


Part IV.

REFERENCES

	<p style="text-align: center;">OSPITAL NG PARAÑAQUE</p>	<p>Document Code: OSPAR-ADS-MSWS/MC-</p>
<p style="text-align: center;">ANCILLARY DIVISION APPROVAL MATRIX</p>		<p>Page No. 1 of 10</p>
<p>Policy Title:</p> <p style="text-align: center;">REFERENCES</p>		<p>Section / Department MEDICAL SOCIAL WORK SECTION/ MALASAKIT CENTER</p>
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1. Department of Health Manual for Medical Social Workers Fifth Edition
2. Republic Act and Administrative Order

Policies related to the protection of patient's rights

TITLE OF THE POLICIES AND LAWS	IMPORTANCE / RELEVANCE TO MEDICAL SOCIAL WORK PRACTICE
<p>Rep. Act No. 747 dated June 18, 1952 – An Act to Regulate The Fees To Be Charged Against Patients In Government Hospitals and Charity Clinics Classifying Patients According to their Financial Condition</p> <p>Rep. Act No. 11223 dated Feb. 20, 2019 – An Act Instituting Universal Health Care for All Filipinos, Prescribing Reforms in Health Care System, and Appropriating Funds Therefor or known as” Universal Health Care Act”</p> <p>Implementing Rules and Regulations of RA 11223 dated October 10, 2019</p>	<p>This was the historical basis in addressing the poverty situation in providing accessible and affordable health care services in government hospitals</p> <p>Provides for an integrated and comprehensive approach to ensure a health care model that provides all Filipinos access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitation and palliative health services without causing financial hardship, and prioritizes the needs of the population who cannot afford such services. The Act emphasizes the duty of the State to ensure that these services reach especially those who are financially incapable.</p>



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Rep. Act No. 11463 dated Dec. 03, 2019

– An Act Establishing Malasakit Centers in all Department of Health (DOH) Hospitals in the Country and in the Philippine General Hospital (PGH) Providing Funds

Therefor and for Other Purposes

Implementing Rules and Regulations of the Malasakit Centers Act (Republic Act 11463) Date posted March 03, 2020
Date published March 04, 2020,

DOH A.O. No. 2021- 0044 dated Sept. 15, 2021

– Guidelines on Determining Eligibility for Social Care, Medical and Financial Assistance and Point of Service

DOH- DSWD PCSO and PhilHealth Joint Adm. Order No. 2020 - 0001 dated Dec. 15, 2020 -

Operational Guidelines for the Implementation of Medical and Financial Assistance to Indigent and Financially Incapacitated Patients pursuant to Rep. Act No. 11463 also known as “Malasakit Centers Act of 2019”

DOH Dept. Memo. No. 2020 - 0192 dated April 13, 2020 - Interim Guidelines for the Implementation of the Medical and Financial Assistance to Indigent and Financially-

especially those who are financially incapable.

This is to make it more convenient and accessible for Filipinos seeking medical and financial assistance from the government by putting all participating agencies under one roof.

This is the legal basis for MSW’s practice in the classification and assessment of patients. The MSWD is mandated to promote and ensure patients’ rights in availing of free health care services.

These guidelines emphasize the promotion of the financial risk protection goal of the health sector focusing on the strategy of rational health spending, ensuring no co-payment for the poor, and removing overlaps in the provision of medical and financial assistance among participating agencies



