AMENDED GUIDELINES FOR THE IMPLEMENTATION OF REPUBLIC ACT NO. 747 ENTITLED &LDQUO;AN ACT TO REGULATE THE FEES TO BE CHARGED AGAINST PATIENTS IN GOVERNMENT HOSPITALS AND CHARITY ...

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Adopted: 20 July 2015
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I. Background and Rationale

The Department of Health is mandated by Republic Act No. 747 entitled, “An Act To Regulate The Fees To Be Charged Against Patients In Government Hospitals And Charity Clinics Classifying Patients According To Their Financial Condition” to promulgate rules and regulations necessary for the due execution of its provisions.

This Administrative Order is being issued in compliance with this directive, taking in account the latest statistical data from the National Statistics Coordinating Board (NCSB) on poverty, as follows:

(a)

Poverty Incidenceor the proportion of families/individuals with per capita income/expenditure less than the per capita poverty threshold to the total number of families/individuals is at 25.8%;

(b)

Magnitude of Poor Families/Subsistence Incidenceor the proportion of Filipinos whose incomes fall below the food threshold, was estimated at 10.5%;

(c)

Poverty Thresholdor the minimum income/expenditure required for a family/individual to meet the basic food and non-food requirements is at P18,029 for Region VI to P20,517for ARMM with a national per capita poverty threshold of P18,935;

Since the Filipino households’ spending for health needs reached 57.6 percent of the total health expenditure in 2012 or an estimated P269,419 million, these guidelines seek to provide support for patients with inadequate income to be able to afford quality healthcare in government hospitals.

II. Scope

These guidelines shall apply to all government health care institutions and charity clinics.

III. Objective

These guidelines are promulgated to:

- Update the existing guidelines on the classification of patients in government health care institutions and charity clinics.

- Set realistic guidelines for the classification of patients in government health care institutions and charity clinics.

- Enable the government health care institutions and charity clinics to classify the patients who have limited financial capacity to obtain the necessary financial relief.

IV. Definition of Terms

- Eligible Beneficiaries.The beneficiaries shall be indigent or poor and partial pay patients.

- Indigent or Poor Patients– are persons who cannot meet their basic needs or who have income/s but are insufficient to fully meet their medical expenses, respectively, and are seeking medical services as in patient, whether confined in a ward, Intensive Care Unit (ICU) or small private room, or out patient in government hospitals or charity clinics.

- Partial Pay Patients– are persons who have the capacity to meet their basic needs but whose income are insufficient to fully meet their medical expenses and are seeking medical services as in patient, whether confined in a ward, Intensive Care Unit (lCU) or small private room or out patient in government hospitals or charity clinics.

- Full Pay Patients– are persons who have the capacity to meet their basic needs and who are in a large private hospital room or suite and who have the capacity to meet the full cost of the medical treatment

V. Implementing Mechanism

A. Specific Guidelines

Patient Category

Hospital Share

Patient Share

Indigent or Poor Patient

All expenses related to the treatment of the patient inclusive of but not limited to:

- Laboratory and other diagnostic procedures, including minor and major surgical procedures, whether emergency or elective as required by the attending physician, except those that are for aesthetic purposes.

- All dental services such as examination and extraction, except prophylaxis and prosthesis;

- All drugs, medicines, and medical supplies as prescribed by the attending physician; Minimal professional fees on cases not covered by PhilHealth (ex. Reader’s fees)

None

Partial Pay Patient

Up to 90% of fees related to the treatment of the patient inclusive of but not limited to:

- Laboratory and other diagnostic procedures, including minor and major surgical procedures, whether emergency or elective as required by the attending physician, except those that are for aesthetic purposes.

- Dental services such as examination and extraction, except prophylaxis and prosthesis;

- All drugs, medicines, and medical supplies as prescribed by the attending physician;

- Minimal professional fees on cases not covered by PhilHealth (ex. Reader’s fees)

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Portion of the hospital bill not covered by the partial payment

Full Pay Patient

None

All fees required by the hospital

B. Documentary Requirements. The applicant shall present the following documents for proper classification:

- Latest Income Tax Return or pay slip or other proofs of income; or

- Certificate of Indigency from the Department of Social Welfare and Development, its local District Office, or the Municipal Social Welfare and Development Office having jurisdiction over the residence of the applicant; or

- Certificate of Indigency from the Barangay Chairman having jurisdiction over the residence of the applicant

VI. Separability Clause

If any part or provision of this Order is held invalid, the other provisions not affected shall remain in full force and effect.

VII. Effectivity Clause

This Administrative Order shall take effect upon its publication in a newspaper of general circulation.

VIII. Repealing Clause

Administrative Order No. 51-A s. 2001 and all other administrative orders implementing Republic Act No. 747 are hereby repealed.

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Secretary of Health

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