



PhilHealth

Your Partner in Health



Provider of social health insurance that aims for

universal coverage

ensures comprehensive and
responsive medical care
benefits for program members
and beneficiaries

Social Solidarity thru PhilHealth

Pooling of funds

The rich subsidizes the poor
The healthy subsidizes the sick
The young subsidizes the old
The employed subsidizes the unemployed



Universal Health Care

Alamin mo, kasama ka dito.

UNIVERSAL HEALTH CARE ACT

Republic Act 11223



Signed *Rod Duterte*
February 20,
2019



Official Gazette

Published February 21, 2019

General Objectives

“To ensure equitable access to quality and affordable health care and protection against financial risk”



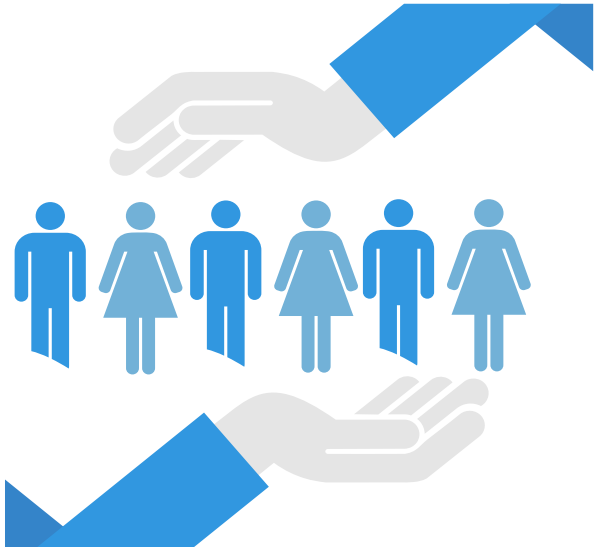
Di lang mga mayaman
kundi **lahat ng**
Pilipino ang mayroong
access sa kalidad at
abot-kayang health care,
at pinoprotektahan sila
mula sa financial risk

UHC Coverage

Ang coverage o sakop ng UHC ay



Population Coverage



“Every Filipino shall automatically be included into the National Health Insurance Program”

Service Coverage

Ang bawat Filipino ay mabibigyan ng agarang access sa:

- **Preventive**
- **Promotive**
- **Curative**
- **Rehabilitative, and**
- **Palliative care**



“Granting of Immediate Eligibility to Filipino Citizens”



Every Filipino shall be granted immediate eligibility and access to promotive, preventive, curative, rehabilitative and palliative health services without causing financial hardship and prioritizes the needs of the population who cannot afford such services.

Sa loob ng 2 taon mula sa pagiging epektibo ng batas, ang PhilHealth ay dapat magpatupad ng...



isang komprehensibong **OUTPATIENT BENEFIT**, kasama dito ang outpatient drug benefit at emergency services

PhilHealth Konsultasyong Sulit at Tama

PhilHealth

KONSULTA

Package



Ang DOH at LGU ay dapat magsikap na magkaroon ng **HEALTH CARE DELIVERY SYSTEM** na kayang makapagbigay sa bawat Filipino ng **PRIMARY CARE PROVIDER** na kikilos bilang

- Navigator
- Coordinator
- Initial and continuing Point of Contact



Ang bawat Filipino ay makapagrehistro sa isang pampubliko o pribadong primary care provider na kanyang napili

Ang bawat pamilyang Pilipino ay itinugma sa isang primary care team, na titiyak na sila ay makakakuha ng angkop na serbisyo na kailangan sa naaangkop na pasilidad

Financial Coverage



Population-based health services

tumutukoy sa mga interbensyon na ang tatanggap ay **population groups**



Individual-based health services

tumutukoy sa mga serbisyo na maaaring ma-access sa isang health facility at ito ay maaaring **ma-traced back sa isang individual**

Financial Coverage



Population-based health services

Ito ay gagastusan/popondohan ng gobyerno sa pamamagitan ng DOH at ibibigay ng libre sa point of service



