

**MANUAL OF PROCEDURE
OF THE NEW
ACCREDITATION PROCESS**

**(PhilHealth Circular 54 s. 2012 - Provider Engagement
through Accreditation and Contracting for Health Services)**

TABLE OF CONTENTS

I. INTRODUCTION	
A. Purpose of the Manual	4
B. Roles and Responsibilities of the Health Care Institutions	4
II. PARTICIPATION TO THE NATIONAL HEALTH INSURANCE PROGRAM	5
A. ACCREDITATION	5
1. AUTOMATIC ACCREDITATION	
2. NON - AUTOMATIC ACCREDITATION	6
B. BASIC PARTICIPATION	6
1. APPLICATION TYPES	7
1.1 Initial Accreditation	7
1.1.1 Application for Initial Accreditation	
• The Three-Year –in-Operation Requirement	
• Exemption from 3 year operation requirement	
1.2 Continuous Accreditation	8
1.3 Re-accreditation	9
1.4 Profile Update	9
2. STEPS FOR BASIC PARTICIPATION	10
2.1 Submission of Application and Other Requirements for Accreditation	10
2.1.1 Hospital	10
a. Initial Accreditation	
b. Continuous Accreditation	
c. Re-accreditation	
d. Profile Updating	
2.1.2 Ambulatory Surgical Clinic (ASC)/ Dialysis Clinic (DC)/ Primary Care Facility (PCF)	14
a. Initial Accreditation	
b. Continuous Accreditation	
c. Re-accreditation	
d. Profile Update	
2.1.3 Primary Care Benefit Provider	20
a. Initial Accreditation	
b. Continuous Accreditation	
c. Re-accreditation	
d. Profile Update	
2.1.4 Maternity Care Package Provider	23

a. Initial Accreditation	
b. Continuous Accreditation	
c. Re-accreditation	
d. Profile Update	28
2.1.5 TB DOTS/ Animal Bite Package Provider	
a. Initial Accreditation	
b. Continuous Accreditation	
c. Re-accreditation	
d. Profile Update	32
2.2 ACCREDITATION FEES	33
2.3 DETERMINATION OF THE COMPLIANCE OF THE HCI	
2.3.1 Incomplete applications	
2.3.2 Complete Applications	33
3. PRE ACCREDITATION SURVEY	34
4. DELIBERATION OF APPLICATIONS AND ISSUANCE OF COMMUNICATIONS AND CERTIFICATE OF ACCREDITATION	34
5. SUBMISSION AND DELIBERATION OF MOTION FOR RECONSIDERATION	35
6. HEALTH CARE INSTITUTIONS WITH DECISION FROM LEGAL	
III. MONITORING OF ACCREDITED HEALTH CARE INSTITUTIONS	35
IV. LIST OF ANNEXES	35
A. Abbreviations and Acronyms	
B. Definition of Terms	
C. List of Tables	
D. Performance Commitment for Single HCI	
E. Performance Commitment for Group HCI	
F. Performance Commitment with Specific Provisions for PCB1	
G. Provider Data Record (PDR)	
H. Statement of Intent (SOI)	

- I. Notice of Survey
- J. Approval letter for Hospitals for Initial accreditation and Re-accreditation
- K. Approval letter for Outpatient Clinics for Initial accreditation and Re-accreditation
- L. Notice of Approved Motion for Reconsideration
- M. Notice of Deficiency
- N. Order of Payment
- O. Notice of Withdrawal of continuous Accreditation
- P. Letter of Denial
- Q. Notice of Denial of Certificate of Accreditation
- R. Certificate of Accreditation

I. INTRODUCTION

Section 16 of Republic Act No. 7875, as amended by RA 10606, empowers the Corporation to supervise the provision of health benefits and to set standards, rules, and regulations necessary to ensure quality of care, appropriate utilization of services, fund viability, member satisfaction, and overall accomplishment of Program objectives. In addition, PhilHealth Circular 54 s. 2012 seeks to improve the access of PhilHealth members and their dependents to quality health care services through enhanced guidelines in engaging the IHCPs in implementing the NHIP. This process is consistent with the provisions of RA 9485 (Anti-Red Tape Act of 2007), RA No. 10155 (General Appropriations Act of 2012), DOH AO No. 2010-0036 (The Aquino Health Agenda: Achieving UHC for all Filipinos), and DOH AO No. 2011-0020 (Streamlining of Licensure and Accreditation of Hospitals).

A. PURPOSE OF THE MANUAL

This Manual of Procedure aims to:

1. Provide guidance for Health Care Institutions (HCIs) applying for Basic Participation
2. Describe the accreditation process for automatic and non-automatic accredited HCIs

These guidelines shall describe the steps for basic participation until such time that the electronic accreditation system shall be implemented. A separate MOP shall be issued to cover the accreditation process for advanced participation.

B. ROLES AND RESPONSIBILITIES OF HEALTH CARE INSTITUTIONS (HCIs)

An accredited HCI must not only ensure fast and efficient quality health care services but must also observe and follow the rules, laws, policies and procedures promulgated by PhilHealth in order to maintain its basic, advance or continuous participation to the National Health Insurance Program (NHIP). Moreover, the HCIs shall endeavor to:

1. Submit the requirements for continuous participation on time;
2. Register in PhilHealth as an employer and ensure that its employees and affiliated health care professionals are active members of NHIP.
3. Inform the Corporation of any relevant changes in its facility/ies to update its profile in the accreditation database.
4. Establish a system for credentialing and privileging their affiliated health care professionals.

II. PARTICIPATION TO THE NATIONAL HEALTH INSURANCE PROGRAM

Health care institutions such as hospitals, ambulatory surgical clinics (ASCs), dialysis clinics (DCs), primary care facilities (PCFs), rural health units (RHUs)/ health centers (HCs) shall be accredited with PhilHealth in order to participate with the NHIP.

A. ACCREDITATION

1. AUTOMATIC ACCREDITATION

Automatic accreditation is the accreditation route for health care institutions that are licensed or certified by DOH or other certifying body duly recognized by PhilHealth. These HCIs shall not undergo pre-accreditation survey (PAS) to be accredited.

Table 1. Facilities and Their Respective Qualifiers for Automatic Accreditation

Health Care Institutions	License/Certificates by DOH/CHD
Hospitals	Updated DOH LTO to Operate (LTO)
Ambulatory Surgical Clinics (ASC)	
Dialysis Clinics (DC) Performing Hemodialysis (HD)	
Maternity Care Package (MCP) and Newborn Care Package (NCP) Providers	<ul style="list-style-type: none"> • Updated DOH LTO <ul style="list-style-type: none"> ○ Application for Initial accreditation in 2014 and onwards; ○ Application for initial, continuous and re-accreditation in 2015 and onwards) • Certificate of Compliance as BEMONC facility • Newborn Screening (NBS) Certificate (issued by the Newborn Screening Reference Center (NSRC) or temporary (NBS) Certificate issued by the Newborn Screening Center (NSC)
TB Directly Observed Treatment Shortcourse (DOTS) Providers	Updated DOH- Philippine Coalition Against TB (PhilCAT) certificate
Animal Bite Package (ABP) Providers	<ul style="list-style-type: none"> • Certificate/ Certification as an Animal Bite Treatment Center (for government facilities) • Certificate/ Certification as Animal Bite Center (for private facilities)

2. NON-AUTOMATIC ACCREDITATION

This applies to HCIs that are not licensed/ certified by the Department of Health (DOH) / Centers for Health Development (CHD). They shall undergo pre-accreditation survey before getting accredited.

Table 2. Comparison of the Automatic and Non-automatic Accreditation

	Automatic Process	Non-Automatic Process
1. Applicable HCIs	a. Licensed HCIs such as: <ul style="list-style-type: none"> • Hospitals • Ambulatory Surgical Clinics, • Dialysis Clinics performing Hemodialysis • Primary Care Facilities, <ul style="list-style-type: none"> ○ Infirmaries ○ Birthing Homes (MCP Providers) for initial accreditation in 2014 and for all providers in 2015 b. DOH Certified HCIs: <ul style="list-style-type: none"> • Birthing Homes for continuous accreditation in 2014 only • Animal Bite Package Providers • TB DOTS Package Providers • Outpatient Malaria Package Providers 	a. Non-licensed/ non-certified Birthing homes / MCP Providers for continuous participation in 2014 only b. Non-certified TB DOTS Package Providers c. Primary Care Benefit 1 Providers d. Dialysis Clinics performing Peritoneal dialysis
2. Pre-accreditation Survey (PAS)	Not required	Required
3. Deliberation by the Accreditation Subcommittee	Not required	Required

B. BASIC PARTICIPATION

Basic participation is the minimum level of participation granted by PhilHealth to all HCIs that comply with the requirements set forth by the Corporation. In order to participate in the National Health Insurance Program, all health care institutions must be accredited.

1. ACCREDITATION APPLICATION TYPES

The HCI shall submit their application and other requirements per type of HCI based on the following transactions, to the Local Health Insurance Office/ Branch/ PRO:

1.1 INITIAL ACCREDITATION

1.1.1 The Three - Year Operation Requirement

All licensed facilities, except Maternity Care Providers, which apply for initial accreditation must follow the three-year operation requirement. The date of reckoning of the three-year operation requirement shall be the effectivity date of either the initial license, clearance to operate, certificate, or other proof of operation issued by the DOH or other pertinent government agencies if applicable.

1.1.2 Exemption from the Three - Year Operation Requirement

A health care institution that does not qualify for the provision of the three (3) year - in - operation requirement may still apply and qualify for initial accreditation if it meets any of the following conditions.

