REIMBURSEMENT OF HOSPITALIZATION EXPENSES OF THE BUREAU OF FIRE PROTECTION UNIFORMED PERSONNEL IN ACTIVE SERVICE

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I. References

A. Rules and Regulations Implementing the DILG Act of 1990 (Republic Act No. 6975)
B. Revised Philippine Medical Care Act of 1978 (PD 1519) C. National Health Insurance Act of 1996
D. Implementing Rules and Regulations of the National Health Insurance Act of 1995 (R.A. 7875)
E. PNP Circular No. 2000-005
F. Labor Code
G. Presidential Decree No. 626
H. SOP No. 2001-04, s. 23 August 2001
I. BFP Resolution No. 2001-01 dated 14 September 2001

II. Purpose

A. To prescribe a set of specific policies and guidelines for the expeditious adjudication of claims for reimbursement of hospitalization expenses arising from the service-connected illnesses and/or injuries of the BFP uniformed personnel.

B. To establish the working machinery which will handle all cases pertaining to the application, disposition and adjudication of claims with the Death and Disability Board, BFP National Headquarters for reimbursement of hospitalization expenses incurred by BFP uniformed personnel in the active service.

III. Definition of Terms

ACCIDENTS - are the result of a combination of causes, as the work methods, the worker, the work environment, the equipment used, the organizational structures, and the climate at the time of accident. Accident occur as a result of a fault in the total system, not a fault in an individual worker.

ABORTION - the termination of pregnancy prior to the age of viability (20 weeks) and any of the following types:

1. Spontaneous abortion - commonly called a miscarriage.
2. Induced abortion - an intentional termination of pregnancy prior to viability.
3. Missed abortion - a situation where there is a fetal death before 24 weeks of gestation with retained products of conception in the uterus.

BREECH - the position of fetus during delivery in which the buttocks or the lower extremities are the presenting parts at the maternal pelvic outlet.

FIRE OPERATION INJURY - a physical injury or mental illness directly related to fire, medical, rescue operations or in the performance of inherent fire duties.

BATTLE CASUALTY - a physical injury or mental illness incurred by BFP personnel, which is directly related

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to fire or legitimate police-related operations, or in the performance of inherent police-related duties.

EMERGENCY CASES - conditions or state of patient of sudden onset where there is immediate danger and where delay in initial and appropriate treatment may cause loss of life.

CATASTROPHIC CASES - refer to any of the following but not limited to:

1. Illness or injury that may be considered a great misfortune such as cancer cases requiring chemotherapy or radiotherapy, meningitis, encephalitis, cirrhosis of the liver not secondary to alcoholism, rheumatic heart disease of grade III, renal conditions requiring dialysis or transplant, massive hemorrhage and severe cerebrovascular disorders with sequelae.

2. Single surgical procedure or multiple surgical procedures done in one sitting with total relative value of 20 and above such as coronary by pass, heart surgery, neurosurgery.

CONTAGIOUS DISEASE - a disease easily spread from one person to another, either directly or indirectly.

FORCEPS DELIVERY - a type of operative vaginal delivery using a metal extractor consisting of a pair of pincers or tongs to facilitate the delivery/extractor of the head of the baby.

HAZARDS - is a condition or practice with the potential for accident or loss; unsafe/ substandard condition; substandard act.

HAZARDOUS MATERIAL OR SUBSTANCES - mean substances in solid, liquid or gaseous form known to constitute poison, fire, explosion or health hazard; any substances that could adverse by effect and expose employees health or safety.

HOSPITAL - a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment and care of individuals suffering from illness, disease, injury, or deformity or in need of surgical, obstetrical or other medical or nursing care.

HOSPITALIZATION OR CONFINEMENT - a state or process of being kept in a hospital for diagnosis, treatment, isolation, observation or rehabilitation.

INCIDENT - an undesired event which under slightly different circumstances could have resulted in harm to people, damage to property or loss to process. It is an undesired event which could or does result in a loss.

INJURY - any harmful change in the human organism from any accident sustained at work while at the workplace, or elsewhere while executing an order of the employer.

INTENSIVE CARE CASES - refer to any of the following:

1. All confinements in an intensive care unit (ICU) other than those classified as catastrophic.

2. Other similar serious illness or injuries such as cancer, pneumonia, moderate and far advanced pulmonary tuberculosis, including its complications, chronic obstructive pulmonary disease, severe injuries, typhoid fever, kidney disease, septicaemia, diarrhea with severe dehydration, black water fever.

