

IMPLEMENTING RULES AND
REGULATIONS OF THE
MALASAKIT CENTERS ACT
(REPUBLIC ACT NO. 11463)

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Pursuant to Section 14 of Republic Act No. 11463 otherwise known as the “Malasakit Centers Act”, the following Rules and Regulations are hereby jointly promulgated by the Department of Health (DOH), Philippine Health Insurance Corporation (PhilHealth), Department of Social Welfare and Development (DSWD), and Philippine Charity Sweepstakes Office (PCSO).

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**IMPLEMENTING RULES AND REGULATIONS OF THE MALASAKIT CENTERS
ACT (REPUBLIC ACT NO. 11463)**

RULE I. GENERAL PROVISIONS

Section 1. Title

- 1.1 These rules and regulations shall be known as the Implementing Rules and Regulations (IRR) of “Malasakit Centers Act”, Hereinafter, these rules and regulations shall be referred to as the Rules.

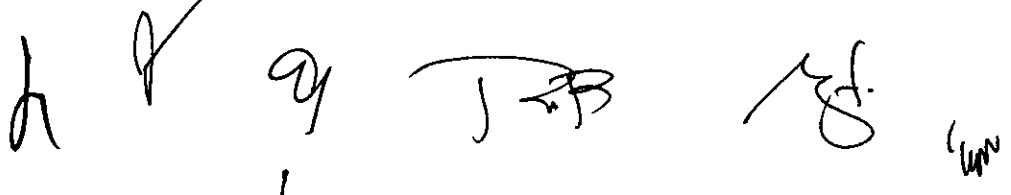
Section 2. Declaration of Policies

- 2.1 It is the policy of the State to improve the delivery of health care services to the people, and to ensure financial access to and efficiency in the process of availing medical and financial assistance to fund health services. Towards this end, the State shall:
- 2.1.a. Adopt a multi-sectoral and streamlined approach in addressing health issues and affirm the inherently integrated and indivisible linkage between health and social services consistent with the whole-of-government, whole-of-society and whole-of-system framework of Republic Act (R.A.) No. 11223, otherwise known as the “Universal Health Care (UHC) Act”;
- 2.1.b. Ensure that patients experience compassion and empathy or *malasakit*, and receive respect and dignity in the availment of health services; and
- 2.1.c. Provide medical and financial assistance through a one-stop shop.

Section 3. Definition of Terms

Consistent with the Act, the following terms shall have the corresponding meanings:

- 3.1. *DOH Hospital* refers to a hospital under the management and administration of the Department of Health (DOH), including the four (4) corporate hospitals under the Secretary of Health, namely Philippine Heart Center, Lung Center of the Philippines, National Kidney and Transplant Institute and the Philippine Children’s Medical Center;
- 3.2. *Financial Assistance* refers to monetary aid, in the form of guaranty letter, cash or check, or any other form, which covers burial, transportation, and other allied assistance or physical aid, such as food, clothing, general assistive devices, given by agencies and



mandated by existing laws, rules and regulations to provide such assistance;

- 3.3. *Financially Incapacitated Patient* refers to a patient who is not classified as indigent but who demonstrates clear inability to pay or spend for necessary expenditures for one's medical treatment, such as patients with catastrophic illness or any illness, which is life or limb-threatening and requires prolonged hospitalization, extremely expensive therapies or other special but essential care that would deplete one's financial resources, as assessed and certified by the medical social worker;
- 3.4. *Indigent Patient* refers to patient who has no visible means of income, or whose income is insufficient for the subsistence of his/her family, as assessed by the Department of Social Welfare and Development (DSWD), local government social worker, medical social worker of the health facility, or a social worker of any government entity providing medical and financial assistance;
- 3.5. *Medical Assistance* refers to assistance for out-of-pocket expenses in the form of coupon, stub, guaranty letter, promissory note, voucher, or any other form that has monetary value, given directly to recipients or beneficiaries indicative of assistance on drugs, medicines, goods or other medically related needs prescribed by the physician of a health facility for in- and out-patients;
- 3.6. *One-Stop Shop* refers to a common site or location within the premises of the hospital, where the different participating agencies receive and process requests for medical and financial assistance for indigent and financially incapacitated patients;
- 3.7. *Out-of-pocket Expenses* refer to the cost of medical and surgical services arising from hospitalization not currently paid for or sufficiently covered by Philippine Health Insurance Corporation (PhilHealth) benefits, insurance coverage, discounts, medical assistance or other sources of similar nature;
- 3.8. *Patient Navigation* refers to directing, capacitating and assisting an individual to obtain health care services and overcome financial and other barriers for timely, cost-effective and appropriate medical care;
- 3.9. *Philippine General Hospital (PGH)* refers to the state-owned tertiary hospital administered and operated by the University of the Philippines - Manila;
- 3.10. *Participating Agencies* refers to DOH, DSWD, Philippine Charity Sweepstakes Office (PCSO), and PhilHealth, which provide medical and financial assistance related to health, wherein access to their services is lodged within the Malasakit Center;

