



Republic of the Philippines
Department of Education
Region XI
SCHOOLS DIVISION OF DIGOS CITY
Digos City

OFFICE OF THE SCHOOLS DIVISION SUPERINTENDENT

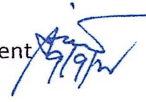
DIVISION MEMORANDUM ADDENDUM
No. 414, s. 2020

September 9, 2020

**PROTOCOLS, ON HOSPITALIZATION, TREATMENT, AND HEALTH INSURANCE COVERAGE OF THE
COVID- 19 AFFECTED LEARNERS AND TEACHERS**

TO: Assistant Schools Division Superintendent
Chief Education Supervisors (CID & SGOD)
Public Schools District Supervisors
All Elementary and Secondary School Administrators
All Elementary and High School (JHS and SHS) Learners

1. Attached herewith is the unnumbered Memorandum from **EVELYN R. FETALVERO, CESO IV**, Assistant Regional Director, Officer – in- Charge, Office of the Regional Director informing the field on the **PROTOCOLS ON HOSPITALIZATION, TREATMENT AND HEALTH INSURANCE COVERAGE OF THE COVID –19 AFFECTED LEARNERS AND TEACHERS**, wherein if students or teachers develop COVID – like symptoms, they may approach the nearest health for assessment and initial management.
2. All patients from the suspect, probable and confirmed COVID – 19 positive will be served by the various Temporary Treatment and Monitoring Facilities (TTMF) across the Region together with the designated COVID – 19 referral hospital – Southern Philippines Medical Center (SPMC) and Davao Regional Medical Center (DRMC).
3. Moreover, PhilHealth has available benefit packages for the Community Isolation, Temporary Treatment Monitoring Facilities and Inpatient Care in our COVID – 19 referral hospitals which can be availed by both the learners and teachers.
4. Attached are copies of the relevant PhilHealth circulars for your reference and guidance.
5. Immediate and wide dissemination of the Memorandum is desired.


CRISTY C. EPE
Schools Division Superintendent 



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DepEd Schools Division of Digos City
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DATE: 11 SEP 2020 TIME: 12:01
BY: 



Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

MEMORANDUM

To : Schools Division Superintendents

Subject: PROTOCOLS ON HOSPITALIZATION, TREATMENT AND
HEALTH INSURANCE COVERAGE OF THE COVID-19
AFFECTED LEARNERS AND TEACHERS

Date : September 8, 2020

Herewith is a letter from **DR. ANNABELLE P. YUMANG**, Regional Director of the Department of Health XI – Davao Center for Health Development informing this Office on the protocols on hospitalization, treatment and health insurance coverage of the COVID-19 affected learners and teachers wherein if a student or a teacher develop COVID-like symptoms, they may approach the nearest health center for assessment and initial management.

All patients from suspect, probable and confirmed COVID-19 positive will be served by the various Temporary Treatment and Monitoring Facilities (TTMF) across the Region together with the designated COVID-19 referral hospitals – Southern Philippines Medical Center (SPMC) and Davao Regional Medical Center (DRMC).

Moreover, PhilHealth has available benefit packages for Community Isolation, Temporary Treatment Monitoring Facilities and Inpatient Care in our COVID-19 referral hospitals which can be availed by both the learners and teachers.

Attached are the copies of the relevant PhilHealth circulars for your reference and guidance.

Immediate and wide dissemination of this Memorandum is desired.


EVELYN R. FETALVERO, CESO IV
Assistant Regional Director
Officer-In-Charge
Office of the Regional Director

Enclosed: *As stated*
ROE/smic *09/26 - 71/73*



Address: F. Torres St., Davao City (8000)
Telephone Nos.: (082) 291-1665; (082) 221-6147





Republic of the Philippines
Department of Health

DAVAO CENTER FOR HEALTH DEVELOPMENT



7/2/17

August 14, 2020

DIR. MARIA LOURDES D. LIM, CESO II
RDC XI Vice Chairperson
NEDA XI Regional Director
KM 7, Bangkal, 8000 Davao City

Dear Dir. Lim,

This is in reference to the Regional Development Council (RDC) XI Resolution No. 74, s. 2020, specifically paragraph 4, requesting the support of Philippine Health Insurance Corporation (Philhealth) XI and Department of Health (DOH) XI for the hospitalization, treatment and health insurance coverage of the affected learners and teachers.

Please be informed that in the event wherein students and teachers develop COVID-like symptoms, they may approach the nearest health center for assessment and initial management. All patients from suspect, probable and confirmed COVID will be served by the various Temporary Treatment and Monitoring Facilities across the region together with our designated COVID-19 referral hospitals - Southern Philippines Medical Center and Davao Regional Medical Center.

Moreover, PhilHealth has available benefit packages for Community Isolation, Temporary Treatment Monitoring Facilities and Inpatient Care in our COVID-19 referral hospitals which can be availed by both the learners and teachers.

Attached are the copies of the relevant PhilHealth Circulars for your immediate reference and guidance.

Yours truly,

ANNABELLE P. YUMANG, MD, MCH, CESO IV
Regional Director

✓ cc: **Dir. Evelyn R. Fetaivero, CESO IV**
Regional Director
Department of Education RO XI
Jacinto Ext. Corner F. Torres St
8000 Davao City

Cc: **Mr. Hector Zenon P. Maleta**
Acting Regional Vice President
Philhealth Regional Office XI
8000 Davao City

Training/PDT

DOH Compound, JP Laurel Ave., Bajada, Davao City • Trunklines: +63 (82) 305-1903, 305-1904, 305-1906, 227-4073,
2272463; Fax 221-6320 • website: www.ro11.doh.gov.ph; email: doh11davao@gmail.com



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.



IV. DEFINITION OF TERMS¹

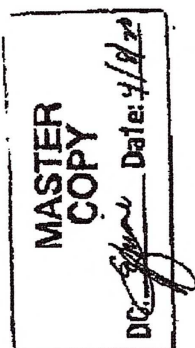
A. **Suspect case** – is a person who is presenting with any of the following conditions:

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)

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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)

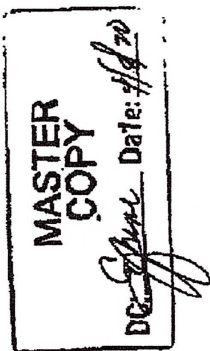
VII. CLAIMS FILING AND REIMBURSEMENT

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;



- 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.



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

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Date: 4/8/20

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

Date: 4/8/2020





PHILHEALTH CIRCULAR

No. 0000-0017

TO : ALL PHILHEALTH ACCREDITED SARS-CoV-2 TESTING LABORATORIES, PHILHEALTH MEMBERS AND ALL OTHERS CONCERNED

SUBJECT : Benefit package for SARS-CoV-2 testing using RT-PCR (Revision 1)

I. BACKGROUND

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.

II. RATIONALE

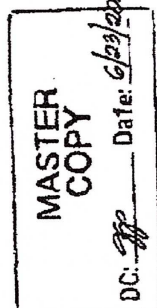
PhilHealth continues to review the COVID-19 benefit packages including the cost estimates for the SARS-CoV-2 test benefit package. The review of the packages is based on the Department of Health (DOH) guidelines such as indications for testing and licensing requirements for operating a COVID-19 testing laboratory. PhilHealth also considered the increase in the number of COVID-19 testing laboratories licensed by the DOH and the number of reverse transcriptase - polymerase chain reaction (RT-PCR) based COVID-19 test kits approved by the Food and Drug Administration (FDA). Thus, PhilHealth, through PhilHealth Board Resolution No. 2525 s. 2020, shall implement the revised benefit package for SARS-CoV-2 test by RT-PCR.

III. OBJECTIVE

This circular aims to establish the policy for the implementation of the benefit package for the SARS-CoV-2 test by RT-PCR.

IV. SCOPE

This circular shall apply to PhilHealth members tested for SARS-CoV-2 by RT-PCR as prescribed by the DOH and SARS-CoV-2 testing laboratories that are DOH licensed and accredited by PhilHealth.



Revised as of June 2020

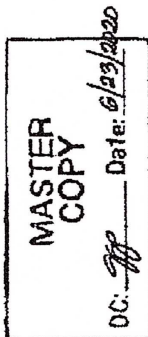
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V. MINIMUM STANDARDS FOR ACCREDITATION

- A. The guidelines for accrediting SARS-CoV-2 testing laboratories are listed in Annex A;
- B. For stand-alone testing laboratories, PhilHealth shall accredit testing facilities that are licensed by the DOH and presumed compliant to DOH guidelines;
- C. For currently accredited health facilities that are DOH licensed as SARS-CoV-2 testing laboratories, PhilHealth shall automatically include the said service in their accreditation records with validity based on the DOH license issued to them.

