



PRIMARY CARE BENEFIT 1

Manual of Procedures for Providers

A step-by-step instruction to guide the PCB Provider in the PhilHealth Circular 10, s. 2012 “Implementing Guidelines for Universal Health Care Primary Benefit I (PCB1) Package for Transition Period CY 2012-2013”.

For further information/query, please email the PCB team at
pcbteam.philhealth@gmail.com

TABLE OF CONTENTS

I. Purpose of the Manual	1
II. Rationale and Objectives of the Primary Care Benefit 1	2
III. Definition of Terms	3
IV. Engaging with PhilHealth	8
Who can provide PCB services	
How to Engage with PhilHealth as a PCB Provider	
What are the Obligations of a PCB Provider	
V. Benefit Package Delivery Mechanism	12
Who are the entitled members	
Enlisting entitled members	
Establishing/updating the individual health profile	
What are the services under PCB1?	
Providing the PCB1 services	
Referring the entitled member	
VI. Recording and Reporting	20
The Individual Health Profile (Annex A.1)	
PCB1 Patient Ledger (Annex A.3)	
Quarterly report of PCB services availed by PCB1 entitled members and dependents (Annex A.5)	
PCB Provider Clientele Profile (Annex A.2)	
Quarterly Report Form (Annex A.4)	
VII. Submission of Reports	26
VIII. Payment of PCB Package	27
IX. Roles and Responsibilities	29
Members	
Local Health Insurance Offices	
X. Monitoring and Evaluation	30
XI. Annexes	32
A. PhilHealth Circular 10 s 2012	
B. Provider Data Record	
C. DOH Department Memorandum No. 2012-0148. Assignment of Sponsored Program Members identified through NHTS-PR to their Primary Care Providers	
D. Template for Masterlist of Enlisted Members for PCB1	
E. Provider's Agreement Form for Obligated Services	
F. Tamang Sagot	

ABBREVIATIONS/ACRONYMS

AGE – Acute Gastroenteritis
AQAS – Accreditation and Quality Assurance Section
BAS - Benefit Administration Section
BP – Blood Pressure
CHT - Community Health Team
FBS - Fasting Blood Sugar
DM – Diabetes Mellitus
HCDMD - Health Care Delivery and Management Division
HITP - Health Information Technology Provider
IEC - Information, Education and Communication
IHCP - Institutional Health Care Provider
ICT – Information and Communication Technology
KP - Kalusugan Pangkalahatan
LCE –Local Chief Executive
LGU - Local Government Units
LHIO - Local Health Insurance Office
MDR - Member Data Record
MMG - Member Management Group
MOOE - Maintenance and Other Operating Expenses
MOP - Manual of Procedures
NHIP - National Health Insurance Program
NHTS-PR - National Household Targeting System for Poverty Reduction
OG - Organized Group
OPB - Out Patient Benefit
OWP - Overseas Workers’ Program
PBR - PhilHealth Board Resolution
PC - Performance Commitment
PCB - Primary Care Benefit
PCB1 - Primary Care Benefit 1
PDR - Provider Data Record
PFPR - Per Family Payment Rate
PRO - PhilHealth Regional Office
SP - Sponsored Program
URTI - Upper Respiratory Tract Infection
UTI - Urinary Tract Infection
VIA - Visual Inspection with Acetic Acid

I. PURPOSE OF THE MANUAL

This Manual of Procedures (MOP) for PhilHealth Circular No. 10, s. 2012 entitled, *“Implementing Guidelines for Universal Health Care Primary Benefit I (PCB1) Package for Transition Period CY 2012-2013”* (Annex A), as amended, is designed for the use of PCB Providers. This MOP provides a step-by-step instruction to guide the PCB providers in participating in the NHIP, to deliver the PCB package, enlisting PCB entitled members, provide PCB services as necessary, submitting reports, and utilizing the PFPR accordingly.

II. RATIONALE AND OBJECTIVES OF THE PRIMARY CARE BENEFIT 1

In support of the Aquino Health Agenda to provide Universal Health Care for all Filipinos, also known as Kalusugan Pangkalahatan (KP), and consistent with its execution plan, the Philippine Health Insurance Corporation aims to ensure that all Filipinos have access to quality health services that are efficiently delivered, equitably distributed, fairly financed and appropriately utilized by an informed and empowered public.

To achieve these goals, the Corporation through PhilHealth Board Resolution No. 1587, s. 2012 amended the implementation of the Outpatient Benefit Package and approved a Primary Care Benefit 1 (PCB1) Package, with the following objectives:

1. Expand the number of services included in the Primary Health Care benefits for PhilHealth members;
2. Increase the utilization rate for services included in the Primary Health Care benefits for PhilHealth members;
3. Enhance incentives for PCB providers to promote healthy behaviour, prevent diseases and/or associated complications, and facilitate appropriate referral; and
4. Ensure complete and timely reporting of health data for monitoring and performance assessment and evaluation purposes.

III. DEFINITION OF TERMS

The following definitions of terms have been expanded to provide guidance to PCB providers. The recommended management of the conditions defined here is based on the appropriate clinical practice guidelines.

Acute gastroenteritis (AGE) – inflammation of the gastrointestinal system with at least one of the following signs or symptoms: diarrhea, nausea, vomiting, abdominal pain. There may also be accompanying signs and symptoms of dehydration such as thirst, restlessness, irritability, decreased skin turgor, sunken eyeballs, sunken fontanel (for infants), diminished consciousness, decreased urine output, cold clammy extremities, feeble pulses, peripheral cyanosis, and low blood pressure. Those with moderate to severe dehydration should be referred to the nearest hospital.

Body measurements – measurement of the height (in centimeters), weight (in kilograms), and weight and hip circumference (in centimeters) for adults 20 years and older. Height and weight is measured in children.

Breastfeeding program education – provision of information regarding the right of the mother to breastfeed, advantages of breastfeeding, and information regarding support programs.

Circular - refers to PhilHealth Circular No.10, series 2012, “Implementing Guidelines for Universal Health Care Primary Benefit I (PCB1) Package for Transition Period CY 2012-2013”, as amended.

Chest X-ray – a radiologic examination of the chest; usually taken in postero-anterior (PA) or antero-posterior (AP) view. This is suggested for, but not limited to, patients with suspected pneumonia.

Complete blood count – is a test panel that gives information about the cells in the patient’s blood; automated (hemoglobin, hematocrit, red blood cell count, white blood cell count, and platelet count) or manual cell count (erythrocyte, leukocyte, or platelet). This is suggested for, but not limited to, patients suspected with anemia and dengue hemorrhagic fever.

Consultation – is a type of service provided by a physician initiated by a patient and/or family for evaluation and management which requires three key components:

- ☐ history
- ☐ physical examination
- ☐ medical decision making

Counselling and/or coordination of care with other providers are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The service also includes updating of individual health profile.

Corporation – refers to the Philippine Health Insurance Corporation, government owned and controlled corporation, duly organized and existing by virtue of Republic Act No. 7875 (as amended by Republic Act No. 9241), otherwise known as the National Health Insurance Act of 1995. This refers to PHIC or PhilHealth.

Counselling for lifestyle modification – patient and/or family education activity during one or more visit(s) designed to encourage healthy behavior changes, including, but not limited to promotion of healthy diet and nutrition, regular and adequate physical activity, avoidance of substances that can be abused such as tobacco and alcohol, and adequate stress management and relaxation.

Counselling for smoking cessation – patient and/or family education during one or more visit(s) concerning harms of smoking, benefits of smoking cessation, benefits and adverse effects of treatment options, and information regarding tools and support programs.

Cumulative reporting - a method of recording data such that the reports from previous time periods are included in the report of the current period. For example, the report for third quarter should contain the second quarter, and the report for fourth quarter contains those for second and third quarters.

Dependent –the legal dependents of a member who are the:

1. legitimate spouse who is not a member;
2. unmarried and unemployed legitimate, legitimated, acknowledged and illegitimate children as appearing in the birth certificate, and legally adopted or stepchildren below twenty-one (21) years of age;
3. children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support;
4. parents who are sixty (60) years old or above, not otherwise an enrolled member, whose monthly income is below an amount to be determined by the Corporation in accordance with the guiding principles set forth in the Act.

Diarrhea – is the passage of unusually loose or watery stools, usually at least three times in a 24 hour period. Frequent passing of formed stools is not diarrhea, nor is the passing of loose, "pasty" stools by breastfed babies.

Digital Rectal Exam – is an internal examination of the lower rectum by a physician to feel the prostate to allow the examiner to estimate the size of the prostate and feel for any lumps or other abnormalities. This may also be done to feel for any masses or other abnormalities in the rectum.

Electronic submission – refers to submission of documents using the internet, Institutional Health Care Provider (IHCP) portal, and other means as determined by the Corporation.

Enlistment – refers to the act of signing up by a PCB-entitled member with a Primary Care Provider for a period of one year. For Sponsored Program members, this signifies concurrence with the PCB Provider to which they have been assigned.

Fasting Blood Sugar (FBS) – is a test to determine the level of glucose in plasma after an overnight fast. Fasting is defined as no caloric intake for at least 8 hours up to a maximum of 14 hours.

Fecalalysis – a stool examination for white blood cells, red blood cells, parasites, and ova for patients with diarrhea that is suspected to be of parasitic or protozoal origin. When warranted, test for occult blood must be requested for patients suspected of having gastrointestinal blood loss.

Hypertension – is considered in a patient with BP $\geq 140/90$ mmHg recorded on at least 2 occasions, or in patients with BP $\geq 140/90$ mmHg and signs of end-organ damage. It may be classified as stage 1 (SBP=140-159 or DBP=90-99) or stage 2 (SBP ≥ 160 or DBP ≥ 100).

Individual/ Client Health Profile – a two-page form that assesses the general health status of the member/dependent. The profile includes basic demographic data, past medical and surgical history, family health history, personal/social history, immunizations, reproductive health history and pertinent physical examination findings. The Individual Health Profile is updated annually.

Lipid Profile – a fasting lipoprotein profile including major blood lipid fractions, i.e., total cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride; this requires a 9- to 12-hour fast.

Members – for the purposes of this Manual of Procedures, refers to the entitled members under PhilHealth Circular No. 10. They are the Sponsored Program, Organized Group and Overseas Workers Program members.

Non-health professionals – are workers not directly engaged in patient care such as, but not limited to, administrative, security, sanitation and maintenance, dietary or food, social workers,

community, volunteer or barangay health workers, women's health teams and community health teams.

Non-hypertensive – individual with systolic BP of < 140 mmHg and diastolic BP < 90 mmHg in the absence of intake of antihypertensive medications.

Obligated service – refers to a service that must be rendered to target clients because it is medically necessary and for the purpose of determining outcome performance as basis for payment.

Organized group – any organization of the informal sector registered with an authorized government regulatory body with the aim of providing social protection or social health insurance to its members. These organizations may include microfinance institutions, cooperatives, non-government organizations, transport operators and drivers associations, and credit unions, among others. The eligibility of these organizations to avail of PCB1 will be determined by the applicable policies concerning the organized group.

Pap smear - A procedure in which cells are scraped from the cervix for examination under a microscope. It is used to detect cancer and changes that may lead to cancer and ***may be used as alternative for Visual Inspection with Acetic Acid***. A Pap smear can also show conditions, such as infection or inflammation, that are not cancer. It is also called Pap test and Papanicolaou test.

PCB Provider – refers to any health facility providing services under the Primary Care Benefit package. It is also referred as Provider in this Manual.

PCB 1 Package – stands for primary care benefits 1 package which includes the following 3 main provisions:

- a. primary preventive services
- b. diagnostic examinations
- c. drugs and medicines for certain diseases

Periodic clinical breast examination – is an examination of the patient's bilateral breasts by a physician or a nurse, which includes inspection and palpation. This should be performed at regular intervals as specified in the circular among the targeted individuals even in the absence of symptoms or signs related to the breasts.

