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Analyzing outpatient care in the Philippines: Evidence from social health insurance data

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PIDS DISCUSSION PAPER SERIES 2025-62

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Sarah Reem D. Hesham Mohamed Hagag
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Abstract

This report estimated the utilization of outpatient benefits of the Philippine Health Insurance Corporation and examined variations across local governments. We analyzed utilization patterns by key socio-demographic and economic characteristics to better understand healthcare inequalities. The findings reveal several key insights. First, outpatient utilization rates exhibit significant geographic variation, with disparities reaching up to fivefold, indicating persistent inequities in access to care. Second, about 70% of outpatient claims are attributed to kidney-related conditions, largely driven by the rapid expansion of hemodialysis benefits in recent years. Third, in the case of Konsulta, the comprehensive primary care benefit package under the UHC Law has only registered about a quarter of the population, and fewer than 2% have been profiled through a First Patient Encounter (FPE). Our results highlight critical inefficiencies and inequities in the delivery of outpatient services and the need for policy reforms to strengthen outpatient and primary healthcare to improve overall health system performance.

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Analyzing Outpatient Care in the Philippines: Evidence from Social Health Insurance Data

Sarah Reem D. Hesham Mohamed Hagag, Henrietta Marie M. Rodriguez, and Valerie Gilbert Ulep¹

1. Introduction

Access to outpatient services is critical to improving health system performance. These services provide preventive and curative care without hospital admission. Robust and comprehensive outpatient services help prevent complications resulting in costly inpatient care and reduce the pressure in higher-level facilities. They could improve the efficiency of health systems, deliver cost-effective interventions, reduce unnecessary admissions, and improve population health outcomes (World Health Organization 2018).

Improving access to outpatient services has been a key policy priority in the Philippines. Over the past decade, the Philippine Health Insurance Corporation, or PhilHealth, the main government agency that administers the national health insurance program, has expanded its benefit coverage to a broad range of outpatient services to improve access and financial protection. In 2023, approximately 4.4% of households experienced catastrophic out-of-pocket spending, which could potentially be addressed at the outpatient level (Ulep forthcoming). In 2011, PhilHealth rolled out an integrated and comprehensive outpatient benefit package to increase access to essential healthcare services in support of the achievement of Millennium and Sustainable Development Goals, including those related to tuberculosis, HIV/AIDS, maternal and child care, and family planning (PhilHealth 2024b). PhilHealth covers day care services to address the growing burden of non-communicable diseases (NCDs), such as chemotherapy and radiotherapy for cancer patients, and hemodialysis for kidney disease patients (PhilHealth 2021c). While still in earlier stages, PhilHealth has also taken steps to cover primary care, *that is*, general consultations, disease screening, and essential drugs, such as TSeKaP in 2012, and Konsulta which evolved to YAKAP more recently. Expansion of primary healthcare is one of the core components of the Universal Health Care (UHC) Act of 2019 (Republic Act 11223: Universal Health Care Act 2019).

While expanding outpatient benefits has been a core priority of PhilHealth, there remains a lack of comprehensive analysis assessing how these benefits are utilized across the population (Republic Act 11223: Universal Health Care Act 2019). Empirical evidence on outpatient service delivery under PhilHealth is particularly limited. This report examines the utilization rate of PhilHealth's outpatient benefits and the associated expenditures. Also, we determine variations across geographic areas and socio-demographic groups and characterize the outpatient benefits by type of disease. To our knowledge, this is the first study to analyze PhilHealth's outpatient utilization

¹ SDH, HMR and VGU are Senior Technical Specialist, Technical Specialist, and Fellow. We thank the Philippine Health Insurance Corporation for providing the claims data.

with this level of granularity. The study aims to inform necessary financing and service delivery reforms.

2. Brief overview of PhilHealth health benefits

Per policy, PhilHealth benefits can be categorized into four: (1) inpatient, (2) outpatient, (3) SDG, and (4) Z-benefits.² **Inpatient benefits** are provided through a fixed payment system called the All-Case Rates System (ACR) for conditions requiring overnight admission (more than 24 hours). The rates are assumed to cover the full cost of care, including room and board, professional fees, diagnostics, and medicines, when availed in PhilHealth-accredited facilities (PhilHealth 2013). On the other hand, **outpatient benefits** include day surgeries, which are minor elective procedures where patients are admitted and discharged on the same day. Like inpatient benefits, these procedures may be performed in accredited ambulatory surgical clinics (ASC) and are reimbursed using the ACR system, which is intended to cover the full cost of care. In addition, PhilHealth provides special outpatient-specific benefits for certain treatments such as radiotherapy, hemodialysis, outpatient blood transfusion, and recently, outpatient emergency and drug prescription benefits. For radiotherapy and dialysis, PhilHealth pays the accredited provider a fixed amount per session (PhilHealth 2024c). As mandated by the UHC Act, PhilHealth introduced the Konsulta Benefit Package, which evolved into the Yaman ng Kalusugan Program (YAKAP) in 2025 (PhilHealth 2025a). This comprehensive primary care benefit package includes consultations, health risk assessments, and selected diagnostic tests paid through capitation and delivered through accredited Primary Care Facilities (PCF) (PhilHealth 2024a). However, coverage and implementation remain challenging as the implementation is still in the initial stages (Pelayo et al. 2025). **Z-benefits** are special packages designed for medical and financially catastrophic conditions. These include select types of cancer, kidney transplants, major heart surgeries, and orthopedic implants (PhilHealth 2021c). Z benefits are available only in selected contracted healthcare facilities that meet specific service capability requirements. The last category of benefits is the **Sustainable Development Goals or SDG-Related Benefit Packages**. This covers specific outpatient services such as treatment for malaria, Human immunodeficiency virus (HIV), Tuberculosis Directly Observed Treatment, Short-Course (TB DOTS), animal bite management, family planning, and maternal and newborn care. The package includes diagnostics, professional fees, and medicines from accredited public and private primary care facilities, and in contrast to YAKAP's capitation payment mechanism, are paid through case rates (PhilHealth 2024b).

While the *depth* of benefits, referring to the range of services covered, appears comprehensive, including preventive to curative care and covering medical consultations, diagnostics, and procedures, challenges remain in aligning the claims data with international classifications. The current categorization of healthcare services as described in policies complicates efforts to define and measure “outpatient” care in a manner consistent with global standards. Furthermore, significant data limitations persist. Several benefit packages are processed through separate information systems. Issues such as inaccurate coding of diagnoses and procedures undermine the reliability of service classification (Gacias et al. forthcoming). For example, records under the

² See the details: <https://www.philhealth.gov.ph/benefits/>

Konsulta package and the HIV/AIDS special benefit package are managed outside the main PhilHealth claims system, which affects data accuracy needed for monitoring of outpatient service utilization.

In general, based on the International Classification of Health Accounts (ICAH-HC) System for Health Accounts (SHA) published by the OECD, healthcare services consumed by individuals are recorded based on specific functions, such as curative, rehabilitative, long-term care, and preventive care. However, ICAH-HF also distinguishes health services based on the so-called modes of provision, i.e., inpatient care, day care, outpatient care, and home care (OECD, Eurostat, and World Health Organization 2017). Inpatient contact comprises a formal admission into a health care facility for treatment and/or care that constitutes an overnight stay. **Outpatient care** refers to medical and ancillary services provided to patients who are not formally admitted to a facility and do not stay overnight. It can occur in hospitals, ambulatory care centers, private clinics, schools, workplaces, prisons, or community settings (e.g., vaccinations, hypertension or HTN screening). **Day-care services** involve planned medical or paramedical procedures where the patient is admitted and discharged on the same day. **Daycare** is often used to reduce costs and waiting times and can be delivered in hospitals or specialized centers. Examples include laser surgeries, cataract removal, and dialysis (OECD et al. 2017).

3. Methods

In this study, we estimated utilization rates of outpatient benefits of PhilHealth and the associated expenditures. We determined variations across geography (e.g., provinces and highly urbanized cities) and socio-demographics, and characterized the outpatient benefits by type. We used multiple data sources to address these research questions and applied the corresponding data processing and analysis.

3.1. Data sources

We used health insurance claims data from the Philippine Health Insurance Corporation, the country's primary national health insurer, with membership covering almost 95% of the entire Philippine population. We obtained all the health insurance claims submitted by all accredited facilities from 2018 to 2024, totaling about 88 million claims. All data points were anonymized and de-identified in compliance with the Philippine Data Privacy Act and the Non-Disclosure Agreement between PhilHealth and the Philippine Institute for Development Studies (PIDS). We also used the Konsulta registration database which provides aggregates of Konsulta members per facility, and number of members who have undergone a First Patient Encounter (FPE) as of June 27, 2025. In addition to data from PhilHealth, we used auxiliary datasets, including population counts from the Census of Population and Housing. We used Philippine Standard Geographic Codes (PSGC) from the Philippine Statistics Authority (PSA) and linked them to the members' residence addresses in the social health insurance claims data. See Table 1 for a summary of the data used in this study.

Table 1. Summary of data sources used.

Primary Data Sources	
Data Source	Description
PhilHealth Electronic Claims (<i>eClaims</i>)	Electronically submitted insurance claims filed by accredited hospitals contain unique claim identifiers, patient information, and other pertinent claim information, such as case rates and claim charge/reimbursement amounts. After processing and standardization, additional variables for analysis were added to this dataset, namely the patient's length of stay, imputed primary diagnosis, and recoding of patient age into categorical age groups. Data was extracted by the PhilHealth Task Force Informatics (TFI) under the Information Management Sector (IMS) as of 15 April 2024.
PhilHealth Accredited Health Care Institutions (HCI)	The list of PhilHealth accredited health care facilities comprises unique facility identifiers, accreditation details, and facility locations at various granularity levels. Location fields were standardized by assigning Philippine Standard Geographic Codes (PSGC). The PhilHealth TFI extracted data from 18 January 2023 and 3 August 2024.
Konsulta	The Konsulta dataset includes the number of members registered per accredited facility and number of individuals with first patient encounter (FPE). PhilHealth TFI extracted data from 2023 to June 27, 2025
Auxiliary Data Sources	
Philippine Standard Geographic Code (PSGC) (Philippine Statistics Authority 2024)	The PSGC is a standardized coding mechanism for geographic areas in the Philippines based on the country's geographical and administrative subdivisions, namely by region, province, city/municipality, and barangay. Codes from the latest PSGC dataset (31 December 2024) downloaded from the PSA website were used to standardize and link datasets with location fields.
Census of Population and Housing (Philippine Statistics Authority 2021)	The Census of Population and Housing, which includes individual-level entries, were used to estimate the population for the year 2024. Resulting data was aggregated to City/Municipality level before being retagged using the latest PSGC as of 31 December 2024.
Global Burden of Disease (GBD) (Institute for Health	The Institute for Health Metrics and Evaluation (IHME) released a mapping of ICD codes to non-fatal causes and injuries, along with their corresponding cause IDs for various GBD levels. This

Metrics and Evaluation (2025)	study used the latest mapping table on the IHME website as of December 2021.
National Health Facility Registry (NHFR) (Republic of the Philippines Department of Health (2025))	The official registry of health facilities in the Philippines, containing accreditation details, unique facility identifiers, and location information, validated entries from the PhilHealth list of accredited facilities with inaccurate details, such as geographical location. The NHFR dataset was extracted from the NHFR website as of January 2025.

3.2. Data processing

We processed the individual-level claims data by first standardizing the variables and ensuring that the geographic codes align with the PSGC codes used in the census data from PSA. We tagged each claim with a disease category based on the IHME non-fatal cause list map. We reclassified procedures (i.e., RVS codes) based on the availability of a corresponding ICD-10 code in other fields. If no corresponding ICD-10 code was available, the procedure was classified as a non-specific RVS code. After tagging the location of each claim based on the patient’s residence address and assigning an ICD-10 code, we applied exclusion criteria as summarized in Table 2. We retained only ACR claims with a length of stay (LOS) less than 24 hours, and excluded all unpaid claims from the analysis.

Following this exclusion, data considered as “outpatient” included daycare surgeries, hemodialysis, radiotherapy, and chemotherapy claims. While these services are classified as day care in international nomenclature, we categorized them as outpatient services following PhilHealth’s definitions in its policies. Claims under the SDG benefit packages that were tagged as outpatient claims, with a length of stay of less than one day, were considered outpatient. Data on HIV benefit packages and Konsulta patient encounters were not included in this analysis, as they are maintained in separate datasets that PIDS researchers cannot access.

Table 2. PhilHealth outpatient eClaims selection and exclusion.

