Republic of the Philippines
DEPARTMENT OF HEALTH
KagawarangKalusugan
Rizal Avenue, Sta. Cruz, Manila
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Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
CityState Centre, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

JOINT ORDER No. 2013 - 0033

November 7, 2013

TO : **All PhilHealth Offices, Government Hospitals and All Other Concerned**

SUBJECT : **Manual of Operations and Procedures for the Implementation of the Point of Care Enrollment Program for Hospital-Sponsored Members**

I. RATIONALE

Republic Act (RA) No. 7875 as amended by RA No. 10606 prescribes that: "the National Health Insurance Program (NHIP) 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". 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".

Hence, in order to assure that none of the poor are left to chance, it is imperative that patients including their families not covered by PhilHealth at the point of service shall be enrolled accordingly by the admitting institutional health care institution and that PhilHealth shall appropriately reimburses these government health care institutions for the services extended to indigent population.

II. OBJECTIVES

This Manual of Operations and Procedures (MOP) aims to set the governing policies and operational guidelines in the enrollment of Hospital-Sponsored Members (HSM) under the Point of Care Enrollment Program in government hospitals and their immediate availment of PhilHealth benefits. Specifically, this manual aims to:

- Guide the stakeholders concerned in the implementation of the program
- Provide rules and procedures in the identification, enrolment and availment of NHIP benefits of qualified HSMs

III. COVERAGE

This Manual of Operations and Procedures is intended for the use of all stakeholders and offices concerned in implementing the Point of Care Enrollment Program, to wit:

- PhilHealth Personnel
- DOH-Hospital
- Local Government Units
- DSWD

All DOH-retained hospitals shall mandatorily implement the Point of Care Enrollment Program while participation of LGU-owned hospitals and other government hospitals shall be voluntary and subject to the Corporation's approval.

IV. GOVERNING POLICIES

PhilHealth Circular No.32, s. 2013 dated November 07, 2013, with re: *"Implementation of the Point of Care Enrollment Program"*, prescribes the governing rules and regulations.

V. MISCELLANEOUS PROVISIONS

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

VI. REPEALING CLAUSE

All provisions of previous issuances that are inconsistent with any provisions of this Order and the Manual of Operations and Procedures attached herewith are hereby amended/modified and/or repealed accordingly.

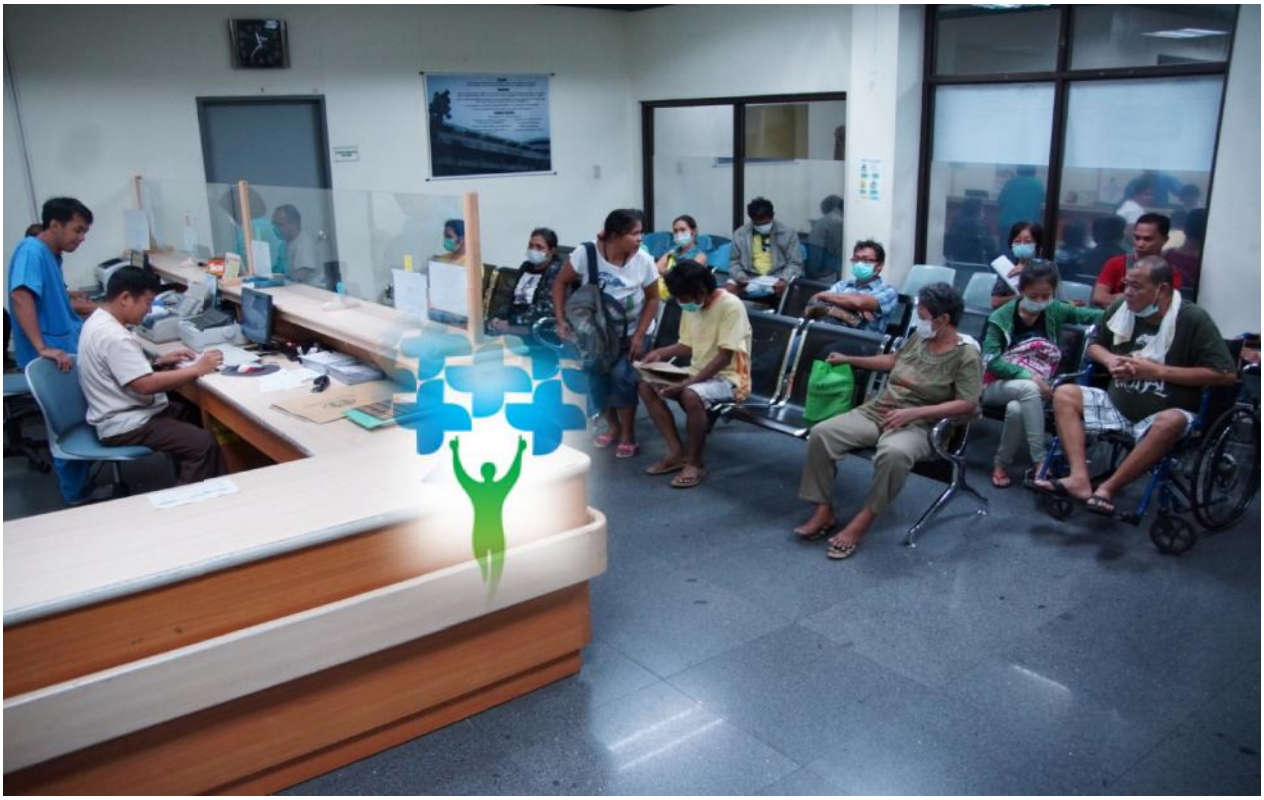
VII. EFFECTIVITY

This shall take effect immediately.

