

**[DOH ADMINISTRATIVE ORDER NO. 2010-0026,
September 13, 2010]**

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

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).

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 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
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