

QUICK GUIDE IN ACCOMPLISHING THE OPB UTILIZATION MONITORING FORMS

**For use of PhilHealth Accredited
Rural Health Units, Health Centers,
and Authorized Hospitals**

Version January 2003

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BRIEFER ON THE OPB

What is the OPB?

The Outpatient Consultation and Diagnostic Benefit Package (OPB) is an additional benefit initially for the beneficiaries of PhilHealth's Indigent Program or "*Medicare para sa Masa.*" Beneficiaries refer to the members and their qualified dependents which may include their spouse, parents, and children.

Who are the providers of the OPB?

The Package is administered, managed, and delivered thru accredited rural health units/health centers (RHU/HC) owned by the LGU where the indigent enrollees reside. The benefits are non-portable. Members are assigned to accredited RHUs/HCs in their locality where they may exclusively avail the OPB.

In case the RHUs/HCs of a Municipality or City are not yet ready to provide the OPB, a PhilHealth Accredited Hospital owned by the Province, may be authorized by PhilHealth to temporarily provide the Package.

What are the benefits under the OPB?

PhilHealth "*Medicare para sa Masa*" members of an LGU implementing the OPB are entitled to the following:

- Free primary consultation with the physician
- Free laboratory services:
 - chest x-ray
 - complete blood count (CBC)
 - fecalysis
 - urinalysis
 - sputum microscopy
- Free preventive services such as health screening activities, health education and counseling including:
 - Visual acetic acid screening for cervical cancer
 - Regular blood pressure measurements
 - Annual digital rectal exam
 - Body measurements
 - Periodic clinical breast examination
 - Counselling for cessation of smoking
 - Lifestyle modification counseling

How are the OPB services paid?

PhilHealth uses the capitation scheme of payment for the delivery of OPB services. Capitation works like a pre-payment scheme. PhilHealth already pays the amount of P300 per annum for each family enrolled to the *"Medicare para sa Masa"* before the OPB services are rendered by the accredited and authorized providers. To ensure that it will be utilized properly, the capitation fund is released on a quarterly basis, subject to the submission of OPB Form 1 (Monthly Report Form) for the previous calendar quarter.

Referrals

- Chest x-ray services maybe referred by an accredited RHU/HC to another PhilHealth accredited facility. Referral fees must however be paid by the RHU using the capitation fund it will receive from PhilHealth.
- In case an RHU/HC is accredited on the basis of its affiliation with a central or zonal laboratory, payment of diagnostic procedures that it refers to the laboratory shall come from the capitation fund it will receive from PhilHealth.
- If the health center physician believes that the patient needs a higher level of care, the patient should be referred to any PhilHealth accredited hospital. In case of admission, the confinement shall be reimbursed by PhilHealth as an in-patient claim.

Where can the capitation fund be used ?

Before the OPB is implemented, the LGU shall pass an ordinance for the creation a PhilHealth Capitation Fund (PCF). The capitation fund shall become a trust fund that can be used for the following purposes:

- Purchase medical supplies and equipment needed to provide the OPB including referral fees
- Drugs and medicines listed in the Philippine National Drug Formulary
- Up to 20% for administrative cost

What are the advantages of implementing the OPB?

- Essential public health services are ensured
- RHUs/HCs will be empowered to serve as gatekeeper which will eventually minimize overutilization of hospital facilities for unnecessary confinements
- A functional referral system shall be institutionalized among the local health providers and promote integration of health services
- Through capitation LGU budget for health is augmented, hence the beneficiaries are assured of available quality health services

For more information on "Medicare para sa Masa", please contact any PhilHealth Office in your locality.

MONITORING THE UTILIZATION OF THE OPB

Why monitor the utilization of OPB?

- To provide the LGU and PhilHealth with a basis for evaluating the program
- To serve as inputs in making policy decisions on benefit development, benefit payment, and quality assurance.



**Therefore, complete and correct information
would facilitate the enhancement of the program.**

The Monitoring Forms

There are two monitoring forms that a health center should fill up:

1. OPB Form 1 – Monthly Report Form
 - contains the summary of information on OPB services availed by PhilHealth *“Medicare para sa Masa”* beneficiaries (members plus dependents).
 - submitted on or before the 7th day of the first month of the succeeding calendar quarter to the PhilHealth Regional Office
2. OPB Form 1A – OPB Patient Treatment Summary:
 - contains details of OPB availments of each PhilHealth *“Medicare para sa Masa”* beneficiaries. These details shall be the basis for accomplishing the OPB Form 1.
 - filled every time a PhilHealth *“Medicare para sa Masa”* beneficiary seeks OPB services from the RHU/HC.



