IMPLEMENTING GUIDELINES ON THE MEDICAL HEALTH CARE ASSISTANCE PROGRAM OF THE DEPARTMENT OF HEALTH

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I. BACKGROUND AND RATIONALE

In 1996, the General Appropriations Act (RA No. 8174) allocated Php9,500,000.00 for the Medical Care Assistance Program of the Department of Health. It was intended as financial assistance to selected government hospitals, to subsidize the cost of medical/ health care services to confined indigent patients and under-privileged veterans.

The program was lodged at the Office of the Secretary, and a Medical Assistance Desk Officer was assigned to assist all patients seeking medical assistance. In 1997, the increasing number of patients served by the program required the creation of a Public Assistance Unit (PAU), thereat.

In 2000, funds amounting to two million (Php2,000,000.00) per hospital were allocated to each of the four (4) Specialty Hospitals of the Department of Health, namely, the Philippine Heart Center (PHC), the Lung Center of the Philippines (LCP), the Philippine Children's Medical Center (PCMC), and the National Kidney and Transplant Institute (NKTI), to support the medical needs of indigent patients referred to the said hospitals by the Secretary of Health. The medical needs included drugs and medicines, medical supplies, surgical operations and other special procedures performed for indigent patients, AO 101-A entitled "Management of the Indigency Fund at the DOH Specialty Hospitals."

With the implementation of the Hospital Reforms in 1999, the DOH hospitals enhanced their finance management and accountability systems. To support the medical needs of indigent patients, AO 133 and AO 7-B s. 01 entitled "Guidelines in the Management of Fund of JRMMC" was therefore formulated and issued. This was intended to subsidize drugs and medicines, medical supplies, surgical operations and other special procedures, funds in the amount of Php 3,000,000.00 were provided to Jose R. Reyes Memorial Medical Center in 2000.

Other DOH retained hospitals were likewise provided with funds in 2003, namely, Cotabato Regional Medical Center (CRMC), Davao Medical Center (DMC), East Avenue Medical Center (EAMC), Eastern Visayas Regional Medical Center (EVRMC), Western Visayas Medical Center (WVMC), Paulino J. Garcia Memorial Medical Center (PJGMMC), Philippine Orthopedic Center POC) and Sulu Sanitarium. In 2004, Tondo Medical Center also became a recipient pursuant to AO 160 s. 04 entitled "Management of the Indigency Fund at the Tondo Medical Center."

Additional budget in recent years provided an opportunity for the program to further expand its coverage to more health facilities. Likewise, the MHCAP is in support of the implementation of Executive Order No. 867 entitled "Providing for the adoption of the National Household targeting system for poverty reduction as the mechanism for identifying poor households who shall be recipient of social protection program nationwide."

The process to be undertaken thus shall be within the framework of Continuing Quality Improvement (AO No. 2006-0002) and Patient Safety (AO No. 2008-0023).

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The policy and guidelines set in this Administrative Order shall strengthen the operation and management of the Public Assistance Unit in the Central Office and enhance the roles and functions of the Public Assistance and Complaints Unit (PACU) at the Centers for Health Development (CHD) and the participating units in the hospitals such as the Medical Social Work Department/Units and the Finance Services. This will ensure a more effective and efficient system for managing and monitoring the Medical Health Care Assistance Program of the Office of the Secretary and a regular replenishment process for said funds allocated to DOH Specialty, Special, Retained Hospitals.

Moreover, the PAU in the Central Office, PACU at the CHD's and DOH hospitals should also determine patients who are non PHIC member and facilitate their enrollment through the Local Government Unit (LGU) concerned.

II. SCOPE

This policy shall apply to all offices involved in the implementation of the Medical Health Care Assistance Program in the Central Office, Centers for Health Development, Specialty, Special and Retained Hospitals of the Department of Health.

III. OBJECTIVE

These Policy and Guidelines are promulgated to prescribe rational management and monitoring of the allocation and utilization of Indigency Fund by the DOH Central Office, Centers for Health Development (CHD), Specialty, Special and Retained Hospitals.

IV. DEFINITION OF TERMS

1. Indigency Fund – represents the special fund provided for in the General Appropriations Act intended for the medical care assistance of indigent patients referred by the Office of the Secretary or his representative.

2. Walk in patient – refers to a patient directly seeking assistance from the Public Assistance Unit or PACU due to unaffordable health needs.

3. Indigent Patient – refers to a patient or a member of a family who cannot provide for the basic food and non food-threshold. Their income is below the latest Per Capita Poverty Threshold of the region in which the hospital is located. It also refers to a patient who is listed/classified as poor in the DSWD website for the National Household Targeting system for Poverty Reduction.

