



Republic of the Philippines  
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**PHILHEALTH CIRCULAR**

No. 2024 - 0025

**TO : ALL ACCREDITED HEALTH FACILITIES AND  
HEALTHCARE PROFESSIONALS, PHILHEALTH  
REGIONAL OFFICES AND ALL OTHERS CONCERNED**

**SUBJECT : Implementing Guidelines on the Adjusted Rates for  
Severe Dengue**

**I. RATIONALE**

Dengue is endemic in the Philippines and is one of the highest disease burdens<sup>1</sup> in the country. In 2022, PhilHealth paid PHP 98 million to 6,362 claims for severe dengue.<sup>2</sup>

As part of PhilHealth's financing reforms under Republic Act (RA) No. 11223, otherwise known as the Universal Health Care Act, and as an interim to the shift to a new provider payment mechanism, i.e., from All Case Rates (ACR) to diagnosis-related groups (DRG), PhilHealth identified severe dengue as one of the priority conditions under the ACR for improving financial coverage and protection against catastrophic healthcare expenditure during illness. Thus, the PhilHealth Board of Directors, through Board Resolution No. 2940, s.2024 (The Rationalization and Adjustment of the Case Rate for Severe Dengue), approved the increase in the reimbursement rate for severe dengue as part of the ACR rationalization.

**II. OBJECTIVES**

This PhilHealth Circular provides the policies for implementing the adjusted rates for severe dengue to ensure quality healthcare delivery by accredited health facilities (HFs).

**III. SCOPE**

This PhilHealth Circular covers the adjusted package rate for severe dengue and shall apply to all accredited HFs, PhilHealth Regional Offices (PRO), and all others involved in implementing the case rates for severe dengue.

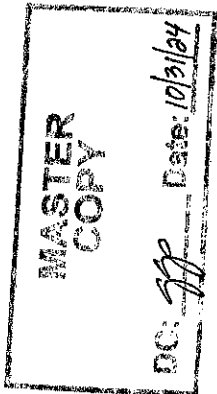
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Global Burden of Disease 2021  
PhilHealth Claims Data, 2022



#### IV. DEFINITION OF TERMS

- A. **All Case Rates (ACR)** - PhilHealth's payment mechanism for inpatient care through a case-based provider payment system.
- B. **ACR Rationalization**<sup>3</sup> – PhilHealth's interim strategy to improve financial coverage for selected/priority conditions based on the volume of claims, disease burden, and support value until PhilHealth fully implements DRG as a provider payment mechanism for inpatient services.
- C. **Balance Billing**<sup>4</sup> - additional payments by insured patients on top of the amount paid by insurance when the provider's charges exceed the amount covered by health insurance. Due to financial and service coverage decisions, balance billing may result in increased financial burdens and limited access to health services by households.
- D. **Bottom-Up Costing (Activity-Based or Micro-Costing)**<sup>5</sup> - a cost calculation method that considers the individual components and activities of delivering a healthcare service and analyzes its various elements separately, such as personnel, medical supplies, equipment, overhead expenses, and administrative costs, to determine the cost incurred for that specific component.
- E. **Case-Based Provider Payment Mechanism** –a provider payment system in which a hospital is reimbursed for each discharged patient at predetermined rates based on the type of case or for groups of cases with similar clinical profiles and resource requirements.
- F. **Co-Payment**- a predetermined amount agreed upon by the accredited health facility and PhilHealth that is chargeable to patients to cover the share for amenities, choice of physician, or any additional or upgraded services during the episode of inpatient care before service access to manage moral hazards and adverse incentives<sup>6</sup>. Co-payment is an example of an out-of-pocket payment or cost-sharing mechanism intended to share the cost of healthcare between the insured and the insurer<sup>7</sup>.
- G. **Dengue IgM/IgG**<sup>8</sup> - antibody tests used to detect antibodies produced by the immune system in response to dengue infection. IgM antibodies are detectable within a few days to weeks after symptom onset. IgG antibodies signify past exposure or previous infection and provide long-term immunity.



<sup>3</sup> PhilHealth Circular No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

<sup>4</sup> Viriyathorn, S., Witthayapipopsakul, W., Kulthanmanusorn, A., Rittimanomai, S., Khuntha, S., Patcharanarumol, W., & Tangcharoensathien, V. (2023, May 11). Definition, Practice, Regulations, and Effects of Balance Billing: A Scoping Review. *Health Services Insights*, 16, 1-14.

