

HFDP Monograph No. 14

September 1995

ISSN 0117-8970

Public Hospital

**Revenue
Enhancement
Project**

HFDP Monograph No. 14

September 1995

ISSN 0117-8970

Manila, 1995

**Public Hospital
Revenue Enhancement Project**

Health Finance Development Project

Project No. 492-0446

Edited and printed by Management Sciences for Health under Contract No. 492-0446-C-00-2114-00. The contract includes subcontract with CARRA, Inc., and the Harvard Institute for International Development (HIID).

This monograph was based on the HFDP study and demonstration project *"Public Hospital Revenue Enhancement Project at the Rizal Medical Center and Ilocos Regional Hospital."* The study and project implementation was conducted by the Joaquin Cunanan/Price Waterhouse Inc. through a technical grant from the HFDP.

Issue Editor

Gloria Gilda V. Custodio

This report was completed through the assistance of the United States Agency for International Development (USAID). The views, expressions, and opinions contained here are the authors' and are not intended as statements of policy of either USAID or the Department of Health (Philippines).

TABLE OF CONTENTS

Foreword	3
Section 1	
Preparatory Activities	5
<i>Task Force Organization</i>	5
<i>Preparatory Activities</i>	5
<i>Evaluation System</i>	7
Key Elements of Test Implementation	9
<i>Pricing Model</i>	9
<i>Billing and Collection</i>	11
Issues, Concerns and Recommendations	13
Overall Impact	17
Section 2	
Cost Price Computation	21
<i>Materials and Supplies</i>	21
<i>Labor Costing</i>	23
<i>Overhead Costing</i>	24
Section 3	
Pricing Model	25
Section 4	
Billing & Collection System	35
<i>Billing</i>	35
Medicare Claims	39
Ancillary Services	40
Pharmacy Services	41
<i>Detailed Procedures Flow : Billing & Collection</i>	42
Admission Procedures for In-patients	44
Admission Procedures for Outpatients	46
Daily Tasks - Billing	47
Upon Discharge	48
<i>Medicare Claims Procedure</i>	49
Upon Discharge	49
After Discharge	50
Upon Receipt of Reimbursements	51
<i>Laboratory Services</i>	52
<i>Radiological Services</i>	53
<i>Pharmacy Services</i>	54
<i>Operating/Delivery Room and Other Revenue Center</i>	55

Implementing Guidelines

Collection 55

Collection System Procedures - Cashiering 56

Annex

Cost Comparison 59

Pricing Model 65

Flow Chart 87

Foreword

One of the primary thrusts of the Health Finance Development Project (HFDP) is to provide assistance and support to Department of Health (DOH) retained hospitals in the area of finance and management. Over the years, DOH hospital administrators have to contend with the major issue of financial sustainability of hospitals.

Public hospitals are seen as free care institutions. This alone has restricted past DOH administrators from implementing radical changes in the pricing structure and collection systems of hospitals. It has been discovered that the present fee structure in DOH hospitals is grossly outdated and bears no relationship to the cost of producing these services. With the emphasis on making hospital operations more efficient and responsive to public expectations, DOH officials recognize the need to evaluate hospital financial systems and institute reforms, if necessary.

Two hospitals were chosen as test sites for the revenue enhancement project. Rizal Medical Center (RMC) in Pasig (Metro Manila) represents urban-based tertiary hospitals, while the Ilocos Regional Hospital (IRC) in La Union (Northern Luzon) best exemplifies non-Metro Manila/rurban-based tertiary hospitals.

HFDP's revenue enhancement project seeks to demonstrate the advantages and benefits (to the government, the hospital, the community and the general public) of increasing hospital income through improved pricing, billing, collection and revenue retention. The consulting team that worked on this project was provided by the Joaquin Cunanan Co./ Price Waterhouse. The consulting team designed the diagnostic, systems documentation, and improvement on the operating systems of the two hospitals chosen for this demonstration project.

Two hospitals were chosen as test sites for the revenue enhancement project. Rizal Medical Center (RMC) in Pasig (Metro Manila) represents urban-based tertiary hospitals, while the Ilocos Regional Hospital (IRC) in La Union (Northern Luzon) best exemplifies non-Metro Manila/rurban-based tertiary hospitals. Both hospitals have dynamic hospital directors who provided the initiative and expressed willingness to adopt whatever system modifications are warranted by the project.

Foreword

Consistent with the recommended revenue enhancement measures, three (3) aspects of the revenue system, namely: **pricing, billing and collection** were implemented for pilot testing. The demonstration activity in both hospitals was completed after a three-month period.

The package of recommendations determined from the first phase of the project were presented for approval by the Department of Health (DOH) since several amendments have to be introduced to some of the pilot hospitals' internal policies and procedures; this approval activity became the study's intermediate phase and established the framework for test implementation.

By way of establishing context, the initial phase (of the study) involved problem analysis and documentation, in which prevailing income generating activities were analysed. Results of this phase revealed: (!) current price levels do not fully reflect costs, (2) procedural weaknesses in the present revenue systems were surfaced, and (3) there are patients who can afford to pay but refuse to do so for some reason. The package of recommendations determined from the first phase of the project were presented for approval by the Department of Health (DOH) since several amendments have to be introduced to some of the pilot hospitals' internal policies and procedures; this approval activity became the study's intermediate phase and established the framework for test implementation.

This monograph presents highlights of the final (or test implementation) stage: **Section 1** discusses the implementation structure and basic preparatory tasks; briefly describes the key ingredients of the revenue enhancement measures and finally, a discussion of the issues and concerns, observed impact of test implementation, and a statement of replicability. **Section 2** discusses cost price computation, and **Section 3** is a presentation of the billing and collection system. **Section 4** lists the pricing models of hospital procedures and services of the Rizal Medical Center and Ilocos Regional Hospital. The **Annex** contains some samples of the pricing models, cost computations and the flow charts for the billing and collection procedures.

Section 1

Preparatory Activities

Both the Rizal Medical Center and the Ilocos Regional Hospital identified an Overall Coordinator to perform the following tasks: (1) facilitate implementation of the revenue system improvements (including policies and procedures), (2) provide periodic feedback to the Chief of Hospital, and (3) coordinate work with the Consulting Team. In addition, three (3) committees were formed corresponding to the main categories of the hospital revenue system. The key functions of the three committees are briefly discussed below.

1. Task Force Organization

Pricing Committee - The committee was responsible for deriving actual cost data and then setting prices of top 10 procedures of each department, using the prescribed Pricing Model.

Billing and Collection Committee - This committee was chiefly involved in reviewing recommended improvements for the existing billing and collection system of both pilot hospitals and facilitating implementation of these improvements during the test period.

Public Information Committee - This committee was set-up to be the instrument in the dissemination of the objectives and mechanics of the test demonstration project to the public, including: (1) internal hospital staff, (2) patients, (3) local government officials, (4) media and (5) the general public.

2. Preparatory Activities

Listed below are the activities undertaken by both RMC and IRIH to address the three main concerns of the demonstration project.

Price setting - Pricing is considered the most tedious preparatory task as it involved full cost computations for over 120 hospital procedures, and required inputs from several concerned cost centers.

Preparatory Activities

Review of Billing & Collection System

Prior to the consulting engagement, IRH had already initiated by itself an attempt at determining standard material costs (per major hospital procedure). Results from this attempt were used as baseline data which the committee built on and updated.

☞ The Billing and Collection Committee met with the Consulting Team to discuss the merits (from a conceptual standpoint) and mechanics of the recommended procedures, and to the extent necessary, tailor-fit the system to adjust for features/practices unique to RMC and IRH.

Extensive Public Information Campaign

☞ This activity involved anticipating likely public reaction to revenue enhancement measures and designing effective management responses. Only when the Public Information Committee perceived the public to be ready did RMC proceed with the test demonstration. Coverage of the information campaign included:

(a) The hospital itself, particularly patients and their representatives/companions;

(b) Surrounding barangays- this was facilitated during missions and outreach programs;

(c) Concerned government offices, especially that of the Mayor and the local board/council;

(d) General public, especially within the catchment area;

(e) Print and broadcast media.

Printing of Forms

☞ This particular activity is unique to the IRH and involved the design and printing of additional forms pertinent to the test implementation, like consultation fee tickets.

Confirmation of Roles & Assignments

☞ The respective assignments of staff members affected by the test implementation were formalized. Commitments of the staff, however, fell short as they claimed to be too burdened to properly carry out their assignments. IRH even hired four (4) casuals to reinforce the billing and collection functions.

Establishment of Evaluation Criteria

☞ Likewise, since this project involved social and political issues which may go out of proportion, both hospitals devised an evaluation system or mechanism that theoretically enabled management to assess the test implementation's impact on the hospital, particularly

3. Evaluation System

in the area of revenue enhancement. The evaluation system is discussed in detail below.

A. Pricing

☞ **Cost recovery** - Sampling of the costings made on certain tests and procedures shall be made to test validity. The materiality of errors shall be determined and traced as to source.

☞ **Profit margin** - Determine the profit margin included in the pricing and compare against hospital's profit objective.

☞ **Competitor's pricing** - Comparison shall be made between the hospital's pricing and that of its competitor, taking into consideration hospital classification, services offered, bed capacity, location and size of catchment area.

☞ **Market demand** - Determine changes in statistics on total number of admissions, total number of OPD patients, average length of stay in the hospital, average number of daily admissions and OPD patients, increase/decrease in the number of patients per category.

B. Billing

☞ **Income generated** - Compare the revenues generated before and after the test demonstration.

☞ **Social worker performance** - Compare the differences between actual billed services against the amount approved by every Social Worker.

☞ **Billing efficiency**

1. *Determine accuracy of the billing system by comparing charge slips against patient ledger cards (sampling basis only)*
2. *Determine changes in processing lead time*
3. *Determine if system is understood by all*
4. *Check for incidence of unbilled services to discharged patients*
5. *Correct bugs in the system, where necessary*

C. Collection

☞ **Collection efficiency** - Compare magnitude of bills collected against total outstanding receivables. Determine aging of outstanding accounts.

☞ **Cost of collection** - Conduct a cost-benefit analysis of cost of collection paid to hired Collection Agents against in-house alternatives.

☞ **Absconding** - Compare the level of patients who absconded before and after the test demonstration and establish the reasons.

4. Income retention

☞ **Income efficiency** - Compare magnitude and sources of income generating activities.

☞ **Income utilization** - Establish and analyze utilization of retained income in the context of accelerating capex program.

It should be noted, however, that this evaluation system was not fully implemented. Hindrances to thorough implementation included hospital personnel's failure to submit information needed for monitoring progress of test implementation.

1. Key Elements of Test Implementation

The pricing system in public hospitals was found to be generally weak because: (1) it does not reflect full cost recovery; (2) it is outdated and has no relation to market conditions (e.g. competitive factors); and (3) lacks flexibility as any price adjustment requires prior DOH approval.

1. Pricing Model

The Consulting Team developed a pricing model that advocates a pricing mechanism based on full cost plus margin, tempered by competitor's prices. Full costing involves accounting for all expenses incurred in delivering a particular hospital service/procedure; in other words capturing direct materials and direct labor, plus attributed share of overhead and administrative expenses. For purposes of this model, the major cost accounts are defined as follows:

Full costing involves accounting for all expenses incurred in delivering a particular hospital service/procedure; in other words, capturing direct materials and direct labor, plus attributed share of overhead and administrative expenses.

Direct Materials - refer to materials and supplies directly used in the performance of a procedure. Examples include cotton balls, x-ray films, laboratory chemicals, etc.

Direct Labor - refers to time (usually expressed in minutes) devoted by each person involved in the delivery of a procedure. Examples are time spent by the surgeon, anesthesiologist, nurses, etc. during a surgical procedure.

Overhead - refers to expenses other than direct materials and direct labor utilized in service delivery. Examples are utilities (power and water), common charges and equipment depreciation.

Administrative expenses - refer to expenses incurred which are not directly traceable to the performance of the procedure, but are still necessary in service delivery. Examples are cost of forms and office supplies, salaries of the administrative staff, maintenance cost, etc.

A basic feature of the pricing model is the use of standard costs. By definition, standard costs are scientifically (or objectively) pre-deter-

Key Elements

mined costs attributed or associated to a discrete, specific procedure. Standard cost levels assume a normal (or ideal) state of conditions as well as a certain efficiency factor and volume, especially with regard to overhead. Materials and labor are usually based on current price levels, tempered by the desired efficiency level, and allowing for likely changes in prices and rates.

In establishing the standard cost system, both hospitals used most recent price and rate levels. Specific baseline data used by RMC and IRH

for the major accounts are shown in the matrix below.

Cost Component	Standard Cost Basis
Direct Materials	Latest purchase price
Direct Labor	Latest average salary plus benefits of a given position
Overhead	Utilities - average consumption for six (6) months
	Equipment and apparatus - depreciation cost
Administrative	Office supplies - latest purchase price at cut-off date
	Salaries - latest average salary plus benefits to a given position
	Space utilization - depreciation cost

The pricing model was implemented for both hospitals' procedures on a manual basis, a complete description of the model's cost price computation is in **Section 2** of this publication. Ideally, however, use of the pricing model should be facilitated by a pre-formatted spreadsheet (Lotus 123) computer application, to lessen tediousness and minimize human error. Moreover, use of a computer spreadsheet facilitates backtracking / analysis. If a Lotus spreadsheet is used, standard unit

cost factors are keyed in and computations are automatically derived during data build-up. Future updates of the model are easily facilitated with the use of a computer, as the hospital's personnel will presumably need only change the standard unit cost variables. Revised price levels will automatically be computed.

For the test demonstration phase, both hospitals did not factor in any spread or margin on top of the derived full cost, which it should theoretically do to become a financially sustainable operation. As it stands now, the revised price levels are already higher by at least 1% to as much as 205% of currently prescribed DOH prices (a few procedures, representing the minority, were found to cost less than actual current DOH prices). The overall strategy for the test demonstration

Unit	Procedure	RMC	DOH	Difference	
				Amount	(%)
Hematology	Widal test	242.99	90.00	(152.99)	(170)
Hematology	Pap's smear	123.50	55.00	(68.50)	(125)
Ultrasound & ECG	Liver	265.53	220.00	(45.53)	(21)
Blood Chemistry	Cholesterol	113.25	85.00	(28.25)	(33)
Blood Chemistry	BUN	117.83	50.00	(67.83)	(136)

Table 2 - Comparison of Selected DOH and IRH Prices

Unit	Procedure	IRH	DOH	Difference	
				Amount	(%)
Microbiology	Gram stain	92.39	35.00	(57.34)	(164)
	Acid fast stain	70.51	35.00	(35.51)	(101)
Clinical Chemistry	Blood urea nitrogen	92.01	50.00	(42.01)	(84)
	Uric acid	113.80	55.00	(58.80)	(107)
	Chloride	113.69	65.00	(48.69)	(75)

period, after all, is to prime the public to pay for government health services if they can afford to do so. *Tables 1 and 2* show a comparison of selected DOH and fees and charges based on actual cost recovery.

Tables 1 and 2 serve to highlight the extent to which current DOH prices fall below actual cost of service delivery. The tabulated procedures, which were chosen for

the magnitude of discrepancy between actual cost and current price, are procedures which are routinely performed. The fact that these procedures are fairly common underscores the extent to which costs incurred are not recovered by the hospitals.

2. Billing and Collection

Under the area of billing and collection, three (3) major improvements were carried out namely:

- a. Streamlining of procedures to strengthen internal control and improve efficiencies;*
- b. Stricter patient categorization;*
- c. IRH followed a "Pay first before service delivery" policy; and enforcement of what was termed a "consultation donation" of ₱ 10 for out-patients, and in the case of IRH, a fee of ₱ 20 for emergency patients.*

One major result of the test implementation was the enforcement of stricter patient categorization towards maximizing collection. The problem of across-the-board low price levels is further compounded by the high incidence of service or 'free' patients that includes 'political indigents'. During the test demonstration RMC enforced collection from those who can pay but refused to pay. IRH, on the other hand did the following to reduce the heavy patients load:

- 1. Increase the number of Social Workers by getting casuals;*
- 2. Updating computer databank showing classification of patients served;*
- 3. Coordination with Barangays and the local branch of the Department of Welfare and Development (DSWD) in setting-up the factual income bracket of the population in the catchment area, and establish who are really poor. Patients are being assessed and evaluated based on the socio-economic*

capabilities. Families of indigent patients have to undergo an evaluation of their socio-economic situation from their barangay captains and municipal Social Worker:

- 4. Enforcement of collection from those who can pay but refused to pay:*
- 5. Establishment of 'mandatory' cost which non-indigent patients are required to pay, e.g., cost of drugs and medical supplies:*
- 6. Acceptance of payments in 'non-cash' or in kind, e.g., vegetables, fish, poultry, etc. The corresponding price value of these payments in kind is determined by the market purchaser of the hospital's dietary section based on prevailing market price.*
- 7. Issuance of identification cards to families whose monthly income is below ₱ 1,500.*

In the case of IRH, the recommended billing and collection policies and procedures were fine-tuned to reflect local hospital conditions. Separate sessions were held to explain these policies to concerned units, like Billing, Accounting, Pharmacy, Social Service and Nursing Sections.

The importance of the orientation sessions for the users cannot be overemphasized; these people are the front-line staff and they contribute significantly to the information campaign by announcing explaining these systemic procedural changes whenever they interface with the public. The improved billing and collection system is found in Section -- of this publication.

Another result of the test implementation was the documentation and streamlining of certain key procedures. The Consulting Team conducted interviews with personnel from RMC's laboratory, pharmacy and Social Work units in order to document procedures. Recommendations geared towards improving service and enhancing staff efficiency were made. These improvements have not yet been implemented by the hospital staff.

2. Issues, Concerns and Recommendations

This section outlines numerous issues and concerns that surfaced during the test implementation phase at both hospitals. Many of these are likely to be encountered in similar revenue enhancement efforts in other public hospital settings. These issues are presented below with the corresponding recommended action for each issue raised.

1. Backsliding in the implementation of "pay before service" policy resulted in lost income opportunity. A natural obstacle in any change implementation activity is the tendency of people to be risk-averse- some wilfully, others due to force of habit.

Recommendation: *Control mechanisms must be in place to ensure consistent and continued compliance with policies and procedures. This may be done by close supervision during the first few months of implementation and also by posting reminders like posters in prominent places or distributing brochures.*

2. Lack of personnel to fully implement recommended measures. As in most public hospitals, the existing staff complement is already inadequate to cope with current workloads. The following units assumed additional tasks arising from the test implementation:

OPD - this was due to the implementation of the P 10 "consultation donation", **Accounting department**, and **Social Work** - at present RMC has seven (7) social workers available to provide services to patients on a 24-hour basis. Considering the large patient base of RMC, it is easy to imagine the additional difficulties posed by the hospital's goal of implementing stricter patient categorization, to RMC's already over-worked social workers.

IRH has only one (1) Social Worker in the approved plantilla. A critical suggestion of this project in the area of billing and collec-

tion is the improvement of patient categorization through stricter, more efficient and more accurate classification of patients. This cannot be effectively handled within a 24-hour period by a single Social Worker.

Recommendation: *At present, valid exceptions to the Attrition Law do not include support staff positions, some of whom are critical to revenue generation. Such staff support positions include: Social Worker, Billing Clerk, Accounting Clerk, etc. Inadequate staff numbers often serve as a convenient excuse for inefficiencies and internal control lapses. Given the importance of revenue generation in achieving sustainable hospital operations, it is recommended that an exception be granted to public hospitals to allow them to hire and replace staff occupying positions crucial to revenue generation.*

3. Accurate measures to prove indigency are currently non-existent. Objective patient categorization (in context of proper billing and collection) is a function of accurate and verifiable reference data. Maintaining such data is not an easy task for the hospitals considering the daily volume of patients, the manpower and resource limitations, and sometimes, even, political pressures.

Recommendation: *Closer coordination should be developed among public hospitals, other local government units, the DSW and other government agencies so that hospitals are given accurate and updated information on the income level of families living within the catchment area. This data on the hospital's primary target market may serve as basis for preparing a more sophisticated system of identifying indigents (e.g. issuance of colored cards to signify patients' income bracket).*

4. "Political indigents" and "DOH Friends" persist in availing free hospital care despite the revenue enhancement program.

Recommendation: *Experience during the implementation stage confirmed the persistence of the "padrino" (political sponsorship) system in our culture. One way to reduce this is to introduce a hospital-to-government agency billing mechanism whereby the government office that endorses the 'political indigents' and 'DOH Friends' will be billed for the service rendered.*

5. In-patients were less receptive to price changes versus out-patients and RT patients charged fixed consultation fees for the first time. This resistance can be attributed to the DOH/public hospital's

image as low-cost service provider (as contrasted to private sector).

Recommendation: *This situation calls for a continuing, perhaps, more intensive information campaign to convince the general public of the benefits of the price increases to the public hospital systems and to themselves eventually.*

6. Patients with non-emergency cases demanding "emergency treatment" place additional strain on the hospital's (IRI) already meager resources. Moreover, this practice divides personnel's attention and thus serves as a serious hindrance to real emergency patients who are in need of urgent medical attention.

Recommendation: *This issue underscores the need to strengthen measures for screening. The problem can be further addressed by posting RMC's policies regarding emergency room treatment in prominent places and by imposing penalties (such as fines) on patients who persist in violating hospital policies.*

7. In the case of bill collections at the IRI, in-patients in the charity wards who cannot pay the billed amount were required to pay 'mandatory' expenses like medicines and supplies. This was not previously done and allowed the patients to get the services in full for free, if they cannot afford to pay the entire billed amount.

Recommendation: *Partial bill settlement (mandatory expenses only) is an indirect application of the patient categorization scheme of DOI. This strategy can be institutionalized and tied up with such scheme.*

8. Resistance from patients in the catchment area (patients in the catchment area represent 80 % of RMC's total patients). According to Dr. Romeo Cruz the Chief of Hospital, some out-patients found the P 10 "consultation donation" so onerous that they refused to return for follow-up consultations.

Recommendation: *This situation calls for a continuing and perhaps, more intensive information campaign to convince the general public of the benefits of revenue enhancement to the public hospital systems.*

9. Resistance was visible even among members of RMC's staff. At the start of the project, the Alliance of Health Workers even conducted rallies and voiced their suspicion that the test imple-

mentation was geared towards paving the way for privatization of the hospital. They feared that privatization would adversely affect employees' security of tenure and threaten welfare of "real" indigent patients. Even as these initial fears were eventually allayed with the help of the Chief of Hospital, the test implementation suffered setbacks due to declining interest of staff.

Recommendation: *Information campaigns conducted for the benefit of hospital staff are just as vital as external information campaigns. The internal "marketing" must be geared not only towards allaying fears of the staff, but also towards providing continuous motivation. An effective way of doing this would be to establish a strong link between implementation of revenue-enhancing measures and improved services.*

10. Mistakes and inconsistencies in pricing for some procedures arose because the pricing model was implemented manually. Flaws in cost accounting may lead to overpricing or even worse, underpricing of procedures.

Recommendation: *These setbacks served to further underscore the need for a computer and a "Lotus-literate" staff to facilitate accurate pricing. Acquisition of a computer, along with the costs involved in training personnel to utilize it for purposes of pricing, will prove to be a worthwhile investment for any hospital which is bent on implementing revenue-enhancement measures.*

11. The full financial impact of the recommended revenue enhancement measures can be better appreciated with implementation of the income retention scheme.

Recommendation: *Income retention represent the flipside (or the reward) of vigorous revenue enhancement efforts. Since the national government has adopted the posture of encouraging sustainability among public hospitals, it is expected that it will also put in place the necessary infrastructure and incentives to simplify the income retention mechanism currently in place. Another is to increase the level of "retainable income".*

3. Overall Impact

The impact of the revenue enhancement measures to both hospitals (during the 3-month demonstration period) can be viewed in many senses including: financial, operating, political and social and attitude/morale of hospital personnel. Each dimension is discussed briefly below.

1. Financial - the test implementation generated additional income totalling P 896,935 from November 1994 to January 1995, or 49.7% more than the year ago (1993) level. Non-traditional charges

(consultation fees from out-patients) turned out to be a good source of revenue, contributing about 10 % of the incremental income. *Table 3* shows a comparison of RMC's income for the months of November, December (1993 and 1994) and January (1994 and 1995) to highlight the boost RMC's revenue got due to test implementation.

