

PhilHealth Board Assessment 2021

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INTRODUCTION

The PhilHealth Board of Directors (BoD) Annual Assessment 2021 was held last December 16, 2021. Due to the restrictions brought about by the current COVID-19 pandemic the assessment was conducted virtually through MS Teams. In attendance via MSTeams were twelve (12) Board Members and six (6) SVPs and VPs. The BMs were also given the option to answer the assessment forms that were in a digital format (Google Forms) until the end of Dec 31, 2021. Thus, for the 2021 Board Assessment, a total of 18 BMs (and/or their designates) responded and 6 Senior Management subordinates participated in the assessment process.

The annual assessment of the PhilHealth Board of Directors began after this policy was adapted during its regular BoD meeting of December 2016 wherein a policy and a process, as proposed by the Governance Committee (GovCom), to assess the PhilHealth Board, its committees, and its members on an annual basis was implemented. The PhilHealth Manual of Corporate Governance considers board assessments as “a tool to enhance professionalism and to incentivize the Directors, as well as to develop effective induction and training programs for Board Members (BM).”

As in the previous years' Board Assessment, the objective of the 2021 evaluation was to assess the Directors' performance of their roles, including their strengths and weaknesses. In addition, since there were new Board Members (BM), a brief orientation on the basis and process of the assessment were done. Board Committee evaluation was also done despite the limited interaction and meetings that had transpired particularly for the new BMs.

The 2021 assessment encountered similar limitations as in the previous year, among which was the fact that some of the Board Directors are new appointees. With COVID-19 cases surging in early, and again in mid-2021, the organization still found itself devoting energy and time addressing issues related to COVID-19 reimbursements and benefit packages. These concerns continue to be addressed by management and the Board as well. Taking cognizance of all these, efforts were exerted to ensure that the annual assessment process would continue to guide and provide the necessary information that will allow for more robust plans and improvements as these relate to the work of good corporate governance.

ASSESSMENT OBJECTIVES

Recognizing 1: the significance of the regular board assessment process to the organization's development and strategic directions, and 2: working within the limitations encountered in the process of doing so, it was determined, with the majority approval from the BMs, that the 2021 board assessment shall include key information and inputs related to orienting the BMs with regards governance matters, the functions of the board and the various committees. These were meant to augment and underscore information that had previously been presented to some BMs during their on-boarding sessions. In particular, the integral relationship between board assessment and organizational performance was emphasized to highlight the significance of the activity. Thus, the following were the objectives articulated for the 2021 PhilHealth Board Assessment:

1. To ground the board's understanding and ownership of their roles within the organization and in the achievement of its strategies, contextualized further in light of current realities and challenges.

2. To internalize and reflect on each board members' performance of their roles and duties toward accountability and growth; and,
3. To assess the readiness and commitment of the board members to take on their roles, pursue organizational strategies and deliver results.

ASSESSMENT FRAMEWORK AND METHODOLOGY

Drawing from the lessons learned in the 2020 Board Assessment, the 2021 Board Assessment was planned to be conducted both in person and online. The BMs were given the option to join the assessment by being physically present at the PhilHealth Board Room at the PhilHealth main offices in Citystate Center, Shaw Boulevard, Pasig City or by joining the workshop online via the MS Teams online platform. However, for 2021, all BMs opted to join online instead of physically. Together with the option of joining online, the BMs were also provided a choice of filling up the assessment forms physically or using the provided Google Forms for all the aspects of the assessment process. The 2021 Board Assessment included new assessment forms, particularly a revamped form for assessment of the Board Member Skills, and a new form on Trainings received. It also now includes a section on the qualitative responses of the Board Members.

The option of filling up the assessment forms via Google continues to be a helpful tool as it allows a broader range of stakeholders to do the assessment, particularly the ex-officio BMs who sent representatives to the workshop. In addition, it allows for more responses to be received, as all BMs and management were given access to the survey form and were given two weeks to answer. The form also provides the possibility of having a 360-degree evaluation, as it allows for members of management to provide feedback to the Board Members.

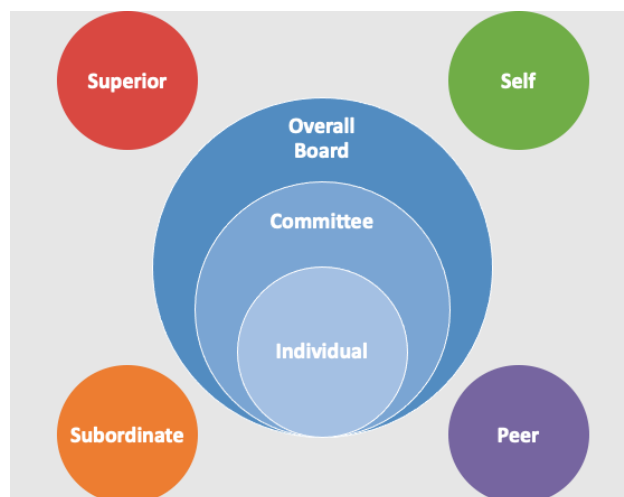


Figure 1: Assessment Dimensions

Figure 1 describes the various components considered in doing the assessment. The process always begins with the individual and how she/he perceives and assesses her/his performance as a member of the board of the organization. The assessment is done along 2 fronts – as a member of the board and its overall performance and as a member of board committees. In addition to the self-assessment, it is also highly encouraged that a superior, subordinate and peer assessment is also done.

As in the previous years, assessment questions and indicators were not arbitrary and were mostly based on PhilHealth’s Charter on Board duties. In view of the limitations stated earlier, the assessment component of the workshop was modified. The BMs agreed to do a baseline self-assessment of their individual performance as BMs (Director Assessment), in addition, despite the uneven durations of board membership, an overall board assessment and committee assessments were also done with best effort.

HIGHLIGHTS OF THE 2020 BOARD ASSESSMENT

Prior to the conduct of the 2021 Board Assessment, the following highlights of the 2020 Board Assessment were shared to the BMs:

- 9 Board Members (and/or designates) & 7 Senior Management subordinates participated in the assessment process
- Most respondents found that **composition and mix** of the PhilHealth Board of Directors for 2020 was **sufficient**
- Likewise, most respondents agreed that the **board performed adequately** in manner and form
- Sufficient secretariat support was available in the form of proper documentation and in training and development opportunities provided
- Respondents agreed (**satisfactory results** more than half of the time) on **Board performance** regarding: participatory governance; conducting of robust and engaging discussions; and regular interfacing with management

Criteria	Score
Knowledge & Personal Development	4.39
Preparedness & Participation	4.38
Teamwork & Communication	4.29
Conduct & Behavior	4.42
OVERALL AVERAGE	4.37

Figure 2: Results of BM Self-Assessment, 2020

- The following were the recommendations generated from the discussions during the 2020 Board Assessment:
 - Revisit the 2019 Board Assessment recommendations - these remain relevant
 - Challenge of **constant turnover** of Board Directors and PhilHealth Senior Management
 - Continuing observation that there is an **overlap in roles and responsibilities** between Board and Management - clearer delineation is required
 - Regular round of **assessment-related activities** needs to be held in a serious effort to examine and meet BM skills inventory and training needs
 - **On-boarding sessions** for BMs must be made dynamic and comprehensive while building upon previous board assessments and recommendations
 - In the midst of continued UHC Law rollout: Urgent conduct of activities on planning for and conducting **strategic conversations** on Board roles, responsibilities and mandates as shaped by the law

- Board and the Office of the Corporate Secretary to **build upon accomplishments** and milestones of previous years while improving on challenging and problematic areas
- All BMs recommended to undergo a **self-assessment early** in the year (or term) to serve as **baseline information** for subsequent assessments
- Continued willingness and openness of BM to ensure that a dynamic, inclusive, and transparent work ethic and culture persists in both the Board of Directors as well as the Corporation as a whole - Annual assessment serves as important step in contribution to this

RESULTS OF THE 2021 BOARD ASSESSMENT

The Board is composed of both Appointive and Ex Officio members. The Appointive members are composed of three Experts and four sectoral representatives, namely for Health Care Providers, Direct Contributors, Indirect Contributors, and Employers. The Employers representative began as a Board Member on mid-April 2021, while one Expert began in November 2021. Ex Officio members on the other hand represent either the DOH, DBM, DOF, DOLE, or DWSO. One Ex Officio member from DBM left the Board on mid-August 2021, with another joined late August 2021. One Ex Officio member of the DOF left mid-April 2021, with another joining late April 2021. One Ex Officio member from DSWD joined November 2021.

