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December 7, 2000

**PHILHEALTH CIRCULAR**

No. 042, s- 2000  
*026*

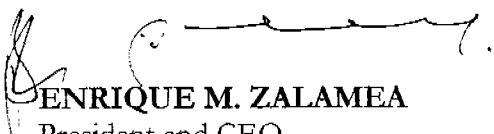
TO : ALL CONCERNED LOCAL GOVERNMENT UNITS (LGUs)  
AND PHILHEALTH-ACCREDITED HEALTH CARE  
PROVIDERS

SUBJECT: Implementing Guidelines for Outpatient Consultation and  
Diagnostic Package under the Medicare Para sa Masa Program

IN pursuit of revolutionary steps to ensure the efficient delivery of health care services to PhilHealth members, the Corporation now includes the first Outpatient Consultation and Diagnostic Package in the National Health Insurance Program. This new package is initially available to indigent members from selected localities. It shall be administered and delivered by local government units (LGUs) through a new provider payment scheme.

Attached herewith is the implementing guidelines for reference to ensure the smooth implementation of the Outpatient Consultation and Diagnostic Package.

Please be guided accordingly.

  
**ENRIQUE M. ZALAMEA**  
President and CEO

/leitcirc-IPG1

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PHILIPPINE  
HEALTH  
INSURANCE  
CORPORATION

# OUTPATIENT CONSULTATION AND DIAGNOSTIC PACKAGE MANUAL

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**THRU THE PHILHEALTH CAPITATION FUND**

*Implementing Guidelines for  
Outpatient Consultation and Diagnostic  
Package*

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## *Chapter I*

# **INTRODUCTION**

### **1.1 PURPOSE AND RATIONALE**

The Philippine Constitution declares that the State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost.

The Constitution likewise declares as a State policy to provide its territorial and political subdivisions genuine and meaningful local autonomy to enable them to attain their fullest development as self-reliant communities and as effective partners in the attainment of national goals. The vesting of duty, responsibility and accountability in local government units (LGUs) shall be accompanied with provision for reasonably adequate resources to effectively carry out their functions.

In pursuit of these constitutional mandates, Congress has mandated the implementation of the Indigent Sector Component of the National Health Insurance Program (NHIP) or the *Medicare para sa Masa*. This priority program envisions to set into motion a meaningful health care financing and delivery mechanism anchored on local government autonomy.

Recognition of this basic conceptual framework in the administration of the Program requires the enhancement of its implementing tools. The Philippine Health Insurance Corporation has therefore resolved to take revolutionary steps in the delivery of health care – *the unification of its regular benefit packages, enhancement in quality assurance and the inclusion in the Medicare Program of the first Outpatient Consultation and Diagnostic Package*. This new package shall be administered and delivered by local governments themselves through a new provider payment scheme – capitation of services to be provided by government health centers or Rural Health Units (RHUs).

The foregoing enhancements are intended to achieve a ten-point result underscoring NHIP's crucial role in the attainment of the Health Sector Reform Agenda (HSRA), to wit:

- Recognition of the role of local government both as a financial intermediary and provider of health service will strengthen LGU-Philhealth partnership;
- Program enhancements on both "preventive and curative health care" will encourage LGU participation and integration of

community, private sector and other government initiatives to the Program, thus ensuring allocation of more funds for NHIP;

- The gatekeeping functions of RHUs will minimize over-utilization of hospital facilities and avoid unnecessary confinements and denial of hospital claims;
- Unification of regular benefits will result to high support value for hospital claims especially for indigent patients;
- Outpatient benefits will ensure high program availments and effective fund utilization;
- Capitation payment schemes will help LGUs upgrade health facilities and services;
- Assured return on investment through capitation will operationalize automatic access by LGUs to national government subsidy;
- Outpatient referral schemes will encourage integration of local health systems;
- Rechannelling of local funds to NHIP will enable PhilHealth to institute possible improvements in drug purchase and management; and
- Enhancements on NHIP's nationwide accreditation and quality assurance system offer maximum portability for in-patient availments and assures compliance to standards by health centers and RHUs.

