

# *The National Health Insurance Program Benefit Packages*

# **SOCIAL HEALTH INSURANCE in the PHILIPPINES**

**1969 – Medicare Act (RA 6111)  
MEDICARE PROGRAM**

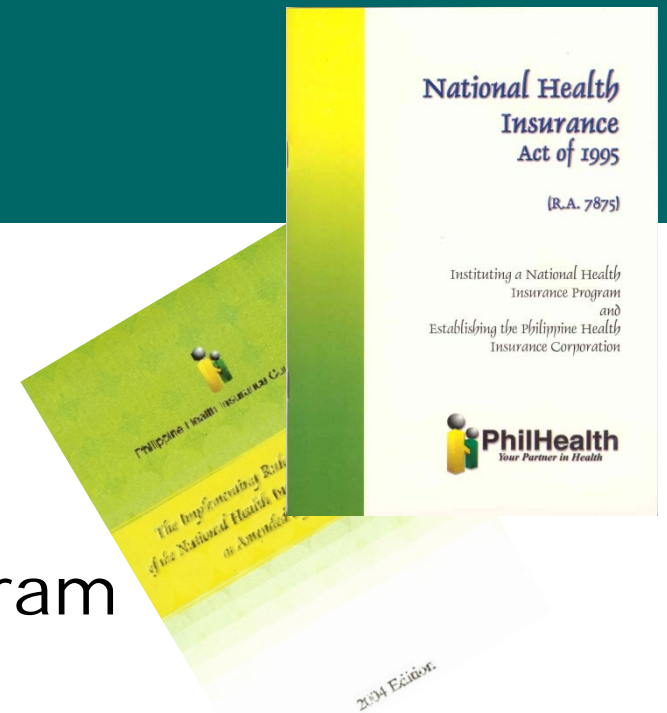
**PMCC**

**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**

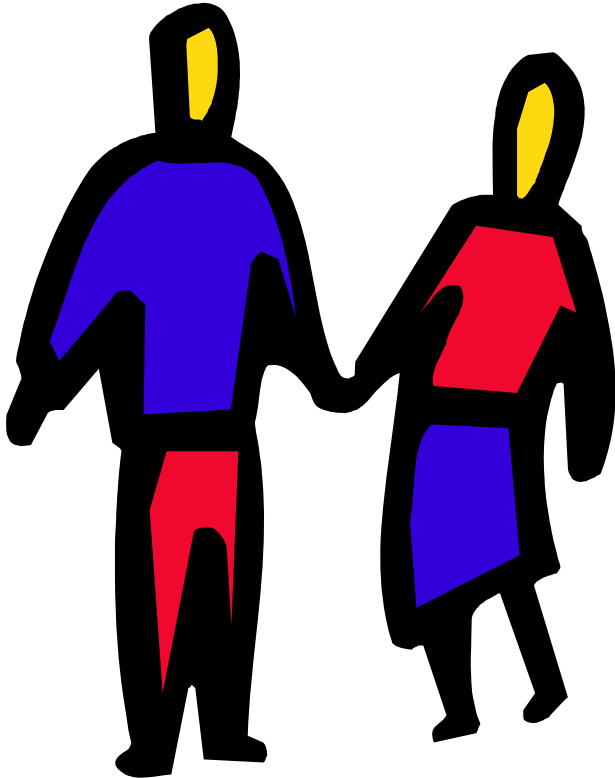
- UNIVERSALITY
- SOCIAL SOLIDARITY
- CARE FOR THE INDIGENTS
- QUALITY ASSURANCE FOR HEALTH SERVICES
- LGU/ COMMUNITY PARTICIPATION

