

PhilHealth Benefits

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Outline

I. NHIP Overview

II. Hospital Reimbursement

- a) FFS
- b) Case Rate
- c) Z Benefits

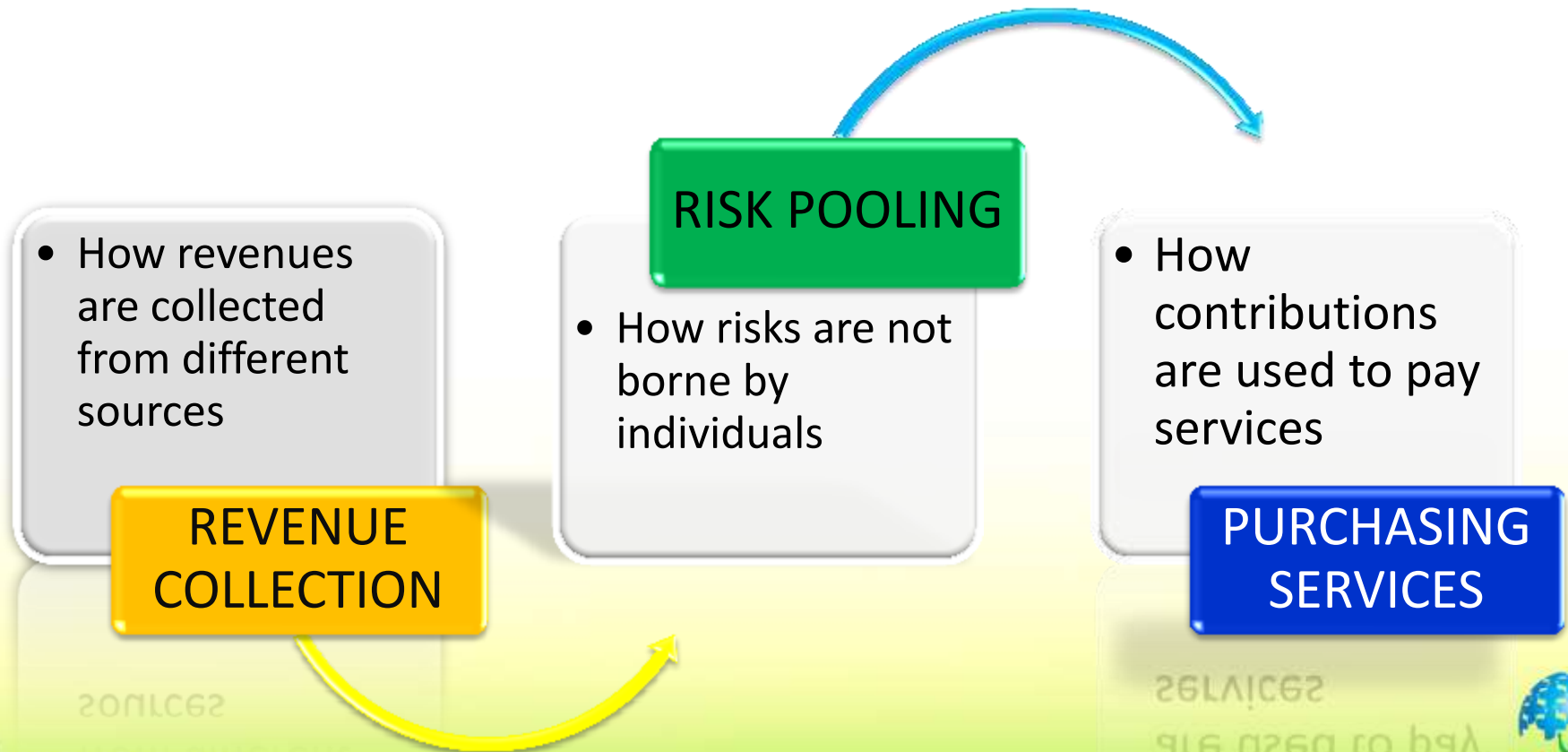
III. RHU Benefits

- a) PCB
- b) MDG Benefits
- c) Others

IV. Claims Filing

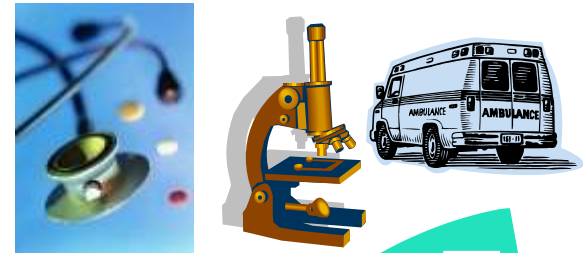
Health Financing:

- One of the many other instruments for making healthcare available
- But who has access to healthcare & degree of protection from increased healthcare cost may be unequal across different sectors of society
- 3 basic functions:

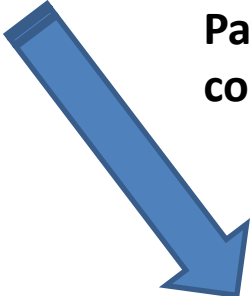




P47.34 Billion



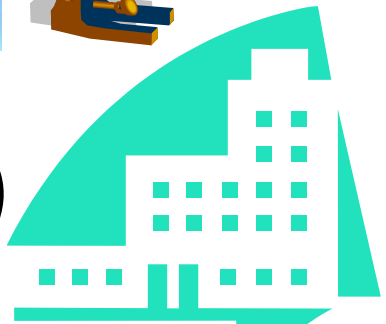
- ‡ Employed
- ‡ Self-employed
- ‡ Lifetime members



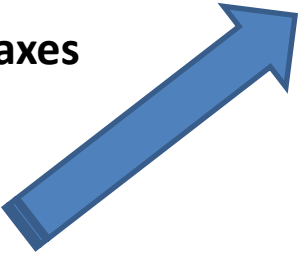
Payroll contribution



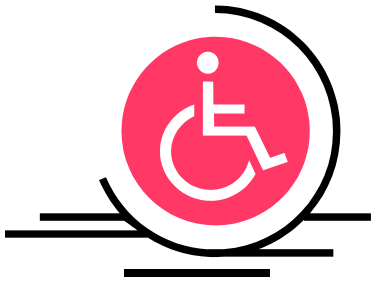
Payment



Taxes



P47.21 Billion

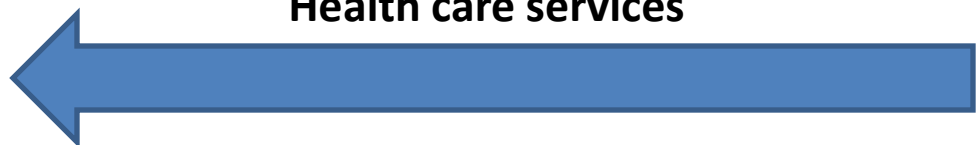


‡ Sponsored



Providers

Health care services



Our Members



Employed Sector

Covers all employed in both government and private sectors

Individually Paying

Covers all self-employed and the informal sector



Sponsored Program

Covers the poor for free; the premium is subsidized by the national and local government or by a sponsor



Our Members



Lifetime

Covers all retirees and pensioners 60 years old and above and with at least 120 monthly contributions

Overseas Filipino Workers

PhilHealth took Medicare functions from OWWA effective March 1, 2005



Coverage extends to immediate family...

