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UTILIZATION OF HEALTH INSURANCE (PHILHEALTH) OF RURAL INDIGENTS IN MONCADA TARLAC, CITY

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Abstract: This study focused on the social health insurance (PhilHealth) utilization by rural indigents in selected barangays in the municipality of Moncada. The study sought to determine the profile rural indigents, PhilHealth utilization of rural indigents, problems encountered by rural indigents in using PhilHealth, proposed measure for the utilization of PhilHealth among rural indigents, and implication of this study to Public Health Management.

Using quantitative descriptive research, the researcher examined PhilHealth utilization of 100 rural indigents in selected barangays in the Municipality of Moncada. Using survey questionnaire, interview and documentary analysis, the researcher collected relevant data for the study. The data collected were analyzed using frequency and ranking as its primary statistical tools. Based on the responses received from 100 rural indigents in Moncada Tarlac, the following findings were derived. Majority of the rural indigents PhilHealth members belong to age bracket ranging from 18-45 years old, mostly female, with less than 10,000 pesos income monthly, with 3-4 dependents, and has been PhilHealth members for less than 5 years. Respondents got their PhilHealth membership thru 4Ps and Listahanan Program; the amount PhilHealth coverage is considered insufficient by respondents; respondents use their PhilHealth for lifestyle diseases; rural indigents prefer to use in-patient benefits of PhilHealth but rarely use their PhilHealth in a year. Additional expenses, minimal knowledge of PhilHealth coverage and benefits, and access to nearby health facilities are just some of the barriers for PhilHealth utilization by rural indigents. Additional financial subsidy and health infrastructures and increase awareness of PhilHealth coverage are just some of the intervention sought for Phil health utilization.

The study recommends conducts of seminars, expansion of financial assistance thru Malasakit Centers, annual review of PhilHealth beneficiaries, development of preventive health programs, and increase number of RHUs and staffs among rural communities.

I. INTRODUCTION

According to the report of the World Bank and World Health Organization in 2017, half of the world population does not have access to health care services and approximately 100 million are pushed to extreme poverty due health expenses. This assessment is an indication of the need for a universal social health insurance that can provide the poor access to health services and reduce health related poverty incidence. The need for universal health care that caters to the health needs marginalized sectors of society like the old and indigents continuous to be the problem particularly among developing countries.

Health care is an essential social need and is an elusive concept particularly to majority of the poor population around the world. In order for the governments to meet the health care needs of indigent members of society, they introduced social health insurance needs. Social Health Insurance is considered as method of financing health care services. It also aims to reduce health inequalities by offering low-income families free access to health services.

To answer the call for an effective health insurance, countries in South East Asia focused on subsidization of health insurance through state budget transfers for people in the informal sector and for vulnerable population groups particularly over the past 10 years, with 8 countries and 14 arrangements in this region. This scheme allows vulnerable and poor population groups who cannot afford to pay contributions on their own due to low or unsteady income to participate and gain access to health care. However, financial constraints and high poverty rates prevailing in these countries are just some of the constraints that effectively impact a countries ability to implement universal health coverage for all (Vilcu, et.al. 2016).

In a developing country like the Philippines, the poor and marginalized are considered at risk due to their inability to access basic health services. The use of social health insurance is one possible way of helping millions of poor Filipinos to cope up with rising medical and hospitalization cost. In the Philippines, the primary agency tasked to administer social health insurance is the Philippine Health Insurance Corporation (PhilHealth). PhilHealth is Government Owned and Controlled Corporation (GOCC) that is attached with the Department of Health. The Philippine Health Insurance Corporation or PhilHealth is the primary national agency assigned

to ensure the effective provision of health insurance to all Filipinos. Its primary role is to administer the National Health Insurance Program of the Philippine Government particularly the provision health insurance coverage to ensure affordable and accessible health care services for all Filipinos. The agency was established in 1995 to help in the provision of universal health care in the country.

An indigent as identified by PhilHealth is any person who has no visible means of income, or whose income is insufficient for the subsistence of his family, as identified the Local Health Insurance Office and based on specific criteria set by the Corporation. Based on the 2021 PhilHealth data, approximately 28 million Filipinos or 28.5% of the total PhilHealth Members are indigent. However, the report does not indicate if such indigent members came from rural or urban community. To help achieve the goal of universal health care regardless of socio-economic status and geographical location, the Universal Health Act allowed the expansion of population, service, and financial coverage through an array of health system amendments. These reforms were meant to provide health insurance to underserved members of the community.

According to the Health Resources and Services Administration (2022) rural communities experience a higher prevalence of chronic conditions compared to urban communities. Limited access to health promotion and disease prevention programs and high poverty rates remains a challenge for rural communities to meet their health needs. Likewise, cultural and social norms, low health literacy, and linguistic, reliable public transportation options, low population densities for program economies of scale coverage, and availability of resources to support personnel, use of facilities, and effective program operation are also undermining the ability of rural communities to meet their health needs.

Although the urban-rural health inequity is largely attributed to disparate access to health care services, various studies on PhilHealth utilization among rural communities identified other factors like lack of personnel, additional medical and hospital cost, and lack of health information among rural communities that needs to be addressed. This factors are said to influence the ability of rural indigent s to utilize the coverage and benefits afforded by their PhilHealth membership. The shortage of health facilities and qualified personnel is more pronounced among rural communities in comparison with their urban counterparts. Rural indigents in particular face not only the problem of access to health facilities but also the cost of transportation to health care facilities that are concentrated in large urban areas. Besides access to health care, rural indigents are also facing the problems of additional health cost. This is largely due to the fact that PhilHealth does not fully cover medical and hospitalization cost and indigent member often have to pay out of pocket to settle their medical or hospital bills. Another challenge faced by rural indigent PhilHealth members is the lack of knowledge on the benefits of their PhilHealth memberships. Although they have basic understanding of PhilHealth, rural indigents have very limited information particularly on the health coverage and processing of PhilHealth claims.

