



Frequently Asked Questions on PhilHealth’s Newborn Care Package

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PhilHealth’s Newborn Care Package is paid thru case payment and is worth 1,000 pesos per case. Included in the package is the provision of the following services:

1. Routine newborn care: <ul style="list-style-type: none"> • Thermal care • Umbilical cord care • Eye prophylaxis • Vitamin K 	250 pesos
2. Administration of BCG vaccine	
3. Resuscitation of newborn (as needed)	
4. 1st dose of Hepatitis B immunization	250 pesos
5. Newborn screening test	500 pesos
TOTAL	1,000 pesos

Premium requirements for employed and individually paying members (IPM) including KaSAPI & organized groups are only 3 months of premium payment within the immediate 6 months prior to delivery.

1. What is PhilHealth’s Newborn Care Package?

PhilHealth’s Newborn Care Package or NCP is a benefit for newborns worth 1,000 pesos.

This package covers the following services: routine newborn care (thermal care, umbilical cord care, eye prophylaxis, and Vitamin K injection) with or without resuscitation of the newborn; administration of BCG and 1st dose of Hepatitis B vaccines; and newborn screening test.

2. Who are eligible to claim for PhilHealth’s NCP?

All qualified dependents of any PhilHealth member who are delivered in PhilHealth accredited hospitals and non-hospital facilities (lying-in clinics, birthing homes) accredited for the maternity care package are eligible for NCP.

Premium requirement for dependents of employed and individually paying members (including KaSAPI and organized groups) is 3 months of premium payment within the immediate 6 months prior to the month of delivery.

3. Is the NCP limited only to babies of PhilHealth members who are delivered in the first 3 normal deliveries?

No. Although PhilHealth currently limits the coverage of normal deliveries to the first 3 births, the NCP may be claimed by all babies delivered by normal delivery.

A baby’s claim for NCP is now unrelated to a mother’s claim for Normal Spontaneous Delivery (NSD) Package or Maternity Care Package (MCP).

A claim may be filed for a baby’s NCP even if a mother’s claim for delivery is not covered by PhilHealth.

4. Are babies delivered via caesarean section covered by the NCP?

Yes. The NCP may be availed by babies whether they are delivered by normal vaginal deliveries, breech extractions or caesarean sections.

5. What is “thermal care”?

Thermal care service includes drying the infant in warm towel to prevent hypothermia caused by evaporation after delivery. Drying also stimulates the infant to cry. All newborns should be given thermal care immediately after delivery.

6. What is covered under “umbilical cord care”?

Included under umbilical cord care are clamping of the umbilical cord with surgical forceps, disposable cord clamp or cord tie, and; all other services required to keep the cord dry and clean to prevent infection of the umbilical cord stump (e.g., application of ethyl alcohol and/or povidone-iodine).

7. Should antibiotic ointment be placed in the eyes of all newborns?

Yes, it is essential that antibiotic ointment or drops are routinely placed into both eyes of all newborns to prevent conjunctivitis.

8. Should all newborns receive Vitamin K?

Yes, it is important that all newborns be given intramuscular injection of Vitamin K to prevent hemorrhagic disease of the newborn.



9. What is “resuscitation of the newborn”?

Resuscitation is a series of actions (e.g., suctioning, administration of oxygen) to establish normal breathing, heart rate, color, tone and response of an infant with an abnormal vital signs or low Apgar score.

10. Do all newborns require resuscitation?

No. Resuscitation is required only for newborns that do not breathe well by 1 minute after delivery or have Apgar score below 7. Infants who breathe well after delivery need no resuscitation.

If performed, resuscitation of the newborn should be included in Part IV c item No. 3 of PhilHealth Claim Form 2.

11. Will PhilHealth reimburse a hospital’s claim for newborn care package (NCP) if BCG was given after patient’s discharge?

Yes, because most normal newborn babies can be sent home after 6 hours after delivery and some services required can be given on an outpatient basis.

As long as the BCG immunization was done before filing of claim, a hospital can be reimbursed for the NCP.

Same rule applies with Hepatitis B immunization & newborn screening test - they can be done after a patient’s discharge.

12. If members were asked to pay for newborn screening test or Hepatitis B vaccine, will hospital’s claim for NCP be paid by PhilHealth?

No, asking members to pay for items included in NCP instead of deducting the cost of services from hospital bill is also considered as incomplete provision of services.

Hospital’s claim will be disallowed; however, a member will be reimbursed if valid official receipts are attached to the claim forms submitted to PhilHealth.

13. If the BCG immunization was given in doctor’s clinic and the patient was charged for the service, will the hospital’s claim for NCP be paid by PhilHealth?

No, this is considered as incomplete provision of services and the claim will be denied.

Even if supported by official receipts, a claim for BCG alone cannot be reimbursed since payment of 250 pesos for BCG is bundled with other required routine newborn care services: eye prophylaxis, umbilical cord care, Vitamin K administration, and thermal care.

14. If the BCG immunization was given in a rural health unit or health center, will the claim for NCP filed by accredited facilities where the baby was delivered be paid by PhilHealth?

Yes, the hospital will also be paid as long as BCG immunization is given. In some areas the rural health units, and not the hospitals, are designated as providers of BCG immunization.

The whole case payment for NCP worth 1,000 pesos will be given to accredited provider where the baby was delivered.

15. Can accredited RHUs file for reimbursement for NCP?

No, NCP may only be provided by accredited hospitals and non-hospitals facilities accredited as providers of PhilHealth’s maternity care package (MCP) such as lying-in clinics, birthing homes or midwife-managed clinics.

Accredited RHUs who have capability to provide delivery should file for a separate accreditation as an MCP facility so they can both file for MCP and NCP.

Facilities that are not allowed to provide NCP (like RHUs) should issue official receipts for newborn screening tests done in their facilities to facilitate direct payment to PhilHealth members.

16. Are all accredited hospitals and providers for MCP eligible to claim for NCP?

No, only facilities that are certified by DOH or NSRC as a newborn screening facility (NSF) may file for NCP.

To facilitate processing of claims, all accredited hospitals and facilities for MCP are required to submit to PhilHealth their certificate as newborn screening facility.

List of certified NSF may be downloaded from the Newborn Screening Reference Center website. (www.nsrc-nih.org.ph)

17. Are babies delivered at home or in non-accredited facilities eligible to claim for services included in NCP?

No. Only babies delivered in PhilHealth accredited hospitals and non-hospital facilities (lying-in clinics, birthing homes, midwife-managed clinics) accredited for the maternity care package are covered by the Newborn Care Package.

Accredited hospitals and lying-in clinics should not file NCP claims for babies not delivered in their facilities.

18. Are sick babies eligible to claim for NCP?

Sick babies are not allowed to claim for a separate benefit for NCP.

They are, however, entitled to have the services included in NCP as part of their hospitalization benefit.

Example of items used for the provision of NCP may be claimed under the following:

Drugs & Medicines	Laboratory, Supplies & Others
<ul style="list-style-type: none"> ▪ Eye antibiotics ▪ Vitamin K ▪ BCG vaccine ▪ Hepatitis B vaccine ▪ Oxygen 	<ul style="list-style-type: none"> ▪ Newborn screening test ▪ Disposable cord clamp ▪ Ethyl alcohol ▪ Povidone-iodine ▪ Supplies like cotton, syringe, needle

Only one PhilHealth Claim Form 2 should be submitted to PhilHealth.