- Legitimate spouse (non-member)
- Children* below 21 year old, unmarried and unemployed
- Parents (biological, step or adoptive) 60 year old and above & not covered as Lifetime members



**legitimate, illegitimate, legitimated adopted or stepchildren*

Not considered as qualified dependents

- × Brothers/Sisters
- × Aunts/Uncles
- × Cousins
- × Grandparents
- × Grandchildren

Eligibility Requirements




3 months
premium within 6
months prior to
admission

45-days
allowance has
not been
consumed yet

admitted in accredited
hospital not < than
24 hours*

I. Hospital Reimbursement

	Peptic ulcer	PUD with Bleed	Colon of CA metastasis	
Case-type	A	B	C	D
Level 3 & 4 Hospitals (Tertiary)				
Room & Board*	P500/day	P500/day	P800/day	P1,100/day
Drugs and Medicines**	P4,200	P14,000	P28,000	P40,000
X-ray, Lab & Others	P3,200	P10,500	P21,000	P30,000
Level 2 Hospitals (Secondary)				
Room & Board*	P400/day	P400/day	P600/day	N/A
Drugs and Medicines**	P3,360	P11,200	P22,400	N/A
X-ray, Lab & Others	P2,240	P7,350	P14,000	N/A
Level 1 Hospitals (Primary)				
Room & Board*	P300/day	P300/day	N/A	N/A
Drugs and Medicines**	P2,700	P9,000	N/A	N/A
X-ray, Lab & Others	P1,600	P5,000	N/A	N/A

Single Period of Confinement

- ❑ **Re-admissions due to same illness within a 90-day period shall only be compensated within one (1) maximum benefit:**
 - Availment for the same illness or condition which is not separated from each other by more than 90 days will not be provided with a new benefit
 - Only the remaining benefit from the previous confinements may be availed

Medical Case Rates

Cases		Rates
1	Dengue I (Dengue Fever and DHF Grades I & II)	8,000
2	Dengue II (DHF Grades III & IV)	16,000
3	Pneumonia I (Moderate Risk)	15,000
4	Pneumonia II (High Risk)	32,000
5	Essential Hypertension	9,000
6	Cerebral Infarction (CVA I)	28,000
7	Cerebro-Vascular Accident (hemorrhage)(CVA II)	38,000
8	Acute Gastroenteritis (AGE)	6,000
9	Asthma	9,000
10	Typhoid Fever	14,000
11	Newborn Care Package in Hospitals and Lying-in Clinics	1,750

Surgical Case Rates

	Cases	Rates
1	Radiotherapy	3,000
2	Hemodialysis	4,000
	Maternity Care Package (MCP)	8,000
3	NSD Package in Level 1 Hospitals	8,000
	NSD Package in Levels 2 to 4 Hospitals	6,500
4	Cesarean Section	19,000
5	Appendectomy	24,000
6	Cholecystectomy	31,000
7	Dilatation & Curettage	11,000
8	Thyroidectomy	31,000
9	Herniorrhapy	21,000
10	Mastectomy	22,000
11	Hysterectomy	30,000
12	Cataract Surgery	16,000

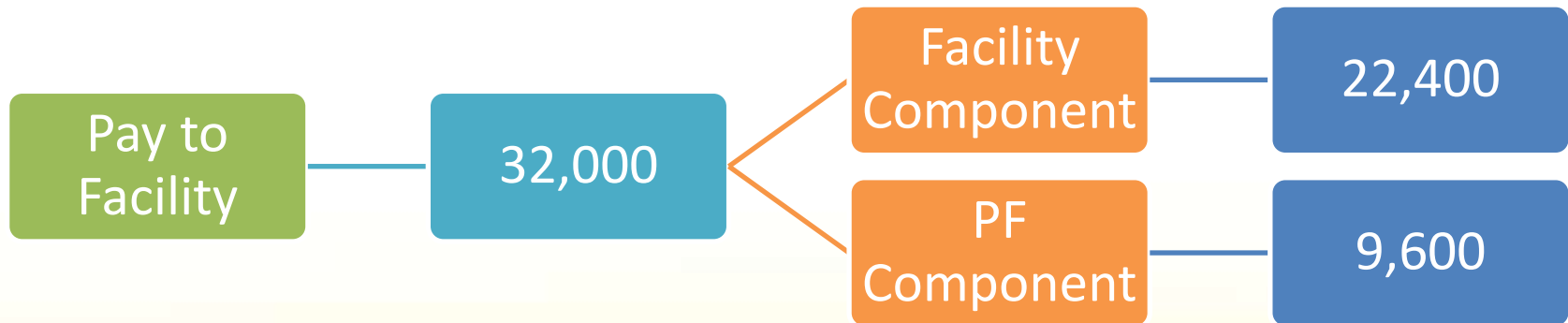
General Rules

- ❑ Case payment shall be the new reimbursement for all the specified cases
- ❑ Reimbursed directly to the facility
- ❑ Rates are inclusive of payment to all doctors
- ❑ Computation of doctors' PF:
 - a) Medical : 30% of rate
 - b) Surgical : 40% of rate

Except dialysis (500 pesos), NCP (500) and radiotherapy (800)



Pneumonia High Risk (Pneumonia II)



Know the Rules!

Generally, PhilHealth does not pay for all your health care costs.

PhilHealth pays only for covered items and services when its rules are met.

Members usually give a co-payment for the portion of the actual cost that is not covered by PhilHealth

No Balance Billing Policy

➤ refers to a policy wherein no other out-of-pocket fees or expenses shall be charged to or paid by a PhilHealth-eligible individual/patient above and beyond prescribed PhilHealth benefit package rates.

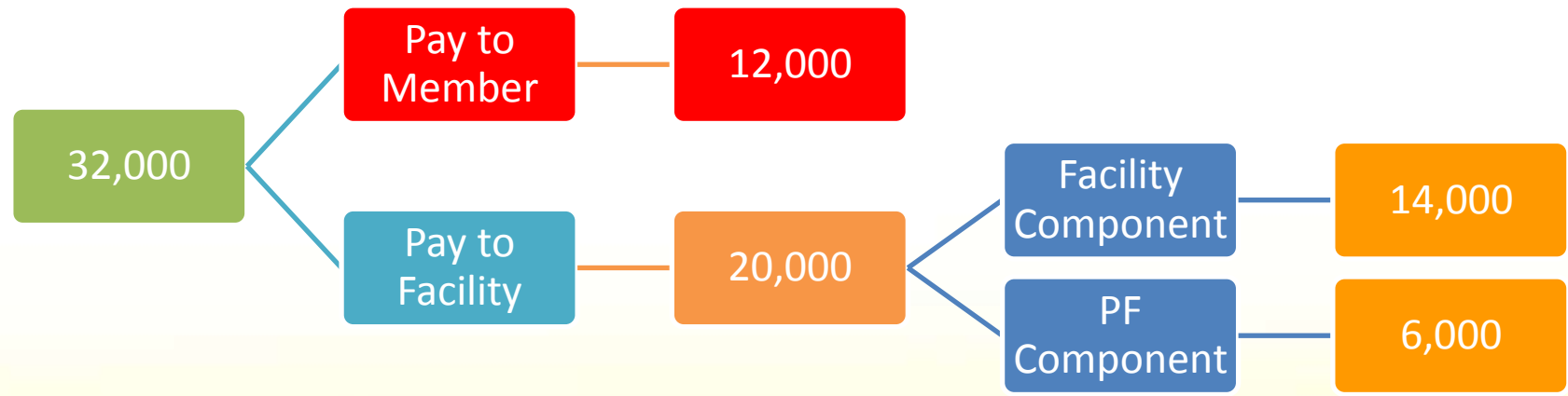
- As defined in Section 3.01 of IRR of RA 10354

No Balance Billing Policy

- Facility should purchase necessary items/services in advance on behalf of the member if drugs, supplies, or diagnostic procedures are not available.
- Out-of-pocket payment (OOP) made by members shall automatically be deducted against claims of the hospitals (charged to case rates) with corresponding sanctions or penalties the Corporation may charge.

