



Republic of the Philippines
Province of Bohol
MUNICIPALITY OF LOON

OFFICE OF THE SANGGUNIANG BAYAN

EXCERPTS FROM THE MINUTES OF THE 104TH REGULAR SESSION OF THE 15TH SANGGUNIANG BAYAN OF LOON, PROVINCE OF BOHOL HELD ON THE 30TH DAY OF AUGUST 2024 AT JUAN M. RELAMPAGOS SESSION HALL, LOON, BOHOL -

PRESENT:

Hon. Lloyd Peter M. Lopez, M.D.	Vice Mayor, Presiding Officer
Hon. Ana Lisa O. Go	SB Member
Hon. Emerson S. Relampagos	SB Member
Hon. Pedro M. Literatus, Jr.	SB Member
Hon. Timoteo L. Legitimas	SB Member
Hon. Marie Hazel R. Saavedra	SB Member
Hon. Judy Marie H. Veloso	SB Member
Hon. Mariel L. Juntilla	SKMF Vice President, Ex-Officio Member

ON OFFICIAL BUSINESS:

Hon. Jeanette M. Vidal	SB Member
Hon. Noel Y. Laniba	LnB President, Ex-Officio Member

ON LEAVE:

Hon. Willou C. Tan	SB Member
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MUNICIPAL ORDINANCE NO. 24-012 Series of 2024

AN ORDINANCE PROVIDING FOR THE UTILIZATION OF PHILHEALTH CAPITATION RECEIVED FROM THE PHILIPPINE HEALTH INSURANCE CORPORATION, MANDATING THE ALLOCATION THEREOF, AND FOR OTHER PURPOSES, OR SHALL KNOWN AS "ORDINANCE ON PHILHEALTH CAPITATION FUND"

RATIONALE

Loon Rural Health Unit 1 and Loon Rural Health Unit 2 and Birthing Center strives to be a fully established PhilHealth Accredited Health Facility on the following PhilHealth packages namely [PhilHealth Konsultasyong Sulit at Tama (PhilHealth KonSulTa) package, Maternal/Neonatal Care Package/ Free-Standing Family Planning (FP) Clinic, Tuberculosis Directly Observed Treatment Short Course (TB DOTS) Package, Animal Bite Treatment Package and Outpatient HIV/AIDS Treatment (OHAT) Pack] and count itself as among the first few in Region 7. Loon RHU 1 and Loon RHU2 and Birthing Center will be receiving capitation funds from the services inclusive in its PhilHealth Accreditation.

Be it enacted by the Sangguniang Bayan of the Municipality of Loon session assembled, that:

SECTION 1. SHORT TITLE. This ordinance shall be known as the "Ordinance on PhilHealth Capitation Fund".

SECTION 2. DECLARATION OF POLICY. Consistent with the national policy declared under Section 11, Article XIII of the 1987 Constitution of the Republic of the Philippines, it is the policy of this Municipality to adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.

In furtherance of this policy, the Municipality shall cooperate with the National Government in the enrolment of its constituents to the National Health Insurance under Republic Act No. 7875 as amended, otherwise known National Health Insurance Act of 1995.

Ultimately, in accordance with the Republic Act No. 11223 or the Universal Health Care (UHC) Act of 2019 duly signed by former President Rodrigo Roa Duterte, the Municipality shall abide in its Implementing Rules and Regulations, especially under Section 2 or the Declaration of Principles and Policies, which states that it is the policy of the State to protect and promote the right to health of all Filipinos, instill health consciousness among them, and protect them from hazards and risks that could affect their health.

SECTION 3. DEFINITION OF TERMS. For the purposes of this Ordinance, the following terms shall be defined as follows:

3.1. Auditing Code – this refers to funds which have come officially into the possession of any agency of the government or of a public officer as trustee, agent, or administrator, or which have been received for the fulfillment of some obligation.

3.2. Capitation – a payment mechanism whereas fixed rate, whether per person, family, household, or group, is negotiated with a health care provider who shall be responsible for delivering or arranging for the delivery of healthcare services required by the covered person under the conditions of a health care provider contract.

