

QUEZON CITY EMPLOYEES HEALTH MAINTENANCE PROGRAM

I. RATIONALE

Consistent with the current Administration's Executive Agenda (14-point agenda) to "Provide Better Health Care" to Quezon City Citizen. The Administration also extend the project to the internal manpower of the QC Local Government Unit, thus, a budget for the implementation of the Quezon City Health Maintenance Program was approved to benefit the Quezon City Government Plantilla Employees.

PROJECT DESCRIPTION

Quezon City Employees Health Maintenance Program as approved and reflected in the Human Resource Management Department's Project Procurement Management Plan (PPMP) for FY 2020.

As part of the HRM programs to provide Plantilla employees with protections of health / medical and other emergency situation

II. PROJECT SCOPE OF WORK:

The following are eligible for membership under the QC Health Maintenance Program:

1. Quezon City Government who are in the services as of the date of effectivity of the Contract includes:
 - a. the City Mayor, City Vice Mayor, Elective officials, Regular Members of the City council, Temporary Appointees and the Plantilla Personnel;
 - b. Employees who enter the service after the execution of the contract but within the contract period shall be covered effective on the date of their appointment or hiring as certified by the Human Resources Management Department (HRMD).
 - c. Employees who are separated due to retirement, resignation, transfer to another office, or dismissal for cause, shall be covered up to the end of the contract year when he/she is separated from the service.
 - d. The respective spouses and/or qualified dependents shall be accorded the privilege of enrolling under the Health Maintenance Program on **voluntary basis**, provided that the official employee

shall pay the corresponding premium directly to the Health Provider within two months from the start of the contract.

- e. Contractual / JOS / Consultant shall be accorded the privilege of enrolling under the Health Maintenance Program provided that they shall pay the corresponding premium directly to the Health Provider and the HMO shall bill them separately.

2. SERVICES AND BENEFITS

The Quezon City Government shall pay **Ten Thousand Pesos (Php. 10,000.00)** per employee and entitle corresponding individual members with an HMO maximum benefit limit of **One Hundred Thousand Pesos (Php. 100,000.00) per illness** in a year.

The package of benefits under the QCG Health Maintenance Program shall include the following:

A. Annual Physical and Dental Examination

Annual physical examinations shall include the various examinations/tests as follows:

1. CBC;
2. Urinalysis;
3. Fecalalysis;
4. Chest X-ray;
5. ECG (for 35 yrs. old up);
6. Pap Smear (35 yrs. old and above);
7. Blood Chemistry/ Fasting Blood Sugar / Hgb / A1C / BUN / Creatinine / Uric Acid / Cholesterol / Triglyceride / HDL / LDL ratio / SGOT;
8. Mammogram (for females 40 and above); and
9. Rectal Examination + PSA (for males 40 and above);

B. Preventive Services

Preventive service shall include administration and vaccine cost charged against the MBL up to Php18,000.00 per member per year in accredited hospitals/ clinics:

1. Anti-Rabies;
2. Anti-tetanus; and
3. Anti-venom.

C. Out-Patient Services

Out-patient services shall cover professional fees and charges for consultation and management by accredited doctors, specialist/s and sub-specialist/s;

Referrals and the corresponding fees/charges for prescribed special diagnostic procedures and other modern modalities of treatment up to the Maximum Benefit Limits (MBL) such as, but not limited to, the following:

1. All prescribed diagnostic procedures such as but not limited to x-ray, ECG, Hematology, Blood Chemistry, including Pap Smear for women and PSA for men;
2. Diagnostic and Therapeutic Ultrasound;
3. Radiographic studies;
4. Rhinoscopic, Bronchoscopic and/or endoscopic exams;
5. 3D Imaging, CT scan and/or MRI and/or Pet Scan of body organs or regions;
6. All forms of Echocardiography and Treadmill Stress Test and other cardiac diagnostic, such as Nuclear Cardiac Perfusion study and angiography;
7. Electromyography with Nerve Conduction Tests;
8. Mammography;
9. Peritoneal or Hemodialysis up to the maximum benefit limits;
10. Cancer treatment to include biopsy, radiotherapy and chemotherapy (whether oral or intravenous), brachytherapy, and others, up to the maximum benefit limits;
11. Eye, ear, nose and throat treatment;
12. Coverage for cataract extraction except laser treatment and lens;
13. Glaucoma laser treatment up to the MBL;
14. Treatment of minor injuries and illnesses;
15. Minor surgeries not requiring confinement (e.g. excision of cysts and other superficial mass/es);
16. Speech and physical therapy up to 12 sessions per member per contract year;
17. Cauterization of warts up to a maximum of P2,000.00 per member per contract year; and