Philippine Health Insurance Corporation – a government owned and controlled corporation duly organized and existing by virtue of Republic Act No. 7875 (as amended by Republic Act No. 9241), otherwise known as the National Health Insurance Act of 1995. It may be referred to as PHIC, PhilHealth or the Corporation in this Manual.

Profiling – refers to the act of doing/updating the individual or client health profile of entitled member and dependents.

Regular blood pressure (BP) measurements – auscultatory method of BP measurement using an aneroid or electronic sphygmomanometer at intervals specified in the circular.

Sputum microscopy – a microbiological method of sputum examination for diagnosis and follow-up of patients with pulmonary tuberculosis (TB).

Suspected diabetes mellitus – refers to individuals with known risk factors for diabetes mellitus (DM) such as history of impaired glucose tolerance, gestational diabetes, vascular diseases, sedentary lifestyle, obesity and family history of DM as well as those individuals with signs and symptoms suggestive of it such as polyuria, polydipsia, polyphagia, unexplained weight loss, weakness, fatigue and tingling or numbness of extremities. They should undergo laboratory test such as fasting plasma glucose for diagnosis.

Suspected urinary tract infection (UTI) – refers to individuals with clinical signs and symptoms of infection referable to the urinary tract such as dysuria, frequency, hematuria, fever, flank pain, lower abdominal pain, and back pain. Routine urinalysis is done for the following conditions: acute uncomplicated pyelonephritis, acute cystitis in pregnant women, and acute uncomplicated cystitis in men and in women with gynecological signs and symptoms. Antibiotic management depends on the initial and definitive UTI condition.

Urinalysis – is the physical, chemical, and microscopic examination of urine

Visual inspection with acetic acid (VIA) - the primary screening tool for cervical cancer based on acetowhitening, with the cervical intraepithelial neoplasia turning white when exposed to 3-5% acetic acid.

IV. ENGAGING WITH PHILHEALTH

A. WHO CAN PROVIDE THE PCB PACKAGE

Any government health facility such as health centers/rural health centers (HCs/RHUs) and the Out Patient Department (OPD) of Municipal / City / Provincial Health Offices and government hospitals, that meets the Standards as provided in Annex C.1 of PhilHealth Circular No. 10, series 2012.

B. HOW TO ENGAGE WITH PHILHEALTH AS A PCB PROVIDER

1. Secure a copy of the Technical Standards for a PCB Provider from any PhilHealth Office. (Annex C.1 of PhilHealth Circular No. 10)
2. Conduct a self-assessment of your health facility's human resources, equipment and supplies and available network local partners to determine if your health facility can provide all the services necessary for the implementation of the PCB1 Package.
3. When your self-assessment activity reveals that your facility will qualify as a PCB1 provider, secure a copy of the following from the nearest PRO or LHIO, or you may download it from the links indicated below:
 - a. Provider Data Record (Annex B):
http://www.philhealth.gov.ph/circulars/2012/circ13_2012.pdf
 - b. Performance Commitment (PC) for PCB1 Provider (Annex A) :
http://www.philhealth.gov.ph/circulars/2012/circ10_2012.pdf
 - c. Templates for MOA for referral facilities if you intend to refer some services such as laboratory or radiologic services to other health facilities (Annex A)
http://www.philhealth.gov.ph/circulars/2012/circ10_2012.pdf
4. Accomplish the above-mentioned forms
5. Register with PhilHealth by submitting the required documents.

a. For currently participating PCB1 providers for 2012

Performance Commitment shall be submitted on or before **June 30, 2012** with the following signatories:

Table 1. Signatories for Performance Commitment

Type of Health Facility	Signatories
RHU/HC	1. Local Chief Executive 2. MHO/CHO
OPD Clinics of MHO/CHO/PHO	1. Local Chief Executive 2. MHO/CHO/PHO
OPD Clinics of DOH retained hospitals	1. Medical Director or Chief of Clinics
OPD Clinics of LGU-Owned hospitals	1. Local Chief Executive

	2. Medical Director/Chief of Clinics of the Provincial/district/ municipal hospitals under the Province
--	---

b. Newly engaged providers

1. Completely filled out Provider Data Record (PDR). This form may be downloaded from the PhilHealth website. (Annex B)
(http://www.philhealth.gov.ph/circulars/2012/circ13_2012.pdf)
2. Copy of updated DOH license for government hospitals, and, if applicable, the updated DOH license of the referral laboratory or radiology service provider
3. Performance Commitment (PC) (see Table 1 for appropriate signatories)
4. Copy of Memorandum of Agreement (MOA) with a referral facility for diagnostic services that are beyond the PCB provider's capacity to provide.
5. Proof of payment of Registration Fee

Note: For newly engaged government PCB providers that have assigned NHTS and re-enrolled LGU SP members, their PFPR can be made retroactive to January 1, 2012, on the following conditions:

- a. The provider has certification from PRO that the primary care services was provided to the members during the concerned quarters, and,
- b. The provider has submitted the Performance Commitment by June 30, 2012.

c. For PCB1 provider with intention to renew its participation as such:

1. Completely filled out Provider Data Record (PDR). This form may be downloaded from the PhilHealth website. (Annex B)
(http://www.philhealth.gov.ph/circulars/2012/circ13_2012.pdf)
2. Copy of updated DOH license for government hospitals, and, if applicable, the updated DOH license of the referral laboratory or radiology service provider
3. Performance Commitment - if there is a change in management (see Table 1 for the appropriate signatories)
4. Copy of Memorandum of Agreement (MOA) with a referral facility for diagnostic services that are beyond the PCB provider's capacity to provide, if applicable.
5. Proof of payment of Registration Fee.
6. Completely filled out Provider's Agreement Form for Obligated Services (Annex E)

All the above requirements shall be submitted between **August 1 and September 30** of the current year to avoid additional charges or gaps in participation, except item 6, which shall be submitted within the first quarter of the succeeding year.

A PCB provider that incurred a gap in participation and those that has transferred or has changed location shall submit the same requirements as newly engaged providers.

6. Schedule of Registration and Application for Participation

A Provider may renew its participation in September of the current year of participation. The Provider can avail of a 10% discount on registration fee if the application for the renewal is submitted in August of the current year. On the other hand, the Provider will be charged a higher registration fee if the application is filed from October to December of the current year of participation as shown in Table 2.

Potential PCB Providers may apply any time of the year at the nearest PRO or LHIO but their participation shall take effect only on the subsequent quarter until the end of the current year. For instance, if the Provider applies in May the validity of its participation shall start from July (beginning of the third quarter) and ends in December of that year.

The PFPR shall be computed by the LHIO upon receipt of complete reports which shall be submitted by the Provider within 15 working days after the quarter that its participation became effective and every quarter thereafter. In the same example above, the PFPR will be computed upon the submission of the required reports by the Provider within the first 15 working days of October.

7. Registration Fees

Table 2. Schedule of Registration Fees

INITIAL REGISTRATION	RENEWAL		RENEWAL (LATE FILERS)	
	BEFORE THE PRESCRIBED FILING PERIOD August 1-31	PRESCRIBED FILING PERIOD September 1-30	APPLICATIONS FILED AFTER THE PRESCRIBED FILING PERIOD (additional fee)	
			October 1- November 30	December 1 – 31
1000	900	1000	2000	4000

Example:

Registration Fee	Date of filing	Additional Fee	Total Registration Fee
P 1,000.00	Filing period (September)	None	P 1,000.00
	60 days before expiry (October)	P 2,000.00	P 3,000.00
	30 days before expiry (December)	P 4,000.00	P 5,000.00

- Monitoring and Evaluation: As provided in the Performance Commitment, the Provider shall voluntarily allow PhilHealth authorized personnel to conduct monitoring/audit activities related to PCB1 provision and utilization.

C. WHAT ARE THE OBLIGATIONS OF A PCB PROVIDER?

1. Register as PCB Provider and accomplish Performance Commitment accordingly.
2. Acquire from the LHIO the masterlist of SP members assigned to the facility, actively enlist them and perform regular updating of enlisted members and their dependents. In addition, secure from LHIO any additional entitled members who have enrolled/become eligible in the preceding quarter.
3. Establish/update the health profile of the PCB-1 entitled members by using the Annex A.1 of PhilHealth Circular No. 10, s. 2012, or any other similar document.
4. Provide the services for the PCB-1 entitled members as described by the Circular or according to their clients' health needs.
5. Ensure that all diagnostic services are available to the entitled clients. This means entering into Memorandum of Agreement, if applicable, with another health facility for diagnostic services that are beyond the current capacity of the participating PCB provider. Facilities under the same LGU may not enter into a MOA.
6. Post the PCB 1 services in a conspicuous place in the health facility.
7. Distribute IEC materials on PCB1 for entitled members or conduct IEC activities. Annex F provides the answers to commonly asked questions.
8. Submit reports as required by the Corporation.
9. Cooperate with representatives of the Corporation in terms of conducting occasional audits. Continue to invest on their health facility and health personnel to complete and maintain their capacity to deliver the PCB services, particularly those Providers who enter into MOA with another health facility to provide diagnostic services.
10. Establish a system in the health facility that will prioritize PCB 1 entitled members and dependents in provision of health services. (See Box 1) Such system, however, should not affect non-NHIP/non PCB1-entitled member clients from getting urgent/emergent attention.

Box 1. Distinguishing the services for PCB 1 entitled members: An Example

During the implementation of OPB Package, one Health Center in Metro Manila established a Fast Lane for the Sponsored Program members and their dependents when they go to the health facility for consultation. This means shorter waiting time for these patients. With this simple system in place, PhilHealth SP members felt taken care of. They feel the benefit of having PhilHealth coverage beyond the health services due to them.

This is an example that may be adopted by PCB providers to distinguish PCB1 entitled members from the rest of the health facility clientele.

11. Encourage non-NHIP clients to become PhilHealth members and direct them to enroll at the nearest LHIO.

V. BENEFIT PACKAGE DELIVERY MECHANISM

A. WHO ARE THE ENTITLED MEMBERS?

Sponsored Program (SP) members and their qualified dependents are entitled to PCB 1 services at the PCB provider where they are assigned for the year. SP members include those members identified under the NHTS-PR and those enrolled by the LGUs (municipal, city and provincial governments), Senators, House Representatives, private institutions and other national agencies.

In addition, eligible members who enrolled under Organized Groups (OG) as well as Overseas Workers Program (OWP) and their qualified dependents will be entitled to PCB1 package. The eligibility of these members will follow the rules set by the Membership Management Group.

B. ENLISTING ENTITLED MEMBERS

1. PhilHealth will provide the masterlist of the entitled members to the PCB providers. This masterlist will include the names and address of NHTS-PR members, LGU sponsored SP members and the eligible OG and OWP members residing in their locality. Alternatively, for NHTS-PR, the PCB providers can search the names of the SP members from PhilHealth website. (http://www.philhealth.gov.ph/members/sponsored/nhts-pr_list.html). The Department of Health as sponsor of NHTS-PR to NHIP directs the assignment to PCB Provider (Annex C).
2. Entitled members are assigned to health facilities as follows:
 - a. The following entitled members are assigned to **municipal RHUs**
 - SP members identified through NHTS-PR residing in the municipality
 - SP members enrolled by the Municipal Government
 - SP members assigned by their Sponsors. For instance, the PLGU and other Sponsors (Senators, House Representatives, private institutions and other national government agencies) may assign the SP members they enrolled to the RHU where the SP member resides

Note: For Municipalities with more than one RHU, the Municipal Health Officer will distribute the assigned entitled members to the municipality's network of health facilities that can participate as a Provider. The distribution of SP members must be submitted to and concurred by the Local Chief Executive.

b. The following entitled members are assigned to the **City Health Office**

- SP members identified through NHTS-PR residing in the city
- SP members enrolled by the City Government
- SP members assigned by their Sponsors. For instance, the PLGU and other Sponsors (Senators, House Representatives, private institutions and other national government agencies) may assign the SP members they enrolled to the RHU where the SP member resides

Note: The City Health Officer will distribute the assigned the SP members to its various health centers. The distribution of SP members must be submitted to and concurred by the Local Chief Executive.

c. The following entitled members are assigned/may enlist at the Out Patient Department of government hospitals/Provincial Health Office (LGU hospitals, DOH hospitals)

- SP members enrolled by the Provincial Government
- Other SP members enrolled by Senators, House Representatives, private institutions and other national government
- Eligible Organized Group members
- Eligible OWP members

Note: The OG and OWP members enlist by themselves. PCB providers may actively encourage them to enlist in their facility.

