

## AGAP TECHNICAL SEMINAR

15 April, 2024 | 03:00Pm | AFP Commissioned Officers Club House, Camp Emilio Aguinaldo, Quezon City

# PhilHealth's Directions & Thrust in Ensuring Full Financial Risk Protection

Presented by: Dr. RENATO L. LIMSIACO, JR., CPA, MPA, CFrA, BLTCE, CESE

> Senior Vice President, Fund Management Sector Cel No. 09173065138; rllimsiacojr@yahoo.com





# **PRESENTATION OUTLINE**

# 1. PhilHealth's UHC Deliverables & Strategic Priorities

# 2. PhilHealth Konsulta Program



# **1.** PhilHealth's UHC Deliverables & Strategic Priorities





# RA No. 11223 - Universal Health Care Act





The UHC Act seeks to "ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services and protected against financial risk."

(Section 3(b) – RA 11223)

### The major reforms seek to:

- consolidate existing yet fragmented financial flows
- increase the fiscal space for benefit delivery
- improve the governance and performance of devolved local health systems
- institutionalize support mechanisms such as health technology assessment and health promotion



# **PhilHealth Mandate**



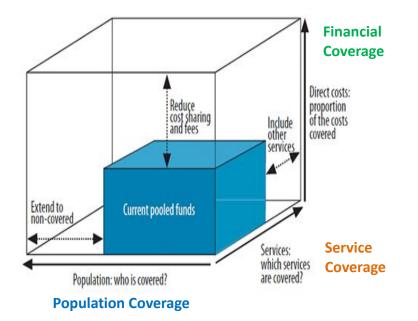
To provide health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines.

To serve as the means for the healthy to help pay for the care of the sick and for those who can afford medical care to subsidize those who cannot.

## Universal Health Care Act RA No.11223

# **UHC's Mandate**

WHO's UHC Cube Framework





Population Coverage – automatic inclusion of every Filipino citizen into the National Health Insurance Program



Service Coverage – immediate eligibility & access to population-based and individual-based health services



**Financial Coverage** – reduce out-of-pocket expenditure for health



# **Spectrum of PhilHealth Benefits**

Acute Lymphocytic Leukemia Early Breast Cancer Prostate Cancer Kidney Transplantation Coronary Artery Bypass Graft

## Outpatient (Primary Care & SDG)

Primary Care Benefit Maternity Care/NSD Package Prenatal care Newborn Care Package TB-DOTS Package Animal Bite Package Malaria Package Outpatient HIV-AIDS Package Inpatient (Case Rates)

> Inpatient cases Day surgeries Chemotherapy Radiotherapy Hemodialysis

Catastrophic (Z benefits)

Total Correction of TOF Closure of VSD Cervical Cancer Z Morph Ortho Implants Peritoneal Dialysis Colon and rectum cancers



## **PhilHealth Key Deliverables**





### Automatic Coverage



Comprehensive Outpatient Benefit



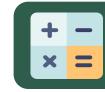
Diagnosis-related Groups (DRGs)



Global budget (GB)



Contracting of networks

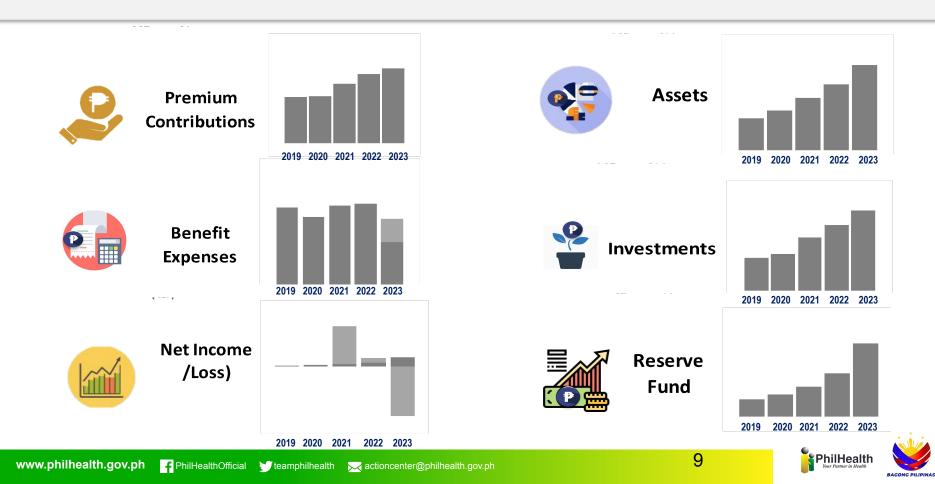








## 5-Year Financial Highlights (amounts in billion pesos)



# **2023 to 2025** PhilHealth Priorities







# **Strengthen PhilHealth's Primary Care Benefits**

Protektado ang kalusugan ng bawat Filipino sa pinakabagong benepisyong handog namin sa inyo



PC No. 2020-0002 – Konsulta (GP) PC No. 2020-0021 – Accreditation of HCPs for Konsulta PC No. 2022-0005 – Konsulta (IG Rev1) PC No. 2022-0023 – Konsulta PCPN PC No. 2022-0032 – Konsulta+ (GP) PC No. 2023-0008 – Konsulta PCPN (Rev1) RBM 26 Apr 23 – Konsulta+SDG, PhilHealth GAMOT





# **The Universal Health Care Act**

Every Filipino shall be granted immediate eligibility and access to **preventive**, promotive, curative, rehabilitative, and palliative care for medical, dental, mental, and emergency health services, delivered either as population based or individual based health services.

