GROUP 3
Qualitative Study of Factors Affecting the Accuracy of the Primary Data Fields in the Indigent Membership Database

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SUMMARY *(Why is this important?)*

Discrepancies in personal data of its members pose a huge problem in fulfilling PhilHealth's mandate to respond to the needs of its indigent beneficiaries. More so, it creates risks in its primary operations and services due to member data inconsistencies. This is proven by the study which revealed that around 44% of indigent members have discrepancies in any of the five primary fields as established by the corporation.

Data integrity is essential to any organization as it helps management decision-making. Ensuring accuracy of database is a strong strategy and tool for evaluation, analysis, planning, and critical reforms.

This issue emerged following PhilHealth's 2012 move to consolidate all its data in one system through MCIS or Membership and Collection Information System. A study by PhilHealth Regional Offices IVA, IX, X, XI explored the factors affecting the accuracy of primary data fields

THE PROBLEM *(What should be addressed?)*

The study suggests that discrepancies in the validation processes of members affect the accuracy of PhilHealth's data. In addition, it was found out that the integration of data systems within organizations could also contribute to data inconsistencies. Revisited policies were also seen to contribute in the existence of database errors.

POLICY RECOMMENDATIONS *(What are the solutions?)*

System enhancement is one of the many ways to ensure accuracy of membership database. Development of an efficient system paired with stringent policy where data entry is meticulously reviewed and sufficiently validated must be regularly implemented to ensure integrity and accuracy of information.

Specifically, this study strongly recommends the following:
Policy reforms must be done for Indigent Membership services, where requirements for supporting documents must be strictly implemented coupled with the formulation of a longer validity period for the membership. Moreover, a standard validation process must be formulated to reduce risks of inaccurate data, coupled with the regular retooling activities on Standard Encoding Format or SEF.

It is further recommended that major reforms in PhilHealth Information Technology Systems be conducted:

- Integrate all PhilHealth core business processes systems (NClaims, MCIS, PMAIS, OTCCS, HCI Portal, iCares, ORE, among others)

- Install the following features:
  Biometric Capture Device - to ascertain the identity of a living person based on physiological characteristics such as fingerprints, facial images, among others.

  Information Access Control - this can be achieved by clearly defining who, where, and when such access is allowed. Only authorized personnel shall be given access depending on the transaction and the credentials presented.

  Claim Analysis Feature - to determine which claims are valid and eligible for payout and which may be fraudulent by showing claims from multiple providers, enabling a complete picture of a given claimant's behavior.

  Database Auditing - involves system-generated observations to detect patterns of actions/activities of database users.

It is also suggested that PhilHealth strengthen collaboration efforts with partner agencies through negotiating with the Department of Social Welfare and Development (DSWD) to provide accurate information by requiring supporting documents during survey and forging partnership with the Philippine Statistics Authority (PSA) for data sharing.

Finally, it is critically important that, PhilHealth with its established corporate policies on database build-up/clean-up, standard encoding formats, among others, should strictly adhere and implement those policies to protect the integrity and reliability of its membership database.