Individual-based health services

Ito ay gagastusan sa pamamagitan ng pre-payment katulad ng PhilHealth, private health insurance at HMO plans

Pina-simpleng PhilHealth Membership





Direct contributors may kakayanang magbayad ng premium



Indirect contributors walang kakayanang magbayad ng premium at binabayaran ng gobyerno

DIRECT CONTRIBUTORS

- Employees with Formal Employment
- Kasambahays
- Self-earning individuals
- Professional Practitioners
- Overseas Filipino Workers
- Filipinos living abroad and those with dual citizenship
- Lifetime Members
- All Filipinos aged 21 years and above with capacity to pay



Indirect Contributors

- Indigents identified by the DSWD
- Beneficiaries of 4Ps
(Pantawid Pamilyang Pilipino Program)
- Senior Citizens
- Sangguniang Kabataan Officials
- Financially incapable Filipinos identified at point-of-service by the Social Worker / sponsored by LGUs
- Filipinos aged 21 years old and above without capacity to pay premiums



Reminders

*Employers are required to register their **Kasambahay** with PhilHealth.*

The employer shall shoulder the entire monthly contribution **(P200.00)** of the house helper who is earning below P5,000 per month.

Lifetime and Senior Citizen members who obtain a regular source of income from employment, practice of profession and other means of income shall resume paying the required monthly premium contribution corresponding to the membership type under the direct contributors.

Qualified Dependents

Legitimate spouse/s who is not a member

Children 20 y/o and below

legitimate, legitimated, acknowledged and illegitimate (as appearing in birth certificate) adopted or stepchild or stepchildren below 21 years of age, unmarried and unemployed.

Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support, as determined by the Corporation;

Parents who are 60 years old and above (Not enrolled as a member)

Parents with permanent disability regardless of age as determined by PhilHealth, that renders them totally dependent on the member for subsistence.

Foster Child (as defined in the R. A. 10165 otherwise known as the Foster Care Act of 2012)



Qualified Dependents

Qualified dependents shall be entitled to a separate coverage of up to **45** days per calendar year. However, the 45 days allowance shall be shared among them.

Important:

Qualified dependents must be declared by the principal member. Their names must be listed under the principal member's Member Data Record (MDR) to ensure hassle-free benefits availment

Pagbabago sa Premium Contributions

DIRECT CONTRIBUTORS

**Premium Contributions
Ceiling : PhP50,000 –
100,000**



**Premium Rate:
2.75% - 5.00%**

**Floor :
PhP10,000**

INDIRECT CONTRIBUTORS



Pagbabago sa Premium Contributions

1. Direct Contributors – Ang premium rates ay naaayon sa sumusunod na schedule at sa buwanang income floor and ceiling:

Year	Premium Rate	Income Floor	Income Ceiling
2019	2.75 %	Php 10,000.00	Php 50,000.00
2020	3.00 %	Php 10,000.00	Php 60,000.00
2021	3.50 %	Php 10,000.00	Php 70,000.00
2022	4.00 %	Php 10,000.00	Php 80,000.00
2023	4.50 %	Php 10,000.00	Php 90,000.00
2024	5.00 %	Php 10,000.00	Php 100,000.00
2025	5.00 %	Php 10,000.00	Php 100,000.00

2. Indirect contributors – unti-unti ang pagbabago at ito ay isasama sa GAA

Entitlement to Benefits

- ❖ Agarang paggamit sa benepisyong medical sa ilalim ng National Health Insurance Program (NHIP)
- ❖ Walang mababawas sa kasalukuyang mga benepisyong natatangap mula sa PhilHealth



Entitlement to Benefits

❖ Mga kasalukuyang benepisyong mula sa PhilHealth



Inpatient Benefits

Benepisyong medical at operasyon na kailangang manatili sa ospital ng 24 oras o higit pa



Outpatient Benefits

Day surgeries and treatment procedures na ginagawa sa isang accredited na ospital o free-standing clinics na hindi kinakailangang manatili ng 24 oras o higit pa ang pasyente

Entitlement to Benefits



Catastrophic or Z Benefits

Ito ay isang benepisyong ng PhilHealth para sa mga malulubhang karamdaman na nangangailangan ng matagalan at mahal o magastos na gamutan (Coronary Artery Bypass Graft Surgery, cancers such as breast/ prostate/colon/rectum, ZMORPH, etc.).



