

**[PNP MEMORANDUM CIRCULAR NO. 2011-11,
April 01, 2011]**

**EXPANDED REIMBURSEMENT OF HOSPITALIZATION EXPENSES
OF PNP PERSONNEL IN THE ACTIVE SERVICE**

1. REFERENCES:

- a. Circular No. 2006-16 dated August 15, 2006, "Reimbursement of Hospital Expenses of PNP Uniformed Personnel in the Active Service",
- b. Circular No. 2002-11 dated August 3, 2002, "Guidelines in the Accounting of PNP Uniformed Personnel who are confined/treated at PNP Health Facilities and other hospitals",
- c. Circular No. 2000-10 NHQ PNP dated July 11, 2000, "Separation from the police service a Active PNP Uniformed Personnel due to Physical Disability".
- d. NAPOLCOM Memorandum Circular No. 2000-005 dated June 8, 2000, "Rules and regulations governing the investigation and adjudication of benefit claims of uniformed members of the Philippine National Police (PNP)";
- e. Standing Operating Procedure No. 15 GHQ PNP dated July 22, 1992, "Decentralization in the processing and payment of retirement and other benefit claims"
- f. Section 70, RA 6975, "Health and Welfare it shall be the concern of the Department to provide leadership and assistance in developing health and welfare program for its personnel".
- g. Sec 73 RA 6975 as amended by Sec 35 of RA 8551.
- h. Sec 29 and 30 of RA 8551, "Attrition by other means" and "Retirement under the preceding sections " respectively;
- i. National Health Insurance Act of 1995 (RA 7875)
- j. Circular Nr 1, GHQ, AFP dated January 20, 2004, 'Medical/Dental attendance and maximum hospitalization a AFP Health Facilities";
- k. Section 2.3 CSC Memorandum Circular No. 12 S 1994 dated March 10, 1994, Physical and Mental Unfitness

2. PURPOSE:

This Circular prescribes specific guidelines and procedures for the just, reasonable and speedy adjudication of claims for reimbursement of hospitalization expenses of active PNP personnel arising from service-connected illnesses and/or injuries.

3. OBJECTIVES:

This Circular aims to:

- a. Instill health awareness among PNP personnel as part of the preventive medicine aspect thereby minimizing the occurrence of illnesses which may lead to costly hospitalization; and
- b. Instill limitations in payment of benefit claims thereby preventing the dissipation of financial resources.

4. RATIONALE:

The Reimbursement of Hospitalization Expenses scheme is anchored on the following fundamental principles:

- a. Medical attendance rendered to PNP personnel while confined at PNP General Hospital/PNP Medical Facilities is free of charge. Through his designated staff, D HS shall see to it that requirements of PNP personnel confined/admitted as provided for, to be limited only by budgetary and fiscal restriction.
- b. The reimbursement of Hospitalization Expenses (RHE) scheme for PNP personnel in the active service as promulgated in this Circular is an adjunct health care delivery structure to the Health Service logistic support system and the benefit derived thereof is construed as an additional privilege and not a right which therefore has to be exercised in the best lights and always subject to the availability of funds;
- c. The maximum reimbursable hospital expenses is six (6) months reckoned from the time it is incurred regardless of whether or not the personnel concerned has been separated from the service or whether the injury or sickness has been cured or not, while the maximum number of days a personnel may be confined is three hundred six (365) after which he/she shall be thoroughly evaluated for fitness to remain in the active service. Any impairment of the body or mind which renders the patient incapable of performing substantially the duties of a personnel and which is expected to be long, continued and of indefinite duration are grounds for recommendation for retirement and/or separation from the active service through Total Permanent Physical Disability (TPPD)

5. DEFINITION OF TERMS:

Terms used in this Circular shall mean or refer to as:

- a. Active PNP Personnel – shall mean the Uniformed and Non-Uniformed Personnel of the PNP.
- b. Attendance – Medical service rendered to a patient including professional service (consultation and physical examination), treatment, nursing care, radiologic examination, laboratory work-ups and other procedures and dispensing of medicines and medical supplies.
- c. Police Operations Casualty - refers to any PNP personnel who is either killed, wounded or sustained injury by reason of anti-criminality, counter-insurgency, counter-terrorism, and police community operations. These duties shall include but not limited to the following:

1. Enforcement of all laws, ordinance and legal orders of duly constituted authorities;
2. Prevention, control and investigation of crimes;
3. Ensuring public safety and internal security;
4. Protection of lives, liberties and properties of the public;
5. Arrest of criminal offenders, bringing them to justice/courts and assisting in their prosecution;
6. Conduct search and seizure operations in accordance with law and
7. Conduct of rescue operations to save lives and properties during natural or man made calamities.

d. Hospitalization – The rendering of medical attendance after admission in any PNP Medical Facility (to include PNP General Hospital), government and/or private health care institution.

e. Emergency – medical or surgical condition that threaten the immediate loss of life or limb when not attended to.

f. Injury – Any harmful change in the human organism from any incident sustained at work, while at the work place or elsewhere while executing an order from the employer, or sustained by reason of the performance of duty.

g. Sickness – An illness accepted as an occupational disease or any illness caused or aggravated by employment, subject to proof that the risk of contracting the same is increased by working conditions.

h. Total Permanent Physical Disability (TPPD) – Any impairment of the mind or body which renders the disabled PNP personnel incapable of performing substantially the duties of a police officer and which is expected to be long, continued and of indefinite duration. Provided that irreparable loss (Functional or Physical) of the power of speech, or sense of hearing, or loss of one or both hands or feet, or loss of one eye or both eyes, or loss of limbs at or above the ankle or wrist, paralysis of one or both limbs, or brain injury resulting in incurable imbecility or insanity shall be considered permanent total disability.

