

Compliance of Private Employers to Electronic Premium Remittance System: Its Effects to Employed Phil Health Members

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Abstract:- The government is constantly improving its competitiveness by adopting innovation and system automation. This study sought to determine the effects of compliance of private employers with the Electronic Premium Remittance System on employed PhilHealth members in Daet, Camarines Norte. It employed descriptive-correlational method of research utilizing survey questionnaire. Assessment was made on the profile of the respondents, compliance of employers with EPRS in terms of remittance and reporting, effect of compliance of private employers with EPRS on employed PhilHealth members in terms of benefit availment and member contribution payment history. Problems encountered by private employers in the EPRS in terms of paying premium contributions, posting premium contributions, and updating employee member data records, and plan of action may be proposed to attain the full compliance of employers with the EPRS were also identified and discussed. The primary data were obtained from 153 PhilHealth employer engagement representatives of registered private employers in the municipality of Daet, Camarines Norte.

The findings revealed that respondents are from the age group bracket of 41 to 50 years old, predominantly female, and college graduates. The number of employees mostly belongs to 20 and below with 21 and above length of years registered to PhilHealth. Private employers are registered in EPRS and enrolled at any accredited collecting agent with an online payment facility. Also, they update the employee's premium remittance list in EPRS before the generation of the statement of account and register PhilHealth the newly hired employees within 30 calendar days from their employment. Age and educational attainment had no significant relationship to the compliance of private employers to EPRS in terms of remittance and reporting. On the other hand, sex had a significant relationship to the compliance of private employers to EPRS in terms of remittance but no significant relationship was noted in terms of reporting. As to the number of employees and length of years registered to PhilHealth, a significant effect on the compliance of private employers to EPRS in terms of reporting has been established but when it comes to remittance, it had no significant effect. Moreover, the effects of compliance by private employers with EPRS in the employed sector were all interpreted as strongly agreeing in terms of benefit availment and member contribution history. Employers ensure that employed PhilHealth members are provided with immediate eligibility to benefit

packages during confinement, and employers regard compliance with EPRS as eliminating paper-based transactions, particularly in the submission of employer monthly remittance reports. Unstable internet connectivity and system downtime of the PhilHealth EPRS topped the list of common problems encountered by private employers in terms of paying and posting premium contributions, while in terms of updating employee data records, the absence of PhilHealth system integration was the main problem identified by private employers.

Several initiatives, including the installation of additional EPRS kiosks, orientation and intensive information dissemination, a comprehensive information security policy, the enforcement of a non-disclosure agreement for EPRS users, and system integration, may result in full compliance by private employers with PhilHealth's electronic premium remittance system.

Keywords:- *Compliance, private employers, PhilHealth employer engagement representative, electronic premium remittance system, employed members.*

I. INTRODUCTION

Ease of doing business and efficient government service delivery are now the dominant themes in public service. The government is constantly improving its competitiveness by adopting innovation and system automation. The emergence of technological innovations opened the door to a new electronic payment system for the government. It is a payment system that is increasingly becoming a daring means of payment in today's business world. It is continuously being embraced and adopted in the financial systems of both developed and developing countries to simplify and ease payments in business and government transactions (Kabir et al., 2015).

As part of its endless pursuit of innovation and optimum customer service to its members and stakeholders, the Philippine Health Insurance Corporation (PhilHealth) developed various types of software and applications to ensure that every Filipino can receive quality service, not only in times of confinement but also in daily transactions with the corporation. One of the said platforms is the Electronic Premium Remittance System (EPRS).

EPRS is a web-based application for employers' use in the preparation and submission of monthly remittance reports. It aims to simplify the mechanisms involved in remitting and reporting employee and employer

contributions to PhilHealth. It is designed to ease employers' transactions by removing the manual system of updating employees. Through EPRS, payment is made more convenient. Also, the posting of contributions is faster than ever through electronic employer remittance reporting.

PhilHealth Camarines Norte evolves to provide quality service to private-sector employers. Employers, on the other hand, are obliged to maintain true and accurate work records. They have to submit the premium remittance list regularly to the corporation. Nevertheless, despite PhilHealth's effort to provide convenience, employers either failed to remit premium contributions through the online payment facility of the EPRS or had paid the premium contribution over the counter but still failed to post remittance reports in the EPRS within the period set by the corporation, deliberately or inadvertently. It is noted in the results of the PhilHealth Accounts Management Strategy collection report. The achievement of Region V for the first semester of 2022 is an 82 percent employer remittance rate, while only 80 percent of employers were reporting.

Meanwhile, according to the general guidelines of PhilHealth Circular 2019-0010, all Filipinos will be granted immediate eligibility and access to PhilHealth benefits if they pay their premiums in full from the reckoning date to the date of admission; provided, further, Filipinos without full payment of premiums must settle the unpaid premiums with interest to avail themselves of the full range of benefits.

The general objective of universal healthcare is to ensure that all Filipinos are guaranteed equitable access to quality and affordable healthcare goods and services and are protected against financial risk. The researcher felt the need to conduct a study on the compliance of private employers with EPRS and its effects on employed PhilHealth members. The study will help ensure that an employer's failure to remit and submit the required premium contribution reports does not prevent employed PhilHealth members in Camarines Norte from enjoying PhilHealth benefits.

II. METHODOLOGY

This chapter presents the discussion of the research design and methods employed in the study

A. Method of Research

This study employed the descriptive method of research. This was used to describe the situations accurately by answering the questions on how, what, when, and whereby answering the questions on how, what, when, and where. It described the respondents' demographics in terms of age, gender, educational attainment, number of employees, length of time registered with PhilHealth as an employer, and compliance with the EPRS. Moreover, the study looked for answers about the effects of the compliance of private employers with EPRS on employed PhilHealth members in terms of benefit availment and contribution payment history.