In a review of the Philippine Health System, it shows that the Department of Health and PhilHealth have made headways in terms of preventing non-communicable diseases in the country. However, while the Philippines continues to fight pneumonia and TB as the main causes of death among Filipinos, it is also facing an increasing number of diseases of the heart, diseases of the vascular system, and diabetes. Likewise, external causes like road traffic accidents are also becoming a major cause of death which places the Philippines in epidemiological transition, referred to as the triple burden of disease. Due to observed increase in NCDs and prevalence of infectious diseases, the disease pattern indicates that even lifestyle-related illnesses are increasing; communicable diseases remain widely prevalent with road safety becoming a serious public health problem (World Health Organization, 2018).

The disparity between urban and rural areas is access to both public and private hospitals that indigents can use for their health and medical needs is glaring in the Province of Tarlac. While major hospitals and specialty clinics are concentrated in Tarlac City, other rural municipalities are lacking with primary care facilities. In Moncada, besides the Congressman Enrique M. Cojuangco Memorial District Hospital and Rural Health Units, there is a scarcity of hospitals and specialized clinics that caters to the health needs of the 62,619 population (based on 2020 PSA statistics).

According to the Department of Health (2022), 70% of the population living in rural areas are still struggling with no or limited access to quality inpatient and outpatient care services. The segmented distribution of the health facilities and healthcare providers contribute largely to this alarming situation as exemplified by the fact that only 13% of healthcare providers and 40% of tertiary hospitals are situated in non-urban areas; let alone that on the average, the time it takes to travel to a local health facility usually takes around 39 minutes.

As an allied health specialist who worked in a government health facility, the researcher has first-hand experience on the struggles experienced by rural indigents who do not have access to quality medical facilities even if they have PhilHealth membership. Moreover, the researcher has encountered rural indigents who have difficulty in processing PhilHealth transactions and payment of additional cost not covered by PhilHealth. These experiences are the primary motivation for the researcher to pursue this study.

This research particularly targets rural indigents due to the huge disparity in terms of health care provisions between urban and rural communities. This study assessed the utilization of PhilHealth by rural indigents from 2021-2022. This will help in the development of measures to increase utilization of PhilHealth partially among rural indigents and help balance the growing disparity and health inequity between rural and urban communities.

For this study secondary data has been collected. From the website of KSE the monthly stock prices for the sample firms are obtained from Jan 2010 to Dec 2014. And from the website of SBP the data for the macroeconomic variables are collected for the period of five years. The time series monthly data is collected on stock prices for sample firmsand relative macroeconomic variables for the period of 5 years. The data collection period is ranging from January 2010 to Dec 2014. Monthly prices of KSE - 100 Index is taken from yahoo finance.

II. RESEARCH METHODOLOGY

The chapter included the methodologies used, the locale of the study, respondents, instruments use, and statistical treatment required to analyse any collected data for the utilization of social health insurance from 2021-2022 among rural indigents among selected barangays in the Municipality of Moncada.

2.1Population and Sample

Once the indigent PhilHealth members are identified, the researcher selected 100 indigent PhilHealth members from five barangays with the highest number of rural indigents in the municipality of Moncada. The respondents in this study are active PhilHealth members from the time of the study. The five barangays in Moncada with the highest number of rural indigents are as follows: Barangay Ablang Sapang (2,606); Barangay Burgos (1710); Barangay Campo Santo II (1389); Barangay Lapsing (1671); and Barangay San Julian (1900).

The researcher utilized purposive sampling to determine barangays to be included on this study. The researcher reached out to various Rural Health Units in Moncada to determine the top 5 barangays with the highest number of rural indigents. However, the researcher randomly selected rural indigents from the five selected was determined data from the local PhilHealth Office and from the selected barangays in the Municipality of Moncada.

2.2 Data and Sources of Data

To help determine the utilization of social health insurance (PhilHealth), the researcher developed a survey questionnaire as its primary data collection instrument. The survey questionnaire specifically determined the utilization of social health insurance (PhilHealth), problems encountered in suing PhilHealth and proposed measures for the utilization of PhilHealth. The researcher also developed a Filipino version of the questionnaire in order for the respondents to fully understand the questions in the survey questionnaire.

Once the data collection instrument is developed and validated, the researcher utilized the following data gathering procedures.

The researcher sought permission from the local government unit (barangay to conduct) the survey. Likewise, the researcher obtained the name and place of residence of residents.

The researcher together with local officials visited the respondents and explained the reason for the survey.

The researcher requested permission from the respondents to participate in the study thru a signed consent form.

Once permission is obtained, the researcher explained the purpose of the study and provide clear instructions on how to answer the survey questionnaire using the language the respondents are familiar with.

The researcher then repeated the responses made by the and provided opportunity for questions or clarifications from the respondents.

For documentation purposes, the researcher took pictures of respondents taking the survey questionnaire found in Appendix C.

The survey questionnaire then was collected and organized for further analysis using appropriate statistical tools.

