The National Health Insurance Program Benefit Packages
SOCIAL HEALTH INSURANCE in the PHILIPPINES

1969 – Medicare Act (RA 6111)
MEDICARE PROGRAM

PMCC

SSS  GSIS
NHIP

- Republic Act 7875
  - as amended by RA 9241

- National Health Insurance Program

- Philippine Health Insurance Corporation (PHILHEALTH)
  - Abides by the pillars of: universal coverage, quality assurance and cost containment
Bayanihan Spirit”: Working Together to achieve common goals

PRINCIPLES OF NATIONAL HEALTH INSURANCE PROGRAM

• UNIVERSALITY
• SOCIAL SOLIDARITY
• CARE FOR THE INDIGENTS
• QUALITY ASSURANCE FOR HEALTH SERVICES
• LGU/ COMMUNITY PARTICIPATION
MEMBERS

- **Employed**
  - Government Sector
  - Private Sector
- Retirees and Pensioner
  (age 60 years old with 120 monthly contributions)
- Individually Paying Members
- Qualified Sponsored Members
- OFWs
COVERAGE also INCLUDES

Member  Spouse

Parents who are 60 years old or above

Children below 21 years old and those with mental and physical disabilities
Entitlement to Benefits

- at least 3 consecutive monthly contributions within the immediate 6 months prior to admission
- the 45-days allowance for room and board has not been consumed yet
- confinement in an accredited hospital of not less than 24 hours
**Inpatient Hospital Care**

- room and board
- services of health care professionals
- diagnostic, laboratory, and other medical examination services
- use of surgical or medical equipment & facilities
- prescription drugs and biologicals
  - subject to the limitations stated in Section 37
- inpatient education packages
MANDATED BENEFITS

Out Patient Care

- diagnostic, laboratory, and other medical examination services
- personal preventive services
- prescription drugs and biologicals
  - subject to the limitations set in Section 37
    - limited to drugs in the Philippine National Drug Formulary and other PhilHealth Board approved drugs
- services of health care professionals
EXCLUSIONS BUT

- Non-prescription drugs and devices
- Alcohol abuse or dependency treatment
- Cosmetic surgery
- Optometric services
- Fourth and subsequent normal obstetrical deliveries
- Cost-ineffective procedures as be defined by the Corporation

But may be included by the Board after actuarial studies
Exception to the 24 hr Confinement

- Emergency case as defined by PhilHealth
- Patient died
- Patient was transferred to another hospital
1. Member accomplishes PhilHealth Claim Form 1

2. Member submits the accomplished PhilHealth Claim Form 1 together with the Proof of Contribution (+ supporting documents) payment and a copy of his PhilHealth number card to the hospital Billing Section

3. The hospital will deduct PhilHealth benefits from hospital bill prior to discharge of the patient. The hospital will accomplish PhilHealth Claim Form 2 and submit it together with the PhilHealth Form 1 to any PhilHealth office for reimbursement.
All claims for payment of services rendered shall be filed within 60 calendar days from the date of discharge of the patient.

All claims returned for completion of requirements shall be re-filed within 60 calendar days from receipt of notice.

All requests for payment adjustments must be made within 60 days from date of receipt of check payment or of the benefit payment notice.
Confinement in a Non-Accredited Hospital is possible IF:

- The case is Emergency,
- The Hospital has a current Department of Health (DOH) License,
- And transfer/referral to a PhilHealth accredited hospital is physically impossible.
<table>
<thead>
<tr>
<th>BENEFITS ITEMS</th>
<th>CASE-TYPE</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL 1 HOSPITAL (Primary)</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>ROOM AND BOARD (Not exceeding 45 days for each member &amp; another 45 days to be shared by his dependents)</td>
<td></td>
<td>₱200/day</td>
<td>₱200/day</td>
<td>N/A</td>
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<tr>
<td>DRUGS AND MEDICINES (per single period of confinement)</td>
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<td>1,500</td>
<td>2,500</td>
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<tr>
<td>X-RAY, LABORATORY, ETC. (per single period of confinement)</td>
<td></td>
<td>350</td>
<td>700</td>
<td>N/A</td>
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</tr>
<tr>
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<td>385</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td><strong>LEVEL 2 HOSPITAL (Secondary)</strong></td>
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<td>ROOM AND BOARD (Not exceeding 45 days for each member &amp; another 45 days to be shared by his dependents)</td>
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<td>₱300/day</td>
<td>₱300/day</td>
<td>₱300/day</td>
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<td>8,000</td>
<td>19,725</td>
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<td>670</td>
<td>2,160</td>
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<td>(RVU of 30 and below)</td>
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<td>(RVU of 81 up to 200)</td>
<td>(RVU of 201 up to 500)</td>
<td>(RVU &gt; 500)</td>
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<tr>
<td>(RVU of 31 up to 80)</td>
<td></td>
<td>1,140</td>
<td>(RVU of 81 up to 200)</td>
<td>(RVU of 201 up to 500)</td>
<td>(RVU &gt; 500)</td>
</tr>
<tr>
<td><strong>LEVELS 3 &amp; 4 HOSPITALS (Tertiary)</strong></td>
<td></td>
<td></td>
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<tr>
<td>ROOM AND BOARD (Not exceeding 45 days for each member &amp; another 45 days to be shared by his dependents)</td>
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<td>₱400/day</td>
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<td>₱400/day</td>
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<td>DRUGS AND MEDICINES (per single period of confinement)</td>
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<td>3,000</td>
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<td>X-RAY, LABORATORY, ETC. (per single period of confinement)</td>
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<td>(RVU of 81 up to 200)</td>
<td>(RVU of 201 up to 500)</td>
<td>(RVU &gt; 500)</td>
</tr>
<tr>
<td>(RVU of 31 up to 80)</td>
<td></td>
<td>1,350</td>
<td>(RVU of 81 up to 200)</td>
<td>(RVU of 201 up to 500)</td>
<td>(RVU &gt; 500)</td>
</tr>
</tbody>
</table>
## BENEFIT SCHEDULE

