Level of Satisfaction with the National Health Insurance Program in 2006 among PhilHealth Accredited Service Providers from Four Medical Societies

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ABSTRACT

Objectives: To determine the level of satisfaction with the National Health Insurance Program (NHIP) among PhilHealth-accredited members of the four different medical societies (PCP, PPS, PCS and PSA) and identify areas for improvement of the NHIP.

Methods: In 2006, UPM-NIH conducted satisfaction surveys among PhilHealth-accredited members of the Philippine College of Physicians (PCP), Philippine Pediatric Society (PPS), Philippine College of Surgeons (PCS), and Philippine Society of Anesthesiologists (PSA) during their respective national conventions. The survey questionnaire used a Leikert scale to measure level of satisfaction and was based on the key performance areas of the NHIP identified in the validation framework of the InterAgency Validation Team and key informant interviews (KIIs) of selected medical doctors. Data analysis was done using SPSS ver 14.

Results and Conclusion: Respondents from the PCS (surgeons) were only slightly satisfied with PhilHealth in general, while the respondents of the other three societies: (PCP – Internists, PPS – Pediatricians, and PSA – Anesthesiologists) were slightly dissatisfied with PhilHealth. Respondents of the four societies were satisfied with the accreditation process. Respondents were most dissatisfied with the length of time to be reimbursed and the amount reimbursed for their professional services. The respondents from the PCS tended to be more satisfied than the respondents of the PCP, PPS and PSA. Respondents expressed some dissatisfaction with the PhilHealth benefit package formulation. A significant percentage of respondents (about 27%) were neither satisfied nor dissatisfied with PhilHealth. These respondents could swing PhilHealth satisfaction either way and PhilHealth should make efforts to make them satisfied.

The design of the survey tool precluded a qualitative analysis of the reasons for satisfaction/dissatisfaction. But the areas of most dissatisfaction identified by the respondents have to do with reimbursement: length of time and amount. In subsequent small group discussions with different physician service providers, it was observed that there was a general low level of awareness about the principles of social health insurance, benefit design and payment mechanisms. PhilHealth should address this with regular information and service improvement campaigns to engender a more proactive role for the service providers in achieving greater financial access to needed quality health services for all Filipinos.

Respondents had recommendations to improve PhilHealth performance in the following areas: accreditation, reimbursement, benefit package formulation, administrative process, and coverage and enrollment. Many of the recommendations had to do with increasing PhilHealth efficiency, unifying the Department of Health (DOH), the Philippine Regulatory Commission (PRC) and PhilHealth standards, simplifying and decreasing requirements for the different processes and improving PHIC's information system. They also recommended revising the relative value scale (PhilHealth's system of assigning a value to a certain procedure which serves as the basis for determining the amount for reimbursement), improving coverage, formulating comprehensive benefit packages focused on the poor, and effective identification of the poor for the Sponsored Program, (PhilHealth's program for enrolling the poor).

Key Words: PhilHealth, Service Provider Satisfaction, Social Health Insurance

Introduction

In 2004, RA 9241[1] amended RA 7875,[2] otherwise known as the National Health Insurance Act of 1995, and mandated the National Economic Development Authority (NEDA) in coordination with the National Statistics Office (NSO) and the National Institutes of Health of the University of the Philippines Manila (UPM-NIH), to undertake studies to validate the accomplishments of the National Health Insurance Program (NHIP). This interagency validation team of NEDA, NSO and NIH drafted a validation framework with key performance indicators designed to validate the performance of the NHIP.

The validation framework identified 17 key performance areas as seen through the lenses of the five policy goals of equity, effectiveness, efficiency, quality and sustainability. Service provider satisfaction is one of the 17 key performance areas identified by the framework. The framework defined effectiveness from the viewpoint of the three major stakeholders of the NHIP: 1) the members and dependents as beneficiaries, 2) healthcare providers and 3) the Social Health Insurance Corporation.[3] A defect in any of the relationships among the stakeholders could lead to failure of attainment of the health policy goals of social health insurance. The levels of satisfaction of healthcare providers affect the quality of care given to the beneficiaries.

As of December 2005, there were a total of 21,148 PHIC-accredited healthcare professionals and 1,601 accredited healthcare institutions. Review of literature showed that there have been no published local health service provider satisfaction surveys or studies to assess the satisfaction of PHIC-accredited service providers with the PHIC system.

