



Republic of the Philippines
Department of Education
Region VII, Central Visayas



DIVISION OF CEBU PROVINCE

IPHO Bldg., Sudlon, Lahug, Cebu City


November 16, 2016

Division Memorandum
No. 735 s. 2016

**PHILHEALTH'S PRIMARY CARE BENEFIT FOR THE TEACHING AND
NON-TEACHING PERSONNEL OF DEPED**

To : Assistant Schools Division Superintendent
Education Supervisors / Coordinators
District Supervisors / OICs
Elementary and Secondary School Heads

1. Attached is Regional Memorandum No. 0728 s.2016 dated November 15, 2016 entitled "Philhealth's Primary Care Benefit for the Teaching and Non-teaching Personnel of DEPED", for information and guidance of all concerned.
2. For more information and reference, please see attached Unnumbered DepEd Memorandum together with the updated "Primary Care Benefits (PCB) 1 Package or TsekaP for DepEd Personnel" from Philhealth.
3. Please be guided accordingly.


RHEA MAR A. ANGTUD, Ed.D., CESO VI
Schools Division Superintendent



REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON
DEPARTMENT OF EDUCATION
REHIYON VII, GITNANG VISAYAS
REGION VII, CENTRAL VISAYAS
Sudlon, Lahug, Cebu City




Regional Memorandum
No. **0728**, s. 2016

NOV 15 2016

PHILHEALTH'S PRIMARY CARE BENEFIT FOR THE TEACHING AND NON-TEACHING PERSONNEL OF DEPED

**To: Schools Division Superintendents
Officers-in-Charge of Division Offices
Public and Private Elementary and Secondary School Heads
All Others Concerned**

1. Attached is Unnumbered DepEd Memorandum dated October 10, 2016 with the subject, "Philhealth's Primary Care Benefit for the Teaching and Non-Teaching Personnel of DepEd" which is self explanatory.
2. For more information and reference, please see attached Unnumbered DepEd Memorandum together with the updated "Primary Care Benefits (PCB) 1 Package or TsekaP for DepEd Personnel" from Philhealth.
3. Please be guided accordingly.


JULIET A. JERUTA, PH. D., CESO V
Director III
Officer-in-Charge

JAI/vvy/arlene

Office of the Director (ORDir), Tel. Nos.: (032) 231-1433; 231-1309; 414-7399; 414-7325; Office of the Assistant Director, Tel. No.: (032) 255-4542
Field Technical Assistance Division (FTAD), Tel. Nos.: (032) 414-7324 Curriculum Learning Management Division (CLMD), Tel. Nos.: (032) 414-7323
Quality Assurance Division (QAD), Tel. Nos.: (032) 231-1071 Human Resource Development Division (HRDD), Tel. No.: (032) 255-5239
Education Support Services Division (ESSD), Tel. No.: (032) 254-7062 Planning, Policy and Research Division (PPRD), Tel. Nos.: (032) 233-9030;
414-7065 Administrative Division, Tel. Nos.: (032) 414-7326; 414-4367; 414-7366; 414-7322; 414-4367
Finance Division, Tel. Nos.: (032) 256-2375; 253-8061; 414-7321

"EFA 2015: Karapatan ng Lahat, Pananagutan ng Lahat"



REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON
DEPARTMENT OF EDUCATION
DepED Complex, Merako Ave., Pasig City



Tanggapan ng Kawaksing Kalihim
Office of the Assistant Secretary
Partnerships and External Linkages

EXTERNAL PARTNERSHIPS SERVICE
Direct Line : (+632) 633-6463
Fax : (+632) 637-6462
Website : www.deped.gov.ph

TO : REGIONAL DIRECTORS
SCHOOLS DIVISION SUPERINTENDENTS
PUBLIC AND PRIVATE ELEMENTARY AND
SECONDARY SCHOOL HEADS
ALL OTHERS CONCERNED

FROM : TONISITO M.C. UMALI, Esq.
Assistant Secretary

SUBJECT : PHILHEALTH'S PRIMARY CARE BENEFIT FOR THE TEACHING AND
NON-TEACHING PERSONNEL OF DEPED

DATE : OCTOBER 10, 2016

The Department of Education (DepEd), in partnership with the Philippine Health Insurance Corporation (PHILHEALTH), issued on March 12, 2014 DepEd Memorandum No. 30, s. 2014 entitled "Expansion of Philhealth Primary Care Benefit 1 (PCB 1) Package to Cover Personnel of the Department of Education."