Exclusion Criteria	2018	2019	2020	2021	2022	2023	2024	All Years
All PhilHealth claims	10,624,981	12,428,391	10,424,556	13,209,411	12,569,941	12,996,898	15,392,600	87,646,778
Claim is not an outpatient visit	-8,129,110	-9,383,670	-6,324,270	-5,583,651	-6,652,464	-7,866,974	-8,810,410	-52,750,549
Claim is an inpatient visit	-7,534,712	-8,656,675	-5,534,595	-4,772,978	-5,759,244	-6,758,802	-7,461,740	-46,478,746
LOS>1 day*	-594,398	-726,995	-789,675	-810,673	-893,220	-1,108,172	-1,348,670	-6,271,803
Duplicate claims **	-5,912	-1,132	-2,941	-3,051	-960	-760	-528	-15,284
Claim is not "paid" or "approved for payment"	-126,749	-162,088	-293,697	-677,082	-275,172	-195,594	-289,327	-2,019,709
Total Outpatient claims	2,363,210	2,881,501	3,803,648	6,945,627	5,641,345	4,933,570	6,292,335	32,861,236
Conditional Exclusions								
Analyses Involving Charge and Reimbursement								

Total Outpatient claims	2,363,210	2,881,501	3,803,648	6,945,627	5,641,345	4,933,570	6,292,335	32,861,236
Charge < PHP 1,500 or Payout < PHP 1,500	-24,593	-32,971	-135,937	-686,058	-672,424	-129,941	-63,926	-1,745,850
Charge >= 99th percentile (PHP 60,042.09)	-16,760	-24,798	-23,544	-38,584	-59,328	-70,514	-94,941	-328,469
Outpatient Claims for Charge and Reimbursement	2,321,857	2,823,732	3,644,167	6,220,985	4,909,593	4,733,115	6,133,468	30,786,917

* Some outpatient cases have indicated discharge date earlier than admission date, resulting in negative length of stay (LOS) values. For these cases, only entries with a difference of more than one day have been excluded from the analysis.

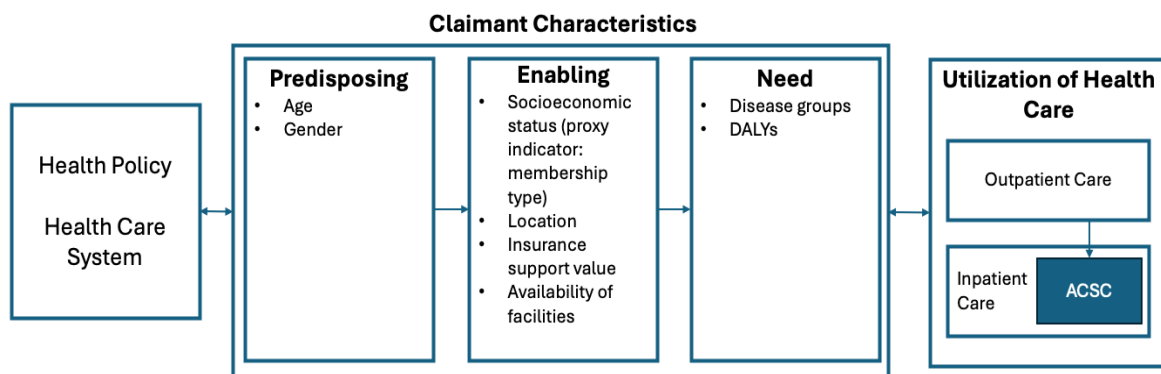
** Duplicate is defined as observations with the same PIN, patient type, sex, age, date admitted, date discharged, case rate 1, charge amount, reimbursement amount

The Konsulta registration and First Patient Encounter (FPE) dataset, which provided aggregate counts per facility, was merged with the PhilHealth Accredited Health Care Institutions (HCI) using the PhilHealth Accreditation Number field to derive the PSGC codes and other facility details. Upon retrieval of datasets, YAKAP was not yet implemented, hence the datasets will be referred to as Konsulta in this paper.

3.3. Analysis

This paper is a purely descriptive analysis that estimates PhilHealth's outpatient utilization rate and the associated reimbursements. Utilization rate estimates the number of unique claimants based on patients' residence relative to the population, with and without adjustment for the age-sex structure of the LGU. Grounded on Anderson Behavioral Model (Alkhawaldeh et al. 2023), which provides a comprehensive framework for understanding the factors influencing healthcare utilization, we examined utilization across these three domains: predisposing factors such as age and gender; enabling factors, including socioeconomic status proxied by membership type, geography, support value (i.e., financial support), and availability of healthcare facilities; and need factors, such as disease groups. This framework guided the organization and interpretation of our findings, allowing us to identify patterns of outpatient use.

Figure 1. Anderson Behavioral Model of Healthcare Use



Source: Adapted from Alkhawaldeh et al. (2023)

4. Results

In 2024, outpatient claims accounted for about half of all PhilHealth claims, nearly double the share in 2018. While inpatient claims continued to account for the majority, their share dropped from 73% in 2018 to 51% in 2024, a significant shift. Outpatient claims nearly doubled in share over the same period, reaching 49% by 2024. In terms of reimbursements, inpatient services still represented the larger share, but this declined from 86% to 72%, indicating a notable rise in outpatient spending. The average reimbursement per outpatient claim increased from approximately PHP 5,088 in 2018 to over PHP 6,100 in 2024. There was a sharp increase in the number of outpatient claims and claimants in 2020 due to the COVID-19 pandemic. While total claims fell to 8.4 million in 2020, the lowest in the seven years, outpatient claims increased to 3.8 million in 2020 and nearly 7 million in 2021, possibly driven by the rollout of COVID-19 testing and COVID-19 Home Isolation benefit packages (PhilHealth 2021b, 2021a). Nevertheless, the number of total unique claimants fell substantially in 2020, suggesting disruptions to overall health-seeking behavior and service access. Since then, claims and reimbursement value have rebounded sharply, with outpatient claimants growing from under 10% in 2018 to nearly 18% by 2024.

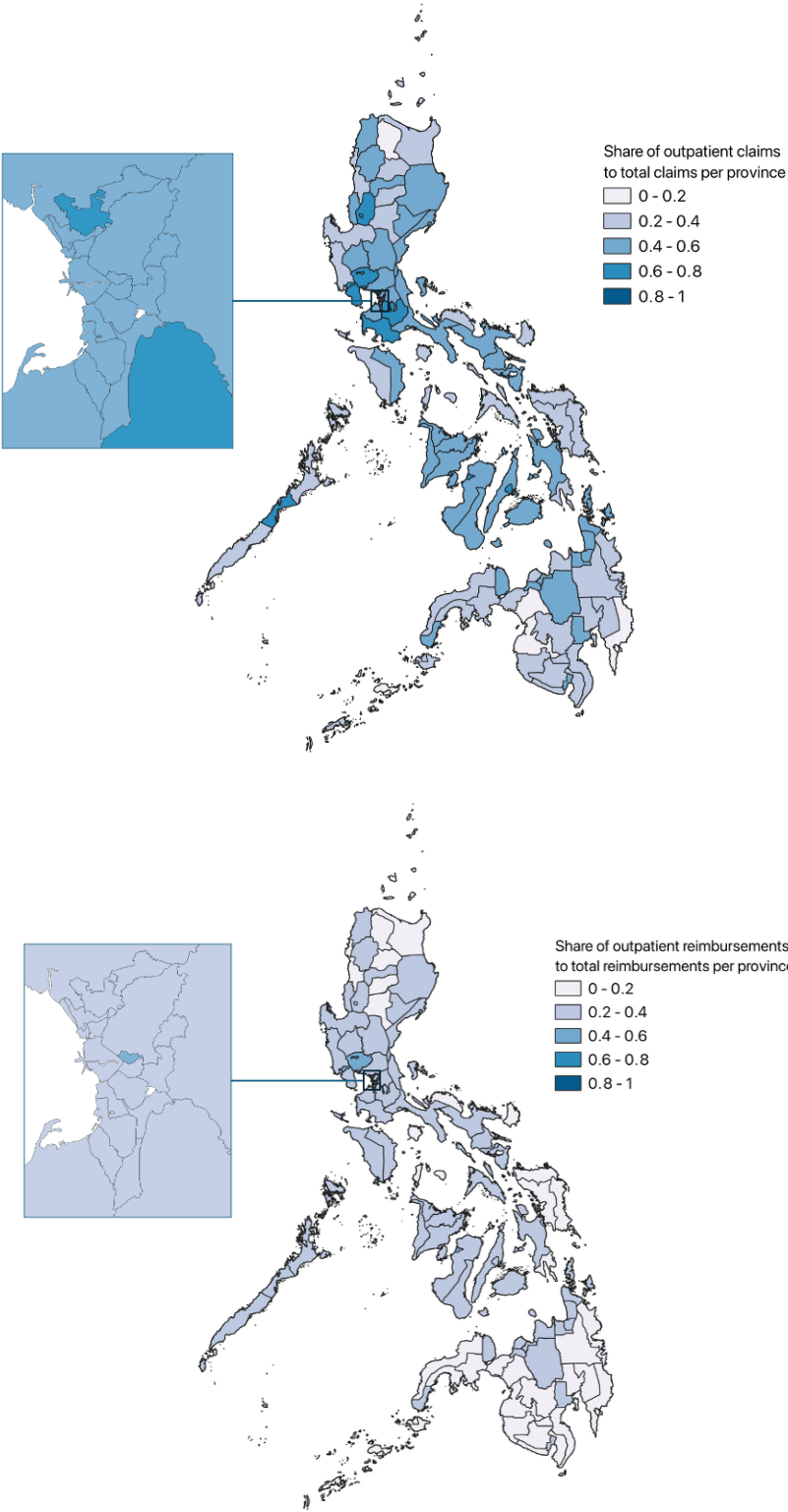
There is considerable geographic variation in the share of outpatient claims and reimbursement. Figure 2 shows large geographic variation in the share of outpatient claims and reimbursements relative to total PhilHealth claims across provinces. Figure 3 shows a substantial variation in the share of outpatient claims across provinces, with the national average marked by the red line. Most highly urbanized cities or HUCs report higher-than-average outpatient shares, reaching over 70%. In contrast, many provinces fall well below the national average, with outpatient shares dipping below 20%. **See Appendix A** for detailed values of each province and HUC.

Table 3. Comparison of outpatient and inpatient claims, reimbursements, and unique claimants as share of total (2018-2024)

	2018		2019		2020		2021		2022		2023		2024	
A. Total Included Claims	8,879,395.00	100.00%	10,243,393.00	100.00%	8,379,272.00	100.00%	10,827,551.00	100.00%	10,617,057.00	100.00%	10,805,592.00	100.00%	12,795,242.00	100.00%
Total Inpatient	6,516,185.00	73.39%	7,361,892.00	71.87%	4,575,624.00	54.61%	3,881,924.00	35.85%	4,975,712.00	46.87%	5,872,022.00	54.34%	6,502,907.00	50.82%
Total Outpatient	2,363,210.00	26.61%	2,881,501.00	28.13%	3,803,648.00	45.39%	6,945,627.00	64.15%	5,641,345.00	53.13%	4,933,570.00	45.66%	6,292,335.00	49.18%
B.1. Total Included Claims with Valid Reimbursement	8,713,142.00	100.00%	10,107,083.00	100.00%	8,158,675.00	100.00%	9,993,464.00	100.00%	9,812,770.00	100.00%	10,529,017.00	100.00%	12,535,286.00	100.00%
Total Inpatient	6,391,285.00	73.35%	7,283,351.00	72.06%	4,514,508.00	55.33%	3,772,479.00	37.75%	4,903,177.00	49.97%	5,795,902.00	55.05%	6,401,818.00	51.07%
Total Outpatient	2,321,857.00	26.65%	2,823,732.00	27.94%	3,644,167.00	44.67%	6,220,985.00	62.25%	4,909,593.00	50.03%	4,733,115.00	44.95%	6,133,468.00	48.93%
B.2 Total Included Reimbursements (PHP)	85,114,180,742.40	100.00%	98,262,111,727.20	100.00%	69,130,541,714.37	100.00%	86,791,917,350.07	100.00%	80,976,099,166.89	100.00%	88,964,556,055.15	100.00%	134,094,227,235.59	100.00%
Total Inpatient	73,300,527,870.40	86.12%	83,583,262,964.80	85.06%	54,394,456,270.17	78.68%	63,399,934,274.38	73.05%	59,741,709,978.82	73.78%	67,267,208,455.60	75.61%	96,573,450,949.60	72.02%
Total Outpatient	11,813,652,872.00	13.88%	14,678,848,762.40	14.94%	14,736,085,444.20	21.32%	23,391,983,075.69	26.95%	21,234,389,188.06	26.22%	21,697,347,599.55	24.39%	37,520,776,285.99	27.98%
C. Total unique claims included in analysis*	6,375,687.00	100.00%	6,977,569.00	100.00%	4,913,642.00	100.00%	6,319,949.00	100.00%	6,185,232.00	100.00%	6,130,852.00	100.00%	6,674,957.00	100.00%
Inpatient claims included in analysis (N, %)	5,781,168.00	90.68%	6,285,029.00	90.07%	3,945,526.00	80.30%	3,400,224.00	53.80%	4,302,940.00	69.57%	4,988,169.00	81.36%	5,478,259.00	82.07%
Outpatient claims included in analysis (N, %)	594,519.00	9.32%	692,540.00	9.93%	968,116.00	19.70%	2,919,725.00	46.20%	1,882,292.00	30.43%	1,142,683.00	18.64%	1,196,698.00	17.93%
Average value per outpatient claim	5,088.02		5,198.39		4,043.75		3,760.17		4,325.08		4,584.16		6,117.38	