Table 3 Conditions for Exemption from the Three - Year Operation Requirement

Condition for exemption	Documentary requirements
<p>1. Managing Health care professional :</p> <p>1.1 Has a working experience in another PhilHealth-HCI for at least three (3) years; or</p> <p>1.2 Completed a masteral degree in hospital administration or any related degree.</p> <p>Note: If the managing health care professional leaves the accredited health care institution within the initial year of accreditation the accreditation shall be withdrawn effective on the date of</p>	<p>The managing Health Care Professional namely, the Medical Director, Administrator or the Chief of Facility shall have at least three (3) years of work experience in a similar or analogous or at least the same level of institution / facility it is applying for accreditation.</p> <ul style="list-style-type: none"> • HCI shall submit any of the following as proof of work experience: <ul style="list-style-type: none"> ○ Service record from accredited government facility ○ Certification of the Board for Corporation or Foundation ○ Certification from the Facility Owner for private facility • HCI shall submit the Certificate of completion of a masteral degree in hospital administration or other related degree

vacancy	
2. It operates as a tertiary facility or its equivalent;	<ul style="list-style-type: none"> • Updated DOH LTO
3. It operates in a local government unit where the accredited health care institution cannot adequately or fully service its population;	<ul style="list-style-type: none"> • Copy of Certificate of Need for hospitals with 100 beds or more; or • Certification from the Local Chief Executive, for hospitals less than 100 beds, and • Recommendation by the concerned PRO.
4. Its service capability is not currently available in the local government unit;	<ul style="list-style-type: none"> • Certification from the concerned PRO; and • Validation by the Accreditation Department
5. It is an extension or branch of a health care institution that has been accredited for at least 2 years; and	<ul style="list-style-type: none"> • Proof of 2 years accreditation of the original HCI • Any of the following as proof of ownership or acquisition of the extension or branch such as, but not limited to: Board Resolution/ Secretary's Certificate/ Securities & Exchange Commission (SEC) Registration (for Corporations), Cooperative Development Authority (CDA), for cooperatives, Dept of Trade Industry (DTI) Certificate (For private HCIs).

The following health care institutions shall be exempted from the Three - Year Operation requirement:

- a. Primary Care Benefit Providers with or without Outpatient Malaria Package;
- b. TB DOTS Providers;
- c. Maternity Care Package Providers;
- d. Animal bite Package Providers
- e. Peritoneal Dialysis Centers

1.2 CONTINUOUS ACCREDITATION

This is an uninterrupted participation of those under the basic participation until withdrawn or terminated based on the rules set by the Corporation. The HCI shall submit the requirements from January 1 – 31 of each year to continuously participate in the NHIP. The following are the conditions for **withdrawal or termination of Continuous Participation**:

- a. HCIs that has closed or ceased operation.
- b. HCIs that failed to apply for re-accreditation within 90 days after its actual transfer of location
- c. HCIs that failed to apply for re-accreditation within 90 days after change in ownership
- d. HCIs that failed to apply for continuous accreditation within the prescribed filing period
- e. Other reasons as determined by the Corporation

In conditions b,c and d, the HCI shall receive a Notice of Withdrawal of Accreditation (Annex O) that shall state the HCI's option to apply for reaccreditation

1.3 RE-ACCREDITATION

Reaccreditation is conferred to health care institutions under any of the following conditions:

- a. HCIs accreditation has lapsed regardless of the length of gap or whose subsequent application was denied;
- b. Health care institutions that failed to submit the requirements for Continuous Participation within the prescribed period;
- c. HCIs continuous accreditation has been withdrawn
- d. HCIs that transfer its location
- e. Acquisition of additional service capability that would require change license/certificate, as applicable, issued by the relevant authority;
- f. Upgrading of facility level or category
- g. Change in Classification of HCI (e.g. general hospital to specialty hospital)
- h. Change of ownership;
- i. Resumption of operation after closure/cessation of operation.

1.4 PROFILE UPDATE

The following conditions are “profile update” and shall not require payment of Accreditation fee.

- a. Change of name of HCI
- b. Change in medical director
- c. Any other changes in the profile of the HCI that does not require re accreditation such as but not limited to the ff:
 1. contact numbers (e.g. telephone no, fax, e mail)
 2. affiliate doctors

2. STEPS FOR BASIC PARTICIPATION

2.1 Submission of Application and Other Requirements for Accreditation

2.1.1 HOSPITAL

a. Initial Accreditation of Hospitals

Table 4: Requirements for Initial Accreditation

Requirement	Description
1. General Performance Commitment (Gen. PC) – Annex D (PC for Single HCI) or Annex E (PC for Health System Provider)	<ol style="list-style-type: none"> 1. The appropriate PC applicable for single HCI (Annex D) or group HCIs (Annex E). 2. The PC should be completely and properly filled out . 3. It should be duly signed by the owner/s and the head/s of the facility 4. There should be no missing pages 5. All pages should be initialed by the owner and head/s of the facility 6. The letterhead of the facility should be reflected on the top portion of the first page. 7. All 42 provisions of the PC should be complete and unaltered.
2. Provider Data Record (PDR) –(Annex G)	Completely and properly filled-out PDR form
3. Updated DOH LTO	<ol style="list-style-type: none"> 1. Name of the HCI in the DOH LTO is that of the applicant HCI 2. Validity of the DOH LTO shall cover the period being applied for 3. Proof of three (3) - years operation prior to application or conditions for exemption (Refer to Table 2 for the conditions for exemption)
4. Electronic copies (in JPEG format) of recent photos of the HCI	<ol style="list-style-type: none"> 1. In JPEG format 2. Include photos of: <ol style="list-style-type: none"> a. internal - PhilHealth ward, emergency room, recovery room, operating room , etc) b. external area - facade 3. Labeled with the name of the facility and date taken.
5. Statement of Intent (SOI) (Annex H)	<ol style="list-style-type: none"> 1. Applicable only for applications filed within the last quarter of the year 2. SOI shall be signed by the Medical Director/ Head of Facility or administrator 3. HCI shall choose only one option for the start of accreditation
6. Proof of Payment of Accreditation Fee (Table 19)	Level 1 Hospital - Php 5,000.00 Level II Hospital - Php 8,000.00

	<p>Level III Hospital (<i>teaching Hospital</i>) - Php 10,000.00</p> <p>Specialty hospitals – depends on the service capability as assessed by PRO</p> <p>Name of the institution in the official receipt (OR) is that of the applicant HCI.</p>
--	--

b. Continuous Accreditation of Hospitals

Table 5: Requirements for Continuous Accreditation

Requirements	Description
1. General Performance Commitment (Gen. PC) – Annex D (PC for Single HCI) or Annex E (PC for Health System Provider)	<ol style="list-style-type: none"> 1. The appropriate PC applicable for single HCI (Annex D) or group HCIs (Annex E). 2. The PC should be completely and properly filled out . 3. It should be duly signed by the owner/s and the head/s of the facility 4. There should be no missing pages 5. All pages should be initialed by the owner and head/s of the facility 6. The letterhead of the facility should be reflected on the top portion of the first page. 7. All 42 provisions of the PC should be complete and unaltered.
2. Updated DOH LTO	<ol style="list-style-type: none"> 1. Name of the HCI in the DOH LTO is that of the applicant HCI 2. Validity of the DOH LTO shall cover the period being applied for
3. Financial statement(FS) /report	<ol style="list-style-type: none"> 1. Submitted on or before June 30 of the current year. 2. The FS should reflect the total income of the HCI, including total income received from PhilHealth 3. If the latest audited FS is not yet available by June 30, the HCI shall submit any of the following (as applicable): <ol style="list-style-type: none"> a. If LGU-owned facilities, a statement of income and expenses, including total income received from PhilHealth, issued by the municipal auditor b. If private facilities, statement of income and expenses, including total income received from PhilHealth, issued by either an internal or external auditor
4. Proof of Payment of Accreditation Fee (Table 24 & 25)	<p>Level 1 Hospital - Php 5,000.00</p> <p>Level II Hospital - Php 8,000.00</p> <p>Level III Hospital (<i>teaching Hospital</i>) - Php 10,000.00</p> <p>Specialty hospitals – depends on the service</p>

	<p>capability as assessed by PRO</p> <ol style="list-style-type: none"> 1. Name of the institution in the official receipt (OR) is that of the applicant HCI. 2. When applications for continuous accreditation and re-accreditation (for transfer of location, upgrading, change in classification acquisition of service capability or change in ownership) are submitted at the same time, the HCI shall pay only one accreditation fee.
--	---

c. Re- accreditation of Hospitals

Table 6: Conditions for Re-accreditation

Conditions	Requirements (Refer to Table 4 for description of requirements)
1. Health care institutions whose previous accreditation has lapsed or whose subsequent application was denied (HCI shall exhibit that reason for denial has been addressed)	<ol style="list-style-type: none"> 1. Properly filled-out PDR 2. General Performance Commitment 3. Updated DOH LTO 4. Statement of Intent (SOI) - for applications filed during the last quarter of the year 5. Photos of the HCI (only if there are improvement/ renovation undertaken) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee
2. Health care institutions that failed to submit the requirements for continuous participation within the prescribed period	
3. Upgrading of facility level or category	
4. Resumption of operation after closure/cessation of operation	
5. HCI that transferred location (requirements shall be submitted within ninety (90)calendar days from actual transfer of location)	<ol style="list-style-type: none"> 1. Properly filled-out PDR 2. General Performance Commitment 3. Updated DOH LTO stating the new address of the HCI (as applicable) 4. Photos in JPEG format 5. Statement of Intent (if applied during the last quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee
6. Acquisition of additional service capability that would require change in license/certificate, as applicable, issued by the relevant authority	<ol style="list-style-type: none"> 1. Performance Commitment 2. Updated DOH LTO stating the additional services 3. Photos of additional service (in JPEG format) 4. Statement of Intent (if applied during the last quarter of the year) 5. Request letter for Re-accreditation 6. Proof of payment of the accreditation fee