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- 3.11. *Malasakit Experience* refers to the positive experience of people in accessing healthcare services in a timely and compassionate manner, thereby respecting and upholding the rights and dignity of patients. It is the result of the responsiveness of the health facility to the needs of their patients and respective families.

RULE II. THE MALASAKIT PROGRAM

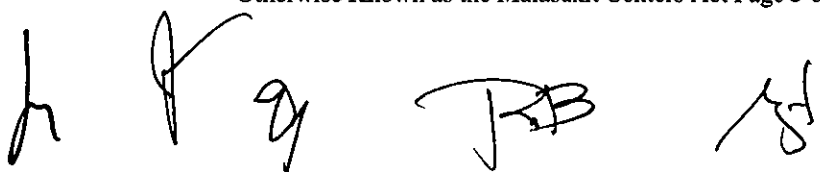
Section 4. Malasakit Program

- 4.1. The DOH shall establish the Malasakit Program, which will be implemented in all DOH hospitals, PGH, and other public hospitals.
- 4.2. The Malasakit Program shall have the following objectives:
- 4.2.a. To adopt the policy framework for integrated people-centered health services that shall: (1) ensure and promote an organizational culture geared towards responsiveness; (2) ensure appropriate infrastructure and processes; (3) promote client engagement, and empowerment; and (4) uphold accountability of all stakeholders involved in the provision of health services;
- 4.2.b. To ensure financial risk protection that shall alleviate the financial burden of indigent and financially incapacitated patients and families who avail of health services in public hospitals through financial and medical assistance by national government agencies, local government, non-government organizations, private corporations and individuals: *Provided*, that financially incapacitated patients who seek health services in other public hospitals and private health facilities are still eligible to avail of financial and medical assistance, subject to the assessment and recommendation of the medical social worker.
- 4.3. The DOH shall provide policy direction and pertinent guidelines on the establishment of the Malasakit Program, in consultation with DSWD, PCSO and the PhilHealth to ensure and promote responsive and effective social service engagement in Malasakit Centers and other units of the hospital within sixty (60) calendar days from the effectivity of these Rules.

RULE III. MALASAKIT PROGRAM OFFICE

Section 5. Malasakit Program Office

- 5.1. The existing Public Assistance Unit of the DOH Central Office shall be restructured and upgraded into the Malasakit Program Office.



- 5.2. The Malasakit Program Office shall have the following roles and functions:
- 5.2.a. Develop policies, guidelines, plans, systems, and standards related to Malasakit Program and Malasakit Center;
 - 5.2.b. Oversee, monitor and evaluate the implementation of the Malasakit Program and the operations of the Malasakit Centers;
 - 5.2.c. Oversee, monitor, and manage DOH funds;
 - 5.2.d. Assume accountability of the proper disbursement and utilization of DOH funds, including its use for the establishment and operationalization of the Malasakit Centers;
 - 5.2.e. Provide technical assistance to ensure the successful implementation of the program;
 - 5.2.f. Evaluate and recommend the approval of the application of new Malasakit Centers to the Undersecretary/ Assistant Secretary of the functional team/ cluster where the Malasakit Program Office is lodged; and
 - 5.2.g. Coordinate with other departments, bureaus, agencies, and other instrumentalities as may be necessary for the accomplishment of the goals and objectives of the Malasakit Program.
- 5.3 The DOH, in coordination with the Department of Budget and Management (DBM), shall ensure complete documentary requirements to create the adequate and appropriate plantilla positions and staffing pattern for the Malasakit Program Office within ninety (90) calendar days upon the effectivity of these Rules.

