

**[PHILHEALTH CIRCULAR NO. 0003, S. 2014,
January 09, 2014]**

**STRENGTHENING THE IMPLEMENTATION OF THE NO BALANCE
BILLING POLICY**

*Adopted: 09 January 2014
Date Filed: 17 February 2014*

I. RATIONALE

In 2011, PhilHealth has implemented case based payment scheme which offers a more predictable and equitable benefit payment based on patients' medical condition. Along with the introduction of case payment is the introduction of the No Balance Billing (NBB) Policy, which provides that no other fees or expenses shall be charged or be paid for by the indigent patients above and beyond the packaged rates.

However, resource constraints have proved to challenge the effective implementation of the NBB policy. It necessitates, among others, the strong political will of both national and local government to do their share in resource management and policy enforcement to assure that every poor Filipino is truly protected against financial risk.

Section 43 of the Implementing Rules and Regulation of Republic Act No. 10606 (National Health Insurance Act of 2013) states that, "No other fee or expense shall be charged to the indigent patient, subject to the guidelines issued by the Corporation. All necessary services and complete quality care to attain the best possible health outcomes shall be provided to them." This Circular is crafted for the strengthening and improving the enforcement of the NBB policy.

II. COVERAGE AND SCOPE

A. NBB Patients

1. Members and dependents of the following categories of membership:
 - a. **Indigent** - a person who has no visible means of income, or whose income is insufficient for family subsistence, as identified by the Department of Social Welfare and Development (DSWD) based on specific criteria set for this purpose in accordance with the guiding principles set forth in Article I of the National Health Insurance Act of 2013.
 - b. **Sponsored** - a member whose contribution is being paid by another individual, government agency, or private entity according to the rules as may be prescribed by the Corporation.
 - c. **Household Help** - as defined in the Republic Act 10361 or "Kasambahay Law"

2. iGroup Gold members with existing Group Policy Contract (GPC) shall retain their NBB privilege until the expiration of their contract with PhilHealth. At the end of all existing GPCs, NBB shall no longer be accorded to the Organized Groups.

B. Benefits Covered

1. All case-based payments, a payment method that reimburses health care institutions a predetermined fixed rate for each treated case or disease. This includes:
 - a) All Case Rates
 - b) 23 Case Rates as enumerated in PhilHealth Circular No. 11, s-2011
 - c) Case Type Z benefits
 - d) Leptospirosis Package
 - e) TB-DOTS Package
 - f) Outpatient Malaria Package
 - g) Animal Bite Treatment Package
 - h) Voluntary Surgical Contraception Package
2. Other Covered Benefits:
 - a) Outpatient HIV/AIDS Treatment (OHAT) Package
 - b) Severe Acute Respiratory Syndrome (SARS) Package
 - c) Avian Influenza Package
 - d) Intrauterine device (IUD) insertion

C. Health Care Institution Covered

1. All accredited government health care institutions including all levels of hospitals and other health facilities (e.g., ambulatory surgical clinics, freestanding dialysis clinics, infirmaries, dispensaries, birthing homes, DOTS Centers).
2. Accredited private health care institutions:
 - a) Contracted facilities for Z Benefit Packages
 - b) Ambulatory Surgical Clinics
 - c) Freestanding Dialysis Centers
 - d) TB DOTS Centers
 - e) Birthing Homes
 - f) Infirmaries and dispensaries - For private infirmaries and dispensaries, NBB policy shall only apply to claims application for Maternity Care Packages and Newborn Care Packages. All other benefits are not subject to the NBB policy in private infirmaries.