4. Working Poor – refers to a patient or family with a fulltime work as source of income but resources are insufficient to meet their treatment expenses in full. They are classified as C in the Administrative Order No. 51-A, s. 2001.

5. Specialty Hospitals – refers to the four (4) corporate hospitals namely, Philippine Heart Center (PHC), National Kidney and Transplant Institute (NKTI), Lung Center of the Philippines (LCP) and Philippine Children Medical Center (PCMC).

6. Special Hospital – refers to the hospitals under the DOH that are primarily engaged in the provision of specific clinical care and management such as National Children's Hospital, Philippine Orthopedic Center, etc.

7. Retained Hospitals – refers to all hospitals under the management and operation of the DOH.

8. Sub-Allotment – refers to a fund transferred to operating units.

9. Far Flung Hospitals – refers to DOH hospitals located far from the CHD offices, e.g. Batanes General Hospital

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under the CHD for Metro Manila and Far North General Hospital and Training Center under CHD for CAR.

10. Unaffordable Medical Bills – refers to the cost of hospital expenses and services which is beyond the financial capability of the patients to pay.

V. GENERAL GUIDELINES

1. The Medical Health Care Assistance Program shall utilize Funds from the Indigency Fund which is in a line item in the General Appropriations Act under the Office of the Secretary and/or any available fund from the Office of the Secretary, as identified by the Secretary of Health, and is allocated to all recipient hospitals.

2. The Public Assistance Unit (PAU) of the Central Office shall be responsible for the overall management and administration of the Medical Health Care Assistance Program.

3. The Public Assistance and Complaint Unit (PACU) at the CHD level shall function as the counterpart of the PAU at the Central Office.

4. The Medical Social Work Department/Unit of the Hospitals shall be responsible for implementing the program at the hospital level.

5. The Finance Service of the hospital shall be responsible for monitoring the utilization of the fund and preparing the appropriate financial report for submission to the PAU of Central Office for Specialty and Special hospitals and to the PACU of the CHD's for other Retained Hospitals.

6. The Medical Health Care Assistance Program shall be staffed by personnel exemplifying courtesy and excellent service to all patients at all times.

7. The Medical Health Care Assistance Program shall adopt a system of management that is effective and efficient.

8. The Medical Health Care Assistance shall support universal coverage of PHIC.

VI. IMPLEMENTING MECHANISM

A. Eligible Beneficiaries

The program beneficiaries are individuals who are either:

1. Walk In/Referred Patients who have unaffordable medical treatment and has no capacity to pay.

2. Patients listed/classified as indigent are those:

2.1 In the DSWD website for the National Household Targeting System for Poverty Reduction; and

2.2 Patients certified as indigent or working poor by the Medical Social Work Department (MSWD) of the health facility where patient consulted or confined.

3. Patient determined by PAU Central Office, CHD-PACU and DOH hospitals that are non PHIC member will be facilitated to be enrolled through the Local Government Unit.

4. Patients certified by the Secretary of Health, Head Executive Assistant, CHD Directors, and Head of the Central Office PAU or their duly authorized representatives as having met the above criteria for eligibility.

B. Medical and other Assistance:

Assistance Requested Valid Documentary Requirements

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1.1 Drugs and Medicines Complete Prescription (original)

1.2 Laboratory Examinations Laboratory Request

1.3 Diagnostic Procedures Physician's Order/Request Form

1.4 Therapeutic Procedures Physician's Order/Request Form

1.5 Rehabilitative Procedure Physician's Order/Request Form

1.6 Hospital Expenses Statement of Account or Updated Summary of Bills

a. Both patient who are PHIC and non-PHIC members should be included in the WEB-PAIS for record purposes and future use of this set of data.

b. Documents to be presented to support the assistance requested:

b.1 Clinical Abstract/Medical Certificate duly signed by the attending physician.
b.2 Social Work Case Summary with appropriate classification or the DSWD list.

c. PAU/CHD-PACU shall coordinate with DOH hospitals for the availability of the Medical Assistance requested.

d. All patients assessed by PAU/CHD-PACU shall be referred to the DOH Hospitals through the Web-Enabled Public Assistance Information System (WEB-PAIS).

e. Patients or relative of the patient shall present Letter of Authority to the corresponding hospitals to avail the approved Medical Assistance.

C. Review/Approval/Implementation

1. The PAU Central Office and CHD-PACU shall review, screen, assess the documents regarding medical assistance request under the Medical Health Care Assistance Program.