Essential health benefit package refers to a set of individual-based entitlements covered by the National Health Insurance Program (NHIP) which includes **primary care**; medicines, diagnostics and laboratory; and preventive, curative, and rehabilitative services

### Primary care refers to initial-contact, accessible, continuous,

comprehensive and coordinated care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary.



# **Primary Care**

- initial-contact, accessible, continuous, comprehensive and coordinated care
- accessible at the time of need
- includes a range of services for all presenting conditions
- able to coordinate referrals to other health care providers in the health care delivery system, when necessary.







- Paid per capita
- Covers a defined set of primary care health services based on their life-stage, health risks, and needs
- Covers individual-based health services including initial and follow-up primary care consultations, health screening and assessment, and access to selected diagnostic services, and medicines



## SERVICES

Consultation and case management

Provision of preventive health services

Assisting eligible beneficiaries in accessing services in partner facilities

Referral to specialty and higher level of care

**LABORATORIES (13)** 

CBC w/ platelet count Lipid profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides) Fasting Blood Sugar **Oral Glucose Tolerance Test** HbA1C Creatinine Chest X-Ray Sputum Microscopy ECG Urinalysis Pap smear Fecalysis Fecal Occult Blood Test

## **MEDICINES (21)**

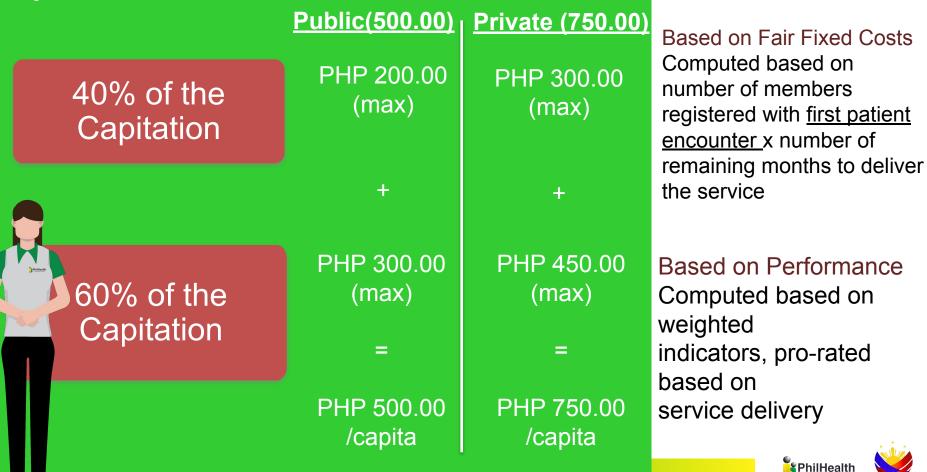
Anti-microbial	Amoxicillin Co-Amoxiclav Nitrofurantoin Cotrimoxazole Ciprofloxacin Clarithromycin
Fluid & electrolytes	Oral Rehydration Salts
Anti-asthma	Prednisone Salbutamol Fluticasone + Salmeterol
Antipyretics	Paracetamol
Anti-dyslipidemia	Simvastatin
Anti-diabetic	Gliclazide Metformin
Anti-hypertensive	Enalapril Metoprolol Amlodipine Hydrochlorothiazide Losartan
Anti-thrombotics	Aspirin
Antihistamine	Chlorphenamine maleate

## Specific list of services included in the package





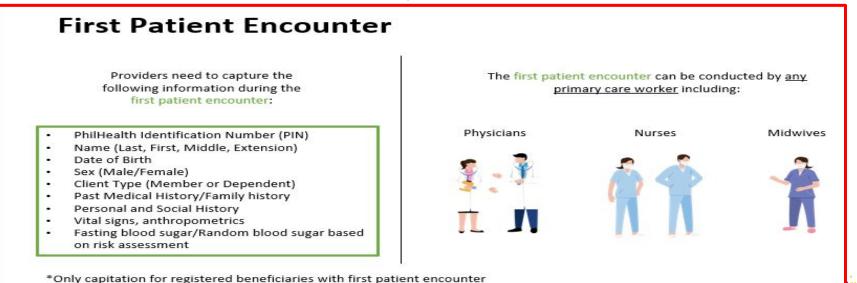
# **Capitation Tranches**



## **Konsulta Payment Mechanism**

# Tranche 1 - REGISTRATION OF MEMBERS TO THE KONSULTA PROVIDER (40%) – P200

Number of registered member with First Patient Encounter (Data Uploaded in the PhilHealth System)



will be paid to the Provider

## Tranche 2 - Provision of Konsulta Services – 60% P300

NO.	PATICULAR	TARGET
1	Primary Care Consultation	100%
2	Utilization of Laboratory Services	50%
3	Dispensing of Medicines(Antibiotics)	15%
4	Dispensing of Medicines (NCD)	20%





