



REQUEST FOR PROPOSAL

1. The Philippine Institute for Development Studies (PIDS) invites all eligible individual consultants to submit proposals for the **Health Policy and Financing Consultant for DOH-PHIC-PIDS Technical Assistance on the UHC Provider Payment Reforms for 2024: Diagnosis-Related Groups, Comprehensive Outpatient Benefit Package, and the Center for Healthcare Finance and Economics.**
2. The Approved Budget for the Contract (ABC) is **PhP931,700.00.**
3. Interested consultants must submit the following documents using PIDS the prescribed forms:
 - a) Curriculum Vitae of the proposed Consultant(s)¹
 - b) Technical Proposal Form¹
 - c) Financial Proposal Form¹
 - d) Filled out Data Privacy Notice and Personal Data Protection Form¹
 - e) Statement of Completed contracts²
 - f) Statement of All Ongoing and Awarded But Not Yet Started Contracts²
 - g) Notarized Omnibus Sworn Statement (for ABC above PhP50,000.00)¹
 - h) Income/Business Tax Returns (for ABC above PhP500,000.00)¹
 - i) PhilGEPS Registration Number (certificate or screenshot)¹
 - j) Valid Mayor's/Business Permit (Firm) or BIR Certificate of Registration³ (Individual).
4. Interested consultants may obtain further information from the Procurement Management Division at telephone via email at procurement@pids.gov.ph.
5. The Institute shall adopt the Quality-Based Evaluation procedure in selecting consultants based on the attached Terms of Reference.
6. The deadline for submission of proposals is on **21 January 2025 (5:00 PM)** addressed to:

The BAC Chairperson for Consultancy
Services c/o The BAC Secretariat
Procurement Management Division
18/F Three Cyberpod Centris – North Tower, EDSA cor. Quezon Ave., Quezon City

Proposals may also be submitted through email at procurement@pids.gov.ph.

7. PIDS reserves the right to reject any or all of the proposals, declare a failure of bidding, or not award the contract if there is evidence of collusion, including any act that restricts, suppresses, or nullifies competition, or if there is a failure to follow the prescribed bidding procedures. PIDS also reserves the right to waive any required formality in the proposals received and select the proposal it determines most advantageous to PIDS.

DR. AUBREY D. TABUGA

Chairperson
PIDS-BAC for Consultancy Services

Reference No.:2025-015

¹Applicable for individual consultants and firms

²Applicable for firms only

³Individual consultants must issue Official Receipt (OR) during payment.

**Philippine Institute for Development Studies
TERMS OF REFERENCE**

Health Policy and Financing Consultant¹

for

**DOH-PHIC-PIDS Technical Assistance on the UHC Provider Payment Reforms for
2024: Diagnosis-Related Groups, Comprehensive Outpatient Benefit Package, and
the Center for Healthcare Finance and Economics²**

1. Background and Rationale

With the enactment of the Universal Health Care (UHC) law, the Philippine Health Insurance Corporation (PhilHealth) has been empowered to be the national strategic purchaser of individual-based health services. A critical health provider payment mechanism (PPM) reform that PhilHealth must implement under the UHC Law is the Diagnosis Related Groupings (DRGs). The DRGs are a step forward to move the current all-case rate system from retrospective payments based only on service outputs to value-based payments that incentivize quality, efficiency, and equitable care, and improve health at lower costs for the health sector and patients.

Moreover, such a complex reform requires that PhilHealth maintain the DRGs and other PPM systems over the long-term. This requires improving PhilHealth's data quality, and monitoring frameworks and plans to evaluate whether these reforms achieve the goals for value-based purchasing. On both these fronts, PIDS will be assisting PhilHealth in the development of DRG payment rates and the monitoring and evaluation for the DRGs and PPMs.

2. Objectives

1. Monitoring and Evaluation (M&E) for (a) trends in health care utilization across the life course and (b) assessment of baseline trends for quality and equity of DRGs, and other PhilHealth benefits and reforms
2. Policy support and recommendations for DRGs and related PPM reforms in (a) health financing policy and gaps, (b) policy decisions to use DRG for actual reimbursement, (c) health data policy standards and gaps
3. Charge analysis and costing methodology: (a) analysis of charge data and development of charge libraries, (b) review and revision of PhilHealth costing methodologies, policies, and forms
4. DRG rate-setting calculation and documentation of the development process

¹ The Consultant may be an individual or a firm.

² This engagement will be charged against the study DOH-PHIC-PIDS Technical Assistance on the UHC Provider Payment Reforms for 2024: Diagnosis-Related Groups, Comprehensive Outpatient Benefit Package, and the Center for Healthcare Finance and Economics.