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However, the Centers for Medicare and Medicaid Services in the US, which is responsible for the administration of the U.S. Medicare program has conducted annual surveys since 2005 to garner objective, quantifiable data on provider satisfaction on the contractor-provider relationship of the Medicare Program. The objective of the surveys was to evaluate and appropriately understand provider concerns in the seven (7) areas, namely: provider communication, provider inquiries, claims processing, appeals, provider enrollment, medical review and provider reimbursement. The 2008 survey found that the vast majority of Medicare healthcare providers were satisfied with the Medicare contractors, with the claims processing function receiving the highest scores.[4]

Understanding and evaluating PHIC from the viewpoint of the service providers could significantly help in identifying areas of improvement for the system of PHIC which ultimately should redound to better quality health services for the PhilHealth beneficiaries.

Objectives

The primary aim of this study is to determine the level of satisfaction with the National Health Insurance Program among the PhilHealth Accredited Members of the Philippine College of Physicians (PCP), the Philippine Pediatric Society (PPS), the Philippine College of Surgeons (PCS) and the Philippine Society of Anesthesiologists (PSA) and identify areas for improvement of the NHIP.

Specifically, this study aims to:

1. Determine the level of satisfaction among the PhilHealth-accredited members of the four medical societies (PCP, PPS, PCS and PSA) towards PhilHealth in general and towards the following specific NHIP processes:
    a. Accreditation
    b. Reimbursement
        i. filing of claims
        ii. length of time to be reimbursed
        iii. amount reimbursed
    c. Benefit Packages Formulation
2. Document the medical service providers' recommendations to improve the NHIP.

Methods

The survey questionnaire was constructed based on the validation framework of PhilHealth performance, formulated by the PhilHealth Research Study Group UPM-NIH (October, 2005) and the different studies on social health insurance, as well as the focus group discussions (FGD) and key informant interviews (KII) of selected medical practitioners. A pretest was performed to finalize the survey questionnaire.

The survey was conducted during the annual conventions of the four different medical societies in 2006: the Philippine College of Physicians (PCP) from May 5-6, 2006; the Philippine Pediatrics Society (PPS) from April 2-5, 2006; the Philippine College of Surgeons-Philippine Society of Anesthesia (PCS-PSA) 2006 Joint Annual Convention from May 3-6, 2006. The said conventions served as an opportunity to survey a large number of participants from different regions of the country. A survey was also done at the annual convention of the Philippine Obstetrical and Gynecological Society (POGS) but not enough answered questionnaires were returned and POGS was not included in this study.

Three university researchers were trained and assigned to distribute and collect survey forms during the conventions and answer any questions for clarification from the respondents. In the PCP and PCS-PSA conventions, the survey was announced to the delegates by the organizing committee of the respective society. In the PPS survey, the survey questionnaire was included in the registration kit of the delegates. Data was encoded and analyzed using the SPSS version 14.

The study, however, had the following limitations: (1) Selection of respondents was not random, thus the results are non-inferential and may reflect the bias of members who attend conventions and are willing to answer such questionnaires. However, survey results from the four specialty associations showed similar trends; (2) The characteristic of the respondents (medical doctors who generally do not answer long questionnaires) precluded a more detailed questionnaire which limited the qualitative aspects of the survey, especially the reasons for the satisfaction/dissatisfaction; (3) The respondents belonged to the specialty associations of internists (PCP), pediatricians (PPS), surgeons (PCS) and anesthesiologists (PSA); while the majority (98%) of PhilHealth accredited service providers as of 2006 were physicians almost equally divided between general practitioners and specialists.[5]

Results

Profile of the Respondents

Applying the inclusion criteria of positive PHIC accreditation and at least with four answers out of the five questions with Leikert scales, the following were the respondents for the corresponding societies:

Respondents ranged from 9.9% of those who attended the PPS annual convention to a high of 21.4% of those who attended the PSA annual convention. PSA respondents tended to be older, with most belonging to the 45-49-year age bracket. PCP and PCS respondents were mostly in the 41-45-year age bracket, while the PPS respondents were in the 36-40-year age bracket. Although the respondents had national representation, more than 35% practiced in the national capital region (NCR) area. Most of the respondents (66.7% for PCP, and more than 70% for PPS, PCS and PSA) had been PHIC-accredited for more than five years.

