact, suspect, probable, and confirmed cases of COVID-19 with mild symptoms, whose home environment cannot support physical distancing (e.g. crowded living conditions) can be temporarily housed for quarantine or isolation, which is linked to a health care institution (HCI) for referral purposes. A LIGTAS COVID Center is one type of Community Isolation Unit (CIU).*

g. ***Mega LIGTAS COVID Center***[6]*— larger scale versions of the LIGTAS COVID Center, managed by the national government and also referred to as Temporary Treatment and Monitoring Facilities (TTMF), operating at the provincial/ regional level to supplement LIGTAS COVID Centers and properly refer patients to appropriate facilities in accordance with separate guidelines for the purpose to be issued by the DOH.*

h. **Probable Case**[7] – a suspect case who fulfills any of the following:
   i. Suspect case for whom laboratory testing for COVID-19 is inconclusive or not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing; or
   ii. Suspect case for whom testing could not be performed for any reason.

i. **Suspect Case**[8]– a person who is presenting with any of the following conditions:
   i. Severe Acute Respiratory Infection (SARI), where NO other etiology fully explains the clinical presentation; or
   ii. Influenza-like illness (ILI), with any of the following: with no other etiology that fully explains the clinical presentation and a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset; or with contact to a probable or confirmed case of COVID-19 during the 14 days prior to the onset of symptoms; or under monitoring as contact of COVID-19 cases.

[3] Joint Administrative Order No. 2020-0001: Guidelines on Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) and the Community-based Management of Mild COVID-19 Cases
[4] ibid
[5] ibid
[6] ibid
[7] Administrative Order No. 2020-0013: Revised Administrative Order No. 2020-0012 "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health dated Mach 17, 2020.
[8] ibid

V. SPECIFIC GUIDELINES

A. ACCREDITATION OF COMMUNITY ISOLATION UNITS (CIUs) AS PROVIDERS OF THE COVID19 COMMUNITY ISOLATION BENEFIT (CCIBP)

1. CIUs shall either be:
    a. Free standing facilities, including converted non-hospital facilities such as *LIGTAS COVID and Mega LIGTAS COVID Centers*, and level 1 (L1) hospitals, set up and managed by the local government unit (LGU) or national government (NG) linked to a *PhilHealth accredited* level 2 (L2) or level 3 (L3) referral hospital, or
    b. Facilities set-up and managed by a publicly or privately owned L2 or L3 hospital in coordination with a LGU or the NG, provided that (1) there is no LGU or NG managed CIU in or nearby the municipality and/or (2) *the LGU and/or NG recognizes the need and provides explicit permission for the L2 or L3 hospital to set-up a CIU.*
2. In order to be eligible to provide the CCIBP, CIUs must be certified by DOH and accredited by PhilHealth.
3. All CIUs seeking accreditation shall have to establish referral arrangements with a higher-level facility. CIUs shall be allowed to declare only *PhilHealth accredited* L2 or L3 hospitals as referral facilities. Referral facilities shall provide technical support and shall service patients needing endorsement to a higher-level facility as defined in applicable DOH guidelines.
4. All public and private facilities certified by the DOH as CIUs shall be deemed accredited by PhilHealth for the COVID-19 Community Isolation Benefit Package (CCIBP), provided they submit to PhilHealth the following:
    a. Proof of DOH certification *or inclusion in the list of DOH certified CIUs from Center for Health Development (CHDs).*
    b. Provider Data Record (see Annex A)
    c. Signed performance commitment (see Annex B)
    *d. Supplemental Provider Data Record (see annex C)**
    e. Authorization from PhilHealth accredited partner facilities with eClaim system such as MCP, TB-DOTS, hospitals, for electronic claims submission and reimbursement arrangements (see part II of Annex C)

    **Supplemental PDR may be submitted after accreditation prior to the release of their reimbursements.*
5. Different variations of ownership and management arrangements in setting up the CIU *(see Annex D)* shall be permitted provided that (1) *the CIU facility and its designated manager is clearly identified,* (2) the CIU and its partners *have an agreement* to file and submit claims and receive claim payments electronically in a way that is consistent with existing PhilHealth guidelines and procedures, and (3) *the CIU and its partners have an agreement for referral arrangements.*

B. BENEFIT PACKAGE

1. The COVID-19 Community Isolation Benefit Package *(CCIBP)* shall include all identified services needed to effectively manage cases needing isolation, based on applicable guidelines adopted by DOH, whether suspect, probable, confirmed, or otherwise (see Annex E).

2. Standards for these health services shall be made in accordance with the applicable guidelines set forth by the DOH. Any further changes to the applicable DOH guidelines shall immediately take precedence and shall serve as the basis for reimbursement. *The benefit package shall be updated as needed to reflect current protocols and standards in collaboration with relevant institutions, experts and stakeholders.*
3. The package shall cover all inputs and activities within the entire episode of care at the CIU including payment for staff and professional fees, medicine, diagnostics, transport and other operational cost.
4. Testing and inpatient services for COVID-19 patients shall be covered by other applicable COVID-19 case rates.

C. AVAILMENT OF THE BENEFIT PACKAGE FOR COMMUNITY ISOLATION

1. Criteria for availment of the package:
   a. All *PhilHealth registered* Filipinos shall be eligible for the benefit. *Patients who are not yet registered with PhilHealth shall be required to accomplish the PhilHealth Membership Registration Form (PMRF) for the issuance of their PhilHealth Identification Number (PIN).*

      Accredited health facilities shall be authorized to facilitate the electronic submission of PMRF and supporting documents for the registration and updating of records of their respective patients using applicable online platforms. (PC 2020-0007 Section V. Letter E No. 5)

   b. To avail of the benefit, the beneficiary must meet the clinical and/or social criteria as stated in the applicable issuances of the DOH *(see Annex F).*