Twelve Board Members and six from PhilHealth’s Management Team joined the meeting on December 16, 2021. The full list of attendees is on Annex A. Before the assessment started, the mandate and responsibilities of the Board as well as its special functions were reviewed. Key findings of the 2020 Board Assessment were also presented. The BMs were asked if they had comments, clarifications or feedback related to the presented mandate and responsibilities. In general, the BMs were in agreement with the review of mandate and specific functions and no additional comments were made.

OVERALL BOARD ASSESSMENT

For the year 2021, the following are key information that were presented to serve as inputs:

- 21 Regular Board Meetings were held from January 14 to November 24, 2021
- 1 Special Board Meetings was held on April 8, 2021
- 70% average attendance by all board members
- 88 PhilHealth Board Resolutions (PBR) issued during Open Session
- 11 PhilHealth Board Resolutions (PBR) issued during Executive Session

The following, on the other hand, were the definitions provided as guide for the assessment scale used:

STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	NOT APPLICABLE
Criteria is rarely or never met	Criteria is met less than half the time with unsatisfactory results	Criteria is met more than half of the time with satisfactory results	Criteria is met consistently and exceptionally	Limited knowledge and experience to do an adequate assessment

A total of **23** responses were received for the Overall Board Assessment. Of these, 17 responses were from the Board Members (and / or their official designates) and 6 responses were from representatives of management. The results of the Overall Board Assessment are laid out in Figure 3.

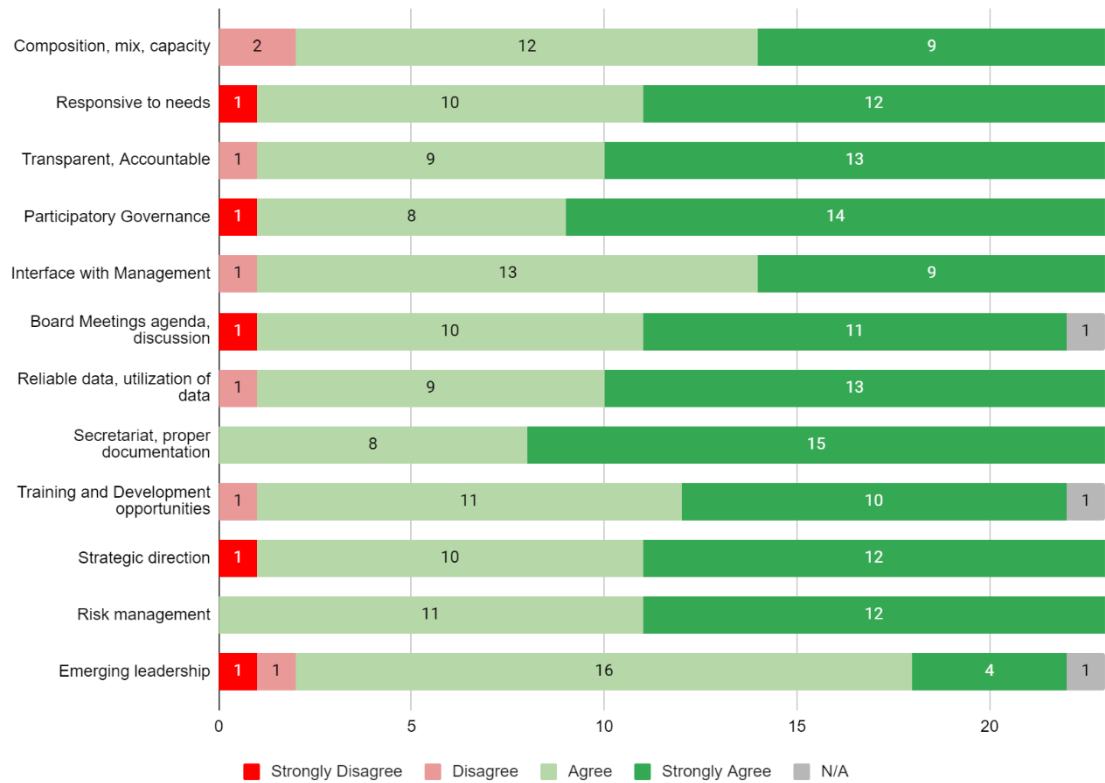


Figure 3: Overall Board Performance

Most respondents strongly agreed on eight (8) statements and agreed on the remaining four (4) statements. Strong agreement was most frequent for statements on the board enlisting secretariat support for documentation (15), exercising participatory governance (14), the board being transparent and accountable (13), and the board seeking reliable data for decision-making (13). Agreement was most frequent in turn for emerging leaders being identified, developed, and mentored (16), and the board interfacing regularly with management (13). The full table of results is presented in Annex C.

While there are few who disagreed with most of the statements, those that did provided explanations for their responses. A suggestion was posed that the board would benefit from having an expert in health economics, finance, or actuary and that overall, the board would benefit when its members have a deep understanding of the mandate of PhilHealth, as well as the structure of the different sectors of the corporation. Comments were also made on the ability to manage risks. The Board was claimed to be overly risk averse. While risks are forecasted as part of the Board’s decision making, these risks are at times not contextualized to PhilHealth’s mandate. The benefits may therefore be lost to PhilHealth’s stakeholders – the Filipino people. In this, the Board would benefit from better staff work or CSW from the Management. External talent and competence-based hiring for certain key positions will also benefit PhilHealth.

Ideally, the scores for the various items included in the Overall Board Assessment should be a composite assessment from the Board Members (50%) and Management Subordinates (50%). This year (2021)'s assessment enabled the participation of 6 Senior Management subordinates who had a lot of interaction with the board. The responses however, are not sufficient to do a 50-50 scoring between the BMs and Senior Management subordinates. There was likewise no discernible difference in the responses between senior management and the board.

BOARD DIRECTOR'S ASSESSMENT

The legal basis for the Directors' Assessment is in alignment with GCG MC 2014-03: Criteria for Performance Evaluation of Directors. The percentage allocation proffered by GCG guidelines is sixty percent (60%) - GOCC Performance (GCG MC 2013-02), twenty-five percent (25%) - Director Performance Review (GCG MC 2014-03), and fifteen percent (15%) - Attendance (GCG MC 2012-07).

The Director Performance Review is envisioned to be a 360-degree evaluation consisting of: (a) Self Appraisal: 10%, (b) Anonymous Peer 1 Appraisal: 5%, (c) Anonymous Peer 2 Appraisal: 5%, (d) Chairman's Appraisal: 5%. For the 2021 Assessment, the Chairman's Appraisal was not done. Thus, only the results of the self-appraisal and the peer assessment were done and no percentage allocation was implemented.

Director's Assessment (Self Appraisal)

