Philippine Charity Sweepstakes Medical Assistance Program Insights for Sustainable Implementation

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ABSTRACT

The Philippine Charity Sweepstakes Office is mandated to promote the health and well-being of Filipinos. This study determined the challenges encountered by the beneficiaries of Medical Assistance Program (MAP) of PCSO in terms of expectation and performance. Likewise, it looked into the level of MAP implementation in terms of product, environment, and delivery, and if differences exist in the level of implementation as perceived by the respondents when grouped according to profile such as gender, age, civil status, highest educational attainment, estimated monthly family income, and amount of medical assistance received. It also determined if the challenges encountered by the respondents act as predictors of their perception of the level of implementation of MAP. This was a descriptive study, which utilized a validated and reliability tested researcher-made survey questionnaire. The 321 respondents consisted of the beneficiaries of MAP program who, at the time of data collection, were at the hospital help desk, processing their application for medical assistance. The data were processed using the Statistical Package for Social Sciences and employed tools such as frequency, percentage, mean, Analysis of Variance, and Linear Regression. The results revealed that challenges encountered by the respondents were less challenging and the level of implementation was highly implemented. Subsequently, no significant differences were established in their perception of the level of implementation of MAP when grouped according to profile but their challenges encountered act as predictors of their perception of the level of implementation of the Medical Assistance Program.

Keywords: Medical assistance program, Philippine charity sweepstakes, Implementation, and Beneficiaries.

INTRODUCTION:

Locally, the Philippine Charity Sweepstakes Office (PCSO), whose mission is to improve the overall well-being of Filipinos, has already helped to lessen the distress of those ravaged by the pandemic by releasing payments directly to 82 government-run hospitals, payouts of dividends to the Department of Finance and Phil Health, patient hospitalization expenses, additional funds for pertinent research organizations, and additional local support like packs of food, sanitizers, and other supplies (Boco, 2023).

The PCSO is also allocating its fund to extend help to indigent Filipinos on their hospital bills. Its Medical Assistance Program is of great help, particularly to the marginalized. To help finance the needs of the people, particularly on health, the PCSO is mandated by RA 1169 to raise and provide funds for health programs, medical assistance and services, charities of national character in the country from charity sweepstakes, races and lotteries. The agency also provides medical facilities and endowment fund to support hospitals and

augment the medical needs of patients admitted in the Charity Section/Ward. Likewise, during natural calamities such as typhoons, landslides, monsoon, volcanic eruption and fire, there's a program that grants calamity assistance which amounted to 86 Million in 2018. The agency also assisted 20 institutional partners like orphanages, home for the elderly, government organizations and non-government organizations in their medical and health needs (PCSO Annual Report, 2019). This study determined the level of implementation of the Philippine Charity Sweepstakes Medical Assistance Program (MAP) and the challenges it encountered in implementing these programs towards ensuring the health and well-being of the people of Roxas City to provide insights to sustainable implementation of MAP.

METHODOLOGY:

This was a descriptive study, which utilized the mixed method. A descriptive research design was employed to describe the profile of the beneficiaries and provide information about the immediate group of data, considering that access to the whole population was limited. Moreover, inferential research design was also used in testing the hypotheses and drawing conclusions about the population based on the sample. The inferential method of research was used to determine the significant difference on the level of implementation using the profile of the beneficiaries such as gender, age, highest educational attainment, estimated monthly family income, and amount of medical assistance received. Likewise, it determined whether challenges encountered by beneficiaries act as predicttors of their perception on the level of implementation. The Philippine Charity Sweepstakes Medical Assistance Program was implemented in Roxas City, and able to grant financial assistance to 1,624 beneficiaries during the Calendar Year 2021-2022. A sample size of three hundred twenty-one (321) was computed based on the beneficiary population to serve as respondents of this study. The study was carried out at Roxas City, Capiz. A set of researcher-made survey questionnaire as the research instrument was utilized to gather the necessary data. A 5-point Likert Scale was utilized to score the statements. After the validation of the research instrument and found reliable, the instrument was translated to Hiligaynon or the local dialect for

easy understanding of the beneficiaries. The researcher used convenience sampling in choosing the respondents of this study, wherein beneficiaries, who visits the MAP help desks to process their request for Medical Assistance Program (MAP) were given the questionnaires. Data collection was done in the afternoon from Mondays to Fridays for two consecutive weeks at help desks in hospitals of Roxas City, Capiz during the release of Guarantee Letters to MAP beneficiaries. This procedure was observed until 321 questionnaires were gathered from the different hospitals in Roxas City, Capiz.

