

NINETEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
*Third Regular Session* )

25 JAN 27 P5:32

RECEIVED BY: \_\_\_\_\_

**SENATE**  
**S. No. 2964**

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Introduced by Senator Loren Legarda

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**AN ACT**  
**FURTHER AMENDING THE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN**  
**AS THE "NATIONAL HEALTH INSURANCE ACT OF 1995", AS AMENDED, TO**  
**INSTITUTIONALIZE THE PHILHEALTH MEMBER RECOGNITION PROGRAM**  
**(PMRP)**

**EXPLANATORY NOTE**

The story of the ordinary Filipino worker who relies on PhilHealth is one we've heard countless times. Picture a factory worker, clocking in long hours every day, diligently setting aside a portion of their hard-earned salary to pay PhilHealth premiums. Or a small business owner, striving to do right by their employees, making regular contributions to ensure their staff has access to healthcare. Or perhaps a self-employed vendor, carefully budgeting every peso to pay voluntary contributions, all in the hope that when the time comes, they'll have the support they need for medical emergencies.

These are the people who build and sustain our communities—individuals who sacrifice comfort and convenience to invest in their health and well-being. Yet, when they finally need to turn to PhilHealth, the harsh reality sets in. The coverage they receive barely scratches the surface of their medical bills, often covering only 10 to 20 percent. The rest? They must pay out of pocket. For some, it means waiting in long lines for other government programs, reliant on the goodwill of those who control their approval. As such, these workers ask themselves, "What was the point of all those years of contributions? Wouldn't I have been better off saving that money?"

This isn't just a matter of inconvenience—it's a deep inequity. For the worker, it means forgoing the option of a private hospital room, settling for what PhilHealth covers rather than what is convenient. For the small business owner, it's the frustration of watching years of contributions provide so little for their employees, forcing them to exhaust every resource just to secure private medical insurance. For the self-employed vendor, it's the devastating realization that their savings are wiped out by a single hospital stay.

At its core, the National Health Insurance Program (NHIP) is meant to function as an insurance mechanism—a collective agreement to pool resources and share the burden of healthcare costs. But insurance must evolve, just as the financial tools and services of the private sector have evolved. The rigid, one-size-fits-all approach of the NHIP no longer meets the needs of its contributors.

In today's world, private institutions have transformed how they engage with their customers. From loyalty rewards to cashback programs, financial products now focus on recognizing and rewarding sustained patronage. It's time for PhilHealth to follow suit and reimagine its approach to member engagement.

Article I, Section 2(g) of Republic Act No. 7875 explicitly identifies innovation as a guiding principle of the NHIP. The PhilHealth Member Recognition Program (PMRP) embodies this principle. It introduces a points-based rewards system, acknowledging the contributions of long-term members and offering enhanced benefits. These points can be redeemed for additional healthcare services, payment for out-of-the-pocket costs, better preventive care incentives, and even non-medical health-related needs. More importantly, it empowers members to choose benefits tailored to their specific needs, addressing gaps in the current system. The program introduces the flexibility to transfer earned points to both family members and even non-relatives, broadening access to health benefits and fostering a spirit of support and community.

This bill upholds equity and fairness, giving back to workers who sustain the program. It rebuilds trust, fosters loyalty, and ensures PhilHealth meets members' needs. Through the PMRP, contributions become a promise: PhilHealth will be there when Filipinos need it most. Approval of this bill is earnestly sought.



**LOREN LEGARDA**

NINETEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
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25 JAN 27 25:33

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**AN ACT**

**FURTHER AMENDING THE REPUBLIC ACT NO. 7875, OTHERWISE KNOWN AS THE "NATIONAL HEALTH INSURANCE ACT OF 1995", AS AMENDED, TO INSTITUTIONALIZE THE PHILHEALTH MEMBER RECOGNITION PROGRAM (PMRP)**

*Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:*

1           Section 1. Section 2 of Republic Act No. 7875, as amended, is hereby further  
2 amended to read as follows:

3           SEC. 2 Declaration of Principles and Policies. — It is hereby  
4 declared the policy of the State to adopt an integrated and  
5 comprehensive approach to health development which shall  
6 endeavor to make essential goods, health, and other social  
7 services available to all the people at affordable cost and to  
8 provide free medical care to paupers. Towards this end, the  
9 State shall provide comprehensive health care services to all  
10 Filipinos through a socialized health insurance program that will  
11 prioritize the health care needs of the underprivileged, sick,  
12 elderly, persons with disabilities (PWDs), women, and children,  
13 and provide free health care services to indigents.

14           **THE STATE ALSO RECOGNIZES THE SUSTAINED CONTRIBUTIONS OF**  
15 **ITS MEMBERS AS ESSENTIAL TO THE STABILITY OF THE HEALTH**

**INSURANCE PROGRAM AND SHALL ENSURE EQUITABLE RECOGNITION AND ADDITIONAL BENEFITS TO LONG-TERM CONTRIBUTORS, FOSTERING TRUST, LOYALTY, AND GREATER PARTICIPATION.**

Pursuant to this policy, the State shall adopt the following principles:

XXX XXX XXX

**s) EQUITABLE RECOGNITION OF SUSTAINED CONTRIBUTIONS — THE PROGRAM SHALL RECOGNIZE AND REWARD THE SUSTAINED CONTRIBUTIONS OF LONG-TERM MEMBERS BY PROVIDING ADDITIONAL BENEFITS THAT ENHANCE EQUITY AND FOSTER TRUST, LOYALTY, AND ENGAGEMENT AMONG CONTRIBUTORS. THE PROGRAM SHALL GIVE DUE EMPHASIS TO THE VALUE OF CONSISTENT PARTICIPATION AND ENSURE THAT MEMBERS PERCEIVE TANGIBLE RETURNS FOR THEIR SUPPORT.**

Sec. 2. Section 4 of Republic Act No. 7875, as amended, is hereby amended to read as follows:

**SECTION 4. Definitions of Terms. —** For the purpose of this Act, the following terms shall be defined as follows:

- (a) Abandoned Children – Children who have no known family willing and capable to take care of them and are under the care of the Department of Social Welfare and Development (DSWD), orphanages, churches, and other institutions.
- (b) Beneficiary – Any person entitled to health care benefits under this Act.
- (c) Benefit Package – Services that the Program offers to its members.
- (d) Capitation – A payment mechanism where a fixed rate, whether per person, family, household, or group, is negotiated with a health care provider who shall be responsible for delivering or arranging for the delivery of

1 health services required by the covered person under the  
2 conditions of a healthcare provider contract.

3 (e) Case-based Payment – Hospital payment method that  
4 reimburses hospitals a predetermined fixed rate for each  
5 treated case or disease; also called per-case payment.

