



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 0010, s-2013

Summary

TO : ALL ENGAGED/ACCREDITED PRIMARY CARE BENEFIT 1 (PCB1) PROVIDERS, PHILHEALTH MEMBERS AND PERSONNEL, DEPARTMENT OF EDUCATION PERSONNEL AND ALL OTHERS CONCERNED

SUBJECT : EXPANSION OF PRIMARY CARE BENEFIT 1 (PCB1) PACKAGE TO COVER PERSONNEL OF THE DEPARTMENT OF EDUCATION (DepEd)

I. RATIONALE

In support to the Aquino Health Agenda (also known as Kalusugan Pangkalahatan) to provide universal health care for all Filipinos and pursuant to PhilHealth Board Resolution No. 1587 s. 2012¹ approving the Universal Health Care (UHC) Primary Care Benefit 1 (PCB1) Package as the new PhilHealth outpatient benefit, initially for Sponsored and Organized groups members, PhilHealth endeavors to expand the PCB1 package to the employed sector. As a pilot test, the Corporation aims to expand the provision of this package to the personnel of the Department of Education.

The Department of Education requires its teaching and non-teaching staff to undergo annual health check up. PhilHealth sees this as an opportunity to support the health services of those who take care of schoolchildren. Knowledge gained from this pilot test shall be the basis in rolling out the outpatient benefit to all employed members of PhilHealth, thereby strengthening the gate keeping capacity of outpatient facilities in the country. Moreover, the health data derived from the initial implementation of PCB1 among the teaching and non-teaching employees of the DepEd may serve as basis for development of special benefit packages.

II. OBJECTIVE

This Circular aims to provide guidelines on the pilot expansion of the PCB1 to the employed sector through the Department of Education (DepEd).

III. COVERAGE

The pilot-testing shall cover ALL employees of the DepEd. The preferred PCB1 package providers shall be identified by DepEd from the currently accredited/engaged PCB1 providers as well as engaged DepEd health clinics.

¹ PBR 1587 s 2012 provides for the roll-out of PCB 1 to all PhilHealth members.



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IV. GENERAL GUIDELINES

1. DepEd shall ensure that each of its employees has a PhilHealth Identification Number (PIN). In case this is not available, DepEd shall coordinate with the appropriate PhilHealth office to generate a valid PIN.
2. DepEd shall identify the service providers for their employees from the currently accredited/engaged PCB1 providers nearest to their workplace. PCB 1 providers include the outpatient departments of government hospitals and rural health units/health centers with laboratory services. DepEd may also assess which among their current health clinics can qualify as PCB1 providers and have these engaged with PhilHealth. Standards for Engagement/Accreditation are stated in Philhealth Circular 10 s. 2012 and the guidelines for engagement of health facilities are stipulated in PhilHealth Circular 54 s. 2012.
3. DepEd shall assign their personnel in their respective PCB1 providers. The list of assigned personnel per PCB1 provider shall be endorsed by DepEd to Philhealth and shall serve as the official master list.
4. PhilHealth shall provide each identified PCB1 provider a masterlist of assigned DepEd personnel.
5. DepEd personnel shall enlist themselves to the assigned PCB 1 provider. Enlistment to the facility is signaled by the member signing of the master list. In case a DepEd personnel is not included in the master list of the PCB1 provider, he/she shall present his/her updated DepEd ID to enlist in the PCB1 provider.
6. PCB1 package is a non-portable benefit. DepEd employees are encouraged to choose their PCB1 provider according to their personal and family needs and living arrangements.
7. PCB 1 providers shall establish and maintain an individual health profile of the employees and their dependents at least once a year. The individual health profile shall be summarized using PCB Clientele Health Profile (PhilHealth Circ. 10 s. 2012 Annex A2).

V. SERVICE PROVISION

A. Individual Health Profile (Annex A1)

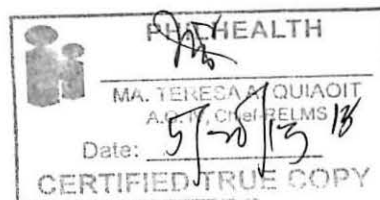
The PCB1 provider shall assess the general health status of the DepEd member and dependents using the individual health profile form (Annex A1), or its equivalent. The profile includes demographic data, past medical history, personal/social history, immunizations, reproductive health history and pertinent physical examination findings. The individual health profile shall be updated annually.

The PCB1 Provider may use any similar form that is currently used by the health facility provided that the information it contains can be summarized into the PCB Clientele Health Profile (PhilHealth Circ. 10 s. 2012 Annex A2).

- B. The following are PCB1 services and these shall be provided as recommended by the PCB1 physician.

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. Counseling for lifestyle modification
7. Counseling for smoking cessation
8. Body measurements
9. Digital rectal examination

Diagnostic Examinations

1. Complete blood count
2. Urinalysis
3. Fecalalysis
4. Sputum microscopy
5. Fasting blood sugar
6. Lipid profile
7. Chest x-ray

Drugs and Medicine

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)

C. Obligated Services

A set of minimum obligated services shall be provided by the PCB1 provider to members and their qualified dependents.

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

The PCB1 provider should exhaust all efforts in convincing the patients of the relevance of doing the above-mentioned services. However, members and dependents with religious and cultural barriers or with personal reservations may sign a waiver not to avail of the obligated services. This shall not compromise the performance of the PCB1 provider in delivering the obligated services and shall not affect their payment.

VI. Payment for Services of the PCB1 Provider

The PCB1 provider shall be paid a Per Family Payment (PFP) Rate of P500.00 annually for each DepEd employee enrolled, enlisted and profiled, in accordance with the set guidelines stated in PhilHealth Circulars 10 s. 2012 and 7 s. 2013.



VII. Monitoring and Evaluation

PhilHealth and the DepEd shall monitor and evaluate implementation of the PCB1 for DepEd personnel and act on identified issues concerning implementation of policy issuances, rules and guidelines that may require coordination with other national and regional government agencies.

VIII. EFFECTIVITY

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

IX. ANNEX

PCB Form A1. Individual Health Profile



Enrique T. Ona, MD
Sec. of Health/Chairman of the Board
OIC, President & CEO

Date Signed: 5/17/13



PHILIPPINE HEALTH INSURANCE CORPORATION



(Name of PCB Provider)



INDIVIDUAL HEALTH PROFILE

Print legibly. Mark appropriate boxes ☐ with "✓".

PIN:

[illegible]

Patient Name:

Patient Name:			
(Last Name)	(First Name)	(Middle Name)	(Extension: Sr., Jr., etc.)

Note: If this is a follow-up consult or 2nd visit, please indicate if there are any changes in the Basic Demographic Data. Updating of this Individual Health Profile must be done before the fiscal year ends, to include review of consultation records (Annex A.3) Indicate the date when the new data has been entered. Please use additional page when necessary.

Address:

Age: ☐ 0 – 1 year ☐ 2 – 5 years ☐ 6 – 15 years ☐ 16 – 24 years ☐ 25 – 59 years ☐ 60 years and above

Birthdate:

On date:	/	/			
(mm/dd/yyyy)					

Sex:

☐ Female

Religion:

11. **Answer: A**—The passage states that the "most common" type of "infectious disease" is "bacterial." The passage also states that "bacteria" are "microscopic organisms." Therefore, the most common type of infectious disease is caused by microscopic organisms.

Civil Status:

PHIC Membership:

Type of Membership

<input type="checkbox"/> Member	<input type="checkbox"/> Sponsored	<input type="checkbox"/> Individually Paying Program (IPP)	<input type="checkbox"/> Employed	<input type="checkbox"/> Lifetime
<input type="checkbox"/> Dependent	<input type="checkbox"/> NHTS <input type="checkbox"/> LGU	<input type="checkbox"/> Organized Group	<input type="checkbox"/> Government	
<input type="checkbox"/> Non-Member	<input type="checkbox"/> NGA <input type="checkbox"/> Private	<input type="checkbox"/> OFW	<input type="checkbox"/> Private	

Occupation:

Highest Completed Educational Attainment:

☐ College degree, post graduate ☐ High School ☐ Elementary ☐ Vocational ☐ No Schooling

Past Medical History:

<input type="checkbox"/> Allergy, specify _____	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy/Seizure disorder	<input type="checkbox"/> Thyroid disease
<input type="checkbox"/> Cancer, specify organ _____	<input type="checkbox"/> Hepatitis, specify type _____	<input type="checkbox"/> Tuberculosis, specify organ _____
<input type="checkbox"/> Cerebrovascular disease	<input type="checkbox"/> Hyperlipidemia	If PTB, what category? _____
<input type="checkbox"/> Coronary artery disease	<input type="checkbox"/> Hypertension, highest BP _____	<input type="checkbox"/> Urinary tract infection
<input type="checkbox"/> Diabetes mellitus	<input type="checkbox"/> Peptic ulcer disease	<input type="checkbox"/> Others: _____

