



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

DEC 23 2020

ADMINISTRATIVE ORDER

No. 2020- 0040

SUBJECT: Revised Guidelines on the Implementation of the Medical Assistance to Indigent Patients (MAIP) Program

I. RATIONALE

The Department of Health (DOH) aims to ensure Universal Health Care (UHC) coverage and financial protection for all Filipinos. Today, while there are increasing PhilHealth expenditures and other sources of health financing, a significant proportion of Filipinos continue to have difficulty in accessing health services due to financial constraints. Out-of-pocket expenditures continue to be high at 53.9% (PSA, 2019) exposing patients to financial risks, catastrophic health expenditures and impoverishment.

In the past years, the General Appropriations Act (GAA) increased the funds available under the *assistance to indigent patient's* line item. Several conditions for its implementation were set to improve the reach and coverage of the program. Henceforth, the furtherance of extending our helping hands to indigent and financially incapacitated patients in terms of rendering medical assistance continues while maintaining the safeguards for its effective, efficient, judicious and transparent use in various healthcare facilities.

Over the years, the Philippine health care system continues to undergo sporadic changes due to recent developments in the making of health care policies from evidence-based researches. To be able to adapt to these deviations, the existing operational guidelines of the program must be improved and the challenges encountered on its implementation must be properly addressed. Consequently, there is a need for a more strategic design and mechanism to ensure quality and adequate delivery of health services to all indigent and financially incapacitated patients particularly in terms of medical assistance.

To further reinforce the implementation of the Medical Assistance for Indigent Patients (MAIP) Program, the Administrative Order No. 2017-0003 and its corresponding amendments (A and B) must be revised and aligned with the recently enacted Republic Act No. 11463, otherwise known as "*Malasakit Act of 2019*." The revised guidelines must be harmonized with the rules and regulations set forth by the law such as the GAA without prejudice to other funding sources used for the provision of medical assistance to all eligible beneficiaries. Likewise, it shall be ensured that processing of sensitive and personal information is in accordance with Republic Act No. 10173 otherwise known as "*Data Privacy Act of 2012*" and all other related issuances of National Privacy Commission.

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II. OBJECTIVES

This Administrative Order aims to improve the implementing guidelines and establish new mechanisms in terms of rendering medical assistance. Specifically, it targets to achieve the following objectives and to effect the changes or amendments as indicated:

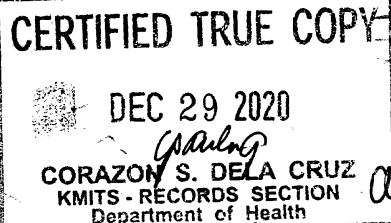
1. Define and ascertain the eligible beneficiaries' access to MAIP Program and the essential health goods and services prescribed by the physician;
2. Strengthen the existing mechanism in the provision of medical and surgical services to eligible MAIP Program beneficiaries;
3. Realign the terms of engagement of Center for Health Development (CHD), between/among various stakeholders as indicated herein; and
4. Harmonize all other funding sources for medical assistance with the funds of the MAIP Program.

III. SCOPE AND COVERAGE

This Order shall apply to the following health facilities and offices: DOH Central Office, CHDs and the Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), DOH Hospitals including Specialty and Special, DOH-Drug Abuse Treatment and Rehabilitation Centers (DOH-DATRC), Department of National Defense (DND) Hospitals, Department of the Interior and Local Government (DILG) including Local Government Units (LGUs) and Philippine National Police (PNP) Hospitals, Department of Justice (DOJ) Infirmaries, State Universities and Colleges (SUCs) Hospitals, and other Partner Private Hospitals/Health Facilities.

IV. DEFINITION OF TERMS

1. **Basic or ward accommodation** – refers to the provision of regular meal, bed in shared room, fan ventilation, and shared toilet and bath.
2. **Case Rate** – refers to fixed-rate or amount that PhilHealth will reimburse for a specific illness/case as defined by PhilHealth Circular No. 0035 s. 2013 and other related PhilHealth Circulars.
3. **Catastrophic Disease** – refers to a severe illness requiring prolonged hospitalization or recovery. These include, but not limited to, cancer, psychiatric conditions, heart attack or stroke. These illnesses usually involve high costs of bills and medical expenses causing financial hardship which may incapacitate the person from being productive.
4. **Catastrophic Health Expenditure** – refers to out-of-pocket spending for health care that exceeds a certain allotted portion of a household's income consequently rendering the household financially incapable of addressing other domestic and related expenses.