6 (f) **CONTRIBUTION** – The amount paid by or in behalf of a  
7 member to the Program for coverage, based on salaries  
8 or wages in the case of formal sector employees, and on  
9 household earnings and assets, in the case of the self-  
10 employed, or on other criteria as may be defined by the  
11 Corporation in accordance with the guiding principles set  
12 forth in Article I of this Act. **CONTRIBUTIONS SHALL**  
13 **RECOGNIZE SUSTAINED AND LONG-TERM**  
14 **PAYMENTS, WHICH MAY QUALIFY MEMBERS FOR**  
15 **ADDITIONAL BENEFITS AND REWARDS UNDER**  
16 **PROGRAMS ESTABLISHED BY THE CORPORATION.**

17 (g) **COVERAGE** – The entitlement of an individual, as a  
18 member or as a dependent, to the benefits of the  
19 Program. **COVERAGE SHALL INCLUDE ACCESS TO**  
20 **ADDITIONAL BENEFITS AND SERVICES PROVIDED**  
21 **UNDER SPECIAL RECOGNITION PROGRAMS FOR**  
22 **LONG-TERM AND SUSTAINED CONTRIBUTORS, AS**  
23 **DETERMINED BY THE CORPORATION.**

24 (h) Dependent – The legal dependents of a member are:

- 25 1. the legitimate spouse who is not a member;
- 26 2. the unmarried and unemployed legitimate,  
27 legitimated, illegitimate, acknowledged children as  
28 appearing in the birth certificate; legally adopted  
29 or stepchildren below twenty-one (21) years of  
30 age;
- 31 3. children who are twenty-one (21) years old or  
32 above but suffering from congenital disability,

1                   either physical or mental, or any disability  
2                   acquired that renders them totally dependent on  
3                   the member for support;

4                   4. the parents who are sixty (60) years old or above  
5                   whose monthly income is below an amount to be  
6                   determined by the Corporation in accordance with  
7                   the guiding principles set forth in Article I of this  
8                   Act; and

9                   5. parents with permanent disability that render  
10                  them totally dependent on the member for  
11                  subsistence;

12               (i) Diagnostic Procedure – Any procedure to identify a  
13               disease or condition through analysis and examination.

14               (j) **DIGITAL INTEGRATION PLATFORM – A WEB-**  
15               **BASED AND MOBILE PLATFORM DEVELOPED FOR**  
16               **THE PMRP PARTICIPANTS TO TRACK POINTS,**  
17               **REDEEM BENEFITS, NOMINATE BENEFICIARIES,**  
18               **AND ACCESS PROGRAM UPDATES.**

19               (k) Emergency – An unforeseen combination of  
20               circumstances which calls for immediate action to  
21               preserve the life of a person or to preserve the sight of  
22               one or both eyes; the hearing of one or both ears; or one  
23               or two limbs at or above the ankle or wrist.

24               (l) Employee – Any person who performs services for an  
25               employer in which either or both mental and physical  
26               efforts are used and who receives compensation for such  
27               services, where there is an employer-employee  
28               relationship.

29               (m) Employer – A natural or juridical person who employs the  
30               services of an employee.

31               (n) Enrollment – The process to be determined by the  
32               Corporation in order to enlist individuals as members or

dependents covered by the Program.

(o) Fee-for-Service – A fee pre-determined by the Corporation for each service delivered by a health care provider based on the bill. The payment system shall be based on a pre-negotiated schedule promulgated by the Corporation.

(p) Global Budget – An approach to the purchase of medical services by which health care provider negotiations concerning the costs of providing a specific package of medical benefits is based solely on a predetermined and fixed budget.

(q) Health Care Provider – Refers to:

1. a health care institution, which is duly licensed and accredited devoted primarily to the maintenance and operation of facilities for health promotion, prevention, diagnosis, treatment, and care of individuals suffering from illness, disease, injury, disability or deformity, or in need of obstetrical or other medical and nursing care. It shall also be construed as any institution, building, or place where there are installed beds, cribs, or bassinets for twenty-four hour use or longer by patients in the treatment of diseases, injuries, deformities, or abnormal physical and mental states, maternity cases or sanitarial care; or infirmaries, nurseries, dispensaries, and such other similar names by which they may be designated; or

2. a health care professional, who is any doctor of medicine, nurse, midwife, dentist, or other health care professional or practitioner duly licensed to practice in the Philippines and accredited by the Corporation; or

- 1                   3. a health maintenance organization, which is an  
2                   entity that provides, offers, or arranges for  
3                   coverage of designated health services needed by  
4                   plan members for a fixed prepaid premium; or  
5                   4. a community-based health care organization, which  
6                   is an association of indigenous members of the  
7                   community organized for the purpose of improving  
8                   the health status of that community through  
9                   preventive, promotive and curative health services.
- 10           (r) Health Insurance Identification (ID) Card – The document  
11           issued by the Corporation to members and dependents  
12           upon their enrollment to serve as the instrument for  
13           proper identification, eligibility verification, and utilization  
14           recording.
- 15           (s) Health Technology Assessment – A field of science that  
16           investigates the value of a health technology such as  
17           procedure, process, products, or devices, specifically on  
18           their quality, relative cost-effectiveness, and safety. It  
19           usually involves the science of epidemiology and  
20           economics.
- 21           (t) Indigent – A person who has no visible means of income,  
22           or whose income is insufficient for the subsistence of their  
23           family, as identified by the Department of Social Welfare  
24           and Development (DSWD) based on specific criteria set  
25           for this purpose in accordance with the guiding principles  
26           set forth in Article I of this Act.
- 27           (u) Informal Sector – Units engaged in the production of  
28           goods and services with the primary objective of  
29           generating employment and income for the persons  
30           concerned. It consists of households, unincorporated  
31           enterprises that are market and nonmarket producers of  
32           goods, as well as market producers of services. These



enterprises are operated by own-account workers, which may employ unpaid family workers as well as occasional, seasonally hired workers. To this sector belong, among others, street hawkers, market vendors, pedicab and tricycle drivers, small construction workers, and home-based industries and services.

(v) Inpatient Education Package – A set of informational services made available to an individual who is confined in a hospital to afford them knowledge about their illness and its treatment, and of the means available, particularly lifestyle changes, to prevent the recurrence or aggravation of such illness and to promote their health in general.

(w) Lifetime Member – A former member who has reached the age of retirement under the law and has paid at least one hundred twenty (120) monthly premium contributions.

(x) **LOYALTY TIERS – A CLASSIFICATION SYSTEM WITHIN THE PMRP THAT CATEGORIZES MEMBERS BASED ON THE DURATION AND CONSISTENCY OF THEIR CONTRIBUTIONS TO THE PROGRAM.**

(y) Member – Any person whose premiums have been regularly paid to the National Health Insurance Program who may be a paying member, a sponsored member, or a lifetime member.

(z) Members in the Formal Economy – Workers with formal contracts and fixed terms of employment, including workers in the government and private sector, whose premium contribution payments are equally shared by the employee and the employer.

(aa) Members in the Informal Economy – Workers who are not covered by formal contracts or agreements and whose

1 premium contributions are self-paid or subsidized by  
2 another individual through a defined criterion set by the  
3 Corporation.