<p>7. Upgrading of facility level or category (e.g. ASC to level 1 hospital):</p>	<ol style="list-style-type: none"> 1. Properly filled-out PDR 2. General Performance Commitment 3. Updated DOH LTO 4. Photos of additional service/ area (in JPEG format) 5. Statement of Intent (if applied during the last quarter of the year) 6. Proof of payment of the accreditation fee 7. Request letter for Re-accreditation
<p>8. Change of ownership (Requirements that shall be submitted within ninety (90) calendar days from actual change of ownership)</p>	<ol style="list-style-type: none"> 1. General Performance Commitment 2. Properly filled-out PDR 3. Any of the following as proof of change in ownership <ul style="list-style-type: none"> • For private HCIs, any of the following: <ol style="list-style-type: none"> i. SEC Registration including Articles of Incorporation ii. Deed of Sale, iii. Cooperative Development Authority (CDA) iv. Dept of Trade Industry (DTI) • For government. HCIs: <ol style="list-style-type: none"> a. Provincial to Municipal – Usufruct agreement between the province and municipality b. From local to national –corresponding Republic Act 4. Statement of Intent (SOI) - for applications filed during the last quarter of the year 5. Request letter for Re-accreditation 6. Proof of payment of the accreditation fee Level 1 - Php 5,000.00 Level II Hospitals - Php 8,000.00 Level III Hospitals (<i>teaching Hospitals</i>) - Php 10,000.00 Specialty hospitals – depends on the service capability as assessed by PRO
<p>9. Change in Classification of HCI (e.g. general hospital to specialty hospital, birthing home to Infirmary)</p>	<ol style="list-style-type: none"> 1. General Performance Commitment 2. Properly filled-out PDR 3. Updated DOH LTO 4. Photos of additional service HCI areas (in JPEG format) 5. Statement of intent (for applications submitted during the 4th quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee

d. Profile Update of Hospitals

The following conditions are “profile update” transactions and shall not require payment of Accreditation fee:

Table 7: Conditions for Profile updating of HCI Requirements

Conditions	Documentary requirements
Change of name of HCI	<ul style="list-style-type: none"> • Performance Commitment as applicable • DOH LTO reflecting new name of the HCI • Letter of request containing the following information: previous name, new name, effectivity of new name
Change in medical director/ head of facility	<ul style="list-style-type: none"> • Performance Commitment as applicable • Letter of request of the HCI with effectivity date of the change
Any other changes in the profile of the HCI not for re accreditation such as but not limited to the ff: <ol style="list-style-type: none"> 1. contact numbers (e.g. telephone no, fax, e mail) 2. affiliate doctors 	<ul style="list-style-type: none"> • Letter of request • Applicable documents such as list of additional affiliated doctors

2.1.2 AMBULATORY SURGICAL CLINICS/ FREESTANDING DIALYSIS CLINICS PERFORMING HEMODIALYSIS/ PRIMARY CARE FACILITIES

a. Initial Accreditation of ASC/ FDC Performing HD/ PCF

Table 8: Requirements for Initial Accreditation

Requirement	Description
1. General Performance Commitment (Gen. PC) – Annex D (PC for Single HCI) or Annex E (PC for Health System Provider)	<ol style="list-style-type: none"> 1. The appropriate PC applicable for single HCI or group HCIs. 2. The PC should be completely and properly filled out 3. It should be duly signed by the owner/s and the head/s of the facility 4. There should be no missing pages 5. All pages should be initialed by the owner and head/s of the facility 6. The letterhead of the facility should be reflected on the top portion of the first page. 7. All 42 provisions of the PC should be complete and unaltered.
2. Provider Data Record (PDR) –	Completely and properly filled-out PDR form

(Annex G)	
3. Updated DOH LTO	<ol style="list-style-type: none"> 1. Name of the HCI in the DOH LTO is that of the applicant HCI 2. Validity of the DOH LTO shall cover the period applied for 3. Proof of three years operation prior to application or conditions for exemption (Refer to Table 2 for the conditions for exemption)
4. Electronic copies (in JPEG format) of recent photos of the HCI	<ol style="list-style-type: none"> 1. In JPEG format 2. Include photos of: <ol style="list-style-type: none"> a. internal <ol style="list-style-type: none"> i. ASC: <ul style="list-style-type: none"> • reception area/ waiting area, • operating room • laboratory, if available ii. FDC performing HD: <ul style="list-style-type: none"> • reception area/ waiting area, • dialysis stations • nurses station • Reverse osmosis room iii. PCF: <ul style="list-style-type: none"> • emergency room • PhilHealth ward • laboratory (if available) • pharmacy (if available) b. external area - facade 3. Labeled with the name of the facility and date taken.
5. Proof of Payment of Accreditation Fee (Table 24 & 25)	<p>ASC – Php 5,000 FDC performing HD – Php 5,000 PCF – Php 3,000 Name of the institution in the official receipt (OR) is that of the applicant HCI.</p>
6. Statement of Intent (SOI) (Annex H)	<ol style="list-style-type: none"> 1. Applicable only for applications filed within the last quarter of the year 2. SOI shall be signed by the Head of Facility or administrator 3. HCI shall choose only one option for the start of accreditation

b. Continuous Accreditation of ASC/ FDC Performing HD/ PCF

Table 9: Requirements for Continuous Accreditation

Requirements	Description
1. Performance Commitment -	1. The appropriate PC applicable for single HCI or group

Annex D (PC for Single HCI) or Annex E (PC for Health System Provider)	<p style="text-align: center;">HCIs.</p> <ol style="list-style-type: none"> 2. The PC should be completely and properly filled out . 3. It should be duly signed by the owner/s and the head/s of the facility 4. There should be no missing pages 5. All pages should be initialed by the owner and head/s of the facility 6. The letterhead of the facility should be reflected on the top portion of the first page. 7. All 42 provisions of the PC should be complete and unaltered.
2. Updated DOH LTO	<ol style="list-style-type: none"> 1. Name of the HCI in the DOH LTO is that of the applicant HCI 2. Validity of the DOH LTO shall cover the period being applied for
3. Financial statement(FS) /report	<ol style="list-style-type: none"> 1. Submitted on or before June 30 of the current year. 2. The FS should reflect the total income of the HCI, including total income received from PhilHealth 3. If the latest audited FS is not yet available by June 30, the HCI shall submit any of the following (as applicable): <ol style="list-style-type: none"> a. If LGU-owned facilities, a statement of income and expenses, including total income received from PhilHealth, issued by the municipal auditor b. If private facilities, statement of income and expenses, including total income received from PhilHealth, issued by either an internal or external auditor
4. Proof of Payment of Accreditation Fee (table 24 & 25)	<p>ASC – Php 5,000 FDC performing HD – Php 5,000 PCF – Php 3,000</p> <ol style="list-style-type: none"> 1. Name of the institution in the official receipt (OR) is that of the applicant HCI. 2. For multiple transactions where the HCI submits applications for continuous accreditation and re-accreditation (for transfer of location, upgrading, change in classification acquisition of additional service capability or change in ownership) at the same time, it shall pay only one accreditation fee.

c. Re- Accreditation of ASC/ FDC Performing HD/ PCF

Table 10: Conditions for Re-accreditation

Conditions	Requirements (Refer to Table 4 for description of requirements)
-------------------	---

<p>1. Health care institutions care institutions whose previous accreditation has lapsed or whose subsequent application was denied (HCI shall exhibit that reason for denial has been addressed)</p>	<p>1. Properly filled-out PDR 2. General Performance Commitment 3. Updated DOH LTO 4. Statement of Intent (SOI) for applications filed during the last quarter of the year 5. Photos of the HCI (only if there are improvement/ renovation undertaken) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of: ASC – Php 5,000 FDC performing HD – Php 5,000 PCF – Php 3,000</p>
<p>2. HCIs that failed to submit the requirements for continuous participation from January 1 to February 28</p>	
<p>3. Previous continuous participation was withdrawn</p>	
<p>4. Resumption of operation after closure/cessation of operation</p>	
<p>5. HCI that transferred location (Requirements shall be submitted within ninety (90) calendar days from actual transfer of location)</p>	<p>1. Properly filled-out PDR 2. Gen. Performance Commitment 3. Updated DOH LTO stating the new address (as applicable) 4. Photos in JPEG format 5. Statement of Intent (if applied during the last quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of: ASC – Php 5,000 FDC performing HD – Php 5,000 PCF – Php 3,000</p>
<p>6. Acquisition of additional service capability that would require change in the DOH LTO</p>	<p>1. Properly filled-out PDR 2. General Performance Commitment (Gen. PC) 3. Updated DOH LTO stating the additional service/s 4. Photos of additional service (in JPEG format) 5. Statement of Intent (if applied during the last quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of: ASC – Php 5,000 FDC performing HD – Php 5,000 PCF – Php 3,000</p>
<p>7. Upgrading of facility level or category (e.g. birthing home to PCF):</p>	<p>1. Properly filled-out PDR 2. General Performance Commitment 3. Updated DOH LTO 4. Photos of additional service/ area (in JPEG format) 5. Request letter for Re-accreditation 6. Statement of Intent (if applied during the last quarter of the year) 7. Proof of payment of the accreditation fee of: ASC – Php 5,000</p>