The social services personnel were requested to assist in the collection of data. After encoding the responses, the data were processed through the Statistical Package for Social Sciences software with the help of his statistician. The researcher ensured the completeness of the scores. The study used the descriptive statistics such as frequency, percentage and mean in measuring the challenges encountered and the level of implementation of the beneficiaries. The Analysis of Variance (ANOVA) and t-test were used to determine if there are significant differences in the level of implementation of the beneficiaries when their profile was considered, while linear regression was utilized to find out if challenges encountered act as predictors of the level of implementation of the Medical Assistance Program.

RESULTS AND DISCUSSION:

Level of Challenges Encountered by Beneficiaries of Medical Assistance Program as a Whole

The result on the level of challenges encountered by the beneficiaries on the Medical Assistance Program (MAP) of the Philippine Charity Sweepstakes Office (PCSO) as a whole and in terms of expectation and performance is presented in **Table 1**. The result revealed that the level of challenges encountered by the beneficiaries as a whole received a grand mean of 4.11, verbally interpreted as "less challenging." The two components of challenges encountered by the beneficiaries of MAP had means ranged from 3.85 to 4.38, verbally interpreted as "less challenging" to "least challenging." Of the two components, performance got the highest mean of 4.38, verbally interpreted as "least challenging" followed by expectation

with 3.85, verbally interpreted as "less challenging". This result implied that the beneficiaries of MAP, who are usually family representatives of the patients, encountered minimal challenges in availing the medical assistance of PCSO. The result further implies that these challenges were least encountered in terms of performance rather than expectation. This can be attributed to efficient processing of application to avail of the MAP despite the limited processing time.

The requirements are listed and well explained to the beneficiaries and help desk personnel assist beneficiaries in accomplishing forms. Additionally, the Republic Act No. 11223 (commonly known as the Universal Health Care Act), which signed into law by President Rodrigo Duterte on February 2, 2019, aims to prescribe reforms in the healthcare system and

supports the right to health among Filipinos. According to Montemayor, (2018) this ensures that all Filipinos have equal access to services that are both affordable and of high quality.

This law will allow PhilHealth to provide free consultation costs, lab testing, and other diagnostic services as part of its broader coverage. For Tomacruz, (2019) all Filipinos have access to a wide range of medical services. For medical, dental, mental health, and emergency health services, this is to be expected. To get benefits, citizens are no longer need to provide their PhilHealth ID. At the same time, individuals who are poor and reside in rural places will be given preference when it comes to receiving medical care and support.

Table 1: Level of challenges encountered by the beneficiaries of medical assistance program as a whole.

Indicators	Mean	Verbal Interpretation
Expectation	3.85	Less Challenging
Performance	4.38	Least Challenging
Grand	**4.11**	**Less Challenging**

4.21 – 5.00 Least Challenging; 3.41 – 4.20 Less Challenging; 2.61 – 3.40 Moderately Challenging; 1.81 – 2.60 Challenging; 1.00 – 1.80 Very Challenging

Level of Implementation of Medical Assistance Program as a Whole

The result of the study on the level of implementation of the Medical Assistance Program (MAP) as a whole with components in terms of product, environment and delivery is presented in **Table 2**. The result revealed that the implementation level as perceived by the beneficiaries as a whole received a grand mean of 4.47, verbally interpreted as "highly implemented." The three components of level of implementation as perceived by the beneficiaries of MAP had means

ranged from 4.29 to 4.57, all with verbal interpretations of "highly implemented." Of the three components on level of implementation of the Medical Assistance Program (MAP), delivery got the highest mean score of 4.57, followed by environment with a mean of 4.54 and the lowest mean was on product with a mean of 4.29, all verbally interpreted as "highly implemented." This result implied that the MAP implementation level was very well implemented by the Philippine Charity Sweepstakes Office (PCSO) in all aspects as mandated by Republic Act 11463.

Table 2: Level of implementation of the medical assistance program of PCS as a whole.

Indicators	Mean	Verbal Interpretation
Product	4.29	Highly Implemented
Environment	4.54	Highly Implemented
Delivery	4.57	Highly Implemented
Grand	**4.47**	**Highly Implemented**

Mean Range	Verbal Interpretation
4.21 – 5.00	Highly Implemented
3.41 – 4.20	Implemented
2.61 – 3.40	Moderately Implemented
1.81 – 2.60	Less Implemented
1.00 – 1.80	Least Implemented

The study's findings were consistent with those of Santiago *et al.* (2021), who suggested that Malasakit Center serve as a one-stop shop where representatives from various agencies, such as the PCSO, accommodate beneficiaries to medical assistance and discovered that Malasakit Center minimized the burden among beneficiaries and the staff promptly responded to their inquiries. The outcome also showed that the difficulties recipients had in obtaining medical care in the past had been institutionalized. The beneficiaries, who were racing against the clock to meet the requirements, receive the necessary care, or be released from the hospital, were now closer to the government services.

