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PhilHealth


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CONTENT

ACRONYMS, ABBREVIATIONS

ACR	All Case Rate
AHA	Aquino Health Agenda
ALL	Acute Lymphocytic Leukemia
BARMM	Bangsamoro Administrative Region in Muslim Mindanao
BHS	Barangay Health Station
CALABARZON	Cavite, Laguna, Batangas, Rizal, Quezon (Region IV-A)
COA	Commission on Audit
DOH	Department of Health
DSWD	Department of Social Welfare and Development
GAA	General Appropriations Act
GMA	Gloria Macapagal-Arroyo
GOCC	government-owned and controlled corporation
HCI	health care institution
HCP	health care professional
IRF	Investment Reserve Fund
IRM	Interim Reimbursement Mechanism
LGU	local government unit
LHIO	Local Health Insurance Office
MCP	Maternity Care Package
Medicare	Philippine Medical Care Plan
NBB	No Balance Billing
NBI	National Bureau of Investigation
NCR	National Capital Region
NDHS	National Demographic and Health Survey
NHIP	National Health Insurance Program
NHTS-PR	National Household Targeting System for Poverty Reduction
OFW	overseas Filipino worker
OOP	out-of-pocket
OWWA	Overseas Workers Welfare Agency
PACC	Presidential Anti-Corruption Commission
PAGCOR	Philippine Amusement and Gaming Corporation
PAMANA	Payapa at Masaganang Pamayanan
PCSO	Philippine Charity Sweepstakes Office
PhilHealth	Philippine Health Insurance Corporation
PIDS	Philippine Institute for Developmental Studies
PNHA	Philippine National Health Accounts
POS	Point of Service
RA	Republic Act
RHU	Rural Health Unit
SDG	Sustainable Development Goal
SHI	Social Health Insurance
TB-DOTS	Tuberculosis-Directly Observed Therapy
THE	total health expenditure
UHC	Universal Health Care
UHC	universal health coverage
WHO	World Health Organization

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Introduction

The promotion of social health insurance in the Philippines has followed the global reform trend of commodifying and commercializing health. Countries have used social health insurance to prevent catastrophic spending on health, but only with varying levels of effectiveness.

Social health insurance was first introduced in the Philippines through the Philippine Medical Care Plan or Medicare created in 1969 by the late dictator Ferdinand Marcos Sr. The Medicare program aimed to provide better access and quality of healthcare within the economic means of the State. However, there were issues of low utilization especially in the rural regions.[1] People in the urban centers benefited the most, while the program did not lead to easier access to healthcare by people living in the rural areas.

Still, despite its questionable effectiveness, social health insurance was pursued by government as its main health framework. The Medicare program was further developed and expanded to give birth to the current social health insurance scheme in the country – PhilHealth.

The Corporation

The Philippine Health Insurance Corporation, commonly known as PhilHealth, was established through the enactment of Republic Act (RA) 7875 or the National Health Insurance Act of 1995, which introduced the National Health Insurance Program (NHIP).[2] The main objective of RA 7875 is to provide the people financial access to health services through a social health insurance mechanism by which they can pay or purchase the health services they need. RA 7875 also prioritizes the marginalized sectors – the indigents, women and children, and indigenous groups, among others.

PhilHealth has the status of a tax-exempt government-owned and -controlled corporation (GOCC) attached to the Department of Health (DOH). It is exempted from paying taxes on all the contributions and all the accruals on its investment earnings or income. PhilHealth is headed by a president who is appointed by the incumbent Philippine president. It has a board of directors composed of representatives from different government agencies and sectors.

PhilHealth is responsible for implementing the NHIP. Its task is to plan and implement comprehensive policies to achieve the program's objectives. The corporation is also tasked to set the standards, guidelines and regulations mechanism to be followed by the institutions involved in the health insurance program.

PhilHealth has the authority in managing the contributions and benefits of its covered population. It sets the guidelines on contributions and benefits and implements these. Meanwhile, it can also acquire properties, either real or personal, as long as deemed necessary and important in the accomplishment of the NHIP objectives. It is also tasked to collect, deposit, invest, administer and disburse the National Health Insurance Fund within the provision of its enabling laws.

Generally, as a corporation, PhilHealth has independence from the legislative, executive, and judiciary branches of government in running its own programs within the agency and in partnership with other government agencies and even private institutions. It can negotiate and venture into contracts with Health Care Institutions (HCIs), Health Care Professionals (HCPs), and other entities with regard to pricing, payment mechanisms, and the overall operations of financing and health service delivery. As a corporation, its policies and contracts are not subject to congressional and senatorial scrutiny before implementation. The legislative can investigate the corporation for its practices if there are cases of anomalies.

The PhilHealth Local Health Insurance Offices (LHIO) can also enter contracts on behalf of the corporation with any private or government-accredited health institutions for the provision of package and health services as prescribed by the national agency.

The corporation has its own powers in the implementation of the NHIP. It is even more autonomous than the DOH in the use of its funds and in executing projects.

RA 7875 has undergone two revisions in the past decades, first in 2004 through RA 9241 and then in 2013 through RA 10606.[3] [4] In RA 9241, the amendments to RA 7875 included mandating private and public establishments to register their employees to the NHIP. This amendment also led to the addition of normal obstetrical delivery to the covered health services. Notably, RA 9241 limited the period of the national government's 90% share of the premium subsidy for indigents from fourth, fifth and sixth class municipalities to just two years from five years.

Meanwhile, in RA 10606, one of the amendments was the redefinition of an indigent member. In RA 7875, an indigent member refers to a person who has no visible means of income or who has insufficient income for the subsistence of the family. This was amended to include that the indigent must be identified by the Department of Social Welfare and Development (DSWD) — adding to the criteria that has to be fulfilled before one can be categorized as indigent. The amendment also introduced the mandatory coverage of all citizens, changing the limitations to the sectors covered in the previous law.

The already broad powers and numerous functions of PhilHealth were further strengthened through these two enabling laws.[5] This has truly made the country's health system more insurance-dependent, thus making the integration of universal health coverage (UHC) easier.

UHC, a misnomer

The global health framework introduced by the World Health Organization (WHO) is called UHC. It is a form of financial risk protection to prevent people from catastrophic spending on health. The UHC is a framework of health services provision through purchasing and financialization instead of pushing for health systems strengthening by capacitating the public health system. This mechanism is instrumental in giving a bigger role to the private sector as it will be providing health services that the public health system cannot give.

In the Philippines, the adoption of UHC started in 2010 with the promotion of the Aquino Health Agenda (AHA) by then President Benigno Aquino III. The AHA was later renamed the Universal Health Care (a different meaning to UHC) with the main goal of achieving universal health coverage for all Filipinos.

UHC was made into law in 2019, or nine years later, through the enactment of RA 11223 or the UHC Act by former president Rodrigo Duterte.[6] UHC became the State's policy to protect and promote the people's right to health and health education. It became the framework for the health system to provide access to comprehensive health services. UHC was to be the model in designing promotive, preventive, curative, rehabilitative, and palliative health services and in ensuring that the people will be protected from financial risks. It would prioritize the needs of the portion of the population who cannot afford these health services.

But in order for UHC to work, PhilHealth had to be strengthened. The government pushed for the expansion of social health insurance as it would be the main tool in the implementation of UHC, which limited coverage instead of expanding it, thus a misnomer.

There are three types of coverage under UHC: the population, service, and financial coverage.

The population coverage pertains to the automatic inclusion of all Filipinos in the NHIP. *All* Filipinos should be covered and should enjoy the packages and benefits of PhilHeath.

Service coverage means that every Filipino shall have immediate access to comprehensive health services from preventive, promotive, curative, rehabilitative to palliative care for medical, dental, mental and emergency health services whether they are individual-based or population-based.

The UHC differentiates health services into two: individual-based and population-based. Individual-based services are directly covered by PhilHealth. These are services that can be accessed in a health facility or a type of health service that can be traced back to one recipient. These are also services that have limited effect on a population level and do not affect the underlying cause of illnesses. These are ambulatory and inpatient care, medicines, laboratory tests, and procedures.

Population-based services are covered by the DOH and the local government units (LGUs), since these are interventions like health promotion, disease surveillance, and vector control that directly affect a portion of the population. In the case of the LGUs, population-based services include their primary health programs under their respective regions or provinces. The operation and maintenance of Barangay Health Stations (BHS) and Rural Health Units (RHU) are considered population-based health programs. Other programs like feeding, mass immunization, vaccination for children, and others are counted under the population-based health services.

