



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 2017 - 0005

TO : ALL MEMBERS UNDER THE INFORMAL ECONOMY, ACCREDITED COLLECTING AGENTS, ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH OFFICES AND ALL OTHER CONCERNED

SUBJECT : Coverage of the Members in the Informal Economy under the Group Enrollment Program

I. RATIONALE AND OBJECTIVE

Section 6 of the National Health Insurance Act of 2013 or Republic Act 10606 provides mandatory health care coverage to all Filipinos, to wit:

“...That the Program shall be compulsory in all provinces, cities and municipalities nationwide...”

Enrollment of those in the informal economy is mandatory under the law but since they are excluded from government subsidy and/or assistance, they voluntarily enroll under the program and pay in full the prescribed premium contributions. Hence, the program remains voluntary despite the aforesaid provision of the law.

When the Individually Paying Program (IPP) was launched in 1999, it became the only coverage option for the informal sector not covered by any other PhilHealth programs. To boost the enrollment and expand the coverage of the target sector, a group enrollment scheme was developed and implemented by PhilHealth starting from POGI in 2003, which later evolved into KaSAPI in 2006. Finally in 2012, it became an iGroup Program.

Under the existing policy, however, small organized groups (OGs) that do not have the administrative capability to facilitate the enrollment of their members using the prescribed application system are constrained from joining the program.

In this light, the Group Enrollment Program shall be implemented as an option for those organized groups and other potential partners to facilitate the provision of social health protection to their members/beneficiaries but have limitations complying with the IT and other administrative requirements under the iGroup Program.

II. COVERAGE

This Circular covers the following Members of the Informal Economy as defined under Sec. 5b of the IRR of RA 10606:

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1. Migrant Workers
2. Informal Sector, including Job Order Contract Workers, seasonal employees, those hired without contracts or fixed term of employment and without employee-employer relationship
3. Self-Earning Individuals
4. Filipinos with Dual Citizenship and Naturalized Filipino Citizens
5. Citizens of other countries working and/or residing in the Philippines

III. IMPLEMENTING MECHANISM

1. Qualified Partners

The following may register as partner OGs under the iGroup Program:

- a. Microfinance Institutions (MFIs)
- b. People's Organizations (POs)
- c. Non-Government Organizations (NGOs)
- d. Local Government Units (LGUs), such as Barangay, Municipality, City and Province
- e. National Government Agencies (NGAs)
- f. Private Companies and Organizations
- g. Cooperatives

2. Registration/Enrollment

- a. Partner OGs that are interested to participate in the program shall be required to submit the following documents:
 - i. Letter of Commitment (Annex A);
 - ii. Duly accomplished Group Enrollment Application Form (Annex B);
 - iii. Memorandum of Agreement or MOA (Annex C), optional
- b. Existing OG partners shall be required to submit only a duly accomplished Group Enrollment Application Form if a MOA for this purpose has already been signed prior to the issuance of this guideline;
- c. Upon processing of the submitted documents, a Certificate of Registration (Annex D) shall be issued to the concerned OG;
- d. To facilitate the enrollment of their members under the program, partner OG shall submit to the concerned PRO/LHIO the proposed list of enrollees in hard or soft copy using the prescribed template (Annex E) and corresponding duly accomplished PhilHealth Member Registration Forms (PMRFs) for database matching and validation;
- e. PRO/LHIO shall provide the partner OG with validated master list of their proposed enrollees for finalization. Those without PhilHealth Identification Number (PIN) and those registered members of the Informal Economy but without current coverage are qualified to be enrolled under the program;
- f. Partner OG may opt to enroll those Members of the Informal Economy with existing coverage. The premiums for the current year, which were paid by the members prior to their inclusion under the Group Enrollment Program shall be posted as payments for future premiums;

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- g. The PhilHealth Identification Cards (PICs)/PhilHealth Number Cards (PNCs) shall be released to the partner OG upon submission of any proof of prescribed initial premium payment. The corresponding Member Data Record (MDR) shall be issued only upon request.

3. Premium Contribution

- a. Upon enrollment of members, Philhealth shall issue a Statement of Premium Account (SPA) to the partner OG indicating the total premium amount due;
- b. The annual premium contribution rate of members of partner OGs with total monthly family income of P25,000 and below is P2,400 per year while those members with family income of above P25,000 shall be required to pay an annual premium contribution of P3,600, subject to change as may be prescribed by the Corporation;
- c. Partner OG may choose to pay the premium contributions on a monthly, quarterly, semi-annually or annually mode but with a minimum of one quarter payment for initial membership;
- d. The deadline for the remittance of group premium contributions based on the existing modes of payment are as follows:
- i. Monthly Mode – last day of the applicable month
 - ii. Quarterly Mode – last day of the applicable quarter
 - iii. Semi-Annually Mode – last day of the 1st quarter of the applicable semester
 - iv. Annually Mode – last day of the 1st quarter of the applicable year
- e. Partner OG may remit the premium contributions to any PRO/LHIO or Accredited Collecting Agents (ACAs) nationwide. For payment of premium contributions, the SPA and the corresponding premium payment must be presented and remitted to the teller/cashier of PRO/LHIO or ACA;
- f. Partner OG shall be required to report to the concerned PRO/LHIO the details of their remittances by submitting a soft copy of the prescribed report in excel file format (Annex E) together with copy of proof of payment/remittances within five (5) working days upon payment;
- g. Upon receipt of the remittance report from partner OG and/or posting of premium payment, PRO/LHIO shall issue to the partner OG the corresponding Certificate of Premium Payment (CPP) indicating the names of members paid/covered per Philhealth Official Receipt (POR) and the validity period;
- h. The partner OG should provide the concerned members with copies of the POR and/or CPP, which may be presented to the Accredited Health Care Providers (HCPs) in case the benefit entitlement of members are not supported by the Health Care Institutional (HCI) Portal at the time of availment.

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4. Information Dissemination and Education Campaign through the “Alaga Ka”

- a. The “Alaga Ka” Module for the Group Enrollment Program has two (2) components; (1) Module for the OG partner implementors that shall be used by PhilHealth implementors when they conduct Trainor’s Training to OG partners;

and (2) Module for the OG members that shall be used by OG partners when they conduct info dissemination to the members.

- b. The said module shall focus on the registration procedures, payment and eligibility requirements, benefits, process of availment, and how to sustain membership coverage. A separate guideline shall be issued for this purpose;
- c. The PROs/LHIOs shall conduct the "Alaga Ka" activities to the partner OGs within their respective catchment areas every 3rd quarter of the year and upon request by the partner OGs. They shall provide the resource persons/speakers during the conduct of "Alaga Ka" activities to the members by partner OGs.

5. Benefit Availment

- a. Members shall be entitled to regular benefits accorded to the members of the Informal Economy within the validity period.
- b. Pending the completion of initial enrollment/renewal of membership of OG members, the concerned PRO/LHIO may issue a Certificate of Eligibility (iCE1) upon submission of a written request from PhilHealth registered partners OGs.
- c. Scanned copy, photocopy, or fax copy of iCE1 can be issued by the concerned PRO/LHIO to the members through their respective OGs subject to the existing guidelines on the matter.

6. Monitoring and Evaluation

PhilHealth shall conduct annual survey, FGD and program review with OG partners and members to determine their level of satisfaction about the benefits and services under the program.

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IV. EFFECTIVITY

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


DR. CELESTINA MA. JUDE P. DELLA SERNA
Interim/OIC, President and Chief Executive Officer

Date: 8/7/17

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