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5. **Compassionate Drug Use** – refers to the use of drugs or medicines not included in the Philippine National Formulary by patients with serious or life-threatening conditions when no other treatments are available.
6. **Health Facility** – refers to government and partner private hospitals licensed by the DOH and/or accredited by the PhilHealth, with the capacity to subsidize medical assistance expenses and which can comply with the MAIP Program documentary/reportorial requirements necessary for the implementation of the MAIP Program as specified in Section 3;
7. **MAIP Program Beneficiary** – refers to an indigent and financially incapacitated patient who demonstrates clear inability to pay or spend for necessary expenditures for one's medical treatment, such as patients with catastrophic illness or any illness, which is life or limb-threatening and requires prolonged hospitalization, extremely expensive therapies or other special but essential care that would deplete one's financial resources, as assessed and certified by the Medical Social Worker (MSW).
8. **MAIP Program Fund** - refers to the fund intended for the medical assistance to indigent and financially incapacitated patients.
9. **Non-basic ward accommodation** – refers to accommodation in the health facility, which is not in the category of basic ward accommodation.
10. **Total Charges** – refer to the hospital bill and cost of services including, but not limited to, medical, surgical and professional fees incurred by a patient seeking care in a health facility.

V. GENERAL GUIDELINES

1. The Malasakit Program Office (MPO), formerly known as the Public Assistance Unit (PAU) of the Central Office, shall be responsible for the overall management and administration of the MAIP Program.
2. The MAIP Program shall provide support for drugs, medicines, medical/orthopedic devices, dental services (except those that are for aesthetic purposes and not medically indicated) or other medically related needs prescribed by the physician of a health facility for in-patients and out-patients, in excess of the packages/case rates covered by PhilHealth or other financing sources subject to the availability of funds. Likewise, all participating hospitals/institutions/offices shall strictly observe the implementation process as established by the MAIP Program.
3. All DOH Hospitals (including Specialty and Special Hospitals) and UP-PGH shall use the Enhanced Web-Based Public Assistance Information System (EWEBPAIS).
4. The DOH, through the MPO, and the CHDs in coordination with the Field Implementation and Coordination Team (FICT), shall establish linkages with other health facilities to provide efficient coordination. For the CHDs, a **Regional MAIP Program Coordinator** shall be designated to ensure that these guidelines are strictly observed. For hospitals, the Director/Chief of the

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health facility shall assign the Head of the Medical Social Service as **Hospital 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 monthly financial report to the CHDs, Financial Management Services (FMS), and the MPO.

5. The Administrative and Financial Management Team (AFMT) through the FMS and the MPO, shall facilitate the efficient sub-allotment and transfer of MAIP Program funds to the CHDs and Health Facilities. Release of subsequent medical assistance by the DOH to health facilities shall be made only when at least fifty percent (50%) of the amount previously sub-allotted/transferred has been liquidated and submitted to the CHD concerned, certified correct by the Accountant, approved by the Head of the office, and stamped received by the Commission on Audit (COA). It shall also adhere to the terms of agreement set by the DOH Central Office and CHD to ensure the smooth and orderly implementation of the Program.
6. Health Facilities shall judiciously enforce a thorough screening of beneficiaries to ensure efficient and rational use of funds and diligent documentation and encoding of data through the system prescribed by DOH Central Office.
7. No medical assistance provided under the MAIP Program shall be converted into cash.
8. The DOH shall post on its website the name of recipient government hospitals, number of patients served and total amount of medical assistance provided. The MPO and the Knowledge Management and Information Technology Service (KMITS), as the DOH's web administrator, or its equivalent shall be responsible for ensuring that the said information are posted on the DOH website.

VI. SPECIFIC GUIDELINES

1. Eligibility and Documentary Requirements

- a. All MAIP Program beneficiaries defined in Section IV.7 of this Order shall be eligible for medical assistance under the Program subject to the terms and conditions specified in this Order.
- b. All patients availing of medical assistance under the MAIP Program shall go to the Medical Social Service or the Designated Officer of the health facility for presentation of documents, proper assessment and evaluation. In addition, a referral may be issued to the patient by the Central Office and CHD.
- c. The following documentary requirements shall be submitted as applicable:
 - c.1. **In-patient** – Total charges and assessment of the MSW of the Hospital or Municipal/City Social Welfare Officer for those in LGU Hospitals.
 - c.2. **Out-patient** – Physician's prescription/request and assessment of the MSW.

