



**PHILIPPINE HEALTH INSURANCE CORPORATION
SUMMARY OF AGREEMENT
PERFORMANCE AGREEMENT
2016**

| | | Weight | Formula | Baseline | | | 2015 (Target) | Target 2016 | Remarks |
|-------------|--|--------|--|----------------|----------------|----------------|--|--|--|
| | | | | 2012 | 2013 | 2014 | | | |
| SO 1 | Ensure Beneficiary Satisfaction | | | | | | | | |
| SM1 | Customer Satisfaction Rating | 8% | Net Satisfaction Rating | Excellent(+82) | Excellent(+78) | Excellent(+74) | Excellent (+80) | Excellent (If 2015 < "+80", target is ">+80"; if 2015 ≥ "+80", target is 2015 + 2) | SWS for 2012 to 2014. Check margin of error. 1,200 sample size. PhilHealth plans to expand the sample size |
| SO 2 | Increase Customer Knowledge Regarding Benefits and Services | | | | | | | | |
| SM2 | Awareness Level Rating | 5% | Awareness Level Rating | N/A | N/A | N/A | Establish Baseline (At Least Satisfactory) | Baseline + 5% | Sub of the satisfaction survey. Awareness of the benefits and how to avail. Convert target based on the method of the survey |
| SO 3 | Improve the Ease, Speed, Accessibility and Courtesy of Transaction Services | | | | | | | | |
| SM3 | ARTA Score | 5% | Total no. of LHIOs rated at least Outstanding over Total no. of LHIOs | 16% | 25% | 51% | 70% of surveyed LHIOs rated at least Outstanding and No Failed | 75% of surveyed LHIOs rated at least Outstanding and No Failed | 106 LHIOs. 100% covered by CSC. For 2014, 138 covered including service desks (32 service desks). Service desks are excluded in the targets. Vision year target: 95% |
| SM4 | % of Collections from ACAs to Total Collections | 5% | Total Amount of Collections from ACAs over Total Collections (Exclude Indigent/NHTS-PR Collections and similar appropriations such as Pamana & Bangsamoro) | N/A | 32% | 32% | > 40% of Collections from ACAs (100% for QC) | 100% Collections from ACAs | 100% outsourced collection (premium from private employers with employees > 10) related to the ease of doing business. 2015 is initial year of outsourcing. Main transactions are membership, premium collection, accreditation and claims payment |

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| SO 4 | Expand Physical Accessibility and Ensure Quality of Contracted IHCPs (Institutional Health Care Providers) | | | | | | | | |
| SM5 | Percentage of Accredited Hospitals | 5% | Total Number of Accredited Hospitals over Total Number of Qualified DOH-certified Hospitals | 92% | 96% | 96.8% (Dec) 1,841 Qualified Hospitals | 100% (DOH-Licensed, Qualified, Interested & No Case) | 100% (DOH-Licensed, Qualified, Interested & No Case) | Renewed yearly (3% are not accredited by DOH). No problem in TAT. New "benchbook" to be developed that measures quality. Accreditation standards is at minimum |
| SM6 | Establish Policy Benchbook for Safety, Quality and Excellence | 5% | All or nothing | | | | Policy Benchbook on Safety | Establish Policy Benchbook on Quality or Excellence. Establish Baseline Rating. Ranking System to be published in Philhealth's Website | Future target: % of Hospitals with advanced participation award. Baseline and improvement from the baseline for 2017 To be conducted by 3rd party |
| SM7 | Percentage of LGUs with Accredited PCB, MCP & TB-DOTS Facilities (LGUs: Cities & Municipalities) | 5% | Total Number of Cities & Municipalities with Accredited PCB, MCP and TB-DOTS facilities over Total Number of Cities & Municipalities | | 46% | 60% | ≥ 60% without qualifiers (All or nothing) | 100% (Providers certified/licensed by DOH, Qualified & Interested) | It depends on the LGU to convince the RHUs to be accredited. NHTS is distributed down to the municipalities. 1,634 LGUs. PhilHealth to provide targets without qualifiers |
| SM8 | Percentage of RHUs Accredited for PCB, MCP & TB-DOTS (3-in-1) (DOH: 3,074 RHUs) | 5% | Total Number of RHUs Accredited as PCB, MCP AND TB-DOTS facility over Total Number of DOH-certified RHUs | | | | *** | 100% (DOH-Certified/ Licensed, Qualified & Interested) | PhilHealth to provide targets without qualifiers |
| SO 5 | Offer Significant and Comprehensive Benefits | | | | | | | | |

