



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 002-2015

TO: ALL HEALTH CARE PROVIDERS AND PHILHEALTH MEMBERS AND DEPENDENTS

SUBJECT: Governing Policies on the Expanded Coverage of the Primary Care Benefit Package: *Tamang Serbisyo sa Kalusugan ng Pamilya* (Tsekap)

I. BACKGROUND/RATIONALE

The need to support and strengthen Primary Health Care (PHC) services is upheld by key national policies. The National Health Insurance Act (RA 7875, as amended by RA 10606) stipulates that outpatient care is part of the minimum benefits for which members and dependents are entitled to receive from the National Health Insurance Program (NHIP). Moreover, the Department of Health (DOH), through AO 2010-0036, declared that strengthening the NHIP is one of the key Universal Health Care (UHC or KP, *Kalusugan Pangkalabatan*) objectives. These policies provide the main mechanisms by which public health services can be advanced, thereby contributing to the achievement of better health outcomes for all Filipinos.

The UHC Stocktaking Exercises in October 2013 and February 2014 organized by the DOH recommended the financing of a comprehensive set of outpatient personal care services. This is a vital intervention to improve the Filipinos' health outcomes and at the same time reduce out-of-pocket spending for health services. In addition, Social Weather Station surveys for 2012 and 2013 indicated a strong demand for outpatient services from PhilHealth members. Thus far, the Corporation has implemented and improved the Primary Care Benefit Package 1 (PCB1) and developed a prototype for outpatient drug package for selected non-communicable conditions under Primary Care Benefit 2 (PCB 2). However, these PCB packages need to be improved and consolidated in order to be more responsive to health needs of PhilHealth beneficiaries – considering not only the poor and underserved, but also catering to other contributing members of the NHIP. In particular, the inclusion of outpatient medicines for common diseases that can be treated in an outpatient setting is expected to reduce the high out-of-pocket spending for health of Filipinos.

While PhilHealth, in coordination with DOH, establishes *Tamang Serbisyo sa Kalusugan ng Pamilya* (Tsekap) benefit as an essential health care for all Filipinos, this expansion of the Primary Care Benefit Packages will result to higher benefit pay-out that cannot be sustained in the long term by the current premium rate. PhilHealth recognizes that the initial phase of Tsekap implementation will be paid by the current premium but the succeeding years of implementation, as well as rolling out of the benefit to other members of NHIP, will require adjustment of the premium contribution.

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II. PROGRAM OBJECTIVES AND STRATEGIES

Tsekap benefit seeks to contribute to the Philippine health system's overall goals of (a) improving the health outcomes of all Filipinos, (b) increasing their financial risk protection, and (c) promoting the responsiveness of the health system.

Specifically, Tsekap aims to achieve the following objectives:

1. Empower PhilHealth members to participate in keeping themselves and their families healthy in partnership with their Tsekap providers;
2. Assess the health status of PhilHealth beneficiaries annually and provide them the necessary health promotive and counselling services as well as screening interventions;
3. Ensure the management and treatment of the most common diseases seen at the primary care level to prevent unnecessary hospital admissions and reduce the mortalities due to these diseases;
4. Adopt the cost-effective interventions that have been identified to manage these diseases;
5. Ensure that the basic requirements in managing these diseases are provided to eligible Philhealth beneficiaries, including recommended primary diagnostic tests and medicines;
6. Engage both public and private providers in delivering Tsekap services in an effective and efficient manner; and,
7. Establish mechanisms for effective recording of health information for timely reporting, payment and analyses to assess the implementation and utilization of this benefit.

III. DEFINITION OF TERMS

All relevant items and their meanings are listed in **Annex A - Definition of Terms**.

IV. GUIDING PRINCIPLES

- A. The Tsekap benefit is designed to address the most common health problems seen at the primary care level. The selected interventions for these common health conditions are based on established international recommendations and national cost-effectiveness references as well as national public health priorities that contribute to better health outcomes for all Filipinos. As such, this benefit package is designed for all members of PhilHealth.
- B. The implementation shall be phased, starting with the Sponsored and Indigent Program (SP and IP) members and their dependents.
- C. Patient empowerment shall be the key feature of the implementation of this package, and PhilHealth members and their dependents are enjoined to maintain their health and well-being by using this benefit and complying with the implementing guidelines of the package such as, but not limited to, compliance to guidelines on the outpatient drugs prescribed. Emphasis is set on the patient's participation in the decision making related to their well-being through their choice of Tsekap provider and education on their health status.
- D. Members eligible for Tsekap shall choose the Tsekap provider that is most accessible to them without restriction to jurisdictional area and avail their Tsekap benefit from this provider for the entire year to promote continuity of care. However, members who move or relocate to another locality within the year can also do so as provided in this Circular.
- E. This benefit strengthens the primary health care services in the country by promoting the health of the population, reducing unnecessary hospitalization and protecting them from high cost of health care. The effectivity of this benefit for members is renewable every year, subject to PhilHealth benefit availment rules.
- F. All information encoded during enlistment and profiling will be treated as confidential and will not be made public or made available to any persons or organizations other than the authorized PhilHealth personnel unless it is in compliance with or as required by law and law enforcement agencies.
- G. All information provided to PhilHealth during enlistment and profiling of PhilHealth members with their chosen Tsekap provider shall be collected, stored, retained for

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legitimate purposes as long as necessary for the fulfillment of the purpose for which the information were obtained or for establishment, exercise, or defense of legal claims or for any other purpose as provided by law.

- H. Individual health profiling is an essential component of this benefit to ensure that the health status of the eligible PhilHealth beneficiary is established and monitored by their Tsekap provider.
- I. To ensure complete care for the common diseases that will be addressed by this benefit, PhilHealth ensures that appropriate diagnostics and necessary drugs are included in the package. Drugs and medicines are dispensed to cover the complete course of treatment for infectious diseases or monthly supply of maintenance medicines for the non-communicable diseases identified in the benefit package as guided by treatment protocols.
- J. The Tsekap benefit is covered by the principles of No Balance Billing (NBB) or no co-payment for SP/IP members in both public and private facilities.
- K. Both government and private health care facilities can be accredited as a Tsekap providers. All accredited provider must ensure that the indicated benefits in the package are available to its enlisted families. Services that are contracted out or outsourced by an accredited government-owned Tsekap provider shall be paid for by the contracting facility.
- L. Tsekap providers cannot discriminate against PhilHealth members with high health risks and/or big family size who want to enlist in their facility. This is deemed as a Breach in Performance Commitment as stated in Section 160 of the IRR for NHI Act of 2013 and equivalent to corresponding administrative penalties.
- M. Government Tsekap providers must continue to provide public health programs and emergency care in their facilities regardless of PhilHealth membership or eligibility for the Tsekap package.
- N. The payment to the provider shall start on the quarter that the member enlists with the Tsekap provider. The payment for this benefit is intended for the care of the entire family. It is also designed to promote efficient use of resources and effective provision of necessary primary care.
- O. The prices of drugs and medicines in the Tsekap benefit shall be guided by the DOH Drug Price Reference Index (DPRI). The prices shall be reviewed and updated by the Corporation every two years.
- P. A monitoring system to track the utilization of this benefit shall be established to ensure that the aspirations of this benefit will be attained. As such, the implementation of this benefit requires electronic transmission of data to reflect effective provision of care and efficient recording and reporting, and timely payment of services rendered.
- Q. Information derived from health profiling and benefit utilization shall guide the development of future national health programs as well as PhilHealth benefit packages.

V. PRIMARY HEALTH CARE SERVICES COVERED UNDER TSEKAP

- A. The Tsekap benefit include a comprehensive health profile upon enlistment, consultations, and when clinically necessary, selected diagnostic tests and medicines for common medical conditions. Medicines shall be prescribed and dispensed in full course. The list of Tsekap services is detailed as follows:



Note: Services marked with an asterisk (*) may be outsourced only by a government-owned facility

Health Profiling

Primary Preventive Services

- Primary Care Consultations
- Regular blood pressure (BP) and body measurement
- Periodic clinical breast examination
- Breastfeeding program education
- Cervical Cancer Screening through visual inspection with acetic acid
- Digital rectal examination
- Risk profiling for hypertension & diabetes
- Counselling for smoking cessation and lifestyle modification
- Oral check-up and prophylaxis for children 12 y/o and below*

Diagnostic Examinations

- Complete blood count (CBC)*
- Blood typing*
- Urinalysis*
- Stool Exam*
- Chest X-ray*
- Sputum Microscopy*
- Lipid Profile*
- Fasting Blood Sugar*
- Creatinine*
- Electrocardiogram (ECG) *
- Peak Expiratory Flow (PEF) Meter testing
- Blood glucose monitoring through blood glucose meters

Drugs and Medicines

- Asthma: Salbutamol, Fluticasone and Prednisone
- Acute Gastroenteritis (AGE) with no or mild dehydration: ORS and zinc supplements
- Upper Respiratory Tract Infection (URTI): Paracetamol, Amoxicillin or Erythromycin
- Pneumonia (Minimal and low risk): Paracetamol, Amoxicillin or Erythromycin or Co-amoxiclav and Salbutamol
- Urinary Tract Infection (UTI): Ofloxacin, Cotrimoxazole, or Co-amoxyclov for pregnant women
- Diabetes Mellitus (DM): Metformin, Gliclazide, Aspirin (for combination therapy)
- Hypertension: Hydrochlorothiazide, Enalapril, Metoprolol or Amlodipine
- Dyslipidemia: Simvastatin
- Deworming: Mebendazole for children 12 y/o and below
- Ischemic Heart Disease: Aspirin, Atenolol, Isosorbide Mononitrate

- B. The complete clinical guidelines for the above conditions are included in the Manual of Procedures for the Tsekap Benefit to be published along with the guidelines.
- C. A qualified member or dependent who was profiled may opt not to undergo the prescribed Tsekap tests or treatments by signing a waiver (**Annex B – Waiver of Procedure**) for such test or treatment.

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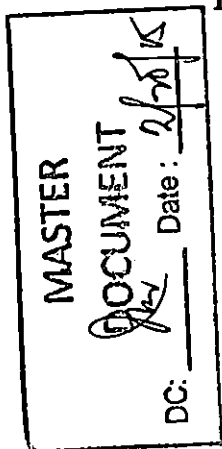
VI. GENERAL GUIDELINES FOR MEMBERS

A. Participation and Enlistment of Members with their Tsekap Providers

1. For the initial implementation of this benefit, only SP/IP members and their qualified dependents can avail of the Tsekap services.
2. Qualified members and their dependents shall initiate their participation by enlisting with an accredited Tsekap provider. Enlistment to a private Tsekap provider does not prevent them from availing the regular public health services provided by government health facilities.
3. Members must enlist first with their chosen Tsekap providers in order to avail of the corresponding services under the benefit package. The same Tsekap services are available to their qualified dependents. Any health service availed that are not included in the Tsekap benefit may incur additional fees that may be charged to the patient.
4. The list of qualified Tsekap providers can be obtained from the PhilHealth Regional Office (PRO), LHIO and from the PhilHealth official website (<http://www.philhealth.gov.ph/partners/providers/>).
5. During the initial year of implementation, the member can enlist anytime within the year. This allows the member and his/her dependents to avail of Tsekap services from their chosen provider for the current year. For the succeeding years of implementation, members must renew their enlistment with their chosen provider, or enlist with a new provider, on or before the last working day of March of the succeeding year.
6. For 2015, those enlisted in an accredited PCB1 provider in 2014 shall remain enlisted in the PCB1 provider unless the member decides to transfer to another provider and /or the facility is not accredited as a PCB1/Tsekap provider.
7. Upon enlistment, members are required to sign a consent form (**Annex C. Enlistment Consent Form**) to allow the Tsekap providers as well as the Corporation to collect, transmit, and analyze their Tsekap-related clinical data, service utilization, and any fees charged to them during consultation. The same form shall contain the roles and responsibilities of the members in availing the Tsekap benefit.
8. Beneficiaries who are prevented by any accredited Tsekap provider from enlisting in their facility can file a complaint to PhilHealth as this constitutes refusal to provide Tsekap services.
9. Beneficiaries who fail to claim medicines from drug outlets shall be subject to suspension or termination of the benefit (**Annex K – Guidelines for Suspension and Termination of Benefit**). Reinstatement may be done through recommendation of the Tsekap provider.

B. Continuity of Care

1. Members and their dependents shall adhere to the Tsekap care management protocols, especially for chronic conditions, as advised by their providers.
2. Members and their dependents can avail of Tsekap services only from the Tsekap provider where they have enlisted for the year.
3. Members may be allowed transfer to another provider, only once within a year and only for any of the reasons enumerated below:
 - a. Change in residence outside the current provider's geographic scope.
 - b. Closure or suspension of accreditation of the Tsekap provider where the member is enlisted.
 - c. Dissatisfaction with the Tsekap provider related to poor provision or withholding of Tsekap services as validated by the PRO.
 - d. Member's choice.



- e. Any other instances identified by the Corporation.

Note: Transfer of provider for more than once in a year may be allowed for instances out of the control of the member or provider such as acts of nature and the like, upon approval of the PRO.

- 4. When transferring from one Tsekap provider to another, the member must enlist with the new provider, and the provider must inform the Local Health Insurance Office (LHIO). The LHIO will acknowledge the transfer and inform the former Tsekap provider. The complete guidelines for change of Tsekap provider are available in the Manual of Procedures for the Tsekap Benefit.

C. No Balance Billing (NBB)

- 1. There will be no co-payments for SP and IP members and dependents for Tsekap services and drugs/medicines, in both public and private facilities.
- 2. Health services, diagnostics or drugs and medicines **not** included in the Tsekap benefit, shall be paid directly to the provider by either the member or funded by another source (example: RHU or government health facilities can use their own budget for the services, drugs or medicines not included in the Tsekap benefit).

