

TAMANG SAGOT

PhilHealth Circular 14, s.2014

“Revised Guidelines for the PhilHealth Outpatient Anti-Tuberculosis Directly Observed Treatment Short-Course (DOTS) Benefit Package”

1. What are the issuances from other institutions or references that are used in relation to creation and amendment of the TB DOTS Package?

- Philippine Plan Against Tuberculosis (PhilPACT) 2010-2016
 - Formalized strategic directions to sustain the gains of the TB control program and achieve Millennium Development Goals for TB
- National Tuberculosis Program Manual of Procedures
 - Created the processes in DOTS implementation in support of the objectives and strategies in the PhilPACT
- DOH Memorandum No. 2011-0218
 - Created the TB Diagnostic Committee (TBDC) to recommend treatment of susceptible patients
- DOH Memorandum No. 2013-0021
 - Stated that diagnosis by Direct Sputum Smear Microscopy (DSSM) shall only require submission of 2 samples

2. What are the past PhilHealth issuances in relation to the TB DOTS Package?

- PhilHealth Board Resolution Nos. 485 and 490 of 2002
 - Established the case rate benefit for out-patient TB-DOTS package amounting to 4,000 pesos for “consultation, anti-tuberculosis medicines and necessary diagnostic services”.
- PhilHealth Circular No. 17 s-2003
 - Provided the guidelines for the accreditation of Directly Observed Therapy Short Course (DOTS) facilities
- PhilHealth Circular No. 19, s-2003
 - Enhanced the TB-DOTS Package to include new cases, pediatric and extra-pulmonary TB
- PhilHealth Circular No. 36 s-2003
 - Created additional guidelines for processing of TB DOTS Package Claim Applications
- PhilHealth Circular No. 20 s-2004
 - Created guidelines in designating the TB-CIS Registry Number
- PhilHealth Circular No. 8 s-2006
 - Created amendments to accreditation of TB-DOTS Facilities
- PhilHealth Circular 13 s-2006

- Created ICD-10 Coding guidelines for TB
- PhilHealth Circular 18 s-2011
 - Provided the guidelines for diagnosis of TB in children aged 0-9 years old

3. Why should we revise guidelines for the PhilHealth TB DOTS Benefit Package?

The TB DOTS Package remains underutilized. The number of claims made for the package continues to be minimal compared to that total number of TB cases per year and there are significantly lesser claims for continuation phase than intensive phase leading to the presumption that a significant number of patients are not able to finish the treatment. Patients unable to complete treatment potentially contribute to the number of drug-resistant TB cases and to prevent Multi-drug Resistant TB (MDRTB), it is necessary to manage all cases of drug sensitive TB, both new and retreatment cases, and ensure completion of treatment.

Furthermore, the National Health Insurance Act of 2013 strengthens the role of PhilHealth in providing means for the members to have financial access to health care and for the healthcare providers to improve their health services. This law prescribes that PhilHealth reimbursements to public health facilities be retained by the individual facility and be spent on operating expenses of the facility as well as improvement of its services, while professional fees shall be pooled and distributed among the facility’s health personnel. Such measures are reflected in this revised TB DOTS package, such that public and private facilities have means to sustain the delivery of TB DOTS services, leading to better TB control.

4. What are the general objectives of the revised PhilHealth TB DOTS Benefit Package?

- To expand the benefit to cover other TB cases that are sensitive to first line anti-TB drugs.
- To align the TB DOTS Package with the current policies and guidelines for TB control
- To strengthen the financial mechanism as leverage for better performance of providers leading to desired health outcomes and sustained TB control.

5. How shall one apply as a TB DOTS provider?

Accreditation of TB-DOTS providers shall be in accordance with the policy on Provider Engagement through Accreditation and Contracting of Health Services as stated in PhilHealth Circular (PC) 54 s-2012 and subsequent issuances. The requirements are summarized as follows:

Initial accreditation	<ul style="list-style-type: none"> • Performance Commitment • Provider Data Record • Proof of payment of accreditation fee • Electronic copies of photos (in jpg format) of the internal and external areas of the facilities • Statement of Intent • Updated DOH-PhilCAT Certificate • Location map
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Continuous accreditation (submitted annually on or before January 31 st of the year)	<ul style="list-style-type: none"> • Performance Commitment • Updated DOH PhilCAT TB DOTS Certificate • Latest Audited Financial Statement • Proof of payment of accreditation fee
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6. Should the health professionals under the TB DOTS provider be PhilHealth-accredited?

YES. PhilHealth Circular 31, s-2013 Section VI.B states that professional services must be provided by accredited health care professionals. PhilHealth shall accredit TB DOTS physicians who provide consultation services in the TB DOTS facility. Provisions regarding accreditation of health care professionals are as follows:

- PhilHealth shall require that TB DOTS physician/s be accredited with PhilHealth for initial and re-accreditation of TB DOTS facilities starting 2014.
- Currently accredited TB DOTS facilities shall have their physicians accredited by June 30, 2014.
- It shall be a requirement for all continuous, initial and re-accreditation in 2015.

