



PHILHEALTH CIRCULAR
 No. 2020 - 0009

TO : ALL ACCREDITED HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED

SUBJECT : Benefit packages for inpatient care of probable and confirmed COVID-19 developing severe illness/outcomes

I. BACKGROUND/RATIONALE

On March 11, 2020, the World Health Organization (WHO) declared a global pandemic of the Coronavirus Disease 2019 (COVID-19). Subsequently Presidential Proclamation No. 929 s. 2020 was issued declaring a State of Calamity throughout the Philippines due to the increasing number of individuals infected with the virus. The entire Luzon was also placed under Enhanced Community Quarantine (ECQ) on March 16, 2020 to prevent virus transmission.

The response of the national government to this global pandemic was the legislation of Republic Act (RA) No. 11469 or the Bayanihan to Heal as One Act. This law envisioned a coordinated whole-of-government and whole-of-society approach to eradicate COVID-19. Under the Universal Health Care Act (RA 11223), PhilHealth shall ensure equitable access to quality, affordable and accessible health care services by all Filipinos. By providing coverage for inpatient care of probable and confirmed COVID-19 developing severe illness/outcomes, PhilHealth, through PhilHealth Board Resolution No. 2516 s. 2020, shall cover the comprehensive case management for COVID-19.

II. OBJECTIVE

This circular aims to establish the guidelines for the implementation of COVID-19 benefits for inpatient care for patients with probable or confirmed cases.

III. SCOPE

This circular shall apply to all Filipinos confined as probable or confirmed cases of COVID-19 and all PhilHealth accredited healthcare providers with capacity to provide inpatient case management for these.

MASTER COPY
 DC: [Signature] Date: 5/18/20



IV. DEFINITION OF TERMS¹

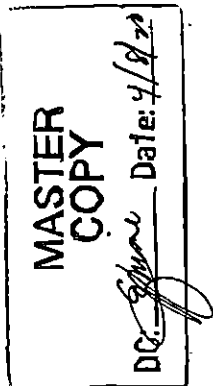
A. **Suspect case** – is a person who is presenting with any of the following conditions:

1. All severe acute respiratory infection (SARI) cases where no other etiology fully explains the clinical presentation;
2. Influenza-like illness (ILI) cases with any one of the following:
 - a. With no other etiology that fully explains the clinical presentation and a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset; or
 - b. With contact to a confirmed or probable case of COVID-19 disease during the 14 days prior to the onset of symptoms
3. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
 - a. Aged 60 years and above
 - b. With a comorbidity
 - c. Assessed as having a high-risk pregnancy
 - d. Health worker

B. **Probable case** – a suspect case who fulfills any one of the following listed below:

1. Suspect case whom laboratory testing for COVID-19 is inconclusive; or
2. Suspect who underwent testing for COVID-19 but not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing; or
3. Suspect case for which testing could not be performed for any reason.

C. **Confirmed case** – any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory-confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or officially accredited laboratory testing facility.



¹ Philippine Society for Microbiology and Infectious Disease, Interim guidelines on the clinical management of adult patients with suspected or confirmed COVID-19 infections version 2.1 as of 31 March



V. GENERAL GUIDELINES

- A. All Filipinos shall be deemed eligible for any of the COVID-19 benefits for inpatient care. Filipinos who are not registered in PhilHealth shall be automatically covered, provided that they complete member registration prior to discharge from the facility;
- B. The single period of confinement and 45 days annual benefit limit shall not be applied in this benefit package;
- C. All COVID-19 benefits for inpatient care shall have no co-payment from the patient for direct healthcare services, both in private and public healthcare providers. Patients can have co-payments for amenities such as suite room accommodation;
- D. Data sharing of suspect, probable, and confirmed cases of COVID-19 shall be done between the DOH and PhilHealth to develop a comprehensive patient registry in accordance with the Data Privacy Act of 2012;
- E. All items donated by third parties shall not be charged to the patient.

VI. BENEFIT AVAILMENT

- A. The case-based payment of the benefits that shall be available for any Filipino patient with probable or confirmed COVID-19 are indicated in Table 1:

Table 1. Inpatient case management for confirmed COVID-19 developing severe illness or outcomes

Package Code	Package amount (PHP)	Severity	HCP Category
C19IP1	43,997	Mild pneumonia in the elderly or with co-morbidities	L1 to L3 hospital, private room
C19IP2	143,267	Moderate pneumonia	L1 to L3 hospital, private room
C19IP3	333,519	Severe pneumonia	L2 to L3 hospital, private room, ICU
C19IP4	786,384	Critical pneumonia	L2 to L3 hospital, private room, ICU (capable of ECMO, RRT)