Pneumonia High Risk (Pneumonia II)

Official receipts*: 12,000



*** drug, supplies, lab test, ancillary procedures, PF**



NBB APPLICATION

For Hospitals:

NBB applies only in confinement in Ward Accommodations for:

1. 23 case rate
2. Leptospirosis

Facility/Benefit	Sponsored	Non Sponsored
Gov't Hosp	NBB	Does not apply
Private Hosp	Does not apply	Does not apply

NBB does not apply to:

- a) Fee-for-service benefits (e.g., Explor Lap, Chemo, Ulcer, IUD insertion)
- b) Voluntary Surgical Contraception (BTL, Vasectomy) Package
- c) Avian influenza package, SARS package

NBB APPLICATION

Facility/Benefit	Sponsored	Non Sponsored
DOTS Package	NBB	Does not apply
Malaria Package	NBB	Does not apply
Outpatient HIV/AIDS Package	NBB	Does not apply
FDC	NBB	Does not apply
ASC	NBB	Does not apply
MCP*	NBB	NBB

NBB applies to all members in all Gov't and private non-hospital providers (Lying-in Clinics, Birthing Homes, Midwife-Managed Clinics) for:

- 1. Maternity Care Package**
- 2. Newborn Care Package**

The NBB Policy shall **not** apply to any of the following conditions:

1. Sponsored member requests admission non- service bed.
2. Sponsored member requests for a private doctor.
3. Sponsored member initially admitted in service bed then requested transfer to a private bed or vice versa



Giving hope for a better life

Case Type Z Benefit Package

PhilHealth Circular 29,30 & 48s.2012

The current way of case typing

ABCD

Focused on claims and
disease entity

Now

Focus is the patient

- Patient empowerment
- Better health outcomes
- Payment for quality care
- Financial risk protection

Z

What is Case Type Z?

Benefit package that covers primary disease conditions that are perceived as economically and medically "**catastrophic**".

Objective

Support Value:

100% for sponsored member

50% (up to 75%) for non-sponsored



Standard Risk Childhood Acute Lymphoblastic Leukemia

Php 210,000



...because kids can't
fight cancer alone.

Early Stage Breast Cancer

Php 100,000



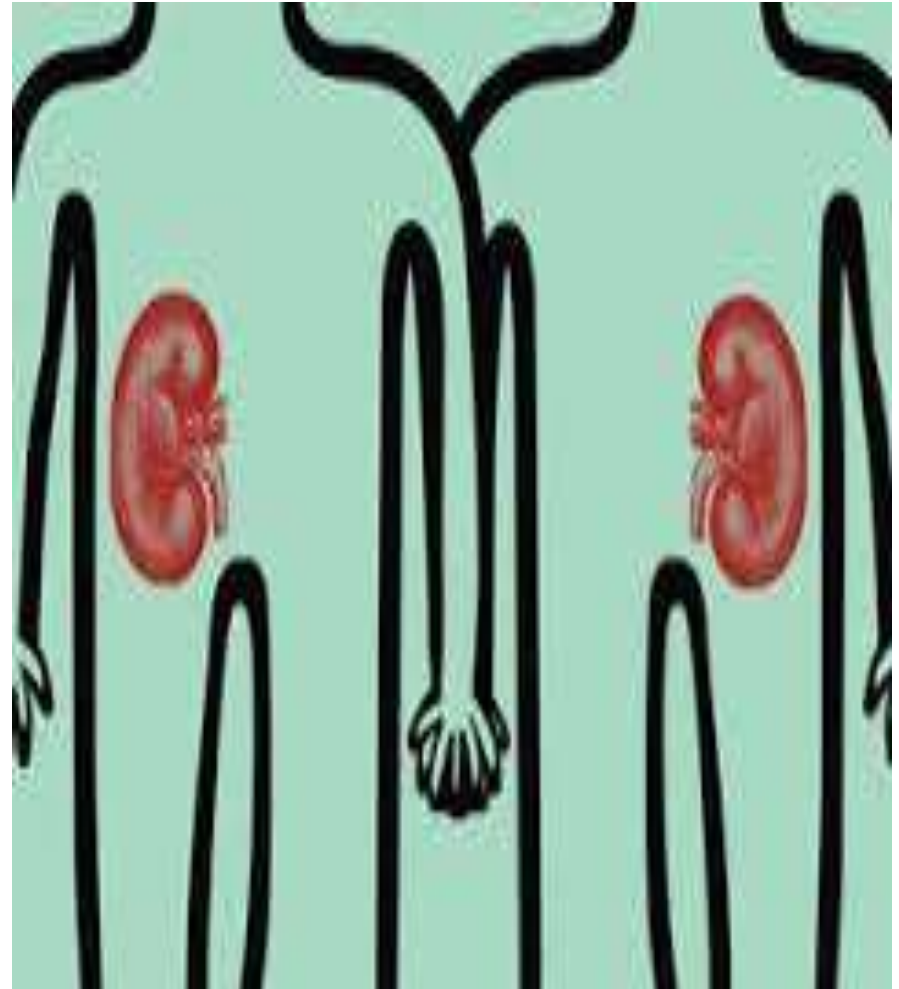
**Low to
Intermediate
Risk Prostate
Cancer**

Php 100,000



Low Risk Kidney Transplantation

Php 600,000



Services Included in the Package

- Mandatory Diagnostics & other services
- Operating room expenses
- Doctors' professional fees
- Room and board
- **Medicines (Negotiated with Pharma.)**



- Hospital confinements due to **other causes** as determined by the **primary condition** shall be paid separately.
- Complication/s** arising during the hospital stay for the particular primary Z condition shall be part of the package.
- Expired** or **lost to follow up patients:** payment schedule for the specific treatment phase shall be released while the remaining tranches shall not be paid.
- Reimbursement are scheduled according to the delivery of the mandatory services

NBB for
Sponsored
Members
Fixed Co-pay
with
Non-sponsored
Members



Rules

✓ Z Benefit Information & Tracking System (ZBITS)

✓ Pre-authorization

✓ Requirements for claims filing

Z satisfaction questionnaire

Tranche documentary requirements (conforme)

✓ Monitoring

Pre-authorization

- **Approval process from Philhealth** that gives the contracted hospital the information that the member has **passed the eligibility and minimum clinical selections criteria** required for availment of the case type Z benefit.
- All patients who **did not qualify during the preauthorization** of case type z may still avail of the philhealth benefits through Case Rates or FFS

Who are Eligible to Avail Case Type Z Benefits?

- ✓ **Eligible** Principal member and their qualified dependents
- ✓ **3 year lock-in period** -Ensures that the **premiums are updated during treatment course**
- ✓ **Minimum of one day** remaining balance from the 45-day annual benefit limit

Eligibility

IPP 3/6 prior to the month of request for pre-authorization.