To IRH, the test implementation generated total income of P490,364 or 1,428% more than the revenues during the same period last year. Non-traditional charges (consultation fees from out-patients and ER fees) turned out to be a good new revenue sources, contributing about 81% of the incremental income. Revenue increases from in-patients were not maximized because by design, IRH did not implement price changes

Rizal Medical Center				
Table 3 - Comparison of Revenue Before and During Test Implementation, November, December (1993 and 1994) and January (1994 and 1995)				
Revenue Type	Before	During	Difference	
			Amount	(%)
Doctor's fee	60,500	50,235	(10,265)	(17)
Room and board	409,021	547,950	138,929	34
Laboratory	610,872	884,668	273,795	44.8
Operating room	312,602	387,344	74,742	23.9
Ambulance fee	3,810	2,180	(1,630)	(42.8)
Income	405,772	724,613	318,841	78.6
Cons. donation	-	91,614	91,614	-
Dressing fee	320	640	320	100
Others	-	10,589	10,589	-
Total	1,802,898	2,699,833	896,935	49.7

Overall Impact

Ilocos Regional Hospital				
Table 4 - Comparison of Revenue Before and During Test Implementation, August to October, 1993-1994				
Revenue Type	Before	During	Difference	
			Amount	(%)
Laboratory	16,750	209,425	192,675	1,150
X-ray/Ultrasound	17,583	109,845	92,262	525
OPD consultation fee	-	118,740	-	-
ER consultation fee	-	38,736	-	-
ER procedures	-	8,849	-	-
Surgical procedures	-	36,193	-	-
Dental procedures	-	2,908	-	-
Total	34,333	524,697	490,364	1,428

in "one go". **Table 4** shows a comparison of IRIH's income before and during test implementation.

2. Social - for the demonstration period, the number of total in-patients at served at RMC increased by 248 or 5.6%. Out-patients, on the other hand, decreased insignificantly by 98 or .28%. **Table 5** shows changes in volume of patients from November and December 1993 and January 1994 to November and December 1994 and January 1995.

On the other hand, IRIH suffered a decrease in patients served by 5,278 (from 35,933 to 30,715) during the demonstration period. This reduction, however, was attributed more to

seasonal variation and attitudinal factor on the part of the patients since it is the first time revenue enhancement schemes were initiated. **Table 6** shows a comparison of IRIH's patient volume before and during the test implementation

Rizal Medical Center				
Table 5 - Comparison of Patient Volume Before and During Test Implementation - November, December (1993 and 1994) and January (1994 and 1995)				
Patient Type	Before Test Implementation	During Test Implementation	Difference	
			Inc (Dec)	% Inc
Charity in-patients	3,982	4,199	217	5.4
Medicare in-patients	323	349	26	8.0
Pay in-patients	114	119	5	4.4
Total in-patients	4,419	4,667	248	5.6
Out-patients	35,429	35,331	(98)	(.27)

It is noteworthy that during the public information campaign and actual test demonstration, the general public's reaction is considered to be very positive (receptive and cooperative). This was the opposite of the initial reaction at the RMC.

3. Political - some government officials and media people were initially opposed to the imposition of price increases and consultation fees, fearing the possible negative effect on indigents' access to health services. These apprehensions subsided after officials of both hospital assured them that collections shall not be compulsory for indigents because it will be based on capacity to pay.

4. Operating - the implementation of the systemic innovations improved efficiencies as procedures were streamlined taking into consideration least time and effort without sacrificing service quality.

Ilocos Regional Hospital				
Table 6 - Comparison of Patient Volume Before and During Test Implementation - August - October (1993 and 1994)				
Patient Type	Before Test Implementation	During Test Implementation	Difference	
			Inc (Dec)	% Inc
Semi-Pay in-patients	2,821	2,555	(266)	(9)
Medicare in-patients	176	373	197	112
Pay in-patients	158	153	(3)	(3)
Total in-patients	3,155	3,081	(74)	(2)
Total out-patients	32,838	27,634	(5,204)	(16)
Total No. of patients served	35,993	30,715	(5,278)	(15)

5. **Hospital personnel** - effects of the entire project to the hospital and its staff can be summarized as follows:

a) price consciousness - the introduction of the pricing model enabled hospital staff to better appreciate pricing principles and learn appropriate skills to carry out price monitoring and updates.

b) cost and operating efficiency appreciation - the use of standard units for materials, labor, overhead and administrative cost per procedure helped staff realize ideal resource use and achieve economic efficiencies.

c) opportunity cost awareness - the costing made on various procedures helped staff realize the magnitude of resource costs that they give up every time they fail to collect from those who have the capacity to pay.

Management Implications

The test demonstration phase has implications on the management of the entire public hospital sector as well.

The results prove that public hospitals can improve their revenue generating capacity given proper tools and political will. This experience also serves as concrete evidence that something can be done to overcome the long-standing perception that public hospitals are "free care" institutions. And, above all, it disproves the widely held notion that financial sustainability of public hospitals can not be attained.

This project made use of simple and resource efficient revenue measures which any public hospital can easily adopt (and adapt to their own unique features). The critical success factor in the implementation of these revenue-enhancing measures are: political will of the hospital management and staff, and cooperation of the other stakeholders such as local government officials, related government agencies, media and the general public.

Replicability

The pricing model, though technical in nature, is very user friendly. Other hospitals could easily adopt this model as a tool for costing and price setting and monitoring, as long as they possess the following minimum requirements:

1. Reliable, accurate and up-to-date procurement cost of materials, supplies and equipment;
2. Accurate and updated accounting records;
3. Computer hardware and Lotus 123 software; and
4. At least one (1) Lotus-literate staff member who will be assigned to maintain the file.

Hospitals without computer facilities can also use the model (as RMC did) and follow the step by step procedure and come up with the same results. The only difference lies in the greater level of effort required to do it on a manual basis, both during the set-up and monitoring stages.

Section 2

Cost Price Computation

Costing for materials and supplies (M&S) in hospital procedures should be developed by hospital staff members familiar or directly involved with the said procedure. Results taken from the process should provide hospital administrators with a complete breakdown of the estimated materials and supplies specific to kind, quantity, and cost.

1. Materials and Supplies

To come up with M & S cost, a cost sheet will be prepared for each medical procedure performed. The cost sheet will list each material or supply input in unit form needed in the different steps of a medical procedure.

Steps for M & S Costing

1. Create '*general procedures/services lists*' for each medical procedure performed in all hospital departments (i.e. Surgery, OB-Gyne, Nuclear). Procedures will include all medical activities performed on the patient prior, during, and after the confinement period. This list will serve as a guideline for creating an accurate costing report for the procedure.
2. For each of the steps indicated in the '*general procedures/services list*', indicate all materials supplies used in **average** quantity and kind (Included is ave. alcohol used, ave. no. cotton balls, medicines, gauze strips, syringes, and sutures for materials used, and mosquitoes, scissors, K-basin, gowns for supplies used).
3. In listing all of M & S used, measurements should be made in **units**.

Materials that are difficult to itemize (ointment/betadine application, gauze/cotton, alcohol) should likewise be measured in unit form. To itemize these, ointment tubes, bottles of betadine and alcohol, cotton, gauze, and the like should have **standard measurements** of use. These should be measured in either cc. or ml. or cotton balls or gauze swabs. With these, the hospital will be able to determine the average number of cotton balls, for example, from a

standard package of cotton, or the average number of doses in a betadine bottle.

The use of renewable supplies (mosquitoe forceps, scissors, gowns) should also be measured by means of depreciation changes per use. For example, if an operation requires 15 mosquitoe forceps, then the cost report should reflect their use. Likewise, the use of linen should be included in the computation of cost (Average number of sheets, gowns, pillowcases used in the procedure should be included). Disposable supplies (gloves, needles) should also be indicated on the costing report.

4. Upon the accurate recording of M & S for all hospital procedures, unit costs should be assigned to each item noted. Cost should reflect the actual real cost of replacement for that particular item (out-dated DOH prices should not be used). For single items the actual replacement cost is used. For items that are difficult to measure (ointment, alcohol, cotton), actual replacement cost for the bulk is divided by the average number of units produced (If betadine bottle is ₱20, and it is measured to give 100 dosage units, each unit or dose costs 20 Centavos). The individual unit costs of all materials should then be inputed on the cost report.

For renewable supplies, items should each be allocated with an 'estimated useful life span' (5 years for scissors, etc.). Based on these estimates, the average number of uses may be calculated for each instrument using its average number of uses per day (5 years useful life x 365 days x 10 uses per day = 18,250 uses). Dividing this by the procurement cost of the supplies will then yield the cost of supplies per use (₱500 cost of scissors/18,250 uses = .03 Centavos per use). This should also be inputed in the cost report.

As the prices of M & S rise from year to year, costing of procedures should also be adjusted regularly to reflect such changes. Depending of the frequency and degree of price increases, hospital administration should effect regular updating of costing.

5. Laundry and repair of linen (gowns, sheets) will also be factored into the M & S cost. Following the principle of renewable supplies, linen shall be given an 'estimated useful life'. Based on this, cost per use may be established. The cost of maintenance (washing, repair) may also be factored into the equation

by factoring in the equation the cost of washing (cost of soap/ave. number of linen washable by soap).

6. Upon totalling the input of the individual per unit cost for all M & S, an accurate cost picture may be drawn for a medical procedure performed. This process of obtaining total cost of M & S should be applied to all hospital procedures.

7. Total cost of M & S should be added to the total cost of labor, and total cost of overhead to obtain the grand total cost for a procedure.

2. Labor Costing

The costing of labor will involve only direct labor costs. Defined, it would represent the labor necessary to operationalize a hospital, excluding the fees for external medical consultants. Direct labor covers wages for all hospital staff, exclusive of all contracted services and consultant fees. Pay patients for this project will be charged consultant fees, over and above all hospital charges. Charity patients will likewise be charged modified consultant fees, or a fixed 'donation' rate for the truly indigent to be determined by hospital administration, over hospital charges.

Steps for Labor Costing

Similar to the computation for M & S cost, labor cost is determined through the allocation of time spent on procedures multiplied by a hospital staff's rate (*salary per month/no. of working minutes per month*).

1. Include in the '*general procedures/services list*' a detailed breakdown of the labor compliment directly involved in the service provided to a patient. The list should include all persons with functions that contribute to services rendered, no matter how small.

2. Indicate for every person involved in direct labor, the **number of actual minutes spent by each in performing his/her individual task**. The actual number of minutes spent should be estimated thoroughly by a physician/resident who is familiar with the details of the operation. Again, this figure should represent the average number of minutes.

3. Calculate for every staff position the '*rate per minute*' or the amount of monthly compensation (monthly salary + benefits) divided by the total number of working minutes in an hour.

4. Compute the total cost of labor by inputting the '*rate per minute*' to the estimated number of minutes spent by different personnel performing a service (see *Table 7 - Sample Costing*).

3. Overhead Costing

5. Cost of labor for linen maintenance and meals preparation may be included in the computation of cost based on the total actual minutes spent divided by the total number of output units.

Overhead, like M & S and Labor, will be computed to include in the computation of total cost. Overhead shall be allocated on the basis of floor area used in the delivery of the service to the patient against the total overhead used by the hospital.

Steps for Overhead Costing

1. Determine the total actual "normalized" overhead for the past year. By normalized, means adjusting the actual overhead to remove non-recurring expenditures arising from extra-ordinary or non-recurring events or activities. Examples are eruption of volcano, earthquake, fire, epidemic, etc.

2. Classify total overhead into fixed or variable cost; and as direct or indirect cost to patients.

3. Determine the space area occupied by each department/laboratories/rooms, be it cost or profit centers and total building space. Extract percentage relationship of each rooms versus total space area.

4. Determine the total actual "normalized" in-patient days and out-patient visits. As in number (1) above, adjust figures to remove the effects of non-recurring activities.

5. Compute for overhead unit cost:

Rizal Medical Center Table 7 - Hospital Pricing System Laboratory Examinations - Pregnancy Test				
Supplies & Materials	Quantity	Unit	Unit Cost (in Peso)	Total Cost (in Peso)
Pregnancy test reagent	1	use	38 870	38 870
Glass slide	1	pc	0 490	0 490
40.3				
Direct Labor	No. of Persons	Total Minutes	Cost Per Minute	Total Cost
Med Technologist II	1	15	0 750	11 250
Med Specialist I	1	2	1 145	2 290
Total				53.9
Overhead cost (lights & water)				9.17
Administrative Cost				3.00
Total Cost				66.0

a) **Fixed Cost** - Divide total fixed cost by floor spaces of all departments/laboratories/rooms.

b) **Variable Cost** - Divide total direct variable cost by the average number of in-patient days and out-patient visits. Divide indirect variable cost using floor space allocation.

Section 3

Pricing Model

7his pricing model is intended to serve as a tool for cost and price setting and monitoring of hospital services. It can be easily adopted by any hospital provided they possess the following minimum requirements:

1. *Accurate and up-to-date accounting record of materials and labor;*
2. *Computer hardware;*
3. *Lotus 123 software; and*
4. *At least one (1) Lotus-literate staff member who will be assigned to maintain the file.*

10 FILES

The system contains ten (10) files; three (3) main and seven (7) secondary files. The main files are SUCX, LABX, and YRAY which are linked to the secondary files, ENT, ORTHOPED, MEDICAL, DENTAL, OBGYNE, OPHTHA and EROPD, by range names, a software function that allows efficient formula programming. Any changes that will be affected on the main files will affect the secondary files.

Below is a detail explanation of how this pricing model operates using a price adjustment of 30%.

File Name: SUCX

In this file, all the required surgical and medical supplies for the different hospital procedures, including drugs and medicines, direct labor, machines and instruments, food and gas, and overhead expenses are encoded to compute for the price:

Schedule 1: Surgical and Medical Supplies

The following eight (8) columns are used:

- Column A - Name of Item/Item Description
- B - Amount/Price of Item Used
- C - Unit
- D - Measurement
- E - Date of Purchase
- F - Description (Item, Brand, Weight)
- G - Purchase Price
- H - Divisible Quantity
- I - Unit

To compute for the amount or price of the item used, the following formula shall be applied (assuming the same item is cotton balls, located in row # 47):

$$\text{Amount/Price of Item Used} = (a) \text{ SUM } (147/J47) + (147/J47*0.3)$$

ex: Cotton Balls

$$\begin{aligned} UC &= PPDQ + (PP/DQ) \times PA \\ &= 64.00/2,800 \text{ pcs.} + (64.00/2,800 \text{ pcs.}) \times 0.3 \\ &= 0.02 + 0.01 \\ &= 0.03 \text{ per cotton ball} \end{aligned}$$

- Legend:
- UC = Unit Cost
 - PP = Purchase Price
 - D - Date of Purchase
 - E - Purchase Price
 - F - Life Span/No. of Uses

To compute for the cost per use of an item, the following formula shall be applied (assuming the sample is dental bar, located in row # 143):

$$\text{Cost Per Use of Item} = (a) \text{ sum } (E143/F143) + (E143/F143*0.3)$$

ex: Dental Bar

$$\begin{aligned} CPU &= PL/LS + (PP/LS) \times PA \\ &= 2,200/150 + (2,200/150) \times 0.3 \\ &= 19.067 \text{ cost per use of dental bar} \end{aligned}$$

- Legend:
- CPU = Cost Per Use
 - PP = Purchase Price

LS = Life Span (No. of Uses)

PA = Price Adjustment

Schedule 2: Drugs and Medicines

The following six (6) columns are used:

- Column A = Name of Item/Item Description
- B = Unit Price
- C = Unit
- D = Date of Purchase
- E = Gross Units
- F = Purchase Price
- G = Divisible Quantity
- H = Unit Price

To compute for the unit price, the following formula shall be used (assuming the sample item is vitamin A, locate in row # 391):

$$\text{Unit Price} = @ \text{sum}(H391/1391)$$

ex: Vitamin A, capsules

$$UP = PP/DQ$$

B = Rate per Minute

C = Date of Last Adjustment of Salary & Benefits

D = Annual Salary & Benefits

E = Group Average

To compute for the rate per minute, the following formula shall be used (assuming the sample position is Medical Officer III, located in row #417):

$$\text{Rate per Minute} = @\text{SUM}(D417/260)480$$

ex: Medical Officer III

$$RM = ASB/NWDY/NMD$$

$$= 118,210/260/480$$

$$= 0.947 \text{ rate per minute of a Medical Officer III}$$

- Legend:
- RM = Rate per Minute
 - ASB = Annual Salary & Benefits
 - NWDY = Number of Working Days Per Year
 - NMD = Number of Minutes Per Day

Schedule 4: OVERHEAD

A. Space Rental
ex:OPD/ER

The following three (3) columns are used:

Column A = Name of Room
 B = Floor Space
 C = Allocated Depreciation Cost per Minute

To compute for the allocated depreciation cost per minute or space rental for the OPD/ER, this Lotus formula shall be applied:
 $@SUM(B486/B453) * (B454/B456)/365/24/60$, assuming that floor space of OPD/ER is encoded in row #485 under Column B. total size of building in row #453, cost of building in row #454 and estimated useful life in row #455 all under column A.

$$\begin{aligned} \text{ADDC} &= (\text{FS}/\text{TSB} \times \text{CB}/\text{EUL})/\text{NDY}/\text{NHD}/\text{NMH} \\ &= 620/7,724 \times 11,400,000/20/365/24/60 \\ &= 0.08 \times 570,000/365/24/60 \\ &= 45,600/0.25 \\ &= 0.09 \text{ per minute use of OPD/ER} \end{aligned}$$

Legend: ADDC = Allocated Daily Depreciation Cost
 FS = Floor Space
 TSB = Total Size of the Building
 CB = Cost of the Building
 EUL = Estimated Useful Life
 NDY = Number of Days in a Year
 NHD = Number of Hours in a Day
 NMH = Number of Minutes in an Hour

B. Power and Lights
ex: Operating Room

The following four (4) columns are used:

Column A = Room Name
 B = Floor Space
 C = Allocated Power and Light Expenses
 Per Minute
 D = Aircondition Daily Charge

To compute for the power and lights expenses for the use of the operating room, which is under Column C, this formula shall be applied: @SUM(B525/7685)*B540/30/24/60, assuming that adjusted average monthly power and lights cost is encoded in row #525 under column B and floor space in row #540 also under column B.

$$\begin{aligned} \text{APLE PER MINUTE} &= (\text{AAMPLC}/7685) \times \text{FS}/30 \\ &= (70,481/7685) \times 840/30/24/60 \\ &= 0.18 \end{aligned}$$

$$\begin{aligned} \text{AAMPLC} &= \text{ALE FOR PAST 6 MOS.}/6 \\ &= 422,886.00/6 \\ &= 70,481 \end{aligned}$$

Legend: APLE = Allocated Power and Lights Expenses
 AAMPLC = Adjusted Average Monthly Power and Lights Cost
 ALE = Actual Light Expenses

Schedule 5: FOOD AND DIETARY

A. Food Budget

For Lotus, the following details were encoded: average number of patients, number of personnel, meals per day, and food allowance per meal.

To compute for the food budget per day this Lotus formula shall be used: @SUM(B549 + B550) X (B551 X B552)/639 X 3 assuming that average number of patients is encoded in row #549, number of personnel in row #550, number of meals per day in row #551 and food allowance per meal in row #552 and all said items under column B.

$$\begin{aligned} \text{FB} &= (\text{ANP} + \text{NP}) \times (\text{NMD} \times \text{FAM}) / 639 \times 3 \\ &= (180 + 33) \times (3 \times 10/639) \times 3 \\ &= 213 \times 0.14 \\ &= 29.82 \text{ per meal} \end{aligned}$$

Pricing Model

Legend: FB = Food Budget
ANP = Average Number of Patients
NP = Number of Personnel
NMD = Number of Meals Per Day
FAM = Food Allowance Per Meal

B. Gas Expense

To compute for the gas expense per day, this formula shall be applied: $@SUM(5800/30)/(B586 + B587) \times 3$ assuming that estimated number of daily patients is encoded in row #586 and estimated number of daily staff meals in row #587 and both items under column B.

$$\begin{aligned} GE &= 5,800/30/ENDP + ENDSM \times 3 \text{ (No. of Meals} \\ &\quad \text{Per Day)} \\ &= (5,800/30/30/180 + 33) \times 3 \\ &= (193.33/213) \times 3 \\ &= 0.908 \times 3 \\ &= 2.723 \end{aligned}$$

Legend: GE = Gas Expense
ENDP = Estimated Number of Daily Patients

Column A = Name of Item
B = Actual Purchase Price
C = Life Span
D = Cost per Use

To compute for the cost per use which is under Column D, for the sample item, this formula can be used, assuming that sample item is in row #616: $@SUM(B616/C616)/365/24/60$.

b. Instruments

ex: Mouth Mirror with Handle

The following six (6) columns are used:

Column A = Name of Item
B = Cost per Use
C = Date of Purchase
D = Unit
E = Purchase Price
F = No. of Usage

Pricing Model

To compute for the cost per use of the sample item which is under column B, this formula shall be applied, assuming that sample item is row # 87; @SUM(K87/687).

$$\begin{aligned} \text{Cost per Use} &= \text{Purchase Price/No. of Usage} \\ &= 390.00/100 \\ &= 3.90 \text{ cost per use of mouth mirror} \end{aligned}$$

All the data encoded in this file have their corresponding range names. This would enable the system to link this file with the other files containing the different procedures being performed in the hospital.

To link a certain item e.g. cotton balls from this file to another file e.g. LABX, instead of encoding the price of the said item, this formula shall be inputed on the column or space, provided for the price or amount of the said item: + <<
C:\MODEL\SUCX.wk1>>COTTBALLS, instead of encoding the actual price or amount.

Examples of some items encoded in this file and its corresponding range names are enumerated below.

ITEM	Range	ITEM	RANGE
Surgical and Medical Supplies		Room Name	
1 Denatured Alcohol	DENATUREDAL	25 Accounting/Records Section	ACCTNG
2 Ethyl Alcohol	ETHYLAL	26 Auditor's Office	AUDOFFICE
3 Rubbing Alcohol	RUBBINGAL	27 Bachelor's Quarters	BACH
4 Abdominal Strip	ABDOSTRIP	28 Chief of Hospital Quarters	CHEIF
5 Acetone	ACETONE	29 Communicable Disease Ward	COMUWARD
6 ACP Reagent	ACPREA	30 Computer Room	COMPUROOM
7 ALP Reagent	ALPREA	31 Dietary	DIE TARY
8 Ammonium Oxalate 1%	AMMOXA	32 Doctor's Quarters 2nd Floor	DOC2
Re-usables		Machines and Instruments	
9 Bedcover	BEDCOV	33 Adding Machine	ADDMACH
10 Bedsheet	BEDSH	34 Airconditioner, Carrier	AIRCONDITIONER
11 Bone Marrow Aspiration Needle	BOMAR	35 Ambu Bag	AMBU
12 Bulb Laryngoscope	BULIARY	36 Analytical Balance	ANALYTICAL
13 Bulb Microscope	BUMIC	37 Anesthesia Machine	ANESTHESIA
14 Bulb Stry	BUSKY	38 Aspirating Needle	ASPIRATING
15 Catheter, Suction	CATSUC	39 Audiometer	AUDIOMETER
16 Crib Cover	CRICOV	40 Autoclave	AUTOCLAVE
Drugs and Medicines		Re-usable Instruments	
17 Abbotath G. 16	ABBO16	41 Allis Forcep	ALLISFORCEP
18 Abbotath G. 18	ABBO18	42 Amalgam Burnisher	AMALBURN
19 Acetaminophen 300 mg amp	ACE300	43 Amalgam Carrier	AMALCARRIER
20 Acetaminophen 500 mg tabs	ACE500	44 Amalgam Plugger	AMALPLUG
21 Acetaminophen Syrup, 125 mg, 120 ml	ACESYR120	45 Cement Spatula	CEMENTSPATULA
22 Acetaminophen Syrup, 125 mg, 60 ml	ACESYR60	46 Chisel Dental	CHISELDENT
23 Acetyl Salicylic Acid Gr. V. Tabs	ACE SAL	47 Corker	COCKER
24 Adrenaline	ADRE	48 Curette Dull	CURETDULL

FILE NAME: LABX

This file contains all the laboratory procedures being performed in Ilocos Regional Hospital. Each laboratory procedure has its corresponding range name to enable the system to link a certain procedure to another file e.g. EENT file wherein Thyroidectomy procedure can be located which requires certain laboratory procedures such as CBC, Clotting Time, Bleeding Time, Blood Typing, and Platelet Count.

