



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Office VII
6th Floor, The Golden Peak Hotel & Suites, Gorordo Avenue Corner Escario Street, 6000 Cebu City
Landline (032) 266-9492 accre.pro7@philhealth.gov.ph
www.philhealth.gov.ph



October 12, 2015

AGUSTIN D. AGOS JR., M.D., DPBS, FPSGS, FPCS, MA, DODT
Chief of Hospital
Talisay District Hospital
San Isidro,
6045 Talisay City, Cebu

Dear Dr. Agos,

In connection with the renewal of accreditation of Institutional Health Care Providers in Region VII for CY 2016, we are furnishing you a copy of the application for the renewal of accreditation of Talisay District Hospital.

Please be reminded that the accreditation of the facility will expire on **December 31, 2015**. May we advise you to please pay the annual accreditation fee and submit the following documents on or before **January 31, 2016** :

1. Provider Data Record – properly accomplished
2. Performance Commitment with letterhead of the facility – duly signed by the Local Chief Executive / Owner and the Head of the facility / Medical Director / Chief of Hospital.
3. Electronic copies of recent photos (JPEG format) of the facility – (Applicable only to facilities with new area/s or change/s in the facility)
4. Updated **DOH License for the year 2016 (2 copies)**
5. Latest audited Financial Statement / Report (including the total income and reimbursements received from PhilHealth.)

Filing date shall be reckoned from the date of submission of complete documents. Applications received after **January 31, 2016** may result to a gap in accreditation.

Furthermore, incomplete application received shall not be processed and will be returned for completion within 30 days from receipt thereof.

We are looking forward to your favorable response.

Thank you.

Very truly yours,

WILLIAM O. CHAVEZ
Regional Vice President

THIS IS A SYSTEM-GENERATED FORM. SIGNATURE IS NOT REQUIRED

Annex 4. CHECKLIST OF REQUIREMENTS FOR IHCPs ENGAGING WITH PHILHEALTH

I. General Requirements

- ___ 1. Provider Data Sheet (PDR) – properly accomplished
- ___ 2. Performance Commitment – duly signed by the Local Chief Executive/owner and the head of the facility/Medical Director/Chief of Hospital (affix signature per page)
- ___ 3. Electronic copies (in JPEG format) of recent photos of the facility. Internal and external areas labeled with the name of the facility and the date photo was taken
- ___ 4. Statement of Intent (SOI) – **for initial accreditation or re-accreditation filed during the last quarter of the current year**
- ___ 5. Participation Fee – proof of payment (see back for appropriate fee schedule)
- ___ 6. Latest audited financial statement/report
 - **not required for initial accreditation**
 - **applicable to all hospitals and PCFs (government & private) and private Outpatient Clinics**
- ___ 7. Accreditation of health care professional (Medical Director/Chief of Hospital/Administrator/Head Physician/Midwife) – **applicable for hospitals, PCF, ASC, FDC, TB DOTS and MCP package providers**

II. Specific Requirements (In addition to the above stated, the following are specific requirements per type of Institution)

A. Hospitals, Primary Care Facilities (PCF), Ambulatory Surgical Clinics (ASC) & Freestanding Dialysis Clinics (FDC)

- ___ 1. DOH License – with validity applicable to the accreditation period applied for
- ___ 2. DOH Licenses for 3 previous years or its required alternative document – **for initial engagement of licensed IHCPs**

B. Primary Care Benefit Package Providers

- ___ 1. MOA with referral facilities – if applicable
- ___ 2. Location map

C. Outpatient Malaria Package Providers

- ___ 1. Certificate of Training in Malaria of a staff in the IHCP issued by the DOH/CHDs

D. Maternity Care Package Providers

- ___ 1. Certificate of Compliance as a BEmONC facility or DOH-License to Operate (for automatic accreditation)
- ___ 2. Certificate as Newborn Screening Facility issued by the CHD or Newborn Screening Reference Center (NSRC)
- ___ 3. Any of the following for applicable referral system:
 - a. Proof of Affiliation/MOA with at least a Level 1 PhilHealth Engaged Hospital
 - b. MOA with referral physician/s for OB and Pedia cases – **as applicable**
 - c. MOA with a DOH-certified BEmONC-CEmONC network (if the facility is not BEmONC certified)
- ___ 4. Location map
- ___ 5. Business Permit (for private IHCPs)

E. TB DOTS Package Providers

- ___ 1. Updated DOH-PhilCAT (Philippine Coalition Against Tuberculosis) Certificate
- ___ 2. Location map

F. Animal Bite Package Providers

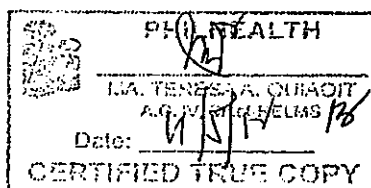
- ___ 1. Certification as an Animal Bite Treatment Center from DOH - National Rabies Prevention and Control Program Office
- ___ 2. Location map

Schedule of Registration Fees:

INSTITUTIONS	INITIAL (PRIVATE/ GOVERNMENT)	ANNUAL PARTICIPATION FEE
Ambulatory Surgical Clinic (ASCs)	P 5,000.00	P 4,000.00
Freestanding Dialysis Clinic (FDCs)- HD and PD	P 5,000.00	P 5,000.00
Primary Care Benefit Providers (PCB) - formerly OPB	P 1,000.00	P 1,000.00
TB DOTS Package Provider	P 1,000.00	P 1,000.00
Maternity Care Package Providers	P 1,500.00	P 1,000.00
PCB, MCP and TB DOTS Providers	P 1,000.00	P 1,000.00
PCB (OPB) and TB DOTS Providers	P 1,000.00	P 1,000.00
PCB (OPB) and MCP Providers	P 1,500.00	P 1,500.00
MCP and DOTS Providers	P 1,500.00	P 1,500.00
Animal Bite Package Providers	P 1,000.00 (starting 2013)	P 1,000.00

In line with the implementation of the DOH's new classification of hospitals, which was effective on August 18, 2012, the following are Board approved new participation fee of hospitals for 2013. This participation fee shall likewise be applicable to all hospitals, which applied for initial engagement from August 18, 2012 onwards provided that the issued license has adopted the new classification. Please note that the participation fees of Level I and IV hospitals, which were given a three-year moratorium, remains as such. Please see table below.

