



**PHILHEALTH CIRCULAR**

No. 044, s. 2012

**TO :** ALL INDIVIDUALLY PAYING MEMBERS, KaSAPI PROGRAM ENROLLEES, MEMBERS UNDER THE GROUP ENROLLMENT SCHEME, ORGANIZED GROUPS, ACCREDITED HEALTH CARE PROVIDERS, ACCREDITED COLLECTING AGENTS, PHILHEALTH OFFICES AND ALL CONCERNED

**SUBJECT :** Implementation of the iGroup Program for Organized Groups

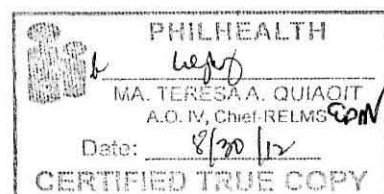
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**I. RATIONALE AND OBJECTIVE**

To attain the objectives of the Universal Health Care (UHC) agenda of the national government, the Philippine Health Insurance Corporation (PhilHealth) continuously works towards the enrollment of members from the Informal Sector to the Individually-Paying Program (IPP) of the National Health Insurance Program (NHIP).

PhilHealth's platform for Organized Groups (OGs) started with the implementation of the PhilHealth Organized Group Interface (POGI) in 2003 which later evolved into KalusugangSigurado at Abot-Kaya sa PhilHealth Insurance (KaSAPI) in 2006 as a strategy to increase coverage in the IPP. This aims to capture mass IPP enrollment through one time transaction with organized groups while providing incentives to maintain membership within the agreed minimum number of enrollees. However, the number of IPMs enrolled under both the POGI and KaSAPI was very low due to several issues such as high group size requirement and stringent policies in documentary requirements, among others.

Pursuant to PhilHealth Board Resolution No. 1632, series of 2012, PhilHealth shall implement an enhanced mechanism called the iGroup Program, for the enrollment and continued coverage of Individually-Paying Members (IPM) in partnership with duly-registered organizations. Patterned after the POGI and KaSAPI, this partnership shall likewise provide premium incentives to iGroup Partners and other value-added benefits for their members and dependents subject to group size category. In order to seal the partnership with these OGs, PhilHealth shall require the signing of a Memorandum of Agreement (MOA) and Group Policy Contract (GPC). Further, the iGroup Program shall automatically replace the KaSAPI Program upon effectivity of this Circular.



## II. COVERAGE

The following shall be covered under the iGroup Program:

1. Any organization, association or entity that is duly organized and registered with appropriate government regulatory bodies and pro-actively promotes social protection or social health insurance to its informal sector members and clients as one of its major objectives;
2. Existing KaSAPI Partners;
3. OGs with existing Group Enrollment Scheme; and
4. Other groups as may be approved by PhilHealth. This includes, but is not limited to, micro-finance institutions (MFI), cooperatives, professional organizations, non-profit organizations (NPOs) such as non-government organizations (NGOs), religious and civic organizations, corporate foundations, people's organizations (POs), confederations of OGs, and the like.

## III. IMPLEMENTING MECHANISMS

To ensure smooth transition from the KaSAPI to the new iGroup Program, the following policies shall be followed:

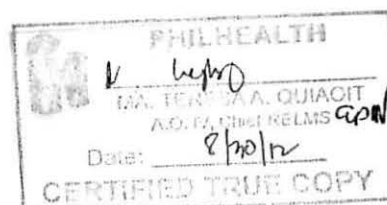
### A. OG ENROLLMENT

#### *KaSAPI*

1. All existing KaSAPI partners are encouraged to maximize their IPM enrollment until December 2012. All OG-IPMs which have registered and paid on or before 31 December 2012 shall be eligible to pay the CY 2013 group premium rate computed at One Thousand Two Hundred Pesos (PhP 1,200.00) per person;
2. After the remittance of the group premium for the 3rd quarter of 2012, existing KaSAPI Partners shall accomplish the iGroup Program Registration Form (IPRF) (**Annex B**), sign an Amended Memorandum of Agreement (MOA) (**Annex A-1**) and Group Policy Contract (GPC) (**Annex C**) with PhilHealth to pursue the subsequent conversion of their members to the iGroup Program effective October 1, 2012;

#### *Group Enrollment Partners and other OGs*

1. New OG Partners shall accomplish the IPRF and submit the following requirements subject to PhilHealth approval before signing a MOA (**Annex A**);



- a. Letter of Intent (LOI) indicating the committed number of enrollees, mode of payment and elected number of years of validity of the GPC;
- b. Any of the following, as applicable:
  - i. *MFIs*—Certification from Bangko Sentral ng Pilipinas (BSP) authorizing the Organized Group to conduct business;
  - ii. *For Cooperatives* – Cooperative in Good Standing (CGS) certification from Cooperative Development Authority (CDA);
  - iii. *For Associations and other Organized Groups*—Certificate of Good Standing from the Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI), any government regulatory body such as the Local Government Unit, among others.
2. OGs that have passed the evaluation shall sign a MOA with PhilHealth to enroll the organization and their members under the iGroup Program. The duly authorized representative of the OG or confederation of OGs shall sign the MOA to cover all its members, branches or offices;
3. All OGs with MOA and GPC signed and issued until December 2012 shall be eligible to avail of the PhP 1,200/IPM computation for CY 2013;

***iGroup Program Partnerships formed starting January 1, 2013***

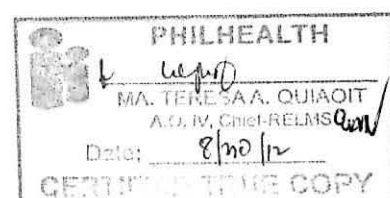
1. All new iGroup Program Partnerships formed starting January 1, 2013 shall follow the same implementing guidelines of the program. Premium rate per IPM shall be computed based on the prevailing rate applicable to GPC validity period.

