



MAR 26 2013

JOINT ORDER

DOH Department Order / Philhealth Office Order No. 2013-0031

TO : All Government Hospitals and All Other Concerned

SUBJECT : Enrolment of Critical Poor under the Sponsored Program of the National Health Insurance Program at Point-Of-Service

I. Rationale

Article XIII Sec. 11 of the 1987 Philippine Constitution stipulates that "The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the under-privileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers". Moreover, Department Of Health Administrative Order 0036-2010 with the subject *The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos* stated that "Financial risk protection through improvements in NHIP benefit delivery shall be achieved by (1) redirecting PhilHealth operations towards the improvement of the national and regional benefit delivery ratios; (2) expanding enrolment of the poor in the NHIP to improve population coverage; (3) promoting the availment of quality outpatient and inpatient services at accredited facilities through reformed capitation and no balance billing arrangements for sponsored members, respectively; (4) increasing the support value of health insurance through the use of information technology upgrades to accelerate PhilHealth claims processing, etc.; and (5) a continuing study to determine the segments of the population to be covered for specific range of services and the proportion of the total cost to be covered/supported"

Republic Act (RA) 7875 as amended by RA 9241 stated that "the National Health Insurance Program (NHIP or the Program) shall provide all citizens the mechanisms to gain financial access to health services, in combination with other government health programs. The NHIP shall give the highest priority to achieving coverage of the entire population...xxx" Furthermore, Section 3 (c) of the same law emphasizes the need to "prioritize and accelerate the provision of health services to all Filipinos, especially that segment of the population who cannot afford such services". Moreover, section 7 clearly mentions that "all indigents not enrolled in the Program shall have priority in the use and availment of the services and facilities of government hospitals....Provided, however that such government health care providers shall ensure that said indigents shall subsequently be enrolled in the Program".

In his recent State of the Nation Address, the President reiterated this objective when he said:

"Dahil po sa No Balance Billing (NBB) policy ng Department of Health, ang lunas para sa dengue, pneumonia, asthma, katarata, gayundin ang pagpapagamot sa mga catastrophic disease tulad ng breast cancer, prostate



cancer, at acute leukemia, makukuba na na ng libre ng mga pinakamahirap nating kababayan. Ito po ang proseso ng pagpapagamot para sa kanila: Papasok ka sa alin mang ospital ng gobyerno. Ipapakita mo ang iyong PhilHealth card. Magpapagamot ka. At unwi ka ng maginhawa nang walang inilabas ni isang kusing."

With such mandates as mentioned above, the Department of Health (DOH) and the Philippine Health Insurance Corporation (PhilHealth) continue to devise mechanisms so that most vulnerable poor to receive quality health care services with no out-of-pocket expenditures. As the Universal Health Care (UHC), or Kalusugang Pangkalahatan (KP), aspires to improve implementation of the compulsory nature of premium payments to avoid adverse selection and achieve social solidarity, the indigent poor shall have their premium payments subsidized through National Government appropriations, Sin Tax collections or local government sponsorship enrollments, among other sources. Invariably, despite all efforts by government to enroll all the poor, there are still leakages that not all the poor are able to be covered and are not protected when they need to avail of vital health services at the point of care. Hence, in order to assure that none of the poor are left to chance, it is imperative that these "critical poor" be accordingly enrolled by the hospital concerned and that PhilHealth appropriately reimburses those services extended to them.

Taking the above premises into consideration, as the NHIP continuously develops towards full implementation under the ambit of UHC, the guiding principles of the law allow government budgetary appropriations for direct service provision of indigent Filipinos to be reduced and shifted towards premium subsidy for the poor where PhilHealth shall eventually shoulder the payments for personal health services rendered to indigents under the same basic benefit rates coupled by the No Balance Billing Policy.

Therefore, in line with the thrust of KP, it is incumbent for Government to assure that even those indigents missed out in the identification and premium payment processes currently existing must be covered by PhilHealth. Government hospitals are required by law to enroll these indigent patients.

II. OBJECTIVES:

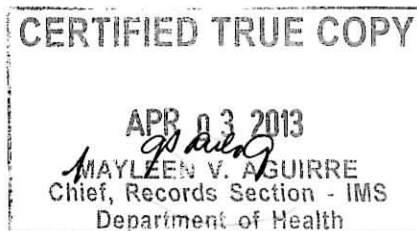
General Objective: This Joint DOH-PhilHealth Order aims to set the governing policies and guidelines in the enrollment of critical poor to PhilHealth in government hospitals and their immediate availment of personal health benefits.

Specific Objectives:

1. To describe the rules and procedures in the enrollment of critical poor admitted in government hospitals.
2. To state the benefits of these critical poor members.

