

PHILHEALTH CIRCULAR

NO. 015 S-2014

TO : ALL PRIMARY CARE BENEFIT 1 (PCB1) PROVIDERS
PHILHEALTH REGIONAL OFFICES, BRANCHES AND
LOCAL HEALTH INSURANCE OFFICES (LHIOs) AND ALL
OTHERS CONCERNED

SUBJECT : PRIMARY CARE BENEFIT 1 (PCB1) NOW CALLED
"TSEKAP" PACKAGE GUIDELINES FOR CY 2014

PhilHealth Circular No. 10 s. 2012 created the Primary Care Benefit I (PCB1) Package that caters to members under the Sponsored Program (SP), Organized Groups or iGroups (OG/IG) and Overseas Workers Programs (OWP) and their qualified dependents. PhilHealth Circular No. 7 s. 2013 provided amendments to the computation of Per Family Payment (PFP) to TSeKaP providers. PhilHealth Circular No. 10 s. 2013 started a pilot expansion of TSeKaP to the employed sector through the Department of Education (DepEd).

These same guidelines will hold true starting 1st quarter of CY 2014 to succeeding years pending future amendments. The following are additional guidelines/clarifications for TSeKaP package implementation:

I. New Branding: Tamang Serbisyo para sa Kalusugan ng Pamilya "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.

II. Guidelines on Enlistment of Entitled Members

1. Enlistment of members shall be done once since CY 2012. However, to ensure that members are still residing at the same locality, the enlistment of sponsored members who have been assigned since CY 2012 will be updated in the course of updating their individual health profile.
2. The expansion of sponsored members identified by the NHITS-PR requires strengthened enlistment strategy.

A. For unlocated members/dependents:

1. If assigned indigent members in the masterlist are unlocated during the enlistment period, the PCB1 provider will report 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.

2. If assigned sponsored members in the masterlist are unlocated during the enlistment period, the PCB1 provider will report to the concerned LGU/sponsor and LHIO immediately.
3. 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.
4. If the unlocated members are to be replaced by the sponsoring entity (LGU, foundation or any other entity), their names should be submitted to the LHIO within sixty (60) days from receipt of the list of unlocated members. Non-submission of the list of replacement shall forfeit applicable PFP of the applicable quarter for that particular set of members.

B. For 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:

1. Enlist the entitled member and have the member accomplish a PMRF. Procedure for enlistment is detailed in the Manual of Procedures;
 2. Inform him/her of the PCB services;
 3. Provide the needed health services;
 4. Submit the PMRF of the entitled member/s to the LHIO along with the quarterly submission of PCB1 reports.
 5. The LHIO shall execute the necessary validation/ updating of member records.
3. The PCB1 Provider is not authorized to replace the unlocated Indigent/SP member in the masterlist.
 4. The Masterlist of Enlisted Members for PCB1 shall be updated accordingly. It shall NOT include members who cannot be located nor has transferred residence.
 5. For discrepancies and updating of records, the member shall accomplish a PMRF.
 6. If someone else signed in behalf of the member, the person must be of legal next of kin, and the relationship to the member and the reason for enlisting by proxy must be noted beside the signature.
 7. Using the Summary Report of Changes in PMRF (Annex B), the provider should inform the LHIO of the following concerns:
 - a. Any correction to the name/birthday/address of the enlisted members;
 - b. Names of entitled members whose Membership Data Records (MDR) need to be updated, including name and birthday of their dependents.

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8. 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.

III. Clarification on Diagnostic Services for Low Resource Settings

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 are 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 may not be longer required.

IV. Obligated Primary Preventive Services

The matrix for monitoring performance of obligated primary preventive services is detailed below. These services are included in completing the health profile of the members and their dependents. Performance targets with implications on PFP payment shall be introduced starting 2015.