### Professional Fees (per single period of confinement)

<table>
<thead>
<tr>
<th>Profession</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<tbody>
<tr>
<td>General Practitioner</td>
<td>P150/day not exceeding P600</td>
<td>P150/day not exceeding P900</td>
<td>P150/day not exceeding P900</td>
<td>P315/day not exceeding P2,430</td>
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<tr>
<td>Specialist</td>
<td>P250/day not exceeding P1,000</td>
<td>P250/day not exceeding P1,500</td>
<td>P250/day not exceeding P1,500</td>
<td>P450/day not exceeding P4,050</td>
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<tr>
<td>Surgeon</td>
<td>P40/RVU not exceeding P16,000</td>
<td>P40/RVU not exceeding P16,000</td>
<td>P40/RVU not exceeding P16,000</td>
<td>(P40/RVU) multiplied by 3 not exceeding P47,790</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>30% of Surgeon's Fee not exceeding P5,000</td>
<td>30% of Surgeon's Fee not exceeding P5,000</td>
<td>30% of Surgeon's Fee not exceeding P5,000</td>
<td>30% of Surgeon's Fee not exceeding P14,355</td>
</tr>
</tbody>
</table>
CLAIM BENEFITS for CONFINEMENT ABROAD

- Entitlement to Benefits:
  - Member or his/her qualified dependents
  - Confinement/ Surgery or OPD Benefits

- Benefit & Claims Filing
  - 180 calendar days fr. date of discharge
  - always payable to member
  - based on applicable benefit schedule, case type for a Tertiary level hospital
CONFINEMENT ABROAD cont’d…

- **Documentary Requirements:**
  1. PH Form 1
  2. Photocopy of MDR
  3. Medical certificate/Abstract (with English translation)
  4. SOA with itemized charges and/or ORs (proof of hospital bill and PF)
PHILHEALTH
CLAIM FORM 1
Issued: May 2000
Note: This form together with Claim Form 2 should be filed with PhilHealth within 60 calendar days from date of discharge.

PART I - MEMBER'S CERTIFICATION (Member to Fill in All Items/Indigent to be Assisted by Health/Retirement Officer)

1. Type of Membership: [ ] Employed [ ] Private Sector [ ] Govt. Sector [ ] Self-employment [ ] SSS [ ] GSIS [ ] Military [ ] Indigent

Identification No. 1901051979847 SSS#

2. Date of Birth: 01/30/1973


4. Sex: Male

5. Address of Member:
   Barangay: APALIT
   Province: PAMPANGA
   Zip Code: 210116

6. Name of Spouse:
   First Name: CLAIRRE
   Last Name: CALDERON

7. Name of Patient:
   First Name: ERLIN
   Last Name: CALDERON

8. Relationship of Patient to Member: [ ] Patient is the Member [ ] Not Applicable

9. Date of Birth: 02/13/1940

10. Age: 60

11. Sex: Male

12. Certification of Member: I certify that the following information are true and correct and that the three (3) applicable monthly contributions have been paid within six (6) months prior to the month of this confinement.

Member's Copy

PART II - EMPLOYER'S CERTIFICATION (For employed members only)

14. Registered Name of Employer:
   YOKOGAWA PHILIPPINES INCORPORATED

15. Address of Employer:
   No. 3 ECONOMICA STREET BAQUMBAYAN
   Province: [ ] [ ] [ ]
   City: QUEZON CITY [ ] [ ] [ ]
   Zip Code: 111110

16. Certification of Employer: This is to certify that three (3) applicable monthly contributions were collected during the six (6) month period prior to the month of this confinement and that the data supplied by the member on Part I are true and conform with our available records.

