



# THE COMPASS

Philippine Health  
Insurance Corporation

## **STRATEGIC PLAN FOR 2021-2023**

“Changing Gears:  
Moving PhilHealth on  
High Speed”

## About this Document

This strategic plan was put together following the conduct of a mid-term review of the 2016-2022 PhilHealth medium-term framework to integrate primarily the policy changes brought by the passage of the Universal Health Care (UHC) Act in the early part of 2019 among others. This was developed following a rigorous process which includes performance appraisal, extensive document review, and consultation with the technical senior officers, and the Executive Committee prior to its approval by the PhilHealth Board of Directors.

The plan aims to reflect the current issues and challenges of PhilHealth along with an analysis of the policy environment and overall health sector agenda. This document will also serve as a transition plan that defines not only the strategic direction for the next 3 years but also advances the reforms into the next medium term.

It was during the COVID-19 pandemic that this strategic plan was finalized. The unprecedented challenges brought by this health crisis – the government response such as financial measures to support unhampered health service delivery and the restrictions including the lockdowns implemented and work-from-home arrangements presents an added perspective to the development process.

Therefore, with insights from the current pandemic, this strategic plan also attempts to integrate a resilience and business continuity aspect that will hopefully allow the Corporation to implement the strategies outlined in this plan even in the presence of future widescale shocks and hazards.

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## Message from the Board Chairperson




The Universal Health Care (UHC) Law has opened a window for the Philippine health sector to provide equitable access to quality and affordable health care for every Juan and Juana. Health financing is the biggest component to drive the reforms under R.A. No. 11223, otherwise known as the Universal Health Care (UHC) Law. This is integral as we transition to fully-integrated, primary care-centered healthcare provider networks. It is thus incumbent that the Philippine Health Insurance Corporation (PhilHealth) takes on the role of the national strategic purchaser of health services and commodities headstrong.

The PhilHealth Strategic Plan (PSP) for 2021-2023 embodies the Corporation's responsibilities as it aligns with the existing UHC Policy Agenda. It aims to achieve three target outcomes, namely increased utilization based on need, higher risk protection, and quality health care services. PhilHealth shall attain these using key strategies such as sustainable financing, innovation and growth, and strong corporate governance. The three year period encapsulates crucial actions for its implementation - the primary care reform through the Konsulta package; the transition to a prospective close-ended, performance-driven provider payment mechanism through a Diagnosis Related Groups-based Global Budget; and the progression to integrated province and city-wide health systems through network contracting and the special health fund. Suffice it to say, the execution of the PSP has the full potential to make or break the success of the UHC in the forthcoming years.

We firmly believe that the nation's recovery from this current pandemic is dependent on a resilient health system. COVID-19 has exposed the cracks in our healthcare system which have rendered us challenged in the pandemic response. The light that shines through reminds us that these cracks are repairable. The foundational work for these repairs have already been laid down by the UHC Law; what remains is its carefully strategized and finely executed reforms. As PhilHealth enters the next medium term of 2023-2029, we can expect these cracks to be filled as we strengthen our health system into that which Universal Health Care envisions.

Sama-sama tayong lahat patungo sa UHC!

  
**FRANCISCO T. DUQUE III, MD, MSc**  
Secretary of Health

## Message from the PhilHealth President



For more than two and a half, decades, PhilHealth has been the principal social health insurance in the country, providing financial risk protection to all Filipinos in times of medical needs and emergencies. Despite challenges encountered and the COVID-19 pandemic, we maintained a steadfast commitment to those we serve.

As the Philippine society evolves, so does its healthcare needs. The pace of change continues to accelerate and there has never been a more critical time to collectively plan for our aspirations in treading the difficult path towards Universal Health Care.

In the last two years, PhilHealth conducted rigorous strategic planning processes supported by research, extensive document review, consultations, and performance appraisals that resulted in a strategy map outlining where we are going and how we will get there.

PhilHealth's Strategic Plan 2021-2023 is the blueprint for the integration of policy changes embodied in the Universal Health Care Act. This plan also serves as a transition framework that defines not only a strategic direction for the next three years, but also puts forward critical forms into the medium-term.

Further, the plan aims to improve the effectiveness of a revenue collection mechanisms and increase the efficiency of our purchasing ability to ensure sustainable financing.

Our work at PhilHealth happens in the context of a rapidly changing environment. Our strategic direction must therefore allow room for flexibility to adapt to change quickly and manage risks better. As such, the plan was developed with the intent of regularly monitoring, revisiting, and assessing emerging opportunities. What will remain constant is our commitment and drive to continuously provide all Filipinos with access to quality and responsive healthcare and benefit services.

Let us then work together, push boundaries and above all pursue excellence.

  
**ATTY. DANTE A. GIERRAN, CPA, PH**  
President and CEO

## Abbreviations and Acronyms

AKaPP	Alamin ang Kakayahan, Pagbutihin at Panatilihin
ASRMS	Actuarial Services and Risk Management Sector
CPG	Clinical Practice Guidelines
CSC	Civil Service Commission
COA	Commission on Audit
COBP	Comprehensive Outpatient Benefit Package
DBM	Department of Budget and Management
DOF	Department of Finance
DOH	Department of Health
DSWD	Department of Social Welfare and Development
DTI	Department of Trade and Industry
DRG	Diagnosis-Related Groupings
ERMIS	Enterprise Resource Management Information System
FFS	Fee-for-service
FMS	Finance Management Sector
GAA	General Appropriations Act
GCG	Governance Commission for GOCCs
HCP	Health Care Provider
HAP PAS	Health Care Provider Performance Assessment System
HCPN	Health Care Provider Network
HFPS	Health Finance Policy Sector
HIS	Health Information System
HMO	Health Maintenance Organization
HRD	Human Resource Department
HTA	Health Technology Assessment
IC	Insurance Commission
KonSulTa	Konsultasyong Sulit at Tama
LSS	Legal Services Sector
MMG	Membership Management Group
MTDP	Medium-Term Development Plan
NBB	No Balance Billing
NCDA	National Commission for Disability Affairs
NHDR	National Health Data Repository
NHSO	National Health Security Office of Thailand
NOH	National Objectives for Health
OOP	Out-of-pocket payments
OPAPP	Office of the Presidential Adviser on Peace Process
PAGCOR	Philippine Amusement and Gaming Corporation
PCB	Primary Care Benefit
PCP	Primary Care Provider
PCSO	Philippine Charity Sweepstakes Office
PDP	Philippine Development Plan
PhilHealth	Philippine Health Insurance Corporation
POC	Point of Care
POS	Point of Service
PSA	Philippine Statistics Authority
QS	Qualification Standards
SCIV	Standards Conformance and Interoperability Validation
SSMIS	Support Service Management Information System
SDG	Sustainable Development Goals
TWG	Technical Working Group
UHC	Universal Health Care



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## Guide to Users

### The Purpose of the Strategic Plan

This 2021-2023 Strategic Plan outlines the direction, priorities and actions that the Corporation aims to pursue and implement within three (3) years. The strategies referred to in this document were developed consistent with the wider national health policies, strategies and plans and should be considered as an essential component of the overall strategic health sector document.

The plan guides the Philippine Health Insurance Corporation (PhilHealth) in making significant strides and improvements in the following financing outcomes:

- Increase utilization of health care services particularly among vulnerable population based on their needs;
- Increase protection from the financial risk of utilizing health care services; and
- Improving access to high quality and appropriate health care services.

The strategies are discussed in detail within the document as well as the specific initiatives that are set to be implemented from 2021 until 2023. Key indicators were also identified to track its implementation and to report progress.

### How the Strategic Plan is Organized?

The strategies in the plan were designed for the Corporation to efficiently manage its health financing functions of revenue generation, pooling of funds, and purchasing of services, and strengthen its role in achieving universal health care.

The development process follows the generic framework for developing a country-wide health financing strategy adapted from the WHO reference guide. The Strategic Plan is organized corresponding to the six-step process outlined in Figure 1.

Figure 1: Health Financing Reforms in the Universal Health Care (UHC) Law



It contains the following sections:

*Introduction:* This section provides an overview of the health sector – the policy environment and the contextual factors that influence health financing in the country. It also discusses PhilHealth performance and includes a diagnosis of the underlying issues surrounding attainment of policy goals.

*Strategic Framework:* This section defines the set of guiding principles that supports the achievement of the desired intermediate results and outcomes of the Corporation. The strategic objectives are aligned with the strategic goals and structured around the key health financing functions.

*Objectives and Strategies:* This section specifies the comprehensive strategy design and architecture. The individual strategies are further grouped into core strategies, enabling strategies, and cross-cutting strategies that collectively, supports the overall goals.

*Performance Monitoring:* This section defines the indicators and targets for monitoring results and evaluating periodic performance. It also outlines the reporting process and support for analysis.

*Learning and Collaboration:* This section outlines the strategic engagement and collaboration with external stakeholders necessary to facilitate the performance of key initiatives identified in the plan.

*Resilience and Business Continuity:* This section maps out the risks against strategic objectives in the event of shocks and hazards and the necessary measures to mitigate them.

## **How can Users Benefit from the Plan?**

While the plan is a technical document, it is written in a language and style that hopes to benefit not only the senior management and technical staff but every personnel in the Corporation regardless of rank. The aim is to make the plan into a useful reference by anyone at various levels in the organization. Users may include the following:

- Board of directors who are responsible for mapping out a clear policy direction for PhilHealth guided by the mandate stipulated in the UHC law and its charter.
- Executives and senior managers who are accountable with the day-to-day operation of the organization and execution of the policy directives.
- Regional managers who are tasked with implementing the plans and updating management with relevant feedback from the field.
- Planning and budget officers who are responsible for appropriating the needed resources to implement the plans and tracking its progress.
- Business unit owners who are responsible for introducing improvements in the processes by ensuring that they remain member-centric and efficient.
- Individual employees who must have a clear understanding of the strategic priorities and are required to align their individual tasks and define their contribution to the overall goals of the Corporation.

# CHAPTER 1

## Introduction

In the recent decade, the Philippines have seen unprecedented policy changes that has rapidly transformed the health sector landscape. Landmark legislative measures were passed one after the other in a bid to push long-overdue reforms in health since the earliest Health Sector Reform Agenda of the 1980s.

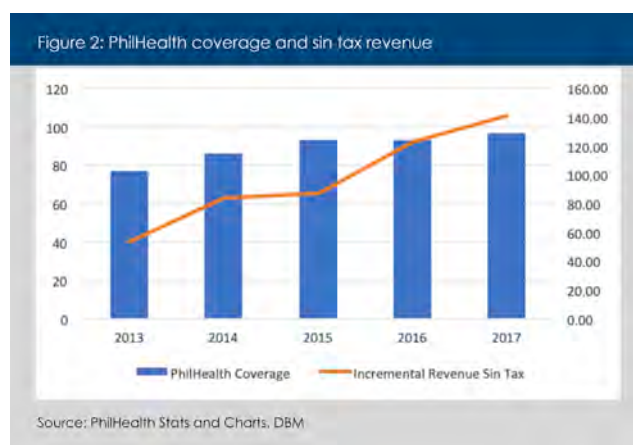
### 1.1 Policy Environment

As early as 2012, the country already recognized the need to increase health care spending by generating more domestic resources. Using the tax revenues from alcohol and tobacco products, PhilHealth coverage was expanded to more than a third of the population consisting of poor and near-poor with the national government fully subsidizing their premiums. Figure 2 shows that with the implementation of Republic Act 10351 which generates additional revenue for health from sin taxes, we have seen a corresponding increase in the number of people being covered by PhilHealth.

