



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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UNIVERSAL HEALTH CARE
 KAIBIGAN AT KALINGA PARA SA LAHAT

PHILHEALTH CIRCULAR

No. 2022-0013

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

SUBJECT : Granting of Immediate Eligibility to Filipino Citizens

I. RATIONALE

Upon effectivity of Republic Act (RA) No. 11223, also known as “the Universal Health Care (UHC) Act”, and its Implementing Rules and Regulations, eligibility rules governing benefit availment shall transition from compliance requiring qualifying contributions to immediate eligibility. Whereas, Section 39 of Republic Act No. 7875, as amended by RA No. 10606 also known as “the National Health Insurance Act of 2013” required members to have qualifying contributions of at least three (3) months over the past six (6) months and has proven sufficient regularity of payment prior to availment. On the other hand, Section 9 of UHC Law provides for immediate eligibility of any member to avail of benefits regardless of the number of contributions to the National Health Insurance Program.

The Corporation recognizes the need to ensure members’ access to PhilHealth benefits while at the same time needs to ensure fund sustainability for continuous development. 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.

II. OBJECTIVES

This PhilHealth Circular aims to ensure immediate eligibility of all Filipinos, including dual citizens and naturalized Filipinos to NHIP benefits.

SCOPE

This PhilHealth Circular covers the application of “immediate eligibility” in the availment of NHIP benefits of all registered Filipinos to all accredited and contracted Health Facilities (HFs) starting November 2019. This PhilHealth Circular does not cover the 45 days exhaustion, pre-authorization and non-approval of Z benefit packages, single period of confinement, and benefit claims for services secured from HFs outside of the Philippines.

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IV. DEFINITION OF TERMS

- A. **Direct contributors** - 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. **Financially capable** - A state where a person demonstrates clear capacity to pay for at least the minimum prescribed rate for health insurance premium contributions in the NHIP 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.
- C. **Financially incapable** - A state where a person demonstrates clear incapacity 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. **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.

V. POLICY STATEMENTS

- A. During benefit availment, Filipino Direct and Indirect Contributors and their qualified dependents shall be granted immediate eligibility for health benefit packages without the need of presenting the PhilHealth Identification Card under the Program. However, this does not preclude the necessity to present any valid identification for purposes of proving identity.
- B. Filipino citizens who are not yet in the PhilHealth beneficiary database shall be registered by Health Facilities (HFs) using an application system provided by PhilHealth. In case the said application system is unavailable or inaccessible, HFs may send through email or nearest Local Health Insurance Office (LHIO) the duly accomplished PhilHealth Member Registration Forms and supporting documents of their patients to ensure their registration to PhilHealth within the period of benefit availment.
- C. Failure to pay premiums shall not prevent the enjoyment of any Program benefits.
- D. To maximize Program benefit entitlements, members shall regularly update their personal information or of their qualified dependents, their address, and contact information, i.e., mobile number, email address.
- E. Filipino citizens who do not have the capacity to pay premiums shall be assessed for financial capacity by the Medical Social Worker of the accredited HFs or the DSWD or social welfare officers of the LGU where the member is residing. Filipino patients who have been assessed not to have the financial capacity shall be enrolled under the mechanism for "Indirect Contributors -Financially Incapable":

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1. The medical social worker may facilitate the enrollment of financially incapable individuals into the program through the Point of Service (POS) System or similar application system provided by PhilHealth to the HFs or any authorized third party for the purpose.
2. In case the POS System or similar application system is unavailable, the medical or LGU social worker who administered the said assessment may issue a Certificate of Indigency



to the concerned member for submission to the nearest Local Health Insurance Office (LHIO) to facilitate their enrollment and appropriate tagging in the membership database.