Sponsored and OFW members and those individually paying members covered by a policy contract, the eligibility shall be based on the **validity period**

3- Year lock in period

❖ **Beginning January 1, 2013** all members shall be required a 3-year lock-in membership prior to availment of the Z benefit

❖ The 3-year lock-in period **does not apply to lifetime members and sponsored program members**

Patients enrolled in the Case Type Z benefit will only be deducted **five (5) days from the 45 days annual benefit limit**



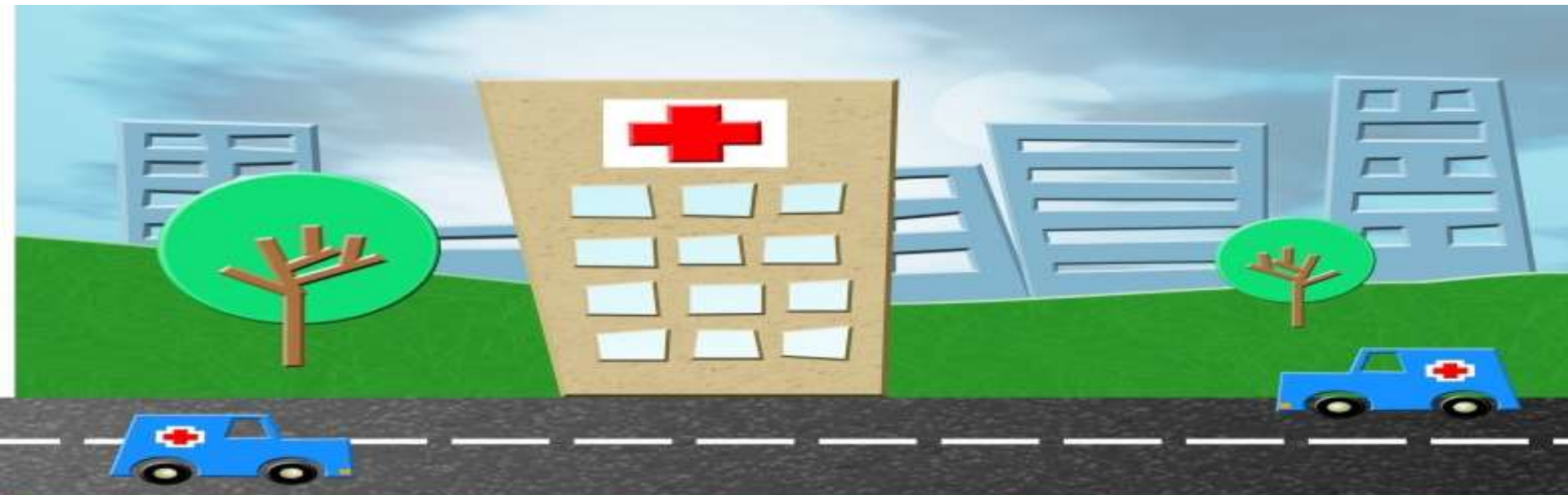
Who are Eligible to Avail Case Type Z Benefits?

- ✓ Only **newly diagnosed** cases are eligible, **except** kidney transplantation
- ✓ Must **pass the selection criteria** for the specific disease condition
- ✓ **Approved pre-authorization** by PhilHealth

WHERE CAN MEMBERS AVAIL OF CASE TYPE Z BENEFITS?

Selected **levels 3 and 4 government** hospitals
with performance commitment and signed
contract

- Reference hospitals
- Contracted hospitals



Reference Hospital

- ✓ **Technical and administrative** services
- ✓ Creation and maintenance of a **patient registry hub**
- ✓ **Costing and procurement of agreed mandatory** services
- ✓ Setting **standards of care**

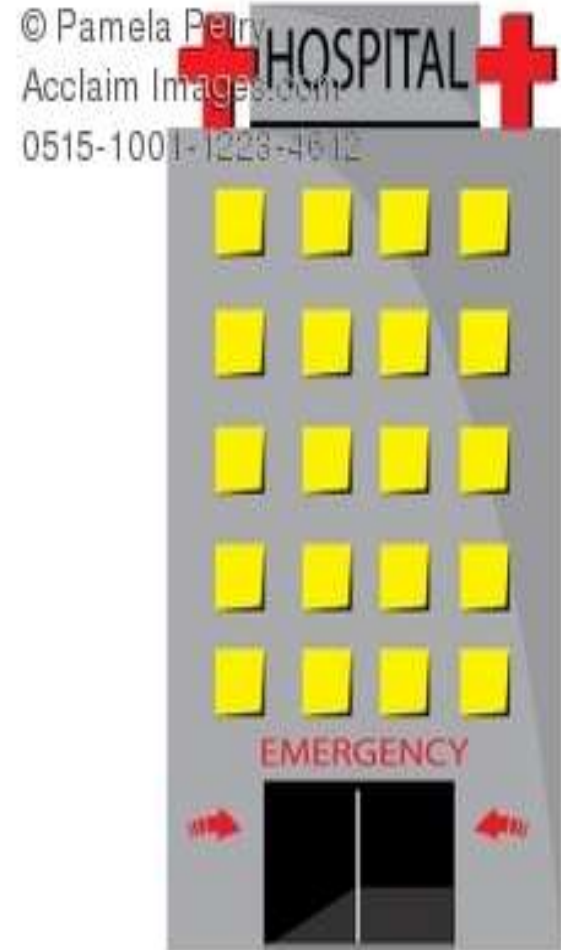


Reference Hospitals for Z-benefits

Philippine Children's Medical Center	Acute Lymphoblastic Leukemia
Jose Reyes Memorial Medical Center	Breast cancer
National Kidney & Transplant Institute	Prostate cancer and Kidney transplant

Contracted Hospital

**Any Philhealth
accredited level 3 or 4
hospital that enters
into a
contract for
specialized care, with
Philhealth**



Contracted Hospitals for Z-benefits

Region	Other Contracted Hospitals for Acute Lymphocytic Leukemia
NCR	Philippine General Hospital Philippine Children Medical Center
I	Ilocos Training & Regional Medical Center (ITRMC)
II	Cagayan Valley Medical Center (CVMC)
III	Dr. Paulino J. Garcia Memorial Research & Medical Center Jose Lingad Memorial General Hospital
IVB	Batangas Regional Hospital
V	Bicol Regional Teaching & Training Hospital Bicol Medical Center
VI	Western Visayas Medical Center
X	Northern Mindanao Medical Center
XI	Southern Philippines Medical Center
	Davao Regional Hospital



Region	Other Contracted Hospitals for Breast Cancer		
NCR	East Avenue Medical Center Quirino Medical Center Philippine General Hospital Jose Reyes Memorial MC Rizal Medical Center	VI	Western Visayas Medical Center (WVMC)
I	Ilocos Training & Regional Medical Center (ITRMC)		Corazon Locsin Montelibano Memorial Hospitals (CLMMH)
	Mariano Marcos Memorial Hospital & Medical Center	VII	Vicente Sotto Memorial Medical Center (VSMMC)
II	Cagayan Valley Medical Center	X	Northern Mindanao Medical Center (NMMC)
III	Dr. Paulino J. Garcia Memorial Research & Medical Center Jose Lingad Memorial General Hospital	XI	Southern Philippines Hospital Center (SPHC)
IVB	Batangas Regional Hospital		Davao Regional Hospital
V	<ul style="list-style-type: none"> •Bicol Regional Teaching & Training Hospital (BRTTH) •Bicol Medical Center 	CAR	Baguio General Hospital & Medical Center (BGHMC)

