TAMANG SAGOT

Enhancements to Primary Care Benefit 1 now called "TSEKAP" Package Starting CY 2014

1. What are the past PhilHealth issuances in relation to the Primary Care Benefit 1?

- PhilHealth Circular No. 10 s. 2012 created the Primary Care Benefit I (PCB1) Package that caters to members under the Indigent Program (IP), Sponsored Program (SP), Organized Groups or iGroups (OG/IG) and Overseas Workers Programs (OWP) and their qualified dependents. The benefit enables eligible members to obtain primary preventive services, diagnostic examinations and drugs and medicines to specified diseases.
  - Office Order No. 168 s. 2012 issued the Manuals of Procedures for both PhilHealth and PCB1 Providers
- PhilHealth Circular No. 7 s. 2013 provided amendments to the computation of Per Family Payment (PFP) to TSeKaP providers.
  - Office Order No. 128 s. 2013 for internal PhilHealth processes on PCB1 for DepEd
- PhilHealth Circular No. 10 s. 2013 started a pilot expansion of TSeKaP to the employed sector through the Department of Education (DepEd).

2. What is TSEKAP?

PhiHealth re-introduced the PCB1 Package under a new brand called TSeKaP (Tamang Serbisyo para sa Kalusugan ng Pamilya) to make the package easier to recall for its members and their dependents. The term TSeKaP shall now be the preferred term for the said benefit.

ENGAGING WITH PHILHEALTH

1. Who can provide the TSeKaP Package?

- Any government health facility such as health centers/rural health centers (HCs/RHUs) and the Out Patient Department (OPD) of Municipal / City / Provincial Health Offices and government hospitals, that meets the Standards as provided in Annex C.1 of PhilHealth Circular No. 10, series 2012.
- Any private health facility accredited as a training institution of the Phililppine Academy of Family Physicians (PAFP), recommended by PAFP in underserved areas and approved by PhilHealth.

2. What are the requirements for accreditation of PCB1 providers?

- Fulfill the requirements of the Technical Standards for a PCB Provider www.philhealth.gov.ph/circulars/2012/circ10_2012.pdf.
- Accomplished Provider Data Record http://www.philhealth.gov.ph/circulars/2012/circ13_2012.pdf
- Accomplished Performance Commitment for PCB1 Provider http://www.philhealth.gov.ph/circulars/2012/circ10_2012.pdf

- Accomplished MOA for referral facilities if you intend to refer some services such as laboratory or radiologic services to other health facilities http://www.philhealth.gov.ph/circulars/2012/circ10_2012.pdf
- Registration fee of **P1,000**
- Location map, for newly engaged provider

3. When should PCB1 providers submit requirements for accreditation?

All the above requirements shall be submitted between ~~**January 1 to 31**~~ of every year to avoid gaps in participation. Participation shall take effect only on the quarter of date of compliance to all requirements.

BENEFIT PACKAGE DELIVERY MECHANISM

1. Who are the entitled members?

- **Indigent and Sponsored Program (SP)** members and their qualified dependents
  - include those members identified under the NHTS-PR and those enrolled by the LGUs (municipal, city and provincial governments), Senators, House Representatives, private institutions and other national agencies.
- **Organized Groups/ iGroups (OG/IG)** members and their qualified dependent
- **Overseas Workers Program (OWP)** members and their qualified dependents
  - Coverage of OWP members pertain only to land based overseas Filipino Workers since sea-based OFW are included in the employed sector
- **Department of Education (DepEd)** personnel and their qualified dependents

2. Who are qualified to be dependents?

- Legitimate spouse who is not a member;
- Unmarried and unemployed legitimate, legitimated, acknowledged and illegitimate children as appearing in the birth certificate, and legally adopted or stepchildren below twenty-one (21) years of age;
- Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support;
- Parents who are sixty (60) years old or above, not otherwise an enrolled member, whose monthly income is below an amount to be determined by the Corporation in accordance with the guiding principles set forth in the Act

3. How will PCB1 providers know of entitled PCB1 members assigned to them?

PhilHealth will provide the masterlist of the entitled members to the TSeKaP providers. The masterlist will include the names, address and birthday of NHTS-PR members, LGU sponsored SP members and the eligible OG/IG, OWP members and DepEd personnel residing in their locality.