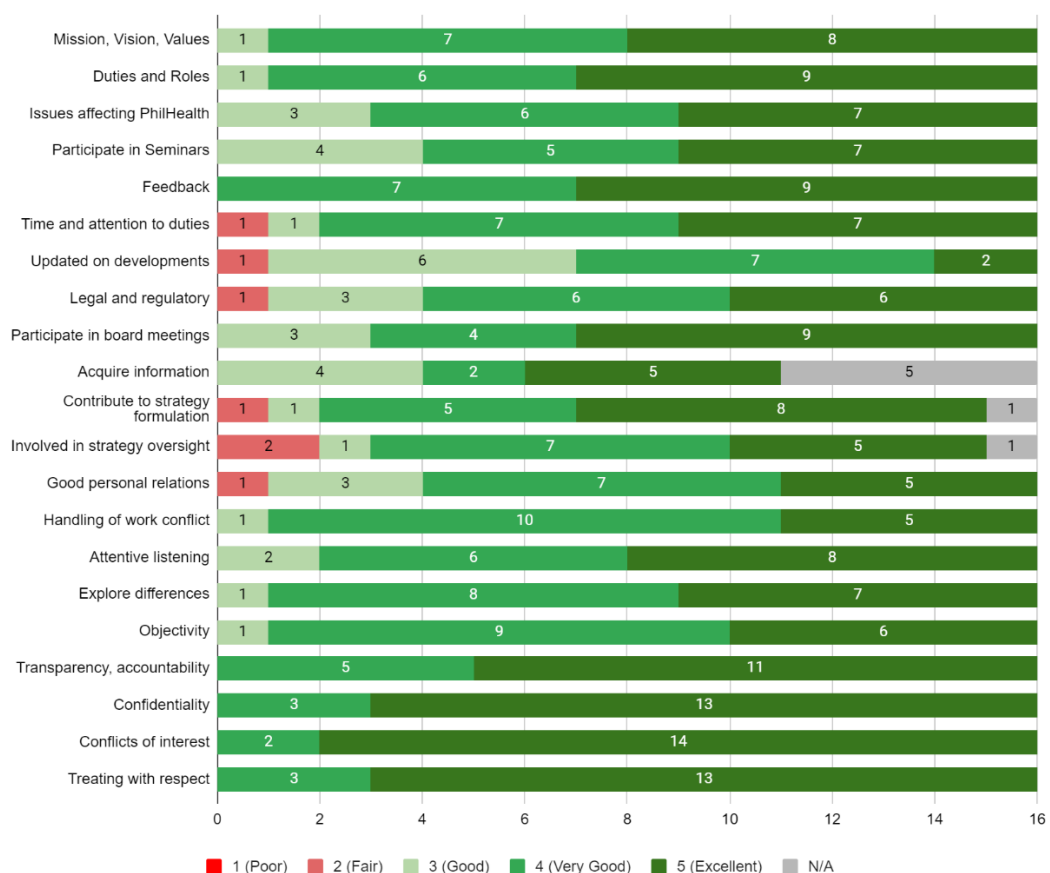


Figure 4: Performance Self-Assessment

Figure 4 shows the responses to the performance self-assessment. Sixteen (16) Board Members (or their designates) provided self-appraisal responses. Most respondents assessed themselves as **Excellent** in 14 of the 22 assessment areas. A self-rating of excellent was most frequent for treating anyone in PhilHealth with respect (13), treating business information as confidential (13), acting with transparency and accountability (11), and ensuring that personal interests do not conflict with PhilHealth interests (14). Self-ratings were lowest particularly with being updated on developments regarding PhilHealth’s financial and operational performance and being involved in oversight of strategy execution. The relatively large number of N/A responses in the acquisition of information when absent may be due to good attendance records on the part of some respondents. The rubric below was used for the ratings.

1 – Poor	2 – Fair	3 – Good	4 – Very Good	5 – Excellent	NOT APPLICABLE
SEVERE shortcomings. Performs the behavior <60% of the time.	SIGNIFICANT shortcomings. Performs the behavior 60-74% of the time.	MODERATE shortcomings. Performs the behavior 75-84% of the time.	MINOR shortcomings. Performs the behavior 85-94% of the time.	NO shortcomings. Performs the behavior 95-100% of the time.	The rater has limited knowledge or experience to make a valid evaluation

Director’s Assessment (Anonymous Peer Appraisal)

For the Peer Appraisal, each BM respondent was assigned 2 - 3 fellow BMs to be anonymously assessed. A total of 28 responses were recorded, with each respondent evaluating 2 - 3 fellow BMs.

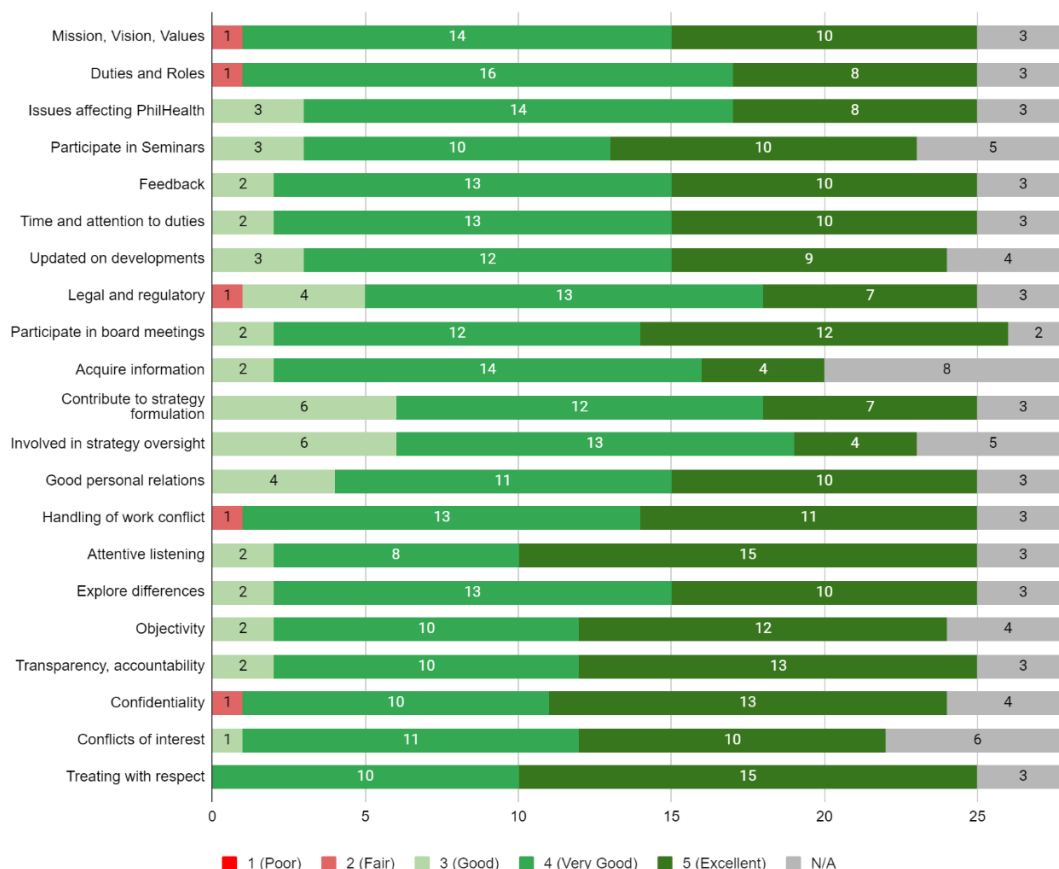


Figure 5: Performance Peer-Assessment

Figure 5 above shows the responses to the performance peer-assessment. Most respondents assessed their peers as **Very Good** in 15 of the areas. While not as distinct as with the self-assessment, the peer assessment shows a similar pattern as the self-assessment. Areas rated as Excellent were treating anyone in PhilHealth with respect (15), treating business information as confidential (13), acting with transparency and accountability (13), and participating in board discussions (15).

COMMITTEE ASSESSMENT

Based on GCG Memorandum Circular No 2014-03 Section 3.3.2, “*All GOCC Directors, both Ex Officio and Appointive, shall be officially designated at least one (1) committee where their presence shall be determinative of quorum.*”

Prior to filling up the assessment forms, the BMs reviewed the updated active committees for the year 2021 and their accomplishments.



Figure 6: PhilHealth Board Committees, 2021

In addition, the organizational value of committees was reviewed, to wit:

- Boards often delegate work to committees of directors *to more effectively deal with complex or specialized issues and to use directors’ time more efficiently.*
- Committees make recommendations for action to the full board, which retains collective responsibility for decision making.
- Involvement in committees *allows directors to deepen their knowledge of the organization, become more actively engaged and fully utilize their experience.*
- *The board must continually monitor each committee’s activities as part of their duties of care, diligence and good faith.*

The facilitators then proposed a two-step committee assessment framework:

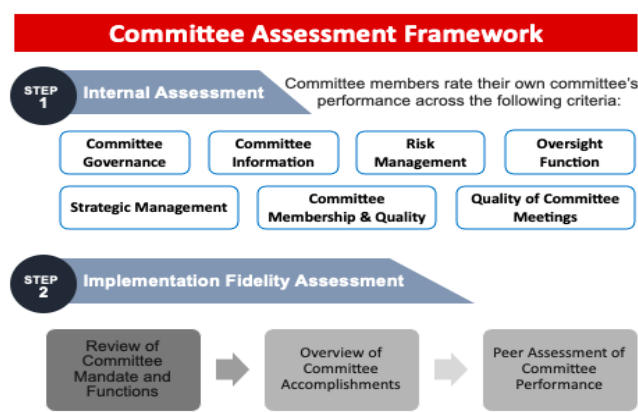


Figure 7: Two-step Committee Assessment Framework

Self-Assessment of Committee Performance

A total of 19 responses were received from Board Members (including their official designates). The BMs who responded were members of the following committees: Audit Committee, Benefits Committee, Committee on Appeals and Administrative Cases, Expanded Governance Committee, and Risk Management Committee.