PCP: About 10.8% of the 3910 PCP members who attended the convention were included in the study (n = 424). Of the 378 (89.2%) who had valid responses for sex, 55% were female and 45% male. The mean age was 42 years of age, with most respondents belonging to the 41 to 45-

year age bracket. Most of the respondents were specialists: 405 (95.5%) were internists, and three (0.7%) were general practitioners. The three most represented subspecialties were pulmonology (19.3%), cardiology (18.6%) and nephrology (15.1%). About 35.4% (135) were practicing within the NCR. About 78.5% (333) had valid responses for number of years accredited with PHIC: 66.7% of these were accredited for five years or more, 18.9% for three to four years, 12.9% for one to two years, and 1.5% for less than a year.

PPS: About 9.9% of the 3374 PPS members who attended the convention were included in the study (n = 333). About 82.8% were female; 29.9% were within the 36-40-year age bracket. About 20.2% were general pediatricians, 12.4% pediatric nephrologists and 11.2% neonatologists. About 43.2% of respondents practiced within NCR, and 72.9% of respondents were PHIC accredited for five years or more, 15.4% for three to four years, and 11.7% for one to two years.

PCS: About 17.7% of the 1,356 PCS members who attended the convention were included in the study (n = 240). Of the 233 who had valid responses for sex, 92.7% were male, while 7.3% were female; mean age was 43 years and 20.6% were within the 41 to 45-year age bracket. About 69.2% were general surgeons, 10.8% urologists, 2.1% thoracovascular surgeons and 2.1% plastic surgeons. About 38.3% were practicing within NCR, 10.8% in Central Visayas and 8.6% in Western Visayas. About 74.1% had been PHIC accredited for five years or more, 15.5% for three to four years, 5.7% for one to two years and 4.6% for less than a year.

PSA: About 21.4% of the 599 PSA members who attended the convention were included in the study (n = 128). Of the 126 who had valid responses for sex, 50.1% were male, 49.2% were female; mean age was 44.2 years and 25.2% were within the 45 to 49-year age bracket. Only 15.6% had valid responses for subspecialty. The majority of those surveyed practiced general anesthesia. About 37.7% were practicing within NCR, 9.6% in Western Visayas and 8.8% in Central Visayas. About 78.7% had been PHIC accredited for five years or more, 11.7% for three to four years, 4.3% for one to two years and 5.3% for less than a year.

The results of the responses for satisfaction with PhilHealth in general and for each of the six processes identified were tabulated, comparing satisfaction levels among the respondents of the four specialty associations. The mean score in each of the identified areas was taken into consideration in order to measure the degree of satisfaction or dissatisfaction of the respondents in general. A mean score of above 3 indicates satisfaction while a mean score less than 3 would mean dissatisfaction and a mean score of 3 would mean neither satisfied nor dissatisfied (neutral).

Satisfaction with PHIC in General

There were 415 (97.9%) valid answers for satisfaction with PHIC in general for respondents of PCP, 316 (94.9%) for PPS, 240 (100%) for PCS and 127 (97.7%) for PSA. PCS respondents were slightly satisfied (mean score 3.1) while the respondents of PCP, PCS, PSA were all equally slightly dissatisfied (mean score 2.9). See Figure 1.

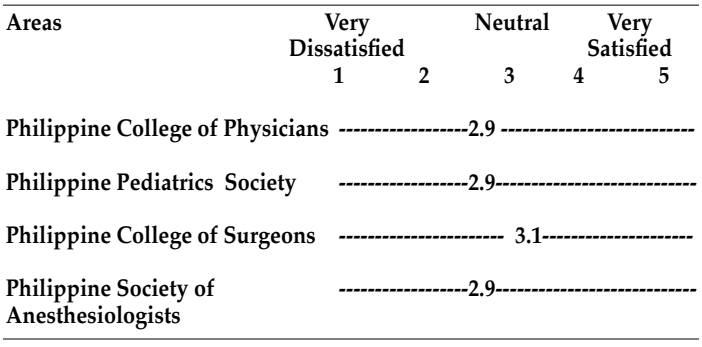

Figure 1. PHIC Satisfaction in General

Of the PCP respondents, 129 (31.1%) said they were satisfied with PhilHealth in general, six (1.4%) were very satisfied, 134 (32.3%) were dissatisfied, 33 (8%) were very dissatisfied and 113 (27.2 %) were neutral.