Financial coverage pertains to the financing of the different types of service coverage mentioned above. This ensures funds that will be used for individual-based and population-based services. Since the two kinds of service coverage have different implementers, the financing for these programs will also have different mechanisms. Population-based health services are funded by the national government and the LGUs, while the individual-based health services are funded by PhilHealth through its different financing mechanisms.

People's money

PhilHealth receives its funding from various sources. It receives a yearly subsidy from the national government budget through the General Appropriations Act (GAA) and from the LGUs as payment for the premiums of those who cannot pay, identified as indirect contributors.

The indirect contributors that the national government subsidizes yearly are the following:

- Indigents under the National Household Targeting System for Poverty Reduction (NHTS-PR) as identified by the DSWD;
- Senior citizens (Filipinos aged 60 years and above);
- ·Unemployed persons with disability as jointly determined by the DOH and the National Council for Disability Affairs;
- Financially incapable Point of Service (POS) patients as identified by the DOH;
- Payapa at Masaganang Pamayanan (PAMANA) Program beneficiaries, as long as there is no duplication of names from the above-mentioned contributors.

The funds for the premium contributions of the indirect contributors are sourced by the national government from different agencies:

- Sin Tax Revenue share from taxes collected from tobacco and sweetened beverages consumption;
- LGU share to its constituents that are indirect contributors depending on their municipality class level;
- Fifty percent (50%) of the National Government share from the Philippine Amusement and Gaming Corporation (PAGCOR) income as provided in Presidential Decree No. 1869. This is divided between the subsidy for premium contributions and the improvement of PhilHealth's benefit packages;
- Forty percent (40%) of the Charity Fund, which is net of Documentary Stamp Tax Payments and mandatory contributions of the Philippine Charity Sweepstakes Office (PCSO), as provided in RA 1169. This is solely dedicated for the improvement of PhilHealth's benefit packages.

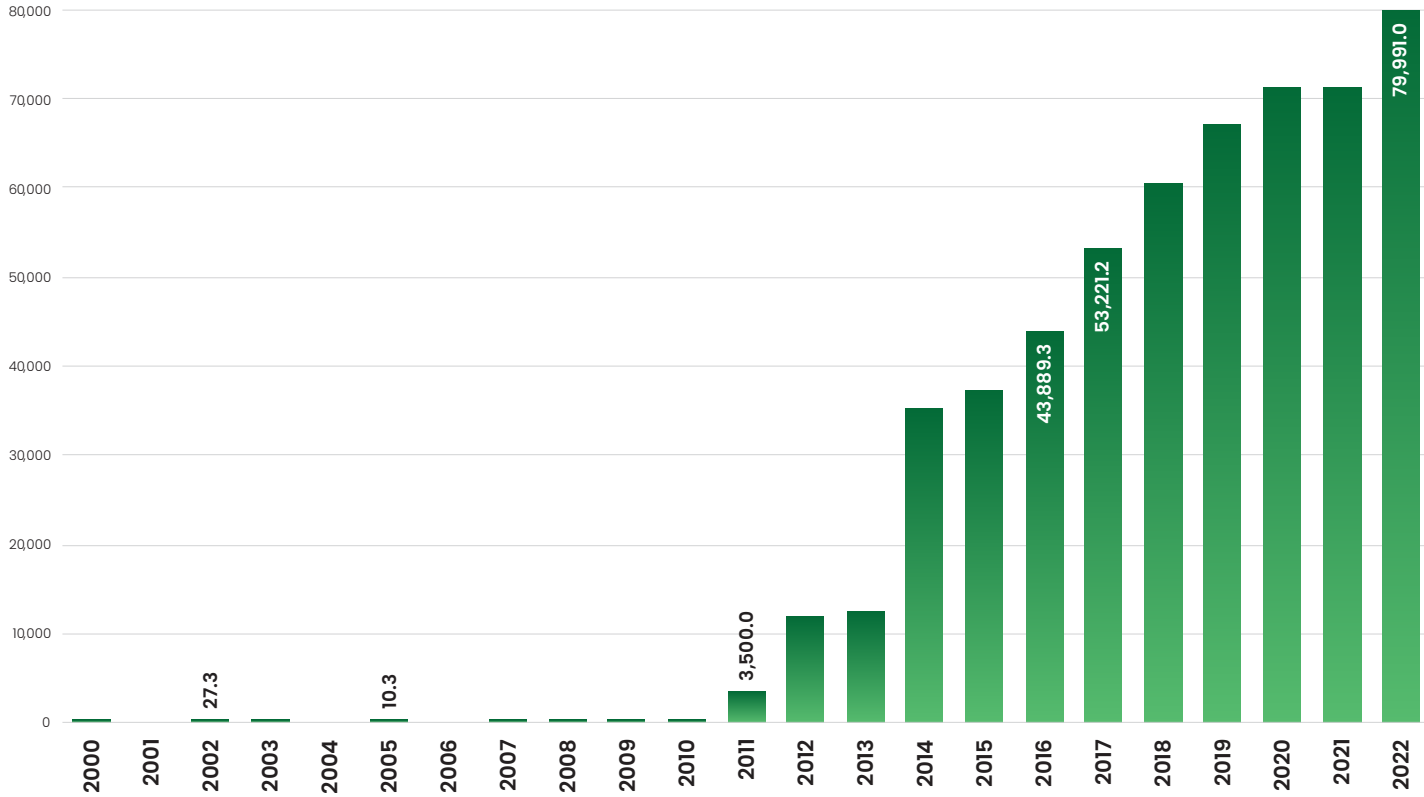
The budget allocated for PhilHealth has steadily increased in the past years. But in 2002, the agency received an allocation of only Php27.3 million, decreasing to only Php10.3 million in 2005. But then, there was a huge increase in 2011 when the agency received an allocation of Php3.5 billion from only Php99 million the previous year. This happened under the Aquino administration, which promoted UHC to the hilt. The PhilHealth budget continuously grew, from Php3.5 billion at the start of Aquino's term to Php43.9 billion by the time he stepped down. **(See Chart 1)**

Under the Duterte administration, the budget for PhilHealth continued to climb, from Php53.2 billion in Duterte's first GAA signed in 2017 to Php80 billion in 2022.

But the major source of funds are the premium contributions collected from direct contributors – those employed in the private or public sectors, self-earning individuals, professional practitioners, and overseas Filipino workers (OFW).

The premium contributions of direct contributors are based on their monthly basic salary (following the floor and ceiling prescribed) multiplied by the premium rate dictated by PhilHealth. An individual who has a monthly income below the income floor has to pay the monthly premium based on the income floor rate. Meanwhile, an individual who earns above the income ceiling shall pay the monthly premium based on the income ceiling's rate.

CHART 1. PhilHealth budget, 2000-2022 (in million Php)

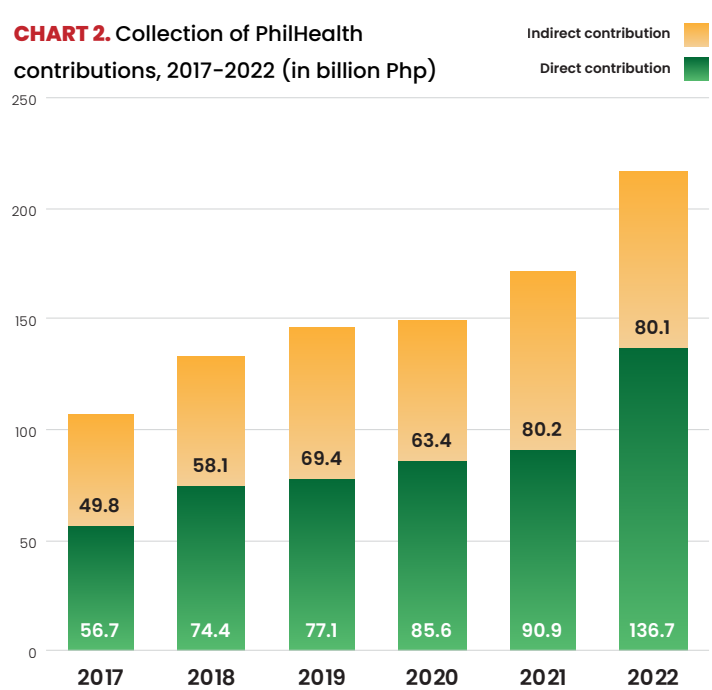


SOURCE: *Department of Budget and Management General Appropriations Act*

In the approved Premium Contribution Table under UHC, there are annual increases in the monthly premium rate starting with 2.75% in 2019 followed with 5% hikes in 2024 and 2025. This translates to a minimum of Php275 and maximum of Php1,375 monthly contribution in 2019, and Php500 minimum and Php5,000 maximum monthly contribution in 2024 to 2025 shouldered by Filipino employees.

