



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

December 10, 2001

ADMINISTRATIVE ORDER

No. 51-A s. 2001

SUBJECT: Implementing Guidelines on Classification of Patients and on Availment of Medical Social Services in Government Hospitals.

I. POLICY BASIS AND RATIONALE :

The Department of Health is mandated by R.A.No 747 of 1954, An Act to Regulate fees to be charged Against Patients in Government and Charity Clinics Classifying Patients according to their Financial Condition, to set the necessary rules and regulations for the due execution of the provisions of this Act.

This policy issuance is one of the responses of the DOH to the need for people-centered hospitals that are responsive to the demands of the present socio—economic situation in which most Filipinos find themselves. Based on the latest statistical data gathered from all regions, the National Statistics and Coordinating Board (NSCB), has described the poverty situation as follows: In 2000:

- (a) The Poverty Incidence [proportion of families to the total number of families] stood at 34.2 %,
- (b) The Magnitude of Poor Families [number of families whose annual per capita income falls below the annual per capita poverty threshold] was 5,215,989;
- (c) The Per Capita Poverty Thresholds [annual per capita income required...to satisfy essential nutritional requirements (2,000 calories) and other basic needs] ranged from P10, 868 for Region VIII to P18, 001 for NCR and averaged P13, 916 for the whole Philippines; and

Addressing the poverty situation by means of providing accessible and affordable health care services, especially public hospital services, constitutes the main rationale for this Order.

II. PURPOSE OF THIS ORDER

This Administrative Order aims to:

1. Update and improve existing policies on availment of medical social services and mode of payment for hospital services rendered in government hospitals to indigent patients, especially

those who qualify for and avail of Medical Social Services;

2. Set realistic guidelines for evaluating and classifying patients, specially those who are legitimately indigent or have limited capacity to pay their hospital bills; and

3. Enable the Medical Social Service Units of government hospitals nationwide to

(a) classify hospital patients;

(b). use criteria that are objective and reasonable, simplified and "implementable", but subject to controls and limitations; and

(c) help make health resources available to the periphery.

III. COVERAGE/SCOPE:

This Administrative Order covers all government hospitals, National, Local, and those ran by other government agencies.

IV. GENERAL GUIDELINES

A. Criteria for Classification of patients

The criteria for the classification of patients seeking Medical Social Service assistance in hospitals shall be based on the following:

1. The latest Per Capita Poverty Threshold (PCPT), by Region, as determined by the proper government authority, specifically the National Statistics and Coordinating Board (NSCB);

2. Regional location of the hospital or health facility;

3. Income or paying capacity of the patient or in cases where the patient is a minor or a dependent, the income or paying capacity of his / her parents, immediate relatives, or guardian as the case maybe;

4. Level of social functioning of the patient

5. Modifiers arising from specific situations or circumstances;

6. Hospital room or ward where the patient is confined or treated;

7. Costs or bill of expenses charged for hospital services rendered;

B. Categories of Patients

On the basis of their income or paying capacity, patients shall be classified as follows:

1. Class A - Pay

1.1 A patient admitted to a hospital suite, private room, or semi-private room as a pay patient;

1.2 A patient who may or may not be a qualified Philippine Health Insurance Corp. (PHIC or Phil health) beneficiary and who shall pay in full all fees and charges for hospital and professional services, including any excess amount that is not reimbursable by Phil health, if any.

2. Class B - Pay Ward

2.1 A patient admitted to a Pay Ward (3 beds or more);

2.2 A patient who can and shall pay in full all fees and charges for professional and hospital services rendered at the Pay Ward level, including expenses in excess of amounts payable by Phil health, if any.

3. Class C - Ward

3.1 A patient or family who are the "working poor", those with full-time work but their income is not sufficient to meet their treatment expenses in full.

3.2 A patient admitted to a ward;

3.3 A patient with or without Phil health benefits who (a) cannot pay in full the excess of hospital expenses chargeable to Phil health; or (b) has monthly income per capita that falls under Sub-Class C-1, C-2, or C-3 as affected by the modifying circumstances (modifiers) described herein.

To determine how much a patient shall pay as his / her actual share of hospital expenses incurred, Class C patients shall be further categorized as follows:

3.3.1 Class C-1

Patients whose monthly income per capita is above the 180 % but not more than 220 % of the latest PCPT for the region in which the hospital is located.

Example: A patient who is confined in a hospital located in the National Capital Region (NCR) should at least have a monthly income per capita of P2, 700.00 but not more than P3, 300.18 in order to be categorized as a Class C—1 patient. [The 2000 PCPT for the National Capital Region is P1, 500.08 monthly].

3.3.2 Class C-2

Patients whose income is above the 140 %, but not more than 180 % marked up of the latest PCPT

for the region in which the hospital is located

Example: A Class C-2 patient confined in a Region IV hospital should have a total monthly income per capita of more than P1, 785.81 but less than P2, 296.04. [The 2000 PCPT for Region IV is P1, 275.58 monthly per capita].