4 (bb) Migrant Workers – Documented or undocumented  
5 Filipinos who are engaged in a remunerated activity in  
6 another country of which they are not citizens.

7 (cc) **NOMINEE – ANY PERSON DESIGNATED BY A**  
8 **MEMBER TO UTILIZE POINTS ACCUMULATED**  
9 **UNDER THE PMRP FOR MEDICAL OR NON-**  
10 **MEDICAL EXPENSES.**

11 (dd) Other Self-earning Individuals – Individuals who render  
12 services or sell goods as a means of livelihood outside of  
13 an employer-employee relationship, or as a career, but do  
14 not belong to the informal sector. These include  
15 businessmen, entrepreneurs, actors, actresses, and other  
16 performers, news correspondents, professional athletes,  
17 coaches, trainers, and other individuals as recognized by  
18 the Department of Labor and Employment (DOLE) and/or  
19 the Bureau of Internal Revenue (BIR).

20 (ee) Out-patient Services – Health services such as diagnostic  
21 consultation, examination, treatment, surgery, and  
22 rehabilitation on an outpatient basis.

23 (ff) **PHILHEALTH MEMBER RECOGNITION PROGRAM**  
24 **(PMRP) – A COMPLEMENTARY PROGRAM**  
25 **ESTABLISHED TO RECOGNIZE AND REWARD**  
26 **LONG-TERM MEMBERS FOR THEIR CONSISTENT**  
27 **CONTRIBUTIONS TO THE NATIONAL HEALTH**  
28 **INSURANCE PROGRAM.**

29 (gg) **POINTS ACCUMULATION SYSTEM – A MECHANISM**  
30 **UNDER THE PMRP WHERE MEMBERS EARN**  
31 **POINTS BASED ON THEIR PREMIUM**  
32 **CONTRIBUTIONS, LONGEVITY OF MEMBERSHIP,**

**AND LOYALTY TIERS.**

- (hh) Portability – The enablement of a member to avail of Program benefits in an area outside the jurisdiction of their Local Health Insurance Office.
- (ii) Professional Practitioners – Include doctors, lawyers, certified public accountants, and other practitioners required to pass government licensure examinations in order to practice their professions.
- (jj) Quality Assurance – A formal set of activities to review and ensure the quality of services provided. Quality assurance includes quality assessment and corrective actions to remedy any deficiencies identified in the quality of direct patient, administrative, and support services.
- (kk) Retiree – A member of the Program who has reached the age of retirement as provided for by law or who was retired on account of permanent disability as certified by the employer and the Corporation.
- (ll) Sponsored Member – A member whose contribution is being paid by another individual, government agency, or private entity according to the rules as may be prescribed by the Corporation.
- (mm) Traditional and Alternative Health Care – The application of traditional knowledge, skills, and practice of alternative health care or healing methods which include reflexology, acupuncture, massage, acupressure, chiropractics, nutritional therapy, and other similar methods in accordance with the accreditation guidelines set forth by the Corporation and the Food and Drug Administration (FDA).
- (nn) **TRANSFERABLE POINTS – POINTS ACCUMULATED UNDER THE PMRP THAT MAY BE TRANSFERRED TO NOMINATED FAMILY MEMBERS OF THE MEMBER.**

1 (oo) Treatment Procedure – Any method used to remove the  
2 symptoms and cause of a disease.

3 (pp) Utilization Review – A formal review of patient utilization  
4 or of the appropriateness of health care services, on a  
5 prospective, concurrent, or retrospective basis.

6 Sec. 3. Section 5 of Republic Act No. 7875, as amended, is hereby amended to  
7 read as follows:

8 Section 5. Establishment and Purposes. — There is hereby  
9 created the National Health Insurance Program which shall  
10 provide health insurance coverage and ensure affordable,  
11 acceptable, available and accessible health care services for all  
12 citizens of the Philippines, in accordance with the policies and  
13 specific provisions of this Act. This social insurance program shall  
14 serve as the means for the healthy to help pay for the care of  
15 the sick and for those who can afford medical care to subsidize  
16 those who cannot. It shall initially consist of programs I and II  
17 or Medicare and be expanded progressively to constitute one  
18 universal health insurance program for the entire population.  
19 The Program shall include a sustainable system of funds  
20 constitution, collection, management and disbursement for  
21 financing the availment of a basic minimum package and other  
22 additional packages of health insurance benefits by a  
23 progressively expanding proportion of the population.  
24 **FURTHER, THE PROGRAM SHALL ALSO INCLUDE A**  
25 **RECOGNITION AND INCENTIVIZATION FRAMEWORK TO**  
26 **REWARD LONG-TERM AND SUSTAINED CONTRIBUTORS**  
27 **THROUGH ADDITIONAL BENEFITS, LOYALTY**  
28 **PROGRAMS, AND TRANSFERABLE BENEFITS.** The Program  
29 shall be limited to paying for the utilization of health services by  
30 covered beneficiaries or to purchasing health services in behalf  
31 of such beneficiaries. It shall be prohibited from providing health  
32 care directly, from buying and dispensing drugs and

1           pharmaceuticals, from employing physicians and other  
2           professionals for the purpose of directly rendering care, and from  
3           owning or investing in health care facilities.

4           Sec. 4. Section 7 of Republic Act No. 7875, as amended, is hereby amended to  
5 read as follows:

6           Sec. 7. Enrollment. — The Corporation shall enroll beneficiaries  
7           to avail of benefits under this Act with the assistance of the  
8           financial arrangements provided by the Corporation under the  
9           following categories:

- 10               (a) Members in the formal economy;
- 11               (b) Members in the informal economy;
- 12               (c) Indigents;
- 13               (d) Sponsored members; and
- 14               (e) Lifetime members.

15           The process of enrollment shall include the identification of  
16           beneficiaries, issuance of appropriate documentation specifying  
17           eligibility to benefits **INCLUDING THOSE UNDER SPECIAL**  
18           **PROGRAMS SUCH AS THE PMRP** and indicating how  
19           membership was obtained or is being maintained.

20           Sec. 5. Section 11 of Republic Act No. 7875, as amended, is hereby amended  
21 to read as follows:

22           Sec 11. Excluded Personal Health Services. — The Corporation  
23           shall not cover expenses for health services which the  
24           Corporation and the DOH consider cost-ineffective through  
25           health technology assessment.