Contracted Hospitals for Z-benefits

Region	Other Contracted Hospitals for Prostate Cancer
NCR	Quirino Memorial Medical Center Rizal Medical Center Philippine General Hospital National Kidney TI
I	Ilocos Training and Regional Medical Center
II	Cagayan Valley Medical Center (CVMC)
III	Dr. Paulino J. Garcia Memorial Research & Medical Center
IVB	Batangas Regional Hospital
V	Bicol Medical Center, Bicol regional TTH
VI	Western Visayas Medical Center
X	Northern Mindanao Medical Center (NMMC)
XI	Southern Philippines Hospital Center (SPHC)
	Davao Regional Hospital



Contracted Hospitals for Z-benefits

Region	Other Contracted Hospitals for Kidney Transplantation
NCR	National Kidney TI
VII	Vicente Sotto Memorial Medical Center
XI	Southern Philippines Hospital Center (SPHC) Davao Regional Hospital

Z type illness **transferred to a noncontracted hospital** means ZBenefit waived and **no benefit in the next succeeding 3 years**



Case Type **2** Benefit Package Expansion

(PhilHealth Circular No.2 s.2013)

Standard Risk Coronary Artery Bypass Graft Surgery Php 550,000

MODE OF PAYMENT	AMOUNT	FILING SCHEDULE
1 ST TRANCHE	P500,000	Within 60 days after discharge from surgery
2 ND TRANCHE	P 50,000	Within 60 days after the first follow-up , one week post-discharge

Standard Risk Coronary Artery Bypass Graft Surgery

Selections Criteria

✓ Age **19 to 70** years

✓ Stable Coronary Artery Disease

Requiring **ELECTIVE ISOLATED** Coronary Artery Bypass Graft Surgery (CABG) non-invasive testing completed

✓ Current Medical Status

NOT in severe decompensated **heart failure**

NOT with **severe angina**

NO other cardiac/vascular procedures/interventions planned to be done with CABG during this admission

Standard Risk Coronary Artery Bypass Graft Surgery

Selections Criteria

✓ Past History:

NO previous cardiac surgery

NO previous transcatheter cardiac intervention such as coronary angioplasty or stenting

✓ ONLINE EUROSCORE II and/or STS scoring predictive of **low mortality risk** (< 5%)

Standard Risk Coronary Artery Bypass Graft Surgery

Mandatory Services

- ✓ **Pre-op lab tests:** CBC, Platelet count, Blood typing, Na, K, Mg, Calcium, FBS, BUN, Creatinine, Chest XRay (PA/lateral), 12-LEAD ECG, Room air ABG.
- ✓ **Preoperative antibiotic** prophylaxis (ex. vancomycin and amikacin)
- ✓ **Medications**, as indicated, such as beta blocker, statin , ACE inhibitor or ARB, ASA
- ✓ **Blood support** – screening and blood products
- ✓ Pre-op evaluation/**CP clearance**
- ✓ Open Heart Surgery under **general anesthesia**
- ✓ Immediate **postoperative care** at surgical ICU
- ✓ Continuing postoperative care at regular room
- ✓ **Cardiac Rehabilitation**

Standard Risk Coronary Artery Bypass Graft Surgery

Other Services

- ✓ Additional **laboratory tests** as needed, intra- or post-operatively
- ✓ **Postoperative antibiotics** if necessary/ indicated (IV and oral)
- ✓ **Treatments**
 - Incentive spirometry
 - VTE Prophylaxis with compression stockings, intermittent pneumatic compression, intravenous/subcutaneous heparin, LMWH, fondaparinux
 - Nebulization with medications such as beta agonist + steroid or salbutamol/pulmonary physiotherapy
 - Wound dressings/wound care

Standard Risk Coronary Artery Bypass Graft Surgery

Other Services

- ✓ **Other medications**, as indicated, such as: *clopidogrel, digoxin, furosemide IV or oral, amiodarone, vasopressors (dopamine, levophed, epinephrine infusion drip), inotropic drugs (dobutamine infusion drip), vasodilator (NTG or Isoket or Nicardipine), insulin regimen, oral hypoglycemic drugs, proton pump inhibitor/antacid, pain relievers/analgesics, sedatives/anxiolytics, magnesium chloride, calcium gluconate, potassium chloride, lactulose/stool softeners*
- ✓ **Pulmonary care**, as indicated, such as ventilator support; nebulization, with beta 2 agonist/ combination with steroid
- ✓ Other specialty services as needed, such as pulmonology, nephrology, neurology, infectious disease, etc.

Total Correction of Tetralogy of Fallot Php 320,000

MODE OF PAYMENT	AMOUNT	FILING SCHEDULE
1 ST TRANCHE	P270, 000	Within 60 days after discharge from surgery
2 ND TRANCHE	P 50,000	Within 60 days after completion of Rehabilitation Exercise Sessions (3 rd -4 th session in the first week post-op)

Total Correction of Tetralogy of Fallot

Selections Criteria

- ✓ Age: **1 to 10 years + 364 days**
- ✓ **2D Echocardiogram :**
 - Absence of major aortopulmonary collateral arteries (MAPCAs)
 - Pulmonary artery size
 - McGoon's index (Aorta/Pa ratio) ≥ 1.5
 - Z score Pulmonary Valve Annulus :
 - Acceptable if z score /BSA : ≥ 3 or better
 - Z score peripheral PA's :
 - Acceptable if ≥ 2 or better

Total Correction of Tetralogy of Fallot

Selections Criteria

- ✓ If **cardiac cath / Hemodynamic study** available:
PA size: adequate by Z score standards/ BSA
- ✓ **No previous cardiac surgery** (Blalock Taussig Shunt)
- ✓ Functional Class I-II
- ✓ **No co-morbid factors**, such as any of the ff:
 - a) Preoperative seizures
 - b) Brain abscess
 - c) Stroke events
 - d) Bleeding disorders
 - e) Infective endocarditis
 - f) Other congenital anomalies

Total Correction of Tetralogy of Fallot

Mandatory Services

- ✓ **Pre-op Labs:** CBC Platelet ct, Na K Ca Mg, PT PTT, Creatinine
- ✓ Pre-op clearance/**CP clearance**
- ✓ Open heart surgery for total correction of TOF under **general anesthesia**
- ✓ **Post-op labs:** PT PTT
- ✓ **Pulmo labs:** ABG pre-op, ABG lactate electrolytes, capnograph
- ✓ Radiology: **CXR**
- ✓ **Non-invasive Labs:** IOTEE, post-op Echo-CFDS, 15-lead ECG
- ✓ **Other labs:** drug assay

Total Correction of Tetralogy of Fallot

Mandatory Services

- ✓ **Pre-op Meds:** antibiotic prophylaxis (vancomycin, amikacin), methylprednisolone
- ✓ **Other Meds:** dopamine, dobutamine, milrinone, furosemide IV, calcium gluconate, digoxin (oral), furosemide oral, ibuprofen, captopril
- ✓ **Blood** support and screening
- ✓ **Pedia Care Rehabilitation (4 sessions)**

Total Correction of Tetralogy of Fallot

Other Services

- ✓ **Postoperative Antibiotics** as indicated (intravenous and oral)
- ✓ **Other Meds**, as indicated, such as oral 2nd gen ceph and oral ciprofloxacin, if necessary
- ✓ **Pulmonary Care**, when needed, such as ventilator support, nebulizations, etc.
- ✓ **Other Specialty services** as needed, such as pediatric infectious disease, etc.