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- c.3. **Referred Patient** – Inter-agency referral form with attached physician's prescription or request or protocol, and either Medical Certificate or Clinical Abstract. Patients who are requesting drugs and medicines shall be examined by the physician of the recipient hospital. For non-ambulatory patients, a physician's certificate attesting to the veracity of the physical condition of the patient is required.

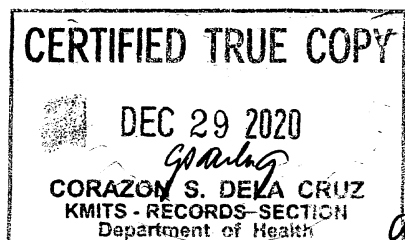
2. Availment Procedures

- a. **Eligibility Assessment** – The Medical Social Worker (MSW) of the health facility shall assess patients applying for medical assistance under the Program using the standard psychosocial assessment form. Proof of eligibility as stated in Section VI.1.c shall be presented for evaluation.
- b. **Processing of Medical Assistance** – The MSW shall then process the needed medical assistance based on their assessment and recommendation.
- c. **Provision of Service** – Health facilities shall provide the necessary health/medical services based on patient needs and document provision of the same.

3. Service Coverage

The MAIP Program fund shall cover essential and life-saving medicines, services and other medical products as prescribed by a licensed physician or health professional such as but not limited to the following:

- a. Drugs and medicines included in the Philippine National Formulary and those which qualify for compassionate drug use in compliance with the criteria or requirements set by the Food and Drug Administration;
- b. Laboratory, imaging, radiological and other diagnostic procedures;
- c. Blood and other related blood screening/products;
- d. All clinically indicated medical, surgical, high risk cases of obstetrics - gynecological, ophthalmological, dental, implants, medical devices and supplies, and other relevant procedures;
- e. In case of non-availability of clinically indicated drugs and medicines, services and procedures, and lack of available beds in the government health facility as certified by the Chief of Hospital or his/her designated official, the concerned health facility may enter into a Memorandum of Agreement with DOH licensed and Philhealth accredited government/private health facility to provide the needs of the patient charged to MAIP Program funds, subject to the guidelines set by the DOH and COA's accounting rules and regulations;
- f. Prescribed post-hospitalization, rehabilitation services, aftercare program, appropriate mental and psychosocial support; and



- g. All hospital bills including professional fees, provided that the expenses for the professional fees shall not exceed 50% of the approved amount of medical assistance.

4. Order of Charging

The MAIP Program funds shall cover the essential and life-saving medicines, total charges, fees, services and other medical products provided that coverage from other funding sources for medical assistance has already been deducted in consonance to the issued Joint Administrative Order No. 2018-0001 "Streamlining Access to Medical Assistance Funds of the Government" and its amendments.

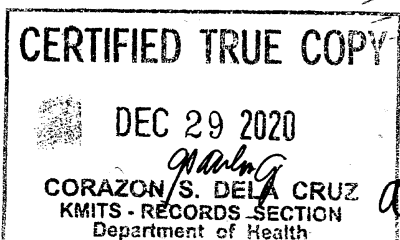
5. Terms and Conditions

Access to and utilization of the MAIP Program funds shall be subject to the following terms and conditions:

- a. MAIP Program beneficiaries shall be admitted to basic or non-private ward accommodation and may be admitted to the next available private accommodation only on the following conditions:
 - i. Non-availability of basic or non-private ward accommodation as certified by the hospital;
 - ii. Emergency cases;
 - iii. Communicable diseases requiring isolation including Public Health Emergencies of International Concern (PHEIC);
 - iv. Cases requiring intensive care; and
 - v. Chronic and catastrophic cases requiring prolonged admission
- b. Patient confined in non-basic ward accommodation who is requesting medical assistance may be covered by MAIP Program funds upon the submission of documents as stated in Section VI.1.c. of this Order subject to the availability of funds.
- c. MAIP Program funds shall be valid from the date of issuance until December 31 of the same year of issuance except for MAIP Program funds transferred to LGU hospitals which have a validity period based on National Budget Circular (NBC) No. 578 dated January 6, 2020.
- d. Not more than one percent (1%) of the total MAIP Program funds shall be used for administrative expenses which shall be controlled and monitored by the DOH Central Office.