3. Single surgical procedure or multiple surgical procedures done in one sitting with a total relative value of eight (8) and not exceeding 19.99

LABORATORY WORK-UPS - are diagnostic procedures such as CBC, blood chemistry, x-ray, MRI, CT Scan, 2D-echo, ECG and others.

MEDICAL CASE - a state of physical or mental illness, not directly related to combat or fire operations, but

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which requires medical intervention/treatment.

MEDICAL SERVICE, HOSPITAL SERVICE OR WARD SERVICE - assistance or attendance rendered by hospital workers to patients.

MEDICAL SUPPLIES - are materials or provisions used as adjuncts in the diagnosis, treatment and rehabilitation of patients.

MEDICINES - refer to drugs or agents used to treat disease or injury.

OFFICIAL INVESTIGATION REPORT - a report prepared by a unit of the BFP regarding, the status of BFP personnel, duly approved by the BFP regional director.

OPERATING ROOM COMPLEX - refer to emergency room, delivery room, operating room, or recovery room in a hospital.

RELATIVE VALUE - a number assigned by the Philippine Health Insurance Corporation (PhilHealth) to a surgical procedure that reflects its relative weight or its degree of complexity as compared to another. The more difficult the procedure, the higher is its relative weight.

RISK - is the degree of exposure or chances of exposure to hazards.

SERIOUS CASE - a condition or state of patient characterized by gravity or danger which when left unattended may cause loss of life but not necessarily immediate in nature.

SICKNESS - any illness listed as an occupational disease by the Employees Compensation Commission or any illness caused by employment, subject to proof that risk or contracting the same is increased by the working conditions, known as the theory of increased risk.

SURGICAL CASE - a state of physical illness, not directly related to combat or police/fire operations but which requires surgical intervention/treatment.

TRANSFER - the movement by land, water or air transportation of patients or casualties from one medical facility to another.

TREATMENT OR ATTENDANCE - a regimen of medical or surgical actions whose objectives are to prevent loss of life or limb and damage to human organs and to restore normal and stable bodily functions.

WORK ACCIDENT - shall mean an unplanned or unexpected occurrence that may or may not result in personal injury, property damage, work stoppage or interference or any combination thereof which arise out of and in the course of employment.

WORK HAZARDS - are negative factors in the workplace that affect man and the work environment can cause illnesses, injuries or death.

WORK INJURY - shall mean any injury or occupational illness suffered by a person which arise, out of in the course of his employment.

WORK RELATED DISEASES - are disorders other than and in addition to recognized occupational diseases that occur among working population where work environment and performance contribute significantly but in varying magnitude. (WHO 1984)

IV. Scope

A. Cases Covered

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1. Those emergency cases that immediately need admission or confinement at any accredited government (AFPMC, etc.) and or private hospitals due to illness/injuries which are service connected.

2. Treatment/confinement in private or government hospitals of non-urgent condition not manageable at the BFP medical/dental service/EMS provided with authority referral from any BFP medical office on duty or in the absence thereof, from a doctor of any government hospital.

3. Dialysis (patients can avail of the reimbursement of hospital expenses up to 365 days from the start of first dialysis to include the time of waiting for possible kidney transplant and another 180 days post kidney transplant). A medical certificate from the medical/P.E. section of the BFP National Headquarters will be required to determine if the concerned BFP uniformed personnel is fit or unfit for active duty status after 180 days post kidney transplant. If found unfit, disability separation proceedings will be initiated upon recommendation by the DDB.

B. Reimbursable Hospitalization Expenses

1. Expenses for medicines, medical supplies and medical services provided to the patient while confined in a hospital.

2. Expenses for medicines provided to patients after confinement in hospital for maintenance for not more than 30 days.

3. Expenses for ambulance service other than BFP National Headquarters and regional medical unit ambulance services.

4. Travel Expenses for transfer of patients (See Article V, Section D).

5. Expenses incurred in hospitals while on official mission abroad or within the Philippines.

6. Cases treated and observed in the operating room complex of the hospital like observation room, emergency room etc., in relation to paragraph IV B 1,2, 3,4 hereof.

7. Pregnancies terminated via an abdominal delivery such as ceasarean operation and operative vaginal deliveries such as forceps delivery, breech extraction and termination of pregnancy as defined in III.A.1 and III.A.3

8. Services to personnel who received an order of retirement or separation while confined in a hospital are deemed extended; hence therefore still entitled to the same benefits for a period of not more than one hundred eighty (180) days after the effective date of his/her retirement/separation.

