

**PHILIPPINE INSURANCE HEALTH CORPORATION (PHIC)  
Performance Scorecard Evaluation**

	Components				PhilHealth		GCG Validation		Supporting Documents	Remarks
	Objectives / Measures	Formula	Wt.	Target	Actual	Rating	Actual	Rating		
<b>CUSTOMER</b>	<b>SO 1</b>	<b>Ensure Beneficiary Satisfaction</b>								
	SM 1	Customer Satisfaction Rating	Net Satisfaction Rating	8%	+82 <sup>1</sup>	78.5% (Excellent)	7.66%	Overall net satisfaction of +79.25	7.73%	Final report on the survey of PhilHealth Stakeholders by Novo Trends Ph

<sup>1</sup> The 2016 target was agreed based on the 2015 SWS survey results, which uses a net satisfaction rating system with a "plus-minus" sign to indicate if the result is on the positive or negative side. However, the formula for computation of net satisfaction used by Novo Trends Ph is the same with SWS. Hence, the 2016 target can also be expressed as "82%".

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<b>SO 2</b>	<b>Increase Customer Knowledge Regarding Benefits and Services</b>																															
SM 2	Awareness Level Rating	Awareness Level Rating	5%	Baseline + 5% (53%)	89.4% (D&E) 93.9% (all classes)	5%	Average awareness level rating of 44.45% for 10 PhilHealth Services and Benefits	4.19%	Final report on the survey of PhilHealth Stakeholders by Novo Trends Ph	<p>For 2016, the awareness level was also included in the customer satisfaction survey project of Novo Trends Ph. Respondents were asked about their awareness of PhilHealth and the specific benefits and services it provides to its members, as well as their general perception to the corporation. Overall results show that 93.9% were aware of PhilHealth as an entity.</p> <p>PhilHealth reported a score of 89.4% for class D and E and 93.9% for all classes. However, for comparative purposes with the 2015 accomplishment, the 2016 result shall also be based on the average awareness rating of 10 PhilHealth benefits and services as follows:</p> <table border="1"> <tr> <td>No Balance Billing</td> <td>68%</td> </tr> <tr> <td>Case-based Package</td> <td>63.1%</td> </tr> <tr> <td>Maternity Care Packages</td> <td>62.6%</td> </tr> <tr> <td>Newborn Care Package</td> <td>45%</td> </tr> <tr> <td>Z-benefit Package</td> <td>42.6%</td> </tr> <tr> <td>Outpatient Benefits in Accredited RHUs</td> <td>39.1%</td> </tr> <tr> <td>TB-DOTS Package</td> <td>39%</td> </tr> <tr> <td>Animal Bite Package</td> <td>32%</td> </tr> <tr> <td>Malaria Package</td> <td>30%</td> </tr> <tr> <td>HIV-AIDS Package</td> <td>23.1%</td> </tr> <tr> <td><b>Average Awareness Level Rating</b></td> <td><b>44.45 %</b></td> </tr> </table> <p>As shown above, the validated awareness level rating shall be 44.45%.</p>	No Balance Billing	68%	Case-based Package	63.1%	Maternity Care Packages	62.6%	Newborn Care Package	45%	Z-benefit Package	42.6%	Outpatient Benefits in Accredited RHUs	39.1%	TB-DOTS Package	39%	Animal Bite Package	32%	Malaria Package	30%	HIV-AIDS Package	23.1%	<b>Average Awareness Level Rating</b>	<b>44.45 %</b>
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										The result on awareness level translates to the public perception on PhilHealth as an institution. To clarify, the awareness level rating of 44.45% only covers that of the household level and does not cover the institutions working with and covered by PhilHealth.
<b>SO 3 Improve the Ease, Speed, Accessibility and Courtesy of Transaction Services</b>										
SM 3	ARTA Score	Total no. of LHIOs rated at least Outstanding over Total no. of LHIOs	5%	75% of surveyed LHIOs rated at least Outstanding and No Failed	-	-	<b>Measure removed</b>	-	<ul style="list-style-type: none"> <li>Letter from CSC stating that PhilHealth will not be surveyed for 2016</li> <li>PhilHealth letter to GCG dated 2 December 2016, requesting for exclusion of the target in the 2016 Performance Scorecard</li> </ul>	In a CSC letter to PhilHealth dated 9 August 2016, CSC has officially informed the corporation that PhilHealth will not be surveyed for the ARTA Report Card (ARTA-RCS) in 2016 since CSC's priority offices/agencies are local government units, local water districts, identified branches of Land Bank and state universities and colleges. This was relayed to the GCG by PhilHealth thru a letter request for exclusion of the ARTA measure and target last 2 December 2016. Given that the sudden change in the survey implementation of CSC is beyond the control of SSS, the request is granted. However, instead of redistributing the weight to Awareness Level Rating and Coverage Rate, the corresponding weight of the measure will be removed from the total computation.
SM 4	% of Collections from Accredited Collecting Agents (ACAs) to	Total Amount of Collections from ACAs over Total Collections (Exclude Indigent/NHT S-PR	5%	100% Collections from ACAs	96.13%	4.81%	96.13%	4.81%	<ul style="list-style-type: none"> <li>Summary report on the percent of collection from ACA to total collection per area from the</li> </ul>	Based on the submitted report, total collection from ACAs for 2016 amounted to ₱29,507,072,888.31 or 96.13% of the total ₱30,695,572,762.73 premium contributions collected from private employer. The remaining ₱1.19

