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PURPOSE:


1. To provide a discount on cancer services to the vulnerable cancer population, particularly the underprivileged and the indigent.
2. To provide cancer patients a financial program where no direct medical expense shall be extracted from the patient for the duration of treatment, with the exception of miscellaneous fees.

LEVEL:

Cancer Center Manager, Finance Supervisor, Patient Navigator, Administrative Assistant, Radiation Oncologist/Referring Physicians

POLICY:

- 1 The No Balance Billing (NBB) Program will be offered to the following target population referrals:
 - 1.1 Referrals from government hospitals or institutions that indicate indigency
 - 1.2 Referrals from private hospitals or institutions belonging to their respective charity divisions (such as house cases at RMCI)
 - 1.3 Private patients seen at the Cancer Center who are identified or who qualify as candidates.
- 2 Eligible patients will fall under two categories:
 - 2.1 **Full NBB**
 - 2.1.1 The patient has no financial capacity or other sources of income.
 - 2.1.2 The patient has active and updated Philhealth insurance that is sufficient to cover the entire duration of therapy or procedure.
 - 2.1.3 The patient will only be responsible for miscellaneous expenses such as supplies and the Medical Physicist's professional fee.

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2.2 Partial NBB

2.2.1 Cases that do not meet the requirements for full NBB coverage are considered for partial coverage. These situations include the following:

- 2.2.1.1 The patient has some financial capacity but is still deemed insufficient based on screening and profiling.
- 2.2.1.2 The patient's Philhealth insurance is deemed insufficient to cover the proposed procedure, such as when Philhealth is consumed partially or entirely.
- 2.2.1.3 Procedures entail the use of advanced techniques (such as stereotatic radiotherapy, high dose treatment, or brachytherapy, among others) that are not comprehensively covered or included in Philhealth case rates.


2.2.2 On top of supplies (miscellaneous fees) and the medical physicist's professional fee, additional procedural costs are incurred, albeit at reduced (discounted) rates. Radiation oncologists' professional fees are waived.

DOCUMENTATION:

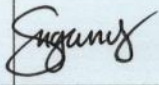
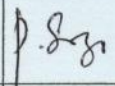

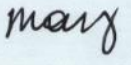

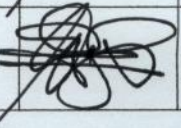
New Policy


DISSEMINATION:

1. Policies and Procedures
2. Memorandum of Agreement
3. Department Meeting


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	Name/Title	Signature	Date
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Recommending Approval:	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President- Chief Medical Officer		9-12-22
	SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA Vice President- Chief Operating Officer		09/12/2022
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/28/22

 RIVERSIDE BACOLOD CANCER CARE CENTER	Document Code:	DPOTMH-M-P07
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ANNEX A:


**RIVERSIDE BACOLOD
CANCER CARE CENTER**
HOUSE CASE ASSESSMENT FORM

Sagutan ang lahat ng patlang at lagyan ng titik. ✓ ang angkop na sagot. (Fill up all the blank spaces and check the answer that applies)

1. **BUONG PANGALAN NG PASYENTE**
(Full Name of Patient) Apelyido (Surname) Pangalan (Given Name) Gimang Pangalan (Middle Name)

2. **TIRAHAN (Address)**
No. Street Brgy. Municipality Province
Pansamantalang (Temporary) No. Street Brgy. Municipality Province

3. **KATAYUANG SIBIL**
(Civil Status) ☐ Walang Asawa (Single) ☐ Kasal (Married)
☐ Balo (Widow) ☐ Hiwalay (Separated)
☐ May Kinakasama (With Common Law Partner) ☐ Others (Pakisulat)

4. **PETA NG KAPANGANAKAN**
(Date of Birth) 5. **EDAD**
(Age) 6. **KASARIAN**: ☐ Lalake ☐ Babae

7. **NATIONALITY** 8. **RELIGION**

9. **NATAPOS NA ANTAS NG PAG-AARAL**
(Highest Educational Attainment) ☐ Post-Graduate College ☐ High School Elementary
☐ Vocational ☐ Walang Natapos

10. **HANAPBUHAY**
(Occupation) 11. **BUWANANG KITA**
(Monthly Income)