### Ano-ano ang mga serbisyong maaaring ma-avail mula sa PhilHealth Konsulta package?



Libreng **konsultasyon** mula sa primary care physician



律

Health risk **screening at assessment** 

Mga piling **laboratory at diagnostic tests** (tulad ng CBC blood test, urinalysis, at chest X-ray)

Mga piling **gamot** ayon sa health risks, edad, at pangangailangan ng pasyente (tulad ng maintenance kontra altapresyon at diabetes)

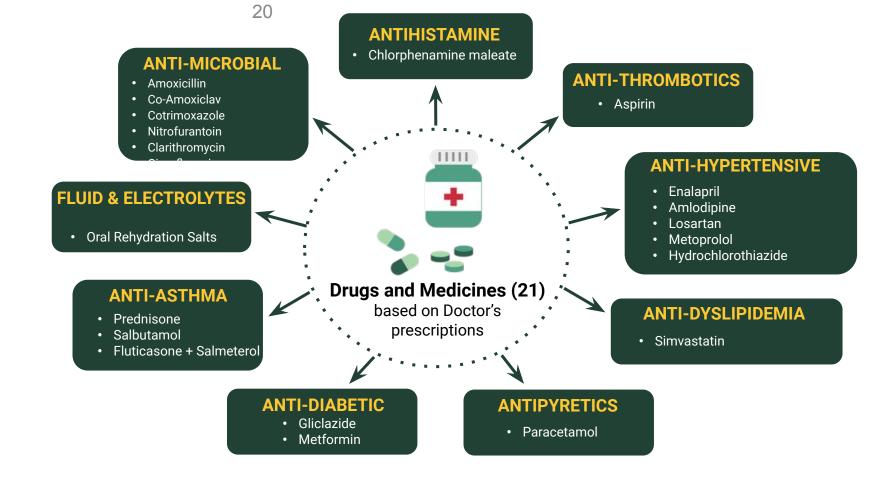
x actioncenter@philhealth.gov.ph PhilHealthOfficial teamphilhealth www.philhealth.gov.ph



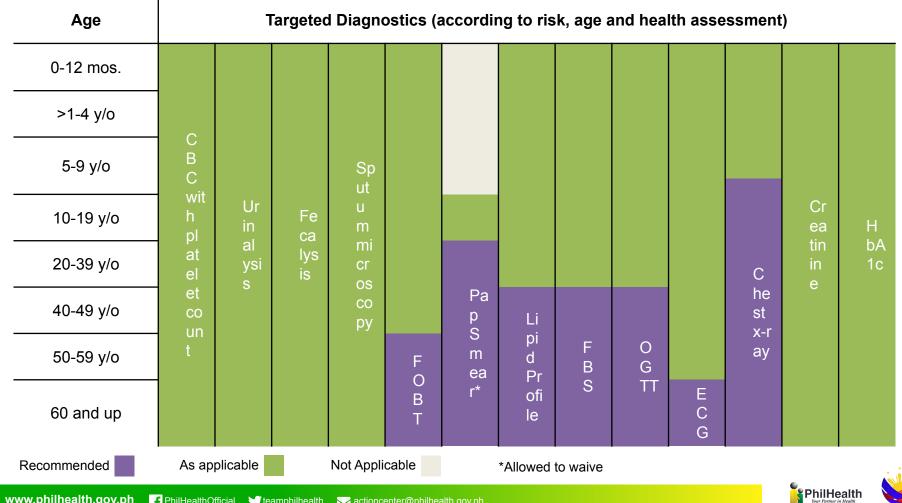
## LABORATORY TESTS (13)

- CBC with platelet count
- Lipid Profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides)
- Fasting Blood Sugar (FBS)
- Oral Glucose Tolerance Test
- HbA1c
- Creatinine
- Chest X-Ray
- Sputum Microscopy
- ECG
- Urinalysis
- Pap smear
- Fecalysis
- Fecal Occult Blood