6. Fund Authorization

The following are the officials authorized to approve the corresponding allowable amount:



Approving authority	Allowable amount
Health Facilities	
Chief of Hospital of LGU hospitals or selected private health facilities, DOH-DATRC or his/her duly authorized representative	Maximum of Php 50, 000.00 per approval/transaction Maximum of Php 100,000.00 per approval/transaction (<i>MM-CHD</i>)
Chief of Hospital / Medical Center Chief / Medical Director of DOH Hospital, Specialty Hospital, SUC Hospital, DND Hospital and PNP Hospital, or his/her duly authorized representative	Maximum of Php 500,000.00 per approval/transaction
DOH	
CHD Director	Maximum of Php 500,000.00 per approval/transaction
AFMT Undersecretary or Head Executive Assistant	Maximum of Php 1,000,000.00 per approval/transaction
Secretary of Health or designated Chief of Staff	Above Php 1,000,000.00 per approval/transaction

7. Transfer/Release of Funds

- a. Funds shall be transferred by the FMS through Sub-Allotment Advice to the CHDs and DOH Hospitals.
- b. Subject to the accounting and auditing rules and regulations the CHD shall:
 - b.1. Transfer funds to Specialty and SUC hospitals through a MOA between the CHD Director and Medical Director of the Health Facility.
 - b.2. Transfer funds to government partner health facility or LGU hospitals through a MOA between or among the CHD Director, Local Chief Executive, and Chief of LGU Hospital
 - b.3. Reimburse total charges to government/private partner health facility through a MOA between or among the CHD Director, Chief of LGU hospital, Medical Director, and Local Chief Executive upon submission of documents as stated in Section VI.1.c of this Order and other supporting documents.

8. Contract/Agreement with Government/Private Partner Health Facility/Hospital

In accordance with the special provisions of the GAA, the CHD may enter into a MOA with government/private partner health facility for health and medical services for indigent and financially incapacitated patients. For this purpose, the MOA shall be cleared by the DOH Legal Service or the Legal Section/Unit under the Management Support Services Division of the CHD, as the case may be.

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9. Recording and Reporting

- a. Government/Private partner health facility, including Specialty Hospitals and SUCs, shall submit monthly fund utilization report to the CHD concerned. Likewise, DOH hospitals shall submit said report directly to the MPO. They shall also report issues and concerns that hamper the effective implementation of the Program. Submission shall be every 10th day of the following month.
- b. CHD shall submit to the MPO a Monthly Summary Report on the status of the implementation of the MAIP Program. The Monthly Report shall contain information on the number of patients served, type of assistance, and the actual amount utilized. Submission shall be every 15th day of the following month.
- c. The MPO shall consolidate and validate reports submitted by the CHDs and hospitals.
- d. The MPO shall submit to the AFMT a Quarterly Summary of Fund Utilization Reports and the status of the implementation of the MAIP Program.
- e. The MPO, through the AFMT, shall provide the Secretary of Health a Monthly Report of the number of indigent and financially incapacitated patients assisted under the MAIP Program.

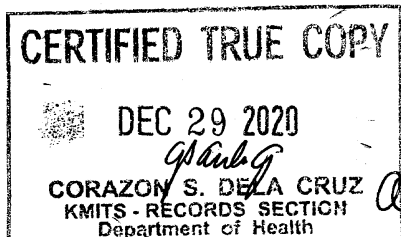
10. Monitoring and Evaluation

- a. A Composite team from the DOH Central Office/CHDs shall conduct monitoring of partner hospitals every year using the MAIP Program monitoring tool to ensure smooth and proper implementation of the Program.
- b. A periodic Program Implementation Review shall be conducted by the MPO/CHDs to assess the impact of the Program.
- c. The Internal Audit Service (IAS) of the DOH may conduct a random audit in the CHDs and partner health facilities to ensure the judicious use of funds and the effective implementation of the MAIP Program in accordance with existing guidelines.