12. **MIYEMBRO NG PAMILYA NA KASAMA SA BUHAY (Household Family Composition)**

Pangalan	Edad	Katayuang Sibil (Civil Status)	Hanapbuhay (Occupation)	Natapos na Pag-aaral (Educational Attainment)	Monthly Income	Buwanang Kita (Monthly Income)

13. **IBA BANG PINAGKIKITAAN (Other Sources of Income)**
 Sources within the household Sources outside the household
 Total Monthly Income Total Monthly Income

To be filled up by MRCCC Staff (Patient Navigator/Finance Supervisor)

14. **IBA PANG GASTUSIN (Other Monthly Expenditures)**

Pagkain (Food)	Php <u> </u>
Bahay (Housing)	Php <u> </u>
Edukasyon (Education)	Php <u> </u>
Transportasyon (Transportation)	Php <u> </u>
Iba pang gastusin (Miscellaneous)	Php <u> </u>
Total Monthly Expenditures	Php <u> </u>
Total Gross Monthly Income	Php <u> </u>

15. **DIAGNOSIS**


16. **RADIATION TREATMENT**
 Treatment Modality ☐ Conv. 2d ☐
☐ IMRT ☐
☐ IMRT -B ☐
☐ IGRT ☐
 Planned Treatment Sessions

17. **REFERRED BY: (Doctor)** 18. **Clinic/Institution:**

Assessed and Interviewed by:

Patient Navigator/Finance Supervisor:

SWORN DECLARATION
 Pinapapayagan ko na ang lahat na inilathad ko dito ay pawang totoo at tama ayon sa aking kaalaman at kalakayan. Nababati at natatindihan ko na aramang maling impormasyon na aking sadyang ibinigay ay maaaring maging dahilan na hindi mapagbigyan ang aking lahilingan at maging dahilan sa paghala ng kasong ligal laban sa akin. (I hereby certify that all the information as stated above are true and correct based on my knowledge and capacity. I understand that any falsehood stated here may result in disapproval of my request and the filing of legal charges against me.)
 DPOTMH-MRCCC-10014
 Effective Date: 01-01-2022
 B.S. Aquino Drive, Bacolod City, Neg Occ., Philippines, 6100 Phone: 09391097042, 09953992761 Tel (034) 433-7331 local 8103
 Email: rbccc2018@gmail.com
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 RIVERSIDE BACOLOD CANCER CARE CENTER	Document Code:	DPOTMH-M-P07
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ANNEX B:



PATIENT SOCIO-ECONOMIC INDICATOR MATRIX			
Patient's Name:		Date:	
PARAMETER & DEFINITION	SCORE	PARAMETER & DEFINITION	SCORE
1. REFERRAL HISTORY		2. HEALTH and COMPANY INSURANCES	
A. Patient Referred from Government healthcare institution		A. Patient is a PHILHEALTH member (Indigent or Sponsored)	
B. House-case referral (Govt/Private Institution)		B. Patient is an HMO/Company Member	
A. Patient Referred from Private healthcare institution			
3. OCCUPATION		4. PLACE OF RESIDENCE	
A. Unemployed		A. Informal Settler	
B. Senior Citizen without any source of Income		B. Relocation Area/GO & NGO Donated Lots	
C. Retired/Senior Citizen with Pension		C. Rented Residential Area/ Living with parents/relatives	
D. Regular Private/Government Employee		D. Owned House	
5. TOTAL MONTHLY NET FAMILY INCOME		TOTAL SCORE: _____	
A. 10,000 and Below			
B. 10,100 -18,000			
C. 18,100-26,200			
D. 26,300 and Above			

RESULT (SCORE)	DISCOUNT OFFERING
13 up to 16	None
9 up to 12	Staggered Payment/Discount
5 up to 8	NBB

Assessed and Interviewed by:

Patient Navigator

AMY BOTANDE, CPA
Finance Supervisor


Approved by:

NEIL M. GANCHERO, RN MN FPCHA
Cancer Center Manager

DPOTMH-MRCCC-F0013
Effective Date: 09-01-2022

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	Document Title:	NO BALANCE BILLING (NBB) PROGRAM

PURPOSE:

To establish guidelines to ensure that patients or qualified members are not charged or forced to pay out-of-pocket for services rendered at the Metro RMC Cancer Care Center (MRCCC).