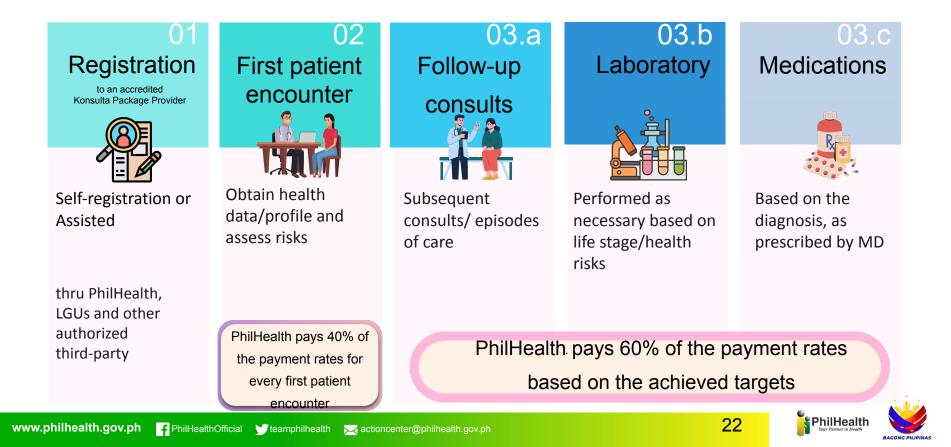






**BAGONG PILIPINA** 

## How to avail of PhilHealth Konsulta Benefit



# STEP 1: UPDATE MEMBER DATA RECORD (MDR) and REGISTER

# STEP 2: GET AUTHORIZATION TRANSACTION CODE (ATC) or PERFORM FACE CAPTURE ONSITE

# STEP 3: PROCEED TO YOUR PROVIDER FOR YOUR HEALTH ASSESSMENT AND CONSULTATION





# **STEP 1: UPDATE MDR and REGISTER**

STEP 2: GET ATC or PERFORM FACE CAPTURE ONSITE	
STEP 3: HEALTH ASSESSMENT AND CONSULTATION	
<b>STEP 4: GIVE FEEDBACK</b>	
www.philhealth.gov.ph	

Member and dependent shall update their MDR and have their own PIN.

Check PhilHealth website for the list of Konsulta providers.

Done yearly and fixed for one calendar year

ctioncenter@philhealth.gov.ph



# **STEP 1: UPDATE MDR and REGISTER**





Registration to a preferred Konsulta Provider may be done through any of the following:

<u>SELF</u>

## Member Portal (website)

### **ASSISTED**

•Local Health Insurance Office (LHIO)

PCARES

•LGU/OSCA (My PhilHealth Portal)

PhilHealth Call Action Center



www.printeartingov.pri 💦 Printeartinomiciai y teamphilhealth 📈 actioncenter@philhealth.gov.ph





# STEP 1: UPDATE MEMBER DATA RECORD (MDR) and REGISTER

# **STEP 2: GET AUTHORIZATION TRANSACTION CODE** (ATC) or PERFORM FACE CAPTURE ONSITE

# STEP 3:PROCEED TO YOUR PROVIDER FOR YOUR<br/>HEALTH ASSESSMENT AND CONSULTATION

## **STEP 4: GIVE FEEDBACK**



# **STEP 1: UPDATE MDR and REGISTER**

## STEP 2: GET AUTHORIZATION TRANSACTION CODE (ATC) or PERFORM FACE CAPTURE ONSITE



**STEP 4: GIVE FEEDBACK** 

Member shall secure Authorization Transaction Code (ATC) through any of the following:

### SELF

•Member Portal (website)\* \*for development

### ASSISTED

•Local Health Insurance Office (LHIO)

•PCARES

•PhilHealth Call Action Center (02) 866 225 88

New Hotline: (02) 866-225-88 Click-to-Call via homepage www.philhealth.gov.ph (bottom-right portion) Mobile Hotlines Call and text Smart: 0998-857-2957, 0968-865-4670 Globe: 0917-127-5987, 0917-110-9812 To request for callback via mobile hotline, text. "PHICallback <space> Mobile Number to be called <space> details of your concern". Callback schedule is from 8 am – 8 pm, 12 hours by 7 days, including weekends and holidays. Ask agent for details to make sure the callback is from PhilHealth.

actioncenter@philhealth.gov.ph

🎫 PhilHealthOfficial 🚩 teamphilhealth

www.philhealth.gov.ph

**STEP 1: UPDATE MDR** and REGISTER

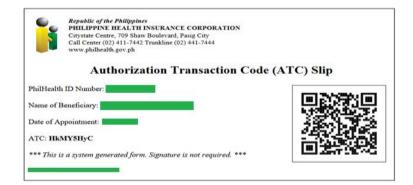
## STEP 2: GET AUTHORIZATION TRANSACTION CODE (ATC) or PERFORM FACE CAPTURE ONSITE

STEP 3: HEALTH ASSESSMENT AND CONSULTATION An ATC or face capture will be needed for each patient (member or dependent) for every health assessment and consultation.

Valid within the day of appointment until 11:59 PM.

If the beneficiary fails to visit the clinic within the validity period of the ATC, the beneficiary shall secure another ATC.

