Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8662-2588 www.philhealth.gov.ph
PhilHealthOfficial teamphilhealth

PHILHEALTH CIRCULAR
No. 2025 - 0017

TO : **ALL FILIPINOS, ACCREDITED HEALTH CARE INSTITUTIONS/PROVIDERS, PHILHEALTH REGIONAL OFFICES, BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED**

SUBJECT : **Selection and Empanelment for Philhealth's Primary Care Benefit Package**

I. RATIONALE

The Universal Health Care Act mandates that, "Every Filipino shall register with a public or private primary care provider of choice" (Chapter II, Section 6.d.). In recognition of the need to uphold patient autonomy and choice, the Corporation hereby establishes this policy to guide beneficiaries and Primary Care (PC) Clinics in the PC Clinic selection process, and subsequent conduct of First Patient Encounters (FPE).

This PhilHealth Circular ensures that every Filipino can exercise his/her right to choose their preferred PC Clinic.

II. OBJECTIVES

A. Establish a selection and empanelment framework that upholds patient choice in selecting PC Clinics;

B. Implement settings-based PC Clinic selection strategies that bridge the gap between member demand and provider supply;

C. Ensure proactive engagement of PhilHealth beneficiaries in the PC Clinic selection process; and,

D. Facilitate efficient and transparent PC Clinic selection processes.

III. SCOPE

This policy covers the selection processes of the Yaman ng Kalusugan Program (YAKAP) beneficiaries of their preferred primary care clinics, applying to all Filipinos, Accredited Primary Care Clinics, PhilHealth Regional Offices (PROs), Local Health Insurance Offices (LHIOs), and all stakeholders involved in the PC Clinic selection and conduct of FPE of PhilHealth beneficiaries.

IV. DEFINITION OF TERMS

A. Assignment - the systematic matching of defined populations (individuals or organized groups) to available Primary Care Clinics based on geographic proximity, clinic capacity, and beneficiary preferences to optimize supply-demand balance.

B. Beneficiary - any individual - member or qualified dependent - who is eligible to avail of PhilHealth benefits under the NHIP, subject to applicable registration, coverage, and entitlement rules.

a. For beneficiaries who are minors, all official transactions with PhilHealth, including registration, PC Clinic selection, and execution of agreements such as the Mutual Care Agreement (MCA), shall be undertaken by a parent or legal guardian since minors do not have legal personality.

b. For beneficiaries aged 18 and above, transactions may be conducted independently. They are authorized to register, select their PC Clinic, execute agreements, and engage directly with PhilHealth without requiring parental or guardian consent.

C. Empanelment - the formal care relationship established between beneficiaries and their chosen Primary Care Clinics after completion of First Patient Encounter (FPE), creating mutual accountability and ongoing clinical relationships.

D. First Patient Encounter (FPE)[1] - the initial episode of patient contact for the year whereby a PC Clinic takes and/or updates the basic health data of an eligible beneficiary to identify their health risk. The FPE is not a medical consultation.

E. Head of Entity/Institution or Delegated Authority - the authorized representative of an organization who can certify the active membership and consent of individuals for PC Clinic Selection purposes.

F. PhilHealth Check Utility (PCU) - an online tool accessible via the PhilHealth Member Portal that allows individuals to verify their PhilSys registration and validate their PhilHealth membership status. Using personal details and facial recognition, it confirms identity, performs liveness checks, and automatically tags verified users in the PhilHealth database to support secure and streamlined access to all benefits.

G. Primary Care Clinic or PC Clinic - accredited public or private healthcare provider offering primary care services, in accordance with PhilHealth Circular No. 2024-0013 and its succeeding revisions. PC Clinic is currently referred to as a YAKAP Clinic.

H. Registration - the systematic process of recording and maintaining PhilHealth beneficiaries in the National Health Insurance Program database, ensuring

[1]PhilHealth Circular No. 2024-0013 (Enhancement of the PhilHealth Konsulta Benefit Package)

accurate demographic and contact information, identity verification, and assignment of a unique PhilHealth Identification Number (PIN).

I. Selection

a. Individual PC Clinic Selection - the process with which any PhilHealth beneficiary utilizes any of the channels listed on this PhilHealth Circular in selecting a PC Clinic.

b. Settings-based PC Clinic Selection - the process by which PhilHealth beneficiaries confirm their selection of a proactively assigned PC Clinic based on their specific settings or organized group membership.

J. Yaman ng Kalusugan Program (YAKAP) - the PhilHealth YAKAP (Yaman ng Kalusugan Program) is an evolution of the PhilHealth Konsulta Program which builds on the previous program's foundations by redesigning provider engagement mechanisms for outpatient diagnostics and pharmaceuticals, improving access and shifting from reactive treatment to proactive wellness that keeps Filipinos "malayo sa sakit," with coverage designed to continuously evolve based on emerging healthcare needs. In previous issuances, it has been called Primary Care Benefit 1 (PCB1), Expanded Primary Care Benefit (EPCB), PhilHealth Tsekap and PhilHealth Konsulta.

