PERCEIVED SATISFACTION OF SELECTED SBU-MANILA EMPLOYEES WITH THE PHILIPPINE HEALTH INSURANCE BENEFITS

In Partial Fulfillment of the Requirement

in the Course ECORES 2

NEPOMUCENO, Knexy R.

3AEC

Prof. Rulina B. Viloria

November 2025

Abstract

This paper studies the perceived satisfaction of San Beda University Manila employees towards the benefits that PhilHealth provides. As per the law regarding the national insurance, PhilHealth plays a critical role in taking care not only of the health of its clients but also their financial standing. However, service quality and member satisfaction remain essential determinants of its effectiveness.

Using a quantitative research design, the researcher gathered 67 respondents, grounded by a survey questionnaire to be able to determine each of their perceptions towards PhilHealth. Service quality dimensions, including responsiveness, reliability, assurance, empathy, and tangibles were used to analyze the data and be able to assess their level of satisfaction.

Findings suggest that while PhilHealth performs adequately in building trust and credibility among members, operational improvements are necessary to enhance overall service delivery. Therefore, this study concludes that strengthening communication systems and improving digital service platforms may help in further improving the operations of PhilHealth. This research is able to contribute as a sole reference for the importance of continuous evaluation in national health insurance programs.

Acknowledgement

As my journey of thesis writing has finally come to an end, I want to express my greatest gratitude to the people who stood by my side, sharing all their inches of support and respect that I could ever earn. These people are the ones who believed in me, despite all the doubts and anxiousness I have felt all throughout my journey, even giving up.

To my mama and papa, who never stopped reminding me that it is always okay. You both gave me the courage to continue what I started, and never made me feel low as I already am feeling. To my sister who laughed with me and listened to the rants I bottle in. I will always be by your side as you are always with me. To my Kalix, you are the source of my happiness. Everything was bearable because of you and your warm, loving soul; the very reason of my life. To my beloved lolo and lala that is never tired of checking up on me, there will come a day that I will be able to give you all the things you both deserve. Finally, to my lover who never stopped pulling me back in; in times that I, myself retreats to surrender. You all are my “kakampi,” and the reason why I am writing this. This paper is the proof that I have been loved, and will always be.

To all my friends who cried and strived with me. You all will always have a special place in my heart. To my panelists who gave me warm guidance, thank you. To ma’am V who shared insightful knowledge, thank you. To sir Aris who gave me direction and enlightenment in writing my paper, thank you. And to sir Viray who provided me with a topic to start with, thank you.

Finally, I thank God for walking heavy steps with me. For leading me with open arms, and reaching me in times I shut my doors to the world. Thank you for everything. For myself, who endured and cried enough. This is all for you.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

Chapter 1

Background of the Study

Introducing the topic at hand, the researcher lays out the background as to why the topic about satisfaction of San Beda University-Manila employees to Philippine health benefits was chosen as the ground for this thesis. Furthermore, the statement of the problem was used in order to direct the focus of this thesis, together with the objectives aimed in successfully operating the study. Finally, the researcher has provided the leading benefactors of this paper, together with the scope covered and delimitations supposed to be excluded.

Introduction

Republic Act no. 11223 or the Universal Health Care (UHC) Act is a legal law ensuring that all Filipinos are eligible to access equitable and quality health services (*Republic Act No. 11223*, n.d.). Moreover, under such law is the Philippine Health Insurance Corporation (PhilHealth) or Republic Act no. 7875, a National Health Insurance Program (NHIP) that provides health assistance to both direct and indirect contributors. Such programs of PhilHealth are mostly centered around the vulnerable population of the informal sectors like indigents, senior citizens, and persons with disabilities. This gives a clear background as to why the formal sectors, which are the salaried employees remain to be under-examined.

According to Ong et al. (2022), PhilHealth's priorities favor those who are considered to be socioeconomically burdened and are commonly referred to as the vulnerable individuals

needing most assistance. However, the National Economic and Development Authority (2017) stated that the formal sector can also be victims of the substantial financial risk, most especially to the increasing cost of the healthcare services and the limited out-of-pocket protection from the system. These employees are mostly assumed to be financially secured due to their stable income, however, they may still experience dissatisfaction in moments that quality, accessibility, and affordability are unmet.

In this context, the researcher seeks to address this gap by focusing on the selected employees of San Beda University-Manila, workers within the bounds of a private institution who are the formal contributors of PhilHealth. By examining their perception of satisfaction, the researcher aims to investigate whether these non-prioritized sectors are receiving satisfactory services in line with what the UHC Act promises.

Furthermore, the significance of patient satisfaction goes beyond service evaluation. Lotfi et al. (2017) made it clear how the utilization of health insurances influence the chance of increasing the use of health services. This piece of information emphasizes that insurance systems such as PhilHealth play a significant role in enhancing the utilization of healthcare services. In this sense, the use of healthcare services must be seen as crucial to employees as it helps in fostering their well-being, recognizing mental and physical wellness to be a significant determinant of productivity (Chang, 2024).

De Vries et al. (2021) made a point about how absenteeism and presenteeism are specific predictors that lowers the costs of productivity of employees. Van Der Feltz-Cornelis et al. (2020) then explored both absenteeism and presenteeism among staffs and students during the COVID-19 pandemic, which the authors found out that 26% of staff experience presenteeism

while 7% of them are under absenteeism. The data showed higher probability of employees who adapt from presenteeism, concluding that employees mostly continue their work within their institutions despite their stress and well-being under risk. This was further analyzed by Yoshimoto et al. (2020) saying that productivity loss due to presenteeism was estimated at over $400 USD per capita which shows a substantial proof of burden not only to the organization but to the national economy. Thus, this demonstrates how presenteeism has a measurable and costly impact on productivity made by illnesses and diseases.

Upon the knowledge of the importance of health services, the satisfaction of patients must also be given the same thought. Vaz (2018) emphasized the significance of patient satisfaction as it was defined as an important measure of the effectiveness of health services that holds a strong influence towards the loyalty and retention of patients. Satisfied patients are more likely to adhere to medical advice, return for future care, and recommend the service to others which contributes to a better health outcome of patients (*The Importance of Patient Satisfaction in Healthcare*, n.d.). Hence, information provided made a clear conclusion that satisfied members are more likely to utilize healthcare services, comply with medical advice, and retain loyalty to the health system.

Statement of the Problem

With the emphasis on how Philippine health benefits are able to satisfy selected employees of San Beda University-Manila, the researcher aims to further analyze the scope by answering these following questions:

1. What is the socio-economic profile of the selected employees of SBU-Manila in terms of:

    1.1. Age

1.2. Gender

1.3. Monthly Income

1.4. Employment Status

1.6. Length of Employment

2. What is the level of perceived satisfaction among selected employees of San Beda University with regard to the Philippine Health Insurance benefits e.g. Inpatient benefits, Outpatient benefits, Z benefits, and SDG related benefits in terms of:

2.1. Accessibility

2.2. Adequacy

2.3. Quality

3. What are the primary factors contributing to the satisfaction or dissatisfaction of SBU–Manila employees with PhilHealth services?
4. Is there a significant relationship between the socio-economic profile of the selected SBU employees and their perceived satisfaction with PhilHealth benefits?
5. What policy interventions or improvements can be proposed to enhance the satisfaction of SBU-Manila employees with the PhilHealth benefits?

Objectives of the Study

As this study aims to assess the perceived satisfaction of San Beda University-Manila employees with depends to the health care benefits provided by PhilHealth, the researcher aims to address the issue by laying out these objectives:

1. To describe the socio-economic profile of selected San Beda University-Manila employees in terms of age, gender, monthly income, employment status, and their length of employment.
2. To assess the level of satisfaction of selected employees with PhilHealth services among all benefits offered through accessibility, adequacy, and quality.
3. To identify the primary factors that contribute to the satisfaction or dissatisfaction of selected SBU–Manila employees with PhilHealth services.
4. To analyze the relationship between socio-economic variables and employees' perceived satisfaction with PhilHealth.
5. To propose policy recommendations that will help in maintaining and improving the satisfaction of SBU-Manila employees through enhanced health care services.

Significance of the Study

With the aim to assess the perceived satisfaction of selected employees of San Beda University-Manila, this study will give an overview whether health services in the Philippines are able to direct advantageous benefits as per instructed in the Republic Act no. 11223.

For San Beda University-Manila employees, this study will enlighten their capacity to understand their eligibility to such health assistance. This will help them recognize their rights and entitlement to such a program which highlights whether their contributions yield equitable benefits.

For San Beda University-Manila Administration, this study will give them the insight to commit a better implementation of benefits to their employees, as well as encouraging them to partake in the aim for a better society among all Filipino workers.

For Philippine Health Insurance, this paper will stand as their vision to identify the gaps between their offered services and the actual employee satisfaction towards the benefits. This will help them understand the drawbacks of each benefit through such dimensions like accessibility, adequacy, and quality.

For Human Resource Professional, this aims to assess how employee benefits and their welfare impact their satisfaction retention, which will help them enhance their HR strategies through employee support systems.

For Labor Unions, this paper is a crucial tool in providing them insights and evidence as to why they must advocate more for a better and supplemental health coverage. This will help them in promoting health benefit literacy and empowers employees to know their rights and entitlements.

For Healthcare providers, this study is aimed to address the employee feedback enforced by such health contributors.

For policy makers, this will grant them data useful for the development and improvement of future policies aimed for the well-being of the employees and the nation as a whole.

For future researchers, this study will help them be able to gather information regarding such a thesis that relates to the health sector of the country.

Scope and Delimitation

This study explores the factors that influence the perceived satisfaction of employees within the College of Arts and Sciences at San Beda University-Manila with regard to the Philippine health insurance services. This features how the socio-economic profile of employees,

which are age, gender and income, affect their level of perceived satisfaction to the benefits offered by PhilHealth. This will help in informing policy makers strategies aimed at improving the delivery and accessibility of public sector health insurance services in the Philippines. Finally, data collection and analysis will take place during the months of June and July of 2025. The insights gathered will reflect the perceptions and experiences of employees within the said period, and any changes in PhilHealth policies or employee experiences outside this timeframe will not be accounted for in the study.

This study is limited only to the Manila campus of San Beda University-Manila, focusing on the selected teaching and non-teaching staff of the College of Arts and Sciences. This excludes employees within the campus whose works are focused on the healthcare service of the institution. A non-probability sampling technique will be used, which may limit the generalizability of the findings due to potential selection bias. Additionally, the study is focused on the assessment of the employees' perceived satisfaction, excluding technical evaluations of health insurance systems or comparisons with private insurance providers.

Chapter 2

Review of Related Literature

Work is one of the sources of income of individuals which potentially impacts one's health and well-being (Ehmann et al., 2021). Employees are a valuable asset for the economy, so it is only vital to understand the complications that might occur whilst the health challenges they encounter, as health, like education, is also part of the human capital. This section aims to establish the foundation of this study through related literature that will help in determining the underlying gaps of the study.

Socio-Economic Status

This section will play a crucial role as the researcher aims to first develop the characteristics of the respondents before measuring its significance to the employees' perceived satisfaction. This includes the respondent's age, gender, and monthly income.

Age

Raikhola (2025) claimed that age has a relevant relationship with patient satisfaction. The author stated that different ages of patients must have distinct services offered, as there are varied illnesses that different ages experience. The World Health Organization (n.d.) stated that health organizations today are mostly focused on an acute, episodic model of care, which does not satisfy the needs of older people since they are more in demand of consistent health care.

Finally, Adams et al. (2024) emphasized that people with older age are most likely to gain satisfaction as facility staff are commonly more engaged in patient interaction towards older

patients compared to those who are younger in age. This was supported by the findings of Ahmed et al. (2024) stating that older patients tend to have lower expectations, which may have influenced their perception of satisfaction with healthcare.

Gender

In the same study of Ahmed et al. (2024), the study stated that male patients are most likely to be more educated than female patients, but the latter mostly utilizes the services more than of males. Despite the differences of expectations between men and women, female patients are said to be more satisfied when it comes to health services provided to them. This may also be part of having less expectations due to limited education and awareness acquired.

However, a different claim by Raikhola (2025) stated that there actually is no relationship between a patient's gender and their acquired satisfaction. This may be for the reason that healthcare facilities provide the same quality services regardless of gender. These contrasting findings may suggest that gender-based differences may exist, patient satisfaction may still be measured more by the quality and consistency of healthcare services than by gender alone.

Monthly Income

Tavares (2021) emphasized that individuals with lower income tend to be dissatisfied with the services brought about by the health system. This may be from the stress and anxiety that patients who belong within the low income population feel, influencing how they perceive the health system with comparison to patients with fewer financial constraints. This may suggest that economic disadvantages not only affect patients' capability to pay but also how they perceive the offered services.

This was further supported by Caballo et al. (2021) stating that populations within the lower SES tend to have difficulty in receiving accessible quality care. The study emphasized issues such as the lack of effort in developing patient and staff relationships which must be considered as an important component necessary for a healthy environment of patients. In this sense, patients tend to feel as if the services offered to them are rushed, inattentive, or inadequate in addressing their specific needs. Moreover, accessibility in terms of transportation cost is also one barrier that prevents patients within the lower SES to reach the services offered by the system.

Benefit Awareness

Feldhaus et al. (2022) made it clear that one reason for the low utilization of health benefits, with empirical evidence taken from the high income countries, is due to the low awareness and knowledge of beneficiaries that will contribute to their interests in using such benefits.

In a more specific manner, Lalosa (2018) claimed that health insurance systems have already been laid out in order, but the only problem was the lack of awareness and knowledge provided to the beneficiaries. It was further explained that those with marginal incomes become oblivious of their health, where they only consult and apply for such benefits in cases when they need it more. However, findings of the study interpreted that people are highly aware of the insurance provided by Philhealth. This was deduced by the author that the respondents are very much aware towards the benefits and packages that can be availed from PhilHealth. Nonetheless, issues regarding the remittance of contribution schedule may have indicated a lowest awareness mean of 3.0.

Capuno et al. (2017) examined to what extent Filipinos, most especially the poor, become aware of their benefits and entitlements from the services of PhilHealth. According to the literature, people mostly learn about the subsidies from local government institutions (38%), most especially barangay officials (35%) and DSWD programs (39%), particularly through Municipal Links (25%). Only 16% of the population received such information from PhilHealth itself. Moreover, over 95% of respondents knew PhilHealth covers general inpatient care. However, 75–80% were aware of surgical and medicine coverage. Less than half of the population are aware of the coverage for radiotherapy, blood transfusion, dialysis, and HIV/AIDS treatment. Though there is a higher awareness regarding the Z benefits coverage with 68–71%, awareness was lower among CCT beneficiaries.

Access Barriers

Murata and Kondo (2020) enumerated three barriers that individuals face when it comes to health which are the financial, physical, and psychological barriers. The researchers made it clear that individuals who are uninsured are most likely to have more barriers in accessing healthcare services. However, even uninsured people are claimed to still have limited coverage of the service. Despite having a specific amount that a program or service covers, there are still instances where they tend to avoid or delay service due to higher out-of-pocket costs. This claims that being insured does not guarantee their health but must also consider its adequacy and affordability (Rahman et al., 2020; Njagi et al., 2020). Moreover, physical barriers also exist, where it states that as people grow older, the more limitations and obstacles challenge them from accessing healthcare. Transportation becomes a more important challenge as older people tend to have a hard time travelling from one place to another. This proposes that improved physical

access such as buildings must be given great importance (Fernandez-Rodriguez et al., 2024; Khajoei et al., 2024).

Finally, psychological factors influence an individual's will to consult healthcare. Issues such as anxiety, miscommunication, and being health illiteracy contributes to their tendency to access services (Financial toxicity–psychological distress study, 2022; Im et al., 2025). Other than that, challenges like stress, mistrust in the healthcare program and low health literacy can also limit the members' will to engage and discourage them to discontinue their treatment despite services being physically and financially available (Rahman et al., 2020; Fernandez-Rodriguez et al., 2024). Overall, financial barriers, physical and psychological barriers are determined to be limitations from members that challenge healthcare programs to control the need to address the issues regarding accessibility, patient engagement, and affordability.

Health Literacy

According to Tolabing et al. (2022), health literacy is the ability of an individual to use and understand health information which can be applied to their judgement and decision-making. More than that, a high percentage of health literacy contributes to a reduced morbidity, mortality, disability, and equity in health (Tolabing et al., 2022). However, findings from the paper states that despite a 96.5% of basic literacy rate, this amount does not necessarily equate to the health literacy of the country which accounts for 51.5% of the population having limited health literacy. From Agosto et al. (2018) findings, Filipinos aging from 50-70 years old and residing in poor urban areas are most likely to have limited literacy when it comes to health. The author claimed that education may have an influence on one's capacity to understand health information as low levels of education may lead to difficulties in comprehending concepts related to health.

