PhilHealth Circular No. 0011 S. 2014:

RELEASE OF PAYMENTS FOR OUT-PATIENT BENEFIT PACKAGES IN PUBLIC HEALTH CARE INSTITUTIONS UNDER THE JURISDICTION OF THE AUTONOMOUS REGION OF MUSLIM MINDANAO

- TAMANG SAGOT -

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1. Why is there a difference in Out-Patient Benefit Package release payment for ARMM?

Republic Act 6734 or "An Act Providing for an Organic Act for Autonomous Region in Muslim Mindanao" mandates that the ARMM Regional Government**,** "shall provide, maintain, and ensure the delivery of basic health education and services" in the region. Hence, unlike the set-up in other regions wherein public primary care facilities are managed by local government units, public health care institutions in ARMM are under the control and supervision of DOH-ARMM thru the Integrated Provincial Health Office (IPHO) including management of logistics and human resources. This unique set-up of health care delivery system in ARMM should not deter the realization of UHC in the region.

2. Are there differences in the services and coverage of the Out-Patient Benefit Package for ARMM?

No. Current rules, benefits, deadlines and computations for payment for the covered benefits shall apply. Only the release of payments for the Out-Patient Benefit Packages is different for ARMM.

3. What is the difference between this Circular and PhilHealth Circular 008 s 2013 or "Release of Per Family Payment for Primary Care Benefit Services in the Autonomous Region of Muslim Mindanao"?

PhilHealth Circular 008 s 2013 provides guidelines for payment of Primary Care Benefit Package 1 (PCB1) in ARMM. However, health care institutions also provide other health care services such as maternity and newborn care, TB-DOTS and even malaria treatment. Hence, there is a need to expand the said guidelines to include how the PhilHealth payment for other benefit packages will eventually provide mechanism for its members to have access to quality health services and the providers to have means to achieve good health outcomes.

4. What are the Out-Patient Benefit Packages that are covered/ not covered by this circular?

Covered	• Out-patient benefits such as Maternity Care Package, Newborn Care Package, TB-DOTS and Animal Bite Treatment Package to non-hospital facilities such as maternity clinics, rural health units, TB DOTS facilities and animal bite treatment centers under the jurisdiction of DOH-ARMM • Benefit payments to primary care facilities with beds such as infirmaries and dispensaries
Not Covered	• In-patient admissions and day surgeries in hospitals

5. What is the role of the HEALTH CARE INSTITUTION (HCI) in relation to this Circular?

- Secure creation a trust fund with the local government
- Provide PRO-ARMM the bank certification for the trust fund and a copy of the issuance that created it
- Procure medicines, supplies and equipment necessary for the delivery of health care services through PhilHealth payments (as facility fee) and other sources of financing
- Issue official receipts to PhilHealth within 30 calendar days from receipt of payment
- Regularly submit annual disbursement report on the utilization of the trust fund to the Commission on Audit (COA) Auditor of DOH-ARMM within the 1st quarter of the succeeding year
- Pool the payment for professional fees and distribute among health care workers who had direct involvement in providing health services according to existing guidelines

6. If the Health Care Institution already has a trust fund for PhilHealth benefit payments such as PFP, does it have to create a new trust fund?

- There is no need to create a separate trust fund. The existing trust fund may be used, provided that there shall be separate ledgers for each benefits e.g. TB DOTS Package, Maternity Care Package.

7. What is the role of DOH-ARMM in relation to this Circular?

- Issue a policy and implementing guidelines that creates a trust fund for PhilHealth benefit payments and defines the process of transferring and monitoring of PhilHealth payments to the respective health care facilities
- Maintain a trust fund for HCIs without a trust fund strictly for PhilHealth payments and keep separate ledgers for each health care institution(Note: It may use its existing trust fund for PCB1 payment)
- Provide PRO-ARMM the bank certification for the trust fund and a copy of issuances that created it
- Request PRO-ARMM for the change of name of health care institutions in the PhilHealth Accreditation Database appending the name of DOH-ARMM (e.g. Name of HCI/DOH-ARMM) with concurrence from the head of the health care institution (see Annex A)
- Create a request letter that states the commitment to transmit the PhilHealth benefit payments to respective HCIs
- Transfer funds to the respective HCIs within 15 calendar days from receipt of the check
- Issue official receipts to PhilHealth within 30 calendar days from receiving the check
- Assign personnel responsible for processing of funds and inform PRO-ARMM and health care institutions the names of these personnel, which include:
    - 1 per province (5)
    - 1 regional coordinator

8. What is the role of PRO-ARMM in relation to this Circular?

- For HCIs with trust fund: issue the check directly payable to the facility with attached benefit payment voucher
- FOR HCIs without trust fund: issue checks with payee as “Name of HCI/DOH-ARMM” with attached benefit payment voucher to DOH-ARMM and send copies of vouchers to the HCIs