



**DEPARTMENT OF HEALTH
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
PHILIPPINE CHARITY SWEEPSTAKES OFFICE
PHILIPPINE HEALTH INSURANCE CORPORATION**

DEC 15 2020

JOINT ADMINISTRATIVE ORDER
No. 2020 - 0001

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

I. RATIONALE

In line with the Republic Act No. 11463, also known as the “Malasakit Centers Act of 2019” and its Implementing Rules and Regulations, the Department of Health is mandated to issue subsequent guidelines to aid in achieving its objectives of adopting a multi-sectoral approach in addressing health issues and affirm the inherently integrated and indivisible linkage between health and social services; ensuring that patients experience compassion and empathy (“malasakit”) as well as receiving the respect and dignity in the availment of health services; and lastly, providing medical and financial assistance through a one-stop shop.

The Philippine Charity Sweepstakes Office’s Medical Access Program (MAP) is the provision of medical assistance to qualified patients embedded on the premise of augmenting costly medical expenses in partnership with public and private direct health service providers. It aims to extend timely medical assistance through the prompt issuance of Claim Slips/Guarantee Letters and corresponding payment to partner health service providers.

Consistent with the principles and policies of Malasakit Centers Act of 2019, Republic Act No. 11223, otherwise known as the Universal Health Care (UHC) Act, the Formula One Plus for Health (F1Plus) of the Department of Health (DOH), and the Republic Act No. 7160, otherwise known as the Local Government Code of the Philippines, these guidelines highlight the promotion of the financial risk protection goal of the health sector focusing on the strategy of rationalizing health spending, ensuring no co-payment for the poor, and removing overlaps in the provision of medical and financial assistance across agencies.

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K.M.T.S. - RECORDS SECTION
Department of Health

II. OBJECTIVE

This Order shall provide supplemental guidelines for the operations of Malasakit Centers (MC) in DOH hospitals, Philippine General Hospital (PGH), and other public hospitals. It shall define the roles and processes of the participating agencies, namely Department of Health (DOH), Department of Social Welfare and Development (DSWD), Philippine Charity Sweepstakes Office (PCSO), and Philippine Health Insurance Corporation (PhilHealth), in the provision of medical and financial assistance in Malasakit Centers.

III. SCOPE AND COVERAGE

Pursuant to Section 6 of R.A. No. 11463, these guidelines shall be binding and effective upon all Malasakit Centers, including those existing and those which shall or may be established in DOH Hospitals and the PGH, or other public hospitals of local government units (LGUs), State Universities and Colleges (SUCs), the Department of National Defense (DND), Department of the Interior and Local Government (DILG) including the Philippine National Police (PNP) and the Department of Justice (DOJ).

Likewise, it shall also apply to all participating agencies namely DOH, DSWD, PCSO and PhilHealth, which are involved in the implementation of this Order.

IV. DEFINITION OF TERMS

- A. **Balance Billing or Co-payment** refers to a flat fee or predetermined rate paid to a point of service, as determined by the Philippine Health Insurance Corporation (PhilHealth).
- B. **Certificate of Eligibility (CoE)** refers to the document issued by a medical social worker (MSW) as a result of his or her evaluation using a standard form in determining patient/client's eligibility to avail medical and financial assistance.
- C. **Financially-Incapacitated Patient** refers to a patient who is not classified as indigent but 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 MSW.
- D. **Host Hospital** refers to the hospital or health facility where the Malasakit Center is located.
- E. **Indigent Patient** refers to patient who has no visible means of income, or whose income is insufficient for the subsistence of his/her family, as assessed by the Department of Social Welfare and Development (DSWD), local government social worker, MSW of the health facility, or a social worker of any government entity providing medical and financial assistance.
- F. **Malasakit Experience** refers to the positive experience of people in accessing

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healthcare services in a timely and compassionate manner, thereby respecting and upholding the rights and dignity of patients. It is the result of the responsiveness of the health facility to the needs of their patients and respective families.

- G. **One-Stop Shop** refers to a common site or location within the premises of the hospital, where the different participating agencies receive and process requests for medical and financial assistance for indigent and financially-incapacitated patients.
- H. **Unified Intake Sheet** refers to the standard form to be used by all participating agencies to profile the socio-economic status and other related personal information of the patient/client. This document shall be accomplished by authorized personnel and subsequently passed on from one agency to another based on the order of charging as applicable, until it reaches the MSW which will render the final review and evaluation.

