



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 2017 - 0025

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

SUBJECT : Guidelines on the Implementation of Point of Service (POS) and Parallel Implementation of Point of Care (POC)- Revision 1

I. RATIONALE

Republic Act 10924, otherwise known as the General Appropriations Act of Fiscal Year 2017 (GAA 2017), specifically under Title XXXVI on Budgetary Support to Government Corporations, Special Provision No. 3 on the Attainment of Universal Coverage under PhilHealth, provides, to wit:

To attain Universal Health Coverage, the amount of Three Billion Pesos (P3,000,000,000) appropriated herein shall cover all Filipino citizens xxx.

The Filipino citizens who will be covered under this provision, through a Point of Service (POS) Program, must be classified as financially incapable to pay his/her PHILHEALTH membership according to the DOH classification on indigence. PHILHEALTH shall bill, on a quarterly basis, the Department of Budget and Management of the actual cost of availment, chargeable against the amount herein appropriated. Members availing of this Program shall be included in the PHILHEALTH membership data base for possible inclusion in the list of beneficiaries whose premiums are to be shouldered by the National Government. xxx

Filipino citizens who are financially capable shall be assessed and shall be enrolled based on their financial capability at the Point of Service to be covered as regular contributing PHILHEALTH member. They shall be included in the PHILHEALTH membership data base and shall be billed annually.

xxx.

II. OBJECTIVES

To address the gaps in coverage of both financially capable and financially incapable Filipinos, and to ensure 100% availment rate with special interest in covering the poor.

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III. SCOPE.

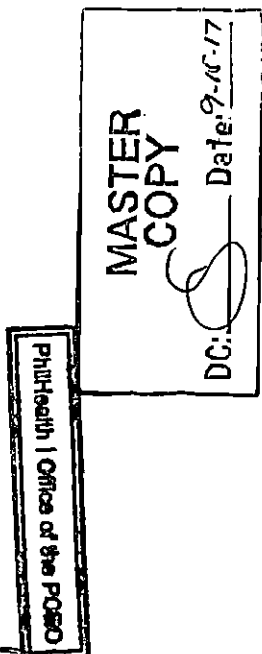
This policy applies in capturing all unregistered Filipinos and in covering all Filipinos, especially those who are financially incapable and seeking medical care in all government facilities.

IV. DEFINITION OF TERMS

- A. **Point of Service (POS Program)** – refers to the program provided for by the GAA 2017 to cover all Filipinos, whether unregistered or inactive, registered members especially those who are financially incapable.
- B. **POS Patient** – refers to the patient or in cases where patient is a minor, the parent or guardian, who is classified as financially incapable. He/she shall be registered into the NHIP by the government facility.
- C. **National Government Facility (NGF)**– refers to health facilities owned by a national government agency which includes DOH-retained hospitals, Philippine National Police (PNP) hospitals, Department of National Defense (DND) hospitals, and Corporate-Specialty hospitals.
- D. **Local Government Owned Facilities** – refers to health facilities owned and manage by Local Government Units.
- E. **Medical Social Welfare Officer (MSWO)/Social Welfare Development Officer (SWDO)** – refers to the DOH-trained social worker assigned in NGFs or LGUs-owned hospitals/facilities and tasked to conduct the assessment tool in the identification of qualified POS Patients.

V. COVERAGE

- A. Under this Program, a POS Patient, or in cases where patient is a minor, his/her guardian, if assessed as financially incapable by the MSWO/SWDO, shall be qualified to avail of PhilHealth benefits on the following conditions:
 - 1. The patient and his/her parent or guardian are Filipino citizens;
 - 2. The patient is assessed and admitted in a ward type of accommodation of a government facility, or referred to a private healthcare institution (HCI) after assessment by a government facility; and
 - 3. The patient is either not a registered PhilHealth member or dependent at the time of availment, or is currently an inactive member of PhilHealth.
- B. For those who are assessed to be financially capable, eligibility to benefits at the point of availment shall be subject to VII.B.9 of this Circular and to existing rules on qualifying contributions and entitlement to benefits.