SCOPE:


Applies to all Metro RMC Cancer Care Center (MRCCC) Staff

PERSON RESPONSIBLE:


Radiation Oncologist/Referring Physician, Cancer Center Manager/Finance Supervisor, Patient Navigator, Administrative Assistant

PROCEDURE


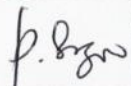


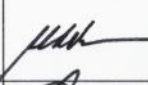
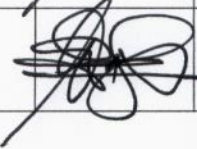
1. Prior to enrollment in the House Case/NBB Program, patients are first assessed for eligibility.
2. Screening and profiling will be based on the approved parameters (Appendix A).
3. The Radiation Oncologist or referring physician may recommend and request patients to be profiled for NBB based on their personal assessment.
4. Following the recommendation for enrollment into the program, an initial screening interview will be initiated by the Patient Navigator during the financial assessment/discussion process.
5. After completing the required forms for initial screening, the Patient Navigator or Administrative Assistant will conduct reference checks by phone using the standard forms (Appendix B).
6. The Finance Supervisor and Cancer Center Manager will finalize the approval and subsequently designate the patient as either full or partial NBB, based on the results of the screening, interview, and reference checks.


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7. The Cancer Center manager may conduct a final reference check if deemed necessary prior to the approval of the NBB.
8. The Patient Navigator informs the patient through a phone call or text message regarding the approved or disapproved NBB request.
9. The Patient Navigator assists the patient and coordinates with the receptionist for the patient's treatment schedule.
10. The patient or their folks pay the house case/NBB rate on the day of their scheduled procedure/treatment.


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APPROVAL:


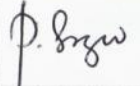



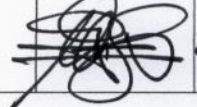
	Name/Title	Signature	Date
Prepared by:	NEIL M. GANCHERO, MN, FPCHA MRCCC Manager		9/5/22
Verified:	PAOLO G. SOGONO, MD, DPBRO Medical Director- MRCCC		9/5/2022
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		9/6/2022
Recommending Approval:	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President- Chief Medical Officer		9-12-22
	SOCORRO VICTORIA L. DE LEON, CPA, MBA, PhD, FPCHA Vice President- Chief Operating Officer		09/12/2022
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		9/22/22

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KEY TASKS	PERSON RESPONSIBLE
1. Assesses patient for eligibility prior to enrollment in the House Case/NBB Program.	Patient Navigator
2. Recommends and requests patient to be profiled for NBB based on their personal assessment.	Radiation Oncologist or Referring Physician
3. Initiates an initial screening during the financial assessment/discussion process following the recommendation for enrollment into the program.	Patient Navigator
4. Conducts reference checks by phone using the standard forms.	
5. Finalizes the approval and subsequently designate the patient as either full or partial NBB, based on the results of the screening, interview, and reference checks.	Finance Supervisor and Cancer Center Manager
6. Conducts a final reference check if deemed necessary prior to the approval of the NBB.	Cancer Center Manager
7. Informs the patient through a phone call or text message regarding the approved or disapproved NBB request.	Patient Navigator
8. Assists the patient and coordinates with the receptionist for the patient's treatment schedule.	
9. Secures that all signage are updated and in appropriate mounting	Safety Team
10. Pays the house case/NBB rate on the day of their scheduled procedure/treatment.	Patient

