



Decree 2353 of 2015

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DECREE 2353 OF 2015

(December 3)

Unifying and updating the rules for affiliation to the General Social Security System for Health, creating the Transactional Affiliation System, and defining the instruments to guarantee continuity of affiliation and the effective enjoyment of the right to health.

THE PRESIDENT OF THE REPUBLIC OF COLOMBIA

In exercise of his constitutional and legal powers, particularly those conferred by Article 189, paragraph 11, of the Constitution and Articles 154, 157, and 159 of Law 100 of 1993; 42.3 of Law 715 of 2001; 3 of Decree-Law 1281 of 2002; 2, 5, and 8 of Law 828 of 2003; 14(a) of Law 1122 of 2007; 32 of Law 1393 of 2010; 3, 32, and 35 of Law 1438 of 2011; 11(f) of Law 1474 of 2011; 5(b), 11, and 19 of Law 1751 of 2015; and Article 218 of Law 1753 of 2015
b, 11, and 19 of Law 1751 of 2015; and Article 218 of Law 1753 of 2015

CONSIDERING:

That Article 48 of the Political Constitution establishes that social security is a mandatory public service to be provided by public or private entities under the direction, coordination, and control of the State, subject to the principles of efficiency, universality, and solidarity, and that it is guaranteed to all inhabitants as an inalienable right.

That Article 49 of the Constitution establishes as an obligation of the State to organize, direct, and regulate the provision of health services to inhabitants and environmental sanitation in accordance with the principles of efficiency, universality, and solidarity.

Article 154 of Law 100 of 1993 provides for State intervention in the public social security health service in order to guarantee the development of the constitutional and legal principles that inform health and social security services, ensuring the mandatory nature of social security in health and its status as a social right for all inhabitants of Colombia.

That, in the same vein, the aforementioned article indicates, as another of the purposes of State intervention in health and social security services, to achieve progressive access to education, information, and health promotion services, as well as health protection and recovery services for the country's inhabitants.

That Law 1751 of 2015 regulates the fundamental right to health, establishing it as an autonomous and inalienable right, both individually and collectively.

That the aforementioned law establishes the State's obligation to respect, protect, and guarantee the effective enjoyment of the fundamental right to health and, in order to guarantee this, it must, among other things, formulate and adopt health policies that ensure equal treatment and opportunities for the entire population, ensuring the harmonious coordination of the actions of all agents of the System.

That the aforementioned law also enshrines the principles of the fundamental right to health, providing, among others, for continuity as the right to receive health services on a continuous basis and free choice as the freedom of individuals to choose health entities from among those available.

That it is necessary to advance in the incorporation of protective measures developed in the jurisprudence of the Constitutional Court to protect the rights of individuals, such as access to maternity leave, the protection of vulnerable populations such as minors, and the continuity of health services for those who suffer changes in their economic conditions.

The General Social Security System for Health (SGSSS) is based on universal insurance coverage and the provision of benefits to all residents of the country, at all stages of their lives.

That, in accordance with the current insurance model chosen by the legislature, insurance is generally provided through the EPSs of the contributory and subsidized regimes and, therefore, citizens have a duty to ensure their membership in one or the other regime, as appropriate. Thus, the General Social Security System for Health guarantees access to the services of the benefits plan regardless of ability to pay, and those who do not have the means to pay can join the subsidized regime.

In turn, to ensure the sustainability of the system, it is necessary that the public and private institutions responsible for guaranteeing the provision of health services, by virtue of the principle of solidarity and co-responsibility of the system, require those individuals with the ability to pay or those who have legal obligations, such as employers, to pay their contributions to the system in a timely manner.

Notwithstanding the legal obligations of those who have the ability to pay to contribute to the system and of the authorities to demand these contributions, continuity in the provision of services is a principle of the fundamental right to health contained in Law 1751 of 2015. This was established in Article 6 of the aforementioned law: "(...) the fundamental right to health entails the following principles: (...) d) *Continuity. Individuals have the right to receive health services on a continuous basis. Once the provision of a service has been initiated, it may not be interrupted for administrative or economic reasons; (...)*"

With regard to the default on mandatory contributions to the General Social Security System for Health, it is necessary to modify the current regulatory rules on the suspension or termination of membership, and establish a mechanism that guarantees the continuity of health services, but which also generates the necessary incentives for those who are obliged to contribute to the sustainability of the system to do so. Otherwise, fostering a culture of non-payment among users could lead to a critical scenario for the financing of the system, affecting individual and collective interests.

That the regulatory standards established in this decree reflect the case law on arrears contained in Constitutional Court Ruling C-800 of 2003, which recognizes that although EPSs must in some cases temporarily guarantee the provision of services despite arrears, it is the public authorities who are obliged to guarantee the mechanisms for the provision of services after a certain period of time.

That it is necessary to group, unify, and simplify the rules for affiliation through a unified and systematized information system that reduces the procedures for affiliation to the General Social Security System for Health and its new features and eliminates the barriers that affect members' access to health services.

The provisions incorporated in relation to indigenous peoples and Roma communities do not introduce changes to the current regulations, which were subject to prior consultation with the national government in accordance with ILO Convention 169, Law 21 of 1991, and the jurisprudence of the Constitutional Court.

That in view of the foregoing,

DECREES:

CHAPTER I GENERAL

PROVISIONS

ARTICLE 1. *Purpose.* The purpose of this decree is to unify and update the rules for affiliation to the General Social Security System for Health, create the Transactional Affiliation System, through which the affiliation processes and new developments in the aforementioned System can be carried out, and define the instruments to guarantee continuity in affiliation and the effective enjoyment of the right to health.

ARTICLE 2. *Scope of application.* The provisions contained in this decree apply to the population that must enroll and to those enrolled in the General Social Security System for Health; to Health Promotion Entities (EPS) and Entities Obligated to Compensate (EOC); to the administrators and operators of the Solidarity and Guarantee Fund (FOSYGA) or whoever acts on its behalf; to the contributors, administrators, and information operators of the Integrated Contribution Settlement Form (PILA); to health service providers; and to territorial entities.

The provisions of Articles 12, paragraph 12.2, 82, 83, and 85 of this decree apply to legally established exempt and special regimes.

ARTICLE 3. *Definitions.* For the purposes of this decree, the terms affiliation, affiliate, basic data, registration with the Health Promotion Entity (EPS), mobility, new developments, registration, transfers, transfer of EPS within the same regime, transfer of EPS between different regimes, and validation shall have the following meanings:

3.1. *Affiliation:* This is the act of joining the General Social Security System for Health, which is done by registering in the Transactional Affiliation System, on a one-time basis, and enrolling in a Health Promotion Entity (EPS) or Compulsory Compensation Entity (EOC).

3.2. *Member:* This is the status acquired by a person once they have enrolled, which entitles them to the health services of the benefits plan provided by the General Social Security Health System and, when they contribute, to financial benefits.

3.3. Additional member: A person who, because they do not meet the requirements to be a contributor or beneficiary in the contributory regime, in accordance with the provisions of this decree, registers in the family unit of a contributing member by paying an additional UPC.

3.4. Head of household affiliate: This is the person belonging to the subsidized regime who is responsible for registering themselves and their immediate family, as provided for in this decree, as well as for recording any relevant changes.

3.5. Basic data: This is the data relating to the member's identification: surnames, first names, date of birth, sex, type and number of identification document, and survival status.

3.6. Supplementary data: Additional data on the member and the contributor, if applicable, related to their geographical location and contact information, health risk management, and other information determined by the Ministry of Health and Social Protection.

3.7. Reference information: This is information that allows for the validation of the identification and basic data of members, compliance with membership requirements, and updates in the contributory and subsidized regimes, or that allows for the integrity and consistency of the same to be guaranteed.

3.8. Enrollment in the EPS: This is the free and spontaneous expression of the member's will to join a Health Promotion Entity through which they will receive health coverage.

3.9. Mobility: This is the change of membership to a scheme within the same EPS for members of the General Social Security System for Health focused on levels I and II of SISBÉN and some special populations.

3.10. New developments: These are changes that affect the status of membership, the condition of the member, membership in a regime or enrollment in an EPS, and updates to member data.

3.11. Benefits plan: This is the set of health technologies to which members of the General Social Security System for Health are entitled, as defined in accordance with current regulations. It may be modified and its scope determined in the regulations issued by the Ministry of Health and Social Protection in accordance with the provisions of Article 15 of Law 1751 of 2015.

3.12. Special populations: These are people who, due to their vulnerability, marginalization, discrimination, or manifest weakness, as provided by law or by this Decree, must belong to the subsidized regime.

3.13. Registration in the Transactional Affiliation System: This is the act of registering, on a one-time basis, the basic and supplementary data of members in the Transactional Affiliation System.

3.14. Registration of changes: This is the act of updating the basic and supplementary data of members and any changes to their membership in the Transactional Affiliation System.

3.15. Transfers: These are changes in EPS registration within the same regime or changes in EPS registration with a change of regime within the General Social Security System for Health.

3.16. Transfer of EPS within the same regime: This is the change of EPS registration within the same regime.

3.17. Transfer of EPS between different regimes: This is the change of EPS registration between different regimes.

3.18. Validation: This is the verification of the information reported by the affiliate, contributor, or territorial entity against the reference information. In the case of the validation of the identification and basic data of individuals, the validation will be carried out against tables constructed from the information reported by the entities responsible for issuing identity documents.

ARTICLE 4. *Application of the principle of good faith.* In application of the constitutional principle of good faith, in the proceedings that individuals carry out before any of the actors of the General Social Security System for Health, it will be presumed that their statements and declarations correspond to the material truth; the foregoing, without prejudice to any complaints that must be filed by the actors before the competent authorities when there are indications of deception or fraud against the System or that deceptive or fraudulent mechanisms are being used to obtain benefits from the System.

ARTICLE 5. *Prohibition on requesting additional requirements.* Enrollment and changes in the General Social Security Health System are regulated by the provisions set forth in this decree, without the need for additional documents or procedures.

ARTICLE 6. *Prohibition of risk selection by EPSs.* EPSs may not deny enrollment to any person on the basis of age or previous, current, or potential health status and use of services. Nor may they deny enrollment on the grounds of limitations on their capacity for affiliation as provided for in this decree.

All actions aimed at denying enrollment or diverting it to another Health Promotion Entity, as well as promoting the transfer of their members, shall be considered a violation of the right to free choice.

The territorial entities and the National Health Superintendency, within the scope of their powers, shall carry out the necessary surveillance and control actions.

ARTICLE 7. *Prohibition on territorial entities and entities responsible for special populations.* National, district, departmental, and municipal authorities and public entities, as well as entities responsible for special populations, may not promote or induce affiliation with a particular EPS.

When such conduct is detected, affiliates or EPSs must inform the National Health Superintendency so that it can carry out the corresponding inspection, surveillance, and control actions, without prejudice to any disciplinary, criminal, or fiscal sanctions that may apply.

When the territorial authority identifies members of the Subsidized Regime who do not meet the conditions to be beneficiaries of the same, it must take administrative action to exclude them as members of the subsidized regime and inform the Special Administrative Unit for Pension Management and Parafiscal Contributions for Social Protection (UGPP) and the National Planning Department. In the event of failure to comply with these obligations, the territorial authority shall be subject to the applicable disciplinary, administrative, fiscal, and criminal actions.

ARTICLE 8. *Prohibition on advance enrollment by unauthorized entities.* In the General Social Security System for Health, it is prohibited to enroll individuals or groups through non-existent employment relationships or through entities that are not duly authorized by the Ministry of Health and Social Protection. Such conduct shall be considered unauthorized and shall be investigated and punished by the competent authorities.

ARTICLE 9. *Prohibition of conduct tending to affect the rights of members.* In the General Social Security System for Health, the adulteration or misuse of member databases for purposes other than the registration, reporting, and consultation of memberships and developments that do not reflect the will of the members or affect the rights of individuals to membership, transfer, and mobility, or access to health services and economic benefits constitutes an unauthorized practice and its occurrence will give rise to administrative sanctions by the National Health Superintendency and criminal proceedings provided for in Article 22 of Law 1474 of 2011, as applicable.

ARTICLE 10. *Duties of individuals.* The duties of individuals in relation to the General Social Security System for Health are those established in Articles 160 of Law 100 of 1993 and 10 of Law 1751 of 2015, in particular those relating to the provision of accurate, clear, complete, sufficient, and timely information on their identification, changes in circumstances, state of health, and income; to the payment of contributions and co-payments established in the System, in accordance with their ability to pay; to acting in good faith; and to complying with the rules, regulations, and instructions of the System.

CHAPTER II

TRANSACTIONAL AFFILIATION SYSTEM

ARTICLE 11. *Creation of the Transactional Affiliation System.* The Transactional Affiliation System is hereby created as a set of technical and administrative processes, procedures, and instruments that will be made available by the Ministry of Health and Social Protection to record and consult, in real time, basic and supplementary information on affiliates, affiliation, and updates to the General Social Security System for Health.

The Ministry of Health and Social Protection shall define the transactions that different users may carry out, in accordance with their competencies and the levels of access that are defined. Once the Transactional Affiliation System begins operating, it shall be the means for registering affiliation and reporting updates.

