

**[PHILHEALTH CIRCULAR NO. 0032, S. 2013,
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**IMPLEMENTATION OF THE POINT OF CARE ENROLLMENT
PROGRAM**

I. RATIONALE

Republic Act (RA) 7875, as amended by RA 10606, otherwise known as The National Health Insurance Act of 2013 under Section 6 states that: "All citizens of the Philippines shall be covered by the National Health Insurance Program. In accordance with the principles of universality and compulsory coverage enunciated in Section 2(b) and 2(l) hereof, implementation of the Program shall ensure sustainability of coverage and continuous enhancement of the quality of service: Provided, That the Program shall be compulsory in all provinces, cities and municipalities nationwide, notwithstanding the existence of LGU-based health insurance programs xxx"

Furthermore, Section 3(c) of the same Act emphasizes the need to "prioritize and accelerate the provision of health services to all Filipinos, especially that segment of the population who cannot afford such services". Moreover, Section 7 clearly mentions that "all indigents not enrolled in the Program shall have priority in the use and availment of the services and facilities of government hospitals, health care personnel and other health organizations: Provided, however that such government health care providers shall ensure that said indigents shall subsequently be enrolled in the Program".

Under the ambit of Universal Health Care (UHC) or Kalusugang Pangkalahatan (KP), the Corporation aspires to ensure that all Filipinos, especially the most vulnerable are covered by PhilHealth. Despite the national government appropriations, sin tax collections, local government sponsorship and other sources, statistics and anecdotes have shown that a vast number of poor are not yet covered by PhilHealth. Ergo, it is deemed necessary that as the other mechanisms of capturing the poor are being undertaken, a mechanism of enrolling these patients at the Point of Care shall be established to ensure that all poor in dire need of quality health services in government hospitals are covered by PhilHealth.

II. COVERAGE

The following patients, and their families, shall be provided with PhilHealth coverage and shall be considered as Sponsored Program Members by the Hospital if they qualify on the assessment administered by the Medical Social Worker at the time that they were admitted to Government Health Care Institutions:

1. Non-members, who were assessed and classified as Class C-3 or D.
2. Members who are not covered due to lack of qualifying contribution and classified as Class C-3 or D.