



Department of Budget and Management
Department of Health



JOINT CIRCULAR NO. 2022-0002

MAY 12 2022

TO : Heads of Departments, Bureaus, Offices and Agencies of the National Government, and Government-Owned or Controlled Corporations, Local Government Units and All Others Concerned

SUBJECT : Implementing Guidelines on the Grant of COVID-19 Sickness and Death Compensation to Eligible Public and Private Health care Workers (HCWs) and Non-HCWs for FY 2022

I. BACKGROUND

Under Special Provision (SP) No. 15 of the Department of Health (DOH) budget under the Fiscal Year (FY) 2022 General Appropriations Act (GAA), Php 1.08 billion was allocated for the payment of sickness and death compensation claims for all eligible public and private health care workers (HCWs) and non-HCWs in health facilities who contracted COVID-19 infection and/or died while fighting COVID-19 pandemic in line of duty during the state of calamity as pronounced by the President. It further stipulates that the amounts of the COVID-19 sickness and death compensation are as follows: fifteen thousand pesos (Php 15,000) for mild or moderate case, one hundred thousand pesos (Php 100,000) for severe or critical case, and one million pesos (Php 1,000,000) for COVID-19 death case. Relative thereto, the DOH in compliance with the enactment of Republic Act Nos. 11469¹ and 11494² provided the said COVID-19 compensation to eligible health workers.

To recognize the invaluable services of our HCWs and non-HCWs in COVID-19 response, it is imperative to continue the grant of COVID-19 sickness and death compensation to eligible personnel as they remain vulnerable to COVID-19 while in line of their duty.

II. OBJECTIVE

This Joint Circular (JC) is hereby issued to prescribe the implementing guidelines on the processing and payment of claims submitted by all eligible HCWs and non-HCWs pursuant to SP No. 15 of the DOH budget under the FY 2022 GAA.

¹ An Act Declaring the Existence of a National Emergency Arising from the Coronavirus Disease 2019 (COVID-19) Situation and a National Policy in Connection Therewith, and Authorizing the President of the Republic of the Philippines for a Limited Period And Subject to Restrictions, to Exercise Powers Necessary and Proper to Carry Out the Declared National Policy and for Other Purposes Known as Bayanihan to Heal As One Act, which was enacted On 25 March 2020

² An Act Providing for COVID-19 Response and Recovery Interventions and Providing Mechanisms to Accelerate the Recovery and Bolster the Resiliency of the Philippine Economy, Providing Funds Therefor, and for Other Purposes Known as Bayanihan to Recover as One Act, which was enacted on 11 September 2022

III. SCOPE AND COVERAGE

This Circular shall apply to all public and private HCWs and non-HCWs assigned in health facilities who contracted mild or moderate, severe or critical COVID-19 infection and/or died while in the line of duty reckoning 01 January 2022 until the state of public health emergency throughout the Philippines due to COVID-19 is lifted.

IV. DEFINITION OF TERMS

The following definitions are hereby adopted for the purpose of this JC:

- A. **Health Facilities** - shall refer to any public and private institution with health care as their core service, function or business. Health care pertains to the maintenance or improvement of the health of individuals or populations through the prevention, diagnosis, treatment, rehabilitation and chronic management of disease, illness, injury and other physical and mental ailments or impairments.

For purposes of this JC, health facilities shall refer to those duly licensed or designated by the DOH, including the DOH-Central Office (CO) and its attached agencies, Centers for Health Development (CHDs), Provincial/City/Municipal Health Offices, Local Government Health Offices, and Temporary Treatment and Monitoring Facilities (TTMFs) for COVID-19 response in accordance with the latest National Action Plan Against COVID-19.

- B. **Health care workers (HCWs) and non-HCWs** - shall refer to personnel assigned in all health facilities involved in COVID-19 response in line with the National Action Plan COVID-19 strategy of Prevention, Detection, Isolation, Treatment, Rehabilitation, and Vaccination (PDITR+) strategy. HCWs comprise medical and health allied personnel who provide direct health care, whereas, non-HCWs provide technical, administrative and support services within the health facilities.
- C. **Health-Related Establishment** - shall refer to a health service facility or unit which performs health service delivery functions within an agency whose legal mandate is not primarily the delivery of health services.
- D. **Corporate Hospitals** - shall refer to the government-owned controlled and corporation (GOCC) hospitals under the DOH, namely: Philippine Heart Center (PHC), Lung Center of the Philippines (LCP), National Kidney and Transplant Institute (NKTi) and Philippine Children's Medical Center (PCMC).
- E. **Casual Appointment** - an appointment issued only for essential and necessary services where there are not enough regular staff to meet the demands of the service and for emergency cases and intermittent periods not to exceed one year. (*Section 9, Rule IV of the Omnibus Rules on Appointments and Other Human Resource Actions*)
- F. **Contractual** - shall refer to an appointment issued to a person whose employment in the government is in accordance with a special contract to undertake local or foreign-assisted projects or a specific work or job requiring special or technical skills not available in the employing agency, to be accomplished within a specific period. The inclusive period of the contractual appointment shall be indicated on the face of the appointment for purposes

of crediting services. (Section 9(f), Rule IV, 2017 Omnibus Rules on Appointment and Other Human Resource Actions (2017 ORAOHRA))