V. GENERAL GUIDELINES

- A. The Malasakit Program shall provide financial risk protection and responsiveness in the delivery of health care services through the Malasakit Centers. The culture of responsiveness is anchored in the DOH issuance A.O. No. 2020-0003 *Strategic Framework on the Adoption of Integrated People-Centered Health Services (IPCHS) in All Health Facilities* which shall be facilitated by the Integrated Hospital Operations and Management Program (IHOMP) Committee and the Public Health Unit (PHU).
- B. The Malasakit Program shall be anchored on the Universal Health Care Act which mandated automatic inclusion of Filipinos in the National Health Insurance Program (NHIP) granting immediate eligibility and access to medical, dental, mental and emergency health services for all Filipinos.

The medical and financial assistance to be provided by Malasakit Centers shall come from the following agencies/facilities: PhilHealth, PCSO, DSWD, DOH, PGH, Host Hospital and the LGU as they may provide.

The No Balance Billing or No Co-payment policy shall apply to all Malasakit Centers.

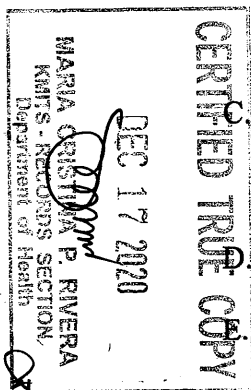
The PhilHealth Circular No. 2019-0010 entitled "Guidelines on the Granting of Immediate Eligibility to Members" and its subsequent revisions, signed November 14, 2019 shall also apply.

VI. SPECIFIC GUIDELINES

A. Services

1. Medical and Financial

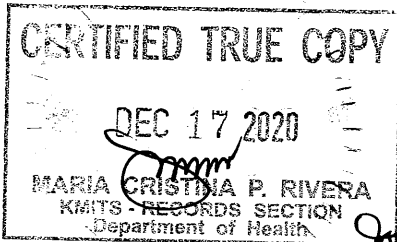
The Malasakit Centers shall provide the following medical and financial services after the mandatory deductions as prescribed by law, such as, but not limited to, Republic Act No. 9994: Expanded Senior Citizen's Act of 2010 and Republic Act No. 10754: An Act Expanding the Benefits and Privileges of



Persons with Disability (PWD):

- a. The PhilHealth shall provide assistance and support based on the prevailing published benefit packages.
- b. The PCSO shall provide the following medical assistance in accordance with the existing Medical Access Program (MAP) Guidelines and the Endowment Fund (EF), if applicable:
 - i. Confinement Assistance
 - ii. Chemotherapy Assistance
 - iii. Dialysis Assistance
 - o Erythropoietin Injection
 - o Hemodialysis (*sessions in excess of the allowable sessions granted by the PhilHealth*)
 - iv. Hemophilia and Post-Transplant Medicine Assistance
- c. The DSWD shall provide the financial assistance for the following menu of services under the applicable and/or existing Guidelines on Assistance to Individuals in Crisis Situation (AICS) Program:
 - i. Transportation
 - ii. Food
 - iii. Burial
 - iv. General Assistive Devices not provided by other participating agencies
 - v. Outright cash for other financial needs (with schedule of rates as may be set by the DSWD)
- d. The DOH-Medical Assistance for Indigent Patients (MAIP) Program shall cover the following medical services and other medical products as prescribed by a licensed physician or health professional such as but not limited to:

- i. Drugs and medicines included in the Philippine National Drug Formulary (PNDF) and for compassionate use of drugs;
- ii. Laboratory, imaging, radiological and other diagnostic procedures;
- iii. Blood and other related blood screening/products;
- iv. All clinically indicated medical, surgical, high risk cases of obstetrics-gynecological, ophthalmological, dental, implants, medical devices and supplies, and other relevant procedures.
- v. Prescribed post-hospitalization, rehabilitation services, aftercare program, appropriate mental and psychosocial support; and
- vi. Hospital charges/bill



2. Other Services

2.1 The Philhealth shall also provide the following services to be availed in the Malasakit Center:

- i. Enrolment and updating of membership records
- ii. Validation of PhilHealth membership status
- iii. Issuance of PhilHealth Identification Card and Member Data Record (MDR)
- iv. Provision of PhilHealth's essential information on benefits

2.2 The DOH/Host Hospital's Medical Social Worker (MSW) within the Malasakit Center shall provide the following other services:

- i. Provision of health information/orientation
- ii. Counselling
- iii. Motivation enhancement
- iv. Psychological First-Aid
- v. Navigation
 - Internal navigation – care coordination with multi-disciplinary team and social case managers within the hospital
 - External navigation – care coordination with multi-disciplinary team and social case managers from other hospitals or agencies and other public health units

B. Patient Navigation, Requirements and Procedures

1. Documentary Requirements

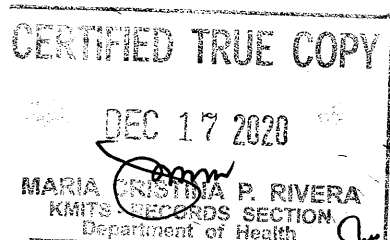
Participating agencies may request documentary requirements based on their respective guidelines to facilitate availment of the medical and financial assistance needed/requested by the patients. These documents deemed applicable shall include any the following:

For PCSO Medical Assistance:

- a. Confinement – statement of account (SOA)
- b. Chemotherapy – treatment protocol, prescription and official quotation
- c. Hemodialysis – Certificate on the Number of Availed Sessions from PhilHealth and official price quotation
- d. Erythropoietin injection, Hemophilia and Post-transplant medicine – medical certificate, prescription and official price quotation

For DSWD Financial Assistance:

- a. Photocopy of a valid government issued ID or other legitimate proof of identity
- b. Official price quotation of General Assistive Devices
- c. Funeral Contract (except for Muslim and Indigenous People performing customary practices); Death Certificate or Certification from the Tribal



Chieftain (for IPs), Imam (for Moro) or Doctor or authorized medical practitioner, in the absence of a death certificate; and Transfer Permit (except for Moro and Indigenous Peoples performing customary practices), if applicable.

d. Original Unified Intake Sheet and Certificate of Eligibility

For DOH Medical Assistance:

- a. Medical Certificate and/or Medical Abstract
- b. Certificate of Indigency
- c. Drug or Medicine Prescription or Treatment Protocol, as applicable
- d. Laboratory or Diagnostic Request
- e. Hospital Bill

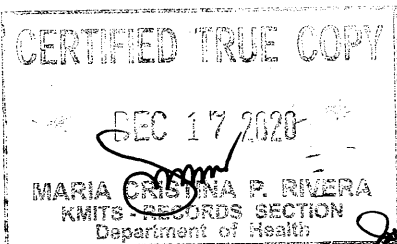
2. Availment Process

a. In - Patients

The following steps shall guide the authorized personnel from each participating agency in the assessment and evaluation of patients seeking medical and financial assistance or services.

1. Host Hospital Desk

- 1.1. The MSW of the Host hospital shall refer all patients admitted in the Basic Ward to the Malasakit Center.
- 1.2. The MSW shall assess the patient's eligibility for the medical or financial assistance in the Malasakit Center using the Unified Intake Sheet (UIS) and the DOH policy on Patient Classification. Only the patient and/or a family representative are allowed to participate in the intake interview.
- 1.3. Based on the above assessment, the MSW shall accomplish **Certificate of Eligibility** which shall be the official document required to avail of services in the Malasakit Center. Likewise, all members¹ of Pantawid Pamilyang Pilipino Program are automatically issued Certificates of Eligibility.



Within 72 Hours, the MSW shall make a copy of the Assessment tool or transcribe the data to the UIS, attach the requirements needed by the participating agencies and forward it to the Malasakit Center. For the needs of the patient not available in the hospital such as implants, MSW shall follow the same process.

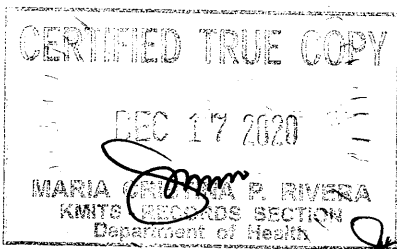
- 1.4. The MSW/SWA reviews for completeness and receives the document and forwards them to the concerned participating agencies within the Malasakit Center.

¹ To avail hereof, the Pantawid beneficiary must present his/her Pantawid identification card to the MSW. A Pantawid beneficiary who fails to present his/her ID, shall be issued with a CoE only if found eligible upon assessment.

- 1.5. Representatives of the concerned participating agencies shall assess the patient/client and make the recommendation on the type and/or amount of assistance needed and forward for approval to the MSW in the Malasakit Center.
- 1.6. MSW forwards the approved assistance to the Billing Section copy furnished MSWD for facilitating the signing of the acknowledgment receipt.
- 1.7. Billing section shall follow the order of charging based on this approved assistance. MSWD processes the assistance for other needs of the patient.