However, the population of self-employed Filipinos made a surprising conclusion where they are less likely to fall under the inadequate and problematic health literacy when compared to those who are employed in a regular job.

Emphasizing access barriers, it is determined that health literacy remains to be a significant barrier when it comes to accessing healthcare services in an effective manner. According to Abdi et al. (2020) and Sørensen et al. (2021), individuals with low health literacy are those who are most likely to come across difficult experiences in understanding healthcare information that hinders them from adhering properly from medical treatments. Furthermore, Paige et al. (2022) emphasized that by the increasing significance of digital literacy in the society, it is deduced that a lower digital literacy rate worsens the disparities of the members most especially to older generations who are mostly socioeconomically disadvantaged. Collectively, this highlights that addressing traditional and digital health literacy is a big step in helping members in improving their sound decision making.

The Philippine Health Insurance Service

The Philippine Health Insurance Service is a government-based program, focusing on the aim to provide healthcare services to Filipinos without the burden of financial expenses. Uy et al. (2023) has made points that assess the financial role of PhilHealth as a national contributor of health services in the country. The paper states that despite the position of PhilHealth as a monopsonistic system of the nation, acting as a strategic purchaser of healthcare, the role remains underutilized. Findings from the paper claimed that case rates that have been implemented by PhilHealth which are made to lessen the burden of costly services, are found out to be outdated and do not reflect the actual cost of a quality care. This weakens the purchasing

influence of the system, lowering the engagement of consumers. Additionally, it was also stated that the Healthcare Provider Networks who are in charge of promoting primary healthcare of the system, happen to have limited implementation and unclear coordination across levels of care.

The paper found substantial disparities in the system, further limiting PhilHealth's ability to hold providers accountable or assess program impact effectively. Moreover, PhilHealth has provided stats and charts in order to visualize the standing of the members and their contribution from the year 2023 to 2024.

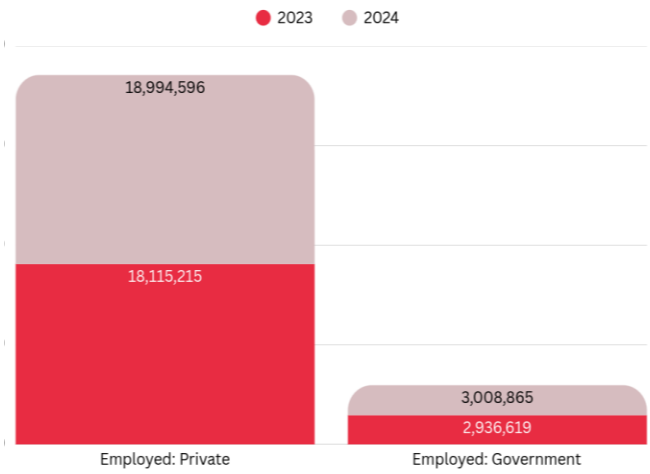


Figure 1: Registered Members of PhilHealth year 2023 and 2024

Figure 1 shows the number of members registered to PhilHealth from the range of 1 year. Comparing the year 2023 to 2024, the number of registered members did grow, most especially the employed sector in private institutions. Furthermore, another chart describes the amount of contributed shares from these same members which are shown below;

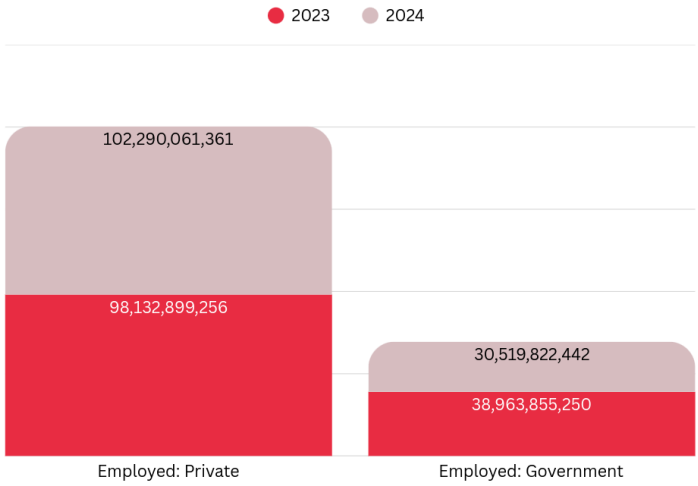


Figure 2: Premium contribution of members of PhilHealth year 2023 and 2024

Figure 2 also shows the increase of the amount of contribution of PhilHealth members from 2023 to 2024. Despite the drawbacks mentioned from the previous paper, Filipino citizens continue to avail such services provided by PhilHealth, and contribute for the sake of their security.

Finally, the researcher aims to determine the difference of perceived satisfaction of employees to different benefits offered by Philhealth. PhilHealth categorized four benefit packages which are inpatient benefits, outpatient benefits, z benefits, and the SDG related benefits (Benefits | PhilHealth, n.d.).

Inpatient Benefits

Ong et al. (2022) defined inpatient benefits as a package offered to registered members solely for health cases of need of confinement. This operates through the works of an All Rate Case (ALC) system, where there is a specific amount of costs depending on the case availed that is covered by PhilHealth, and the remaining amount is to be shouldered by the patient during

discharge. This system aims to simplify claims processing, reduce out-of-pocket expenses, and promote transparency in healthcare billing.

However, a study by Cielo et al. (2024) highlighted the challenges faced by the ACR system and its implementation. The study indicated that although the case rate system was made to enhance the efficiency and transparency of reimbursements, overpayments in certain circumstances still continue to exist. For instance, fixed rates sometimes exceed the actual cost of hospitalization leaving the patients to spend overpriced. In response to such an issue, PhilHealth has adjusted the system through the policy of "pay-whichever-is-lower," which lets PhilHealth choose the least cost between the actual hospital charges and the published case rates.

Despite the intention of PhilHealth to streamline the reimbursement of the case rate system to lessen the patient's financial burden, PhilHealth continues to face implementation gaps. The adjustment of the "pay-whichever-is-lower" rule was designed to prevent unnecessary overpayments, but may still cause the registered members from receiving a reduced benefit with the aim to lower the burden of their financial expenses.

Outpatient Benefits

This package includes benefits like day surgeries where patients are safely sent home after the availed procedure (Benefits | PhilHealth, n.d.). A case rate system can also be applied to this benefit, where a fixed amount is shouldered by the PhilHealth which will be deducted to the total service bill of the member. Such procedures include radiotherapy that requires radiation treatments, hemodialysis which covers both inpatient and outpatient procedures, and outpatient blood transfusion that includes drugs & medicine, X-ray, and the operating room.

In 2020, PhilHealth launched the Konsulta Primary care package under the UHC act in order to develop a more comprehensive outpatient benefit package. Results from Pelayo et al. (2025) defined that the program has high quality of care delivery that is aligned to the healthcare protocol. However, complaints about the inadequate and delayed reimbursement, but agreed upon that the program had potential to long term sustainability. Respondents claimed that stronger data on health outcomes and strategies are needed to increase patient satisfaction and utilization of the program.

Overall, the benefits for such cases play a vital role in shaping the procedures needed for a more equitable and quality access, and the introduction of the Konsulta program gives a more developed goal progressive step toward strengthening outpatient care delivery. However, despite the potential of services, challenges were still present in limiting the program from delivering quality coverage for all. Despite that, with better enforcement and implementation, the program can enhance the overall effectiveness and satisfaction of PhilHealth's outpatient benefits.

Z Benefits

This benefit package focuses on a more severe and catastrophic type of illnesses and diseases. Such cases include Acute Lymphocytic / Lymphoblastic Leukemia, breast cancer, prostate cancer, cervical cancer, and other more that needs a higher amount of expenses when compared with inpatient and outpatient benefits (*Benefits | PhilHealth*, n.d.).

According to PhilHealth (n.d.), Z benefit is made to address medically and economically catastrophic illnesses, where it does not only cover hospital rooms and board but also laboratory tests, professional fees, and drug costs all throughout the treatment. Under this catastrophic centered benefit, illnesses are pre-authorized, and indigenous or sponsored members are fully

financed without balance billing while the remaining paying members may be required to pay a fixed rate co-payment.

SDG Benefits

SDG related benefits refers to the illnesses and diseases related to the issues that the sustainable development goals aim to accomplish like outpatient malaria package, outpatient HIV/AIDS package, animal bite treatment package, and the maternity package (*Benefits | PhilHealth*, n.d.).

Overall, a study conducted by Jyothilinga & Gautam (2024) on the factors influencing customer satisfaction towards health insurance found that healthcare and wellness and financial considerations contributed towards the satisfaction of customers on health insurance. Moreover, the study also identified that demographic variables such as occupation and income also significantly impacted the levels of satisfaction that customers had. The literature discussed the importance of considering the perception of their customers on their services to improve existing customer satisfaction.

Accessibility

Accessibility is a critical dimension that measures the effectiveness of PhilHealth in mandating their goals by being able to provide universal health coverage in the Philippines. However, according to the Philippine Institute for Development Studies (PIDS), there are still persistent disparities that limit PhilHealth from disseminating coverage across all provinces which then compromises the needed access. For instance, Flaminiano et al. (2023) studied an analysis where they found out that service coverage from 2018-2021 in some provinces had only

52% of the PhilHealth coverage which was far from the policy's 100%goal under the Universal Health Care Act.

Hence, despite the existence of health insurance coverage, many Filipinos still face financial risk as PhilHealth support value does not meet costs reimbursed by the insurer shared to the hospital is insufficient in some categories. Studies found out that on average, only 55% of the hospital costs are covered by PhilHealth which leaves a significant portion for out-of-pocket spending (Mirasol, 2022; PIDS, 2022). Vulnerable populations are mostly affected, especially the elderly and indigents. Thus, this financial vulnerability weakened the supposed accessibility of the Philhealth benefits for many members.

Same with physical accessibility, facility distribution remains to be an ongoing challenge. PIDS data from 2018-2021 show an imbalance distribution of accredited hospitals across provinces, most especially within the poorer and remote regions having fewer facilities (Flaminiano et al., 2023; PIDS, 2022). However, in PhilHealth's own annual reports, there is a gradual but steady increase in the number of accredited hospitals or facilities. By 2022, there were 10,897 facilities accredited, which then increased to 11,904 in 2023 (PhilHealth, 2022, 2023). Moreover, PhilHealth has also made significant steps to expand accessibility through the introduction of new benefits. Such are benefit packages for medicine, rehabilitation, and assistive mobility devices made to address the gaps for people with disability (PCHRD, 2025). This improvement does not only show how PhilHealth is not only committing to Philhealth coverage but is striving to reach even the underserved groups of the society.

Together, all the studies observed state that despite the step of PhilHealth to widen their coverage and population, accessibility is still limited by uneven membership coverage, inadequate reimbursement rates, and unequal facility distribution.

Adequacy

Adequacy refers to how sufficient the PhilHealth benefits are in covering actual healthcare that are incurred by the members. Despite the coverage under the Universal Health Care (UHC) law, many Filipinos still face substantial out-of-pocket expenses as support value of PhilHealth remains limited (PhilHealth, 2019). Furthermore, according to PhilHealth (2019), the average support given to hospital care is only around 65.89% which indicates that only two-thirds of the hospital bills are shouldered by PhilHealth, leaving the rest of the cost to the patients.

A more recent analysis then reveals that PhilHealth's financial protection has weakened. When out-of-pocket and unclaimed balance are factored in, the support value that must be given by PhilHealth will fall in a sharp manner, where it drops by 33.02% in 2020 and 40.88% in 2021 (PhilHealth, 2021). This only means that despite the reimbursements rates of PhilHealth looking too generous, the true financial protection that members receive is lower than what it looks like because many expenses are not fully covered or not reimbursed at all.

Moreover, the gap between what is claimed and what is covered has been criticized in policy research. According to PIDS (2023), PhilHealth's fixed All Case Rates (ACR) has not been revised despite the rising costs of hospital care. More than 99% of these case rates have not yet been updated since being introduced. This stagnation puts the pressure more on the patients,

most especially that patients are those carrying the remaining balance through balance billing (PIDS, 2023).

Finally, such adequacy issues are bigger problems to disadvantaged populations. A survey conducted by Acta Medica Pilippina (2024) revealed that households in remote and poor areas are most likely to pay higher out-of-pocket expenses. Despite utilizing the benefits less frequently, they are obliged for a higher payment when they do. This points to inequality, where equal benefits under PhilHealth do not translate into equitable financial protection or utilization. These insights are proof for the need to review and reform PhilHealth's benefits design and system to better align it with each member with different societal groups.

Quality

Quality of care is a very crucial determinant of satisfaction when it comes to Philhealth satisfaction. From the 2022 Client Awareness and Satisfaction Survey of PhilHealth, results show that many individual clients expressed a very high satisfaction to services, describing the transactions as "organized, systematic, fast, and easy". Other than that, the same survey also expressed how members are satisfied with the environment and facilities at Local Health Insurance Offices (LHIOs), as well as satisfaction towards how staff promptly provided information on requirements for accessing benefits. In line with this, PhilHealth has obtained ISO 9001:2015 certification reflecting its commitment to its service quality. This certification supports how the organization ensures reliable service delivery across its branches (PhilHealth, 2018).

Despite that, policy research continues to raise concerns about the improvements of the sustained quality of PhilHealth. Such is a study raised by Philippine Institute for Development

Studies (PIDS) that states how PhilHealth's All Case Rates system plays a crucial role in weakening its ability to drive quality among providers. Reasons considered are because its fixed reimbursements fail to account for case complexity or severity, incentivising low-quality practices towards its service (PIDS, 2021).

Furthermore, despite the largely positive feedback of clients regarding quality service, some voice concern over the adequacy of benefit deductions. 2019 Annual Report of Philhealth shows that delays in claims processing improved drastically. However, out-of-pocket deductions still frequently stem from medicines, medical supplies, and laboratory tests (PhilHealth, 2019). Although net satisfaction ratings are high, with 93.75% reported in the 2022 survey, these same respondents emphasized core quality dimensions of the service. (Sausa, 2023; PNA, 2023).

Moreover, a recent Client Satisfaction Measurement (CSM) revealed that in 2023, PhilHealth achieved an overall satisfaction score of 94.57% on service-quality dimension (SQD0) and a 94.18% across all eight dimensions. These ratings highlight a very satisfactory result (PhilHealth, 2023). While these emphasis points to a strong perceived quality of PhilHealth, such as payment modernization and resource allocation remains a critical challenge for PhilHealth going forward.

Socio-Demographic Predictors of Health Service Satisfaction

Exploring the relationship between the socioeconomic profile of employees and their perceived satisfaction with PhilHealth benefits is crucial in assessing the effectiveness of the country's national health insurance system. These socioeconomic profiles of employees significantly influence how they perceive the healthcare services, especially the benefits provided by PhilHealth.

Furthermore, a study by Xesfingi and Vozikis (2016) investigated the patient satisfaction with healthcare, focusing on the influence of socioeconomic and healthcare provision factors. Findings explained that higher public health expenditures, a greater number of physicians and nurses, and older age were positively relevant to the increase of patient satisfaction. However, higher private health spending and a greater number of hospital beds showed a negative relationship with satisfaction levels. These results suggest that socioeconomic factors, such as age and the nature of healthcare funding, significantly impact patients' perceptions of healthcare quality.

Looking at it from the Philippine perspective, it can be concluded that the employees' socioeconomic profiles, like age and most especially their income level, may influence their satisfaction with the services provided. For instance, older employees or those who benefit more from publicly funded healthcare services might report higher satisfaction levels with PhilHealth benefits. In contrast, patients who utilize a private healthcare service and perceive the public insurance system to be under-resourced are most likely to express lower satisfaction. Understanding these concepts is crucial for policymakers aiming to enhance the effectiveness and equity of national health insurance programs.

Synthesis of Literature to the Research Gaps

Upon research regarding the overall performance and benefits of PhilHealth, the researcher came across gaps that may have limited the information aimed at determining the satisfaction of employees with the PhilHealth benefits.

Limited studies have explored the extent of individuals availing themselves of the service with connection to their basic understanding of such policy. Literature even concluded that many

Filipinos are aware of PhilHealth's role in the healthcare system and their financing contribution. However, general studies of PhilHealth have already been limited as is, which lowers the capacity of the study covering the specific aspects of the service, leaving a critical gap in evaluating the actual performance of PhilHealth, most especially to employed individuals. Some Studies feature the general idea of PhilHealth, but little of such literature covers employee satisfaction in institutional settings.

More notably, studies about the inpatient and outpatient benefits have already been relatively limited, which makes literature about Z and SDG-related benefits an even scarcer resource. This evidence of a lack of readily available resources is not only concluded as a research gap but also a governmental issue of inefficient information dissemination. This may suggest a lack of relevant agencies and officials that promoted these benefits to the public.

