



OFFICE OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

DATE : 3-29-22
REF. NO. : OP-2022-03-25-563
PROPOSER : GCG
SUBJECT : Validation Result of 2020 Performance Scorecard of PhilHealth.

FOR : CORPLAN, CORSEC
CC / CF : EVP + Cor

- ☐ for comment/ recommendation
☒ for appropriate action
☒ for information
☐ for compliance
☒ for preparation of reply
☐ to be signed by PCEO Gierran
☐ CC: OPCEO

PRIORITY

SUGGESTIONS/ COMMENTS:

Thank you very much,

ATTY. FRANCIS JAY E. REMIGIO
Head Executive Assistant





OP-2022-DB-25-568

21 March 2022

MR. FRANCISCO T. DUQUE III, M.D., MSc.

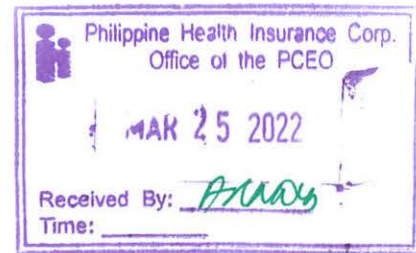
*Secretary, Department of Health
and PhilHealth Chairperson*

ATTY. DANTE A. GIERRAN, CPA

President and CEO (PCEO)

**PHILIPPINE HEALTH INSURANCE
CORPORATION (PHILHEALTH)**

*Citystate Centre, 709 Shaw Boulevard
Pasig City*



**RE : VALIDATION RESULT OF 2020 PERFORMANCE
SCORECARD OF PHILHEALTH**

Dear Secretary Duque and PCEO Gierran,

This is to formally transmit the validation result of PhilHealth's 2020 Performance Scorecard. Based on the validation of documentary submissions, PhilHealth gained an over-all score of **13.75%** (See **Annex A**). The same is to be posted in PhilHealth's website, in accordance with Section 43 of GCG Memorandum Circular (M.C.) No. 2012-07.¹

The Governance Commission takes this opportunity to direct PhilHealth's attention on the validation result for Strategic Measures 4 (Percentage of Patients Admitted in Basic or Ward Accommodation with No Co-Payment), 5 (Improve Collection Efficiency Rate), 6 (Increase in Benefit Expense to Premium Income Ratio), and 9 (Percentage of Good Claims Processed within Prescribed Period) which were all rendered unverifiable due to the Disclaimer of Opinion on the 2020 Financial Statement of PhilHealth rendered by the Commission on Audit. One of the bases for the Disclaimer of Opinion was the faithful representation of Premium Contributions – Direct Contributors account totaling ₱85.569 Billion which could not be ascertained due to the following:

- a. Absence of control to account for the Statement of Premiums Accounts (SPAs) not generated and paid by the employers in the private and government sectors, indicating premium contributions from members, hence it could not be validated if all SPAs for the period were accounted for and recorded in the books; and
- b. The inconsistent recognition of accrued premium receivable and revenue from direct contributors by the PhilHealth Regional Offices (PROs) and the Head Office (HO) and the non-identification of prior period premium payments by the Standard Enforcement Reconciliation Payment Unit (SERU) in the Report of Daily Summary of Validated Accredited Collecting Agents (ACAs) Remittances, which is the primary source document in recognizing premium

¹ Code of Corporate Governance for GOCCs, dated 28 November 2012.

contributions in the books, resulted in unreliable accruals of premium contributions

In addition to this, the Governance Commission notes that the COA also represented that it **could not substantiate with reasonable certainty the faithful representation** of the Premium Contributions in the Financial Statement of PhilHealth amounting to ₱148.995 Billion due to the following:

- a. The Electronic PhilHealth Acknowledgement Receipt (ePARs) generated thru the PhilHealth's electronic collection system has no repository database where COA could validate the transactions; and
- b. 160 or 17.13 percent of the sampled PhilHealth Agency Receipts (PARs) and SPAs aggregating to ₱179.127 Million were not submitted for audit precluding the validation thereof

Further, reported accomplishments for Strategic Measures 8a (Increase in the Percentage of Cases Disposed) and 8b (Increase in the Percentage of Cases Investigated) due to the unreliability of supporting documents presented.

