REPUBLIC OF PALAU
HCF
HEALTHCARE FUND

BULLETIN NUMBER: **01-2019**
TITLE: **NHI COVERAGE MAXIMUM**
DATE: **OCTOBER 1, 2018**
REVISED: **JULY 29, 2021**

PURPOSE:

The purpose of this bulletin is to provide guidance as to maximum benefit coverage under the National Health Insurance. This bulletin clarifies in detail the period approved services accumulate through and the renewal of another annual maximum coverage per member per year.

BACKGROUND:

One of the major objectives and coverage under RPPL 8-14 is to establish a Palau Health Insurance for the purpose of providing universal health care coverage to all residents of Palau. RPPL 8-14 was signed to law on May 7, 2010 and the maximum benefit coverage was initially approved at $25,000 for each approved off-island referral. April 1, 2014 the total amount payable for approved off-island care was approved and set up to $35,000 for each approved off-island referral. On October 1, 2017 in addition to other exclusions and limitations, the amount reimbursable for covered costs subject to maximum benefit coverage of $35,000 per member per year.

INTERPRETATION:

OFF-ISLAND REFERRALS:

- With respect to any one life, regardless of the number of policies or contracts:
  - $35,000 in health insurance benefits per member per year.
  - Subject to 20% copayment or OOP max.
  - Amount is not transferable
  - Benefit Year is from Oct 1st through September 30th every Fiscal Year.
- Benefit Year is the date span that the members approved services and copayment accumulates through. For example, benefit period starts October 1st thru September 30th, member's responsibility and renewed $35,000 maximum benefit starts at October 1st.
- If a covered service commenced prior to September 30th and treatment ended after September 30th, the entire covered service will be part of the prior Benefit Year.
- Off-island care that extends to a new benefit year, prior to starting new maximum coverage must obtain the approval of the Medical Referral Committee and cost approval of the Plan Administrator.

- The Healthcare Fund is not obligated to provide coverage to medical care over the maximum NHI coverage of $35,000 within one benefit year with respect to any one life under the National Health Insurance Plan.

OFF-ISLAND PROVIDER AGREEMENT:

Approved off-island referrals shall only receive care from NHI approved providers. These network providers' agreements may be set up in different ways, but all include primary care doctors and specialists.

NHI Participating Providers:

All approved off-island care shall be referred to NHI network providers. NHI providers are hospitals at an approved referral site with set payment agreement or Memorandum of Understanding with the Healthcare Fund and provide covered services to plan members at a negotiated rates. The Participating Provider Directory contains list of Medical Care Providers selected for their quality of medical care, high technology procedures and their accessibility to the Republic of Palau.

Description	Medical Centers	Site	MOU signed
Inpatient Care	Belau National Hospital	Palau	
Medical Referral Patients (MRP)	St. Luke's Medical Center Quezon City	Philippines	1/28/2021 PHI (Expire)
Medical Referral Patients (MRP)	St. Luke's Medical Center Global City	Philippines	1/28/2021 PHI (Expire)
Medical Referral Patients (MRP)	Adventist Medical Center	Philippines	3/12/2018
Medical Referral Patients (MRP)	The Medical City	Philippines	2/1/2021
Medical Referral Patients (MRP)	Taipei Medical University- Wanfang	Taiwan	5/1/2018
Medical Referral Patients (MRP)	EDA Hospital, EDA Cancer & EDA Dachang	Taiwan	5/10/2018
Medical Referral Patients (MRP)	Shin Kong Wu Ho-Su Memorial Hospital	Taiwan	6/5/2018
Medical Referral Patients (MRP)	Taiwan Adventist Hospital	Taiwan	7/24/2018
Medical Referral Patients (MRP)	Taipei Medical University- Shuang Ho Hospital	Taiwan	1/4/2021
Medical Referral Patients (MRP)	Cheng Hsin General Hospital	Taiwan	10/1/2019
Medical Referral Patients (MRP)	Mackay Memorial Hospital	Taiwan	8/13/2021

Non-referred, Emergency Off-Island Care:

The plan will only pay for services provided to treat a bone-fide emergency. The plan will on pay up to charges that are usual, customary or reasonable. The Referral Committee will use any and all available resources and information to determine (a) whether a bone-fide emergency situation existed and (b) determine a fair and reasonable charge for a service.

Specialized Hospital and Non-Participating Provider:

The plan will only pay or reimburse for services provided at a specialized hospital and/or a Non-Participating Provider that are usual, customary or reasonable. The plan shall reimburse 100% of eligible charges (less copay) based on similar situated Participating Provider charges and not more than NHI maximum coverage of $35,000. Insured member must be fully insured. Participants under the Voucher Program is not covered under this benefit plan.

TYPE OF REFERRAL CASES:

Regular Referral Case

A regular referral case refers to a normal referral case where an approved member is referred to one referral site and concludes treatment within one benefit period. A refund is only issued if the actual copay paid is more than 20% of the final bill and OOP max not met. A collection notice is issued if the actual copay paid is less than 20% of the final bill and OOP max not met.

- Maximum coverage benefit of $35,000
- Must collect Copayment or OOP max for one benefit year
- Issued one referral number for one benefit year
- One covered airfare benefit for one benefit year
- Close referral number after final bills are received
- Issue refund or collection notice after final bills and close referral number

Follow up Care /Continuation of Care

Follow up Care refers to care given to a referral patient after finishing a treatment for a disease or injury. Follow up care are usually ordered by the attending physician that are scheduled on a monthly or quarterly period. Continuity of care can be defined as the extent to which medical services are received as coordinated and uninterrupted events consistent with the medical care of patients. Provider seen for the first visit is the same provider for the next visit and duplication of tests, examination and procedures is minimized and medical care is done in one location.

- Maximum coverage up to $35,000 for one member per year
- One referral number for one benefit year
- Must collect Copayment or OOP max for one benefit year
- One covered airfare benefit for one benefit year
- Airfare for follow-up/continuation of treatment at an off-island referral site is not covered under the Plan.
- Close referral number after final bills are received

For follow up care or continuation of treatment that extends to a new benefit year must obtain the approval of the Medical Referral Program and certification of coverage from the Plan Administrator.

For terminal cases extending over one benefit year will be subject to the review of the Medical Referral Committee and Plan Administrator for re-evaluation on medical necessity and approval of additional $35,000 coverage.

Multiple Site Referral Case:

Multiple Site Referral case refers to approved off-island referral case treated subsequently from one referral site to another in one benefit year. For example, first referral approved to a facility in the Philippines and the second approved referral to a facility in Taiwan all in a period of benefit year.

- Maximum coverage up to $35,000
- New referral number per referral site for one benefit period/maximum benefit of $35,000
- Must collect Copayment or OOP max for one benefit year
- One covered airfare benefit for one benefit year
- Close referral number after final bills are received

LOCAL INPATIENT:

- No annual max for inpatient services per member.