Consequently, in 2014 the Expanded Senior Citizen's Act (Republic Act 10645) mandated the automatic coverage of the elderly to be paid for by the national government. That same year, the National Health Insurance Act was updated to strengthen program implementation by adopting cost-containment measures that benefits the members in the indigent sector through the implementation of the no balance billing (NBB) policy. It also paved the way for PhilHealth to shift our payment mechanism from fee for service to a case-based system allowing for more predictable rates for health care services. Both legislations pushed for a more effective coverage of vulnerable population, as well as stirred the Corporation towards paying more efficiently for health care services.

The year 2016 marked the kick-off year for the Sustainable Development Goals (SDGs) which is both ambitious and broader in scope than the previous global health agenda. It aims to engender the commitment of the global community to address a whole host of social,

economic and environmental ills over the next 15 years. One of the 17 essential goals is ensuring healthy lives and promoting well-being for all at all ages (Goal 3), which reiterates the call for all countries to accelerate progress towards universal health coverage (UHC) as an essential priority for development.



### 1.2 The Philippine Universal Health Care Law

The Philippines was one of the first countries to legislate reforms to achieve health for all. The signing of Republic Act 11223 also known as the Universal Health Care Act ushers the Filipinos into a new dawn for the country's health care system.

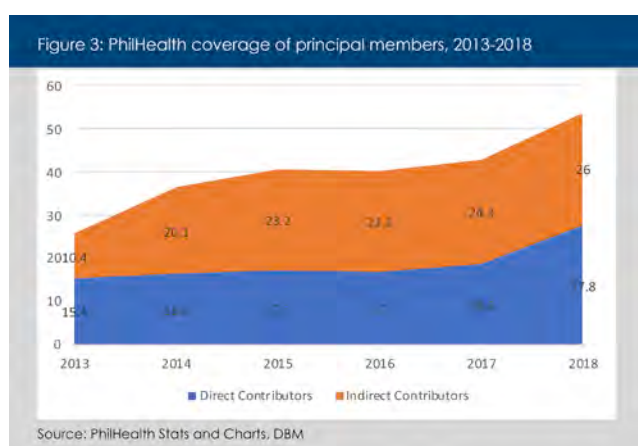
The law prescribes a whole-of-society and whole-of-government approach which does not only aim to improve financing and delivery of services but also addresses other health system drivers such as health human resource, health information, supply chain, and governance requirements to successfully achieve UHC. It also emphasizes the need to build a strong local health system for which most of the reforms are anchored. The law was a culmination of decades of progress, and dedicated political and technical work to make the right to health a reality for all Filipinos.

Figure 6 summarizes the key health financing policies in the UHC Act. Reform policies include specific guarantees across the dimensions of the UHC cube – population coverage, service

coverage and financial coverage. It also stipulates the premium rate adjustments in the next couple of years, as well as administration of the reserve fund and allowable investment options. PhilHealth's governance body was also strengthened to provide oversight to the implementation of these reforms. And while health financing is an essential component of the reform agenda, overall progress requires coordinated actions across the other health systems pillars for the country to achieve the goals and objectives of UHC.

### 1.3 PhilHealth in Review

Even prior to the automatic coverage of all Filipinos in PhilHealth espoused under the UHC law, we have already expanded our coverage of the population from 91% in 2016 to 98% in 2018 providing wider opportunity for Filipinos to access health services. The Point of Care (POC) and the more recent Point of Service (POS) policies proved to be an early test-case for the automatic eligibility as stipulated in the UHC Act. We have successfully lobbied for the national government to fully subsidize the insurance coverage of the poor and vulnerable population. This policy has been carried over in the UHC reforms by simplifying population coverage into direct and indirect contributors. Figure 3 shows that social health insurance in the country is financed almost equally by members' contribution and government taxes.



We have also dramatically improved our benefit package design by adopting a more explicit priority-setting process to ensure that the benefit packages we offer matches the needs of our members. We pay for primary care, catastrophic procedures and even emerging diseases which

is a huge shift from a highly inpatient-oriented benefits design of the previous decade to a need-based and all-life stage approach health benefit provision.

We have also been more conscious of our role as an active purchaser of health care services by setting price caps for benefits availed by indigents in public facilities under basic accommodations by instituting a policy on no balance billing, and moving towards negotiated benefits through provider contracting as in the case of our catastrophic benefit packages or Z-Benefits. We begin to re-examine the cost of our existing benefit packages by embarking on costing reviews starting with the top 48 burdensome diseases. Costing exercises with hospitals are being undertaken in preparation for the eventual transition of our payment mechanism from case-based payment to diagnosis-related groups (DRG) based payment method.

Over the past several years, we were able to maintain a high client satisfaction rating. These ratings are done by third-party surveys and sourced from independent reviews which is a clear indication of the relevance of the policy reforms we have instituted and the responsiveness and high quality of services that our accredited health care providers offer to the Filipino people.

### 1.4 Challenges in Health Financing

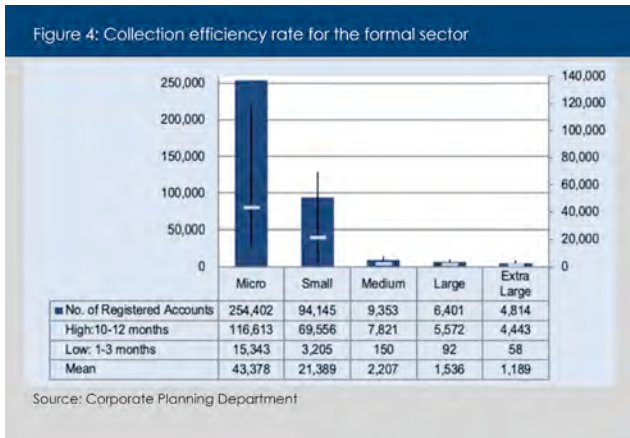
However, these gains are not without challenges. While the Corporation is considered as the biggest purchaser of individual-based health care services in the country, it only contributes to about 18.84% of the total current health expenditure (CHE) in 2019.

A number health financing issues still persist that we need to address:

1. Revenue level remains to be less stable and predictable. The benefit payment of PhilHealth is growing every year but revenue collection is not keeping up at the same pace. A greater shift towards a predominant reliance on public/ compulsory funding sources (i.e. taxation) from a contributory-based financing is the way forward. While subsidies for the lower quintiles of the population are covered under the annual



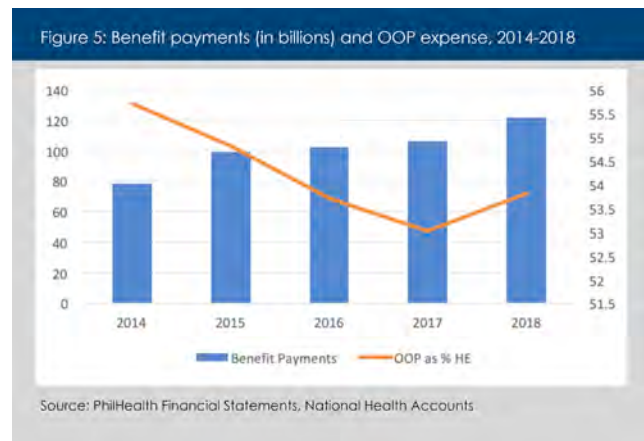
government budget, the funding amount is still based on the premium rate.



- Inefficiency in collection among direct contributors is pronounced. The guaranteed incremental adjustments in the premium rates do not address existing issues in collection efficiency, rather it will have the tendency to exacerbate it. This will affect the redistributive capacity or cross-subsidization of available prepaid funds which will now be largely used for primary care services. Even if our risk pool is undoubtedly wider, there is not enough incentive for the informal sector workers and self-practicing professionals to pre-pay their premiums. Figure 4 shows that even among the formal sector where collection mechanism is more defined, the mean average of those reporting their premium payments is below 50% across account sizes.
- Out-of-pocket expense is still high. Health out-of-pocket (OOP) expense is still a major source of financing for health at 47.9% in 2019. Figure 5 shows that there has been a gradual decrease in OOP over the years, the level has not gone down to acceptable limits. Capping OOP payments with the NBB policy is already a step in the right direction. However, more than half of the population may still be billed with unregulated balance. Evidence on overall financial protection as well as equity concerns (e.g. level and distribution of catastrophic OOP payments) is not clearly explored. This means that the level of financial risk protection that we offer remains weak.
- Fragmentation, duplication and overlap in financing. The country still operates under a multiple financing arrangement with DOH,

PhilHealth, LGUs, private insurance and HMOs as purchasers. While the plan to consolidate these various pockets of money is articulated in the UHC law, complementarity of the different funding sources has not yet been undertaken until now.

- Allocation of resources to providers is not linked to population needs, information on provider performance or combination of both. The extent to which resources are allocated to providers based on profile of its market such as specific population needs is lost to monitoring. Likewise, the current provider payment arrangements – a shift from the input-based fee-for-service (FFS) to a bundled rate under case-base payment is not linked to actual performance measures on efficiency and quality that could help in managing expenditure growth.
- Misalignment in benefit design and rationing mechanism still prevails. There is much that



can be done to improve the population's awareness to both their legal entitlements and obligations as members. Rules on cost-sharing, exemptions for certain groups, and services not covered from prepaid funds must be explicit and well-understood. Clarifying these will enable the Corporation to align the benefits we promised with existing provider payment mechanism we use. We do this by communicating who is entitled to what services, and what they are supposed to pay at point of use.

- Unified data platform on patient activity remains unrealized. There is also a huge gap in terms of capturing patient data and analyzing them for monitoring and

decision-making purposes. On top of that, a unified data platform to collect patient activity, including cost of services from all types of facilities and across multiple payors will be able to strengthen governance arrangements for purchasing, reporting requirements, and in creating incentives to providers.

Clearly, these issues provide us with a better understanding of the underlying causes of our performance so we could plan how to carefully design and implement health financing policies to address them. Lessons that have been

drawn in the past and principles for reforms documented in other countries undergoing the same experience also constitute as navigation posts that can help clarify our own approach to financing. Mainly, these insights point us toward the need to predominantly rely on public funding for health, reduce fragmentation in how funds are being pooled, become more strategic in our purchasing function by linking payments to performance based on the health needs of the population, and aligning coverage policies with the broader policy objectives outlined in the UHC law.



## CHAPTER 2

### The Strategic Framework

Our 2021-2023 Strategic Plan provides a blueprint that is strategically aligned with the twenty-five year long-term vision of the Philippines known as *AmBisyon Natin 2040* which aims to achieve a “*matatag, maginhawa at panatag na buhay*” for every Filipino. The goal of this plan is to lay a foundation for a more sustainable financing for health and implement the guarantees enshrined in the UHC law that was further articulated in the health sector agenda – Fourmula One Plus for Health.