2. Package Rate and Rules on Co-pay *(see Annex G)*

3. Claims Filing and Reimbursement
   a. *Whenever applicable,* the CIU, through its partner *facility,* can file a claim *using the e-Claim system* for patients who were discharged after providing all mandatory services (see Annex *E*). Claims for testing for SARS-CoV-2 should be filed separately in accordance to PhilHealth Circular on COVID-19 testing.
   b. All claim application shall include the following:
      i. Claim Form 2 (CF2)
      ii. Accomplished Claim Signature Form (CSF)
   c. Direct filing of claims by beneficiaries shall not be allowed.
   d. All claims submitted by the accredited CIU shall be processed by PhilHealth within sixty (60) *calendar* days from receipt of claim provided that all requirements are fulfilled.
   e. Claims shall be filed within 60 calendar days upon discharge of the patients. Existing rules on the late filing of claims shall apply.
   f. Claims with incomplete requirements/ discrepancy/ ies shall be returned to sender (RTS) for compliance within 60 calendar days from receipt of notice.
   g. The accredited CIU may apply for motion for reconsideration for all denied claims based on existing PhilHealth policies.
   h. In the event of the clinical deterioration of the patient, the CIU must follow the guidelines on patient transfers that have been set forth by the DOH. The accredited CIU may still file a claim for the services rendered to the patient.
   i. All claims filed for patients needing readmission to the CIU facility after discharge from an inpatient facility in accordance with DOH guidelines shall be filed as a new claim.
   j. In the event that the patient expires in the course of isolation, the accredited CIU may still file a claim for the CCIB package.

k. *Converted non-hospital* CIUs *such as those identified as LIGTAS COVID and Mega LIGTAS COVID centers* shall not be allowed to file for other case rates apart from CCIBP. *Accredited hospitals and free standing facilities that are also DOH certified CIUs shall be allowed to continue to file claims for other case rates based on existing PhilHealth policies.*
l. Claims shall be paid to the CIU or through its partner facility if applicable.
m. Payments for services rendered and applicable payment terms, whether for claims processing and/or diagnostics and commodities support, shall be negotiated and settled between the CIU and its partner facilities.
n. PhilHealth shall not prescribe a provider-facility share nor recommend charging rules for claims processing, for diagnostics and commodities support, and/or for any other shared costs between CIUs and their partner facilities.

VI. TRANSITORY PROVISION

1. The CCIBP shall replace the Hospital Isolation Package on May 11, 2020. In the interim, accredited facilities may file claims for either of the packages in congruence with applicable PhilHealth rules and guidelines.
2. CIUs providing isolation services prior the effectivity of this Circular shall be allowed to file for claims retroactively for services provided starting February 1, 2020, provided that they meet all the accreditation requirements.
3. L2 or L3 hospital facilities providing isolation services to patients not needing higher level care with admissions between February 1, 2020 up to May 11, 2020 shall be allowed to file claims for the hospital isolation package.
4. During the transitory period, all new admissions for isolation shall have to be in CIUs unless there are no CIUs set up in the city/municipality or there are no identified CIUs catering to beneficiaries residing in the city/municipality.
5. During and after the transitory period, cities/municipalities with identified CIUs catering to their constituents, L2 and L3 hospitals shall not be allowed to file claims for the hospital isolation package for new hospital admissions.
6. During this period, claims for both the Hospital Isolation Package and the CCIBP filed for the same beneficiary for the same or for overlapping periods of confinement shall not be allowed. Doing so with clear intent shall be seen as a fraudulent act.
7. Should the period of hospital isolation include days that fall after May 11, 2020, the patient need not be transferred to a CIU. Instead, the accredited facility shall provide the full course of treatment and management as prescribed in the hospital isolation package. Consequently, they shall be entitled to file a claim for hospital isolation.

VII. PENALTY CLAUSE

Any violation of this Circular, terms and conditions of the Performance Commitment, and all existing related PhilHealth Circulars and directives shall be dealt with accordingly.

VIII. MONITORING AND EVALUATION

The PhilHealth, through its Healthcare Provider Performance Assessment System (HCP-PAS) shall employ mechanisms to assure members of the guaranteed quality healthcare they deserve. A monitoring and feedback system shall be implemented to assist providers to identify possible gaps in their practices or recommend mechanisms to ensure that they render the best possible service to their clients.

PhilHealth shall conduct a periodic review of this policy and specific provisions shall be revised as needed.

CIUs shall ensure that the patient medical record or chart inclusive of admitting history, *CIF,* patient monitoring sheet, and administered medication, shall be made available upon the behest of PhilHealth.

IX. ANNEXES

Annex *A*: Provider Data Records
Annex *B*: Performance Commitment
Annex C: Supplemental PDR
Annex *D*: Possible Scenarios in Terms of CIU Management and Ownership
Annex *E*: Mandatory and Other Health Services
Annex F: Clinical and/ or Social Criteria
Annex *G: Package Rate and Rules on Co-pay*
Annex *G1*: Expenditure and Utilization Report
Annex G2: Case Investigation Form (CIF)
Annex G3: List of Admitted Patient

X. REPEALING CLAUSE

This policy repeals PhilHealth Circular No. 2020-0004 entitled "Enhancement of Packages related to Coronavirus Infection."

XI. DATE OF EFFECTIVITY

The Circular shall be effective immediately with retroactive application for all qualified claims for admissions in CIUs starting February 1, 2020.

This Circular shall be published in general circulation and deposited thereafter with the Office of the National Administrative Register at the University of the Philippines Law Center.

BGEN. RICARDO C. MORALES, AFP (RET) FICD
President and Chief Executive Officer (CEO)

Date signed: 7/7

MASTER COPY
Date: 7/10/2020
DC:

SUBJECT : Guidelines on the COVID-19 Community Isolation Benefit Package (CCIBP) *(Revision 1)*

Annex A

PDR-March2014

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
City State Bldg., 709 Shaw Blvd., Pasig City
Health Line 441-7444; www.philhealth.gov.ph

PROVIDER DATA RECORD
HEALTH CARE INSTITUTION

THE PRESIDENT & CEO
Philippine Health Insurance Corporation
Pasig City, Philippines

Sir/Madam:

I, _____, of legal age, _____ with
(Position/Designation)
address at _____ and the duly authorized representative to act for and
in behalf of _____, hereby submits the following pertinent
(name of healthcare institution)
information and documentary requirements under Sec. 56 of the Implementing Rules and Regulations of RA 7875 as amended by RA 10606.

Name of Health Care Institution: (Please print legibly and provide appropriate spaces)

Accreditation Number/s		PhilHealth Employer Number	

Mailing/Billing Address:

No./St./Brgy.			
Municipality /City		Province:	ZIP Code

Contact Information

Contact No.	Fax No.	Official Email Address: (mandatory)

Facility Head/ Medical Director/Chief of Hospital/Hospital Administrator	Accreditation No.