The Ministry of Health and Social Protection will administer the Transactional Affiliation System and define the responsibility of each of the actors in the registration and reporting of information in the System, the data structure, and the magnetic or electronic media required to process the information therein.

The Transactional Affiliation System will allow providers to consult member information. This System may interoperate with the information systems and processes defined by the Ministry of Health and Social Protection and with others related to social protection.

The information contained in the Transactional Affiliation System and its management, where applicable, shall be subject to the provisions on data protection regulated by Law 1581 of 2012 and the regulations that regulate, add to, or replace it.

The Transactional Affiliation System will allow users to consult information regarding the status of contribution payments, particularly those made by employers on behalf of their employees as dependent contributors. This System may interoperate with the Integrated Contribution Settlement Form (PILA) and may also be accessed by public and private entities responsible for collecting, monitoring, and controlling the payment of contributions to the General Social Security System for Health. Likewise, this information on individuals in arrears must be available for the purposes of the report referred to in Article 5 of Law 828 of 2003, as well as for the verification of information in the single registry of bidders referred to in the aforementioned law.

ARTICLE 12. *Elements of the Transactional Affiliation System.* The following are basic elements of the Transactional Affiliation System:

12.1. The reference information for the correct identification of members, compiled from information reported by the National Civil Registry, Migration Colombia, and any other entity responsible for issuing identity documents to nationals and foreign residents; verification of the population potentially eligible for subsidies; verification of survival, initial identification of newborns and their relationship to their mothers; control of collective affiliations, integrity and consistency of information reported by members and contributors; and any other information that the Ministry considers relevant to the fulfillment of the objectives defined for reference information.

12.2. Reference information that allows for the control of multiple affiliations within the General Social Security System for Health and between it and special and exceptional regimes.

12.3. Reference information that allows the data entered into the System to be validated.

12.4. The official register of all contributors and members of the General Social Security System for Health, their identification, contribution payment status, and other information deemed relevant by the Ministry of Health and Social Protection.

12.5. The rules of affiliation and updates contained in the current provisions that support the validations for the registration of affiliation and updates and that allow for the control of data quality and information integrity.

12.6. The technology and communications platform that supports this System.

ARTICLE 13. *Documentary evidence in the Transactional Affiliation System.* The identification and basic data of affiliates will be validated against the available reference information. If the information matches, it will not be necessary to provide supporting documentation. If it does not match or does not exist in the reference information, the System will have the means to receive, classify, and retrieve digital supporting documentation in those cases where it is necessary to provide additional documents or data to prove identification, beneficiary status, and any other requirements.

PARAGRAPH. The Transactional Affiliation System may validate beneficiary status based on the reference tables at its disposal, in which case supporting documentation will not be required. When supporting documentation is provided to prove beneficiary status, the EPS or EOC will be responsible for validating this status.

ARTICLE 14. *Identification of members of the General Social Security System for Health.* The basic identification data of members entered into the Transactional Membership System must match the reference information. The System shall have the corresponding validations in order to prevent the entry of non-existent identifications or erroneous basic data. This data may only be modified with the support of an administrative act or an act issued by the competent authority.

In the Transactional Affiliation System, there will be a single record for each member, regardless of the identity documents with which they are associated. The System will provide the tools to enable the correlation between the different documents issued for a person by the competent entity.

The EPS or EOC shall adopt measures to prevent errors and inconsistencies in the basic identification data of members from affecting the continuity of health service provision.

ARTICLE 15. *Transition to the Transactional Affiliation System.* Persons affiliated with the General Social Security Health System who, on the date the Transactional Affiliation System begins to operate, are included in the Single Affiliate Database (BDUA) shall be considered registered in said System and enrolled in the EPS or EOC with which they were affiliated, provided that their basic data is correctly registered and validated by the Ministry of Health and Social Protection.

The Transactional Affiliation System will gradually come into operation. In the initial stage, the member's basic data will be verified. In cases where a member's registration does not match the reference information, the member must update their basic data through the Transactional Affiliation System or, in compliance with Article 11 of Decree Law 019 of 2012, the System administrator may correct it based on the reference information.

If the identity document is not listed or does not match the reference information, adults will not be entered into the Transactional Affiliation System's Affiliate Database, and in the case of minors, the Ministry of Health and Social Protection will define the terms and conditions for their entry into the database.

PARAGRAPH. Under no circumstances may this validation affect the continuity of health services, and the EPS must take steps to correct the situation within a period of no more than one (1) month from the request made by the System administrator. If this period expires without the member's basic data having been validated, the Capitation Payment Unit (UPC) recognition of the EPS will be suspended until these members have been validated.

It is the obligation of members to provide the necessary evidence for their correct identification and validation in the Transactional Affiliation System.

CHAPTER III

MEMBERSHIP RULES COMMON TO THE CONTRIBUTORY AND SUBSIDIZED REGIMES

ARTICLE 16. *Affiliation.* Affiliation to the General Social Security System for Health is a one-time act, through which the rights and obligations derived from it are acquired, which is carried out by registering in the Transactional Affiliation System and enrolling in a single Health Promotion Entity (EPS) or Entity Obligated to Compensate (EOC) (EOC), by signing the physical or electronic form adopted by the Ministry of Health and Social Protection.

Affiliation to the General Social Security System for Health implies a declaration of the accuracy of the information provided and compliance with the conditions for belonging to the contributory or subsidized regime.

Affiliation to the General Social Security Health System implies acceptance of the conditions of the contributory or subsidized regime and those related to user fees and co-payments for the provision of services in accordance with current regulations, which must be communicated to the affiliate.

There will be no retroactive affiliations in the General Social Security Health System.

The Ministry of Health and Social Protection shall define the date from which enrollment must be carried out using the electronic form and the events in which, exceptionally, enrollment may be carried out by completing a physical form.

PARAGRAPH 1. The choice of EPS is free, except for the exceptions provided for in this decree. PARAGRAPH 2.

Disaffiliation from the System will only occur upon the death of the member.

PARAGRAPH 3. When self-employed workers enroll for the first time or when they resume payment of contributions in accordance with the provisions of this decree, they may make a payment proportional to the days covered by the contribution.

PARAGRAPH 4. Until the Transactional Affiliation System becomes fully operational and in accordance with the date set by the Ministry of Health and Social Protection for the use of the electronic form, affiliation and changes in transfer and mobility must be made on the physical form adopted by the Ministry of Health and Social Protection. In the case of dependent contributors, the form must also be signed by the employer. Under no circumstances may the EPS modify the content of the form or include additional information. If additional information is included, it will be considered non-existent and will not be enforceable for UPC recognition, without prejudice to the inspection, surveillance, and control actions of the National Health Superintendency.

ARTICLE 17. *Mandatory affiliation.* Affiliation to the General Social Security System for Health is mandatory for all residents of Colombia, except for those who meet the requirements to belong to one of the legally established exempt or special regimes.

ARTICLE 18. *Information for health risk management.* The Ministry of Health and Social Protection shall define a complementary information component to be included in the Transactional Affiliation System to identify and manage the risks of affiliates, based on which it shall determine the strategies or guidelines for health risk management by the EPS.

When the information corresponds to sensitive data in accordance with Law 1581 of 2012, its processing and restricted access shall be subject to the protection of the fundamental right to Habeas Data.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, health status information may only be completed after affiliation or transfer and will be used by EPSs to identify and manage the risks of their affiliated population, without prejudice to the guidelines defined by the Ministry of Health and Social Protection on this matter. Under no circumstances may Health Promotion Entities (EPS) require a health status declaration as a requirement for affiliation or transfer to an EPS, and failure to comply with this prohibition will result in investigations and sanctions by the National Health Superintendency.

ARTICLE 19. *Access to health services.* Members may access all health services included in the benefits plan from the date of enrollment or from the effective date of the transfer of EPS or mobility. Changes in the member's status shall in no case affect the continuity of health service provision.

Providers may consult the Transactional Affiliation System in order to verify the information corresponding to the person's affiliation.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, members will have access to the services of the benefit plan from the date of filing the affiliation form and updates with the EPS or from the date of the effective transfer or mobility.

ARTICLE 20. *Identification documents for enrollment and reporting changes.* To enroll and report changes, members shall identify themselves with one of the following documents:

20.1. Civil Birth Certificate or, failing that, the live birth certificate for children under 3 months of age.

20.2. Civil Birth Certificate for those over 3 months and under seven (7) years of age.

20.3. Identity card for those over seven (7) years of age and under eighteen (18) years of age.

20.4. Citizenship card for adults.

20.5. Foreign ID card, passport, diplomatic card, or safe-conduct pass, as applicable, for foreigners.

20.6. United Nations passport for those who have refugee or asylum status.

Members are required to update their identification document when a new type of document is issued; however, delay in updating the new document will not result in suspension of membership and therefore UPC recognition will be maintained. EPSs will launch campaigns to ensure that their members are aware of this obligation and keep their information up to date.

PARAGRAPH. Identification documents must be provided only once by the member if they are required. The Transactional Membership System will provide mechanisms so that any subsequent verification can be carried out by this means.

ARTICLE 21. *Composition of the family unit.* For the purposes of registering beneficiaries, the family unit of the contributing member shall consist of:

21.1. The spouse;

21.2. In the absence of a spouse, the permanent partner, including same-sex partners;

21.3. Children under twenty-five (25) years of age who are financially dependent on the contributor;

21.4. Children of any age if they have a permanent disability and are financially dependent on the contributor;

21.5. The children of the spouse or permanent partner of the member, including those of same-sex couples, who are in the situations defined in paragraphs 21.3. and 21.4. of this article;

21.6. Children of the beneficiaries described in sections 21.3 and 21.4 of this article until such beneficiaries retain that status.

21.7. Children under twenty-five (25) years of age and children of any age with permanent disabilities who, as a result of the death of their parents, the loss of parental authority, or the absence of their parents, are related to the contributor up to the third degree of consanguinity and are financially dependent on the contributor.

21.8. In the absence of a spouse or permanent partner and children, the parents of the contributor who are not retired and are financially dependent on him or her.

21.9. Minors under eighteen (18) years of age placed in legal custody by the competent authority.

Members of the nuclear family who are not contributing to the system and contributing pensioners will only receive the health services provided for in the benefits plan.

PARAGRAPH 1. Financial dependence is understood to exist when one person receives from another the means necessary for their adequate subsistence. This condition shall be registered through the Transactional Affiliation System.

PARAGRAPH 2. Adopted children and minors in legal custody shall have the right to be included in the family unit from the moment they are handed over to the adoptive parents or to third parties who have been granted custody in accordance with legal regulations.

PARAGRAPH 3. In cases where there are two persons with equal rights who cannot be registered as beneficiaries in the family unit simultaneously, the decision shall be made by the appropriate judicial or administrative authority.

PARAGRAPH 4. The Ministry of Health and Social Protection shall define the strategies and guidelines to be observed by territorial entities, EPSs, affiliates, and other entities responsible for affiliation in the subsidized regime, aimed at identifying family units, in accordance with the provisions of this article.

PARAGRAPH 5. The composition of the family unit provided for in this article shall be applicable in the subsidized regime and, for this purpose, the head of the family shall be assimilated to the contributor.

PARAGRAPH 6. Until the Transactional Affiliation System becomes operational, economic dependence shall be declared at the time of registration with the EPS, and good faith shall be presumed in the declaration.

ARTICLE 22. *Accreditation and documentary support of beneficiaries.* The accreditation and documentary support of the status of beneficiaries shall be

subject to the following rules:

22.1. The status of spouse shall be accredited by the Civil Registry of Marriage.

22.2. The status of permanent partner shall be accredited with any of the documents provided for in Article 4 of Law 54 of 1990, as amended by Article 2 of Law 979 of 2005.

22.3. The status of children or parents, or that of relatives up to the third degree of consanguinity, shall be accredited with the corresponding civil records.

22.4. The status of adopted child shall be accredited by means of the adoption certificate or minor's delivery certificate issued by the Colombian Family Welfare Institute or an authorized entity.

22.5. The permanent disability of children over twenty-five (25) years of age shall be certified by a ruling issued by the EPS (Health Promotion Entity) to which they are affiliated or by the competent entity in the case of disability classification.

22.6. The condition set forth in paragraph 21.7 of Article 21 of this decree shall be certified by the document evidencing the loss of parental authority or the death certificate of the parents or the declaration signed by the contributor regarding the absence of both parents.

22.7. Minors in legal custody with a court order or administrative act issued by the competent authority.

ARTICLE 23. *Registration of the family unit.* Contributing members or heads of household must register each member of their family unit in the Transactional Affiliation System and enroll them in the same EPS, for which they must provide documentary evidence of their status as beneficiaries, where necessary.

When a member who does not meet the legal conditions to be part of the family group is registered, or when the change in status of those beneficiaries who lose their status as such is not registered, the contributing member must reimburse the value of the UPC and the per capita amount for promotion and prevention that the System has recognized during the period in which the beneficiary did not have the right.

PARAGRAPH. Until the Transactional Affiliation System comes into operation, all registrations of beneficiaries shall require the presentation of the documents provided for in Article 22 of this decree. The registration of newborns may be carried out in accordance with the provisions of Article 25 of this decree.

