

D.4. PHILIPPINE HEALTH INSURANCE CORPORATION

For subsidy requirements in accordance with the program(s) and project(s), as indicated hereunder.....P 60,627,542,000
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New Appropriations, by Program

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		<u>Current Operating Expenditures</u>			
		<u>Personnel</u>	<u>Maintenance</u>	<u>Capital</u>	
		<u>Services</u>	<u>and Other</u>	<u>Outlays</u>	<u>Total</u>
			<u>Operating</u>		
			<u>Expenses</u>		
PROGRAMS					
	Operations		P 60,627,542,000		P 60,627,542,000
	NATIONAL HEALTH INSURANCE PROGRAM		60,627,542,000		60,627,542,000
	TOTAL NEW APPROPRIATIONS		P 60,627,542,000		P 60,627,542,000

Special Provision(s)

1. Subsidy for the National Health Insurance Program. The amount of Fifty Four Billion Seventy Three Million Five Hundred Eight Thousand Pesos (P54,073,508,000) appropriated herein shall be used exclusively for the following:

(a) Fifty Four Billion Nineteen Million Seven Thousand Pesos (P54,019,007,000) for health insurance premiums of indigents identified under the NHTS-PR and senior citizens who are not yet covered by any PhilHealth Insurance Program pursuant to R.A. No. 10645 and are not qualified as dependents of principal members. This amount shall likewise cover other Filipino citizens who remain uncovered under the National Health Insurance Program which shall be governed by the provisions of the immediately succeeding section; and

(b) Fifty Four Million Five Hundred One Thousand Pesos (P54,501,000) for health insurance premiums of beneficiaries identified by the OPAPP other than those funded under the Payapa at Masaganang Pawayanan Program.

The PhilHealth shall provide full primary care benefits to indigents, senior citizens, sponsored programs and national government employees.

In no case shall more than four percent (4%) of the foregoing amounts be used for administrative expenses.

The PhilHealth accredited health service providers shall have a profile of each enrollee in a database linked to the PhilHealth through an automated information sharing system. The PhilHealth shall likewise identify those senior citizens who may be entitled either as principal members or qualified dependents based on their health conditions.

Release of funds shall be subject to the submission of the billing indicating the names of enrollees approved by the PhilHealth Board.

The PhilHealth shall submit the proof of availment by each indigent or cognizance of eligibility and benefits, together with a summary report with electronic signature to the DBM, through the Unified Reporting System, and to the Speaker of the House of Representatives, the President of the Senate of the Philippines, the House Committee on Appropriations and the Senate Committee on Finance, by posting said reports on PhilHealth website for a period of three (3) years. The President of PhilHealth shall send written notice to the said offices when said reports have been posted on its website, which shall be considered the date of submission.

2. Attainment of Universal Coverage. To attain Universal Health Coverage, the amount of Three Billion Pesos (P3,000,000,000) appropriated herein shall cover all Filipino citizens not covered under Special Provision Nos. 1 and 3 and not formally employed.

The Filipino citizens who will be covered under this provision, through a Point of Service (POS) Program, must be classified as financially incapable to pay his/her PhilHealth membership according to the DOH classification on indigence. PhilHealth shall bill, on a quarterly basis, the DBM of the actual cost of availment, chargeable against the amount herein appropriated. Members availing of this Program shall be included in the PhilHealth membership database for possible inclusion in the list of beneficiaries whose premiums are to be shouldered by the National Government. In the event that the actual cost of availment exceeds the amount appropriated, the same shall be augmented from the savings of the National Government or shall be recognized as accounts payable.

Filipino citizens who are financially capable shall be assessed and shall be enrolled based on their financial capability at the Point of Service to be covered as regular contributing PhilHealth member. They shall be included in the PhilHealth membership database and shall be billed annually.

In line with the objective of rationalizing the referral of health services, availment of beneficiaries covered by this Program shall be allowed in private facilities only after proper referral by a national government facility. Beneficiaries shall still be screened at the government facility level to determine their eligibility with the No Balance Billing (NBB) policy.

In the attainment of Universal Coverage, no Filipino, whether a PhilHealth member or not, shall be denied of PhilHealth benefits. PhilHealth identification card shall not be required in the availment of PhilHealth benefits.