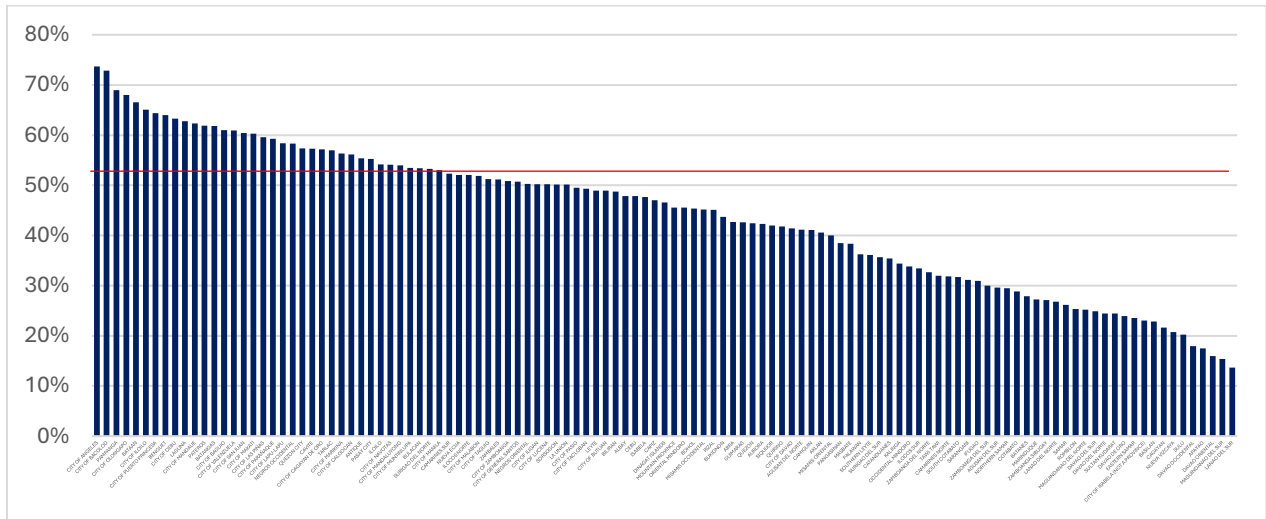
* Unique claimants are defined in the e-claims data as observations with a unique combination of member pseudo-PIN, age, sex, and member type

Figure 2. (1) Share of outpatient claims to total, and (2) share of outpatient reimbursements to total reimbursements



Source: Authors' analysis of PhilHealth data

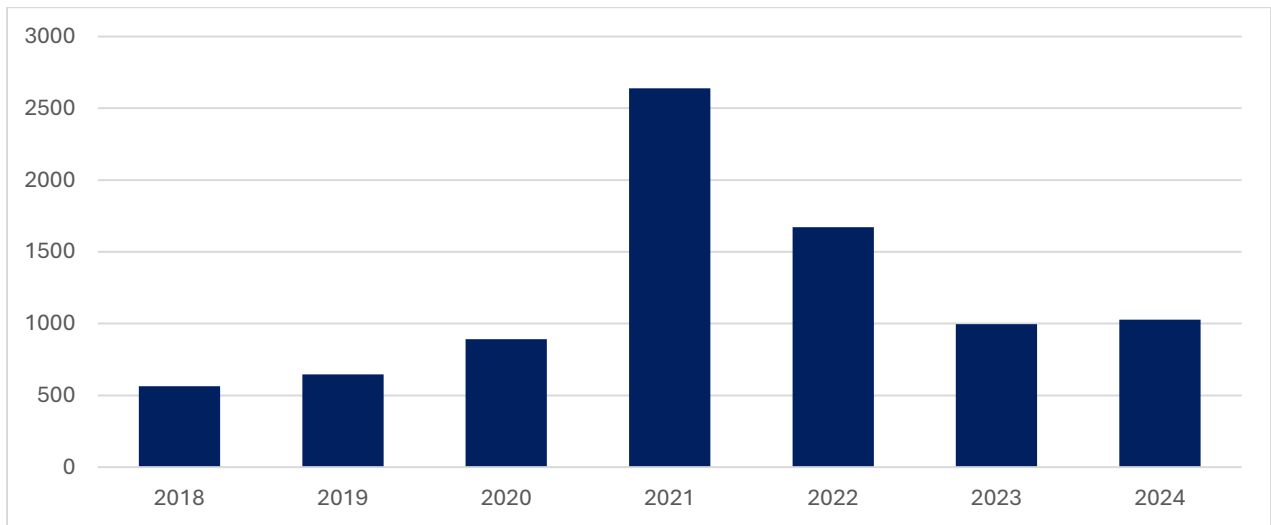
Figure 3. Share of outpatient claims to total claims, by province and HUCs



Source: Authors’ analysis of PhilHealth data. Note: The red line represents the national average share.

The outpatient utilization rate (age-sex-standardized) peaked in 2021, with the number of claims and the rate per 100,000 population reaching their highest levels in the last seven years. Then, it declined and rebounded modestly by 2024. Figure 4 shows the trend in the outpatient utilization rate from 2018 to 2024. Utilization increased steadily from 2018 through 2021, with a sharp spike in 2021. The trend reflects the sudden influx of use of COVID-related outpatient services during the pandemic.

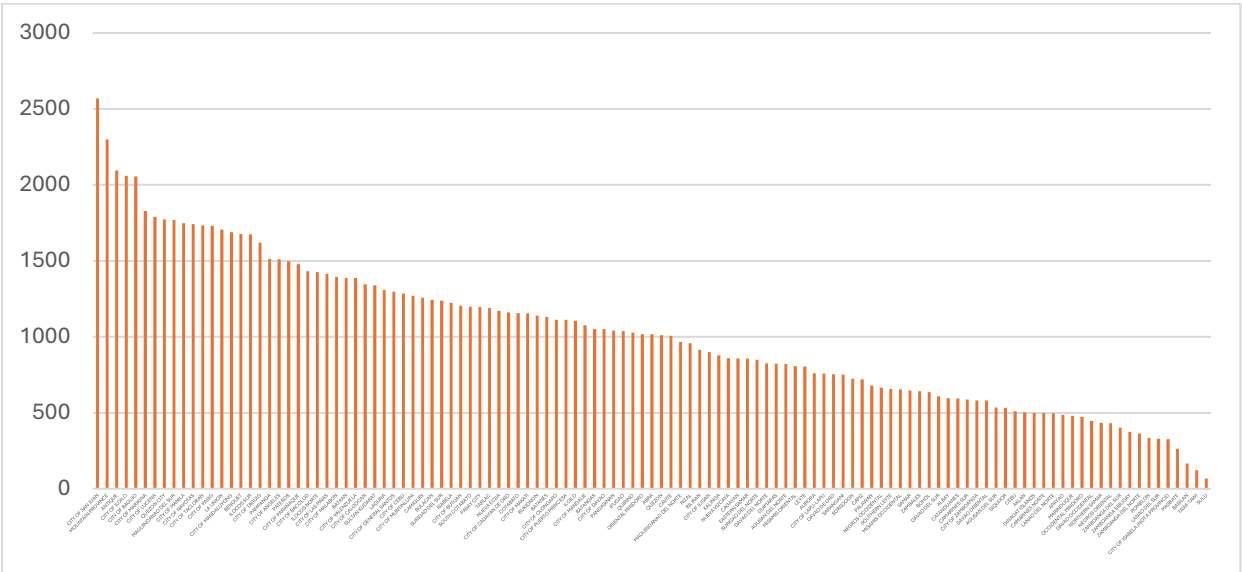
Figure 4. Outpatient care utilization per 100,000 population by year (age and sex standardized)



Source: Authors’ analysis of PhilHealth data

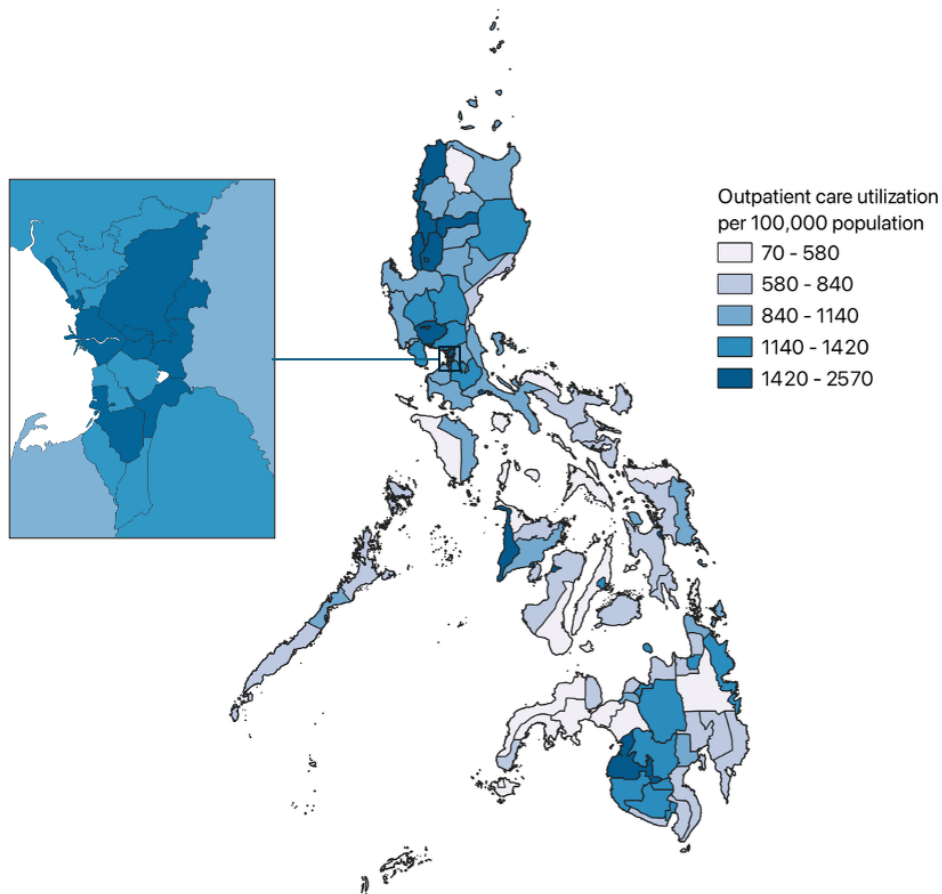
Outpatient utilization (age-sex standardized) rates vary widely across provinces and HUCs, with some areas exceeding 2,500 claims per 100,000 population. In contrast, other LGUs fall below 300, suggesting that the large healthcare variation is not solely driven by population structure. **Figure 5** shows the age- and sex-standardized outpatient utilization rates per 100,000 population across provinces and HUCs. Standardizing the health data in epidemiology removes demographic differences, providing a clearer approach to benchmarking outpatient use across provinces/HUCs. Potentially, some provinces have higher outpatient utilization because a relatively higher proportion of the elderly population, for example, is more likely to use healthcare. But even after adjusting for differences in age-sex structure, the figure still shows alarming disparities, with some HUCs and provinces recording rates above 2,000 per 100,000, while others, mostly poorer provinces, report utilization rates below 300, more than five times. These wide variations suggest non-demographic factors such as supply (i.e., limited facilities) and demand-side factors (i.e., lack of awareness of benefits and limited financial access).

Figure 5. Age-sex standardized utilization rate (per 100,000 population), by province and HUC



Source: Authors’ analysis of PhilHealth data

Figure 6. Utilization rate (per 100,000 population), by province and HUCs



Source: Authors' analysis of PhilHealth data

We observed differences in the share of claims across socio-demographic groups, islands, groups, membership types, and facility ownership. By age group, adults (20-59) accounted for most claims (56.4%), followed by the elderly aged 60 and above (40.91%), with significantly smaller shares among children and adolescents. Male and female claimants were nearly evenly split. Direct members comprised just under half of all claims (40.7%), while indigent and sponsored members accounted for growing shares among indirect members. Across regions, Luzon contributed the highest number of claims, followed by the Visayas, Mindanao, and NCR. Private facilities continued to dominate in volume, but claims in public facilities showed remarkable growth. Comparing trends from 2018 to 2024, total claims increased by 44%, but outpatient claims grew by 166%. Claims from all age groups more than doubled, with infants and children having the largest growth.