RULE IV. ESTABLISHMENT OF MALASAKIT CENTERS

Section 6. Malasakit Centers

- 6.1 A Malasakit Center shall be established in all DOH hospitals and the PGH.
- 6.2. The Malasakit Center shall have the following roles and functions:
- 6.2.a. Serve as a one-stop shop for availing medical and financial assistance from participating agencies;

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Otherwise Known as the Malasakit Centers Act Page 4 of 14

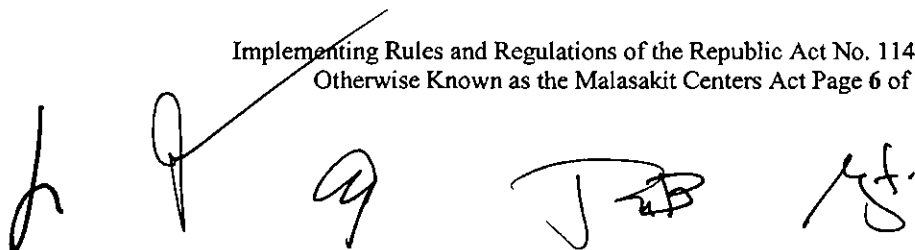
- 6.2.b. Provide patient navigation and referral to the appropriate health facilities within health care provider networks in coordination with the Public Health Unit (PHU) of each hospital;
 - 6.2.c. Provide information with regard to membership, coverage and benefit packages in the National Health Insurance Program to be led by the PhilHealth personnel assigned at the Malasakit Center;
 - 6.2.d. Document, process, and utilize data from patient experience through a standardized form to shape institutional changes and improve the Malasakit Experience in the hospital;
 - 6.2.e. Implement responsive and people-centered processes, including culturally appropriate services, in coordination with the PHU, and other relevant units of the hospital;
 - 6.2.f. Provide capacity building to hospital personnel in coordination with the relevant unit/s of the hospital for good client interaction, which shall include, but not limited to, learning empathy and effective communication skills;
 - 6.2.g. Ensure integration of good client interaction in the performance monitoring and evaluation tool of the hospital personnel, through the appropriate hospital unit;
 - 6.2.h. Provide critical information on good health behaviors and conduct health education and promotion activities in the hospital in coordination with the PHU and Social Work Case Manager; and
 - 6.2.i. Provide a special lane in each Malasakit Center for the exclusive use of senior citizens, pregnant women, and persons with disabilities.
- 6.3. The Malasakit Centers shall be non-partisan, convenient, free of charge and accessible. It shall have a standard system of availing assistance that shall also be reflected in its Citizen's Charter in compliance with R.A. No. 11032, also known as the "Ease of Doing Business and Efficient Government Service Delivery Act of 2018".
- 6.4. The Local Government Units (LGU), State Universities and Colleges (SUCs), Department of National Defense (DND), Department of the Interior and Local Government (DILG) including the Philippine National Police (PNP), Department of Justice (DOJ), and other public hospitals may establish Malasakit Centers: *Provided*, that said hospitals meet the

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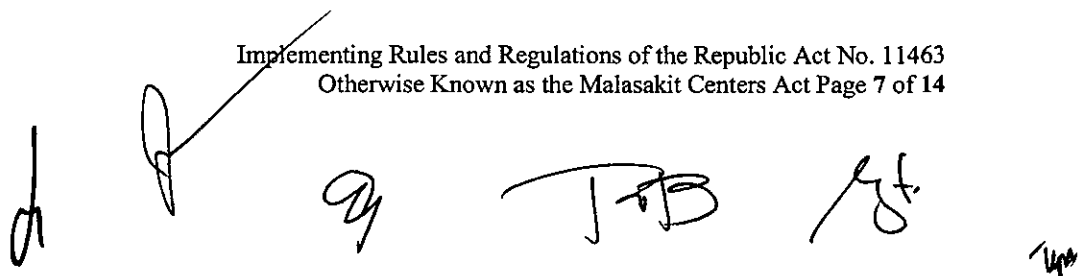
following standards and criteria:

- 6.4.a. Guarantee the availability and use of funds for the operations of the Malasakit Centers, including its maintenance and other operating expenses, personnel complement including personnel training, performance assessment and monitoring;
 - 6.4.b. Ensure the adoption of the integrated people-centered health services; and
 - 6.4.c. Comply with the other requirements to be prescribed by the DOH regarding service capacity, capability and location, among others.
- 6.5. Public hospitals with existing Malasakit Centers shall comply with the above mentioned standards and criteria. In relation to these, the following documents shall be submitted to the DOH through the Malasakit Program Office for evaluation:
- 6.5.a. Proof of PhilHealth Accreditation;
 - 6.5.b. Provincial or City Resolution, as the case may be, for LGU hospitals or equivalent document for other public hospitals endorsing the proposed Malasakit Center and implementation of the Malasakit Program, commitment to fund its operations, and provide appropriate and adequate personnel complement to include at least one (1) Social Welfare Officer and at least two (2) administrative personnel;
 - 6.5.b. Certification of availability of physical space within the premises of the hospital including physical layout;
 - 6.5.c. List of readily available fixtures and equipment critical to the operations of the Malasakit Center stated in Section 7 of these Rules;
 - 6.5.d. List of personnel with appropriate training / orientation on the Malasakit Program and other pertinent training;
 - 6.5.e. Proof of establishing an Integrated Hospital Operations Management Program (IHOMP) committee or a unit similar to its function, and a PHU; and
 - 6.5.f. Other documents deemed necessary by the Malasakit Program Office.
- 6.6 The DOH may augment Malasakit Center personnel in other public hospitals, subject to its standards and criteria.

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Section 7. Administration of Malasakit Center

- 7.1 The incumbent Medical Director, Chief of Hospital, or Medical Center Chief shall be designated as the Malasakit Center Director. He or she shall oversee the proper management and efficient operation of the Malasakit Center.
- 7.2. The Malasakit Center Director shall perform the following duties and responsibilities:
- 7.2.a. Ensure the provision of appropriate space, furniture, equipment and fixtures based on the standard Malasakit Center schematic plan, which includes the following:
- 7.2.a.(i). Dedicated physical space for the Malasakit Center within the premises of the hospital that is strategically located and accessible;
 - 7.2.a.(ii). Information desk administered by the Hospital Social Welfare Assistant or Medical Social Worker;
 - 7.2.a.(iii). Adequate, comfortable, and well-ventilated waiting areas;
 - 7.2.a.(iv). Meeting room/s for patient and/or family psychosocial counseling that ensures privacy and patient confidentiality;
 - 7.2.a.(v). Individual cubicles/rooms/desks for participating agencies, as deemed necessary;
 - 7.2.a.(vi). Manual or electronic priority numbering system or queuing system;
 - 7.2.a.(vii). Citizen's Charter for the Malasakit Center posted and translated in the appropriate local dialect; and
 - 7.2.a.(viii). Information and Communication Technology equipment necessary to access relevant databases, submit data and generate reports to relevant agencies/offices.
- 7.2.b. Promote harmony, synergy, coordination and cooperation among the participating agencies situated within the Malasakit Center and strengthen the delivery of services by upholding the highest performance of their duties and responsibilities;
- 7.2.c. Ensure that Malasakit Center functions in coordination with other units/ departments of the hospital;

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- 7.2.d. Include the necessary funding/resources in the hospital's Work and Financial Plan to ensure the implementation of the Malasakit Center;
 - 7.2.e. Ensure that the services of the Malasakit Center are available daily;
 - 7.2.f. Ensure that all allocated funds for the establishment and operations of the Malasakit Center are accounted and disbursed subject to existing accounting and auditing rules and regulations; and
 - 7.2.g. Perform such other functions as may be necessary for the accomplishment of the goals and objectives of the Malasakit Program.
- 7.3. The Malasakit Center Director shall assign the Head of the Medical Social Work Office as the Malasakit Center Operations Manager, who shall take charge of the day-to-day management and operations of the Malasakit Center.
- 7.4. The Malasakit Center Director and Malasakit Center Operations Manager shall receive no extra compensation.