2.3 Theoretical framework

The Universal Health Act aimed at providing health services to all people regardless of socio-economic class and geographic location. However, there has been a growing disparity in terms of the health services provided among rural and urban areas. Rural areas like rural barangays in Moncada Tarlac do not have access to primary health and medical facilities that are usually located in large urban setting. The absences of adequate health facilities and geographical challenges in seeking health care are just some of the problems rural indigents' experience. Despite the provision of social insurance, the utilization or rural indigents of PhilHealth remains low. This study is an attempt to examine how rural indigents use their social health insurance thru PhilHealth. To help answer this problem, the researcher determined the profile of rural indigent's together PhilHealth utilization of rural indigents. Likewise, problems encountered by rural indigents in using PhilHealth proposed measures for the utilization of the social health insurance was examined as well. Based on the data collected, it determined the implication of the current study to the field of Public Health Management.

III. RESULTS AND DISCUSSION

4.1 Results of Purposive Sampling of Study

1. Demographic Profile of Rural Indigents

This section includes the demographic profile of (100) rural indigent PhilHealth members among selected barangay in the municipality of Moncada. The demographic profile included information like age, gender, monthly household income, number of dependents, and the years of PhilHealth membership.

I.1 Age of Rural Indigent PhilHealth Member

Table 1 shows the age of 100 rural indigents Philhelath members that participated in this study.

Table 1

Age of Rural Indigent PhilHealth Member

Age of Rural Indigent PhilHealth Member	***f***	***R***
18-30 years old	48	1st
31-45 years old	35	2nd
46-59 years old	9	3rd
60 years old and above	7	4th

Based on the age distribution of respondents, it shows that majority of rural indigent PhilHealth members (48, ranked 1st) are aged 18-30 years old and 31-45 years old (35, ranked 2nd). The result shows that young rural indigents are taking advantage of

the free membership to PhilHealth to help them with their health needs. This further indicates that even young members of society value the importance of health insurance. Likewise, 9 of the respondents (ranked 3rd) in this study are aged 46-59 years old and 7 (ranked 4th)are more than 60 years old. This is quite contrary to previous research that shows that access to social health insurance is far important for older people.

Zhai, et. al. (2021) pointed out the impact of health insurance to elder people in rural areas since they are more prone to diseases or illnesses associated with old age. Younger generation are slowly gaining awareness of the benefits of social health insurance like PhilHealth due to rising cost of medication or hospitalization.

I.2 Gender of Rural Indigent PhilHealth Members

Table 2 shows the gender of 100 rural indigents Philhealth members that participated in this study.

Table 2

Gender of Rural Indigent PhilHealth Member

Gender of Rural Indigent PhilHealth Member	***f***	***R***
Female	88	1st
Male	12	2nd

Majority of the rural indigents PhilHealth members who participated in this study are female (88%, ranked 1st) compared to 12 (ranked 2nd) male respondents. The unequal gender distribution shows the value of PhilHealth to women compared to men in rural communities. Majority of the female respondents in this study are stay at home mothers who are tasked with taking care of their dependents health needs. In a study by Ouedrago et. al. (2017), women are given priority to enroll in social health insurance due to perceived disadvantage in health care.

Moreover, women have specific health needs that require them to seek health care like maternity and child care need.. Likewise, a study by Nsiah-Boateng et. al. (2019) in his analysis rural indigents in Ghana mentioned that males, informal sector employees and the old aged individuals (70 years old and above) are significantly less likely to enroll in the social health insurance provided by the government. This justifies the result showing the minimal number of male rural indigents currently enrolled in social health insurance like PhilHealth.

I.3 Monthly Household Income of Rural Indigent PhilHealth Members

Table 3 shows the monthly household income of 100 rural indigents Philhealth members that participated in this study.

Table3

Monthly Household Income of Rural Indigent PhilHealth Member

Monthly Household of Income Rural Indigent PhilHealth Member	***f***	***R***
10,001-20,000 pesos	53	1st
1-10,000 pesos	47	2nd

Based on the monthly household income of rural indigents PhilHealth members in Moncada, it shows that majority are considered poor with majority earning 10,001-20,000 pesos (53, ranked 1st) and 1-10,000 pesos (47, ranked 2nd). Although poverty indicators are expected, the respondents in this study can be considered to be the poorest of the poor. The provision of free social health insurance like PhilHealth. The show illustrates the effectiveness of the national government efforts to achieve universal health care by providing access to health care insurance to the poorest sector of society. It is important to note that none of the respondents in this study are earning more than 20,000 pesos per month per household which further indicate that they qualify for any social health insurance as indigents.

Cabalfin (2016) stressed that this is result is largely due to the nation-wide identification drive PhilHealth to determine poor sector of society which led to massive enrollment of more members below the poverty line. Furthermore, Cabalfin further added that subsidy for the poor comprises one-third of the national health insurance fund.

I.4 Number of Dependents of Rural Indigent PhilHealth Member

Table 4 shows the number of dependents of 100 rural indigents Philhealth members that participated in this study.

Table 4

Number of Dependents of Rural Indigent PhilHealth Member

Number of Dependents of Rural Indigent PhilHealth Member	***f***	***R***
3-4 dependents	53	1st
1-2 dependents	30	2nd
5 or more dependents	17	3rd

The table above indicate that majority of the respondents in this study have 3-4 dependents (53, ranked 1st) and 1-2 respondents (30, ranked 2nd). On the other hand, only 17 respondents (ranked 3rd) have d5 or more dependents. Dependents based on PhilHealth information refer to spouse and children of the primary member. The dependents of the rural indigents who

participated are usually children aged 21 years old and below. The spouses of the PhilHealth members have their own separate PhilHealth membership. Dependent utilization is considered to be one of the important considerations for the participant to join PhilHealth because children have higher risk of getting disease or illness. Besides personal coverage, the respondents in this study saw the importance of PhilHealth to meet their children's health insurance needs. According to Puyat (2013) PhilHealth members with children aged 5 below are more inclined to use coverage and in-patient benefit provided by Philippine Health Insurance Corporation (PhilHealth) than any other age group. Participants in this study have indicated that they have small children who are often in need of medical care due to their young age.

