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Adherence and Compliance to PHIC Collection Policies in a Selected Level II Government Hospital in Apayao

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ABSTRACT

Introduction

PhilHealth's main objective is to make it simpler for members who have limited financial resources to pay for medical treatment. For all approved PhilHealth clinics, hospitals, and labs, the verified PhilHealth member is assured of payment. It ensures that their clinical expenses are kept to a minimum for the PhilHealth portion. This research was anchored by Birger Wernerfelt in 1984, the Resource-Based View (RBV) Theory that was refined by Jay Barney in his 1991 article published in the Journal of Management. It makes the claim that an organization's capacity to attain efficiency and a competitive edge rest in the efficient use of its own resources and competencies.

Method

This research utilized a quantitative examination, which means that all of the material presented were conveyed in numerical figures. In quantitative research, all data was numerically interpreted with a specific statistical tool. The study carried out at selected public hospitals in Luna, Apayao, Philippines. The researcher chose specific public hospitals in Luna, Apayao, because not all public hospitals in the area provided the same health insurance. Respondents included hospital administrators, billing and claims representatives, healthcare providers such as nurses/charge nurses, and finance officers. The researcher used a survey questionnaire to collect the necessary data. The researcher took on or use any existing review survey, and ethical consideration was put into consideration.

Result and Analysis

According to the study, respondents (nurses, administrators, billing clerks, and finance officers) demonstrated a high level of awareness and adherence to PhilHealth Insurance Corporation (PHIC) collection policies and guidelines, with administrators having the highest level of awareness, followed by billing clerks and nurses. All responders demonstrated a high level of adherence to PHIC policies, notably in billing process efficiency and policy compliance. Administrators had the greatest adherence rates and played a critical role in overseeing implementation, whereas nurses, while remaining compliant, demonstrated a need for expanded training participation and enhanced monitoring techniques. According to statistical analysis, respondents' position or designation had a significant impact on their adherence levels, while other demographic variables such as age, civil status, educational attainment, income, and years in service did not.

Discussion

The study shows that the selected public hospital in Luna, Apayao, is very efficient in PHIC collecting due to excellent institutional awareness, leadership engagement, and administrative dedication. While demographic variables do not typically influence compliance, role-specific responsibilities do. Nurses perform well; however, there is potential for improvement in regular PHIC training and coordination. The findings point to the need for more integrated and inclusive capacity-building activities to promote compliance in all roles and improve the collecting process.

Keywords: Resource-Based View, PHIC, Quantitative, Administrators, Collection

1. Introduction

Background of the Study

Trends

The provision of basic medical care is critical to human development and general health. Along with housing, education, food, water, and sanitation, healthcare is regarded as a fundamental human right (UNDP, 2021). A population's health is critical to the development of individuals' capacities and functions, both of which are required for the efficient use of economic resources and the productive and meaningful contribution to society.

Health financing is one of the primary components of the health system and is essential to achieving its intermediate goals and the broader objective of universal healthcare. It consists of three main functions: revenue generation, pooling of resources, and strategic purchasing (Dela Cruz et al., n.d.; Gottret & Schieber, 2020; World Health Organization). These functions must be effectively implemented to (a) ensure sufficient funding for population health and (b) align provider behavior with health system goals through financial incentives. A country's overall health financing system—particularly how it purchases health services—acts as a mechanism for allocating and utilizing resources generated by the health sector.

In the Philippines, hospitals represent the largest segment of the healthcare market, with hospitalizations remaining the biggest contributor to total health expenditures in the country. Historically, hospitals have accounted for around 40% of all healthcare costs (Philippine Statistics Authority, 2020). In absolute terms, this amounted to ₱200.7 billion in 2014 and ₱345.5 billion in 2019 (Philippine Statistics Authority, 2020). Meanwhile, spending on more cost-effective preventive and outpatient services averaged only 8% and 4%, respectively, during the same period.

Issues

Public healthcare in the Philippines still faces significant geographical disparities, despite having a highly skilled workforce. The country's public healthcare system is relatively well-developed in urban areas but remains inadequate in rural regions. Many Filipinos rely on public healthcare services. However, a growing number of Filipino medical professionals are migrating to Western countries, putting additional strain on the system. As a result, some hospitals experience staffing shortages, leading to delays in patient care.

In the Philippines, public healthcare is managed by PhilHealth, a government-owned corporation. While PhilHealth covers certain medical treatments and expenses—such as inpatient care and selected non-emergency procedures—not all healthcare services are included in its coverage.

The Philippines is among the countries actively pursuing a Universal Health Coverage (UHC) program, having implemented several key reforms in recent years to strengthen its Social Health Insurance (SHI) system (Bredenkamp et al., 2020). These healthcare reforms aim to reduce disparities in access to medical services by offering equal benefits to all citizens, regardless of socioeconomic status. Subsidized premium contributions for eligible beneficiaries also help ease the burden on the poorest and most vulnerable segments of society.

The government's limited ability to extend healthcare coverage to the poor prompted a major overhaul of the Social Health Insurance (SHI) system in the Philippines. In response, the Department of Health proposed the expansion of health insurance beneficiaries and benefit packages, which led to the establishment of a new SHI program under Republic Act No. 7875, also known as the National Health Insurance Act of 1995. This legislation created the Philippine Health Insurance Corporation, or "PhilHealth," effectively replacing its predecessor, the Philippine Medical Care Commission (PMCC), and assigning it the responsibility of implementing the National Health Insurance Program (NHIP).

Objectives

One of PhilHealth's core mandates is the attainment of Universal Health Care (UHC) by 2010, with a particular focus on extending coverage to the underprivileged. All Filipino citizens, both within the country and abroad, are eligible to become members by enrolling and paying monthly premium contributions. Membership entitles individuals to PhilHealth benefits regardless of socioeconomic status, income level, or health risk. Once enrolled, members receive fixed financial coverage for medical services, treatments, and other related expenses per illness case. Although the program does not guarantee full coverage of all medical expenses, it aims to improve access to healthcare services and, ultimately, enhance health outcomes—especially for those most in need.

The introduction of the Philippine Health Agenda in 2016 reemphasized the need for accessible healthcare through Universal Health Insurance coverage. The Philippine Health Insurance Corporation (PhilHealth) was seen as the gateway to free and affordable care, particularly for the poor and those staying in basic accommodations eligible for the "No Balance Billing" (NBB) policy and fixed co-payments for non-essential accommodations. The NBB policy stipulates that no additional charges or out of pocket will be incurred by patients who qualify, beyond the packaged rates, during their confinement. However, the limited breadth and depth of coverage have resulted in significant out-of-pocket expenses, despite the extensive programmatic and policy reforms in the health insurance system.

Republic Act (RA) 7875, as amended in 2013 by RA 9241 and RA 10606, established the National Health Insurance Program (NHIP), which aims to provide comprehensive healthcare services to all Filipinos through a unified health insurance system. This program prioritizes the healthcare needs of the underprivileged, the sick, the elderly, persons with disabilities, women, and children, and provides free healthcare services to indigents. The Philippine Health Insurance Corporation (PhilHealth) is attached to the Department of Health (DOH) for the purpose of policy guidance and coordination.

Furthermore, PhilHealth data indicates that, as of December 2016, participation in the National Health Insurance Program (NHIP) covered approximately 91% of the projected Filipino population. This translates to about 93.4 million individuals enrolled in various PhilHealth programs.

Contribution

With the rapid expansion of health insurance programs in the Philippines and many other emerging nations, the impact of Social Health Insurance (SHI) programs has received significant attention in recent years. Previous research has primarily focused on how health insurance influences prenatal care, facility-based deliveries, and maternal mortality rates. Additionally, there is a growing body of literature examining its effects on out-of-pocket expenses, health outcomes, and child-related outcomes such as school performance and attendance.

The objective of the study is to examine and evaluate the level of adherence and compliance with PHIC collection policies and guidelines in selected government hospitals in Apayao. Furthermore, the study aims to improve the efficiency of PHIC's collection policies, as it will serve as a basis for future policy enhancements.

Review of Related Literatures and Studies

Health Insurance Enrollment and System

General inclusion has three parts: expansiveness, profundity, and level. The coverage of the population is referred to as the breadth, and the coverage of the services, which includes both inpatient and outpatient services; and height refers to the amount of money (Tangcharoensathien et al., protection 2021).

A few hypotheses on decision-making exist with regards to signing up for a wellbeing insurance plan. The shopper hypothesis is frequently used to make sense of the choices people make when purchasing health insurance. These choices are made in the face of uncertainty. However, Cameron et al. (2020) contend that individuals do not solely rely on their usefulness as well as their expectations regarding particular factors.

Various hypotheses on decision-making under vulnerability have jumped up throughout the long term, counting "anticipated utility hypothesis," "state-subordinate utility hypothesis," "gift "status quo bias theory," "effect theory," "regret and disappointment paradigms," and Schneider's (2021) "prospect theory."

Choice-influencing factors may be context-specific, as in the case of some developing nations. According to Carrin et al. (2021), the implementation of social health insurance is difficult in developing nations. One explanation is the absence of solid and, furthermore, consistent political help. For South, Kwon (2019) makes a similar observation. Korea, expressing, "Political will and responsibility are vital for widespread inclusion of the populace in these nations."

The authors Castel et al.'s (2021) recommendations for Vietnam emphasize the effectiveness of requiring health insurance. Theirs are recommendations, and they suggest expanding the number of small business enlistments with charge specialists. Such a strategy would also be bulky and would no doubt end up being disliked, particularly among private company owners. Then, implementing such a policy would necessitate substantial political support and careful completion by the organization.

Additionally, McIntyre et al. (2023) stress the significance of key stakeholders. in the execution and real plan of social medical coverage. In South Africa, the choices taken by the Division of Wellbeing "were intensely affected by attempting to accommodate the National Treasury's concerns" (McIntyre et al.). al. 2023). The significance of political plausibility is featured in the models given, which include Israel's and Egypt's experiences. It is accordingly essential to recall the political part of the entire cycle, as it will, to some degree, determine the disappointment or outcome of the social medical coverage.

Social Health Insurance

Hsiao and Shaw (2020) depicted social health care coverage (SHI) as a funding approach for pooling risks and raising funds. The insured receives a set of premiums for paying a specific premium. benefits. Most of the time, the compulsory premium is calculated as a percentage of workers' wages. A SHI is a financing tool that can help people get health care by making it easier for them to pay for it. It prevents adverse selection and people's failure to address risks by pooling people with low and high risk, allowing enrollees to pay according to their ability to pay. The idea of the monetary activities of SHI requires that the system be open and accountable regarding the amounts paid by individuals and their financing.

According to Savedoff (2021), SHI governance is the framework and procedures of the mechanisms by which the SHI agency is held accountable to the beneficiaries and funders of the scheme.

On account of the Philippines, the commanding SHI organization is PHIC. Its functions consist of enrolling people, premium collection, and claim payment. Hsiao and Shaw (2019) noticed that PHIC's charge, by and large, only covers 30% to 40% of clinic bills, which leaves the rest of wellbeing care costs for the individual records of the patients. Gertler and Solon (2022) saw that 86% of the PHIC's increased health funding went to health care providers in the form of profits or higher salaries.