In relation to the grant of 2020 Performance-Based Bonus (PBB) to eligible officers and employees, PhilHealth fails to satisfy the requirements of GCG M.C. No. 2019-02², particularly the achievement of a weighted-average score of at least 90% in its 2020 Performance Scorecard. In this regard, the Board is reminded that any unilateral action to release the PBB will be considered as a violation of the Board's fiduciary duty to protect the assets of the GOCC as provided under Section 19 of Republic Act No. 10149.³

Consequently, pursuant to GCG M.C. No. 2021-01,⁴ failure to qualify for the PBB means that the Appointive Members of the Governing Board of PhilHealth shall not be qualified to receive the Performance-Based Incentive (PBI).

FOR PHILHEALTH'S INFORMATION AND GUIDANCE.

Very truly yours,


SAMUEL G. DAGPIN, JR.
Chairman


JAYPEE O. ABESAMIS
OIC-Commissioner*


MARTES C. DORAL
Commissioner

cc: COA Resident Auditor – PhilHealth

² Interim Performance-Based Bonus (PBB).

³ GOCC Governance Act of 2011.

⁴ Interim Performance-Based Incentive (PBI) System for the Appointive Directors of GOCCs Covered by GCG for CY 2020 and for the Years Thereafter, dated 28 January 2021.

*By virtue of the Memorandum from the Executive Secretary dated 21 March 2022.

PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH)
Validation Result of 2020 Performance Scorecard

Component						PhilHealth Submission		GCG Validation		Supporting Documents	Remarks	
	Objective/ Measure	Formula	Wt.	Rating Scale	Target	Actual	Rating	Actual	Rating			
SATISFIED CLIENTS	SO 1	Total Client Experience										
	SM 1	Percentage of Satisfied Customers	Number of respondents who rated PhilHealth service with at least Satisfactory / Total number of respondents	10%	(Actual/ Target) x Weight Below 80% = 0%	≥ 91%	87.70% 2020 Satisfaction Rating Given by Individual Customers in All Geographic Areas	9.64%	Noncompliant with back-checking requirement	0%	-2020 PhilHealth Client Awareness and Satisfaction Survey conducted by a Third-Party Consultant (Novo Trends) -Database of the respondents' answers -80 Sample Questionnaires from the database	Only 60 out of 3,680 respondents were backchecked or 1.63% respondents failing to meet one of the quality control requirements provided in the GCG Enhanced Standard Methodology. In addition, only respondents from the LHIO NCR North out of the several LHIOs of PhilHealth has been backchecked.
	SM 2	Percentage of Accredited KONSULTA Providers ¹	Actual Accomplishment	0%	n/a	Crafting of Policies on General and Specific Guidelines in the Implementation of KONSULTA Package	Conducted orientation of PROs per area on KONSULTA benefit package and accreditation policy via video conference on December 17-	n/a	Conducted virtual orientation of PROs per area on the implementing guidelines of PhilHealth Konsultasyong Sulit at Tama	n/a	-Quality Assurance Group (QAG) Advisory re: Virtual Orientation -Notice of Meeting on	PC 2020-0021 defines the accreditation standards and guidelines for Konsulta Facilities.

¹ This SM is for monitoring purposes only.

Component							PhilHealth Submission		GCG Validation		Supporting Documents	Remarks
Objective/ Measure			Formula	Wt.	Rating Scale	Target	Actual	Rating	Actual	Rating		
							18, 2020		(PhilHealth Konsulta)		Virtual Orientation	
							PhilHealth Circular (PC) 2020-0021 re: Accreditation of Healthcare Providers for PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package was approved on December 16, 2020 and published on December 23, 2020 thru Manila Bulletin		Package and IT System vis-à-vis Accreditation Forum last December 17-18, 2020		-Attendance sheets for Dec. 17 and 18, 2020 Virtual Orientation -Signed PhilHealth Circular (PC) 2020-0021 -Signed PC No. 2020-0022	
									PhilHealth issued on December 16, 2020 PhilHealth Circular (PC) 2020-0021 regarding Accreditation of Healthcare Providers for PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package PhilHealth issued PC No. 2020-0022 on December 17, 2020 regarding Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth			