3. Those who will be assessed as without the capacity to pay premiums shall be entitled to premium subsidy for the applicable year, subject to annual assessment and renewal.
- F. PhilHealth through its LHIOs shall closely coordinate with accredited HFs under its area of jurisdiction to ensure the registration and updating of personal information of Filipino citizens into the Program.
- G. Filipino citizens who are not yet registered under the Program and have expired during their confinement or availment of health care services in any accredited or contracted HFs shall be entitled to Program benefits.
- H. The next of kin of the deceased Filipino patient, social worker, or authorized hospital personnel shall be allowed to accomplish the PhilHealth Member Registration Form (PMRF) on behalf of the unregistered Filipino patient. This would also include Filipino patients who are not capable to accomplish the PMRF at the time of hospital confinement or availment of NHIP benefits. The HF shall be required to indicate in the PMRF their names, signature, position, if applicable, contact details, and a certification stating the reason why the Filipino patient is not capable to accomplish the subject PMRF.
- I. PhilHealth shall provide an online portal to HFs as basis for viewing and checking of benefit eligibility status of members. A "YES" response from the said portal shall mean that the member is entitled to avail of the program benefits. As such, HFs shall no longer require proof of contributions for claims availment. While a "No" response would require the patient to register or apply for PhilHealth Identification Number (PIN) within the period of confinement to become eligible to PhilHealth benefits.
- J. Since automatic entitlement to benefits is guaranteed under the UHC Act for all registered Filipinos, direct contributors have the obligation to pay all missed contributions starting November 2019 or on the month of registration, whichever comes later, with an interest, compounded monthly, of at least three percent (3%) for employers and not exceeding one and one-half percent (1.5%) for self-earning, professional practitioners, and migrant workers (Sec. 9 UHC Act). The mechanism for the collection of missed contributions, particularly of members availing of immediate eligibility shall be discussed in detail through separate guidelines.
- K. Registered members who were not able to avail of program benefits starting November 2019 shall be allowed to directly file their claims to PhilHealth through the submission of a letter of appeal together with all the required claims documents and hospital waiver, subject to the existing pertinent policies on appeal for claims reimbursement.

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VI. PENALTY CLAUSE

- A. Section 38 (b) of the UHC Act provides that a "health care provider contracted for the provision of individual -based health services who commits an unethical act, abuses the authority vested upon the health care provider, or performs a fraudulent act shall be punished by a fine of Two hundred thousand pesos (P200,000.00) for each count, or suspension of its contract or accreditation, whichever is shorter, or both, at the discretion of PhilHealth, taking into consideration the gravity of the offense."



- B. Section 38.10 of the Implementing Rules and Regulations of UHC Act states that a “member who commits any violation of the Act; fails to pay all missed contributions with an interest, compounded monthly, as provided in Section 9 of the Act; or, knowingly and deliberately cooperates or agrees, whether explicitly or implicitly, to the commission of a violation by a contracted health care provider or employer, as defined in this provision, including the filing of a fraudulent claim for benefits or entitlement under the Act, shall be punished, after due notice and hearing, 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.”

VII. SEPARABILITY CLAUSE

In the event that any provisions of this PhilHealth Circular is declared unconstitutional or rendered invalid by any Court of Law or competent authority, provisions not affected by such declaration shall remain in full force and effect.

VIII. REPEALING CLAUSE

This PhilHealth Circular repeals PhilHealth Circular No. 2019-0004 on the “Required Qualifying Contributions for Eligibility to PhilHealth Benefits”, PhilHealth Circular No. 2017-0007 on the “Definition of Active and Inactive PhilHealth Member”, and PhilHealth Circular No. 2019-0010 on the “Guidelines on the Granting of Immediate Eligibility to Members”.

All other issuances or parts thereof which are inconsistent with this PhilHealth Circular are hereby deemed repealed or modified accordingly.

DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation. Three (3) certified true copies of the said PhilHealth Circular shall be submitted to the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.


ATTY. DANTE A. GIERRAN, CPA
President and Chief Executive Officer (PCEO)

Date signed: 6-29-2022

Granting of Immediate Eligibility to Filipino Citizens