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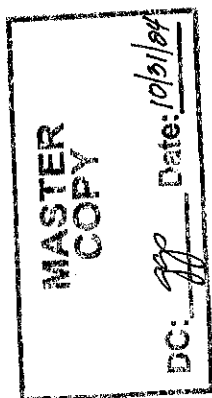
<sup>5</sup> PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

<sup>6</sup> PC No. 2021-0022. The Guiding Principles of the Z Benefits (*Revision 1*)

<sup>7</sup> PC No. 2024-0001. Rules for Adjusting Case Rates

<sup>8</sup> <https://lifecareagnostics.com/comprehensive-guide-to-dengue-blood-tests/>

- H. Diagnosis-Related Groups (DRG)<sup>9</sup>** - a patient classification and provider payment system that groups patient cases, including services received, into standardized case groups according to diagnosis and treatment or procedure received. It combines clinical logic with economic logic that classifies hospital cases into groups that are clinically similar and are expected to have similar hospital resource use.
- I. Fixed Co-Payment<sup>10</sup>** - a flat-rate co-payment as a cost-sharing arrangement that is a predetermined, fixed out-of-pocket amount that remains the same regardless of the total cost of the service.
- J. Health Technology Assessment (HTA)<sup>11</sup>** - systematic evaluation of properties, effects, or impact of health-related technologies, devices, medicines, vaccines, procedures, and all other health-related systems developed to solve a health problem and improve the quality of lives and health outcomes, utilizing a multidisciplinary process to evaluate the social, economic, organizational, and ethical issues of a health intervention or health technology.
- K. Health Technology Assessment Council (HTAC)<sup>12</sup>** - an independent advisory body created under Republic Act 11223, otherwise known as the Universal Health Care Act. Its overall role is to provide guidance to the Department of Health (DOH) and the Philippine Health Insurance Corporation (PhilHealth) on the coverage of health interventions and technologies to be funded by the government.
- L. Hemoconcentration in Dengue<sup>13</sup>** - a 20% increase in hematocrit level and is considered an indicator of plasma leakage.
- M. Leukopenia/Leukocytopenia in Dengue<sup>14</sup>** - decreased white blood cell counts below 4000 cells/mm<sup>3</sup>.
- N. Minimum Standards of Care<sup>15</sup>** - essential or mandatory services that PhilHealth covers for which HFs must provide based on clinical practice guidelines (CPG) and/or expert consensus as approved by the Corporation.
- O. Non-Basic Accommodation<sup>16</sup>** - provision of the minimum standards of care for patients, including fringe and additional amenities provided by the facility at the patient's option.



<sup>9</sup> PC No. 2020-0016. Governing Policies on the Transitioning the Provider Payment Mechanism (PPM) from All Case Rates (ACR) to Diagnosis-Related Groups (DRG)

<sup>10</sup> PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

<sup>11</sup> Health Technology Assessment (HTA) - <https://attv.com/h/health-technology-assessment/>

<sup>12</sup> <https://hta.doh.gov.ph/health-technology-assessment-council-htac>

<sup>13</sup> Thromb Haemost. 2009 December; 102(6): 1042-1049. doi:10.1160/TH09-03-0208.

<sup>14</sup> Ananda Rao A, U R R, Gosavi S, et al. (November 20, 2020) Dengue Fever: Prognostic Insights from a Complete Blood Count. Cureus 12(11): e11594. DOI 10.7759/cureus.11594

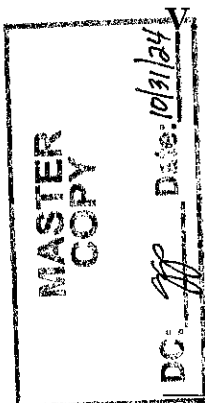
<sup>15</sup> PC No. 2021-0022. The Guiding Principles of Z Benefits (Revision 1)

<sup>16</sup> DOH AO No. 2021-0015. Standards on Basic and Non-Basic Accommodation in All Hospitals