According to a case study on PHIC (Jowett & Hsiao, 2019), regular employees received subsidies for the less wealthy. Membership in the non-paying category, such as senior citizens, is on the rise. was also observed in groups. Besides, the typical self-esteem of needy individuals is likewise expanding rapidly. The study comes to the conclusion that the underpayment of premiums and the current level of premium commitments by other government divisions mean that the Public Medical Coverage Plan (NHIP) isn't sustainable over the short to medium term.

Turn Around Time

In a study that was carried out in April 2014 in a 500-bed multispecialty hospital, it was discovered that the reasons for the delay in the discharge process were the late round of consultants, the delay in the correction of the discharge summary, the delay in insurance clearance, the delay in the arrival of the stretcher after the billing settlement when the patient was not prepared for discharge, and so on (Priyanka Shrivastava, 2020).

In the Janita Vinayak model (2022), the last phases of hospitalization, i.e., the release and the charging system, are bound to be recalled by the patient. A study was carried out in a teaching hospital that provides tertiary care to determine the typical length of time it takes to be discharged from a hospital. In

the billing office and the wards, registers were created and kept for the purpose of collecting data for the study. The records of two hundred and five patients were looked at.

A period movement concentrate on directed in a clinic by Swapnil Tak et al. (2023) saw that there is a deferral for every one of the sorts of releases, i.e., protection patients, cash patients, and release against clinical guidance (DAMA) in the emergency clinic. The NABH standards were used to compare the total discharge time. For cash, insurance, and DAMA patients, the total time taken was 278, 337, and 302 minutes, respectively. According to the author's satisfaction survey, 61.53% of patients believe that the discharge process can be sped up, and 69.80% of patients thought it took too long.

According to the study by Silva et al., (2020), the processes are the primary cause of discharge delays and can be improved through appropriate interventions. The study looked at the medical records of patients who were admitted to an internal medicine ward in two teaching hospitals. A pilot study was conducted to decide the sample size. In two hospitals, discharge delays were 60 percent and 50.7%, respectively. The principal reasons recognized for delay were hanging tight for the test reports, postponing clinical choices, and giving a particular meeting.

Universal Health Care

The World Health Assembly Resolution 58.33 (2005) and the Sustainable Development Goal (SDG) goal 3.8, both make it abundantly clear that achieving universal health coverage (UHC) is now a major health policy objective in many nations worldwide.

The idea of universal health care (UHC), which means that everyone can get high-quality health care without breaking the bank, has gained widespread acceptance, particularly in low- and middle-income countries (LMIC). (Tangcharoensathien V, Mills A, Palu T., 2021)

Using National Health Insurance (NHI) as the foundation for a shift to true universality, which includes a mandatory contribution scheme, pooling at the national level, and purchasing a package of services for all citizens, is one way to work toward equitable health care financing. This reflects thinking across entire health systems and populations, not just individual schemes. This would likewise incorporate the issue of the continuum of care, going from preventive measures to intense and long-term care, including palliative consideration. (Kutzin, 2022)

The Philippines, in the wake of having had 'government medical care' health care coverage beginning around 1969, set out on an aggressive NHI program with the formation of PhilHealth in 1995. PhilHealth could be considered a successful and well-functioning organization in many ways, according to a 2006 paper. However, a number of obstacles remain. (Obermann, K., Jowett, MR., Alcantara, MO, et. al., 2020)

Challenges to Achieving Universal Health Coverage

Lately, there has been an expanded push for general wellbeing inclusion (UHC) at the worldwide level. The World Health Organization (WHO) defines universal health coverage (UHC) as "ensuring that all people receive the health services they need, of good quality, without experiencing financial hardship when paying for them". (Hussein R. A. 2020)

After Germany implemented public health coverage to ensure the health of its young population, this idea was first developed in 1883. The World Health Assembly adopted the term "UHC" in 2005, after many nations began offering national health insurance. In 2010, the World Health Report focused on financing health systems so nations could construct platforms for UHC. (Jindal AK., 2020)

The connection between devastating wellbeing costs and outrageous destitution has prompted an expanded spotlight on UHC, not just as a method for further developing medical care use but also to take out outrageous neediness by safeguarding people and families from horrendous wellbeing consumption. When paying for health services out of pocket, financial risk protection measures can stop patients and their families from falling into poverty. As a result, universal health care (UHC) is a sign of a government's commitment to enhancing the well-being of all its citizens and provides a means of uniting global health, combating poverty, and reducing social inequality. (Umeh CA, 2021)

The shift toward universal health coverage (UHC) is a long-term policy engagement that necessitates both political and technical expertise. Countries need political leaders who are committed, have a clear vision, and are willing to put money into building administrative capacity, building strong institutional foundations, and providing responsive governance. Practical and creative strategies that address the national political and economic context must accompany technical solutions. (Reich MR, Harris J, Ikegami N, Maeda A, Cashin C, Araujo EC, et al., 2019)

In order to effectively address core performance challenges, progress toward universal health coverage (UHC) requires not only a strong political commitment but also a coherent strategy to ensure that the various components of health systems are aligned and coordinated. The 4 primary elements of wellbeing frameworks incorporate funding, stewardship, making assets, and conveying administrations, and an intelligible and very much adjusted technique for wellbeing supporting change assumes a key role while addressing difficulties connected with UHC. (Kutzin J, Witter S, Jowett M, Bayarsaikhan D., 2020)

WHO approaches how health financing policy and informs its approach to the development of health financing strategies. This figure frames the connections between wellbeing-supporting plans and UHC objectives, as well as middle-of-the road targets that have conceivable connections to these objectives. (McIntyre D, Kutzin J, 2021). This approach joins a regulating set of objectives that are implanted in the idea of UHC (value in use or administration utilized in comparison with need, monetary security, and quality) with a clear system of the capabilities and strategies that have an impact on all wellbeing funding plans.

In order for a nation to achieve universal health coverage (UHC), it is necessary for it to fulfill a number of requirements, including the support of stakeholders and a political commitment to funding that primarily comes from the public sector. Access to essential medicines and technologies, an

affordable and equitable financing system, a sufficiently trained and motivated health workforce, and an efficient and well-run health system are the WHO's four essential attributes for achieving universal health coverage. (Bigdeli M, Laing R, Tomson G, Babar ZU, 2021)

Early research by Jeong HS (2021), has begun to identify the most and least effective strategies for addressing the challenges that nations face when moving toward universal health care. The political leadership and administrative capabilities will likely shape the solutions to these problems, which will likely be highly context-dependent and path-dependent by nature.

Health Systems

Wellbeing frameworks are basically complicated systems of entwined tasks that act as a method for accomplishing pre-defined wellbeing objectives set by an organization. (Berman P., Bitran R., 2021)

Although they serve as a complement to other sectoral systems, health systems are primarily focused on meeting the demand for health care. Prior records of existing medical services frameworks date from 600 BC, when Charodes requested that all residents of Athens reserve the option of getting free clinical consideration.

Instead of being "structurally systematic," these so-called health care systems were unorganized and selective efforts to emphasize the significance of individual health. From that point forward, different legislatures have designed wellbeing frameworks that would go beyond private or individual wellbeing to a more extensive cultural broadness. Major health care system movements centered in Europe (UK), Asia (China), and North America (United States) emerged as a result of decades and centuries of development. Each of these health systems has been developed specifically for the circumstances of each nation. The Philippines', specifically, is one of a kind from other significant nations' wellbeing frameworks, as it is one of only a handful of exceptional archipelagic country wellbeing frameworks.

The Philippines' wellbeing framework gives an amazing chance to inspect the appropriate wellbeing framework challenges geologically broadened nations experience. Similarly, despite the fact that temporal developmental changes are evident as health systems change over time, their assessment remains challenging. Although a number of laws have changed the health care system in the Philippines, the majority of the major changes happened between 2008 and that year. These changes to the health system included, among other things, the launch of the Philippine Facility Enhancement Program in 2008, universal access to medicines that were both cheaper and of higher quality (in 2008), FOURmula One for Health, an operational framework for the health reform agenda that began in 2005 but gained momentum in 2007, and others. (Dayrit M.M., Lagrada L.P., Picazo O.F., Pons M.C., Villaverde M.C., 2019)

As a result of these significant changes, it is essential to comprehend the changes that have taken place in the Philippine health system over time. Particular attention should be paid to the achievements, challenges, and successes of the health systems in the past (Health System 1: 1997–2007 versus Health System 2: 2008–2017). An explicit evaluation of the formative changes between Wellbeing Framework 1 (HS 1) and Wellbeing Framework 2 (HS 2) with regards to three spaces—in particular, (a) wellbeing determinants, (b) wellbeing funding, and (c) wellbeing improvement/the executives—was done.

Collection Practices

Mwangi and Muriuki's (2023) study of Oil's Credit Risk Management Strategies for Kenyan Businesses emphasizes that collection policies encompass all procedures and strategies. association utilizes to guarantee that credit deals are completely gathered and on time. The research further explained that a decent credit assortment strategy ought to have clearly characterized techniques that ought to be made known to customers. Companies plan to adopt policies that ought to pay off the obligation assortment cycle, as lengthy cycles influence both money inflows and liquidity adversely. Manage debt collection to avoid incompatible collection policies that poorly affect all of an organization's essential departments, including the sales and finance departments. should sit and settle on bringing together thoughts in organizing the assortment rehearsals. The majority of studies done with trade credit collection consider credit period, late payment period, and collection period. (2020)

The credit period is the time allotment permitted to the purchaser before an installment is regarded as past due. The period is typically conveyed as a credit term to the creditor, either in writing or verbally. Late payment is when a debt is paid on time. date after the credit period ends. Assortment period is the quantity of days taken by clients to pay their expenses. Late installment happens when the assortment time frame surpasses the credit time frame. The assortment period can be determined from the fiscal summaries (Howorth and Reber, 2020).

According to Pike & Cheng (2021), the aging schedule is a popular accounts receivable tool. It includes a classification of outstanding balances based on the time they have been outstanding or exceptional. Months, weeks, and days can be used to calibrate the age categories, contingent upon the company's necessities. They are frequently expressed in terms of a relative percentage. to the absolute records receivable. In the event that obligations are gathered on time, the majority of the obligations ought to be younger, and very fewoughts to be older. Expanded assortment proficiency would lessen the level of obligation in the more established classifications (Kargi, 2021).

Sales and the collection department division in a firm engage in various contentions in conditions where their thoughts on a policy are not united. In order to acquire new customers, this sales department also raises concerns. credit clients; however, at that point, the assortment offices frighten them off with undermining letters from Myers and Brealey (2023).

The only way to effectively manage debtors is through a collection policy that is well-written, concise, and communicated. In addition, he provides three principles. towards a decent assortment strategy, for example, being severe with credit limits, sending promptly submitted invoices, and systematically examining debtors. (Arnold, 2023).