9. Outpatient cases still carried in the roster of patients, who by virtue of the nature of their condition, are under the care of the rehabilitation services of any accredited private or government hospital and licensed clinic, shall be entitled to the benefits provided by this circular for not more than one hundred eighty (180) days.

C. Non-Reimbursable Cases

1. Pregnancy terminated via normal spontaneous delivery and induced abortion.

2. Expenses incurred where patients do not require confinement in hospitals or are not confined in hospitals except herein above provided in paragraphs IV B2 and IV B9.

3. When the sickness or injury is due to substance abuse, drugs abuse, sexually transmitted diseases, or notorious negligence or willful intention to kill or injure oneself as determined by a competent medical officer.

4. Cases wherein patients who refuse/decline to avail of social service assistance (Philippine Health Insurance

Corp.) with regards to the excess on the allowable amount as provided by this Circular.

5. Cases of confinement in hospitals while on vacation abroad and on vacation leave.

6. When the drugs prescribed by the hospital are not applicable to the diagnosis.

7. When the supporting documents relative to the claims are false, incorrect, altered or tampered.

8. When the date of submission of claims is not within the prescribed period of sixty (60) days reckoned from the time the claimant is released from the hospital.

9. When the hospitalization expenses are unreasonably beyond the allowable or prescribed ceiling.

10. When the receipts submitted cover non-medical items like bath soaps, perfumes, toiletries etc.

11. When the receipts include purchase/hiring of equipment.

12. When the date of receipts, related documents and medical services rendered do not conform to the inclusive dates of confinement of claimant.

13. When the receipts included services/hiring of special/personal medical practitioners such as nurse, nursing aide, etc.

V. Policies and Procedures

A. BFP Death and Disability Board

1. The BFP Death and Disability Board shall be created with a medical doctor as chairman. A ranking uniformed officer who is either a lawyer, with legal background, or vast experience in handling adjudications shall be appointed as vice-chairman. Other members, who are deemed necessary to the operation of the board, shall be designated. The Board shall perform the following functions:

> a. Adjudicate hospitalization claims of BFP uniformed personnel in the active service assigned in different regions nationwide and within fifteen (15) working days upon receipt thereof submit its recommendations.
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> b. Review claims and recommendations forwarded by the regional director and within fifteen (15) working days upon receipt thereof, render an adjudication report for final approval of claims, not exceeding fifty thousand pesos (P50,000.00) for medical cases and one hundred thousand pesos (P100,000.00) for surgical cases.
>
> c. Initially determine the legal heirs or rightful beneficiaries of the deceased personnel.

B. Admission/confinement in private or government hospitals shall only be availed of under any of the following circumstances:

1. Emergency cases

2. Contagious diseases/illnesses which may constitute health hazards to other BFP personnel and to other patients and hospital staff, such as cholera, leprosy, typhoid fever, measles, chicken pox, mumps, dengue, hepatitis, tuberculosis etc.

3. Violent or uncontrollable mental cases for transfer to the National Center for Mental Health or its satellite institutions.

4. Cases which need specialized or intensive care in specialty hospitals and cases not within the capability of any BFP Medical facility.

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C. A patient confined in private or government hospital shall sign a promissory note that he/she is obliged to pay directly to the hospital concerned should the claim be reduced or denied by the DDB or approving authorities.

D. Transfer

1. Transfer by land shall be undertaken primarily through the organic ambulance of the unit medical facility.

2. Private ambulance service shall be availed on a contractual and/or case-to-case basis in the absence of an organic ambulance as determined by the medical officer.

3. Commercial water transportation shall be used when land transportation is not practicable.

4. Air transportation by commercial airline shall be allowed when extremely necessary.

5. The fire marshal of the patient BFP personnel, where he is assigned, shall arrange all mode of transfer by commercial transportation. Claims for travel expenses shall be limited to the patient and a maximum of two (2) escorts and shall be in accordance with the existing policies of the BFP.

E. Within twenty four (24) hours from the time of injury or illness was reported, the immediate superior of the patient BFP personnel shall render a spot report to the provincial/ regional director and the report shall indicate:

1. Name, rank, age and unit of patient

2. Diagnosis

3. Treatment given and other services rendered

4. Inclusive dates of confinement

5. Condition of patient

6. Recommendation

F. Reimbursement Procedure

All claims for reimbursement of hospitalization expenses shall be filed with the appropriate Adjudication Board either during the period of confinement or within sixty (60) days after the discharge from the hospital. The board shall review, verify and deliberate on all matters pertinent to the claims thereof with the following supporting documents:

a. Basic letter request for reimbursement of hospitalization expenses addressed to the Fire Chief thru BAS and Chairman, BFP-DDB.

b. Certificate of confinement from administrative officer or hospital registrar/ attending physician of government/private hospitals attesting to the inclusive days of confinement of BFP personnel in hospital.

c. Original copy of medical certificate and statement of account and certified photocopy of summary of clinical records/abstract to include all medications used.

d. Official receipts of medicines, medical supplies and medical services rendered inclusive of confinement days. Regional admin officer should duly authenticate official receipt.

e. Investigation report and line duty report duly approved by the regional director or equivalent supervisors, if claimant’s illness is due to accident or related to fire/rescue operation.

f. Certificate of duty status.

