



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PhilHealth@24:
 Tungo sa Kalusugan
 Para sa Lahat

PHILHEALTH CIRCULAR

No. 2019-0010

TO : ALL MEMBERS OF THE NATIONAL HEALTH INSURANCE PROGRAM, ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Guidelines on the Granting of Immediate Eligibility to Members

I. BACKGROUND

Before the signing of Republic Act (RA) No. 11223, also known as the “Universal Health Care (UHC) Act”, eligibility rules governing benefit availment are informed by the regularity of a member’s contributions to PhilHealth. Section 12 of RA No. 10606, also known as the “National Health Insurance Act of 2013” required members to have qualified contributions of at least three (3) over the past six (6) months and has proven sufficient regularity of payment prior availment. By virtue of this Act, PhilHealth Circular (PC) Nos. 0032 s.2014 and 2014-0021 were created, which were later revised through PC No. 2019-0004 entitled “Required Qualifying Contributions For Eligibility To PhilHealth Benefits”. These circulars restricted the eligibility of members to avail of their benefits contingent to whether they have paid for at least nine (9) months over the last twelve (12) months prior the first day of confinement. In providing immediate eligibility to all Filipinos, however, RA No. 11223 effectively repeals Section 12 of RA No. 10606 and removes contribution-based eligibility rules in benefit availment.

PhilHealth is now faced with the challenge of how to operationalize immediate eligibility, balancing the interest of members with ensuring the sustainability of the Program. While Section 9.2 of the Implementing Rules and Regulations (IRR) of the UHC Act provides that all Filipinos are granted immediate eligibility, members who have financial capacity are still required to pay their contributions and “shall be required to pay all missed contributions with an interest, compounded monthly...”. Provided further, Section 38c of the UHC states that a “member who commits any violation of this Act or knowingly and deliberately cooperates or agrees, whether explicitly or implicitly, to the commission of a violation by a[n]...employer...shall be punished by a fine of Fifty thousand pesos (P50,000) for each count or suspension from availment of the benefits of the Program for not less than (3) months but not more than six (6) months, or both, at the discretion of PhilHealth.” As such, mechanisms need to be set to rationalize the applicable guidelines on immediate eligibility in protecting the interests of Filipinos in vulnerable occupation while building enough incentives to encourage Filipinos with financial capacity to pay their premiums.

In recognizing the complexity of health finance reform, Section 3.a of RA No. 11223 provides for the progressive realization of UHC. As such, PhilHealth shall program the implementation of immediate eligibility up until universal population coverage is achieved.

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II. RATIONALE

Sections 6.1 and 9.1 of the IRR of the UHC Act provide that every Filipino “shall be granted immediate eligibility”.

III. OBJECTIVE

This Circular establishes the Corporation’s policies and procedures to ensure immediate eligibility for all Filipinos in accessing PhilHealth benefits.

IV. SCOPE

This Circular covers “immediate eligibility” as defined by contribution-based rules for benefit availment in accredited HCIs in the Philippines. This Circular does not cover applicable rules on single period of confinement and the 45-day rule. Likewise, this does not cover “immediate eligibility” for benefit claims for services secured from HCIs outside the Philippines.

V. DEFINITION OF TERMS

- A. **Direct contributors** - Refer to those who have the capacity to pay premiums, are gainfully employed and are bound by an employer-employee relationship, or are self-earning, professional practitioners, migrant workers, including their qualified dependents, and lifetime members.
- B. **Indirect contributors** - Refer to all others not included as direct contributors, as well as their qualified dependents, whose premium shall be subsidized by the national government including those who are subsidized as a result of special laws.
- C. **Financially incapable** – Refers to a state where a person demonstrates clear inability to pay premium contributions or spend for necessary expenditures for one’s medical treatment as assessed and certified by DSWD, medical social workers, or social worker officers of the LGUs.
- D. **Financially capable** – Refers to a state where a person demonstrates clear ability to pay premium contributions or spend for necessary expenditures for one’s medical treatment as assessed and certified by DSWD, medical social workers, or social worker officers of the LGUs.
- E. **Certificate of Financial Assessment** – Refers to a document issued by the Medical Social Workers or Social Worker Officers of the LGUs attesting to the level of capacity of the member to pay the prescribed premium contribution based on DOH or DSWD assessment tool. It is valid only within the calendar year and may be re-issued in the subsequent year/s.
- F. **Notice of Premium Contributions** – Refers to a system-generated document issued during availment of PhilHealth benefits to notify the members of their unpaid premium/s including interest.