Just like building any structure, a strong strategic foundation with a compelling battle cry is essential in rolling out a robust and cohesive plan. To give this plan a backbone, we begin by defining a clear future direction that serves as a unifying focal point for everyone in the Corporation. The vision and mission statements, and core values are the essential strategic elements that will keep PhilHealth focused and guided as we conduct and make decisions in the course of attaining our mandate.

#### 2.1 Vision, Mission and Values

Our charter statements remain to be relevant even in the midst of the strategic shifts that the UHC law demands. Our vision captures what we still aspire to achieve in the long-term which is “*to ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services and protected against financial risk.*”

##### Our Vision

“Bawat Filipino miyembro,  
Bawat miyembro protektado,  
Kalusugan ng lahat asegurado.”

PhilHealth’s vision stems from the desire to make health care access more inclusive regardless of age, sex, income and health status. We do not want to see a single Filipino deprived of his right to health care services and made impoverished

for accessing them. It is an articulation of more than two decades of efforts to cover every Filipino anywhere in the world with the needed financial risk protection of getting ill.

In keeping with our vision, we also crafted our mission statement to clearly resonate with the needs and expectations of our members – one that aims to pay the guaranteed essential health benefits.

##### Our Mission

“Benepisyong pangkalusugang sapat  
at dekalidad para sa lahat.”

By leveraging on our capacity as a health financing institution, we fulfill our mission by making quality health care services more affordable to every person who needs it. We do this by creating strong partnerships with health care providers and build beneficial and responsive policies that will translate to better health benefits for the entire Filipino people.

Our values represent who we are. It articulates the principles and beliefs that we want to be known for by our members. Our core beliefs remain to be the tenets that we want our members to widely share and understand. It guides our every decisions and actions.

##### Our Core Values

###### Integridad (Integrity)

We strictly adhere to the moral and ethical principles expected from a public health financing institution.

###### Inobasyon (Innovation)

We are open to adopt new technologies, industry practices, and trends in health financing that will make us more efficient and effective at our mandate.



### **Agarang Serbisyo**

*(Agility)*

We ensure prompt delivery of services to people by making our processes leaner and responsive to their needs.

### **Taos-pusong Paglilingkod**

*(Commitment)*

We uphold the interest of our members and always conform to the principle of public accountability.

### **Pagmamalasakit**

*(Compassion)*

We demonstrate sympathy and care towards people especially towards the health care needs of the helpless and vulnerable.

### **Angkop na Benepisyo**

*(Equity)*

We design our benefit packages in a manner that will not disadvantage anyone by reason of any health, social, or economic circumstance.

### **Panlipunang Pagkakabuklod**

*(Social Solidarity)*

We are guided by community spirit and anchor our every decisions on the shared interest of every member and what benefits the greater whole.

## **2.2 Strategic Outcomes**

More than ever, the Corporation is uniquely positioned to achieve our mandate of ensuring that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk. By focusing on efficiency drivers as a strategic advantage, we will be able to drive meaningful reforms more sustainably and actively perform our role as the dominant purchaser of individual health services.

This initial 3-year plan aims to improve effectiveness of PhilHealth's revenue collection mechanisms and increase the efficiency of our purchasing ability to ensure sustainable financing. Overall, these intermediate outputs support the achievement of the following strategic outcomes:

1. Increased utilization based on need. More people will have access to health care services wherever and whenever they need it. There will be greater awareness about what services are covered and how to utilize them. Barriers to physical access and availability of services will be reduced.
2. Higher financial risk protection. No one will fall into financial hardship when accessing health services. Out-of-pocket expense will be more predictable and within acceptable limits that will not push anyone to poverty.
3. Improved quality of health care services. Our members will be guaranteed with good quality health services in all type of settings. Health facilities and professionals are more efficient in delivering them as we become more deliberate in using our negotiating leverage as a health care purchaser.

These outcomes are then tied to actionable objectives which are visualized into a strategic roadmap.

## **2.3 The Strategy Map**

The PhilHealth Strategy Map can be considered as a concise version of the entire Strategic Plan document depicting the key strategic elements and the cause-and-effect logic between them. The map in itself is an important tool in communicating the overall corporate strategy in a convenient and easy-to-read format.

Consistent with the use of the Balance Scorecard (BSc) that the Corporation has adopted over the years, the map contains the basic elements of the BSc framework. The customer, financial, process, and learning and growth perspectives are still widely evident though presented in a modified way and straightforward manner.

Figure 7 presents the strategy map with the following components:

- 3 intermediate outcomes;
- 12 strategic objectives grouped into strategic blocks; and
- an upward arrow that depicts the cause-and-effect linkage between objectives

The three levels of strategic blocks are further described below:

1. *Sustainable Financing*. The top-level block is comprised of the core strategies focusing on the key health financing functions of revenue collection and purchasing.
2. *Innovation and Growth*. The mid-level block is referred to as enabling strategies, which focuses on information system, organizational structure, human resource, and business processes which are innovation and growth drivers.
3. *Strong Corporate Governance*. Finally, the base-level block contains the cross-cutting strategies consisting of leadership and accountability, policy enforcement and decision making, and strategic communication functions which acts as the supporting governance drivers.

The manner by which the map is configured shows the inter-relationships among the objectives and how each of the strategic blocks should logically support the set of objectives before them.

The strategic objectives on the other hand, are further translated into specific actions or initiatives which can include short- to mid-term projects. These initiatives will be further identified through the conduct of an operational planning exercise that will provide more granularity to the plan.

A results matrix or a scorecard is also an essential component of the strategy map. It presents the set of monitoring indicators for each of the strategic objectives and the targets representing the desired value and intended direction within a defined period. This will give senior management a fast but comprehensive view of the progress of the plan's implementation.

## CHAPTER 3

### Objectives and Strategies

We define our strategies within the context of key global and local influences and trends that we believe provides the greatest impact to our members and to society as a whole. The health sector landscape is dynamic and the policy environment we operate on is constantly evolving. The need to make our strategic position adaptive and decisions evidence-informed remains to be the only means to leverage on opportunities and mitigate setbacks.

#### 3.1 Major Strategic Influences

Monitoring these strategic influences presents a crucial step in strategy formulation. The three major strategy considerations are the following:

National plan and policy directives. The Corporation recognizes that health reforms are not just a technological process but are shaped heavily by political processes that often lie outside the organization. The implementation of the National Health Insurance Program (NHIP) at varying degrees are impacted by shifts in laws and regulations. The huge policy change required by the UHC law demands that greater attention be given to how politics shape the norms, practices, and directions in health care overtime. But how we operate is not only affected by the more obvious health-related policies but also by other pockets of legislation on tax system, labor, social security, business and economics.

These various policies require forging of coalitions and building support from policymakers and interest groups. While participation in technical and policy discussions is important, the policy and legal mechanism internal to the Corporation must also be robust enough to proactively support senior management in assessing the legal and regulatory impact of the many legislations in the administration of the NHIP. We need to be attuned to political economy concerns in health, while being practical in our approaches to collaborate and stay abreast of new laws and changing government policies, and in managing risks arising from the continuously evolving policy space.

Evolving health care needs. The Corporation recognizes that in order for us to create sustainable and long-term value, we have to strive for a deeper engagement with members – understand their health care needs and the issues around it. Controlling cost, improving access and coordinated care, focusing on quality outcomes, and enhancing patient satisfaction remains to be the most important metrics for value-based health care.

In consideration of these, we will be increasingly deliberate about providing a more inclusive space to members and stakeholders for a transparent policy development process, wider venue for dialogue and feedback, increasing awareness using multiple communication channels, and an open data policy to accelerate policy research and support evidence-informed decisions. We will be committed to include these initiatives and in measuring its impact to our members.

Growing role of digital technology. New technologies are shaping how organizations are doing business. The Philippines rated high in adoption of mobile and digital technologies. Data reveals that mobile phone penetration stands at 70% of the population, and internet use is growing at high speed. With digital devices becoming more affordable, the demand for data connectivity continue to increase driving heavy use among Filipinos. In fact, digitalization has been shown to increase inclusion in many industries, and has empowered the participation of the masses in social and economic activities.

In an increasingly digital world, more and more members are embracing the digital lifestyle, we also need to gradually transition our business processes into digital formats and be more adoptive of these technologies. Consequently, health data management needs have to be given due attention alongside the evolving health care needs of the population. The Corporation has taken steps towards big data analysis as dashboards and health information systems are currently being utilized. In this fast-growing age of digital technology, we will be more dedicated to explore technologies

around big data management that will create efficiencies in our operations.

### 3.2 Strategic Objectives

Strategic objectives are action-oriented goals that operationalizes our mission statement. A hypothesis-driven approach was used in defining the objectives which is a method in strategy formulation that aims to solve a problem or realize an opportunity by focusing on the highest potential theories. It allowed us to clearly define the strategic question and use it as a guide in identifying a number of hypotheses, generate evidence as a fact-base of these hypotheses – analyzing our previous years' performance), and testing or validating the hypotheses and prioritizing those which provides the most basis.

An important policy anchor is Sec. 3 of RA 11223 which articulates one of the key objectives of the UHC legislation that is “ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk.” Based on this policy context and strategic analysis of our external environment (health sector priorities, and demand of the population) as well as our internal environment (resources and capabilities), a clear strategic positioning that the Corporation can take is in building efficiency mechanism around its purchasing function. Strategic purchasing refers to the allocation of the revenue collected to purchase health services in a more efficient manner. The strategic question is: As a dominant purchaser of individual-based health services, how can PhilHealth become more strategic in its purchasing function?

This positioning targets a broad cross-section of the entire Filipino population we serve by offering them more value for their premium payments. The strategy is to focus on the core areas of purchasing which include the basket of benefits

to purchase (service mix), the type of facilities to contract as provider (provider mix) the rates and the manner by which to pay them (payment mix). In defining the mix, operational support has also been identified such as:

- optimal processes (e.g. streamline to minimize cost and hassle);
- standardize, simplified, and tightly controlled operations (compliance to norms);
- integrated, reliable and high-speed transactions; and
- a culture that abhors waste and rewards efficiency.

This process became the basis for defining the nine (9) strategic objectives as shown in *Figure 7*:

1. Build a revenue base with efficient collection system.
2. Maintain an active risk pool through strategic purchasing.
3. Design an agile and adaptive organization.
4. Transform human resource management with competency-based approach.
5. Develop lean and member-centric processes.
6. Enhance information system through enterprise integration.
7. Manage transitions and mind-set shifts through leadership and accountability.
8. Strengthen policy enforcement and evidence-informed decision making.
9. Engage stakeholders using every available platform.

The next few section discusses these objectives in more detail as they are further grouped into the three strategic blocks. Key strategies and initiatives were also identified for each of the objectives that spells out how they can be achieved within the period.

Figure 7: 2021-2023 PhilHealth Strategy Map



## CORE STRATEGIES

### Sustainable Financing

Enhancing fiscal capacity is a requirement to implement sustainable health financing. This capacity is contingent on two things – our ability to collect revenues and strategically purchase for our members. However, the aim is not to simply raise revenue in order to pay for health care services, our core strategies will focus on incorporating efficiency drivers in order to make the NHIP sustainable for the long haul.

#### Build a deep revenue base with efficient collection system



The UHC law already guarantees the potential revenue needed to manage the NHIP sustainably. We will continue to work in close collaboration with the national government to ensure that the incremental adjustments in premium and ceiling cap will be implemented.

