



CITY OF BACOOR
Office of the Sangguniang Panlungsod

EDWIN G. GAWARAN
Councilor

Absent

AVELINO B. SOLIS
Councilor

REYNALDO M. FABIAN
Councilor

ATTY. VENUS D. DE CASTRO
Councilor

JANAIRÓ C. SAN MIGUEL
Councilor

REYNALDO D. PALABRICA
Councilor

JAIME A. SAPANGHILA
Councilor

BAYANI M. DE LEON
Councilor

Absent

CATHERINE S. EVARISTO
Councilor ABC President

MA. ELIZA H. BAUTISTA
Councilor - SK President

Attested by:

ATTY. KHALID A. ATEGA, JR.
Secretary to the Sanggunian

Certified by:

On Leave
ROSETTE MIRANDA FERNANDO
Municipal Vice Mayor/Presiding Officer

Approved by:

STRIKE B. REVILLA
Municipal Mayor

PRESENT:

HON. EDWIN G. GAWARAN -----	Acting City Vice Mayor/ Acting Presiding Officer
HON. REYNALDO M. FABIAN -----	Councilor
HON. VENUS D. DE CASTRO -----	Councilor
HON. JANAIRÓ C. SAN MIGUEL -----	Councilor
HON. REYNALDO D. PALABRICA -----	Councilor
HON. JAIME A. SAPANGHILA -----	Councilor
HON. BAYANI M. DE LEON -----	Councilor
HON. MA. ELIZA H. BAUTISTA -----	Councilor (SKF-Pres.)

ABSENT:

HON. AVELINO B. SOLIS -----	Councilor
HON. CATHERINE S. EVARISTO -----	Councilor (ABC-Pres.)

ON LEAVE:

HON. ROSETTE M. FERNANDO -----	City Vice Mayor/ Presiding Officer
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CITY ORDINANCE NO. 2013-5
SERIES OF 2013

AN ORDINANCE CREATING A "PER FAMILY PAYMENT RATE" (PFPR) FUND FOR BACoor CITY HEALTH OFFICE UNIT-DISTRICT I AND II FROM THE PROCEEDS OF THE PRIMARY CARE BENEFIT 1 (PCB 1) PACKAGE TO BE PROVIDED BY THE PHILIPPINE HEALTH INSURANCE (PHILHEALTH) CORPORATION FOR NHTS-PR MEMBERS, LGU SPONSORED AND OTHER SPONSORED PROGRAM MEMBERS AND THE ELIGIBLE ORGANIZED GROUPS AND OVERSEAS WORKERS PROGRAM MEMBERS OF THE CITY OF BACoor QUALIFIED TO BE UNDER THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP) AND SETTING THE REQUIRED PREMIUM CONTRIBUTION THEREOF.

Be it ordained by the Sangguniang Panlungsod of Bacoor, that:

Section 1. Title. This ordinance shall be known as an Ordinance creating a "Per Family Payment Rate" (PFPR) Fund for Bacoor City Health Unit - District I and II from the proceeds of the Primary Care Benefit 1 (PCB 1) package to be provided by the Philippine Health Insurance (Philhealth) Corporation for NHTS-PR Members, LGU Sponsored and other Sponsored Program members and the eligible Organized Groups and Overseas Workers Program members of the City of Bacoor qualified to be under the National Health Insurance Program (NHIP) and setting the required premium contribution.

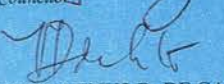



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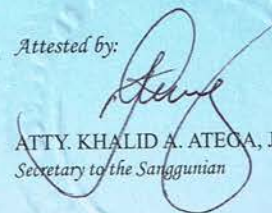
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Approved by:


STRIKE B. REVILLA
Municipal Mayor

Section 2. State of Policy. The City of Bacoor strongly adopts the commitment of the state to implement the integrated and comprehensive approach to health development and Kalusugang Pangkalahatan which shall endeavor to make essential goods, health and other services available to all people at affordable cost through the implementation of R.A. 7875 and PhilHealth Board Resolution No. 1587, s. 2012. Therefore, the City amended the implementation of the Outpatient Benefit Package and implemented the Philhealth's Primary Care Benefit 1 (PCB1) package for NHTS, LGU-Sponsored program and other Sponsored Program, eligible organized groups and Overseas Workers Program members;