**B. GROUP POLICY CONTRACT (GPC)**

The iGroup Program Partner shall be issued a GPC that shall reflect the group classification, group size, validity period, mode of payment and other pertinent policy information details;

1. By signing a GPC, the OG ensures no disruption of benefits availment among its members within the validity period as long as group premium payments are regularly remitted to PhilHealth. It, likewise, grants automatic eligibility for its IPMs to avail of benefits within the validity period;
2. An iGroup Partner shall be issued with a GPC which shall have a minimum validity period of one (1) year and maximum of three (3) years.

For the 3<sup>rd</sup> quarter transition phase, the validity period for the initial GPC shall start on October 1, 2012 and end on December 31 of 2013, 2014 or 2015, as preferred by the OG.



### C. MEMBER ENROLLMENT

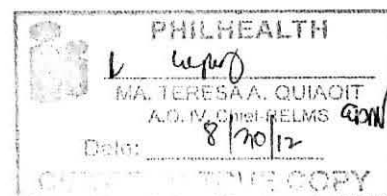
The iGroup Partner may register a minimum Group Size of at least 30 qualified members to enroll under the Program. To determine the qualified members, they must not be actively enrolled in other membership categories of PhilHealth such as the Sponsored Program (LGU/NHTS), Employed, Overseas Workers Program (OWP), Lifetime or an active IPM who has already paid for the period to be covered by the OG.

1. Replacement due to a reason other than a shift in NHIP membership category shall not be allowed until the expiration of an active GPC. For purposes of replacement, the OG shall fill out the iGroup Member replacement Form (**Annex E**);
2. Additional membership may be submitted to PhilHealth fifteen (15) calendar days prior to the end of a quarter to allow adequate time for processing of membership. The effectivity date of additional members shall be the succeeding calendar quarter and shall follow the mode of payment of the current GPC;
3. The PhP 1,200/IPM premium rate promo covering the period until December 2013 is exclusive to members under an iGroup Partnership established as of December 2012 only. Effective January 2014, premium rates for all IPMs covered by an OG shall be computed according to prevailing rates.

### IV. GRADUATION SCHEME

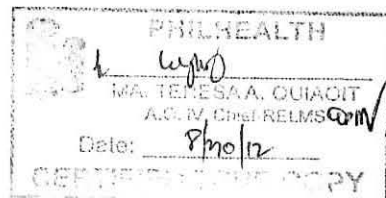
In order to continuously boost the enrollment of new IPMs into the iGroup and maximize the advantages of the program, the following additional benefits are provided according to contracted Group Size:

Group Classification	BRONZE	SILVER	GOLD
Actual Enrollees	30 - 699	700 - 2,449	2,450 and higher
Benefits	No Premium Incentive	Premium Incentive	Premium Incentive
	In-patient and Out-patient benefit packages ( <i>Except NBB</i> )	In-Patient and Out-patient benefit packages ( <i>Except NBB</i> )	In-Patient and Out-patient benefit packages
	Automatic Benefits Availment within Validity Period	Automatic Benefits Availment within Validity Period	Automatic Benefits Availment within Validity Period
	Primary Care Benefits Package 1	Primary Care Benefits Package 1	Primary Care Benefits Package 1 No Balance Billing



## V. BILLING AND PAYMENT PROCEDURES

1. PhilHealth shall issue a Billing Statement to the iGroup Partner not later than ten (10) calendar days prior to the applicable period;
2. The iGroup shall diligently remit to PhilHealth the premium contributions of its members;
3. For purposes of GPC issuance and establishment of initial agreements, premium payments shall be made first at PhilHealth's Local Health Insurance Offices (LHIOs). Succeeding premium payments within the validity period may be done in accredited collecting agents (ACAs) but the OG shall immediately furnish the LHIO a copy of the PhilHealth Agent's Receipt (PAR);
4. The iGroup partner shall not be entitled to avail of the premium incentive if it fails to remit the corresponding group premium contribution of its enrollees on or before the due date;
5. Premium contributions shall be remitted based on the mode of payment reflected in the GPC with corresponding due dates and minimum payment requirement as follows:
  - a. **Quarterly** –one (1) quarter group premium contribution of all enrollees to be paid on or before the last working day of the quarter prior to the start of the applicable period;
  - b. **Semi-Annual** – 50% of the total annual group premium contributions of all enrollees which shall be paid on or before the last working day of the quarter prior to the applicable semester within a calendar year; and
  - c. **Annual**- 100% of the total annual premium contributions of its enrollees which shall be paid on or before the last working day of the quarter prior to the applicable calendar year.
6. Failure to remit the group premium on or before the deadline based on applicable mode of payment may render the iGroup Partner in default. However, a grace period of one month after the deadline may be granted once in a given year. Non-remittance within the grace period shall cause the termination of the GPC, suspension of benefits availment by its members and suspension of the OG, without prejudice to other fines and penalties that may be imposed by the Corporation.
7. Reinstatement of the GPC may be applied for subject to the terms provided by the Corporation.



