



PHILHEALTH CIRCULAR
 No. 2017-0033

TO : ALL ACCREDITED PRIMARY CARE BENEFIT (PCB) PROVIDERS, EMR SYSTEM PROVIDERS, PHILHEALTH OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Per Family Payment (PFP) Processing using the Automated Payment Utility in the PhilHealth HCI Portal (U-PCM) and Other Certified Electronic Medical Record (EMR) (Revision 1)

I. RATIONALE

The Primary Care Benefit (PCB) Package *aims* to incentivize providers who have afforded access to care to assigned eligible members through enlistment, profiling, and provision of services. The incentives are paid out by PhilHealth through a Per Family Payment (PFP) scheme. *Article IV, Section 16 of RA 7875 as amended by RA 10606 (National Health Insurance Act of 2013) provides that the Corporation has the power and function "to endeavour to support the use of technology in the delivery of health care services especially in farflung areas such as, but not limited to, telemedicine, electronic health record, and the establishment of a comprehensive health database". As such, the Corporation has automated the payment process in order to facilitate release of PFP.*

The data collected through electronic submission shall allow for easier review of the benefit utilization as reference to future enhancement of the package, in support of the Corporation's mandate "to supervise the provision of health benefits and to set standards, rules and regulations necessary to ensure quality of care, appropriate utilization of services, fund viability, member satisfaction and overall accomplishment of Program objectives" as provided in Article IV, Section 16 of RA 7875 as amended by RA 10606 (National Health Insurance Act of 2013).

II. OBJECTIVE

- A. Establish an electronic medical record system for PCB accredited providers to facilitate data recording, data reporting and submission.
- B. Ensure complete and timely reporting of health data for monitoring and performance assessment and evaluation purposes
- C. Improve operational efficiency and turnaround time for paying health care providers.

III. SCOPE

This circular shall cover all payment to all PCB providers processed using the automated payment utility.

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IV. DEFINITION OF TERMS

Electronic Medical Records (EMR) - is the electronic record system or the electronic document of a patient's encounter in one health facility. In this case, the patient's medical or health record at a health facility is being received, recorded, transmitted, stored, processed, retrieved or produced electronically through computers or other electronic devices.

Electronic submission - refers to submission of documents (e.g. PCB reports) via certified EMRs through PHIE Lite

Payment Adjustment – reduction or increase to a previously credited payment

Philippine Health Information Exchange (PHIE) Lite – an initial platform for interoperable health information system that streamlines the business processes and harmonizes the architecture, data structure and technology solutions (i.e. applications and health information systems) between DOH and PhilHealth to achieve better efficiency and outcomes in service delivery health data and statistical reporting, and availability, access, exchange and use of health data/information.

Profiling - refers to the act of doing/ updating the individual or client health profile of entitled members and dependents

Statement of Accounts Payable - Centralized Automated Scheduled Batch Processing (SAP-CASBP) Utility – is a centralized automated scheduled batch processing utility for the computation and generation of SAP

Statement of Accounts Payable (SAP)-pdf - reflects the amount due for each quarter in pdf format

Updated Primary Care Module (UPCM) - is a module developed by PhilHealth to automate the Per Family Payment (PFP) processing from assignment of PCB members to adjudication. This module can be accessed in the PhilHealth HCI portal.

V. GENERAL GUIDELINES

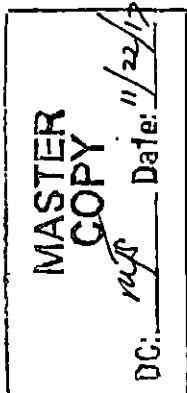
A. For 2016, only accredited PCB providers who are able to electronically transmit data shall be reimbursed. Electronic data submission may be through UPCM (only until December 31, 2016), Manual Excel File (MEF) or any of the following certified EMRs:

1. iClinicSys (on-line and off-line)
2. CHITS (on-line and off-line)
3. eHatid LGU (on-line and off-line)
4. SHINE OS+ (on-line and off-line)
5. WAH (on-line and off-line)

B. Beginning January 1, 2017, only data transmitted through the above mentioned certified Electronic Medical Record (EMR) providers shall be processed for PFP reimbursements.