Component						PhilHealth Submission		GCG Validation		Supporting Documents	Remarks
Objective/ Measure	Formula	Wt.	Rating Scale	Target	Actual	Rating	Actual	Rating			
								Konsulta) Package			
SO 2	Responsive Benefits										
SM 3	Percentage of <i>Individuals Registered to a KONSULTA Provider</i> ²	Actual Accomplishment	0%	n/a	Crafting of Foundational Policies and Orientation as milestones to implement registration to a KONSULTA Provider	Signed PhilHealth Circular (PC) No. 2020-0022 re: Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package	n/a	PhilHealth issued PC No. 2020-0022 on December 17, 2020 regarding Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package	n/a	-Signed PC No. 2020-0022 re: Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package -Secretary's Certificate	The GCG notes that while a policy was crafted, no report was made regarding the target conduct of orientation on the implementation of registration to a KONSULTA provider
SM 4	Percentage of Patients Admitted in Basic or Ward Accommodation with No Co-Payment (in Government Facilities)	Total No. of Patients Admitted in Basic or Ward Accommodation with No Co-Payment / Total No. of Patients Admitted in Basic Ward or Ward Accommodation (in Government Facilities)	15%	All or Nothing	Establish Baseline (in Government Facilities)	58.54% No Co-pay Compliance based on Claims on database (in Government facilities) (1,874,190/ 3,201,738)	15%	<u>Unverifiable</u>	0%	-Quick Stats on No Co-Payment Compliance based on Claims Database (in Government Facilities) -OCOO Memorandum No. 2021-38 with subject Accuracy of Statement of Account (SOA)	A face-to-face survey is conducted annually by PhilHealth to determine the compliance rate on the No Co-payment scheme. Due to the pandemic and hospitals as high risk area, the request of PhilHealth to use the processed claims as a proxy measure in determining the percentage of patients who were able to avail of the No Co-payment

² This SM is for monitoring purposes only.

		Component				PhilHealth Submission		GCG Validation		Supporting Documents	Remarks
Objective/ Measure		Formula	Wt.	Rating Scale	Target	Actual	Rating	Actual	Rating		
										and Type of Room Accommodation Values of Paid Claims Recorded in our Database - Corporate Memorandum No. 2020-0033 with subject work arrangements of P-Cares during the Enhanced Community Quarantine	scheme is hereby <u>APPROVED</u> . Details of evaluation is attached as Appendix 1
		Sub-Total	25%				24.64%		0%		
SUSTAINABLE FUND	SO 3	Revenue Generated									
	SM 5	Improve Collection Efficiency rate	Actual collection / Potential collection	15%	(Actual/ Target) x Weight	≥ 80% of recalibrated potential collection of Direct Contributors	85.01% (84,839,762,263/99,803,710,721)	15%	<u>Unverifiable</u>	0%	-Summary of Collection Efficiency as of December 2020 -ASRMS Memo Dated June 18, 2020 re: CY 2020 Projected Potential Collection and A Disclaimer of Opinion was issued on the 2020 Financial Statement of PhilHealth by the COA. One of the bases for the Disclaimer of Opinion was the faithful representation of Premium Contributions – Direct Contributors account totaling ₱85.569 Billion which could not be ascertained.

	Component						PhilHealth Submission		GCG Validation		Supporting Documents	Remarks
	Objective/ Measure	Formula	Wt.	Rating Scale	Target		Actual	Rating	Actual	Rating		
											Target Collection -2020 Annual Report COA Audit	Reported accomplishment cannot be validated absent acceptable supporting document.
	SO 4	Optimized Asset										
	SM 6	Increase in Benefit Expense to Premium Income Ratio	Benefit Expense / Premium Income	10%	[100%-(Actual-Target)/Target]	1:1	0.81:1 (P 120.903 Billion: P 148.995 Billion)	10%	<u>Unverifiable</u>	0%	-Report on Benefit Expense over Premium Income as of December 31, 2020 -2020 Annual Report COA Audit	In addition to the previously mentioned COA Disclaimer of Opinion, the Commission notes that the COA, in its audit of the 2020 financial statements of PhilHealth could not substantiate with reasonable certainty the faithful representation of the Premium Contributions in the Financial Statement of PhilHealth amounting to P148.995 Billion
			Sub-Total	25%				25%		0%		
EXCELLENT PROCESS	SO 5	Boost Innovation in Research, Policy, and Process										
	SM 7	Implement Quality Management System	Actual Accomplishment	10%	All or Nothing	Maintain ISO 9001:2015 certification covering all sites all processes	Maintained ISO 9001:2015 Certification for CY2020 for all offices and processes	10%	ISO 9001:2015 Public Administration covering the following Processes:	10%	ISO 9001: 2015 Certification on Public Administration covering the following Processes:	Acceptable.