## VI. OFFENSES AND PENALTIES

Non-remittance of the premium requirements shall make the iGroup Program Partner responsible and liable to PhilHealth and liable for the fines and penalties prescribed by the Corporation and applicable laws. As such, the managing directors, partners, president, general manager and/or any other persons responsible for the said act/omission shall likewise be held accountable.

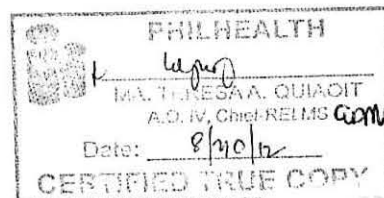
## VII. BENEFITS AND ELIGIBILITY REQUIREMENTS

The iGroup Program Partner shall be trained to use the enhanced e-group system. The enhanced e-group is a web-based system designed for the iGroup Program. It shall be used by the iGroup partner to store OG profile, branches and centers, members' data, reporting, monitoring and issuance of enhanced MDR (pdf).

1. For benefits availment of the IPM, the iGroup partner is authorized to print and release the enhanced MDR. The MDR reflects the premium payments made for the IPM and OG group classification. This shall be generated through the e-group system.
2. An MDR released by the OG that does not reflect the name of the patient-dependent may be updated and released at the PhilHealth Office upon presentation of the appropriate supporting document and an accomplished PhilHealth Membership Registration Form (PMRF);
3. A significant increase in Band Class, such as a move to the next higher group classification, shall render the member eligible to avail of the additional benefits under the higher category immediately applicable on the succeeding quarter after group premium payment has been duly remitted. An updated MDR shall, likewise, be provided to guide the Health Care Provider.
4. All iGroup Program members and their dependents shall be entitled to avail of the following NHIP benefits immediately upon the effectivity of the GPC and within the validity period reflected both in the GPC and CPP (**Annex D**):

### A. *In-patient (hospitalization) benefits:*

1. *Benefit package under the Fee-for-Service Payment Scheme* – This includes subsidies for room and board, drugs and medicines, laboratory exam, use of operating room complex and professional fees for confinements of not less than 24 hours. The prescribed rates are the maximum allowances or ceilings to be applied per single period of confinement and not to exceed 45 days for each calendar year;
2. *Special Benefit Packages under the New Case Rates* – These are benefits with predetermined fixed rate for each treated medical or surgical cases;





3. *No Balance Billing* - Applicable to IPMs under Gold-classified OGs, this privilege may be availed in government hospitals and PhilHealth Beds. Similar to Sponsored Program members, the IPM shall not incur out-of-pocket expenses.

B. *Out-patient benefits:*

1. *Outpatient Benefit Package* – This package includes day surgeries, dialysis and cancer treatment procedures such as chemotherapy and radiotherapy in accredited hospitals and free-standing clinics, among others;
2. *Other Special Benefit Packages* – These include Tuberculosis Treatment through DOTS, SARS, Animal Bite Package, Avian Influenza and Novel Influenza A (H1N1);
3. *Primary Care Benefit Package* – This package includes benefits for primary preventive services, diagnostic examinations and drugs/ medicines. The OG shall be guided by PhilHealth on the enlistment and availment procedures of the PCB 1;

C. Other future benefits packages to be provided by the NHIP for iGroup members.

D. Expenses for the following services shall not be covered by the NHIP:

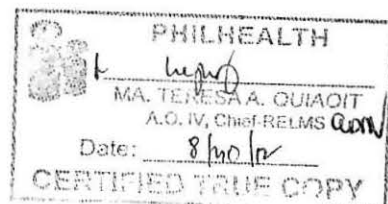
1. *Fifth and subsequent normal obstetrical deliveries;*
2. *Non-prescription drugs and devices;*
3. *Alcohol abuse or dependency treatment;*
4. *Cosmetic surgery;*
5. *Optometric services; and*
6. *Cost-ineffective procedures as defined by the Corporation.*

5. In case a member or his/her dependent's hospitalization extends beyond the membership validity period and the GPC has not been renewed, the Corporation shall only pay for hospitalization days within the member's applicable paid period except when the latter has continued paying his/her premium contributions separately as an IPM;

### VIII. CONDUCT OF INFORMATION AND EDUCATION CAMPAIGN (IEC)

PhilHealth shall conduct regular IEC to the iGroup Partner officers, staff and enrollees including health care providers regarding the latest policies relative to the iGroup Program and the NHIP. PhilHealth shall also provide IEC materials to the iGroup partner to augment the latter's information drive for its enrollees.

The conduct of IEC shall be a continuous activity for the sustainability and expansion of membership under the Informal Sector through OGs. Further, the iGroup Partner shall



provide assistance to its members in order to improve their understanding of the NHIP and maximize their benefits under the Program.

## IX. EFFECTIVITY

This Circular shall take effect fifteen (15) days after publication in any newspaper of general circulation, and shall be deposited with the National Administrative Register at the University of the Philippines Law Center.

All provisions of previous issuances that are inconsistent herewith are deemed superseded.