Write down the generated ATC and validity period or print the ATC Slip





# STEP 1: UPDATE MEMBER DATA RECORD (MDR) and REGISTER

# STEP 2: GET AUTHORIZATION TRANSACTION CODE (ATC) or PERFORM FACE CAPTURE ONSITE

# STEP 3: PROCEED TO YOUR PROVIDER FOR YOUR HEALTH ASSESSMENT AND CONSULTATION







### Member/dependent can now go to their provider

### Provision of targeted diagnostics based on age, risk and health assessment.

## **STEP 3: HEALTH ASSESSMENT AND CONSULTATION**



www.phinreattn.gov.phinreattnOnicial reampnineattn at actioncenter@philhealth.gov.ph

# STEP 1: UPDATE MEMBER DATA RECORD (MDR) and REGISTER

# STEP 2: GET AUTHORIZATION TRANSACTION CODE (ATC) or PERFORM FACE CAPTURE ONSITE

# STEP 3: PROCEED TO YOUR PROVIDER FOR YOUR HEALTH ASSESSMENT AND CONSULTATION

# www.phi STEP 4: GIVE FEEDBACK



PhilHealth ELEC	TRONIC KONSULTA AVAILMENT SLIP (EKAS)
-----------------	---------------------------------------

		ng Pasilidad)

KI NAME.	Case No.:	HCI Accrediat	17.10° (17.10°)	ansaction No.:	
W (PhiHealth Iden Bleation Number):	Momborship Cate	gary (Kategorya	ng pagiging Miyon	abra:)	
aSentName (Pangalan ngPasyente):	Age (Edad):	Casta	etNo. (Numero ng	Telepono):	
Newborship Type: MEMBER DEPENDENT	Authorization T	Transaction Cade (ATC)			
Konsulta Services		Performed ⊻ ⊻	Date Performed	Performed by	
complete Blood Count (CBC) w/ platelet count	0				
ipid profile (Total Cholesterol, Triglycerides, HDL Cheles	steral, LDL Cholesteral)			330	
asting Blood Sugar (FBS)					
ral Glucose Tolerance Test		10) 		3.3	
ilycosylated Hemoglobin (HbA1c)					
reatinine		100 100			
Chest X-Ray					
putum Microscopy		14 C			
lectrocardiogram (ECG)					
Irinatysis				3.0	
'ap smear		22 20			
ecalysis					
ecal Occult Blood Test					
rhe: In form shall be provided to The Kanaulta beneficiary.					
o be filled-out by the patient (Pupu we yes received the above mentioned essential services? intergrap we be any map perspectively on a schere	() _Ye	10) 100 _No(Hindi)			
ore satisfied are yes with the services provided 7 isono ka nasiyaban sa natanggiap na serbisya 7)	п.	⊕ _ (		2	



### To be filled-out by the facility (Pupunan ng Pasilidad)

HCI NAME:	Case No	Case No.:		ediation No.	Transaction No.:	
PIN (PhilHealth Identification Number):	Membership	Monitorship Category:		Membership Typ	C D MEMBER	
Patient Name (Pangalan ng Pasyente):	Age (Edad):		1	Contact No. (Numero ng Telepono):		
R <sub>x</sub>	USE GED	ERIC NA	ME			

Next Dispensing Date: (Petsa ng sasan od na bigay ng gamot)

\*

To be filled-out by the patient (Pupunan ng Pasyente)

Did you received the above-mentioned medecines? (Naturggap me be any mgin gamet to a subangg(IT) Are you satisfied with the medecines you received?

(Nasiyahan ka ba sa mga gamut na natanggap mo?) Fer yourcemment, saggestian er complaint:

(Para sa lyongkomenta, mangkabi o reklamo):

Sula: Accomplished from shall be submitted to Konsulta Provider (Jug hampishing form ay dapat inamity catagoogbigay ng Konsulta

Dags 1 of 1 of Annow LI

PhilHealth

Physician: PBC LIC Na. PTR Na.:

\$2 No.

-@

\_Yes(Do) \_Ne(Hed)

Phillipally Identification Number of Patient:

-<u>O</u>



# **Strategic Progression** of Primary Care Coverage

Coverage Strategies	Purpose	Service Inclusions	Payment Mechanism	Policy
	Current main primary care benefit of PhilHealth	Consultation, select drugs (21) and select diagnostics (13)	Capitation (40% with condition, 60% based performance)	PC No. 2020 - 0002
<b>Konsulta</b>				PC No. 2020 - 0022
-				PC No. 2022 - 0005
PhilHealth Konsulta PCPN Sandbox	A sandbox of SHF and network payments using current Konsulta package	Consultation, select drugs (21) and select diagnostics (13)	Capitation (30% initial front load, succeeding 50% and 20% based on performance)	PC No. 2022 - 0023
+ SDGs	Committed interim package to expand to COBP	Current Konsulta package, integrating existing SDG outpatient packages (TB, HIV, animal bite, malaria)	Capitation (50% initial front load, succeeding 50% based on performance)	Ongoing policy finalization for ExeCom approval



## **Prospective Payment under Konsulta PCPN**

1/n • 🥑













- Quezon Prov 74M
- So Cotabato Prov 53M
- Bataan Prov 114M
- Baguio City 14M











34

## With Mammogram & Ultrasound

## No Balance Billing & No Co-pay

with bias for the poor in public facilities

There shall be **no fixed co-payment** for primary care services provided in public facilities to ensure **continued access for the poor** in public facilities.