- G. **Outsourced personnel** - shall refer to personnel with no employee-employer relationship;
- H. **COVID-19 Response** - shall refer to the implementation of specific activities, anchored on the National Action Plan Against COVID-19, to control further spread of infection, outbreaks or epidemics and prevent reoccurrence. It includes verification, contact tracing, rapid risk assessment, case measures, treatment of patients, vaccination, risk communication, conduct of prevention activities, and rehabilitation and other support activities related to the treatment and care of COVID-19 patients.
- I. **Reinfection** - shall refer to the re-occurrence of COVID-19 infection of persons with or without COVID-19 like symptoms equal to or more than ninety (90) days after initial infection/illness based on the Centers for Disease Control and Prevention's (CDC) investigative criteria.
- J. **Antecedent Cause of Death** - shall refer to intervening cause/s of death occurring between underlying and immediate causes. It is the condition that led to or precipitated the immediate cause of death, or a condition that occurred resulting from the underlying cause of death.
1. The following shall be considered as underlying cause of death:
 - i. The disease or injury which initiated the train of morbid events leading directly to death; or
 - ii. The circumstances of the accident or violence which produced the fatal injury.
 2. It is the start of the sequence of events that leads to death. It is the condition that occurs the earliest in time in the sequence of events.
 3. Immediate cause of death - terminal cause of death; it is the condition that directly leads to death. For multiple causes of death, it is entered in the first line, Part 1 of the death certificate.
- K. **Mild COVID-19 Case** - shall refer to symptomatic patients presenting with fever, cough, fatigue, anorexia, myalgia; other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting; loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms with NO signs of pneumonia or hypoxia.
- L. **Moderate COVID-19 Case** - shall refer to patients with clinical signs of non-severe pneumonia (e.g. fever, cough, dyspnea, respiratory rate (RR) = 21-30 breaths/minute, peripheral capillary oxygen saturation (SpO₂) >92% on room air).
- M. **Severe COVID-19 Case** - shall refer to the following:
1. Confirmed cases classified as either "severe pneumonia" or "critical pneumonia", based on Philippine Health Insurance Corporation (PhilHealth) Circular 2020-0009; and

2. Patients with clinical signs of severe pneumonia or severe acute respiratory infection as follows: fever, cough, dyspnea, RR>30 breaths/minute, severe respiratory distress or SpO2 < 92% on room air.

N. **Critical COVID-19 Case** - shall refer to patients manifesting with acute respiratory distress syndrome, sepsis and/or septic shock

1. Acute Respiratory Distress Syndrome (ARDS) - Patients with onset within 1 week of known clinical insult (pneumonia) or new or worsening respiratory symptoms, progressing infiltrates on chest X-ray or chest CT scan, with respiratory failure not fully explained by cardiac failure or fluid overload;
2. Sepsis - Patients with life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection. Signs of organ dysfunction include altered mental status, difficult or fast breathing, low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate or hyperbilirubinemia; and
3. Septic Shock - Patients with persistent hypotension despite volume resuscitation, requiring vasopressors to maintain MAP > 65 mmHg and serum lactate level >2 mmol/L.

V. GENERAL GUIDELINES

A. The following compensations shall be provided to eligible HCWs and non-HCWs who have contracted COVID-19 infection in the line of duty upon submission of the complete and compliant documentary requirements to support the claims:

1. A compensation of fifteen thousand pesos (**Php 15,000.00**) shall be provided to HCWs and non-HCWs who contracted **mild or moderate** COVID-19 infection in the line of duty and who have recovered.
2. A compensation of one hundred thousand pesos (**Php 100,000.00**) shall be provided to HCWs and non-HCWs who contracted **severe or critical** COVID-19 infection in the line of duty and who have recovered.
3. A compensation of one million pesos (**Php 1,000,000.00**) shall be provided to HCWs and non-HCWs who have **contracted COVID-19 infection in the line of duty and died due to COVID-19** as indicated in the death certificate, which may appear as immediate, antecedent, underlying cause of death or other significant conditions contributing to death.

Determination of the above shall be without prejudice to the professional/clinical judgment, using reasonable degree of professional/medical certainty, of the concerned DOH personnel authorized to evaluate or review based on available medical records.