26           The Corporation may institute additional exclusions and  
27           limitations as it deems reasonable to maintain protection  
28           objectives and financial sustainability. **SPECIFIC GUIDELINES**  
29           **FOR REDEEMABLE EXCLUDED SERVICES UNDER PMRP**  
30           **SHALL BE ISSUED BY THE CORPORATION IN**  
31           **CONSULTATION WITH THE DOH**

32           Sec. 6. Section 16 of Republic Act No. 7875, as amended, is hereby amended

to read as follows:

Sec. 16. Powers and Functions. — The Corporation shall have the following powers and functions

**xxx xxx xxx**

**(bb) TO ESTABLISH, MANAGE, AND OVERSEE THE PMRP, INCLUDING FORMULATING POLICIES, RULES, AND GUIDELINES FOR ITS OPERATION, ELIGIBILITY CRITERIA, BENEFIT STRUCTURES, AND ADDITIONAL BENEFITS, ENSURING ALIGNMENT WITH PRINCIPLES OF CONTRIBUTION RECOGNITION, HEALTHCARE QUALITY IMPROVEMENT, AND FINANCIAL SUSTAINABILITY.**

**(cc) TO INTEGRATE THE PMRP INTO THE CORPORATION'S INFORMATION SYSTEMS FOR EFFICIENT TRACKING OF MEMBER CONTRIBUTIONS, POINTS, AND BENEFITS REDEMPTION; CONDUCT REGULAR MONITORING AND EVALUATION TO ENSURE ITS SUSTAINABILITY AND ALIGNMENT WITH THE CORPORATION'S OBJECTIVES AND MEMBER NEEDS.**

**(dd) TO CONDUCT TARGETED INFORMATION CAMPAIGNS ABOUT THE PMRP, INCLUDING ITS BENEFITS AND MECHANISMS, AND COLLABORATE WITH GOVERNMENT AGENCIES, LOCAL UNITS, AND STAKEHOLDERS FOR ITS EFFECTIVE IMPLEMENTATION.**

Sec. 7. Section 20 of Republic Act No. 7875, as amended, is hereby amended to read as follows:

Sec. 20. Health Finance Policy Research. — Among the staff departments that will be established by the Corporation shall be the Health Finance Policy Research Department, which shall have the following duties and functions:

**xxx xxx xxx**

c) Review, evaluation, and assessment of the Program's

1 impact on the access to as well as the quality and cost of health  
2 care in the country, **INCLUDING THE ADDITIONAL**  
3 **BENEFITS AND MECHANISMS INTRODUCED UNDER THE**  
4 **PMRP TO ENSURE EQUITY, FINANCIAL**  
5 **SUSTAINABILITY, AND ALIGNMENT WITH PROGRAM**  
6 **OBJECTIVES.**

7 Sec. 8. Section 24 of Republic Act No. 7875, as amended, is hereby amended  
8 to read as follows:

9 Sec. 20. Creation of the National Health Insurance Fund. —  
10 There is hereby created a National Health Insurance Fund,  
11 hereinafter referred to as the Fund, that shall consist of:

- 12 (a) Contribution from Program members;
- 13 (b) Other appropriations earmarked by the national and local  
14 governments purposely for the implementation of the  
15 Program;
- 16 (c) Subsequent appropriations provided for under Sections  
17 46 and 47 of this Act;
- 18 (d) Donations and grants-in-aid;
- 19 (e) All accruals thereof; and
- 20 (f) Funds earmarked for the **PMRP DESIGNATED FOR**  
21 **THE ENHANCEMENT OF PMRP BENEFITS** as may be  
22 determined by the Corporation.

23 Sec. 9. Section 25 of Republic Act No. 7875, as amended, is hereby amended  
24 to read as follows:

25 Sec. 25. Components of the National Health Insurance Fund. —  
26 The National Health Insurance Fund shall have the following  
27 components:

28 **xxx xxx xxx**

29 **(c) PMRP BENEFIT FUND - A SEPARATE AND DISTINCT**  
30 **FUND SHALL BE CREATED TO SUPPORT THE**  
31 **ADDITIONAL BENEFITS UNDER THE PMRP. THIS FUND**  
32 **SHALL BE FINANCED THROUGH THE REGULAR**

**CONTRIBUTIONS FROM ELIGIBLE PMRP MEMBERS,  
GRANTS, DONATIONS, GOVERNMENT ALLOCATIONS  
AND OTHER DESIGNATED SOURCES AS MAY BE DEFINED  
BY THE CORPORATION. IT SHALL COVER ADDITIONAL  
BENEFITS AND REWARDS ACCRUED THROUGH THE  
PMRP, INCLUDING NON-MEDICAL SUPPLEMENTARY  
BENEFITS, AS APPROVED BY THE BOARD.**

Sec. 10. Section 27 of Republic Act No. 7875, as amended, is hereby amended  
to read as follows:

Sec. 27. Reserve Fund. — The Corporation shall set aside a  
portion of its accumulated revenues not needed to meet the cost  
of the current year's expenditures as reserve funds: Provided,  
That the total amount of reserves shall not exceed a ceiling  
equivalent to the amount actuarially estimated for two (2) years'  
projected Program expenditures: Provided, further, That  
whenever actual reserves exceed the required ceiling at the end  
of the Corporation's fiscal year, the excess of the Corporation's  
reserve fund shall be used to increase the Program's benefits,  
decrease the member's contributions, and augment the health  
facilities enhancement program of the DOH.

The remaining portion of the reserve fund that is not needed to  
meet the current expenditure obligations or used for the  
abovementioned programs shall be placed in investments to  
earn an average annual income at prevailing rates of interest  
and shall be known as the 'Investment Reserve Fund' which shall  
be invested in any or all of the following:

- (a) In interest-bearing bonds, securities or other evidences of  
indebtedness of the Government of the Philippines, or in  
bonds, securities, promissory notes, and other evidences  
of indebtedness to which full faith and credit and  
unconditional guarantee of the Republic of the Philippines  
is pledged;



- 1 (b) In debt securities and corporate bond issuances:  
2 Provided, That such securities and bonds are rated triple  
3 'A' by authorized accredited domestic rating agencies:  
4 Provided, further, That the issuing or assuming entity or  
5 its predecessor shall not have defaulted in the payment  
6 of interest on any of its securities and that during each of  
7 any three (3), including the last two (2), of the five (5)  
8 fiscal years next preceding the date of acquisition by the  
9 Corporation of such bonds, securities, or other evidences  
10 of indebtedness, the net earnings of the issuing or  
11 assuming institution available for its recurring expenses,  
12 such as amortization of debt discount and rentals for  
13 leased properties, including interest on funded and  
14 unfunded debt, shall have been not less than one and one  
15 quarter (1 1/4) times the total of the recurring expenses  
16 for such year: Provided, further, That such investment  
17 shall not exceed fifteen percent (15%) of the investment  
18 reserve fund;
- 19 (c) In interest-bearing deposits and loans to or securities in  
20 any domestic bank doing business in the Philippines:  
21 Provided, That in the case of such deposits, this shall not  
22 exceed at any time the unimpaired capital and surplus or  
23 total private deposits of the depository bank, whichever  
24 is smaller: Provided, further, That said bank shall first  
25 have been designated as a depository for this purpose by  
26 the Monetary Board of the Bangko Sentral ng Pilipinas;
- 27 (d) In preferred stocks of any solvent corporation or  
28 institution created or existing under the laws of the  
29 Philippines: Provided, That the issuing, assuming, or  
30 guaranteeing entity or its predecessor has paid regular  
31 dividends upon its preferred or guaranteed stocks for a  
32 period of at least three (3) years immediately preceding