VII. GENERAL GUIDELINES FOR PROVIDERS

A. Tsekap Providers

- 1. Any health care institution, whether private or public, that meets the accreditation standards, information system, and application requirements for Tsekap can apply for and be granted accreditation by PhilHealth. These facilities include the following, but are not limited in benefit provision:
 - a. Outpatient department of licensed hospitals and infirmaries/primary care facilities, Ambulatory Surgical Clinics and Dialysis Clinics with a secondary laboratory and a level 1 radiologic service.
 - b. Outpatient department of government-owned licensed hospitals and infirmaries/primary care facilities, Outpatient Department/clinics of Provincial/Municipal or City Health Offices, and Health Centers (HCs)/Rural Health Units (RHUs) without laboratory/radiologic services but has a network on DOH licensed secondary laboratory and at least level 1 radiologic service.
 - c. Outpatient Department/clinic of Provincial/Municipal or City Health Offices with a secondary laboratory and level 1 radiologic service capability.
 - d. Privately-owned clinic with an in house licensed secondary laboratory and at least level 1 radiologic service capability.
- 2. The service delivery, financial, administrative and management standards for providers are set forth in **Annex D.1 - Standards for Tsekap Providers**.
- 3. Detailed procedures for the application and accreditation of Tsekap providers, including those which had prior PCB1 provider accreditation, are described in **Annex E – Procedure for Tsekap Provider and Drug Outlet Accreditation**.
- 4. All accredited Tsekap providers shall have the following obligations:
 - a. Consistently conduct individual health profiling and consultation, and appropriately provide diagnostic tests and prescribe drugs/medicines as needed by the enlisted beneficiary for Tsekap benefit.

A **government-owned** provider may outsource Tsekap-required diagnostic services from other licensed institutions as needed as well as dental services. The partnership(s), or any preferred legal relationship to enable the provision of contracted Tsekap services, must be documented through a Memorandum of Agreement (**Annex F - Template Memorandum of Agreement (MOA) with**

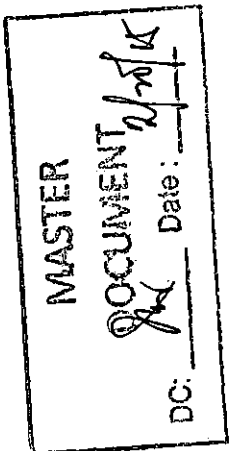
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other Referral Facility on Outsourced Services). The MOA shall specify the agreed-upon prices and quality of goods and services. Recommended prices for Tsekap diagnostic tests and services will be provided and shall be reviewed and updated bi-annually by PhilHealth. The principal provider shall be jointly liable for violations committed by the referral facility.

- b. Ensure that enlisted sponsored and indigent beneficiaries will not incur out of pocket spending for health services that are included in Tsekap benefit. Government health facilities that are accredited for Tsekap must pay for all outsourced or contracted-out Tsekap services.
 - c. Ensure that Tsekap beneficiaries have access to drugs and medicines under the Tsekap benefit through an accredited drug outlet or as supplied by DOH if the provider is located in a GIDA area or in areas identified by the Corporation.
 - d. Ensure that patient information, procedures and outcomes are documented completely, accurately, securely and in a timely manner using electronic medical records (EMR) that are in accordance with PhilHealth standards.
 - e. Secure the capacity to connect to the Tsekap database through any of the following means:
 - i. PhilHealth Health Care Institution (HCI) Portal
 - ii. eHealth cluster (PhilHealth, DOH, and DOST) validated EMR systems provider
 - iii. In case of limited or no internet connectivity, EMR providers are required to use eHealth cluster validated EMR systems with offline capability. Transaction data (not aggregate data) resulting from patient encounter and saved offline will be uploaded within a reasonable time as specified and required in the Manual of Procedures for the Tsekap benefit.
 - f. Shall comply with all the monitoring requirements of the Corporation.
5. Any violation of the above provisions, depending on the specific circumstances, and as such will be the basis for penalties or deductions of Tsekap-related provider payments, or will be considered as Breach of the Performance Commitment (**Annex G – Performance Commitment for Tsekap Provider**) and thereby subject to the corresponding administrative and legal remedies as stated in the IRR for NHI Act of 2013.

B. Drug Outlets

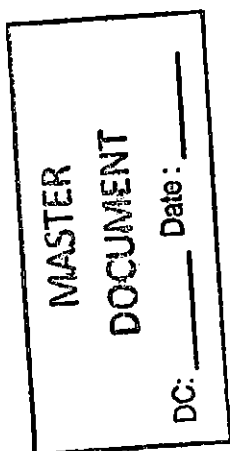
1. Any drug outlet that meets the corresponding standards, **information system**, and application requirements as Tsekap drug outlet can apply for and be granted accreditation by PhilHealth.
2. The service delivery, financial, administrative and management standards for providers are set forth in **Annex D.2 – Standards for Drug Outlet**.
3. The application process is as described in **Annex E – Procedure for Tsekap Provider and Drug Outlet Accreditation**.
4. An accredited Tsekap drug outlet may receive electronic prescription from more than one Tsekap provider.
5. All participating drug outlets shall have the following obligations:
 - a. Ensure availability and provision of drugs and medicines listed under the Tsekap benefit to all qualified PhilHealth members and dependents;
 - b. Implement No Balance Billing (NBB) to the eligible PhilHealth members and dependents for drugs/medicines under Tsekap benefit as prescribed by accredited Tsekap provider, whether in print or electronic format;
 - c. Abide by the drug price set by the Corporation for reimbursement of drugs/medicines that were dispensed;



- d. Adhere to Philippine Practice Standards for Pharmacists set forth by the Philippine Pharmacists Association, particularly the practice standards for patient care;
 - e. Source out locally produced medicines for Tsekap benefit;
 - f. Ensure that drug disbursement information are documented completely, accurately, and in a timely manner in accordance with PhilHealth standards;
 - g. Secure the capacity to connect to the Tsekap database; and,
 - h. Comply with all the monitoring requirements of the Corporation.
6. Alternative dispensing mechanisms shall be established by the Corporation in areas where there are no accredited drug outlets.
 7. Any violation of the above provisions, depending on the specific circumstances, and as such will be the basis for penalties or deductions of Tsekap-related provider payments, or will be considered as Breach of the Performance Commitment (**Annex H – Performance Commitment for Drug Outlet**) and thereby subject to the corresponding administrative and legal remedies.

C. Transitory Provisions

1. All existing PCB providers shall qualify as Tsekap provider provided that they submit the necessary documents for accreditation and they comply with the following:
 - a. Functioning PhilHealth-recognized or certified information system which include e-prescription and connectivity to PhilHealth (such as, but not limited to DSL, 3G, 4G, LTE, etc.)
 - b. Proof of capacity to provide Tsekap services (i.e. MOA for referred services)
 - c. Ensure a mechanism for access to Tsekap drugs and medicines.
 - d. Updated Performance Commitment (**Annex G – Performance Commitment for Tsekap Provider**)
2. Accreditation of individual health professionals for Tsekap is not required in the first year of implementation. However, this will become a requirement in the subsequent years of implementation of Tsekap.
3. All HCIs that apply for initial accreditation as Tsekap provider shall be assessed using the accreditation standards (**Annex D.1 – Standards for Tsekap Providers**).
4. PCB 1 providers that can not comply with the information system and e-prescription requirements as described in this Circular may continue to be accredited as PCB1 provider and shall be paid according to PCB1 policies provided in PhilHealth Circular 15 s. 2014 as long as its accreditation is valid.
5. Other PhilHealth members eligible for PCB1 (i.e. PhilHealth members enrolled iGroup, Overseas Workers Program (OWP) and Department of Education - DepEd personnel) shall continue to avail PCB1 services in accredited PCB1 providers.
6. SP/IP members and their dependents shall continue to avail of PCB1 services in case the provider cannot comply with the standards for a Tsekap provider and the provider is accredited as a PCB1 provider.
7. These transitory provisions shall only apply for 2015.



VIII. PROVIDER PAYMENT SYSTEM

- A. Tsekap Providers shall be paid by PhilHealth through Per Family Payment (PFP) system on a quarterly basis. The formula and sample calculations are specified in **Annex J – Provider Payment System**.

- B. Drug outlets shall be paid per unit of medicine dispensed based on validated billing statement sent to the Corporation within thirty (30) days from submission of billing statement. Rates are specified in **Annex J – Provider Payment System**
- C. Payments shall be processed based on validated system-generated reports and reimbursed through auto-credit or check release.
- D. All payments shall be subject to applicable tax procedures and rates.

IX. MONITORING AND EVALUATION

- A. The Corporation shall regularly undertake monitoring and evaluation activities to assess the adequacy of implementation and aid in the continuous enhancement of Tsekap benefit. The detailed framework for these activities is provided for in a Manual of Procedures for the Tsekap Benefit which will be available in the PhilHealth website (<http://www.philhealth.gov.ph/downloads/>).
- B. The general guidelines for monitoring shall be anchored in the Health Care Provider Performance Assessment System of the Corporation (PhilHealth Circ. 26 s. 2014) to evaluate the following parameters:
 - 1. Quality of care
 - 2. Access to Tsekap services
 - 3. Patient satisfaction
 - 4. Financial risk protection to members
 - 5. Fraud-detection
- C. The clinical and administrative system in all Tsekap providers shall be designed to generate data that shall conform to the prescribed standards set by the Corporation and shall be made accessible for PhilHealth for the purpose of monitoring, review and analysis of utilization and implementation of this benefit.

X. REPEALING CLAUSE

All other provisions of previous issuances inconsistent with this Circular are hereby repealed and amended.

XI. EFFECTIVITY

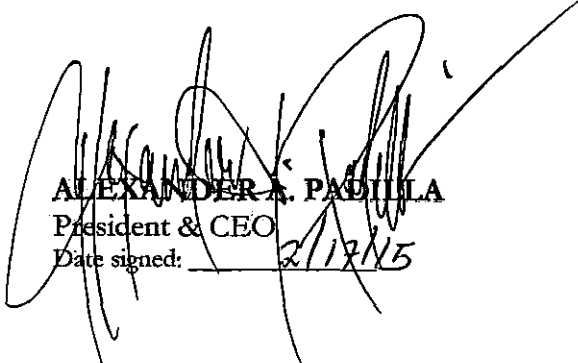
This Circular will take effect fifteen (15) days after publication in any newspaper of general circulation and deposited thereafter with the National Administrative Registry at the University of the Philippines Law Center.



XII. ANNEXES

- A. Definition of Terms
- B. Waiver of Procedure
- C. Enlistment Consent Form
- D.1. Standards for Tsekap Providers
- D.2. Standards for Drug Outlets
- E. Procedure for Tsekap Provider and Drug Outlet Accreditation
- F. Template Memorandum of Agreement (MOA) with other Referral Facility on Outsourced Services
- G. Performance Commitment (PC) for Tsekap Provider

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- H. Performance Commitment (PC) for Drug Outlet
- I. Non-disclosure Agreement (NDA)
- J. Provider Payment System
- K. Guidelines for Suspension and Termination of Benefit


ALEXANDER A. PADILLA
President & CEO
Date signed: 2/17/15

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DEFINITION OF TERMS

Acute gastroenteritis (AGE) – inflammation of the gastrointestinal tract, symptoms or signs include at least one of the following: diarrhea, nausea, vomiting, abdominal pain, and dehydration.

Blood glucose monitoring (using blood glucose meters) – is a procedure for testing the concentration of glucose in the blood that is particularly important in the care of a suspected or confirmed case of diabetes mellitus. The use of blood glucose meters involve a disposable test strip that measures glucose level from blood drawn by piercing the skin.

Body measurements – measurement of the height (in centimeters), weight (in kilograms), and waist circumference (in centimeters).

Blood Typing – a test that determines a person's blood type.

Breastfeeding program education – provision of information regarding the right of the mother to breastfeed, advantages of breastfeeding, and information regarding support programs.

Chest X-ray – a radiologic examination of the chest; single view; postero-anterior (PA) or antero-posterior (AP). This is suggested for, but not limited to, patients with suspected pneumonia.

Compensable Drugs – are drugs that shall be paid for by the Corporation. These are limited to drugs/medicines prescribed by the Tsekap provider for conditions covered by the Tsekap package.

Complete blood count (CBC) – is a test panel that gives information about the cells in the patient's blood; automated (hemoglobin, hematocrit, red blood cell count, white blood cell count, and platelet count) or manual cell count (erythrocyte, leukocyte or platelet). This is suggested for, but not limited to, patients suspected with anemia and dengue hemorrhagic fever.

Consultation – a type of service provided by a physician initiated by a patient and/or family for evaluation and management, which requires three key components:

- History
- Physical examination
- Medical decision making

Counseling and/or coordination of care with other providers are made available consistent with the nature of the problem/s and the patient's and/or family's needs. The service also includes updating of individual health profile.

DC Corporation – refers to the Philippine Health Insurance Corporation, a government owned and controlled corporation, duly organized and existing by virtue of Republic Act No. 7875 (as amended by Republic Act No. 9241 and RA10606), otherwise known as the National Health Insurance Act of 1995. This refers to PHIC or PhilHealth.

Counseling for lifestyle modification – patient and/or family education activity during one or more visit(s) designed to encourage healthy behavior changes, including but not limited to promotion of healthy diet and nutrition, regular and adequate physical activity, avoidance of substances that can be abused such as tobacco and alcohol, and adequate stress management and relaxation.