B. The compensation provided to HCWs and non-HCWs shall be granted without prejudice to other existing benefits provided under applicable government insurance systems and their governing laws.

- C. The eligible HCWs and non-HCWs who have already received the above-mentioned compensation under the existing and applicable laws **shall no longer** receive the compensation under this Circular, except in cases of reinfection.
- D. The compensation provided herein shall be subject to applicable taxation and exemption laws.
- E. The successive order of priority in the granting of death benefits to the legal heirs of the deceased HCWs and non-HCWs shall be in accordance with applicable rules of intestate succession under Republic Act No. 386 or the Civil Code of the Philippines. In the absence of the foregoing, the death benefits shall revert to the funds set aside for sickness and death compensation for HCWs and non-HCWs.

VI. SPECIFIC GUIDELINES

A. Eligibility for Compensation

- 1. All HCWs and non-HCWs who contracted the disease or died due to COVID-19 as confirmed based on the documents submitted and verified as guided by the requirements in Section VI (B) of this Circular.
- 2. The grant of COVID-19 sickness and death compensation to qualified HCWs and non-HCWs shall be based on the following criteria:
 - i. HCWs and non-HCWs in health facilities, provided they are involved in COVID-19 response who contracted COVID-19 infection and/or died while fighting the COVID-19 pandemic while in line of duty during the state of calamity as pronounced by the President;
 - ii. HCWs and non-HCWs occupying a regular, temporary, coterminous, contractual, or casual position, on full-time or part-time basis in a public or private health facilities, including the clinical consultants, and residents and fellows in training in hospitals, TRCs and sanitarium, excluding the outsourced personnel;
 - iii. HCWs and non-HCWs engaged through Contract of Service (COS) or Job Order (JO) or emergency hired Human Resources for Health (HRH), duly accredited volunteer workers including but not limited to swabbers, vaccinators, encoders, bar coders, contract tracers, ambulance drivers, Barangay Health Emergency Response Team (BHERT) and barangay health workers (BHWs) provided they are assigned in health facilities and other health-related establishments as defined in Section IV; and
 - iv. Medical, allied medical, or technical/administrative personnel assigned in health facilities and other health-related establishments as defined under Section IV providing medical and related services for the COVID-19 response who are under the following but not limited to the Armed Forces of the Philippines (AFP), Department of National Defense (DND), Philippine National Police (PNP), Bureau of Fire Protection (BFP) and Bureau of Jail Management and Penology (BJMP) under the Department of the Interior and Local Government (DILG), Bureau of Corrections (BuCor) under the Department of Justice (DOJ), Philippine Coast

Guard (PCG) under the Department of Transportation (DOT), and DOH-CO, CHD, TRCs or attached agencies, and such other government agency or entity as may be appropriate, as well as those under the LGU and the Philippine Red Cross.

3. All eligible HCWs and non-HCWs that are providing clinical, non-clinical, administrative and other related services for the COVID-19 response.

B. Documentary Requirements for Processing of Claims

1. The HCWs and non-HCWs shall ensure completion and compliance of the requirements as enumerated in Annexes A, B or C, whichever is applicable, prior to the submission of application for claims.
2. The concerned evaluator shall ensure that the requirements were given to and complied with by the HCWs and non-HCWs before processing the claim.
 - i. Online submission of scanned copies of the documentary requirements can be submitted for a pre-evaluation of the claims. The processing office shall notify the claimant to submit original copies of the documentary requirements once the claim was found to be compliant and eligible based on the evaluated documents.
 - ii. The evaluator shall inform the claimants of the status of his/her application through an online monitoring system to be deployed and managed by the processing office.
3. Submission of any document that is found to be falsified shall be ground for disapproval of the claim, without prejudice to the implementation of this JC. Further, any person found to have participated directly or indirectly in the commission of fraud, collusion, falsification, or misrepresentation in any transaction relative to this JC, whether for him/her or for some other persons, shall suffer the penalties provided for in Article 172 of the Revised Penal Code. This is without prejudice to the criminal, civil and administrative liabilities arising from other applicable laws, rules and regulations.

C. Filing and Processing of Claims

1. All compensation claims shall be filed and processed based on the claimant’s place of assignment and designated processing offices:

Claimant’s Place of Assignment	Processing Units
All claims of eligible HCWs and non-HCWs of operating units under the DOH - CO	DOH - Administrative Service
For HCWs and non-HCWs assigned / working in the following offices / health facilities: A. DOH Units 1. Bureau of Quarantine (BOQ) 2. Food and Drug Administration	Respective administrative units of these concerned offices shall facilitate and process the