1 the date of investment in such preferred or guaranteed  
2 stocks: Provided, further, That if the stocks are  
3 guaranteed, the amount of stocks so guaranteed is not in  
4 excess of fifty percent (50%) of the amount of the  
5 preferred common stocks, as the case may be, of the  
6 issuing corporation: Provided, furthermore, That if the  
7 corporation or institution has not paid dividends upon its  
8 preferred stocks, the corporation or institution has  
9 sufficient retained earnings to declare dividends for at  
10 least two (2) years on such preferred stocks and in  
11 common stocks of any solvent corporation or institution  
12 created or existing under the laws of the Philippines in the  
13 stock exchange with a proven track record of profitability  
14 and payment of dividends over the last three (3) years;  
15 and;

- 16 (e) In bonds, securities, promissory notes, or other evidences  
17 of indebtedness of accredited and financially sound  
18 medical institutions exclusively to finance the  
19 construction, improvement, and maintenance of hospitals  
20 and other medical facilities: Provided, That such securities  
21 and instruments are backed up by the guarantee of the  
22 Republic of the Philippines or the issuing medical  
23 institution and the issued securities and bonds are both  
24 rated triple 'A' by authorized accredited domestic rating  
25 agencies: Provided, further, That said investments shall  
26 not exceed ten percent (10%) of the total investment  
27 reserve fund.

28 As part of its investments operations, the Corporation may hire  
29 institutions with valid trust licenses as its external local fund  
30 managers to manage the investment reserve fund, as it may  
31 deem appropriate, through public bidding. The fund managers  
32 shall submit annual reports on investment performance to the

Corporation.

The Corporation shall set up the following funds: (1) A fund to secure benefit payouts to members prior to their becoming lifetime members; (2) A fund to secure payouts to lifetime members; and (3) A fund for any optional supplemental benefits that are subject to additional contributions. **AND (4) A FUND TO SUPPORT THE PMRP, INCLUDING LOYALTY-BASED BENEFITS AND ADDITIONAL COVERAGE FOR LONG-TERM CONTRIBUTORS, SUBJECT TO ACTUARIAL ANALYSIS AND APPROVED CRITERIA TO ENSURE FINANCIAL SUSTAINABILITY.**

A portion of each of the above funds shall be identified as current and kept in liquid instruments. In no case shall said portion be considered part of invested assets.

Another portion of the said funds shall be allocated for lifetime members within six (6) months after the effectivity of this Act. Said amount shall be determined by an actuary or pre-calculated based on the most recent valuation of liabilities.

The Corporation shall allocate a portion of all contributions to the fund for lifetime members based on an allocation to be determined by the PHIC actuary based on a pre-determined percentage using the current average age of members and the current life expectancy and morbidity curve of Filipinos.

The Corporation shall manage the supplemental benefits and the lifetime members' fund in an actuarially sound manner.

The Corporation shall manage the supplemental benefits fund to the minimum required to ensure that the supplemental benefit payments are secure.

Sec. 11. Section 34 of Republic Act No. 7875, as amended, is hereby amended to read as follows:

Sec. 34 Provider Payment Mechanisms. — The following mechanisms for public and private providers shall be allowed in

the Program:

- (a) Fee-for-service payments — payments made by the Corporation for professional fees or hospital charges, or both, based on arrangements with health care providers. This fee shall be based on a schedule to be established by the Board which shall be reviewed periodically but not less than every three (3) years;
- (b) Capitation of health care professionals and facilities, or networks of the same including HMOs, medical cooperatives, and other legally formed health service groups;
- (c) Case-based payment;
- (d) Global budget; and
- (e) Such other provider payment mechanisms that may be determined and adopted by the Corporation.

**PAYMENT MECHANISMS SHALL ALSO ACCOUNT FOR THE DELIVERY OF ADDITIONAL BENEFITS UNDER THE PMRP, INCLUDING REIMBURSEMENTS OR INCENTIVES FOR SERVICES RENDERED TO PMRP PARTICIPANTS, SUBJECT TO GUIDELINES SET BY THE BOARD.**

Subject to the approval of the Board, the Corporation may adopt other payment mechanism that are most beneficial to the members and the Corporation.

Each PhilHealth local office shall recommend the appropriate payment mechanism within its jurisdiction for approval by the Corporation. Special consideration shall be given to payment for services rendered by public and private health care providers serving remote or medically underserved areas. **SPECIAL CONSIDERATION SHALL ALSO BE GIVEN TO PAYMENT FOR ADDITIONAL SERVICES OFFERED UNDER THE PMRP IN REMOTE OR MEDICALLY UNDERSERVED AREAS.**

1           Sec. 12. Section 35 of Republic Act No. 7875, as amended, is hereby amended  
2 to read as follows:

3           **Sec. 35.** Reimbursement and Period to File Claims. — All claims  
4 for reimbursement or payment for services rendered shall be  
5 filed within a period of sixty (60) calendar days from the date of  
6 discharge of the patient from the health care provider.

7           The period to file the claim may be extended for such reasonable  
8 causes determined by the Corporation.

9           **TO ADDRESS DELAYS IN PAYMENT AND ENSURE THE**  
10 **SUSTAINABILITY OF MEDICAL SERVICES, THE**  
11 **CORPORATION SHALL PROCESS AND RELEASE VALID**  
12 **CLAIMS, INCLUDING THOSE FILED UNDER THE**  
13 **PMRP, WITHIN A MAXIMUM PERIOD OF SIXTY (60)**  
14 **WORKING DAYS FROM THE RECEIPT OF COMPLETE**  
15 **CLAIM DOCUMENTS. FAILURE TO MEET THIS TIMELINE**  
16 **WITHOUT JUSTIFIABLE REASONS SHALL INCUR**  
17 **INTEREST PAYMENTS TO THE AFFECTED HEALTH CARE**  
18 **PROVIDERS, AS DETERMINED BY THE BOARD. THE**  
19 **CORPORATION SHALL IMPLEMENT A DIGITALIZED**  
20 **SYSTEM TO MONITOR, TRACK, AND EXPEDITE THE**  
21 **RESOLUTION OF PAYMENT DELAYS EFFICIENTLY.**

22           Sec. 13. A new ARTICLE IX shall be established covering Sections 39 to Section  
23 48 are as follows:

24           **ARTICLE IX: PHILHEALTH MEMBER RECOGNITION**  
25 **PROGRAM**

26           **Sec. 39. ESTABLISHMENT OF THE PMRP. – THE PMRP IS**  
27 **HEREBY ESTABLISHED TO ACKNOWLEDGE AND**  
28 **REWARD LONG-TERM AND CONSISTENT**  
29 **CONTRIBUTORS TO THE NHIP. THE PROGRAM SHALL**  
30 **OPERATE AS AN ADDITIONAL AND COMPLEMENTARY**  
31 **COMPONENT TO THE NHIP, PROVIDING PAYMENT FOR**  
32 **CO-CONTRIBUTIONS, INCENTIVES AND ADDITIONAL**