To be able to link these laboratory procedures, this formula shall be inputted on the column or space provided for the price or amount of the said procedures: +<<C:\MODEL\LABX.WK1>>CBC, C:\MODEL is the sub-directory containing LABX file, LABX is the file containing the laboratory procedure CBC, and CBC is the range name for laboratory procedure CBC. For the other laboratory procedures, same formula shall be applied, changing only the range names.

Below is some examples of laboratory procedures in this file and its corresponding range names.

RANGE NAME	PROCEDURE
1. 24HRURIPRO	24 Hour Urine Protein
2. 24HRURSUG	24 Hour Urine Sugar
3. ACIDFAST	Acid Fast Stain
4. ACIDPHOSPHACOST	Acid Phosphatase
5. ALKAPHOSCOST	Alkaline Phosphatase
6. AMYLASECOST	Amylase
7. BILIRUCOST	Bilirubin
8. BLDMORPHO	Blood Morphology
9. BLDTYPING	Blood Typing
10. BLEEDTIME	Bleeding Time
11. BUNCOST	BUN

FILE NAME: XRAY

This file contains all the radiological procedures being performed in Ilocos Regional Hospital. Each radiological procedure has its corresponding range to enable the system to link a certain procedure to another file e.g. EENT file wherein Thyroidectomy procedure can be located which requires radiological procedure, Chest X-ray (adult).

To be able to link this radiological procedure, this formula shall be inputed on the column or space provided for the price or amount of the said procedure:

<<C:\MODEL\XRAY.WK1>>CHESTPADULT, C:\MODEL is the sub-directory containing XRAY file, XRAY is the file containing the radiological procedure Chest PA Adult, and CHESTPADULT is the range name for radiological procedure CHEST PA Adult. This formula should be inputed instead of encoding the corresponding fee for this radiological procedure. For the other radiological procedures same formula shall be applied, changing only the range names.

Below is a sample list of some radiological procedures in this file and its corresponding range names:

RANGE NAME	PROCEDURE
1. ABDOADULT	Abdomen - Adult
2. ABDOPEDIA	Abdomen - Pedia
3. ANKLEJOINT	Ankle Joint
4. BAENEMA	Ba. Enema
5. BASWALLOW	Ba. Swallow
6. CERVICAL	Cervical
7. CHESTPADULT	Chest PA - Adult
8. CHESTPALTRLAD	Chest PA Lateral - Adult
9. CHESTPEDIA	Chest - Pedia
10. ELBOWFOREARM	Elbow Joint/Forearm
11. FEMURLEG	Femur Leg
12. KNEEFOOT	Knee Joint/Foot
13. KUBADULT	KUB - Adult
14. KUBPEDIA	KUB - Pedia
15. MASTOIDPNS	Mastoid/PNS
16. NASALBONE	Nasal Bone
17. PELVIHIPARM	Pelvis/Hip Joint/Arm
18. PELVIMETRY	Pervimetry

Pricing Model

File Name : ENT

1. Thyroidectomy
2. Tracheostomy
3. Parotidectomy
4. Mandibular Fracture Wiring
5. Uranoplasty

File Name : MEDICAL

1. PTB
2. Pneumonia
3. Myocardial Infarction
4. Cerebrovascular Disease
5. Congestive Heart Failure
6. Hypertension
7. Bronchial Asthma
8. COPD
9. Gastroenteritis
10. PUD with GI Bleed

File Name : DENTAL

1. Oral Examination
2. Dental Prophylaxis
3. Dental Fillings - Amalgam
4. Dental Fillings - Compo T
5. Dental Fillings - Silicate Cement Fillings
6. Dental Fillings - Zinc Oxide
7. Dental Fillings - Phosphate Cement Fillings
8. Dental Extraction - Simple Anterior
9. Dental Extraction - Posterior
10. Removal of Impacted Molar - Posterior

File Name : OBGYNE

1. Placenta Previa
2. Ectopic Pregnancy
3. H-Mole Evacuation Curettage
4. Pregnancy Uterine Full Term
5. Incomplete Abortion - Septic
6. Ovarian Cyst/Myoma - TAIIBSO

7. Normal Spontaneous Delivery
8. Ceasarian Section

File Name : OPHTHA

1. ECCE - Local Anesthesia
2. ICCE - Local Anesthesia
3. ICCE - General Anesthesia
4. ICCE - General Anesthesia
5. Enucleation with Preservation of EOM's

File Name : EROPD

1. Hipspica Application
2. Gastric Lavage
3. Gavage Feeding
4. CVP Line Insertion
5. Bone Marrow Puncture
6. Endotracheal Intubation
7. Suctioning
8. Thoracentesis
9. I.E
10. Suturing
11. Excision of Cyst/Tumors
12. Incision and Drainage
13. Circumcision
14. Wound Dressing
15. Removal of Ingrown Toe Nail
16. Debridement - Infected Wound
17. Pterygium Excision
18. Suturing of Lacerated Wound
19. Removal of Sutures
20. Insertion of Foley Catheter
21. Oxygen Inhalation

Section 4

Billing & Collection System

This section contains the implementing guidelines for the billing and collection system of the revenue enhancement demonstration project in RMC and IRH. The step-by-step procedures starting from admission and classification of patient, including the procedures for admitting charity in-patients and the procedures for consultation of out-patients to the final discharge process, including Medicare claims processing procedures. This section enumerates as well, the duties and responsibilities of the different service units and staff of the hospital, that are expected to contribute to the smooth procedures flow. Flowcharts on the billing and collection system can be found in **Annex 3**.

I. Implementing Guidelines (Billing)

A. General Guidelines :

1. Upon admission a general information interview shall be conducted on all patients, whether old patients or new, and charity or pay patients in order to gather the following:

- *Name of the Patient*
- *Age, Sex, Civil Status, Address ·Relative or Person accompanying the Patient*
- *Classification of Patient*

2. Prescribed forms for ancillary services and medicines are attached to the admission form/patient record. These are:

- *Laboratory Request Form*
- *X-ray and Ultrasound Request Form*
- *Pharmacy*

These shall be filled up in two (2) copies, to be distributed as follows:

- *Original Copy - goes to the Billing Section*

- *Duplicate Copy - is kept on file (File Copy)*

Other Forms (Admitting Form, History Sheet, Pedia, Surgery, Ortho, OB-Gyne, EENT, Anesthesia) shall be filled up in single copy only.

3. The Admitting Form shall also serve as the initial payment slip, by stamping “**INITIAL PAYMENT**” on the form.

These shall be filled up in two (2) copies, to be distributed as follows:

- *Original Copy - to be attached to Patient Chart*
- *Duplicate Copy - send to Billing Clerk*

Table 8 - Sub-Classification of Class C Patients		
Category	Hospital Share	Patient Share
Class C-1 Patients whose aggregate monthly family income is equal to or above the NEDA subsistence threshold.	Free accommodation, board, linen and professional service.	75% cost of available medicines, ancillary services and other hospital charges.
Class C-2 Patients whose aggregate monthly income is more than 50% of the NEDA subsistence threshold.	Free accommodation, board, linen and professional service.	50% cost of available medicine and ancillary services.
Class C-3 Patients whose aggregate family income is less than 50% but more than 20% of the NEDA subsistence threshold	Free accommodation, board, linen and professional service.	Fixed donation for medicines extended and ancillary services.

☞ Patient Categorization

4. Patient Categorization - Based on the DOH Department Order No.435-B the following shall be the Patient Categorization:

Class A - Pay - Patients shall pay in full the hospital services. Medicare patients shall pay the excess of their Medicare privilege in full.

Class B - Pay Ward (3 beds and above) - Patients shall pay the hospital services on the ward level. Medicare patients shall pay the excess of their Medicare privilege in full.

Class C - Service Medicare; Partial Sharing; Donation - Patients with Medicare benefits but cannot pay the excess in full. Patient's share of the balance after Medicare shall be in accordance with C1, C2, or C3 Sub-classification, as affected by modifiers. (Table 8 shows the Sub-Classification of Class C).

·Patients without Medicare whose aggregate monthly family income falls under sub-classification C1, C2, or C3 as affected by modifiers.

Class D - Complete Social Service - Patients below Class C3.

·Patients with no visible income or means of support.

·Patients who are covered by special laws, Executive Orders and LOI.

Modifiers that influence patient categorization

6. Modifiers - There are three (3) classes of modifiers which will influence Class C patient categorization.

a. Modifiers Related to Personal Circumstances of Patient

·Patients in crisis situations;

·Patients with personal limitations; and

·Patients with no family, relatives or guardian.

b. Modifiers Related to Community Circumstances

· Patients from squatter and slum areas;

· Patients from communities affected by natural disasters;

· Patients who are dislocated from their home or community; and

· Patients belonging to cultural and ethnic groups.

c. Modifiers Related to the Nature of the Disease

· Chronic or long term diseases like kidney, heart, lung or cancer ailment.

Patients affected by the above modifiers shall be evaluated further to determine their financial capability to share in hospital expenses.

8. Medical Social Service shall take charge of the classification of patients in accordance with this set of criteria.

9. Upon admission, the patient may be accommodated in any of the above categories. Reclassification to other category shall be made upon approval of Chief of Hospital.

Structured Questionnaire

10. Structured Questionnaire of Social Worker shall include the following information:

- Name of Patient
- Age, Sex, Address
- Birthplace, Civil Status, Religion
- Citizenship, Occupation, Employer
- Medical Diagnosis, Date Admitted and Date Discharge
- Members of the Household
 - *Relationship to the Patient*
 - *Age, Occupation, Income, Employer*
- Monthly Family Income Expenditures
 - *House and lot/Rentals*
 - *Laundry, Light, Water, Fuel, Food*
 - *Insurance Premium, Education, Transportation*
 - *Total Monthly Income and Expenditures*
 - *Surplus Income*
 - *Others*
- Class/Category
- Other relevant information

Payments Schedule

11. No initial payment shall be collected for Emergency Cases for the first 24 hours.

12. At the RMC, initial payment requirement for in-patient is equivalent to two (2) days room rate.

13. At the IRH initial payment covers the following:

- *Initial payment equivalent to two (2) day room and board*
- *additional ₱300 if with surgical procedures*
- *additional ₱300 if undergoing Pregnancy Uterine Full Term (PUFT)/Normal Delivery*

14. Also at the IRH, the following are the fixed fees that can be charged:

- *OPD Consultation Fee - ₱10*
- *ER-OPD Consultation Fee - ₱20*
- *ER Fee (Pay Patients) - ₱150*
- *ER Fee (Charity Patients) - ₱ 50*

A. Medicare Claims

Required documents

14. At the RMC, a consultation fee of P10 shall be charged on OPD patients.

15. "Pay first before service delivery" shall be adapted before an Out-Patient is serviced.

1. Medicare claims shall be processed in accordance with the implementing rules and regulations of the Revised Philippine Medical Care Act (Presidential Decree No. 1519) as amended.

2. Based on the Medicare Primer, the following documents are required:

a. For SSS member/dependent

- *A copy of PMCC Form 1;*
- *Affidavit of support;*
- *Duly stamped "received" E-1 or E-4 (photocopy); and*
- *Other necessary papers if patient is a dependent.*

b. For GSIS member/dependent

- *A copy of PMCC Form 1; and*
- *any of the following:*

-Photocopy of the first page of the member's policy contract;

-A certificate of membership or term renewable insurance certified by the nearest GSIS office or the employer;

-A certified true copy of the member's original appointment; and

-Military field personnel who do not have ready access to any of the above requirements may submit instead a true copy of the following certified by their Commanding Officer:

- *Identification Card*
- *Latest Pay Slip*

3. Claims by hospital for payment of services shall be filed within 60 days after the discharge of the Patient from the hospital or from the time the Patient has been declared well.

Responsibility of Medicare Clerk

4. Claims not reimbursed by Medicare shall be collected from the Patient, unless financial incapability was proven by the Patient.
5. It shall be the responsibility of the Medicare Clerk to ensure that:
 - a. Medicare claims are properly documented;
 - b. Medicare claims allowed as deductions from the Patient's bill are within the prescribed rates only;
 - c. Medicare claims not reimbursed by PMCC are collected from the Patient.
 - d. To keep abreast with the latest Medicare regulations and rates; and
 - e. Make follow-ups with Medicare on pending claims.
6. If at the time of discharge the Patient is not able to complete documentation of his Medicare claim, any of the following courses of action may be taken:
 - a. Require Patient to post deposit equivalent to 1/2 of the total Medicare claim; or
 - b. Require Patient to submit a letter from any of the Hospital Staff who is still in the active payroll, guaranteeing the completion of Medicare documentation by the Patient after discharge. If the Patient fails, the Medicare claim shall be deducted from the salary of the Hospital Staff in two (2) equal monthly installments.
7. A Medicare Logbook shall be maintained. This should be authenticated by PMCC.
8. At the end of each month, the Medicare Clerk shall submit a report on the Status of Medicare Claims Processed to the Chief of Hospital.
9. Sends forms to PMCC once or twice per week, depending on the volume of Medicare patients.
1. The Laboratory Clerk shall prepare a Charge Slip in two (2) copies for each Laboratory Request Form received. Distribution shall be as follows:
 - Original Copy-Billing Section
 - Duplicate Copy-File Copy

B. Ancillary Services

2. The laboratory rates to be used shall be based on the latest approved rates of the hospital.
3. No services to Out-Patients shall be performed unless account settlement has already been made by the Patient.
4. The Head of Ancillary Services shall be responsible for ensuring that:
 - *the requested services are correctly billed; and*
 - *settlement of account was made before ancillary services are delivered.*
5. Evidences of account settlement shall be in the forms of Official Receipt (OR) and/or approval for granting socialized rates as noted in the Charge Slip by the Social Worker and/or the Chief of Hospital.
6. Logbooks shall be maintained to keep track of the services rendered to Patient.
 - *Main Logbook - contains the listing of all Laboratory Request Forms received.*
 - *Sub-unit Logbook - contains the results of ancillary tests rendered. Each sub-unit shall maintain its own logbook.*
7. At the end of the month, the Ancillary Services Department shall submit a monthly performance report indicating the quantity and value of services rendered to the Chief of Hospital.

C. Pharmacy Services

1. In-patients may withdraw medicines from Pharmacy subject to its availability.
2. Out-patients as a general rule are not allowed to withdraw medicine from Pharmacy, except with approval of the Chief of Hospital under the following circumstances:
 - *When Patient is under Nothing to Give (NTG) category and could not afford to sustain medication; and*
 - *When there is a shortage of the particular medicine in that area and there is no suitable substitute.*
3. Release of the medicine shall be made to the Patient and/or Representative only, and not to the Hospital Staff.

II. Detailed Procedures Flow: Billing & Collection

4. The Prescription Form shall cover dosages good for a maximum of two (2) to three (3) days only, except in the case of bottled medicines.
5. Only the Attending Physicians are allowed to fill-up the Prescription Form. Any Hospital Staff who violate this rule shall be subject to administrative action.

1. Admitting Procedures for In-patients (Charity)

<u>Responsible Person</u>	<u>Action</u>
<p>Emergency Room (ER)Nurse /Assigned Clerk</p>	<ol style="list-style-type: none"> 1. Receives Patient. Conducts general information interview. If Patient is incapable of communication, the Representative is use as a substitute. 2. At the RMC, responsible person fills up the "Admission and Discharge Form" in two (2) copies, to describe patient's condition and record basic information upon arrival. Refers patient and/or representative to OPD Clerk , with the Admission and Discharge Form on hand. <p>At the IRII, ER Nurse or assigned clerk fills up "Admitting Form" in two (2) copies, to describe patient's condition and record basic information upon arrival. Refers Patient to Social Worker.</p>
<p>OPD Clerk</p>	<ol style="list-style-type: none"> 3. The OPD Clerk at the RMC receives Admission and Discharge Form from the patient and/or representative. Retrieves hospital case number if old patient. If new patient, assigns hospital case number. This hospital case number should appear on the Adimission and Discharge Form. Refers patient to Doctor-on-Duty together with the Admission and Discharge Form.
<p>Social Worker</p>	<p>At this point the Social Worker explains to the patient/ representative the concept behind socialization and government subsidies. Interviews patient using structured questionnaire. Determines category. Differentiates between Pay and Charity Wards, then asks for classification preference. Fills up Questionnaire and Admitting Form accordingly. Refers Patient to Doctor on-duty together with the Admitting Form. Retains Questionnaire for future reference. This step is done by the Social Worker at the RMC.</p>

Doctor-on-Duty

4.Examines the Patient. Using the Admitting Form , fills up the necessary information.

Doctor-on-Duty

5. If Patient would require ancillary/pharmacy services, fills out the necessary Laboratory Request forms for ancillary services and Prescription forms for medicines in two (2) copies. Sends Patient to ER Nurse with the request for ancillary services and/or /medicines forms.

If Patient is not admitted, refers Patient to OPD. Proceed to Step No. 2 of OPD Admitting Procedures.

ER Nurse

6. At the RMC, ER nurse explains hospital policies that ancillary services availed of must be paid before actual testing. If patient cannot afford to pay, nurse refers patient to Social Worker together with the Admission and Discharge Form.

If patient is covered by Medicare, issues PMCC Form No. 1, if no proceeds to Step 7.

7. Prepares Patient Chart with the help of the Representative by accomplishing the forms in the Table below, and endorses Patient and Patient's Chart to Attending Nurse or Institutional Worker for transfer to the appropriate ward.

Required Ilocos Regional Hospital Forms	Required Rizal Medical Center Forms
Clinical Case Record-History & Physical Examination	Consent to Care Form
OB-Gyn Record, if applicable	Checklist of Consumed Surgical Supplies
Doctor's order/Nurses' Compliance Sheet	Nurses' Notes
Nurses' Notes	Progress Notes about the patient's condition and medical history
Progress Notes	
IVF/BT Flowsheet	
Temperature Record	
Medication Sheet	
Discharge Summary	
Checklist of Consumed Surgical Supplies & List of Procedures	
Consent to Care Form	
Discharge Slip	

Billing & Collection System

<u>Responsible Person</u>	<u>Action</u>
ER Nurse	<p>8. At the RMC, the ER nurse forwards the Admission and Discharge Form together with the patient chart to Admitting Section for entry in their Admission Logbook. The Admitting Clerk enters the name of the patient on the Admission Logbook. The clerk also endorses patient and patient chart to attending nurse or Institutional worker for transfer to the appropriate ward.</p> <p><i>At the IRH, it is the duty of the ER Nurse to do the abovementioned action.</i></p>
Billing Clerk	<p>9. Estimates initial payment to be paid by Patient. Prepares Charge Slip in two (2) copies. Indicates amount on both copies. Gives original copy to Representative for payment to the Cashier. Proceeds to Collection Procedures.</p> <p>10. Sends duplicate copy of Charge Slip to Billing Clerk. Proceed to Billing Accumulation Procedures.</p>

2. Admission Procedures for In-patients (Pay)

a.) The following admission procedures of In-patients are being followed at the Rizal Medical Center.

<u>Responsible Person</u>	<u>Action</u>
ER Nurse/ Assigned Clerk	<p>1. Receives patient. Conducts general information interview. A patient representative is used as a substitute if the patient is unable to communicate.</p> <p>2. Fills up "Admission and Discharge Form" in two (2) copies, to describe patient's condition and record basic information upon arrival. Refers patient and/or representative to OPD clerk together with the Admission and Discharge Form.</p>
OPD Clerk	<p>3. Receives Admission and Discharge Form from the patient and/or representative. Retrieves hospital case number if old patient. If new patient, issues hospital case number. This hospital case number should appear on the Admission and Discharge Form.</p> <p>Refers patient (with the Admission and Discharge Form) to the Doctor-on-Duty.</p>

<u>Responsible Person</u>	<u>Action</u>
Doctor-on-Duty	<p>4. Examines the patient. Using Admission and Discharge Form, fills up the necessary clinical information.</p> <p>5. If patient is admitted and would require ancillary/pharmacy services, fills out the necessary Laboratory Request Forms for ancillary services and Prescription Forms for medicines in two (2) copies. Sends patient to ER nurse with the Admission and Discharge Form, and request for ancillary services and/or medicines forms.</p> <p>If patient is not admitted, refers patient to OPD. Proceed to Step 2 of OPD admitting procedures.</p>
ER Nurse	<p>6. If patient is covered by Medicare, issues PMCC Form No. 1. If no proceeds to Step No. 7.</p> <p>7. Prepares patient chart with the help of representative by accomplishing the following forms:</p> <ul style="list-style-type: none">- <i>Consent to Care Form</i>- <i>Checklist of Consumed Surgical Supplies Used</i>- <i>Nurses' Notes, Progress Notes about the patients condition and medical history</i> <p>8. Forwards Admission and Discharge Form together with the Patient Chart to Admitting Section for entry in their Admission Logbook.</p>
Admitting Clerk	<p>9. Enters name of Patient on the Admission Logbook. Issues an Admission Slip Form to patient and/or representative, indicating the name of the patient and the room assignment.</p> <p>Refers patient and/or representative to Billing Clerk.</p>
Billing Clerk	<p>10. Orients patient and/or representative about the hospital's policies. A Guarantee Letter with Consent and Contractual Agreement Form will be signed by the Patient and/or Representative after the orientation. The In-patient Card will be attached as a basis for computation of their hospital bill.</p> <p>11. Estimates initial payment to be paid by patient. Indicate estimated initial payment on the Admission and Discharge Form. Gives to representative for payment to the Cashier. Proceed to Billing and Collection Procedures.</p>

Collection Clerk

12. Sends duplicate copy of Admission and Discharge Form to Billing Clerk. Proceed to Billing Accumulation Procedures.
13. Endorses Patient and Patient Chart to attending Nurse or Institutional Worker for transfer to the appropriate ward.

3. Admission Procedures for Outpatients

The following are the admission procedures for out-patients at the Ilocos Regional Hospital and Rizal Medical Center.

Responsible Person

Action

Collection Clerk

1. Issues Fixed Consultation Fee Tickets to OPD Clerk and records beginning and ending number of the tickets on the Consultation Fee Ticket Control Logbook.

OPD Clerk

2. Receives Fixed Consultation Fee Tickets and signs on the Received By portion of the Consultation Fee Ticket Control Logbook

Receives Patient. Conducts general information interview. If Patient is incapable of communication, the representative is used as a substitute. Asks Referral Slip if applicable.

3. Asks if old or new Patient. If new Patient, issues a hospital case number and fills up an OPD Chart.

If old Patient, retrieves OPD Chart from OPD records. Refers Patient to OPD Nurse.

OPD Nurse

4. Conducts initial assessment of the Patient's condition. Using the OPD chart, fills up the necessary information and determines appropriate service unit. Sends Patient to OPD Clerk for payment of Consultation Fee. If Patient cannot afford to pay, refers Patient to Social Worker

Social Worker

5. Indoctrinates Patient and/or Representative on the concept behind socialization and government subsidies. Interviews Patient using structured questionnaire. Determines category. Prepares Re-classification Form if necessary. Refers Patient to OPD Clerk.

OPD Clerk

6. Issues appropriate Consultation Fee Ticket to Patient and/or Representative upon payment. Refers Patient to OPD Nurse.

OPD Nurse

7. Gets Consultation Ticket and tears it off upon calling the name of the Patient. Sends Patient to Doctor-on-duty.

<u>Responsible Person</u>	<u>Action</u>
	8. Examines Patient. Using OPD Chart, fills up necessary information.
	9. If Patient needs ancillary services, fills out the necessary Laboratory Request Forms for ancillary services and/or Prescription Form for medicines in two (2) copies. Sends Patient to OPD Nurse with the pertinent forms.
OPD Nurse	10. Explains hospital policies that ancillary services availed of must be paid before actual testing. Proceeds to Laboratory Procedures.
Doctor-on-Duty	11. Analyzes results of the ancillary service tests. Examines Patient. Makes notations in the OPD Chart.
	12. When necessary fills up Prescription Form and issues to Patient. Discharges Patient.
OPD Nurse	13. At the end of the day, endorses all OPD Charts to OPD Clerk.
OPD Clerk	14. Records all OPD Charts in the OPD Logbook and endorses all consultation fees collected together with the Consultation Fee Ticket stubs.

