



**PHILHEALTH CIRCULAR**  
No. 2017-0021

**TO :** MEMBERS IN THE FORMAL AND INFORMAL ECONOMY, SPONSORED, MIGRANT WORKERS, ORGANIZED GROUPS, ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH OFFICES AND ALL OTHERS CONCERNED

**SUBJECT :** Application of Sufficient Regularity of Payment of Premium Contributions to the Required Qualifying Contributions for Eligibility to PhilHealth Benefits

**I. RATIONALE**

Pursuant to Section 12 of Republic Act No. 7875 as amended by R.A. 10606 otherwise known as the National Health Insurance Act of 2013, to wit:

“A member whose premium contributions for at least three (3) months have been paid within six (6) months prior to the first day of availment, including those of the dependents, shall be entitled to the benefits of the Program: Provided, That such member can show that contributions have been made with sufficient regularity: Provided, further, That the member is not currently subject to legal penalties...”

Thus, the law admits specific conditions for availment purposes: 1) premium contribution paid must be at least three (3) months within six (6) months prior to the first day of availment; 2) sufficient regularity of payment of premium contribution; and 3) no legal penalties as defined in RA 7875, as amended. All these conditions must be present.

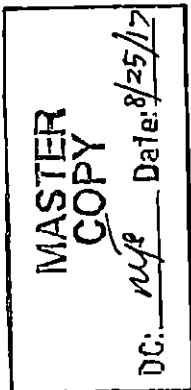
To define the parameters that would determine the sufficiency and regularity of premium payment in relation to the above provision of the law, PhilHealth Board Resolution No. 2097, s-2016 declares that “... to establish sufficient regularity of payment, members should have paid six (6) months contributions preceding the three (3) months qualifying contributions within the twelve (12) - month period prior to the first day of confinement...”

Hence, this Circular is being issued for the standard application of sufficient regularity of payment of premium contributions to the existing policy on the required premium contributions for availment of PhilHealth benefits.

**II. OBJECTIVES**

This Circular is being issued with the following objectives:

- A. To clarify the definition and application of sufficient regularity to benefit entitlement and availment;



- B. To establish the required number of contributions for eligibility to PhilHealth benefits; and
- C. To lay down some special provisions on benefit entitlement and availment of members and dependents shifting to the informal economy, new members, members granted with special privileges due to fortuitous events, and members of the Informal Economy who have missed/unpaid premium contributions.

**III. SCOPE**

This Circular provides the policy guidelines on the required contributions for eligibility or entitlement to PhilHealth benefits of those Members in the Formal and Informal Economy whose membership to NHIP has no validity period, and other special provisions on benefit availment.

**IV. PROOF OF SUFFICIENT REGULARITY OF PREMIUM PAYMENT**

As proof of sufficient regularity of payment of premium contribution, members should have paid at least six (6) months contributions preceding the required three over six (3/6) months within the twelve (12) month period prior to the first day of confinement.

**IV. PREMIUM REQUIREMENTS TO AVAIL OF PHILHEALTH BENEFITS FOR MEMBERS WHOSE COVERAGE HAS NO VALIDITY PERIOD (Annex A)**

To become eligible to PhilHealth benefits, the member should have established the following premium payments within the immediate twelve (12)- month period prior to the first day of confinement:

- A. Sufficient regularity of premium contributions as described in Section IV or at least six (6) months contributions within the first nine (9) months of the covered period; and,
- B. At least three (3) months contributions within the immediate six (6) months prior to the first day of confinement.

**V. SPECIAL PROVISIONS**

A. To ensure continuous entitlement to PhilHealth benefits of members and dependents shifting to the Informal Economy, the following conditions must be complied:

1. Sufficient regularity of payment of premium contributions;
2. Shifting of membership status to the Informal Economy Program and payment of at least three months premium contributions within a three (3) month grace period following the month of expiration of coverage; and
3. In case of confinement within the grace period, payment of at least three (3) months premium contributions prior to hospital discharge. (See Annex B)

B. In case the required contributions are not reflected in the PhilHealth online verification system, one or a combination of the following supporting documents shall be required to be submitted to the concerned health care providers:

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- Member Data Record (MDR)
  - PhilHealth Official Receipt (POR)/PhilHealth Agent Receipt (PAR)
  - Certificate of Premium Payment (CPP) from PhilHealth
  - Claims Form 1 (CF1) duly signed by the employer
  - Claims Signature Form
- C. Newly-enrolled members whose membership to NHIP cover less than nine (9) months reckoned from the initial date of registration shall only be required payment of at least three (3) months within six (6) months premium contributions prior to the first day of confinement and may avail of the benefits without compliance to sufficient regularity of premium payment.
- D. Members who have missed/unpaid premium contribution and have established nine (9) consecutive months of premium payments prior to the unpaid quarter shall be allowed to retroactively pay within one (1) month following the missed period. However, the said payment shall only be counted as qualifying contributions if paid prior to the first day of confinement.
- E. Members granted with special privileges due to fortuitous events as per PhilHealth Circular No. 0034, s.2013 whose confinement period occurs within the extension period of premium payment but have paid the contributions prior to hospital discharge shall be entitled to avail of the benefits.

**VI. REPEALING CLAUSE**

This Circular shall repeal specific provisions of PhilHealth Circular No. 0032, s.2014 (Clarifications in the Application of Qualifying Contributions to Ensure Entitlement to PhilHealth Benefits) and PhilHealth Circular No. 24, s.2003 (Omnibus Guidelines on Entitlement to Benefits).

**VII. EFFECTIVITY**

This Circular shall take effect starting January 1, 2018.

*for: [Signature]*

**DR. CELESTINA MA. JUDE P. DE LA SERNA**  
Interim/OIC President and CEO

Date signed: 8-24-2017

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 DC: [Signature] Date: 8/25/17

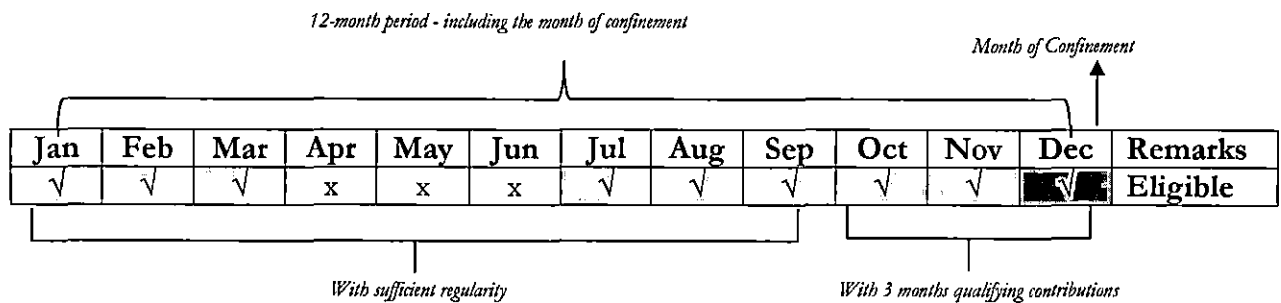
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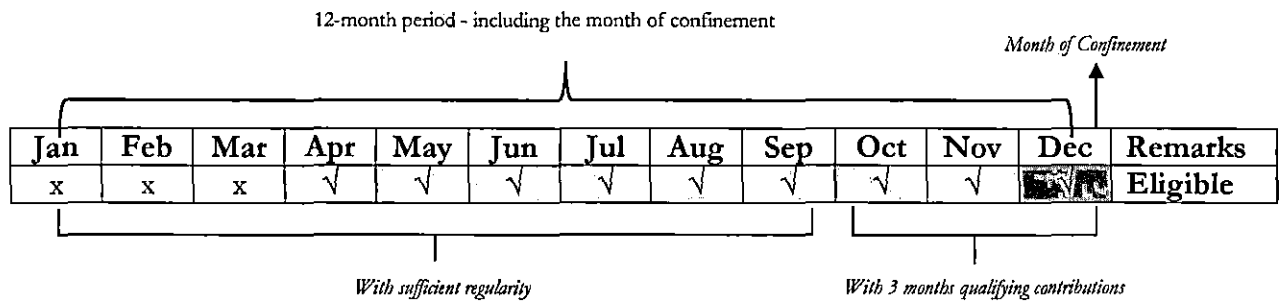
**Illustrations of Premium Requirements to Avail of Benefits  
for PhilHealth Members With No Validity Periods**

For illustrations 1 and 2, patient is to be confined on December 20. Premium Payment for Oct-December was made prior to the first day of confinement.