ENRIQUE T. ONA, MD
Secretary
Department of Health

ALEXANDER A. PADILLA
President and CEO
Philippine Health Insurance Corporation

CERTIFIED TRUE COPY
JAN 14 2014
MAYLEEN V. AGUIRRE
Chief, Records Section - IMS
Department of Health



POINT OF CARE ENROLLMENT PROGRAM

Manual of Operations and Procedures

A guidebook for the effective implementation of Point of Care Enrollment of Hospital-Sponsored Members

Bawat Pilipino MIYEMBRO
Bawat miyembro PROTEKTADO
Kalusugan natin SEGURADO

I. PURPOSE

This Manual of Operations and Procedures aims to provide the step-by-step process and the undertakings of each concerned institution and office to attain seamless and effective implementation of the enrollment of eligible families and individuals at the Point of Care.

II. RATIONALE AND OBJECTIVE

The government through the Department of Health (DOH) and the Philippine Health Insurance Corporation (PhilHealth) continues to device mechanisms to enroll all Filipinos to the National Health Insurance Program (NHIP) especially the underprivileged group of the society and that this group should also receive quality health care services with no out-of-pocket expenditures. As the Universal Health Care (UHC), or Kalusugang Pangkalahatan (KP), aspires to attain and improve the implementation of the compulsory nature of membership to the Program and to avoid adverse selection, the government either through the National Government, Local Government or other sponsors shall subsidize the Indigent members' premium contributions.

Invariably, despite all efforts exerted by the government to enroll all the indigents, there are still some leakages that not all the poor are 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 no one of the indigents or poor are left to chance, it is imperative that there should be a mechanism on how to capture this group of population and be part of the compulsory nature of the NHIP.

Therefore, in line with the thrust of KP, it is incumbent for government to assure that even those indigents missed out in the identification processes must be covered in the National Health Insurance Program (NHIP) by PhilHealth. With the Health Care Institutions'(HCIs) existing capability to assess the capacity of their patients/families to pay through an interview administered by their Medical Social Worker using the tool prescribed by DOH through Administrative Order 51-A s. 2001, the HCI may enroll families not covered by the NHIP at the Point of Care.

III. ACCRONYMS AND ABBREVIATIONS

AD	Accounting Department
AS	Admitting Section
BAS	Benefits Administration Section
BRN	Batch Reference Number
CARES	Customer Assistance, Relations and Empowerment Staff
CE-1	Certificate of Eligibility
CF	Claim Forms
ColSec	Collection Section
DOH	Department of Health
DSWD	Department of Social Welfare and Development
HCI	Health Care Institution
HPS	Hospital's PhilHealth Section
HSM	Hospital-Sponsored Member
IRR	Implementing Rules and Regulation
ITMD	Information Technology Management Department
ITO	Information Technology Officer
KP	Kalusugang Pangkalahatan
LGU	Local Government Unit
LHIO	Local Health Insurance Office
LOI	Letter of Intent
MDR	Member Data Record
MemSeC	Membership Section
MMG	Member Management Group
MOP	Manual of Operations and Procedures
MSW	Medical Social Worker
MSWS	Medical Social Work Services
NBB	No Balance Billing
NDA	Non-Disclosure Agreement
NHIP	National Health Insurance Program
NHTS-PR	National Household Targeting System for Poverty Reduction
ORE	On-site Rapid Enrollment
PEN	PhilHealth Number
PHIC	Philippine Health Insurance Corporation
PIN	PhilHealth Identification Number
POAF	PhilHealth Online Access Form
POC	Point of Care
PRO	PhilHealth Regional Office

PSD	Payment Slip Details
SP	Sponsored Program
UHC	Universal Health Care

IV. DEFINITION OF TERMS

Admission Date	Refers to the date and time a patient or beneficiary is admitted for confinement in an IHCP. Admissions exclude the time the patient or beneficiary was treated in the emergency room and subsequently discharged without need for confinement.
Dependent	The dependent of a member which includes: 1. Legitimate spouse who is not a member; 2. Unmarried and unemployed legitimate, legitimated, acknowledged, illegitimate children and legally adopted or stepchildren below twenty-one (21) years of age; 3. Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support, as determined by the Corporation; 4. Foster child as defined in Republic Act 10165 otherwise known as the Foster Care Act of 2012 ; 5. Parents who are sixty (60) years old or above, not otherwise an enrolled member, whose monthly income is below an amount to be determined by the Corporation in accordance with the guiding principles set forth in the Act; and, 6. Parents with permanent disability regardless of age as determined by the Corporation, that renders them totally dependent on the member for subsistence.
Emancipated Minor	Refers to those who haven't reached the age of majority who were either married or even if not married, but has a child of their own.
Hospital-Sponsored Members	Patients who are not covered by PhilHealth at the time of admission and subsequently provided PhilHealth coverage by the Hospital based on the result of assessment and identified as indigent/poor by the

	Hospital Social Medical Worker.
Health Care Institution Portal	A system deployed by PhilHealth in Health Care Institutions which is capable of providing membership and eligibility details necessary for benefit availment.
Means Test	The protocol administered to determine the ability of individuals and households to pay varying levels of contributions to the NHIP ranging from those whose contributions should be totally subsidized by the government, to those who can afford to subsidize part but not all of the required contributions, and to those who can afford to pay.
Member	Any person whose premium contributions have been regularly paid to the Program who may be a paying member, an indigent member, a sponsored member or a lifetime member or otherwise known as covered member.
National Health Insurance Program	A compulsory health insurance program of the government as instituted pursuant to the National Health Insurance Act of 1995 as amended by RA 9241 and 10606 which shall provide universal health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines.
No Balance Billing	No other fees or expenses shall be charged to or paid for by the patient-member above and beyond the packaged rates / hospital bill.
Onsite Rapid Enrollment System	An IT system deployed by PhilHealth to health care institutions which allow membership and benefit eligibility validation and registration of Hospital-Sponsored Members.
Payment Slip Details	A system generated report from ORE whereby all patients enrolled for a particular period is listed and will be used as basis for premium payments.

