

Financing Local TB Control

through PhilHealth's TB DOTS

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In 2014, the slogan for World Tuberculosis Day is

"Reach the 3 million".



The Burden of Tuberculosis



- ❖ In 2012, there were an estimated 8.6 million new cases of TB and 1.3 million people died from TB.
- ❖ Over 95% of TB deaths occur in low- and middle-income countries. Poor communities and vulnerable groups are most affected, but this airborne disease is a risk to all.
- ❖ TB is among the top 3 causes of death for women aged 15 to 44.
- ❖ There were an estimated 500 000 cases and 74 000 deaths among children in 2012.

TB DOTS

Directly Observed Treatment Short-course

- a strategy for treatment and cure

- a. Case Finding** – identification and diagnosis of TB cases.
- b. Case Holding** – making sure that the patient completes the treatments and cured.

in support to the National TB Program (NTP) as tuberculosis remains a major public health problem in the country.

TB DOTS Clinics

Because of the growing population of PhilHealth; the corporation enhanced its benefits under Circular 17s 2003

“ Accreditation of Directly Observed Treatment Shortcourse (DOTS) Facilities”.

ACCREDITATION

Significance of Accreditation

- Provides **funding** source for facilities
- Ensures **quality** DOTS services
- **Motivates** private practitioners to adopt TB DOTS (referring physicians)
- **Increase** the number of TB cases detected & cured in the community.

Accreditation of TB DOTS Provider

REQUIREMENTS

Initial accreditation

- Performance Commitment
- Provider Data Record
- Proof of payment of accreditation fee (P1,000.00)
- Electronic copies of photos (in jpg format) of the internal and external areas of the facilities
- Statement of Intent
- Updated DOH-PhilCAT Certificate (*Optional*)
- Location map

Continuous accreditation

- Performance Commitment
- Updated DOH PhilCAT TB DOTS Certificate
- Latest Audited Financial Statement
- Proof of payment of accreditation fee
(submitted annually on or before January 31st of the year)



Accreditation of TB-DOTS Physicians

“PhilHealth Circular 31, s-2013 Section VI.B states that professional services must be provided by accredited health care professionals”

- Policy:

YEAR	POLICY
2014	<ul style="list-style-type: none">• Accreditation of TB DOTS physicians shall be a requirement for initial and re-accreditation• Currently accredited TB DOTS facilities shall have their physicians accredited by July 31, 2014
2015	<ul style="list-style-type: none">• Accreditation of TB DOTS physicians shall be a requirement for all continuous, initial and re-accreditation

Basic Requirements for Accreditation

PERSONNEL

1. Doctor – trained in Basic DOTS
2. Nurse – trained in Basic DOTS
3. Medical Technologist or Trained Microscopist

FACILITY

1. Induction area with sink for hand washing
2. Smearing area
3. Waiting area
4. Separate facility intended for TB patients only (provision of privacy)
5. Laboratory
6. X ray service (MOA with other facility)
7. With proper ventilation and well lighted facility

Basic Requirements for Accreditation

QUALITY ASSURANCE ACTIVITIES:

1. Infection Control practices
2. IEC re: spread of disease
3. Posters brochures related to tuberculosis
4. DOH-PhilCat Certificate (if available for automatic accreditation)
5. Proper referral system

STANDARD SUPPLIES:

1. Microscope
2. Reagents
3. Glass slides
4. 70% alcohol
5. Face mask
6. gloves

Approval of Application

PRO shall:

- review the documents and approve the application if found compliant
- issue Certificate of Eligibility to Participate within 7 days from receipt of complete requirements for automatic accreditation.

Denied Application

IHCPs with denied application/gap in validity/ downgrading of category may file a Motion for Reconsideration (MR) with Accreditation committee within 30 calendar days from receipt of the decision

If the license of the TB DOTS provider expires within the year, the facility shall be given 60 days within which to submit the updated license or certificate. If the facility fails to submit such requirement within 60 day period, claims for admissions beginning on the 61st day and onwards shall be denied until the facility submits the requirements.