3.3. Direct contributors – refer to those who have the capacity to pay premiums, are gainfully employed and are bound by an employer-employee relationship, or are self-earning, professional practitioners, migrant workers, including their qualified dependents, and lifetime members.

3.4. Essential health benefit package – refers to a set of individual-based entitlements covered by the PhilHealth which includes primary care; medicines, diagnostic and laboratory; and promotive, preventive, curative, and rehabilitative services.

3.5. Health care provider – refers to any of the following:

3.5.a. A health facility which may be public or private devoted primarily to the provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation and palliation of individuals suffering from illness, disease, injury, disability, or deformity, or in need of obstetrical or other medical and nursing care. Rural Health Units are financed by the Local Government Unit through the Municipal Health Office, and accredited by the Philippine Health Insurance Corporation to provide benefits to its members.



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3.5.b. A health care professional who may be a doctor of medicine, nurse, midwife, dentist, or other allied professional or practitioner duly licensed to practice in the Philippines. These healthcare professional shall be PhilHealth accredited according to mandate.

3.5.c. Community-based health care organization – refers to an association of members of the community organized for the purpose of improving the health status of that community

3.5.d. Pharmacies or drug outlets – refer to establishments licensed under RA 9711 (Food and Drug Administration Act of 2009) which sell or offer to sell any health product directly to the general public or entities licensed by appropriate government agencies, and which are involved in compounding and/or dispensing and selling of pharmaceutical products directly to patients or end users as defined under RA 10918 (Philippine Pharmacy Act).

3.5.e. Laboratories and diagnostic clinics – refer to licensed facilities where tests are done on the human body or on specimens thereof to obtain information about the health status of a patient for the prevention, diagnosis and treatment of diseases.

3.6. Health Fund – refers to a pool of resources of the Local Government intended to finance a population-based and individual-based health services, health system operating cost, capital investments, and remuneration of additional health workers and incentives for all health workers.

3.7. Indirect contributors – refer to all others not included as direct contributors, as well as their qualified dependents, whose premium shall be subsidized by the national government including those who are subsidized because of special laws.

3.8. Individual-based health services – refer to services which can be accessed within a health facility or that can be definitively traced back to one (1) recipient.

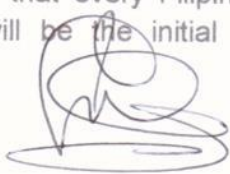
3.9. Member – any person who is enrolled under the National Health Insurance Program. He may be regular premium paying members or Direct Contributors and Indirect Contributors who are beneficiaries of the Conditional Cash Transfer Program, and those identified in special groups, such as senior citizens, persons with disabilities, and Sangguniang Kabataan officers paid by the National Government.

3.10. National Health Insurance Program – The compulsory health insurance of the government as established under Republic Act No. 7875 as amended, which shall provide universal health insurance coverage and ensure affordable, available and accessible health care services for the citizens of the Philippines.

3.11. Population-based health services – refer to interventions which have population groups as recipient, e.g. health promotion, disease surveillance and vector control.

3.12. Primary care – refers to initial-contact, accessible, continuous, comprehensive and coordinated care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary.

3.13. Primary Care-Focused Health System – is a type of health care system where frontline of health services will be strengthened so that every Filipino will have a trusted primary care provider. The primary care provider will be the initial and continuing point-of-contact of



patients/clients with the health system. He/She will provide the needed basic health services. If higher-level health services are needed, the primary care provider will navigate patients/clients to a health care provider that can give the appropriate care.

3.14. Primary care provider – refers to a health care worker, with defined competencies, who has received certification in primary care as determined by the Department of Health (DOH) or any health institution that is licensed and certified by the DOH.

3.14.a. Primary care practice – refers to the exercise of duties and responsibilities of multidisciplinary team of health workers which shall be eligible to be assigned to a catchment area/population in a primary care facility.

3.14.b. Primary care facility – refers to the institution that primarily delivers primary care services which shall be licensed or registered by the DOH.

3.14.c. Primary care worker – refers to a health care worker, who may be a health professional or community health worker/volunteer, certified by DOH to provide primary care services.