V. COVERAGE

The following patients and their families shall be provided with PhilHealth coverage and shall be enrolled to the NHIP's Sponsored Program through the sponsorship of the Health Care Institution, if they qualify in the assessment administered by the Medical Social Worker at the time that they were admitted to a government Health Care Institution:

1. Non-members, who were assessed and classified as Class C-3 or D;
2. Members who are not covered due to lack of qualifying contribution and classified as Class C-3 or D.

Corollary to this, patients availing of outpatient services (e.g. Cataract Surgery, Hemodialysis and the like) are excluded in this enrollment scheme.

VI. PARTICIPATION OF HEALTH CARE INSTITUTIONS

All DOH-retained hospitals shall mandatorily implement the Point of Care Enrollment Program while participation of LGU owned hospitals shall be voluntary and subject to the Corporation's approval. The following are the requirements prior to the implementation of the Program:

1. DOH-retained hospitals:

    a. Submission of a duly accomplished PhilHealth Online Access Form (POAF) *(Annex A)*and Non-Disclosure Agreement (NDA)*(Annex B)* to the PhilHealth Regional Office;

    b. IT Capability – availability of a reliable internet connection that will connect to the IHCP Portal, desktop computer dedicated for ORE system;

    c. IT personnel who shall be assigned to provide technical support to the administrative staff of the hospital assigned in the implementation of the program;

    d. Trained and dedicated staff to be assigned in membership and eligibility verification, enrollment and other activities required for the operation of the program.

2. LGU hospitals:

    a. Letter of Intent (LOI) addressed to the Regional Vice President;

    b. Submission of a duly accomplished PhilHealth Online Access Form (POAF) and Non-Disclosure Agreement (NDA) to the PhilHealth Regional Office;

c. IT Capability – availability of a reliable internet connection that will connect to the IHCP Portal, desktop computer dedicated for ORE system;

d. IT personnel who shall be assigned to provide technical support to the administrative staff of the hospital assigned in the implementation of the program;

e. Trained and dedicated staff to be assigned in membership and eligibility verification, enrollment and other activities required for the operation of the program.

VII. GOVERNING POLICIES

A. MEMBERSHIP AND CONTRIBUTION

1. Identification of qualified Hospital Sponsored Members

a. The assessment and classification by the assigned Medical Social Worker (MSW) in government hospitals as prescribed in DOH Administrative Order 51-A s. 2001, shall be acceptable as provisional means test of identifying patients qualified to be enrolled under the Sponsored Program, separate from the National Household Targeting System for Poverty Reduction (NHTS-PR), LGU and other tools utilized for the purpose.

b. All non-members and non-eligible members for admission/admitted in service/PhilHealth ward shall be interviewed and assessed by the Medical Social Worker using the intake survey sheet as prescribed by DOH Administrative Order 51, s-2001 and other issuances relative to it.

c. Only those classified under Class C-3 and Class D shall be enrolled using the ORE module and shall then be considered as HSM.

d. As much as possible, MSW assessment shall be completed within 72 hours from the time of admission.

2. Enrollment and Declaration of Dependents

The MSW shall enroll families of patients qualified under Item V hereof, as HSMs and shall be registered through the ORE module. The principal member shall duly accomplish a PMRF and congruent to Section 9 of the IRR, unless warranted, no documentary requirements shall be required at the time of assessment and enrollment. Any of the following circumstances can be used as a basis in determining the principal member:

2.1.1 A patient whose age is 21 years or older including those who are over 60 years and older not otherwise registered as dependents of member spouse or children;

2.1.2 Emancipated minors, as prescribed in Section 10 of the Revised IRR (any person below 21 years of age, married or unmarried but has a child of their own);

2.1.3 A patient who is an abandoned child, orphaned or mentally ill vagrant. In the absence of a guardian, the Medical Social Worker will act as such and shall sign the PMRF and Claim Forms in behalf of the patient.

2.1.3.1 In case of abandoned patient with unknown address, the address of the hospital will be used.

2.1.3.2 In case of vagrant/street dwellers, the address where they were found will be used.

2.1.4 The parent of a patient (preferably the mother) who is under 21 years of age.

The principal member may declare all his/her qualified dependents as defined hereof.

3. Sponsor and Remittance of Premium Contribution

3.1. The HCI shall be the premium donor/sponsor and under no circumstance shall the hospital ask the patients or their families for any amount as their share on the premium contribution.

3.2 The premium amount as shouldered by the hospital shall be pegged at the same rate as the annual premium for the Sponsored Program Members (currently at Php 2,400 per year).

3.3 The HCI shall generate the Payment Slip Details (PSD) on a regular basis (e.g. weekly, bimonthly, and monthly) to facilitate payment and real-time posting of premium. The hospital shall pay the premium directly at any LHIO.

4. Proof of Membership and Eligibility

4.1 The Hospital shall issue the HSM Certificate *(Annex C)* to the member prior to discharge and this shall serve as proof of eligibility in lieu of an

MDR and Certificate of Eligibility (CE-1). This may be used by HSMs and their dependents for succeeding admissions in any engaged facility of choice, pending the issuance of MDR.

4.2 The coverage of HSMs shall be from the first day of the confinement month and shall end on the last day of the same calendar year.

