CASE COST DATA COLLECTION FORM

A. Objective:

The Case cost data collection form is to collect data and information on various direct costs of each of the selected discharged case. The sample of number of Patient charts/patient records shall be randomly sampled while ensuring the typical/common cases under each discharged diagnosis. The number of patient cases to select for data collection is provided to you by the Benefits Development and Research Department (BDRD), Philhealth Central Office prior to data collection. The types of cases to collect data on are primarily the top cases claimed from the Philhealth **(Please refer to the document labeled as Top 10 Claimed Cases).** Please **Do NOT forget** to get this document from the BDRD, Phil before you start the Data collection next week.

The Form contains two (4) data abstraction/collection forms namely:

1. General information on the Case- CAP III (example)
2. Drugs and Medicines – CAP III (example)
3. Medical Supplies and Consumable - CAP III (example)
4. Service delivery staff time – CAP III example)

B.   Source of Information:

Form	Source
1.1 Case data_general	Claims Form 2, Itemized Statement Of Account
1.2 Drugs&Med	Itemized Statement Of Account, Patient Chart
1.3 Supplies_Medical	Itemized Statement Of Account, Patient Chart
1.4 Staff time_Clinical Service	Patient Chart

C.   Staff Responsible:

1. Head of Billing and Billing clerk

2. Ward Nurse

3. Pharmacist

D.   Data and Information Required:

1. Discharge diagnosis; ward; length of stay; names, types and hours of surgical and other procedures; names and numbers of laboratory tests and diagnostic imaging examinations; Charges paid by patient and the others

2. Drugs, Medicines, Biologics, Medical Supplies and Consumables used during patient stay

3. Unit Acquisition/Procurement Cost of Drugs, Medicines, Biologics, Medical Supplies and Consumables

4. Minutes spent by medical and clinical specialists to care and treat the patient while being admitted

E. **Instructions:**

The list of Top 10 cases claimed from PhilHealth shall be used to select the cases for which the Cost Data collected and encoded in the Case Costing Form. Please encode the sampled number of Case Costing Form for each of the 10 cases. For example, there should be 29 cases of CAP III encoded in 29 separate Case Costing Form files.

Open the **Case cost data collection Form.xlsx** file and **ENABLE CONTENT then** go to the **Case data_general** sheet as shown below and follow instructions**.**
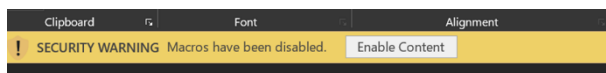
In the **General information on the Case** sheet, please write the Case name as written in the Top 10 claimed cases provided. For example, Community acquired pneumonia III.
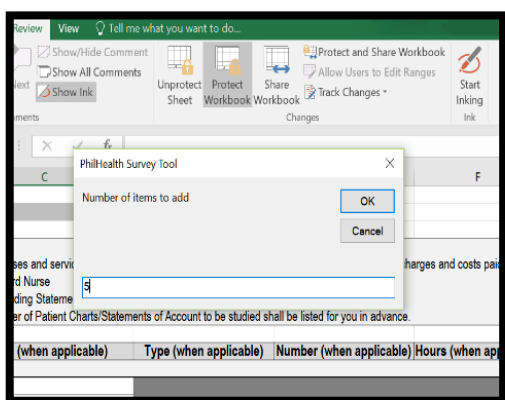
Under each column**,** you will see Add Items / Delete Items / 1. If you press **Add items** button, a below window asking for Number of items to add shall appear. Insert a number (like 5) to add rows to input for additional items. If you press **Delete Items** button, same window shall appear for you to delete the number of rows under respective services and procedures.

1. On the **Diagnoses and Services** column, first please input the name of Final diagnosis as written in Patient chart/Claim form/Statement of accounts. Following this column there are below data and information to be recorded.
2. In the row **Surgical procedures** insert all surgical procedures conducted during hospitalization days. For each procedure, input quantity and hours spent to perform the procedure.
3. In the **Hospitalization** column, there are Level of care and Classification of departments are listed down. In the level of care row, press drop down menu and select Level I and II or Level III. In the Classification of departments, press drop down menu and select Clinical/Medical services.
4. In the row **Ward / Department (always update)**, press drop down menu and select the name of the ward where patient was admitted. When a medical doctor worked across wards and admitted a patient in the ward where the patient case does not medically associate, please include the patient where he/she was admitted.
5. In the row **Length of stays**, please encode the number of hospitalized/confined days subtracting discharged date, time minus admitted date, time. This will give you the number of hospitalization days.
6. In the row **Lab tests**, please list all types of laboratory tests with corresponding numbers performed.
7. In the row **Diagnostic imaging examinations**, please list all types of laboratory examinations with corresponding numbers performed.
8. In the row **Blood bank**, encode number of unit of blood products used for the patient while he/she is being admitted.
9. In the row **Physical therapy/rehabilitation procedures, input list of** types of physical therapy and the number of sessions.