**Illustration 1**

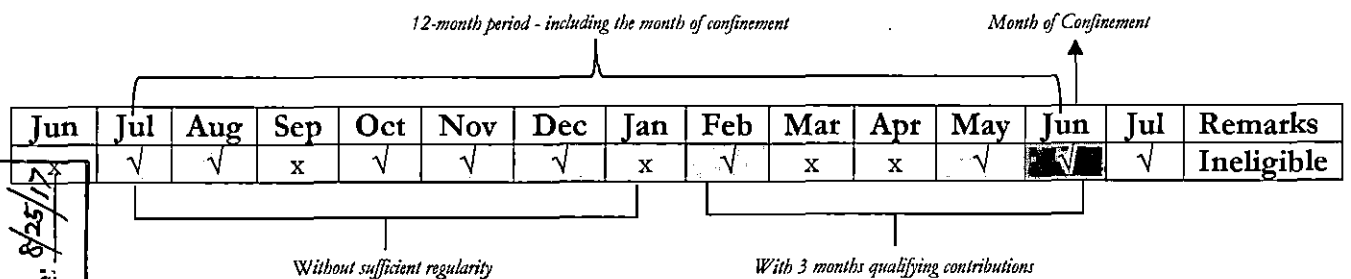


**Illustration 2**



For illustration 3, patient is to be confined on June 20. Premium Payment for Feb, May and June was made prior to the first day of confinement. However, with no sufficient regularity of premium contribution, patient is ineligible to avail of benefits.

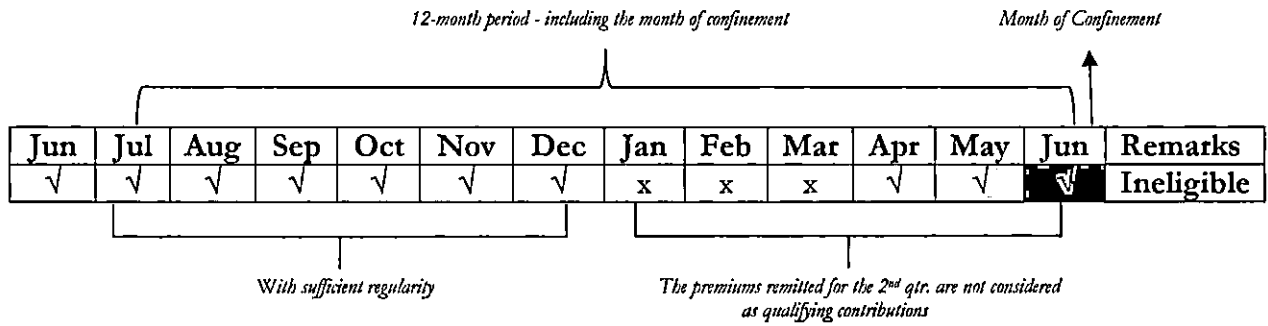
**Illustration 3**



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For illustration 4, payment for the 2<sup>nd</sup> Qtr. was made on June 21, after discharge. While the patient has sufficient regularity of premium contribution, non-compliance to payment of 3 months within 6 months prior to the first day of confinement has resulted to suspension of benefit entitlement for this particular admission.