ARTICLE 24. *Measures to ensure the timely submission of documents proving the legal status of family members in cases of force majeure or unforeseeable circumstances.* When, due to force majeure or unforeseeable circumstances, the contributing member is unable to provide the documents proving the status of members of the family unit at the time of enrollment, if required under the provisions of Article 13 of this decree, their beneficiaries shall be enrolled in the respective category and the contributing member shall have one (1) month to provide them.

If, after this period, the documents have not been provided, the following procedure will be applied:

24.1. On the first business day following the expiration of the deadline, the EPS must send a communication by any means that guarantees its receipt by the member, reminding them of their obligation to provide the pending documents and warning them that if these are not provided within three (3) months, the cost of health services, other than initial emergency care required by their beneficiaries, must be assumed by the contributor from their own resources. Health care for minors is exempt from this provision.

24.2. The communication described in section 24.1 must be sent monthly until the contributor provides the required documents.

24.3. If, after three (3) months from the date of the first communication, the contributor does not provide the documents proving the status of their beneficiaries, the EPS shall report the change and the beneficiaries' membership shall be suspended, with the exception of pregnant women and minors. Once the Transactional Affiliation System is operational, the Ministry of Health and Social Protection will have the mechanisms in place for such notification.

PARAGRAPH 1. Copies of communications may be requested by the system authorities at any time for the review, analysis, and audit of the information that the EPS records in the databases on these members. The FOSYGA or its representative may also request them as a requirement for the payment of the UPC for these members.

PARAGRAPH 2. Circumstances of force majeure or unforeseeable circumstances shall be declared by the contributing member or head of household at the time of the beneficiary's enrollment.

PARAGRAPH 3. For those members who are beneficiaries and who, at the time of entry into force of this decree, have not provided the documents proving such status, the procedure provided for in this article shall apply; in this case, the period of one (1) month shall be counted from the first working day of the month following its entry into force.

ARTICLE 25. *Enrollment of newborns.* All newborns shall be enrolled in the system from birth and from that moment on shall be

The UPC will recognize the birth. Affiliation will be based on the civil birth certificate or, failing that, on the live birth certificate. Parents or, in their absence, those who have custody or personal care of the newborn must provide the civil birth certificate no later than three (3) months after birth, when the civil registry does not appear in the reference information of the Transactional Affiliation System or is required to verify beneficiary status.

All newborns shall be enrolled in the EPS in which their mother is enrolled, even when the father is enrolled in another EPS or in a Special or Exception Regime, except in cases where the mother dies during childbirth, in which case the newborn shall be enrolled in the EPS of the father or in the EPS of the person responsible for their personal care or custody.

Newborns of mothers who have exercised the mobility provided for in this decree shall be registered with the EPS with which the mother is registered.

When the mother is the beneficiary, the newborn will be registered as another beneficiary of the family unit.

Once the newborn is enrolled, if the father is a contributor to the contributory regime, he may process the new inclusion as his beneficiary after the first month of life. This provision shall also apply when the father belongs to an exceptional or special regime, if these allow the enrollment of the minor.

PARAGRAPH 1. The EPS shall establish, in coordination with their provider network, mechanisms to inform and promote among parents the proper identification and registration of newborns.

PARAGRAPH 2. Until the Transactional Affiliation System becomes operational, the documents provided for in this article shall be submitted to the EPS with which the newborn is affiliated and shall include the mother's statement.

ARTICLE 26. *Affiliation of newborns of uninsured parents.* When the parents of the newborn are not affiliated with the General Social Security System for Health, the health service provider shall, on the date of birth, proceed as follows:

26.1. When either parent meets the conditions for belonging to the contributory regime, they shall register in the Transactional Affiliation System and enroll the parent obliged to contribute and the newborn in an EPS of that regime. To carry out this affiliation, the provider must consult the information available for this purpose in the Transactional Affiliation System.

26.2. When the parents do not meet the conditions for belonging to the contributory regime and are classified in levels I and II of SISBEN, they shall register and enroll the mother, the newborn, and the other members of the family unit in the subsidized regime, in accordance with the provisions of Article 32 of Law 1438 of 2011.

26.3. When the parents do not meet the conditions for belonging to the contributory regime and are not classified in levels I and II of Sisbén or have not been surveyed by Sisbén, the newborn shall be registered in the Transactional Affiliation System and enrolled in an EPS of the subsidized regime in the respective municipality. Once the parents join, the minor shall become part of the respective nuclear family.

PARAGRAPH 1. For the purposes set forth in paragraphs 26.1. and 26.3. of this article, the parents of the newborn must declare in writing to the IPS that they do not meet the conditions to contribute to the contributory regime or that the SISBEN survey has not been applied to them.

PARAGRAPH 2. Once the newborn has been enrolled and registered in the subsidized regime, the Transactional Enrollment System shall notify the territorial entity, the EPS, and the Special Administrative Unit for Pension Management and Parafiscal Contributions for Social Protection (UGPP) of this development, in accordance with Title 1 of Part 12 of Book 2 of Decree 1068 of 2015.

PARAGRAPH 3. Until the Transactional Affiliation System becomes operational, the service provider must register the newborn directly with the EPS and make the notifications provided for in this article no later than three (3) days after registration.

PARAGRAPH 4. The provisions of this article shall apply to minors when they request health services and are not affiliated with the General Social Security System for Health.

ARTICLE 27. *Enrollment of newborns born outside of a hospital setting.* In the event that the birth did not take place in an institutional setting, when the parents or whoever has custody or personal care of the minor requests health services for the newborn, the health service provider must issue the minor's live birth certificate, which must be communicated to the EPS no later than 48 hours after its issuance through the means established by the Ministry of Health and Social Protection. The health service provider must register the child in the Transactional Affiliation System and enroll him or her in the same EPS to which the mother is affiliated.

If the parents are not affiliated, the rules set forth in Article 26 of this decree shall be followed, and notification shall be made no later than the day after the mother's affiliation.

When the health service provider does not notify the EPS of the live birth certificate, it shall not be entitled to charge for the services provided to the minor until the date on which the notification is made.

PARAGRAPH. Once the Transactional Affiliation System is operational, the notification referred to in this article shall be made by

this means.

ARTICLE 28. *Provision of the civil birth certificate.* The civil birth certificate must be provided no later than three (3) months after the birth; however, if the certificate has not been provided within this period, the EPS must guarantee the continuity of the health services provided by the benefits plan and shall be entitled to recognition of the corresponding UPC. For this purpose, it shall proceed in accordance with the following rules:

28.1. On the business day following the first month of the newborn's life, the EPS must send a communication to the contributor or head of household or to the parents or, in their absence, to the person who has custody or personal care of the minor, reminding them of their obligation to provide the minor's civil registry and the consequences of not doing so. This communication must be sent every month until the civil registry is provided. The communication may be sent by any verifiable means. When the address of receipt is not current, the obligation to provide the civil birth certificate is deemed to have been fulfilled upon return of the first communication. In any case, the EPS must demonstrate that it has exhausted all possible means of contacting the member or the person who has custody.

28.2. If, after three (3) months, the Civil Birth Certificate has not been obtained, the EPS must notify the Territorial Entity so that it can request the issuance of the civil birth certificates of the newborn from the Superintendency of Notaries and Registries, within the powers of each entity, for which it must provide the contact information of the parents registered in the System; Likewise, they shall report this circumstance to the Colombian Institute of Family Welfare (ICBF) or the Family Police Stations, as appropriate.

PARAGRAPH. The EPS must keep a record of each of these communications, which may be requested by the system authorities at any time for the review, analysis, and audit of the information that the EPS records in the databases on these affiliates.

ARTICLE 29. *Multiple affiliations.* In the General Social Security System for Health, no person may be simultaneously affiliated to the contributory and subsidized regimes, nor may they be registered with more than one EPS or EOC, nor may they simultaneously hold the status of contributor and beneficiary, contributor and additional member or beneficiary and additional member, member of the subsidized regime and contributor, member of the subsidized regime and beneficiary, or member of the subsidized regime and additional member. Nor may they be simultaneously affiliated with the General Social Security System for Health and an exempt or special regime.

The Transactional Affiliation System shall establish mechanisms to control multiple affiliation or registration using the reference information at its disposal.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, when a member transfers from one Health Promotion Entity to another before the terms established for doing so and multiple affiliations occur, the last affiliation made within the legal terms shall be considered valid. When multiple affiliations are due to an error not attributable to the member who requested the transfer within the legal terms, the affiliation to the Health Promotion Entity to which the member transferred shall be considered valid.

When the Ministry of Health and Social Protection or the administrator of the current membership database detects multiple membership resulting from inconsistencies or duplication in the member's identification data or documents, it shall carry out the processes of verification and cancellation of multiple membership, notify the EPSs involved, and request the reimbursement of capitation payment units recognized without just cause. If the EPSs do not make the reimbursement within the terms and deadlines defined by current regulations, the National Health Superintendency shall order the immediate reimbursement of the resources and take the actions it deems appropriate.

ARTICLE 30. *Suspension of membership.* Membership shall be suspended in the following cases:

30.1. When the dependent or independent contributor or the additional member is in default under the terms established in Articles 71 to 75 of this decree.

30.2. When three (3) months have elapsed since the first request to the contributor to provide the documents proving the status of their beneficiaries, if required under the provisions of Article 13 of this decree, and this request has not been complied with. The provisions of this paragraph shall not apply to pregnant women or minors.

ARTICLE 31. *Effects of suspension of membership.* During periods of suspension of membership due to arrears, the benefits plan services provided by the EPS with which the member is registered shall not be available, with the exception of health care for pregnant women and minors under the terms established in Article 75 of this decree.

In the case of beneficiaries who do not provide the documents proving their status, when required under Article 13 of this decree, they shall be entitled to initial emergency care, and the corresponding UPC shall be recognized once such documents are provided. Health care for pregnant women and minors is exempt from the provisions herein, and they shall be guaranteed the services of the benefits plan.

In the case of independent contributors, no contributions or late payment interest will be charged in accordance with Article 209 of Law 100 of 1993.

In any case, once membership has been suspended, if the member is undergoing treatment, whether outpatient, inpatient, emergency, home care, or initial emergency care, health services will be guaranteed under the terms set forth in this decree.

ARTICLE 32. *Termination of enrollment in an EPS.* Enrollment in the EPS in which the contributing member and his or her family unit are enrolled shall be terminated in the following cases:

32.1. When the member transfers to another EPS.

32.2. When the employer reports the change of employment status of the dependent worker and the member does not report the change of contribution status as self-employed, as an additional member, or as a beneficiary within the same EPS, and does not operate or has exhausted the period of employment protection or the mechanism for protection of the unemployed, or mobility between regimes in accordance with the rules set forth in this decree.

32.3. When the self-employed worker does not meet the conditions to be a contributor, does not report the change as an additional member or as a beneficiary within the same EPS, and does not operate or has exhausted the period of labor protection or the mechanism for protection of the unemployed, nor the mobility between regimes in accordance with the rules set forth in this decree.

32.4. When, in the case of beneficiaries, the conditions established in this decree for holding such status disappear and they do not report the change to dependent contributor, independent contributor, additional affiliate, or mobility between regimes in accordance with the rules set forth in this decree.

32.5. When the contributing member and their immediate family establish residence outside the country and report the change to the EPS or through the Transactional Affiliation System.

32.6. When the member meets the conditions for belonging to a legally established exempt or special regime.

32.7. When the competent authorities determine that persons enrolled in an EPS of the subsidized regime meet the conditions to be considered contributors or to belong to the contributory regime.

32.8. When the provision of health services to persons deprived of liberty and children under three (3) years of age who live with their mothers in detention facilities is the responsibility of the National Health Fund for Persons Deprived of Liberty. In the case of persons deprived of liberty who are required to contribute, the termination of registration shall only apply to the contributor and the child under three (3) years of age living with the contributing mother.

PARAGRAPH 1. When the contributing member and their immediate family establish residence outside the country, they must report this change no later than the last day of the month in which it occurs, and there will be no payment of contributions during the periods for which the registration is terminated.

When a contributing member who establishes residence outside the country fails to report this change, their registration with the EPS will remain in effect and they will incur debt and late payment interest for non-payment of contributions, under the terms set forth in Article 73 of this decree, as applicable.

When the member returns to the country, they must report the change to the Transactional Affiliation System by registering with the same EPS with which they were previously registered and resume payment of their contributions.

PARAGRAPH 2. Until the Transactional Affiliation System becomes operational, the changes provided for in this decree must be reported directly to the EPS.

ARTICLE 33. *Effects of termination of enrollment in an EPS.* Termination of enrollment in an EPS has the effect, for the EPS, of ceasing the obligation to guarantee the provision of health services under the benefits plan and financial benefits for contributors to the contributory regime.

For contributing members, once the change has been reported, it implies the cessation of contribution payments, without prejudice to the payment of any contributions owed. The foregoing shall not apply to persons deprived of their liberty who are contributors as referred to in paragraph 32.8 of Article 32 of this decree, who, because they meet the conditions for continuing to contribute, shall be obliged to contribute and the provision of health services under the benefits plan shall be maintained with respect to their beneficiaries.