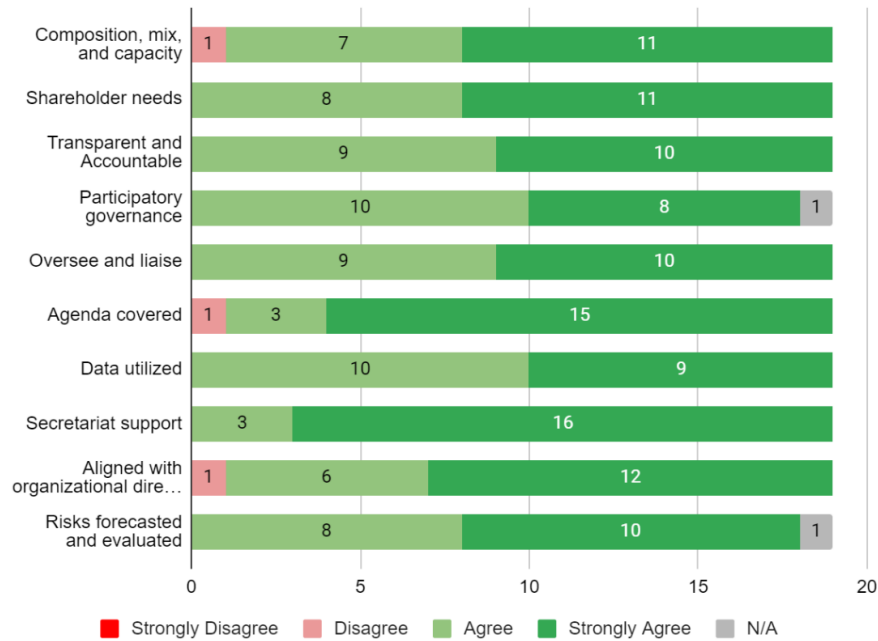


Figure 8: Committee Performance Self-Assessment

Figure 8 shows the responses to the committee performance self-assessment. Most respondents agreed with most of the statements. Strong agreement was particularly frequent for Committee meetings covering the agenda and stimulating productive discussion (15) and the Committee enlisting secretariat support for proper documentation (16). Statements that had disagreements were the Committee having the appropriate composition, mix, and capacity, Committee meetings covering the agenda and stimulating productive discussion, and the Committee aligning itself with PhilHealth’s strategic direction.

Peer Assessment among Committee Members

In order to perform a more comprehensive peer assessment of committee members, the mandates and accomplishments of each committee for the year 2021 were reviewed (See Annex B). For the Peer Assessment, the following criteria for rating was used:

1-Poor	2-Fair	3-Good	4-Very Good	5-Excellent
SEVERE shortcomings. Delivered unsatisfactory results	SIGNIFICANT shortcomings. Delivered limited results.	MODERATE shortcomings. Delivered average results.	MINOR shortcomings. Delivered satisfactory results.	NO shortcomings. Delivered results above and beyond expectation

Seventeen (17) responses were recorded for the Peer Assessment. All Committees were assessed but the number of responses for each committee were uneven, with the fewest for the Audit Committee (9) and the most for the Expanded Governance Committee (13).

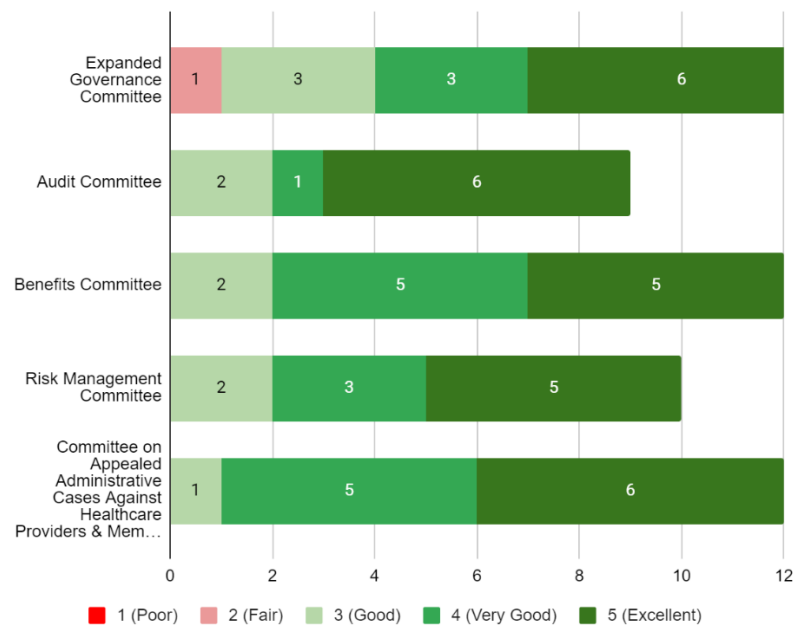


Figure 9: Committee Performance Peer-Assessment

Figure 9 shows the responses to the committee performance peer assessment. Most Committees received an Excellent as the most frequent rating, with only the Benefits Committee receiving equal frequencies of Very Good and Excellent. No Committees were assessed as poor and only the Expanded Governance Committee received a Fair rating. Notably however, there are a significant numbers of assessors that claimed to have limited knowledge and felt unable to do a valid assessment of a committee.

INVENTORY OF BM COMPETENCIES

An important component of the annual PhilHealth Board Assessment is having the BMs do a review and inventory of competencies that are deemed necessary and contributory to good and responsible performance of Board Directors. The inventory is designed to help identify the strengths and skills of PhilHealth's current Board and is used to design, plan and conduct appropriate capacity building and training sessions that are offered to the Board Members. This is to help the Board optimally utilize the competencies of its members and so that it can also improve and sustain its performance. The rubric below was used for the ratings.

None	Beginner	Intermediate	Advanced	Not Applicable
SIGNIFICANT shortcomings. Shows little evidence of the competency and is unable to use it most of the time.	MODERATE shortcomings. Possesses the competency to a noticeable degree and uses it some of the time.	MINOR shortcomings. Possesses the competency to a respectable degree and uses it most of the time.	NO shortcomings. Possesses the competency to a considerable degree and uses it all of the time	The rater has limited knowledge or experience to make a valid evaluation.

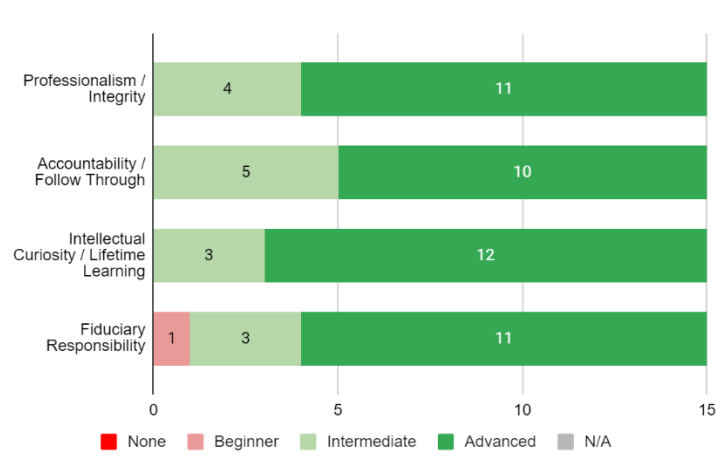


Figure 10: Core Competencies Assessment

Figure 10 shows the responses to the assessment of core competencies. There was a total of 15 BM responses received. Most respondents reported having advanced competencies in all four core competencies of professionalism/integrity, accountability/follow through, intellectual curiosity/lifetime learning, and fiduciary responsibility. Only one response claimed to be beginner in a core competency, namely fiduciary responsibility.

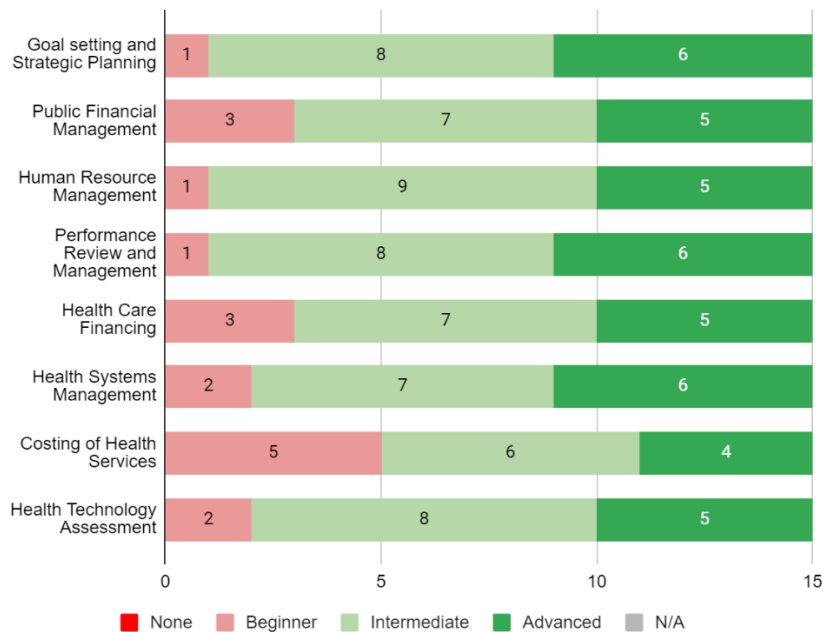


Figure 11: Core Technical Competencies Assessment

Figure 11 shows the responses to the assessment of core technical competencies. For each of the core technical competencies, a plurality of respondents claimed to have an intermediate level of competence, although for none did this assessment constitute a majority. There is least confidence in knowledge of the costing of health services, with fully one third of respondents claiming to be beginners on it, and less than a third assessing themselves to be advanced. Except for the costing of health services, at least a third of the respondents claimed themselves to have advanced competence in all of the core technical competencies.