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Counseling for smoking cessation – patient and/or family education during one or more visit(s) concerning harms of smoking, benefits of smoking cessation, benefits and adverse effects of treatment options, and information regarding tools and support programs.

Creatinine blood test – reveals the level of creatinine in the blood, an indication of the level of kidney function. It is usually recommended, but not limited to assessment of complications in long-standing hypertension.

Dependent – the legal dependents of a member who are:

1. The legitimate spouse who is not a member;
2. The unmarried and unemployed legitimate, legitimated, acknowledged and illegitimate children as appearing in the birth certificate, and legally adopted or stepchildren below twenty-one (21) years of age;
3. Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support;
4. The parents who are sixty (60) years old or above whose monthly income is below an amount to be determined by the Corporation in accordance with guiding principles set forth in the Act;
5. Parents with permanent disability that renders them totally dependent on the member for subsistence.

Diarrhea – is the passage of unusually loose or watery stools, usually at least three times in a 24-hour period. Frequent passing of formed stools is not diarrhea, nor is the passing of loose, "pasty" stools by breastfed babies.

Digital Rectal Exam – is an internal examination of the lower rectum by a physician to feel the prostate to allow the examiner to estimate the size of the prostate and feel for any lumps or other abnormalities. This may also be done to feel for any masses or other abnormalities in the rectum.

Drug Outlet – refers to any FDA licensed drugstore providing medicines under the Primary Care Benefit package / Tsekap as described in this Circular.

Drug Price Reference Index – is a list of mandated ceiling prices for the public sourcing of essential medicines by entities under the scope of the Department of Health. It can be used as a guide for rational drug procurement.

Dyslipidemia – is a condition where there is an imbalance in the fats that circulate in the blood stream.

Electrocardiogram (ECG) – is a procedure that records the heart's electrical activity. The test can show the heart rate, rhythm, and strength of electrical signals.

Electronic Medical Record (EMR) – A systematic collection of electronic health information about an individual patient or population; it is a record in digital format that is capable of being shared across by way of network connected, information networks or health exchanges.

Electronic Prescription (e-prescription) – is an electronic generation of a physician's prescription, transmission and filling of a medical prescription.

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Electronic submission – refers to submission of electronic data via the internet, Health Care Institution (HCI) portal, or other means as determined by the Corporation.

Enlistment – refers to the act of signing up by a PCB-entitled member with a Primary Care (Tsekap) Provider.

Fasting Blood Sugar (FBS) – is a test to determine the level of glucose in plasma after an overnight fast. Fasting is defined as no caloric intake for at least 8 hours up to a maximum of 14 hours.

Fecal occult blood test – is a laboratory test used to check stool samples for hidden blood. Test for occult blood must be requested for patients suspected of having gastrointestinal blood loss.

Fecalysis – a stool examination for white blood cells, red blood cells, parasites, and ova for patients with diarrhea that is suspected to be of parasitic or protozoal origin.

Hypertension – is considered in a patient with BP \geq 140/90 mmHg recorded on at least 2 occasions, or in patients with BP \geq 140/90 mmHg and signs of end-organ damage. It may be classified as stage 1 (SBP=140-159 or DBP=90-99) or stage 2 (SBP \geq 160 or DBP \geq 100).

Individual Health Profile – the assessment of the general health status of the member/dependent, including their risk for certain conditions as prescribed by the Corporation. The patient's health profile is updated at least once a year.

Lipid Profile – a fasting lipoprotein profile including major blood lipid fractions, i.e., total cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride; this requires a 9- to 12-hour fast.

Non-compensable drugs – are drugs that shall not be paid for by the Corporation. However, the drug outlet may still dispense drugs that are non-compensable but these shall be paid for by the patient.

Non-professional health workers– are health workers engaged in patient care and provide ancillary support that is directly associated with Tsekap services, such as, but not limited to, community, volunteer or barangay health workers, women's health teams and community health teams.

Pap smear - a procedure in which cells are scraped from the cervix for examination under a microscope. It is used to detect cancer and changes that may lead to cancer and may be used as an alternative for Visual Inspection with Acetic Acid. A Pap smear can also show conditions, such as infection or inflammation that are not cancer. It is also called Pap test and Papanicolaou test.

Peak Expiratory Flow Meter testing – is a procedure that measures the air that flows out of the lungs.

Periodic clinical breast examination – is an examination of the patient's bilateral breasts by a physician or a nurse, which includes inspection and palpation. This should be performed at regular intervals as specified in the circular among the targeted individuals even in the absence of symptoms or signs related to the breasts.

MASTER DOCUMENT
Date: 10/20/15
DC:

Philippine Health Insurance Corporation – a government owned and controlled corporation duly organized and existing by virtue of Republic Act No. 7875 (as amended by Republic Act No. 10606), otherwise known as the National Health Insurance Act of 1995. It may be referred to as PHIC, PhilHealth or the Corporation in this Circular.

Profiling – refers to the act of doing/ updating the individual health profile of entitled members and dependents.

Regular blood pressure (BP) measurements – auscultatory method of BP measurement using an aneroid or electronic sphygmomanometer at intervals specified in the Circular.

Sputum microscopy – a microbiological method of sputum examination for diagnosis and follow-up of patients with pulmonary tuberculosis (TB).

Suspected diabetes mellitus – refers to individuals with known risk factors for diabetes mellitus (DM) such as history of impaired glucose tolerance, gestational diabetes, vascular diseases, sedentary lifestyle, obesity and family history of DM as well as those individuals with signs and symptoms suggestive of it such as polyuria, polydipsia, polyphagia, unexplained weight loss, weakness, fatigue and tingling or numbness of extremities. They should undergo laboratory test such as fasting plasma glucose for diagnosis.

PCB1 Provider - refers to any health facility providing services under the Primary Care Benefit 1 or PCB1 package.

Pneumonia- refers to condition with clinical signs and symptoms of infection referable to the lower respiratory tract such as coughing, shortness of breath, chest retractions, and fever. Routine chest x-ray is done to assess the degree of infiltration. Antibiotic management depends on the initial and definitive pneumonia condition.

Upper respiratory tract infection (URTI)- refers to condition with clinical signs and symptoms of infection referable to the upper respiratory tract such as cough, colds and fever. Most cases are due to viral etiology and can be managed symptomatically. Antibiotic management depends on the initial and definitive URTI condition.

Urinary tract infection (UTI) – refers to conditions with clinical signs and symptoms of infection referable to the urinary tract such as dysuria, frequency, hematuria, fever, flank pain, lower abdominal pain, and back pain. Routine urinalysis is done for the following conditions: acute uncomplicated pyelonephritis, acute cystitis in pregnant women, and acute uncomplicated cystitis in men and in women with gynecological signs and symptoms. Antibiotic management depends on the initial and definitive UTI condition.

Tsekap Provider - refers to any health facility providing services under the Primary Care Benefit package /Tsekap as described in this Circular.

Urinalysis – is the physical, chemical, and microscopic examination of urine.

Visual inspection with acetic acid (VIA) - the primary screening tool for cervical cancer based on acetowhitening, with the cervical intraepithelial neoplasia turning white when exposed to 3-5% acetic acid.

MASTER DOCUMENT
Date: 2/20/15
DC:

WAIVER OF CONSENT

I hereby waive my right to undergo the following procedures covered under PhilHealth's Tsekup benefit, which I am entitled to, for the specified reasons:

Procedure	Reason

I understand that by not undergoing these procedures:

- I may not be diagnosed for diseases I may have which the procedures will screen for
- I may not be given access to medications that are part of the Tsekup benefit for diseases that the procedures will screen for
- I will not hold the Tsekup provider or PhilHealth liable for complications that may arise because of lack of early diagnosis of diseases that the procedures will screen for

I also understand that:

- I have the right to go back to my Tsekup provider anytime to undergo the procedure without consequence or payment

Signed this ____ day of _____, _____.

Patient
 Name and Signature

Representative of Facility
 Name and Signature

PhilHealth ID Number: _____
 Birthday: _____
 Address: _____

Position: _____
 Name of Facility: _____
 Address: _____

MASTER DOCUMENT
 DC: _____
 Date: 2/20/15

ENLISTMENT CONSENT FORM FOR TSEKAP

I am hereby expressing my consent to participate in the National Health Insurance Program specifically the Tsekap Benefit. As such, I understand that:

1. I am voluntarily enlisting myself and my qualified dependents under this facility to be my Tsekap provider for the calendar year _____.
2. I may transfer to another provider within a year only for reasons stated in the policy including change in residence, closure or suspension of accreditation and poor provision of service by the current Tsekap provider.
3. I am allowing the Tsekap provider to record my medical information in their PhilHealth certified Electronic Medical Record as long as it is in compliance with data privacy measures indicated by the Corporation.
4. I will truthfully share my medical history to my Tsekap provider so that I will be given the appropriate screening, diagnostic or therapeutic treatment that are part of the package.
5. I will participate in screening or diagnostic procedures recommended by my Tsekap provider as applicable, unless otherwise documented by a waiver.
6. I will engage in a therapeutic relationship with my Tsekap provider ensuring compliance to recommendations, proper follow-up and promotion of healthy lifestyle.
7. I may be charged for screening, diagnostic or therapeutic procedures recommended to me by my Tsekap provider if not part of the Tsekap package. In this case, the Tsekap provider shall inform me of the added costs before undergoing the procedure.
8. In case I will be eligible for medications included in the Tsekap package, I will dutifully claim these medications in the appropriate Tsekap drug outlet.
9. I will take my medications as prescribed by my Tsekap provider.
10. I will not distribute nor sell the medications that are given to me to individuals or institutions.
11. I am allowing the Tsekap provider to use the personal information I have provided and record my medical information in their PhilHealth certified Electronic Medical Record as long as it is in compliance to the information security measures issued by the Corporation.
12. I will abide by the rules of the Corporation in relation to the Tsekap package, else my privileges for the benefit may be suspended or terminated.
13. I will abide by corrective measures set by the Corporation or other laws in case my conduct while participating in the benefit is found to be improper.
14. If I am an eligible beneficiary of the Tsekap benefit, I will enlist in an accredited Tsekap provider of my choice again on the next calendar year.

Signed this _____ day of _____, _____.

MASTER DOCUMENT
 Date: 4/30/15
 DG: _____

Patient
 Name and Signature

Representative of Facility
 Name and Signature

PhilHealth ID Number: _____
 Birthday: _____
 Address: _____

Position: _____
 Name of Facility: _____
 Address: _____

STANDARDS FOR ACCREDITATION – TSEKAP PROVIDER

TSEKAP PROVIDER

I. Service Capability

A. Preventive/Screening Services and Health Education

1. Consultation
2. Regular blood pressure measurements
3. Periodic clinical breast examination
4. Breastfeeding program education
5. Visual inspection with Acetic Acid for screening for Cervical CA
6. Digital rectal examination
7. Risk profiling for hypertension and diabetes
8. Counselling for smoking cessation and lifestyle modification
9. Oral check-up and prophylaxis for children 12 y/o and below*

B. Diagnostic Services

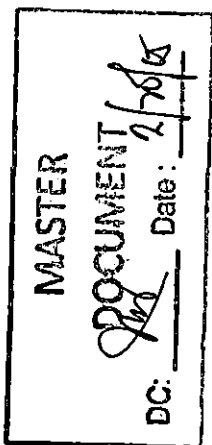
1. Complete blood count (CBC)*
2. Blood typing*
3. Urinalysis*
4. Stool exam*
5. Chest x-ray*
6. Sputum microscopy*
7. Lipid profile*
8. Fasting blood sugar*
9. Creatinine*
10. Electrocardiogram (ECG)*
11. Peak expiratory flow (PEF) meter testing
12. Blood glucose monitoring through blood glucose meters

* Allowable outsourced services for government-owned facilities

II. Technical Standards

A. General Infrastructure

1. Clear sign bearing the name of the health facility
2. Clear sign indicating it is a Tsekap provider**
3. Large sign enumerating the health services that the facility provides including the components of the Tsekap package
4. Generally clean environment, with prohibition for smoking
5. Adequate lighting and electric supply
6. Adequate clean water supply
7. Sufficient seating for patients in a well-ventilated area
8. Examination area
9. Consultation area, separate from examination area
10. Toilet
11. Adequate signages for entrance and exit
12. Emergency preparedness plans (exit, evacuation plans)
13. Fire safety provision
14. Puncture proof receptacles for disposal of pointed or shard objects



15. Properly segregated and labeled waste bins for different kinds of waste
 16. Non-slippery floors
 17. Provision for hand hygiene or washing
 18. Area for cleaning instruments
 19. Safe storage of laboratory reagents, if applicable
 20. Well ventilated sputum collection area, if applicable
- **To be completed within three (3) months of accreditation

B. Equipment and Supplies

1. Peak expiratory flow (PEF) meter testing
2. Blood glucose monitoring through blood glucose meters
3. Non-mercurial BP apparatus
4. Non-mercurial thermometer
5. Stethoscope
6. Weighing scale (adult)
7. Weighing scale (infant)
8. Tape measure
9. Lubricating jelly
10. Disposable gloves
11. Specimen cups
12. Sterilizer or its equivalent
13. 70% Isopropyl alcohol
14. Storage cabinet for sterile instruments and supplies

C. Additional requirements for facilities with laboratory services

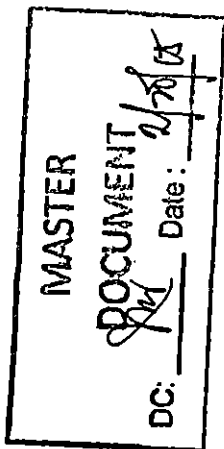
1. For CBC
 - a) Microscope
 - b) Centrifuge
 - c) EDTA Test Tube
 - d) Capillette
 - e) Blood lancets
 - f) Pipettes