<p>(FDA)</p> <p>3. DOH Retained and Corporate Hospitals; and</p> <p>4. DOH Treatment and Rehabilitation Centers (TRCs)</p> <p>B. Attached Agencies</p> <p>1. Philippine National AIDS Council (PNAC)</p> <p>2. National Nutrition Council (NNC);</p> <p>3. Philippine Health Insurance Corporation (PHIC); and</p> <p>4. Philippine Institute of Traditional and Alternative Health Care (PITAHC)</p>	<p>compensation claims</p>
<p>For HCWs and non-HCWs within the respective areas of responsibilities:</p> <p>A. Local government unit (LGU) - owned health facilities and COVID-19 diagnostic facilities;</p> <p>B. State universities and colleges (SUCs) Hospital (e.g. Western Visayas State University Medical Center);</p> <p>C. Private health facilities;</p> <p>D. Health facilities operated by other government agencies;</p> <p>E. AFP and PNP Military health facilities;</p> <p>F. Philippine Red Cross (PRC) Chapters</p> <p>G. Health-related establishments including TTMFs;</p> <p>H. Newly created/renationalized DOH hospitals, TRCs and sanitarium undergoing transitions; and</p> <p>I. Other government agencies</p>	<p>Centers for Health Development (CHDs)</p> <p>Ministry of Health - Bangsamoro Autonomous Muslim Mindanao (MOH-BARMM)</p>

2. All claim applications for sickness or death compensation of HCWs and non-HCWs shall be submitted to the head of the concerned office/health facility as specified above, for processing and evaluation. Claims with incomplete requirements shall be returned to claimants for compliance.
3. All applications shall include an email address where the claimants may receive notices. It is the responsibility of the claimants to ensure access to such email addresses and to promptly notify the concerned office/health facility of any changes.
4. The Head of the designated processing units shall nominate an appropriate team or unit to evaluate the claims filed by the HCWs and non-HCWs or their legal beneficiaries as

to the completeness, veracity and eligibility to the requirements pursuant to this Circular. A two (2) level evaluation can be performed: First, to check the completeness and authenticity of the submitted documents; and second, to validate the medical records.

5. Official notifications to the email address provided by the claimants shall be forwarded by the designated processing units in any of the following circumstances:
 - i. Acknowledgement for the received documentary requirements
 - ii. Discrepancy/ies on the submitted documents;
 - iii. Additional document/s is/are needed;
 - iv. If found eligible to the compensation, submission of original/Certified True Copy (CTC)/authenticated copies of all documentary requirements;
 - v. Application is approved/disapproved; or
 - vi. Compensation is available for release.
4. The compensation of the eligible HCWs or non-HCWs detailed to another government agency shall be claimed through the DOH healthy facility where they are assigned.

D. Release and Payment of Claims

1. Funds shall be sub-allotted or transferred by the DOH - CO, through the Administration and Financial Management Team (AFMT), to DOH retained and corporate hospitals, TRCs, BOQ, FDA, CHDs concerned, MOH-BARMM and attached agencies, which are designated as processing units, for the payment of the compensation.
2. All concerned offices/health facility designated as processing units shall submit the necessary fund utilization report to the AFMT to include the following:
 - i. Number of claims facilitated, processed, approved/disapproved, and paid and the date of receipt of notification;
 - ii. Amount of claims paid, remaining funds;
 - iii. All disapproved claims indicating the reason for disapproval; and
 - iv. Other information as may be required by the AFMT.
 - v. To be submitted every Friday of every week on or before the close of business hours.
3. The DOH corporate hospitals, MOH-BARMM and the attached agencies shall submit liquidation reports in accordance with existing Commission on Audit (COA) rules and regulations.

E. Motion for Reconsideration and/or Appeal for Claims

1. The concerned HCWs and non-HCWs or beneficiary/ies of a disapproved claim may file a Motion for Reconsideration (MR) with the Office of the Secretary of Health within ten (10) days from the receipt of notice of disapproval.
2. The Review Committee (RC) shall be reconstituted to assist the Secretary of Health in resolving Motions for Reconsideration (MR) of disapproved claims. In the evaluation of the eligibility of claimants, the RC is authorized to request/obtain additional documents or information as deemed necessary and to invite resource persons. After

its evaluation, the RC shall make recommendation/s to the concerned Undersecretary of Health, whose decision shall be final and executory. No second MR shall be allowed.

3. The offices/health facilities in-charge of processing the claims and payment of COVID-19 sickness and death compensation to HCWs and non-HCWs shall remain in-charge of processing the payment of compensation to HCWs and non-HCWs with approved MR.
4. Claimants eligible under this Circular but whose applications were denied under the previous JAO and have not filed an MR shall file their claims in accordance with Section VI (C).