		Component				PhilHealth Submission		GCG Validation		Supporting Documents	Remarks
Objective/ Measure		Formula	Wt.	Rating Scale	Target	Actual	Rating	Actual	Rating		
								Member Coverage Management, Benefit Delivery, Provider Management, Management and Support Processes		Member Coverage Management, Benefit Delivery, Provider Management, Management and Support Processes.	
SO 6 Ensure Operational Effectiveness and Efficiency											
SM 8a	Increase in the Percentage of Cases Disposed (Arbitration and Prosecution Department)	Number of Cases disposed (resolved or filed with charges) / Total number of cases	7.5%	(Actual / Target) x Weight	40% from backlog cases covering December 2019 and earlier 10% from current cases covering received cases from January to October 2020	<u>Prosecution Department:</u> 100% of the target for backlog (4,040/ 3,099.2) 33.16% of the target for the current cases (147/ 443.9) <u>Arbitration Office</u> 94.18% of the target for the backlog cases (2,215/ 2,352) 0% for the target of the current cases (0/ 446)	3.06% (2.44+0.62) Weight: 3.75 1.77% (1.77+0) Weight: 3.75	<u>Unverifiable</u>	0%	-Summary Report from the Prosecution, and Arbitration Departments -Memo from Prosecution Department and Arbitration Office to Corporate Planning Department on the GCG validation on CY2020 Performance Scorecard. -Prosecution, and Arbitration Database	PhilHealth failed to present consistent and accurate data, on its backlog cases for Prosecution Department. The data in the file submitted consist of several tabs. The tab consisting of all the status of backlog cases could not be tied up to the tabs of the filed and dismissed cases received. Details of evaluation is presented in Appendix 2 .

Component						PhilHealth Submission		GCG Validation		Supporting Documents	Remarks	
	Objective/ Measure	Formula	Wt.	Rating Scale	Target	Actual	Rating	Actual	Rating			
	SM 8b	Increase in the Percentage of Cases Investigated (FFIED)	No. of red flagged providers investigated / Total number of red flagged providers	7.5%	(Actual / Target) x Weight	10% from backlog cases covering December 2019 and earlier 40% from current cases covering received cases from January to October 2020	No backlog 43.80% of the target for current cases (540/1,233)	3.30%	Unverifiable	0%	-Summary of Cases received and disposed by the FFIED -Memo on the clarification of the recalibrate performance scorecard CY2020. -List of “Red-Flagged” Health Care Providers (HCPs) Pending Investigation Report	PhilHealth failed to present consistent and accurate data, on its cases for FFIED. The database of cases and list of red-flagged HCPs are inconsistent while supporting documents for the cases are inadequate. Details of evaluation is presented in Appendix 3 .
SO 7 Strengthen Customer and Partner Relations												
	SM 9	Percentage of Good Claims Processed Within Prescribed Period (in Non-UIS)	Number of good claims processed within Applicable Processing Time ³ / Total number of good claims received	15%	(Actual / Target) x Weight	50%	81.77%* (6,966,294/ 8,519,280) within 60 Days*	15%	Unverifiable	0%	-Summary of Claims processed within and beyond applicable TAT -Report extracted from PCD on the total claims	The GCG noted in the OCOO Memorandum No. 2021–38 with subject <i>Accuracy of Statement of Account (SOA) and Type of Room Accommodation Values of Paid Claims Recorded in our Database</i> that data extracted from the

³ Applicable processing time subject to compliance with Republic Act No. 7875, as amended by R.A. No. 10606 or Republic Act No. 11032 otherwise known as Ease of Doing Business and Efficient Government Service Delivery (EODB) Act of 2018, whichever is applicable. PhilHealth to seek clarification with the ARTA Authority.