And if manual

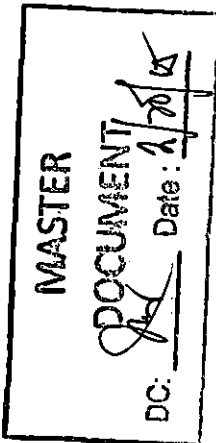
 - a) Hematoxilin and Eosin stain
 - b) Hema color
 - c) Methylene blue stain
 - d) Microhematocrit reader
 - e) Hemoglobinometer kit/acid hematin
 - f) Comparator block
 - g) Differential counter
 - h) Hemocytometer
 - i) Tally counter

Or if automated

 - a) Hema analyser
 - b) Reagents
2. For lipid profile and fasting blood sugar
 - a) Plain test tubes
 - b) Blood chemistry analyzer machine

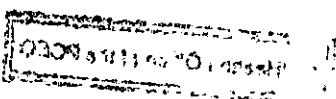


- c) Reagents
- d) Centrifuge
- 3. For urinalysis
 - a) Dip stick for qualitative urine analysis
- 4. For fecalysis
 - a) Applicator stick
 - b) NSS
 - c) Microscope
 - d) Glass slides
 - e) Cover slips
- 5. For sputum microscopy
 - a) Microscope
 - b) Glass slides
 - c) Bunsen burner
 - d) Stains for acid fast bacillis
- 6. For blood typing
 - a) Monoclonal antibodies (Anti-A, B and D)
 - b) Blood lancet
 - c) Glass slides
- 7. For creatinine
 - a) Plain test tubes
 - b) Blood chemistry analyzer machine
 - c) Reagents
 - d) Centrifuge
- D. Additional requirements for facilities with electrocardiogram
 - 1. Electrocardiogram machine
 - 2. Electrocardiogram paper
- E. Additional requirements for facilities with chest x-ray
 - 1. X-ray machine
 - 2. X-ray films
 - 3. Developer and fixative solutions or automatic processor
- F. Additional requirements for facilities with dental services
 - 1. Dental unit with chair
 - 2. Mouth mirror
 - 3. Explorer
 - 4. Cotton plier
 - 5. Oral prophylaxis brush
 - 6. Oral prophylaxis paste
 - 7. Trays
 - 8. Disposable bibs
 - 9. Disposable saliva ejector tips



III. Information Technology

- A. Access to the PhilHealth Healthcare Institution (HCI) Portal or PhilHealth-certified Electronic Medical Record (EMR)
- B. Hardware compatible with chosen PhilHealth-certified EMR
- C. Internet connectivity compatible with chosen PhilHealth-certified EMR



- D. Back-up for interruptions in power supply such as generator or offline compatible solution

IV. Human Resource

- A. Licensed Doctor
- B. Licensed Nurse
- C. Licensed Midwife, in government facilities
- D. Licensed Dentist, if with dental services
- E. Licensed Medical Technologist, if with laboratory services
- F. Licensed Pathologist, if with laboratory services
- G. Licensed Radiology Technician, if with x-ray services

V. Document Review

- A. Licenses of laboratory services of Tsekap provider or referral facility
 1. Department of Health (DOH) license for laboratory
 2. DOH license for X-ray
- B. Copies of updated licenses of personnel in the Tsekap provider or referral facility
 1. Doctor
 2. Nurse
 3. Midwife, in government facilities
 4. Dentist
 5. Medical Technologist
 6. Pathologist
 7. Radiology Technician
- C. Copies of Contracts
 1. Memorandum of Agreement with referral facility, if applicable
 2. Performance Commitment as Tsekap Provider
- D. Manuals and Logbooks
 1. Operating manuals of HCI portal or electronic medical record
 2. Operating manuals of machine, if applicable
 3. Maintenance logbook of machines, if applicable
 4. Quality control of laboratory tests, if applicable
- A. Training Certificates
 1. Training on visual inspection with acetic acid**
 2. Training on Package of Essential Non-communicable Disease (PEN) Interventions for Low-Resource Settings**

**To be completed by first year of accreditation

VI. Human Resource

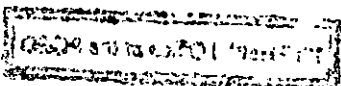
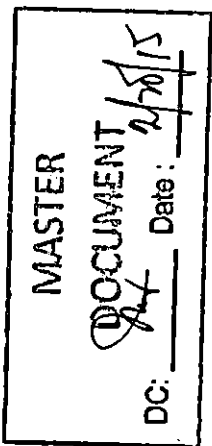
- A. All facility staff, regardless of employment status, are required to be PhilHealth members with updated premium contributions.
- B. In case one of the required personnel can no longer deliver services for the clinic within the validity of its accreditation, the clinic management shall inform the LHIO and implement the following temporary measures:

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1. Assign a provider replacement with the same qualification given that this provider is not rendering service at the same capacity in at most two HCIs; or
2. Assign the enlisted families of the former provider to another accredited Tsekap provider, if there are more than one (1) facility under the jurisdiction of the owner/manager of the health facility.

VII. Alternative Options for Referral Facilities (for government facilities only):

- A. A government-owned health facility that is not equipped to provide the whole Tsekap services, may still participate as a Tsekap Provider, provided that it has a referral arrangement with any of the following network set-up:
 1. DOH-Licensed hospital;
 2. DOH-Licensed out-patient laboratory/radiology/ECG service provider; or
 3. ILHZ MOA reflecting the outsourced service.
- B. The requirement of a licensed medical technologist, licensed radiologist, laboratory equipment, radiology equipment and supplies within the facility, pertinent to the delivery of the TSEKAP is optional for government-owned health facilities applying for accreditation with a functional laboratory service referral system.



STANDARDS FOR ACCREDITATION – TSEKAP PROVIDER

TSEKAP DRUG OUTLET

I. Service Capability

A. Continuous supply of all preparations of drugs included in the Tsekap benefit

1. Salbutamol nebule
2. Salbutamol inhaler
3. Fluticasone inhaler
4. Prednisone
5. Oral rehydration solution/salts
6. Zinc supplements
7. Paracetamol
8. Amoxicillin
9. Erythromycin
10. Co-amoxiclav
11. Ofloxacin
12. Cotrimoxazole
13. Mebendazole
14. Metformin
15. Gliclazide
16. Aspirin
17. Hydrochlorothiazide
18. Metoprolol
19. Amlodipine
20. Enalapril
21. Simvastatin
22. Atenolol
23. Isosorbide mononitrate

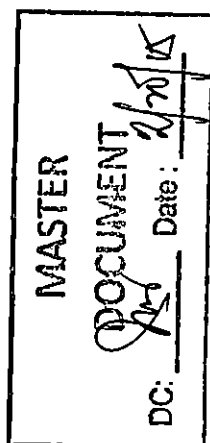
B. Pricing system adopting the Drug Price Reference Index (DPRI) plus maximum 30% profit margin

II. Technical Standards

A. General Infrastructure

1. Clear sign bearing the name of the health facility
2. Clear sign indicating it is a Tsekap provider**
3. Large sign enumerating the health services that the facility provides including the components of the Tsekap package
4. Generally clean environment, with prohibition for smoking
5. Adequate lighting and electric supply
6. Adequate signages for entrance and exit
7. Emergency preparedness plans (exit, evacuation plans)
8. Fire safety provision
9. Properly segregated and labeled waste bins for different kinds of waste
10. Non-slippery floors

**To be completed within three (3) months of accreditation



III. Information Technology

- A. Access to PhilHealth-certified information technology that can accept electronic prescriptions from accredited health care institutions
- B. Hardware compatible with chosen PhilHealth-certified information technology
- C. Internet connectivity compatible with chosen PhilHealth-certified information technology
- D. Back-up for interruptions in power supply such as generator or offline compatible information technology

IV. Document Review

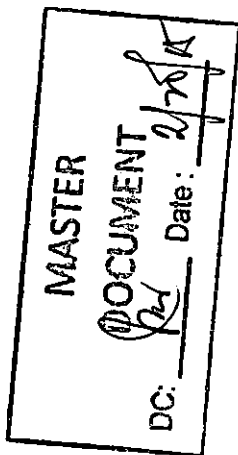
- A. Licenses
 - 1. Valid License to Operate (LTO) issued by Food and Drug Administration
- B. Copies of Contracts
 - 1. Performance commitment as a Tsekap provider

V. Manuals and Logbooks

- 1. Operating manuals of PhilHealth-certified information technology

VI. Human Resource

- A. All facility staff, regardless of employment status, are required to be PhilHealth members with updated premium contributions.
- B. In case one of the required personnel can no longer deliver services for the clinic within the validity of its accreditation, the clinic management shall inform the LHIO and implement the following temporary measures:
 - 1. Assign a provider replacement with the same qualification given that this provider is not rendering service at the same capacity in at most two HCIs; or
 - 2. Assign the enlisted families of the former provider to another accredited Tsekap provider, if there are more than one (1) facility under the jurisdiction of the owner/manager of the health facility.



PROCEDURE FOR TSEKAP PROVIDER AND DRUG OUTLET ACCREDITATION

A. GENERAL PROVISIONS:

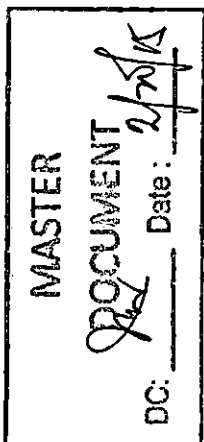
1. Currently accredited health care institutions shall apply separately as a Tsekap provider.
2. All private clinics are expected to have its own diagnostic services available in the facility, hence, referral is not applicable. Only government-owned facilities are allowed to outsource Tsekap diagnostic services.
3. For government facilities, services referred to another health facility under the same LGU may not require a MOA.
4. For CY 2015, a Tsekap Provider shall be affiliated with only one (1) accredited Drug Outlet. However, an accredited Drug Outlet may be affiliated with more than one (1) Tsekap provider.

B. TSEKAP PROVIDER

I. Documentary Requirements

The applicant provider shall submit all of the following requirements:

1. Provider Data Record (PDR) – completely filled-out
2. Performance Commitment (PC) for Tsekap Provider – signed by the two (2) authorized representatives:
 - a. Government owned facility
 - i. If there is only one (1) health facility: City/Municipal/Provincial Health Officer and Local Chief Executive for government facilities.
 - ii. If more than one (1) facility: Head of the facility (such as Rural Health Physician) and the Local Chief Executive.
 - b. Private facilities: Head of the Facility and Chief Executive, President, Director or equivalent
3. Updated licenses for Hospitals, Primary Care Facilities/Infirmaries, Ambulatory Surgical Clinics (ASCs) and Dialysis Clinics (DCs). For Private clinics – business permit and licenses of laboratory and x-ray.
4. Memorandum of Agreement (MOA) – as applicable, for referred services for government-owned facilities only (see **Annex F. Template Memorandum of Agreement with other Referral Facility on Outsourced Services**):
 - a. DOH-licensed Secondary Laboratory service*
 - b. DOH-licensed Level 1 X-ray service*
 - c. Electrocardiogram (ECG) service*
 - d. Dental services*
5. Proof of payment of Accreditation Fee (P1,000.00)
6. Proof of sound financial management structure/mechanism is optional for initial accreditation and mandatory for continuous and re-accreditation.
 - a. Government facility: Certification from the concerned local accounting officer that a Trust Fund for PFP exists. For the Autonomous Region of Muslim Mindanao (ARMM), certification shall be issued by the DOH-ARMM.
 - b. Private facility: Audited Financial Statement for at least two (2) years showing business viability or certified bank statement.
7. Non-disclosure agreement (NDA) signed by all Tsekap staff in the facility (**Annex I**).

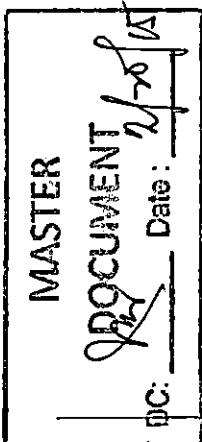


II. Accreditation Process

1. Certification of IT System: this is applicable for all Tsekap providers aspiring to provide the Tsekap package.
 - a. All EMR providers or HCIs having in-house IT development team wishing to integrate TSeKaP in their health facility information system shall obtain an application for compliance testing and standard system development requirements from the eHealth EMR Committee based in the Department of Health.
 - b. Developers are required to incorporate those standards in their systems and offer it for assessment and testing by the joint DOH-PHIC EMR Certifying Committee.
 - c. Once the system has passed the testing, provider will be issued a compliance certificate with a validity period and will be included on the List of Certified EMR Providers that will be published by the eHealth Governance Board online.
2. Application for Accreditation of Tsekap provider
 - a. All HCIs that are qualified to provide the Tsekap package shall apply by filling up the Provider Data Record (PDR) and submit the other documentary requirements stated in Section B.I.
 - b. Initial applications or applications for re-accreditation shall be submitted any time of the year. Applications for continuous accreditation shall be submitted on January 1 to 31 of the applicable calendar.
 - c. Accreditation documents shall be submitted to the LHIO. These shall be screened for completeness. Incomplete applications shall **not** be accepted.
 - d. Applicant shall pay the accreditation fee.
 - e. Pre-accreditation survey:
 - i. A pre-accreditation survey shall not be required for a licensed hospital, infirmary (dispensary) or Primary Care Facility as well as for PCB1 providers that applied as a Tsekap provider with a certified IT system.
 - ii. ASCs, DCs and private clinics shall undergo a pre-accreditation survey.
 - f. Evaluation and approval/denial of application for accreditation shall be at the level of the PhilHealth Regional Office.
 - g. Approved applicant shall be issued a Certificate of Accreditation.