Other Special Benefits for Emerging Diseases

Mga benepisyong tumutugon sa 3 Millennium Development Goals at mga emerging diseases (ex: Maternity Care Package, Outpatient HIV/AIDS Treatment, Ebola, MERS-CoV, Zika)

Entitlement to Benefits

- ❖ Ang kabiguang magbayad ng kontribusyon ay hindi magiging hadlang sa pagtamasa ng mga benepisyo ng PhilHealth
- ❖ Ang PhilHealth ID card ay hindi na kailangan upang maka-avail ng anumang serbisyong medical



- **ALL CASE RATES:**

a payment method for inpatient care, that reimburses health care institutions a **pre-determined fixed rate** for each treated case or disease.

(Includes room and board; services of health care professionals; diagnostic, laboratory & other medical exam services; use of surgical/medical equipment; prescription drugs and biologicals & health education)

Case Rates for Medical Cases

1. Dengue I (Dengue fever, DHF grades I&II)	P8,000.00
2. Dengue II (DHF grades III & IV)	P16,000.00
3. Pneumonia I (moderate risk)	P15,000.00
4. Pneumonia II (high risk)	P32,000.00
5. Essential Hypertension	P9,000.00
6. Cerebral Infarction (CVA-I)	P28,000.00
7. Cerebral Hemorrhage (CVA-II)	P38,000.00
8. Acute Gastroenteritis (AGE)	P6,000.00
9. Asthma	P9,000.00
10. Typhoid Fever	P14,000.00

CASE RATES for Surgical Cases

1. Radiotherapy	P3,000.00
2. Hemodialysis	P4,000.00
3. Maternity Care Package (MCP)	P8,000.00
4. NSD Package in Level I Hospitals	P8,000.00
5. NSD Package in Levels 2 to 4 Hospitals	P6,500.00
6. Caesarean Section	P19,000.00
7. Appendectomy	P24,000.00
8. Cholecystectomy	P31,000.00
9. Dilatation and Curettage	P11,000.00
10. Thyroidectomy	P31,000.00
11. Herniorrhaphy	P21, 000.00
12. Mastectomy	P22,000.00
13. Hysterectomy	P30,000.00
14. Cataract Surgery	P16,000.00

SPECIAL PACKAGES

Newborn Care Package	P 1,750
Maternity Care Package	P 8,000
HIV/AIDS Treatment Package	P30,000
Anti-Tuberculosis/DOTS Benefit Package	P 4,000
Animal Bite Package	P 3,000
Pneumococcal Vaccine	60% Off
SARS, Avian and AH1N1 Packages	P50,000-Members P100,000-Health Workers
Leptospirosis Package	P11,000
Malaria Package	P 600
Voluntary Surgical Contraception (BTL/Vasectomy)	P 4,000

CASE TYPE Z Benefit Packages

Standard Risk Childhood Leukemia	P 210,000
Early Stage Breast Cancer	P 100,000
Prostate Cancer (Low to Intermediate Risk)	P 100,000
Kidney Transplantation	P 600,000
Coronary Artery Bypass Graft Surgery (Standard Risk)	P 550,000
Peritoneal Dialysis First (PD 1 st)	P 270,000
Total Correction of Tetralogy of Fallot	P 320,000
Patch Closure of Ventricular Septal Defect	P 250,000
Cervical Cancer (low dose)	P 120,000
(high dose)	P 175,000
Mobility, Orthosis, Rehabilitation Prosthesis Help (Z MORPH)	P 15,000/ lower limb
Z benefit packages for selected Orthopedic Implants (on hip arthroplasty, hip fixation, petrochanteric fracture, Femoral Shaft Fracture)	Refer to PC No. 012 s-2014 for details