Contact Information of the Facility Head:

Contact Number	Email Address

A. Hospital:

☐ General ☐ Specialty **Hospital Level:** ☐ Level 1 ☐ Level 2 ☐ Level 3

DOH-LTO No _____ Validity of DOH-LTO: _____

B. Other Health Facilities:

Primary Care Facilities

☐ With Inpatient Beds*
- ☐ Infirmary/Dispensary *
- ☐ Birthing Homes *

* DOH-LTO No. _____
* Validity of DOH-LTO _____

☐ Without Beds:

Medical Outpatient Package Providers
- ☐ Anti TB/DOTS Package **
- ☐ Maternity Care Package (MCP)
- ☐ Primary Care Benefit (PCB)
  - ☐ Outpatient Malaria
- ☐ Animal Bite Package** _____

☐ MCP, DOTS** and PCB
☐ MCP and DOTS**
☐ MCP and PCB
☐ PCB and DOTS**

Specialized Outpatient Facility

☐ Ambulatory Surgical Clinic
* DOH-LTO No _____

☐ Freestanding Dialysis Clinic (FDC)*
* Validity of DOH-LTO: _____

Nature of Ownership

1. Government

☐ National - DOH retained
☐ DND / DOJ
☐ State Universities / College
☐ Others

☐ Local*
- ☐ Province
- ☐ Municipality
- ☐ City
- ☐ District

2. Private**

☐ Single Proprietor
☐ Partnership
☐ Corporation
☐ Others (Specify) _____

☐ Foundation
☐ Cooperative
☐ Civic organization

*Name of Incumbent LC _____ **Name of owner/s _____

Type of Application: (Please check)

☐ Initial Application
☐ Continuous Accreditation
☐ Re-accreditation*

* Re-accreditation transactions
- ☐ Transfer of location
- ☐ Change in facility classification
- ☐ Upgrading of hospital level
- ☐ Additional service
- ☐ Resumption of operation after closure/ cease operation
- ☐ Change of ownership
- ☐ Application after incurring a gap in accreditation regardless of length of gap
- ☐ Previous Continuous Accreditation was withdrawn

Profile Update
- ☐ Change in Facility Head/ Medical director/ COH
- ☐ Change in name
- ☐ change in contact information

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Date: 7/10/2020
DC: _____

For PhilHealth Use Only

Remarks: _____

Date Received:	LHIO	By:	LHIO	
	PRO		PRO	
Date Evaluated:	LHIO	By:	LHIO	Control No.
	PRO		PRO	OR No.
Date Encoded:	LHIO/PRO (Receiving Module)	By:	LHIO	Date Paid
	PRO (Data Entry)		PRO	Amount:

ANNEX B

PC for HCIs
April 2020

(Letterhead of Healthcare Provider)

(Date)
PHILIPPINE HEALTH INSURANCE CORPORATION
17th Flr., City State Centre Bldg.,
Shaw Blvd., Pasig City

SUBJECT : Performance Commitment for HCI *(Rev 4)*

Sir/Madam:

To guarantee our commitment to the National Health Insurance Program (NHIP), we respectfully submit this Performance Commitment.

And for the purposes of this Performance Commitment, we hereby warrant the following representations:

A. REPRESENTATION OF ELIGIBILITIES

1. That we are a duly DOH certified health care facility capable of delivering the services expected from the type of healthcare provider that we are applying for.
2. That we are owned by _____

   and managed by _____
   and doing business under the name of _____
   with License/Certificate No. _____
3. That all professional health care providers in our facility, *as applicable*, are PhilHealth accredited, possess proper credentials and given appropriate privileges in accordance with our policies and procedures.

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B. COMPLIANCE TO PERTINENT LAWS/RULES & REGULATIONS/ POLICIES/ADMINISTRATIVE ORDERS AND ISSUANCES

Further, we hereby commit ourselves to the following:

3. That our officers, employees, and other personnel are members in good standing of the NHIP.
4. That, as responsible owner(s) and/or manager(s) of the institution, we shall be jointly and severally liable for all violations committed against the provisions of Rep. Act No. 7875, as amended, including its Implementing Rules and Regulations (IRR) and PhilHealth policies issued pursuant thereto.

5. That we shall promptly inform PhilHealth prior to any change in the ownership and/or management of our institution.
6. That any change in ownership and/or management of our institution shall not operate to exempt the previous and/or present owner and/or manager from liabilities for violations of Rep. Act No. 7875, as amended, and its IRR
7. That we shall maintain active membership in the NHIP as an employer not only during the entire validity of our participation in the NHIP as a Health Care Institution (HCI) but also during the corporate existence of our institution.
8. That we shall abide with all the implementing rules and regulations, memorandum circulars, special orders, advisories and other administrative issuances by PhilHealth affecting us.
9. That we shall abide with all administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of HCIs in participating in the NHIP.
10. That we shall adhere to pertinent statutory laws affecting the operations of HCIs including but not limited to the Senior Citizens Act (R.A10645), the Breastfeeding Act (R.A. 7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921), the Magna Carta for Disabled Persons (R.A. 9442), and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.
11. That we shall promptly submit reports as may be required by PhilHealth, DOH and all other government agencies and instrumentalities governing the operations of HCIs.
12. That we shall facilitate distribution of the professional fee component of the PhilHealth payment/reimbursement to the concerned professionals not exceeding thirty (30) calendar days upon receipt of the reimbursement or at a time frame as agreed upon by the HCI and their professionals.
13. That being a government-owned (for public-owned facilities only) health care institution, we shall maintain a trust fund for the PhilHealth reimbursements in compliance to Section 34-A of Republic Act 10606 which provides that "revenues shall be used to defray operating costs other than salaries, to maintain or upgrade equipment, plant or facility, and to maintain or improve the quality of care.

