

Guidelines on PhilHealth YAKAP Co-payment for Private Providers

With the launch of PhilHealth YAKAP or Yaman ng Kalusugan Program, PhilHealth wishes to clarify the co-payment guidelines for private PhilHealth YAKAP providers to ensure transparent, fair, and consistent implementation across all accredited facilities.

A co-payment is a fee that a PhilHealth member may need to pay to a private YAKAP provider. Members will only pay the co-payment if they choose to be empaneled in the private YAKAP provider.

1. Maximum Annual Co-Payment

Private YAKAP providers may charge a maximum co-payment of PhP 900 per calendar year to empaneled members (after the conduct of the First Patient Encounter) who avail of YAKAP services. This co-payment applies to all members utilizing services from the private YAKAP provider within a calendar year.

2. Flexible Payment Options

For Members:

Private YAKAP providers may have different co-payment schemes. You will need to coordinate with your private YAKAP provider what co-payment scheme they will decide to implement.

For Providers:

Private YAKAP providers are allowed to structure the PhP 900 co-payment in the manner that best suits their operational needs:

- Per-visit basis (e.g., PhP 150 per consultation for a patient that may require at least six visits) or
- Single-payment basis (e.g., PhP 900 paid once at the start of enrollment or first visit) or
- Any other payment structure, provided the total does not exceed PhP 900 per year.

3. Clear Communication Required

All private YAKAP providers must inform members of their co-payment structure during empanelment or service delivery. This includes:

- The total annual co-payment amount, and
- How and when members will pay (per visit, single payment, or other arrangements).

All private YAKAP providers shall use simple, clear language that members can easily understand. This information shall be displayed prominently at consultation areas and explained verbally during the First Patient Encounter (FPE) and every subsequent visit.

Private YAKAP providers shall also clearly communicate the difference between the co-payment and any additional fees the YAKAP provider may charge for services not covered by YAKAP.

4. Treatment of Co-Payment and Capitation Payment

Private YAKAP providers should not treat the capitation or the co-payment as a consumable. Once the member has been empaneled with a valid FPE, they are entitled to the full range of services covered under YAKAP.

5. Changing YAKAP Providers

When a member changes to a private YAKAP provider:

For Members:

- Your new provider cannot charge you another co-payment if you have already paid the maximum PhP 900 for the year.

For Providers:

- Both providers shall negotiate directly with each other regarding cost-sharing arrangements for the PhP 900 the member has paid .

6. Reporting Co-payments

YAKAP providers shall report to PhilHealth their co-payment structure and the total amount of co-payments collected for the year.

Members who have questions or concerns about co-payment charges should contact their YAKAP provider directly or reach out to PhilHealth through official channels.

All providers shall uphold these standards to maintain trust, transparency, and equitable access to quality primary healthcare for all Filipinos.

Should there be any questions or need for further assistance, you may coordinate with your respective PhilHealth Regional Office or reach out through the following support channels:

Hotline : (02) 8662-2588
 "Click-to-Call" : Visit <https://www.philhealth.gov.ph> and click the corresponding icon

Mobile Hotline: (Smart) 0998-857-2957; 0968-865-4670
 (Globe) 0917-127-5987; 0917-110-9812

Email : actioncenter@philhealth.gov.ph

For your information and guidance.

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