VI. PARTICIPATION OF HEALTH CARE FACILITIES

A. All NGFs, Local Government Units (LGUs) facilities, and other government hospitals and facilities shall be entitled to participate in the POS Program subject to the following conditions:

1. Submit a duly accomplished PhilHealth Online Access Form (POAF) (Annex A)
2. Non-Disclosure Agreement (NDA) (Annex B) to the nearest PhilHealth Office;
3. Ensure availability of a dedicated desktop computer and reliable internet connection that will connect to the IHCP Portal and POS System;
4. Assign an I.T. personnel who will provide technical support to the staff assigned in the implementation of the Program;
5. Assign a dedicated staff, trained or who shall undergo training in the membership and eligibility verification, enrollment using the POS System, and other activities required for the operation of the Program;
6. Ensure availability of personnel (e.g. MSWO/SWDO with License No.) trained by the DOH on the administration of the DOH Means Test. *However, in the event that LGUs (SWDO) have yet to undergo training by the DOH, the facility shall submit a certificate of training to respective PhilHealth Office within the implementation of the program. In the interim, hospitals may be required to submit to the PRO the name of their designated accountable person to sign the certificate of assessment.*

Existing ORE-POC user need only to comply with items 1 and 6.

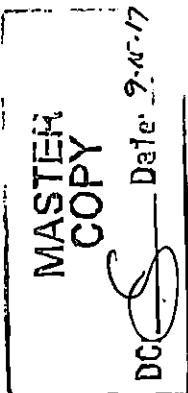
B. Availment of benefits under this scheme shall be allowed in private facilities subject to appropriate referral by a government facility. *Copy of referral form or certification from the referring hospital shall be attached to the claim form.*

VII. GENERAL GUIDELINES

A. Identification of Qualified POS Patients

1. PhilHealth membership status of a patient or his/her parent or guardian if patient is a minor for admission in ward type of accommodation shall be subject to verification through the IHCP Portal whether or not he/she is already a member or dependent and eligible to avail of benefits.
2. *Unregistered Filipinos or inactive members* shall be interviewed and assessed by the Medical Social Welfare Officer (MSWO) for NGFs or by the Social Welfare Development Officer (SWDO) for LGUs facilities using the assessment tool prescribed by the DOH.

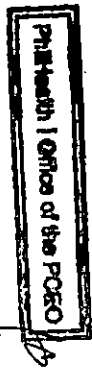
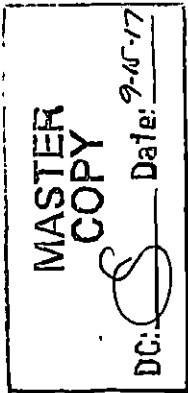
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3. *Patients stated in Section VII.A.2, classified as financially incapable and his/her parent or guardian shall qualify for POS and may immediately avail of benefits.*

B. Registration

1. POS Patients, if unregistered, shall accomplish and sign the PhilHealth Member Registration Form (PMRF).
2. The MSWO/SWDO or hospital-designated personnel shall register POS Patients through the POS System within 72 hours from the upon date of admission but prior to discharge.
3. *PINs of newly registered POS Patients shall be emailed/transmitted to the HCIs.*
4. In case the POS System is not available or not functioning (e.g. connection problem), manual submission shall be allowed following procedures, to wit:
 - a. *Within 72 hours of admission, duly accomplished PMRF shall be sent to PhilHealth for PIN assignment through any of the following:*
 - i. *email scanned copy*
 - ii. *fax*
 - iii. *excel format of the five (5) required fields as amaster list of patients for registration*
 - iv. *other means as may be agreed or arranged by the hospital/facility with the PRO/LHIO.*
 - b. *Upon securing PIN from PhilHealth, "POS-Patient PIN 1234567890" shall be indicated in the original PMRF to be attached to claim documents upon filing.*
5. Should a patient be admitted on a weekend, holiday, or outside the working hours or schedule of the MSWO/SWDO, the patient shall immediately be assessed upon return of the MSWO/SWDO and registered in the Program the next working day of the MSWO/SWDO prior to discharge.
6. Women about to give birth shall be registered in accordance *with applicable existing policy on Social Health Insurance Coverage and Benefits for Women About to Give Birth (WATGB).*
7. A patient below 21 years old who is an undeclared dependent shall require updating of Member Data Record (MDR) of parents to include the patient as dependent.
8. Orphaned and abandoned children and mentally-ill vagrants shall be registered as principal members. The PMRF shall be accomplished and signed by the guardian or the MSWO/SWDO.