COVID-19 BENEFIT PACKAGES



Simula Abril 15, 2020 ay epektibo na ang mga bagong pakete ng PhilHealth para sa CoViD-19



TESTING PACKAGE

P901 - 3,409

na sinagawa sa mga RITM-DOH Certified Laboratories



COMMUNITY ISOLATION PACKAGE*

P22,449

*base sa PhilHealth Circular 2020-0018



PNEUMONIA PACKAGE

P43,997

Mild Pneumonia for elderly or with co-existing conditions sa Levels 1 - 3 hospitals

P143,267

Moderate Pneumonia sa Levels 1 - 3 hospitals

P333,519

Severe Pneumonia sa Levels 2 - 3 hospitals

P786,384

Critical Pneumonia sa Levels 2 - 3 hospitals

Entitlement to Benefits

- ❖ Karagdagang benepisyo para sa mga direct contributors (severe malnutrition, mental health, 156 dialysis sessions)
- ❖ No Balance Billing (*NBB is for Indigent/ Sponsored/Lifetime/Senior Citizen, Kasambahay and their dependents*)
- ❖ *No co-payment sa basic or ward accommodation (soon)*



Regulation / Equity

basic or ward accommodation - refers to the provision of regular meal, bed in shared room, fan ventilation, and shared toilet and bath



BASIC ACCOMMODATION

- at least 90% sa gobyernong ospital
- at least 70% sa specialty hospitals
- at least 10% sa pribadong ospital

Shift to Primary Care



What is Primary Care?

PC pertains to a specific level of care provision

- ✓ **entry** into the health care system
- ✓ **whole-of-person** (not disease oriented) care
- ✓ **coordinates or integrates** care provided elsewhere by others



PhilHealth
Konsulta
Konsultasyong Sulit at Tama

WHAT ARE THE BENEFITS UNDER



PACKAGE?



Services

Consultations and Case Management

Provision of Preventive Health Services

**Assistance in Accessing Services in
Subcontracted or
Partner Facilities**

**Referral to Specialty and Higher
Level of Care**



13 Laboratory Tests

based on doctor's prescriptions

CBC with Platelet Count

Urinalysis

Fecalysis

Sputum Microscopy

Fecal Occult Blood

Pap Smear

Lipid Profile (Total Cholesterol, HDL and
LDL Cholesterol, Triglycerides)

Fasting Blood Sugar (FBS)

Oral Glucose Tolerance Test

ECG

Chest X-ray

Creatinine

HBA 1C Test



Drugs and Medicines

based on doctor's prescriptions

for common conditions such as asthma, colds and coughs, pneumonia, diarrhea, urinary tract infection, hypertension and diabetes



✓ Amoxicillin

Fluid & electrolytes

✓ Oral Rehydration Salts

Anti-asthma

✓ Prednisone

Antipyretics

Anti-dyslipidemia
Anti-diabetic

Anti-hypertensive

✓ Enalapril

Anti-thrombotics

Antihistamine

HOW TO REGISTER TO A PHILHEALTH KONSULTA FACILITY?



Philhealth Konsulta Registration Form	
To be filled-out by the Beneficiary	
Name: _____	
PIN: _____	
Member: _____ Dependent: _____ (please check)	
Contact No: _____	
Email Address (if applicable): _____	
Preferred PhilHealth Konsulta Facility and Address (Municipality/Town/City/Province): _____	
1 st choice: _____	
2 nd choice: _____	
3 rd choice: _____	
(Signature over printed name) _____	
PhilHealth's Copy	
Phil Health Konsulta Registration Confirmation Slip	
To be filled-out by the Authorized personnel	
Registration No.: _____	
Date registered: _____	
Name: _____	
PIN: _____	
Phil Health Konsulta Facility: _____	
Phil Health Konsulta Facility Address: _____	
(Signature over printed name of Authorized Personnel) _____	
Beneficiary's Copy	
(to be printed at the back)	
Instructions:	
1. All information should be written in UPPER CASE/CAPITAL LETTERS.	
2. All fields are mandatory.	
3. If the beneficiary is dependent, use the dependent PIN.	
4. If the beneficiary is below 21 years old, the signatory should be the parent/guardian.	

