

PhilHealth tightens rules against fraud

October 23, 2019

PhilHealth asserted that its recent actions against erring hospitals are to ensure more stringent measures in its fight against providers who defraud the Corporation. The State health insurance agency however, assures the public that measures are being done so that member's availment of services shall not be compromised.

The assertion was in response to a paid advertisement from an individual who claims to head a group of private hospitals alleging that several of their members in Mindanao were not given the opportunity to be heard in formal hearings of the cases filed against them.

"Our legal procedures follow strict rules on due process when cases are filed against our providers. These hospitals were properly asked to explain their side on their alleged involvements in fraudulent activities," PhilHealth President and CEO BGen. Ricardo C. Morales said, adding that they observed pertinent rules and procedures before arriving at these decisions. *"Proper communications were also given so they can properly notify their patients of their situation,"* Morales added.

The PhilHealth Chief said that *"many of his alleged member-hospitals disown his insinuations. I advise that he choose his words carefully in order not to compromise those who are in good standing and are in good partnership with PhilHealth."* Morales advised hospitals to directly coordinate with PhilHealth's regional offices on any issues arising from their claims.

Earlier last week, PhilHealth announced the withdrawal of accreditation privileges of Dr Arturo P. Pingoy Medical Center and Allah Valley Medical Specialist Center Inc., and the suspension of General Santos Doctors Hospital due to alleged involvement in fraudulent activities based on its policy of withdrawing accreditation if cases have been filed in its Arbitration Office. Morales vowed that PhilHealth shall not tolerate filing of fraudulent claims by its providers.

"Much has been said of the criminal cases against WellMed that made headlines in June this year. We are not allowing this to happen again. We are now imposing more stringent if not uncompromising actions at the slightest sign of fraud," he stressed.

Member's welfare still a consideration

Notwithstanding the cases that are now on process with the agency, he announced that they have reached a modus vivendi, or an arrangement with the concerned hospitals so that members are not disenfranchised while there is continuing investigation on their suspicious claims.

He added that they are now instituting reforms to be more responsive and proactive in the early detection of irregular practices not just of hospitals but also of members, employers and even their own officials and employees in order to protect the members' funds.

"Do not get us wrong. Our providers are our partners in service but once trust and respect are violated by any of the parties then it is incumbent upon us to investigate and enforce the law. This is what our members are expecting of us, no more, no less" stressed the Chief. END

Premium Increase and PACC Report

October 23, 2019

UHC does not intend to burden OFWs - PhilHealth

To allay misconceptions brought about by concerns over the increase in premiums under the Universal Health Care (UHC), state health insurer Philippine Health Insurance Corporation (PhilHealth) said that the adjustment in its contributions is provided for by law to guarantee fund sustainability and to effectively implement the UHC.

According to Republic Act 11223, premium rates of Direct Contributors where land-based migrant workers belong will gradually increase from the current 2.75% to 5% toward the end of 2024. Likewise, salary ceiling will also increase from the current P40,000 to P100,000 over the five-year period, with income floor pegged at P10,000.

"The increase is necessary to strengthen our fund's ability to sustain and expand the benefits for the members. It should not be seen as unnecessary expense, but rather an investment in the health of their family," BGen. Ricardo C. Morales, PhilHealth President and Chief Executive Officer said in response to concerns of certain OFW groups on the issue of contributions.

He added that maintaining an active PhilHealth membership through regular payment of contributions is a sure way of protecting themselves against the financial burden of treatment.

PhilHealth and POEA partnership for OFWs

The agency also said that talks are underway with the Philippine Overseas Employment Administration (POEA) to develop guidelines on how to best address the issue on premium increase as well as the systems for easy payment. The proposal aims to streamline processes in order to unburden OFWs as they fulfill their pre-departure transactions with the government.

"Such integration and streamlining hopes to promote efficiency and convenience, and is consistent with President Duterte's call for greater ease in doing business with the government." Morales explained.