PhilHealth TB DOTS Package

The National Health Insurance Act of 2013 strengthens the role of PhilHealth to provide financial access to health care providers to improve their health services to PhilHealth members

General Objectives of the Revised PhilHealth TB DOTS Benefit Package

- To **expand** the benefit to cover other TB cases that are **sensitive to first line anti-TB drugs**
- To **align** the TB DOTS Package with the current policies and guidelines for TB control
- To **strengthen the financial mechanism** as leverage for better performance of providers leading to desired health outcomes and sustained TB control

Inclusion vs Exclusion

Covered in TB DOTS Package

- Pulmonary and extrapulmonary
- Adult and Children
- Registration Groups
 - New patient
 - Retreatment
 - Relapse
 - Treatment After Failure
 - Treatment After Lost to Follow-up (Return After Default)
 - Previous Treatment Outcome Unknown

Not Covered by TB DOTS Package

- In-patient admissions
- Drug resistant TB
- Latent TB Infection

Comparing the TB DOTS Package

	Old Package (PC 19, s 2003)	Revised Package (PC 14, s 2014)
Covered	<p>New cases of TB</p> <ul style="list-style-type: none"> • Sputum positive • If sputum negative, with recommendation from TBDC 	<p>All cases of TB sensitive to first line anti-TB drugs under registration groups:</p> <ul style="list-style-type: none"> • New • Retreatment (relapse, failure, treatment after lost to follow-up, outcome unknown) • Transfer-in • Other <p>No need for TBDC if sputum negative</p>
Not covered	<ul style="list-style-type: none"> • Failure case • Relapse case • Return after default 	<ul style="list-style-type: none"> • In-patient admission • Drug-resistant TB • Latent TB infection • Lost to follow up • Not evaluated

TB Disease Registration Group

REGISTRATION GROUP		CRITERIA
New		<ul style="list-style-type: none"> Never had treatment for TB, or Took anti-TB drugs for less than <1 month.
Retreatment	Relapse	<ul style="list-style-type: none"> Previously treated for TB and declared cured or treatment completed Presently diagnosed with bacteriologically-confirmed or clinically-diagnosed TB
	Treatment After Failure	<ul style="list-style-type: none"> Previously treated for TB and declared treatment failed Sputum smear or culture positive at >5 months during treatment Sputum examination cannot be done and does not show clinical improvement anytime during treatment
	Treatment After Lost to Follow-up	<ul style="list-style-type: none"> Previously treated for TB but was lost to follow-up for >2 months Currently diagnosed with either bacteriologically-confirmed or clinically-diagnosed TB
	Previous Treatment Outcome unknown	<ul style="list-style-type: none"> Previously treated for TB but outcome is unknown or undocumented
Transfer-in		<ul style="list-style-type: none"> Registered in a DOTS facility adopting NTP policies and transferred to another DOTS facility with proper referral slip to continue the current treatment regimen
Other		<ul style="list-style-type: none"> Does not fit into any of the registration group listed above

BENEFIT DELIVERY

TB DOTS Package - P4,000.00

	Payment (Php)
After Intensive Phase	2,500
After Continuation (Maintenance Phase)	1,500
TOTAL	4,000

Note: Expenses for other services done outside the facility shall be settled by the facility

Eligibility

- PhilHealth members and its dependents with premium contributions paid **at least three months** within the six months prior to the first day of availment.
- Indigent/Sponsored Members and its dependents
- **All TB cases susceptible to first line anti-TB drugs** under covered registration groups

LIFETIME
MEMBER

with MDR indicating
Lifetime member as
category of membership or
LMP ID

Payment of the TB DOTS Package

- Shall be paid through the facility's **trust fund**
 - **P2,500** after intensive phase
 - **1,500** after maintenance phase
- If managed by >1 facility, **the referring facility** shall be the one to file the claim and receive full payment

Treatment Outcomes

CRITERIA

Cured	<ul style="list-style-type: none">• Bacteriologically- confirmed TB at the beginning of treatment, and• Smear or culture negative in the last month of treatment and on at least one previous occasion in the continuation (maintenance) phase.
Treatment completed	<ul style="list-style-type: none">• Completes treatment without evidence of failure but with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative (because tests were not done or results are unavailable)• A bacteriologically confirmed patient who has completed treatment but without direct sputum smear microscopy (DSSM) follow-up in the last month of treatment and on at least one previous occasion• A clinically diagnosed patient who has completed treatment
Treatment failed	<ul style="list-style-type: none">• Sputum smear or culture is positive at 5 months or later during treatment.• Clinically diagnosed patient (child or EPTB) for whom sputum examination cannot be done and who does not show clinical improvement
Died	<ul style="list-style-type: none">• Dies for any reason during the course of treatment
Lost to follow-up	<ul style="list-style-type: none">• Treatment was interrupted for 2 consecutive months or more
Not Evaluated	<ul style="list-style-type: none">• No treatment outcome is assigned, including cases transferred to another DOTS facility or treatment outcome is unknown.