VI. BENEFIT AVAILMENT

- A. PhilHealth members entitled to the benefit package for SARS-CoV-2 testing by RT-PCR shall be based on applicable DOH guidelines (Annex B) or its revisions/amendments in consideration of the evolving clinical management for COVID-19. PhilHealth shall disseminate updates accordingly;
- B. Filipinos who are not registered in PhilHealth shall automatically be covered, provided that they complete member registration upon availment of the benefit package. During the state of national emergency, the Care Investigation Form (CIF), as required in Item VII.F.2 for claims filing and reimbursement, shall serve as the basis for the PhilHealth Identification Number (PIN) assignment, provided however, that the CIF should include the contact number for purposes of validation and verification. The requirement for PhilHealth Member Registration Form (PMRF) for registration and PIN assignment shall resume upon lifting of the state of national emergency;
- C. The single period of confinement and 45 days annual benefit limit shall not be applied in this benefit package;
- D. PhilHealth accredited testing laboratories are required to have an electronic health record of all patients who underwent the SARS-CoV-2 testing by RT-PCR. If this is not available, a manual record of patients who underwent the SARS-CoV-2 testing by RT-PCR shall be acceptable during the state of national emergency;
- E. The complete services or minimum standards included in this benefit package are the following:
 - 1. Screening/clinical assessment
 - 2. Specimen collection
 - 3. Specimen handling
 - 4. Conduct of RT-PCR testing (including the test kit and other supplies)
 - 5. Analysis and reporting of results
- F. PhilHealth members eligible for coverage for SARS-CoV-2 testing, based on DOH issuances and their future revisions/amendments, shall not be charged co-payment for these services included in the benefit package;



Revised as of June 2020

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G. The case-based payment of the benefit package for testing for SARS-CoV-2 by RT-PCR is indicated in the table provided. The accredited PhilHealth testing laboratories may claim the following packages:

Packages for SARS-CoV-2 testing by RT-PCR

Package Code	Condition for payment	Services covered by PhilHealth	Package Amount (Php)
C19T1	All services and supplies for the testing are procured and provided by the testing laboratory	Complete services or minimum standards	3,409
C19T2	Test kits are donated to the testing laboratory	Screening/ clinical assessment, specimen collection and handling, conduct of RT-PCR testing and analysis of results	2,077
C19T3	Test kits are donated to the testing laboratory; cost of running the laboratory and the RT-PCR machine for testing are subsidized by the government	Screening/ clinical assessment, specimen collection and handling	901

- H. PhilHealth shall pay the package amount for services for SARS-CoV-2 test by RT-PCR directly to the PhilHealth accredited testing laboratories;
- I. The testing laboratories shall be responsible for the reimbursement of the swabbing centers or referring facilities for the screening, specimen collection and handling;
- J. The benefit package shall be updated as needed to reflect current protocols and standards, and significant changes in market prices of supplies and commodities, among others, in collaboration with relevant institutions, experts, and stakeholders.

VII. CLAIMS FILING AND REIMBURSEMENT

The following are the rules for claims filing and reimbursement:

- A. All claims for SARS-CoV-2 testing shall be filed via the electronic system certified by PhilHealth. While the system is not yet fully functional, submission of claims shall be allowed via electronic media, such as compact disk (CD), hard disk or USB/flash drive;
- B. Subject to the requirements for claims filing, all claims shall be filed by the PhilHealth accredited SARS-CoV-2 testing laboratories. From 1 February 2020 to 14 April 2020, only services rendered within the validity period of the DOH license of the PhilHealth accredited SARS-CoV-2 testing laboratories can be reimbursed;

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Revised as of June 2020

- C. Members may be reimbursed the amount not exceeding the corresponding benefit for SARS-CoV-2 test if this benefit was not availed of or was not deducted from the actual charges, provided that the requirements in Item No. VII. F. of this circular are complied with;
- D. The basis for the payment of claims shall be the package code for the specific SARS-CoV-2 testing package availed of, which shall be indicated in the SARS-CoV-2 Claims Summary Form (Annex C). All claims shall be subject to monitoring and post audit;
- E. Claims applications for this benefit package for SARS-CoV-2 testing by RT-PCR shall be filed separately from other COVID-19 claims. These include claims for test done on patients admitted in PhilHealth accredited healthcare providers (HCP) with DOH license as SARS-CoV-2 testing laboratory;
- F. The following are the required documents for claims filing:
1. Properly accomplished SARS-CoV-2 Claims Summary Form (preferably in MS Excel format or CSV file)
 2. Scanned copy of the properly accomplished CIF that is prescribed by the DOH (preferably in PDF format)
 3. Itemized billing statement, which includes the readers' fees (preferably in MS Excel format or CSV file)
 4. For directly filed claims, original copy of the official receipt and waiver (Annex D) issued by the PhilHealth accredited SARS-CoV-2 testing laboratory that the member paid the full amount for the SARS-CoV-2 testing and no PhilHealth deduction was made

The Claims Signature Form (CSF), Claim Form 1 (CF1), CF2, CF3, CF4 and summarized statement of account (SOA) are **not** required;

- G. All claims applications shall have complete attachments as required in Item VII.F of this policy. Claims with incomplete attachments shall be returned to the testing laboratory/HCP following the existing rule on Return to Sender (RTS);
- H. All claims for the testing for SARS-CoV-2 by RT-PCR shall be filed within 60 calendar days from the date of the test. 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;
- I. PhilHealth shall reimburse for repeated tests as prescribed in the DOH guidelines;
- J. Dates of repeat tests should be indicated in the SARS-CoV-2 Claims Summary Form;
- K. Rules on late filing shall apply;
- L. Claims applications shall be processed by PhilHealth within the prescribed period for claims processing provided that all requirements are complied with.

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VIII. MONITORING

- A. All PhilHealth accredited SARS-CoV-2 testing laboratories claiming for this benefit package shall be subject to the rules on monitoring set by PhilHealth. PhilHealth shall secure from the DOH and coordinate with the appropriate agencies for the distribution list of all donations and subsidies, among others, relevant to the benefit package;
- B. Feedback mechanisms on the package implementation shall be established to address implementation issues and concerns;
- C. PhilHealth shall coordinate with the DOH for data sharing on the list of patients availing of the SARS-CoV-2 testing benefit package. PhilHealth shall develop its own claims registry/database of facilities accredited by PhilHealth for SARS-CoV-2 testing;
- D. All adverse monitoring findings regarding non-compliance to the provision of this policy and other related issuances shall be validated and subject to provider performance assessment without prejudice to filing of appropriate legal action.

IX. REPEALING CLAUSE

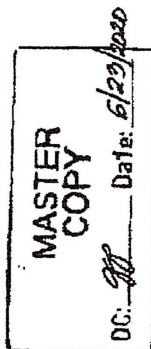
This policy repeals PhilHealth Circular No. 2020-0010 entitled "Benefit package for testing for SARS-CoV-2."

X. EFFECTIVITY

This Circular shall take effect immediately upon publication in a newspaper of general circulation and shall be deposited with the National Administrative Register, University of the Philippines Law Center.

XI. LIST OF ANNEXES (Annexes shall be uploaded in the PhilHealth website)

- | | |
|-----------|--|
| Annex "A" | Guidelines on the Application for Accreditation of SARS-CoV-2 Testing Laboratories |
| Annex "B" | Priority individuals and healthcare workers for SARS-CoV-2 testing |
| Annex "C" | SARS-CoV-2 Claims Summary Form |
| Annex "D" | Waiver for Directly Filed Claims for SARS-CoV-2 testing benefit package |



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

Date: *22 June 2020*



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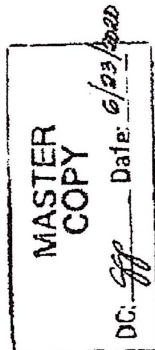
Guidelines on the Application for Accreditation of SARS-CoV-2 Testing Laboratories

1. All currently accredited health facilities with DOH license for SARS-CoV-2 testing laboratory do not need to apply for accreditation. PhilHealth shall automatically include the said service in their accreditation records with validity starting on the date that the DOH granted its license. Testing laboratory for SARS-CoV-2 in currently accredited health facility shall submit a fully accomplished Auto Credit Payment System (ACPS) form ONLY IF payment for the laboratory benefit shall be separate from regular claims of the accredited health facility.
2. Requirements for non-hospital based testing laboratory for SARS-CoV-2 or laboratory of a non-accredited health facility:
 - a. Inclusion in the list of DOH certified and licensed SARS-COV-2 testing laboratory
 - b. Accomplished Provider Data Record
 - c. Performance Commitment (signed on each page)
 - d. Fully accomplished Auto Credit Payment System (ACPS) form
3. All requirements for accreditation of testing laboratories mentioned in No. 2 shall be scanned and emailed to the respective PhilHealth Regional Offices. The Provider Data Record, Performance Commitment, and the ACPS forms can be downloaded at <https://www.philhealth.gov.ph/downloads/>.