Given this context, this current study aims to fill in the gaps mentioned above in order to give more insightful information towards the performance and effectiveness of PhilHealth. Given the less studied aspect of this paper, the researcher aims to contribute to the literature by providing specific-based benefit performances and their evaluation with regard to accessibility, quality, and adequacy. This will not only contribute to benefit-specific satisfaction but will also feature the use of the SERVQUAL model to assess service quality dimensions. The findings of this study are expected to inform not only institutional stakeholders but also policymakers in enhancing both the delivery and communication of PhilHealth services.

Chapter 3

Theoretical Framework

This chapter emphasizes the connected theories, concepts, assumptions, and assumptions related to the topic, building connection from all terms and ideas mentioned from the previous chapters discussing the satisfaction of SBU Manila employees to the Philippine health services.

Conceptual Framework

This researcher will feature three foundational theories which are the SERVQUAL model, Theory of Reasoned Truth, and the Welfare Economics Theory. These three theories will help in providing a comprehensive understanding of how the PhilHealth benefits provided and the employees' socio-economic profile may influence their perceived satisfaction.

SERVQUAL Model

SERVQUAL Model is a tool used to measure the quality of a service with its five core dimensions: tangibles, reliability, responsiveness, assurance, and empathy. This model allows the researcher to assess how PhilHealth is able to provide a clarity of benefit information, consistency of service delivery , responsiveness of PhilHealth representatives, trustworthiness and competence of the system, and perceived care or concern from the institution.

However, to better align it to the system of PhilHealth, the researcher divided the criteria into three constructs: accessibility, adequacy, and quality. Through these adapted measurements, this study will be able to better reflect the operational design of PhilHealth and its system. This form of adaptation is common in public sector service evaluations, where the said indicators are

reorganized to align with the nature of government systems. In this study, accessibility will pertain to the measurement of how easily employees can obtain PhilHealth services, including the availability of accredited facilities and clarity of procedures. Adequacy is a measurement where it reflects the employees' perceptions of whether PhilHealth benefits provide sufficient financial and service coverage for their needs and quality which encompasses aspects traditionally captured by the SERVQUAL model.

The use of this framework allows the researcher to evaluate the perceived satisfaction rather than the actual experience. Since many employees may not have availed all PhilHealth benefits, their satisfaction must be measured based on their perceptions of service accessibility, coverage adequacy, and service quality. This directly supports the study's objective of assessing satisfaction.

Theory of Reasoned Truth

This theory, on the other hand, explains that individuals base their attitudes and behavioral intentions depending on their beliefs, and in this context, the information they receive despite the absence of an actual and direct image. This theory will help in explaining how the employees can form their perception of satisfaction towards the PhilHealth benefits without having them personally availing them. Their satisfaction can stem from their assumptions about the system's trustworthiness, and most especially, the clarity of information that is provided to them. The theory supports the idea that perceptions are not always built on usage but can be shaped by attitudes, social norms, and beliefs about a service system. Thus, this theory will be able to help the researcher interpret satisfaction ratings as valid reflections of perceived value and trust in PhilHealth.

Welfare Economics Theory

This theory stands as a ground for this study, emphasizing the role of public institutions in promoting an equitable and maximized social welfare. In this context, welfare economics ensures that state-sponsored programs like PhilHealth, offer an equitable access to quality benefits and protection against financial risk towards both sectors: the formal and informal sectors. It is often expected that public systems prioritize the informal or marginalized population however it was mentioned that even the formal sector may still encounter dissatisfaction due to inefficiencies and unfair contribution of benefits. This theory justifies the intent of the researcher to investigate whether the formal employees, specifically those within the bounds of SBU-Manila are able to achieve satisfaction. If dissatisfaction is evident, it may indicate a gap in PhilHealth's ability to fulfill its intended welfare function, resulting in a need for policy improvements.

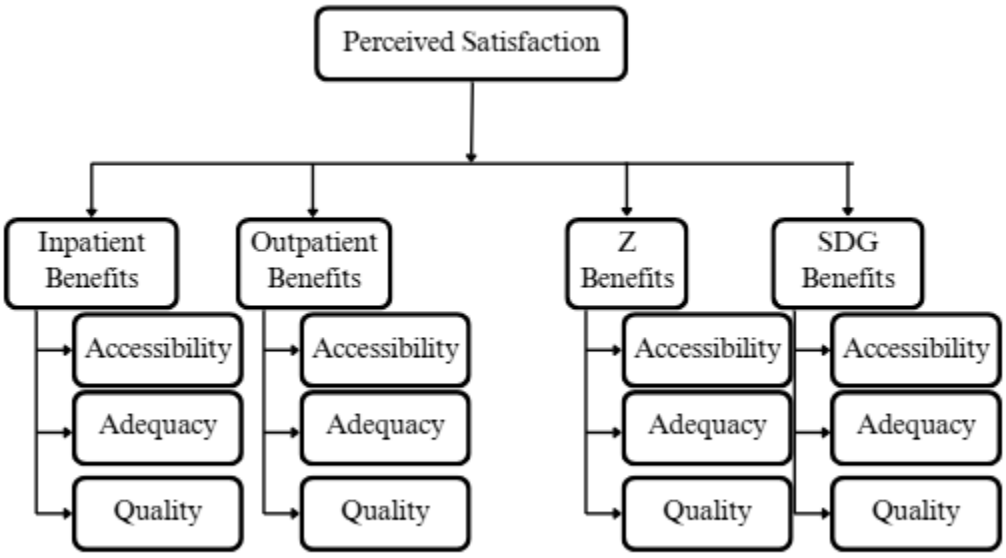


Figure 3: Conceptual Framework

This framework illustrates the whole concept of the study, where it visualizes perceived satisfaction as a multidimensional construct rather than a single metric. This framework establishes a hierarchical assessment where the overall satisfaction of employees towards PhilHealth is evaluated using the four key benefits it offers.

This framework features the perceived satisfaction as its dependent variable, where it represents the selected employees' overall impression of the effectiveness and efficiency of PhilHealth services. To ensure a comprehensive result, the researcher constructed the overall program into its three core benefits. Inpatient benefit refers to the hospitalization of patients whereas the Outpatient benefit is the day to day consultations or surgeries of patients and does not stay the night. Moreover, Z benefit refers to the catastrophic illnesses that need the most financial support, and the SDG-related benefits that encompass packages aligned with sustainable development goals such as maternity and malaria care.

Furthermore, each benefit is evaluated through three critical dimensions which are accessibility, adequacy, and quality. Accessibility measures how easily the employees can utilize the services, including the availability of accredited facilities and the simplicity of processes. Adequacy assesses the financial protection aspect, specifically the extent to which the benefits cover medical costs and reduce out-of-pocket expenses. Finally, quality evaluates the perceived excellence of service delivery, including the competence of staff and the timeliness of reimbursements.

Overall, measuring how accessible, adequate, and quality driven each specific benefit package is perceived to be, the study aims to isolate the specific factors that drive satisfaction or dissatisfaction among the workforce.

Operational Framework

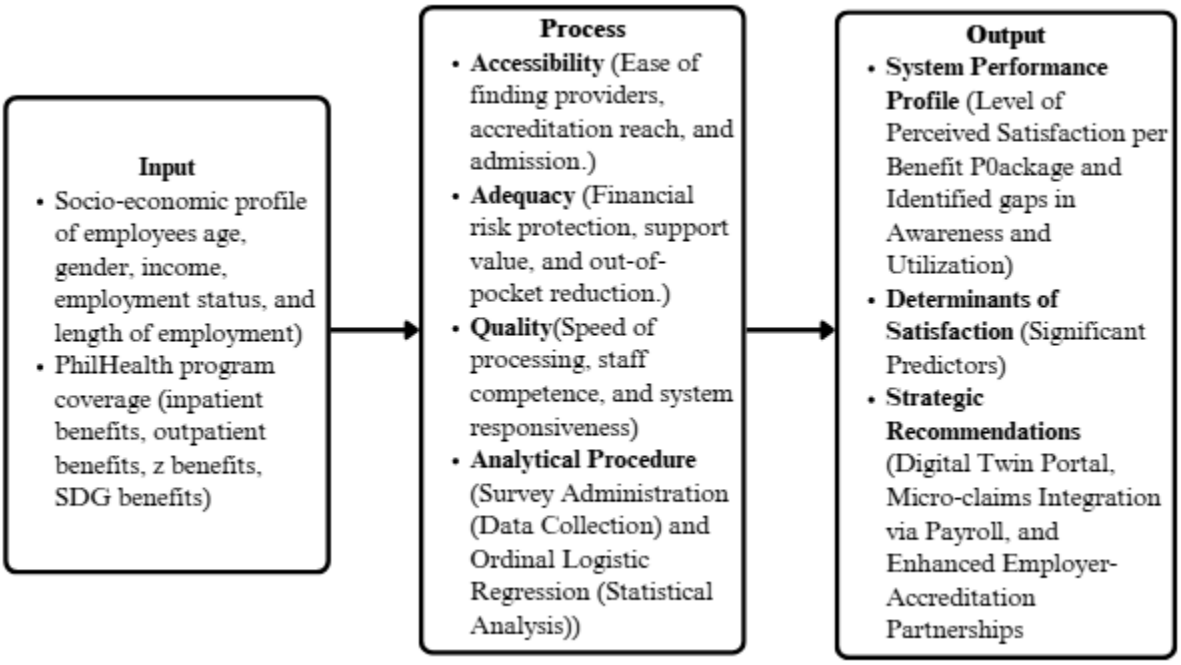


Figure 4: Operational Framework

The IPO model is utilized in showing the operational framework of this study. Unlike a standard research flow, this framework reflects the PhilHealth Service Delivery Cycle which evaluates how benefits are mandated, delivered, and perceived by the formal sector workforce.

The input phase mirrors the two critical components of the health insurance system; the beneficiaries and mandate. This part of the framework includes socio-economic profile of SBU-Manila employees (the service users) and the specific benefit packages (Inpatient, Outpatient, Z, and SDG benefits) that PhilHealth is legally mandated to provide for its members under the Universal Healthcare Act.

The process phase, on the other hand, represents the evaluation for PhilHealth's service delivery. Instead of viewing this part of the framework as merely a process of data collection,

this phase assesses the member's journey through three operational dimensions which are the accessibility, adequacy, and quality. This evaluation is executed through a distribution of survey questionnaires, and will be analyzed using the Ordinal Logistic Regression to determine specific predictors of satisfaction.

Finally, the output phase translates these findings into an assessment of system performance. This shows not only the satisfaction levels of the employees but also identifies critical gaps in financial protection and service coverage. Overall, this phase features the strategic recommendation that will help in improving the service provided by PhilHealth.

Assumptions

Assumptions about the satisfaction of SBU Manila employees towards the Philippine healthcare services are provided as follows:

1. Employees' socio-economic characteristics of age, gender, monthly income, employment status, and the length of employment have an impact on their perception of satisfaction with PhilHealth services.
2. Employees' perceptions have varying degrees of satisfaction on all benefits provided by PhilHealth in terms of accessibility, adequacy, and quality.
3. Primary factors contributing to the satisfaction or dissatisfaction of SBU–Manila employees with PhilHealth services include the accessibility of services, adequacy of coverage, and quality of healthcare delivery.
4. There exists a relationship between socio-economic profile and the perceived satisfaction of employees towards the PhilHealth benefits.

Hypotheses

Provided in this section are lists of null hypotheses which are meant to be rejected or not be rejected. The researcher aims to reject these hypotheses for the purpose of solidifying the assumptions mentioned previously. Hypotheses are as follows:

H_1: There is no significant relationship between the age, gender, income, employment status, and the length of employment of employees and their perceived satisfaction with PhilHealth services.

H_2: There is no significant difference in the level of satisfaction across the four types of PhilHealth benefits through accessibility, adequacy, and quality.

H_3: There is no significant factor that contributes to the satisfaction or dissatisfaction of SBU–Manila employees with PhilHealth services.

H_4: There is no significant relationship between the socio-economic profile and overall satisfaction with PhilHealth services.

Definition of Terms

1. Perceived Satisfaction. The initial impression of a patient towards the quality and effectiveness of Philhealth benefits, in accordance with its accessibility, adequacy, and quality.
2. PhilHealth Benefits. A set of healthcare coverage provided by PhilHealth which are inpatient, outpatient, Z, and SDG related benefits.

3. Inpatient Benefits. Refers to the healthcare services where patients are in need for hospitalization within the bounds of health facilities. These are reimbursed based on case rates that aim to simplify processing and reduce out-of-pocket expenses.
4. Outpatient Benefits. Refers to a day surgery or therapy which does not need hospital confinement, often covered under the Konsulta Program or case rate mechanisms.
5. Z Benefits. These are specialized benefits intended for catastrophic illnesses, which require extensive and high-cost treatment.
6. SDG Benefits. These are benefits offered by PhilHealth which are in line with the proposed goals of the Sustainable Development Goals.
7. SERVQUAL Model. A service quality assessment framework that evaluates customer satisfaction through five dimensions: tangibles, assurance, responsiveness, reliability, and empathy.
8. Accessibility. Refers to the ease of access of employees, including the availability of facilities, documentation, and overall process convenience.
9. Adequacy. Refers to the extent which the benefits are able to cover the medical needs of employees in terms of services offered and cost coverage..
10. Quality. Refers to the perceived excellence of PhilHealth's service delivery.
11. Health Literacy. Refers to the capacity of employees to understand and use health information in making sound decisions. This affects their ability to access services and benefit from health programs like PhilHealth.
12. Access Barriers. These are any financial, physical, and psychological factors that affect the employees from accessing quality healthcare services.

13. Absenteeism. A phenomenon where an employee does not report to work due to illnesses and diseases.
14. Presenteeism. A phenomenon where an employee continues to report to work despite illness or health-related discomfort.
15. Case Rate System. A payment method used by PhilHealth where a fixed amount is distributed in a matrix form that PhilHealth covers.

Chapter 4

Methodology

This section describes the procedures and materials utilized by the researcher in order to successfully and accurately conduct this study. This section also features the required statistical methods to be used that will stand as crucial tools in proving the assumptions that will help in supporting the statement of the problem.

Research Design and Strategy

This study will feature a mix of research designs incorporating descriptive, correlational, and exploratory approaches to examine the perceived satisfaction of selected employees of San Beda University-Manila with PhilHealth services. The descriptive design is utilized to present the socio-economic profile of the respondents and be able to summarize their satisfaction levels across various PhilHealth benefit packages. Furthermore, the correlational design is used to determine the statistical relationships between the socio-demographic profiles and their level of satisfaction with the services received.

Additionally, the researcher will adopt an exploratory design as it will help uncover the satisfaction of employees specifically with the focus of its four categorical benefits. This study of perceived satisfaction has limited background especially as this paper is more focused on the patient satisfaction towards the benefits individually. This will provide a richer background, with a specific aim to measure satisfaction.

Research Participants/Respondents

The target respondents of this study will only consist of teaching and non-teaching staff of San Beda University-Manila within the Department of College of Arts and Sciences. Moreover, to ensure that the participants have adequate exposure to the services, processes, and benefits; this study requires at least six months of continuous employment. Thus, part-timers, contractuals, and individual employees are excluded from the target respondents. This inclusion criterion ensures that most employees are sufficiently informed and capable of providing reliable perceptions regarding the accessibility, adequacy, and quality of the PhilHealth benefits.

Sampling Design

This study will utilize a non probability purposive sampling technique, as the researcher will deliberately select only the full-time workers of teaching and non-teaching staff of the San Beda University-Manila campus. This method will stand appropriate as this study aims to formally capture the perception of formally employed employees, regardless of their experience or level of awareness to the said four benefits. By focusing solely on the department of College of Arts and Sciences, the sampling approach will be able to ensure that the date which will be gathered will be able to reflect the experiences of the defined institutional groups,

Measurement and Instrumentation

The primary data collection instrument for this study will consist of a structured survey questionnaire designed to capture the perception of teaching and non-teaching staff regarding their satisfaction towards all the four PhilHealth benefits. The questionnaire will consist of four parts determining their socio-demographic profiles, their level of awareness, their perceived satisfaction, and their level of trust towards the services.

For the satisfaction components of the questionnaire, each of the four benefits will be divided into three dimensions which are accessibility, adequacy, and quality. Each dimension will contain an equal division of items within each benefit, specifically constructed to evaluate how employees perceive the availability of services, sufficiency of coverage, and the overall quality of PhilHealth's support.

A 4-point Likert scale will be utilized in measuring responses, where 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, and 4 = Strongly Agree. This scale is intentionally chosen to eliminate a neutral midpoint and to encourage respondents to indicate a clear position in each item.

A pre-testing method will be used involving a small number of respondents to ensure clarity, coherence, and reliability of the instrument. Feedbacks from the respondents will be used in refining the instrument for better understanding in the actual process of data collection. This ensures that the final instrument is appropriate for gathering reliable and meaningful data aligned with the study's objectives.