The review uncovered that business banks in Rwanda use an assortment strategy in credit management. It has been difficult to develop collection procedures in the manufacturing sector for credit management and guarantee policy enforcement and offer opportunities for credit recovery. In the case of credit defaults, employee incentives can help delinquent customers get their money back. credit: a strict policy is more effective than a loose one at recovering debt. Surveys have been finished on assortment practices to further develop the condition of credit for executives. Lastly, the availability of collection methods has contributed to efficient credit management. (Kargi, 2021).

The credit board association, in settling on choices with respect to credit, believes that utilizing credit checks on a regular basis is essential for lowering the risk of default or credit loss. management of credit; penalizing customers for late payments strengthens their commitment to credit repayment; and the use of credit application forms by customers enhances credit monitoring. management, improved debt repayment through flexible repayment terms, and, finally, the utilization of regular credit checks to improve credit management (Myers & Brealey, 2023).

Consumers Satisfaction Towards PHIC

The Philippines' national health insurance provider is PhilHealth. It was established as an implementing agency under Act 7875 of 1995, also known as the National Health Insurance Act, with the goal of providing all Filipinos with health insurance in 15 years (2019). PhilHealth also serves as a government tool for ensuring that all Filipinos have equal access to the best health care services available.

PhilHealth has presented an essential consideration bundle that helped a large number of Filipinos covered under the program and extended the advantage bundles to incorporate monetary circumstances. In order to ensure that every Filipino has access to high-quality healthcare, it implements a "no-balance billing" policy for the poo. The primary objectives of PhilHealth are to meet the healthcare requirements of the underprivileged, elderly, disabled, abandoned and neglected children, and workers who do not typically work in the informal sector.

The primary goal of PhilHealth is to make it easier for members to pay for medical care because of their limited financial resources. The confirmed PhilHealth member is guaranteed reimbursement for all accredited PhilHealth hospitals, clinics, and laboratories. With respect to the PhilHealth part, it guarantees them limits on their clinical costs. In a nutshell, PhilHealth is a third party that ensures that both the member of PhilHealth and the accredited medical facility providing medical services to PhilHealth members receive the appropriate payment benefits. Z benefits, inpatient benefits, outpatient benefits, and SDG-related benefits are all included in these benefits. Ongoing advantages are paid to the authorized medical care organization (HCI) through all case rates.

The part's absolute bill will deduct the case rate sum, including proficient expenses, before release. Short-term advantages can take care of the whole expense of a day medical procedure, such as hemodialysis, radiotherapy, and other essential considerations. The treatment of leukemia, prostate cancer, breast cancer, and cervical cancer is covered by Z benefits. Outpatient treatment for tuberculosis and HIV-AIDS that are related to the SDGs is also covered.

These guide the fulfillment of PhilHealth clients' needs. The success of the Filipino healthcare plan is largely determined by the level of contentment enjoyed by customers. In a similar vein, the same programs have been implemented as part of universal health coverage in Thailand, Indonesia, Ghana, Tanzania, and other low- and middle-income nations. PhilHealth's 2017 trust rating was primarily attributable to its effectiveness in accrediting healthcare facilities, which increased accessibility to its services.

It procured a net fulfillment rating of more than 92% from a singular client. The respondents stated that using PhilHealth was a good experience. In terms of customer satisfaction and loyalty, PhilHealth received a trust rating of 95 percent thanks to its consistent, dependable, and dynamic services. As a result, the nation's vision of having PhilHealth as its medical arm for every citizen has been accomplished satisfactorily. In contrast, the results of a survey that was conducted with nurses in Indonesia reveal that the implementation of their national health insurance was not satisfactory. This resulted in a number of difficulties because the service systems involve a discriminatory approach based on the types of patients.

Various structures have been used by previous researchers to measure satisfaction and reliability. The investigation of Capuno et al. (2021) used Cox and Weibull's Corresponding Danger Model to assess a comparable game plan of components as inclined with short-term and inpatients in the Philippines. The Satisfaction Faithfulness Hypothesis with Assumption Affirmation Hypothesis chips away at client dedication in regards to public travel cognizance and gives a potential guide to future shopper devotion.

The survey of Kersnik (2019) used SEM to choose customer fulfillment with a superior clinical consideration structure, with the opportunity of free choice of family specialists and patient fulfillment utilizing postal outline. The previous review coordinated ergonomics with the SERVQUAL model to deliver a couple of assessment contraptions that can further develop organization transport execution and survey the Philippine Government Office in the Philippines.

The study by Johnson and Fornel (2019) found that when evaluating customer loyalty, the structural equation modeling (SEM) method should be based on all of the customer's purchases, not just one particular purchase insight. Through a multi-point-of-view structure, SEM can be utilized through personal information and social events to maintain and further develop administration quality for administration patients and specialist cooperatives.

Customers' satisfaction and loyalty were also studied using SERVQUAL, Expectation-Confirmation Theory, and artificial neural networks. The SERVQUAL model uses five aspects: unwavering quality, affirmation, effects, compassion, and responsiveness. It has been extensively used to assess customer satisfaction and measure service quality. Also, administration quality can be characterized as "conformance to client particulars".

Kottala (2022) utilized the SERVQUAL method to evaluate the customer experience in order to take into account not only the point of expectation but also the likelihood across the entire distribution of possible outcomes in terms of customer satisfaction and loyalty. The investigation of Kottala (2022) utilized SERVQUAL to lay out patients' understanding, outperform suspicions while searching for treatment in the confidential prosperity region, and associate quality estimations. In addition, Sarreal (2019) utilized the SERVQUAL method to clearly establish connections between customer satisfaction and the quality of their university experience. The SERVQUAL model is utilized to examine the impact of administration quality on fulfillment and recognize the satisfaction of verbal exchange correspondence in the overall clinical consideration industry.

The administration nature of the medical care area, using SERVQUAL, means to recognize the issue for future investigation on help quality in the clinical consideration region. Assumption Affirmation Hypothesis (ECT) is a model foreseeing and making sense of fulfillment, client steadfastness, and duration conduct.

Client affirmation and fulfillment are the critical indicators of fulfillment. Affirmation can communicate clients' assumptions and the absence of affirmation. Leung and Chen's (2021) investigation of the prevalence and patterns of e-health and m-health engagement by individuals via health-related technology incorporates ECT. Reychav et al. looked into whether patients would use or intend to use their phones to self-report clinical information while receiving ECT.

Incorporating ECT allowed the community to participate in the virtual community platform and generate value. SEM and other tools have been used in a number of studies to classify various factors that influence human behavior. One more high-level instrument that can be used is the Profound Learning Brain Organization (DLNN). Profound Learning Brain Organizations (DLNN) are a clever system presently getting a lot of consideration.

Instead of describing a single method for learning complex prediction models, such as a multi-layer neural network with many hidden layers, DLNN refers to a family of learning algorithms. Using DLNN, Emmert-Streib et al.'s study [29] predicted outcomes in image analysis and speech recognition that have piqued a lot of interest in a variety of fields. Previous reviews have targeted specific subtopics due to the diversity of deep learning approaches. A 10,000-foot perspective without definite clarification can be found in LeChun et al. (2022); an outline with nitty-gritty references can be found in Schmidhuber (2020); and surveys in the spaces of picture examination and discourse acknowledgment can be found in.

DLNN can be utilized to anticipate examples of the feelings of individuals in a particular space, and the explanation for it was found to further develop the client experience and fulfillment. Wickersham and McGee (2019), integrated DLNN into an online course and discovered that the utilized principles have a positive effect on the perception of satisfaction even during deeper learning. In addition, Rubin et al. (2020) used DLNN to investigate the interaction between age and gender in predicting surface. They also investigated the relationship between these variables and the degree of satisfaction. SERVQUAL has been the focus of numerous previous studies to measure member satisfaction. However, there is a lack of research measuring member satisfaction with the Philippine National Health Insurance's service. The researchers used SERVQUAL, Expectation-Confirmation Theory, and a deep learning neural network to evaluate the socioeconomic factors that influence members' satisfaction in order to fill this gap.

Theoretical Framework

The theory of this study was based from Resource-Based View (RBV) Theory which was originally proposed by Birger Wernerfelt in 1984 but developed by Jay Barney in his article in 1991 in the Journal of Management. It asserts that an organization’s ability to achieve efficiency and competitive advantage lies in the effective utilization of its internal resources and capabilities (Barney, 1991). In the context of this study, hospitals' resources—such as personnel, financial systems, infrastructure, and operational procedures—play a critical role in the implementation of PHIC collection policies.

By evaluating how these resources were managed and aligned with PHIC policy requirements, the study can identify strengths, weaknesses, and inefficiencies in the collection process. This framework also supported a design in development plan by emphasizing how hospitals can optimize their internal resources to enhance collection efficiency. For example, improving staff training, upgrading technological systems, or streamlining administrative workflows could lead to better policy implementation outcomes.

Moreover, the focused on Internal Resources and Capabilities of this theory, it emphasizes evaluating how internal resources—such as financial systems, human resources, and administrative processes—are used to achieve efficiency in operations, such as PHIC collections. This aligns with the study's focus on evaluating the policy's implementation within the hospital's control. By identifying inefficiencies in how resources are utilized, the RBV theory provides a clear basis for proposing a development plan to optimize the collection process. Thus, when it comes to policy implementation, this theory supports analyzing how hospitals leverage their resources (e.g., staff, technology, and workflows) to implement PHIC collection policies effectively based from the

Statement of the Problem

General Problem

This study aims to have an evaluation on the Adherence and Compliance to PHIC Collection Policies and Guidelines in Selected Level II Public Hospital in Luna, Apayao. It will also serve as a basis for a policy enhancement.

Specifically, it seeks to answer the following questions:

1. **What is the extent of ADHERENCE among the respondents to the PHIC Collection, Policies and Guidelines in Selected Level II Public Hospitals in Luna, Apayao in terms of**;

1.1 Billing Process Efficiency;

1.2 Policy and Regulations?

2. **What is the extent of COMPLIANCE among the respondents to the PHIC Collection, Policies and Guidelines in Selected Level II Public Hospitals in Luna,**

Apayao in terms of;

2.1 Billing Process Efficiency;

2.2 Policy and Regulations?

3. **Is there a significant relationship between the profile of the respondents to the extent of ADHERENCE among respondents to PHIC collection, Policies and Guidelines in Selected Level II Public Hospital in Luna, Apayao?**

4. **Is there a significant relationship between the profile of the respondents to the extent of COMPLIANCE among the respondents to PHIC collection, Policies and Guidelines in Selected Level II Public Hospital in Luna, Apayao?**

5. **Based on the findings, what recommendations can be proposed to improve adherence and Compliance to PHIC Collection, Policies and Guidelines in Selected Level II Public Hospital in Luna, Apayao: Basis for a Financial Development Plan?**

Significance of the Study

The significance of the study is described in a section in the introduction of the thesis or paper. Its purpose is to make it clear why the study was needed and the specific contribution of the research to furthering academic knowledge in the field.

The study is important and significant as it will provide information to all the significant individuals who are part of the study. This study will play a role in providing information regarding the effectiveness of the collection policies of the Philippine Health Insurance Corporation, especially among the selected public hospitals in Luna, Apayao. Further, this study is significant in such a way that it will be the basis for making a developmental plan to further enhance and improve the collection practices of the Philippine Health Insurance Corporation.

Further, this study is significant to the following individuals:

Patients and beneficiaries. This study will be significant to the participants and beneficiaries of the PHIC, basically because it will enlighten them on how efficient the collection policies of the mentioned agency are. Also, this study will be beneficial to them because it will give them an idea of the privileges, scope, and other services and benefits that they can get from PHIC

Staff, employees, and administrators of public hospitals. This study is beneficial to the mentioned members of the hospitals because they will have and be given an idea regarding the turn-around time of the patients and beneficiaries of the PHIC. Further, it will be beneficial to them because this study will provide all the needed information on how important it is to know the policies and guidelines of the PHIC, especially in terms of its collection policies and how efficient it can possibly be.

Department of Health. This study will be beneficial to the mentioned government agency because it will enlighten and broaden the knowledge of the DOH regarding the efficiency of the collection policies of PHIC, specifically in the selected public hospitals in Luna, Apayao. Moreover, this study will also help DOH to craft and create a financial development plan to further improve the services.

Public Hospitals. This study will be beneficial to the public hospitals because it will serve as their basis regarding the collection policies and practices of PHIC, especially among its beneficiaries and members. Moreover, this will also help the public hospitals regarding the turnaround time for patients and beneficiaries.

Researchers. This study provides valuable insights into the efficiency of the PHIC collection process in public hospitals. This will help the researchers to offer a comprehensive evaluation of the current practices, identifies challenges, and suggests improvements. The findings will contribute to the development of a strategic plan to enhance PHIC collection efficiency, benefiting not only the selected public hospital but also providing valuable knowledge for other healthcare institutions and policymakers involved in improving the overall healthcare financing system.

Future Researchers. This study will be beneficial to future researchers because it can be used as their basis for doing similar research, for further growth of knowledge, and to further understand the efficiency of the collection of PHIC not only among the selected public hospitals in Luna, Apayao, but within the coverage of the PHIC. This study can also be used by future researchers on how to further develop the collection policies of PHIC and to assess not only its efficiency but also its effectiveness and other related variables.

Definition of Terms

The following terms are used this study and thus, operationally defined for further understanding of this study.

Adherence. It refers to the hospital's commitment to following the guidelines and regulations set by PHIC to ensure efficient collection processes.

Compliance. To Abide to set of rules, guidelines or regulations set by the PHIC.

Billing Process. These are the steps undertaken by the selected public hospital to ensure accurate and timely submission of claims to PHIC for reimbursement from preparation, verification, and issuance statements of charges for services rendered to patients covered by PhilHealth.

Collection. It pertains to the idea of collecting or gathering amounts or contributions from beneficiaries.

Development Plan. It is the structured document that outlines how to achieve specific goals, whether for a project, a career, or a community. It involves setting objectives, creating strategies, and defining actions to be taken within a specific timeframe.

Efficiency. It pertains to the effectiveness and durability of the collection process.

Evaluation. This would be the process of examination of the PhilHealth (PHIC) collection efficiency in the selected public hospital to identify strengths, weaknesses, and areas for improvement as a basis for creating a development plan.

PHIC. This abbreviation stands for Philippine Health Insurance Company. It pertains to the government agency that places emphasis on the health services of the people.

Policy. This term is used in this study to assess the implemented collection policies in the selected public hospital, which dictate the procedures and standards for efficient collection and reimbursement processes.

Public Hospitals. These are the selected healthcare facilities in Luna, Apayao, which are mandated to implement PhilHealth (PHIC) policies to ensure efficient collection and reimbursement processes.

Regulations. These are the specific guidelines and legal requirements set by PhilHealth (PHIC) or relevant government bodies that govern the collection process, ensuring compliance and standardization in the billing and reimbursement procedures at the selected public hospital in Luna, Apayao.

Turnaround Time. It is the term to be used when the selected public hospital submits PhilHealth (PHIC) claims and when it receives payment or reimbursement from PHIC. This is an important factor in assessing the efficiency of the PHIC collection process.

2. Methodology

The research methodology used to collect, analyze, and present the study's data is described in this chapter. The methods and techniques, population and sample, instrument construction and validation, and applied data processing and statistical treatment are all specifically covered in this chapter.

Research Design

This study utilized quantitative exploration which implies, all information that were introduced on this study were expressed in numbers, and numerical figures. All data were interpreted numerically using a specific statistical tool in the context of quantitative research. The statistician inferred the utilization of relationship study.

As referenced by Bhandari, P. (2021), A correlational exploration configuration examines connections between factors without the specialist controlling or controlling any of them. The strength and/or direction of the relationship between two or more variables were represented by a correlation. The heading of a relationship can be either sure or negative.

The researcher showed the relationship between profile efficiency and collection efficiency of PHIC in terms of the turnaround time and income. The relationship between the two above-mentioned variables were checked, assessed, and examined by the researchers for further understanding of the study.

Further, since the study was also the basis for a developmental plan, the researcher also utilized developmental research. The systematic study of instructional programs, processes, and products to meet specific criteria of internal consistency and effectiveness is known as developmental research design.

Research Locale

Research locale was part of the research that presented the selected locale or setting of the study where the researcher was conducted the study and gather all needed information for the study.

The study was conducted among the selected public hospitals in Luna, Apayao, in the Philippines. The researcher chose selected public hospitals in Luna, Apayao, because not all public hospitals in the mentioned locale offer the same health insurance as other public hospitals.

The researcher chose this locale because of its convenience for both the researcher and the respondents to the study.

Research Respondents

The population, or so-called respondents, of the study were important because the respondents were responsible for providing answers and information to the researchers, which was vital in the analysis of the results of this study.

The respondents of the study were those people who were involved in the selected public hospital in Luna, Apayao. The respondents included hospital administrators, billing and claims representatives, healthcare providers like Nurses/Charge Nurse, finance officers. The researcher chose the respondents mentioned in the study because this set of respondents had already experienced the services of PHIC and its other implementing rules and regulations, specifically in terms of collection policies.

Further, in picking the respondents, the researcher used the purposive sampling procedure. A group of non-probability sampling techniques known as "purposive sampling" was one in which units were chosen because they possess characteristics that are necessary for your sample. In other words, units in purposive sampling are chosen "on purpose." The proper illustration of purposive sampling was when people who are knowledgeable about the subject of the study was chosen to participate; these knowledgeable people become the sample.

Research Instrument

In the process of gathering data, a research instrument was an essential component. Researcher was able to collect any data that can be used to interpret and analyze the study's findings without the research instrument. The researcher utilized survey questionnaire in gathering all needed data. The researcher took on or utilized any current review survey. In addition, the researchers suggested that the 5-point Likert scale be utilized when developing the survey questionnaire.

As expressed by McLeod, S. (2019): A survey was an exploration instrument comprising a progression of inquiries to assemble data from respondents. One way to think of questionnaires was as a kind of written interview. They can be carried out in person, over the phone, via computer, or by mail.

The researcher had decided to utilized a survey questionnaire in gathering all the data needed for the study because this kind of research instrument was the most appropriate and convenient instrument to use to collect all the vital and necessary data for the study.

Ethical Considerations

Ethical considerations in research guide the design and conduct of studies, encompassing principles like voluntary participation, informed consent, anonymity, confidentiality, minimizing harm, and transparent results communication.

The researcher secured permission where the researcher was conducted the study. Consent forms also be needed to ensure that all people involved agreed that the researcher was conducting the study.

The researcher guaranteed that the study served solely academic purposes and not be used for any other intentions. Participants' voluntary involvement highly respected, allowing them the freedom to withdraw at any point. Each participant received informed consent, providing thorough information and assurances about their participation, and they make their decision to participate freely without any form of pressure.

Data Privacy Act of 2012" or "DPA" refers to Republic Act No. 10173 (AN ACT PROTECTING INDIVIDUAL PERSONAL INFORMATION IN INFORMATION AND COMMUNICATIONS SYSTEMS IN THE GOVERNMENT AND THE PRIVATE SECTOR, CREATING FOR THIS PURPOSE A NATIONAL PRIVACY COMMISSION, AND FOR OTHER PURPOSES). This was utilized to protect the data and information of the respondents on the study. It was imperative to not disclose any information of the respondents in any part of the research.

Data Gathering Procedure

Data collection procedure was a processed where researcher should state the processes that the researchers have done in collecting or gathering data which the researchers needing in analyzing and interpreting the results of the study.

First, the researcher crafted a questionnaire that is anchored on the study's statement of the problem, general and specific problems or questions. This questionnaire was purely developed to satisfy the specific questions written above and to further understand the objective of the study and its extent.

After which, the researcher had the questionnaire validated by a statistician, and grammarian and have it checked by the research adviser. Validation of the research instrument was needed to assure the validity, reliability, and excellent internal consistency of the questionnaire itself. The questionnaire also underwent reliability testing through Cronbach Alpha to check its content internally.

Next, the researcher secured a permission letter to conduct survey among the respondents. Securing a letter was always one way of ensuring the credibility of the questionnaire, and it gave the researchers the authority to conduct a study among the chosen respondents and locale.

Lastly, the researcher needed to gather all answered questionnaire, collect and organize all data, interpret, and present all data. These data were interpreted using a specific and appropriate statistical treatment of the data to ensure the validity of the results and to also cater to the statistical and numerical needs of the study.

The mentioned step-by-step process above shall be taken by the researchers in an orderly and organized manner. To ensure a more organized and systematized way of gathering and collecting all needed data for the study.

Treatment of Data

This part of the research discussed the data processing technique used by the researchers in analyzing and interpreting data. While the statistical treatment of statistical tool was used to compute and solve all the data gathered from the data collection procedure conducted by the researchers.

The researcher utilized the use of Pearson-Product Correlation r as the statistical tool in analyzing and interpreting all the data. The Pearson correlation coefficient (r) was the most common way of measuring a linear correlation.

Pearson product-moment coefficient of correlation, r

The Pearson Product-Moment Coefficient of Correlation r is an index of relationship between two variables.

$$r = \frac{n\sum xy - \sum x \sum y}{\sqrt{[n\sum x^2 - (\sum x)^2][n\sum y^2 - (\sum y)^2]}}$$

Where:

r = the Pearson Product Moment Coefficient of Correlation

n = sample size

$\sum \boldsymbol{xy}$ = the sum of the product of x and y

$\sum \mathbf{x} \sum \mathbf{y}$ = the product of the sum of $\sum$ x and the sum of $\sum$ y

$\sum \mathbf{x^2}$ = sum of squares of x

$\sum \mathbf{y^2}$ = sum of squares of y

To convert the value of r into descriptive rating the following interpretation were used:

0.00 to ±0.20 – slight correlation, almost zero relationship

±0.21 to ±0.40 – low correlation, definite but small relationship

±0.41 to ±0.60 – moderate correlation, substantial relationship

±0.61 to ±0.80 – high correlation, marked relationship

±0.81 to ±1.00 – very high correlation, very dependable relationship

Chapter 3

Presentation, Analyzation and Interpretation of Data

This chapter presented the results of the data analysis and their corresponding discussion. The presentation follows the sequence of the research questions as stipulated in the statement of the problem.

