



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

June 15, 2022

**DEPARTMENT MEMORANDUM**

No. 2022- 0259

**FOR :** ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS/SERVICES AND CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO, MEDICAL CENTER CHIEFS/ CHIEFS OF HOSPITALS, SANITARIA, AND TREATMENT AND REHABILITATION CENTERS, EXECUTIVE DIRECTORS OF CORPORATE HOSPITALS, HEADS OF ATTACHED AGENCIES AND ALL OTHERS CONCERNED

**SUBJECT :** Supplemental Guidelines to the DOH-DBM JAO No. 2022-0001 for the Processing of COVID-19 Sickness and Death Compensation Claims for Eligible Public and Private Health Workers for Calendar Years 2020 and 2021

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**I. RATIONALE**

Republic Act (RA) No. 11494 entitled, “Bayanihan to Recover as One Act” mandated the grant of COVID-19 sickness and death compensation to public and private health workers who have contracted COVID-19 in the line of duty to recognize their invaluable contributions to the country’s COVID-19 response. Notwithstanding its expiration, the same law provides a survival clause for the continued grant of the said compensation during the state of national emergency as declared by the President.

On 03 February 2022, the Department of Health (DOH) and the Department of Budget and Management (DBM) issued Joint Administrative Order (JAO) No. 2022-0001 entitled, “Revised Implementing Guidelines on the Grant of COVID-19 Compensation to Public and Private Health Workers” to provide the operational guidelines in the processing of COVID-19 sickness and death compensation.

Thereupon, the Office of the President (OP) directed the DOH to transfer the management and oversight of the program to the Administration and Financial Management Team (AFMT). As such, the following supplemental guidelines are hereby issued to guide all operating units (OUs) for the evaluation and processing of the unpaid COVID-19 sickness and death compensation claims received in Calendar Years (CY) 2020 and 2021.

**II. OBJECTIVES**

These supplemental guidelines shall provide the updated documentary requirements and designated processing units including its roles and responsibilities, transition period, and the appropriate funding source for the payment of COVID-19 sickness and death

compensation claims submitted by all eligible public and private health workers covering the period of February 1, 2020 to December 31, 2021.

The transitory provisions are likewise stated herein to guide all OUs for the payment of claims for the period February 1, 2020 to December 31, 2021, which were already received by the CHDs prior to the effectivity of DOH-DBM JAO No. 2022-0001 and these supplemental guidelines.

### III. ADDITIONAL AND UPDATED PROCEDURES

#### A. Documentary Requirements for Processing of Claim

1. The public and private health worker shall ensure the 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 concerned health worker before processing the claim.

#### B. Filing and Processing of Claims

1. All compensation claims shall be filed and processed in the following designated processing units:

Claimant's Place of Assignment	Designated Processing Units
All claims of eligible health worker under the DOH - Central Office (CO)	DOH - Administrative Service (AS)
<p>For eligible health worker assigned/working in the following offices/health facilities:</p> <p><b>A. DOH Units</b></p> <ol style="list-style-type: none"> <li>1. Centers for Health Development (CHDs)</li> <li>2. Bureau of Quarantine (BOQ)</li> <li>3. Food and Drug Administration (FDA)</li> <li>4. DOH Retained and Corporate Hospitals; and</li> <li>5. DOH Treatment and Rehabilitation Centers (TRCs) and Sanitaria</li> </ol> <p><b>B. Attached Agencies</b></p> <ol style="list-style-type: none"> <li>1. Philippine National Aids Council (PNAC)</li> <li>2. National Nutrition Council (NNC);</li> <li>3. Philippine Health Insurance Corporation (PHIC); and</li> <li>4. Philippine Institute of Traditional and Alternative Health Care (PITAHC)</li> </ol>	Respective administrative units of these concerned offices