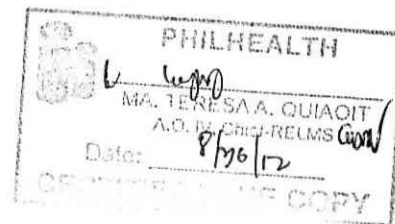
For information and guidance.

**DR. EDUARDO P. BANZON**

President and CEO

8/29/2012

Date





**MEMORANDUM OF AGREEMENT BETWEEN  
PHILIPPINE HEALTH INSURANCE CORPORATION  
and <COMPLETE NAME OF THE OG>**

**KNOW ALL MEN BY THESE PRESENTS:**

This Memorandum of Agreement made and entered into by and between:

The **PHILIPPINE HEALTH INSURANCE CORPORATION**, a government-owned and controlled corporation organized and existing under the laws of the Republic of the Philippines, with principal office located at **<PRO ADDRESS>**, represented herein by its **REGIONAL VICE-PRESIDENT, <NAME OF RVP>**, and hereinafter referred to as "**PHILHEALTH**";

-and-

The **<COMPLETE NAME OF THE OG>**, with PhilHealth OG No. **19-1234567890**, is a non-political entity organized under the laws of the Republic of the Philippines, with office address at **<ADDRESS OF OG>** represented herein by its **<POSITION>**, **<AUTHORIZED SIGNATORY>**, and hereinafter referred to as the **"<ACRONYM OF THE OG>"**;

**Witnesseth:**

**WHEREAS**, Section 11, Article XIII, of the 1987 Philippine Constitution mandates the State to adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other services available to all people at affordable cost;

**WHEREAS**, to implement the aforementioned constitutional provision, the Philippine Congress enacted Republic Act No 7875 as amended by R.A. 9241, *"An Act Instituting a National Health Insurance Program (NHIP) and establishing the Philippine Health Insurance Corporation (PhilHealth)"*;

**WHEREAS**, Title 3, Rule 1, Section 4 of the Implementing Rules and Regulation (IRR) of the National Health Insurance Act (RA 7875) as Amended by RA 9241 states that, "it is the main objective of the NHIP to provide all Filipinos with the mechanism to gain financial access to quality health care services within the first 15 years of its implementation. Coverage of the employed members in the government and private sectors, individually paying, retirees and indigent families shall be assured";

**WHEREAS**, the Individually Paying Members (IPM) as defined under Section 5 of the above rule as, "self-employed, land-based OFWs, privately sponsored/employed to include employers/employees of international organizations and foreign governments based in the Philippines and others including but not limited to the following: Individuals who are separated from employment, Parents who are not qualified as legal dependents, indigents or retirees/pensions, Children who are not qualified as legal dependents, Unemployed persons who are not qualified as indigents, Citizens of the Philippines residing in other countries and Citizens of other countries residing and/or working in the Philippines";

**WHEREAS**, these individuals may be effectively reached through duly registered private or non-government organizations or associations (*hereinafter referred to as "Organized Groups"*), which are organized for the primary purpose of promoting social protection or social health insurance to its informal members.

**WHEREAS**, cognizant of the important role of the Organized Groups in providing individuals from the Informal Sector access to social health insurance, PhilHealth is tapping them as partners in the implementation of NHIP through the I-Group Program;

**WHEREAS**, this partnership engages Organized Groups in the vision towards universal coverage and Kalusugan Pangkalahatan;

**WHEREAS**, having realized the benefits and importance of having social health insurance coverage, <ACRONYM OF THE OG>, being an Organized Group as herein contemplated, has expressed its intention of implementing the said Program beginning \_\_\_\_\_.

**NOW, THEREFORE**, for and in consideration of the foregoing premises, the parties hereto have agreed, as they hereby and bind themselves, as follows:

## **ARTICLE I UNDERTAKINGS OF PHILHEALTH**

**Section 1.** PhilHealth shall perform with due diligence and efficiency, the following tasks:

- 1.1 It shall sign a Group Policy Contract with <ACRONYM OF THE OG> as soon as the latter's group size, band, group classification, number of actual enrollees, applicable group premium, and mode of payment have been duly established and the corresponding minimum initial payment for all its enrollees have been remitted. The said Group Policy Contract shall be valid for at least one (1) year for a maximum of three (3) years.
- 1.2 It shall conduct a comprehensive training to <ACRONYM OF THE OG> in providing Information, Education and Communication (IEC) campaign and advocacy, collection of premiums and monitoring of the Program.
- 1.3 It shall conduct sustained seminars/orientations aimed at apprising the partners/members of <ACRONYM OF THE OG> on the policies, rules and regulations relative to program benefits, availment procedures, and their rights and obligations under the Program. For this purpose, it shall immediately take appropriate action on any campaign materials intended to be issued by <ACRONYM OF THE OG> to its participating partners/members in consonance with Article II, Section 2, (2.5) of this Agreement.
- 1.4 It shall provide <ACRONYM OF THE OG> access to a web-based system, compatible with its internal system, to enable encoding, monitoring, generation of CPP, MDR and CF1 of <ACRONYM OF THE OG>'s members to be enrolled under NHIP through the I-Group Program.
- 1.5 It shall provide <ACRONYM OF THE OG> with appropriate member registration forms, reporting and monitoring forms, and IEC materials to be issued to its participating members in consonance with Article II, Section 2, (2.5) of this Agreement.