2. PCSO Desk

- 2.1. The PCSO Point Person verifies the correctness of the data in the CoE and the completeness of forwarded documentary requirements. If incomplete and/or erroneous, he/she shall inform the MSW for the necessary correction. If complete and correct, he/she shall scan the CoE, UIS and SOA and upload in the PCSO MC System. The following data from the UIS shall be encoded in the PCSO MC System such as hospital number, name of patient, age, sex, address, contact number, date of encoding, remaining balance after deduction of other agency's assistance and the amount of approved PCSO assistance. The PCSO Point Person shall ensure that the encoded data is saved, facilitate the printing and submission of the Claim Slip to the MSW.
- 2.2. The PCSO Social Worker (for Branch Office) or Social Welfare Officer III (for NCR) shall supervise the PCSO Point Person/s assigned in the MC/s, recommend the medical assistance to PCSO approving authority, monitor the Daily Utilized Assistance, processing of payment to MC/s and to ensure that MC/s are informed on availability of check/s.
- 2.3 If there is a prescribed drug or medicine that the hospital cannot provide because of unavailability or non-inclusion in the Philippine National Drug Formulary (PNDF), the PCSO may be requested to provide through the PCSO Accredited Medicine Retailer (PAMR).
 - i. The PCSO issues a Guarantee Letter (GL) addressed to the PAMR for the needed prescribed drug or medicine.
 - ii. The patient/representative brings the Guarantee Letter to the PAMR together with original documentary requirements to avail of the prescribed drug or medicine. The PAMR will receive and validate documents, confirm



with PCSO and/or attending physician and release the needed medicines based on the approved request. All the original documents including the copy of the GL will be forwarded to PCSO by the PAMR for the processing of payment within the prescribed period in the Implementing Guidelines for PAMR.

2.4. The PCSO Point Person accomplishes the UIS indicating the type and amount of assistance then endorses the patient to the next participating agency, if necessary.

3. DSWD Desk

3.1 The DSWD Point Person secures a photocopy of any valid government issued ID or other legitimate proof of identity from the patient for verification.

3.2 Based on the assessment of the MSW, as shown in the UIS and CoE, the DSWD Point Person shall determine the rates of assistance to be provided to the patient following Section VII.3. of DSWD Memorandum Circular No. 11 s. 2019 as amended by Item VII.C of Memorandum Circular No. 24, s. 2020 "Revised Guidelines on the Implementation of Assistance to Individuals in Crisis Situations" or any issuance of the DSWD for this purpose.

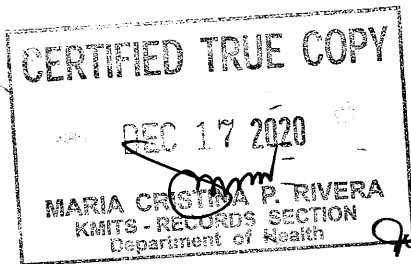
The DSWD Point Person is not precluded from recommending a higher amount subject to his/her assessment of the patient's circumstances subject to the approval of the Crisis Intervention Section Chief or the prescribed approving authority under the DSWD AICS Guidelines.

3.3 For financial assistance in the amount of P10,000 and below, the authorized DSWD Point Person shall release the amount to the patient, within the same day of receipt of the UIS and CoE.

3.4 After the release of the financial assistance to the patient, the DSWD Point Person shall encode the pertinent details of the patient in its Crisis Intervention Monitoring System (CrIMS) or any existing database.

3.5 The DSWD Point Person accomplishes the UIS indicating the type and amount of assistance then endorses the patient to the next participating agency, if necessary.

3.6 The DSWD Point Person shall ensure that the patient/client signs an acknowledgment receipt of the assistance provided.



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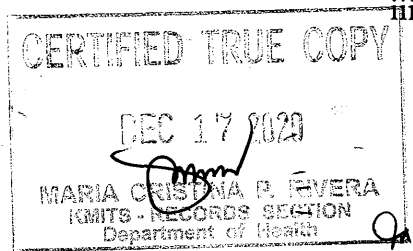
b. Out-patients

The MSW assessing out-patients with existing records in the MSWD shall observe the same availment procedure for in-patients as previously stated in 2.a of this Section. However, other related documents, such as but not limited to Medical Certificate signed by the attending physician, laboratory/diagnostic requests, and/or drug/medicine prescription, may be requested by the MSW for verification and evaluation purposes.

