



COMPANY POLICIES AND PROCEDURE'S MANUAL

PERSONNEL POLICIES & PROCEDURES

A. RECRUITMENT AND PLACEMENT

The Company believes that its continued progress depends to a very great extent on its Human Resources. It is therefore the policy of the Company to acquire the most qualified individuals for any of its job vacancies through proper manpower planning and systematic procedure of selection and placement.

SCOPE

This policy applies to all positions within the company, whether temporary, casual, probationary or regular in nature.

IMPLEMENTING GUIDELINES

1. All candidates for any position must undergo the Company's standard procedures in recruitment, screening and selection to ensure the best fit in the job. The President or the Chairman or his authorized representatives must approve all manpower requests prior to processing the candidates. Pre-employment requirements including medical results must be given to Human Resources Department prior to the new employee's starting date of work.
2. It shall be the responsibility of HRD to ensure the proper and timely acquisition of competent employees for any vacancies in the company.
3. The selection of the right person for the job is the responsibility of the HRD.
4. It shall be the responsibility of the department managers to plan and request for additional manpower and/or replacement.

5. An approved manpower request is a requirement before it shall be processed by HRD.

6. The President or the Chairman prior to processing must approve all manpower requests for new positions and/or additional manpower.

TYPES OF EMPLOYMENT:

Regular :Given after satisfactory completion of probationary employment and meeting the Company's performance standard.

Probationary :Employment not exceeding six (6) months to determine employee's capability to handle permanent position based on the standard set by the Company. In case employee's level of performance does not meet the set standard, he shall be notified accordingly.

Contractual/Temporary: Type of employment for a specific period for the purpose of coping with Company's abnormal increase of workload or of occasional or seasonal work and replacement for a regular employee on leave.

Trainees: Type of employment for a specific period of time or after the satisfactory completion of number of hours that the on-the-job training/practicum requires.

PROCEDURES:

1. *Manpower Planning & Requisition* - hiring of employees, the department head fills out the manpower requisition form (MRF) and submits to the division head for endorsement.

The division head seeks the approval of the President or the Chief Operating Officer and submits the approved MRF to HRD for processing.

2. *Sourcing* - Based on the qualifications indicated in the MRF, HRD initiates sourcing of the right candidates from available sources such as through its

existing talent pool, in-house bulletin news advertisement, school and government placement centers, recruitment agencies, referrals, and network.

3. *Screening* - HRD conducts the pre-screening of applications and matches the applicant's qualifications with the requirements of the job as specified in the MRF or job description and specification.

For applicants who meet the qualification requirements, HRD schedules them for preliminary interview and psychological testing and other technical examinations that are required for the job. All applicants must fill-out the standard application form prior to preliminary interview.

4. *Employment Testing (Psychological & Technical)* - For applicants who passed the preliminary interview, HRD administers the pre-employment testing to provide supplemental data about the applicant's profile, their personality profile, aptitude and skills level and potential for the job which may be difficult to gauge in the interview. HRD determines the battery or combination of tests according to the nature or requirements of the job.

5. *Short List of Qualified Candidates* - HRD prepares and submits a short list of qualified candidates based on interview and test results to the requisitioning department for further interview or evaluation.

6. *Interview by the Requisitioning Department Manager* - If the requisitioning supervisor/ manager finds a favorable assessment of the applicant, he/ she endorses this to the division head for final technical evaluation/ interview.

7. *Final Interview and Job Offer* - The HRD Head (depending on the position classification) discusses salary offer, benefits package, working conditions, and employment requirements with the successful candidate.

7. *Physical Medical Examination*

8. *Employment Documents* - The successful candidate submits the following pre-employment requirements:

- a. Two (2) copies of 1 x1 colored picture

- b. One (1) copy of 2 x 2 colored picture
- c. NBI/ Police Clearance/ Residence Certificate
- d. Employment Certificates
- e. Transcript of Records
- f. SSS, TIN, Pag-Ibig Numbers
- g. Pre-employment medical exam

9. *Appointment Contract* - HRD issues to the new employee his/ her appointment paper.

10. *Company Orientation* - All newly appointed staff will be invited to attend a standard orientation program to be conducted by the Human Resources Department for his smooth assimilation into the organization. Such orientation will include, among others, an orientation on the following :

- Company Overview (mission, vision, goals and functions)
- Company Code of Ethics, Conduct and Discipline
- Company Policies and procedures
- Organizational structures, functional division and key personnel

B. TRAINING

It is the goal of the Company to develop the highest level of skill among employees. It is the responsibility of the HR Training Officer to coordinate with the Department Head and Supervisor to identify the training needs of their subordinates based on the Performance Appraisal conducted every year. This is to ensure that all employees will be capable to perform their work independently and to maintain the quality level as required by the quality management system. Training and development activities are available to all employees. There are continuous training programs on self-development, skills upgrading and customer service. Employees will be informed of the training schedules.

C. COMPENSATION

The company pursues a policy of paying its employee in accordance with the applicable national and local laws. This includes appropriate compensation for overtime work and other premium pay however certain deductions are made such as SSS, Pag-Ibig, Philhealth, Income Tax and others which will be reflected on computerized payships.

Payroll Cut-off period

Payroll cut-off period is set every 10th and 25th of the month while payday period is every 15th and end of the month.

D. ATTENDANCE POLICY

The company shall adopt a schedule of working hours for employees to follow. Attendance is recognized as an important factor in the performance of a job. The Company shall requires its employees to maintain a good attendance record that will reflect their commitment and dedication to their jobs. Absences without official leave and approval of the department head will be considered unexcused. Lates, undertime and over breaks will be treated the same and subject to disciplinary measures.

Time Recording :

All employees of the Company as well as agency personnel are required to log in and out by means of the Bundy Clock to assure accurate recording of working time for pay purposes.

WORKING DAYS & HOURS

The normal working hours are eight (8) hours a day from 8:00 am to 5:00 pm from Mondays through Fridays, and 8:00 am to 3:00 pm on Saturdays.

ABSENCES

Absence means failure to be on duty on one’s officially designated workplace for the duration of the prescribed working hours. Excused absence means

that the employee has filed a leave prior to his absence with the approval of his department manager. This is chargeable to his leave credits. If he has no leave credits, he goes on leave without pay.

Absence due to illness can be excused and charged to sick leave credits provided that this will be supported with medical certification. The employee however should inform his department Head of his inability to report for work on that day or not later than one (1) hour before his official working time.

Any absences without prior notice or leave of absence without priorapproval shall be considered AWOL and subject to disciplinary actions and salary deductions.

Basic Guidelines:

Vacation Leave - If employee intends to go on leave, a leave form should be accomplished and filed at least three (3) working days in advance and with the approval of the upper management. A copy must be given to HR for evaluation.

Sick Leave- In case of sickness and emergency, an employee must notify the company on the day of absence or at least one to two (1 – 2) hours before his official time by phone. Two (2) consecutive days of sick leave should be filed immediately upon returning to work with a doctor’s note/certification.

Official Business - Employees who by nature of their job requires them to transact business outside company premises shall secure the approval of his department manager and accomplish a direct field form or OB Form prior to the trip.

OVERTIME WORK

Overtime (OT) is defined as work rendered beyond the required work hours during regular workday and/ or rest day. Overtime Pay and applicable night

shift premium of rank and file employees shall be paid in accordance with existing labor laws and actual overtime work rendered.

Guidelines:

1. All overtime requests which are in excess of eight (8) hours working day are subject for the approval of the immediate superior.
2. Employees who are requested to or will work on Sunday and holidays are required to submit approved Overtime Request Form to Management by 6pm on the day before the intended overtime.
3. A service rendered in excess of eight (8) hours on ordinary days is considered overtime.
4. Overtime compensation shall be paid to employees (except managers and officers) for authorized work rendered exceeding eight (8) hours per work day and for work rendered on legal holidays, special days and rest days.
5. Failure or negligence to file OT Request by the deadline set shall no longer be honored by the Management and will no longer be counted in the payroll However, these are subject for reconsideration.
6. All approved Overtime request should be submitted to the HIR for proper monitoring of manhour report on or a day after the payroll cut-off period.
7. Managerial and executive positions are not entitled to overtime pay. However they are allowed to offset OT services rendered with the supporting approved request.
8. Employees allowed to render overtime work between 10pm to 6AM shall be entitled to night differential premium based on law.

Overtime rates shall be based on law as follows:

	RATE
Ordinary days	125%
Sundays and special holidays	130 %
Legal holidays	200%

PAID HOLIDAYS

SPECIAL HOLIDAYS

All saints Day	November 1
Last Day of the year	December 31

Regular Holidays (Legal)

New Years Day	January 1
Maundy Thursday	movable date
Good Friday	movable date
Araw ng Kagitingan	April 9
Labor Day	May 1
Independence Day	June 12
National Heroes day	Last Sunday of August
Bonifacio Day	November 30
Christmas Day	December 25
Rizal Day	December 30

To be entitled to holiday pay, an employee must be present on the last full working day prior to the holiday unless he is on official leave during the days before and after the said holiday.

Change in Work Schedules

Temporary change in schedules must be initiated by the Department Head or the assistant to the Chairman and must be approved by the Chairman to meet the needs of the customers or to respond to company's exigencies. No employee is allowed to effect changes in his/ her work schedule. Permanent change in schedule can only be effected with the approval of the Chairman or the President. Employees who insist to have their schedule changed without valid reasons will be subjected to appropriate action.

E. BENEFITS

Mandated by Law (all employees are entitled to these benefits regardless of their status)

1. **Wage for NCR**
 2. **Overtime & Holiday Pay**
 3. **13th Month Pay** – 1/12 of annual basic salary per year (at least one (1) month of service). Overtime is not included to the computation. (total basic pay/12)
 4. **Separation Pay** (Upon retrenchment and closure)
 5. **Retirement Program** - A mandatory/ compulsory retirement benefit is given to all employees who reach sixty (60) years of age with at least five (5) years of service in the company. The retirement pay is fifteen (15) days for every year of service based on employee's current rate at the time of his/ her retirement.
 6. **Pag-Ibig Benefit** - A benefit that is funded by the employee and employer. A contribution of two percent 2% of the monthly earning of an employee or a maximum of one hundred pesos (P100.00) and said contribution shall be paid one hundred percent (100%) by an employer, that is Two Hundred pesos (P200.00). (Housing and Salary Loan)
 7. **Philhealth Benefit** - Employer shares on Philhealth contributions. It can be used for hospitalization and medical purposes subject to Philhealth existing policies and procedures.
 8. **SSS Benefits** - A Social Security Contribution is required to include both the employer and employee's share. The amount of contribution is assessed based on the total monthly earnings.
- Maternity Benefit** - This is in compliance with the SSS law and not an additional benefit to female employees. Female employees are entitled to take a leave up to sixty (60) days to give birth through normal delivery, miscarriage or medically necessary abortion, on the other hand seventy eight (78) days of leave in case of cesarean delivery. Maternity leave benefits shall be paid only for the first four (4) deliveries.

Through the Company, female employees will receive from SSS, a daily maternity benefit equivalent to her average daily salary credit for the days she is on leave.

Basic Guidelines in Filing ML Application

1. Any female employee, upon confirmation of her pregnancy must immediately notify the HRD of her pregnancy. She must submit the SSS Maternity Notification with the pregnancy test or ultra sound report attached thereof to the HRD within the first trimester of her pregnancy.
2. On employee's due month, she must file the ML Application for HRD to process her ML benefit.
3. The employee will be provided fifty percent (50%) of the ML benefits due her, be advance by the employer and the remaining fifty percent (50%) will be given to her upon submission of the registered birth certificate of the child

Paternity Benefit - In compliance with R.A. 8187, otherwise known as the Paternity Act of 1996, the Company grants a Paternity Leave of seven (7) days with full pay to all male married employees. Every married male employee shall be entitled to this benefit for the first four (4) deliveries of his legitimate wife whom he is cohabiting.

Basic Guidelines in Filing PL Application

1. The employee must inform his immediate supervisor of his intended paternity leave and submit the PL Application with the tentative date based on the wife's expected date of delivery. Attached to the leave application are the certified true copy of the marriage contract and the pregnancy test result.
2. Upon return to work, the employee fills out the SSS E-4 form and submits a copy of the birth certificate to HRD. The original birth

certificate and the employee's marriage contract must be presented to HRD for validation purposes.

3. PL application without the appropriate supporting document is considered to be an unauthorized leave and therefore, will not be paid and will be subject to the appropriate corrective disciplinary action.

F. PROMOTION POLICY - A promotion is an upward reclassification of an employee to a job with a substantial increase in responsibilities or skill requirements, and involves a movement to a higher pay class. Promotional pay shall be given to the employee being promoted with confirmation letter from the HR Dept. All promotions to a vacant or new position should be recommended by his supervisor and Department head for approval by the president.

G. POSITION TRANSFER POLICY - A lateral transfer (within the same pay class) shall not cause a change for adjustment in the base pay of the employee. If an employee is transferred as a result of management's request to perform an essential task in a job belonging to a lower pay class, he shall retain his current rate.

H. SEPARATION POLICY -

1. Termination of employment may be brought about by the following conditions
 - Voluntary resignation
 - Violation of company rules and regulations warranting dismissal
 - Physical disability (as certified by a physician as required by law)
 - Death of the employee
 - Unsatisfactory performance of duties and responsibilities by the employee
 - Other causes as defined by the labor Code of the Phils.
2. Termination of employment due to resignation must be done in writing, addressed and noted by the department Head. All resignations must have at least 15 days to one month notice prior to effectivity. All

resigning employees will be required to accomplish a prescribed clearance form to settle all property and money accountabilities. Beside the last salary due, other benefits that are cash convertible (leave credits, 13th mo. Pay) shall be paid to the employees after completion of all clearance.

3. Employees terminated for just cause are not entitled to cash conversion of other benefits except, last salary and 13th month equivalent.
4. Employees terminated due to retrenchments, business reverses, and other causes not attributable to the employee and as provided by law, shall be entitled to a separation pay based on the provisions of law including cash conversions of benefits
5. In case of death of employee, all payments and other benefits shall be paid to the designated beneficiaries.
6. Last salary of resigned/terminated employee shall be withheld until all clearances and accountabilities are settled.
7. All accountabilities, materials or any items issued to employees must be forwarded or returned to concerned department prior to cessation of employment.

Clearance Procedures

1. All separating employees must undergo clearance procedure to secure all accountabilities/obligations to the company. Clearance form with authorized signatories should be completed before release of last pays or any amounts that the employee may be entitled to. Clearances and last pay will be processed within a period of one month but not to exceed three months subject for approval and management's discretion.
2. All separated employees are not allowed to enter company premises for personal visits or any reasons to transact for whatever cause.

- 3. The Human Resources Dept. shall be responsible in the accomplishment of clearance and release of separation pays.

Termination pay - The amount of separation pay that an employee is entitled by law to receive depends on the reason or ground for the termination of his services.