4. How shall the PCB1 provider be updated of additional enlisted members?

The PRO, through its LHIO, shall provide the PCB1 provider with the list of available additional entitled members (newly enrolled/eligible SP, OG/IG, OWP members, DepEd personnel) within 15 working days before the succeeding quarter to facilitate reckoning.

5. What shall be done for assigned indigent members unlocated during the enlistment period?

The PCB1 provider shall report the unlocated assigned indigent member to the concerned LHIO immediately. The LHIO shall forward the details of the unlocated indigent members to the Membership Management Group through their respective PhilHealth Regional Office, copy-furnished their counterpart DSWD office for information.

6. What shall be done for assigned sponsored members unlocated during the enlistment period?

The PCB1 provider shall report the unlocated assigned sponsored member to the concerned LGU/sponsor and LHIO immediately for reconciliation of information.

7. What shall be done in case of death of member?

Qualified dependents of the deceased member shall continue to be entitled to benefits availment for the remaining unexpired portion of the coverage. To ensure eligibility of dependents of deceased members beyond the coverage period, the surviving spouse shall accomplish and submit a PhilHealth Member Registration Form (PMRF) to the nearest PhilHealth office to register as principal member and transfer the qualified dependents under his/her membership coverage.

8. How can sponsoring entities replace unlocated members?

Sponsoring entities shall submit the names of unlocated and replacement members to the LHIO within sixty (60) days from receipt of the list of unlocated members. Non-submission of the list of replacement shall forfeit PFP of the applicable quarter for that particular set of members.

9. What should a PCB1 provider do for entitled members not found in the masterlist?

If a PCB1-entitled member seeks consult or claims to be entitled to the PCB1 package (e.g. NHTS-PR beneficiary with valid PhilHealth or DSWD card) is not found in the masterlist of the concerned PCB1 provider, the provider shall do the following:

- Enlist the entitled member and have the member accomplish a PMRF. (Procedure for enlistment is detailed in the Manual of Procedures);
- Inform him/her of the PCB services;
- Provide the needed health services;
- Submit the PMRF of the entitled member/s to the LHIO along with the quarterly submission of PCB1 reports.
- The LHIO shall execute the necessary updating of member records.

10. Can a PCB1 provider replace unlocated indigent/ sponsored program members in the masterlist?

NO. The PCB1 Provider is not authorized to replace the unlocated Indigent/SP member in the masterlist.

11. What shall be done for discrepancies in the records of members found by the PCB1 providers during enlistment or profiling?

The member shall be instructed to accomplish a PMRF. The provider shall then inform the LHIO of these changes using the Summary Report of Changes in PMRF (Annex B). Examples of changes include any correction to the name/birthday/address of the enlisted members or updates to the Membership Data Records (MDR) including name and birthday of their dependents.

TSEKAP SERVICES

1. What are the policies regarding updating the Individual Health Profile?

Profiling is equivalent to completion of the Individual Health Profiling. Profiling shall continue to be cumulative until 2014, therefore members and dependents shall have had at least one completed Individual Health Profile since 2012. The number of updated Individual Health Profile and newly profiled PCB1-entitled member will be the basis for computation of PFP for a specific quarter.

2. What are the obligated primary preventive services under PCB1?

Obligated primary preventive service	Target clients	Minimum frequency	Reporting and monitoring form
Consultation	All members and dependents	Once a year	Annex A2 and A3
BP measurement	Non-hypertensive, 18 years old and above	Once a year	
	Hypertensive, with BP >/= 140/90	Once a month	
Breast examination	Female, 25 years old and above	Once a year	
Visual inspection with acetic acid	Female, 25-55 years old with intact uterus	Once a year	
Body measurement	All members and dependents	Once a year	Annex A1 and A3