Paid vs Denied (Treatment Outcomes)

Paid

- Cured
- Treatment completed
- Treatment failed
- Died

Denied

- Lost to follow-up
- Not evaluated

CLAIMS FILING

Claim must be filed within **60**
days after the completion of
each phase



How & Where to Submit Claims

❖ This will be stamped with the date received by the PHIC personnel. One copy will be given to the messenger as a proof of receipt. (*the date stamped must be within 60 days from the date of the end of treatment*)

Date of completion (Intensive Phase)

May 29, 2014

Date Received: **July 28, 2014**

May - 2 days

June - 30

July-

GOOD for processing

4 days

Requirements for Filing

- PhilHealth Benefit Eligibility Form (or other proof of eligibility)
- PhilHealth Calim Form 1
- PhilHealth Claim Form 2
- Copy of patient's completed NTP treatment card

Important Notes:

- Submission of the NTP Treatment Card prior to starting the treatment is no longer required.
- The TBDC Recommendation Form is no longer a requirement for sputum negative patients.

Reasons for Denial of Claims

- Late Filing
- No Qualifying Contribution prior to date of enrolment to DOTS package
- Failure to pay contributions during the course of treatment
- The patient is not a PhilHealth member or a qualified dependent
- Non-compliance to previous request documents (refiled claims)
- Late refiling (refiled claims)
- OTB – no intensive, claiming for maintenance

PAYMENT ALLOCATION, MONITORING AND EVALUATION

Dates of Admission and Discharge

Admission Date	Discharge Date	Phase being claimed	Package Code
First day of intensive phase (treatment start date)	Last day of intensive phase	Intensive Phase	89221
First day of continuation (maintenance) phase	Last day of continuation (maintenance) phase	Continuation (maintenance) Phase	89222

Guidelines on allocation of the TB DOTS Package Payment

CATEGORY	PERCENTAGE	REMARKS
Facility Fee	40%	<ul style="list-style-type: none">For operational costs including supply of anti-TB drugs and reagents, equipment such as microscope, IT equipment and software, support for TB Diagnostic Committee, advocacy activities, training of staff, referral fees of warranted diagnostic services not available in the facility
Consultation Fee	25%	<ul style="list-style-type: none">For consultation services during the course of treatmentIf no referring physician, this portion may be allotted as facility fee
Service Staff Fee	35%	<ul style="list-style-type: none">Pooled and distributed among health personnel who were involved in the delivery of health services for TB including the DOTS physician, nurses, midwives, medical technologist or sputum microscopist, barangay health workers and treatment partners

For Monitoring

- Submit a copy of the Sanggunian Ordinance **creating the trust fund** for TB-DOTS reimbursement and guidelines on allocation within a year after initial accreditation to the PhilHealth Regional Offices
- Maintain a **minimum set of information on** each patient (e.g. NTP treatment card, TB registry) that shall be readily available during monitoring and evaluation

Reimbursement Process

1. All accredited DOTS centers shall submit a copy of NTP Treatment Card (*see attached*) of enrolled PhilHealth beneficiaries or register them to the TB Management Information System of the Quality Assurance Research and Policy Development Group (QARPDG) within sixty (60) days of patient's enrolment to the program.
2. A copy of updated NTP Treatment Card, together with the DOTS Claim Form (*see attached*), must be submitted within sixty (60) days upon completion of each treatment phase (intensive and/or maintenance phase) to the Claims Department at the Central Office or the PhilHealth Regional Office.
3. Payment of DOTS centers shall be made within sixty (60) days upon submission of complete requirements.
4. Claims with incomplete requirements shall be returned to the health facility and must be complied within sixty (60) days from date of receipt of notice. Failure to comply shall cause denial of the claim.



Status of Accreditation

as of February 28, 2014

Type of Facility	No. of Accredited Facilities
TB DOTS Clinic	1,485*

* nationwide figure

Status of Accreditation

as of May 27, 2014

Province	No. of Accredited Facilities
Quezon	36
Laguna	27
Cavite	20

Accredited DOTS Facilities

(as of June 2014)

QUEZON PROVINCE: (36)

1. Rural Health Unit of Agdangan Quezon
2. Atimonan Rural Health Unit
3. Rural Health Unit Buenavista Quezon
4. Rural Health Unit Burdeos
5. Calauag RHU
6. Candelaria Rural Health Unit
7. RHU Dolores NTP-DOTS Clinic
8. Gumaca District Hospital PPMD Center
9. Gumaca RHU DOTS Clinic
10. Guinayangan Municipal Health Office
11. RHU General Luna
12. Infanta MHO
13. Jomalig Rural Health Unit
14. Lucena United Doctors Hospital-PPMD Unit
15. City Health Office Lucena City
16. Macalelon Rural Health Unit
17. Rural Health Unit Mulanay