Patients who are new beneficiaries of the MC shall apply directly to the MC.

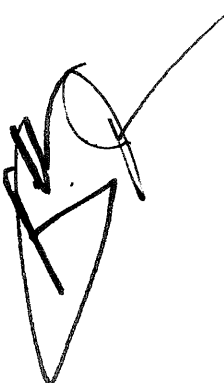
c. Referred Patients

- i. Referred in-patients from hospitals with Malasakit Centers shall be billed out by the receiving hospital, the referring hospital can pay the bill and charge it in the patients' hospital bill. Charging order shall be followed.
- ii. For referred in-patients and out-patients from hospitals without Malasakit Center, patients with referral from MSWD shall be accommodated in the receiving hospital's Malasakit Center. Eligibility and assistance shall be based on the referral documents. A referral letter and documents stated in section B from the referring hospital may be requested for patient's assessment.
- iii. Referred patients from private hospitals in general, shall be assessed by the MSW of the hospital with MC. A referral letter and documents stated in Section B from the private hospital may be requested for patient's assessment. However, subject to the existing guidelines of each participating agency, non-medical services may not be available for various circumstances as indicated in the limitations set forth in the same guidelines.



C. Order of Charging

The Malasakit Centers established in the DOH Hospitals, PGH and other public hospitals, in coordination with the hospital's Billing Section, shall follow this order of charging based on the medical and financial assistance provided to the patient:



Order of Charging	Source of Funds	Agency	Basis of Amount Limitation and Restrictions, if any
First	N/A	Host Hospital	Existing Laws and its IRR or guidelines (Mandatory Discounts, if applicable: <i>Senior Citizens, PWD, etc.</i>) (Medical Assistance)

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Second	National Health Insurance Fund	PhilHealth	All Benefit Packages/Case Rate (Medical Assistance)
Third	Private health insurance funds <i>if applicable</i>	Health Maintenance Organization (HMO)	Existing insurance policy
Fourth	MAP Funds and Endowment Fund <i>if applicable and if available in cases of LGU Hospitals</i>	PCSO	Existing MAP Guidelines (Medical Assistance)
Fifth	AICS Program Fund <i>if applicable and if available in cases of LGU Hospitals</i>	DSWD	Applicable and/or Existing AICS Guidelines (Financial Assistance)
Sixth	MAIP Program Funds	DOH	Existing MAIP Program Guidelines (Medical Assistance)
Last	QFS, Hospital Initiative, MOOE, and other funding sources <i>if applicable</i>	Host Hospital	Per Hospital Internal Policies and/or Rules and Regulations (Medical Assistance)

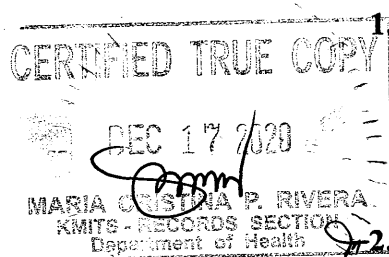
Other funding sources pertain to funds from other government and non-government agencies, local government units (LGUs) and private institutions or individuals. Any transaction involving funds which may be in the form of donation, sub-allotment or transfer of funds must be in accordance with the existing accounting and auditing rules and regulations.

D. RECORDING AND REPORTING

1. Recording - All participating agencies shall use the Unified Intake Sheet with Acknowledgement Receipt and Certificate of Eligibility. An Acknowledgement Receipt shall be issued to the patient/client as a proof that he or she received assistance from the Malasakit Center. Each agency must maintain a copy thereof.

2. Reporting - For daily reconciliation of data, the participating agencies shall use an online-sharing platform for real time view/access of the number of patients/clients, amount of assistance, mode of assistance, and fund source.

a. The report shall reflect the following: number of patients, amount of assistance, mode of assistance, and fund source. The MSW in the MC shall accomplish the consolidation of data for their end of day report.



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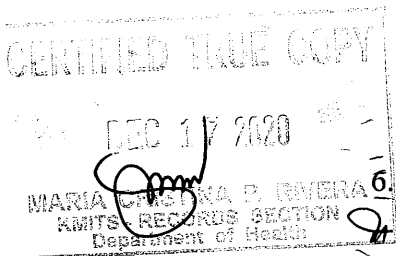
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- b. A web-based system shall be utilized by all Hospitals with MCs once established by the Knowledge Management and Information Technology Service (KMITS) and subsequently rolled out.