To reiterate compliance to the said issuance, all Regional Directors and their respective Schools Division Superintendents are hereby enjoined to ensure that all teaching and non-teaching personnel are aware of the PCB package and are provided with the necessary assistance on the availment of the said benefit.

In relation to this, all concerned offices are advised to:

1. Conduct advocacy and communication activities to ensure that all concerned personnel are duly informed of this new outpatient benefit package from Philhealth (e.g. guidelines on registration and availment, list of Philhealth-accredited service providers in their respective localities, etc.);
2. Set-up a helpdesk and/or a hotline with a designated personnel at the Regional and Schools Division Offices that would provide the needed assistance and guidance to all teaching and non-teaching personnel in their respective Offices/Schools;
3. Facilitate promptly the needed coordination with Philhealth regarding newly-hired, transferred, or retired DepEd personnel; and

4. **Ensure that guidelines are strictly followed, as stipulated under Philhealth and DepEd Joint Circular No. 001, s. 2014 and DepEd Memorandum No. 30, s. 2014.**

Attached is the updated "Primary Care Benefits (PCB) 1 Package or TSeKaP for DepEd Personnel" from Philhealth, for your information and reference.

For queries and clarification, you may contact the School Health Division, DepEd Central Office, DepEd Complex, Meralco Avenue, Pasig City at telephone nos. (02) 635-9964 and (02) 633-7245 or Philhealth through its Action Center at (02) 441-7442.

Please be guided accordingly.



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Center Building, 709 Shaw Boulevard, Pasig City
 Healthline 441 7444 www.philhealth.gov.ph



PHILHEALTH CIRCULAR

No. 0010, s-2013

Summary

TO : ALL ENGAGED/ACCREDITED PRIMARY CARE BENEFIT I (PCBI) PROVIDERS, PHILHEALTH MEMBERS AND PERSONNEL, DEPARTMENT OF EDUCATION PERSONNEL AND ALL OTHERS CONCERNED

SUBJECT : EXPANSION OF PRIMARY CARE BENEFIT I (PCBI) PACKAGE TO COVER PERSONNEL OF THE DEPARTMENT OF EDUCATION (DepEd)

I. RATIONALE

In support to the Aquino Health Agenda (also known as Kalusugan Pangkalahatan) to provide universal health care for all Filipinos and pursuant to PhilHealth Board Resolution No. 1587 s-2012 approving the Universal Health Care (UHC) Primary Care Benefit I (PCBI) Package as the new PhilHealth outpatient benefit, initially for Sponsored and Organized groups members, PhilHealth endeavors to expand the PCBI package to the employed sector. As a pilot test, the Corporation aims to expand the provision of this package to the personnel of the Department of Education.

The Department of Education requires its teaching and non-teaching staff to undergo annual health check up. PhilHealth sees this as an opportunity to support the health services of those who take care of schoolchildren. Knowledge gained from this pilot test shall be the basis in rolling out the outpatient benefit to all employed members of PhilHealth, thereby strengthening the gate-keeping capacity of outpatient facilities in the country. Moreover, the health data derived from the initial implementation of PCBI among the teaching and non-teaching employees of the DepEd may serve as basis for development of special benefit packages.

II. OBJECTIVE

This Circular aims to provide guidelines on the pilot expansion of the PCBI to the employed sector through the Department of Education (DepEd).

III. COVERAGE

The pilot-testing shall cover ALL employees of the DepEd. The preferred PCBI package providers shall be identified by DepEd from the currently accredited/engaged PCBI providers as well as engaged DepEd health clinics.