Patch Closure of Ventricular Septal Defect Php 250,000

MODE OF PAYMENT	AMOUNT	FILING SCHEDULE
1 ST TRANCHE	P200, 000	Within 60 days after discharge from surgery
2 ND TRANCHE	P 50,000	Within 60 days after completion of Rehabilitation Exercise Sessions (3 rd -4 th session in the first week post-op)

Patch Closure of Ventricular Septal Defect

Selections Criteria

- ✓ Age: **1 year to 5 years + 364 days**
- ✓ **2D Echocardiography:**
 - a. Isolated VSD perimembranous, subaortic or subpulmonic
 - b. No combined shunts such as atrial septal defect or patent ductus arteriosus or atrioventricular septal defect
 - c. No other associated CHD's : such as coarctation of the aorta, or moderate to severe aortic insufficiency, or moderate to severe pulmonic stenosis
 - d. Pulmonary artery pressure: < 50 mmHg or at least 2/3 systolic blood pressure
 - e. QP QS: > 1.5:1

Patch Closure of Ventricular Septal Defect

Selections Criteria

- ✓ **No previous cardiac surgery** (PA Banding)
- ✓ Functional Class I-II
- ✓ **No co-morbid factors**, such as any of the ff:
 - a. Preoperative seizures
 - b. Brain abscess
 - c. Stroke events
 - d. Bleeding disorders
 - e. Infective endocarditis
- ✓ **No chromosomal abnormalities** and other associated **congenital defects**

Patch Closure of Ventricular Septal Defect

Mandatory Services

- ✓ **Pre-op Labs:** CBC Platelet ct, Na K Ca Mg, PT PTT, Crea
- ✓ **Surgery:** VSD patch closure **under general anesthesia**
- ✓ **Post-op labs:** PT PTT
- ✓ **Pulmo labs:** ABG pre-op, ABG lactate electrolytes, capnograph
- ✓ **Radiology:** **CXR**
- ✓ **Non-invasive Labs:** IOTEE
- ✓ **Pre-op Meds:** antibiotic prophylaxis (vancomycin, amikacin), methylprednisolone

Patch Closure of Ventricular Septal Defect

Mandatory Services

- ✓ **Other Meds:** dopamine, dobutamine, milrinone, furosemide IV, calcium gluconate, digoxin (oral), furosemide oral, ibuprofen, captopril
- ✓ **Blood** Support and screening
- ✓ **Pedia Care Rehabilitation (4 sessions)**

Patch Closure of Ventricular Septal Defect

Other Services

- ✓ **Postoperative Antibiotics** as indicated (intravenous and oral)
- ✓ **Other Meds**, as indicated, such as....
- ✓ **Pulmonary Care**, when needed, such as ventilator support, nebulizations, etc.
- ✓ **Other Specialty services** as needed, such as pediatric infectious disease, etc.

Cervical Cancer

MODE OF PAYMENT (LOW DOSE) – 120,000	AMOUNT	FILING SCHEDULE
1 ST TRANCHE	P100, 000	Within 60 days after discharge from surgery or from the last cycle of chemoradiation
2 ND TRANCHE	P 20,000	Within 60 days after the first follow-up without complications. (Pelvic exam done)
MODE OF PAYMENT (HIGH DOSE) – 175,000	AMOUNT	FILING SCHEDULE
1 ST tranche	P125, 000	Within 60 days from the last cycle of chemoradiation
2 nd tranche	P50, 000	Within 60 days after first follow-up without complications. (Pelvic exam done)



Cervical Cancer Chemoradiation with Cobalt & Brachytherapy (**Low Dose**) or Primary Surgery for Stage IA1, IA2-IIA1

Selections Criteria

- Signed ME Form
- No previous chemotherapy
- No previous radiotherapy
- No uncontrolled **co-morbid** conditions
- Treatment plan from **gynecologic oncologist**

Cervical Cancer Chemoradiation with Cobalt & Brachytherapy (**Low Dose**) or Primary Surgery for Stage IA1, IA2-IIA1

Mandatory Services

☐ Pre-operative work-up:

CBC, platelet count, blood typing, FBS, creatinine, SGOT, SGPT, serum electrolytes, Mg, PT/PTT, AST/ALT, Urinalysis, ECG, Chest x-ray

Imaging studies, as indicated trans-V ultrasound, whole abdominal CT scan or MRI

Pre-op/pre-procedure clearance

☐ Preoperative medications:

Antibiotic prophylaxis such as cefoxitin, cefuroxime

Cervical Cancer Chemoradiation with Cobalt & Brachytherapy (**Low Dose**) or Primary Surgery for Stage IA1, IA2-IIA1

Mandatory Services

Surgery

- (for Stage IA1 and Stage IA2- IIA1) under **spinal epidural anesthesia**

Chemotherapy (ex. Cisplatin, carboplatin)

Radiotherapy (pelvic cobalt)

Brachytherapy (low dose rate)

Post-op labs: CBC with platelet

Blood support (ex. Cross matching, screening, processing)

Cervical Cancer Chemoradiation with Cobalt & Brachytherapy (**Low Dose**) or Primary Surgery for Stage IA1, IA2-IIA1

Other Services

- Cytoscopy or proctosigmoidoscopy**
- Other meds (as indicated):** tranexamic acid, Ca gluconate, analgesics
- Post op antibiotics (as indicated):** IV and Oral
- Support meds (when indicated and needed):** anti-emetics (e.g. ramosetron, granisetron, metoclopramide), G-CSF, hematinics, etc.

Cervical Cancer Chemoradiation with Linear Accelerator & Brachytherapy (High Dose)

Selections Criteria

- Signed ME Form
- No previous chemotherapy
- No previous radiotherapy
- No uncontrolled co-morbid conditions
- Treatment plan from **gynecologic oncologist**

Cervical Cancer Chemoradiation with Linear Accelerator & Brachytherapy (High Dose)

Mandatory Services

✓ Pre-operative work-up:

- CBC, platelet count, blood typing, FBS, creatinine, SGOT, SGPT, serum electrolytes, Mg, PT/PTT, AST/ALT, Urinalysis, ECG, Chest x-ray
- Imaging studies, as indicated trans-V ultrasound, whole abdominal CT scan
- Pre-procedure clearance

✓ Pre-procedure medications:

- Antibiotic prophylaxis such as cefoxitin, cefuroxime

Cervical Cancer Chemoradiation with Linear Accelerator & Brachytherapy (**High Dose**)

Mandatory Services

- **Chemotherapy** (ex. Cisplatin, carboplatin)
- **Radiotherapy (linear accelerator)**
- **Brachytherapy (high dose rate)**
- **Post-op labs:** CBC with platelet
- **Blood support** (ex. Cross matching, screening, processing)

Cervical Cancer Chemoradiation with Linear Accelerator & Brachytherapy (High Dose)

Other Services

- **Cytoscopy or proctosigmoidoscopy**
- **Other meds (as indicated):** tranexamic acid, Ca gluconate, analgesics
- **Post op antibiotics (as indicated):** IV and Oral
- **Support meds (when indicated and needed):** anti-emetics (e.g. ramosetron, granisetron, metoclopramide), G-CSF, hematinics, etc.

