



*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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**PHILHEALTH CIRCULAR**

No. 13, series of 2007

**TO : DEPARTMENT OF HEALTH (DOH), PHILHEALTH ACCREDITED DOH-HOSPITALS, PHILHEALTH REGIONAL OFFICES, OVERSEAS WORKERS PROGRAM (OWP) MEMBERS AND ALL OTHERS CONCERNED**

**SUBJECT : PhilHealth's Enhanced Outpatient Benefit (OPB) Package for Overseas Workers Program Members**

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Pursuant to PhilHealth Board Resolution No. 992 s. 2007 and in order to continuously provide access to outpatient services to Overseas Workers Program (OWP) members and dependents, PhilHealth shall implement an Enhanced Outpatient Benefit (OPB) Package.

The Enhanced OPB is composed of consultations, diagnostics, promotive/preventive and curative services. It shall be granted to eligible OWP members and their dependents. Guidelines to avail of such benefit are hereby enumerated:

1. The OPB for OWP shall be administered and managed by the Department of Health (DOH) National Center for Health Facility Development NCHFD);
2. The benefits provided in the package may be availed in identified participating DOH hospitals (*See Annex A for the list of participating DOH Hospitals*).
3. This package is separate from the existing PhilHealth benefit such as: TB DOTS, Maternity Package, Outpatient Day Surgeries & Procedures, Dialysis, and In-patient Care.
4. The following are the services included in the Enhanced OWP OPB Package to be provided by participating DOH hospitals at no additional cost to the patient/members (zero co-pay):

4.1 Consultation

4.2 Diagnostic Services

- |                                  |                                                         |
|----------------------------------|---------------------------------------------------------|
| 4.2.1 Complete blood count (CBC) | 4.2.11 Potassium hydroxide (KOH)                        |
| 4.2.2 Routine urinalysis         | 4.2.12 Erythrocyte sedimentation rate (ESR)             |
| 4.2.3 Fecalysis                  | 4.2.13 Pregnancy test                                   |
| 4.2.4 Fasting blood sugar        | 4.2.14 X-ray (Skull, Chest Lower and Upper Extremities) |
| 4.2.5 Blood typing               | 4.2.15 Sputum microscopy                                |
| 4.2.6 Hemoglobin/Hematocrit      | 4.2.16 Pap smear                                        |
| 4.2.7 Electrocardiogram (ECG)    |                                                         |

- 4.2.8 Anti-streptolysin O (ASO-Titer)
- 4.2.9 Hepatitis B Screening Test
- 4.2.10 Treponema pallidum hemagglutination assay (TPHA)

#### 4.3 Promotive/Preventive Health Services

- 4.3.1 Visual acetic acid screening for cervical cancer
- 4.3.2 Periodic digital rectal examination
- 4.3.3 Periodic clinical breast examination (CBE)
- 4.3.4 Counseling for cessation on smoking
- 4.3.5 Lifestyle modification (regular blood pressure measurement and nutritional or dietary counseling)
- 4.3.6 Counseling for reproductive health particularly breastfeeding
- 4.3.7 Nutritional or dietary counseling

#### 4.4 Visual acuity examination

#### 4.5 Psychological evaluation and debriefing

#### 4.6 Auditory evaluation

#### 4.7 Treatment for the following diseases based on PhilHealth-adopted clinical practice guidelines (CPG) (*Annex B*)

- 4.7.1 Urinary tract infection (UTI)
- 4.7.2 Upper respiratory tract infection (URTI)
- 4.7.3 Acute gastroenteritis (AGE)

5. PhilHealth shall use the global budget scheme in the payment for the delivery of Enhanced OWP OPB services. The amount of Php 6M for 2007 shall be allocated as global budget for this package and adopt zero co-pay system (no out of pocket payment) in the availment of the package. Succeeding allocations shall be subject to the approval of the PhilHealth Board.

The amount shall be released to the DOH National Center for Health Facility Development (NCHFD), which shall allocate the same to participating DOH hospitals. The DOH NCHFD shall develop guidelines in the disposition of the Global Budget subject to the usual accounting and auditing rules and regulations. The savings from said amount shall accrue to the benefit of the accredited/authorized health care providers. However, in case of insufficiencies, the particular services due to the concerned beneficiaries shall be delivered at the cost of the accredited health facility.

6. All eligible OWP members and their dependents may avail of this Package. The availment of this package shall not be deducted from the 45-day benefit limit of members and dependents.

