



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
 Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



PHILHEALTH CIRCULAR

NO. 033 - 2015

TO : ALL GOVERNMENT HOSPITALS AND OTHER HEALTH CARE FACILITIES, PHILHEALTH OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Implementation of the Point of Care (POC) Enrollment Program (Revision 1)

I. RATIONALE

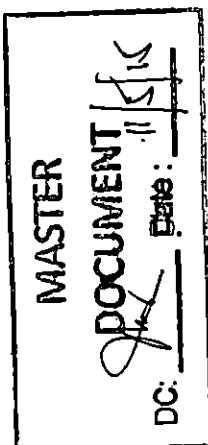
Republic Act (RA) 7875, as amended by RA 10606, otherwise known as the National Health Insurance *Act of 2013* under Section 6 states that: “All citizens of the Philippines shall be covered by the National Health Insurance Program. In accordance with the principles of universality and compulsory coverage enunciated in Section 2(b) and 2(l) hereof, implementation of the Program shall ensure sustainability of coverage and continuous enhancement of the quality of service: Provided, That the Program shall be compulsory in all provinces, cities and municipalities nationwide, notwithstanding the existence of LGU based health insurance programs xxx”

Furthermore, Section 3 (c) of the same Act emphasizes the need to “prioritize and accelerate the provision of health services to all Filipinos, especially that segment of the population who cannot afford such services”. Moreover, Section 7 clearly mentions that “all indigents not enrolled in the Program shall have priority in the use and availment of the services and facilities of government hospitals, health care personnel and other health organizations: Provided, however that such government health care providers shall ensure that said indigents shall subsequently be enrolled in the Program”.

Under the ambit of Universal Health Care (UHC) or Kalusugang Pangkalahatan (KP), the Corporation aspires to ensure that all Filipinos, especially the most vulnerable are covered by PhilHealth. Despite the national government appropriations on Sin Tax collections, local government sponsorship and other sources, statistics and anecdotes have shown that a vast number of poor are not yet covered by PhilHealth. Ergo, it is deemed necessary that as the other mechanisms of capturing the poor shall be undertaken, a mechanism of enrollment at the Point of Care shall be established to ensure that all poor in dire need of quality health services in government hospitals are covered by PhilHealth.

COVERAGE

The following patients, and their families, shall be provided with PhilHealth coverage and shall be considered as Sponsored Program Members by the Hospital and *other Health Care Institutions/Facilities* if they qualify on the assessment administered by the Medical



Social Worker at the time that they were admitted to a Government Health Care Institutions:

1. Non members, who were assessed and classified as Class C-3 or D.
2. Members who are not covered due to lack of qualifying contribution and classified as Class C-3 or D.

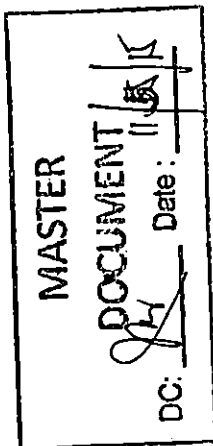
III. PARTICIPATION OF HEALTH CARE INSTITUTIONS/FACILITIES

1. All DOH-retained hospitals shall mandatorily implement the program while participation of Local Government Unit (LGU) hospitals shall be subject to the Corporation's approval upon submission of Letter of Intent. Other government hospitals (i.e. DND hospitals, academic hospitals, state hospitals and the like) may also participate in the program upon approval of the Corporation on the Letter of Intent.
2. *Government hospitals reclassified as Primary Care Facilities with in-patient beds, such as infirmaries/dispensaries, Birthing Homes, and without beds, such as Medical Out-patient Clinics and OFW Clinics per DOH Administrative Order No. 2012-0012 shall be allowed to participate in the implementation of POC.*
3. *Qualified government-owned primary care facilities such as Maternity Clinics, TB DOTS facility, Animal Bite Treatment Centers, Birthing Homes without existing engagement under POC may participate under the Program: Provided, That the requirements as prescribed in DOH-PhilHealth Enrolment Program for Hospital-Sponsored Members and PhilHealth Circular No. 32, s. 2013 on the implementation of Point of Care Enrolment Program have been satisfied.*
4. *Hospitals and Primary Health Care facilities located in areas without internet connectivity to participate in POC implementation. Enrolment processing will be done manually.*