VII. ROLES AND RESPONSIBILITIES

A. The AFMT shall:

1. Prepare and release the guidelines for the sub-allotment or transfer of funds for the sickness and benefits compensation to BOQ, FDA, TRCs, DOH retained and corporate hospitals, attached agencies, CHDs and MOH-BARMM.
2. Monitor the timely release of the said compensation to eligible HCWs and non-HCWs assigned in health facilities engaged in COVID-19 response;
3. Determine the funding requirement for the payment of the sickness and death compensation; and
4. Consolidate the reports received from Administrative Service, BOQ, FDA, TRCs, DOH retained and corporate hospitals, attached agencies, CHDs and MOH-BARMM.

B. The Administrative Service (AS) shall:

1. Receive, evaluate and validate, and process all claims for compensation from the DOH - CO;
2. Regularly submit the physical and financial accomplishment reports to AFMT and FMS, respectively, for monitoring, in accordance with pertinent accounting and auditing rules and regulations. The fund utilization report shall comply with Section VI.D.2 of this JC.

C. The Financial Management Service (FMS) shall, in accordance with government budgeting, accounting and auditing rules and regulations:

1. Evaluate and review the sub-allotment or transfer of fund guidelines for the funding requirement;
2. Download funds to CHDs and DOH Operating Units (DOH retained hospitals, TRCs, BOQ, and FDA) through the issuance of sub-allotment advice based on the approved guidelines;
3. Facilitate the transfer of funds to MOH-BARMM, DOH corporate hospitals and attached agencies in accordance with the approved guidelines and duly executed Memorandum of Agreement (MOA);
4. Process payments of COVID-19 compensation claims of HCWs and non-HCWs evaluated and approved by AS; and
5. Provide guidance on the sourcing and utilization of funds.

D. The Field Implementation and Coordination Team (FICT) shall:

1. Assist the AFMT in monitoring the implementation of this JC in their respective areas/jurisdictions;
2. Provide guidance to CHDs to ensure that the sickness and death compensation claims are processed and facilitated accordingly;
3. Conduct random assessment of the claims approved by the respective processing units; and
4. Regularly submit monitoring reports to AFMT on observations and/or feedback relative to Item No. 2 of this Section.

E. The CHDs shall:

1. Coordinate with LGU-owned, private and other health facilities enumerated in Section VI.C.1 involved in COVID-19 response within their jurisdiction;
2. Receive, evaluate and validate, and process all claims from health facilities enumerated in Section VI.C.1 involved in COVID-19 response within their jurisdiction;
3. Regularly submit the physical and financial accomplishment reports to AFMT and FMS, respectively, for monitoring, in accordance with pertinent accounting and auditing rules and regulations. The fund utilization report shall comply with Section VI.D.2 of this JC; and
4. Monitor the implementation of this JC in their respective areas/jurisdictions.

F. The MOH-BARMM shall:

1. Coordinate with LGU-owned, private and other health facilities enumerated in Section VI.C.1 involved in COVID-19 response within their jurisdiction;
2. Receive, evaluate and validate, and process all claims from health facilities enumerated in Section VI.C.1 involved in COVID-19 response within their jurisdiction;
3. Regularly submit the physical and financial accomplishment reports to AFMT and FMS, respectively, for monitoring, in accordance with pertinent accounting and auditing rules and regulations. The fund utilization report shall comply with Section VI.D.2 of this JC; and
4. Monitor the implementation of this JC in their respective areas/jurisdictions.

G. The BOQ, FDA, DOH Retained and Corporate Hospitals, TRCs and Attached Agencies shall:

1. Receive, evaluate and validate, and process all claims from the HCWs and non-HCWs in their respective offices/health facilities;
2. Regularly submit the physical and financial accomplishment reports to AFMT and FMS, respectively, for monitoring, in accordance with pertinent accounting and auditing rules and regulations. The fund utilization report shall comply with Section VI.D.2 of this JC; and
3. Monitor the implementation of this JC in their respective areas/jurisdictions.

H. The Department of Budget and Management (DBM) shall:

Process and issue the corresponding budget-related action documents to implement the grant of COVID-19 compensation to HCWs and non-HCWs pursuant to Republic Act No. 11639 or the FY 2022 GAA, in accordance with the existing government budgeting, accounting and auditing rules and regulations.

VIII. FUNDING SOURCE

The funds necessary for the implementation of this JC shall be sourced from the FY 2022 GAA, and any sources available as may be identified by the DBM, subject to the existing budgeting, accounting, and auditing rules and regulations.

IX. RESOLUTION OF CASES

- A. Issues and concerns that may arise in relation to the implementation of this JC shall be brought to the DOH, as the lead agency, in coordination with the DBM, for discussion and resolution. Amendments of this Circular as necessary and as warranted by circumstances may likewise be made by the DOH in coordination with DBM. The DOH may likewise issue supplemental guidelines on the requirements, evaluation, and payment of the claims, as necessary.
- B. Conversely, all issues arising from the grant of COVID-19 sickness and death compensation to eligible HCWs and non-HCWs assigned in health facilities involved in COVID-19 response shall be resolved exclusively by the DOH.