III. DEFINITION OF TERMS

- a. **National Health Insurance Program (NHIP)** – The social health insurance program implemented by the Philippine Health Insurance Corporation as mandated by RA 7875 as amended by RA 9241 which seeks to provide universal

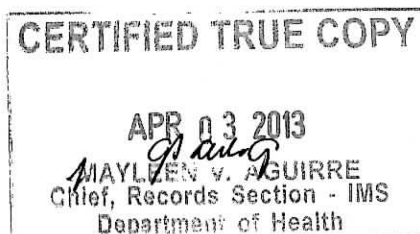


health insurance coverage and ensure affordable, acceptable, available, accessible, and quality health care services for all citizens of the Philippines.

- b. **Critical Poor** – Persons assessed and identified as poor by the hospital Medical Social Welfare Assistance Officer who are not listed nor registered to the Sponsored Program but can immediately avail of NHIP benefits. Their continuous enrollment to the sponsored program in the succeeding years shall be subject to validation of the DSWD.
- c. **Sponsored Program (SP)** - A component of the NHIP that seeks to cover families belonging to: (1) Families identified under the National Household Targeting System for Poverty Reduction (NHTS – PR) of the Department of Social Welfare and Development (DSWD); (2) Families identified by Local Government Units (LGUs) and other sponsors; The families enrolled under the Sponsored Program can automatically avail of PhilHealth benefits upon enrollment;
- d. **No Balance Billing Policy (NBB)** – a privilege given to Sponsored Program members which lets them receive quality health care with no out-of-pocket expense incurred. This prohibits the hospital from charging the patient for room and board, drugs, laboratories, professional fees and other expenses over and above the PHIC reimbursement. This was initially introduced and implemented through Philhealth Circular 11, s 2011 with the subject *New Philhealth Case Rates for Selected Medical Cases and Surgical Procedures and the No Balance Billing Policy*.
- e. **PhilHealth Member (Member)** – Any person whose premiums has been regularly paid to the National Health Insurance Program. He may be a paying member, an indigent member or a pensioner/retiree member;
- f. **Dependent child**
 - i. The unmarried and unemployed legitimate, illegitimate, acknowledged children, legally adopted below (21) years of age;
 - ii. Children who are 21 years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent to a member for support;

IV. COVERAGE

These Guidelines shall cover the 6 pre-selected DOH-retained hospitals as pilot sites namely: East Avenue Medical Center, Jose Reyes Memorial Medical Center, Dr. Jose Fabella Memorial Hospital, Rizal Medical Center, Quirino Memorial Medical Center and Las Piñas General Hospital and Satellite Trauma Center . However, dependent to the assessment of the result and approval of the Board, the program may be expanded to all government hospitals.



V. GENERAL POLICIES

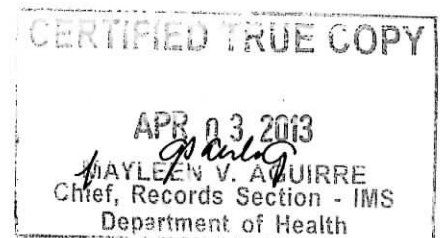
1. Identification of Critical Poor under the Sponsored Program in Government Hospitals

- a. As provisional means of identifying indigent members, separate from the National Household Targeting System for Poverty Reduction (NHTS-PR), LGU-identification and other tools by private sponsors, the assessment of poor and non-poor patients at point-of-service at the hospital level by the Medical Social Welfare Assistance Officers (MSWAO) in government hospitals would be acceptable.
- b. The list of patients identified as critical poor shall be sent to DSWD on a quarterly basis for validation which would serve as a basis for renewal or non-renewal of NHIP benefits under the Sponsored Program.
- c. The names of validated as critical poor by the DSWD shall then be incorporated in the NHTS-PR list for the member's entitlement of NHIP benefits for the subsequent year.
- d. Hospital- sponsored members validated as non- poor, shall be reminded by PhilHealth of their obligation in paying premium as IPM to continue receiving benefits.

2. Premium Payments for Critical Poor

Upon assessment of the critical poor patients, the admitting hospital shall pay the necessary premiums to cover these patients.

- a. **Rate.** The premium amount shall be shouldered by the hospital which shall be pegged at the same rate as Sponsored Program members (currently at Php 2,400 per year).
- b. **Validity.** Enrollment shall be valid for the entire calendar year with the date of admission as the starting date and December 31 of that particular year as end date. All admissions within the validity period shall be reimbursed subject to compliance with existing benefits availment policies.
- c. **Sponsorships.** Government pilot hospitals shall be the partner-sponsors / premium donors for these critical poor for the effective implementation of the Sponsored Program component of the NHIP. Upon assessing that a certain patient belongs to the critical poor, the MSWAO shall issue a certification and upon payment by the government facility such should suffice for immediate availment of NHIP benefits.
- d. **Mechanism of Payment.** For real-time posting and to facilitate transaction, the hospitals are advised to pay directly to LHIOs during the period of pilot test. However, it shall then be expanded to allowing hospitals remit through Accredited Collecting Agents when the program expands.