Correlational method was also employed to establish a corresponding relationship between the profile of respondents and the compliance of private employers with PhilHealth EPRS. Mc Combes (2020) stated that

correlational research is a type of non-experimental research method, in which a researcher measures two variables, understands and assesses the statistical relationship between them with no influence from any extraneous variable. Hence, this method was used since the study determined if there is a significant relationship between the profile of the respondents and the compliance of private employers to PhilHealth EPRS.

B. Description of Respondents

The respondents of the study were the PhilHealth Employer Engagement Representatives (PEERs), who represented a private employer with ten or more employees. This is done to guarantee fairness and accuracy as the employer's compliance with EPRS is assessed. PEER is the registered, recognized, and authorized representative for PhilHealth who handles the employer's membership updates, premium payments, and reporting compliance. The respondents were selected without regard to their age, sex, or level of education. Travel restrictions during the conduct of the study gave priority to PEERs who were located in Daet, Camarines Norte. Daet is also the capital and the business district in the province.

C. Data Gathering Procedure

The data gathering started with a list of registered employers with at least ten declared employees or more. The recent data of registered retail employers in Daet, Camarines Norte was utilized. Prior to the conduct of the study, approval from the acting Chief Social Insurance Officer of PhilHealth Camarines Norte Local Health Insurance Office was sought. After the approval, the survey questionnaire used as the primary tool to produce the actual, concrete, and reliable information needed in this study was distributed. Prior to the finalization of the survey tool, a dry run was conducted with the first 20 walk-in PhilHealth registered employers with nine or fewer employees to validate the content and reliability of the questionnaire. They were asked if there was anything they would like to add to the survey questionnaire, and following their suggestions, necessary editing for the enhancement of the survey tool was made.

D. Statistical Treatment of Data

The data accumulated in this study were organized and interpreted using various statistical tools and techniques. Descriptive and correlational statistics were primarily used to analyze quantitative data. Descriptive was used to provide basic information about variables in a dataset while correlational measures the strength of association between two variables and the direction of the relationship.

The frequency and percentage were calculated to define the profile of the respondents. Also, in analyzing the results, a weighted mean was employed for measuring the compliance and effects of compliance of employers while ranking was utilized to show the position of every item based on problems affecting the compliance of employers to EPRS. Further, the Rank Biserial Correlation Coefficient was adopted to determine the significant relationship between the profile of the respondents and the compliance of employers to EPRS.

III. RESULTS AND DISCUSSIONS

This chapter presents the data gathered, the results of the statistical analysis done, and interpretation of findings of the effects of compliance of private employers to electronic premium remittance system to employed PhilHealth members.

A. Profile of the Respondents

The profile of the respondents was considered in this study to assess their capability of identifying the problems covering the compliance of private employers to the electronic premium remittance system. Tables 1 to 5 present the profile of the respondents such as age, sex, educational

attainment, number of employees, and length of years registered to PhilHealth as an employer.

Age. Table 1 exposes the age profile of the respondents. It reveals that most of the respondents fit into the age bracket of 41 to 50 years old with a frequency of 51 or 33.3 percent followed by the age group 31 to 40 years old with a frequency of 46 equivalent to 30.1 percent while ages ranging to 20 and below with a frequency of 2 or 1.3 percent of the total respondents came as the lowest result. The following table displays the distribution of the age profile of respondents.

Table 1: Age Profile of the Respondents

Age	Frequency	Percentage (%)
20 and below	2	1.3
21-30	20	13.1
31-40	46	30.1
41-50	51	33.3
51-60	29	19.0
61 and above	5	3.3
Total	153	100.0

The findings suggest that the majority of the respondents are between 41 to 50 years old. These employees are presumed to be in the tenured category. They are more likely to stay with a company or organization for a number of years than younger workers, who are more likely to switch jobs in pursuit of career advancement.

Sex. Table 2 illustrates the sex profile of the respondents. It can be noted that many of the respondents are females with a frequency of 122 or 79.7 percent of the total population while male respondents have a frequency of 31 or 20.3 percent of the total population.

Table 2: Sex Profile of the Respondents

Classification	Frequency	Percentage (%)
Male	31	20.3
Female	122	79.7
Total	153	100.0

According to the findings, the majority of employers' assigned and authorized representatives to PhilHealth as the official point person to manage membership updating, premium remittance, and reporting compliance are female. It can be interpreted that clerical work, which generally involves day-to-day office tasks such as answering phones, entering data into spreadsheets, and performing duties in connection with money-handling operations, is mostly performed by female workers.

Educational Attainment. Table 3 reveals the educational attainment of the respondents. It showed that college graduates acquired the highest number of respondents with 133 frequencies or 86.9 percent of the total population followed by vocational graduates with a frequency of 6 or 3.9 percent, while the lowest is the elementary graduate with 1 frequency or 0.7 percent of the total surveyed population.

Table 3: Educational Attainment of the Respondents

Educational Attainment	Frequency	Percentage (%)
Elementary Graduate	1	0.7
High School Graduate	6	3.9
Vocational Graduate	10	6.5
College Graduate	133	86.9
Postgraduate	3	2.0
Total	153	100.0

The result indicates that most of the authorized representatives assigned to PhilHealth are college graduates. The data implies that employers require or prefer job candidates with a bachelor's degree over those without one.

They tend to acknowledge that four-year college degree candidates indicate office readiness.

Number of Employees. Table 4 shows the number of employees of the employer where the respondents are connected. It can be noted that 20 and below employees posted as the highest with 93 frequency or 60.8 percent of

the respondents followed by 21 to 30 number of employees with 24 frequencies equivalent to 15.7 percent, while the lowest number of employees are 61 and above with a frequency of 8 or 5.2 percent of the total respondents.

