

Revised Guidelines for the PhilHealth Outpatient TB DOTS Benefit Package

Circular 14 s-2014

Quality Assurance Group

Product Teams - MDG

OUTLINE

- Rationale
- Objectives
- General Principles
- Accreditation
- Benefit Delivery
- Monitoring and Evaluation

RATIONALE

PhilHealth Issuances re: TB DOTS

ISSUANCE	DESCRIPTION
Board Resolution # 485 and 490 of 2002	Established the case rate benefit for out-patient TB-DOTS package amounting to 4,000 pesos
PC 17, s-2003	Provided the guidelines for the accreditation of Directly Observed Therapy Short Course (DOTS) facilities
PC 19, s-2003	Enhanced the TB-DOTS Package to include new cases, pediatric and extra-pulmonary TB
PC 36, s-2003	Created additional guidelines for processing of TB DOTS Package Claim Applications
PC 20 , s-2004	Created guidelines in designating the TB-CIS Registry Number
PC 8, s-2006	Created amendments to accreditation of TB-DOTS Facilities
PC 13, s-2006	Created ICD-10 Coding guidelines for TB
PC 18, s-2011	Provided the guidelines for diagnosis of TB in children aged 0-9 years old

National TB Program

- Philippine Plan Against Tuberculosis (PhilPACT) 2010-2016
 - Formalized strategic directions to sustain the gains of the TB control program and achieve Millennium Development Goals for TB
- National Tuberculosis Program Manual of Procedures
 - Created the processes in DOTS implementation in support of the objectives and strategies in the PhilPACT
- DOH Department Memorandum 2011-0218
 - TBDC recommendation is not mandatory to start treatment
- DOH Department Memorandum 2013-0021
 - Two sputum samples only for AFB examinations

PhilHealth TB DOTS Package

- TB DOTS Package remains underutilized
- The National Health Insurance Act of 2013 strengthens the role of PhilHealth to provide financial access to health care and for health care providers to improve their health services

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

GENERAL GUIDELINES

General Guidelines

Treatment Guidelines

- Must be according to the Guidelines of National TB Control Program
 - Manual of Procedures

Coverage (of cases)

- All 1st line drug susceptible TB
 - New case and retreatment cases

Coverage (of services)

- Diagnostic exam, consultation, drugs, health education during treatment

Claims Payment

Case Payment
P 4,000.00
(paid directly to the DOTS center)

1st PAYMENT
P 2,500.00
after the
Intensive
Phase

2nd PAYMENT
P 1,500.00
after the
Continuation
Phase

Inclusion vs Exclusion

Covered in TB DOTS Package

- Pulmonary and extrapulmonary
- Adult and Children
- Registration Groups
 - New
 - 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

ACCREDITATION

Accreditation of TB DOTS Provider

REQUIREMENTS

Initial accreditation

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

Accreditation of TB-DOTS Physicians

PhilHealth Circular 10, s 2014

Requirements:

- Properly accomplished Provider Data Record for professionals
- Signed Performance Commitment
- Updated PRC license or its equivalent
- Two (2) pieces of 1x1 photo
- Proof of payment of premium contribution
- Certificate of completed residency training or specialty board certificate, if applicable

BENEFIT DELIVERY

The TB DOTS Package

	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

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, 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

Eligibility

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

Payment of the TB DOTS Package

- Shall be paid through the facility's **trust fund** only
 - **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

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

Eligibility Based on TB Registration Group

Eligible for TB DOTS Package

- **New**
- **Retreatment**
 - Relapse
 - Treatment After Failure
 - Treatment After Lost to Follow-up
 - Previous Treatment Outcome unknown
- **Others**

Not Eligible

- Transfer in*

**claimed for transfer in (referred) patients must be claimed by referring facility. Since it is the referring facility, it will use the original registration group where the patient belongs before transfer*

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

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 not a requirement anymore for sputum negative patients.

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

Package Code

- 89221
 - TB-DOTS, intensive phase
- 89222
 - TB-DOTS, continuation (maintenance) phase

Sample Claim Form 2

This form may be reproduced and is NOT FOR SALE

PhilHealth
Your Partner in Health

CF2
(Claim Form 2)
revised November 2015

Series # _____

IMPORTANT REMINDERS:
PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.
This form together with other supporting documents should be filed within sixty (60) calendar days from date of discharge.
All information, tabs and tick boxes required in this form are necessary. Claim forms with incomplete and/or false / incorrect information OR misrepresentation of facts submitted, are subject to civil or administrative liabilities.