	FDC performing HD – Php 5,000 PCF – Php 3,000
8. Change of ownership (Requirements that shall be submitted within ninety (90) calendar days from actual change of ownership)	<ol style="list-style-type: none"> 1. Properly filled-out PDR 2. General Performance Commitment 3. Updated DOH LTO 4. Any of the following as proof of change in ownership <ol style="list-style-type: none"> a. For private HCIs, any of the following: <ol style="list-style-type: none"> i. SEC Registration including Articles of Incorporation ii. Deed of Sale iii. Cooperative Development Authority (CDA) iv. Dept of Trade Industry (DTI)Certificate b. For government. HCIs: <ol style="list-style-type: none"> i. Provincial to Municipal – Usufruct agreement between the province and municipality ii. From local to national –corresponding Republic Act 5. Statement of Intent (SOI) - for applications filed during the last quarter of the year 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of: ASC – Php 5,000 FDC performing HD – Php 5,000 PCF – Php 3,000
9. Change in Classification of HCI	<ol style="list-style-type: none"> 1. General Performance Commitment 2. Properly filled-out PDR 3. Updated DOH LTO 4. Photos of additional service HCI areas (in JPEG format) 5. Statement of Intent (if applied during the last quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of: ASC – Php 5,000 FDC performing HD – Php 5,000 PCF – Php 3,000

d. Profile Update of ASC/ DC Performing HD/ PCF

The following conditions are “profile update” transactions and shall not require payment of Accreditation fee:

Table 11: Conditions for Profile Update of HCI

Manual of Procedure of the New Accreditation Process (PhilHealth Circular 54 s. 2012 - Provider Engagement through Accreditation and Contracting for Health Services

Conditions	Documentary requirements
Change of name of HCI	<ul style="list-style-type: none"> • Performance Commitment as applicable • DOH LTO reflecting new name of the HCI • Letter of request containing the following information: previous name, new name, effectivity of new name
Change in medical director	<ul style="list-style-type: none"> • Performance Commitment as applicable • Request letter for re-accreditation of the HCI with effectivity date of the change
Any other changes in the profile of the HCI not for re accreditation such as but not limited to the ff: <ul style="list-style-type: none"> • contact numbers (e.g. telephone no, fax, e mail) • affiliate doctors 	<ul style="list-style-type: none"> • Letter of request • Applicable document such as list of additional doctors

2.1.3 PRIMARY CARE BENEFIT (PCB) 1 PROVIDER

a. Initial of PCB1 Providers

Table 12: Requirements for Initial Accreditation

Requirement	Description
1. General Performance Commitment (Gen. PC) - Annex D (PC for Single HCI) or Annex E (PC for Health System Provider)	<ol style="list-style-type: none"> 1. The appropriate PC applicable for single HCI or group HCIs. 2. The PC should be completely and properly filled out . 3. It should be duly signed by the owner/s and the head/s of the facility 4. There should be no missing pages 5. All pages should be initialed by the owner and head/s of the facility 6. The letterhead of the facility should be reflected on the top portion of the first page. 7. All 42 provisions of the PC should be complete and unaltered.
2. Performance Commitment with specific Provisions for PCB1 Providers –(Annex F)	<ol style="list-style-type: none"> 1. Signed by the owner/s and the head/s of the facility 2. Contains 8 provisions
3. Provider Data Record (PDR) – Annex G	Completely and properly filled-out PDR form
4. Proof of Payment of Accreditation Fee	<p>PCB 1Provider Accreditation Fee – Php 1,000</p> <ol style="list-style-type: none"> 1. Name of the institution in the official receipt (OR) is that of the applicant HCI.
5. Electronic copies (in JPEG format) of recent photos of the HCI	<ol style="list-style-type: none"> 1. In JPEG format 2. Include photos of: <ol style="list-style-type: none"> i. internal – reception /waiting area, consultation room/ examination room, laboratory, if available) ii. external area - facade 3. Labeled with the name of the facility and date taken.
6. Statement of Intent (SOI) (Annex H)	<ol style="list-style-type: none"> 1. Applicable only for applications filed within the last quarter of the year 2. SOI shall be signed by the Head of Facility or administrator representative 3. HCI shall choose only one option for the start of accreditation
7. MOA with referral secondary laboratory (for HCIs with no capability to provide lipid profile and FBS)	<ol style="list-style-type: none"> 1. The MOA shall contain the following: <ol style="list-style-type: none"> a. Names of the HCI and referral facility and names of their representatives; b. Signature of the representative/s of the applicant HCI and referral facility. 2. The signatories in the MOA shall also be the signatories in the PC

8. Location map	<ol style="list-style-type: none"> 1. Properly labeled 2. Clearly illustrated
9. Additional requirement for PCB1 Package Providers that provide the Outpatient Malaria Package	<ol style="list-style-type: none"> 1. All provisions stated above under the PCB providers should be present. 2. Certificate of Training in Malaria of an HCI staff issued by DOH/CHD. The trained staff shall also show proof that he is an employee of the applicant HCI, e.g. payroll of the facility reflecting the name of the staff.

b. Continuous Accreditation of PCB1 Provider

Table 13: Requirements for Continuous Accreditation

Requirements	Description
1. General Performance Commitment - Annex D (PC for Single HCI) or Annex E (PC for Health System Provider)	<ol style="list-style-type: none"> 1. The appropriate PC applicable for single HCI or group HCIs. 2. The PC should be completely and properly filled out . 3. It should be duly signed by the owner/s and the head/s of the facility 4. There should be no missing pages 5. All pages should be initialed by the owner and head/s of the facility 6. The letterhead of the facility should be reflected on the top portion of the first page. 7. All 42 provisions of the PC should be complete and unaltered.
2. PC with Special Provisions for PCB1 Providers (Annex F)	<ol style="list-style-type: none"> 1. Signed by the owner/s and the head/s of the facility 2. Contains 8 provisions
3. Proof of Payment of Accreditation Fee (Table 23)	<p>PCB 1 Provider Accreditation Fee - Php 1,000</p> <p>When applications for continuous accreditation and re-accreditation (for transfer of location) are submitted at the same time, the HCI shall pay only one accreditation fee.</p> <p>Name of the institution in the official receipt (OR) is that of the applicant HCI.</p>

c. Re-accreditation of PCB1 Provider

Table 14: Conditions for Re- Accreditation

Conditions	Requirements (Refer to Table 4 for description of requirements)
1. Health care institutions care institutions whose previous accreditation has lapsed or whose subsequent application was denied (HCI shall exhibit that reason for denial has been addressed)	<ol style="list-style-type: none"> 1. Properly filled-out PDR 2. General Performance Commitment 3. PC with Special Provisions for PCB1 Providers 4. Photos in JPEG format(only if there are improvement/ renovation undertaken) 5. Statement of Intent (if applied during the last quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of Php 1,000
2. HCIs that failed to submit the requirements for continuous participation from January 1 to February 28	
3. Previous continuous participation was withdrawn	
4. Resumption of operation after closure/cessation of operation	
5. HCI that transferred location (Requirements shall be submitted within ninety (90) calendar days from actual transfer of location)	<ol style="list-style-type: none"> 1. Properly filled-out PDR 2. Gen. Performance Commitment 3. PC with Special Provisions for PCB1 Providers 4. Photos in JPEG format 5. Statement of Intent (if applied during the last quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of Php 1,000

d. Profile Updating of PCB1 Provider

Table 15: Conditions for Profile Update of HCI

Conditions	Documentary requirements
Change of name of HCI	<ul style="list-style-type: none"> • Performance Commitment • Properly filled-out PDR • Sanggunian Bayan Resolution allowing change of name of the HCI the new name of the facility • Letter of request containing the following information: previous name, new name, effectivity of new name
Change in facility head	<ul style="list-style-type: none"> • Performance Commitment • Letter of request of the HCI with

	effectivity date of the change
Any other changes in the profile of the HCI not for re accreditation such as but not limited to the ff: <ul style="list-style-type: none"> • contact numbers (e.g. telephone no, fax, e mail) 	<ul style="list-style-type: none"> • Letter of request

2.1.4 MATERNITY CARE PACKAGE (MCP) PROVIDER

a. Initial Accreditation of MCP Providers

For 2014 and onwards, all MCP providers applying for initial accreditation shall submit an updated DOH LTO with the validity of the license covering the accreditation period being applied for.

Table 16: Requirements for Initial Accreditation

Requirement	Description
1. General Performance Commitment (Gen. PC) - Annex D (PC for Single HCI) or Annex E (PC for Health System Provider)	<ol style="list-style-type: none"> 1. The appropriate PC applicable for single HCI or group HCIs. 2. The PC should be completely and properly filled out 3. It should be duly signed by the owner/s and the head/s of the facility 4. There should be no missing pages 5. All pages should be initialed by the owner and head/s of the facility 6. The letterhead of the facility should be reflected on the top portion of the first page. 7. All 42 provisions of the PC should be complete and unaltered.
2. Provider Data Record (PDR) –(Annex G)	Completely and properly filled-out PDR form
3. Updated DOH LTO (starting 2014)	<ol style="list-style-type: none"> 1. Name of the HCI in the DOH LTO is that of the applicant HCI 2. Validity of the DOH LTO shall cover the period being applied for
4. Proof of Payment of Accreditation Fee	MCP Provider Accreditation Fee -Php 1,500 Name of the institution in the official receipt (OR) is that of the applicant HCI.
5. Electronic copies (in JPEG format) of recent photos of the HCI	<ol style="list-style-type: none"> 1. In JPEG format 2. Include photos of: <ol style="list-style-type: none"> a. internal - PhilHealth ward, emergency room, recovery room, operating room , etc)