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| SM9 | Percentage of NBB Claims | 5% | Total Number of Indigent and Sponsored NBB Claims over Total Number of Indigent and Sponsored Claims; Scale | | 7% | 40% | ≥ 70% | If 25%: Target at least 50% If 50-75%: Target at least 75% If more than 75%: Target is at least 90% If 90%: Maintain | Some of the hospitals does not have the medicines. 2015 target for renege due to suspension of charge to future claims policy. PhilHealth to clarify 2016 target. |
| SM10 | Support Value | 4% | PhilHealth coverage / Total hospital expense | N/A | N/A | N/A | Establish Baseline | Average of Ward Accomodation: Baseline+[(60%-Baseline) / 5 years] <i>Supporting Documents: Provide Breakdown of Professional Fees and Hospital Expenses</i> | Based on a survey. Increase support value by additional benefits and fixed co-pay policy 2020 Vision year: 60% Support Value |
| SM11 | Percentage of NHTS-PR Beneficiaries Profiled to a Primary Care Provider | 5% | Total Number of NHTS-PR Beneficiaries (Indigent) Profiled to a PCB Provider over Total Number of Enlisted NHTS-PR Beneficiaries | | | | 85% | 90% | Enlisted means listing of indigent. For info, provide data on how many of the enlisted availed the PCB |
| Sub-Total | | 57% | | | | | | | |

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| SO 6 | Excel in Evidence-based Product Development and Service Innovation | | | | | | | | |
| SM12 | New/Improved Benefit Packages | 5% | Benefit Plan | | | | 3 Additional Z Benefits | Board-approved Improved Benefit Plan | |
| SM13 | Full Conceptualization of PhilHealth+ Program for Government Employees | 5% | Benefit Development | | | | Formal Board Approval of Complete PhilHealth+ Benefits for Government Employees | PhilHealth Plus Policy and Systems in Place (contingent on the option) | 2 options: a. PhilHealth to administer b. accreditation of HMOs (can be implemented by 2016). Option by agency to avail PhilHealth+ (additional benefit for additional premiums) |
| SO 7 | Ensure Efficient Core Processes and Effective Policy Implementation | | | | | | | | |
| SM14 | Turn-Around-Time (TAT) of Claims Processing | 5% | % of Good Claims Processed within TAT / Good Claims | 46 days | 37 days (GCG validation: 39.5 days) | 39 days(Jan-Dec) | ≤ 30 days | ≤ 30 days | 60 days mandatory TAT based on charter. Claims submission are still manual (paper based) |
| SM15 | Coverage Rate | 8% | Total Number of PhilHealth Eligible Beneficiaries over Total Population; Scale | 66% | 67% | 87% | ≥ 90% | ≥ 95% | Full coverage by mid june 2016. Includes point-of-care |

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| | Sub-Total | 23% | | | | | | | |
| SO 8 | Ensure a Competent Workforce | | | | | | | | |
| SM16 | Competency Framework | 5% | Average competency level of the organization | | | | Establish Framework | Establish baseline competency level | Outsourced competency model (for procurement) |
| SO 9 | Establish Strong and Strategic Leadership and Create a Supportive and High-Performance Culture | | | | | | | | |
| SM17 | ISO Certification | 5% | Total Number of PROs with ISO Certification; Scale | N/A | N/A | Core Process, 1 PRO & 1 LHIO | Conduct of Management Review for Regional Offices (Post-IQA) | ISO Certification of all PROs with 1 LHIO also certified per PRO | PROs - regional office. Currently, 1 PRO is ISO certified (region 4A). 1 QMS certified for all offices |
| | Sub-Total | 10% | | | | | | | |
| SO 10 | Increase Collections and Widen Membership Base | | | | | | | | |
| SM18 | Collection Efficiency Rate | 5% | Actual collections over potential collections (for private employers); Simple Average | 65% | 66% | 65% | ≥ 70% | ≥ 80% | For private employers. No data sharing with SSS and BIR |

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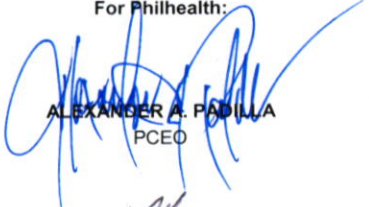

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| SO 11 Optimize Productivity (use or investment) of Assets and Other Financial Resources | | | | | | | | | |
| SM19 | Investment Yield | 5% | Investment Income over Average Daily Fund Level; Simple Average | 6.066% | 5.493% | 4.871% | ≥ 4.029% | PDST R2 + 0.5 | Limitation on equity classes. Corporate bonds: 50% Equities: 1 Billion (out of 5 Billion). Total fund is 120 Billion. More on fixed income securities. Most health insurance engage on short term securities (short term liabilities) |
| | Sub-Total | 10% | | | | | | | |
| | TOTAL | 100% | | | | | | | |

For GCG:

 MA. ANGELA E. IGNACIO
 Commissioner

For Philhealth:

 ALEXANDER A. PADILLA
 PCEO

 FRANCISCO VICENTE F. LOPEZ
 Board Member