**BENEFITS TO FOSTER EQUITY, LOYALTY, AND MEMBER ENGAGEMENT.**

- (a) Sec. 40. OBJECTIVES. - THE PMRP SHALL HAVE THE FOLLOWING OBJECTIVES:**
- TO RECOGNIZE AND REWARD CONSISTENT AND SUSTAINED CONTRIBUTIONS BY LONG-TERM MEMBERS;**
- (b) TO PROVIDE EQUITABLE AND ADDITIONAL BENEFITS THAT ENHANCE THE VALUE OF PHILHEALTH MEMBERSHIP;**
- (c) TO INCENTIVIZE PREVENTIVE HEALTHCARE AND PROACTIVE MEMBER PARTICIPATION;**
- (d) TO STRENGTHEN PUBLIC TRUST IN THE NHIP AND ENCOURAGE MEMBER RETENTION; AND**
- (e) TO ENSURE FINANCIAL SUSTAINABILITY AND ALIGNMENT WITH THE PRINCIPLES OF EQUITY AND UNIVERSALITY.**

**Sec. 41. CORE FEATURES. - THE PMRP SHALL OPERATE UNDER THE FOLLOWING CORE FEATURES:**

- (a) MEMBERS EARN POINTS BASED ON SUSTAINED PREMIUM CONTRIBUTIONS, WITH ADDITIONAL LOYALTY BONUSES AWARDED FOR REACHING CONTINUOUS MEMBERSHIP MILESTONES SUCH AS EVERY FIVE YEARS OR OTHER PERIODS AS MAY BE IDENTIFIED BY THE CORPORATION.**
- (b) POINTS MAY BE REDEEMED FOR:**
- (1) COVERAGE OF OUT-OF-POCKET EXPENSES NOT INCLUDED IN CASE RATE COVERAGE;**
- (2) ENHANCED MEDICAL ACCOMMODATIONS IN PUBLIC AND PRIVATE FACILITIES BEYOND STANDARD HEALTHCARE PACKAGES;**
- (3) NON-MEDICAL HEALTHCARE-RELATED**

1 EXPENSES, INCLUDING CONSUMABLES OR  
2 DURABLE EQUIPMENT;

3 (4) PREVENTIVE HEALTHCARE INCENTIVES  
4 BEYOND THE STANDARD HEALTHCARE  
5 PACKAGE CURRENTLY PROVIDED BY THE  
6 CORPORATION.

7 **Sec. 42. ELIGIBILITY. – ELIGIBILITY FOR THE PMRP**  
8 **SHALL BE DETERMINED BY THE CORPORATION BASED**  
9 **ON THE FOLLOWING CRITERIA:**

10 (a) SUSTAINED AND CONSISTENT PAYMENT OF  
11 DIRECT CONTRIBUTIONS OVER A DEFINED  
12 PERIOD;

13 (b) COMPLIANCE WITH NHIP RULES AND  
14 REGULATIONS; AND

15 (c) NO OUTSTANDING PENALTIES OR VIOLATIONS  
16 OF NHIP PROVISIONS.

17 **Sec 43. PMRP BENEFIT FUND. – A DEDICATED PMRP**  
18 **BENEFIT FUND SHALL BE ESTABLISHED TO FINANCE**  
19 **SUPPLEMENTARY BENEFITS UNDER THE PROGRAM.**  
20 **THIS FUND SHALL BE SOURCED FROM:**

21 (a) REGULAR CONTRIBUTIONS FROM ELIGIBLE  
22 MEMBERS;

23 (b) ALLOCATIONS FROM PHILHEALTH'S RESERVE  
24 FUND, AS APPROVED BY THE BOARD;

25 (c) DONATIONS, GRANTS, AND OTHER DESIGNATED  
26 SOURCES; AND

27 (d) EARNINGS FROM INVESTMENTS AS ALLOWED  
28 UNDER THE NHIP.

29 **TO ENSURE FINANCIAL SUSTAINABILITY, THE**  
30 **CORPORATION SHALL IMPLEMENT CONTROLS SUCH AS**  
31 **REDEMPTION CAPS, EXPIRY PERIODS, AND TIERED**  
32 **BENEFITS AS MAY DEEMED PROPER BY THE**

**CORPORATION. PERIODIC ACTUARIAL EVALUATIONS SHALL BE CONDUCTED TO ADJUST PROGRAM FEATURES, POINTS ALLOCATION, AND REDEMPTION MECHANISMS BASED ON PERFORMANCE AND ENGAGEMENT.**

**Sec 44. PREVENTIVE HEALTHCARE INCENTIVES. – THE PMRP SHALL PROMOTE PREVENTIVE HEALTHCARE BY AWARDING ADDITIONAL POINTS FOR MEMBERS AVAILING PREVENTIVE SERVICES SUCH AS ANNUAL CHECK-UPS, VACCINATIONS, AND SCREENINGS, WHILE ENCOURAGING HEALTHIER LIFESTYLES TO REDUCE LONG-TERM HEALTHCARE COSTS.**

**Sec 45. DIGITAL INTEGRATION AND ACCESSIBILITY. – A DEDICATED DIGITAL PLATFORM, ACCESSIBLE VIA A MOBILE APP AND WEB PORTAL, SHALL BE DEVELOPED TO FACILITATE PMRP OPERATIONS. THE PLATFORM SHALL ENABLE MEMBERS TO:**

- (a) TRACK THEIR CONTRIBUTIONS, POINTS, AND REDEMPTION HISTORY;**
- (b) REDEEM POINTS FOR ELIGIBLE SERVICES;**
- (c) NOMINATE BENEFICIARIES FOR TRANSFERABLE POINTS.**

**Sec 46. MONITORING AND EVALUATION. - THE CORPORATION SHALL CONDUCT REGULAR MONITORING AND EVALUATION OF THE PMRP TO ENSURE:**

- (a) ALIGNMENT WITH THE OBJECTIVES OF THE NHIP;**
- (b) FINANCIAL SUSTAINABILITY AND EQUITY IN BENEFIT DISTRIBUTION;**
- (c) RESPONSIVENESS TO THE NEEDS OF LONG-TERM CONTRIBUTORS; AND**
- (d) TRANSPARENCY AND ACCOUNTABILITY IN**



**PROGRAM OPERATIONS.**

**REPORTS ON THE PERFORMANCE AND IMPACT OF THE PMRP SHALL BE SUBMITTED ANNUALLY TO THE BOARD AND MADE AVAILABLE TO THE PUBLIC. THE CORPORATION SHALL ESTABLISH MECHANISMS TO GATHER AND INCORPORATE FEEDBACK FROM MEMBERS AND STAKEHOLDERS, ENSURING CONTINUOUS IMPROVEMENT AND ALIGNMENT OF THE PROGRAM WITH MEMBER NEEDS AND EXPECTATIONS.**