I.5 Years of Membership by Rural Indigents

Table 5 shows the years of membership in Philhealth by 100 rural indigents that participated in this study.

Table 5
Years of Membership by Rural Indigents

Years of Membership by Rural Indigents	*f*	*R*
1-5 years	72	1st
6-10 years	28	2nd

According to the data obtained from the respondents, it shows that rural indigents have only been PhilHealth members for 1-5 years (72, ranked 1st) while 28 (ranked 2nd) have been PhilHealth members for 6-10 years. This only shows the recent effort of PhilHealth to expand its coverage to more areas in the country. Since the inception of Universal Health Care Act in 2019, PhilHealth have been aggressively expanding its effort to cover marginalized and poor sector in society. It is important to note that none of the respondents have been members of PhilHealth for more than 10 years since the roll out of free PhilHealth membership to indigents did not happen since 2016. This only shows that PhilHealth is working hard to help rural indigents get access to social health insurance for their health and medical needs. Moore (2019) even pointed out that "*Kalusugan Pangkalahatan*" or Universal Health Care resulted to some improvements in healthcare provisions for the poor. Obermann et. al. even pointed out that one of the major achievement of the Universal Health Care is the expansion of population coverage using an earmarked revenue source from various taxes implemented.

2. PhilHealth Utilization of Rural Indigents

This section presents the PhilHealth utilization of (100) rural indigent among selected barangay in the municipality of Moncada from the year 2021-2022. Utilization of PhilHealth among the respondents in this study focused on the following: source of PhilHealth membership, amount of PhilHealth coverage, type of sickness, type of PhilHealth benefits received, and frequency of using PhilHealth.

2.1 Source of PhilHealth Membership by Rural Indigents

Table 6 shows the source of PhilHealth membership by 100 rural indigents that participated this study

Table 6
Source of PhilHealth Membership by Rural Indigents

Source of PhilHealth Membership by Rural Indigents	*f*	*R*
4P's	57	1st
Listahanan	34	2nd
National Government	9	3rd

According to the source of PhilHealth membership of Rural Indigents, it shows that majority of the respondents acquired their memberships through the 4P's program (57, ranked 1st) and Listahanan program of PhilHealth (34, ranked 2nd). Likewise, only 9 participants (ranked 3rd) have gained PhilHealth membership thru the National Government. The Universal Health Care Act of 2019 paved way for the inclusion of 4Ps member to PhilHealth. Bansil (2022) pointed out that indigents identified by the DSWD and members of the 4Ps are included as PhilHealth members under indirect contributors shouldered by the National Government. Furthermore, out of 116,306 indigent members in Tarlac, 36,112 were 4Ps members in 2021. The 4Ps program intended to alleviate poverty was used as mechanism for PhilHealth to effectively and identify indigent members. Listahanan, on the other hand is an information management program by the Department of Social Welfare and Development (2022) to identify poor and marginalized sector of society. This program was used by PhilHealth together with DSWD to determine indigents who do not have PhilHealth. The result of the study is an indication on the effectiveness of interagency and interdepartmental cooperation among national and local agencies to ensure that each Filipino have PhilHealth insurance.

2.2 Amount of PhilHealth Coverage Received by Rural Indigents

Table 7 shows the amount of PhilHealth coverage received by 100 rural indigents that participated in this study from 2021-2022.

Table 7
Amount of PhilHealth Coverage Received by Rural Indigents

Amount of PhilHealth Coverage Received by Rural Indigents	*f*	*R*
1-5000 pesos	26	1st
5001-10000 pesos	48	2nd
10,000 pesos or more	13	3rd
Did not use	13	3rd

According to the responses received from rural indigent PhilHealth members in Moncada, it shows that majority of them have received a coverage of 5001-10,000 (48, ranked 1st) pesos and 1-5000 (26, ranked, 2nd) pesos respectively. PhilHealth has a matrix of case rates based on the type of illnesses or diseases of members availing PhilHealth benefits. However, 13 (ranked 3rd) of the respondents admitted that they 10,000 or more pesos for their out of pocket expenses. Meanwhile, 13 (ranked 3rd) respondents did not use PhilHealth for their medical or hospital expenses. The amount of coverage is usually deducted before the final hospital or medical billing is finalized. Likewise, the hospital or medical facilities should be accredited by PhilHealth to ensure coverage. The results of the study indicate that the coverage of PhilHealth is very minimal in comparison to the rising health cost in the country.

Therefore, the minimal covered amount meant higher out of pocket cost for rural indigent members. Javier, et. al. (2022) in their report pointed out that health expenditure increases annually by 9% from 2014-2019. However, the rate coverage of PhilHealth is not adjusting accordingly which leads to higher out of pocket for PhilHealth members. Rural indigents are unable to cope up with higher medical cost despite having PhilHealth coverage. Despite the minimal coverage, respondents in this study still view PhilHealth coverage as essential since it helps reduce their total hospital and medical expenses.

2.3 Type of Sickness by Rural Indigents

Table 8 shows the type of sickness experienced by 100 rural indigents that participated in this study from 2021-2022.