DISCIPLINE AND PROPER DECORUM

POLICY - We encourage all employees to show courtesy and regard for proper conduct, discipline and proper decorum at all times.

Proper Conduct

- Regard co-employees, subordinates and superiors with respect and courtesy. Each person deserves to be treated with respect and dignity as a human being.
- Refrain from uttering obscene, insulting or offensive words or making discriminatory remarks against any employee within Company premises.
- Refrain from displaying boisterous (noisy, loud, violent or clamorous) behavior that disrupts the work of others and destroys the professional work environment.

Work Hours

- Observe Company prescribed work hours and break time schedules conscientiously.
- Refrain from extending break time periods and using supposed work hours for smoking and other personal concerns.

- All OB & OT Request form shall be approved by the Asst. to the Chairman.

GOOD HOUSEKEEPING RULES

- The company is a "smoke-free" company. "No Smoking" policy is strictly enforced. Eating, drinking, littering, and indiscriminately spitting are strictly prohibited at any working area. Any health and safety hazards should be reported immediately to HRD.

ELECTRICITY USAGE

- It is the responsibility of every employee to turn off all lights, air conditioning, units, computers, printers and other machines or equipment that consumes electricity every night before leaving the office or when not in use. Non-compliance shall be considered gross negligence and subject for disciplinary action.

SCHEDULE OF OFFENSES AND PENALTIES

A. OFFENSES AGAINST JOB PERFORMANCE

- 1. Absence of 3 consecutive days in a month, without notice/call from the employee to his/her immediate superior, shall be considered AWOL. Likewise, unauthorized extensions of approved leave of absence shall be considered AWOL-

1 st offense	-	reprimand
2 nd offense	-	5 days suspension
3 rd offense	-	15 days suspension
4 th offense	-	30 days suspension
5 th offense	-	dismissal from service

For security guards, due to nature of their work, and in consonance with the duties/ responsibilities of the Company to its properties and premises, the commission of the offense of AWOL and the corresponding penalty, shall be modified as follows:
2 days AWOL in a month: (not necessarily consecutive)

1 st offense	-	7 days suspension
2 nd offense	-	15 days suspension
3 rd offense	-	30 days suspension
4 th offense	-	dismissal from service

5 consecutive days of AWOL

1 st offense	-	dismissal from service
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The above offense and penalty is likewise applicable to the janitors as well as employees on shifting schedules.

2. Habitual absences - 5 approved absences within a period of one (1) month, except absences due to sickness. Accumulation of half-days shall be considered in the counting of absences -

1 st offense	-	reprimand
2 nd offense	-	7 days suspension
3 rd offense	-	15 days suspension
4 th offense	-	30 days suspension
5 th offense	-	dismissal from service

For the security guards, due to the nature of their work, and in consonance with the duties/responsibilities of the Company to its clients to provide a continuous security service to its properties and premises, the commission of the offense of Habitual Absences and the corresponding penalty, shall be modified as follows:

Except for absences due to sickness, total of five (5) absences in a month, shall be considered habitual, with the corresponding penalty of:

1 st offense	-	15 days suspension
2 nd offense	-	30 days suspension
3 rd offense	-	dismissal from service

The above offense and penalty, is likewise applicable to the janitors as well as employees on shifting schedules.

3. Habitual tardiness - 5 tardiness in one (1) month, is considered habitual, regardless of the number of minutes late per incident.

1 st offense	-	reprimand
2 nd offense	-	5 days suspension
3 rd offense	-	10 days suspension
4 th offense	-	20 days suspension
5 th offense	-	dismissal from service

For security guards, due to the nature of their work, and in consonance with the duties and responsibilities of the Company to provide continuous security service to the properties and premises of its clients, habitual tardiness and corresponding penalties, shall be modified as follows:

1 st offense	-	7 days suspension
2 nd offense	-	15 days suspension
3 rd offense	-	30 days suspension
4 th offense	-	dismissal from service

The above offense and penalty shall likewise apply to janitors and employees on shifting schedules.

4.

Malingering/loitering - employees going around the office during office hours without official purpose shall be considered malingering/loitering. Non-observance of prescribed break time, shall be considered malingering/loitering -

1st offense

-

reprimand

2nd offense

-

7 days suspension

3rd offense

-

15 days suspension

4th offense

-

30 days suspension

5th offense

-

dismissal from service
5.

Gross negligence in the performance of one’s job, resulting to loss of money, damage to property and shortage of inventories and other properties. Gross negligence resulting to loss of trust and confidence reposed in him/her by the Company, falls under this category

1st offense

-

dismissal from service
6.

Unsatisfactory rating in performance for one (1) year

1st offense

-

dismissal from service
7.

Refusal to render overtime work without justifiable reason, when told to do so, despite the approved authority

1st offense

-

15 days suspension

2nd offense

-

30 days suspension

3rd offense

-

dismissal from service
8.

Sleeping during working/ office hours

1st offense

-

reprimand

9.

2nd offense

-

5 days suspension

3rd offense

-

10 days suspension

4th offense

-

20 days suspension

5th offense

-

dismissal from service

For security guards, due to the nature of their work, and in consonance with the duties and responsibilities of the Company to provide continuous security service to its clients, the offense shall be specific; sleeping while on duty and penalty shall be modified, as follows:

1st offense

-

7 days suspension

2nd offense

-

15 days suspension

3rd offense

-

30 days suspension

4th offense

-

dismissal from service

The above penalty shall likewise apply to janitors and employees on shifting schedules.

Insubordination- employees are enjoined to dutifully perform their assigned task, orders from superior, whether verbal or written. Willful refusal to comply with the same, shall constitute insubordination -

1st offense

-

30 days suspension

2nd offense

-

dismissal from service

For security guards, due to the nature of their work, and in consonance with the Company’s prerogative to reassign its guards to other posts, for better and effective service to its clients, the commission of the offense and penalty shall be modified as follows:

	1 st offense	-	dismissal from service
	The above penalty shall likewise apply to janitors and employees on shifting schedules.		
10.	Disrespect towards superior, manager and other officers of the company, in a manner which indicates disrespect or contempt to the position occupied by such person – employees are duty bound to extend respect to the superior, manager, officers and other persons in authority in the company. Commission of any act or deed that would tend to cause dishonor or disrespect to any of the Company's officers, shall constitute this offense		
	1 st offense	-	15 days suspension
	2 nd offense	-	30 days suspension
	3 rd offense	-	dismissal from service
11.	Abuse of one's authority, including taking advantage of authority or position for self-interest or to suppress or harass another employee –		
	1 st offense	-	5 days suspension
	2 nd offense	-	15 days suspension
	3 rd offense	-	30 days suspension
	4 th offense	-	dismissal from service
12.	Incompetence in the performance of one's work or inability to deliver the required results specified in the output schedule and job description –		
	1 st offense	-	7 days suspension
	2 nd offense	-	15 days suspension
	3 rd offense	-	30 days suspension
	4 th offense	-	dismissal from service
	5 th offense	-	dismissal from service
13.	Failure to carry out job instructions of superior or failure to give truthful information to immediate superior or the employer or his authorized representative on matters concerning his/her work –		
	1 st offense	-	7 days suspension
	2 nd offense	-	30 days suspension
	3 rd offense	-	dismissal from service
14.	Failure to punch time card to register an employee's time in or time out without justifiable reasons -		
	1 st offense	-	reprimand
	2 nd offense	-	7 days suspension
	3 rd offense	-	15 days suspension
	4 th offense	-	30 days suspension
	5 th offense	-	dismissal from service
15.	Commission of errors in the discharge of an employee's function, which resulted to loss of potential revenue for the Company, or caused unnecessary loss to the Company or other claimants –		
	1 st offense	-	15 days suspension
	2 nd offense	-	30 days suspension
	3 rd offense	-	dismissal from service
16.	Failure to file the required duly accomplished Whereabouts Slip. All employees who are intending to out of the office, shall be required to file a duly accomplished Whereabouts Slip, indicating pertinent information, like, date, place, where the employee intends to go, reasons (s) and inclusive time/dates.		

17.	1 st offense	-	reprimand
	2 nd offense	-	3 days suspension
	3 rd offense	-	10 days suspension
	4 th offense	-	20 days suspension
	5 th offense	-	30 days suspension
	6 th offense	-	dismissal from service
17.	Willful neglect in the performance of duty or deliberate refusal to render extended hours/additional hours of duty to fill in gaps in the schedules for employees on shifting schedules, without valid and justifiable reasons, causing loss of trust and confidence reposed on the employees by management		
	1 st offense	-	30 days suspension
	2 nd offense	-	dismissal from service
	Employees holding supervisory position shall be meted a penalty of:		
18.	1 st offense	-	dismissal from service
	All other forms of misconduct committed by an employee/security guard/janitor in connection with his/her work		
	Simple misconduct:		
	1 st offense	-	30 days suspension
	2 nd offense	-	60 days suspension
	3 rd offense	-	dismissal from service
	Gross/Grave misconduct:		
	1 st offense	-	dismissal from service

B. ACTS OF DISHONESTY/DISLOYALTY			
1.	Falsification/tampering of company documents/records. The offense may be committed by any employee who, willfully and deliberately, alters/tampers documents or company's official records		
	1 st offense	-	dismissal from service
2.	Use of falsified documents/records/information - An employee who, shall, willfully and knowingly, use or submit false or falsified records/information for his/her benefit shall be held liable for this offense -		
	1 st offense	-	dismissal from service
3.	Defrauding or conspiring to defraud the company of legitimate revenue by any means whatsoever -		
	1 st offense	-	dismissal from service
4.	Submitting fraudulent money claims against the company -		
	1 st offense	-	dismissal from service
5.	Unauthorized disbursement and/or misappropriation of company funds or disposal of company property -		
	1 st offense	-	dismissal from service
6.	Causing or attempting to cause damage to the company by presenting invoices representing purchases of spare parts or services,		

which turn out later fabricated documents or invoices with overpriced amounts -

1 st offense	-	dismissal from service
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7. Unauthorized use of company property - Any employee who, shall use any property owned by the company, for personal gain or benefit without prior authority, shall be punished accordingly -

1 st offense	-	15 days suspension
2 nd offense	-	30 days suspension
3 rd offense	-	dismissal from service

8. Misappropriation of company funds - Any employee who uses company funds for personal gain or benefit, which he/she receives for safekeeping or for delivery to third persons, shall be liable for this offense -

1 st offense	-	30 days suspension
2 nd offense	-	dismissal from service

9. Unauthorized taking of company property - Any employee who, shall, unlawfully take or bring out from company premises any company property or things of value for personal gain or benefit, shall be punished accordingly -

1 st offense	-	30 days suspension
2 nd offense	-	dismissal from service

10. Unlawful disclosure of confidential information - Employees are enjoined to treat with secrecy, all information's acquired or come across in connection with his/her employment with the company,

and should not be disclosed with third parties without prior authority from the employer or his authorized representative

1 st offense	-	30 days suspension
2 nd offense	-	dismissal from service

11. Unauthorized reproduction of company records; unauthorized disclosure of the contents of said document (s) -

1 st offense	-	30 days suspension
2 nd offense	-	dismissal from service

12. Giving false testimony during a company conducted investigation -

1 st offense	-	dismissal from service
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13. Offering or accepting anything of value in exchange for a job, work assignment or more favorable conditions of employment -

1 st offense	-	30 days suspension
2 nd offense	-	dismissal from service

14. Accepting any form of gifts from co-employees or third parties, in exchange of any favor using an employee's influence or position in the company -

1 st offense	-	30 days suspension
2 nd offense	-	dismissal from service

19. Punching the time card of another employee or delegating the punching of time card to another employee is considered grave dishonesty. Both employees shall be meted the penalty of:

1 st offense	-	dismissal from service
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20. Engaging directly or indirectly in any transaction which is conflict of

1 st offense	-	30 days suspension
2 nd offense	-	dismissal from service

21. Discourtesy and impoliteness in dealing with clients which results in the loss of revenue due the company -

1 st offense	-	30 days suspension
2 nd offense	-	dismissal from service

22. Unauthorized disclosure of employer's confidential or private information, such as, but not limited to, home address, telephone numbers, whereabouts, itinerary-

1 st offense	-	15 days suspension
2 nd offense	-	30 days suspension
3 rd offense	-	dismissal from service

23. All other acts of dishonesty, fraud, deceit or willful breach of trust and confidence, not specified herein

1 st offense	-	30 days suspension
2 nd offense	-	dismissal from service

24.	Attempt in the manipulation of employees attendance and payroll to reflect undue payment of salaries and wages –			4.	Threatening, intimidating or harassing fellow employee by use of force, anytime within Company premises –		
	1 st offense	-	dismissal from service		1 st offense	-	dismissal from service
25.	Engage in any form of activity that would result in payroll padding –			5.	Injury to co-employees or Company official resulting from reckless imprudence or disorderly conduct –		
	1 st offense	-	dismissal from service		1 st offense	-	30 days suspension
					2 nd offense	-	dismissal from service
C. OFFENSES AGAINST PERSONS							
1.	Attempt on the life of the employer or Company officials. Taking the life of a company official or employee, willfully or through reckless imprudence –			6.	Discourtesy towards fellow employee in any form or manner, anytime during office hours and within Company premises –		
	1 st offense	-	dismissal from service		1 st offense	-	reprimand
					2 nd offense	-	5 days suspension
					3 rd offense	-	10 days suspension
					4 th offense	-	20 days suspension
					5 th offense	-	dismissal from service
2.	Inflicting bodily injury or assaulting another employee, except in self-defense, anytime within company premises –			7.	Use of foul or profane or insulting language to others - Employees is enjoined to maintain decorum and harmonious relationship with co-employees. Use of foul, profane or insulting language to others, is strictly prohibited –		
	1 st offense	-	dismissal from service		1 st offense	-	reprimand
					2 nd offense	-	7 days suspension
					3 rd offense	-	15 days suspension
					4 th offense	-	30 days suspension
					5 th offense	-	dismissal from service
3.	Fighting/quarreling inside Company premises or inside work assignments, inflicting injuries to co-workers/ employees						
	1 st offense	-	dismissal from service				

D. OFFENSES AGAINST PROPERTY

1.	Destruction of Company property – Employees is expected to use and handle Company properties with utmost care. Any employee who, shall deliberately destroy company properties, shall be subject to disciplinary action –	1 st offense 2 nd offense	- -	30 days suspension dismissal from service
2.	Loss of Company property issued to the employee in connection with his/her work, whether deliberate or unintentional –	1 st offense 2 nd offense	- -	30 days suspension dismissal from service
3.	Unauthorized use of Company property resulting to loss or damage to property and/or injury to persons –	1 st offense 2 nd offense	- -	30 days suspension dismissal from service
4.	Stealing or attempting to steal from the Company or from clients/co-employees	1 st offense 2 nd offense	- -	dismissal from service
5.	Substituting or attempting to substitute Company materials or equipment with another of inferior quality or lesser value –	1 st offense 2 nd offense	- -	30 days suspension dismissal from service
6.	Improper use of equipment/vehicle resulting to damage to the said property –	1 st offense 2 nd offense 3 rd offense	- - -	15 days suspension 30 days suspension dismissal from service
7.	Sleeping while on duty, this results to loss of property (s) of LGC's clients.	1 st offense	-	dismissal from service
8.	Conniving or attempting to connive with third person(s) or co-employees, in any form of activity which results to loss of the Company's client's property (s)	1 st offense	-	dismissal from service
9.	Negligence in the performance of one's duty, which results to loss of the Company's or clients' property(s) –	1 st offense	-	dismissal from service

Note: the above administrative penalties on offenses against property, is without prejudice to the civil and criminal liabilities of the erring employee.

