



PHILHEALTH CIRCULAR

No. 2019-0006

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

SUBJECT : Institutionalization of PhilHealth Customer Assistance, Relations and Empowerment Staff (P-CARES) Program (Revision 1)

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. 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 programs such as the All Case Rates and No Balance Billing (NBB) policies, Point-of-Service 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 of *services* provided by the P-CARES at the point-of-benefit availment.

II. OBJECTIVES

This Circular is issued to achieve the following objectives:

- A. Define the new functions of P-CARES;
- B. Provide standards in the deployment of P-CARES in accredited HCIs and Malasakit Centers.

III. SCOPE

This Circular shall cover the P-CARES and the accredited health care institutions where they are deployed.

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IV. DEFINITION OF TERMS

For the purpose of this Circular, the succeeding terms shall be defined as specified:

- A. Accredited Health Care Institution or Accredited HCI** – shall refer to a health care facility that has an existing agreement and performance commitment with the Corporation to provide PhilHealth benefits to members and their qualified dependents.
- B. Malasakit Center** – shall refer to an area in which various payors (e.g., PCSO and DOH MAIP desks) will be housed to streamline the process for patients in availing financial assistance.
- C. 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.
- D. PhilHealth Patient Feedback Form or PPF** – shall refer to the exit survey tool administered by P-CARES to patients who availed PhilHealth benefits and is used to measure PhilHealth benefit awareness, client satisfaction and compliance to the No Balance Billing (NBB) policy.

V. GENERAL GUIDELINES

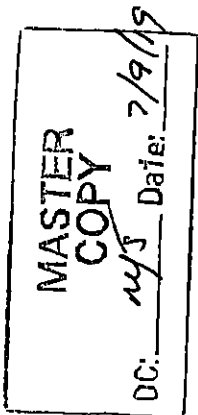
A. Responsibilities of P-CARES

The P-CARES shall be responsible for ensuring that members and their dependents are able to avail of the benefits. Specifically, they are responsible for the following tasks:

1. Assist clients to ensure that they are equipped with essential information about PhilHealth;
2. Verify benefit eligibility of patients thru the use of appropriate IT systems (e.g., i-CARES);
3. Issue pertinent forms that may take the place of required documents for benefit availment;
4. Conduct survey (e.g., PhilHealth Patient Exit Survey) at the HCI level;
5. Accurate and unbiased encoding and reporting of data;
6. Perform tasks in support of the NBB policy implementation, point-of-service enrolment, and other priority projects of the Corporation;
7. Provide assistance to clients in Malasakit Centers by coordinating with other agencies (e.g., Department of Health, Department of Social Welfare and Development, Philippine Charity Sweepstakes Office) to ensure financial risk protection;
8. Provide support in the individual assignment of expanded PCB (EPCB) beneficiaries to EPCB HCI and generation of Authorization Transaction Code (ATC) in HCI where they are assigned;
9. Honor clients' rights to privacy and confidentiality of information;
10. Submit monthly operations report and issues and concerns observed during deployment;
11. Refer concerns beyond P-CARES capability to concerned offices for resolution; and
12. A P-CARES within the PRO/Branch shall be assigned by the RVP as a P-CARES Team Leader (TL) for a period of one (1) year. The duration of assignment shall be from January to December of each year. In no instance that a P-CARES shall be assigned as a TL for two (2) consecutive periods.

B. Deployment to Health Care Institutions

1. P-CARES shall be deployed and properly endorsed to accredited HCIs who complied with the requirements specified in Section V. C of this Circular.



2. Assignment of P-CARES to accredited facilities shall be in accordance with the following order of priority:
 - a. HCIs with Malasakit Centers;
 - b. Levels 2 and 3 government-owned facilities; NBB contracted private-owned facilities;
 - c. Level 1 government-owned facility; levels 2 and 3 privately owned facilities;
 - d. Government-owned PCF;
 - e. Other privately owned HCIs.
3. P-CARES shall render eight (8) hours of work a day for five (5) days in a week or a total of forty (40) hours a week, exclusive of one-hour noon break.

C. Responsibilities of the Health Care Institution

1. The P-CARES are agents for client satisfaction, thus accredited HCIs are hereby mandated to accommodate their deployment.
2. The HCI shall monitor the attendance and punctuality of the P-CARES assigned to them on behalf of the Corporation
3. Health care institutions with assigned P-CARES shall provide a work station within their premises *that is:*
 - a. Accessible to clients (e.g., Admitting Section, Billing Section);
 - b. Well-ventilated and properly lighted;
 - c. With sufficient space for at least 5 people on queue at a time;
 - d. Safeguards shall be implemented to ensure visual and auditory privacy between P-CARES and the client.
4. It is expected that facilities shall provide logistical needs and administrative support to P-CARES deployed to them. They shall provide the following:
 - a. table with drawer and lock;
 - b. chair;
 - c. computer dedicated for P-CARES' use;
 - d. printer;
 - e. internet connection
5. The HCI shall allow the P-CARES to carry out the tasks specified in this Circular. It shall also allow the conduct of the following:
 - a. ward/OPD classes;
 - b. room-to-room visits;
 - c. assignment of members for outpatient benefits;
 - d. conduct of patient exit survey
6. The HCI shall integrate P-CARES' tasks in its processes (e.g., conduct of exit survey).
7. HCIs with Malasakit Center shall provide a separate work station inside the Center for P-CARES.

D. Restriction

PhilHealth restricts utilizing P-CARES for functions that are not included in this Circular, such as but not limited to:

1. Receiving of applications for membership and accreditation;
2. Assisting in domiciliary visits;
3. Collecting premium contributions;
4. Processing benefit claims for the HCI (e.g., giving/filling out of claim forms, photocopying of claim attachments, determination of ICD 10 code to be used);
5. Accessing the HCI portal;
6. Facilitating compliance of HCI's RTH or Denied Claims;

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VI. 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 Health Care Provider Performance Assessment System (HCP PAS).

VII. REPEALING CLAUSE

All provisions of issuances, such as PhilHealth Circular No. 012, s. 2012, 2016-009 and other issuances which are inconsistent with this Circular is hereby amended and/or modified accordingly.

VIII. SEPARABILITY CLAUSE

In the event that a part or provision of this Circular is declared unconstitutional or rendered invalid by any Court of Law or competent authority, provisions not affected by such declaration shall remain in full force and effect.

IX. EFFECTIVITY

This Circular shall take effect fifteen (15) days after publication in *any* newspaper 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.

MGEN. RICARDO C. MORALES, AFP (RET) FICB
President and Chief Executive Officer (CEO)

Date signed: 9 July 2019

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DC: NYS Date: 7/9/19