3. What are the diagnostic examinations under the PCB1?

Diagnostic examination	Possible suspected conditions
Complete blood count	Anemia, bone marrow disease, blood dyscrasia, leptospirosis, dengue fever, prenatal check-up, side effect of drugs
Urinalysis	Cystitis, urinary tract infection, pyelonephritis, asymptomatic bacteuria in

	pregnancy Note: urinalysis as prerequisite for treatment of UTI or routine posttreatment urinalysis is not recommended
Fecalysis	Acute gastroenteritis with parasitic or protozoal infection
Sputum microscopy	TB symptomatics meaning those with cough of two weeks or more and all household members of identified TB patients. Note: Three (3) specimens are required as specified by the guidelines for the National Tuberculosis Program
Fasting blood sugar Note: Glucometer may be used in low resource settings	Adults above 40 years old, earlier if with risk factors such as impaired glucose tolerance, impared fasting glucose, gestational diabetes, macrosomia, polycystic ovary syndrome, overweight (BMI ≥ 23 kg/m2) or obese (BMI of ≥ 25 kg/m2), waist circumference ≥ 80 cm (females) and ≥ 90 cm (males), waist-hip ratio (WHR) of ≥ 1 for males and ≥ 0.85 for females, first degree relative with type 2 diabetes, sedentary lifestyle, hypertension (BP ≥ 140/90 mm Hg), diagnosis or history of any vascular diseases including stroke; peripheral arterial occlusive disease; coronary artery disease, acanthosis nigricans, schizophrenia, serum HDL < 35 mg/dL (0.9 mmol/L) and/or Serum Triglycerides > 250 mg/dL (2.82 mmol/L)
Lipid profile Note: Cholesterol pen may be used in low resource settings	Type 2 diabetes mellitus, patients with at least two (2) of the following risk factors: hypertension; family history of premature coronary heart disease (coronary heart disease in first-degree relative < 55 years old [male] or < 65 years [female]); and/or age ≥ 45 years (male) or ≥ 55 years (female)
Chest x-ray	Pneumonia, acute cough, abnormal signs of tachypnea, fever, abnormal chest findings of diminished breath sounds, rhonchi, crackles or wheeze

4. What are the covered drugs and medicines under the PCB1?

Condition	Medicines
Asthma	• Inhaled short acting beta 2 agonist • Inhaled corticosteroid • Oral corticosteroid
Acute gastroenteritis with no or mild dehydration	• Oral rehydration salts (ORS)
Upper respiratory tract infection or pneumonia low risk	• Amoicillin (adult and pedia preparation) • Erythromycin (adult and pedia preparation)
Urinary tract infection	• Flouroquinolones

5. What are the policies for use of glucometer and cholesterol pen by PCB1 providers in relation to the PEN guidelines?

A glucometer and cholesterol pen may be used, as prescribed by the WHO Package of Essential Non-communicable (PEN guidelines) Disease Interventions, in areas where there is no accessible laboratory equipment and/or facilities. If the PCB1 provider has its own laboratory facility, and this is being utilized by the PCB1 provider for PEN screening, the above-mentioned devices are may no longer be required.

6. What shall be done for sponsored members referred to government hospitals?

All Indigent/Sponsored Program members are entitled to the No Balance Billing (NBB) program when admitted in government-owned hospitals/ health facilities. Therefore, to reiterate this eligibility, referral forms for admission to government –owned hospitals shall bear the notice that *"these members shall not incur any out-of –pocket expenses in accordance to the NBB policy."*

RECORDING AND REPORTING

7. What are the reports required for processing of PFP for the applicable quarter?

A properly accomplished Annex A.2 and Annex A.4 shall be submitted electronically via the official email address of LHIO within the month after each quarter that the participation became effective and every quarter thereafter.

Separate materlists, Annex A2 and Annex A4 of the Circular shall be submitted by each PCB1 provider for each type of membership, namely SP, OG/IG, OWP members and DepEd personnel to facilitate easier consolidation of reports.

8. What is the deadline for submission of reports?

Non-submission of reports within sixty (60) days from the last day of the applicable quarter shall result to non-payment of PFP for the said quarter. The PCB1 provider, however, may file for appeal for payment of PFP to the PROs.

For payments for PFP for CY 2012 and 2013, only PCB1 provider reports that are submitted within sixty (60) days from the effectivity of this issuance shall be processed. PFP for reports submitted beyond this deadline shall be forfeited.