- 1.6 It shall process and validate the accomplished PhilHealth Member Registration Forms (PMRF) prior to the assignment of PhilHealth Identification Numbers (PINs) to each enrollee-member of <ACRONYM OF THE OG>.
- 1.7 It shall generate and release the PhilHealth ID Cards (PIC) for new IPMS registered through the <ACRONYM OF THE OG> after the latter's payment of the required premium contribution based on the applicable Billing Statement.
- 1.8 It shall collect from <ACRONYM OF THE OG> the required group premium payment based on the agreed schedule in the Policy Contract Details. Non-remittance of premium within the deadline shall subject <ACRONYM OF THE OG> to suspension of incentives for the period and to such other penalties as may be prescribed by PhilHealth
- 1.9 It shall regularly update <ACRONYM OF THE OG> on the NHIP.

## **Article II**

### **UNDERTAKINGS OF <ACRONYM OF THE OG>**

**Section 2.** <ACRONYM OF THE OG> shall perform with due diligence and efficiency, the following tasks:

- 2.1 It shall sign a Group Policy Contract (GPC) with PhilHealth stipulating the group size, band, number of actual enrollees and mode of payment and which shall be valid for at least one (1) year.
- 2.2 It shall provide PhilHealth a profile of its members to determine the number of eligible members to be enrolled under NHIP.
- 2.3 It shall recruit members for enrollment under the NHIP through the iGroup Program.
- 2.4 It shall attend PhilHealth orientations and allow its concerned staff/members to attend the comprehensive training of PhilHealth for the smooth and proper implementation of the iGroup partnership with PhilHealth.
- 2.5 It shall conduct information, education and communication campaigns aimed at apprising its members on the policies, rules and regulations relative to program benefits, availment procedures, and their corresponding rights and obligations under the iGroup Program. Any campaign and information materials that <ACRONYM OF THE OG> intends to issue and distribute to its partners/members as part of its marketing activities shall require the prior written approval of PhilHealth. For this purpose, <ACRONYM OF THE OG> shall submit the draft of said materials to PhilHealth for immediate review, approval or such other appropriate action.
- 2.6 It shall ensure proper accomplishment and submission of PhilHealth Member Registration Forms (PMRF) together with complete documentary requirements attached to the Transmittal List of Enrollees to PhilHealth.
- 2.7 It shall ensure accurate encoding of the members' data into the web-based system consistent with the information on the accomplished PhilHealth membership forms and documentary requirements. The encoded members' data shall be submitted to PhilHealth

electronically while the properly accomplished PMRF and documentary requirements shall be transmitted to the nearest PhilHealth Local Health Insurance Office (LHIO).

- 2.8 It shall collect and duly remit its members' premium contributions to PhilHealth. <ACRONYM OF THE OG> is solely responsible and liable in case it fails to remit to PhilHealth the said premium payment it has collected from its members.
- 2.9 It shall generate and release the enhanced MDR through the web based system provided, along with the PIC of new IPMs.
- 2.10 It shall submit required reports to PhilHealth for purposes of monitoring/evaluation, research and program development.

### **Article III PROVISIONS FOR PAYMENT OF PREMIUM CONTRIBUTION AND LATE REMITTANCES**

**Section 3.** The Corporation and <ACRONYM OF THE OG> shall be guided by the following provisions pertinent to contribution payments and late remittances:

- 3.1 <ACRONYM OF THE OG> shall be required to pay the initial group premium of all its enrollees and sign a Group Policy Contract prior to issuance of PhilHealth ID Cards to new IPMs enrolled into the NHIP.
- 3.2 Initial premium payments shall be remitted at PhilHealth's Local Health Insurance Offices (LHIOs) for the purpose of GPC issuance. Succeeding payments may transacted at Accredited Collecting Agents (ACAs). OG shall furnish PhilHealth a copy of the PhilHealth Agent's Receipt (PAR) for payments made to any accredited collecting agent.
- 3.3 Succeeding applicable premium, as billed, shall be remitted either quarterly, semi-annually or annually. However, advance payment or full payment is encouraged upon signing the Group Policy Contract.
- 3.4 Late remittances or non-remittance of premium contributions by <ACRONYM OF THE OG> shall be a valid ground for the suspension of the provision of Organized Group Incentives and benefits. This is without prejudice to other sanctions as provided for under existing laws, rules and regulations.

### **Article IV EFFECTIVITY**

**Section 4.** This Agreement shall remain effective for at least one (1) year and thereafter, it shall continue to be in force unless terminated by either party by giving the other party a prior thirty (30)-day written notice of termination.

### **Article V SEPARABILITY CLAUSE**

**Section 5.** If any provision of this Agreement is declared null and void, invalid or contrary to law by a court of competent jurisdiction, all the other provisions which are not affected shall remain in full force and effect and binding to both parties.

**Article VI  
REVISION OR AMENDMENT**

**Section 6.** Any revision or amendment on this Agreement shall require the written consent of the parties hereto.

**IN WITNESS WHEREOF**, the parties have hereunto signed this Agreement this \_\_\_\_ day of \_\_\_\_\_ 2012, at \_\_\_\_\_, Philippines.

