CLARIFICATIONS ON THE ELIGIBILITY OF INDIVIDUALLY PAYING MEMBERS (IPMS) AND THEIR DEPENDENTS TO MEDICARE COVERAGE

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Pursuant to Section 46-b entitled "Entitlement to Benefits" of the Revised Implementing Rules and Regulations of the National Health Insurance Act of 1995, which read as follows:

> "The member must have paid at least three (3) monthly premium contributions within the immediate six (6) months prior to the first day of availment...xxx"
>
> "5.0 Suspension of eligibility
>
> IPMs who failed to pay the premium contributions for a given period (i.e., quarter, semester or year) shall have their eligibility to avail of benefits suspended starting on the second month of the quarter following the missed/unpaid period."
>
> "8.0 Requirements in the availment of Medicare benefits
>
> To avail of the benefits, IPMs shall be required to submit, as proof of payment and eligibility, copy of anyof the following: a machine validated MI-5, machine printed receipt, Government Official Receipt or bank receipt representing at least three monthly contributions within the immediate six (6) months prior to the month of availment."

Therefore, suspension of eligibility to benefits for IPMs and their dependents shall start on the second month of the quarter following the missed/unpaid period.

This Circular shall take effect immediately and shall cover all claims filed by IPMs starting February 2, 2001, which therefore need not be referred to the Claims Review Unit for consideration. All other provisions of PhilHealth Circular No. 09, s. 2001 consistent with this issuance shall remain in full force and effect.

For the information and guidance of all concerned.

Adopted: 09 Aug. 2001

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President and CEO

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