



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

June 18, 2020

DEPARTMENT MEMORANDUM

No. 2020- 0339

TO: DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT AND MEDICAL CENTER CHIEFS OF DOH-DESIGNATED HIV TREATMENT HUBS

SUBJECT: Interim Guidelines on Subsidizing Medical Expenses Incurred by Indigent and Financially Incapacitated People Living with Human Immunodeficiency Virus (PLHIV) in Department of Health – Designated HIV Treatment Hubs

I. RATIONALE

The Philippines has the highest percent increase (203%) of new HIV infections between 2010-2018 in Asia and in the Pacific (2018 UNAIDS). By the end of 2019 alone, the Epidemiology Bureau has estimated that there will be a total of 90, 400 people living with HIV in the country.

The Republic Act 11166 ensures protection of PLHIV's basic human rights which include the easy access to health services without the fear of being discriminated, thus, this memorandum states that there will be a standardized process in all DOH Designated HIV Treatment Hubs to improve the health management of the PLHIV.

At present, a total of 69,512 cumulative HIV cases were diagnosed since 1984 out of the 90, 400 estimated PLHIV 39,955 PLHIV are on Antiretroviral Treatment (ART). Based on the joint program review findings conducted last year the key issues for the non-enrollment and withdrawal of PLHIV on ART are financial constraints and non-availability of the PLHIV in terms of their follow-up schedule. In relation to this, the Department of Health (DOH) and the Department of Social Welfare and Development (DSWD) need to establish a program that will support better access to ART and medication for opportunistic infections to all indigent PLHIV which include financial support for necessary medical services, and indigent persons living with HIV shall not be deprived of access to medical services. A referral mechanism within the health facility is suitable as this can hasten the extensive process in accessing medical services and this can also contribute to the accomplishment of PLHIV on ART as prescribed in the Republic Act 11166 Article V Section 34 "Access to Medical Services by Indigents- indigent persons living with HIV shall not be deprived of access to medical services".

II. OBJECTIVE

To prescribe guidelines on subsidizing medical expenses incurred by indigent and financially incapacitated people living with HIV in Department of Health – Designated HIV treatment hubs.

III. SCOPE

This guidelines shall apply to DOH Hospitals and Designated HIV treatment hubs.

IV. DEFINITION OF TERMS

1. **Indigent PLHIV patient** – refers to PLHIV who has no visible means of income or whose income is insufficient for the subsistence of his/her family, as identified by the Department of Social Welfare and Development (DSWD), Local Government Unit (LGU) Social Worker or the Medical Social Worker of the health facility.
2. **HIV and AIDS Core Team (HACT)** – a team of doctors, nurses, medical technologist, social worker, dentist and other health care personnel in charge of HIV and AIDS management in the hospital
3. **Designated HIV Treatment Hubs** – A hospital facility with an established HACT providing prevention, treatment, care and support services to PLHIV, including but not limited to HIV counseling and testing, clinical management and patient monitoring ARVs can only be accessed through these facilities.
4. **Referral Mechanism** – is a unique and powerful tool for healthcare providers to keep track of their patient referrals throughout the care continuum. Its main goal is to improve and streamline communication among primary care physicians, specialists, and health providers involved in a patient's care.
5. **Patient Navigator** – Coordinates and establishes linkages between patient, medical social worker and treatment hubs.
6. **Medical Social Workers** – a person/s who lead support group discussions, provide individual counseling, help patients determine appropriate health care and other health services, and provide support to patients with serious or chronic illnesses.
7. **Medical Assistance to Indigent Patients (MAIP)** – Medical Assistance Program of the Department of Health.

V. GENERAL GUIDELINES

One of the key strategies identified by the Department of Health (DOH), through the Disease Prevention and Control Bureau — National HIV and AIDS Prevention and Control Program ((DPCB-NASPCP), is to ensure and expand access to comprehensive Human Immunodeficiency Virus (HIV) treatment, care, and other

support services to People Living with HIV (PLHIV) at the treatment hubs and primary HIV care clinics.