Level I Hospitals (under 3 year moratorium)	P 3,000.00
Level I Hospitals	P 5,000.00
Level II Hospitals	P 8,000.00
Level III Hospitals (<i>teaching hospital</i>)	P 10,000.00
Level IV Hospitals (under 3 year moratorium)	P 10,000.00





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 Hospital Level: ☐ Level 1 ☐ Level 2 ☐ Level 3
☐ Specialty
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 LCE _____

**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

For PhilHealth Use Only

Remarks:

Date Received: _____ By: _____
PRO _____
Date Evaluated: _____ By: _____
LHIO _____
PRO _____
Date Encoded: _____ By: _____
LHIO/PRO (Receiving Module) _____
PRO (Data Entry) _____

Control No. _____

OR No. _____
Date Paid: _____
Amount: _____

(Letterhead of Healthcare Provider)

(Date)

PHILIPPINE HEALTH INSURANCE CORPORATION

17th Flr., City State Centre Bldg.,
Shaw Blvd., Pasig City

SUBJECT : Performance Commitment for HCI

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 registered/licensed/certified health care facility capable of delivering the services expected from the type of healthcare provider that we are applying for.
2. a. For single HCI
That we are owned by _____
and managed by _____
and doing business under the name of _____
with License/Certificate No. _____
b. For Health Systems/ HCI groups
That the following facilities, as guaranteed by the heads of facilities listed in the following table, are capable of delivering the services expected from the type of healthcare provider that we are applying for:

Name of Facility	Type of facility (hospital, RHU, HC, Lying-in, TB-DOTS, ABTCs, etc)	Hospital Level (if applicable)	License Number/Certificate Number (if applicable)	Management (if different from the LGU)

3. That all professional health care providers in our facility *are PhilHealth accredited*, possess proper credentials and given appropriate privileges in accordance with our policies and procedures.

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

Further, we hereby commit ourselves to the following:

4. That our officers, employees, and other personnel are members in good standing of the NHIP.

5. 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 including its Implementing Rules and Regulations (IRR) and PhilHealth policies issued pursuant thereto.
6. That we shall promptly inform PhilHealth prior to any change in the ownership and/or management of our institution.
7. 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
8. 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.
9. That we shall abide with all the implementing rules and regulations, memorandum circulars, special orders, *advisories* and other administrative issuances by PhilHealth affecting us.
10. 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.
11. That we shall adhere to pertinent statutory laws affecting the operations of HCIs including but not limited to the Senior Citizens Act (R.A. 10645), 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.
12. 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.
13. *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.*
14. *That being a government-owned 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

15. a. *For single HCI:*

That we are duly capable of delivering the following services for the duration of the validity of this commitment (please check appropriate boxes):

- ☐ Primary Care Facility
- ☐ Level 1 hospital services
- ☐ Level 2 hospital services
- ☐ Level 3 hospital services
- ☐ Specialized services
 - ☐ Radiotherapy
 - ☐ Hemodialysis/Peritoneal Dialysis
 - ☐ Others (please specify) _____
- ☐ Benefit package and other services
 - ☐ Tuberculosis Directly Observed Treatment Shortcourse (TB DOTS)

- ☐ Maternity Care Package
- ☐ Newborn Care Package
- ☐ Malaria Package
- ☐ Primary Care Benefit Package / *Tsekap*
- ☐ Outpatient HIV/AIDS Package (for DOH identified hospitals only)
- ☐ Animal Bite Package
- ☐ Z Benefit Package/s _____
- ☐ Others(please specify)_____

b. For Health Systems/ HCI groups

That we shall deliver the following services for the duration of the validity of this commitment:

Name of Facility	Committed Services (choose from the enumerated services below; e.g. 1, 6a, 6b, 6c)

16. 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.
17. That we, being accredited government hospital or infirmary/ MCP / TB DOTS/ *Animal Bite package / Tsekap provider*, shall provide the necessary drugs, supplies and services with no out-of-pocket expenses on the part of the *qualified PhilHealth member and their dependents admitted or who consulted in the HCI*, as mandated by the PhilHealth "No Balance Billing (NBB) Policy"
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.
31. That we shall annually submit to PhilHealth a copy of our audited financial statement/report, *to include the disposition of PhilHealth reimbursement.*

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

32. 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.
33. 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.
34. 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.
35. 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.
36. That we shall comply with PhilHealth's summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.
37. 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.
38. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.

F. Miscellaneous Provisions

39. 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.
40. 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.

41. 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.
42. 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:

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 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 and its IRR.
44. 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**

With my express conformity,

Local Chief Executive/ HCI Owner

SUBJECT : Revised Performance Commitment for HCI



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



PHILHEALTH CIRCULAR

NO. 026, s. 2015

TO : PHILHEALTH ACCREDITED HEALTH CARE INSTITUTIONS (HCI) AND PROFESSIONALS, PHILHEALTH MEMBERS, PHILHEALTH REGIONAL OFFICES and BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND CENTRAL OFFICE AND ALL OTHERS CONCERNED

SUBJECT : SOCIAL HEALTH INSURANCE COVERAGE AND BENEFITS FOR WOMEN ABOUT TO GIVE BIRTH REVISION 1

I. BACKGROUND

The National Health Insurance Act of 2013 (Republic Act 10606) and its Implementing Rules and Regulations (IRR) provide that unenrolled women about to give birth shall be covered by National Health Insurance Program. This is to enable all mothers and their newborns to have financial access to essential health services that will ensure their survival and well being. With this commitment to save mothers and newborns by providing them financial risk protection, there is a need to redefine PhilHealth's maternity and newborn care benefits so that these benefits will focus on the health services that the pregnant women must receive throughout their pregnancy and delivery. Also, PhilHealth shifted its provider payment mechanism to case based payment which aims to increase efficiency in health care provision, simplify understanding of PhilHealth benefits by all sectors and improve the process of availing them.

In line with these, and in support of achieving the Millennium Development Goals for maternal and child health, the guidelines for enrollment and benefits of women about to give birth are hereby defined.

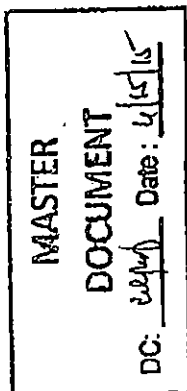
II. SCOPE AND COVERAGE

This Circular shall define policies and procedures that will give financial risk protection to women who are about to give birth.

III. DEFINITION OF TERMS

1. Women about to give birth - are those who are confirmed pregnant during their first visit to a health care provider and anytime thereafter. They shall also be referred to as pregnant women or expectant mothers in this Circular.
2. Parity - refers to the number of live-born children and stillbirths that have been delivered by the mother.
3. Normal birth/delivery - is characterized by spontaneous onset of labor, low risk at the start of labor, throughout labor and delivery, the infant is born in vertex position, 37 to 42 weeks of completed pregnancy, and mother and child are in good health after delivery.
4. Point of Care Enrollment - is a PhilHealth enrollment mechanism so that the poor who is not yet a PhilHealth member may be enrolled to the National Health Insurance Program as sponsored member. The policy is defined in PhilHealth Circular 32, s-2013 (Implementation of The Point of Care Enrollment Program).