X. SEPARABILITY CLAUSE


If any clause, sentence, or provision of this JC shall be declared invalid or unconstitutional, the other provisions unaffected thereby shall remain valid and effective.


XI. INTERPRETATION CLAUSE

In case of doubt in the interpretation of this Circular or in the appreciation of evidence, such doubt shall be resolved in favor of the claim of the HCWs and non-HCWs or the beneficiary or legal heir of the deceased HCW or non-HCWs, provided that interpretation shall be made in a manner that best achieves the purpose of the law.

XII. EFFECTIVITY CLAUSE

This Joint Circular shall take effect immediately after its publication in the Official Gazette or in a newspaper of general circulation.


TINA ROSE MARIE L. CANDA
Officer-in-Charge
Department of Budget and Management

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FRANCISCO T. DUQUE III, MD, MSc
Secretary
Department of Health

Annex A: Documentary Requirements for Processing of Claims for Mild/Moderate Cases

1. One (1) Original Certificate of Employment signed by the authorized official of the concerned hospital/health facility or Certified True Copy (CTC) of Contract or Volunteer Certificate. The following shall be specified in the document: a) period of employment, b) position, and c) place of assignment. The purpose for application shall be for COVID-19 compensation.
2. One (1) photocopy of any of the following government-issued valid IDs (Passport, Driver's License, Government Service Insurance System (GSIS) or Social Security System (SSS) Unified Multi-Purpose ID (UMID), PhilHealth ID with picture, Postal, Professional Regulation Commission (PRC), Voter's ID, National ID, Senior Citizen (SC), Overseas Filipino Worker (OFW) or Health Facility/ Agency ID), or person with disability (PWD) ID;
3. If hospitalized, one (1) Original or CTC of Comprehensive Medical/Clinical Abstract or Discharge Summary signed by the attending physician, indicating the following but not limited to:
 - a. Name of Patient
 - b. Date of Admission
 - c. Date of Discharge
 - d. Admitting Diagnosis
 - e. Chief Complaint
 - f. Pertinent Signs and Symptoms
 - g. Pertinent Laboratory Data/Findings
 - h. Course in the Ward
 - i. Final Diagnosis
 - j. Condition upon Discharge
 - k. Signature of Attending Physician

For the medical certificate:

- a. If **home quarantined**, one (1) duly issued original or CTC of Medical Certificate issued by the physician of the admitting hospital/facility reflecting symptoms and diagnosis.
 - b. If **facility quarantined**, one (1) Original or CTC of Medical Certificate/Clearance signed by the attending physician or Quarantine Certificate/Clearance issued by the facility or Provincial/City/Municipal/ Barangay Health Authority/Appropriate Epidemiology Surveillance Officer; and
 - c. If the **signs and symptoms were not indicated in the Medical/Quarantine Certificate**, an original or CTC of the Monitoring Sheet with symptoms issued and signed by the Hospital, Provincial/City/Municipal/Barangay Health Authority/Appropriate Epidemiology Surveillance Officer will be submitted.
4. (1) Original or CTC of the Molecular and Diagnostic Pathology Test (MDPT) with Positive Result such as Real-Time Reverse Transcription Polymerase Chain Reaction (RT-PCR) test **OR** facility-based Rapid Antigen Test (AgT) for suspect, including symptomatic and asymptomatic close contacts who fit the suspect case definition, and probable cases in the following circumstances:
 - a. in the community or hospital setting when RT-PCR capacity is insufficient;

- b. in the hospital setting where the turnaround time is critical to guide patient cohort management; or
- c. in the community during outbreaks for quicker case finding, provided that in any setting, only FDA-certified antigen tests with sensitivity and specificity in conformity HTAC specifications are used.

The local government unit (LGU) shall determine the existence of the aforementioned circumstances. For symptomatic close contacts, a positive AgT result shall be treated as the final diagnostic result. Symptomatic close contacts who tested negative for AgT, as well as asymptomatic close contacts regardless of AgT result, shall undergo confirmatory RT-PCR test.

The date of RT-PCR or AgT positive result must be immediately preceding or within the date of quarantine or isolation or certification from the hospital Infection Prevention and Control (IPC) committee that the patient who meets the following (World Health Organization COVID-19 Case Definition, 16 December 2020):

- a. Clinical criteria and is a contact of a probable, confirmed case, or linked to a COVID-19 cluster was managed as COVID-19 case despite negative RT-PCR result; or
 - b. A suspect case with chest imaging showing findings suggestive of COVID-19 disease; or
 - c. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause; or
 - d. Death, not otherwise explained, in an adult with respiratory distress preceding death **AND** was a contact of a probable or confirmed case or linked to a COVID-19 cluster.
5. One (1) original copy of Certificate of Involvement in COVID-19 Response of the concerned HCW and non-HCWs as issued by the head of facility or a certified copy of the same.
6. One (1) original Special Power of Attorney (SPA) signed by the HCWs and non-HCWs in case another person will process/apply for the COVID-19 compensation. Likewise, a thumb mark in lieu of signature of the HCWs and non-HCWs shall be accepted if the latter is unable to sign.

