

PhilHealth and the Pandemic: A Brief Discussion

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YEAR	AVERAGE DAILY RECEIVED CLAIMS Nationwide
2016	29,153
2017	29,870
2018	31,681
2019	32,196
2020	30,991
2021 As of Aug	39,103

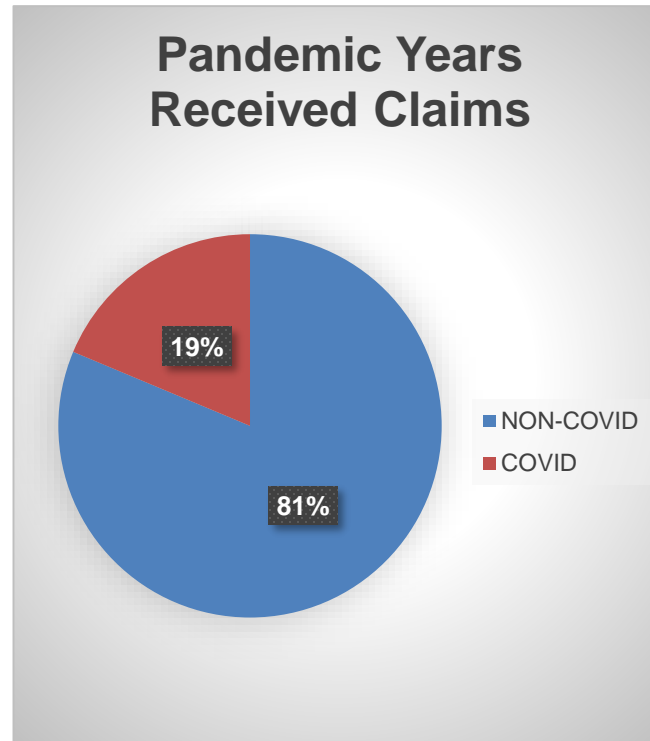
No Increase in HR Complement

990 organic personnel nationwide in Benefit Administration Section (2019 to 2021)

26% Increase of Daily Received Claims Nationwide (2020 vs 2021)

Number and Percentage of All Received Claims by Year and Type of Claim (Covid & Non-Covid)

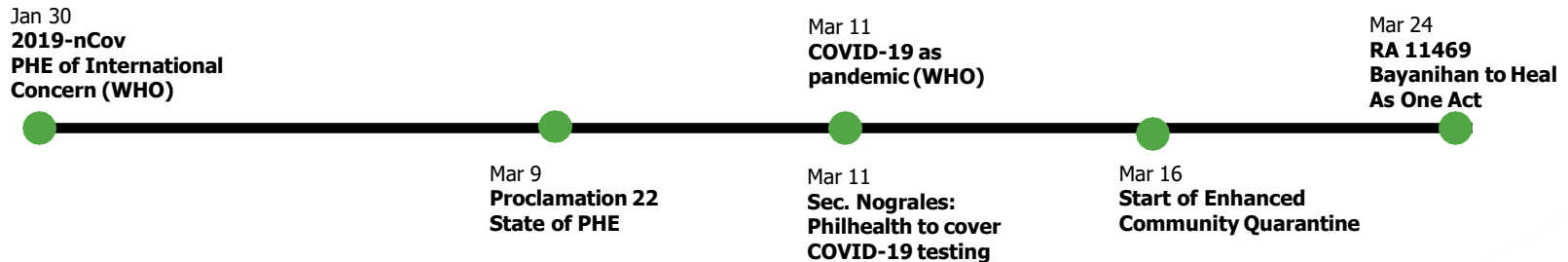
Jan 2020 – Oct 28, 2021



RATIONALE

Universal Health Care Act

- Individual-based health services shall be financed primarily through **prepayment** mechanisms



RA 11469 Bayanihan to Heal As One Act

- Section 4e: Direct Philhealth to shoulder all medical expenses of public and private health care workers in case of exposure to COVID-19 or any work-related injury or disease during the duration of the emergency



