PHILIPPINES

Priority Setting, Design and Implementation of Feasible and Sustainable Health Care Financing



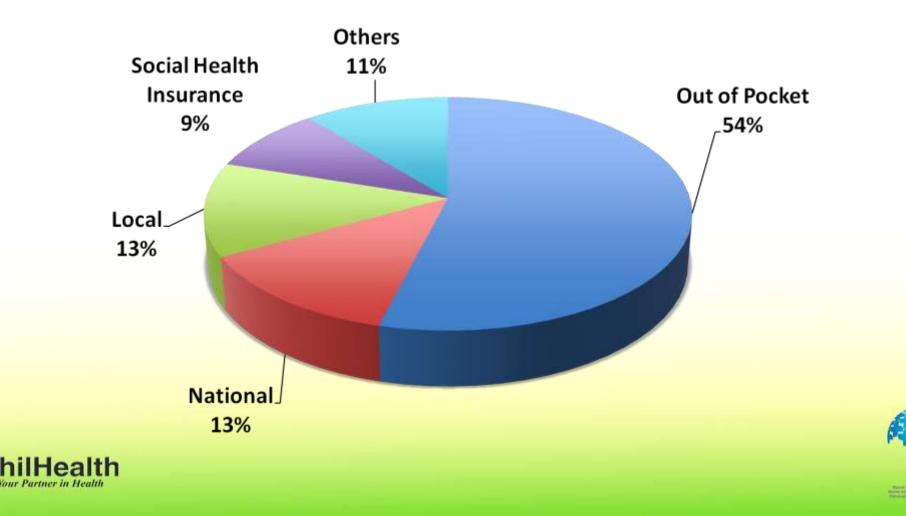
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WHY & WHY NOW?

Health Expenditure by Source of Funds



CHALLENGES

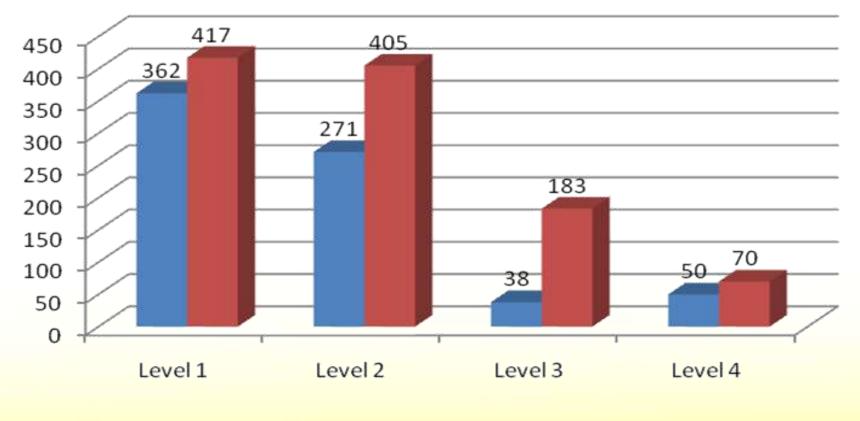
- · Low access to health care for the poor
 - Physical Access: supply side investments still not in place
 - Financial Access
 - Out of pocket payment still predominant
 - Most hospitals are privately-owned





CHALLENGES

Distribution of Hospitals, Type and Service Capability (2009)