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- G. **Self-Earning Individuals** – Refer to those who render services or sell goods as a means of livelihood outside of an employer-employee relationship or enterprises owned and operated by employers which may employ fewer than ten (10) employees or informal sectors such as seasonal employees engaged in the production of goods and services with the primary objective of generating employment and income for the persons concerned including job order contractors and project-based contractors.
- H. **Immediate Eligibility** – Refers to is the automatic entitlement from selective to full array of PhilHealth benefits in accordance with the criteria and limits set by the Corporation.

VI. GENERAL GUIDELINES

- A. All Filipinos shall be granted immediate eligibility and access to PhilHealth benefits as defined in this Circular.
- B. Immediate eligibility shall apply to all services provided in accredited or contracted public facilities and basic accommodations in accredited or contracted private HCIs.
 - 1. Provided, Filipinos with full payment of premiums from the reckoning date to the date of admissions shall be eligible to avail of their benefits in non-basic accommodations in accredited private hospitals.
 - 2. Provided further, that Filipinos without full payment of premiums must settle the unpaid premiums with interest as provided in PhilHealth Circular No. 2019-0009 in order to avail of the full range of benefits.
- C. All indirect contributors shall be considered to have paid their premiums in full within the prescribed validity period.
- D. To maximize benefit entitlement, Filipinos shall register under the NHIP, update their personal records, and regularly pay their premium contributions.
- E. The applicable month of November 2019 shall be the reckoning period for immediate eligibility. The rate for which shall be based on the premium schedule for November 2019 (see “Annex A: Premium Contribution Schedule, As of November 2019”). The new premium schedule, as per PhilHealth Circular No. 2019-0009, shall take effect starting on the applicable month of December 2019, where any missed or late payment shall be subjected to the prescribed interest rates.
- F. Employers, self-earning individuals, practicing professionals, and migrant workers shall ensure payment of the prescribed premium contributions. Failure to do so shall constitute an offense under Section 38 of the IRR of RA 11223 and shall be subjected to legal action.
- G. PhilHealth shall provide for an online process to verify members’ records prior to availment (see “Annex B: Online Verification Process of Membership and Contribution Status”). Further, PhilHealth shall provide for an offline process which shall be made available for HCIs located in Geographically Isolated and Disadvantaged Areas (GIDAs) (see “Annex C: Offline Verification Process of Membership and Contribution Status”). PhilHealth shall capacitate all identified HCIs in using the applicable verification processes.
- H. The online verification system shall generate a Notice of Premium Contribution to be received and acknowledged by the member (See “Annex D: Sample Notice of Premium Contribution”).
- I. Registered Filipinos with unpaid contributions and all unregistered Filipinos shall be assessed for financial capacity (see “Annex E: Assessment of Financial Capacity”). PhilHealth shall authorize the Medical Social Worker (MSW) for government HCIs and social welfare officers (SWOs) of the LGUs for private HCIs to conduct the assessment for financial capacity as per Section 8.5 of the IRR of RA No. 11223.

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- J. The MSW and the SWOs shall use the intake survey sheet as prescribed by the Department of Health (DOH) or Means Test Tool of the Department of Social Welfare Department (DSWD) to administer the assessment. A Certificate of Financial Assessment shall be issued accordingly (see “Annex F: Sample Certificate of Financial Assessment”).

VII. REPEALING CLAUSE

This Circular repeals PC No. 2019-0004 entitled “Required Qualifying Contributions for Eligibility to PhilHealth Benefits”.

VIII. EFFECTIVITY

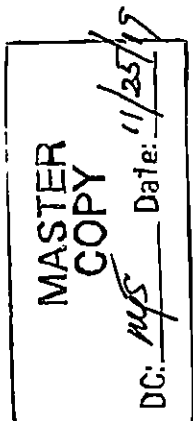
This Circular shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation. It shall also be deposited with the National Administrative Register at the University of the Philippines Law Center.