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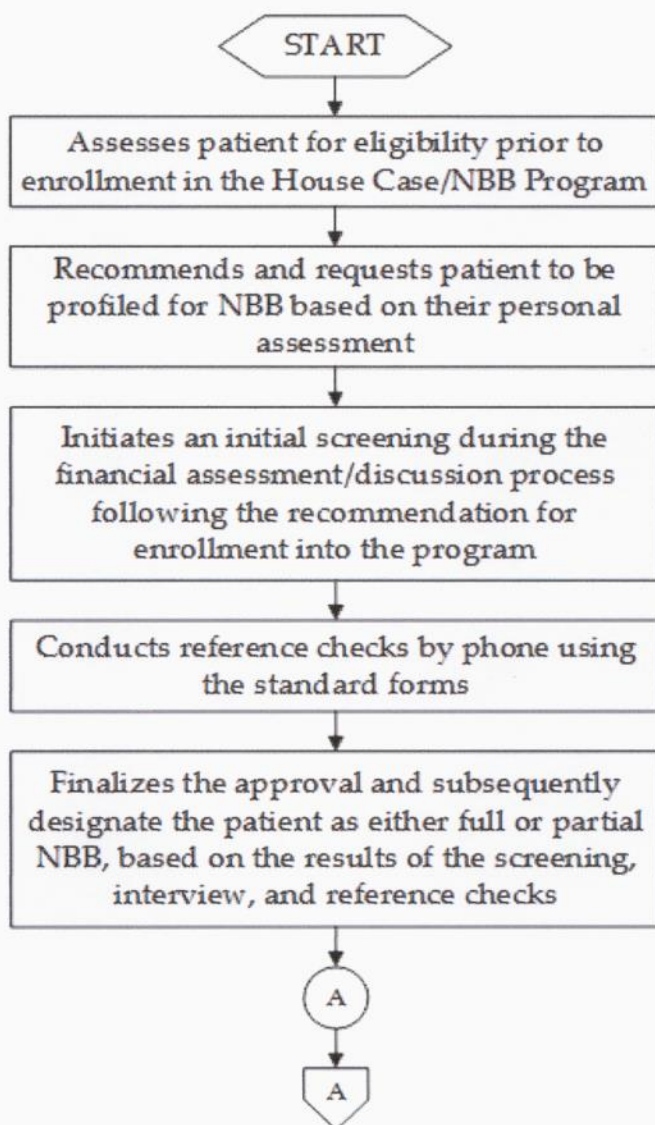
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Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		9/6/2022
Recommending Approval:	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President- Chief Medical Officer		9-12-22
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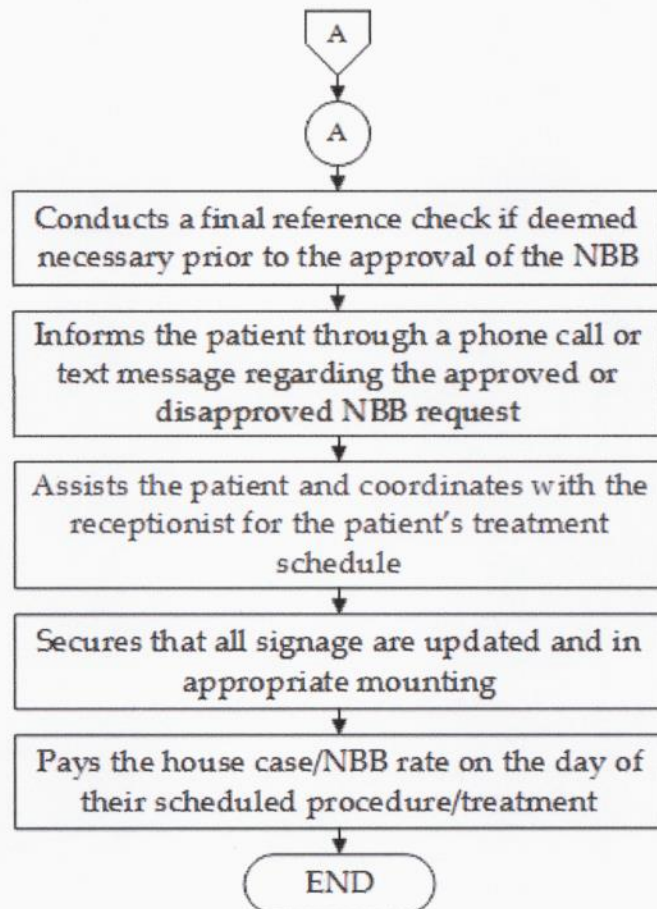
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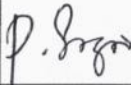



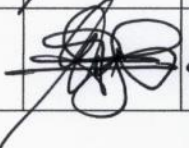
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FLOWCHART



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