*Note: PCB accredited hospitals and RHUs without EMR system shall submit PCB data using MEF with additional data requirements (MEF Plus) from January to December 31, 2017.

C. The basis for PFP reimbursement shall only be PCB eligible beneficiaries who were enlisted, profiled and given the necessary services as provided in PhilHealth Circular

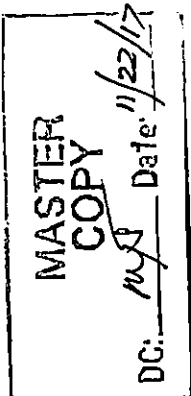


0007, s.2013. PCB eligible members shall include Sponsored members, NHTS identified, land-based OFWs, Organized Groups, and DepEd personnel.

- D. Eligibility of PCB beneficiaries shall be established and verified through the electronic system. Only beneficiaries who have satisfied the PCB eligibility requirements electronically shall be included in the PFP computation.
- E. PCB eligible beneficiaries such as 4Ps card holders whose membership data have not been updated in the system shall be required to accomplish a PhilHealth Membership Registration Form (PMRF). These forms shall be made available in all accredited PCB providers. All accomplished PMRFs shall be submitted to the LHIO for verification and updating of membership status. The concerned PCB provider shall be reimbursed for services rendered to these families only when membership status has been updated in the system.
- F. For accredited PCB providers affected by fortuitous events, PFP claims shall be subjected to applicable existing policies.
- G. *Submission of the certified Fund Utilization Report (FUR) of the previous quarter shall be on a quarterly basis. The FUR shall be used for monitoring of performance and utilization of Per Family Payment. Non-submission of FUR shall be construed as non-compliance to Performance Commitment.*

VI. SPECIFIC GUIDELINES

- A. *The electronic processing of PFPR shall be done through Centralized Automated Scheduled Batch Processing (CASBP) which shall compute for the Per Family Payment Rate (PFPR) and generate the Statement of Accounts Payable (SAP). Computation of PFPR shall be based on current available data on the prescribed cut-off date.*
- B. PFP computation shall be based on all transactions/patient encounters for enlisting and profiling with corresponding basic services during the applicable quarter for the year.
- C. The number of transactions/patient encounters shall automatically be reset the following year and computation shall start again with the number of PCB eligible members who are assigned, enlisted, profiled, and given the necessary services every quarter for the applicable year.
- D. All profiles done in the previous year shall be required updated entries to be entitled for profiling reimbursement in the succeeding year.
- E. *The SAP will be sent out to PCB providers for signing by the authorized officer/s. The signed SAP shall be returned to the LHIO three (3) calendar days upon receipt for timely processing of the PFP. Delay in the submission of signed SAP shall result to delay in the processing of PFP.*
- F. *PCB providers using MEF Plus shall submit reports within seven (7) days at the end of every month for uploading at the LHIO. However, SAP shall still be generated on a quarterly basis.*



G. Submission of reports shall be on a monthly basis. To facilitate submission, please refer to table below:

Table 1. Schedule of Submission and Transmission of Reports

LEVELS OF DATA TRANSMISSION	REPORTING MODULE		
	MEF Plus	EMR- Online	EMR-Offline
RHUs to LHIOs	Within seven (7) calendar days after the applicable month	N/A	N/A
RHUs to EMR providers	N/A	Daily/Real-time	Within seven (7) calendar days after the applicable month
EMR providers to PHIE Lite	N/A	Daily/Real-time	Within three (3) calendar days after the receipt of reports from PCB1 providers

H. A2 and A4 forms shall no longer be required as documentary requirements.

I. Generation of SAP for both EMR and MEF Plus data shall be on the 15th calendar day of the two immediately succeeding months after the applicable quarter.