III. Validity of Accreditation and Continuous Accreditation of Tsekap providers

- A. The validity of initial/re-accreditation of Tsekap providers shall start on the date that they fully complied with the requirements of accreditation and end on December 31 of the same calendar year.
- B. The validity of accreditation of Tsekap providers for continuous accreditation shall start on January 1 and end on December 31 of the applicable year.
- C. Accredited Tsekap providers may continuously participate in the NHIP until such participation is withdrawn or terminated based on the rules set by the Corporation.



C. DRUG OUTLETS

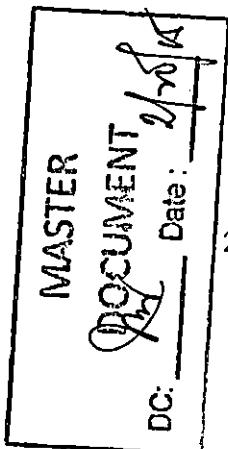
I. Documentary Requirements

The drug outlet shall submit all of the following requirements:

1. Provider Data Record (PDR) – completely filled-out
2. Performance Commitment (PC) for Drug Outlet – signed by the two (2) authorized representatives:
 - c. Government owned facility
 - i. If there is only one (1) drug outlet: City/Municipal/Provincial Health Officer and Local Chief Executive for government facilities.
 - ii. If more than 1 facility: Head of the facility and the Local Chief Executive.
 - d. Private facilities: Head of the Facility and Chief Executive, President, Director or equivalent
3. Updated FDA license
4. Proof of payment of Accreditation Fee (P1,000.00)
5. Proof of sound financial management structure/mechanism is optional for initial accreditation and mandatory for continuous and re-accreditation.
 - a. Government facility: Certification from the concerned local accounting officer that a Trust Fund for PFP exists. For the Autonomous Region of Muslim Mindanao (ARMM), certification shall be issued by the DOH-ARMM.
 - b. Private facility: Audited Financial Statement for at least two (2) years showing business viability or certified bank statement.
6. Non-disclosure agreement (NDA) signed by all Tsekap staff in the facility (**Annex I**).

II. Accreditation Process

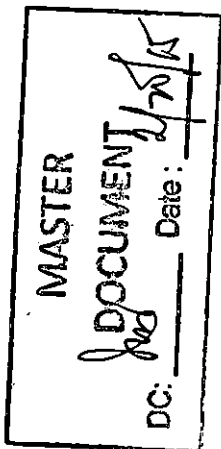
1. Certification of IT System: this is applicable for all Tsekap providers aspiring to provide the Tsekap package.
 - a. All EMR providers or HCIs having in-house IT development team wishing to integrate TSeKaP in the drug outlet information system shall obtain an application for compliance testing and standard system development requirements from the eHealth EMR Committee based in the Department of Health.
 - b. Developers are required to incorporate those standards in their systems and offer it for assessment and testing by the joint DOH-PHIC EMR Certifying Committee.
 - c. Once the system has passed the testing, provider will be issued a compliance certificate reflecting the validity period. This will be included on the List of Certified EMR Providers that will be published by the eHealth Governance Board online.
2. Application for Accreditation of Tsekap provider
 - a. All FDA licensed drug outlets that are qualified to provide the drugs/medicines in the Tsekap package shall apply by filling up the Provider Data Record (PDR) and submit the other documentary requirements stated in Section C.I.
 - b. Applications for continuous accreditation shall be submitted on January 1 to 31 of the applicable calendar. Initial applications or applications for re-accreditation shall be submitted any time of the year.



- c. Accreditation documents shall be screened by the LHIO. These shall be assessed as to its completeness. Incomplete applications shall **not** be accepted.
- d. No pre-accreditation survey shall be required.
- e. Applicant shall pay the accreditation fee.
- f. Evaluation and approval/denial of application for accreditation shall be at the level of the PhilHealth Regional Office.
- g. Approved applicant shall be issued a Certificate of Accreditation.

III. Validity of Accreditation of Drug Outlets

1. The validity of participation of Tsekap drug outlets shall start on the date of approval for its application for accreditation and end on December 31 of the applicable year.
2. Engaged drug outlets may continuously participate in the NHIP until such participation is withdrawn or terminated based on the rules set by the Corporation.



TEMPLATE MEMORANDUM OF AGREEMENT WITH OTHER REFERRAL FACILITY ON OUTSOURCED SERVICES

KNOW ALL MEN BY THESE PRESENTS:

[NAME OF TSEKAP PROVIDER], a government office created by the Local Government of _____ with office address at [insert address], represented herein by its (designation) _____, _____ (hereinafter, referred to as the "Tsekap Provider");

– and –

[NAME OF REFERRAL FACILITY], a diagnostic and referral facility with office address at [insert address], represented herein by its (designation) _____, _____ (hereinafter, referred to as the "Referral Facility").

WITNESSETH, that:

WHEREAS, the Tsekap Provider does not have a complete facility to provide state service to be referred (e.g. laboratory and/or chest x-ray examination services) to its patients and wishes its patients to be provided with the Services (defined below) by the Referral Facility;

WHEREAS, the Referral Facility has a diagnostic facility capable of providing state capability of referral facility (e.g. up to level 2 laboratory and/or chest x-ray examination services) as necessary for the Tsekap package;

WHEREAS, there is a need to establish a partnership and referral system with other health service providers/facilities in order to ensure complete provision of Tsekap services;

WHEREAS, the Referral Facility agrees to provide the Services to the patients of the Tsekap Provider based on the terms and conditions of this Agreement;

NOW, THEREFORE, for and in consideration of the foregoing premises, the parties hereby agree as follows:

1. Key Terms

1.1. Period of Delivery of the Services – The Referral Facility shall commence the provision of the Services on [insert date here] and shall continue until and unless terminated by either Party.

1.2. Place of Delivery of the Services – The Referral Facility shall provide the Services at the following location(s): [insert details here if applicable] _____ (barangay), _____ (municipality), _____ (province).

1.3. Services – The Referral Facility shall provide the following services ("Services") to the patients referred by the Tsekap Provider as indicated below in accordance with the terms and conditions of this Agreement:

List of allowable Tsekap services that can be referred by government facilities and range of price:

1.3.1.1. Visual inspection with acetic acid (VIA): _____	(Php 50.00– 100.00)
1.3.1.2. Pap smear (in lieu of VIA) : _____	(Php 100.00 – 200.00)
1.3.1.3. Oral check-up and prophylaxis : _____	(Php P150 – 250)
1.3.1.4. Complete Blood Count : _____	(Php 95-150)
1.3.1.5. Urinalysis : _____	(Php 60 - 107)
1.3.1.6. Fecalysis : _____	(Php 50- 69)
1.3.1.7. Chest x-ray : _____	(Php 170 - 270)
1.3.1.8. Sputum Microscopy : _____	(Php 150 – 345)
1.3.1.9. Lipid profile : _____	(Php 198-290)
1.3.1.10. Fasting blood sugar : _____	(Php 75 - 120)
1.3.1.11. Creatinine : _____	(Php 90-134)
1.3.1.12. Electrocardiogram : _____	(Php 203-290)
1.3.1.13. Blood typing : _____	(Php 70-90)

1.3.2. The payment for referred diagnostic services shall be charged against the Per Family Payment Rate (PFPR) Fund of the accredited Tsekap Provider. It shall be the responsibility of the Tsekap provider to enact the referral and payment system required.

1.3.3. The Tsekap-entitled members and dependents shall not incur out of pocket expenses for such services in accordance with the 'No Balance Billing' policy of PhilHealth.

2. General terms

2.1: Warranty – The Referral Facility represents and warrants that:

2.1.1. It will perform the Services with reasonable care and skill; and

2.1.2. The Services provided by the Referral Facility to the patients referred by the Tsekap Provider under this Agreement will not infringe or violate any intellectual property rights or other right of any third party.

2.2. Limitation of liability:

2.2.1. Either party's liability in contract, tort or otherwise (including negligence) arising directly out of or in connection with this Agreement or the performance or observance of its obligations under this Agreement and every applicable part of it shall be limited in aggregate to the Price of the Services

2.2.2. Nothing in this Clause will serve to limit or exclude either Party's liability for death or personal injury arising from its own negligence.

2.3. Termination – Either Party may terminate this Agreement upon notice in writing if:

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DC: [Signature]

- 2.3.1. The other is in breach of any material obligation contained in this Agreement, which is not remedied (if the same is capable of being remedied) within 30 days of written notice from the other Party so to do; or
- 2.3.2. A voluntary arrangement is approved, a bankruptcy or an administration order is made or a receiver or administrative receiver is appointed over any of the other Party's assets or an undertaking or a resolution or petition to wind up the other Party is passed or presented (other than for the purposes of amalgamation or reconstruction) or any analogous procedure in the country of incorporation of either party or if any circumstances arise which entitle a court of competent jurisdiction or a creditor to appoint a receiver, administrative receiver or administrator or to present a winding-up petition or make a winding-up order in respect of the other Party.

Any termination of this Agreement (howsoever occasioned) shall not affect any accrued rights or liabilities of either Party nor shall it affect the coming into force or the continuance in force of any provision hereof which is expressly or by implication intended to come into or continue in force on or after such termination.

2.4. Relationship of the Parties – The Parties acknowledge and agree that the Services performed by the Referral Facility, its employees, agents or sub-contractors shall be as an independent contractor and that nothing in this Agreement shall be deemed to constitute a partnership, joint venture, agency relationship or otherwise between the parties.

2.5. Confidentiality – Neither Party will use, copy, adapt, alter, or part with possession of any information of the other which is disclosed or otherwise comes into its possession under or in relation to this Agreement and which is of a confidential nature. This obligation will not apply to information which the recipient can prove was in its possession at the date it was received or obtained or which the recipient obtains from some other person with good legal title to it or which is in or comes into the public domain otherwise than through the default or negligence of the recipient or which is independently developed by or for the recipient.

2.6. Notices – Any notice which may be given by a Party under this Agreement shall be deemed to have been duly delivered if delivered by hand, registered mail, facsimile transmission or electronic mail to the address of the other Party as specified in this Agreement or any other address notified in writing to the other Party.

2.7. Miscellaneous –

2.7.1. The failure of either party to enforce its rights under this Agreement at any time for any period shall not be construed as a waiver of such rights.

2.7.2. If any part, term or provision of this Agreement is held to be illegal or unenforceable, neither the validity nor enforceability of the remainder of this Agreement shall be affected.

2.7.3. Neither Party shall assign or transfer all or any part of its rights under this Agreement without the consent of the other Party.

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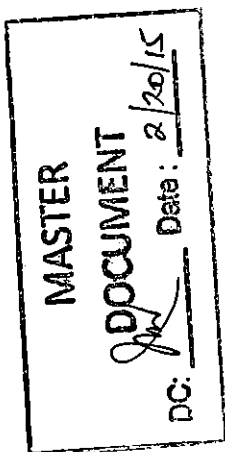
Name	C.T.C. No.	Issued on/at	Other competent evidence of identity (pursuant to A.M. No. 02-8-13-SC)
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who appear to me in person and present an integrally complete instrument or document; and, who represent to me that the signatures on the instrument or document, consisting of _____ () pages, including this page where the acknowledgement is written, was voluntarily affixed by them for the purpose/s stated in the instrument or document; and declare that they have executed the instrument or document as their free voluntary act and deed, and, if they act in a particular representative capacity, that they have the authority to sign in that capacity.

WITNESS MY HAND AND SEAL on the date and at the place above written.

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(Date)

PHILIPPINE HEALTH INSURANCE CORPORATION

17th Flr., City State Centre Bldg.,
Shaw Blvd., Pasig City

Performance Commitment for Tsekap Providers

Sir/Madam:

To guarantee our commitment to the National Health Insurance Program (“NHIP”), we respectfully submit this Performance Commitment for Tsekap Providers.

For the purposes of this Performance Commitment, we hereby warrant the following representations:

1. That we are a duly registered/licensed/certified health care facility capable of delivering the services expected from the type of healthcare provider that we are applying for.
2. That we are owned by _____ and managed by _____ and doing business under the name of _____ with License/Certificate No. _____.
3. That all professional health care providers in our facility have proper credentials and given appropriate privileges in accordance with our policies and procedures.
4. That our officers, employees, and other personnel are members in good standing of the NHIP.

Further, we hereby commit ourselves to the following:

For accreditation,

5. That, as responsible owner(s) and/or manager(s) of the institution, we shall be jointly and severally liable for all violations committed against the provisions of Rep. Act No. 7875 as amended by RA 10606, including its Implementing Rules and Regulations (IRR) and PhilHealth policies issued pursuant thereto.
6. That we shall promptly inform PhilHealth prior to any change in the ownership and/or management of our institution.
7. That any change in ownership and/or management of our institution shall not operate to exempt the previous and/or present owner and/or manager from liabilities for violations of Rep. Act No. 7875 as amended by RA 10606, and its IRR.
8. That we shall maintain active membership in the NHIP as an employer not only during the entire validity of our participation in the NHIP as a Health Care Institution (HCI) but also during the corporate existence of our institution.
9. That we shall abide with all the implementing rules and regulations, memorandum circulars, office orders, special orders, and other administrative issuances by PhilHealth affecting us.
10. That we shall abide with all administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of HCIs in participating in the NHIP.
11. That we shall adhere to pertinent statutory laws affecting the operations of HCIs including but not limited to the Expanded Senior Citizens Act of 2010 (R.A. 9994), the Breastfeeding Act (R.A.