C. CONDUCT OF CLINICAL SERVICES, RECORDS, PREPARATION OF CLAIMS AND UNDERTAKINGS OF PARTICIPATION IN THE NHIP

14. That we are duly capable of delivering the CCIBP services for the duration of the validity of this commitment.
15. That we shall provide and charge to the PhilHealth benefit of the client the necessary services including but not limited to drugs, medicines, supplies, devices, and diagnostic and treatment procedures for our PhilHealth clients.
16. That we, being an accredited government hospital or infirmary/ASC/FDC/MCP/TB DOTS/ Animal Bite package/ DRTC/PCB and/or contracted provider for the Z benefit package provider, as applicable, shall provide the necessary drugs, supplies and services with no out-of-pocket expenses on the part of the qualified PhilHealth member and their

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dependents admitted or who consulted in the HCI, as mandated by the PhilHealth "No Balance Billing (NBB) Policy"

17. That we, being an accredited provider, shall abide by the rules set in the CCIBP, including the prescribed disposition of the PhilHealth reimbursements, as stated in the current guidelines, which shall be used by the HCI to be able to provide the mandatory services and ensure better health outcomes.
18. That we shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified dependents/beneficiaries.
19. That we shall be guided by PhilHealth-approved clinical practice guidelines or if not available, other established and accepted standards of practice.
20. That we shall provide a PhilHealth Bulletin Board for the posting of updated information of the NHIP (circulars, memoranda, IEC materials, price reference index, etc.) in conspicuous places accessible to patients, members and dependents of the NHIP within our health facility.
21. That we shall always make available the necessary forms for PhilHealth member-patient's use.
22. That we shall treat PhilHealth member-patient with utmost courtesy and respect, assist them in availing PhilHealth benefits and provide them with accurate information on PhilHealth policies and guidelines.
23. That we shall ensure that PhilHealth member-patient with needs beyond our service capability are referred to appropriate PhilHealth-accredited health facilities.

D.MANAGEMENT INFORMATION SYSTEM

24. That we shall maintain a registry of all our PhilHealth members-patients (including newborns) and a database of all claims filed containing actual charges (board, drugs, labs, auxiliary, services and professional fees), actual amount deducted by the facility as PhilHealth reimbursement and actual PhilHealth reimbursement, which shall be made available to PhilHealth or any of its authorized personnel.
25. That we shall maintain and submit to PhilHealth an electronic registry of physicians and dentists including their fields of practice, official e-mail and mobile phone numbers.
26. That we shall, if connected with e-claims, electronically encode the laboratory / diagnostic examinations done, drugs and supplies used in the care of the patient in our information system which shall be made available for PhilHealth use.
27. That we shall ensure that true and accurate data are encoded in all patients' records.
28. That we shall only file true and legitimate claims recognizing the period of filing the same after the patient's discharge as prescribed in PhilHealth circulars.
29. That we shall submit claims in the format required by PhilHealth for our facility.
30. That we shall regularly submit PhilHealth monitoring reports as required in PhilHealth circulars.

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E. REGULAR SURVEYS / ADMINISTRATIVE INVESTIGATIONS/DOMICILIARY VISITATIONS ON THE CONDUCT OF OPERATIONS IN THE EXERCISE OF THE PRIVILEGE OF ACCREDITATION

31. That we shall extend full cooperation with duly recognized authorities of PhilHealth and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by PhilHealth relative to any findings, adverse reports, pattern of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practices in our operations as an accredited HCI of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; provided that our rights to private ownership and privacy are respected at all times.
32. That we shall ensure that our officers, employees and personnel extend full cooperation and due courtesy to all PhilHealth officers, employees and staff during the conduct of assessment/visitation/investigation/monitoring of our operations as an accredited HCI of the NHIP.
33. That at any time during the period of our participation in the NHIP, upon request of PhilHealth, we shall voluntarily sign and execute a new 'Performance Commitment' to cover the remaining portion of our accreditation or to renew our participation with the NHIP as the case may be, as a sign of our good faith and continuous commitment to support the NHIP.
34. That, unless proven to be a palpable mistake or excusable error, we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in our patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims submitted to PhilHealth by our institution.
35. That we shall comply with PhilHealth's summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.
36. That we shall recognize the authority of PhilHealth, its Officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of our privilege and conduct of our operations as an accredited HCI of the NHIP.
37. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.

F. MISCELLANEOUS PROVISIONS

38. That we shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our institution to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.
39. That we shall not directly or indirectly engage in any form of unethical or improper practices as an accredited health care provider such as but not limited to solicitation of patients for purposes of compensability under the NHIP, the purpose and/or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.
40. That we shall immediately report to PhilHealth, its Officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of HCI of the NHIP that may have come to our knowledge directly or indirectly.

41. That we shall allow PhilHealth to deduct or charge to our future claims, all reimbursements paid to our institution under the following, but not limited to: (a) during the period of its non-accredited status as a result of a gap in validity of our DOH LTO, suspension of accreditation, etc; (2)downgrading of level, loss of license for certain services; (c)when NBB eligible PhilHealth members and their dependents were made to pay out-of-pocket for HCI and professional fees, if applicable; (d) validated claims of under deduction of PhilHealth benefits.

Furthermore, recognizing and respecting its indispensable role in the NHIP, we hereby acknowledge the power and authority of PhilHealth to do the following:

42. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the commitment for any violation of any provision of this Performance Commitment and of R.A. 7875, *as amended,* and its IRR.

43. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of the commitment due to verified adverse reports/findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations.

We commit to extend our full support in sharing PhilHealth's vision in achieving this noble objective of providing accessible quality health insurance coverage for all Filipinos.

Very truly yours,

Head of Facility/Medical Director/
Chief of Hospital/ Medical Center Chief

With my express conformity,

Local Chief Executive (if LGU-owned)/Owner

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Annex C: Supplemental Provider Data Record