Of the PPS respondents, 109 (34.5%) said they were satisfied with PhilHealth in general, two (0.6%) were very satisfied, 78 (23.4%) were dissatisfied, 37 (11.7%) were very dissatisfied and 17 (5.1 %) were neutral.

Of the PCS respondents, 100 (41.7%) said they were satisfied with PhilHealth in general, four (1.7%) were very satisfied, 59 (24.6%) were dissatisfied, eight (3.3%) were very dissatisfied and 69 (28.8 %) were neutral.

Of the PSA respondents, 41 (32.3%) said they were satisfied with PhilHealth in general, two (1.6%) were very satisfied, 42 (33.1%) were dissatisfied, six (4.7%) were very dissatisfied and 36 (28.3 %) were neutral.

PHIC Accreditation Satisfaction

Accreditation is one of the processes of PhilHealth "whereby the qualifications and capabilities of health care providers are verified in accordance with the guidelines, standards and procedures set by the Corporation for the purpose of conferring upon them the privilege of participating in the National Health Insurance Program and assuring that the health care services rendered by them are of the desired and expected quality."[6] There were 414 (97.6%) valid answers for PHIC accreditation satisfaction for PCP respondents, 325 (97.6%) for PPS, 239 (99.6%) for PCS and 125 (97.7%) for PSA.

Accreditation was one area where respondents of all societies surveyed were satisfied, with PCS respondents most satisfied (mean score 3.6), followed by PSA respondents (3.5), PPS respondents (3.3) and PCP respondents (3.1). See Figure 2.

PHIC Reimbursement Satisfaction in General

There were 391 (92.2%) valid answers for PHIC reimbursement satisfaction in general for PCP respondents, 269 (80.8%) for PPS, 231 (96.3%) for PCS and 119 (93.0%) for PSA.

Respondents of the PCP and PSA (mean score 2.7) and respondents of the PPS (mean score 2.9) were slightly dissatisfied with Philhealth reimbursement in general. PCS

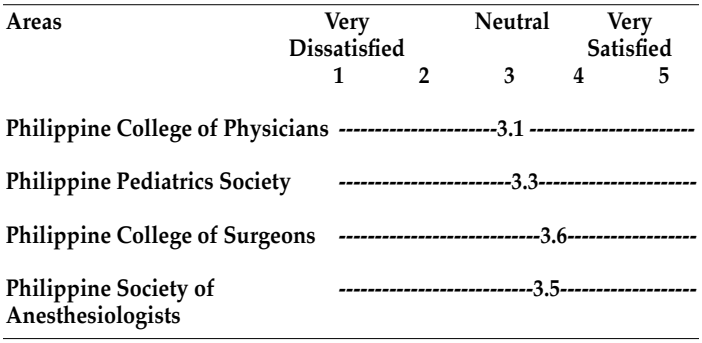

Figure 2. PHIC Accreditation Satisfaction

respondents were neither satisfied nor dissatisfied (mean score 3.0). See Figure 3.

For the purpose of this study the process of reimbursement was further broken down.

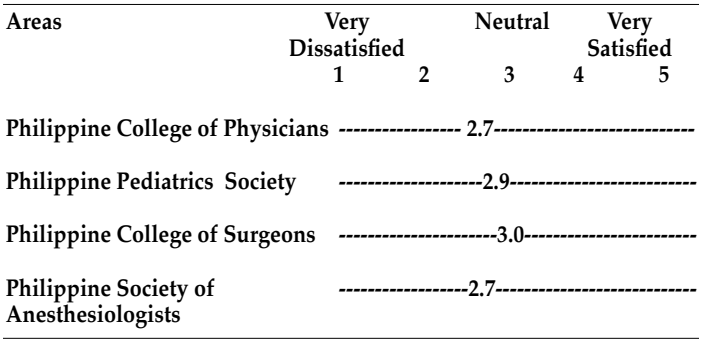

Figure 3. PHIC Reimbursement Satisfaction in General

a. PHIC Filing of Claims Satisfaction

There were 405 (92.2%) valid answers for PHIC filing of claims for PCP respondents, 259 (77.8%) for PPS, 233 (97.1%) for PCS and 121 (94.5%) for PSA. PCS and PSA respondents were neither satisfied nor dissatisfied (mean score 3.0) while PCP and PPS respondents were slightly dissatisfied (mean score 2.9). See Figure 4.