<i>i.e.</i>	<i>Covered quarter</i>	<i>Schedule of SAP generation</i>
	January – March	April 15; May 15
	April – June	July 15; August 15
	July – September	October 15; November 15
	October – December	January 15; February 15 of the following year

J. The said SAP should be taken-up in the books of accounts of the PCB provider and should follow the applicable accounting and auditing rules and regulations.

K. The PCB provider, upon receipt of the payment, shall issue an official receipt to PhilHealth.

VII. REDUCTION OR NON-PAYMENT FOR ENLISTMENT /PROFILING

The reduction or non-payment for enlistment during the applicable quarter may occur in the following circumstances:

- A. beneficiary is eligible but was not assigned to the claiming PCB provider;
- B. an LGU sponsored beneficiary with expired validity/effectivity;
- C. non-PhilHealth member and non-PCB eligible members;
- D. enlistment and profiling done beyond the applicable quarter;
- E. DepEd, OFW and OG with no qualifying contribution;
- F. no data entry in the required fields in EMR system;
- G. non-compliance to prescribed data format (i.e. MEF Plus).

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VIII. FORMULA FOR COMPUTING THE PFP

The Per Family Payment (PFP) shall be computed using the number of enlisted members and the number of profiled members and dependents.

The following formula will apply:

$$PFPR = [EM \times P50] + [EM \times A]$$

Where $A = (PMD/EMD) \times 100 = \% \text{ PMD}$

$A = \% \text{ PMD}$ (Use Table 1 to identify the amount allotted for the %)

Where:

$A = \text{Amount Allotted}$

$EM = \text{number of enlisted members}$

$EMD = \text{number of enlisted members and their dependents}$

$PMD = \text{number of profiled members and dependents}$

Table 2. Amount allotted on the percentage of profiled members and dependents

Percentage profiled MM and DD (%PMD)	Amount Allotted
80%-100%	P 75
70%-79%	P 50
50%-69%	P 25
Less than 50%	P 0

If the PCB provider has 1,000 enlisted members and 5,000 dependents and they were able to profile 1,000 members and 3,000 dependents, the PFPR for 1st quarter 2017 shall be:

Sample Computation:

1st Quarter 2017

$$\begin{aligned}
 PFP &= [EM \times P50] + [EM \times A] \\
 &= [1,000 \times P50] + [1,000 \times ((4,000/6,000) \times 100)] \\
 &= [P50,000] + [1,000 \times (66.66\%)], \text{ where } 66.6\% \text{ of PMD is equivalent to P25 (see table 1)} \\
 &= [P50,000] + [1,000 \times P25] \\
 &= P50,000 + P25,000 \\
 &= P 75,000
 \end{aligned}$$

2nd Quarter 2017

Additional enlistment of 500 members and 1,000 dependents
 Additional profiling of 500 members and 2,000 dependents

$$\begin{aligned}
 PFP &= [EM \times P50] + [EM \times A] \\
 &= [1,500 \times P50] + [1,500 \times ((6,500/7,500) \times 100)] \\
 &= [P75,000] + [1,500 \times 86.6\%], \text{ where } 86.6\% \text{ of PMD is equivalent to P75 (see Table 1)} \\
 &= [P75,000] + [1,500 \times P75] \\
 &= P75,000 + P112,500 \\
 &= P187,500
 \end{aligned}$$


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X. REPEALING CLAUSE

All provisions or previous issuances or circulars that are inconsistent with any of the provisions of this Circular for this particular circumstance wherein the same is exclusively applicable, are hereby amended, modified or repealed accordingly.

XI. DATE OF EFFECTIVITY

This Circular shall take effect retroactively starting *January 1, 2016 except for provisions under Specific Guidelines, Items F & G which shall take effect beginning January 1, 2017*. Further, this Circular shall be published in any newspaper of general circulation and shall be deposited thereafter with the Office of the National Administrative Register at the University of the Philippines Law Center.


DR. CELESTINA M. JUDE P. DE LA SERNA
Interim/OIC PCEP
Date Signed: 11/8

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