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	Total Collections							<p>Treasury Department</p> <p>Billion premium contributions were remitted Over-The-Counter (OTC). Furthermore, it was confirmed during the validation at the PhilHealth Head Office that the ₱7.92 Billion difference in the total collection figure reported and private sector premium contribution from the COA Audited Report is attributed to the private employers with 10 employees and below that was excluded in the measure.</p> <p>PhilHealth requested for adjustment of target from 100% to 85%. PhilHealth justified that the policy guidelines and related application system enhancements that would require employers to present Statement of Premium Account (SPA) prior to the remittance of the contributions of their employees were only in place starting June 2016. Further, the request to lower down the target is based on the 2015 target which is only 40%. Based on the evaluation of the submitted documents, the change in the remittance policy and procedure will not directly affect the decision of an employer between paying through ACAs vs OTC. PhilHealth Circular No. 004-2015 never required employers to submit SPA, so even if the policy guidelines on such requirement was only released in 2016, it will not affect the target. In fact, SPA is just a replacement of the PhilHealth Premium Payment Slip, which ACAs requires prior the issuance of PhilHealth Circular No. 2016-0008. Accordingly, the request to revise the target and redistribute the weight is DENIED.</p>

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Objectives / Measures	Formula	Wt.	Target	Actual	Rating	Actual	Rating	Documents	Remarks
<b>SO 4 Expand Physical Accessibility and Ensure Quality of Contracted IHCPs (Institutional Health Care Providers)</b>									
SM 5	Percentage of Accredited Hospitals	Total Number of Accredited Hospitals over Total Number of Qualified DOH-certified Hospitals	5%	100% (DOH-Licensed, Qualified, Interested & No Case)	100% (1,892/1,892)	5%	100%	5%	Summary report on the Percent of Qualified Hospitals Accredited with PhilHealth from the Health Finance Policy Sector  PhilHealth accredited 100% of Government and Private Hospitals licensed by DOH (1,892 Hospitals). Hospitals that expressed interest for accreditation and has no pending case were included in the measure.
SM 6	Establish Policy Benchbook for Safety, Quality and Excellence	-	5%	Establish Policy Benchbook on Quality or Excellence  Establish Baseline Rating.  Ranking System to be published in PhilHealth's Website	Policy Benchbook / Baseline Rating/Scoring Guideline published in PHIC website	5%	Policy Benchbook / Baseline Rating/Scoring Guideline published in PHIC website	5%	Copy of the Benchbook for: 1. Hospitals 2. Non-Hospital Facilities 3. Hospital Scoring Guidelines • Report on the HCIs with accomplished baseline self-assessment • PhilHealth Circular No. 2017-0002 • PhilHealth Board Resolution No. 2166, s. 2016 • PhilHealth's website where the Benchbook and scoring guidelines were posted  Acceptable.