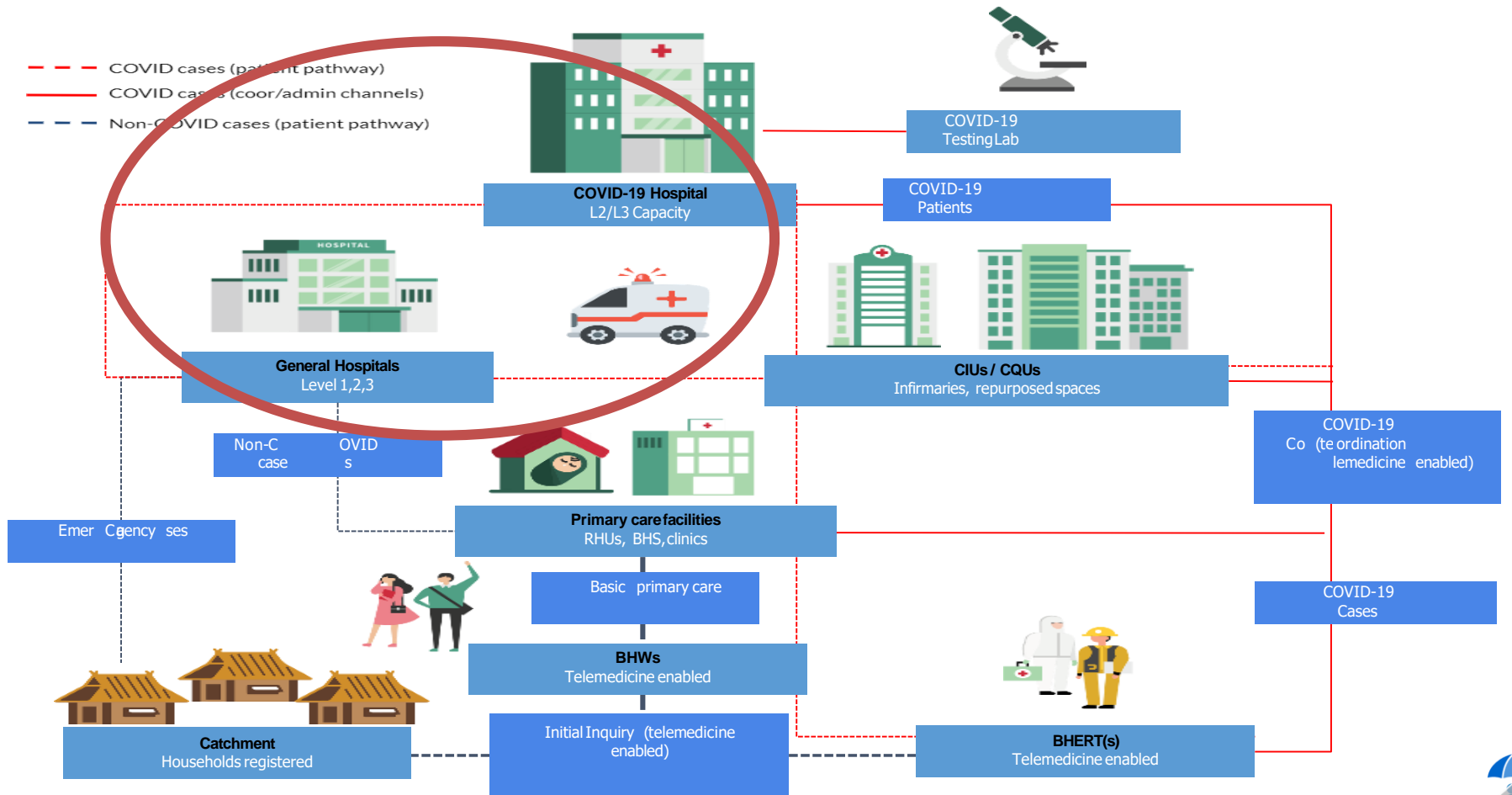
OBJECTIVES

- ✓ Provide **ample coverage for all Filipinos** for essential health services needed to manage COVID-19 patients
- ✓ **Benefits coverage for the spectrum of care** for Coronavirus disease (COVID-19) based on systematic and evidence-based process, that includes appropriate costing
- ✓ Uphold our mandate of providing **financial risk protection**



INPATIENT MANAGEMENT OF PROBABLE AND CONFIRMED COVID-19 CASES DEVELOPING SEVERE ILLNESS/OUTCOMES (PC 2020-0009)

- - - COVID cases (patient pathway)
- COVID cases (coord/admin channels)
- - - Non-COVID cases (patient pathway)





SCOPE

- All Filipinos confined as **probable** or **confirmed** cases of COVID-19
- PhilHealth-accredited healthcare providers with capacity to provide inpatient case management for these cases.



SERVICES

Complete Services or Minimum Standards

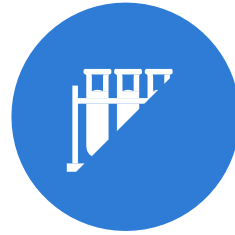
The following are the mandatory services, inclusive of professional/readers' fees:



Accommodation



Management/
Monitoring



Laboratory/
Imaging



Medicines



Supplies/
Equipment



SERVICES

Additional necessary medical services for cases that develop or with impending severe illness, which include, but are not limited to the following, shall be covered by this benefit package:

1. Acute respiratory distress syndrome (ARDS)
2. Septic shock
3. Requiring invasive ventilation
4. Requiring extracorporeal membrane oxygenation (ECMO)
5. Requiring renal replacement therapy



**FULL FINANCIAL RISK PROTECTION FOR
FILIPINO HEALTH WORKERS AND PATIENTS
AGAINST COVID-19
(PC 2020-0011)**

DEFINITION OF HEALTH



WORKERS

Persons engaged in health and health-related work, regardless of employment status, which include the following:

- doctors
- nurses
- allied health professionals
- administrative and support personnel in health facilities
- utility and security personnel working in health facilities
- health volunteers deployed in health facilities and
- staff and personnel working in government health agencies



GUIDELINES

- All staff and personnel working in government health agencies, regardless of employment status, shall be eligible for the same benefits as health workers
- Full financial risk protection shall be provided to all public and private health workers for medical expenses or any work-related injury or disease during the duration of national state of emergency.
- All items donated by third parties shall NOT be charged to the patient

Other COVID19 Benefit Packages

COVID-19 RT PCR Testing (Plate-based)

- Php 3,409 if all are provided by the facility
- Php 2,077 if kits are donated
- Php 901 if kits were donated and lab is subsidized

Community Isolation

- Php 22,449

Reaction/Comments

1. There is decrease in utilization of health services and corresponding PhilHealth benefit packages during COVID-19 pandemic in some regions.
2. What was emphasized are the services (and benefits) delivered in primary care level like TB DOTS, HIV screening, and pre-natal check-up; it would be interesting to know if the emergency procedures such as appendectomy, trauma surgery follow the same pattern. It is worthwhile to note that the number of child deliveries though decreased, have lesser difference between 2019 and 2020. This will probably tell us that when access is restricted, what are the services that our clients still need and seek-out.
3. The reasons were demand side and supply side issues. Policies to be formulated should not only come from the health sector. Should involve other sectors - transportation, ICT among others.
4. Should consider negative effect on behavior of health care providers during pandemic (e.g. exorbitant PF and hospital charges, claiming for COVID packages despite patient is not COVID).

THANK YOU