To illustrate:

Date of Admission : March 06, 2013
Validity : March 01, 2013 – December 31, 2013

5. Provision of PhilHealth Identification Number and Member Data Record

5.1 The PRO/Branch/LHIO shall issue the HSMs ID/PNC and Enhanced MDR when the HSMs surrender the issued HSM Certificate. HSMs may request their MDR at any LHIO or PhilHealth Office two (2) weeks from the date of HSM Certification issuance.

6. Family Validation for Inclusion in the NHTS–PR List

6.1 Enrollees under this Program shall be validated by the DSWD and once validated and passed the Means Test they will be included in the NHTS-PR List;

6.2 Families who will not passed the validation and means test conducted by the DSWD will have to renew their own membership under the Informal Sector

B. BENEFITS

1. In Patient

1.1. All POC enrollees are entitled to immediate availment of NHIP benefits, including but not limited to:

1.1.1. Conditions under All Case Rates
1.1.2. 23 Case Rates as enumerated in PC No. 11, s-2011
1.1.3. Case Type Z Benefits subject to its existing rules and regulations
1.1.4. Leptospirosis Package
1.1.5. SARS Package
1.1.6. Avian Influenza Package

1.2. Existing policies on benefit exhaustion, i.e. Single Period of Confinement and 45-day Limit, applies.

2. **Out Patient/Treatment Packages**

2.1. Outpatient Malaria Package
2.2. Animal Bite Treatment Package
2.3. Voluntary Surgical Contraception Package
2.4. Outpatient HIV/AIDS Treatment Package
2.5. Intrauterine Device (IUD) insertion

3. **No Balance Billing**

All HSMs and their dependents availing of benefits at accredited government facilities shall be covered by the No Balance Billing (NBB) policy. Hence, in such cases:

3.1. No other fees or expenses shall be charged or paid for by the member beyond the package rates.

3.2. For drugs, supplies and other items not available in the facility, the HCI shall purchase necessary drugs and supplies in behalf of the member.

C. Claims

1. Documentary Requirements: The following documents shall be submitted in filing of claims:

    1.1. Duly accomplished PMRF
    1.2. Payment Slip Details
    1.3. Copy of the Official Receipt (this is to facilitate processing)
    1.4. Claim Forms 2&3, if applicable
    1.5. Laboratory results and other documents required under the All Case Rates Packages rules, if applicable.
    1.6. However, all claims whose assessment and registration went beyond the prescribed period for registration through ORE during the Pilot Testing (i.e. 72 hours from the time of admission) shall be processed.

2. PhilHealth through the Benefit Administration Section (BAS) shall process HSM claims within thirty (30) days upon receipt of completed claim documents.

3. HSM claims shall not be returned to hospital for membership and eligibility concerns. However, policies for claims processing shall still apply and PhilHealth reserves its right to return or ultimately, deny claims for other benefit availment and accreditation issues.

4. The policy of the 45-day limit and Single Period of Confinement shall remain in effect unless revoked or amended by PhilHealth.

5. Claims of HSMs whose premiums were not paid for by the hospital shall not be processed, instead, these claims shall be returned to the hospital.

C. MONITORING AND EVALUATION

1. As much as practicable, HSMs shall be interviewed by the PhilHealth CARES prior to discharge using the prescribed NBB Questionnaire.

2. In aid of program monitoring, PhilHealth through MMG shall submit a quarterly report to the management regarding the status on the implementation of the Program. These reports shall be submitted on or before the 15th day of the month succeeding the applicable calendar quarter.

VIII. PRE-IMPLEMENTATION ACTIVITIES

The following pre-implementation activities shall be conducted to ensure standard implementation and interpretation of administrative and operational matters.

1. Approval of the Program

1.1. Issuance of PhilHealth Board Resolution No. 1722 approving "*The Pilot Implementation Of Point Of Care Enrollment For The Poor With No PhilHealth Coverage Upon Hospitalization*"

1.2. Issuance of Joint DOH Department Order and PhilHealth Office Order Nos. 2013-0031 and 2013-0031-A regarding the Pilot Testing of the *"Enrollment of Critical Poor under the Sponsored Program of the National Health Insurance Program at Point-Of-Service"*. The Program will be pilot tested to eight (8) hospitals, to wit:

1.2.1. Dr. Jose Reyes Memorial Medical Center;
1.2.2. Dr. Jose Fabella Memorial Hospital;
1.2.3. East Avenue Medical Center;
1.2.4. Eastern Visayas Regional Medical Center;
1.2.5. Las Piñas General Hospital and Satellite Trauma Center;
1.2.6. Quirino Memorial Medical Center;
1.2.7. Rizal Medical Center; and
1.2.8. Tarlac Provincial Hospital

1.3. Issuance of PhilHealth Special Order No. 888; s-2013 re: *"Creation of Review Committee for Point of Care Enrollment of Hospital-Sponsored Member"*to perform a review of the pilot test of the program which

would ensue to the creation of this Manual of Operation and Procedures.

1.4. Issuance of PhilHealth Board Resolution No. 1845, s. 2013 approving *"The Implementation Of Point Of Care Enrollment For The Poor With No PhilHealth Coverage Upon Hospitalization To All Government Hospitals"*.

1.5. Issuance of PhilHealth Circular No. 0032,s.2013 re: *"Implementation of the Point of Care Enrollment Program"* which set the general policies for the implementation of this program.

2. Preparatory Meetings, Training and Orientation

2.1. PhilHealth shall conduct internal orientation and training for implementing offices. An in-depth discussion on policies and operations shall be held with personnel directly involved in the implementation.

2.2. The ITMD shall conduct training to Information Technology Officers (ITOs) of PROs/Branches prior to system deployment.