V. POLICY STATEMENTS

A. GENERAL RULES

1. All PC Clinics and beneficiaries shall be guided by the following steps in order to avail PhilHealth's Primary Care benefit:
   a. Registration
   b. Selection
   c. First Patient Encounter
   d. Empanelment

2. Regardless of method, all PC Clinic Selection Channels shall ensure the following:
   a. Accurate identity verification and liveness check via the PhilHealth Check Utility (PCU) where applicable (Annex A: Step-by-step Guide for the PhilHealth Check Utility).
   b. Consent documentation including a conforme attachment for settings-based selection (refer to Section V.C for rules on Settings-based Selection).
   c. Facilitation of the beneficiary's FPE scheduling to their PC Clinic.
      c.1. Phone application-based selection platforms shall utilize push notifications, email notifications, and/or SMS to facilitate FPE scheduling.

c.2. Web- or browser-based selection platforms shall utilize email and/or SMS notifications to facilitate FPE scheduling.
c.3. On-site selection platforms shall utilize email and/or SMS notifications to facilitate FPE Scheduling.

3. PhilHealth shall adopt a four-level framework of verification for the member registration and primary care benefit availment processes.

   a. Member Identity Verification

      a.1. PhilHealth shall develop database matching criteria which considers the tolerance levels of data entries, name variations and standardization rules.
      a.2. PhilHealth shall also implement ID number validation and cross-referencing procedures to ensure member identity.

   b. Member Liveness Confirmation

      b.1. PhilHealth shall confirm the status of members through real-time death record verification and validation against updated databases.
      b.2. PhilHealth shall also develop procedures for handling disputes on member status.

   c. Service Legitimacy Validation

      c.1. PhilHealth shall implement checks on the legitimacy of service delivery by cross-checking filed claims with the Corporation's accreditation database
      c.2. PhilHealth shall also check the eligibility of beneficiaries to receive health services based on the rules and design of each benefit.

   d. Benefit Delivery Confirmation

      d.1. PhilHealth shall implement post-audits of documents submitted for each claim filed.
      d.2. PhilHealth may also engage third-party institutions to conduct benefit delivery verification protocols.

4. After FPE and signing of the mutual care agreements (refer to Section V.D for the rules on Empanelment), PhilHealth beneficiaries are considered empaneled to the PC Clinic for at least a year (unless they transfer). The PC Clinic shall be available and accessible to the empaneled PhilHealth beneficiaries to serve as first contact, navigator, coordinator, and provider of complete primary care services as defined in PhilHealth Circular No. 2024-0013 and its succeeding revisions. They shall provide primary care services within the period of empanelment. They shall uphold the standards set by PhilHealth and national practice guidelines for Primary Care.

   a. First instance of non-compliance to service delivery commitments shall merit an initial warning to the PC Clinic;
   b. Second instance shall merit a final warning to the PC Clinic;
   c. Third instance shall warrant a suspension of accreditation, and/or a fine, in accordance with PhilHealth's rules.

5. To facilitate continuity of care, all PhilHealth-accredited health facilities shall ensure their patients are referred/endorsed back to their selected PC Clinics after the provision of care. If a patient does not yet have a selected PC Clinic, the health facility shall refer the patient to this PhilHealth Circular to guide them on the PC Clinic selection process. PhilHealth shall publish information materials for this purpose.

B. INDIVIDUAL PC CLINIC SELECTION METHODS

1. YAKAP beneficiaries shall select their PC Clinic of choice through the following channels:

   a. **Through the e-Gov PH Super App (Annex B: PC Clinic Registration via the eGov PH Super App)** - the centralized digital platform of the Philippine government to streamline access to public services. PhilHealth services, including PC Clinic selection, are now integrated into this app.

   b. **Through the PhilHealth Member Portal (Annex C: PC Clinic Registration Via PhilHealth Member Portal)** - PhilHealth's online platform that lets beneficiaries manage their PhilHealth records and avail select frontline services. It has similar platform functionality as the e-Gov PH Super app for PC Clinic selection.

   c. **Through any PhilHealth Office** - walk-in beneficiaries at the LHIOs shall be provided with two options for selecting their PC Clinic: 1) access to dedicated terminals to assist in navigating online platforms, and 2) assisted PC Clinic selection through walk-in services. For those opting for the latter, beneficiaries shall undergo identity verification and liveness check via the PCU (Annex A: Step-by-step Guide for the PhilHealth Check Utility), after which they shall submit a duly accomplished Primary Care Selection Form (formerly the PhilHealth Konsulta Registration Form), indicating their chosen PC Clinic. The LHIO shall validate and process the form accordingly.

   d. **Through the PC Clinic** - the PC Clinic shall offer beneficiaries assistance in registering for the NHIP and selecting a PC Clinic using the eGov PH Super App and/or the PhilHealth Member Portal through the PhilHealth website's online services (https://www.philhealth.gov.ph/services/).

   e. **Other Channels**

      e.1. **Through PhilHealth Corporate Action Center** - beneficiaries may select a PC Clinic by directly calling the PhilHealth Corporate Action Center and submitting a completed Primary Care Selection Form (PCSF) along with a government-issued ID via email or other digital messaging channels. Once the documents are received and verified, the Action Center processes the PC Clinic selection through the Customer Service Management System (CSMS).

e.2. **Through PhilHealth Customer Assistance, Relations and Empowerment Staff (P-CARES)** - PCARES staff, stationed in hospitals, shall assist beneficiaries with PC Clinic selection by first facilitating member verification and liveness check through the PhilHealth Check Utility (PCU). Once verified, they shall assist beneficiaries in completing the PCSF, and selecting an appropriate PC Clinic via the iCARES System.

2. PC Clinics shall conduct daily checks of beneficiaries selecting their facility as their clinic of choice, and subsequently schedule FPEs with those beneficiaries.