**DOH & LGUs** cross subsidizes input costs to provide mammogram in primary care facilities.

No adjustment to labour cost as interpretation would require specialist services which is not included in the capitation.

### BOARD APPROVED March 13, 2024

## Predictable costs

for all Filipinos in **private facilities** 



Mammogram is included as a diagnostic for screening provided annually for women aged 50-69.

Ultrasound is used for Liver Cancer Screening. Cost per capita is negligible.



# **PhilHealth Konsulta** What services are included?

HEALTH SERVICES IS DIAGNOSTICS	21 MEDICINES		
<section-header><ul> <li>Health Risk Screening (TB, HV, etc.)</li> <li>Consultations with a Primary Care Provider</li> <li>Wellness Consultations (Maternal &amp; Child, Prenatal, etc.)</li> <li>Sick Consultations (TB, Malaria, etc.)</li> <li>Counselling (FP, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental health, etc.)</li> <li>Counselling (-P, health and lifestyle, smoking cessation, alcohol, mental hea</li></ul></section-header>	<ul> <li>Amoxicillin</li> <li>Co-Amoxiclav</li> <li>Nitrofurantoin</li> <li>Cotrimoxazole</li> <li>Ciprofloxacin</li> <li>Clarithromycin</li> <li>Oral Rehydration Salts</li> <li>Prednisone</li> <li>Salbutamol</li> <li>Fluticasone + Salmeterol</li> <li>Paracetamol</li> </ul>	<ul> <li>Simvastatin</li> <li>Gliclazide</li> <li>Metformin</li> <li>Enalapril</li> <li>Metoprolol</li> <li>Amlodipine</li> <li>Hydrochlorothiazide</li> <li>Losartan</li> <li>Aspirin</li> <li>Chlorophane maleate</li> </ul>	

PhilHealth

**BAGONG PILIPIN** 

#### **PhilHealth Konsulta**

Why pay for Primary Care?



of household spending for health is paid towards medical outpatient services (13.3%) and outpatient drugs (31.4)\* \*Family Income & Expenditure Survey (FIES), 2012



Purchasing outpatient services through PhilHealth reduces out-of-pocket(OOP) spending for all Filipinos.

- Many Primary and Outpatient services are insufficiently covered (coverage gap), despite being almost half of the total household expenditure for health.
- While primary care is traditionally not paid through insurance, PhilHealth can leverage its market power to purchase services at lower rates or fees (strategic purchasing).
- Covering primary and outpatient care will have a more immediately felt (damang-dama) effect to OOP.





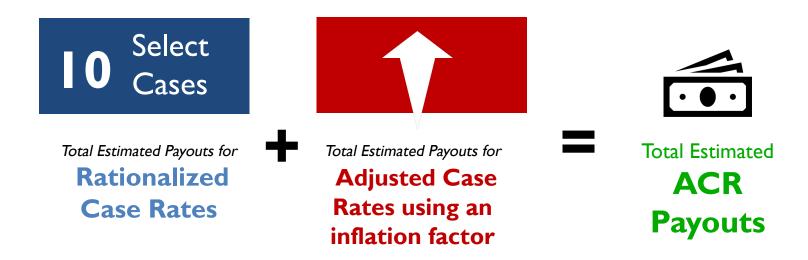
Sa Universal Health Care, ramdam ang **Pinalawak at mga Bagong Benepisyo para sa Mamamayang Filipino** 







#### **Case Rates Adjustment**



Data Sources:

- PhilHealth Claims Data (2020-2022) to determine the SGR
- PhilHealth Stats and Charts (2013-2022) to estimate intervention effect on budget





#### **2023 Expansion of Case Rates**

ILLNESS/ CASE RATE DESCRIPTION	CURRENT PACKAGE AMOUNT	BOARD-APPRO VED PACKAGE AMOUNT	% INCREASE
HIGH-RISK PNEUMONIA	Php 32,000	Php 90,100	181%
ACUTE STROKE, ISCHEMIC	Php 28,000	Php 76,000	171%
ACUTE STROKE, HEMORRHAGIC	Php 38,000	Php 80,000	111%



#### **Case Rates Adjustment**

#### **EFFECTIVE: FEBRUARY 14, 2024**

## 

Presented to and recommended by the Benefits Committee based on:

- 1. **Technical recommendation** based on health inflation using CPI; and,
- 2. Recommendation by the ExeCom with 2. commitments to ensure compliance with fiduciary responsibilities.

#### **Cost Control Mechanisms:**

- 1. Adherence to **No Balance Billing** in public and private wards
- Not charge patients above the Maximum Out-of-Pocket (MOOP) in public non-ward

accommodation**s**.

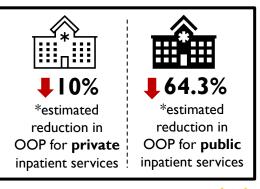
#### **Incentivise Providers:**

- 1. To share provider fees and charges whether in public or private facilities (as part of accreditation and through the electronic SOA)
  - To participate in shadow billing for DRG.

