[PHILHEALTH CIRCULAR NO. 2018-0017, September 17, 2018]

EXPANSION OF THE PRIMARY CARE BENEFIT (EPCB) TO COVER FORMAL ECONOMY, LIFETIME MEMBERS AND SENIOR CITIZENS

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I. RATIONALE

The Philippine Health Agenda aspires to achieve Universal Health Care by creating a health system that is equitable and inclusive to all; making sure that all Filipinos are provided essential health guarantees at every life stage. To accomplish this, the Department of Health (DOH) issued Administrative Order No. 2017-0024 "Guidelines in the Implementation of Philippine Health Agenda's (PHA) Check-Up Service for All Filipinos" which aims to ensure that primary health care guarantees for Filipinos are realized within each community. Primary health care guarantees refers to a package of population-based and individual- based services that the State commits to provide to all Filipinos, as defined in DOH's Administrative Order No. 2017-0012 "Guidelines on the Adoption of Baseline Primary Health Care Guarantees for All Filipinos".

In support of these DOH initiatives, PhilHealth also adopts strategies to respond to the growing health needs of its members. With the issuance of PhilHealth Circular No. 2017-0024 on the Adjustment in the Premium Contributions of the Employed Sector to Sustain the National Health Insurance Program, and budget allocation provisions in the 2018 General Appropriations Act (GAA), the existing Primary Care Benefit (PCB) which is currently provided by rural health units (RHUs)/urban health centers to the less privileged population is being expanded to cover the Formal Economy, Lifetime members and Senior Citizens.

Cognizant of the limitations of RHUs as providers of the PCB, especially in providing extended consultation hours, other health care institutions both private and government are now being engaged to ensure accessibility to the program.

II. OBJECTIVE

This Circular aims to provide guidelines on the expansion of PCB to the Formal Economy (Employed), Lifetime Members and Senior Citizens in PhilHealth accredited public and private Level 1, 2 and 3 hospitals, infirmaries/primary care facilities, Ambulatory Surgical Clinics (ASCs) and medical outpatient clinics.

III. SCOPE

This Circular covers the expansion of the Primary Care Benefit to all eligible

beneficiaries in the Formal Economy (employed), Lifetime members (retirees), and Senior Citizens. Parallel with this, the Corporation shall process accreditation of interested prospective public and private health care institutions (HCIs).

IV. DEFINITION OF TERMS

A. Assignment - electronic sign-in of a PCB eligible member with their chosen EPCB HCI. This shall be required for all qualified PCB beneficiaries prior to benefit availment.

B. Co-payment - a fixed fee that a member is required to pay for consultation, laboratory/diagnostic intervention, and medicines at the time of visit

C. Health screening/ assessment - refers to the initial outpatient consultation to include:

1. Pediatric/Adult Risk-assessment for Noncommunicable Diseases (NCDs) and Communicable Diseases (CDs)

2. Provision of appropriate diagnostics as recommended by currently acceptable risk assessment guidelines such as "Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings" (PhilPEN) or may refer to the list of individual based interventions stated in DOH Administrative Order No. 2017-0012 "Guidelines on the Adoption of Baseline Primary Health Care Guarantees for All Filipinos" (see Annex A*).

D. Per Family Payment (PFP) - is the fixed annual primary care benefit payment to cover for health screening/assessment/consultation with corresponding basic diagnostic/laboratory and medicines (mandatory and as necessary).

E. Registration - confirmation of electronic assignment through personal appearance of a PCB eligible member with their chosen EPCB HCl.

V. GENERAL GUIDELINES

A. All members under the Formal Economy (employed), Lifetime members, and Senior Citizens and their qualified dependents shall be eligible to avail of the expanded primary care benefit in accredited EPCB HCIs.

B. The expanded PCB shall include health screening and assessment, diagnostic services, follow up consultations, and medicines. The health screening shall be based on life stage essential services as provided in DOH Administrative Order No. 2017-0012. The drugs/medicines shall cover for the following disease conditions: AGE, UTI, Pneumonia low risk, Upper Respiratory Tract Infection, Asthma, Hypertension, Diabetes Mellitus Type II (see Annex B*: Benefit Table).

C. All Out-patient Department/Sections of accredited Level 1, 2 and 3 private and government hospitals shall be deemed accredited as EPCB HCI; provided that the requirements in Annex C* are satisfied.

D. All non-hospital facilities• such as but not limited to Ambulatory Surgical Clinics

(ASCs), Infirmary /Primary Care Facilities (PCF), and non-DOH licensed private medical outpatient clinics who are willing to be EPCB HCIs must comply with the accreditation standards specified in Annex C.