For those employed in the private and government sectors, the monthly premium is divided between the employer and the employee – 50% from the employer and 50% automatically deducted from the employee's monthly salary.

CHART 2. Collection of PhilHealth contributions, 2017-2022 (in billion Php)



SOURCE: *Philippine Health Insurance Corporation*

Because of the expansion of covered members, premium contributions collected by the agency also drastically increased through the years. In 2007, the total premiums collected reached Php23.7 billion, majority of which or Php19.7 billion came from paying members.[7] This further grew in 2017 to Php106.5 billion in total premiums collected, still mostly from direct contributors. From 2017 to 2022, there was an observable consistent growth in the total premiums collected. Even amid harsh lockdowns during the COVID-19 pandemic in 2020, premiums increased by 1.7% despite many Filipinos losing their jobs and livelihoods. The 2022 collection had the highest rate of increase at 26.6% compared to 2021, with direct contributions making up 63.1% or Php136.7 billion of the premiums pool. **(See Chart 2)**

The mandated annual increment in premium collection largely contributed to the growing number of funds coming from the pockets of the Filipino people. Meanwhile, government subsidy for the sponsored members has seen only slight increases from 2017 to 2021.

Making more money

One of the powers of PhilHealth is to manage and control the Program Reserve Fund. This is from the portion of PhilHealth's accumulated revenues not needed for the cost of the current year's expenses but should not exceed the ceiling amount estimated for the two years projected program expenditure. When this fund exceeds the required ceiling, PhilHealth should use the excess amount to increase the program's benefits and to decrease the amount of members' contribution.

Meanwhile, other amounts not needed shall be placed in the Investment Reserve Fund (IRF), which will be used to invest in interest-bearing bonds or securities, provided that the investment should be at least 50% of the reserve fund. For debt-securities and corporate bonds both for prime or solvent corporations, investment should not exceed 30% of the reserve fund.

No amount of the reserve fund or income shall be used for the National Government's general fund or to fund any agencies or institutions including GOCCs. The Program Reserve Fund and all its income shall be exclusively used for PhilHealth's program expenses.

For the administrative expenses of the corporation, the agency can use not more than 7.5% of the total premiums collected both from the direct and indirect contributors during the preceding year. For example, allotted administrative cost for the year 2022 shall not exceed the total premium contributions from 2021.

Aside from funding administrative expenses, PhilHealth uses both the appropriated funds and the premiums collected in the financing of individual-based services through capitation payment to HCIs and HCPs in accordance with the approved benefit packages.

The corporation's reserve fund reached Php271.3 billion in 2022, much higher than the Php191.5 billion in 2021.[8] This means that at the current rate, PhilHealth has enough funds to use for the next two years. Yet the annual increment in the premium contribution of its paying members is still being implemented despite their protests.

There has also been an increase in PhilHealth's interest income gained from their diverse investment portfolio. Its interest income grew by Php2 billion to Php11.5 billion in 2022 from Php9.5 billion in 2021. These earnings mostly came from PhilHealth's investment in treasury bills while another portion came from investment in corporate bonds. PhilHealth also has investments in private companies such as Filinvest Land Inc., Robinsons Land Corp., Ayala Land, Inc. and the South Luzon Tollway Corp. These corporate bonds have a maturity period of more than one year with interest rates of 3.9% up to 5.6 percent.

Limited benefits

PhilHealth has various financing schemes for health insurance coverage. It has a general Case Based Rate which is applicable to all accredited private and public health institutions. The Case Based Rate is a list of medical illnesses and procedures covered by PhilHealth. It contains the breakdown of how much can be covered, to be deducted from the patient's total hospital expenses.

Case Based Rate

The Case Based Rate system is divided into two categories:

1. Inpatient Benefits

These benefits are paid through the All Case Rates (ACR) or case benefit packages and can be availed of only in PhilHealth-accredited public and private HCIs. There will be a case rate amount depending on the case classification (disease type), which will be deducted from the patient's total hospital bill. The case rate amount is based on the computation of PhilHealth, and this already covers the maximum amount that the corporation can shoulder of the patient's hospital charges and the professional fees of the attending physician. Inpatient benefits have certain qualifications to be met before the claim can be considered because only admissible cases are covered. The patient needs to be admitted to the hospital within a certain number of days (depending on the case) before the patient can avail of the package. **(See Table 1)**

TABLE 1. Case rate packages and top medical cases, as of 2021* (in Php)

ILLNESS DESCRIPTION	CASE RATE	PROFESSIONAL FEE	HCI FEE
Pneumonia moderate risk	15,000	4,500	10,500
Hypertensive emergency urgency	9,000	2,700	6,300
Dengue fever	10,000	3,000	7,000
Acute gastroenteritis	6,000	1,800	4,200
Urinary tract infection admissible	7,500	2,250	5,250
Peptic ulcer disease w/out hemorrhage	6,100	1,830	4,270
Stroke infarction	28,000	8,400	19,600
Newborn sepsis	11,700	3,510	8,190
COVID-19 pneumonia package			
Moderate COVID-19 (Adult), mild COVID-19 with risk (Pediatric age)	43,997		
Moderate COVID-19 with pneumonia (Adult and Pediatric age)	143,267		
Severe COVID-19	333,519		
Critical COVID-19	786,384		

* - Case rates are as of February 2017

HCI - healthcare institution

SOURCE: *Philippine Health Insurance Corporation*

2. Outpatient Benefits

The outpatient benefits have different types, but like the inpatient benefits there will still be a fixed amount, depending on the type of benefit that will be deducted from the patient's total billing.

- ***Day Surgery***
  - These are elective (non-emergency) surgical procedures ranging from minor to major operations wherein patients can safely go home for post-procedure care within the same day
- ***Radiotherapy***
  - These are radiation treatment delivery using cobalt and linear accelerator
    - Php2,000 coverage per session using cobalt
    - Php3,000 coverage per session using linear accelerator
  - Radiotherapy has a 45-day benefit limit, meaning one session is equivalent to one day. Only forty-five (45) days/sessions are allowed or covered per year
- ***Hemodialysis***
  - Patients undergoing hemodialysis have a coverage of Php2,600 per session
  - This package has a 90-day benefit limit wherein one session is equivalent to one day and 90 days/sessions are allowed or covered per year
- ***Outpatient Blood Transfusion***
  - The coverage for outpatient blood transfusion is Php3,640, regardless of the amount of units used
    - The covered amount already includes coverage for drugs and medicine, x-ray, laboratory and others, and operating room
    - Applicable only to outpatient blood transfusion
  - One day of blood transfusion or any blood product is equivalent to one session
  - There is a 45-day benefit limit; one session for each procedure is equivalent to one day deduction from the 45 days covered per year

Z Benefits

This pertains to the coverage of catastrophic illnesses, or diseases that cause patients long hospitalization and costly treatments. Diseases covered by the Z Benefit program are mostly cancers. In its first introduction in 2012, the Z Benefits included Childhood Acute Lymphocytic Leukemia (ALL) and Breast and Prostate Cancer in its covered diseases. The amount covered is now Php200,000 for ALL, and Php100,000 for Breast and Prostate Cancer. The Z Benefit program further expanded the list of illnesses it can cover, but it can only be availed of in selected facilities depending on the illness type. **(See Annex 1)**

The limits of No Balance Billing

The ACR or Case Benefit Package and the Z Benefits are mechanisms that can be availed of by all members and their dependents. But these benefits will entail out-of-pocket expenses on the patient's behalf due to the limited coverage of PhilHealth packages.

To prevent indigents from having high expenses for health, PhilHealth has implemented a policy that will protect them from financial catastrophe. This is the No Balance Billing (NBB) Policy, which means that no other fees or expenses shall be charged or paid by indigent patients above and beyond the packaged rates during their confinement period.

The NBB Policy shall cover the following patients:

Indigent	• A person who has no visible means of income or a person who has insufficient income for family subsistence as identified by the DSWD based on the specific criteria for this set purpose.
Sponsored	• A member whose contribution is being paid by another individual, government agency or private entity including hospital-sponsored members, Point of Care patients or indigents who are not yet registered or included in the NHTS-PR, and those enrolled by the DSWD (orphans, abandoned and abused minors, out-of-school youth, and street children).
Domestic Worker or *Kasambahay*	• Any person in domestic work within an employment relationship such as general house help, nursemaid or "yaya", cook, gardener, or laundry person but shall exclude a person who performs domestic work occasionally or sporadically. • This shall not include children who are under foster family arrangement and are provided access to education and given an allowance.
Senior Citizen	• Any Filipino citizen who is a resident of the Philippines aged 60 years or above.
Lifetime	• A member who has reached the age of retirement under the law and has paid at least 120 monthly premium contributions.