Part I - General Information			
Name of Facility:			
Address			
Address line 1:			
Address line 2:			
City/Municipality:		*Province:*	
Region:		*Postal Code:*	
Mobile No.:		*Landline No (Office):*	
Email Address:			
CIU Manager			
Last Name:		*Middle Initials:*	
First Name:		*Suffix:*	
Institutional Affiliation:			
Position:			
Catchment			
No. of Municipalities catered:			
Names of Municipalities catered:			
Referral Hospital 1			
Name of Facility			
Address line 1:			
Address line 2:			
City/Municipality:		*Province:*	
Region:		*Postal Code:*	
Referral Hospital 2 *(indicated N/A if no additional referral hospital)*			
Name of Facility			
Address line 1:			
Address line 2:			
City/Municipality:		*Province:*	
Region:		*Postal Code:*	
Referral Hospital 3 *(indicated N/A if no additional referral hospital)*			
Name of Facility			
Address line 1:			
Address line 2:			
City/Municipality:		*Province:*	
Region:		*Postal Code:*	
In cases where there are more than 3 referral hospitals, please attach another form and fill out the "refer all hospital" section.			
Service Capacity			
Accomodations			
Ward type:			
No. of beds in ward type accomodations:			
No of bathrooms for patients in ward type accomodations:			
Total No of toilets for patients in ward type accomodations:			
Total No of showers for patients in ward type accomodations:			
With cohorting for patients in ward accomodations (Y/N):			
Single Room:			
No. of beds in single rooms w/o ensuite bathrooms:			
No. of beds in single rooms with ensuite bathrooms:			
Human Resource			
Total no. of employed physicians:			
No. of physicians on duty/day:			
Total no. of employed nurses:			
No. of nurses on duty/day:			
Total no. of other health workers employed:			
List other types of health workers employed:			
Total no. of other non-health workers employed:			
List other types of non-health workers employed:			

I certify that the information submitted in this application is true and correct to the best of my knowledge.
I further understand that any false statements may result in denial or revocation of my accreditation.

For CIUS set up by Level 2 and Level 3 Hospitals
Further, in signing this document, I confirm that I have coordinated and secured explicit permission from LGUs of the municipality/municipalities identified above to serve as a CIU catering to their constituency.

XXX, CIU Manager

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Date: 7/10/2020
DC:

Part II - Authorization

This is to authorize (Name of the CIU facility) to use our eClaim system for the filing and submission of Covid-19 Community Isolation Benefit Package (CCIBP) claims using its own PhilHealth Accreditation Number (PAN) and cipher key. Further, all PhilHealth reimbursements for the CIU's filed claims shall be credited to the (name of partner institution) ACPS account and shall subsequently be disbursed to the said CIU based on agreed terms.

For this purpose, I hereby submit the following bank account information:

1. *Bank Name* _____
2. *Branch* _____
3. *Bank Account Name* _____
4. *Bank Account Number* _____
5. *Official HCI Email Address* _____
6. *Landline Number* _____
7. *Mobile Number* _____

(Partner Facility)

Signature over printed Name
Medical Director/ Authorized Representative

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DC: ___ Date: 7/10/2020

ANNEX *D*. Possible Scenarios in Terms of CIU Management and Ownership

Scenario:	Partner Facilities:
Managed: LGU Owned: LGU/Private Type of CIU: L1 Hospital	For Referral: L2 or L3 referral Hospital
Managed: LGU Owned: LGU/Private Type of CIU: Converted non-hospital facility*	For Claims Filing: *PhilHealth accredited facilities such as MCP, TB-DOTS, Animal Bite, Hospital* For Commodities support: LGU-owned or Private L1 Hospital, or L2 or L3 referral For Referral: L2 or L3 referral Hospital
Managed: NG Owned: LGU/NG/Private Type of CIU: Converted non-hospital facility	For Claims Filing: *PhilHealth accredited facilities such as MCP, TB-DOTS, Animal Bite, Hospital* For Commodities support: LGU-owned or Private L1 Hospital, or L2 or L3 referral For Referral: L2 or L3 referral Hospital
Managed: Private Hospital or Institution** Owned: LGU/NG/Private Type of CIU: L1 Hospital	For Referral: L2 or L3 referral Hospital
Managed: Private Hospital or Institution Owned: LGU/NG/Private Type of CIU: Converted non-hospital facility	For Claims Filing: *PhilHealth accredited facilities such as MCP, TB-DOTS, Animal Bite, Hospital* For Commodities support: LGU-owned or Private L1 Hospital, or L2 or L3 referral For Referral: L2 or L3 referral Hospital

*if the CIU is a non-hospital facility and the partner facility is L1 and owned by a different LGU, it cannot be engaged for purposes outside diagnostic and commodities support which shall be allowed only in extraneous circumstances where, for whatever reason, the LGU cannot anymore provide the logistical requirements needed to run its own CIU.

**if a CIU is managed by a privately owned hospital or institution, the CIU shall be accredited to provide the benefit if (1) there is no LGU or NG managed CIU in the immediate vicinity and/or (2) the LGU and/or the NG recognizes the need to set up a CIU and provided explicit permission for the privately-owned hospital to set-up a CIU in its behalf.

ANNEX E: Mandatory and Other Health Services

Mandatory Service	Other Service (as needed)
a. Minimum 14 days admission* b. Boarding, food and individual hygiene kit c. Information and Education about respiratory etiquette and self-monitoring d. Monitoring by a Health Care Professional *Except in case of transfer due to deterioration or mortality *and based on discharge criteria from applicable guidelines adopted by DOH.*	A. Drugs and Medicines, as specified in the applicable DOH policies B. Diagnostic Tests and Imaging, as specified in the applicable DOH policies C. Oxygen support D. Referral and transportation to higher level facility

Based on currently acceptable guidelines and other references including:

-Department of Health (DM 2020-123: Interim Guidelines on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities for the Management of Persons Under Investigation and Mild Cases of Coronavirus Disease 2019 (COVID-19)

-Department of Health, (March 31, 2020), DM 2020-138: Adoption of PSMID Clinical Practice Guidelines on COVID 19