2.3. PhilHealth Regional Offices/Branches shall organize and send a Team composed of ITO, MemSec, ColSec and BAS Staff to conduct orientation and training of Key Staff of participating hospitals. The Membership Section of PROs/Branches shall discuss the encoding standards to ensure quality of data encoded by the hospital staff.

3. Systems Deployment

Prior to the actual implementation of the Program, the following shall be undertaken:

3.1. The Hospital shall submit a duly accomplished Non-Disclosure Agreement (NDA) and PhilHealth Online Access Form (POAF).

3.2. The ITOs of PRO/Branch shall evaluate the documents submitted and creates a user account and password unique to each user.

3.3. The ITOs of PRO/Branch shall deploy ORE to the hospital and an actual focused training shall be conducted upon installation.

3.4. The ITOs shall connect the hospital concerned to the test the operability of the system in the hospital and subsequently have a live testing to the database.

3.5. The PRO/Branch MemSec shall create the PhilHealth Entity number and Batch Reference Number for the Hospital.

IX. PROCESS FLOW

A. Schematic Process Flow *(Annex D)*
B. Narrative Process Flow

1. ADMITTING SECTION (AS) / PHILHEALTH SECTION (HPS)

1.1. Verification of PhilHealth eligibility

1.1.1. Patient/companion of the patient coming from the Emergency Room (ER/OPD) for admission will be referred to the AS;

1.1.2. AS/HPS Staff will verify if patient is already a member or dependent using the IHCP Portal / ORE;

1.1.3. If covered for that hospitalization, AS/HPS provide Claim Forms and detailed instruction on how to fill up forms, documentary requirements needed and other pertinent details to facilitate benefit availment;

1.1.4. If not covered during the time of hospitalization, i.e. patient is non-member or was once a member but does not have a qualifying contribution or active sponsorship, AS/HPS Staff refers the patient/companion to Medical Social Work Service for assessment if qualified to be enrolled as Hospital-Sponsored Member.

2. MEDICAL SOCIAL WORK SERVICE

2.1. Medical Social Worker's Assessment

2.1.1. The MSW shall assess and evaluate all admitted service patients using the MSWS Assessment Tool based on DOH Administrative Order No. 51-A s. 2001 and other issuances relative to it.

2.1.2. The MSW shall validate and verify identified Class C3 and Class D patients at E-portal.

2.1.2.1. Patients classified as Class C3 and Class D shall be enrolled mandatorily.

2.1.2.2. Patients classified as Class A, B, C1 and C2 shall be referred to PhilHealth CARES for IEC on membership as part of the informal sector.

2.1.3. The MSW enrolls identified patients using ORE.

2.1.4. Upon enrollment to ORE, the MSW shall stamp "**HSM-NBB**" at Patient Data Sheet (PDS).

2.1.5. Upon receipt of generated PIN, the MSW issues the HSM Certificate signed by the Chief Medical Social Work Service and Chief of the Hospital for patient's use in claiming their MDR / ID. The same may also be used for subsequent confinements in any accredited facility.

2.2. Generation of Payment Slip Details

2.2.1. The MSW shall generate the PSD on a weekly basis.

2.2.2. The generated PSDs shall be submitted to PS / Accounting Department for processing of payment of premium contribution to PhilHealth.

3. HOSPITAL'S PHILHEALTH SECTION (HPS) / ACCOUNTING DEPARTMENT

3.1. Payment of Premium

3.1.1. The HPS Staff shall receive and process the list of HSMs submitted by MSW. This shall be endorsed to the accounting department for voucher preparation and disbursement of fund.

3.1.2. Payment shall be made in LHIOs with the batch list as attachment. A copy of the POR issued shall be attached to the claims transmittal.

3.2. Claims Submission

3.2.1. HPS Staff submits claims of HSMs in a separate batch from regular claims.

3.2.2. HPS tags the entire batch as "**HSM Claims**", attaches the PSD and OR.

4. PHILHEALTH REGIONAL OFFICE / BRANCH / LHIO

4.1 The MemSec shall process the data encoded by the MSWs including PIN generation and loading of data to MCIS on a daily basis except weekends

and holidays.

4.2 The MemSec shall inform hospital thru e-mail the PIN and status of enrolled HSMs.

4.3 The ColSec shall post paid HSMs and coordinate with MemSec to indicate validity of HSMs in MDR.

4.4 The BAS shall process claims reimbursement within 30 days.

5. REPLACEMENT OF ENROLLED HSM

5.1. In instance when an enrolled HSM has been determined to be an existing and active member, MemSec shall inform the hospital regarding the active member and send them the enhanced MDR through email for benefit availment. The previous payment shall be treated as advance payment and shall be adjusted accordingly, once replaced.

5.2. The MemSec shall advice the hospital concerned to replace active member/s and include in their next generation of PSD indicating the OR number where the active member was included. Replacement shall be applied only when the contribution has not yet been posted.

5.3. The MemSec shall process replacement and advice ColSec to post replacement.

ANNEX B

NON-DISCLOSURE AGREEMENT

_____Health Care Provider Name_____ is given the facility to connect to the PhilHealth network and access applicable services offered by it, subject to the provisions of a digital certificate to be issued by PhilHealth. In addition to the duties and responsibilities provided under the digital certificate, <HCP Name>, acknowledges the importance of its legal obligation to protect the information that it receives from PhilHealth. In this regard, <HCP Name> hereby agrees to the following non-disclosure policies:

1. It shall not give or provide access to any information received or generated in the course of utilizing the PhilHealth Online Access System to any unauthorized individuals.

2. It shall store the digital certificate only in specific designated computers within its premises access to which shall be restricted to persons duly authorized by the hospital and PhilHealth. Any changes in the designated computers as well as the authorized persons shall take effect/be implemented only upon approval by PhilHealth.

