

TERMS OF REFERENCE

The Local Government Unit of the City of San Fernando, Pampanga shall establish a Health and Wellness Program for its employees as well as its elected officials through provision of a subsidized Annual Medical Examination and treatment assistance that aims to promote and monitor the physical well-being of its workforce.

OBJECTIVES

The program aims to raise the consciousness among the workforce of the Local Government of the City of San Fernando, Pampanga, the benefits of good health through compliance to an institutionalized regular medical check-up and health risk identification.

The institutionalized program on Health and Wellness aims to promote healthy lifestyle through behavioral change towards modifiable risk factors of non-communicable disease.

The program also aims to identify possible sources of communicable disease for proper intervention and prevention as well as medical assistance.

SCOPE/COVERAGE OF SERVICE

1. The Health and Wellness Program of the city employees encompassing the permanent and co-terminus employees shall avail their annual medical check-up, diagnostic test and other summary health benefits through a medical health card which will be fully subsidized by the city.
2. Permanent employees who are entitled to avail the medical health card must be on permanent status effective on or before August 1 of the current year prior to the enrolment in the program; otherwise, the employee shall avail the Annual Medical Check-up and Diagnostic Test Program of the labor payroll employees and will only be included in the Medical Health Card Program upon the scheduled renewal of the card.
3. The period coverage of the Medical Health Card shall be effective from Sept. 5, 2021 –September 4, 2022.
4. The Medical Health Card Provider shall cover all the permanent and co-terminus employees with all the pre-existing diseases/conditions waived and shall enjoy the 100% Maximum Benefit Coverage of the health plan of at least P 300,000.00 per illness per year at the agreed upon annual premium of P13,500,000.00 for all the permanent and co-terminus personnel employed at the Local Government Unit of the City of San Fernando, Pampanga. The provider should also set a date when the health card will be distributed to the employees.
5. The medical doctors such as the City Health Officer, Rural Health Physicians and Medical Officer, shall be duly accredited as provider by the chosen HMO (Health Maintenance Organization), thus employees have the options of either to seek the consultation from the City Health Office physicians and issue various diagnostic requests deemed necessary after a medical evaluation. Medical Cases needing tertiary or subspecialty referral shall be referred and managed by the physicians of the accredited HMO providers.

6. The Health Card Provider or HMO shall be responsible for the provision of the Annual Medical Check-up (APE) of all enrolled city hall employees (733), one (1) month after the commencement of the contract. The provider shall follow the required diagnostic examinations in any accredited hospital or clinic of the HMO provider on a scheduled notification basis. The summary of results of the APE must be released within two (2) weeks from the time of examination. Any abnormal results must be released within twenty-four (24) to seventy-two (72) hours for appropriate intervention by the City Medical Unit. The provider must send a Monthly Utilization Report to the City Health Office-City Medical Unit and CHRMO.

Required Diagnostic Examinations for the Annual Medical Examinations:
a. Medical check-up and evaluation
b. Complete Blood Count with blood typing
c. Urinalysis
d. Fecalalysis
e. Chest X-ray
f. Blood Chemistry-Lipid profile, Liver profile, FBS AND BUA
g. Pap Smear for female employees 35 years old and above or with family history of cervical cancer and upon discretion of physician. (optional)
h. PSA assay for male employees 40 years old and above or who previously has borderline normal and abnormal findings.
i. Fecal immunochemical test (FIT) for 40 years old and above or with family history of colorectal cancer
j. ECG for employees 35 years old and above or with current Cardiovascular Disease
k. Mammography for female employees 35 years old and above with previous breast mass findings.