CBR 1587 s-2012 provides for the roll-out of PCBI to all PhilHealth members.

www.philhealth.gov.ph

www.facebook.com/PhilHealth

Page 1 of 4
 info@philhealth.gov.ph

0000 0000 0000 0000

IV. GENERAL GUIDELINES

1. DepEd shall ensure that each of its employees has a PhilHealth Identification Number (PIN). In case this is not available, DepEd shall coordinate with the appropriate PhilHealth office to generate a valid PIN.
2. DepEd shall identify the service providers for their employees from the currently accredited/engaged PCB1 providers nearest to their workplace. PCB1 providers include the outpatient departments of government hospitals and rural health units/health centers with laboratory services. DepEd may also assess which among their current health clinics can qualify as PCB1 providers and have these engaged with PhilHealth Standards for Engagement/Accreditation as stated in PhilHealth Circular 10 s. 2012 and the guidelines for engagement of health facilities are stipulated in PhilHealth Circular 54 s. 2012.
3. DepEd shall assign their personnel in their respective PCB1 providers. The list of assigned personnel per PCB1 provider shall be endorsed by DepEd to PhilHealth and shall serve as the official master list.
4. PhilHealth shall provide each identified PCB1 provider a masterlist of assigned DepEd personnel.
5. DepEd personnel shall enlist themselves to the assigned PCB1 provider. Enlistment to the facility is signaled by the member signing of the master list. In case a DepEd personnel is not included in the master list of the PCB1 provider, he/she shall present his/her updated DepEd ID to enlist in the PCB1 provider.
6. PCB1 package is a non-portable benefit. DepEd employees are encouraged to choose their PCB1 provider according to their personal and family needs and living arrangements.
7. PCB1 providers shall establish and maintain an individual health profile of the employees and their dependents at least once a year. The individual health profile shall be summarized using PCB Clientele Health Profile (PhilHealth Circ. 10 s. 2012 Annex A2).

V. SERVICE PROVISION

A. Individual Health Profile (Annex A1)

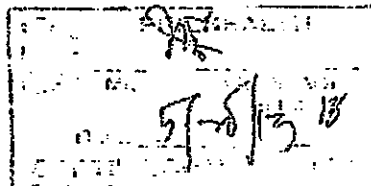
The PCB1 provider shall assess the general health status of the DepEd member and dependents using the individual health profile form (Annex A1), or its equivalent. The profile includes demographic data, past medical history, personal/social history, immunizations, reproductive health history and pertinent physical examination findings. The individual health profile shall be updated annually.

The PCB1 Provider may use any similar form that is currently used by the health facility provided that the information it contains can be summarized into the PCB Clientele Health Profile (PhilHealth Circ. 10 s. 2012 Annex A2).

- B. The following are PCB1 services and these shall be provided as recommended by the PCB1 physician.

Primary Preventive Services

1. Consultation - the first consultation visit in a given year, which shall, at the least, include the establishment or updating of individual health profile.
2. Visual inspection with acetic acid
3. Regular BP measurements
4. Breastfeeding program education
5. Periodic clinical breast examinations



Page 2 of 4

- 6 Counseling for lifestyle modification
- 7 Counseling for smoking cessation
- 8 Body measurements
- 9 Digital rectal examination

Diagnostic Examinations

1. Complete blood count
2. Urinalysis
3. Fecalalysis
4. Sputum microscopy
5. Fasting blood sugar
6. Lipid profile
7. Chest x-ray

Drugs and Medicine

1. Asthma including nebulisation services
2. Acute Gastroenteritis (AGE) with no or mild dehydration
3. Upper Respiratory Tract Infection (URTI)/Pneumonia (minimal and low risk)
4. Urinary Tract Infection (UTI)

C. Obligated Services

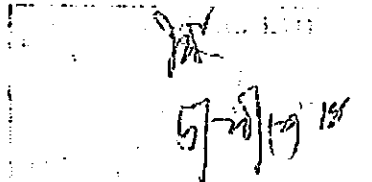
A set of minimum obligated services shall be provided by the PCBI provider to members and their qualified dependents.