Figure 12: Committee Specific Competencies Assessment

Figure 12 shows the responses to the assessment of committee specific competencies. A plurality of respondents assessed themselves to have an intermediate level of competency for all the listed competencies. Except for Information management in the context of the Audit Committee, six or more respondents rated themselves as having an intermediate level of competence. This is highest for legal expertise in the context of the Applied Administrative Cases Committee, where 9 respondents claimed to have an intermediate level of competency. For all listed competencies, not more than 3 claimed to be at a beginner’s level.

QUALITATIVE RESPONSES

The Qualitative section contains a summary of responses from the open-ended questions in the assessment form on competencies. A series of questions were posed to the Board on the assessment of PhilHealth’s **past performance**, their **vision for PhilHealth**, how they see **themselves contributing to PhilHealth**, and what kind of **support and training** they may need. Their responses can be used to gather a sense of the Board’s vision, interests, and needs, and could be useful in better engaging the Board.

The Ex Officio Board Members and designates provided more detailed responses although their opinions were a mix of positive and negative assessments. Appointed members likewise had mixed, but less elaborated opinions, with several providing one or two word statements. Respondents varied in their description of how PhilHealth performed in 2021. Some respondents described its performance as generally satisfactory, modest, and fair. Some respondents also stated that PhilHealth performed better compared to the previous year, with policies that were relevant and responsive. There were a few with an opposing view, seeing PhilHealth’s performance as lackluster and suffering reputational damage, particularly from the fact that facilities are still consistently following up on their claims reimbursements. Others highlighted the challenges faced, namely political threats, its organizational culture, deficiencies in HR, IT integration, and the pandemic.

There is no clear difference between Appointed and Ex-Officio and designate member's opinions. Among the appointed members however, sectoral representatives emphasized the ability of PhilHealth to provide financial risk protection to its members, while Experts highlighted the inability to pay COVID-19 claims and the overriding of PhilHealth's goals by personal interests. Many respondents highlighted PhilHealth's mandate and sought to maintain focus on the welfare of PhilHealth members. Respondents stated that at the core of how PhilHealth should be assessed is decreased out-of-pocket payment, service coverage, effective service delivery, and financial risk protection. More than just the providers, PhilHealth ought to be assessed on the patient's actual experience in financing and service quality. Others saw an assessment of PhilHealth largely through a lens of service providers as clients, highlighting on-time claims payments and processing times. Still others took a more internal organizational viewpoint, highlighting digitalization, sound management and governance, sound fiscal policies, and adhering to a governance roadmap and the overall interests of the corporation.

There is also no clear difference in opinion between Ex Officio and Appointive members with regards to their five year-vision for PhilHealth. Respondents' five year-vision for PhilHealth are varied but not contradictory. Internally, it is envisioned that PhilHealth will build an organizational culture that sees patients, not providers as their clients, builds capacity for the generation and use of evidence, and checks compliance of providers and their impact on patients. It is envisioned to be a PhilHealth that will have more young professionals possessing advanced graduate and doctoral training and having skills on actuarial science and benefits development. PhilHealth is also envisioned to be corruption free. Within five years PhilHealth is expected to fully implement its role in UHC, completely shifting to DRGs, building reliable IT systems, and providing broader coverage. It will be the biggest PPP in UHC. PhilHealth will be perceived as reliable, thereby improving public approval ratings. Through PhilHealth, Filipinos will have access to quality affordable health care services, with decreased OOP. The only response received that seemed not as aligned with the others was in relation to a PhilHealth envisioned to be liquid, solvent, and profitable.

The opinions of both Ex-Officio and Appointive BMs were similar with regards to their own contribution as Board Directors of PhilHealth. Some BMs however responded based on their current contributions while others emphasized what they could still potentially contribute or add. Several respondents mentioned simply staying the course, continuing in the development of policies, programs, and systems, while maintaining just, ethical, and legal decisions for its members. A study of all current matters related to PhilHealth is part of this. There are also those who wish to push for evidence-based policymaking, or to emphasize the need for socially sensitive and citizen-centered benefit packages, or to provide information and close assistance on dealing with LGUs.

Personal goals in the next 2 – 3 years likewise varied. Both Ex-Officio and Appointive members had responses that were a mix of simply continuing what they were doing or having more general goals. Some respondents stated that they would attend all meetings and perform their current functions. Others provided general goals, such as implementing UHC, encouraging officials to better analyze problems, improving accountability, being more sensitive to client needs, and just being more proactive. Others still were more specific, with goals to build a cadre of professionals trained and acculturated for UHC, pressing for digital transformation and good governance, reducing red tape. The sectoral representatives among

the Appointive members however were the only ones to state guidance to management in transition to DRGs.

Appointive members showed more interest in specific changes in PhilHealth, such as in its digitalization, transition to DRGs, governance, addressing fraud, and implementation of Benefit packages. Ex-Officio members tended to be more interested in current pressing issues, such as the reimbursement delays, encouraging officers and the rank and file to do tasks rightfully and honestly, resolution of pending cases, speeding up benefit payouts, and proper implementation of benefit payouts.

The respondents stated that to make their Board service more fulfilling, they would be more active and committed to their current roles, attend more meetings, and study the healthcare system of the country. A respondent stated too that the work would be more fulfilling if it was done face to face. Some also stated that they would be more fulfilled with more engagement on strategic planning activities, reviewing the standards of governance in PhilHealth, reviewing performance commitments of implementing units, and having better collaborations with the Board in policy and decision-making. Some respondents sought to introduce new ideas and provide feedback from patient experience, while some also sought to put more teeth to the board, expressing frustration that implementers seem to delay board approved decisions. The responses of the Ex-Officio members mostly stated simply attending and being more active in meetings, with a notable exception of one BM who suggested holding strategic planning and performance commitment exercises. Appointive members had specific responses, ranging from putting more teeth to the Board, adding tenure, and renewing face to face meetings.

Respondents generally sought decision support and improvements in the regular operation of the Board. Respondents stated that they would be able to do their job as a board better if they were provided with accurate data, complete staff work, more synthesized briefs and agenda, and improvements in evidence generation and use. Their work would also be improved with mutual interaction between board members on policy and direction, closer communication and coordination with staff, as well as administrative, logistics, and legal support. Further training and the provision of an independent legal compliance review were also stated. Both Appointive and Ex-Officio Board Members had a similar mix of responses. Meanwhile, Table 1 below lists the skills respondents claimed they needed training in.

Table 1. Identified skills needing improvement

Core Technical	Skills especially relevant to specific committees			
	Expanded governance committee	Audit committee	Benefits	Risk communication
<ul style="list-style-type: none"> • Strategic planning • Strategic management • Performance management • Operations management • Leadership • Understanding of office acronyms and functions 	<ul style="list-style-type: none"> • Systems analysis • Health insurance policies development • Actuarial science • Health financing 	<ul style="list-style-type: none"> • Information technology • Audit • Reading financial audits and reports • Government audit policies 	<ul style="list-style-type: none"> • Health technologies • Benefit package development 	<ul style="list-style-type: none"> • Public communication • Financial risk determination

TRAININGS

For the 2021 Board Assessment, trainings from 2019 – 2021 were considered. Table 2 below lists the trainings and dates considered in the assessment.

Table 2. List of trainings and training dates

Training	Dates
Corporate Governance	October 17, 2019 March 10, 2020 September 8 - 9, 2020 March 3 - 4, 2021 May 25 - 26, 2021 November 9 - 10, 2021
National Health Insurance Program	August 6, 2019 October 28, 2020
Universal Health Care IRR	February 28, 2020 January 12, 2021
Health Care Financing in PhilHealth	May 18, 2021
Health Technology Assessment	August 12, 2021
Diagnosis Related Grouping	October 18, 2021

Figure 13 below summarizes the results of the survey form on Training. All trainings were considered either relevant or very relevant, with more respondents considering as very relevant the trainings on the UHC IRR (3 out of 5), Healthcare financing in PhilHealth (3 out of 5), and HTA (4 out of 6). There were equal number of respondents who considered the DRG training as relevant or very relevant, but more respondents considered as just relevant the trainings on corporate governance (5 out of 8) and the National Health Insurance program (3 out of 5). Half of the respondents said that they had a significant improvement in knowledge from the HTA training, and majority of respondents also claimed significant improvement after the UHC IRR training (3 out of 5). On the other hand, more than one third claimed only a slight improvement in knowledge after the DRG training (3 out of 7), and half claimed only moderate improvement after the Corporate governance training (4 out of 8). Most respondents felt that the methods in all the trainings was effective, with the UHC IRR training considered to be most effective. This is less apparent in the materials provided for the training. More respondents commented that the learning materials provided for the topics on corporate governance (4 out of 8), health care financing (4 out of 5) and DRGs (4 out of 7) were effective and facilitated learning. One respondent however opined that both the method used and material provided for the DRG training was ineffective.