<p><b>C. University of the Philippines - Philippine General Hospital (UP-PGH)</b></p>	
<p>For public or private health worker within the respective areas of responsibilities:</p> <ul style="list-style-type: none"> <li>A. Local government unit (LGU) - owned health facilities and COVID-19 diagnostic facilities;</li> <li>B. State University and College (SUC) Hospitals (e.g. Western Visayas State University Medical Center);</li> <li>C. Private health facilities;</li> <li>D. Health facilities operated by other government agencies (Philippine Gnome Center, etc);</li> <li>E. Armed Forces of the Philippines and Philippine National Police Military health facilities;</li> <li>F. Philippine Red Cross (PRC) Chapters;</li> <li>G. Health-related establishments, including Temporary Treatment and Monitoring Facilities (TTMFs);</li> <li>H. Newly created/renationalized DOH hospitals, TRCs, and sanitarium, that are undergoing transitions; and</li> <li>I. Other government agencies.</li> </ul>	<p style="text-align: center;">CHDs</p> <p style="text-align: center;">Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM)</p>

2. All applications for COVID-19 sickness and death compensation for public and private health workers shall be submitted directly to the concerned office/health facility.
3. Claims with incomplete requirements shall be returned for compliance.
4. Active email address/es shall be indicated in the applications for sending of notices. Claimants shall be responsible for ensuring the access to such email address and prompt the concerned office/health facility of any changes thereto.
5. Official notifications to the email address shall be forwarded made by the designated processing units in any of the following circumstances:
  - i. Discrepancy/ies on the submitted documents;
  - ii. Additional document/s is/are needed;
  - iii. Application is approved/disapproved; or
  - iv. Compensation is available for release.
6. The Head of the designated processing units shall nominate the appropriate team to evaluate as to the completeness, veracity and eligibility to the requirements, pursuant to this issuance, the claims filed by the health workers, or their legal beneficiaries. A two (2)-level evaluation may be employed: First, check the

completeness and authenticity of the submitted documents; and second, validate the medical records.

### **C. Release and Payment of Claims**

1. The DOH - CO through the AFMT shall sub-allot to the DOH retained hospitals, TRCs, BOQ, FDA, and CHDs, or transfer funds to DOH corporate hospitals, attached agencies, UP-PGH and MOH - BARMM.
2. All concerned offices/health facilities designated as processing units shall submit the necessary fund utilization reports and the following details to AFMT every Friday on or before the close of business hours.
  - i. Number of claims received, on-process, denied, and paid;
  - 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 AFMT.

## **IV. ROLES AND RESPONSIBILITIES**

### **A. The AFMT shall:**

1. Oversee the implementation of the grant of COVID-19 sickness and death compensation to eligible private and public HCWs;
2. Prepare and release the guidelines for the sub-allotment or transfer of funds for the sickness and benefits compensation to BOQ, FDA, TRCs, CHDs and MOH-BARMM, DOH retained and corporate hospitals, DOH Special Hospitals in Metro Manila, UP-PGH, and attached agencies.
3. Monitor the timely release of the said compensation to eligible public and private health workers assigned in health facilities engaged in COVID-19 response;
4. Determine the funding requirement for the payment of the sickness and death compensation;
5. Consolidate the reports from AS, BOQ, FDA, CHDs and MOH-BARMM, TRCs, DOH retained and corporate hospitals, DOH Special Hospitals in Metro Manila, UP-PGH, attached agencies; and
6. Conduct orientation for administrative units of concerned offices regarding claims processing.

### **B. The AS shall:**

1. Receive, evaluate and validate, and process all DOH - CO claims for compensation;
2. Create an expert panel to review the medical records of claimants and determine the severity of COVID-19;
3. Regularly submit the physical and financial accomplishment reports to AFMT and Financial and Management Service (FMS), respectively, for monitoring, in accordance with pertinent government budgeting, accounting and auditing rules and

regulations. The fund utilization report shall comply with Section III.C.2 of this issuance.