Table 8
Type of Sickness by Rural Indigents

Type of Sickness by Rural Indigents	*f*	*R*
Respiratory Diseases (pneumonia, tuberculosis, asthma)	18	1st
Neurological Diseases (stroke)	17	2nd
Kidney, Liver, and Urinary Tract Diseases (diabetes, hepatitis, UTI)	14	3rd
Viral or bacterial diseases (dengue, malaria, leptospirosis)	13	4th
Not applicable (did not use PhilHealth)	13	5th
Heart and Circulatory Diseases (high blood pressure, anemia)	10	6th
Trauma or Injury Caused by Accident	8	7th
Cancer (any type)	4	8th
Eye, Ears, Nose and Throat, Diseases (cataract, sinusitis, loss of hearing)	3	9th

Based on the types of diseases experienced by rural indigent PhilHealth members, it shows that majority experienced respiratory diseases like pneumonia, tuberculosis, asthma (18, ranked 1st), neurological diseases (17, ranked 2nd), kidney and liver diseases like diabetes, hepatitis, and UTI (14, ranked 3rd), and diseases caused by viruses or bacteria (13, ranked 4th) like dengue, malaria, leptospirosis. Likewise, 13 (ranked 5th) respondents did not use PhilHealth for the diseases or illness they had. On the other hand, 10 respondents (ranked 6th) have heart and circulatory diseases (high blood pressure, anemia); 8 (ranked 7th) have trauma or injury cause by accident; 4 (ranked 8th) have cancer, and 3 (ranked 9th) have eyes, ears, nose and throat diseases.

The respiratory, neurological, and kidney and liver diseases mentioned are lifestyle diseases. Smoking, poor hygiene, and poor nutrition are blamed as the primary causes of the aforementioned diseases which are common among poor communities. Likewise, the aforementioned diseases like tuberculosis, diabetes, hepatitis, and stroke require long-term treatment and PhilHealth. The result of this study is aligned with the assessment of World health Organization (2018) regarding the rise of lifestyle related diseases like tuberculosis, pneumonia, and diabetes. Even with the assurance of health insurance coverage like PhilHealth, the increase of the aforementioned diseases remains a problem among indigent communities. Rural indigents in particular are in a disadvantage due to lack of access to health care facilities near their area of residence.

2.4 Type of PhilHealth Benefits Received by Rural Indigents

Table 9 shows the type of PhilHelath benefits received by 100 rural indigents that participated in this study nfrom 2021-2022.

Table 9
Type of PhilHealth Benefits Received by Rural Indigents

Type of PhilHealth Benefits Received by Rural Indigents	*f*	*R*
In Patients Benefits	47	1st
Outpatient Benefits	30	2nd
Did not use	13	3rd
SDG Benefits (Animal bite, HIV-AIDs, outpatient anti-tuberculosis treatment)	10	4th

Table 9 shows that majority of the respondents are availing in-patient benefits (47, ranked 1st) while 30 (ranked 2nd) rural indigents have availed out-patient benefits. On the other hand, 13 (ranked 3rd) respondents did not utilize PhilHealth benefits and 10 (ranked 4th) respondents availed of SDG benefits like animal bite, HIV-AIDS, and outpatient Tuberculosis treatment. This result indicate that majority of the rural indigents have utilized PhilHealth when they are admitted in hospitals or medical facilities. In patient benefits include but not limited to the following: room and board; services of health care professionals; diagnostic, laboratory & other medical exam services; use of surgical/medical equipment; prescription drugs and biological. The main consideration for the using in-patient coverage by PhilHealth is the high hospitalization cost particularly among private hospitals and medical facilities. Similarly, outpatient benefits are also taken advantage by rural indigents. In this case, the respondents have availed of the

following procedures like day surgeries (minor operation that does not require hospitalization), haemodialysis, radiotherapy, and blood transfusion. The result of this study is aligned with Haw et. al. (2020) study that indicated that with increased PhilHealth membership also meant increase utilization of PhilHealth benefits. She pointed out that there is an increased odd of utilization on outpatient benefits (42%) and inpatient benefits utilization (47%). However, this increase also equalled higher health care cost with an increase of 244-865% increase in outpatient care and 206% increase in inpatient care from 2014-2019. This only shows that the more rural indigents utilize PhilHealth benefits the higher the chances of incurring additional medical expenses.

2.5 Type of Sickness by Rural Indigents

Table 10 shows the frequency of using PhilHealth benefits per year by 100 rural indigents that participated in this study from 2021-2022.

Table 10

Frequency of Usage of Per Year by Rural Indigents

Frequency of Usage of Per Year by Rural Indigents	***f***	***R***
1 time	56	1st
2-3 times	31	2nd
Did not use	13	3rd

Based on the responses received from rural indigent PhilHealth members in Moncada, it shows that the majority have only used PhilHealth once every year (56, ranked 1st) while 31 (ranked, 2nd) respondents have used it 2-3 times in a span of one year. Only 13 (ranked 3rd) respondents did not use the PhilHealth benefits and no respondents have used PhilHealth by 4 times or more within a year. These results indicate that PhilHealth utilization by rural indigents is only on as needed basis. The respondents admitted that they have only availed PhilHealth during emergency or if the member is in serious or critical condition. The rural indigents in this study are not aware of the preventive health services covered by PhilHealth. This only shows that they viewed PhilHealth as means to treat serious illnesses and diseases and not as a mechanism for preventive care. Moreover, the prohibitive cost of hospitalization is also one of the reasons why they refuse to seek medical care and take advantage of their PhilHealth benefits. Blanco (2017) stated that indigent PhilHealth members underutilize their social health insurances due to factors such as the accessibility of PhilHealth accredited health care facilities, availability of health care services, awareness about social health insurance benefits and health-seeking behavior.