3. The following shall be the steps for the individual PC Clinic Selection Process:
   a. The beneficiary shall register with PhilHealth to obtain a PhilHealth Identification Number (PIN) using either online platforms or through assisted registration via the LHIOs, Corporate Action Center, and PCARES by submitting a duly accomplished PhilHealth Member Registration Form (PMRF).
   b. If the beneficiary uses online platforms, they shall simply follow the instructions. For assisted PC Clinic selection (through a PC Clinic or LHIO), they shall undergo verification via the PCU. If verified, they proceed with PC Clinic selection. Otherwise, they shall be required to present a valid ID before they can select their PC Clinic.
   c. PhilHealth shall then process and confirm the PC Clinic selection of the beneficiary.
   d. PhilHealth shall notify the PC Clinic of the newly-assigned beneficiary.
   e. The PC Clinic and/or PhilHealth shall notify the beneficiary of successful PC Clinic selection.
   f. The PC Clinic shall notify the beneficiary of the FPE schedule.

4. PC Clinics shall not be allowed to reject beneficiaries who selected their facility as their PC Clinic of choice, unless the PC Clinic has reached their declared beneficiary limit.
   a. All PC Clinics shall declare the number of beneficiaries which they can accommodate under their care.
   b. PhilHealth shall limit the access to physician accounts for the PhilHealth GAMOT Application (PhilHealth Circular No. 2025-0013) to four (4) per PC Clinic.
   c. PC Clinics that exceed the declared beneficiary limit may request additional GAMOT Physician accounts subject to the approval of PhilHealth.

C. SETTINGS-BASED PC CLINIC SELECTION

1. PhilHealth shall assist beneficiaries through settings-based PC Clinic selection. This method shall be a proactive engagement strategy to match beneficiary demand and provider supply.
2. Settings-based PC Clinic selection may include the following:
   a. Workplace
      a.1. PhilHealth shall facilitate PC Clinic selection of members of the workplace to the workplace's accredited office clinics or chosen partner clinic/s to serve as PC Clinics.
      a.2. Representatives from the workplace shall coordinate with PhilHealth to facilitate employee registration and PC Clinic selection.
      a.3. PAIMS staff may assist beneficiaries under their assigned accounts in selecting an appropriate PC Clinic via settings based registration or by guiding beneficiaries in using the digital platforms for individual PC Clinic selection such as the eGov PH Super App and the PhilHealth Member Portal (PMP).
   b. Learning Institutions
      b.1. PhilHealth shall facilitate registration and PC Clinic selection of teaching- and non-teaching staff, learners, and their family members in learning institutions (e.g. primary, secondary, and tertiary-level schools, daycare centers, and among others).
      b.2. Representatives from the learning institutions shall coordinate with PhilHealth to facilitate the registration and PC Clinic selection of the beneficiaries.
   c. Community-based
      c.1. PhilHealth may also facilitate the registration and PC Clinic selection of members of the following community-based organizations:
         c.1.1. Homeowners Associations;
         c.1.2. Community-based Organizations;
         c.1.3. Professional Associations;
         c.1.4. Civil Society Organizations; and
         c.1.5. Other organized community groups.
      c.2. Representatives of community-based organizations shall contact their respective PhilHealth Regional Offices to initiate registration and PC Clinic selections.
      c.3. PhilHealth shall deploy an integrated system with registration and PC Clinic selection functionalities to be administered by authorized community-based organizations and authorized third-party partners.
3. PhilHealth shall provide all types of organized groups with all options for PC Clinic Selection within a 30-km radius, with the PC Clinic as the reference point, ensuring beneficiaries can make informed choices about their preferred clinics.

4. PhilHealth shall provide beneficiaries PC Clinic options outside the 30-km radius upon their request.
5. For settings-based PC Clinic selection, PhilHealth shall require the Head of Entity/Institution or Delegated Authority shall issue a certification that:
    a. Certifies liveness of beneficiaries (Annex D, E, or F, depending on the setting).
    b. Confirms the specified address and contact details of the beneficiaries (Annex G: Registration Consent List/Conforme).
    c. Validates the beneficiaries' choice of PC Clinic through an attachment of a conforme of individuals consenting to the PC Clinic selection to certify their choice (Annex G: Registration Consent List/Conforme).
    d. Certifies that a proper orientation was conducted, and that consent was duly obtained from all beneficiaries, and where applicable, from parents or guardians of minors (Annex D, E, or F, depending on the setting).
6. PhilHealth shall no longer require individual Primary Care Selection Forms for beneficiaries which are certified under the settings-based PC Clinic selection channel.
7. All stakeholders that intend to undergo the settings-based PC Clinic selection process shall be guided by the following steps:
    a. Identification and Coordination
        a.1. PhilHealth identifies target organized groups. Likewise, organized groups may also initiate discussions with PhilHealth for settings-based PC Clinic selection.
        a.2. The Head of Entity/Institution or Delegated Authority shall coordinate with PhilHealth.
        a.3. PhilHealth shall present all the available PC Clinic options to the Head of Entity/Institution or Delegated Authority.
    b. Orientation and Consent
        b.1. The Head of Entity/Institution or Delegated Authority, shall be responsible for discussing the decision process of selecting a PC Clinic through the settings-based selection.
        b.2. PhilHealth may conduct program orientation to potential beneficiaries, in coordination with the Head of Entity/Institution or Delegated Authority.
        b.3. The PC Clinic shall explain the rights, benefits, and responsibilities of beneficiaries under the primary care benefit, in accordance with PhilHealth's standard information materials for its primary care benefit package.
        b.4. The Head of Entity/Institution or Delegated Authority, shall collect and submit to PhilHealth the informed consent from all the beneficiaries in the organization that wish to select a PC Clinic through the settings-based PC Clinic selection process.
    c. Documentation and Certification

c.1. The Head of Entity/Institution or Delegated Authority shall prepare its consolidated beneficiary lists grouped according to the beneficiaries' PC Clinic of choice. They shall utilize the template provided in Annex G.
c.2. The Head of Entity/Institution or Delegated Authority shall issue the applicable certification that the listed beneficiaries acknowledge the PC Clinic that they are selecting.
c.3. The Head of Entity/Institution or Delegated Authority shall then submit the batch registration request to the respective PRO.