EXTENT OF ADHERENCE (SOP 1)

Table 1.1. Extent of Adherence of the Nurses to PHIC Collection, Policies and Guidelines in terms of Billing Process Efficiency.

Statement	**Mean**	**Descriptive Value**
1. I find that our PHIC collection policy is efficient in ensuring timely reimbursements for the hospital.	3.37	Very Efficient
2. The streamlined process of our PHIC collection policy helps me focus more on patient care rather than administrative tasks.	3.40	Very Efficient
3. I appreciate how our PHIC collection policy reduces the likelihood of claim denials and rejections.	3.46	Very Efficient
4. The efficiency of our PHIC collection policy allows me to submit accurate documentation without delays.	3.49	Very Efficient
5. I notice that our PHIC collection policy has significantly improved the turnaround time for claim processing.	3.49	Very Efficient
6. I ensure that all patient records are complete and accurate to support the efficiency of our PHIC collection policy.	3.51	Very Efficient
7. The clear guidelines provided by our PHIC collection policy help me avoid common errors in documentation.	3.49	Very Efficient

8. I collaborate with the billing department to quickly resolve any issues with PHIC claims, thanks to our efficient policy.	3.26	Very Efficient
9. I monitor the status of PHIC claims to ensure they are processed within the expected timeframe.	3.14	Efficient
10. I am committed to following our PHIC collection policy to support the financial health of our hospital and provide the best care for our patients.	3.49	Very Efficient
Weighted Mean	**3.41**	**Very Efficient**

The data in Table 1.1 shows that nurses perceive the billing process associated with the PHIC (PhilHealth Insurance Corporation) collection policy as "Very Efficient", with a weighted mean of 3.41. This reflects a positive outlook among nurses on how well the policy supports streamlined reimbursement and documentation processes.

The highest mean scores were observed in statements regarding the accuracy of documentation (3.51), improved turnaround time (3.49), and reduced claim rejections (3.46), indicating that nurses are not only aware of but also actively contribute to the efficiency of the hospital's billing operations. Even the lowest-rated item, "monitoring the status of PHIC claims" (3.14), still falls within the "Efficient" category, suggesting consistent engagement across most billing-related responsibilities.

These findings align with Domingo et al. (2022), who found that streamlined billing systems enhance staff efficiency and reduce administrative burdens on frontline healthcare workers. Similarly, Cabrera and De Jesus (2021) highlight that a well-defined insurance policy framework encourages interdepartmental collaboration—evident in the nurses' reported coordination with billing departments.

Moreover, the results emphasize the role of clear policy guidelines in supporting quality documentation, minimizing errors, and accelerating claim processing—factors that ultimately contribute to hospital sustainability and improved patient care (Reyes et al., 2023).

TABLE 1.2. EXTENT OF ADHERENCE OF THE ADMINISTRATORS TO PHIC COLLECTION, POLICIES AND GUIDELINES OF PHIIC IN TERMS OF BILLING PROCESS EFFICIENCY

Statement	**Mean**	**Descriptive Value**
1. I ensure that our hospital's PHIC collection processes are efficient and effective.	3.70	Very Efficient
2. I am committed to maintaining a high collection rate for PHIC reimbursements.	3.80	Very Efficient
3. I regularly review our PHIC collection policies to identify areas for improvement.	3.80	Very Efficient
4. I oversee the training of our staff to handle PHIC claims accurately and promptly.	3.60	Very Efficient
5. I monitor the timeliness of PHIC payments to ensure our cash flow remains stable.	3.80	Very Efficient
6. I implement strategies to reduce the rate of PHIC claim denials in our hospital.	3.90	Very Efficient
7. I collaborate with our billing department to streamline PHIC collection procedures.	3.90	Very Efficient
8. I am proactive in addressing any issues that arise with PHIC collections.	3.70	Very Efficient
9. I ensure that our hospital has the necessary resources to manage PHIC claims efficiently.	3.60	Very Efficient
10. I take pride in our hospital's ability to consistently achieve high PHIC collection rates.	4.00	Very Efficient
Weighted Mean	**3.78**	**Very Efficient**

The data in Table 1.2 shows that hospital administrators demonstrate a high level of adherence to the PhilHealth Insurance Corporation (PHIC) collection policies and guidelines, specifically in terms of billing process efficiency. With a weighted mean of 3.78, the overall result is rated as "Very

Efficient", indicating that administrators are proactive, consistent, and strategic in managing PHIC collections to support institutional financial stability and service quality.

All ten items received mean scores ranging from 3.60 to 4.00, falling under the "Very Efficient" category. The highest-rated item—"I take pride in our hospital's ability to consistently achieve high PHIC collection rates" (mean = 4.00)—reflects a strong sense of ownership and commitment among administrators toward maintaining optimal reimbursement outcomes. Other highly rated practices include implementing strategies to reduce claim denials (3.90) and collaborating with the billing department to streamline collection procedures (3.90). These suggest that administrators are not only involved in oversight but are also actively engaged in improving operational workflows.

Moreover, items such as monitoring timeliness of PHIC payments (3.80) and reviewing PHIC collection policies regularly (3.80) indicate that administrators understand the crucial link between efficient PHIC collection and institutional cash flow, which is vital for the delivery of uninterrupted healthcare services. The emphasis on staff training (3.60) and resource allocation (3.60) also shows that leadership is attentive to both human and logistical needs necessary for effective claims management.

The consistently high ratings across all statements reflect a culture of accountability, systems thinking, and performance monitoring among healthcare administrators. These practices are in line with recent findings by De Leon and Manalili (2021), who emphasized that billing efficiency in public and private hospitals hinges on leadership involvement, regular evaluation of billing practices, and cross-departmental coordination. Similarly, Aquino et al. (2022) pointed out that high-performing hospitals in the Philippines tend to prioritize PHIC claim processes through continuous improvement mechanisms and capacity-building of their billing units.

Table 1.3. Extent of Adherence of the Billing Clerk to PHIC Collection, Policies and Guidelines in terms of Billing Process Efficiency

Statement	**Mean**	**Descriptive Value**
1. Our PHIC collection policy is designed to ensure timely reimbursements and reduce financial strain on our hospital.	3.42	Very Efficient
2. I regularly evaluate the efficiency of our PHIC collection policy to identify any areas that need improvement.	3.42	Very Efficient
3. Our PHIC collection policy has helped us maintain a steady cash flow by minimizing delays in claim processing.	3.33	Very Efficient
4. I monitor the success rate of our PHIC claims to gauge the effectiveness of our collection policy.	3.42	Very Efficient
5. I am confident that our PHIC collection policy effectively reduces the number of denied or rejected claims.	3.42	Very Efficient
6. I ensure that all necessary documentation is complete and accurate to comply with our PHIC collection policy.	3.50	Very Efficient
7. I track the turnaround time for PHIC claims to assess how well our collection policy is working.	3.50	Very Efficient
8. I communicate regularly with PHIC representatives to resolve any issues quickly, as part of our collection policy.	3.42	Very Efficient
9. I provide feedback to our administration on the efficiency of our PHIC collection policy based on my daily experiences.	3.33	Very Efficient
10. I am committed to following our PHIC collection policy to support the financial health of our hospital.	3.67	Very Efficient
Weighted Mean	**3.44**	**Very Efficient**

The results in Table 1.3 indicate that billing clerks demonstrate a very efficient level of adherence to PhilHealth Insurance Corporation (PHIC) collection policies and guidelines. With a weighted mean of 3.44, all items are rated as "Very Efficient", signifying strong commitment and consistent performance among billing personnel in implementing practices that support accurate and timely claims processing.

The highest-rated statement, "I am committed to following our PHIC collection policy to support the financial health of our hospital" (mean = 3.67), reflects the billing clerks' strong sense of accountability and their recognition of how their work contributes to overall hospital sustainability. Other statements with high mean scores include ensuring accurate documentation (3.50) and tracking turnaround time for PHIC claims (3.50), indicating attention to detail and a proactive stance in monitoring processing efficiency. This aligns with the observation of Valencia and Ramos (2022), who noted that the performance of billing staff is critical in minimizing claim denials and sustaining hospital cash flow.

Furthermore, regular communication with PHIC representatives (mean = 3.42) and providing feedback to administrators (3.33) show that billing clerks play an active role in the feedback loop necessary for continuous improvement. They do not merely process claims but also contribute to refining internal procedures based on operational insights. According to Francisco and Dela Cruz (2021), billing personnel who are empowered to evaluate and report on system inefficiencies are more likely to help institutions streamline policies and improve compliance with PHIC guidelines.

Although all items fall within the "Very Efficient" category, slightly lower scores in areas like maintaining steady cash flow (3.33) and providing feedback to administration (3.33) suggest that while clerks perform their duties well, there may still be room to improve interdepartmental coordination and strategic involvement in broader financial planning.

EXTENT OF COMPLIANCE (SOP 2)

Table 2.1. Extent of Compliance of the Nurses to PHIC Collection, Policies and Guidelines of in terms of Policy and Regulations

Statement	**Mean**	**Descriptive Value**
1. I am well-informed about the policies and regulations that govern our PHIC collection policy.	3.46	Great Extent
2. I ensure that my documentation complies with the PHIC collection policy to avoid any issues with claims.	3.51	Great Extent
3. I stay updated on any changes to PHIC regulations to ensure my practices remain compliant.	3.37	Great Extent
4. I understand the importance of adhering to PHIC policies to facilitate smooth and timely claim processing.	3.63	Great Extent
5. I regularly attend training sessions to stay informed about the latest PHIC guidelines and regulations.	3.03	Somewhat
6. I make sure that all patient records are accurate and complete to meet the requirements of our PHIC collection policy.	3.57	Great Extent
7. I collaborate with other departments to ensure that our PHIC collection policy is followed correctly.	3.34	Great Extent
8. I am aware of the specific documentation needed to comply with PHIC regulations and ensure claims are processed efficiently.	3.54	Great Extent
9. I educate my team on the importance of following PHIC policies to maintain compliance and avoid claim denials.	3.40	Great Extent
10. I am committed to upholding the standards set by our PHIC collection policy to support the financial health of our hospital.	3.57	Great Extent
Weighted Mean	**3.44**	**Great Extent**

Table 2.1 reveals that nurses demonstrate a high level of compliance with the PhilHealth Insurance Corporation (PHIC) collection policies and regulations, with a weighted mean of 3.44, interpreted as "Great Extent." This indicates that nurses are generally knowledgeable, responsible, and engaged in fulfilling their role in ensuring the accuracy and completeness of documentation necessary for successful PHIC claims processing.

Among the ten items assessed, the highest-rated statement—"I understand the importance of adhering to PHIC policies to facilitate smooth and timely claim processing" (mean = 3.63)—underscores nurses' strong awareness of their role in maintaining efficient workflows within the hospital's financial operations. Closely following are responses such as ensuring accurate patient records (3.57), commitment to policy standards (3.57), and awareness of documentation requirements (3.54). These findings reflect nurses' recognition that their documentation practices directly impact reimbursement timelines and hospital revenue. According to Tolentino and De Jesus (2021), nursing compliance with documentation protocols is a critical factor in minimizing PHIC claim denials and delays.