Differences in the Level of Implementation of the Medical Assistance Program when Beneficiaries were Grouped According to Selected Variables

The beneficiaries' profile was used to aid in the analysis of the differences in MAP implementation level as perceived by the beneficiaries when grouped according to selected variables such as gender, age, civil status, highest educational attainment, estimated monthly family income, and amount of medical assistance received as reflected in **Table 3**.

Level of Implementation and Gender

Data on the differences in the level of implementation as perceived by the beneficiaries when they were grouped according to gender showed that the F-value of 1.745 had a p-value of 0.140, which was greater than the alpha of 0.05. This implied that beneficiaries of all gender did not differ in their perception of the level of implementation of the MAP of the Philippine Charity Sweepstakes Office (PCSO). This result can be inferred to the fact that the help desk personnel of the MAP located in the different hospitals in Roxas City accommodates beneficiaries without prejudice to their sexual orientation.

Level of Implementation and Age

With regards to age, the beneficiaries of the study did not differ in their perception of MAP implementation level because the F-value of 2.497 had a p-value of 0.060, which was greater than 0.05 alphas. This result implied that the MAP implementation level in Roxas City is well implemented as perceived by the beneficiaries and can be gleaned on the observation that all

clients of the help centers, regardless of age, were fairly accommodated during the processing of their request for medical assistance.

Level of Implementation and Civil Status

The data on the differences in MAP implementation level as perceived by the beneficiaries when they were grouped according to civil status showed that the F-value of 2.497 had a p-value of 0.060, which is greater than the alpha of 0.05. This implied that the beneficiaries, regardless of civil status, perceived the level of implementation of the Medical Assistance Program (MAP) of the Philippine Charity Sweepstakes Office (PCSO) the same. This result can be inferred to the fact that the help desk personnel of the MAP located in the different hospitals in Roxas City accommodates beneficiaries without prejudice to their civil status.

Level of Implementation and Highest Educational Attainment

Reflecting on the level of implementation when beneficiaries of the study were grouped according to highest educational attainment, the result showed that the F-value of 0.220 had a p-value of 0.954, which was greater than 0.05 alphas and indicates no significant difference. This result implied that the MAP implementation level in Roxas City is well implemented as perceived by the beneficiaries because clients at the help centers are welcomed and accommodated by help desk personnel without reference to their educational attainment.

As observed, when help desks personnel sense that a client is having difficulty filling up form or understanding the procedure; they are given more attention and is assisted personally by the MAP personnel. Conferring to RA 11463 (2019), the medical assistance provided by the government refers to the assistance for out-of-pocket expenses in the form of coupon, stub or guarantee letter, promissory note or voucher that has monetary value, given directly to recipients or beneficiaries used for the purchase of medicines, goods or other services prescribed by the facility for in-and out patients. This assistance is granted to indigent patients and financially incapacitated patients.

Level of Implementation and Estimated Monthly Family Income

When estimated monthly family income was considered, the result revealed that the beneficiaries of MAP did not differ in their perception of MAP implementation level because the F-value of 0.635 had a p-value of 0.593, which was greater than 0.05 alphas. This result implied that the MAP of PCSO in Roxas City after an interview prioritizes indigent applicants in granting financial assistance. When help desk personnel observed that an applicant needed more financial assistance because the hospital bill is big, they refer their clients to other offices to apply for additional medical assistance like in the Office of the City Mayor, the Office of the Governor, and the local and regional offices of the Department of Social Welfare and Development. As stated in the Republic Act 11463, these patients are classified to be financially incapacitated patients and may avail of the government medical assistance depending on the assessment of certified medical social worker.

Level of Implementation and Amount of Assistance Received

In determining whether beneficiaries differ in their perception of the level of the implementation when grouped according to amount of assistance received from the Medical Assistance Program (MAP) of the Philippine Charity Sweepstakes Office (PCSO), the result illustrated that no differences were found because the F-value of 2.005 had a p-value of 0.094, which was greater than 0.05 alpha. This result implied that the beneficiaries had the same perception of the level of implementation of MAP in Roxas City regardless of the amount they received, which is mostly ranging below PhP10,000.00. This result can be construed that since amount granted is proportionate to the hospital bill of the patient, this is appreciated by the beneficiaries. The result of the study agreed with the result of the study of Santiago *et al.* (2021) that reflected a positive response to the Malasakit Center, which, like the MAP lessened the burden of producing documentary evidences to support the application for medical assistance. Likewise, the Medical Assistance Program was able to help 255,520 beneficiaries in 2022 according to the annual report of the Philippine Charity Sweepstakes Office (PCSO) creating a good impression to the Filipino communities of the benefits provided by this agency.