- Professional Fees shall be **20%** of the package **Except cervical** which is **15%**
- All pre-op laboratories **outpatient receipts** will be reimbursed to the patient by the hospital **after payment of first tranche**
- EFFECTIVITY** - Approved preauthorization starting **February 13, 2013**

Reference Hospitals

Ventricular Septal Defect Tetralogy of Fallot	Philippine Heart Center
Coronary Artery Bypass Graft	Philippine Heart Center
Cervical Cancer	Jose Reyes Medical Center

Contracted Hospitals

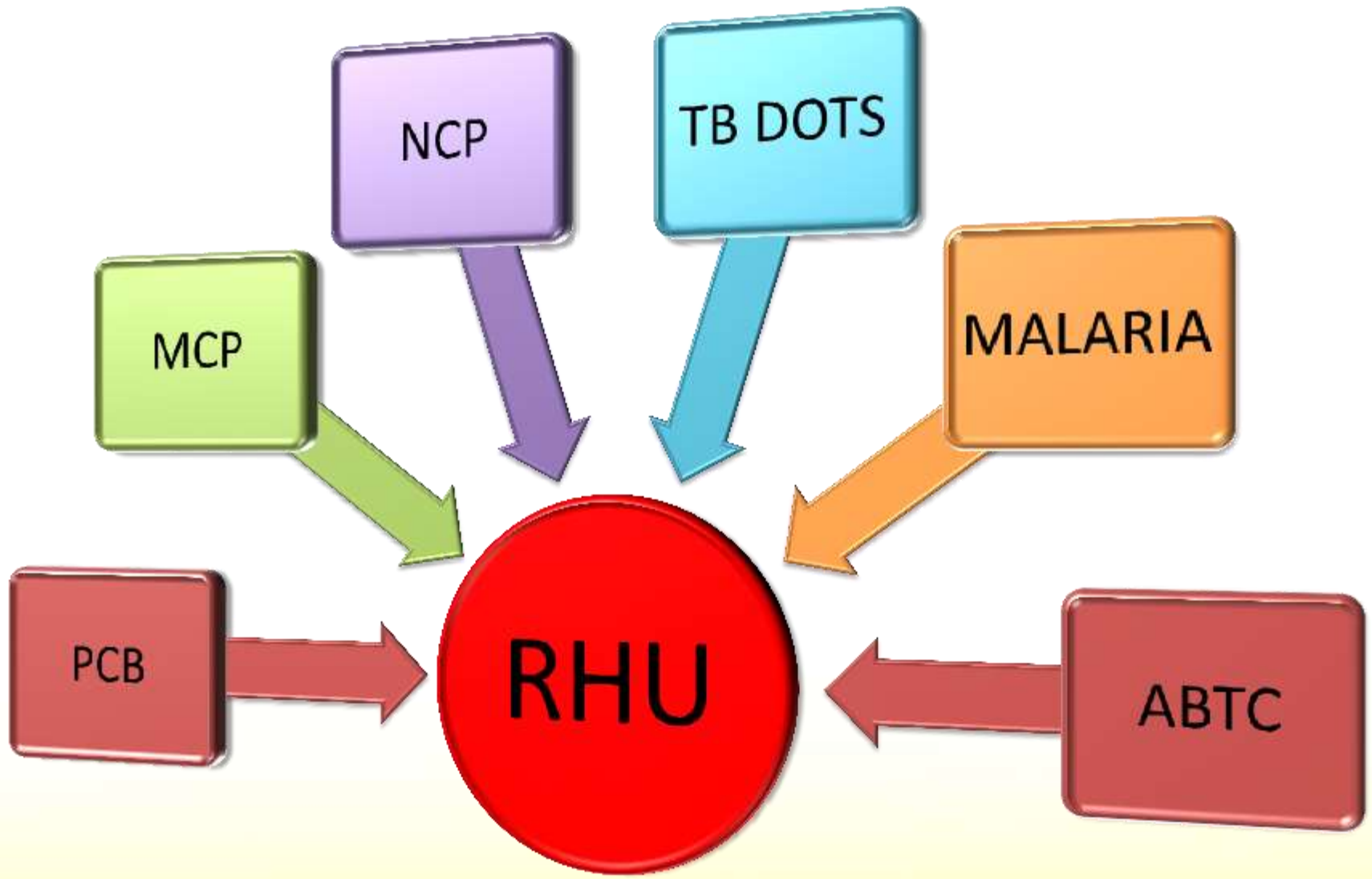
Ventricular Septal Defect Tetralogy of Fallot	Philippine Heart Center Philippine General Hospital
Coronary Artery Bypass Graft	Philippine Heart Center Philippine General Hospital Vicente Sotto Medical Center Southern Philippines Med. Center
Cervical Cancer	Jose Reyes Medical Center Philippine General Hospital Vicente Sotto Medical Center Davao Regional Hospital

Continuing expansion of the Z Benefits for Identified Conditions

- Fitting of External Lower **Limb Prosthesis**
- **cancers—next top 10 in men, women, and children** (colon CA, ovarian CA, for children—wilm's tumor, non-hodgkins lymphoma, retinoblastoma, etc)
- **trauma**—for identified conditions
- **hip replacement** for identified indications—ex. Avascular necrosis
- spine surgery for identified indications
- **prematurity** needing catastrophic care
- **pediatric surgical** conditions—ex. biliary atresia, omphalocele, gastroschisis
- **osteogenesis imperfecta; lysosomal storage diseases**

II. RHUs and Health Centers

Reimbursement



Maternity Care Package

- Payment for the package shall be 8,000 divided as follows:

SERVICES COVERED	AMOUNT
• Facility fee (including PF)	6,500
b. Member's prenatal care fee	1,500
TOTAL	8,000

- The enhanced MCP shall be availed by members in non-hospital facilities accredited as providers of MCP.
- NBB policy shall apply to all beds in accredited MCP (non-hospital) providers.

Newborn Care Package

I. Medical Cases

CODE	DESCRIPTIVE TERMS	AMOUNT	
P99432	A. Provision of essential newborn care to include all of the following: a. Immediate drying of the newborn, b. early skin-to-skin contact, c. cord clamping, d. non – separation of mother/baby for early breast feeding initiation, e. eye prophylaxis, f. Vitamin K administration, g. Weighing of the newborn, h. BCG vaccination, i. Hepatitis B immunization (1 st dose), and, j. professional fee (including physical examination & breast feeding advice)	1,750 pesos	
	B. Newborn Screening Test (NBS)		
	C. Newborn Hearing Screening Test		

Newborn Care Package

a. In cases of incomplete provision of services, the corresponding amounts shall be deducted for the following services:

SERVICE <u>NOT</u> GIVEN	AMOUNT TO BE DEDUCTED FROM CASE RATE (1,750 pesos)
B. Newborn Screening Test (NBS) only	550 pesos
C. Newborn Hearing Screening Test only	200 pesos
BOTH B and C	750 pesos

b. Included in the case rate is allotted 500 pesos for PF

c. The NBB policy shall be apply as specified

TB DOTS Package

PHILHEALTH
REIMBURSIBLE

If any of the following:

- New sputum positive (+) pulmonary tuberculosis
- New sputum negative (-) pulmonary tuberculosis
- New extrapulmonary tuberculosis

Start Treatment Regimen I or II III

At the end of intensive phase, eligible for P2,500.00

At the end of maintenance phase, eligible for P1,500.00

Submit (hand carry or mail) complete documentary requirements (see Table 6.1A, 6.1B, 6.1C) to PhilHealth regional office/ service office