OPTIONS IN REGISTERING TO A FACILITY

Self Registration

1

Log-in to the Member Portal or Member Online Registration through PhilHealth Website and Register
(www.philhealth.gov.ph)

2

Screen shot and/or print the confirmation message as proof the you have been already registered to a PhilHealth Konsulta Facility

ASSISTED REGISTRATION TO A FACILITY

Employer

Social Worker of the PhilHealth Konsulta Provider (if any)

Local Government Unit (LGU) or Office for Senior Citizens Affairs (OSCA)

PhilHealth Local Health Insurance Office (LHIO)

PhilHealth Customer Assistance, Relations, and Empowerment Staff (P-CARES)

1

Fill-out the PhilHealth Konsulta Registration Form

2

The assisting office shall:

- ✓ generate the confirmation receipt with QR Code
- ✓ print or take a digital image of the QR Code through beneficiary's camera or release the confirmation slip (beneficiary's copy of the PhilHealth Konsulta Registration Form)

ASSISTED REGISTRATION TO A FACILITY

PhilHealth Corporate Action Center (CAC)

1

Call 02-8441-7442

2

Answer the Security Questions

3

Get the Registration Confirmation Details

HOW TO AVAIL OF



BENEFIT?




**Secure
ATC**

**Give the ATC
to the
PhilHealth**

**Conduct of
primary care
consultation,
health**

**Accomplish the
eKAS and/or
ePresS and
submit to the
PhilHealth
Konsulta Facility**

**Authorization
Transaction Code
or ATC** – a system
generated unique
code given to an
eligible
beneficiary prior
to benefit
availment.

 **Request for Authorization Transaction Code (RATC)**

To be filled-out by the Beneficiary

Name: _____
PIN: _____
Member: ____ Dependent: ____ (please check)
Date of Appointment: _____

(Signature over printed name)

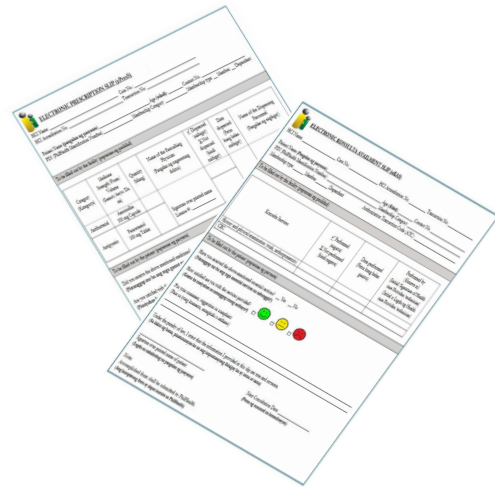
PhilHealth's Copy

To be filled-out by the PhilHealth personnel

ATC: _____

(Signature over printed name of Authorized Personnel)

Beneficiary's Copy



ELECTRONIC PRESCRIPTION SLIP (ePresS)

HCI Name: _____ Case No: _____
 HCI Accreditation No: _____ Transaction No: _____

Patient Name (Pangalan ng pasyente): _____ Age (edad): _____ Contact No. _____
 PIN (PhilHealth Identification Number): _____ Membership Category: _____ Membership type: _____ Member _____ Dependent _____

To be filled out by the facility (popunuan ng pasilidad)