3. Once they have the masterlist, the PCB providers should actively seek out the entitled SP members assigned to their facility. The PCB providers may do the following to enlist the entitled members:

- a. Sort the list by barangay and mobilize the Community Health Teams (CHTs) to locate and enlist the SP members
- b. Post the list of SP members in the health facility or barangay hall
- c. During the enlistment activity, the PCB provider is expected to do the following:
 - Inform the members/dependents about their PCB1 and other benefits;
 - Distribution of IEC materials related to PCB1 and other benefits of PhilHealth
 - Ask the SP member to sign/thumb mark the SP master list
 - Do/update the individual health profile of entitled members and their dependents

d. Put up IEC materials to encourage the OG and OWP members to enlist in the facility

4. If SP members in the list are not found, the PCB provider will report to the concerned LHIO immediately. The LHIO will then inform the Membership Management Group.

Note: The PCB Provider is not authorized to replace the un-located SP member in the masterlist.

5. If an eligible member entitled to PCB1 package seeks consult but is not yet assigned/enlisted with any of the PCB providers, the PCB provider should do the following:
 - a. Provide the needed health service
 - b. Enlist the entitled member and inform him/her of the PCB1 services
 - c. Submit the details of the entitled members to LHIO using the Template for Masterlist of Enlisted Members for PCB1 (Annex D)
6. If a client comes in claiming to be entitled to PCB1 (e.g. NHTS-PR beneficiary with Valid PhilHealth or DSWD Card but not included in the master list provided by PhilHealth), the PCB provider should enlist the member.
7. Using the Template for Masterlist of Enlisted Members for PCB1 (Annex D), the Provider should inform the LHIO of the following concerns:
 - a. Any correction to the name/birthday/address of the enlisted members
 - b. Names of entitled members whose Membership Data Records need to be updated, including name and birthday of their dependents
 - c. NHTS-PR beneficiaries for possible re-validation due to apparent improvement in socio-economic status
 - d. If other signed in behalf of the member, the relationship to the member and the reason for enlisting by proxy must be noted.
8. The PRO, through its LHIO, shall provide the PCB provider with the list of additional entitled members (newly enrolled/eligible SP, OG, OWP members) **not later than 15 working days before the succeeding quarter.**
9. For any proposal to assign SP members to PCB providers that is inconsistent with the above arrangements, the concerned LGU may write directly to the President/CEO of the Corporation.

C. ESTABLISHING/UPDATING THE INDIVIDUAL HEALTH PROFILE

Using Annex A.1 of the Circular, the PCB provider should establish or update the health profile of the entitled members and their qualified dependents. The PCB provider may also use a similar form for individual health profile as long as the form can provide the summarized data that Annex A.2 of the Circular requires (PCB Provider Clientele Health Profile)

D. WHAT ARE THE SERVICES UNDER PCB 1?

The following services shall be provided to respond to the health needs of the entitled clientele:

A. Primary Preventive Services

1. *Consultation* – the first consultation visit in a given year, which shall, at the least, include the establishment or updating of individual health profile. Consultation services should be given to all patients seeking health evaluation, advice, and/or management.
2. *Visual inspection with acetic acid (VIA)* – Visual inspection of the cervix with acetic acid should be performed in women 25-55 years of age or those who are sexually active with an intact uterus. For negative VIA result, a repeat the examination every three (3) years is recommended. This may be provided to younger age groups if the patient is determined by the provider to be of high risk for cervical cancer. Pap smear may be an alternative for VIA. Patients with positive result should be referred for colposcopy.

Patients with religious and cultural barriers/prohibition may sign a waiver not to avail this service.

3. *Regular BP measurements* – Blood pressure measurements using aneroid or digital sphygmomanometer should be taken at each adult patient visit even if the patient consults for unrelated symptoms. Patients found to have elevated BP (Systolic BP of 140 mm Hg or more or diastolic BP of 90mm Hg or more) without evidence of target organ damage should have another BP measurement after at least 1 week from the initial visit. Patients found to have hypertension should have at least monthly BP measurement. Non-hypertensive adult patients should have BP measurement at least once every year.
4. *Breastfeeding program education* – It deals with educating and providing knowledge and information to pregnant and lactating mothers on the advantages of breastfeeding (lower risk of diarrhea, pneumonia, and chronic illnesses); the risks associated with breastmilk substitutes and milk products not suitable as breastmilk substitutes such as, but not limited to, condensed milk and evaporated milk; the

physiology of lactation; the establishment and maintenance of lactation; the proper care of the breasts and nipples; and such other matters that would contribute to successful breastfeeding. Mothers should be encouraged to exclusively breastfeed their babies from birth up to 6 months. Continued breast feeding along with appropriate complementary foods is recommended up to two years and beyond. Education should be given during the prenatal, perinatal and postnatal consultations and/or confinements of the mothers or pregnant women in a health institution.

5. *Periodic clinical breast examinations* – This examination should be performed once a year on patients 50 years old and older. This may also be offered among younger patient groups identified to have a high risk for breast cancer according to the provider.

Patients with religious and cultural barriers/prohibition may sign a waiver not to avail this service.

6. *Counselling for lifestyle modification* – This is focused on major health risk factors particularly tobacco use, unhealthy diet, physical inactivity, and alcohol use, and, include other relevant risk factors such as but not limited to the following: hypertension, high blood sugar, overweight and obesity, and impaired lung function. All patients seeking consult should be advised.
7. *Counselling for smoking cessation* – All patients seen in the clinic should be asked about smoking and/or second hand exposure. Patients should be educated on the hazards of smoking and encouraged to stop.
8. *Body measurements* – Pediatric patients should have their weight and height measured and recorded for each visit. All adult patients (20 years old and above) should have their waist circumference (at the narrowest point, usually just above the umbilicus) and hip circumference (at the widest point) measured and their waist-hip ratio (WHR) calculated.
9. *Digital Rectal Examination* – This may be performed for men 50 years old and older after discussion of the nature and risk of prostate cancer and the risks of, benefits of, and alternatives to screening. This may also be performed in patients 50 years old and older along with fecal occult blood test to screen for colorectal cancer.

Patients with religious and cultural barriers/prohibition may sign a waiver not to avail this service.

B. Diagnostic Examinations

Request of the following diagnostic examinations still depends on the clinical judgement of the physician based on his/her up to date knowledge and circumstance of each case.

1. *Complete Blood Count (CBC)* - It is requested for the diagnosis or monitoring of the following conditions such as: suspected anemia; suspected bone marrow disease and blood dyscrasia; possible complications of leptospirosis, increasing severity of dengue fever, prenatal check-up, possible side effects of drugs.
2. *Urinalysis* – Urinalysis is not a prerequisite for treatment of acute uncomplicated cystitis. Routine post-treatment urinalysis in acute uncomplicated cystitis is also not recommended. Urinalysis may be ordered in, but not limited to, nonpregnant women with suspected acute uncomplicated cystitis plus vaginal irritation or vaginal discharge to confirm the presence of urinary tract infection, acute uncomplicated pyelonephritis, all pregnant women on their first prenatal visit between the 9th to 17th weeks to screen for asymptomatic bacteriuria in areas where urine culture is not available, suspected urinary tract infection in pregnant patients, and complicated urinary tract infection. The performance of urinalysis does not take precedence over appropriate referral and/or transfer of patients requiring a higher level of care.
3. *Fecalalysis* – This should be performed among, but not limited to, patients with acute gastroenteritis suspected of having parasitic or protozoal infection.
4. *Sputum microscopy* – This should be requested for all TB symptomatics meaning all patients who present with cough of two weeks or more and all household members of identified TB patients. Three (3) specimens are required as specified by the guidelines of the National Tuberculosis Program.
5. *Fasting Blood Sugar* – testing should be considered in all adults at least 40 years old. Early testing should be considered among patients with at least one risk factor as follows: history of impaired glucose tolerance (IGT) or impaired fasting glucose (IFG); history of gestational diabetes mellitus (GDM) or delivery of a baby weighing 8 lbs or above; polycystic ovary syndrome (PCOS); overweight: Body Mass Index (BMI) of ≥ 23 kg/m² or Obese: BMI of ≥ 25 kg/m², waist circumference ≥ 80 cm (females) and ≥ 90 cm (males), Waist-hip ratio (WHR) of ≥ 1 for males and ≥ 0.85 for females; first degree relative with type 2 diabetes; sedentary lifestyle; hypertension (BP $\geq 140/90$ mm Hg); diagnosis or history of any vascular diseases including stroke; peripheral arterial occlusive disease; coronary artery disease; acanthosis nigricans; schizophrenia; serum HDL < 35 mg/dL (0.9 mmol/L) and/or Serum Triglycerides > 250 mg/dL (2.82 mmol/L).
5. *Lipid profile* – This is suggested for, but not limited to, patients with type 2 diabetes mellitus and for patients with at least two (2) of the following risk factors: hypertension; family history of premature coronary heart disease (coronary heart disease in first-degree relative < 55 years old [male] or < 65 years [female]); and/or age ≥ 45 years (male) or ≥ 55 years (female). Total cholesterol may be prioritized in cases of limited resources.

7. *Chest x-ray* – It should be performed in patients with suspected pneumonia. They include, but not limited to, patients presenting with acute cough, abnormal vital signs of tachypnea, and fever with at least one abnormal chest finding of diminished breath sounds, rhonchi, crackles, or wheeze. It is also requested for patients suspected with TB but with negative sputum AFB.

C. Drugs and medicines

Drugs and medicines recommended in the Clinical Practice Guidelines for the following conditions should be available in the facility:

1. Asthma including nebulisation services
 - inhaled short acting beta 2 agonist
 - inhaled corticosteroids
 - oral corticosteroids
2. Acute Gastroenteritis (AGE) with no or mild dehydration
 - oral rehydration salts (ORS)
3. Upper Respiratory Tract Infection (URTI)/Pneumonia (minimal and low risk)
 - amoxicillin (adult and pedia preparation)
 - erythromycin (adult and pedia preparation)
4. Urinary Tract Infection (UTI)
 - flouroquinolones

E. PROVIDING THE PCB1 SERVICES

- a. PCB 1 services will be provided based on the need of the entitled member/dependent. The health professional may use the recommended risk-based approach in managing patients (Box 2).
- b. The PCB Provider should use Annex A.3 of the Circular, or any similar form to document the consultation/health service provided to the entitled member or dependent. These services must be summarized in Annex A.5 of the Circular, which will be kept in the health facility. The services provided must also be reported quarterly using Annex A.4 of the Circular.
- c. For the identified clients targeted for obligated services, provide the services according to the timing (e.g. monthly for hypertensive) indicated in the Circular.
- d. Schedule the provision of obligated services and inform the target members/dependents accordingly
- e. All health services delivered by the Provider shall be reported and monitored. Targets for obligated services include regular BP measurements, VIA, and periodic clinical breast examinations must be provided to target clients.
- f. The Provider may encourage entitled members/dependents to utilize PCB1 services when needed by setting up a mechanism for faster health services for those who are entitled to PCB1 package. This may be done through, but not limited to, the

development of a “fast lane” for entitled members and their dependents where they will be prioritized in the delivery of services. However, patients who require emergent/urgent attention shall receive prompt care regardless of PhilHealth membership status even with the creation of a “fast lane”.