Currently, the NASPCP is providing free ART medicines to all PLHIV through DOH Designated HIV Treatment Hubs.

VI. SPECIFIC GUIDELINES

1. Referral Mechanism

- a. Referral mechanism for indigent PLHIV shall be established in DOH Designated HIV Treatment Hubs with a purpose of providing accessible and equitable HIV services. (Please see annex for the process flow)
- b. The referral mechanism shall be under the overall authority of the head of hospitals and clinics.

2. Patient Navigator

- a. A patient navigator must have a bachelor's degree and knowledgeable in assessing & setting of appointments; thus will serve as the point person of the PLHIV.
- b. The patient navigator should be equipped in reviewing documents which is necessary to avail the free medical services.
- c. The HIV and AIDS core team through the medical social worker will determine the patient's navigator.

3. Service Coverage

The subsidized funds shall be used for the following drugs, medicines, goods and other services prescribed by the physician of the government health facility such as but not limited to:

- a. Laboratory, imaging and all other diagnostic procedures
- b. Drugs and medicines included in the Philippine National Drug Formulary (exemptions to be cleared by Pharmaceutical Division)
- c. All clinically indicated medical and surgical procedures, whether emergency or elective
- d. Prescribed post-hospitalization rehabilitation services, aftercare program, appropriate mental and psychological support, including those done on an outpatient basis

4. Eligibility

Beneficiary must be classified as indigent as evidenced by any one of the following documents:

- a. Inclusion in the NHTS list or 4Ps membership card
- b. Sponsored Philhealth card or Member Data Record (MDR)
- c. Certificate of Indigency or social worker case summary from DSWD, LGU social worker or medical social worker of the facility.
- d. Beneficiary must be certified as poor by the medical social worker of the government health facility based on the medical social worker case summary. In

- d. Beneficiary must be certified as poor by the medical social worker of the government health facility based on the medical social worker case summary. In case of an outpatient, patients assessed in out-patient departments of qualified government facilities shall be eligible to avail Medical Assistance to Indigent Patients (MAIP) Program funds.

5. Funding

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 with Joint Administrative Order No. 2018-0001 "Streamlining Access to Medical Assistance Funds of the Government" and its amendments.

6. Mechanism and Documentary Requirements to Access the MAIP funds

The following documentary requirements shall be submitted to avail the MAIP funds:

- a. For all: Proof of eligibility as listed under eligibility
- b. For Outpatients: prescriptions, diagnostic test requests and medical abstract or medical certificate
- c. For elective procedures: treatment protocol and estimated cost
- d. For Inpatients: hospital bill for inpatients showing PhilHealth, PWD, Senior Citizen, Government Employees and other authorized discounts have been deducted

7. Availment Procedures

Based on existing MAIP guidelines, the following steps shall guide the authorized personnel in the facility in the assessment and evaluation of patients seeking medical assistance/services:

- a. The Medical Social Worker (MSW) of the facility shall assess the patient applying for medical assistance under the MAIP Program using the Standard Classification of Patients and other relevant MSWD Forms (5th Edition of the Manual for Medical Social Workers).
- b. Based on the above assessment, the MSW shall recommend medical assistance based on the need evidenced by pertinent documents.

8. Terms and Conditions

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

MAIP beneficiaries shall be admitted to basic, non-private or service accommodation and may be admitted to the next available private accommodation only on the following conditions:

- i. Non-availability of basic, non-private or service 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

9. Confidentiality

All documents shall be subject to the Non-Disclosure Confidentiality Act

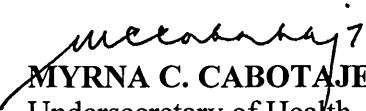
VII. IMPLEMENTATION AND MONITORING

1. The implementation of this guidelines shall be monitored and evaluated monthly. The HACT shall be tasked for this purpose.
2. Treatment facilities and DOH designated hospitals must submit monthly report to the Disease Prevention and Control Bureau, Public Health Services Team and Secretary of Health and the Malasakit Program Office.
3. The Primary HIV Care Facilities of various Local Government Unit (LGU) are strongly recommended to set-up this referral mechanism to be under the direct supervision of the City Health Officer (CHO).