4. Daily Tasks - Billing

<u>Responsible Person</u>	<u>Action</u>
Billing Clerk	1. Receives Clinical Pay Sheet, in the case of IRH, or the Admission and Discharge Form in the case of RMC, from the ER/OPD Nurse.
	2. Prepares Patient's Ledger Card.
	3. Receives copy of Charge Slips from the revenue centers.
Billing Clerk	4. Posts Charge Slips to the debit portion of the individual Patient's Ledger Card.
	5. Posts Official Receipts to the credit portion of the individual Patient's Ledger Card.
	6. Determines the cumulative unpaid balance of the Patient.
	7. Checks sufficiency of the initial payment against unpaid balance. Computes for the additional payment.

Billing & Collection System

<u>Responsible Person</u>	<u>Action</u>
	<p>8. Presents Patient's Ledger Card and supporting documents to Patient and/or Representative.</p> <p>9. Instructs Representative to pay the Cashier the required additional payment and submit the covering Official Receipt.</p> <p>10. When the Representative presents the Official Receipt, posts the additional payment in the credit portion of the individual Patient's Ledger Card.</p>
5. Upon Discharge Tasks -	
Billing Clerk	<p>1. Receives Patient Chart from Attending Nurse.</p> <p>2. Retrieves Patient's Ledger Card. Calls all the revenue centers and Cashier to ensure that all bills and Official Receipts have been captured in the Patient's Ledger Card.</p> <p>3. Updates charges and payments. If a Medicare Patient, submits Patient Chart and Patient's Ledger Card to Medicare Clerk.</p>
Billing Clerk	<p>4. Upon return by the Medicare Clerk of Patient's Chart and Patient's Ledger Card, together with PMCC Form No. 2, checks Medicare claims deducted from the total bill. Compute for the net bill collectible.</p> <p>5. Prepares Statement of Account in two copies. Attaches all supporting documents, except Patient Chart and the Patient's Ledger Card.</p> <p>6. Signs the "Prepared By" portion of the Statement of Account. Submits to Billing Supervisor for approval.</p>
Billing Supervisor	<p>7. Checks Statement of Account and supporting documents. Signs in the "Approved By" portion if okay. Returns Statement of Account to Billing Clerk.</p>
Billing Clerk	<p>8. Submits original copy of Statement of Account and supporting documents to Collection Clerk.</p> <p>9. Forwards Patient Chart and Patient's duplicate copy of Statement of Account; and</p> <p>10. Returns to Medicare Clerk PMCC Form No.2</p>

6. Medicare Claims Processing Procedures

The process starts when the patient, who is a Medicare member, has duly filled up PMCC Form No. 1., and submits the same to Medicare Clerk.

Responsible Person

Action

Medicare Clerk

1. Receives PMCC Form No. 1 from Patient and/or Representative together with all required documents by SSS or GSIS.
2. Reviews PMCC Form No. 1, ensuring that it contains all the pertinent information and signatures.
3. Checks validity of all the required documents by SSS or GSIS to accompany PMCC Form No. 1.
4. If the documentation is complete, set aside the forms pending discharge of the Patient.
5. If the documentation is not complete, return all the forms to the Patient and/or Representative for proper completion. Reminds Patient and/or Representative to submit all the required documents on or before discharge.
6. If Patient requirements are complete, sets aside documents pending discharge of Patient.

a. Upon Discharge Tasks (Medicare Claims)

Medicare Clerk

1. Receives Patient Chart and Patient's Ledger Card from the Billing Clerk if In-patient or Charge Slip if Out-patient. Retrieves PMCC Form No. 1 and supporting documents

Medicare Clerk

2. If PMCC Form No. 1 and other required documents are not complete, ask Patient and/or Representative to post a deposit. Prepares Medicare Deposit Form. Sends Patient and/or Representative to the Cashier with the Medicare Deposit Form for payment to Collection Clerk.
3. If Patient cannot afford to post a deposit, submission of a guarantee letter from a Hospital Staff shall be required.
4. Prepares PMCC Form No. 2.
5. If actual hospital expense is lower than the allowable Medicare rate, asks Patient and/or Representative if they still have any receipted claims which could be included in Medicare reimbursement.

<u>Responsible Person</u>	<u>Action</u>
Medicare Clerk	<p>6. If yes, review validity of all the additional receipted claims.</p> <p>7. Computes for the total reimbursable Medicare claims. Indicates all reimbursable Medicare claims in PMCC Form No. 2.</p> <p>8. Posts in the credit portion of the Patient's Ledger Card (In-patient) or directly to Charge Slip/s (Out-patient).</p> <p>9. Sends PMCC Form No. 2, Patient Chart, and Patient's Ledger Card and/or Charge Slip/s to Billing Clerk.</p>
<p>b. After Discharge Tasks (Medicare Claims)</p>	
Medicare Clerk	<p>1. Receives PMCC Form No. 2 from the Billing Clerk.</p> <p>2. Endorses PMCC Form No. 2 to Attending Physicians.</p>
Attending Physician/s	<p>3. Fill up all pertinent portions of PMCC Form No. 2, indicating services rendered.</p> <p>4. Sign forms and returns to Medicare Clerk.</p>
Medicare Clerk	<p>5. Reviews forms and checks signatures. If okay, prepares transmittal letters. Sends forms and transmittal letters to Chief of Hospital for signature.</p> <p>If not okay, returns to respective Attending Physicians.</p>
Chief of Hospital	<p>6. Signs PMCC Form No. 2 and Authorized Representative transmittal letter. Returns to Medicare Clerk.</p>
Medicare Clerk	<p>7. Records information in the Medicare Logbook.</p> <p>8. Submits the transmittal letters and forms to Medicare in six (6) copies.</p> <p>9. Prepares Abstract of Bills Rendered for verification purposes upon receipt of Medicare claims.</p>

c, Upon Receipt of Reimbursements

Cashier 1. Receives check from PMCC representing reimbursement.

Cashier

2. Issues Official Receipt. Mails to PMCC.
3. Deposits check to appropriate bank account.
4. Forwards to Medicare Clerk covering attachment to the PMCC check reimbursement.

Medicare Clerk

5. Receives covering attachment of PMCC check reimbursement.
6. Records Official Receipt number in the Medicare Logbook.
7. Endorses reimbursable claim of Patient to Accounting Department for payment.
8. Submits Abstract of Bills Rendered to Accounting Section Clerk.

Collection Clerk

The Rizal Medical Center has a Collection clerk and Accounting to do the following work:

9. Prepares Refund Voucher and asks for the signature of the following:
 - Medicare clerk
 - Accounting clerk
 - Administrative Officer
 - Chief of Hospital

Returns Refund Voucher to Accounting Clerk for the Voucher Number.

Accounting Clerk

10. Assigns Voucher Number and sends back to Collection Clerk for the cheque.

Collection Clerk

11. Prepares the cheque and asks the signature of the following:
 - Administrative Officer (5)
 - Chief of Hospital

12. Endorses reimbursable claim of Patient to Cashier

<u>Responsible Person</u>	<u>Action</u>
7. Laboratory Services	Laboratory Clerk 1.Receives Laboratory Request Form and records it in main logbook.
	2.Prepare Charge Slip in two (2) copies. Attaches Laboratory Request Form to the original copy. Sets aside duplicate copy.
Laboratory Clerk	3.If Out-Patient issues original copy to Patient and /or Representative. If availing Medicare, refers Patient to Medicare Clerk. If not, proceeds to Collection Clerk for immediate payment.
Laboratory Clerk	If Patient cannot afford to pay, refers Patient to Social Worker.
Social Worker	4.Indoctrinates Patient and/or Representative on the concept behind socialization and government subsidies. Interviews Patient using Structured Questionnaire. Determines category. Prepares Re-classification Form if necessary.
	Interviews Patient and/or Representative using structured questionnaire, and determines category and prepares reclassification form if necessary.
	5.If In-Patient proceeds to step No.8.
	6.Upon return of Patient and/or Representative, gets Official Receipt. Verifies amount paid. Updates Duplicate Copy of the Charge Slip if fee was socialized.
	7.Returns Official Receipt to the Patient and/or Representative. Sends Patient to appropriate laboratory sub-unit Technician.
Laboratory Technician	8.Checks Official Receipt and records it in the Sub-unit Logbook.
	9.If In-Patient, gets duplicate copy of Charge Slip and sends original copy to Billing Clerk.
	10.Performs requested laboratory services and records results in the Sub-unit Logbook.
	11.Registers results to appropriate Laboratory Tests Results Form and sends to Laboratory Clerk for issuance.
	12.If OPD Patient, request Patient and/or Representative to present again Official Receipt. If okay, issues Laboratory Test Results Form. Sends Patient back to OPD/ER Nurse, who proceeds to Step No. 9 of Admitting OPD Procedures.

Laboratory Clerk 13.If In-patient, issues Laboratory Test Results form to the respective Nursing Station.

**Attending Nurse/
Institutional Worker** 14.Updates Patient's Chart.

7. Radiological Services

Laboratory Clerk1.Receives X-Ray/Ultrasound Request Form and records it in the sub-unit logbook.

2.Fills out 2 copies of the Charge Slip. Attaches X-Ray/Ultrasound Request Form to the original copy. Sets aside duplicate copy.

Laboratory Clerk 3.If Out-Patient issues original copy to Patient and /or Representative. If availing Medicare, refers Patient and/or Representative to Medicare Clerk. If not, proceeds to Collection Clerk for immediate payment.

If Patient cannot afford to pay, refers Patient to Social Worker.

Social Worker 4.Indoctrinates Patient and/or Representative on the concept behind socialization and government subsidies. Interviews Patient using Structured Questionnaire. Determines category. Prepares Re-classification Form if necessary

5.If In-Patient proceeds to Step No. 8.

6.Upon return of Patient and/or Representative, gets Official Receipt. Verifies amount paid. Updates Duplicate Copy of the Charge Slip if fee was socialized.

Social Worker 7.Returns Official Receipt to the Patient and/or Representative. Sends Patient to Unit Technician.

Unit Technician 8.Checks Official Receipt and records it in the sub-unit logbook .

9.Performs requested radiological services and records results in the sub-unit logbook.

10.Registers results to X-Ray/Ultrasound Results Form and sends to Laboratory Clerk for issuance.

Laboratory Clerk 11.If OPD Patient, Request Patient and/or Representative to present again Official Receipt. If okay, issues X-ray/Ultrasound Test Results Form. Sends Patient back to OPD/ER Nurse.

7. Pharmacy Services

12.If In-patient, issues X-ray/Ultrasound Test Results Form to the respective Nursing Station.

Pharmacist/Aid 1.Receives original and duplicate of Prescription Form from Patient and/or Representative.

2.If In-patient, proceeds to Step No. 7.

3.If OPD Patient, sends Patient and/or Representative to the Chief of Hospital for approval.

Chief of Hospital

4.Representative and discusses problems of the Patient in securing medicine.

5.Makes notations or instructions in the Prescription Form.

6.Sends Patient and/or Representative to Pharmacist/Aid if approved.

Pharmacist/Aid 7.

If medicine is available, fills out two (2) copies of the Charge Slip for 2 to 4 day dosages and retains both copies of the prescription form. Proceeds to Step No. 8.

If medicine is not available, deposits prescription form duplicate to "unserved medicine box" and returns the original to the Patient and/or Representative with a note advising the physician on possible replacements or substitutes

8.Issues original copy to Patient and /or Representative. If availing Medicare, sends Patient to Medicare Clerk. If not, proceeds to Collection Clerk for immediate payment.

9.If Patient cannot afford to pay, refers Patient to Social Worker.

10.Upon return of Patient, gets Official Receipt and verifies amount paid. Updates Duplicate Copy of the Charge Slip if fee was socialized. Stamps "VERIFIED" Charge Slip.

11.Returns Official Receipt to the Patient and/or Representative. Releases medicines.

7. Operating/Delivery Room and Other Revenue Center

Action

OR/DR Nurse 1. Receives Patient Chart and records it in the main logbook. Prepares Checklist.

2. After service delivery, using the Checklist, notes down actual materials and supplies used against Checklist. Adjust Checklist when necessary.

4. Computes all actual materials and supplies used based on the Checklist

Ward Nurse

5. Computes all actual materials and supplies used in the Recovery Room.

**III. Implementing Guidelines
COLLECTION**

1. Cost recovery shall be enforced to the full extent possible.

2. Reclassification of Patients should be approved by the Chief of Hospital (COH) who determines if reduction in bill is possible.

3. Promissory Note is allowed if:

- Patient does not have enough money at the time of discharge.
- Medicare is not yet fully accomplished.
- Promissory Note should be guaranteed by a Hospital Staff who is still in the active payroll.

4. Terms of Promissory Note should be by four (4) equal monthly installments commencing at the end of the month after discharge.

5. If the issuer of the Promissory Note fails to comply with his obligations the Collection Clerk shall prepare demand letters to be signed by the Chief of Hospital:

· First demand letter shall be issued by the Chief of Hospital or Collection Lawyer when the 30 day period after due date of Promissory Note has elapsed.

· Second demand letter shall be issued by the Chief of Hospital or Collection Lawyer when the 15 day grace period has elapsed.

6. At the end of the month, a Status of Collection Report shall be submitted to the Chief of Hospital, outlining the following:

- aging of receivables
- status of uncollected accounts
- accounts render litigation, if any
- comparison of amount collected vs. cost to collect

7.A periodic review shall be made by the Head of the Collection Unit and the Chief of Hospital. Based on the status of the Promissory Note and the underlying reasons of non-payment a write-off maybe recommended or payment arrangement maybe negotiated with the issuer of the Promissory Note.

**Collection System
Procedures
1. Cashiering**

Collection Clerk 1. Receives any of the following billing forms from Patient and/or Representative:

- Charge Slips
- Statement of Account
- Admission and Discharge Form

If Patient is availing Medicare, checks if Statement of Account (for In-patient) or Charge Slip/s (for Out-patient) has been duly noted. If not, refers Patient to Medicare Clerk.

Collection Clerk

2.Collects full amount of charges from Patient and/or Representative.

3.If Patient and/or Representative cannot afford to pay in full, endorses to Social Worker together with the covering billing form.

Social Worker

4.Explains the importance of cost recovery and the hospital's revenue goals. Suggests that Patient and /or Representative exhausts all means to source money and ask him to come back. Sets aside billing form while awaiting for the return of the Patient and/or Representative.

5.Upon return of the Patient and/or Representative, releases the billing form. If no sufficient amount was raised, reclassifies the Patient when absolutely necessary. Makes notations in the billing form and signs. Refers Patient to the Chief of Hospital.

Chief of Hospital

6.Receives Patient and/or Representative and negotiates the bill:

- Clarifies nature of problem
- Emphasizes hospital policies to reinforce orientation by nurses, doctors and the social worker
- Based on outcome, approves any of the following:

<u>Responsible Person</u>	<u>Action</u>
	<i>a. discount on bill</i> <i>b. special privileges/courtesy services</i> <i>c. issuance of a promissory note</i>
	7. Makes notations/instructions in the billing form. Sends Patient and/or Representative with the billing form to the Social Worker.
Social Worker	8. Reviews final negotiated bill. Records in Socialized Billing Logbook. Sends Patient and/or Representative to Collection Clerk.
Collection Clerk	9. Accepts payment. Issues corresponding Official Receipt in two (2) copies. Stamps "PAID" all supporting documents.
	10. Issues Original Copy of Official Receipt to the Patient and/or Representative, together with the covering Statement of Account and Charge Slips.
	11. If a Promissory Note is required, assist Patient and Representative in filling up the form in two (2) copies. Orients them regarding collection due dates and mechanics.
	12. Issues Duplicate Copy of Promissory Note to the Patient and/or Representative.

Annex

1. Cost Comparison

RIZAL MEDICAL CENTER					
Comparison of DOH and RMC Fees and Charges					
Examinations/Procedures		DOH Pricing	RMC Costing	Difference	(%) Change
HEMATOLOGY					
Complete Blood Count	P	80.00	P 66.95	P 13.05	16
Hemoglobin		25.00	31.08	(6.08)	(24)
RBC Count		25.00	21.74	3.26	13
WBC Count		25.00	22.78	2.22	9
WBC/Differential Count		30.00	44.63	(14.63)	(49)
Widal Test		90.00	242.99	(152.99)	(170)
Acid Fast Stain		35.00	106.64	(71.64)	(205)
Gram Stain		35.00	53.84	(18.84)	(54)
Pheripheral Smear		50.00	60.04	(10.04)	(20)
ESR		40.00	47.44	(7.44)	(19)
Clot Retraction Time		120.00	26.64	93.36	78
Prothrombin Time		80.00	136.90	(56.90)	(71)
Clotting Time		40.00	49.86	(9.86)	(25)
Bleeding Time		20.00	50.61	(30.61)	(153)
Platelet Count		40.00	47.29	(7.29)	(18)
Reticulocyte Count		40.00	40.39	(0.39)	(1)
Blood Typing		30.00	57.86	(27.86)	(93)
Coomb's Test		75.00	43.77	31.23	42
Pap's Smear		55.00	123.50	(68.50)	(125)
ULTRASOUND AND ECG					
Liver		220.00	265.53	(45.53)	(21)
Kidney		240.00	265.53	(25.53)	(11)
Pelvic		180.00	265.53	(85.53)	(48)

RIZAL MEDICAL CENTER				
Comparison of DOH and RMC Fees and Charges				
Examinations/Procedures	DOH Pricing	RMC Costing	Difference	(%) Change
HEMATOLOGY				
BLOOD CHEMISTRY				
Cholesterol	85 00	113 25	(28 25)	(33)
Triglycerides	130 00	200 78	(70 78)	(54)
BUN	50 00	117 83	(67 83)	(136)
Creatinine	70 00	111 7	(41 70)	(60)
Uric Acid	55 00	117 57	(62 57)	(114)
SGOT	175 00	117 29	57 71	33
SGPT	130 00	117 43	12 57	10
Amylase	95 00	153 47	(58 47)	(62)
LDH	255 00	120 72	134 28	53
Acid Phosphatase	105 00	122 31	(17 31)	(16)
Alkaline Phosphatase	90 00	110 95	(20 95)	(23)
Sodium	125 00	163 37	(38 37)	(31)
Chloride	65 00	109 48	(44 48)	(68)
Potassium	125 00	163 01	(38 01)	(30)
Routine Urinalysis	40 00	37 14	2 86	7
24-Hour Urine Albumin	25 00	48 82	(23 82)	(95)
24-Hour Urine Sugar	25 00	33 92	(8 92)	(36)
CSF Sugar	55 00	91 3	(36 30)	(66)
CSF Protein	70 00	97 78	(27 78)	(40)
Fecalalysis	25 00	38 62	(13 62)	(54)
Occult Blood	25 00	36 04	(11 04)	(44)
RADIOLOGY				
Chest-Adult	Prevailing	114 35		
Chest-Pediatric	cost of	96 00		
Skull-Adult	x-ray, films	145 17		
Skull-Pediatric	processing	128 11		
Orbit-Adult	solution plus	123 14		
Orbit-Pediatric	100% surcharge	111 60		
Mastoid-Adult	(labor and other	126 95		
Mastoid-Pediatric	overhead)	111 60		
Nasal Bones		111 60		
Sinuses (Adult)		123 15		
Sinuses (Pediatric)		111 52		
Cervical Spine		111 52		
Zygoma		74 85		
Mandible-Adult		123 18		
Mandible-Pediatric		111 49		

Rizal Medical Center				
Comparison of DOH and RMC Fees and Charges				
Examinations/Procedures	DOH Costing	RMC Costing	Difference	(%) Change
Thoracic Cage - Adult		P 111.65		
Thoracic Cage - Pedia		96.13		
Thoraco Lumbar		248.27		
Lumbo Sacral		160.62		
Pelvis		112.03		
Pelvimetry		161.63		
Abdomen - Adult		161.64		
Abdomen - Pedia		148.80		
KUB - Adult		112.03		
KUB - Pedia		94.78		
Skeletal Survey		691.61		
Small Intestines Series		510.42		
Esophagus		242.04		
UGIS		419.75		
Oral Chole		181.50		
IVP		418.38		
Cystogram		184.52		
Barium Enema		321.72		
Myelogram		195.56		
T Tube Cholangiogram		320.36		
Intra Operative Cholangiogram		271.98		
Retrograde		205.98		
Hysterosalpingogram		189.08		
Shoulder Joint		66.73		
Clavicle		66.73		
Elbow Joint		66.73		
Wrist		66.73		
Forearm		72.49		
Knee Joint		72.49		
Foot		72.49		
Arm		75.76		
Thigh		75.76		
Leg		75.76		

ILOCOS REGIONAL HOSPITAL							
Comparison of DOH and IRH Fees and Charges							
DEPARTMENT	PROCEDURE	IRH COSTING	DOH PRICING	DIFFERENCE	(%) Change		
Laboratory	Complete Blood Count(CBC)	P 78.28	P 80.00	P 1.72	2%		
Microbiology	Gram Stain	92.39	35.00	-57.39	-164%		
	Acid Fast Stain	70.51	35.00	-35.51	-101%		
Hematology	Hemoglobin	12.84	25.00	12.16	49%		
	White Blood Cell and Differential Count	40.45	55.00	14.55	26%		
	Hematocrit	18.07	20.00	1.93	11%		
	Platelet Count	32.77	40.00	7.23	18%		
	Clotting Time	34.08	40.00	5.92	15%		
	Bleeding Time	16.89	20.00	3.11	16%		
	Red Blood Cell Count	7.79	25.00	17.21	69%		
	Reticulocyte Count	34.18	40.00	5.82	15%		
Blood Banking	Blood Typing	42.81	30.00	-12.81	-43%		
Clinical Chemistry	Cholesterol	92.06	85.00	-7.06	-8%		
	Blood Urea Nitrogen(BUN)	92.01	50.00	-42.01	-84%		
	Creatinine	102.93	70.00	-32.93	-47%		
	Uric Acid	113.80	55.00	-58.80	-107%		
	Serum Glutamate Pyruvic Transaminase(SGPT)	96.56	130.00	33.44	26%		
	Alkaline Phosphatase	107.03	90.00	-17.03	-19%		
	Acid Phosphatase	156.38	105.00	-51.38	-49%		
	Bilirubin	103.98	70.00	-33.98	-49%		
	Sodium	113.69	125.00	11.31	9%		
	Potassium	113.69	125.00	11.31	9%		
	Chloride	113.69	65.00	-48.69	-75%		
	Triglycerides	174.57	130.00	-44.57	-34%		
	Amylase	146.13	95.00	-51.13	-54%		
Clinical Microscopy	Routine Urinalysis	39.83	40.00	0.17	0%		
	Occult Blood	26.44	25.00	-1.44	-6%		

ILOCOS REGIONAL HOSPITAL						
Comparison of DOH and IRH Fees and Charges						
DEPARTMENT	PROCEDURE	IRH COSTING	DOH PRICING	DIFFERENCE	(%) Change	
Laboratory	Complete Blood Count(CBC)	P 78.28	P 80.00	P 1.72	2%	
Microbiology	Gram Stain	92.39	35.00	-57.39	-164%	
	Acid Fast Stain	70.51	35.00	-35.51	-101%	
Hematology	Hemoglobin	12.84	25.00	12.16	49%	
	White Blood Cell and Differential Count	40.45	55.00	14.55	26%	
	Hematocrit	18.07	20.00	1.93	10%	
	Platelet Count	32.77	40.00	7.23	18%	
	Clotting Time	34.08	40.00	5.92	15%	
	Bleeding Time	16.89	20.00	3.11	16%	
	Red Blood Cell Count	7.79	25.00	17.21	69%	
	Reticulocyte Count	34.18	40.00	5.82	15%	
	Blood Banking	Blood Typing	42.81	30.00	-12.81	-43%
Clinical Chemistry	Cholesterol	92.06	85.00	-7.06	-8%	
	Blood Urea Nitrogen(BUN)	92.01	50.00	-42.01	-84%	
	Creatinine	102.93	70.00	-32.93	-47%	
	Unc Acid	113.80	55.00	-58.80	-107%	
	Serum Glutamate Pyruvic	96.56	130.00	33.44	26%	
	Transanimase(SGPT)					
	Alkaline Phosphatase	107.03	90.00	-17.03	-19%	
	Acid Phosphatase	156.38	105.00	-51.38	-49%	
	Bilirubin	103.98	70.00	-33.98	-49%	
	Sodium	113.69	125.00	11.31	9%	
	Potassium	113.69	125.00	11.31	9%	
	Chlonde	113.69	65.00	-48.69	-75%	
	Triglycendes	174.57	130.00	-44.57	-34%	
Amylase	146.13	95.00	-51.13	-54%		
Clinical Microscopy	Routine Unnalysis	39.83	40.00	0.17	0%	
	Occult Blood	26.44	25.00	-1.44	-6%	