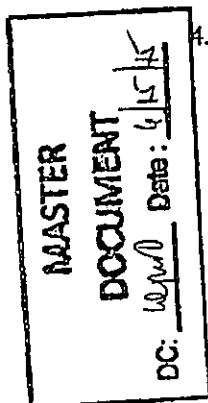
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5. Coverage – refers to the entitlement of an individual as PhilHealth member or dependent to the benefits of the National Health Insurance Program.
6. Maternity Care Package (MCP) – is a PhilHealth benefit that covers the complete essential health care services for women about to give birth throughout their pregnancy and normal delivery (during antenatal, intrapartum and immediate postpartum periods) regardless of the type of health care institution where the services are rendered. The services shall include antenatal care, intrapartum monitoring, assist in normal delivery and post-partum care within 72 hours and 7 days after delivery.
7. Normal Spontaneous Delivery (NSD) Package – is a PhilHealth benefit that covers only health services during intrapartum and immediate post-partum period for normal delivery regardless of the type of health care institution. The services shall include monitoring and management of labor, assist in normal delivery and post-partum care within 72 hours and 7 days after delivery.
8. Antenatal Care Package – is a PhilHealth benefit that covers antenatal or pre-natal care services of expectant mothers. The services shall include pre-natal check-ups to screen, detect and manage complications of pregnancy; maternal nutrition; immunizations; and counseling for healthy lifestyle, breastfeeding, and family planning. Previously, the benefit is included in the benefits for normal deliveries but it is not fully utilized because of gaps in the health care delivery network. To promote access of pregnant women to quality antenatal care services that will ensure good outcome of their pregnancy, this benefit is made distinct from the benefits for delivery.
9. PhilHealth Benefit Eligibility Form (PBEF) - is a document produced through PhilHealth Enhanced Health Care Institution Portal that contains the information whether the member or dependent is eligible to avail of PhilHealth benefits in terms of the following: 1) status of membership/dependency; 2) premium contributions; and 3) compliance to 45 days benefit limit. The guidelines are provided in PhilHealth Circular 02, s-2014 [Enhanced Health Care Institution Portal (Formerly Known as Institutional Health Care Provider Portal)].

IV. GENERAL GUIDELINES

1. PhilHealth shall ensure that women about to give birth shall have financial risk protection during their pregnancy, delivery and post-partum period through their enrollment to the National Health Insurance Program.
2. PhilHealth shall provide benefits for all maternal deliveries regardless of parity, subject to the provision of qualifying contributions.
3. PhilHealth shall also cover admissions due to pregnancy related conditions such as pre-term labor and pregnancy induced hypertension.
4. Only low risk normal vaginal deliveries shall be compensable in non-hospital facilities. "Low risk" refers to absence of active complications and any maternal or fetal factors that will make the pregnancy at risk for complications. Hence, the following conditions listed in PhilHealth Circular 20, s 2008 shall not be reimbursed in non-hospital facilities:
 - a. Maternal age below 19 years old at the date of delivery;
 - b. First pregnancy in patients with age 35 years and older at the date of delivery;
 - c. Multiple pregnancy such as twins and triplets;
 - d. Ovarian abnormality (e.g. ovarian cyst);
 - e. Uterine abnormality (e.g. myoma uteri);
 - f. Placental abnormality (e.g. placenta previa);
 - g. Abnormal fetal presentation (e.g. breech);



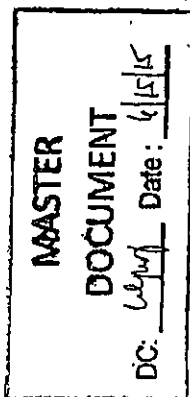
- h. History of (three) 3 or more miscarriages/abortion;
- i. History of (one) 1 stillbirth;
- j. History of major obstetric and/or gynecologic operation (e.g. cesarean section, uterine myomectomy);
- k. History of medical conditions (e.g. hypertension, pre-eclampsia, eclampsia, heart disease, diabetes, thyroid disorder, morbid obesity, moderate to severe asthma, epilepsy, renal disease, bleeding disorder);
- l. Other risk factors that may arise during present pregnancy (e.g. premature contractions, vaginal bleeding) that warrants referral for further management.

It is imperative that if the abovementioned conditions were diagnosed during pre-natal care, the pregnant women must be referred to hospitals for appropriate management and care during delivery.

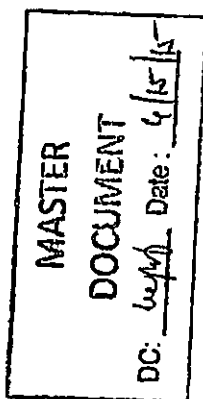
- 5. Since Geographically Isolated and Disadvantaged Areas (GIDA) have limited access to hospitals, the infirmaries/dispensaries located in these areas may be reimbursed for the normal deliveries of the mothers with conditions listed in Section IV.4 of this Circular.
- 6. Hospitals shall not refuse women about to give birth who were referred from birthing homes, maternity clinics and infirmaries/dispensaries for higher level of care management.
- 7. The health care institution and professional must be PhilHealth accredited at the time when they provide care to pregnant women before they can be paid by PhilHealth.
- 8. The No Balance Billing Policy shall apply to all member sectors and their dependents in accredited public and private maternity clinics/birthing homes. This shall cover all compensable services allowed in accredited public and private maternity clinics/birthing homes.
- 9. Women about to give birth should have prenatal care at the earliest time possible and keep a record of their pre-natal check-ups in a mother's book or its equivalent at all times. This is to ensure that they will receive continuous, comprehensive and coordinated care during pregnancy, delivery and post-partum.
- 10. The health care facility providing the pre-natal services shall give pregnant women a mother's book or its equivalent and shall assist them in checking and updating their PhilHealth membership and coverage.

V. MECHANISM TO PROVIDE SOCIAL HEALTH INSURANCE COVERAGE

- 1. Women about to give birth shall be enrolled to the National Health Insurance Program so that they can avail of the appropriate benefit packages provided by PhilHealth.
- 2. They shall consult a health care provider upon note of signs and symptoms of pregnancy.
- 3. The health care institution shall check the PhilHealth membership status and coverage of pregnant women upon their first consultation through PhilHealth Enhanced Health Care Institution Portal or other available means of verification.
- 4. Their membership status and social health insurance coverage may be any of the following:
 - a. Members under the Indigent Program, Sponsored Program, Overseas Filipino Program, and iGroup Program are entitled to avail of the benefits within the validity period.
 - b. The benefit entitlement of the following members shall be subject to the three months within six months (3/6) qualifying contributions as provided under PhilHealth Circular No. 32, s. 2014:
 - i.) Members in the Formal Economy, including Kasambahays;
 - ii) Members in the Informal Economy, specifically Informal Sector Members and Self Earning Individuals; and
 - iii) iGroup Members whose validity period have already expired.
- 5. The health care provider shall refer to Medical Social Worker (MSW) or Social Worker for assessment to Point of Care enrollment (POC) the following pregnant women:
 - a. Those who are not yet registered to PhilHealth;



