



**JOINT DAR- PhilHealth
MEMORANDUM CIRCULAR**

NO. 18
Series of 2003

SUBJECT: GUIDELINES ON THE IMPLEMENTATION OF SPONSORED PROGRAM (SP) AND INDIVIDUALLY PAYING PROGRAM (IPP) UNDER THE "GREATER MEDICARE ACCESS SA BAYAN-ANIHAN" (A Joint Program of DAR and PhilHealth)

I. BACKGROUND AND RATIONALE

The agricultural sector is a dynamic force in the over-all attainment of national recovery and development. The productivity of farmers, however; may be hampered by their poor health condition as a consequence of inadequacies in health care provision. Thus, it is the role of the state to ensure that their health care needs are being met.

In an effort to improve the health service delivery for agrarian reform beneficiaries (ARBs), the Department of Agrarian Reform (DAR) has forged a partnership with the Philippine Health Insurance Corporation (PhilHealth) for the universal coverage of the ARBs under the National Health Insurance Program (NHIP) either through its existing programs or through the formulation of new programs specific for ARBs or farmers.

The partnership was formalized through the signing of a Memorandum of Understanding (MOU) on February 14, 2002, and a Memorandum of Agreement (MOA) on June 11, 2002. Towards this end, "Greater Medicare Access (GMA) sa Bayan-anihan" was launched to concretize the efforts for the implementation of social health insurance program in the agrarian reform communities (ARCs) and KALAHI Agrarian Reform zones.

The GMA sa Bayan-Anihan shall be implemented to provide health insurance scheme services to ARBs and non-ARBs in agrarian reform areas following the four models, to wit:

1. The DAR Agraryong Pangkalusugan Program (Model 1)
2. The Integrated/Modified Social Health Insurance Scheme-DAR and PhilHealth Scheme (Model 2)
3. Advocacy for Enrollment of ARBs under the PhilHealth-LGU Sponsored Program (SP) (Model 3)
4. Advocacy for Enrollment of ARBs under PhilHealth's Individually Paying Program (IPP) (Model 4)

The forging of partnership between DAR and PhilHealth shall set forth a meaningful health care financing and delivery mechanism anchored on local government autonomy and community participation. This shall be a groundbreaking initiative for both agencies in the attainment of their respective mandates.

This Memorandum Circular covers the implementing guidelines of Models 3 and 4. Separate guidelines will be developed for the implementation of Models 1 and 2. Model 1 is currently being piloted in 17 ARC cooperatives nationwide.

II. OBJECTIVES

A. General Objective

The program aims to provide the ARBs and Non-ARBs with access to quality and affordable health care services through PhilHealth's SP and IPP.

B. Specific Objectives

1. Develop and disseminate information and communication materials to create ARBs' awareness on the SP and IPP;
2. Enroll the ARBs in the SP and IPP (whichever is applicable) in a sustainable manner; and
3. Ensure that ARBs benefit from the health service package provided in their respective social health insurance programs.

III. PROGRAM DESCRIPTION

The ARBs and non-ARBs in the ARCs and KALAHI ARZones shall be covered under the National Health Insurance Program (NHIP) through the following Models:

A. DAR's Advocacy for the Enrollment of ARBs under PhilHealth's Sponsored Program (Model 3)

The Sponsored Program is a major component of the NHIP that aims to provide social health insurance to the impoverished and marginalized sectors of our society. The Department of Social Welfare and Development (DSWD) shall conduct a social survey utilizing the Family Data Survey Form (FDSF) to identify those who will qualify under the SP.

Premiums of qualified indigents shall be shouldered jointly by the LGUs and the National Government. Other sponsors, such as legislators, national government agencies, and the private sector may also be tapped to increase LGU enrollment.

Under this model, DAR and PhilHealth shall market the program with the LGUs and other potential partners/sponsors to ensure the coverage of qualified ARBs in the program.

An annual premium of P1,200 per indigent ARB family shall be shouldered by the National Government and the LGU/Sponsor. The amount of premium counterpart that shall be paid by the LGUs and the National (NG) determined by a sharing scheme based on LGU classifications. Without the LGU participation in program, the National Government will not release its counterpart for the enrollment of indigent families.

Selection of LGUs that shall be given priority for negotiation shall be based on the following criteria:

- Municipalities with ARCs and large number of ARBs
- LGUs with available health facilities

B. DAR's Advocacy for the Enrollment of ARBs under PhilHealth's Individually Paying Program (IPP) (Model 4)

The Individually Paying Program (IPP) is one of the components of NHIP that caters to the various classifications of individuals that are not covered by the Formal Sector or the Sponsored Program (SP).

ARBs who are not qualified under Model 3, shall be covered under Model 4 of the program. The model is specifically intended for ARBs and Non-ARBs that have the capability to pay for their own social health insurance.

The premium contribution of IPP is fixed at P100.00 per family, per month, or a total of P1,200 per annum. The premium may be paid in a quarterly, semi-annual or annual basis.

IV. PROGRAM BENEFITS

ARBs who shall be enrolled under the SP and IPP shall be entitled to avail of a Unified Hospital Package, which features the following:

A. Hospital Services

PhilHealth accredited hospitals provide the following benefits based on the classification of illness and category of hospital, subject to the benefit ceiling prescribed by PhilHealth. These benefits include:

- Room and board
- Services of health care professionals
- Laboratory and other medical examination services
- Prescription drugs and biologicals

- Surgeon's fee, anesthesiologist's fee, operating room fees
- Ambulatory Surgeries and Procedures including chemotherapy, radiotherapy and dialysis.
- Outpatient TB DOTS Benefits - cover by case payment routine the laboratory tests, professional fees and TB drugs.
- Maternity Care Benefits – cover by case payment the 1st and 2nd normal deliveries in accredited hospitals, lying-in clinics and midwife clinics.

B. Outpatient Consultation and Diagnostic Benefit Package or OPB

The outpatient benefit package (OPB) shall be availed by member ARBs under the Sponsored Program only in addition to the hospital benefits.