Research Procedures of Data Collection

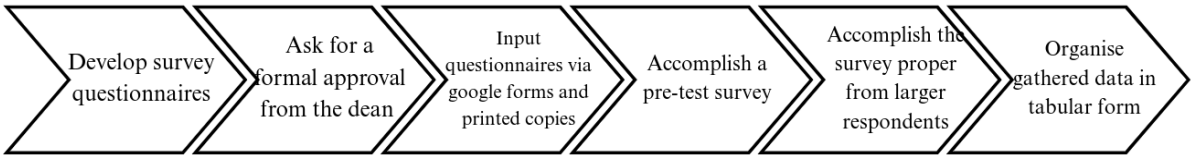


Figure 5: Data Collection Procedure

The flow of the data collection will start from developing questionnaires that will be utilized to gather information from the respondents. The researcher will then ask for a formal

approval from the dean of the College of Arts and Sciences for a more ethical approach. Upon approval, a digital version of the survey will be created via Google Forms, as well as printed copies for a broader scope of respondents. After organizing the materials that will be used for the data collection, the researcher will then choose limited respondents as a pre-test to determine the reliability of the questionnaire. An informed consent statement will be included in both formats to ensure voluntary participation. Once the material has been secured, surveys will be distributed through email and in-person visits, depending on respondent preference. Finally, when all data has been gathered, the researcher will organize the results from the survey questionnaire in a tabular form using an excel form for a more transparent and clearer presentation of data.

Research Ethics Approaches

The researcher will inform the dean of the College of Arts and Sciences in SBU-Manila, Mr. Bryan Bustamante that such a study will be conducted, asking their approval to take the selected faculty and staff to take part in this thesis. The said approval sheet is seen at the Appendix I of the paper.

After the approval, selected faculty and staff will receive an email indicating the permission of the dean to conduct such a survey. Refer to the Appendix II for the email of consent to the respondents. The researcher will provide a google sheet or paper based survey, and indicate in the part of the survey the question whether the respondents are willing to take part or not; which can be seen by Appendix III.

All respondents will be taken anonymously, where all information answered will be held with deep confidentiality. The researcher will make sure that all the details will not be disclosed, and will be used with ethical manners only for the sake of the thesis presented.

Data Analysis

The collected data from the survey questionnaire will be processed using R. Descriptive statistics, such as frequency distributions, means, and standard deviation, will be utilized to summarize the socio-economic profile and general satisfaction trends of the selected employees in San Beda University-Manila. Furthermore, the researcher will use inferential analysis, using the ordinal logistic regression model, to determine and analyze the dependent variable.

When predicting ordinal outcomes, linear regression is generally not a suitable approach. This is because linear regression assumes that the dependent variable is measured on an interval scale, which isn't the case with ordinal variables. As a result, the model's assumptions are violated, and it may not capture the true relationships in the data. One key issue is that linear regression is highly sensitive to defining ordinal categories. The strength of ordinal data lies in the order of the categories. Therefore, combining two neighboring categories should ideally have a small impact on the model. However, with linear regression, such a change can lead to significantly different model results, indicating a mismatch between the method and the nature of the data. Given these benefits, the paper will use ordinal regression analysis.

In this study, the satisfaction of employees towards the benefits offered by PhilHealth can be measured using a Likert scale.

Econometric Model: Ordinal Regression

General Ordinal Logistic Regression Model

$$ln\left(\frac{P(Y \leq j)}{P(Y > j)}\right) = \alpha_j - (\beta_1 X_1 + \beta_2 X_2 + \ldots + \beta_k X_k)$$

Model 2 (Outpatient Benefit)

$$ln\left(\frac{P(Y \leq j)}{P(Y > j)}\right) = \alpha_j - (\beta_{Comp} X_{Adq/Qly})$$

Model 4 (SDG Benefit)

$$.ln\left(\frac{P(Y \leq j)}{P(Y > j)}\right) = \alpha_j - (\beta_{Comp} X_{Acs/Qly})$$

Where:

- $ln\left(\frac{P(Y \leq j)}{P(Y > j)}\right)$ = cumulative log-odds of being in category *j* or below.
- α_j = the j-th intercept.
- X_k = the k-th predictor (Accessibility, Adequacy, Quality, Composite).
- β_k = the regression coefficient from your model output.
- X_{Comp} = the averaged, scaled combined score of two correlated dimensions.

The Ordinal Regression Model allows the researcher to determine how the independent variables of socio-economic profile of employees and Philealth's offered benefits influence the dependent variable of perceived satisfaction. This model is capable of estimating the likelihood that a respondent falls at or below a certain point of satisfaction based on their socio-economic profile and the benefits offered by PhilHealth. The results will be used to test the null hypotheses formulated in Chapter 3 and determine which demographic factors and specific benefits from PhilHealth significantly influence their perceived satisfaction.

The general proportional odds ordinal logistic regression model was applied to examine how Accessibility, Adequacy, and Quality predict satisfaction across PhilHealth benefits. This

model was appropriate to be used in this study as satisfaction was measured on an ordinal scale and the predictors were continuous composite scores.

The model for Inpatient and Z benefits was retained in this study. Their VIF values showed acceptable results of multicollinearity, where it allows the regression to distinguish their individual contributions. Specifically, predictors that reflected significant results are Inpatient Accessibility and Z-benefit Quality. In contrast, Outpatient and SDG-related benefits reflected a severe score of multicollinearity, with VIF values reaching 10–22. This indicated that their predictors were excessively correlated and captured overlapping aspects of the benefit experience. Thus, the regression could not detect meaningful individual effects.

To address such issues, the highly correlated dimensions were merged into composite scores. Adequacy and quality dimensions were combined in Outpatient benefit whereas accessibility and quality are combined in the SDG-related benefit. Using these composite predictors resolved multicollinearity and produced statistically robust models, with both composite variables significantly predicting satisfaction.

Chapter 5

Results and Discussion

This chapter holds the results of the survey and interprets the findings based on the relevant literature, theories, and objectives emphasized from the previous chapters. This section proceeds to emphasize the results from the respondent's socio-eco-demographic profiles and to the summary of statistics for awareness, utilization, and satisfaction across all four PhilHealth benefits: Inpatient Benefits, Outpatient Benefits, Z Benefits, and SDG-related Benefits. Furthermore, this paper features the overall satisfaction of employees as well as their level of trust/response in cases of complaints. The internal consistency of the instrument sections is reported to be 9.80, which shows appropriate reliability and credibility.

Upon exploring the selected San Beda University-Manila employees' perceived satisfaction with the PhilHealth benefits and their varying representation of employment lengths, income levels, and usage experiences show a consistent and obvious pattern. The data show persistent results of limited awareness, moderate satisfaction, and cautious trust towards PhilHealth. Most respondents are unfamiliar with such benefits that PhilHealth offers; however, results express their willingness to remain enrolled and continue their membership.

Despite the low awareness that the respondents' have described, satisfaction across all four benefit categories exhibit around the moderately satisfied range of the scale. Satisfaction for inpatient and outpatient benefits relatively shows a higher range compared to Z and SDG-related benefits which respondents were least familiar with. This emphasizes that their satisfaction may be driven from more basic expectations and limited experiences rather than an informed evaluation.

Moreover, trust indicators show how respondents still believe that PhilHealth still has room for improvement, which is why they are willing to stay as insurers, though complaints and uncertainty were also evident. This may show that they treat Philhealth solely as a reliance and support system rather than having full understanding for the utilization of Philhealth as a service insurance provider. Hence, recognizing the results portray a workforce that acknowledges the existence of PhilHealth but are not fully engaged due to limited premises towards the service. The outcomes shown may help in recognizing the need of employees for benefit literacy and institutional support.

Data Diagnostics

To establish the internal consistency of the survey utilized by the researcher, Cronbach's alpha coefficients were computed across all criteria used for each of the four PhilHealth benefit packages.

Table 1: Reliability Analysis of Survey Constructs (Cronbach's Alpha)

Scale	Cronbach's Alpha
Inpatient Accessibility	0.821
Inpatient Adequacy	0.918
Inpatient Quality	0.887
Outpatient Accessibility	0.953
Outpatient Adequacy	0.908
Outpatient Quality	0.923
Z Accessibility	0.982
Z Adequacy	0.917
Z Quality	0.951
SDG Accessibility	0.989

SDG Adequacy	0.974
SDG Quality	0.961

The results reveal that the survey's structure showed strong consistency, as most scales exceeded the conventional .70 values, with many exceeding .90. Across the SDG Benefit package, the three dimensions demonstrated extremely high reliability. These coefficients suggest that beneficiaries perceived the SDG benefits' dimensions as strongly interconnected. The Z Benefit package similarly showcases a robust reliability structure due to its dimensions' high coefficients. The Outpatient dimensions also recorded high alpha coefficients, with all three exceeding .90, which indicates good structure and coherence. The Inpatient scales had slightly lower coefficients compared to the other benefits, yet their values still fall within good ranges, with the Accessibility dimension being the lowest among the three constructs.

Prior to finalizing the Ordinal Logistic Regression (OLR) models, a multicollinearity test was conducted using the Variance Inflation Factor (VIF). The researcher adopted a rule of thumb on VIF values to ascertain multicollinearity as follows: VIF < 5 is acceptable, VIF of 5-10 will be assessed as moderately concerning, while VIF values above 10 should be treated as seriously concerning. The VIF results dictated the strategy that the researcher used in the regression.

Table 2: Variance Inflation Factors (VIF) for All Ordinal Logistic Regression Models

Model	Predictor	VIF
Inpatient Model	In_Asc_Sum	3.67
	IN_Adq_Sum	3.54
	In_Qly_Sum	3.41
Outpatient Model	Out_Acs_Sum	22.56
	Out_Adq_Sum	9.96

	Out_Qly_Sum	20.45
Z Model	Z_Acs_Sum	6.94
	Z_Adq_Sum	4.52
	Z_Qly_Sum	6.48
SDG Model	SDG_Acs_Sum	13.15
	SDG_Adq_Sum	13.24
	SDG_Qly_Sum	9.86

The VIF values for Inpatient services (Acs = 3.67; Adq = 3.54; Qly = 3.41) fall below the accepted threshold for multicollinearity. The case was different for the Outpatient model as it presented extremely inflated VIFs with Acs, Qly, and Adq having VIF coefficients of 22.56, 20.45, and 9.96, respectively. This suggests the presence of severe multicollinearity between the variables, which also prompts a necessary shift to employing a composite index as the respondents may not have mentally distinguished each variable from each other when assessing their satisfaction for outpatient services.

The Z benefit model showed borderline multicollinearity, with Accessibility and Quality having 6.94 and 6.48 coefficients, respectively. This suggests that there are some overlapping interpretations in how respondents interpret the delivery of Z benefits. Regardless, the inflation was not severe enough to justify altering the model, hence, the original specification will still be utilized. The SDG benefit model (Acs = 13.15; Adq = 13.24; Qly = 9.86) suggests that the independent variables overlap with each other. This justifies the construction of a second composite index to be used in the ordinal logistic regression.

Socio-eco-demographic Profile

This study involves a sample size of 35 employees among the full time workers within the San Beda University-Manila. Hence, this part of the chapter shows the descriptive statistics of the selected San Beda University-Manila employees' socio-demographic and socio-economic profiles which shows a wide portrait of middle aged, established, and middle income ranging workers.

Table 3: Socio-demographic profile

Socio-demographic Profile	Total Frequency (n=35)	% of Total (100%)
Age		
40-49	14	40%
30-39	9	25.71%
50-59	8	22.86%
20-29	3	8.57%
60 and above	1	2.86%
Gender		
F	18	51.43%
M	17	48.57%
PhilHealth Usage for 2 Years		
No	20	57.14%
Yes	15	42.86%

Table 1 shows the socio-demographic analysis of 35 full time selected employees within the College of Arts and Sciences Department. Results show the majority of middle and older working brackets of employees, with 40% of the total percentage belonging to the 40-49 age bracket. The next significant brackets include the ages 50-59 and 30-39 which indicates the representation that the study was able to survey tenured and experienced employees all

combined. Furthermore, despite showing a balanced gender distribution, a slight majority of female respondents with 51.43% took over compared to male respondents consisting of 48.57%. However, among all respondents, only 15 employees are able to avail any of the four PhilHealth Benefits. Among all 15 employees, the Inpatient benefit was majorly chosen with a result of 7 plus two more along other benefits as shown in table 2.

Table 4: If yes: What benefits have been availed?

Benefit/s Availed	Total Frequency (n=15)	% of Total (100%)
Inpatient Benefits (IB)	7	46.67%
Outpatient Benefits (OB)	3	20%
SDG-related Benefits (SDG)	2	13.33%
IB and OB	2	13.33%
IB, OB, and SDG	1	6.67%

Table 5: Socio-economic Profile

Socio-economic Profile	Total Frequency (n=35)	% of Total (100%)
Monthly Income		
30,000-49,999	13	37.14%
20,000-29,999	10	28.57%
50,000 and above	9	25.71%
10,000-19,999	3	8.57%
Employment Status		
Non-teaching	20	57.14%
Teaching	15	42.86%
Length of Employment		
21 years and above	7	20%
16-20 years	7	20%

6-10 years	7	20%
11-15 years	6	17.14%
1-5 years	4	11.43%
6-11 months	3	8.57%
Less than 6 months	1	2.86%

Moving on, table 3 shows the socio-economic profile of the 35 chosen respondents within the College of Arts and Sciences. In terms of their monthly income, workers with an earning between P30,000 to P40,000 reflected the largest group of respondents. This was followed by those earning P30,000 to P49,999 and P20,000 to 29,999 with 37.14% and 28.57% consecutively. On the other hand, a smaller portion belongs to the brackets of P50,000 and above while only 8.57% earn P10,000 to P19,999. These results may indicate that most respondents cover the middle-income brackets, suggesting a relatively stable financial capacity within the CAS workforce. Furthermore, employment status shows 20 respondents being non-teaching staff and 15 respondents being able to cover the teaching staff.This distribution may show a slightly higher proportion of the non teaching staff possibly due to their greater availability than the teaching workers within the department. Finally, in terms of their length of employment, a balanced distribution is reflected in the results. Respondents with 6-10 years, 16-20 years, and 21 years and above all show 20% of the total sample. This states that a considerable portion of employees have long service within the institution as the remaining percentage captured the brackets of 11-15 years (17.14%), 1-5 years (11.43%), 6-11 months (8.57%), and less than six months (2.86%). This status reflects that most employees are experienced, and are likely to possess familiarity towards benefit systems like Philhealth.

Overall, the socio-economic profile of the respondents majorly reflect a mid-income, long-term staff members and belongs to the non-teaching indicator. In conclusion, these

respondents suggest an observation that is both economically and institutionally stable, which may affect the factors that indicate their influence and perception to the PhilHealth benefits..

Awareness to PhilHealth Benefits

Understanding employee awareness towards PhilHealth benefits is essential in assessing the perceived satisfaction of the selected employees. Benefit awareness determines the comprehension of employees towards the services, claim procedures, and coverage details of PhilHealth. A higher level of awareness can be observed for better utilization and appreciation, whereas limited awareness may lead to misconceptions of information and details that cover the program. In this case, table 4 represents the means and standard deviation scores for employees' awareness of PhilHealth benefits among selected respondents from the College of Arts and Sciences.

Table 6: Awareness Average

Item Code	Statement	Mean	Standard Deviation
A1	I am familiar with the list of services covered by PhilHealth.	2.80	0.72
A2	I understand the reimbursement/claim procedures of PhilHealth.	2.80	0.76
A3	I know the copayment or out of pocket rules when using PhilHealth.	2.46	0.74
A4	I usually contact PhilHealth or HR when I have questions about the benefits.	3.03	0.75

This table presents the respondent's level of knowledge regarding the PhilHealth coverage, procedures, and their willingness to seek information. The mean score suggests a

moderate awareness, but still having notable gaps in understanding the financial aspects of the PhilHealth benefits. Statement “I am familiar with the list of services covered by PhilHealth” (M = 2.80, SD = 0.72) indicates that the respondents are somewhat familiar with the coverage but are not quite confident or well-informed. This suggests that their knowledge is not enough for a comprehensive awareness towards all benefit packages. Similarly, “I understand the reimbursement/claim procedures of PhilHealth” (M = 2.80, SD = 0.76) reflects a moderate understanding with the basic processes of PhilHealth, which likely leads to a struggle for details and requirements. A consistent result reveals that PhilHealth\s claim procedure can be complex and unclear.