# MEMBERS

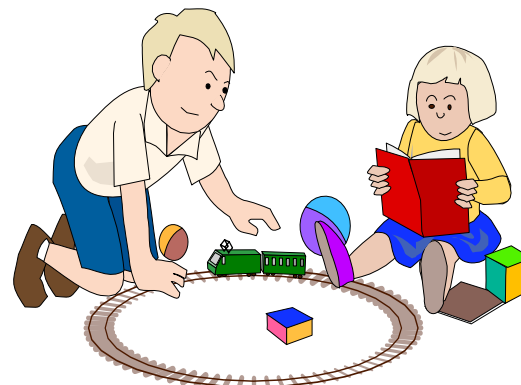
- **Employed**
  - Government Sector
  - Private Sector
- Retirees and Pensioner  
(age 60 years old with 120 monthly contributions)
- Individually Paying Members
- Qualified Sponsored Members
- OFWs

# 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

# MANDATED BENEFITS

## 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

# Availment Procedures

## 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.



# Claims Prescription Period Guidelines

- 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.

# BENEFIT SCHEDULE

BENEFITS ITEMS	CASE-TYPE			
	A	B	C	D
<b>LEVEL 1 HOSPITAL (Primary)</b>				
<b>ROOM AND BOARD</b> <i>(Not exceeding 45 days for each member &amp; another 45 days to be shared by his dependents)</i>	P200/day	P200/day	N/A	N/A
<b>DRUGS AND MEDICINES</b> <i>(per single period of confinement)</i>	1,500	2,500	N/A	N/A
<b>X-RAY, LABORATORY, ETC.</b> <i>(per single period of confinement)</i>	350	700	N/A	N/A
<b>OPERATING ROOM FEE</b>	385 (RVU of 30 and below)	N/A	N/A	N/A
<b>LEVEL 2 HOSPITAL (Secondary)</b>				
<b>ROOM AND BOARD</b> <i>(Not exceeding 45 days for each member &amp; another 45 days to be shared by his dependents)</i>	P300/day	P300/day	P300/day	P660/day
<b>DRUGS AND MEDICINES</b> <i>(per single period of confinement)</i>	1,700	4,000	8,000	19,725
<b>X-RAY, LABORATORY, ETC.</b> <i>(per single period of confinement)</i>	850	2,000	4,000	10,215
<b>OPERATING ROOM FEE</b>	670 (RVU of 30 and below) 1,140 (RVU of 31 up to 80)	2,160 (RVU of 81 up to 200)	2,160 (RVU of 201 up to 500)	6,480 (RVU > 500)
<b>LEVELS 3 &amp; 4 HOSPITALS (Tertiary)</b>				
<b>ROOM AND BOARD</b> <i>(Not exceeding 45 days for each member &amp; another 45 days to be shared by his dependents)</i>	P400/day	P400/day	P400/day	P1,035/day
<b>DRUGS AND MEDICINES</b> <i>(per single period of confinement)</i>	3,000	9,000	16,000	35,655
<b>X-RAY, LABORATORY, ETC.</b> <i>(per single period of confinement)</i>	1,700	4,000	14,000	29,430
<b>OPERATING ROOM FEE</b>	1,060 (RVU of 30 and below) 1,350 (RVU of 31 up to 80)	3,490 (RVU of 81 up to 200)	3,490 (RVU of 201 up to 500)	10,470 (RVU > 500)

# BENEFIT SCHEDULE

PROFESSIONAL FEES (per single period of confinement)	CASE-TYPE			
	A	B	C	D
General Practitioner	P150/day not exceeding P600	P150/day not exceeding P900	P150/day not exceeding P900	P315/day not exceeding P2,430
Specialist	P250/day not exceeding P1,000	P250/day not exceeding P1,500	P250/day not exceeding P2,500	P450/day not exceeding P4,050
Surgeon	P40/RVU not exceeding P16,000	P40/RVU not exceeding P16,000	P40/RVU not exceeding P16,000	(P40/RVU) multiplied by 3 not exceeding P47,790
Anesthesiologist	30% of Surgeon's Fee not exceeding P5,000	30% of Surgeon's Fee not exceeding P5,000	30% of Surgeon's Fee not exceeding P5,000	30% of Surgeon's Fee not exceeding P14,355



# 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

Revised 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 Hospital Representative)