d. Processing and Validation

d.1. The PRO shall then validate the documents submitted by the organization.
d.2. The PRO shall then conduct database matching and verification of the beneficiaries submitted by the organization.
d.3. The PRO shall then conduct batch processing of registrations.

e. Confirmation and Follow-up

e.1. When applicable, PhilHealth shall then notify beneficiaries and PC Clinics of successful selections of PC Clinics.
e.2. PC Clinics shall then inform the organization and individual beneficiaries regarding the scheduling of FPEs of the verified beneficiaries.

D. EMPANELMENT

1. After conducting the First Patient Encounter (FPE), the beneficiary and the PC Clinic shall both confirm, through a Mutual Care Agreement (MCA), that both parties acknowledge the mutual responsibilities under PhilHealth's primary care benefit. A template of the Mutual Care Agreement can be found in Annex H.
2. PhilHealth shall develop an electronic platform for the MCA for convenience of both the PC Clinic and the beneficiaries.
3. PhilHealth shall publish official translations for the MCA based on the template provided in this PhilHealth Circular.
4. PC Clinics shall submit signed MCAs of their beneficiaries as a requirement for first tranche payments, regardless if they are a retained beneficiary or a newly-assigned beneficiary. Beneficiaries shall be asked to sign a new MCA annually to signify continued empanelment.
5. PhilHealth and PC Clinics shall prioritize, encourage, and promote the conduct of the FPE within the clinic to foster clinic-beneficiary relationships.
6. PC Clinics that intend to organize community-based empanelment initiatives for Geographically Isolated and Disadvantaged Area (GIDA) populations must be approved by the PhilHealth Regional Office (PRO) through the LHIO. Otherwise, FPEs are recommended to be conducted in the primary

care facility. A separate policy shall be released for community-based empanelment.

7. Community-based activities undertaken in partnership with the PC Clinic may include First Patient Encounters (FPEs), consultations, and laboratory services. PC Clinics shall ensure the adequacy and quality of health services provided during these activities, and shall also ensure that empaneled beneficiaries are clearly informed of where and how to access follow-up consultations and laboratory services, as necessary, at the accredited PC Clinic for the entire duration of their empanelment.
8. The accredited PC Clinic shall be accountable for all FPEs and succeeding health services provided to their empaneled beneficiaries, regardless of the entity providing the FPE service (in-house/third-party).

    a. Payments for the FPE, regardless of the entity providing the service, shall be credited to the accredited PC Clinic.

    b. FPE initiatives conducted for populations beyond a 30-km radius from the accredited PC Clinic shall require approval from the respective PRO through the LHIO, otherwise, FPEs shall be prioritized to be conducted within the accredited PC Clinic.

E. USE OF PHILHEALTH CHECK UTILITY (PCU) ACROSS THE UTILIZATION OF THE PRIMARY CARE BENEFIT

1. The PCU shall be utilized in the different processes of the primary care benefit as follows:

    a. PC Clinic Selection Phase
        a.1. The PCU shall be used for individual PC Clinic selection only, where the beneficiary is physically present and can undergo real-time biometric or facial capture.

    b. First Patient Encounter Phase
        b.1. The PC Clinic shall verify the beneficiary's identity using the PCU, prior to conducting the FPE.
        b.2. The beneficiary and PC Clinic shall also sign an Mutual Care Agreement (Annex H: Mutual Care Agreement Template) after the FPE.
        b.3. PhilHealth shall require the PCU reference number, verification result, and date/time stamp, and signed MCA for FPE records.

    c. Consultation Phase
        c.1. PC Clinics shall utilize the PCU on the beneficiaries before each consultation to confirm identity.
        c.2. PC Clinics shall only link verified beneficiaries to appropriate services.

2. The PhilHealth Check Utility (PCU) shall perform the following functions:

a. Beneficiary data shall be validated first with the PhilSys database, then subsequently checked against the PhilHealth membership database. Only PhilSys-registered individuals can be processed through the PCU. If not PhilSys-registered, the beneficiary must present a valid government-issued ID, or alternative documents for manual validation prior to registration, PC Clinic selection, FPE, and consultations.
b. Beneficiaries already registered in PhilSys shall be tagged, "PhilSys Verified" in the PhilHealth database upon their first successful identity validation via PCU. This will serve as a trusted identity link for future transactions.
c. The PCU shall help detect duplicate records, erroneous tagging, or if a beneficiary is not yet registered with PhilHealth. These alerts shall guide PhilHealth staff to facilitate registration or correct the member's record in order for the beneficiary to access services properly.
d. PCU logs shall support claim validation, fraud monitoring, and audit compliance. It shall automatically record the exact date and time of all beneficiary-initiated interactions. Each time-stamped entry shall confirm the beneficiary's physical presence during PC Clinic selection, FPE, and consultations. These logs shall also serve as basis for capitation payment validation and service confirmation.

3. PC Clinics and LHIOs, as applicable, shall require beneficiaries to undergo verification via the PCU. This may be done using the beneficiary's own mobile phone or through a computer terminal provided by the PC Clinic or LHIO.