ILOCOS REGIONAL HOSPITAL							
Comparison of DOH and IRH Fess and Charges							
DEPARTMENT	PROCEDURE	IRH COSTING	DOH PRICING	DIFFERENC	(%) Chango		
Radiology	Thoracic Cage	P 115 19	Prevailing				
	Chest-Pedia	161 10	cost of x-ray films				
	Abdomen-Adult	229 18	processing,				
	Abdomen-Pedia	248 33	plus 100%				
	Kidney Ureter Bladder(KUB)-Adult	116 01	P				
	Kidney Ureter Bladder-Pedia	104 66					
	Pelvimetry	250 53					
	Rice Wangestein View	203 60					
	Skull Anteroposterior Lateral(APL)/	167 83					
	Mandible/Temporo Mandibular Joint						
	Mastoid/Paranasal Sinuses(PNS)	182 47					
	Nasal Bone	160 08					
	Thoraco Lumbar Vertebra(TLV), Thoracic	171 90					
	Spine/Lumbar Secreal Vertebra(LSV)						
	Cervical	163 69					
	Shoulder/Clavicle	99 33					
	Pelvis/Hip Joint/Arm	135 32					
	Elbow Joint/Forearm	129 39					
	Wrist Joint/Hand	115 13					
	Femur/Leg	149 28					
	Knee Joint/Foot	129 39					
	Ankle Joint	115 13					
	Radiology(Specia	Skeletal Survey	671 23				
	Procedures)	Barium Swallow	420 74				
	Barium Enema	834 57					
	Chest Posterior Antero(PA) Lateral-Adult	190 32					
	Chest Posterior Antero-Adult	115 19					
	Upper Gastro Intestinal Series(UGIS)/	576 58					
	Small Intestinal Series(SIS)						
	Ultrasound	293 33					
	T-Tube Cholangiogram	597 31					
	Intra Venous Pyelography(IVP)	810 71					
	Retrograde Pyelography	686 84					
	Sialogram/Cystogram	542 36					
	Fistulogram/Hysterosalpingogra	637 69					
	Carotid Angiogram	682 16					

2. Pricing Model

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
X-RAY PROCEDURE

CHEST - ADULT

Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost
X-ray Film, 14 x 17	1	pc. P	26.630	26.630
Developing Solution	1	use	1.290	1.290
Fixer Solution	1	use	0.280	0.280
Envelope, x-ray	1	pc.	2.500	2.500
Result Form	1	pc.	0.150	0.150 P
				30.85

Equipment	Allotted Time	Quantity	Unit Cost	Total Cost
X-ray Machine	3	1 P	0.500	1.500 P
Lead Gown	3	1	0.700	2.100
Dev. Tank	3	1	0.001	0.003
Fixer Tank	3	1	0.001	0.003
Film Hanger	3	1	0.001	0.003
X-ray cassette w/ l. screen	3	1	0.002	0.006
Negatoscope	15	1	0.001	0.015 P
				3.630

Direct Labor	No. of Persons	Total Minutes	Unit Cost	Total Cost
Radiology Technician II	1	30 P	0.690	20.700 P
Medical Officer III	1	15	0.790	11.850
Medical Specialist II	1	15	1.145	17.175
Clerk	1	5	0.500	2.500 P
				52.23
Total				P 86.71
Overhead Cost (Lights & Water)				9.17
Administrative Cost				18.47
Total Cost				P 114.35

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
X-RAY PROCEDURE

CHEST - PEDIA

Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost
X-ray Film, 10 x 12	1	pc. P	13.410	P 13.410
Developing Solution	1	use	1.290	1.290
Fixer Solution	1	use	0.800	0.800
X-ray Envelope	1	pc.	2.500	2.500
Result Form	1	pc.	0.150	0.150 P 18.15

Equipment	Allotted Time	Quantity	Unit Cost	Total Cost
X-ray Machine	3	1 P	0.500	P 1.500
Lead Gown	3	1	0.700	0.700
Dev. Tank	3	1	0.001	0.003
Fixer Tank	3	1	0.001	0.003
Film Hanger	3	1	0.001	0.003
X-ray cassette w/ screen	3	1	0.002	0.006
Negatoscope	15	1	0.001	0.015 P 2.23

Direct Labor	No. of Persons	Total Minutes	Unit Cost	Total Cost
Radiology Technician II	1	30 P	0.690	P 20.700
Medical Officer III	1	15	0.790	11.850
Medical Specialist II	1	15	1.145	17.175
Clerk	1	5	0.500	2.500 P 52.23
Total				P 72.61
Overhead Cost (Lights & Water)				9.17
Administrative Cost				14.22
Total Cost				P 96.00

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
X-RAY PROCEDURE

ABDOMEN - ADULT

Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost
X-ray Film, 14 x 17	2	pcs.	26.630 P	53.260
Developing Solution	2	films	1.290	2.580
Fixer Solution	2	films	0.800	1.600
Envelope	1	pc.	2.500	2.500
Result Form	1	pc.	0.150	0.150 P
				60.09

Equipment	Allotted Time	Quantity	Unit Cost	Total Cost
X-ray Machine	5	1 P	0.500 P	2.500
Dev. Tank	5	1	0.001	0.005
Fixer Tank	5	1	0.001	0.005
Lead Gown	5	1	0.700	0.700
Film Hangar	5	2	0.001	0.010
Cassette w/ l. screen	5	2	0.002	0.020
Negatoscope	15	1	0.001	0.015 P
				3.26

Direct Labor	No. of Persons	Total Minutes	Unit Cost	Total Cost
Radiology Technician II	1	30 P	0.690 P	20.700
Radiology Technician II	1	20	0.650	13.000
Medical Officer III	1	15	0.790	11.850
Medical Specialist II	1	15	1.154	17.310
Clerk	1	5	0.500	2.500 P
				65.36

Total				P	128.71
Overhead Cost (Lights & Water)					9.17
Administrative Cost					23.76
Total Cost				P	161.64

Pricing Model

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
LABORATORY EXAMINATIONS

B U N

Supplies & Materials	Quantity	Unit	Unit Cost	Total Cost		
B U N Reagent	1	use	P 21.640 P	21.640		
Control Reagent	1	use	52.500	52.500		
Cuvette	1	use	0.300	0.300		
Test Tube 13 x 100 mm	1	pc	0.095	0.095		
Pipette Tip	1	pc	1.000	1.000		
Applicator Stick	1	pc	0.139	0.139		
Syringe with needle, 2.5 ml	1	pc	3.500	3.500		
Alcohol, 70%	2	ml	0.050	0.100		
Cotton Balls	3	pcs	0.050	0.150		
Dist. Water	5	ml	0.005	0.025		
Result Form	1	pc	0.150	0.150	P	79.60
Machines and Instruments	Quantity		Total Minute Cost per Mi	Total Cost		
Spectrophotometer	1	2 P	0.025 P	0.050		
Centrifuge	1	5	0.005	0.025	P	0.08
Direct Labor	No. of Pers		Total Minute Rate per Mi	Total Cost		
Med. Technologist II	1	30 P	0.750 P	22.500		
Med. Specialist I	1	2	1.145	2.290	P	24.79
Total					P	104.46
Overhead Cost (Lights and Water)						9.17
Administrative Cost						4.20
Total Cost					P	117.83

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
LABORATORY EXAMINATIONS

ACID FAST STAIN

Supplies & Materials	Quantity	Unit	Unit Cost	Total Cost
AF Stain	8 ml	P	7.130 P	57.040
Cedarwood Oil	1 ml		3.800	3.800
Denatured Alcohol	20 ml		0.050	1.000
Dist. Water	50 ml		0.005	0.250
HCl	10 ml		0.072	0.720
Alcohol, 70%	2 ml		0.050	0.100
Cotton Balls	3 pcs		0.050	0.150
Result Form	1 pc		0.150	0.150 P 63.21
Machines and Instruments	Quantity	Total Minutes	Cost per Minut	Total Cost
Microscope	1	10 P	0.050 P	0.500 P 0.50
Direct Labor	No. of Pers	Total Minutes	Rate per Minut	Total Cost
Med. Technologist II	1	15 P	0.750 P	11.250
Med. Specialist I	1	15	1.145	17.175 P 28.43
Total				P 92.135
Overhead Cost (Lights and Water)				9.17
Administrative Cost				5.33
Total Cost				P 106.64

Pricing Model

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
LABORATORY EXAMINATIONS

B1 B2 (BILIRUBIN)

Supplies & Materials	Quantity	Unit	Unit Cost	Total Cost
Bilirubin Reagent	1	use P	22.460 P	22.460
Control Reagent	1	use	52.500	52.500
Cuvette	1	use	0.300	0.300
Test Tube 13 x 100 mm	1	pc	0.095	0.095
Disp. Pipette Tip	1	pc	1.000	1.000
Applicator Stick	1	pc	0.139	0.139
Disp. Syringe with needle, 5 ml	1	pc	3.500	3.500
Dist. Water	5	ml	0.050	0.250
Alcohol, 70%	2	ml	0.050	0.100
Cotton Balls	3	pcs	0.050	0.150
Result Form	1	pc	0.150	0.150 P
				80.64

Machines and Instruments	Quantity	Total Minutes	Cost per Minute	Total Cost
Spectrophotometer	1	2 P	0.025 P	0.050
Centrifuge	1	5	0.005	0.025 P
				0.08

Direct Labor	No. of Perso	Total Minutes	Rate per Minute	Total Cost
Med. Technologist II	1	30 P	0.750 P	22.500
Med. Specialist I	1	2	1.145	2.290 P
				24.79

Total				P 105.509
Overhead Cost (Lights and Water)				9.17
Administrative Cost				4.24
Total Cost				P 118.919

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
LABORATORY EXAMINATIONS

BLOOD TYPING

Supplies & Materials	Quantity	Unit	Unit Cost	Total Cost
Pricker	1	pc	3.925	3.925
Alcohol, 70%	2	ml	0.050	0.100
Cotton Balls	3	pcs	0.050	0.150
Test Tube 12 x 75 mm	1	pc	0.082	0.082
Anticoagulant	1	ml	3.800	3.800
Typing Sera	3	drops	7.200	21.600
Syringe with needle, 2.5 ml	1	pc	2.500	2.500
Applicator Stick	3	pcs	0.139	0.417
Result Form	1	pc	0.150	0.150
				P 32.72

Direct Labor	Quantity	Total Minute	Rate per Minut	Total Cost
Med. Technologist II	1	15	0.750	11.250
Med. Specialist I	1	2	1.145	2.290
				P 13.54
Total				P 46.264
Overhead Cost (Lights and Water)				9.17
Administrative Cost				2.43
Total Cost				P 57.86

Pricing Model

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
DENTAL PROCEDURES

DENTAL FILLING (AMALGAM)

Supplies & Materials	Quantity	Unit	Unit Cost	Total Cost
Cotton rolls	3	pcs P	0.050 P	0.150
Mercury	2	qtts	0.080	0.160
Alloy	0.2	gm	12.000	2.400
Squeeze Cloth	1	pc	0.500	0.500
Dental Bur (Diamond)	2	pcs	10.000	20.000
Dental Chart/OPD Chart	1	set	0.400	0.400 P 23.61

Machines and Instruments	Quantity	Total Minutes	Cost per Minute	Total Cost
Mouth Mirror	1	15 P	0.010 P	0.150
Cotton plier	1	15	0.010	0.150
Dental Explorer	1	15	0.010	0.150
Dental Excavator	1	15	0.010	0.150
Mortar/Pestle	1	15	0.050	0.750
Amalgam Plugger	1	15	0.020	0.300
Amalgam Carrier	1	15	0.020	0.300
Amalgam Varnisher	1	15	0.020	0.300
Sterilizer	1	30	0.176	5.280
Air compressor	1	15	0.033	0.495
Hi-speed handpiece	1	15	0.029	0.435
Hi-speed cartridge	1	15	0.025	0.375
Dental unit with chair	1	15	0.313	4.688 P 13.52

Direct Labor	No. of Perso	Total Minutes	Rate per Minute	Total Cost
Dentist III	1	15 P	0.930 P	13.950
Dentist I	1	15	0.710	10.650
Clerk	1	5	0.500	2.500 P 27.10
Total				P 64.23
Overhead Cost (Lights and Water)				9.17
Administrative Cost				6.95
Total Cost				P 80.35

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
X-RAY PROCEDURE

BARIUM ENEMA

Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost	
X-ray Films					
14 X 17	5	pcs.	26.630	133.150	
10 X 12	2	pcs.	13.410	26.820	
8 X 10	1	pc.	8.490	8.490	
Developing Solution	8	uses	1.290	10.320	
Fixer Solution	8	uses	0.800	6.400	
Envelope	1	pc.	2.500	2.500	
Result Form	1	pc.	0.150	0.150	P 187.83
Equipment	Allotted Tim	Quantity	Unit Cost	Total Cost	
X-ray Machine	8	1	0.500	4.000	P
Dev. Tank	16	1	0.001	0.016	
Fixer Tank	16	1	0.001	0.016	
Lead Gown	8	1	0.700	0.700	
Film Hanger	8	8	0.001	0.064	
Cassette w/ l. screen	8	8	0.002	0.128	
Negatoscope	15	1	0.001	0.015	P 4.94
Direct Labor	No. of Pers	Total Minutes	Unit Cost	Total Cost	
Medical Officer III	1	15	0.790	11.850	P
Medical Specialist II	1	15	1.154	17.310	
Radiology Technician III	1	30	0.690	20.700	
Radiology Technician II	1	30	0.650	19.500	
Clerk	1	5	0.500	2.500	P 71.86
Total					P 264.63
Overhead Cost (Lights & Water)					9.17
Administrative Cost					47.92
Total Cost					P 321.72

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
X-RAY PROCEDURE

ARM/THIGH/LEG

Supplies and Materials	Quantity	Unit		Unit Cost		Total Cost	
X-ray Film, 11 X 14	1	pc.	P	16.200	P	16.200	
Developing Solution	1	use		1.290		1.290	
Fixer Solution	1	use		0.800		0.800	
Envelope	1	pc.		2.500		2.500	
Result Form	1	pc.		0.150		0.150	P 20.94
Equipment	Allotted Tim	Quantity		Unit Cost		Total Cost	
X-ray Machine	3	1	P	0.500	P	1.500	
Dev. Tank	6	1		0.001		0.006	
Fixer Tank	6	1		0.001		0.006	
Lead Gown	3	1		0.700		0.700	
Film Hanger	6	1		0.001		0.006	
Cassette w/ l. screen	3	1		0.002		0.006	
Negatoscope	10	1		0.001		0.010	P 2.23
Direct Labor	No. of Pers	Total Minutes		Unit Cost		Total Cost	
Radiology Technician III	1	15	P	0.690	P	10.350	
Medical Officer III	1	10		0.790		7.900	
Medical Specialist II	1	10		1.154		11.540	
Clerk	1	5		0.500		2.500	P 32.29
Total							P 55.46
Overhead Cost (Lights & Water)							9.17
Administrative Cost							11.13
Total Cost							P 75.76

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
LABORATORY EXAMINATIONS

CHLORIDE

Supplies & Materials	Quantity	Unit	Unit Cost	Total Cost
Chloride Reagent	1	use	P 13.580 P	13.580
Control Reagent	1	use	52.500	52.500
Cuvette	1	use	0.300	0.300
Test Tube 13 x 100 mm	1	pc	0.095	0.095
Applicator Stick	1	pc	0.139	0.139
Pipette Tip	1	pc	1.000	1.000
Dist. Water	5	ml	0.005	0.025
Disp. Syringe with needle, 5 ml	1	pc	3.500	3.500
Cotton Balls	3	pcs	0.050	0.150
Alcohol, 70%	2	ml	0.050	0.100
Result Form	1	pc	0.150	0.150 P 71.54

Machines and Instruments	Quantity	Total Minutes	Cost per Minut	Total Cost
Spectrophotometer	1	2 P	0.025 P	0.050
Centrifuge	1	5	0.005	0.025 P 0.08

Direct Labor	No. of Perso	Total Minutes	Rate per Minut	Total Cost
Med. Technologist II	1	30	0.750 P	22.500
Med. Specialist I	1	2	1.145	2.290 P 24.79

Total				P 96.40
Overhead Cost (Lights and Water)				9.17
Administrative Cost				3.91
Total Cost				P 109.48

Pricing Model

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
LABORATORY EXAMINATIONS

CHOLESTEROL

Supplies & Materials	Quantity	Unit	Unit Cost	Total Cost	
Cholesterol Reagent	1	use	17.250 P	17.250	
Control Reagent	1	use	52.500	52.500	
Cuvette	1	use	0.300	0.300	
Test Tube 13 x 100 mm	1	pc	0.095	0.095	
Syringe with needle, 2.5 ml	1	pc	3.500	3.500	
Pipette Tip	1	pc	1.000	1.000	
Applicator Stick	1	pc	0.139	0.139	
Cotton Balls	3	pcs	0.050	0.150	
Alcohol, 70%	2	ml	0.050	0.100	
Result Form	1	pc	0.150	0.150 P	75.18
Machines and Instruments	Quantity	Total Minutes	Cost per Minute	Total Cost	
Spectrophotometer	1	2	0.025 P	0.050	
Centrifuge	1	5	0.005	0.025 P	0.08
Direct Labor	No. of Per	Total Minutes	Rate per Minute	Total Cost	
Med. Technologist II	1	30	0.750 P	22.500	
Med. Specialist I	1	2	1.145	2.290 P	24.79
Total				P 100.05	
Overhead Cost (Lights and Water)				9.17	
Administrative Cost				4.04	
Total Cost				P 113.259	

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
X-RAY PROCEDURES

CYSTOGRAM

Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost	
X-ray Film, 10 X 12	4	pc	13.410	53.640	
Developing Solution	4	films	1.290	5.160	
Fixer Solution	4	films	0.800	3.200	
Envelope	1	pc	2.500	2.500	
Result Form	1	pc	0.150	0.150	P 64.65
Equipment	Allotted Tim	Quantity	Unit Cost	Total Cost	
X-ray Machine	5	1	0.500	2.500	
Dev. Tank	10	1	0.001	0.010	
Fixer Tank	10	1	0.001	0.010	
Lead Gown	5	1	0.700	0.700	
Film Hanger	10	4	0.001	0.040	
Cassette w/ l. screen	5	4	0.002	0.040	
Negatoscope	15	1	0.001	0.015	P 3.32
Direct Labor	No. of Pers	Total Minutes	Unit Cost	Total Cost	
Rad Tech III	1	30	0.690	20.700	
Rad Tech II	1	30	0.650	19.500	
Med Officer III	1	20	0.710	14.200	
Med Specialist II	1	20	1.154	23.080	
Clerk	1	5	0.500	2.500	P 79.98
Total					P 147.95
Overhead Cost (Lights & Water)					9.17
Administrative Cost					27.40
Total Cost					P 184.52

Pricing Model

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
DENTAL PROCEDURES

DENTAL EXTRACTION - Simple

Supplies & Materials	Quantity	Unit	Unit Cost	Total Cost
Dental chart	1	set	P 0.400	P 0.400
Dental needle	1	pc	3.700	3.700
Dental anesthesia	1	carpule	9.000	9.000
Topical anesthesia	3	qtts	1.720	5.160
OS, 4 x 4	3	pcs	2.970	8.910 P 27.17

Machines and Instruments	Quantity	Total Minutes	Cost per Minute	Total Cost
Mouth Mirror	1	10 P	0.010 P	0.100
Cotton plier	1	10	0.010	0.100
Dental Forcep	1	10	0.010	0.100
Gum Separator	1	10	0.010	0.100
Straight Elevator	1	10	0.005	0.050
Dental Syringe	1	10	0.006	0.060
Sterilizer	1	10	0.176	1.760
Dental unit with chair	1	10	0.313	3.125 P 5.40

Direct Labor	No. of Pers	Total Minutes	Rate per Minute	Total Cost
Dentist III	1	10 P	0.930 P	9.300
Dentist I	1	10	0.710	7.100
Clerk	1	5	0.500	2.500 P 18.90
Total				P 51.47
Overhead Cost (Lights and Water)				9.17
Administrative Cost				5.71
Total Cost				P 66.35

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
ECTOPIC PREGNANCY

ADMISSION

Direct Labor	No. of Persons	Total Minutes	Rate/Min.	Total Cost	
Consultant OB	1	15 P	1.140 P	17.100	
OPD Clerk	1	10	0.500	5.000	
OPD Nurse	1	10	0.600	6.000	
Obstetrician	1	30	0.870	26.100	
Internist	1	30	0.870	26.100 P	80.30
Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost	
Materials (Adm. Chart)	15 pcs.		P 0.300 P	4.500	
Light & Water				9.170 P	13.67
Laboratory Procedures					
Hemoglobin				P 31.080	
Hematocrit				32.560	
Blood Typing				57.860	
Pregnancy Test				66.070	
Cross matching				60.230 P	247.80
Total: ADMISSION					P 341.77

PRE-OPERATION

Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost	
D 5LKIL	3 btl.		P 18.330 P	54.990	
Vennet	1 pc.		9.600	9.600	
Blood Set	1 pc.		12.780	12.780	
IV Catheter g 18	2 pcs.		20.210	40.420	
Foley Catheter F16	1 pc.		25.000	25.000	
Urine bag	1 pc.		15.000	15.000	
Plaster	0.25 roll		31.660	7.915	
Cotton balls	1 pc.		0.050	0.050	
4 x 4	5 pcs.		5.000	25.000	
Soap	2 cc.		0.650	1.300	
Shaving blade	1 pc.		4.900	4.900	
Cidex solution	3 liters		2.100	6.300	
NSS foe washing	1 btl.		9.280	9.280	
Alcohol	50 cc.		0.130	6.500 P	219.04
Medicines	Quantity	Unit	Unit Cost	Total Cost	
Nalbuphrina 10 mg	1 amp.		P 41.800 P	41.800	
Diazepam 10 mg.	1 amp.		27.550	27.550	
Bupivocaine 0.5 hearing	1 amp.		126.650	126.650 P	196.00
Total: PRE-OPERATION					P 415.04

Pricing Model

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
ECTOPIC PREGNANCY

OPERATION PROPER

Direct Labor	No. of Persons	Total Minutes	Rate/Min	Total Cost
Consultant OB	1	30 P	1 140 P	34 200
Consultant Anesthesiologist	1	30	1 140	34 200
Obstetrician	2	60	0 870	104 400
Anesthesiologist	1	60	0 870	52 200
OR Nurse	2	60	0 710	85 200
Nursing Attendant	1	30	0 550	16 500
R R Nurse	2	96	0 710	68 160
Helper	1	30	0 500	15 000 P 409 86

Machines and Instruments	Quantity	Unit	Rate/Min	Total Cost
Allis forcep	4 pcs	P	12 290 P	49 160
Bah Cach	4 pcs		10 240	40 960
Arsimers straight	2 pcs		14 800	29 600
Ovum forcep	1 pc		0 930	0 930
Towel clips	5 pcs		3 550	17 750
Army Navy	2 pcs		31 700	63 400
Richardson	2 pcs		9 060	18 120
Deaver narrow	1 pc		7 260	7 260
Deaver wide	1 pc		7 260	7 260
Malleable	1 pc		17 890	17 890
Self retaining retractor	1 pc		5 000	5 000
Bladder retractor	1 pc		5 750	5 750
Kelly forcep straight	1 pc		19 040	19 040
Kelly forcep curve	1 pc		22 950	22 950
K basin	1 pc		6 370	6 370
Bowl	1 pc		6 370	6 370
Carmalt forcep	3 pcs		12 300	36 900
Metz scissor	1 pc		8 190	8 190
Myo scissor	1 pc		22 420	22 420
Stitch scissor	2 pcs		7 920	15 840
Tissue forcep C teeth	2 pcs		31 880	63 760
Tissue forcep S teeth	2 pcs		30 470	60 940
Blade holder no 94	1 pc		4 960	4 960
Surgical blade no 21	1 pc		3 800	3 800
Needle holder	2 pcs		6 050	12 100
Long pick up forcep	2 pcs		30 470	60 940
Mayo Table	2 pcs		10 090	20 180
IV Stand	2 pcs		0 420	0 840
Suction Apparatus	1 pc		3 770	3 770
Stretcher	1 pc		8 740	8 740
Pail	2 pcs		2 730	5 460
Aircon	1 pc		68 750	68 750
Back Table	1 pc		2 140	2 140
Foot Stool	5 pcs		1 190	5 950
Autoclave Machine				10 000
OR Table				81 500
OR Light				24 170
Cautery Machine				50 000 P 889 16
Anesthesia Machine				

Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost
Gown Pack	5 pcs	P	2 000 P	10 000
Sponges	15 pcs		3 330	49 950
Liquid soap for scrubbing	1 pc		112 500	112 500
Micropore plaster	1 pc		31 660	31 660
Cotton balls	5 pcs		0 050	0 250
Gloves	10 pcs		20 830	208 300
Cherry Balls	10 pcs		0 050	0 500
Betadine	2 cc		0 150	0 300
Towel sheet				23 180
Long sheet				.
Laparotomy Pack				.
Mayo Cover				P 436 64

Sutures	Quantity	Unit	Unit Cost	Total Cost
Vicryl 1	1 pc	P	157 500 P	157 500
Chronic 1	6 pcs		54 170	325 020
Chronic 1-0	2 pcs		54 170	108 340
At Chronic 3 0	1 pcs		73 030	73 030
Plain 2 0	1 pc		54 170	54 170
Silk 2 0	1 pc		79 170	79 170
Cutting Needle	8 pcs		0 850	5 200 P 802 43

Total OPERATION PROPER P 2,538 09

Pricing Model

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
ECTOPIC PREGNANCY

Direct Labor	No. of Persons	Total Minutes	Rate/Min.	Total Cost
Consultant OB	1	30 P	1.140 P	34.200
Consultant Anesthesiologist	1	30	1.140	34.200
Obstetrician	2	60	0.870	104.400
Anesthesiologist	1	60	0.870	52.200
OR Nurse	2	60	0.710	85.200
Nursing Attendant	1	30	0.550	16.500
R.R. Nurse	2	96	0.710	68.160
Helper	1	30	0.500	15.000 P
				409.86

Machines and Instruments	Quantity	Unit	Rate/Min.	Total Cost
Allis forcep	4 pcs.	P	12.290 P	49.160
Bah Cach	4 pcs.		10.240	40.960
Arsimers straight	2 pcs.		14.800	29.600
Ovum forcep	1 pc.		0.930	0.930
Towel clips	5 pcs.		3.550	17.750
Army Navy	2 pcs.		31.700	63.400
Richardson	2 pcs.		9.060	18.120
Deaver narrow	1 pc.		7.260	7.260
Deaver wide	1 pc.		7.260	7.260
Malleable	1 pc.		17.890	17.890
Self retaining retractor	1 pc.		5.000	5.000
Bladder retractor	1 pc.		5.750	5.750
Kelly forcep straight	1 pc.		19.040	19.040
Kelly forcep curve	1 pc.		22.950	22.950
K basin	1 pc.		6.370	6.370
Bowl	1 pc.		6.370	6.370
Carmalty forcep	3 pcs.		12.300	36.900
Metz scissor	1 pc.		8.190	8.190
Myo scissor	1 pc.		22.420	22.420
Stitch scissor	2 pcs.		7.920	15.840
Tissue forcep C teeth	2 pcs.		31.880	63.760
Tissue forcep S teeth	2 pcs.		30.470	60.940
Blade holder no 94	1 pc.		4.960	4.960
Surgical blade no 21	1 pc.		3.800	3.800
Needle holder	2 pcs.		6.050	12.100
Long pick up forcep	2 pcs.		30.470	60.940
Mayo Table	2 pcs.		10.090	20.180
IV Stand	2 pcs.		0.420	0.840
Suction Apparatus	1 pc.		3.770	3.770
Stretcher	1 pc.		8.740	8.740
Pail	2 pcs.		2.730	5.460
Aircon	1 pc.		68.750	68.750
Back Table	1 pc.		2.140	2.140
Foot Stool	5 pcs.		1.190	5.950
Autoclave Machine				10.000
OR Table				81.500
OR Light				24.170
Cautery Machine				50.000 P
Anesthesia Machine				889.16

**RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
ECTOPIC PREGNANCY**

Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost
Gown Pack	5 pcs.	P	2.000	P 10.000
Sponges	15 pcs.		3.330	49.950
Liquid soap for scrubbing	1 pc.		112.500	112.500
Micropore plaster	1 pc.		31.660	31.660
Cotton balls	5 pcs.		0.050	0.250
Gloves	10 pcs.		20.830	208.300
Cherry Balls	10 pcs.		0.050	0.500
Betadine	2 cc.		0.150	0.300
Towel sheet				23.180
Long sheet				-
Laparotomy Pack				-
Mayo Cover				- P 436.64

Sutures	Quantity	Unit	Unit Cost	Total Cost
Vicryl 1	1 pc.	P	157.500	P 157.500
Chronic 1	6 pcs.		54.170	325.020
Chronic 1 0	2 pcs.		54.170	108.340
At Chronic 3-0	1 pcs.		73.030	73.030
Plain 2 0	1 pc.		54.170	54.170
Silk 2 0	1 pc.		79.170	79.170
Cutting Needle	8 pcs.		0.650	5.200 P 802.43
Total OPERATION PROPER				P 2,538.09

POST OPERATION

Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost
D5LRS 1 L	2 pcs.	P	18.330	P 36.660
Ampicilin 500 mg	4 pcs.		10.900	43.600
Naibuphine	4 pcs.		41.800	167.200
MWfenamine Acid 500 mg	12 pcs.		0.660	7.920
Terrous Sulfate	15 tabs.		-	- P 255.38

Machines and Instruments	Quantity	Unit	Unit Cost	Total Cost
Oxygen Gauge	4 hrs.	P	0.034	P 0.538
Suction Apparatus	2 hrs.		3.773	7.545
BP Apparatus	6 hrs.		0.154	0.925
Suction Catheter	1 pc.		10.000	10.000
Bed Pan	3 hrs.		0.077	0.230
Stethoscope	6 hrs.		0.048	0.290
Bedside Table	6 hrs.		0.068	0.410
Bed	6 hrs.		0.223	1.335
Stretcher	1 hr.		0.364	0.364
Thermometer	1 pc.		5.000	5.000
IV Stand Stainless	8 hrs.		0.043	0.343
Linen	8 hrs.		0.100	0.797 P 27.78
Total POST OPERATION				P 283.16

RIZAL MEDICAL CENTER
HOSPITAL PRICING SYSTEM
ECTOPIC PREGNANCY

WARD

Supplies and Materials	Quantity	Unit	Unit Cost	Total Cost
Dressing set	1 set	P	20.040 P	20.040
Betadine	100 cc.		0.150	15.000
Plaster	0.50 roll		26.330	13.165
Thermometer	1 pc.		5.000	5.000
BP Apparatus	3 hrs.		0.154	0.463
Stethoscope	6 hrs.		0.048	0.290
Bed	4 days		5.340	21.360
Bedside Table	4 days		1.640	6.560
Bed Pans	4 days		1.840	7.360
Linen	4 days		30.000	120.000
Subsistence	4 days		0.300	1.200
Light & Water				9.170 P 219.61

Direct Labor	No. of Persons	Total Minutes	Rate/Min.	Total Cost
Obstetricians	2	240 P	0.870 P	208.800
Ward Nurse	2	60	0.710	42.600
Nursing Attendant	1	60	0.550	33.000
Helper	1	40	0.500	20.000 P 304.40
Total: WARD				P 524.01
GRAND TOTAL				P 4,102.06

Pricing Model

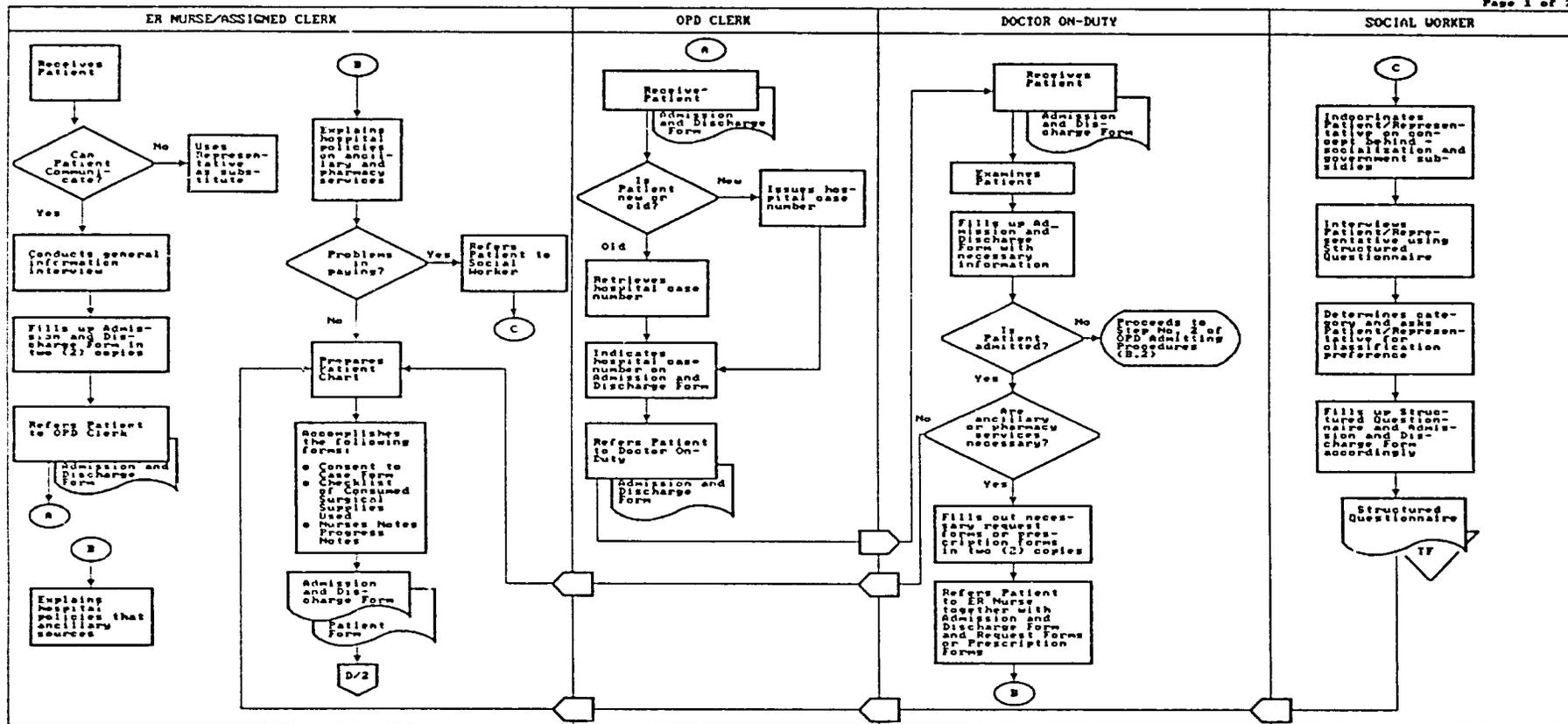
3. Flow Chart



85

Flow Chart

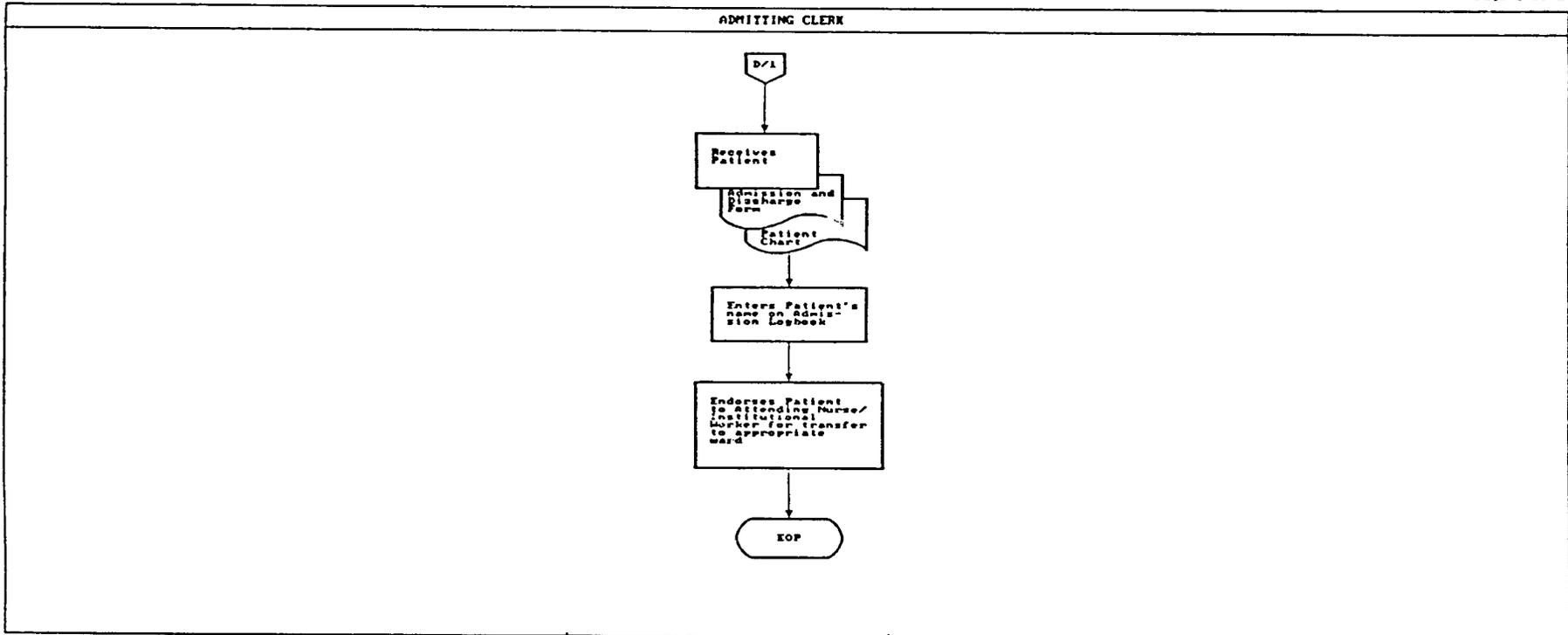
B. Procedures Flow: Billing and Collection B.1 Admitting Procedures for In-Patients B.1.1 Charity



98

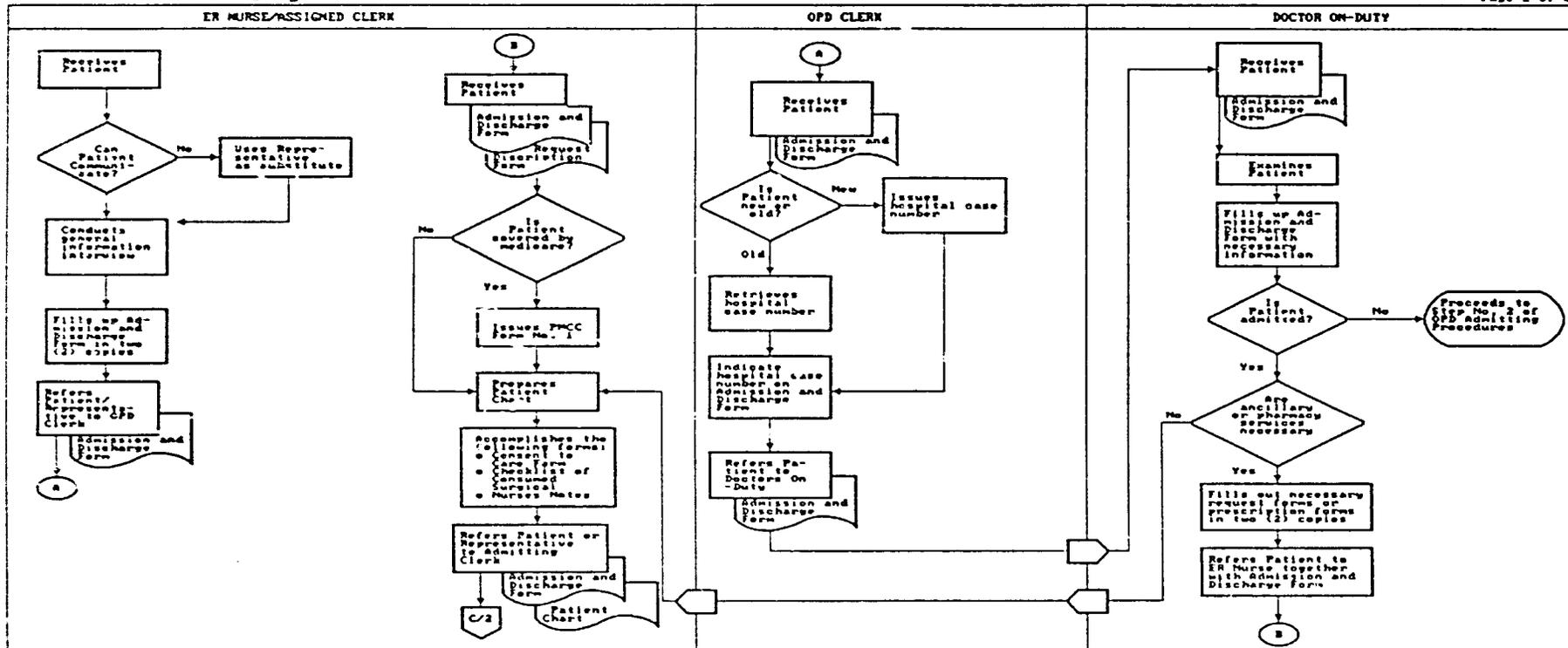
Flow Chart

B. Procedures Flow: Billing and Collection
B.1 Admitting Procedures for In-Patients
B.1.1. Charity



Flow Chart

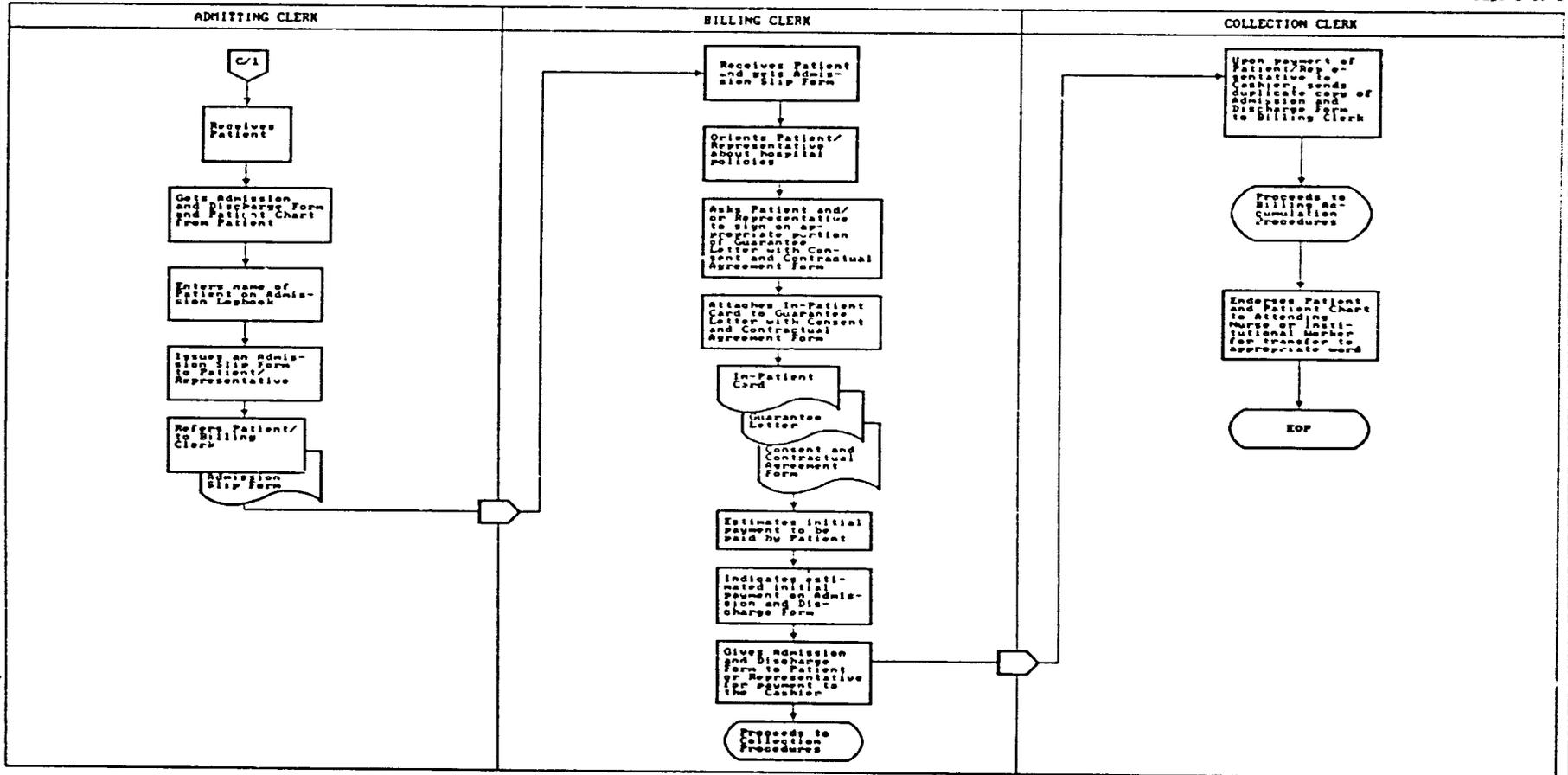
B. Procedures Flow: Billing and Collection B.1 Admitting Procedures for In-Patients B.1.2 Pay