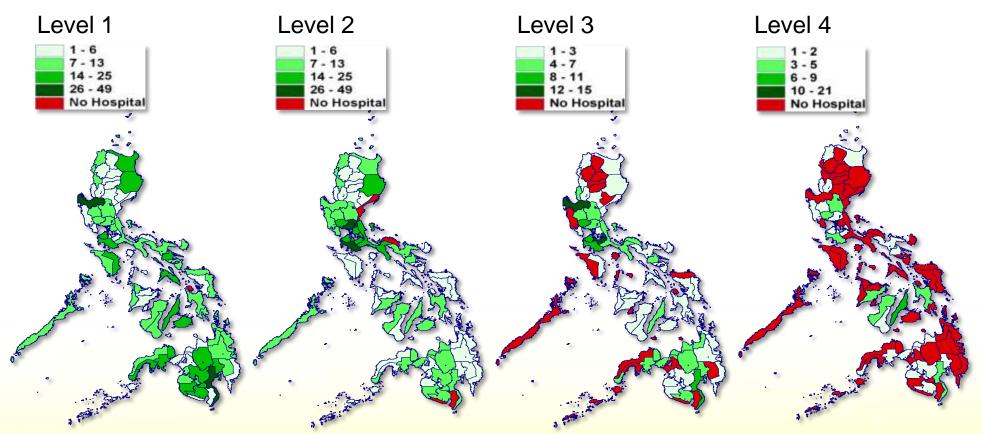
Government Private

Majority of hospitals in the country are private regardless of level of care



CHALLENGES

Distribution of Hospitals, by Service Capability



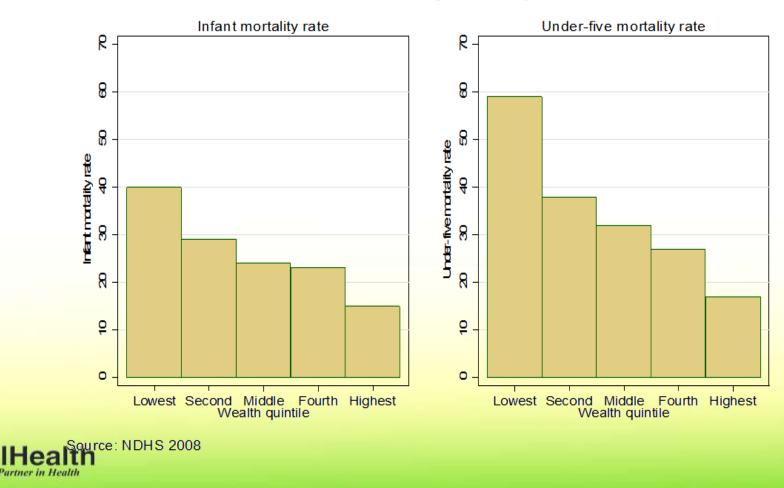
Lower level hospitals are well distributed; higher level are mostly concentrated in urban areas like NCR.

Your Partner in Health



WHY & WHY NOW?

Large Income-Related Health Outcome Inequalities



Health outcomes by wealth quintile



The Aquino Health Agenda (AHA): Achieving Universal Health Care for all Filipinos



....Universal coverage can only become a reality if everyone pulls together in the same direction.....





GOALS OF UNIVERSAL HEALTH CARE:

Better health outcomes

□ Sustained health financing; and

□ Responsive health system





Strategic instruments to achieve the strategic thrusts of Universal Health Care:

- 1. Health Financing
- 2. Service Delivery
- 3. Policy, Standards and Regulation
- 4. Governance for Health
- 5. Human Resources for Health





Membership As of June 30, 2012

Sector	Registered Members	Dependents	Members and Dependents	
Employed	11.36	13.69	25.05	
Government	2.03	4.00	6.03	
Private	9.33	9.69	19.02	
Sponsored Program	10.06	29.83	39.89	♦ 85%
Regular & DOH	5.36	14.43	19.79	,
NHTS-PR	4.70	15.40	20.10	of 2012 projected
Individually-Paying	4.74	6.07	10.81	population
Lifetime Members	0.61	0.42	1.03	
Overseas Workers program	2.63	2.55	5.18	
Total	29.40	52.56	81.96	Participan

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Accreditation

As of June 2012

Accredited Health Care Providers

Health Care Provider	Accredited
Hospitals	1,657
Rural Health Units	1,656
Free-standing Dialysis Clinics	56
TB-DOTs Centers	361
Maternity Care Clinics	801
Professionals (As of March 2012)	25,256





The Game Plan

- Dominate the market.
 - Increase ability to collect by increasing ability to deliver
 - Offer better value and improve services
 - Gain and sustain more members → Increase market share by becoming the biggest payer in the industry
- End Goal: Shape market behavior towards greater efficiency, equity, and security



UHC in a Capsule

Bawat Pilipino, Miyembro (Coverage is Universal) Bawat Miyembro, Protektado (Protected through Social Health Insurance) Kalusugan Natin, Segurado (Quality Health Care Is Accessible when Need)



Kalusugan natin SEGURADO



DELIGHTING STAKEHOLDERS



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Delighting Stakeholders: WHY

- Need to market the program especially for non-mandatory segments
- Challenge of UHC requires increase in financing
 - Political backlash foreseen with premium increase
- Resistance in moving from one provider payment scheme to another





Delighting Stakeholders: HOW

- Communicate, consult and engage effectively.
- Market & provide incentives.
- Simplify, automate processes.
- Expand benefits.