It is aimed at ensuring immediate access by members to primary health services. This benefit package shall be administered and delivered by the LGUs through a new provider payment scheme, i.e. capitation services. The delivery of outpatient consultation and diagnostic services to the members and their qualified dependents is through accredited rural health units (RHU) or health centers (HC). The Outpatient Department of PhilHealth accredited hospitals shall be temporarily authorized to deliver the OPB in case the RHU/HC is not accredited. The benefits include the following:

- primary consultation with general physicians
- laboratory examinations:
 - chest x-ray
 - complete blood count
 - fecalysis
 - urinalysis
 - sputum microscopy
- Preventive health services such as visual acetic acid screening for cervical cancer, regular blood pressure measurement, annual digital rectal exam, body measurements, periodic clinical breast examination, counseling for cessation of smoking and lifestyle modification advisory.

V. PROGRAM BENEFICIARIES

All ARBs and non-ARBs and their qualified dependents in agrarian reform areas nationwide are the intended beneficiaries of this program. The DAR and PhilHealth shall initially determine priority areas and sectors in implementing the program.

VI. IMPLEMENTING PROCEDURES

A. Program Grounding and Management

Concerned DAR and PhilHealth staff shall perform various preparatory activities requiring both technical and administrative inputs to ensure smooth implementation of the program.

The preparatory activities include:

1. Development of Standard Presentation Slides, Information, Education and Communication (IEC) Materials, and Program Monitoring Tools

The Program Technical Secretariat from concerned units of DAR and PhilHealth shall develop the following: (a) standard presentation slides, which shall be used for program presentation with the LGUs/Sponsors and organized groups; (b) IEC materials containing information on benefits and availment procedures; and (c) Program Monitoring Tools, which shall be utilized in tracking and assessing program implementation.

2. Target Setting

This activity involves gathering of data such as profile of LGU and potential sponsors, target number of ARBs and ARB cooperatives per municipality and other relevant information. These shall be utilized in determining the target for both Model 3 and 4 and in identifying priority areas of priority and strategies.

3. Conduct of Program Orientation and Planning Workshop

Program implementors from both agencies shall undergo orientation and planning workshop for them to achieve a common understanding of Model 3 and 4 and to enhance their competence in marketing the said program to target partners, sponsors and members.

The orientation portion shall focus on program rationale, objectives, description, benefits, enrolment procedures and program management. In the planning workshop, the DAR and PhilHealth field staff shall formulate an action plan in the implementation of the program in their respective areas. Other inputs regarding social health insurance may be provided to the implementers, as the need arises.

B. Enrollment Procedures for Sponsored Program (SP) (*Annex A*)

1. Negotiation with the LGUs and other Donors

Based on the number of prospective member ARBs in the municipality, the concerned DAR and PhilHealth offices shall request an appointment with the

LGU executive for program presentation. In this guideline, the LGUs include provinces, cities, municipalities.

If there are other identified donors such as legislators and private sectors, they shall also be invited during the program presentation. The DAR and PhilHealth representatives shall discuss the mechanics of the Sponsored Program, implementation schemes and the benefits derive from the program. They shall use the standard briefing kit produced by the Technical Program Secretariat.

DAR and PhilHealth shall market the program to the LGUs by encouraging them to allocate their funds for the enrollment of ARBs and Non-ARBs in the ARCs. The other potential donor shall be convinced to provide funds to augment the LGU enrollment and to fast track the universal coverage into the program of target members.

This session can also serve as the negotiation session between and among DAR, PhilHealth and the LGU/Sponsor. The parties involved shall discuss and come up with terms and conditions on the partnership and the latter shall sign up the letter of intent for program participation.

LGUs that have manifested their intent to participate in the program or those LGUs that have been included under the sponsorship of any donors may submit to PRO an application for the accreditation of their RHU/ HC. The Accreditation Unit (AU) at the PRO shall be in charge of conducting an ocular inspection to determine if the RHU/ HC of the concerned LGUs has complied with the standards set by the Corporation.

Information gathered during the ocular inspection shall be submitted to the Accreditation Department at PhilHealth Central Office for deliberation during the Accreditation Committee Meeting (ACM).

If the RHU/ HC of the participating LGU fails to qualify for an initial accreditation, the nearest District Hospital shall be authorized on a quarterly basis to deliver the health services for the intended indigent beneficiaries while allowing the LGU concerned to upgrade its own health facility.

Payment of capitation for Authorized District Hospital shall be given to the Province which owns the aforesaid hospital while the capitation of Accredited RHU/ HC shall be released to the concerned Municipality/ City.

2. Signing of Memorandum of Agreement (MoA)

Once the terms and conditions of the LGU participation is firmed up, PhilHealth and the LGU whose constituents are covered shall execute a Memorandum of Agreement to implement the Sponsored Program. The concerned LGU is required to pass the following:

- Sanggunian Resolution adopting the PhilHealth Sponsored Program and authorizing the Local Chief Executive to enter into a Memorandum of Agreement (MOA); and
- Ordinance creating a PhilHealth Capitation Fund (PCF) in areas targeted for OPB implementation.

Legislators, private donors, national government agencies, and other sponsors that have signified interest to enroll indigent ARBs/farmers under the Sponsored Program shall have to enter into a tripartite Memorandum of Agreement. The MOA shall be signed between and among PhilHealth, concerned LGU and the Sponsor. In this case, the passage of requisite Ordinance and Resolution shall also form part of the responsibility of the concerned LGU prior to the forging of the tripartite.

DAR and PhilHealth field personnel shall coordinate with the LGU or the Sponsor for the schedule of MoA Signing and all other preparations required for the activity.

Simultaneous with the MoA Signing, DAR, PhilHealth and the LGU shall conduct initial information campaign to promote and market the program to the intended beneficiaries and other local constituents.

To enable the LGU to maximize their capitation payment from the Corporation, the date of RHU accreditation/ hospital authorization may commence from the date of MoA Signing. If the date of MoA signing is different from the date of RHU accreditation, the computation of capitation shall be based on whichever comes later.

3. Enumeration

Identification of indigent ARBs in the agrarian reform areas shall be conducted by the Local Social Welfare and Development Officers (LSWDO) in collaboration with the Development Facilitators (DFs) of DAR and Barangay Officials. They shall conduct the social survey using the Family Data Survey Form (FDSF).