- P. Non-Structural Protein 1 Rapid Diagnostic Test (NS1 RDT)<sup>17</sup>** - an immuno-chromatography-based test used to detect the dengue virus non-structural protein1 antigen in human serum, plasma, or whole blood to suggest acute dengue infection.
- Q. Out-of-Pocket Payment (OOP)<sup>18</sup>** – the balance of healthcare provider charges paid directly by the patients from their own resources or cash reserves or health spending made directly from households to providers.
- R. Published Case Rate<sup>19</sup>** - fixed, predetermined rate or amount that PhilHealth will reimburse for the condition, which shall cover the fees of healthcare professionals and all facility charges, including but not limited to room and board, diagnostic imaging procedures, laboratory/chemistry tests, drugs, medicines, devices, supplies, operating room fees, infection control, healthcare worker salary, and other service fees.
- S. Severe Dengue<sup>20</sup>** - dengue clinical classification that may have manifestations of severe plasma leakage leading to dengue shock syndrome (DSS) and/or fluid accumulation with respiratory distress, severe bleeding, severe organ involvement, or impaired consciousness (encephalitis), as well as involvement of other organs, such as myocarditis or nephritis.
- T. Thrombocytopenia in Dengue<sup>21</sup>** - defined as a platelet count of less than 150,000/mm<sup>3</sup>.
- U. Top-Down Costing<sup>22</sup>** - cost accounting method adopted by PhilHealth that involves estimating the overall budget for the HF or healthcare organization and then breaking it down into various cost centers, such as different departments, clinics, or service lines. The allocation of costs to these individual cost centers can be based on revenue, patient volume, or historical cost patterns. This method allows PhilHealth to determine areas of high or low cost or high-or low-intensity use of resources in the HF.

## POLICY STATEMENTS

- A. PhilHealth identified severe dengue as one of the priority conditions in rationalizing the ACR to improve financial coverage while transitioning its provider payment mechanism to DRG.
- B. PhilHealth utilizes a case-based provider payment mechanism to reimburse HFs for the covered minimum standards in delivering services for managing severe dengue in a basic or ward accommodation.



<sup>17</sup> DOH AO No. 2016-0043. Guidelines for the Nationwide Implementation of Dengue Rapid Diagnostic Test

<sup>18</sup> PC No. 2023-0026. Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (*Revision 1*)

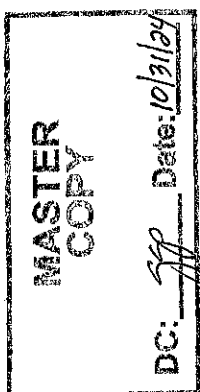
<sup>19</sup> PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

<sup>20</sup> <https://icd.who.int/browse10/2016/en#A97>

<sup>21</sup> Ananda Rao A, U R R, Gosavi S, et al. (November 20, 2020) Dengue Fever: Prognostic Insights from a Complete Blood Count. *Cureus* 12(11): e11594. DOI 10.7759/cureus.11594

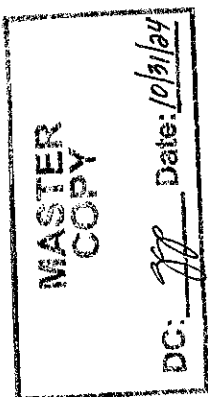
<sup>22</sup> PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

- C. PhilHealth's case-based reimbursement system for the ACR intends to promote efficiency, cost containment, and quality of care by providing a fixed payment for a specific case or episode of care, where HFs deliver services in a more coordinated and streamlined manner to manage resources efficiently and focus on achieving positive patient outcomes rather than simply providing more services. Overall, PhilHealth's case-based provider payment system aims to align financial incentives with the efficient and effective delivery of services.
- D. PhilHealth shall engage key stakeholders to promote a deeper understanding of the ACR as a case-based provider payment system, which has critical implications for claims processing, medical evaluation, and audit.
- E. The minimum standards of care recommendations from clinical practice guidelines (CPG) disseminated by the World Health Organization (WHO), Department of Health (DOH), local medical societies, and other guideline sources, which are critically appraised and validated by current best practices in the local setting, are PhilHealth's basis for service coverage and costing analyses.
- F. Any proposal for PhilHealth coverage to include new technologies, such as drugs/medicines and biologicals not listed in the latest Philippine National Formulary (PNF), diagnostic procedures, surgical interventions, and other treatment interventions shall consider the HTAC recommendation.
- G. PhilHealth highly encourages continuous quality improvement initiatives to promote improving care for dengue in the Philippines, such as developing a patient registry according to global best practices and collaboration efforts to standardize local practice and improve access to quality services delivered by accredited HFs.
- H. With the rate adjustment for severe dengue and the increase in PhilHealth coverage, all PhilHealth beneficiaries shall be entitled to no co-payment when admitted to basic or ward accommodation in public and private HFs.
- I. The case rate for severe dengue is not a cap but reflects the average cost of treating an episode of care. It may differ from the actual hospitalization charges indicated in the statement of account (SOA). The actual cost of care per patient can be higher or lower than the case rate. Therefore, PhilHealth retains the flexibility to adjust payment rates based on the services covered and the efficiency of healthcare providers in delivering quality care.
- J. Services beyond the PhilHealth coverage for the minimum standards of care in non-basic accommodation of accredited private HFs, such as amenities, choice of physician, upgrade of services, or additional services unrelated to the episode of dengue management, shall be subject to OOP or co-payment, which shall be thoroughly discussed with the patient by the attending physician/s who should properly inform patients of the essential services for the management of severe dengue as part of the informed consent.
- K. Services in non-basic accommodation of accredited public HFs shall be subject to a fixed co-payment arrangement. Accredited public HFs shall not



