



**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.

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#### IV. DEFINITION OF TERMS<sup>1</sup>

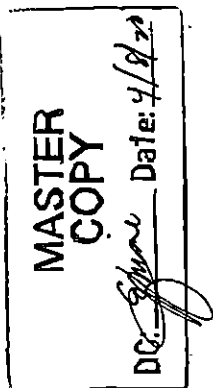
A. **Suspect case** – is a person who is presenting with any of the following conditions:

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.



<sup>1</sup> 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)

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- 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;

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- 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.

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## 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

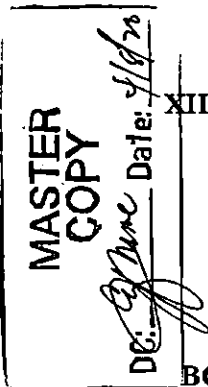
This repeals PhilHealth Circular No. 2020-0004 entitled "Enhancement of packages related to Coronavirus Infection."

## 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





Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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**PHILHEALTH CIRCULAR**  
**No. 2020-0010**

**TO : ALL ACCREDITED HEALTH CARE PROVIDERS,  
 ACCREDITED SARS-CoV-2 TESTING LABORATORIES  
 AND ALL OTHERS CONCERNED**

**SUBJECT : Benefit package for testing for SARS-CoV-2**

**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 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 diagnostic tests, PhilHealth, through PhilHealth Board Resolution No. 2516 s. 2020, shall cover the medical expenses for testing of SARS-CoV-2.

**II. OBJECTIVE**

This circular aims to establish the policy for the implementation of the benefit package for the testing for SARS-CoV-2.

**III. SCOPE**

This circular shall apply to all Filipinos tested for SARS-CoV-2, to the Research Institute for Tropical Medicine-Department of Health (RITM-DOH), and to all testing laboratories that are certified by RITM-DOH.

**IV. MINIMUM STANDARDS**

A. All RITM-DOH certified testing laboratories for SARS-CoV-2 that have the capacity to adhere to the following established standards and accepted protocols shall be accredited by PhilHealth to provide the following services:

1. Conduct of real time - polymerase chain reaction (RT-PCR) testing
2. Analysis and reporting of results

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B. Testing laboratories shall submit their official certification from the RITM-DOH to become accredited by PhilHealth for this benefit package.

**V. BENEFIT AVAILMENT**

A. All Filipinos who are classified as eligible for testing based on DOH guidelines, as well as all COVID-19 cases that require repeated testing can avail of the benefit package. Filipinos who are not registered in PhilHealth shall be automatically covered, provided that they complete member registration upon availment of the benefit package;

B. The single period of confinement and 45 days annual benefit limit shall not be applied in this benefit package;

C. Accredited testing laboratories are required to have an electronic health record of all patients who underwent the SARS-CoV-2 testing. If this is not available, a manual record of patients who underwent the SARS-CoV 2 testing shall be acceptable during the state of emergency;

D. The services included in this benefit package are the following :

1. Screening/clinical assessment
2. Diagnostic workup, as indicated
3. Specimen collection
4. Specimen transport
5. Conduct of RT-PCR testing (including the test kit)
6. Analysis and reporting of results

E. The case-based payment of the benefits for testing for SARS-CoV-2 that shall be available for any Filipino patient are indicated in Table 1. The testing laboratory accredited by PhilHealth and listed in the accreditation database may claim one of the following packages:

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**Table 1.** Packages for SARS-CoV-2 testing

Package Code	Description*	Package Amount (Php)
C19T1	All services for the testing are procured and provided by the testing laboratory	8,150
C19T2	Test kits are donated to the testing laboratory	5,450
C19T3	Test kits are donated to the testing laboratory; cost of running the laboratory and the RT-PCR machine for testing is included in the facility budget	2,710

\*Requires tagging in the integrated PhilHealth accreditation system (iPAS)

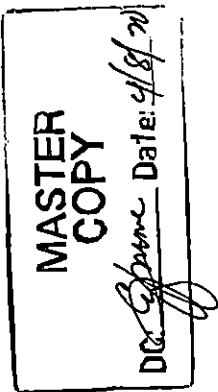




- F. PhilHealth shall pay the package amount for all services rendered by the SARS-CoV-2 testing laboratories;
1. The accredited testing laboratory shall establish or develop internal guidelines and process regarding transfer of corresponding payments to referring facilities for payment of screening, collection and transport of specimens.
  2. The accredited testing laboratories shall establish referral agreement with the referring facility for the following services
    - a) Screening / clinical assessment
    - b) Diagnostic work-up
    - c) Specimen collection
    - d) Specimen transport
- G. Patients shall not be charged co-payment for services received for the test for SARS-CoV-2;
- H. The benefit package shall be updated as needed to reflect current protocols and standards in collaboration with relevant institutions, experts, and stakeholders.