Component						PhilHealth Submission		GCG Validation		Supporting Documents	Remarks
Objective/ Measure			Formula	Wt.	Rating Scale	Target	Actual	Rating	Actual	Rating	
											<p>received in 2020 and status of claims.</p> <p>Philhealth Corporate Dashboard showed instances of zero values and/or erroneous entries in the "Consumption of Benefits" on paid claims received for 2020. Further, PhilHealth did not provide due diligence report on the erroneous entries made.</p> <p>Further, in the COA's Independent Auditor's Report, one of the bases for disclaimer was the faithful representation of the Financial Liabilities Accounts Payable-Benefit Claims Processed (AP-BCP) and Financial Liabilities Accrued Benefits Payable (ABP) – In Course of Settlement (ICS) balances in the financial reports of the PRO National Capital Region and Rizal as of 31 December 2020 could not be ascertained. These findings affect the movement of the total claims (including good claims) processed for the year.</p>

Component						PhilHealth Submission		GCG Validation		Supporting Documents	Remarks	
	Objective/ Measure		Formula	Wt.	Rating Scale	Target	Actual	Rating	Actual			Rating
											Considering that the supporting document presents doubtful information, the reported accomplishment cannot be objectively validated.	
			Sub-Total	40%				33.13%		10%		
STRONG FOUNDATION	SO 8	Ensure Organizational Alignment and Workforce Engagement										
	SM 10	Improvement on the Competency Level of the Organization	Competency Baseline ⁴ 2020 – Competency Baseline 2019	5%	All or Nothing	Improvement on the Competency Level of the Organization based on the 2019-year end assessment	Improved Competency level of the Organization 90% of organization's workforce have either met or surpassed the standard job level competency for CY 2020 (5,568/6,178 personnel)	5%	Unverifiable	0%	-Report on AKaPP PhilHealth's Competency Management Program CY 2020 Results -Report on AKaPP PhilHealth's Competency Management Program CY 2019 Results -Report on the Comparison of the CY2019	PhilHealth failed to provide the complete database consisting the result of the competency assessment performed thus GCG could not validate the results submitted in its AKaPP PhilHealth's Competency Management Program CY 2020 and 2019 Report.

⁴ The competency baseline of the organization shall pertain to the average percentage of required competencies met which can be computed using the following formula:
where: a = Competency required, A = Total number of competencies required of position, b = Personnel profiled, B = Total number of personnel profiled

$$\frac{\sum_{b=1}^B \left[\frac{y \cdot A}{a+1} \left(\frac{\text{Actual Competency Level}}{\text{Required Competency Level}} \right) \right]}{B}$$

		Component				PhilHealth Submission		GCG Validation		Supporting Documents	Remarks
Objective/ Measure		Formula	Wt.	Rating Scale	Target	Actual	Rating	Actual	Rating		
										and CY2020 Results	
SO 9	Integrated and Optimized Information Systems										
SM 11	Systems Enhanced or Developed (Aligned with UHC Law)	Actual accomplishment	5%	(Actual / Target) x Weight	Roll-out of the following systems: 1.National Registration System 2.Eligibility and/or costing system 3.ePCB or eKONSULTA System 4.Accreditation System	1.National Registration System - Completed 2.Eligibility and/or costing system – Deployed 3.ePCB or eKONSULTA System – Deployed 4.Accreditation System – Deployed	5%	The following are the status of the systems: 1.National Registration System – Completed not deployed 2.Eligibility and/or costing system – Deployed 3.ePCB or eKONSULTA System – Deployed 4.Accreditation System – Deployed	3.75%	-IT Management Department Accomplishment Report for the 4 th quarter of 2020 -User Acceptance Test and System Acceptance Form	Based on the reports submitted, all 4 systems were able to pass the users' acceptance test and system acceptance test. However, the National Registration System has not been deployed yet.
		Sub-Total	10%				10%		3.75%		
		TOTAL	100%				92.77%		13.75%		

DETAILS OF VALIDATION OF SM 4: Percentage of Patients Admitted in Basic or Ward Accommodation with No Co-Payment (in Government Facilities)

The claims database was found to be unreliable based on the OCOO Memorandum No. 2021–38 with subject *Accuracy of Statement of Account (SOA) and Type of Room Accommodation Values of Paid Claims Recorded in our Database*, PhilHealth found erroneous entries made by Health Care Institution (HCI) in the "Consumption of Benefits" portion of the forms on paid claims received for 2020 (see attached file). However, no supplemental due diligence report was submitted to show that these observations were addressed.