3. Problems Encounters by Rural Indigents in PhilHealth

This section presents the problems encountered by (100) rural indigent in using PhilHealth among selected barangay in the municipality of Moncada from the year 2021-2022. Problems listed in this section are the following: additional medical or hospital cost after using PhilHealth coverage, lack of nearby health facilities, lack or cost of transportation to hospitals and specialty clinics, lack of knowledge on PhilHealth benefits and coverage, others, and not applicable.

3.1 Problems Encountered by Rural Indigents in PhilHealth

The next table shows the problems encountered by 100 rural indigents that participated in this study in using PhilHealth.

Table 11

Problems Encountered by Rural Indigents in PhilHealth

Problems Encountered by Rural Indigents in PhilHealth	***f***	***R***
Additional medical or hospital cost after using PhilHealth coverage	25	1st
Lack of knowledge on PhilHealth benefits and coverage	22	2nd
Lack or cost of transportation to hospitals and specialty clinics	19	3rd
Not applicable (did not use PhilHealth)	13	4th
Lack of nearby health facilities	12	5th
Long processing time for PhilHealth transactions and claims	9	6th

In terms of problems encountered by rural indigent PhilHealth members, a quarter of the respondents (25, ranked 1st) encountered the need for additional medical or hospital cost after using PhilHealth coverage. Although the respondents admitted that PhilHealth is important it is still insufficient to cover the overall hospitalization or medical cost. Considering that PhilHealth only covers an average of 5,000 to 10,000 pesos per illness based on 2017 PhilHealth case rate matrix, the amount indigent members pay for out of pocket expenses remains high regardless of whether they are avail of PhilHealth coverage from public or private hospitals or medical facilities. Javier, et. al. (2022) mentioned that ideally out-of-pocket expenditure should be low around 15–30 percent of total health expenditure. However, even with a national health insurance program like PhilHealth, majority share of medical expenses in the country is paid out of pocket by households. The additional expense is a huge burden for rural indigents that can further drive the poor into extreme debt further into poverty.

Lack of knowledge on PhilHealth benefits and coverage (22, ranked 2nd) is also another concern for rural indigents when using their PhilHealth membership. The rural indigents who participated in this study where provided with PhilHealth without any awareness of its benefits. The indigent PhilHealth member who participated in this study first has awareness of free PhilHealth

membership thru their barangay. This issue was previously raised by Brandenkamp, et. al. (2017) was it was stated that PhilHealth members only learn about the benefits of social health insurance from barangay officials or DSWD officials. The study emphasizes the importance of local governments increasing awareness on the benefits of social health insurance. It was also pointed out benefit awareness index of PhilHealth members remain low as indicated by the lack of knowledge on broader categories of benefits provided by PhilHealth. Among the specific benefits surveyed, PhilHealth members have shown lack of awareness that PhilHealth covers radiotherapy and blood transfusion.

Lack or cost of transportation to hospitals and specialty clinics (19, ranked 3rd) the lack of nearby facilities (12, ranked 5th) impacts rural indigents are usual problems encountered by respondents in this study. Since most of the respondents are located in rural barangays that has no immediate access to hospitals or medical facilities, rural indigents incur additional cost on transportation. The nearest hospital accessible to the respondents is the Congressman Enrique M. Cojuangco Memorial District Hospital and other rural health units. However, these medical facilities do not have full hospital services unlike hospitals located in urban areas like Tarlac City. The respondents therefore are force to travel to Tarlac City to receive appropriate treatment. This result of the study coincides with Flores, et. al. (2021) on rural indigents' lack of access to basic healthcare services. This problem is largely attributed to misdistribution of health facilities in many parts of the country and has created an urban-rural inequity in terms of health care. Since majority of large hospitals and health care facilities are concentrated in urban areas it leaves geographically isolated rural areas at a disadvantage in terms of health care access.

Significant portion of respondents (13, ranked 4th) choose not to use PhilHealth. Despite the marginal number of PhilHealth users among the respondents, this remains a problem that needs to be addressed. The researcher verified this response and the main consideration for not using PhilHealth is the added cost of seeking medical assistance. Although the respondents believe that PhilHealth can be useful the additional cost of hospitalization and seeking medical assistance remains a strong deterrent.

On the other hand, long processing time (9, ranked 6th) although a concern for rural indigent PhilHealth members does not significantly impact the majority of the respondents. This result only shows the commitment of PhilHealth to facilitate the processing of PhilHealth claims and transactions. Faster processing of PhilHealth transaction likewise is facilitated by the implementation of e-governance initiatives like online processing of PhilHealth transactions among its members.

4. Proposed Measure for Utilization of PhilHealth

This section presents the proposed measures recommended by (100) rural indigent in using PhilHealth among selected barangay in the municipality of Moncada from the year 2021-2022. Proposed measure listed in this section are the following: additional of public health facilities (hospitals and clinics) closer to the community or barangay, additional financial subsidies for rural indigent to help them with their medical cost, seminars and consultations with local community to increase awareness on the benefits of social health insurance, development of health and medical referral system that can connect rural indigents with health professionals accredited with PhilHealth , faster processing time of PhilHealth transactions particularly for rural indigents, and others.

