

PROPOSED TERMS OF REFERENCE
2020 HEALTH MAINTENANCE ORGANIZATION (HMO)
PROGRAM FOR OFFICE OF THE SOLICITOR GENERAL
(OSG) OFFICIALS AND EMPLOYEES

I. MINIMUM QUALIFICATIONS OF THE BIDDERS

1. 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.
2. Prospective bidder must be in good standing in all affiliated hospitals nationwide including the following tertiary hospitals, their extension clinics and other medical extensions/clinics:
 - a. Asian Hospital and Medical Center;
 - b. Makati Medical Center;
 - c. St. Luke's Medical Center (Quezon City);
 - d. St. Luke's Medical Center (Bonifacio Global City);
 - e. The Medical City;
 - f. Cardinal Santos Medical Center;
 - g. Manila Doctor's Hospital; and
 - h. Capitol Medical Center;
 - i. Delos Santos Medical Center.
3. Prospective bidder must be able to provide the minimum Benefits and Coverage Provisions provided hereunder.

II. COVERAGE PERIOD

1. The coverage period shall be one (1) year from the effectivity date or signing of the HMO Program Contract by duly authorized representatives of OSG and the HMO.

III. PREMIUM AND PAYMENT

1. The HMO shall provide for a single premium rate for each opt-in principal member. There shall be 651 opt-in principal members to be enrolled in the 2020 OSG HMO Program.
2. The OSG shall pay the portion of the premium in the total amount of not more than six million pesos (Php 6,000,000.00), which is the Approved Budget for the Contract (ABC).
3. Opt-in Principal members, through a special trust fund, shall pay the remaining portion of the premium of Php 6,000.00 each or a total amount of Php 3,906,000.00. This amount shall be paid, net of withholding taxes, within thirty (30) business days from enrollment and submission of ID cards to principal members.
4. The OSG shall pay one-half ($\frac{1}{2}$) of its share, or the maximum amount of Php 3,000,000.00, net of withholding taxes, under the contract to the HMO within thirty (30) business days from enrollment and submission of ID cards to principal members. The remaining half of its share shall be paid within thirty (30) business days from the submission of the 2nd Quarterly Utilization Report.

IV. MEMBERSHIP ELIGIBILITY

1. Principal membership to the HMO Program is for all incumbent, qualified regular, co-terminus, plantilla employees with Civil Service appointments (married couples who are both employees of OSG shall each be considered as principal members). Provided, however, that principal membership is voluntary and subject to availability of funds.
2. Employees who have opted not to avail of the OSG HMO program coverage shall not be entitled to the OSG share of Php 7,509.39, and the employee is deemed to have waived or forfeited his/her OSG HMO coverage.

3. Each principal member shall be allowed to enroll dependents subject to such requirements as may be provided by the HMO. Each principal member is solely responsible for the costs of their dependent's coverage.

V. MAXIMUM BENEFIT LIMIT

1. The maximum benefit limit for all principal members shall be at least One Hundred Thousand Pesos (Php 100,000.00) per illness, per member, per year, exclusive of Philhealth benefits.

VI. MINIMUM BENEFITS

A. Preventive Health Care Services

1. Periodic monitoring of health problems.
2. Immunization, excluding the cost of vaccines.
3. Semi-Annual lectures and seminars by professionals on relevant health topics and issues to be held at the OSG Building or any venue, including videoconference or virtual space, at the option of the OSG on the following topics:
 - a. Health-education and counselling on diets and/or exercise; and
 - b. Health habits and family planning counselling.

B. Annual Physical Examination (APE)

APE for all principal members which shall include the following:

1. Medical history taking and physical examination.
2. Chest x-ray.
3. Urinalysis.

4. Fecalalysis.
5. Complete Blood Count.
6. Electrocardiogram (ECG) for members 35 years old and above, or if indicated by a physician.
7. Pap smear for female members 35 years old and above, or if indicated by a physician.
8. Uric acid test.
9. Fasting Blood Sugar.
10. Pap smear for members 30 years old and above, or if indicated by a physician.

