

CY 2025 Accomplishment Report of the Benefits Committee *Approved by the Benefits Committee on January 15, 2026*

The Benefits Committee is a sub-committee under the PhilHealth Board whose main responsibility is to provide policy directions and set a medium-term benefits development agenda, including a review of the provider payment mechanism, in line with the progressive realization of Universal Health Care (UHC) law. It also evaluates proposed current benefit designs, monitors the overall utilization and implementation of benefit policy implications, and recommends corrective action to the Board or provides policy directions to the Health Finance Policy Sector.

The Benefits Committee, in its commitment to provide policy directions on healthcare benefits, approved policies toward the realization of the UHC Law as follows:

I. FLEXIBILITY CLAIMS SUBMISSION

Benefits claims is an indispensable process in healthcare services. It caters reimbursement of all valid claims filed by accredited Health Care Professionals (HCPs) and Health Care Institutions (HCIs). Due to voluminous pending claims, the Committee recommended to the Board to approve the comprehensive flexibility claims submission. It covers the returned and denied claims filed by HCPs and HCIs for failure to comply the mandatory 60-day filing period for benefit claims, allowing them to re-file the claims with justifiable cause listed by the Corporation.

II. AMENDMENT TO THE COVERAGE OF THE POLICY ON LIFTING THE SINGLE PERIOD OF CONFINEMENT AND AMENDMENT TO THE POLICY ON THE COVERAGE AND EXTENSION OF THE FILING PERIOD FOR COVID-19 CLAIMS

The Committee recommended to the Board to amend the two (2) existing policies pertaining to Coverage of the Policy on Lifting the Single Period of Confinement and Policy Coverage and Extension of the Filing Period for COVID-19 Claims. These amendments were form part of the Management to align the PhilHealth policies with the Universal Health Care Act, ensuring immediate eligibility and access to healthcare services.

III. LIFTING OF 45 – DAY BENEFITS LIMIT RULE

In its commitment to all Filipinos, the Committee recommended to the Board to lift the 45 – day Benefits Limit Rule. This policy contradicts the very essence of the purpose and objective of the Universal Health Care Act, by limiting the availment of the benefit package of the Corporation. This policy ensures greater equitable access to healthcare and protected against financial risk.

IV. REVISION IN THE COVERAGE FOR POST-KIDNEY TRANSPLANTATION SERVICES IN CHILDREN WITH END RENAL DISEASE

Due to higher prevalence rate, the Committee recommended to the Board to revise the post-Kidney Transplantation services to help reduce the financial burden on patients and their families, promote better health outcomes, and support the broader goal of improving access to quality healthcare for all Filipinos.

V. GUARANTEED AND ACCESSIBLE MEDICATION FOR OUTPATIENT TREATMENT (PhilHealth GAMOT) AND SELECTED CANCER SCREENING TESTS (SCSTs)

The Committee recommended to the Board regarding the two (2) of the most significant benefit packages for primary care benefit packages under Yaman ng Kalusugan Program (YAKAP). These benefit packages are PhilHealth Guaranteed and Accessible Medication for Outpatient Treatment (GAMOT) and Selected Cancer Screening Tests (SCSTs). It highlighted the original 55 medicines with additional 20 medications and selected cancer screening tests such as Mammogram, Breast Ultrasound, Low Dose Chest Computed Tomography (CT) Scan, Alpha Fetoprotein, and Liver Ultrasound.

VI. OUTPATIENT EMERGENCY CARE BENEFIT PACKAGE

Anchoring to the objectives of Universal Health Care Act, the Committee recommended to the Board to approve the benefit package for Emergency Care Benefit Package. It provides rapid medical care to critically ill or injured patients prior to arrival to a hospital. It also acts as an integral part of Outpatient Emergency Care Benefit (OECB) package and providing inter-facility ambulance transport for patients during emergency and disaster situations.

Benefits Committee Members

Member’s Name	Position	Office
Sec. Teodoro J. Herbosa	Chairperson	Department of Health
ASec. Albert Francis E. Domingo	Alternate Member	
USec. Warren Miclat	Vice – Chairperson	
Dir. Gilbert D. Cacatian	Alternate Member	Department of Labor and Employment
Atty. Florence P. Daquioag-Bual	Alternate Member	
Dr. Edwin M. Mercado	Member	Philippine Health Insurance Corporation
Dr. Maria Graciela G. Gonzaga	Member	
Dr. Thea Arcely R. Gimenez	Member	
BGen. Marlene R. Padua, AFP (Ret.)	Member	
Atty. Gioan Fernand A. Legaspi	Member	
Dr. Carmencita D. Padilla	Member	
Mr. Robert Francis F. Maronilla	Member	

Note: Director Gilbert D. Cacatian of Department of Labor and Employment (DOLE) resigned his post last September 8, 2025.

Benefits Committee Member Attendance Records

Members	DATE OF THE MEETING						Total
	2/11	3/5	4/15	6/11	7/9	10/14	
Department of Health	✓	✓	✓	✓	✓	✓	6
DOLE	✓	✓	✓	✓	✓	✓	6
Expert Panel	✓	✓	✓	✓	X	✓	5
Health Care Providers Sector	✓	✓	✓	✓	✓	✓	6
Employers Group	✓	✓	✓	✓	✓	✓	6
Direct Contributor	✓	✓	✓	✓	✓	✓	6
Indirect Contributor	✓	X	✓	✓	✓	✓	5

Legend:

- X – Not Available

The Benefits Committee will continue to perform its functions and responsibilities to ensure that all Filipinos are guaranteed equitable access to quality and affordable healthcare services, and protected against financial risk.

Benefits Committee Secretariat