In case an LGU has more than one (1) PCB1 provider, it is encouraged that each PCB1 provider submit the reports on time and should not wait for other PCB1 providers under the same municipality/city to comply.

9. Who shall receive the reports for PCB1?

The LHIO shall receive the reports from the PCB1 provider. Improperly accomplished/incomplete reports shall not be accepted. An acknowledgement receipt shall be issued by the LHIO to make the submission valid.

10. What are the policies in relation to electronic submission of reports?

Starting October 1, 2014, only electronic submission of required reports will be accepted by the Corporation. Electronic submission entails the use of the Health Care Institution (HCI) portal and its prescribed format or any counterpart electronic system approved by the Corporation.

Previously stated computations on incentives related to electronic submission have been amended by PhilHealth Circular No. 42. s. 2012.

11. What shall be done by PCB1 providers who cannot comply with electronic submission of reports?

PCB1 providers must obtain a signed certification from their respective PROs that shall contain both the reason for non-submission of electronic reports and an expected quarter wherein they can begin electronic reporting which **shall not exceed the last quarter of 2014**.

Certified PCB1 providers shall submit their required documents to the LHIO in a medium that is acceptable to the LHIO using the same deadlines as that of electronic submission. Failure of the PCB1 provider to submit electronic reports by the last quarter of 2014 shall forfeit payment of PFP to the PCB1 provider since then.

The PCB1 provider may use the allocation of 40% PFP for improvements in information technology that can facilitate reporting and database build-up such as IT tools and equipment, internet subscription/access specific for facility use or honoraria for encoding of PCB data in case hiring of additional personnel is necessary for initial database build-up or maintenance.

PAYMENT OF TSEKAP PROVIDERS

1. How shall the PFP for the PCB1 be computed?

Starting 2013, the PFP shall be based on the number of PCB1 entitled members who are enlisted and the number of PCB1 enlisted members and dependents who were profiled.

$$\mathbf{PFP}_{\text{Quarter}} = [\text{cumEM} \times P50] + [\text{cumEM} \times A]$$

Where:

A = amount allotted for computed %PMD
= cumPMD/cumEMD = %PMD

Percentage of Profiled Members and Dependents (%PMD)	Amount allotted
80% - 100%	P 75
70% - 79%	P 50
50 – 69%	P 25
Less than 50%	P 0

cumEM = cumulative number of enlisted members, including SP, OG/IG, OWP members and DepEd personnel (source: Masterlist of Enlisted Members for current quarter and preceeding quarter/s of the current year)

cumEMD = cumulative number of enlisted members and dependents (source: Masterlist of Enlisted Members for current quarter and preceeding quarter/s of the current year)

cumPMD = cumulative number of enlisted members and dependents (source: Annex A2 (Annex C) Table II for the current quarter and preceeding quarter/s of the current year)

Profiling shall continue to be cumulative for 2014. Example of payment scenarios are detailed below:

Quarter	Number enlisted	Number of newly profiled	Total profiled	Amount equivalent	How to compute PFP using formula PFP = (cumEM x 50) + (cumEM x A)
Q1-Q4 2013	1000	900 (cumulative)	900	75	(1000 x 50) + (1000 x 75) = P125,000
Q1 2014	1000	50	950	75	(1000 x 50) + (1000 x 75) = P125,000
Q2 2014	1000	0	950	75	(1000 x 50) + (1000 x 75) = P125,000
Q3 2014	1000	50	1000	75	(1000 x 50) + (1000 x 100) = P150,000

2. How shall PFP for PCB1 be paid for OG/iG, OWP members and DepEd personnel?

Assignment of OG/iG and OWP members shall commence when the member enlists with his/her **preferred PCB1 provider**. Therefore, for non-Indigent/non-Sponsored members assignment is equivalent to enlistment. Payment of PFP to PCB1 providers shall start on the applicable quarter when the member enlists with the PCB1 provider.