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UNIVERSAL HEALTH CARE
Philippines' Path to a Better Future

30 April 2021

ATTY. SAMUEL G. DAGPIN, JR.
Chairperson
Governance Commission for GOCCs
3/F Citibank Centre, Citibank Plaza,
Paseo de Roxas Cor. Villar St., Makati City



**Re: Submission of PhilHealth's Board-Approved
PES Monitoring Report Form 3 for CY 2020**

Dear Chairperson Dagpin, Jr.:

Good day!

This is to respectfully submit PhilHealth's Board-approved PES Monitoring Report Form 3 using the GCG-recalibrated commitments for the year 2020. The digital copies of the supporting documents can be accessed via the (Google Drive) link below:

<https://tinyurl.com/PHIC2020>

For any GCG-related concerns, you may email the Office of the Corporate Secretary at mangasar1@gmail.com and kimpagando@gmail.com. For clarifications as regards the Corporate performance and reports, the Corporate Planning Department – Performance Management (CorPlan-PMU) can be reached thru email at corplanperformance@gmail.com.

It is hoped that the foregoing will be found in order.

Sincerely,


ATTY. LORA MANGASAR
Office of the Corporate Secretary
PhilHealth Compliance Officer to the GCG






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March 9, 2021

OCOO Memorandum No. 2021-38

FOR : ALL PHILHEALTH REGIONAL/BRANCH OFFICES-
Health Care Delivery Management Department (HCDMD) and
Benefit Administration Section (BAS)

FROM : 
NERISSA R. SANTIAGO
Acting Executive Vice President and Chief Operating Officer

SUBJECT : Accuracy of Statement of Account (SOA) and Type of Room
Accommodation Values of Paid Claims Recorded in our
Database

All BAS Adjudicators are hereby reminded to perform due diligence in reviewing the accuracy of "SOA details" and "type of accommodation" being encoded by Health Care Institution (HCI) through eClaims submission before claims payment. It has been observed that data extracted from the Philhealth Corporate Dashboard showed instances of zero values and/or erroneous entries in the "Consumption of Benefits" on paid claims received for CY2020. These entries have great impact in monitoring and analyzing NBB/NoCoplay policy compliance of accredited HCIs which forms part of the success measure in the corporate target for 2021 GCG scorecard.

While eClaims submission control on the facility end is in the process of strengthening the restrictions specifically the zero values of SOA, it is mandatory, with accountability on the part of the Adjudicators, to ensure reliability and accuracy of entries in all aspects of CF1 and CF2 data fields before payment approval up to actual payment.

Therefore, it is of utmost importance that the data under the 'consumption of benefits' are true and correct. Adjudicator's negligence shall be monitored and shall be subjected to sanctions.

For strict compliance.

Thank you.



**DETAILS OF VALIDATION OF SM 8a: Increase in the Percentage of Cases
Disposed (Arbitration and Prosecution Department)**

PhilHealth reported the following as its accomplishment for 2020:

Unit / Office	Cases	Accomplishment
Prosecution	Backlog	100% (4,040/ 3,099.2*)
	Current	33.16% (147/ 443.9*)
Arbitration	Backlog	94.18% (2,215/ 2,352*)
	Current	0% (0/ 446*)

*Amounts presented are 40% and 10% of the total population for backlog and current cases, respectively.

The Prosecution Department and Arbitration Department provided an excel file of the database of the cases. Per checking, the cases registered in the database is different from what was submitted as accomplishment, as presented below.

Backlog Cases

	Prosecution Department			Arbitration Office		
	Per Accomplishment Report	Per Database of Cases	Variance	Per Accomplishment Report	Per Database of Cases	Variance
Total No. of Cases	7,748	7,875	-127	5,881	5,881	-
Total No. of Cases Disposed	4,040	2,932	-1,108	2,215	2,218	-2

Current Cases

	Prosecution Department			Arbitration Office		
	Per Accomplishment Report	Per Database of Cases	Variance	Per Accomplishment Report	Per Database of Cases	Variance
Total No. of Cases	4,439	4,528	-89	4,460	3,071	1,389
Total No. of Cases Disposed	147	172	-25	-	-	-

In addition, **inconsistencies were noted in the database of Prosecution Department on the backlog cases** filed before the Arbitration Office and dismissed cases, as of 31 October 2020. The tab consisting of all the Summary Status of Backlog Cases could not be tied up to the tabs of the Summary of filed cases before the Arbitration Office and Summary of Dismissed cases, the details of the findings are as follows.

