UNIVERSAL HEALTH CARE ACT
FREQUENTLY ASKED QUESTIONS
MASTER GUIDE

GENERAL

1. **What is Universal Health Care?**
   UHC means all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk. President Duterte signed R.A. 11223 or the Universal Health Care Act into law last February 20, 2019. The UHC Act contains comprehensive and progressive reforms that will ensure every Filipino is healthy, protected from health hazards and risks, and has access to affordable, quality, and readily available health service that is suitable to their needs.

2. **Who will benefit from the UHC Act?**
   All Filipinos will benefit from the UHC Act. The government will ensure that the wellbeing and health needs of all Filipinos, especially those of the vulnerable population, will be addressed.

3. **How will the UHC Act ensure that every Filipino has access to quality and affordable health care?**
   Every Filipino should be able to access preventive, promotive, curative, rehabilitative, and palliative health services. The UHC Act will improve and strengthen existing health sector processes and systems by highlighting primary care close to families and communities, supported by hospitals that are contracted as part of a network, and making PhilHealth membership automatic for every Filipino. This will eventually lead to the establishment of better networks of providers and facilities, making health accessible for all.

4. **Will all health services be free through UHC?**
   One of the goals of the UHC Act is to decrease the out-of-pocket expenses of families. This means that some health services may become more affordable, but not everything will be free. At the very least, the prices of health goods and services will be predictable and affordable.

   Depending on the available budget, such as additional revenue from tobacco, alcohol, and sugar-sweetened beverage taxes, and the value-based decisions of health technology assessment, DOH and PhilHealth will design benefits for this.

5. **What do you mean by a primary care-focused health system?**

   In a primary care-focused health system, the frontline of health services will be strengthened so that every Filipino will have a trusted primary care provider. The primary care provider

will be the initial and continuing point-of-contact of patients/clients with the health system. He/She will provide the needed basic health services. If higher-level health services are needed, the primary care provider will navigate patients/clients to a health care provider that can give the appropriate care. By providing clinical leadership and guidance, hospitals may influence the design of these primary care services while allowing them to focus on more complicated cases.

6. **When will the UHC Act be operationalized?**
   The IRR is expected to be approved by September 2019. Initially, there are 33 advanced implementation sites preparing for the roll-out of UHC in 2020, to be followed by two more batches of implementation sites to cover the country in the subsequent years.

7. **What should provinces/HUCs/ICCs that are not AI Sites do to enact the UHC Act?**

   LGUs that are not AI Sites may take the initiative to implement the various provisions of the UHC Act as they deem necessary. Further, they are encouraged to join the succeeding batches of AI Sites in order for DOH and PHIC to provide them the appropriate support in integrating their health systems.

FINANCING

1. **Are all Filipinos members of PhilHealth? Do families still need to register/enlist with PhilHealth?**
   All Filipinos are now members of PhilHealth. Families who are not yet registered/enlisted with PhilHealth will be assisted by their health care provider with the next steps.

2. **Is the PhilHealth ID required in availing benefits?**
   No. A Philhealth identification card is not required to avail of any health services.

3. **Do we need to pay contributions to PhilHealth?**
   Under the UHC Act, **Direct Contributors** are those who have the capacity to pay premiums, such as employees, self-earning, professional practitioners, migrant workers, including their qualified dependents, and lifetime members. They will have to pay PhilHealth contributions.

   All others not mentioned above are considered as **Indirect Contributors.** They include indigents identified by the DSWD, beneficiaries of the Conditional Cash Transfer Program, and those identified in special groups, such as senior citizens, persons with disabilities, and Sangguniang Kabataan officers. Their monthly payment in PhilHealth are covered by the national government.

4. **What will happen if a direct contributor fails to pay monthly premium to PhilHealth?**
   A direct contributor who failed to pay premiums can still avail of PhilHealth. However, he/she will have to pay missed contributions with an interest compounded monthly.

   The interest penalty for employers will not be less than 3%; the interest penalty for self-earning, professional practitioners and migrant workers will not be less than 1.5%.
5. **Will the PhilHealth premium contribution increase?**
   Over the next five years, PhilHealth will gradually increase premium rates for direct contributors, while providing corresponding increase in benefits. Direct contributors will have to pay the premium according to the following rates:

Year	Premium Rate	Income Floor	Income Ceiling
2019	2.75%	P10,000.00	P50,000.00
2020	3.00%	P10,000.00	P60,000.00
2021	3.50%	P10,000.00	P70,000.00
2022	4.00%	P10,000.00	P80,000.00
2023	4.50%	P10,000.00	P90,000.00
2024	5.00%	P10,000.00	P100,000.00
2025	5.00%	P10,000.00	P100,000.00

   To illustrate, in 2019, a direct contributor who earns less than P10,000.00 per month will pay P275.00 PhilHealth premium per month (for those who are formally employed, this will be split between the employer and employee). Those earning between P10,000.00 and P50,000.00 per month will have 2.75% of their earnings paid as PhilHealth premium per month (with similar sharing between employer and employee). Those earning above P50,000.00 per month will pay P1,375.00 premium per month (with similar sharing between employer and employee).