Box 2. A Recommended Risk-based Approach in managing patients:

- 1) Classify whether the patient requires emergent/urgent management or requires immediate transfer to a higher-level facility. Proceed with the appropriate management or transfer if warranted.
- 2) Evaluate the patient’s chief complaint.
- 3) Identify risk factors for communicable and noncommunicable diseases.
- 4) Perform risk-assessment.
- 5) Counsel the patient regarding his/her risk of having or developing (a) particular disease(s).
- 6) Advise the patient regarding age-, sex-, and risk-appropriate interventions. These include, but are not limited to, screening procedures, diagnostic tests, smoking cessation, lifestyle modification, and intake of medications.

F. REFERRING THE ENTITLED MEMBERS

If the patient is advised to have a diagnostic examination that is not available in the PCB provider, the patient should be referred to another health facility under the same LGU or where the PCB provider has forged a Memorandum of Agreement (MOA). The fees for diagnostic services shall be shouldered by the referring PCB provider and charged to the PFPR and the patient should not shoulder any cost for the procedure. The procedures shall be paid according to the rates established in the MOA.

If the patient has health care needs that are beyond the service capability of the PCB provider, the patient shall be referred to the appropriate health facility. The referral or transfer shall be coordinated and facilitated by the PCB provider. Furthermore, the patient should be transported by a mode of transport that is appropriate for the condition of the patient.

VI. RECORDING AND REPORTING

The PCB provider shall **maintain** the the following reports:

1. THE INDIVIDUAL OR CLIENT HEALTH PROFILE (ANNEX A.1)

- a. The individual health profile contains a comprehensive history and physical examination of the member/dependent and is the basis for the following:
 1. Delivering health care services for the patient
 2. Cumulative data in the utilization reports for PCB1.
 3. Monitoring and evaluation activities of PHIC.
- b. The provider must accomplish the individual health profile of all enlisted members and dependents living with the primary member. Health profiling must be done at least once a year.
- c. The Provider may use any similar form that is already being used by the health facility provided that the information it contains can be summarized into PCB Clientele Health Profile (Annex A.2)
- d. This report shall be maintained in the facility and may be requested by PhilHealth personnel for review during monitoring activities.

2. PCB1 PATIENT LEDGER (ANNEX A.3)

- a. This ledger contains all rendered health services, including those identified in PCB 1 package and other services which are not part of the PCB services (e.g. immunization, family planning, etc.).
- b. The Provider shall maintain a patient ledger for all its clients who seek consult, not only those who are entitled to PCB 1 services.
- c. The Provider may use any similar form that is already being used by the health facility provided that the information it contains can be summarized into Annexes A.4 and A.5 of the Circular.
- d. Filling up the PCB forms
 - i. Table 1. Obligated services - Indicate the date when the obligated services were rendered, based on the given frequency. Put “not applicable” or “NA” for members/dependents who were not provided with obligated services.
 - ii. Table 2. Diagnostic examinations services - Indicate the date the diagnostic services were performed or provided. Write the diagnosis and type of diagnostic examination needed to be done. Put a check (✓) if it is given or done by the referral laboratory with whom the Provider has a MOA.

- iii. Table 3. Other PCB1 services - These include the primary preventive services of PCB1 and the drugs and medicines provided to entitled members/dependents.
- iv. Table 4. Other services - These are the services given or performed to PhilHealth members/dependents which are not part of the PCB1 services such as, but not limited to, immunization, family planning, etc.
- v. Part II - consultation for illness/well check-up
- vi. This report shall be maintained in the facility and may be requested by PhilHealth personnel for review during monitoring activities.

3. QUARTERLY REPORT OF PCB SERVICES AVAILED BY PCB1 ENTITLED MEMBERS AND DEPENDENTS (ANNEX A.5)

- a. Annex A.5 will serve as the Provider's logbook of daily health care provision and consultations. After filling up the individual patient ledger (Annex A.3), encode the appropriate information to Annex A.5 form. The data from this report will be the basis or source of data for the Annex A.4 or quarterly summary of PCB services provided.
- b. Filling up the form
 - i. Date - indicate the date the patient/member consulted or was given the services
 - ii. PhilHealth number - PhilHealth identification number (PIN) of the registered member. If the patient is a dependent, use the PIN of the member.
 - iii. Name - Write the complete name of the patient
 - iv. Membership - Encircle **M** if the patient is a **member** and **D** if the patient is **dependent**
 - v. Sex - Encircle **M** if the patient is **male** and **F** for **female**
 - vi. Age - Indicate the age of the patient upon consultation
 - vii. Diagnosis - Diagnosis of the patient identified by the physician upon consultation. This can be seen in Annex A.3 Part II column 4 "Assessment/Impression"
 - viii. Benefits given - Put 1 for any services availed/given by the patients. One or more services may be availed or rendered to patients
 - ix. Medicines given - Write the medicines given to the patients
- c. All data encoded on this report must be taken from Individual Patient Ledger (Annex A.3)

The PCB provider shall **submit** the following reports:

1. Updated Masterlist of Enlisted Members for PCB1 (Annex D)

- a. A soft copy of the masterlist of Sponsored Program members shall be provided by the PRO through the LHIO. The Provider retains the pertinent details such as PIN, name, address and number of dependents and adds the columns for the signature,

- enlistment status and remarks and other required fields such as the dates and signature (See Annex D for Template). The Provider will print the masterlist in this format to be used during enlistment.
- b. Using this form, the Provider will ask the entitled members to enlist to the health facility by signing the space provided in the form.
 - c. In the event that the member cannot sign the masterlist, a qualified dependent of legal age may sign on his/her behalf stating their relationship and the reason why the member could not sign. If the member cannot write or sign his/her name, thumb mark is acceptable but it should be witnessed by at least one disinterested party. This information must be written on the column allotted for remarks.
 - d. For additional members who enlist but not included in the original masterlist provided by PhilHealth, the Provider may add them, including other details as required, at the bottom of the page.
 - e. The health facility personnel who prepared the report shall certify the correctness of the updated masterlist and the head of the facility shall approve the report.
 - f. A copy of the updated masterlist with the signature of members will be submitted to LHIO.

2. PCB PROVIDER CLIENTELE PROFILE (ANNEX A.2 OF CIRCULAR)

- a. This report is a summary of individual or client health profiles of all PhilHealth members and dependents assigned in your facility. All data in this report are derived from Annex A.1 (Individual/ Client Health Profile) and masterlist of members. This report shall be submitted quarterly, within fifteen (15) working days after the quarter.

- b. Filling up Annex A.2

Box I. PCB Provider Data

- i. Write the region, province and city/municipality on the space below the label
- ii. Indicate the number of assigned families per type of sponsor/membership based on the masterlist of who are enlisted.
- iii. Indicate the number of families served under the catchment area who are not a PhilHealth members.

Box II. Age -Sex Distribution

- i. Based on all accomplished Annex A.1, distribute the number of profiled members and dependents according to age distribution and gender.
- ii. Compute for the total no. of members and dependents according to gender. Reflect this data on the bottom row data fields.
- iii. Compute for the total no. of members and dependents according to age distribution. Reflect this data on the left most column data fields.

- iv. Make sure that the horizontal (Total based on gender) and the vertical (based on age distribution) sums are correct. Write this value on the right lower space of Box II.

Box III. Primary Preventive Services

- i. In reference to Annex A.1 and A.2, determine the number of female NHIP members and dependents, 25 years old and above, that has undergone breast cancer screening and reflect this on the appropriate space.
- ii. Determine the number of female NHIP members and dependents, 25 to 55 years old with intact uterus, that has undergone cervical cancer screening and reflect this on the appropriate space.

Box IV. Diabetes Mellitus

- i. Based on all accomplished Annex A.1, distribute the number of profiled members and dependents according to gender.
- ii. Gray-colored areas should not contain any data because this is not applicable to the specific data requested.
- iii. Compute for the total no of members and dependents according to gender. Reflect this data on the left most column data fields.

Box V. Hypertension

- i. Based on all accomplished Annex A.1, distribute the number of profiled members and dependents according to gender.
 - ii. Compute for the total no. of members and dependents according to gender. Reflect this data on the left most column data fields.
- c. The nurse/midwife who prepared/accomplished the report shall certify the correctness of the report by writing/stamping his/her name on the space located at the left lower part of the report and affixing his/her signature.
 - d. The HC/RHU/facility physician shall approve the report by writing/stamping his/her name on the space located at the right lower part of the report and affixing his/her signature.

3. SUMMARY OF BENEFITS AVAILMENT (ANNEX A.4)

- a. This report provides the summary of benefits availed by entitled PhilHealth members and dependents assigned in your facility for a specific quarter. This report shall be submitted quarterly, within fifteen (15) working days after the quarter.
- b. Accomplishing Annex A.4

Box I.

Covered Period – this pertains to the period/quarter when the benefit was availed.

Box II.

PCB Participation No. – The number assigned by PhilHealth to the PCB provider which is reflected in its Certificate of Eligibility to Participate (CEP)

Box III.

Municipality/City /Province – location of the health facility

Box IV.

Obligated Services

1. Target Column – place the total number of NHIP members and dependents set by PHIC as the facility's target for each particular obligated service for that quarter. The targets must be consistent with the submitted Provider's Agreement Form for Obligated Services (Annex E).
2. Accomplishment Column – place the total number of NHIP members and dependents that were provided the service for each particular obligated service for that quarter.

Box V.

Members and Dependents Served

1. In reference to Annex A.2, Box II, reflect the data on the appropriate fields based on gender distribution.
2. Reflect also the total based on Annex A2, Box II.
3. Make sure that the horizontal (Total based on gender) and the vertical (based on age distribution) sums are correct. Write this value on the right lower space of Box V.

Box VI.

Benefits/Services Provided

1. Data for this report shall be the sum of each service provided as reflected in Annex A.5 based on gender distribution.
2. Data for referred benefits/services shall come from consolidated data of Annex A.3, Part I. Referred Column

Box VII.

Medicines Given

1. Based on all accomplished Annex A.5, determine the different medications given to NHIP members or dependents based on gender distribution.
2. The medications should be written in its generic form.

Box VIII.

Top 10 Common Illnesses (Morbidity)

1. Enumerate the top 10 diagnosis of common causes of consult of patients in the facility.
2. Tabulate these according to the number of cases seen within the applicable quarter, from highest incidence to lowest.

- c. The nurse/midwife who prepared/accomplished the report shall certify the correctness of the report by writing/stamping his/her name on the space located at the left lower part of the report and affixing his/her signature.
- d. The HC/RHU/facility physician shall approve the report by writing/stamping his/her name on the space located at the right lower part of the report and affixing his/her signature.

VII. SUBMISSION OF REPORTS

How To SUBMIT REPORTS

Each PCB facility is required to register their official email address and cellphone number when they file their applications for registration and participation. It shall inform PhilHealth of any change in their official contact

The reports may be submitted in two forms: through a standard format spreadsheet via web service or through XML/web services. Assistance for this may be provided for by endorsed HITPs by ITMD. Communications will be sent through email by default and in special circumstances, by text.

VIII. PAYMENT OF PCB PACKAGES

- a. The provider should be engaged with PHIC as a PCB provider.
- b. The Provider shall be paid Per Family Payment Rate (PFPR) that will be calculated quarterly, provided that the following reports are submitted not later than 15 days after each quarter
 - Updated Masterlist of Entitled Members for PCB1 (Annex D)
 - PCB Provider Cleintele Health Profile (Annex A.2 of the Circular)
 - Summary of PCB Services Provided (Annex A.4 of the Circular)
- c. For the **FY 2012**, the Q1 and Q2 PFPR will be calculated based on the number of SP members assigned to the PCB provider. For Q3 and Q4, it will be based on the number of SP members enlisted and profiled by the health facility.
- d. **For each enlisted member, the provider shall be paid = Php 50** another For every profiled SP member and dependent that were profiled another = Php 75 will be paid

FY2012

	assigned members	enlisted members	enlisted members + dependents	profiled members + dependents	total PFPR
Q1	7000				875,000.00
Q2	9500				1,187,500.00
Q3		6000	24000	15000	581,250.00
Q4		9500	38000	35000	1,131,250.00
Total Annual PFPR					3,775,000.00

- e. For **FY 2013**, the PFPR will be computed based on the number of enlisted SP members, the number of SP families with updated profile and the percentage of the obligated services provided. For each quarter, the PFPR will be calculated as follows:
 - P50 for each enlisted SP/OG/OWP member
 - P25 proportionally for profiled member and dependents.
 - P50 for the accomplishment of obligated services.