E. **OFFENSES AGAINST HEALTH AND SANITATION, SECURITY AND SAFETY**

1. Creating or contributing to disorderly and/or unsanitary conditions in the Company e.g. littering, writing graffiti on walls and improper use of toilet facilities -

1 st offense	-	reprimand
2 nd offense	-	5 days suspension
3 rd offense	-	10 days suspension
4 th offense	-	20 days suspension
5 th offense	-	dismissal from service
2. Deliberate concealment of one's contagious disease that may endanger the health of other employees -

1 st offense	-	dismissal from service
-------------------------	---	------------------------
3. Failure to observe health and safety rules and procedures of the Company -

1 st offense	-	reprimand
2 nd offense	-	5 days suspension
3 rd offense	-	10 days suspension
4 th offense	-	20 days suspension
5 th offense	-	dismissal from service
4. Willful refusal to submit to security requirement of the Company. Unauthorized carrying of firearms or deadly weapons and explosives within Company premises or during official/ company time -

1 st offense	-	dismissal from service
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5. Failure to report immediately any personal injury or damage to property/equipment occurring within Company premises and/or official time

F. **OFFENSES AGAINST GOOD MORALS AND PUBLIC ORDER**

1. Gambling inside the Company premises- All forms of gambling is strictly prohibited. Employees who engage in any form of gambling within the Company premises, shall be subject to disciplinary action -

1 st offense	-	reprimand
2 nd offense	-	7 days suspension
3 rd offense	-	30 days suspension
4 th offense	-	dismissal from service
- This shall likewise apply to security guards/janitors and those on shifting schedules, whether or not committed during duty hours, provided the same is committed within the premises of the Company or its client(s), but with modified penalty ad follows:

1 st offense	-	15 days suspension
2 nd offense	-	30 days suspension
3 rd offense	-	dismissal from service

2.	Except when there is an occasion to celebrate, drinking any form of alcoholic beverages, wine or liquors within Company premises and during office hours or outside of duty hours, is strictly prohibited	1 st offense	-	dismissal from service
3.	Reporting for work under the influence of liquor/wine/alcoholic beverages -	1 st offense	-	dismissal from service
4.	Damage to Company property and/or injury to oneself or other employees due to intoxication or drunkenness -	1 st offense	-	dismissal from service
5.	Possession and/ use of prohibited or illegal drugs -	1 st offense	-	dismissal from service
6.	Engaging in and/or maintaining illicit relationship - Employees are enjoined from engaging in immoral or moral relationship with fellow employees, officers, and managers of the company -	1 st offense	-	30 days suspension
7.	Engaging in idle talk, rumor mongering, fomenting intrigues among employees, spreading false and malicious statement against co-employees or Company officials -	2 nd offense	-	dismissal from service
8.	Commission of any unlawful act within the Company premises or the Company's clients' premises, other than those specified herein -	1 st offense	-	7 days suspension
9.	Engaging in horseplay or generally behaving roughly during office hours -	2 nd offense	-	15 days suspension
10.	Conviction of crime or felony, whether or not committed within Company premises -	3 rd offense	-	30 days suspension
11.	Unjustified refusal or failure to cooperate or assist or provide team support to fellow employees when such cooperation is needed to protect the interest of the Company -	4 th offense	-	dismissal from service
		1 st offense	-	7 days suspension
		2 nd offense	-	15 days suspension
		3 rd offense	-	dismissal from service

12. Failure on the part of superiors or managers who has knowledge of any violation of Company rules and policies, committed by his/her staff, to take steps to report the same or prevent its commission -

- | | | |
|-------------------------|---|------------------------|
| 1 st offense | - | 15 days suspension |
| 2 nd offense | - | 30 days suspension |
| 3 rd offense | - | 60 days suspension |
| 4 th offense | - | dismissal from service |

4. Physical or mental incapacity due to immoral or vicious habits-

- | | | |
|---|---|------------------------|
| 1 st offense | - | dismissal from service |
| 5. Revealing or passing Company's secret of confidential matter to authorized persons to the detriment of the Company - | | |

- | 1 st offense | - | dismissal from service |
|-------------------------|---|------------------------|
| | | |

6. Swindling, theft or misappropriation of the Company property or that of a co-employee and clients-

- | | | |
|--|---|------------------------|
| 1 st offense | - | dismissal from service |
| Submission of false or provide false information or false notification | | |

- | Security Officers) | | 7. |
|--------------------|--|---|
| 1. | Assaulting or striking one's officer on account of the discharge of the latter's duties and responsibilities ~ | Submission of false or provide false information or false certification |
| | | - |
| | 1 st offense | - |
| | 2 nd offense | 15 days suspension |
| | | Dismissed from service |

- | | | |
|-------------------------|---|------------------------|
| 1 st offense | - | 15 days suspension |
| 2 nd offense | - | dismissal from service |

- | | | |
|--|---|------------------------|
| 1 st offense | - | dismissal from service |
| 2. Conviction of a crime involving moral turpitude - | | |
| 1 st offense | - | dismissal from service |

- | | | |
|-------------------------|---|------------------------|
| 1 st offense | - | dismissal from service |
| 9. Accidental firing - | | |

- | | | |
|----|-------------------------|--------------------------|
| 3. | Corrupt practices | |
| | 1 st offense | - 15 days suspension |
| | 2 nd offense | - dismissal from service |

- | | | |
|-------------------------|---|------------------------|
| 1 st offense | - | 15 days suspension |
| 2 nd offense | - | 30 days suspension |
| 3 rd offense | - | dismissal from service |

10.	Unlawful discharge of ammunitions -		
	1 st offense	-	dismissal from service
11.	Abandonment of Post -		
	1 st offense	-	15 days suspension
	2 nd offense	-	30 days suspension
	3 rd offense	-	dismissal from service
12.	Intentional violations of NCS -		
	1 st offense	-	written reprimand
	2 nd offense	-	7 days suspension
	3 rd offense	-	15 days suspension
13.	Inefficiency and in competency in the performance of assigned duties-		
	1 st offense	-	forced resignation
14.	Attempting or threatening any violence against supervisors on account of the discharge of the latter's duties and responsibilities -		
	1 st offense	-	15 days suspension
	2 nd offense	-	dismissal from service
15.	Refusal or failure to appear or testify when duly summoned for an investigation -		
	1 st offense	-	7 days suspension
	2 nd offense	-	15 days suspension
	3 rd offense	-	30 days suspension
16.	Provoking or instigating quarrel while on duty -		
	1 st offense	-	7 days suspension
	2 nd offense	-	15 days suspension
	3 rd offense	-	30 days suspension
17.	Fighting during office hours either within or outside the Company premises of place of assignment -		
	1 st offense	-	15 days suspension
	2 nd offense	-	30 days suspension
	3 rd offense	-	dismissal from service
18.	Borrowing money from subordinates-		
	1 st offense	-	written reprimand
	2 nd offense	-	7 days suspension
	3 rd offense	-	15 days suspension
19.	Behaving with disrespect. Discourtesy or improper conduct toward clients and others transacting business with the Company or clients -		
	1 st offense	-	7 days suspension
	2 nd offense	-	15 days suspension
	3 rd offense	-	30 days suspension

20.	Unauthorized haircut or sporting long hair -				
	1 st offense	-	written reprimand		
	2 nd offense	-	3 days suspension	26.	Leaving his post to expose the lives and properties he is supposed to protect in danger -
	3 rd offense	-	15 days suspension	30 days suspension	
21.	Reading on post except when required -			27.	Leaving his post without being properly relieved -
	1 st offense	-	written reprimand		
	2 nd offense	-	7 days suspension	30 days suspension	
	3 rd offense	-	15 days suspension	28.	Posted security guard apprehended elsewhere for alarm, scandal, or disorderly conduct -
22.	Wearing unauthorized or incomplete uniform -			30 days suspension	
	1 st offense	-	written reprimand		
	2 nd offense	-	7 days suspension		
	3 rd offense	-	15 days suspension	29.	Security guard firing his firearm indiscriminately without connection in the performance of his duty -
23.	Non-wearing of ID -			30 days suspension	
	1 st offense	-	written reprimand		
	2 nd offense	-	7 days suspension		
	3 rd offense	-	15 days suspension		
24.	Displaying discourteous or rude manner in the performance duty -				
	5 days suspension				
25.	Willful failure to notify the proper authority of signs of disorder, riots, demonstrations or any serious violations of the law -				
	15 days suspension				

Note: In items 24 to 29 above, corresponding administrative penalty is without prejudice to the civil and criminal liabilities of the security guard.

Offenses/violations enumerated under letter (G) shall apply exclusively to the Security Guard and Security Officers. Offenses enumerated from A to F above, shall apply to the security and security officers, if the same are not included in the enumeration under letter G.



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Document Type: Policies and Guidelines

Division-Department: Medical - Call center	Print Date: 05/23/22
Effectivity Date:	Page: Page1 of 1

Subject/Title/Description:
Policies and Guidelines on Call Center Undertakings

Filename:
MDCAREcallcenter

- 1. Standard Name**
Call Center Manual
- 2. Standard Purpose**
To provide a common framework by which Call Center staff shall provide services to clients and health care providers.
- 3. Standard Owner**
The MDCARE-call center-001 is owned by MedoCare, and nobody is allowed to generate and distribute copies without permission from the Medocare Operations Department.

All changes/modifications/deviations from this document shall be subject to approval of the Chairman & CEO.

Dissemination of copies of this Manual should be carried out with prior authorization from the COO-Medical Director.

CALL CENTER

Policies and Guidelines On Call Center Undertakings

A. Duties and Responsibilities of a Customer Relations Officer (CRO)

1. Functions as the frontliner in providing EFFICIENT CLIENT SERVICES especially in attending to calls received from network providers and members through:
 - accurate information dissemination of members' benefits, availments, exclusions, and other matters pertaining to their contract including assignment of the required approval code for procedures/ laboratory examinations requested by MedoCare affiliated physicians.
 - proper coordination/channeling with the different departments regarding customers' concerns
 - ensures that the coverage for members are within the terms and conditions and extent of coverage as stipulated in the health care agreement.
2. Provides personalized customer services by efficient and prompt handling of inbound and outbound calls.
3. Monitors and ensures that resolution of transactions are done within the set turn around time.
4. Elevates unresolved matters to proper higher authorities for proper disposition as the need arises.

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Division-Department: Medical - Call center	Print Date: 05/23/22
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MDCAREcallcenter

5. Participates in the formulation and ensures that all the standard operating procedures and guidelines set by the management are strictly observed and implemented.
6. Observes politeness, courteousness and client focus attitude at all times.
7. Provides regular monitoring reports and other significant data as scheduled or requested by management.
8. Encodes temporary estimated utilization for in- patient availments (LOA) and out-patient complex diagnostic procedures, surgical procedures and other treatment modalities, eg. Hemodialysis, chemotherapy.
9. Performs any other task or special assignment requested by the supervisor or any officer of the company.

B. Guidelines for Answering Calls for Approval of Out-Patient procedures and Laboratory Examinations: (TAT = 2-3 mins if Medical Officer is in the office, 2-4 mins for cell phone approvals)

Member goes to Hospital coordinator for consultation → member is referred to a specialist or laboratory examinations are requested → Coordinator's secretary calls for Approval (**For procedures/laboratory examinations whose total amount is < Php 500 in Metro Manila or < Php 1,000 in the provinces, no more need to seek approval from the Call Center**).

1. The Customer Relations Officer (CRO) receives the call from the Coordinator's secretary/industrial clinic of the accredited hospital.
2. The CRO asks for pertinent data ie. **ID number, diagnosis, procedures/laboratory examinations, doctor/specialist, hospital** and inputs the information into the Call Center Form -1.
3. The CRO verifies membership status of the patient.
4. If the patient's status is lapsed or cancelled, the CRO calls/proceeds to the Underwriting Department for further verification/clearance.
5. If the patient is an active member or has been cleared by the Underwriting Department, the CRO checks the member's benefits, exclusions and availments as well as the remaining balance from the Maximum Benefit Limit.
6. The CRO seeks approval for the requested procedures/laboratory examinations from the Medocare Approving Medical Officer.

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7. The approving officer signs all approvals that were referred to him/her during the day. All approvals without the signature of the approving officer will not be processed by the Claims Department.
8. The CRO informs the Coordinator's secretary which procedures/laboratory examinations have been approved and gives the appropriate reason in case of disapproval.
9. The CRO reminds the Coordinator's secretary/Industrial Clinic staff to fill out the Out-Patient Procedures Authorization form completely indicating the approval number and limitations of procedures if any.
10. The CRO encodes the details of each transaction including the patient's name, age, ID number, diagnosis, procedures/laboratory examinations approved with limitations if any, approval number and account name.
11. If after verification the CRO notes that the patient is not eligible for coverage, whether due to non-payment of premiums, excess in their MBL or if the illness/procedure is under our Exclusions, the CRO informs the patient and explains why the procedure will not be covered and tells the patient what needs to be done for future availments to be covered in a polite manner.
12. If a call for approval is received by another department, it is imperative that an available CRO goes to the said department to receive the call.

**C. Guidelines for Answering Calls for Approval of Emergency and Elective Admissions
(TAT = 2-3 mins if Medical Officer is in the office, 2-4 mins for cell phone approvals)**

1. The Customer Relations Officer (CRO) receives the call from the Hospital's Admitting Section asking for approval of intended admission.
2. The CRO asks for pertinent data ie. **ID number, name of patient/member, diagnosis, room category, doctor/specialist, if ER case, chief complaint and reason for admission** and inputs the information into the Call Center In-Patient Monitoring form.
3. The CRO verifies membership status of the patient.
4. If the patient's status is lapsed or cancelled, the CRO calls/proceeds to the Underwriting Department for further verification/clearance.
5. If the patient is an active member or has been cleared by the Underwriting Department, the CRO checks the member's benefits, exclusions and availments as well as the remaining balance from the Maximum Benefit Limit. CRO reminds member of the requirements for confinement such as Medocare ID and Philhealth.