F. RETENTION OF BENEFICIARIES TO THEIR SELECTED PRIMARY CARE CLINICS

1. Empaneled beneficiaries (FPE has been conducted) with at least one consultation will be retained in the PC Clinic's FPE count for the first tranche of the succeeding year, unless the beneficiary processed a transfer of PC Clinic in the last quarter of the calendar year in accordance with Section V.G. of this PhilHealth Circular.
2. Beneficiaries who have selected their PC Clinics and have undergone FPE, but have not had a subsequent medical consultation will be retained for the succeeding calendar year, unless the beneficiary processed a transfer of PC Clinic in the last quarter of the calendar year in accordance with Section V.G. of this PhilHealth Circular. These beneficiaries must undergo a consultation, or another FPE to update their health records.
3. Beneficiaries who have selected their PC Clinics but have NOT undergone FPE will not be retained for the succeeding calendar year. The beneficiary may select the same PC Clinic through the channels listed in this PhilHealth Circular or transfer to a different clinic based on PhilHealth's rules (Section V.G).
4. All beneficiaries that are retained in their chosen PC Clinic shall be asked to sign a new Mutual Care Agreement to signify empanelment for that given calendar year.

G. TRANSFER RULES

1. Beneficiaries who have selected their PC Clinics but have not undergone FPE may transfer to a different PC Clinic at any time of the year. Beneficiaries who wish to do so shall visit their nearest LHIO to process their transfer request. The transfer takes effect immediately after the processing of the transfer request.

2. Empaneled beneficiaries may only transfer to another PC Clinic in the fourth quarter of every year. The transfer will take effect in January of the following year.

3. Empaneled beneficiaries may only transfer PC Clinic prior to the fourth quarter of the calendar year under the following circumstances:

   a. Facility closure;
   b. Revocation, suspension, or withdrawal of PC Clinic accreditation; or
   c. Issuance of a cease and desist order by the DOH to the PC Clinic.

VI. TRANSITORY CLAUSE

A. Empaneled beneficiaries with a currently-selected PC Clinic through previous selection methods (e.g. auto-registration or assisted registration processes) shall remain within the care of the current PC Clinic but may opt to transfer to their preferred PC Clinics in the fourth (4th) quarter of CY 2025, in accordance with PhilHealth's rules on PC Clinic Selection.

B. Mutual Care Agreements shall be required for beneficiary empanelment starting January 1, 2026. To ensure all existing beneficiaries have signed MCAs, PC Clinics shall submit signed MCAs for all beneficiaries retained from calendar year 2025.

C. PC Clinics shall establish technological capacity based on the specifications for Primary Care Clinics listed in Annex I to ensure that data submissions for registrations and FPEs are reflected in PhilHealth's systems in real-time, thereby ensuring accuracy of data extractions and payments, ease of benefit availment, and coordinated care.

D. With the intent of driving primary care services to be available mainly through community-based health facilities and promoting continuity of care, all hospital-based PC Clinics shall endeavor to transition from being a primary care clinic to focusing on providing specialist outpatient services. This is in anticipation of PhilHealth's Specialty Outpatient benefit package. PhilHealth shall release a separate PhilHealth Circular for the said benefit package.

E. PhilHealth shall expand the capacity of all PC Clinic selection platforms (online and assisted) to include the process of transferring PC Clinics upon full digital onboarding of all PC Clinics. Once the selection platforms have been enhanced, this shall become the primary method for PC Clinic transfer.

F. While integration with the PhilHealth Membership System (PMS) and Health Care Institution (HCI) Portal is undergoing development, on-site PCU access shall be facilitated through the PhilHealth Member Portal by both LHIOs and PC Clinics.

G. Until the PCU is fully integrated with the YAKAP System, facilities shall capture a photo of the beneficiary's PCU verification result using a webcam or mobile device, or through a screen capture. This image shall be kept by the PC Clinic and shall serve as temporary documentation for verification and audit purposes.

VII. SEPARABILITY CLAUSE

Should any provision of this PhilHealth Circular be declared invalid, unconstitutional or unenforceable in whole or part by any competent authority, it shall not affect or invalidate the remaining provisions hereof.

VIII. REPEALING CLAUSE

This PhilHealth Circular shall amend relevant provisions of Section V.A of PhilHealth Circular 2024-0013.

All other issuances inconsistent with this policy are hereby amended or modified accordingly.

IX. EFFECTIVITY

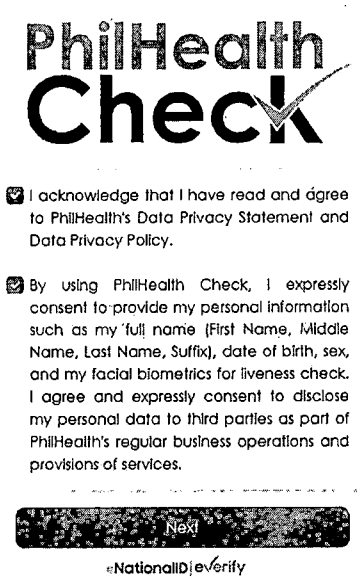
This PhilHealth Circular shall take effect thirty (30) days upon publication in the Official Gazette or any newspaper of general circulation. Three (3) certified copies of this PhilHealth Circular shall thereafter be deposited to the Office of the National Administrative Register at the University of the Philippines Law Center.