- b. Those who are registered members but are not covered/eligible due to lack of qualifying contributions; or
- c. Those who are qualified dependents of their parents (covered or not covered).
Pregnant women who qualify shall be enrolled as *Sponsored member under the Point of Care (POC)* and shall be entitled to immediate availment of the benefits.
6. Pregnant women who were assessed in Item V.4 but did not qualify for Point of Care enrollment shall be covered through the provisions of Section 39b of the Implementing Rules and Regulations of National Health Insurance Act of 2013 following the procedures prior to discharge from health facility, to wit:
 - a. Submit to the PhilHealth Local Insurance Office (LHIO) or PhilHealth Regional Office (PRO) an accomplished PhilHealth Membership Registration Form (PMRF) and ANY of the following documents:
 - i. Medical certificate from her physician/midwife confirming the pregnancy;
 - ii. Photocopy of the laboratory/ultrasound result confirming the pregnancy;
 - iii. Photocopy of her admission records.
 - b. *They shall be required to enroll or shift under the Informal Economy Program.*
 - c. *To avail of the benefits, registered members of the Informal Economy Program without qualifying contributions and are not qualified under the POC Enrollment Program shall be required to pay the prescribed premium/s for one year or the missed and unpaid quarter/s of the applicable year as provided under Sec. 39b of the Revised IRR of RA 10606.*
 - d. *If the date of discharge falls on a weekend or on a holiday, registration under the Informal Economy Program and payment of prescribed premium contributions shall be allowed on the next working day.*
 - e. *Pregnant women and their qualified dependents who are covered through this provision can automatically avail of the PhilHealth benefits accorded to the members of the Informal Economy, including the benefits for giving birth and newborn care.*
 - f. The privilege accorded to the women about to give birth provided by the provision of Section 39b shall only be availed ONCE per lifetime without interest. Subsequent use of updating premium contributions for the purpose of availing entitlement to benefits shall be subject to prevailing interests as may be prescribed by the Corporation. A separate guideline for this purpose shall be issued accordingly. Also, subsequent admissions after delivery that are not related to pregnancy and post-partum care shall be subject to the rules on qualifying contributions.
 - g. *The calendar year covering the 1st day of hospital admission/confinement shall serve as the reckoning period for the application of Sec. 39b. Hence, it shall be the basis for the computation of premium amount due as well as in the posting of premium payment.*
 - h. *In the absence of the Health Care Institution (HCI) Portal or if ever the claim would be denied thru the portal due to lack of qualifying contributions, member may present the PhilHealth Official Receipt (POR) or Certificate of Premium Payment (CPP) to the accredited health care facility as proof of payment and entitlement to PhilHealth benefits.*
 - i. *Previous confinement/s prior to availment under Sec. 39b shall not be paid.*
7. Pregnant women who are dependents of their parents should enroll as principal members either through POC or provision of Item V.5 of this Circular so that their children shall likewise have social health insurance coverage.
8. PhilHealth shall update the mother's member records and issue PhilHealth Identification Number for the newborn dependent upon processing of claims.



VI. BENEFITS PACKAGE FOR WOMEN ABOUT TO BIRTH

A. Maternity Care Package (MCP)

1. This package covers the essential health services during antenatal period, entire stages of labor, normal delivery and immediate post-partum period including follow-up visits within the first 72 hours and 1 week after delivery.
2. The package code shall be MCP01. The Package Code 59401 shall no longer be used.
3. This Package may be availed in hospitals, infirmaries/dispensaries and birthing homes/maternity clinics with the following rates:

Health Care Institution	MCP Package Rate
Hospitals	Php 6,500.00
Infirmaries/dispensaries /Birthing homes/Maternity clinics	Php 8,000.00

4. The professional fee shall be 40% of the package rate while the remaining 60% is for the facility fee.
5. The minimum stay of the mother in the facility shall be 24 hours.
6. Availment of this package shall be charged one (1) day to the annual 45-day benefit limit.
7. In line with the current standards of care, pregnant women are encouraged to have the first pre-natal check up during the first trimester of pregnancy with at least 4 pre-natal visits throughout the course of pregnancy. This is to detect and manage danger signs and complications of pregnancy and to reduce the risk of perinatal deaths. However, at this time, PhilHealth shall require at least 4 pre-natal visits during the course of pregnancy.

B. Normal Spontaneous Delivery (NSD) Package

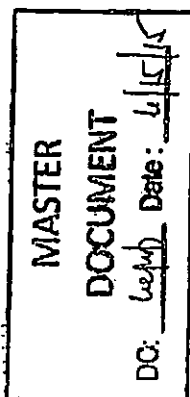
1. This package covers essential health services for normal low risk vaginal deliveries and post-partum period within the first 72 hours and 7 days after delivery.
2. The package code shall be NSD01. The Package Code 59400 shall no longer be used.
3. However, services for Normal Spontaneous Delivery as Package Code 59400 provided in PCF-Infirmery/dispensary by an accredited physician prior to the effectivity of this circular shall be compensable.
4. This Package may be availed in hospitals, infirmaries/dispensaries and birthing homes/maternity clinics with the following rates:

Health Care Institution	NSD Package Rate
Hospitals	Php 5,000.00
Infirmaries/dispensaries/Birthing homes/maternity clinics	Php 6,500.00

5. Forty percent (40%) of the package rate is for professional fees while 60% is for the facility fee.
6. *The minimum stay of the mother in the facility shall be 24 hours.*
7. Availment of this package shall be charged one (1) day to the 45-day annual benefit limit.
8. In cases when the pregnant women receives pre-natal care from another facility, the facility where pre-natal care is rendered may claim for Antenatal Care Package while the facility that will assist in normal delivery may claim for NSD Package.

C. Antenatal Care Package (ANC01)

1. This package covers essential health services for women about to give birth during antenatal period regardless of method of delivery and pregnancy outcome (e.g., cesarian delivery, breech extraction)



2. The case rate for this package is Php 1,500.00 for which forty percent (40%) is for professional fees while 60% is for the facility fee.
3. The package code shall be ANC01.
4. The requirements for this package are the following:
 - a. The facility is PhilHealth accredited as hospital, birthing home/maternity clinic, infirmary/dispensary, or Tsekap/Primary Care Benefit 1 provider. Likewise the health care professional shall also be PhilHealth accredited.
 - b. During antenatal period (*i.e., occurring before birth*), the women *should* have qualifying contributions or social health insurance coverage through different mechanisms described in Section V of this Circular.
 - c. There are at least 4 pre-natal check-ups/visits with the last one during the last trimester of pregnancy. *For case/s wherein pregnancy ended prematurely, all applicable prenatal checkups shall be documented. The number of required prenatal check-up is waived.*
 - d. All the essential health services for the pre-natal care are provided.
 - e. The women about to give birth are referred appropriately to an accredited health care institution for management of labor and delivery.
 - f. Pre-natal visits and other services given, referrals and outcome of delivery are documented in the mother's record and mother's book or its equivalent.