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6. If after verification the CRO notes that the patient is not eligible for coverage, whether due to non-payment of premiums, excess in their MBL or if the illness/procedure is under our "Exclusions", the CRO informs the patient and explains why the procedure will not be covered and tells the patient what needs to be done for future availments to be covered.
7. For admissions to hospitals that are located in the provinces where there are no LOs, the CRO fills out completely, the Admission Review Form (ARF) which includes the: **name of patient/member, diagnosis, ID number, name, status, doctor/specialist, company, period covered, PhilHealth, dreaded disease limit, maximum benefit limit, remaining balance, chief complaint and reason for admission** then submits the ARF to the Medocare Medical officer for pre- approval.
8. For admissions to hospitals that are in Metro Manila and nearby areas where there are LOs, the CRO notifies the LO concerned of the said admission or when admissions are detected by the assigned LO.
9. In-Patients from provincial hospitals without LOs, ARF are filed by CROs and seek the approval of the medical officer on duty.
10. The CRO prepares the Letter of Authority (LOA) for signing of the Medocare Medical Officer and places the Maximum Benefit for the said admission as advised by the Medocare Medical Officer. The CRO then sends the LOA thru fax and verifies if the LOA was received by the hospital. The CRO also reminds the hospital to collect all non-covered charges from the patient and to advise the patient to file their PhilHealth if necessary. (**Turn around time - 10 minutes**).

D. Guidelines for Answering Queries/ Complaints from Members

Guidelines for Answering Queries Regarding Coverage

1. The Customer Relations Officer (CRO) receives the call from the member inquiring about benefits, exclusions and availments as well as the remaining balance from the Maximum Benefit Limit
2. The CRO asks for pertinent data ie. **ID number, name of patient/member, account name.**
3. The CRO verifies membership status of the patient.
4. The CRO checks the abstract of the contract from the system for the member's benefits, exclusions and availments as well as the remaining balance from the Maximum Benefit Limit.
5. The CRO gives appropriate response to the member's inquiry. (Turn Around Time 3 mins.)

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Guidelines for Answering Queries Regarding Affiliated Providers and Doctors' Schedules

1. The Customer Relations Officer (CRO) receives the call from the member inquiring about affiliated hospitals, doctors and doctors' schedules.
2. The CRO asks for pertinent data ie. **ID number, name of patient/member, account name.**
3. The CRO verifies membership status of the patient.
4. The CRO checks the list of affiliated hospitals, doctors and schedules.
5. The CRO gives appropriate information to the inquiring member. Turn around Time 3 mins.

Guidelines for Answering Queries Regarding Filing of PhilHealth claims.

General Rule in answering Queries regarding filing of PhilHealth Claims:

ALL MEMBERS WHO ARE CONFINED IN THE HOSPITAL OR WHO WILL UNDERGO SURGICAL PROCEDURES SHOULD FILE THEIR PHILHEALTH CLAIMS.

Guidelines for Answering Other Queries From Members and Providers

1. The Customer Relations Officer (CRO) receives the call from the member or provider with an inquiry.
2. The CRO asks for pertinent data ie. **ID number, name of patient/member, account name, doctor's name or hospital name.**
3. The CRO searches for information needed by the caller.
4. The CRO gives appropriate response. Turn around Time 3 mins.

Guidelines for Handling Telephone Complaints

1. Accept the telephone complaint, get the details of the complaint and logs the complaint into a complaint form.
2. Assign a Control Number for the particular complaint.

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CORPORATE MANUAL



MEDOCare
Health Systems Inc.

Document Code:
MDCARE-
checkpaymentmonitoring-001

Document Type:
Policies and Guidelines

Subject/Title/Description:
Policies and Guidelines in monitoring release and
receipt of checks payments to providers

Division-Department:
Medical – Claims/Accounting

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05/23/22

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Filename:
MDCARcheckpaymentmonitoring

1. **Standard Name**
Release and Receipt of Checks Payment Monitoring Manual
2. **Standard Purpose**
To provide a common framework by which Claims and Accounting staff shall provide services to health care providers through to timely payments, proper monitoring and receipt of checks released.
3. **Standard Owner**
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CLAIMS FLOW

Policies and Guidelines On Claims Flow, Check Payment and Receipt Monitoring

A. Guidelines for Receiving Hospital Bills, Professional fees up to Monitoring of Released Checks

1. Bills are received in the information through courier service or messenger, bills are entered into a logbook then forwarded to the receiving claims staff.
2. Receiving Claim's staff will then place a control number/batch number on the upper right hand corner of the covering letter for easy identification and tracking. He/she shall indicate date received, due date, hospital name, patient name and discharge date (for in-patient claims), inclusive dates of out-patient ailments and amount claimed to the **Claims Monitoring Matrix**. The receiving staff then forwards the claims to the corresponding claims personnel for processing and encoding.
3. The claims processor shall process the bills according to the above information and Medocare Claims processing guidelines.
4. The processors will then encode the batch/claim number, amount processed, date processed and place their initial.

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Subject/Title/Description:
Policies and Guidelines on Claims Undertakings

Filename:
MDCARE claims

1. Standard Name

Claims Operations Manual

2. Standard Purpose

To provide a common framework by which Claims staff shall undertake timely and appropriate claims processing

3. Standard Owner

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CLAIMS PROCESSING

Guide to Medical Words and Abbreviations

a. MEDOCARE

The organization that has been contracted for the delivery of Emergency, outpatient & inpatient medical services.

b. MEMBERS

An enrollee who has complied with all the requirements of membership under the MEDOCARE HMO program and is hereby entitled to its medical benefits. Unless otherwise specified the persons specified under Article III are the one's who may qualify as MEDOCARE MEMBERS.

c. MEDICAL BENEFITS

The medical, surgical and dental services available as out-patient and or in-patient benefits to MEMBERS as specified in the contract whenever the need for them arises, and when rendered by and in MEDOCARE accredited doctors, hospitals and clinics.

d. MEDICAL SERVICE TEAM (MST)

A group of MEDOCARE accredited physicians and other allied health professionals, who will carry-out the delivery of MEDOCARE medical and hospital services to MEDOCARE members in the hospital/clinic where it is accredited. Accreditation is by institution.

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Filename:
MDCARE claims

e. PRIMARY PHYSICIAN/COORDINATOR

The Officer-in-charge physician who shall initially see the MEMBER in a MEDOCARE accredited hospital. He may direct the MEMBERS' medical care; examine, treat and/or refer Members to

Specialists, order x-rays and other laboratory tests; prescribe medications and arrange for the MEMBERS confinement, if needed.

f. MEDOCARE ACCREDITED HOSPITALS/CLINICS

Hospitals or clinics accredited by MEDOCARE where MEMBERS may go for consultation, diagnosis, treatment or hospitalization to avail of their benefits under this healthcare program.

g. MEDOCARE CORPORATE HEALTH PROGRAM AGREEMENT

Refers to this Agreement. It contains the provisions of enrollment eligibility and effectivity date; benefits and coverage; claims and member satisfaction provisions; exclusions and limitations of benefits; payment of membership fees; termination of coverage, etc.

h. MEDOCARE IDENTIFICATION CARD

Issued by MEDOCARE to MEMBERS for their identification. It contains the MEMBERS' name and signature; account number, effectivity date, validating signature, date of birth, type and room rate.

i. EMERGENCY CARE PATIENT

A member who is suffering from severe pain or when a member is injured and when his physical condition indicates imminent danger of loss of life and limb and other bodily function if treatment is not provided within 6-8 hours from occurrence of the emergency condition. The Attending ER physician will decide whether the case is an emergency or not.

j. IN-PATIENT

A MEMBER who has been admitted to a hospital as a registered bed patient and is receiving services under the direction of a MEDOCARE physician.

k. OUT-PATIENT

A person receiving medical services under the direction of a MEDOCARE physician, not as an in-patient and includes emergency room (ER) services.

l. CONVALESCENT CARE OR REHABILITATION CARE

The restoration of a person's ability to function as normally as possible after a disabling illness or injury.

m. DOMICILIARY CARE

Care provided because care in the patient's home is not available or is inadequate.

n. MAXIMUM BENEFIT LIMIT (MBL)

The total amount of benefits a member may avail per illness per year of membership.

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Policies and Guidelines on Claims Undertakings

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MDCARE claims

- o. ANNUAL BENEFIT LIMIT (ABL)**
The total aggregate availment a member is entitled to per contract year. In this case 200% of the MBL
- p. EFFECTIVITY DATE**
The start of a one's Membership with MEDOCARE and the time from which the counting of the MEMBERS' coverage period shall start to run; and the time when MEMBERS may start to avail of his benefits under this Health Care Program.
- q. DUE Dates**
The date/s agreed when the Membership fee is to be paid in accordance with the chosen mode of payment.

Policies and Guidelines On Claims Undertakings

A. Guidelines for Determining Payable Claims (Reception)

1. All claims documents are complete.
 - Letter Of Authorization (LOA)/ Out Patient Procedure Authorization (OPPA)
 - Hospital Statement of Account (SOA) / Charge Slips
 - Operative Record / Technique if applicable
 - Histopath Results (if with biopsy) if applicable
 - Admission Review Form (ARF) : for In-Patient claims only
2. There is no termination in member's coverage.
3. All premiums covering the period when claims was incurred are paid.
4. Illness is not pre-existing in nature, a complication or a result of a pre-existing condition.
5. Claim is incurred after the contestability period has been satisfied for certain medical conditions.
6. Claim is for an illness not excluded from coverage.
7. Total covered expenses does not exceed the Maximum Benefit per Illness stated in the schedule.

IMPORTANT: Always check if the hospital for processing of bills has given Medocare a discount.

B. Guidelines for Determining Covered Hospitalization Benefits

1. The hospitalization must be arranged and/or approved by a Medocare Affiliated Physician and MedoCare Medical Officer before admission to the hospital.
2. Claims will be covered only if a Letter of Authorization (LOA) or Referral Letter is issued upon the request of a Medocare Authorized Physician.
3. The confinement should be in an Affiliated Hospital.
4. The Room & Board accommodation must be in accordance with the member's purchased plan.

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5. The professional service must only be rendered by a Medocare Physician or a Medocare Affiliated Physician.
6. The date of discharge from the hospital must be as advised/authorized by the Medocare Physician.

C. Guidelines for Determining Covered Out-Patient Benefits

1. Out-Patient services were done at the Medocare affiliated medical facility.
 - 1.1 Out-Patient services include Laboratory and X-rays and other diagnostic procedures.
2. Out-Patient treatments rendered by an Affiliated Physician was recommended by a Medocare Authorized Physician using an Out Patient Authorization Form (OPAF) or a Referral Letter.
3. Out-Patient treatment done in an Affiliated Medical facility was recommended by a Medocare Authorized Physician using an Out Patient Authorization Form (OPAF) or a Referral Letter.
4. Validate/authenticate approval number
5. Reconcile laboratory examinations submitted against the copy of CRO
6. Do not pay laboratory examinations not found in the CRO's copy
7. Execute accounting for difference for record purposes
8. Check for the application of limits for Complex Diagnostic Procedures

D. Guidelines on Room And Board Payment

- * Always refer to the Schedule of Benefit of the Member to determine PLAN and ROOM accommodation.
- * Any excess in Room&Board charges will be charged to the member once it exceeds the Maximum Daily Room&Board limit under the member's plan

E. Guidelines on Ancillary Services and Pharmacy Payment

Ancillary Services refer to the following:

Laboratory

Dietary

Nuclear Medicine (Scans/Ultrasounds)

X-Ray

Nursing Service

Heart Station (ECG, Holter Monitoring)

Operating Room

Delivery Room

**** Medications that were used during the hospital stay will be paid as charged. However,**

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medications that have been prescribed during confinement but will be used on an out-patient basis will not be covered.

Incremental: Should a member avail of a Room accommodation which is not in accordance with his/her plan, the member will be charged an additional 20% for every upgrade in room category to cover for the difference in Ancillary services consequent to the room upgrade.

F. Guidelines in Computing for Philhealth Benefits

Source: The Revised Implementing Rules and Regulations of the National Health Insurance Act of 1995". (Republic Act 7875) 1st Edition, July 2000.

1. Included Benefits

1.1 Inpatient Hospital Care

- Room and Board
- Services of Health Care Professional
- Diagnostic, laboratory, and other medical examination services
- Use of surgical or medical equipment and facilities
- Prescription drugs and biologicals
- Inpatient education packages

1.2 Outpatient Care

- Services of Health Care Professional
- Diagnostic, laboratory, and other medical services
- Personal Preventive Services
- Prescription drugs and biologicals

1.3 Emergency and Transfer Services

1.4 Such other health care services that the Corporation determines to be appropriate and cost-effective

2. Benefit Package (please see Attachment 1)

3. Case Type Classification

3.1 D - rare and severe illnesses usually contracted by Overseas Workers during their stint outside the country.

3.2 C - refers to illness or injury such as but not limited to cancer cases with metastasis and/or requiring chemotherapy or radiation therapy, meningitis, encephalitis, cirrhosis of the liver, myocardial infarction, cerebrovascular attack, rheumatic heart disease (grade III), renal failure, other conditions requiring

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dialysis or transplant, other conditions with massive hemorrhage, shock of any cause;

- refers to surgical procedure or multiple surgical procedures done in one sitting with a total Relative Unit Value of 20 and above such as but not limited to coronary bypass, open heart surgery, or neurosurgery.

3.3 B - refers to all confinements requiring services in an intensive case unit such as respiratory and monitoring support, cardiac/hemodynamic monitoring and maintenance

- refers to other similar serious illnesses or injuries such as but not limited to cancer, pneumonia, moderately or far advanced pulmonary tuberculosis including its complications, cardiovascular attack, disease of the heart, chronic obstructive pulmonary disease, liver disease, typhoid fever, fever grade III, H-fever, kidney disease, septicemia, diarrhea with severe dehydration, hepatitis B, dengue hemorrhagic, or severe injuries.

- refers to surgical procedure or multiple surgical procedures done in one sitting with a total Relative Unit Value of 8 but not exceeding 19.99.

3.4 A - refers to illnesses or injuries other than those included in the above enumeration.

4. Requirements for the availment of Benefits - to avail of the NHIP Benefits, a member must present the PhilHealth Identification Card or any other proof of identification and contribution in its absence.

5. Single Period Confinement - The series of confinement / procedures for the same illness with the interval between such confinements not exceeding ninety (90) calendar days within the calendar year shall be considered as a single period of confinement. Hence, the member shall only be entitled for the remainder of the benefit ceilings set by the Corporation for that period for drugs and medicines, x-rays, laboratories, and others.