## 1.2 DEFINITION OF TERMS

**National Health Insurance Program (NHIP)** – refers to the compulsory health insurance program of the government instituted under Republic Act No. 7875 which aims to implement a universal health insurance system and provide universal access to affordable, acceptable, efficient and effective health care services for all citizens of the Philippines. NHIP is alternatively known as the Medicare Program, established under Republic Act 6111.

**Indigent Program or “Medicare para sa Masa”** - refers to the Indigent Sector Component of NHIP. It is the tool by which the State envisions to provide Medicare privileges to the indigent population, as a supplement to its Medicare Program for the employed and individually paying sectors.

**Health Center and/or Rural Health Unit** – refers to the health unit/s or health center/s owned, administered, managed and financed by the local government unit which is either attached to or directly supervised by the City/Municipal Health Office. Health centers and rural health units are used alternatively and interchangeably in this Guidelines.

**Regular In-Patient & Outpatient Package** – refers to the Medicare package covering hospital benefits for room and board, medicines, laboratory and professional fees, including existing outpatient benefits different from those provided by a Rural Health Unit (RHU).

**Outpatient Consultation and Diagnostic Package** – refers to the diagnostic and primary consultation services which shall be included in the Program's benefit package and shall be administered, managed and/or delivered by Rural Health Units (RHUs).

**Capitation** – refers to the scheme or form of paying the RHU for specific services it provides for a particular period which is arrived at based on a predetermined criteria under the condition that any savings from the agreed amount accrues to the benefit of the RHU and that in case of insufficiency thereof, the particular services due to the covered beneficiaries shall be delivered at the cost of the RHU.

**Philippine National Drug Formulary (PNDF)** - refers to the essential drugs list for the Philippines which is prepared by the National Drug Committee of the Department of Health (DOH) in consultation with experts and specialists from organized professional medical societies, the academe and the pharmaceutical industry, and which is updated every year.

**Accredited Hospital** – refers to health care providers defined under Title II, Section 3, Subsection t, paragraph 1 of the Revised Implementing Rules and Regulations of RA 7875, duly licensed by the Department of Health and issued accreditation by the Philippine Health Insurance Corporation to provide regular in-patient and outpatient package.

### 1.3 COVERAGE

For the advanced implementation of the package, coverage shall be limited initially to PhilHealth indigent members of selected localities. Implementation would later be expanded to cover all members of the Indigent Program nationwide.

### 1.4 IMPLEMENTING UNITS

Government owned health centers and/or Rural Health Units (RHUs) shall be the main implementing units and the first line of providers. They shall

be accredited as such based on Philhealth's accreditation guidelines, hereto attached as Annex "A".

Other government facilities may also be accredited as outpatient providers for services allowed for referral, initially for Chest X-ray under Chapter 2, Article 2.4 of this manual, based on a referral system that shall be developed by the Corporation in consultation with LGUs.

## *Chapter II*

# **BASIC POLICIES AND FEATURES**

### **2.1 BENEFIT PACKAGE AND AVAILMENT**

The outpatient consultation and diagnostic benefit package shall cover the following:

- ❖ *Primary consultations with general physicians; and*
- ❖ *Laboratory fees for :*
  - *Chest X-ray*
  - *Complete Blood Count*
  - *Fecalysis*
  - *Urinalysis*
  - *Sputum Microscopy*

These services will be implemented without increase in premium contributions. Additional benefits may be introduced later based on set criteria and in consideration of PhilHealth's financial capability.

Each indigent household shall be assigned by Philhealth to a duly accredited RHU. PhilHealth shall provide a Masterlist of Indigent Members assigned to the RHU. The indigent members of a city/municipality with a single accredited RHU shall be assigned to such RHU. In case there are two (2) or more accredited RHUs owned by the LGU, the Municipal/City Health Office shall be responsible in the assignment of members and the corresponding allocation of funds to the RHUs, under the guidance of PhilHealth.

The indigent members and their dependents are entitled to avail of the package upon presentation of PhilHealth IDs. Outpatient benefits are not portable and may be availed of only in the specific RHU where the indigent member is assigned.

All outpatient benefit package availments must follow PhilHealth's Availment Procedure and Referral System hereto attached as Annex "B".