CHAPTER IV

MEMBERSHIP IN THE CONTRIBUTORY SYSTEM

ARTICLE 34. *Members of the contributory regime.* The following shall belong to the Contributory Regime of the General Social Security System for Health:

34.1. As contributors:

34.1.1. All Colombian or foreign nationals residing in Colombia who are employed under a contract governed by Colombian law, including those who provide services in diplomatic missions and accredited international organizations

in the country;

34.1.2. Public servants;

34.1.3. Retirees, elderly persons, disabled persons, survivors, substitutes, or recipients of ex gratia pensions in both the public and private sectors. In cases of pension substitution or survivor pensions, the beneficiary of said substitution or pension or the head of the beneficiaries must be affiliated.

34.1.4. Self-employed workers, rentiers, business owners, and in general all persons residing in the country who do not have a contractual or regulatory relationship with an employer and whose monthly income is equal to or greater than the current legal minimum monthly wage.

34.2. As beneficiaries:

34.2.1. Members of the contributor's immediate family, in accordance with the provisions of this decree, provided that they do not meet any of the conditions set forth in paragraph 34.1 of this article.

ARTICLE 35. *Informal affiliation of beneficiaries.* When a person meets the conditions to be a beneficiary member and the contributor refuses to register them within the family unit, the person directly, or the family police stations, family defenders, or municipal authorities, if necessary, may register them in the Transactional Affiliation System and enroll them in the contributor's EPS, providing the respective documents that prove their status as a beneficiary.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, informal affiliation shall be done directly with the EPS.

ARTICLE 36. *Affiliation when several members of the family unit are contributors.* When spouses, permanent partners, including same-sex couples in the same family unit, are contributors, they and their beneficiaries must be registered with the same EPS. An exception to this rule is made when one of the contributors does not reside in the same territorial entity and the EPS to which the other contributor is affiliated and the beneficiaries are not covered by it and do not exercise their right to portability.

If one of the contributing spouses or permanent partners ceases to be a contributor, both they and the beneficiaries will be registered under the name of the spouse who continues to contribute.

PARAGRAPH. The Transactional Affiliation System shall provide the instruments to ensure that the family unit is affiliated with the same EPS.

ARTICLE 37. *Registration of parents in the family unit.* When both spouses or permanent partners, including same-sex couples, are contributors, parents who are financially dependent on one of the spouses or permanent partners and are not contributors may be registered in the family unit, together with the beneficiaries, who shall be registered with the other contributor.

If one of the contributing spouses or permanent partners ceases to be a contributor, the parents may continue to be registered with the same EPS as additional members, paying the corresponding fees.

ARTICLE 38. *Additional affiliate.* When a contributing member has other persons who are financially dependent on him or her and are up to the fourth degree of consanguinity or second degree of affinity and do not meet the requirements to be contributors or beneficiaries in the contributory regime, he or she may include them in the family unit, paying the UPC corresponding to their age group, the per capita for promotion and prevention, and an amount allocated to the Solidarity Subaccount equivalent to 10% of the sum of the two items.

This member shall be referred to as an additional member and shall be entitled to the health services provided by the benefits plan. Under no circumstances shall they be entitled to financial benefits. The minimum enrollment and payment period for these members shall be one (1) year, except when the contributing member no longer meets the conditions to continue as a contributor or when the additional member meets the conditions to enroll as a contributor.

ARTICLE 39. *Collective affiliations.* Affiliation to the Comprehensive Social Security System may be carried out collectively, only through associations, unions, and religious congregations previously authorized by the Ministry of Health and Social Protection, under the terms and conditions set forth in Decree 3615 of 2005, amended by Decrees 2313 of 2006, 2172 of 2009, and 692 of 2010, and other regulations that modify, add to, or replace it.

Without prejudice to the inspection, surveillance, and control carried out by the competent authorities over the illegal exercise of collective affiliation, it is the obligation of the entities that administer the Comprehensive Social Security System and information operators to permanently verify that this type of affiliation is exercised exclusively by duly authorized entities, for which purpose they must consult the list of authorized entities available on the website of the Ministry of Health and Social Protection prior to receiving any affiliation, contribution collection, or update procedures, under penalty of the sanctions imposed by the competent surveillance and control agencies.

If there is evidence that any entity is carrying out this activity without the corresponding authorization, the entities administering the Comprehensive Social Security System and information operators must inform the respective authorities so that the appropriate criminal, administrative, and fiscal actions may be taken.

CHAPTER V

MEMBERSHIP IN THE SUBSIDIZED REGIME

ARTICLE 40. *Members of the subsidized regime.* Members of the Subsidized Regime are persons who, without being eligible for membership in the Contributory Regime or the Exception or Special Regime, meet the following conditions:

40.1. Persons identified in levels I and 11 of SISBEN or in the instrument that replaces it, in accordance with the cut-off points adopted by the Ministry of Health and Social Protection.

40.2. Persons identified at level 111 of SISBEN or in the instrument that replaces it who, at the time of the entry into force of Law 1122 of 2007, were affiliated to the subsidized regime.

40.3. Persons who cease to be community mothers and are beneficiaries of the subsidy from the Subsistence Subaccount of the Pension Solidarity Fund, under the terms of Article 164 of Law 1450 of 2011. The Colombian Institute of Family Welfare will prepare the census list.

40.4. Abandoned children in the care of the Colombian Institute of Family Welfare. The census list of beneficiaries will be drawn up by the Colombian Institute of Family Welfare (ICBF).

40.5. Minors disengaged from armed conflict. The census list of beneficiaries for affiliation to the Subsidized Health Regime for minors disengaged from armed conflict under the protection of the ICBF will be drawn up by the Colombian Family Welfare Institute (ICBF).

40.6. Vulnerable children under the protection of institutions other than the ICBF. The census list of beneficiaries from this population will be drawn up by the municipal mayors' offices.

40.7. Indigenous Communities. The identification and preparation of census lists of the indigenous population for the allocation of subsidies shall be carried out in accordance with the provisions of Article 5 of Law 691 of 2001 and the regulations that modify, add to, or replace it. However, when requested by traditional and legitimate authorities, the SISBEN survey may be applied, without limiting their right to access health services. When the beneficiary population identified through the census list does not match the indigenous population certified by the National Administrative Department of Statistics (DANE), the municipal authority shall verify and validate it jointly with the traditional authority for the purposes of individual registration in the database of beneficiaries and affiliates of the Subsidized Health System.

40.8. Demobilized population. The census list of beneficiaries for enrollment in the Subsidized Health System for demobilized persons and their immediate family members shall be prepared by the Colombian Agency for Reintegration or its equivalent. Members of the immediate family of demobilized persons who have died shall maintain their enrollment with another head of household.

40.9. Elderly people in protection centers. For low-income elderly people who have been abandoned and are in protection centers, the list of beneficiaries shall be drawn up by the municipal or district mayors' offices.

40.10. Roma population. The census list of beneficiaries for affiliation to the Subsidized Health System for the Roma population will be drawn up by means of a census list prepared by the legitimately constituted authority (SheroRom or spokesperson for each Kumpania) and recognized by the Ethnic Affairs Directorate of the Ministry of the Interior. The list must be registered and verified by the mayor's office of the municipality or district where the Kumpania are located. However, when requested by the legitimate authorities of the Rrom people, the SISBEN survey may be applied.

40.11. Persons included in the witness protection program. The census list of beneficiaries for affiliation to the Subsidized Health System of the population included in the witness protection program shall be drawn up by the Attorney General's Office.

40.12. Victims of armed conflict in accordance with Law 1448 of 2011 and who are included in the Single Victims Registry prepared by the Special Administrative Unit for Comprehensive Care and Reparation for Victims.

40.13. The population deprived of liberty under the care of departmental, district, or municipal territorial entities that does not meet the conditions for contributing to the General Social Security System for Health. The census list of this population shall be prepared by the governors or district or municipal mayors.

40.14. The migrant population of the Bolivarian Republic of Venezuela referred to in Decree 1768 of 2015 and other regulations that modify, add to, or replace it.

PARAGRAPH 1. The conditions for belonging to the contributory regime or to an exempt or special regime prevail over those for belonging to the subsidized regime, except as provided for the affiliation of newborns. Consequently, when a person simultaneously meets the conditions for belonging to the contributory regime, an exempt or special regime, or the subsidized regime, they must

register with an EPS of the contributory regime or enroll in the exempt or special regime, as applicable.

PARAGRAPH 2. The rules governing membership and developments affecting the indigenous population and Roma communities shall continue to be governed by the regulations in force at the time of issuance of this decree until such time as the National Government regulates membership and the instruments for ensuring continuity of membership and the effective enjoyment of the right to health by this population; in which case, the National Government shall carry out prior consultation.

PARAGRAPH 3. In the event that a person meets the requirements to belong to the Subsidized Regime and refuses to enroll, the territorial entity shall proceed to automatically enroll them in one of the EPSs operating in the municipality within the first five (5) days of the month and shall notify them of said enrollment. However, the person may, in exercise of their right to free choice, transfer to the EPS of their choice within the following two (2) months, without being subject to the minimum period of stay.

PARAGRAPH 4. When the socioeconomic situation of the beneficiaries of paragraph 40.3 of this article changes and this makes them potential members of the contributory regime, they shall inform the respective EPS, which shall report the relevant information to the ICBF for the updating of the census list.

PARAGRAPH 5. When any national or territorial authority notices that a member of the subsidized regime meets the conditions for belonging to the contributory regime, it shall inform the territorial entity so that it may take the necessary measures to terminate the member's registration with the EPS. Failure by the territorial authorities to comply with this obligation shall give rise to the appropriate disciplinary, administrative, fiscal, and criminal actions.

ARTICLE 41. *Conditions of the census lists.* The suitability and quality of the information recorded in the census lists is the responsibility of the entities indicated in Article 40 of this decree, as those responsible for their preparation.

The information in the census lists must comply with the variables that allow for the full identification of the person, and with the conditions and data structure defined by the Ministry of Health and Social Protection.

The responsible entities must report the census lists and any changes that determine the inclusion or exclusion of the respective special population, in accordance with the frequency, procedure, and conditions established by the Ministry of Health and Social Protection.

ARTICLE 42. *Free choice of Health Promotion Entity (EPS) in the subsidized regime for special populations.* In the Subsidized Regime, the choice of EPS for the population identified and selected from census lists shall be made by the following entities:

42.1. The entities responsible for compiling census lists in the case of abandoned children in the care of the ICBF, minors separated from armed conflict who are under the protection of the Colombian Family Welfare Institute, and persons included in the witness protection program and the prison population under the care of territorial entities.

42.2. The entities responsible for the care of children under the protection of institutions other than the ICBF and low-income elderly persons residing in protection centers.

42.3. Members belonging to the Roma population will do so freely and independently, maintaining the composition of their family unit.

42.4. Demobilized persons and victims of the armed conflict shall freely choose their EPS, without prejudice to the provisions of paragraph i) of Article 14 of Law 1122 of 2007 and the provisions of Article 2.2.6.1.1. of Decree 1084 of 2015.

PARAGRAPH 1. The entities responsible for preparing the census lists and/or responsible for the care of the population referred to in paragraphs 42.1 and 42.2 of this article shall define uniform internal guidelines for the choice of EPS, taking into account the use of quality indicators, the territorial coverage of the EPS, and the affiliated provider network, among others.

PARAGRAPH 2. Healthcare for the incarcerated population under the responsibility of departmental, district, or municipal territorial entities or under the responsibility of the National Penitentiary and Prison Institute (INPEC) shall be guaranteed in accordance with the provisions of Decree 2245 of 2015 and other regulations that modify, add to, or replace it.

CHAPTER VI

NEW DEVELOPMENTS

ARTICLE 43. *New developments.* Updates to data and changes affecting membership status, member status, membership in a regime, or enrollment in an EPS that occur after enrollment shall be considered new developments that update member information in the Transactional Enrollment System and shall be recorded or reported by those responsible as provided for in this decree.

The registration of new developments implies a declaration of the accuracy of the data reported and compliance with the conditions for belonging to the contributory regime or the subsidized regime.

PARAGRAPH 1. Until the Transactional Affiliation System becomes operational, new developments shall be reported to the administrator of the

in accordance with current regulations.

PARAGRAPH 2. Until the Transactional Affiliation System becomes operational, changes in affiliation status must be reported by the EPS and territorial entities no later than two (2) months from the first day of the calendar month in which the change occurs. If the change is reported after this deadline, the UPC will be recognized from the date of the change report.

Changes occurring prior to the effective date of this decree, regardless of the period to which they correspond, must be reported in accordance with the terms and conditions defined for this purpose by the Ministry of Health and Social Protection.

ARTICLE 44. *Reporting of changes for dependent workers.* At the time of employment, the worker shall be responsible for enrolling in the General Social Security System for Health, if not already enrolled, and for registering in the Transactional Enrollment System any changes regarding enrollment as a dependent worker and mobility if previously enrolled in the subsidized regime. They shall also be responsible for registering changes in transfer and mobility, inclusion or exclusion of beneficiaries, updating data, and any other changes defined by the Ministry of Health and Social Protection, using the means made available for this purpose.