	<p>b.external area</p> <p>3. Labeled with the name of the facility and date taken.</p>
6. Statement of Intent (SOI) (Annex H)	<p>1. Applicable only for applications filed within the last quarter of the year</p> <p>2. SOI shall be signed by the Medical Director/ Chief of Hospital/ Head of Facility or administrator representative</p> <p>3. HCI shall choose only one option for the start of accreditation</p>
7. Location map	<p>1. Properly labeled</p> <p>2. Clearly illustrated</p>
8. Proof of training on IUD insertion of the health care Professional (only for HCIs with capability)	<p>1. Physicians that may participate as professional providers of IUD insertion should be a graduate of Residency Training on Obstetrics and Gynecology OR with certification on “ Family Planning Competency Based Training (FPCBT) Level 2.</p> <p>2. Midwives that may participate as professional providers of IUD insertion should have a certification on FPCBT Level 2</p>

b. Continuous Accreditation of MCP Providers

Table 17: Requirements for Continuous Accreditation

Requirements	Description
1. Performance Commitment - Annex D or E, as applicable	<p>1. The appropriate PC applicable for single HCI or group HCIs.</p> <p>2. The PC should be completely and properly filled out</p> <p>3. It should be duly signed by the owner/s and the head/s of the facility</p> <p>4. There should be no missing pages</p> <p>5. All pages should be initialed by the owner and head/s of the facility</p> <p>6. The letterhead of the facility should be reflected on the top portion of the first page.</p> <p>7. All 42 provisions of the PC should be complete and unaltered.</p>
2. Updated DOH LTO	<p>1. Beginning 2015, all MCP providers for initial, continuous and re-accreditation transactions shall submit an updated DOH LTO</p> <p>2. The name of the HCI in the DOH LTO is that of the applicant HCI</p> <p>3. Validity of the DOH LTO shall cover the period applied for</p>
3. Financial statement(FS) /report	<p>1. Applicable only to private HCIs</p> <p>2. Submitted on or before June 30 of the current year.</p>

	<ol style="list-style-type: none"> 3. The FS should reflect the total income of the HCI, including reimbursements received from PhilHealth 4. If the latest audited FS is not yet available by June 30, the HCI shall submit a statement of income and expenses, including total income received from PhilHealth, issued by either an internal or external auditor
5. Newborn Screening Facility Certificate	<ol style="list-style-type: none"> 1. Issued by the CHD or Newborn Screening Reference Center (NSRC) 2. Attach the sticker for the year previous to the cycle being applied for
6. Certificate of Compliance as a BEmONC facility (<i>for Automatic Accreditation in 2014 only</i>) or proof of referral system (<i>for non-automatic accreditation for 2014 only</i>)	<ul style="list-style-type: none"> • BEmONC Certificate : <ol style="list-style-type: none"> a. Updated b. Name of the HCI in the certificate is that of the applicant HCI • Referral system: For non-automatic accreditation, any of the following applicable referral system: <ol style="list-style-type: none"> a. Proof of Affiliation/MOA with at least a Level 1 PhilHealth accredited Hospital b. MOA with referral physician/s for Obstetrics and Gynecology and Pediatric cases, as applicable c. MOA with a DOH-certified BEmONC - CEmONC network (<i>if not BEmONC Certified</i>)
7. Proof of Payment of Accreditation Fee (Table 23)	<p>MCP Provider Accreditation Fee– Php 1,500</p> <ol style="list-style-type: none"> 1. Name of the institution in the official receipt (OR) is that of the applicant HCI. 2. When applications for continuous accreditation and re-accreditation (for upgrading, acquisition of additional service capability or change in ownership) are submitted at the same time, the HCI shall pay only one accreditation fee.

c. Re- Accreditation of MCP Providers

Table18: Conditions for Re- Accreditation

Conditions	Requirements (Refer to Table 2 for description of requirements)
<ol style="list-style-type: none"> 1. Health care institutions whose previous accreditation has lapsed or whose subsequent application was denied (HCI shall exhibit that reason for denial has been addressed) 2. HCIs that failed to submit the requirements for continuous participation from January 1 to February 28 3. Previous continuous participation was withdrawn 4. Resumption of operation after closure/cessation of operation 	<ol style="list-style-type: none"> 1. Properly filled-out PDR 2. General Performance Commitment 3. Updated DOH LTO to Operate 4. Statement of Intent (SOI) for applications filed during the last quarter of the year 5. Photos of the HCI (only if there are improvement/ renovation undertaken) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of Php 1,500
<ol style="list-style-type: none"> 5. HCI that transferred location (Requirements shall be submitted within ninety calendar days from actual transfer of location) 	<ol style="list-style-type: none"> 1. Gen. Performance Commitment 2. Properly filled-out PDR 3. Updated DOH LTO stating the new address (as applicable) 4. Photos in JPEG format 5. Statement of Intent (if applied during the last quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of Php 1,500
<ol style="list-style-type: none"> 6. Acquisition of additional service capability such as performing IUD insertion 	<ol style="list-style-type: none"> 1. General Performance Commitment (Gen. PC) 2. Properly filled-out PDR 3. Certificate of performing IUD insertion) 4. Photos of additional service (in JPEG format) 5. Statement of Intent (if applied during the last quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of Php 1,500
<ol style="list-style-type: none"> 7. Change of ownership (Requirements that shall be submitted within ninety (90) calendar days from actual change of ownership) 	<ol style="list-style-type: none"> 1. Properly filled-out PDR 2. General Performance Commitment 3. Any of the following as proof of change in ownership <ul style="list-style-type: none"> • For private HCIs, any of the following: <ol style="list-style-type: none"> i. SEC Registration including Articles of Incorporation ii. Deed of Sale, iii. Cooperative Development Authority (CDA)

	<ul style="list-style-type: none"> iv. Dept of Trade Industry (DTI) • For government. HCIs: <ul style="list-style-type: none"> i. Provincial to Municipal – Usufruct agreement between the province and municipality ii. From local to national –corresponding Republic Act 4. Statement of Intent (SOI) - for applications filed during the last quarter of the year 5. Request letter for Re-accreditation 6. Proof of payment of the accreditation fee of Php 1,500
--	--

d. Profile Update of MCP Providers

Table 19: Conditions for Profile Update

Condition	Documentary requirements
Change of name of HCI	<ul style="list-style-type: none"> • Performance Commitment as applicable • DOH LTO reflecting new name of the HCI • Letter of request containing the following information: previous name, new name, effectivity of new name
Change in facility head	<ul style="list-style-type: none"> • Performance Commitment as applicable • Letter of request of the HCI reflecting effectivity date of the change
Any other changes in the profile of the HCI not for re accreditation such as but not limited to the ff: <ul style="list-style-type: none"> • contact numbers (e.g. telephone no, fax, e mail) administrator • affiliate doctors/ midwives 	<ul style="list-style-type: none"> • Letter of request • Applicable document such as list of additional affiliated doctors/ midwives

2.1.5 TB DOTS AND ANIMAL BITE PACKAGE PROVIDERS

i. Initial Accreditation of TB DOTS and ABP Providers

Table 20: Requirements for Initial Accreditation

Requirement	Description
1. General Performance Commitment (Gen. PC) - Annex D (PC for single HCI) or E (PC for group HCIS)	<ol style="list-style-type: none"> 1. The appropriate PC applicable for single HCI or group HCIs. 2. The PC should be completely and properly filled out 3. It should be duly signed by the owner/s and the head/s of the facility 4. There should be no missing pages 5. All pages should be initialed by the owner and head/s of the facility 6. The letterhead of the facility should be reflected on the top portion of the first page. 7. All 42 provisions of the PC should be complete and unaltered.
2. Provider Data Record (PDR) –(Annex G)	Completely and properly filled-out PDR form
2. Updated DOH Certificate as a TB DOTS or Animal Bite Treatment Center/ Animal Bite Center (as applicable)	<ol style="list-style-type: none"> 1. Name of the HCI in the DOH certificate is that of the applicant HCI 2. Validity of the DOH LTO shall cover the period being applied for
3. Electronic copies (in JPEG format) of recent photos of the HCI	<ol style="list-style-type: none"> 1. In JPEG format 2. Include photos of: <ol style="list-style-type: none"> a. internal <ol style="list-style-type: none"> i. TB DOTS: consultation area, laboratory ii. ABP provider: consultation area b. external area – façade, sputum collection area (for TB DOTS only) 3. Labeled with the name of the facility and date taken.
4. Statement of Intent (SOI) (Annex H)	<ol style="list-style-type: none"> 1. Applicable only for applications filed within the last quarter of the year 2. SOI shall be signed by the Head of Facility or administrator representative 3. HCI shall choose only one option for the start of accreditation
5. Location map	<ol style="list-style-type: none"> 1. Properly labeled 2. Clearly illustrated
6. Proof of Payment of Accreditation Fee	TB DOTS – Php 1,000 ABP – Php 1,000 Name of the institution in the official receipt (OR) is that of the applicant HCI.

	1. Correct amount of accreditation fee
--	--

1.5.2 Continuous Accreditation of TB DOTS and ABP Providers

Table 21: Requirements for Continuous Accreditation

Requirements	Description
1. General Performance Commitment - Annex D (PC for single HCI) or E (PC group HCIs)	<ol style="list-style-type: none"> 1. The appropriate PC applicable for single HCI or group HCIs. 2. The PC should be completely and properly filled out . 3. It should be duly signed by the owner/s and the head/s of the facility 4. There should be no missing pages 5. All pages should be initialed by the owner and head/s of the facility 6. The letterhead of the facility should be reflected on the top portion of the first page. <p>All 42 provisions of the PC should be complete and unaltered.</p>
2. Updated DOH Certificate	<ol style="list-style-type: none"> 1. The name of the HCI in the DOH LTO is that of the applicant HCI 2. Validity of the DOH LTO shall cover the period applied for
3. Financial statement(FS) /report	<ol style="list-style-type: none"> 1. Applicable only to private providers 2. Submitted on or before June 30 of the current year. 3. The FS should reflect the total income of the HCI, including reimbursements received from PhilHealth 4. If the latest audited FS is not yet available by June 30, the HCI shall submit a statement of income and expenses, including total income received from PhilHealth, issued by either an internal or external auditor
4. Proof of Payment of Accreditation Fee (Table 24 and 25)	<p>TB DOTS - Php 1,000 ABPP – Php 1,000</p> <ol style="list-style-type: none"> 1. Name of the institution in the official receipt (OR) is that of the applicant HCI. c. When applications for continuous accreditation and re-accreditation (for change of location, change in ownership) are submitted at the same time, the HCI shall pay only one accreditation fee.