balance bill or charge patients admitted in non-basic accommodation in excess of the published case rate.

- L. All accredited HF's should maintain minimum stock levels of essential and life-saving medicines, IV fluids, and supplies at all times to ensure the timely delivery of quality healthcare services and discourage unwarranted OOP from outside purchases and services.
- M. As stipulated in the UHC Act, Chapter IV, Sec. 18(b), there will be no differentiation between facility and professional fees. PhilHealth shall credit all payments to the accounts of accredited private and public HF's. In the case of government HF's, it is the sole responsibility of the HF to distribute the professional fees (PF) to the attending physicians or health workers based on their internal agreements and processes.
- N. Costs in excess of payments made through case rates for severe dengue shall be subject to cross-subsidization, using either other fund sources or efficiency gains, as may be applicable, or OOP spending, following PhilHealth rules and guidelines.
- O. Accredited HF's should follow clinical practice guidelines (CPG) to manage patients and ensure adherence by medical professionals who are appropriately credentialed and privileged to practice in the HF's and all hospital staff in charge of patients with severe dengue.
- P. Accredited HF's that lack the service capability for managing severe dengue, except HF's in geographically isolated and disadvantaged areas (GIDA), shall properly coordinate and facilitate the timely referral of patients after providing standard emergency and life-saving measures to higher-level HF's.
- Q. Accredited public and private HF's shall participate in the shadow billing for DRG following PhilHealth Circular No. 2024-0006 [Implementation of Shadow Billing For The Transition To Diagnosis-Related Groups (DRG) (Revision 1)] or its succeeding revisions, as applicable.
- R. Benefits for Severe Dengue
  1. Chapter II, Sec. 5 of RA No. 11223 stipulates, "Every Filipino citizen shall be automatically included in the NHIP." Thus, they are eligible to avail of the adjusted rates for severe dengue. PhilHealth reiterates that it does not require a printed copy of the member data record (MDR) for claims submission. All accredited HF's should deduct PhilHealth benefits any day of the week upon patient discharge.
  2. Accredited HF's shall ensure delivery of the minimum standards of care for managing severe dengue according to CPG recommendations applicable in local practice, including the availability of drugs and medicines, IV fluids, diagnostic and laboratory machines and other types of equipment, timely laboratory chemistry services, and the appropriate human resources.



3. Table 1 shows the adjusted rate for the benefits package for severe dengue, along with the corresponding ICD codes and descriptions.

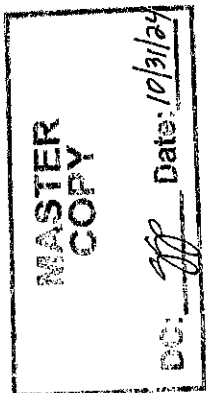
ICD-10 Code	Description	Package Rate (PHP)
A97.2	Severe Dengue, Severe Dengue Fever, Severe Dengue Hemorrhagic Fever	47,000

Table 1: ICD-10 Code, Description, and Package Rate for Severe Dengue

4. Laboratory tests for dengue include complete blood count (CBC) indicating hemoconcentration, thrombocytopenia, and/or leukopenia, NS1 rapid diagnostic test (NS1 RDT) to be done for patients within seven (7) days from symptom onset or dengue IgM and IgG for patients who present more than four (4) days from symptom onset.
5. If confirmatory tests for dengue are negative, the patient's history and physical examination may indicate severe dengue. Signs of severe dengue may include one (1) or more of the following findings:
  - a. Severe bleeding
  - b. Signs of hemodynamic instability (Example: Narrowed pulse pressure < 20 mm Hg, hypotension, unrecordable blood pressure, tachycardia with bradycardia in the late shock, feeble or absent peripheral pulse, cold and clammy extremities, very prolonged capillary refill time, mottled skin, etc.)
  - c. Severe plasma leakage (Example: pleural effusion)
  - d. Signs of organ failure (Example: impaired consciousness/change of mental status, impaired liver enzymes, heart involvement)
6. Additional laboratory and diagnostic tests, as indicated and as assessed by the healthcare provider, may be done.
7. The adjusted reimbursement rate for severe dengue shall apply to case rate claims of Levels 1 to 3 accredited public and private HFs, considering their service capability.