3. It shall use the digital certificate only for business purposes and will utilize all resources and capabilities available to prevent any unauthorized access.

4. It shall keep in utmost confidentiality the digital certificate and any other form of security token/device issued or provided by PhilHealth

5. It shall similarly bind its employees under a binding formal contract wherein the latter shall undertake to observe the confidentiality and non-disclosure undertakings of the HCP.

6. It shall formulate/implement guidelines and systems to ensure confidentiality and non-disclosure.

7. It shall acknowledge liability of any breach of the non-disclosure agreement by any of its employees.

<HCP Name>, through the herein duly authorized representative, hereby enters into this agreement voluntarily and with full knowledge of its meaning and legal implications.

_____

Health Care Provider Director or Administrator

ANNEX C

JOSE R. REYES MEMORIAL MEDICAL CENTER
Rizal Avenue, Sta. Cruz Manila
Trunkline No. 711-9491 www.jrrmc.org

PhilHealth No : _____ **Date Enrolled :** _____
Validity Period : _____

HOSPITAL – SPONSORED MEMBER CERTIFICATE

This is to certify that Mr. / Ms. / Mrs. _____
(First Name) (Middle Name) (Last Name) (Suffix)
_____ years old, _____, _____, residing at _____
(Age) (Gender) (Civil Status) (Address)
_____, has been assessed and classified as indigent by the Medical Social Worker and thus enrolled as Hospital-Sponsored Member (HSM) by _____
(Hospital)
_____. The bearer and all qualified dependents may avail of PhilHealth benefits at any accredited facility of choice. This certification shall be valid for the period stipulated herein. This confirms the membership and eligibility of this patient to avail benefits in lieu of a Member Data Record (MDR) and/or Certificate of Eligibility (CE-1).

_____ _____
Head, Medical Social Work Service Chief of Hospital

JOSE R. REYES MEMORIAL MEDICAL CENTER
Rizal Avenue, Sta. Cruz, Manila
Trunkline: 711-9491 www.jrrmmc.org

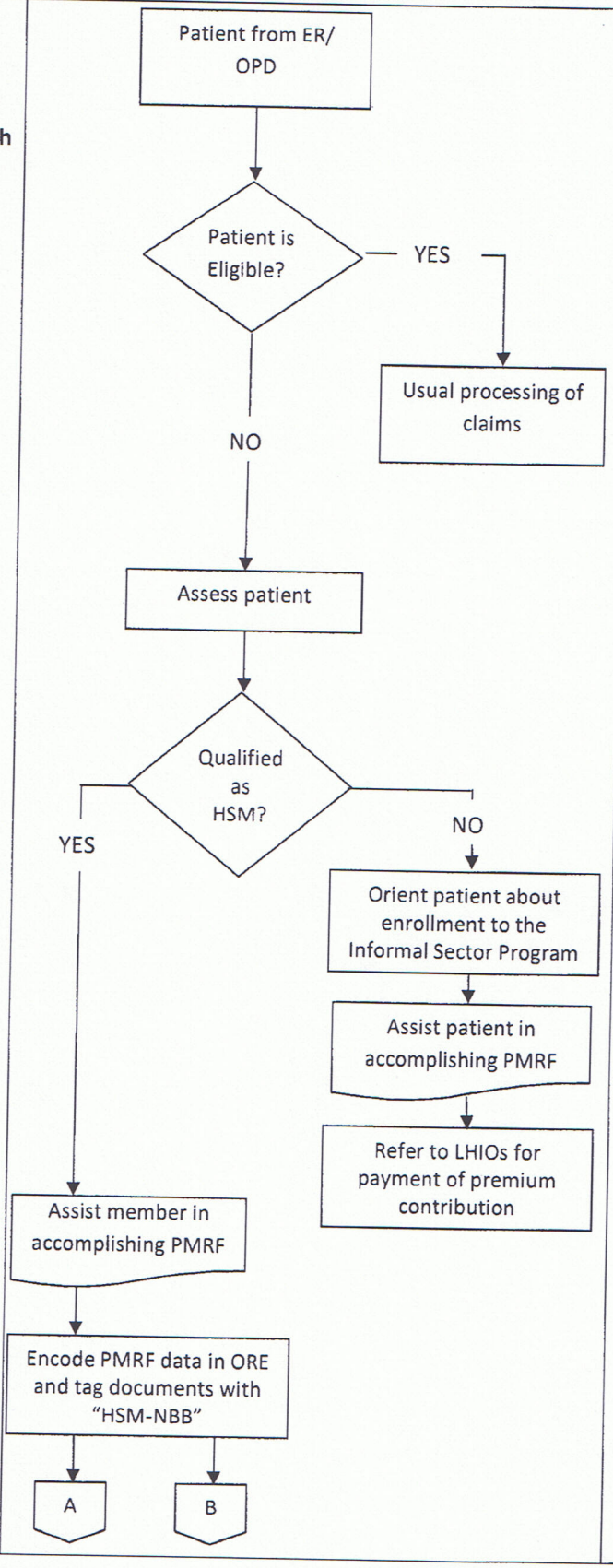
PhilHealth No : _____ **OR Number** : _____
Validity Period : _____ **Date Enrolled :** _____