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Components				PhilHealth		GCG Validation		Supporting Documents	Remarks		
Objectives / Measures	Formula	Wt.	Target	Actual	Rating	Actual	Rating				
SM 7	Percentage of LGUs with Accredited PCB, MCP & TB-DOTS Facilities (LGUs: Cities & Municipalities)		Total Number of Cities & Municipalities with Accredited PCB, MCP and TB-DOTS facilities over Total No. of Cities & Municipalities	5%	100% (Providers certified/ licensed by DOH, Qualified & Interested)	100% (1,287/1,287)	5%	100%	5%	Summary report on the number of LGUs with accredited facilities (PCB, MCP and TB-DOTS) from the Health Finance Policy Sector	PhilHealth was able to accredit 1,287 LGUs or 100% of LGUs with at least 1 health facility that offers 3-in-1 services. The 2016 accomplishment is a clear improvement from 2013 where only 46% of the LGUs with 3-in-1 services were accredited by PhilHealth.
SM 8	Percentage of RHUs Accredited for PCB, MCP & TB-DOTS (3-in-1)		Total Number of RHUs Accredited as PCB, MCP and TB-DOTS facility over Total Number of DOH-certified RHUs	5%	100% (DOH-Certified/ Licensed, Qualified & Interested)	100% (1,283/1,283)	5%	100%	5%	Summary report on the number of LGUs with accredited facilities (PCB, MCP and TB-DOTS) from the Health Finance Policy Sector	Per PhilHealth representation, only 1,283 RHUs were accredited which already represents 100% of the RHUs based on the qualifiers specified in SM 7.  In 2 December 2016, PhilHealth requested for removal of the target since the assumptions and parameters that define the measure, as originally designed, have to be revisited to align with the new priorities under Philippine Health Agenda 2016-2022. PhilHealth also recommended that weight be transferred to SM 10. The measure cannot be removed in the 2016 performance scorecard as the measure is deemed vital in the attainment of the PhilHealth's objective of ensuring greater access to quality health care, together with SM 5 and SM 7. Furthermore, the measure makes sure that PhilHealth's benefits will be accessible to every Filipino. Thus, the

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Objectives / Measures	Formula	Wt.	Target	Actual	Rating	Actual	Rating		
									proposal to remove the measure for 2016 is DENIED.
<b>SO 5</b>	<b>Offer Significant and Comprehensive Benefits</b>								
SM 9	Percentage of NBB Claims	Total Number of Indigent and Sponsored NBB Claims over Total Number of Indigent and Sponsored Claims; Scale	5%	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	66.17% (70,394/106,389)	4.41%	63.38%	4.23%	Quarterly NBB monitoring report from PhilHealth Health Finance Policy Sector  PhilHealth reported an accomplishment of 66.17% in 2016. However, validation shows that the reported result is based on the exit survey conducted during the 4th quarter of the year which is contrary to the agreement of surveying all eligible patients covering the full year of 2016. Further review of the submitted documents showed that 63.38% of the total 473,729 NBB-eligible respondents do not pay for the services and medicines they have received. The figure was arrived by adding all the responses received from 1st to 4th quarter of 2016. During validation, it was confirmed that majority of the respondents who had out-of-pocket expenses was due to shortage of required medicines in the Hospitals. Since some of these medicines were not available in government Hospitals covered by the program, members were forced to buy/obtain these outside.  A formal request for removal of the measure was received with PhilHealth alleging that it had no direct control on the attainment of the measure and recommended to transfer the weight to SM 14. Although PhilHealth has no direct control on the said measure as services are actually provided by the health care institutions, the measure cannot be removed from the scorecard given its importance. PhilHealth is mandated to implement NHIP primarily