3.3.3 Class C—3

Patients Whose monthly per capita income is equal to but not more than the 140 % marked up of the latest PCPT for the region where the hospital is located

Example: A Class C-3 patient admitted to a Region V hospital should have a. monthly per capita equal to P1, 084.42 but not more than P1, 51819. [Region V's 1997 PCPT = P1, 084 monthly].

4. Class D — Full Social Services

4.1 A patient or family who cannot provide for the basic food and non-food requirements, which is called the poverty threshold. Their income is below the latest PCPT of the region in which the hospital is located

4.2 Patients covered by Republic Acts, special laws, Executive Orders, local ordinances, or other national policy instruments that are issued because of specific circumstances or situations of the target groups or sectors of society.

C. MODIFYING CIRCUMSTANCES

The Patient's capacity to pay shall be further evaluated on the basis of these modifiers:

1. Modifiers related to personal circumstances:

1.1 Patients in crises situations

1.2 Patients who are differently-abled or have physical /mental disabilities or limitations

1.3 Patients who have no known family relatives or guardians.

1.4 Patients who are orphans, "senior citizens", war veterans, or widows with no concrete source of financial support.

2. Modifiers related to Community Situations

2.1 Patients coming from "squatter" areas or urban slums;

2.2 Patients dislocated from their homes or communities as a result of disasters or calamities caused by nature, by accidents, or by human failures or intentions. Examples of such situations include inclement weather and violent climate disturbances, typhoons, floods, droughts, fires and wars or armed conflict, among others; and

2.3 Patients. belonging to economically disadvantaged or marginalized ethnic groups or indigenous cultural communities (ICCs).

3. Modifiers related to the Nature of Illness / Disease I

3.1 Patients with chronic diseases needing long-term and costly treatment, e. g. chronic kidney disease, chronic lung ailments, and cancer

3.2 Patients with acute or chronic diseases for which no curative medicines are currently available or diseases known to require hospital services, drugs of health care equipment that are expensive or beyond their means. Examples of such diseases include HIV/AIDS, cancer, etc.

D. Modes of Cost -Sharing

Given the patients capacity to pay and the modifying circumstances, the following cost—sharing arrangement shall be applied:

PATIENT'S CIRCUMSTANCES	HOSPITAL SERVICE	PATIENT'S SERVICE
Case 1	Full – The hospital shall provide the room and board, professional services, drugs and medical supplies, and medical tests and exams.	The patient shall not pay for hospital charges incurred.
Case 2	Partial – The hospital shall provide the patient with room and board, medical services, drugs and medical supplies, and medical tests and exams. The patient shall pay for the cost of the medical services, drugs and medical supplies, and medical tests and exams.	The patient shall pay for the cost of the medical services, drugs and medical supplies, and medical tests and exams.
Case 3	Partial – The hospital shall provide the patient with room and board, medical services, drugs and medical supplies, and medical tests and exams. The patient shall pay for the cost of the medical services, drugs and medical supplies, and medical tests and exams.	The patient shall pay for the cost of the medical services, drugs and medical supplies, and medical tests and exams.

V. SPECIFIC PROCEDURES

1. The patient walks in or is brought or referred to the OPD or Emergency Unit.
2. The physician-on-duty conducts an evaluation;

2.1 Can patient be treated in the hospital based on the hospital's facilities and competence.

2.2 Cannot be treated in the hospital

3. If it can be treated, the patient is referred to the hospital's Medical Social Service for evaluation:

3.1 Purpose of evaluation:

- a) assess financial capacity of patient and family, and
- b) determine level of social functioning of patient.

3.2 How to evaluate on the basis of criteria:

a) Assess the Patient and family's financial capacity through Intake Interview using the MSS Form no. 1 (as attached in this order) for short term treatment, and for long term treatment, validated by the following requirements; Certificate of Employment, Income Tax Return or Certification of Exemption, Certification from Assessor's Office, and / or Treasurer's Office, Barangay Certificate and DSWD's Social Case Study Report if the patient resides outside the hospital's catchments area or a Home Visit Report if within the hospital's catchments area.

b) Assess the level of social functioning, which is the ability of people to perform the tasks of daily life and to engage in mutual relationships with other people in ways that are gratifying to themselves and to others and meet the needs of an organized community using the Person-in—Environment as organizing construct. The Medical Social Worker shall describe the patient's problem complex, its severity and duration, in the following areas,

- Problems in Social Functioning (Familial Roles, Interpersonal Roles, Occupational Roles, and Special life situation Roles)
- Problems in Environment (Economic/Basic Needs System {Food/nutrition, shelter, employment, economic resources, transportation, discrimination}, Education and Training, Health, Safety and Social Services System{Health/Mental Health, Safety, Access to Social Services, Discrimination), Voluntary Association System {Religious, Community Groups}, Affectional Support System
- Problems in Mental Health (Current mental disorder or condition that is relevant to the understanding of the patient's problem)
- Problem on Physical Health(Current physical disorder or condition that is potentially relevant to the understanding of patient's problem)

c) Getting the aggregate monthly income of the household and dividing it with the number of household members determine the monthly income per capita.