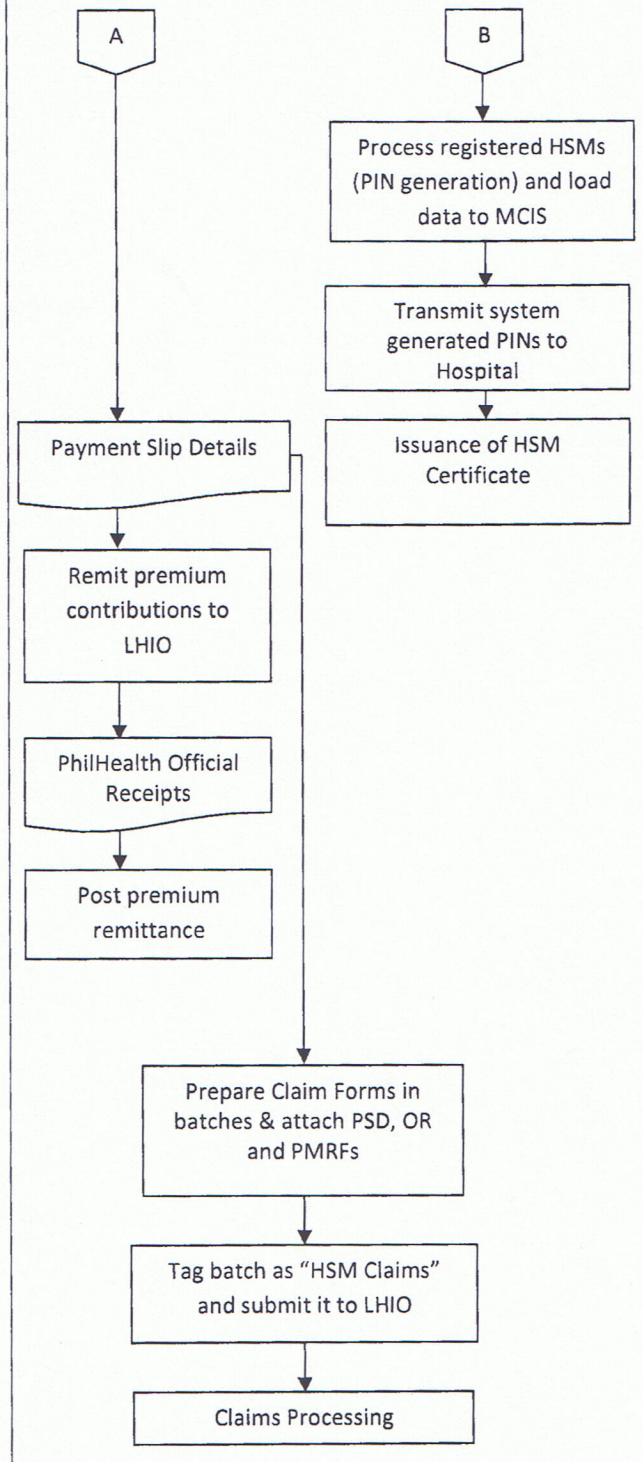
HOSPITAL – SPONSORED MEMBER CERTIFICATE

This is to certify that Mr. / Ms. / Mrs. _____
(First Name) (Middle Name) (Last Name) (Suffix)
_____ years old, _____, _____, residing at _____
(Age) (Gender) (Civil Status) (Address)
_____, has been assessed and classified as indigent by the Medical Social Worker and thus enrolled as Hospital-Sponsored Member (HSM) by _____
(Hospital)
_____. The bearer and all qualified dependents may avail of PhilHealth benefits at any accredited facility of choice. This certification shall be valid for the period stipulated herein. This confirms the membership and eligibility of this patient to avail benefits in lieu of a Member Data Record (MDR) and/or Certificate of Eligibility (CE-1).

_____ _____
Head, Medical Social Work Service Chief of Hospital

ANNEX D

Responsible Office/Person	Activity Flow	Activity Details
Hospital Admitting Section (AS)/PhilHealth Section (PS) **Hospital PhilHealth Section** **Hospital Medical Social Work Service** **CARES** **Hospital Medical Social Work Service**		1. Verification of PhilHealth eligibility a. Patient or his/her companion shall be referred to the AS/PS b. AS/PS Staff will verify if patient is already a member or a declared dependent using the IHCP Portal or ORE. c. If already covered by PhilHealth, the AS/PS shall provide Claim Forms and detailed instructions on how to fill it up, and what are the other requirements for benefit availment. d. If not covered during the time of hospitalization, i.e. patient is not a member or a member with insufficient qualifying contributions, AS/PS Staff shall refer the patient or his/her companion to the Medical Social Services for assessment. 2. Medical Social Worker's Assessment a. The MSWS shall assess and evaluate all admitted service patients using the Assessment Tool per DOH Administrative Order no 51-A, s. 2001. b. The MSWS shall validate and verify identified Class C3 and Class D patients in the E-portal. b.1 Patients classified as Class C3 and Class D shall be enrolled as HSM. b.2. Patients classified as Class A, B, C1 and C2 shall be referred to PhilHealth CARES for orientation on how to enroll under informal sector program. b.3 CARES shall assist patient in filling-up the PMRF. b.4 CARES shall refer Class A, B, C1 and C2 to the nearest LHIO for payment of premium contribution c. The MSWS shall register identified Class C3 and Class D patients using ORE. Data written in the PMRF shall be encoded in the System. Upon enrollment, the MSWS shall stamp "Hospital Sponsored Member" (HSM) to the Patients Data Sheet (PDS).



PRO/BRANCH/ LHIO MEMSEC

Hospital Medical Social Work Service

Hospital's PhilHealth Section / Accounting Department

PRO / LHIO

PRO/LHIO ColSec

Hospital PhilHealth Section

PRO-BAS

3. PRO/LHIO shall generate PIN, update records and/or shift member category based on data encoded in ORE. Processing of data, including PIN generation, and loading of data to MCIS shall be done on a daily basis except on weekends and holidays.

4. MemSec shall inform hospital thru e-mail about the issuance of PIN and status of enrolled HSMs.

5. Upon receipt of generated PIN, the MSWS shall issue an HSM Certificate signed by the Chief Medical Social Work Service and Chief of the Hospital for patient's use in releasing the MDR and PhilHealth Card. The same may also be used for subsequent confinements in any accredited facility.