E. The benefit shall be at Php800.00 per family per year with fixed co-payment Risk based capitation fee for Senior Citizen and Lifetime members shall apply

To illustrate:

Table 1: Sample computation for risk-based capitation fee

No . of newly assi gned member		Risk-based capitation fee		Tota l PFP
Sen i or Citi zen/ Lif eti me	Formal Economy	Senior Citizen/ Life- (Php900. 00)	Formal Economy (P hp700 . 00)	
750	750	675 , 000. 00	525 , 000. 00	1 , 200, 000. 00
700	500	630 , 000. 00	350 , 000. 00	980 , 000. 00

F. All existing eligibility rules for benefit availment shall apply.

G. Members in the Indigent sector, Sponsored, Organized Group and Land- based OFW who have previously been assigned, enlisted/registered in an accredited PCB HCI shall continue to avail of their benefit from their current provider (rural health units/health centers) as provided for in PhilHealth Circular No. 010, s. 2012 "Implementing Guidelines for Universal Health Care Primary Care Benefit 1 (PCB) Package for Transition Period CY 2012-2013" (as amended by PhilHealth Circular No. 2017-0033) unless a transfer has been requested. Transfer request forms shall be available at any accredited PCB HCI (see Annex D*). Sponsored and Indigent members requesting to be transferred to accredited private EPCB HCIs shall be allowed effective the following calendar year; provided they are willing to shoulder the fixed co-payment.

H. Fixed co-payment shall apply in accordance to guidelines as provided for in this policy.

I. The No Balance Billing (NBB) policy shall apply based on existing guidelines. J. All existing guidelines on Person with Disabilities (PWD) and Senior Citizens discount shall apply.

VI. SPECIFIC GUIDELINES

A. Assignment

1. This will be initiated by members or the employers on behalf of their respective employees at the start of the program or calendar year.

2. The assignment shall be done yearly and fixed for one calendar year.

Transfer to another EPCB HCI may be allowed subject to submission of transfer request form and shall take effect on the following calendar year.

3. Members from the Formal Economy (employed), Senior Citizens and Lifetime members who opt to be assigned in rural health units/health centers shall be entitled to avail of the PCB services in accordance to the guidelines provided for in PhilHealth Circular No. 010, s. 2012 "Implementing Guidelines for Universal Health Care Primary Care Benefit 1 (PCB) Package for Transition Period CY 2012-2013" (as amended by PhilHealth Circular No. 2017-0033).

4. Assignment shall be on a per family basis. No separate assignment shall be allowed for the principal member and their qualified dependents. In cases of separate assignment, the assignment of principal member shall prevail.

5. Assignment shall be allowed by the system until the end of September of every year or once the committed target number of assigned members by the HCI has been met, whichever comes first.

B. Benefit availment (see Annex B: Benefit Table)

1. All qualified beneficiaries availing of the benefit during initial or follow up consultations shall be required to obtain an authorization transaction code (see Annex E*). The authorization transaction code shall only be valid for 1 day within which the beneficiary shall visit the provider/ clinic. If the beneficiary fails to visit the clinic within the validity period of the transaction code, the beneficiary may request for another transaction code.

2. Essential services according to life stage (see age range on the table) shall be performed during initial health screening and assessment for free or at no cost to the member or to one of his/her qualified dependents. Health screening shall be done every year. If on initial screening the qualified beneficiary requires other services from the essential list that are not included in his/her lifestage guarantees due to an existing disease condition, such services shall still be provided for free.

3. Regular fees or charges shall be applicable to the following:

   a. Other qualified dependents who also wish to undergo initial screening for the essential services.

   b. Other laboratory services not included in the essential list.

   c. All other prescribed drugs/ medicines not included in the list.

4. Fixed co-payment shall be applicable to the following:

a. Follow up consultations and laboratories/ diagnostics listed under the essential

list.
For government HCIs, fixed co-payment for follow up consultation fees shall apply if the consultation was sought beyond the prescribed extended OPD consultation hours; otherwise, no consultation fee shall be required from the eligible beneficiary.

b. For all drugs/medicines included in the expanded PCB prescribed during both initial and follow up consultation.

5. Fixed co-payment, whenever applicable, shall be on a per beneficiary basis.

6. The HCI shall apply the same fixed co-payment rules for other disease conditions not covered by the expanded PCB that will require any of the laboratories and medicines included in the list of essential services and drugs (e.g. CBC for suspected dengue case, chest X-ray for suspected TB, antibiotics for infected wounds, impetigo and other skin infections).

C. Per Family Payment (PFP)

1. Computation shall be based on the number of newly assigned members every month until September.

a. Monthly releases shall be 60% of the computed PFP. The monthly release of PFP shall be computed based on the following formula:

PFP months = (No. of newly assigned members x Php 800.00) x 60%
Please see Annex F for sample computation.

b. Accomplishment of targets 1-4 shall be the basis for the release of the remaining 40% of the total PFP for the applicable year. It shall be released on the first month of the succeeding year. The EPCB HCI that will meet all the performance targets shall be accorded the privilege to be recommended for Center of Excellence.

Table 2. Formula to compute Performance Target

Target	Description	Formula
1	50% of the assigned families are registered and assessed	(Total no. of registered and assessed members) x 100 (Total no. of assigned families*)
2	90% of the registered and assessed are provided with the complete essential services based on lifestage	(Total no. of registered and assessed) (with complete essential services) x 100 (Total no. of registered and assessed)
3	At least 70% of hypertensive cases are given monthly maintenance drugs	(Total no. of hypertensive cases given) (monthly maintenance drugs) x 100