D. Pre-natal and Post-Natal Care

Pre-natal care shall include 12 consultations and laboratory examinations. Laboratory examinations for purposes of pre-natal care once in a year shall include all of the following:

1. Complete Blood Count;
2. Blood typing;
3. Urinalysis; and
4. Plain Pelvic Ultrasound.

E. Emergency Care Services (Out-patient or In-Patient)

Emergency care services shall be provided for a member who is in severe pain or suffers a serious illness or injury due to sudden and unexpected occurrence which requires immediate medical or surgical intervention to alleviate the pain or to prevent the loss of life or limb or any vital part of the body. Emergency care services shall not be limited to the Emergency Room and shall include:

1. Emergency Doctor or Specialist services;
2. Emergency room fees, as well as fees of other hospital facilities used in the emergency treatment;
3. Surgery or treatment of lacerations and other injuries;
4. Medicines and/or drugs for emergency treatment;
5. X-ray, laboratory examinations and all diagnostic procedures necessary for the emergency management of the patient;
6. Oxygen, intravenous fluids, blood transfusions and human blood products;
7. Dressings, sutures and plaster casts;
8. Active and passive immunization/vaccines against tetanus, snake venoms, human bites, rabies (Initial and subsequent doses shall be covered);
9. Ambulance service covered up to Php2,500.00 per conduction subject to reimbursement (Hospital Transfers only)
10. Ground ambulance service from the patient's residence or his/her location, to the nearest hospital;
11. All other services, items and supplies necessary for the emergency management of the patient;
12. If at the time of the emergency, the accredited hospital has no room available corresponding to the member's room and board category, room and board may be upgraded to the next higher room (except suite room). The HealthCare Provider shall cover the difference in the room rates and other room-based charges or incremental costs for the first 24 hours. Includes the use of Ambulance if the condition of the patient requires it;

- 13 All expenses for the emergency care services, which were used in the emergency treatment of the patient in a non-accredited hospital or clinic and by a non-accredited physician, specialist and/or sub-specialist shall be covered and will be reimbursed; and
- 14 The transfer of a patient from a non-accredited hospital to an accredited hospital shall be covered by the HealthCare Provider.

F. Hospitalization/ In-Patient Services

Room Service coverage:

1. A regular private room and board accommodation;
2. If the appropriate room and board accommodation is not available at the time of confinement in a non-emergency case, the patient has the option to avail of a higher room and board accommodation, but he/she shall pay the difference in the room rates and other room-based charges or incremental costs;
3. Operating Room and Recovery Room Services and their charges up to the Maximum Benefit Limits;
4. Intensive Care Unit (ICU) / Cardiac Care Unit (CCU) up to the Maximum Benefit Limits;
5. Professional services or accredited physician/s specialist/s, sub-specialists and/or consultants or specialists may be called in when necessary;
6. Drugs and medicines for use in the hospital;
7. Whole blood and human blood products, transfusions and intravenous fluids, including blood screening and cross matching;
8. X-ray and laboratory examinations;
9. Complete coverage of all diagnostic procedures and examinations including but not limited to MRI, CT Scan, EEG, Ultrasound, Holter monitoring, cardiac catheterization and other diagnostic and therapeutic procedures deemed necessary;
10. Anesthesia and its administration;
11. Oxygen and its administration;
12. Dressings, sutures, plaster casts and other miscellaneous supplies necessary for treatment; and
13. Standard nursing services.

G. Pre-existing and Critical Illnesses

All pre-existing conditions and critical illnesses of members enrolled in the program shall be covered by the HealthCare Provider.

H. Dental Coverage

1. Oral prophylaxis;
2. Dental extraction;
3. Temporary tooth filling;
4. Routine gum consultations; and
5. Emergency care treatment following accidental injury to the teeth.

3. PROJECT STANDARDS AND REQUIREMENTS

1. Submit lists of Accredited Hospitals from Health Providers
2. The Healthcare Provider guarantees to deliver efficient and effective service consistent with the objectives of the contract.
3. The Healthcare Provider shall provide liaison officers, coordinators and hotline .Services shall be made available on a 24-hour 7day basis.

At least one (1) liaison officer at the QCG premises shall be provided to attend to av ailment concerns from Monday to Friday 8am to 5pm.