## 2.2 INSTITUTIONAL ARRANGEMENTS

PhilHealth shall enter into a Memorandum of Agreement (MoA) with the local government unit prescribing specific undertakings required of the parties, as follows:

### ***Undertakings of the Corporation:***

- Release the capitation amount of Three Hundred Pesos (P300) per household per annum to the Rural Health Unit, through the Municipal/City Government, based on the number of enrolled indigent households in the local government unit concerned (e.g. for 2,000 households for Municipality X:  $2,000 \times P\ 300 = P600,000.00$  for one year);
- Monitor and evaluate the implementation of the package, consistent with the objectives of NHIP, in coordination with the City/Municipality; and
- Provide technical and other support services for the implementation and administration of the package.

### ***Undertakings of the Municipality/City:***

- Set-up a PhilHealth Capitation Fund (**PCF**) for the capitation amount released by the Corporation through the passage of an ordinance;
- Oversee and supervise the implementation of the package by its RHU/s;
- Upgrade or enhance the administrative and operational capabilities of its local health facilities to conform with accreditation standards;
- Ensure continued delivery to the Program beneficiaries of the required services enumerated; and
- Submit to the Corporation such reports as may be required for the purpose of monitoring/evaluation, research and program development.

### 2.3 PHILHEALTH CAPITATION FUND

The PhilHealth Capitation Fund (PCF) constituted out of the proceeds of the capitation amount shall be managed by the Municipality/City, through the Municipal/City Health Office, in accordance with the following rules:

- ❖ The capitation amount shall be released on a quarterly basis by the Corporation under the following conditions:
  - The initial release shall be made within the first two weeks of the first month of the applicable calendar quarter, subject to prior accreditation of the Rural Health Unit and the payment of premium contribution; and
  - On the third week of the first month of succeeding calendar quarters upon submission of required reports, subject to prior payment of premiums in case of quarterly mode of premium remittance.
- ❖ The disposition of the PCF shall be governed by the following rules:
  - The disbursement and liquidation of the PCF shall be in accordance with pertinent government accounting and auditing rules and regulations;
  - A separate book of accounts shall be maintained by the local government unit; and
  - Only drugs listed in the Primary Medical Care Drugs of the Philippine National Drug Formulary (PNDF), medical supplies and equipment necessary to carry out the delivery of the required services, referral fees and provision for administrative cost not exceeding twenty percent (20%) of the PCF may be charged to the fund. The twenty percent administrative cost shall be divided among the health personnel of the RHU, fifty percent (50%) of which shall accrue to the physician/s while the remaining fifty percent (50%) to the other health staff.

- ❖ The Corporation may withhold the release of the subsequent quarterly PCFs due to any of the following:
  - Delay or non-payment of premium contribution;
  - Violation of government accounting and auditing rules and regulations on the disbursement and liquidation of the PCF; and
  - Non-submission of the required reports.

## 2.4 REFERRAL SYSTEM

- In case of deficiency in medical equipment or temporary inability by the Rural Health Unit to deliver chest x-ray services, the patient shall be referred to another accredited outpatient health care provider with an x-ray facility. The concerned RHU shall pay the provider the amount of not less than P70.00 for the service. Accredited government hospitals with chest x-ray facilities shall initially be the providers where RHUs may refer their patients.

The RHU physician should accomplish the prescribed PhilHealth Referral Form, sample hereto attached as Annex "C", which shall be presented to the receiving outpatient health care provider. The concerned local government unit must enact PhilHealth's referral system, stipulated in Annex "B" herewith, and its requisite payment scheme through a MoA or any formal working arrangement with the outpatient health care provider.

- If the RHU physician believes the patient needs the services of a specialist or a higher level of care requiring confinement, the latter should be referred to any PhilHealth accredited hospital. In case of admission, the confinement shall be reimbursed by the Corporation as an in-patient claim upon the filing of a PhilHealth Claim Form.

*Chapter III*

**OTHER PROVISIONS**

**3.1 REPORTING, MONITORING AND EVALUATION**

The RHU shall accomplish the prescribed Outpatient Consultation and Diagnostic Benefit Package-Monthly Report Form (OPB Form 1), Patient Treatment Summary and Tally Sheet for OPB Services Rendered, hereto attached as Annexes "D", "E", and "F", respectively. The accomplished OPB Form 1, duly certified by the City/Municipal Health Officer, should be submitted to the Regional Health Insurance Office every 7<sup>th</sup> day of the succeeding month.