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g. Certificate of Sick Leave/leave status.

h. In case of death, legal beneficiaries must file:

- Death Certificate

- Marriage Contract

- Birth Certificate of Children

i. An undertaking from claimant that the amount in his/her claim has never been reimbursed to him/her and that he/she has no other pending similar claims in any BFP death and disability board.

j. If the BFP claimant has an outstanding unpaid account with the hospital, he shall present the following documents:

- Letter from chief, collecting and credit division of the hospital acknowledging, acceptance of the letter of guarantee issued by the chairman, Death and Disability Board.

- Promissory note stating the amount of outstanding unpaid balance duly signed by the chief, collecting, and credit division of the hospital or his authorized representative.

- Statement of account from the medical facility/hospital.

- A Special Power of Attorney (SPA) authorizing the BFP to pay his outstanding balances. Provided, however, that in the event of reduction, denial or disapproval of benefits relative to his claim, he shall personally be liable for the settlement of unpaid accounts.

G. Before recommending approval of claims, the DDB shall ascertain that the sickness, disease or injury was:

1. Work related sickness, disease, or injury.

2. Not self-inflicted and not a result of the personnel's abuse of authority, misconduct, willfull disobedience, gross negligence, abuse of drugs or sexually transmitted diseases;

3. Not incurred or contracted during his absence without authority from his assigned place of duty;

H. The number of claims to be filed shall not exceed to two (2) single period of confinement except for those BFP personnel undergoing, haemodialysis and post kidney transplant.

1. The Board shall, after careful review and thorough deliberation on the claim(s), prepare and submit thereafter, within fifteen (15) days, the DDB Report following the substance in the prescribed format and indicating the list of documents submitted, facts of the case and recommendations.

2. Once the claim is completely deliberated, the recommendation of the Board shall be forwarded to the Fire Chief for signature and thereafter transmitted to BAS for proper disposition.

3. Checks should be issued separately to the claimants if the expenses incurred are personal and/or to the hospital where the claimant was confined in cases where the latter has an outstanding unpaid account.

4. In case a BFP uniformed personnel expires while undergoing treatment, the next of kin shall be authorized to claim the necessary reimbursements for in his/her behalf.

VI. Benefits

A. For fire, medical and rescue operation injuries or casualties, all hospitalization expenses incurred shall be reimbursed in full.

B. For non-fire operation injuries or casualties:

1. Intensive and catastrophic cases, the maximum amount reimbursable shall not exceed One Hundred Fifty Thousand Pesos (P150,000.00).

2. A maximum amount of reimbursable for a medical case shall not exceed Fifty Thousand Pesos (P50,000.00) and for surgical cases shall not exceed One Hundred Thousand Pesos (P100,000.00).

VII. Funding

The Financial Management Division (FMD) shall conduct examination on the claim, make a written pre-audit report and issue funding. In case there is no fund available, the FMD shall prepare the corresponding request to the DBM, follow-up and inform BAS of the status of the claim.

VIII. Administrative Sanction

A BFP uniformed personnel who shall be found dishonest in pursuing his/her claim under this circular or in connivance with any unscrupulous public official or any person with the intention to defraud the government shall be subject to administrative, civil and criminal actions, as the evidence on hand or circumstances may warrant.

IX. Recission Clause

All BFP memoranda and circular contrary or in direct conflict with this circular are hereby rescinded/nullified upon approval.

X. Dissemination

For the widest dissemination of these Memorandum Circular, let the same be published in leaflet and pamphlet form, brochures or booklets to be distributed to all units, offices and stations of the bureau nationwide.

XI. Effectivity

This circular shall take effect fifteen (15) days from the filing of a copy hereof at the University of the Philippines Law Center in consonance with Sections 3 and 4 of Chapter 2, Book VII of the Executive Order No. 292, otherwise known as “The Revised Administrative Code of 1987” as amended.

Adopted: 09 Nov. 2007

(SGD.) JOSE E. COLLADO, CES (E)
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