Table 4: Number of Employees

Number of Employees	Frequency	Percentage (%)
20 and below	93	60.8
21-30	24	15.7
31-40	10	6.5
41-50	9	5.9
51-60	9	5.9
61 and above	8	5.2
Total	153	100.0

The results suggest that employers with 20 and below employees dominated the market in Daet, Camarines Norte. These employers are regarded as owners of independent small-sized enterprises, which require fewer employees, less, or no machinery, and smaller upfront capital investments. These enterprises offer services or operate in the retail sector, such as grocery stores, restaurants, hardware stores, and medical stores. Furthermore, it indicates that these employers are the typical type of business operating in a first-class municipality like Daet, Camarines Norte.

Length of Years Registered to PhilHealth. Table 5 uncovers the length of years the employer is registered with PhilHealth. It shows that the largest part of the respondents is engaged to employers who are registered to PhilHealth under 21 years and above with a frequency of 42 or 27.5 percent of the respondents followed by 6 to 10 years with 40 frequencies equivalent to 26.1 percent while the smallest part is 1 to 5 years as it posted 14 or 9.2 percent of the respondents.

Table 5: Length of Years Registered to PhilHealth as Employer

Length of Years	Frequency	Percentage (%)
1-5	14	9.2
6-10	40	26.1
11-15	35	22.9
16-20	22	14.4
21 and above	42	27.5
Total	153	100.0

Table 5 reflects that those who were registered with PhilHealth 21 and above had the highest number of respondents. The result is consistent with Table 1, which shows that respondents aged 41 to 50 made up the majority of the respondents. Since the age group is viewed as tenured, the results imply that the employer has been in operation for a long time. This indicates that these employers have been registered with PhilHealth since the time the corporation took over management and assumed the responsibility of administering the former Medicare program for private-sector employees of the Social Security System. Moreover, this reveals that Daet, Camarines Norte, has a large number of well-established businesses that have been operational and thriving for a number of years.

B. Compliance of Private Employers to PhilHealth Electronic Premium Remittance System (EPRS)

This part presents the compliance of private employers to PhilHealth Electronic Premium Remittance System (EPRS) in terms of remittance and reporting which are shown in Tables 6 and 7 respectively.

Remittance. Table 6 shows the compliance of private employers to PhilHealth premium remittance. It has acquired the highest frequency of 150 or 98 percent in terms of employer registration to EPRS and enrollment at any ACA with an online payment facility same with updating of employees premium remittance list in EPRS before generation of SPA with 150 compliant or 98 percent. The lowest indicator is the generation of the preliminary employee premium list prior to the generation of the SPA to ensure that all employees are included and will be remitted with 104 compliant, or 68 percent.

Table 6: Compliance to Remittance

Indicators	Compliant	Percentage (%)	Not Compliant	Percentage (%)
1. Register employer in EPRS and enroll at any ACA with an online payment gateway/facility	150	98	3	2
2. Update Employee’s Premium Remittance List in EPRS prior to generation of SPA	150	98	3	2
3. Generate and print preliminary employee’s premium remittance list prior to generation of SPA to ensure that all employees are included and will be remitted	104	68	49	32
4. Create a statement of premium account on or before the payment deadline set by the corporation.	126	82	27	18
5. Remit premium contribution thru over the counter of PhilHealth office, accredited collecting agent, or thru online payment on or before the deadline set by the corporation	122	80	31	20

The result indicates that employers are in compliance with the new payment option which is through the online payment facility of EPRS. Employers perceive EPRS as an application that will enhance the performance of the system. They recognize the convenience, efficient payment transaction and ease of online payment which automatically posts a remittance report to the employee’s individual contribution accounts. Also, this implies that most likely, employers are not selective in terms of paying employee premium contributions. They make sure that their remittance is accurate and that all employees receive the correct share of premium contributions.

Reporting. Table 7 reveals the compliance status of employers in terms of reporting PhilHealth premium contribution. Employers register and report to PhilHealth the newly hired employee/s within thirty (30) calendar days from their employment thus; it gained the highest frequency of 134 equivalents to 88 percent. On the other hand, the indicator with the lowest frequency of 103 or 67 percent is the printing of monthly employer remittance report to ensure posting accuracy and serve as work record for future employees’ verification.

Table 7: Compliance to Reporting

Indicators	Compliant	Percentage (%)	Not Compliant	Percentage (%)
1. Post monthly employer remittance report in EPRS within the posting schedule set by the corporation.	115	75	38	25
2. Print monthly employer remittance report to ensure posting accuracy and serve as work record for future employees’ verification	103	67	50	33
3. Register and report to PhilHealth the newly hired employee/s within thirty (30) calendar days from their employment.	134	88	19	12
4. Notify the corporation of an employee’s separation within thirty (30) calendar days from the exit.	107	70	46	30
5. Ensure that premium remittance is posted monthly including reports with incurred interest	115	75	38	25

The given table shows that register and report to PhilHealth the newly hired employee/s within thirty (30) calendar days from their employment posted as the highest reporting indicator. The result implies that employers are fully aware of their obligations and legal responsibilities. They know that violating employment law can result in serious consequences. They do not want to give employees grounds to file private lawsuits against them, which means they may become responsible for legal fees and, if they lose the case, damages.

C. Test for Significant Relationship between the Profile of the Respondents and the Compliance of Private Employers to PhilHealth Electronic Premium Remittance System (EPRS)

The Biserial Correlation coefficient (r_b) was used to determine the relationship which may exist between the profile and the compliance of private employers to the EPRS. Table 8 below presents the resulting test statistics and their corresponding p values tested at a 5 percent level of significance.