88

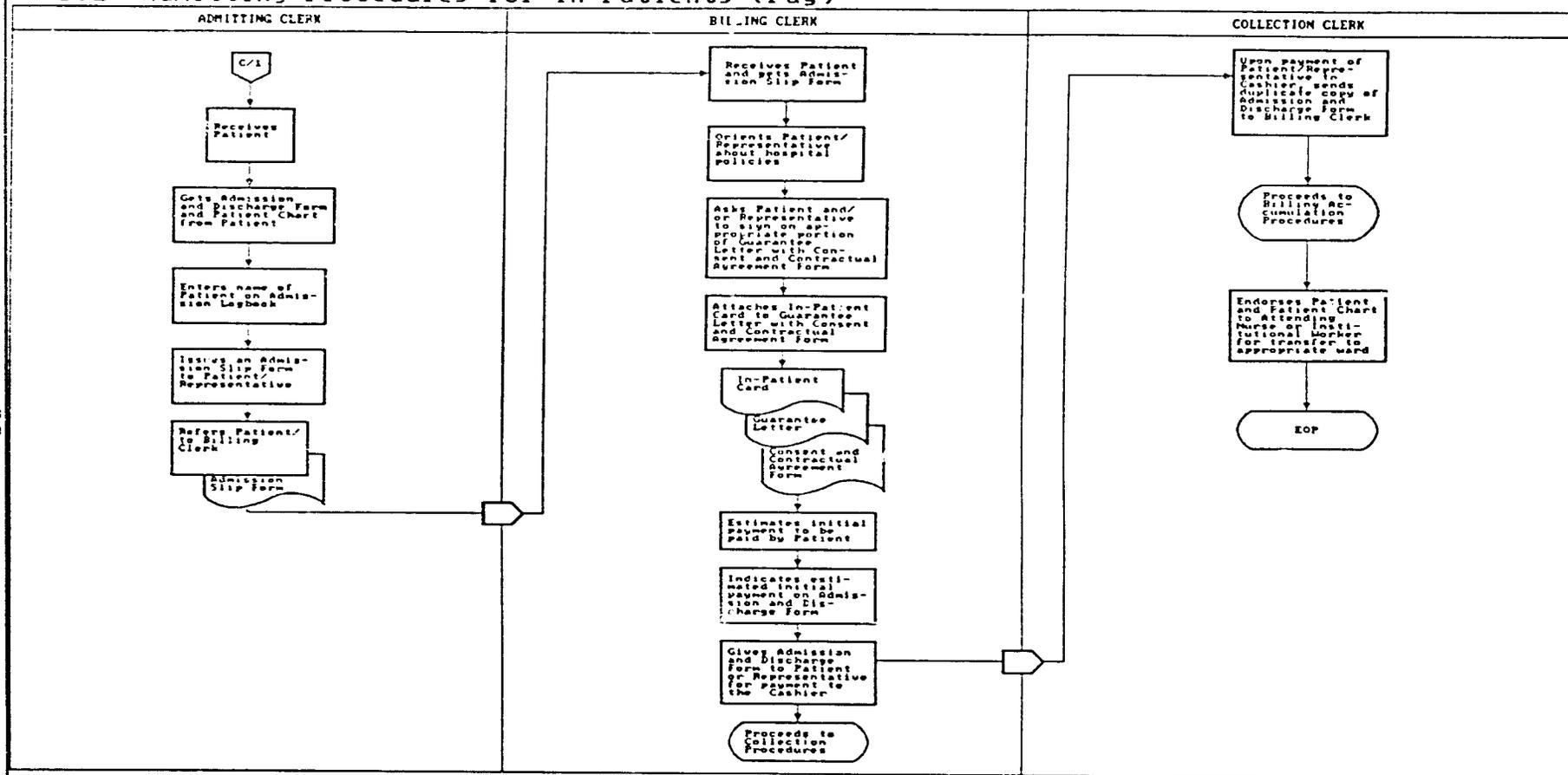
Flow Chart

B. Procedures Flow: Billing and Collection
B.1 Admitting Procedures for In-Patients
B.1.2 Pay



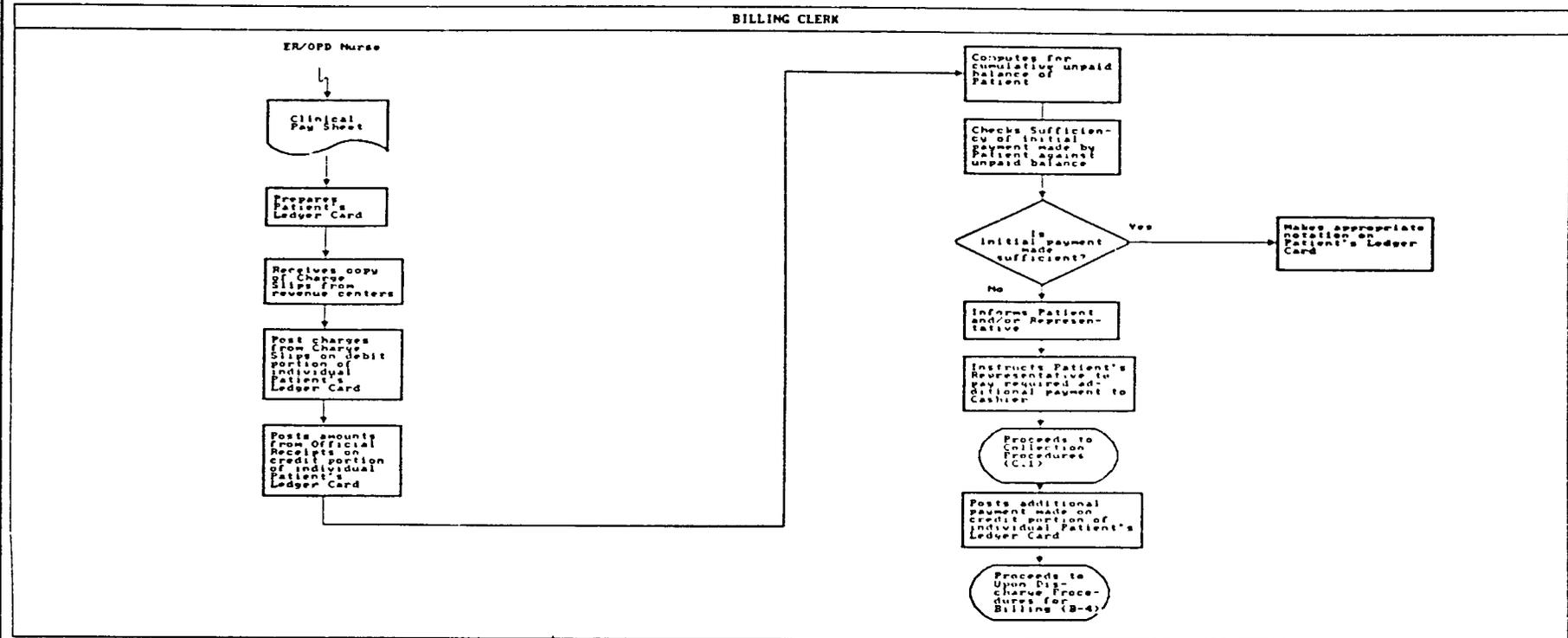
Flow Chart

B. Procedures Flow: Billing and Collection B.2 Admitting Procedures for In-Patients (Pay)



Flow Chart

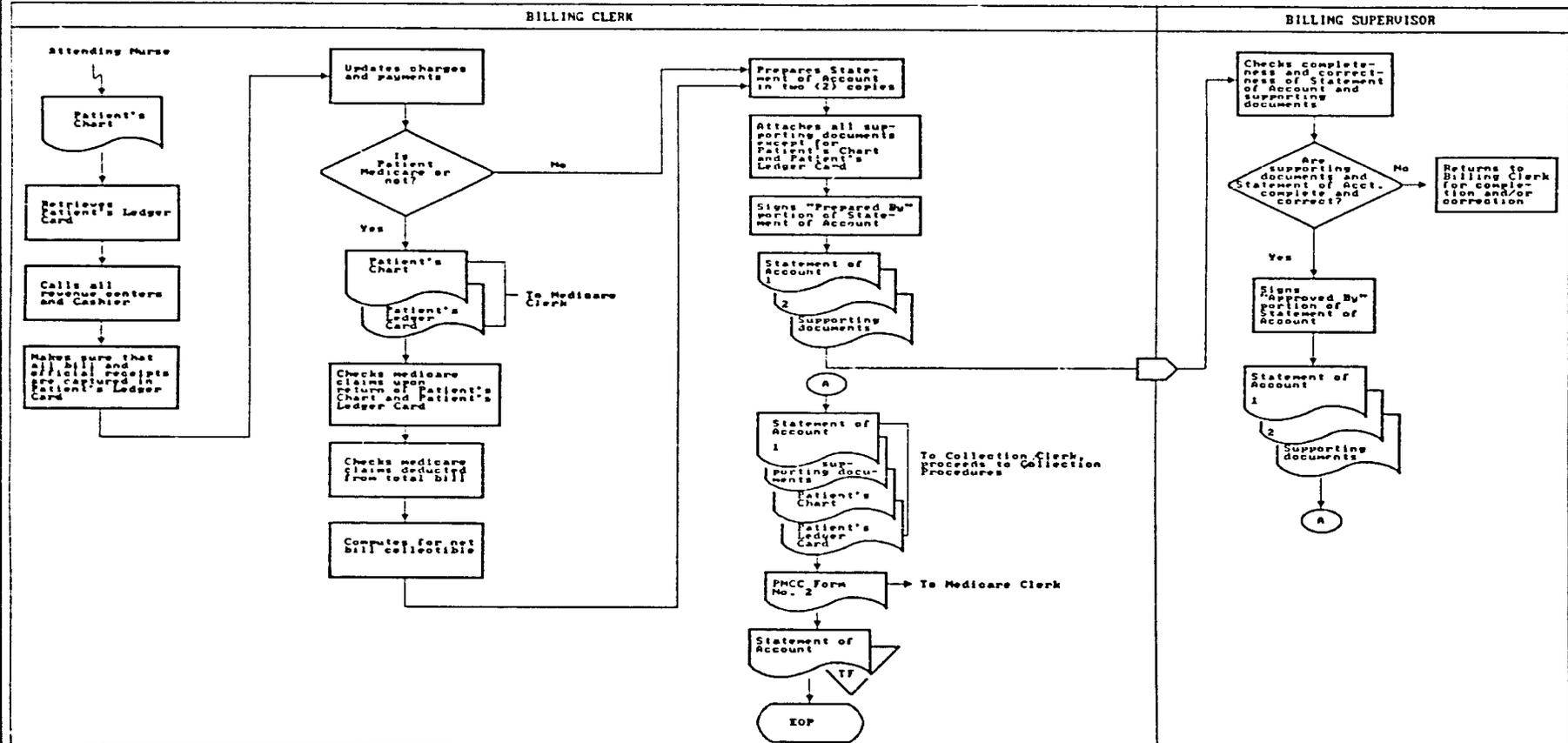
B.3 Daily Tasks - Billing



Flow Chart

B.4 Upon Discharge Tasks - Billing

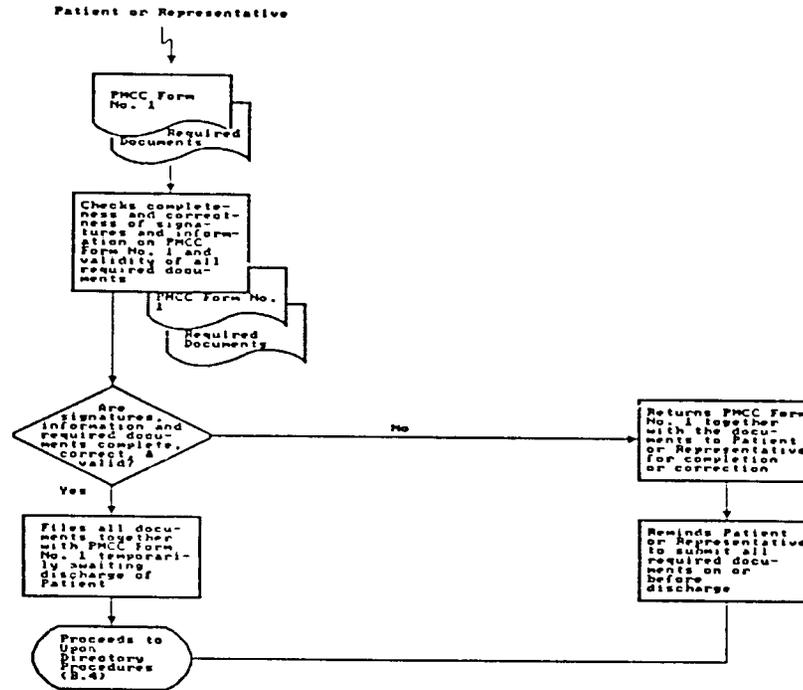
92



Flow Chart

B. 5 Medicare Claims Processing Procedures B.5.1 Patient has duly filled-up PMCC Form

MEDICARE CLERK

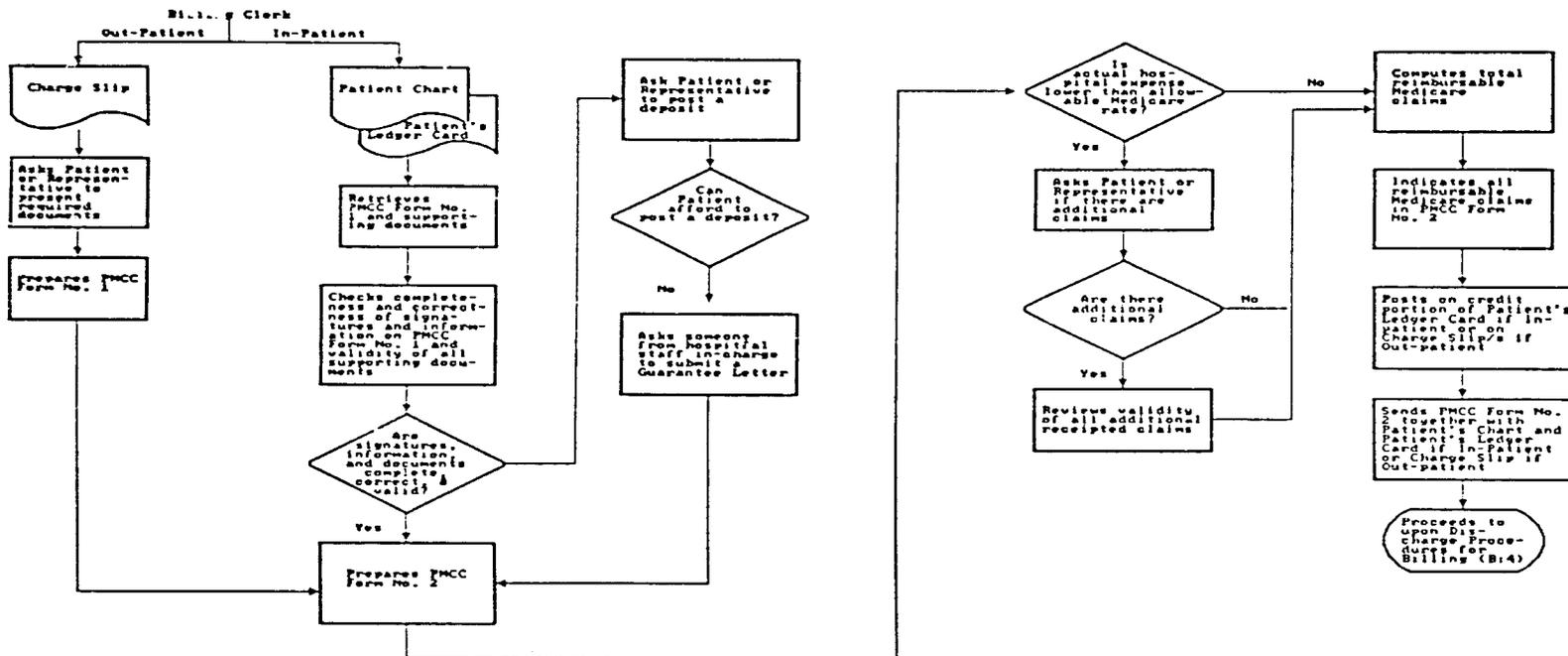


Flow Chart

B.5 Medicare Claims Processing Procedures B.5.2 Upon Discharge Tasks

Page 1 of 1

MEDICARE CLERK

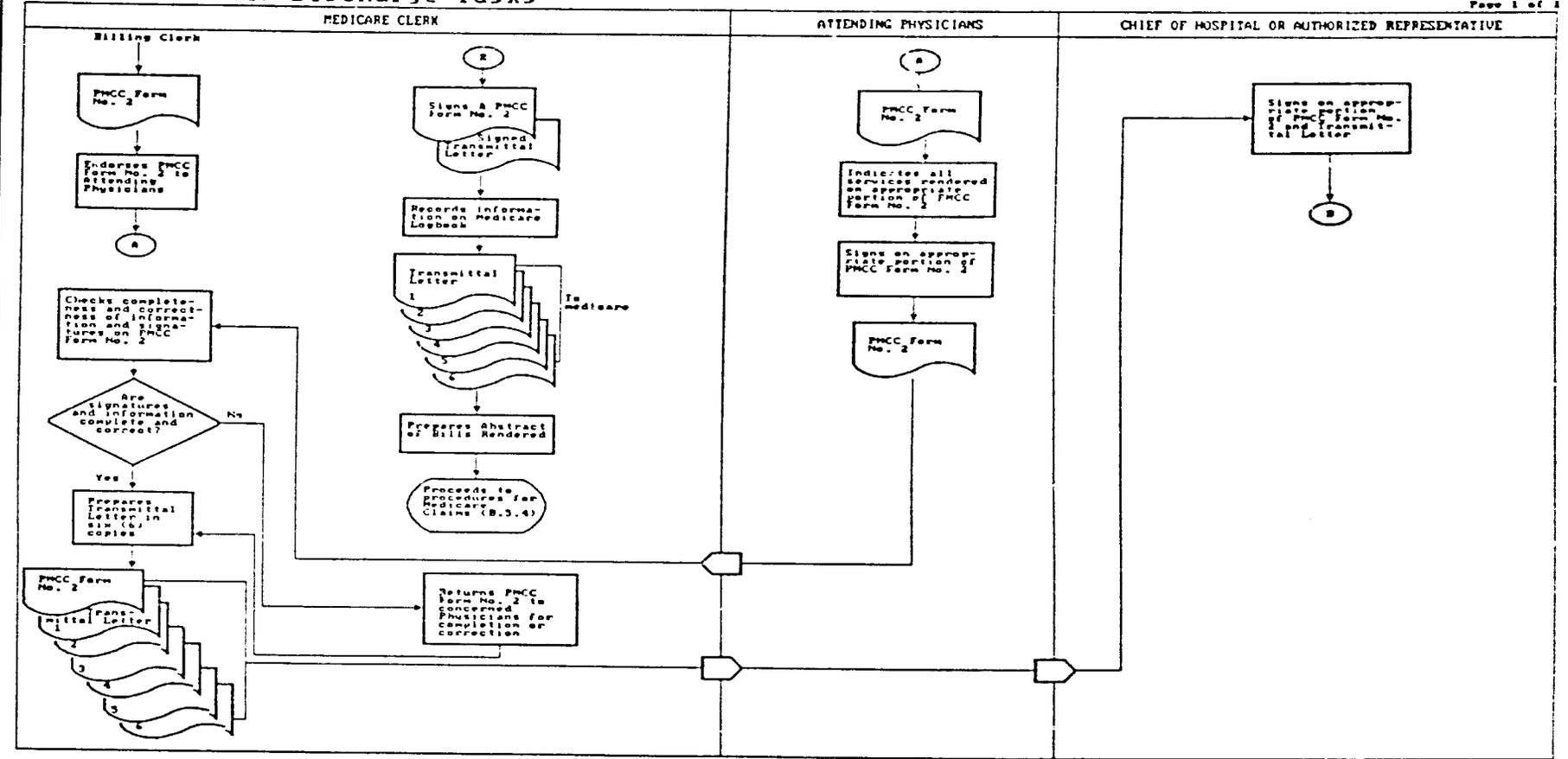


94

Flow Chart

B.5 Medicare Claims Processing Procedures B.5.3 After Discharge Tasks

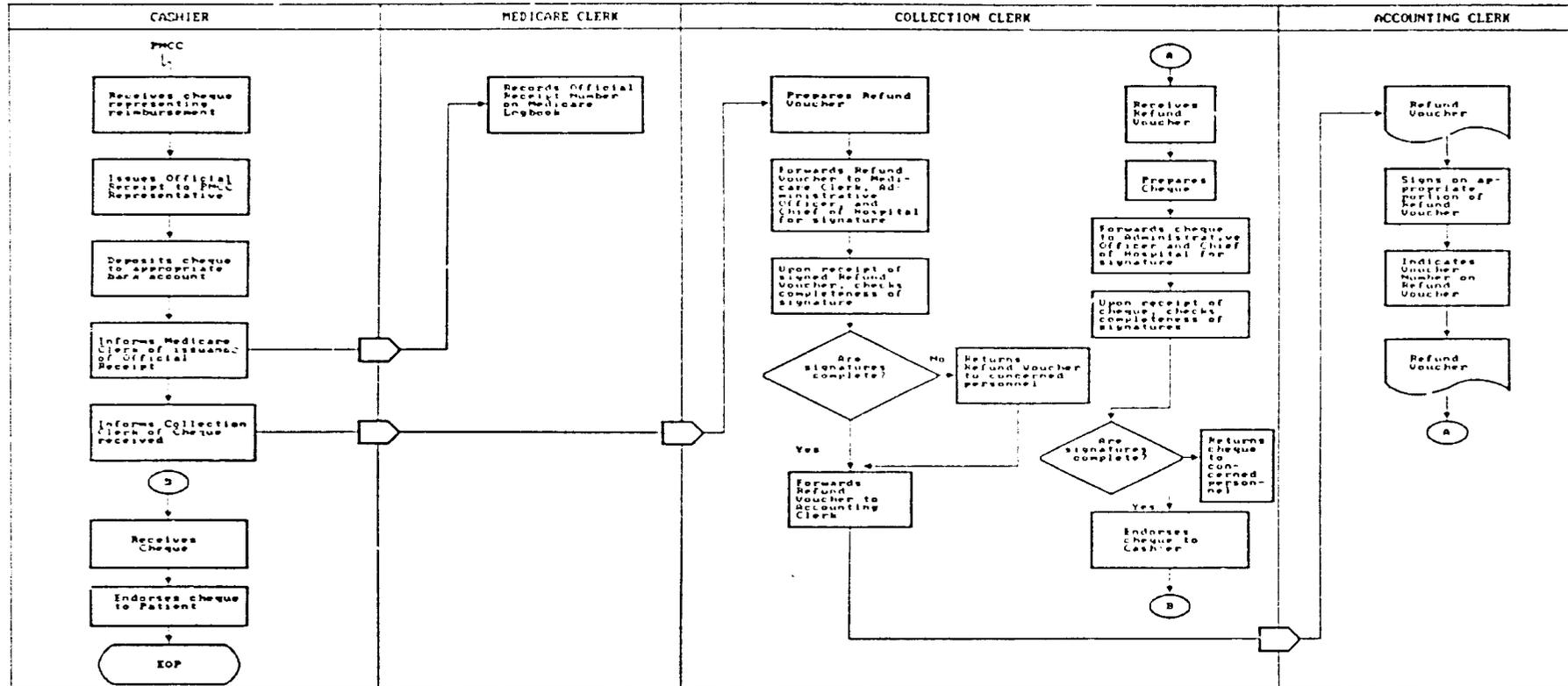
Page 1 of 1



Flow Chart

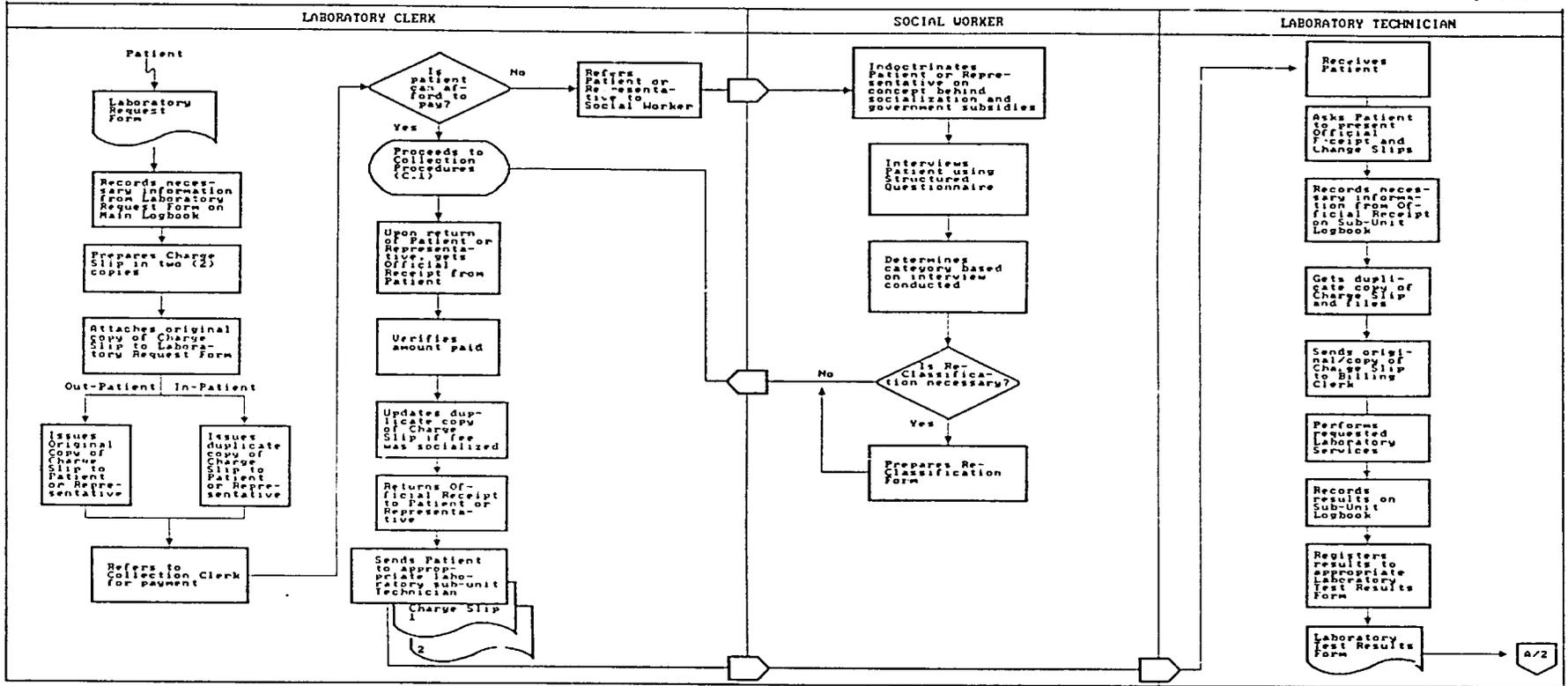
B.5 Medicare Claims Processing Procedures B.5.4 Upon Receipt of Reimbursements