A team composed of PhilHealth and LGU representatives shall be formed for the purpose of monitoring and evaluating the Program.

**3.2 TRANSITORY PROVISIONS**

In the event that the Rural Health Unit or health center where indigent members are initially assigned is not accredited to provide the outpatient consultation and diagnostic package based on the set standards for accreditation, the following provisions shall be observed until such time the RHU qualifies for accreditation:

- ❖ **Implementing Unit** – PhilHealth accredited city/municipal/district/provincial hospitals shall be the main implementing units and first line of providers. They shall be authorized by PhilHealth to provide the services under the program on a quarterly basis;
- ❖ **Authorized Hospital, Certificate of Authorization and Authorized Period** - The city/municipal/district/provincial hospital shall be issued a Certificate of Authorization by the Corporation defining the period of authority, the RHU/s or health center/s assigned to them with a complete list of indigent members assigned to the RHU/s;
- ❖ **Assignment of Indigent Members in Non-Accredited RHUs to Authorized Hospitals** – Indigent members assigned to specific RHUs that are not accredited during the calendar quarter shall be temporarily assigned to specific authorized hospitals. This assignment is specific in nature and non-portable (i.e. a member can only avail in the hospital to which he has been specifically assigned);

❖ ***Undertakings of the Corporation***

For the duration of the authorized period, the Corporation shall perform the following undertakings:

- Release the capitation amount to the authorized hospital, through the concerned City/Municipal/Provincial Government, on a quarterly basis. The total amount to be released to the concerned local government managing the authorized hospital shall be equivalent to the capitation to be released to the Rural Health Unit for one (1) calendar quarter, had the same been capable of implementing the OPB;
- Monitor the compliance of the RHUs, within the calendar quarter, to the accreditation standards set forth by the Corporation;
- Monitor the implementation of the package, consistent with the objectives of NHIP, in coordination with the concerned local government unit; and
- Provide technical and other support services for the implementation and administration of the package.

❖ ***Undertakings of the Concerned City/Municipality/Province***

For the duration of the authorized period, the concerned local government unit shall be responsible for the administration of the PCF, subject to the same rules under Chapter II, Article 2.3 of this Guidelines, except on the sharing of the twenty (20%) percent administrative cost. The existing sharing scheme adopted by the authorized hospital for the professional fees from inpatient Medicare claims shall be applied in the distribution of the twenty percent administrative cost.

The concerned local government unit shall likewise perform the enumerated undertakings of the city/municipality under Chapter II, Article 2.2 hereof, including but not limited to the following:

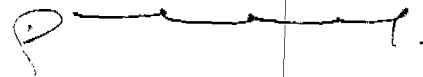
- Passage of an ordinance for the setting up of a PhilHealth Capitation Fund;
- Oversight and supervision of the implementation of the package by its authorized hospitals;
- Ensure continued delivery to the Program beneficiaries of the required services enumerated; and
- Submit to the Corporation such reports as may be required for the purpose of monitoring/evaluation, research and program development.

- ❖ ***Effect of Accreditation of RHU During the Authorized Period*** – Upon determination of the capability of the RHU to deliver the OPB package and upon issuance of a Certificate of Accreditation during the authorized period, which shall take effect on the succeeding quarter, these transitory provisions shall cease to be effective insofar as the said RHU and the indigent members assigned to it are concerned.

The name of the RHU and the accompanying list of indigent members assigned to said RHU shall be removed from the list of RHUs/members covered under the Certificate of Authorization issued to the authorized hospital, effective during the calendar quarter immediately following the accreditation of the RHU. The applicable rules enumerated in other articles shall immediately take effect.

### 3.3 EFFECTIVITY

These Guidelines shall take effect upon the execution of a Memorandum of Agreement with the local government unit for the implementation of the package in its area of jurisdiction subject to PhilHealth Rules and Regulations.



**ENRIQUE M. ZALAMEA**  
President and CEO

# ANNEXES

## GUIDELINES FOR THE ACCREDITATION OF RHUs

Pursuant to Joint Circular no. 01,s.2000 of the Department of Health and the Philippine Health Insurance Corporation the succeeding standards shall be used to assess the infrastructure, equipment, instruments and personnel of the Rural Health Units to determine their capability to render the Out-patient Benefit Package to the members of PhilHealth.

