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PhilHealth Circular 11-2015

Revised Guidelines for the PhilHealth Outpatient HIV/AIDS Treatment (OHAT) Package

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

- DOH Administrative Order No. 2015-0031
 - Policies and Guidelines on the Use of Antiretroviral therapy (ART) Among People Living with Human Immunodeficiency Virus (HIV) and HIV-exposed Infants
- DOH Memorandum No. 2015-0139
 - Updated list of DOH-Designated Treatment Hubs and Satellite Treatment Hubs

2. What are the past PhilHealth issuances in relation to the PhilHealth OHAT Benefit Package?

- PhilHealth Board Resolution No. 1331 2009
 - Approval of the implementation of an outpatient HIV/AIDS treatment package
- PhilHealth Circular No. 19 s-2010
 - Provided the guidelines for Outpatient HIV/AIDS Treatment Package

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

Several patients, especially those in the formal sector, do not avail of the complete benefit to avoid stigma or being identified as People Living with HIV/AIDS (PLHIV). Their health status is somehow questioned when they request signatures from their employers to accomplish PhilHealth Claim Form 1.

4. How shall one apply as an OHAT provider?

PhilHealth accredited health care institutions (HCIs) who are designated by the Department of Health as HIV/AIDS Treatment Hubs are automatically accredited OHAT Package providers.

5. Should the health professionals under the PhilHealth OHAT Benefit 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, physicians in treatment hubs must be PhilHealth accredited starting January 1, 2016. Guidelines for accreditation of physicians are

provided in PhilHealth Circular 10, s 2014 (The New Accreditation Process for Health Care Professionals and Guidelines for Credentialing and Privileging of Professionals).

6. What are the requirements for physicians to get accredited?

For initial accreditation, physicians shall submit to the nearest PhilHealth Local Health Insurance Office or Regional Office the following documents:

- a. Properly accomplished Provider Data Record for professionals;
- b. Signed Performance Commitment;
- c. Updated PRC License or its equivalent;
- d. Two (2) pieces of 1x1 photo;
- e. Proof of payment of premium contribution; and
- f. Certificate of completed residency training or specialty board certificate if applicable.

7. Who are eligible to avail of the revised OHAT 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.
- Sponsored, Indigent and Overseas Workers Program members are entitled to the package if the period of treatment falls within the validity periods of their membership as stated in the MDR/PBEF.

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

The OHAT Package shall be a fixed case payment of P30,000 per year. The package will be released in four (4) quarterly payments at Php 7,500 pesos per release payable to the health care institution. The treatment hub shall only file one claim for each patient per quarter regardless of the number of consultations. However, if there are no services provided (i.e. no consultation), there will be no payment for that quarter.

9. What are covered under revised PhilHealth OHAT Benefit Package?

- Drugs and medicines
- Laboratory exams based on the specific treatment guideline including:
 - Cluster of Differentiation 4 (CD4) level determination test
 - viral load (if warranted)
 - test for monitoring of anti-retroviral (ARV) drugs toxicity
- Professional fees of providers

10. How will the PhilHealth OHAT Benefit Package be paid?

Public treatment hubs shall maintain a trust fund for reimbursements received from PhilHealth. The payment shall be paid directly to the facility through trust fund.

When a patient transfers from one treatment hub to another, the following rules shall apply:

- a. A referral letter to the receiving facility must be accomplished.

- b. The accredited facility that provided the services for the applicable quarter shall file the claim.
- c. If patient transfers within the same quarter, the referring facility shall file the claim. Claims for subsequent quarters shall be filed by the second facility.
- d. If there are no claims filed by the referring facility, claims filed by the referral facility within the applicable quarter shall be paid.