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Incapacitated Patients pursuant to Rep. Act No. 11463 also known as "Malasakit Centers Act of 2019"	
Joint DOH-PCSO-DSWD and PHIC Adm. Order No. 2018 - 0001 dated July 13, 2018 - Streamlining Access to Medical Assistance Funds of the Government	This defines the roles of DOH, PCSO and DSWD in augmenting the financing provision of the NBB policy and describes the simplified process to access funds from these agencies Reduce duplication of financial assistance, each agency compliments one another.
DOH A.O. No. 2017 – 0003 dated Feb. 01, 2017 - Guidelines for the Implementation of the 2017 Medical Assistance Program (MAP) in DOH Hospitals and Other Selected Government Health Facilities	Provide financial assistance to poor and indigent patients seeking health and medical services in government health facilities. Access to social health protection is assured for indigent patients.
DOH A.O. No. 2017- 0003 - A dated June 08, 2017 - Amendment to A.O. No. 2017- 0003 entitled "Guidelines for the Implementation of the 2017 Medical Assistance Program (MAP) in DOH Hospitals and Other Selected Government Health Facilities"	Amendment on provision VI. Implementation Mechanism Under 1. Beneficiaries c. Patients confined in suite rooms, private rooms, or private wards by choice will not be covered by MAP. This was amended and read as: c. Patients confined in non-service ward but need medical assistance may be covered by MAP upon submission of pertinent documents required by the hospital, subject to the availability of funds DOH Central Office shall no longer issue Guarantee Letters to patients; rather patients shall be advised and endorsed directly to DOH and Specialty hospitals for proper assessment, management, and assistance. It is the responsibility of the hospital through the social workers and not the patient to coordinate with DOH MAP coordinators in implementing the program, which includes resolving billing and funding concerns where it is expected the
DOH Dept. Memo. No. 2017 - 0138 dated March 17, 2017 - Reiteration of the Responsibility of DOH and Specialty Hospitals to Accommodate Patients especially the	



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Indigents and Poor

merits and validity of requests will be properly processed and evaluated to ensure that the program will truly benefit the poor and indigents who need medical assistance

DOH Dept. Memo. No. 2017-0411 dated Oct. 09, 2017 – DOH Medical Assistance Program (MAP) Funds Implementation
DOH Dept. Memo. No. 2020 – 0396 dated August 17, 2020 – New Procedures of Accessing the Medical Assistance To Indigent Patients (MAIP) Program Fund

DOH A.O. No. 2020 - 0060 dated Dec. 23, 2020 – Revised Guidelines on the Implementations of the Medical Assistance to Indigent Patients (MAIP) Program

Mandated that the hospital charge to Quantified Free Service (QFS) the unpaid bills originally charged to MAP To enhance and streamline procedures in accessing the Medical Assistance (MAIP) fund through the Medical Social Work Department (MSWD) and/or Malasakit Centers (MC) in DOH Hospitals, Guarantee Letters (GL) shall no longer be used

The Order aims to improve the implementing guidelines and establish new mechanisms in terms of rendering medical assistance. The Director/Chief of the health facility shall assign the Head of the Medical Social Service as Hospital's MAIP Program Coordinator. The Coordinator shall be responsible for the overall management, coordination, registry of patients, program monitoring, and the submission of all reportorial requirements including the monthly financial reports to the CHDs, Financial Management Services (FMS), and the MPO.

Rep. Act No. 10606 dated June 19, 2013 – An Act Amending Rep. Act No. 7875, Otherwise Known as the National Health Insurance Act of 1995” as Amended, and For Other Purposes or Known as “The National

The State shall adopt an integrated and comprehensive approach to health development, which shall endeavor to make essential goods, health and other social services available to all the people at



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Health Insurance Act of 2013"

Joint A.O. Order No. 2013 - 0033 dated Nov. 07, 2013 - Manual of Operations and Procedures for the Implementation of the Point of Care Enrolment Program for Hospital-Sponsored Member

PhilHealth Circular No. 0003, s. 2014 dated Jan. 09, 2014 – Strengthening the Implementation of the No Balance Billing Policy

affordable cost and to provide free medical care to paupers. The State shall provide comprehensive health care services to all Filipinos through a socialized health insurance program that will prioritize the health care needs of the underprivileged, sick, elderly, persons with disabilities (PWDs), women and children and provide free health care services to indigents. The IRR of this act states that no other fee or expense shall be charged to the indigent patients, subject to the guidelines issued by the Corporation.