The NBB Policy is applicable to all accredited government health care institutions including all levels of hospitals and other facilities like infirmaries and dispensaries. The NBB claims on these institutions shall apply both to the eligible members and their dependents. For Private HCIs (hospitals, ambulatory surgical clinics and freestanding dialysis clinics), the implementation of the NBB Policy shall only be voluntary. There is just an exemption for private infirmaries and dispensaries since they still need to acknowledge the NBB claims of eligible members and dependents for the Maternity Care Package (MCP), Antenatal Care, Normal Spontaneous Delivery and Newborn Care Package.

But the NBB Policy has many limitations. It covers only the 45-day maximum allowable confinement and/or the 90-day allowance for patients undergoing dialysis per year. If the allowable days have been consumed, the NBB Policy shall no longer apply.

The NBB Policy covers until the date the attending physician issues the order of discharge. Patients who refuse to leave the hospital or stay against medical advice and have no medical reason to remain in the facility shall no longer be covered by the NBB Policy. Also, it covers readmission of the same condition (within 90 days) in the same facility. But it shall not apply in cases where patients are admitted in another facility.

The NBB policy is promoted as one of the programs that will be mainly beneficial to the poor to protect them from financial catastrophe and to ensure that they have access to health services despite their financial conditions. But its many limitations and restrictions prevent its full utilization.

Maternity Care Package

The Sustainable Development Goal (SDG) 3 is to ensure healthy lives and promote well-being for all ages, and one of the set prerequisites to meet this goal is to reduce global maternal mortality to less than 70 per 100,000 live births. For the country to meet the SDG 3, one of the measures that the government implemented was ironically the NBB Policy.

In the Philippines, home birthing is common especially in the rural areas due to the lack of accessible facilities and health professionals. In order to address this issue, PhilHealth has come up with the MCP to ensure that all women who are about to give birth will be covered by health insurance and will be entitled to MCP benefits during their time of need.

Along with the implementation of the MCP, the government also encouraged the opening of birthing clinics, both public and private, across the country.

The MCP has different types of packages. PhilHealth will cover up to Php8,000 for women who will give birth via normal delivery in maternity clinics, lying-in clinics, dispensaries, birthing homes, infirmaries, and other non-hospital facilities. The Php8,000 benefit already covers the following:

- Pre-natal care
- Professional fees for accredited doctors and fees for facilities used
- Room and board at the health facility
- Medicine
- Laboratory fees, supplies, and other additional procedures
- Tetanus immunization
- Follow-up checkups from three to seven days after childbirth

For PhilHealth-accredited hospitals and non-hospital facilities, the corporation covers Php6,500 for the same benefit as mentioned above. This amount is divided to cover the medical facility (Php3,000), professional fee (Php2,500), and prenatal care expenses (Php1,000).

Meanwhile, PhilHealth has bigger coverage for cesarean delivery and other types of birth since these procedures are generally more expensive than normal delivery. For cesarean delivery, the total amount covered is Php19,000 which covers the hospital and medical fees (Php11,400) and professional fees (Php7,600). For other types of birth, a vaginal delivery after C-section or breech extraction has a coverage of Php12,120 and complicated vaginal delivery has Php9,700 amount coverage.

The mentioned amounts are automatically deducted from the patient's hospital bill and the excess amounts are to be shouldered by the patient. Despite the expansion of MCP, the coverage is still not enough. In a Philippine Institute for Development Studies (PIDS) study, it was shown that the average support value, or the percentage of costs covered by PhilHealth for maternal and childcare was only about 44.6% for 2018 to 2021. This means that patients still bear most of the maternal and childcare costs.[9]

More premiums over claims

PhilHealth has contributed little to people's health expenses and in ensuring that they will avail of health services without worrying about the cost. In the Philippine National Health Accounts (PNHA) released yearly, it can be seen that the Social Health Insurance (SHI) is still not the major source of health expenditure despite the budget increase and large premiums collected over the years.

In 2022, the share of PhilHealth in the total health expenditure (THE) was only 13.6%, way smaller compared to the share of households' out-of-pocket (OOP) expenses at 44.7 percent. In fact, since 2015 the PhilHealth share in THE reduced yearly, with an exemption of small increases in 2019 and 2022. In 2015, PhilHealth's share was 19.4%, this was 5.8 percentage points higher than the 2022 share. The constant decrease in PhilHealth's contribution to THE should be a cause for concern by the national government considering that the agency constantly received a budget increase and premiums collected over the same period increased. But the government failed to look at it seriously, and no assessment or review of PhilHealth's fund utilization has been conducted. Even the yearly reports of the corporation have failed to explain this phenomenon. **(See Table 2)**

PhilHealth has a yearly report of fund utilization through benefit claims payment, which shows the number of package claims that the corporation pays throughout the year. In 2022, PhilHealth paid a total of 13,893,856 claims amounting to Php129.6 billion. Among these claims, 3.2 million are COVID-19 related amounting to Php35.4 billion. By sector, Php78.7 billion or 60.7% of the claims amount was paid to private accredited facilities; Php50.9 billion or 39.3% to government facilities; and Php16.2 million or 0.01% to international health facilities. **(See Table 3)**

TABLE 2. Current health expenditure by financing agent, 2014-2022 (Percent share to total)

FINANCING AGENT	2014	2015	2016	2017	2018	2019	2020	2021	2022
General government	**35.6**	**39.1**	**39.5**	**39.6**	**39.1**	**40.8**	**45.7**	**48.1**	**44.2**
Central government	11.0	12.5	13.9	15.1	14.2	14.8	22.2	26.6	20.9
Department of Health	8.3	9.5	11.2	12.2	10.7	11.2	16.5	21.5	15.5
Other ministries, public units (belonging to central gov't)	2.8	3.1	2.7	2.9	3.5	3.6	5.7	5.1	5.4
State/regional/local government	7.7	7.2	7.2	7.3	8.3	8.6	8.9	8.5	9.7
Social security agency	16.8	19.4	18.4	17.2	16.6	17.4	14.6	13.0	13.6
Social Health Insurance Agency (PHIC)	16.8	19.4	18.4	17.2	16.6	17.4	14.6	13.0	13.6
Other social security agency (GSIS, SSS)*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Insurance corporations	**1.4**	**1.9**	**1.8**	**2.0**	**2.0**	**2.2**	**2.7**	**3.1**	**2.8**
Commercial insurance companies	1.4	1.9	1.8	2.0	2.0	2.2	2.7	3.1	2.8
Corporations (other than insurance corporations)	**10.6**	**7.8**	**8.1**	**8.2**	**8.5**	**8.1**	**7.1**	**6.8**	**8.3**
Health management and provider corporations	8.7	5.9	6.2	6.6	6.8	6.4	5.5	5.5	6.9
Corporations (other than providers of health services)	1.9	1.9	1.9	1.6	1.8	1.8	1.6	1.3	1.4
Households	**52.4**	**51.2**	**50.5**	**50.1**	**50.4**	**48.8**	**44.6**	**41.9**	**44.7**
Rest of the world	**-**	**-**	**-**	**-**	**-**	**-**	**-**	*****	**-**
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

* - Percent share is less than 0.05 percent **GSIS** - Government Service Insurance System **PHIC** - Philippine Health Insurance Corporation **SSS** - Social Security System

SOURCE: *Philippine Statistics Authority Philippine National Health Accounts*

TABLE 3. PhilHealth claims payment, 2021-2022

INDICATOR	2021		2022	
	Claims amount (in million Php)	**Number of claims**	**Claims amount** (in million Php)	**Number of claims**
TOTAL	**88,291.8**	**10,444,610**	**129,629.6**	**13,893,856**
By sector				
Private	54,179.1	5,864,197	78,707.2	7,518,182
Public	34,095.7	4,579,666	50,906.3	6,374,965
International	16.9	747	16.2	709
By classification				
Non-COVID-19	70,572.7	8,048,961	94,227.0	10,633,193
COVID-19-related	17,719.1	2,395,649	35,362.6	3,260,663