The lowest score falls under the statement “I know the copayment or out of pocket rules when using PhilHealth” (M = 2.46, SD = 0.74), indicating slight disagreement and unsureness about their understanding of copayment or out=of-pocket methods. Such lack of clarity towards the payment method makes a significant indicator as it directly affects their financial expectations when availing such benefits. This suggests the need for clearer communication from PhilHealth regarding how much members should expect to pay beyond coverage. In contrast, the statement “I usually contact PhilHealth or HR when I have questions about the benefits” (M = 3.03, SD = 0.75) reached the highest score, meaning that respondents generally reach out to PhilHealth or their HR department when they have questions. This may indicate that members actively seek clarifications, and may be due to members relying on external sources rather than their personal familiarity with the said service.

Overall, respondents demonstrate a moderate awareness of PhilHealth coverage, but clear knowledge still remains to be a gap, particularly on the method of payment. Their inclination to

seek help from HR or PhilHealth suggests that information dissemination is lacking, which may contribute to confusion and inconsistent understanding among employees.

Satisfaction to PhilHealth Benefits

Employee satisfaction towards PhilHealth benefits are helpful in determining how well the program fulfills their goal of providing accessible, adequate and quality service. Measuring such satisfaction allows the respondents to deeply indicate their understanding and perception of the effectiveness of the program, addressing their healthcare needs and financial protection. It helps in determining the gaps between the benefit design and the employees' experience and perception that are crucial in policy making for improvement and development of the program.

This study is examined across three categories: accessibility, adequacy, and quality, each being a vital criteria for the employees' perception towards PhilHealth. Accessibility pertains to the ease of reach of accredited hospitals and procedures, while adequacy is the criteria whether the reduction of out-of-pocket costs sufficiently justifies their protection. Finally, quality assesses the capability of the program to offer timeliness, clarity, and fairness among all members. Together, all these criteria will help in providing a deeper view of how employees experience and evaluate their perception of PhilHealth Benefits.

The following tables represent the descriptive statistics and interpretation towards each dimension of satisfaction, covering all four benefits of PhilHealth performances. Other than that, this can also measure the need for improvement, to better allocate the protection needed by all members of the program.

Table 7: Satisfaction on Inpatient Benefit

Item Code	Statement	Mean	Standard Deviation
B1	Ease of finding a PhilHealth-accredited hospital when needed.	3.00	0.64
B2	Simplicity of documentation/process to claim inpatient benefits.	2.83	0.75
B3	Speed of claim/authorization for inpatient benefits.	2.66	0.76
B4	The extent to which PhilHealth inpatient coverage reduces my out-of-pocket cost.	2.66	0.80
B5	The inpatient benefit adequately covers necessary medicines/procedures.	2.77	0.77
B6	The inpatient benefit adequately covers necessary medicines/procedures.	2.71	0.79
B7	Competence and helpfulness of staff handling inpatient claims.	2.77	0.73
B8	Clarity of information provided about inpatient entitlements and limits.	2.83	0.66
B9	Timeliness and fairness of actual reimbursement or hospital billing adjustments.	2.60	0.81

Table 5 presents the level of satisfaction of selected employees toward the PhilHealth benefits, featuring all three categories of accessibility, adequacy, and quality. Overall data reveals a moderate to low level of satisfaction, which may indicate that despite their positive perception towards the offered benefits, gaps remain to stay present in terms of efficiency and coverage. The highest mean score (M = 3.00, SD = 0.64) above all nine items falls under the question of *"Ease of finding a PhilHealth-accredited hospital when needed."* This suggests that

respondents are highly able to reasonably access accredited hospitals, reflecting a fair level of accessibility within the program. Other than that, questions *"Simplicity of documentation/process to claim inpatient benefits"* (M = 2.83, SD = 0.75) and *"Clarity of information provided about inpatient entitlements and limits"* (M = 2.83, SD = 0.66) both indicate moderate satisfaction which can be observed that respondents find the process somewhat understandable, though some remains unclear that causes difficulties during claims.

On the other hand, the lowest mean score (M = 2.60, SD = 0.81) is observed for *"Timeliness and fairness of actual reimbursement or hospital billing adjustments,"* stating the dissatisfaction with how long the reimbursements and processes take. Same goes with *"Speed of claim/authorization for inpatient benefits"* (M = 2.66, SD = 0.76) and *"Extent to which PhilHealth inpatient coverage reduces my out-of-pocket cost"* (M = 2.66, SD = 0.80), suggesting a perception of insufficiency when it comes to PhilHealth's response time and financial assistance. Furthermore, items of *"The inpatient benefit adequately covers necessary medicines/procedures"* (M = 2.77, SD = 0.77) and *"Competence and helpfulness of staff handling inpatient claims"* (M = 2.77, SD = 0.73) also fall below the neutral threshold of mild dissatisfaction, where it can be reflected how employees are still hopeful for improvement when it comes to both financial coverage and in staff assistance during claim processes.

In conclusion, results reflect a moderate level of satisfaction, more leaning towards dissatisfaction. While access to accredited hospitals visibly reflect a manageable result. Time, process, and financial relief remain to be a major source of concern. Observations of results can imply that despite being operationally accessible, the Inpatient benefits lack the full responsiveness and financial protection as perceived by the respondents.

Table 8: Ordinal Logistic Regression for Inpatient Satisfaction

Predictor	Estimate (β)	Std. Error	t-value	p-value
Inpatient Accessibility	2.148	0.866	2.482	0.013
Inpatient Adequacy	0.477	0.768	0.622	0.534
Inpatient Quality	-0.263	0.713	-0.369	0.712
Model Fit	AIC = 56.81	Residual Deviance = 44.81		

The logistic regression for Inpatient benefit revealed that only the accessibility reached a significant result with regards to respondents satisfaction. Interpreted in terms of log-odds, this suggests that a one-unit increase in inpatient accessibility is associated with an increase of 2.148 in the log-odds of being satisfied with inpatient benefits, holding other factors constant. This effect is determined to be statistically significant, with a point level of 5%, indicating a positive impact of accessibility on satisfaction. In contrast, inpatient adequacy has an estimated coefficient of 0.477 that implies an insignificant but positive effect on the log-odds of satisfaction, providing a conclusion that there is no strong evidence that adequacy meaningfully predicts inpatient benefit satisfaction. Similarly, the inpatient quality revealed a negative coefficient of -0.263, suggesting a slight decrease in the log-odds of satisfaction for higher perceived quality, also suggesting an insignificant effect to employees satisfaction.

For inpatient services, accessibility emerged as the only statistically significant determinant of the respondents' satisfaction. The results show that a one-unit increase in the standardized Accessibility score is associated with an increase in the log-odds of reporting a higher satisfaction level by approximately 8.6. This tells us that beneficiaries who perceive inpatient services to be accessible are nine times more likely to report greater satisfaction than those who perceive inpatient services as difficult to access, *ceteris paribus*.

This is supported with prior evidence that structural and administrative barriers strongly influence the satisfaction for hospitalization (Ong et al., 2022). The statistically insignificant variables suggest that once the beneficiaries overcome the issue of accessing inpatient care, the differences in their satisfaction level are not significantly influenced by the quality or the adequacy of the inpatient benefits. Apropos to the previous claim, satisfaction towards inpatient benefits seem to be predominantly influenced by utilizing the care itself.

Table 9: Satisfaction on Outpatient Benefit

Item Code	Statement	Mean	Standard Deviation
C1	Ease of accessing Konsulta or accredited outpatient/day-surgery providers.	2.51	0.66
C2	Simplicity of documentation/process to claim outpatient benefits.	2.54	0.70
C3	Speed of claim/authorization for outpatient procedures.	2.40	0.69
C4	Extent to which PhilHealth outpatient coverage reduces any out-of-pocket cost.	2.57	0.65
C5	The outpatient benefit adequately covers necessary medicines/procedures.	2.34	0.64
C6	The coverage amount is sufficient for common outpatient needs.	2.49	0.78
C7	Competence and helpfulness of staff handling outpatient claims.	2.57	0.70
C8	Clarity of information provided about outpatient entitlements and limits.	2.46	0.70

C9	Timeliness and fairness of actual reimbursement or billing adjustments for outpatient services.	2.34	0.68

Moving forward, table 6 shows the level of satisfaction regarding the respondent's experience with the Outpatient benefits of PhilHealth. This part of the service reflected a generally low level of satisfaction, suggesting an inadequate provision for convenience, efficiency, and financial coverage. Results reveal the highest mean score (M = 2.57, SD = 0.65) for *"Extent to which PhilHealth outpatient coverage reduces any out-of-pocket cost"* and *"Competence and helpfulness of staff handling outpatient claims"* (M = 2.57, SD = 0.70). Despite being the highest score and having the recognition for the effort of reduced expenses, satisfaction remains below the neutral level, implying that the perceived impact is limited. Furthermore, moderate satisfaction was reviewed for *"Simplicity of documentation/process to claim outpatient benefits"* (M = 2.54, SD = 0.70) and *"Ease of accessing Konsulta or accredited outpatient/day-surgery providers"* (M = 2.51, SD = 0.66). The same goes with these items; despite showing values near the midpoint, respondents still encounter procedural or accessibility challenges when availing outpatient services.

On the other hand, the lowest mean score was reflected from both *"The outpatient benefit adequately covers necessary medicines/procedures"* (M = 2.34, SD = 0.64) and *"Timeliness and fairness of actual reimbursement or billing adjustments for outpatient services"* (M = 2.34, SD = 0.68). These items indicate a significant dissatisfaction from employees, who likely experience delays and coverage insufficiency in addressing financial costs. This is likewise observed in items for *"Speed of claim/authorization for outpatient procedures"* (M = 2.40, SD = 0.69) and *"Clarity of information provided about outpatient entitlements and limits"* (M = 2.46, SD = 0.70) that may suggest continued concerns about transparency and claim processing time.

Overall, respondents expressed low satisfaction towards PhilHealth's Outpatient benefit. While employees remain to acknowledge little assistance from the program, they remain largely unconvinced in hoping for its effectiveness in meeting their healthcare needs. These findings underscore the need for development and improvement in the system of this specific benefit.

Table 10: Ordinal Logistic Regression for Outpatient Satisfaction (Composite Model)

Predictor	Estimate (β)	Std. Error	t-value	p-value
Out_Composite_ Sum	2.8927	07111	4.0677	0.000047
Threshold 1 | 2	-4.3916	1.0524	-4.1731	0.000030
Threshold 2 | 3	-0.6050	0.5117	-1.1824	0.2370
Threshold 3 | 4	4.3684	1.0244	4.2641	0.000020

Outpatient satisfaction is best interpreted at the composite level as Service Effectiveness due to the unified perception of what the outpatient benefit covers and how well it is delivered. The beneficiaries did not meaningfully separate outpatient adequacy from quality, which led to the creation of a composite model that aims to measure satisfaction. The composite OLR presents that as the Service Effectiveness is a highly significant predictor of satisfaction, where every one-unit increase in the standardized composite score increases the odds of reporting a higher outpatient satisfaction by a factor of 18.04. The results from the ordinal logistic regression reveal that the composite score had a positive effect on the likelihood of beneficiaries to report a higher level of satisfaction. These values indicate that a powerful relationship exists between the combined assessment of outpatient adequacy and quality with the overall satisfaction level reported by beneficiaries who are members of PhilHealth.

The statistical significance of the composite model suggests that beneficiaries did not meaningfully distinguish Adequacy and Quality. Users appear to have formed a cognitive

evaluation of the two criteria into a single perception. This interpretation is strengthened by the empirical observation that separating Adequacy and Quality results in extreme multicollinearity, which confirms that the responses of the beneficiaries were almost identical. The link between the two dimensions are explained by Pelayo et al. (2025), where immediate challenges such as inadequate and delayed reimbursement can limit a program's ability to deliver quality care. This intertwining of the two variables demonstrates that beneficiaries do not simply judge service in terms of adherence to certain clinical protocols. Beneficiaries may also determine that financial sufficiency in terms of coverage is an inseparable component of the overall quality experience in the context of outpatient services. This conceptual unity was confirmed by the initial multicollinearity test of the paper, which showed extremely high VIF values.

Table 11: Satisfaction on Z Benefit

Item Code	Statement	Mean	Standard Deviation
D1	Availability of PhilHealth-accredited facilities that provide Z-package care.	2.49	0.82
D2	Simplicity of documentation/process to claim Z benefits.	2.46	0.82
D3	Speed of approvals for Z-package treatments.	2.40	0.77
D4	Extent to which Z benefits reduce my out-of-pocket cost for catastrophic care.	2.34	0.84
D5	The Z benefits cover essential high-cost procedures and medicines.	2.37	0.77
D6	The coverage amount and support are sufficient for severe illnesses.	2.34	0.64

D7	Competence and coordination of staff/providers managing Z-package claims.	2.40	0.65
D8	Clarity of information and guidance when accessing Z benefits.	2.40	0.69
D9	Timeliness and fairness of case management and reimbursements for Z-package cases.	2.49	0.74

This table now presents the perception of respondents towards the Z benefits offered by PhilHealth, which are designed for catastrophic and severe illnesses. Results revealed a moderately unsatisfactory coefficient, showing major gaps in each of the three criteria. The highest-rated items are “Availability of PhilHealth-accredited facilities that provide Z-package care” (M = 2.49, SD = 0.82) and “Timeliness and fairness of case management and reimbursements” (M = 2.49, SD = 0.74), which suggest that the respondents do recognize the existence of PhilHealth-accredited facilities and the processing system. However, easy accessibility remains a challenge. This implies that despite their knowledge and awareness that such facilities exist, many employees find it hard or limited to reach the service**.** Furthermore, “Simplicity of documentation/process to claim Z benefits” (M = 2.46, SD = 0.82) and “Speed of approvals for Z-package treatments” (M = 2.40, SD = 0.77), implying the perception of a slow and tedious process of claims and approval of processes. The general observation claims that PhilHealth’s high-cost care programs are often complex and require various verification systems.

The lowest mean scores are observed in “Extent to which Z benefits reduce my out-of-pocket cost” (M = 2.34, SD = 0.84) and “The coverage amount and support are sufficient for severe illnesses” (M = 2.34, SD = 0.64). Such results may indicate a serious inadequacy in financial protection. A benefit meant for high medical expenses is observed to not effectively

shield them from the supposed least cost of out-of-pocket money, forcing them to shoulder a huge amount despite being insured. Finally, the remaining items reflect a moderate dissatisfaction towards the benefit's comprehensiveness and clarity of information. Such results suggest that the perception of employees toward the benefit lacks the feeling of guidance when navigating catastrophic illness benefits.

Overall, this part of the benefit underscores that despite its existence, accessibility and adequacy remain limited. The observation of low mean scores points to a challenge towards inefficiencies of processing, coverage, and limitation for accredited facilities. This then undermines the intended purpose of the benefit itself.

Table 12: Ordinal Logistic Regression for Z Satisfaction

Predictor	Estimate (β)	Std. Error	t-value	p-value
Z Accessibility	-0.907	1.086	-0.835	0.404
Z Adequacy	1.624	1.034	1.570	0.116
Z Quality	2.740	1.197	2.290	0.022
Model Fit:	AIC = 51.27	Residual Deviance = 39.27		

In this case, the regression analysis for Z benefit showed that only the quality showed a meaningful effect towards respondents satisfaction. Z quality reached a coefficient of 2.740, suggesting that a one unit increase in perceived quality is associated with an increase of 2.740 in the log-odds of being satisfied. Holding all variables constant, also presenting a statistically significant effect on the overall satisfaction. Differently, Z accessibility has a coefficient of -0.907, implying a negative and non-significant effect on the log-odds of satisfaction, whereas Z adequacy revealed a coefficient of 1.624 that indicates a positive but statistically insignificant effect on satisfaction.

The Z benefit model distinguishes quality as the only statistically significant predictor of satisfaction with a p-value of 0.022. The odds ratio indicates that a one-unit increase in the perceived quality multiplies the odds of higher satisfaction by approximately 15.5. The statistical results demonstrate a very strong positive relationship between perceived quality and satisfaction, with the coefficient translating to a high odds ratio. Crucially, the non-significant findings for Adequacy and Accessibility show that once beneficiaries enter the care of the system, their satisfaction is not driven by variations in coverage or ease of access; instead, their satisfaction will be driven by clinical competence and comprehensive clinical care.

This result aligns the intense valuation of quality with a risk posed to fixed case rates. The literature affirms the importance of core quality dimensions of service (Sausa, 2023). Therefore, when faced with extreme detrimental status upon one's health, the members' concerns are more focused on ensuring that they receive high quality care that is often perceived to be threatened by inadequate government management. Thus, the perceived failure of adequacy in the literature makes quality in the context of Z benefits the most dominant focus in this model.