6. **How do we define population-based and individual-based services?**
   Individual-based health services refer to services which can be accessed within a health facility or that can be definitively traced back to one (1) recipient. Population-based health services refer to interventions which have population groups as recipient, e.g. health promotion, disease surveillance and vector control.

7. **Why is there a need to distinguish services into population-based and individual-based?**
   Population-based and individual-based health services require different financing mechanisms. To avoid overlap and increase efficiency, financing roles must be clearly

delineated. In addition, population-based and individual-based health services are divided in such a way that ensures accountability of assigned agencies.

8. **How will the province-wide and city-wide health systems ensure the financing of health services?**

   Province-wide and city-wide health systems will pool and manage the various sources of funding for health, such as DOH assistance, PhilHealth payments, donations, etc., in a Special Health Fund (SHF). The SHF can be used to finance both population-based and individual-based health services, health system operating costs, capital investments and remuneration of additional health workers and incentives for all health workers.

9. **Is PhilHealth a Health Maintenance Organization (HMO)?**

   No. PhilHealth is a social health insurance agency. It is neither a health maintenance organization nor a private health insurance firm.

10. **What is the role of private sector financing agents in financing health services under the UHC Act?**

    Under the Act, private sector financing agents such as HMOs and private health insurance will offer complementary (offering benefits that cover services or diagnostic-groups that PhilHealth is unable to) or supplementary (offering benefits that pay for shares of the hospital bill that PhilHealth is unable to) benefit packages to patients.

11. **What are the sources of funds for health financing under the UHC Act?**

    Here are the fund sources that can be tapped to finance the implementation of the UHC Act:

    a. Increasing revenues from tobacco, alcohol, sugar-sweetened beverages taxes
    b. Funds from Philippine Charity Sweepstakes Office (PCSO), Philippine Amusement and Gaming Corporation (PAGCOR), and Department of Health Medical Assistance Program (DOH MAP), etc.
    c. Annual appropriations of the DOH
    d. Proposed increased premium rates and collection efficiency in Philhealth
    e. Supplemental funding

SERVICE DELIVERY AND LOCAL HEALTH SYSTEMS

1. **How will the UHC Act assure better service delivery especially in hard-to-reach (GIDA) areas?**

   Under the UHC Act, the government will prioritize investments on health services, infrastructures, and human resources in hard-to-reach areas. The list of the hard-to-reach areas will be annually updated as this will become the basis for preferential licensing of health facilities and contracting of health services (Sec. 29a).

2. **What does "essential health benefit package" mean?**

Essential health benefit package refers to a set of individual-based entitlements covered by the PhilHealth which includes primary care; medicines, diagnostic and laboratory; and promotive, preventive, curative, and rehabilitative services (Sec. 4i).

3. **What is a health care provider network (HCPN)? What is the difference between the health care provider network (HCPN) and province-wide or city-wide health system (P/CWHS)?**
   The health care provider network (HCPN) refers to a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care within the network (Sec.4l).

   The province or city-wide health system, on the other hand, refers to the organization of people, institutions, and resources accountable for the delivery, management, and financing of health services to meet the health and health-related needs of the population within the jurisdictional boundaries of the province/city. Municipal and component city health systems shall comprise the province-wide health system while HUCs and ICCs shall have independent city-wide health systems (Sec. 19). A province/city-wide health system may form part of or encompass more than one health care provider network, depending on its land area, population, or service capacity.

4. **As a current patient of a specialist, am I required to go to a primary care provider?**
   You may still retain your specialist doctor, but after he/she is able to treat you, you must be referred back to a primary care provider. A specialist can be certified as a primary care provider provided that he/she must receive a certification in primary care as determined by the Department of Health.

   However during emergencies, you can consult directly with any physician (generalist or specialist) most accessible in your area.

5. **Are government physicians automatically considered as primary care providers?**
   Government physicians can be certified primary care providers. The DOH will prepare a mechanism to recognize and certify the abilities of government physicians to deliver primary care.

6. **How will individual providers (e.g. professionals) be engaged in the health care provider networks?**
   Individual providers must agree to come together and formalize a network arrangement by way of a legal instrument, such as incorporation or partnership. PhilHealth will then contract these patient-centered health care provider networks with legal identity. Clinics, diagnostic labs and drug outlets, along with hospitals need to work together, whether public or private,

to deliver effective and efficient care. Various mechanisms for partnership may then be explored.

7. **How will health promotion and preventive services be prioritized?**
   Section 30 of the UHC Act is about health promotion. The existing Health Promotion and Communication Service of DOH will be transformed and strengthened into a Health Promotion Bureau with an adequate budget to improve health literacy and mainstream health promotion and protection.