G. Professional Fee Guidelines

1. Surgeons Fee

1.1 Minor Surgery

1.1.1 Simple

Surgeons Fee = per benefit schedule (RUV rate 110 if PCS member)

1.2 Major Surgery

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Surgeon's Fee = per schedule

Pre-Operative visits = for one day visits

Post-Operative visits = only if there are complications in the patient's condition

Follow-Up visits:

Surgical Case = Surgeon's PF for surgical procedures done include one
pre-operative visit and three post-operative visit unless
there are complications

Non-Surgical case = allowed one visit

1.3 If two Surgical Procedures were done:

1.3.1 For two different organs under one incision / one setting with **two different
surgeons** = pay 100% each surgical procedure1.3.2 For two different organs under one incision / one setting with **only one
surgeon** = pay 100% of the Surgical procedure with the higher rate
pay 50% of the other surgical procedure

2. Assistant Surgeon's Fee

- Assistant Surgeon's Fee is not payable unless specified in the accreditation agreement.

3. Anesthesiologist's Fee

- Payable at 50% of Standard Fee or Surgeon's bill

Anything in excess of the Standard Fee will be charged to the member.

- Anesthesiologist's Fee is at Php1,000 minimum.

**Note: For hospitals with special agreement/arrangement refer to the hospital accreditation
agreement for the schedule of the professional fees.**

4. Internal Medicine

1. For Surgical cases and Pediatrics

- Payable if the Internist is the Attending Physician. In this case, we pay for the
Pre-Operative and Post-Operative visits.2. For non-surgical cases – payable as daily visits at P450.00/visit for Ward, P550.00
for Semi private, P650.00 for Private

- P600.00 if the doctor is a Neurologist

- ICU visits are P1200.00

Special Rate for Neuro: P 1200.00 ICU

P 600.00 Private room

P 500.00 Semi Private

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P 400.00 Ward

3. For maternity cases
- payable if member has Maternity Benefits.

5. Clearance Fee
- Php 600.00 for out patient and Php 800.00 for in-patient
- includes Cardiology/FM (CP), OB-Gyne (OB clearance,) and (EENT)

6. Special Procedures
- payable as follows:
per schedule, PLUS
daily visits per plan
e.g. Gastroscopy, Laryngoscopy, etc...

- If with Co-Management, payable as daily visits per plan

7. Others

- 7.1 Pathologists - payable as charged
7.2 Radiologists - payable as charged
7.3 Reader's Fee - payable as charged
7.4 Cardiac Monitoring - payable at P1200

7.5 Out-Patient Consultations

- 7.5.1 Metro Manila Affiliated Clinics - payable at 300 per head for consultation
7.5.2 Provincial Clinics/Coordinators - payable at 300 per head for consultation
7.5.3 If consultation is done by a GP, FM, Derma and REhab - payable at 250 per head

7.6 Out-Patient (minor) Surgery

- 7.6.1 Metro Manila Affiliated Clinics - payable at 300 per head
7.6.2 Provincial clinics/coordinators - payable at 250 per head

H. General Exclusions Applicable to Health Care Coverage
EXCLUSIONS

- Services a member receives from a non-MEDOCARE Physician, non-MEDOCARE Accredited Hospital or other provider of care, except as described in the emergency care in non-MEDOCARE hospitals including adverse medical conditions arising from previous treatment by them as provided in this Agreement.
- Hereditary and/or congenital defects of whatever form including congenital heart surgeries.

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3. Plastic/reconstructive surgery for cosmetic purposes and for physical congenital deformities and abnormalities including dermatological care for aesthetic purposes
4. Developmental disorders, hereditary or congenital metabolic diseases, sleep (non-obstructive) and eating disorders.
5. AV malformation and aneurysms which are considered congenital except only those unequivocally proven to be acquired secondarily.
6. Autoimmune neurological diseases.
7. Epilepsy, seizure disorder except Benign Febrile Convulsion (BFC).
8. Herniation, scoliosis, and spondylosis.
9. Corrective eye surgery for error of refraction.
10. Experimental medical procedures, acupuncture, acupressure, reflexology and chiropractics, iridology.
11. Any organ transplantation surgery.
12. Diagnostics for hypersensitivity and desensitization treatment.
13. Purchase or lease of durable medical equipment, oxygen dispensing equipment and oxygen except during hospital confinement under the Hospital Confinement Benefit.
14. Corrective appliances and artificial aids and prosthetic devices.
15. Screening tests for blood donors.
16. Psychiatric and psychological illnesses including neurotic and psychotic behavioral disorders.
17. Treatment for alcoholic intoxication and drug addiction or overdose reaction to use of prohibited drugs including illnesses directly related to it and other injuries attributed as a result of it.
18. Cardiac rehabilitation treatment, speech and occupational therapies
19. Sexually transmitted diseases and their complications.
20. Services to diagnose and/or reverse infertility or fertility and virility/potency
21. Maternity care and other conditions as a result of pregnancy unless specifically provided
22. Hormonal disorders and therapy
23. Transfusion related diseases
24. Hazardous job-related illnesses and/or injuries
25. Physical examinations required for obtaining or continuing employment, insurance or government licensing
26. Injuries or illnesses resulting for participation in war-like or combat operations, riots, insurrections, rebellions, strikes and other civil disturbances.
27. Treatment of self-inflicted injuries or injuries attributable to the Member's own misconduct, gross negligence, use of alcohol and/or drugs, vicious or immoral habits, participation in acts of crime, violation of a law or ordinance, unnecessary exposure to imminent danger or hazard to health, and hazardous sports-related injuries.
28. Custodial, domiciliary care, convalescent, and intermediate care
29. Oral surgery for purposes of beautification, temporomandibular joint disease (TMJ) disease surgery done by a Dental Practitioner.
30. Circumcision, except for correction of phimosis
31. Treatment of injuries sustained in a motor vehicle accident if the member or his guardian fails or refuses to execute the deed of Subrogation.
32. Professional fees of medico-legal officers
33. Diagnosis of unknown etiology or the absence of any organic dysfunction
34. Cost of vaccines for active and passive immunization

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35. Any condition or illness waived upon membership except as otherwise provided for in this Agreement.

I. Guidelines on Pre-Existing Conditions

Any illness, injury or any adverse medical condition shall be considered PRE-EXISTING if during the entire period prior and within the first twelve months from the effectivity date of this Agreement:

1. Any professional advise or consultation and/or treatment was made given as a result of such illness, injury or adverse medical condition; or
2. The Member was aware or should reasonably have been aware of the signs or symptoms of such illness, injury or adverse medical condition; or
3. The pathogenesis or onset of such illness, injury or adverse medical condition started during the contestability period for membership in this Corporate Health Program as determined by MEDOCARE's Medical Director or Accredited Physicians.

Without necessarily limiting the following enumeration, the following are automatically considered as **PRE-EXISTING CONDITIONS** if consultation or treatment is sought within the first twelve (12) months of coverage:

1. Any DREADED diseases as defined in this Agreement except numbers 12 and 16.
2. Hypertension
3. Goiter (nodular, hypo/hyperthyroidism)
4. Cataracts/Glaucoma
5. ENT conditions requiring surgery
6. Bronchial Asthma and other systemic allergies
7. Primary Complex/Tuberculosis/Leprosy/Sarcoidosis
8. Chronic cholecystitis, acalculo/cholelithiasis, polyps and other GB diseases
9. Chronic pancreatitis
10. Acquired hernias
11. Benign Prostatic Hypertrophy and other prostatic disorders
12. Hemorrhoids and anal fistulae
13. Benign tumors
14. Endometriosis and other causes of dysfunctional uterine bleeding
15. Buerger's disease and other forms of vasculitis
16. Varicosities
17. Arthritis/Osteoporosis
18. Migraine headache
19. Dyspepsia/gastritis/duodenal or gastric ulcer
20. Ascites and other edematous states

J. Guidelines on Dreaded Diseases

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"DREADED DISEASES" are potentially or actually life threatening conditions. They may also be illnesses that may require unusually or uncustomary prolonged or repeated hospitalization and may likewise require intensive care management. These are enumerated but not limited to the illnesses/conditions in Section 2 of this Article.

The following are considered **DREADED DISEASES**:

1. Cerebrovascular Accident and its complications
2. Central Nervous System Diseases EXCEPT neurological autoimmune diseases
3. Cardiovascular Disease
4. Chronic Obstructive and Restrictive Pulmonary Disease
5. Liver Parenchymal Disease EXCEPT Hepatitis A
6. End Stage Renal Disease and other conditions that may require dialysis
7. Urological Disease
8. Inflammatory Bowel/Chronic Gastrointestinal Tract Disease requiring bowel resection and/or anastomosis
9. Collagen Diseases
10. Diabetes Mellitus and its complications
11. Malignancies and Blood Dyscrasias
12. Injuries from accidents or assaults, frustrated homicide or murder (subject to police report)
13. Complications of an apparent ordinary illness including Multiple Organ Dysfunction (MOD) and SIRS (Systemic Inflammatory Response Syndrome)
14. Single or multiple organ dysfunction and failure
15. Chronic pain syndrome (greater than six weeks)
16. Near drowning and drowning
17. Any illness other than the above which would require Intensive Care Unit confinement

MEDOCARE shall pay for the hospitalization services, as herein defined, of a member for "DREADED DISEASE" up to the maximum amount or limit as specified per illness per year.

K. List of Out Patient Complex and Common Diagnostic Procedures

The following **COMPLEX DIAGNOSTIC EXAMINATIONS** and therapeutic procedures shall be covered up to P10,000.00 (depends on individual account) each per member per year subject to the pre-existing conditions Coverage subject to the approval of the **MEDOCARE** Head Office (inclusive of operating room charges, professional fees and other incidental expenses relative to the procedure):

- a. Angiography
- b. Pulmonary perfusion and ventilation scan
- c. Tests involving use of Nuclear technologies/imaging and radioimmunodiagnosis and therapy

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- d. Electromyography, Nerve Conduction Velocity (EMG-NCV) Studies, Electroencephalogram (EEG)
- e. 24-hour holter monitoring, 2-D echo/transesophageal echocardiography, venous/arterial duplex/doppler studies, etc
- f. Treadmill stress test
- g. Myelogram
- h. Video gastroscopy and other endoscopic procedures
- i. Connective tissue disease examinations
- j. All tumor markers
- k. Imaging studies
- l. ENT procedures
- m. X-rays requiring the use of contrast media
- n. Procedures requiring use of the operating room
- o. Perfusion scan

Note: Complex Diagnostic Examinations done during confinement will be fully covered as part of Maximum Benefit Limit (MBL)

The following procedures are described as **NON-COMPLEX DIAGNOSTIC EXAMINATIONS** (Ordinary medical examinations/procedures requested by a physician to confirm medical diagnosis):

- a. Complete Blood Count (CBC)
- b. Fecalysis/stool exam with occult blood/amoeba concentrate
- c. Urinalysis
- d. Electrocardiogram (ECG)
- e. Plain X-ray
- f. Blood examinations not found under complex diagnostic exams
- g. Sputum examinations
- h. Arterial blood gas and pulmonary function tests
- i. Pap smear
- j. Other procedures not found under Complex Diagnostic Examinations.

L. List of Special Out Patient Diagnostic Procedures

1. Special Out-Patient Diagnostic Procedures

The Member shall be entitled to a specialized out-patient laboratory examinations and diagnostic procedures, provided this is requested by the MEDOCARE Physician or Specialist handling the case of a Member, except in emergency cases as determined by the hospital ER Physician.

These procedures shall be covered up to P10,000 per availment and shall include but are not limited to the following:

- a. CT scan
- b. Treadmill Stress Test
- c. Nuclear Medicine Scans
- d. Magnetic Resonance Imaging (MRI)
- e. Holter monitoring

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- f. Endoscopic Diagnostic Procedures
- g. Thallium Scan

2. New Modalities of Treatment and Other Diagnostic Procedures

New Modalities of Treatment are defined as operations/diagnostic procedures for conditions with established etiologies and its use is only as an ALTERNATIVE to the conventional method. These treatment/ procedures will be covered provided that it was recommended by a MEDOCARE Affiliated Physician or Specialist handling the case and approved by the MEDOCARE Utilization Management Committee.

These special surgical treatment shall be covered with a limit of P40,000 and shall include but are not limited to the following:

- a. Laser surgery and treatment except eye treatment to correct error of refraction
- b. Lithotripsy
- c. Arthroscopic knee surgery
- d. Laparoscopic Cholecystectomy
- e. Endoscopic Sinus Surgery
- f. Laparoscopic Pelvic Operations
- g. Trans-urethral Microwave Therapy of the Prostate
- h. Cryosurgery
- i. Stereotactic Brain biopsy

Note: Limit shall apply both for In-Patient and Out Patient.

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1. **Standard Name**
Duties and Responsibilities of the Hospital Medical Coordinator
2. **Standard Purpose**
To provide a common framework by which the Hospital Medical Coordinator shall provide services to Medocare clients as health care provider.
3. **Standard Owner**
The MDCARE-hospcoord-001 is owned by MedoCare, and nobody is allowed to generate and distribute copies without permission from the MedoCare Operation's Department.

All changes/modifications/deviations from this document shall be subject to approval of the Chairman & CEO.

Dissemination of copies of this Manual should be carried out with prior authorization from the COO-Medical Director.

IN-PATIENT DUTIES AND RESPONSIBILITIES OF THE HOSPITAL COORDINATOR

1. The Medocare Hospital Coordinator shall preferably be a diplomate of Internal Medicine or Family Medicine, or in the absence of one, a diplomate of Pediatrics.
2. The Medocare Hospital Coordinator makes arrangements for the admission of all Medocare clients referred to his/her hospital in accommodations commensurate to their particular plans.
3. He shall answer referrals from the ER, and decide on the admissibility of these cases based on the following:
 - 1.1 emergency nature of the admission
 - 1.2 admissibility of the case
 - 1.3 room accommodations in accordance to plan

Consequently, all ER admissions must have prior approval from the COORDINATOR. If his physical presence is necessary to arrive at the medical decisions, then such will be made available.

4. The Medocare Hospital Coordinator shall ensure that the patients admitted in Room and Board Accommodations outside of the health plan due to non-availability of rooms are subsequently transferred to the specified Room and Board Accommodation as soon as the latter becomes available unless otherwise specified by the patient, In which case, the provisions on excess charge will apply.

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5. As soon as the admissibility of an ER case is determined, the Medocare Hospital Coordinator shall act as the attending physician and refer to a specialist if a legitimate need for one arises.
6. The Medocare Hospital Coordinator shall ensure that confinements are promptly discharged from the hospital after the necessary medical services and treatment have been provided
7. The Medocare Hospital Coordinator shall ensure that referrals to other specialists, as necessary, will be in net-work. In the absence of an affiliated specialist needed for a referral, he shall find one outside of the network and negotiate for an acceptable fee after clearance from the Medocare.
8. No referrals should be made to non-affiliated specialist without the prior coordination with Medocare to avoid possible problems with patients regarding such as non-standard professional fees which the non-affiliated physician may charge.
9. The Medocare Hospital Coordinator shall conduct case management review of confinement cases together with the attending physician and the Liaison Officers..
10. The Medocare Hospital Coordinator shall coordinate with Medocare through the Liaison Officers and other officers, as the case maybe, for any problems concerning patient care which cannot be resolved at his level.
11. The Medocare Hospital Coordinator shall ensure that a core group of specialists across all fields of specializations is identified as organized. These specialists will be responsible for providing the basic medical need of our members. Additional specialist may be accredited as the needs arise.
12. The Medocare Hospital Coordinator shall recommend placements for accredited specialists who decide to terminate their contracts as providers of Medocare. Likewise, he shall inform Medocare of relievers assigned by accredited physicians to take care of their patients if they go on leave / go on out of town trips.
13. The Medocare Hospital Coordinator shall ensure that all professional fees charged by our affiliated doctors are in accordance with our schedule of fees. The Coordinator shall also call the attention of affiliated physicians in his hospital who are charging additional professional fees other than those covered by Medocare and recommend to Medocare any appropriate action thereof.