2.5.3 Re- Accreditation of TB DOTS and ABP Providers

Table 22: Conditions for Re- Accreditation

Conditions	Requirements (Refer to Table 4 for description of requirements)
<ol style="list-style-type: none"> 1. Health care institutions whose subsequent application was denied: 2. HCIs that failed to submit the requirements for continuous participation from January 1 to February 28 3. Previous continuous participation was withdrawn 	<ol style="list-style-type: none"> 1. Properly filled-out PDR 2. General Performance Commitment 3. Updated DOH certificate as TB DOTS or ABP Provider (as applicable) 4. Statement of Intent (SOI) for applications filed during the last quarter of the year 5. Photos of the HCI (only if there are improvement/ renovation undertaken) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of Php 1,000
<ol style="list-style-type: none"> 4. HCI that transferred location (Requirements shall be submitted within ninety calendar days from actual transfer of location) 	<ol style="list-style-type: none"> 1. Properly filled-out PDR 2. Gen. Performance Commitment 3. Updated DOH certificate stating the new address (as applicable) 4. Photos in JPEG format 5. Statement of Intent (if applied during the last quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of: TB DOTS - Php 1,000 ABPP – Php1,000
<ol style="list-style-type: none"> 5. Resumption of operation after closure/cessation of operation 	<ol style="list-style-type: none"> 1. General Performance Commitment 2. Properly filled-out PDR 3. Updated DOH LTO 4. Photos (in JPEG format) 5. Statement of Intent (if applied during the last quarter of the year) 6. Request letter for Re-accreditation 7. Proof of payment of the accreditation fee of: TB DOTS - Php 1,000 ABPP – Php 1,000
<ol style="list-style-type: none"> 6. Change of ownership (Requirements that shall be submitted within ninety (90) calendar days from actual change of ownership) 	<ol style="list-style-type: none"> 1. General Performance Commitment 2. Properly filled-out PDR 3. Any of the following as proof of change in ownership : <ul style="list-style-type: none"> • For private HCIs, any of the following: <ol style="list-style-type: none"> a. SEC Registration including Articles of Incorporation b. Deed of Sale, c. Cooperative Development Authority (CDA) d. Dept of Trade Industry (DTI) • For government. HCIs: <ol style="list-style-type: none"> a. Provincial to Municipal – Usufruct agreement between the province and

	<p>municipality</p> <p>b. From local to national –corresponding Republic Act</p> <p>4. Proof of payment of the accreditation fee of: TB DOTS – Php 1,000 ABP – Php 1,000</p>
--	--

2.5.4 Profile Updating of TB DOTS and ABP Providers

Table 23: Conditions for Profile Update

Condition	Documentary requirements
Change of name of HCI	<ul style="list-style-type: none"> • Performance Commitment as applicable • DOH certificate reflecting new name of the HCI • Letter of request containing the following information: previous name, new name, effectivity of new name
Change in Local Chief Executive or facility head	<ul style="list-style-type: none"> • Performance Commitment as applicable • Letter of request of the HCI with effectivity date
Any other changes in the profile of the HCI not for re accreditation such as but not limited to the ff: <ul style="list-style-type: none"> • contact numbers (e.g. telephone no, fax, e mail) administrator 	<ul style="list-style-type: none"> • Letter of request

2.2 ACCREDITATION FEES

Table 24: Schedule of Accreditation Fee (AF)

INSTITUTIONS	INITIAL (PRIVATE/ GOVERNMENT)
Hospitals	
Level I Hospitals	P 5,000.00
Level II Hospitals	P 8,000.00
Level III Hospitals (<i>teaching Hospitals</i>)	P 10,000.00
Primary Care Facility (Infirmary/Dispensary)	P 3,000
Ambulatory Surgical Centers (ASCs)	P 5,000.00
Dialysis Centers (DCs) performing HD	P 5,000.00
Dialysis Centers (DCs) performing PD	P 5,000.00
Primary Care Benefit Providers (PCB)	P 1,000.00
TB-DOTS Provider	P 1,000.00
Maternity Care Providers	P 1,500.00
PCB 1 + DOTS Providers	P 1,000.00
PCB 1 + MCP Providers	P 1,500.00
PCB, DOTS + MCP Providers	P 1,500
MCP + DOTS Providers	P 1,500.00
Animal Bite Package Providers	P 1,000

Table 25: Fees of Licensed HCIs providing other outpatient packages

Facilities	Accreditation Fee
Hospital plus TB DOTS Package	Applicable hospital Accreditation fee plus P1000
ASC or FDC or PCF plus PCB	Applicable Accreditation fee of ASC/FDC/PCF plus P1000
Hospitals plus PCB and ABP	Applicable hospital Accreditation fee plus P2000

ASC/ FDC/ PCF plus PCB and ABP	Applicable Accreditation fee of ASC/FDC/PCF plus P2000
--------------------------------	--

2.3 . DETERMINATION OF THE COMPLIANCE OF THE HCI

2.4.1 Incomplete applications:

- a. If the application is incomplete, the receiving staff shall return the applications and all attached documents to the applicant HCI and issue a Notice of Deficiency (Annex M).
- b. The applicant HCI is reminded of the date on which to accomplish the deficiencies and re-submit the same application as soon as the necessary documents are complete.

2.4.2 Complete Applications

- a. HCI shall secure order payment (Annex N) from the receiving in the LHIO/ Branch/ PRO
- b. HCI shall pay corresponding accreditation fee (refer to table 24 & 25)
- c. HCI shall submit the complete application with the photocopy of OR

3. PRE ACCREDITATION SURVEY (PAS)

All HCIs that are not being licensed/ certified by DOH/ Center for Health Development (CHD) such as TB DOTS Package, PCB 1 Package and MCP providers, among others, shall undergo pre-accreditation survey as deemed necessary by the Corporation. The HCI shall receive a notice of survey (Annex I) from the PRO within 30 calendar days from receipt of application, reflecting the date of survey.

The HCI shall prepare for survey, make available the documents needed by the surveyors and render full cooperation and participation in the conduct of the survey. After the survey the HCI shall receive and sign the post survey report. If deficiencies were noted, the HCI shall comply within sixty calendar days from last day of survey.

4. DELIBERATION OF APPLICATIONS AND ISSUANCE OF LETTERS OR CERTIFICATE OF ACCREDITATION TO HCIS

All applications for non-automatic accreditation and re-accreditation shall be deliberated in the Accreditation Subcommittee (ASc) and the committee's recommendations shall be approved by the Vice President (for NCR and PRO III) /Regional Vice President (other regions). The Secretariat of the ASc shall effect in the database the action on the application (either approved, denied).

4.1 HCI with approved accreditation shall receive a letter of approval (Annex J for hospital/ ASC/ FDC, PCF or Annex K for outpatient clinics), Certificate of Accreditation (Annex R) and acknowledgement receipt which the HCI shall return to the PRO.

4.2 HCI with denied application shall receive letter of denial (Annex L). It has the following options:

- a. Submit a Motion for Reconsideration
- b. Apply for reaccreditation (for previously accredited HCIs) or reapply for initial accreditation, at any given time after ensuring that all requirements are complied.

5. SUBMISSION AND DELIBERATION OF MOTION FOR RECONSIDERATION (MR) OF HCIS

The HCI with denied application for accreditation or those with other concern/s affecting their accreditation may submit a Motion for Reconsideration within 30 calendar days from receipt of letter of denial, addressed to: The Chairperson, Accreditation Committee, copy furnished the Senior Manager of the Accreditation Department and the Regional Vice President of the concerned region. The MR shall be deliberated by the Accreditation Committee:

5.1. HCI with approved MR shall receive a notice of approval (Annex L)

5.2. HCI with denied MR shall receive a letter of denied MR (Annex Q) and stating the following options:

- a. Submit a Letter of Appeal addressed to: The Chairperson, Committee on Appeals and Administrative Cases for Members and Health Care Providers, copies furnished to the Corporate Secretary, Senior Managers of the Accreditation Department and Standards and Monitoring Department and Regional Vice President of the concerned PRO.
- b. Apply for reaccreditation (for previously accredited HCIs) or reapply for initial accreditation, at any given time after ensuring that all requirements are complied.

6. HEALTH CARE INSTITUTIONS WITH DECISION FROM LEGAL

HCI who violated the rules of participation in NHIP and Performance Commitment shall be referred to the legal department for investigation and disposition.

- 6.1. If meted penalty of suspension, HCI shall post the notice of suspension at a conspicuous area in the facility and shall immediately remove the PhilHealth signage from the facility.
- 6.2. HCI after serving the suspension, submit for letter of request for reinstatement

III. MONITORING OF HEALTH CARE INSTITUTIONS

Health care institution shall be monitored regularly or as deemed necessary by the corporation to ensure compliance to their performance commitment. This shall include among others, utilization review, post-audit of claims and/or visitation of the facility. It shall be done regularly or as deemed necessary. Monitoring survey of the facility, when needed, shall be done by a team that will be composed of 3 members headed by a physician. The guidelines of the performance monitoring of the health care institutions shall be detailed in a separate issuance.