## VI. CLAIMS FILING AND REIMBURSEMENT

- A. Claims applications for this benefit package for SARS-CoV-2 testing shall be filed separately from other COVID-19 claims;
- B. While claims submission is not yet fully automated, manual filing of claims shall be acceptable;
- C. There shall be **no** direct filing of claims for SARS-CoV-2 testing by members except for tests conducted during the period of 1 February 2020 to 14 April 2020;
- D. Requirements for claims applications include the following documents:
  1. Properly accomplished Claim Form 2 (CF2)
  2. Certified true copy of Case Investigation Form (CIF) that is prescribed by the DOH
  3. Official receipts are required for directly filed claims for tests conducted during the period of 1 February 2020 to 14 April 2020.
- E. Claims for multiple testing of samples of a patient may be filed in one Claim Form 2;
- F. All claims for the testing for SARS-CoV-2 must be filed within 60 calendar days from receipt of the specimen by the testing laboratory. Rules on late filing 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;

- G. All claims applications shall have complete attachments as required in the policy;
- H. Claims applications shall be processed by PhilHealth within the prescribed filing period provided that all requirements are complied with.
  - 1. Claims for SARS-CoV-2 Testing package shall be filed with special tagging in the accreditation system for this purpose;
  - 2. All claims for SARS-CoV-2 testing shall be paid directly to the accredited SARS-CoV-2 testing laboratory except for claims that were directly filed to PhilHealth by members;
  - 3. 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;
  - 4. Claims with incomplete requirements, discrepancy/ies shall be returned to sender (RTS) for compliance within 60 calendar days from receipt of notice.

## VII. MONITORING

- A. All accredited SARS-CoV-2 testing laboratories claiming for this benefit package shall be subject to the rules on monitoring set by PhilHealth. For tagging the iPAS, PhilHealth shall secure from the DOH the distribution list of all testing laboratories with donated test kits as well as those laboratories with operation costs funded by the government to run the RT-PCR test;
- B. Copies of referral agreements shall be maintained by the testing laboratories and such documents shall be made available to PhilHealth authorized personnel at all times;
- C. Feedback mechanisms shall be established to monitor implementation issues and concerns;
- D. PhilHealth shall coordinate with DOH for data sharing on the list of patients availing of the SARS-CoV-2 Testing. PhilHealth should eventually develop its own registry for facilities accredited by PhilHealth for SARS-CoV-2 testing.

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**VIII. EFFECTIVITY**

This Circular shall take effect immediately with retroactive coverage for all qualified SARS-CoV-2 tests conducted in RITM, RITM-DOH certified and accredited laboratories starting 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.

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

Date: 4/8/22

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**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**<sup>1</sup> – 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**<sup>2</sup> – 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.

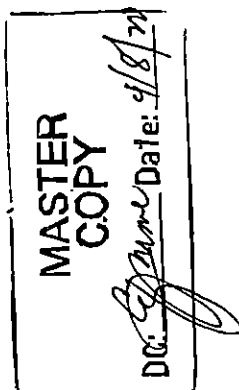
C. **Confirmed case**<sup>3</sup> – any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory-confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or officially accredited laboratory testing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

<sup>1</sup> 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

<sup>2</sup> ibid

<sup>3</sup> ibid



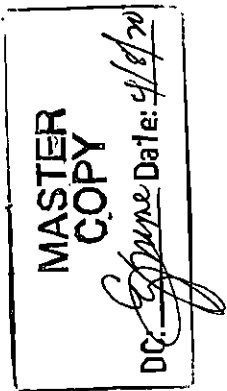
## V. SPECIFIC GUIDELINES

- 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

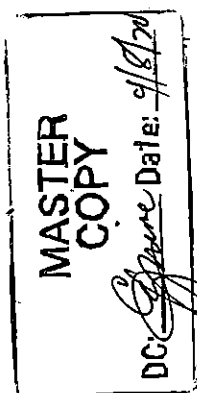
I. All mandatory deductions as provided by law, such as, but not limited to senior citizen discounts, PWD discounts, etc. and all other health benefits such as, but not limited to, health maintenance organizations (HMOs), private health insurance (PHIs), and employee discounts shall be deducted first 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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**BGEN RICARDO C. MORALES, AFP (RET) FICD**  
President and Chief Executive Officer

Date: 4/8/2020