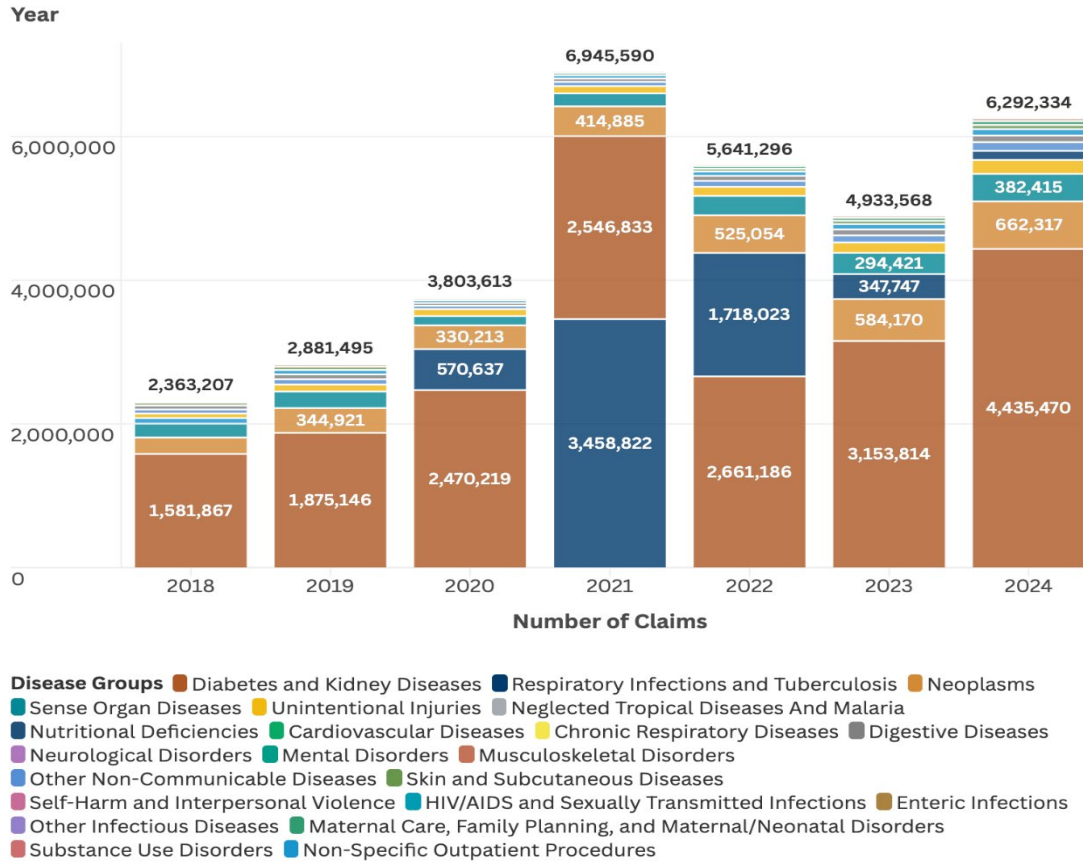
Table 4. Share of claims by socio-demographic characteristics (2018-2024)

	2018		2024		Percent change, 2018 and 2024
	Number of claims	Share of total claims	Number of Claims	Share of total claims	
Summary					
Total claims included in analysis	8,879,395	100.00%	12,795,242	100.00%	44.10%
Outpatient claims included in analysis (N, %)	2,363,210	26.61%	6,292,335	49.18%	166.26%
B. Claimant Characteristics					
Sex					
Female	1,170,708	49.54%	3,118,032	49.55%	166.30%
Male	1,192,502	50.46%	3,174,303	50.45%	166.20%
Age Group					
Infant (<1)	2,533	0.11%	11,471	0.18%	352.90%
Child (1-5)	11,296	0.48%	34,541	0.55%	205.80%
School-Age (6-9)	11,544	0.49%	27,177	0.43%	135.40%
Adolescent (10-18)	41,687	1.76%	95,507	1.52%	129.10%
Adult (20-59)	1,280,312	54.18%	3,546,994	56.37%	177.00%
Elderly (>=60)	1,014,133	42.91%	2,574,019	40.91%	153.80%
No Specified Age	1,705	0.07%	2,626	0.04%	54.00%
Member Type					
Direct					
Formal economy	393,532	16.65%	1,066,628	16.95%	171.00%
Informal economy	646,028	27.34%	921,598	14.65%	42.70%
Lifetime member	284,714	12.05%	570,168	9.06%	100.30%
Indirect					
Indigent	183,041	7.75%	495,946	7.88%	171.00%
Sponsored	145,926	6.17%	1,388,324	22.06%	851.40%
Senior Citizen	709,969	30.04%	1,849,671	29.40%	160.50%
C. Location of Claims					
Island Group (by residence of claimant)					
NCR	354,061	14.98%	869,070	13.81%	145.50%
Luzon	1,297,000	54.88%	3,326,658	52.87%	156.50%
Visayas	396,348	16.77%	1,160,703	18.45%	192.90%
Mindanao	302,439	12.80%	928,257	14.75%	206.90%
Being Verified	13,362	0.57%	7,647	0.12%	-42.80%
Facility Ownership					
Public	347,135	14.69%	1,282,809	20.39%	269.50%
Private	2,008,733	85.00%	4,977,745	79.11%	147.80%
Ownership Being Verified	7,342	0.31%	31,781	0.51%	332.90%

In 2024, approximately 70% of outpatient claims were attributed to diabetes and kidney diseases, primarily due to the high volume of hemodialysis claims. The next largest contributors were neoplasms and sense organ diseases, accounting for around 10% and 7% of outpatient claims, respectively, driven by radiotherapy, chemotherapy and cataract surgeries, all of which are classified as daycare services. Respiratory diseases also made notable contributions, particularly

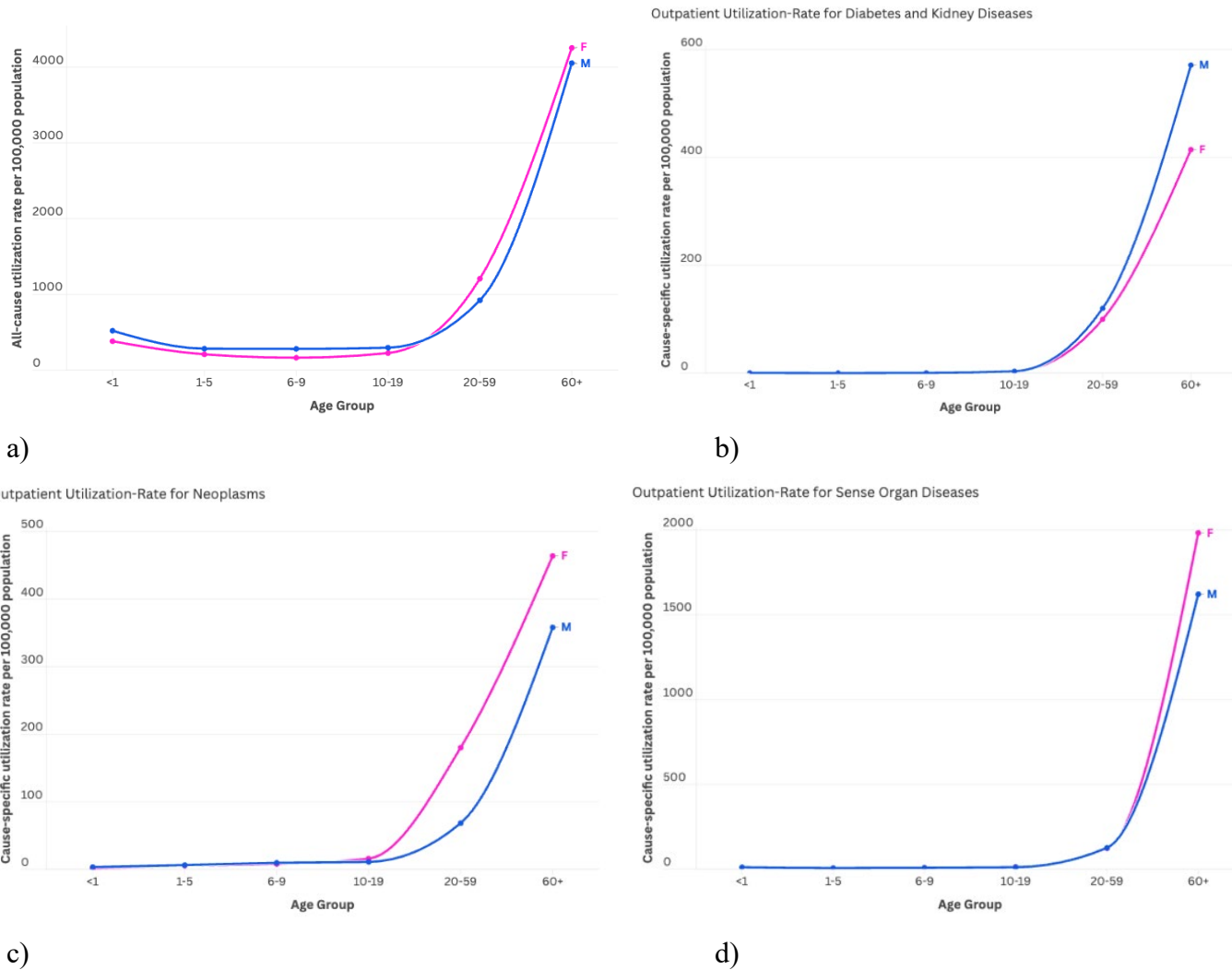
during the peak in 2021. COVID-19 testing packages largely drove this spike, though claims related to these conditions declined in the years following the pandemic.

Figure 7. Outpatient claims by disease group



The middle-aged elderly population utilizes an overwhelming majority of outpatient services. Figure 8 shows the pattern of outpatient utilization across age groups for all causes and three leading specific causes: diabetes and kidney diseases (Figure 8b), neoplasms (Figure 8c), and sense-organ disease (Figure 8d) in 2024. A consistent pattern suggests that utilization rates remain low and stable during childhood and adolescence, begin to increase in adulthood (20–59), and increase further in the 60+ age group.

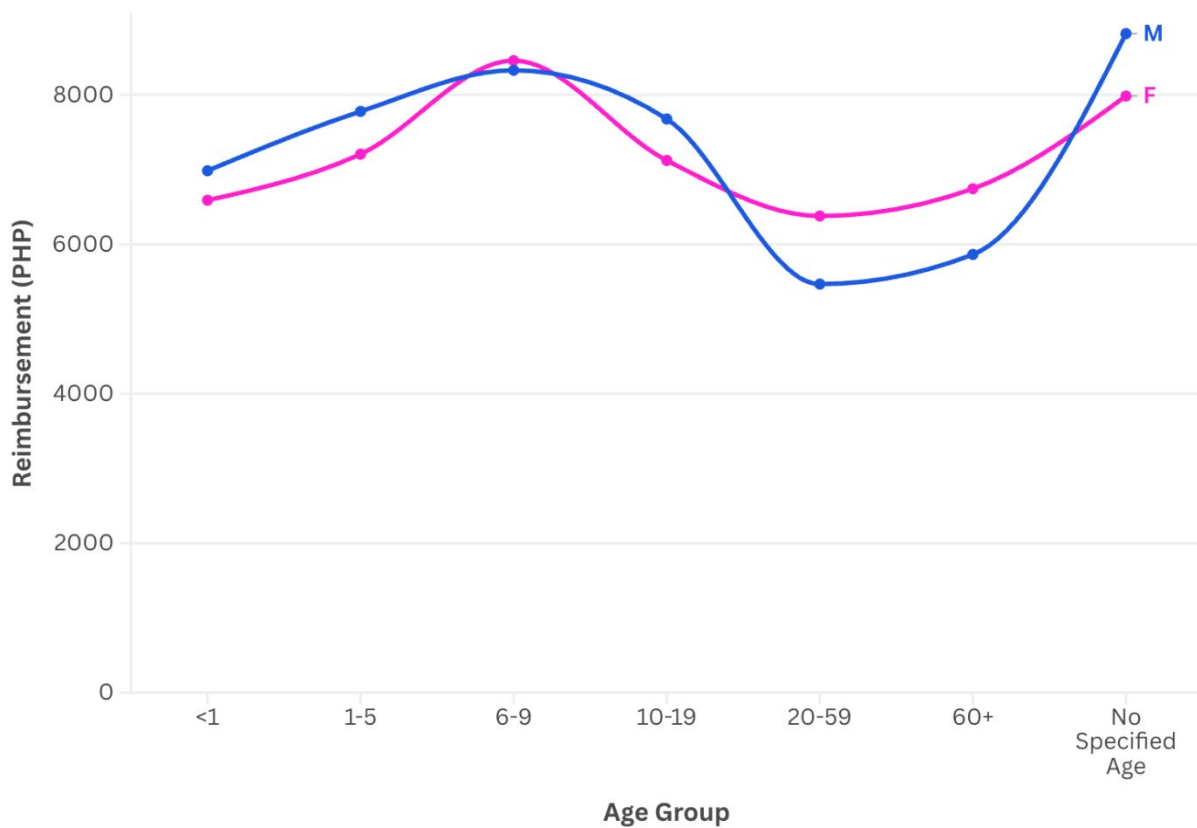
Figure 8. Utilization rate per 100,000 population by age and sex in 2024: a) all-cause utilization rate; b) cause-specific utilization rate for diabetes and kidney disease; c) cause-specific utilization rate for neoplasms; and d) cause-specific utilization rate for sense organ diseases