MASTER COPY
 DC: *[Signature]* Date: *4/18/20*



- B. To ensure provider capability, levels 2 and 3 (L2, L3) health care providers (HCPs) shall be tagged in the integrated PhilHealth Accreditation System (iPAS) as providers of services for severe and critical pneumonia packages. L1 HCPs can only provide services for mild pneumonia package, except when there are no other higher level of facilities that can accommodate the surge of patients within an area for the inpatient case management of moderate pneumonia;
- C. For critical pneumonia, additional necessary medical services for cases that develop or with impending severe illness, which include, but are not limited to the following, shall be covered by this benefit package:
 - 1. Acute respiratory distress syndrome (ARDS)
 - 2. Septic shock
 - 3. Requiring invasive ventilation
 - 4. Requiring extracorporeal membrane oxygenation (ECMO). HCPs with the necessary equipment for ECMO shall be identified and tagged by PhilHealth.
 - 5. Requiring renal replacement therapy (RRT)
- D. The following are the mandatory services included in these benefit packages, inclusive of professional/readers' fees:
 - 1. Accommodation
 - 2. Management and monitoring of illness
 - 3. Laboratory/diagnostics/imaging
 - 4. Medicines that are included in the guidelines and protocols of the DOH
 - 5. Supplies and equipment (including personal protective equipment)

VII. CLAIMS FILING AND REIMBURSEMENT

The following are the rules for claims filing and reimbursement:

- A. All claims shall be filed by the accredited healthcare provider. There shall be no direct filing by the PhilHealth member;
- B. Claims for testing for SARS-CoV-2 shall be filed separately;
- C. The basis for payment shall be the package code which shall be indicated in item 8b of Claim Form 2 (CF2);
- D. For statistical purposes and in accordance with the DOH guidelines, health care providers should indicate the corresponding ICD-10 codes of probable and confirmed COVID-19 patients availing of these benefit packages in item 7 of CF2. Further, ICD-10 codes of all comorbidities shall also be indicated in item 7 of CF2;

MASTER COPY
 DC: *[Signature]* Date: 4/8/20



- E. All procedures done during inpatient case management of probable and confirmed COVID-19 patients shall likewise be indicated in item 7 of CF2;
- F. For patients referred and transferred from one facility to another upon confirmation of COVID-19, referring facilities shall be allowed to file claims based on the working diagnosis prior to transfer. Likewise, referral facilities may claim for the appropriate benefit package based on the final diagnosis upon discharge;
- G. Claims shall be filed within 60 calendar days upon discharge of the patients. Rules on late filing of claims shall apply;
- H. To file a claim for reimbursement, the accredited healthcare provider shall submit the following documents to PhilHealth:
 - 1. Properly accomplished CF2
 - 2. Itemized billing statement, including professional/readers' fees. The process flow for submission of itemized billing statements is described in Annex "A".
 - 3. Properly accomplished PhilHealth Member Registration Form (PMRF) for unregistered PhilHealth members, or updated PMRF, as needed
- I. All mandatory deductions as provided by law, such as, but not limited to senior citizen discounts, PWD discounts, etc. shall be deducted first from the total hospital bill of the patient. All other health benefits such as, but not limited to, health maintenance organizations (HMOs), private health insurance (PHIs), and employee discounts shall complement the benefit packages of PhilHealth as stipulated in this circular. All the above deductions and benefits shall be reflected in the itemized billing statement of the patients;
- J. Claims with incomplete requirements/discrepancy/ies shall be returned to sender (RTS) for compliance within 60 calendar days from receipt of notice;
- K. Claims applications shall be processed by PhilHealth within the prescribed filing period provided that all requirements are complied with;
- L. If the delay in filing of claims is due to natural calamities, or other fortuitous events, the accredited healthcare provider shall be accorded 120 calendar days as stipulated in Item V, Section G.1 of PhilHealth Circular No. 2020-0007.

MASTER COPY
 Date: 4/8/20
 DC: [Signature]



VIII. MONITORING

- A. The monitoring of the implementation of these benefit packages shall be in accordance with current monitoring rules and guidelines of PhilHealth and other relevant policies of the DOH;
- B. Performance indicators and measures to monitor compliance to the policy and standards of care shall be established in collaboration with relevant stakeholders and experts;
- C. Random and post- audits shall be conducted upon implementation of this policy.

IX. POLICY REVIEW

Regular policy review of the benefits for COVID-19 inpatient case management shall be conducted as needed in collaboration with a multidisciplinary team of experts and relevant stakeholders and technical representatives in the Corporation in consideration of updates in guidelines, protocols, and costing.

X. REPEALING CLAUSE

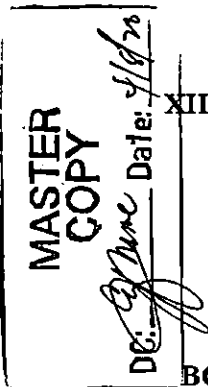
This repeals PhilHealth Circular No. 2020-0004 entitled "Enhancement of packages related to Coronavirus Infection."

XI. EFFECTIVITY

This Circular shall be published in a newspaper of general circulation and deposited with the National Administrative Register, University of the Philippines Law Center. This shall take effect for all admission dates beginning 15 April 2020.

XII. LIST OF ANNEX

Annex "A" - Process flow for the submission of itemized billing statements



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

Date: 4/8/2020