Section 8. Personnel Complement

- 8.1 The Malasakit Center shall be adequately staffed by medical social workers and other support personnel. The Medical Director, Chief of Hospital, or Medical Center Chief shall appoint and assign other personnel, as may be necessary, for the effective operations of the Malasakit Centers.
- 8.2. Each Malasakit Center shall consist of duly designated representatives from the DOH, DSWD, PCSO, and PhilHealth.
- 8.3. The designated DOH, DSWD, and PCSO representatives shall process and approve the requests for medical and financial assistance. The PhilHealth representative and the support personnel shall assist in the availment of the needed assistance and address other PhilHealth related concerns of patients. Designation of these representatives are subject to the Omnibus Rules on Appointments and Other Human Resource Actions.
- 8.4. The DOH Hospitals, DSWD, PCSO, and PhilHealth are hereby authorized to create the required plantilla and staffing pattern necessary for the implementation of the Act in coordination with the DBM, Civil Service Commission (CSC), and the Governance Commission for GOCCs (GCG), as the case may be, within ninety (90) calendar days upon

the effectivity of these Rules.

- 8.5. The DOH, DSWD, PCSO, and PhilHealth shall include in their budgetary submission to the DBM the required budget for the personnel service's requirements for each Malasakit Center. Such budgetary requirements shall be included in the budgets of the respective agencies in the General Appropriations Act (GAA) or their Corporate Operating Budget as the case maybe.

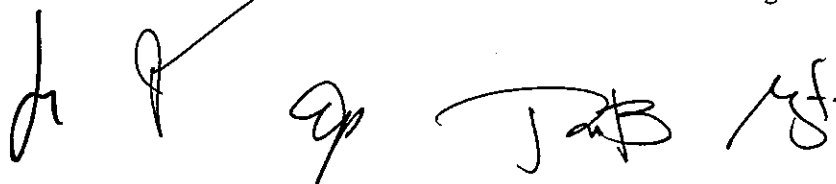
Section 9. Medical and Financial Assistance

- 9.1. The Malasakit Centers shall provide access to the following medical and financial assistance:
 - 9.1.a. The DOH medical assistance to indigent patients, medical assistance to indigent and financially incapacitated patients shall be based on need as recommended by the medical social worker and the attending physician;
 - 9.1.b. The DSWD financial assistance, based on existing Assistance to Individuals in Crisis Situation (AICS) guidelines;
 - 9.1.c. The PCSO medical assistance to indigent and financially incapacitated patients, based on its existing programs chargeable against its charity fund; and
 - 9.1.d. Medical and financial assistance programs provided by other government agencies, local government units, non-government organizations, and private institutions and individuals.
- 9.2. Nothing in the Act or these Rules shall limit access to or availability of medical and financial assistance only to indigent and financially incapacitated patients referred through Malasakit Centers.
- 9.3. The medical social worker shall assess the patient's eligibility in accordance with existing DOH guidelines on patient classification, and provide patient with complete information of the type, form or character, and degree or extent of welfare assistance that the patient may receive or benefit from various funding sources at the Malasakit Center.
- 9.4. The LGU-owned or other public hospitals are encouraged to establish their own Malasakit Center to ensure the one-stop shop for medical and financial assistance. However, in cases of patients who are admitted in these hospitals without Malasakit Centers but who are otherwise eligible for medical and financial assistance under the Act or these Rules, they



may be extended such medical and financial assistance through the Malasakit Centers, or through the government agencies concerned. Such medical and financial assistance will include those mentioned under Section 9.1, and for DOH medical assistance to indigent patients' funds, these shall be provided to LGU through the Centers for Health Development.