E. MONITORING AND EVALUATION

1. A Monthly Statistical Report shall be prepared by the MSW to be approved by the Medical Center Chief/Chief of Hospital and be submitted to the Center for Health Development (CHD). The CHD shall then submit a Consolidated Monthly Statistical Report to the MPO.
2. An annual evaluation of reports shall be conducted by the CHDs using the performance indicators. These reports shall be submitted to the Field Implementation and Coordination Team (FICT), to the Administration and Financial Management Team (AFMT) copy furnished the MPO, and to all participating agencies.
3. All Participating agencies are not precluded from developing/implementing their own monitoring and evaluation system and from conducting their own annual Program Implementation Review (PIR); provided, the indicators to be used shall in no way complicate data gathering at the MC level.
4. An annual national Performance Implementation Review shall be conducted by participating agencies to review the performance of Malasakit Centers. Likewise, the DOH, as the lead agency, shall conduct an annual National Performance Implementation Review with DSWD, PCSO, PhilHealth and other concerned agencies or offices.
5. The Malasakit Program Inter-Agency Committee (MPIAC), as composed of the participating agencies (DOH, DSWD, PCSO and PhilHealth), shall conduct a periodic review of the effectiveness of the Malasakit Centers. The committee may select representatives from other government, non-government agencies, or the private sector, as resource persons in reviewing the implementation of MCs. It shall likewise recommend any amendment thereto, as may be necessary.

6. The Malasakit Program Office (MPO) shall submit to the Office of the President of the Philippines, Senate Committee on Health and Demography, and the House of Representatives Committee on Health on or before the end of December of every year, or upon the request of any of the aforesaid offices, a consolidated report of the operation and performance of Malasakit Centers.



VI. ROLES AND RESPONSIBILITIES

A. Department of Health (DOH)

1. The Malasakit Program Office (MPO) shall:

- a. Develop policies, guidelines, plans, systems and standards related to the Malasakit Program and Malasakit Center;
- b. Oversee, monitor and evaluate the implementation of the Malasakit Program and the operations of the Malasakit Centers;
- c. Facilitate national assessment and monitoring of Malasakit Centers performance and its impact on financial risk protection goals of the health sector;
- d. Oversee, monitor and manage DOH funds for proper disbursement and utilization of Malasakit Centers;
- e. Provide technical assistance to ensure the successful implementation of the program;
- f. Evaluate and recommend the approval of the application of new Malasakit Centers to the Undersecretary/Assistant Secretary of the functional team/cluster where the MPO is lodged;
- g. Oversee the use of Enhanced Web-Based Public Assistance Information System (eWebPAIS) and its functionality in coordination with the KMITS;
- h. Coordinate with the Office of the President and other pertinent departments, bureaus, agencies and instrumentalities as may be necessary for the effective implementation of this Order.

2. The Administration and Financial Management Team (AFMT) shall:

- a. Oversee and ensure the implementation of this Order in all Malasakit Centers across the country;
- b. Provide technical direction for the implementation of the Malasakit Program; and
- c. Approve applications of other public or LGU hospitals for the establishment of Malasakit Centers.

3. The Field Implementation and Coordination Team (FICT) shall:

- a. Ensure the establishment and implementation of the Malasakit Program in all Malasakit Centers across the country; and
- b. Promote compliance to No Co-payment Policy among hospitals.

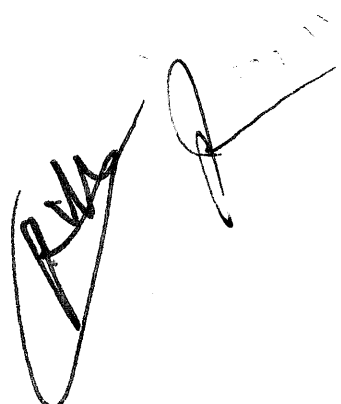
4. The Pharmaceutical Division (PD) shall:

- a. Review justification and requests for exemption from PNDF requirement;
- b. Ensure regular review of the Philippine National Drug Formulary for the possible expansion of its Core and Complementary List.

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5. The Health Facility Development Bureau (HFDB) shall:

- a. Develop/review/revise relevant hospital policies for the full implementation of the Malasakit Program;
- b. Ensure the inclusion of the Malasakit Center initiative in its briefing and advocacy materials;
- c. Ensure that implementation of people centered culture is hospital wide through the IHOMP program; and
- d. Provide technical assistance to the MPO and participating Hospitals.

