



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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UNIVERSAL HEALTH CARE
 KALUSUGAN AT PANGANGA PATA SA LUMAT

PHILHEALTH CIRCULAR

No. 12021 - 0014

TO : ALL ACCREDITED HEALTH CARE PROVIDERS, FILIPINO HEALTH WORKERS AND ALL OTHERS CONCERNED

SUBJECT : Full Financial Risk Protection for Filipino Health Workers Infected with COVID-19

I. RATIONALE

On March 8, 2020, under Presidential Proclamation No. 922 s. 2020, the President of the Philippines declared a State of Public Health Emergency throughout the Philippines. It urged all national agencies and local government units to "render full assistance and cooperation and mobilize the necessary resources to undertake critical, urgent, and appropriate response and measures in a timely manner to curtail and eliminate the COVID-19 threat." In its COVID-19 response, PhilHealth, through PhilHealth Board Resolution No. 2516 s. 2020, approved the benefits packages for COVID-19.

As the threat of COVID-19 remains, the President of the Philippines, through Proclamation No. 1218 s. 2021 extended the State of National Calamity due to COVID-19 for one year until September 12, 2022, and urged all government agencies and local government units to continue full assistance and cooperation and mobilize the necessary resources towards the Government's efforts to curtail and eliminate the COVID-19 threat.

In recognition of Filipino health workers and their vital role in the COVID-19 response, PhilHealth, through PhilHealth Board Resolution No. 2670 s.2021, approved the continuation of Full Financial Risk Protection for Filipino healthcare workers who contracted COVID-19 until September 12, 2022, unless the National State of Calamity is extended or terminated earlier by the President of the Philippines.

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II. OBJECTIVES

This PhilHealth Circular aims to provide the guidelines for coverage of Filipino Health Workers who contracted COVID-19 during the duration of the National State of Calamity due to COVID-19 until September 12, 2022, unless extended or terminated earlier by the President of the Philippines.

III. SCOPE

This PhilHealth Circular shall apply to all Filipino health workers providing service in the Philippines during the COVID-19 pandemic and admitted to accredited hospitals as confirmed cases of COVID-19.



IV. DEFINITION OF TERMS

- A. **Financial Risk Protection** - This is a key component of universal health coverage (UHC), which is defined as access to all needed quality health services without financial hardship.¹ It is the Protection of the population from high and unexpected cost of illness.²
- B. **Full Financial Risk Protection (FFRP) Benefit** - This provides coverage for direct healthcare costs based on the actual charges and units of items or services for the clinical management of COVID-19. It excludes indirect healthcare costs such as general administration, health records, information technology, physical plant maintenance, human resources, volunteer services, capital expenses, and other regional services.
- C. **Health workers** - These refer to persons who are engaged in health and health-related work, regardless of employment status, which include doctors, nurses, allied health professionals, and administrative and support personnel such as utility workers and security personnel, working in health facilities; health volunteers deployed in health facilities; and staff and personnel working in government health agencies. Also included are frontline health workers engaged through contract of service (COS) or job-order (JO), including duly accredited and registered barangay health worker (BHW), who are assigned to hospitals, laboratories, or medical quarantine facilities, and whose official duties and responsibilities are directly related to the healthcare response of the government to COVID-19.³ Under a Joint Circular No. 2022-0001 of the Department of Health and Department of Budget and Management (DBM), they are referred to as health care workers and non-health care workers who are personnel assigned in all health facilities involved in COVID-19 response in line with the National Action Plan COVID-19 strategy of Prevention, Detection, Isolation, Treatment, Rehabilitation, and Vaccination (PDITR+) strategy. Health Care Workers (HCWs) comprise medical and health allied personnel who provide direct health care, whereas, non-HCWs provide technical, administrative, and support care within the health facilities.⁴

V. POLICY STATEMENTS

- A. PhilHealth shall continue to provide Full Financial Risk Protection benefits to public and private health workers with confirmed COVID-19 based on PhilHealth approved confirmatory tests (Annex A - PhilHealth Approved COVID-19 Confirmatory Tests) and whose condition warrants hospitalization during the duration of the National State of Calamity due to COVID-19 until September 12, 2022, unless extended or terminated earlier by the President of the Philippines.
- B. All staff and personnel working in government health agencies, regardless of employment status, shall be eligible for the same benefits as health workers.