Aims to set the governing policies and operational guidelines in the enrollment of Hospital-Sponsored Members (HSM) under the Point of Care Enrollment Program in government hospitals and their immediate availment of PhilHealth benefits. This is to assure that even those indigents who missed out in the identification processes must be covered in the National Health Insurance Program (NHIP) by PhilHealth. With the Health Care institutions (HCIs) existing capability to assess the capacity of their patients/families to pay through an interview administered by their Medical Social Worker using the tool prescribed by DOH through Administrative Order 51- A s. 2001, the HCI may enroll families not covered by the NHIP at the Point of Care.

The No Balance Billing (NBB) Policy provides that no other fees or expenses shall be charged or be paid for by the indigent patients above and beyond the packaged rates during their confinement



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PhilHealth Circular No. 2017 - 0006
dated Jan. 24, 2017 - Strengthening the
Implementation of the No Balance Billing
Policy (Revision 1)

PhilHealth Circular No. 2017 - 0017
dated June 05, 2017 – Strengthening the
Implementation of the No Balance Billing
Policy (Revision2)

PhilHealth Circular No. 2017 - 0011
dated May 12, 2017 - Guidelines on the
Implementation of Point of Service (POS)

PhilHealth Circular No. 2017 - 0025
dated Sept 15, 2017 - Guidelines on the
Implementation of Point of Service (POS) and
Parallel Implementation of Point of Care
(POC) - Revision 1

PhilHealth Circular No. 2018 - 0008
dated March 23, 2018 - Guidelines on the
Implementation of Point of Service (POS)
Enrollment Program under GAA 2018 onwards

PhilHealth Board Resolution No. 1924, series of
2015 mandated that “All senior citizen
members including Lifetime Members and
Kasambahays who are 60 years old and above
shall be entitled to the No Balance Billing. A
policy of PhilHealth.

NBB Patients covers the Indigent,
Sponsored, Domestic worker or Kasambahay,
Senior citizens and
Lifetime members and their dependents. This
is in compliance with R.A. 10924 known as the
General Appropriation Act of Fiscal Year
2017(GAA 2017) specifically under Title XXXVI
on Budgetary Support to Government
Corporation, Special Provision No. 3 on the
Attainment of Universal Coverage under
PhilHealth

Non-PhilHealth members shall be interviewed
and assessed by the Medical Social Welfare
Officer (MSWO) for National Government
Facility (NGF), or by the Social Welfare
Development Officer (SWDO) for LGU
facilities, using the assessment tool prescribed
by the DOH.

Non-PhilHealth member patients classified as
financially incapable and his/her parent or
guardian shall qualify for the Point of Service
Program and may immediately avail of
benefits.

This is to address the gaps in coverage of both
financially capable and financially incapable



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PhilHealth Circular No. 2019 - 0010
dated Nov. 25, 2019 – Guidelines on the
Granting of Immediate Eligibility to Members

PhilHealth Circular No. 2020 - 0024
dated Dec. 28, 2020 – Governing Policies on
the No Co-Payment/No Balance Billing for
PhilHealth Benefit Packages

Rep. Act. No. 10932 dated Aug. 03, 2017
– An Act Strengthening the Anti Hospital
Deposit Law By Increasing the Penalties for the
Refusal of Hospital and Medical Clinics To
Administer Appropriate Initial Medical
Treatment and Support In Emergency Or
Serious Cases, Amending for the Purpose
Batas Pambansa Bilang 702, Otherwise Known
as “An Act Prohibiting the Demand of Deposits
or Advance Payments for the Confinement or
Treatment of Patients in Hospitals and Medical
Clinics in Certain Cases” as Amended by
Republic Act No. 8344, and Other Purposes

DOH A.O. No. 2018 – 0012 dated April

Filipinos and to ensure 100% availment rate
especially covering the poor. This policy applies
to capturing all unregistered Filipinos and
covering all Filipinos, especially those who are
financially incapable and seeking medical care
in all government facilities.

All Filipinos are granted immediate eligibility,
provided that those who have the capacity to
pay are still required to pay their premiums
based on PhilHealth guidelines and shall be
required to pay all missed contributions with
an interest, compounded monthly

All members admitted in any basic or ward
accommodation, no co-payment or other fees
or expenses shall be charged. Members who
opt for non-basic or non ward
accommodation shall be charged hospital fees
for services, professional fees, and fringe and
or additional amenities.