6. The MSWS shall generate the PSD on a weekly basis. The generated PSDs shall be submitted to HPS and Accounting Department

7. Premium Remittance

a. The PS Staff shall receive and prepare the list of HSMs submitted by MSWS for endorsement to the accounting department. The accounting department will prepare the voucher and disburse the needed funds for premium remittance.

b. Premium, with batch list attached, shall be paid to LHIOs. The POR issued shall be attached to the claims transmittal.

c. ColSec shall post payment for HSMs and coordinate with MemSec the posting of membership validity in the MDR.

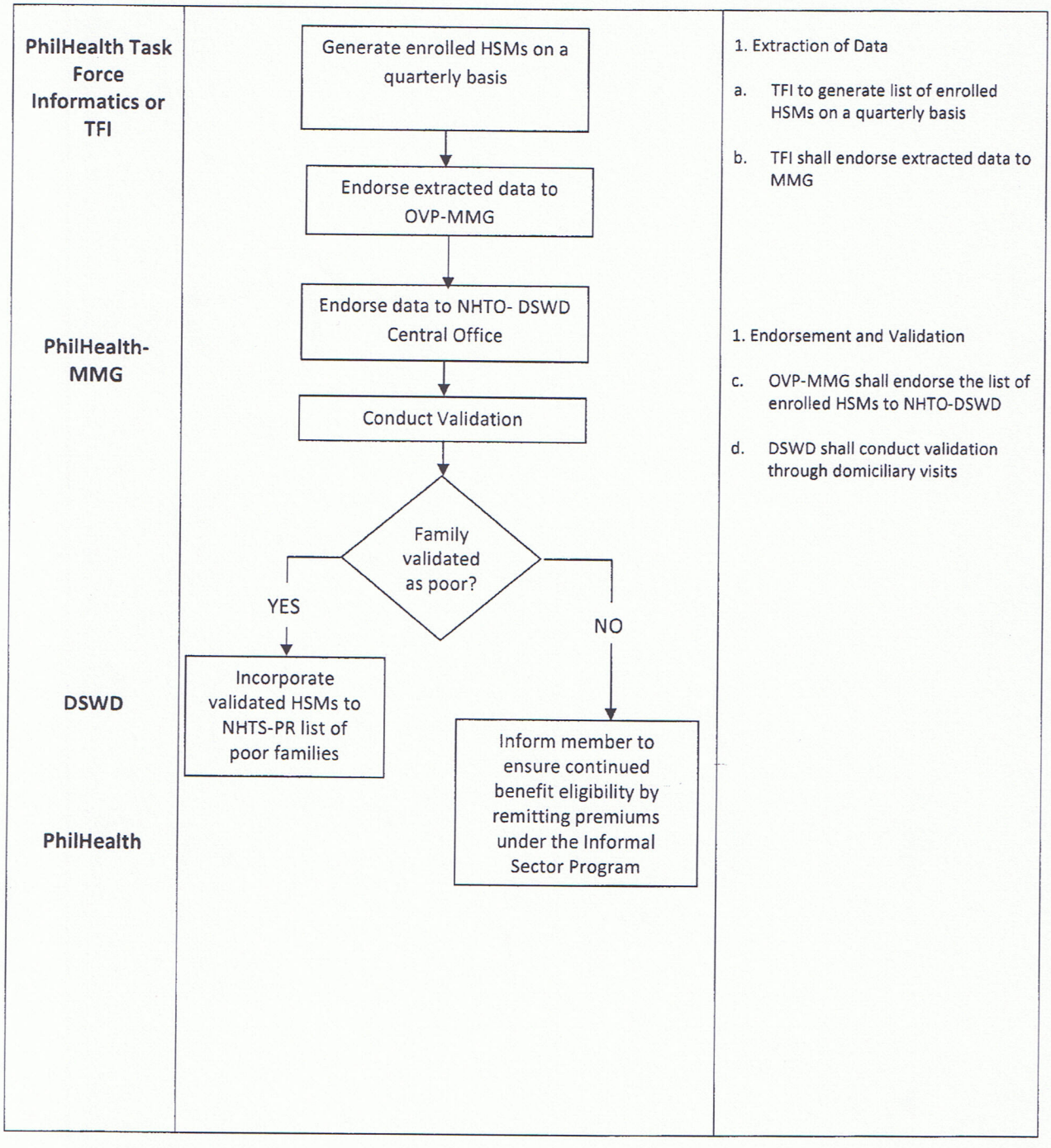
8. Submission of Benefit Claim

a. Benefit claims for HSMs shall be submitted separately from regular claims.

b. The entire batch shall be tagged "HSM Claims".

c. The PSD, OR and PMRFs shall be attached to the to the Claims documents.

9. PRO-BAS shall process claims reimbursement within 30 days.


PhilHealth Task Force Informatics or TFI
Generate enrolled HSMs on a quarterly basis
Endorse extracted data to OVP-MMG
Endorse data to NHTO- DSWD Central Office
PhilHealth-MMG
Conduct Validation
Family validated as poor?
YES
NO
DSWD
Incorporate validated HSMs to NHTS-PR list of poor families
PhilHealth
Inform member to ensure continued benefit eligibility by remitting premiums under the Informal Sector Program
1. Extraction of Data
a. TFI to generate list of enrolled HSMs on a quarterly basis
b. TFI shall endorse extracted data to MMG
1. Endorsement and Validation
c. OVP-MMG shall endorse the list of enrolled HSMs to NHTO-DSWD
d. DSWD shall conduct validation through domiciliary visits