QUEZON PROVINCE:

18. Rural Health Unit of Pagbilao (Sentrong Pangkalusugan)
19. Rural Health Unit Patnanungan
20. Rural Health Unit Panukulan
21. Rural Health Unit Padre Burgos Quezon
22. Rural Health Unit Plaridel
23. Perez Municipal Health Office
24. Pitogo Rural Health Unit
25. Polilio Rural Health Unit
26. Quezon Provincial Chest Center
27. Rural Health Unit Quezon Quezon
28. Sariaya RHU PPMD Unit
29. Rural Health Unit of San Andres
30. San Antonio Rural Health Unit-TB DOTS Center
31. San Francisco Rural Health Unit
32. LGU-RHU San Narciso
33. Rural Health Unit of Tagkawayan
34. City Health Office of Tayabas

QUEZON:

35. Tiaong TB DOTS Center
36. Unisan MHO DOTS Center

FOR SURVEY:

1. Mauban Health Office

DENIED APPLICATION:

1. Real Rural Health Unit

NO APPLICATION:

1. Alabat Municipal Health Office
2. Catanauan Rural Health Unit
3. Municipal Health Office General Nakar
4. Rural Health Unit Lucban Quezon
5. Quezon Medical Center TB DOTS
6. Sampaloc Rural Health Unit

LAGUNA PROVINCE: (27)

1. Alaminos Rural Health Unit
2. Bay Rural Health Unit
3. RHU I-Biñan
4. City of Cabuyao Health Office I
5. TB DOTS of City Health office II
6. Calamba City Health Office TB DOTS Center
7. RHU Calauan
8. Cavinti RHU
9. Rural Health Unit Famy
10. Rural Health Unit Kalayaan
11. Los Baños Health Care Center RHU I
12. Liliw Rural Health Unit
13. Lumban Rural Health Center
14. Rural Health Unit Mabitac
15. Rural Health Unit Nagcarlan
16. Paete Rural Health unit
17. Pangil Rural Health Unit

LAGUNA PROVINCE:

18. Pakil Rural Health Unit
19. Pagsanjan Medical Clinic DOTS Center
20. Pagsanjan Rural Health Unit
21. Pila Rural Health Unit
22. Rizal Rural Health Unit
23. San Pedro Rural Health Unit I TB DOTS Facility
24. Rural Health Unit I Sta. Cruz
25. Santa Maria Rural Health Unit
26. UPH-DOTS
27. Victoria Rural Health Unit

DENIED APPLICATION:

1. Siniloan Rural Health Unit – non compliance

NO APPLICATION: (3)

1. Rural Health Unit Magdalena
2. Rural Health Unit Majayjay Laguna
3. City Health Extension Office

CAVITE PROVINCE: (20)

1. Alfonso TB DOTS Clinic
2. Carmona Health Office
3. Canossa Health and Social Center
4. Dasmariñas CHO I
5. Dasmariñas CHO II
6. De La Salle University TB Research Unit DOTS Clinic
7. Rural Health Unit Gen. E. Aguinaldo Cavite
8. Indang Rural Health Unit
9. Magallanes RHU
10. Maragondon Rural Health Unit
11. Mendez Rural Health Unit
12. Naic Rural Health Unit
13. Our Savior Hospital Inc., Industrial DOTS Center
14. SDMC Community Outreach Center DOTS Clinic
15. TB DOTS San Roque Health Center
16. Silang Main Rural Health Unit
17. Municipal Health office Tanza PPMD

CAVITE PROVINCE:

18. Trece Martires City Health Office
19. Municipal Health office Ternate
20. Tagaytay City Health Office

FOR SURVEY:

1. Amadeo Rural Health Unit

NO APPLICATION: (12)

1. Bacoor Rural Health Unit Zone I
2. Bacoor Rural Health Unit Zone II
3. Bulihan Rural Health Unit
4. Caridad Health Center
5. General Emilio Aguinaldo Memorial Hospital TB DOTS Center
6. General Mariano Alvarez Municipal Health Office
7. General Trias Rural Health Unit
8. Imus Municipal Health Office 2
9. Kawit Rural Health Unit
10. Noveleta Rural Health Unit
11. Rosario Rural Health Unit
12. Salawag Health Center

Thank You!

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