   The schools under the supervision of the Department of Education (DepEd) shall formulate programs and modules on health literacy and rights to be integrated into the existing school curricula. This will intensify the fight against the spread of communicable diseases and increase in prevalence of non-communicable diseases through the effective promotion of healthy lifestyle among students, including but not limited to, physical activity, proper nutrition, and prevention of smoking and alcohol consumption.

   Furthermore, the LGUs shall enact stricter ordinances that strengthen and broaden existing health policies and implement effective programs. This will promote health literacy and healthy lifestyle among their constituencies to advance population health and individual wellbeing, reduce the prevalence of non-communicable diseases and their risk factors, particularly tobacco and alcohol use, lower the incidence of new infectious diseases, address mental health issues and improve health indicators.

HUMAN RESOURCES FOR HEALTH

1. **How will the UHC Act comprehensively address issues of Human Resources for Health?**
   The following mechanisms will ensure that there will be enough human resources in the different levels of the health sector:
   a) National Health Resource Master Plan
   b) National Health Workforce Support System
   c) Scholarship and Training Program
   d) Return Service Agreement

2. **Will doctors, nurses, midwives and others under the DOH Deployment Program be hired under plantilla position?**
   Under the UHC Act, all health professionals and health care workers will be guaranteed permanent employment and competitive salaries (Chapter VI, Section 23). Mechanisms and processes of this provision are being discussed with the Department of Budget and Management in so far as public sector health workers are concerned.

REGULATION

1. **Will there be reductions in the types of benefits that are currently being given by PhilHealth?**
   There will be no reductions in the currently implemented benefit packages under PhilHealth. However, under the UHC Act, the benefit development process will now undergo Health Technology Assessment to ensure that interventions funded by Philhealth are cost-effective.

2. **What is the purpose of accreditation under the UHC Act?**
   Accreditation will follow a rating system to acknowledge better service quality, efficiency and equity. PhilHealth shall recognize third party accreditation mechanisms and may use these as basis for granting incentives (Sec. 27a). This is different from contracting which is a function of service delivery.

3. **Does the UHC Act set maximum retail prices for drugs sold to the public?**
   Under the UHC Act, DOH is mandated to prescribe mark-ups on drugs and medical devices sold in DOH owned healthcare facilities. However, PHIC may also use the mark-ups prescribed by the DOH for other health facilities it contracts, whether public or private.

4. **Are pharmacies or drug outlets required to have generic medicines available at all times?**
   Yes. All drugs are required to carry and offer to the public generic drug equivalent of all drugs in accordance to the existing laws- the Generics Act of 1988 and the Cheaper Medicines Act of 2008. Under the UHC act, this was further strengthened, mandating drug outlets to carry generics, particularly fair priced unbranded generics for all drugs addressing the common diseases in the community as contained in the Primary Care Formulary.

GOVERNANCE

1. **Why should health promotion be mainstreamed?**
   We always say that an ounce of prevention is better than a pound of cure. In practical terms, the cost of instituting health promotion and prevention is less than the cost of paying for treatment and hospitalization. There are several health interventions that can be done at the level of families and communities, even before the patient contacts the health system. Health promotion will empower and capacitate Filipinos on how to take charge of their own health.

2. **What does UHC Act provide in terms of health information systems?**
   Health service providers and insurers are mandated to maintain a health information system consisting of enterprise resource planning, human resource information, electronic health records, and electronic prescription log subject to relevant provisions of Data Privacy Act of 2012 (Sec. 36).

3. **What is Health Technology Assessment (HTA)?**

   HTA refers to the systematic evaluation of health interventions developed to solve a health problem and improve quality of lives and health outcomes. It uses a multidisciplinary process to evaluate the social, economic, organizational and ethical issues of a health intervention or health technology (Sec. 4n).

4. **Why does the health system need HTA?**

   With the growing demand for health care and the limited resources, priority setting is crucial in the health system. HTA will serve as the primary tool in ensuring that health services and goods provided by the government are cost effective.

5. **What is the scope of HTA?**

   HTA will cover drugs, vaccines, medical devices, medical equipment, medical and surgical procedures, preventive, and promotive health services, traditional medicine and other health-related interventions that are seeking coverage or funding in the public sectors (Sec. 4n).

6. **Will HTA determine health conditions to be covered?**

   HTA will not determine conditions to be covered but it will identify interventions that are cost-effective for each condition.

7. **Will the HTA results be recommendatory or binding?**

   HTA results and evidence generated by the researchers are appraised and used by the expert advisory councils to make their recommendations to the Secretary of Health. Only health technologies with a positive recommendation by the HTA council will be adopted by DOH and PhilHealth (Sec. 34a).

8. **What is health impact assessment (HIA)?**

   Health Impact Assessment (HIA) will evaluate policies, programs, and projects that are crucial in attaining better health outcomes or those that may have an impact on the health sector. It is different from HTA.