PRO	Email address	Name
1	accre.pro1@philhealth.gov.ph	PRO1 - Accreditation
2	accre.pro2@philhealth.gov.ph	PRO2 - Accreditation
3	accre.pro3@philhealth.gov.ph	PRO3 - Accreditation
4A	accre.pro4a@philhealth.gov.ph	PRO4A - Accreditation
4B	accre.pro4b@philhealth.gov.ph	accre.pro4b
5	accre.pro5@philhealth.gov.ph	PRO5 - Accreditation
6	accre.pro6@philhealth.gov.ph	PRO6 - Accreditation
7	accre.pro7@philhealth.gov.ph	PRO7 - Accreditation
8	accre.pro8@philhealth.gov.ph	PRO8 - Accreditation
9	accre.pro9@philhealth.gov.ph	accre.pro9
10	pro10aqas@gmail.com	PhilHealth Aqas
11	philhealthdavao.aqas@gmail.com	philhealthdavao.aqas
12	accre.pro12@philhealth.gov.ph	PRO12 - Accreditation
CARAGA	accre.procaraga@philhealth.gov.ph	PROCARAGA - Accreditation
BARMM	accre.proarmm@philhealth.gov.ph	accre.proarmm
CAR	accre.procar@philhealth.gov.ph	PROCAR - Accreditation
NCR	proncr.hcdmd@yahoo.com	PRO NCR HCDMD

4. The accreditation shall be valid from the date that the DOH license was granted to the testing laboratory and shall end on December 31, 2020. A Certificate of Accreditation shall be issued to the accredited testing laboratory by the PRO via email.

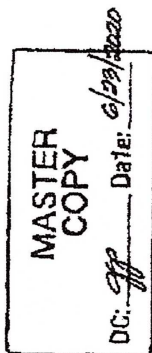
Source: PhilHealth Accreditation Department as of June 8, 2020



Priority individuals and healthcare workers for SARS-CoV-2 testing

The following reflects the sub-groups of at-risk individuals arranged in order of greatest to lowest need for testing:

- a. **Subgroup A:** Patients or healthcare workers with severe/critical symptoms, relevant history of travel/contact;
- b. **Subgroup B:** Patients or healthcare workers with mild symptoms, relevant history of travel/contact, and considered vulnerable. Vulnerable populations include those elderly and with preexisting medical conditions that predispose them to severe presentation and complications of COVID-19. These also include:
 - i. Pregnant patients who shall be tested during the peripartum period;
 - ii. Dialysis patients and patients on immunosuppressed states, such as those in chemotherapy or radiotherapy, who shall be tested at the discretion of the attending physician, following the existing guidelines of Philippine Society for Microbiology and Infectious Diseases;
- c. **Subgroup C:** Patients or healthcare workers with mild symptoms, relevant history of travel/contact;
- d. **Subgroup D:** Patients or healthcare workers with no symptoms but relevant history of travel/contact, with special attention to those living in confined spaces such as persons deprived of liberty or institutionalized persons;
- e. **Subgroup E:** Frontliners indirectly involved in health care provision in the response against COVID-19 which includes, but not limited to the following:
 - i. Personnel manning the Temporary Treatment and Quarantine Facilities (LGU- and Nationally-managed);
 - ii. Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection, and others;
 - iii. National/Regional/Local Risk Reduction and Management Teams;
 - iv. Barangay Health Emergency Response teams and barangay officials providing border control and performing COVID-19 related tasks;
 - v. Personnel of Bureau of Corrections and Bureau of Jail Penology and Management;
 - vi. Personnel manning the One-Stop-Shop in the Management of the Returning Overseas Filipinos;
 - vii. Personnel serving at the COVID-19 swabbing center;
 - viii. Social workers providing amelioration and relief assistance to communities and performing COVID-19 related tasks; and
 - ix. All personnel (national and local) directly involved in the response against COVID-19;
- f. **Subgroup F:** Other vulnerable patients such as those with comorbidities like, those who will undergo high-risk elective surgical procedures, those who are pregnant, elderly, immunocompromised, and others.



Source: Department of Health (2020). Department Memorandum No. 2020-0258-Updated Interim Guidelines on Expanded Testing for COVID-19. <https://www.doh.gov.ph/sites/default/files/health-npdate/dor2020-0258.pdf>

SARS-CoV-2 CLAIMS SUMMARY FORM

Articles 16

[illegible]

and clearly that we were needed, were recognized in the patients' behavior, and that we were providing services and that there was a need for them, as well as the legal and political environment, are the end criteria.

התקן המכונה "מכשיר לטיפול בבעיות של תאבון"

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Date Viewed

I. Indicate the corresponding letter of the subgroup(s) in the item for "Subgroup" - A Subgroups of individuals and healthcare workers: - B Patients or healthcare workers with severe febrile symptoms, release of history of travel/contact - C Patients or healthcare workers with mild symptoms, relevant history of travel/contact - D Patients or healthcare workers with mild symptoms, relevant history of travel/contact - E Patients or healthcare workers with no symptoms but risk factors of travel/contact, with special measures at home living in confined space - F Asymptomatic individuals involved in health care provision in the response against COVID-19 - G Other subcategory patients	II. Indicate the corresponding number(s) in the column "Specimen collected by Public Health Services conducted by PHC staff": 1 Screening/clinical assessment 2 Specimen collection 3 Specimen handling 4 Conduct of RT-PCR testing 5 Analysis and reporting of results	III. Indicate the SARS-CoV-2 testing package provided in the column "Package code" SARS-CoV-2 testing packages: - CPT1 All services and supplies for the testing are purchased and provided by the testing laboratory - CPT2 Test kits are donated to the testing laboratory - CPT3 Test kits are donated to the service laboratory; cost of running the laboratory and the RT-PCR machine for among is subvented by the government	IV. Indicate the corresponding letter of the subgroup(s) in the item for "Subgroup" V. Indicate the corresponding number(s) in the column "Specimen collected by Public Health Services conducted by PHC staff": 1 Screening/clinical assessment 2 Specimen collection 3 Specimen handling 4 Conduct of RT-PCR testing 5 Analysis and reporting of results	VI. Indicate the corresponding letter of the subgroup(s) in the item for "Subgroup" VII. Indicate the corresponding number(s) in the column "Specimen collected by Public Health Services conducted by PHC staff": 1 Screening/clinical assessment 2 Specimen collection 3 Specimen handling 4 Conduct of RT-PCR testing 5 Analysis and reporting of results
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1. The information contained in the S.A.B.S. C-11-2 document herein shall be used in the purpose of relieving the severity of the climate in efficient processing of benefit payments. Further, contained herein shall be entered in the Public Policy Research Institute.

MAILED COPY
Date: 11 DC:

Waiver for Directly Filed Claims for SARS-CoV-2 Testing Package

[PHILHEALTH ACCREDITED SARS-CoV-2 TESTING LABORATORY/HCP LOGO]

(Date)

To PhilHealth:

This is to certify that based on our records, _____
(Patient's last name, first name, name extension, middle name)

who was tested for SARS-CoV-2 at _____
(Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCT)

on _____
(Date/s of test/s mm/dd/yyyy)

had no PhilHealth deductions for the laboratory charges and reader's fees upon the conduct of the test
procedure/s. All charges to the amount of _____
(Amount in words)

(Php _____) were fully paid by the patient/member under Official Receipt No/s.

PhilHealth benefits for SARS-CoV-2 testing were not availed of or was not deducted from the
actual charges for the following reason/s:

(Reason/s)

This waiver is being issued upon the request of _____
(Patient's/member's last name, first name, name extension, middle name)

for whatever legal purpose it may serve.