Then, the MAROs shall prepare the masterlist of indigent ARBs based on the accomplished FDSF submitted to them by the DFs. The finalized indigent masterlist shall be endorsed to the Local Social Welfare Officers (LSWDOs) for certification prior to submission to PhilHealth. These ARBs shall be included in the Sponsored Program of the concerned LGU/Legislator/Private Donor/National Government Agency.

4. Billing and Remittances

With the agreed number of indigent households to be included in the Sponsored Program, PhilHealth shall bill the LGU/Legislator/Private Donor/National Government Agency for the payment of the required premium counterpart. The LGU/Legislator/Private Donor/National Government Agency shall remit the premium counterpart payment to PhilHealth.

The premium payment is a prerequisite to the distribution of PhilHealth's Sponsored ID cards.

5. FDSF Encoding and ID Generation

After the enumeration, the submitted FDSFs shall be verified and encoded at the concerned PhilHealth Regional Offices (PROs). The PRO shall generate the "GMA sa Bayan-Anihan" Program ID Cards for the indigent ARBs who qualify and were included in the Sponsored Program .

Printed IDs shall be endorsed by PhilHealth to the PAROs/ MAROs who shall schedule for distribution to the concerned members. The concerned PARO/MARO shall submit acknowledgement receipt of the ID cards to PRO.

6. "GMA sa Bayan-Anihan" ID Distribution and Conduct of Information Campaign

The IDs shall be released upon payment of LGU/Legislator/Private Donor/National Government Agency premium counterpart. A ceremonial ID distribution may be scheduled for the release of IDs to the concerned indigent ARB members.

The field offices of DAR and PhilHealth shall coordinate with the concerned LGU for the conduct of information campaign during the distribution of PhilHealth's sponsored identification cards to increase members' awareness on the program benefits and availment procedures.

Membership is effective on the date indicated in the Identification Card and shall be valid for one year. It shall be renewed annually.

7. Billing for National Government Counterpart

To collect the National Government subsidy, PhilHealth shall prepare and submit a computation of its premium counterpart to the Department of Budget and Management (DBM).

8. Servicing

Once IDs are distributed to the members, they can immediately avail of the Hospitalization Benefits in any PhilHealth Accredited Hospital nationwide. However, the OPB services can only be availed from their assigned Rural Health Units.

The ID issued in the name of the enrolled shall be used when the enrolled and its qualified dependents avail the services from the program.

The existing PhilHealth guidelines shall be followed in the availment of benefits.

9. Release of PhilHealth Capitation Fund (PCF)

Upon payment of LGU counterpart and submission of requisite documents, PhilHealth shall release the PCF to the concerned LGU based on the prevailing PhilHealth rates. Released on a quarterly basis, the initial release shall be made within the first month of applicable calendar quarter. Succeeding releases shall be done within the first six weeks of applicable quarter.

C. Enrollment Procedure for Individually Paying Program (IPP) (*Annex B*)

1. Groundworking

From the results of the social survey conducted by DSWD, DAR and PhilHealth shall determine the ARBs who do not qualify with the Sponsored Program. These ARBs are the prospective members for the IPP. A masterlist of these ARBs shall be prepared.

Parallel to masterlisting of ARBs, the DAR and PhilHealth shall also gather data on the socio-demographic profile of ARCs and the municipality/city/province and update the listings/directories of existing farmer organizations/associations/cooperatives.

Identification of ARC organizations are necessary because they can help in information dissemination for their members who are prospective enrollees for IPP. The ARC Organizations can ensure large scale enrollment under the program, so as to fast track the universal coverage in the ARCs.

DAR and PhilHealth Offices shall work together on data consolidation, which shall serve as reference in the prioritization of target ARC and organizations.

Once the potential organizations had been identified and prioritized, DAR and PhilHealth shall coordinate with them for the schedule of orientations to facilitate the enrollment of their members into the program.

For prospective enrollees who are not members of ARC organizations, the DAR and PhilHealth shall conduct house-to-house visit to these ARBs for program dissemination.

2. Negotiation

On the scheduled date of the orientation with the officers of the organization, the DAR and PhilHealth present the program objectives, benefits, availment procedures and other mechanics of program implementation. They shall utilize the standard briefing kit produced by the Program Technical Secretariat. In this meeting, the DAR and PhilHealth shall emphasize that enrollment of the organization's members in IPP may be one of their services to their members.

Should the organization indicate its intention of joining the program, the officers, together with DAR and PhilHealth staff shall conduct meetings and program orientations for the members of the organization emphasizing the benefits derived from the program. The mechanics of availment through their organization shall be emphasized.

The "GMA sa Bayan-Anihan" program flyers and other IEC materials shall be distributed during these activities to accelerate dissemination of information among the potential members of the program.

For prospective enrollees who are not members of the organization, the DAR and PhilHealth shall actively promote the program by conducting house-to-house visits and individually recruiting them for membership in IPP. They shall be given program flyers and membership forms. The DAR and PhilHealth may have several appointments and meeting with the prospective members until they enroll themselves.

3. Membership Registration

Prospective enrollees shall be required to accomplish and submit two (2) copies of Form M1b (Member Data Form for IPP Members), together with a copy of Birth Certificate or Baptismal Certificate or any supporting document as prescribed by PhilHealth Guidelines, at PhilHealth Central Office or nearest PhilHealth Regional Office/Service Office.

The DAR shall facilitate the accomplishment and submission of said forms including supporting papers to PhilHealth. If there are conflicting entries, PhilHealth shall validate the members' data and ensure correctness of entries prior to issuance of PhilHealth ID cards.

4. Data Encoding/Generation of PhilHealth Identification Number (PIN)

With the validated accomplished Form M1b, PhilHealth shall encode the data of members and generate the identification cards (IDs). Members shall be assigned with their own PIN which shall be reflected in the ID. The number shall be used every time they avail their benefits of the program or transact any business with PhilHealth.

5. Payment of Premium Contribution

An individual member shall pay PhilHealth an annual premium based on prescribed rates. As of CY 2002, the member shall pay an annual premium of PhP1,200 per family (i.e. for the enrolled member and its qualified dependents). The member may pay in full or in installment basis.