Table 8: Test for Significant Relationship on the Profile of the Respondents and the Effect of Compliance of Private Employers to EPRS

Profile	Remittance		Reporting	
	Rank Biserial (rb)	p value	Rank Biserial (rb)	p value
Age	0.009	0.915	0.071	0.385
Sex	-0.167*	0.039	-0.100	0.218
Educational Attainment	0.061	0.455	0.042	0.610
Number of Employees	0.120	0.140	0.220*	0.006
Length of Years Registered	0.126	0.121	0.215*	0.008

* Significant at 0.05 level

The table above shows that there is a very weak negative relationship between the sex profile of the respondents and EPRS compliance in terms of remittance with a correlation coefficient of -0.167 and p value of 0.039. This correlation indicates that there is a very small chance that male private employers are compliant with EPRS remittance as reflected in Appendix C.

The table also shows that there is a weak positive relationship between the number of employees and length of years registered profile and the compliance to EPRS reporting with correlation coefficients 0.220 and 0.215, respectively. This correlation indicates that the number of employees and length of years registered are related to EPRS reporting compliance. This implies that employers take into consideration the number of employees who will be affected if the remittance report is not posted since an updated premium contribution is one of the prerequisites of healthcare facilities before availing PhilHealth benefits. It also indicates that the longer the employer is registered with PhilHealth, the more compliant they are with the posting of reports. Report posting after payment has become a monthly routine task for them.

Moreover, there is no relationship between age and educational attainment profile and the compliance to EPRS. It suggests that regardless of age and educational attainment, employers will facilitate Philhealth remittance and report posting in EPRS.

D. Effects of Compliance of Private Employers to Electronic Premium Remittance System (EPRS) to Employed PhilHealth Members

Tables 9 and 10 present the effects of private employer EPRS compliance to employed PhilHealth members in terms of benefit availment and member contribution history.

Benefit Availment. Table 9 showed that the highest indicator in terms of benefit availment is ensure that employed PhilHealth members are provided with immediate eligibility to benefit packages during confinement with a mean score of 4.51 or interpreted as strongly agree followed by ascertain outright eligibility of benefit availment through the member claim eligibility web system installed in an accredited hospital with 4.31 weighted mean or interpreted as strongly agree while the lowest indicator is to eliminate documentary requirements and avoid delays in the processing of filed benefits claim and reduce the incidence of return to hospital claims due to insufficient contribution of employer with 4.10 mean score or interpreted as agree.

Table 9: Effects of Private Employer EPRS Compliance to Employed PhilHealth Members in terms of Benefit Availment

Indicators	Weighted Mean	Interpretation
1. Ensure that employed PhilHealth members are provided with immediate eligibility to benefit packages during confinement.	4.51	Strongly Agree
2. Eliminate barriers such as queuing in submitting documents required by the hospital or undergoing an interview with hospital staff to provide employment information	4.12	Agree
3. Eliminate documentary requirements and avoid delays in the processing of filed benefit claims	4.10	Agree
4. Ascertain outright eligibility of benefit availment thru the member claim eligibility web system installed in an accredited hospital	4.31	Strongly Agree
5. Reduce the incidence of return to hospital/facility claims due to insufficient contribution of employer	4.10	Agree
Over-all weighted mean	4.23	Strongly Agree

Scale:

- 4.21-5.00 - Strongly Agree
- 3.41-4.20 - Agree
- 2.61-3.40 - Moderately Agree
- 1.81-2.60 - Disagree
- 1.01-1.80 - Strongly Disagree

The result indicates that employed PhilHealth members are provided with automatic entitlement to all PhilHealth inpatient and outpatient benefit packages which includes room and board; services of health care professionals; diagnostic, laboratory and other medical exam services; use of surgical/medical equipment; prescription drugs and biological and health education. These packages are provided in PhilHealth accredited or contracted Health Care Institutions (HCIs).

The result also implies that during confinement, the amount of pre - determined fixed rate for the treated case or disease is automatically deducted from the total hospital bill of employee.

On the other hand, the least weighted mean result is eliminating documentary requirements and avoiding delays in the processing of filed benefit claims, and reducing the incidence of return to hospital/facility claims due to insufficient contribution of employer. These could be attributed to the fact that an employee's updated payment record will reduce documentary requirements during confinement. The results also show that employers are compliant in terms of paying employees' premium contributions; thus, they do not experience delays in availing Philhealth benefits such as requiring the employer to sign

their claim forms, providing a copy of the member data record (MDR), and presenting proof of qualifying contributions from the employer once eligibility checking of the facility reveals that the member-employee has insufficient premium contributions during the confinement.

Member Contribution Payment History. Table 10 shows the effects of private employer EPRS compliance to employed PhilHealth members in terms of member contribution payment history. Employers considered the effects of EPRS in eliminating paper-based transactions, particularly in the submission of employer monthly remittance reports; thus, it received the highest weighted mean of 4.54 equivalents for a strongly agree interpretation, followed by providing faster acknowledgement of premium payment and employing direct posting of the employer's contribution to the individual account of the employed member, which obtained a mean score of 4.50 for a strongly agree interpretation. Resolve prevalence of dishonored payment transactions and prolonged reconciliation status in the EPRS due to erroneous posting of remittance information causing a gap of payment to employed members received the lowest weighted mean of 4.16 which is equivalent to agree interpretation.

Table 10: Effects of Private Employer EPRS Compliance to Employed PhilHealth Members in terms of Member Contribution Payment History

Indicators	Weighted Mean	Interpretation
1. Raise awareness about the employer's obligations to private employed members	4.25	Strongly Agree
2. Eliminate paper-based transactions particularly in the submission of employer monthly remittance report	4.54	Strongly Agree
3. Provide faster acknowledgment of premium payment and employ direct posting of employer's contribution to the individual account of the employed philHealth member	4.50	Strongly Agree
4. Resolve prevalence of dishonored payment transactions and prolonged reconciliation status in the EPRS due to erroneous posting of remittance information causing a gap of payment to employed PhilHealth members	4.16	Agree
5. Enable employed PhilHealth members to view premium contributions online thru the member portal in the PhilHealth website	4.26	Strongly Agree
Over-all weighted mean	4.34	Strong Agree

Scale:

- 4.21-5.00 - Strongly Agree
- 3.41-4.20 - Agree
- 2.61-3.40 - Moderately Agree
- 1.81-2.60 - Disagree
- 1.01-1.80 - Strongly Disagree

The highest result indicates that employers are aware of the primary objective of EPRS which is to eliminate the paper-based transaction particularly in the submission of employer monthly remittance report. Employers tend to

adopt EPRS as their mode of preparation and submission of their monthly remittance report since it streamlines the reporting process. It eliminates the need for them to write and fill out a remittance form. Additionally, employers

recognize that the absence of a hardcopy of the remittance report means spending less time organizing and tracking paper work allowing them to devote more time to important tasks.