Within 60 days, submit photocopy of NTP treatment card to:
PhilHealth Central Office
Policy Research and Standard Development Division,
Room 1204
PhilHealth, 709 Citystate Centre Bldg, Shaw Blvd, Pasig City

Complete documentary requirements

INCOMPLETE

DENIED

See 6.7b on page 38

GOOD CLAIM

CHECK RELEASE

Check Preparation

Voucher Generation



DOTS Center



PhilHealth

Outpatient Malaria Package

Basis:

Board Resolution No. 924 s. 2006

Package:

- case rate of 600 pesos
- paid directly to an accredited provider to cover the following services:
 - malaria smears/laboratory procedures;
 - drugs and medicines
 - consultation, patient education, counseling

Animal Bite Package

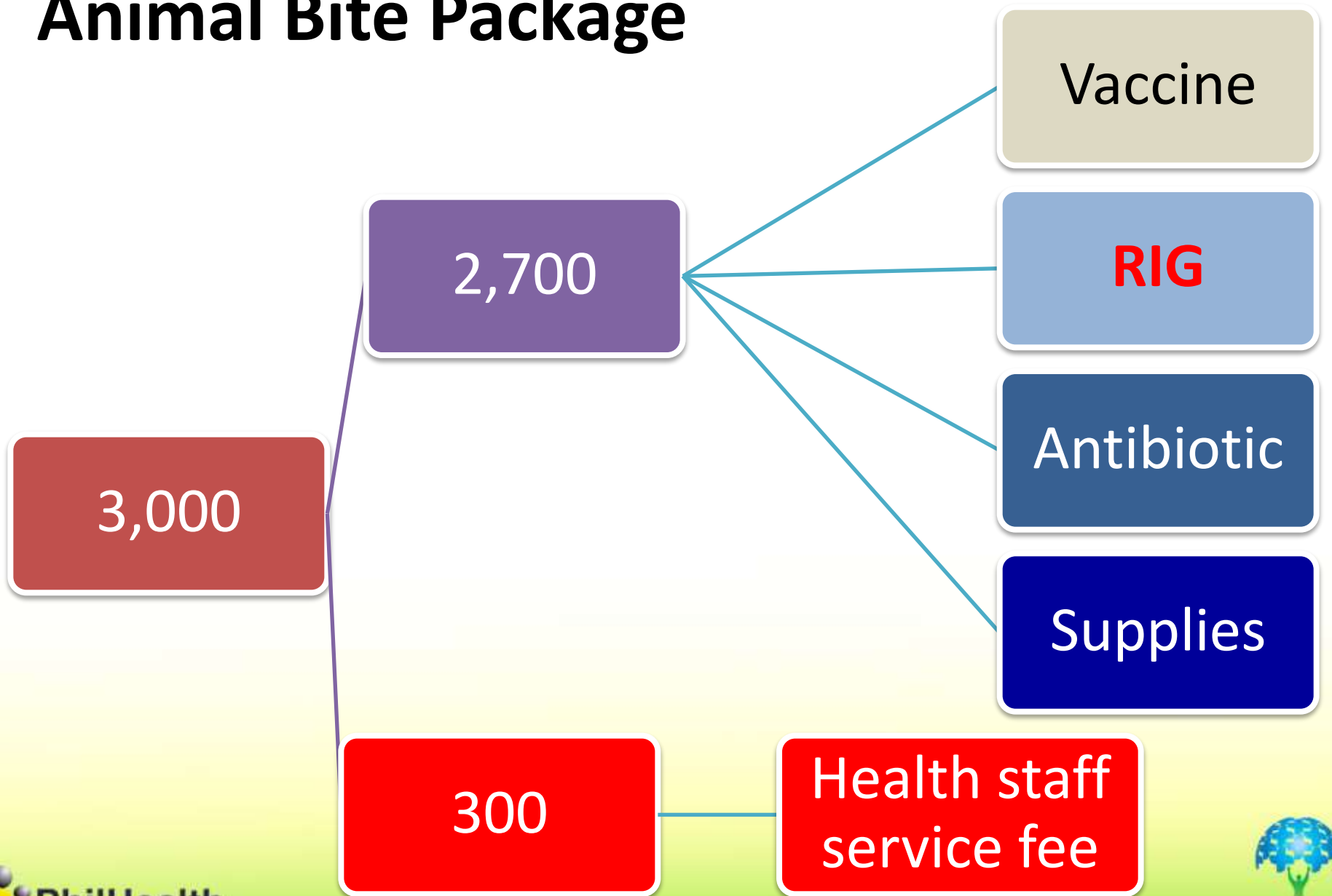
Post exposure Treatment Prophylaxis

3,000 pesos

Coverage:

- Category III
- Category II (head and neck)

Animal Bite Package



Primary Care Benefit

Every Filipino assigned to a Primary Care Provider

UHC: Assigned to a Primary Care Provider



Who are Entitled to PCB1 Services

Members and dependents of:

- Sponsored members:
 - NHTS
 - LGU – sponsored
 - Other sponsored members
- Organized Groups:
 - KASAPI, iGroups
- Overseas Workers Program

Primary Preventive Services

- Consultation
- Visual inspection with acetic acid
- Regular BP measurements
- **Breastfeeding program education**
- Periodic clinical breast examinations
- Counselling for lifestyle modification
- Counselling for smoking cessation
- Body measurements
- Digital Rectal Examination

Diagnostic Examinations

- Complete Blood Count (CBC)
- Urinalysis
- Fecalalysis
- Sputum microscopy
- **Fasting Blood Sugar**
- **Lipid profile**
- Chest x-ray

Obligated Services

SERVICES	TARGET CLIENTS	FREQUENCY
BP measurement	Non-hypertensive (≥ 18 y/o)	Once a year
	Hypertensive (with BP $\geq 140/90$ mmHg)	Once a month
Periodic clinical breast examination	Female, 25 years old and above	Once a year
Visual inspection with acetic acid	Female, 25 – 55 y/o with intact uterus	Once a year

Drugs and Medicines

- Asthma including nebulization services
- Acute Gastroenteritis (AGE) with no or mild dehydration
- Upper Respiratory Tract Infection (URTI)/Pneumonia (minimal and low risk)
- Urinary Tract Infection (UTI)

Claims Filing



Bawat Pilipino **MIYEMBRO**
Bawat miyembro **PROTEKTADO**
Kalusugan natin **SEGURADO**

Requirements for Filing:

PhilHealth Form 1

- (member & patient information)

PhilHealth Form 2

- (provider information)

PhilHealth Form 3

- (patient's clinical record)

Member Data Record (MDR)

- Primary document for all members

Other supporting documents

- Operative Record, Official Receipts, etc

How long does it take to process claims?

- It takes about 60 days to process a claim from the date of receipt from the hospital (hospitals also have 60 days to file the claim)
- Check payments will be sent to the member /hospital through registered mail
- Members will receive a *Benefits Payment Notice* upon issuance of reimbursement



Remember

45

- Number of days allowed per year
 - 45 for the member
 - Another 45 for all dependents

Remember

90

- Number of days per single period of confinement

Remember

60

- Number of days allowed to file claim from date of discharge
- Number of days allowed to comply with returned claim
- Number of days allowed for PhilHealth to process claims



Have a nice day!