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

PhilHealth Benefit Eligibility Form (PBEF) OR other secondary documents required as proof of eligibility listed below in cases when PBEF is not available:

PURPOSE	REQUIREMENTS
4. For Benefit Availment	
4.1 Member	A. Appropriate PhilHealth Claim Form 1; AND B. Any of the following: 1. PhilHealth Identification Card (PIC); 2. PhilHealth Number Card (PNC) together with any valid ID/document listed in Annex A ; OR 3. Pantawid Pamilya Pilipino Program ID
4.2 Dependent	A. Appropriate PhilHealth Claim Form 1; AND B. PNC, or Any photo bearing valid ID; AND C. Any of the following: 1. Member Data Record (MDR) reflecting name of dependent patient; OR 2. Any valid document listed in Annex A (2)
4.3 Acceptable proof of contributions	<p><u>Overseas Workers Program Members:</u> Any of the following: A. Validated Remittance Forms of banks and remittance centers; B. Official Receipt issued by recognized remittance centers; OR C. Validated Payment Slip</p> <p><u>Employed Members:</u> A. Duly signed PhilHealth Claim Form 1 (CF1); OR B. Employer Certification</p> <p><u>Individually Paying Member:</u> Any of the following: A. PhilHealth Official Receipt (POR); B. PhilHealth Agent's Receipt (PAR); C. Printed proof of payment from PhilHealth website; D. Certificate of Premium Payment (CPP); E. Validated Bayad Center Payment Form; F. Validated Payment Receipt of ACAs; G. Validated Acknowledgement Receipt of ACAs; H. Sendout Form from MLhuiller (for online transaction); I. Sendout Form Remote Transaction from MLhuillier (for offline transaction); J. Validated Payment Slip; OR K. Validated PhilHealth Premium Order Slip (PPOS) and Point-of-Sale Generated Receipt (POS-GR)</p>

For all member segments of the NHIP, the following alternative/substitute documents shall be considered as valid proof of membership:

The PNC/PIC or MDR shall be considered as a valid proof of membership.

For all Sponsored Program Members:

In case the PIC, PNC or MDR is not available, the original copy of the Certification (Form CE-1) duly issued by authorized PhilHealth personnel at the PRO/LHIO to ensure that the SP member will be able to avail of NHIP benefits.

- a. Duly accomplished PhilHealth Claim Form 1 (CF1). CF1 shall no longer be required when PBEF confirmed (as indicated by a “Yes”) the patient’s eligibility.
For succeeding claims of employed members, CF1 without the employer’s signature may be accepted if there is an updated Certificate of Premium Contributions issued by PhilHealth Local Health Insurance Offices/Branches attached to the claim.
- b. Duly accomplished PhilHealth Claim Form 2. Instructions and example of which are attached as Annex 2 and Annex 3 of this Circular respectively.
- c. Other documents to be submitted:

Initial Claim	Succeeding Claims
<ul style="list-style-type: none"> • Photocopy of the following: <ol style="list-style-type: none"> 1. Confirmatory test results by SACCL or RITM 2. Health regimen booklet that reflects the recent drug regimen <ul style="list-style-type: none"> ○ Waiver and consent for release of confidential information (See Annex 1) 	<ol style="list-style-type: none"> 1. Photocopy of the health regimen booklet 2. Waiver and consent for release of confidential information (See Annex 1) <ul style="list-style-type: none"> ❖ Include referral letter in cases of transfer

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

The consultation date or date when patient obtained the ARV drugs from the treatment hubs during the applicable quarter shall be considered as the admission date. If there are several consultations for that quarter, the health care provider shall choose any one of these as date of admission. The discharge date shall be the same as admission date.

13. How should be OHAT Package Payment be allocated?

All treatment hubs shall allocate reimbursement for OHAT Package based on their existing policies and procedures. Should the treatment hubs not have any policy on allocation of OHAT payment prior to the effectivity of the circular, the disposition of PhilHealth payment for OHAT shall be:

- a. Eighty percent (80%) for the facility to be used as revolving fund for the delivery of the required service/s such as, but not limited to drugs, supplies, laboratory reagents, equipment (including maintenance), site improvement, and referral fee and other services necessary for the delivery of the required services.
- b. Twenty percent (20%) for the professional fee that shall be divided among the HIV/AIDS Core Team (HACT) and other staff directly providing the services composed of, but not limited to the following: doctors, dentists, nurses, medical social workers, counsellors and medical technologists.

14. What are the requirements of the OHAT Package providers in terms of monitoring and evaluation?

The treatment hubs are required to maintain a minimum set of information on each patient such as medical records/charts including referral letters that shall be readily available to PhilHealth during monitoring and evaluation.