	Summary of filed cases before Arbitration (updated Filed Jan to Dec 2020 tab)	Summary of dismissed cases (Dismissed Jan to Dec 2020 tab)	Summary of backlog cases (Received 2017-2019 tab)	Variance
Filed before Arbitration	2,820	-	2,835	-15
Dismissed Cases	-	36	97	-61

Further, upon reconciliation of cases from FFIED which has been forwarded by Prosecution Department to Arbitration Office there were **2 cases with 14 counts that cannot be traced to FFIED database of cases** as follows:

Prosec Reference Number	Counts	Date Transferred by FFIED	Date Received by Prosecution	Date Received by Arbitration
101519-CA-NCR-1802	14	-	March 10, 2020	March 10, 2020
101519-CA-NCR-1803	14	-	March 10, 2020	March 10, 2020

DETAILS OF VALIDATION OF SM 8b: *Increase in the Percentage of Cases Investigated (FFIED)*

PhilHealth reported that it has no backlog cases and a 43.80% investigation rate for 540 cases out of 1,233. As supporting documents, PhilHealth provided the List of “Red-Flagged” Health Care Providers Pending Investigation¹ extracted from MIDAS and from HCP-PAS Report. Upon checking, it was noted that a total of 526 current red-flagged providers were investigated out of 1,173 or 44.84% in the list provided. This resulted to a difference of 14 cases compared with the reported accomplishment. According to PhilHealth, the health care institution may be counted multiple times for cases involving varied or different illness code. The comparison of the two datasets provided is presented below:

	Per Accomplishment Report	Per List of Red-flagged provided	Variance
Total No. of Red-flagged providers identified	1,233	1,173	60
Total No. of Red-flagged providers investigated	540	526	14

Additionally, PhilHealth also provided the excel file case database of FFIED - *the list of all cases identified on the HCPs by the FFIED*. Upon checking, it was noted that a total of 10,016 cases was received by FFIED as of 31 December 2020, out of which 1,326 were received before 2020 and 8,690 were current cases. Status of the cases are as follows:

Backlog Cases:

Status	No. of Cases
Pending	851
Closed and terminated	183
CA filed before the Prosecution Department	292
Total	1,326

Current Cases:

Status	No. of Cases
Pending	3,073
Closed and terminated	1,425
CA filed before the Prosecution Department	4,192
Total	8,690

As explained by PhilHealth, these backlog cases were not included in the MIDAS Report since red-flagging started only in 2020. The Governance Commission acknowledges that the measure is new for 2020. However, it should be emphasized that such inclusion is to ensure efficient monitoring of the investigation function of PhilHealth. While this is the first time that this measure was included, it does not diminish the fact that there are pending and backlog cases for investigation that needs to be disposed of immediately. The reckoning period for a case to be considered as a backlog is not the inclusion of this measure in the annual scorecard but rather the required processing time for a complaint/issue/report to be investigated and filed

¹ Officially received by PHILHEALTH on 15 February 2022. See Barcode No. 2022-003022.

before the proper unit of PhilHealth. Finally, it should be noted that the information gathered from the submitted excel file case database of FFIED on the list of all cases identified on the HCPs by the FFIED is sufficient evidence of backlog and pending cases requiring immediate disposition.

Moreover, supporting documents for randomly selected sample current reports/complaints endorsed to the Prosecution Department has been requested to which PhilHealth provided. The supporting documents are those as received by the Prosecution Department. Review of the documents provided revealed the following:

- a. No proper documentation of receiving the cases from the Prosecution Department. There is no formal letter for the transfer of cases to Prosecution Department. It was noted that only those boxes with selected samples have been tagged as received. Other items were not tagged as received. In addition, the document has not been signed upon receipt.
- b. Upon reconciling the cases with the file from the Prosecution Department, the following cannot be traced back to the Prosecution Department's database of received cases files:

Docket Number	Respondents
11262020-CA-IX-4203	Ciudad Medical Zamboanga
12222020-CA-XI-4597	Aquino Medical Specialists Hospital, Inc., Inc.
12222020-CA-XI-4598	Dr. Lew Ian L. Gazmen