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¹ Saksena, P., Hsu, J., & Evans, D. B. (2014, September). Financial Risk Protection and Universal Health Coverage: Evidence and Measurement Challenges. PLOS Medicine, 11(9), e1001701.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4171370/pdf/pmed.1001701.pdf>

² PC No. 031-2014

³ Administrative Order 35 s.2020 Authorizing the Grant of Active Hazard Duty Pay to Human resources for Health Serving in the Frontlines During the State of National Emergency; Republic Act 7305: Magna Carta of Public Health Workers

⁴ Guidelines on the Grant of One COVID-19 Allowance (OCA) to Public and Private Health Care Workers (HCWs) and Non-HCWs in Health Facilities Involved in COVID-19 Response.



- C. All donated items shall not be charged to the patient or PhilHealth.
- D. Management and diagnosis of COVID-19, including disease severity classification and indications for admissions, shall be based on the current COVID-19 treatment guidelines prescribed by the Department of Health.⁵
- E. The FRP shall cover the room and board, drugs, diagnostics/laboratories, use of supplies such as PPEs and equipment, and professional fees for health workers with confirmed COVID-19 except the following:
 - 1. Drugs that are not listed in the Philippine National Formulary unless explicitly stated in specific PhilHealth issuances; and
 - 2. Health technologies that have no positive recommendation from Health Technology Assessment Council (HTAC).
- F. PhilHealth shall use as reference the suggested retail prices of COVID-19 drugs, supplies, and devices prescribed by the Department of Health (DOH), Department of Trade and Industry (DTI), or relevant agencies.
- G. Claims Filing and Reimbursement
 - 1. The accredited healthcare provider shall file all claims. There shall be no direct filing by the PhilHealth member except when the beneficiary did not avail of the benefit due to the failure of the hospital to deduct the corresponding PhilHealth benefits from the hospital charges. The direct filing shall follow existing rules and processes. Meanwhile, the non-deduction of PhilHealth benefits by the healthcare provider shall be subjected to validation, evaluation, and further action based on existing PhilHealth policies and quasi-judicial procedures.
 - 2. Test results for SARS-CoV-2 done during the period of admission shall be attached to the claim.
 - 3. The basis for PhilHealth reimbursement shall be the package code of C19FRP as indicated in item 9 of the Claim Form 2 (CF2).
 - 4. For statistical purposes and following the DOH guidelines, health care providers shall indicate the corresponding ICD-10 codes of confirmed COVID-19 patients availing of this benefit package in item 7 of the CF2. Further, ICD-10 codes of all secondary diagnoses, including comorbidities and manifestations of COVID-19 (i.e., sepsis), shall also be indicated in item 7 of CF2. All procedures done during inpatient case management of COVID-19 patients shall likewise be indicated in item 7 of CF2.
 - 5. For patients referred and transferred from one facility to another facility upon confirmation of COVID-19, referring hospitals shall be allowed to file claims based on the working diagnosis before the transfer. Likewise, referral hospitals may claim the appropriate benefit package/s based on the final diagnosis upon discharge of the patient.

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⁵ <https://www.philhealth.gov.ph/circulars/2021/circ2021-0020.pdf> Annex A and Annex B.



6. Hospitals shall file claims within sixty (60) calendar days upon discharge of patients. Rules on late filing of claims shall apply.
7. Through eclaims, hospitals should file claims with the following supporting documents:
 - a. Copy of COVID-19 RT-PCR test result or other DOH-approved confirmatory tests for COVID-19 that will be accepted by PhilHealth;
 - b. Properly accomplished Claim Signature Form (CSF);
 - c. Properly accomplished Claim Form 4 (CF4) or copy of clinical chart;
 - d. Statement of Account;
 - e. Itemized billing statement, including professional/ readers' fees. An electronic copy should also be submitted through File Transfer Protocol (FTP) assigned to the facility. The process flow for submission of itemized billing statement is described in Annex B - Process flow for the submission of itemized billing statements;
 - f. Official receipts, as applicable;
 - g. Properly accomplished PhilHealth Member Registration Form (PMRF) for unregistered PhilHealth members or dependents;
 - h. Proof of employment of health worker or engagement on health-related work which includes any of the following:
 - h.1. Certificate of employment, regardless of employment status;
 - h.2. Certificate of appointment of personnel working in a health facility;
 - h.3. Certification from the health facility for security and utility personnel working in their hospital; or
 - h.4. Certificate of deployment in a health facility from the appropriate authority, such as provincial health officer, municipal health officer, city health officer, chief of hospital or head of agency or authorized representative, as applicable.
8. All mandatory deductions such as senior citizen and PWD discounts and all other health benefits such as, but not limited to, health maintenance organization (HMO), private health insurance (PHI), and employee discounts shall likewise be deducted from the total hospital bill. The itemized billing statements shall reflect PhilHealth benefits and all mandatory deductions of the patients.
9. PhilHealth shall return to sender (RTS) any claim with incomplete requirements or discrepancies for the HCP to comply within sixty (60) calendar days from receipt of notice of RTS. During fortuitous events, the period to comply with claims requirements is 120 calendar days.
10. Payment of claim shall be based on the patient's billing charges and guided by the following information:
 - a. Itemized billing statement of the patient; and
 - b. Hotel-like amenities, such as suite room accommodation, private duty nurse, additional pillows and blankets, toiletries, non-healthcare related items, etc. shall not be charged to PhilHealth.