By 2023, the Corporation having made improvements in the structure and integrity of its membership data, will be operating with a desirable level of reserve funds and a robust collection system in place resulting to higher efficiency rate for the direct contributors most especially from the informal and self-paying sectors.

The following are the specific strategies:

1. Strengthen member data integrity
  - Issue PhilHealth Identification Number (PIN) to both the principal members and their dependents
  - Establish data sharing agreements with relevant national agencies
2. Adopt a risk segmentation-based accounts management.
  - Expand accounts monitoring to micro-enterprises, self-earning and practicing professionals

- Design collection approaches (e.g. targeted messaging and flexible pay terms) based on the account's risk profile
3. Enhance collection mechanism for direct contributors
    - Expand payment channels to include online payment facilities
    - Use of digital channels for first contact strategy
    - Outsourcing the collection of receivables

#### Maintain an active risk pool through strategic purchasing



To rationalize health spending, the Corporation will be financing insurable health services across all-life stages based on a priority setting process and HTA recommendation.

By 2023, Filipinos will be able to avail of PhilHealth benefits without the need to be sick or confined in a health facility with the implementation of our primary care benefit package (KonSulTa). Consequently, we would have made significant progress in adopting a mix of prospective payment systems primarily based on diagnosis-related groupings.

The following are the specific strategies:

1. Develop/enhance benefit packages based on a transparent and explicit priority setting process
  - Roll-out of a basic and essential primary care package for all Filipinos
  - Review and enhance existing in-patient benefit packages
  - Establish standards in the development of complementary benefit packages with health maintenance organizations and private health insurance

2. Shift to close-end and prospective payment methods
  - Build the data platform for a Philippine DRG through continues collection of costing data
  - Integrate cost-containment measures – develop co-payment and co-insurance policies
  - Pilot implementation of DRG-based payment systems (e.g. global budget)
  - Shift from input-based to performance-based payments
3. Enhance contracting mechanism of health care providers
  - Improve contracting guidelines from individual to network contracting
  - Strengthen quality assurance through health care provider monitoring
  - Strengthen claims utilization review



## ENABLING STRATEGIES Innovation and Growth

We aspire to spur growth and innovation across the organization by aligning out structure, staffing design and processes to meet the needs and realities in a UHC era. Alongside, the holistic design of our structure is the need to be more adept at new technologies that will aid the Corporation towards digital transformation. With our information-intensive processes we will explore the use of digital tools and technology as an integral part our core business areas making our processes more agile, empowering our workforce to work in new ways, and designing value-based transactions for our members.

### Design an agile and adaptive organization



The current policy landscape and technology trends continue to challenge how PhilHealth will have to be structured and managed. It has to set a balance between building organizational stability and operating efficiently in a dynamic environment.

By 2023, PhilHealth will be operating under a re-organized structure that has the agility and broad organizational capacity to support the demands of implementing UHC.

The following are the specific strategies:

1. Redesign a seamless and well-aligned organizational structure
  - Review alignment of the current structure with overall direction and organizational strategies
  - Develop functional statements based on new structure and processes
2. Design staffing pattern that reflects the roles and responsibilities under the new structure
3. Enhance compensation and benefits framework
  - Review and propose a competitive compensation structure

### Develop lean and member-centric processes



Alongside a re-organized structure is the need to establish cost-effective and more efficient business processes that reflects the requirements of the UHC law and is responsive to the needs of its members.

By 2023, the business processes of PhilHealth will be streamlined and designed around members' and stakeholders' needs. There will be significant progress in standardizing and codifying these processes to meet the current business needs while keeping the bar with industry and international standards.

The following are the specific strategies:

1. Update business processes to support overall business objectives
  - Conduct gap analysis of the current and desired organization
  - Review existing business process maps based on customer and stakeholder requirements
  - Redesign processes with greater efficiency and clear links to desired results
2. Benchmark processes with industry's best practice
  - Sustain business process improvement efforts and ISO certification
  - Rationalize processes that can be outsourced, centralized or decentralized
3. Build resilient features into key business processes
  - Develop business continuity plan against large-scale risks and hazards
  - Identify processes that will be adaptive of innovative technologies in the short-, medium-, and long-term.

**Transform human resource management into competency-based system**



To complement efforts on organizational development and process improvement, the Corporation will be identifying the competencies required for the organization and shifting key human resource management functions around them.

By 2023, we would have transitioned our recruitment, training and development, and performance management processes to competency-based system to support the growing requirements of operating a social health insurance program.

The following are the specific strategies:

1. Integrate competency-based approach into key HR processes
  - Conduct competency profiling and assessment
  - Design competency-based job analysis, selection, training and development, and performance management
2. Strengthen employee engagement and productivity
  - Digitized all processes linked to the HR information system
  - Implement an enhanced learning and development program
  - Upgrade performance management and rewards system
3. Strengthen career growth and development
  - Implement a career development system and succession planning program
  - Implement leadership development program
  - Develop guidelines for early retirement

**Enhance information system through enterprise intergration.**



A well-planned integration of information systems will transform the way the Corporation performs and operates.

By 2023, we will utilize cloud resources and adopt workplace solutions to improve efficiency and productivity. We will gradually transition to new integrated systems with better data governance security capacity.

The following are the specific strategies:

1. Shift to cloud resources
  - Continue to maintain legacy system in the transition in parallel with integration efforts
  - Migrate systems and infrastructure to cloud
2. Develop integrated systems for core and support processes
  - Modernize the workplace with the introduction of systems for team/document collaboration, secure file sharing, agile communications and live events, enterprise social networking, and project management
  - Initiate the development of new systems on customer relations management, enterprise resource planning and support services management
  - Complement planning, development and implementation of integrated systems with outsourcing
3. Enhance data management and its security
  - Improve data structure, quality, intelligence and architecture
  - Review compliance to security standards and protection of data assets

## CROSS-CUTTING STRATEGIES

### Strong Corporate Governance

The Corporation understands the importance of building a strong governance structure to successfully implement the strategies and advance the priorities of the program. To this end, we will continue to monitor our practices concerning financial accountability, policymaking, performance management and stakeholder engagement to ensure that these are at par with the best standards for corporate governance.

#### Manage transitions and mind-set shifts with leadership and accountability



As the Corporation undertakes huge changes brought by technology implementation, process updates, reorganization and service improvements, a senior management that is visibly involved and consistently directing the change management process will aid in minimizing the impact it has on our workforce.

By 2023, we will be operating with high standards of alignment, financial accountability and transparency as we navigate through the desired change and motivates delivery of exceptional results.

The following are the specific strategies:

1. Direct change management initiatives
  - Develop and implement a change management plan
2. Optimize financial investments and use of physical assets
  - Automate financial reporting and processes
  - Maximize earning potential with a mix of investment placements and hiring of external local fund managers
3. Strengthen corporate performance monitoring
  - Develop executive dashboard
  - Improve corporate performance reporting system

#### Strengthen policy enforcement and evidence-informed decision-making



PhilHealth will continue to improve its policies driven by the best evidence available.

By 2023, it will have a stronger link across research, policy development and implementation, and compliance.

The following are the specific strategies:

1. Strengthen evidence-informed policy making
  - Monitor development of UHC policies
  - Enhance collaboration with research partners in the implementation of the annual research agenda
  - Review research recommendations for possible policy adoption
2. Enhance legal management processes and monitoring
  - Strengthen enforcement of policies in the filing of appropriate complaints against erring stakeholders at the PRO-level
  - Establish faster turn-around time of legal processes
3. Strengthen anti-fraud measures
  - Intensify investigation and prosecution
  - Strengthen capacity for data analysis on fraud

#### Engage members and stakeholders using every available platform



PhilHealth needs to deliver communication more effectively so it will be better at shaping perception and stimulating action.

By 2023, PhilHealth will be able to widen its reach and engage more members and stakeholders through various communication channels and platforms.

The following are the specific strategies:

1. Enhance communication and brand management
  - Develop appropriate content-channel mix based on audience segmentation
  - Expand quad-media coverage
  - Develop a communications plan
  - Redesign corporate website
  - Develop public relations plan
2. Strengthen member engagement
  - Expand call center capacity
  - Use of Artificial Intelligence
3. Enhance linkages with external stakeholders
  - Mobilize technical assistance from development partners for UHC
  - Expand private sector engagement

## CHAPTER 4

### Results Monitoring

We understand that the measures we keep will drive our performance – what gets measured gets done. Therefore, we commit to systematically monitor and evaluate our efforts in implementing the plan in order to maximize our results and meet our desired outcomes. We are adopting a results-based monitoring approach to track performance and progress that is both transparent and systematic and allows us to identify room for improvement overtime.

The results pathway and matrix were designed to provide a structured way of monitoring and reporting of results. These tools are essential in guaranteeing accountability and highlights the logical interlinkage between the various strategic actions.

#### 4.1 Results Pathway and Performance Monitoring

The results pathway outlines the initiatives which are necessary to achieve the desired population-level outcomes in a single-view document. It references the initiatives in the plan with a clear, logical, and sequential path across the three tiers of strategic blocks leading to an anticipated result. It essentially summarizes what the initiatives are in the plan, how they relate to each other, what are the key assumptions, and the ways forward. Figures 8, 9 and 10 presents the results pathway for each of the intermediate outcomes on service utilization, financial risk protection and service quality.

A complementary tool to the results pathway is the results matrix or performance scorecard which houses a set of indicators that are routinely monitored and statistically measured to track the progress or the achievement of specific objectives and goals. There are three types of indicators used in the plan:

- Intermediate outcome indicators – measures whether the program is achieving expected effects/changes.
- Output indicators – measures the direct result of implemented initiatives or interventions.

- Input/milestone indicators – measures whether a specific initiative or intervention has been implemented.

By being selective with the indicators to track, management are provided with only the essential information gathered from appropriate and relevant indicators affecting Corporate performance. When translated into a dashboard, the results matrix provides an easy-to-understand visual which will empower senior management to make timely strategic decisions so they can effectively steer the Corporation towards its goals.

Table 1 presents the results matrix containing the selected indicators. Targets for the next three years are indicated for each of the measures. Each indicator have a corresponding measure profile that contains a detailed description, formula, unit of measure, frequency of monitoring, data sources, manner of collection, limitations and bias, and means of interpretation. (See Annex 2)

Data gathered in 2020 for these indicators served as baseline against which all variations are to be measured. The performance scorecard serves a dual purpose of increasing effectiveness, organizational learning and informed decision making as well as ensuring accountability and transparency towards our members and stakeholders. Ultimately, the monitoring efforts will feed into the overall evaluation which objectively assess the implementation of the strategic plan and in-depth analysis of PhilHealth's performance within the 3-year period.

#### 4.2 Monitoring and Reporting Standards

In order to establish the practice of internal oversight in the implementation of strategies and monitoring of results, the following monitoring mechanisms will be adopted:

- Routine monitoring of key initiatives will be undertaken through the project

management system to ensure that they are implemented on time and as planned.