Source: Authors' analysis of PhilHealth data

The age-specific reimbursement or cost curves reveal a distinct pattern in average per capita reimbursements. Reimbursements are high in early childhood, peaking in the 6–9 age group, which may reflect increased health service use related to children. Top reimbursed cases in this age group include **chemotherapy administration (11%)**, **treatment of complex superficial wounds (7%)**, **management of infected skin conditions (5%)**, and **animal bite treatment (4%)**. These reflect both acute care episodes (e.g., trauma, infections, bites) and more intensive interventions such as chemotherapy, possibly linked to pediatric cancers. The average reimbursement declined in the 10–19 and 20–59 age groups, coinciding with the generally healthier adolescent and working-age populations. Reimbursements begin to rise again in the 60+ age group, consistent with increased healthcare needs and chronic disease prevalence among older adults. A similar trend exists for males and females, though the curve's magnitude and slope differ by sex. Males show a steeper decline and sharper increase in old age, while females show a gradual trend.

Figure 9. Average Reimbursement (in PHP) by Age Group for 2024

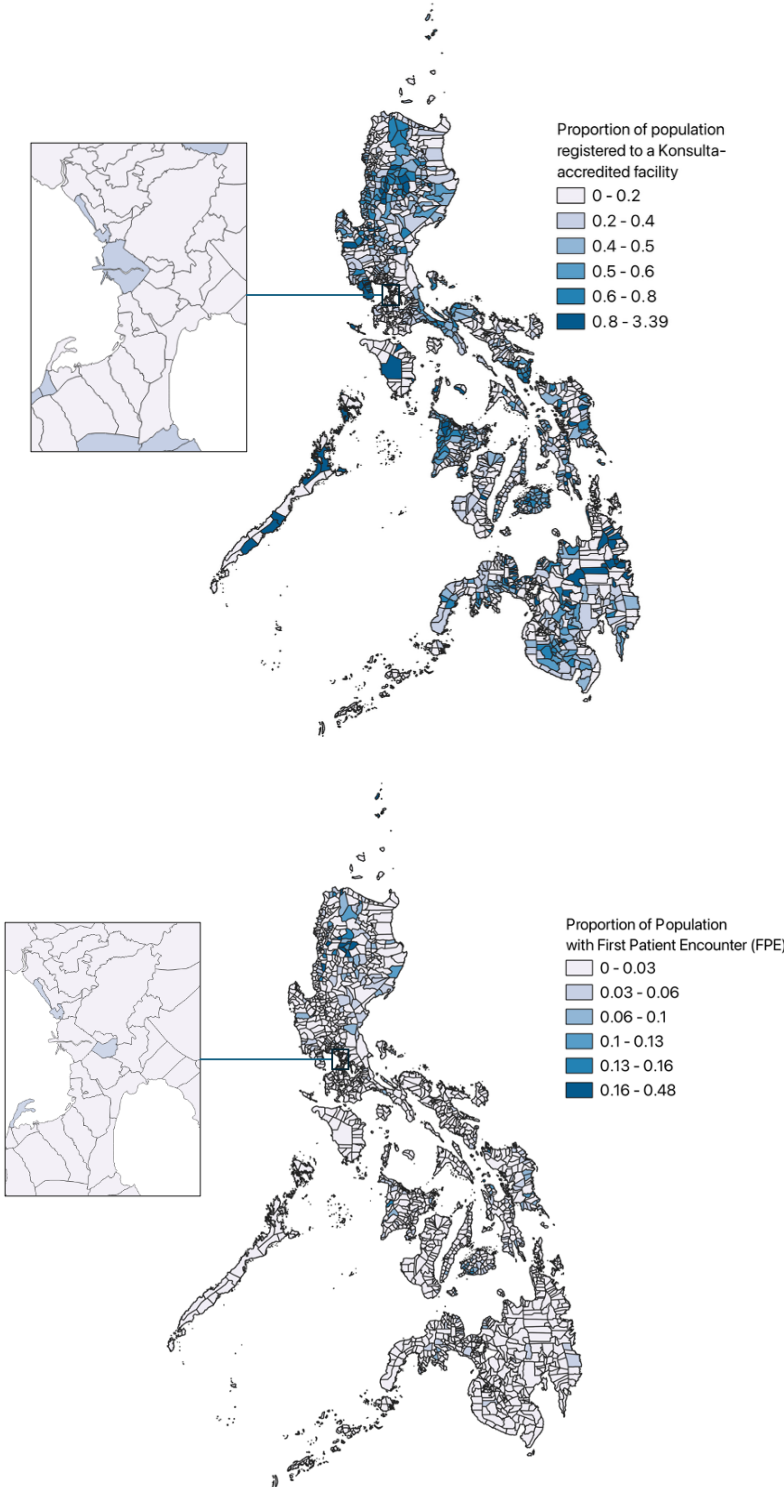


Source: Authors' analysis of PhilHealth data

About 25% of the Philippine population has been registered with a YAKAP-accredited primary care facility, while only 1.2% has had a first patient encounter. PhilHealth's Yaman ng Kalusugan Program or YAKAP (an evolution of the Konsultasyong Sulit at Tama or Konsulta program) is a recent comprehensive outpatient benefit package mandated under the Universal

Health Care (UHC) Law, designed to improve access to primary care and reduce the burden of chronic diseases. It aims to promote early detection of illnesses, prevent complications, and provide affordable essential medicines (PhilHealth 2025a). All Filipinos are entitled to PHC benefits and are expected to enroll with an accredited primary care provider through various registration mechanisms, including PhilHealth-initiated registration, PhilHealth-assisted processes, and third-party registration facilitated by local government units (LGUs), private employers, educational institutions, and other organized entities. However, registration alone does not guarantee service utilization. Enrolled members must undergo a First Patient Encounter (FPE), which involves profiling and initial consultation activities tied to providing payment through a capitation mechanism (PhilHealth 2024a). Providers are only compensated if they profile and serve a threshold proportion of their assigned population. Our analysis suggests that only about one-fourth of the population has been registered, and fewer than 2% have completed an FPE, indicating still limited reach of the program. Figure 10 illustrates the substantial variation across municipalities in the proportion of the population registered under the YAKAP program, as well as the proportion of those who have undergone the FPE. We further disaggregated the results at the provincial level, as seen in Figure 11. The wide disparities suggest that LGUs are unevenly performing in effectively enrolling and linking their constituents to primary care providers, highlighting gaps in implementation and outreach across different jurisdictions. This gap highlights critical issues: many members remain unaware of their benefits, are unprofiled, and have not developed relationships with PHC providers, particularly in cases of mass registration led by LGUs without adequate follow-through or engagement.

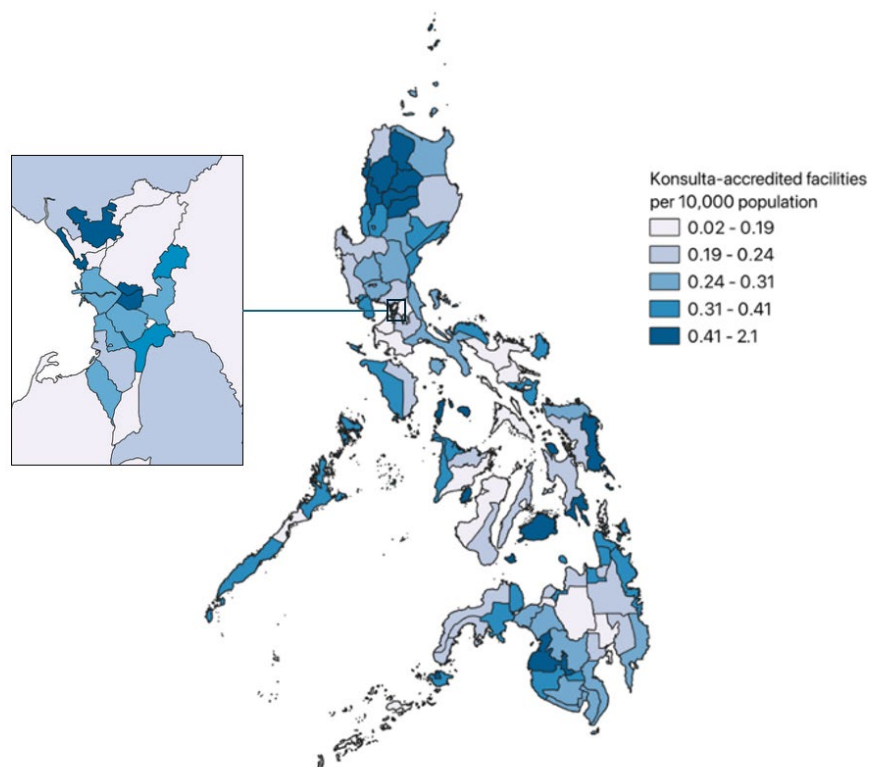
Figure 10. Proportion of population (a) registered to a Konsulta-accredited facility (YAKAP Beneficiaries) and (b) with First Patient Encounter (FPE), by city and municipality.



Source: Authors' analysis of PhilHealth data

such as supply-side and geographical access, awareness of benefit entitlements, and other demand-side factors. **Figure 12** shows the large gradient in the distribution of PhilHealth-accredited primary care facilities. While these facilities do not fully represent those providing the outpatient benefits included in this analysis, the variation across geographical areas highlights broader disparities in health facility availability nationwide. This uneven distribution of accredited providers could explain the variation in utilization rates. This large disparity echoes the previous empirical findings, such as those of Flaminiano et al. (2022), which indicate that relatively poorer (as measured by poverty incidence) areas tend to exhibit lower PhilHealth utilization rates.

Figure 12. Accredited primary care facilities per 10,000 population



Source: Authors' analysis of PhilHealth data

Another critical finding from our analysis is that the utilization of outpatient benefits skewed toward the middle-aged and elderly population. A substantial portion of outpatient claims are accounted for by day treatment services, particularly for end-stage renal disease requiring dialysis, which accounts for approximately 60% of total outpatient claims. Dialysis is a chronic and recurring service, often requiring multiple sessions, making it a major contributor to the volume and cost of PhilHealth claims (PhilHealth 2025b).

Given these findings, we recommend the following:

- 1. Invest in the primordial and primary prevention that is part of outpatient benefit packages.**

Based on our analysis, while the current pattern of PhilHealth outpatient utilization has been increasing, it is heavily concentrated in curative and chronic care services such as hemodialysis.

PhilHealth must therefore rebalance the outpatient benefit packages toward cost-effective, preventive, and PHC services. PhilHealth should consider expanding the coverage and reimbursement of evidence-based preventive services (i.e., hypertension and diabetes screening and lifestyle counseling). Improving the supply-side readiness of currently covered cost-effective curative care services (i.e., peritoneal dialysis) (Chuasuwana et al. 2020) should also be considered. While these services are already included under the YAKAP program, their implementation remains limited and uneven across the country. Nationwide scale-up and operational strengthening are needed to realize their potential impact fully. Shifting the focus toward primordial and primary preventive care will reduce the long-term cost burden associated with chronic disease and advance the broader goals of the UHC Act. Expanding and rationalizing the outpatient benefit package is critical, as the fact that a single disease accounts for 60% of outpatient claims raises serious equity concerns in the distribution of social health insurance benefits. It also has significant long-term sustainability implications for PhilHealth, especially given the high prevalence of Ambulatory Care Sensitive Conditions (ACSCs), which account for up to 30% of admissions (Flaminiano et al. 2022).