IV. LIST OF ANNEXES

- A. Abbreviations and Acronyms
- B. Definition of Terms
- C. List of Tables
- D. Performance Commitment for Single HCI
- E. Performance Commitment for Group HCI
- F. Performance Commitment with Specific Provisions for PCB1
- G. Provider Data Record (PDR)
- H. Statement of Intent (SOI)
- I. Notice of Survey
- J. Approval letter for Hospitals for Initial accreditation and Re-accreditation
- K. Approval letter for Outpatient Clinics for Initial accreditation and Re-accreditation

- L. Notice of Approved Motion for Reconsideration

Manual of Procedure of the New Accreditation Process (PhilHealth Circular 54 s. 2012 - Provider Engagement through Accreditation and Contracting for Health Services

- M. Notice of Deficiency
- N. Order of Payment
- O. Notice of Withdrawal of continuous Accreditation
- P. Letter of Denial
- Q. Notice of Denial of Certificate of Accreditation
- R. Certificate of Accreditation

Annex A

Abbreviations and Acronyms

AA – Automatic Accreditation
ABP – Animal Bite Package
AP – Advanced Participation
ABTC – Animal Bite Treatment Center
ARSP – Antimicrobial Resistance Surveillance Program
ASC – Ambulatory Surgical Clinic
BEmONC – Basic Emergency Obstetric and Newborn Care
BP – Basic Participation
CAAC – Committee on Administrative Cases Against Health Care Providers and Members
CHD – Center for Health Development
COH – Chief of Hospital
DOH – Department of Health
DOH-LTO – Department of Health License to Operate
DOTS – Directly Observed Treatment Shortcourse
eHCPS – Electronic Health Care Provider System
FDC – Freestanding Dialysis Clinic
FRP – Financial Risk Protection
HCP – Health Care Provider
HCI – Health care institution
HCP – Health Care Professional
IAO – International Accrediting Organization
ILHZ – Interlocal Health Zone
ISQUA – International Society for Quality in Health Care
LCE – Local Chief Executive
LHIO – Local Health Insurance Office
LOI – Letter of Intent
MCP – Maternity Care Package
MOA – Memorandum of Agreement
NHIP – National Health Insurance Program
NBB – No Balance Billing
NSRC – Newborn Screening Reference Center
PNDF – Philippine National Drug Formulary
PCB – Primary Care Benefit
PAS – Pre-accreditation Survey
PDR – Provider Data Record
PPN – PhilHealth Accreditation Number
PRO – PhilHealth Regional Office
SOI – Statement of Intent
TIN – Tax Identification Number

ANNEX B

DEFINITION OF TERMS

The following definition of terms have been expanded and enhanced to provide guidance to Health Care Providers:

1. **Re-accreditation** – the accreditation that shall be given to health care providers under any of the following conditions, or any other conditions as determined by the Corporation:
 - a. Health care institutions whose previous accreditation has lapsed or whose subsequent application was denied;
 - b. Health care institutions that failed to submit the requirements for continuous participation within the prescribed period;
 - c. Acquisition of additional service capability that would require change in license/certificate, as applicable, issued by the relevant authority;
 - d. Transfer of location. The health care institution must first secure a license to operate from the DOH for the new facility prior to the date of transfer and apply for re-accreditation within ninety (90) calendar days from the date of transfer. Beyond this period, the accreditation shall automatically lapse and all claims filed with the Corporation shall not be paid. The health care institution must inform the Corporation of the planned transfer indicating the exact date of transfer and address of the new site. The ninety (90) day grace period shall not apply to the new site if it is not licensed.
 - e. Upgrading of facility level or category
 - f. Change in the classification of health care institution
 - g. Change in ownership. The health care institution in good standing must apply within the ninety (90) calendar days from actual change of ownership.
 - h. Resumption of operation after closure/cessation of operation.

Annex C LIST OF TABLES

Table 1. Facilities and their respective qualifiers for automatic accreditation

Table 2. Comparison of the Automatic and Non-automatic Accreditation

Table 3. Conditions for Exemption from the 3 Year Operation Requirement

Accreditation of Hospitals

Table 4. Requirements for Initial Accreditation of Hospitals

Table 5. Requirements for Continuous Accreditation of Hospitals

Table 6. Requirements for Re-accreditation Application

Table 7. Conditions for update of Profile of HCI with documentary requirements

Accreditation of ASC/ FDC/ PCF

Table 8: Requirements for Initial Accreditation of ASC/ FDC/ PCF

Table 9 Requirements for Continuous Accreditation ASC FDC/ PCF

Table 10: Requirements for Re-accreditation Application

Table 11: Conditions for Updating of Profile

Accreditation of ASC/ FDC/ PCF

Table 12: Requirements for Initial Accreditation of PCB1 Providers

Table 13 Requirements for Continuous Accreditation of PCB1 Providers

Table 14: Requirements for Re-accreditation Application PCB1 Providers

Table 15: Conditions for Updating of Profile

Accreditation of MCP Providers

Table 16: Requirements for Initial Accreditation of MCP Providers

Table 17 Requirements for Continuous Accreditation MCP Providers

Table 18: Requirements for Re-accreditation Application MCP Providers

Table 19: Conditions for Updating of Profile

Accreditation of TB DOTS/ ABP Providers

Table 20: Requirements for Initial Accreditation of TB DOTS/ ABP Providers

Table 21. Requirements for Continuous Accreditation of TB DOTS/ ABP Providers

Table 22. Requirements for Re-accreditation Application of TB DOTS/ ABP Providers

Table 23: Conditions for Updating of Profile

Table 24. Schedule of Accreditation Fee (PF)

Table 25: Schedule of Fees for Licensed HCIs with Other Accredited Outpatient Packages

2013

(Letterhead of Healthcare Provider)

(Date)

PHILIPPINE HEALTH INSURANCE CORPORATION

17th Flr., City State Centre Bldg.,
Shaw Blvd., Pasig City

SUBJECT : Performance Commitment for Government Single HCI

Sir/Madam:

To guarantee our commitment to the National Health Insurance Program (“NHIP”), we respectfully submit this Performance Commitment.

And for the purposes of this Performance Commitment, we hereby warrant the following representations:

1. That we are a duly registered/licensed/certified health care facility capable of delivering the services expected from the type of healthcare provider that we are applying for.
2. That we are owned by _____ and managed by _____ and doing business under the name of _____ with License/Certificate No. _____.
3. That all professional health care providers in our facility have proper credentials and given appropriate privileges in accordance with our policies and procedures.
4. That our officers, employees, and other personnel are members in good standing of the NHIP. Further, we hereby commit ourselves to the following:
5. That, as responsible owner(s) and/or manager(s) of the institution, we shall be jointly and severally liable for all violations committed against the provisions of Rep. Act No. 7875 including its Implementing Rules and Regulations (IRR) and PhilHealth policies issued pursuant thereto.
6. That we shall promptly inform PhilHealth prior to any change in the ownership and/or management of our institution.

7. That any change in ownership and/or management of our institution shall not operate to exempt the previous and/or present owner and/or manager from liabilities for violations of Rep. Act No. 7875, and its IRR

8. That we shall maintain active membership in the NHIP as an employer not only during the entire validity of our participation in the NHIP as a Health Care Institution (HCI) but also during the corporate existence of our institution.

9. That we shall abide with all the implementing rules and regulations, memorandum circulars, office orders, special orders, and other administrative issuances by PhilHealth affecting us.

10. That we shall abide with all administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of HCIs in participating in the NHIP.

11. That we shall adhere to pertinent statutory laws affecting the operations of HCIs including but not limited to the Expanded Senior Citizens Act of 2010 (R.A. 9994), the Breastfeeding Act (R.A. 7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921), the Magna Carta for Disabled Persons (R.A. 9442), and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.

12. That we shall promptly submit reports as may be required by PhilHealth, DOH and all other government agencies and instrumentalities governing the operations of HCIs.

13. That we are duly capable of delivering the following services for the duration of the validity of this commitment (*please check appropriate boxes*):

- Primary Care Facility
- Level 1 hospital services
- Level 2 hospital services
- Level 3 hospital services
- Specialized services
 - Radiotherapy
 - Hemodialysis/Peritoneal Dialysis
 - Others (please specify)

-
- Benefit package and other services
 - Tuberculosis Directly Observed Treatment Shortcourse (TB DOTS)
 - Maternity Care Package
 - Newborn Care Package
 - Malaria Package
 - Primary Care Benefit Package 1
 - Outpatient HIV/AIDS Package (for DOH identified hospitals only)
 - Animal Bite Package
 - Others(please specify)_____
-

14. That we shall provide and charge to the PhilHealth benefit of the client the necessary services including but not limited to drugs, medicines, supplies, devices, and diagnostic and treatment procedures for our PhilHealth clients.
15. That we, being accredited government/MCP facility, shall provide the necessary drugs, supplies and services with no out-of-pocket expenses on the part of the sponsored member in the NBB bed/all types of members in the MCP provider as mandated by the PhilHealth's 'No Balance Billing' (NBB) Policy.
16. That we shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified dependents/beneficiaries.
17. That we shall be guided by PhilHealth-approved clinical practice guidelines or if not available, other established and accepted standards of practice.
18. That we shall provide a PhilHealth Bulletin Board for the posting of updated information of the NHIP (circulars, memoranda, IEC materials, price reference index, etc.) in conspicuous places accessible to patients, members and dependents of the NHIP within our health facility.
19. That we shall always make available the necessary forms for PhilHealth member-patient's use.
20. That we shall treat PhilHealth member-patient with utmost courtesy and respect, assist them in availing PhilHealth benefits and provide them with accurate information on PhilHealth policies and guidelines.
21. That we shall ensure that PhilHealth member-patient with needs beyond our service capability are referred to appropriate PhilHealth-accredited health facilities.
22. That we shall maintain a registry of all our PhilHealth members-patients (including newborns) and a database of all claims filed containing actual charges (board, drugs, labs, auxiliary, services and professional fees), actual amount deducted by the facility as PhilHealth reimbursement and actual PhilHealth reimbursement, which shall be made available to PhilHealth or any of its authorized personnel.
23. That we shall maintain and submit to PhilHealth an electronic registry of physicians including their fields of practice, official e-mail and mobile phone numbers.
24. That we shall, if connected with e-claims, electronically encode the drugs and supplies used in the care of the patient in our information system which shall be made available for PhilHealth use.
25. That we shall ensure that true and accurate data are encoded in all patients' records.
26. That we shall only file true and legitimate claims recognizing the period of filing the same after the patient's discharge as prescribed in PhilHealth circulars.
27. That we shall submit claims in the format required by PhilHealth for our facility.
28. That we shall regularly submit PhilHealth monitoring reports as required in PhilHealth circulars and the PhilHealth Benchbook.
29. That we shall annually submit to PhilHealth a copy of our audited financial statement/report.

