

HEALTH FINANCE POLICY SECTOR

INTERNAL SERVICES

Volume 21

**OFFICE OF THE SENIOR VICE-PRESIDENT - HEALTH FINANCE POLICY SECTOR
BENEFITS DEVELOPMENT AND RESEARCH DEPARTMENT
PHILHEALTH CARES MANAGEMENT OFFICE**

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INTERNAL SERVICES

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HEALTH FINANCE POLICY SECTOR

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OFFICE OF THE SENIOR VICE-PRESIDENT – HEALTH FINANCE POLICY SECTOR

1. INQUIRIES FROM INTERNAL/EXTERNAL STAKEHOLDERS THRU EMAIL/MAIL

Action on Inquiries received by the office through email

Office:	Office of the Senior Vice President			
Classification:	Complex			
Type of Transaction:	G2G			
Who May Avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		NONE		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send inquiry thru email/mail	Receive mail/email inquiry	none	2 minutes	CLERK III OSVP HFPS
	Encoding of document to database	none	30 minutes to 2 hours	Clerk III osvp HFPS
	Initial review of document	none	1 day	Social Insurance Assistant I or Executive Assistant IV osvp hfps
	Document to be reviewed by the SVP	none	1 day	Senior Vice President osvp hfps
	Route to concerned staff/office for action	none	1 hour	Clerk III osvp hfps
	Prepare the response to inquiry	none	3 days	SIA I/EA IV/Office under HFPS

	If with correction return to the concerned personnel for revision, if approved proceed to next step	none	1 hour	clerk III osvp hfps
	For approval and signature of the SVP	none	1 day	Senior Vice President osvp HFPS
	Response shall be emailed/mailed to client	none	1 day	Clerk III osvp hfps
2. Send acknowledgment receipt	Expect acknowledgement of receipt of client	none		
	TOTAL		7 days	

BENEFITS DEVELOPMENT AND RESEARD DEPARTMENT

1. BENEFITS DEVELOPMENT PROCESS

Benefits design process to ensure objective, methodological, and transparent approaches, including revision, or expansion of PhilHealth benefits

Office/Division	Benefits Development and Research Department			
Classification	Highly technical			
Type of Transaction	Policy Development			
Who may avail:	Board of Directors, PhilHealth Management, PhilHealth Operations, health facilities, members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE (Position of Supervisor)
Benefits package development	1. Prioritization of service coverage (disease condition, health intervention, etc.	None	As scheduled	High-level (DOH-SOH, Board of Directors, ExeCom, NEDA, etc)
	2. Developing and designing a benefit package		Minimum of one (1) year once the priority topic is identified by high-level decision makers.	
	a. Defining the index patient	None	Minimum of one (1) month	Product Team in-charge
	b. Benefits Scoping			
	b.1 Systematic search, appraisal of literature (EBM), and synthesis of medical evidence		Minimum of two (2) months, depending on the availability of content experts and stakeholders, as well as access to the medical literature and local data	c/o Research Group and Product Team in charge of the project

	b.2 Define the clinical pathway (i.e., pathways of care)	OR c/o Development Partner (if technical assistance)	Minimum of two (2) months, depending on the availability of content experts and stakeholders	c/o Research Group and Product Team in charge of the project
	b.3 Series of consultations and validation with content experts (i.e., clinical practitioners and medical specialty societies concerned)		Minimum of three (3) months, depending on the availability of content experts and stakeholders	c/o Research Group and Product Team in charge of the project
	b.4 Define the minimum standards of care based on the series of consultations and validation		Minimum of two (2) months, depending on the availability of content experts and stakeholders	c/o Research Group and Product Team in charge of the project
	b.5 Analyze the supply side (Map out providers and service capability (i.e., PNF drugs, equipment, device, medical supplies, human resources to deliver service, etc.))		Minimum of one (1) month	c/o Research Group and Product Team in charge of the project
	b.6 Stakeholder analysis		Minimum of one (1) month	c/o Research Group and Product Team in charge of the project
	c. Conducting HTA process	c/o DOST- HTA Council OR c/o Research budget (If commissioned through PhilHealth Studies), OR	Minimum of 18 months	c/o Research Group and Product Team in charge of the project