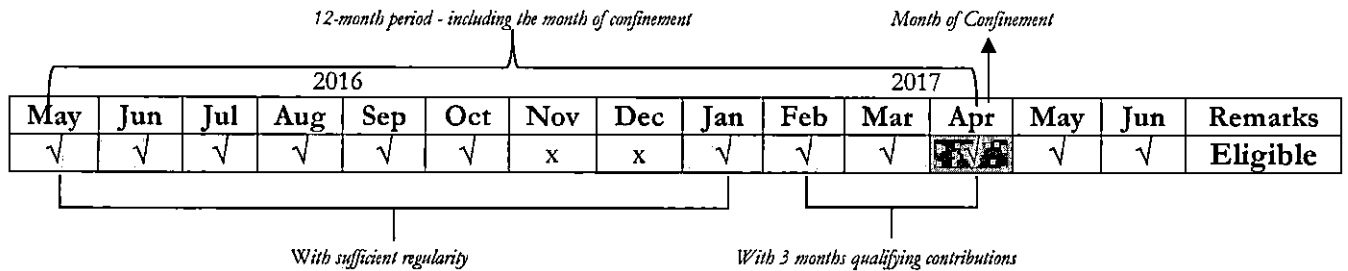
**Illustration 4**



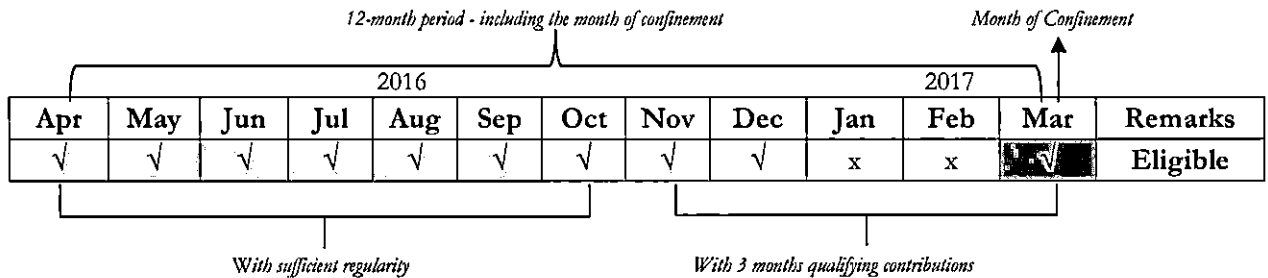
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**Illustrations of Premium Requirements to Avail of Benefits for Existing Members and Dependents Shifting to the Informal Economy**

1. Dependent child who turned 21 years old on March 20, 2017 and was admitted on April 26-29, 2017. He/She has shifted/enrolled to the Informal Economy and paid his/her premiums (April-June 2017) during confinement and within the grace period.

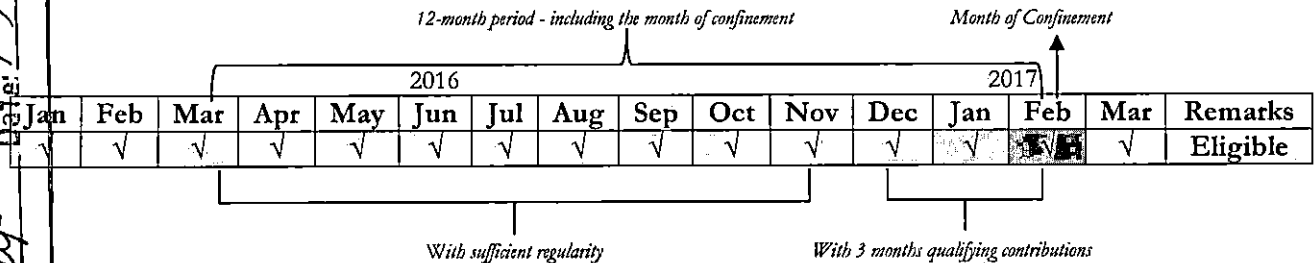


2. The principal member died on February 15, 2017 and the dependent spouse was admitted on March 5-11, 2017. The surviving spouse shifted/enrolled as member of the Informal Economy and paid his/her premiums (March, Apr-Jun 2017) during confinement and within the grace period.



3. The coverage of a Sponsored Member ends on December 31, 2016. The member was admitted on February 12-20, 2017. Premium payment for January-March 2017 was made during confinement and within the grace period.

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4. An Employed Member separated from employment on June 30, 2016. His/her dependent was admitted on September 27-30, 2016. Premium payment for July-September 2016 was made during confinement and within the grace period.

12-month period - including the month of confinement

Month of Confinement

2015			2016										Remarks	
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
With sufficient regularity										With 3 months qualifying contributions			Eligible	

5. The coverage of an OFW expired on August 20, 2016. Member was admitted on November 8-13, 2016. Premium payment for October-December 2016 was made during confinement and within the grace period.

12-month period - including the month of confinement

Month of Confinement

2016												Remarks
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
√	√	√	√	√	√	√	√	x	√	√	√	√
With sufficient regularity								With 3 months qualifying contributions				Eligible

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