



PHILHEALTH CIRCULAR
 No. 2020-0011

TO : ALL ACCREDITED HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED

SUBJECT : Full financial risk protection for Filipino health workers and patients against coronavirus disease (COVID-19)

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, through PhilHealth Board Resolution No. 2516 s. 2020, shall cover the comprehensive case management for COVID-19 and ensure equitable access to quality, affordable and accessible health care services by all Filipinos.

II. OBJECTIVES

The objectives of the circular are to establish the following:

- A. Guidelines for the interim coverage of probable and confirmed COVID-19 inpatient case management;
- B. Coverage of health workers as stipulated in Republic Act No. 11469, otherwise known as the Bayanihan to Health As One Act.

III. SCOPE

This circular shall apply to all Filipinos, with attention to health workers, confined for probable or confirmed cases of COVID-19, as well as all PhilHealth accredited healthcare providers with capacity to provide inpatient care management for such cases.

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IV. DEFINITION OF TERMS

A. **Suspect case**¹ – 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**² – 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.

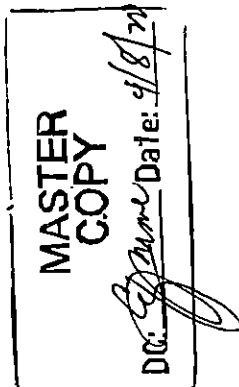
C. **Confirmed case**³ – any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory-confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or officially accredited laboratory testing facility.

D. **Health workers** - persons engaged in health and health-related work, regardless of employment status, which include doctors, nurses, allied health professionals, administrative and support personnel in health facilities, utility and security personnel working in health facilities, health volunteers deployed in health facilities and staff and personnel working in government health agencies.

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

² ibid

³ ibid



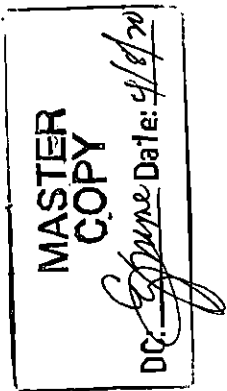
V. SPECIFIC GUIDELINES

- A. All Filipinos confined for COVID-19 from the period of 1 February 2020 to 14 April 2020 shall be deemed eligible for any of the benefits for inpatient care with no co-payment, whether in public or private facility. Filipinos who are not registered in PhilHealth shall be automatically covered, provided that they complete member registration prior to discharge from the facility;
- B. Health workers regardless of employment status, confined for COVID-19, beginning 1 February 2020 shall be eligible for the COVID-19 benefits for inpatient case management with no co-payment, whether in public or private facility;
- C. All staff and personnel working in government health agencies, regardless of employment status, shall be eligible for the same benefits as health workers;
- D. Full financial risk protection shall be provided to all public and private health workers for medical expenses or any work-related injury or disease during the duration of National State of Emergency (RA 11469 Sec. 4e);
- E. All items donated by third parties shall not be charged to the patient.

VI. 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 except for claims with admission dates beginning 1 February 2020 until 14 April 2020;
- B. Claims for testing for SARS-CoV-2 shall be filed separately;
- C. The basis for payment shall be the package code of **C19FRP** 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 this benefit package in item 7 of CF2. Further, ICD-10 codes of all comorbidities shall also be indicated in item 7 of CF2;
- E. All procedures done during inpatient case management of 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.

If the delay in the filing of claims is due to natural calamities or other fortuitous events, 120 calendar days shall be accorded as stipulated in Item V, Section G.1 of PhilHealth Circular No. 2020-0007;

H. To file a claim for reimbursement, the accredited healthcare provider shall submit the following documents to PhilHealth:

1. Properly accomplished Claim Form 2 (CF2)
2. Itemized billing statement, including professional/readers' fees. The process flow for submission of itemized billing statement is described in Annex "A".
3. Official receipts are required for directly filed claims with admission dates beginning 1 February 2020 until 14 April 2020
4. Properly accomplished PhilHealth Member Registration Form (PMRF) for unregistered PhilHealth members, or updated PMRF, as needed
5. Certificate of employment, regardless of employment status, or certificate of appointment of personnel working in health facility, or certification from the health facility for security and utility personnel working in their hospital
6. Certification as health volunteer deployed in a health facility from the appropriate authority, such as provincial health officer, municipal health officer, city health officer, chief of hospital or head of agency or authorized representative

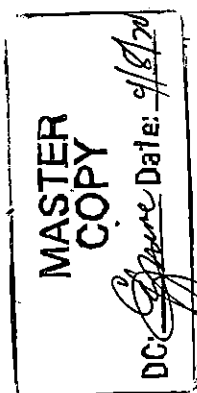
I. All mandatory deductions as provided by law, such as, but not limited to senior citizen discounts, PWD discounts, etc. and all other health benefits such as, but not limited to, health maintenance organizations (HMOs), private health insurance (PHIs), and employee discounts shall be deducted first from the total hospital bill before the PhilHealth benefits. 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. Payment of claims shall be made by the PhilHealth Regional Office based on billing charges to the patient for admission during the period of 1 February to 14 April 2020:

Payment shall be guided by the following information:

1. Itemized billing statement of the patient
2. Use of amenities, such as suite room accommodation
3. Charges for non-healthcare related items



VII. 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.

VIII. 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.

IX. REPEALING CLAUSE

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

X. EFFECTIVITY

This Circular shall take effect immediately with retroactive coverage for all hospital admission dates beginning 1 February 2020. This shall be published in a newspaper of general circulation and shall be deposited with the National Administrative Register, University of the Philippines Law Center.

XI. LIST OF ANNEX (This Annex shall be uploaded in the PhilHealth website.)

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

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

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

Date: 4/8/2020