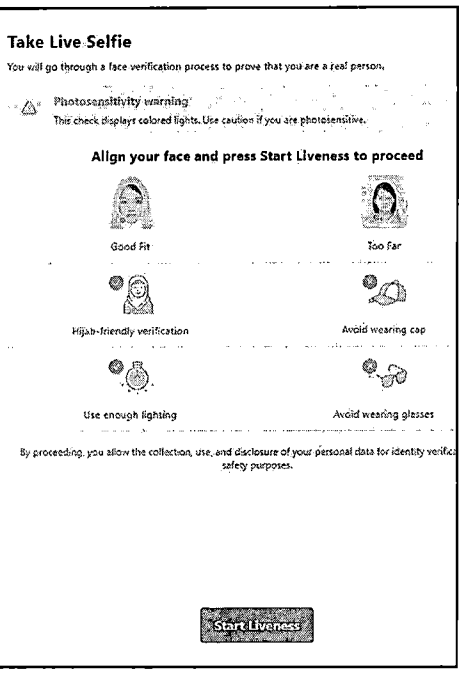
EDWIN M. MERCADO, MD, MHA, MMSc
Acting President and Chief Executive Officer

Date signed: October 13, 2025

Annex A: Step-by-step Guide for the PhilHealth Check Utility

PHILHEALTH CHECK UTILITY GUIDE

Step	Description	Visual Guide
1. Give consent	Individual ticks the Consent Box. Authorizes PhilHealth to use their PhilSys and PhilHealth records for identity checking.	
2. Provide Personal Details	Individual Inputs the following: • First Name • Middle Name • Last Name • Suffix (if any) • Date of Birth • Sex • Take a Selfie for Face Verification	
3. Identity Check with PhilSys	The system sends the individual's information to the PhilSys database. • If registered to PhilSys, PCU continues to check PhilHealth membership • If not registered to PhilSys. PCU stops checking and display:	

	"PhilSys Verification Failed – Not PhilSys-registered"	

Handling of Walk-In Beneficiaries Based on PCU Verification Results

A. When a beneficiary goes to LHIO or PhilHealth Initiated Community Outreach

Beneficiaries visiting LHIO for PC Clinic selection or transfer must first verify identity and membership via the PCU. Frontline staff will follow a standardized process based on PCU results:

PhilSYs Registration Status	**PhilHealth Registration Status**	**LHIO Staff Actions**
✓	✓	• Issue PhilHealth card and flyer for access to digital platforms • Verify if the beneficiary has a chosen PC Clinic • Assist with PC Clinic selection or transfer (digital or assisted via PCSF) • Advise beneficiary to proceed to chosen PC Clinic for FPE and consultation
✓	X	If system shows **no record** or **duplicate record** • Assist with registration or record update using PMRF • Issue PhilHealth card and flyer for access to digital platforms • Assist with PC Clinic selection or transfer (digital platforms or assisted via PCSF) • Advise beneficiary to proceed to chosen PC Clinic for FPE and consultation **or error in tagging (Code D)** Proceed with the transaction of the beneficiary. The system will automatically update beneficiary records in the membership database.

X		• Provide flyer for beneficiary-initiated registration and PC Clinic selection via eGov PH Super App or PhilHealth Member Portal
		• If beneficiary prefers assisted registration and PC Clinic selection
		  o Require valid ID
		  o Check beneficiary status via PMS
		  o Require PMRF
		  o Issue PhilHealth Card
		• Advise beneficiary to proceed to chosen PC Clinic for FPE and consultation

B. When a Beneficiary Goes to a PC Clinic

Beneficiaries who visit a PC Clinic to avail of their First Patient Encounter (FPE) or YAKAP consultations must first undergo identity verification and liveness check through the PhilHealth Check Utility (PCU), which is accessible via HCI Portal. The result shall serve as the basis for how the member will be handled and assisted.

PhilSYs Registration Status	PhilHealth Registration Status	PC Clinic Staff Actions
✓	✓	• Verify if the beneficiary has a chosen PC Clinic • Assist with PC Clinic selection (digital or assisted via PCSF) • Conduct FPE and consultation
✓	X	If system shows: **<u>No Record</u>** • Recommend beneficiary-initiated registration and PC Clinic selection via eGov PH Super App or PhilHealth Member Portal • Once registered and PC Clinic has been selected, conduct FPE and check up • If digital platforms are not available, refer beneficiary to the nearest LHIO **<u>Duplicate Record or Error in Tagging (Code D)</u>** • Proceed with the transaction of the beneficiary. The system will automatically update beneficiary records in the membership database.
X		• Require valid ID of the beneficiary. • Check beneficiary PIN via HCI Portal. • If PIN is available, verify chosen PC Clinic. • If the PC Clinic has been chosen, conduct • FPE and consultation to the beneficiary. • If no PIN, recommend digital platforms for beneficiary-initiated registration and PC Clinic selection. • Once registered and PC Clinic has been selected, conduct FPE and consultation.

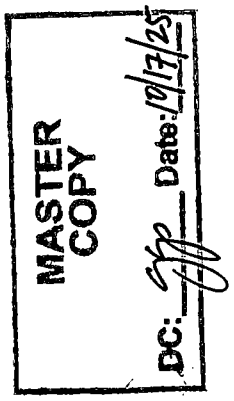
Annex B: PC Clinic Registration Via the eGov PH Super App

Steps	Description
1. Download and install **eGov PH Super App** on the smartphone or tablet	• Download eGov PH Super App via the App Store or Google Play Store • Register and activate your account • Once verified as PhilSys-registered but not yet PhilHealth -registered, user shall be issued a system-generated PhilHealth Identification Number (PIN)
2. Access PhilHealth Services	• Open the eGov App, • Go to **NGAs** • Search for **PhilHealth** • Select **PhilHealth Member Portal**
3. Register to a PC Clinic	• Click the **YAKAP Tab** • Choose **Add YAKAP Clinic** for member or dependent registration • Search by Province and City/ Municipality (optional) • Select preferred PC Clinic – the chosen clinic will be displayed.