The requirements for accreditation of TB-DOTS physicians are as follows (PhilHealth Circular 10, s 2014):

- Properly accomplished Provider Data Record for professionals
- Signed Performance Commitment
- Updated PRC license or its equivalent
- Two (2) pieces of 1x1 photo
- Proof of payment of premium contribution
- Certificate of completed residency training or specialty board certificate, if applicable

7. Who are eligible to avail of the revised PhilHealth TB DOTS Benefit Package?

- PhilHealth members and dependents with premium contributions paid at least three months within the six months prior to the first day of availment
- All TB cases susceptible to first line anti-TB drugs
- Both children and adults under covered registration groups:

Covered	Not covered
<ul style="list-style-type: none"> • New • Retreatment <ul style="list-style-type: none"> - Relapse - Treatment After Failure - Treatment After Lost to Follow-up (Return After Default) - Previous Treatment Outcome Unknown • Transfer-in • Other 	<ul style="list-style-type: none"> • In-patient admissions • Drug-resistant TB • Latent TB infection

- HIV patients under treatment for 1st line drug sensitive TB and on anti-retroviral drugs may avail of TB DOTS Package and HIV/AIDS Treatment Package at the same time with claims filed separately

8. How much is the payment for the PhilHealth TB DOTS Benefit Package?

The revised TB DOTS Package shall be a fixed case payment of P4,000. P2,500 shall be released upon end of intensive phase, and P1,500 shall be released upon end of maintenance (continuation) phase.

9. What are covered under revised PhilHealth TB DOTS Benefit Package?

- Diagnostic exams
- Consultation services
- Drugs
- Health education
- Counselling

10. How will the PhilHealth TB DOTS Benefit Package be paid?

Public TB DOTS facilities shall maintain a trust fund for reimbursements received from PhilHealth. In cases when there is one trust fund for several PhilHealth benefits, a separate ledger shall be kept for TB DOTS package payment.

The fixed payment of P4,000 shall be paid directly to the facility through trust fund. P2,500 shall be released after end of intensive phase and P1,500 shall be released after end of maintenance phase.

In cases when the patient is managed by more than one TB DOTS facility (transfer-in), the facility **that referred the patient** shall be the one to file the claim and receive the full payment. Payment for referring physicians and other expenses for services done outside the facility (e.g. chest x-ray) shall be settled by the facility.

11. What are the documents to be submitted for claims filing?

- PhilHealth Benefit Eligibility Form
 - In cases wherein this is not available, other documents as proof of eligibility may be submitted, namely: Member Data Record, proof of premium payment (for individually paying program, overseas workers program members), PhilHealth ID cards (for sponsored, lifetime members) and other secondary documents as enumerated in the PBEF or listed in PhilHealth Circular 50 s-2012 and PC 1 s-2013
- PhilHealth Claim Form 1
- PhilHealth Claim Form 2
- Copy of patient's completed NTP treatment card

Note: submission of the NTP Treatment Card prior to starting the treatment is no longer required. Also, the TBDC Recommendation Form is not a requirement anymore for sputum negative patients.

12. What shall be used as basis for filling out the dates of admission and discharge in Claim Form 2??

The dates of admission and discharge for both intensive and maintenance phase shall be the following:

Phase Being Claimed	Package Code	Admission Date	Discharge Date
Intensive phase	89221	First day of intensive phase (treatment start date)	Last day of intensive phase
Maintenance phase	89222	First day of maintenance phase	Last day of maintenance phase

The package code is 89221 for intensive phase is and 89222 for maintenance (continuation) phase.

13. What are the provisions regarding filing of claims for the revised PhilHealth TB DOTS Benefit Package?

Claims with incomplete requirements and/or discrepancy/ies in the entries shall be returned to the facility for compliance within 60 days from the receipt of notice. Failure to comply shall cause denial of claim. However, after June 30, 2014, PhilHealth shall no longer return these claims to the facility but would already deny the claims.

However this provision was amended by Circular 20, s 2014. Section IV of the said Circular states that “PhilHealth is allowing Return to Sender for all claims ... until further notice.”

Nevertheless, for easier evaluation and processing of TB DOTS claims, the facility must still ensure that all requirements are attached, all forms are properly accomplished and there are no discrepancies in the entries before submitting the claims.

14. How should be TB DOTS Package Payment be allocated?

All TB DOTS facilities shall allocate reimbursement for TB DOTS Package based on their existing policies and procedures. Should the TB DOTS facilities not have any policy on allocation of TB DOTS payment prior to the effectivity of the circular, they shall follow the following guidelines prescribed by DOH in the latest NTP Manual of Procedures:

Category	Percentage	Remarks
Facility Fee	40%	May be used for operational costs and contingency to augment the supply of anti-TB drugs and reagents, acquisition of equipment such as microscope, IT equipment and software, support for TB Diagnostic Committee, advocacy activities, training of staff, referral fees of warranted diagnostic services not available in the facility

Consultation fee of referring physician	25%	May be used to cover for consultation services during the course of treatment. Should there be no referring physician, this portion may be allotted as facility fee
Service Staff Fee	35%	May be pooled and distributed among health personnel who were involved in the delivery of health services for TB including the DOTS physician, nurses, midwives, medical technologist or sputum microscopist, barangay health workers and treatment partners. The allocation should take into consideration the expertise, skills and time that each health care worker allotted in ensuring that the patient received quality care leading to cure or completion of TB treatment.

15. What are the requirements of the TB DOTS providers in terms of monitoring and evaluation?

- Submit a copy of their issuances creating the trust fund and guidelines on allocation within a year after initial accreditation to the PhilHealth Regional Offices
- Maintain a minimum set of information on each patient (e.g. NTP treatment card, TB registry) that shall be readily available during monitoring and evaluation