**PHILIPPINE HEALTH INSURANCE  
CORPORATION**

**(<ACRONYM OF THE OG>)**

By:

By:

**(NAME OF PRO-RVP)**  
Regional Vice-President

**<AUTHORIZED SIGNATORY>**  
**<POSITION>**

**Signed in the presence of :**

\_\_\_\_\_

**ACKNOWLEDGEMENT**

**REPUBLIC OF THE PHILIPPINES )**

**) S.S.**

**BEFORE ME**, this \_\_\_\_ day of \_\_\_\_\_, 2012 at \_\_\_\_\_, Philippines, personally appeared:

Name

Comm. Tax Cert. No.

Date/Place Issued

**PRO RVP**

**<AUTHORIZED SIGNATORY>**

\_\_\_\_\_

\_\_\_\_\_

known to me to be the same persons who executed the foregoing Memorandum of Agreement and acknowledged that the same is their free act and deed and that of the Corporation being represented.

This Memorandum of Agreement consists of six (6) pages including the page in which this Acknowledgement is written and signed by the parties on the left side of each page thereof.

**WITNESS MY HAND AND SEAL** on the date and place first above written.

**NOTARY PUBLIC**

Doc. No.: \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of 20 \_\_\_\_.



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and <COMPLETE NAME OF THE OG>**

**KNOW ALL MEN BY THESE PRESENTS:**

This Memorandum of Agreement made and entered into by and between:

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**-and-**

The **<COMPLETE NAME OF THE OG>**, with PhilHealth OG No. **19-1234567890**, is a non-political entity organized under the laws of the Republic of the Philippines, with office address at **<ADDRESS OF OG>** represented herein by its **<POSITION>**, **<AUTHORIZED SIGNATORY>**, and hereinafter referred to as the **"<ACRONYM OF THE OG>"**;

**Witnesseth:**

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**WHEREAS**, the Individually Paying Members (IPM) as defined under Section 5 of the above rule as, "self-employed, land-based OFWs, privately sponsored/employed to include employers/employees of international organizations and foreign governments based in the Philippines and others including but not limited to the following: Individuals who are separated from employment, Parents who are not qualified as legal dependents, indigents or retirees/pensions, Children who are not qualified as legal dependents, Unemployed persons who are not qualified as indigents, Citizens of the Philippines residing in other countries and Citizens of other countries residing and/or working in the Philippines";

**WHEREAS**, these individuals may be effectively reached through duly registered private or non-government organizations or associations (*hereinafter referred to as "Organized Groups"*), which are organized for the primary purpose of promoting social protection or social health insurance to its informal members.

**WHEREAS**, cognizant of the important role of the Organized Groups in providing individuals from the Informal Sector access to social health insurance, PhilHealth is tapping them as partners in the implementation of NHIP through the I-Group Program;

**WHEREAS**, this partnership engages existing Organized Group Partners of the Kalusugang Sigurado at Abot-kaya sa PhilHealth Insurance (KaSAPI) in the vision towards universal coverage and Kalusugan Pangkalahatan;

**WHEREAS**, having realized the benefits and importance of having social health insurance coverage, <ACRONYM OF THE OG>, being an existing KaSAPI Partner as herein contemplated, has expressed its intention of continuing the partnership and converting into the new iGroup Program beginning \_\_\_\_\_.

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## **ARTICLE I UNDERTAKINGS OF PHILHEALTH**

**Section 1.** PhilHealth shall perform with due diligence and efficiency, the following tasks:

- 1.1 It shall sign a Group Policy Contract with <ACRONYM OF THE OG> as soon as the latter's group size, band, group classification, number of actual enrollees, applicable group premium, and mode of payment have been duly established and the corresponding minimum initial payment for all its enrollees have been remitted. The said Group Policy Contract shall be valid for at least one (1) year for a maximum of three (3) years.
- 1.2 It shall conduct a comprehensive training to <ACRONYM OF THE OG> in providing Information, Education and Communication (IEC) campaign and advocacy, collection of premiums and monitoring of the Program.
- 1.3 It shall conduct sustained seminars/orientations aimed at apprising the partners/members of <ACRONYM OF THE OG> on the policies, rules and regulations relative to program benefits, availment procedures, and their rights and obligations under the Program. For this purpose, it shall immediately take appropriate action on any campaign materials intended to be issued by <ACRONYM OF THE OG> to its participating partners/members in consonance with Article II, Section 2, (2.5) of this Agreement.
- 1.4 It shall provide <ACRONYM OF THE OG> access to a web-based system, compatible with its internal system, to enable encoding, monitoring, generation of CPP, MDR and CF1 of <ACRONYM OF THE OG>'s members to be enrolled under NHIP through the I-Group Program.

- 1.5 It shall provide <ACRONYM OF THE OG> with appropriate member registration forms, reporting and monitoring forms, and IEC materials to be issued to its participating members in consonance with Article II, Section 2, (2.5) of this Agreement.
- 1.6 It shall process and validate the accomplished PhilHealth Member Registration Forms (PMRF) prior to the assignment of PhilHealth Identification Numbers (PINs) to each enrollee-member of <ACRONYM OF THE OG>.
- 1.7 It shall generate and release the PhilHealth ID Cards (PIC) for new IPMS registered through the <ACRONYM OF THE OG> after the latter's payment of the required premium contribution based on the applicable Billing Statement.
- 1.8 It shall collect from <ACRONYM OF THE OG> the required group premium payment based on the agreed schedule in the Policy Contract Details. Non-remittance of premium within the deadline shall subject <ACRONYM OF THE OG> to suspension of incentives for the period and to such other penalties as may be prescribed by PhilHealth
- 1.9 It shall regularly update <ACRONYM OF THE OG> on the NHIP.