IX. ANNEXES (Annexes shall be uploaded in the PhilHealth Website):

- A. Premium Contribution Schedule, As of November 2019 (Annex A)
- B. Online Verification Process of Membership and Contribution Status (Annex B)
- C. Offline Verification Process of Membership and Contribution Status (Annex C)
- D. Sample Notice of Premium Contribution (Annex D)
- E. Assessment of Financial Capacity (Annex E)
- F. Sample Certificate of Financial Assessment (Annex F)


BGEN RICARDO C. MORALES, AFP (RET) FICD
President and Chief Executive Office

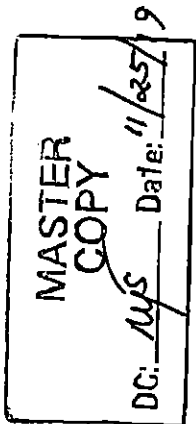
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Schedule of Premium Contribution

(As of November 2019)

Membership Category	Annual Premium Rate	Monthly Premium Rate
Formal Economy		
Government	2.75% of Monthly Basic Salary	
Private	2.75% of Monthly Basic Salary	
Kasambahay	P 2,400 (for below P5,000 monthly salary)	P 200
Informal Economy		
Self-Earning Individuals	P 2,400	P 200
Professional Practitioners	P 3,600	P 300
Foreign Nationals		
PRA-Registered Retirees	P 15,000	P1,250
Non PRA	P 17,000	P1,416.66
Overseas Filipinos		
Land-based Workers	P 2,400	P 200
Sea-based Workers	P 2,400	P 200
Filipinos with Dual Citizenship	P 3,600	P 300



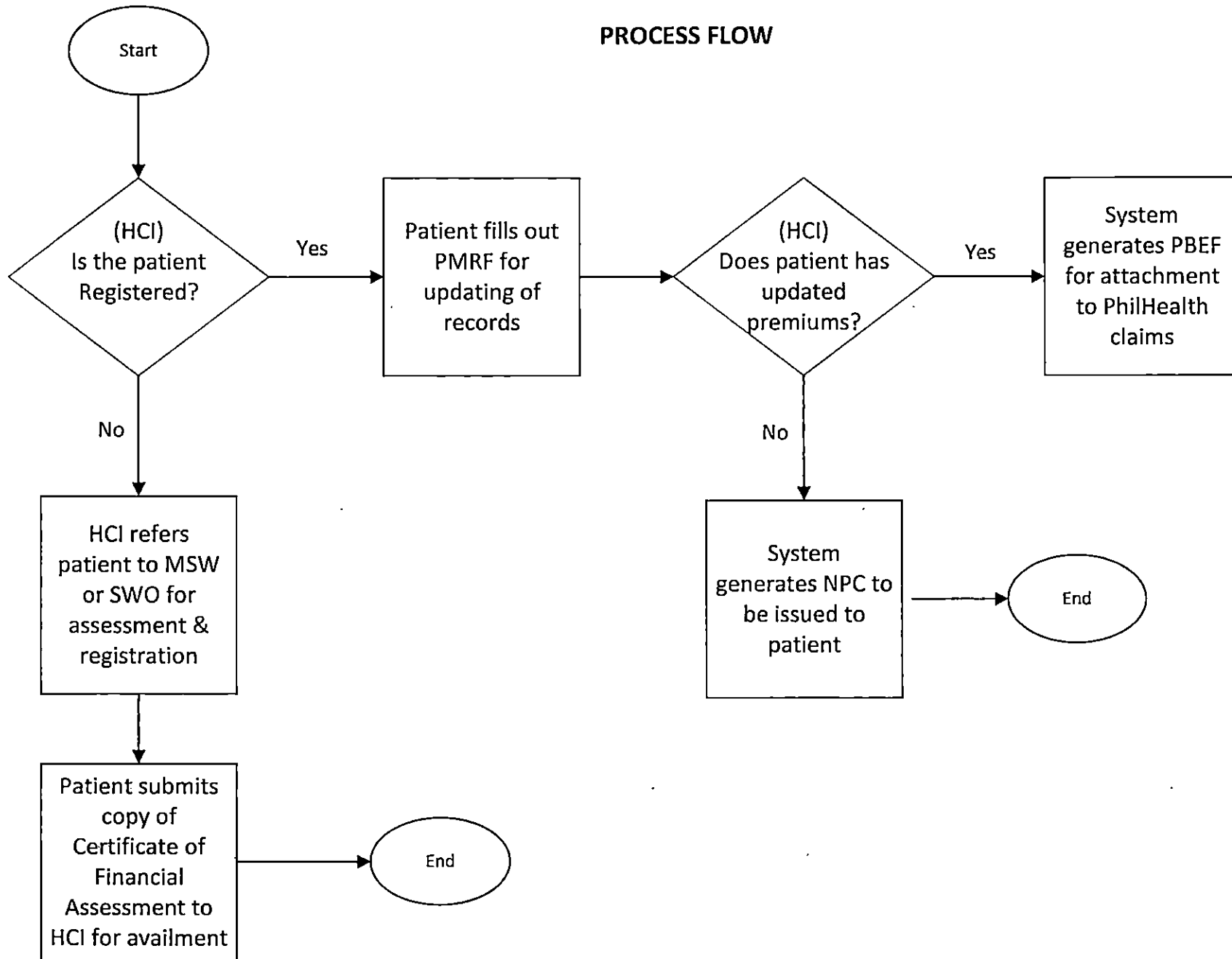
Online Verification Process of Membership and Contribution Status