D. Payment for Cases Referred to Hospitals

1. In cases when women in labor were initially managed in non-hospital facilities but eventually referred to hospitals for higher level of management and delivery, the referring facility shall be reimbursed 10% of the rate of NSD Package.
2. Facilities that provided Antenatal Care Package and initial management of pregnant women who are in labor may claim for both services.
3. The package codes, rates and descriptions are the following:

Description	Package Code	Package Rate
Intrapartum monitoring or labor watch (without delivery)	59403	Php 650.00
Antenatal care services with intrapartum monitoring or labor watch (without delivery)	ANC02	Php 2,150 <i>*ANC Package (Php 1,500) plus Intrapartum monitoring (Php 650)</i>

4. Forty percent (40%) shall be for professional fee and 60% is for the facility fee.

E. Other Methods of Deliveries Covered by PhilHealth

1. PhilHealth also covers the following methods of deliveries in accredited hospitals:

Procedure	RVS/ Package Code	Description	Case Rate (Php)
Cesarean Section (CS)	59513	Caesarian section, primary	19,000.00
	59514	Cesarean delivery	19,000.00
	59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	19,000.00
Complicated Vaginal Delivery	59409	Vaginal delivery only (with or without episiotomy and/or forceps)	9,700.00
Breech Extraction	59411	Breech extraction	12,120.00

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Procedure	RVS/ Package Code	Description	Case Rate (Php)
Vaginal Delivery after Cesarean Section	59612	Vaginal delivery only, after previous cesarean delivery (w/ or w/o episiotomy)	12,120.00

2. The Package Code 59402 (Normal Spontaneous Delivery with Bilateral Tubal Ligation shall not be used anymore. Instead, hospitals that provided Maternity Care Package or NSD Package and also performed bilateral tubal ligation may claim the procedure "Ligation or transection of fallopian tube(s) abdominal or vaginal approach, unilateral or bilateral" (RVS Code 58600, Case Rate – Php 4,000) as second case rate *paid in full*.

For Example:

Services provided	Claim	Package/RVS Code	Case Rate
Intrapartum care, normal delivery and post-partum care (no pre-natal care)	1 st Case Rate	NSD 01	Php 5,000.00
Bilateral tubal ligation	2 nd Case Rate	58600	Php 4,000.00

3. Guidelines for availing of benefits and claims filing are stated in Circular 35, s-2013 (ACR Policy No. 2 – Implementing Guidelines on Medical and Procedures Case Rates) and subsequent issuances related to All Case Rates Policy.

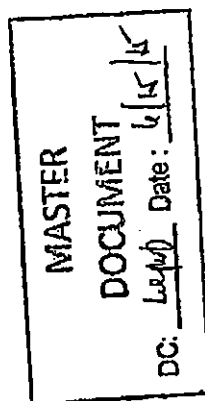
VII. NEWBORN CARE PACKAGE

Pregnancy and childbirth involve both the mother and the newborn. The Newborn Care Package ensures that newborns have access to health care services within their first hours of life.

1. This package shall cover essential health services that newborns must receive within the first hours of life regardless of the method of their delivery and presence of co-morbidities.
2. The amount of the package shall be Php 1750.00 and paid to the facility.
3. The package code shall be 99432.
4. The package has the following components:

Services.	Amount (Php)
Essential Newborn Care:	
<ul style="list-style-type: none"> Immediate drying of the baby, early skin to skin contact, timely cord clamping, non-separation of mother/baby for early breastfeeding initiation, eye prophylaxis, vitamin K administration, weighing of the newborn, first dose of hepatitis B and BCG vaccine 	500.00
<ul style="list-style-type: none"> Professional fee 	500.00
Newborn Screening Test (for metabolic diseases)	550.00
Newborn Hearing Screening Test	200.00
TOTAL	Php 1,750.00

5. This package may be availed from health care institutions that provide services for MCP, NSD Package and other methods of delivery.



6. As stated in PhilHealth Circular 09, s-2014 (ACR Policy No. 3 - Additional List of Medical Conditions for Hospitals, New Rates for Selected Case Rates in Primary Care Facilities-Infirmaries/Dispensaries, and Clarification of Existing Rules on All Case Rates), newborns delivered in hospitals and managed for other morbid conditions (i.e. newborn sepsis, congenital pneumonia) may also claim for NCP as second case rate for health services provided to the newborn.

VIII. CLARIFICATION OF BENEFIT FOR INTRAUTERINE DEVICE (IUD) INSERTION AND NO-SCALPEL VASECTOMY (NSV)

A. IUD Insertion

1. To provide women access to family planning procedures, aside from hospitals and ambulatory surgical clinics, PhilHealth shall also pay IUD insertion (RVS Code 58300) performed in the following qualified primary care facilities:
 - a. Birthing homes/Lying-in clinics/maternity clinics;
 - b. Infirmaries/dispensaries; and
 - c. HCIs that are accredited as PCB1 and Tsekap providers.
2. The IUD insertion package covers payment for interval or postpartum IUD (PPIUD)
3. The package is worth 2,000 pesos which covers payment for counseling, professional fee, IUD device, and use of the facility and all other related services patients may require.
4. Post-partum IUD may be claimed as a second case rate. This procedure shall be covered by the rule on single period of confinement.

For example:

Services provided	Claim	Package/ RVS Code	Case Rate
Intrapartum and immediate post-partum period for normal delivery	1 st Case Rate	NSD01	5,000
Insertion of intra uterine device (IUD)	2 nd Case Rate	58300	2,000

5. Accredited midwives shall submit a copy of their certificate on Family Planning Competency Based Training (FPCBT) Level 2, Comprehensive Family Planning (FP) Training Course, or PPIUD Training Course to qualify as providers of IUD insertion. The said FPCBT training must have been conducted by trainers recognized by the Department of Health (DOH).
6. Availment of this benefit shall have a corresponding 1 day deduction in the 45-day annual benefit limit.

B. No-scalpel Vasectomy (NSV)

1. NSV shall also be paid if performed by an accredited physician in PCB1 and Tsekap providers aside from accredited hospitals, infirmaries, ambulatory surgical clinics (ASC).
2. To facilitate processing of this claim, the RVS Code 55250 (Vasectomy, unilateral or bilateral) shall be used.
3. Accredited physician in non-hospital facility (e.g., RHUs) shall submit a copy of the NSV training certificate at the nearest PhilHealth Regional Office (PRO). The said training must have been conducted by trainers recognized by the Department of Health (DOH).

IX. PROVIDER ACCREDITATION

1. Accreditation of health care institutions shall be in accordance with the policy on Provider Engagement through Accreditation and Contracting of Health Services as stated in PhilHealth Circular 54, s-2012 and its subsequent issuances.
2. Accreditation of health care professionals shall follow the accreditation process for health care professionals as stated in PhilHealth Circular 10, s-2014 (The New

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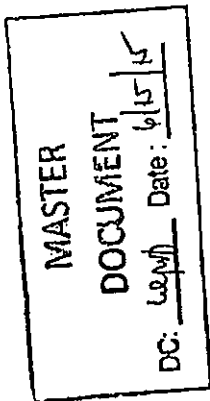
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Accreditation Process for Health Care Professionals and Guidelines for Credentialing and Privileging of Professionals).