(Signature over printed name of the authorized testing laboratory/HCP representative)

(Designation of the authorized testing laboratory/HCP representative)

(Date signed)

Conforme:

(Signature over printed name of the patient/member/authorized representative)

(Date signed)

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DC: off Date: 6/23/2020



PHILHEALTH CIRCULAR
No. 2020-0018

TO : ALL PHILHEALTH MEMBERS, ACCREDITED HEALTH CARE INSTITUTIONS/ PROVIDERS, PHILHEALTH REGIONAL OFFICES, BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Guidelines on the COVID-19 Community Isolation Benefit Package (CCIBP) (Revision 1)

I. RATIONALE

In addressing the COVID-19 global pandemic, the President of the Philippines, through Republic Act 11469 (Bayanihan to Heal as One Act) and Presidential Proclamation No. 929 s.2020, declared a State of Public Health Emergency and subsequently imposed an Enhanced Community Quarantine (ECQ) throughout Luzon. In response, PhilHealth, through PhilHealth Board Resolution No. 2516 s. 2020, committed to develop benefit packages providing for health services, including community-based isolation, to all Filipinos affected by the COVID-19.

II. OBJECTIVE

This Circular aims to provide coverage for all Filipinos for health services in identified Community Isolation Units (CIUs) for COVID-19. It aims to operationalize the PhilHealth COVID-19 Community Isolation Benefit Package (CCIBP) and provide specific guidelines for benefit availment and applicable payment mechanism, reporting rules and performance assessment.

III. SCOPE

This Circular shall apply to all claims for services provided by identified publicly or privately-run facilities temporarily serving as Community Isolation Units (CIUs) in response to the COVID-19 global pandemic.

IV. DEFINITION OF TERMS

- a. **Case Investigation Form (CIF)**¹ - *electronic* reporting form specific for COVID-19 data that allows standard reporting of information for epidemiologic study and monitoring.
- b. **Confirmed Case**² - any individual, irrespective of presence or absence of clinical signs and symptoms, who is confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, or any other officially accredited laboratory testing facility as prescribed by the Department of Health (DOH).

¹ Joint Administrative Order No. 2020-0001: Guidelines on Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) and the Community-based Management of Mild COVID-19 Cases

² Administrative Order No. 2020-0013: Revised Administrative Order No. 2020-0012 "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health dated March 17, 2020.



- c. **Community Isolation Units (CIUs)**³—a DOH certified publicly or privately owned non-hospital facilities set-up in coordination with or by the national government (NG) or local government units (LGUs) to serve as quarantine facilities for COVID-19 cases, based on DOH guidelines. *Examples of CIUs include LIGTAS COVID Centers and Mega LIGTAS COVID Centers.*
- d. **Free Standing Facility** - a facility that does not share basic services with a hospital-based provider.
- e. **Isolation**⁴ - the separation of ill or infected persons from others to prevent the spread of infection or contamination.
- f. **Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) center**⁵ - a community-managed facility within a barangay, municipality, city or province, where contact, suspect, probable, and confirmed cases of COVID-19 with mild symptoms, whose home environment cannot support physical distancing (e.g. crowded living conditions) can be temporarily housed for quarantine or isolation, which is linked to a health care institution (HCI) for referral purposes. A LIGTAS COVID Center is one type of Community Isolation Unit (CIU).
- g. **Mega LIGTAS COVID Center**⁶— larger scale versions of the LIGTAS COVID Center, managed by the national government and also referred to as Temporary Treatment and Monitoring Facilities (TTMF), operating at the provincial/regional level to supplement LIGTAS COVID Centers and properly refer patients to appropriate facilities in accordance with separate guidelines for the purpose to be issued by the DOH.
- h. **Probable Case**⁷ — a suspect case who fulfills any of the following:
 - i. Suspect case for whom laboratory testing for COVID-19 is inconclusive or not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing; or
 - ii. Suspect case for whom testing could not be performed for any reason.
- i. **Suspect Case**⁸— a person who is presenting with any of the following conditions:
 - i. Severe Acute Respiratory Infection (SARI), where NO other etiology fully explains the clinical presentation; or
 - ii. Influenza-like illness (ILI), with any of the following: 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 with contact to a probable or confirmed case of COVID-19 during the 14 days prior to the onset of symptoms; or under monitoring as contact of COVID-19 cases.

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³ Joint Administrative Order No. 2020-0001: Guidelines on Local Isolation and General Treatment Areas for COVID-19 cases (LIGTAS COVID) and the Community-based Management of Mild COVID-19 Cases

⁴ *ibid*

⁵ *ibid*

⁶ *ibid*

⁷ Administrative Order No. 2020-0013: Revised Administrative Order No. 2020-0012 "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health dated March 17, 2020.

⁸ *ibid*



V. SPECIFIC GUIDELINES

A. ACCREDITATION OF COMMUNITY ISOLATION UNITS (CIUs) AS PROVIDERS OF THE COVID19 COMMUNITY ISOLATION BENEFIT (CCIBP)

1. CIUs shall either be:
 - a. Free standing facilities, including converted non-hospital facilities such as *LIGTAS COVID and Mega LIGTAS COVID Centers*, and level 1 (L1) hospitals, set up and managed by the local government unit (LGU) or national government (NG) linked to a *PhilHealth accredited* level 2 (L2) or level 3 (L3) referral hospital, or
 - b. Facilities set-up and managed by a publicly or privately owned L2 or L3 hospital in coordination with a LGU or the NG, provided that (1) there is no LGU or NG managed CIU in or nearby the municipality and/or (2) *the LGU and/or NG recognizes the need and provides explicit permission for the L2 or L3 hospital to set-up a CIU.*
2. In order to be eligible to provide the CCIBP, CIUs must be certified by DOH and accredited by PhilHealth.
3. All CIUs seeking accreditation shall have to establish referral arrangements with a higher-level facility. CIUs shall be allowed to declare only *PhilHealth accredited* L2 or L3 hospitals as referral facilities. Referral facilities shall provide technical support and shall service patients needing endorsement to a higher-level facility as defined in applicable DOH guidelines.
4. All public and private facilities certified by the DOH as CIUs shall be deemed accredited by PhilHealth for the COVID-19 Community Isolation Benefit Package (CCIBP), provided they submit to PhilHealth the following:
 - a. Proof of DOH certification or inclusion in the list of DOH certified CIUs from Center for Health Development (CHDs).
 - b. Provider Data Record (see Annex A)
 - c. Signed performance commitment (see Annex B)
 - d. Supplemental Provider Data Record (see annex C)*
 - e. *Authorization from PhilHealth accredited partner facilities with eClaim system such as MCP, TB-DOTS, hospitals, for electronic claims submission and reimbursement arrangements (see part II of Annex C)*

**Supplemental PDR may be submitted after accreditation prior to the release of their reimbursements.*

5. Different variations of ownership and management arrangements in setting up the CIU (see Annex D) shall be permitted provided that (1) *the CIU facility and its designated manager is clearly identified*, (2) *the CIU and its partners have an agreement to file and submit claims and receive claim payments electronically in a way that is consistent with existing PhilHealth guidelines and procedures*, and (3) *the CIU and its partners have an agreement for referral arrangements.*

B. BENEFIT PACKAGE

1. The COVID-19 Community Isolation Benefit Package (CCIBP) shall include all identified services needed to effectively manage cases needing isolation, based on applicable guidelines adopted by DOH, whether suspect, probable, confirmed, or otherwise (see Annex E).

Page 3 of 6



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2. Standards for these health services shall be made in accordance with the applicable guidelines set forth by the DOH. Any further changes to the applicable DOH guidelines shall immediately take precedence and shall serve as the basis for reimbursement. *The benefit package shall be updated as needed to reflect current protocols and standards in collaboration with relevant institutions, experts and stakeholders.*
3. The package shall cover all inputs and activities within the entire episode of care at the CIU including payment for staff and professional fees, medicine, diagnostics, transport and other operational cost.
4. Testing and inpatient services for COVID-19 patients shall be covered by other applicable COVID-19 case rates.

C. AVAILMENT OF THE BENEFIT PACKAGE FOR COMMUNITY ISOLATION

1. Criteria for availment of the package:

- a. All PhilHealth registered Filipinos shall be eligible for the benefit. *Patients who are not yet registered with PhilHealth shall be required to accomplish the PhilHealth Membership Registration Form (PMRF) for the issuance of their PhilHealth Identification Number (PIN).*

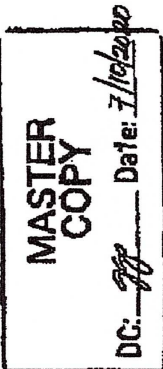
Accredited health facilities shall be authorized to facilitate the electronic submission of PMRF and supporting documents for the registration and updating of records of their respective patients using applicable online platforms. (PC 2020-0007 Section V, Letter E No. 5)

- b. To avail of the benefit, the beneficiary must meet the clinical and/or social criteria as stated in the applicable issuances of the DOH (*see Annex F*).

2. Package Rate and Rules on Co-pay (*see Annex G*)

3. Claims Filing and Reimbursement

- a. *Whenever applicable*, the CIU, through its partner facility, can file a claim using the e-Claim system for patients who were discharged after providing all mandatory services (*see Annex E*). Claims for testing for SARS-CoV-2 should be filed separately in accordance to PhilHealth Circular on COVID-19 testing.
- b. All claim application shall include the following:
 - i. *Claim Form 2 (CF2)*
 - ii. *Accomplished Claim Signature Form (CSF)*
- c. Direct filing of claims by beneficiaries shall not be allowed.
- d. All claims submitted by the accredited CIU shall be processed by PhilHealth within sixty (60) calendar days from receipt of claim provided that all requirements are fulfilled.
- e. *Claims shall be filed within 60 calendar days upon discharge of the patients. Existing rules on the late filing of claims shall apply.*
- f. *Claims with incomplete requirements/ discrepancy/ies shall be returned to sender (RTS) for compliance within 60 calendar days from receipt of notice.*
- g. The accredited CIU may apply for motion for reconsideration for all denied claims based on existing PhilHealth policies.
- h. In the event of the clinical deterioration of the patient, the CIU must follow the guidelines on patient transfers that have been set forth by the DOH. The accredited CIU may still file a claim for the services rendered to the patient.
- i. All claims filed for patients needing readmission to the CIU facility after discharge from an inpatient facility in accordance with DOH guidelines shall be filed as a new claim.
- j. In the event that the patient expires in the course of isolation, the accredited CIU may still file a claim for the CCIB package.



- k. *Converted non-hospital CIUs such as those identified as LIGLAS COVID and Mega LIGLAS COVID centers shall not be allowed to file for other case rates apart from CCIBP. Accredited hospitals and free standing facilities that are also DOH certified CIUs shall be allowed to continue to file claims for other case rates based on existing PhilHealth policies.*
- l. Claims shall be paid to the CIU or through its partner facility if applicable.
- m. Payments for services rendered and applicable payment terms, whether for claims processing and/or diagnostics and commodities support, shall be negotiated and settled between the CIU and its partner facilities.
- n. PhilHealth shall not prescribe a provider-facility share nor recommend charging rules for claims processing, for diagnostics and commodities support, and/or for any other shared costs between CIUs and their partner facilities.

VI. TRANSITORY PROVISION

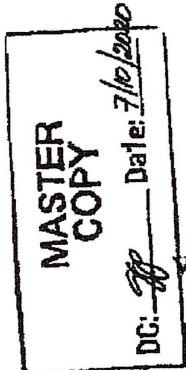
1. The CCIBP shall replace the Hospital Isolation Package on May 11, 2020. In the interim, accredited facilities may file claims for either of the packages in congruence with applicable PhilHealth rules and guidelines.
2. CIUs providing isolation services prior the effectivity of this Circular shall be allowed to file for claims retroactively for services provided starting February 1, 2020, provided that they meet all the accreditation requirements.
3. L2 or L3 hospital facilities providing isolation services to patients not needing higher level care with admissions between February 1, 2020 up to May 11, 2020 shall be allowed to file claims for the hospital isolation package.
4. During the transitory period, all new admissions for isolation shall have to be in CIUs unless there are no CIUs set up in the city/municipality or there are no identified CIUs catering to beneficiaries residing in the city/municipality.
5. During and after the transitory period, cities/municipalities with identified CIUs catering to their constituents, L2 and L3 hospitals shall not be allowed to file claims for the hospital isolation package for new hospital admissions.
6. During this period, claims for both the Hospital Isolation Package and the CCIBP filed for the same beneficiary for the same or for overlapping periods of confinement shall not be allowed. Doing so with clear intent shall be seen as a fraudulent act.
7. Should the period of hospital isolation include days that fall after May 11, 2020, the patient need not be transferred to a CIU. Instead, the accredited facility shall provide the full course of treatment and management as prescribed in the hospital isolation package. Consequently, they shall be entitled to file a claim for hospital isolation.

VII. PENALTY CLAUSE

Any violation of this Circular, terms and conditions of the Performance Commitment, and all existing related PhilHealth Circulars and directives shall be dealt with accordingly.

VIII. MONITORING AND EVALUATION

The PhilHealth, through its Healthcare Provider Performance Assessment System (HCP-PAS) shall employ mechanisms to assure members of the guaranteed quality healthcare they deserve. A monitoring and feedback system shall be implemented to assist providers to identify possible gaps in their practices or recommend mechanisms to ensure that they render the best possible service to their clients.



PhilHealth shall conduct a periodic review of this policy and specific provisions shall be revised as needed.

CIUs shall ensure that the patient medical record or chart inclusive of admitting history, CIF, patient monitoring sheet, and administered medication, shall be made available upon the behest of PhilHealth.

IX. ANNEXES

Annex A: Provider Data Records

Annex B: Performance Commitment

Annex C: Supplemental PDR

Annex D: Possible Scenarios in Terms of CIU Management and Ownership

Annex E: Mandatory and Other Health Services

Annex F: Clinical and/or Social Criteria

Annex G: Package Rate and Rules on Co-pay

Annex G1: Expenditure and Utilization Report

Annex G2: Case Investigation Form (CIF)

Annex G3: List of Admitted Patient

X. REPEALING CLAUSE

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

XI. DATE OF EFFECTIVITY

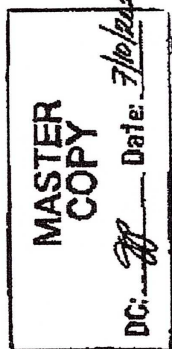
The Circular shall be effective immediately with retroactive application for all qualified claims for admissions in CIUs starting February 1, 2020.

This Circular shall be published in general circulation and deposited thereafter with the Office of the National Administrative Register at the University of the Philippines Law Center.

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

Date signed: 7/7

SUBJECT : Guidelines on the COVID-19 Community Isolation Benefit Package (CCIBP)
(Revision 1)



Annex A



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 City State Bldg., 709 Shaw Blvd., Pasig City
 Health Line 441-7444; www.philhealth.gov.ph

FOR March 2014



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 Health Care Institution)

Information and documentary requirements under Sec. 66 of the Implementing Rules and Regulations of RA 7875 as amended by RA 10608.

Name of Health Care Institution: (Please print legibly and provide appropriate species)

Accreditation Number/s		PhilHealth Employer Number	
Mailing/Billing Address:			
No./St./Brgy.			
Municipality/City		Province	ZIP Code
Contact Information			
Contact No.	Ext. 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 ☐ Specialty ☐ DOH-LTO No. _____

Hospital Level: ☐ Level 1 ☐ Level 2 ☐ Level 3

Validity of DOH-LTO: _____

B. Other Health Facilities:

Primary Care Facilities

☐ With Inpatient Beds* ☐ Outpatient Maternity ☐ 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 Maternity ☐ Animal Bite Package**

☐ Freestanding Dialysis Clinic (FDC)*

* Validity of DOH-LTO: _____

Specialized Outpatient Facility

☐ Ambulatory Surgical Clinic ☐ DOH-LTO No. _____

☐ MCP, DOTS** and PCB ☐ MCP and DOTS** ☐ MCP and PCB ☐ PCB and DOTS**

Nature of Ownership

1. Government

☐ National - DOH retained ☐ Local*

☐ DND / DOJ ☐ Province ☐ Municipality ☐ City ☐ District

☐ State Universities / Colleges ☐ Others

* Name of Incumbent LC _____

2. Private**

☐ Single Proprietor ☐ Partnership ☐ Corporation ☐ Others (Specify) _____

☐ Foundation ☐ Cooperative ☐ Civic organization

** Name of owner/s _____

Type of Application: (Please check)

☐ Initial Application ☐ Re-accreditation transactions

☐ Continuous Accreditation ☐ Transfer of location

☐ Re-accreditation* ☐ Change in facility classification

☐ Upgrading of hospital level

☐ Additional service

☐ Resumption of operation after closure/cessation of 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:		By: _____		Central No. _____	
Date Received:	_____	By: _____	_____	OR No. _____	_____
Date Evaluated:	_____	By: _____	_____	Date Paid _____	_____
Date Encoded:	_____	By: _____	_____	Amount _____	_____
_____		_____		_____	

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DC: JFF Date: 7/10/2020

ANNEX B

PC for HCI
April 2020

(Letterhead of Healthcare Provider)

(Date)
PHILIPPINE HEALTH INSURANCE CORPORATION
17th Flr., City State Centre Bldg.,
Shaw Blvd., Pasig City

SUBJECT : Performance Commitment for HCI (Rev 4)

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:

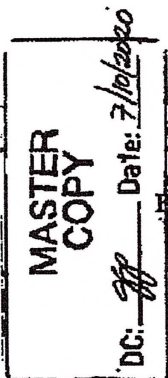
A. REPRESENTATION OF ELIGIBILITIES

1. That we are a duly DOH certified health care facility capable of delivering the services expected from the type of healthcare provider that we are applying for.
2. That we are owned by _____
and managed by _____
and doing business under the name of _____
with License/Certificate No. _____
3. That all professional health care providers in our facility, *as applicable*, 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:

3. That our officers, employees, and other personnel are members in good standing of the NHIP.
4. 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, as amended, including its Implementing Rules and Regulations (IRR) and PhilHealth policies issued pursuant thereto.