1. The HCI shall check through the system if patient is already registered to PhilHealth.
2. If already registered:
 - a. The patient shall be asked to update their contact information and other personal details by submitting to the HCI a duly accomplished PMRF with supporting documents.
 - b. The HCI shall verify through the system if the member has unpaid premiums starting from November 2019 up to the month of availment.
 - i. If updated, the system shall generate a PhilHealth Benefit Eligibility Form (PBEF) to be attached to the PhilHealth claims of the patient.
 - ii. If not updated, HCI shall generate through the system a Notice of Premium Contribution to be given to the patient as reminder.
3. If not yet registered, the HCI shall refer the member to the MSW and SWO for assessment of financial capacity.
4. Patient submits to the HCI the Certificate of Financial Assessment issued by MSW and SWO for attachment to PhilHealth claims.

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Online Verification of Membership and Payment Status

PROCESS FLOW



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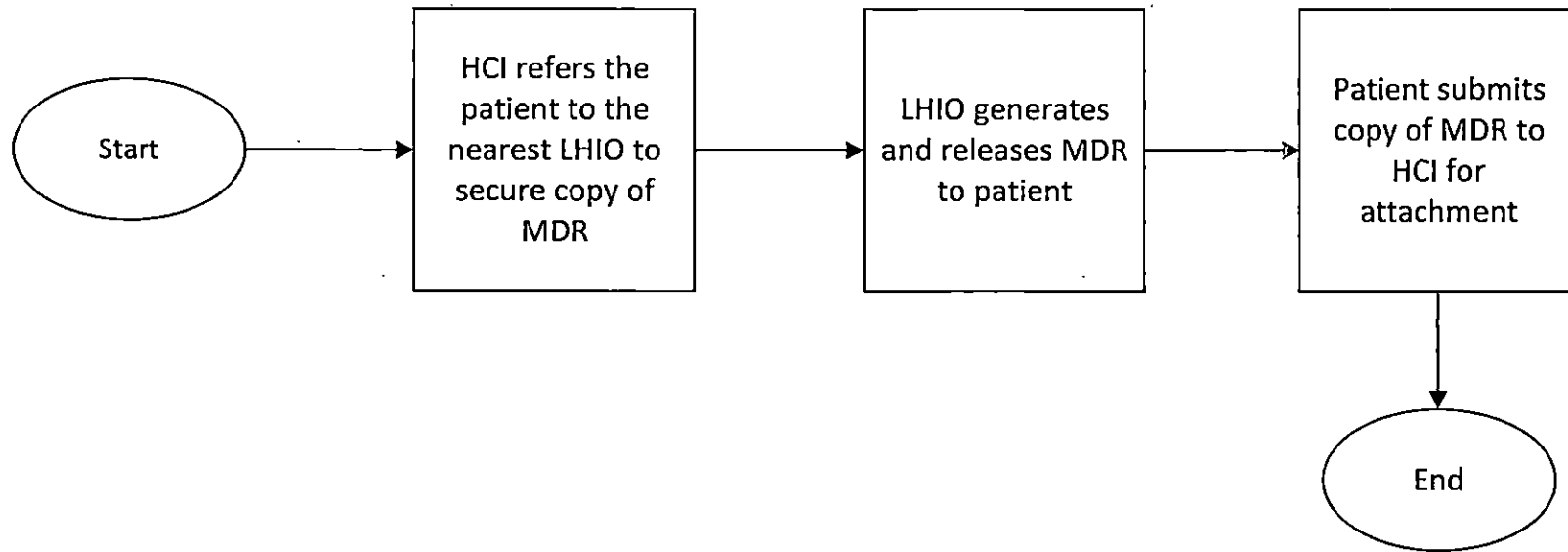
Offline Verification Process of Membership and Contribution Status