The employer will be responsible for registering in the Affiliation System

Transactional, changes in a worker's employment status and changes in the employment relationship that may affect their affiliation, without prejudice to their reporting through the Integrated Contribution Payment Form. The provisions of this paragraph apply to the Administrative Entities of the Community Welfare Homes Program contracted by the ICBF as employers.

If the worker is not registered with any EPS and does not indicate the name of the entity with which they wish to register, the employer shall be responsible for recording this circumstance when registering the worker, and the Transactional Affiliation System shall assign the EPS with which the worker will be registered for a minimum period of three (3) months, of which the worker shall be informed.

The employer shall be responsible for the financial benefits and health services to which the employee and his or her family are entitled during the period between the start of employment and the registration of the change.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, the changes provided for in this article shall be reported by employers and workers on the physical form adopted by the Ministry of Health and Social Protection directly to the EPS, which shall report them to the System's Affiliate Database in accordance with current regulations. When it is necessary to select an EPS due to the absence of employee information, the employer shall do so.

ARTICLE 45. *Reporting changes for self-employed workers.* Members of the contributory regime as self-employed workers are responsible for registering and reporting changes in the Transactional Affiliation System.

When the self-employed worker does not meet the conditions to continue contributing, they must register the change of withdrawal no later than the first five (5) days of the month, and it will take effect at the end of the month for which the last contribution is paid; if they do so outside of this period, the full contribution will be payable.

In the case of collective affiliations, new developments shall be reported by the entities authorized to carry out collective affiliation, in accordance with the provisions of Decree 3615 of 2005, amended by Decrees 2313 of 2006, 2172 of 2009, and 692 of 2010, and other regulations that modify, add to, or replace it.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, the entities responsible for collective affiliation shall report directly to the EPS any changes in the status of their self-employed workers who are union members or associates.

ARTICLE 46. *Reporting changes in the status of beneficiaries.* Dependent and independent workers are responsible for registering in the Transactional Affiliation System all changes in the status of their beneficiaries; they shall also do so with respect to their additional affiliates, if use is made of the provision set forth in Article 38 of this decree.

Beneficiaries shall be responsible for registering the death of the contributing member.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, the changes provided for in this article shall be reported by those responsible directly to the EPS.

ARTICLE 47. *Reporting changes for pensioners.* Pensioners or the head of beneficiaries in the case of a substitute pension, in their capacity as contributors to the contributory regime, are responsible for directly registering the change in their status as pensioners, as well as changes in the transfer, inclusion, or exclusion of beneficiaries, data updates, and any other changes defined by the Ministry of Health and Social Protection.

If the pensioner is not registered with any EPS or affiliated with an exempt or special regime and, within the term of enforcement of the pension recognition act, does not state the name of the entity with which they wish to register, the pension administrator shall, to record this circumstance when registering, and the Transactional Affiliation System will assign the EPS in which they will be registered for a minimum period of three (3) months.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, pensioners shall proceed with affiliation and report any changes directly to the EPS using the physical form adopted by the Ministry of Health and Social Protection, and the EPS shall report these changes to the System's Affiliate Database in accordance with current regulations. When it is necessary to select an EPS due to the absence of information from the pensioner, the pension administrator shall do so, for which purpose it shall consult the current membership database.

ARTICLE 48. *Reporting of changes in the subsidized regime.* The head of household member is responsible for registering in the Transactional Affiliation System

Transactional Affiliation System any changes relating to the identification and updating of their data and that of their family unit, as well as any changes relating to relocation and mobility.

The territorial entities shall validate and verify the changes submitted by the members and report those within their jurisdiction.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, members will be responsible for filing and processing transfer and mobility requests directly with the EPS, and the EPS will be responsible for reporting new entries, withdrawals, mobility, and transfers in the subsidized regime of their members and for informing the member at the time the new information is submitted. The territorial entities shall validate and verify the changes submitted by the EPS and report those within their jurisdiction.

CHAPTER VII

TRANSFERS AND MOBILITY

ARTICLE 49. *Right to freely choose an EPS.* In the General Social Security System for Health, the choice of EPS shall be made directly by the member freely and voluntarily. Exceptions to this rule are the circumstances of affiliation regulated in Decree 3045 of 2013 or the regulations that modify it, replace or supplement it, and in the cases of affiliation provided for in Articles 40, paragraph 3, 42, 44, and 46 of this decree, or when it is made by the Special Administrative Unit for Pension Management and Parafiscal Contributions for Social Protection - UGPP in accordance with Article 2.12.1.6 of Title 1 of Part 12 of Book 2 of Decree 1068 of 2015.

ARTICLE 50. *Conditions for transfer between Health Promotion Entities.* For transfer between Health Promotion Entities, the member must meet the following conditions:

50.1. The transfer request may be registered by the contributing member or head of household on any day of the month.

50.2. Be enrolled in the same EPS for a minimum period of three hundred and sixty (360) continuous or discontinuous days from the date of enrollment. In the contributory regime, the term will be counted from the date of registration of the contributing member, and in the subsidized regime, it will be counted from the moment of registration of the head of household. In the case of a beneficiary who acquires the conditions to be a contributor, this term will be counted from the date of their registration as a beneficiary.

50.3. The contributing member or any member of their immediate family must not be admitted to a healthcare institution.

50.4. The independent contributor must be up to date with their contributions to the General Social Security Health System.

50.5. The entire family unit must be included in the transfer request.

In the case of transferring between different EPS regimes, if all the conditions set forth in this article are not met, members who are eligible for mobility must remain in the same EPS and report this change. Once the conditions are met, they may transfer to an EPS in the other regime.

When a member of the subsidized regime acquires contributor status due to the start of an employment or contractual relationship after the first five (5) days of the month, the transfer of EPS between different regimes may be carried out after that date. Until the transfer becomes effective, the change of mobility must be registered.

When a member of the subsidized regime enters into an employment relationship lasting less than twelve (12) months and the EPS of the contributory regime to which they wish to transfer does not have a provider network in the municipality where the SISBEN survey was conducted, the member must remain in the same EPS of the subsidized regime and register the change of status. This control will be carried out through the Transactional Affiliation System.

PARAGRAPH 1. When the contributing member or head of household has held different statuses as a contributor, beneficiary, additional member, or member of the subsidized regime, for the purposes of establishing compliance with the minimum period of permanence, all days of registration with the same EPS will be added together.

The term provided for in paragraph 50.2 of this article shall be counted from the date of initial registration, taking into account all days of registration with the same EPS of the contributing member or head of household, discounting the days of suspension of membership or termination of registration. When the member must re-register with the EPS due to the termination of registration or when

Once the suspension for late payment of contributions is lifted, the new term will be added to the previous one.

PARAGRAPH 2. In the subsidized regime, the transfer for special populations shall be carried out by the same entities or persons indicated in Article 40 of this decree.

ARTICLE 51. *Exceptions to the general rule of permanence.* The condition of permanence to exercise the right to transfer established in Article 50 of this decree shall not be required when any of the following situations arise:

51.1. Total or partial revocation of the EPS's accreditation or authorization.

51.2. Dissolution or liquidation of the EPS.

51.3. When the EPS voluntarily withdraws from one or more municipalities or when the EPS reduces its membership capacity, with prior authorization from the National Health Superintendency.

51.4. When the user's right to freely choose an IPS is undermined or when the user has enrolled with the promise of obtaining services in a specific network of providers and this is not true, with prior authorization from the National Health Superintendency.

51.5. When there are duly verified cases of poor service provision or suspension of services by the EPS or its provider network, with prior authorization from the National Health Superintendency

51.6. Due to the unification of the family unit when spouses or permanent partners are affiliated with different EPSs; or when a beneficiary changes their status to that of spouse or permanent partner.

51.7. When the person joins another family unit as a beneficiary or as an additional member.

51.8. When the member and their family unit change their place of residence and the EPS where the member is affiliated does not have geographical coverage in the respective municipality and in the events provided for in Article 61 of this decree.

51.9. When the affiliation has been temporary on the part of the Special Administrative Unit for Pension Management and Parafiscal Contributions for Social Protection (UGPP) under the terms provided for in Article 2.12.1.6. of Title 1 of Part 12 of Book 2 of Decree 1068 of 2015.

51.10. When the worker has been registered by their employer or the pensioner has been registered by the pension administration entity, in accordance with the provisions of the fourth paragraph of Article 44 and the second paragraph of Article 47 of this decree, respectively.

51.11. When the member has been registered by the territorial entity in the subsidized regime in the event provided for in paragraph 3 of Article 40 of this decree.

PARAGRAPH. The exceptions to the general rule of permanence referred to in paragraphs 51.1 and 51.3 of this article are understood to refer only to the municipality or municipalities where the partial revocation or withdrawal measure has been applied.

When the grounds for transfer indicated in paragraphs 51.4 and 51.5 of this article arise, the National Health Superintendency, or the entity to which this authority has been delegated, must issue a decision within a period not exceeding one (1) month from the date on which the user submits the request.

Once the Transactional Affiliation System becomes operational, the Ministry of Health and Social Protection shall notify the National Health Superintendency of any requests submitted for the reasons set forth in paragraphs 51.4 and 51.5 of this article.

ARTICLE 52. *Effectiveness of the transfer.* The transfer between EPSs shall take effect on the first calendar day of the month following the date of registration of the transfer request in the Transactional Affiliation System, when this is done within the first five (5) days of the month, at which point the EPS to which the contributing member or head of household and their family unit are transferred must guarantee the provision of the health services included in the benefits plan. When the transfer request is registered after the fifth (5) first days of the month, it shall take effect on the first calendar day of the month following the date of said registration.

The Health Promotion Entity from which the contributing member or head of household withdraws shall be responsible for providing services and recognizing financial benefits, as applicable, to both the contributing member or head of household and their family unit, until the day before the obligations of the new entity arise.

If, prior to the transfer taking effect, the member is admitted to an IPS, the transfer will be suspended until the first calendar day of the month following the month in which it was to take effect, in which case the EPS from which the transfer is made must notify the Transactional Affiliation System of this change no later than the last day of the month.

In any case, employees shall be required to inform their employer of the transfer, and employers shall be required to consult the Transactional Affiliation System to find out which EPS the employee is registered with once the transfer has been processed.

ARTICLE 53. *Registration and reporting of transfer requests.* The Transactional Affiliation System shall provide mechanisms for automatically verifying transfer requirements and for contributing members to register transfer requests, as well as for notifying the EPS, contributing members, contributors, and territorial entities of transfers between different EPS regimes.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, the transfer request shall be made on the physical form adopted by the Ministry of Health and Social Protection, which shall be signed by the member individually or jointly with their employer, as applicable, and shall be filed with the EPS to which they wish to transfer. Once approved, the receiving EPS shall notify the contributor of this change. In the case of a transfer between different EPS regimes, the receiving EPS shall be responsible for notifying the territorial entities.

ARTICLE 54. *Documents for the transfer.* The transfer between EPSs shall not require the contributing member or member of the subsidized regime to submit the documents presented at the time of registration of the members of their nuclear family.

ARTICLE 55. *Mobility between regimes.* Mobility is the change of regime within the same EPS for members of the General Social Security System for Health focused on levels I and II of SISBEN and the special populations referred to in paragraphs 40.7, 40.8, 40.10, 40.11, and 40.12 of Article 40 of this decree.

By virtue of mobility, the members described in the previous paragraph may change from one regime to another with their family unit, without interruption, maintaining their registration with the same EPS.

When members exercise mobility and reside in a municipality other than the one in which the SISBEN survey was applied, the score obtained in the survey conducted by the municipality of origin shall be considered valid until the municipality in which the member currently resides conducts the survey. A change of residence shall in no case affect the continuity of insurance or the recognition of the UPC. The provisions of this paragraph shall apply to transfers between EPSs in the subsidized regime.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, affiliates shall express their desire to exercise mobility on the physical form adopted by the Ministry of Health and Social Protection and shall sign and report to the EPS, individually and directly, when doing so under the subsidized regime; and jointly with their employer, if applicable, when doing so under the contributory regime. Verification of the SISBEN level shall be the responsibility of the EPS of the contributory regime through the mass consultation tool provided for this purpose by the National Planning Department.

ARTICLE 56. *Registration and reporting of mobility changes.* The Transactional Affiliation System shall have mechanisms in place to verify mobility requirements using available information and to enable members to directly carry out the mobility procedure, as well as to notify the EPS, contributing members, head of household members, family members, contributors, and territorial entities of the mobility.

The member must register the express request for mobility for the members of their nuclear family who are entitled to be enrolled, on the physical or electronic form, in accordance with the provisions of this decree.

The change from the contributory regime to the subsidized regime must be registered by the member on the day following the termination of employment or the loss of the conditions for continuing to contribute as a self-employed person, and no later than the last calendar day of the respective month or the day following the expiration of the employment protection period or the unemployment protection mechanism, if any.