FY2013

	assigned members	enlisted members	enlisted members + dependents	profiled members + dependents	% obligated services	total PFPR
Q1	10000					1,250,000.00
Q2		8500	34000	20000	0.55	783,750.00
Q3		10000	40000	35000	0.8	1,118,750.00
Q4		10000	40000	40000	0.95	1,225,000.00
Total Annual PFPR						4,377,500.00

- f. The PFPR Checks shall be issued to the Provider every quarter. However, delays in payment may happen when reports are incomplete, submitted in hard copy to the LHIO or submitted late. Checks shall be released to the provider within 15 days upon submission of the required reports of the quarter.
- g. The PFPR should be disposed according to the provisions in the Circular. However, the Provider may consider the following:
- Charge the annual membership fees to professional societies and registration to annual conventions or training activities of health staff to the 40% PFPR;
 - Pool the 20% of PFPR intended as honorarium and redistribute according to the agreed proportion of the health and non-health staff concerned, provided, that such agreement is in writing and approved by the Local Health Board.
 - For the maintainance of information system/subscription, etc.
 - Upgrade diagnostic capacity to allow full provision of diagnostic services
- h. The PFPR P 100 for electronic reporting will be calculated on January of the of the succeeding year considering the following factors:
1. The most advanced level of electronic reporting done by the Provider for the last quarter of the year;
 - Only those PCB providers who have contracted with the Health Information Technology Provider (HITP) and who have been submitting their reports electronically through their HITPs during the last quarter of the current year shall be assessed for daily/real time, weekly or monthly reporting. Providers who do not submit electronic reports through their HITPs can only submit the following reports by using an electronic spreadsheet and submitting via email or web services.
 2. Updated masterlist of enlisted members for PCB1
 3. Circular Annex A.2 PCB Provider Clientele Profile
 4. Circular Annex A.4 Summary of Benefits Availment

IX. ROLES AND RESPONSIBILITIES

MEMBERS

1. Have in possession at all times your PhilHealth Number Card or Identification Card.
2. Update your Member Data Record (MDR) for any change in personal information such as change in civil status or addition of a new dependent.
3. Inform the Local Health Insurance Office if there will be subsequent changes in address.
4. Request for a replacement in case of loss of PhilHealth Number Card or Identification Card.
5. Ensure that you promptly and regularly pay your contributions (for Organized Groups and Overseas Workers Program Members) to avoid suspension of benefits.
6. Be familiar with the services which one can avail of in PCB1.
7. Cooperate with the healthcare provider in terms of enlistment and profiling procedure.
8. Sign a waiver if procedures to be done are in conflict with one's own personal beliefs.
9. Be aware of amendments and updates on PhilHealth policies and benefits schedule.
10. Seek clarification from any PhilHealth office on any unclear policy or guideline.
11. Report at once to PhilHealth any healthcare facility that fails, without valid reason, to accommodate a PhilHealth member who wishes to avail of benefits.
12. Report at once to PhilHealth any fraudulent transaction that you know about.
13. Observe and comply with PhilHealth rules and regulations as there are offenses in its Implementing Rules and Regulations

LOCAL HEALTH INSURANCE OFFICE (LHIO)

1. Coordinate with the PCB Providers in terms of:
 - Assisting them in preparation of Performance Commitment (PC), Memorandum of Agreement (MOA) for outsourced services, and other documents that may be required by the Corporation for the PCB 1
 - Sending the health facility in the area the masterlist of SP assigned to them
 - Provide the list of OG and OWP members residing in the provider's catchment area
 - Assisting the health facilities in terms of member education and providing technical assistance in terms of submitting reports and coordination of the IT system
 - Receive reports of these health facilities for the PCB1
 - Compute and release PFPR of health facilities
 - Other such coordination activities as required
2. Consolidate reports of each area for PCB 1 and provide reasonable action as may be required within the realms of their duties and responsibilities
3. Coordinate with concerned department at Central Office/PRO in terms of
 - Sending regular reports and other feedback as to the PCB 1
 - Provide cooperation for monitoring and evaluation activities and other such activities that may be provided for by the Central Office

X. MONITORING AND EVALUATION

The Monitoring and Evaluation of PCB will be linked with the over-all M&E framework of ***Kalusugan Pangkalahatan*** and ***PhilHealth Balance Scorecard***. PhilHealth Central Office through the Health Insurance Product Sector at the Central Office shall oversee the over-all management of monitoring and evaluating the impact of PCB1 while the PhilHealth Regional Office through its Health Care Delivery Management Division shall ensure that collection and data management at the regional level. The operational details of the Monitoring and Evaluation will be issued on a separate Order.

1. Tracking the implementation and utilization of Primary Care Benefits involve collecting and analyzing the following indicators quarterly:

Indicator	Definition	Data Source:
Enlistment and health profiling of Sponsored Program members	(a.1) # of enlisted NHTS-identified SP members/total # of NHTS-identified SP members assigned to the PCB provider (a.2) # of enlisted LGU-identified SP members/total # of LGU-identified SP members assigned to the PCB provider (a.3) # of NHTS-identified SP members with complete health profile for all family members/total # of enlisted NHTS-identified SP members (a.4) # of LGU-identified SP members with complete health profile for all family members/total # of enlisted LGU-identified SP members	Updated SP masterlist, PCB Form A.3 or equivalent document
Structure of PCB provider visits	(b.1) # of visits related to PCB services/total # of visits to PCB Provider by PCB entitled members and dependents (b.2) # of preventive visits (i.e. total visits to PCB provider - visits due to illness and other services like prenatal, pre-marriage counselling, etc) (b.3) # of visits of PCB entitled members and dependents/total # of visits of non-PCB entitled members and dependents (b.4) # of visits of PHIC members and dependents/total # of visits to the PCB provider	PCB Form A.2, A.4 and PCB Provider patient logbook

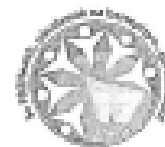
Hospitalization rates for primary care-sensitive diagnoses	(c.1) # of hospital admission for hypertension among PCB entitled members and dependents/total # of PCB-entitled members and dependents diagnosed with hypertension (c.2) # of hospital admission for acute gastro-enteritis among PCB entitled members and dependents/total # of visits due to AGE among PCB-entitled members and dependents (c.3) # of hospital admission for pneumonia among PCB entitled members and dependents/total # of visits due to upper respiratory tract infections among PCB-entitled members and dependents	Hospital Admission data and PCB Form A.2
Utilization of Obligated Services	(d.1) # of hypertensive PCB-entitled members and dependents with monthly BP monitoring/ total number of hypertensive PCB-entitled members and dependents (d.2) # of women who had VIA/total # of women eligible for VIA among PCB-entitled members and dependents (d.3) # of women who had clinical breast exam/total # of women eligible for clinical breast exam among PCB-entitled members and dependents	Updated PCB Masterlist and PCB Form 4
Diagnostic examination and Referral Rate	(e.1) # of PCB-entitled members and dependents with lipid profile/total # of PCB-entitled members and dependents with risk factors (e.2) # of PCB-entitled members and dependents with FBS/total # of PCB-entitled members and dependents with risk factors (e.3) # of PCB-entitled members and dependents referred for diagnostic examinations/total # of PCB-entitled members and dependents	Updated masterlist, PCB Form A.2, A.4

2. Facility-reported data will be complemented by exit interviews and focus group discussions (FGDs)

IX. ANNEXES

ANNEX A	-	PHILHEALTH CIRCULAR 10 S 2012
ANNEX B		PROVIDER DATA RECORD (PDR)
ANNEX C	-	DOH DEPARTMENT MEMORANDUM No. 2012-0148. ASSIGNMENT OF SPONSORED PROGRAM MEMBERS IDENTIFIED THROUGH NHTS-PR TO THEIR PRIMARY CARE PROVIDERS
ANNEX D	-	TEMPLATE OF MASTERLIST OF ENLISTED MEMBERS FOR PCB1
ANNEX E	-	PROVIDERS AGREEMENT FORM FOR OBLIGATED SERVICES
ANNEX F	-	SAMPLE CALCULATION OF PFPR
ANNEX G	-	PROCESS FLOW FOR PAYING THE PROVIDERS
ANNEX H	-	TAMANG SAGOT

Annex A
PHILHEALTH CIRCULAR 10 s 2012



PHILHEALTH CIRCULAR
No. 010, s. 2012

TO : ALL RURAL HEALTH UNITS/HEALTH CENTERS,
GOVERNMENT HOSPITALS, PHILHEALTH REGIONAL
OFFICES (PhROs), AND ALL CONCERNED

SUBJECT : Implementing Guidelines for Universal Health Care Primary
Care Benefit I (PCBI) Package for Transition Period CY 2012-2013

RATIONALE

In support of the *Aquino Health Agenda* to provide Universal Health Care for all Filipinos¹, also known as *Kalusugang Pangkalahatan (KP)*, and consistent with its execution plan,² the Philippine Health Insurance Corporation aims to ensure that all Filipinos have access to quality health services that are efficiently delivered, equitably distributed, fairly financed and appropriately utilized by an informed and empowered public.

To achieve these goals, the Corporation through PhilHealth Board Resolution No. 1587, s. 2012 amended the implementation of the Outpatient Benefit Package and approved a Primary Care Benefit I (PCBI) Package, with the following objectives:

1. Expand the number of services included in the Primary Health Care benefits for PhilHealth members;
2. Increase the utilization rate for services included in the Primary Health Care benefits for PhilHealth members;
3. Enhance incentives for PCB providers to promote healthy behaviour, prevent diseases and/or associated complications, and facilitate appropriate referral; and
4. Ensure complete and timely reporting of health data for monitoring and performance assessment and evaluation purposes.

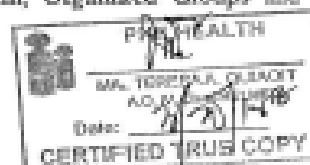
I. COVERAGE

For the transition period (CY 2012-2013), the Primary Care Benefit I (PCBI) package shall be implemented to cover members under the **Sponsored Program, Organized Groups and Overseas Workers Programs**, and their qualified dependents.

II. DEFINITION OF TERMS - See Annex "C"

III. SERVICES

The following services shall be provided to respond to the health needs of the covered clientele:



¹ DOH Administrative Order No. 2010-0026, *The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos*

² DOH Department Order No. 2011-0188, *Kalusugang Pangkalahatan Execution Plan and Implementation Arrangements*



A. Primary Preventive Services

1. Consultation – the first consultation visit in a given year, which shall, at the least, include the establishment or updating of individual health profile.
2. Visual inspection with acetic acid
3. Regular BP measurements
4. Breastfeeding program education
5. Periodic clinical breast examinations
6. Counselling for lifestyle modification
7. Counselling for smoking cessation
8. Body measurements
9. Digital Rectal Examination

B. Diagnostic Examinations³

1. Complete Blood Count (CBC)
2. Urinalysis
3. Fecalysis
4. Sputum microscopy
5. Fasting Blood Sugar
6. Lipid profile
7. Chest x-ray

C. Drugs and medicines

1. Asthma including nebulisation services
2. Acute Gastroenteritis (AGE) with no or mild dehydration
3. Upper Respiratory Tract Infection (URTI)/Pneumonia (minimal and low risk)
4. Urinary Tract Infection (UTI)

IV. PROVIDERS

Any government health facility (including but not limited to health centers/rural health centers (HCs/RHUs) and the Out Patient Department of Municipal Health Offices, City Health Offices and government hospitals) that has the capacity and human resources to deliver the PCB 1 package may qualify as Primary Care Benefit (PCB) provider. (Please see Annex "C.1" – Standards for Registration as PhilHealth Primary Care Benefit Provider.)