1. The HCI shall refer the patient to the nearest LHIO to secure a copy of his/her MDR with history of premium contributions for attachment to PhilHealth claims.
2. If LHIO is not accessible, patient may authorize the HCI to request a copy of their MDR from PhilHealth by signing a consent form.
3. With consent from patient, the HCI shall contact the Membership Section of the PRO/LHIO and request for MDR using email, landline or mobile phone.
4. The Membership Section of the PRO/ LHIO shall generate and transmit the MDR to the HCI for release to patient. The same shall be attached to the PhilHealth claims.
5. If patient is not registered, LHIO shall refer the patient to the MSW or SWO for assessment of financial capacity and registration to PhilHealth.
6. MSW or SWO shall assess the financial capacity of the patient and facilitate their registration to PhilHealth through the POS

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Offline Verification of Membership and Contribution Status

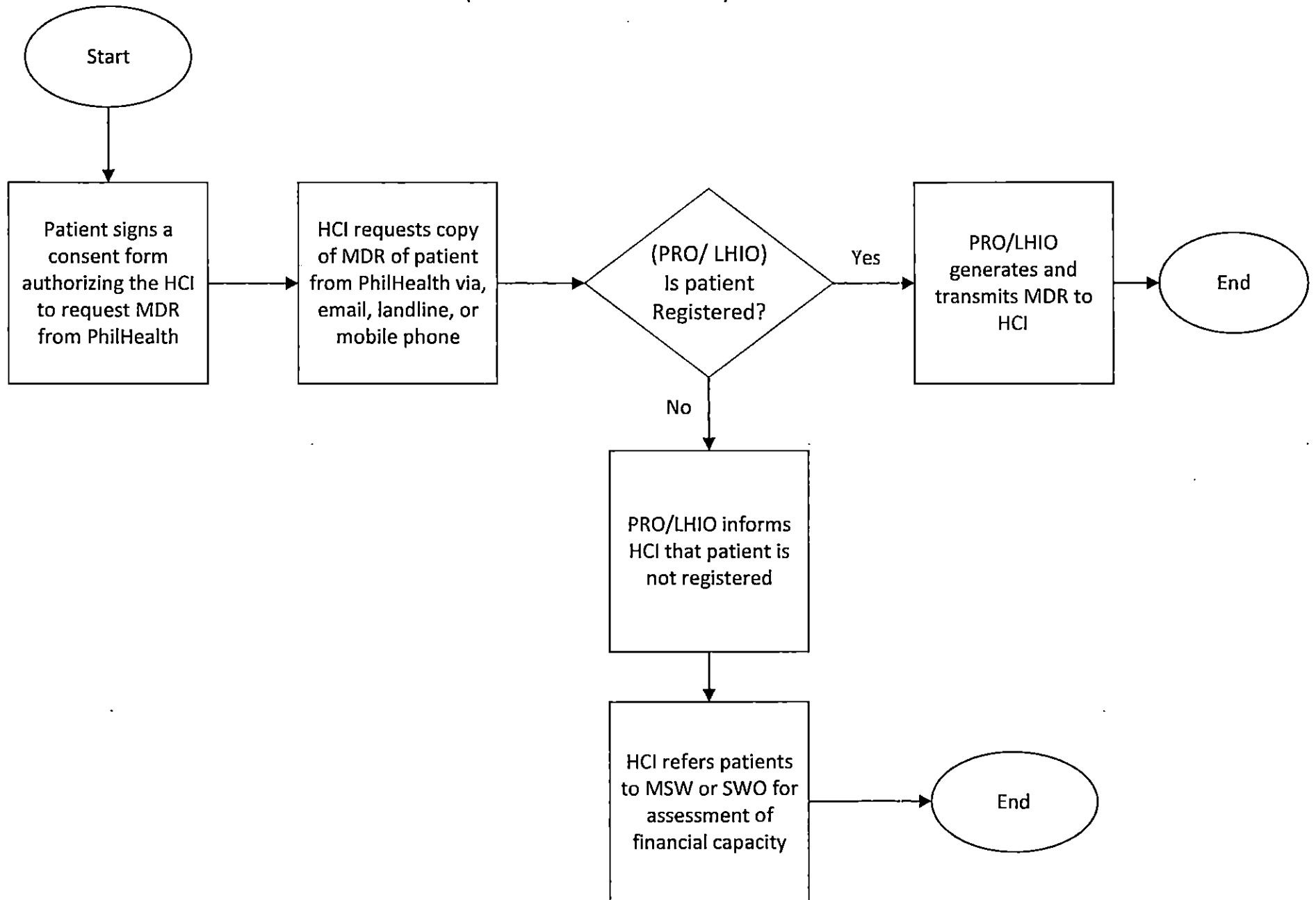
PROCESS FLOW (If LHIO is Accessible)