4. All expenses for OUT-PATIENT SERVICES rendered in accredited hospitals or clinics and done by an accredited physician, specialist or sub-specialist shall be on a “no cash-out basis” and shall be covered up to the Maximum Benefit Limits based on the HealthCare Provider’s prevailing Relative Value Units (RVU) rates;

Expenses in non-accredited hospitals shall be reimbursed based on the HealthCare Provider’s existing RVU rates;

5. All expenses for emergency care services, which were used in the emergency treatment of the patient in an accredited hospital or clinic and by an accredited physician, specialist and/or sub-specialist shall be covered up to the Maximum Benefit Limits
6. The Bidder must have completed within the last three (3) years a Single Largest Completed Contract (SLCC), the value of which,

adjusted if necessary, must be equal to at least Fifty percent (50%) of the Approved Budget for the Contract.

7. The bidder shall present their Securities and Exchange Commission (SEC), or Department of Trade and Industry (DTI) Registration showing that they are registered as Health Maintenance Providers.
8. The Bidder shall be a Quality Health care provider for more than 10 years of service to the Health Maintenance Organization of the Philippines with superior services.
9. The HMO shall be required to submit to the Human Resource Management Department Quarterly Actual Utilization Reports. These reports shall be promptly and strictly submitted every fourth week of every three months (quarterly) or whenever required.
10. In the event that the QCG member exceeds his/her Maximum Coverage Limit. The QCG member has also the privilege to use another HMO Plan owned by a family member outside QCG.
11. Prospective bidder (also called HMO) must present a duly issued License to Operate or Certification authorizing or allowing it to provide an HMO Program or Health Program or any similar program from the Insurance Commission.
12. Prospective bidder must be in good standing in all affiliated hospitals nationwide including the following tertiary hospitals and their extension clinics:
 - a) Makati Medical Center;
 - b) St. Luke's Medical Center (Quezon City);
 - c) The Medical City;
 - d) Manila Doctor's Hospital;
 - e) Capitol Medical Center;
 - f) St. Luke's Medical Center (Taguig);
 - g) Cardinal Santos Medical Center;
 - h) Asian Hospital Medical Center; and
 - i) The attached list of the HMOs accredited hospital within Metro Manila.

4. PROJECT DURATION

This shall be in effect for One (1) year.

5. APPROVED BUDGET OF THE CONTRACT

The Approved Budget for the Project is in the amount of **Fifty-Nine Million Six Hundred Twenty Thousand** (Php 59,620,000.00) Pesos. (based on plantilla count December 2019 manpower complement)

6. BASIS OF PAYMENT

1. The QCG shall pay Fifteen Percent (15%) of the contract price, under the contract to the HMO within Thirty (30) Business days from enrollment of all the lists of QCG principal members and submission of HMO cards.

The 2nd payment of Thirty Five (35%) of the contract price, shall be paid upon the submission of the 2nd Quarterly Annual Utilization Report.

For purposes of QCG evaluation and monitoring of the HMO program, the remaining Fifty percent (50%) shall be paid one (1) month prior to the completion of the contract upon the submission of the health provider of a comprehensive utilization report for the final quarter (or the eleventh month utilization report) to the QCG.

2. There shall be no substitution or replacement, the HMO shall refund the QCG a pro-rated amount of the premium based on actual use upon notice that the QCG member has terminated from the service **due to death** only in accordance with the following formula:

Refund = Net premium - (Net Premium * $\frac{\text{Actual Individual Utilization}}{\text{Maximum Benefit Limit}}$)

7. PENALTIES FOR BREACH OF CONTRACT

Failure to deliver the services according to the standards and requirements set by the City shall constitute an offence and shall subject the Contractor to penalties and/or liquidated damages pursuant to RA 9184 and its revised Implementing Rules and Regulations.

8. CANCELLATION OR TERMINATION OF CONTRACT

The guidelines contained in RA 9184 and its revised IRR shall be followed in the termination of any service contract. In the event the City terminated the Contract due to default insolvency, or for cause, it may enter into negotiated procurement pursuant to section 53 (d) of RA 9184 and its IRR.

The pertinent provisions of Republic Act No. 9184, otherwise known as the Government Procurement Reform Act and its Implementing Rules and Regulations are deemed written and incorporated in the TOR. In case of any conflict between the provisions herein and those of RA 9184 and its IRR, the latter shall prevail.

Submitted by:


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