The APE may be availed in a designated clinic or hospital or at the OSG offices/premises at the option of the HMO.

C. Emergency Care Benefits

1. Emergency care availed in an accredited hospital with an affiliated doctor is covered up to maximum benefit limit.
2. Emergency care availed in a non-affiliated facility or hospital or with a non-accredited doctor shall be reimbursed at actual cost up to no more than PhP 30,000.00 per member per year.
3. Ambulance service shall be covered on a reimbursement basis up to PhP 3,000.00 per year.

D. Out-Patient Benefits

1. Consultation and treatment.
2. All routine, diagnostic and therapeutic procedures required by accredited physicians and specialists.
3. Pre and post-natal consultations except laboratory examinations but no more than once a month.
4. Ultrasound imaging, except for pregnancy related conditions.

5. Minor injury treatment such as lacerations, mild burns, sprains and the like.
6. Eye, ear, nose and throat (EENT) treatment.
7. Physical or occupational therapy up to 10 sessions per year.

E. In-Patient/Hospitalization Benefits

1. Room and board of any amount as long as it is no less than the category of Standard Private or Regular Private (whichever is higher).
2. No deposit of any kind upon admission.
3. Admission kit.
4. Professional services of all accredited doctors of any specialization.
5. Reimbursement of professional fees of non-accredited doctors of any specialization up to 50% rate of the HMO.
6. General nursing services.
7. Routine, diagnostic and therapeutic procedures required by affiliated physicians and specialists.
8. X-ray and other Computer-based laboratory procedures.
9. Surgery except for cosmetic surgery undertaken solely to improve appearance.
10. Surgical dressings, casts, sutures and other miscellaneous supplies directly used in the treatment of the covered ailment.
11. All administered medicines, either orally or intravenously.
12. Transfusion of fluids, fresh whole blood and all other blood products excluding screening and cross-matching.
13. Use of isolation, operating, recovery rooms and other patient care units.
14. Anesthesia and its administration.

15. Use of the Intensive Care Unit (ICU) or Coronary Care Unit (CCU).
16. Assistance to be provided by an HMO Liaison Officer.
17. All other services and procedures needed or related to the management of the case.

F. Dental Benefits

1. Oral prophylaxis, at least twice (2x) a year.
2. Consultation and oral examination no less than four times (4x) a year.

For this item, the prospective bidder shall indicate the actual number of consultations.

3. Unlimited simple tooth extraction, except dental surgery.
4. Unlimited temporary fillings.
5. Treatment of gums, mouth lesions, wounds and burns.
6. Adjustment of dentures, recementation of loose jacket crowns.
7. Tooth or gum pain.
8. Emergency treatment.

G. Routine Procedures (whether out-patient or in-patient)

1. Blood chemistries;
2. Chest x-ray;
3. Complete Blood Count (CBC)
4. Fecalalysis;
5. Urinalysis;
6. And other laboratory procedures requested by a physician

H. Special diagnostic procedures, modalities, therapeutic procedures and other benefits

The following shall be covered, in an out-patient basis, up to PhP 15,000.00 per member per year:

1. Angiography;
2. Pulmonary perfusion and ventilation scan;
3. Examination involving use of Nuclear technologies/imaging and radioimmunodiagnosis and therapy;
4. Electromyography, Nerve Conduction Velocity (EMG-NCV) Studies, Electroencephalogram (EEG);
5. 24-hour Holter monitoring;
6. 2D echo/trans-esophageal echocardiography, venous/arterial duplex/Doppler studies, etc.;
7. Treadmill stress test/Thallium Stress test;
8. Myelogram;
9. Imaging studies including Computerize Tomography (CT Scan) Magnetic Resonance Imaging (MRI) and Neuro scan;
10. Video gastroscopy and other endoscopic procedures;
11. Connective tissue disease examinations;
12. All tumor markers;
13. ENT procedures;
14. Radiographic studies requiring the use of contrast media;
15. Diagnostic procedures requiring the use of operating room