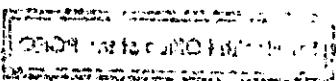
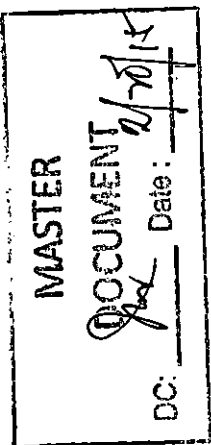
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7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921), the Magna Carta for Disabled Persons (R.A. 9442), and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.

12. That we shall promptly submit reports as may be required by PhilHealth, DOH and all other government agencies and instrumentalities governing the operations of HCIs.

For provision of service as Tsekap Provider,

13. That even if enlistment to the facility shall be initiated by the member, we shall conduct activities to seek and enlist eligible members and their qualified dependents in our community who choose to be enlisted in our facility.
14. To abide by standards set by the Corporation and ensure that all Tsekap services are continuously available to the eligible in the facility
15. That we shall establish a baseline health profile of all PhilHealth members and qualified dependents using a PhilHealth-Certified Electronic Medical Record (EMR), which shall be kept and updated regularly by our facility.
16. That we shall ensure that true and accurate data are encoded in all patients' records.
17. That we shall deliver all necessary services covered by the Tsekap package to respond to the health needs of the clientele of our facility.
18. That we shall be guided by PhilHealth-approved clinical practice guidelines or if not available, other established and accepted standards of practice.
19. That as accredited Tsekap provider, we shall provide the necessary supplies, services and diagnostics that are part of the package with no out-of-pocket expenses as mandated by the PhilHealth's 'No Balance Billing' (NBB) Policy.
20. That in case there is/are diagnostic examination(s) outsourced from another facility, we shall forge a Memorandum of Agreement (MOA) to ensure quality checks and appropriate processes are provided.
21. For government facilities
- a. That we shall create/maintain a trust fund for the Per Family Payment (PFP).
 - b. That we shall abide by the prescribed disposition and allocation of the PFP as follows:
 - i. Eighty percent (80%) of PFP for operational costs related to conduct of Tsekap services (including but not limited to):
 1. Infrastructure, facility enhancements
 2. IT hardware, internet and EMR subscription, honoraria for encoders
 3. Capacity building, trainings
 4. Diagnostic services
 5. Other big purchases are allowed only if savings from the previous year
 - ii. The remaining twenty percent (20%) shall be exclusively utilized as professional fees for the staff regardless of employment status of the Tsekap HCI and for the improvement of their capabilities as would enable them to provide better health services:
 1. Ten percent (10%) for the physician;
 2. Five percent (5%) for other health professional staff of the facility; and
 3. Five percent (5%) for non-professional health staff providing Tsekap services, including volunteers and community members of health teams
 - c. That all PhilHealth reimbursements for Tsekap shall be retained to the accredited Tsekap facility, and purchases must be approved by both the Local Chief Executive and Head of Facility/Medical Director/Manager



22. That we shall annually submit to PhilHealth a copy of our audited financial statement/report.
23. That we shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified dependents/beneficiaries.
24. That we shall treat PhilHealth member/dependent-patient with utmost courtesy and respect, assist them in availing PhilHealth benefits and provide them with accurate information on PhilHealth policies and guidelines.
25. That we shall provide a PhilHealth Bulletin Board for the posting of updated information of the NHIP (circulars, memoranda, IEC materials, price reference index, etc.) in conspicuous places accessible to patients, members and dependents of the NHIP within our health facility.
26. That we shall ensure that PhilHealth member/dependent-patient with needs beyond our service capability are referred to appropriate PhilHealth-accredited health facilities.

For monitoring,

27. That we shall extend full cooperation with duly recognized authorities of PhilHealth and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by PhilHealth relative to any findings, adverse reports, pattern of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practices in our operations as an accredited HCI of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; provided that our rights to private ownership and privacy are respected at all times.
28. That we shall ensure that our officers, employees and personnel extend full cooperation and due courtesy to all PhilHealth officers, employees and staff during the conduct of assessment/visitation/investigation/monitoring of our operations as an accredited HCI of the NHIP.
29. That at any time during the period of our participation in the NHIP, upon request of PhilHealth, we shall voluntarily sign and execute a new 'Performance Commitment' to cover the remaining portion of our accreditation or to renew our participation with the NHIP as the case may be, as a sign of our good faith and continuous commitment to support the NHIP.
30. That, unless proven to be a palpable mistake or excusable error, we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in our patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims submitted to PhilHealth by our institution.
31. That we shall comply with PhilHealth's summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.
32. That we shall recognize the authority of PhilHealth, its Officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of our privilege and conduct of our operations as an accredited HCI of the NHIP.
33. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.
34. That we shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our institution to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.
35. That we shall not directly or indirectly engage in any form of unethical or improper practices as an accredited health care provider such as but not limited to solicitation of patients for purposes

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of compensability under the NHIP, the purpose and/or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.

- 36. That we shall immediately report to PhilHealth, its Officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of HCI of the NHIP that may have come to our knowledge directly or indirectly.
- 37. That we shall allow PhilHealth to deduct from our future claims, all reimbursements paid to our institution during the period of its non-accredited status as a result of a gap in validity of our DOH LTO, suspension of accreditation, etc; downgrading of level, loss of license for certain services including any and all other fees due to be paid to PhilHealth.

Furthermore, recognizing and respecting its indispensable role in the NHIP, we hereby acknowledge the power and authority of PhilHealth to do the following:

- 38. After due process and in accordance with the pertinent provisions of R.A. 7875, as amended by R.A. 10606 and its IRR, to suspend, shorten, pre-terminate and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the commitment for any violation of any provision of this Performance Commitment and of R.A. 7875 and its IRR.
- 39. After due process and in accordance with the pertinent provisions of R.A. 7875 as amended by R.A. 10606 and its IRR, to suspend, shorten, pre-terminate and/or revoke our accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of the commitment due to verified adverse reports/findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations.

We commit to extend our full support in sharing PhilHealth's vision in achieving this noble objective of providing accessible quality health insurance coverage for all Filipinos.

Very truly yours,

Local Chief Executive (if LGU-owned)/ Owner

Chief of Hospital/Head of Facility/ Manager

Date: _____

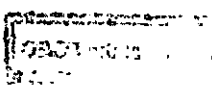
Date: _____

SUBSCRIBED AND SWORN BEFORE ME this _____ day of _____, affiant exhibiting me his/her Community Tax Certificate/Government-issued Identification Card No. _____ issued on _____ at _____. I hereby certify that I have personally examined the affiant herein and I am convinced that she has read and understood the contents hereof and that she has voluntarily executed the same.

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(LETTERHEAD OF DRUG OUTLET PROVIDERS)

(Date)

PHILIPPINE HEALTH INSURANCE CORPORATION
17th Flr., City State Centre Bldg.,
Shaw Blvd., Pasig City

Performance Commitment for Tsekap Drug Outlet Providers

Sir/Madam:

To guarantee our commitment to the National Health Insurance Program ("NHIP"), we respectfully submit this Performance Commitment for Tsekap Drug Outlet Providers.

For the purposes of this Performance Commitment, we hereby warrant the following representations:

1. That we are a duly licensed drug outlet capable of delivering the services expected from us.
2. That we are owned by _____ and managed by _____ and doing business under the name of _____ with FDA LicenseNo. _____.

Further, we hereby commit ourselves to the following:

3. That, as responsible owner(s) and/or manager(s) of the institution, we shall be jointly and severally liable for all violations committed against the provisions of Rep. Act No. 7875 as amended by RA 10606 including its Implementing Rules and Regulations (IRR) and PhilHealth policies issued pursuant thereto.
 4. That we shall promptly inform PhilHealth prior to any change in the ownership and/or management of our institution.
 5. That any change in ownership and/or management of our institution shall not operate to exempt the previous and/or present owner and/or manager from liabilities for violations of Rep. Act No. 7875 as amended by RA 10606, and its IRR
 6. That we shall maintain active membership in the NHIP as an employer not only during the entire validity of our participation in the NHIP as a Drug Outlet but also during the corporate existence of our institution.
 7. That we shall abide with all the implementing rules and regulations, memorandum circulars, office orders, special orders, and other administrative issuances by PhilHealth affecting us.
 8. That we shall adhere to pertinent statutory laws affecting the operations of Drug Outlets including but not limited to the Expanded Senior Citizens Act of 2010(R.A. 9994), the Pharmacy Law (R.A. 5921), the Magna Carta for Disabled Persons (R.A. 9442), Cheaper Medicines Act (RA 9502) and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.
- That we shall promptly submit reports as may be required by PhilHealth, FDA and all other government agencies and instrumentalities governing the operations of Drug Outlets.

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For provision of service as Tsekap Provider,

10. That we shall maintain continuous Food and Drug Administration (FDA) accreditation during the duration of our commitment.
11. That we shall abide by Good Pharmacy Practice guidelines.
12. That we shall comply with pertinent and applicable laws and regulations affecting operations of a drug outlet.
13. That we shall safeguard against counterfeit medicines.
14. That we shall ensure continuous availability of the drugs and medicines that are part of the Tsekap package.
15. That we shall source out locally produced medicines for the Tsekap benefit.
16. That we shall provide the necessary drugs as prescribed by the Tsekap provider to the qualified PhilHealth member and dependents.
17. That we shall secure the capacity to connect with the Tsekap database in a manner tested and approved by PhilHealth.
18. That we shall ensure that drug disbursement information are documented completely, accurately and in a timely manner in accordance with PhilHealth standards.
19. That as an accredited Tsekap drug outlet provider, we shall provide the necessary medicines that are part of the package with no out-of-pocket expenses as mandated by the PhilHealth's 'No Balance Billing' (NBB) Policy.
20. That we shall follow the process set by the Corporation for drug reimbursement charges.
21. That we shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified dependents/beneficiaries.
22. That we shall treat PhilHealth member/dependent-patient with utmost courtesy and respect, assist them in availing PhilHealth benefits and provide them with accurate information on PhilHealth policies and guidelines.
23. That we shall monitor and report adverse events due to intake of medicines.

For quality assurance,

24. That our management team provides leadership, acts and assumes overall responsibility for the drug outlet's operation and the quality of its services.
25. That we are supervised by trained and qualified pharmacist/s to provide the services needed by the clients.
26. That we practice safe and efficient storage and handling of pharmaceutical products based on technical specifications and safety standards.
27. That we will maintain a ledger of our accounts according the prescribed format of the Corporation.
28. That we shall comply with all monitoring requirements of PhilHealth, DOH, FDA and all other government agencies and instrumentalities.
29. That we shall extend full cooperation with duly recognized authorities of PhilHealth and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by PhilHealth relative to any findings, adverse reports, pattern of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practices in our operations as an accredited drug outlet of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents

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including the provision of copies thereof; provided that our rights to ownership and privacy are respected at all times.

30. That we shall ensure that our officers, employees and personnel extend full cooperation and due courtesy to all PhilHealth officers, employees and staff during the conduct of assessment/visitation/investigation/monitoring of our operations as an accredited drug outlet of the NHIP.
31. That at any time during the period of our participation in the NHIP, upon request of PhilHealth, we shall voluntarily sign and execute a new 'Performance Commitment' to cover the remaining portion of our accreditation or renew our participation with the NHIP as the case may be, as a sign of our good faith and continuous commitment to support the NHIP.
32. That, unless proven to be a palpable mistake or excusable error, we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in our patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims submitted to PhilHealth by our institution.
33. That we shall comply with PhilHealth's summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.
34. That we shall recognize the authority of PhilHealth, its Officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of our privilege and conduct of our operations as an accredited drug outlet of the NHIP.
35. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.
36. That we shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our institution to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.
37. That we shall not directly or indirectly engage in any form of unethical or improper practices as an accredited health care provider such as but not limited to solicitation of patients for purposes of compensability under the NHIP, the purpose and/or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.
38. That we shall immediately report to PhilHealth, its Officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of drug outlets of the NHIP that may have come to our knowledge directly or indirectly.
39. That we shall allow PhilHealth to deduct from our future claims, all reimbursements paid to our institution during the period of its non-accredited status as a result of a gap in validity of our FDA license, suspension of accreditation, etc; downgrading of level, loss of license for certain services including any and all other fees due to be paid to PhilHealth.

Furthermore, recognizing and respecting its indispensable role in the NHIP, we hereby acknowledge the power and authority of PhilHealth to do the following:

40. After due process and in accordance with the pertinent provisions of R.A. 7875 as amended by RA 10606 and its IRR, to suspend, shorten, pre-terminate and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the commitment for any violation of any provision of this Performance Commitment and of R.A. 7875 as amended by RA 10606 and its IRR.
41. After due process and in accordance with the pertinent provisions of R.A. 7875 as amended by RA 10606 and its IRR, to suspend, shorten, pre-terminate and/or revoke our accreditation

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including the appurtenant benefits and opportunities incident thereto at any time during the term of the commitment due to verified adverse reports/findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations.

We commit to extend our full support in sharing PhilHealth's vision in achieving this noble objective of providing accessible quality health insurance coverage for all Filipinos.

In witness whereof, I hereby affix my signature this ____ day of _____, in _____, Philippines.

**Head of Facility/ Medical Director/
Manager/ Affiant**

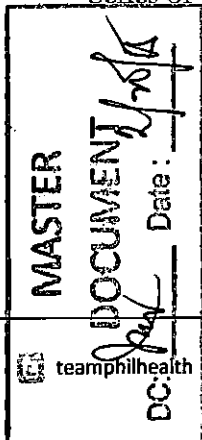
Name of Health Care Institution

Date: _____

SUBSCRIBED AND SWORN BEFORE ME this _____ day of _____, affiant exhibiting me his/her Community Tax Certificate/Government-issued Identification Card No. _____ issued on _____ at _____. I hereby certify that I have personally examined the affiant herein and I am convinced that she has read and understood the contents hereof and that she has voluntarily executed the same.