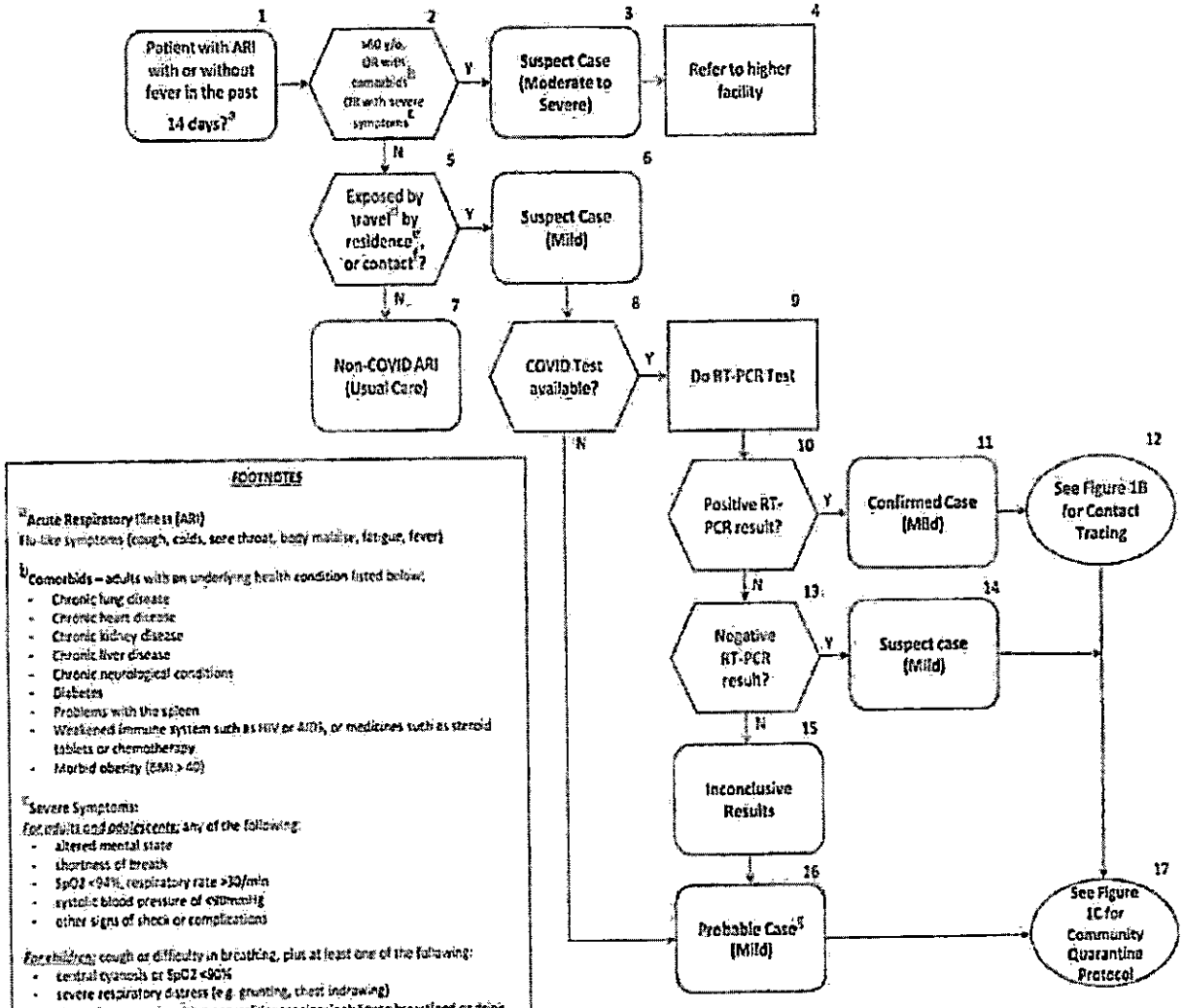
- Interim Guidelines on the Clinical Management of Adult Patients with suspected or confirmed COVID-19 Infection (PSMID)

Annex F: Clinical and Social Criteria based on Joint Administrative Order

ANNEX A. COVID-19 Patient Algorithm for Triage and Hospitalization (C-PATH).
Note: The DOH may henceforth release an updated version, which shall be used for this Order.

FIGURE 1A. CLASSIFICATION OF CASES

Version 06 April 2020 (original)



FOOTNOTES

[a] Acute Respiratory Illness (ARI)
Flu-like symptoms (cough, colds, sore throat, body malaise, fatigue, fever)

[b] Comorbids – adults with an underlying health condition listed below:
- Chronic lung disease
- Chronic heart disease
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological conditions
- Diabetes
- Problems with the spleen
- Weakened immune system such as HIV or AIDS, or medicines such as steroid tablets or chemotherapy
- Morbid obesity (BMI > 40)

[c] Severe Symptoms:
For adults and adolescents: any of the following:
- altered mental state
- shortness of breath
- SpO2 <94%, respiratory rate >30/min
- systolic blood pressure of <90mmHg
- other signs of shock or complications

For children: cough or difficulty in breathing, plus at least one of the following:
- central cyanosis or SpO2 <90%
- severe respiratory distress (e.g. grunting, chest indrawing)
- signs of pneumonia with a general danger sign: inability to breastfeed or drink, lethargy/unconsciousness, or convulsions

Other signs of pneumonia may be present: fast breathing (in breaths/min):
<2 months: ≥60; 2-11 months: ≥50, 1-5 years: ≥40

[d] Exposure by travel
Travel from a country/area where there is sustained community level transmission

[e] Exposure by residence
Lives in an LGU where there is sustained community level transmission

[f] Exposure by contact
1. Providing direct care to suspect, probable, or confirmed COVID-19 patients without using proper PPE (i.e. healthcare workers);
2. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
3. Direct physical contact with a probable or confirmed case; OR
4. Other situations as indicated by local risk assessments

[g] Probable Case
Proceed to box 10 if repeat test becomes possible/available

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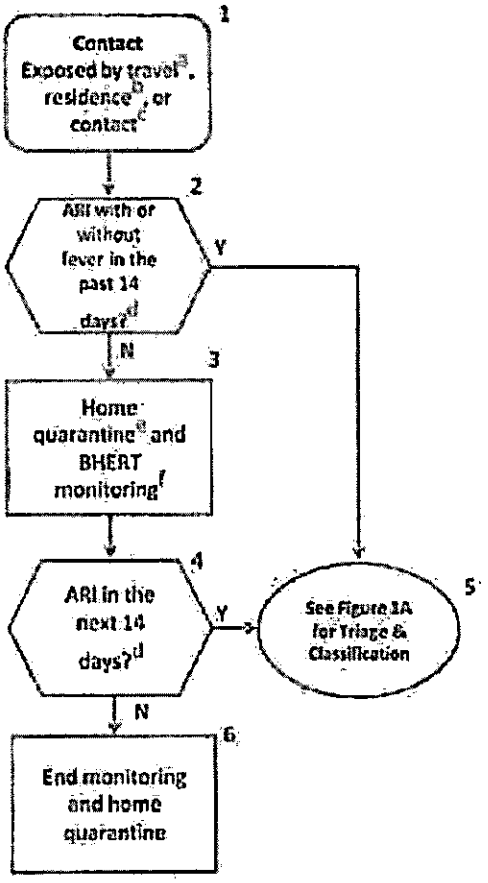
FIGURE 1B. CONTACT TRACING PROTOCOL