1. Type of Membership  Employed  Private Sector  Gov't. Sector  Individually paying:  Self-employed  OFW  OWWA  
 Indigent  Retiree/Pensioner:  SSS  GSIS  Military  Judiciary

Identification No. 190508979847 SSS#

2. Name of Member  
 Last Name: CALDERON  
 First Name: CARLO  
 Middle Name: PADOLINA

3. Date of Birth: 01301973  
 m m d d y y y y

4. Civil Status:  Single  Separated  Married  Widower  
 5. Sex:  Male  Female

6. Address of Member  
 No. Street: 143 SULTIPAN Barangay: APALIT Province: PAMPANGA Zip Code: 2016

7. Name of Spouse  
 Last Name: CALDERON First Name: ERLINDA  
 Middle Name: DANGANAN  Not Applicable

8. Name of Patient  Patient is the Member  
 Last Name: CALDERON First Name: ERLINDA  
 Middle Name: PADOLINA

9. Date of Birth: 02131940  
 m m d d y y y y

10. Age: 66 11. Sex:  Male  Female

12. Relationship of Patient to Member (Check applicable box if patient is a dependent)  
 Legitimate spouse who is not an NHIP Member.  Parent who is 60 years old and above, not an NHIP member/retiree/pensioner and wholly dependent on me for support.  
 Unmarried and unemployed, legitimate, legitimated, acknowledged and illegitimate or legally adopted/step child, below 21 years old.  Unmarried child 21 years old & above with physical/ mental disability, congenital or acquired and wholly dependent on me for support.

13. CERTIFICATION of MEMBER: I certify that the foregoing information are true and correct and that the three(3) applicable monthly contributions had been paid within six(6) month prior to the month of this confinement.

Signature of Member: ERLINDA CALDERON (Handwritten)  
 Printed Name & Signature of Witness to Thumbmark: ERLINDA P. CALDERON (Handwritten)

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

14. Registered Name of Employer: YOKOGAWA PHILIPPINES INCORPORATED  
 Identification No. of Employer: 230474000277

15. Address of Employer (No. Street, Barangay/Municipality/City, Province, Zip Code)  
 No. Street: NO 3 ECONOMIA STREET Barangay: BAGUMBAYAN Province: QUEZON CITY Zip Code: 1110

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.

Signature Over Printed Name of Authorized Representative: MARVIC F. GUEVARA Date Signed: 5/24/06 HR Manager: \_\_\_\_\_  
 Official Capacity: \_\_\_\_\_

--- cut here ---  
 Member's Copy: \_\_\_\_\_ This portion should be completely filled up, detached by the hospital and given to member  
 ACKNOWLEDGEMENT RECEIPT