Section 3. Definition of Terms. The following terms used in this ordinance are defined as;

- a. National Household Targeting System for Poverty Reduction (NHTS-PR) - a database and information management system that identifies who and where the poor families. The system is being used by several government agencies in the implementation of programs for poverty reduction to enroll beneficiaries of PCB1 services.
- b. Primary Care Benefit (PCB 1) Package - an enhanced Out-Patient Benefit (OPB) package to ensure that all Filipinos have access to quality health services that are efficiently delivered, equitably distributed, fairly financed and appropriately utilized. It has the following main provisions: primary preventive services, diagnostic examinations, drugs and medicines
- c. Republic Act No. 7875 - an act instituting a National Health Insurance Program and establishing the Philippine Health Insurance Corporation.
- d. Sponsored Program members - beneficiaries of the PCB 1 program including those members identified under the NHTS-PR and those enrolled by the LGUs (municipal, city and provincial governments), Senators, House Representatives, private institutions and other national agencies.

Section 4. Roles of the PCB Provider / Facility:

- a. Render Primary Care Benefit Package services for the duration of the validity of the commitment.
- b. Responsible to seek and enlist eligible members and their qualified dependents in the community assigned to the facility.
- c. Establish a baseline health profile of all PhilHealth members and qualified dependents, which shall be kept and updated regularly by the facility.

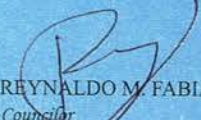


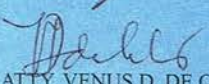
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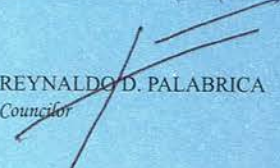
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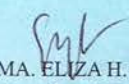

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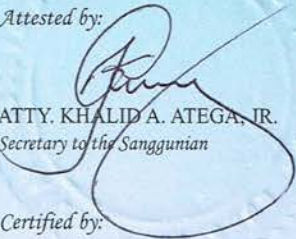
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Approved by:

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Municipal Mayor

- d. Submit a consolidated profile of the facility's clientele using PCB Clientele Profile as a documentary requirement for the release of Per Family Payment Rate (PFPR).
- e. Deliver the services covered by the PCB1 package to respond to the health needs of the clientele of the facility.
- f. That in case there is/are diagnostic examination (5) outsourced from another facility, we shall forge a "Memorandum of Agreement" (MOA) to ensure quality checks and appropriate processes are provided.
- g. Abide by the performance targets on the minimum obligated services for all members assigned in our facility set by the corporation.
- h. That we shall create/maintain a trust fund for PFPR fund

Section 5. Rules on the Use. Management and Disposition of the Per Family Payment Rate (PFPR):

- a. The Provider shall be paid a Per Family Payment Rate (PFPR) that will be calculated quarterly, provided that the following reports are submitted not later than 15 days after each quarter, to wit:
 - a. PCB Provider Clientele Profile, and b. Health Facility Data.
- b. The disposition of PFPR shall be governed by the following rules:
 - b.1. The disbursement and liquidation of the PFPR shall be in accordance with pertinent government accounting and auditing rules and regulations;
 - b.2 A separate book of accounts shall be maintained by the local government unit; and;
- c. Eighty percent (80%) of PFPR is for operational cost and shall cover:
 - c.1. Minimum of forty percent (40%) for drugs & medicines (PNDF) (to be dispensed at the facility) including drugs & medicines for asthma, acute gastroenteritis, & pneumonia;
 - c.2. Maximum of forty percent (40%) for reagents, medical supplies, equipment (i.e. ambulance, ambubag, stretcher, etc), information technology (IT equipment specific to the needs of facility for it to facilitate reporting and building up of its database), capacity building for staff, infrastructure or any other use related, necessary for the delivery of required service including referral fees for diagnostic services if not available in the facility.
- d. The remaining twenty percent (20%) shall be exclusively utilized as honoraria of the staff of the health facility and in the improvement of their capabilities to be able to provide better health services:



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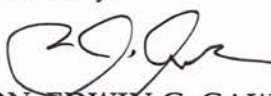
- d.1. Ten percent (10%) for the physician;
d.2. Five percent (5%) for other health professional staff of the facility
d.3. Five percent (5%) for non-health professional/staff, including volunteers

Section 6. Effectivity. This Ordinance shall take effect fifteen days (15) after posting in two (2) conspicuous places within the City of Bacoor.