No hospital or clinic or its employee shall
refuse nor demand from the patient or his
next of kin any deposit or advance payment.
No citizen will be deprived of treatment and
health care services.
Health is a basic human right.

PhilHealth membership is already a guarantee



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04, 2018 - Implementing Rules and Regulation of RA 10932 An Act Strengthening the Anti-Hospital Deposit Law By Increasing the Penalties for the Refusal of Hospital and Medical Clinics To Administer Appropriate Initial Medical Treatment and Support In Emergency Or Serious Cases, Amending for the Purpose Batas Pambansa Bilang 702, Otherwise Known as "An Act Prohibiting the Demand of Deposits or Advance Payments for the Confinement or Treatment of Patients in Hospitals and Medical Clinics in Certain Cases" as Amended by Republic Act No. 8344, and Other Purposes

for treatment without a deposit. The classification of patients as to financial status for enrolment under the Point of Service (POS) program of PhilHealth shall be certified by a duly licensed medical social worker of a government institution trained in the DOH means test.

All patients managed for emergency cases and admitted in the hospital shall be eligible for assistance from PCSO following its guidelines on Endowment Fund and Individual Medical Assistance Program

DOH Dept. Mem. No. 2017 - 0061 dated February 03, 2017 – Official Version of the Patient's Rights

This shall be the official Patient's Rights document, which shall be used in all DOH hospitals, treatment and rehabilitation centers, and other types of health facilities. This must be translated into different major languages. The Health Facility and Services Regulatory Bureau shall enforce the implementation of the posting of this document in appropriate strategic areas in the health facility.

This is to protect the rights of patients to health care services

Rep. Act No. 10364 dated Feb. 06, 2013 - An Act Expanding Rep. Act. No. 9201, Entitled "An Act to Institute Policies to Eliminate Trafficking in Persons Especially Women and Children, Establishing the Necessary Institutional Mechanisms for the Protection and Support of Trafficked Persons, Providing Penalties for Its Violations and for Other Purposes or Otherwise known as "Expanded

The removal or sale of organs is considered as a Trafficking in Persons. It includes recruitment of children for use in armed conflict; executing, for consideration, an affidavit of consent or a written consent for adoption in cases where the victim is a child.

Recruiting a woman to bear a child for



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Anti Trafficking in Persons Act of 2012	the purpose of selling the child; Simulating a birth for the purpose of selling the child; and Soliciting a child and acquiring custody through any means from among hospitals, clinics, nurseries, daycare centers, refugees, or evacuation centers, and low-income families, for the purpose of selling the child.
DOH A.O. 2020 - 0003 dated Jan. 27, 2020 – Strategic Framework on the Adoption of Integrated People–Centered Health Services in All Health Facilities	Provision of framework that shall guide national and local actions toward the institutionalization of integrated people centered health services in all health facilities in harmony with the universal health care to ensure responsiveness to the needs of its clients
Rep. Act No. 9745 dated Nov.10, 2009 - An Act Penalizing Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment and Prescribing Penalties Therefore	The law ensures that the human rights of all persons, including suspects, detainees, and prisoners are respected at all times, no person placed under investigation or held in custody of any person in authority or, agent of a person in authority shall be subjected to physical, psychological or mental harm, force, violence, threat or intimidation or any act that impairs his/her free will or in any manner demeans or degrades human dignity.
DOH A.O. No. 2013 – 0008 dated Feb. 28, 2013 - Guidelines for the Implementation of Section 19 of the Implementing Rules and Regulations of Rep. Act No. 9745, Otherwise Known as the Anti-Torture Act of 2009	The law adheres to the principles and standards on the absolute condemnation and prohibition of torture as provided for in the 1987 Philippine Constitution; various international instruments to which the Philippines is a State party such as, but not limited to, the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women



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(CEDAW) and the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment \ or Punishment (CAT); and all other relevant international human rights instruments to which the Philippines is a signatory.

The MSW shall determine the potential or possibility of torture and its impact based on the psychosocial assessment conducted