PART I - HEALTH CARE INSTITUTION (HCI) INFORMATION

1. PhilHealth Accreditation Number (PAN) of Health Care Institution: T 1 2 0 1 5 9 0 9

2. Name of Health Care Institution: SANTA BARBARA TB DOTS CENTER

3. Address: 1ST STREET ROMELON ROMELON
Building Number and Street Name City/Municipality Province Zip Code

PART II - PATIENT CONFINEMENT INFORMATION

1. Name of Patient: DE LA CRUZ JUAN SANTAOS
Last Name First Name New Release (CHECK) Middle Name Geographic (DELA CRUZ LAST NAME IS OKAY)

2. Was patient referred by another Health Care Institution (HCI)?
 NO YES
Name of Referring Health Care Institution Building Number and Street Name City/Municipality Province Zip Code

3. Confinement Period: a. Date Admitted: 0 5 / 0 5 - 2 0 / 1 4 b. Time Admitted: _____
c. Date Discharged: 1 0 / 2 8 - 2 0 / 1 4 d. Time Discharged: _____

4. Patient Disposition (Check only 1)
 a. Improved **CURED**
 b. Recovered
 c. Home/Discharged Against Medical Advice
 d. Deceased
 e. Transferred/Relieved
Name of Referral Health Care Institution Building Number and Street Name City/Municipality Province Zip Code

5. Type of Accommodation: Private Non Private (Charity/Service)

6. Admission Diagnosis:
PULMONARY TUBERCULOSIS, BACTERIOLOGICALLY CONFIRMED (SPUTUM POSITIVE) NEW

7. Discharge Diagnosis (Use additional CF2 if necessary)

Diagnosis	ICD-10 Code	Related Procedures (if there's any)	ICD-9 Code	Date of Procedure	Side of Procedure	Locality (Check applicable)
1. P.T.B. BACTERIOLOGICALLY CONFIRMED	A18.0	INITIATION PHASE	86.51	05-05-2014	Left	Right
2. MAINTENANCE PHASE	A18.0		86.52	08-08-2014	Left	Right
3.					Left	Right
4.					Left	Right
5.					Left	Right
6.					Left	Right
7.					Left	Right
8.					Left	Right
9.					Left	Right
10.					Left	Right

8. Special Considerations:
a. For the following operative procedures, check box that applies and enumerate the procedure/session dates (from all eyes). For chemotherapy, see guidelines.
 Hemodialysis Blood Transfusion
 Peritoneal Dialysis Tracheostomy
 Radiotherapy (LIMAC) Chemotherapy
 Radiotherapy (COBALT) Single Debridement

b. For 2-Month Package 3-Month Package Code:
c. For MCP Package (enumerate the dates from all eyes) (if pre-need (check 1 eye))
1. _____ 2. _____ 3. _____ 4. _____
d. For TB (CF2) Package Intensive Phase Maintenance Phase **NEW CATEGORY I**
e. For Annual Package (write the dates from all eyes) (if pre-need (check 1 eye))
Day 0 ARV _____ Day 3 ARV _____ Day 7 ARV _____
f. For Newborn Care Package Essential Newborn Care Newborn Hearing Screening Test Newborn Screening Test For Newborn Screening, please attach NNT Filter (check)
 Immediate drying of newborn Tummy cord clamping Weighing of the newborn BCG vaccination Hepatitis B vaccination
 Early skin-to-skin contact Eye prophylaxis Vitamin K administration Non-separation of mother/baby for early breastfeeding in

g. For Infant/Child HIV/AIDS Treatment Package Laboratory Number: _____

9. PhilHealth Benefits
ICD-10 or RVS Code First Case Rate **TB001** Second Case Rate _____

Write the Treatment Outcome on the space below Part II item 4 Patient Disposition

Write both intensive and continuation phase with corresponding RVS codes

Write the corresponding dates when intensive and maintenance phase were started

Tick both Intensive and Maintenance phase

Write the Registration Group in Part II, item 8d

Write the Category of Treatment in Part II, item 8d

Write TB001 as package code



Sample Claim Form 2

18. Professional Fees / Charges (Use additional CP2 if necessary)

Accreditation Number / Name of Accredited Institution (If Applicable)	Details
Accreditation: <u>1501785656518</u> Signature Over Printed Name: <u>[Signature]</u> Date Signed: <u>2014-01-14</u>	<input checked="" type="checkbox"/> No co-pay on top of PhilHealth benefit <input type="checkbox"/> With co-pay on top of PhilHealth benefit: P _____
Accreditation No: _____ Signature Over Printed Name: _____ Date Signed: _____	<input type="checkbox"/> No co-pay on top of PhilHealth benefit <input type="checkbox"/> With co-pay on top of PhilHealth benefit: P _____
Accreditation No: _____ Signature Over Printed Name: _____ Date Signed: _____	<input type="checkbox"/> No co-pay on top of PhilHealth benefit <input type="checkbox"/> With co-pay on top of PhilHealth benefit: P _____