Bringing information closer to Members, Empowering them

- Provision of member data records
- Presence in hospitals, malls
- Frequently-asked questions

	PINE HEALTH INSURA					
		MEMBER	DATA RECOR	D		
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Invest in Consultations / Negotiations

- Membership segments
- Health care providers
 - Institutional
 - Professional
- Supplier of health goods





Securing Membership through smart marketing

- Sponsored Program
 - Challenge: Convince Local Governments to enroll the next poorest 5 million families
 - 5.2 million families (lowest income quintile) already enrolled by the National Government
- All segments
 - Challenge: sustained enrollment
 - Deferred premium increase
 - Lock-in promotion for 2 years
 - Policy contracts





Streamlined Engagement Process

TYPE OF PROVIDER	CLASSIFICATION	Licensing by Department of Health	Accreditation by PhilHealth *Automatic licensing
INSTITUTIONAL	Center of Safety	\checkmark	
PROVIDERS	Center of Quality		\checkmark
	Center of Excellence		✓
MATERNAL CARE PACKAGE PROVIDERS	 Facilitate accreditation GOAL: shift from total municipality, one MC 	al number of MCP pro	viders to one
PROFESSIONAL PROVIDERS	- Agreement with Philippine Medical Association		ation
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Simplify, automate processes

- Online (& Mobile) services
 - Registration
 - Payment
 - Verfication
- Auto-credit payment
 - Bank to bank transfer of payment
- Electronic claims





Benefits Expansion

- For the young and old alike
- Covers preventive, primary to curative services
- Ensures accessibility and affordability, promotes appropriateness of care
- Moves away from transaction and toward continuity of care
- Covers the cheapest to the most expensive cases (A to Z)
- Innovative payment schemes





Benefits Expansion

- Primary Care Benefit Package
 - Php 500/family/year + Php 100 incentive
 - Assignment of members to a Primary Care Provider
 - Monitoring and profiling of members
 - (+incentive) Submission of timely and complete data, electronically
- Case Type Z Benefit Package (Catastrophic)
 - Breast Cancer (St. 1-3a)
 - Childhood Leukemia (ALL)
 - Prostate Cancer requiring Prostatectomy
 - Renal Transplantation (low risk)
- All Case Rates
- Strengthen Implementation of Zero Co-Payment Scheme



POWER BY PURCHASING



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Strategic Purchasing

- Covering and targeting the poor households and the informal sector
- Craft benefits package that:
 - Are dynamic and address the changing burden of disease in the country (i.e. of majority of population)
 - Provide true financial protection
- Give rates and incentives that will encourage quality, cost-effectiveness, efficiency, consumer satisfaction
- Use contracting to bring in the private sector





2011 Benefit Payment was ONLY 34 billion pesos

(IN BILLION PESOS)	2012	2013	2014	2015	TOTAL
BENEFITS	58	77	92	103	330
INPATIENT + Ambulatory+ MDG	51	65	74	81	271
Paid by Case Rates + FFS	46	55	64	71	236
Paid by Global Budget (ACCESS BENEFITS → SUPPORT TO HEALTH FACILITY ENHANCEMENT)	5	10	10	10	35
CASE TYPE Y/Z (CATASTROPHIC)	3	3	4	4	14
PRIMARY CARE	4	9	14	18	45
Benefit Implementation Expenses	4	5	7	7	23
FINANCI	NG S	OURC	ES		
PREMIUM COLLECTIONS	50	67	76	79	272
INVESTMENT INCOME	6	5	5	3	19
CHARGE FROM RESERVE FUND	6	10	18	28	62
RESERVE FUND	101	91	73	45	

BUILDING WITHIN



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Membership Segments



Product Development Team

	Accreditation	Standards & Monitoring	Benefits Department	Public Affairs	Membership Management Group	Corporate Planning	Regional Offices		
		Inpatient	: Team (All (Case Rates,	No Balance	e Billing)			
	Outpatient (Primary Care Benefits)								
	Millennium Development Goals (HIV/AIDS, Malaria, TB, MCP/NCP)								
ł	Z Benefits Team (Catastrophic Case Z)								
You	nur Partner in Health								

Sa PhilHealth

Thank You!

Protektado Kami!

PhilHealth

Your Partner in Health

Maraming Salamat!

Protektado Ka!



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