ENACTED this 25th day of February 2013 by the Sangguniang Panlungsod of Bacoor in regular session assembled at the SP Session Hall, City Government of Bacoor, Province of Cavite.

I hereby certify that the foregoing Ordinance was duly approved in accordance with law and that the foregoing is true and correct.


Certified by:


HON. EDWIN G. GAWARAN
Acting City Vice Mayor/ Acting Presiding Officer

Attested by:


ATTY. KHALID A. ATEGA, JR.
Sangguniang Panlungsod Secretary

Approved by:


HON. STRIKE B. REVILLA, PhD.
City Mayor

PHILIPPINE HEALTH INSURANCE CORPORATION
PCB PROVIDER CLIENTELE PROFILE

NAME OF HEALTH CARE FACILITY _____

I. PCB Provider Data
Region _____
Province _____
Municipality _____
No. of assigned families: _____
SP - NHTS: _____
SP - LGU: _____
SP - NGA: _____
SP - Private: _____
IPP - OG: _____
IPP - OFW: _____
Non-PHIC Members: _____

II. Age - Sex Distribution			
Age Group	Members and Dependents		
	Male	Female	Total
0 - 1 years			
2 - 5 years			
6 - 15 years			
16 - 24 years			
25 - 59 years			
60 years and above			
TOTAL			

III. Primary Preventive Services	# Members and Dependents	
Breast Cancer Screening Female, 25 years old and above	Member	Dependents
Cervical Cancer Screening Female, 25 to 55 years old with intact uterus		

III. Diabetes Mellitus	# of Members and Dependents					
Cases	Member		Dependent		Total	
	M	F	M	F	M	F
with symptoms/signs of polyuria, polydipsia, weight loss						
Waist circumference ≥ 80 cm (female) ≥ 90 cm (male)						
History of diagnosis of diabetes						
Intake of oral hypoglycemic agents						

IV. Hypertension	# of Members and Dependents					
Cases	Members			Dependents		
	Male	Female		Male	Female	
		Non Pregnant	Pregnant		Non Pregnant	Pregnant
Adult with BP < 140/90 mmHg						
Adult with BP ≥ 140/90 but less than 180/120mmHg						
Adult with BP ≥ 180/120						
History of diagnosis of hypertension						
Intake of hypertension medicine						

Prepared by: _____

Approved by: _____

Printed name and signature of Nurse/ Midwife _____

Printed name and signature of Physician _____

[illegible]

NAME OF PCR PROVIDER:

EFFETTI ALLA

SOCIETIES

OBLIGATED SERVICES		
Primary preventive services	TARGET (for the quarter)	Accomplishment (number)
1. BP measurement		
<i>Hypertensive</i>		
<i>Nonhypertensive</i>		
2. Periodic clinical breast examination		
3. Visual inspection with acetic acid		

VI. BENEFITS/SERVICES PROVIDED	No. of Members/ Dependents			
	Given	Referred		
Primary Preventive Services	M	D	M	D
1. Consultation				
2. Visual inspection with acetic acid				
3. Regular BP measurements				
4. Breastfeeding program education				
5. Periodic clinical breast examinations				
6. Counselling for lifestyle modification				
7. Counselling for smoking cessation				
8. Body measurements				
9. Digital rectal examination				
Diagnostics Examinations				
1. Complete blood count (CBC)				
2. Urinalysis				
3. Fecalalysis				
4. Sputum microscopy				
5. Fasting blood sugar (FBS)				
6. Lipid profile				
7. Chest x-ray				

VII. Medicines Given (Generic Name)		No. of Members/ Dependents	
I. Asthma		M	D
II. AGE with no or mild dehydration			
III. URTI/Pneumonia (minimal & low risk)			
IV. UTI			
V. Nebulisation services			

[illegible]

This is to certify that the foregoing information are true and correct and all of the beneficiaries served are assigned and enlisted under the service of the Government of the State of New York.

Approved by:

Printed name and signature of Physician