



Philippine Health Insurance Corporation

History

The call to serve the rural indigents echoed since the early '60s when the Philippine Medical Association introduced the MARIA Project which prioritized aid to communities in need of medical assistance. The Project would then be considered a valuable precursor to the Medicare program, from which a medical care plan for the entire Philippines was created. On August 4, 1969, Republic Act 6111 or the Philippine Medical Care Act of 1969 was signed by President Ferdinand E. Marcos which was eventually implemented in August 1971.

The Philippine Medical Care Commission (PMCC) was tasked to oversee the implementation of the program which went for almost a quarter of a century.

In the 1990s, a vision for a better, more responsive government health care program was prompted by the passage of several bills that had significant implications on health financing. The public's clamor for a health insurance that is more comprehensive in terms of covered population and benefits led to the development of House Bill 14225 and Senate Bill 01738 which became The National Health Insurance Act of 1995 or Republic Act 7875, signed by President Fidel V. Ramos on February 14, 1995. The law paved the way for the creation of the Philippine Health Insurance Corporation (PhilHealth), mandated to provide social health insurance coverage to all Filipinos in 15 years' time.

PhilHealth assumed the responsibility of administering the former Medicare program for government and private sector employees from the Government Service Insurance System in October 1997, from the Social Security System in April 1998, and from the Overseas Workers Welfare Administration in March 2005.

Mandate

The National Health Insurance Program was established to provide health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines. It shall serve as the means for the healthy to help pay for the care of the sick and for those who can afford medical care to subsidize those who cannot. It shall initially consist of Programs I and II or Medicare and be expanded progressively to constitute one universal health insurance program for the entire population. The program shall include a sustainable system of funds constitution, collection, management and disbursement for financing the availment of a basic minimum package and other supplementary packages of health insurance benefits by a progressively expanding proportion of the population. The program shall be limited to paying for the utilization of health services by covered beneficiaries. It shall be prohibited from providing health care directly, from buying and dispensing drugs and pharmaceuticals, from employing physicians and other professionals for the purpose of directly rendering care, and from owning or investing in health care facilities. *(Article III, Section 5 of RA 7875 as amended)*

Powers and Functions

PhilHealth is a tax-exempt Government Corporation attached to the Department of Health for policy coordination and guidance. *(Article IV, Section 15 of RA 7875 as amended)*. It shall have the following powers and functions *(Article IV, Section 16 of RA 7875 as amended by RA 10606)*:

- a) To administer the National Health Insurance Program;
- b) To formulate and promulgate policies for the sound administration of the Program;
- c) To supervise the provision of health benefits and to set standards, rules and regulations necessary to ensure quality of care, appropriate utilization of services, fund viability, member satisfaction, and overall accomplishment of Program objectives;
- d) To formulate and implement guidelines on contributions and benefits; portability of benefits, cost containment and quality assurance; and health care provider arrangements, payment, methods, and referral systems;
- e) To establish branch offices as mandated in Article V of this Act;
- f) To receive and manage grants, donations, and other forms of assistance;
- g) To sue and be sued in court;
- h) To acquire property, real and personal, which may be necessary or expedient for the attainment of the purposes of this Act;

- i) To collect, deposit, invest, administer, and disburse the National Health Insurance Fund in accordance with the provisions of this Act;
- j) To negotiate and enter into contracts with health care institutions, professionals, and other persons, juridical or natural, regarding the pricing, payment mechanisms, design and implementation of administrative and operating systems and procedures, financing, and delivery of health services in behalf of its members;
- k) To authorize Local Health Insurance Offices to negotiate and enter into contracts in the name and on behalf of the Corporation with any accredited government or private sector health provider organization, including but not limited to health maintenance organizations, cooperatives and medical foundations, for the provision of at least the minimum package of personal health services prescribed by the Corporation;
- l) To determine requirements and issue guidelines for the accreditation of health care providers for the Program in accordance with this Act;
- m) To visit, enter and inspect facilities of health care providers and employers during office hours, unless there is reason to believe that inspection has to be done beyond office hours, and where applicable, secure copies of their medical, financial, and other records and data pertinent to the claims, accreditation, premium contribution, and that of their patients or employees, who are members of the Program;
- n) To organize its office, fix the compensation of and appoint personnel as may be deemed necessary and upon the recommendation of the president of the Corporation;
- o) To submit to the President of the Philippines and to both Houses of Congress its Annual Report which shall contain the status of the National Health Insurance Fund, its total disbursements, reserves, average costing to beneficiaries, any request for additional appropriation, and other data pertinent to the implementation of the Program and publish a synopsis of such report in two (2) newspapers of general circulation;
- p) To keep records of the operations of the Corporation and investments of the National Health Insurance Fund;
- q) To establish and maintain an electronic database of all its members and ensure its security to facilitate efficient and effective services;
- r) To invest in the acceleration of the Corporation's information technology systems;
- s) To conduct information campaign on the principles of the NHIP to the public and to accredited health care providers. This campaign must include the current benefit packages provided by the Corporation, the mechanisms to avail of the current benefit packages, the list of accredited and discredited health care providers, and the list of offices/branches where members can pay or check the status of paid health premiums;

- t) To conduct post audit on the quality of services rendered by health care providers;
- u) To establish an office, or where it is not feasible, designate a focal person in every Philippine Consular Office in all countries where there are Filipino citizens. The office or the focal person shall, among others, process, review and pay the claims of the overseas Filipino workers (OFWs);
- v) Notwithstanding the provisions of any law to the contrary, to impose interest and/or surcharges of not exceeding three percent (3%) per month, as may be fixed by the Corporation, in case of any delay in the remittance of contributions which are due within the prescribed period by an employer, whether public or private. Notwithstanding the provisions of any law to the contrary, the Corporation may also compromise, waive or release, in whole or in part, such interest or surcharges imposed upon employers regardless of the amount involved under such valid terms and conditions it may prescribe;
- w) To endeavour to support the use of technology in the delivery of health care services especially in farflung areas such as, but not limited to, telemedicine, electronic health record, and the establishment of a comprehensive health database;
- x) To monitor compliance by the regulatory agencies with the requirements of this Act and to carry out necessary actions to enforce compliance;
- y) To mandate the national agencies and LGUs to require proof of PhilHealth membership before doing business with a private individual or group;
- z) To accredit independent pharmacies and retail drug outlets; and
- aa) To perform such other acts as it may deem appropriate for the attainment of the objectives of the Corporation and for the proper enforcement of the provisions of this Act.



Vision

Bawat Pilipino, Miyembro	<i>Every Filipino is a Member</i>
Bawat Miyembro, Protektado	<i>Every Member is protected</i>
Kalusugan Natin, Segurado	<i>Our health is insured</i>

Mission

Sulit na Benepisyo sa Bawat Miyembro	<i>Optimal Benefits for every Member</i>
Dekalidad na Serbisyo para sa Lahat	<i>Quality Service for All</i>

Core Values

Inobasyon	<i>Innovation</i>
Serbisyong Dekalidad	<i>Quality Service</i>
Lubos na Integridad	<i>Utmost Integrity</i>
Angkop na Benepisyo	<i>Equity</i>
Panlipunang Pagkakabuklod	<i>Social Solidarity</i>
Ganap na Pagkalinga	<i>Total Care</i>

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