Notably, the lowest-rated item, "I regularly attend training sessions to stay informed about the latest PHIC guidelines and regulations" (mean = 3.03), suggests a potential gap in ongoing education and institutional support for regulatory updates. While nurses are generally compliant, this finding points to the need for more structured and regular training programs to keep staff updated on policy revisions, which are crucial for ensuring consistency and claim eligibility. This is echoed by Magday and Florencio (2022), who found that nurses' compliance is strongest in institutions that invest in frequent policy briefings and cross-departmental training sessions.

Other items, such as collaboration with departments (3.34) and team education (3.40), indicate that nurses also contribute to reinforcing compliance culture within their units. This implies not only individual responsibility but also shared accountability and leadership within nursing teams, which is essential for hospital-wide policy adherence.

Table 2.2. Extent of Compliance of the Administrators to PHIC Collection, Policies and Guidelines in terms of Policy and Regulations

Statement	Mean	Descriptive Value
1. I ensure that our facility strictly follows all PHIC collection policies to maintain compliance and avoid any penalties.	3.70	Great Extent
2. Our team regularly reviews PHIC regulations to ensure that we are up-to-date and fully compliant.	3.70	Great Extent
3. We have implemented comprehensive training programs to educate our staff on PHIC collection procedures and policies.	3.80	Great Extent
4. I personally oversee the adherence to PHIC policies to guarantee that our processes are aligned with the latest guidelines.	3.70	Great Extent
5. Our facility has a dedicated compliance officer who monitors our adherence to PHIC regulations.	3.50	Great Extent
6. We conduct regular audits to ensure that our PHIC collection practices are in full compliance with the required standards.	3.60	Great Extent
7. I make it a priority to attend PHIC seminars and workshops to stay informed about any changes in policies and regulations.	3.60	Great Extent
8. Our adherence to PHIC collection policies has improved our efficiency and reduced the risk of errors in our billing process.	4.00	Great Extent
9. We have established a clear protocol for handling PHIC collections, which all administrators and staff are required to follow.	3.70	Great Extent
10. By strictly adhering to PHIC policies, we have built a reputation for reliability and trustworthiness among our patients and partners.	3.90	Great Extent
Weighted Mean	**3.72**	**Great Extent**

Table 2.2 demonstrates that hospital administrators exhibit a high degree of compliance with the policies and regulations of the PhilHealth Insurance Corporation (PHIC), as shown by the weighted mean of 3.72, interpreted as “Great Extent.” All ten statements received mean scores between 3.50 and 4.00, indicating that administrators not only understand the importance of PHIC compliance but also implement strategies and institutional systems to ensure it is consistently observed across departments.

The highest-rated item, “Our adherence to PHIC collection policies has improved our efficiency and reduced the risk of errors in our billing process” (mean = 4.00), reflects the positive operational outcomes resulting from strict compliance—namely, increased efficiency and reduced errors in billing. Closely following is the item “By strictly adhering to PHIC policies, we have built a reputation for reliability and trustworthiness” (mean = 3.90), highlighting that compliance is not just an internal priority but also a strategic commitment to institutional credibility and stakeholder trust. These findings align with the observations of Martinez and Aquino (2021), who reported that hospitals with robust compliance frameworks enjoy higher claim approval rates and improved stakeholder confidence.

Administrators also showed strong performance in areas such as oversight of compliance (3.70), participation in training and seminars (3.60), and the implementation of audit systems (3.60). These results suggest that administrators are hands-on and proactive in monitoring updates to PHIC policies, equipping staff with relevant knowledge, and evaluating internal processes to ensure alignment with national standards. According to Reyes and Dulay (2022), administrative leadership plays a critical role in establishing a culture of compliance, particularly when it includes continuous monitoring, formal training, and regular communication of policy updates.

Meanwhile, the **b**, though still high (3.50), relates to the presence of a dedicated compliance officer—which may suggest that while compliance is institutionally valued, not all facilities have specialized personnel for monitoring adherence. This presents an opportunity for improvement by investing in dedicated compliance roles or strengthening interdepartmental communication to support long-term compliance goals.

TABLE 2.3. Extent of Compliance of the Billing and Claims Clerk to PHIC collection policies and guidelines in terms of policy and regulations

Statement	Mean	Descriptive Value
1. I find the PHIC collection policy to be quite efficient, as it streamlines the process of collecting premiums from members.	3.50	Great Extent
2. The policy has significantly reduced the time I spend on follow-ups, allowing me to focus on other important tasks.	3.42	Great Extent
3. With the automated reminders in place, we see fewer late payments, which helps maintain a steady cash flow.	3.33	Great Extent
4. The clarity of the policy guidelines makes it easier for me to explain the collection process to our clients.	3.33	Great Extent
5. I appreciate the transparency in the PHIC collection policy, as it builds trust with our members.	3.50	Great Extent
6. The policy's flexibility in payment options has increased compliance among our clients.	3.50	Great Extent
7. Since the implementation of the new policy, we've noticed a decrease in the number of disputes over premium payments.	3.25	Great Extent
8. The regular updates and training provided by PHIC ensure that I am always up-to-date with the latest procedures.	3.33	Great Extent
9. The policy's emphasis on accuracy has minimized errors in our billing system.	3.25	Great Extent
10. The PHIC collection policy has made my job as an accounting clerk much more manageable and efficient.	3.42	Great Extent
Weighted Mean	**3.38**	**Great Extent**

Table 2.3 presents the extent to which billing clerks comply with the PhilHealth Insurance Corporation (PHIC) collection policies and regulations, yielding a weighted mean of 3.38, which is interpreted as “Great Extent.” This indicates that billing clerks view the PHIC collection policy as effective, transparent, and manageable, enabling them to perform their responsibilities efficiently and confidently.

The highest-rated items—“I find the PHIC collection policy to be quite efficient, as it streamlines the process of collecting premiums from members” (mean = 3.50) and “The policy’s flexibility in payment options has increased compliance among our clients” (3.50)—suggest that billing clerks appreciate both the structure and adaptability of the system. The perceived efficiency and client-friendly options reflect positively on how the policy has improved workflow and encouraged timely payments. According to Lopez and Cabanilla (2022), streamlined administrative processes that are well-aligned with client needs foster stronger compliance and lower administrative burden, particularly in frontline finance roles.

Billing clerks also indicated strong agreement with statements on transparency (3.50) and policy clarity (3.33), highlighting the importance of well-communicated procedures in building trust and enhancing operational effectiveness. These findings are consistent with Alcantara and Cruz (2021), who observed that clear documentation and communication protocols improve both employee confidence and client satisfaction in healthcare billing systems.

Other notable strengths include the reduction in time spent on follow-ups (3.42) and the positive impact of regular PHIC updates and training (3.33), which suggest that support mechanisms are in place to help clerks remain updated and efficient. However, slightly lower ratings were recorded for items related to dispute reduction (3.25) and error minimization in billing (3.25). These scores imply that although the policy has improved many aspects of billing efficiency, challenges such as occasional billing disputes or errors still exist, possibly due to system limitations or client-side misunderstandings. This aligns with the findings of Mendoza and Villafuerte (2021), who stressed the need for ongoing capacity-building and system integration to resolve inconsistencies in health insurance collection procedures.

Hospital in Luna, Apayao

(SOP 3)

Table 3.1. Significant relationship between the profile of the respondents to the extent of ADHERENCE among respondents to PHIC collection, Policies and Guidelines in Selected Level II Public

Age Interval	**Mean**	**F Ratio**	**F-Crit**	**p-Value**	**Interpretation**
21 – 25	3.67	0.065	2.5498	0.992*	Statistically Not Significant
26 – 30	3.43				
31 – 45	3.46				
46 – 50	3.51				
51 – 55	3.46				

*Significant at α = 0.05

Table 4.1 presents the comparison of respondents' adherence to PhilHealth Insurance Corporation (PHIC) collection policies and guidelines based on their age groups. The results show that the variation in adherence across age brackets is statistically not significant, as indicated by the F-ratio of 0.065, which is far below the F-critical value of 2.5498, and a p-value of 0.992. Since the p-value is greater than the 0.05 alpha level, it can be concluded that age does not significantly influence the level of adherence to PHIC policies among the respondents.

Although mean adherence levels range slightly—from 3.43 (ages 26–30) to 3.67 (ages 21–25)—these differences are minimal and do not show any clear trend or statistical relevance. The data suggests that regardless of age, respondents exhibit a consistently high level of adherence, reflecting a shared understanding and commitment to implementing PHIC policies effectively. This aligns with the findings of Garcia and Santos (2021), who noted that adherence to institutional policies in healthcare settings is more closely tied to training, experience, and institutional culture than to age demographics.

These results imply that compliance with PHIC collection policies is likely the result of uniform training standards, administrative oversight, and clearly communicated procedures, which are being effectively absorbed and practiced across all age groups. As emphasized by De Leon and Cruz (2022), consistent institutional policies paired with regular capacity-building efforts help ensure equitable performance regardless of demographic differences.

Table 3.2. Comparison Between the Extent of Adherence of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Gender

Gender	**Mean**	**F Ratio**	**F-Crit**	**p-Value**	**Interpretation**
Male	3.55	0.725	4.016	0.398*	Statistically Not Significant
Female	3.44				

*Significant at α = 0.05

Table 3.2 compares the extent of adherence to PhilHealth Insurance Corporation (PHIC) collection policies and guidelines between male and female respondents. The results show that the difference in adherence based on gender is statistically not significant, as evidenced by an F-ratio of 0.725, which is below the F-critical value of 4.016, and a p-value of 0.398, which is greater than the alpha level of 0.05. This means that gender does not significantly influence how respondents comply with PHIC policies and procedures.

The mean score for males is slightly higher at 3.55, compared to 3.44 for females, but this small difference is not meaningful in a statistical sense. These results suggest that both male and female employees demonstrate a high and relatively equal level of adherence, reinforcing the idea that compliance with PHIC policies is more likely influenced by organizational standards, job-specific responsibilities, and access to training rather than by gender.

This interpretation is supported by the findings of Reyes and Balderas (2021), who concluded that gender does not significantly impact administrative compliance in healthcare environments when standard procedures and expectations are clearly communicated and consistently implemented across all staff. Similarly, Villamor and Santos (2022) emphasized that in well-regulated institutional settings, both male and female personnel can equally contribute to procedural compliance when given equal access to resources, supervision, and professional development opportunities.

Table 3.3. Comparison Between the Extent of Adherence of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Civil Status

Civil Status	Mean	F Ratio	F-Crit	p-Value	Interpretation
Single	3.44	0.589	2.528	0.6717*	Statistically Not Significant
Married	3.48				
Separated	3.44				
Common Law Partner	3.63				
Widower/Widow	2.85				

*Significant at α = 0.05

Table 3.3 presents the comparison of respondents' adherence to PhilHealth Insurance Corporation (PHIC) collection policies and guidelines based on their civil status. The results show that the differences in adherence across civil status groups are statistically not significant, as indicated by an F-ratio of 0.589, which is below the F-critical value of 2.528, and a p-value of 0.6717, which is well above the 0.05 significance level. This suggests that civil status does not have a meaningful effect on how respondents comply with PHIC policies and procedures.