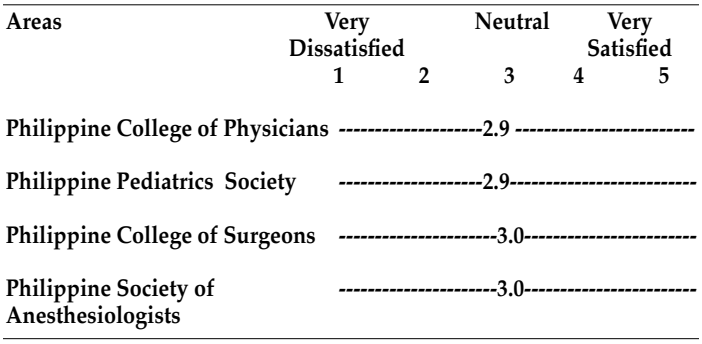

Figure 4. PHIC Filing of Claims Satisfaction

b. PHIC Length of Time of Reimbursement

There were 416 (98.1%) valid answers for PHIC length of time of reimbursement satisfaction for PCP respondents, 322 (96.7%) for PPS, 238 (99.2%) for PCS and 124 (96.9%) for PSA. Respondents of all societies surveyed were dissatisfied with the length of time of reimbursement with mean scores of 2.5 for PPS and PCS respondents, and mean scores of 2.4 for PCP and PSA respondents. See Figure 5.

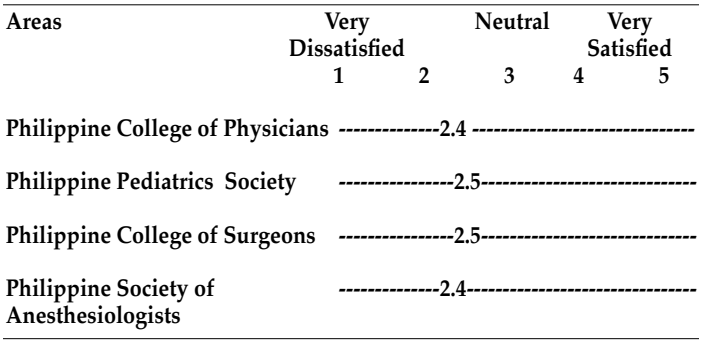

Figure 5. PHIC Length of Time of Reimbursement

c. PHIC Amount Reimbursed

There were 414 (97.6%) valid answers for PHIC amount reimbursed satisfaction for PCP respondents, 315 (94.6%) for PPS, 237 (98.8%) for PCS and 124 (96.9%) for PSA. Respondents of all societies surveyed were dissatisfied with the amount reimbursed with PSA respondents most dissatisfied (mean score 2.1) followed by PCP respondents (mean score 2.2) PPS (mean score 2.3) and PCS (mean score 2.5). See Figure 6.

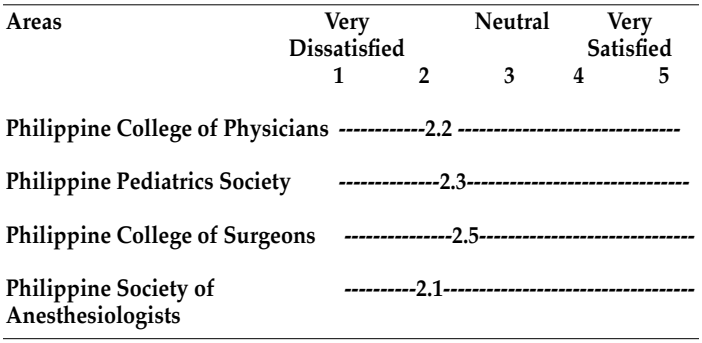

Figure 6. PHIC Amount Reimbursed Satisfaction

PHIC Benefit Package Formulation Satisfaction

There were 419 (98.8%) respondents with valid answers for PHIC benefit package formulation satisfaction for PCP respondents, 315 (94.6%) for PPS, 237 (98.8%) for PCS and 125 (97.7%) for PSA. PSA respondents were neither satisfied nor dissatisfied (mean score 3.0) while PCS respondents were slightly dissatisfied (mean score 2.8) and PPS (mean score 2.7) and PCP respondents (2.6) slightly more dissatisfied. See Figure 7.