\*Simulated effect of policy on

#### Php 40B to 42.7B

Estimated increase in payouts for 2024 due to the Adjusted Case Rates to a total of **Php 175.2B** to 185.1B





#### **Expansion in Benefits**

(2023 – 2025)

#### Funded by PAGCOR and PCSO

- 1. Increase in dialysis sessions from 90 to 156
- 2. Rationalization of select Inpatient Case Rates
- 3. Enhancement of select Z Benefits
  - Orthopedic implants
  - Kidney Transplantation
  - Cancer
    - Breast (from 100K to 1.4M)
    - Cervical
    - Prostate
  - Open heart surgeries for children:
    - Ventricular Septal Defect
    - Tetralogy of Fallot

#### **Funded by Regular Contributions**

- 1. Outpatient benefit package for mental health
- 2. Outpatient therapeutic care for Severe Acute Malnutrition for children below 5 years old
- 3. PhilHealth GAMOT
  - Expansion of coverage under Konsulta+ (Comprehensive Outpatient Benefit Package)





#### **Balancing collections with payments**

RCR

#### Adjustment Factors (RCR & IAF)

#### ICD10 / RVS Description

145.9	Bronchial Asthma, in Acute Exacerbation	247%
P36.9	Bacterial sepsis of newborn, unspecified Sepsis neonatorum; Septicemia, newborn	217%
A97.2	Severe Dengue; Severe Dengue fever; Severe Dengue hemorrhagic fever	293%
121.9	Acute myocardial infarction, unspecified	425%
118.92	Community-acquired pneumonia III	197%
66984	Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (Irrigation and aspiration)	149%
66987	Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (Phacoemulsification)	189%
96408	Chemotherapy administration	193%
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis (for lung cancer)	119%
J18.93	Community-acquired pneumonia IV (high risk)	362%
161.9	Intracerebral hemorrhage, unspecified; Cerebrovascular Accident hemorrhage	245%
163.9	Cerebral infarction, unspecified; Reversible Ischemic Neurologic Deficit (RIND) CVA with infarction	246%

Sensitivity Analysis	IAF
Scenario 1	20%
Scenario 2	25%
Scenario 3	30%

BOARD APPROVED March 13, 2024



#### **Benefit Expenses Allocation 2024**

#### (in million pesos)

PARTICULAR	2024	2023	Inc (Dec)	
	Proposal <sup>1</sup>	СОВ	Amount	%
KONSULTA <sup>2</sup>	26,250	17,013	9,237	54
KONSULTA-SDG	3,154			
ZBENEFITS	1,000	6,151	(5,151)	(84)
MENTAL HEALTH	50	3,013	(2,963)	(98)
ALL CASE RATES	9,243	9,243	-	-
SEVERE ACUTE MALNUTRITION	200	1,070	(870)	(81)
EXISTING BENEFITS	162,239	162,239	-	-
HEMODIALYSIS	5,112	5,780	(668)	(12)
ALL CASE RATES ADJUSTMENT	32,448		32,448	
GAMOT	3,956		3,956	
STANDALONE	288		288	
TOTAL	243,940	204,509	39,431	19

<sup>1</sup> Based on Adjusted Calibrated Benefit Plan

<sup>2</sup> KONSULTA REGULAR AND PCPN





#### and many more

# PAY WHICHEVER IS LOWER

#### NO MORE, REPEALED





## Provider Payment Mechanism

- DRG stakeholder engagement
- Global Budget
- Continuing costing survey
- Capacity building of healthcare providers
- Cost sharing
- Network Contracting

## **ACR to DRGs**

All Case Rates to Diagnosis-Related Groups





#### **LEGAL BASIS: Contracting**

Guidelines for Contracting Healthcare Provider Networks (HCPN)

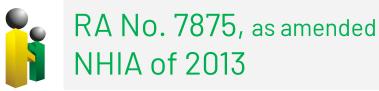


#### UHC Act IRR, Section 18.2

PhilHealth shall endeavor to contract health care provider networks for the delivery of individual-based health services

#### **UHC Act IRR, Section 18.10**

PhilHealth shall adopt any or a combination of closed-end, prospective provider payment mechanisms...



#### NHIA of 2013, Section 16 (j)

PhilHealth has the power to negotiate and enter into contracts regarding payment mechanisms and delivery of health services, among other.