I. Latest Modalities of Treatment

The following shall be covered, up to PhP 50,000.00 per member per year:

1. Laser surgery and treatment except to correct error of refraction;
2. Lithotripsy;
3. Arthroscopic knee surgery;

4. Laparoscopic Cholecystectomy;
5. Endoscopic Sinus Surgery;
6. Laparoscopic Pelvic Operations
7. Trans-urethral Microwave Therapy of prostate
8. Cryosurgery;
9. Stereotactic Brain biopsy;
10. Gamma knife Surgery;
11. Percutaneous Ultrasonic Nephrolithotomy;
12. Hysteroscopic Myoma Resection;
13. Laparoscopic Adrenalectomy (one limit each organ)

For other latest modalities of treatment, the coverage shall be limited to the cost of the traditional method.

However, for new modalities of treatment or diagnostic procedures where there are no comparable traditional equivalent, the coverage shall be limited to PHP 10,000.00 per modality or diagnostic procedure.

J. Therapeutic and Other Special Treatments

1. Chemotherapy
2. Cobalt Therapy and other radiation therapy
3. Dialysis
4. Diagnostic and treatment of Slipped disc, spondylosis, scoliosis and spinal stenosis

K. Congenital Illness

1. Congenital illness and deformities of the principal member shall be covered up to Php 20,000.00 per year.

L. Pre-existing Illness

Pre-existing illness are medical conditions present upon the effective date of coverage for which a prior consultation and treatment has already been

sought by and evident to the member, or the pathogenesis of the illness has started whether or not the member is aware of it.

All illness, injury or any adverse medical conditions that are considered pre-existing, whether dreaded or non-dreaded, shall be covered up to maximum benefit limit.

M. Other Covered Conditions

1. Work related conditions based on conditions covered by Employees' Compensation Commission (ECC) up to Php 20,000.00 per year.
2. Motor vehicular accidents up to Php 40,000.00 per year.
3. Provoked and unprovoked assault, including domestic violence, whether initiated by the member or by a known or unknown third party up to PhP 40,000.00 per year.
4. COVID-19 related consultation, testing and treatment as required by accredited physician/facility.

VII. EXCLUSIONS AND LIMITATIONS ON MEDICAL BENEFITS

1. Cosmetic surgery and dermatological procedures for purposes of beautifications, except constructive surgery to treat a functional defect due to disease or accidental injury.
2. Drug addiction, substance abuse and acute or chronic alcoholism.
3. Treatment of self-inflicted injuries attributable to the member's own misconduct, gross negligence, use of alcohol or drugs, vicious or immoral habits, participation in act of crime, violation of a law or ordinance, unnecessary exposure to imminent danger or hazard to health, and hazardous sports related injuries.
4. Rest cures, custodial, domicilliary or convalescent care.

5. Sterilization, circumcision, artificial insemination, sex transformation, diagnosis and treatment of infertility.
6. Experimental medical procedures such as acupuncture and reflexology.
7. Psychiatric care.
8. Sexually Transmitted Diseases (STD), such as but not limited to gonorrhea, syphilis, herpes and Acquired Immunodeficiency Syndrome (AIDS).
9. Services to diagnose and reverse fertility or infertility.
10. For in-patient care, extra hospital goods and services such as services of a private nurse; use of extra bed, television, electric fans, electronic entertainment equipment and other amenities; toilet articles; extra food tray; and other items not directly used in the medical management of the patient.
11. Prescribed out-patient medicines, except when used for out-patient chemotherapy and for emergency room or hospitalization use.
12. Physical examination required for obtaining employment and obtaining or continuing insurance or government licensing.
13. Corrective lenses, artificial hearing aids, prosthetic devices and durable equipment.
14. Purchase or lease of durable medical equipment, oxygen dispensing equipment, and medical oxygen except as otherwise provided in VI.E In-Patient/Hospitalization Benefits and VI.C Emergency Care Benefits.