PhilHealth requires its members to pay the initial premium for the applicable quarter before they shall be issued their PhilHealth Number Card (PNC). Payment of premium contribution for the succeeding quarters may be done through the PhilHealth's Cashier or any Accredited PhilHealth Collecting Bank (ACBs).

6. Release of "GMA sa Bayan-Anihan" Program IDs

Once payment has been made, members shall be provided with the "GMA sa Bayan-Anihan" Program IDs. The IDs may be distributed individually, through the ARB organization or through the DAR. If possible, ceremonial ID distribution shall be conducted by DAR.

For members' information and guidance, ID shall have an attached flyer containing information on the benefits that can be availed through IPP and its availment procedures.

7. Effectivity of Membership

Effectivity of membership shall commence on the date of payment of premium contributions. Entitlement to benefits, however, shall require three (3) months membership within the last six (6) months prior to confinement.

The ID issued in the name of the enrolled shall be used when the enrolled and its qualified dependents avail the services from the program.

D. Monitoring and Evaluation

Monitoring and evaluation activities shall be the basis in keeping track of the status of implementation of the Program. This shall include the following:

1. Semestral Regional/Provincial Assessment

The Program Committee shall conduct a semestral assessment and planning workshops to assess the program status and accomplishment based on the approved regional/provincial plans. This shall be the venue to discuss and resolve the issues and concerns related to program implementation, generate learning, insights, provide technical assistance (TA) and other relevant information to further improve or refine program supervision and management. The issues and concerns that need policy intervention shall be forwarded to DARCO, through the BARBD for deliberation and resolution by the National Steering Committee. A session on planning the next activities shall form part of the assessment workshop.

2. Quarterly Program Monitoring Report *(Annex C1-4)*

DAR-PhilHealth Monitoring Forms No. 1-3 shall be accomplished by the concerned DAR municipal, provincial and regional offices on a quarterly basis. The monitoring forms capture the number of enrollees in the SP and IPP and the major activities undertaken for the quarter. The three forms shall be submitted to BARBD not later than the 15th day of the first month of the succeeding quarter copy furnished the Program Management Group for Membership and Marketing (PMGMM).

Monitoring Form No. 4, which pertains to the Monthly Status Report of Program Implementation for National Government Agencies (NGAs) Sponsorship Program shall be filled up by all PhilHealth Regional Offices (PROs) and submit to PMGMM not later than the 1st week of the succeeding month. For updates on IPP implementation, PROs shall be required to comply in the submission of accomplished Monitoring Form No. 2 to the PMGMM not later than the 15th day of the first month of the succeeding quarter.

3. Spot Monitoring

Aside from the conduct of the regular assessment sessions, on the spot field monitoring visits shall also be undertaken. This will be another venue in providing mentoring and technical assistance to the program partners. The field monitoring shall also aim to validate the data contained in the status reports submitted and clarify issues, which need further discussions.

4. Development and Management of Database

A database system shall be developed which will serve as repository of the benchmark information on the program as well as the data on the status of the program. The information generated from the system will be backed-up with critical incident monitoring generated from the periodic reports and spot monitoring.

The concerned DAR and PhilHealth staff shall be trained for them to acquire the skills for database management.

VII. SUMMARY OF ACTIVITIES BY CONCERNED AGENCIES/ OFFICES

The program implementation at the field level shall be done according to the coordinative line of functions operationalized by the respective implementing agencies.

Annex D presents the matrix of activities as well as the roles and functions that shall be undertaken by the respective DAR-central, regional, provincial and municipal offices and PhilHealth central, regional and service offices.

VIII. PROGRAM MANAGEMENT

As an institutional partnership between DAR and PhilHealth, the following committees shall be created to manage program implementation:

A. National Steering Committee (NSC)

This shall be the policy-making body of the program and as such shall set the thrusts, directions and priorities for the program. The NSC shall meet on a semestral basis or as may be deemed necessary. The Committee shall be composed of the following:

Chairperson	-	Secretary, DAR
Co-chairperson	-	President and CEO, PhilHealth
Members:		Undersecretary for Support Services Office, DAR
		Chief Operating Officer, PhilHealth
		Senior Vice president for Operations, PhilHealth

The NSC shall undertake the following functions:

1. Approve policies and guidelines related to program implementation and management;
2. Approve the program's consolidated work and financial plan;
3. Coordinate and synchronize program implementation with their respective agencies' priorities;
4. Resolve issues or matters pertaining to program implementation submitted by the PMC; and
5. Exercise related functions as may be necessary to attain the program objectives.

B. Program Management Committee (PMC)

The PMC shall oversee program coordination and implementation. It shall meet on a quarterly basis or as may be deemed necessary. The PMC shall be composed of the following:

- Chairperson - Director, BARBD-DAR
 Co-Chairperson - Vice-President of Membership and Marketing, PhilHealth
- Members:
 Representative, Foreign Assisted Projects Office-DAR
 Vice-President, Benefits Development Office, PhilHealth
 Manager, Foreign Assistance Coordinating Office, PhilHealth

The PMC shall have the following functions:

1. Prepare the implementing guidelines, procedures, program strategies and implementation plan of the program for the approval of the NSC;
2. Review and recommend changes in the policies, guidelines and procedures on the effective implementation of the GMA sa Bayan-Anihan Program for approval by the NSC;
3. Install the monitoring and evaluation system;
4. Conduct periodic meetings and assessment on program operations and provides feedback to the NSC regarding issues/concerns that need resolution; and
5. Prepare the necessary instruments in data gathering, project monitoring and impact assessment of the program.

C. Program Technical Secretariat (PTS)

The PTS shall provide the necessary technical and administrative support to both the NSC and PMC. It shall be composed of the representatives from DAR-BARBD and PhilHealth- PMGMM. The PTS shall perform the following functions:

1. Provide necessary technical staff support and secretariat services to the NSC/PMC during its meetings;
2. Coordinate with field offices on the generation of periodic reports;
3. Conduct spot field monitoring activities;
4. Provide technical assistance to field offices relative to program implementation; and
5. Prepare and submit regular reports to the PMC/NSC on program implementation status.

C. Regional Program Committees (RPC)

An RPC shall be installed in concerned regions. They shall be composed of DAR-Regional Director, Chief Agrarian Reform Program Officer of the Regional Support Services Division (RSSD), the Assistant Vice-President, and Head of the Marketing and Membership Department (MMD) of the PhilHealth Regional Office. The RSSD and the MMD shall provide technical and administrative support to the RPC.