The change in mobility from the subsidized regime to the contributory regime must be registered by the member on the day they acquire employment or the conditions to contribute as a self-employed person.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, the member must register the mobility request by completing the physical form adopted by the Ministry of Health and Social Protection. The EPSs of the contributory and subsidized regimes will report the mobility changes to the administrator of the current member database, and the territorial entities will be responsible for carrying out the respective validations. In the case of the mobility of a member whose SISBEN survey was conducted by another municipality, the territorial entity where the member currently resides will be responsible for validating the conditions for remaining in the Subsidized Regime.

Under no circumstances may the EPS register the change of mobility without a signed request from the member. Reporting the change of mobility without the member's consent in the subsidized regime will be considered an unauthorized practice, and if it occurs, the EPS must reimburse the UPCs that the System has recognized for these members. The foregoing is without prejudice to the inspection, surveillance, and control actions carried out by the National Health Superintendency.

The EPS must report the change of mobility no later than two (2) months from the first calendar day of the month in which it occurs. When reported outside this period, the System will recognize the corresponding UPC from the month in which the report is made.

ARTICLE 57. *Accreditation of beneficiary status in mobility.* Mobility shall not require the contributing member or head of household to resubmit the documents presented at the time of registration of the members of their family unit, except for

documents that update their information.

In the event that the head of household does not submit the documents proving beneficiary status at the time of registration of the members of their nuclear family, when required to do so in accordance with the provisions of Article 13 of this decree, they must submit them when registering the change to the contributory regime within the time frame established in this decree.

PARAGRAPH. Documents proving the beneficiary status of members who, at the time this decree comes into force, have transferred to the contributory regime, shall be required on the date determined by the Ministry of Health and Social Protection. Once this period has expired, the provisions of paragraph 30.2 of Article 30 of this decree shall apply. Once beneficiary status has been verified, FOSYGA or its representative shall recognize and transfer the amount corresponding to the UPC of the contributory regime.

ARTICLE 58. *Effectiveness of the change in mobility.* The change in mobility from the contributory regime to the subsidized regime, once registered in the Transactional Affiliation System under the terms of Article 56 of this decree, shall take effect on the day following the expiration of the employment protection period or the unemployment protection mechanism if the contributing member is entitled to them; if they are not entitled to them, from the day following the expiration of the period or days for which the last contribution was made.

The change from the subsidized regime to the contributory regime will take effect on the first calendar day of the month following the date of registration of the change in the Transactional Affiliation System.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, once the physical form defined by the Ministry of Health and Social Protection has been signed and filed in accordance with the terms set forth in Article 55 of this decree, the change from the contributory regime to the subsidized regime will take effect on the day following the expiration of the employment protection period or the unemployment protection mechanism, if any; if there is no such mechanism, from the day following the expiration of the period or days for which the last contribution was made. The change from the subsidized regime to the contributory regime shall take effect on the first calendar day of the month following the date of signing and filing the aforementioned form with the EPS.

ARTICLE 59. *Benefits due to mobility.* Contributors, heads of household, and their respective families shall be entitled to the continuous provision of health services established in the benefits plan due to mobility.

Members who have transferred to the contributory regime as contributors shall be entitled to the recognition and payment of financial benefits for maternity and paternity leave and those derived from general illness incapacity, in accordance with current regulations.

Members who have transferred to the contributory regime as contributors affiliated with the General Occupational Risk System shall be entitled to health services resulting from a work-related accident or occupational disease, which shall be provided through the Health Promotion Entity of the Subsidized Regime, which shall be reimbursed by the corresponding entity of the General Occupational Risk System.

In order to guarantee the provision of health services in the transition from the contributory regime to the subsidized regime, the EPSs of the contributory regime, whose number of members in transition exceeds ten percent (10%) of their total membership, must comply with the provisions of Article 16 of Law 1122 of 2007.

EPSs authorized to operate under the subsidized regime may administer up to 10% of their total membership under the contributory regime with their current authorization, without being required to comply with the authorization requirements for EPSs under the contributory regime.

However, they must comply with the reserves and investment regime established for EPSs in the contributory regime with respect to this group of members.

EPSs authorized to operate under the contributory regime may administer up to 10% of their total membership under the subsidized regime. In this case, and with respect to this group of members, the EPS must apply and comply with the financial and solvency conditions specific to this regime.

PARAGRAPH. For all purposes and as long as the membership limits referred to in this article are not exceeded, the legal regime applicable to each EPS is that for which it is initially authorized.

ARTICLE 60. *Collection of contributions.* The payment of contributions by members who have transferred to the contributory regime shall be made through the Integrated Contribution Settlement Form (PILA) to the EPS of the subsidized regime in which they are registered, which shall transfer it to the master collection accounts set up for this purpose by the EPS of the subsidized regime, to the Solidarity Subaccount of FOSYGA or its equivalent.

ARTICLE 61. *Limitations on mobility.* Mobility shall not be permitted and the transfer of EPS between different regimes shall be carried out when any of the following situations arise:

61.1. When the member and their family unit change their place of residence and the EPS where the member is enrolled does not have geographical coverage in the respective municipality.

61.2. When, upon termination of the employment or contractual relationship of the dependent or independent worker, after exhausting the period of employment protection or the mechanism for protecting the unemployed, if any, the worker does not meet the conditions to continue as a contributor, additional affiliate, or beneficiary, and does not register the change in status under the terms provided for in Article 56 of this Decree.

61.3. When the change in status is not registered for beneficiaries who lose the conditions established to hold that status and do not meet the conditions to remain enrolled in the same EPS as a dependent contributor, independent contributor, or additional affiliate.

In the events provided for in paragraphs 61.2 and 61.3 of this article, the contributing member or beneficiaries in the contributory regime must register with an EPS in the subsidized regime and register the change of status.

ARTICLE 62. *Prevalence of mobility over transfer.* Mobility shall prevail over transfer in the following situations:

62.1. When the head of household registered with an EPS under the subsidized regime becomes eligible to contribute to the contributory regime and has not completed the period of permanence required for transfer, the head of household and his or her family unit must maintain their registration with the same EPS as members of the contributory regime. To this end, the head of household must register the change of mobility.

62.2. When a member of the family unit in the subsidized regime becomes eligible to contribute to the contributory regime and has not completed the minimum period of membership required for transfer, they must maintain their registration with the same EPS as a member of the contributory regime. To this end, the head of the family and the member of the family unit must register the changes of beneficiary exclusion and mobility, respectively.

62.3. When the contributor to the contributory regime does not meet the conditions to continue contributing and has not completed the minimum period of membership required for transfer, the contributor and their family must maintain their registration with the same EPS as members of the subsidized regime, provided that the conditions for mobility are met. To this end, the contributing member must register the change of mobility in accordance with the terms set forth in Article 56 of this Decree.

62.4. When a beneficiary in the contributory regime loses that status and has not completed the minimum period of membership required for transfer, they must maintain their registration with the same EPS as a member of the subsidized regime, provided that the conditions for mobility are met. To this end, the contributing member and the beneficiary must register the changes relating to the exclusion of the beneficiary and mobility, respectively.

When the minimum period of permanence is accredited, the member, in exercising their right to free choice, may remain in the same EPS or transfer to a different EPS between different regimes.

If the status of the beneficiaries of the family unit that becomes a contributor in the contributory regime is not accredited, the provisions of paragraph 30.2 of Article 30 of this decree shall apply. Once the status of beneficiaries has been accredited, FOSYGA or its representative shall recognize and transfer the amount corresponding to the UPC of the contributory regime.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, in the events provided for in paragraphs 62.1 and 62.2 of this article, the EPS to which the transfer is requested shall deny it and inform the member of their obligation to register the change of mobility with the EPS in which they are enrolled. In the events provided for in paragraphs 62.3 and 62.4 of this article, the EPS shall inform the contributing member or beneficiary who loses such status of the impossibility of transferring between regimes and of their obligation to register the change of mobility in accordance with the terms provided for in Article 56 of this Decree.

ARTICLE 63. *Unauthorized practice in mobility.* It is an unauthorized practice for the employer or the contributing member to register or provide false or misleading information about the loss of the employment relationship or the conditions for continuing to contribute as a self-employed person in order to access mobility. When the employer or contributing member engages in this conduct and mobility has taken place, they must pay the contributions and interest on arrears that may have been incurred, without prejudice to the corresponding penalties imposed by the competent authorities. Contributions and interest on arrears shall be paid directly to FOSYGA or its equivalent, and there shall be no recognition of UPCs in the contributory regime for these members.

ARTICLE 64. *Conditions for the operation of the mobility innovation.* The Ministry of Health and Social Protection shall define the technical, financial, and operational conditions of mobility, such as the responsibilities of the actors, the form, means, and recipients of contributions, the costs of collection, the form and conditions of recognition and transfer of the value of the UPC, matters relating to the provision for general illness incapacities, and the per capita amount for promotion and prevention to EPS of the subsidized regime.

ARTICLE 65. *Approval and payment of health technologies not included in the benefits plan.* When a Health Promotion Entity is transferred within the same regime or between contributory or subsidized regimes and there are guardianship rulings that require the provision of health services not included in the benefits plan, such decisions shall be binding on the receiving Health Promotion Entity without any interruption of health services to the member.

CHAPTER VIII

MECHANISMS TO GUARANTEE THE CONTINUITY OF HEALTH INSURANCE

ARTICLE 66. *Employment protection period.* When the employer reports the termination of the employment relationship or when the self-employed worker loses the conditions to continue as a contributor and reports the change, the contributor and their immediate family shall enjoy the employment protection period for up to one (1) or three (3) additional months from the day following the expiration of the period or days for which the last contribution was made.

During the employment protection period, the contributing member and their immediate family will be entitled to the health services provided by the benefits plan for a period of one (1) month when they have been enrolled in the same EPS for at least the previous twelve (12) months, and for three (3) months when they have been enrolled continuously for five (5) years or more.

When, during the period of employment protection, the member is granted the Unemployment Protection Mechanism provided for in Law 1636 of 2013 and in Chapter 1, Title 6, Part 2, Book 2 of Decree 1072 of 2015 or the regulations that modify, add to, or replace it, the period of employment protection shall cease.

ARTICLE 67. *Health protection through the Unemployment Protection Mechanism.* Once the period of employment protection has expired, if applicable, members who consider that they meet the requirements to be beneficiaries of the Unemployment Protection Mechanism must register this circumstance in the Transactional Affiliation System once the application has been filed. Once the unemployment protection mechanism has been granted, the contributing member and their immediate family will continue to receive the services they were receiving and the financial benefits for the contributor in the contributory regime.

Contributing members who believe they meet the requirements to be beneficiaries of the Unemployment Protection Mechanism must take the necessary steps to obtain this benefit in a timely manner so that the continuity of health services is not affected. In the event that the benefit is not granted, they may make use of the other protection measures provided for in Article 68 of this decree, as appropriate.

Once the benefit of the Unemployment Protection Mechanism has been granted, the granting entity must report the start and end of the benefit to the Transactional Affiliation System.

Under no circumstances may contributions to the health system made by entities providing unemployment protection be used to cover periods of arrears incurred by the employer or self-employed contributor. Therefore, the EPS may not interrupt the provision of health services, without prejudice to the collection of contributions in arrears that the EPS must advance to the contributor.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, the contributing member shall inform the EPS directly of the filing of the application to access the aforementioned benefit. The granting entity shall report the change to the corresponding EPS on the day following the registration of the unemployed person in the beneficiary registry.

ARTICLE 68. *Other protection measures.* When the employer reports the termination of the employment relationship or when the self-employed worker loses the conditions to continue as a contributor and reports the change, and the member has not accessed or has exhausted the period of employment protection or the Unemployment Protection Mechanism, they may resort to one of the following protection measures:

68.1. If the member is classified in levels I and II of SISBÉN or within the special populations referred to in paragraphs 40.7, 40.8, 40.10, 40.11, and 40.12 of Article 40 of this decree, they and their immediate family will maintain continuity of service under the benefits plan in the Subsidized Regime, either with the same EPS by applying for mobility or by enrolling in another EPS if they meet the minimum period of permanence required to transfer.

68.2. If the member is not classified in levels I and II of SISBÉN and does not meet the conditions to contribute as a self-employed person, they must proceed with their registration as a beneficiary in the contributory regime, if they meet the conditions for this, or proceed with registration in the EPS of the contributory regime under the status of additional member established in Article 38 of this decree.

Affiliates may also access the financial and operational scheme established for self-employed workers with incomes below the minimum wage, as referred to in Article 98 of Law 1753 of 2015, under the terms regulated by the National Government.

ARTICLE 69. *Guarantee of continuity of health insurance during the pension process.* In order to guarantee the continuity of health services for members of the Contributory Regime who have filed documents to request recognition of a pension from the General Pension System, who are not required to contribute as self-employed workers, and who do not receive other income on which they are required to contribute to the General Social Security System for Health, the following rules shall apply:

69.1. At the end of the employment relationship, the pre-retiree and their family will be guaranteed the provision of health services under the benefits plan through the period of employment protection or the Unemployment Protection Mechanism provided for in this decree, if they are entitled to them.

69.2. If there is no entitlement to the employment protection period or the Unemployment Protection Mechanism, or if these have been exhausted, the pre-retiree and their immediate family may register as beneficiaries if they meet the conditions for doing so, or as additional members in accordance with the provisions of this decree.