### Standards for Accreditation

#### 1. Service Capability

The RHU should be able to provide medical consultation to a wide range of common diseases for pediatric, internal medicine, general surgery and obstetric cases.

The RHU should be able to provide the following diagnostic services:

- 1.1 Complete Blood Count
- 1.2 Routine Urinalysis
- 1.3 Routine Fecalalysis
- 1.4 Sputum Microscopy
- 1.5 Chest X-ray.

The RHU should identify a PhilHealth accredited center with x-ray services nearest to them.

#### 2. Technical Standards

##### 2.1 General Infrastructure:

- A large and clear sign bearing the name of the RHU with an additional sign indicating it as a "PhilHealth Medicare Para Sa Masa" provider
- Generally clean environment
- Sufficient seating for patients in a well ventilated area
- Adequate lighting
- Adequate water supply
- Covered garbage containers with color-coded segregation
- Examination room with privacy
- Examination table with clean linen
- Cleansing solution for the clinical instruments

##### 2.2 Equipment and Supplies

- Binocular microscope
- Reagents
- Centrifuge
- Glass slides and cover slips
- Test tubes
- Test strip for qualitative analysis for urine
- Applicator stick
- Heparinized test tube
- Capillette
- Blood lancet
- Counting chamber
- WBC diluting fluid
- WBC & RBC diluting pipette
- Sucking tube
- Decontamination solutions
- Thermometer
- Stethoscopes
- Sphygmomanometer with adult and pediatric cuff



- Tape measure
- Weighing scale – adult and infant (Beam and Ming scale)
- Disposable gloves
- Speculums – large and small
- Lubrication jelly
- Disposable needles and syringes
- Sharps containers
- Sterile cotton and swabs
- Covered pan and stove
- Office supplies
- Recording and reporting forms

### 2.3 Clinic Staff

- Physician
- Nurse
- Midwife
- Medical Technologist

### 3. Qualification Standards

The physician should be a licensed medical practitioner and should be able to handle consultations on general medical problems of members of PhilHealth.

The nurse should be licensed and has one (1) year clinical experience in delivering competent clinical care. He/She should also be skilled in record keeping, writing reports, supervising the midwives and in managing the supplies of the RHU.

The midwife should be registered and licensed to deliver competent clinical care. He/She should also be proficient in record keeping and in operating the RHU's receiving area.

The medical technologist should be registered and licensed to perform routine laboratory procedures and has undergone training in sputum microscopy. In case he/she is not trained in sputum microscopy, the midwife or any RHU staff should have undergone the required training.

Accreditation of the health personnel is not required but they should be members of the National Health Insurance program.

### 4. Quality Assurance Activities

The RHU should have quality assurance activities to ensure quality care given to the members of PhilHealth. These activities include training, updates and feedback from members of PhilHealth.

#### **Accreditation Process**

- 4.1. The RHU to be accredited should submit an application form to the Regional Health Insurance Office.
- 4.2. The Accreditation Division of the Regional Health Insurance Office will conduct inspection of the RHU.
- 4.3. The accreditation fee of P500 will be paid annually. Mode of payment can either be through the Postal Money order payable only to the **Philippine Health Insurance Corporation** or cash paid directly to the cashier. Accreditation fee is non-refundable.
- 4.4. The validity period of accreditation is good for one year.
- 4.5. The accreditation is renewable on the anniversary date.
- 4.6. The application forms and inspection report shall be immediately forwarded to the Accreditation Department, Central Office for deliberation and approval by the Accreditation Committee.
- 4.7. Once approved certificate of accreditation will be given to the RHU.