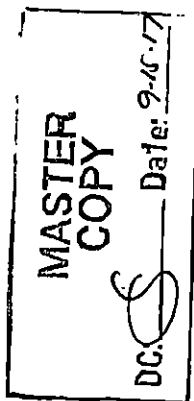
In case of abandoned patients with unknown address, the address of the hospital shall be used. In case of vagrant/street dwellers, the address where they were found shall be used.

The MSWO/SWDO shall advise POS Patients or their respective representatives to collect their MDRs at the nearest PhilHealth Office.

9. *Registered dependents above 21 years old or below 21 years old and emancipated shall register under POS.*
10. Unregistered patients classified as financially capable shall be registered in the POS System.
11. All patients classified as financially capable shall be required to pay the prescribed annual premium to immediately avail of benefits.
12. Financially capable Filipinos shall be advised on regular premium payment schedules for future benefit availment.

C. Entitlement to Benefits

1. POS Patients and their dependents shall immediately be entitled to PhilHealth benefits, to wit:
 - a. In-patient/Out-patient *benefits under All Case Rates;*
 - b. Z Benefits; and
 - c. No Balance Billing (NBB)
2. POS Patients shall remain entitled to the benefits mentioned in C.1 within the calendar year.
3. Patients who are financially capable shall be eligible to avail of *ACR* upon payment of annual premium as prescribed by the Corporation *and shall be eligible for Z benefits based upon existing rules for availment.*
4. Financially capable patients who paid the prescribed annual premium shall be covered and entitled to benefits *within the calendar year.*
5. *For succeeding availment of POS-patient, in case the POS system or portal is not available, shall require issuance of CE1 from PRO/LHIO.*
6. *Entitlement to benefits in private Health Care Institutions/Facilities (HCI/Fs) shall not be permitted to financially incapable patients, except when such patient is referred by the government HCI, for further management of the condition. Such entitlement shall be exclusive only to that particular referral.*



D. Claims Filing

1. Only claims for POS Patients registered in POS/PhilHealth with PIN shall be submitted for processing. The PIN shall be indicated in the Claims Form 1.
2. Duly accomplished and signed PMRF, *Registration Slip and MSWO/SWDO certificate of assessment* shall be additional requirements for filing of first claim of POS patients.
3. *Manual filing of claims shall be acceptable for government HCIs not yet enrolled in eClaims. For government HCIs under eClaims, the MSWO/SWDO certificate of assessment shall form part of the documentary requirements to be scanned in the uploading of electronic claims.*
4. *All other rules and requirement in benefit availment shall apply.*

E. Sustainability of Coverage

PhilHealth shall endorse to the DSWD, on a quarterly basis the list of POS registered patients for assessment. Those assessed as poor shall be included in the Listahanan by the DSWD for coverage as Indigent Members in succeeding years.

F. Monitoring and Evaluation

The Corporation shall device a mechanism for monitoring and evaluation of the Program based on benefit utilization and other pertinent statistics.

VIII. FUND SOURCE

PhilHealth shall bill the Department of Budget and Management (DBM), on a quarterly basis, the actual cost of availment of POS Patients as provided in the GAA 2017.