However, resolving prevalence of dishonored payment transactions and prolonged reconciliation status in the EPRS due to erroneous posting of remittance information causing a gap of payment to privately employed member got the lowest weighted mean result. It implies that most employers want an accurate remittance report and don't want to consume time correcting erroneous postings, which is why they make premium contributions online. It also shows that employers are aware of the significance of correct posting of payment details in EPRS and its effect on employee benefit availment. Employers tend to realize that incorrect payment entry will result in a prolonged reconciliation status of the report, which eventually affects the payment posting in the individual record of their employee.

E. Problems Encountered in PhilHealth Electronic Premium Remittance System (EPRS)

Tables 11, 12, and 13 reveal the problems encountered by employers with the PhilHealth Electronic Premium Remittance System in terms of paying premium contributions, posting premium contributions, and updating employee data records.

Paying Premium Contributions. Table 11 identifies the problems encountered in terms of paying premium contributions. It showed that unstable internet connectivity and system downtime of PhilHealth's electronic premium remittance system are the main impediments for employers with 147 frequencies, followed by inadequate knowledge of electronic and online premium remittance and doubt in the information security of the electronic premium remittance system with 70 frequencies. Furthermore, the tedious process and requirements for opening a bank account for PhilHealth online payment are listed as the lowest in rank, with 13 frequencies.

Table 11: Problems Encountered in PhilHealth EPRS in terms of Paying of Premium Contributions

Indicators	Frequency	Rank
1. Doubt in information security of EPRS	68	3
2. Inadequate knowledge of employers in electronic and online premium remittance	70	2
3. Unstable internet connectivity and system downtime of PhilHealth EPRS	147	1
4. Lack of EPRS kiosk provided in walk-in employers in PhilHealth Local Health Insurance Offices	34	4
5. Additional charges in paying premium contribution in selected Accredited Collecting Agents (ACA)	29	5
6. Others, Tedious process and requirements in opening bank account for PhilHealth online payment	13	6

The results demonstrated that the main problem experienced by the employers is the unstable internet connectivity and the system downtime of PhilHealth EPRS. Disruptions of Internet connectivity and frequent shutdown of EPRS due to maintenance and upgrade of the database software create inconvenience to employers. These interruptions prolong the time it takes for employers to remit premium contributions as PhilHealth prescribes the use of Statement of Premium Accounts (SPA) before their premium contributions will be accepted by accredited collecting partners of PhilHealth.

Inadequate knowledge of employers in electronic and online remittance was found to be the second contributing problem to premium remittance. Employers tend to pay over the counter with a cash-basis or the traditional way of paying premium contributions instead of paying online. They are not digitally literate, or they have limited digital skills in accessing the online platform of PhilHealth in premium remittance which is the EPRS. Because of insufficient knowledge, they feel intimidated by technology and afraid to make mistakes.

Tedious process and requirements in opening bank account for PhilHealth online payment posted as the lowest in rank. It implies that most of the employers are compliant to PhilHealth's directive to adopt the online payment facility of EPRS in paying and posting their monthly premium contributions. Also, taking into consideration that this indicator ranked the lowest, it connotes that the largest number of employers with more than ten employees is already registered in online payment and they do not consider it as problem encountered in EPRS in terms of paying premium contributions.

Posting Premium Contributions. Table 12 shows the problems encountered in terms of posting premium contributions. It revealed that unstable internet connectivity and system downtime of the PhilHealth electronic premium remittance system are the primary difficulties for employers with 143 frequencies, followed by inadequate knowledge of employers in electronic premium remittance and posting with 68 frequencies, while the lack of an EPRS kiosk provided to walk-in employers at the PhilHealth Local Health Insurance Office was placed as the lowest in rank with a frequency of 28.

Table 12: Problems Encountered in PhilHealth EPRS in terms of Posting Premium Contributions

Indicators	Frequency	Rank
Inadequate knowledge of employers in electronic premium remittance and posting	68	2
Unstable internet connectivity and system downtime of PhilHealth Electronic Premium Remittance System	143	1
Inaccessible PhilHealth Local Health Insurance Office	28	5
Lack of EPRS kiosk provided in walk-in employers in PhilHealth Local Health Insurance Offices	32	3
Erroneous payment validation of Accredited Collecting Agents (ACAs) resulting to non-posted and for reconciliation report in EPRS	30	4

The given table shows that unstable internet connectivity and system downtime of PhilHealth EPRS are the main problem of respondents in posting of premium contributions. The result coincides in Table 11 wherein respondents considered the disruption of internet connectivity creates inconvenience. Due to internet connectivity interruptions, employers tend to log out from the system leaving the remittance report not posted and unfinished.

The lowest problem found by employers in EPRS in relation to posting premium contributions was the inaccessibility of the PhilHealth Local Health Insurance Office. This implies that the distance of the office address is not a big deal for the employers. The result also suggests that the distance of the office address is not a significant concern for the employers. Even though the office is located far from the commercial district, they tend to consider visiting the office just to update the records of their

personnel. Employers place a higher value on their personnel than the inconveniences brought by the distance from the PhilHealth office. According to Gino and Pisano (2008), while proximity is often assumed to be a critical factor in knowledge sharing, it is actually much less important than other factors such as communication channels, shared identity, and trust.

