



PHILHEALTH CIRCULAR

No. 2016 - 0009

TO : ALL PHILHEALTH ACCREDITED HEALTH CARE INSTITUTIONS, PHILHEALTH OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Institutionalization of PhilHealth Services at the Point-of-Benefit Availment Provided by the PhilHealth Customer Assistance, Relations and Empowerment Staff (P-CARES)

I. Rationale

PhilHealth Board Resolution No. 1583, s. 2012 implemented the PhilHealth Customer Assistance, Relations and Empowerment Staff (P-CARES) Project which made selected services of the Corporation available at the point-of-benefit availment. Four years into the deployment to health care institutions (HCIs), the P-CARES has continuously elicited positive feedback from members, patients, HCI staff and other stakeholders. Their deployment was likewise selected as a government best practice in a national competition.

Reports reveal that the P-CARES are able to assist millions of clients, members and patients in availing their benefits annually. Their presence in HCIs has been effective in providing PhilHealth with a client-friendly face to members and the public.

Moreover, the P-CARES have played a significant role in promoting PhilHealth products and policies such as the All Case Rates and No Balance Billing (NBB) policies, Point-of-Care enrolment, Z Benefits, among others. Henceforth, the PhilHealth Board issued Resolution No. 1850, s. 2013 approving the institutionalization of the provision of services at the point-of-benefit availment.

This Circular is issued to serve as guidelines for the institutionalization provided by the P-CARES at the point-of-benefit availment.

Definition, Responsibilities and Deployment of P-CARES

A. Definition

PhilHealth Customer Assistance, Relations and Empowerment Staff or P-CARES shall refer to a registered nurse engaged by the Corporation to assist PhilHealth members and their dependents and patients at the point-of-benefit availment.

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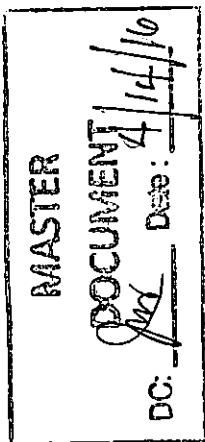
B. Responsibilities

The P-CARES shall be responsible for ensuring that members and their dependents are able to avail of the benefits they are entitled to and are accorded with the appropriate services by HCIs in accordance with standards set forth by the Corporation. Specifically, they are responsible for the following tasks:

1. Provide members, dependents and other clients with assistance during admission, confinement and discharge thus ensuring that they are equipped with essential information about membership, eligibility, benefits and how such can be availed;
2. As may be authorized, issue pertinent Forms that may take the place of required documents for benefit availment;
3. Conduct surveys at the HCI level in aid of policy formulation;
4. Perform tasks in support of the NBB policy implementation, point-of-care enrolment, and other priority projects of the Corporation that may require provision of services to members at the point-of-benefit availment;
5. Liaise between the member, the hospital, the Corporation and other stakeholders to ensure benefits are availed and customer experience at the HCI level is well documented;
6. Verify benefit eligibility of patients thru the use of appropriate IT systems in case the Health Care Institution Portal is not available or is not functioning well; and
7. Inform members about quality standards they are entitled to while availing PhilHealth benefits.

C. Deployment to Health Care Institutions

1. The P-CARES shall be deployed to one or more accredited HCIs for a period set forth by the Corporation.
2. The P-CARES shall be properly endorsed to their hospital assignments by the PhilHealth Regional Office in charge of the area.
3. Assignment of P-CARES to accredited facilities shall be in accordance with the following order of priority;
 - a) Levels 2 and 3 government-owned facilities with ≥ 30 discharged patients per day;
 - b) Level 1 government-owned facilities and levels 2 and 3 privately owned facilities with ≥ 30 discharged patients per day;
 - c) Hospitals retained by the Department of Health (DOH) and Levels 1, 2 and 3 government-owned facilities with < 30 discharged patients per day; and



- d) Other government-owned facilities and levels 2 and 3 privately owned hospitals with < 30 discharged patients per day; and
- e) Other privately owned HCIs.