6. The Centers for Health Development (CHDs) shall:

- a. Facilitate the drafting of Memorandum of Agreement with relevant hospitals for the establishment of Malasakit Centers;
- b. Facilitate the provision of MAIP Program funds to DOH specialty, LGU, and SUC hospitals;
- c. Identify issues and concerns in the implementation of the Program and address/discuss this with relevant entities; and
- d. Consolidate and review the performance assessment and monitoring reports for their respective region and submit to the DOH-MPO; and
- e. Provide technical assistance to ensure the successful implementation of the program, as necessary.

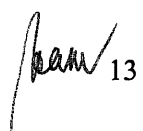
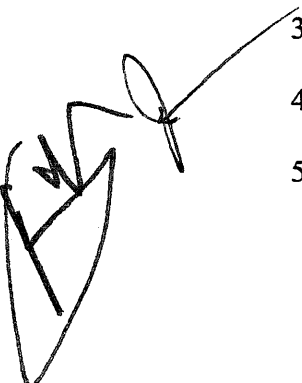
B. The Department of Social Welfare and Development (DSWD) shall:

1. Provide adequate and appropriate human resources in the Malasakit Centers in DOH hospitals and PGH;
2. Capacitate other public hospitals towards the attainment of the goals of the Malasakit Program;
3. Provide assistance and periodic performance monitoring of DSWD Assistance to Individuals in Crisis Situations Program;
4. Prepare annual reports using the prescribed format for submission to the DOH-MPO;
5. Participate in all Malasakit Center related activity including TWG meetings;
6. Provide technical assistance to ensure the successful implementation of the program as necessary.

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C. The Philippine Charity Sweepstakes Office (PCSO) shall:

1. Provide adequate and appropriate human resources in the Malasakit Centers in DOH hospitals and PGH;
2. Capacitate other public hospitals towards the attainment of the goals of the Malasakit Program;
3. Provide assistance and periodic performance monitoring of PCSO Medical Access Program;
4. Prepare annual reports using the prescribed format for submission to the DOH-MPO;
5. Participate in all Malasakit Center related activity including TWG meetings;



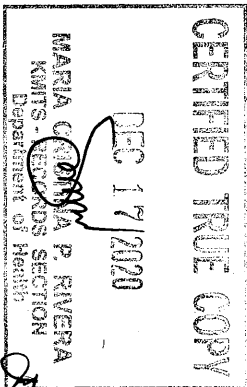
7. Provide technical assistance to ensure the successful implementation of the program as necessary.

D. The Philippine Health Insurance Corporation (PhilHealth) shall:

1. Provide adequate and appropriate human resources in the Malasakit Centers in DOH hospitals and PGH;
2. Enforce compliance to No Balance Billing or No Co-payment Policy among accredited hospitals;
3. Provide information with regard to membership, coverage and benefit packages in the NHIP;
4. Capacitate other public hospitals towards the attainment of the goals of the Malasakit Program;
5. Provide list of de-accredited Hospitals and Health Professionals;
6. Periodically monitor performance of PhilHealth personnel in the Malasakit Centers;
7. Prepare annual reports using the prescribed format for submission to the DOH-MPO;
8. Participate in all Malasakit Center related activity including TWG meetings;
9. Provide technical assistance to ensure the successful implementation of the program as necessary.

E. The DOH Hospitals and other Public Hospitals with Malasakit Center shall:

1. Serve as a one-stop shop for availing medical and financial assistance from participating agencies;
2. Ensure 100% compliance to the No Balance Billing or No Co-payment Policy;
3. Provide adequate human and technical resources to operationalize the Malasakit Centers;
4. Provide patient navigation and referral to the appropriate health facilities within health care provider networks (HCPN) in coordination with the PHU of each hospital;
5. Document, process and utilize data from patient experience in the Malasakit Center through a standardized form;
6. Provide capacity building to hospital personnel in coordination with the relevant unit/s of the hospital for good patient/client interaction;
7. Conduct health education and promotion activities in coordination with the PHU and Social Work Case Manager;
8. Provide a special lane for the exclusive use of senior citizens, pregnant women and persons with disabilities;
9. Ensure use of the Enhanced Web-Based Public Assistance Information System (eWebPAIS) for verification of data or patient information;
10. Prepare annual reports for submission to the DOH-Center for Health Development and MPO; and
11. Gather, process, store, or if necessary, share patient information in strict accordance with the Data Privacy Act.



All aforementioned offices shall perform other functions as may be necessary for the accomplishment of the goals and objectives of the Malasakit Program.