		c/o Development Partner (if technical assistance)		
	d. Bundling of services (i.e., minimum standards of care to be included in a benefits package)	None	Minimum of seven (7) working days from the finalization of steps a, b, and c	Product Team in-charge
	e. Identifying inputs covered (i.e., drugs/medicines, procedure/s, supplies, labs, diagnostic procedures (imaging, etc.), PF, accommodation)	None	Minimum of seven (7) working days from the finalization of steps a, b, c, d	Product Team in-charge
	f. Costing of health services (i.e., combination of bottom-up/activity based and top-down costing)			
	f.1. Development of costing model/tool (i.e., Costing spreadsheet/s for the specific topic)		Minimum of one (1) month	Costing expert/health economist
	f.2. Validation of costing model (i.e., Series of consultations with content experts)		Minimum of one (1) month, depending on the availability of content experts and stakeholders	Costing expert/health economist and Product Team in-charge
	f.3 Sampling of respondents (i.e., Health facilities per level, type of ownership, geographic location)		Minimum of one (1) working day	Costing expert/health economist
	f.4 Send invitations/communications to sampled health facilities	None	Minimum of one (1) month from finalization of f.3	Product Team Members
	f.4 Orientation of PROs and participating health facilities on the costing tool (i.e., Per Area or Region concerned)	Traveling expenses Meals Accommodation	Minimum of four (4) days	Product Team in charge

	f.5 Costing survey and data submission by respondent health facilities	c/o HF's	Minimum of six (6) months from the end of HF orientation	Respondent health facilities (facilitated by PROs, supervised by Product Team in-charge)
	f.6 Data validation	Traveling expenses Meals Accommodation	Minimum of one (1) month from the completion of data submission by respondent health facilities	PROs Product Team Head and Members
	f.7 Data cleaning		Minimum of one (1) month from the end of data validation	Data scientist/Health economist
	f.8 Costing analysis and estimation of package rate/s		Minimum of one (1) month from the completion of data cleaning	Data scientist/Health economist
	f.9 Validation of costing estimates with pertinent stakeholders	Traveling expenses Meals Accommodation	Minimum of 14 working days from the completion of costing estimates	Product Team in charge and Research Team
	3. Budget analysis (c/o Actuary)/Financial projections	None		c/o Actuary
	4. Designing the provider payment mechanism and policy formulation	None	Minimum of One (1) month from the completion of budget analysis	Product Team in charge
	5. Risk Assessment	None	Minimum of one (1) working day	Product Team in charge

	6. GAD Compliance	None	Minimum of one (1) working day	Product Team in charge
	7. Benefits package prototype approval			
	a. Executive Committee	None	As scheduled	Product Team in charge
	b. Benefits Committee of the Board	Honoraria for Benefits Committee Members	As scheduled	Product Team in charge
	c. PhilHealth Board of Directors	Honoraria for PhilHealth Board of Directors	As scheduled	Product Team in charge HFPS
	8. Refinement/revision of draft policy	Workshops	Minimum of 14 working days from approval of the. PhilHealth Board	Product team in charge
	9. Approval of the implementing guidelines (DRAR)			
	9.1. Review of IG	None	Minimum of 14 working days from finalization of draft policy	Department Manager III
	9.2. Health Finance Policy Sector	None	Minimum of 14 working days from clearance of draft policy by Department Manager III	Sector Head
	9.3. Legal Sector			Sector Head
	9.4. Information Management Sector			Sector Head
	9.5. Actuary and Risk Management			Actuary
	9.6. Corporate Planning Department			Department Manager III
	9.7. EVP and COO			EVP-COO
	9.8. Head Executive Assistant			HEA
	9.9. President and CEO			PCEO

	9.10. Publication and communicating the package			Corporate Communication Department Manager III
	TOTAL	None	Average of one (1) year	

PHILHEALTH CARES MANAGEMENT OFFICE

1. RESPONDING TO SIMPLE INQUIRIES THRU E-MAIL/MAIL/SOCIAL MEDIA

Responding to the inquiries of field-deployed P-CARES on budget utilization, policy clarification, interpretation and implementation

Office/Division	PhilHealth CARES Management Office			
Classification	Simple			
Type of Transaction	G2G, G2C, G2B			
Who may avail:	ALL			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE (Position of Supervisor)
1. Send messages/inquiry through phone or social media.	1.1. Receive messages/inquiry through phone or social media.	None	3 Minutes	Technical Staff in charge in concerned Area
	1.2. Evaluate Inquiry	None	3 Minutes	Technical Staff in charge in concerned Area
	1.3. Forward Inquiry to the concern PCMO staff or office/department	None	10 Minutes	Technical Staff in charge in concerned Area
2. Receiving of Documents	2.1. Stamp "Received" on the receiving copy. Indicate the dates when the documents were receive and affix signature.	None	3 minutes	Receiving Clerk
	2.2. Encode the documents in the tracking system.	None	3 minutes	Receiving Clerk
	2.3. Assign inquiry to concerned Technical Staff	None	10 minutes	Head
	2.4. Review the documents and make necessary comments.	None	30 minutes	Technical Staff
	2.5. Encode the processed document for record purposes.	None	10 minutes	Technical Staff
	2.6. Secure the signature of the staff from the receiving office as proof of receipt and ensure that the date of receipt is indicated.	None	10 minutes	Clerk

	TOTAL	None	1 hour and 12 minutes	
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