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CORPORATE MANUAL

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14. The Medocare Hospital Coordinator shall relay to Medocare any problems with his hospital, including problems with the affiliated physicians if any. For such problems, the Coordinator shall mediate between parties concerned in order to arrive at an arrangement amenable to both.
15. The Medocare Hospital Coordinator shall make daily rounds on Medocare confined clients to show them the concern of Medocare management.
16. The Medocare Hospital Coordinator shall assign a reliever in his place in case of his/her non availability and inform Medocare of such assignment at least a week prior to effectivity.

OUT-PATIENT DUTIES AND RESPONSIBILITIES

1. The Medocare Out-patient Hospital Coordinator shall require from the patients their active Medocare I.D. (issued by Medocare to its members containing the clients' name and other necessary informations) or a Letter of Authority (LOA) from Medocare indicating the clients' name, limitation of coverage, the type of medical service required, as well as other relevant information.
2. The Medocare Hospital Out-patient Coordinator shall not, in any way, receive two (2) kinds of payments for the same patient on the same date. The MOHC should determine forthwith patient's need for primary care or specialist consult and refer the patient immediately if specialist availment is necessary.
3. The Medocare Hospital Coordinator shall refer Medocare patients only to specialists/sub- specialists affiliated with Medocare and when it is deemed necessary.
4. When requesting for laboratory/diagnostic procedures, the Medocare Hospital Coordinator must exercise prudence without sacrificing the well-being of the patient by prioritizing only procedures that are necessary for the illness being consulted for.
5. The Medocare Hospital Coordinator must not give in to personal requests for referrals, diagnostic procedures and only inform the patient what tests will be done after approval from the head office has been sought.
6. For procedures/ examinations whose total amount is more than Php 500.00, approval must be sought from the Medocare Medical Department (MMD).
7. Approval of Special Diagnostic Procedures shall be made by the Utilization Management Committee (UMC).

Prepared by: ACA Recommending approval: VAV RAP FGC NAS MANCOM CHAIRMAN ELS	Date :	Approved by : Col. Esteban B. Uy Chairman and CEO
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Document Code:
MDCARE-hospcoord -001

Document Type:
Policies and Guidelines

Subject/Title/Description:
Duties and Responsibilities of the Hospital Coordinator

Department/Division:
Medical-Hospital Coordinator

Print Date:
05/23/22

Effectivity Date:

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Filename:
MDCAREhospcoord

Special

Diagnostic Procedures are the following but not limited to:

- a. 2D Echo and the like, 24 hour Holter Monitoring
- b. Duplex Scan
- c. CT Scan
- d. Nuclear Imaging Studies
- e. Radio Isotope Studies
- f. Bone Densitometry Scan
- g. Endoscopic Procedures
- h. Angiography
- i. Arteriography
- j. Laboratory/ancillary services for conditions whose pathogenesis or subsequent clinical improvement is not yet fully established in Medical Science
- k. New modalities and/or diagnostic and treatment procedures for conditions with established etiologies and its use is only as alternative to the conventional methods.
- l. Electromyelography and Nerve Conduction Velocity Studies
- m. Treadmill Stress Test
- n. Myelogram
- o. Orthopedic Arthroscopy
- p. Adrenocortical Function
- q. Plasma/urinary Cortisol
- r. Mammography
- s. Anti-Nuclear Antibody (ANA)Test, C- Reactive Protein, Lupus Cell Exam
- t. Genetic/ Immunological Studies
- u. Radioactive Iodine Therapy
- v. Prostate Treatment.

8. All elective procedures/ surgeries must be approved by the Medocare Medical Department (MMD).

Prepared by: ACA Recommending approval: VAV RAP FGC NAS MANCOM CHAIRMAN ELS	Date :	Approved by : Col. Esteban B. Uy Chairman and CEO
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Document Type: Policies and Guidelines

Document Code: MDCARE-liaison-officer -001

Department/Division: Medical-Hospital Liaison Services

Print Date: 05/23/22

Effectivity Date:

Page: Page 1 of 1

Subject/Title/Description:
Policies and Guidelines on Liaison Officer Undertakings

Filename:
MDCAREliaison

1. **Standard Name**
Hospital Liaison Service Manual
2. **Standard Purpose**
To provide a common framework by which Hospital Liaison Service staff shall provide services to clients and health care providers.
3. **Standard Owner**
The MDCARE-liaison-service-001 is owned by MedoCare, and nobody is allowed to generate and distribute copies without permission from the MedoCare Operations Department.

All changes/modifications/deviations from this document shall be subject to approval of the Chairman & CEO.

Dissemination of copies of this Manual should be carried out with prior authorization from the COO-Medical Director.

HOSPITAL LIAISON SERVICE

Policies and Guidelines On Hospital Liaison Service Undertakings

A. Duties and Responsibilities of a Liaison Officer

1. Attends to all the needs of the admitted member in terms of requirements, benefit availments and ensures that the services provided are within the terms and conditions as stipulated in the health care agreement.
2. Represents MEDOCARE in meetings with the hospital management and physicians and provides corresponding reports to the management.
3. Coordinates with the Claims Department in matters related to providing network servicing such as but not limited to claims payment.
4. Distributes correspondence, cheques and professional fees to the hospital and specialists.
5. Improves customer service through constant communication with the service providers in coordination with the Medical Department.
6. Coordinates with the call center representatives regarding customer's complaints/inquiries.
7. Attends meetings/conferences (M-W-F) at the Head Office for field reports.
8. Helps maintain the good image of MEDOCARE at all times.

B. Guidelines for Attending to the Admitted Member

1. The Liaison officer (LO) checks admissions of Medocare members at assigned hospital/s or;
2. The LO coordinates with the Call Canter for any endorsements of confinements.
3. The LO calls the admitting office/ HMO office for details of admission ie. patient's name, room and board category, chief complaint, initial impression.
4. The LO verifies ID number, account name, membership status, principal/ relationship to principal, coverage, Maximum Benefit Limit and remaining balance of admitted patients with 24-hour call center or underwriting.
5. The LO goes to the Billing Section to check the patient's current utilization.

Prepared by: ACA Recommending approval: RAP NAS ELS JUU LUY MANCOM CHAIRMAN ARS	Date :	Approved by : Col. Esteban B. Uy Chairman and CEO
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MDCARE-underwriting -001

Document Type:
Policies and Guidelines

Subject/Title/Description:
Policies and Guidelines on Underwriting Undertakings

Effectivity Date:

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05/23/22

Division-Department:
Operations- URG

Page:
Page1 of 1

Filename:
MDCAREunderwriting

1. **Standard Name**
Underwriting Manual
2. **Standard Purpose**
To provide a common framework by which Underwriting staff shall provide services to clients and other departments in the office.
3. **Standard Owner**
The MDCARE-underwriting-001 is owned by MedoCare, and nobody is allowed to generate and distribute copies without permission from the MedoCare Operations Department.

All changes/modifications/deviations from this document shall be subject to approval of the Chairman & CEO.

Dissemination of copies of this Manual should be carried out with prior authorization from the EVP-GM.

UNDERWRITING

Policies and Guidelines On Underwriting Undertakings

A. Duties and Responsibilities of an Underwriting Staff

Handling Membership of all Accounts

1. Receives all applications/deletions for/from membership.
2. Writes action memo for every transaction received from the account.
3. Underwrites the eligibility of submitted names for membership based on underwriting guidelines for membership eligibility and/or corporate contract.
4. Encoding/uploading of approved applications/deletions for/from membership.
5. Printing of membership ID cards.
6. Generation of billing list based on printed IDs for Credit and Collection.
7. Processing of Refunds for deletions/returned IDs
Requirements:
 - a. surrendered Medocare ID
 - b. utilization print out

Prepared by: ACA Recommending approval: RAP NAS ELS JUU LUY MANCOM CHAIRMAN ARS	Date :	Approved by : Col. Esteban B. Uy Chairman and CEO
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Document Code:
 MDCARE-underwriting -001

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 Policies and Guidelines

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 Policies and Guidelines on Underwriting Undertakings

Effectivity Date:

 Print Date:
 05/23/22

 Division-Department:
 Operations- URG

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 Filename:
 MDCAREunderwriting

8. Inventory of Membership Cards

- keep record of Active and deleted/resigned members, returned ID cards, spoilages, replacements of cards

9. Packing of ID cards with Manual of Guidelines & List of Accredited Hospitals.

10. Filing of records & documents.

B. Guidelines For Underwriting Applications For Membership

1. The underwriting staff shall make sure that ALL listings submitted shall be in our recommended format. After the new account has submitted their Letter of Intent, the underwriting staff will give the prescribed format to facilitate underwriting and uploading of new members.
2. ALL transactions with existing accounts shall be coursed through the Marketing and Sales Department.
3. The underwriting process shall be time bound, from evaluation of applications to printing of IDs and generation of billing lists. **Turn around Time 3-5 days for accounts less than 300 new enrollees.**
4. Encoding and uploading of Abstracts into the system must be done before effectivity date.
5. ALL IDs delivered should have an accompanying transmittal form.
6. Regular inventory of all supplies eg. ID cards, plastic card holders, printer ribbons, manuals, guidelines, envelopes should be conducted to avoid depletion of stocks. Minimum stock level (3,000 ID cards, manuals, envelopes) should always be followed at all times.
7. Cut-off dates for addition of new members will be as follows:

Date of Receipt

- a. 1st to 10th of current month
- b. 11th to 25th of current month
- c. 26th to 31st of current month

Effectivity Date

- 16th of current month
- 1st of following month
- 16th of following month

8. Deletion should be done as soon as notice of cancellation has been received.
9. If ID card is not returned, the company should sign an Undertaking that if availment is done after cancellation date, the cost of availment shall be shouldered by the company.
10. Refunds of payments of deleted members will be done after a thorough review of the member's utilization has been conducted. If there is no utilization a pro rated computation of the refund will be done plus 2% withholding tax and 10% administrative cost (+ commission if applicable)

Prepared by: ACA Recommending approval: RAP NAS ELS JUJ LUY MANCOM CHAIRMAN ARS	Date :	Approved by : Col. Esteban B. Uy Chairman and CEO
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CORPORATE MANUAL



Document Code:
MDCARE-provider relations-001

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Policies and Guidelines

Department/Division:
Medical-Provider relations

Print Date:
05/23/22

Effectivity Date:

Page:
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Subject/Title/Description:
Policies and Guidelines on Provider Relations Undertakings

Filename:
MDCAREprovider relations

1. Standard Name

Provider Relations Manual

2. Standard Purpose

To provide a common framework by which Provider Relations Staff shall render appropriate and timely services to clients and health care providers.

3. Standard Owner

The MDCARE-provider relations-001 is owned by MedoCare, and nobody is allowed to generate and distribute copies without permission from the Medocare Operations Department.

All changes/modifications/deviations from this document shall be subject to approval of the Chairman & CEO.

Dissemination of copies of this Manual should be carried out with prior authorization from the COO/ Medical Director.

PROVIDER RELATIONS

Policies and Guidelines On Provider Relations Undertakings

A. Duties and Responsibilities of a Provider Relations Officer

1. **Responsible for the accreditation of hospitals, clinics, and laboratories nationwide;**
2. **Responsible for the accreditation of Physicians/ Specialists in the different hospitals and clinics nationwide;**
3. Conducts orientations of medical service procedures for corporate accounts, clinics and Hospitals
4. Provides front line support and handles inquiries and/or complaints of service providers.
5. Effectively measure service level against standards and provides solutions to any variances noted.
6. Provides continuous assessment of providers' needs and expectations through regular meetings with the different hospitals, clinics and doctors.

Prepared by: ACA Recommending approval: VAV RAP NAS FGC MANCOM CHAIRMAN ELS	Date :	Approved by : Col. Esteban B. Uy Chairman and CEO
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CORPORATE MANUAL



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Policies and Guidelines

Department/Division:
Medical-Provider relations

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7. **Maintains and regularly updates the database of all the medical service teams nationwide and disseminates information to all concerned.**
8. Prepares and sends official internal files and documents;
9. Files complete documentation of all Attending Physicians/ Specialists/ Coordinators Terms of Agreement including Memorandum of Agreement of Hospitals and Medical Clinics
10. Calls accredited hospitals regularly to establish rapport and gather information regarding the company's servicing and payments
11. Helps maintain the good image of Medocare at all times
12. Performs any other tasks or special assignment as the need arises

B. Guidelines for Handling Inquiries from Members Regarding Provider Information

1. The Provider Relations Officer (PRO) receives the direct call or call center transferred call from a member inquiring about accredited hospitals, clinics, physicians and schedules of physicians.
2. The PRO asks for pertinent data ie. **ID number, name of patient/member, account name.**
3. The PRO verifies membership status of the patient.
4. The PRO searches the provider database for the required information.
5. The PRO gives appropriate response to the member's inquiry. Turn around time 2-3 minutes.

C. Guidelines for Handling Physician Affiliation

There are three (3) ways by which a physician can be affiliated with Medocare:

- a) member's request
- b) completion of an affiliated hospital's medical service team
- c) physician applies for affiliation

Requirements for affiliation of Physicians

- a) Letter of intent **with hospital coordinator's endorsement**
- b) Curriculum vitae
- c) Supporting documents (ie. training certificates, specialty/subspecialty certificates)

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Document Code: MDCARE-provider relations-001
Document Type: Policies and Guidelines

Department/Division: Medical-Provider relations	Print Date: 05/23/22
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Subject/Title/Description:
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d) Hospital Affiliation and Clinic schedule

Steps In Affiliating A Physician Who Is Requested By A Member

1. Member requests for affiliation of a certain physician
2. The PRO calls or sends a letter of invitation to the said physician to know if he/she is interested in affiliating with Medocare. If so, the PRO requests for the required documents.
3. The PRO receives and reviews the required documents then forwards them to the Medical Director for approval.
4. Once the application for affiliation has been approved by the Medical Director, the PRO sends Medocare's standard Affiliation Agreement to the physician
5. The physician signs the Affiliation Agreement and sends it back to Medocare or the LO gets the signed agreement from the doctor's clinic
6. The PRO receives the signed Affiliation Agreement and adds the physician's credentials to the Provider database.
7. The PRO forwards the Affiliation Agreement to Legal Department for notarization. The PRO then sends a copy of the notarized agreement to the newly affiliated physician and files the original.
8. The PRO then disseminates the information to the clients

Steps In Affiliating A Physician Needed to Complete The Medical Service Team

1. The coordinator sees the need for affiliation of a certain physician/specialty/subspecialty
2. The PRO calls or sends a letter of invitation to the said physician to know if he/she is interested in affiliating with Medocare. If so, the PRO requests for the required documents.
3. The PRO receives and reviews the required documents and forwards them to the Medical Director for approval.
4. Once the application for affiliation has been approved by the Medical Director, the PRO sends Medocare's standard Affiliation Agreement to the physician
5. The physician signs the Affiliation Agreement and sends it back to Medocare or the LO gets the signed agreement from the doctor's clinic
6. The PRO receives the signed Affiliation Agreement and adds the physician's credentials to the Provider database.