Table 13: Satisfaction on SDG-related Benefit

Item Code	Statement	Mean	Standard Deviation
E1	Reach of SDG-related packages (e.g. maternity, HIV, malaria, animal bite) in my area.	2.63	0.77
E2	Simplicity of documentation/process to claim SDG-related benefits.	2.69	0.76
E3	Speed of approvals and access for SDG-related services.	2.63	0.77

E4	Extent to which SDG benefits reduce my out-of-pocket cost for these services.	2.60	0.74
E5	The SDG packages include the necessary services and medicines.	2.54	0.70
E6	The coverage and program reach are sufficient for the target needs.	2.57	0.74
E7	Competence and helpfulness of staff handling SDG-related claims.	2.66	0.80
E8	Clarity of information provided about SDG-related entitlements and limits.	2.60	0.85
E9	Timeliness and fairness of reimbursements or program delivery for SDG services.	2.54	0.85

This indicates the respondent's level of satisfaction regarding the offered SDG-related benefit of PhilHealth, focusing on the SDG issues related to health, like programs for maternity, HIV, malaria, and animal bite treatments. The overall mean shows that the respondents are moderately dissatisfied with how the benefit is delivered. The highest mean score appeared in "Simplicity of documentation/process to claim SDG-related benefits" (M = 2.69, SD = 0.76), which may be observed that documentation and procedures are somewhat manageable compared to other aspects. However, despite the notice for positive observation, the score still falls below the midpoint, concluding that such circumstances continue to limit smooth access to the service. Following closely fall both in "Reach of SDG-related packages" and "Speed of approvals and access" (M = 2.63, SD = 0.77), which may suggest that despite the presence of such a program, they remain unevenly distributed and lack accessibility across all areas.

In contrast, “Inclusion of necessary services and medicines” and “Timeliness and fairness of reimbursements or program delivery” both register the lowest mean score value (M = 2.54, SD = 0.85). Results point to notable dissatisfaction, claiming that members perceive the SDG packages as incomplete and slow when it comes to providing treatments and reimbursements. Similarly, “Extent to which SDG benefits reduce out-of-pocket costs” (M = 2.60, SD = 0.74) highlights that even this benefit also fails to lighten the burden of financial costs of healthcare among the employees. “Competence and helpfulness of staff” (M = 2.66, SD = 0.80), on the other hand, emphasizes the recognition of the need for effort when it comes to further training their staff and being able to provide clearer guidance.

Overall, same with their perception with the Z benefit, its existence may be acknowledged by the respondents, its service remains to be underutilized and insufficiently felt by the members that may have contributed to their weak satisfaction levels. Findings suggest the need for a more expanded coverage and a streamlined system where all are reached, achieving their intended social impact.

Table 14: Ordinal Logistic Regression for SDG Satisfaction (Composite Model)

Predictor	Estimate (β)	Std. Error	t-value	p-value
SDG_Composite_Sum	2.8112	0.6534	4.3022	0.000017
Threshold 1 | 2	-4.6193	1.0347	-4.4643	0.000008
Threshold 2 | 3	-1.1664	0.5634	-2.0703	0.0384
Threshold 3 | 4	3.7549	1.0200	3.6814	0.000232

The composite specification for SDG benefits yields a strong effect. The estimates indicate that the combined Accessibility and Quality construct is a powerful predictor of satisfaction, signifying an increase in the odds of higher satisfaction by about sixteenfold. This is

a strong effect in service evaluation, which also signals how satisfaction towards SDG benefits is sensitive to the aligned impacts of both accessibility and quality. The model shows that the composite of both accessibility and quality for SDG benefits significantly predicts higher satisfaction with SDG-related benefits.

The literature also reinforces this interpretation, as seen by PIDS reports on health services. As shown in the model, accessibility and the quality of the care are the frontrunners in measuring the satisfaction of PhilHealth members on SDG benefits. Quite intuitively, any barrier that may affect the accessibility of care regarding SDG-related cases color the perceived integrity shown by the results of the regression (Murata & Kondo, 2020). According to Flaminiano et al. (2022), the effectiveness of such programs hinges on both reach and service quality, which is aligned with the findings of the model itself where accessibility and quality must be coordinated properly to elicit the satisfaction of its members.

Table 15: Overall Satisfaction

Item Code	Statement	Mean	Standard Deviation
F1	Overall, how satisfied are you with PhilHealth inpatient benefits?	2.80	0.68
F2	Overall, how satisfied are you with PhilHealth outpatient benefits?	2.57	0.78
F3	Overall, how satisfied are you with PhilHealth Z benefits?	2.40	0.81
F4	Overall, how satisfied are you with PhilHealth SDG-related benefits?	2.69	0.80

This table is the presentation of the overall perceived satisfaction of employees towards all four benefits offered by PhilHealth: Inpatient, Outpatient, Z, and SG-related benefits. All

score ranges indicated a generally moderate dissatisfaction to slightly neutral perception among all surveyed CAS employees. Among all our benefits, the Inpatient benefit (M = 2.80, SD = 0.68) showed the highest satisfaction points. It reflects that employees are somewhat content with the offered service of such a benefit compared to the others. This may be aligned from the observed pattern of satisfaction towards accessibility and adequacy of the Inpatient benefit as it showed a more stable evaluation than the rest.

Outpatient benefit (M = 2.57, SD = 0.78), on the other hand, revealed a persistent dissatisfaction regarding the Outpatient process. This suggests that despite its existence, this benefit is still underutilized and insufficient in addressing their medical needs. Meanwhile, the lowest satisfaction appears to be in the Z benefit (M = 2.40, SD = 0.81), which reinforces the earlier findings that catastrophic care under PhilHealth is viewed as inadequate and difficult in accessing clear information in terms of coverage. Respondents believe that their out-of-pocket money fails to be reduced by PhilHealth, affecting their supposed financial protection, contributing to their low satisfaction level. Furthermore, SDG-related benefits (M = 2.69, SD = 0.80), showed a moderate dissatisfaction yet is slightly higher if compared to both Z and Outpatient benefits. Respondents acknowledge that SDG packages are available, but gaps in coverage completeness, staff competency, and timeliness of service delivery limit satisfaction.

Overall, findings laid out a result that none of the PhilHealth benefits received a level of satisfaction that could be considered favorable. The consistent low means of items indicated a weak system of the program towards all three criteria; accessibility, adequacy, and quality. The benefits of PhilHealth fall short when it comes to delivering meaningful financial protection or efficient services, which led to their perception of low satisfaction across all domains.

Level of Trust and Response to Complaints

Trust in the healthcare insurance system is the foundation shaped not only from the benefits provided but also the responsiveness and reliability of the offered services towards the members. Understanding the trust level of the members is crucial as it reflects their perceived credibility of the system, and influences their behavior whether they are willing to continue and engage in the insurance program for their health security.

This section of the paper examines the respondents' trust in PhilHealth, measuring their extent of complaints and their willingness to seek help. Other than that, this also measures their intention to stay engaged and enrolled, having the belief in PhilHealth's capability to improve and develop over time. These indicators assess the respondents' emotional and behavioral responses, observing whether their dissatisfaction may contribute to their disengagement towards PhilHealth.

Table 16: Trust and Response Average

Item Code	Statement	Mean	Standard Deviation
G1	I have many complaints about the PhilHealth services I or my dependents receive.	2.49	0.78
G2	I often try to find solutions to my complaints by contacting PhilHealth or other agencies.	2.63	0.81
G3	I am willing to remain enrolled in PhilHealth.	3.03	0.66
G4	I believe PhilHealth will improve its services in the future.	3.20	0.72

This table presents the respondents' level of trust and their behaviour when it comes to related complaints and future engagements with PhilHealth. Upon observation, the mean scores showed a divide between dissatisfaction with the current services, but still having optimism towards PhilHealth's future performance. The statement "I have many complaints about the PhilHealth services I or my dependents receive" (M = 2.49, SD = 0.78) indicated that the members somehow moderately agree that they have several complaints regarding the PhilHealth services. This suggests that a substantial portion of the respondents experience recurring concerns related to claims, processing, or benefit coverage. Moreover, the statement "I often try to find solutions to my complaints by contacting PhilHealth or other agencies" (M = 2.63, SD = 0.81) suggests a moderate tendency to seek resolution when problems arise. This indicates that employees are willing to engage with PhilHealth or related agencies but may face barriers to unclear processes or limited support.

Finally, despite their complaints and challenges, the statement "I am willing to remain enrolled in PhilHealth" (M = 3.03, SD = 0.66) is one of the four items that reached the point above 3.00. This reflects that their perception and understanding of PhilHealth is emphasized as a necessary institution. Therefore, their satisfaction level does not fully contribute to their willingness but due to their belief of necessity and expectation of future improvement. Other than that, the last statement of "I believe PhilHealth will improve its services in the future" (M = 3.20, SD = 0.72) indicates that the respondents somewhat believe that PhilHealth will improve their services in the future. This optimism is meaningful because it suggests that despite dissatisfaction, trust in PhilHealth's long-term potential remains intact.

Finally, important insight reveals that despite experiencing complaints and challenges, they continue to show continued engagement and guarded trust as they believe PhilHealth will

eventually improve. This blend of dissatisfaction and hope is crucial for interpreting behavioral patterns and member retention in the health insurance system.

Chapter 6

Conclusion and Recommendations

This chapter brings together the findings of this study by synthesizing the results of the previous chapters and presenting the major insights drawn from the analysis. This summarizes and lays out the overall concept of this study. The conclusions presented by the researcher reflect how PhilHealth benefits are perceived by teaching and non-teaching staff within the department of College of Arts and Sciences in San Beda University-Manila. Finally, this chapter outlines strategic recommendations, which aims to guide policy refinement, improve implementation, and enhance the responsiveness of PhilHealth services within the context of employee needs.

Conclusion

This study focuses on the perceived satisfaction of the selected employees in San Benda University-Manila with the four services offered by the Philippine Health Insurance (PhilHealth) program. This paper aims to assess the respondents' awareness towards the service, their satisfaction and how willing they are to remain members through their level of trust, and by that, it sought to determine how accessibility, adequacy, and quality influence their overall satisfaction towards the four benefits. A structured questionnaire was distributed to 35 employees and through analyzing descriptive statistics and ordinal logistics regression model, the study was able to provide a comprehensive picture of how the perception of PhilHealth influence their satisfaction.

Their socio-economic profile revealed workforce from both the teaching and non-teaching categories, most of whom earn between P20,000 and P49,999 monthly with varied

length of employment which may suggest a differing degrees of exposure towards PhilHealth. Awareness of respondents reveal a moderate familiarity with PhilHealth benefits. However, despite generally understanding the goals of the program, gaps continued to persist most especially about copayments and reimbursement rules. This observation is proof to provide a clearer communication and details in availing such benefits for more accessible information regarding the processes.

Moving forward, respondent satisfaction with PhilHealth benefits of inpatient, outpatient, Z, and SDG-related revealed a somehow moderate result. Employees were mostly satisfied with Inpatient benefits, showing the highest mean score, whereas the Z benefit received the lowest satisfaction probably due to limitations, complexity, and insufficiency in supporting severe illnesses. Meanwhile, the Outpatient and SDG-related benefits reflected an in- between satisfaction and dissatisfaction. This may suggest that the respondents acknowledge these programs as functional but are not fully capable of meeting the users' expectations. When it comes to the overall satisfaction, it still showed a similar pattern from the individual assessment where the Inpatient benefit scored the highest mean and the Z benefit as the lowest.

To verify the reliability and credibility of the instrument, a Cronbach's Alpha testing was used that showed a strong consistency of items with a result of 0.96. This assures that the reliability and justifications resulting from the regression model is strong and foundational. Hence, the ordinal logistic regression analyses revealed nuanced findings. Accessibility is the only thing significant when it comes to the predictors of satisfaction in Inpatient benefits. This suggests that accessibility of ease in finding accredited hospitals plays a crucial role in how employees evaluate their Inpatient satisfaction. Moving to Outpatient benefit, none of the predictors revealed a significant role in influencing their satisfaction, which indicates that there is

no strong information and knowledge with outpatient services that may shape their perceptions. Same goes with SDG-related benefits showed no significant predictors, indicating that these services may not be visible for utilization to influence their satisfaction.

Meanwhile, a noteworthy result appeared in the Z benefits with only the quality staying significant among all three predictors of satisfaction. These findings may have highlighted the sensitive nature of catastrophic care where users value precision and clarity especially as it handles severe illness cases and is accustomed to a more costly treatment. The significance of quality gives opportunity as proof to improve the ease of finding accredited hospitals and a foundational case management.

Finally, trust levels and complaint patterns revealed a relationship between dissatisfaction and commitment. Respondents, despite facing confusions that give them a moderate tendency to seek help when such issues arise, also expressed a strong willingness to remain enrolled and hope for the improvement of PhilHealth services in the future. This combination of results may reflect that the respondents see PhilHealth as a mandatory public insurance system as it is the only thing offering protection despite not having a crucial and significant safety net for Filipino workers.

From the findings explained, awareness among employees can be observed as neither high nor low but sits as a functional midpoint. This suggests that despite the employees having enough knowledge about the basics of the program, many still lack the clarity of understanding the important details. Finally, despite existing complaints, respondents remain anchored to PhilHealth and hopeful for improvement, reflecting both necessity and cautious trust in the institution.

This study ultimately demonstrates that while PhilHealth plays an essential role in supporting health security of university employees, there still remain significant steps to improve accessibility, adequacy, and quality. The findings emphasize the importance of responsive program design, user-centered service improvements, and ongoing collaboration between PhilHealth and institutional partners to strengthen trust and satisfaction among beneficiaries.

Recommendations

Digital Twin Portal

Prior research regarding PhilHealth's system states that manual insurance workflows are slow and are prone to mistakes. Chen et al. (2025) claims that automating claiming processes can reduce the processing time by about 70%. Meanwhile, in the Philippine context, PhilHealth is known to be largely based on a paper processing system which creates bottlenecks and poor visibility for its members. Thus, a digital twin portal is recommended to give beneficiaries a real-time access to eligibility and claims status, directly targeting the inefficiencies of the present system. This possible transformation stands critical as digital health scholars note that unified portals empower users and streamlines insurer operations (Chen et al., 2025).

Several Aisan countries have practiced such digitalization One of which is South Korea's National Health Insurance Service that provides a My HealthWay platform where they are able to record, prescribe, and even store financial data into a single app that is under the patient's control (Jung, 2021). In a similar manner, Malaysia's MyHealth also integrates the portal where it delivers web-based health information and services directly to consumers, educating and empowering them (Tobi et al., 2017). Both platforms demonstrate the effectiveness of transparency and public engagement that digital portals could offer. The mentioned countries

were able to positively implement such transformation. PhilHealth can integrate such success by combining personal health data and insurers and insurance services.

Micro-Claims via Payrolls

Studies state that processing numerous small claims individually leads to inefficiency and frustrations for insurers. Chen et al. (2025) emphasized that traditional claims systems involve extensive paperworks that leads to long delays even for minor claims. With this, integrating micro-claims into an employees payroll would help in aiding the present challenges for long waiting times and exert effort by automating small-value reimbursements through existing pay channels.Such system would help in verifying and automatically settling an employee's routine medical expense through the employer's payroll. These findings highlight the potential impact of embedding micro-claim processes into routine payroll operations. Moreover, some financial-tech firms are beginning to sync payroll and benefit platforms so that minor reimbursements are handled instantly. This innovation is crucial for global trends in Southeast Asia as it is aligned with (Chen et al., 2025; Khatun et al., 2022). Together, this transformation illustrates how payroll linked towards micro-claim systems can drastically reduce administrative friction and accelerate reimbursements.

PhilHealth Employer Partnership Accreditation

Focusing on the employers' side, they are one of the major stakeholders in national health coverage. However, without proper incentives, their engagement is weakened. Mendoza (2023) states that employer roles are often neglected which leads the firms to underinvest on the wellness of their workforce. This implies that without accreditation or incentive mechanisms, many employers lack the motivation to bolster health coverage. This helps in improving the

benefits and wellness programs that companies are obliged to for a better working environment, and for a healthy workforce.

Some of the incentives from different countries are KENKO Investment for Health in Japan that annually recognizes thousands of organizations that meet strict workplace health criteria (METI, 2025). Such accreditation which are backed by financial and reputational rewards stands as a critical success in motivating employers to take responsibility for workforce health. Adapting such a system would help in linking insurer accreditation to improve corporate health practices.