Updating Employee Data Record. Table 13 uncovers the problems encountered in Electronic Premium Remittance System in terms of updating employee data records. It shows that the absence of PhilHealth system integration is the main concern of the employers. It is followed by the time and operational cost of visiting the PhilHealth Local Health Insurance Office to update employee records. The inaccessible PhilHealth Local Health Insurance Office is considered the least of the employer's concerns.

Table 13: Problems Encountered in PhilHealth EPRS in terms of Updating Employee Data Record

Indicators	Frequency	Rank
1. Absence of PhilHealth system integration thus, employee updates made to EPRS are not reflected in the employee member data record (MDR)	123	1
2. Complex PhilHealth requirements in updating data record of employee/s initially updated to EPRS	46	4
3. Consume time and operational cost in visiting PhilHealth Local Health Insurance Office to update employee data record	103	2
4. Incompatible system issues	52	3
5. Inaccessible PhilHealth Local Health Insurance Office	13	5

The given table shows that in terms of updating employee data records, the absence of system integration ranked as the primary concern of employers. It implies that employers want a more simplified and efficient system for reporting updates to employee data records. Employers anticipate a synchronization of amendments made to the records of employees.

The inaccessibility of the PhilHealth Local Health Insurance Office received the lowest rank in terms of the problem found by employers in EPRS in terms of updating employee data records. The findings are consistent with Table 13, in which employers believe that the location of the PhilHealth office is not a barrier in updating employee data records.

F. Proposed Plan of Action to Attain Full Compliance of Private Employers to Electronic Premium Remittance System (EPRS)

The proposed plan of action was generally based on the findings of the main problem encountered by employers with Electronic Premium Remittance System. The researcher provided a proposed plan of action to assess the necessary improvements to the PhilHealth electronic premium remittance system. These plans of action comprise a focus of concern, objectives, strategies, and other information pertaining to the proposal.

The proposed plan of action to attain full compliance by private employers with EPRS is presented in Table 14. This table consists of the data acquired through the administration of research questionnaires and completed by qualified respondents.

The first focus of the proposed plan of action is to handle the unstable internet connectivity and system downtime of EPRS. This initiative may be addressed by encouraging employers and PEERs to pay premium contributions and post remittance reports before the payment deadline set by the corporation to avoid inconvenience during system downtime. Since employers are required to pay employee premium contributions on a monthly basis, the initiative could be done monthly. Employers will be notified and reminded of their respective payment deadlines. The concerned agencies and parties involved are the PhilHealth Accounts Information Management Specialist (PAIMS), the Collection Unit of the Camarines Norte Local Health Insurance Office (LHIO), the PhilHealth Employer Engagement Representative (PEER), and the employers. The estimated budget is Php 1,500.00 monthly for the communication allowance of every concerned employee who will facilitate the reminder and notification to the employer. The initiative's expected output will be the employer's compliance with the required monthly premium remittance and the submission of the remittance list. Another strategy for dealing with unstable internet connectivity and EPRS system downtime is to use EPRS kiosks in LHIO when the employer is experiencing problems with internet connectivity. It is year-round as the EPRS kiosk is available for employers to use anytime. The PAIMS and the collection unit of the LHIO will be the personnel involved in the initiative.

Inadequate knowledge of employers in EPRS may also be resolved by creating a monthly orientation program such as an EPRS tutorial for walk-in employers and PEERs, initiating webinars, playing EPRS instructional videos in LHIO, inviting bank representatives to discuss the process of online payment using a bank facility, advertising EPRS on social media platforms such as PhilHealth's official Facebook page, and discussing EPRS in a Facebook Live with LHIO Camarines Norte. These activities may be done year-round. The expected outcome is to sustain awareness. By taking these initiatives, employers and PEERs are expected to be well-informed and updated in terms of EPRS. In terms of budget, PhilHealth will allot Php100,000.00 each year to facilitate the activities. The involved agencies and parties on this initiative will be PhilHealth's account specialist, the collection unit, and the media point person of LHIO Camarines Norte.

Further, Intensifying information security policy and strengthening enforcement of the Non-Disclosure Agreement (NDA) by requiring PEERs to accomplish and submit the NDA provided by PhilHealth LHIO Camarines Norte may help alleviate concerns about EPRS information security. This strategy will maintain confidential information, boost stakeholder confidence in EPRS, and strengthen the privacy policy for companies and employees. This initiative could take place in the first and second quarters of the year, when employers and PEERs are renewing their business permits and securing PhilHealth clearance. Employers and PEERs will be invited to an NDA orientation seminar. PhilHealth has set aside a projected amount of Php 60,000.00 for the budgetary requirement in

order to facilitate the proposal. The PhilHealth IT officers, Department of Information and Communications Technology (DICT), PEERs, employers, and PhilHealth LHIO Camarines Norte are the agencies and parties engaged.

To address employer concerns regarding the EPRS kiosk, PhilHealth Camarines Norte may request an additional computer unit. This effort will provide convenience and satisfaction to stakeholders in terms of kiosk accessibility and adequacy. The request might be completed in the second quarter of the year, which is the office's budgeting time. This idea will be funded with Php 60,000.00. Among the agencies and parties involved are the PhilHealth regional office's General Services Unit (GSU), the Finance Management Services Division, and the Head and Administrative Officer of the LHIO.

In the absence of PhilHealth system integration, the PhilHealth LHIO Camarines Norte may request for an enhancement and deployment of integrated PhilHealth systems to streamline the process and expedite record updating. It may be done in the first or second quarter of the year. For the budgetary requirements, this initiative is projected to cost Php 50,000.00. Among the agencies and parties involved are the ITMD of PhilHealth Head Office, the PhilHealth Regional Office V, and the LHIO Camarines Norte.

