Expanding and Sustaining Population Coverage

Manila, Philippines
The Aquino Health Agenda

Goals of Universal Health Care

- Sustained health financing
- Responsive health system
- Better health outcomes

Note:
Reference: DOH Administrative Order No. 36 s-2010 - The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos
Legislative History: The Road to PhilHealth

1972 - Medicare Program was enacted as the country’s first attempt at universal social health. After two decades and a half, the program only covered the employed sector and paid for a very small fraction of the country’s health expenditures. This paved the way for PhilHealth.

1995 - Republic Act No. 7875: Establishment of the National Health Insurance Program (NHIP) with a mandate of providing universal social health insurance coverage for all Filipinos

Amendments: Ensuring coverage of the poor and the marginalized and strengthening program implementation

2004    Republic Act No. 9241
2013    Republic Act No. 10606
MEMBERSHIP COVERAGE

- Compulsory Coverage:
  All citizens of the Philippines shall be required to enroll in the National Health Insurance Program.

- Social Solidarity:
  Bayanihan into the National Health Insurance Program where the healthy, wealthy and unaffected look after the sick, poor and afflicted.

Members in the Formal Economy including Householdhelp

Members in the Informal Economy including Migrant Workers

Lifetime Members

Indigent Members

Sponsored Members
Membership Categories*

- **Members in the Formal Economy** – those with formal contracts or fixed terms of employment including all other workers rendering services in government and private offices, owners of micro, small, medium and large enterprises, household helps and family drivers.

- **Members in the Informal Economy** – includes migrant workers, informal sector workers, and individuals who renders or sells goods as a means of livelihood or as a career.

- **Indigent Members** – those with no visible means of income or whose income is insufficient for family subsistence as identified by the DSWD based on specific criteria.

- **Sponsored Members** – a member whose contribution is being paid by another individual, government agency or private entity (i.e. abandoned and abused minors, PWDs, senior citizens, barangay health workers, nutrition scholars and other barangay volunteers).

- **Lifetime Members** – a members who has reached the age of retirement under the law and has paid at least 120 monthly premium contributions.
Who are covered?

- Legal Spouse
- Children below 21 years old including foster child
- Children with congenital conditions regardless of age
- Parents 60 years old and above and/or parents with permanent disability regardless of age
### Population Coverage:

Total Population: 97.7M

**NHIP Coverage (in millions)**

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>As of September 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Registered Members</td>
</tr>
<tr>
<td>Members in the Formal Economy (Private and government employed)</td>
<td>13.31</td>
</tr>
<tr>
<td>Members in the Informal Economy (OFW and Individually Paying)</td>
<td>3.33</td>
</tr>
<tr>
<td>Indigent Members</td>
<td>14.71</td>
</tr>
<tr>
<td>Sponsored Members</td>
<td>.67</td>
</tr>
<tr>
<td>Lifetime</td>
<td>.90</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32.92</strong></td>
</tr>
</tbody>
</table>

**Coverage Rate**

82% *

*Using the projected population of 99,558,078
<table>
<thead>
<tr>
<th>MEMBERSHIP</th>
<th>POPULATION COVERAGE</th>
<th>CONTRIBUTION</th>
<th>BENEFITS</th>
<th>PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMAL ECONOMY</td>
<td>100% (mandatory)</td>
<td>Sharing of Employer &amp; Employee (50%-50%) through payroll deduction: 2.5% of basic salary (floor: up to P8,000 and ceiling of P35,000)</td>
<td>In-Patient and Out-Patient</td>
<td>Private &amp; Government Facilities</td>
</tr>
<tr>
<td>INFORMAL ECONOMY</td>
<td>Below 60%</td>
<td>100% Contribution by the Member</td>
<td>In-Patient and Out-Patient</td>
<td>Private &amp; Government Facilities</td>
</tr>
<tr>
<td>MIGRANT WORKERS</td>
<td>Below 60%</td>
<td>100% Contribution by the Member</td>
<td>In-Patient and Out-Patient Primary Care</td>
<td>Private &amp; Government Facilities</td>
</tr>
<tr>
<td>INDIGENTS</td>
<td>100% of enrolled members</td>
<td>100% subsidy by the National Government</td>
<td>In-Patient and Out-Patient with No Balance Billing Primary Care</td>
<td>Private &amp; Government Facilities</td>
</tr>
<tr>
<td>SPONSORED</td>
<td>100% of enrolled</td>
<td>100% Subsidy by the Sponsor or Partial Subsidy</td>
<td>In-Patient and Out-Patient with No Balance Billing</td>
<td>Private &amp; Government Facilities</td>
</tr>
<tr>
<td>LIFETIME</td>
<td>100%</td>
<td>None</td>
<td>In-Patient and Out-Patient</td>
<td>Private &amp; Government Facilities</td>
</tr>
</tbody>
</table>
Identifying and Covering the Indigents