- Quarterly progress reporting will be standardized. (See Annex 3) It aims to provide management with an early indication of progress or lack thereof in the achievement of the results. Appropriate method of analysis and data visualization will be used.
- Periodic data quality assessments will be conducted to check for accuracy and reliability of routinely collected data that are reported in the results matrix. Accuracy will be measured in terms of its adherence to the definition described in the Indicator Profile while reliability will be measured through the degree to which encoded data can be consistently and adequately verified.
- A strategy implementation review/ pause and reflect session will be conducted at the middle and end of the year to

analyze the performance data, and strategy implementation experience to learn what is working well and what are the core challenges to implementation and progress towards targets. It will also be an opportunity to develop concrete actions to pivot strategy implementation towards greater success.

- A strategy evaluation will be conducted towards the end of 2023 as a way to take stock of the overall implementation of the 3-year plan. It analyzes the strategies in the plan against the achievement of the intermediate outcomes and how it contributes to the realization of our mission. The evaluation process will also aim to identify high impact initiatives that can be scaled up or has the potential for sustained implementation and in the next medium-term.

Figure 8

**Results Pathway to Increase Utilization of Primary Care Services**

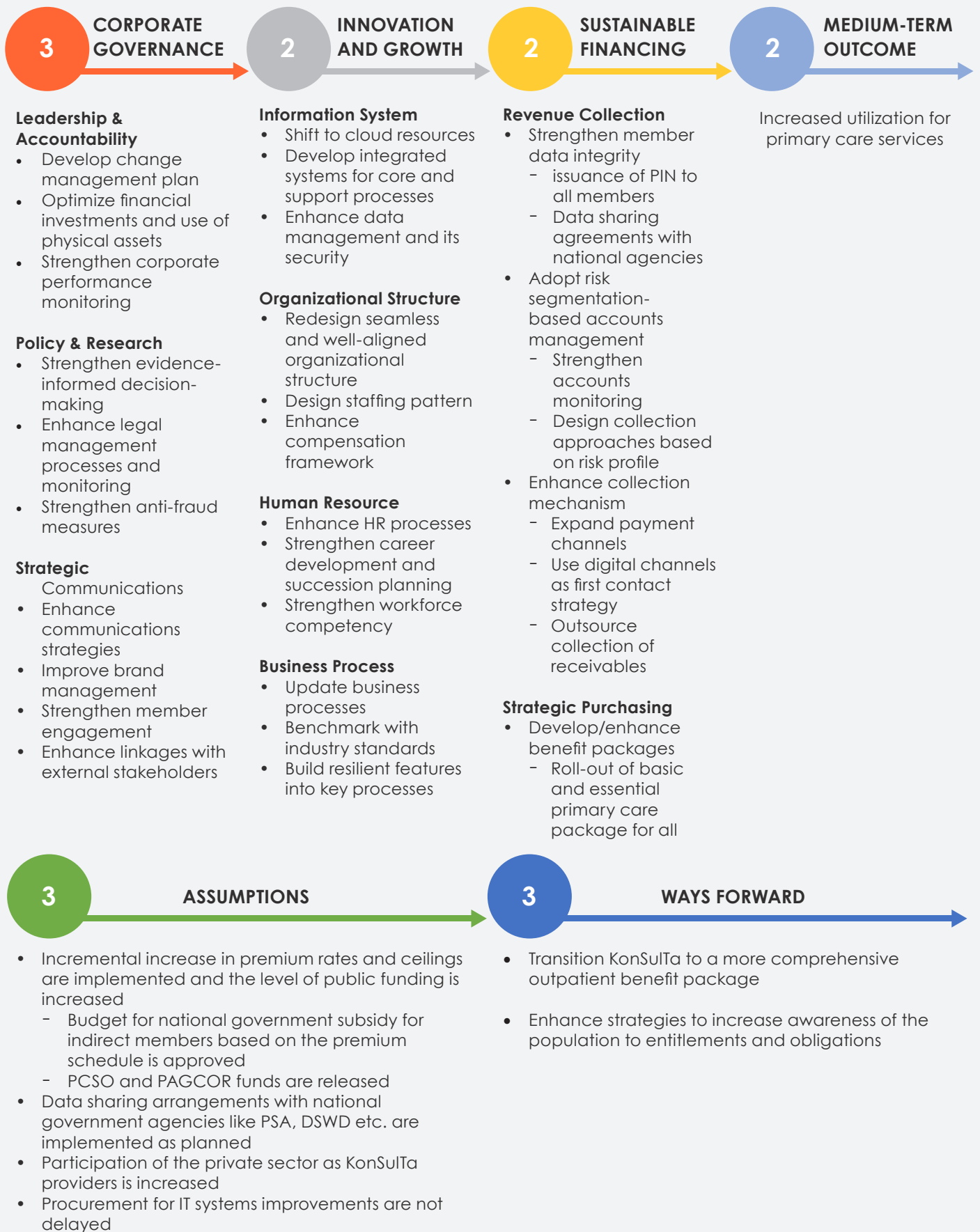




Figure 9

Results Pathway to **Improve Financial Risk Protection**

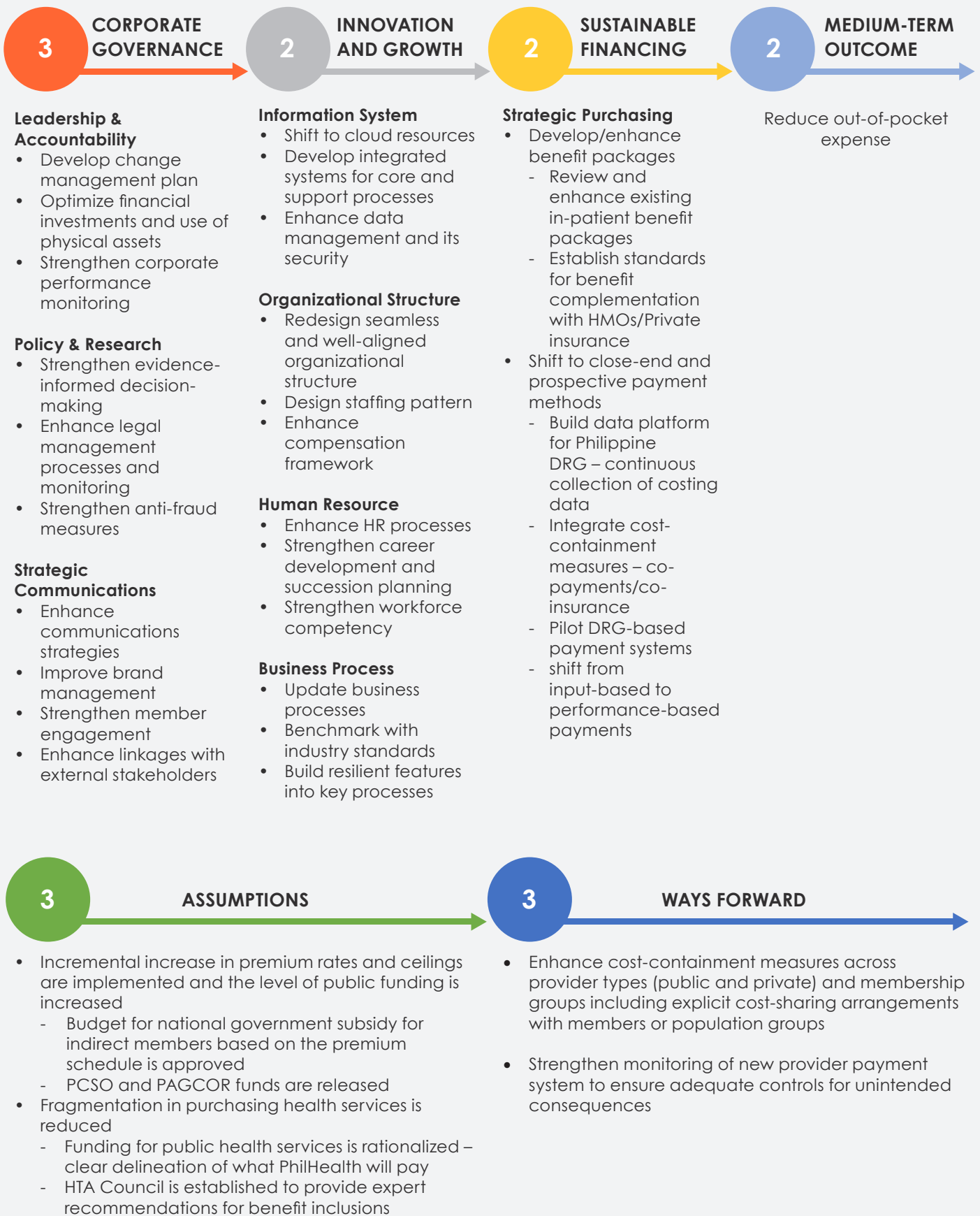


Figure 10

Results Pathway to **Increase Quality of Health Care Services**

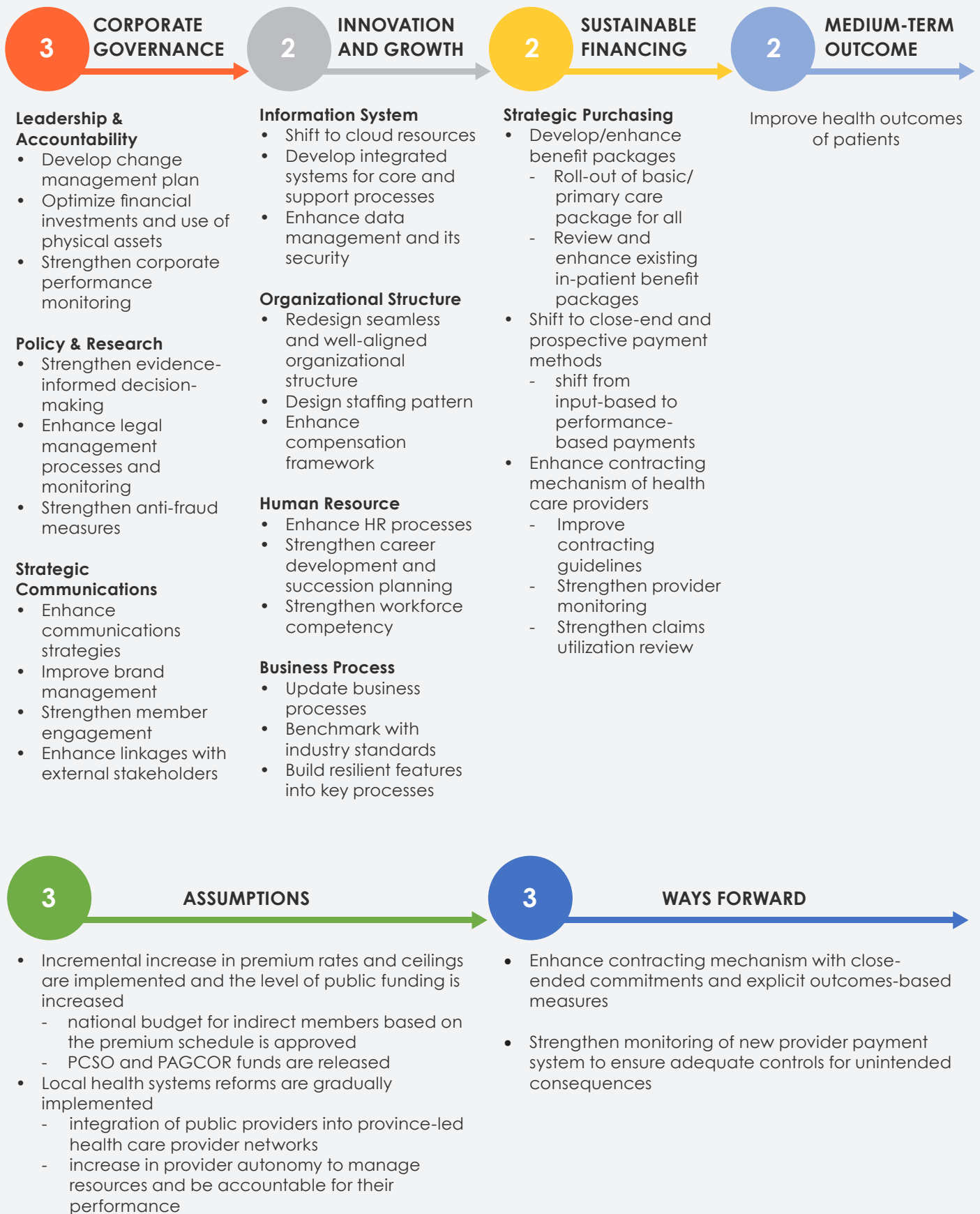


Table 1: Results Matrix

Goals/Objectives	No	Indicators	Targets		
			2021	2022	2023
<ul style="list-style-type: none"> <li>Increased utilization based on need</li> </ul>	1	Number of accredited Konsulta providers	Baseline data (in pre-selected areas)	1,395 providers to cover 25% of the population	2,789 providers to cover 50% of the population
	2	Percentage of NHIP beneficiaries registered to Konsulta providers	Baseline data (in pre-selected areas)	25%	50%
<ul style="list-style-type: none"> <li>Higher financial risk protection</li> </ul>	3	Support value		60%	TBD based on the implementation of the fixed co-pay mechanism
	4	Percentage of patients with no co-payment in basic accommodation in public facilities	61% (government facilities)	64% (government facilities)	68% (government facilities)
	5	Percentage of patients with no co-payment in basic accommodation in private facilities	Baseline data (private facilities)	2021 plus 5%	2022 plus 5%
<ul style="list-style-type: none"> <li>Quality health care services</li> </ul>	6	PhilHealth Benchbook 2 and Third-Party Accreditation implemented	Guiding principles and rating system for Benchbook 2 developed	Policy standards for third party accreditation (TPA) developed	Recognition of Third Party Accreditor
<ul style="list-style-type: none"> <li>Build a deep revenue-base with efficient collection system</li> </ul>	7	Collection efficiency rate (for direct contributors)	≥95%	≥90%	≥90%
<ul style="list-style-type: none"> <li>Maintain a wide risk pool through strategic purchasing</li> </ul>	8	Provider payment initiatives implemented	Governing policy on DRG developed	DRG implementing guidelines developed	DRG piloted in sentinel sites
<ul style="list-style-type: none"> <li>Design an agile and adaptive organization</li> </ul>	9	Number of initiatives in the re-org implementation plan completed	3 of 3  Development of : 1. Organizational structure 2. Functional statements 3. Staffing pattern and functional competencies	2 of 2  1. Approval and Implementation of the Organization design 2. Enhancement of Job descriptions	Monitoring and fine-tuning of the organizational design
<ul style="list-style-type: none"> <li>Develop lean and member-centric processes</li> </ul>	10	Number of initiatives on business process improvement completed	2 of 2  1. Current state assessment and conduct of business process review 2. Craft the future Business Processes of PhilHealth	2 of 2  1. Development/ Implementation of Business process improvement initiatives 2. Review, redesign and development of SOPs	3 of 3  1. Continuing development/ implementation of business process improvement initiatives 2. Monitoring and continual improvement of business processes 3. Review, redesign and development of SOPs

Goals/Objectives	No	Indicators	Targets		
			2021	2022	2023
<ul style="list-style-type: none"> <li>Transform human resource management into a competency-based system</li> </ul>	11	Number of HR initiatives completed to transition identified processes to competency-based system	4 of 4  1. Review and revise current job descriptions 2. Submission of competency-based Qualification Standards (QS) to CSC for approval 3. Evaluation Competency assessment tool (AKaPP) 4. Inclusion of Job-level competencies in AKaPP system	3 of 3  1. CSC-approved competency-based QS implemented 2. Develop an objective-type competency assessment tool through third party procurement 3. Automated succession planning system developed	4 of 4  1. Convert Job descriptions under the new Organizational Structure and Staffing Patter (OSSP) and QS of the positions into competency-based for submission to CSC 2. 100% competency-based recruitment, selection and placement process completed 3. Implement updated 2022 AKaPP tool/Test 4. Automated succession planning system implemented
<ul style="list-style-type: none"> <li>Integrate information systems using secure digital technology</li> </ul>	12	Number of projects in the ISSP completed on time	4 of 4  1. ERMIS (Financial management) and HIS procured and initially developed 2. Business intelligence enhanced on accreditation 3. Partial/pilot implementation of the National Health Data Repository (NHDR) 4. Design of SSMIS	4 of 4  1. Develop ERMIS 50% (financial management) and HIS 2. Business Intelligence enhanced for membership and claims 3. 50% implementation of NHDR 4. (partial/pilot) SSMIS developed and deployed	5 of 5  1. Develop ERMIS 50% (inventory and fixed asset, HR, and procurement management) 2. Business Intelligence enhanced on contribution and support processes (HR, Legal etc.) 3. Full implementation of NHDR 4. Full implementation of SSMIS 5. All systems migrated to the cloud
<ul style="list-style-type: none"> <li>Manage transitions and mid-set shifts through effective leadership</li> </ul>	13	Number of change management initiatives implemented within the period	Creation of the Change Management Team	TBD Implementation of change management plan	TBD monitoring process of the CMT

Goals/Objectives	No	Indicators	Targets		
			2021	2022	2023