**FOR EACH FORM, MAKE SURE TO FILL UP
THE FOLLOWING:**

- ☞ **Name of the RHU/HC (if the RHU/HC has no name, write the name of the City/Municipality and type of facility. e.g., Bindoy RHU or Bindoy Health Center)**
- ☞ **Name of the municipality and province**
- ☞ **Period covered (start date, end date, year)**
- ☞ **Name and signature of nurse or midwife accomplishing the form**
- ☞ **Name and signature of physician certifying the correctness of information**



REMEMBER:

**Incomplete forms will cause delay
in the release of capitation.**

OPB Forms 1 and 1A are available in electronic format at PhilHealth. The electronic version automatically feeds data encoded in Form 1a into Form 1. Health centers with computers may request for an electronic version of the forms from PhilHealth.

Form 1A. OPB Patient Treatment Summary

A sample blank form is in page 9. A sample filled form is in page 16.

- I.** For each row, make sure that the following entries are filled:
 - A.** Date – indicate the day and month of the patient’s visit to the RHU/HC
 - B.** PhilHealth number of the member
 - C.** Name of the beneficiary – write the first name, the middle initial, and last name
 - D.** Status
 1. Membership: encircle M if the patient is the PhilHealth member himself/herself, and D if the patient is a dependent of the PhilHealth member
 2. Sex: Encircle M if the patient is male and F if female
 3. Age: Indicate age in years
 - E.** Diagnosis as determined by the RHU Physician - State primary disease or condition followed by co-morbidity, complications. May also include status of disease, e.g., URTI, resolved; PTB; MDR
 - F.** Benefits given - encircle letter/s of benefit/s given. More than one letter may be encircled.
 - G.** Disposition: encircle the number/s of the corresponding disposition. More than one number may be encircled.

II. At the bottom of each table, indicate the subtotals:

- A. Total number of patients seen
- B. Total number of PhilHealth members and total number of dependents seen
- C. Sex: total no. of males and total no. of females
- D. Benefits given: total for each column
- E. Disposition: total for each column



REMINDER:

total no. members and dependents should be equal
to total no. of males and females

e.g. 6 members and 15 dependents = 21

9 males and 12 females = 21

III. The health center may use as many pages of the form as needed, since each page can only accommodate 15 entries. **Final totals** must be provided on the last page aside from the subtotals.

OPB Form 1. Monthly Report Form

A sample blank form is in page 12. A sample filled form is in page 17.

Health Facility Data

I. Covered Period

I. Covered period from _____ to _____

Indicate **start date** and **end date** of the month and **year**.

II. Health Center Accreditation No./Hospital Authorization No.

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Write the accreditation number of the RHU/HC or hospital authorization no. of hospital. This can be found in the certificate of accreditation/authorization.

III. Municipality/City and Province

III. Municipality/City and Province

Indicate name of municipality or city and province.

IV. Diagnosis

IV. Diagnosis, ranked according to frequency ("Medicare para sa Masa" beneficiaries only)

DIAGNOSIS	FREQUENCY
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Indicate the top ten diagnosis for "Medicare para sa Masa" beneficiaries, ranked according to frequency during the month. This may be obtained from Form 1A.

V. Total # of Visits by "Medicare para sa Masa" Beneficiaries:

V.Total # of Visits by "Medicare para sa Masa" Beneficiaries: _____

Refers to total no. of visits made by members and dependents. This may be obtained from the number of rows filled in Form 1A. Hence, it is the number of visits that is counted here, not the number of persons. For instance, a dependent visits or avails of services five times during the month, then these are counted as five visits even if all visits were made by the same person.

VI. Total # of "Medicare para sa Masa" Families served

VI. Total # of "Medicare para sa Masa"
Families Served: _____

Refers to no. of PhilHealth "Medicare para sa Masa" families served. This may be obtained from the number of PhilHealth ID numbers that appear in Form 1A. (Note that a member and his/her dependents have the same PhilHealth ID number. Hence, one ID number refers to one family.) Therefore, be careful not to double count an ID number.

YOU ARE PROBABLY WONDERING WHY PHILHEALTH REQUESTS YOU TO TALLY THESE.



Well...the last two numbers are important in determining the "reach" of the OPB to the PhilHealth "Medicare para sa Masa" members. Each family is composed of a member and his/her dependents. For instance, if 200 families comprised of a total of 950 members and dependents are assigned to a health center, then the breakdown of 950 is 200 members and 750 dependents.

If data shows, for example, that a total of 50 visits from PhilHealth indigent beneficiaries are made by members and dependents belonging to only 3 families, then this indicates that there are 197 PhilHealth "Medicare para sa Masa" families not visiting the health center. Furthermore, this signals a need to analyze why the three families made numerous visits to the health center within the month and what their illnesses were.