SOURCE: *Philippine Health Insurance Corporation*

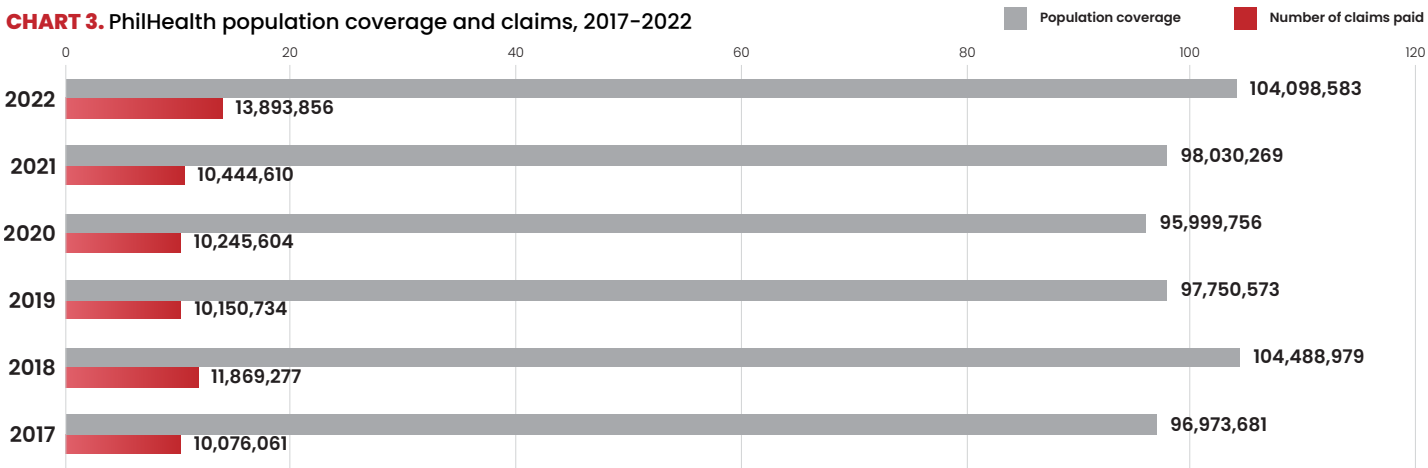
Comparing the Php129.6 billion in claims paid to the Php216.8 billion in total premium contributions (both from direct and indirect contributors), there is a difference of Php87.2 billion, or only 59.8% of the premiums contribution from 2022 were used to pay the benefits claim for the same year. This means that the yearly premiums collected are not fully utilized to fund the benefit packages.

In 2021, PhilHealth had a huge difference between the amount of claims paid and premiums collected. The agency reported a Php171.2 billion collection for that year – Php90.9 billion from direct contributors. Meanwhile, it paid a total of 10.4 million claims amounting to Php88.3 billion for the same year. Only half of the collected premiums were used for the claims payment.

Also, despite the several waves of COVID-19 infections in 2021, the total COVID-19 related claims paid were smaller compared to 2022. Only 22.9% or 2.4 million claims paid, amounting to Php17.7 billion, were COVID-19 related in 2021. **(See Table 3)**

Fund underutilization is a chronic issue with PhilHealth. Since 2007, the corporation has been reporting lower utilization of funds compared to collection for the same year. In 2007, the fund utilization rate was 78 percent. **(See Chart 3)**

CHART 3. PhilHealth population coverage and claims, 2017-2022



SOURCE: *Philippine Health Insurance Corporation*

Low utilization by the poor

Despite indigent-specific programs and policies of PhilHealth, there is still no associated improvement in health utilization by the poor. It is doubtful if it is really the poor who enjoy these benefits because of the unavailability and inaccessibility of PhilHealth-accredited facilities in the areas with high poverty incidence.

In the DOH list of accredited hospitals, mostly government-owned, only a few are located in regions with high poverty incidence. **(See Tables 4 and 5)**

TABLE 4. Number of hospitals and bed capacity by type and by region, 2021

REGION	HOSPITALS			BED CAPACITY		
	Gov't	Private	TOTAL	Gov't	Private	TOTAL
PHILIPPINES	**440**	**849**	**1,289**	**50,966**	**58,927**	**109,893**
NCR	48	111	159	17,275	11,789	29,064
CAR	14	14	28	1,410	694	2,104
Region I	34	46	80	2,380	2,209	4,589
Region II	25	41	66	2,274	1,964	4,238
Region III	53	122	175	4,850	6,719	11,569
Region IV-A	57	168	225	3,545	9,783	13,328
Region IV-B	16	14	30	972	723	1,695
Region V	22	32	54	1,725	1,880	3,605
Region VI	35	30	65	3,302	3,302	6,604
Region VII	22	39	61	2,351	5,112	7,463
Region VIII	23	27	50	1,805	1,435	3,240
Region IX	12	30	42	1,267	1,439	2,706
Region X	22	52	74	2,464	3,318	5,782
Region XI	12	47	59	2,195	3,848	6,043
Region XII	15	59	74	1,352	3,950	5,302
Region XIII	12	11	23	955	539	1,494
BARMM	18	6	24	844	223	1,067

SOURCE: *Department of Health*

TABLE 5. Poverty incidence among families and population by region, 2021 (in %)

REGION	AMONG FAMILIES	AMONG POPULATION
PHILIPPINES	**13.2**	**18.1**
NCR	2.2	3.5
CAR	6.9	9.9
Region I	11.0	14.4
Region II	11.7	15.4
Region III	8.3	11.4
Region IV-A	7.2	10.2
Region IV-B	15.0	20.8
Region V	21.9	29.3
Region VI	13.8	19.0
Region VII	22.1	27.6
Region VIII	22.2	28.9
Region IX	23.4	30.1
Region X	19.2	26.1
Region XI	11.9	16.8
Region XII	21.4	28.1
Region XIII	25.9	33.2
BARMM	29.8	37.2

SOURCE: *Philippine Statistics Authority Official Poverty Statistics of the Philippines*

The Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) is the region with the highest poverty incidence in the country, yet there are only 24 hospitals in the region, 18 public and six private. The small number of hospitals in the region and their limited capacity hinder the population's access to the supposed financial protection of PhilHealth for health service.

PhilHealth also does not report how many of the yearly claims paid were made by the lowest income quintile. The National Demographic and Health Survey (NDHS) of 2022 showed that there is low PhilHealth coverage. For those who were hospitalized in 2022, the average total hospital bill for any facility whether public or private was estimated at Php46,640. If differentiated between public and private facilities, the average bill was Php27,136 for public, while it was Php70,568 for private. PhilHealth only covered Php16,939 or 62.4% of the average total bill for public hospitals, and Php18,062 or 25.6% of the average total bill for private.[10]

The current hospital system is dominated by privately-owned facilities, which are about 65% of the total number of hospitals. Since hospital fees in private facilities are not regulated, these hospitals can charge fees that are much higher compared to public hospitals. The difference between the cost of services in public and private hospitals heavily affects the health-seeking behavior of Filipinos, especially of the poor. As also seen in the results of NDHS 2017, people from the lowest income quintile still preferred to get treated or had consultations in public health facilities. Meanwhile, most of the people from the highest income quintile got their health services from private medical facilities.[11]

Regional data also showed that people in regions with higher poverty incidence get treated at public medical facilities, while those residing in the National Capital Region (NCR), Region III (Central Luzon) and Region IV-A (CALABARZON) mostly seek hospital services from privately owned facilities. These regions also have the highest number of private hospitals across the country. **(See Tables 5 and 6)**

The PhilHealth's system of giving high coverage for private facilities, which is only a small percentage of hospital bills, has resulted in

TABLE 6. **Percentage of the de jure population who visited a health facility or sought advice or treatment by type of place first visited and by region, 2017 and 2022 (in %)**

REGION	2017					2022				
	Public Medical	Private Medical	Alternative Medical	Non-medical	Other	Public Medical	Private Medical	Alternative Medical	Non-medical	Other
NCR	45.7	54.3	-	-	-	49.1	40.9	-	-	-
CAR	65.5	34.5	-	-	-	41.2	58.8	-	-	-
Region I	69.3	29.8	0.8	-	-	49.6	50.4	-	-	-
Region II	65.5	34.5	-	-	-	34.4	65.6	-	-	-
Region III	46.8	53.2	-	-	-	29.6	70.1	0.3	-	-
Region IV-A	51.7	47.0	1.1	0.3	-	44.2	54.1	-	1.2	0.5
Region IV-B	60.2	39.0	0.8	-	-	54.6	45.4	-	-	-
Region V	63.7	29.4	6.6	0.4	-	54.1	45.9	-	-	-
Region VI	58.5	40.8	0.7	-	-	38.2	60.8	1.0	-	-
Region VII	53.9	41.2	3.1	1.6	0.2	43.3	56.7	-	-	-
Region VIII	67.6	30.6	1.8	0.1	-	53.1	46.4	0.2	0.2	0.1
Region IX	71.1	28.9	-	-	-	68.1	31.9	-	-	-
Region X	67.7	32.3	-	-	-	54.0	46.0	-	-	-
Region XI	60.4	39.2	0.2	0.2	0.1	30.3	68.3	-	1.4	-
Region XII	62.9	36.5	-	-	-	56.3	43.0	0.8	-	-
Region XIII	70.2	29.2	-	-	0.6	43.7	55.2	-	1.1	-
BARMM	82.4	16.4	1.2	1.2	-	86.4	13.6	-	-	-

SOURCE: *Philippine Statistics Authority National Demographic and Health Survey 2017 and 2022*

higher out-of-pocket spending and negative health service seeking behavior. Even with the NBB in place, the covered indigents still have no access to this so-called protection because of its limitation and lack of availability in the regions where it is much needed.

