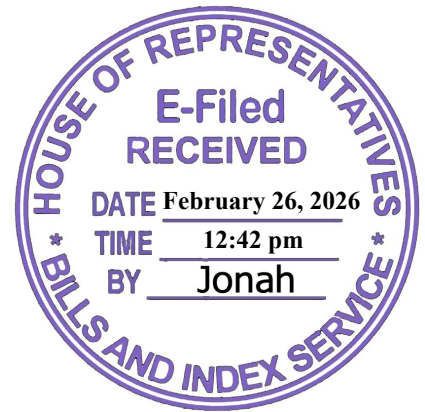


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 8109



Introduced by:

HON. CHRISTOPHERSON “COCO” M. YAP

AN ACT
PROVIDING A ONE-TIME AMNESTY FOR OTHERWISE VALID PHILHEALTH
BENEFIT CLAIMS DENIED SOLELY DUE TO LATE FILING, PRESCRIBING
SAFEGUARDS AGAINST FRAUDULENT CLAIMS, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

PhilHealth was created to help Filipinos get the medical care they need at the lowest possible cost. Yet many valid PhilHealth claims are denied simply because they were filed late, even when the treatment was properly given and clearly covered. These delays are often caused by paperwork issues, system changes, or other practical problems beyond the control of hospitals or patients. When claims are denied for technical reasons alone, hospitals may hesitate to accept PhilHealth patients without advance payment, and ordinary Filipinos end up shouldering costs they should not have to pay.

This bill recognizes that strict deadlines should not defeat the very purpose of health insurance. The Supreme Court has already ruled that claim-filing deadlines are administrative rules, not requirements set by law, and should be applied fairly and flexibly when public welfare is at stake. The Universal Health Care law also makes clear that doubts in implementation must be resolved in favor of patients and that existing benefits should not be reduced. Consistent with these principles, the bill provides a one-time, limited amnesty for valid claims that were denied solely because they were filed late.

By allowing these claims to be paid, while excluding fraudulent or improper claims, the measure helps hospitals stay financially stable and continue serving PhilHealth

members without demanding upfront cash. It protects patients' access to care, restores trust in the system, and ensures that PhilHealth rules serve people, not paperwork. This is a fair, practical solution that upholds the spirit of universal health care.

In view of the foregoing, **ug sa ngalan sa SERBISYONG TINUORAY**, the undersigned respectfully requests the immediate passage of this measure.


CHRISTOPHERSON "COCO" M. YAP
Representative, Second District of Southern Leyte

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

SECTION 1. Short Title. — This Act shall be known as the “*Late-Filed PhilHealth Claims Amnesty Act*.”

SECTION 2. Declaration of Policy. — It is the policy of the State to ensure equitable access to quality and affordable health care and to strengthen financial risk protection through the National Health Insurance Program (NHIP). Technical rules on claims filing should not, when rigidly applied, defeat the purpose of health insurance coverage and frustrate payment for health services actually and properly rendered to members.

At the same time, the State shall protect the National Health Insurance Fund by preventing, detecting, and penalizing fraudulent claims and violations of NHIP rules.

SECTION 3. Definition of Terms. — For purposes of this Act, the following terms are defined:

- (a) **“Benefits Claim”** refers to a claim for payment or reimbursement of health services, goods, or benefits covered by PhilHealth, filed by an accredited health care provider or an eligible member, in accordance with PhilHealth rules.
- (b) **“Late-Filed Claim”** refers to a Benefit Claim that was denied solely because it was filed or refiled beyond the filing period prescribed under the implementing rules, circulars, or other duly issued PhilHealth regulations in effect at the time of filing or refiling;
- (c) **“Denied Solely for Late Filing”** means that the notice of denial, final denial, or resolution states late filing as the exclusive ground for denial, and that there is no finding of fraud, ineligibility, non-compensability, or violation of PhilHealth rules affecting the validity of the services;
- (d) **“Health Care Provider”** refers to a hospital, clinic, or other health facility or professional accredited or contracted by PhilHealth to provide services to members;
- (e) **“Amnesty Period”** refers to the one-time period within which eligible Late-Filed Claims may be availed of under this Act;
- (f) **“Fraudulent Claim”** includes any claim involving misrepresentation, falsification, padding, or any act penalized under applicable laws and regulations, including the Universal Health Care Act;

SECTION 4. Coverage; Eligible Claims. — This Act shall cover Late-Filed Claims that satisfy all of the following:

- (a) The health services were actually rendered to a PhilHealth member who was eligible at the time of service;
- (b) The claim was denied solely on the ground of late filing;
- (c) The claim does not involve fraud, prohibited schemes, or violations of PhilHealth rules that render the services non-compensable; and
- (d) The claim pertains to discharges or services rendered within a period to be specified by Congress: Provided, That such period shall be clearly stated in the implementing rules and regulations, and shall in no case extend beyond the date immediately preceding the effectivity of this Act.

SECTION 5. One-Time Amnesty; Payment of Eligible Late-Filed Claims. —

- (a) Grant of Amnesty. — PhilHealth shall implement a one-time amnesty and shall receive, evaluate, and pay Eligible Claims under this Act, subject to verification and audit safeguards.
- (b) Filing Window. — Eligible claims shall be refiled or reactivated within one hundred eighty (180) days from the effectivity of the implementing rules and regulations (IRR). Claims not submitted within the filing window shall be barred.
- (c) Verification and Audit. — Payment shall be subject to:
 - (i) validation of member eligibility and service delivery;
 - (ii) clinical and claims evaluation; and
 - (iii) post-audit under PhilHealth and Commission on Audit (COA) rules, with authority to suspend payment pending verification when red flags exist.
- (d) Mode of Payment. — Claims shall be paid in accordance with the benefit rates and payment rules applicable at the time the services were rendered, unless a more favorable rule to members is required under existing law and regulations.

SECTION 6. Exclusions. — The following shall not be covered by the amnesty:

- (a) Claims with findings or indicators of fraud, falsification, misrepresentation, padding, or participation in prohibited schemes;
- (b) Claims for services that are non-compensable under PhilHealth rules, including services performed in violation of PhilHealth policies;
- (c) Claims previously paid, partially paid, or already settled through compromise or final adjudication on the merits other than late filing; and
- (d) Claims subject of pending criminal, administrative, or civil actions involving fraud or fund misuse, until final resolution, without prejudice to payment if exonerated and otherwise eligible.

SECTION 7. Administrative Process; Due Process. —

- (a) Claims Resolution. — PhilHealth shall establish an expedited but fair process for receiving and resolving claims under this Act, including documentary requirements and timelines.
- (b) Appeal. — Denials under this Act shall be appealable within PhilHealth in accordance with its rules, provided that the IRR shall ensure speedy disposition.

SECTION 8. Reporting to Congress; Transparency. — Within one (1) year from the effectivity of the IRR, and every six (6) months thereafter until completion of the amnesty program, PhilHealth shall submit to Congress a report containing: (i) the number and amount of claims received; (ii) the number and amount paid; (iii) the number and amount denied and the grounds; (iv) flagged claims and actions taken; and (v) fund impact.

SECTION 9. Implementing Rules and Regulations. — Within sixty (60) days from the effectivity of this Act, PhilHealth, in coordination with the Department of Health and after consultation with accredited health care providers and stakeholders, shall promulgate the IRR necessary to implement this Act.

SECTION 10. Separability Clause. — If any provision of this Act is declared unconstitutional or invalid, the other provisions not affected shall remain in full force and effect.

SECTION 11. Repealing Clause. — All laws, decrees, orders, issuances or portions thereof, which are inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 12. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,