Version 06 April 2020 (original)



FOOTNOTES

[a] **Exposure by travel**
Travel from a country/area where there is sustained community level transmission

[b] **Exposure by residence**
Lives in an LGU where there is sustained community level transmission

[c] **Exposure by contact**
1. Providing direct care to suspect, probable, or confirmed COVID-19 patients without using proper PPE (i.e. healthcare workers);
2. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
3. Direct physical contact with a probable or confirmed case; OR
4. Other situations as indicated by local risk assessments

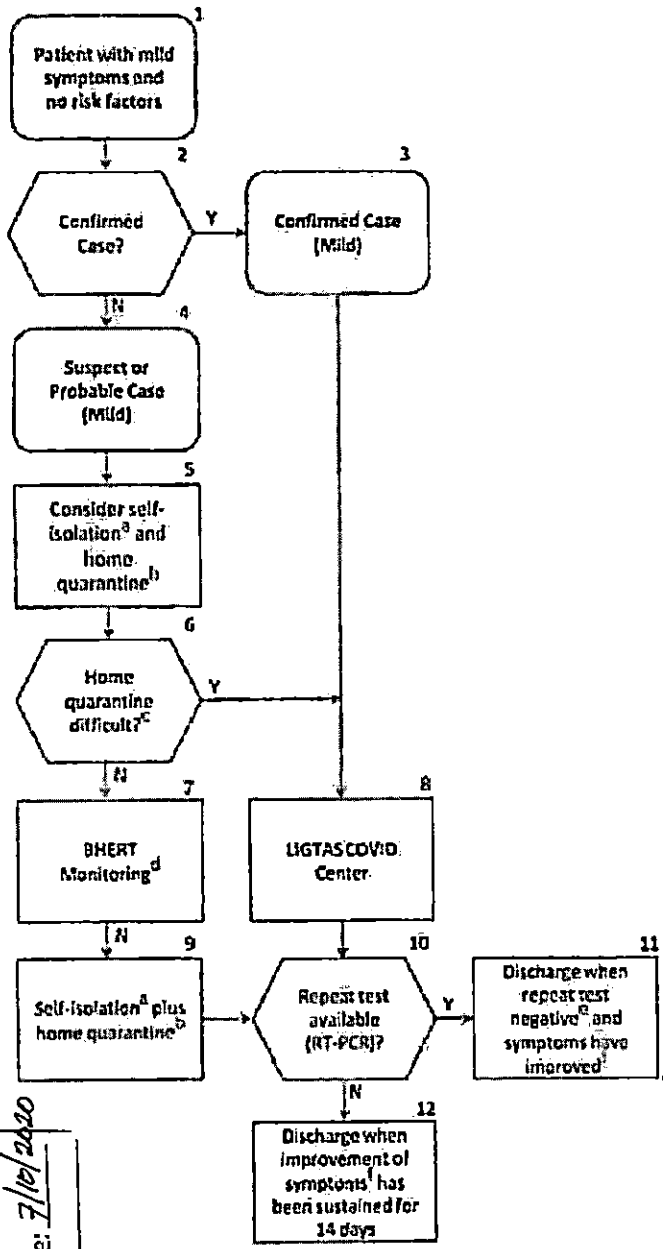
[d] **Acute Respiratory Illness (ARI)**
Flu-like symptoms (cough, colds, sore throat, body malaise; fatigue, fever)

[e] **Home Quarantine** – All members of the household (including pets) must strictly stay at home

[f] **BHERT Monitoring**
Barangay Health Emergency Response Team (BHERT)
- Accomplish a Case Identification Form (CIF)
- Ensure monitoring throughout the duration of isolation & quarantine
- Facilitate home care and basic needs
- A daily report shall be forwarded to the Municipality/City Epidemiology and Surveillance Units (MESU/CESU) which in turn are forwarded to the Provincial Epidemiology and Surveillance Units (PESU)

FIGURE 1C. COMMUNITY QUARANTINE PROTOCOL

Version 05 April 2020 (original)



FOOTNOTES

[a]Self-isolation – strict isolation of the patient in a separate room or area in the household

[b]Home Quarantine – All members of the household (including pets) must strictly stay at home

[c]Situations where home quarantine is difficult
1. Living with vulnerable person (with comorbids or >60y/o)
2. No separate bedroom or bed not >1m away
3. No separate bathroom for patient
4. Not well-ventilated
5. No separate utensils and personal things
6. No separate towels for handwashing

[d]BHERT Monitoring
Barangay Health Emergency Response Team (BHERT)
- Accomplish a Case Identification Form (CIF)
- Ensure monitoring throughout the duration of isolation & quarantine
- Facilitate home care and basic needs
- A daily report shall be forwarded to the Municipality/City Epidemiology and Surveillance Units (MESU/CESU) which in turn are forwarded to the Provincial Epidemiology and Surveillance Units (PESU)

[e]Repeat Test Negative
- Two consecutive negative tests 24 hours apart is preferred or at least one negative test prior to discharge

[f]Improvement of symptoms:
- Temp <37.5°C> 3 days,
- Respiratory symptoms reduced significantly
- CXR shows significant improvement

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Annex G: Package Rate and Rules on Co-pay

a. The applicable package code shall be indicated in the item 8b in CF2.

Package Code	*Description*
C19CI	*COVID-19 Community Isolation Package*
C19CIS	*Admissions that were referred to the CIU from higher level facilities for step-down care*

Table 1: Applicable Package Code

b. The ICD 10 Code in filing for COVID-19 claims shall be in accordance with World Health Organization (WHO) and DOH guidelines. Any further changes by the DOH in the applicable codes shall take precedence and shall be adopted accordingly by PhilHealth.