#### 7. Availment Mechanism

- 7.1 To avail of the Enhanced OWP OPB Package the member/dependent must present the following to the receiving clerk of the hospital:

- 7.1.1 Photocopy of Member Data Record (MDR)
- 7.1.2 In the absence of MDR, submit Proof of Contribution (MEC or PhilHealth Official Receipts or E-Receipt) and proof of dependency (in case of dependents)
- 7.2 The hospital shall verify the validity of the document(s) presented and check if the patient is listed as dependent of the member;
- 7.3 Availlee shall proceed to the doctor for consultation;
- 7.4 The hospital shall document the availment using the PhilHealth-prescribed form(s) (*Annex C*)
- 8. To provide the Corporation with basis for evaluating the program and serve as inputs in making policy decisions, the participating DOH hospitals shall submit quarterly reports on the availment of this package and financial report on the utilization of the budget to the Health Informatics of the Quality Assurance Research and Policy Development Group on or before the 10th day of the first month of the succeeding calendar quarter following the date of the initial implementation of this package.
- 9. In case of non-availability of the services in the participating DOH hospitals, a referral system shall be established to ensure the provision of services to availing members. However, costs of the services rendered shall be borne by the referring hospital.
- 10. All DOH hospitals currently accredited by PhilHealth that shall participate in the delivery of this benefit package shall not be required a separate accreditation.
- 11. A Memorandum of Agreement shall be forged between the DOH and PHIC for the implementation of this Circular.
- 12. All other issuances inconsistent with this Circular are hereby repealed, amended or modified accordingly.

This circular shall take effect on July 1, 2007.

For a complete list of annexes, visit [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

**(Sgd.) LORNA O. FAJARDO**  
Acting President and CEO

**LIST OF DOH HOSPITALS  
FOR PHIC OPB for OWP**

<b>REGION</b>	<b>NAME OF HOSPITAL</b>	<b>CATEGORY</b>	<b>LOCATION</b>
<b>NCR</b>	Jose R. Reyes Memorial Medical Center	Tertiary Care	Rizal Ave., Sta. Cruz, Manila
	San Lazaro Hospital	Tertiary Care	Quirricada St. Sta. Cruz, Manila
	Tondo Medical Center	Tertiary Care	Balut, Tondo, Manila
	Dr. Jose Fabella Memorial Hospital	Tertiary Care	Lope de Vega, Sta. Cruz, Manila
	East Avenue Medical Center	Tertiary Care	East Ave., Quezon City
	Quirino Memorial Medical Center	Tertiary Care	Proj. 4, Quezon City
	Phil. Orthopedic Center	Tertiary Care	Banawe, Quezon City
	National Children's Hospital	Tertiary Care	E. Rodriguez, Sr. Ave., Quezon City
	National Center for Mental Health	Tertiary Care	Nueve de Febrero St., Mandaluyong City
	Amang Rodriquez Medical Center	Tertiary Care	Marikina City
	Rizal Medical Center	Tertiary Care	Pasig City
	Valenzuela General Hospital	Tertiary Care	Valenzuela City
	Research Institute for Tropical Medicine	Tertiary Care	Alabang, Muntinlupa City
	Las Piñas General Hospital Satellite Trauma Center	Secondary Care	Las Piñas City
<b>I</b>	Region 1 Medical Center	Tertiary Care	Dagupan, Pangasinan
	Ilocos Training Regional Medical Center	Tertiary Care	San Fernando, La Union
	Mariano Marcos Memorial Medical Center	Tertiary Care	Batac, Ilocos Norte

<b>REGION</b>	<b>NAME OF HOSPITAL</b>	<b>CATEGORY</b>	<b>LOCATION</b>
<b>II</b>	Cagayan Valley Medical Center	Tertiary Care	Tuguegarao City, Cagayan Valley
	Veterans Regional Hospital	Tertiary Care	Bayombong, Nueva Vizcaya
	Southern Isabela General Hospital	Secondary Care	Santiago City, Isabela
<b>III</b>	Paulino J. Garcia Memorial Research & Medical Center	Tertiary Care	Cabanatuan City, Nueva Ecija
	Jose B. Lingad Memorial Regional Hospital	Tertiary Care	San Fernando, Pampanga
	Bataan Provincial Hospital	Tertiary Care	Balanga, Bataan
<b>IV</b>	Batangas Regional Hospital	Tertiary Care	Batangas City
	Ospital Ng Palawan	Secondary Care	Puerto Princesa City, Palawan
<b>V</b>	Bicol Regional Training & Teaching Hospital	Tertiary Care	Legazpi City
	Bicol Medical Center	Tertiary Care	Naga City
<b>VI</b>	Western Visayas Medical Center	Tertiary Care	Iloilo City
	Corazon Locsin Montelibano Memorial Hospital	Tertiary Care	Bacolod City
<b>VII</b>	Vicente Sotto Memorial Medical Center	Tertiary Care	Cebu City
	Gov. Celestino Gallares Memorial Hospital	Tertiary Care	Tagbilaran City, Bohol
	St. Anthony Mother and Child Hospital	Secondary Care	Basak, San Nicolas, Cebu City
<b>VIII</b>	Eastern Visayas Regional Medical Center	Tertiary Care	Tacloban City
<b>IX</b>	Zamboanga City Medical Center	Tertiary Care	Zamboanga City