5. Capacity building for PIDS, PhilHealth, DOH, providers, and other stakeholders: (a) technical capacity building for DRG implementers, (b) communication of DRG and PPM reforms to providers and the public
6. Comprehensive Outpatient Benefit Package (COBP): classification of services according to PhilHealth COBP design and National Practice Guidelines (NPG)

3. Objectives of the Consultancy

The recent developments of the project necessitate the engagement of a technical consultant to develop policy research papers for health financing considerations and to write reports for the provider payment mechanism reforms. The specific technical outputs expected from PIDS can be satisfactorily and promptly met through the inputs coming from field experts.

4. Scope of Work, Deliverables, and Schedule of Payment Releases

Under the guidance and technical oversight of a PIDS Research Fellow who serves as the Project Director, the Consultant is expected to work with the Project Team and undertake the following tasks/activities:³

1. Lead the conceptualization and supervise the writing of documentation, protocols/manuals, policy notes, reports, and journal manuscripts to complete the following deliverables:
 - a. Policy research and papers on (i) 4 policy papers on health financing implementation; decisions for DRG-GB, (ii) 1 discussion paper on health financing policy review in multi-payer context, (iii) 1 discussion paper on health data, electronic claims data quality, disease/procedure coding, DOH and PhilHealth data standards and linkages
 - b. Updating and expansion of the DRG-GB M&E manual and DRG Implementation Manual (Volume 1)
 - c. Creation of DRG Implementation Manual (Volume 2)
2. Review and ensure quality and timeliness of activities within the stream:
 - a. Conduct reviews of literature, documents, and international best practices
 - b. Process and analyze relevant data for the specific policy notes/papers
 - c. Develop meeting/interview guides and conduct consultation meetings/interviews with PhilHealth, DOH, and health financing experts, as necessary, to situate policy recommendations within the context of the Philippine health financing system
 - d. Present and disseminate results to PhilHealth, DOH, and other relevant stakeholders
3. Coordinate with the assigned PIDS in-house research staff to produce the outputs listed in item #2 above.

³ If the Consultant needs to undertake physical/face-to-face interviews and data collection and related activities, the Consultant has to ensure compliance with existing and future policies, rules, and resolutions as may be issued by concerned government agencies pertaining to health and safety.

4. Prepare for, attend, and present at internal workshops/meetings or client meetings with PhilHealth, DOH, and other stakeholders.
5. Sign a Non-Disclosure Undertaking with PIDS. Any information gathered and generated in the implementation of the project shall be processed subject to the applicable provisions of the Republic Act. No. 10173, known as the “Data Privacy Act of 2012” and its Implementing Rules and Regulations and relevant issuances of the National Privacy Commission (NPC); and
6. Perform such other professional, highly technical, and confidential duties and responsibilities as the Research fellow may assign from time to time.

The Consultant will prepare the following outputs based on the schedule below:

Activities and Deliverables ⁴	Due Dates	Payment Tranches
Inception Report following PIDS template including: - Proposed work plan and topics for items #1a to 1c	1 week after signing	10%
Progress Report , including: <ul style="list-style-type: none"> • Updates on #1a to 1c: <ul style="list-style-type: none"> ○ Management and coordination of research assistants for outputs ○ Progress in leading the conceptualization and writing of outputs • Submission of 1 outline for discussion paper on health financing policy review in multi-payer context 	February 28, 2025	10%
Progress Report , including: <ul style="list-style-type: none"> • Updates on #1a to 1c: <ul style="list-style-type: none"> ○ Management and coordination of research assistants for outputs ○ Progress in leading the conceptualization and writing of outputs • Submission of 1 revised paper/draft for discussion paper on health financing policy review in multi-payer context 	April 30, 2025	16%

⁴ ⁴ For applicable outputs, the draft and final reports submitted by the consultants should be aligned with the following guidelines: PIDS’ Guide in the Preparation of Manuscript for Publication and General Guidelines in Preparing and Formatting a PIDS Discussion Paper, Guidelines in the preparation of Policy Notes.

For research outputs that will be released as a PIDS Discussion Paper (DP), the consultant shall prioritize the publication outlets of PIDS, particularly the peer-reviewed Philippine Journal of Development (PJD) and Research Paper Series (RPS). If the DP is not selected by PIDS Management for publication either as a PJD article or an RPS issue, the consultant may identify other dissemination outlets outside of PIDS. Guidelines for Authorship in PIDS Research Projects shall apply.