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VII. GOVERNING CLAUSE

Issues and other-related matters arising from the implementation of this Order shall be resolved jointly by the participating agencies and the concerned hospital with Malasakit Centers spearheaded by the Malasakit Program Inter-Agency Committee (MPIAC).

IX. APPROPRIATIONS

The amount necessary for the establishment and operation of Malasakit Centers shall be included in the GAA. The appropriated budgetary allocation under the GAA shall be correspondingly and equitably allocated to ensure successful and sustainable operation of the Malasakit Centers through the Malasakit Program Office of the Department of Health.

Likewise, proposal for the creation and funding of such a number of plantilla positions necessary for the operation of the existing and subsequently established MCs shall be recommended by the participating agencies.

X. PENALTY CLAUSE

In the event that a party fails to perform its roles and responsibilities or any other-related obligations pertaining to Republic Act No. 11463, its Implementing Rules and Regulations (IRR) and this Order, or any act or omission in violation of the same shall be penalized in accordance with Section 11 of Malasakit Centers Act of 2019.

XI. SEPARABILITY CLAUSE

Any portion or provision of this Order that is declared unconstitutional shall not have the effect of nullifying other portions or provisions hereof as long as such remaining portions can still subsist and be given effect in their entirety.

In the event that any provision or part of this Order is declared invalid by any competent authority or court of law, those provisions or parts not affected by such declaration shall remain valid and in effect.

XII. REPEALING CLAUSE

All other provisions in relation to the implementation of the medical and financial assistance to indigent and financially-incapacitated patients set forth by other government agencies which are inconsistent with this Order, are hereby repealed, amended or modified accordingly. All provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

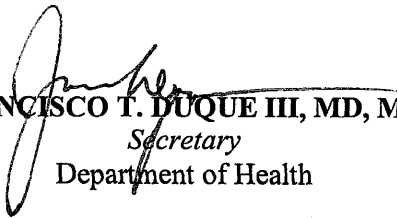
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DEC 17 2020
MARIA CRISTINA P. RIVERA
KMTS - RECORDS SECTION
Department of Health

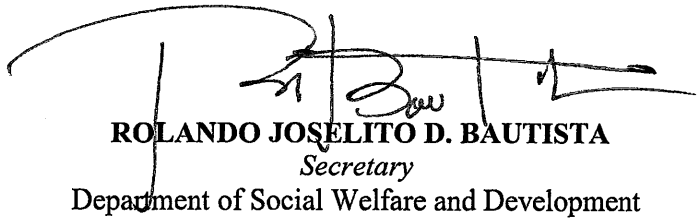
XIII. TRANSITORY CLAUSE

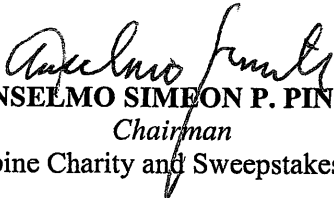
Existing DOH and public hospitals with Malasakit Centers affected by the implementation of this Order shall be given one (1) year transitory period from the effectivity of the IRR or such other period as may be determined by the MPIAC upon the recommendation of Malasakit Program Office. Likewise, the LGU hospitals and other public hospitals that will establish Malasakit Centers shall be given (1) year grace period from the time of its launching or such other period as may be determined by the MPIAC upon the recommendation of Malasakit Program Office, to comply with the requirements prescribed by the law and this Order. The participating agencies shall be likewise given a similar transitory period to comply with the requirement of the law and its IRR.

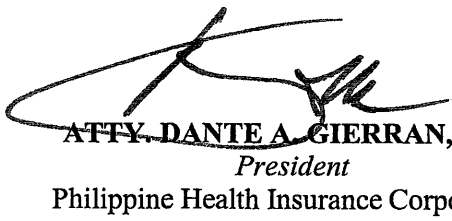
XIV. EFFECTIVITY


This Order shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation. Let three (3) certified copies of this JAO be transmitted to UP- Office of the National Administrative Register (ONAR) for filing.


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


ROLANDO JOSELITO D. BAUTISTA
Secretary
Department of Social Welfare and Development


ANSELMO SIMEON P. PINILI
Chairman
Philippine Charity and Sweepstakes Office


ATTY. DANTE A. GIERRAN, CPA
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Philippine Health Insurance Corporation

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DEC 17/2020

MARIA CRISTINA P. RIVERA
KNITS - RECORDS SECTION
Department of Health