Annex B: Documentary Requirements for Processing of Claims for Severe/Critical Cases

1. One (1) Original Certificate of Employment signed by the authorized official of the concerned hospital/health facility or Certified True Copy (CTC) of Contract or Volunteer Certificate. The following shall be specified in the document: a) period of employment, b) position, and c) place of assignment. The purpose for application shall be for COVID-19 compensation;
2. One (1) photocopy of any of the following government-issued valid IDs (Passport, Driver's License, Government Service Insurance System (GSIS) or Social Security System (SSS) Unified Multi-Purpose ID (UMID), PhilHealth ID with picture, Postal, Professional Regulation Commission (PRC), Voter's ID, National ID, Senior Citizen (SC), Overseas Filipino Worker (OFW) or Health Facility/ Agency ID) or PWD ID;
3. If hospitalized, one (1) Original or CTC of Comprehensive Medical/Clinical Abstract or Discharge Summary signed by the attending physician, indicating the following but not limited to:
 - a. Name of Patient
 - b. Date of Admission
 - c. Date of Discharge
 - d. Admitting Diagnosis
 - e. Chief Complaint
 - f. Pertinent Signs and Symptoms
 - g. Pertinent Laboratory Data/Findings
 - h. Course in the Ward
 - i. Final Diagnosis
 - j. Condition upon Discharge
 - k. Signature of Attending Physician
4. (1) Original or CTC of the Molecular and Diagnostic Pathology Test (MDPT) with Positive Result such as Real-Time Reverse Transcription Polymerase Chain Reaction (RT-PCR) test **OR** facility-based Rapid Antigen Test (AgT) for suspect, including symptomatic and asymptomatic close contacts who fit the suspect case definition, and probable cases in the following circumstances:
 - a. in the community or hospital setting when RT-PCR capacity is insufficient;
 - b. in the hospital setting where the turnaround time is critical to guide patient cohort management; or
 - c. in the community during outbreaks for quicker case finding, provided that in any setting, only FDA-certified antigen tests with sensitivity and specificity in conformity HTAC specifications are used.

The local government unit (LGU) shall determine the existence of the aforementioned circumstances. For symptomatic close contacts, a positive AgT result shall be treated as the final diagnostic result. Symptomatic close contacts who tested negative for AgT, as well as asymptomatic close contacts regardless of AgT result, shall undergo confirmatory RT-PCR test.

The date of RT-PCR or AgT positive result must be immediately preceding or within the date of quarantine or isolation or certification from the hospital Infection Prevention

and Control (IPC) committee that the patient who meets the following (World Health Organization COVID-19 Case Definition, 16 December 2020):

- a. Clinical criteria and is a contact of a probable, confirmed case, or linked to a COVID-19 cluster was managed as COVID-19 case despite negative RT-PCR result; or
 - b. A suspect case with chest imaging showing findings suggestive of COVID-19 disease; or
 - c. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause; or
 - d. Death, not otherwise explained, in an adult with respiratory distress preceding death AND was a contact of a probable or confirmed case or linked to a COVID-19 cluster.
5. One (1) original copy of Certificate of Involvement in COVID-19 Response of the concerned HCW and non-HCWs as issued by the head of facility or a certified copy of the same.
 6. One (1) original Special Power of Attorney (SPA) signed by the HCWs and non-HCWs in case another person will process/apply for the COVID-19 compensation. Likewise, a thumb mark in lieu of signature of the HCWs and non-HCWs shall be accepted if the latter is unable to sign.
 7. (1) CTC of the official chest x-ray result signed by the radiologist.

