
 <b>OSPITAL NG PARAÑAQUE</b> 		<b>Document Code:</b> OSPAR-ADS-MSWS/MC-
<b>ANCILLARY DIVISION APPROVAL MATRIX</b>		Page No. 1 of 9
<b>Policy Title:</b> <b>AVAILMENT OF MEDICAL ASSISTANCE IN MALASAKIT CENTER</b>		<b>Section / Department</b> MEDICAL SOCIAL WORK SECTION/ MALASAKIT CENTER
<b>Prepared By:</b>  <b>Karl Marx R. Dimayuga, RSW, CMSW</b> Chief, Medical Social Worker  <b>Reviewed By:</b>  <b>Geraldine L. Ang, RPh</b> Chief Pharmacist  <b>Rosinante C. Garcia, RRT</b> Chief Radiologist	<b>Reviewed By:</b>  <b>Julito F. Santos, RMT</b> Chief Medical Technologist  <b>Rizalina S. Lavarias, CPA</b> Head, Finance Division  <b>Arnaldo S. Cortez, RN</b> Supervising Administrative Office  <b>Meda M. Calderon, RN, MAN</b> Chief Nurse  <b>Catherine Michelle G. Bonifacio, RN, MD</b> Executive Assistant	<b>Noted by:</b>  <b>Redentor P. Alquiros, MD, MHM</b> Head, Medical & Ancillary Services  <b>Darius J. Sebastian, MD, MPH, PHSAE</b> Hospital Administrator  <b>Approved by:</b>  <b>Jefferson R. Pagsisihan, MD, MHM</b> Hospital Director



**CLASSIFICATION:** COMPREHENSIVE

**OBJECTIVE:**

To make it easier for patients to obtain needed medical assistance from the government and to eliminate the need for patients to go back and forth between different government offices for financial assistance.

**POLICY**

This policy shall enforce all concerned areas to abide by its written responsibilities and procedures in compliance with Republic Act 11463, otherwise known as the "Malasakit Centers Act of 2019".

 <b>OSPITAL NG PARAÑAQUE</b> 		<b>Document Code:</b> OSPAR-ADS-MSWS/MC-
<b>ANCILLARY DIVISION APPROVAL MATRIX</b>		Page No. 2 of 9
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#### COVERAGE:

The Malasakit Center shall be applicable to all patients of Ospital ng Parañaque and shall simplify the process of availing of all subsidies from the following government agencies.

1. PhilHealth
2. Philippine Charity Sweepstakes Office (PCSO)
3. Department of Social Welfare and Development (DSWD)
4. Department of Health (DOH)
5. Office of the President – Socio Civic Project Fund (OP-SCPF)

#### RESPONSIBILITIES:

1. It shall be the responsibility of the Medical Social Worker and Malasakit Center personnel to assess and ensure if a patient's hospital charges can be taken cared of by government agencies within Malasakit Center with proper and complete attachment.



 <b>OSPITAL NG PARAÑAQUE</b> 		<b>Document Code:</b> OSPAR-ADS-MSWS/MC-
<b>ANCILLARY DIVISION APPROVAL MATRIX</b>		Page No. 3 of 9
<b>Policy Title:</b> <b>AVAILMENT OF MEDICAL ASSISTANCE IN MALASAKIT CENTER</b>		<b>Section / Department</b> MEDICAL SOCIAL WORK SECTION/ MALASAKIT CENTER
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2. It shall be the responsibility of the patient or relative to obtain and submit the necessary attachments as required by the abovementioned government agencies.
3. It shall be the responsibility of the staff from receiving departments such as laboratory, radiology, pharmacy, etc. to receive patients' requests with classification and approval forms from MSWD and provide the needed requests taken care of by government agencies within Malasakit Center.

#### **PROCEDURE:**

##### **In-Patient**

1. Receives referral from MSWS
2. Patient' relative fills out unified form.
3. Patient provides requirement for the following Malasakit Programs :



 <b>OSPITAL NG PARAÑAQUE</b> 		<b>Document Code:</b> OSPAR-ADS-MSWS/MC-
<b>ANCILLARY DIVISION APPROVAL MATRIX</b>		Page No. 4 of 9
<b>Policy Title:</b> <b>AVAILMENT OF MEDICAL ASSISTANCE IN MALASAKIT CENTER</b>		<b>Section / Department</b> MEDICAL SOCIAL WORK SECTION/ MALASAKIT CENTER
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**Philippine Charity Sweepstakes Office – Medical Access in Malasakit Center (PCSO-MAM)**

- a. MSWS Assessment Tool
- b. Clinical Abstract
- c. Statement of Account
- d. Promissory Note

**Office of the President Socio-civic Project Fund (OP-SCPF)**

- a. Malasakit Unified Intake Sheet
- b. Acknowledgement Receipt
- c. Clinical Abstract/Medical Certificate
- d. Photocopy of patient/relative's valid ID
- e. Statement of Account

 <b>OSPITAL NG PARAÑAQUE</b> 		<b>Document Code:</b> OSPAR-ADS-MSWS/MC-
<b>ANCILLARY DIVISION APPROVAL MATRIX</b>		Page No. 5 of 9
<b>Policy Title:</b> <b>AVAILMENT OF MEDICAL ASSISTANCE IN MALASAKIT CENTER</b>		<b>Section / Department</b> MEDICAL SOCIAL WORK SECTION/ MALASAKIT CENTER
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**Department of Health – Medical Assistance for Indigent Patient (DOH-MAIP)**

