




REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON, KULTURA AT ISPORTS
DEPARTMENT OF EDUCATION, CULTURE AND SPORTS
DECS Complex, Morallon Avenue
Pasig City, Philippines

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Sama-Sama
sa DECS

Tanggapan ng Kalihim
Office of the Secretary

February 8, 2001

DECS MEMORANDUM
No. 69, s. 2001

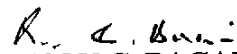
**PHILHEALTH ADVISORY ON THE REVISED CONTRIBUTIONS FOR ALL EMPLOYED
MEMBERS OF THE NATIONAL HEALTH INSURANCE PROGRAM**

To: Undersecretaries
Assistant Secretaries
Bureau Directors
Regional Directors
Directors of Services/Centers and Heads of Units
Schools Division/City Superintendents

1. For the information and guidance of all concerned, enclosed are the latest information materials on the National Health Insurance Program:

- a) New contribution table which will be the basis in adjusting the monthly contributions to be shared equally by the employee-member and the employer;
- b) Procedures to facilitate review of Medicare denied claims due to late filing with the required basic documents to submit;
- c) Guidelines in accomplishing the revised Philhealth Claim Forms to ensure that Medicare benefits are properly availed of by the members; and
- d) A primer on the most commonly asked questions on the National Health Insurance Program.

2. Immediate and wide dissemination of this Memorandum is desired.


RAMON C. BACANI
Undersecretary
Officer-In-Charge

Encls.: As stated
Reference: DECS Memorandum: No. 190, s. 2000
Allotment: 1—(D.O. 50-97)
To be indicated in the Perpetual Index
under the following subjects:

CONTRIBUTIONS

EMPLOYEES

PHILHEALTH *Advisory*

No. 12-003-2000

For all employed members of the National Health Insurance Program



PLEASE be advised that effective January 1, 2001, a new schedule will be implemented in the payment and collection of contributions for the National Health Insurance Program (NHIP) for the employed sector. Below is the new contribution table for your reference which will be the basis in adjusting the monthly contributions to be shared equally by the employee-member and the employer:

Monthly Salary Range	Salary Base	Monthly Contribution	Employee Share	Employer Share	
P3,499.99 & below	P3,000.00	P75.00	P37.50	P37.50	OLD
P3,500.00 to P3,999.99	P3,500.00	P87.50	P43.75	P43.75	
P4,000.00 to P4,499.99	P4,000.00	P100.00	P50.00	P50.00	
P4,500.00 to P4,999.99	P4,500.00	P112.50	P56.25	P56.25	
P5,000.00 to P5,499.99	P5,000.00	P125.00	P62.50	P62.50	
P5,500.00 to P5,999.99	P5,500.00	P137.50	P68.75	P68.75	NEW
P6,000.00 to P6,499.99	P6,000.00	P150.00	P75.00	P75.00	
P6,500.00 to P6,999.99	P6,500.00	P162.50	P81.25	P81.25	
P7,000.00 to P7,499.99	P7,000.00	P175.00	P87.50	P87.50	
P7,500.00 & up	P7,500.00	P187.50	P93.75	P93.75	

Payment of monthly premium contributions for public and private sector employers is on or before the 10th of the month following the applicable month through any of the 27 PhilHealth-Accredited Collecting Banks (ACBs) and their branches.



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Contribution Accounts Department

12th Flr. City State Centre Building

709 Shaw Boulevard, Pasig City Tel. 637-9999 loc. 1202 and 1203

PHILHEALTH *Advisory*

No. 12-001-2000

For all members of the National Health Insurance Program and for PhilHealth-accredited Health Care Providers

IN order to facilitate review of Medicare claims under appeal at the Claims Review Unit (CRU), please be advised of the following procedures:

For **DENIED CLAIMS DUE TO LATE FILING**, submit the following basic documents:

1. Letter of Appeal addressed to the PhilHealth President and CEO stating the reason/s why denied claim should be given consideration
2. Denial letter issued by PhilHealth
3. All other documents that have been returned to the claimant including the envelope containing said documents

In any of the cases listed below, submit the following corresponding documents in addition to the basic documents mentioned above:

CASE	WHAT TO INCLUDE IN THE BASIC DOCUMENTS ABOVE	REMARKS
Denied due to late re-filing with or without compliance	1. Deficiency letter or the Return-to-Hospital (RTH) letter and <u>any</u> of the following: * Registry receipt * Courier receipt * Transmittal letter with stamped date of receipt	
Denied due to non-compliance to a deficiency or non-submission of additional documentary requirements	1. Deficiency letter or the Return-to-Hospital (RTH) letter 2. Documents required as stated in the RTH letter	If deficiencies require filling up of certain items in PhilHealth claim forms and/or there are inconsistencies/errors in the said forms, claimants are advised to make the necessary corrections using another set of form/s that should be submitted together with the original documents
Denied due to confinement of less than 24 hours, hospital is not allowed to perform major surgery or case is not compensable	1. Complete clinical chart (<i>admission sheet, physician's orders, nurse's notes, TPR sheet, OR record, medication sheet</i>)	
Denied due to late request for reconsideration on reduction/slashing or sustaining previous action on reduction/slashing	1. PhilHealth Benefit Voucher (<i>indicate date received</i>) and certified true copy of original PhilHealth Claim Form 2 (<i>including Parts III and IV</i>) 2. Original Official Receipt/s of medicines (<i>with generic terminology</i>) and medical supplies bought outside the hospital 3. Reduction Form	Assign a number for each patient in case there are several patients in one voucher. This number assignment should be clearly reflected in the corresponding PhilHealth Claim Form 2 for easy cross-reference



PHILIPPINE HEALTH INSURANCE CORPORATION
City State Centre Building, # 709 Shaw Boulevard, Pasig City
Tel. 637-9999, 637-9852 to 81

GUIDELINES IN ACCOMPLISHING THE REVISED PHILHEALTH CLAIM FORM 1

Part I: Member's Certification

This portion is to be filled up by the member. In case of indigent members, hospital representatives are requested to assist them in filling-out this form.

Item No.	Procedure
1	Check the appropriate box for the type of membership and write the corresponding ID number or PhilHealth number (including dash) appearing on the PhilHealth number/member card on the space provided for.
2	Write the name of the member starting with the last (surname), first (given name) and then middle name.
3	Enter date of birth of member indicating the exact month, day, and year.
4	Check appropriate box for civil status of the member at the time of patient's admission. "Separated" here means "legally separated".
5	Check the appropriate box whether member is male or female.
6	Write the complete home address of the member, indicating the house number, street, barangay, municipality or city, province & zip code.
7	For married member, write the name of the spouse (husband or wife) starting with the last, first and then middle names. For unmarried members, tick the "not applicable" box.
8	Write name of patient if the patient is a dependent of the member. If the member is the patient, tick the box for "Patient is the member".
9	Enter patient's date of birth indicating the month (01 for January, 02 for February & so on), day & year.
10	Indicate the age of patient at the time of admission.
11	Check the appropriate box whether patient is male or female.
12	Check appropriate relationship of the patient to the member. This applies only to dependent-patients.
13	<p>Certification of Member that:</p> <p>All information entered in Part I are true & correct</p> <p>Three (3) applicable monthly contributions have been paid within immediate six (6) month period prior to confinement.</p> <p>Note: Member to affix thumbprint in case he/she could not sign due to illiteracy or physical disability. In case of thumbprint, a witness must affix signature printed/ typewritten name attesting to the thumbprint.</p>

Part II: Employer's Certification

This portion is to be filled up by employer if member is employed.

Item no.	Procedure
1	Write the complete registered name of employer and employer ID number.
2	Write the complete address of employer.
3	<p>Certification of employer that:</p> <p>Three (3) monthly contributions were collected and remitted during the immediate six (6) month period prior to the month of confinement.</p> <p>Important: Employer's authorized representative must affix his signature over printed / typewritten name together with exact date (month, day & year) of certification and the official capacity of the authorized signatory.</p>

Part III: Acknowledgement Receipt

Hospital representative should accomplish and detach this portion to be given to the member. This serves as proof that PhilHealth Claim Form I has been submitted to and received by the hospital.