BARMM, the poorest region, has 41% of its total population covered by PhilHealth insurance. The latest NDHS report (2022) shows that Philhealth covered less people from the lower quintile and more from the highest quintile. In the lowest quintile, only 58.1% are covered by PhilHealth insurance, while it is 83.6% from the highest quintile.[12] It is not the poorest households who get to benefit the most from PhilHealth even if they are the ones who should be prioritized.

A leaky system

The corporation has the mandate to accredit HCIs and HCPs. Under the PhilHealth system, health facilities and professionals (general or specialty doctors) are required to be accredited by the agency before they can provide the insurance benefit packages and get their share.

In 2022, PhilHealth accredited 10,897 HCIs, of which 1,872 are hospitals (Infirmary, Level 1, 2, 3) and 9,025 are other facilities. Of the accredited 1,872 hospitals, 776 are government-owned, while 1,096 are private hospitals. Majority of the accredited hospitals are Level 1 (42.7%), Infirmaries (32.1%), while Level 2 and 3 hospitals have a share of 18.9% and 6.4%, respectively. **(See Table 7)**

Of the other accredited facilities, most are MCP providers, next are Konsulta Providers and TB-DOTS Facilities.

There are also 47,251 PhilHealth-accredited HCPs, of which majority are physicians (43,528) and the remaining are other professionals (3,723), composed of midwives, dentists and nurses who are assigned in MCP providers.

TABLE 7. PhilHealth accredited facilities and services covered, 2021-2022

ACCREDITED FACILITIES AND SERVICES COVERED	2021			2022		
	Government	Private	TOTAL	Government	Private	TOTAL
Hospitals	**772**	**1,117**	**1,889**	**776**	**1,096**	**1,872**
Level 1	343	483	826	332	468	800
Level 2	42	303	345	49	304	353
Level 3	57	64	121	56	63	119
Infirmary	330	267	597	339	261	600
Other facilities	**4,875**	**3,249**	**8,124**	**5,461**	**3,564**	**9,025**
Animal Bite Centers	412	33	445	438	40	478
Ambulatory Surgical Clinics	2	170	172	3	180	183
Drug Rehab Centers	9	-	9	-	10	10
TB-DOTS	1,528	84	1,612	1,426	83	1,509
Free-Standing Dialysis Clinics	8	484	492	16	543	559
Family Planning Providers	270	692	962	273	676	949
MCP Providers	1,137	1,617	2,754	1,079	1,638	2,717
OP HIV/AIDS Centers	116	36	152	131	44	175
OP Malaria	48	-	48	-	43	43
Konsulta Providers	168	16	184	1,497	181	1,678
COVID-19 Testing Labs	118	92	210	130	104	234
Community Isolation Units	1,059	25	1,084	468	22	490
TOTAL	**5,647**	**4,366**	**10,013**	**6,237**	**4,660**	**10,897**

MCP - Medical Care Plan **OP** - outpatient **TB-DOTS** - Tuberculosis-Directly Observed Therapy

SOURCE: *Philippine Healthcare Insurance Corporation*

Like other insurance, PhilHealth pays for the medical services that patients have availed of on a case rate basis. Patients have to submit their documents to the hospitals, and the hospital will file the case benefit claim on their behalf. The health facilities will submit the necessary documents to PhilHealth and they will automatically deduct the case rate from the patients' hospital bills. Patients have no need to pay for their total hospital bill and go to PhilHealth to file for a reimbursement. For the inpatient and outpatient benefits, the transaction will be between the patient and the hospital, and then between the hospital and PhilHealth.

Most of the processing of claims is done online. PhilHealth has an online system wherein hospitals can submit the case package claims of their patient. The corporation also sets a 60-day turnaround time for claims payment, meaning that the processing of claims should be done quickly by the Regional Offices.

At the time of patients' admission, the hospital will start to process the claims benefit of the patient if they are deemed eligible. The hospital may ask the patient for supporting documents like proof of patient's contribution, if he/she is employed, and PhilHealth member data records. The hospital will also ask the patient to fill out a claim form to be submitted to PhilHealth.

This system is supposedly efficient as it lessens the burden on patients in processing the claims and the online system also hastens the processing to prevent longer reimbursement periods. But the system can be easily taken advantage of by the HCPs because they can simply falsify claims since PhilHealth does not conduct deeper checks of claims submitted. Since PhilHealth offices are not privy to the real condition of the patients and only trust the submitted claims by the HCPs, the providers can submit false diagnosis in order to claim a higher amount of coverage.

Through the years, there have been cases in which false claims of HCPs were exposed. These cases resulted in billions of funds lost from PhilHealth that could have been used to fund direct and much needed health services.

Corruption-ridden

PhilHealth does not only fail in ensuring people's protection from health financial catastrophe but has also taken part in the corruption and anomalous use of people's money for the benefit of political elites and private institutions.

Over the decades, PhilHealth has consistently had records of corruption and anomalies, involving huge sums of money that should have been used to uphold people's right to health.

One of PhilHealth's biggest controversies happened during the presidency of Gloria Macapagal-Arroyo (GMA). In her bid for the presidential election in 2004, GMA allegedly used the corporation to gain votes from the people. Dubbed as "Plan 5 Million", Arroyo together with then PhilHealth president Francisco Duque III distributed 5 million free PhilHealth cards. Duque had allegedly used Php500 million worth of Overseas Workers Welfare Agency (OWWA) Medicare funds for the purchase of the PhilHealth cards bearing Arroyo's picture and initials. The cards had "GMA" written on them, which stood for "Greater Medical Access", as well as the phrase "GMA Para sa Masa, Para sa Lahat".[13]

These cards were distributed at the time when Arroyo's opponent, Fernando Poe Jr, was leading presidential surveys. When Arroyo won the presidency, she appointed Francisco Duque III as the DOH secretary, which was allegedly his reward for helping Arroyo use the PhilHealth cards.

PhilHealth has also been controversial for fraud perpetrated by officials within the agency. In 2017, former PhilHealth Chief Celestina Dela Serna was removed from her position after the alleged misuse of at least Php627,293 of government funds reportedly for her excessive and expensive travels and accommodations.[14] The former PhilHealth chief defended her spending by saying that the trips were all essential to her tasks as head and the expensive accommodations were only because the agency did not have its own apartments.[15]

But the amount is a small portion of all the funds that have been misused by the agency. In 2020, Presidential Anti-Corruption Commission (PACC) official Greco Belgica said that PhilHealth lost more than Php153 billion due to fraud. The agency became the subject of investigation due to its anomalous Interim Reimbursement Mechanism (IRM) in 2020 to fund COVID-19 health services.

The exposé of the dubious Php15 billion fund made a domino effect and forwarded many other corruption and fraud issues within the agency in the course of its history.[16]

In 2020, to help cope with the increased hospitalization due to the onset of COVID-19, PhilHealth released a total of Php15 billion to hospitals to fund their COVID-19 medical expenses. IRM is defined by PhilHealth as a special privilege for the provision of substantial aid to eligible HCIs directly hit by a fortuitous event, which has clear and apparent intent to continuously operate and/or rebuild the HCI in order to provide continuous health care services. The fund should be used to build health facilities, provide additional beds, and treat COVID-19 considering that many hospitals were incapable of treating the disease with their available resources.

But the IRM release was questioned because many of the hospitals that received funds from the mechanism were not accredited, had no COVID-19 cases, or received more than their hospital capacities. Many of the hospitals were also not eligible to accept COVID-19 cases according to the DOH guideline. For example, the B. Braun Avitum Philippines Inc., a dialysis center with branches across the country, received Php33.8 million from IRM even though the facilities are not eligible in providing treatment for COVID-19 patients.[17]

PhilHealth denied the allegation of pocketing the funds and insisted that these were released to the hospitals. The issue has resulted in the resignations of then PhilHealth president Ricardo Morales and several other executives.