SERVICES	TARGET CLIENTS	FREQUENCY
BP measurement	Hypertensive (with BP \geq 140/90 mmHg)	Once a month
	Non hypertensive (\geq 18 y/o)	
Periodic clinical breast examination	Female, 25 years old and above	Once a year
Visual inspection with acetic acid	Female, 25 - 55 y/o with intact uterus	

The PCBI provider should exhaust all efforts in convincing the patients of the relevance of doing the above-mentioned services. However, members and dependents with religious and cultural barriers or with personal reservations may sign a waiver not to avail of the obligated services. This shall not compromise the performance of the PCBI provider in delivering the obligated services and shall not affect their payment.

7.1 Payment for Services of the PCBI Provider

The PCBI provider shall be paid a Per Family Payment (PFP) Rate of P500.00 annually for each Dep'd employee enrolled, enlisted and profiled, in accordance with the set guidelines stated in PhilHealth Circulars 10 s. 2012 and 7 s. 2013.



 5/28/13

VI. Monitoring and Evaluation


PhilHealth and the DepEd shall monitor and evaluate implementation of the PCBT for DepEd personnel and act on identified issues concerning implementation of policy issuances, rules and guidelines that may require coordination with other national and regional government agencies.

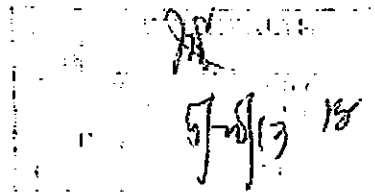
VII. EFFECTIVITY

This Circular shall take effect immediately and shall be published in the official gazette or any newspaper of general circulation.

IX. ANNEX

PCB Form A1. Individual Health Profile


Fatigue T. Ona, MD
Sec. of Health/Chairman of the Board
OIC, President & CEO



Date Signed 5/13/16

PHILIPPINE HEALTH INSURANCE CORPORATION


(Name of PCB Provider)

INDIVIDUAL HEALTH PROFILE

Patient Name: _____ (Last Name) (First Name) (Middle Name) (Extension: Sr., Jr., etc.)																					
Note: If this is a follow-up consult or 2nd visit, please indicate if there are any changes in the Basic Demographic Data. Updating of this Individual Health Profile must be done before the fiscal year ends, to include review of consultation records (Annex A.3) indicate the date when the new data has been entered. Please use additional page when necessary.																					
Address: _____																					
Age: <input type="checkbox"/> 0-1 year <input type="checkbox"/> 2-5 years <input type="checkbox"/> 6-15 years <input type="checkbox"/> 16-24 years <input type="checkbox"/> 25-39 years <input type="checkbox"/> 40 years and above																					
Birthdate: _____ (mm/dd/yyyy)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female																			
Religion: _____																					
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Others, specify _____																					
Health Membership: <input type="checkbox"/> Member <input type="checkbox"/> Dependent <input type="checkbox"/> Non-Member		Type of Membership: <input type="checkbox"/> Sponsored <input type="checkbox"/> NHTS <input type="checkbox"/> LGU <input type="checkbox"/> NFA <input type="checkbox"/> Private <input type="checkbox"/> Individually Paying Program (IPP) <input type="checkbox"/> Organized Group <input type="checkbox"/> DRW <input type="checkbox"/> Employed <input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Lifetime																			
Occupation: _____																					
Highest Completed Educational Attainment: <input type="checkbox"/> College degree, post graduate <input type="checkbox"/> High School <input type="checkbox"/> Elementary <input type="checkbox"/> Vocational <input type="checkbox"/> No Schooling																					
Past Medical History: <table border="0"> <tr> <td><input type="checkbox"/> Allergy, specify _____</td> <td><input type="checkbox"/> Emphysema</td> <td><input type="checkbox"/> Pneumonia</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Epilepsy/Seizure disorder</td> <td><input type="checkbox"/> Thyroid disease</td> </tr> <tr> <td><input type="checkbox"/> Cancer, specify organ _____</td> <td><input type="checkbox"/> Hepatitis, specify type _____</td> <td><input type="checkbox"/> Tuberculosis, specify organ _____</td> </tr> <tr> <td><input type="checkbox"/> Cardiovascular disease</td> <td><input type="checkbox"/> Hyperlipidemia</td> <td><input type="checkbox"/> If PTB, what category? _____</td> </tr> <tr> <td><input type="checkbox"/> Coronary artery disease</td> <td><input type="checkbox"/> Hypertension, highest BP _____</td> <td><input type="checkbox"/> Urinary tract infection</td> </tr> <tr> <td><input type="checkbox"/> Diabetes mellitus</td> <td><input type="checkbox"/> Peptic ulcer disease</td> <td><input type="checkbox"/> Others _____</td> </tr> </table>				<input type="checkbox"/> Allergy, specify _____	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy/Seizure disorder	<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Cancer, specify organ _____	<input type="checkbox"/> Hepatitis, specify type _____	<input type="checkbox"/> Tuberculosis, specify organ _____	<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> If PTB, what category? _____	<input type="checkbox"/> Coronary artery disease	<input type="checkbox"/> Hypertension, highest BP _____	<input type="checkbox"/> Urinary tract infection	<input type="checkbox"/> Diabetes mellitus	<input type="checkbox"/> Peptic ulcer disease	<input type="checkbox"/> Others _____
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Personal/Social History: <table border="0"> <tr> <td>Smoking: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Quit</td> <td>No. of pack years? _____</td> </tr> <tr> <td>Alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Quit</td> <td>No. of bottles/day? _____</td> </tr> <tr> <td>Illicit drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </table>				Smoking: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Quit	No. of pack years? _____	Alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Quit	No. of bottles/day? _____	Illicit drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No													
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Illicit drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No																					