VII. ROLES AND RESPONSIBILITIES

1. Department of Health

- a. **Administrative and Financial Management Team**
 1. Oversees the overall implementation of the Program
 2. Reviews requests and authorizes release of funds as specified in Section VI.7 of this Order
 3. Provides technical direction to the Program



b. Financial Management Service

1. Provides technical assistance on matters pertaining to financial management
2. Facilitates timely transfer/sub-allotment of funds to CHD and health facilities in coordination with the MPO
3. Monitor the fund utilization reports of the CHDs and other health facilities

c. Malasakit Program Office

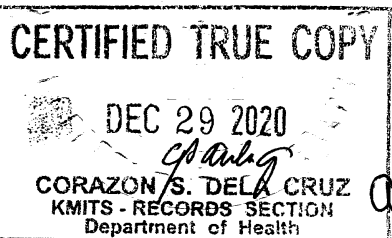
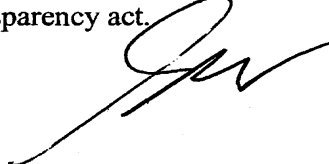
1. Facilitates policy development and formulates monitoring tool for the implementation and evaluation of the MAIP Program
2. Coordinate with DOH Hospitals and other partner health facilities for referral of patients and other related financial and administrative matters arising from the implementation of the Program
3. Consolidate program evaluation and utilization reports and submit findings to the AFMT and Office of Secretary annually
4. Oversees the implementation of the MAIP Program and its fund utilization in the Malasakit Centers.
5. Report any suspected abuse or mishandling of funds to the AFMT.

d. Field Implementation and Coordination Team

1. Ensures smooth coordination with and extends necessary assistance to concerned CHDs and DOH Hospitals, including BARMM, particularly in the establishment of linkages with other health care facilities for the efficient implementation of the MAIP Program;
2. Ensures that referral of MAIP-related assistance requests received at the level of DOH-Central Office is forwarded to the MPO or concerned CHDs as may be deemed applicable.

e. Center for Health Development

1. Manages allocated funds and facilitates efficient transfer to partner health facility under their jurisdiction
2. Designates CHD Coordinator who shall primarily handle program implementation and ensure administrative support (e.g. designation/hiring of MAIP Program point person/coordinator, provision of internet connectivity etc.) for the effective implementation of the Program
3. Reviews requests and authorizes release of funds as specified in Section VI.7 of this Order
4. Conducts monitoring and evaluation with partner health facilities.
5. Submits a quarterly summary report on the status of the MAIP Program and other related reports mentioned in Section VI.9.b of this Order
6. Coordinate with the LGUs under their jurisdiction to cascade information or campaigns to enhance people's awareness regarding the MAIP Program
7. Reports any suspected abuse or mishandling of funds to the MPO and recommend the next course of action, depending on the surrounding circumstances, as the case maybe
8. Submits the list of government and private partner hospitals with MOA to the MPO for monitoring and also in accordance with government transparency act.



- f. **Knowledge Management and Information Technology Service**
 1. Facilitates posting of the required information as indicated in this Order.
 2. Ensures that personal sensitive information and other data of the EWEBPAIS system are properly kept at all times.
 3. Repairs and maintains the MAIP Program-EWEBPAIS.
 4. Designates staff who shall provide technical assistance for the EWEBPAIS.
2. **Government and Private Health Facilities**
 - a. Assess and screen the eligibility of all patients thoroughly and ensure completeness and authenticity of documents prior to MAIP Program availment as specified in Section VI.1 of this Order
 - b. Facilitate provision of quality medical assistance requests and ensure the compassionate delivery of necessary services to the MAIP Program beneficiary
 - c. Ensure monthly reporting of fund utilization and program implementation, and other monitoring and evaluation reports every 10th day of the following month
 - d. Ensure administrative support (e.g. designation/hiring of MAIP Program point person/coordinator, provision of internet connectivity) for the effective implementation of the program as indicated in VI.5.d.
 - e. Report any suspected abuse or mishandling of funds to the MPO
 - f. Facilitate issuance of internal policy that will support the implementation of this Order.


VIII. REPEALING AND SEPARABILITY CLAUSE

This Order repeals DOH Administrative Order No. 2017-0003 and its corresponding amendments (A and B). All other issuances inconsistent with the provisions of this Order are also hereby amended.

Nothing in this Order shall be construed as a limitation or modification of existing laws or legal precedents. If any part or provision of this Order is declared invalid or unconstitutional, any part or provision not affected thereby shall remain valid and effective.

IX. EFFECTIVITY CLAUSE

This Order shall take effect after fifteen (15) days following its publication in a newspaper of general circulation, posting in the DOH website and upon filing with the University of the Philippines Law Center of three (3) certified copies of this Order.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