Another fraud revealed was the purchasing of overpriced equipment. In Senate hearings in 2020, PhilHealth member Alejandro Cabading exposed the approval of a purchase proposal for overpriced equipment and software. Cabading said that then PhilHealth president Morales approved the purchase of Adobe Master Collection software worth Php21 million, an application server, virtualization licenses and support maintenance for Php25 million, another Php21 million for office productivity program, and an identity management software worth Php42 million. These were parts of the huge IT budget proposal of the agency worth Php2.1 billion, which was disapproved by the Senate after seeing the anomalous pricing.[18]

The IRM issue was not the first reported huge scam within the PhilHealth agency. The Commission on Audit (COA) has flagged for many years the agency's 'overpayment' of claims to several hospitals. This type of fraud is being committed by private HCPs to take advantage of the ACR system of the agency. An example of this happened in 2018 when PhilHealth reportedly paid 757,000 claims for pneumonia. This alarmingly high number of pneumonia was enough to be declared as an outbreak, but the DOH had not declared it and even dispelled reports of an outbreak.[19]

The high number of pneumonia claims did not coincide with the true figures monitored by the DOH, which means that the case rate for pneumonia was being used by hospitals for fraudulent claims. The false pneumonia claims for 2018 amounted to Php10.94 billion, which PhilHealth paid to the HCPs.

In 2022, PhilHealth suspended the accreditation of six hospitals in Northern Mindanao due to alleged fraudulent claims. The National Bureau of Investigation (NBI) estimated that PhilHealth has been paying Php200 million in fraudulent claims from the said region. The regional PhilHealth office started to file fraudulent cases against these hospitals in 2019. In the period of 2019-2022, the agency paid a total of Php4 billion in the region and the NBI estimated that 5% of these claims were fraudulent.[20]

In 2019, PhilHealth revoked the accreditation of WellMed dialysis center due to the "ghost dialysis" scheme. A former employee of WellMed exposed this and said that WellMed had taken advantage of this scheme since 2016. The dialysis center owner reportedly asked his employees to forge deceased patients' signatures. WellMed managed to get benefit payments for two male and two female patients who had already died. At that time, a dialysis session had a coverage of Php2,600 and PhilHealth could cover up to 90 sessions per year.[21]

The reported anomalies of private healthcare providers amount to a small portion of the reportedly lost funds of PhilHealth. The estimated loss on overpayment was Php102.5 billion since 2013, and the NBI and PhilHealth only managed to initiate or conduct investigation on a small number of those involved.[22] The huge amount of money being lost to false claims is a leak to the pretend efficiency and effectiveness of the whole PhilHealth financing system and social health insurance. Under the banner of so-called efficiency, PhilHealth even built the system of 60-day turnaround time for claims, which insinuates that many of these are not being inspected properly due to the fast tracking of these claims.

Impact of PhilHealth on the accessibility of health care

As an insurance system, what has not been discussed is how much indeed does PhilHealth profit from the contributions of the workers and indigents and subsequently from their lack of access to health services. That deserves further inquiry. But for now, suffice it to say that the effectiveness of PhilHealth and the social health insurance system in the protection of Filipinos against financial catastrophe is questionable.

In the many years of PhilHealth and the changes and reforms it has undergone, there are still no significant improvements in the utilization and accessibility of health protection to the population especially among the poor and most vulnerable. The health insurance system has only confirmed that health system issues are not about insurance. PhilHealth is not the solution to the continuous increase in the cost of healthcare. In fact, the insurance system itself has only worsened the profiteering of private health corporations.

The implementation of a national health insurance plan is not the answer to the chronic crisis of the Philippine health system. The promotion of PhilHealth as a health financing framework only serves the need of private health corporations to gain profit. The public facilities do not benefit much from it despite having to treat the majority of poor households in the country.

The low utilization of PhilHealth services among the poor further proves that the insurance system is built not to serve the marginalized sector. The corporation does not even have consideration for the lack of availability of health services in far-flung areas where they are most needed, and instead centralizes much of its financial resources in urban areas. This is because the ultimate aim in insurance is profit or return on premiums as dividends.

PhilHealth's structure perpetuates disease-based health intervention and does not put importance on preventive healthcare which is more effective in terms of ensuring the people's health. Primary healthcare was just an afterthought when the government implemented the Konsulta package in primary health centers. But even this package is a shallow solution to the lack of prioritization of primary health care.

The Philippine government emphasized PhilHealth as one of the solutions to the country's ailing health system. The amount of resources being poured into the insurance agency is proof of how the State is now looking at social insurance as the main intervention in ensuring the accessibility of health.

Limited resources should be used to improve and expand the current health infrastructure. The State should invest more in capacitating the existing health facilities and health workers to be equipped with much-needed technology and skills in efficiently delivering health services. Construction of health facilities in all levels as well as giving health practitioners and workers decent compensation should be prioritized especially in the rural areas.

Because the UHC and PhilHealth are focused on "cost effectiveness", the government has pushed for the referral system instead of building additional facilities. In the referral system, provincial governments can contract private facilities to provide health services that their hospitals cannot provide. The local government can refer indigent patients to private facilities and the LGU will shoulder the expenses. Under this system, the local government defaults on its responsibility of strengthening public facilities and instead simply acts as the broker or middleman promoting more expensive health services.

Focusing solely on health financing in a highly privatized health system will only worsen health outcomes. The government should focus on overhauling the health system and implementing policies that will truly provide the Filipino people the access to health and promote their right to health.

Annex

ANNEX 1. Contracted health facility for Z-Benefit package, as of August 31, 2022

REGION	INSTITUTION	CONTRACTED PACKAGES	CLASSIFICATION
I	Dagupan Doctor's Villaflor Memorial Hospital	Colon and Rectum Cancer	Private
I	Ilocos Training and Regional Medical Center	Acute Lymphocytic Leukemia (ALL) Breast Cancer Peritoneal Dialysis (PD) First Selected Orthopedic Implants Premature and Small Newborn	Government
I	Lorma Medical Center	Coronary Artery Bypass Graft (CABG) Kidney Transplant (KT)	Private
I	Mariano Marcos Memorial Hospital and Medical Center	Acute Lymphocytic Leukemia (ALL) Peritoneal Dialysis (PD) First Premature and Small Newborn	Government
I	Region I Medical Center	Kidney Transplant (KT)	Government
III	Angeles University Foundation Medical Center	Breast Cancer Colon and Rectum Cancer Coronary Artery Bypass Graft (CABG)	Private
III	Bataan General Hospital and Medical Center	Acute Lymphocytic Leukemia (ALL) Premature and Small Newborn	Government
III	Jose B. Lingad Memorial Regional Hospital	Acute Lymphocytic Leukemia (ALL) Breast Cancer Cervical Cancer Colon and Rectum Cancer Prostate Cancer Selected Orthopedic Implants Z-MORPH Expanded Z-MORPH Premature and Small Newborn	Government
III	Kapampangan Development Foundation, Inc.	Z-MORPH Expanded Z-MORPH	Private
III	Dr. Paulino J. Garcia Memorial Research and Medical Center	Breast Cancer Prostate Cancer Peritoneal Dialysis (PD) First Selected Orthopedic Implants	Government
III	Tarlac Provincial Hospital	Peritoneal Dialysis (PD) First	Government
III	The Medical City - Clark	Coronary Artery Bypass Graft (CABG)	Private
NCR	Allied Care Experts (ACE) Medical Center - Valenzuela	Peritoneal Dialysis (PD) First	Private
NCR	Antipolo City Hospital System - Cabading	Peritoneal Dialysis (PD) First	Government
NCR	Antipolo City Hospital System - Mambugan	Peritoneal Dialysis (PD) First	Government
NCR	Asian Hospital, Inc.	Coronary Artery Bypass Graft (CABG)	Private
NCR	Chinese General Hospital and Medical Center	Coronary Artery Bypass Graft (CABG)	Private
NCR	De Los Santos Medical Center	Coronary Artery Bypass Graft (CABG) Kidney Transplant (KT)	Private
NCR	Dr. Jose Fabella Memorial Hospital	Premature and Small Newborn	Government
NCR	East Avenue Medical Center	Breast Cancer	Government
NCR	Kidney Solutions, Inc.	Peritoneal Dialysis (PD) First	Private

