

SURVEY OF PHILHEALTH STAKEHOLDERS (2016)

BACKGROUND

Previous PhilHealth customer satisfaction surveys assumed that the public at large can provide the needed data and rate their satisfaction with the offered services and benefits to its intended beneficiaries. Those surveys could not provide regional disaggregation and truly reflect the priority beneficiaries' views.

SIGNIFICANCE

As an input into policy planning, the survey provides scientific and solid basis for determining health service penetration and effectivity, problem areas requiring intervention, strengthening PhilHealth capabilities for its core functions, and enhancing PhilHealth public information work, its image, and public acceptability.

OBJECTIVE

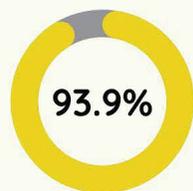
The study focuses on customer satisfaction of PhilHealth services and benefits from the perspectives of intended beneficiaries and accredited service providers. It aims to provide information on PhilHealth membership, awareness, service availment, and satisfaction level and to identify points for improvement.



METHODS

The report is based on the results of the Survey of PhilHealth Members and the Survey of PhilHealth-Accredited Hospitals. The results of the two surveys, including the recommendations given by the respondents to address their concerns, were validated in focus group discussions (FGDs) with beneficiaries and service providers.

KEY RESULTS AND STATISTICS



were aware of PhilHealth and its benefits. Awareness was significantly higher among the AB class than the DE class. The awareness level was highest in Davao Region, Central Visayas, and Cordillera Administrative Region.

In general, the respondents have a positive perception of PhilHealth as an agency that helps people. Most respondents attributed PhilHealth with their perceived services/ benefits rather than as an institution providing service/ benefits.



3 of every 4 respondents know the No Balance Billing benefit, the most widely-known benefit.

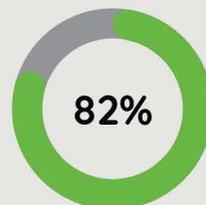
2 out of every 3 respondents were aware of the Case-Based Package and Maternity Care Package.

Tri-media and word of mouth were the major PhilHealth information sources. Friends/ acquaintances, family, social media, and barangay officials were also cited as sources of information.

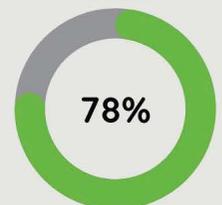


82.5% were covered by PhilHealth, either as members or as dependents of family members who are PhilHealth members. 57.2% of these members relied on sponsors or institutions to pay their membership dues.

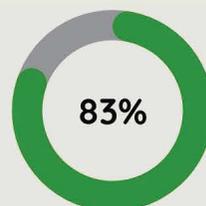
55.2% of the respondents who sought medical attention for their sick family member used their PhilHealth benefit. Almost 8 of every 10 respondents who sought medical attention in private hospitals/ clinics paid additional amounts after deducting the benefits. Less than 40% of those who went to public hospitals/ clinics had to shell out money in addition to the payments made by PhilHealth for their hospital bill.



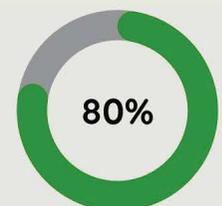
was the overall satisfaction rating among the intended beneficiaries. 11 regions gave a rating above 80%. Regions 1 and 2 gave the highest ratings.



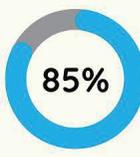
was the net satisfaction rating among the intended beneficiaries. 14 of the 18 regions gave PhilHealth a rating of Excellent, ranging from 71% to 88%.



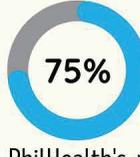
was the overall satisfaction rating among service providers.



was the net satisfaction rating among the service providers.



was the net satisfaction rating for accreditation among the service providers. 83% and 86% were the net satisfaction rating for the fairness of accreditation requirements and the process efficiency, respectively.



was the net satisfaction rating for information dissemination among the service providers. 84% and 65% were the net satisfaction ratings for the usefulness of PhilHealth's provided information and the information's timeliness and completeness, respectively.



was the net satisfaction rating for claims processing among the service providers. 58%, 54%, and 53% were the net satisfaction ratings for the processing efficiency, approval, and payments, respectively.

RECOMMENDATIONS

- 1 Consider re-branding reflecting the identity as the government health insurance agency and clearly define the different segments of the target beneficiaries in terms of membership payment capability
- 2 Include in the universal coverage campaign the members' obligation to maintain their membership and consider implementing convenient payment schemes for the informal sector
- 3 Conduct studies on the inclusion of additional packages in the list of available services and benefits to the members and their dependents, considering the out of the box suggestion of a service provider
- 4 Consider the recommendations for improving the timeliness and accessibility of information on PhilHealth members and policies in its medium-term program of activities.
- 5 Review its costing policy with the end in view of reducing out-of-pocket expenses of patients while providing for reasonable reimbursements for hospitals' expenses.
- 6 Conduct a study on the implementation of a five-year effectivity of accreditation of hospitals and clinics with annual monitoring
- 7 Conduct a study on the existing policy on claims processing, approval, and payment and explore steps to improve efficiency, effectiveness, and judicious decisions in processing claims