7. Any inconsistencies in the result of the Annual Physical Examination or Executive Check-up due to the provider's lapses shall be repeated by the HMO and shall NOT be charged to the MBL of the employee.
8. The chosen HMO shall be responsible for the health concerns of the enrolled city hall employees which shall include the following benefits as an eligible member:

In-patient Basic Services in Accredited Hospital:
a. Room and board charges-regular private subject to Maximum Benefit Coverage (MBC) of Php 300,000.00. In case of emergency and there is no room available equal to member's room plan, the member may occupy the next higher category room plan with no incremental charges within 24 – 48 hours of confinement.
b. Attending Physicians' professional fee including cardio-pulmonary clearance as well as general nursing services and kit.
c. Fees for Specialty or Sub-specialty referral deemed necessary by the attending physician.
d. Surgical or gynecological coverage including operating room and recovery room charges as well as ICU room if necessary

e. Medicines and other items administered during confinement as well as during surgical, diagnostic and therapeutic procedures with 100% MBC per case
f. Emergency room fee with no deposit requirement if employee will be admitted and other standard admission procedures
g. X-rays and other modalities such as CT scan, MRI, and other modern modalities/diagnostic/interventional modalities deemed necessary by the physician
h. Blood products and other intravenous fluids, anesthetics and oxygen
i. Laboratory procedure during confinement
j. Other items or procedures incurred during confinements deemed necessary by the attending physicians subject to maximum benefit limit.
k. Medical services availment in all accredited hospitals and clinics or laboratories in the area as well as in tertiary hospitals in the NCR like Medical City in Ortigas, Medical City in Global City, Medical City in Clark Field Pampanga, St. Luke's Quezon City, St. Luke's in Global City, Cardinal Santos, Makati Medical Center and specialty hospitals like Philippine Heart Center, National Kidney Institutes, Lung Center, etc.
l. Ambulatory transport during transfer charge to MBL with no cash out on accredited hospital up to MBL. (Covers transfers from site to hospital, hospital to hospital and hospital to home)
m. Services from Non - accredited hospitals during Emergency Cases shall be 100% on a reimbursement basis up to Plan Limit within 30 calendar days.
In-patient Services in Non-Accredited Facility:
a. Same health services as above subject to P 30,000.00 MBL (in areas with accredited facilities)
b. 100% MBL of In-Patient health services in areas with NO accredited hospital.
OUT-PATIENT SERVICES:
a. Fees for Medical Consultation and Physical Examination Services, including ER consultations
b. Referral to specialty or sub-specialty physician including ENT and ophthalmology referrals
c. Laboratory Services deemed necessary by the attending physician
d. Radiographs and other modern diagnostic modalities as well as interventional modalities such as CT Scan, MRI, ECG, EEG, ultrasound procedures, mammography, angiography, carotid doppler ultrasound, etc., and other procedures or modern modalities deemed necessary by the attending physician in the evaluation and management of the patient or employee.
e. Treatment of minor injuries not requiring confinements including sutures, cast, and other items used during treatment.
f. Routine Minor elective surgical procedures
g. Diagnostics needed for medical clearance prior to a contemplated medical procedure/surgery such as cardio - pulmonary clearance, etc.
h. Necessary consultation
i. Eye, Ear, Nose and Throat (EENT) care
j. Treatment of minor injuries such as lacerations, abrasions, mild burns, sprains and the like
k. Necessary routine laboratory test and commonly available diagnostic procedures, including ECG and X-ray examinations, as may be prescribed by affiliated physicians and specialists
l. Minor surgery procedures for covered lesions
m. Cauterization of warts on any area up to P5, 000.00 on any area except genitals.
n. Sclerotherapy (for deep veins only) up to P 5,000 per leg per member per year.
o. Prescribed allergy testing / allergy screening up to P 2,500. 00
p. Tuberculin test subject to MBL
q. Physical / Occupational Therapy up to 12 session per member per year
r. Speech Therapy (consultations considered as sessions) up to P 10,000. 00

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| s. Pre – natal and post – natal consultation with accredited OB – GYNE covered up to twelve (12) sessions |
| t. COVID TEST – PCR screening outpatient among high risk patients up to MBL |

PROCEDURES AND MODALITIES

Medical health card shall cover the following procedures up to MBL:

1.) Immunologic and Special Laboratory Examinations:

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| a) Hepatitis profile, e.g. HBeAg, HBsAg, Anti HBc (IgM), Anti- HAV (IgM), HBV DNA |
| b) ANA Profile, e.g. Anti-Nuclear-Antibody, Anti-nativ |
| c) e-DNA, Anti-SM, Anti-SSA, Beta HCG, ANA |
| d) Thyroid Profile, e.g. T3, T4, TSH, FTA-ABS |
| e) TORCH Profile, e.g. Anti-Toxoplasma Gondii (IgM), Anti Rubella, Anti-Cytomegalo-Virus (Total Ig) |
| f) SLE test, FAT Widal Test, ASO Titer, Serum Ig-Gi, Alpha-Feto Protein, ESR |
| g) Urine / Blood culture and sensitivity test |
| h) 24-hour protein determination |
| i) Troponin |
| j) Glycosylated Hemoglobin |
| k) Prostate Specific Antigen (PSA) |

2.) Special and Computer-Based Diagnostic Procedures:

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| a) Stress testing (all types) |
| b) All types of CAT Scan |
| c) Nuclear Imaging (including parathyroid scan) |
| d) Total body scan, bone scan, renal scan, pulmonary scan, thallium scan, thyroid scan |
| e) Echocardiography (all types) |
| f) Florescent Angiography or Angioscopy of eye total |
| g) Breast Scintigraphy |
| h) Electro myelography with nerve conduction test |
| i) Electroencephalography (EEG) |
| j) Chest, abdominal, thyroid, renal breast, or pelvic ultrasonography (including transvaginal) |
| k) 3D Imaging |
| l) Mammography |
| m) Magnetic Resonance Imaging (MRI) with or without contrast |

3.) OTHERS

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| a) Chemotherapy up to 12 sessions per member per year |
| b) Radiotherapy up to 12 sessions per member per year |
| c) Dialysis up to 12 sessions per member per year |
| d) Arthroscopic Knee Surgery covered up to plan limit |
| e) Laparoscopic Pelvic Operation covered up to plan limit |
| f) Laparoscopic Cholecystectomy covered up to plan limit |
| g) Extracorporeal Shock Wave Lithotripsy (ESWL) / Lithotripsy covered up to plan limit |
| h) Endoscopic Retrograde Cholangio - Pancreatography (ERCP) covered up to plan limit |
| i) Functional Endoscopic Sinus Surgery (FESS) covered up to plan limit |
| j) Laser Therapy (for DM patients only) covered up to plan limit |
| k) Transurethral Microwave Therapy of Prostate covered up to plan limit |

l) Other Laparoscopic, Endoscopic and Arthroscopic Procedure covered up to plan limit
m) Angiogram and or Angioplasty / Coronary Artery Bypass Graft covered up to plan limit
n) Conventional Hemorrhoidectomy covered plan up to plan limit
o) Scalpel, Stapled or Laser Hemorrhoidectomy covered up to plan limit
p) 24-Hour EEG Monitoring covered up to plan limit
q) 4D ultrasound for medical cases only covered up to plan limit
r) Ct Pulmonary Angiography covered up to plan limit
s) Esophageal Manometry covered up to plan limit
t) Intensified Modulated Radiotherapy covered up to plan limit
u) Mammotome covered up to plan limit
v) Photodynamic Therapy covered up to plan limit
w) Positron Emission Tomography covered up to plan limit
x) Other special diagnostic procedures not mentioned above covered up to plan limit
y) Other medically necessary modalities of treatment not mentioned above or those for which there are no comparable, conventional or traditional counterparts covered up to plan limit.
z) Home Care Program for Covid19 employee covered up to plan limit including laboratory procedures, monitoring equipment, and medicines.