IX. PARALLEL IMPLEMENTATION OF POC ENROLMENT SCHEME

- A. *Upon the directive of PhilHealth Board in its meeting on 18 July 2017, the POC enrolment scheme shall be implemented in parallel with the POS.*
- B. *The POC enrolment scheme shall be implemented in accordance with the PhilHealth Circular No. 2013-0032.*
- C. *Facilities should prioritize coverage of financially incapable Filipinos through POS and should use POC as the last resort.*
- D. *The POC-ORE system is now re-enabled to accept enrolment under this scheme. Authorized System users may continue to use their credentials to login.*
- E. *All enrolled patients under POC beyond June 30, 2017 shall be reimbursed subject to the existing rules in the availment of benefits under POC enrollment scheme.*

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X. REPEALING CLAUSE

The provisions in PhilHealth Circular No. 2011-0011 entitled "Guidelines on the Implementation of Point of Service (POS) and other previous issuances that are inconsistent with any provision of this Circular are hereby amended, modified, or repealed accordingly.

XI. EFFECTIVITY

The new provisions in this Circular shall take effect immediately. It shall be published in any newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.


for, PLS

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

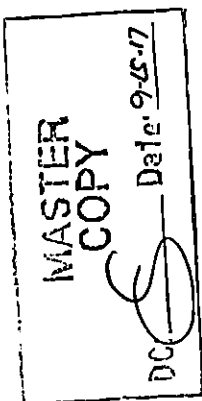
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by

 PHILHEALTH ONLINE ACCESS FORM (POAF) Form No. 005		No.	* Registration Date:
Name of Online Partner * Hospital Name:		PhilHealth Registration Number	
<input type="checkbox"/> Check if applying to participate in Point of Service * Business Address: (* Province, * Municipality/City, Barangay, Zip Code)			
<i>User Profile</i>			
* LAST, * FIRST MIDDLE, SUFFIX		* Signature:	
* Position: <input type="checkbox"/> Medical Social Worker <input type="checkbox"/> Admitting Clerk <input type="checkbox"/> PhilHealth Clerk <input type="checkbox"/> Others. Please specify:	* Email Address:	* Mobile No.:	
* Approved by:	* Designation:	* Date Signed:	
<i>To be filled out by PhilHealth</i>			
Installation Date:	Regional/Branch Office:	Email Address:	
Username:	Password:		
Processed by:	Signature:	Date Processed:	
Approved by:	Signature:	Date Signed:	
<i>Institutional (Partner) Confirmation</i>			
Confirmed by:		Date Confirmed:	

* Required Field



NON-DISCLOSURE AGREEMENT

_____ is given the facility to connect to the PhilHealth network and access applicable services offered by it, subject to the provisions of a digital certificate to be issued by PhilHealth. In addition to the duties and responsibilities provided under the digital certificate, _____ acknowledges the importance of its legal obligation to protect the information that it receives from PhilHealth. In this regard, _____ hereby agrees to the following non-disclosure policies:

1. It shall not give or provide access to any information received or generated in the course of utilizing the PhilHealth Online Access System to any unauthorized individuals.
2. It shall store the digital certificate only in specific designated computers within its premises access to which shall be restricted to persons duly authorized by the hospital and PhilHealth. Any changes in the designated computers as well as the authorized persons shall take effect/be implemented only upon approval by PhilHealth.
3. It shall use the digital certificate only for business purposes and will utilize all resources and capabilities available to prevent any unauthorized access.
4. It shall keep in utmost confidentiality the digital certificate and any other form of security token/device issued or provided by PhilHealth.
5. It shall similarly bind its employees under a binding formal contract wherein the latter shall undertake to observe the confidentiality and non-disclosure undertakings of the health care provider.
6. It shall formulate/implement guidelines and systems to ensure confidentiality and non-disclosure.
7. It shall acknowledge liability of any breach of the non-disclosure agreement by any of its employees.

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_____, through the herein duly authorized representative, hereby enters into this agreement voluntarily and with full knowledge of its meaning and legal implications.

Health Care Provider Director or Administrator