**Sec 47. PARTNERSHIPS AND INTEGRATION. – THE CORPORATION MAY PARTNER WITH ACCREDITED HOSPITALS, CLINICS, PHARMACIES, AND OTHER HEALTHCARE PROVIDERS TO FACILITATE SEAMLESS REDEMPTION OF PMRP BENEFITS. ADDITIONAL PARTNERSHIPS WITH PRIVATE AND PUBLIC ENTITIES MAY BE PURSUED TO ENHANCE THE PROGRAM’S SCOPE AND SUSTAINABILITY PARTICULARLY IN UNDERSERVED AREAS.**

**Sec 48. PROGRAM REVIEW AND POTENTIAL EXPANSION TO INDIRECT CONTRIBUTORS. – FIVE (5) YEARS AFTER THE IMPLEMENTATION OF THE PMRP, THE PHILHEALTH, IN COORDINATION WITH THE DEPARTMENT OF HEALTH (DOH) AND THE DEPARTMENT OF FINANCE (DOF), SHALL CONDUCT A COMPREHENSIVE REVIEW OF THE PROGRAM. THIS REVIEW SHALL INCLUDE AN ACTUARIAL ANALYSIS OF THE PROGRAM’S FINANCIAL SUSTAINABILITY, IMPACT ON THE NHIF, AND BENEFITS DELIVERED TO DIRECT CONTRIBUTORS.**

**BASED ON THE FINDINGS OF THIS REVIEW, PHILHEALTH, IN CONSULTATION WITH THE DOH AND DOF, MAY CONSIDER THE FEASIBILITY OF EXTENDING SIMILAR SUPPLEMENTARY BENEFITS UNDER THE PMRP**

1 TO INDIRECT CONTRIBUTORS, SUBJECT TO THE  
2 FINANCIAL HEALTH OF THE CORPORATION AND OTHER  
3 RELEVANT CONSIDERATIONS.

4 THE FINDINGS AND RECOMMENDATIONS OF THIS  
5 REVIEW SHALL BE SUBMITTED TO CONGRESS FOR  
6 LEGISLATIVE ACTION, ENSURING THAT ANY  
7 EXPANSION ALIGNS WITH THE PRINCIPLES OF EQUITY,  
8 INCLUSIVITY, AND SUSTAINABILITY UNDER THE NHIP.

9 **Sec. 49. IMPLEMENTATION GUIDELINES. - THE**  
10 **CORPORATION SHALL ISSUE THE NECESSARY**  
11 **GUIDELINES FOR THE IMPLEMENTATION OF THE PMRP**  
12 **WITHIN SIX (6) MONTHS FROM THE EFFECTIVITY OF**  
13 **THIS ACT, WHICH WILL COVER:**

- 14 (a) DETAILED RULES ON POINTS ACCUMULATION,  
15 REDEMPTION, AND TRANSFER;
- 16 (b) SPECIFIC SUPPLEMENTARY BENEFITS AND  
17 SERVICES COVERED;
- 18 (c) MECHANISMS FOR INTEGRATING PMRP  
19 OPERATIONS INTO EXISTING NHIP SYSTEMS;
- 20 (d) COMMUNICATION AND INFORMATION  
21 CAMPAIGNS TO EDUCATE MEMBERS ABOUT THE  
22 PROGRAM;
- 23 (e) RULES ON RETROACTIVITY RECOGNITION OF  
24 POINTS; AND
- 25 (f) EQUITABLE MECHANISMS TO ENSURE  
26 UNIFORMITY IN THE POINTS SYSTEM ACROSS  
27 ALL GEOGRAPHICAL AREAS, WITH STANDARDS  
28 THAT PROMOTE FAIRNESS, INCLUSIVITY, AND  
29 ACCESSIBILITY FOR ALL MEMBERS.

30 THE FULL IMPLEMENTATION OF THE PROGRAM SHALL  
31 BE COMPLETED WITHIN TWELVE MONTHS FROM THE  
32 DATE THE GUIDELINES ARE ISSUED.

1           **SEC. 50. RETROACTIVE RECOGNITION OF**  
2           **CONTRIBUTIONS FOR THE PMRP. - TO ACKNOWLEDGE**  
3           **THE SUSTAINED CONTRIBUTIONS OF EXISTING**  
4           **PHILHEALTH MEMBERS PRIOR TO THE**  
5           **IMPLEMENTATION OF THE PMRP, THE CORPORATION**  
6           **SHALL APPLY THE FOLLOWING GUIDELINES FOR**  
7           **RETROACTIVE RECOGNITION:**

8           **1. ELIGIBILITY FOR RETROACTIVE RECOGNITION:**

9                   **A. ALL DIRECT CONTRIBUTORS WHO ARE**  
10                   **ACTIVE MEMBERS AT THE TIME OF THE**  
11                   **PROGRAM'S IMPLEMENTATION SHALL BE**  
12                   **ELIGIBLE FOR RETROACTIVE**  
13                   **RECOGNITION.**

14                   **B. RETROACTIVE RECOGNITION SHALL**  
15                   **CONSIDER THE MEMBER'S PAID**  
16                   **CONTRIBUTIONS WITHIN THE TEN (10)**  
17                   **YEARS PRECEDING THE EFFECTIVITY OF**  
18                   **THIS ACT OR THE COMMENCEMENT OF**  
19                   **THEIR MEMBERSHIP, WHICHEVER IS**  
20                   **SHORTER.**

21           **2. POINTS ALLOCATION FOR RETROACTIVE**  
22           **CONTRIBUTIONS:**

23                   **A. MEMBERS SHALL EARN POINTS FOR EACH**  
24                   **MONTH OF CONTRIBUTIONS PAID DURING**  
25                   **THE RETROACTIVE PERIOD.**

26                   **B. LOYALTY BONUSES FOR CONTINUOUS**  
27                   **CONTRIBUTIONS SHALL ALSO APPLY**  
28                   **RETROACTIVELY, SUBJECT TO THE SAME**  
29                   **THRESHOLDS AND MULTIPLIERS**  
30                   **ESTABLISHED UNDER THE PMRP RULES.**

31           **3. VERIFICATION OF CONTRIBUTIONS:**

32                   **A. PHILHEALTH SHALL CONDUCT A**

1                   **VALIDATION OF CONTRIBUTIONS BASED**  
2                   **ON EXISTING RECORDS.**

3                   **B. MEMBERS WITH INCOMPLETE RECORDS**  
4                   **MAY SUBMIT SUPPORTING DOCUMENTS TO**  
5                   **VALIDATE THEIR CONTRIBUTIONS,**  
6                   **SUBJECT TO GUIDELINES SET BY THE**  
7                   **CORPORATION.**

8                   **4. TIMELINE FOR RETROACTIVE ALLOCATION:**

9                   **A. RETROACTIVE POINTS SHALL BE CREDITED**  
10                  **TO ELIGIBLE MEMBERS' ACCOUNTS WITHIN**  
11                  **ONE (1) YEAR FROM THE IMPLEMENTATION**  
12                  **OF THE PMRP.**

13                  **B. PHILHEALTH SHALL NOTIFY MEMBERS OF**  
14                  **THEIR RETROACTIVE POINTS AND**  
15                  **BENEFITS THROUGH OFFICIAL**  
16                  **COMMUNICATION CHANNELS, INCLUDING**  
17                  **DIGITAL PLATFORMS.**