Annex C: PC Clinic Registration Via PhilHealth Member Portal

*Requires Member's PIN for Access

Step	Description
1. Access the PhilHealth Member Portal	Visit https://memberinquiry.philhealth.gov.ph
2. Create Account	- Fill in personal details - Set a secure password - Complete the Captcha - Activate account via the confirmation link sent to the user's email - If already has an account, proceed directly to the **Log In** page
3. Log In	- Enter PhilHealth Identification Number (PIN), password, and Captcha to access the user's Member Information Page
4. Register to PC Clinic	- Select **Click here to Select YAKAP Clinic** - Search by Province or City/ Municipality - Choose a PC Clinic - Chosen PC Clinic will appear under Member Information Page once registration is successful PC Clinic Registration for dependents: - Scroll to the bottom of the **Member Information** page to view all listed dependents. - Scroll right to find the **YAKAP Clinic** column beside each dependent's **Date of Birth** - Click the **Click here to Select YAKAP Clinic** - Follow the same search and selection process as with the principal member. - Repeat these steps for each dependent.



Annex D: Certification for Community-based Organizations

CERTIFICATION

This is to certify that as of the date of this issuance, all members of [Name of the Organized Group], located at [Address], listed in the attached Registration Consent List, are alive and actively engaged in their respective roles. Further, we certify that the address and other information given are true and correct to the best of our knowledge and accurately reflect the official records on file.

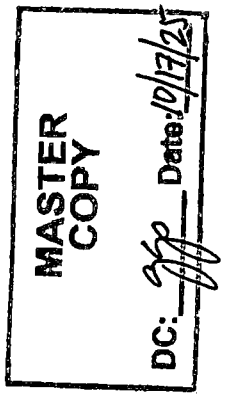
We also certify that all members were properly informed of the objectives, benefits, and procedures of the Primary Care Benefit through Meetings, Memorandums or other Informational Materials.

Accordingly, we confirm that all individuals mentioned have voluntarily and willingly given their consent to be registered in the Primary Care Benefit, specifically under the package provider: [Name of Primary Care Clinic].

Furthermore, the organization is fully confident and aware that the choice of the Primary Care (PC) Clinic is anchored in the PC Clinic's commitment to provide high quality, accessible and beneficiary-centered care to our employees.

The signatory has the necessary and proper authorization to issue this certification; that this certification is being issued for registration and documentation, and for whatever legal and administrative purpose it may serve.

Issued this ____ day of _____, _____, at _____.



Annex E: Certification from Workplaces

CERTIFICATION

This is to certify that as of the date of this issuance, all employees of [Name of Company], located at [Company Address], listed in the attached Registration Consent List, are alive and actively engaged in their respective roles. Further, we certify that the address and other information given are true and correct to the best of our knowledge and accurately reflect the official records on file.

We also certify that all employees were properly informed of the objectives, benefits, and procedures of the Primary Care Benefit through Meetings, Memorandums or other Informational Materials.

Accordingly, we confirm that all individuals mentioned have voluntarily and willingly given their consent to be registered in the Primary Care Benefit, specifically under the package provider: [Name of Primary Care Clinic].

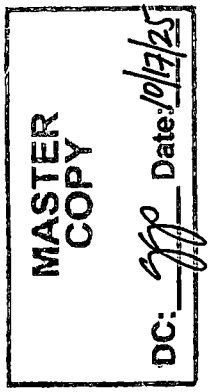
Furthermore, the company is fully confident and aware that the choice of the Primary Care (PC) Clinic is anchored in the PC Clinic's commitment to provide high quality, accessible and beneficiary-centered care to our employees.

The signatory has the necessary and proper authorization to issue this certification; that this certification is being issued for registration and documentation, and for whatever legal and administrative purpose it may serve.

Issued this ____ day of _____, _____, at _____.

[Signature over printed name]
[President]

[Signature over printed name]
[Human Resource / Other Designation]



Annex F: Certification from Learning Institutions

CERTIFICATION

This is to certify that as of the date of this issuance, all faculty members, both teaching and non-teaching personnel, and all enrolled learners of [Name of School], located at [School Address], listed in the attached Registration Consent List, are alive and actively engaged in their respective roles and studies. Further, we certify that the address and other information given are true and correct to the best of our knowledge and accurately reflect the official records on file.

We also certify that all concerned faculty members and learners, including the parents or guardians of minor learners, were properly informed of the objectives, benefits, and procedures of the Primary Care Benefit through school-facilitated orientations or official communications.

Accordingly, we confirm that all individuals mentioned have voluntarily and willingly given their consent to be registered in the Primary Care Benefit, as well as the parents or legal guardians of minor students have also provided their full consent for the registration of their wards in the program, specifically under the package provider: [Name of Primary Care Clinic].

Furthermore, the school is fully confident and aware that the choice of the Primary Care (PC) Clinic is anchored in the PC Clinic's commitment to provide high quality, accessible and beneficiary-centered care to our personnel and learners.