5. That we shall promptly inform PhilHealth prior to any change in the ownership and/or management of our institution.
6. 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.
7. 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.
8. That we shall abide with all the implementing rules and regulations, memorandum circulars, special orders, advisories and other administrative issuances by PhilHealth affecting us.
9. 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.
10. 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.
11. 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.
12. 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.
13. That being a government-owned (for public-owned facilities only) 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

14. That we are duly capable of delivering the CCIBP services for the duration of the validity of this commitment.
15. 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.
16. That we, being an accredited government hospital or infirmary/ASC/FDC/MCP/TB DOTS/ Animal Bite package/ DRTC/PCB and/or contracted provider for the Z benefit package provider, as applicable, shall provide the necessary drugs, supplies and services with no out-of-pocket expenses on the part of the qualified PhilHealth member and their

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DC: *gff* Date: 7/10/2020

dependents admitted or who consulted in the HCI, as mandated by the PhilHealth "No Balance Billing (NBB) Policy"

17. That we, being an accredited provider, shall abide by the rules set in the CCIBP, including the prescribed disposition of the PhilHealth reimbursements, as stated in the current guidelines, which shall be used by the HCI to be able to provide the mandatory services and ensure better health outcomes.
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.

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

31. 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.
32. 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.
33. 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.
34. 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.
35. That we shall comply with PhilHealth's summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.
36. 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.
37. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.

F. MISCELLANEOUS PROVISIONS

38. 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.
39. 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.
40. 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.

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41. 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:

42. 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, *as amended*, and its IRR.
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 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.

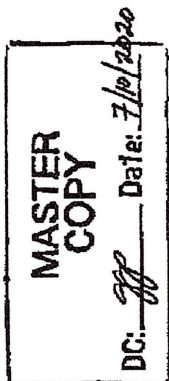
We commit to extend our full support in sharing PhilHealth's vision in achieving this noble objective of providing accessible quality health insurance coverage for all Filipinos.

Very truly yours,

Head of Facility/Medical Director/
Chief of Hospital/ Medical Center Chief

With my express conformity,

Local Chief Executive (if LGU-owned)/Owner



Annex C: Supplemental Provider Data Record

Part 1 - General Information			
Name of Facility:			
Address			
Address line 1:			
Address line 2:			
City/Municipality:		Province:	
Region:		Postal Code:	
Mobile No.:		Landline No (Office):	
Email Address:			
CIU Manager			
Last Name:		Middle Initial:	
First Name:		Suffix:	
Institutional Affiliation:			
Position:			
Catchment			
No. of Municipalities catered:			
Names of Municipalities catered:			
Referral Hospital 1			
Name of Facility:			
Address line 1:			
Address line 2:			
City/Municipality:		Province:	
Region:		Postal Code:	
Referral Hospital 2 (indicated N/A if no additional referral hospital)			
Name of Facility:			
Address line 1:			
Address line 2:			
City/Municipality:		Province:	
Region:		Postal Code:	
Referral Hospital 3 (indicated N/A if no additional referral hospital)			
Name of Facility:			
Address line 1:			
Address line 2:			
City/Municipality:		Province:	
Region:		Postal Code:	
In cases where there are more than 3 referral hospitals, please attach another form and fill out the "refer all hospital" section.			
Service Capacity			
Accommodations			
Ward type:			
No. of beds in ward type accommodations:			
No. of bathrooms for patients in ward type accommodations:			
Total No. of toilets for patients in ward type accommodations:			
Total No. of showers for patients in ward type accommodations:			
With cabaring for patients in ward accommodations (Y/N):			
Single Room:			
No. of beds in single rooms w/o ensuite bathroom:			
No. of beds in single rooms with ensuite bathroom:			
Human Resource			
Total no. of employed physicians:			
No. of physicians on duty/ day:			
Total no. of employed nurses:			
No. of nurses on duty/ day:			
Total no. of other health workers employed:			
List other types of health workers employed:			
Total no. of other non-health workers employed:			
List other types of non-health workers employed:			
I certify that the information submitted in this application is true and correct to the best of my knowledge.			
I further understand that any false statements may result in denial or revocation of my accreditation.			
For CIUS set up by Level 2 and Level 3 Hospitals			
Further, in signing this document, I confirm that I have coordinated and secured explicit permission from LGUs of the municipality/municipalities identified above to serve as a CIU catering to their constituency.			

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XXX, CIU Manager

Part II - Authorization

This is to authorize (Name of the CIU facility) to use our e-Claim system for the filing and submission of Contin-19 Community Isolation Bangli Package (CCBP) claims using its own PhilHealth Accreditation Number (PAN) and other leg. Further, all PhilHealth reimbursements for the CIU's filed claims shall be credited to the (name of beneficiary) ACRS account and shall subsequently be disbursed to the said CIU based on agreed terms.

For this purpose, I hereby submit the following bank account information:

1. Bank Name _____
2. Branch _____
3. Bank Account Name _____
4. Bank Account Number _____
5. Official HCI Email Address _____
6. Landline Number _____
7. Mobile Number _____

(Partner Entity)

Signature over printed Name

Medical Director/ Authorized Representative

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ANNEX D: Possible Scenarios in Terms of CIU Management and Ownership

Scenario:	Partner Facilities:
Managed: LGU Owned: LGU/Private Type of CIU: L1 Hospital	For Referral: L2 or L3 referral Hospital
Managed: LGU Owned: LGU/Private Type of CIU: Converted non-hospital facility*	For Claims Filing: <i>PhilHealth accredited facilities such as MCP, TB-DOTS, Animal Bite, Hospital</i> For Commodities support: LGU-owned or Private L1 Hospital, or L2 or L3 referral For Referral: L2 or L3 referral Hospital
Managed: NG Owned: LGU/NG/Private Type of CIU: Converted non-hospital facility	For Claims Filing: <i>PhilHealth accredited facilities such as MCP, TB-DOTS, Animal Bite, Hospital</i> For Commodities support: LGU-owned or Private L1 Hospital, or L2 or L3 referral For Referral: L2 or L3 referral Hospital
Managed: Private Hospital or Institution** Owned: LGU/NG/Private Type of CIU: L1 Hospital	For Referral: L2 or L3 referral Hospital
Managed: Private Hospital or Institution Owned: LGU/NG/Private Type of CIU: Converted non-hospital facility	For Claims Filing: <i>PhilHealth accredited facilities such as MCP, TB-DOTS, Animal Bite, Hospital</i> For Commodities support: LGU-owned or Private L1 Hospital, or L2 or L3 referral For Referral: L2 or L3 referral Hospital

*if the CIU is a non-hospital facility and the partner facility is L1 and owned by a different LGU, it cannot be engaged for purposes outside diagnostic and commodities support which shall be allowed only in extraneous circumstances where, for whatever reason, the LGU cannot anymore provide the logistical requirements needed to run its own CIU.

**if a CIU is managed by a privately owned hospital or institution, the CIU shall be accredited to provide the benefit if (1) there is no LGU or NG managed CIU in the immediate vicinity and/or (2) the LGU and/or the NG recognizes the need to set up a CIU and provided explicit permission for the privately-owned hospital to set-up a CIU in its behalf.

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ANNEX E: Mandatory and Other Health Services

Mandatory Service	Other Service (as needed)
a. Minimum 14 days admission* b. Boarding, food and individual hygiene kit c. Information and Education about respiratory etiquette and self-monitoring d. Monitoring by a Health Care Professional	A. Drugs and Medicines, as specified in the applicable DOH policies B. Diagnostic Tests and Imaging, as specified in the applicable DOH policies C. Oxygen support D. Referral and transportation to higher level facility
*Except in case of transfer due to deterioration or mortality and based on discharge criteria from applicable guidelines adopted by DOH.	