S. Claims Filing

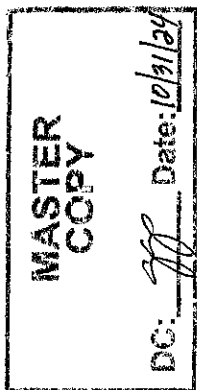
1. Accredited HFs shall strictly follow current PhilHealth policies on claims submission, including correct ICD coding of the primary diagnosis and/or procedure coding, submission of properly accomplished PhilHealth claims forms (CF), SOA, and other data and documentary requirements stipulated in existing policies.



2. Accredited HFs filing claims for severe dengue shall attach the patients' CBC result/s, and either NS1 RDT, or IgM/IgG to Claim Form 4 (CF4) during admission.
3. If NS1 RDT and other confirmatory tests for dengue are negative, the CBC result/s and the patient's complete history, physical examination, and course in the ward that indicates severe dengue shall be reflected in Claim Form 4 (CF4).
4. Accredited HFs shall follow all relevant laws, such as RA No. 9994 or the Expanded Senior Citizens Act of 2010 and RA No. 10754 or An Act Expanding the Benefits and Privileges of Persons with Disability (PWD), including prospective laws providing mandatory discounts, guidelines of the Bureau of Internal Revenue (BIR), and the order of charging based on DOH-DSWD-PCSO-PHIC Joint Administrative Order No. 2020-0001 [Operational Guidelines for the Implementation of the Medical and Financial Assistance to Indigent and Financially-Incapacitated Patients Pursuant to Republic Act No. 11463 also known as "Malasakit Centers Act of 2019"].

With this, PhilHealth benefits and all mandatory discounts provided by law, such as senior citizen and PWD discounts, shall be deducted first from the patient's total hospital bill. Benefits from private health insurance (PHI), health maintenance organizations (HMO), or employee benefits shall be applied after PhilHealth deductions and complement the PhilHealth benefits packages.

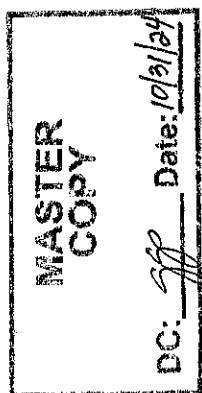
5. The case rate for severe dengue shall not be claimed as "second" case rate.
6. Accredited HFs shall properly indicate the OOP and/or co-payment of the member/patient and other funding sources in PhilHealth Claim Form 2 (CF2) Part III on Consumption of Benefits and in the electronic SOA following PC No. 2023-0026 [Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (*Revision 1*)].
7. Accredited HFs shall file all claims to PhilHealth within the prescribed filing period of sixty (60) calendar days. Direct filing by members/beneficiaries is discouraged and not allowed.
8. Rules on late filing shall apply, except when the delay in filing claims is due to natural calamities or other fortuitous events, in which case the existing guidelines of PhilHealth on the provision of special privileges to those affected by fortuitous events shall apply.
9. Accredited HFs may file a motion for reconsideration (MR) and appeal for claims denied by PhilHealth following existing policies.
10. PhilHealth shall process and pay claims for confinement abroad based on the remaining balance not covered by any additional insurance or incurred as OOP expenses but not exceeding the published rates provided within the policy.