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										to protect the Filipinos, especially indigents, from the financial burden arising from illness and hospitalization. The launching of the NBB policy is complementary to the adoption of the case rate system, such that the NBB acts as a financial cushion to protect indigents. This measure acts as a monitoring gauge on how effective the programs are in meeting and performing PhilHealth's mandate. In view of the relevance of the measure, the request for removal of the measure is <b>DENIED</b> .
SM 10	Support Value	PhilHealth coverage / Total hospital expense	4%	Average of Ward Accommodation: Baseline + [(60% - Baseline/5 years] Supporting Documents: Provide Breakdown of Professional Fees and Hospital Expenses	33.75%	4%	33.75%	4%	Final report on the PhilHealth Support Value Survey conducted by Health Perspective, Inc.	For 2016, the target was on the established baseline for 2015 and the long-term target of 65% support value by 2020. However, given that PhilHealth was unable to establish the baseline in 2015, the reported accomplishment for 2016 was accepted and considered as the baseline. The data was gathered thru a survey conducted by Health Perspective, Inc. for PhilHealth and the Philippine Council for Health Research and Development (PCHRD) from September 2016 to February 2017 using January to December 2015 records of PhilHealth and 1,044 patient records from different regions and hospitals throughout the country. As reported, for the sample population of 1,044 patient records, the average hospital expenses amounted to ₱44,228.50 while the average PhilHealth benefit payment amounted to ₱14,925.51. This gave a support value of 33.75%.



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										While the study was able to determine the support value of PhilHealth, it cannot be concluded that the support value is the true reflection of PhilHealth's contribution in financing health care services in the country. This is because the study was only able to capture the expenses billed by the hospital excluding out-of-pocket expenses incurred during the confinement period (e.g. Medicine). The consultant concluded that the actual support value may be lower when all factors that contribute to a patient's cost of hospitalization are taken into consideration.
SM 11	Percentage of NHTS-PR Beneficiaries Profiled to a Primary Care Provider	Total Number of NHTS-PR Beneficiaries (Indigent) Profiled to a PCB Provider over Total Number of Enlisted NHTS-PRS Beneficiaries	5%	90%	Cut-off of June 30, 2017 result per TFI: 40.25% (4,401,906/10,937,149)	2.24%	40.25%	2.24%	NHTS Profiling Report as of December 2016 and generated last 06 July 2017 by the Health Finance Policy Sector	Based on the submitted report, there are a total of 4,401,906 profiled beneficiaries out of 10,937,149 enlisted beneficiaries, as of end 2016. This will give a 40.25% profiling rate, based on the report generated last 30 June 2017. In the middle of the year, PhilHealth required the use of Electronic Medical Records (EMRs) to simplify claims submission and processing and speed up payment process. The low turnout was a result of the implementation lag from the procurement and familiarization on the use of EMRs when PhilHealth shifted from manual to electronic profile submission of profiles. It was confirmed during the ocular validation that there were problems in the connectivity and system during transmittal of profiling report by the Primary Care Providers.
	<b>Sub- Total</b>		<b>57%</b>			<b>48.12%</b>		<b>47.20%</b>		

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	Objectives / Measures	Formula	Wt.	Target	Actual	Rating	Actual	Rating		
	<b>SO 6 Excel in Evidence-based Product Development and Service Innovation</b>									
INTERNAL PROCESS										
	SM 12	New/ Improved Benefit Packages	Benefit Plan	5%	Board-approved Improved Benefit Plan	Board-approved Improved Benefit Plan	5%	Board-approved Operationalization of Priority Setting Process or Health Technology Assessment to Guide Service Coverage Decisions	5%	<p>PhilHealth Board Resolution:</p> <ul style="list-style-type: none"> <li>Nos. 2122, s. 2016</li> <li>No. 2125, s. 2016</li> <li>No. 2126, s. 2016</li> </ul> <p>PhilHealth Circular Nos. 2016-0020, 2012-0021, 2016-0033</p>