2. Strategic expansion of the supply side to address inequities

In addition to a strategic expansion of outpatient benefits toward more cost-effective services, the government should ensure the availability of high-quality PHC services through both demand- and supply-side policy levers. Demand-side policy levers include expanding YAKAP benefits that are well-costed and supported by adequate incentive structures. This would encourage market response, especially in far-flung areas. These measures include differential payments in favor of remote areas and additional incentives from PhilHealth for HRH working in GIDA areas. Supply-side interventions include well-thought-out licensing regulations and integration mechanisms to ensure that private and public primary care providers are willing to participate in YAKAP and deliver outpatient benefit packages (Reyes et al. 2023).

6. Limitations of the study

The analysis has several limitations that must be considered when interpreting the results. First, the analysis only includes outpatient care existing in the eClaims database. It does not include outpatient care outside accredited health facilities, such as those performed at the primary care facilities.

The Konsulta datasets, which contain primary care data, were available only in aggregate form and not at the individual level. Consequently, the analysis is limited in its ability to group primary care consults according to disease categories or other stratifiers. Thus, the results and discussion cannot present a comprehensive picture of outpatient utilization.

The results presented also does not sufficiently capture the utilization of HIV benefits, since the Outpatient HIV/AIDS Treatment datasets are separate from eClaims datasets. To improve the analysis of claims at the outpatient level, it is recommended that all datasets across benefit types, be integrated into a single, unified database.

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8. Appendix

Appendix A. Outpatient claims as a percentage of total claims per region and province, 2024

Province/HUC (by residence of claimant)	Number of claims			Reimbursements		
	Outpatient	Total Claims	Share of outpatient claims to total claims	Outpatient	PhilHealth Claims	Percentage of Total (OPD/Total)
PHILIPPINES	6,292,335	12,795,242	49.18%	39,882,293,056	136,455,744,005	29.23%
REGION I (ILOCOS REGION)	287,975	694,486	41.47%	1,962,883,538	8,088,924,349	24.27%
ILOCOS NORTE	44,087	84,672	52.07%	271,027,985	972,910,887	27.86%
ILOCOS SUR	41,334	123,595	33.44%	294,936,440	1,489,796,736	19.80%
LA UNION	66,925	133,508	50.13%	398,722,291	1,440,276,574	27.68%
PANGASINAN	135,629	352,711	38.45%	998,196,821	4,185,940,153	23.85%
REGION II (CAGAYAN VALLEY)	173,919	462,512	37.60%	1,168,007,633	5,339,939,363	21.87%
BATANES	585	2,097	27.90%	5,790,670	33,990,712	17.04%
CAGAYAN	25,070	115,957	21.62%	230,762,459	1,535,641,902	15.03%
ISABELA	124,440	261,118	47.66%	738,936,370	2,741,165,493	26.96%
NUEVA VIZCAYA	10,833	52,263	20.73%	118,277,083	698,144,082	16.94%
QUIRINO	12,991	31,077	41.80%	74,241,051	330,997,174	22.43%
REGION III (CENTRAL LUZON)	1,192,645	1,960,199	60.84%	7,721,644,804	20,011,692,268	38.59%
BATAAN	133,823	201,062	66.56%	722,168,890	1,813,388,482	39.82%
BULACAN	223,544	418,472	53.42%	1,731,936,263	4,779,028,031	36.24%
NUEVA ECIJA	141,651	271,999	52.08%	1,100,117,984	3,112,789,277	35.34%
PAMPANGA	403,763	585,590	68.95%	2,404,574,838	5,419,457,820	44.37%
TARLAC	124,834	219,042	56.99%	806,864,031	2,399,623,959	33.62%
ZAMBALES	44,968	87,877	51.17%	260,167,248	916,734,023	28.38%
AURORA	9,520	22,510	42.29%	62,696,689	233,377,357	26.86%
CITY OF ANGELES	78,875	107,077	73.66%	456,085,222	919,359,371	49.61%

CITY OF OLONGAPO	31,667	46,570	68.00%	177,033,639	417,933,948	42.36%
REGION IV-A (CALABARZON)	1,085,728	1,936,239	56.07%	7,020,229,250	20,531,400,792	34.19%
BATANGAS	280,099	453,144	61.81%	1,637,927,878	4,254,908,503	38.50%
CAVITE	252,031	439,758	57.31%	1,738,495,364	4,931,336,125	35.25%
LAGUNA	306,154	487,861	62.75%	1,880,065,422	4,901,612,822	38.36%
QUEZON	88,955	209,657	42.43%	583,564,638	2,404,793,371	24.27%
RIZAL	134,944	298,923	45.14%	1,036,210,394	3,497,432,334	29.63%
CITY OF LUCENA	23,545	46,896	50.21%	143,965,555	541,317,637	26.60%
REGION V (BICOL REGION)	271,765	588,154	46.21%	1,485,432,843	5,807,423,397	25.58%
ALBAY	74,300	155,214	47.87%	403,046,440	1,461,761,100	27.57%
CAMARINES NORTE	26,495	83,202	31.84%	143,752,988	875,532,730	16.42%
CAMARINES SUR	96,122	183,731	52.32%	520,852,663	1,869,161,529	27.87%
CATANDUANES	10,709	30,245	35.41%	60,573,537	299,068,756	20.25%
MASBATE	12,937	33,714	38.37%	82,488,021	367,335,182	22.46%
SORSOGON	51,202	102,048	50.17%	274,719,195	934,564,099	29.40%
REGION VI (WESTERN VISAYAS)	305,060	578,728	52.71%	1,584,028,318	5,694,691,800	27.82%
AKLAN	30,175	74,316	40.60%	159,905,518	759,480,898	21.05%
ANTIQUE	39,737	71,760	55.37%	180,559,631	622,991,745	28.98%
CAPIZ	39,259	83,507	47.01%	219,843,950	908,092,805	24.21%
ILOILO	131,757	243,381	54.14%	678,151,416	2,364,751,852	28.68%
GUIMARAS	8,883	20,841	42.62%	50,213,289	231,214,713	21.72%
CITY OF ILOILO	55,249	84,923	65.06%	295,354,513	808,159,786	36.55%
REGION VII (CENTRAL VISAYAS)	337,744	638,842	52.87%	1,967,313,065	6,608,452,655	29.77%
BOHOL	70,579	155,638	45.35%	372,059,077	1,621,264,210	22.95%
CEBU	110,609	231,255	47.83%	676,049,097	2,480,252,214	27.26%
CITY OF CEBU	96,278	152,066	63.31%	566,152,858	1,520,430,637	37.24%
CITY OF LAPU-LAPU	29,605	50,697	58.40%	171,432,628	501,255,164	34.20%
CITY OF MANDAUE	30,673	49,186	62.36%	181,619,404	485,250,430	37.43%
REGION VIII (EASTERN VISAYAS)	211,908	543,587	38.98%	1,088,890,449	5,592,834,508	19.47%
EASTERN SAMAR	16,652	70,700	23.55%	91,943,149	814,105,052	11.29%

LEYTE	109,172	223,049	48.95%	533,915,566	2,169,772,955	24.61%
NORTHERN SAMAR	15,985	54,204	29.49%	88,322,225	536,181,529	16.47%
SAMAR	21,963	84,019	26.14%	118,413,172	938,465,810	12.62%
SOUTHERN LEYTE	18,519	51,320	36.09%	100,156,834	525,785,399	19.05%
BILIRAN	10,934	22,431	48.75%	54,384,186	212,958,412	25.54%
CITY OF TACLOBAN	18,683	37,864	49.34%	101,755,316	395,565,350	25.72%
REGION IX (ZAMBOANGA PENINSULA)	130,937	354,213	36.97%	708,682,246	3,724,608,722	19.03%
ZAMBOANGA DEL NORTE	27,643	84,576	32.68%	153,336,489	874,051,143	17.54%
ZAMBOANGA DEL SUR	26,212	87,330	30.01%	142,516,744	993,651,845	14.34%
ZAMBOANGA SIBUGAY	13,654	50,289	27.15%	76,995,199	523,817,119	14.70%
CITY OF ZAMBOANGA	60,332	118,581	50.88%	320,640,675	1,194,123,772	26.85%
CITY OF ISABELA (NOT A PROVINCE)	3,096	13,437	23.04%	15,193,139	138,964,842	10.93%
REGION X (NORTHERN MINDANAO)	308,627	694,297	44.45%	1,584,248,846	6,832,861,927	23.19%
BUKIDNON	97,919	223,892	43.73%	483,639,618	2,166,611,530	22.32%
CAMIGUIN	4,472	10,889	41.07%	23,441,283	106,901,749	21.93%
LANAO DEL NORTE	20,410	76,118	26.81%	105,836,296	807,759,377	13.10%
MISAMIS OCCIDENTAL	49,888	110,422	45.18%	243,458,411	1,025,170,306	23.75%
MISAMIS ORIENTAL	39,152	97,867	40.01%	217,534,089	1,031,815,692	21.08%
CITY OF CAGAYAN DE ORO	72,695	127,160	57.17%	377,305,949	1,200,424,725	31.43%
CITY OF ILIGAN	24,091	47,949	50.24%	133,033,200	494,178,549	26.92%
REGION XI (DAVAO REGION)	141,090	485,049	29.09%	1,036,661,099	6,108,754,910	16.97%
DAVAO DEL NORTE	25,983	106,221	24.46%	192,426,991	1,328,673,154	14.48%
DAVAO DEL SUR	20,971	84,339	24.87%	121,969,134	976,674,096	12.49%
DAVAO ORIENTAL	6,752	42,263	15.98%	69,766,159	576,444,000	12.10%
DAVAO DE ORO	17,741	74,062	23.95%	119,877,082	910,130,053	13.17%
DAVAO OCCIDENTAL	3,139	17,517	17.92%	23,465,456	215,556,044	10.89%
CITY OF DAVAO	66,504	160,647	41.40%	509,156,276	2,101,277,562	24.23%
REGION XII (SOCCSKSARGEN)	182,055	566,543	32.13%	1,263,490,953	6,612,424,423	19.11%
COTABATO	61,126	212,128	28.82%	392,546,522	2,455,302,686	15.99%

SOUTH COTABATO	40,968	129,128	31.73%	294,684,047	1,534,412,342	19.21%
SULTAN KUDARAT	22,791	93,331	24.42%	232,016,941	1,227,704,792	18.90%
SARANGANI	15,463	49,710	31.11%	89,365,127	521,506,271	17.14%
CITY OF GENERAL SANTOS	41,707	82,246	50.71%	254,878,317	873,498,333	29.18%
NATIONAL CAPITAL REGION (NCR)	869,070	1,557,031	55.82%	6,803,047,596	18,051,641,895	37.69%
CITY OF CALOOCAN	92,296	164,313	56.17%	689,189,167	1,913,083,027	36.03%
CITY OF LAS PIÑAS	45,682	76,687	59.57%	330,537,578	844,971,984	39.12%
CITY OF MAKATI	34,189	56,721	60.28%	268,757,417	641,146,635	41.92%
CITY OF MALABON	18,924	36,468	51.89%	153,687,790	457,565,559	33.59%
CITY OF MANDALUYONG	25,657	47,511	54.00%	219,320,375	575,745,376	38.09%
CITY OF MANILA	111,814	211,027	52.99%	945,616,836	2,588,572,723	36.53%
CITY OF MARIKINA	36,137	64,132	56.35%	277,281,955	736,281,795	37.66%
CITY OF MUNTINLUPA	29,865	55,870	53.45%	230,955,625	655,692,298	35.22%
CITY OF NAVOTAS	14,846	27,436	54.11%	110,682,927	325,085,142	34.05%
CITY OF PARAÑAQUE	53,349	90,051	59.24%	384,313,498	951,906,410	40.37%
PASAY CITY	24,326	44,030	55.25%	182,827,294	507,029,012	36.06%
CITY OF PASIG	41,438	83,708	49.50%	371,754,560	1,039,214,539	35.77%
QUEZON CITY	205,705	358,495	57.38%	1,661,215,794	4,165,411,288	39.88%
CITY OF SAN JUAN	13,249	21,935	60.40%	112,780,641	250,861,413	44.96%
CITY OF TAGUIG	61,955	120,932	51.23%	461,074,199	1,379,534,664	33.42%
CITY OF VALENZUELA	54,210	88,945	60.95%	366,553,463	930,322,337	39.40%
PATEROS	5,428	8,768	61.91%	36,498,475	89,168,394	40.93%
CORDILLERA ADMINISTRATIVE REGION (CAR)	187,813	369,714	50.80%	1,057,307,960	3,755,275,905	28.16%
ABRA	13,426	31,436	42.71%	92,086,171	350,858,333	26.25%
BENGUET	76,691	119,858	63.98%	397,925,717	1,084,972,116	36.68%
IFUGAO	8,738	28,240	30.94%	56,554,993	312,825,678	18.08%
KALINGA	16,566	48,143	34.41%	99,241,053	519,026,609	19.12%
MOUNTAIN PROVINCE	19,872	43,597	45.58%	106,777,838	449,995,900	23.73%
APAYAO	3,026	17,282	17.51%	14,905,873	204,091,647	7.30%