PhilHealth Camarines Norte may transfer its Local Health Insurance Office to a business district area in order to provide a full range of assistance, as well as ensure that its members have complete access to essential services. It may be completed in the first or second quarters of 2022. PhilHealth has an allotted budget of Php 2,000,000.00. for the expenses that may be incurred prior to and during the transfer and Php180,000.00 per month as lease payments. The PhilHealth regional office, through the GSU, and the LHIO administrative officer will be the agencies and parties involved in this activity.

Table 14: Plan of Action to Attain Full Compliance of Private Employers to EPRS

FOCUS OF CONCERN	OBJECTIVE	STRATEGIES/ ACTIVITIES	TIME FRAME/ BUDGETARY REQ	AGENCIES INVOLVED	EXPECTED OUTPUT
Paying premium contributions	Facilitate remittance of premium contributions of employees on or before the deadline set by the corporation	Encourage employers and PEERs to pay premium contributions and post remittance report before their payment due dates to avoid inconvenience during system downtime.	Monthly/ Php 1,500 Load Allowance /mo	PhilHealth thru PAIMS, Collection Unit of LHIO Camarines Norte, Employers and PEERs	Compliance of employers with the required monthly premium contributions
	Avoid inconvenience during system downtime	Employers will utilize the EPRS kiosk in LHIO during	Year round	Employers, PEERs, PhilHealth thru PAIMS	Collection efficiency
Paying and posting of premium contributions	Increase employers and PEERs awareness on Electronic Premium Remittance System	Create a monthly orientation program such as EPRS tutorial for walk-in employers, initiate webinars and massive IEC, playing of EPRS instructional videos in LHIO, Invite bank representative to discuss the process of online payment, posting on social media platforms like PhilHealth Official Facebook page and discussion of EPRS in Facebook live of LHIO Cam Norte	Year round/ Php 100,000	PhilHealth thru PAIMS, LHIO Collection Staff and Media Point Person, Employers and PEERs	Sustained awareness; Employers and PEERs are expected to be well-informed and up-to-date in terms of EPRS
Information security of EPRS	Prevent unauthorized disclosure and use of information / Establish the confidence of employers in EPRS	Intensify EPRS information security policy and strengthen enforcement of Non-Disclosure Agreement	1st to 2nd qtr/ Php 60,000	Information Technology Management Section of PhilHealth Regional Office V, Employers, PAIMS of LHIO CN	Protection of confidential information, increased confidence of stakeholders to EPRS and intensified privacy policy
Lack of EPRS kiosk provided in walk-in employers of LHIO	Cater the needs for EPRS kiosk of walk-in employers and PEERs. Provide better and more responsive service to stakeholder	Request additional EPRS kiosk for LHIO	2nd qtr of the year (Budgeting period) Php 60,000	PhilHealth Regional Office thru GSU, Finance Mgt Section and Mgt Services Division, LHIO Head and Admin Officer	Convenience and satisfaction of stakeholder in terms of access to EPRS kiosk and adequacy of kiosk
PhilHealth systems integration	Streamline the process and expedite updating of records	Request for enhancement and deployment of integrated PhilHealth systems	1st to 2nd qtr Php 50,000	PhilHealth thru ITMD, DICT, RO V, LHIO Camarines Norte	Enhancement integration and full deployment of PhilHealth systems; efficient systems of membership, collection databases and EPRS

Access to essential services	Save time and operational costs	Transfer of Camarines Nore Local Health Insurance Office to a business district area	1st to 2nd qtr Php 2,000,000 for Transfer cost 180,000 monthly for lease payment	PhilHealth Regional Office through GSU and LHIO Admin Officer	Accessible PhilHealth LHIO; saves time, money, and manpower on the part of employers and PEERs
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IV. CONCLUSIONS AND RECOMMENDATIONS

A. Findings

The findings of the study are summarized as follows:

- On the profile of the respondents, the age group within the bracket of 41 to 50 years old dominated the respondents with a frequency equivalent to 33.3 percent, while the lowest number of respondents are from the age bracket of 20 and below with a frequency corresponding to 1.3 percent of the respondents. In terms of sex, 79.7 percent or 122 are female respondents while 20.3 percent or 31 are male respondents. Their educational attainment mostly belongs to college graduates as it has 86.9 percent or 133 respondents while the lowest number are elementary graduates with a frequency of 1 or .7 percent of the total population. On the basis of the number of employees, 20 and below registered the highest number of respondents with a frequency of 93 or 60.8 percent, while 61 and above posted the lowest number of respondents with a frequency of 8 or 5.2 percent of the surveyed population. As to the length of years registered to PhilHealth, most of the employers are 21 and above registered as it is posted as the highest number with a frequency of 22 or 27.5 percent of the total population, while the lowest number of respondents belong to 1 to 5 years with a frequency of 14 corresponding to 9.2 percent of the surveyed population.
- On the compliance of employers in terms of remittance, data showed that employers are registered in Electronic Premium Remittance System (EPRS) and enrolled at Accredited Collecting Agent (ACA) with an online payment facility. It also revealed that employers are updating their employee’s premium remittance list in EPRS prior to the generation of the statement of a premium account. These indicators got the highest frequency as it posed 150 which is equivalent to 98 percent of the surveyed population while the generation and printing of preliminary employee’s premium remittance list prior to the generation of the statement of premium account got the bottom frequency as it posed 104 or 68 percent of the surveyed population. In terms of compliance with reporting, employers register and report to PhilHealth their newly hired employees within 30 calendar days from their employment as it posed 134 corresponding to 88 percent. This is contrary to the compliance in the printing of monthly employer remittance reports to ensure posting accuracy and serve as work records for future employee verification which only scored 103 or 67 percent of the surveyed population.