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11. Health care providers shall comply and abide by existing laws on regulations on the maximum retail price of drugs and medicines.⁶
12. PhilHealth reserves the right to conduct a medical prepayment review on any and/or all claims. Further, PhilHealth may require additional documents such as a copy of the medical chart and lab results as supporting documents.⁷

H. Monitoring

1. PhilHealth shall monitor the implementation of these benefit packages following current monitoring rules and guidelines of the Corporation.
2. In collaboration with relevant stakeholders, PhilHealth shall develop performance indicators and measures to monitor compliance with the policy and standards of care.
3. Implementation of the policy shall include the conduct of random sampling of claims for post-audit purposes.
4. PhilHealth shall validate all adverse monitoring findings regarding non-compliance to the relevant provisions of this Circular and other related issuances and will follow the Health Care Provider Performance Assessment System (HCPPAS) process without prejudice to appropriate legal action.

I. Policy Review

PhilHealth shall conduct policy reviews of this PhilHealth Circular as needed in collaboration with a multidisciplinary team of experts and relevant stakeholders and technical representative's in the Corporation to consider updates in guidelines, protocols, and cost of care.

J. Annexes (The Annexes shall be uploaded on the PhilHealth website)

1. Annex A: PhilHealth Approved Confirmatory Tests
2. Annex B: Process Flow for the Submission of Itemized Billing Statements

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized under the pertinent provisions of R.A. No. 11223, other relevant laws, and R.A. No. 7875, as amended by R.A. Nos. 9241 and 10606, and their respective Implementing Rules and Regulations.

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⁶ DOH A.O. No.2020-0039 Guidelines in the Implementation of Maximum Retail Price (MRP) on Drugs and Medicines.

⁷ <https://www.philhealth.gov.ph/circulars/2019/circ2019-0002.pdf>



VII. SEPARABILITY CLAUSE

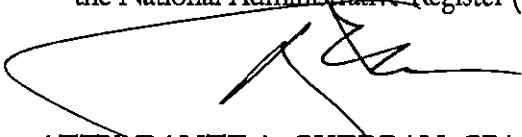
If any provision of this PhilHealth Circular shall be declared invalid, unconstitutional, or unenforceable, the validity of the remaining parts or provisions not affected shall remain in full force and enforceable.

VIII. REPEALING CLAUSE

This PhilHealth Circular repeals P.C. No. 2020-0011 entitled "Full financial risk protection for Filipino health workers and patients against coronavirus disease (COVID-19)." All policies, issuances, rules, and regulations or parts thereof that are contrary to and inconsistent with this PhilHealth Circular are hereby repealed, amended, or modified accordingly.

IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect immediately after its publication in the Official Gazette or in a newspaper of general circulation. A copy shall thereafter be deposited to the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.



ATTY. DANTE A. GUERRAN, CPA
President and Chief Executive Officer (PCEO)

Date signed: 6-29-2022

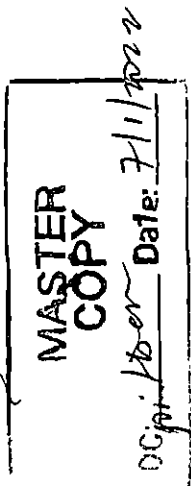
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Annex A: PhilHealth Approved Confirmatory Tests

List of PhilHealth Approved Confirmatory Tests

1. Facility-based Rapid Antigen Test using FDA-approved test kits using nasal, nasopharyngeal, and/or oropharyngeal specimens for patients who are symptomatic.
2. Plate-based and cartridge-based RT-PCR done in DOH-licensed laboratory using the following specimen:
 - a. Saliva (for plate-based RT-PCR only)
 - b. Nasopharyngeal and/or oropharyngeal specimen



Annex B: Process Flow for the Submission of Itemized Billing Statements

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