4.1 Proposed Measure for Utilization of PhilHealth

Table 12 shows the proposed measures recommended by 100 rural indigents in using PhilHealth

Table 12
Proposed Measure for Utilization of PhilHealth

Proposed Measure for Utilization of PhilHealth	***f***	***R***
Additional financial subsidies for rural indigent to help them with their medical cost	40	1st
Additional of public health facilities (hospitals and clinics) closer to the community or barangay	20	2nd
Seminars and consultations with local community to increase awareness on the benefits of social health insurance	19	3rd
Not applicable (did not use PhilHealth)	13	4th
Faster processing time of PhilHealth transactions particularly for rural indigents	9	5th
Development of health and medical referral system that can connect rural indigents with health professionals accredited with PhilHealth	8	6th

Among the proposed measures to use PhilHealth, majority of the respondents (40, ranked 1st) admitted that additional financial subsidies for rural indigent to help them with their medical cost are needed to use PhilHealth. The minimal amount covered by PhilHealth and the rising cost of health care are the reasons why rural indigents seek financial support. Rural indigent PhilHealth members usually reach out to government agencies like Department of Social Welfare and Development and Philippine Charity Sweepstakes Office and their local government officials (mayors, congressmen, governors and barangay captain) to ask for financial aid. According to Department of Social Welfare and Development (2022), it has already established one stop centers called "Malasakit Centers" nationwide to assist with indigent PhilHealth members. The "Malasakit Centers" are one stop shops set by DSWD with PCSO and PhilHealth to assess and assist qualified applicants. However, not all hospitals nationwide have "Malasakit Centers". According to DSWD, there are a total only 102 "Malasakit Center" nationwide wherein 56 are in Luzon 22 are in Visayas and 24 in Mindanao.

Another measures proposed by the respondents are additional of public health facilities (hospitals and clinics) closer to the community or barangay (20, ranked 2nd). Despite the establishment of a rural hospital and other rural health units, the respondents still require the establishment of additional health facilities. This measure can help rural indigent cut on transportation cost travelling to and from hospitals located in other towns or cities. Likewise, it will lessen the reliance of rural indigents on hospitals and medical facilities outside their community. This measure can help minimize the urban-rural inequity in the health care system. As Strasser

et. al. (2016) pointed out, rural communities compared to their urban counterparts, experience lower life expectancy and poorer health status particularly among developing countries. In addition, capacity building to rural communities to enable the recruitment and training of local medical students to serve underserviced areas and deliver quality health care in rural community settings is necessary if the establishment of permanent health facilities is not possible.

The conduct of seminars and consultations with local community to increase awareness on the benefits of social health insurance (19, ranked 3rd) was also proposed as a measure for the use of PhilHealth by rural indigents. The respondents in this study can fully take advantage of PhilHealth if they are aware of how it works and what benefits they can receive by being a member. Balamiento (2018) pointed out that an emerging issue in the use of PhilHealth is the role of information management and advocacy on healthcare utilization outcomes. PhilHealth members should be aware of benefits of properly utilizing the social health insurance. The Department of Health, in collaboration with PhilHealth, should actively engaged in public information initiatives and target indigent members on how to maximize healthcare benefits that can be obtained in using PhilHealth.

On the other hand, 13respondets (ranked 4th) did not utilize PhilHealth. The non-usage of PhilHealth is considered a personal choice from the respondents. Even with the privelage provided, the respondents opted not to use PhilHealth.

Lastly, faster processing time of PhilHealth claims and transactions (9, ranked 5th) and development of health and medical referral system (8, ranked, 6th) are not highly considered as measures for using PhilHealth. Local rural health units in Moncada have shown an effective medical referral system that links up indigent patients to hospitals and health facilities needed to treat their illness or disease. Moreover, Phil Health's effort towards e-governance has paved way for faster processing of transactions and claims. Moreover, the establishment of "Malasakit Centers", a one stop show for indigent patients has contributed to the efficient processing of PhilHealth services.

5. Implication to Public Health Management

The present study on the PhilHealth utilization of Rural Indigents in Moncada has shown that the agency has made great strides in enrolling geographically and poor member of society. The utilization of 4Ps and Listahanan program to facilitate membership of rural indigents has been effective as it increased the number of young people enrolling in the PhilHealth. Likewise, PhilHealth has also made great strides in improving the quality of service provide to rural indigents with programs like the "Malasakit Center" and faster processing of transactions and claims.

However, despite the improvement in expanding PhilHealth coverage to rural indigent communities and faster delivery of services, there are still challenges that PhilHealth and other government agencies need to overcome in order to provide quality public health care. One of the challenges is the rising health cost which leaves rural indigent wanting more financial assistance. Although significant, PhilHealth cannot cover all the hospital and medical expenses. Without any assistance from the government, this situation can force rural indigents into poverty further. Likewise, the rural-urban inequity in terms of health care infrastructure still persists. Rural indigents often need to travel to nearby cities to avail of medical services not available in their community. Lastly, public health awareness needs to be given emphasis. Rural indigents must be educated not only by the benefits of PhilHealth but also the importance of preventive health care thru healthy living practices.

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REFERENCES

[1] Abrokwah, S, Callison, K. & Meyer, D. (2019). Social Health Insurance and the Use of Formal and Informal Care in Developing Countries: Evidence from Ghana's National Health Insurance Scheme. The Journal of Development Studies. 55 (7)

[2] Baillion, A., Capuno, J., O'Donnell, O., Tan, C.A. & van Wilgenburg, W. (202 Persistenteffects of temporary incentives: Evidence from a nationwide health insurance experiment. Journal of Health Economics. Volume 81.

[3] Balamiento, N. (2018) The Impact of Social Health Insurance on Healthcare Utilization Outcomes: Evidence from the Indigent Program of the Philippine National Health Insurance. International Institute of Social Studies: Hague

[4] Blanco, C. (2017). Social health insurance for the Filipino indigents: a study of the utilization of Philhealth benefits of the indigent members of Marinduque. Unpublished Thesis. De La Salle University.