<ul style="list-style-type: none"> <li>Strengthen policy enforcement and evidence-informed decision-making</li> </ul>	14	Number of UHC policy submitted within a prescribed period to management for approval	3 PhilHealth major policies	2 PhilHealth major policies	4 PhilHealth major policies
<ul style="list-style-type: none"> <li>Engage members and stakeholders using every available platform</li> </ul>	15	Number of social marketing and communication initiatives completed within the period	<ol style="list-style-type: none"> <li>Crisis Communication Plan developed</li> <li>Communication Plan for UHC developed</li> </ol>	<ol style="list-style-type: none"> <li>Enhanced Communication Plan for UHC implemented</li> <li>Preparations for Rebranding</li> <li>Hire marketing strategist/consultant</li> </ol>	<ol style="list-style-type: none"> <li>Enhanced Communication Plan for UHC implemented</li> <li>Brand advocate</li> <li>Conduct Market Research</li> <li>Hire marketing strategist/consultant</li> </ol>

## CHAPTER 5

### Collaboration and Learning

Strategic collaboration with both government and private stakeholders is an essential facet in the successful implementation of our strategic plan. The implementation of our planned initiatives requires research and policy support and collaborative approaches to identify adaptive solutions to implementation issues. Evidence generation is an important strategic function that aids the Corporation in setting policy priorities and in facilitating decision making process.

dependent on other actions of other actors operating within and outside of the health sector. Collaboration with various stakeholders can take many forms such as engaging in formal partnerships, co-developing policies, or setting mutual agenda or undertaking a joint initiative. Table 2 lists the areas of collaboration for each of the strategic blocks and the agency or institutional partners identified.

#### 5.1 Collaboration

We recognize that a number of our strategic actions are not created in a vacuum. They are

Table 2: List of Collaborative Arrangements

Strategic Blocks	Areas of Collaboration	Agency/Institutional Partners
Sustainable Financing	Data sharing agreements	Philippine Statistics Authority (PSA) Department of Social Welfare and Development (DSWD), National Council on Disability Affairs (NCDA), Office of the Presidential Adviser on the Peace Process (OPAPP), Department of National Defense (DND), Department of Trade and Industry (DTI)
	Operationalization of additional financing for benefits packages	Philippine Charity Sweepstakes Office (PCSO), Philippine Amusement and Gaming Corporation (PAGCOR).
	Coordination on the annual premium rate increases	Department of Health (DOH), Department of Budget and Management (DBM)
	Co-development of UHC policies particularly on financing	DOH
	Setting of policies and standards for benefits complementation	DOH, Insurance Commission (IC), Private Health Insurance (PHI), Health Maintenance Organizations (HMO)
	Cooperation on the Philippine adoption of the Thai DRG Grouper	Thailand National Health Security Office (NHSO), Thai Case Mix Center

Strategic Blocks	Areas of Collaboration	Agency/Institutional Partners
	Coordination work in the design and implementation of prospective provider payment mechanisms	Commission on Audit (COA)
Innovation and Growth	Coordination work on corporate reorganization, staffing, and performance management.	Governance Commission for Government Owned and Controlled Corporations (GCG)
	Implementation of HIS integration and interoperability standards	DOH, Department of Information and Communications Technology (DICT)
Strong Corporate Governance	Management and implementation of the PhilHealth Research Agenda	Philippine Council for Health Research and Development (PCHRD)
	Mobilization of technical assistance on	Development Partners

## 5.2 Learning and Research

Since strategic planning is a cyclical process, its implementation provides a venue for continuous learning and adaptation. A learning agenda will be developed in the course of monitoring the implementation of the strategic plan and learning questions will be embedded in the various monitoring activities such as the quarterly progress reporting, strategy implementation reviews, and during pause and reflect sessions. The objective of these learning activities is to document the lessons and insights gathered from both the success and challenges of implementing the strategies outlined in this plan. This is an essential component in developing adaptive solutions necessary to pivot from

ineffective initiatives towards realizing the targets within the period.

Consequently, a research agenda will be developed as a complementary document to this strategic plan. It lists down the priority research studies that will support evidence generation for many of the policies that are poised to be developed and implemented alongside the strategies. It will serve as a blueprint in prioritizing the research studies to be funded and conducted in partnership with a third-party research management institution. The development process will follow the existing internal guidance on policy development and research in the Corporation.



## CHAPTER 6

### Resilience and Business Continuity

The emergence of COVID-19 significantly affected the operations of the Corporation since March of 2020. With that experience, we are now more aware of how climate risk challenges our operational environment, and our preparedness against large-scale threats. Faced with this emerging reality and other strategic risks both internal and external to us, we have to design our strategies to be more adaptive, resilient, and to rapidly recover from shocks and stresses to ensure business continuity as a way forward.

This resilience and business continuity perspectives are integrated in this strategic plan for us to better understand the level of risk exposure, make informed responses, and ensure that we do not lose track of our direction in the presence of these threats and hazards.

#### 6.1 Strategic Risk Management

In addition to our on-going efforts of building a robust risk information management system, we have also adopted a risk-based thinking approach in our planning process. Embedding risk assessment in the strategic plan will also instill a risk-aware culture across the planning cycle. This will add a perspective in terms of identifying and assessing the resilience of individual strategies as conditions change and how well it would still be able to support our vision and mission over the course of these changes. In effect, integrating a risk management strategy in the plan will create trust and strengthen confidence among members. By mapping out the risks against the strategic objectives, we gain better understanding on how to prepare, mitigate, and even create a pathway to innovate and transform the Corporation to be more resilient.