[Handwritten signature and date]

Immunisations:			
For children:	<input type="checkbox"/> BCG <input type="checkbox"/> OPV1 <input type="checkbox"/> OPV2 <input type="checkbox"/> OPV3 <input type="checkbox"/> BPT1 <input type="checkbox"/> BPT2 <input type="checkbox"/> BPT3 <input type="checkbox"/> Measles <input type="checkbox"/> Hepatitis B1 <input type="checkbox"/> Hepatitis B2 <input type="checkbox"/> Hepatitis B3 <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Varicella (Chicken pox)		
For young women:	<input type="checkbox"/> HPV <input type="checkbox"/> MMR <input type="checkbox"/> For pregnant women: <input type="checkbox"/> Tetanus toxoid		
For elderly and immunocompromised:	<input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Flu vaccine		
Others: Specify _____			
Menstrual History:			
Menarche: _____	Onset of sexual intercourse: _____		
Last Menstrual Period: _____	Birth control method: _____		
Period Duration: _____ Interval/Cycle: _____	Menopause? <input type="checkbox"/> Yes <input type="checkbox"/> No		
No. of pads/day during menstruation: _____	If yes, at what age? _____		
Pregnancy History:			
Gravida (no. of pregnancy): _____	Parity (no. of delivery): _____	Type of Delivery: _____	
# of Full term: _____	# of Premature: _____	# of Abortion: _____	# of Living Children: _____
<input type="checkbox"/> Pregnancy-induced hypertension (Pre-eclampsia)			
Access to Family Planning counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pertinent Physical Examination Findings:			
BP: _____	Height: _____ (cm)		
HR: _____	Weight: _____ (kg)		
RR: _____	Waist circumference (cm): _____		
Skin: <input type="checkbox"/> pallor <input type="checkbox"/> rashes <input type="checkbox"/> jaundice <input type="checkbox"/> good skin turgor			
HEENT: <input type="checkbox"/> anicteric sclera <input type="checkbox"/> intact tympanic membrane <input type="checkbox"/> tonsillopharyngeal congestion <input type="checkbox"/> caudates			
<input type="checkbox"/> pupils briskly reactive to light <input type="checkbox"/> oral flaring <input type="checkbox"/> hypertrophied tonsils			
<input type="checkbox"/> normal discharge <input type="checkbox"/> nasal discharge <input type="checkbox"/> palpable mass			
Chest/Lungs: <input type="checkbox"/> symmetrical chest expansion <input type="checkbox"/> retractions <input type="checkbox"/> wheezes			
<input type="checkbox"/> clear breath sounds <input type="checkbox"/> crackles/rales			
Heart: <input type="checkbox"/> adynamic precordium <input type="checkbox"/> normal rate & regular rhythm <input type="checkbox"/> heaves/thrills <input type="checkbox"/> murmurs			
Abdomen: <input type="checkbox"/> flat <input type="checkbox"/> flabby <input type="checkbox"/> tenderness			
<input type="checkbox"/> & obese <input type="checkbox"/> muscle guarding <input type="checkbox"/> palpable mass			
Extremities: <input type="checkbox"/> gross deformity <input type="checkbox"/> normal gait <input type="checkbox"/> full and equal pulses			


