Assessment of the PhilHealth Accounts Management Strategy (PAMS)

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Cooperating Agency: Philippine Council for Health Research and Development & Philippine Health Insurance Corporation

TECHNICAL ABSTRACT

The objective of the study was to assess the effectiveness of the PhilHealth Account Management Strategy (PAMS) in improving collection efficiency and in maintaining employer's awareness of its programs and policies. The research utilized time-series, cross sectional data from seven regional areas to determine changes in registration/reporting and remittance rates before and during PAMS implementation. PhilHealth Employers Engagement Representative (PEER) knowledge on basic PhilHealth membership, benefits and PAMS policies, was measured through the administration of a knowledge test to 400 PEERs. Various statistical tests such as the T-test and ANOVA were used to analyze the quantitative data. Discussions and interviews with major stakeholders of PAMS were conducted to contextualize the quantitative results and identify processes, as well as strategy issues and improvements.

Results indicated that registration/reporting and total remittance have increased by 109.8% and 121.2%, respectively during-PAMS implementation. The PEERs" overall knowledge score (60.4%) was significantly lower than the passing standard (70%). Across regions, only PEERs from PRO5 achieved an overall passing mark (73.2). Across subject matters, PEERs performed better on PAMS-related topics but failed on membership and benefits issues.

There were corporate policies that institutionalized PAMS. An operational framework was developed but the Manual of Operation (MOP), which prescribes the processes was lacking. PAIMS and the PEERs were the observed organizational strengths, while the lack of uniform organizational structure and inadequacy of human resource were the weaknesses.

The EPRS significantly improved processing of remittances and reporting while achieving real time posting. The common issue among users was on its stability and reliability. The EPRS is prone to glitches particularly towards deadlines and the slow Internet connectivity if not lack of it. The tiered approach to account management was introduced to increase collection in a progressive fashion. The approach however, was not well understood at field level.

The recommended direction is to institutionalize PAMS as the overarching strategy for collection and progresses into program in phase. The following are the required process improvements: 1) Development of an annual implementation log-frame with objectives, outputs and outcome, done in tangent with M&E system enhancement; 2) Development of MOP; 3) Implementation of a structured training program for PAIMS/PEERs to achieve consistency in implementation. Outsourcing the training needs to the private groups will free up valuable human resources of PhilHealth; 4) Full implementation of the tiered approach to account management without further delay and ensuring that the support mechanisms for implementation are in place; 5) Inclusion of all PhilHealth sectors in the EPRS to achieve consistency in premium collection; 6) Improvement in the stability and reliability of the computing environment to amplify its usefulness by addressing issues that are associated with system design, hardware requirements, connectivity, data harmonization, and automation of common analytical reports; 7) Assignment of varied payment deadlines to each of the employers to

eliminate short peak and long slack periods of transactions; 8) Utilization of mobile technology application to address connectivity issues, especially for GIDA-situated firms; 9) With an expanded sectoral coverage of the EPRS and the persistent connectivity issue, especially for GIDA-situated firms, the LGU-ACA remains the viable option.

These process improvements should bank on effective coordination between and across offices of PhilHealth and supported with an appropriate M&E System.