Recommendations on the Different PHIC Processes

In the process of reviewing of the general recommendations, five broad areas were identified by which the said recommendations could be categorized: Accreditation Process, Reimbursement Processes, Benefit Packages Formulation, Administrative Processes and Other Processes. The following is a brief list of the various recommendations proposed by respondents; it does not reflect the frequency of mention.

Areas	Very Dissatisfied 1	2	Neutral 3	4	Very Satisfied 5
Philippine College of Physicians	----------2.6----------				
Philippine Pediatrics Society	---------- 2.7----------				
Philippine College of Surgeons	----------2.8----------				
Philippine Society of Anesthesiologists	----------3.0----------				

Figure 7. PHIC Benefit Package Formulation

Accreditation Process

Most of the recommendations of the respondents dealt with increasing the efficiency of the accreditation process: simplification of the process, decreasing the number of requirements, improving accessibility by increasing the number of regional/satellite offices and the number of accredited banks for paying accreditation fees. Respondents of both PCP and PPS suggested a more refined classification of doctors (general practitioners vs. specialists vs. subspecialists) which should not only be reflected in the accreditation process but also in the reimbursement design, including the amount reimbursed. Diplomates should be treated as specialists and not as GPs. PCS respondents wanted to minimize the accreditation process altogether, some suggesting PHIC should accredit all trained MDs and provide automatic renewal especially for government physicians. There was also a suggestion to make government physicians the sole recipients of PHIC accreditation.

Reimbursement Processes

As in the accreditation process, many of the recommendations dealt with making the reimbursement process more efficient by making the process easier with decreased requirements and red tape, increasing the number of accredited banks for claiming reimbursements and decreasing the length of time for reimbursement. Respondents also recommended increasing the allowable length of time to file claims. PCP and PPS respondents recommended the revision of the relative value scale (RVS) and the increase of the relative value units (RVUs) for medical cases as compared to surgical cases. The RVS is PhilHealth's system of assigning a value (RVUs) to each medical and surgical procedure. One RVU has an equivalent peso amount for reimbursement purposes. In general surgical procedures had higher RVUs than medical procedures. They recommended that the RVUs be made dependent also on case and severity.

PCS respondents recommended that PhilHealth upgrade the current RVS and to follow PCS conversion rate of RVUs, give more reimbursement to PCS fellows compared with non-fellows and increase RVUs of certain procedures such as abdominal surgeries and certain excisions. They also recommended: disallowing the pooling of physicians' PHIC benefits; more accountability of reimbursement of patients; reducing withholding tax from 15% to 10%; making automatic deductions to patients to prevent late filing.

PSA respondents felt that their reimbursed professional fees were very low and too surgery-dependent. They wanted to change the reimbursement system to be more anesthesia-technique or patient-case dependent. They suggested the following changes to the RVS: increasing the RVUs to one-half the surgeon's fee instead of one-third; a separate RVU computation for anesthesiologists; and consultations with specialty societies in the formulation of RVUs. They wanted a more rational and practical RVS for anesthesiologists.

Benefit Packages Formulation

The respondents gave the following recommendations: increase benefit packages for the poor; formulate benefit packages that cover preventive and promotive health (specially immunization for PPS respondents) with focus on the poor; and expand benefits covering chronic cases. PCS respondents recommended increasing drugs covered and addition of the following: OPD benefits, chemotherapy, endoscopic and laparoscopic procedures. PSA respondents recommended increased anesthesia coverage for spontaneous delivery and pain management. Respondents also recommended improving information dissemination and communication among the PhilHealth Corporation, the members and the service providers to foster a more open, honest and mutual relationship. PSA respondents suggested consultations with the different sectors of society before the formulation of benefit packages.