3.15. Primary health care – refers to a whole-of-society approach that aims to ensure the highest possible level of health and well-being through equitable delivery of quality health services.

3.16. Trust Fund – as defined under Presidential Decree No. 1445, otherwise known as the Government Auditing Code of the Philippines, which refers to funds which have come officially into the possession of any agency of the government or of a public officer as trustee, agent, or administrator, or which have been received for the fulfillment of some obligation.

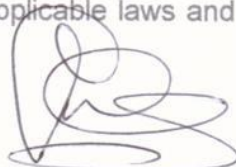
3.17. Universal Health Care (UHC) – also referred to as Kalusugan Pangkalahatan (KP), is the "provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public. It is a government mandate aiming to ensure that every Filipino shall receive affordable and quality health benefits, and to strengthen the six building blocks of health, namely: (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance.

3.18. Universal Health Care Act – also known as R.A. no. 11223, is a law containing comprehensive and progressive reforms that will ensure every Filipino is healthy, protected from health hazards and risks, and has access to affordable, quality, and readily available health service that is suitable to their needs.

SECTION 4. UTILIZATION OF FUNDS. The utilization of capitation funds shall be in accordance with the guidelines established by the Philippine Health Insurance Corporation, and as contained in any agreements entered into and between the Local Government Unit and the Philippine Health Insurance Corporation.

4.1. The Municipal Health Office, in coordination with the Municipal Treasurer's Office, shall pay to healthcare providers their share of the capitation from the receipt of funds for the Philippine Health Insurance Corporation.

4.2. The Municipal Health Officer is further mandated to ensure that continuous accreditation with the Philippine Health Insurance Corporation of health facilities and health providers under his supervision. To the extent allowed by applicable laws and regulations, the capitation funds may be used for the same.



4.3. The breakdown of the PhilHealth reimbursements will be defined by the Municipal Health Officer with respect to the laws, resolutions, order of PhilHealth.

The allocation of the Capitation Funds will depend on the updated PhilHealth Circulars available for public consumption. The mandated source shall be:

A. PhilHealth KonSulTa Package

A.1. The source of the allocation of PhilHealth Konsulta Package is PhilHealth Circular No. 2023-0013 otherwise known as the Implementing Guidelines for the Philhealth Konsultasyon Sulit at Tama (PhilHealth Konsulta) Package (Revision 2). It shall have a separate ledger to the PhilHealth Capitation Trust Fund.

A.2. As stated in the PhilHealth Circular (PC) No. 2023-0013, the Capitation payments shall be utilized to cover all essential services, medicines provided for in this Circular and other operating expenses to support delivery of health care including but not limited to engagement of additional personnel (e.g. physician, dentist, nurses, pharmacist, midwives, etc.; and also non-healthcare workers such as encoders, among others), internet subscription, IT service provider subscription fee and hardware. Any remaining fund may be utilized as performance incentives for primary care workers and shall be governed and determined by the internal guidelines of the Philhealth KPP. Philhealth shall not prescribe how performance incentives will be shared or disbursed. In addition, the share of performance incentives shall be defined through an approved Sanggunian resolution or any similar issuance.

A.3. The disposition of the per capitation are as follows:

60% shall be in the operational cost as follows	Minimum of forty percent 40% for essential medicines provided in PC No. 2023-0013, Annex C to be dispensed at the facility.
	Maximum of sixty percent (60%) for reagents, medical supplies, equipment (i.e., ambulance, bag valve mask, stretcher, etc) information technology (IT equipment specific for facility use needed to facilitate reporting and data base build up), capacity building for staff, infrastructure or any other related, necessary for the delivery of required service including referral fees for diagnostic services if not available in the facility. Included also is the remuneration of human resources for health if there is a need thereof.
40% exclusively utilized as honoraria to the health team of the Konsulta facility and for the improvement of their capabilities as would enable them to provide better services	(25%) - MHO/Physician (50%) - Healthcare Professionals plus RHU non-health staff (12.5%) - Responsible person who encode (12.5%) - Registered and Accredited BHW, BNS, Community Volunteers



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B. Maternal Benefit Package/Newborn Care Benefit Package (MCP/NCP)/Free-Standing Family Planning Clinic

B.1. The Maternal Benefit Package/Newborn Benefit Package/Free-Standing Family Planning Clinic will have PhilHealth Circular No. 025-2015, No. 038-2015, No. 2018-0021, No. 2018-0005 as its source, respectively.