18                  **5. LIMITATIONS ON RETROACTIVE BENEFITS:**

19                  **A. RETROACTIVE POINTS SHALL ONLY BE**  
20                  **REDEEMABLE FOR SUPPLEMENTARY**  
21                  **BENEFITS UNDER THE PMRP AND SHALL**  
22                  **NOT ENTITLE MEMBERS TO MONETARY**  
23                  **REIMBURSEMENT FOR PAST MEDICAL**  
24                  **EXPENSES.**

25                  **B. POINTS ACCUMULATED RETROACTIVELY**  
26                  **SHALL BE SUBJECT TO THE SAME**  
27                  **REDEMPTION CAPS AND GUIDELINES AS**  
28                  **THOSE EARNED PROSPECTIVELY.**

29                  Sec. 14. - The article on Grievance and Appeal shall now be renumbered as  
30                  **ARTICLE X**, Penalties as **ARTICLE XI**, Appropriations as **ARTICLE XII**, and  
31                  Transitory Provisions as **ARTICLE XIII**, with the corresponding sections under each  
32                  article adjusted accordingly.

Sec. 15. Section 40 of Republic Act No. 7875, as amended, is hereby amended to read as follows:

**Sec. 40 52. Grounds for Grievances. —** The following acts shall constitute valid grounds for grievance action:

**XXX XXX XXX**

**(F) ERRORS, DELAYS, OR DISPUTES IN THE CALCULATION, ALLOCATION, OR REDEMPTION OF POINTS AND SUPPLEMENTARY BENEFITS UNDER THE PMRP.**

Sec. 16. Section 41 of Republic Act No. 7875, as amended, is hereby amended to read as follows:

**Sec. 41 53. Grievance and Appeal Procedures.** — A member, a dependent, or a health care provider may file a complaint for grievance based on any of the above grounds, in accordance with the following procedures:

**(a) A complaint for grievance, INCLUDING THOSE RELATED TO THE PMRP, MUST BE FILED WITH THE CORPORATION,** which shall refer such complaint to the Grievance and Appeal Review Committee. The Grievance and Appeal Review Committee shall rule on the complaint through a notice of resolution within sixty (60) calendar days from receipt thereof.

XXX XXX XXX

Sec. 17. Section 44 of Republic Act No. 7875, as amended, is hereby amended to read as follows:

Sec. 44 56. Penal Provisions. — Any violation of the provisions of this Act, after due notice and hearing, shall suffer the following penalties:

XXX XXX XXX

**(e) VIOLATIONS RELATED TO THE PMRP. – ANY MEMBER, HEALTHCARE PROVIDER, OR THIRD-PARTY PARTNER WHO COMMITS FRAUD,**

1 MISREPRESENTATION, OR UNAUTHORIZED  
2 REDEMPTION OF POINTS UNDER THE PMRP SHALL BE  
3 PUNISHED WITH A FINE OF NOT LESS THAN FIVE  
4 THOUSAND PESOS (P5,000.00) BUT NOT MORE THAN  
5 FIFTY THOUSAND PESOS (P50,000.00) OR SUSPENSION  
6 FROM PARTICIPATION IN THE PMRP FOR NOT LESS  
7 THAN SIX (6) MONTHS BUT NOT MORE THAN ONE (1)  
8 YEAR, OR BOTH, AT THE DISCRETION OF THE  
9 CORPORATION. REPEAT OFFENDERS MAY BE  
10 PERMANENTLY BARRED FROM PARTICIPATING IN THE  
11 PMRP."

12 XXX XXX XXX

13 Sec. 18. Section 55 of Republic Act No. 7875, as amended, is hereby amended  
14 to read as follows:

15 SECTION 55 67. Information Campaign. — ~~There shall be~~  
16 ~~provided a substantial period of time to undertake an intensive~~  
17 ~~public information campaign prior to the implementation of the~~  
18 ~~rules and regulations of this Act.~~ **THE CORPORATION SHALL**  
19 **DEVELOP AND IMPLEMENT AN EXTENSIVE AND**  
20 **EFFECTIVE INFORMATION CAMPAIGN TO EDUCATE THE**  
21 **PUBLIC ON ALL PROGRAMS, SERVICES, AND BENEFITS**  
22 **PROVIDED BY PHILHEALTH, INCLUDING BUT NOT**  
23 **LIMITED TO THE NHIP AND THE PMRP. THIS CAMPAIGN**  
24 **SHALL UTILIZE A WIDE RANGE OF COMMUNICATION**  
25 **PLATFORMS, INCLUDING TRADITIONAL MEDIA SUCH**  
26 **AS TELEVISION, RADIO, AND PRINT; DIGITAL**  
27 **PLATFORMS INCLUDING SOCIAL MEDIA, MOBILE**  
28 **APPLICATIONS, AND THE OFFICIAL PHILHEALTH**  
29 **WEBSITE; AND ONSITE EFFORTS AT PARTNER HEALTH**  
30 **FACILITIES, LOCAL GOVERNMENT UNITS, AND**  
31 **COMMUNITY CENTERS.**  
32 **PARTNER HEALTH FACILITIES SHALL ACTIVELY**

1           **PARTICIPATE BY DISSEMINATING PROMOTIONAL**  
2           **MATERIALS, TRAINING PERSONNEL ON PHILHEALTH**  
3           **PROGRAMS, AND PROVIDING FEEDBACK MECHANISMS**  
4           **FOR MEMBER CONCERNS. THE CAMPAIGN SHALL**  
5           **PRIORITIZE INCLUSIVITY BY TRANSLATING**  
6           **MATERIALS INTO LOCAL DIALECTS, ENSURING**  
7           **ACCESSIBILITY FOR PERSONS WITH DISABILITIES,**  
8           **AND COLLABORATING WITH LOCAL GOVERNMENT**  
9           **UNITS AND NON-GOVERNMENTAL ORGANIZATIONS TO**  
10          **REACH UNDERSERVED COMMUNITIES.**

11          **A DEDICATED EFFORT SHALL BE MADE FOR THE PMRP,**  
12          **FOCUSING ON EDUCATING MEMBERS ABOUT POINTS**  
13          **ACCUMULATION, REDEMPTION MECHANISMS, AND**  
14          **ELIGIBLE BENEFITS, AS WELL AS PROMOTING**  
15          **PREVENTIVE HEALTHCARE INCENTIVES.**

16          Sec 19. Separability Clause. — If any part or provision of this Act is held  
17          unconstitutional or invalid, other provisions which are not affected thereby shall  
18          continue to be in full force and effect.

19          Sec. 20. Repealing Clause. — All laws, issuances, or parts thereof inconsistent  
20          with this Act are hereby repealed or modified accordingly.

21          Sec 21. Effectivity. — This Act shall take effect fifteen (15) days after its  
22          publication in the Official Gazette or in at least two (2) newspapers of general  
23          circulation.

            Approved,