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Book No. _____:
Series of _____



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MUTUAL NON-DISCLOSURE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This Agreement entered into by and between:

The **PHILIPPINE HEALTH INSURANCE CORPORATION**, a Government Owned and Controlled Corporation duly organized and existing by virtue of Republic Act 7875 otherwise known as the National Health Insurance Act of 1995, with principal office address at No. 709, City State Center Bldg., Shaw Blvd., Pasig City, duly represented herein by **(end user – third level officer of concerned unit)** and hereinafter referred to as the “**Disclosing Party**”;

-and-

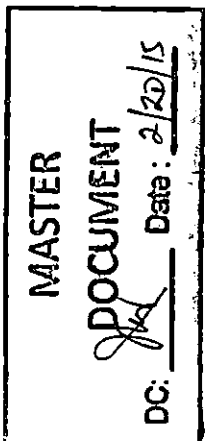
(Name of HCI Provider) with principal office address at **(business address HCI Provider)**, duly represented herein by its **(designation and name of representative of HCI provider)**, and hereinafter referred to as the “**Receiving Party**”.

-WITNESSETH-

The Receiving Party desires to supply goods and services in relation to **(name of project)**, hereinafter known as the “**Transaction**”. In the course of conducting the transaction, Disclosing Party may share certain proprietary and confidential information with the Receiving Party. Therefore, in consideration of the mutual promises and covenants contained in this Agreement, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Definition of Confidential information

- (a) For purposes of this Agreement, “**Confidential Information**” means any data or information that is proprietary to the Disclosing Party and not generally known to the public, whether in tangible and intangible form, whenever and however disclosed, including, but not limited to:
- (1) any marketing strategies, plans, financial information, or projections, operations, sales estimates, business plans, and performance results relating to the past, present or future business activities of such party, its affiliates, subsidiaries and affiliated and/or contracting agencies/organizations/LGUs/companies;
 - (2) plans for products or services, and membership/healthcare provider/supplier/contractor/accredited agents lists;
 - (3) Any scientific or technical information, invention, design, process, procedure, formula, improvement, technology or method;
 - (4) any concepts, reports, data, know-how, works-in-progress, designs, development tools, specifications, computer software, source code, object code, flow charts, databases, inventions, information and trade secrets; and

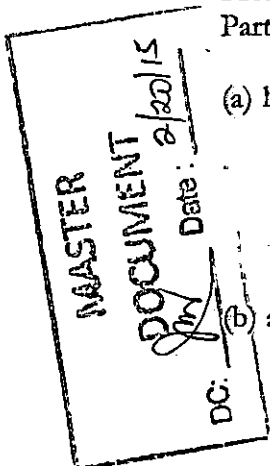


- (5) any other information that should reasonably be recognized as proprietary or confidential information of the Disclosing Party and/or of its affiliated/accredited/contracting entities. Confidential Information need not be novel, unique, patentable, copyrightable or constitute a trade secret in order to be designated Confidential Information. The Receiving Party acknowledges that the Confidential Information is proprietary to the Disclosing Party, has been developed and obtained through great efforts by the Disclosing Party and that the Disclosing Party regards all of its Confidential Information as trade secrets.
- (b) As defined in PhilHealth Office Order No. 0042, s-2014 regarding the handling of NHIP records and data request and PhilHealth Office Order No. 0050, s-2011 and PhilHealth Office Order No. 0062, s-2014 regarding the PhilHealth Policy on Confidentiality and Security of Protected Health Information, Confidential Information shall include, but not limited to, protected health information, personal financial information, patient records, or information gained from committee meetings, hospitals or facility visits during accreditation and investigation, inquiries from members, patients or other PhilHealth employees.
- (c) Notwithstanding anything in the foregoing to the contrary, Confidential Information shall not include information which:
- (1) was known by the Receiving Party prior to receiving the Confidential Information from the Disclosing Party
 - (2) becomes rightfully known to the Receiving Party from a third-Party source not known (after diligent inquiry) by the Receiving Party to be under an obligation to Disclosing Party to maintain confidentiality;
 - (3) is or becomes publicly available through no fault or failure to act by the Receiving Party in breach of the Agreement;
 - (4) is required to be disclosed in a judicial or administrative proceeding, or otherwise requested or required to be disclosed by law or regulation, although the requirements of paragraph 4 hereof shall apply prior to any disclosure being made; and
 - (5) or has been independently developed by employees, consultants or agents of the Receiving Party without violation of the terms of this Agreement or reference or access to any Confidential Information.

2. Disclosure of Confidential Information

From time to time, the Disclosing Party may disclose Confidential Information to the Receiving Party. The Receiving Party will:

- (a) limit disclosure of any Confidential Information to its directors, officers, employees, agents or representatives (collectively "**Representatives**") who have a need to know such Confidential Information in connection with the current or contemplated transaction/relationship between the parties to which this Agreement relates, and only for that purpose;
- (b) advise its Representatives of the proprietary nature of the Confidential Information and the obligations set forth in this Agreement and similarly strictly require such Representatives to keep the Confidential Information confidential;



- (c) shall keep all Confidential Information strictly confidential by using a reasonable degree of care, but not less than the degree of care used by it in safeguarding its own proprietary/confidential information; and
- (d) not disclose any Confidential Information received by it to any third parties without the Disclosing Party's consent or as otherwise provided for herein.

Each party shall be responsible for any breach of this Agreement by any of its/his Agents and/or Representatives.

3. Use of Confidential Information

The Receiving Party agrees to use the Confidential Information solely in connection with the current or contemplated business relationship between the parties and not for any purpose other than as authorized by this Agreement through a prior written consent of an authorized representative of the Disclosing Party. No other right or license, whether expressed or implied, in the confidential Information is granted to the Receiving Party hereunder. Title to the Confidential Information shall remain solely in the Disclosing Party. All use of Confidential Information by the receiving party shall be for the benefit of the Disclosing Party and any modifications and improvements thereof by the Receiving Party shall be the sole property of the Disclosing Party.

4. Compelled Disclosure of Confidential Information

Notwithstanding anything in the foregoing to the contrary, the Receiving Party may disclose Confidential Information pursuant to any judicial, or administrative order, subpoena, discovery request, regulatory request or similar method, provided that the Receiving Party promptly notifies, to the extent practicable, the Disclosing Party in writing of such demand for disclosure so that the Disclosing Party, at its sole expense, may seek to make such disclosure subject to a protective order or other appropriate remedy to preserve the confidentiality of the Confidential Information; provided in the case of a broad regulatory request with respect to the Receiving Party's business (not targeted at Disclosing Party), the Receiving Party may promptly comply with such request provided the Receiving Party give (if permitted by such regulator) the Disclosing Party prompt notice of such disclosure.

The Receiving Party agrees that it shall not oppose and shall cooperate with efforts, to the extent practicable, by the Disclosing Party with respect to any such request for a protective order or other relief. Notwithstanding the foregoing, if the Disclosing Party is unable to obtain or does not seek a protective order and the Receiving Party is legally requested or required to disclose such Confidential Information disclosure may be made without liability.

5. Term

This Agreement shall remain in effect for the duration of the contract, or in the case of delivery of goods, for the duration of the warranty period, with an extension of one (1) year following the expiration of the contract or warranty period. Notwithstanding the foregoing, the parties' duty to hold in confidence Confidential Information disclosed during the term of this Agreement shall remain in full force and effect indefinitely. Any Personal Health Information as defined in Item 1, (b) above shared by the parties shall be kept perpetually confidential.

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6. Remedies

Both parties acknowledge that the Confidential Information to be disclosed hereunder is of a unique and valuable character, and that the damages caused by unauthorized dissemination of the Confidential Information would be impossible to calculate. Therefore, both parties hereby agree that the Disclosing Party shall be entitled to injunctive relief preventing the dissemination of any Confidential Information in violation of the terms hereof. Such injunctive relief shall be in addition to any other remedies available hereunder whether at law or in equity. Disclosing Party shall be entitled to recover its costs and fees, including reasonable attorneys' fees incurred in obtaining any such relief. Further, in the event of litigation relating to this Agreement, the prevailing party shall be entitled to recover its reasonable attorneys' fees and expenses.

7. Return of Confidential Information

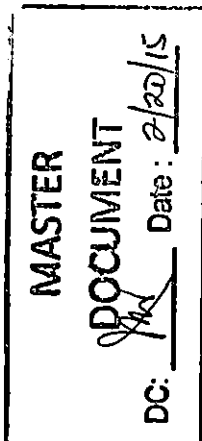
Receiving Party shall immediately return and redeliver to the other party all tangible material embodying the Confidential Information provided hereunder and all notes, summaries, memoranda, drawings, manuals, records, excerpts or derivative information derived therefrom and all other documents or materials ("Notes" and all copies of any of the foregoing including "copies" that have been converted to computerized media in the form of image, data or word processing files either manually or by image, data or word processing files either manually or by image capture) based on or including any Confidential Information in whatever form of storage or retrieval, upon the

- (a) completion or termination of the dealings between the parties contemplated hereunder;
- (b) the termination of this Agreement; or
- (c) at such time as the Disclosing Party may so request; provided however that the Receiving Party may retain such documents as is necessary to enable it to comply with its document retention policies. Alternatively, the Receiving Party, with the written consent of the Disclosing Party may (or in case of Notes, at the Receiving Party's option) immediately destroy any of the foregoing embodying Confidential Information (or the reasonably non recoverable data erasure of computerized data) and, upon request, certify in writing such destruction by an authorized officer of the Receiving Party supervising the destruction.

8. Safekeeping of Confidential Information

Receiving Party shall use the same care to avoid disclosure or unauthorized use of the confidential information as it uses to protect its own confidential information, but in no event less than reasonable care. It is agreed that:

- (a) All confidential information shall be retained by the Receiving Party in a secure place with access limited only to the Receiving Party's employees or agents who need to know such information for purposes of this Agreement, and
- (b) Confidential Information will be disclosed only to each party's respective employees who are involved in the Potential Transaction and to third party consultants or advisers who have been engaged for the purpose of discussing the Potential Transaction, which the Disclosing Party has prior notice of such engagement, provided that in the event of such disclosure to any third person or entity not employees or retained by the Receiving Party, the Receiving party shall nonetheless remain liable for any unauthorized disclosure by such person or entity.



It is further agreed that the Receiving Party shall ensure that all of its employees and consultants (including employees and consultants of its parent, subsidiaries and affiliates) having access to Confidential Information adhere to the terms and conditions of this Agreement as if they were parties hereto.

9. Notice of Breach

Receiving Party shall notify the Disclosing Party immediately upon discovery of any unauthorized use or disclosure of Confidential Information by Receiving Party or its Representatives and/or third persons, or any other breach of this Agreement by Receiving Party or its Representatives, and will cooperate with efforts by the Disclosing Party to help the Disclosing Party regain possession of Confidential Information and prevent its further unauthorized use.

10. No Publicity

Neither Party hereto shall in any way or in any form disclose, publicize, or advertise in any manner the discussions that rise to this agreement nor the discussions or negotiations covered by this Agreement without prior written consent of the other Party.

11. No Binding Agreement for Transaction

The parties agree that neither party will be under any legal obligation of any kind whatsoever with respect to a Transaction by virtue of this Agreement, except for the matters specifically agreed to herein. The parties further acknowledge and agree that they each reserve the right in their sole and absolute discretion, to reject any and all proposals and to terminate discussions and negotiations with respect to a Transaction at any time. This Agreement does not create a joint venture or partnership between the parties. If a transaction goes forward, the non-disclosure provisions of any applicable transaction documents entered into between the parties (or their respective affiliates) for the Transaction shall supersede this Agreement. In the event such provision is not provided for in said transaction documents, this Agreement shall control.

NO WARRANTIES ARE MADE BY EITHER PARTY UNDER THIS AGREEMENT WHATSOEVER. The parties acknowledge that although they shall each endeavor to include in the Confidential Information all information that they each believe relevant for the purpose of the evaluation of a Transaction, the parties understand that no representation or warranty as to the accuracy or completeness of the Confidential Information is being made by the Disclosing Party. Further, neither party is under any obligation under this Agreement to disclose any Confidential Information it chooses not to disclose. Neither Party hereto shall have any liability to the other party or to other party's Representatives resulting from any use of the Confidential Information except with respect to disclosure of such Confidential Information in violation of this Agreement.

12. Miscellaneous Provisions

- (a) This Agreement constitutes the entire understanding between the parties and supersedes any and all prior contemporaneous understandings and agreements, whether oral or written, between the parties, with respect to the subject matter hereof. This Agreement can only be modified by a written amendment signed by the party against whom enforcement of such modification is sought.

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DC: [Signature]

- (b) Any failure by either party to enforce the other party's strict performance of any provision of this Agreement will not constitute a waiver of its right to subsequently enforce such provision or any other provision of this Agreement.
- (c) Although the restriction contained in this Agreement are considered by the parties to be reasonable for the purpose of protecting the Confidential Information, if any such restriction is found by a court of competent jurisdiction to be unenforceable, such provision will be modified, rewritten or interpreted to include as much of its nature and scope as will render it enforceable. If it cannot be so modified, rewritten or interpreted to be enforceable in any respect, it will not be given effect, and the remainder of the Agreement will be enforced as if such provision was not included.
- (d) This Agreement is personal in nature, and neither party may directly or indirectly assign or transfer it by operation of law or otherwise without the prior written consent of the other party, which consent will not be unreasonably withheld. All obligations contained in this Agreement shall extend to and be binding upon the parties to this Agreement and their respective successors, assigns and designees.
- (e) The receipt of Confidential Information pursuant to this Agreement will not prevent or in any way limit either party from:
 - (1) developing, making or marketing products or services that are or may be competitive with the products or services of the other; or
 - (2) providing products or services to others who compete with the other.
- (f) Paragraph headings use in this Agreement are for reference only and shall not be used or relied upon in the interpretation of this Agreement.