10. In the row **Other procedures and services**, if the Patient chart recorded other procedures and services that were not mentioned in the above list, input those procedures and services.

11. On the Patient **Charged/paid/reimbursed items** column input and list all laboratory tests and radiology examinations, drugs, supplies, professional fees and other services. On the **Paid by Philhealth** column, input amount of value of reimbursement paid or to be paid by the Philhealth. On **Paid by others column,** input amount of value of reimbursement paid or to be paid by the LGU, DoH and other sources such as voluntary donation. **Paid by the Patient column,** input charges paid by the patient after subtracting the amount to be paid Philhealth and others. This is NOT necessarily the amount that the patient will claim later from other organizations.

General information on the Case		Pneumonia		
Objective: Obtain necessary information on diagnoses and services provided directly to the patient treated for the specified case and their charges and costs paid				
Data collector: Head of Billing and Billing clerk/Ward Nurse				
Source Documents:Patient charts/Claim data including Statements of Account				
Instructions: The name of the Case and the Number of Patient Charts/Stat... Sample Case: Pneumonia with UTI ...you in advance.				
Diagnoses and Services	**Name (when applicable)**	**Type (when applicable)**	**Number (when applicable)**	**Hours (when applicable)**
Discharge Diagnoses in ICD 10:				
Add Items Delete Items 1	J18.92			
2	N39.0			
3				
4				
5				
Surgical procedures (name, type, number, hours):				
Add Items Delete Items 1				
2				
3				
4				
5				

Hospitalisation:				
Level of care:	Level I and II			
Classification of Departments:	Clinical/Medical services			
Ward / Department (always update	Internal Medicine Ward			
Length of stays:			3.00	
Lab tests (names and numbers):				
Add Items Delete Items 1	CBC		1.00	
2	Urinalysis			
3				
4				
Diagnostic imaging examinations (names and numbers):				
Add Items Delete Items 1	Chest X-ray		2.00	
2				
3				
4				
Blood bank:				
Number of units used:				
Physical therapy / rehabilitation procedures (names and numbers of sessions):				
Add Items Delete Items 1				
2				
3				
4				
Other procedures and services (names and numbers):				
Add Items Delete Items 1				
2				
3				
4				

Patient charged and Paid / Reimbursed Items	Description (diagnostics, drugs, supplies, services, professional fees)	Paid / Reimbursed by Philhealth	Paid by others (LGU...)	Paid by the Patient
Add Item Delete Items 1	Room and board	2,100.00		
2	Xray	600.00		
3	Urinalysis	90.00		
4	CBC	370.00		

Next, go to the **Drugs and Medicines** sheet as shown below and follow instructions.

1. On the **Generic names of medicines and drugs** column, input the name of drugs using the generic name—and in parenthesis indicate the brand name of drug

2. On the **Dosage Form** column, input the dosage form of the drugs. Dosage form is the physical form of a dose of a drug. The following may be used tablet, capsule, ampoule, vial, patch, solution, suspension, etc.

3. On the **Dosage Strength** column, input the dosage strength of each drug listed. The dosage strength is the amount of drug in the dosage form or a unit of the dosage form.

4. On the **Number of Times Per Day** column, input how often the drug should be taken on a daily basis based on doctor's order or prescription.

5. On the **Number of Days / Cycles** column, indicate the length of the course of treatment based on Doctor's order or prescription.

6. On the **Quantity taken / Total Units** column, input the total quantity taken /total units through the course of treatment.

7. On the **Unit Cost** column, input the acquisition cost for each unit of drug. Unit cost refers to the purchase/procurement price paid to the supplier for each tablet or bottle. If price is given in measurement unit per box, compute for the unit cost of each drug by dividing the cost of each box by the number of units inside the box. *You may also request this information from the Procurement Office.*

#	Generic name of medicines and drugs (Brand name)	Dosage form / route of administration	Dosage strength and measures	Number of times per day	Number of days / cycles	Quantity taken / Total units	Unit Cost	Total cost per course of treatment
1	Amoxicillin	capsules	250mg	1.00	7.00	7.00	8.00	56.00
2	Paracetamol	tablet	500mg			3.00	10.00	30.00
3								
4								
5								
6								

Add Items   Delete Items

(circled numbers: 1, 2, 3, 4, 5, 6, 7)

Open the **Medical Supplies and Consumable** sheet as shown below and follow instructions.

1. On the **Supply and consumable name/Item Description** column, input the name of each medical supplies and consumables recorded in the Patient chart and in the itemized billing statement of account.