Although there is slight variation in the mean scores—ranging from 2.85 (widower/widow) to 3.63 (common-law partners)—these differences are not statistically impactful. This finding indicates that adherence is relatively consistent regardless of marital or relationship status, suggesting that professional roles and institutional expectations outweigh personal demographic characteristics when it comes to compliance with PHIC regulations.

These results support previous findings by Bautista and Hernandez (2021), who concluded that civil status does not significantly influence administrative behavior in healthcare settings. Rather, factors such as training, work environment, and access to resources play a more decisive role. Similarly, Ramos and De Vera (2022) found that adherence to institutional policies is more closely tied to role-specific accountability and organizational culture than to personal life circumstances.

Table 3.4. Comparison Between the Extent of Adherence of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Gross Monthly Income

Gross Monthly Income	Mean	F Ratio	F-Crit	p-Value	Interpretation
₱11, 000 – ₱15, 000	3.95	2.058	2.548	0.0998*	Statistically Not Significant
₱16, 000 – ₱20, 000	3.43				
₱21, 000 – ₱25, 000	4.00				
₱26, 000 – ₱30, 000	4.00				
Above ₱30, 000	3.42				

*Significant at α = 0.05

Table 4.4 shows the comparison of respondents' adherence to PhilHealth Insurance Corporation (PHIC) collection policies and guidelines based on their gross monthly income levels. The analysis yielded an F-ratio of 2.058, which is below the F-critical value of 2.548, with a p-value of 0.0998, indicating that the result is statistically not significant at the 0.05 level. This means that while there are observable differences in mean scores across income groups, these differences do not represent a statistically meaningful variation in adherence to PHIC policies.

The mean values range from 3.42 (above ₱30,000) to 4.00 (₱21,000–₱30,000), showing that employees across income levels generally report high levels of adherence, with all groups falling within the "Great Extent" category. Notably, respondents earning ₱21,000 to ₱30,000 had the highest adherence, while those in the highest income bracket (above ₱30,000) reported slightly lower adherence (3.42). This variation, however, is not significant and may be influenced by job function or role rather than income alone.

These findings suggest that income level does not have a significant bearing on compliance behaviors, and adherence is likely guided more by professional accountability, training, and institutional policy enforcement. This interpretation aligns with the study by Santos and Magsino (2021), which concluded that employees in the healthcare sector exhibit consistent compliance with operational standards regardless of financial compensation, due to strong organizational controls and clearly defined roles. Likewise, Lim and Francisco (2022) found that adherence to billing and administrative protocols is generally standardized in well-managed institutions and does not vary meaningfully across socio-economic lines among staff.

Table 3.5. Comparison Between the Extent of Adherence of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Highest Educational Attainment

Gross Monthly Income	**Mean**	**F Ratio**	**F-Crit**	**p-Value**	**Interpretation**
College Graduate	3.44	1.171	3.168	0.3179*	Statistically Not Significant
Master's Graduate	3.52				
Doctorate Undergraduate	2.85				

*Significant at $\alpha = 0.05$

Table 3.5 presents a comparison of respondents' adherence to PhilHealth Insurance Corporation (PHIC) collection policies and guidelines based on their highest educational attainment. The results indicate that the differences in adherence are statistically not significant, as shown by an F-ratio of 1.171, which is lower than the F-critical value of 3.168, and a p-value of 0.3179, which exceeds the 0.05 level of significance. This implies that educational attainment does not significantly influence the extent of adherence to PHIC collection policies among the respondents.

Despite some variation in mean scores—Master's graduates having the highest mean at 3.52, followed by college graduates at 3.44, and doctorate undergraduates at 2.85—these differences do not present a statistically meaningful trend. All but one group (doctorate undergraduates) fall under the "Great Extent" descriptive value, indicating that most respondents, regardless of educational background, consistently adhere to PHIC policies. The slightly lower mean for doctorate undergraduates may be due to a smaller sample size or differing administrative roles, but it does not affect the overall conclusion of non-significance.

These findings align with the research of Manalo and Feliciano (2021), who found that institutional compliance is more strongly associated with training, role clarity, and accountability structures rather than with formal academic credentials. Similarly, Cruz and Villanueva (2022) concluded that in administrative healthcare operations, standardized policies and regular policy reinforcement help ensure consistent adherence across educational levels.

Table 3.6. Comparison Between the Extent of Adherence of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Position/Designation

Position/Designation	**Mean**	**F Ratio**	**F-Crit**	**p-Value**	**Interpretation**
Nurse/Charge Nurse	3.34	4.128	3.168	0.0215*	Statistically Significant
Administrators	3.73				
Billing/Accounting Clerk	3.62				

*Significant at $\alpha = 0.05$

Table 4.6 presents a comparison of the extent of adherence to PhilHealth Insurance Corporation (PHIC) collection policies and guidelines based on the respondents' position or designation within the healthcare institution. The analysis reveals a statistically significant difference, as indicated by an F-ratio of 4.128, which exceeds the F-critical value of 3.168, and a p-value of 0.0215, which is less than the 0.05 significance level. This means that the level of adherence to PHIC policies varies significantly depending on the respondent's job role.

Among the three groups, administrators reported the highest mean adherence (3.73), followed by billing/accounting clerks (3.62), while nurses or charge nurses reported the lowest adherence (3.34). This statistically significant difference suggests that those with administrative or billing responsibilities—whose core duties include managing claims, ensuring compliance, and overseeing the documentation process—are more consistently aligned with PHIC policies and procedures. In contrast, nursing staff, although still performing at a "great extent" level, may focus more on direct patient care and may not be as deeply involved in the technical and procedural aspects of PHIC collections.

These findings align with the study of Navarro and Santiago (2022), who noted that administrators and billing staff typically receive more specialized training and updates related to insurance policies and financial compliance, making them more proficient and engaged in adhering to such protocols. Meanwhile, Tolentino and Ramos (2021) emphasized the importance of interdepartmental collaboration, pointing out that nurses may benefit from additional orientation and support to align their documentation practices more closely with PHIC requirements, particularly regarding patient records and billing-related entries.

Table 3.7. Comparison Between the Extent of Adherence of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Years in the Service

Years in the Service	Mean	F Ratio	F-Crit	p-Value	Interpretation
Below 1 year	3.45	0.336	2.397	0.8889*	Statistically Not Significant
1 to 3 years	3.51				
3 to 6 years	3.44				
6 to 10 years	3.34				
10 – 15 years	3.54				
15 to 20 years	3.53				

*Significant at α = 0.05

Table 3.7 presents a comparison of the extent of adherence to PhilHealth Insurance Corporation (PHIC) collection policies and guidelines among respondents based on their length of service. The results reveal that years in the service do not significantly influence adherence, as shown by an F-ratio of 0.336, which is well below the F-critical value of 2.397, and a p-value of 0.8889, which is much higher than the 0.05 significance level. Therefore, the variation in adherence across different service lengths is statistically not significant.

The mean values, which range from 3.34 (6 to 10 years) to 3.54 (10–15 years), all fall within the "Great Extent" category. This indicates a uniformly high level of adherence to PHIC policies across all experience levels. Newer employees (below 1 year) reported a mean of 3.45, comparable to those with over 15 years of service (3.53), suggesting that regardless of tenure, respondents are equally committed to following established PHIC procedures.

These results are consistent with the findings of Fernandez and Ocampo (2021), who stated that institutional orientation, standardized protocols, and ongoing training contribute more to compliance than the duration of employment. Similarly, Lim and David (2022) emphasized that well-enforced administrative systems and clear role expectations help maintain consistent adherence, even among newly hired staff.

COMPARISON BET. THE EXTENT OF COMPLIANCE AND PROFILE VARIABLES (SOP 4)

Table 4.1. significant relationship between the profile of the respondents to the extent of COMPLIANCE among the respondents to PHIC collection, Policies and Guidelines in Selected Level II Public Hospital in Luna, Apayao

Age Interval	Mean	F Ratio	F-Crit	p-Value	Interpretation
21 – 25	3.33	0.449	2.5498	0.773*	Statistically Not Significant
26 – 30	3.42				
31 – 45	3.49				
46 – 50	3.56				
51 – 55	3.32				

*Significant at α = 0.05

Table 4.1 examines whether the age of respondents affects their extent of compliance with PhilHealth Insurance Corporation (PHIC) collection policies and guidelines. The results reveal a statistically not significant difference, as indicated by an F-ratio of 0.449, which is lower than the F-critical value of 2.5498, and a p-value of 0.773, which is greater than the 0.05 significance level. This means that age does not significantly influence compliance behavior among the respondents.

Although minor variations exist in the mean compliance scores—ranging from 3.32 (ages 51–55) to 3.56 (ages 46–50)—all groups fall within the "Great Extent" category. These consistent mean values suggest that respondents across all age brackets demonstrate similarly high levels of compliance with PHIC policies and procedures. This indicates that healthcare personnel, regardless of age, are adequately informed, trained, and committed to fulfilling institutional billing and documentation responsibilities.

These findings align with the study of Domingo and Carreon (2022), who observed that age is not a major determinant of compliance in healthcare institutions where policy adherence is supported by structured systems, clear protocols, and continuous orientation. Likewise, research by Navarro and Lim (2021) showed that when institutional expectations are clearly communicated and uniformly enforced, employees from different age groups tend to perform their compliance-related duties equally well.

Table 4.2. Comparison Between the Extent of Compliance of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Gender

Gender	**Mean**	**F Ratio**	**F-Crit**	**p-Value**	**Interpretation**
Male	3.64	4.0618	4.016	0.0488*	Statistically Significant
Female	3.41				

*Significant at $\alpha = 0.05$

4.2 presents a comparison of the extent of compliance with PhilHealth Insurance Corporation (PHIC) collection policies and guidelines between male and female respondents. The results indicate a statistically significant difference, with an F-ratio of 4.0618 slightly exceeding the F-critical value of 4.016, and a p-value of 0.0488, which is just below the 0.05 level of significance. This suggests that gender has a statistically significant effect on how respondents comply with PHIC policies.

Specifically, male respondents reported a higher mean compliance score of 3.64, compared to 3.41 for female respondents, both still within the "Great Extent" category. Although the difference is not wide, the statistical significance implies that male respondents, in this dataset, are more consistent or confident in adhering to PHIC regulations. This could be influenced by various factors, including role distribution, familiarity with administrative procedures, or training exposure.

The findings align with observations by Torres and Villanueva (2022), who noted that in some institutional settings, male staff are more frequently assigned to roles involving direct coordination with billing departments or external agencies, which may reinforce compliance familiarity. However, this result should be interpreted cautiously, as cultural, institutional, or contextual variables—rather than gender alone—may influence compliance levels.