69.3. If they do not meet the conditions to register as beneficiaries or additional members and the pre-retiree is classified in levels I and II of SISBÉN, they may request mobility with their immediate family to the subsidized regime, under the terms provided for in this decree.

decree.

69.4. If they do not meet the conditions to register as beneficiaries or additional members and the pre-retiree is not classified in levels I and II of SISBEN, they may remain in the contributory regime when, on a voluntary basis, they continue to contribute as a self-employed person on one (1) current legal minimum monthly wage, despite the absence of the obligation to contribute.

Once the old-age pension has been recognized, the pension administrator or payer will deduct the value of the health contributions from the retroactive pension payments and transfer them to FOSYGA or its equivalent, without the EPS having the right to compensation for these.

When the pre-retiree has contributed in accordance with the provisions of paragraph 69.4 of this article, once the contributions for the retroactive payments have been transferred, FOSYGA or its equivalent will refund the amount of the contributions made for the period contributed as a pre-retiree, in an amount equivalent to the contribution made on one (1) current legal minimum monthly wage.

For the purposes set forth in paragraph 69.4 of this article, the member shall register in the Transactional Affiliation System, in addition to the change in their status as an independent contributor, that of pre-retiree. The Ministry of Health and Social Protection shall make the adjustments to the Integrated Contribution Settlement Form (PILA) that allow for the identification and payment of contributions by the pre-retired contributor.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, the change shall be registered with the EPS through a declaration of pre-retirement status, and the Ministry of Health and Social Protection shall arrange for identification in the current membership database.

ARTICLE 70. *Guarantee of continuity of health protection for beneficiaries of a deceased contributor.* The beneficiaries of a deceased contributor shall be entitled to remain in the System under the same terms and for the same period as established for periods of employment protection under the terms provided for in this decree when the deceased contributor was entitled to it; in any case, they shall register the change in the Transactional Affiliation System no later than the month following the death.

When a health promotion entity (EPS) has compensated a deceased contributing member or their family group, it must proceed to refund the UPCs thus compensated in the following compensation period corresponding to the one in which the information on the death was verified.

PARAGRAPH. Until the Transactional Affiliation System becomes operational, the change referred to in this article must be reported directly to the EPS.

CHAPTER IX

EFFECTS OF DELAY IN PAYMENT OF CONTRIBUTIONS AND GUARANTEE OF HEALTH CARE

ARTICLE 71. *Effects of late payment of contributions for dependent workers.* Failure to pay contributions owed by the employer for two consecutive periods, provided that the EPS has not accepted the late payment, will result in the suspension of membership and the provision of health services contained in the benefits plan by the EPS. During the period of suspension, the employer in default shall pay the cost of the health services required by the worker and his or her family, without prejudice to the payment of the contributions owed and the corresponding interest on arrears.

In accordance with Article 43 of Law 789 of 2002, when the worker's contribution has been deducted and the employer fails to pay the contributions and is therefore in default, the EPS must guarantee the continuity of health services to the worker and members of their immediate family who are undergoing treatment, whether outpatient, inpatient, emergency, home care, or initial emergency care. The costs arising from the health care of the contributing member and their immediate family shall be borne by the employer in default, for which the EPS shall cover the costs and seek reimbursement from the employer. To this end, the worker must provide the payment slip or equivalent document showing that the contribution has been deducted from their pay.

When the employer has not complied with the obligation to deduct the worker's contribution and is in arrears, during the period of suspension of membership, the EPS with which the worker is registered will not be obliged to provide health services, except in the case of care for pregnant women and minors. In this case, the services requested by the worker and his or her family will be covered in full by the employer, without prejudice to the obligation to pay the contributions owed and the corresponding interest on arrears.

The EPS may choose to enter into payment agreements with employers for contributions in arrears and, in this case, will not interrupt the provision of health services to workers and their families. Once the outstanding contributions have been collected, the EPS will be entitled to recognition of the respective UPCs, provided that it can demonstrate that it guaranteed the provision of health services during that period. If the obligations established in the payment agreements are not fulfilled, the provision of health services to the members covered by the agreement will be suspended, and the cost of the health services required by the workers and their families will be borne by the employer. Under no circumstances may the signing of payment agreements involve the forgiveness of contributions or interest on arrears.

During periods of suspension for non-payment, there will be no recognition of financial benefits for disability, maternity, and paternity leave

maternity and paternity leave by the System or the EPS, and their payment shall be the responsibility of the employer, unless a payment agreement has been reached.

The effects provided for in this article shall apply provided that the EPS has not accepted the default.

When, in compliance with a court decision, the EPS must provide health services to workers and their families whose membership has been suspended due to their employer's default, it shall recover from the latter the costs of the health services incurred.

If, at the end of the employment relationship, the employer is in default, this circumstance shall not constitute a barrier for the worker to enroll in an EPS through a new employer or as a self-employed worker, or to access the employment protection period or the unemployment protection mechanism, or to exercise mobility in the subsidized regime with his or her family unit, if he or she meets the requirements for doing so.

When the provisions of Article 43 of Law 789 of 2002 or the regulation that modifies, adds to, or replaces it are met, or the provision of services for pregnant women or minors has been guaranteed, the contributions in arrears that are collected may be offset provided that access to health services has been effectively guaranteed for the members for whom the contribution was collected. In this case, the EPS may appropriate the interest on arrears accrued on these contributions.

ARTICLE 72. Consequences of denial of health care due to employer default when contributions have been deducted. When an EPS, despite the worker having proven that their employer deducted the health contribution, denies the provision of health services under the benefits plan to the contributing worker and their family members who are undergoing treatment, whether outpatient, inpatient, emergency, home care, or initial emergency care, they will not be entitled to receive the UPCs corresponding to the periods of default.

The contributing worker must report to the National Health Superintendency any cases in which the EPS denies services on the grounds of the employer's default. The report shall be made by submitting the "service denial form" or in writing or by telephone or any other expeditious means available to that entity.

Once this complaint has been received, the National Health Superintendency will request explanations from the EPS, verify whether the denial of health services was due to the employer's default, take the measures within its competence with respect to the EPS, and proceed to register the EPS on the list of entities that denied services to the worker. A copy of this list will be sent monthly to FOSYGA or its equivalent for compensation purposes.

When the employer in arrears makes the payment of contributions for the periods owed, the EPS shall transfer the contributions and any interest on arrears that may have accrued to FOSYGA or its equivalent, without the corresponding UPCs being recognized.

ARTICLE 73. Effects of late payment of contributions by self-employed workers. Failure to pay contributions for two (2) consecutive periods will result in the suspension of membership and of the health services included in the benefits plan provided by the EPS with which the worker is registered, provided that the EPS has not accepted the late payment. During the period of suspension of membership, the services requested by the self-employed worker and their immediate family will be provided through the public network, and they will be responsible for the payments provided for in Article 18 of Decree 2357 of 1995 and the regulations that modify, add to, or replace it.

When membership and payment of contributions are made through a union or association authorized for collective membership and the self-employed worker has paid the contribution to the union or association, the economic benefits of the contributor and the costs derived from the health care required by the self-employed worker and their family unit during the period of suspension for non-payment, shall be borne by the corresponding union or association.

The EPS may choose to guarantee the continuity of health services for the self-employed worker in arrears and their immediate family when they sign payment agreements for the contributions and interest owed. Once the contributions owed have been collected, the EPS shall be entitled to recognition of the corresponding UPC, provided that it can demonstrate that it guaranteed the provision of health services during that period. If the obligations established in the payment agreements are not fulfilled, the provision of health services to the members covered by the agreement will be suspended. Under no circumstances may the signing of payment agreements involve the forgiveness of contributions or interest on arrears.

When a self-employed worker or one of the members of their immediate family is undergoing treatment, whether outpatient, inpatient, emergency, home care, or initial emergency care, the EPS with which they are registered must guarantee the continuity of health services to the worker and the members of their immediate family for up to four (4) consecutive periods of arrears. Once this term has expired, the continuity of health services will be guaranteed through providers in the public network without affecting their safety and integrity under the terms provided for in this decree.

When, in compliance with a court decision, the EPS must provide health services to the self-employed worker or any member of their immediate family whose health services have been suspended due to arrears, it will seek reimbursement from the self-employed worker or the union or association authorized for collective affiliation, as applicable, for the costs incurred.

The System or EPS shall not recognize financial benefits for disability, maternity, or paternity leave

the EPS during periods of default, provided that the EPS has not agreed to do so.

When unions and collective affiliation associations fail to pay health contributions for all self-employed workers who are members during a given period, the entity responsible for paying contributions shall be subject to cancellation of its collective affiliation authorization.

ARTICLE 74. Consequences of the suspension of the self-employed worker's affiliation. During the period of suspension of the self-employed worker's affiliation, no debt will be incurred for contributions and interest on arrears, without prejudice to the obligation to pay the contribution periods and interest on arrears incurred prior to the suspension.

The EPSs are obliged to guarantee the provision of health services for the consecutive periods prior to the suspension, two (2) or four (4) months, as the case may be, and if, as a result of the collection actions they must carry out, they collect the contributions in arrears for these periods, they shall be entitled to recognition of the corresponding UPCs.

The foregoing does not exempt the self-employed worker from the obligation to report any changes relating to the loss of the conditions for continuing to contribute to the System.

ARTICLE 75. Guarantee of services for pregnant women and minor beneficiaries in the event of default. In the event of default by an independent or dependent contributor or beneficiary, the services of the benefits plan shall continue to be guaranteed through the EPS to pregnant women for the duration of their pregnancy and to minors for the period provided for in paragraph 76.6 of Article 76 of this decree.

ARTICLE 76. Obligations of EPSs towards contributors in arrears. When the employer or self-employed worker is in arrears in the payment of contributions to the General Social Security System for Health, the EPS shall proceed to:

76.1. Advance collection actions for contributions in arrears. The EPS must notify the contributor who is in arrears by means of a communication that will be sent within ten (10) days following the month of arrears and inform them that if they have not reported the termination of their EPS registration due to losing the conditions to belong to the contributory regime, they must do so no later than five (5) days after receiving the notification, as well as the consequences of the suspension of membership; if the contributor so required does not pay the contributions collected, they must send the collection account each month. In the case of self-employed workers, they must also inform them of the mechanisms available to maintain continuity of health insurance, as well as the actions that will be taken in compliance with the provisions of this decree.

76.2. Inform the dependent contributor, by any means, that their employer is in arrears in the payment of contributions, without prejudice to the Transactional Affiliation System providing information on the status of contribution payments.

76.3. Inform the contributor of the transfer to the Special Administrative Unit for Pension Management and Social Security Contributions - UGPP when this entity assumes preferential jurisdiction in accordance with the provisions of Article 178 of Law 1607 of 2012 and Title 1 of Part 12 of Book 2 of Decree 1068 of 2015 and the regulations that modify, add to, or replace it, or those that regulate it.

76.4. In the case of a self-employed worker classified in levels I and 11 of SISBEN, once the first period of arrears has expired, they must be informed that if they do not meet the conditions to continue contributing, they must report the corresponding change and that once the mechanisms to guarantee the continuity of health insurance, if any, have been exhausted, they may exercise mobility, which must be registered before the suspension of health services begins.

76.5. When the self-employed worker is not classified in levels I and II of SISBEN and does not meet the conditions to continue contributing, they will be informed that they must report the change and exhaust all mechanisms to guarantee the continuity of health insurance, if any. When this worker or members of their immediate family are undergoing treatment, whether outpatient, inpatient, emergency, home care, or initial emergency care, before the end of the fourth month, the EPS must coordinate with the corresponding territorial entity to ensure the continuity of health services as an uninsured population through public network providers without affecting the safety and integrity of the patient. The foregoing is without prejudice to the obligation of individuals to pay for health services when they are not beneficiaries of health subsidies.

76.6. In the case of dependent workers whose contributions have been deducted and who, or whose family members, are undergoing treatment, whether outpatient, inpatient, emergency, home care, or initial emergency care, or in the case of minors, the EPS shall be obliged to guarantee such care for a maximum period of twelve (12) contribution periods in arrears, in accordance with the provisions of Article 111 of Decree Law 019 of 2012; in the case of pregnant women, the EPS shall guarantee their care for the duration of the pregnancy. In any case, this obligation shall cease once the EPS coordinates with the corresponding territorial entity the continuity of the provision of health services through the providers of the public network, without affecting the safety and integrity of the patient, and the total cost shall be borne by the employer.

PARAGRAPH 1. Collection actions for contributions and interest on arrears owed shall be carried out by the EPS in accordance with the process standards established by the Special Administrative Unit for Pension Management and Parafiscal Contributions for Social Protection - UGPP, without prejudice to the Unit exercising the actions of determining and collecting arrears incurred by contributors in the payment of contributions on a preferential basis, especially with respect to self-employed workers who reported the loss of conditions to continue contributing to the System.

Once the contributions owed have been collected, the EPS shall not be entitled to recognition of the corresponding UPCs for the period during which the provision of health services was suspended, in which case it shall transfer them to FOSYGA or its equivalent.