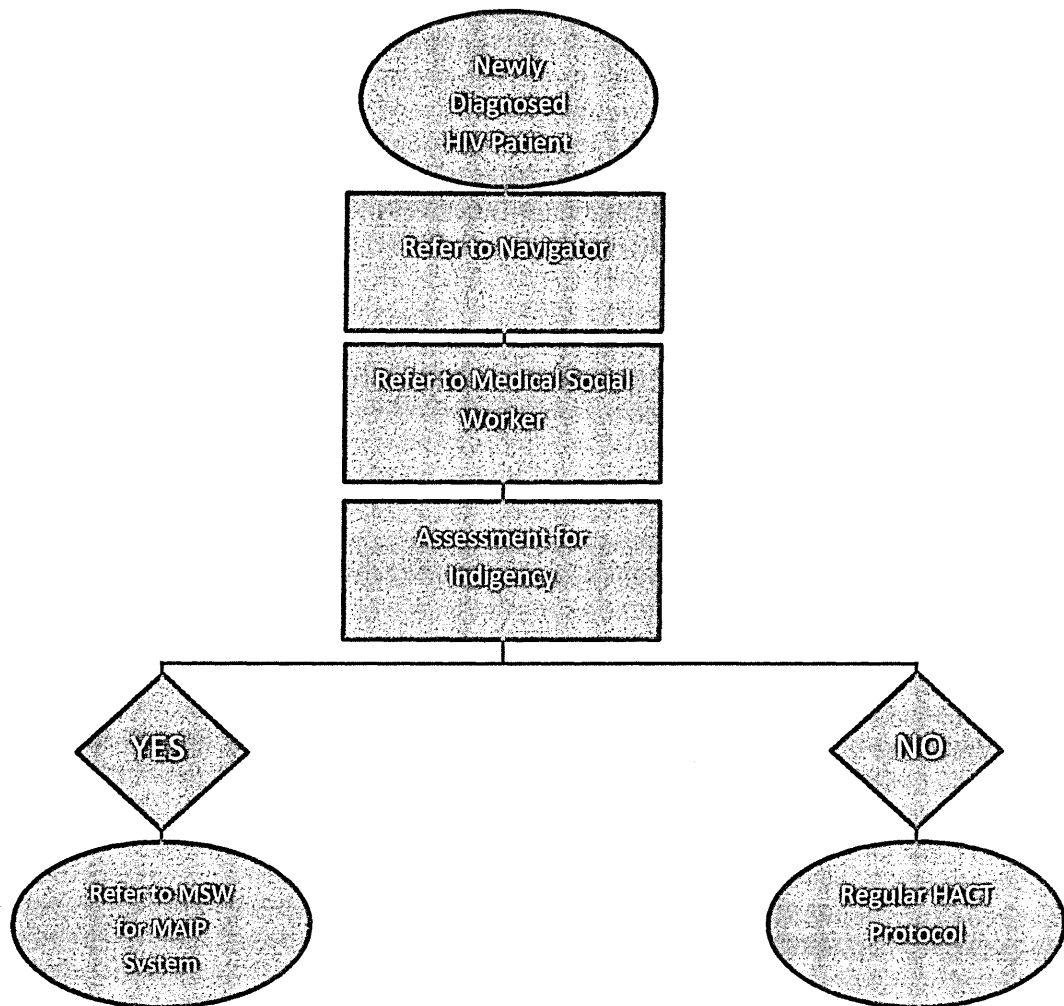
VIII. EFFECTIVITY

This order shall take effect immediately.

By Authority of the Secretary of Health:


MYRNA C. CABOTAJE, MD, MPH, CESO III
Undersecretary of Health
Public Health Services Team

Annex – Client flow on Accessing Medical Services of Indigent PLHIV



MSW – Medical Social Worker
HACT – HIV and AIDS Core Team