Administrative Processes

PCP respondents commented that consistency and transparency are essential. They suggested improvement of phone assistance and the information management systems including online services. PCS respondents suggested the simplification of forms, regular updates on incomplete claim forms as well as rejected claims, providing doctors and patients with itemized copies of incurred hospital expenses and addition of knowledgeable personnel (especially with regard to ICD codes) in every center to assess PhilHealth patients. It was also suggested that early release of Form 2307 for withholding tax be facilitated. The respondents wanted PhilHealth to stop the following practices: making generic letters to patients stating that they can claim or reimburse the benefits received by the physician, and the publication/display of physician's fees.

Others

PSA respondents suggested that PhilHealth should try to reach 100% coverage if possible and a more effective mechanism for identifying the "true" poor for the sponsored program. Some PCS respondents suggested increasing the premium contributions so that benefits may increase also.

Discussion and Conclusion

Service providers comprise one of the three major stakeholders of the National Health Insurance Program, the other two being the beneficiaries and the PhilHealth Corporation itself. To be able to achieve its mandate of

ensuring financial access to healthcare services for all Filipinos, it is important that the service providers are on board to achieve the target of universal coverage. Since PhilHealth started in 1995, there has been no published study on PhilHealth service provider satisfaction. There is also a need for an institution independent of PhilHealth to conduct this study. We noted that there was increased enthusiasm in filling out and returning the satisfaction survey questionnaire once we made it clear to the respondents that the survey was not a PhilHealth-conducted survey but was rather an independent UPM-NIH survey to validate service provider satisfaction with PhilHealth. Because PhilHealth is the corporation that accredits and reimburses the service providers, PhilHealth may have undue influence on the service providers' willingness to express their actual level of satisfaction or dissatisfaction.

The results of our study show that respondents from the PCS (surgeons) were only slightly satisfied with PhilHealth in general, while the respondents of the other three societies (PCP – internists, PPS – pediatricians, and PSA – anesthesiologists) were slightly dissatisfied with PhilHealth. Respondents of the four societies were satisfied with the accreditation process although the mean scores ranged from 3.1 – 3.6 only, with the PCS and PSA respondents more satisfied. Respondents were most dissatisfied with the length of time to be reimbursed and the amount reimbursed for their professional services. The respondents from the PCS tended to be more satisfied than the respondents from the PCP, PPS and PSA, which could be due to the fact that the benefit packages and the relative value system for determining amount of reimbursement is surgically oriented, having been mainly inherited from the previous Medicare program. Respondents expressed some dissatisfaction with the PhilHealth benefit package formulation.

Although the sampling method is not random and therefore is not inferential, the results of four different surveys among four specialty societies do point to a trend.

Looking at the distribution of satisfied versus dissatisfied respondents for satisfaction with PhilHealth in general gives us a different slant on the level of satisfaction/dissatisfaction. For this discussion, the percentage of satisfied responses will refer to the sum of the percentage of the respondents who were both satisfied and very satisfied. On the other hand, the percentage of dissatisfied responses will refer to the sum of the percentage of the respondents who were both dissatisfied and very dissatisfied.

Based on the distribution of responses for PhilHealth satisfaction in general given above, we find the following:

Except for PPS respondents (5.1% neutral), there was a sizeable percentage (27-28%) who were neutral, meaning they were neither satisfied nor dissatisfied. PhilHealth should consider this group the swing group, who can sway service satisfaction either way, and PHIC should therefore target their information and service improvement campaigns towards them.

Except for PCS respondents (43.4% satisfied vs 27.9% dissatisfied), there was almost an equal percentage of satisfied and dissatisfied respondents (about 35% for each). There is therefore a potentially sizeable portion (at least a third) of specialist service providers (PCP, PPS and PSA) who might be dissatisfied.

There was a significant percentage (8-10%) of PCP and PPS respondents who were very dissatisfied.

Reasons for Satisfaction/Dissatisfaction

The survey tool used to determine satisfaction/dissatisfaction was designed to be a self-administered questionnaire that could be answered in three to five minutes by participants of specialty associations' annual meetings. Initially the question "Why?" was appended to each question regarding the major PhilHealth processes but on pre-testing, the pre-test respondents strongly suggested that the "Why?" question be dropped if we wanted to get an acceptable number of survey returns. The survey therefore ascertained the quantitative level of satisfaction/dissatisfaction with PhilHealth in general and with its major processes. However, from the results, we can see that the areas of most dissatisfaction pertained to the length of time needed for reimbursement and the amount of reimbursement. On the other hand, respondents were relatively satisfied with the process of accreditation.