Past Surgical History:

Operation: _____ Date: _____

Operation: _____ Date: _____

Family History:

☐ Allergy, specify _____
 ☐ Emphysema
 ☐ Thyroid disease

☐ Asthma
 ☐ Epilepsy/Seizure disorder
 ☐ Tuberculosis, specify organ _____

☐ Cancer, specify organ _____
 ☐ Hepatitis, specify type _____
 If PTB, what category? _____

☐ Cerebrovascular disease
 ☐ Hyperlipidemia
 ☐ Others: _____

☐ Coronary artery disease
 ☐ Hypertension

☐ Diabetes mellitus
 ☐ Peptic ulcer disease

Personal/Social History:

Smoking: ☐ Yes ☐ No ☐ Quit No. of pack years? _____

Alcohol: ☐ Yes ☐ No ☐ Quit No. of bottles/day? _____

Illicit drugs: ☐ Yes ☐ No



Immunizations:			
For children:	<input type="checkbox"/> BCG	<input type="checkbox"/> OPV1	<input type="checkbox"/> OPV2
	<input type="checkbox"/> Measles	<input type="checkbox"/> Hepatitis B1	<input type="checkbox"/> Hepatitis B2
	<input type="checkbox"/> OPV3	<input type="checkbox"/> Hepatitis B3	<input type="checkbox"/> Hepatitis A
	<input type="checkbox"/> DPT1	<input type="checkbox"/> DPT2	<input type="checkbox"/> DPT3
For young women:	<input type="checkbox"/> HPV	<input type="checkbox"/> MMR	For pregnant women:
			<input type="checkbox"/> Tetanus toxoid
For elderly and immunocompromised:	<input type="checkbox"/> Pneumococcal vaccine		<input type="checkbox"/> Flu vaccine
Others: Specify _____			
Menstrual History:			
Menarche: _____		Onset of sexual intercourse: _____	
Last Menstrual Period: _____		Birth control method: _____	
Period Duration: _____	Interval/Cycle: _____	Menopause? <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of pads/day during menstruation: _____		If yes, at what age?: _____	
Pregnancy History:			
Gravity(no. of pregnancy): _____		Parity(no. of delivery): _____	
# of Full term: _____		# of Living Children: _____	
# of Premature: _____		# of Abortion: _____	
<input type="checkbox"/> Pregnancy-induced hypertension(Pre-eclampsia)			
Access to Family Planning counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pertinent Physical Examination Findings:			
BP: _____	Height: _____ (cm)		
HR: _____	Weight: _____ (kg)		
RR: _____	Waist circumference(cm): _____		
Skin:	<input type="checkbox"/> pallor	<input type="checkbox"/> rashes	<input type="checkbox"/> jaundice
	<input type="checkbox"/> good skin turgor		
HEENT:	<input type="checkbox"/> anicteric sclerae	<input type="checkbox"/> intact tympanic membrane	<input type="checkbox"/> tonsillopharyngeal congestion
	<input type="checkbox"/> pupils briskly reactive to light	<input type="checkbox"/> alar flaring	<input type="checkbox"/> exudates
	<input type="checkbox"/> aural discharge	<input type="checkbox"/> nasal discharge	<input type="checkbox"/> hypertrophic tonsils
	<input type="checkbox"/> palpable mass		
Chest/Lungs:	<input type="checkbox"/> symmetrical chest expansion	<input type="checkbox"/> retractions	<input type="checkbox"/> wheezes
	<input type="checkbox"/> clear breathsounds	<input type="checkbox"/> crackles/rales	
Heart:	<input type="checkbox"/> adynamic precordium	<input type="checkbox"/> normal rate regular rhythm	<input type="checkbox"/> heaves/thrills
	<input type="checkbox"/> murmurs		
Abdomen:	<input type="checkbox"/> flat	<input type="checkbox"/> flabby	<input type="checkbox"/> tenderness
	<input type="checkbox"/> globular	<input type="checkbox"/> muscle guarding	<input type="checkbox"/> palpable mass
Extremities:	<input type="checkbox"/> gross deformity	<input type="checkbox"/> normal gait	<input type="checkbox"/> full and equal pulses