On the other hand, as emphasized by De Castro and Luna (2021), differences in compliance based on gender can often be addressed by ensuring equitable training opportunities, task assignments, and access to procedural updates across all personnel. Ensuring gender-neutral access to institutional support mechanisms helps minimize any compliance gap and promotes a balanced administrative culture.

Table 4.3. Comparison Between the Extent of Compliance of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Civil Status

Civil Status	**Mean**	**F Ratio**	**F-Crit**	**p-Value**	**Interpretation**
Single	3.52	0.151	2.528	0.9617*	Statistically Not Significant
Married	3.46				
Separated	3.52				
Common Law Partner	3.58				
Widower/Widow	3.30				

*Significant at $\alpha = 0.05$

Table 4.3 presents a comparison of respondents' extent of compliance with PhilHealth Insurance Corporation (PHIC) collection policies and guidelines based on their civil status. The analysis shows a statistically not significant difference, as evidenced by the F-ratio of 0.151, which is far below the F-critical value of 2.528, and a p-value of 0.9617, which is well above the 0.05 significance level. This means that civil status does not significantly influence the respondents' compliance with PHIC policies and procedures.

Despite slight variations in mean scores—ranging from 3.30 (widower/widow) to 3.58 (common-law partner)—all values fall within the "Great Extent" category, indicating that respondents across all civil status categories demonstrate a consistently high level of compliance. These results suggest that personal relationship status does not impact professional performance regarding administrative responsibilities such as adhering to healthcare insurance policies.

This finding is consistent with the study by Perez and Domingo (2022), who found no strong correlation between civil status and work compliance in institutional settings, especially when tasks are governed by standardized procedures and performance expectations. Likewise, Bautista and Javier (2021) emphasized that clear organizational policies, accountability structures, and role-specific training contribute more significantly to employee compliance than personal demographic variables.

Table 4.4. Comparison Between the Extent of Compliance of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Gross Monthly Income

Gross Monthly Income	**Mean**	**F Ratio**	**F-Crit**	**p-Value**	**Interpretation**
₱11, 000 – ₱15, 000	3.25	0.814	2.548	0.522*	Statistically Not Significant
₱16, 000 – ₱20, 000	3.42				
₱21, 000 – ₱25, 000	3.43				
₱26, 000 – ₱30, 000	3.93				
Above ₱30, 000	3.48				

*Significant at α = 0.05

Table 4.4 examines the relationship between respondents' gross monthly income and their extent of compliance with PhilHealth Insurance Corporation (PHIC) collection policies and guidelines. The analysis reveals that the differences in compliance levels across income brackets are statistically not significant, as indicated by an F-ratio of 0.814, which is lower than the F-critical value of 2.548, and a p-value of 0.522, which is well above the 0.05 threshold. This means that income level does not significantly influence the level of compliance with PHIC policies among the respondents.

While the mean scores range from 3.25 (₱11,000–₱15,000) to 3.93 (₱26,000–₱30,000), all income groups fall within the "Great Extent" category, showing generally high levels of compliance regardless of earnings. The slightly higher compliance observed in the ₱26,000–₱30,000 bracket may reflect access to more stable roles or resources, but these differences are not strong enough to be statistically meaningful.

These findings are consistent with the study of Dela Cruz and Mendoza (2022), who noted that in highly regulated healthcare institutions, compliance with financial and administrative procedures is largely uniform and influenced more by training, supervision, and standard operating procedures than by compensation. Similarly, Aquino and Reyes (2021) found that income-related differences in task performance tend to diminish in settings where policy enforcement is consistent across all employee levels.

Table 4.5. Comparison Between the Extent of Compliance of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Highest Educational Attainment

Gross Monthly Income	**Mean**	**F Ratio**	**F-Crit**	**p-Value**	**Interpretation**
College Graduate	3.39	1.506	3.168	0.2309*	Statistically Not Significant
Master's Graduate	3.57				
Doctorate Undergraduate	3.30				

*Significant at α = 0.05

Table 4.5 presents the comparison of respondents' extent of compliance with PhilHealth Insurance Corporation (PHIC) collection policies and guidelines based on their highest educational attainment. The analysis shows that the differences across educational levels are statistically not significant, as reflected by an F-ratio of 1.506, which is lower than the F-critical value of 3.168, and a p-value of 0.2309, which is greater than the 0.05 significance level. This indicates that educational attainment does not significantly influence compliance with PHIC procedures among the respondents.

Although mean scores vary slightly—Master's graduates reported the highest mean at 3.57, followed by college graduates at 3.39, and doctorate undergraduates at 3.30—these differences are not strong enough to produce a statistically significant result. All groups, nonetheless, fall within the "Great Extent" category, suggesting that respondents from different educational backgrounds maintain a consistently high level of compliance.

These findings are aligned with the research of Santos and Villanueva (2021), which concluded that in regulated healthcare environments, compliance is shaped more by institutional training, operational guidelines, and accountability systems than by formal education levels. Likewise, Medina and Robles (2022) emphasized that administrative adherence is effectively standardized in workplaces with strong policy enforcement mechanisms, ensuring equitable performance across educational groups.

Table 4.6. Comparison Between the Extent of Compliance of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Position/Designation

Position/Designation	Mean	F Ratio	F-Crit	p-Value	Interpretation
Nurse/Charge Nurse	3.43	3.011	3.168	0.0576*	Statistically Not Significant
Administrators	3.75				
Billing/Accounting Clerk	3.41				

*Significant at $\alpha = 0.05$

Table 4.6 compares the extent of compliance with PhilHealth Insurance Corporation (PHIC) collection policies and guidelines among respondents based on their position or designation within the healthcare institution. The analysis reveals a statistically not significant difference, with an F-ratio of 3.011, which is slightly below the F-critical value of 3.168, and a p-value of 0.0576, which is greater than the 0.05 level of significance. Although close to the threshold, the result indicates that position/designation does not significantly influence compliance with PHIC policies in this context.

Among the three groups, administrators reported the highest mean compliance score at 3.75, indicating a very strong commitment to PHIC policy implementation, followed by nurses/charge nurses (3.43) and billing/accounting clerks (3.41). These scores fall within the "Great Extent" category, reflecting generally high levels of compliance across roles. The slightly higher adherence observed among administrators may be attributed to their direct oversight and decision-making responsibilities related to institutional policy enforcement.

Despite the numerical differences, the lack of statistical significance implies that all personnel, regardless of designation, maintain a relatively equal level of compliance, likely due to standardized operating procedures and shared accountability systems. As emphasized by Cruz and Morales (2022), structured institutional processes and regular compliance training contribute to the consistency of administrative behavior across professional roles. Additionally, Delos Reyes and Bernardo (2021) noted that role clarity and continuous policy reinforcement help ensure that both administrative and clinical staff adhere to billing and documentation standards.

Table 4.7. Comparison Between the Extent of Compliance of the Group of Respondents to PHIC Collection, Policies and Guidelines in terms of Years in the Service

Years in the Service	Mean	F Ratio	F-Crit	p-Value	Interpretation
Below 1 year	3.50	0.6109	2.397	0.6919*	Statistically Not Significant
1 to 3 years	3.39				
3 to 6 years	3.49				
6 to 10 years	3.36				
10 – 15 years	3.55				
15 to 20 years	3.61				

*Significant at $\alpha = 0.05$

Table 4.7 presents the comparison of respondents' extent of compliance with PhilHealth Insurance Corporation (PHIC) collection policies and guidelines based on their years of service. The results reveal a statistically not significant difference, as shown by an F-ratio of 0.6109, which is lower than the F-critical value of 2.397, and a p-value of 0.6919, which is well above the 0.05 level of significance. This indicates that length of service does not significantly affect compliance with PHIC policies among the respondents.

The mean scores range from 3.36 (6 to 10 years) to 3.61 (15 to 20 years), all falling within the "Great Extent" category. These relatively close values suggest that regardless of tenure, employees consistently demonstrate high levels of compliance. Notably, even those with less than one year of experience (mean = 3.50) show adherence levels comparable to those with more than a decade of service, reflecting the effectiveness of organizational onboarding, policy orientation, and compliance reinforcement practices.

These findings align with the study of Bautista and Enriquez (2021), who concluded that healthcare institutions with standardized compliance frameworks and regular training achieve consistent staff adherence across all experience levels. Similarly, Santos and Villamor (2022) emphasized that compliance is more strongly influenced by institutional culture, leadership, and monitoring systems than by individual work tenure.

4. Summary of Findings, Conclusion and Recommendations

This chapter presents the summary of findings, the conclusions drawn from the results, and the recommendations forwarded by the researcher based on the findings and conclusions**.**

Summary of Findings

The study revealed that respondents—comprising nurses, administrators, and billing clerks, finance officers—demonstrated a high level of awareness and adherence to PhilHealth Insurance Corporation (PHIC) collection policies and guidelines, with administrators showing the highest level of awareness, followed by billing clerks and nurses. All respondents exhibited a great extent of adherence and compliance to PHIC policies, particularly in billing process efficiency and compliance with policy regulations. Administrators had the highest adherence levels, reflecting their key role in overseeing implementation, while nurses, though still compliant, showed a need for increased training participation and improved monitoring practices. Statistical analysis indicated that the position or designation of respondents significantly influenced their adherence levels, whereas other demographic variables such as age, civil status, educational attainment, income, and years in service did not. However, gender was found to be a significant factor, with male respondents showing slightly higher levels of compliance than their female counterparts. These findings emphasize the importance of role-based responsibilities and suggest that institutional support and training are critical in sustaining compliance across all personnel.

Conclusion

The study concludes that the selected government hospital in Apayao demonstrates a high level of efficiency in PHIC collection, driven by strong institutional awareness, leadership involvement, and administrative commitment. While demographic variables generally do not influence compliance, role-specific responsibilities do affect the extent of adherence. Nurses, although performing well, show room for improvement in regular PHIC training and coordination. The findings indicate a need for more integrated and inclusive capacity-building efforts to support compliance across all roles and optimize the collection process. It can be done by providing training about PHIC guidelines as well as coordination in clinical billing and administrative function.

Recommendations

Based from the summary of findings and conclusion of this study, the researcher would like to recommend the following:

1. **Strengthen Training Programs**: Implement **regular, role-specific training sessions** for all staff—especially nurses—to improve documentation accuracy and awareness of updates in PHIC guidelines. It can be done by means of seminar under PHIC.
2. **Enhance Interdepartmental Coordination**: Establish structured **collaboration protocols** between clinical, billing, and administrative units to streamline documentation and reduce processing delays.
3. **Develop a Monitoring Framework**: Institutionalize **performance monitoring and feedback mechanisms** to continuously assess and improve billing process efficiency and regulatory compliance.
4. **Address Gender Gaps**: Investigate the underlying causes of gender differences in compliance and provide **equitable access to compliance tools, training, and responsibilities**.
5. **Invest in a Dedicated Compliance Officer**: Assign or hire a **PHIC compliance coordinator** to oversee interdepartmental adherence, training, and audit alignment.
6. **Future researchers to perform the same study but include the residents and the consultants**
7. **Modify and enhance the existing policy on the submission of PHIC claims within 55 days.**

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