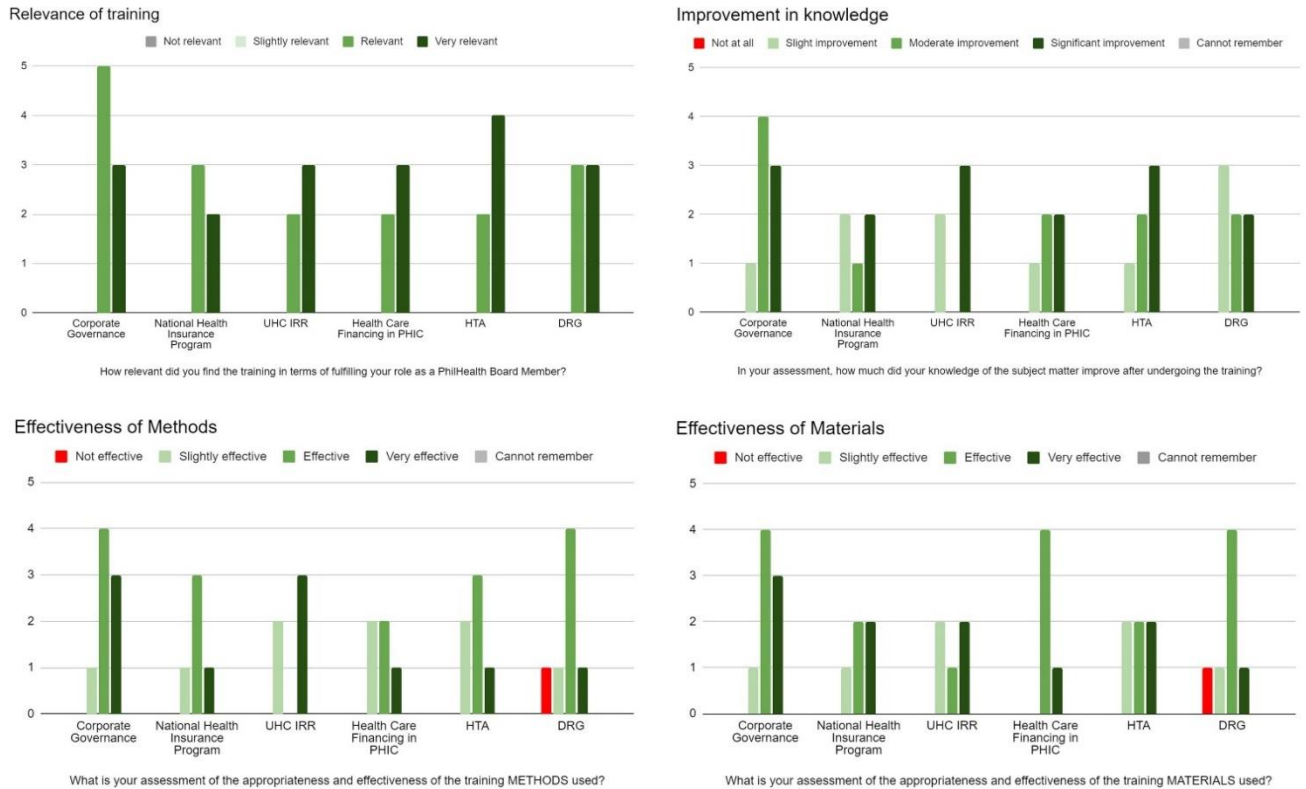


Figure 13: Trainings Assessment

RECOMMENDATIONS

The recommendations provided in the 2020 Board Assessment remain relevant and should be revisited. Many of the challenges faced by PhilHealth in 2020 still exist. The external challenges of COVID-19 are still present. With the efforts to roll-out UHC, there remains continuing need for clarity with regards the roles and responsibilities of the board and its committees. The challenge over the turnover of the Board of Directors and PhilHealth’s Senior Leadership will likely be felt once again with the beginning of a new administration in mid-2022. This may provide difficulties in terms of continuity in carrying out the mandate and responsibilities of the board as a collective body as well as in various Board Committees.

The recommendation to conduct regular rounds of assessment-related activities throughout the year is once again reiterated and emphasized. As in the previous year, this is also highlighted in the 2021 Board Assessment. The 2021 Board Assessment provides more information on the Board’s training needs, and while there is still room to improve the method by which this data is gathered, the information produced can already be used to plan professional development sessions. It is again suggested that the Office of the Corporate Secretary work in tandem with the Social Health Insurance Academy (SHIA) in designing and developing sessions for the BM’s continuous learning and professional development. These can be offered as online learning modules that the BMs can access at their own pace and time.

On-boarding sessions for the BMs continues to provide a good opportunity to engage the BMs in a dynamic and comprehensive manner. It is crucial that, during the on-boarding, all BMs are informed thoroughly about the different components of the assessment activity so

that at the end of the calendar year, the assessment process will be more robust and become more useful for the work of the board and its committees. In this way, information from the previous years' assessments and recommendations proffered can also be considered by the BMs as they carry out their duties and responsibilities. Building on recommendations made for the 2020 PhilHealth Board Assessment, the following are specific recommendations that are emphasized:

1. As both PhilHealth and DOH gear up for the roll out of the UHC Law, it is highly encouraged to consider as urgent, the conduct of activities focused on planning for and conducting strategic conversations on how the Board of Directors' roles, responsibilities and mandates are shaped by the provisions of the UHC Law. Topics related to roles and responsibilities of the Board as they relate to management and technical operations are crucial and important.
2. The Board with the support of the Office of the Corporate Secretary should build on the accomplishments and milestones of the previous years as well as revisit and improve on areas that proved to be challenging and problematic.
3. It is essential that all board members undergo a self-assessment early in the year (or at the start of their term, whichever is relevant) to serve as baseline information. This can then serve as basis for the year-end assessment that is usually done before the end of the current calendar year.
4. In the end, the Board of Directors' performance is only as good as the openness, willingness and ability to continuously ensure that a dynamic, inclusive and transparent work ethic and culture pervades among the BMs as well as within the entire corporation. The annual assessment process remains to be an important step in contributing to this and must thus be seriously attended to and its recommendations considered.
5. Future trainings provided to Board Members should draw from the results of the Training assessment conducted. The most effective Materials and Methods can be identified to ensure that future trainings are appropriate and relevant. A systematic and structured capacity building program can be developed by the Office of the Corporate Secretary together with SHIA. The support of Development Partners can be sought for this.

It is hoped that this can pro-actively allow the Board through the Office of the Corporate Secretary to plan, execute and monitor the various activities of the Board so that better synergy and stronger alignment happens in the entire organization of PhilHealth particularly in light of the very significant role it plays towards the fulfillment of the UHC Law.

ANNEXES

Annex A: Attendance to the Dec 16, 2021 Board Assessment Meeting

Board Members:

1. BM Atty. Dante A. Gierran, CPA (PhilHealth PCEO and Vice-Chairperson of the PhilHealth Board / Indirect Contributors Sector Representative)
2. BM Dr. Beverly Lorraine C. Ho (DOH Rep)
3. BM Usec. Atty. Benjo Santos M. Benavidez (DOLE Rep)
4. BM Usec. Atty. Adonis P. Sulit (DSWD Rep)
5. BM OIC-Dep. Treas. Eduardo Anthony G. Mariño (DOF/BTr Rep)
6. BM BGen. Marlene R. Padua (Health Care Providers Sector Representative)
7. BM Dr. Jason Roland N. Valdez (Direct Contributors Sector Representative)
8. BM Dr. Rene Elias C. Lopez (Employers Group Representative)
9. BM Dr. Maria Graciela G. Gonzaga (Expert Panel Member)
10. BM Alejandro L. Cabading, CPA (Expert Panel Member)
11. BM Dr. Teodoro J. Herbosa (Expert Panel Member)
12. Atty. Andrea Nikka A. Yaranon (former DSWD Rep for Committee Meetings)

SVPs and VPs:

1. Atty. Jose Mari F. Tolentino - SVP, Legal Sector
2. Nerissa R. Santiago - Acting SVP, ASRMS
3. Atty. Lora L. Mangasar - OIC-Corporate Secretary
4. Dr. Arturo C. Alcantara - Acting SVP, Information Management Sector
5. Atty. Jay R. Villegas - VP, Arbitration Office
6. Ann Marie C. San Andres - Acting VP, Internal Audit Group