Table 3: Differences in the level of implementation of the Medical Assistance Program when beneficiaries were grouped according to profile.

Variables	t-value/F-value	p-value	Remarks
Age	1.745	0.140	*ns*
Gender	0.049	0.952	*ns*
Civil Status	2.497	0.060	*ns*
Educational Attainment	0.220	0.954	*ns*
Estimated Monthly Family Income	0.635	0.593	*ns*
Amount of Medical Assistance Received	2.005	0.094	*ns*

p-value >0.05 = not significant
p-value <0.05 = significant

Challenges Encountered by Beneficiaries Act as Predictors of Level of Implementation of Medical Assistance Program

The result of the study indicated that challenges encountered act as predictors of MAP implementation level of the Philippine Charity Sweepstakes in Roxas City, particularly in the aspect of performance because the p-value of 0.000 was lower than the alpha of 0.05. The result implied that when challenges encountered are high, the level of implementation is also perceived as low and when challenges are low, as in the result of this study, the level of implementation is perceived to be highly implemented. There is a need for PCSO, as implementer of the program in Roxas City and the province of Capiz, to enhance their services in terms of the amount of assistance granted, the physical environment of the help desks at hospitals and the way the help desks personnel accommodates the application for

medical assistance up to the release of the guarantee letters. Improvement in the service quality of the help desks would mean keeping the level of challenges low on the part of the beneficiaries and a higher level of implementation as perceived by the beneficiaries. The result of the study of Santiago *et al.* (2021) conformed

with the result of this study. They concluded that medical assistance facilities need to maximize the benefits of the program and that there is a need to widely disseminate program information, processes and locations.

Table 4: Challenges encountered by beneficiaries act as predictors of level of implementation of Medical Assistance Program of the Philippine Charity Sweepstakes Office.

Level of implementation of MAP	Beta	SEDx	Standardized Coefficients	t-value	p-value	Remarks
(Constant)	1.757	0.140		12.541	0.000	*s*
Expectation	0.008	0.039	0.010	0.192	0.848	*ns*
Performance	0.611	0.045	0.731	13.456	0.000	*s*

p-value < 0.05 alpha, remarks: significant
p-value > 0.05 alpha, remarks: not significant

Insights to Sustainable Implementation of Medical Assistance Program

The result of the study clearly showed that when quality service is provided to clients, the perception on the level of implementation is very high. This necessitates adhering to standard of delivery. Likewise, such is required in compliance with accrediting bodies, local or national, to ensure the satisfaction of clients in government agencies/offices. Thus, the following insights are communicated to the implementing agencies, stakeholders and researchers to attain sustainability of the Medical Assistance Program (MAP) of the Philippine Charity Sweepstakes Office (PCSO):

There is a need to correct the misconception of the public that financial assistance granted under the MAP are for indigent patients only. Patients classified as financially incapacitated are also qualified to apply. This may be disseminated through social media platforms, radio and television programs. In the light of fairness and equity, amount of medical assistance may be standardized proportionate to the hospital bills of patients. To prepare the public and attain ease of access, the MAP requirements, procedures, and the basis for granting the amount can be disseminated through posters at hospital help desks and the website of PCSO. In cases where there is an influx of patients, like during the pandemic, the PCSO may increase the number of personnel attending to the processing of application for medical assistance to avoid long lines and waiting time (Pimentel, 2023).

CONCLUSION:

The study determined that beneficiaries of MAP of PCSO still encountered challenges in processing and receiving their medical assistance from the MAP of PCSO due to the COVID-19 pandemic, limited funds, and fees imposed on some requirements. The profile of the beneficiaries did not differentiate their perception of the level of implementation of the MAP because the PCSO help desk personnel were able to serve their clients without discriminating them of their gender preference, age, educational attainment, income and the amount they would receive from the program since the law clearly states that all indigent and financially incapacitated patients are qualified to apply for medical assistance. To sustain the Medical Assistance Program, there is a need to review its policies, guidelines, and strategies to include standardizing amount to be granted, digitizing the process of applying and releasing medical assistance, wide dissemination of information through different platforms, and subsidizing fees to unburden beneficiaries. To attain sustainability of the MAP, the level of implementation may be enhanced to reduce the level of challenges and ensure satisfaction of the beneficiaries. The MAP policies, guidelines, and the requirements may be reviewed to bring ease to burdened clients. Digital application, approval and release may be developed by PCSO in coordination with hospital IT group to remove bias on approval of the amount to be availed, bring ease of transacting, and make services less costly to clients.

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CONFLICTS OF INTEREST:

Author declares no conflicts of interest.

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