Based on currently acceptable guidelines and other references including:

- Department of Health (DM 2020-123: Interim Guidelines on the Management of Surge Capacity through the Conversion of Public Spaces to Operate as Temporary Treatment and Monitoring Facilities for the Management of Persons Under Investigation and Mild Cases of Coronavirus Disease 2019 (COVID-19)
- Department of Health, (March 31, 2020), DM 2020-138: Adoption of PSMID Clinical Practice Guidelines on COVID 19
- Interim Guidelines on the Clinical Management of Adult Patients with suspected or confirmed COVID-19 Infection (PSMID)

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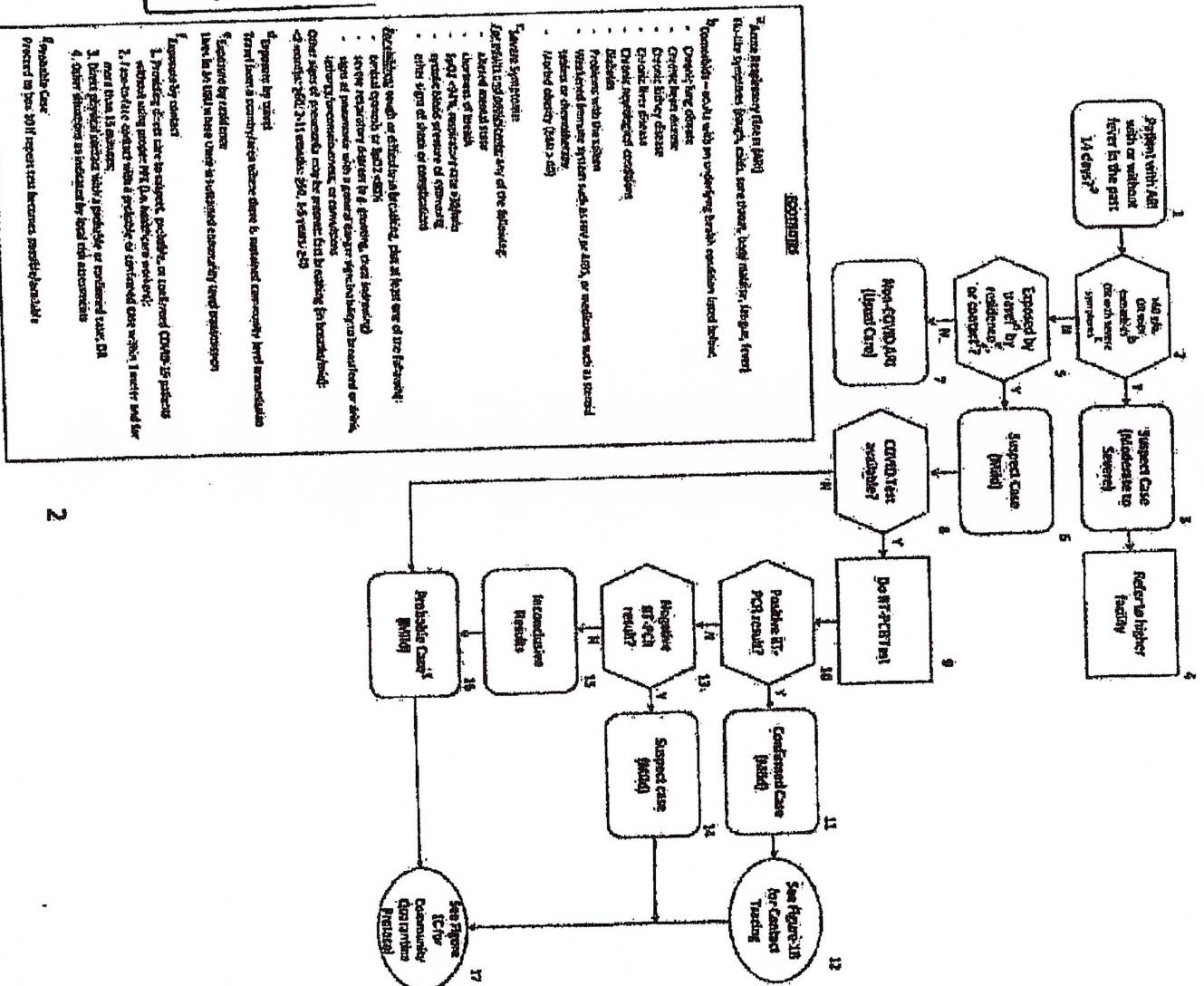
Annex F: Clinical and Social Criteria based on Joint Administrative Order

ANNEX A. COVID-19 Patient Algorithm for Triage and Hospitalization (C-PATH).

Note: The DOH may henceforth release an updated version, which shall be used for this Order.

FIGURE 1A. CLASSIFICATION OF CASES

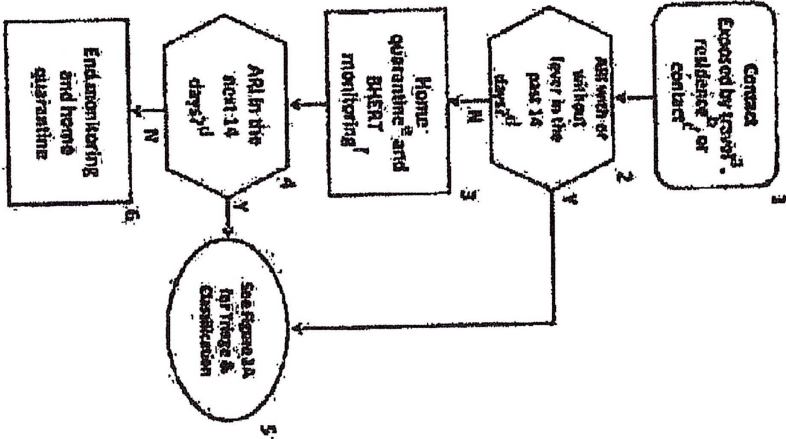
Version 06 April 2020 (original)



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FIGURE 1B. CONTACT TRACING PROTOCOL

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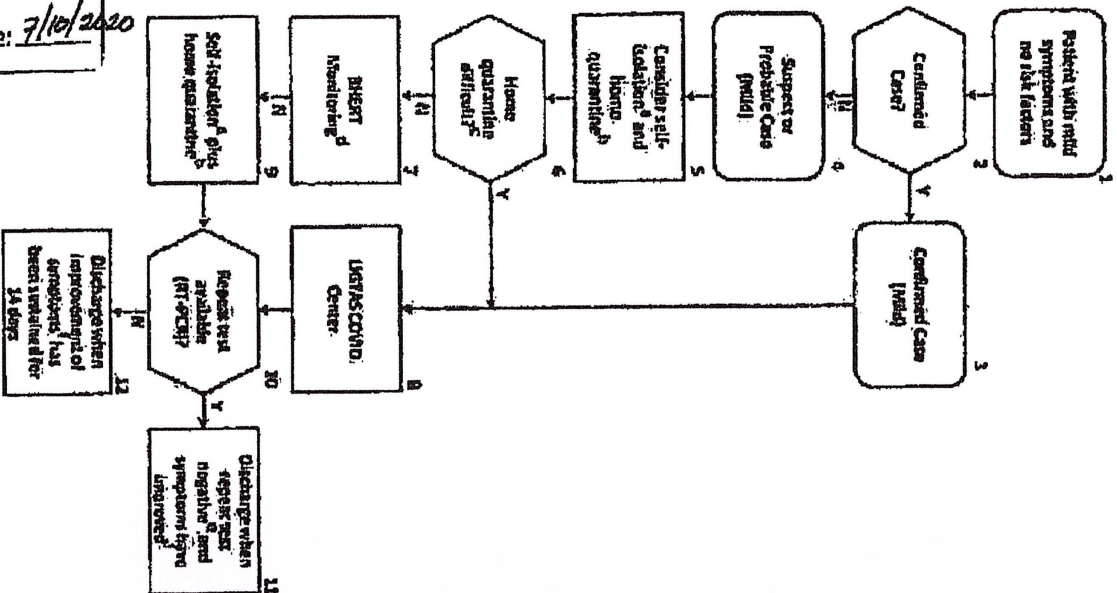
FOOTNOTES

- ¹Exposure by travel: travel to a country/area where there is sustained community level transmission.
- ²Exposure by residence: live in an ISU where there is sustained community level transmission.
- ³Exposure by contact:
1. Providing direct care to sick, probable, or confirmed COVID-19 patients without using proper PPE (i.e., healthcare workers);
 2. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
 3. Direct physical contact with a probable or confirmed case; OR
 4. Other situations as indicated by local risk assessments.
- ⁴Acute Respiratory Illness (ARI): the symptoms (cough, cold, sore throat, body aches, fatigue, fever).
- ⁵Home Quarantine – All members of the household (including pets) must strictly stay at home.
- ⁶BHERT Monitoring: BHERT, Health Emergency Response Team (BHERT) Accrues a Case Identification Form (CAF)
- Ensure monitoring throughout the duration of isolation & quarantine
 - Facilitate home care and basic needs
 - A daily report shall be forwarded to the Municipality/City Epidemiology and Surveillance Units (MESU/CESU) which in turn are forwarded to the Provincial Epidemiology and Surveillance Units (PESU).

