

Group 6



POLICY BRIEF

SUPPORT VALUE OF INPATIENT COVID-19 PHILHEALTH BENEFIT PACKAGE IN A TERTIARY PRIVATE HEALTHCARE FACILITY IN CAGAYAN DE ORO CITY

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The COVID-19 pandemic challenged the country's health sector resulting to leading to an amplified socioeconomic burden in the delivery of healthcare services. There was an initial decline in the utilization of hospital services due to fear of contracting COVID-19 aggravating declining hospital revenues.

True to its mandate of providing health financial risk protection to all Filipinos, PHILHEALTH developed the highest medical packages that the corporation has rolled out so far --- the inpatient COVID PNEUMONIA benefit packages ranging from 43,997-786, 384 Php. Special privileges were granted to healthcare providers such as lifting of the rule on single period of confinement (SPC), and an extension to 120 days statutory period for submission of claims among others.

To evaluate the effect of these policy changes, the study determined the SUPPORT VALUE OF PHILHEALTH COVID-19 Inpatient Benefit Packages in a tertiary private healthcare institution in Cagayan de Oro City. Furthermore, it also aims to determine the following: effects of comorbidities and length of stay of patients; percentage of total expenditure that is attributed to room and board, professional fees, medicine, supplies, and others; percentage of the total actual charge paid for by patient (OOP); and the percentage of the total actual charge paid for by public and/or private support.

Method: A retrospective cohort study of all COVID-19 paid claims of patients aged 19 years old. Data gathered were segregated, categorized, and tabulated. Analysis was done using descriptive statistics, t-test, and multiple linear regression to answer specific research questions.

Key Result: A total of fifty-four (54) paid inpatient COVID-19 claims from the sample healthcare facility were included in the analysis - 43%(n=23) were female and 57% (n=31) were male. The mean age is 60.39. Forty-three percent (43%) belonged to the age group 30–59 while 57% are senior citizens. Most of the patients from this facility are Direct Contributors. Majority of the



respondents had two or more comorbidities at 48% (n=26). The average length of stay is 9.085 days with a range of 1.85 days and the longest is 22.13 days. The top three sources of hospital expenditure are Professional fees (30%), Room and Board (23%), and Drugs and Medicine (21%). PHIC Benefit represents 54% which when combined with other government sources makes up for a total of 71% of the fund source for actual hospital charges. The data for private support comes from Health Maintenance Organizations (HMOs). The total support from private sources corresponds to 4%. Out-of-pocket expenditure is at 25% of the total hospital expense.

The calculated t-value is higher, meaning that the support value for COVID-19 Inpatient benefit packages is significantly greater than 50%. Results of the Pearson's correlation analysis showed that there is a (1) moderately significant effect of length of stay on the gross bill ($R=0.543$, $p<0.001$), (2) there is NO significant relationship between gross bill and comorbidities ($R=0.158$, $p>0.001$). Regression analysis shows that 32% of the total actual charge or gross bill variance can be attributed to hospital length of stay and comorbidities.

Conclusions: Support value for COVID-19 inpatient benefit package is significantly higher than 50% while out-of-patient (OOP) expense is at 25% of total hospital charges. The top three sources of hospital expenses are Professional fees, Room and Board, and Drugs and Medicine. The increase in the amount of the COVID-19 benefit package may have increased the support value of PHIC but did not eradicate the OOP. Length of stay affects hospital expenses more than the presence of comorbidities for patients who availed of COVID-19 inpatient benefit packages.

Recommendation: Monitoring and evaluation of PHIC benefit packages are vital for the financial risk protection of its members. Revisiting the Corporate issuances and reviewing the current packages, particularly COVID-19 benefit packages, must be periodically done for the Corporation to remain responsive to the needs of its members and provide universal health care for all Filipinos.

HIV/AIDS

Basay sa WHO (2019), 32 milyong tao na ang namatay dulot ng HIV sa buong mundo. Sa labell ng "Philippine AIDS Prevention and Control Act of 1998" na nagtataguyod laban sa diskriminasyon sa mga taong may HIV, norelting malaki ang letigma sa HIV habang tumataas ang bilang ng mga kaso nito.



105,794

Total HIV cases since 1984

42

Average HIV cases per day

Ages range from

6-65

years old

(Median Age: 28)

DATA AS OF SEPTEMBER 2022

MAGING SIGURADO AT PROTEKTADO

PAANO ITO NAKUKUHA?



Paggamit ng hinnggilya ng taong positibo sa HIV.



Pakikipagbaliik ng walang proteksyon sa taong positibo sa HIV.



Pagsalin ng dugo na mula sa taong positibo sa HIV.



Mula sa isang ina na may HIV, simula sa pagbubundis, panganganak at pagsuso.

Benepisyo mo, Alamin mo!

PhilHealth Benefit Package

OUTPATIENT HIV/AIDS TREATMENT (OHAT) PACKAGE P7,500 PER QUARTER

Maaari'tong ma-avail sa mga PhilHealth accredited HClIs na hinatagang HIV/AIDS Treatment Hub ng DCH.



DON'T BE AFRAID OF COVID!

For as low as ***PhP 13.33** per day, you and your dependents are covered in as much as ***PhP 786,384.00**

PHILHEALTH COVID-19 PACKAGE

| | |
|---------------------------|--------------------|
| MILD PNEUMONIA | PhP 43,997 |
| MODERATE PNEUMONIA | PhP 143,267 |
| SEVERE PNEUMONIA | PhP 333,519 |
| CRITICAL PNEUMONIA | PhP 786,384 |

**Computation based on 2022 income floor for Direct Contributors and Critical Pneumonia under Covid-19 Package.*