B.2. The Maternal Benefit Package/Newborn Benefit Package/Free-Standing Family Planning Clinic shall have a separate ledger to the Capitation Trust Fund

UTILIZATION OF MATERNAL CARE PACKAGE, NEWBORN CARE PACKAGE, FREE-STANDING FP CLINICS CLAIM		
<p>Maternity Care Package (MCP01) (PC No. 025-2015)</p> <p>- This package covers the essential health services during antenatal period, entire stages of labor, normal delivery and immediate post-partum period including follow-up visits within the first 72 hours and 1st week after delivery.</p>	40 % for professional fee	<p>60% for the healthcare professional who directly attended the delivery in the health facility. The healthcare professional should be PhilHealth Accredited in the Birthing Facility.</p> <p><i>(to be divided per procedure to as follows</i></p> <p>e.g. Handle – 25%</p> <p>Assist – 25%</p> <p>Cord care – 25%</p> <p>HW who provided antenatal care – 25%</p> <p>20% for MHO/Rural Health Physicians.</p> <p>20% to be divided to any rural health unit staff who is present/who participated during the delivery e.g. utility, ambulance personnel and the BHW who monitored the patient (prenatal/postnatal):</p>
	60 % for facility fee	shall be utilized for the birthing facility only i.e. operating expenses, drugs and medications, medical supplies and equipment, and other items needed for the maintenance of the facility.
<p>Normal Spontaneous Delivery Package (NSD01)</p> <p>-package covers essential health services for normal low risk vaginal</p>	40 %for professional fee	<p>60% for the healthcare professional who directly attended the delivery in the health facility. The healthcare professional should be PhilHealth Accredited in the Birthing Facility</p>

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<p>deliveries and postpartum period within the first 72 hours and 7 days after delivery.</p>		<p>20% for MHO/Rural Health Physicians under their care.</p> <p>20% to be divided to any rural health unit staff who is present/who participated during the delivery e.g. utility, ambulance personnel and the BHW who monitored the patient (prenatal/postnatal):</p>
	60 % for facility fee	shall be utilized for the birthing facility only i.e. Operating expenses, drugs and medications, medical supplies and equipment, and other items needed for the maintenance of the facility
<p>Antenatal Care Package (ANC01)</p> <p>- Covers essential health services for women about to give birth during their antenatal period regardless of method of delivery and pregnancy outcome.</p>	40 %for professional fee	<p>50 % for Midwives/Nurse assigned in that specific Barangay</p> <p>30% for MHO/Rural Health Physicians registered in the Birthing Facility</p> <p>20% for BHW assigned to that patient (purok-based)</p>
	60 % for facility fee	shall be utilized for the birthing facility only i.e. Operating expenses, drugs and medications, medical supplies and equipment, and other items needed for the maintenance of the facility
<p>Antenatal Care Services with intrapartum monitoring or labor watch (without delivery) (ANC02)</p>	40 % or professional fee	<p>40 % for MHO/Rural Health Physicians registered in the Birthing Facility</p> <p>40 % for Midwives/Nurse assigned in that specific Barangay</p> <p>20 % for BHW assigned to that patient (purok-based)</p>
	60 % for facility fee	shall be utilized for the birthing facility only i.e. Operating expenses, drugs and medications, medical supplies and equipment, and other items needed for the maintenance of the facility