- 9.5. Access to medical and financial assistance shall be subject to existing accounting and auditing laws, rules, and regulations.
- 9.6. The DOH shall issue guidelines on how other government, non-government agencies and private institutions may collaborate with Malasakit Centers.
- 9.7. In case of non-availability of clinically indicated drugs, medicines, medical supplies, tests, services or procedures in their hospitals, the DOH hospitals and PGH may enter into a contract with DOH-accredited private health facilities to provide the needed drug, medicine, medical supplies, tests, services or procedures to the patient, charged against the hospital, subject to the guidelines set by DOH and existing accounting and auditing laws, rules, and regulations.
- 9.8. The DOH, together with DSWD and PCSO, shall issue uniform guidelines for the proper implementation of medical and financial assistance to indigent and financially incapacitated patients, within thirty (30) calendar days upon the effectivity of these Rules. It shall include the following:
 - 9.8.a. Availment procedures, and order of charging of payments;
 - 9.8.b. Recording and reporting to include the following:
 - 9.8.b.(i). Daily reconciliation of assistance provided at hospital, region, and agency level by each participating agency;
 - 9.8.b.(ii). Monthly sharing of information across agencies; and
 - 9.8.b.(iii). Linking of data to Philhealth registration of all Filipinos for UHC.
- 9.9. Nothing in the Act and these Rules shall prohibit a patient or his/her representative from accessing and requesting medical and financial assistance directly from the abovementioned agencies.



RULE V. MONITORING AND EVALUATION

Section 10. Monitoring and Evaluation

- 10.1. The DOH, through the Malasakit Program Office, shall conduct regular performance monitoring, assessment, and consultative meetings among participating agencies to assess the responsiveness of Malasakit Centers, including a client satisfaction survey, utilizing indicators such as reduced waiting time, percentage of indigent and financially incapacitated patients served and percentage of complaints endorsed for action, among others. In addition, the Malasakit Program Office shall evaluate the impact of the Act every three (3) years.

RULE VI. PENAL PROVISION

Section 11. Penal Provisions

- 11.1. A public official or employee who commits the following acts shall, after due notice and hearing, suffer the corresponding penalties as herein provided:
- 11.1.a. Commits an unethical and fraudulent act or abuse of authority shall be suspended for three (3) months without pay for the first offense and dismissal from service for the succeeding offense;
- 11.1.b. Appropriates the funds of the Malasakit Program for personal use, or shall willingly or negligently consents either expressly or impliedly to the misappropriation of funds without objecting to the same and properly reporting the matter to the proper authorities, shall be liable for misappropriation of the funds of the Malasakit Program, and shall be punished with a fine equivalent to triple the amount misappropriated per count and suspension of three (3) months without pay.
- 11.2. The abovementioned administrative penalties shall be without prejudice to the filing of criminal charges under existing penal laws under R.A. No. 3019, otherwise known as the "Anti-Graft and Corrupt Practices Act" and other existing penal laws.
- 11.3. All complaints/ cases shall be submitted to the hospital's complaint and grievance committee for appropriate action. Complaints directed towards Participating Agencies shall be handled by the concerned agencies in accordance with their existing guidelines.
- 11.4. Any person who commits fraud or misrepresentation as to his indigency or financial incapacity shall render the assistance void, and shall make the person liable for twice the amount of assistance provided, and suffer the penalty of imprisonment of from six (6) months to not more than two (2) years.
- 11.5. Any person who aids or abets the commission of the offense in the preceding paragraph shall suffer the penalty of imprisonment for one (1) day to not more than six (6) months.



RULE VII. FINAL PROVISIONS

Section 12. Annual Report

- 12.1. The DOH, DSWD, PCSO and PhilHealth, through the Malasakit Program Office, shall jointly submit to the Office of the President of the Philippines, Senate Committee on Health and Demography, and the House of Representatives Committee on Health on or before the end of December of every year, or upon the request of any of the aforesaid offices, a report giving a detailed account of the status of the implementation of the Act. The report shall be posted on the websites of all participating agencies for transparency and for the information of the public. All information to be gathered, reported, and shared shall be in accordance with the R.A 10173 or the "Data Privacy Act of 2012".