Type of Facility	Gov't	Private	Benefits Covered by NBB
1. Hospitals	-	x	All applicable benefits covered by NBB in hospitals

2. Outpatient Malaria Providers	-	x	Outpatient Malaria Package
3. Animal Bite Treatment Centers	-	x	Animal Bite Treatment Package
4. Treatment Hubs	-	x	OHAT Package
5. Contracted Hospitals for Z Benefit Package	-	-	Case Type Z Benefits
6. Ambulatory Surgical Clinics	-	-	All benefits covered by NBB including cataract extraction, BTL, vasectomy
7. Freestanding Dialysis Clinics	-	-	Dialysis Package
8. TB DOTS Centers	-	-	DOTS Package
9. Birthing Homes	-	-	MCP, NCP IUD insertion
10. Infirmaries/ Dispensaries	-	-*	Government infirmaries: All benefits covered by NBB including vasectomy *Private infirmaries: MCP and NCP only

III. GENERAL POLICIES

- A. Health care institutions must give NBB patients preferential access to their social welfare funds, which may be used to augment the benefit package provided in case of insufficiency to fully cover all confinement charges.
- B. Health care institutions shall be responsible and accountable for the care of patients and in achieving the best outcome. They shall extend all medical and financial support to qualified NBB members and dependents. They shall not deny access to health services whenever necessary.
- C. Health care providers shall ensure to deliver utmost quality of care and provide complete medical and non-medical care including but not limited to drugs, supplies, diagnostics and other medically necessary services like provision of adequate patients' meals based on prescribed therapeutic diet, nutritional status and dietary requirements, to achieve the best possible outcome.
- D. If the patients' condition requires stay in the intensive care unit, isolation room, recovery room and other special accommodation, this shall be provided to the patient and the NBB policy shall apply.
- E. Qualified NBB members and dependents enumerated in Section II.A of this Circular who are admitted in ward type accommodation shall be covered by the NBB policy.
 1. In any instance that a ward type accommodation is not available, it is the providers' responsibility to make the next higher accommodation available for the patient at no added cost.
 2. However, if the patient opts to avail a private accommodation, the NBB policy shall not apply.
- F. There shall always be an available health care professional to manage the patient. The patient shall not be charged for professional fees whether the health professional is salaried or not.

- G. Sourcing medications, diagnostics and supplies outside the facility shall only be a last resort when all other possible sourcing options have been exhausted. In such instances, the health care institution shall exclusively bear the cost of acquisition of such commodities and services.

IV. ENABLING MECHANISMS

A. MEMBERSHIP AND ELIGIBILITY OF MEMBERS

To ensure that qualified NBB members and dependents will not have any out-of-pocket expenditures, it is imperative that membership verification should be done prior to hospital admission and availment of outpatient services. All government facilities should have the capacity for real time verification of membership and eligibility.

1. **Institutional Health Care Provider Portal.** IHCP Portal is a simple webbased system for online verification of membership and eligibility which only requires a computer with internet connection. All government facilities must have this system in place.
 - a. PhilHealth shall ensure the deployment of the IHCP Portal.
 - b. All government facilities must provide the necessary resources for the optimum utilization of the IHCP Portal such, as but not limited to, the deployment of a dedicated personnel manning the portal, and a computer with reliable internet access.
2. **Member Data Record (MDR) and PhilHealth Number Card (PNC).** Indigent members may present their MDR, PNC or PhilHealth Identification Number (PIN) as the case may be upon admission as proof of membership and eligibility.
3. **Pantawid Pamilyang Pilipino Program (4Ps) ID Card.** Pursuant to PhilHealth Circular 24, s-2012 with the subject "Entitlement to NHIP benefits of all Pantawid Pamilyang Pilipino Program Beneficiaries of the DSWD", the hospital shall accept 4Ps identification cards as proof of membership. The mere presentation of the card shall be treated with presumptive validity and in good faith.
4. **PhilHealth CARES.** In case the hospital is unable to access the IHCP Portal, it is the providers' responsibility to device mechanism to verify membership and eligibility prior to admission. The hospital may coordinate with the PhilHealth CARES personnel assigned to their facility or they may call the Local Health Insurance Offices (LHIOs) to verify eligibility.

B. BENEFITS OF THE NBB PATIENT

1. **Quality of Care.** Healthcare providers shall ensure that utmost quality of healthcare is provided to qualified NBB members and dependents. The providers shall provide the most cost-effective clinical approach without compromising the quality of care. This shall be monitored and evaluated by Post-audit System. PhilHealth shall impose necessary sanctions based on existing rules and regulations to facilities found to be compromising quality of care.
2. **Access to basic comforts.** All qualified NBB members and dependents shall receive the basic necessities and comfort each patient must receive. Hospitals