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 \geq 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	Annex A1 and A3
Body measurement	All members and dependents	Once a year	

The obligated services are expected for all eligible members and dependents. A modified Annex A2 "Provider Clientele Profile" of PhilHealth Circular 10 s. 2012 - "Annex A" will be used for reporting and monitoring. It is labeled in this Circular as Annex C.

V. Referring Sponsored Members 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."

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VI. Profiling of PCB1-entitled Members

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

Health profiles should be updated accordingly by the PCB1 provider every time a member or their dependent consults or is seen by the PCB1 provider.

VII. Submission of PCB1 Reports by the PCB1 Provider

1. The PCB1 provider shall submit the required reports to the LHIO within the **month after each quarter** that the participation became effective and every quarter thereafter in order to be entitled to the PFP.
2. In case an LGU has more than one (1) PCB1 provider, each PCB1 provider may submit the reports individually and on time and should not wait for other PCB1 providers under the same municipality/city to comply.
3. 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, as well as for additional members and dependents assigned or enlisted to facilitate easier consolidation of reports. Hard copies of the quarterly reports signed by the Municipal/City Health Officer should always be available in the health facility especially for monitoring purposes.
4. 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.
5. PFP shall be processed only upon submission of necessary documents. Failure to submit reports within sixty (60) days from the last day of the applicable quarter shall forfeit processing of PFP for the said quarter.

VIII. Requirements for the processing of PFP for the applicable quarter

1. The PCB1 provider shall use the revised Annexes A.2 of the Circular (Annex C) and the A.4 and submit electronically via the official email address of LHIO.
2. Revised A.2 shall also serve as "Certification on the Number of PHIC Members and Dependents Served"

IX. Payment of PCB1 Packages

1. Profiling is equivalent to completion of the Individual Health Profile and is cumulative since 2012. Therefore, the number of profiled members and dependents are expected to increase. Example of payment scenarios are detailed below:

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

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2. 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.
3. 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. The PCB1 provider, however, may file for appeal for payment of PFP to the PROs.
4. It is amended that payment for PFP shall be released to the provider **within thirty (30) days** upon submission of required reports during the prescribed period of submission.
5. PCB1 entitled members (and dependents) whose membership category was shifted within the year (ex. SP member has shifted to employed) are still entitled to the PCB1 services for the current year since premiums were already paid. The change in category shall start on the succeeding year.
6. Dependents of deceased members shall continue to be entitled to PCB1 services for the remaining unexpired period of coverage.

X. Per Family Payment (PFP) for OG/iG, OWP members and Department of Education (DepEd) personnel

1. 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.
2. Coverage of OWP members is hereby specified to pertain only to **land based overseas Filipino Workers (OFWs)** since sea-based OFW are included in the employed sector.
3. Payment of PFP to PCB1 providers shall start on the applicable quarter when the member enlists with the PCB1 provider.
4. 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:

$$\text{PFP}_{\text{Quarter}} = \# \text{ of newly enlisted OG/iG, OWP and DepEd members} \times \text{P } 125.00$$

Sample computation:

200 OG/iG members enlisted in the 1st quarter of 2014. Additional 100 OG/iG members enlisted to the PCB1 Provider by June 2014. The computation shall be:

$$\begin{aligned} \text{Q2 2014 PFP} &= 100 \times \text{P}125.00 \\ &= \text{P } 12,500.00 \text{ PFP for newly enlisted/assigned} + \text{PFP for} \\ &\quad \text{previously enlisted/profiled members and dependents of} \\ &\quad \text{OG/iG, OWP and DepEd} \end{aligned}$$

5. 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.
6. The PFP for succeeding quarters shall be based on the current rules for the applicable quarter of PhilHealth Circular No. 7 s. 2013:

$$\text{Q3-Q4 2014 PFP} = [\text{cumEM} \times \text{P50}] + [\text{cumEM} \times \text{A}]$$

Where:

$$\begin{aligned} \text{A} &= \text{amount allotted for computed \%PMD} \\ &= \text{cumPMD/cumEMD} = \% \text{PMD} \end{aligned}$$

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

XI. Income Retention of Health Institutions

To reiterate, Rule II Section 45 of the Implementing Rules and Regulations of the Republic Act 10606 as amended otherwise known as The National Health Insurance Act of 2013 states that:

“Reimbursements paid to public facilities shall be retained by the individual facility in which services were rendered and for which payment was made. Such revenues shall be used to primarily defray operating costs other than salaries, to maintain or upgrade equipment, plant or facility, and to maintain or improve the quality of service in the public sector.”