For CY 2014, newly enlisted OG/iG, OWP members and DepEd personnel, the PFP shall be based on the number of **enlisted** members multiplied by P125.00 on the applicable quarter that they were enlisted. Therefore, the formula below shall apply:

$PFP_{Quarter}$ = # of newly enlisted OG/iG, OWP and DepEd members X P 125.00

The PFP for succeeding quarters shall be based on the current rules for the applicable quarter of PhilHealth Circular No. 7 s-2013.

There will be no retroactive payment of PFP for OG/iG, OWP members and DepEd personnel. Start of payment will be on the quarter of start of enlistment.

3. When shall PFP be released to the provider?

Payment for PFP shall be released to the provider within thirty (30) days upon submission of required reports during the prescribed period of submission.

4. How shall the PFP for PCB1 be disposed and allocated?

PFPR allocation	Sub-allocation	Description
80%	40% (minimum)	• Drugs and medicines (PNDF) including those for asthma, AGE, pneumonia and UTI
	40% (maximum)	• Reagents, medical supplies, equipment (eg. Ambulance, ambubag, stretcher, etc) • Information technology (eg. IT specific equipment for facility use needed to facilitate reporting and database build up, personnel for encoding of data) • Capacity building for staff, infrastructure • Any other necessary for the delivery of required service including referral fees for diagnostic services if not able in the facility
Note: The provider may charge the annual membership fees to professional societies and registration to annual conventions or training activities that are related to PCB1 for health staff to the 40% PFPR.		
20%	10%	• Professional fee of physician
	5%	• Professional fee of other health staff of the facility
	5%	• Professional fee of non-health staff including volunteers and community members of health teams

5. Who shall sign the disbursement vouchers for processing of PFP?

To align with current policy on Delegation of Authority per Office Order No. 37 s., 2008, PhilHealth Circular No. 7 s., 2012, Section VII Signatories in the Disbursement Voucher (DV) for Processing of PFP shall hereby amended with the following guidelines:

- The BAS Head for PROs and Unit Head for Branch shall sign the Box A of the DV for PFP amounting to fifty thousand pesos (P50,000.00) and below.
- The HCDMD Head for PROs and BAS Head for Branch shall sign the Box A of the DV for PFP amounting to more than fifty thousand pesos (P50,000.00).

6. What are the special provisions regarding PFP for PCB1 in ARMM?

- 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 TSeKaP facility. This office shall act as a conduit in the transfer of funds from PhilHealth to the respective TSeKaP providers.
- To facilitate the release of PFP, the DOH-ARMM shall request the change of name of all TSeKaP providers in the region in the PhilHealth Accreditation database. Such request is supported by 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 TSeKaP guidelines. The new name shall include the name of the TSeKaP provider and the province where it is located/ DOH-ARMM.

    - Example: Balindong RHU, Lanao del Sur/DOH-ARMM
- Upon the submission of requirements for the applicable quarter, PRO-ARMM shall issue two cheques:
    - First cheque: "Pay to (name of facility/ DOH-ARMM) for PCB services"
    - Second cheque: "Pay to (name of facility/ DOH-ARMM) for PCB professional fees"
- PRO-ARMM shall also issue a Per Family Payment Notice 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 TSeKaP services.
- The City/Municipal Health Officer/ Chief of Hospital shall be responsible in distributing the professional fees among the TSeKaP health providers according to the disposition guidelines.
- DOH-ARMM shall submit an official receipt/s within thirty days from the date of receipt of cheques for PFP, for both PCB services and professional fees. 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.
- PRO-ARMM shall monitor the issuance of DOH-ARMM of official receipts, 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 PHU/HC and the concerned DOH-ARMM.

MONITORING AND EVALUATION

1. When shall PCB1 data be summarized for monitoring and evaluation?

The LHIO shall summarize descriptive data quarterly using data from the report forms required from providers, summarized as follows:

Applicable Quarter	Date	Deadline of Submission of Reports
4th quarter	October to December	January 31
1st quarter	January to March	April 30
2nd quarter	April to June	July 31
3rd Quarter	July to September	October 31

2. What are the quality indicators for monitoring and evaluation?

- Number of admitted patients with primary care sensitive cases
- Number of cases where obligated services were not provided
- Number of patient satisfied with health care services