Category (Kategorya)	Medicine Strength/Form/Volume (Gamot/Anyo/Da mi)	Quantity (bilang)	Name of the Prescribing Physician (Pangalan ng nagpresetang doktor)	Dispensed (maibigay) <input checked="" type="checkbox"/> Dispensed <input type="checkbox"/> Not dispensed (hindi maibigay)	Date dispensed (Petsa kung kailan maibigay)	Name of the Dispensing Pharmacist (Pangalan ng nagbigay)
Antibacterial	Amoxicillin 500 mg Capsule					
Analgesic	Paracetamol 500 mg Tablet		Signature over printed name License #: _____			Signature over printed name Name of Dispensing Facility: _____

To be filled out by the patient (popunuan ng pasyente)

Did you receive the above mentioned medicines? Yes No
 (Natanggap mo ba ang mga gamot na nabanggit?)

Are you satisfied with the medicines you received?

(Nasiyahan ka ba sa mga gamot na natanggap mo?)

For your comment, suggestion or complaint:
 (Para sa iyong komento, mungkahi o reklamo)

Under the penalty of law, I attest that the information I provided in this slip are true and accurate.
 (Sa ilalim ng batas, pinatunayan ko na ang impormasyong ibinigay ko ay totoo at tama)

Signature over printed name of patient _____ Next Dispensing Date: _____
 (Lagda sa nakalimbag na pangalan ng pasyente) (Petsa ng susunod na bigay ng gamot)

Note:
 Accomplished form shall be submitted to PhilHealth.
 (Ang kumpletong form ay dapat isumite sa PhilHealth)

ELECTRONIC KONSULTA AVAILMENT SLIP (eKAS)

HCI Name: _____ Case No: _____ HCI Accreditation No: _____ Transaction No: _____

Patient Name (Pangalan ng pasyente): _____ Age (Edad): _____ Contact No. _____
 PIN (PhilHealth Identification Number): _____ Membership Category: _____
 Membership type: _____ Member _____ Dependent _____ Authorization Transaction Code (ATC): _____

To be filled out by the facility (popunuan ng pasilidad)

Konsulta Services	Performed (nagpra) <input checked="" type="checkbox"/> Performed <input type="checkbox"/> Not performed (hindi nagpra)	Date performed (Petsa kung kailan ginawa)	Performed by (Gawara n)
History and physical examination (vital, anthropometrics)			
CBC			

To be filled out by the patient (popunuan ng pasyente)

Have you received the above-mentioned essential services? Yes No
 (Natanggap mo ba ang mga essential services na nabanggit?)

How satisfied are you with the services provided?
 (Gano ka nasiyahan sa natanggap mong serbisyo?)

For your comment, suggestion or complaint:
 (Para sa iyong komento, mungkahi o reklamo)

Under the penalty of law, I attest that the information I provided in this slip are true and accurate.
 (Sa ilalim ng batas, pinatunayan ko na ang impormasyong ibinigay ko ay totoo at tama)

Signature over printed name of patient _____ Next Consultation Date: _____
 (Lagda sa nakalimbag na pangalan ng pasyente) (Petsa ng susunod na konsultasyon)

Note:
 Accomplished form shall be submitted to PhilHealth.
 (Ang kumpletong form ay dapat isumite sa PhilHealth)

HOW TO SECURE ATC?

THROUGH
PERSONAL INTERNET

Log-in to the
PhilHealth Member
Portal

Generate the ATC

Print/Capture/Write
the generated ATC

THROUGH
LHIO OR PCARES

Fill-out the Request for
Authorization Transaction
Code (RATC)

Submit to the authorized
PhilHealth Staff

Take a digital image of the
QR Code through
beneficiary's camera or get
a copy of ATC Slip

THROUGH
CORPORATE
ACTION
CENTER (CAC)

Call 02-8441-7442

Answer the Security
Questions

Write the ATC



DISEASE PREVENTION AND EARLY DETECTION ARE KEY TO STAYING HEALTHY AND TO CONTINUE ENJOYING THE THINGS THAT REALLY MATTER TO YOU.

Thank you