PHILHEALTH CIRCULAR

No. 011 2014

TO   :   DEPARTMENT OF HEALTH - AUTONOMOUS REGION OF MUSLIM MINDANAO (DOH - ARMM),   ACCREDITED HEALTH CARE INSTITUTIONS IN ARMM, PHILHEALTH REGIONAL OFFICES, PHILHEALTH CENTRAL OFFICE AND ALL OTHER CONCERNED

SUBJECT :   RELEASE OF PAYMENTS FOR OUT-PATIENT BENEFIT PACKAGES IN PUBLIC HEALTH CARE INSTITUTIONS   UNDER THE JURISDICTION OF DOH - ARMM

I.   BACKGROUND

The achievement of Universal Health Care (UHC) requires the accomplishment of its strategic thrusts, namely: financial risk protection, access to quality health care and achievement of millennium development goals. Necessarily, the benefit payments of PhilHealth must be utilized to improve the quality of services of health care providers, leading to good health outcomes.

Republic Act 10606 or the "National Health Insurance Act of 2013" provides that payment to public facilities shall be "retained by individual facility in which services were rendered". The payment shall be used by the facility to maintain and upgrade its operations, equipment or plant and to improve the quality of its services to public sector.

On the other hand, 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. The unique set-up of health care delivery system in ARMM should not deter the realization of UHC in the region.

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.

II.   OBJECTIVES

This circular shall define the guidelines for the release of benefit payments to health care institutions under the supervision of DOH-ARMM.

III. COVERAGE

This circular shall cover benefit payments for 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 are also included in this issuance. This circular shall not apply to benefit payments for in-patient admissions and day surgeries in hospitals.

IV. GENERAL GUIDELINES

1. Current rules and benefit schedule shall apply in the computation of payment for PhilHealth benefits in government health care institutions under DOH-ARMM.

2. PhilHealth shall pay directly the health care institutions (HCI)s with existing trust fund. The said trust fund should have been created through appropriate issuance such as local ordinance or resolution and solely for PhilHealth benefit payments. Also, these HCIs must be able to issue official receipts (OR)s to PhilHealth.

3. Health care institutions without a trust fund shall be paid through DOH-ARMM. In this case, DOH-ARMM shall maintain a trust fund for PhilHealth payments with separate ledgers for each HCI and shall be responsible in transferring the funds to respective HCIs. It may use its existing trust fund for PCB1 payment. It shall also issue official receipts to PhilHealth.

4. DOH-ARMM shall 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 respective health care facilities (whether the payment is through DOH ARMM or directly to HCIs).

5. DOH-ARMM shall assign personnel responsible for processing of funds: 1 per province (5) and 1 regional coordinator. It shall inform PhilHealth-ARMM and HCIs of the names of these personnel.

6. Health care institutions shall be responsible for the procurement of medicines, supplies and equipment necessary for the delivery of health care services through PhilHealth payments (as facility fee) and other sources of financing. However, this should not preclude them from receiving additional supplies and other forms of support from DOH-ARMM.

7. Health Care Institutions shall regularly submit an annual disbursement report on the utilization of the trust fund to Commission on Audit (COA) Auditor of DOH-ARMM within the 1st quarter of the succeeding year.

8. Payment for professional fees shall be pooled by HCI and distributed among the health care workers who had direct involvement in providing health services according to existing guidelines.
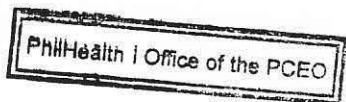
V. PROCEDURES FOR THE RELEASE OF BENEFIT PAYMENTS

A. Health Care Institution with Existing Trust Fund

1. Health care institutions shall provide PRO-ARMM the bank certification for the trust fund and a copy of issuance that created it.

2. Upon submission of these documents, PhilHealth shall issue the check directly payable to the facility with attached benefit payment voucher.

3. The HCI shall issue ORs to PhilHealth within 30 calendar days from the receipt of payment.

B. Health Care Institutions without Trust Fund

1. DOH-ARMM shall provide PRO-ARMM the bank certification for the trust fund and a copy of issuance that created it.

2. Together with the abovementioned documents, DOH-ARMM shall request PhilHealth-ARMM for the change of name of HCIs in PhilHealth Accreditation Database appending the name of DOH-ARMM (e.g. Name of HCI/DOH-ARMM) with concurrence from the head of the HCI. The request letter shall also state the commitment of DOH-ARMM to transmit the PhilHealth benefit payments to respective HCIs.

3. Upon submission of the abovementioned requirements, PhilHealth shall issue checks with payee as "Name of HCI/DOH-ARMM" with attached benefit payment voucher to DOH-ARMM. A copy of this voucher shall also be sent to the concerned facility.

4. DOH-ARMM shall transfer the funds to respective HCIs within 15 calendar days from receipt of the check.

5. It shall also issue official receipt to PhilHealth within 30 calendar days from receiving the check.
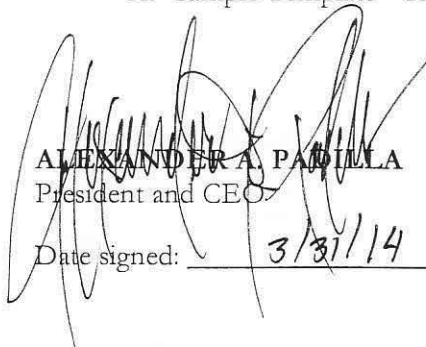
VI. **REPEALING CLAUSE**

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

VII. **EFFECTIVITY**

This circular shall take effect within 15 days after publication in the official gazette or any newspaper of general circulation.

VIII. **ANNEX**

A. Sample Template – Request for Change of Name of HCI/s

ALEXANDER A. PADILLA
President and CEO

Date signed: 3/31/14

Annex A - SampleTemplate: Request for Change of Name of HCI/s

<div align="center">

LETTERHEAD of DOH-ARMM
Address

</div>

Date:

Name of PRO – ARMM RVP
Regional Vice President for ARMM
PhilHealth

     RE: Request for Change of Name of the Health Care Institutions

Dear Sir:

This is to request for change of name of the following health care institutions in your accreditation database:

Current Name	Change To	Conforme of Head of Health Care Institution (with signature over name)
RHU A	RHU A/DOH ARMM	Dr. A B (MHO)
Maternity Clinic A	Maternity Clinic A/DOH ARMM	Dr. D F (MHO)
Infirmary B	Infirmary B/DOH ARMM	Dr. FG H (Chief of Facility)

We also commit to transfer the PhilHealth benefit payments to these facilities within 15 days from receipt.

Thank you.

Very truly yours,

    Signed
Authorized Official
 Designation
DOH-ARMM