The "level" of the HCI shall be based on the DOH Administrative Order No. 2012-0012 as may be amended.

- 4. Health care institutions with ≥ 30 discharges per day may be assigned with two (2) P-CARES each before those with less discharges get assigned with one (1) P-CARES.

III. Responsibilities of the Health Care Institution

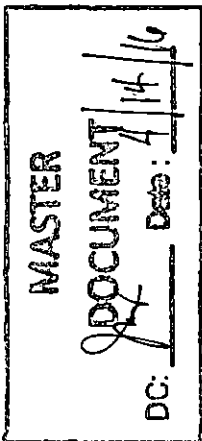
- A. The performance commitment of accredited HCIs states that they "shall abide with all the implementing rules and regulations, memorandum circulars, office orders, special orders, and other administrative issuances by PhilHealth affecting them" and that they "shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified dependents/beneficiaries."

The P-CARES are agents for client satisfaction, thus accredited HCIs are hereby mandated to accommodate their deployment. It is expected that facilities shall provide logistical needs and administrative support to P-CARES deployed to them.

- B. Health care institutions with assigned P-CARES shall provide a work station within their premises that complies with the following specifications:

- 1. Has a decent table, chair and, as much as possible, a computer with printer and connection to the internet that is needed for accessing PhilHealth's IT System apart from the computer used by the HCI to access the HCI Portal;
- 2. Accessible from the center of activity inside the facility and suitable to their activities that involve a lot of client interaction;
- 3. Has adequate lighting and ventilation; and
- 4. With sufficient space for at least 5 people on queue at a time.

- C. The HCI shall allow the P-CARES to carry out the tasks specified under Section II.B hereof. It shall also allow the conduct of ward/OPD classes, room-to-room visits, and surveys by the P-CARES pursuant to Item 35 of their Performance Commitment which states that the HCI "shall recognize the authority of PhilHealth, its Officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of their privilege and conduct of their operations as an accredited HCI of the NHIP." As much as practicable, the HCI shall integrate in its processes the P-CARES' tasks. For example, the conduct of exit survey shall be integrated in the discharge process.



- D. Honor the PhilHealth CARES Form 1 or PCF1 issued by the P-CARES as an alternative proof of membership, proof of declaration of legal dependent and proof of premium contribution in the absence of a PhilHealth Benefit Eligibility Form (PBEF) or Member Data Record (MDR).
- E. The HCI shall monitor the attendance and punctuality of the P-CARES assigned to them on behalf of the Corporation.

IV. Restriction

It is hereby reiterated that the Corporation restricts assigning P-CARES to functions that are not provided for in this Circular. They are deployed to empower members at the point-of-benefit availment. Hence, P-CARES shall NOT perform activities such as, among others: collecting premium contributions, screening and processing of benefit claim documents in lieu of the HCI staff, receiving and screening of applications for accreditation, receiving of documents in compliance to RTH claims, and operating the HCI Portal. The P-CARES, however, may assist HCIs in liaising with appropriate Corporate units the resolution of issues and concerns regarding IT systems, guidelines contained in circulars, advisories, and other matters.

V. Penalty

Non-accommodation of P-CARES, constraining or barring them from performing their functions, and/or assigning them functions or tasks other than those specified herein shall be construed as violation of the Performance Commitment and shall be acted upon based on the provisions of PhilHealth Circular No. 031-2014, re: Health Care Provider Performance Assessment System (HCP PAS).

VI. Repealing Clause

All provisions of PhilHealth Circular No. 012, s. 2012 and other issuances which are inconsistent with this Circular is hereby amended and/or modified accordingly.

VII. Effectivity

This Circular shall take effect fifteen (15) days after publication in at least two (2) newspapers of nationwide circulation. A copy of this Circular shall be submitted to the Office of the National Administrative Register, Law Center, University of the Philippines.

(Handwritten Signature)
ALEXANDER A. PADILLA
 President and CEO
 Date signed: 4/12/16

MASTER DOCUMENT
 DC: 4
 Date: 4/12/16