13. Notices

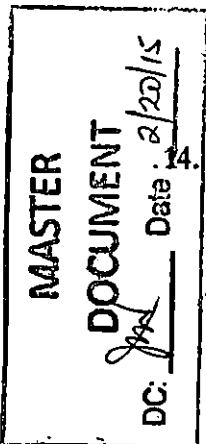
Any notice or communication required or permitted to be given by this Agreement or given in connection with it, shall be in writing and shall be given to the appropriate party by personal delivery or by registered mail, postage prepaid, or recognized reputable overnight delivery services, in each case, to the address of the other party first indicated above (or such other address as may be furnished by a party in accordance with this paragraph).

All such notices or communications shall be deemed to have been given and received

- (a) In case of personal delivery or electronic mail, on the date of such delivery
- (b) In case of delivery thru a nationally recognized overnight carrier, on the third business day following dispatch, and
- (c) In case of mailing, on the seventh business day following such mailing.

14. Legal Capacity of Representatives

Each party represents and warrants to the other party that its representative executing this Agreement on its behalf is its duly appointed and acting representative and has the legal capacity required under applicable law to enter into this Agreement and bind it.



15. Governing Law

The validity, construction and performance of this Agreement shall be governed and construed in accordance with the laws of the Philippines applicable to contracts made and to be wholly performed within the said jurisdiction, without giving effect to any conflict of laws provisions thereof. **Any dispute shall be referred to and finally resolved before a competent court of (city where contracting PhilHealth office is located) for resolution, at the discretion of the suing party to the exclusion of all other courts.**

IN WITNESS WHEREOF, the parties hereto have caused this Non-Disclosure Agreement to be executed this ____ day of _____ at _____.

PHILIPPINE HEALTH INSURANCE CORPORATION

(Name of Provider)

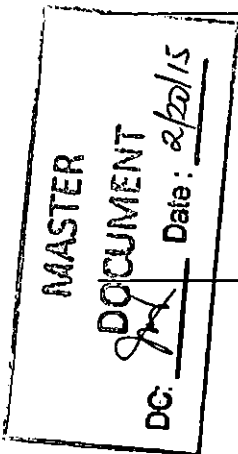
By:

By:

(position/designation)

(position/designation)

SIGNED IN THE PRESENCE OF:



ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
_____) s.s.

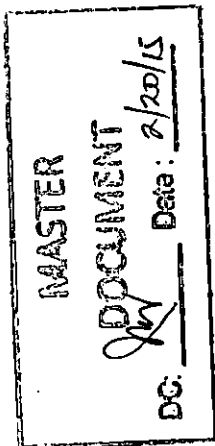
BEFORE ME, a Notary Public for and in _____ this ____ of _____, personally appeared the following:

Name	Government Issued ID	Date and place Issued
_____	_____	_____
_____	_____	_____

Known to be the same persons who executed the foregoing Non-Disclosure Agreement consisting of six (6) pages including this page where this acknowledgement is written and they acknowledged to me that the same is their free and voluntary act and deed, as well as, that of the corporations herein represented.

WITNESS MY HAND AND SEAL on the date and in the place above mentioned.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 20 _____.



PROVIDER PAYMENT SYSTEM

I. Tsekap Provider

A. Schedule of Payment Tranches

1. The Corporation shall pay the Tsekap provider through Per Family Payment (PFP) that shall be released per quarter.
2. The PFP shall be released within thirty (30) days after the last calendar day of the applicable quarter. Non-receipt of electronic reports from the Tsekap provider shall mean a delay in the release of the PFP.
3. Payments will be through auto-credit or check release. Benefit payment notice shall be issued to the Tsekap provider.

B. Computation of Per Family Payment (PFP)

1. A report shall be generated from the database to reflect figures on enlistment and profiling.
2. The said reports shall be the basis for the computation of their PFP for the quarter
3. The PFP for Tsekap providers is computed using the following principles:
 - a. Maximum PFP paid to provider is P800 per family per year.
 - b. The Tsekap provider will receive P400 per year for each family that is enlisted in the facility.
 - c. The Tsekap provider will receive an additional P400 per family per year if it has profiled the whole family based on the declared dependents in the member data record (MDR).
 - i. In case the provider did not complete profiling of the entire family, they will only receive an additional P200 per family per year in lieu of the P400.
 - ii. If the provider completes profiling the entire family, the Corporation shall pay the balance of P200 per family per year at the applicable quarter.

4. A sample computation is as follows:

	Q1	Payment	Q2	Payment	Q3	Payment	Q4	Payment	Total Payment For The Year
Total Enlisted (P100/quarter)	2,000	200,000	2,000	200,000	2,000	200,000	2,000	200,000	800,000
New Complete Profiling (P400 each)	400	160,000	300	120,000	100	40,000	150	60,000	380,000
New Incomplete Profiling (P200 each)	500	100,000	100	20,000	50	10,000	150	30,000	160,000
Completed Previously Incomplete Profiling (P200 each)			250	50,000	200	40,000	25	5,000	95,000
Completed Profiling to Date	400		950		1,250		1,425		
Incomplete Profiling to Date	500		350		200		325		
Unprofiled to Date	1,100		700		550		250		
Total Payment		460,000		390,000		290,000		295,000	1,435,000

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Summary of Payments:

<u>Potential Income</u>		
For Enlisted AND Completed Profiling (P800 each)	2000	1,600,000
<u>Realized Income</u>		
For Enlisted Families (P400 each)	2,000	800,000
For Completed Profiling (P400 each)	1,425	570,000
For Incomplete Profiling (P200 each)	325	65,000
TOTAL PAYMENTS FOR THE YEAR		1,435,000
<u>Unrealized Income</u>		
For Incomplete Profiling (P200 each)	325	65,000
For Unprofiled (P400 each)	250	100,000
TOTAL UNREALIZED INCOME		165,000

C. Disposition and Allocation of the Per Family Payment

1. PFP in government-owned HCI shall follow the following guidelines for disposition and allocation:
 - a. Eighty percent (80%) of PFP for operational costs related to conduct of Tsekap services (including but not limited to):
 - a. Infrastructure, facility enhancements
 - b. Information Technology hardware, internet and Electronic Medical Record subscription, honoraria for encoders, and liaison officer
 - c. Information and Education Campaigns/activities related to Tsekap
 - d. Capacity building and trainings
 - e. Diagnostic services
 - f. Other big purchases are allowed only out of savings made from the previous year
 - b. The remaining twenty percent (20%) shall be exclusively utilized as professional fees for the staff regardless of employment status in the Tsekap HCI and for the improvement of their capabilities as would enable them to provide better health services:
 - Ten percent (10%) for the physician;
 - Five percent (5%) for other health professional staff of the facility; and
 - Five percent (5%) for non-professional health staff providing Tsekap services, including volunteers and community members of health teams
2. PFP in privately-owned HCI

The allocation and disposition of PFP for privately-owned HCIs shall be in the discretion of the HCI's management, guided by sound business practices and labor policies. The total amount shall cover cost of consult, laboratory exams, x-ray procedure, electrocardiogram procedure and dental services.

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II. Drug Outlets

A. Computation of Payment

- PhilHealth will determine the price cap for each unit of medicine under Tsekap using Drug Price Reference Index (DPR) for 2012 and an additional 30% mark-up, as stated below:

	Medicine Generic Name	Dosage/Strength	Form	Price Cap (PhP) for PhilHealth Reimbursement
1	Amlodipine	5 mg	Tablet	1.55
		10 mg	Tablet	1.82
2	Amoxicillin	100mg/mL	10 ml Drops	40
		100mg/mL	15 ml Drops	41
		125mg/5mL	60 ml Suspension	19.46
		250mg/5mL	60 ml Suspension	29.90
		250 mg	Capsule	1.33
		500 mg	Capsule	1.66
3	Aspirin	80mg	Tablet	1.69
4	Atenolol	100mg	Tablet	11.69
		50mg	Tablet	2.64
5	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	125 mg + 31 mg/5ml	60 ml Suspension	130.00
		1 g	Tablet	25.87
		200 mg + 28.5 mg/5 ml	70 ml Suspension	201.50
		250 mg + 62.5 mg/5ml	60 ml Suspension	201.50
		400 mg + 57 mg/5 ml	70 ml Suspension	227.50
		625 mg	Tablet	14.16
6	Cotrimoxazole (Trimethoprim/ Sulfamethoxazole)	200mg + 40mg/5ml	60 ml Suspension	20.67
		400 mg + 80mg	Tablet	0.96
		400mg + 80mg/5ml	60 ml Suspension	21.39
		800 mg + 160mg	Tablet	1.56
7	Enalapril	5mg	Tablet	6.03
		10mg	Tablet	5.45
		20mg	Tablet	8.45
8	Erythromycin	200 mg/5ml	60 ml Suspension	70.79
		500 mg	Tablet	5.33
9	Fluticasone + Salmeterol	125 mcg + 25 mcg x 120 doses	Metered Dose Inhaler	163.80
10	Gliclazide	30 mg	MR Tablet	6.10
		80 mg	Tablet	4.62
11	Hydrochlorothiazide	25mg	Tablet	1.03
12	Isosorbide Dinitrate	10 mg	Tablet	12.68
		5 mg	Tablet	11.02
13	Isosorbide-5-Mononitrate	20 mg	Tablet	5.20
		60 mg	MR Tablet	11.70

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14	Mebendazole	500 mg	Tablet	4.68
		100mg/5ml	30mL Suspension	23.66
15	Metformin Hydrochloride	500 mg	Tablet	1.00
16	Metoprolol (as Tartrate)	100 mg	Tablet	2.57
		50 mg	Tablet	1.42
17	Ofloxacin	200 mg	Tablet	5.72
		400 mg	Tablet	5.71
18	Oral Rehydration Salts	(ORS 75-replacement) 75 Replacement 2.17 g	Sachet	3.67
		(ORS 75-replacement) 75 Replacement 6.1 g	Sachet	6.08
		(ORS 75-replacement) 75 Replacement 6.1 g	250 ml bottle	58.50
19	Paracetamol	100mg/ml	15 ml drops	18.01
		125 mg/5ml	60 ml bottle	20.28
		250 mg/5ml	60 ml syrup	21.29
		125 mg	Suppository	13.73
		250 mg	Suppository	14.27
		500 mg	Tablet	0.30
20	Prednisone	5 mg	Tablet	0.73
		10 mg	Tablet	4.94
		20 mg	Tablet	6.24
21	Salbutamol (as Sulfate) + Ipratropium Bromide	500 mcg+2.5 mg/2ml	Nebule	14.79
22	Salbutamol	100 mcg/dose x 200 doses	Metered Dose Inhaler	90.87
		1mg/ml	2.5mL Nebule	4.06
		2 mg	tablet	0.48
		2 mg/ml	2.5mL Nebule	3.51
		2 mg/5ml	60 ml syrup	22.10
23	Simvastatin	10 mg	tablet	4.16
		20 mg	tablet	1.89
		40 mg	tablet	7.84
24	Zinc	27.5mg/ml	15 ml oral drops	49.40
		55mg/5ml	60 ml syrup	50.05

- The price cap shall be reviewed by the Corporation every two years.
- PhilHealth shall pay only for medications prescribed by the Tsekap provider and dispensed by the accredited Tsekap drug outlet in compliance with the guidelines under the Tsekap package.

B. Schedule of Payment

- PhilHealth shall pay the drug outlet, within thirty (30) days after receipt of billing from the latter.
- Billing by the drug outlet shall be cross-matched with processed e-prescriptions.
- Payment will only be made for billing that has matched processed e-prescription.

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Guidelines for Cancellation, Suspension and Termination of the Benefit

A. Cancellation of Prescriptions

- a. Prescriptions made by the Tsekap provider shall be claimed by the member or dependent within 24 hours (for medicines for acute conditions) or 5 days (for maintenance drugs) after the prescription was made. Prescriptions that were not claimed within this time shall be cancelled.
- b. Cancelled prescriptions cannot be claimed and shall not be paid for by the Corporation.

B. Restoration of Prescriptions

- a. Members and dependents with acceptable reasons for failing to claim their medicines may request for restoration of the specified prescription through their Tsekap provider. Guidelines will be included in the Manual of Procedures for the Tsekap Benefit.
- b. Reinstated prescriptions made by the Tsekap provider shall be claimed by the member or dependent within 24 hours (for medicines for acute conditions) or 5 days (for maintenance drugs) after the restored prescription was made. Prescriptions that were not claimed within this time shall be cancelled.

C. Suspension of Benefit

- a. Three (3) instances of cancellation of prescriptions within the year shall result to suspension of the Tsekap benefit for the individual member or dependent only.
- b. Members or dependents with suspended benefits shall not be eligible for Tsekap services, diagnostics or medicines for the duration of the suspension.

D. Reinstatement of Benefit

- a. A member or dependent whose eligibility for the Tsekap benefit was suspended may have his/her eligibility reinstated by presenting a recommendation letter (whether electronic or manual) from his Tsekap provider to the respective LHIO.

E. Termination of the Benefit

- a. The following situations shall result to termination of the Tsekap benefit
 - i. Death of the beneficiary
 - ii. Two consecutive Tsekap benefit suspensions
- b. Members or dependents with terminated benefits shall not be eligible for Tsekap services, diagnostics or medicines for the whole calendar year without opportunity for reinstatement.