X. BENEFIT AVAILMENT AND CLAIMS FILING

1. For easier verification of eligibility status *in the PHIC inquiry module*, all accredited health care institutions must have access to PhilHealth Enhanced HCI Portal.
2. For filing of all claims, the following documents shall be submitted to PhilHealth within 60 calendar days after discharge:
 - a. PhilHealth Benefit Eligibility Form (PBEF) OR
Other documents required by PhilHealth as proof of eligibility such as Member Data Record (MDR); proof of premium payment (for individually paying and overseas workers members); PhilHealth ID cards (for indigent, sponsored and lifetime members); and other secondary documents as enumerated in PBEF and Circulars 50, s-2012 and PC 01, s-2013 in cases when PBEF is not available.
 - b. PhilHealth Claim Form 1 (CF1) duly filled out by the member and/or employer. It shall no longer be required if PBEF confirmed (answered "Yes") the eligibility of patient.
 - c. PhilHealth Claim Form 2 (CF2) duly filled out by health care provider; and
 - d. Claim Form 3 (CF3) for claims from infirmaries/dispensaries and birthing homes/maternity clinics except claims for Newborn Care Package.
 - e. Official receipt of Newborn Hearing Screening Test for Newborn Care Package if applicable;
 - f. Copy of newborn's birth certificate attached to newborn's claim (for Newborn Care Package) and to mother's claim (for updating of her membership data record). A photocopy from the facility without the registry number is acceptable as long as it is stamped as "Certified True Copy" and signed by the records officer/clinic administrator of that facility.
3. An additional requirement for Antenatal Care Package is a copy of pre-natal card or mother's book (Annex D) or their equivalent (i.e. "Pink Form"). The facility where the expectant mothers are referred for delivery shall be indicated in Part II item 4.f of Claim Form 2.
4. Part II Item 7 must have complete diagnosis and ICD- 10 Codes including the method/s and outcome of delivery.
5. Claims for Newborn Care Package without the component of Essential Newborn Care and Newborn Screening Test shall be denied.
 - a. In cases when Newborn Hearing Screening Test was not provided by HCI, the corresponding amount (Php 200.00) shall be deducted from the NCP claim.
 - b. When the said test was paid by the member, official receipt shall be attached to the claims for the Newborn Care Package. The two hundred pesos (Php 200.00) shall be deducted from the HCI claim and shall be paid to the member.
6. Claims with incomplete requirements and/or discrepancy/ies shall be returned to sender (RTS) for compliance within 60 calendar days from receipt of notice. Failure to comply shall cause denial of claim. Claims for MCP and Antenatal Care Package without the appropriate dates for the pre-natal visits shall be denied.
7. PhilHealth strongly upholds that the facility shall file the claims after having exhausted the corresponding case rates in providing complete provision of care including pre-natal care for MCP.
8. For Maternity Care Package, PhilHealth shall no longer directly reimburse the member just for the pre-natal care component. In cases when the pregnant women spent for

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some diagnostic procedures such as laboratory and ultrasound, the facility shall have to reimburse them up to a maximum of one thousand five hundred pesos (Php 1500.00).

9. Directly filed claims shall be allowed in the following instances:
 - a. Facilities did not provide complete health care for mothers and newborns such that patient/member have to spend for drugs and medicines, laboratories and other services that should be available in the facility; and
 - b. The patient/member is unable to secure required documents for claims filing during weekends/holidays.
10. For directly filed claims, the member shall submit the requirements listed in Section X.2 of this Circular AND a waiver (Annex E) from the health care institution stating that the member paid the full amount for the confinement and no PhilHealth deductions were made.

The health care institution shall be responsible in filling out appropriate fields in Claims Form 2 and CF 3 and providing supporting documents such as PBEF. It shall also assist the member in filling out Claim Form 1.

11. All directly filed claims shall be processed subject to existing rules and guidelines of the Corporation.

XI. MONITORING AND EVALUATION

1. To ensure provision of quality health services to PhilHealth members and their dependents, monitoring of the utilization of the benefit packages provided to women about to give birth and their newborns shall be anchored on the Health Care Provider Performance Assessment System of the Corporation.
2. PhilHealth shall likewise strictly monitor but not limited to the following cases:
 - a. All directly filed claims;
 - b. Reimbursement (of facilities) for pre-natal care expenses of women about to give birth and newborn hearing screening test
 - c. Outcomes of deliveries from birthing homes/maternity clinics and facilities in GIDAs.
 - d. Health outcomes of all referrals from non-hospital facilities.
3. Claims for Maternity Care Package and Antenatal Care Package that are filed for the same patient during the same period of pregnancy shall be referred for investigation.
4. For monitoring purposes, health care institutions shall maintain copies of patient records in their facility. These records shall have complete documentation of mother's history including but not limited to all her pre-natal consultations from different providers, course in the ward including her progress of labor and the delivery of care such as services provided, drugs and medicines given and procedures performed. Mother's record in non-hospital facilities shall include a partograph. Newborn's charts shall have complete documentation of the services provided including the essential newborn care. These documents must be made available to PhilHealth personnel at all times.

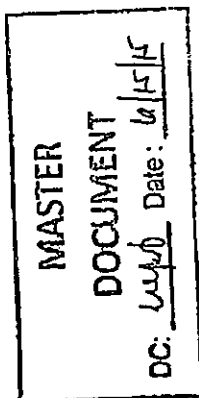
XII. EFFECTIVITY

This Circular shall take effect 15 days after its publication in a newspaper of general circulation. All other existing issuances and provisions of previous issuances inconsistent with this circular are hereby repealed and/or amended.

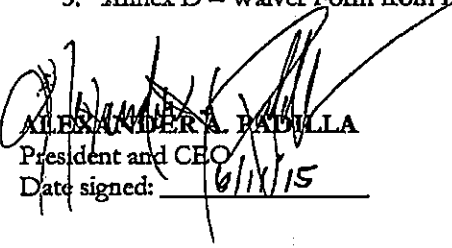
XIII. ANNEXES

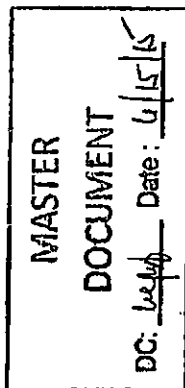
1. Annex A – Summary of Requirements for Filing of Claims
2. Annex B – Instructions in Filling-up Claim Form 2
3. Annex C – Sample Claim Form 2

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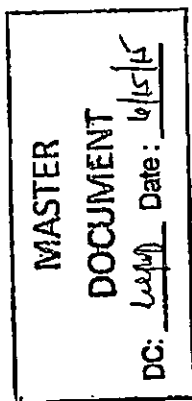
4. Annex E – Sample Copy of Mother's Book
5. Annex D – Waiver Form from HCI for Directly Filed Claims


ALEXANDRA A. PADILLA
President and CEO
Date signed: 6/11/15



ANNEX A – SUMMARY OF DOCUMENTARY REQUIREMENTS FOR FILING OF CLAIMS

Benefits	List of Documents
For All Claims	PhilHealth Benefit Eligibility Form (PBEF) OR Member Data Record (MDR), proof of premium payment for individually paying & overseas workers program members and PhilHealth ID cards (for indigent, sponsored & lifetime members) and other secondary documents as enumerated in the PBEF or PhilHealth Circulars 50, s 2012 and PC 01, s 2013.
	Claim Form 1 – not needed if PBEF answer is YES
	Claim Form 2
Additional Requirements:	
Claims from Infirmary/Dispensaries & Birthing Homes/Maternity Clinics	Claim Form 3 (except NCP)
Claims for MCP, NSD Package and other types of delivery	Copy of newborn's birth certificate (to be attached to mother's claim) for updating of member data record
Claims for Newborn Care Package (NCP)	Copy of newborn's birth certificate (a photocopy without the registry number is acceptable)
	If patient/member paid for newborn hearing screening test: Copy of official receipt of newborn hearing screening test
Claims for Antenatal Care Package	Copy of pre-natal care card or mother's book or its equivalent
For Directly Filed Claims	Waiver (Annex E) issued by the facility that the member paid the full amount for the confinement and no PhilHealth deductions were made.
	Claim Form 3



ANNEX B – INSTRUCTIONS ON HOW TO ACCOMPLISH CLAIM FORM 2 and SAMPLE CLAIM FORM 2

Note: Claim Form 2 shall be accomplished using capital letters and by checking the appropriate boxes. All items should be marked legibly by using ballpen only. All dates should be filled out in MM-DD.YYY format.

CF 2 Pa part/ Item	Description	Instructions
Part I	PhilHealth Accredited Number Name of Health Care Institution Address	WRITE the PhilHealth Accreditation Number, name of HCI and the address on the space provided
Part II, item 1	Name of Patient	WRITE the complete name of the patient in this format: Last Name, First Name, Name Extension (if any), Middle Name
Part II, item 2	Referred by another HCI	Tick appropriate box IF yes, write the name and address of referring institution *In NSD Package, write the name of the facility that provided the antenatal care (as applicable)
Part II, item 3	Confinement period	
<div style="border: 1px solid black; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg);"> MASTER DOCUMENT DC: <u>6/15/15</u> Date: <u>6/15/15</u> </div>	Date Admitted	WRITE the date of admission For Antenatal Care Package write the date of 1 st pre-natal visit
	Time Admitted	Write the time of admission Blank for Antenatal Care Package
	Date Discharged	WRITE the date of discharge For Antenatal Care Package write the date of last pre-natal visit
	Time Discharged	WRITE the time of discharge Blank for Antenatal Care Package
	Patient Disposition	TICK the appropriate box
	Transferred/referred	TICK the appropriate box If patient is referred to another facility, write the name and address of the facility and reasons for referral *Claims for Antenatal Care Package (ANC01) and Referral Fee (59403) should have the name of the facility where the patient is referred to for delivery/further management
Part II, item 5	Type of Accommodation	TICK appropriate box Blank for Antenatal Care Package
Part II, item 6	Admission Diagnosis/es	WRITE the admitting diagnosis
Part II, item 7	Discharge Diagnosis	WRITE the diagnosis on discharge

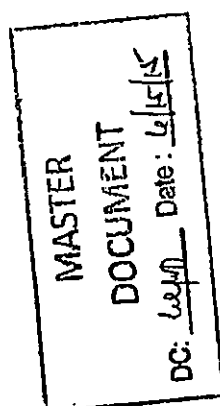
CF 2 Pa part/ Item	Description	Instructions
	ICD 10 Code/s	WRITE the appropriate ICD 10 Code/s Codes for method and outcome of delivery must be included
	Related Procedures	Leave blank
	RVS Code	WRITE the applicable Package/RVS Code: Maternity Care Package: MCP01 NSD Package: NSD01 Cesarean Section: 59513 or 59514 or 59620 Breech extraction: 59411 Vaginal delivery after CS: 59612 NSD with BTL: 59402 Antenatal Care Package: ANC01 Intrapartum monitoring (w/o delivery): 59403 Antenatal Care Package with Intrapartum monitoring: ANC02 Newborn Care Package: 99432 Insertion of Intra uterine device: 58300 For No-scalpel vasectomy - Vasectomy, unilateral or bilateral: 55250
	Date of procedures	WRITE the corresponding date/s for the procedure/s *for claims for delivery (i.e. MCP, NSD, etc.) write the date of delivery
Part II, item 8 c	Special consideration MCP Package	For Claims for MCP and Antenatal Care Package: WRITE the dates of at least 4 pre-natal visits on the spaces provided. Leave blank for other claims.
Part II item 8 d	Newborn Care Package	TICK the services that are provided ATTACH the Filter Card Sticker for Newborn Screening Test in the space provided
Part II item 9	PhilHealth Benefits	WRITE the corresponding package/RVS Codes for the benefits that will be claimed: Maternity Care Package: MCP01 NSD Package: NSD01 Cesarean Section: 59513 or 59514 or 59620 Breech extraction: 59411 Vaginal delivery after CS: 59612 Antenatal Care Package: ANC01 Intrapartum monitoring (w/o delivery): 59403 Antenatal Care Package with Intrapartum monitoring: ANC02 Newborn Care Package: 99432 Insertion of Intra uterine device: 58300 For No-scalpel vasectomy - Vasectomy, unilateral or bilateral: 55250
Part II, item 10	Professional Fees	WRITE the accreditation number and the name of Physician/midwife on the spaces provided AFFIX the signature of the Physician/midwife over his/her name then write the date of the space provided
Part III Section A	Certification of Consumption of Benefits	TICK first box (PhilHealth benefit is enough to cover HCI and PF charges) if the patient did not have any out of pocket expense TICK second box the benefit was consumed but there is additional cost to the patient then accomplish tables a and/or b
Part III Section B	Consent to Access Patient Record/s	PRINT the name of the patient and AFFIX his/her signature over the name WRITE the date when this was signed Should the patient was unable to sign, tick the appropriate boxes
Part IV	Certification of Health Care	PRINT the name of the authorized person to fill-up the claim and

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CF 2 Pa part/ Item	Description	Instructions
	Institution	his/her designation. AFFIX his/her signature above the name. This person must review and verify all the entries before affixing his/her signature.



ANNEX C - SAMPLE CLAIM



This form may be reproduced and is NOT FOR SALE

CF2

(Claim Form 2)

revised November 2013

IMPORTANT REMINDERS:

PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.

The form together with other supporting documents should be filed within sixty (60) calendar days from date of discharge.

All information, fields and tick boxes required in this form are necessary. Claim forms with incomplete information shall not be processed.

FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

PART I - HEALTH CARE INSTITUTION (HCI) INFORMATION

- PhilHealth Accreditation Number (PAN) of Health Care Institution: 110110118210181
- Name of Health Care Institution: ESTRADA MENDOZA & MARTINEZ BIRTHING HOME
- Address: 14 J RAMOS ST. BRGY TALIPAPA, NOVALICHES, QUEZON CITY

PART II - PATIENT CONFINEMENT INFORMATION

- Name of Patient: IGNACIO IVORY ROMERO
- Was patient referred by another Health Care Institution (HCI)?
☒ NO ☐ YES
- Confinement Period:
 a. Date Admitted: 10-27-2014 b. Time Admitted: 07:00 AM
 c. Date Discharged: 10-28-2014 d. Time Discharged: 13:00 PM
- Patient Disposition: (select only 1)
☒ a. Improved ☐ e. Expired, Date: _____
☐ b. Recovered ☐ f. Transferred/Referred
☐ c. Home/Discharged Against Medical Advice
☐ d. Abandoned
- Type of Accommodation: ☐ Private ☐ Non-Private (Charity/Service)
- Admission Diagnosis(es): G2P1 (2001) PREGNANCY UTERI 38 WEEKS AOG CEPHALIC, IN LABOR

7. Discharge Diagnosis(es) (Use additional CF2 if necessary):

Diagnosis	ICD-10 Code/s	Related Procedure/s (if there's any)	RVS Code	Date of Procedure	Laterality (check applicable boxes)
a. <u>G2P2 (2002) 38 weeks</u>	<u>O 80.9</u>	<u>MCP</u>	<u>MCP 01</u>	<u>10-27-2014</u>	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
<u>AOG delivered via NSD</u>	<u>Z 37.0</u>				<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
<u>live BB BOY</u>	<u>Z 39.2</u>				<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
b.					<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
c.					<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
d.					<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both

8. Special Considerations:

a. For the following repetitive procedures, check box that applies and enumerate the procedure/session dates (mm-dd-yyyy). For chemotherapy, see guidelines.

- | | |
|--|---|
| <input type="checkbox"/> Hemodialysis | <input type="checkbox"/> Blood Transfusion |
| <input type="checkbox"/> Peritoneal Dialysis | <input type="checkbox"/> Brachytherapy |
| <input type="checkbox"/> Radiotherapy (LUNAC) | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> Radiotherapy (COBALT) | <input type="checkbox"/> Simple Debridement |

b. For Z-Benefit Package Z-Benefit Package Codes:

c. For MCP Package (enumerate four dates (mm-dd-yyyy) of pre-natal check-ups)

1. 2-10-14 2. 4-15-14 3. 9-22-14 4. 10-20-14

d. For NS-DOGS Package ☐ Intensive Phase ☐ Maintenance Phase

e. For Annual Bix Package (write the dates (mm-dd-yyyy) when the following doses of vaccine were given) (NOTE: Anti Rabies Vaccine (ARV), Rabies Immunoglobulin (RIG))

Day 0 ARV _____ Day 3 ARV _____ Day 7 ARV _____ RIG _____ Others (Specify) _____

f. For Newborn Care Package ☐ Essential Newborn Care ☐ Newborn Hearing Screening Test ☐ Newborn Screening Test ☐ For Newborn Screening, please attach NBS Filter Sticker here

g. For Essential Newborn Care (check applicable boxes)

☐ Immediate drying of newborn ☐ Timely cord clamping ☐ Weighing of the newborn ☐ BCG vaccination ☐ Hepatitis B vaccination

☐ Early skin-to-skin contact ☐ Eye prophylaxis ☐ Vitamin K administration ☐ Non-separation of mother/baby for early breastfeeding initiation

h. For HIV/AIDS Treatment Package Laboratory Number: _____

9. PhilHealth Benefits

ICD-10 or RVS Code: a. First Case Rate MCP 01 b. Second Case Rate _____

IF yes, write the name and address of referring institution
 *In NSD Package, when antenatal care is provided by other facility write the name of that facility

Write the date & time of admission and discharge
 *For Ante-natal Care Package write the date of 1st and last pre-natal visit. Spaces provided for time shall be left blank

If patient is referred to another facility, write the name and address of the facility and reasons for referral

*Claims for Antenatal Care Package (ANC01), Intrapartum monitoring (59403) or both (ANC02) should have the name of the facility where the patient is referred for delivery/further management

Write the admitting & discharge diagnosis
 Write the appropriate ICD 10 Code/s and the corresponding Package/RVS Code.

For Claims for MCP and Antenatal Care Package, write the dates of at least 4 pre-natal visits.

For NCP claims, check the appropriate services and attach the Filter Card Sticker

Write the appropriate code of the package being claimed.

MASTER DOCUMENT
 DC: Leah Date: 10-28-14

MASTER
DOCUMENT
DC: 64-1041 Date: 11/1/64

ANNEX D - SAMPLE COPY OF MOTHER'S BOOK

Mother and Child Book

Family Social No. _____
 Government and Family Planning Health Center

Photo family picture

Name of Mother _____ Blood Type _____
 Education level _____ Occupation _____
 Name of Father _____ Blood Type _____
 Education level _____ Occupation _____
 Name of Child _____ Birth Date _____
 Relationship to Mother _____
 Address _____

Mother and Child Book

Health Record During Pregnancy

This pregnancy is special, so I will make sure that I get the best care for me and my unborn child.

Here are some important information regarding my health:

Age (Yrs. old): _____
 Weight (kg): _____
 Height (cm): _____
 Body mass index: _____
 Last menstrual period: _____
 Expected date of delivery: _____
 Age of pregnancy: _____
 This is my _____ pregnancy

Previous Pregnancies

Previous pregnancy	Type of delivery	Complications	Outcome
1st	Normal (N) or Cesarean Delivery (CD)		
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			
10th			

Pregnancy Monitor and Date of Delivery

Week	Weight (kg)	Height (cm)	Blood pressure (mmHg)	Heart rate (b/min)	Uterine tone (cmHg)	Fetal position	Amniotic fluid	Placenta position	Cervix	Notes
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Smoking during pregnancy (Y/N) _____
 Drinking alcohol during pregnancy (Y/N) _____
 Child call name _____
 * Y = Yes N = No

2

Mother and Child Book

Personal Preparation

Time/Period	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Date of Visit										
Weight (kg)										
Blood pressure										
Temperature (°C)										
Height of abdomen (in cm)										
Fetal heart rate (per minute)										
Vaginal bleeding (Y/N)										
Urinary tract infection (Y/N)										
Pain or itching (Y/N)										
Abnormal presentation (Y/N)										
Swelling of face and hands (Y/N)										
Vaginal infection (Y/N)										
Lab. Test results (e.g. Hb, urine, RPR, rapid plasma reagin), blood film for malaria parasites, Hep B screening)										
Remarks										

3

ANNEX E – WAIVER FROM HEALTH CARE INSTITUTION FOR DIRECTLY FILED CLAIMS

Waiver Form for Directly Filed Claims (revised May 2014)

(Date)

To Whom It May Concern:

This is to certify that based on our record,

(Name of Patient)

who was confined/admitted at _____

(Name of Health Care Institution)

from _____ to _____, had no PhilHealth deductions for health care
(Date of Admission) (Date of Discharge)

institution charges (HCI) and professional fees upon discharge. All HCI charges and professional

fees to the amount of _____

(Amount in words)

(Php _____) were fully paid by the patient/member under Official Receipt Nos.

PhilHealth benefits were not deducted prior to discharge because of the following
reason/s:

(reason)

This waiver is being issued upon the request of _____ for
(Name of Patient/Member)

whatever legal purpose it may serve.

(Printed Name and Signature of Authorized HCI
Representative)

(Printed Name and Signature of Attending Health
Care Professional)

(Designation of Authorized HCI Representative)

Conforme:

(Printed Name and Signature of Patient/Member/Authorized Representative)

MASTER
DOCUMENT

DC: 1640 Date: 11/11/14

Source: PhilHealth Circular 20, s-2014