96



Flow Chart

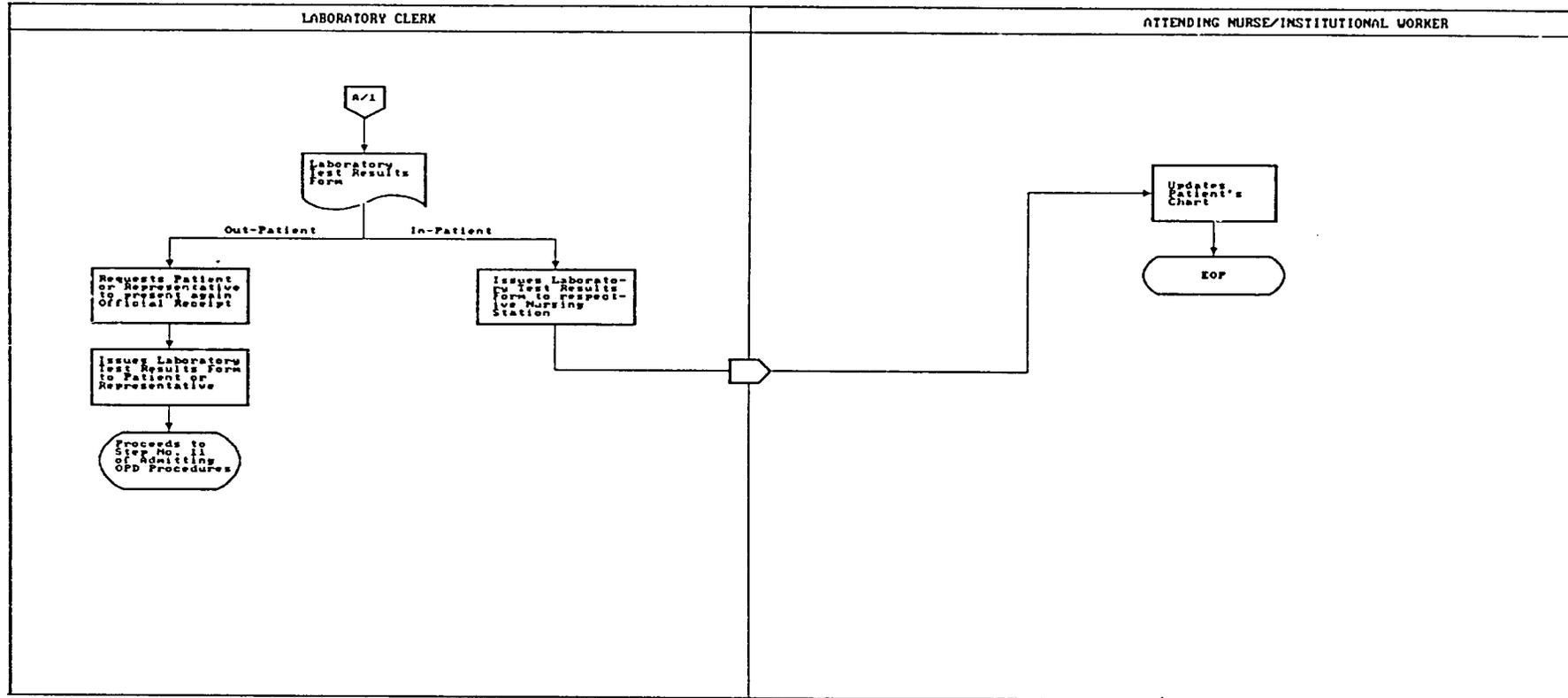
B.6 Laboratory Services



Flow Chart

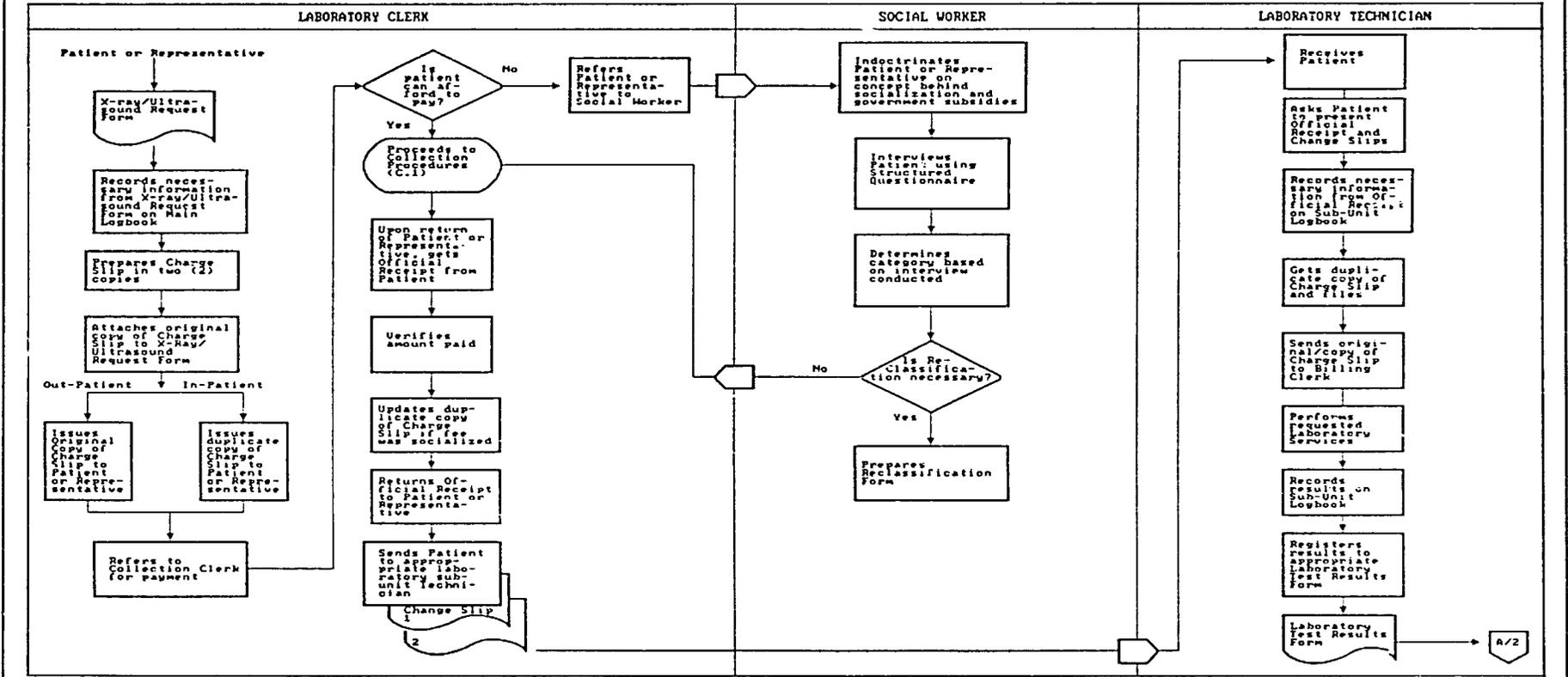
B.6 Laboratory Services

Page 2 of 2



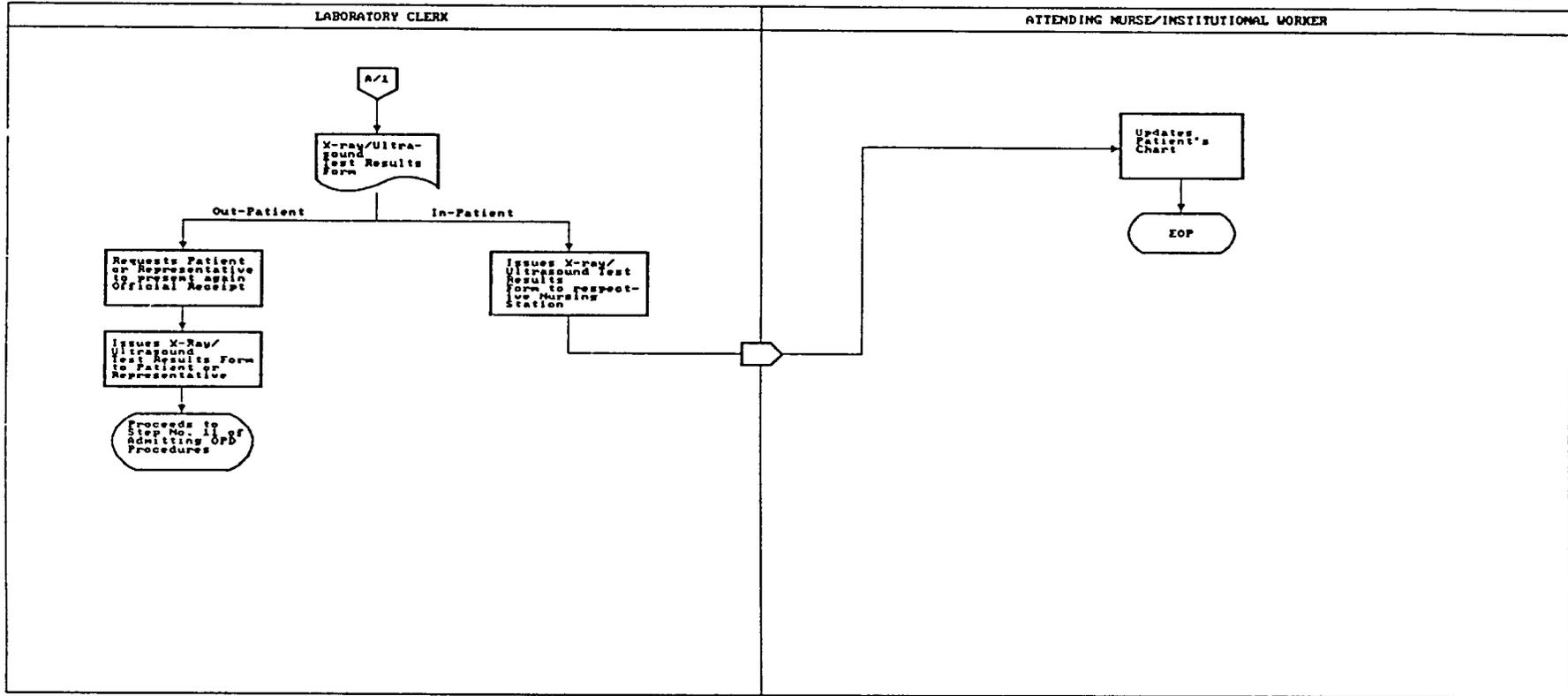
Flow Chart

B.7 Radiological Services



Flow Chart

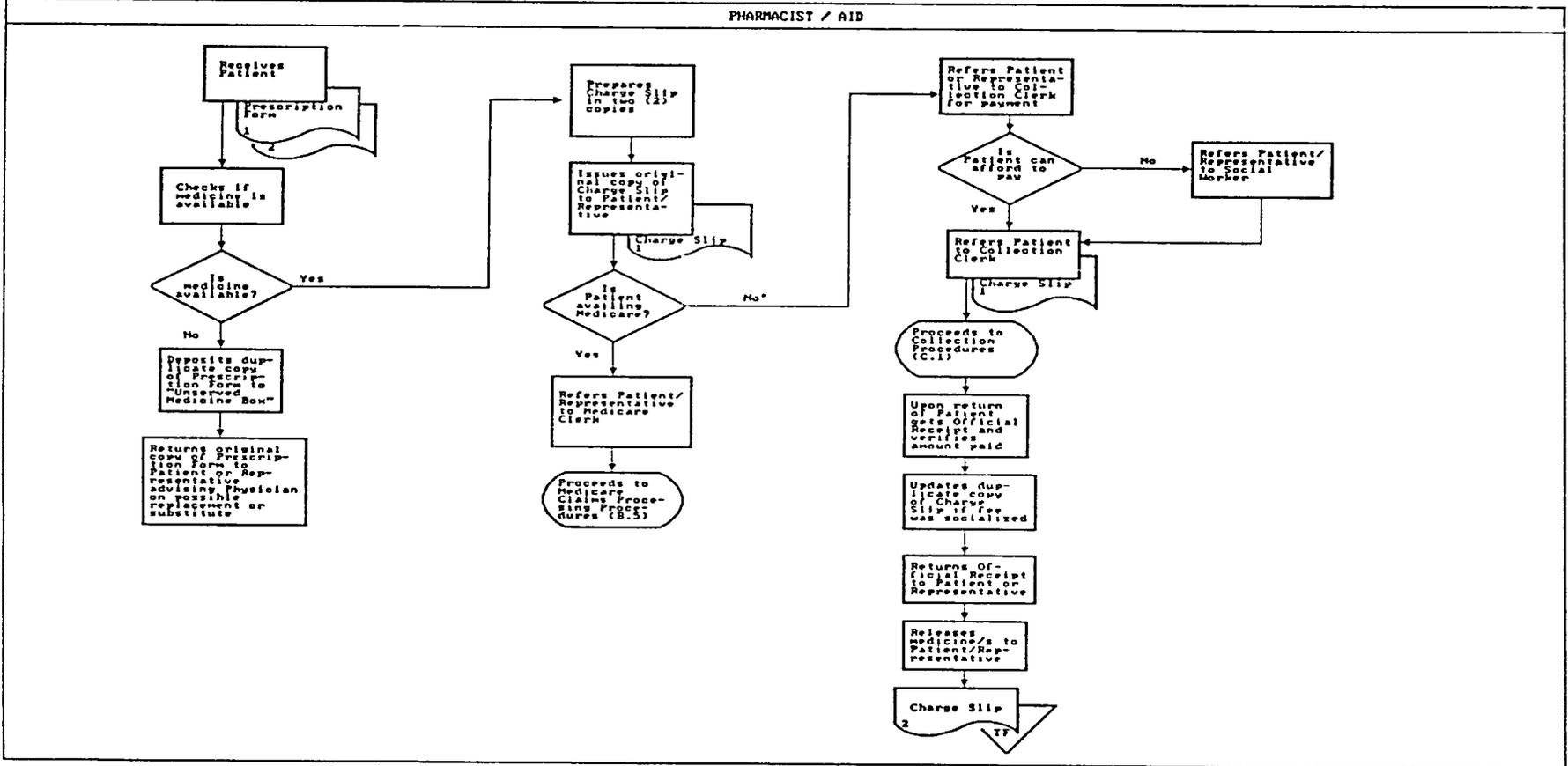
B.7 Radiological Services



100

Flow Chart

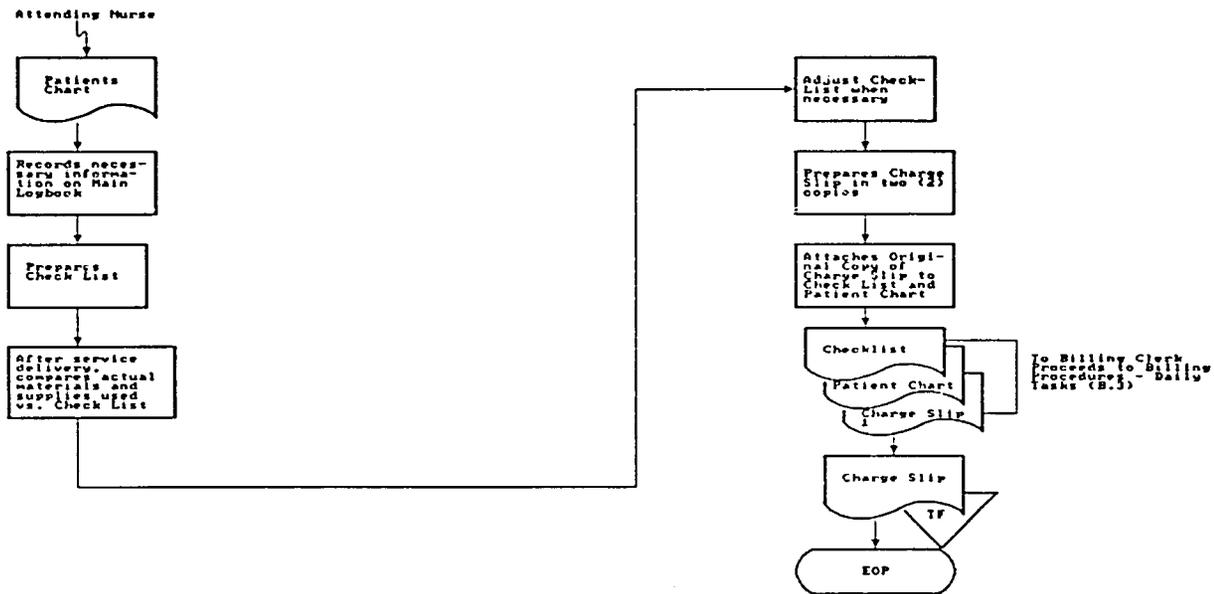
B.8 Pharmacy Services



Flow Chart

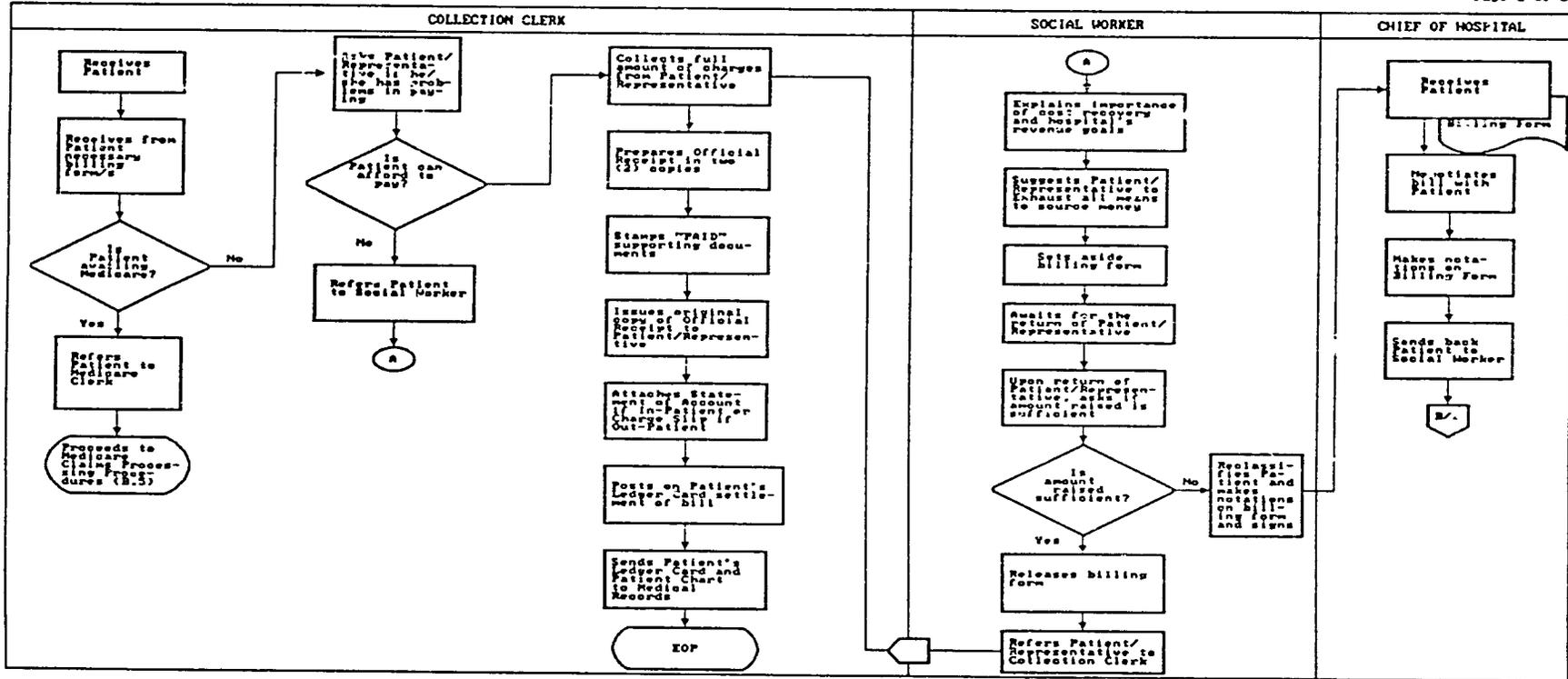
B.9 Operating/Delivery Room and Other Revenue Centers

OR/DR NURSE



Flow Chart

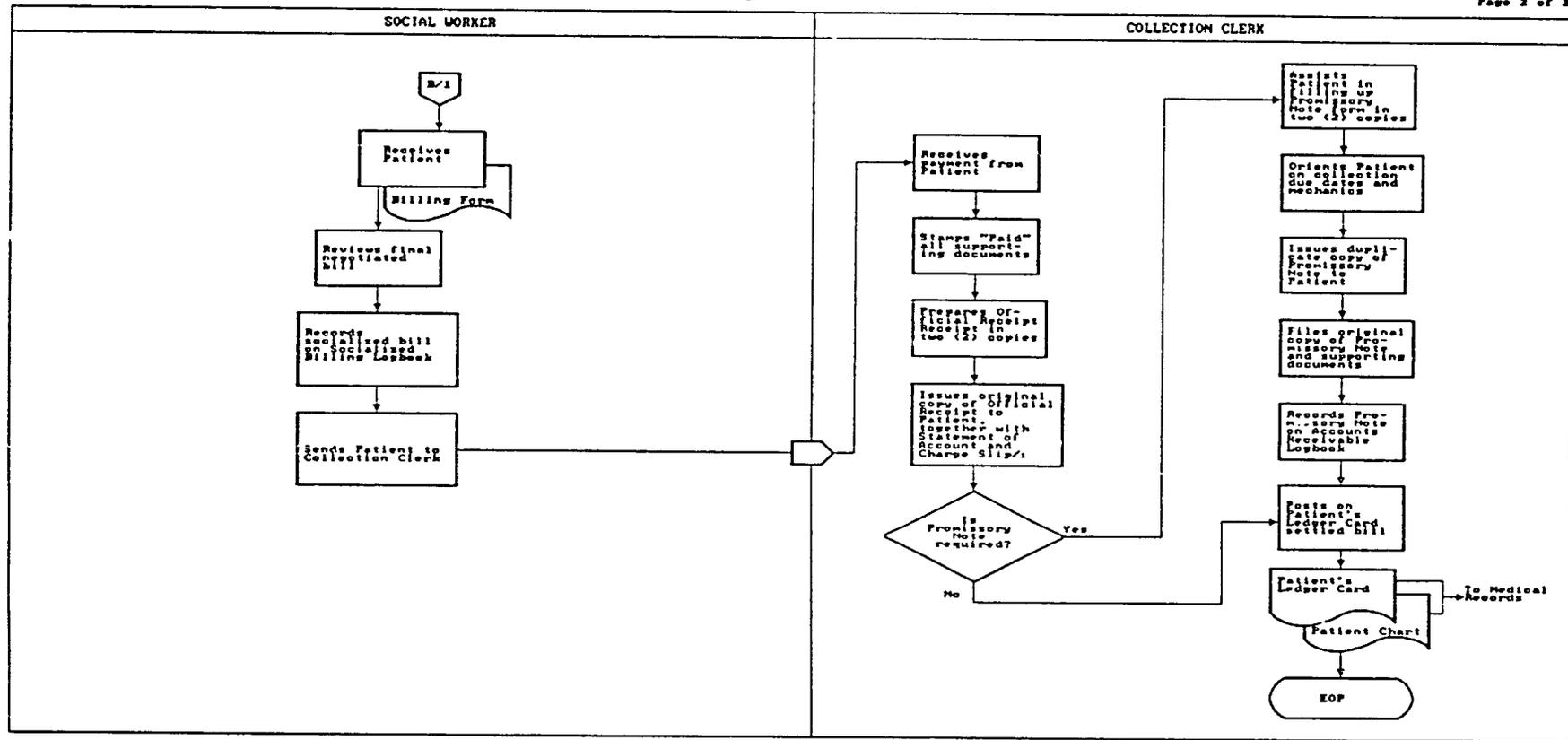
C. Collection System Procedures - Cashiering



Flow Chart

C. Collection System Procedures - Cashiering

Page 2 of 2



104