VII. Total # of Patients Served

VII.Total # of Patients Served (PhilHealth and Non-PhilHealth Beneficiaries):

Indicate the total number of patients served by the RHU/HC during the month, whether PhilHealth *"Medicare para sa Masa"* beneficiaries or not.



AGAIN, THIS IS A VERY IMPORTANT INFORMATION.

We would be able to know here the ratio of PhilHealth Indigent Program members to the total no. of patients served. This shall give an indication of the healthcare-seeking behavior of PhilHealth *"Medicare sa Masa"* beneficiaries vis-à-vis the general population.

VIII. Benefits Given:

VIII. BENEFITS GIVEN	TOTAL
A. Consultation only	
B. Visual acetic acid screening	
C. Regular BP measurements	
D. Annual digital rectal exam	
E. Body measurements	
F. Periodic clinical breast examination	
G. Counseling for cessation of smoking	
H. Lifestyle modification advisory	
I. Complete Blood Count (CBC)	
J. Urinalysis	
K. Fecalysis	
L. Sputum Microscopy	
M. Chest X-ray	
N. Referred for Chest X-ray	
O. Referred for OPB Diagnostic Services	
P. Others	
TOTAL BENEFITS GIVEN	

Based on the totals in Form 1A, indicate the no. of times each benefit was given to the PhilHealth *"Medicare para sa Masa"* beneficiaries.

Philippine Health Insurance Corporation
OPB FORM 1A
OPB PATIENT TREATMENT SUMMARY

Name of Health Facility: CRANBO RHL Date from March 1, 2002 to March 31, 2002

DATE	PHI HEALTH NUMBER	PATIENT NAME	STATUS			DIAGNOSIS	BENEFITS GIVEN																DISPOSITION					
			MD	SEX	AGE		Consultation Only	Visual Acetic Acid Screening	Blood Pressure Measurement	Digital Rectal Exam	Body Measurements	Breast Exam	Smoking Cessation Counselling	Lifestyle Modification Advisory	CBC	Urinalysis	Fecalysis	Sputum Microscopy	Chest X-ray	Referred for Chest X-ray	Referred for OPB Diagnostic Services	Others	Advised	Prescription Given	Medicine/s Given	Referred for Other Lab. Services	Referred for Higher Level of Care	Others
030102	0000200	LOURDES MINCEA	M	F	47	OSTEOARTHRITIS, HIP	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
030102	0000200	JANINE MINCEA	M	F	10	URI, VIRAL	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
030302	0000301	HAROLD LARUZ	M	M	24	PTB	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
030502	0000402	MELODY LOPEZ	M	F	28	ACUTE PHARYNGITIS	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
030502	0000402	LEONARD LOPEZ	M	M	5	PNEUMONIA, SEVERE	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
030602	0000503	VERONICA SIMELLAN	M	F	28	ACUTE CYSTITIS	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
030902	0000514	SHYNE GERVAO	M	M	18	URI, BACTERIAL	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
031202	0000630	ANNIE BENITEZ	M	F	62	DIABETES MELLITUS	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
031202	0000545	LEMUEL UNTALAN	M	M	40	ACUTE GASTROENTERITIS	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
031202	0000555	CHELLE CABRERA	M	F	45	CERVICITIS	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
031202	0000555	DANA CABRERA	M	F	2	BRONCHIAL ASTHMA	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
031302	0000650	CHRISTINA GONZALES	M	F	25	TYPHOID FEVER	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
031502	0000665	GERARDO FUNDAL	M	M	45	HYPERTENSION	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
031502	0000777	CYRIL YURI NEVERAS	M	M	1	ACUTE BRONCHITIS	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
3/16/02	0000705	ANNIE ROSE GARFUD	M	F	27	UTI	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(1)	(2)	(3)	(4)	(5)	(6)
Subtotal Number of Patients Seen/Outpatient Benefits Provided			8/7	5/1			14	2	3	1	2	2	2	3	2	4	1	1	2	0	0	0	15	10	4	2	1	0

Prepared by: TESSA D. AZURIN, RN Date: March 31, 2002
Signature and Printed Name of Health Center Nurse/Monitor or Hospital Clerk

Certified true and correct: OLIVERA Z. NEVERAS, MD Date: March 31, 2002
Signature and Printed Name of Health Center Physician/Physician's Representative

Instructions:
 MD - Encode M if patient is MEMBER or D if DEPENDENT
 SEX - Encode M if patient is MALE and F if FEMALE
 AGE - indicate age in years
 BENEFITS GIVEN - Encode applicable letters.
 OTHER SERVICES GIVEN - Encode applicable numbers.

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