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7. The PRO forwards the Affiliation Agreement to Legal Department for notarization. The PRO then sends a copy of the notarized agreement to the newly affiliated physician and files the original.

Steps In Affiliating A Physician Who Applied For Affiliation

1. Physician sends an application letter complete with Letter of intent and Hospital Coordinator's endorsement, credentials and resume.
2. The PRO reviews application and refers to the Medical Director for Approval
3. Once the application for affiliation has been approved by the Medical Director, the PRO sends Medocare's standard Affiliation Agreement to the physician
4. The physician signs the Affiliation Agreement and sends it back to Medocare or the LO gets the signed agreement from the doctor's clinic
5. The PRO receives the signed Affiliation Agreement and adds the physician's credentials to the Provider database.
6. The PRO forwards the Affiliation Agreement to Legal Department for notarization. The PRO then sends a copy of the notarized agreement to the newly affiliated physician and files the original

D. Guidelines for Handling Hospital/Clinic Affiliation

There are three (3) ways by which a Hospital/Clinic can be affiliated with Medocare:

- a) member's request
- b) if there is no other provider in the area or if provider can not handle the volume of members in the area or for bidding purposes
- c) the hospital/Clinic applies for affiliation

Steps In Affiliating A Hospital/Clinic That Is Requested By A Member

1. Member requests for affiliation of a certain hospital or clinic
2. The PRO sends a proposal to the prospective hospital/clinic. The proposal will include:
 - a) company profile
 - b) financial statement
 - c) SEC registration
 - d) Forms – Letter of Authorization (LOA), Out- Patient Procedures Authorization (OPPA), Referral forms, Emergency Treatment form
 - e) Sample of member ID

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CORPORATE MANUAL



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- f) Vicinity map of the Provider
 - g) Memorandum of Agreement (MOA)
 - h) Schedule of fees
 - i) List of clients
 - j) Specimen signatures of Officers
3. The PRO follows – up with the Hospital/Clinic Administrator or Medical Director and requests for a copy of the current hospital rates including laboratory/diagnostic procedures, OR fees and Room and Board.
 4. The PRO forwards the rates to the VP – Benefits Development and Actuary for review. If there is a need to ask for discounted rates, the PRO with the help of the MedoCare Medical Director will negotiate for discounted rates after the rates have been agreed upon.
 5. If there are revisions in the standard MOA, the hospital administrator sends the MOA back with the revisions via mail or fax.
 6. The PRO receives the MOA with revisions and refers to the Medocare Medical Director and EVP-GM for approval of the revisions.
 7. The Medical Director and EVP-GM initials all pages of the MOA and the PRO sends it to the Office of the Chairman and CEO for signing.
 8. The PRO sends the signed MOA back to the hospital administrator.
 9. The hospital signs the MOA.
 10. The PRO conducts an orientation regarding MedoCare's policies and procedures
 11. The PRO updates the Provider database.

Steps In Affiliating A Hospital If There Is No Other Provider In The Area

1. The PRO identifies areas where there is a need to affiliate new providers/ hospital.
2. The PRO sends a proposal to the prospective hospital. The proposal includes:
 - a) company profile
 - b) financial statement
 - c) SEC registration
 - d) Forms – Letter of Authorization (LOA), Out- Patient Procedures Authorization (OPPA), Referral forms, Emergency Treatment form
 - e) Sample of member ID
 - f) Vicinity map of Provider
 - g) Memorandum of Agreement (MOA)
 - h) Schedule of fees
 - i) List of clients

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j) Specimen signatures of Officers

3. The PRO follows – up with the Hospital Administrator or Medical Director and requests for a copy of the current hospital rates including laboratory/diagnostic procedures, OR fees and Room and Board.
4. The PRO forwards the rates to the VP – Benefits Development and Actuary for review. If there is a need to ask for discounted rates, the PRO with the help of the Medical Director will negotiate for discounted rates after the rates have been agreed upon.
5. If there are revisions in the standard MOA, the hospital administrator sends the MOA back with the revisions via mail or fax.
6. The PRO receives the MOA with revisions and refers to the Medocare Medical Director and EVP-GM for approval of the revisions.
7. The Medical Director and EVP-GM initials all pages of the MOA and the PRO sends it to the Office of the Chairman and CEO for signing.
8. The PRO sends the signed MOA back to the hospital administrator
9. The hospital signs the MOA.
10. The PRO conducts an orientation regarding MedoCare's policies and procedures
11. The PRO updates the Provider database.

Steps In Affiliating A Hospital Who Is Applying For Affiliation

1. The hospital signifies its intention to affiliate with MedoCare.
2. The PRO requests for the following requirements:
 - Vicinity Map
 - Hospital/Clinic Profile
 - Services Available
 - Current Rates/Facilities being offered
 - List of Active Physicians
 - DOH License
 - Clinic Schedule (for clinics only)
 - Contact Person
 - Contact number/s
 - PHA Affiliation (for hospitals only)
 - PHIC Accreditation
 - Classification : Tertiary
 Secondary
 Primary
 - Financial Documents – Photocopy of BIR and SEC registration

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3. The PRO forwards the rates to the VP – Benefits Development and Actuary for review. If there is a need to ask for lower rates, the PRO with the help of the Medical Director will negotiate for discounted rates.

After the rates have been agreed upon,

- a. If there are revisions in the standard MOA, the hospital administrator sends the MOA back with the revisions via mail or fax.
- b. The PRO receives the MOA with revisions and refers to the Medocare Medical Director and EVP-GM for approval of the revisions.
- c. The Medical Director and EVP-GM initials all pages of the MOA and the PRO sends it to the Office of the Chairman and CEO for signing.
- d. The PRO sends the signed MOA back to the hospital administrator.
- e. The hospital signs the MOA.
- f. The PRO conducts an orientation regarding Medocare's policies and procedures.
- g. The PRO updates the Provider database.

E. Guidelines in Handling Provider Inquiries, Concerns

- 1. The PRO receives the inquiry/ concern from the hospital/physician
- 2. The PRO endorses the inquiry/ concern to the department concerned
- 3. Once a resolution to the concern has been made, the PRO informs the hospital/physician that a resolution has been reached.

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CORPORATE GOVERNANCE
TRAINING CERTIFICATE
AND
RESUME OF THE BOARD OF
DIRECTORS WITH COMPANY ID



MEDOCARE HEALTH SYSTEMS, INC.

EU State Tower, #30 Quezon Avenue, Quezon City

www.medocare.ph / 8628-9000

ANNUAL CORPORATE GOVERNANCE REPORT

As of May 30, 2025

INSURANCE COMMISSION

1071 United Nations Avenue, Ermita, Manila

CLAIMS DEPARTMENT
PROCESSING OF REIMBURSEMENT CLAIMS
(Head Office)

PROCEDURE	SECTION / RESPONSIBLE	REMARKS
1. Submit Reimbursement Claim 1.1 Secure <i>Reimbursement Claim Form</i> from Medicare offices. 1.2 Accomplish supporting documents 1.3 Submit <i>Reimbursement Claim Form</i> to Medicare (Claims Dept).	Member Member Member	see attached form see Reimbursement Claim Form for supporting documents Submitted Documents: - Reim. Claim Form - Professional Fee OR - Hospital Bill OR - Hospital SOA - charge slips - Medical certificate - Clinical Abstract - other documents
2. Receive Reimbursement Claim 2.1 Receive claim documents from Member If claim was mailed by the member, 2.1.1 Receive mailed claim documents 2.1.2 Forward claim documents to Reimbursement Officer 2.2 Check supporting documents for completeness. If claim is incomplete, 2.2.1 Return claim documents to Member (identifying the necessary requirement). Action memo. 2.3 Encode received reimbursement claims for inventory report purposes	Reimbursement Officer Receiving Clerk Receiving Clerk Reimbursement Officer Reimbursement Officer Reimbursement Officer	 if personally delivered incomplete claims will be accepted if mailed
3. Batch Claim Documents and Status Verification 3.1 Arrange received claims documents into the standard order. 3.2 Forward claims to Underwriting Department for Status Verification	Reimbursement Officer	standard arrangement: - Reim. Claim Form - Professional Fee OR - Hospital Bill OR - Hospital SOA - charge slips - other documents
4. Evaluate claim 4.1 Forward claim documents to Medical Evaluator 4.2 Evaluate claim 6.2.1 Determine if claim is ER or non-ER 6.2.2 Indicate RUV if procedures require. 6.2.3 Evaluate if case is Dreaded / Pre-Existing / Congenital 6.2.4 Write special notes/revisions at the top of the sheet 6.2.5 Signify signature on the Reimbursement Claims Evaluation Sheet 4.3 Sign at the attached batch form 4.4 Process claim 4.5 Create action Memo for Denied Claims	Reimbursement Officer Medical Evaluator Medical Evaluator Medical Evaluator Medical Evaluator Medical Evaluator Reimbursement Officer	 approved or denied write special notes at the top of the sheet
5. Check Releasing 5.1 Release check to member or authorized representative		

CORPORATE MANUAL

**MEDOCare**
Health Systems Inc.Document Code:
MDCARE-marketing-001Document Type:
Policies and GuidelinesSubject/Title/Description:
Policies and Guidelines for new business
acquisitionDivision-Department:
MarketingPrint Date:
05/23/22

Effectivity Date: November 3, 2013

Page:
Page 1 of 1Filename:
MDCAREmarketingnewbusiness**1. Standard Name**

Reservation Policies and Procedures

2. Standard Purpose

To provide MEDOCare with a common framework on the policies and procedures for reserving an account

3. Standard Owner

The Reservation Policies and Procedures are owned by MEDOCARE, and nobody is allowed to generate and distribute copies without permission from the OIC COO, SVP, VP- Sales and Marketing and VP Business Development. The said officers have the ultimate responsibility for approving changes to and allowing deviations from this document.

4. Document HistoryThis is the original issue, version 2, with 7 pages. This version is fully effective by **JULY 8, 2013** unless superseded by revision or withdrawn.**5. Distribution of Copies**Client Affairs
Finance
Operations
Business Development
Sales and Marketing
SVP
OIC COO

Revision is controlled by MANCOM with the concurrence of the Chairman. It is the responsibility of the Sales and Marketing to distribute copies to the division/department heads.

POLICY:

This Reservation Policy is granted to sales intermediaries who wants to work on an account for economic gain. Upon approval of Reservation application, the sales intermediary is given exclusive right over a period of time. This policy is on a "First Come First Serve" basis. The provisions/procedures stated herein shall serve as Medocare's guide in resolving issues that may come up in the course of implementing this policy.

1. There are two (2) types of Reservation:**1.1 TEMPORARY RESERVATION**

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Document Code: MDCARE-marketing-001
Document Type: Policies and Guidelines

Subject/Title/Description:
Policies and Guidelines for new business acquisition

Division-Department: Marketing	Print Date: 05/23/22
Effectivity Date: November 3, 2013	Page: Page2 of 2

Filename:
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Initial Franchise/Reservation for five (5) days is given to an applicant upon submission of Franchise/Reservation Form. However, if a broker on record (BOR) is presented upon submission of Reservation Form, a PERMANENT RESERVATION is immediately granted.

1.2 PERMANENT RESERVATION

Valid for sixty (60) days is awarded to intermediaries who will be able to submit the following vital documents: together with Reservation Form

- a. List of employees with the date of birth, gender and marital status
- b. Latest detailed or summarized utilization report
- c. Contract or Terms of Reference (TOR)
- d. Renewal advise/ Notice
- e. Broker on record (BOR)

2. Extension of Reservation

Please refer to III

3. Turn around time (TAT) is one (1) hour within which awarding of Temporary/Permanent Reservation must be made.

4. Exclusivity of Reservation

All accounts for bidding whether government or private entities as well as the Bataan Export Processing Zone, Subic Freeport or companies within the Clark Special Economic Zone are reserved for MEDOCARE.

I. APPROVING AUTHORITY

For other reserving issues not covered in the procedures enumerated below that require approval, the following approving authority shall apply:

Person Responsible	Responsibilities	
ANNALYN AVILA	1. Receives, awards and screens reservation form, list of employees, extension request, BOR and other documents. 2. Administer, reserve & update an account in reservation system/excel monitoring worksheet.	
Prepared by: ACA Recommending approval: VAV RAP NAS FGC MANCOM CHAIRMAN ELS	Date :	Approved by : Col. Esteban B. Uy Chairman and CEO

CORPORATE MANUAL



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Policies and Guidelines

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Policies and Guidelines for new business acquisition

Division-Department:
Marketing

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	3. Handles BOR/Appointment Letter request without existing reservation
VP BUSINESS DEVT / VP SALES & MKTG	1. Handles BOR/Appointment Letter request, if with existing reservation assignment.
ANNALYN AVILA/JEAN SANTOS	1. Validates extension request from distribution channel. (agent/broker)
VP Business Development/VP Sales & Marketing	1. Approves extension request from distribution channel (agent/broker)
Reservation Committee	1. Reservation Committee includes OIC COO, SVP, VP Business Development, VP Operations, VP Sales & Marketing. 2. Resolves and decides on conflicts in reservation.

Procedure:

II. Reservation:

Procedure	Person Responsible
<p>Receives and screens completely filled up Reservation Form (RF) in hard or soft copy and awards Temporary Reservation* valid initially for Five (5) working days to applicant (agent/broker) thru email or in writing via the RF.</p> <p>*PERIOD WITHIN WHICH VITAL DOCUMENTS MUST BE COMPLIED WITH</p>	ANNALYN AVILA
<p>Temporary reservation of five (5) working days becomes permanent for sixty (60) days upon submission of the following vital documents necessary to come up with a competitive package and price.</p> <p>a. List of Employees in hard or soft copies (Name of Employee (optional) or employee number, Birth date, Gender, Marital Status) Position must also be indicated if the coverage is based on position or Broker on Record (BOR)</p> <p>b. Utilization Report or latest renewal notice/advise if the account has an existing HMO coverage with another company.</p> <p>c. Terms of reference (TOR) or CONTRACT</p> <p>d. Other documents that are being submitted by the agent/broker (or distribution channel)</p>	ANNALYN AVILA
<p>Prepared by: ACA Recommending approval: VAV RAP NAS FGC MANCOM CHAIRMAN ELS</p>	<p>Date :</p> <p>Approved by : Col. Esteban B. Uy Chairman and CEO</p>

CORPORATE MANUAL



MEDOCare
Health Systems Inc.