Annex B: Committee Accomplishment presented during Dec 16, 2021 Board Assessment Meeting

- **Expanded Governance Committee Accomplishments 2021**
 - Revision of the PhilHealth Manual of Corporate Governance
 - Selection and Appointment of the SVP for Legal Sector
 - Proposed Organizational Structure of the Actuarial Services and Risk Management Sector
 - Selection and Appointment of 11 Executive and Managerial Positions
 - CY 2020 Governance Committee Performance Report
 - Status on the Revisions of the PhilHealth Manual of Corporate Governance
 - Selection and Appointment of 1 Executive and Managerial Position
 - Corporate-Wide Use of Digital Certificates
 -
- **Committee on Appeals and Administrative Cases 2021**
 - The Legality and Application of PhilHealth Board Resolution No. 2334, s. 2017 & Corporate Order No. 2018-0039
 - Resolution to Update PBR No. 1624, s. 2012 Bacolod Our Lady of Mercy Hospital (PHIC Case No. HCP-VI-08-004
 - Review and Deliberation of Various Appealed Administrative Cases, including:
 - Appeal of Novaliches District Hospital (PHIC Case No. HCP-NCR-18-0729)
 - Appeal of St. Luke's Medical Center (PHIC Case No. HCP-NCR-19-0167)
 - Appeal of M.V. Gallego Cabanatuan City General Hospital (Consolidated) (PHIC Case No. HCP-III-19-0129 & HCP-III-19-0378)
 - Appeal of Dr. Mark Dennis C. Menguita (PHIC Case No. HCP-XII-19-0866 to 0868)
 - Appeal of San Pedro Hospital of Davao City, Inc. (PHIC Case No. HCP-XI-16-1830)
 - Appeal of Dr. Allan M. Valdez (PHIC Case No. HCP-NCR-15-340 to 440 & HCP-NCR-15-621 to 710)
- **Audit Committee 2021**
 - Audit on Arbitration Process
 - Audit on PhilHealth Crisis Communication Plan
 - Audit on Possible Overpricing in IT Procurement
 - Audit on Benefit Package of SARS-CoV-2 Testing using RT-PCR in Central Office and PRO NCR
 - Audit on Case Build-up Process
 - Audit on Strategic Performance Management System
 - Audit on Senior Citizen's Program
 - Audit on Processing of Appeals of HCPs on Denial/Non-Renewal of Accreditation
 - Organizational Structure and Function of the PhilHealth Internal Audit Group
- **Benefits Committee 2021**
 - PhilHealth Coverage of Covid 19 Medications that Are Not in the Philippine National Formulary

- Strategies on Slow Processing of Claims by Extending Applicable Period of DPCM
- Governing policies for the Implementation of Diagnostic Related Groupings (DRG) as Part of Provider Payment Reforms of the UHC
- Amendment to PhilHealth Circular No. 2020-0018 (Guidelines on the Covid 19 Community Isolation Benefit Package)
- Home Isolation Coverage (Covid 19 Home Isolation Benefit Package (CHIBP))
- Development of a Policy on Covid 19 Home Isolation Package
- Adjustment of Covid 19 Community Isolation Benefit Package (Minimum of 10 days Length of Stay): Amending PhilHealth Circular No. 2020-0018 (Guidelines on the Covid 19 Community Isolation Benefit Package)
- Hemodialysis Sessions: Impact of Extending Beyond 90 Sessions
- Accessing Covid 19 Benefits in Health Facilities
- Benefits Development Plan and Provider Payment Reforms
- Modification of PhilHealth Payment Recovery Policy to Include Primary Care Benefits and Debit-Credit Payment Method (DCPM)
- Indemnity Fund Policy: Implementing Guidelines on the Coverage of Hospitalization, Death, and Permanent Disability Due to Severe Adverse Event Following Immunization under the Covid 19 National Vaccine Indemnity Fund
- **Risk Management Committee 2021**
 - CY 2020 Risk Management Committee Performance Report
 - Information Systems Strategic Plan (ISSP) for CY 2021-2023
 - CY 2020 Accomplishment Report of the PMT-RM
 - CY 2021 1st Sem Accomplishment Report of the PMT-RM
 - IAG Position Paper on the Applicability of Risk Assessment Certificates (RAC) to Internal Audit Reports
 - Updates on Investment Placements
 - Critical Risk Areas for PhilHealth
 - Liquidity Management and Maturities Positioning Strategies
 - Proposed Guidelines on Corporate Bonds
 - Report on Fund Utilization - Investment Cashflow
 - Request for Reprogramming of CY 2020 procurement Project of PRO CARAGA to CY 2020 CAPEX
 - CY 2022 Corporate Operating Budget (COB)

Annex C: Overall Board Performance Assessment results

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
1. The Board has appropriate composition, mix, and capacity	0	2	12	9	0
2.A. The Board is responsive to the needs of shareholders and employees	1	0	10	12	0
2.B. The Board is transparent and accountable in its processes/decisions	0	1	9	13	0
2.C. The Board exercises participatory governance	1	0	8	14	0
3. The Board effectively oversees and interfaces regularly with Management	0	1	13	9	0
4. Board meetings cover the agenda and stimulate productive discussions	1	0	10	11	1
5.A. Reliable data is actively sought and utilized for decision-making	0	1	9	13	0
5.B. Board enlists secretariat support to ensure proper documentation	0	0	8	15	0
6. Relevant, continuing opportunities for training & development are pursued	0	1	11	10	1
7. Board sets strategic direction, monitors strategic plan and progress	1	0	10	12	0
8. When making decisions and resolutions, risks are forecasted, evaluated and managed to mitigate impacts.	0	0	11	12	0
9. Emerging leaders are identified, developed, monitored, and mentored	1	1	16	4	1
TOTAL	5	7	127	134	3

Annex D: Performance Self-Assessment results

	1 (Poor)	2 (Fair)	3 (Good)	4 (Very Good)	5 (Excellent)	N/A
1.1 I understand the mission, vision, and values of PhilHealth	0	0	1	7	8	0
1.2 I know and own the duties and roles of a director. I am able to distinguish between Board and Management roles	0	0	1	6	9	0
1.3 I understand the general, economic, social, and sectorial issues that affect PhilHealth	0	0	3	6	7	0
1.4 I am willing to participate in director development activities (e.g. seminars)	0	0	4	5	7	0
1.5 I am open to feedback about my performance	0	0	0	7	9	0
2.1 I devote sufficient time and attention to properly discharge and perform my duties and responsibilities as director	0	1	1	7	7	0
2.2 I am updated on developments regarding PhilHealth, including its financial and operational performance	0	1	6	7	2	0
2.3 I have working knowledge on the legal and regulatory requirements affecting PhilHealth (charter and by-laws, GCG requirements, COA, etc)	0	1	3	6	6	0
2.4 I actively participate in board discussions and deliberations	0	0	3	4	9	0
2.5 When absent in meetings, I proactively acquire information from what has been discussed to stay updated.	0	0	4	2	5	5
2.6 I contribute to strategy formulation by proposing policies and suggesting corresponding incentives/ sanctions.	0	1	1	5	8	1
2.7 I am involved in the oversight of strategy execution, particularly in its monitoring and assessment	0	2	1	7	5	1
3.1 I actively establish and maintain good personal relations with my co-directors and management	0	1	3	7	5	0
3.2 I handle work conflict positively and constructively	0	0	1	10	5	0
3.3 I listen attentively to the contribution of others	0	0	2	6	8	0
3.4 I actively participate in board discussions and deliberations	0	0	2	4	9	1
3.5 I explore differences in opinion in a positive way	0	0	1	8	7	0
3.6 I maintain objectivity in the face of difficult decisions	0	0	1	9	6	0
4.1 I act with transparency, accountability, integrity & fairness, fully aware that the office of a director is one of trust and confidence.	0	0	0	5	11	0

4.2 I ensure the confidentiality of business information acquired by reason of my position as a director, including board's deliberations	0	0	0	3	13	0
4.3 I ensure that my personal interests do not conflict with the interest of PhilHealth.	0	0	0	2	14	0
4.4 I treat anyone in PhilHealth with courtesy and respect.	0	0	0	3	13	0