<ul style="list-style-type: none"> • Submission of at least 1 outline for policy paper on health financing implementation/ decisions for DRG-GB • Revision plan/outline for DRG Implementation Manual vol 1 		
Progress Report , including: <ul style="list-style-type: none"> • Updates on #1a to 1c: <ul style="list-style-type: none"> ○ Management and coordination of research assistants for outputs ○ Progress in leading the conceptualization and writing of outputs • Submission of at least 1 revised paper/draft of discussion paper on health data, electronic claims data quality, disease/procedure coding, DOH and PhilHealth data standards and linkages • Detailed outline of the DRG Implementation Manual Vol 2 • Reviewed and complete draft of DRG Implementation Manual Vol 1 	June 30, 2025	16%
Progress Report , including: <ul style="list-style-type: none"> • Updates on #1a to 1c: <ul style="list-style-type: none"> ○ Management and coordination of research assistants for outputs ○ Progress in leading the conceptualization and writing of outputs • Submission of at least 1 outline for policy paper on health financing implementation/ decisions for DRG-GB • Detailed outlines and revisions plans of DRG-GB M&E Manual • Reviewed and complete draft of DRG Implementation Manual Vol 2 	August 31, 2025	16%
Progress Report , including: <ul style="list-style-type: none"> • Updates on #1a to 1c: <ul style="list-style-type: none"> ○ Management and coordination of research assistants for outputs ○ Progress in leading the conceptualization and writing of outputs 	October 31, 2025	16%

<ul style="list-style-type: none"> • Submission of at least 1 outline for policy paper on health financing implementation/decisions for DRG-GB • Reviewed and complete draft of the DRG-GB M&E Manual 		
<p>Terminal Report, including:</p> <ul style="list-style-type: none"> • Final report on #1a to 1c⁵: <ul style="list-style-type: none"> ○ Management, and coordination of research assistants for outputs ○ Progress in leading the writing outputs • Final versions of all outputs listed under scope of work #1a to 1c, addressing comments to the draft reports. <p>Turnover of draft and materials used together with Certification indicating the turnover of as well as the deletion of such data and that it will allow PIDS to verify if the data is complete</p>	November 30, 2025	16%

NOTE: Payments will be based on the acceptance and approval by PIDS of the corresponding outputs.

5. Qualifications of the Consultant

Education	At least a Master's Degree in Public Health, Health Economics, Development Economics, Health Policy, or related fields
Experience	At least 5 years of professional experience as a research/policy analyst in public health, health systems, or health financing
Competencies	<ul style="list-style-type: none"> • Advanced level core competencies: deliverability/ results-oriented, professionalism, adaptability, and communication skills • Advanced level functional competencies: data gathering, problem solving and analysis; dissemination; and technical writing • Intermediate level functional competencies: project/research implementation and management; and research conceptualization • Superior skills in quantitative and qualitative analyses and communication

6. Project Duration

⁵ For research outputs that will be released as a PIDS Discussion Paper (DP), the consultant shall prioritize the publication outlets of PIDS, particularly the peer-reviewed Philippine Journal of Development (PJD) and Research Paper Series (RPS). If the DP is not selected by PIDS Management for publication either as a PJD article or an RPS issue, the consultant may identify other dissemination outlets outside of PIDS. Guidelines for Authorship in PIDS Research Projects shall apply

The engagement will commence upon the signing of the contract until **December 31, 2025**, on a part-time basis. The Consultant's work must be completed within this period, and no man-days will be chargeable after this date.

7. Approved Budget for the Contract

The approved budget for this consulting service is up to **PHP ₱931,700.00**, depending on the qualifications.

This amount does not include travel and accommodation during fieldwork. PIDS will shoulder the cost of fieldwork (if any). PIDS shall not cover hospitalization and other COVID-related health expenses of the consultant as no employer-employee relationship exists between the PIDS and the Consultant.

8. Evaluation Criteria

a. Evaluation Criteria

Applicant consultants will be reevaluated based on the following criteria:


<p>Consultant Qualifications</p> <p>Education</p> <ul style="list-style-type: none"> At least a Master's Degree in Public Health, Health Economics, Development Economics, Health Policy, or related fields <p>Training and experience</p> <ul style="list-style-type: none"> At least 5 years of professional experience as a research/policy analyst in public health, health systems, or health financing <p>Competencies</p> <ul style="list-style-type: none"> Advanced level core competencies: deliverability/ results-oriented, professionalism, adaptability, and communication skills Advanced level functional competencies: data gathering, problem solving and analysis; dissemination; and technical writing Intermediate level functional competencies: project/research implementation and management; and research conceptualization Superior skills in quantitative and qualitative analyses and communication 	50%
Plan of approach and methodology;	50%

<ul style="list-style-type: none">• Clarity, feasibility, innovativeness, and comprehensiveness of the approach• Incisive interpretation of problems and reflection on suggested solutions	
Total	100%

b. Detailed rating sheet (see attached file)


Prepared by: **VALERIE GILBERT T. ULEP**
Project Director


Reviewed by: **CHRISTINE RUTH P. SALAZAR**
Division Chief II, RPMD


Approved by: **RENEE ANN JOLINA C. CATIBOG**
Department Manager III, Research Services

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