REGION	INSTITUTION	CONTRACTED PACKAGES	CLASSIFICATION
NCR	K-Matters Taguig	Peritoneal Dialysis (PD) First	Private
NCR	Makati Medical Center	Peritoneal Dialysis (PD) First	Private
NCR	Manila Doctors Hospital	Coronary Artery Bypass Graft (CABG) Kidney Transplant (KT)	Private
NCR	Medical Center Manila	Coronary Artery Bypass Graft (CABG)	Private
NCR	Metro Rizal Doctors Hospital	Z-MORPH Expanded Z-MORPH	Private
NCR	National Children's Hospital	Acute Lymphocytic Leukemia (ALL) Ventricular Septal Defect (VSD) Rheumatic Fever/Rheumatic Heart Disease Premature and Small Newborn Children with Developmental Disabilities	Government
NCR	National Kidney and Transplant Institute	Breast Cancer Prostate Cancer Kidney Transplant (KT) Peritoneal Dialysis (PD) First	Government
NCR	Ospital ng Muntinlupa	Coronary Artery Bypass Graft (CABG) Premature and Small Newborn	Government
NCR	Pasig City General Hospital	Peritoneal Dialysis (PD) First	Government
NCR	Philippine Children's Medical Center	Acute Lymphocytic Leukemia (ALL) Peritoneal Dialysis (PD) First	Government
NCR	Philippine Heart Center	Coronary Artery Bypass Graft (CABG) Tetralogy of Fallot (TOF) Ventricular Septal Defect (VSD) Rheumatic Fever/Rheumatic Heart Disease	Government
NCR	The Medical City - Ortigas	Colon and Rectum Cancer	Private
NCR	University of the East Ramon Magsaysay Memorial Medical Center, Inc.	Z-MORPH Expanded Z-MORPH Children with Mobility Impairment	Private
NCR	UP-Philippine General Hospital	Acute Lymphocytic Leukemia (ALL) Breast Cancer Cervical Cancer Prostate Cancer Colon and Rectum Cancer Coronary Artery Bypass Graft (CABG) Tetralogy of Fallot (TOF) Ventricular Septal Defect (VSD) Kidney Transplant (KT) Peritoneal Dialysis (PD) First Children with Developmental Disabilities Children with Mobility Impairment Children with Hearing Impairment Children with Visual Impairment	Government
NCR	Las Piñas General Hospital and Satellite Trauma Center	Acute Lymphocytic Leukemia (ALL)	Government
NCR	Rizal Provincial Hospital System - Binangonan	Peritoneal Dialysis (PD) First	Government

REGION	INSTITUTION	CONTRACTED PACKAGES	CLASSIFICATION
NCR	St. Luke's Medical Center - Quezon City	Coronary Artery Bypass Graft (CABG) Kidney Transplant (KT)	Private
NCR	St. Luke's Medical Center - Global City	Coronary Artery Bypass Graft (CABG) Kidney Transplant (KT)	Private
NCR	Taytay Doctors Multispecialty Hospital	Peritoneal Dialysis (PD) First	Private
NCR	Valenzuela Citycare Medical Center	Peritoneal Dialysis (PD) First	Private
NCR	Valenzuela Medical Center	Peritoneal Dialysis (PD) First	Private
NCR	Veterans Memorial Medical Center	Peritoneal Dialysis (PD) First	Government
IV-A	De La Salle University Medical Center	Coronary Artery Bypass Graft (CABG)	Private
IV-A	K-Matters Dasmariñas	Peritoneal Dialysis (PD) First	Private
IV-A	New Hope Peritoneal Dialysis Clinic	Peritoneal Dialysis (PD) First	Private
IV-B	Batangas Medical Center	Breast Cancer	Government
IV-B	Mary Mediatrix Medical Center	Coronary Artery Bypass Graft (CABG) Peritoneal Dialysis (PD) First	Private
IV-B	St. Frances Cabrini Medical Center	Breast Cancer Cervical Cancer Colon and Rectum Cancer Peritoneal Dialysis (PD) First	Private
V	Bicol Medical Center	Breast Cancer Kidney Transplant (KT) Peritoneal Dialysis (PD) First	Government
V	Bicol Peritoneal Dialysis Center, Inc	Peritoneal Dialysis (PD) First	Private
V	Bicol Regional Training and Teaching Hospital	Acute Lymphocytic Leukemia (ALL) Breast Cancer Coronary Artery Bypass Graft (CABG) Tetralogy of Fallot (TOF) Ventricular Septal Defect (VSD) Rheumatic Fever/Rheumatic Heart Disease Peritoneal Dialysis (PD) First	Government
VI	Corazon Locsin Montelibano Memorial Regional Hospital	Breast Cancer Prostate Cancer Selected Orthopedic Implants Premature and Small Newborn	Government
VI	Western Visayas Medical Center	Acute Lymphocytic Leukemia (ALL) Breast Cancer Prostate Cancer Coronary Artery Bypass Graft (CABG) Tetralogy of Fallot (TOF) Ventricular Septal Defect (VSD) Rheumatic Fever/Rheumatic Heart Disease Premature and Small Newborn Children with Hearing Impairment	Government
VI	St. Paul's Hospital of Iloilo, Inc.	Kidney Transplant (KT) Peritoneal Dialysis (PD) First	Private
VII	Celestino F. Gallares Memorial Hospital	Premature and Small Newborn	Government

REGION	INSTITUTION	CONTRACTED PACKAGES	CLASSIFICATION
VII	Perpetual Succour Hospital of Cebu, Inc.	Acute Lymphocytic Leukemia (ALL) Breast Cancer Colon and Rectum Cancer Tetralogy of Fallot (TOF) Coronary Artery Bypass Graft (CABG) Ventricular Septal Defect (VSD) Kidney Transplant (KT)	Private
VII	Vicente Sotto Memorial Medical Center	Breast Cancer Cervical Cancer Coronary Artery Bypass Graft (CABG) Tetralogy of Fallot (TOF) Ventricular Septal Defect (VSD) Kidney Transplant (KT) Peritoneal Dialysis (PD) First Selected Orthopedic Implants Premature and Small Newborn	Government
VIII	Eastern Visayas Regional Medical Center	Rheumatic Fever/Rheumatic Heart Disease Peritoneal Dialysis (PD) First Z-MORPH Expanded Z-MORPH Premature and Small Newborn Children with Developmental Disabilities Children with Mobility Impairment	Government
IX	Zamboanga City Medical Center	Cervical Cancer Colon and Rectum Cancer Peritoneal Dialysis (PD) First Selected Orthopedic Implants Z-MORPH	Government
X	Cagayan de Oro Polymedic Medical Plaza, Inc.	Coronary Artery Bypass Graft (CABG)	Private
X	Capitol University Medical Center	Peritoneal Dialysis (PD) First	Private
X	Northern Mindanao Medical Center	Acute Lymphocytic Leukemia (ALL) Breast Cancer Coronary Artery Bypass Graft (CABG) Tetralogy of Fallot (TOF) Ventricular Septal Defect (VSD) Rheumatic Fever/Rheumatic Heart Disease Kidney Transplant (KT) Peritoneal Dialysis (PD) First Selected Orthopedic Implants Premature and Small Newborn	Government
XI	CURE Philippines, Inc. (TEBOW)	Selected Orthopedic Implants	Private
XI	Davao Doctors Hospital	Coronary Artery Bypass Graft (CABG) Kidney Transplant (KT) Peritoneal Dialysis (PD) First	Private
XI	Davao Regional Medical Center	Acute Lymphocytic Leukemia (ALL) Breast Cancer Kidney Transplant (KT) Peritoneal Dialysis (PD) First	Government

REGION	INSTITUTION	CONTRACTED PACKAGES	CLASSIFICATION
XI	Southern Philippines Medical Center	Acute Lymphocytic Leukemia (ALL) Breast Cancer Prostate Cancer Colon and Rectum Cancer Coronary Artery Bypass Graft (CABG) Tetralogy of Fallot (TOF) Peritoneal Dialysis (PD) First Ventricular Septal Defect (VSD) Rheumatic Fever/Rheumatic Heart Disease Kidney Transplant (KT) Selected Orthopedic Implants Z-MORPH Expanded Z-MORPH Premature and Small Newborn Children with Developmental Disabilities Children with Mobility Impairment Children with Hearing Impairment	Government
CAR	Baguio General Hospital and Medical Center	Acute Lymphocytic Leukemia (ALL) Breast Cancer Cervical Cancer Colon and Rectum Cancer Peritoneal Dialysis (PD) First Prostate Cancer Selected Orthopedic Implants Premature and Small Newborn	Government
CAR	Cordillera Hospital of Divine Grace	Kidney Transplant (KT)	Private
CAR	Cordillera Kidney Specialist, Inc	Peritoneal Dialysis (PD) First	Private
CAR	Notre Dame de Chartres Hospital	Coronary Artery Bypass Graft (CABG)	Private

ZMORPH - Z Benefits Mobility, Orthosis, Rehabilitation, Prosthesis Help Package

SOURCE: *Philippine Healthcare Insurance Corporation*

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