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SM 13	Full Conceptualization of PhilHealth+ Program for Government Employees	Benefit Development	5%	PhilHealth Plus Policy and Systems in Place (contingent on the option)	Policy and systems on the option presented to the Board	3%	<u>Measure removed</u>		<ul style="list-style-type: none"> <li>Secretary Certificate: certifying the Board Meeting on 24 October 2016, where the PhilHealth Plus was presented to the Board</li> <li>Secretary Certificate certifying the Benefits Committee meeting on 23 November 2016, where an exploratory talk with the President of the Association of HMOs was conducted</li> <li>Letter from COA dated 16 January 2017 to PhilHealth re PhilHealth Plus Program and COA Resolution No. 2005-001</li> <li>Request for Legal Opinion from Actuarial Services and Risk Management Sector re</li> </ul>	<p>Based on the submitted Secretary's Certificate for the Board Meeting last 24 October 2016, the policy direction of the Board then was to accredit HMOs which will implement PhilHealth+.</p> <p>Upon review of the documents and justifications provided, it was determined that the COA's official response was a vital part of the initiative as the track chosen by PhilHealth's Board at the time was to accredit HMOs for the implementation of the program. The Governance Commission recognizes the need to seek for COA's clearance as part of PhilHealth's due diligence since COA Resolution No. 2005-001 dated 28 February 2005 identifies the procurement of private health insurance by any agency or instrumentality of government as an irregular expenditure. Foregoing considered, the measure is hereby <b>REMOVED</b>.</p>	

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Objectives / Measures	Formula	Wt.	Target	Actual	Rating	Actual	Rating		
								PhilHealth Plus dated 28 February 2017 • Legal Opinion re PhilHealth Plus dated 15 March 2017 • Report on the proposed PhilHealth Plus program by Actuarial Services and Risk Management Sector dated 9 May 2017	
<b>SO 7 Ensure Efficient Core Processes and Effective Policy Implementation</b>									
SM 14	Turn-Around Time (TAT) of Claims Processing	Total number of processing days / Total number of good claims	5%	< 45 days	38.72 days (361,319,630 / 9,330,471)	3.87%	Average TAT of 38.72 days	5%	Summary report on the Turn Around Time for Good Claims per regional office  As reported, claims were processed in an average of 38.72 days for the 9,330,741 claims filed across all regional offices. For purposes of computation, the average processing time was computed by dividing the total number of processing days for all good claims of 361,319,630 with the total number of good claims received in 2016 of 9,330,741. Only 7 out of 20 PhilHealth regional offices were able to process the claims within the desired TAT of 30 days and below. Last 02 December 2016, PhilHealth requested for adjustment of target from

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									<p>&lt; 30 days to &lt; 45 days. PhilHealth claimed that during negotiation, PhilHealth defined TAT as the number of days from the benefit claim was received by the Corporation from the accredited health care providers to its check generation. The new Board has directed management to do away with check payments to accredited health care providers, e.g., hospitals, and to shift to credit arrangement with banks. Moreover, policy guidelines and corresponding application system adjustments for benefit payment thru automatic credit arrangement will be place by year-end. Furthermore, controls on fraud were also put in place in the claims processing, e.g. submission of Statement of Account on claims. Measure shall be redefined to the number of days from the benefit claim is received by PhilHealth to the benefit payment has been credited to the bank account of the health care provider. Considering that Section 35 of Republic Act (R.A) No. 10606 provides a sixty (60) calendar day period to process reimbursements for services rendered and the circumstances presented, the corresponding request is ACCEPTED. With an average TAT of 38.72 days, PhilHealth has exceeded the revised target of &lt; 45 days.</p>