XII. Clarification on Incentive for Electronic Submissions

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.

PhilHealth Circular 10 s. 2012 Section V Subsection G details the disposition and allocation of the PFP as follows:

- “Eighty percent (80%) of PFP is for operational cost and shall be divided as follows:*
 - a. Minimum of forty percent (40%) for drugs and medicines (PNDF);*
 - b. Maximum of forty percent (40%) for reagents, medical supplies, equipment (i.e. ambulance, ambubag, stretcher, etc.), information technology (IT equipment specific for facility use needed to facilitate reporting and database build up), capacity building for staff, infrastructure or any other use related, necessary for the delivery of required service including referral fees for diagnostic services if not available in the facility.”*

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The allocation for information technology shall include all expenses that can facilitate reporting and database build-up such as IT tools and equipment, internet subscription/access specific for facility use or payment for encoding services of PCB data in case hiring of additional personnel is necessary for initial database build-up or maintenance.

The PFP Disposition and Allocation Form (Annex D) shall be accomplished quarterly by the concerned LGU for review by the local auditor. A copy of this report shall be provided for each PCB1 provider.

XIII. Transitory Provision for PCB1 Providers on Electronic Submission of Required Documents

1. PCB1 providers must obtain a signed certification from their respective PROs that shall contain both the reason for non-electronic submission of reports and an expected quarter wherein they can begin electronic reporting which shall not exceed the last quarter of 2014.
2. 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.
3. 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.

XIV. Accomplishment of 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 is hereby amended with the following guidelines:

1. 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.
2. 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).

XV. Amended Manual of Procedures

An amended Manual of Procedures shall be released by the third quarter of CY 2014 to reflect the changes for the PCB1 package since the original PhilHealth Circular 10 s-2012.

XVI. Annexes

- A. Template for Masterlist of Enlisted Members for PCB1
- B. Summary Report of Changes in PhilHealth Membership Registration Form (PMRF)
- C. Revised Annex A.2 of Circular 10 s 2012
- D. PFP Disposition and Allocation Form

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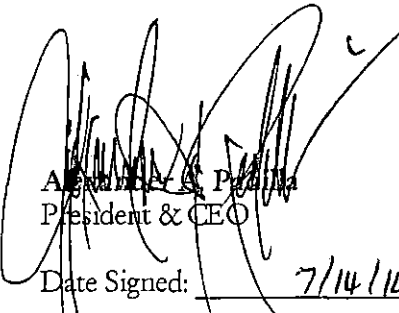
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XVII. Repealing Clause

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

XVIII. Effectivity

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


Alexander C. Prizma
President & CEO

Date Signed: 7/14/14

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ANNEX A

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph



MASTERLIST FOR ENLISTED MEMBERS FOR PCB1

NAME OF PCB1 PROVIDER:: _____ PCB ACCREDITATION #: _____
REGION: _____ PROVINCE: _____ MUNICIPALITY: _____ COVERED QUARTER/YR: _____

PIN	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDAY	ADDRESS	NUMBER OF DEPENDENTS	SIGNATURE and DATE	REMARKS

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I certify that this list is true and correct

HEAD OF FACILITY
(Name and Signature)

DATE



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City
 Healthline 441-7444 www.philhealth.gov.ph