Annex E: Performance Peer Assessment results

	1 (Poor)	2 (Fair)	3 (Good)	4 (Very Good)	5 (Excellent)	N/A
1.1 I understand the mission, vision, and values of PhilHealth	0	1	0	14	10	3
1.2 I know and own the duties and roles of a director. I am able to distinguish between Board and Management roles	0	1	0	16	8	3
1.3 I understand the general, economic, social, and sectorial issues that affect PhilHealth	0	0	3	14	8	3
1.4 I am willing to participate in director development activities (e.g. seminars)	0	0	3	10	10	5
1.5 I am open to feedback about my performance	0	0	2	13	10	3
2.1 I devote sufficient time and attention to properly discharge and perform my duties and responsibilities as director	0	0	2	13	10	3
2.2 I am updated on developments regarding PhilHealth, including its financial and operational performance	0	0	3	12	9	4
2.3 I have working knowledge on the legal and regulatory requirements affecting PhilHealth (charter and by-laws, GCG requirements, COA, etc)	0	1	4	13	7	3
2.4 I actively participate in board discussions and deliberations	0	0	2	12	12	2
2.5 When absent in meetings, I proactively acquire information from what has been discussed to stay updated.	0	0	2	14	4	8
2.6 I contribute to strategy formulation by proposing policies and suggesting corresponding incentives/ sanctions.	0	0	6	12	7	3
2.7 I am involved in the oversight of strategy execution, particularly in its monitoring and assessment	0	0	6	13	4	5
3.1 I actively establish and maintain good personal relations with my co-directors and management	0	0	4	11	10	3
3.2 I handle work conflict positively and constructively	0	1	0	13	11	3
3.3 I listen attentively to the contribution of others	0	0	2	8	15	3
3.4 I actively participate in board discussions and deliberations	0	0	3	12	11	2
3.5 I explore differences in opinion in a positive way	0	0	2	13	10	3
3.6 I maintain objectivity in the face of difficult decisions	0	0	2	10	12	4
4.1 I act with transparency, accountability, integrity & fairness, fully aware that the office of a director is one of trust and confidence.	0	0	2	10	13	3

4.2 I ensure the confidentiality of business information acquired by reason of my position as a director, including board's deliberations	0	1	0	10	13	4
4.3 I ensure that my personal interests do not conflict with the interest of PhilHealth.	0	0	1	11	10	6
4.4 I treat anyone in PhilHealth with courtesy and respect.	0	0	0	10	15	3

Annex F: Committee Performance Self-Assessment results

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
1. The Committee has appropriate composition, mix, and capacity	0	1	7	11	0
2.A. The Committee is responsive to the needs of shareholders, stakeholders, and employees	0	0	8	11	0
2.B. The Committee is transparent and accountable in its processes/decisions	0	0	9	10	0
2.C. The Committee exercises participatory governance	0	0	10	8	1
3. The Committee effectively oversees, liaises and interfaces regularly between the Board and with Management	0	0	9	10	0
4. Committee meetings cover the agenda and stimulate productive discussions	0	1	3	15	0
5.A. Reliable data is actively sought and utilized for decision-making	0	0	10	9	0
5.B. The Committee enlists secretariat support to ensure proper documentation	0	0	3	16	0
6. The Committee regularly aligns itself with the organization's strategic direction, monitors strategic plan and progress	0	1	6	12	0
7. When making decisions and resolutions, risks are forecasted, evaluated and managed to mitigate impacts.	0	0	8	10	1

Annex G: Committee Performance Peer-Assessment results

	Poor	Fair	Good	Very Good	Excellent	N/A
Expanded Governance Committee	0	1	3	3	6	4
Audit Committee	0	0	2	1	6	8
Benefits Committee	0	0	2	5	5	5
Risk Management Committee	0	0	2	3	5	7
Committee on Appealed Administrative Cases Against Healthcare Providers & Members	0	0	1	5	6	5

Annex H: Competencies Self-Assessment Results

	0 (None)	1 (Beginner)	2 (Intermediate)	3 (Advanced)	N/A
CORE COMPETENCIES					
1A. Professionalism / Integrity: The capacity to do what is right and "walk the talk"	0	0	4	11	0
1B. Accountability / Follow Through: The ability to live up to commitments and take responsibility for roles and tasks.	0	0	5	10	0
1C. Intellectual Curiosity / Lifetime Learning: The desire to explore new concepts and embrace new areas of practice.	0	0	3	12	0
1D. Fiduciary Responsibility: The willingness to put the needs of the organization and its stakeholders above their own personal interests.	0	1	3	11	0
CORE TECHNICAL COMPETENCIES					
2A. Goal setting and Strategic Planning: The ability to envision priorities for the organization in order to achieve its Mission and Vision.	0	1	8	6	0
2B. Public Financial Management: The understanding of the rules and processes that govern the use of public funds.	0	3	7	5	0
2C. Human Resource Management: The understanding of how to make efficient use of the available workforce in service of the organization's goals.	0	1	9	5	0
2D. Performance Review and Management: The ability to assess achieved results with organizational goals and determine ways to attain said goals.	0	1	8	6	0
2E. Health Care Financing: The understanding of mechanisms and processes in the management of funds for use in the purchase of individual-based healthcare services.	0	3	7	5	0
2F. Health Systems Management: The understanding of the structure and functions of the Philippine health system, and the place of PhilHealth in it.	0	2	7	6	0
2G. Costing of Health Services: The understanding of how to determine the cost of various healthcare products and services.	0	5	6	4	0
2H. Health Technology Assessment: The understanding of the structure and processes of how new technologies are appraised to determine its value in improving overall health outcomes	0	2	8	5	0
COMMITTEE SPECIFIC COMPETENCIES					
Expanded Governance Committee					

	0 (None)	1 (Beginner)	2 (Intermediate)	3 (Advanced)	N/A
1A. Leadership & management of change: The ability to manage changes in organizational directions and its implications on the Board	0	1	7	4	3
1B. Compensation and Remuneration: The appropriate determination of compensation and remuneration to Board Members and executive officers	0	0	7	5	3
Committee on Appealed Administrative Cases against Healthcare Providers and Members					
2A. Legal expertise: The familiarity with the relevant legal context of an administrative case.	0	1	9	4	1
2B. Leadership & management of change: The ability to manage changes in organizational directions and its implications on the Board	0	2	7	5	1
Audit Committee					
3A. Audit and Internal Control: Understanding of the rules, mechanisms, and procedures for ensuring transparent and accurate financial reporting.	0	2	8	2	3
3B. Legal expertise: The familiarity with the relevant legal context of an audit.	0	1	8	3	3
3C. Information management: Understanding the need for and the ways to build information management systems in aid of internal controls.	0	2	5	4	4
Benefits Committee					
4A. Monitoring and evaluation: An understanding of the importance of and the ways to build a systematic process of collecting and analyzing information relevant to Benefits Development.	0	2	7	4	2
4B. Policy research: The systematic analysis or evaluation of policies to determine the impact of existing policies or aid in decision making on policy options.	0	1	7	5	2
4C. Policy development and / or influencing public policy: The understanding of the policy development process and how to work with the process to achieve the goals for benefit development.	0	2	6	5	2
Risk Management Committee					
5A. Public / community relations, engagement, and media: Understanding the importance of, and the activities needed to manage how the public sees and feels about PhilHealth.	0	3	6	4	2
5B. Negotiations and conflict management: The understanding of the tools and methods for managing conflicts between and within PhilHealth.	0	2	8	3	2

	0 (None)	1 (Beginner)	2 (Intermediate)	3 (Advanced)	N/A
5C. Information management: Understanding the need for and the ways to build information management systems in aid of risk management.	0	3	8	2	2

Annex I: Trainings Assessment results

How relevant did you find the training in terms of fulfilling your role as a PhilHealth Board Member?	Not relevant	Slightly relevant	Relevant	Very relevant
Corporate Governance	0	0	5	3
National Health Insurance Program	0	0	3	2
UHC IRR	0	0	2	3
Health Care Financing in PHIC	0	0	2	3
HTA	0	0	2	4
DRG	0	0	3	3

What is your assessment of the appropriateness and effectiveness of the training MATERIALS used?	Not effective	Slightly effective	Effective	Very effective	Cannot remember
Corporate Governance	0	1	4	3	0
National Health Insurance Program	0	1	2	2	0
UHC IRR	0	2	1	2	0
Health Care Financing in PHIC	0	0	4	1	0
HTA	0	2	2	2	0
DRG	1	1	4	1	0

What is your assessment of the appropriateness and effectiveness of the training METHODS used?	Not effective	Slightly effective	Effective	Very effective	Cannot remember
Corporate Governance	0	1	4	3	0
National Health Insurance Program	0	1	3	1	0
UHC IRR	0	2	0	3	0
Health Care Financing in PHIC	0	2	2	1	0
HTA	0	2	3	1	0
DRG	1	1	4	1	0

In your assessment, how much did your knowledge of the subject matter improve after undergoing the training?	Not at all	Slight improvement	Moderate improvement	Significant improvement	Cannot remember
Corporate Governance	0	1	4	3	0
National Health Insurance Program	0	2	1	2	0
UHC IRR	0	2	0	3	0

Health Care Financing in PHIC	0	1	2	2	0
HTA	0	1	2	3	0
DRG	0	3	2	2	0