CITY OF BAGUIO	49,494	81,158	60.98%	289,816,314	833,505,623	34.77%
REGION XIII (CARAGA)	123,174	301,037	40.92%	738,428,168	3,124,574,544	23.63%
AGUSAN DEL NORTE	14,018	34,063	41.15%	94,518,418	359,121,436	26.32%
AGUSAN DEL SUR	17,709	59,833	29.60%	106,440,059	662,312,606	16.07%
SURIGAO DEL NORTE	31,922	59,927	53.27%	184,070,203	571,045,987	32.23%
SURIGAO DEL SUR	33,143	92,846	35.70%	186,824,804	939,116,796	19.89%
DINAGAT ISLANDS	4,216	9,054	46.57%	26,061,660	85,990,356	30.31%
CITY OF BUTUAN	22,166	45,314	48.92%	140,513,024	506,987,363	27.72%
MIMAROPA REGION	126,813	297,725	42.59%	767,415,489	2,856,141,200	26.87%
MARINDUQUE	4,023	14,769	27.24%	36,305,314	170,512,238	21.29%
OCCIDENTAL MINDORO	11,401	33,689	33.84%	85,091,230	348,817,168	24.39%
ORIENTAL MINDORO	49,782	109,329	45.53%	295,452,818	1,034,864,092	28.55%
PALAWAN	27,017	74,514	36.26%	158,509,062	701,150,077	22.61%
ROMBLON	4,875	19,257	25.32%	37,493,595	221,228,515	16.95%
CITY OF PUERTO PRINCESA	29,715	46,167	64.36%	154,563,471	379,569,111	40.72%
NEGROS ISLAND REGION (NIR)	305,991	515,847	59.32%	1,544,227,858	4,644,042,581	33.25%
NEGROS OCCIDENTAL	151,810	260,399	58.30%	747,893,238	2,310,053,598	32.38%
NEGROS ORIENTAL	65,071	129,399	50.29%	345,559,999	1,258,105,619	27.47%
SIQUIJOR	3,681	8,762	42.01%	26,553,970	98,379,088	26.99%
CITY OF BACOLOD	85,429	117,287	72.84%	424,220,652	977,504,276	43.40%
BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM)	42,374	223,762	18.94%	328,566,042	2,750,479,432	11.95%
BASILAN	3,547	15,510	22.87%	17,241,096	165,457,041	10.42%
LANAO DEL SUR	8,903	65,029	13.69%	65,053,579	817,382,991	7.96%
SULU	2,863	14,133	20.26%	18,463,094	166,783,367	11.07%
TAWI-TAWI	1,709	5,345	31.97%	12,811,368	66,480,436	19.27%
MAGUINDANAO DEL NORTE	16,230	64,377	25.21%	102,762,111	827,096,456	12.42%
MAGUINDANAO DEL SUR	9,122	59,368	15.37%	112,234,795	707,279,140	15.87%
Being Verified	7,647	27,277		51,786,900	319,579,333	

Appendix B. Konsulta-Accredited Facilities (YAKAP Clinics) per 10,000 population and Utilization Rates (Age-Sex Adjusted) per 100,000 population

Province/HUC	Total Claims	Percentage of total 2024 claims	Age-Sex Adjusted Utilization Rate (per 100,000 population)	Number of Konsulta-Accredited Facilities	Konsulta-Accredited per 10,000 population
PHILIPPINES	6,292,335			2,797	0.2
REGION I (ILOCOS REGION)	287,975	4.58%		154	0.3
ILOCOS NORTE	44,087	0.70%	1427	14	0.2
ILOCOS SUR	41,334	0.66%	1674	34	0.5
LA UNION	66,925	1.06%	1706	29	0.3
PANGASINAN	135,629	2.16%	1040	77	0.2
REGION II (CAGAYAN VALLEY)	173,919	2.76%		102	0.3
BATANES	585	0.01%	1132	4	2.1
CAGAYAN	25,070	0.40%	858	34	0.3
ISABELA	124,440	1.98%	1223	42	0.2
NUEVA VIZCAYA	10,833	0.17%	860	14	0.3
QUIRINO	12,991	0.21%	1028	8	0.4
REGION III (CENTRAL LUZON)	1,192,645	18.95%		345	0.3
BATAAN	133,823	2.13%	1389	31	0.3
BULACAN	223,544	3.55%	1243	87	0.2
NUEVA ECIJA	141,651	2.25%	1172	65	0.3
PAMPANGA	403,763	6.42%	1513	69	0.3
TARLAC	124,834	1.98%	1191	48	0.3
ZAMBALES	44,968	0.71%	643	18	0.3
AURORA	9,520	0.15%	761	8	0.3
CITY OF ANGELES	78,875	1.25%	1510	10	0.2
CITY OF OLONGAPO	31,667	0.50%	1113	9	0.3
REGION IV-A (CALABARZON)	1,085,728	17.25%		268	0.1
BATANGAS	280,099	4.45%	1052	42	0.1
CAVITE	252,031	4.01%	1006	54	0.1
LAGUNA	306,154	4.87%	1307	79	0.2

QUEZON	88,955	1.41%	1011	61	0.3
RIZAL	134,944	2.14%	959	28	0.1
CITY OF LUCENA	23,545	0.37%	1790	4	0.1
REGION V (BICOL REGION)	271,765	4.32%		138	0.2
ALBAY	74,300	1.18%	596	28	0.2
CAMARINES NORTE	26,495	0.42%	499	21	0.3
CAMARINES SUR	96,122	1.53%	587	32	0.1
CATANDUANES	10,709	0.17%	593	11	0.4
MASBATE	12,937	0.21%	264	17	0.2
SORSOGON	51,202	0.81%	725	29	0.3
REGION VI (WESTERN VISAYAS)	305,060	4.85%		127	0.3
AKLAN	30,175	0.48%	503	22	0.3
ANTIQUE	39,737	0.63%	2095	26	0.4
CAPIZ	39,259	0.62%	720	20	0.2
ILOILO	131,757	2.09%	1106	38	0.2
GUIMARAS	8,883	0.14%	823	9	0.5
CITY OF ILOILO	55,249	0.88%	2059	11	0.2
REGION VII (CENTRAL VISAYAS)	337,744	5.37%		165	0.2
BOHOL	70,579	1.12%	636	70	0.5
CEBU	110,609	1.76%	509	73	0.2
CITY OF CEBU	96,278	1.53%	1284	16	0.2
CITY OF LAPU-LAPU	29,605	0.47%	758	3	0.1
CITY OF MANDAUE	30,673	0.49%	1077	3	0.1
REGION VIII (EASTERN VISAYAS)	211,908	3.37%		147	0.3
EASTERN SAMAR	16,652	0.26%	858	26	0.5
LEYTE	109,172	1.73%	804	45	0.2
NORTHERN SAMAR	15,985	0.25%	434	20	0.3
SAMAR	21,963	0.35%	647	20	0.2
SOUTHERN LEYTE	18,519	0.29%	657	22	0.5
BILIRAN	10,934	0.17%	914	9	0.5
CITY OF TACLOBAN	18,683	0.30%	1734	5	0.2

REGION IX (ZAMBOANGA PENINSULA)	130,937	2.08%		113	0.3
ZAMBOANGA DEL NORTE	27,643	0.44%	364	27	0.2
ZAMBOANGA DEL SUR	26,212	0.42%	403	38	0.3
ZAMBOANGA SIBUGAY	13,654	0.22%	375	17	0.2
CITY OF ZAMBOANGA	60,332	0.96%	582	24	0.2
CITY OF ISABELA (NOT A PROVINCE)	3,096	0.05%	326	7	0.5
REGION X (NORTHERN MINDANAO)	308,627	4.90%		132	0.2
BUKIDNON	97,919	1.56%	1140	27	0.2
CAMIGUIN	4,472	0.07%	1258	4	0.4
LANAO DEL NORTE	20,410	0.32%	497	22	0.3
MISAMIS OCCIDENTAL	49,888	0.79%	656	24	0.4
MISAMIS ORIENTAL	39,152	0.62%	807	23	0.2
CITY OF CAGAYAN DE ORO	72,695	1.16%	1161	25	0.3
CITY OF ILIGAN	24,091	0.38%	899	7	0.2
REGION XI (DAVAO REGION)	141,090	2.24%		122	0.2
DAVAO DEL NORTE	25,983	0.41%	826	20	0.2
DAVAO DEL SUR	20,971	0.33%	608	20	0.3
DAVAO ORIENTAL	6,752	0.11%	582	18	0.3
DAVAO DE ORO	17,741	0.28%	755	17	0.2
DAVAO OCCIDENTAL	3,139	0.05%	447	9	0.3
CITY OF DAVAO	66,504	1.06%	1052	38	0.2
REGION XII (SOCCSKSARGEN)	182,055	2.89%		135	0.3
COTABATO	61,126	0.97%	1157	40	0.3
SOUTH COTABATO	40,968	0.65%	1198	29	0.3
SULTAN KUDARAT	22,791	0.36%	1339	30	0.3
SARANGANI	15,463	0.25%	751	15	0.3
CITY OF GENERAL SANTOS	41,707	0.66%	1298	21	0.3
NATIONAL CAPITAL REGION (NCR)	869,070	13.81%		379	0.3

CITY OF CALOOCAN	92,296	1.47%	1346	22	0.1
CITY OF LAS PIÑAS	45,682	0.73%	1414	19	0.3
CITY OF MAKATI	34,189	0.54%	1154	19	0.3
CITY OF MALABON	18,924	0.30%	1394	3	0.1
CITY OF MANDALUYONG	25,657	0.41%	1689	25	0.6
CITY OF MANILA	111,814	1.78%	1749	59	0.3
CITY OF MARIKINA	36,137	0.57%	1829	19	0.4
CITY OF MUNTINLUPA	29,865	0.47%	1271	6	0.1
CITY OF NAVOTAS	14,846	0.24%	1741	14	0.6
CITY OF PARAÑAQUE	53,349	0.85%	1479	16	0.2
PASAY CITY	24,326	0.39%	1197	12	0.3
CITY OF PASIG	41,438	0.66%	1732	22	0.3
QUEZON CITY	205,705	3.27%	1774	60	0.2
CITY OF SAN JUAN	13,249	0.21%	2569	7	0.6
CITY OF TAGUIG	61,955	0.98%	1620	33	0.3
CITY OF VALENZUELA	54,210	0.86%	1388	39	0.5
PATEROS	5,428	0.09%	1497	4	0.6
CORDILLERA ADMINISTRATIVE REGION (CAR)	187,813	2.98%		101	0.5
ABRA	13,426	0.21%	1017	17	0.7
BENGUET	76,691	1.22%	1677	17	0.3
IFUGAO	8,738	0.14%	1038	13	0.6
KALINGA	16,566	0.26%	879	14	0.6
MOUNTAIN PROVINCE	19,872	0.32%	2301	14	0.9
APAYAO	3,026	0.05%	487	10	0.8
CITY OF BAGUIO	49,494	0.79%	2056	16	0.4
REGION XIII (CARAGA)	123,174	1.96%		86	0.3
AGUSAN DEL NORTE	14,018	0.22%	821	14	0.3
AGUSAN DEL SUR	17,709	0.28%	535	19	0.2
SURIGAO DEL NORTE	31,922	0.51%	849	19	0.3
SURIGAO DEL SUR	33,143	0.53%	1238	23	0.3

DINAGAT ISLANDS	4,216	0.07%	500	2	0.1
CITY OF BUTUAN	22,166	0.35%	1205	9	0.2
MIMAROPA REGION	126,813	2.02%		100	0.3
MARINDUQUE	4,023	0.06%	481	6	0.2
OCCIDENTAL MINDORO	11,401	0.18%	474	19	0.3
ORIENTAL MINDORO	49,782	0.79%	1018	23	0.2
PALAWAN	27,017	0.43%	678	34	0.3
ROMBLON	4,875	0.08%	335	16	0.5
CITY OF PUERTO PRINCESA	29,715	0.47%	1113	2	0.1
NEGROS ISLAND REGION (NIR)	305,991	4.86%		74	0.1
NEGROS OCCIDENTAL	151,810	2.41%	666	37	0.1
NEGROS ORIENTAL	65,071	1.03%	431	30	0.2
SIQUIJOR	3,681	0.06%	532	6	0.6
CITY OF BACOLOD	85,429	1.36%	1432	1	0.0
BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM)	42,374	0.67%		109	0.2
BASILAN	3,547	0.06%	166	14	0.4
LANAO DEL SUR	8,903	0.14%	329	33	0.3
SULU	2,863	0.05%	68	11	0.1
TAWI-TAWI	1,709	0.03%	122	2	0.0
MAGUINDANAO DEL NORTE	16,230	0.26%	967	21	0.2
MAGUINDANAO DEL SUR	9,122	0.14%	1769	28	0.5