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Offline Verification of Membership and Contribution Status

PROCESS FLOW (If LHIO is Not Accessible)



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Notice of Premium Contribution

Payment Reference Number: _____

NAME: JUAN DELA CRUZ

PhilHealth Identification Number : _____

Membership Type: _____

Applicable Period:

From: _____

To: _____

Contribution: PHP _____

Interest: PHP _____

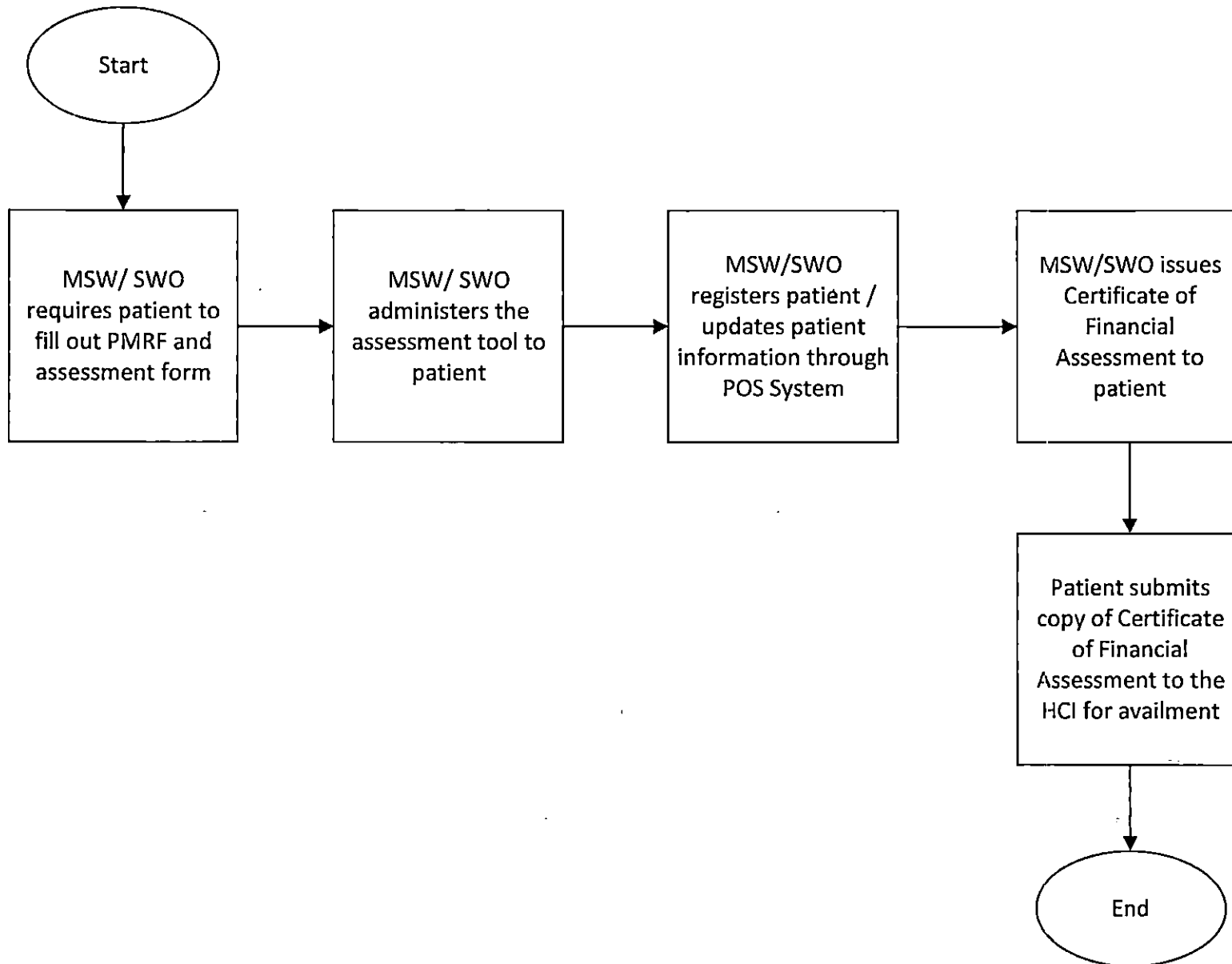
Total Amount: PHP _____

Due Date: _____

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Assessment of Financial Capacity

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Assessment of Financial Capacity

1. Registered and unregistered Filipinos who could not pay the prescribed premiums shall be advised to undergo an assessment of financial capacity. Those admitted in government hospital shall be referred to the Medical Social Worker (MSW) while those admitted in private hospital shall be referred to the social welfare officer of the LGU where the HCI is located.
2. The MSW/ SWO shall require the patient to fill out a PMRF to facilitate the generation of PIN or updating of records through the POS system.
3. A patient must be registered through the POS system and assessed by the MSW/ SWO of the LGU within the availment period.
4. After the assessment, the MSW/ social welfare officer of the concerned LGU shall issue a Certificate of Financial Assessment indicating whether the patient is financially capable or financially incapable.
5. Those who will be assessed as financially incapable shall be included in the list to be endorsed to DBM for funding. They shall no longer be required to pay the prescribed premiums and interest.
6. Those assessed as financially capable shall be tagged through the system as self-earning. They shall be advised to pay the unpaid premiums with interest to the nearest LHIO or any accredited collecting agents. They may present a copy of MDR or any proof of payment to the HCI within the availment period.
7. In case the POS system is not available, the MSW/ SWO shall submit to the concerned LHIO the hard copy of duly accomplished PMRF and Certificate of Financial Assessment of the member, labeled "POS-FI".