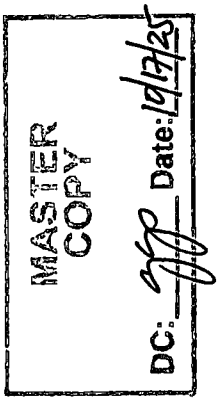
The signatory has the necessary and proper authorization to issue this certification; that this certification is being issued for registration and documentation, and for whatever legal and administrative purpose it may serve.

Issued this ____ day of _____, _____, at _____.

[Signature over printed name]
Principal

[Signature over printed name]
[Designation]

[Signature over printed name]
[Designation]



Annex G: Registration Consent List/Conforme

[Indicate the Name of PC Clinic]

SURNAME	GIVEN NAME	MIDDLE NAME	DATE OF BIRTH	ADDRESS	PHILHEALTH IDENTIFICATION NUMBER	SIGNATURE

MASTER COPY
DC: Date: 10/13/25

Annex H: Mutual Care Agreement Template

(English Version)

<PhilHealth Logo><PC Clinic Logo>

YAKAP Empanelment Slip (Mutual Care Agreement)

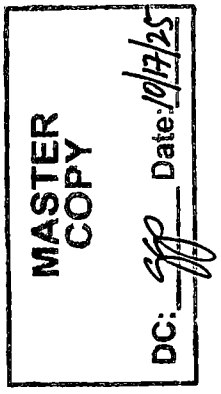
I, <NAME OF BENEFICIARY>, born on <DATE OF BIRTH> with PhilHealth Identification Number <PIN> do hereby acknowledge that I am empaneled to <NAME OF PC CLINIC>, until December 31st of <CURRENT CALENDAR YEAR> where I can receive my benefit entitlements under PhilHealth's Primary Care Benefit Package. I also acknowledge the following responsibilities as a beneficiary of the Primary Care Benefit Package:

1. Ensure my member data in PhilHealth is updated;
2. Provide true and accurate information to the Primary Care Clinic;
3. Actively participate in the agreed-upon care plan;
4. Inform the Primary Care Clinic of any relevant changes that might affect the provision of my care; and
5. Respect clinic protocols and treatment guidelines.

We, <NAME OF PC CLINIC>, with PhilHealth Accreditation Number <PAN>, do hereby acknowledge that <NAME OF BENEFICIARY> is under our care until December 31, <CURRENT CALENDAR YEAR>, and that we will provide the needed health services in accordance with the rules set by PhilHealth for its Primary Care Benefit Package. We also acknowledge the following responsibilities as a Primary Care Clinic:

1. Respect the beneficiary's rights including privacy and confidentiality;
2. Actively develop the care plan with the beneficiary;
3. Provide quality and accessible health services for the beneficiary; and
4. Ensure that the beneficiary receives their benefit entitlements aligned with the payment rules of PhilHealth's Primary Care Benefit Package.

<FULL NAME OF BENEFICIARY>	**<HEAD OF ACCREDITED PC CLINIC>**
Date signed: _____	Date signed: _____



(Filipino Version)

<PhilHealth Logo><PC Clinic Logo>

YAKAP Empanelment Slip (Mutual Care Agreement)

Ako si <PANGALAN NG BENEPISYARYO>, ipinanganak noong <ARAW NG KAPANGANAKAN> at may PhilHealth Identification Number <PIN>. Kinikilala ko na ang <PANGALAN NG PC CLINIC> ay aking napiling maging Primary Care Provider kung saan maaari kong matanggap ang mga benepisyo ng Primary Care Benefit Package ng PhilHealth hanggang ika-31 ng Disyembre ng <KASALUKUYANG TAON>. Akin ring kinikilala ang aking mga kaakibat na responsibilidad bilang isang benepisyaryo ng Primary Care Benefit Package:

1. Siguruhing *updated* ang nilalamang impormasyon ng aking *member* sa PhilHealth;
2. Magbigay ng tama at wastong impormasyon sa aking napiling Primary Care Clinic;
3. Aktibong makipagtulungan sa pinagkasunduang *care plan*;
4. Agarang ipaalam sa Primary Care Clinic ang anumang mahalagang pagbabagong maaaring makaapekto sa kanilang pangangalaga sa akin; at
5. Galangin ang mga protokol at patnubay sa panggagamot na sinusundan ng Primary Care Clinic.

Kami namang <PANGALAN NG PC CLINIC>, na may PhilHealth Accreditation Number <PAN>, ay kinikilalang si <PANGALAN NG BENEPISYARYO> ay nasa ilalim ng aming pangangalaga hanggang ika-31 ng Disyembre ng <KASALUKUYANG TAON>. Bilang kanilang Primary Care Provider, aming ihahatid ang mga kinakailangang niyang serbisyong pangkalusugan alinsunod sa mga patakarang pang-Primary Care Benefit Package ng PhilHealth. Amin ring kinikilala ang mga sumusunod na tungkulin ng isang Primary Care Clinic:

1. Galangin ang mga karapatan ng benepisyaryo kabilang ang ang right to privacy at confidentiality;
2. Aktibong buohin ang isang care plan kasama ang benepisyaryong makikinabang dito;
3. Maghatid ng abot-kamay, napapanahon, at dekalidad na serbisyong pangkalusugan; at
4. Siguruhing natatanggap ng benepisyaryo ang mga nakapaloob sa Primary Care Benefit Package ng PhilHealth ayon sa mga alituntunin sa pagbabayad para dito.

<BUONG PANGALAN NG BENEPISYARYO>	**<NAMUMUNO SA ACCREDITED PC CLINIC>**
Date signed: _____	Date signed: _____