Appendix C. Utilization of outpatient care by disease group (2018-2024)

Outpatient Disease Groups	2018		2019		2020		2021		2022		2023		2024	
	No. of Claims	Share of total	No. of Claims	Share of total	No. of Claims	Share of total	No. of Claims	Share of total	No. of Claims	Share of total	No. of Claims	Share of total	No. of Claims	Share of total
Outpatient claims included in analysis (N, %)	2,363,210	100%	2,881,501	100%	3,803,648	100%	6,945,627	100%	5,641,345	100%	4,933,570	100%	6,292,335	100%
Neglected Tropical Diseases And Malaria	754	0.03%	715	0.02%	328	0.01%	299	0.00%	517	0.01%	572	0.01%	613	0.01%
Nutritional Deficiencies	202	0.01%	213	0.01%	151	0.00%	245	0.00%	241	0.00%	345	0.01%	387	0.01%
Neoplasms	228,357	9.66%	344,921	11.97%	330,213	8.68%	414,885	5.97%	525,054	9.31%	584,170	11.84%	662,317	10.53%
Cardiovascular Diseases	2,794	0.12%	4,215	0.15%	3,227	0.08%	4,087	0.06%	6,006	0.11%	7,464	0.15%	9,058	0.14%
Chronic Respiratory Diseases	14,262	0.60%	17,584	0.61%	8,929	0.23%	9,224	0.13%	15,254	0.27%	19,458	0.39%	24,592	0.39%
Digestive Diseases	55,071	2.33%	68,469	2.38%	37,440	0.98%	46,991	0.68%	69,865	1.24%	83,241	1.69%	91,498	1.45%
Neurological Disorders	1,377	0.06%	1,919	0.07%	1,208	0.03%	1,363	0.02%	2,046	0.04%	2,489	0.05%	2,866	0.05%
Mental Disorders	108	0.00%	98	0.00%	43	0.00%	67	0.00%	93	0.00%	79	0.00%	89	0.00%
Musculoskeletal Disorders	22,613	0.96%	29,252	1.02%	18,520	0.49%	19,014	0.27%	26,151	0.46%	29,515	0.60%	35,662	0.57%
Other Non-Communicable Diseases	55,853	2.36%	73,229	2.54%	47,225	1.24%	59,186	0.85%	82,873	1.47%	99,139	2.01%	120,664	1.92%
Skin and Subcutaneous Diseases	39,640	1.68%	46,837	1.63%	26,955	0.71%	25,620	0.37%	38,475	0.68%	46,382	0.94%	57,780	0.92%
Sense Organ Diseases	192,700	8.15%	231,166	8.02%	129,723	3.41%	181,349	2.61%	270,084	4.79%	294,421	5.97%	382,415	6.08%
Unintentional Injuries	64,004	2.71%	96,872	3.36%	96,852	2.55%	100,260	1.44%	125,919	2.23%	144,914	2.94%	193,959	3.08%
Self-Harm and Interpersonal Violence	13	0.00%	6	0.00%	15	0.00%	37	0.00%	52	0.00%	50	0.00%	45	0.00%
HIV/AIDS and Sexually Transmitted Infections	549	0.02%	511	0.02%	307	0.01%	373	0.01%	460	0.01%	1,186	0.02%	650	0.01%
Respiratory Infections and Tuberculosis	5,342	0.23%	6,667	0.23%	570,637	15.00%	3,458,822	49.80%	1,718,023	30.45%	347,747	7.05%	126,801	2.02%
Enteric Infections	644	0.03%	678	0.02%	348	0.01%	384	0.01%	504	0.01%	471	0.01%	461	0.01%

Other Infectious Diseases	1,559	0.07%	1,774	0.06%	1,076	0.03%	1,104	0.02%	1,366	0.02%	1,739	0.04%	2,358	0.04%
Maternal Care, Family Planning, and Maternal/Neonatal Disorders	17,590	0.74%	20,816	0.72%	23,118	0.61%	31,563	0.45%	36,036	0.64%	42,287	0.86%	54,392	0.86%
Substance Use Disorders	4	0.00%	11	0.00%	12	0.00%	12	0.00%	14	0.00%	17	0.00%	32	0.00%
Diabetes and Kidney Diseases	1,581,867	66.94%	1,875,146	65.08%	2,470,219	64.94%	2,546,833	36.67%	2,661,186	47.17%	3,153,814	63.93%	4,435,470	70.49%
Non-Specific Outpatient Procedures	77,904	3.30%	60,396	2.10%	37,067	0.97%	43,872	0.63%	61,077	1.08%	74,068	1.50%	90,225	1.43%
Nonspecific ICD Codes	2	0.00%	6	0.00%	35	0.00%	37	0.00%	49	0.00%	2	0.00%	1	0.00%
Invalid ICD Codes	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Appendix D. Konsulta-Registered population (YAKAP Beneficiaries) and population with FPE by province as of June 27, 2025

Province	Number of Konsulta-registered individuals	Number with FPE	Percent of Population Konsulta-Registered	Percent of Population with FPE
ILOCOS NORTE	35046	6892	5.55%	1.09%
ILOCOS SUR	222421	14383	30.40%	1.97%
LA UNION	445473	7546	51.76%	0.88%
PANGASINAN	1403017	17810	42.13%	0.53%
BATANES	9460	3396	49.59%	17.80%
CAGAYAN	250235	12848	18.77%	0.96%
ISABELA	561565	21887	31.25%	1.22%
NUEVA VIZCAYA	161192	10432	30.56%	1.98%
QUIRINO	94431	7131	43.47%	3.28%
BATAAN	798794	12728	86.70%	1.38%
BULACAN	614188	48532	15.03%	1.19%
NUEVA ECIJA	545638	41087	22.18%	1.67%
PAMPANGA	598385	45324	22.67%	1.72%
TARLAC	412366	27329	25.72%	1.70%
ZAMBALES	213777	16091	30.49%	2.30%
AURORA	48191	7665	19.29%	3.07%
CITY OF ANGELES	106100	8465	20.97%	1.67%
CITY OF OLONGAPO	126333	10705	46.12%	3.91%
BATANGAS	226250	21256	7.16%	0.67%
CAVITE	540390	21842	10.84%	0.44%
LAGUNA	1039083	42962	27.61%	1.14%
QUEZON	879591	24445	42.69%	1.19%
RIZAL	153633	11550	4.07%	0.31%
CITY OF LUCENA	128480	1808	42.88%	0.60%
ALBAY	240446	11278	16.70%	0.78%
CAMARINES NORTE	279229	5423	41.94%	0.81%
CAMARINES SUR	303586	19002	13.89%	0.87%

CATANDUANES	55226	3195	19.44%	1.12%
MASBATE	197574	4710	20.63%	0.49%
SORSOGON	595500	13340	65.68%	1.47%
AKLAN	325003	13781	49.62%	2.10%
ANTIQUE	349458	16843	54.13%	2.61%
CAPIZ	324947	5490	38.68%	0.65%
ILOILO	450441	28419	20.78%	1.31%
GUIMARAS	103074	6377	51.88%	3.21%
CITY OF ILOILO	44069	4883	9.22%	1.02%
BOHOL	689264	53334	47.53%	3.68%
CEBU	718152	37193	20.00%	1.04%
CITY OF CEBU	104296	6229	10.23%	0.61%
CITY OF LAPU-LAPU	39194	1543	6.82%	0.27%
CITY OF MANDAUE	91061	935	23.41%	0.24%
EASTERN SAMAR	212219	15964	42.40%	3.19%
LEYTE	528220	31292	28.47%	1.69%
NORTHERN SAMAR	158451	11326	23.55%	1.68%
SAMAR	282524	10145	34.07%	1.22%
SOUTHERN LEYTE	171592	12845	38.53%	2.88%
BILIRAN	81007	6244	42.99%	3.31%
CITY OF TACLOBAN	219849	6611	82.16%	2.47%
ZAMBOANGA DEL NORTE	265359	7423	24.07%	0.67%
ZAMBOANGA DEL SUR	320066	19102	29.05%	1.73%
ZAMBOANGA SIBUGAY	203139	3710	28.56%	0.52%
CITY OF ZAMBOANGA	342947	19176	32.17%	1.80%
CITY OF ISABELA (NOT A PROVINCE)	12489	2768	8.64%	1.91%
BUKIDNON	788594	9251	47.61%	0.56%
CAMIGUIN	9164	305	9.44%	0.31%
LANAO DEL NORTE	308597	11883	39.23%	1.51%
MISAMIS OCCIDENTAL	366260	13688	56.59%	2.11%
MISAMIS ORIENTAL	410564	14549	39.99%	1.42%
CITY OF CAGAYAN DE ORO	487990	7134	61.61%	0.90%
CITY OF ILIGAN	126950	3181	33.38%	0.84%

DAVAO DEL NORTE	226024	9443	18.92%	0.79%
DAVAO DEL SUR	69285	2775	9.62%	0.39%
DAVAO ORIENTAL	197352	11332	32.49%	1.87%
DAVAO DE ORO	251544	9622	30.92%	1.18%
DAVAO OCCIDENTAL	42805	5821	12.86%	1.75%
CITY OF DAVAO	444256	20171	23.06%	1.05%
COTABATO	534581	20536	39.24%	1.51%
SOUTH COTABATO	547875	10435	52.55%	1.00%
SULTAN KUDARAT	377356	15971	40.97%	1.73%
SARANGANI	245579	5194	41.20%	0.87%
CITY OF GENERAL SANTOS	227288	16472	29.61%	2.15%
CITY OF CALOOCAN	72443	12806	4.06%	0.72%
CITY OF LAS PIÑAS	12016	3595	1.88%	0.56%
CITY OF MAKATI	88837	15198	13.48%	2.31%
CITY OF MALABON	29511	973	7.59%	0.25%
CITY OF MANDALUYONG	43312	18344	9.58%	4.06%
CITY OF MANILA	605246	8	31.93%	0.00%
CITY OF MARIKINA	72047	7049	15.39%	1.51%
CITY OF MUNTINLUPA	14423	9871	2.60%	1.78%
CITY OF NAVOTAS	72986	12192	28.93%	4.83%
CITY OF PARAÑAQUE	66571	13765	8.89%	1.84%
PASAY CITY	14184	6033	3.11%	1.32%
CITY OF PASIG	149796	16759	17.05%	1.91%
QUEZON CITY	167813	45006	5.31%	1.42%
CITY OF SAN JUAN	3975	1497	3.15%	1.18%
CITY OF TAGUIG	159992	18807	16.12%	1.89%
CITY OF VALENZUELA	101832	21432	13.26%	2.79%
PATEROS	366	1984	0.54%	2.95%
ABRA	33128	7680	12.71%	2.95%
BENGUET	265231	5944	53.57%	1.20%
IFUGAO	106187	7260	48.32%	3.30%
KALINGA	128813	13911	52.83%	5.70%
MOUNTAIN PROVINCE	141258	7781	86.43%	4.76%

APAYAO	73095	6922	55.81%	5.28%
CITY OF BAGUIO	177587	7525	45.06%	1.91%
AGUSAN DEL NORTE	1010	5728	24.75%	1.40%
AGUSAN DEL SUR	251557	6727	32.11%	0.86%
SURIGAO DEL NORTE	137391	11409	24.10%	2.00%
SURIGAO DEL SUR	308868	7811	45.81%	1.16%
DINAGAT ISLANDS	4692	922	3.50%	0.69%
CITY OF BUTUAN	36094	8450	9.12%	2.14%
MARINDUQUE	38700	841	15.82%	0.34%
OCCIDENTAL MINDORO	142044	7514	25.49%	1.35%
ORIENTAL MINDORO	272001	8437	28.27%	0.88%
PALAWAN	400103	16060	39.08%	1.57%
ROMBLON	68696	8537	21.54%	2.68%
CITY OF PUERTO PRINCESA	117600	909	34.54%	0.27%
NEGROS OCCIDENTAL	671596	19519	24.54%	0.71%
NEGROS ORIENTAL	282172	5585	18.78%	0.37%
SIQUIJOR	14842	3179	13.75%	2.95%
CITY OF BACOLOD	172674	589	27.03%	0.09%
BASILAN	66402	9065	17.68%	2.41%
LANAO DEL SUR	193173	8983	15.13%	0.70%
SULU	28007	5450	2.61%	0.51%
TAWI-TAWI	1021	592	0.23%	0.13%
MAGUINDANAO DEL NORTE	46451	9032	4.69%	0.91%
MAGUINDANAO DEL SUR	65956	8880	10.64%	1.43%