PART III - CERTIFICATION OF CONSUMPTION OF BENEFITS AND CONSENT TO ACCESS PATIENT RECORDS
NOTE: Member/Patient should sign only after the applicable charges have been filed out

A. CERTIFICATION OF CONSUMPTION OF BENEFITS

PhilHealth benefit is enough to cover HCl and PF charges. No purchases of drugs/medicines, supplies, diagnostics, and co-pay for professional fees by the member/patient.

Total Health Care Institution Fees	Total Actual Charges*
Total Professional Fees	
Grand Total	<u>Php 4,000.00</u>

The benefit of the member/patient was completely consumed prior to co-pay (or purchases/expenses for drugs/medicines, supplies, diagnostics and others).

a.) The total co-pay for the following are:

	Total Actual Charges*	Amount after Application of Discount (i.e., personal Account, Senior Citizen/PWD)	PhilHealth Benefit	Amount after PhilHealth Deduction
Total Health Care Institution Fees			Amount: P _____ Paid by: (Check all that apply) <input type="checkbox"/> Member/Patient <input type="checkbox"/> HMO <input type="checkbox"/> Others (i.e., PCSO, Prorogatory rules, etc.)	
Total Professional Fees (for accredited and non-accredited professionals)			Amount: P _____ Paid by: (Check all that apply) <input type="checkbox"/> Member/Patient <input type="checkbox"/> HMO <input type="checkbox"/> Others (i.e., PCSO, Prorogatory rules, etc.)	

b.) Purchases/Expenses NOT included in the Health Care Institution Charges

Total cost of purchases for drugs/medicines and/or medical supplies brought by the patient/member either/inside the HCl during confinement	<input type="checkbox"/> None <input type="checkbox"/> Total Amount: P _____
Total cost of diagnostic/laboratory examinations paid for by the patient/member both either/inside the HCl during confinement	<input type="checkbox"/> None <input type="checkbox"/> Total Amount: P _____

*NOTE: Total Actual Charges should be based on Statement of Account (SOA)

B. CONSENT TO ACCESS PATIENT RECORDS

I hereby consent to the examination by PhilHealth of the patient's medical records for the purpose of verifying the validity of this claim.
I hereby hold PhilHealth or any of its officers, employees and/or representatives free from any and all liabilities related to the herein mentioned consent which I have voluntarily given in accordance with the claim for reimbursement before PhilHealth.

Signature: [Signature]
Date Signed: 2014-01-14

Relationship of the representative to the member/patient:
 Spouse Child Parent
 Sibling Others, Specify: _____
 Reason for signing on behalf of the member/patient:
 Patient is incapacitated
 Other Reason: _____

PART IV - CERTIFICATION OF HEALTH CARE INSTITUTION

I certify that services rendered were recorded in the patient's chart and health care institution records and that the herein information given are true and correct.

Signature: [Signature]
Name: HELEN SANCHEZ
Title: TB DOTS Clinic Administrator
Date Signed: 2014-01-14

Write Accreditation number of TB DOTS Physician

Printed name and signature of TB DOTS Physician

Write the amount of TB DOTS Package if 1st box is ticked (PhilHealth benefit is enough to cover HCl and PF charges)

Printed name and signature of patient or authorized representative

Printed name and signature of the authorized person who attests that the entries to the claim form are true and correct



Provisions for Incomplete Requirements

- Claims with incomplete requirements or discrepancies in the entries shall be returned to the facility for compliance **within 60 days** from the receipt of notice. **Failure to comply shall cause denial of claim.**
- After **June 30, 2014**, PhilHealth shall **no longer return these claims** to the facility and are automatically **denied**
- The facility must ensure that all requirements are attached, all forms are properly accomplished and there are no discrepancies in the entries before submitting the claims

PAYMENT ALLOCATION, MONITORING AND EVALUATION

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 their **issuances creating the trust fund** 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

THANK YOU