References:

Abdi, S., Åstrøm, A. N., & Teshome, A. (2020). *Health literacy and healthcare utilization: A systematic review.* BMC Health Services Research, 20, 1-14. https://doi.org/10.1186/s12913-020-05363-8

Acta Medica Philippina. (2024). *Health Benefit Utilization and Out-of-Pocket Expenses in Outpatient Care and Hospitalizations: Baseline Surveys of Three Primary Care Sites in the Philippines*. Retrieved from https://pubmed.ncbi.nlm.nih.gov/39399364

Agosto, H. G. C., Briones, M. V. A., & Palatino, M. C. (2018). Correlates of Health Literacy among Filipinos aged 50-70 years old Belonging to Low-Income Families in a Selected Community. *Acta Medica Philippina*, *52*(3). https://doi.org/10.47895/amp.v52i3.397

Ahmed, A., Khan, H. T., & Lawal, M. (2024). Patients' Satisfaction with Healthcare Services Among Older People with Multimorbidity: Subnational Gender Perspective. *Journal of Population Ageing*. https://doi.org/10.1007/s12062-024-09455-8

Benefits | PhilHealth. (n.d.-b). https://www.philhealth.gov.ph/benefits/

Caballo, B., Dey, S., Prabhu, P., Seal, B., & Chu, P. (2021). *The effects of socioeconomic status on the quality and accessibility of healthcare services*. International Socioeconomics Laboratory. https://doi.org/10.5281/zenodo.4740684

Capuno, J., Bredenkamp, C., Kraft, A., Poco, L., Quimbo, S., & Tan, C. a. J. (2017). Awareness of health insurance benefits in the Philippines. In *World Bank, Washington, DC eBooks*. https://doi.org/10.1596/27668

Chang, R. (2024). The impact of employees' health and well-being on job performance. *Journal of Education Humanities and Social Sciences*, *29*, 372–378. https://doi.org/10.54097/9ft7db35

Chen, Y., Singh, R., & Malik, M. (2025). AI and blockchain-based automation in health insurance claims: A systems review and roadmap. Journal of Health Informatics and Policy, 12(1), 21–39

Cielo, B., Santillan, M., & De Claro, V. (2024). Effect of a case-capped, fee-for-service payment mechanism on accessibility and affordability of healthcare. *Health Affairs Scholar*, *2*(2). https://doi.org/10.1093/haschl/qxae004

De Vries, E. F., Los, J., De Wit, G. A., & Van Roijen, L. H.-. (2021). Patient, family and productivity costs of end-stage renal disease in the Netherlands; exposing non-healthcare related costs. *BMC Nephrology*, *22*(1). https://doi.org/10.1186/s12882-021-02548-y

Feldhaus, I., Nagpal, S., & Bauhoff, S. (2022). Role of User Benefit Awareness in Health Coverage Utilization among the Poor in Cambodia. *Health Systems & Reform*, *8*(1). https://doi.org/10.1080/23288604.2022.2058336

Fernandez-Rodriguez, E.J., Taboada-Taboada, R., Garcia-Martin, A., Sánchez-Gómez, C., Sáez-Gutiérrez, S., Rihuete-Galve, M.I., Fonseca-Sánchez, E. (2024). *Study on the additional financial burden of breast cancer disease on cancer patients and their families: Financial toxicity in cancer*. Frontiers in Public Health, 12, 1324334. https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1324334/full

Flaminiano, C. J. A., Puyat, V. A. R., Antonio, V. A., Uy, J., & Ulep, V. G. T. (2023). *Spatiotemporal Analysis of Health Service Coverage in the Philippines*. Philippine Journal of Development, 47(2d). https://doi.org/10.62986/dp2022.42

Financial toxicity and psychological distress in adults with cancer: a treatment-based analysis. (2022). *Journal of Oncology / Psycho-Oncology Study*. https://pubmed.ncbi.nlm.nih.gov/35669288/

Im, S., Lee, H., & Kim, J. (2025). *Access to healthcare and patient engagement in insured populations: a contemporary analysis*. International Journal of Health Policy and Management, 14(2), 101-115

Jung, H. J. (2021). Digital transformation of public health insurance in Korea: From My Health Bank to My HealthWay. Asian Social Policy Review, 13(3), 45–60

Jyothilinga, V., & Gautam, B. M. (2024). *A study on customers satisfaction towards health insurance*. Journal of Emerging Technologies and Innovative Research (JETIR), 11(8), 1471–1477. https://www.jetir.org/papers/JETIR2408243.pdf

Khajoei, H., et al. (2024). *Physical issues and financial toxicity in cancer patients*. BMC Cancer, 24:96. https://bmccancer.biomedcentral.com/counter/pdf/10.1186/s12885-024-11834-5.pdf

Khatun, F., Alam, T., & Chowdhury, M. S. (2022). B-SAHIC: Blockchain-based smart contract framework for health insurance claims. IEEE Access, 10, 21476–21490. https://doi.org/10.1109/ACCESS.2022.3145852

Lalosa, A. A. (2018, April). *Socio-demographic characteristics, level of awareness, knowledge, satisfaction and extent of access to information sources among PhilHealth*

beneficiaries [Conference paper]. ResearchGate. https://www.researchgate.net/publication/348740484

Lotfi, F., Motlagh, S. N., Mahdavi, G., Keshavarz, K., Hadian, M., & Gorji, H. A. (2017). Factors affecting the utilization of outpatient health services and importance of health insurance. *Shiraz E-Medical Journal*, *18*(8). https://doi.org/10.5812/semj.57570

Mirasol, P. B. (2022). PhilHealth members still pay out of pocket in spite of universal healthcare. *BusinessWorld*. https://www.pids.gov.ph/details/news/in-the-news/philhealth-members-still-pay-out-of-pocket-in-spite-of-universal-healthcare?utm_source=chatgpt.com

Mendoza, J. V. (2023). Reimagining universal health coverage through payer-side reform: Incentivizing employers in the Philippine UHC Act. Philippine Journal of Health Systems, 9(1), 51–67

Ministry of Economy, Trade and Industry [METI]. (2025). 2025 Certified Health and Productivity Management Organizations Recognition Program. Government of Japan. https://www.meti.go.jp/english/

Murata, C., & Kondo, K. (2020). *Access to healthcare and health disparities. In Springer series on epidemiology and public health* (pp. 199–206). https://doi.org/10.1007/978-981-15-1831-7_18

National Economic and Development Authority. (2017). *Philippine Development Plan 2017–2022: Chapter 11 - Reducing vulnerability of individuals and families.* https://pdp.neda.gov.ph/philippine-development-plan-2017-2022/

Njagi, L., Chuma, J., Kanya, L., Atela, M. (2020). *Delaying or forgoing treatment due to financial, organizational, social, psychological, and cultural barriers: assessing unmet*

health care need. BMC Health Services Research, 20, 322. https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05189-3

Ong, A. K. S., Prasetyo, Y. T., Tayao, K. N. M., Mariñas, K. A., Ayuwati, I. D., Nadlifatin, R., & Persada, S. F. (2022). Socio-Economic Factors Affecting Member's Satisfaction towards National Health Insurance: An Evidence from the Philippines. *International Journal of Environmental Research and Public Health*, *19*(22), 15395. https://doi.org/10.3390/ijerph192215395

Paige, S. R., Krieger, J. L., & Stellefson, M. (2022). *Digital health literacy: Implications for health promotion and patient engagement.* Health Education & Behavior, 49(1), 14–24. https://doi.org/10.1177/10901981211007003

Pelayo, G. M., Cruz, T. T. D., Israel, I. C. D., Jacinto, M. A., & EBalaria, F. (2025). Evaluation of PHILHEALTH KONSULTA PROGRAM Implementation: Perspective of selected accredited konsulta providers in Nueva Ecija. *International Journal of Advanced Engineering Management and Science*, *11*(1), 20–26. https://doi.org/10.22161/ijaems.111.3PhilHealth. (n.d.). *Z Benefits for Catastrophic Illnesses*. Retrieved from https://www.philhealth.gov.ph/news/2012/z_benefits.php

Philippine Council for Health Research and Development (PCHRD). (2025). PhilHealth expands access: new benefit packages covering services for physical medicine, rehabilitation, assistive mobility devices, and heart attack. https://www.pchrd.dost.gov.ph/news_and_updates/philhealth-expands-access-new-benefit-packages-covering-services-for-physical-medicine-rehabilitation-and-assistive-mobility-devices-and-heart-attack-now-available/?utm_source=chatgpt.com

PhilHealth. (2019). *Stats and Charts: Support Value for Hospitalization*. Retrieved from https://www.philhealth.gov.ph/about_us/statsncharts/snc2019_r1.pdf

PhilHealth. (2021). *Scaling Up Successes & Gains: The 2020 & 2021 PhilHealth Support Value for Inpatient Care*. Technical report. Retrieved from https://www.philhealth.gov.ph/about_us/studies/abstract/24.ScalingUpSuccessesandGainsAbstract.pdf

Philippine Health Insurance Corporation (PhilHealth). (2018). *PhilHealth raises the stakes in public service*. Retrieved from https://www.philhealth.gov.ph/news/2018/raises_stakes.html

Philippine Health Insurance Corporation (PhilHealth). (2022). *2022 PhilHealth Client Awareness and Satisfaction Survey – Technical Abstract*. Retrieved from https://www.philhealth.gov.ph/about_us/studies/abstract/23.2022PhilHealthClientAwarenessandSatisfactionSurveyAbstract.pdf

Philippine Health Insurance Corporation (PhilHealth). (2022). *2022 Annual Report*. https://www.philhealth.gov.ph/about_us/annual_report/AR2022.pdf?utm_source=chatgpt.com

Philippine Health Insurance Corporation (PhilHealth). (2023). *2023 Annual Report*. https://www.philhealth.gov.ph/about_us/annual_report/AR2023.pdf?utm_source=chatgpt.com

Philippine Health Insurance Corporation. (2023). *PhilHealth stats and charts 2023*. https://www.philhealth.gov.ph/about_us/statsncharts/SNC2023_02142024.pdf

Philippine Health Insurance Corporation. (2024). *PhilHealth stats and charts 2024*. https://www.philhealth.gov.ph/about_us/statsncharts/SNC_2024_20250128_v1.2.pdf

PIDS. (2023). *Kabayarang Sapat, Serbisyong Tapat, DRG Dapat: Transitioning from PhilHealth All Case Rates to a Fairer, Responsive, and Transparent Provider Payment System*. Philippine Institute for Development Studies. Retrieved from https://pids.gov.ph/details/news/press-releases/pids-recommends-new-philhealth-payment-model-for-fairer-more-responsive-health-financing

Philippine Institute for Development Studies (PIDS). (2021). *The Financial Health of Select Philippine Hospitals and the Role of PhilHealth as the National Strategic Purchaser*. Discussion Paper DP 2021-36. Uy, J., Nuevo, C. E. L., Casas, L. D. D., & Ulep, V. G. T.

Philippine News Agency (PNA). (2023, April 20). *PhilHealth employees lauded for record net satisfaction ratings*.

Raadee S. Sausa. (2023, April 17). *PhilHealth net satisfaction rating the highest since '19*. BusinessMirror.

Rahman, M., et al. (2020). *Systematic review and meta-analysis: financial barriers to accessing health services and unmet healthcare needs*. WHO / University of Tokyo. https://wkc.who.int/resources/projects/item/systematic-review-and-meta-analysis-financial-barriers-to-accessing-health-services-and-unmet-healthcare-needs

Raikhola, P. S. (2025). Factors influencing patient satisfaction in private hospitals: a study of age, gender, quality of care, and communication. *NPRC Journal of Multidisciplinary Research.*, *2*(1), 25–39. https://doi.org/10.3126/nprcjmr.v2i1.74656

Republic Act No. 11223. (n.d.). https://lawphil.net/statutes/repacts/ra2019/ra_11223_2019.html

Sørensen, K., Van den Broucke, S., Pelikan, J. M., Fullam, J., Doyle, G., Slonska, Z., … Brand, H. (2021). *Health literacy in Europe: Comparative results of the European health literacy survey.* European Journal of Public Health, 31(3), 377–386. https://doi.org/10.1093/eurpub/ckaa240

Tavares, A.I. (2021). *Public satisfaction with health care services provided during covid-19 pandemic, evidence from share Munich Personal RePEc Archive*. https://mpra.ub.uni-muenchen.de/117148/

The importance of patient satisfaction in healthcare. (n.d.). https://www.gallaghermalpractice.com/blog/post/the-importance-of-patient-satisfaction-in-healthcare/

Tolabing, M. C. C., Co, K. C. D., Mendoza, O. M., Mira, N. R. C., Quizon, R. R., Tempongko, M. S. B., Mamangon, M. a. M., Salido, I. T. O., & Chang, P. W. (2022). Prevalence of limited health literacy in the Philippines: First national survey. *HLRP Health Literacy Research and Practice*, *6*(2). https://doi.org/10.3928/24748307-20220419-01

Uy, J., Racelis, R., dela Cruz, M. C., & Cabanilla, L. S. (2023). *Assessing PhilHealth's state of financing and role as the national purchaser of healthcare services*. Philippine Institute for Development Studies. https://pidswebs.pids.gov.ph/CDN/document/1701954198_6571c2967c578.pdf

Van Der Feltz-Cornelis, C. M., Varley, D., Allgar, V. L., & De Beurs, E. (2020). Workplace stress, presenteeism, absenteeism, and resilience amongst university staff and students in the COVID-19 lockdown. *Frontiers in Psychiatry*, *11*. https://doi.org/10.3389/fpsyt.2020.588803

Vaz, N. F. M. (2018). Patient satisfaction. In *Advances in healthcare information systems and administration book series* (pp. 186–200). https://doi.org/10.4018/978-1-5225-3946-9.ch010

World Health Organization (n.d). Towards Age-Friendly Primary Health Care. https://iris.who.int/bitstream/handle/10665/43030/9241592184.pdf;jsessionid=DAC8356AF3F81C04D7661FBEEF18BCDD?sequence=1

Xesfingi, S., & Vozikis, A. (2016). Patient satisfaction with the healthcare system: Assessing the impact of socio-economic and healthcare provision factors. *BMC Health Services Research*, *16*(1). https://doi.org/10.1186/s12913-016-1327-4

Yoshimoto, T., Oka, H., Fujii, T., Nagata, T., & Matsudaira, K. (2020). The Economic Burden of Lost Productivity due to Presenteeism Caused by Health Conditions Among Workers in Japan. *Journal of Occupational and Environmental Medicine*, *62*(10), 883–888. https://doi.org/10.1097/jom.0000000000002001

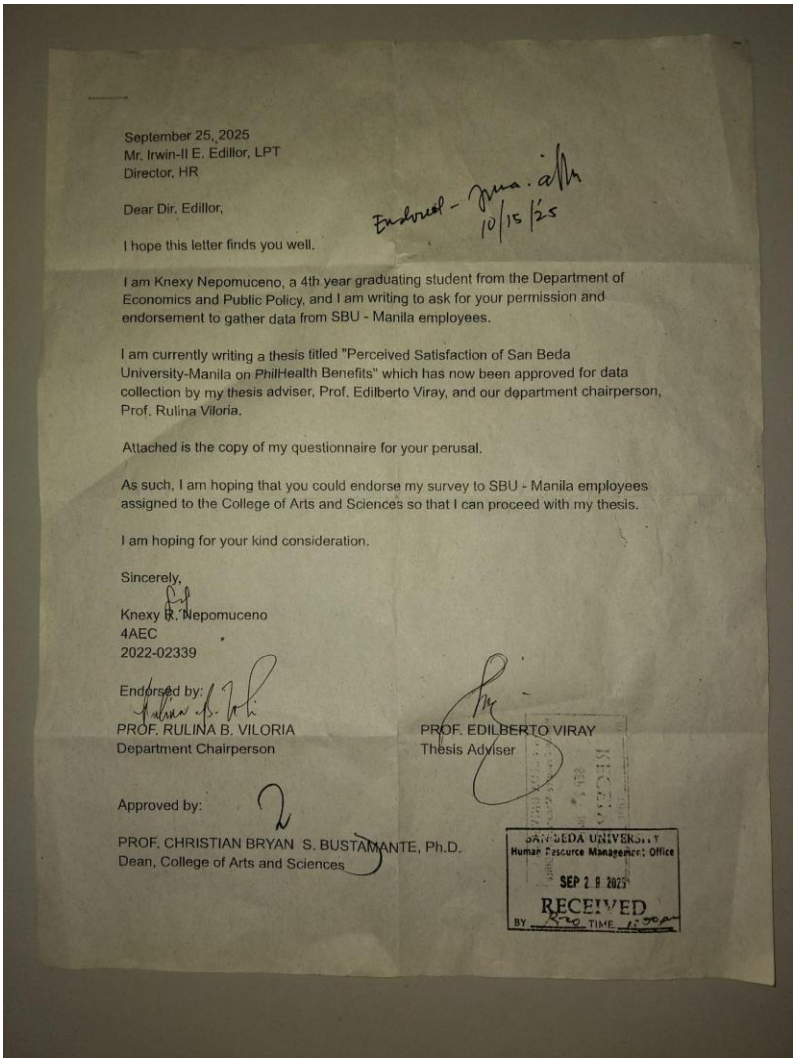
Appendix 1:

Reliability Test, Cronbach's Alpha Results

Number of Variables	48
Sum of time var	49.68
Var of total scores	1299.03214
Cronbach a	0.9822190392

Appendix 2:

Consent Form from HR Director and CAS Dean



September 25, 2025
Mr. Irwin-II E. Edillor, LPT
Director, HR

Dear Dir. Edillor,

Endorsed - Jma. a/h
10/15/25

I hope this letter finds you well.

