WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

A Review Article on Philippine Universal Healthcare: Feasibility of Medical Insurance to the Indigent Community

[1]Fajardo, Ella Mae E., [2]Macalandong, Omeclair l., [3]Querubin, Maria Fe, Sarceda, [4]Cyrelle Andrea G., [5]Wagas, Kristine Loise B., [6]Faller, Erwin M. Rph

[1,2,3,4,5,6]MSc, PhD, MMPS, FRI Pharm. Pharmacy Department, San Pedro College, Davao City, Philippines

ABSTRACT

The Philippines is a third-world country, there are a count of 19.99 million of individuals who are living in a poverty state, which represents 18.1 percent of the population which makes financial insurance fundamental. Philhealth claimed to be successful in their medical aid for indemnity, this review article will proffer the status of their services centrally focusing on the indigent sectors evaluating it's feasibility. As time pass by, different phenomena that are connected to health insurance issues emerge, and with the constant evolution of the medical world there is a continuous requirement for adaptability, with this matter in hand the Philippines constitution has come to a lot of emendation in order to develop the healthcare service of the country. In this way, it allows a wider breadth of universal healthcare services. Philippine healthcare insurance is an essential resource to possess for people living in the Philippines. As its purpose is to proffer universal healthcare aiming specifically on indemnity that focuses on a variety of individuals that are coming from different sectors of the community. This ought to be accessible and efficacious in terms of when and where people demand it. The medical services offered may come from different health assistance which are prevention, promotion of health, treatment, and rehabilitation.

Objective: It provides information that will pave the way for data in terms of the repleting status, lacking qualities, advantages, and disadvantages of Philippine health insurance, with a central focal point to the poor sectors of the country. Proffering informative well-grounded data that may benefit the betterment of the country's medical health insurance benefits, especially for indigent individuals.

Methods: This review article provides data from various reliable sources on the internet all related to the feasibility of medical insurance for the indigent community.

Results: Based on the data stated in the results and discussion of this review article, regardless of the benefits of medical insurance, another matter contributes to making them not securely covered with health insurance, especially to the people living in rural areas in the Philippines, geographic remoteness of the place making healthcare service difficult to achieve as this still needs their personal finances for the expenses which are not covered by the medical care indemnity. Another factor that affects the wide and deep coverage of medical insurance in the Philippines is the lack of revenues, making the community utilise out-of-pocket money, with that being matter it proffers financial problems to the indigent sectors. Some Filipino citizens in this socioeconomic area are not knowledgeable and do not understand enough about the big role medical insurance plays. This causes a holdback as this will not induce them to become part of a medical insurance program.

Conclusion: Despite the aim of providing universal health care to different sectors, the country's still lacking its services, especially for the indigent community. As there are other matters that contribute to covering financial problems in terms of medical care.

INTRODUCTION

According to a study from the Family Income and Expenditure Survey, the PSA reported that 19.99 million people in the Philippines—or 18.1 percent of the population—live below the poverty line (Palatino, 2022). The constitution is being established with this issue in mind as an emanation for broadening and deepening financial support. One of their areas of attention is medical insurance, a need for the underprivileged. When President Rodrigo Duterte signed the Universal Health Care Bill into law in February 2019, the Philippine healthcare sector witnessed considerable changes (World Health Organisation, 2019). The purpose of this Review article is to conduct study on the viability, usefulness, and practicality of medical insurance for the underprivileged, such as PhilHealth. to observe what issues develop or what advantages come their way. Finding out what needs to be focused on as healthcare professionals and how we can aid the county through research on this subject is helpful. 74% of poor households said it was difficult to find the money for therapy (National Statistics Office, 2013). One of the most prominent features of the UHC Law is the expansion of population, service, and financial coverage through various health system changes. Along with this, a paradigm shift in favor of primary care, which is at the core and center of all health developments under the UHC, is predicted. In the Philippines, out-of-pocket medical costs increased by 150% from 2000 to 2012. (Family Income and Expenditure Surveys, 2012).

All Filipinos have equitable access to high-quality, cost-effective health care services and products, as well as safety from financial risk (World Bank., 2011). Review of the Philippine Health Sector. The World Bank. Thanks to the UHC, every Filipino is safeguarded from health risks and dangers and

has access to affordable, high-quality, and conveniently located health services that are suitable for their needs (Department of Health, 2019). However, economists disagree on the question of whether having health insurance increases the use of healthcare services by the underprivileged in developing countries (Wagstaff, A., 2010). Social health insurance has a beneficial and statistically significant impact on how frequently its poorer members use medical services, according to various empirical investigations (Galarraga et al., 2010). (Panpiemras et al., 2011). Social health insurance is one potential means of paying for medical treatments (Wagstaff, A., & Moreno-Serra, R., 2009). It aims to reduce health inequities by giving low-income households free access to medical care. According to economic theory, social health insurance decreases healthcare costs for those who cannot afford them, increasing the use of medical services (Trujillo et al., 2005). The uninsured tend to be more seriously ill when they are diagnosed, receive less preventative and diagnostic services, and receive worse therapeutic care, according to studies that support these findings (Hadley, J., 2003; Addington, W. W., 1999). (American College of Physicians-American Society of Internal Medicine., 2000).

METHODS

This research is a Review Article and will be conducted using researching past articles about this topic and comparing it on different results (McCombes, 2022). The first method that allowed us to compare poor PhilHealth participants to similar non-participants is to compare and contrast the situations of the participants from one another (Bautista, M. C., 2020). Case—health care contracts and social contract are all coming from PhilHealth's social health insurance. In Contractual Management (pp. 337-364). Springer Vieweg, Berlin, Heidelberg.. We will also compare the benefits of those indigents that availed the Philippine Universal Health Care from those indigents that didn't avail (Bredenkamp, et al., 2017), (Picazo, et al., 2015). This can make us see the benefits and the perceived benefits and the perceived barriers between the two types of situations (McKinney, R., & Shao, L. P., 2008). Another type of methodology results to represents the likelihood that the head of an impoverished household will be admitted to the program, was calculated by utilizing a model called probit and having these variety of variables that is self explanatory: the head's age, gender, level of education, household wealth, health status, size of the household, proximity to a health center, and lastly is the number of young individuals children to be specific, who had unfortunately died from a disease (Macapanpan, M. L., 2015). In reference to the current literature, the last four variables are introduced for the first time (El Omari, S., & Karasneh, M., 2021).

RESULTS AND DISCUSSIONS

Table 1.

Author and Year	**Title**	**Method**	**Result**
1. Omari, S., & Karasneh, M., (2021).	Social health insurance in the Philippines: do the poor really benefit?	Medical Health Insurance is a feasible avenue of paying for medical treatments by providing free medical services for those who have low income.	It seeks to lessen barriers to treatment. Standard economic theory states that medical health insurance actually reduces the cost of medical fees for people who cannot afford it, hence improving the usage of medical services [21].
2. Bredenkamp, C. (2017)	Awareness of Health Insurance Benefits in the Philippines	The purpose of the current study was to examine the implications of recent changes to the Philippines' social health insurance system.	The Philippines' health insurance coverage has steadily risen in recent years., particularly among the underprivileged [10].
3. Balamiento, N., (2018)	The impact of social health insurance on healthcare utilisation outcomes: evidence from the indigent program of the Philippine National Health Insurance	Philhealth take the lead in implementing the nation's National Health Insurance Program, decentralisation, and the country's worsening socioeconomic status all contributed to the creation of the Phil-Health Indigent Program.	With the integration of universal health care, the Philippines is currently one of South East Asia's pioneering countries. The ultimate goal is to provide equitable access to healthcare services for everyone, regardless of their social background or financial situation.[8].
4. WHO, 2020	Community-based health insurance	Community-based health insurance (CBHI) programs are typically voluntary and distinguished by the pooling of	The classic Community - based health insurnce approach,which primarily relies on spontaneous, small-scale initiatives that

		funds by members of the community to help cover the expense of healthcare.	provide minimal to no financial support for the underprivileged and disadvantaged groups, appears to have limited potential for assisting nations in their transition to universal health coverage, according to both theory and evidence. [68]
5. Lim, B.(2019)	Philippine National Health Insurance Assistance program	Filipinos can eventually receive health treatments through the government's PhilHealth health insurance assistance program, regardless of their age, gender, or social standing. Every Filipino is automatically registered in the Universal Health Care law's government health assurance program..	As a result, individuals will be immediately eligible for health services like preventive care for their physical, mental, and perhaps even dental health [33].
6. Biggeri, M. (2018)	Assessing the feasibility of community health insurance in Uganda: A mixed-methods exploratory analysis.	The current study aims to use a mixed-methods strategy to evaluate the viability of Health Insurance. In order to determine the viability of establishing the micro insurance, eight preconditions are specifically suggested.	Community health insurance (CHI) is designed to safeguard finances and ease access to healthcare for underprivileged remote communities.[11].
7. Tingog, P. (2021)	Medical Assistance for Indigent Patients Program. Party list.	The Department of Health's (DOH) Medical Assistance for Impoverished Individuals Program (MAIP) was created to help indigent patients who needed medical attention while receiving treatment, receiving rehabilitation, getting an exam, or being admitted to a government hospital.	All destitute patients in non-private or service settings at all government healthcare facilities accredited by PhilHealth are eligible for the No Balance Billing policy [58].
8. Montemayor, M. (2019)	Health for all Filipinos: Universal Healthcare Law. Republic of the Philippines PNA	The law dictates that upon automatic enrollment into the government's health insurance scheme, every Filipino, including overseas Filipino workers, is eligible for preventative, curative and rehabilitative, diagnostic, therapeutic, and palliative treatment.	All Filipinos now have fair access to high-quality, reasonably priced healthcare services due to the implementation of Republic Act 11223, also known as the Universal Health Care Law [39].
9. Villar, M.(2020)	Free Medical for Indigent Filipino Women	Free medical for a person who has been identified by the Department of Social Welfare and Development (DSWD) based on specific criteria set for this purpose in accordance with the guiding principles set forth in Article I of this Act as having no apparent source of income or	18.0 percent, or 4.74 million poor households, were expected to be living in poverty during the first quarter of 2021. In the first semester of 2021, the subsistence incidence among families was estimated to be 7.1%, or roughly 1.87 million families [63].

		having an income that is insufficient for the maintenance of his family.	
10. David, M.,(2005)	Field based evidence of enhanced healthcare utilization among persons insured by micro health insurance units in the Philippines	One of the primary objectives of the health system should be to ensure that everyone has adequate access to healthcare and this does not necessarily occur in nations with lower incomes or extremely unequal income distribution.	According to reports, healthcare utilization is very low in low-income and rural communities [16].
11. Querri, A., Ohkado, A., Kawatsu, L., Remonte, M. A., Medina, A. et al., (2018)	The challenges of the Philippines' social health insurance programme in the era of Universal Health Coverage	A comprehensive investigation combining quantitative and qualitative techniques. Semi-structured interviews with employees of pertinent organizations were undertaken in addition to the collection of quantitative data from various sources. It was especially focused on the enrollment process for qualified individuals and the reimbursement system in five local government entities (LGUs).	In almost all of the LGUs analyzed, the proportion of people enrolled as "poor" outnumbered the number of people formally classified as being poor by a factor of 1 to 11. Interviews uncovered people who were "politically indigent," i.e., enrolled as impoverished despite not being needy. Due to structural and political flaws in the reimbursement claim and payment processes, several health centers were not getting paid by PhilHealth.[47].
12. Uy, J.,(2021)	The Financial Health of Select Philippine Hospitals and the Role of the Philippine Health Insurance Corporation as the National Strategic Purchaser of Health Services	Hospitals and other primary healthcare facilities are essential components of every health system. In order to maintain and raise the quality of their services, providers need to have both the financial stability to continue providing healthcare services without going out of business and the necessary profitability.	In order to support both inpatient and primary healthcare providers in the nation and to protect Filipinos from financial risk, the Philippine Health Insurance Corporation (PhilHealth) is envisioned as the national purchaser of health services. [61].
13. Hindle, D. (2021)	Health insurance in the Philippines: bold policies and socio-economic realities	The scheme was created to offer greater and better medical services than was already possible through a combination of insurance plans that only covered a portion of the population and services that were partially subsidized by government facilities and paid for by general taxation.	In particular, we suggest that the focus should be on more formal and explicit rationing that takes account of cost per quality-adjusted life-year; and radical adjustment of financial incentives for care providers including capitation and per case payment based on costed clinical pathways for high-volume case types. Finally, we comment briefly on lessons that might be learned by both The Philippines and Australia [29].
14. Dror, D. (2005)	Field based evidence of enhanced healthcare utilization among persons	Micro health insurance units (MIUs) are created by informal sector groups because people cannot access health insurance or	A higher frequency of visits to a primary care physician, a higher rate of chronic diseases being diagnosed, higher

	insured by micro health insurance units in Philippines	are dissatisfied with the programmes they can access. The policy choice to support MIUs relies on evidence that affiliation with these schemes increases healthcare utilization.	hospitalization rates, higher rates of professionally attended births, lower rates of home births, and better medication compliance among the chronically ill were all reported by insured people. We conclude that MIUs can reduce the underutilization of healthcare in the Philippines.[18].
15. Bodart, C., and Banzon, E.	Social health insurance in a developing country: The case of the Philippines	More and better care was expected to be provided by the program, which was designed specifically for this purpose.	To be eligible for medical care under the Health insurance program, dependents of destitute members must be younger than 21.[12].
16. Ramos JA, Untalan FM(2022)	Effectiveness of the Philippine Health Insurance Corporation Case Rate System for Thyroidectomy in a Tertiary Government Hospital	Methods: Design: Prospective Cross- Sectional	1,984.95 pesos was the minimum bill as for the maximum bill it was 38,898.65, and having a 18,703.28 pesos, 4,251.78 for the inquertile range. Out of pockets expenses issues that non-NBB patients have were reported. Thyroidectomy actual cost, is not departing from the rate given by the PhilHealth among the RVS categories [50].
17.Sosa KP, Bautista RAS, Ejercito JLT, Leonzon JH, Verdad GD, Domingo JD.(2022)	Perception and Experiences of Residents in the National Capital Region to Social Health Insurance	There are two goals for the paper, The first one is the researchers differentiate the variables (IV) results to the experimental evidence of gold standard. As for the second one, they utilized the IV method with the national.	The gold standard portray a reduction of catastrophic expenditures for about within the national level. A lower expenditures from S.P beneficiaries was observed with the medicines and among the outpatient. In the limited experimental dataset, and at the national leve, the selection-corrected protective effect [57].
18. Abdelsattar M, Hendren S, Wong SL.(2022)	The Impact of health insurance on cancer care in disadvantaged communities	This focuses on linking the Surveillance, Epidemiology, and the after Results registries to US Census data. In order to examine patients that having a four leading causes of cancer deaths with a specific time run through between 2007 and 2011. The determinant score was utilized by having 5 measures of these variables, their wealth, education, and employment. Patients representing the most diadvantage communities were stratified in quintiles In order to estimate associations and cancer-	There was a great advantage for people who have a cancer specific indemnity specially when heya are in the disadvantage zone. Having a comparative advantage at 3 years, 40% vs 31%). Despite that it did not fully mitigate the effect of social determinants on mortality (hazard ratio, 0.75 vs 0.68; P < .001) [1].

		specific survival the logistic regression and Cox proportional hazards models are utilized.	
19.Cabalfin, M. (2016).	Health Financing for the Poor in the Philippines: Final Report	The article provides an informative evaluation operative evaluation that is aidful for the future impact assessment of PhilHealth initiatives and programs in terms of the access to the health services, which are the financial protection, and specially the health status of the poor.	Financial Assistance for the Poor in the Philippines [13].
20.Quimbo,S., Wagner, N., Florentino, J., Solon, O., & Peabody, J. (2015).	Do Health Reforms to Improve Quality Have Long-Term Effects? Results of a Follow-Up on a Randomized Policy Experiment in the Philippines	For economic advancement and overall human development, essential healthcare services must be made available and accessible.	It is a crucial component of improving people's functions and capabilities to enable meaningful and productive engagement in society [49].
21.Quimbo, S., Florentino, J., Peabody, J. W., Shimkhada, R., Panelo, C., & Solon, O. (2008).	Underutilization of social insurance among the poor: evidence from the Philippines	The data of the study was taken from Quality Improvement Demonstration Study (QIDS) and this includes a specific patient information coming from the children ages below 5 years old, and it was done in seven waves in the four central regions of the Philippines' public hospital.	Data that range from 2004 to 2007 year coming from the Multivariate analyses using a QIDS, portrayed a result averaged about 15% was that underutilization this was seen during the conduction of the study. However, this underutilization matter, specially among insured hospitalized children decreased over time. This hen created an amplification effect which is positive one it increased the length of stay in the hospital. [48].
22.Wagner, N., Quimbo, S., Shimkhada, R., & Peabody, J. (2018).	Does health insurance coverage or improved quality protect better against out-of-pocket payments? Experimental evidence from the Philippines	The study Differentiated Intervention A and B, and the two interventions was found to have a same effectiveness in terms of reducing the out-of-pocket payments, these data were based from the coefficient estimates associated of the study's reuslts.	Improved Quality and protection against out of pockets payments [64].
23. Luu, K., Brubacher, L. J., Lau, L. L., Liu, J. A., & Dodd, W. (2022).	Exploring the Role of Social Networks in Facilitating Health Service Access Among Low-Income Women in the Philippines: A Qualitative Study	In this study in order to report the information about the demographic, a descriptive statistical analysis was done. The data of the interview was analyzed themathically by utilizing hybrid deductive-inductive approach.	After all the efforts of providing universal health care in the country Philippines, the indigent community still faces barriers in matters of accessing and its utlization. [35].
24.Erlangga, D., Suhrcke, M., Ali, S., & Bloor, K. (2019).	The Impact of public health insurance on health care utilisation, financial	Study was reviewed systematically empirical studies published from July 2010 to	In general, health insurance programs in low- and middle-income nations (LMICs) have

	protection and health status in low - and middle - income countries: A systematic review	September 2016 using Medline, Embase, Econlit, CINAHL Plus via EBSCO, and Web of Science and grey literature databases. No language restrictions were applied. Our focus was on both randomised and observational studies, particularly those including explicitly attempts to tackle selection bias in estimating the treatment effect of health insurance. The main outcomes are: (1) utilisation of health services, (2) financial protection for the target population, and (3) changes in health status.	been found to increase access to medical treatment as indicated by higher utilization of medical facilities (32 out of 40 studies). Additionally, there seems to be a positive impact on financial security (26 out of 46 research), despite the fact that some studies found the opposite. Moderate evidence suggests that health insurance programs benefit the insured's health (9 out of 12 studies)[20].
25.Solon, O., Peabody, J. W., Woo, K., Quimbo, S. A., Florentino, J., & Shimkhada, R. (2009).	An Evaluation of the Cost-effectiveness of Policy Navigators to Improve Access to Care for the Poor in the Philippines	Statistical information from the Quality Improvement Demonstration Study (QIDS), a randomized trial being conducted at the district level in the Visayas area of the Philippines. The impact of introducing Policy Navigators to controls were contrasted in two research arms. The Policy Navigators promoted better access to care by regularly delivering system-level knowledge to the decision-makers, local mayors, and state governors in charge of funding and enrolling low-income people in the health insurance program. Regression models were used to compare enrollment rates between the intervention and control locations. We also evaluated the financial efficiency of slight enrollment increases.	Comparing Policy Navigators to the controls, they increased health insurance enrollment by between 39 and 102%. At $0.86 USD per enrollee, policy navigators were a cost-effective option. However, other national government campaigns that were launched to broaden coverage slowed down enrollment attempts.[54].
26. Literatus RF.(2019)	Health maintenance cooperative: an alternative model to universal healthcare coverage in the Philippines	Philippine Health Insurance Corporation (PhilHealth) and the National Health Insurance Programme (NHIP) were established in the Philippines in 1995 in order to implement national universal health coverage. The government, however, encouraged competition in the delivery of health services and insurance through social or private insurance for clinical services due to a lack of resources.	The need for truly universal healthcare coverage has been made urgent by the Philippines' poor status of its healthcare system. To provide accessible healthcare, we need alternate delivery options. As a cooperative dedicated to health maintenance, the CHMF has a lot of promise. It reaffirms how crucial solidarity economies are to achieving SDG #3, which calls for promoting health and wellbeing. CHMF increases the number of models that are already accessible globally. To reach more Filipinos, however,

			the primary difficulty is to achieve economy of scale.[34].
27. Haw, N., Uy, J., & Ho, B. L. (2020).	Association of SHI coverage and level of healthcare utilization and costs in the Philippines: a 10 - year pooled analysis	.Using data from individual outpatient and inpatient visits from the Philippine Demographic and Health Survey's three rounds between 2008 and 2017, the researchers examined the relationship between PhilHealth and health care utilization and costs.	Depending on the survey year, PhilHealth membership was linked to 42% higher odds of outpatient usage and 47–100% higher odds of inpatient utilization. Using PhilHealth to pay for care was linked to higher average health care expenses of 244-865% for outpatient care and 135-206% for inpatient care, depending on the kind of facility.[28].
28. Galárraga, O., Sosa-Rubí, S. G., Salinas-Rodríguez, A., & Sesma-Vázquez, S. (2010).	Health insurance for the poor: impact on catastrophic and out-of-pocket health expenditures in Mexico.	The article has two distinct objectives. They begin by contrasting the outcomes of instrumental variables (IV) with the "gold standard" experimental evidence [6] in a small sample. Second, they tested if the experiment's protective effect could be generalized to the entire country using the IV technique and a nationally representative database.	Instrumental variables estimates imply a reduction of 54% in catastrophic expenditures at the national level, with estimates being comparable to the "gold standard" as a result of the use of these variables. Beneficiaries of the SP also spent less on prescription drugs and outpatient care. In addition to the small experimental dataset, the national level also exhibits the selection-corrected protective effect.[24].
29. Panpiemras, J., Puttitanun, T., Samphantharak, K., & Thampanishvong, K. (2011).	Impact of Universal Health Care Coverage on patient demand for health care services in Thailand.	Empirical studies show that social health insurance has a positive and statistically significant impact on how often its poorer members use medical services.	discovered that the UC program was successful in raising demand for outpatient medical care, particularly from the poor and elderly. However, outpatient demand for health care grew considerably during the first year of the program and quickly declined in subsequent years.[45].
30. Son, H.H. (2009).	ADB Economics Working Paper Series No. 171 Equity in Health and Health Care in the Philippines	In this study, equity in health status and health care usage is described and quantified using the equity index of opportunity. In order to explain equity in terms of both within-group equity and equity between groups, the study offers a methodology.	The findings suggest that within-group equity says that people with varied requirements should be treated in accordance with those needs, but between-group equality suggests equal treatment for people with similar needs.[55].
31. Trujillo, A., Portillo, J., & Vernon, J. A. (2005).	The impact of subsidized health insurance for the poor	Propensity Score Matching (PSM) techniques are used to assess how this subsidy affects the use of medical services. We are able to compute propensity scores in a way that is consistent with both the local government's decision to grant the subsidy and	The use of PSM in conjunction with these large datasets helps to balance the treatment and control groups along observable dimensions, but we also present instrumental variable estimates to take into account the potential

		with the individual's decision to take the subsidy by combining particular household survey data with local and regional statistics.	endogeneity of program participation. [60].
32. Wagstaff, A. (2010).	Europe and central Asia's great post-communist social health insurance experiment: Aggregate impacts on health sector outcomes. Journal of health economics	International nations' responses to the community of the uninsured in terms of health care.	Social health insurance is one possible way to pay for medical services. By giving low-income households free access to medical care, it aims to reduce health inequities. [65].
34. Macapanpan, M. L. (2015).	Extending Universal Care for the Informal Sector in the Philippines.	Using a probit model and the following explanatory variables, another form of methodology was used to determine the likelihood that the head of a poor home will be admitted to the program.	The head's age, gender, level of education, household wealth, health status, size, distance from a health center, and the number of children who had passed away from diseases were all taken into account.[36].
33. Hadley, J. (2003).	Sicker and Poorer—The Consequences of Being Uninsured. Sage Journals.	An analysis of the quantitative effects of not having health insurance.	When they are diagnosed with the disease, uninsured people tend to be in more advanced stages of the illness and receive less preventive and therapeutic care. Due to this issue, having health insurance will reduce death rates by 10% to 15% for each person in the community. [27].
34. Addington, W. W. (1999).	No health insurance? It's enough to make you sick—Scientific research linking the lack of health coverage to poor health	The development of science, technology, and medical practice has won the admiration of people all around the world. The advancement of medicine in the United States is largely due to the efforts of eminent researchers, prestigious academic and clinical centers, and accomplished practitioners. This article discusses additional factors that might lead to the loss of benefits from not having health insurance.	As a result, patients with access to healthcare can take advantage of widely accessible medications and treatments for conditions including cancer, cardiovascular disease, and other infections, as well as cutting-edge tools and personnel when hospitalization is necessary. The emphasis on early disease identification and preventive care in American medicine is also noteworthy since it aids people with access to health care in avoiding diseases that could be prevented. [2].
35. Jabar, M., Regadio, C., & Collado, Z. (2021).	Knowledge on and Membership in PhilHealth: The Case of Overseas Filipino Workers	A mixed-method study describing the level of awareness of OFWs who are Philhealth members in terms of the advantages they might receive from medical insurance.	According to this study, those with higher incomes knew more about the benefits than people with lower incomes did about medical insurance benefits. Another finding of the study is that OFWs with greater incomes are more likely to enroll in PhilHealth. [30].

36. Obermann, K., Jowett, M., & Kwon, S. (2018).	The role of national health insurance for achieving UHC in the Philippines: a mixed method analysis	A mixed-method study that comprises a thorough literature search that incorporates information from PhilHealth, healthcare professionals, and policy experts at the national and international levels.	As a result of the implementation of the sin tax, there was a significant increase in the coverage of health insurance. However, the amount spent on healthcare is still insufficient at only 14% due to the management of provider quality and cost. A significant increase in budget transfers is required, the report finds. [42].
37. Obermann, K., Jowett, M. R., Alcantara, M. O., Banzon, E. P., & Bodart, C. (2006).	Social health insurance in a developing country: the case of the Philippines	The Philippines, which launched a SHI program 35 years ago, has a lot to offer other low- and middle-income countries on how to create comparable programs. The researchers look at the challenges that PhilHealth, the nation's health insurance, is currently experiencing.	The Philippines has so far been a success story and can serve as an example for other countries in similar situations. For instance, SHI is based on value decisions, SHI is a financing institution and needs to be treated as such; SHI can be implemented independently of the current economic situation and may actually contribute to economic development; community-based health care financing schemes should be merged with the national SHI in the long run; and (v) there is a strong correlation between SHI and economic development. [41].
38. Sewell, J., McDaniel, CC., Harris, SM., Chou C. (2003).	Implementation of a pharmacist-led transitions of care program in an indigent care clinic: A randomized controlled trial.	The study was carried out as a single-blind, parallel, randomized controlled experiment at an indigent care clinic.	The intervention was implemented successfully in the clinic, but patient-level barriers to follow-ups included transportation constraints, financial challenges, irregular telephone communication, and a lack of knowledge of the importance of follow-ups.[52].
39. Manasan, RG. (2016).	Expanding social health insurance coverage: new issues and challenges.	PhilHealth's strategic approach to increasing population coverage has been dubbed "squeezing the middle": I "squeezing from the top" by increasing coverage of the Employed Sector Program for the group subject to mandatory enrollment, (ii) "squeezing from the bottom" by increasing coverage of the poor households under the Sponsored Program, and (iii) "squeezing the middle" by implementing interventions that are intended to increase coverage of nonpoor households.	According to the analysis, increasing the number of people covered by the social health insurance program may be difficult to do without also changing other parts of the program, particularly the payment structure. [37].

40. Gella, HB., Caelian, MV. (2022)	Implementation of Primary Healthcare Services in Community Health Stations in Highly Urbanized City	The descriptive strategy was used in this study's quantitative research design. The scope of the implementation of basic healthcare services in community health stations was described using the descriptive approach. Utilizing the factors mother and child health care, the management of infectious and non-infectious diseases, and health education Pre- and postnatal examinations, products and services for family planning, increased immunization programs, nutrition programs, and integrated management of pediatric ailments are all included in maternal and child healthcare. The focus of infectious disease therapy at the time was on preventing HIV/AIDS, rabies, vector-borne infections, and tuberculosis.	According to the findings, which were supported by Abrigo et al. (2017) and del Granado et al. (2018) A fragmented healthcare system resulted from the decentralization of healthcare services, which gave local governments the responsibility of funding and providing primary care services to their constituents. While this is going on, Lobo et al. (2014) discovered that the government is particularly concerned about healthcare, therefore the delivery of services at the community level is excellent. [25].
41. Lasco, G., Yu, VG., David CC. (2021).	The Lived Realities of Health Financing: A Qualitative Exploration of Catastrophic Health Expenditure in the Philippines	This article is the result of a multi-sited qualitative experiment in the Philippines that used FGDs to gather information about people's long-term health objectives and the obstacles they face in achieving them. We used grounded theory approaches to examine how low- and middle-income Filipinos pay for their healthcare requirements, with a particular focus on the area of health financing.	For many Filipinos, health finance frequently calls for the involvement of several players and involves both anticipated and unanticipated issues during the course of the sickness. [32].
42.Goldman, AL., McCormick, D., & Haas, JS., Sommers, BD. (2018)	Effects Of The ACA's Health Insurance Marketplaces On The Previously Uninsured: A Quasi-Experimental Analysis	Analyzed information from the Agency for Healthcare Research and Quality's (AHRQ) nationally representative Medical Expenditure Panel Survey (MEPS). Each household member's data is gathered over a two-year period, and two-year, longitudinal data sets are accessible.	Among the 9,653 persons in our research sample, 5,770 had ongoing employer-sponsored insurance (compared to 4,047 in the pre-ACA period), whereas 3,883 were uninsured for six months or longer in year 1 (2,688 in the pre-ACA period) (exhibit 1). The uninsured (intervention group) group differed from the control group in that it was younger, more likely to be male, Hispanic, and to reside in the South or West. It also differed from the group with stable employer-sponsored insurance (the control group). The intervention group's mean family income was lower, and its members were slightly less

			likely to have been employed prior to the ACA—despite the fact that both groups' adult populations were largely employed. [26].
43. Dalmacion, Godofreda V.; Juban, Noel R.; Zordilla, Zenith. (2016).	Optimizing PhilHealth's Case-based Payment Scheme to Achieve Greater Financial Protection	The study employed qualitative techniques such as key informant interviews, desk reviews, and surveys with pretested questionnaires (KIIs). Using a frame of all accredited private and public hospitals with current PhilHealth certification, a purposeful sample was conducted in seven healthcare facilities. The 16 hospital administrators that participated in the surveys (KIIs) were surveyed. Twenty doctors who served as a representative sample of individual healthcare professionals completed a self-administered survey questionnaire.	Aside from the local government all hospital administrators thought the CBP was superior to the FFS because, especially in the first six months of operation, it reduced the turnaround time for reimbursement to facilities from six months to two months. [15].
44. Chakraborty, Sarbani. 2013.	Philippines' Government Sponsored Health Coverage Program for Poor Households.	An in-depth evaluation of the government's implementation of the Health Coverage Program (HCP) for Poor Households in the Philippines.	Increase access to crucial medical care for low-income families without putting their finances at risk.[14].
45. Ambong, RM., Gonzales, A., & Jr, Bais L. (2021)	Health-Seeking and Access Promotion among Pantawid Pamilyang Pilipino Program (4Ps) Grantees in San Jose, Occidental Mindoro, Philippines	In order to get the necessary data for this paper's case study methodology, focus groups, key informant interviews, and surveys were all conducted (FGD). The case study's main focus was the problem of poor access to healthcare services and the low participation of 4Ps household grantees in the sharing of financial risk for healthcare. Respondents for the study were chosen from a quota sample of 110 people per barangay. They belonged to the Pantawid Pamilyang Pilipino Program (4Ps) in Barangay Labangan, Pagasa, and Caminawit, which provided Conditional Cash Transfer (CCT) benefits to members of the family. With the use of the municipal contacts allocated to the designated barangays, these people were located.	The communities that were chosen received the following training as a result of the social investigation that was done. The interventions required by each barangay vary, as illustrated in table 1 below. According to the surveys and focus group discussions, however, Barangay Caminawit and Barangay Pagasa, which are both designated as coastal barangays, have comparable needs. Furthermore, it is highlighted that many households in these barangays have limited access to healthcare services and little involvement in the financial risk sharing for healthcare. [6].

46. Reynolds, H. Y. (2009)	Free medical clinics: helping indigent patients and dealing with emerging health care needs	In this work, a simulation laboratory approach was applied.	A national emergency of sorts exists due to the current overpopulation of individuals in our society without dependable access to health care. The future treatment will include free clinics. To address the clinical need, it's crucial to have willing, qualified, and maybe retired volunteer care workers. [51]
47. Akin, B., MD, Rucker, L., MD, F. Hubbell, A., MD, MSPH., Cygan, R., MD., & Waitzkin, H. MD, PhD. (1989)	Access to medical care in a medically indigent population	Descriptive analysis of a group of patients who, for one reason or another, were unable to access care. A panel of internists used consensus analysis to categorize financial barriers and medical diagnoses, assess the severity of illness and the impact of the lack of access to medical services, and make their judgments. The prospect of receiving care after declining assistance was also assessed.	60% were unable to receive care because they were undocumented immigrants, and 40% were unable to receive care because they did not adhere to the strict requirements of the assistance programs. A subgroup of 38% of patients were unable to find care four weeks after enrolling in the study; these patients appeared to have more severe disease than those who were able to find care, and 60% of patients had a moderate to high likelihood of long-term disability as a result of their illnesses. [4]
48. Kiefe, C.I., PhD, MD & Harrison, P.L., PA. (1993)	Post-hospitalization followup appointment-keeping among the medically indigent	A metropolitan public teaching hospital with hospital-based and community clinics served as the study's site.	A public hospital population's adherence to appointments is closely correlated with aspects connected to the delivery of healthcare, such as the absence of copayment restrictions. [31]
49. Yerby, A. S., & Agress, W. L. (1996)	Medical Care for the Indigent	New York City provides what is perhaps the largest array of diagnostic and curative treatments through its extensive network of municipal hospitals run by its department of hospitals and the numerous nonprofit hospitals founded by religious and other charitable organizations. of any American city.	The welfare provisions of medicare had provided new legislations are as follows; medical care for needy people, improvements in public assistance, and special health programs for childrens. [69]
50. Pane, G. A., Farner, M. C., & Salness, K. A. (1991)	Health care access problems of medically indigent emergency department walk-in patients	Survey of stable ED walk-in patients in the triage area.	Regular use of the ED for care (P .003), income of less than $10,000 (P .0002), rejection of care by a healthcare provider (P .001), refusal of care in an ED (P .03), and delay in seeking healthcare (P .0002) were all strongly correlated with public aid/self-pay insurance status. Regular use of the ED for care (P .02) and delaying seeking care (P

			.04) were both strongly correlated with income of less than $10,000. Binomial test and 2 with continuity correction were used in the statistical analysis to compare two proportions. [44]

CONCLUSION

The medical world constantly continues to evolve and different health crises arise. In a developing country healthcare insurance is a vital matter. In the Philippines medical care indemnity regularly went through amendment. Based on the data stated in the results and discussion of this review article, regardless of the benefits of medical insurance, another matter contributes to making them not securely covered with health insurance, especially to the people living in rural areas in the Philippines, geographic remoteness of the place making healthcare service difficult to achieve as this still needs their personal finances for the expenses which are not covered by the medical care indemnity. Another factor that affects the wide and deep coverage of medical insurance in the Philippines is the lack of revenues, making the community utilise out-of-pocket money, with that being matter it proffers financial problems to the indigent sectors. Some Filipino citizens in this socioeconomic area are not knowledgeable and do not understand enough about the big role medical insurance plays. This causes a holdback as this will not induce them to become part of a medical insurance program. Despite the aim of providing universal health care to different sectors, the country's still lacking its services, especially for the indigent community. As there are other matters that contribute to covering financial problems in terms of medical care.

CONFLICT OF INTEREST

No conflict of interest among authors.

ACKNOWLEDGEMENT

The authors of this review article would like to proffer their deepest sincere gratitude to Doc Erwin M. Faller RPh, Msc, PhD, MMPS, FRIPharm for his brilliant knowledge and skills of the matter he provided us the guidance we create this review article. To the San Pedro College of Davao City to on letting us. Further, the authors give their greatest gratitude to their families, the inspiration to move forward, providing full support in every way. Especially to Heavenly Father above, for letting the authors in providing the power to finish making this article.

REFERENCES:

1. Abdelsattar, ZM., Hendren, S., & Wong SL. (2017). The impact of health insurance on cancer care in disadvantaged communities. Retrieved October 29, 2022, from https://pubmed.ncbi.nlm.nih.gov/27859019/
2. Addington, W. W. (1999). No health insurance? It's enough to make you sick—Scientific research linking the lack of health coverage to poor health. Retrieved October 29, 2022, from https://www.acponline.org/acp_policy/policies/no_health_insurance_scientific_research_linking_lack_of_health_coverage_to_poor_health_1999.pdf
3. Agosto, HGC., Briones, MVA.,& Palatino, MC. (2022). Correlates of Health Literacy among Filipinos aged 50-70 years old Belonging to Low-Income Families in a Selected Community. Retrieved October 29, 2022, from https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/397
4. Akin, B. V., Rucker, L., Hubbell, F. A., Cygan, R. W., & Waitzkin, H. (1989). Access to medical care in a medically indigent population. Journal of General Internal Medicine, 4(3), 216-220. Retrieved from https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=medical+insurance+of+the+indigent+&btnG= on December 6, 2022.
5. Akweongo, P., Voetagbe, E., Tediosi, F., Gadeka, DD., Salari, P., & Aikins, M. (2022). Community perceptions of enrolment of indigents into the National Health Insurance Scheme in Ghana: a case study of the Livelihood Empowerment against Poverty Programme. Glob Health Res Policy [Internet]. 2022;7(1):4 Retrieved October 29, 2022, from .http://dx.doi.org/10.1186/s41256-022-00238-2
6. Ambong, RM., Gonzales, A., & Jr, Bais L. (2021) Health-seeking and access promotion among pantawid pamilyang pilipino program (4Ps) grantees in San Jose, occidental Mindoro, Philippines. SSRN Electron J [Internet]. 2021 [cited 2022 Oct 31]; Retrieved October 29, 2022, from https://papers.ssrn.com/abstract=3800509
7. American College of Physicians-American Society of Internal Medicine. (2000). No health insurance. It's enough to make you sick. Retrieved October 29, 2022, from https://www.acponline.org/acp_policy/policies/no_health_insurance_scientific_research_linking_lack_of_health_coverage_to_poor_health_1999.pdf

8. Balamiento, N. 2018. The impact of social health insurance on healthcare utilisation outcomes: evidence from the indigent program of the Philippine National Health Insurance. Retrieved October 29, 2022, from https://thesis.eur.nl/pub/46445/Balamiento,%20Neeanne_MA_2017_18%20_ECD.pdf

9. Bautista, M. C. (2020). The PhilHealth case—health care contracts and social contract in social health insurance. In Contractual Management (pp. 337-364). Springer Vieweg, Berlin, Heidelberg Retrieved October 29, 2022, from https://www.researchgate.net/publication/336811093_The_PhilHealth_Case-Health_Care_Contracts_and_Social_Contract_in_Social_Health_Insurance

10. Bredenkamp, C., Capuno, J., Kraft, A., Poco, L., Quimbo, S., & Tan Jr, C. A. (2017). Awareness of Health Insurance Benefits in the Philippines. Retrieved October 29, 2022, from https://openknowledge.worldbank.org/handle/10986/27668

11. Biggeri, M., Nannini, M., & Putoto, G. (2018). Assessing the feasibility of community health insurance in Uganda: A mixed-methods exploratory analysis. Retrieved October 29, 2022, from https://pubmed.ncbi.nlm.nih.gov/29421461/

12. Bodart, C., Banzon, E. and Alcantara M. Social health insurance in a developing country: The case of the Philippines. Retrieved from: https://pubmed.ncbi.nlm.nih.gov/16406248/

13. Cabalfin, M. (2016). Health Financing for the Poor in the Philippines: Final Report. Retrieved October 29, 2022, from https://www.semanticscholar.org/paper/Health-Financing-for-the-Poor-in-the-Philippines%3A-Cabalfin/dfd2aadd8ff1800f37886c640add1ad17eae60a3

14. Chakraborty, Sarbani. 2013. Philippines' Government Sponsored Health Coverage Program for Poor Households. UNICO Studies Series;No. 22. World Bank, Washington DC. © World Bank. Retrieved October 29, 2022, from https://openknowledge.worldbank.org/handle/10986/13295

15. Dalmacion, Godofreda V.; Juban, Noel R.; Zordilla, Zenith. (2016). Optimizing PhilHealth's case-based payment scheme to achieve greater financial protection. © Philippine Institute for Development Studies. Philippine Institute for Development Studies Policy Note No. 2016-05 Retrieved October 29, 2022, from http://www.pids.gov.ph

16. David, M. 2005. Field based evidence of enhanced healthcare utilization among persons insured by micro health insurance units in the Philippines. Volume 73, Issue 3, Pages 263-271. Retrieved October 29, 2022, from https://pubmed.ncbi.nlm.nih.gov/16039345/

17. Department of Health (2019). Universal Health Care Bill. Department of Health Website. (n.d.). Retrieved October 29, 2022, from https://doh.gov.ph/uhc#:~:text=What%20is%20Universal%20Health%20Care,law%20last%20February%2020%2C%202019.

18. Dror, D. 2005. Field based evidence of enhanced healthcare utilization among persons insured by micro health insurance units in Philippines.Health policy 73 (3), 263-271, 2005. Retrieved October 29, 2022, from https://pubmed.ncbi.nlm.nih.gov/16039345/

19. eCompareMo, 2019. How the Universal Health Care Act will Benefit all Filipinos. EcompareMo. Retrieved October 29, 2022, from https://www.ecomparemo.com/info/how-the-universal-healthcare-act-will-benefit-all-filipinos

20. Erlangga, D., Suhrcke, M., Ali, S., & Bloor, K. (2019). The impact of public health insurance on health care utilisation, financial protection and health status in low- and middle-income countries: A systematic review. *PloS one*, *14*(8), e0219731. Retrieved October 29, 2022, from https://doi.org/10.1371/journal.pone.0219731

21. El Omari, S., & Karasneh, M. (2021). Social health insurance in the Philippines: do the poor really benefit?. Journal of Economics and Finance, 45(1), 171-187. Retrieved October 29, 2022, from https://link.springer.com/article/10.1007/s12197-020-09525-5

22. Fadlallah, R., El-Jardali, F., Hemadi, N., Morsi, RZ., Abou Samra, CA., & Ahmad, A. (2018). Barriers and facilitators to implementation, uptake and sustainability of community-based health insurance schemes in low- and middle-income countries: a systematic review. Retrieved October 29, 2022, from http://dx.doi.org/10.1186/s12939-018-0721-4

23. Ferrer, YJC., & Moore, R. (2020). The prevalence of Adverse Childhood Experiences in Payatas, an urban poor community in the Philippines. Philippine Social Science Journal. Retrieved October 29, 2022, from https://philssj.org/index.php/main/article/view/130

24. Galárraga, O., Sosa-Rubí, S. G., Salinas-Rodríguez, A., & Sesma-Vázquez, S. (2010). Health insurance for the poor: impact on catastrophic and out-of-pocket health expenditures in Mexico. The European Journal of Health Economics, 11(5), 437-447. Retrieved October 29, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2888946/

25. Gella, HB., Caelian, MV. (2022). Implementation of primary healthcare services in community health stations in highly urbanized city. Philippine Social Science Journal Retrieved October 29, 2022, from https://philssj.org/index.php/main/article/view/385

26. Goldman, AL., McCormick, D., & Haas, JS., Sommers, BD. (2018). Effects of the ACA's health insurance marketplaces on the previously uninsured: A quasi-experimental analysis. Retrieved October 29, 2022, from https://pubmed.ncbi.nlm.nih.gov/29608372/

27. Hadley, J. (2003, June). Sicker and Poorer—The Consequences of Being Uninsured. Sage Journals. Retrieved October 29, 2022, from Retrieved October 29, 2022, from https://journals.sagepub.com/doi/10.1177/1077558703254101

28. Haw, N., Uy, J., & Ho, B. L. (2020). Association of SHI coverage and level of healthcare utilization and costs in the Philippines: a 10-year pooled analysis. *Journal of public health (Oxford, England)*, *42*(4), e496–e505. Retrieved October 29, 2022, from https://doi.org/10.1093/pubmed/fdz142

29. Hindle, D., Acuin, L., & Valera, M. (2001). Health insurance in the Philippines: bold policies and socio-economic realities. Retrieved October 29, 2022, from https://pubmed.ncbi.nlm.nih.gov/11496478/

30. Jabar, M., Regadio, C., Collado, Z. (2021). Knowledge on and Membership in PhilHealth: The Case of Overseas Filipino Workers. Soc Work Public Health. Retrieved October 29, 2022, from https://pubmed.ncbi.nlm.nih.gov/34233605/

31. Kiefe, C. I., & Harrison, P. L. (1993). Post-hospitalization followup appointment-keeping among the medically indigent. Journal of Community Health, 18(5), 271-282. Retrieved from https://link.springer.com/article/10.1007/BF01321788 on December 6, 2022.

32. Lasco, G., Yu, VG., David, CC. (2022). The lived realities of health financing: A qualitative exploration of catastrophic health expenditure in the Philippines. Acta Med Philipp [Internet]. 2021 [cited 2022 Oct 31];56(11). Retrieved October 29, 2022, from https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/2389

33. Lim, B. (2019). Philippine National Health Insurance Assistance Program. Retrieved from: https://sdg.neda.gov.ph/national-health-insurance-program-nhip/

34. Literatus, RF. (2019). Health maintenance cooperative: an alternative model to universal healthcare coverage in the Philippines Retrieved October 29, 2022, from https://knowledgehub.unsse.org/wp-content/uploads/2019/06/275_Literatus_Health-maintenance-cooperative_En.pdf

35. Luu, K., Brubacher, L. J., Lau, L. L., Liu, J. A., & Dodd, W. (2022). Exploring the Role of Social Networks in Facilitating Health Service Access Among Low-Income Women in the Philippines: A Qualitative Study. *Health services insights*, *15*, 11786329211068916. Retrieved October 29, 2022, from https://doi.org/10.1177/11786329211068916

36. Macapanpan, M. L. (2015). 053: EXTENDING UNIVERSAL HEALTH COVERAGE FOR THE INFORMAL SECTOR IN PHILIPPINES. Retrieved October 29, 2022, from https://bmjopen.bmj.com/content/5/Suppl_1/bmjopen-2015-forum2015abstracts.53

37. Manasan RG. Expanding social health insurance coverage: new issues and challenges. (2016). Retrieved October 29, 2022, from https://www.semanticscholar.org/paper/Health-Financing-for-the-Poor-in-the-Philippines%3A-Cabalfin/dfd2aadd8ff1800f37886c640add1ad17eae60a3

38. McKinney, R., & Shao, L. P. (2008). Indigent criminal defense: Qualitative review on economic value. Retrieved October 29, 2022, from https://mds.marshall.edu/cgi/viewcontent.cgi?article=1113&context=mgmt_faculty

39. Montemayor, M. (2019). Health for all Filipinos: Universal Healthcare Law. Republic of the Philippines PNA. Retrieved October 29, 2022, from https://www.pna.gov.ph/articles/1075580

40. National Statistics Office (2013). National Demographic and Health Survey (2013) Calverton. NSO and ORC Macro, (NSO) [Philippines]. MarylandReturn to ref 2013 in article. Retrieved October 29, 2022, from https://dhsprogram.com/pubs/pdf/fr294/fr294.pdf

41. Obermann, K., Jowett, M. R., Alcantara, M. O., Banzon, E. P., & Bodart, C. (2006). Social health insurance in a developing country: the case of the Philippines. *Social science & medicine (1982)*, *62*(12), 3177–3185. Retrieved October 29, 2022, from https://doi.org/10.1016/j.socscimed.2005.11.047

42. 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), 1483638. Retrieved October 29, 2022, from https://doi.org/10.1080/16549716.2018.1483638

43. Palatino, R. (2022). The Philippine Statistics Authority says that nearly 1 in 5 Filipinos are living below the poverty line – but the real number could be a lot higher. Retrieved October 29, 2022, from https://thediplomat.com/2022/09/making-sense-of-the-philippines-latest-poverty-statistics/#:~:text=Citing%20its%20Family%20Income%20and,18.1%20percent%20of%20the%20population.

44. Pane, G. A., Farner, M. C., & Salness, K. A. (1991). Health care access problems of medically indigent emergency department walk-in patients. Annals of emergency medicine, 20(7), 730-733. Retrieved from https://www.sciencedirect.com/science/article/abs/pii/S0196064405808327 on December 6, 2022.