*Hospital Bill*

- a. Acknowledgement Receipt
- b. Clinical Abstract/Medical Certificate
- c. Barangay Certificate of Indigency
- d. Photocopy of patient/relative's valid ID
- e. Social Case Summary Report

*Reimbursement for outsourced laboratory, pharmacy and other procedures*

- a. Original request
- b. Official Receipt
- c. Barangay Certificate of Indigency
- d. Social Case Summary Report

 <b>OSPITAL NG PARAÑAQUE</b> 		<b>Document Code:</b> OSPAR-ADS-MSWS/MC-
<b>ANCILLARY DIVISION APPROVAL MATRIX</b>		Page No. 6 of 9
<b>Policy Title:</b> <b>AVAILMENT OF MEDICAL ASSISTANCE IN MALASAKIT CENTER</b>		<b>Section / Department</b> MEDICAL SOCIAL WORK SECTION/ MALASAKIT CENTER
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**Other Maintenance and Operational Expenses – Medical Assistance/Senior Citizen (OMOE-MA/SC)**



- a. PhilHealth Benefit Eligibility Form (PBEF)

*\*PhilHealth's Category: Senior Citizen, Indigent-NHTS-PR, 4P's, LGU and Hospital Sponsored.*

- b. Medical Certificate (COVID patients)

**Department of Social Welfare Development – Financial Assistance (DSWD-FA)**



- a. Original request
- b. Medical Certificate
- c. Barangay Certificate of Indigency
- d. Photocopy of valid ID

 <b>OSPITAL NG PARAÑAQUE</b> 		<b>Document Code:</b> OSPAR-ADS-MSWS/MC-
<b>ANCILLARY DIVISION APPROVAL MATRIX</b>		Page No. 7 of 9
<b>Policy Title:</b> <b>AVAILMENT OF MEDICAL ASSISTANCE IN MALASAKIT CENTER</b>		<b>Section / Department</b> MEDICAL SOCIAL WORK SECTION/ MALASAKIT CENTER
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4. Malasakit Center personnel submit the request to participating agencies.
5. Participating agencies process the request.
6. Upon approval, participating agency releases guarantee letter or assistance
7. Patient (or representative) signs the acknowledgement receipt.
8. Malasakit Center personnel forwards approved amount to billing section

#### **Out-Patient**

1. Patient or relative directly seeks Malasakit Center assistance after check-up/consultation at OPD.
2. OPD Nurse/Attending Physician prepares Laboratory/Radiology/Pharmacy request forms and forwards to the Malasakit Center through the patient.
3. Malasakit Center Receptionist will screen the out-patients with compliance of requirements to the following Malasakit Programs such as:

 <b>OSPITAL NG PARAÑAQUE</b> 		<b>Document Code:</b> OSPAR-ADS-MSWS/MC-
<b>ANCILLARY DIVISION APPROVAL MATRIX</b>		Page No. 8 of 9
<b>Policy Title:</b> <b>AVAILMENT OF MEDICAL ASSISTANCE IN MALASAKIT CENTER</b>		<b>Section / Department</b> MEDICAL SOCIAL WORK SECTION/ MALASAKIT CENTER
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**Department of Health – Medical Assistance for Indigent Patient (DOH-MAIP)**

- a. Original and photocopy of request.
- b. Two (2) photocopies of patient's valid ID.

**Other Maintenance and Operational Expenses – Medical Assistance/Senior**



**Citizen (OMOE-MA/SC)**

- a. Original and photocopy of request.
- b. Photocopy of patient's OSCA ID.
- c. If from *BJMP, Bahay Kalinga, Bahay Aruga, Bahay Pag-asa, and 4P's Beneficiaries*, original and photocopy of Referral Letter.
- d. ER/ Ward Referral to Medical Social Work Section Form

**Department of Social Welfare Development – Financial Assistance (DSWD-FA)**

- a. Original request.
- b. Medical Certificate



 <b>OSPITAL NG PARAÑAQUE</b> 		<b>Document Code:</b> OSPAR-ADS-MSWS/MC-
<b>ANCILLARY DIVISION APPROVAL MATRIX</b>		Page No. 9 of 9
<b>Policy Title:</b> <b>AVAILMENT OF MEDICAL ASSISTANCE IN MALASAKIT CENTER</b>		<b>Section / Department</b> MEDICAL SOCIAL WORK SECTION/ MALASAKIT CENTER
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c. Barangay Certificate of Indigency

4. Medical Social Worker and/or Malasakit Center personnel will verify all the requirements and assist them in filling out needed forms. If there is a need to request a Medical Certificate as requirement to be used for other welfare agencies, MSW shall prepare a referral slip to OPD.
5. After filling out, MSW and/or MC personnel will attach the Classification Form / MC Approval form indicating the appropriate program.
6. Patient will then proceed to respective area for the requested procedure forms.

**APPENDIX:**

**(D)** Classification Form

**(O)** Malasakit Center Unified Intake Sheet

**(P)** Malasakit Center Approval Form

**(N)** Acknowledgement Form