I am Knexy Nepomuceno, a 4th year graduating student from the Department of Economics and Public Policy, and I am writing to ask for your permission and endorsement to gather data from SBU - Manila employees.

I am currently writing a thesis titled "Perceived Satisfaction of San Beda University-Manila on PhilHealth Benefits" which has now been approved for data collection by my thesis adviser, Prof. Edilberto Viray, and our department chairperson, Prof. Rulina Viloria.

Attached is the copy of my questionnaire for your perusal.

As such, I am hoping that you could endorse my survey to SBU - Manila employees assigned to the College of Arts and Sciences so that I can proceed with my thesis.

I am hoping for your kind consideration.

Sincerely,

Knexy R. Nepomuceno
4AEC
2022-02339

Endorsed by:

PROF. RULINA B. VILORIA
Department Chairperson

PROF. EDILBERTO VIRAY
Thesis Adviser

Approved by:

PROF. CHRISTIAN BRYAN S. BUSTAMANTE, Ph.D.
Dean, College of Arts and Sciences

SAN BEDA UNIVERSITY
Human Resource Management Office
SEP 29 2025
RECEIVED
BY: TIME:

Appendix 3:

Survey Questionnaire with Consent Form

INFORMED CONSENT FORM

Do you agree to be a respondent in the research *Perceived Satisfaction of Selected Sbu-Manila Employees With The Philippine Health Insurance Benefits*? If you agree to participate, you can request a summary of the research after it is completed. You can contact *Knexy Nepomuceno (2022-02339@sanbeda.edu.ph)* any time you have questions about the research.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

O Agree
O Disagree

If agreed, the research participant may proceed in answering the questionnaire attached.

Signing this document means that the research study, including the information given above, has been clearly described and discussed to you and you voluntarily agree to participate.

Name of Participant/Respondent: _____

Signature of Participant/Respondent (if applicable):_____

Date: _____

Time started and ended: _____

Directions: For blank questions, please specify your answer. For checkboxes, please put a check mark ✓ on the choice that applies to you.

I. SOCIO-DEMOGRAPHIC, ECONOMIC, AND EMPLOYMENT PROFILE

Please tick / fill in the appropriate response.

1. Age: ____

2. Gender

Male
Female

3. Monthly income (gross)

Below PHP10,000
PHP10,000–19,999
PHP20,000–29,999
PHP30,000–49,999
PHP50,000 and above

4. Have you personally used any PhilHealth benefit in the last 2 years?

Yes
No

5. If yes, which benefit(s) have you used? (tick all that apply)

Inpatient

Outpatient
Z benefits (catastrophic package)
SDG-related benefits (maternity, HIV, animal bite, etc.)

6. Job title/position: _____

7. Employment status

Teaching
Non-teaching

8. Length of employment at SBU–Manila

Less than 6 months
6 months to 11 months
1-5 years
6-10 years
11-15 years
16-20 years
21years and above

Direction: Please mark whether you are aware and unaware of the benefits provided by PhilHealth.

II. PERCEIVED SATISFACTION WITH PHILHEALTH BENEFITS

A. Awareness & Utilization

	1 - Very unaware	2 - Unaware	3 - Aware	4 - Very Aware
1. I am familiar with the list of services covered by PhilHealth				
2. I understand the reimbursement/claim procedures of PhilHealth.				
3. I know the copayment or out-of-pocket rules when using PhilHealth.				

4. I usually contact PhilHealth or HR when I have questions about benefits.				

B. Inpatient benefits (for confinement/hospitalization)

	1 - Very dissatisfied	2 - Dissatisfied	3 - Satisfied	4 - Very satisfied
1. Ease of finding a PhilHealth-accredited hospital when needed.				
2. Simplicity of documentation/process to claim inpatient benefits.				
3. Speed of claim/authorization for inpatient procedure.				
4. Extent to which PhilHealth inpatient coverage reduces my out-of-pocket cost.				
5. The inpatient benefit adequately covers necessary medicines/procedures.				
6. The case rate / coverage amount is sufficient for common inpatient needs.				
7. Competence and helpfulness of staff handling inpatient claims.				
8. Clarity of information provided about inpatient entitlements and limits.				

9. Timeliness and fairness of actual reimbursement or hospital billing adjustments.				

C. Outpatient benefits (including Konsulta, day-surgeries, dialysis etc.)

	1 - Very dissatisfied	2 - Dissatisfied	3 - Satisfied	4 - Very satisfied
1. Ease of accessing Konsulta or accredited outpatient/day-surgery providers.				
2. Simplicity of documentation/process to claim outpatient benefits.				
3. Speed of claim/authorization for outpatient procedures.				
4. Extent to which PhilHealth outpatient coverage reduces my out-of-pocket cost.				
5. The outpatient benefit adequately covers necessary medicines/procedures.				
6. The coverage amount is sufficient for common outpatient needs.				
7. Competence and helpfulness of staff handling outpatient claims.				
8. Clarity of information provided about outpatient entitlements and limits.				

9. Timeliness and fairness of actual reimbursement or billing adjustments for outpatient services.				

D. Z benefits (catastrophic illness packages)

	1 - Very dissatisfied	2 - Dissatisfied	3 - Satisfied	4 - Very satisfied
1. Availability of PhilHealth-accredited facilities that provide Z-package care.				
2. Simplicity of documentation/process to claim Z benefits.				
3. Speed of approvals for Z-package treatments.				
4. Extent to which Z benefits reduce my out-of-pocket cost for catastrophic care.				
5. The Z benefits cover essential high-cost procedures and medicines.				
6. The coverage amount and support are sufficient for severe illnesses.				
7. Competence and coordination of staff/providers managing Z-package claims.				
8. Clarity of information and guidance when accessing Z benefits.				

9. Timeliness and fairness of case management and reimbursements for Z-package cases.				

E. SDG-related benefits (maternity, HIV, malaria, animal bite, etc.)

	1 - Very dissatisfied	2 - Dissatisfied	3 - Satisfied	4 - Very satisfied
1. Reach of SDG-related packages (e.g., maternity, HIV, malaria, animal bite) in my area.				
2. Simplicity of documentation/process to claim SDG-related benefits.				
3. Speed of approvals and access for SDG-related services				
4. Extent to which SDG benefits reduce my out-of-pocket cost for these services.				
5. The SDG packages include the necessary services and medicines.				
6. The coverage and program reach are sufficient for the target needs.				
7. Competence and helpfulness of staff handling SDG-related claims.				

8. Clarity of information provided about SDG-related entitlements and limits.				
9. Timeliness and fairness of reimbursements or program delivery for SDG services.				

Directions: Please mark whether you agree or disagree whether you possess the following skills

Overall satisfaction (single-item measures)

	1 - Very dissatisfied	2 - Dissatisfied	3 - Satisfied	4 - Very satisfied
1. Overall, how satisfied are you with PhilHealth inpatient benefits?				
2. Overall, how satisfied are you with PhilHealth outpatient benefits?				
3. Overall, how satisfied are you with Z benefits?				
4. Overall, how satisfied are you with SDG-related benefits?				

Directions: Please mark whether you agree or disagree whether you possess the following skills

III. LEVEL OF TRUST & RESPONSE TO COMPLAINTS

	1 - Strongly disagree	2 - Disagree	3 - Agree	4 - Strongly Agree

1. I have many complaints about the PhilHealth services I or my dependents receive.				
2. I often try to find solutions to my complaints by contacting PhilHealth or other agencies.				
3. I am willing to remain enrolled in PhilHealth.				
4. I believe PhilHealth will improve its services in the future.				

Thank you for participating. Your responses will be treated confidentially and used only for academic research purposes.

Appendix 4:

Descriptive Statistics

Socio-demographic profile

Socio-demographic Profile	Total Frequency (n=35)	% of Total (100%)
Age		
40-49	14	40%
30-39	9	25.71%
50-59	8	22.86%
20-29	3	8.57%
60 and above	1	2.86%

Gender		
F	18	51.43%
M	17	48.57%
PhilHealth Usage for 2 Years		
No	20	57.14%
Yes	15	42.86%

If yes: What benefits have been availed?

Benefit/s Availed	Total Frequency (n=15)	% of Total (100%)
Inpatient Benefits (IB)	7	46.67%
Outpatient Benefits (OB)	3	20%
SDG-related Benefits (SDG)	2	13.33%
IB and OB	2	13.33%
IB, OB, and SDG	1	6.67%

Socio-economic Profile

Socio-economic Profile	Total Frequency (n=35)	% of Total (100%)
Monthly Income		
30,000-49,999	13	37.14%
20,000-29,999	10	28.57%
50,000 and above	9	25.71%
10,000-19,999	3	8.57%
Employment Status		
Non-teaching	20	57.14%
Teaching	15	42.86%

Length of Employment		
21 years and above	7	20%
16-20 years	7	20%
6-10 years	7	20%
11-15 years	6	17.14%
1-5 years	4	11.43%
6-11 months	3	8.57%
Less than 6 months	1	2.86%

Awareness Average

Item Code	Statement	Mean	Standard Deviation
A1	I am familiar with the list of services covered by PhilHealth.	2.80	0.72
A2	I understand the reimbursement/claim procedures of PhilHealth.	2.80	0.76
A3	I know the copayment or out of pocket rules when using PhilHealth.	2.46	0.74
A4	I usually contact PhilHealth or HR when I have questions about the benefits.	3.03	0.75

Satisfaction on Inpatient Benefit

Item Code	Statement	Mean	Standard Deviation
B1	Ease of finding a PhilHealth-accredited hospital when needed.	3.00	0.64
B2	Simplicity of documentation/process to claim inpatient benefits.	2.83	0.75
B3	Speed of	2.66	0.76

	claim/authorization for inpatient benefits.		
B4	The extent to which PhilHealth inpatient coverage reduces my out-of-pocket cost.	2.66	0.80
B5	The inpatient benefit adequately covers necessary medicines/procedures.	2.77	0.77
B6	The inpatient benefit adequately covers necessary medicines/procedures.	2.71	0.79
B7	Competence and helpfulness of staff handling inpatient claims.	2.77	0.73
B8	Clarity of information provided about inpatient entitlements and limits.	2.83	0.66
B9	Timeliness and fairness of actual reimbursement or hospital billing adjustments.	2.60	0.81

Satisfaction on Outpatient Benefit

Item Code	Statement	Mean	Standard Deviation
C1	Ease of accessing Konsulta or accredited outpatient/day-surgery providers.	2.51	0.66
C2	Simplicity of documentation/process to claim outpatient benefits.	2.54	0.70
C3	Speed of claim/authorization for outpatient procedures.	2.40	0.69
C4	Extent to which PhilHealth outpatient coverage reduces any out-of-pocket cost.	2.57	0.65

C5	The outpatient benefit adequately covers necessary medicines/procedures.	2.34	0.64
C6	The coverage amount is sufficient for common outpatient needs.	2.49	0.78
C7	Competence and helpfulness of staff handling outpatient claims.	2.57	0.70
C8	Clarity of information provided about outpatient entitlements and limits.	2.46	0.70
C9	Timeliness and fairness of actual reimbursement or billing adjustments for outpatient services.	2.34	0.68

Satisfaction on Z Benefit

Item Code	Statement	Mean	Standard Deviation
D1	Availability of PhilHealth-accredited facilities that provide Z-package care.	2.49	0.82
D2	Simplicity of documentation/process to claim Z benefits.	2.46	0.82
D3	Speed of approvals for Z-package treatments.	2.40	0.77
D4	Extent to which Z benefits reduce my out-of-pocket cost for catastrophic care.	2.34	0.84
D5	The Z benefits cover essential high-cost procedures and medicines.	2.37	0.77
D6	The coverage amount and support are sufficient for severe illnesses.	2.34	0.64

D7	Competence and coordination of staff/providers managing Z-package claims.	2.40	0.65
D8	Clarity of information and guidance when accessing Z benefits.	2.40	0.69
D9	Timeliness and fairness of case management and reimbursements for Z-package cases.	2.49	0.74

Satisfaction on SDG-related Benefit

Item Code	Statement	Mean	Standard Deviation
E1	Reach of SDG-related packages (e.g. maternity, HIV, malaria, animal bite) in my area.	2.63	0.77
E2	Simplicity of documentation/process to claim SDG-related benefits.	2.69	0.76
E3	Speed of approvals and access for SDG-related services.	2.63	0.77
E4	Extent to which SDG benefits reduce my out-of-pocket cost for these services.	2.60	0.74
E5	The SDG packages include the necessary services and medicines.	2.54	0.70
E6	The coverage and program reach are sufficient for the target needs.	2.57	0.74
E7	Competence and helpfulness of staff handling SDG-related claims.	2.66	0.80

E8	Clarity of information provided about SDG-related entitlements and limits.	2.60	0.85
E9	Timeliness and fairness of reimbursements or program delivery for SDG services.	2.54	0.85

Overall Satisfaction

Item Code	Statement	Mean	Standard Deviation
F1	Overall, how satisfied are you with PhilHealth inpatient benefits?	2.80	0.68
F2	Overall, how satisfied are you with PhilHealth outpatient benefits?	2.57	0.78
F3	Overall, how satisfied are you with PhilHealth Z benefits?	2.40	0.81
F4	Overall, how satisfied are you with PhilHealth SDG-related benefits?	2.69	0.80

Trust and Response Average

Item Code	Statement	Mean	Standard Deviation
G1	I have many complaints about the PhilHealth services I or my dependents receive.	2.49	0.78
G2	I often try to find solutions to my complaints by contacting PhilHealth or other agencies.	2.63	0.81
G3	I am willing to remain enrolled in PhilHealth.	3.03	0.66
G4	I believe PhilHealth will improve its services in the	3.20	0.72

future.

Appendix 5:

Ordinal Logistic Regression

Ordinal Logistic Regression for Inpatient Satisfaction

Predictor	Estimate (β)	Std. Error	t-value	p-value
Inpatient Accessibility	2.148	0.866	2.482	0.013
Inpatient Adequacy	0.477	0.768	0.622	0.534
Inpatient Quality	-0.263	0.713	-0.369	0.712
Model Fit	AIC = 56.81	Residual Deviance = 44.81		

Ordinal Logistic Regression for Outpatient Satisfaction (Composite Model)

Predictor	Estimate (β)	Std. Error	t-value	p-value
Out_Composite_ Sum	2.8927	07111	4.0677	0.000047
Threshold 1 | 2	-4.3916	1.0524	-4.1731	0.000030
Threshold 2 | 3	-0.6050	0.5117	-1.1824	0.2370
Threshold 3 | 4	4.3684	1.0244	4.2641	0.000020

Ordinal Logistic Regression for Z Satisfaction

Predictor	Estimate (β)	Std. Error	t-value	p-value
Z Accessibility	-0.907	1.086	-0.835	0.404

Z Adequacy	1.624	1.034	1.570	0.116
Z Quality	2.740	1.197	2.290	0.022
Model Fit:	AIC = 51.27	Residual Deviance = 39.27		

Ordinal Logistic Regression for SDG Satisfaction (Composite Model)

Predictor	Estimate (β)	Std. Error	t-value	p-value
SDG_Composite_Sum	2.8112	0.6534	4.3022	0.000017
Threshold 1 | 2	-4.6193	1.0347	-4.4643	0.000008
Threshold 2 | 3	-1.1664	0.5634	-2.0703	0.0384
Threshold 3 | 4	3.7549	1.0200	3.6814	0.000232

Appendix 6:

Data Diagnostics

Reliability Analysis of Survey Constructs (Cronbach's Alpha)

Scale	Cronbach's Alpha
Inpatient Accessibility	0.821
Inpatient Adequacy	0.918
Inpatient Quality	0.887
Outpatient Accessibility	0.953
Outpatient Adequacy	0.908
Outpatient Quality	0.923
Z Accessibility	0.982
Z Adequacy	0.917
Z Quality	0.951

SDG Accessibility	0.989
SDG Adequacy	0.974
SDG Quality	0.961

Variance Inflation Factors (VIF) for All Ordinal Logistic Regression Models

Model	Predictor	VIF
Inpatient Model	In_Asc_Sum	3.67
	IN_Adq_Sum	3.54
	In_Qly_Sum	3.41
Outpatient Model	Out_Acs_Sum	22.56
	Out_Adq_Sum	9.96
	Out_Qly_Sum	20.45
Z Model	Z_Acs_Sum	6.94
	Z_Adq_Sum	4.52
	Z_Qly_Sum	6.48
SDG Model	SDG_Acs_Sum	13.15
	SDG_Adq_Sum	13.24
	SDG_Qly_Sum	9.86