



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 0107-0010

SUBJECT : Clarification on the Health Insurance Coverage of Poor Families as Indigent Members through the Sin Tax Law

I. RATIONALE

In December 19, 2012, the Tax Reform Act of 1997 was amended by RA No. 10351 which provided that “After deducting the allocations under Republic Act No. 7171 and 8240, eighty percent (80%) of the remaining balance of the incremental revenue derived from this Act shall be allocated for the universal health care under the National Health Insurance Program (NHIP), the attainment of the millennium development goals and health awareness programs: xxx”

In 2013, Republic Act No. 9241 was amended by Republic Act 10606 or the National Health Insurance Act of 2013 whereby the poor families, as identified by the Department of Social Welfare and Development (DSWD) using the National Household Targeting System for Poverty Reduction (NHTSPR), shall be fully subsidized by the national government. Fund source for the premium subsidies shall come from a portion of the proceeds from the Sin Taxes, as stipulated in RA 10351, s. 2012.

The DSWD-identified poor families (Listahanan, Pantawid Pamilyang Pilipino Program (4Ps) and Modified Conditional Cash Transfer (MCCT) beneficiaries), categorized as Indigent Members are distinct from the Sponsored Members that are fully subsidized by any of the following: local government units (LGUs), national government agencies (NGAs), private entities, like non-government organizations (NGOs), foundations, corporations and individuals. Despite the issuances of internal Guidelines and Standard Operating Procedures (SOP), the legislators, local chief executives and private entities have to be informed on the current processes to be enrolled as an Indigent Member to the National Health Insurance Program (NHIP).

Currently, the Corporation has been receiving endorsements from the Presidential Action Center (PAC) and legislators for their identified lists of poor families that are non-PhilHealth members and not included in the list of Listahanan, 4Ps and MCCT beneficiaries requesting to facilitate their coverage as Indigent Members.

This Circular is being issued to clarify the existing procedures for the coverage of DSWD, non-DSWD identified poor families and individuals/families in the informal economy from the lowest segment not included in the lists of Listahanan, 4Ps and MCCT beneficiaries.

COVERAGE

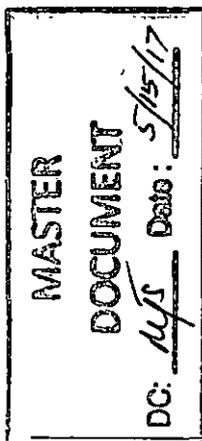
This Circular shall cover the local government units (LGUs), accredited health care institutions (HCIs), national government agencies (NGAs), non-government organizations

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(NGOs) and private entities. Also covered by this Circular are LGU-identified poor, hospital-sponsored members, indigent families and Members in the informal economy from the lowest income segment not included in Listahanan, 4Ps or MCCT lists of beneficiaries.

III. GENERAL GUIDELINES

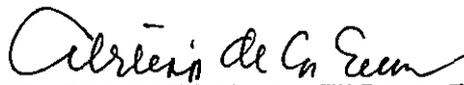
- A. The National Household Targeting Office (NHTO) of the DSWD shall identify the poor families, using the National Household Targeting System for Poverty Reduction (NHTS-PR), to be subsidized by the national government for enrolment as Indigent Members to the National Health Insurance Program (NHIP).
- B. The NHTO-DSWD shall endorse the List of Listahanan, 4Ps and MCCT beneficiaries to PhilHealth Head Office through the Indigent Segment-Non-Formal Sector of the Member Management Group (MMG) to facilitate initial processing prior to enrolment as Indigent Members.
- C. PhilHealth Head Office (HO) through the Information Technology and Management Department (ITMD) shall provide the PhilHealth Regional Offices (PROs) with the script to facilitate extraction of new enrollees and those requiring manual validation, otherwise, PhilHealth HO shall automatically renew coverage of existing Listahanan, 4Ps and MCCT beneficiaries.
- D. The PROs or Local Health Insurance Offices (LHIOs) shall coordinate with the LGUs, accredited HCIs implementing Point of Care (POC) Enrolment Scheme, NGAs, NGOs and private entities to submit their list of poor families and individuals in the informal economy from the lowest income segment, using the attached prescribed format for cross matching with PhilHealth database.
 1. The PROs shall cross match the submitted lists with PhilHealth database to determine the poor families that are already with active coverage or included in the List of Listahanan, 4Ps or MCCT beneficiaries. PhilHealth shall provide the endorser of the lists the result of the cross matching.
 2. The poor families already included in the Listahanan, 4Ps or MCCT lists of beneficiaries without active coverage shall be enrolled as Indigent Members.
 3. Those without match in PhilHealth's database and not included in the list of Listahanan, 4Ps and MCCT beneficiaries shall be forwarded to MMG through the Indigent Segment for endorsement to the National Household Targeting Office (NHTO) of DSWD for validation.
- E. Only those assessed/validated as poor and endorsed by DSWD to PhilHealth shall be enrolled as Indigent Members.
- F. The premium contribution of Indigent Members shall be subsidized by the National Government as stipulated in the approved General Appropriations Act (GAA). Currently the premium contribution per member is Php 2,400 per year which may be subject for increase as prescribed by PhilHealth based on the result of actuarial study.
- G. All Indigent Members and their qualified dependents shall be assigned their PhilHealth Identification Numbers (PINs) and issued PhilHealth Identification Cards (PICs) and Member Data Records (MDRs).



- H. The Indigent Members and their qualified dependents shall be entitled to benefits under All Case Rates in all accredited government and private health care institutions/facilities. However, No Balance Billing (NBB) can only be availed in accredited DOH-retained and government-owned HCIs.
- I. The Indigent Members can also avail of the Primary Care Benefits in accredited rural health units (RHUs) or health centers (HCs) where they are assigned and enlisted. The RHUs/HCs shall profile Indigent members and their qualified dependents enlisted in their RHU/HC.

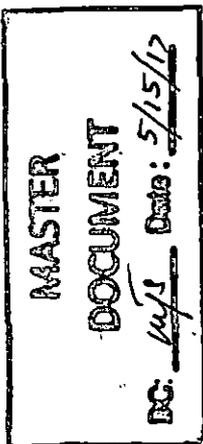
V. EFFECTIVITY

This Circular shall take effect immediately.



DR. CELESTINA MA. JUDE P. DE LA SERNA
Interim/OIC President and Chief Executive Officer

Date: 5/5/2017



CERTIFIED LIST

OFFICE NAME: _____
 ADDRESS: _____
 AS OF: _____

NO.	NAME (ALL CAPS)				BIRTHDAY (MM/DD/YYYY)	SEX (F/M)	ADDRESS (ALL CAPS)		
	LAST NAME	FIRST NAME	MIDDLE NAME	EXT NAME			BRGY	MUN/CITY	PROV
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Date: 5/15/17

DC: _____

Note: abbreviation not accepted. Only names with complete entries can be processed.

I hereby certify the accuracy of the above data. This is issued for the purpose of possible enrollment to the National Health Insurance Program, RA 10606. Done this ____ day of _____ 2017.

Certified by _____

Approved: _____

AUTHORIZED OFFICER
 Signature over Printed Name
 Position:
 Date:

HEAD OF OFFICE
 Signature over Printed Name
 Position:
 Date: