

**[ PHIC PHILHEALTH CIRCULAR NO. 15, S. 2003,  
March 17, 2003 ]**

**THE NEW PHILHEALTH MATERNITY CARE PACKAGE FOR NORMAL  
SPONTANEOUS DELIVERY (NSD) PERFORMED IN ACCREDITED  
HOSPITALS**

Pursuant to PhilHealth Board Resolutions Nos. 486 and 501 series of 2002 and to properly guide all concerned in the implementation of the New PhilHealth Maternity Care Package for normal spontaneous delivery, PhilHealth hereby issue its implementing guidelines for your reference effective to all **discharges** as of **May 1, 2003**.

**BENEFIT PACKAGE:**

1. The new PhilHealth Maternity Care Package for normal spontaneous delivery (NSD) utilizes a case payment scheme in claims reimbursement. The Relative Value Unit (RVU) assigned for these procedures (Relative Value Scale code number 59409) shall no longer apply.
2. Pursuant to PhilHealth Board Resolution No. 501, this package shall only be limited to the first two (2) normal deliveries.
3. A case rate of 4,500 pesos shall be paid to accredited health care providers regardless of hospital category and length of hospital stay. Even patients managed for less than 24 hours are still eligible for this package.
4. The case rate shall be divided to 2,000 pesos for the health professional and 2,500 pesos for the health facility. The payment for the health facility is expected to cover for the necessary room and board, drugs and medicines, diagnostics, operating room and all other medically necessary care except for professional fees.

**ELIGIBILITY**

5. An individually paying program member (IPP) should comply with the rule on sufficient regularity of premium contributions and should have at least nine (9) months or three (3) quarters of premium payments in the immediate twelve (12) months prior to the normal spontaneous delivery. However, IPP enrolled as a group or through the IPP-OWWA program and for all other types of membership need not satisfy the sufficient regularity rule and are governed by current eligibility requirements.

**CLAIMS FILING**