#### 6.2 Risk Definition

We have defined four major strategic risk categories:



*Reputational risk.* Refers to risks that impacts on our brand and our ability to maintain positive client perception

and trust stature. This type of risk may result in significant difficulty in engaging and maximizing value for our members and stakeholders.



*Operational risk.* Refers to risks associated with the breakdown of internal procedures, people and systems that may hamper operations and results in our inability to operate efficiently and meet business objectives.



*Political and regulatory risk.* Refers to risks associated with unforeseen changes in the political and regulatory landscape particularly the introduction of legal and administrative hurdles that will significantly affect the way we administer the NHIP.







*Climate risk.* Refers to risks related to natural/man-made disasters that may cause significant delay or total interruption of our processes and systems affecting the provision of services to our members and stakeholders.

The assessment of these strategic risks will form part of the enterprise-wide risk assessment of the Corporation which evaluates its impact to the business units and prioritize risks according to both impact and likelihood.

For this strategic plan, we assess the risk exposure of our strategic objectives to be able to define the necessary measures at the appropriate scale that may help reduce its impact if not totally mitigate it. Table 2 maps out the vulnerabilities of our strategic objectives in relation to the four strategic risks.

But the goal is to shift from a risk -based towards resilience-based approach in managing the risk. By resilience, we mean the capacity to resist downturns and get back to a normal or better situation. This approach to resilience will focus on our ability to anticipate, absorb, recover from and adapt to these risks. This is in complement with the more encompassing business continuity plan that has been developed as a key element of the Corporation's broader risk management initiative.

Table 3 : Risk Exposure

Strategic Objectives				
• Build a deep revenue-base with efficient collection system	√	√	√	√
• Maintain a wide risk pool through strategic purchasing	√	√	√	√
• Integrate information systems using secure digital technology		√		√
• Design an agile and adaptive organization		√	√	
• Transform human resource management into a competency-based system		√		√
• Develop lean and member-centric processes		√		√
• Manage transitions and mid-set shifts through effective leadership			√	
• Strengthen policy enforcement and evidence-informed decision-making		√	√	
• Engage members and stakeholders using every available voice	√	√		

Strategic risk management principles and mechanism will be put into place to include the following:

- Board-level understanding and commitment to strategic risk management as a critical factor for policy oversight and decision making;
- Senior management participation in risk management processes including risk communication;
- Risk-aware culture that encourages participation and accountability at all levels of the Corporation;
- Participation of key stakeholders in policy-setting and in strategy development
- Integration of risk management insights

into operational process to sustain performance;

- Use of quantification methods to understand risks and its effect on overall financial value.

#### Annexes

- Annex 1: UHC Policy Agenda
- Annex 2: Indicator Profile
- Annex 3: Quarterly Reporting Template
- Annex 4: List of Performance Indicators

## Annex 1 UHC Policy Agenda

No.	Reference		Policy	Key Content	Policy Instrument	Proponent Office	Target Date
	RA 11223	IRR					
1	Sec. 5	Sec. 5.1	Data sharing agreement with Philippine Statistics Authority (PSA)	Data sharing mechanism with PSA for membership validation and clean-up	Memorandum of Agreement	MMG	2021
2	Sec. 6.a	Sec. 6	Guidelines in granting immediate eligibility to members	Policies and procedures to ensure immediate eligibility of all Filipinos in accessing PhilHealth benefits	PhilHealth Circular	MMG	2021
3	Sec. 6.b	Sec. 6.3	Comprehensive outpatient benefit package	Improvement of existing primary care benefit packages covering consultations, health screening and assessment, diagnostic services and medicines	PhilHealth Circular	HFPS	2023
4	Sec. 6.d	Sec. 6.7	Guidelines in the registration of Filipinos to a primary care provider (PCP)	Provide general guidelines on the registration of Filipinos to a PCP	Joint Administrative Order	HFPS with DOH	2021
5	Sec 7	Sec. 7.1, 7.2	Operational guidelines on the transition of public health commodities to LGUs in the implementation of Province-/ City-Wide Health Systems (P/CWHS)	Guidance and direction in transitioning of selected public health commodities in support of the implementation of the P/CWHS	Joint Administrative Order	HFPS with DOH	2021
6	Sec 7.b	Sec. 7.3, 28.23, 41.8	Complementation between PhilHealth and Health Maintenance Organizations (HMO) in financing individual-base health services	Complementation framework and strategy between PhilHealth and HMOs	Joint Administrative Order	HFPS and ASRMS with DOH and IC	2021

No.	Reference		Policy	Key Content	Policy Instrument	Proponent Office	Target Date
	RA 11223	IRR					
7	Sec 7.b	Sec. 7.3, 28.23, 41.8	Implementing guidelines on the complementation framework and strategy between PhilHealth, HMOs, life and non-life Private Health Insurance (PHI) companies	Guidelines in implementing the complementation framework between PhilHealth, HMOs, and PHI companies in financing individual-based health services	PhilHealth Circular	HFPS and ASRMS	2023
8	Sec. 9	Sec. 9.1, 9.9	Governing policies on no co-payment/no balance billing for PhilHealth benefit packages	Design and implementation of the no co-payment/no balance billing mechanism	PhilHealth Circular	HFPS	2021
9	Sec. 9	Sec. 9.1, 9.9	Co-payment and co-insurance	Co-payment and co-insurance scheme	PhilHealth Circular	HFPS	2021
10	Sec. 9	Sec. 9.14	PhilHealth Plus	Additional benefits of direct contributors in the NHIP	PhilHealth Circular	HFPS	2021
11	Sec. 11	Sec. 11.13	Omnibus guidelines on fund investments	Revised omnibus investment guidelines to align with the investment provisions of the UHC	Corporate Order, Standard Operating Procedures	FMS	2021
12	Sec 16.a	Sec. 16.1.a	PhilHealth compensation plan	Guidelines in the re-organization of PhilHealth through review of current business processes and manual of competencies	Corporate Order	OSDO	2021
13	Sec. 16.b	Sec. 16.1.b, 41.2	Reorganization plan	Business process review, re-organization plan and manual of competencies	Corporate Order	OSDO	2021
14	Sec. 16.c	Sec. 16.3	Provident fund	Guidelines in the management of the PhilHealth Provident Fund	Corporate Order	FMS	2021
15	Sec. 16.d	Sec. 16.d, 41.2	Employee disengagement program	Coverage, benefits and implementing guidelines for early retirement	Corporate Order	OSDO	2021
16	Sec. 18.a, 29	Sec. 18.1, 18.9.a	Standards and guidelines in contracting Health Care Provider Networks (HCPN) and apex hospitals	Standards and guidelines in contracting HCPNs and apex hospitals including negotiation process for contract build-up	PhilHealth Circular	HFPS	2024
17	Sec. 18.a	Sec. 18.7	Enhancement of accreditation standards	Accreditation of health care networks and performance commitment	PhilHealth Circular	HFPS	2023

No.	Reference		Policy	Key Content	Policy Instrument	Proponent Office	Target Date
	RA 11223	IRR					
18	Sec. 18.b	Sec. 18.9.a	Governing guidelines on provider payment mechanism	Governing guidelines to implement provider payment mechanisms that are consistent with existing auditing rules and regulations	Joint Memorandum Circular	HFPS with COA	2021
19	Sec. 18.b	Sec. 18.9.a	Governing guidelines on Diagnosis-related Groups (DRG)	Governing guidelines in developing benefit packages using DRGs	PhilHealth Circular	HFPS	2022
20	Sec. 18.b	Sec. 18.9.a	Implementing guidelines on DRG	Grouping, computation of global budget (GB) and IT standards and requirements	PhilHealth Circular	HFPS	2023
21	Sec. 18.b	Sec. 18.9.a	Governing guidelines on GB	Governing guidelines for the payment to HCPNs through global budget mechanism	PhilHealth Circular	HFPS	2022
22	Sec. 18.b	Sec. 18.9.a	Implementing guidelines on GB	Implementing guidelines of GB, monitoring and evaluation	PhilHealth Circular	HFPS	2023
23	Sec. 27	Sec. 27.1	Benchbook for Hospitals (2nd ed.) assessment and scoring tools	Mechanims for granting incentives to HCPs with exemplary performance based on set criteria	PhilHealth Circular	HFPS	2023
24	Sec. 27	Sec. 27.1	Incentivizing HCPs for service quality, efficiency and equity	Guidelines in providing incentives to HCPs that provides better service quality, efficiency and equity based on PhilHealth rating system	PhilHealth Circular	HFPS	2023
25	Sec. 27	Sec. 27.3	Third-party accreditation	Standards and requirements for third-party accreditation mechanism as basis for granting incentives to HCPs	PhilHealth Circular	HFPS	2023
26	Sec. 27	Sec.27.8	Health Care Provider Performance Assessment System (HCP PAS)	Parameters to monitor compliance of HCPS to clinical practice guidelines (CPGs) adopted by PhilHealth	HCP PAS Monitoring tools	HFPS	2021
27	Sec.31	Sec. 31.1	Implementing guidelines in processing and submission of health and health-related data	Guidelines and mechanism in the processing and submission of health and health-related data in accordance with UHC Act	Joint Administrative Order	IMS with DOH	2021

No.	Reference		Policy	Key Content	Policy Instrument	Proponent Office	Target Date
	RA 11223	IRR					
28	Sec.31	Sec. 31.1	Standards conformance and interoperability validation (SCIV)	Implementation of SCIV as a compliance monitoring mechanism to achieve integrated and interoperable health system and health-related data reporting at all levels of health care utilization	Joint Administrative Order	IMS with DOH and DICT	2021
29	Sec. 36	Sec. 36.1, 36.2, 36.3, 36.7	Implementation and maintenance of integrated health information system (HIS)	Guidelines in the implementation and maintenance on an integrated HIS in accordance with UHC Act	Joint Administrative Order	IMS with DOH	2021
30	Sec. 37	Sec. 37.2	Guidelines in the operationalization of UHC provisions on Appropriations	Guidelines in the remittance and certification, release or transfer, and documentary and reporting requirement in the receipt of funds for UHC implementation	Joint Memorandum Circular	FMS and ASRMS with DOF, DBM, PCSO and PAGCOR	2021
31	Sec. 38	Sec. 38.7, 23	PhilHealth Rules on Administrative Cases	Definition of specific offences of health care providers and members, rules on administrative cases, and period to resolve cases	PhilHealth Circular	LSS	2021



## Annex 2

### Measure Profile

<b>Indicator 1</b>	<b>Number of accredited Konsulta providers</b>
<b>Description</b>	Refers to the actual count of Konsulta providers accredited within the period. Target number of providers to be accredited are computed based on the percentage or number of beneficiaries that will be registered to Konsulta and the standard population to provider ratio of 1:20,000.
<b>Unit of measure</b>	Number
<b>Frequency of measure</b>	Quarterly
<b>Data source</b>	Accreditation Dashboard for Konsulta
<b>Disaggregation</b>	Region Province/City/Municipality Member Category
<b>Method of collection</b>	Database extraction and records review
<b>Responsible unit</b>	Health Finance Policy Sector/ PCB Team/Accreditation Department
<b>Known limits/bias</b>	Timeliness of data submission
<b>Means of interpretation</b>	A higher number indicates that more providers are engaged in delivering primary care services.