## **Article II**

### **UNDERTAKINGS OF <ACRONYM OF THE OG>**

**Section 2.** <ACRONYM OF THE OG> shall perform with due diligence and efficiency, the following tasks:

- 2.1 It shall sign a Group Policy Contract (GPC) with PhilHealth stipulating the group size, band, number of actual enrollees and mode of payment and which shall be valid for at least one (1) year.
- 2.2 It shall provide PhilHealth a profile of its members to determine the number of eligible members to be enrolled under NHIP.
- 2.3 It shall recruit members for enrollment under the NHIP through the iGroup Program.
- 2.4 It shall attend PhilHealth orientations and allow its concerned staff/members to attend the comprehensive training of PhilHealth for the smooth and proper implementation of the iGroup partnership with PhilHealth.
- 2.5 It shall conduct information, education and communication campaigns aimed at apprising its members on the policies, rules and regulations relative to program benefits, availment procedures, and their corresponding rights and obligations under the iGroup Program. Any campaign and information materials that <ACRONYM OF THE OG> intends to issue and distribute to its partners/members as part of its marketing activities shall require the prior written approval of PhilHealth. For this purpose, <ACRONYM OF THE OG> shall submit the draft of said materials to PhilHealth for immediate review, approval or such other appropriate action.
- 2.6 It shall ensure proper accomplishment and submission of PhilHealth Member Registration Forms (PMRF) together with complete documentary requirements attached to the Transmittal List of Enrollees to PhilHealth.

- 2.7 It shall ensure accurate encoding of the members' data into the web-based system consistent with the information on the accomplished PhilHealth membership forms and documentary requirements. The encoded members' data shall be submitted to PhilHealth electronically while the properly accomplished PMRF and documentary requirements shall be transmitted to the nearest PhilHealth Local Health Insurance Office (LHIO).
- 2.8 It shall collect and duly remit its members' premium contributions to PhilHealth. <ACRONYM OF THE OG> is solely responsible and liable in case it fails to remit to PhilHealth the said premium payment it has collected from its members.
- 2.9 It shall generate and release the enhanced MDR through the web based system provided, along with the PIC of new IPMs.
- 2.10 It shall submit required reports to PhilHealth for purposes of monitoring/evaluation, research and program development.

### **Article III PROVISIONS FOR PAYMENT OF PREMIUM CONTRIBUTION AND LATE REMITTANCES**

**Section 3.** The Corporation and <ACRONYM OF THE OG> shall be guided by the following provisions pertinent to contribution payments and late remittances:

- 3.1 <ACRONYM OF THE OG> shall be required to pay the initial group premium of all its enrollees and sign a Group Policy Contract prior to issuance of PhilHealth ID Cards to new IPMs enrolled into the NHIP.
- 3.2 Initial premium payments shall be remitted at PhilHealth's Local Health Insurance Offices (LHIOs) for the purpose of GPC issuance. Succeeding payments may transacted at Accredited Collecting Agents (ACAs). OG shall furnish PhilHealth a copy of the PhilHealth Agent's Receipt (PAR) for payments made to any accredited collecting agent.
- 3.3 Succeeding applicable premium, as billed, shall be remitted either quarterly, semi-annually or annually. However, advance payment or full payment is encouraged upon signing the Group Policy Contract.
- 3.4 Late remittances or non-remittance of premium contributions by <ACRONYM OF THE OG> shall be a valid ground for the suspension of the provision of Organized Group Incentives and benefits. This is without prejudice to other sanctions as provided for under existing laws, rules and regulations.

### **Article IV EFFECTIVITY**

**Section 4.** This Agreement shall remain effective for at least one (1) year and thereafter, it shall continue to be in force unless terminated by either party by giving the other party a prior thirty (30)-day written notice of termination.

### **Article V SEPARABILITY CLAUSE**

**Section 5.** If any provision of this Agreement is declared null and void, invalid or contrary to law by a court of competent jurisdiction, all the other provisions which are not affected shall remain in full force and effect and binding to both parties.

## Article VI REVISION OR AMENDMENT

**Section 6.** Any revision or amendment on this Agreement shall require the written consent of the parties hereto.

**IN WITNESS WHEREOF**, the parties have hereunto signed this Agreement this \_\_\_\_ day of \_\_\_\_\_ 2012, at \_\_\_\_\_, Philippines.

**PHILIPPINE HEALTH INSURANCE  
CORPORATION**

**(<ACRONYM OF THE OG>)**

By:

By:

**(NAME OF PRO-RVP)**  
Regional Vice-President

**<AUTHORIZED SIGNATORY>**  
**<POSITION>**

**Signed in the presence of :**

\_\_\_\_\_

## ACKNOWLEDGEMENT

**REPUBLIC OF THE PHILIPPINES )**

**) S.S.**

**BEFORE ME**, this \_\_\_\_ day of \_\_\_\_\_, 2012 at \_\_\_\_\_, Philippines, personally appeared:

Name

Comm. Tax Cert. No.

Date/Place Issued

**PRO RVP**

**<AUTHORIZED SIGNATORY>**

\_\_\_\_\_

\_\_\_\_\_

known to me to be the same persons who executed the foregoing Memorandum of Agreement and acknowledged that the same is their free act and deed and that of the Corporation being represented.