3. Membership and Declaration of Dependents

To further facilitate coverage of non-members, these critical poor sponsored members shall be allowed to declare their qualified dependents upon registration. To declare dependents, the member shall submit necessary supporting documents that would establish the relationship of principal member and dependent as stipulated in PhilHealth Circular 50,s. 2012 as amended by PhilHealth Circular 01, s-2013.

a. **Principal Member**

- A. An identified critical poor who is 21 years old or older shall be enrolled as a principal member.
- B. An identified critical poor below 21 years of age who are emancipated as defined by the Civil Law i.e. married, or even if not married but has a child of her own shall be enrolled as principal member with the membership preferably under the name of the mother.

b. **Qualified Dependents**

- A. In cases where the patient is considered a dependent child, the government hospital shall enroll the parents, preferably under the name of the mother, and have them declare all other dependents.
- B. In cases where the patient is considered a senior citizen, i.e. 60 years and above, the government hospital shall enroll the said senior citizen as a principal member.

c. **PhilHealth Identification Number and Member Data Record**

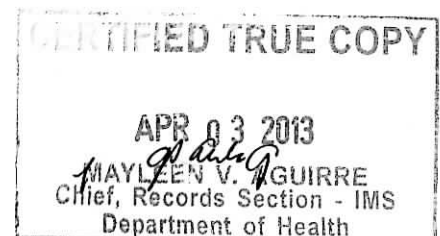
- A. The government hospital shall submit to the LHIOs a masterlist of critical poor to be enrolled for PIN generation.
- B. Priority lane should be provided in encoding the member's data and generating PIN at the Membership Section/ Unit of PhilHealth Regional Office/ Branch/ LHIO- Membership.
- C. Critical poor sponsored members shall receive their PNC after validation by the DSWD.

4. Process Flow of Transactions

Depending on the available logistics within the facility the hospital may either opt to do the manual process (*see Annex A for process flow*) or if logistics would permit, the online process (*see Annex B*). PhilHealth recommends use of online process to facilitate membership validation, eligibility checking and registration but the hospital has the autonomy to utilize any of the process they deem applicable to them.

A. IHCP Portal and On-site Rapid Enrollment System

1. The Institutional Health Care Provider (IHCP) Portal and On-site Rapid Enrollment System are system enhancements placed to facilitate verification of membership and registration of critical poor sponsored members.
2. The IT personnel from PhilHealth shall be responsible for installing and orienting the hospital personnel to optimally utilize the above-mentioned systems.



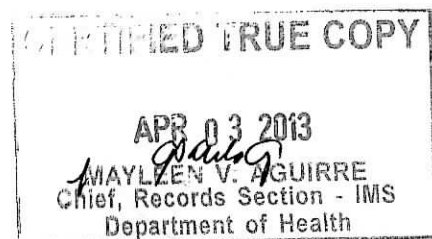
5. Benefits

Those identified as critical poor shall be provided automatic entitlement to PhilHealth benefits, including inpatient and Primary Care Benefits in engaged hospital providers, including access to the No Balance Billing policy.

- a. **Immediate Availment.** The newly enrolled member under hospital sponsorship shall be automatically eligible for hospitalization and other basic benefits provided to other Sponsored Program members.
- b. **Eligibility Documents for Claims.** In lieu of the submission of Claim Form 1 and attached MDR, the certification of the hospital social welfare that the patient has been identified as a critical poor and the receipt as proof of payment of premium shall suffice.
- c. **Other claims documents.** A completed Claim Form 2 and all other necessary documentation as governed by PhilHealth Circular 11 s.2011 and the succeeding circulars on its clarifications shall still be in force for case rate claims. No official receipts of hospital bill or other purchases will be required to be attached. The SOA will be required to ascertain exhaustion of benefit and such shall be subjected to post-audit and monitoring.
- d. **Quality of Care.** The hospital shall extend complete quality care to the newly enrolled Sponsored Member. It shall provide for all the medical and basic needs of the patient necessary to achieve the best possible outcome for the patient, including any and all necessary medications, professional services, and diagnostics.
- e. **Case Rate Benefits.** For conditions and procedures under the case rate payment scheme, the facility shall be paid according to the approved package rates.
- f. **Fee for Service claims.** For conditions to be paid as fee for service, the existing benefit schedule and its limits shall apply. Moreover, the No Balance Billing Policy shall also be extended to critical poor enrollees which mean that no out-of-pocket expenditures shall be incurred by these members. Furthermore, it is reiterated that only medicines in the Philippine National Drug formulary (PNDF) can be reimbursed. Corollary to this, only facilities with certification from the Antimicrobial resistance surveillance program shall be reimbursed for ARSP antibiotics.
- g. **Benefit Limits.** The 45 day limit and single period of confinement policies shall apply unless revoked through a separate PhilHealth Circular.
- h. **No Balance billing.** All Critical Poor Sponsored members shall be given complete quality medical and necessary non-medical care. In line with this, they shall not be billed for any and all services provided, including but not limited to, the provision of needed drugs and medicines, diagnostics procedures, and professional fees.
- i. **Primary Care Benefits.** The critical poor enrolled under this mechanism shall be assigned to their nearest PCB provider who shall be paid Per Family Payment Rate for providing PCB services.