The RPC is expected to undertake the following activities:

1. Implement and monitor the program implementation in the concerned provinces, municipalities and agrarian reform areas covered by the region;
2. Conduct periodic meetings and program assessments at their level;
3. Ensure the dissemination of the program to concerned areas; and
4. Submit periodic reports to the PMC through the Program Technical Secretariat.

IX. Program Funds

DAR and PhilHealth shall pool their resources on an agreed 50-50 cost-sharing scheme to sufficiently cover the required budget for the implementation of the program. The funds shall be used in administrative and operational activities such as (a) program grounding, (b) preparation of standard information, education and communication materials used in social marketing, (c) project monitoring and evaluation, and (d) and other related activities. Regular activities of both agencies relating to program implementation shall be charged against their respective agency funds.

This Memorandum Circular shall take effect immediately upon approval and shall remain in force unless modified or repealed by subsequent Memorandum Circular.

Dec. 29., 2003


ROBERTO M. PAGDANGANAN
Secretary, DAR


FRANCISCO T. DUQUE III
President and CEO, PhilHealth

SPONSORED PROGRAM PROCESS FLOW

Annex "A"

PROCESS	ACTIVITIES	RESPONSIBLE	DOCUMENTS REQUIRED
START			
Negotiation with the LGUs/ Donors	<ul style="list-style-type: none"> ➤ Sending of Notice to LGUs ➤ Presentation of the Sponsored Program to LCEs / LGUs to encourage their participation in the Program ➤ Pre-Accreditation/ Pre-Authorization of Health Provider 	<ul style="list-style-type: none"> ➤ PROs, PAROs/MAROs ➤ PROs, PAROs/MAROs ➤ PROs-AU 	<ul style="list-style-type: none"> ✓ Pro-forma Notice to LGUs ✓ Implementing Guidelines ✓ Pro-forma Letter of Intent of LGUs ✓ Sponsored Program Standard Presentation
Ceremonial MOA Signing and Accreditation/ Authorization of Health Provider	<ul style="list-style-type: none"> ➤ Passage of a Resolution adopting the Program ➤ Preparation for and conduct of MOA Signing and IEC ➤ Accreditation/ Authorization of Provider ➤ Passage of PCF Ordinance 	<ul style="list-style-type: none"> ➤ LGUs ➤ PROs, PAROs/MAROs, LGUs ➤ PhilHealth-CO-AD ➤ LGUs 	<ul style="list-style-type: none"> ✓ Pro-forma Resolution by LGU adopting the Sponsored Program ✓ Pro-forma MOA ✓ GMA sa Bayan-Anihan flyers ✓ Accreditation/ Authorization Certificate ✓ Ordinance creating the PCF (if applicable)
Enumeration	<ul style="list-style-type: none"> ➤ LSWDO in collaboration with the DFs shall identify qualified program beneficiaries 	<ul style="list-style-type: none"> ➤ PROs, PAROs/MAROs/ DFs, LGUs 	<ul style="list-style-type: none"> ✓ FDSF ✓ Job Order Contract for Enumerators
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> LGU Billing and Remittance </div> <div style="width: 45%;"> FDSF Encoding and ID Generation </div> </div>	<ul style="list-style-type: none"> ➤ PhilHealth bills LGU for the premium counterpart upon verification of FDSFs ➤ LGU remits payment to PhilHealth ➤ PhilHealth encodes verified FDSFs ➤ PhilHealth generates PhilHealth Indigent Program Ids 	<ul style="list-style-type: none"> ➤ PROs/ MCMG ➤ LGU 	<ul style="list-style-type: none"> ✓ Billing Statement ✓ Notarized PhilHealth-LGU MOA ✓ Acknowledgement Receipt of LGUs ✓ MIN-5 or Official Receipt
"GMA sa Bayan-Anihan" ID Distribution and IEC	<ul style="list-style-type: none"> ➤ PhilHealth releases Philhealth Indigent Program IDs to LGUs upon payment of LGU premium counterpart (PROs shld. submit Acknowledgement receipts to PMG) ➤ LGU coordinates with DAR and PhilHealth for ID distribution ➤ DAR & PhilHealth in coordination with the LGU conduct IEC to beneficiaries 	<ul style="list-style-type: none"> ➤ PROs/ MCMG ➤ PROs/ MDMD, PAROs/MAROs ➤ PROs, LGUs PAROs/MAROs 	<ul style="list-style-type: none"> ✓ Acknowledgement Receipt of LGU on the number of IDs received ✓ GMA sa Bayan-Anihan Program IDs ✓ GMA sa Bayan-Anihan Program Flyer
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Billing for NG Counterpart </div> <div style="width: 45%;"> Release of PCF & Servicing </div> </div>	<ul style="list-style-type: none"> ➤ PhilHealth computes the NG counterpart subsidy to be submitted to DBM ➤ PhilHealth assures that benefits are provided to members and their beneficiaries ➤ PhilHealth releases PCF on a quarterly basis 	<ul style="list-style-type: none"> ➤ PhilHealth/ MCMG ➤ LGU, PAROs/ MAROs PROs ➤ PROs 	<ul style="list-style-type: none"> ✓ Billing Statement ✓ RHU Reports and other documentary attachments
Monitoring and Evaluation	<ul style="list-style-type: none"> ➤ PhilHealth conducts regular monitoring and provides DAR monitoring reports thru the "GMA sa Bayan-Anihan" Management Committee 	<ul style="list-style-type: none"> ➤ PMG 	<ul style="list-style-type: none"> ✓ Quarterly Status Report of Program Implementation

INDIVIDUALLY PAYING PROGRAM PROCESS FLOW

Annex "B"