IV. GENERAL POLICIES

1. Identification of Qualified Hospital-Sponsored Members

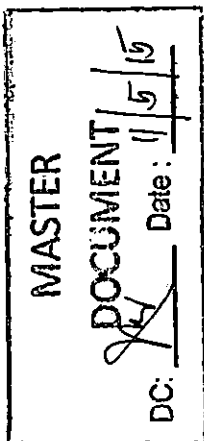
- 1.1 All non-members and non-eligible members for admission/admitted shall be interviewed and assessed by the Medical Social Worker (MSW) using the intake survey sheet prescribed in DOH Administrative Order 51, s-2001 and/or other issuances relative to it.
- 1.2 *The Local Social Welfare Development Officer (LSWDO) may be designated to perform the function of the MSW in administering assessment of patients in LGU-owned hospitals/facilities using the DOH prescribed tool. The LSWDO shall be required to undergo training from DOH on the administration of patient's survey for POC using the Administrative Order No. 51-A s. 2001.*
- 1.3 *All POC enrollees are entitled to immediate availment of NHIP benefits, based on existing policies, including but not limited to:*
 - 1.3.1 *Conditions under All Case Rates*
 - 1.3.2 *23 Case Rates as enumerated in PC No. 11, s. 20122*
 - 1.3.3 *Case Type Z Benefits subject to existing rules and regulations*
 - 1.3.4 *Leptospirosis Package*



1.1.5 SAARS Package

1.1.6 Avian Influenza Package

2. *As much as practicable, assessment by the MSW/LSWDO shall be conducted upon admission. Patients classified as Class C3 or Class D shall be enrolled accordingly.*
2. **Sponsor.** *The Health Care Institution (HCI)/Facility shall be the premium donor for HCI-sponsored members. LGUs, legislators and private sector may be premium donors for accessed poor patients in government HCIs/Facilities. Under no circumstance shall the hospital/facility ask the patient of any amount as their share for premium. Once enrolled under the Program, the HCI-sponsored member shall not pay any amount for treatment consistent with the "No Balance Billing" of the Corporation.*
3. *Registration and enrolment of qualified patients shall follow the regular process and procedures as stipulated in all existing policies of POC per PhilHealth Circular No. 32, s. 2013.*
4. **Premium Cost & Coverage**
 - 4.1 **Rate.** *The amount of premium shall be the same rate as the annual premium for Sponsored Program Members which is currently at Php 2,400.00 per year.*
 - 4.2 **Validity.** *The coverage of HCI-Sponsored Members shall be from the first day of confinement month and shall end on the last day of the same year.*
5. **Benefits.** *HCI-Sponsored Members shall be provided an immediate availment of NHIP benefits, including but not limited to: inpatient benefits, outpatient benefits (except Primary Care Benefit 1 and TSEKAP) and No Balance Billing.*
6. **Claims Reimbursement**
 - 6.1 *HCI claims shall be processed by PhilHealth within thirty (30) days upon receipt of completed claim documents.*
 - 6.2 *HCI claims shall not be returned to hospital/facility due to membership and eligibility concerns. However, policies for claims processing shall still apply and the Corporation reserves its right to return or ultimately, deny claims for other benefit availment and accreditation issues.*
 - 6.3 *Payment of selected procedures, health care services, out-patient benefit packages performed or managed in engaged PCFs shall be paid in accordance with the provisions of PhilHealth Circular NO. 0014, s. 2013.*
7. **Ensuring Sustainability of Coverage.** *PhilHealth shall submit the list of HCIs enrollees to DSWD for validation. Those validated as poor shall be included in the National Household Targeting System (NHTS) list and shall be covered for the succeeding years under the Sponsored Program. However, HCI enrollees not qualified for inclusion in the NHTS list may be enrolled by the LGU or as Members in the Informal Economy.*
8. **Monitoring and Evaluation.** *Unless otherwise formulated by the Corporation, all HCIs/Facilities shall constantly monitor and evaluate their own implementation of this program with consideration to utilization of benefits and other pertinent statistical reports.*

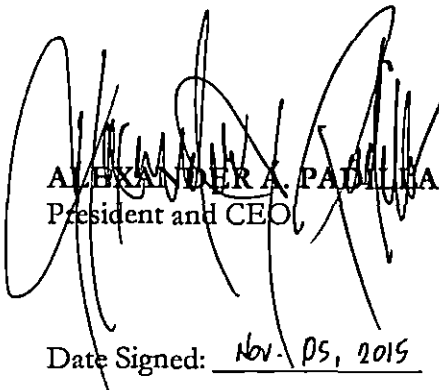


V. REPEALING CLAUSE

All provisions of previous issuances that are inconsistent with any provisions of this Circular are hereby amended / modified or repealed accordingly.

VI. EFFECTIVITY

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


ALEXANDER A. PADILLA
President and CEO
Date Signed: Nov. 05, 2015

MASTER
DOCUMENT
DC: _____ Date: 11/5/15