In all cases, the disability shall be deemed permanent if it has persisted for a period exceeding two (2) years without fixed healing period, and renders the PNP personnel incapable of performing his duties. Provided, further, that in case the disability is found to be permanent beyond doubt upon medical examination of said personnel, the waiting period of two (2) years may be waived.

i. Maximum Hospitalization Benefits – Period of hospitalization ends when the patients' progress appears to have stabilized and it can be anticipated that additional hospitalization will not directly contribute to any further substantial recovery. However, as used in this Circular, such **hospitalization benefit shall not exceed one (1) year of continuous confinement in one or more hospitals.**

j. Catastrophic – illness or injuries such as but not limited to cancer cases with metastasis and/or requiring chemotherapy or radiation therapy, meningitis, encephalitis, cirrhosis of the liver (child C, myocardial infarction, cerebrovascular attack, rheumatism heat disease

grade III, renal failure, other conditions requiring dialysis or transplant, other conditions with massive hemorrhage, shock of any cause; surgical procedure or multiple surgical procedures done in one sitting with a total Relative Unit Value (RUV) of 20 (per PhilHealth definition) and above such as but not limited to coronary angioplasty, coronary bypass, open heart surgery of neurosurgery.

K. Intensive Care – refers to confinements requiring services in an intensive care unit such as respiratory and monitoring support, cardiac/hemodynamic monitoring and maintenance; other similar serious illnesses or injuries such as but not limited to cancer, pneumonia, moderately or far advanced pulmonary tuberculosis including its complications, cardiovascular attack, disease of the heart, chronic obstructive pulmonary disease, liver disease, typhoid fever, fever grade III, H-Fever, kidney disease, septicemia, diarrhea with severe dehydration, hepatitis B, dengue hemorrhagic, or severe injuries; including surgical procedure or multiple procedures done in one sitting with a total RUV of 8 but not exceeding 19.99 (source PHILHEALTH RUV Manual).

i. Ordinary Condition – refers to illnesses or injuries than those included in the above enumeration.

6. GUIDELINES:

a. Scope/Coverage

1. Benefits derived hereof shall include the hospitalization expenses of:

- a. All active PNP personnel confined in PNP General Hospital and/or PNP Medical Facilities, or PNP accredited government and/or private hospitals due to illness/injury;
- b. All active PNP personnel admitted as emergency case in private and/or government hospitals under the following circumstances:

- 1. On police operations or battle casualty reimbursement of hospitalization expenses shall be in full. A condition must be included therein, that, the reimbursement is subject to availability of funds and usual accounting and auditing requirements;
- 2. In case there is no PNP hospital within a reasonable distance, the injured or sick PNP personnel on emergency cases shall be admitted in other hospitals **provided that the concerned personnel shall be transferred to a PNP General Hospital as soon as the period of crisis is over.**
- 3. For emergency admission in other hospitals **provided the injury is service connected and**

provided further that the patient is immediately evacuated to PNP General Hospital/ PNP Medical facilities as soon as the condition permits (no imminent danger to the life of the patient);

4. For emergency admission into other hospitals where there is a PNP Medical Facility (to include PNP General Hospital) **provided that the management of the patient is not within the capability of the PNP Medical Facility and provided further that the patient is immediately evacuated to the PNP Medical Facility as soon as the condition permits** (transfer is medically advisable as there is no imminent danger to life of the patient).

c. All active PNP personnel confined/admitted for non-urgent conditions which are not manageable at PNP General Hospital/ PNP Medical Facility, **provided that the Chief of PNP General Hospital/ PNP Medical Facility gives proper authorization.**

2. Medical Attendance and hospitalization benefits (authorized votes) include the following:

- a. Room and Board - shall be P1,500.00/day
- b. Admission to Intensive Care Units is subject to the prevailing rate of the hospital and shall be limited until the patient's crisis is over;

3. Professional Fees – based on the prevailing RUV

a. Medical Case – maximum of Three Hundred Fifty Pesos (P350.00)/day on ordinary case and Seven hundred Fifty Pesos (P750.00)/day for intensive or catastrophic cases. b. Surgical Case – based on the prevailing RUV

- 1. Minor – Not to exceed Ten Thousand Pesos (P10,000.00)
- 2. Intermediate – Ten Thousand Pesos to Twenty Thousand Pesos (P10,000.00-P20,000.00)
- 3. Major – Twenty Thousand to Sixty Thousand Pesos (P20,000.00 – P60,000.00)

c. Anesthesiologist Fee – 30% of the main surgeon's fee

- 4. Medicines – Maximum of P35,000.00
- 5. Medical Supplies – Maximum of 35,000.00