# AVAILMENT PROCEDURE and REFERRAL SYSTEM

PhilHealth  
member/dependent

\* Presents PhilHealth ID card

MIDWIFE

\* Verifies if the indigent is in the list  
\* Gives the family card  
\* Finds the family envelope  
\* Records the member's chief complaint and vitals signs in the clinical record

\* For follow-up/continuation of management, e.g. dressing of wound, continuation of injection

PHYSICIAN

\* With chest x-ray result

\* Examines and evaluates the patient

\* Laboratory procedure is not needed  
\* Needs referral  
\* Prescribes the indicated medicines

\* Diagnostic procedure is needed  
\* Fill up request form

\* Registers the patient in the laboratory logbook  
\* Performs the indicated procedure  
\* Gives result to the physician

NURSE/MIDWIFE

MEDICAL  
TECHNOLOGIST

\* Fill up referral slip

\* Not for referral  
\* Gives relevant home teachings  
\* Registers the indigent in the Patient Treatment Summary

HOME

For further evaluation  
and management

For chest x-ray

PhilHealth  
Accredited/  
Authorized  
Government  
facilities with x-ray  
services

PhilHealth  
Accredited  
Hospitals

ADMITTED  
(PhilHealth  
In-Patient  
Package)

HOME

HOME

Legend:

———— benefit is within the OPBP

- - - - - benefit is available but not within the OPBP

**CHEST X-RAY REFERRAL SLIP**

Rural Health Unit \_\_\_\_\_  
Municipality/City of \_\_\_\_\_  
Province of \_\_\_\_\_

Date: \_\_\_\_\_

Referred to Hospital: \_\_\_\_\_  
Physician: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Last First Middle

Member PhilHealth ID No: \_\_\_\_\_ Sex:  Male  Female  
 Qualified Dependent: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
(relationship to member) Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Clinical Abstract (w/ pertinent P.E.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_  
RHU PHYSICIAN  
Signature over Printed Name

**(FOR CHEST X-RAY REFERRALS ONLY)**

**RETURN SLIP**

Hospital \_\_\_\_\_  
Address \_\_\_\_\_

Date: \_\_\_\_\_ X-ray Control No/OR No.: \_\_\_\_\_  
Cost: \_\_\_\_\_

Attention: \_\_\_\_\_  
Physician/RHU Unit

Patient Name: \_\_\_\_\_  
Last First Middle

Member PhilHealth ID No: \_\_\_\_\_  
 Qualified Dependent: \_\_\_\_\_  
(relationship to member)

Chest X-ray:  
 Done (please attach X-ray result)  
 Not Done Reason: \_\_\_\_\_

**PhilHealth  
OPB Form 1**

This form may be reproduced and is NOT FOR SALE

Republic of the Philippines  
Philippine Health Insurance Corporation  
*"Medicare para sa Masa"*

**OUTPATIENT CONSULTATION AND DIAGNOSTIC PACKAGE  
MONTHLY REPORT FORM**

Part I. RHU/Hospital Data			
1. Month & Year	2. RHU/Hospital Accre. No.	3. RHU/Hospital Name	4. Municipality/City and Province
Part II. Patient Treatment Summary			
5. Number of Patients seen	_____		
6. Number of Procedures done	_____		
a. CBC	_____		
b. Urinalysis	_____		
c. Fecalalysis	_____		
d. Sputum Microscopy	_____		
7. Total Number of Patients referred for Chest X-ray	_____		
Part III. Morbidity Summary			
8. Top ten diagnoses (ranked according to incidence) and their corresponding incidence frequencies			
	Morbidity	Incidence Frequency	
1	_____	_____	
2	_____	_____	
3	_____	_____	
4	_____	_____	
5	_____	_____	
6	_____	_____	
7	_____	_____	
8	_____	_____	
9	_____	_____	
10	_____	_____	
Part IV. Certification			
9. Nurse's or Midwife's/Hospital Clerk's Certification:			
I certify that the foregoing information are true and correct			
_____		_____	
Printed name and signature of Nurse or Midwife/Hospital Clerk		Date	
10. RHU/Physician's/Hospital Chief's Certification:			
I certify that the foregoing information are true and correct			
_____		_____	
Printed name and signature of Rural Health Physician/Hospital Chief		Date	



**LOGBOOK**

Date Covered: \_\_\_\_\_

**TALLY SHEET FOR OPB SERVICES RENDERED**

Date	CBC		Urinalysis	Fecalalysis	Sputum Microscopy	No. of Cases Referred		Total
		Platelet Count				For Chest X-ray	For Further Evaluation of Management	
<b>Total</b>	<b>(CBC &amp; CBC with platelet)</b>							

Prepared by: \_\_\_\_\_  
Nurse/Midwife

Noted: \_\_\_\_\_  
Municipal Health Officer