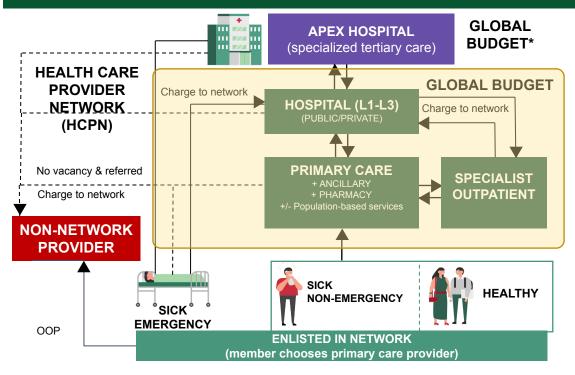


#### VISION: Continuum of Care

#### Health Care Provider Networks (HCPNs)



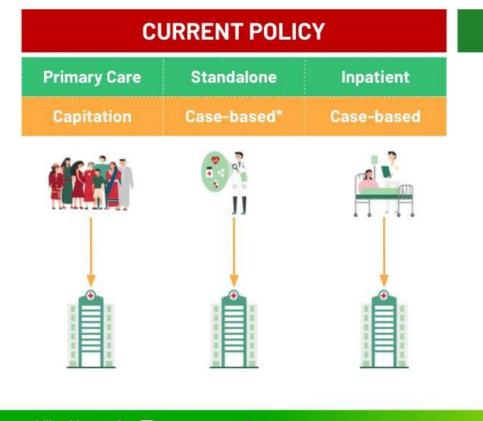
Health financing as ENABLER of health service delivery



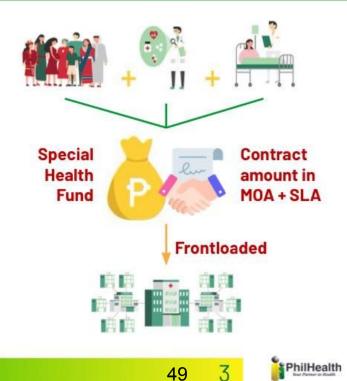


BAGONG PILIPINA

#### **PROSPECTIVE PAYMENT MECHANISMS**

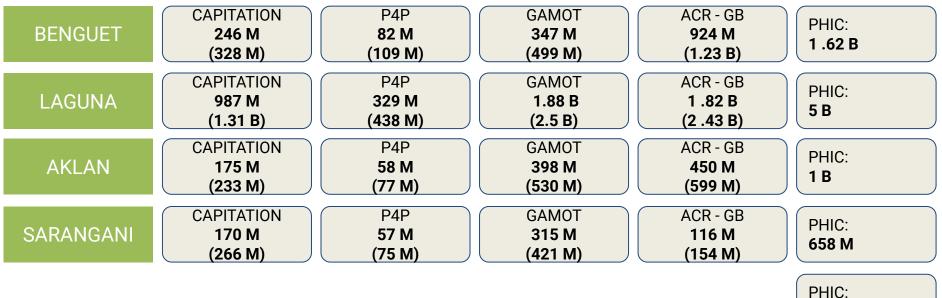


#### **PROPOSED POLICY**



BACONC PILIPINA

#### **Projected Benefit Payouts**



8.6 B





### **Fund Sustainability**



- Strengthen Accounts Management
- Electronic Registration (e.g. Philippine Business Hub Portal)
- Expansion of payment channels



\*PSA's Population Projection for 2023



#### **PhilHealth Digitalization- Target State**

- Providing amazing service before and after transacting with PhilHealth, i.e. greater personalization, integrated or connected experience across all channels;
- Less human interventions in transacting with PhilHealth;
- Cashless transactions or payments are done without the exchange of physical cash;
- Paperless services resulting from business process re-engineering or improvements;
- Strong digital validation and controls for improved authentication and verification of members; improved identification and prevention of fraudulent activities like making multiple claims for the same procedures in a short period, repetitive bills for unnecessary services or procedures, among others;
- Use of machine learning algorithms to analyze large amounts of data from PhilHealth/National Health Data Repository (claims data, electronic health records, others), detect patterns and anomalies that indicate fraudulent behavior; and
- Improved PhilHealth's integrity by ensuring that legitimate claims are processed efficiently and resources appropriately used.
- Digital consent to give permission to share data or information.

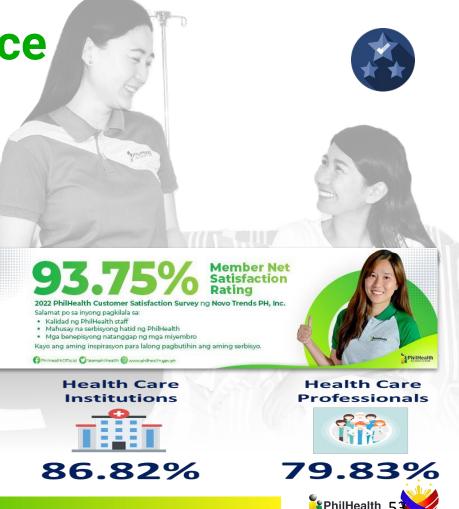




## **Good Governance**

- Reorganization
- Enhanced Anti-Fraud Mechanisms
- Ease-of-Doing-Business (EODB) / ARTA
- ISO Certification
- Customer Satisfaction





Questionnaire by the Governance Commission for GOCCs (GCG)

Www.philipealin.cov bit  $\sim$  Philipealin (Hotel) bit is teamphiles by a concenter (Applicable and State an

## PhilHealth is laser-focused on delivering much-needed health financing... dahil sa PhilHealth, Bawat Buhay ay Mahalaga.