## T. Claims Evaluation and Payment

1. PhilHealth shall reimburse its accredited HFs the published case rates for severe dengue using a case-based provider payment mechanism based on the PhilHealth coverage for the minimum standards of care in a basic or ward accommodation. Any amount declared in the SOA that is below or above the published case rates shall not be interpreted as over or underpayment.
2. PhilHealth reserves the right to subject any or all claims to claims review before and/or after payment or reimbursement of its accredited HFs, following existing guidelines.
3. PhilHealth shall reimburse accredited L1 to L3 HFs at a rate of PHP47,000 for severe dengue and PHP13,000 if the claim is not a case of severe dengue based on the details presented on the CF4 and laboratory tests. As such, PhilHealth highly encourages all accredited HFs to properly document the patient's clinical history, physical examination, and course in the ward.
4. PhilHealth shall apply the "return to hospital (RTH)" policy for claims documents with incomplete requirements, discrepancies in the supporting documents or attachments, or incompletely filled-out claims forms for compliance within the prescribed period.
5. PhilHealth shall pay accredited HFs that manage severe dengue patients but subsequently refer and transfer patients for further management to higher-level HFs at a package rate of five thousand two hundred pesos (PHP 5,200) following "Annex B" of PC No. 2024-0012 [Rules for Adjusting Case Rates (*Revision 1*)] or its subsequent revisions. As such, PhilHealth strongly encourages HFs to facilitate the timely referral and transfer of patients with severe dengue within 48 hours.
6. PhilHealth shall pay accredited lower-level facilities, such as primary care facilities (PCF), infirmaries, and dispensaries without service capability but presumed the diagnosis of severe dengue solely based on the patient's history, physical examination, and clinical manifestations (i.e., shock or respiratory distress due to severe plasma leakage, severe bleeding, severe organ involvement) at a package rate of five thousand two hundred pesos (PHP 5,200) following "Annex B" of PC No. 2024-0012 or its subsequent revisions. These facilities shall ensure that the CF4 details the complete history, physical examination, and patient's course in the ward.
7. Claims of accredited HFs for severe dengue with a length of stay (LOS) of less than 24 hours resulting from a patient's death will be paid by PhilHealth at a package rate of five thousand two hundred pesos (PHP 5,200) using the Package Code P0000.
8. PhilHealth shall not reimburse inpatient confinements for severe dengue of two (2) days or less with a patient disposition of "improved" indicated in CF 2 upon hospital discharge. HFs should accurately report the appropriate ICD code for the diagnosis.



9. Claims for severe dengue of accredited levels 1 to 3 HF's with a patient disposition of "Home Against Medical Advice (HAMA)" or "absconded" indicated in CF2 shall be paid by PhilHealth based on the amount indicated on the SOA but not to exceed the package rate of PHP47,000.
10. In cases where blood components are clinically indicated, claims for blood transfusion shall be filed separately and processed by PhilHealth following PhilHealth Circular (PC) No. 0035, s. 2013 [ACR Policy No. 2 - Implementing Guidelines on Medical and Procedure Case Rates].

#### U. Monitoring

PhilHealth shall enforce current policies and guidelines on monitoring the performance of accredited HF's in implementing the case rates for severe dengue and establish strict control mechanisms to prevent adverse provider behaviors and non-compliance with existing rules.

#### V. Marketing and Promotion

PhilHealth shall conduct communication and social marketing activities to educate healthcare providers and the public in increasing their awareness of the case rates for severe dengue following the current Social Marketing and Communication Plan (SMCP).

#### W. Policy Review

PhilHealth shall conduct a policy review of the case rates for severe dengue in parallel to the development and transition to the DRG provider payment mechanism in collaboration and consultation with key stakeholders, experts, and implementers.

This PhilHealth Circular shall be enhanced as necessary based on the policy review results.

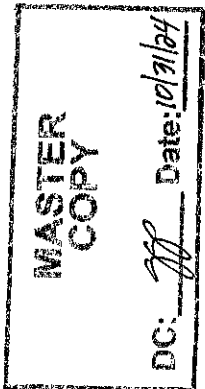
### VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of RA No. 7875, as amended by RA Nos. 9241 and 10606 (National Health Insurance Act of 2013), RA No. 11223 (Universal Health Care Act), and their respective Implementing Rules and Regulations, including the PhilHealth Rules on Administrative Cases (PROAC).

### VII. SEPARABILITY CLAUSE

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

### VIII. REPEALING CLAUSE



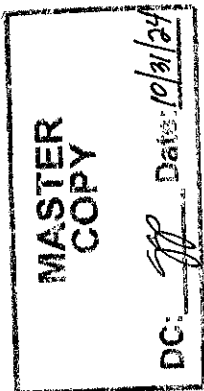
All PhilHealth Circulars, issuances, rules, and regulations or parts thereof that are contrary to and inconsistent with this PhilHealth Circular are hereby repealed, amended, or modified accordingly.

**IX. DATE OF EFFECTIVITY**

This PhilHealth Circular shall take effect immediately after its publication in the Official Gazette or any newspaper of general circulation. Three (3) certified copies shall be filed with the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.

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

Date signed: 10/30/24



**Implementing Guidelines on the Adjusted Rates for Severe Dengue**