6. Claims Payment

- a. **Fast Lane claims processing.** Hospital claims involving point-of-care enrollment shall be given a fast lane in terms of claims processing. The



Corporation hereby assures that these claims shall be processed and reimbursed within thirty (30) days from the date of receipt by PHIC of a completed claim application.

- b. **Directly filed claims.** Direct filing of claims for these critical poor sponsored members shall not be allowed. Directly filed claims shall be immediately denied from the level of Local Health Insurance Offices.
- c. **No Return-To-Hospital for membership issues.** PHIC assures its hospital partners that claims of these critical poor sponsored members shall never be returned or denied for membership eligibility concerns. However, policies for claims processing still applies and the Corporation reserves its right to return or, ultimately, deny claims for other benefit availment and accreditation issues including but not limited to: not properly accomplished claim forms 2 or 3, doctors not accredited, and the likes.
- d. **No Premium, No Claim.** Payments for critical poor sponsored members shall not be released unless premium payments have been remitted to PhilHealth.

7. Monitoring & Evaluation

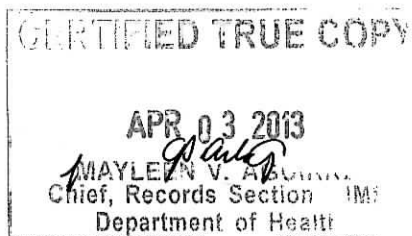
- a. **Quality of Care.** The hospitals shall ensure that complete quality care shall be given to these critical poor sponsored members and they shall be provided necessary medical and non-medical care at absolutely no cost to the member.
- b. **No Balance Billing.** Compliance of hospitals to the No Balance Billing Policy shall be monitored following the usual mechanism designed by the Corporation. These hospitals shall not be exempted from the measures established by the Corporation to further strengthen the implementation of NBB.
- c. **Validation of Indigents.** The Corporation shall device a mechanism to validate enrolled critical poor sponsored members. The Membership Management Group may tap necessary resources to do random checks on enrolled Critical Poor.
- d. **Monitoring of charity patients seen.** In aid of evaluation, the hospitals shall submit regular report including number of admitted charity patients and enrolled critical poor under the sponsored program.

8. Pilot Testing

- a. **Pilot site.** To ensure a smooth-running nationwide rollout of the program, the pilot test shall be conducted at 6 pre-selected DOH-retained hospitals namely: East Avenue Medical Center, Jose Reyes Memorial Medical Center, Dr. Jose Fabella Memorial Hospital, Rizal Medical Center, Quirino Memorial Medical Center and Las Piñas General Hospital and Satellite Trauma Center. The pilot test period shall be from March 1 – 31, 2013.

VI. TRANSITORY CLAUSE

Implementation beyond the period set for pilot testing and further expansion of other facility will only be pursued subject to assessment of the results, and the approval of the Board. The Corporation, however, reserves its right to revoke a hospital's privilege to participate in the said program if the hospital has been found to be non-compliant to the policies governing the on-site enrollment program.



VII. MISCELLANEOUS PROVISIONS

Any issues that may arise during the course of implementation not covered by this Joint Order shall be resolved jointly by DOH and PhilHealth.

VIII. SEPARABILITY CLAUSE

In the event that a part or provision of this Joint Order is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

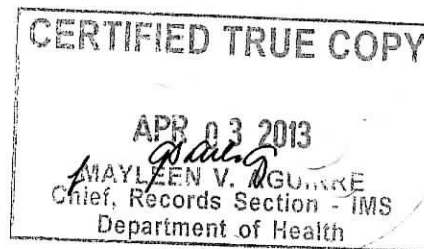
IX. EFFECTIVITY

This Joint Order shall take effect immediately.



ENRIQUE T. ONA

Secretary of Health/Chairman of the Board and
PhilHealth OIC-President and CEO



PROCESS WITH ONLINE SYSTEM

COVERAGE OF NON-PHILHEALTH MEMBERS AT POINT OF CARE
PROPOSED PROCESS FLOW