PROCESS	ACTIVITIES	RESPONSIBLE	DOCUMENTS REQUIRED
START			
Groundworking	<ul style="list-style-type: none"> ☞ Gathering of data on the Socio-demographic profile of LGUs/ ARCs and updated listings/ directories of Farmer Organizations and Cooperatives ☞ Scheduling of meetings/ orientation with farmer organizations/ associations and interested groups/ individuals 	<ul style="list-style-type: none"> ☞ PROs/ SOs PARCs/ MARCs/ DFs ☞ PROs/ SOs PAROs/ MAROs/ DFs 	<ul style="list-style-type: none"> ✓ Profema Notice/ Letter to Farmer Organizations association and interested group/ individual
Negotiation	<ul style="list-style-type: none"> ☞ Conduct of Orientation of organized groups ☞ Meeting with interested individuals/ professionals 	<ul style="list-style-type: none"> ☞ PROs/ SOs, PARCs/MARCs/ DFs 	<ul style="list-style-type: none"> ✓ Individually Paying Program Standard Presentation ✓ "GMA sa Bayan-Anihan" Program Flyers
Membership Registration	<ul style="list-style-type: none"> ☞ Accomplishment of M1b Form by prospective members ☞ Initial verification of M1b ID data is consistent with submitted documents 	<ul style="list-style-type: none"> ☞ PROs/ SOs, PARCs/ MARCs/ DFs ☞ PROs/ SOs PAROs/ MAROs/ DFs 	<ul style="list-style-type: none"> ✓ M1b Forms
Data Encoding/ Generation of PIN	<ul style="list-style-type: none"> ☞ Data as reflected in M1b Form will be encoded ☞ Member will be assigned their PhilHealth Identification Number 	<ul style="list-style-type: none"> ☞ PROs, 	<ul style="list-style-type: none"> ✓ "GMA sa Bayan-Anihan" ID
Payment of Premium Contribution	<ul style="list-style-type: none"> ☞ Upon assignment of PINs, members are required to pay their premiums regularly to the nearest PhilHealth Regional Offices, Service Offices, and PhilHealth-Authorized Collecting Banks (ACBs). ☞ Mode of payment: quarterly, semi-annual, annual ☞ Amount: P1,200 per family per annum 	<ul style="list-style-type: none"> ☞ PROs, SOs 	<ul style="list-style-type: none"> ✓ MI-5
Release of PhilHealth "GMA sa Bayan-Anihan" Program ID	<ul style="list-style-type: none"> ☞ Once payment has been made, the "GMA sa Bayan-Anihan" Program ID shall be given to members. ☞ The members will be provided with flyers/ information on the benefits that can be availed through IPP. 	<ul style="list-style-type: none"> ☞ PROs, SOs 	<ul style="list-style-type: none"> ✓ "GMA sa Bayan-Anihan" Program Flyers
Monitoring	<ul style="list-style-type: none"> ☞ Quarterly monitoring of IPP enrollment and premium payment by PROs, PAROs/ MAROs/ DFs, and concerned Farmer/People's Organizations/ Associations. 	<ul style="list-style-type: none"> ☞ PROs/ SOs PAROs/ MAROs/ DFs 	<ul style="list-style-type: none"> ✓ Quarterly Monitoring Forms
END			

DAR – PHILHEALTH FORM NO. 1
SPONSORED PROGRAM QUARTERLY MONITORING REPORT
FOR THE PERIOD: _____

REGION: _____

PROVINCE	CITY/ MUNICIPALITY	TARGET NO. OF HHs FOR ENROLLMENT FOR THE QTR	ACTUAL NO. OF HHs ENROLLED FOR THE QTR.			CUMULATIVE NO. OF HHs ENROLLED As of			MAJOR ACTIVITIES UNDERTAKEN FOR THE QTR.
			ARBs	Non-ARBs	NO. OF ARCs INVOLVED	ARBs	NON-ARBs	ARCs INVOLVED	

PREPARED BY: _____
 (CARPO-SSD OR CARPO-BDCD)
 DATE: _____

NOTED BY: _____
 (REGIONAL DIRECTOR OR PARO)
 DATE: _____

DAR – PHILHEALTH FORM NO. 2

INDIVIDUALLY PAYING PROGRAM QUARTERLY MONITORING REPORT
FOR THE PERIOD: _____

REGION: _____

PROVINCE	CITY/ MUNICIPALITY	TARGET NO. OF HHs FOR ENROLLMENT FOR THE QTR	ACTUAL NO. OF HHs ENROLLED FOR THE QTR.			CUMULATIVE NO. OF HHs ENROLLED As of			MAJOR ACTIVITIES UNDERTAKEN FOR THE QTR.
			ARBs	Non-ARBs	NO. OF ARCs INVOLVED	ARBs	NON-ARBs	ARCs INVOLVED	

PREPARED BY: _____
(CARPO-SSD OR CARPO-BDCD)

NOTED BY: _____
(REGIONAL DIRECTOR OR PARO)

DATE: _____

DAR – PHILHEALTH FORM NO. 3
MASTERLIST OF ENROLLEES
FOR THE PERIOD: _____

PROVINCE _____
 CITY/ MUNICIPALITY _____

NAME OF ENROLLEE	PHILHEALTH IDENTIFICATION NUMBER	AGE	ADDRESS	NAME OF ARC OR KALAHI ZONE INVOLVED	TYPE OF PROGRAM (Pls. check)		PERIOD OF COVERAGE (DAY/ MONTH/ YEAR)	
					SPONSORED PROGRAM	INDIVIDUALLY PAYING PROGRAM	FROM	TO

PREPARED BY: _____
 (DEVELOPMENT FACILITATOR)
 DATE: _____

NOTED BY: _____
 (MARO)

PhilHealth Sponsored Program
PRO - XXX
STATUS OF PROGRAM IMPLEMENTATION

as of [end of MONTH] 2003

NATIONAL GOVERNMENT AGENCIES (NGAs) / SPONSOR	LGU	NATIONAL GOVERNMENT SPONSORSHIP PROGRAM											REMARKS				
		G	P	I	R	FD	M	MS	FS	E	MIN5	ID		S	ES1	RY	
DAR	LGU 1																
	LGU 2																
	LGU 3																
	LGU 4																
	LGU 5																
PCSO	LGU 1																
	LGU 2																
	LGU 3																
	LGU 4																
	LGU 5																

Codes: Definition:

G	Groundworking
P	For Presentation
I	With Intent*
R	With Resolution
FD	FDSF Distribution
M	For MOA Signing
MS	MOA Signed*
FS	FDSF Submission*
E	Encoding
MIN5	Awaiting LGU Remittance
ID	For ID Distribution/ Ceremonial MOA
S	Servicing*
ES1	Release of Renewal Forms/ Renewal Activities
RY	Release of Renewal IDs/ Renewal Year*

- Specific "Remarks" Requirement:**
- Optional
 - Indicate date & with whom the Program will be presented
 - Indicate status of negotiation with the LGU under sponsorship (LGU resolution, E.O. etc.)
 - Indicate Resolution No. ___ & # of committed HHs
 - Indicate # of released/distributed FDSFs to the Sponsor or LGU
 - Indicate venue & tentative date of MOA signing between Sponsor-LGU-PhilHealth
 - Indicate actual date the MOA was signed
 - Indicate # of retrieved FDSFs, whether partially or in full
 - Indicate # of verified FDSFs & tentative effectivity assignment
 - Indicate Billing Statement No. ___
 - Indicate venue, date of event, VIPs. Indicate also the Min5 #, if the LGU has paid.
 - Indicate actual # of IDs released, batch & effectivity date, Min5 Recon.No. ___
 - Indicate # of released ES Form1, # of HHs for renewal (increase/decrease), add'l enrollees if any
 - Indicate actual # of HHs renewed, add'l enrollees, amount paid & Min-5 Recon.#

Prepared by:

Noted by:

NAME
 Designation, Unit

NAME
 Assistant Vice President, PRO xxx

**SUMMARY OF ACTIVITIES IN THE "GMA SA BAYAN-ANIHAN" PROGRAM
FOR MODEL 3 AND 4 BY RESPONSIBLE AGENCIES/ OFFICES AND PARTNER STAKEHOLDERS**

ACTIVITIES	DAR- CENTRAL OFFICE	DAR- REGIONAL OFFICE	DAR-PROVINCIAL OFFICE	MUNICIPAL AGRARIAN REFORM OFFICE	PHILHEALTH CENTRAL OFFICE	PHILHEALTH REGIONAL OFFICE	PHILHEALTH SERVICE OFFICE	LGUs	Organized Groups
A. PROGRAM GROUNDING & MANAGEMENT									
1. Development of Standard Presentation Slides IEC Materials, and Program Monitoring Tools	<ul style="list-style-type: none"> ✓ Provide funds per cost-sharing scheme ✓ Develop standard presentation slides, IEC materials, & Monitoring Tools 				<ul style="list-style-type: none"> ✓ Provide funds per cost-sharing scheme ✓ Develop standard presentation slides, IEC materials, & Monitoring tools 				
2. Target Setting	<ul style="list-style-type: none"> ✓ Set program target at the national level ✓ Define over-all operational strategies 	<ul style="list-style-type: none"> ✓ Set program target at the regional level ✓ Define operational strategies at the regional level 	<ul style="list-style-type: none"> ✓ Set program target at the provincial level ✓ Define operational strategies at the provincial level 	<ul style="list-style-type: none"> ✓ Gather data relevant to the program ✓ Set program target at the municipal level ✓ Define operational strategies at the municipal level 	<ul style="list-style-type: none"> ✓ Set program target at the national level ✓ Define over-all operational strategies 	<ul style="list-style-type: none"> ✓ Set program target at the regional, provincial, and municipal levels ✓ Define operational strategies at the regional, Provincial municipal levels 	<ul style="list-style-type: none"> ✓ Gather data relevant to the program 	<ul style="list-style-type: none"> ✓ Provide necessary data for the program 	<ul style="list-style-type: none"> ✓ Provide necessary data for the program

ACTIVITIES	DAR- CENTRAL OFFICE	DAR- REGIONAL OFFICE	DAR-PROVINCIAL OFFICE	MUNICIPAL AGRARIAN REFORM OFFICE	PHILHEALTH CENTRAL OFFICE	PHILHEALTH REGIONAL OFFICE	PHILHEALTH SERVICE OFFICE	LGUs	Organized Groups
3. Program Orientation/ Training	<ul style="list-style-type: none"> ☑ Provide funds per cost-sharing scheme ☑ Spearhead in the conduct of orientation/ training ☑ Prepare logistics 	<ul style="list-style-type: none"> ☑ Participate in the Orientation/ training ☑ Assist in logistic preparations 	<ul style="list-style-type: none"> ☑ Participate in the Orientation/ training ☑ Assist in logistic preparations 	<ul style="list-style-type: none"> ☑ Participate in the Orientation/ training ☑ Assist in logistic preparations 	<ul style="list-style-type: none"> ☑ Provide funds per cost-sharing scheme ☑ Spearhead in the conduct of program orientation/ training ☑ Prepare logistics 	<ul style="list-style-type: none"> ☑ Participate in the Orientation/ training ☑ Assist in logistic preparations 	<ul style="list-style-type: none"> ☑ Participate in the Orientation/ Training ☑ Assist in logistic preparations 		
B. SPONSORED PROGRAM									
1. Negotiation with LGUs		<ul style="list-style-type: none"> ☑ Send Notices/ Letters to the Provinces/ Donors ☑ Present the Program ☑ Conduct Follow up activities with the LGUs 	<ul style="list-style-type: none"> ☑ Send Notices/ Letters to the Municipalities/ Donors ☑ Present the Program ☑ Conduct follow up activities with the LGUs ☑ Assist in the pre-accreditation of RHU/ pre-authorization of district hospital 	<ul style="list-style-type: none"> ☑ Send Notices/ Letters to the LGUs/ Donors ☑ Present the Program ☑ Facilitate pre-accreditation of RHU/ authorization of district hospital 		<ul style="list-style-type: none"> ☑ Conduct follow up activities with the LGUs ☑ Assist in the pre-accreditation of RHU/ pre-authorization of district hospital 	<ul style="list-style-type: none"> ☑ Submit letter of application for RHU accreditation to the PRO 		
2. Ceremonial MoA Signing and Accreditation/ Authorization of Health Provider		<ul style="list-style-type: none"> ☑ Coordinate over-all preparation for the activity with the PRO/ SO and the concerned Province 	<ul style="list-style-type: none"> ☑ Coordinate over-all preparation for the activity with the PRO/ SO and the concerned Municipality 	<ul style="list-style-type: none"> ☑ Deliberate accreditation of RHU/ authorization of district hospital during the ACM 	<ul style="list-style-type: none"> ☑ Coordinate over-all preparation for the activity with the concerned DAR field Offices and LGUs 	<ul style="list-style-type: none"> ☑ Assist in the over-all preparation for the activity 	<ul style="list-style-type: none"> ☑ Pass requisite resolution and ordinance ☑ Coordinate with concerned DAR & PhilHealth Offices for the activity 		
3. Enumeration	<ul style="list-style-type: none"> ☑ Design pro-forma service contract for the enumerator 	<ul style="list-style-type: none"> ☑ Over-see conduct of enumeration at the provincial level 	<ul style="list-style-type: none"> ☑ Prepare service contract for the enumerators ☑ Assist and participate in the conduct of 	<ul style="list-style-type: none"> ☑ Design proforma service contract for the enumerators 	<ul style="list-style-type: none"> ☑ Prepare service contract for the enumerators ☑ Conduct orientation for the enumerators 	<ul style="list-style-type: none"> ☑ Assist in the preparation and orientation for the enumerators 	<ul style="list-style-type: none"> ☑ Certify masterlist of indigents and FDSFs 		