Section 13. Establishment of Malasakit Program Inter-Agency Committee

- 13.1. The Malasakit Program Inter-Agency Committee (MPIAC) shall be jointly created to conduct a periodic review of the effectiveness of the Act and these Rules. It shall recommend any amendments thereto, as may be necessary;
- 13.2. MPIAC shall be composed of representatives from the following agencies/ office:
- 13.2.a. Department of Health;
 - 13.2.b. Philippine Charity Sweepstakes Office;
 - 13.2.c. Department of Social Welfare and Development; and
 - 13.2.d. Philippine Health Insurance Corporation.
- 13.3. The Committee may select representatives from other government, non-government agencies, or the private sector, as resource persons in reviewing the effectiveness of the Act and these Rules.
- 13.4. The representative from the DOH shall serve as the chair of the said Committee.
- 13.5. The Malasakit Program Office shall serve as the Secretariat of the MPIAC.

Section 14. Appropriations

- 14.1. The amount necessary for the establishment and operation of Malasakit Centers shall be included in the GAA.
- 14.2. The amounts earmarked for medical assistance under Section 288-A of the National Internal Revenue Code, as amended, shall be appropriated under the DOH, specifically for medical assistance to indigent patients. A portion of which shall be allotted for DOH hospitals and the PGH: *Provided*, that other public hospitals without Malasakit Centers



shall continue to receive medical assistance from the DOH.

Section 15. Rules of Interpretation

- 15.1. In the implementation of these Rules, the primary consideration is to uphold the Malasakit Experience of all patients and their respective family by ensuring the most efficient and streamlined business processes, including unified documentary requirements, for the delivery of assistance. All rules, regulations, processes, and practices shall be formulated and implemented with the end goal of achieving this purpose.

Section 16. Amendments Clause

- 16.1. These Rules may be amended, or modified when necessary for effective implementation and enforcement of R.A. No. 11463, and shall be jointly formulated by DOH, DSWD, PCSO, and PhilHealth.

Section 17. Transitory Provision

- 17.1. DOH Hospitals and other hospitals with existing Malasakit Centers shall be given one (1) year grace period from the effectivity of these Rules to comply with the requirements as enumerated in Section 6 and 7 of these Rules.
- 17.2 LGU hospitals and other public hospitals that will establish a Malasakit Center until December 31, 2020 shall be given one (1) year grace period from the time of its launching to comply with the requirements and standards. The DOH may provide technical assistance to support these hospitals in fulfilling the requirements.
- 17.2. In order to effect a smooth and efficient transition without unduly prejudicing or disrupting the delivery of services to the people, the participating agencies shall continue to provide the usual medical, financial, and technical assistance that they are currently providing until the full implementation of these Rules.
- 17.3. Within sixty (60) days from the effectivity of these Rules the DOH, DSWD, PCSO, and PhilHealth shall issue the appropriate guidelines in accordance with the Malasakit Centers Act and these Rules, to be adopted by their respective agencies.

Section. 18. Separability Clause

- 18.1. Any portion or provision of these Rules that is declared unconstitutional or invalid shall not have the effect of nullifying other portions or provisions hereof as long as such remaining portions can still subsist and be given effect in their entirety.

Section. 19. Repealing Clause

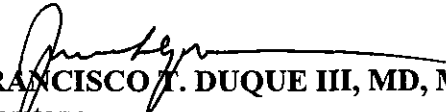
- 19.1. All laws, ordinances, rules, regulations, and other issuances or parts thereof, which are inconsistent with the Malasakit Centers Act and these Rules are hereby repealed or





modified accordingly.

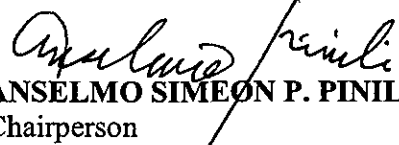
Section. 20. Effectivity

20.1. These Rules shall take effect fifteen (15) calendar days after its publication in the *Official Gazette* or in a newspaper of general circulation.


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