2. On the **Packaging/Unit of Measure** column, input the unit of each medical supplies and consumables listed. The dosage strength is the amount of drug in the dosage form or a unit of the dosage form.

3. On the **Quantity** column, input the number and quantity of medical supplies used as recorded in the Patient chart and in the itemized billing statement of account.

4. On the **Unit Cost** column, input the acquisition cost for each unit of item. Unit cost refers to the purchase/procurement price paid to the supplier for each unit of measure. If price is given in measurement unit per box, compute for the unit cost of each item by dividing the cost of each box by the number of units inside the box. *You may also request this information from the Procurement Office.* In the **Total cost per course of treatment column,** input the amount that the quantity multiplied by the Unit Acquisition Cost.

5. On **Total cost** column, a value multiplication of quantity and unit cost should be entered.

Open the **Service delivery staff time** sheet and follow instructions as follows.

1. On the **Activities/Services column,** input visits and procedures and services recorded in the Patient chart. Then find and record total minutes done by the medical and clinical personnel performed that service and procedure.

2. Under **Time of service delivery staff (in Minutes) per category of personnel**, find types of medical and clinical personnel and input total minutes as recorded in the Patient chart. For each type of personnel, you need to sum by types of activities you listed under **Activities/Services column**. For example, "Visits in the ward" is done by ward nurse 8 times for 5 minutes them add all and input 40.

#	Activities/Services	Time of service delivery staff (in Minutes) per category of personnel											Total time (minutes)
		Medical specialists	Medical officer	Other Medical doctors (Including	Nurses	Nursung Attendtant	Midwife	Nut. Dietitian	Physical Therapist	Pulmonary / Respiratory Therapist	(open position 1)	(open position 2)	
1	Visits in the ward	25.00			40.00								65.00
2	Procedure		50.00		50.00				300.00				400.00
3													-
4													-
5													-
6													-
7													-
8													-
9													-
10													-
	Total time	25.00	50.00	-	90.00	-	-	-	300.00	-	-	-	465.00

F. How to save the files

Each case should be saved in a separate costing form using the file name **<Hosp ID#>_<RVS/ICD Code>_Case <Case/Account#>_CF <CF2 Series #>**. For example, 1_NSD01_8299XX_98089XXXXXXXX

Hosp ID #	Health care providers	Province
1	JOSE B. LINGAD MEMORIAL REGIONAL HOSPITAL	PAMPANGA
2	ISAAC & CATALINA MEDICAL CENTER	BATAAN
3	BATAAN DOCTORS HOSPITAL AND MEDICAL CENTER, INC.	BATAAN
4	BATAAN ST. JOSEPH HOSPITAL & MEDICAL CENTER CORP.	BATAAN
5	OUR LADY OF MT. CARMEL MEDICAL CENTER	PAMPANGA
6	MOTHER TERESA OF CALCUTTA MEDICAL CENTER	PAMPANGA
7	ANGELES UNIVERSITY FOUNDATION MEDICAL CENTER	PAMPANGA
8	ESCOLASTICA ROMERO DISTRICT HOSPITAL	PAMPANGA
9	SACRED HEART MEDICAL CENTER	PAMPANGA
10	ANGELES MEDICAL CENTER, INC.	PAMPANGA
11	JOSE SONGCO LAPID DISTRICT HOSPITAL	PAMPANGA
12	ORANI DISTRICT HOSPITAL	BATAAN
13	MAHESECO MULTIPURPOSE COOPERATIVE	BATAAN
14	RICARDO P. RODRIGUEZ MEMORIAL HOSPITAL	PAMPANGA
15	SAN FERNANDINO HOSPITAL	PAMPANGA
16	HOLY TRINITY GENERAL HOSPITAL	PAMPANGA
17	DR. EMIGDIO C. CRUZ SR. MEMORIAL HOSPITAL	PAMPANGA
18	LINGAP GENERAL HOSPITAL	PAMPANGA
19	LEONARDO B. MANABAT SR. HOSPITAL, INC.	PAMPANGA
20	ASCCOM MEDICAL CENTER	PAMPANGA
21	SAN FERNANDINO HOSPITAL	PAMPANGA
22	THE MEDICAL CITY CLARK, INC.	PAMPANGA
23	E.D. LIM MATERNITY & GENERAL HOSPITAL	PAMPANGA
24	OUR LADY OF ROSARY HOSPITAL, INC.	PAMPANGA

G. Data Validation

Team leader will check the costing form for accuracy and completeness. Once validated, the **Costing Team Leader** will email the forms to **juleslechuga@gmail.com and CC:** gereltsolmon.ts@gmail.com

Please address your email to:
Julienne Lechuga
EU-TA PHSRC

Tsolmon Tsilaajav
EU-TA PHSRC

Include the name of hospital in the email subject: <NAME OF HOSPITAL> - PHIC Costing Form Data