<b>Indicator 2</b>	<b>Percentage of population registered to a Konsulta provider</b>
<b>Description</b>	Refers to the proportion of the population utilizing primary care services (Konsulta) over a period of time.
<b>Unit of measure</b>	Percent
<b>Frequency of measure</b>	Quarterly
<b>Data source</b>	Konsulta Registration Report
<b>Disaggregation</b>	Region Province/City/Municipality Member Category Age and Sex of NHIP beneficiaries
<b>Method of collection</b>	Database extraction and records review
<b>Responsible unit</b>	Member Management Group / Health Finance Policy Sector/ PCB Team
<b>Known limits/bias</b>	Timeliness of data submission
<b>Means of interpretation</b>	A higher percentage indicates that more people are provided access to primary care services.

<b>Indicator 3</b>	<b>Support value</b>
<b>Description</b>	Refers to the average amount covered by PhilHealth as a percentage of the total health care cost of a specific illness on a per capita basis.
<b>Unit of measure</b>	Percent
<b>Frequency of measure</b>	Every 3 - 5 years
<b>Disaggregation</b>	Illness Region Member Category Facility Type HCI Class/Level Patient Age and Sex Room type
<b>Data source</b>	Facility statement of accounts, Claims database, Patient interviews
<b>Method of collection</b>	Secondary data analysis; Survey
<b>Responsible unit</b>	Corporate Planning Department
<b>Known limits/bias</b>	The current method of data collection may not capture out-of-pocket costs incurred by the patient outside of the facility (i.e. medicines and diagnostics not available in the facility).
<b>Means of interpretation</b>	A high percentage may indicate ability of the SHI to provide adequate financial protection from health spending. A lower figure shows how people may be potentially impoverished by accessing health care services.

<b>Indicator 4</b>	<b>Percentage of patients with no co-payment in basic accommodation in public facilities</b>
<b>Description</b>	Refers to the percentage of patients confined in basic accommodation in public facilities that were provided with full financial protection
<b>Unit of measure</b>	Percent
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	Region Member Category Facility Facility report; Claims database
<b>Method of collection</b>	Database extraction and records review
<b>Responsible unit</b>	Health Finance Policy Sector
<b>Known limits/bias</b>	The current method of data collection may not capture out-of-pocket costs incurred by the patient outside of the facility (i.e. medicines and diagnostics not available in the facility).  As data is extracted based on claims tagged for confinements in ward accommodation, data is affected by the quality of data capture and encoding.
<b>Means of interpretation</b>	A high percentage indicates provision of adequate financial protection from health spending. It also shows the percentage of compliance to the policy among public facilities.

<b>Indicator 5</b>	<b>Percentage of patients with no co-payment in basic accommodation in private facilities</b>
<b>Description</b>	Refers to the percentage of patients confined in basic accommodation in private facilities that were provided with full financial protection
<b>Unit of measure</b>	Percent
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	Region Member Category Facility
<b>Data source</b>	Facility report; Claims database
<b>Method of collection</b>	Database extraction and records review
<b>Responsible unit</b>	Health Finance Policy Sector
<b>Known limits/bias</b>	The current method of data collection may not capture out-of-pocket costs incurred by the patient outside of the facility (i.e. medicines and diagnostics not available in the facility).  As data is extracted based on claims tagged for confinements in ward accommodation, data is affected by the quality of data capture and encoding.
<b>Means of interpretation</b>	A high percentage indicates provision of adequate financial protection from health spending. It also shows the percentage of compliance to the policy among private facilities.

<b>Indicator 6</b>	<b>PhilHealth Benchbook 2 and third-party accreditation implemented</b>
<b>Description</b>	Calculated as a specific milestone policy and/or activity that will facilitate the implementation of PhilHealth Benchbook 2 and third-party accreditation.
<b>Unit of measure</b>	Milestone
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	None
<b>Data source</b>	Quarterly monitoring reports
<b>Method of collection</b>	Submission of quarterly monitoring report to CorPlan
<b>Responsible unit</b>	Health Finance Policy Sector, Standards Monitoring Department
<b>Known limits/bias</b>	None
<b>Means of interpretation</b>	Implementation of the identified milestone policy and/or activity indicates completion of the indicator.

<b>Indicator 7</b>	<b>Collection efficiency rate among direct contributors</b>
<b>Description</b>	Refers to the percentage of actual premium collection against targeted potential collection within a period.  This is calculated by dividing the actual amount of premium collected against the potential collection based on actuarial computation.
<b>Unit of measure</b>	Percent
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	Region Member Category
<b>Data source</b>	Collection database
<b>Method of collection</b>	Database extraction and records review
<b>Responsible unit</b>	Membership Management Group
<b>Known limits/bias</b>	Timely reporting and encoding of collection data
<b>Means of interpretation</b>	The closer the rate to 100% the higher is the degree of efficiency.

<b>Indicator 8</b>	<b>Provider Payment initiatives implemented</b>
<b>Description</b>	Calculated as a specific milestone activity that will facilitate the implementation of DRG as a provider payment mechanism.
<b>Unit of measure</b>	Milestone
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	None
<b>Data source</b>	Quarterly monitoring reports
<b>Method of collection</b>	Submission of quarterly monitoring report to CorPlan
<b>Responsible unit</b>	Health Finance and Policy Sector. Benefit Development and Research Department
<b>Known limits/bias</b>	None
<b>Means of interpretation</b>	Implementation of the identified milestone policy and/or activity indicates completion of the indicator.

<b>Indicator 9</b>	<b>Number of initiatives in the re-org implementation plan completed</b>
<b>Description</b>	Calculated as the total counts of re-org initiatives completed within the period. The initiatives were pre-identified based on what was indicated in the re-org implementation plan.
<b>Unit of measure</b>	Number
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	None
<b>Data source</b>	Re-organizational plan; Quarterly monitoring reports
<b>Method of collection</b>	Submission of quarterly monitoring report to CorPlan
<b>Responsible unit</b>	Change Management Team. Organizational Systems and Development Office
<b>Known limits/bias</b>	None
<b>Means of interpretation</b>	The higher the number of identified initiatives completed relative to what was targeted indicates higher completion rate of the indicator.

<b>Indicator 10</b>	<b>Number of initiatives on business process improvement completed</b>
<b>Description</b>	Calculated as the total counts of business processes improvement initiatives completed within the period. The initiatives were pre-identified based on what was indicated in the business process review plan.
<b>Unit of measure</b>	Number
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	None
<b>Data source</b>	Business process review plan; Quarterly monitoring reports
<b>Method of collection</b>	Submission of quarterly monitoring report to CorPlan
<b>Responsible unit</b>	Organizational Systems and Development Office
<b>Known limits/bias</b>	None
<b>Means of interpretation</b>	The higher the number of identified initiatives relative to what was targeted indicates higher completion rate of the indicator.

<b>Indicator 11</b>	<b>Number of HR initiatives to transition identified processes to competency-based system completed</b>
<b>Description</b>	Calculated as the total counts of HR initiatives completed within the period. The initiatives were pre-identified based on what was indicated in the HR plan.
<b>Unit of measure</b>	Number
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	None
<b>Data source</b>	HR plan; Quarterly monitoring reports
<b>Method of collection</b>	Submission of quarterly monitoring report to CorPlan
<b>Responsible unit</b>	Management Services Sector - Human Resource Department
<b>Known limits/bias</b>	None
<b>Means of interpretation</b>	The higher the number of identified initiatives relative to what was targeted indicates higher completion rate of the indicator.

<b>Indicator 12</b>	<b>Number of projects in the ISSP completed on time</b>
<b>Description</b>	Calculated as the total counts of ISSP milestone projects completed within the period. The initiatives were pre-identified based on what was indicated in the Information System Strategic Plan.
<b>Unit of measure</b>	Number
<b>Frequency of measure</b>	Quarterly
<b>Data source</b>	Information System Strategic Plan; Quarterly monitoring reports
<b>Disaggregation</b>	None
<b>Method of collection</b>	Submission of quarterly monitoring report to CorPlan
<b>Responsible unit</b>	Information Management Sector
<b>Known limits/bias</b>	None
<b>Means of interpretation</b>	The higher the number of identified milestone projects relative to what was targeted indicates higher completion rate of the indicator.

<b>Indicator 13</b>	<b>Change management initiatives implemented on time</b>
<b>Description</b>	Calculated as the total number of change management initiatives implemented within the period. The initiatives were pre-identified based on what was indicated in the change management plan.
<b>Unit of measure</b>	Number
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	None
<b>Data source</b>	Change management plan; Quarterly monitoring reports
<b>Method of collection</b>	Submission of quarterly monitoring report to CorPlan
<b>Responsible unit</b>	Office of the President/Executive Committee
<b>Known limits/bias</b>	None
<b>Means of interpretation</b>	The higher the number of initiatives implemented to what was targeted indicates higher completion rate of indicator.

<b>Indicator 14</b>	<b>Number of UHC policies submitted within a prescribed period to management for approval</b>
<b>Description</b>	Calculated as the total number of policies submitted to management for approval within the period. The policies were pre-identified based on what was indicated in the UHC policy agenda.
<b>Unit of measure</b>	Number
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	None
<b>Data source</b>	UHC policy agenda; UHC Policy Tracker; Quarterly monitoring reports
<b>Method of collection</b>	Submission of quarterly monitoring report to CorPlan
<b>Responsible unit</b>	Program offices/Corporate Planning Department
<b>Known limits/bias</b>	The development of some policies are dependent on the completion of policies external to PhilHealth.
<b>Means of interpretation</b>	The higher the number of policies submitted to what was targeted indicates higher completion rate of the indicator

<b>Indicator 15</b>	<b>Number of communication projects completed on time</b>
<b>Description</b>	Calculated as the total number of milestone projects completed within the period. The number of projects were pre-identified based on what was indicated in the Communications Plan.
<b>Unit of measure</b>	Number
<b>Frequency of measure</b>	Quarterly
<b>Disaggregation</b>	None
<b>Data source</b>	Social Marketing and Communication Plan; Quarterly monitoring report;
<b>Method of collection</b>	Submission of quarterly monitoring report to CorPlan
<b>Responsible unit</b>	Corporate Affairs Group/Corcomm Department
<b>Known limits/bias</b>	None
<b>Means of interpretation</b>	The higher the number of milestones projects completed to what was targeted indicates higher completion rate of the Social Marketing and Communications Plan.

## Annex 3 Quarterly Reporting Template

1. Executive Summary/Key Achievements of the Quarter

2. Performance Status

2.1 Performance by Key Indicators

Indicators	Baseline	Accomplishment as of [Quarter]		
		Target	Actual	%

1.2 Performance of Key Initiatives

Key Initiatives	Outputs/Milestones Accomplished During the Quarter	Status (Completed/On-going)	Indicator that the Activity Contributes To

3. Key Challenges and Proposed Solutions

Challenges	Indicators Affected	Proposed Solutions	Priority Next Step (Timelines/Responsible)

4. Learning and Collaboration

1.1 Updates on Coordination and Collaboration

Activity	External Collaborators	Milestones and Agreements

1.2 Updates on Learning

Title of Research	Key Recommendations	Responsible

5. High-Level Planned Activities/Upcoming Events for Next Quarter



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