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<p>Intrapartum Monitoring or labor watch (without delivery) (RVS Code 59403)</p>	<p>40 %for professional fee</p>	<p>50% for MHO/Physician registered in the Birthing Facility</p> <p>50% for other health staff in the facility</p>
	<p>60 % for facility fee</p>	<p>shall be utilized for the health facility only i.e. Operating expenses, drugs and medications, medical supplies and equipment, maintenance of the facility.</p>
<p>Expanded Newborn Care Package(RVS Code 99460) (P.C. No. 2018-0021)</p> <p>- Covers essential health services of the newborn during the first few days of life. It covers essential newborn care, newborn screening and hearing screening tests.</p>	<p>17% for professional fee</p>	<p>60% for trained PHN/nurse or RHM (E/NBS)who performed</p> <p>20% for MHO/Physician registered in the Birthing Facility</p> <p>20% for RHM (ENC)</p>
	<p>83% shall be utilized for the health facility</p>	<p>For</p> <ul style="list-style-type: none"> - for supplies for Essential Newborn Care, Newborn Screening Test kit, and other operating expenses necessary for the facility. -Newborn Screening Test(NBS) fee (may be subject to price change according to National Institutes of Health rates) -Newborn Hearing Screening Test fee(may be subject to price change according to National Institutes of Health rates) -Essential Newborn Care fee
<p>IUD Insertion (RVS Code 58300) (PC No. 2018-0005)</p>	<p>40% professional fee</p>	<p>60% for the trained midwife or trained healthcare professional who did the procedure.</p> <p>20% for the nurse or any assist</p> <p>20% for MHO/Physician</p>
	<p>60% for health facility</p>	<p>shall be utilized for the health facility only i.e. Supplies for IUD kits and other operating expenses necessary for the facility.</p>



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Subdermal Contraceptive Implant (RVS Code FP001) (P.C. No. 038-2015)	40% for Professional Fee	60% for the trained midwife or trained healthcare professional who did the procedure 20% for the nurse or any assist 20% for MHO/Physician
	60% for Health facility Fee	shall be utilized for the health facility only i.e. Supplies such as implant and other operating expenses necessary for the facility.

4.4 Health facility fees may be allocated and utilized to include expenses/payments on the following activities necessary for Maternal Care Package (MCP) delivery namely:

- Medicines and medical supplies and equipment
- Administrative cost which may include the following but is not limited to TEV, office supplies, advocacy campaign, maintenance of the Maternity Clinic and data encoding
- Contingency fund for gasoline
- Other incidental expenses: electric and water bills, telephone bills
- Conduct of Trainings, Program Implementation Review (PIR), Data Quality Check (DQC)
- Legal/referral assistance/administrative expense

C. Tuberculosis Directly Observed Treatment, Short-Course (TB-DOTS)

The source of the allocation of the TB DOTS Package is the PhilHealth Circular No. 14 Series of 2014 entitled "Revised Guidelines for the PhilHealth Outpatient Anti-Tuberculosis Directly Observed Treatment Short Course Benefit Package". The total amount of premium are as follows:

Medication Phase	PhilHealth Payment
Intensive Phase(RVS Code 89221)	Php 3,250. 00
Maintenance Phase (RVS Code 89222)	Php 1,950.00
Total	Php 5,200.00

c.1. The TB DOTS Treatment package should have a separate ledger.

c.2. The allocation of the Capitation are as follows (revised from the PhilHealth Circular)

Parameter	Percentage	Amount in Peso		
		Intensive Phase	Maintenance Phase	Total
Facility Fee	40%	1,300.00	780.00	2,080.00
Consultation fee of	15%	487.50		

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referring physician (if no referrals done, may be allotted as facility fee)			292.50	780.00
MHO/Physicians	15%	487.50	292.50	780.00
Microscopist / NTP Coordinator	10%	325.00	195.00	520.00
Midwife (treatment monitoring)	7%	227.50	136.50	364.00
PHN/NDP(record keeping and accomplishment of claims)	7%	227.50	136.50	364.00
BHW (treatment monitoring)	6%	195.00	117.00	312.00
Total	100%	Php 3,250.00	Php 1,950.00	Php 5,200.00

C.3. The facility fee shall be used for;

- operational costs
- for contingency to augment supply of anti-TB Drugs and reagents
- acquire equipment such as microscope, IT equipment and software
- support for TB Diagnostic Committee, advocacy activities and training of staff
- for referral fees of warranted diagnostic services that are not available in the facility
- quality assurance of sputum microscopy

c.4. The fee for services of the health staff shall be pooled and distributed among health personnel who were involved in the delivery of health services for TB including the DOTS physicians, nurses, midwives, medical technologist or sputum microscopist, barangay health workers and treatment partners.

c.5. Guidelines on the distribution of TB DOTS payment for the services of facility shall be set by each facility after thorough consultation among its governing body and the health team. The guidelines shall be approved by the head of the organization. The allocation should take into consideration the expertise, skills and time that each health care worker allotted in ensuring the patient received quality care leading to cure completion of TB treatment.