d) The Poverty Threshold shall be used as the baseline for determining indigency or for classifying patients according to their capacity to pay.

e) For purposes of the Order and for the year 2001 and thereafter, the latest Poverty Thresholds by region (2000) provided by NEDA or NSCB shall apply until such time that the PCPT's are revised

or updated.

f) Patient / Relative shall sign the Intake Survey Sheet after the initial interview to certify that the informations he/she disclosed are true.

g) Patients who are covered by the “modifiers” listed in this Order shall be evaluated by the Medical Social Service to determine their financial capacity to contribute to their hospitals expenses. Based on the findings, the Medical Social Service shall determine the mode of cost sharing to be applied to them.

4. The Medical Social Worker shall inform the patient about his/her classification and the patient’s financial contribution (if any) corresponding to the patient’s class (Class A, B, C-1, C-2, C-3 or D).

4.1 If financially needy;

a) The MSW issues pre-numbered MSS cards, renewable each year

b) Upon admission, the patient may be accommodated as belonging to any of the categories, if warranted by further financial or social evaluation, the patient may be moved to a category below or above the initial category.

c) Changes in the classification shall primarily be based on the changes in patient’s income, while the patient’s share shall be adjusted based on the modifiers

d) Whenever necessary or appropriate, the patient or his / her accompanying family relatives or guardian shall be motivated not to depend totally on “social services” for the payment of hospital charges, instead find other resources to ensure maximization of medicinal assistance and continuing of treatment.

e) Pay patients who are to be transferred to the service ward shall avail of the discount only after the reclassification of the Medical Social Worker. Service patients who shall transfer to a pay ward shall have to be reevaluated as to his capacity to pay treatment expenses in the pay ward. If he was found to have withhold vital information that lead to his wrong classification, he shall pay all services and accommodation since the start of his / her admission. On the other hand, if his circumstances changed unexpectedly Or due to an unexpected benefactor, he can still avail of the discounts on his accounts for his stay in the service ward.

f) Payment-in-kind schemes that are the non-cash payment in exchange for hospital goods and services can be implemented as an alternative mode of recovering cost of hospitalization, and in encouraging patient's participation in his/her treatment expenses.

4.2 If financially not needy

a) If the patient is found not eligible for MSS assistance he/she shall be informed by the Medical

Social Worker about the estimated cost of his/her treatment or hospitalization.

5. The Medical Social Worker shall provide the patient and family the appropriate clinical intervention according to their level of social functioning no matter what classification they have.

6. The Medical Social Worker still reserves the right to client participation and that his / her basic function to assess, evaluate and orient patient regarding their primary responsibility of meeting their health needs will not be compromised.

7. For monitoring purposes, the hospital shall submit quarterly reports on the availment of medical social services to the DOH National Center for Health Facility Development (NCHFD).

VI. Responsibilities of implementing units or persons

1. The National Center for Health Facility Development (NCHFD)

1.1 Shall monitor compliance with the guidelines on availment of Medical Social Service by government hospitals and make the appropriate recommendations as may be needed.

1.2 Shall coordinate or facilitate the implementation of this Order.

1.3 Consolidate and analyze submitted reports.

2. Hospital

2.1 Requires the Medical Social Service Unit to formulate additional implementing guidelines to cover the unique needs of the hospital.

2.2 Approves the additional Implementing Guidelines

2.3 Requires the Medical Social Worker to submit monthly report on the classified patients.

2.4 In health facilities where a Medical Social Service unit or person is not available, officially designates the proper unit or person who shall do classification of patients in coordination with the Local Social Welfare Office.

3. The Medical Social Service Unit

3.1 The Medical Social Service of the hospital concerned shall evaluate and classify patients seeking admission or treatment in hospitals to determine his / her eligibility for medical social services in accordance with the guidelines prescribed in this Order.

3.2 Submits an annual psychosocial profile of patients served.

3.3 Documents social issues and concerns in relation to the implementation of these guidelines.

4. Local Government Units

4.1 Monitor compliance with the guidelines on availment of Medical Social Service by government hospitals under its management and make the appropriate recommendations as may be needed.

4.2 Approves the additional Implementing Guidelines needed to address the unique needs of their locality.

5. The Medical Social Workers League

5.1 The League shall coordinate or consult with NCHFD and the DOH Medical Social Work Adviser on matters that are connected with or may arise from this Administrative Order.

VII. Repealing Clause

Department Order No. 435-B s. 1990 dated October 22, 1990 is repealed by this Order. Provisions of other administrative issuances inconsistent with this Administrative Order are also repealed, superseded or modified accordingly.

VIII. Effectivity

This Administrative Order shall take effect upon approval.



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