C. The **FMS** shall observe the following tasks in accordance with government budgeting, accounting and auditing rules and regulations:

1. Evaluate and review the guidelines of sub-allotment or transfer of funds for the funding requirement;
2. Download funds to CHDs and DOH designated processing units (DOH retained and Metro Manila 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, UP-PGH, 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 evaluated and approved by AFMT/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 issuance in their respective areas;
2. Consolidate weekly accomplishment reports and fund utilization reports;
3. Provide guidance to CHDs and MOH-BARMM to ensure that the sickness and death compensation claims are processed and facilitated accordingly;
4. Conduct random assessment of the claims approved by the respective processing units; and
5. 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 involved in COVID-19 response within their jurisdiction;
2. To conduct further orientation regarding the process of claims with their respective units;
3. Receive, evaluate and validate, and process all claims from health facilities involved in COVID-19 response within their jurisdiction;
4. Create their respective expert panel to review the medical records of claimants and determine the severity of COVID-19;
5. Regularly submit the physical and financial accomplishment reports to FICT, AFMT and FMS, respectively, for monitoring, in accordance with pertinent accounting and auditing rules and regulations. The fund utilization report shall comply with this issuance; and

6. Monitor the implementation of this issuance in their respective areas/jurisdictions.

F. The **MOH-BARMM** shall:

1. Coordinate with LGU-owned, private, and other health facilities involved in COVID-19 response within their jurisdiction;
2. To conduct further orientation regarding the process of claims with its units;
3. Receive, evaluate and validate, and process all claims from health facilities involved in COVID-19 response within their jurisdiction;
4. Regularly submit the physical and financial accomplishment reports to FICT, AFMT and FMS, respectively, for monitoring, in accordance with pertinent accounting and auditing rules and regulations. The fund utilization report shall comply prescribed timelines; and
5. Monitor the implementation of this issuance in their respective areas/jurisdictions.

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

1. Receive, evaluate and validate, and process all claims from the public and private health workers in their respective offices/health facilities;
2. Create their respective expert panel to review the medical records of claimants and determine the severity of COVID-19;
3. Regularly submit the physical and financial accomplishment reports to FICT, AFMT and FMS, respectively, for monitoring, in accordance with pertinent accounting and auditing rules and regulations. The fund utilization report shall comply with this issuance; and
4. Monitor the implementation of this issuance in their respective areas/jurisdictions.

**V. TRANSITORY PROCEDURES ON THE EVALUATION AND PROCESSING OF COMPENSATION CLAIMS**

To avoid further and unnecessary delays in the processing of compensation claims for COVID-19 infections within the period February 1, 2020 up to December 31, 2021 which were already received by the CHDs and/or other designated processing units prior to the effectivity of DOH-DBM JAO No. 2022-0001 and this issuance, the following transitory procedures shall be applied:

1. Facilities that received applications for claims, shall proceed with the evaluation and processing of claims to expedite the release of payment of compensation.
2. To fast track the payment of claims, the following shall be deemed sufficient for the processing of claims during the transition period:
  - a. Verification of employment by means of original copy or CTC of service record or certification of employment (COE); and

- b. Verification of exposure by means of copy of certificate of exposure for non-clinical personnel.
3. Should there be changes in the names of authorized signatory/ies in the disbursement vouchers (DV) and/or obligation request status (ORS) which were already prepared by the processing units, the concerned processing unit may issue a new DV/ORS to reflect such changes or depending on the volume of documents that needs to be reissued, may opt to strike out the names and manually write the names of the updated authorized signatory/ies in the same DV/ORS.

In any case, the processing units shall ensure that these procedural changes will not cause additional delays in the processing of claims.

4. In view of the transfer of the management and oversight of the program to the AFMT, all previously signed DV/ORS by the Malasakit Program Office shall be deemed sufficient and approved, and the concerned facility shall proceed with the release of payment once funding has been sub-allotted and/or transferred to the concerned OUs.