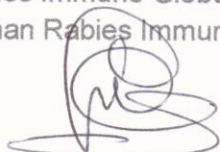
D. Animal Bite Treatment Package

D.1. The source of the allocation of the Animal Bite Package is the PhilHealth Circular No.15, Series of 2012.

D.2. The ABT package shall be fixed at Php 3,000 per case.

D.3. This package shall cover the following:

- The cost of providing Post-Exposure Prophylaxis services
 - Rabies Vaccine
 - Purified Vero Cell Rabies Vaccine (PVRV0) or
 - Purified Chick Embryo Vaccine (PCECV)
 - Rabies Immune Globulin (RIG)
 - Human Rabies Immune Globulin (HRIG) or



- Purified Equine Rabies Immune Globulin (PERIG)
 - Local Wound Care
 - Tetanus toxoid and Anti-Tetanus Serum (ATS)
 - Antibiotics
 - Supplies such as but not limited to, cotton, alcohol, and other antiseptics

D.4. Only Category 3 will be reimbursable to PhilHealth

D.5. The following is the breakdown of allocation of reimburse:

Parameter	Percentage
Drugs and Facility Fee Preventive Programs	90%
Health Staff Service Fee	10%
Total	100%

E. Outpatient HIV/AIDS Treatment (OHAT) Package

E.1. The main reference favor this Outpatient HIV/AIDS Treatment (OHAT) Package is PhilHealth Circular No. 2021-0025.

E.2. The Outpatient HIV/AIDS Treatment (OHAT) Package will have a separate LEDGER.

E.3. Excluded in this OHAT Package are the following:

- a. Diagnosis of HIV/AIDS with no laboratory confirmation
- b. Management of patients for pulmonary tuberculosis co-infection
- c. Illness (opportunistic infections) secondary to HIV/AIDS that requires hospitalization
- d. HIV/AIDS cases requiring confinement are covered under the regular inpatient benefit of PhilHealth.

SECTION 6. REPORTING AND AUDITING PROCEDURES. A separate book of accounts shall be maintained by the Local Government Unit. The disbursement and liquidation of the trust fund shall be in accordance with pertinent government accounting and auditing rules and regulations.

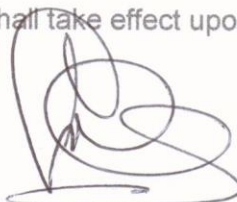
6.a. That the municipality shall have two (2) deposit account/s as trust fund for the health care institution (HCI) and for Professional Fee for Pooling following PhilHealth Circular No. 2017-0020.

6.b. For purposes of transparency, the Municipal Treasurer shall provide the Municipal Health Officer a quarterly report cash flows from the trust fund.

Section 7. SEPARABILITY CLAUSE. In the event any provisions of this ordinance or the application of such provisions to any person or circumstances is declared invalid, the remainder of this Ordinance or the application of said provisions to other persons or circumstances shall not be affected by such declaration.

SECTION 8. REPEALING CLAUSE. All previous local ordinances, resolutions, executive orders, and administrative rules and regulations or parts thereof which are inconsistent with the provisions of this Ordinance are hereby amended, modified, or repealed accordingly.

SECTION 9. EFFECTIVITY. This ordinance shall take effect upon its approval.




UNANIMOUSLY APPROVED.

I hereby attest to the correctness of the above-quoted ordinance.


FIDELINO P. CORTICO, LLB, JD
Secretary to the Sanggunian

CERTIFIED:


LLOYD PETER M. LOPEZ, M.D.
Vice Mayor
Presiding Officer

APPROVED:


ELVI PETER L. RELAMPAGOS
Municipal Mayor

Date Signed: 10/02/2024