The PhilHealth shall submit its quarterly reports on the utilization of funds with electronic signature to the DBM, through the Unified Reporting System, and to the Speaker of the House of Representatives, the President of the Senate of the Philippines, the House Committee on Appropriations and the Senate Committee on Finance, by posting said reports on PhilHealth website for a period of three (3) years. The President of PhilHealth shall send written notice to the said offices when said reports have been posted on its website, which shall be considered the date of submission. (CONDITIONAL IMPLEMENTATION- President's Veto Message, December 19, 2017, Volume I-B, page 650, R.A. No. 10964)

3. PhilHealth Supplemental Benefits. To subsidize the cost of health care of government employees, the amount of Three Billion Five Hundred Million Pesos (P3,500,000,000) appropriated herein shall cover the cost of supplemental health benefits of government employees of the executive branch.

Without prejudice to the existing and the expanded health care benefits under Special Provision No. 1 of the Miscellaneous Personnel Benefits Fund (MPBF), the supplemental health benefits under this provision shall cover health care services - preventive and curative, inpatient and outpatient - and other medical expenses in excess of contributions-based case rates. The supplemental health benefits shall be provided to government employees covered by this provision through PhilHealth-Registered Health Care Providers.

Under a Point of Service (POS) Program, PhilHealth shall bill, on a quarterly basis, the DBM of the actual cost of availment, chargeable against the amount herein appropriated. In the event that the actual cost of availment exceeds the amount appropriated, the same shall be augmented from the savings of the National Government or shall be recognized as accounts payable to PhilHealth.

The Judiciary, the Legislative Department, the Commission on Audit, the Commission on Elections, the Civil Service Commission and the Office of the Ombudsman who are enjoying fiscal autonomy pursuant to the Constitution, are hereby authorized to use their respective appropriations to pay for the supplemental health benefits of their employees through PhilHealth. The Government-Owned and Controlled Corporations (GOCCs), Government Financial Institutions (GFIs) and Local Government Units (LGUs) are likewise authorized to avail of the same coverage with PhilHealth using their own funds subject to the requirements of their respective charters.

The DOH, PhilHealth and DBM shall issue the rules and regulations for the availment of the supplemental health benefits herein mentioned, taking into consideration the existing hospitals and health centers dedicated to military and uniformed personnel.

Administrative cost shall not exceed seven percent (7%) of the total cost.

(CONDITIONAL IMPLEMENTATION- President's Veto Message, December 19, 2017, Volume I-B, page 650, R.A. No. 10964)

4. Payapa at Masaganang PamayanAN (PAMANA). The amount of Fifty Four Million Thirty Four Thousand Pesos (P54,034,000) appropriated herein for the PAMANA Program shall be used exclusively to implement projects in conflict-affected areas already identified by the OPAPP.

Release of funds shall be subject to the submission of a Special Budget including the billing indicating the names of enrollees approved by the PhilHealth Board pursuant to Section 35, Chapter 5, Book VI of E.O. No. 292, s. 1987.

The PhilHealth shall submit to the OPAPP, either in printed form or by way of electronic document, quarterly reports on the status of the implementation of the PAMANA Program. The President of PhilHealth and the Corporation's web administrator or his/her equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the PhilHealth website.

5. Special Provisions Applicable to All Government Corporations. In addition to the foregoing special provisions, the special provisions applicable to all government corporations enumerated under the Budgetary Support to Government Corporations-Others shall be observed by the PhilHealth.

New Appropriations, by Programs/Activities/Projects

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	<u>Current Operating Expenditures</u>		
	<u>Personnel Services</u>	<u>Maintenance and Other Operating Expenses</u>	<u>Capital Outlays</u>
PROGRAMS			<u>Total</u>
Operations			
Financial risk protection improved		P 60,627,542,000	P 60,627,542,000
NATIONAL HEALTH INSURANCE PROGRAM		60,627,542,000	60,627,542,000
Health insurance coverage under the Sin Tax Law		57,019,007,000	57,019,007,000
Project(s)			
Locally-Funded Project(s)		3,608,535,000	3,608,535,000
Special Purpose Insurance Coverage		108,535,000	108,535,000
PhilHealth Supplemental Benefits		3,500,000,000	3,500,000,000
Sub-total, Operations		60,627,542,000	60,627,542,000
TOTAL NEW APPROPRIATIONS		P 60,627,542,000	P 60,627,542,000

New Appropriations, by Object of Expenditures

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(In Thousand Pesos)

Current Operating Expenditures

Maintenance and Other Operating Expenses	
Financial Assistance/Subsidy	60,627,542
Total Maintenance and Other Operating Expenses	60,627,542
Total Current Operating Expenditures	60,627,542
TOTAL NEW APPROPRIATIONS	60,627,542