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FIGURE 1C. COMMUNITY QUARANTINE PROTOCOL

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FOOTNOTES

²Self-isolation – strict isolation of the patient in a separate room or area in the household
 Plasma Quarantine – All members of the household (including pets) must strictly stay at home.

Situations where home quarantine is difficult:

1. Living with vulnerable persons (with comorbidities or >60y/o)
2. No separate bedroom or bed set >1m away
3. No separate bathroom for patient
4. Not well-ventilated
5. No separate vehicle and personal belongings
6. No separate items for handwashing

⁴USHER Monitoring

Barrirey, Health Emergency Response Team (USHERT)
 Accomplish a Case Identification Form (CIF)
 - Ensure monitoring throughout the duration of isolation & quarantine
 - Execute home care and basic needs
 - A daily report shall be forwarded to the Municipality City Epidemiology and Surveillance Unit (MCESU) which in turn are forwarded to the Provincial Epidemiology and Surveillance Units (PESU)

⁵Repeat Test Negative

- Two consecutive negative tests 24 hours apart is preferred or at least one negative test prior to discharge

⁶Improvement of Symptoms

- Temp <37.8°C 3 days.
- Respiratory symptoms reduced significantly
- OR shows significant improvement

Annex G: Package Rate and Rules on Co-pay

- a. The applicable package code shall be indicated in the item 8b in CF2.

Package Code	Description
C19CI	COVID-19 Community Isolation Package
C19CIS	Admissions that were referred to the CIU from higher level facilities for step-down care

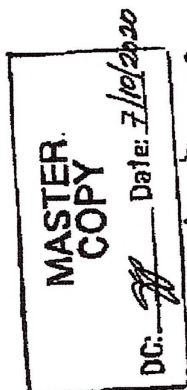
Table 1: Applicable Package Code

- b. The ICD 10 Code in filing for COVID-19 claims shall be in accordance with World Health Organization (WHO) and DOH guidelines. Any further changes by the DOH in the applicable codes shall take precedence and shall be adopted accordingly by PhilHealth.

ICD-10 Code	Description
"Z03.8" with additional code "Z20.8"	Patient observed without confirmation or with negative test
"U07.1"	COVID-19 Confirmed

Table 2: Applicable Z codes and ICD-10 codes per DOH DM 2020-0067

- c. The corresponding reimbursement rate is Php 22,449.00 per claim.
- d. The claims from government health care facilities shall be utilized to cover all services, medicines and diagnostics provided for in this Circular and other operating expenses to support delivery of care, including hiring of additional personnel, internet subscription, service provider subscription fee and IT hardware. Any remaining fund may be utilized for incentives for human resource involved in its operation with sharing based on internal guidelines.
- e. For private health care facilities, reimbursements shall be utilized at their discretion, provided that this shall also be used to cover the cost of delivering the services.
- f. Patients shall not be charged out of pocket payment for the services received at the CIU.
- g. CIUs shall submit the following reports to their concerned PROs on a monthly basis:
- Expenditure and utilization reports (see Annex G1)
 - Encoded Case Investigation Forms (CIF) (see Annex G2) or electronic report (excel file) of admitted patients (see Annex G3)



Annex G1: Expenditure and Utilization Report

Name of Facility: _____

Address: _____

Province: _____

Region: _____

Contact No. _____

Monthly Utilization

Bed Capacity	
Total Admissions	
Total Discharges	
Total Length of Stay	
Total Referrals to Hospital	
Average Length of Stay	
Total Number of Imaging Tests	
Total Number of Laboratory Tests	
Total Number of Prescriptions	

Monthly Expense Report

	Amount
Amount spent on personnel salaries and wages	
Amount spent on benefits for employees	
Allowances provided to employees at this facility	
Total amount spent on Personnel Services	
Amount spent on medicines (Revolving fund & National Government)	
Amount spent of medical supplies (i.e. consumables)	
Amount spent on laboratory and imaging tests	
Amount spent on utilities	
Amount spent on non-medical services (e.g. food supply, security, waste management, laundry, fuel)	
Total Amount spent on maintenance and other operating expense	
Amount spent on infrastructure (e.g. installation of ramps, tents, etc)	
Amount spent on equipment (e.g ECG, X-ray)	
Total Amount of Capital Outlay	
Total Expenditure	

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CERTIFIED BY:

CIU

CIU Manager

Signature over printed name and designation

Date Signed: _____

NOTE: Please email to your concerned PhilHealth Regional Office (PRO).



Philippine Department of Health
Surveillance and Response

Case Investigation Form
Coronavirus Disease (COVID-19)



Disease Reporting Unit/Reported:		Name of Investigator:		Date of Interview:	
Last Name		First Name		Middle Name	
Occupation		Child Status		Nationality	
2. Philippine Residence					
3.1. Permanent Address		3.2. Philippine Residence			
House No./Lot/Block		Street/Roadway		Municipality/City	
Region		Home Phone No.		Cellphone No.	
3.3. Current Address		3.4. Philippine Residence			
House No./Lot/Block		Street/Roadway		Municipality/City	
Region		Home Phone No.		Cellphone No.	
3.5. Address Outside the Philippines (for Overseas Filipino Workers and individuals with residence outside the Philippines)		3.6. Philippine Residence			
Employer's Name:		Occupation		Place of Work	
Home No./Cell. No.		Street		City/Municipality	
Country		Office Phone No.		Cellphone No.	
History of travel/visit/visit to other countries with a known COVID-19 case 14 days before the onset of signs and symptoms:		4. Travel History			
Transit/stop 14 days before the onset of your signs and symptoms:		Flight/Vessel Number		Date of Departure (mm/dd/yyyy)	
Airline/Sea vessel		Flight/Vessel Number		Date of Arrival in Philippines	
History of exposure to known COVID-19 case 14 days before the onset of signs and symptoms:		5. Exposure History			
Name you been in a place with a known COVID-19 transmission 14 days before the onset of signs and symptoms:		If Yes, Date of Contact with known COVID-19 case (mm/dd/yyyy):		If Yes, Date of Contact with known COVID-19 case (mm/dd/yyyy):	
Use the names of persons who were with you during this (these) occasion(s) and their contact numbers. Use the back part of this sheet when needed.		1. Name		2. Name	
3. Name		4. Name		5. Name	
6. Clinical Information		7. Specimen Information			
Date of Onset of Signs (mm/dd/yyyy)		Date of Admission/Consultation (mm/dd/yyyy)		Date of Discharge (mm/dd/yyyy)	
Other signs/symptoms, specify		Is there any history of other illness? () Yes () No		Assessed as High Risk? () Yes () No	
Specimen Collected		If Yes, Date Collected (mm/dd/yyyy)		Date received in BIRN (to be filled up by BIRN)	
Sero () Serum		Date of Result		Virus Isolation Result	
Nasopharyngeal/ Nasopharyngeal swab		Date of Result		Virus Isolation Result	
Other () Others		Date of Result		Virus Isolation Result	
8. Classification		9. Outcome			
() Suspect Case		() Probable Case		() Confirmed Case	
Date of Discharge (mm/dd/yyyy)		Condition on Discharge: () Improved () Recovered () Transferred () Abandoned () Died		Registration: () Registered () Not Registered	
Name of Informant: (if patient, not available)		Relationship:		Phone No.	

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DC: [initials]

Note: Please email to your concerned PhilHealth Regional Office (PRO)

Annex G3: List of Admitted Patients

Name of Provider: _____
PhilHealth _____
Accreditation _____

Applicable Month: _____

PIN	Patient Name (Last, First and Middle Name)	Membership Category (Member or Dependents)	Date of Birth (mm/dd/yyyy)	Address	Date of Admission (mm/dd/yyyy)	Date of Discharge (mm/dd/yyyy)

Prepared by: _____
Approved by: _____

NOTE: Please email to your concerned PhilHealth Regional Office (PRO).

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