Annex C: Documentary Requirements for Processing of Claims for Death Cases

1. One (1) Original Certificate of Employment signed by the authorized official of the concerned hospital/health facility or Certified True Copy (CTC) of Contract or Volunteer Certificate. The following shall be specified in the document: a) period of employment, b) position, and c) place of assignment. The purpose for application shall be for COVID-19 compensation;
2. One (1) photocopy of any of the following government-issued valid IDs (Passport, Driver's License, Government Service Insurance System (GSIS) or Social Security System (SSS) Unified Multi-Purpose ID (UMID), PhilHealth ID with picture, Postal, Professional Regulation Commission (PRC), Voter's ID, National ID, Senior Citizen (SC), Overseas Filipino Worker (OFW) or Health Facility/ Agency ID) or PWD ID;
3. If hospitalized, one (1) Original or CTC of Comprehensive Medical/Clinical Abstract or Discharge Summary signed by the attending physician, indicating the following but not limited to:
 - a. Name of Patient
 - b. Date of Admission
 - c. Date of Discharge
 - d. Admitting Diagnosis
 - e. Chief Complaint
 - f. Pertinent Signs and Symptoms
 - g. Pertinent Laboratory Data/Findings
 - h. Course in the Ward
 - i. Final Diagnosis
 - j. Condition upon Discharge
 - k. Signature of Attending Physician
4. (1) Original or CTC of the Molecular and Diagnostic Pathology Test (MDPT) with Positive Result such as Real-Time Reverse Transcription Polymerase Chain Reaction (RT-PCR) test **OR** facility-based Rapid Antigen Test (AgT) for suspect, including symptomatic and asymptomatic close contacts who fit the suspect case definition, and probable cases in the following circumstances:
 - a. in the community or hospital setting when RT-PCR capacity is insufficient;
 - b. in the hospital setting where the turnaround time is critical to guide patient cohort management; or
 - c. in the community during outbreaks for quicker case finding, provided that in any setting, only FDA-certified antigen tests with sensitivity and specificity in conformity HTAC specifications are used.

The local government unit (LGU) shall determine the existence of the aforementioned circumstances. For symptomatic close contacts, a positive AgT result shall be treated as the final diagnostic result. Symptomatic close contacts who tested negative for AgT, as well as asymptomatic close contacts regardless of AgT result, shall undergo confirmatory RT-PCR test.

The date of RT-PCR or AgT positive result must be immediately preceding or within the date of quarantine or isolation or certification from the hospital Infection Prevention

and Control (IPC) committee that the patient who meets the following (World Health Organization COVID-19 Case Definition, 16 December 2020):

- a. Clinical criteria and is a contact of a probable, confirmed case, or linked to a COVID-19 cluster was managed as COVID-19 case despite negative RT-PCR result; or
 - b. A suspect case with chest imaging showing findings suggestive of COVID-19 disease; or
 - c. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause; or
 - d. Death, not otherwise explained, in an adult with respiratory distress preceding death AND was a contact of a probable or confirmed case or linked to a COVID-19 cluster.
5. One (1) original copy of Certificate of Involvement in COVID-19 Response of the concerned HCW and non-HCWs as issued by the head of facility or a certified copy of the same.
6. One (1) original Special Power of Attorney (SPA) signed by the HCWs and non-HCWs in case another person will process/apply for the COVID-19 compensation. Likewise, a thumb mark in lieu of signature of the HCWs and non-HCWs shall be accepted if the latter is unable to sign.
7. To further establish the eligibility of a deceased HCW and non-HCW, the heirs of the latter shall likewise submit the following minimum requirements to claim the one million pesos (Php 1,000,000.00) death compensation:
- a. One (1) original copy of Death Certificate of the HCWs and non-HCW issued by the Philippine Statistics Authority (PSA) or PSA-authenticated death certificate issued by the LGU or Certification from the IPC/Mortality Audit Committee that the death is a consequence of COVID-19;
 - b. One (1) original copy of Certificate of No Marriage (CENOMAR) issued by PSA for single HCWs and non-HCWs;
 - c. One (1) photocopy of any valid IDs of the claimant as enumerated in Item 2 of this Annex;
 - d. If the claimant is the surviving spouse, one (1) original copy of Marriage Certificate issued by PSA;
 - e. If one or some claimants is/are surviving child/children:
 - e.1. One (1) original of Birth Certificate/s of child/children issued by PSA; and
 - e.2. One (1) original or CTC of SPA for the authorized sibling to process and receive the compensation.
 - e.3. If applicable, one (1) original copy of Certificate of Finality of Annulment/ Nullity or Annotated Marriage Contract/Certificate of the parents issued by PSA.

- f. If the claimant child/children is/are minor or incapacitated and there is another person authorized to act as claimant:
 - f.1. One (1) original copy of Birth Certificate/s of minor or incapacitated child/children issued by PSA; and
 - f.2. One (1) original or CTC of Affidavit of Guardianship of minor and incapacitated child/children.
- g. Any representative or claimant of the deceased HCWs and non-HCWs should provide at least one (1) photocopy of his/her valid ID for proper identification.
- h. The DOH reserves the right to obtain additional information/documents in whatever manner, as applicable, to determine the eligibility of claimants. Provided that the DOH is able to prove that such additional documents are needed due to exceptional circumstances of the claim. In case of dispute between two or more claimants, the DOH has the right to take any necessary or appropriate action, including suspending the release of benefit pending resolution of the dispute in accordance with applicable laws and rules.