

Assessment of PhilHealth CARES Project



What is the PCARES Project?

The PhilHealth Customer Assistance, Relations and Empowerment Staff (PCARES) project was launched in 2012 to provide a more personalized approach to ensure members' access to essential information about their benefits at the point-of-service. An interim project assessment in 2013 showed that it improved the ease of claims processing and that the nurses were patient navigators. With the nationwide project expansion, this study evaluated it since its launch and determined whether the identified gaps in the initial assessment have been addressed.

How was it evaluated?

Surveys, key informant interviews, focus group discussions, and review of documents were used to identify the project's strengths, gaps, and points for improvement.



What are the strengths of PCARES?

1. PCARES is highly appreciated both within and outside of PhilHealth.
2. PCARES is a useful project for all stakeholders and should be elevated to program status.



What are the gaps of PCARES?

1. PCARES structure within PhilHealth should be clarified at national and regional levels.
2. PCARES should evolve alongside PhilHealth.
3. There is currently no standard manual of operations for PCARES.
4. There is a lack of manpower for PCARES.
5. PCARES staff are compensated poorly relative to other job opportunities.
6. PCARES staff faces an uncertain future due to lack of tenure and possible nonrenewal of the project.
7. PCARES is having difficulty in meeting targets which are aggravated by a lack of positions and difficulty in filling vacant positions.
8. There is a discrepancy in the interpretation of the policies of PhilHealth.

How can PCARES be improved?

1. Cover all regions and include more hospitals and stakeholders with separate assessments for each type in future assessments
2. Elevate PCARES to program status to nullify the threat of termination or non-renewal
3. Improve employment terms for PCARES staff (i.e., increase compensation and allowances, regularization)
4. Increase the number of positions for PCARES staff
5. Consider decreasing the required qualifications for the hiring of PCARES staff
6. Clarify the structure of PCARES at the national and regional levels
7. Formulate a manual of standard operating procedures
8. Explore possible modifications to PCARES' functions considering the direction of PhilHealth and PCARES' unique position of being at the point of care while retaining the current services it provides
9. Explore feasibility of extension of hours PCARES staff are present in hospitals;
10. Decrease discrepancies on policy interpretation (i.e., ensure clear guidelines and policies, properly disseminate new or updated circulars and policies)
11. Harmonize the targets at the central and regional level; individualize targets regionally as needed
12. Ensure that the hospitals follow the given working space and resources guidelines as much as possible
13. Determine the impact of PCARES on utilization through actuarial studies