Qualified PCB providers shall register as such by following the process described in Annex "C.2" (Guidelines for Registration as PCB Providers) and submitting the necessary documents including their Performance Commitments (Annex "D") duly signed by the City/Municipal/Provincial Health Officer and the Local Chief Executive, on or before April 30, 2012. The current PhilHealth OPB accredited health facilities (RHUs, HCs, authorized hospitals) are automatically considered as PCB providers for CY 2012.

³ The following services may be provided by the PCB facility or outsourced to another facility under Memorandum of Agreement (MOA)





The PCB providers are responsible to seek out and enlist Sponsored Program members and their qualified dependents assigned to their facilities (Section V.A). They also must facilitate the enlisting of Organized Group⁴ members and Overseas Workers Program members residing in their respective localities.

Aside from the services mentioned in Section III above, the PCB providers shall establish a baseline health profile of all PCB 1-entitled members and their qualified dependents using Annex "A.1" (or any equivalent form available in the PCB facility for this purpose), which shall be kept and updated at least annually. Moreover, the PCB providers shall maintain a record of their PCB 1 clientele and the services rendered. (Annexes "A.1" to "A.6" or any similar documents found in the facility)

The PCB providers shall ensure that all diagnostic examinations listed in Section III are available to their PCB 1 clientele, when needed. As such, they may forge a Memorandum of Agreement with another health facility to provide those diagnostic tests that are not available in their facility. In addition, the PCB providers shall ensure that PCB 1 clients with health care needs beyond their service capability are referred to appropriate health facilities.

The PCB providers shall be paid through a Per Family Payment Rate (PFPR), which shall be computed and released on a quarterly basis. Through an appropriate administrative issuance (e.g., local Ordinance, Sangguniang Bayan resolution, etc.), the PCB providers shall create and maintain a trust account per province/city/municipality for the PFPR fund.

V. PROCEDURAL GUIDELINES

A. Assignment of PCB 1-covered members and qualified dependents

For the transition period, the Corporation shall assign the Sponsored Program members identified through NHTS-PR to their respective RHU/Health Centre, while the LGU/other sponsored members shall be assigned to the PCB providers managed/owned/designated by their sponsors. Organized Group members and OWP members may choose their PCB providers annually.

PCB 1-entitled members may change PCB provider within the year if they moved to another province/city/municipality, in which case the member must immediately inform the nearest PhilHealth Service Office of such transfer by submitting a Barangay certification signed by the Barangay Chairperson of his/her new residence to continue their entitlement to PCB services. The receiving PCB provider shall receive the PFPR on the quarter following the transfer.

B. Establishing PCB 1 client database in every PCB provider

1. Each facility shall be provided a masterlist of SP members assigned to its facility by the Corporation. The staff of the PCB provider shall be responsible for contacting the members and informing the members that they are eligible for the Primary Care Benefit. Enrollment to the facility is signalled by the member signing the masterlist.

⁴ Organized Group as defined by the Membership Management Group





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 308 Shaw Boulevard, Pasig City
Healthline 441-7442 www.phichealth.gov.ph



2. OG and OWP members must be enjoined to enlist with the recommended PCB provider in their area. Enlistment to the facility is signalled by the member providing the latter his/her NHIP number and signing its masterlist.

3. The facility shall keep its signed masterlist within its facility but shall submit an updated list of its enlisted members to the appropriate Service Office before the scheduled release of the third and fourth tranche for 2012. For 2013, the facility shall submit a list of enlisted members before December 31, 2012 as basis for the release of PFFR for the first and second quarters. The facility shall also submit an updated list of enlisted members before the scheduled release of succeeding tranches for 2013, as basis for the release of its PFFR.

C. Provision of PCB 1 services

1. All PCB facilities shall provide the services mentioned in Section III of this Circular, as needed by members or their qualified dependents. Moreover, the following services shall be provided within the year, according to the agreed schedule:

- a. A set of *minimum obligated services* (Table 1) shall be provided by the PCB facility to members and their qualified dependents. For CY 2012, the PCB facility shall provide the services as needed by members and their qualified dependents, and report these services by using Annex "A.4" (PCB Semestral Summary of PCB Services Provided). The performance targets for minimum obligated services shall be prepared by the Corporation for 2013. Guidelines for the performance targets shall be issued thru a separate administrative issuance.
- b. An individual health profile (Annex "A.1" or any similar document available in the PCB 1 facility) must be established or updated at least once annually. The individual health profile shall be summarized using Annex "A.2".

Table 1. Obligated Services

BENEFITS/SERVICES	TARGET CLIENTS	FREQUENCY
Primary preventive services		
BP measurement	Non-hypertensive (18 years old and above)	Once a year
	Hypertensive (with BP \geq 140/90 mmHg)	Once a month
Periodic clinical breast examination	Female, 25 years old and above	Once a year
Visual inspection with acetic acid	Female, 25 – 55 years old with intact uterus	Once a year

2. Patients with religious and cultural barriers may sign a waiver not to avail of the obligated services like visual acetic acid wash. The signed waiver shall be submitted to their PCB provider. The Provider shall include the number of patients who waived any of such services when they submit Annex "A.4".

D. Maintenance and Submission of Reports. The PCB providers shall maintain the individual health profile (Annex "A.1"), PCB 1 patient ledger (Annex "A.3") and Semestral Report of PCB Services Availed by PCB 1-entitled Members and Dependents (Annex "A.5"). The Providers shall submit Annexes "A.2" and "A.4" on or before June 30th and December 31st of the current year.





E. Payment of PCB 1 Services. The Corporation shall pay the PCB providers through PFPR, which shall be released in four (4) tranches:

1. For 2012, the following tranches shall apply based on the type of membership and enrollment mechanism. (See Table 2) The releases of the PFPR for 1st and 2nd tranches shall be based on the schedule in Table 2 multiplied by the number of assigned SP members in the PCB facility. The releases for the 3rd and 4th tranches shall be computed based on the number of PCB 1 entitled members who enlisted during the preceding quarter. The masterlist of those who enlisted shall be submitted on or before June 30, 2012 as a prerequisite for the release of the third tranche. The masterlist of additional members who enlisted along with Annex "A.2" (PCB Clients Profile) shall be submitted on or before September 30, 2012 and shall serve as prerequisites for the release of the last tranche.

Table 2. Payment of PFPR by type of PCB 1-entitled Members

PCB 1 Entitled Members	1st Tranche	2nd Tranche	3rd Tranche	4th Tranche
NHIF and SP-LGU covered	125.00	125.00	125.00	125.00
SP-LGU new enrollees, Organized Groups and OWWF		125.00	125.00	125.00

2. For 2013, the health facilities will be required to submit a masterlist of additional members who enlisted and an updated Annex "A.2" before the start of every quarter. Additionally, the facilities will be required to submit Annex "A.4" before the start of the 1st and 3rd quarter. Table 3 provides the documentary requirements for the release of PFPR for the quarter.

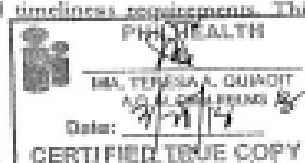
Table 3. Reports Required for the Release of PFPR for 2013

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Updated Masterlist	x	x	x	x
Annex A.2	x	x	x	x
Annex A.4	x		x	

3. For the transition period, an additional incentive of One Hundred Pesos (P100) PFPR shall be released to PCB providers that will submit reports required by the Corporation electronically and in accordance with the format that will be prescribed. Release of this P100 will be pro-rated based on date and timeliness requirements. This additional incentive shall be released, as follows:

a. Data requirements include:

- 1) Additional P10 PFPR for submission of electronic masterlist of PCB-entitled Members
- 2) Additional P10 PFPR for electronic consult list including non-NHIF patients with family folder in the facility





- 3) Additional P10 PFPR for maintenance of general health services list
- 4) Additional P10 PFPR for maintenance of PCB services provided
- 5) Additional P10 PFPR for maintenance of PHSIS list
- 6) No electronic listing: no incentive will be given

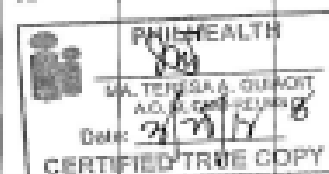
b. Timeliness requirement includes:

- 1) Additional P50 PFPR for daily/real time submission; OR
- 2) Additional P20 PFPR for weekly (not daily) submission; OR
- 3) Additional P10 PFPR for monthly (not daily, not weekly) submission; OR
- 4) Additional P5 PFPR for quarterly submission; OR
- 5) Additional P1 PFPR for semestral submission; OR
- 6) No additional incentive on top of the DATA requirement incentive
- 7) No submissions: no incentive

Table 4 summarizes the total PFPR100 incentive that the PCB provider may get. The amount of PFPR100 that will be released is computed as **Total PFPR100 x number of families** enlisted with the PCB provider.

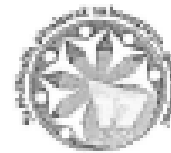
Table 4. Release of Additional P100 PFPR based on Electronic Submission of Data

	Timeliness of Data submission						
	Daily	Weekly	Monthly	Quarterly	Semestral	Annual	No Submission
Data maintained electronically	plus 50	plus 20	plus 10	plus 5	plus 1	0	
Maintenance of an electronic masterlist of all PCB1-entitled members	10	10	10	10	10	10	
Maintenance of an electronic consult list, including for non-NHIP patients	10	10	10	10	10	10	
Maintenance of general health services list	10	10	10	10	10	10	
Maintenance	10	10	10	10	10	10	





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 708 Shaw Boulevard, Pasig City
 Tel: (63) 2 441-7442, www.philhealth.gov.ph



of PCB service list							
Maintenance of PHSIS list	10	10	10	10	10	10	
Total PFPR100	100	70	60	55	51	50	0

4. The PFPR shall be released within fifteen (15) calendar days from receipt of the complete documents/requirements. Non-submission of the required documents shall mean a delay in the release of the PFPR. The additional P100 PFPR shall be released along with the last tranche for the year.

F. The guidelines for the computation of Per Family Payment Rate (PFPR) based on obligated minimum services for 2013 shall be issued on a separate administrative issuance.

G. The disposition and allocation of the PFPR shall be, as follows:

1. Eighty percent (80%) of PFPR is for operational cost and shall be divided, as follows:

- a. Minimum of forty percent (40%) for drugs and medicines (PNDF) (to be dispensed at the facility) including drugs and medicines for Asthma, AGE and pneumonia; and
- b. Maximum of forty percent (40%) for reagents, medical supplies, equipments (i.e., ambulance, ambubag, stretcher, etc.), information technology (IT equipment specific for facility use needed to facilitate reporting and database build up), capacity building for staff, infrastructure or any other use related, necessary for the delivery of required service including referral fees for diagnostic services if not able in the facility.

2. The remaining twenty percent (20%) shall be exclusively utilized as honoraria of the staff of the PCB facility and for the improvement of their capabilities as would enable them to provide better health services:

- a. Ten percent (10%) for the physician;
- b. Five percent (5%) for other health professional staff of the facility; and
- c. Five percent (5%) for non-health professionals/staff, including volunteers and community members of health teams (e.g., Women's Health Team, Community Health Team).

VI. EFFECTIVITY

This Circular shall take effect on April 1, 2012, 15 days after publication in a newspaper of general circulation. This shall be deposited with the National Administrative Register at the University of the Philippines Law Center.

All PhilHealth Offices through the Public Affairs Department, Public and Media Affairs Unit and Member Relations Division shall undertake appropriate and massive public information campaign efforts especially targeting members of the National Health Insurance Program.

All other provisions of previous issuances which are inconsistent with this Circular are hereby repealed.