45. Panpiemras, J., Puttitanun, T., Samphantharak, K., & Thampanishvong, K. (2011). Impact of Universal Health Care Coverage on patient demand for health care services in Thailand. Health Policy, 103(2-3), 228-235. Retrieved October 29, 2022, from https://pubmed.ncbi.nlm.nih.gov/21930324/

46. Picazo, O. F., Ulep, V. G., Pantig, I. M., & Ho, B. L. (2015). A critical analysis of purchasing of health services in the Philippines: A case study of PhilHealth (No. DP 2015-54). Philippine Institute for Development Studies. Retrieved October 29, 2022, from https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps1554.pdf

47. Querri, A., Ohkado, A., Kawatsu, L., Remonte, M. A., Medina, A., & Garfin, A. (2018). The challenges of the Philippines' social health insurance programme in the era of Universal Health Coverage. Retrieved October 29, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6361486/

48. Quimbo, S., Florentino, J., Peabody, J. W., Shimkhada, R., Panelo, C., & Solon, O. (2008). Underutilization of social insurance among the poor: evidence from the Philippines. *PloS one*, *3*(10), e3379. Retrieved October 29, 2022, from https://doi.org/10.1371/ journal.pone.0003379

49. Quimbo,S., Wagner, N., Florentino, J., Solon, O., & Peabody, J. (2015). Do Health Reforms to Improve Quality Have Long-Term Effects? Results of a Follow-Up on a Randomized Policy Experiment in the Philippines Retrieved October 29, 2022, from https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.3129

50. Ramos, JA., & Untalan, FM. (2022). Effectiveness of the Philippine Health Insurance Corporation case rate system for thyroidectomy in a tertiary government hospital. Retrieved October 29, 2022, from https://pjohns.pso-hns.org/index.php/pjohns/article/view/1289

51. Reynolds, H. Y. (2009). Free medical clinics: helping indigent patients and dealing with emerging health care needs. Academic Medicine, 84(10), 1434-1439. Retrieved from https://journals.lww.com/academicmedicine/fulltext/2009/10000/free_medical_clinics__helping_indigent_patients.34.aspx on December 6, 2022.

52. Sewell J, McDaniel CC, Harris SM, Chou C. Implementation of a pharmacist-led transitions of care program in an indigent care clinic: A randomized controlled trial. J Am Pharm Assoc (2003). Retrieved October 29, 2022, from https://www.sciencedirect.com/science/article/pii/S1544319121000108

53. Siongco, KLL., Nakamura, K., & Seino, K. (2020). Reduction in inequalities in health insurance coverage and healthcare utilization among older adults in the Philippines after mandatory national health insurance coverage: trend analysis for 2003-2017. Retrieved October 29, 2022, from http://dx.doi.org/10.1186/s12199-020-00854-9

54. Solon, O., Peabody, J. W., Woo, K., Quimbo, S. A., Florentino, J., & Shimkhada, R. (2009). An evaluation of the cost-effectiveness of policy navigators to improve access to care for the poor in the Philippines. *Health policy*. Retrieved October 29, 2022, from https://doi.org/10.1016/j.healthpol.2008.10.010

55. Son, H.H. (2009). ADB Economics Working Paper Series No. 171 Equity in Health and Health Care in the Philippines. Retrieved October 29, 2022, from https://www.adb.org/sites/default/files/publication/28390/economics-wp171.pdf

56. Souleymane, S., Bernard, I., & Maxime, DK. (2022). Analysis of indigents selection by the community: A construction inequality. Health [Internet]. 2022 [cited 2022 Oct 31];14(05):599–616. Retrieved October 29, 2022, from https://www.scirp.org/journal/paperinformation.aspx?paperid=117569

57. Sosa, KP., Bautista, RAS., Ejercito, JLT., Leonzon, JH., Verdad, GD., Domingo, JD. (2021). Perception and experiences of residents in the National Capital Region to social health insurance. Asian Journal of Research in Business and Management. Retrieved October 29, 2022, from https://myjms.mohe.gov.my/index.php/ajrbm/article/view/15113

58. Tingog, P. (2021). Medical Assistance for Indigent Patients Program. Party list. Retrieved October 29, 2022, from www.index.php/constituent-services/87-medical-assistance-for-indigent-patients-program

59. Tobe, M., Stickley, A., del Rosario, R. B., Jr, & Shibuya, K. (2013). Out-of-pocket medical expenses for inpatient care among beneficiaries of the National Health Insurance Program in the Philippines. *Health policy and planning*, *28*(5), 536–548. Retrieved October 29, 2022, from https://doi.org/10.1093/heapol/czs092

60. Trujillo, A. J., Portillo, J. E., & Vernon, J. A. (2005). The impact of subsidized health insurance for the poor: evaluating the Colombian experience using propensity score matching. International journal of health care finance and economics, 5(3), 211-239. Retrieved October 29, 2022, from https://pubmed.ncbi.nlm.nih.gov/16082516/

61. Uy, J., Nuevo, C., Casa, L., Valerie., U. (2021). The financial health of select Philippine hospitals and the role of the Philippine Health Insurance Corporation as the national strategic purchaser of health services, PIDS Discussion Paper Series, No. 2021-36, Philippine Institute for Development Studies (PIDS) Retrieved October 29, 2022, from https://www.econstor.eu/handle/10419/256871

62. Uy, J., Siy, Van., VT, Ulep., VG, Bayani., DB, & Walker, D. (2022). The impact of COVID-19 on hospital admissions for twelve high-burden diseases and five common procedures in the Philippines: A national health insurance database study. Retrieved October 29, 2022, from https://www.sciencedirect.com/science/article/pii/S2666606521002194

63. Villar, M. Free Medical for Indigent Filipino Women. Legislative Medical Resources. Retrieved October 29, 2022, from https://issuances-library.senate.gov.ph/subject/indigent-filipino-women-free-medical\

64. Wagner, N., Quimbo, S., Shimkhada, R., & Peabody, J. (2018). Does health insurance coverage or improved quality protect better against out-of-pocket payments? Experimental evidence from the Philippines. *Social science & medicine (1982)*, *204*, 51–58. Retrieved October 29, 2022, from https://doi.org/10.1016/j.socscimed.2018.03.024

65. Wagstaff, A., & Moreno-Serra, R. (2009). Europe and central Asia's great post-communist social health insurance experiment: Aggregate impacts on health sector outcomes. Journal of health economics, 28(2), 322-340. Retrieved October 29, 2022, from https://pubmed.ncbi.nlm.nih.gov/19059663/

66. WHO, 2017. Universal health care: the best investment the Philippines will make. Retrieved from: Retrieved October 29, 2022, from https://www.who.int/philippines/news/commentaries/detail/universal-health-care-the-best-investment-the-philippines-will-make

67. World Health Organization. (2019). UHC Act in the Philippines: A new dawn for health care. World Health Organization. Retrieved October 29, 2022, from https://www.who.int/philippines/news/feature-stories/detail/uhc-act-in-the-philippines-a-new-dawn-for-health-care

68. World Health Organization (2020). Community-based-health Insurance. Retrieved from https://www.who.int/news-room/fact-sheets/detail/community-based-health-insurance-2020

69. Yerby, A. S., & Agress, W. L. (1966). Medical care for the indigent. Public Health Reports, 81(1), 7. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1919755/pdf/pubhealthreporig00037-0011 pdf on December 6, 2022.