SUMMARY REPORT OF CHANGES IN PHILHEALTH MEMBERSHIP REGISTRATION FORM

REGION: _____ PROVINCE: _____ MUNICIPALITY: _____ COVERED QUARTER/YR: _____

I. MEMBERS AND DEPENDENTS NOT INCLUDED IN THE MASTERLIST

PIN	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDAY	ADDRESS	DEPENDENTS (NUMBER)	SIGNATURE and DATE	REMARKS

II. MEMBERS AND DEPENDENTS WITH CHANGES IN PHILHEALTH MEMBER REGISTRATION FORM (attached)

PIN	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDAY	ADDRESS	DEPENDENTS (NUMBER)	SIGNATURE and DATE	REMARKS ¹

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¹ Indicate if type of change is Change in Name, Change in Address, Change in Dependent, etc.

Prepared by: _____

Endorsed by: _____

 PCB1 Provider STAFF

 DATE

 PCB1 Provider HEAD

 DATE

ANNEX C
(Revised Annex A.2)

PHILIPPINE HEALTH INSURANCE CORPORATION
PCB PROVIDER CLIENTELE PROFILE

NAME OF HEALTH CARE FACILITY

Applicable Quarter

I. PCB Provider Data				
Region:				
Province:				
City/Municipality:				
Members	No. of assigned families:	No. of enlisted families	No. of profiled individuals	
			Member	Dependent
Sponsored:				
NHTS:				
LGU:				
NGA:				
Private:				
IPP:				
OG:				
OFW:				
Employed:				
(DepEd):				
Non-PHIC:				

II. Age - Sex Distribution						
Age Group	Member		Dependent		Total	
	M	F	M	F	M	F
0 - 1 years						
2 - 5 years						
6 - 15 years						
16 - 24 years						
25 - 59 years						
60 years and above						
Total						
GRAND TOTAL						

III. Primary Preventive Services	No. of female screened	
	Member	Dependent
Breast Cancer Screening Female, 25 years old and above		
Cervical Cancer Screening Female, 25 to 55 years old with intact uterus		

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IV. Diabetes Mellitus	# of Members and Dependents					
	Member		Dependent		Total	
	M	F	M	F	M	F
Cases						
with symptoms/signs of polyuria, polydipsia, weight loss						
Waist circumference						
≥ 80 cm (female)						
≥ 90 cm (male)						
History of diagnosis of diabetes						
Intake of oral hypoglycemic agents						

V. Hypertension	# of Members and Dependents						
	Members			Dependents			
	Male	Female		Male	Female		Total
		Non Pregnant	Pregnant		Non Pregnant	Pregnant	
*Adult with BP < 140/90 mmHg							
Adult with BP ≥ 140/90 but less than 180/120mmHg							
Adult with BP > 180/120 mmHg							
History of diagnosis of hypertension							
Intake of hypertension medicine							

*Adult - 18 y.o. and above

This is to certify that the foregoing information are true and correct and all of the beneficiaries served are assigned and enlisted under our facility.

Prepared by:

Printed name and signature of Nurse/ Midwife

Approved by:

Printed name and signature of Physician

PHILIPPINE HEALTH INSURANCE CORPORATION

PFP DISPOSITION AND ALLOCATION FORM

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PCB Provider
Address _____

PCB Provider No. _____
Covered Quarter _____

Total PFP Available from Latest Quarter _____
PFP Received for Covered Quarter _____

Total PFP Available BEFORE Covered Quarter

Allowed Allocation	Description	Amount Used	Total Amount Used
40%	Drugs and Medicines:		
40%	Reagents, supplies and equipment:		
	Information Technology:		
	Capacity building for staff:		
	Infrastructure:		
	Others:		
20%	Professional fee of physician		
	Professional fee of health staff		
	Professional fee of non health staff		

Total PFP USED for Current Quarter
Total PFP AVAILABLE AFTER Current Quarter

I hereby certify that the following is true to the best of my knowledge.

Name and Signature

Designation

Date

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