1.1 Upon approval, the said offices shall prepare Letter of Authority (LOA) for approval of the Secretary of Health/Head Executive Assistant/CHD Director or their duly authorized representative;

1.2 The LOA shall contain the following:

1.2.1 LOA Unique Code
1.2.2 Date prepared;
1.2.3 Head of Hospital/Agency;
1.2.4 Name of Hospital/Agency;
1.2.5 Name, age and address of Patient;
1.2.6 Type of Assistance given;
1.2.7 Amount of Assistance given;
1.2.8 Validity Period of One (1) Month;
1.2.9 Authorized Signatory

1.3 The following are the Authorized Signatory of the LOA and the corresponding amount of assistance given;

Central Office CHD Far Flung Hospital Allowable Amount

PAU Head PACU Head MSWD Head Up to 20,000.00

Head Executive Assistant Asst. Regional Director Administrative Officer Up to 50,000.00

Secretary of Health Regional Director Chief of Hospital 51,000.00 and above

1.4 The specimen signatures of the authorized signatories of the LOA shall be forwarded to the DOH Specialty, Special and Retained Hospitals for authenticity and verification.

1.5 The LOA shall be forwarded to the Medical Social Worker of the Hospital concerned for appropriate actions, copy furnished the Hospital Chief.

1.6 Unutilized/expired LOA shall be returned to the PAU Central Office and CHD PACU with an updated documentary requirement for possible renewal depending on the availability of funds.

1.7 The PAU/PACU shall retain copy of the LOA for filing, inventory and reporting purposes, the same shall form part of the Annual Inventory of Approved Request for Medical Assistance charged against the Indigency Fund of the Office of the Secretary sub- allotted to the different hospitals.

1.8 The PAU/PACU shall register the approved medical assistance provided to the patient using the Web-enabled Public Assistance Information System (WEBPAIS).

2. The Medical Social Work Department of the hospital (MSWD) through the Medical Social Worker shall verify the authenticity of the LOA through the WebPAIS based on the following:

2.1 Head of Agency notation;
2.2 Name of Patient;
2.3 Unique PAU Code;
2.4 Approved amount of Assistance;
2.5 DOH/CHD Dry Seal (optional);
2.6 Authorized signatory; (refer to 1.3)

3. MSWD at the hospitals and far flung hospitals shall facilitate approval of the medical assistance.

4. MSWD shall continuously conduct assessment of the other needs of the concerned patient and provide appropriate interventions.

5. The MSWD Head, Administrative Officer, Hospital Director shall approve the medical assistance recommended.

6. MSWD shall include eligible beneficiaries to the program only when they have already exhausted all other resources of their hospital requirement.

7. In the case of under utilization of indigency fund in the hospitals, MSWD shall refer patients to PAU following MHCAP guidelines and procedures.

8. The hospital finance section and the MSWD shall maintain close coordination for the financial management and liquidation of the fund. This shall provide a system of check and balance.

9. MHCAP shall utilize the Web-enabled Public Assistance Information System (WEBPAIS) for monitoring, updating and generation of reports.

D. Allocation Use and Replenishment of the Indigency Fund

1. The Central Office PAU shall determine the amount of Medical Health Care Assistance Program Fund to be allocated and transferred/sub allotted distributed to the different DOH hospitals.

2. The DOH Hospitals shall only receive replenishment of their Medical Health Care Assistance Program Fund upon submission and approval of the Utilization Report prepared in adherence to prescribed guidelines.

3. Medical assistance to the patients shall be based on their need as recommended by the Medical Social Worker subject to the availability of funds.

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4. The medical assistance to any patient has a ceiling of Two Thousand Pesos (PhP2,000.00) except when their medical treatment requires higher amount as justified by the attending physician and the Medical Social Worker.

5. No money/cash shall be released directly to patients or any relatives.

E. Fund Utilization Report. – Participating agencies shall submit a Fund Utilization Report not later than July 31 of the current year and January 31 of the subsequent year. A template shall be utilized for this purpose.