Page 7 of 8



VII. ANNEXES

A. PCB Forms

- A1. Individual Health Profile
- A2. PCB Client's Health Profile
- A3. PCB Patient Ledger
- A4. Semestral Summary of PCB Services Provided
- A5. Semestral Report of PCB Services Availd by PCB1-entitled Members and Dependents

B. Definition of Terms

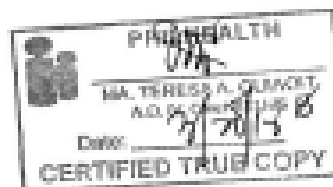
C. Guidelines for primary care benefit (PCB) providers

- C1. Standards for Registration as PhilHealth Primary Care Benefit provider
- C2. Guidelines for Registration as PCB providers
- C3. Template MOA with other facility on outsourced services

D. Performance Commitment (PC)


DR. EDUARDO P. BANZON
President and CEO

Date signed: 3/14/2012



Annex B
PROVIDER DATA RECORD (PDR)



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
City State Bldg., 708 Bldg. Bld., Pasig City
Health Line at 1-1666, www.philhealth.gov.ph

PHIC Form AP-3
06/01/2010



PROVIDER DATA RECORD INSTITUTIONAL HEALTH CARE PROVIDER (IHCP)

THE PRESIDENT & CEO
Philippine Health Insurance Corporation
Pasig City, Philippines

Sir/Madam:

I, _____ of legal age, _____ (profession) _____ with
address at _____ and the duly authorized representative to act for and
in behalf of _____ hereby submit the following pertinent information and
documentary requirements under Sec. 52 L of R.A. 7676 as amended by RA 8041 and its Implementing Rules and
Regulations thereto.

Type of Institution: (Please shade the appropriate box)

Hospital:

Award Applied For:

☐ Center of Safety

☐ Center of Quality

☐ Center of Excellence

Hospital Level:

☐ Level 1

☐ Level 2

☐ Level 3

☐ Level 4

Self-assessment Scores:

PL Rights & Organizational Ethics _____ %

Patient Care _____ %

Leadership and Management _____ %

Human Resource Management _____ %

Information Management _____ %

Safe Facilities and Environment _____ %

Improving Performance _____ %

Core Indicator _____ %

Outpatient Clinic:

☐ Single service

☐ 2 in 1

☐ 3 in 1

☐ Multiple

☐ Ambulatory Surgical Clinic (ASC)

☐ Freestanding Diagnostics Clinic (FDC)

☐ Primary Care Referral Provider

☐ Maternity Care Package Provider

☐ Anti-TB/CD4 Package Provider

☐ Outpatient Maternal Package Provider

☐ Animal Bite Treatment Package Provider

☐ Other Package Provider (Specify) _____

Facility Ownership: (Please shade the appropriate box)

☐ Government

☐ Province

☐ City/Municipality

☐ University

☐ DOH

☐ Military/Police

☐ Others _____

☐ Private

☐ Single proprietorship

☐ Partnership

☐ Corporation

☐ Foundation

☐ Cooperative

☐ Others _____

Type of Application: (Please shade the appropriate box)

☐ Initial

☐ Renewal

☐ Late Filer

☐ Reaccreditation

☐ with gap in accreditation

☐ Upgrading/shift services

☐ Change in location/ownership

Accreditation No. _____

Name of Institution: (Please print legibly and provide appropriate spaces)

Mailing/Billing Address:

No. / St. / Bldg.

Municipality / City

Province

Zip Code

Other Contact Information

Contact No.

Fax No.

Email Address:

Medical Director/Chief of Hospital

Accreditation Number (if applicable)

Head of Facility

Administrator (if applicable)

Owner of the Institution

For PhilHealth Use Only

Date Evaluated:

IC

PHIC

By:

IC

PHIC

Date Received:

IC

PHIC

By:

IC

PHIC

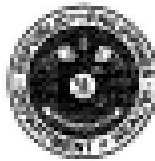
Control No.

OR No.

DATEPAC

Accredited

**DOH DEPARTMENT MEMORANDUM NO.
2012-0148. ASSIGNMENT OF SPONSORED
PROGRAM MEMBERS IDENTIFIED THROUGH
NHTS-PR TO THEIR PRIMARY CARE
PROVIDERS**



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

DEPARTMENT MEMORANDUM
No. 2012- OHS

FOR : ALL CLUSTER HEADS AND DIRECTORS OF CENTERS FOR
HEALTH DEVELOPMENT

SUBJECT : Assignment of Sponsored Program members identified through the
National Household Targeting System for Poverty Reduction to
Primary Care Providers

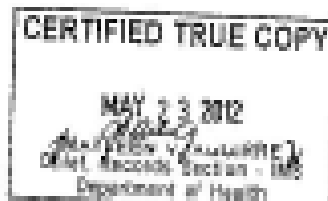
DATE : May 17, 2012

Pursuant to Department Order No. 2011-0188, *Kalusugan Pangkalahatan Execution Plan and Implementation Arrangements*, the Sponsored Program members identified through the National Household Targeting System for Poverty Reduction (NHTS-PR) and enrolled by the National Government to the National Health Insurance Program, shall be assigned to primary care providers nearest to their residence. These primary care providers include Rural Health Units and Health Centers that have the necessary public health and out-patient services.

You are hereby enjoined to ensure that these primary health providers have the updated database of NHTS-PR Sponsored members from PhilHealth. Further, you are hereby directed to ensure that subsidized public health commodities and drugs procured by the Department of Health are provided to these facilities.

For strict compliance.


ENRIQUE T. OÑA MD
Secretary of Health



Annex D

**SAMPLE TEMPLATE OF MASTERLIST OF
ENLISTED MEMBERS FOR PCB1**

[illegible]

Inclusive Dates: _____

Year: _____

[illegible]

Name _____

Head of Facility _____

Date: _____

Annex E

**PROVIDER'S AGREEMENT FORM FOR
OBLIGATED SERVICES**

Letterhead of the Facility

Date:

Providers Agreement Form to Provide the Obligated Services

As PhilHealth's participating Primary Care Benefit 1 (PCB1) Package Provider we agree to perform the obligated services to achieve the targets stipulated below:

BENEFIT/SERVICES	IDENTIFIED CLIENTS	HOW TO COMPUTE	TARGET (# of clients)
BP measurement	Non-hypertensive	<i>90 % of the total identified target clients based on PCB Clientele Health Profile</i>	_____
	Hypertensive	<i>90 % of the total identified target clients based on PCB Clientele Health Profile</i>	_____
Periodic clinical breast examination	Female, 25 years old and above	<i>90% of the total identified target clients based on PCB Clientele Health Profile</i>	_____
Visual inspection with acetic acid	Female, 25 – 55 years old with intact uterus	<i>90% of the total identified target clients based on PCB Clientele Health Profile</i>	_____

Printed Name
Head of the Facility

Annex F

SAMPLE CALCULATION OF PFPR

FY2012

	assigned members	enlisted members	enlisted members + dependents	profiled members + dependents	total PFPR (Php)
Q1	7000				875,000.00
Q2	9500				1,187,500.00
Q3		6000	24000	15000	581,250.00
Q4		9500	38000	35000	1,131,250.00
Total Annual PFPR					3,775,000.00

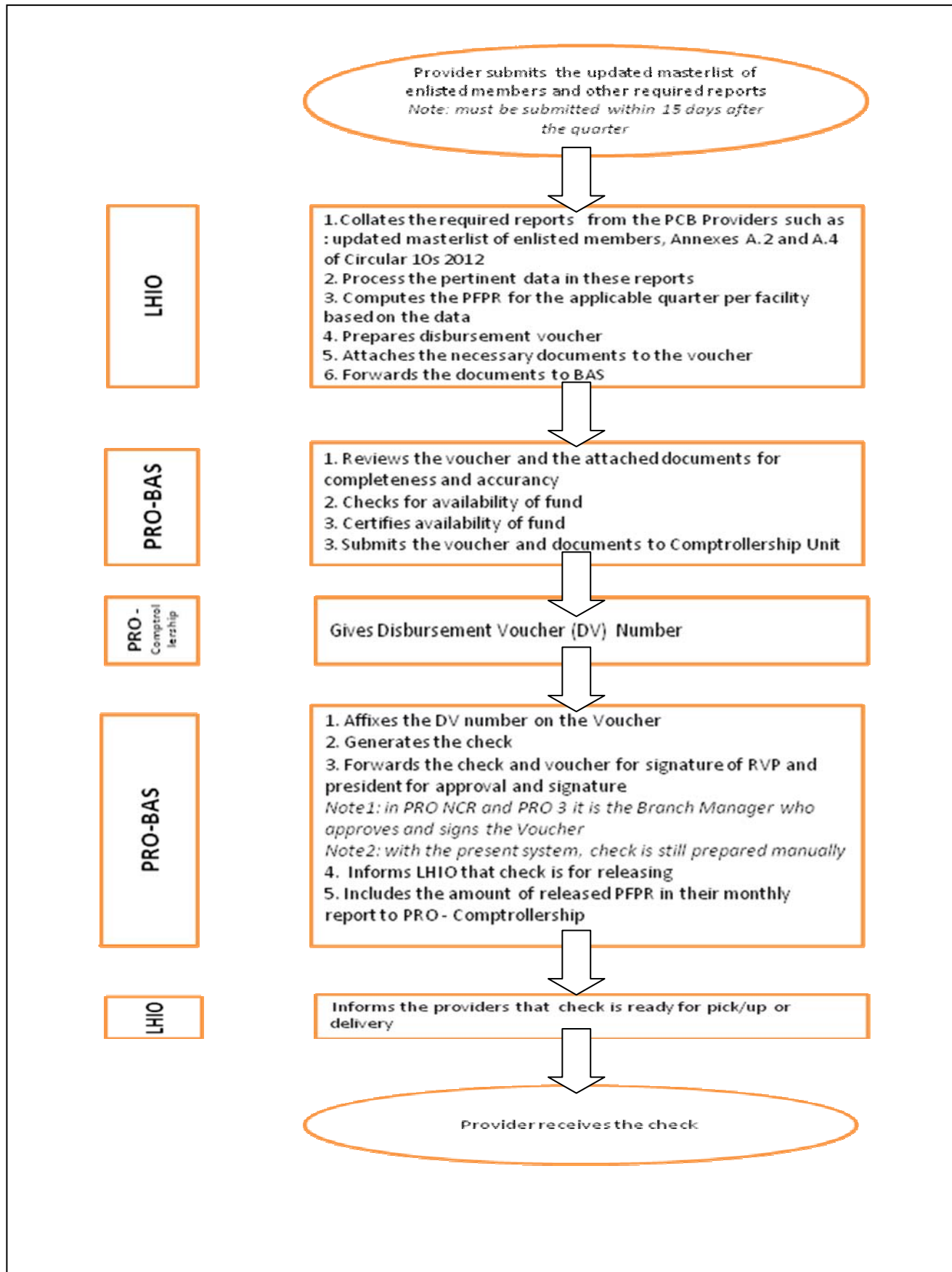
Assigned members include NHTS and LGU and other sponsored members + OG and OWP who signed up in the facility

FY2013

	assigned members	enlisted members	enlisted members + dependents	profiled members + dependents	% obligated services	total PFPR (Php)
Q1	10000					1,250,000.00
Q2		8500	34000	20000	0.55	783,750.00
Q3		10000	40000	35000	0.8	1,118,750.00
Q4		10000	40000	40000	0.95	1,225,000.00
Total Annual PFPR						4,377,600.00

Annex G

FLOW CHART OF PAYING THE PROVIDERS



*Note: Payment for PCB1 package should be paid within **thirty days** after the receipt of complete reports*

Annex H

TAMANG SAGOT PARA SA PCB1

1. What is the Primary Care Benefit I (PCB I) Package?

The Primary Care Benefit (PCB) 1 is an enhanced Out-Patient Benefit (OPB) package to ensure that all Filipinos have access to quality health services that are efficiently delivered, equitably distributed, fairly financed and appropriately utilized. It has the following main provisions:

2. primary preventive services
3. diagnostic examinations
4. drugs and medicines

Under this package, two additional laboratory tests are provided at the primary health facility or partner laboratory: fasting blood sugar and lipid profile.