## **VI. FUNDING SOURCE**

The amount for the payment of the unprocessed and unpaid COVID-19 sickness and death compensation for CYs 2020 and 2021 shall be charged against the authorized appropriation of the DOH subject to the usual budgeting, accounting and auditing rules and regulations, in reference to the guidance provided by the DBM (*copy attached*). Thereafter, such sums as may be necessary for its continued implementation shall be included in the annual General Appropriations Act.

For guidance and strict compliance.

By Authority of the Secretary of Health:



**LEOPOLDO J. VEGA, MD, FPCS, FPATACSI, MBA-H**  
Undersecretary of Health/Chief of Staff  
Administration and Financial Management Team

**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, including onset and duration of symptoms
  - g. Pertinent Laboratory Data/Findings
  - h. Course in the Ward including ICU days and antivirals, if applicable
  - 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 attending hospital/facility indicating the pertinent signs, 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**, the 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 shall 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. For Non-Clinical Personnel, one (1) Original or CTC of Certificate of Exposure (Annex D) to Suspect, Probable or Confirmed COVID-19 Cases signed by the health worker's supervisor.
  6. One (1) original Special Power of Attorney (SPA) signed by the health worker in case another person will process/apply for the COVID-19 compensation. Likewise, a thumb mark in lieu of signature of the health worker 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, including onset of illness
  - g. Pertinent Laboratory Data/ Clinical findings to classify as Severe/Critical
  - h. Course in the Ward, including ICU days and medications
  - i. Final Diagnosis
  - j. Condition upon Discharge
  - k. Signature of Attending Physician
4. One (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. For Non-Clinical Personnel, one (1) Original or CTC of Certificate of Exposure (Annex D) to Suspect, Probable or Confirmed COVID-19 Cases signed by the health worker's supervisor.
  6. One (1) original Special Power of Attorney (SPA) signed by the health worker in case another person will process/apply for the COVID-19 compensation. Likewise, a thumb mark in lieu of signature of the health worker shall be accepted if the latter is unable to sign.
  7. One (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. One (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. For Non-Clinical Personnel, one (1) Original or CTC of Certificate of Exposure (Annex D) to Suspect, Probable or Confirmed COVID-19 Cases signed by the health worker's supervisor.
  6. One (1) original Special Power of Attorney (SPA) signed by the health worker in case another person will process/apply for the COVID-19 compensation. Likewise, a thumb mark in lieu of signature of the public or private health worker shall be accepted if the latter is unable to sign.
  7. To further establish the eligibility of a deceased health worker, 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:
    1. One (1) original copy of Death Certificate of the health worker 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;
    2. One (1) original copy of Certificate of No Marriage (CENOMAR) issued by PSA for single Health Workers;
    3. One (1) photocopy of any valid IDs of the claimant as enumerated in Item 2 of this Annex;
    4. If the claimant is the surviving spouse, one (1) original copy of Marriage Certificate issued by PSA;
    5. If one or some claimants is/are surviving child/children:
      - a. One (1) original of Birth Certificate/s of child/children issued by PSA;
      - b. One (1) original or CTC of SPA for the authorized sibling to process and receive the compensation; and
      - c. If applicable, one (1) original copy of Certificate of Finality of Annulment/ Nullity or Annotated Marriage Contract/Certificate of the parents issued by PSA.

6. If the claimant child/children is/are minor or incapacitated and there is another person authorized to act as claimant:
  - a. One (1) original copy of Birth Certificate/s of minor or incapacitated child/children issued by PSA; and
  - b. One (1) original or CTC of Affidavit of Guardianship of minor and incapacitated child/children.
7. Any representative or claimant of the deceased health worker should provide at least one (1) photocopy of his/her valid ID for proper identification.
8. 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.

**Annex D: Certification of Exposure to Suspect, Probable or Confirmed COVID-19  
Cases form**

This is to certify that the exposure of Ms./Mr. \_\_\_\_\_, (position), to COVID-19 for the following reasons: (Please check appropriate boxes)

- Providing direct care to COVID 19 patients;
- Having face to face contact (within one meter) with suspect, probable, or confirmed COVID-19 patient or hospital staff/personnel.

(Note: Suspected COVID-19 patient refers to a person who meets the clinical AND epidemiological criteria:

Clinical Criteria:	Epidemiological Criteria:
<ul style="list-style-type: none"> <li>· Acute onset of fever AND cough; OR</li> <li>· Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting, diarrhea, altered mental status.</li> </ul>	<ul style="list-style-type: none"> <li>· Residing or working in an area with high risk of transmission of virus: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset; or</li> <li>· Residing or travel to an area with community transmission anytime within the 14 days prior to symptom onset; or</li> <li>· Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior of symptom onset.</li> </ul>

- Being present while any form of aerosol generating procedure (AGP) is performed on COVID 19 /s (e.g. Nebulizer Treatment, etc.);
- Having direct contact with the environment where confirmed, suspected, and probable COVID 19 patients are being cared for (e.g. bed, linens, waste bins, medical equipment, bathroom, etc.);
- Collecting and processing specimens or samples for COVID 19 testing;
- Involved in transport of COVID 19 patients; or
- Significant exposure to high risk Healthcare Workers within the workspaces inside Health Facilities.

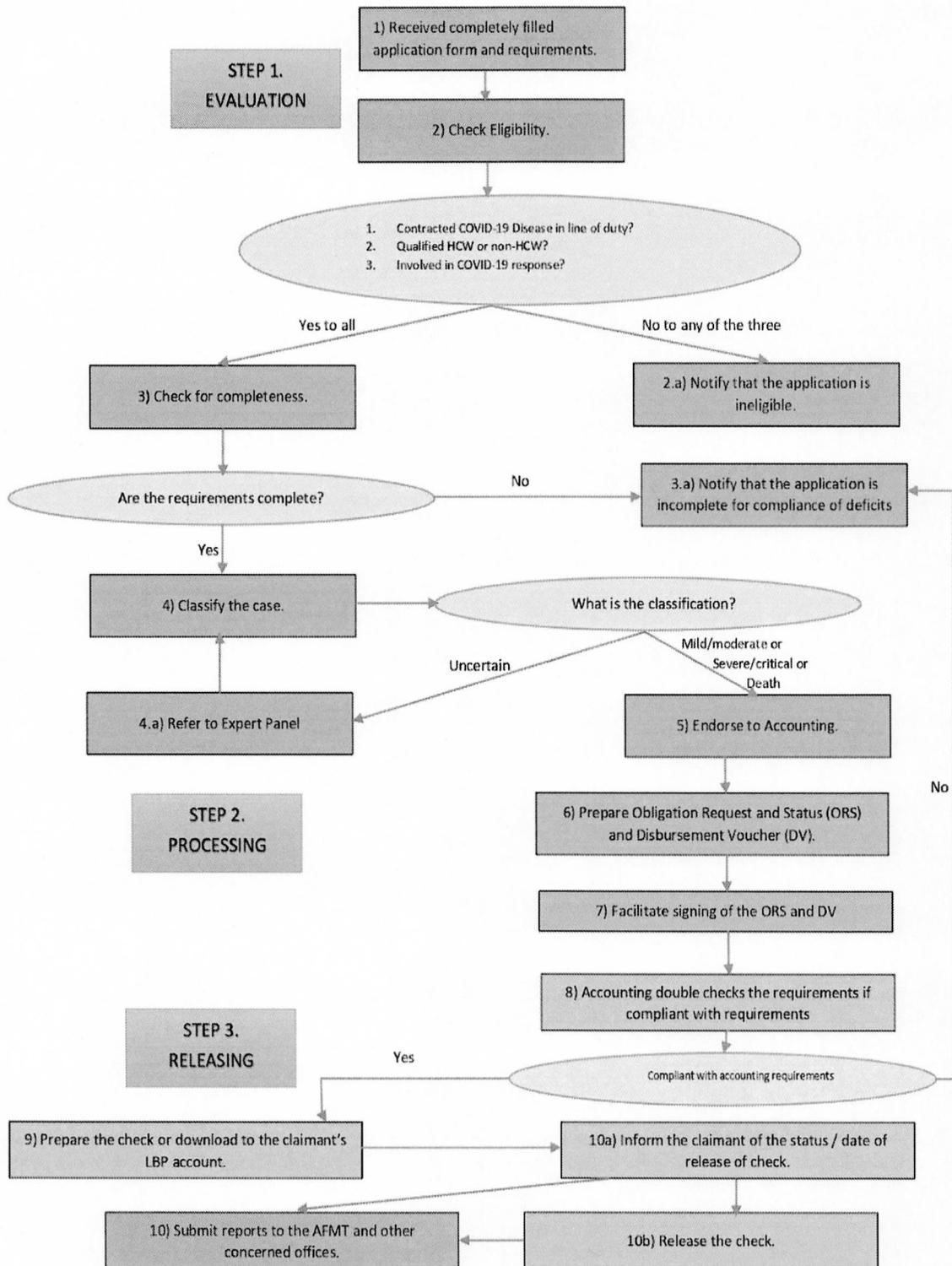
Note:

- High risk healthcare workers shall refer to those performing any of the abovementioned activities.
- Significant exposure shall be defined as at least 15 minutes face to face contact or direct physical contact.

\_\_\_\_\_  
(Signature over printed name of  
Supervisor, designation, and department)

Date:

**Annex E.1: Flow for the Processing of COVID-19 Sickness and Death Compensation for Eligible Public and Private Health Workers**



**FLOW FOR THE PROCESSING OF COVID-19 SICKNESS AND DEATH COMPENSATION FOR ELIGIBLE HEALTH CARE WORKERS (HCWs) AND NON-HCWs**

Case Managers/ Senior Case Manager      Admin      Accounting/ Cashier/ Budget

## Annex E.2: Process Tracking for Application for COVID-19 Sickness and Death Compensation Claim

PROCESS TRACKING FOR APPLICATION FOR COVID-19 SICKNESS AND DEATH COMPENSATION CLAIM			
PERSONAL DETAILS			
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF INFECTION (based on laboratory) (mm/dd/year)
DATE OF BIRTH (mm/dd/year)	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Widow/Widower		DATE OF DEATH (IF APPLICABLE) (mm/dd/year)
CLAIMANT, if other than the Member (Last Name, First Name, Middle Name)		RELATIONSHIP	SEVERITY CLASSIFICATION <input type="checkbox"/> Mild / Moderate <input type="checkbox"/> Severe / Critical <input type="checkbox"/> Death
EMPLOYMENT DETAILS (when COVID-19 disease was contracted)			
EMPLOYER NAME	EMPLOYER ADDRESS		DATE OF EMPLOYMENT
			FROM (Month/Year)      TO (Month/Year)
POSITION	<input type="checkbox"/> HCW <input type="checkbox"/> Non-HCW	<input type="checkbox"/> Private <input type="checkbox"/> Public	LANDBANK ACCOUNT NUMBER
CONTACT DETAILS			
EMAIL ADDRESS		CONTACT NUMBER	
APPLICATION AGREEMENT			
I certify that the information given and any or all statements made herein are true and correct to the best of my knowledge and belief. I hereby certify that my signature appearing herein is genuine and authentic. I consent to the collection and processing of my personal data according to the Data Privacy Act.			
_____ CLAIMANT (Signature over Printed Name)		_____ DATE	

THIS PORTION IS FOR THE EVALUATOR USE ONLY. Date received:

GENERAL REQUIREMENTS		Yes	Remarks	STATUS
1	Original or CTC of RT-PCR Test with positive result or FDA-certified facility-based Rapid antigen test with positive result			<input type="checkbox"/> INELIGIBLE
2	Original or CTC of Certificate of Employment or Contract or Volunteer Certificate			<input type="checkbox"/> ELIGIBLE BUT INCOMPLETE REQUIREMENTS
3	Original Certificate of Involvement in COVID-19 Response			<input type="checkbox"/> ELIGIBLE for PROCESSING
4	Photocopy of valid ID of the HCW / non-HCW			
5	Original or CTC of Comprehensive Clinical Abstract (if hospitalized) or Medical Certificate/Symptom Monitoring Sheet (if facility/home isolation) or PSA death certificate (if death case)			
6	Original or CTC of Chest X-ray result/s (for severe or critical)			
7	Photocopy of Landbank Account (if available)			
ADDITIONAL REQUIREMENTS				CLASSIFICATION
In case another person will apply for the claim,				<input type="checkbox"/> Mild or moderate
8	Original SPA for the authorized person to process			<input type="checkbox"/> Severe or critical
9	Photocopy of valid ID of the authorized representative			
For death case,				<input type="checkbox"/> Death due to COVID-19 in line of duty
10	CENOMAR for single health worker or PSA Marriage Certificate if the claimant is surviving spouse or Certificate of Finality of Annulment/Nullity or Annotated Marriage Contract			
11	Birth Certificate of Child / Children			
12	SPA for the authorized person/ sibling to process			
13	Affidavit of Guardianship of minor and incapacitated child/ children			
_____ Case Manager (Signature over Printed Name)		_____ Senior Case Manager (Signature over Printed Name)		

**COVID-19 COMPENSATION STATUS MONITORING FORM**

**EVALUATION**

Action	Date (mm/dd/yr)	Person-in-Charge	Remarks
<input type="checkbox"/> Endorsed to Accounting for processing of vouchers. <input type="checkbox"/> Notified the claimant to submit the necessary documentary requirements. <input type="checkbox"/> Notified the claimant that his/her application is ineligible. <input type="checkbox"/> Referred to Expert Panel. <hr/> <p align="center"><i>Expert Panel</i></p> <input type="checkbox"/> Classification: _____ <input type="checkbox"/> Request for additional documents _____ _____ _____			
<b>PROCESSING</b>			
<input type="checkbox"/> Returned to Case Manager due to incomplete requirements. <input type="checkbox"/> Approved but still waiting for funding. <input type="checkbox"/> Endorsed for releasing of check/payment.			
<b>RELEASING</b>			
<input type="checkbox"/> Check is ready for pick-up. <input type="checkbox"/> Notified the claimant to pick-up his/her check. <input type="checkbox"/> Check was released and received by the claimant. <hr/> <input type="checkbox"/> Payment was deposited to LBP Account. <input type="checkbox"/> Notified the claimant that the payment was deposited to LBP Account.			

*Other actions taken:*

# Annex F.1: Weekly Accomplishment Reports for FY 2020 infection



Republic of the Philippines  
Department of Health  
NAME OF OFFICE/FACILITY

## STATUS REPORT ON THE GRANT OF COVID-19 SICKNESS AND DEATH COMPENSATION FOR PUBLIC AND PRIVATE HEALTH CARE WORKERS (HCWs) AND NON-HEALTH WORKERS FOR FY 2020 INFECTIONS AS OF \_\_\_\_\_

Case	STATUS						TOTAL
	Approved Applications			On Process			
	Compensation Released (check, cash, bank deposit) (a)	Compensation ready for pick-up (cash, check) (b)	For Preparation of Payment or waiting for funds (c)	For Verification (d)	For Expert Panel (e)	For Completion/Submission of Documentary Requirements (f)	
Mild/Moderate							
Severe/Critical							
Death							
<b>TOTAL</b>							

**NOTE:**

Prepared by:

Approved by:

NAME  
Position Title/Designation  
Date

NAME  
Position Title/Designation  
Date

**Instructions:**

- a. Total number of claims COMPENSATION RELEASED TO THE CLAIMANT (Cumulative)
- b. Total number of claims with claims ready for pick-up
- c. Total number of claims approved for preparation of check
- d. Total number of claims for verification/evaluation
- e. Total number of claims for evaluation of the Expert Panel
- f. Total number of claims for submission/completion of the documentary requirements

## Annex F.2: Weekly Accomplishment Reports for FY 2021 infection



Republic of the Philippines  
Department of Health  
NAME OF OFFICE/FACILITY

**STATUS REPORT ON THE GRANT OF COVID-19 SICKNESS AND DEATH COMPENSATION FOR PUBLIC AND PRIVATE HEALTH CARE WORKERS (HCWs) AND NON-HEALTH WORKERS FY 2021 INFECTIONS**  
AS OF \_\_\_\_\_

Case	STATUS					TOTAL
	Approved Applications			On Process		
	Compensation Released (check, cash, bank deposit) (a)	Compensation ready for pick-up (cash, check) (b)	For Preparation of Payment or waiting for funds (c)	For Verification (d)	For Expert Panel (e)	
Mild/Moderate						
Severe/Critical						
Death						
<b>TOTAL</b>						

**NOTE:**

Prepared by:

Approved by:

NAME  
Position Title/Designation  
Date

NAME  
Position Title/Designation  
Date

**Instructions:**

- a. Total number of claims COMPENSATION RELEASED TO THE CLAIMANT (Considered)
- b. Total number of claims with checks ready for pick-up
- c. Total number of claims approved for preparation of check
- d. Total number of claims for verification/holdings
- e. Total number of claims for submission of the Report Panel
- f. Total number of claims for submission/completion of the documentary requirements

# Annex G.1: Fund Utilization Report for FY 2020 infection



Republic of the Philippines  
Department of Health  
NAME OF OFFICE/FACILITY

FUND UTILIZATION REPORT ON THE GRANT OF COVID-19 SICKNESS AND DEATH COMPENSATION FOR PUBLIC AND PRIVATE HEALTH CARE WORKERS (HCWs) AND NON-HEALTH WORKERS <u>FY 2020 INFECTIONS</u>					
AS OF _____					
a. SAA NO. AND DATE	b. FUND ALLOCATION	c. OBLIGATED	d. UNOBLIGATED	e. DISBURSED	f. BALANCE

Prepared by:

Approved by:

NAME  
Position Title/Designation  
Date

NAME  
Position Title/Designation  
Date

**Instructions:**

- a. Sub-Allotment Advice (SAA) Number and Date Released as provided by the Financial Management Team (FMS)- Budget Division
- b. Total amount allotted based on the SAA
- c. Total Amount Obligated
- d. Total Amount Unobligated
- e. Total amount of Utilized/Disbursed
- f. Subtract column "b" and column "e", input to the column "f"

## Annex G.2: Fund Utilization Report for FY 2021 infection



Republic of the Philippines  
Department of Health  
NAME OF OFFICE/FACILITY

<b>FUND UTILIZATION REPORT ON THE GRANT OF COVID-19 SICKNESS AND DEATH COMPENSATION FOR PUBLIC AND PRIVATE HEALTH CARE WORKERS (HCWs) AND NON-HEALTH WORKERS 2021 INFECTIONS</b> <b>AS OF _____</b>					
a. SAA NO. AND DATE	b. FUND ALLOCATION	c. OBLIGATED	d. UNOBLIGATED	e. DISBURSED	f. BALANCE

Prepared by:

Approved by:

NAME  
Position Title/Designation  
Date

NAME  
Position Title/Designation  
Date

**Instructions**

- a. Sub Allotment Advice (SAA) Number and Date Released as provided by the Financial Management Team (FMT)- Budget Division
- b. Total amount allocated based on the SAA
- c. Total Amount Obligated
- d. Total Amount Unobligated
- e. Total amount of Unliques/Disbursed
- f. Subtract column "b" and column "e", input to the column "f"