




## REQUEST FOR PROPOSAL

1. The Philippine Institute for Development Studies (PIDS) invites all eligible individual consultants to submit proposals for the **Senior Clinical Expert Consultant for PIDS-PBSP HCPN Demonstration Sites - Quantitative Technical Support (Institution) - C19RM.**
2. The Approved Budget for the Contract (ABC) is **PhP720,000.00.**
3. Interested consultants must submit the following documents using PIDS the prescribed forms:
  - a) Curriculum Vitae of the proposed Consultant(s)<sup>1</sup>
  - b) Technical Proposal Form<sup>1</sup>
  - c) Financial Proposal Form<sup>1</sup>
  - d) Filled out Data Privacy Notice and Personal Data Protection Form<sup>1</sup>
  - e) Statement of Completed contracts<sup>2</sup>
  - f) Statement of All Ongoing and Awarded But Not Yet Started Contracts<sup>2</sup>
  - g) Notarized Omnibus Sworn Statement (for ABC above PhP50,000.00)<sup>1</sup>
  - h) Income/Business Tax Returns (for ABC above PhP500,000.00)<sup>1</sup>
  - i) PhilGEPS Registration Number (certificate or screenshot)<sup>1</sup>
  - j) Valid Mayor's/Business Permit (Firm) or BIR Certificate of Registration<sup>3</sup> (Individual).
4. Interested consultants may obtain further information from the Procurement Management Division at telephone via email at [procurement@pids.gov.ph](mailto: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 **15 April 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](mailto: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.:2025-084 (Re-post)

<sup>1</sup>Applicable for individual consultants and firms

<sup>2</sup>Applicable for firms only

<sup>3</sup> Individual consultants must issue Official Receipt (OR) during payment.

## **Philippine Institute for Development Studies**

### **TERMS OF REFERENCE**

#### **Senior Clinical Expert Consultant<sup>1</sup>**

**for**

#### **PIDS-PBSP HCPN Demonstration Sites - Quantitative Technical Support (Institution) - C19RM<sup>2</sup>**

### **1. Background and Rationale**

With the enactment of the Universal Health Care 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 Universal Health Care (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, efficient, and equitable care and improve health at lower costs for the health sector and patients.

Moreover, such 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 its 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;

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<sup>1</sup> The Consultant may be an individual or a firm.

<sup>2</sup> This engagement will be charged against the study PIDS-PBSP HCPN Demonstration Sites - Quantitative Technical Support (Institution) - C19RM

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 senior clinical expert to provide in-depth clinical expertise on DRG grouper/diseases and knowledge on hospital operations for various deliverables of the project. This includes identifying clinical items for costing, validating and monitoring and manual indicators, and DRG clinical coding and algorithm review. 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 **Senior Clinical Expert** is expected to work with the Project Team and undertake the following tasks/activities:<sup>3</sup>

1. Assist in the **review and identification of clinical items** necessary for the costing methodology and assess their availability of the data in hospitals
  - a. Assess the clinical aspects of the costing manual and tools (current, draft, and revised versions) and evaluate their feasibility in hospitals
  - b. Identify bottom-up costing ingredients (e.g. drugs, supplies, devices, diagnostics) for each of the 2,450 DRGs and top-down costing centers
  - c. Validate and assist in interpreting results from analyses on hospital financials, hospital efficiency and quality, and hospital DRG unit costs (e.g., per-bed-day cost in OB-GYNE ward)
2. Review, validate, and provide **written inputs on monitoring and evaluation manual clinical indicators and materials**, particularly those related to patient safety and quality
  - a. Identify and write about clinical and hospital indicators, including their formulas, data sources, and interpretation

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<sup>3</sup> If the Technical 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.

- b. Validate the clinical indicators with specialty societies/hospital associations and other relevant stakeholders (e.g., DOH, UP-NIH, UP-CPH)
  - c. Review and assist in interpreting results from baseline analyses of identified clinical and hospital indicators
3. Guide junior clinical staff in **reviewing the DRG grouper algorithm** and **facilitate validation with specialty societies** for its adaptation in the Philippines
  - a. Review the DRG grouper algorithm and its current clinical coding structure to identify DRGs that are not suited for local clinical practice
  - b. Facilitate stakeholder consultations and workshops with specialty medical societies for 26 major diagnostic categories to gather inputs for the adoption of the Thailand DRG grouper to the Philippine local practice
  - c. Work with the analyst team to review the PhilHealth claims data vis-a-vis DRGs recommended by societies to change and re-group.
  - d. Review the DRG governance protocol as it relates to the process of revising and validating the DRG grouper with medical societies
4. Consultations with PhilHealth, World Bank, Thai Case Mix center, and other local stakeholder and international experts, as necessary
5. Prepare for, attend, and present at internal workshops/meetings or client meetings with PhilHealth, DOH, and other stakeholders, as necessary.
6. 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).
7. 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:

<b>Activities and Deliverables</b>	<b>Due Dates</b>	<b>Payment Tranches</b>
<b>Inception Report</b> following PIDS template including, <ul style="list-style-type: none"> <li>● Proposed work plan for SoW #1 to #3</li> <li>● SoW #1a - assessment of clinical items of current costing manual and tools</li> </ul>	1 month after contract signing	10%
<b>Progress Report 1</b> , including <ul style="list-style-type: none"> <li>● Updates on SoW items #1, #2, #3</li> </ul>	May 30, 2025	15%

<ul style="list-style-type: none"> <li>● SoW #1b - identification of bottom-up costing ingredients and top-down costing centers</li> <li>● SoW #2a - identification/validation of clinical and hospital indicators for M&amp;E manual</li> <li>● SoW#3a - review of the DRG grouper algorithm and its current clinical coding structure</li> </ul>		
<p><b>Progress Report 2</b>, including</p> <ul style="list-style-type: none"> <li>● Updates on SoW items #1, #2, #3</li> <li>● SoW #2b - validation of the clinical indicators with specialty societies and hospital associations</li> <li>● SoW #3b - facilitate consultations for 6 DRG MDCs and list of DRGs recommended for investigation in the data/revision for 6 MDCs</li> <li>● SoW #3d - review of the DRG governance protocol</li> </ul>	July 30, 2025	20%
<p><b>Progress Report 3</b>, including</p> <ul style="list-style-type: none"> <li>● Updates on SoW items #1, #2, #3</li> <li>● SoW #3b - completion of consultations for all 26 DRG MDCs and list of DRGs recommended for investigation in the data/revision for all MDCs</li> </ul>	September 30, 2025	20%
<p><b>Inputs to Draft Report<sup>4</sup></b>, including</p> <ul style="list-style-type: none"> <li>● Updates on SoW items #1, #2, #3</li> <li>● SoW #1c - inputs to results interpretation for hospital financials, efficiency, quality, and unit costs</li> <li>● SoW #2c - inputs to results interpretation of baseline analysis for M&amp;E clinical and hospital indicators</li> <li>● SoW #3c - inputs to review of PhilHealth data for recommended DRG algorithm revisions</li> </ul>	October 30, 2025	15%
<p>Final Versions of: <sup>5</sup></p> <ul style="list-style-type: none"> <li>● SoW #1a to c - review and identification of clinical items and analysis results</li> <li>● SoW #2a to c - written inputs to the Monitoring and Evaluation Manual</li> </ul>	November 30, 2025	20%

<sup>4</sup> 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.

<sup>5</sup> 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"><li>• SoW #3a to d- consolidated list of changes (and their reasons) to the DRG grouper algorithm and review of DRG Governance Protocol</li></ul> <p><b>Terminal Report</b></p> <p><b>Turnover of draft and materials</b> 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>		
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NOTE: Payments will be based on the acceptance and approval by PIDS of the corresponding outputs

## 5. Qualifications of the Consultant

Education	<b>Medical Degree with</b> a specialty in Internal Medicine
Experience	At least <b>5 years of professional experience</b> combined as a medical doctor in quality of care, patient safety, clinical practice guidelines (CPG) development, and costing of benefits for PhilHealth
Competencies	<ul style="list-style-type: none"> <li>– Advanced-level core competencies: deliverability/ results-oriented, professionalism, adaptability, and communication skills</li> <li>– Advanced-level functional competencies: technical writing</li> </ul>

## 6. Project Duration

The engagement will commence upon the signing of the contract until **December 15, 2025**, on a part-time basis. The Senior Clinical Expert’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 720,000.00**, 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 evaluated based on the following criteria:

<p><b>Consultant Qualifications</b></p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• <b>Medical Degree</b> with a specialty in Internal Medicine</li> </ul> <p><b>Experience</b></p> <ul style="list-style-type: none"> <li>• At least 5 years of professional experience combined as a medical doctor in quality of care, patient safety, clinical practice guidelines (CPG) development, and costing of benefits for PhilHealth</li> </ul> <p><b>Competencies</b></p> <ul style="list-style-type: none"> <li>• Advanced level core competencies: deliverability/ results-oriented, professionalism, adaptability, and communication skills</li> <li>• Advanced level functional competencies: technical writing</li> </ul>	50%
<p><b>Plan of approach and methodology:</b></p> <p>a. Clarity, feasibility, innovativeness, and comprehensiveness of the approach</p> <p>b. Incisive interpretation of problems and reflection on suggested solutions</p>	50%
<p><b>Total</b></p>	100%

b. Detailed rating sheet (see attached file)

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

Reviewed and Approved by:

  
**CHRISTINE RUTH P. SALAZAR**  
Officer-In-Charge, Research Services Department