8. In case the member was admitted on a weekend, holiday, or outside of the working hours/schedule of the MSW/ SWO, the patient shall be registered and assessed upon return of the MSW/ SWO but within the confinement or availment period.
9. Orphaned, abandoned children and mentally ill vagrants shall be registered as principal members. The PMRF shall be accomplished and signed by the guardian or the MSW/ SWO. 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.
10. Upon registration of the patient in the POS System, the PRO Membership Section or LHIO shall conduct validation and assignment of PIN. PINs of newly registered members shall be emailed/ transmitted to the HCIs. MDR may be claimed by the patient to the nearest LHIO or endorsed to the HCI for release to the patient.

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11. Financially capable patient may opt for staggered payment of the total unpaid premiums subject to applicable premium interest. He/ she may submit to the HCI a copy of proof of partial payment and a fully accomplished Promissory Note Form to be attached to his/her claim forms.

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Sample Certificate of Financial Assessment

HCI/LGU LETTERHEAD

CERTIFICATION

This is to certify that _____ has been assessed in accordance with DOH Classification on Indigence/ DSWD Assessment Tool as:

- Financially capable
- Financially incapable

This certification is issued for the purpose of availment of the above named patient according to the provision of General Appropriation Act 2019.

Issued on _____ 2019 at _____.

MSW/SWO

License No.

"Annex F"

Sample Certificate of Financial Assessment

HCI/LGU LETTERHEAD

CERTIFICATION

This is to certify that _____ has been assessed in accordance with DOH Classification on Indigence/ DSWD Assessment Tool as

- Financially capable
- Financially incapable

This certification is issued for the purpose of availment of the above named patient according to the provision of General Appropriation Act 2019.

Issued on _____ 2019 at _____.

MSW/SWO

License No.

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