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MDCARE-marketing-001

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**NOTE: TEMPORARY RESERVATION IS CANCELLED IF THE ABOVE
MENTIONED DOCUMENTS ARE NOT SUBMITTED WITHIN THREE (3) WORKING
DAYS.**

Check from reservation system/excel monitoring worksheet if the account
has an existing reservation.

A. If the account has an existing active reservation,
deny request for reservation and return the documents to the
distribution channel thru Sales & Marketing personnel.

B. If the account for reservation has an existing
coverage with MEDOCARE and claimed to be a different
company, subsidiary, class of members (i.e. Company A and
Company A Employee Union, Company B employees and
Company B dependents) refers to Sales and Marketing

- B.1 Fill up Reservation Clearance Slip
- B.2 Forward Reservation Clearance Slip to Sales
and Marketing.
- B.3 Log the name of the account in excel monitoring
worksheet.
- B.4 TAT shall be within 2 days.

C. If the account has no existing active reservation, the
distribution channel is granted a reservation of five (5) working
days within which he/she must submit pertinent documents (see
D.1 and D.2)

Failure to submit the above documents within five (5) working
days will automatically cancel the reservation and the account
shall be declared open for reservation by other distribution
channel

D. Reservation of sixty (60) days shall be awarded to
agent/broker who provided the required documents to facilitate
preparation of proposal. The documents that must be provided
are the following:

- D.1 With existing account
 - 1.1 Existing contract
 - 1.2 Latest detailed or summary utilization report
 - 1.3 Renewal notice/proposal (if any)
 - 1.4 Complete census list if a "BOR" was submitted

for

ANNALYN AVILA

ANNALYN AVILA

Prepared by:
ACA
Recommending approval:
VAV
RAP
NAS
FGC

MANCOM CHAIRMAN
ELS

Date :

Approved by :

Col. Esteban B. Uy
Chairman and CEO

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	<p>Reservation</p> <p>D.2 Virgin Account</p> <p>2.1 Complete census list</p> <p>2.2 Terms of Reference (TOR)</p>	
	<p>Check from person/unit in charge of accrediting agent/brokers if the intermediary is an existing distribution channel of MEDOCare.</p> <p>a. If the agent/broker is not an accredited one, inform the distribution channel that we cannot franchise/reserve the account with him/her until he/she/ undergoes process of accreditation</p> <p>DISCUSS POSSIBLE REQUIREMENTS/PROCESS</p> <p>b. If the distribution channel is a former employee of MEDOCare:</p> <ul style="list-style-type: none"> • Check from HR Officer the date of resignation of the employee. • Secure clearance from HR/Management <p>c. If the distribution channel exists proceed to #5.</p>	ANNALYN AVILA
	Issue acknowledgement receipt to the distribution channel and inform them to follow up the proposal directly from Sales and Marketing after 3 days.	ANNALYN AVILA
	Reserve the account in the reservation system/excel monitoring worksheet	ANNALYN AVILA
	Log in excel monitoring worksheet	ANNALYN AVILA
	Forward the RF and other documents of approved accounts reserved to Sales and Marketing or Business Development within 4 hours. Cut Off time is 3:00 PM. RF received after the cut-off time shall be considered to have been received the next day.	ANNALYN AVILA
	Release letter to the account's contact person informing them that their company was franchised/reserved to their appointed distribution channel.	ANNALYN AVILA / JEAN SANTOS

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III. Extension of Reservation:

An agent is given 60 days to work on the account. If the business is not closed within 60 days from the date of the proposal, the reservation automatically expires. However, an agent may request for an extension of reservation. Extension of reservations after the initial 60 day period may be granted once a written request (submit a duly accomplished Request for Reservation Extension Form – countersigned by the contact person) is made before the expiration date of the reservation, and if it can be established that negotiations are on-going. Regardless, reservation extensions are not automatic and are subject to the evaluation and approval of VP - Sales and Marketing.

Procedure	Person Responsible
Receives Request for Reservation Extension Form with countersign from contact person.	ANNALYN AVILA / JEAN SANTOS
Check reservation and expiration date of an account in the reservation system/excel monitoring worksheet	ANNALYN AVILA / JEAN SANTOS
Issue acknowledgement receipt	ANNALYN AVILA / JEAN SANTOS
Forward Extension Request Form to Sales and Marketing to validate reason for extension and approval of request.	ANNALYN AVILA / JEAN SANTOS
Check for reason of extension, and validate the status of negotiation	ANNALYN AVILA / JEAN SANTOS
Approve/Disapprove request of extension	VP-Sales & Marketing/VP Business Development
Return approved request to sales & marketing / business development	ANNALYN AVILA / JEAN SANTOS
Encode approval/disapproval of request in franchising/reservation system/excel worksheet	ANNALYN AVILA
After 60 days – 30 day extension – The agent/broker will be given another 60 days to work on the account should his request for reservation extension be approved. Thereafter, extension of another thirty (30) days may be granted once a written request with Request for Reservation Extension Form (RF/REF) is made before the expiry date of previous extension and if it can justify that negotiations are on-going.	ANNALYN AVILA / JEAN SANTOS

IV. Handling of BROKER OF RECORD (BOR) / APPOINTMENT LETTER

Accredited/recognized/licensed Agents, in-house brokers, or brokers who are officially appointed by a company through an exclusive "Broker of Record" (BOR) appointment are

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1. **Standard Name**
New Business
2. **Standard Purpose**
To provide a common framework by which Marketing staff shall provide services to prospective clients.
3. **Standard Owner**
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All changes/modifications/deviations from this document shall be subject to approval of the Chairman & CEO.

Dissemination of copies of this Manual should be carried out with prior authorization from the COO-Medical Director.

MARKETING AND SALES GUIDELINES

Policies and Guidelines On Handling Prospective Clients

A. Guidelines On Handling Prospective Clients with Agents

1. The agent secures a franchise (please see guideline for Franchising) for the prospective account.
2. The Marketing Staff checks if the prospective account has not been franchised by other agents first.
3. After Franchise has been granted, the Actuary computes for premium rates to be proposed to the client and an Abstract for New Accounts shall be prepared. This shall then be routed to the different Officers for evaluation.
4. After all officers have signed, the Abstract shall then be submitted to the Chairman and CEO for final approval.
5. A proposal shall then be prepared by the Marketing Staff which shall then be submitted to the prospective client.

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6. A presentation shall be conducted by a team in case it is required.

Marketing in coordination with actuary shall handle the negotiations. Any changes in the package of benefits shall always be in coordination of Actuary.

Generation of Contract :

- a) Upon verbal agreement that the client has chosen Medocare to be its Healthcare Provider, Marketing shall request for the Letter of Intent (LOI) from the client.
- b) The Marketing Officer shall issue a Notice to all Departments with regard to a new account.
- c) After receipt of the approved proposal and LOI, Marketing shall request Operations for the preparation and printing of the draft contract.
- d) The draft contract will then be forwarded to the new account for review and confirmation.
- e) If confirmed , the draft contract shall be returned to Marketing with the corresponding initial by the Account's authorized representative.
- f) Four copies of the final contract shall then be printed and schedule of signing will be arranged by Marketing.
- g) Upon retrieval of signed contract, Marketing will have the signed contract notarized and one original copy shall be sent to the Account and one copy for Operations for guidelines preparation.

B. Guidelines On Handling Prospective Direct Accounts

- 1. The Marketing Officer shall request for a standard proposal from Benefits Development. This shall then be sent to the prospective agent to serve as jump off point for negotiations.
- 2. The Marketing Staff checks if the prospective account has not been franchised by other agents first.

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3. After ensuring that the account is not franchised, the Actuary computes for premium rates to be proposed to the client and an Abstract for New Accounts shall be prepared. This shall then be routed to the different Officers for evaluation.
4. After all officers have signed, the Abstract shall then be submitted to the Chairman and CEO for final approval.
5. A proposal shall then be prepared by the Marketing Staff which shall then be submitted to the prospective client.

Generation of Contract :

- a) Upon verbal agreement that the client has chosen Medocare to be its Healthcare Provider, Marketing shall request for the Letter of Intent (LOI) from the client.
- b) The Marketing Officer shall issue a Notice to all Departments with regard to a new account.
- c) After receipt of the approved proposal and LOI, Marketing shall request Operations for the preparation and printing of the draft contract.
- d) The draft contract will then be forwarded to the new account for review and confirmation.
- e) If confirmed , the draft contract shall be returned to Marketing with the corresponding initial by the Account's authorized representative.
- f) Four copies of the final contract shall then be printed and schedule of signing will be arranged by Marketing.
- g) Upon retrieval of signed contract, Marketing will have the signed contract notarized and one original copy shall be sent to the Account and one copy for Operations for guidelines preparation.

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1. **Standard Name**
Renewal and Contract Preparation
2. **Standard Purpose**
To provide a common framework by which Marketing staff shall provide services to renewing accounts through timely processing and costing.
3. **Standard Owner**
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MARKETING AND SALES GUIDELINES

Policies and Guidelines On Processing of Renewing Accounts

A. Guidelines for Processing of Renewing Accounts

1. Every first working day of the month, Underwriting shall provide Marketing a list of accounts whose contracts are due to expire within 3 months.
2. 3 months (90days) before expiration of corporate contract, the Marketing Assistant shall request for the summary of utilization from MIS of the said account.
3. Together with the utilization summary the marketing assistant will then compute for the renewal rate based on the formula given by actuary. Finished product would be the "Abstract of Renewing Account" to be accomplished within forty five (45) days before contract expiry of the renewing account
4. The Abstract of Renewing Accounts shall then be routed to the approving officers namely: VP Business Development, VP Operations, Vice Chairman-Sales and Marketing, VP-Claims, COO/Medical Director, AVP Finance Lockheed Group before signing by the Chairman and CEO.

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CORPORATE MANUAL



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5. Marketing in turn shall forward the renewal advise to the account at least 45 days prior to expiration.

Marketing in coordination with actuary shall handle the renewal negotiations. Any changes in the package of benefits shall always be in coordination with Actuary.

Generation of Contract :

- a) Upon agreement of the renewal package, Marketing shall request for the Letter of Intent (LOI) from the client.
- b) The Marketing Officer shall issue a Notice to all Departments with regard to renewal or non-renewal of a certain account.
- c) Together with the renewal proposal and LOI, Marketing shall request Operations for the printing of the draft contract.
- d) The draft contract will then be forwarded to the renewing account for review and confirmation.
- e) If confirmed , the draft contract shall be returned to Marketing with the corresponding initial by the Account's authorized representative.
- f) Four copies of the final contract shall then be printed and schedule of signing will be arranged by Marketing.
- g) Upon retrieval of signed contract, Marketing will have the signed contract notarized and one original copy shall be sent to the Account and one copy for Operations for guidelines preparation.

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Policies and Guidelines on Billing and Collection UndertakingsFilename:
MDCAREbillingcollection

1. **Standard Name**
Billing and Collection Manual
2. **Standard Purpose**
To provide a common framework by which Billing and Collection staff can efficiently generate billing and streamline collections.
3. **Standard Owner**
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BILLING AND COLLECTION

Policies and Guidelines On Billing and Collection Undertakings

A. Duties and Responsibilities of a Billing and Collection Staff (Finance Unit)

1. In-charge of Preparation of Billing Statement of All Active Accounts.
- preparation of Statement of Accounts and necessary attachments.
2. Posting of Payments
3. Process Premium Refund
- process all request for refunds for remaining amount paid by requesting client.
4. Helps maintain the good image of MEDOCARE at all times.

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B. Guidelines for Billing and Collection

1. All listings (including addition and deletions) coming from existing accounts for billing shall be coursed through the Underwriting staff.
2. Cut-off dates for addition of new members will be as follows:

Date of Receipt

- a. 1st to 15th of current month
- b. 16th to 31st of current month

Effectivity Date

- 16th of current month
- 1st of following month

3. The Underwriting staff shall balance the list with the latest Medocare listing for the same account. If there are discrepancies noted, the Underwriting Staff shall reconcile the listing with the designated representative of the said account.
4. The Underwriting Staff shall immediately start evaluating each additional member for eligibility for membership (underwriting). In case there are discrepancies or ineligible individuals, the Underwriting Staff will note this down and inform the representative of the said account.
5. The Underwriting staff shall immediately forward the Official List for Billing to the Billing Officer.
6. The Billing Officer prepares the Statement Of Account and attach a Routing Slip then forwards it to the duly assigned signatories.
7. Each signatory shall affix his/her signature to the space provided for and indicate date and time the SOA was received and released on the Routing Slip.
 - i. The Billing Officer shall release the SOA to the appropriate account
 - ii. The Collection Officer shall be furnished with a copy of the SOA for Entry to the Payments Ledger and Monitoring of Billings and Collections.
8. The above procedure shall be performed in conjunction with the assigned Auditor.
9. The Accounting Staff shall furnish the VP Operations and the VP-Finance a regular report of all premium payments and receivables. The Collection Officer shall also furnish all Officers a list of collectibles on a weekly basis.
10. The Collection Officer shall also complete entries in the Ledger after payment has been received.

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11. Total Turnaround Time for the whole Underwriting and Billing Process shall not exceed three (3) working days.

D. General Guidelines for Collection

1. Billing for a certain period, depending on the mode of payment, should be generated and sent to the different accounts 15-30 days before due date.
2. It shall be the primary responsibility of the Client to keep their Healthcare Program Agreement on active status by paying on or before due date.
3. If membership fees are not paid on due date, members enrolled by the Client cease to be entitled to any medical benefits under their Agreement.
4. The Client is given 30 days grace period from due date to settle all unpaid membership fees.
5. Benefits are reinstated on the day all unpaid dues are updated. However, any confinement the admission date of which precedes the date the payment is made shall not be covered.
6. The Collection Officer shall monitor payments made by the different accounts. Regular follow-ups should be conducted to ensure prompt payment.

E. Collection of "uncollected non covered charges" (UNCC)

1. Members who have incurred non-covered charges will be billed back by the Claims Department. **(All communications, especially billing for NCCs, must be countersigned by the Head of the Department before sending out to the concerned party.)**
2. The Collection Officer shall monitor payments made for non-covered charges. Regular follow-ups should be conducted to ensure prompt payment.
3. Payments for non-covered charges will be credited to the contract period from which the NCC was incurred.

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Recommending approval: VAV RAP NAS FGC		Col. Esteban B. Uy Chairman and CEO
MANCOM CHAIRMAN ELS		