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Objectives / Measures		Components			PhilHealth		GCG Validation		Supporting Documents	Remarks
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SM 15	Coverage Rate	Total Number of PhilHealth Eligible Beneficiaries over Total Population; Scale	8%	> 95%	91%	7.66%	90.93%	7.66%	Summary report on the Coverage Rate per regional office	By 2016, PhilHealth already reached 90.93% or 93,400,861 members and beneficiaries out of 102,715,479 estimated population coverable. However, looking at the regional data, there were some regional offices with membership coverage exceeding the estimated local population. PhilHealth explained that a member is counted to regional office based on his address registered in the system. Since the estimated population is based on the 2015 Census, there is a possibility that some of the members are counted to a region that is different from the region that he/she was counted from during the 2015 Census. Looking at the grand total figure would make these discrepancies irrelevant. Furthermore, the PhilHealth regional offices claimed that the estimated population is not accurate since the Head Office was not able to accurately update the demographic status of the target population.
<b>Sub- Total</b>			<b>23%</b>			<b>19.53%</b>		<b>17.66%</b>		

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LEARNING & GROWTH	SO 8	Ensure a Competent Workforce								
	SM 16	Competency Framework	Average competency level of the organization	5%	Establish baseline competency level	Baseline established for the 35 competencies	5%	Average competency level of 4.85  <b>Average rating per competency:</b> Core Competencies: 4.24 Cross-BPA Competencies: 4.24 BPA-Specific Competencies: 4.14 Leadership and Management Competencies: 4.12	5%	Report on the establishment of Competency Baseline of PhilHealth

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	<b>SO 9 Establish Strong and Strategic Leadership and Create a Supportive and High-Performance Culture</b>										
	SM 17	ISO Certification	Total Number of PROs with ISO Certification	5%	ISO Certification of all PROs with 1 LHIO also certified per PRO	ISO Certification ISO 9001:2008	5%	ISO Certification awarded to 17 PROs and LHIOs	5%	ISO Certification and Attestations for ISO 9001:2008 from AJA Registrars	Acceptable.
	<b>Sub- Total</b>			<b>10%</b>			<b>10%</b>		<b>10%</b>		
	<b>SO 10 Increase Collections and Widen Membership Base</b>										
<b>RESOURCE / FINANCIAL</b>	SM 18	Collection Efficiency Rate	Actual collections over potential collections (for private employers); Simple Average	5%	≥ 80%	75.66%	4.73%	75.58%	4.72%	Report on the Collection Efficiency 2016 COA Annual Audit Report	PhilHealth was able to increase the figure to 75.58% in 2016, as revised based the 2016 COA Annual Audited Report. This translates to a total collection from private employers of ₱38,615,367,988 over the estimated potential collection of ₱51,090,692,453. The projection was also based on the estimated coverage rate using the 2015 Population Census of PSA.

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<b>SO 11</b>	<b>Optimize Productivity (use or investment) of Assets and Other Financial Resources</b>								
SM 19	Investment Yield	Investment Income over Average Daily Fund Level; Simple average	5%	PDST R2 + 0.5	4.377%	5%	4.44%	5%	<ul style="list-style-type: none"> <li>Report on investment and distribution from the Treasury Department-Fund Management Sector</li> <li>2016 COA Annual Audit Report</li> <li>PDST-R2 Daily Reference Rates from PDS Group</li> </ul> <p>PhilHealth's fixed income investments comprises of Special Savings Deposits with maturity date ranging from 1-360 days, Government Securities with maturity date ranging from 1.30 years to 15 years, and Corporate Bonds with maturity date ranging from 5.5 to 7 years. Based on their investment portfolio, the applicable PDST R2 rates would be 1 year to 20 years. Hence, the computed full year 2017 daily average return for securities with 1 year to 20 years maturity period is 3.58%. With that, PhilHealth's target for 2016 is 4.08%. PhilHealth reported an accomplishment of 4.377% using investment income of P5,656,841,484 and Average Daily Fund Level of P129,240,152,707.33. Validation using the 2016 COA Annual Audit Report, shows that the investment income amounted to ₱5,743,069,806. Thus, the validated annual ROI of is revised to 4.44%.</p>
	<b>Sub- Total</b>		<b>10%</b>			<b>9.73%</b>		<b>9.72%</b>	
	<b>TOTAL</b>		<b>100%</b>			<b>87.38% out of 95%</b>		<b>84.58% out of 90%</b>	
	<b>Validated rating</b>		<b>100%</b>			<b>91.98%</b>		<b>93.97%</b>	