This Memorandum of Agreement consists of six (6) pages including the page in which this Acknowledgement is written and signed by the parties on the left side of each page thereof.

**WITNESS MY HAND AND SEAL** on the date and place first above written.

**NOTARY PUBLIC**

Doc. No.: \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 20\_\_\_\_.





Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 Citystate Centre, 709 Shaw Boulevard, Pasig City  
 Healthline 441-7444 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



**iGroup PROGRAM APPLICATION FORM  
 FOR ORGANIZED GROUP**

**GENERAL INFORMATION**

Name of Organization \_\_\_\_\_  
 Office address \_\_\_\_\_  
 Telephone Numbers \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date of Establishment \_\_\_\_\_ Registration No. (SEC/CDA/DOLE/DTI) \_\_\_\_\_  
 Nature of Business \_\_\_\_\_

**MANAGEMENT**

**MANAGEMENT COMPOSITION**

	Name	Address
<b>Chairman</b>	_____	_____
<b>President</b>	_____	_____
<b>Vice Pres.</b>	_____	_____
<b>Treasurer</b>	_____	_____
<b>Corp. Secretary</b>	_____	_____
<b>Director</b>	_____	_____
<b>Director</b>	_____	_____

Please check the appropriate box:

Number of Members ☐ 699 or below ☐ >699 ☐ >2,000 ☐ >3,000 ☐ >5,000

No of Non-PhilHealth OG Members \_\_\_\_\_

No. of OG Members enrolled to the following PhilHealth Programs

Sponsored Program (SP) \_\_\_\_\_

Individually Paying Members (IPM) \_\_\_\_\_

Lifetime Members Program (LMP) \_\_\_\_\_

Employed Member \_\_\_\_\_

Coverage Area of operation/business \_\_\_\_\_

Renewal Fee P \_\_\_\_\_ ☐ NA

Ave. No. of Members Recruited Per Year ☐ Less than 50 ☐ More than 50 ☐ More than 100

Membership Fee P \_\_\_\_\_

Is Membership Paid ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ NA

Frequency of Board Meetings ☐ Monthly ☐ Quarterly ☐ Semi-Annually

Frequency of Company Meetings Per Quarter \_\_\_\_\_

All employees of the Company insured with PhilHealth? ☐ YES ☐ NO

**OTHER MATTERS** ( Please check the appropriate box)

Preferred Mode of Collection

☐

Quarterly

☐

Semi – Annually

☐

Annually

Preferred Venue of Remittance

☐

Thru PHIC Offices

☐

Banks

Documentary Requirements (Please attach upon submission of Application Form, as applicable)

☐

SEC/CDA Registration / Certificate of Good Standing

☐

Letter of Intent w/ list of Member Coops &amp; its Branch if a Confederation

☐

BSP Certificate for microfinance / Certificate of Good Standing

☐

LGU or other Government Regulatory Agency / Certificate of Good Standing

I hereby certify to the veracity of all the information in this form, including the information represented in all supporting documents.

---

Chairperson

---

DATE



# SAMPLE

## CERTIFICATE OF PREMIUM PAYMENT

Policy Owner : **NATIONAL CONFEDERATION OF COOPERATIVES (NATCCO)**

iGroup Number : **19-123456789-0**  
 GPC Number : **GLHIO Code-MMY0001**  
 Policy Validity Period : **October 1, 2012 – December 31, 2013**  
 No. of Enrollees : **700**  
 Amount Paid : **Php 791,700.00**  
 Date Paid : **January 2, 2013**  
 POR No. : **123456789**

The above Premium Payment covers the following members of the Organized Group:

	PIN	Complete Name of Member	Address	Remarks
1	19-012345432-1	Maria Dulce Abragan Soriano	No. 8 Brgy. 16, CDO City	
2	19-012345432-2	Dennis Kho Lao	No. 8 Brgy. 16, CDO City	
3	19-012345432-2	Julia Marie Abellar Pascual	No. 8 Brgy. 16, CDO City	
4	19-012345432-2	Catherine Mae Gonzales Pe	No. 8 Brgy. 16, CDO City	
5	19-012345432-2	Louise Sia Lim	No. 8 Brgy. 16, CDO City	
6	19-012345432-2	Kim Nacion Alobba	No. 8 Brgy. 16, CDO City	
7	19-012345432-2	Maricar delos Reyes Rebaldo	No. 8 Brgy. 16, CDO City	

This Certification is issued as proof of premium payment and basis in determining the member and his/her qualified dependents' eligibility to avail all benefits applicable to an iGroup as classified accordingly.

Given this \_\_\_\_th of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
Name and Signature of Authorized Signatory (PhRO/ LHIO)



*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
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### iGroup Member Replacement Form

#### Validity Period

	Member to be Replaced		Name of Replacement		Reason for Replacement
	PhilHealth Identification Number (PIN)	NAME (Surname, Family Name, & Middle Name)	PhilHealth Identification Number (PIN) if w/ existing	NAME (Surname, Family Name, & Middle Name)	Change of Membership Category To:
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

CERTIFIED CORRECT:

---

**Signature over Printed Name**  
(Authorized Representative of an organized Group)

Position: \_\_\_\_\_

Date Signed: \_\_\_\_\_