The PhilHealth Chief believes that it is more of a burden to OFWs if they leave the country without securing PhilHealth coverage not just for themselves but more for their families left in the Philippines.

Corruption issues - still awaiting results of investigation

Reacting to the 2019 Ulat Sa Bayan by the Presidential Anti-Corruption Commission (PACC), Morales expressed high hopes that the on-going investigations will soon correct the perception of corruption in the state health insurance agency.

The PACC report echoes an unverified report of a broadsheet reporter in June this year alleging that PhilHealth lost some P154 billion due to overpayments and fraudulent claims. In several statements previously, PhilHealth

clarified that the said amount appears to be a mere extrapolation of estimates and therefore is a myth that has to be proven by the reporter himself for fairness in reporting.

"Corruption in the Corporation is currently being looked into by government authorities such as the Commission on Audit, Insurance Commission, National Bureau of Investigation, and the PACC, among others," declared Morales who is now drumming up efforts against fraud and corruption in and out of the institution. *"We have been and will always fully cooperate with any official investigation to be conducted. Parallel to their investigating efforts is our own probe to assess current policy and procedures that promote fraudulent practices so as to put a stop to any such practice in the Corporation. Rest assured PhilHealth with its present management takes protection of the fund entrusted to it very seriously so as to better achieve the goals of Universal Health Care."* (END)

PhilHealth ACAs: Moving Towards Digitalization

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The Philippine Health Insurance Corporation (PhilHealth) introduced its innovations and proposed a system enhancing its implementation of the new manner of accepting premium collections from its members in the next three (3) years during the 9th PhilHealth Accredited Collecting Agents (ACAs) forum recently held in Luxent Hotel, Quezon City. The annual event was attended by more than 60 collecting partners from banks and non-bank institutions.

Dubbed *"Digitalization at its Full Swing"*, the forum aims to get the support of ACAs in the implementation of various collection and premium payment systems and mechanisms such as Online Scheme and Over-the-Counter Collection Scheme with Pre-validation Link to PhilHealth System; and submission of Remittance Reports (RF2A) using the Electronic Collecting Reporting System (ECRS), among others.

The online innovations through the Electronic Premium Remittance System (EPRS) were earlier introduced in 2012 but only to a limited number of ACAs. Over the years these were continuously enhanced and developed to make sure that PhilHealth members, clients and customers will be able to experience faster, easier and accessible services. In addition, the automation of these systems and processes is part of PhilHealth's corporate priorities in line with the implementation of Universal Health Care as well as in support of President Rodrigo Duterte's directive to streamline services and to make government services efficient under the Ease of Doing Business Act.

In her message, Acting Senior Manager of Treasury Department Maria Lourdes V. Naguit said that the proposed innovations and projects are beneficial to both PhilHealth and ACAs since these will promote operational efficiency and synergy.

Naguit added that through such partnerships, ACAs are able to offer PhilHealth clients and stakeholders with the possibility of opening deposit accounts and to market their other products and services, while the non-bank

ACAs are given the opportunity to further expand their reach and collection windows particularly in areas that remain underserved or even unserved by PhilHealth ACAs at present.

Most importantly on PhilHealth's part, these will lead to the attainment of its strategic objective of improved, easier, speedy, accessible, and transparent transaction services, she added.

Naguit concluded her message by stressing that PhilHealth duly recognizes the vital role of ACAs in the efficient collection effort especially in the proper and timely reporting and posting of payments of PhilHealth members and employers, something that cannot be done by PhilHealth alone but with the help and support of its collecting partners.

In his closing remarks, Vice Chairperson of the PhilHealth Collecting Agents Accreditation Committee Dr. Francisco Z Soria, Jr., challenged the ACAs to expand collecting capabilities abroad for the greater benefit especially of Overseas Filipino Workers and expressed high hopes for greater connections and more enduring partnership in the future. END