- On the significant relationship between the profile of the respondents and the compliance of employers to the Electronic Premium Remittance System, it was hypothesized that the age, sex, educational attainment, number of employees, and length of years registered have no significant relationship with compliance of employers in terms of remittance and reporting. Yet, the study revealed that there is a weak positive relationship between the number of employees and length of years registered profile and the compliance to EPRS reporting with correlation coefficients 0.220 and 0.215 respectively while there is a very weak negative relationship between the sex profiles of the respondents and the compliance to EPRS remittance with -0.167 correlation coefficient.
- On the effects of compliance of private employers to electronic remittance system to employed PhilHealth members in terms of benefit availment, the data revealed that employed PhilHealth members are provided with immediate eligibility to benefit packages during confinement with an interpretation of strongly agree and reflected as the highest mean score of 4.51 while eliminating documentary requirements and avoid delays in processing of filed benefit claims and reduce the incidence of return to hospital or facility claim due to insufficient contribution of employer got the same lowest mean score of 4.10 with an interpretation of agree. Moreover, in member contribution history, the indicator with the highest mean score of 4.54 is eliminate paper-based transactions particularly in the submission of employer monthly remittance report with an interpretation of strongly agree. Additionally, resolve the prevalence of dishonored payment transactions and prolonged reconciliation status in the EPRS due to erroneous posting of remittance information causing gap of payment to employed PhilHealth members registered the bottom indicator with a weighted mean of 4.16 or equivalent to agree interpretation.
- On the problems encountered by employers in PhilHealth EPRS in terms of posting of premium contributions, unstable internet connectivity and system downtime of PhilHealth EPRS topped the list while the least problem identified by employers is the delay in posting premium contribution report submitted through EPRS. In terms of updating employee data records, the respondents ranked the absence of PhilHealth system integration as their main problem while the indicator of inaccessible PhilHealth Local Health Insurance Office is their least problem considered.

- The plan of action to attain full compliance of private employers with EPRS was proposed. The main objective of it is to facilitate remittance and posting of premium contributions of employees on or before the deadline set by the corporation and avoid inconvenience during system downtime by encouraging employers to pay promptly and by recognizing the top early remitting and reporting employers; increase employers and PEERS awareness on EPRS by conducting orientation and massive Information and Education Campaign; prevent unauthorized disclosure or use of information and improve the confidence of employers to EPRS by creating an EPRS information security policy and strengthening enforcement of non-disclosure agreement; cater the needs of employers and PEERS for EPRS kiosk by requesting additional kiosk: integrate PhilHealth information system by requesting for enhancement of current system; and immediate access to PhilHealth Local Health Insurance Office by transferring the local Health Insurance Office to a business district area.

B. Conclusions

Based on the findings, the following conclusions were drawn:

- Majority of the respondents was from the age group bracket of 41 to 50 years old, predominantly female and college graduates. The number of employees mostly belongs to 20 and below with 21 and above the length of years registered to PhilHealth.
- Private employers are registered in EPRS and enrolled at any accredited collecting agent with an online payment facility. Also, they update employee's premium remittance list in EPRS prior to generation of statement of account and register to PhilHealth the newly hired employees within 30 calendar days from their employment;
- Age and educational attainment had no significant relationship to the compliance of private employers to EPRS in terms of remittance and reporting. On the other hand, sex had a significant relationship to the compliance of private employers to EPRS in terms of remittance but no significant relationship was noted in terms of reporting. As to the number of employees and length of years registered to PhilHealth, a significant effect to the compliance of private employers to EPRS in terms of reporting has been established but when it comes to remittance, it had no significant effect.
- The effects of compliance of private employers to EPRS to employed sector were all interpreted as strongly agree in terms of benefit availment and member contribution history. Employers ensure that employed PhilHealth members are provided with immediate eligibility to benefit packages during confinement and employers regarded compliance with EPRS eliminates paper-based transactions, particularly in the submission of employer monthly remittance reports.
- Unstable internet connectivity and system downtime of PhilHealth EPRS topped the common problems encountered by private employers in terms of paying and posting premium contributions while in terms of updating employee data records, the absence of PhilHealth system

integration was the main problem identified by private employers.

- A proposed plan of action was designed to attain the full compliance of private employers to EPRS. The focus will be on the following concerns: unstable internet connectivity and system downtime; inadequate knowledge of employers; doubt in information security; lack of EPRS kiosk; system integration and access to the Local Health Insurance Office.

C. Recommendations

Considering the conclusions of the study, the following recommendations are given.

- PhilHealth's local health insurance office may install an additional EPRS kiosk to make it easier for walk-in employers and PEERS to remit premium contributions. It helps employers who have no access to the internet, which is necessary for online payment.
- PhilHealth Local Health Insurance Office of Camarines Norte and its accredited collecting banks with an online payment facility interlinked with EPRS may promote electronic remittances through orientation and information dissemination. Employers may be pushed to enroll in online payment and learn about EPRS, allowing them to deal with the issues and challenges associated with digital payment.
- PhilHealth may formulate a policy setting an operational and technical standard for accessing EPRS and strengthen the enforcement of a non-disclosure agreement for EPRS users as part of information security.
- Employers and employees may have sufficient understanding to take advantage of PhilHealth benefits. They may be advised of the existence of PhilHealth Cares assigned to an accredited hospital, which will aid in members' benefit utilization. These could be done through orientation, which will be held in the respective employer's business facilities, allowing all employees to participate and ask questions about PhilHealth services.
- PhilHealth may integrate into the PhilHealth systems the changes made by the employer in the EPRS, like the updating and reporting of separated employees to automatically sync to their membership records and streamline the process and recording.
- PhilHealth, through its accounts specialists, may encourage employers to pay premium contributions before the corporation's payment deadline to avoid disruption during system downtime. Also, an EPRS tutorial may be used to maintain employer and PEER awareness and knowledge of online payment.
- Further study may also be conducted in the future with alternate populations, such as government and micro employers, to obtain more complete results or confirm the consistency of the findings.

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