Aside from additional services, the implementation of PCB1 requires assignment of entitled members to PCB providers and links the payment of providers to the provision of specific services.

2. What prompted PhilHealth to introduce the PCB 1?

The PCB 1 package is aimed at expanding the number of services included in the previous OPB package; increase utilization rate for services included in the Primary Health Care benefits; enhance incentives for PCB providers to promote healthy behaviour, prevent diseases and/or associated complications, and facilitate appropriate referral; and ensure complete and timely reporting of health data for monitoring and performance assessment and evaluation purposes.

3. What are the services included in the PCB I package?

The following services shall be provided to respond to the health needs of the covered clientele:

- Primary Preventive Services
 - Consultation
 - Visual inspection with acetic acid
 - Regular BP measurements
 - Breastfeeding program education
 - Periodic clinical breast examination
 - Counselling for lifestyle modification
 - Counselling for smoking cessation
 - Body measurements
 - Digital Rectal Examination

- Diagnostic examinations
 - Complete blood count
 - Urinalysis
 - Fecalalysis
 - Sputum microscopy
 - Fasting blood sugar
 - Lipid profile
 - Chest x-ray
- Drugs and Medicines for the following conditions:
 - Asthma including nebulisation services
 - Acute Gastroenteritis (AGE) with no or mild dehydration
 - Upper Respiratory Tract Infection (URTI)/Pneumonia (minimal and low risk)
 - Urinary Tract Infection

4. Who are entitled to this new PCB I package?

For the transition period 2012-2013, the package shall be available to Sponsored Program, Organized Groups and Overseas Workers Program members and their qualified dependents.

5. Where can members avail themselves of the PCB 1 package?

The PCB 1 package is available in all participating health centers/rural health centers (HCs/RHUs) and Out-Patient Departments of Municipal Health Offices, City Health Offices, Provincial Health Offices and all government hospitals.

6. When can members start availing themselves of the PCB1 package?

The PCB 1 package shall be made available in all participating PCB1 providers starting April 1, 2012.

8. How will members avail themselves of the PCB 1 package?

For the transition years (2012-2013), PhilHealth members who can avail of this Benefit are limited to the Sponsored Program, Organized Group and Overseas Workers Program members and their qualified dependents.

The Sponsored Program members, whether identified through the NHTS-PR or by the LGUs/ other Sponsors, must know the PCB Provider (RHUs or Health Centers or OPD of government hospitals) where they have been assigned for the year. They must visit their PCB Provider/contact the Community Health Team in their area to enlist and know the services under this Package. They must allow their PCB provider to do their and their dependents'

health profile. They can also avail of other services listed in PCB1, as advised by their PCB Physician.

The Organized Group and OWP members may enlist at their preferred PCB provider annually. Similar to the SP members, they must also allow health profiling. They can avail the services, as needed and as advised by their PCB Physician.

7. How will SP members know to which RHU/health center they are assigned for the PCB1 package?

SP members may ask their Barangay Health Worker or Community health Team for their PCB 1 Provider. They may also inquire at the nearest RHU, Health Center or Local Health Insurance Office.

In addition, the staff members of the PCB 1 provider shall contact and inform the entitled members assigned to the facility regarding their eligibility to the PCB1 package.

9. How will PhilHealth know that the member is already enlisted to a facility?

Once the member signs the masterlist, it signals that he is enlisted to a specific PCB1 provider facility. The PCB provider shall then submit a soft and hard copy of the masterlist of enlisted members to the LHIO.

10. What if the PCB 1 entitled members moved to another province in the middle of the year?

PCB 1-entitled members who move to another province in the middle of the year may change PCB providers. However, they must inform the nearest LHIO in their new residence about such transfer. They must submit a certification signed by the barangay chairperson of their new place of residence to be able to continue their entitlement to PCB 1 services.

11. What documents should the members bring with them when availing of the PCB 1 package?

SP members only need to bring their PhilHealth ID cards or MDR when they avail the PCB1 package. Availment should be within the effectivity period shown on the ID card or MDR.

12. How often can a member or his qualified dependent avail of the PCB1 package within a year?

The member and his/her dependents may avail of any of the services as often as recommended by the health care professional.

13. Will members availing the PCB1 package need to pay any amount for any of the services included in the package?

No. Members and or their qualified dependents availing of the PCBI package need not pay any amount since services included in the package are paid to the Provider through the PFPR. If the member/dependent is referred for diagnostic services to another facility, the PCB provider shall pay for that service as provided in the MOA with Referral facility.

14. *What are my roles and responsibilities as an entitled member/dependent?*

The following are your roles and responsibilities as an entitled member/dependent of PCB1.

- Bring at all times your PhilHealth Number Card or Identification Card.
- Update your Member Data Record (MDR) for any change in personal information such as change in civil status or addition of a new dependent.
- Inform your LHIO if there will be subsequent changes in your address
- Request for a replacement in case of loss of PhilHealth Number Card or Identification Card.
- Ensure that you promptly and regularly pay your contributions (for Organized Groups and Overseas Workers Program Members) to avoid suspension of benefits.
- Be familiar with the services which one can avail of in PCB1
- Cooperate with the healthcare provider in terms of enlistment and profiling procedure
- Sign a waiver if procedures to be done are in conflict with one's own personal beliefs
- Be aware of amendments and updates on PhilHealth policies and benefits schedule.
- Seek clarification from any PhilHealth office on any unclear policy or guideline.
- Report at once to PhilHealth any healthcare facility that fails, without valid reason, to accommodate a PhilHealth member who wishes to avail of benefits.
- Report at once to PhilHealth any fraudulent transaction that you know about.
- Observe and comply with PhilHealth rules and regulations as there are offenses in its Implementing Rules and Regulations

ON PCB 1 PROVIDERS

1. *What kind of health care facility will qualify as Primary Care Benefit (PCB) Provider?*

Any government health facility that has the capacity and human resources to deliver the PCB I shall qualify as Primary Care Benefit (PCB) provider. These include, but are not limited to government-owned health stations/health centers/rural health units (BHS/HCs/RHUs) and Out-Patient departments of government hospitals, including those previously authorized as OPB Providers.

2. *What happens to the current OPB participating health facilities?*

The current OPB participating RHUSs and Health Centers, as well as authorized hospitals, are considered PCB providers for CY 2012 upon submission of duly signed Performance Commitment for PCB Provider.

3. What are the main functions of the PCB Providers?

The PCB Providers shall:

- Seek out and enlist Sponsored Program members and their qualified dependents assigned to their facilities;
- Facilitate the enlisting of Organized Group members and Overseas Workers Program members residing in their locality;
- Render PCB1 Package services needed by the entitled members/dependents assigned to their facilities;
- Establish a baseline health profile of all PCB I-entitled members and qualified dependents which shall be kept and updated at least annually;
- Maintain a record of its PCB I clientele and the services rendered;
- Ensure that PCB I clients with health care needs beyond their service capability are referred to appropriate health facilities;
- Ensure their continuous participation as PCB providers by complying to standards and upgrading their capacity to provide services; and
- Abide by the provisions embodied in the Performance Contract they signed.

4. What if the PCB Provider does not have facilities to provide diagnostic tests among members?

These facilities may forge a Memorandum of Agreement with another health facility under a different management to provide those diagnostic tests that are not available in their own facilities. The MOA between the PCB1 provider and the facility that will provide diagnostic services will include the price for the service that is being contracted. The PCB1 provider shall pay the diagnostic services contracted out from the PFPR.

5. What other services must the PCB 1 provider deliver?

The PCB1 provider must also render obligated services to target clients because these are medically necessary and for the purpose of determining outcome performance as basis for payment.

6. What are these obligated services? Who are eligible for these services and how often are these done?

Among the obligated services are:

Benefits/Services	Target Clients (Principal members)	Frequency
Primary Preventive services		
BP Measurement	Non-hypertensive (18 years old and above)	Once a year
	Hypertensive (with BP \geq 140/90 mmHg)	Once a month
Periodic clinical breast examination	Female, 25 years old and above	Once a year
Visual inspection with acetic acid	Female, 25-55 years old with intact uterus	Once a year

7. What if the member/dependent wants to waive the availment of obligated services?

Patients with religious and cultural barriers may sign a waiver for obligated services like visual acetic acid wash and submit the signed waiver to their PCB Provider. The Provider shall include the number of patients who waived such services when they submit Annex A.4 (Summary of PCB Services provided).

8. How will the PCB Providers be paid?

The PCB Providers shall be paid through a Per Family Payment Rate (PFPR), which shall be computed and released on a quarterly basis. Through appropriate administrative issuances (e.g. local ordinance, Sangguniang Bayan Resolution etc.), the LGU-owned providers shall create/ maintain a trust account per province/city/municipality for the PFPR fund.

9. What documents must a PCB Provider submit to facilitate the release of the PFPR? When and where should these documents be submitted?

For 2012, the facility shall submit an updated list of its enlisted members (soft and hard copy certified correct by the head of health facility), Annex A.2 and Annex A.4 to the nearest LHIO within 15 working days after the end of the quarter for the 3rd and 4th tranches for 2012.

For 2013, the facility shall submit a list of **assigned SP and enlisted OG and OWP** members within 15 working days after the end of the first quarter. For the remaining 3 quarters, the facility shall also submit an **updated list of enlisted members**, Annex A.2 and Annex A.4 to the nearest LHIO, 15 working days after the end of each quarter.

10. How much will the PCB 1 provider be paid for providing the services to members?

PCB1 providers shall be paid a maximum P500.00 for every member assigned to their facility per year for the PCB 1 services and the amount shall be released in four (4) tranches, as follows:

For 2012, the following tranches shall apply based on the type of membership and enrolment mechanism:

Table 2. Maximum Payment of PFPR by type of PCB 1-entitled Members for FY 2012

PCB 1 Entitled Members	1st Tranche	2nd Tranche	3rd Tranche	4th Tranche
NHTS and SP-LGU renewal	125.00	125.00	125.00	125.00
SP LGU new enrollees, Organized Groups and OWP		125.00	125.00	125.00

Note that for the 3rd and 4th tranches, the payment will depend on the number of enlisted members and number of profiled members and dependents. Therefore, the full amount of Php 125 per sponsored program members per tranche may not be given in full.

For 2013, the PFPR will still be paid in quarterly tranches based on enlistment, profiling and accomplishment of obligated services.

11. Are there any incentives offered to PCB Providers who will submit their reports electronically?

For the transition period, a maximum incentive of **One Hundred Pesos (P100) PFPR** per enlisted member shall be released to PCB Providers who will submit reports electronically according to the format prescribed by PhilHealth.

12. How long will it take for PhilHealth to release the PFPR to the PCB1

PhilHealth shall release the quarterly PFPR to PCB providers within 30 days upon receipt of complete reports (i.e. updated masterlist of enlisted members, A.2 and A.4), provided that the reports A.2 and A.4 are submitted on time and in electronic form.

In the event that the PCB Provider submit hard copies of their reports, their PFPR 500 for PCB services will be computed according to their report but they will not get any amount from the PFPR 100 intended for electronic reporting.

13. How shall the PFPR be disposed and allocated?

The PFPR shall be paid to the PCB provider where the entitled members are enlisted. This shall be divided into:

1. Eighty percent (80%) of PFPR shall be spent for the operations of the PCB Provider as stated in the Circular.
2. Twenty percent (20%) shall be used exclusively for the honoraria of the health personnel, non-health personnel, and volunteer health workers such as community health teams and women's health teams who are connected to the PCB provider. Specifically, this is broken down as follows:
 - a. Ten percent (10%) for the physician;
 - b. Five percent (5%) for other health professional staff of the facility; and
 - c. Five percent (5%) for non-health professionals/staff, including volunteers and community members of health teams (e.g., Women's Health Team, Community Health Team)

For details, please contact PhilHealth's Call Center at 4417442

X.