



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph



PHILHEALTH CIRCULAR

NO. 0008 S. 2013

TO : *Long*
PhilHealth Central and Regional Offices, DOH-ARMM,
Participating PCB Providers in ARMM, and all other Concerned

SUBJECT : Release of Per Family Payment (PFP) for Primary Care Benefit 1 (PCB1) Services in the Autonomous Region of Muslim Mindanao (ARMM)

I. RATIONALE

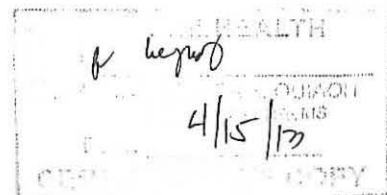
The Aquino Health Agenda aspires to achieve universal coverage by ensuring financial risk protection through the National Health Insurance Program (NHIP), improving access to quality health services in upgraded and improved health facilities and achieving the Millennium Development Goal (MDG) targets. As a key benefit to ensure universal coverage, the Corporation has expanded its outpatient benefit through the Primary Care Benefit 1 (PCB1), which aims to expand the primary care services, promote utilization of this benefit, clarify the payment for health care providers and support electronic submission of reports.

The management of Rural Health Units/Health Centers (RHUs/HCs) are devolved to cities and municipalities where they are located. However, in ARMM, these health facilities are under the supervision of Department of Health of ARMM. This means that the health personnel and logistics management are under the ARMM Regional Government (ARG) and not under the local government unit. This is consistent with the mandate of the ARG as provided in Section 11 Article III of Republic Act 6734, otherwise known as An Act Providing for an Organic Act for the Autonomous Region in Muslim Mindanao.

Considering the uniqueness of local health system in ARMM, specific guidelines to pay the health care providers who are participating in the NHIP must be issued.

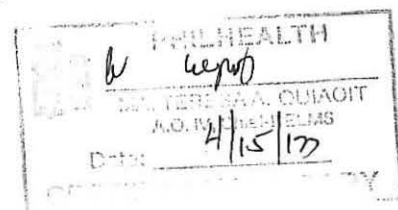
II. OBJECTIVES

This Circular aims to provide guidelines on the release of Per Family Payment (PFP), establish the mechanism to ensure that medicines, diagnostics and other inputs to care are available in PCB1 providers in ARMM and to facilitate the release of professional fees due to health personnel.



III. GENERAL GUIDELINES

1. PCB1 providers in ARMM shall be paid accordingly through Per Family Payment for every entitled PhilHealth family assigned in the facility.
2. Existing guidelines to calculate the PFP and the frequency of its release shall apply.
3. Consistent with PhilHealth Circular Nos. 10, 27 and 42 s. 2012, the Per Family Payment for ARMM shall be disposed and allocated as follows:
 - a. Minimum of forty percent (40%) for drugs and medicines that will be dispensed at the health facility, including drugs and medicines for asthma, acute gastroenteritis, urinary tract infection and pneumonia.
 - b. Maximum of forty percent (40%) for reagents, medical supplies, equipment, information technology, training for health personnel, infrastructure or any other inputs necessary for the delivery PCB1 services, including referral fees for diagnostic services that are not available in the facility
 - c. Twenty percent (20%) for professional fees of health personnel in the PCB facility (50% for physicians, 25% for other health professionals and 25% for non- professional staff and volunteer health workers (like Community Health Team, Women's Health Team, etc).
4. The DOH-ARMM shall maintain a trust fund for PhilHealth payments received for the services rendered by the PCB providers within its jurisdiction. Sub-ledgers shall be maintained for every PCB1 facility. This office shall act as a conduit in the transfer of funds from PhilHealth to the respective PCB1 providers.
5. A fixed rate, as determined by DOH ARMM of the released PFP, shall be allotted to the DOH-ARMM for the personnel responsible of processing the funds for the use of the respective RHUs (1 per province (5) + 1 regional coordinator). This shall be charged to Section III. item 3.b as mentioned above. The same personnel shall monitor the prompt delivery of drugs, equipment and supplies to the PCB1 provider, collection and submission of PCB reports to LHIOs as well as capacity building for full implementation of the PCB1.
6. PhilHealth Regional Office (PRO) ARMM shall join the monitoring activities of the DOH ARMM.
7. PCB1 providers shall be responsible for the procurement of items and services related to the maintenance and operational cost of health services, see Section III, items 3.a and 3.b. When PCB1 providers do not perform this duty, DOH ARMM may revoke this responsibility and may delegate it to either the respective District Health Office or the Integrated Provincial Health Office (IPHIO).
8. PhilHealth shall issue two checks for each PCB1 facility, one for the maintenance and operational cost of health services (see Section III, items 3.a and 3.b) and another for the professional fees of the PCB1 health personnel (see Section III, 3.c). Both checks shall be deposited in the DOH-ARMM trust fund for PhilHealth payments.



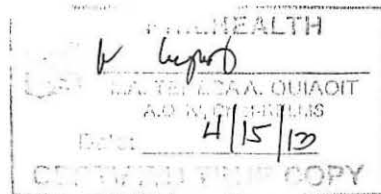
9. DOH ARMM shall issue official receipts for each check released to the concerned PCB1 provider.

IV. PROCEDURE FOR THE RELEASE OF PER FAMILY PAYMENT

1. To facilitate the release of PFP, the DOH-ARMM shall request the change of name of all PCB providers in the region in the PhilHealth Accreditation database. Such request is supported with a DOH-ARMM issuance that creates the trust funds for PhilHealth payments in each ARMM province and a commitment letter to dispose and allocate PFP according to PCB1 guidelines. The new name shall include the name of PCB1 provider and the province where it is located/DOH-ARMM.

Example: Balindong RHU, Lanao del Sur/DOH-ARMM

2. Upon the submission of requirements for the applicable quarter, PhilHealth Regional Office (PRO)-ARMM shall issue two checks:
 - i. The first check should be "Pay to (name of facility/DOH ARMM) for PCB services"
 - ii. The second check should be "Pay to (name of facility/DOH ARMM) for PCB professional fees"
3. PRO-ARMM shall also issue a Per Family Payment Notice (PFPN) to the DOH-ARMM, detailing the PFP for each PCB Facility. A copy of this PFPN shall be sent by email to CHO/MHO/Chief of Hospital that provides PCB1 services.
4. The City/Municipal Health Officer/Chief of Hospital shall be responsible in distributing the professional fees among the PCB1 health providers according to the disposition guidelines.
5. Pursuant to PhilHealth Circular No. 24, S-2005, the DOH-ARMM shall submit an official receipt/s within thirty (30) days from date of receipt of check/s for PFP, for both PCB services and professional fee.
6. In the event that DOH-ARMM fails to issue the official receipt for PFP within thirty days (30) from the receipt of the PFP, PRO ARMM shall suspend the release of PFP for the succeeding quarter.
7. PRO ARMM shall monitor the issuance of DOH-ARMM of official receipt/s, as well as the availability of drugs, medicines and other supplies in the PCB facilities and the training of PCB providers as planned, in collaboration by the RHU/HC and the concerned DOH-ARMM.



V. REPEALING CLAUSE

All other existing issuances inconsistent with this circular are hereby repealed and/or amended accordingly.

VI. EFFECTIVITY

This shall circular shall take effect immediately and shall be published in the official gazette or any newspaper of general circulation.



DR. ENRIQUE T. ONA
Sec. of Health/Chairman of the Board
OIC-President & CEO

Date signed: 4/12/17