ACTIVITIES	DAR-CENTRAL OFFICE	DAR-REGIONAL OFFICE	DAR-PROVINCIAL OFFICE	MUNICIPAL AGRARIAN REFORM OFFICE	PHILHEALTH CENTRAL OFFICE	PHILHEALTH REGIONAL OFFICE	PHILHEALTH SERVICE OFFICE	LGUs	Organized Groups
	8			orientation for the enumerators					
4. LGU Billing and Remittances			Follow up payment of the Provinces	Follow up payment of Municipalities		Prepare billing statement for the LGUs	Follow up payment of the LGUs	Remit payment counterpart to PhilHealth	
5. FDSF Encoding and ID Generation						Verify and encode accomplished FDSFs Generate IDs			
6. ID distribution and IEC			Coordinate the activity with PhilHealth Office and the provinces	Coordinate the activity with PhilHealth Office and the concerned municipalities		Coordinate the activity with DAR Office and the concerned LGUs	Assist in the preparation for the activity		
7. Billing for NG Counterpart					Prepare billing statement to DBM for the National Government Counterpart				
8. Release of PCF				Follow up Monthly Reports with the RHUs		Prepare and process PCF Release PCF due for the quarter	Follow up Monthly Reports with the RHUs	Submit Monthly RHU Reports	
C. INDIVIDUALLY PAYING PROGRAM (IPP)									
1. Groundworking				Gather data relevant to the program Schedule mtgs and orientations with concerned organized groups		Gather data relevant to the program Schedule mtgs and orientations with concerned organized groups	Gather data relevant to the program Schedule mtgs and orientations with concerned organized groups	Provide data relevant to the program	
2. Negotiation				Conduct mtgs/ orientations with the organized groups and		Conduct mtgs/ orientations with the organized groups and	Conduct mtgs/ orientations with the organized groups and		Assist in the conduct of orientation and distribution of IEC

ACTIVITIES	DAR- CENTRAL OFFICE	DAR- REGIONAL OFFICE	DAR-PROVINCIAL OFFICE	MUNICIPAL AGRARIAN REFORM OFFICE	PHILHEALTH CENTRAL OFFICE	PHILHEALTH REGIONAL OFFICE	PHILHEALTH SERVICE OFFICE	LGUs	Organized Groups
3. Membership Registration				members Facilitate registration of members Verify accomplished M1b forms		members Facilitate registration of members Verify accomplished M1b forms Encode and generate member's IDs/ PIN	members Facilitate registration of members Verify accomplished M1b forms		materials among members Facilitate registration of members
4. Data Encoding/ Generation of PIN				Verify accomplished M1b forms		Verify accomplished M1b forms Encode and generate member's IDs/ PIN	Verify accomplished M1b forms		
5. Payment of Premium Contribution				Refer members to the nearest PhilHealth Office or Accredited Banks for payment of their premium contributions		Process premium contribution payments	Process premium contribution payments		Refer members to the nearest PhilHealth Office or Accredited Banks for payment of their premium contributions
6. Release of IDs						Release PhilHealth IDs to members	Release PhilHealth IDs to members		Assist in the release of PhilHealth IDs to members
D. MONITORING AND EVALUATION									
1. Semestral Regional/ Provincial Assessment and Planning Workshop	Facilitate conduct of the activity Assess the program status and accomplish- ments thru the Program Committee				Facilitate conduct of the activity Assess the program status and accomplish- ments thru the Program Committee				Conduct monitoring and evaluation activities Prepare and submit monitoring reports to Regional Office
2. Periodic Program Status Reporting		Submit a Provincial Status Report every 30 th day of the 1 st month of the applicable quarter	Submit a Quarterly Status Report to DARPO every 25 th day of the last month of the applicable quarter	Submit a Quarterly Status Report to DARPO every 25 th day of the last month of the applicable quarter		Submit Quarterly Status of Implementation Report to the Central Office	Prepare and submit Quarterly Status of Implementation Report to the PROs		
3. Spot Monitoring Report	Conduct on the spot field	Assist in the conduct on the spot	Assist in the conduct on the spot field	Assist in the conduct on the spot field	Conduct on the spot field monitoring visits	Assist in the conduct on the spot field	Assist in the conduct on the spot field		

ACTIVITIES	DAR-CENTRAL OFFICE monitoring visits	DAR-REGIONAL OFFICE field monitoring visits	DAR-PROVINCIAL OFFICE monitoring visits	MUNICIPAL AGRARIAN REFORM OFFICE monitoring visits	PHILHEALTH CENTRAL OFFICE	PHILHEALTH REGIONAL OFFICE monitoring visits	PHILHEALTH SERVICE OFFICE monitoring visits	LGUs	Organized Groups
4. Development and Management of Database	<ul style="list-style-type: none"> → Provide funds per cost-sharing scheme. → Spearhead the design, development and installation of database management 				<ul style="list-style-type: none"> → Provide funds per cost-sharing scheme → Spearhead the design, development, and installation of database management 				