- Individuals who have no visible means of income, or whose income is insufficient for family subsistence as identified by the Department of Social Welfare and Development (DSWD) based on the specific criteria set for the purpose under the National Household Targetting System Poverty Reduction (NHTS-PR) shall automatically be enrolled and covered under the National Health Insurance Program.
Identifying and Covering the Indigents

- **Enrollment at Point of Care**

1. Non-member/beneficiary patients, who are assessed and classified as Class C-3 or D by the Hospital Medical Social Welfare Officer (HMSWO)*

2. Member/beneficiary patients who are not covered due to lack of qualifying contribution and classified to be Class C-3 or D by the HMSWO

*Note:* DOH Administrative Order No. 51 s-2001 Classification of Admitted Patients
Covering the Sponsored Members

A member whose contribution is being paid by another individual, government agency or private entity and includes:

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Premium Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those from the informal sector from the lower income segments who do not qualify for full subsidy under the means test rule of the DSWD</td>
<td>LGU / NG/ Other Sponsors / Member</td>
</tr>
<tr>
<td>Orphans, abandoned minors, out-of-school youths, street children, PWDs, senior citizens, battered women under DSWD custody or any of its accredited</td>
<td>DSWD budget</td>
</tr>
<tr>
<td>Women about to give birth (and as determined by means test recognized by DSWD)</td>
<td>NG and / or LGUs and / or other Sponsor</td>
</tr>
<tr>
<td>Barangay health workers, nutrition scholars, etc.</td>
<td>LGU concerned</td>
</tr>
</tbody>
</table>
Ensuring Coverage for the Formal & Informal Economy Members

- PhilHealth as a Requisite for issuance or renewal of license/permits

... all government entities including LGUs issuing professional or business license or permits, shall require all applicants to submit a certificate or proof or payment of PhilHealth premium contributions as a pre-requisite to the issuance or renewal of such license or permit.
Success in Reaching Target Populations: Indigents and Informal Economy

Passage of Republic Act No. 10351: Excise Tax on Alcohol and Tobacco Products

SEC. 2. Enrollment and Coverage of Indigent Families and Members in the Informal Economy. Funds shall be allocated to enroll and continuously cover as members of the NHIP the following:

2.1 Indigent families, the list of which shall be provided by the DSWD in coordination with PhilHealth and shall be updated at least once every four (4) years; and

2.2 Members in the informal economy from the lowest income segment who qualify under the means test rule or any other appropriate statistical method that may be adopted by the DSWD for this purpose. The list of members in the informal economy from the lowest income segment shall be provided by the DSWD in coordination with PhilHealth and shall be updated at least once every four (4) years.
Member Enrollment

The new PMRF is enough – No more documentary Requirements!

A person intending to enroll as member (including dependents) shall submit a properly accomplished PhilHealth Member Registration Form.

Under the penalty of law, I attest that the information I provided in this form are true and accurate to the best of my knowledge.

Signature over Printed Name  Date
Challenges and Opportunities

- Mandatory membership for all Filipinos:
- Sustain Membership Coverage;
- How to cover the uncovered Informal Economy Members
  - Enforcement and compliance of Employers and members of the NHIP Law
  - Empowered Members – Knowing the benefits and how to avail the benefits
  - Strengthen Partnership with Stakeholders
Monitoring of Progress in Reaching Target Populations

Republic Act No. 10606, Section 54: Oversight Provision

- Creation of a Joint Congressional Oversight Committee to conduct a regular review of the NHIP which shall entail a systematic evaluation of the Program’s performance, impact or accomplishments with respect to the objectives and goals.

- The National Economic and Development Authority, in coordination with the National Statistics Office and the National Institutes for Health of the University of the Philippines shall undertake studies to validate the accomplishments of the Program. Such validation studies shall include an assessment of the enrollees’ satisfaction of the benefit package and services provided by the Corporation.
THANK YOU....

MABUHAY!!!!!!

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