VIII. PHILHEALTH BENEFITS

1. Hospitalization benefits due under the HMO Program are exclusive of Philhealth coverage.

IX. ADDITIONAL BENEFITS

A. Financial Assistance including Accidental Death and Dismemberment Benefits.

PROPOSED TERMS OF REFERENCE [2020 HMO]

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| 1. Natural Death | PhP 10,000.00 |
| 2. Death due to accident | PhP 20,000.00 |
| 3. Loss of both hands | PhP 10,000.00 |
| 4. Loss of both feet | PhP 10,000.00 |
| 5. Loss of both sight (both eyes) | PhP 10,000.00 |
| 6. Loss of one hand and one foot | PhP 10,000.00 |
| 7. Loss of one hand and sight of one eye | PhP 10,000.00 |
| 8. Loss of one foot and sight of one eye | PhP 10,000.00 |
| 9. Loss of one hand or one foot or sight of one eye | PhP 5,000.00 |

X. ACCREDITATION OF CLINICS AND/OR DOCTORS

1. The HMO shall accredit additional clinics and/or doctors at the request of the OSG subject to the HMO's standard requirements and procedure on accreditation of clinics or doctors.

OSG reserves the right to request preferred physician/hospital/clinics for accreditation. Provided, however, that in the event that the designated physician/hospitals/clinics refuse accreditation, the HMO shall be excused from complying with this provision.

XI. HMO LIAISON OFFICER AND MEDICAL OFFICER

1. The HMO shall designate a coordinator/contact person/liaison officer whom the OSG and principal members can contact to assist and facilitate the expedient availment of medical services and answer other HMO related concerns.

XII. OTHERS

1. The OSG shall oversee the implementation of the HMO Program and monitor compliance of the HMO in accordance with the provisions of the TOR/contract.

2. The HMO shall be required to strictly submit to the OSG Bids and Awards Committee, Human Resources Management and the HMO Technical Working Group the prescribed and officially signed Quarterly Utilization Reports. These reports shall be promptly and strictly submitted every third week of the month immediately following the quarter or whenever required.
3. The utilization of the dependent-members shall not form part of the utilization of the principal members.
4. The HMO shall officially request for a certified and updated Master List of OSG officials and employees from the Human Resource Management from the date of the Notice to Proceed.
5. In the implementation of the contract, the medical records and utilization reports, including raw utilization data, name, addresses, telephone numbers, identification numbers, dates of birth, and other personal and confidential information pertaining to principal members obtained by or given to the HMO or its agents and subcontractors shall be treated with full confidentiality.
6. The HMO shall not use or disclose such confidential information, or any part thereof, in any manner other than is necessary to perform its obligations under the TOR or Contract or as required by law.
7. In the event that a member's medical/surgical expenses exceed the maximum benefit limit, the excess amount shall be shouldered by the principal member concerned.

XIII. EVALUATION

A. Other Matters

1. The OSG reserves the right to reject any or all proposals, or to waive any defect or informality thereon or minor deviations, which do not affect the substance and validity of any or all of the proposals.

2. The OSG reserves the right to reject the proposal of any proponent who:
 - a. Does not offer the required services as provided in this Terms of Reference;
 - b. Is discovered to have suppressed, disclosed or falsified information;
 - c. Failed to satisfactorily perform/complete any contract previously taken.
3. The OSG reserves the right to review other relevant information affecting the proponent or the proposal before the approval of the contract. Should such review uncover any misrepresentation made in the proposal documents, or any change in the situation of the proponent which affects the substance of his proposals, OSG may disqualify the proponent from obtaining the award/contract.

Signature Page Follows...


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Director IV

Recommending Approval:

BIDS AND AWARDS COMMITTEE

By:


JOSEPH L. GUEVARRA
Assistant Solicitor General