In subsequent small group discussions (SGDs) with physician service providers, the following was observed:

There is a general low level of awareness in the following areas:

1. The principles and purpose of social health insurance, especially the principle of social solidarity. Several physicians held that paying PhilHealth members (formal sector) should rightfully utilize their PhilHealth benefits more than subsidized members (sponsored members). This is contrary to the principle of social solidarity wherein the well-off paying members who are relatively at low risk of getting sick should subsidize those who are unable to pay the premium and are also at high risk and should therefore be utilizing their PHIC benefits more.
2. The benefit design of PhilHealth with its First Peso coverage and low ceiling benefits and how merely increasing ceiling benefits tend to inflate the cost of hospitalization. Increases in ceiling benefits without benefit design reforms tended to be captured 100% by private hospitals and 70% by government hospitals, and do not lead to increased financial protection of the PhilHealth beneficiaries.[7]
3. The different payment mechanisms of social health insurance and their advantages and disadvantages and the payment mechanisms used by PhilHealth.

There is therefore a need for PhilHealth to continually run an information campaign in these areas. More information should result in more widespread understanding of the principles of social health insurance and hopefully, a more proactive role for the service providers in working for increased financial protection of marginalized Filipinos.

Recommendations regarding the process of

reimbursement emphasized increasing the amount reimbursed, decreasing the length of time to be reimbursed and simplifying the filing of claims. The importance of service provider satisfaction with the process of reimbursement was emphasized in the validation framework under the health policy goal of effectiveness. The health care provider is a necessary part of the triangle of health care purchaser (PHIC), provider and user (members/beneficiaries). Without the provider, the attainment of the other health policy goals of Social Health Insurance would be impossible. The effectiveness of the NHIP therefore must also be defined from the viewpoint of the health care provider. As such, a major concern is reimbursement. In essence, does PHIC ensure quality of care through reimbursements that are fair and equitable or reimbursements that approximate the true value of services offered by the health care providers?

The recommendations of the respondents with regards benefit package formulation show that some of them do understand the important role that PHIC has in ensuring financial access to quality healthcare for all Filipinos especially those who need it most.

The researchers have identified inherent limitations of the study and the following are the recommendations for the benefit of future studies:

1. Utilize random sampling methodology for the study to be inferential
2. Multiple choice answers for recommendations for easier data encoding and analysis
3. Include a question regarding average length of time to be reimbursed to allow comparison with PHIC data
4. Better coordination with the different medical societies for smoother implementation of the survey and higher returns of completed survey forms
5. Focus group discussions (FGDs) among selected respondents to supplement the data collected to deepen the qualitative aspects of the study especially with regard to identifying areas for improvement of the NHIP. FGDs with hospital administrators can also give a different perspective.
6. PhilHealth should regularly conduct its own in-house survey of service provider satisfaction and by its leverage, can most probably get a higher number of responses, but there is still a need for independently conducted service provider satisfaction surveys.

As reflected by the results of the study, there is still much room for improvement in the PHIC processes/system from the perspective of healthcare providers, especially in the areas of the length of time needed for reimbursement, the amount reimbursed and benefit package formulation. As one of the three key stakeholders in a social health insurance system, the service provider holds a crucial role in the attainment of the health policy goals, specifically that of quality, effectiveness, and sustainability. However, the different interests of the three key stakeholders (PhilHealth, the service providers and the members/beneficiaries) have to be balanced. For 2008 as in 2004, the professional fees of the service providers already made up 24% of the total amount of claims paid by PhilHealth.[8] Increasing this amount without a corresponding increase in revenue generation or collections could mean fewer benefits for the PhilHealth beneficiaries. In the end, the goal of equity and the mandate of PhilHealth to "provide all citizens … with the mechanism to gain financial access to health services" (RA 7875 Section 3) should be the primary consideration for PhilHealth to achieve its goal of being the model social health insurance for developing countries.

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