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146-3

Republic of the Philippines
Department of Education

12 MAR 2014

DepEd MEMORANDUM
No. **30**, s. 2014

**EXPANSION OF PHILHEALTH PRIMARY CARE BENEFIT 1 (PCB 1) PACKAGE
TO COVER PERSONNEL OF THE DEPARTMENT OF EDUCATION**

To: Undersecretaries
Assistant Secretaries
Bureau Directors
Directors of Services, Centers and Heads of Units
Regional Directors
Schools Division Superintendents
Heads, Public and Private Elementary and Secondary Schools
All Others Concerned

1. In support of the Aquino Health Agenda to provide universal health care for all Filipinos and in reference to PhilHealth Board Resolution No. 1587, s. 2012 on Expansion of the Outpatient Benefit Package (Primary Care Benefit), the Department of Education (DepEd) has initiated to partner with PhilHealth on the Expansion of the Primary Care Benefit 1 (PCB 1) to cover its teaching and non-teaching personnel.
2. The PCB 1 Package shall be implemented as the new outpatient benefit for DepEd personnel. The Package includes services such as health profiling, basic screening for cancer of the cervix and breast, counseling, and basic laboratory tests like complete blood count, urinalysis, fecalysis, sputum microscopy, fasting blood sugar, lipid profile and chest X-ray, if deemed necessary. For further information on the PCB 1 Package, all concerned may refer to the enclosed PhilHealth Circular No. 10, s. 2012.
3. Enclosed are the following documents for ready reference:
 - Enclosure No. 1: PhilHealth and DepEd Joint Circular No. 001 s. 2014 entitled *Implementing Guidelines of PhilHealth Circular No. 10, s. 2013 Expansion of Tamang Serbisyong Kahusugang Pampamilya (CRSeKaP), formerly known as Primary Care Benefit 1 (PCB 1) Package, to cover Personnel of the Department of Education (DepEd)*;
 - Enclosure No. 2: PhilHealth Circular No. 010, s. 2012 entitled *Implementing Guidelines for Universal Health Care Primary Care Benefit 1 (PCB 1) Package for Transition Period CY 2012-2013; and*
 - Enclosure No. 3: List of Philhealth-accredited PCB 1 service providers per region.
4. All DepEd Regional Offices shall submit the list of all their employees' preferred service providers to the Central Office.
5. For more information, all concerned may contact the Office of the Assistant Secretary for Planning and Development at telephone no.: (02) 631-8494 or the Health and Nutrition Center (HNC), DepEd Central Office, DepEd Complex, Meralco Avenue, Pasig City at telephone no.: (02) 635-9964.
6. Immediate dissemination of this Memorandum is desired.


ER. ARMIN A. LUISTRO FSC
Secretary

DepEd Complex, Meralco Avenue, Pasig City 1600 633-7208/633-7228/632-1361 636-4876/637-6209 www.deped.gov.ph