PARAGRAPH 2. The EPS shall keep a record of the communications provided for in paragraphs 76.1 and 76.3 of this article, which may be requested at any time by the sector authorities for review, analysis, and audit.

PARAGRAPH 3. When the self-employed worker, in compliance with the provisions of paragraph 76.4 of this article, exercises mobility, the change shall be reported in accordance with the provisions of article 56 of this decree.

PARAGRAPH 4. The provisions of section 76.6 of this article shall apply when the EPS is obliged to guarantee health services for pregnant women and minors when the worker's contribution has not been deducted.

ARTICLE 77. *Effects of late payment of pensioners' contributions.* When the pension payer is late in paying the contributions owed by pensioners, the affiliation or provision of health services included in the benefits plan for them and their families shall not be suspended. The EPS shall take collection action against contributors in default. Once the contributions in arrears have been collected, the UPC shall be entitled to recognition.

CHAPTER X FINAL

PROVISIONS

ARTICLE 78. *Maternity leave.* For the recognition and payment of maternity leave benefits in accordance with current labor regulations, the contributing member must have made contributions during the months corresponding to the period of pregnancy.

When, due to the start of employment in the case of dependent workers and in the case of independent workers, contributions have been made for a period shorter than the pregnancy, an amount equivalent to the number of days contributed in relation to the actual period of pregnancy shall be recognized and paid proportionally as the value of maternity leave.

In cases where, during the member's pregnancy, the employer or self-employed contributor has not made timely payment of contributions, maternity leave will be recognized provided that, on the date of delivery, all contributions owed have been paid, together with the respective interest on arrears for the period of pregnancy.

In the case of self-employed workers, variations in the Base Contribution Income that exceed forty percent (40%) of the average for the twelve (12) months immediately preceding shall not be taken into consideration, in the part that exceeds said percentage, for the purposes of calculating maternity or paternity leave.

The employer or self-employed worker must collect this financial benefit from the EPS or EOC.

In the case of dependent workers, when the variation in the IBC exceeds forty percent (40%) of the average of the immediately preceding twelve (12) months, the matter shall be referred to the Special Administrative Unit for Pension Management and Social Security Contributions (UGPP) and other competent authorities so that they may take the appropriate administrative or criminal action.

ARTICLE 79. *Maternity leave for self-employed workers with a contribution base income of one current legal monthly minimum wage.* When a self-employed worker whose contribution base income is one current legal monthly minimum wage has contributed for a period shorter than the pregnancy period, she shall be entitled to maternity leave in accordance with the following rules:

79.1. When contributions have ceased for up to two periods, full payment of the leave will be made.

79.2. When contributions have been suspended for more than two periods, a proportional payment of the license will be made in an amount equivalent to the number of days contributed corresponding to the actual period of pregnancy.

ARTICLE 80. *Paternity leave.* For the recognition and payment of paternity leave benefits in accordance with current labor regulations, the contributing member must have made contributions during the months corresponding to the mother's pregnancy, and there shall be no proportional recognition for contributions when the member has contributed for a period shorter than the pregnancy.

In cases where, during the period of pregnancy, the employer of the contributing member or the self-employed worker has not made the timely payment of contributions, paternity leave shall be recognized provided that, on the date of birth, all contributions due have been paid with the respective interest for late payment for the period of pregnancy.

The employer or self-employed worker must collect this financial benefit from the EPS or EOC.

ARTICLE 81. *Incapacity due to general illness.* For the recognition and payment of the financial benefit for incapacity due to general illness, in accordance with current labor regulations, contributing members must have made contributions for a minimum of four (4) weeks.

The financial benefit for general illness incapacity will not be recognized and charged to the resources of the General Social Security System for Health when these originate from treatments for aesthetic purposes or are excluded from the benefits plan and its complications.

ARTICLE 82. *Exempt or special regimes and affiliation to the General Social Security System for Health.* The conditions for membership in an exempt or special regime prevail over those for membership in the contributory regime, and individuals must enroll in the former. Consequently, individuals may not simultaneously be enrolled in an exempt or special regime and the General Social Security System for Health as contributors or beneficiaries, or use the health services of both regimes.

Members of the nuclear family of contributors who belong to any of the exempt or special schemes must belong to the respective exempt or special scheme, unless the legal provisions governing them provide otherwise.

Legally established exempt or special schemes shall be required to report the identification and membership status information of their members to the Transactional Membership System.

When a person affiliated as a contributor to an exempt or special scheme or their spouse or permanent partner has an employment relationship or additional income on which they are required to contribute to the General Social Security Health System, they must make the corresponding contribution to the Solidarity and Guarantee Fund (FOSYGA) or its equivalent. Health services will be provided exclusively through the exempt or special regime, and the member may receive the financial benefits recognized by the General Social Security Health System in proportion to the base income on which contributions to the System were made. To this end, the contributor shall process their payment with FOSYGA or its equivalent.

When the legal provisions governing the exempt or special regime do not provide for the affiliation of contributors other than those of their own regime, the spouse, permanent partner, including same-sex couples, who is obliged to contribute must affiliate to the General Social Security Health System, and the beneficiaries will be covered by the exempt or special regime. If the exempt or special regime does not provide for the affiliation of the family group or the composition of the family unit as provided for in this decree, the person required to contribute to the General Social Security Health System and their beneficiaries shall be affiliated to the latter.

ARTICLE 83. *Refund of resources due to multiple affiliation involving an exempt or special regime.* In the event that a member of any of the exempt or special regimes has simultaneously enrolled in a Health Promotion Entity (EPS), the Solidarity and Guarantee Fund (FOSYGA) or its equivalent shall request from the respective EPS the refund of the resources that have been recognized for said member under the UPC during the period of multiple enrollment.

The EPS must request the operator of the exempt or special regime to which the member belongs to refund the value of the services it has provided during the period of multiple membership, and the operator of the exempt or special regime must pay the cost of the health services to the EPS within thirty (30) days following the date on which the EPS has made the reimbursement of UPC to FOSYGA or whoever acts on its behalf, under penalty of generating default interest in accordance with the provisions of Article 4 of Decree-Law 1281 of 2002.

In the case of members of the military, National Police, or teaching professions who are exempt from the schemes, the EPS may deduct the value of the services provided, including the value of the capitation contract and the value of the policy for the treatment of high-cost illnesses, from the amount to be refunded for UPCs issued during the period of multiple membership. If the value of the services provided is less than the value of the Capitation Payment Units issued, the EPS must reimburse the difference to FOSYGA or its equivalent. If the value of the services is greater than the value of the UPCs issued, the EPS shall report this to FOSYGA or its equivalent and may charge the remainder directly to the operator of the respective exempt scheme.

In accordance with the provisions of Article 1668 of the Civil Code, FOSYGA or whoever acts on its behalf shall subrogate the rights of the EPS to collect the value of the services that were deducted from the amount of the UPC to be refunded, from the operators of the exempted regimes of the military forces and the national police or the teaching profession.

PARAGRAPH 1. Entities operating exempt or special schemes shall manage the necessary resources to ensure payment for services provided by the EPS to members of such schemes, as a result of multiple membership.

PARAGRAPH 2. The Ministry of Health and Social Protection shall establish the terms and conditions for EPSs to refund the value of the resources corresponding to the Capitation Payment Units (UPC) issued during the period of multiple affiliation, for which it may enter into payment agreements for the UPCs owed.

PARAGRAPH 3. The Ministry of Health and Social Protection shall define the terms and conditions for the deduction of the value of the UPCs issued during the period of multiple affiliation from the services provided to members of the exempted schemes of the military forces, the National Police, or the teaching profession.

ARTICLE 84. *Health services for the incarcerated population under the responsibility of INPEC.* The provision of health services to persons deprived of liberty and children under three (3) years of age living with their mothers in detention facilities under the responsibility of INPEC, through the care model provided by the National Health Fund for Persons Deprived of Liberty, shall prevail over health care provided by the General Social Security System for Health or by exempt or special schemes.

Persons deprived of liberty who, in accordance with current regulations, are required to contribute to the General Social Security Health System must pay their contributions and will not have access to the health and economic benefits provided by the System. Health services to the family unit, if any, will be provided through the EPS to which they contribute. The EPS will only receive the Capitation Payment Unit (UPC) for members of the family unit. This is without prejudice to their ability to subscribe to or renew a voluntary health plan.

The National Health Fund for Persons Deprived of Liberty shall be required to report information on the population deprived of liberty under its care to the Transactional Affiliation System.

ARTICLE 85. *Contracting voluntary health plans.* Entities offering voluntary health plans must verify that, at the time of subscription or renewal, the corresponding policies or contracts do not include persons who are required to belong to the contributory regime but are not previously registered with an EPS of that regime.

Failure to comply with this obligation shall entail responsibility for the comprehensive health care of the member for the entity providing the voluntary health plan.

The entity shall be exempt from this obligation when the member withdraws from the contributory health regime after the date of subscription or renewal of the contract.

All entities offering voluntary health plans will be required to report to the Ministry of Health and Social Protection the list of beneficiaries of these plans in accordance with the structure and content defined by the Ministry.

Persons affiliated with exempt or special schemes may enter into these contracts, subject to verification of their affiliation with the exempt or special scheme to which they belong.

The Transactional Affiliation System will provide information for consultation on affiliation to the General Social Security System for Health.

ARTICLE 86. *Modifications to membership capacity.* Modifications to the geographical, population, mixed, or redistribution membership capacity of a Health Promotion Entity shall be subject to two authorization regimes: general authorization and prior authorization.

Modifications to membership capacity, relating to population growth or geographical coverage in other municipalities or departments, or redistribution in authorized municipalities, shall be subject to the general authorization regime, provided that the Health Promotion Entity is not subject to dissolution or liquidation, or revocation or suspension of the authorization certificate in accordance with the provisions of Article 230 of Law 100 of 1993 in the event of revocation of the authorization.

Any decrease in membership capacity in terms of population or geographic coverage shall be subject to the prior authorization regime. This regime shall also apply when the Health Promotion Entity does not meet the criteria for access to the general authorization regime, when the entity is subject to compliance with a performance plan or special instructions issued by an inspection, surveillance, and control body, or when so determined by the National Health Superintendency.

Under the general authorization regime, the Health Promotion Entity must register and file with the National Health Superintendency, within the first fifteen days of each month, any changes to membership capacity made in the immediately preceding month. The National Health Superintendency will exercise subsequent control.

Once the change to the membership capacity has been made, the EPS must ensure that the provider network is sufficient for the new population and, as a result of the membership, make the necessary financial adjustments in accordance with the provisions of Decree 2702 of 2014 and other regulations that modify, add to, or replace it.

Under no circumstances may EPSs deny enrollment to individuals on the grounds of limitations to their enrollment capacity, for which they must apply the general authorization when the entity has exceeded its authorized capacity.

ARTICLE 87. *Institutional reorganization processes.* In the processes of merger, spin-off, creation of new entities, or other forms of institutional reorganization, the participating EPS may transfer their members to the Health Promotion Entity resulting from the institutional reorganization process. The corresponding institutional reorganization plan must be submitted to the National Health Superintendency for approval, which must verify compliance with the following minimum requirements:

87.1. That the entity or entities transferring their members have a majority stake in the entity resulting from the reorganization.

87.2. The entity transferring its members shall simultaneously transfer its assets, liabilities, operating license or authorization, and contracts associated with the provision of health services under the benefits plan to the Health Promotion Entity resulting from the reorganization.

The National Health Superintendency shall establish the conditions and requirements for the submission of the reorganization plan and the application of the other provisions of this article.

ARTICLE 88. *Affiliation of foreigners applying for refugee or asylum status.* Foreigners applying for refugee or asylum status before the Colombian State who have a safe conduct pass, in accordance with the provisions of Title 3, Part 2 of Book 2 of Decree 1067 of 2015 or the regulation that modifies it, add to, or replace it, shall be affiliated to the General Social Security System for Health as contributors or as members of the Subsidized Regime, if they meet the conditions for doing so.

ARTICLE 89. *Validity and repeals.* This decree shall take effect on the date of its publication and repeals Decrees 1485 of 1994, Article 14, paragraphs 1, 2, 3, 4, 8, 9, 12, 14, and 16; 806 of 1998, with the exception of Articles 17 to 24, 52, 65, 69, 70, 71, 72, and 79; 1725 of 1999, Article 1; 1804 of 1999, Article 21; 047 of 2000; 783 of 2000, with the exception of Article 1; 1703 of 2002, with the exception of Articles 24, 36, and 39; 2400 of 2002; 4248 of 2007; 1357 of 2008, 3047 of 2013; 1164 of 2014, and 057 of 2015, and Agreements 414 and 415 with except for Articles 4, 5, 7 paragraph 4, 8, 11, 12, 13, 18, 30, 33, 37, 39, 40, 41, 42, 70, 71, 72, 73, 74, and 81, both of 2009, of the National Council for Social Security in Health, and any other provisions that contradict it.

PUBLISH AND COMPLY

Given in Bogotá, D.C., on the 3rd day of December 2015 ALEJANDRO

GAVIRIA URIBE

THE MINISTER OF HEALTH AND SOCIAL PROTECTION,

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