Marjorie P. Guevara
Signature Over Printed Name of Authorized Representative

Date Signed: 02/14/00

HR Manager:
Official Capacity

This portion should be completely filled up, detached by the hospital and given to member.
CURRENT PHILHEALTH BENEFIT PACKAGE

- DAY or AMBULATORY SURGERY PROCEDURES and SURGERIES
  - General, Eye, ENT, Urological, Gynecologic, Orthopedic and other surgeries

- ALSO INCLUDES:
  - DIALYSIS CARE for End Stage Renal Disease
  - CHEMOTHERAPY and RADIOTHERAPY for Cancer cases
  - MATERNITY CARE up to 3rd Normal Deliveries (NSD)
  - NEWBORN CARE PACKAGE (NCP)
MATERNITY CARE PACKAGE
MATERNITY CARE PACKAGE

Normal Birth:
- Spontaneous onset of labor
- Low risk at the start of labor, throughout labor, and delivery
- Infant in vertex position
- 37-42 completed weeks of pregnancy

Payment Scheme:
- Reimbursement utilize a Case Payment Scheme
- Case Rate: Php 4,500
- Limited to NSD of first three (3) births

Providers:
- Non hospital based-facility
  - RHUs/HCs
  - Lying-in Clinics
- Hospitals based-facility
MATERNITY CARE PACKAGE

Payment for hospital based facility:

4,500
(per patient)

P2,000.00
For the Health Professional

P2,500.00
For the Health Facility
(Room & Board, drugs & meds, diagnostics, OR fee)
MATERNITY CARE PACKAGE

Payment for Non-hospital based facility:

Php 3,650
- Prenatal
- delivery
- newborn care

Php 850
- postnatal care
- family planning services
MATERNITY CARE PACKAGE

- **Eligibility:**
  - First prenatal visit of the member or dependent *must not exceed the four (4) month age of gestation (AOG)* of the current pregnancy
  - IPP: All pregnancy related cases
    - 9 monthly contributions within the immediate 12 months prior to delivery
MATERNITY CARE PACKAGE

EXCLUSION:

- If first 2 pregnancies resulted in*:  
  - Cesarean section  
  - VBAC  
  - Breech delivery  
  - Preterm delivery  
  - Stillbirth  

* Counted as part of limitation of NSD package to the first 2 deliveries
Claims Filing

- Claims for the first payment must be filed within 60 days from date of discharge
- For the second payment, claim must be filed within 90 days from date of discharge
NEWBORN CARE PACKAGE

NEWBORN PACKAGE
• For ALL QUALIFIED DEPENDENTS

• FIXED PAYMENTS for:
  - NEWBORN SCREENING
  - FIRST DOSE of HEPATITIS B VACCINATION @ BIRTH
  - BCG

PROVIDERS: Hospital, RHUs/HCs, Lying-in

REQUIREMENTS FOR ACCREDITATION: NSF Certified issued by DOH or NSRC

Php 1,000 benefit divided into:
- Php 250 for HEP B vaccination
- Php 500 for NEWBORN SCREENING
- Php 250 for others
DOTS PACKAGE

“KONTRA” TUBERCULOSIS

TB-DOTS BENEFITS launched in 2003

Directly-observed Treatment Short Course
DOTS PACKAGE

- **Care for TB patients**
- **Case payment:** P4,000
  - **Payment for MD, other health workers, referral centers**

Coverage
- All members of the NHIP and all qualified dependents who satisfy the criteria of benefit eligibility and are not disqualified by the exclusion criteria
- **For employed and IPP members:**
  3 months contribution paid within the immediate 6 months prior to enrollment at DOTS centers

- **No additional payment for:**
  - Additional services rendered
  - Extension of treatment

**Plus:**
- Monthly premium paid during duration of DOTS course
CRITERIA FOR ELIGIBILITY

- **New case**
  - A patient who never had treatment for TB; or
  - A patient who has taken anti-TB drugs for less than 1 month
  - smear positive pulmonary TB
  - smear negative pulmonary TB
  - extrapulmonary TB

- **TB disease in children**

EXCLUSION

- TB-DOTS Package will not cover the following types of TB cases:
  - Failure cases (on previous treatment)
  - Relapse
  - Return after default (RAD)
DOTS PACKAGE

4,000 per patient

1st PAYMENT
P2,500.00
After the Intensive Phase

2nd PAYMENT
P1,500.00
After the Maintenance Phase
TREATMENT OUTCOME

- Claims for completed DOTS shall be paid regardless of treatment outcome.

- Claims for patients who defaulted shall be denied.

CLAIMS FILING

- Claims with incomplete requirements shall be returned to the facility and must be complied within 60 days.

- Non-compliance shall cause denial of claim.
Benefit Administration Section

www.philhealth.gov.ph