OTHERS BENEFITS
a. Congenital and Hereditary Illness up to MBL. (subject to pre – existing limit)
b. Congenital Hernia up to plan limit
c. Chronic Dermatoses covered up to plan limit (consultations only)
d. Provoked and unprovoked assault up to plan limit (unprovoked and provoked)
e. Work-related cases based on conditions covered by ECC up to plan limit (for principals only)
f. Motor vehicle accidents up to plan limit
g. Scoliosis consult and treatment up to plan limit
h. Anti-rabies, Anti-venom and anti-tetanus vaccines up to aggregate limit of P 20,000.00

DENTAL BENEFITS
a. Annual oral dental examination
b. Emergency dental treatment
c. Twice (2x) a year oral prophylaxis
d. Any tooth extractions
e. Restorative and prosthodontic treatment planning
f. Permanent fillings with light cure up to 2 teeth
g. Temporary filling (unlimited)
h. Desensitization of hypersensitive teeth
i. Simple adjustment of dentures
j. Re-cementation of loose crowns
k. Dental nutrition and dietary counselling
l. Pre-natal check of teeth and gums
m. Temporo - mandibular joint consultation
n. Gum treatment for cases like inflammation or bleeding

Financial Assistance (for Employees only)
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| a. Natural Death of P 50, 000.00 |
| b. Accidental Death of P 100, 000.00 |

Additional terms

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| a. Home against medical advice (HAMA) or Discharged against Medical Advice (DAMA) hospital expenses shall be covered for the 1 st admission up to maximum MBL |
| b. Home per request shall be covered up to maximum MBL |
| c. Updated (2 nd quarter 2017) certification of good standing from all accredited hospital and clinics who will render service to the employees within Pampanga and the other major hospitals in the NCR included in the terms of reference namely: New Medical City in Ortigas, Medical City in Global City, Medical City in Clark Field Pampanga, St. Luke's Quezon City, St. Luke's in Global City, Cardinal Santos, Makati Medical Center and specialty hospital like Philippine Heart Center, National Kidney Institutes |

9. The HMO provider shall submit to the City Human Resource Development Office and City Health Office through the City Medical Unit detailed quarterly utilization report of the LGU medical health card every 2nd Monday of the following month.
10. A quarterly assessment meeting between the HMO provider and the Health Card Technical Working Group shall be conducted every 2nd Monday of the month following the end of each quarter.
11. The HMO shall provide contact numbers of at least 3 decision makers or HMO lead focal persons in case the Medical Liaison Officer (MLO) of the HMO in their respective hospital cannot be contacted or cannot decide on matters related to its utilization.
12. In case the Maximum Benefit Limit of the employee has reached its limit or has utilized 75% of its MBL on certain illnesses, a prior notification shall be forwarded to the City Human Resource Management Health Card Focal Person.
13. The reimbursement cases filed by the employees to the HMO provider must be processed within 2 weeks notification of the Health Card technical Working Group Committee focal person through the City Human Resource Management Office. Further, the HMO provider must be able to settle the reimbursement within one (1) month after filing, otherwise it will be presumed to be in favor of the employee and shall be paid by the HMO accordingly.
14. The HMO shall provide Health and Wellness Package in the form of:
 - a. *Award for healthy individual employees*
Online Zumba / yoga subscription
 - b. Lecture/Forum on Healthy Lifestyle with dietary counselling for City Employees (Diabetes Mellitus, Hypertension, Cancer, Skin Diseases, stress debriefing) of at least one (1) session per quarter to coincide with Personnel Enhancement Seminar of the CHRDO. The health card provider must coordinate with the CHRMO for the schedule of the said seminar/lecture.


c. Other forms of wellness packages Medical equipment (CMU). The Health card provider must set a date of delivery for the medical equipment and coordinate with the City Health Office - City Medical Unit of the City.

- Digital BP apparatus
- Thermal scanner
- Pulse oximeter
- Glucometer with strips
- Cholesterol test
- Screening kits
- Digital weighing scale
- First aid kits (for offices)
- Cardiac monitor
- ECG machine
- Automated External Defibrillator with extra pads


15. The HMO shall provide coverage on work-related injuries for employees as per Employee's Compensation Commission (ECC).

16. The HMO shall further provide standard benefits of their company not included in this Terms of Reference (TOR).

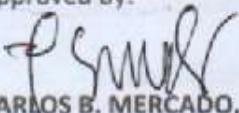
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