



CY 2017 Performance Report of Benefits Committee

In CY 2017, true to its mandate of reviewing strategies and policies affecting the sustainability of the National Health Insurance Program, the Benefits Committee under the PhilHealth Board focused on reviewing the All Case Rates (ACR) payment mechanism to create a more efficient provider payment system and expansion of the primary care benefit to better serve PhilHealth members.

During its regular meeting on 01 August 2017, the Committee invited Dr. Maria Eufemia Yap to serve as facilitator. The potential causes of increased benefits payouts, increased out-of-pocket spending, poor provider performance and the proliferation of fraudulent claims were thoroughly studied and discussed. The Committee resolved to address the different challenges by removing the length of stay requirement and reinstating the pre-payment medical review for claims of Pneumonia, AGE, UTI, Sepsis and other identified conditions. As a stop gap measure to prevent the proliferation of fraud, the Committee directed Management to require the submission of clinical summary with certified true copy of results of laboratory and ancillary procedures. To complement the manpower needed to perform pre-payment medical review, the Committee instructed Management to expedite the hiring of doctors, after completion of a thorough organizational, time and motion studies and clearance from GCG.

The Committee also directed the continuing reforms in the All Case Rates (ACR) payment mechanism to eradicate the source of fraud and rationalize the inpatient benefits. Hence, it sustained Management's initiative to delist the ICD 10 codes with corresponding RVS Codes and to transfer some selected medical conditions from inpatient to outpatient benefits. It also requested Management to regularly perform claims profile of the list of conditions to monitor and check for red flags. Consistent with this initiative, the Committee also invited Dr. Beverly Lorraine Ho, Head of Health Research Division of DOH who discussed the Diagnostic Related Groups (DRG) System. The Committee believes that in order to make the ACR system more effective, it has to move towards DRG which is a more efficient provider payment mechanism.

Moreover, the Committee tackled the proposed Expansion of the Primary Care Benefits (PCB) Package to the formal economy and senior citizens. In May 2017, the Committee invited Dr. Rafael Castillo, Past President of Philippine Heart Association, and Dr. Araceli A. Panelo, President of the Institute for Study on Diabetes Foundation, Inc., as resource persons to share their expertise on diagnosing and management of hypertension and diabetes in the outpatient care setting. Its primary objective is to enhance the present PCB that will address the dreaded complications of hypertension and diabetes which often cause catastrophic illnesses and protracted hospitalization. The Committee supported the enhancement of PCB as a way of strengthening gatekeeping and transition to Service Delivery Network. Moreover, in November 2017, the Committee invited Dr. Marcos Ong, Medical Director of Davao Medical School Foundation, Inc., to discuss the participation of private health care providers in the delivery of primary health care in Davao City. The Committee envisioned that in the crafting of the enhanced PCB, everyone, including the private health care providers, should participate in the delivery of primary care to patients.



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In support of the principles of Primary Care, the Committee also invited Dr. Anthony Miguel Dans, Director of Asia-Pacific Center for Evidence-based Medicine and Professor of UP College of Medicine to expound on the UP Health Service Primary Care Study. The study aims to give emphasis on primary care because many patients have access to an outpatient facility but do not have access to a hospital. Most diseases need outpatient care and, if given quality primary care, hospitalization can be avoided.

Furthermore, to address the complaints of many health care professionals on the delayed distribution of their professional fees, the Committee also recommended for the approval of the Board the launching of the new Professional Fees (PF) Online in December 2017. The Committee invited Dr. Richard Mata, a Pediatrician from Panabo Polymedic Hospital, Panabo City, to witness the launching of the said event. The PF Online is intended to strengthen the link between accredited health care providers and PhilHealth. The professionals are given secured access to the PF online to check if claims payments have already been made by PhilHealth to the health facilities. The professional can also write his/her feedback regarding delay in the distribution of PF since the dashboard is connected to a complaints desk.

Finally, to add up the long list of important matters that were resolved by the Benefits Committee, it started to recognize the need for PhilHealth to deliver quality and substantial supplemental health benefit packages to government employees. It directed Management to prioritize the proposal that Php3.5 Billion from the General Appropriations Act (GAA) will be appropriated to cover for out-patient and in-patient services for government employees of the executive branch. Presently, there is an on-going coordination between PhilHealth, Department of Health (DOH) and Department of Budget and Management (DBM) for the creation of the Technical Working Group that will draft the guidelines for funding arrangements with DBM, operationalization and human resource requirement.

Note:

CY 2017 Performance Report was approved by the Benefits Committee in its Meeting on 21 February 2018.