



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 709 Shaw Boulevard, Pasig City
 (02) 8662-2588 www.philhealth.gov.ph
 PhilHealthOfficial X teamphilhealth

PHILHEALTH CIRCULAR

No. 2024-0021

**TO : ALL ACCREDITED HEALTH CARE PROVIDERS,
 PHILHEALTH MEMBERS, PHILHEALTH REGIONAL
 OFFICES AND ALL OTHERS CONCERNED**

**SUBJECT : Lifting The Single Period Of Confinement Rule (SPC Rule) For
 All Case Rate Claims (ACR Claims)**

I. RATIONALE

Republic Act No. 11223 otherwise known as the Universal Health Care Act (UHC Act) ensures that all Filipinos are guaranteed equitable and affordable health care goods and services, and protected against financial risk. As specified in the UHC Act, every member shall be granted immediate eligibility for health benefit package under the National Health Insurance Program as administered by PhilHealth. As such, payment policies should be aligned with the mandate of the UHC and afford all members financial risk protection with regard to health related expenditures.

The Single Period of Confinement rule is a claims policy developed for quality assurance, cost containment and fraud prevention during the Philippine Medicare era that was adopted during the formation of PhilHealth. Such policy causes denial of claims for readmissions for the same condition within the 90-day period thus causing financial loss on the health facilities (HFs) and increase out-of-pocket to members.

Hence, the PhilHealth Board of Directors through PhilHealth Board Resolution (PBR) No. 2945, s. 2024 (Resolution Approving the Lifting of the Single Period of Confinement Rule on Claims Reimbursement Effective for all Second Admissions Starting October 1, 2024) approved the discontinuance of the policy to align with the mandate of the UHC Act.

II. OBJECTIVES

This PhilHealth Circular aims to lift the Single Period of Confinement Rule in claims payment policy under the All Case Rate (ACR) Claims.

III. SCOPE

This policy shall be applicable to medical conditions and surgical procedures under the All Case Rates (ACR) payment scheme.

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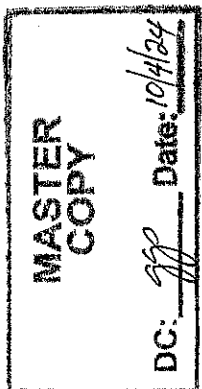


IV. DEFINITION OF TERMS

- A. **All Case Rates (ACR)** – a fixed rate or amount that PhilHealth will reimburse for a specific illness/case, which shall cover for the fees of health care professionals, and all facility charges including, but not limited to, room and board, diagnostics and laboratories, drugs, medicines, and supplies, operating room fees and procedures, regardless of member category, that are admitted in accredited health care institutions.
- B. **Referral**– a situation where a patient is transferred from one hospital to another for further management of the same medical condition after formal coordination between the referring and receiving hospital prior to transfer.
- C. **Single Period of Confinement** - claims reimbursement rule in which admissions and readmissions due to the same illness or procedure within the 90 calendar-day period shall only be compensated with one (1) case rate benefit.

V. POLICY STATEMENTS

- A. The Single Period of Confinement rule is lifted for all medical conditions and surgical procedures in the All Case Rate (ACR) policy starting October 1, 2024 readmissions.
- B. Readmissions shall comply with the existing PhilHealth issuances and widely-accepted clinical practice guidelines as determined by the Department of Health (DOH) and/or Medical and Surgical Specialty Societies of the Philippine Medical Association (PMA).
- C. Readmission for the same ACR medical conditions or surgical procedures within 90 days shall be tagged for close monitoring of both concerned health facilities and professionals.
- D. PhilHealth shall utilize monitoring tools to gather information on the readmission, such as but not limited to claims profiling, medical post audit, surveys and routine facility visits/inspection.
- E. PhilHealth reserves the right to request certified true copies of the complete clinical charts and all other related records when additional information is necessary during medical post-audit. Failure and/or unjustifiable refusal to provide necessary additional information may subject healthcare providers/professionals to administrative actions in accordance to PhilHealth Rules On Administrative Cases (PROAC) involving health care providers, members and PhilHealth employees.
- F. After thorough validation and investigation, health facilities and/or professionals with claims for readmissions that are deemed invalid/non-reimbursable readmissions shall then be subjected to the Health Care Provider Performance Assessment System (HCPPAS) process and/or legal proceedings by the Corporation if warranted.
- G. The Corporation may similarly take other alternative administrative and procedural remedies including but, not limited to issuance of a Notice for Corrective Actions, subject the invalid claims to the Payment Recovery Policy and/or the filing of appropriate legal actions against the concerned health facility or professional.



- H. Cases in which a patient is transferred from one facility to another for continuity of care shall only be reimbursed based on the referral package outlined in PhilHealth Circular No. 2024-0012 (Rules in Adjusting Case Rates - Revision 1) and PhilHealth Circular No. 0035-2013 "ACR Policy No. 2 (Implementing Guidelines on Medical and Procedure Case Rates).
- I. This PhilHealth Circular shall be reviewed and enhanced, as necessary.

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of Republic Act No. 11223 otherwise known as the Universal Health Care Act, and R.A. No. 7875 as amended by R.A. Nos. 9241, and 10606 otherwise known as the National Health Insurance Act of 2013 and their respective Implementing Rules and Regulations and the PROAC.

VII. TRANSITORY CLAUSE

Direct filing of claims with readmission by October 1-31, 2024 within 90 days from a previous admission for the same illness or procedure shall be accepted and processed accordingly. Health Facilities should assist the member in filing claims directly as provided by PhilHealth Circular No. 020, s.2014 (ACR Policy No. 4 – Directly Filed Claims For All Case Rates And Return To Sender).

VIII. SEPARABILITY CLAUSE

In the event that any part or provision of this PhilHealth Circular is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

IX. REPEALING CLAUSE

All provisions of previous issuances that are inconsistent with any provisions of this PhilHealth Circular are hereby amended/modified/or repealed accordingly.

X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect immediately with retroactive application for all qualified claims with readmission dates starting on October 1, 2024. This PhilHealth Circular shall be published in the Official Gazette or in any newspaper of general circulation. Three (3) copies shall be deposited thereafter to the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.


EMMANUEL R. LEDESMA, JR.
 President and Chief Executive Officer

Date signed: 10/04/24

Lifting The Single Period Of Confinement Rule (SPC Rule) For All Case Rate Claims (ACR Claims)

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 DC: gfp Date: 10/4/24