<b>REGION</b>	<b>NAME OF HOSPITAL</b>	<b>CATEGORY</b>	<b>LOCATION</b>
<b>X</b>	Northern Mindanao Medical Center	Tertiary Care	Cagayan de Oro City
	Mayor Hilarion A. Ramiro Memorial Regional Training & Teaching Hospital	Tertiary Care	Ozamis City
	Amai Pakpak Medical Center	Secondary Care	Marawi City
<b>XI</b>	Davao Medical Center	Tertiary Care	Davao City
	Davao Regional Hospital	Tertiary Care	Tagum City
<b>XII</b>	Cotabato Regional & Medical Center	Tertiary Care	Cotabato City
<b>CAR</b>	Baguio General Hospital and Medical Center	Tertiary Care	Baguio City
<b>CARAGA</b>	Caraga Regional Hospital	Secondary	Surigao City

## CPG RECOMMENDED DRUGS THAT CAN BE USED FOR OUT-PATIENT CARE

### A. ACUTE GASTROENTERITIS

1. For dehydration:  
Oral Rehydration Solution
2. Zinc at a dose of 10-20 mg/day may be given for 10-14 days to all children with diarrhea.
3. For malnourished children or children who develop diarrhea during or shortly after measles, give oral vitamin A at the following doses:

	< 6 mos	6-12 mos	12 mos – 5 yrs
First day	200,000 units/dose	200,000 units/dose	200,000 units/dose
Second day	50, 000 units	100,000 units	200,000 units/dose

4. Antibiotics of choice for different causes of AGE in Adults

Cause	Antibiotic(s) of choice	Alternative Antibiotic(s)
Cholera	Doxycycline 300 mg once  Tetracycline 500 mg 4 times daily for 3 days	Erythromycin 250 mg 4 times daily for 3 days
Shigella dysentery	Ciprofloxacin 500 mg twice daily for 3 days	
Amoebiasis	Metronidazole 750 mg 3 times daily for 5 days (10 days for severe disease)	
Giardiasis	Metronidazole 250 mg 3 times daily for 5 days	

5. Antibiotics of choice for different causes of AGE in Children

Cause	Antibiotic(s) of choice	Alternative(s)
Cholera	Tetracycline 12.5 mg/kg 4 times daily for 3 days	Erythromycin 12.5 mg/kg 4 times daily for 3 days
Shigella dysentery	Ciprofloxacin 15 mg/kg 2 times daily for 3 days	Ceftriaxone 50-100 mg/kg once a day IM for 2 to 5 days
Amoebiasis	Metronidazole 10 mg/kg 3 times daily for 5 days (10 days for severe disease)	
Giardiasis	Metronidazole 5 mg/kg 3 times daily for 5 days	

### B. URINARY TRACT INFECTIONS

1. Empiric treatment regimens for uncomplicated acute pyelonephritis (adapted from PSMID guideline, 2004, Grade A)

Oral antibiotics	Dose, Frequency
Ofloxacin	400 mg BID
Ciprofloxacin	500 mg BID
Gatifloxacin	400 mg OD
Cefixime	400 mg OD
Cefuroxime	500 mg BID
Co-amoxiclav	625 mg TID

2. Antibiotics that may be used as empiric therapy for complicated UTI (adapted from PSMID guideline, 2004, Grade B)

Oral antibiotics	Dose, Frequency	Duration
Ciprofloxacin	250-500 mg BID	14 days
Norfloxacin	400 mg BID	14 days
Ofloxacin	200 mg BID	14 days

### C. UPPER RESPIRATORY TRACT INFECTION

1. The primary treatment for acute bacterial rhinosinusitis is antibiotics. [Philippine Society of Otolaryngology – Head and Neck Surgery (PSO-HNS), 2006, Grade A]

Recommended Antimicrobial for Adults with Acute Bacterial Rhinosinusitis (PSO-HNS 2006)

<b>First-line antimicrobials</b>	Amoxicillin
<b>Alternatives if patient is <math>\beta</math>-lactam allergic</b>	TMP-SMX Erythromycin

2. Paracetamol or Ibuprofen is effective in treatment (in the first 48 hours) of fever associated with sore throat (PSO-HNS 2006, Grade A)
3. Penicillin is the drug of choice for the treatment of streptococcal pharyngitis. The antibiotic has proven efficacy and safety, a narrow spectrum of activity and low cost (PSO-HNS 2006, Grade A).

Drug	Pediatric Dose	Adult Dose
Amoxicillin	50 mg/kg/day in 3 divided doses	250-500 mg capsule every 8 hours
Penicillin V	50-100 mg/kg/day in 3-4 divided doses	1-4 g/day in 3-4 divided doses
Benzathine Penicillin G*	100,000 – 250,000 units/kg/day in 4-6 divided doses IM	600,000-1.2 M units IM

\*preferred for those patients unlikely to complete full 10 day course of oral therapy

4. Erythromycin (Pediatric dose: 30-50 mg/kg/day in 4 divided doses, Adult dose: 1-2 g/day in 4 divided doses) is a suitable alternative for patients allergic to penicillin who manifest hypersensitivity to beta lactam antibiotics (PSO-HNS 2006, Grade C).