VII. ROLES AND RESPONSIBILITIES

1. Public Assistance Unit at the Central Office

a. Shall screen and assess the eligibility of indigent patients seeking the medical assistance;

b. Shall implement the Medical Health Care Assistance Program at the DOH Central Office;

c. Shall be responsible for the overall management of the Medical Health Care Assistance Program nationwide and as such;

c.1 Shall coordinate and collaborate with the CHD, Specialty, Special and Retained Hospitals for all financial and administrative concerns in implementing the program;
c.2 Shall determine the amount of fund to be sub-allotted or transferred to the different hospitals;
c.3 Shall screen and evaluate Utilization Reports submitted by the DOH Specialty, Special and Retained Hospitals;
c.4 Shall consolidate reports submitted by all units on PHIC membership and referred non-PHIC members;
c.5 Shall consolidate Annual Inventory Reports of Approved Medical Assistance submitted by the CHD PACU, DOH Specialty, Special and Retained Hospitals and submit the report to the Secretary of Health with viable recommendations for the improvement of the Medical Health Care Assistance Program.
c.6 Shall conduct Medical Health Care Assistance Program evaluation on a semi-annual basis.

d. Shall recommend patients with no PHIC membership to LGU through the MSW of DOH Hospitals.

e. Shall consolidate reports submitted by all units on referred PHIC members and non-PHIC members.

f. The Office of the Secretary shall appoint appropriate and necessary personnel for the PAU, preferably a medical social worker to improve the screening and assessment system that is in line with the goal of accessibility for the poor.

2. CHD PACU

a. Shall consolidate annual inventory reports of approved medical assistance submitted by the DOH retained hospitals including far flung hospitals and submit said report to the PAU Central Office with viable recommendations for the improvement of the Medical Health Care Assistance Program;

b. Shall conduct periodic on site monitoring to ensure compliance to the program.

c. The Office of the Regional Director shall appoint appropriate and necessary personnel for the PACU as stipulated in the AO No. 61 dated February 14, 1989, preferably a medical social worker to improve the screening and assessment system that is in line with the goal of accessibility for the poor.

d. Monitor the status of fund transferred from the DOH Central Office using the WEBPAIS.

e. Shall recommend patients with no PHIC membership to LGU through the MSWD of DOH Hospitals.

f. Shall submit report of referred PHIC members and non PHIC members to the PAU central office.

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3. Field Implementation Management Office and Office for Special Concerns

a. Shall monitor the strict implementation of the Medical Health Care Assistance Program as prescribed by this Administrative Order;

b. Shall submit monitoring report to the Office of the Secretary as need arises;

4. DOH-Financial Service

a. Shall prepare and facilitate Disbursement Vouchers requesting for fund transfer to DOH Specialty Hospitals and request for sub-allotment for DOH Special and Retained hospitals upon recommendation of PAU Central Office;

b. Shall provide technical assistance on financial issues and concerns.

5. DOH-Information Management Service

a. Shall provide technical assistance in the maintenance and upgrading of WEB PAIS.

b. Shall conduct training related to Web-enabled Public Assistance Information System (WEB-PAIS).

6. Specialty Hospitals/Special and Retained Hospitals/Far Flung Hospitals

a. Shall facilitate the provision of approved medical assistance referred by the PAU Central Office for Specialty hospitals and for CHD PACU the Special, Retained and far flung hospitals;

b. Shall prepare through their accounting/finance service the fund utilization report reflecting the charges made for the period against the Indigency Fund Program, signed by the Chief Accountant, approved by the Head of Agency, verified correct by the Commission on Audit (COA) Resident Auditor (for specialty hospital) and submit to the PAU Central Office and for CHD PACU the Special, Retained and far flung hospitals;

c. Shall implement the MHCAP program at the hospital level through the MSWD;

d. Shall monitor the status of fund transferred from the DOH Central Office using the WEB PAIS;

e. Shall facilitate enrollment of non PHIC patients to the LGU concerned.

f. Shall submit reports on PHIC membership and non PHIC membership through the WEB PAIS.

VIII. MONITORING AND EVALUATION

1. A monitoring tool/template shall be prepared by PAU central office.

2. PAU Central Office will provide a standard patient's satisfaction survey form which will be distributed to all participating agencies. Patients will be encouraged to answer the patient's satisfactory survey form which will be submitted/placed in a sealed envelope or suggestion box. It will be collected or consolidated by the PAU Central Office and CHD PACU monitoring teams during their on-site monitoring visits.

3. The Program Review shall be conducted to assess the impact of the program on DOH thrusts and to commend to the CHD, Specialty, Special and Retained Hospitals and its units for their support and partnership in the implementation of the Medical Health Care Assistance Program.

4. All participating offices in the MHCAP shall participate in the Monitoring and Evaluation.

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IX. REPEALING CLAUSE

The provisions of existing administrative issuances, guidelines or regulations inconsistent with this order are hereby repealed, superseded, revised or modified.

X. EFFECTIVITY CLAUSE

These implementing guidelines shall take effect immediately upon approval.

(SGD.) ENRIQUE T. ONA, MD, FPCS, FACS
Secretary of Health

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