# CURRENT PHILHEALTH BENEFIT PACKAGE

- DAY or AMBULATORY SURGERY PROCEDURES and SURGERIES



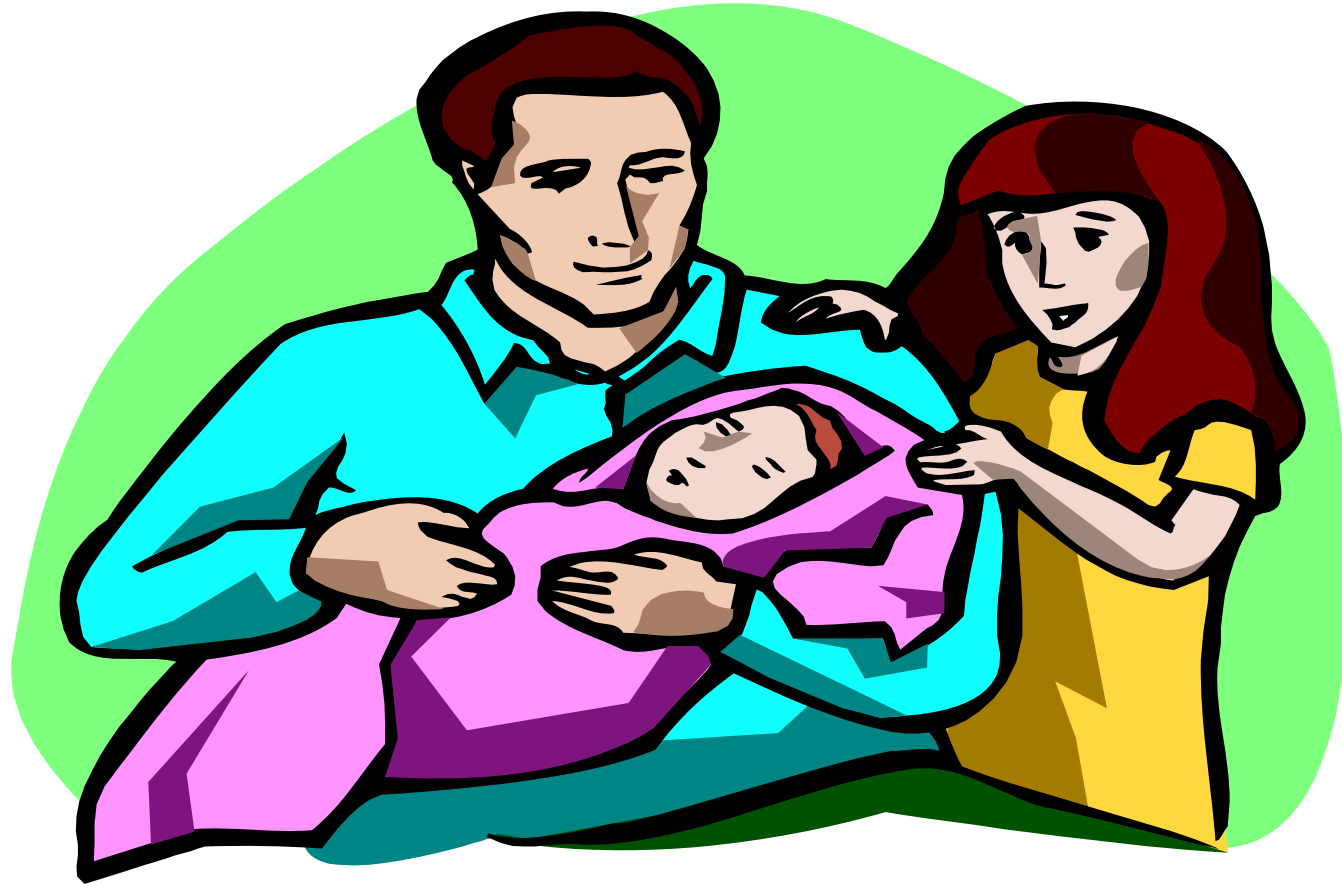
- *General , Eye, ENT, Urological, Gynecologic, Orthopedic and other surgeries*

- ALSO INCLUDES:

- DIALYSIS CARE for End Stage Renal Disease
- CHEMOTHERAPY and RADIOTHERAPY for Cancer cases
- MATERNITY CARE up to 3<sup>rd</sup> 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:

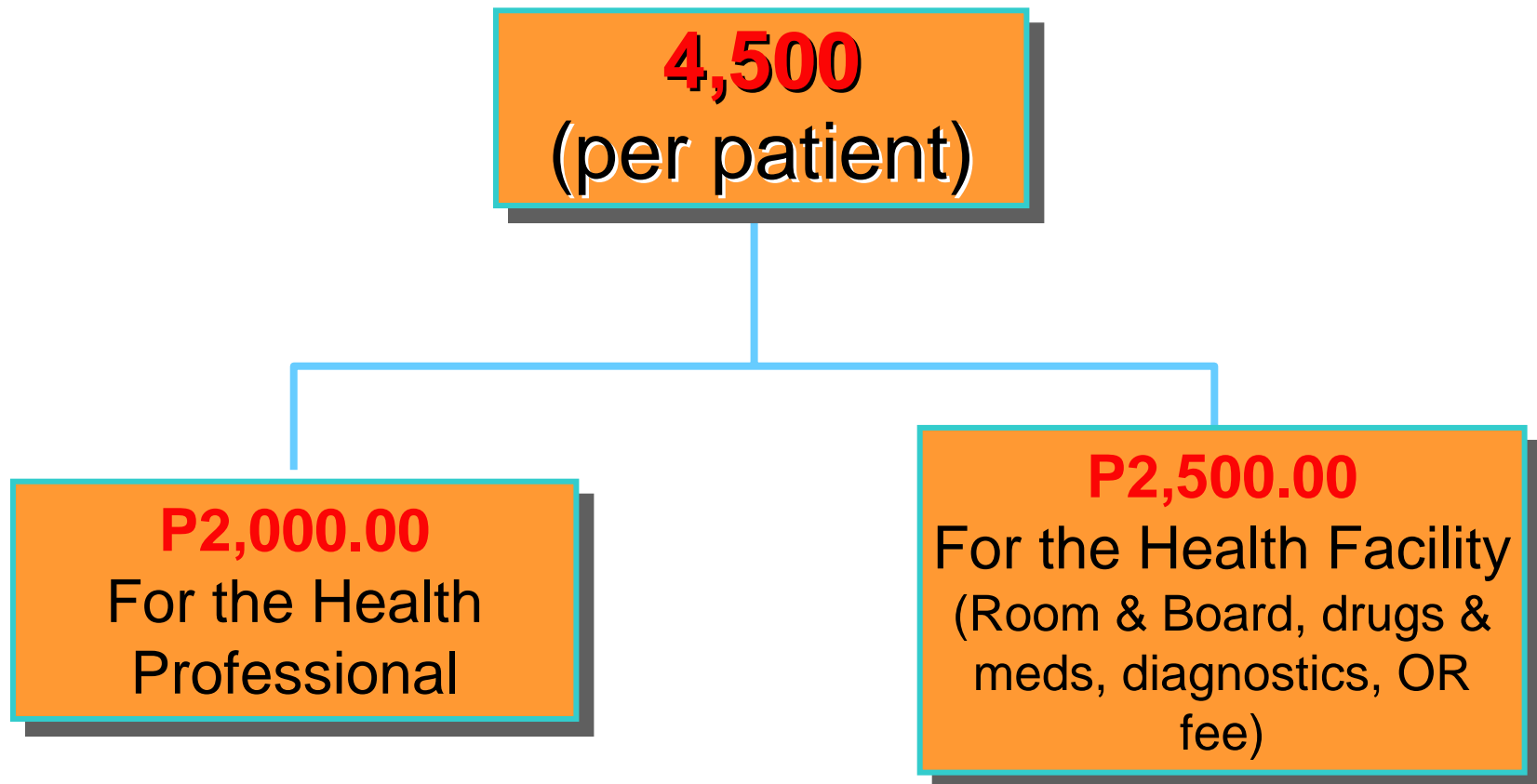
- Reimbursement utilize a Case Payment Scheme
- Case Rate: **Php 4,500**
- Limited to NSD of first three (3) births

## Providers:

- Non hospital based-facility
  - RHUs/HCs
  - Lying-in Clinics
- Hospitals based-facility

# MATERNITY CARE PACKAGE

*Payment for hospital based facility:*



# 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**

# MATERNITY CARE PACKAGE

## *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



**New!!!**

## **NEWBORN CARE PACKAGE**

**Php 1,000 benefit divided into:**

- **Php 250 for HEP B vaccination**
- **Php 500 for NEWBORN SCREENING**
- **Php 250 for others**



### **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*

# 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**

No additional payment for:

- ☞ Additional services rendered
- ☞ Extension of treatment

## 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

## Plus:

monthly premium paid during duration of DOTS course

# DOTS PACKAGE

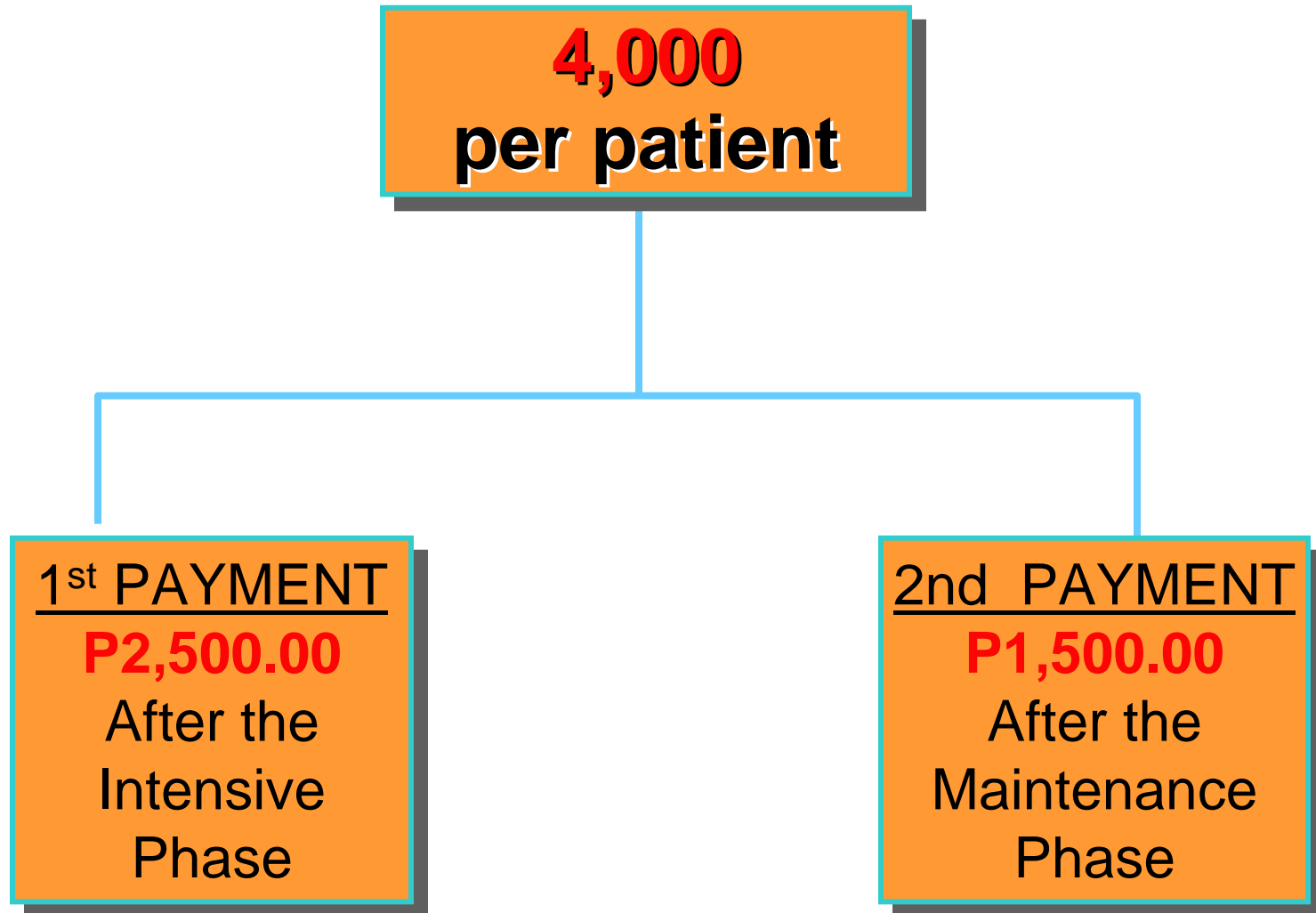
## CRITERIA FOR ELIGIBILITY

- 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





# DOTS PACKAGE

## 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



# Maraming Salamat po!

**Benefit Administration Section**

*[www.philhealth.gov.ph](http://www.philhealth.gov.ph)*