ICD-10 Code	*Description*
"Z03.8" with additional code "Z20.8"	*Patient observed without confirmation or with negative test*
"U07.1"	*COVID-19 Confirmed*

Table 2: Applicable Z codes and ICD-10 codes per DOH DM 2020-0067

c. The corresponding reimbursement rate is Php 22,449.00 per claim.

d. The claims from government health care facilities shall be utilized to cover all services, medicines and diagnostics provided for in this Circular and other operating expenses to support delivery of care, including hiring of additional personnel, internet subscription, service provider subscription fee and IT hardware. Any remaining fund may be utilized for incentives for human resource involved in its operation with sharing based on internal guidelines.

e. For private health care facilities, reimbursements shall be utilized at their discretion, provided that this shall also be used to cover the cost of delivering the services.

f. Patients shall not be charged out of pocket payment for the services received at the CIU.

g. CIUs shall submit the following reports to their concerned PROs on a monthly basis:

- *i. Expenditure and utilization reports (see Annex G1)*
- *ii. Encoded Case Investigation Forms (CIF) (see Annex G2) or electronic report (excel file) of admitted patients (see Annex G3)*

Annex *G1*: Expenditure and Utilization Report

Name of Facility: _____
Address: _____
Province: _____
Region: _____
Contact No. _____

Monthly Utilization

Bed Capacity	
Total Admissions	
Total Discharges	
Total Length of Stay	
Total Referrals to Hospital	
Average Length of Stay	
Total Number of Imaging Tests	
Total Number of Laboratory Tests	
Total Number of Prescriptions	

Monthly Expense Report

	Amount
Amount spent on personnel salaries and wages	
Amount spent on benefits for employees	
Allowances provided to employees at this facility	
Total amount spent on Personnel Services	
Amount spent on medicines (Revolving fund & National Government)	
Amount spent of medical supplies (i.e. consumables)	
Amount spent on laboratory and imaging tests	
Amount spent on utilities	
Amount spent on non-medical services (e.g. food supply, security, waste management, laundry, fuel)	
Total Amount spent on maintenance and other operating expense	
Amount spent on infrastructure (e.g. installation of ramps, tents, etc)	
Amount spent on equipment (e.g ECG, X-ray)	
Total Amount of Capital Outlay	
Total Expenditure	

CERTIFIED BY:
CIU

_____
CIU Manager
Signature over printed name and designation

Date Signed: _____

NOTE: Please email to your concerned PhilHealth Regional Office (PRO).

Annex G2

Philippine Integrated Disease Surveillance and Response

Case Investigation Form
Coronavirus Disease (COVID-19)

Disease Reporting Unit/Hospital:		Name of Investigator:		Date of Interview:	
1. Patient Profile					
Last Name	First Name	Middle Name	Birthday (mm/dd/yyyy)	Age	Sex: ( ) Male ( ) Female
Occupation	Civil Status	Nationality		Passport No.	
2. Philippine Residence					
2.1. Permanent Address					
House No./Lot/Bldg.	Street/Barangay	Municipality/City		Province	
Region	Home Phone No.	Cellphone No.		Email address	
2.2. Current Address					
House No./Lot/Bldg.	Street/Barangay	Municipality/City		Province	
Region	Home Phone No.	Work Phone No.		Other Email address	
3. Address Outside the Philippines (for Overseas Filipino Workers and Individuals with Residence Outside the Philippines):					
Employer's Name:	Occupation	Place of Work:			
House No./Bldg. Name	Street	City/Municipality		Province	
Country:	Office Phone No.:	Cellphone No.:			
4. Travel History					
History of travel/visit/work in other countries with a known COVID-19 transmission 14 days before the onset of your signs and symptoms: ( ) Yes ( ) No		Port (Country) of exit:			
Airline/Sea vessel:	Flight/Vessel Number:	Date of Departure (mm/dd/yyyy)		Date of Arrival in Philippines:	
5. Exposure History					
History of Exposure to Known COVID-19 Case 14 days before the onset of signs and symptoms: ( ) Yes ( ) No ( ) Unknown		If yes: Date of Contact with Known COVID-19 Case (mm/dd/yyyy):			
Have you been in a place with a known COVID-19 transmission 14 days before the onset of signs and symptoms: ( ) Yes ( ) No ( ) Unknown		If yes: Place: ( ) Work place ( ) Health facility ( ) Social gathering ( ) Religious gathering ( ) Others: specify type: _____ Date when you have been in that place: Name of the place:			
List the names of persons who were with you during this (these) occasion(s) and their contact numbers: *Use the back part of this sheet when needed*		Name		Contact number	
		1.			
		2.			
		3.			
6. Clinical Information					
Disposition at Time of Report ( ) Inpatient ( ) Outpatient ( ) Discharged ( ) Died ( ) Unknown					
Date of Onset of Illness (mm/dd/yyyy):		Date of Admission/Consultation (mm/dd/yyyy):			
Fever _____°C ( ) Cough ( ) Sore throat ( ) Colds ( ) Shortness/difficulty of breathing					
Other signs/symptoms, specify		Is there any history of other illness? ( ) Yes ( ) No If YES, specify:			
Chest X-ray done? ( ) Yes ( ) No If yes, when?		Are you pregnant? ( ) Yes ( ) No LMP Assessed as High Risk? ( ) Yes ( ) No			
CXR Results: Pneumonia ( ) Yes ( ) No ( ) Pending Other Radiologic Findings:					
7. Specimen Information					
Specimen Collected	If YES, Date Collected (mm/dd/yyyy)	Date sent to RITM (mm/dd/yyyy)	Date received in RITM *(to be filled up by RITM)*	Virus Isolation Result	PCR Result
( ) Serum	___/___/___	___/___/___	___/___/___		
( ) Oropharyngeal/ Nasopharyngeal swab	___/___/___	___/___/___	___/___/___		
( ) Others	___/___/___	___/___/___	___/___/___		
8. Classification					
( ) Suspect Case	( ) Probable Case	( ) Confirmed Case			
9. Outcome					
Date of Discharge (mm/dd/yyyy):	Condition on Discharge: ( ) Improved ( ) Recovered ( ) Transferred ( ) Absconded ( ) Died				
Name of Informant: (if patient not available)	Relationship:	Phone No.			

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Note: Please email to your concerned PhilHealth Regional Office (PRO)

Annex G3: List of Admitted Patients

Name of Provider: _____ *Applicable Month :* _____

PhilHealth Accreditati _____

PIN	*Patient Name (Last, First and Middle Name)*	*Membership Category (Member or Dependent)*	*Date of Birth (mm/dd/yyyy)*	*Address*	*Date of Admission (mm/dd/yyyy)*	*Date of Discharge (mm/dd/yyyy)*

Prepared by: _____

Approved by: _____

NOTE: *Please email to your concerned PhilHealth Regional Office (PRO).*

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