[5] Bredenkamp, J., Capuno, J., Kraft. A., Poco, L., Quimbo, S. & Tan, C.A. (2017) Awareness of Health Insurance Benefits in the Philippines: What do We Know? World Health Organization: New York.

[6] Cabalfin, R. (2016). Health Financing for the Philippines. Final Report. Philippine Institute for Development Studies: Quezon City

[7] CALONG, K.C. & COMENDADOR, J. (2019). ASSESSMENT OF PERCEIVED HEALTH CARE ACCESS IN A RURAL COMMUNITY IN RIZAL: A CROSS-SECTIONAL STUDY. SAN BEDA UNIVERSITY JOURNAL OF HEALTH AND CARING SERVICES. 1 (2)
[8] Capuno, J., Kraft, A., Poco, L.C., Quimbo, S. & Tan, C.A. (2019) Health conditions, payments, proximity, and opportunity costs: Examining delays in seeking inpatient and outpatient care in the Philippines. Social Science & Medicine, Volume 238
[9] Dayrit, M. (2018_/ Philippine health System Review, Health Systems in Transition, Voume 8, Number 2
[10] Department of Health (2022). National eHealth Context Overview. http://ehealth.doh.gov.ph/index.php/transparency/overview
[11] DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (2022). DSWD-7 BACKS INSURANCE COVERAGE FOR POOR FAMILIES. HTTPS://LISTAHANAN.DSWD.GOV.PH/2014/07/DSWD-7-BACKS-INSURANCE-COVERAGE-FOR-POOR-FAMILIES/
[12] El Omari, S., Karasneh, M. Social health insurance in the Philippines: do the poor really benefit? *Journal of Economics and Finance* **45**, 171–187 (2021).https://doi.org/10.1007/s12197-020-09525-5
[13] FLORES, L.J.Y, TONATO, R.R. & DELA PAZ, G,A. & ULEP, V.G. (2021). OPTIMIZING HEALTH FACILITY LOCATION FOR UNIVERSAL HEALTH CARE: A CASE STUDY FROM THE PHILIPPINES. PLOS ONE.HTTPS://JOURNALS.PLOS.ORG/PLOSONE/ARTICLE?ID=10.1371/JOURNAL.PONE.0256821
[14] *Haw, N,J., Uy, J., Ho. B.L. (2021)Journal of Public Health*, Volume 42, Issue 4, December 2020, Pages e496–e505, https://doi.org/10.1093/pubmed/fdz142
[15] HEALTH RESOURCES AND SERVICES ADMINISTRATION (2022). BARRIERS TO HEALTH PROMOTION AND DISEASE PREVENTION IN RURALAREAS.HTTPS://WWW.RURALHEALTHINFO.ORG/TOOLKITS/HEALTH-PROMOTION/1/BARRIERS
[16] JOYNER, R., GLATTHORN, A, & ROUSE R. (2018). WRITING THE WINNING THESIS OR DISERTATION.CORWIN PESS : CALIFORNIA
[17] Lalosa, A. (2018). Socio-Demographic Characteristics, Level of Awareness, Knowledge, Satisfaction, and Extent of Access to Information Resources Among PhilHealth beneficiaries. Conference: 2nd International Research Forum in Education, Sciences, and the Social Praxis at Crown Regency Hotel and Towers, Cebu City, Philippines
[18] MONNAT, S. & PICKETT, C.B. (2011). RURAL/URBAN DIFFERENCES IN SELF-RATED HEALTH:EXAMINING THE ROLES OF COUNTY SIZE AND METROPOLITAN ADJACENCY. HEALTH & PLACE. 7 (1)
[19] Moore, O. (2018). The Philippines' Universal Healthcare Policy (Kalusugan Pangkalahatan) and the Poor. Philippine Journal of Public Policy.
[20] Obermann, K, Jowett, M. & Kwon, S (2018) The role of national health insurance for achieving UHC in the Philippines: a mixed methods analysis, Global Health Action, 11:1, DOI: 10.1080/16549716.2018.1483638
[21] Ouédraogo S, Ridde V, Atchessi N, *et al. (2017)*. Characterisation of the rural indigent population in Burkina Faso: a screening tool for setting priority healthcare services in sub-Saharan Africa*BMJ Open* 2017;**7:**e013405. doi: 10.1136/bmjopen-2016-013405
[22] Patron, Alma (2019). The Lived Experiences of Pantawid Pamilya Beneficiaries on the Implementation of PhilHealth Indigent Program: A Phenomenological Study. Proceedings of the 1st Africa-Asia Dialogue (AADN) International Conference 2019
[23] Pieh-Holder, K. L., Callahan, C., & Young, P. (2012). Qualitative needs assessment: Healthcare experiences of underserved populations in Montgomery County, Virginia, USA. Rural and Remote Health, 12(3), 1–11. https://search.informit.org/doi/10.3316/informit.623608300695890
[24] Querri, A., Ohkado, A., Kawatsu, L., Remonte, M.A., Medina, A. & Garfin, A.M.C. (2018). The challenges of the Philippines' social health insurance programme in the era of Universal Health Coverage. Conference Paper, International Union Against Tuberculosis and Lung Diseases
[25] World Health Organization (2018). Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses. ho.int/news/item/13-12-2017-world-bank-and-who-half-the-world lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme poverty-because-of-health-expenses
[26] Zhai, S., Yuan, S. & Dong, Q. (2021). The impact of health insurance on poverty among rural older adults: an evidence from nine counties of western China. International Journal of Equity Health. Volume 20. doi: 10.1186/s12939-021-01379-5