30. That we shall extend full cooperation with duly recognized authorities of PhilHealth and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by PhilHealth relative to any findings, adverse reports, pattern of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practices in our operations as an accredited HCI of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; provided that our rights to private ownership and privacy are respected at all times.

31. That we shall ensure that our officers, employees and personnel extend full cooperation and due courtesy to all PhilHealth officers, employees and staff during the conduct of assessment/visitation/investigation/monitoring of our operations as an accredited HCI of the NHIP.

32. That at any time during the period of our participation in the NHIP, upon request of PhilHealth, we shall voluntarily sign and execute a new 'Performance Commitment' to cover the remaining portion of our accreditation or to renew our participation with the NHIP as the case may be, as a sign of our good faith and continuous commitment to support the NHIP.

33. That, unless proven to be a palpable mistake or excusable error, we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in our patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims submitted to PhilHealth by our institution.

34. That we shall comply with PhilHealth's summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.

35. That we shall recognize the authority of PhilHealth, its Officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of our privilege and conduct of our operations as an accredited HCI of the NHIP.

36. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.

37. That we shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our institution to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.

38. That we shall not directly or indirectly engage in any form of unethical or improper practices as an accredited health care provider such as but not limited to solicitation of patients for purposes of compensability under the NHIP, the purpose and/or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.

39. That we shall immediately report to PhilHealth, its Officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of HCI of the NHIP that may have come to our knowledge directly or indirectly.

40. That we shall allow PhilHealth to deduct from our future claims, all reimbursements paid to our institution during the period of its non-accredited status as a result of a gap in validity of our DOH LTO, suspension of accreditation, etc; downgrading of level, loss of license for certain services including any and all other fees due to be paid to PhilHealth.

Manual of Procedure of the New Accreditation Process (PhilHealth Circular 54 s. 2012 - Provider Engagement through Accreditation and Contracting for Health Services

Furthermore, recognizing and respecting its indispensable role in the NHIP, we hereby acknowledge the power and authority of PhilHealth to do the following:

41. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the commitment for any violation of any provision of this Performance Commitment and of R.A. 7875 and its IRR.

42. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of the commitment due to verified adverse reports/findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations.

We commit to extend our full support in sharing PhilHealth’s vision in achieving this noble objective of providing accessible quality health insurance coverage for all Filipinos.

Very truly yours,

Local Chief Executive		Chief of Hospital/Head of Facility/ Manager

August 2013

7 March 201414

PHILIPPINE HEALTH INSURANCE CORPORATION

17thFlr., City State Centre Bldg.,
Shaw Blvd., Pasig City

SUBJECT : Performance Commitment for Health System Provider

Sir/Madam:

To guarantee our commitment to the National Health Insurance Program (NHIP), we respectfully submit this Performance Commitment.

And for the purposes of this Performance Commitment, we hereby warrant the following representations:

1. That the following facilities, as guaranteed by the heads of facilities listed in the following table, are capable of delivering the services expected from the type of healthcare provider that we are applying for:

Name of Facility	Type of facility (hospital, RHU, HC, Lying-in, TB-DOTS, ABTCs, etc)	Hospital Level (if applicable)	License Number/Certificate Number (if applicable)	Management (if different from the LGU)

2. That all professional healthcare providers in our facility have proper credentials and given appropriate privileges in accordance with our policies and procedures.
3. That our officers, employees, other personnel and staff are members in good standing of the NHIP.

Further, we hereby commit ourselves to the following:

Manual of Procedure of the New Accreditation Process (PhilHealth Circular 54 s. 2012 - Provider Engagement through Accreditation and Contracting for Health Services

4. That, as responsible owner(s) and/or manager(s) of the institution, we shall be jointly and severally liable for all violations committed against the provisions of R.A 7875 including its Implementing Rules and Regulations and policies.
5. That we shall promptly inform PhilHealth prior to any change in the ownership and/or management of our institution.
6. That any change in ownership and/or management of our institution shall not operate to exempt the previous and/or present owner and/or manager from violations of R.A. 7875 including its Implementing Rules & Regulations and policies.
7. That we shall maintain active membership in the NHIP as an employer not only during the entire validity of our participation in the NHIP as a HealthCare Institution (HCI) but also during the corporate existence of our institution.
8. That we shall abide with all the implementing rules and regulations, memorandum circulars, office orders, special orders and other administrative issuances by PhilHealth affecting us.
9. That we shall abide with all administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of HCIs in participating in the NHIP.
10. That we shall adhere to pertinent statutory laws affecting the operations of HCIs including but not limited to the Expanded Senior Citizens Act of 2010 (R.A. 9994), the Breastfeeding Act (R.A. 7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921), the Magna Carta for Disabled Persons (R.A. 9442) and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.
11. That we shall promptly submit reports as may be required by PhilHealth, DOH and all other government agencies and instrumentalities governing the operations of HCIs.
12. That we shall deliver the following services for the duration of the validity of this commitment:

Name of Facility	Committed Services (choose from the enumerated services below; e.g. 1, 6a, 6b, 6c)

1. Primary Care Facility Services
2. Level 1 hospital services
3. Level 2 hospital services
4. Level 3 hospital services
5. Specialized services
 - a. Radiotherapy
 - b. Hemodialysis/Peritoneal Dialysis
 - c. Others (please specify in table)
6. Benefit package and other services
 - a. Tuberculosis Directly Observed Treatment Shortcourse (TB DOTS)

- b. Maternity Care Package
 - c. Newborn Care Package
 - d. Outpatient Malaria Package
 - e. Primary Care Benefit Package 1 (For government hospitals only)
 - f. Outpatient HIV/AIDS Package (for DOH identified hospitals only)
 - g. Animal Bite Package
 - h. Others(please specify in table)
13. That we shall provide and charge to the PhilHealth benefit of the client the necessary services including but not limited to drugs, medicines, supplies, devices, and diagnostic and treatment procedures for our PhilHealth clients.
 14. That we, being accredited government/MCP facility, shall provide the necessary drugs, supplies and services with no out-of-pocket expenses on the part of the sponsored member in the NBB bed/all types of members in the MCP provider as mandated by the PhilHealth's 'No Balance Billing' (NBB) Policy.
 15. That we shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified beneficiaries.
 16. That we shall be guided by PhilHealth-approved clinical practice guidelines or if not available, other established and accepted standards of practice.
 17. That we shall provide a PhilHealth Bulletin Board for the posting of updated information of the NHIP (circulars, memoranda, IEC materials, price reference index, etc.) in conspicuous places accessible to patients, members and dependents of the NHIP within our healthcare facility.
 18. That we shall always make available the necessary forms for patient's use.
 19. That we shall treat clients with courtesy and respect, assist them in availing PhilHealth benefits and provide them with accurate information on PhilHealth policies and guidelines.
 20. That a functional referral system, which will ensure that patients are managed in appropriate facilities, shall be established and institutionalized among the signatories of this Performance Commitment.
 21. That we shall ensure that clients with needs beyond our service capability are referred to appropriate PhilHealth-accredited facilities.
 22. That we shall maintain a registry of all our PhilHealth members-patients (including newborns) and a database of all claims filed containing actual charges (board, drugs, labs, auxiliary, services and professional fees), actual amount deducted by the facility as PhilHealth reimbursement and actual PhilHealth reimbursement, which shall be made available to PhilHealth or any of its authorized personnel.
 23. That we shall maintain and submit to PhilHealth an electronic registry of physicians including their fields of practice, official e-mail and mobile phone numbers.
 24. That we shall, if connected with e-claims, electronically encode the drugs and supplies used in the care of the patient in our information system which shall be made available for PhilHealth use.
 25. That we shall ensure that true and accurate data are encoded in all patients' records.
 26. That we shall only file true and legitimate claims recognizing the period of filing the same after the patient's discharge as prescribed in PhilHealth circulars.

27. That we shall submit claims in the format required by PhilHealth for our facility.
28. That we shall regularly submit PhilHealth monitoring reports as required in PhilHealth circulars and the PhilHealth Benchbook.
29. That we shall annually submit to PhilHealth a copy of our audited financial statement/report.
30. That we shall extend full cooperation with duly recognized authorities of PhilHealth and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by PhilHealth relative to any findings, adverse reports, pattern of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practices in our operations as an accredited HCI of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; provided that our rights to private ownership and privacy are respected at all times
31. That we shall ensure that our officers, employees and personnel extend full cooperation and due courtesy to all PhilHealth officers, employees and staff during the conduct of assessment/visitation/investigation/monitoring of our operations as an accredited HCI of the NHIP.
32. That at any time during the period of our participation in the NHIP, upon request of PhilHealth, we shall voluntarily sign and execute a new “Performance Commitment” to cover the remaining portion of our accreditation or to renew our participation with the NHIP as the case may be, as a sign of our good faith and continuous commitment to support the NHIP.
33. That, unless proven to be a palpable mistake or excusable error, we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in our patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims submitted to PhilHealth by our institution.
34. That we shall comply with PhilHealth’s summons, subpoena, subpoena ‘duces tecum’ and other legal or quality assurance processes and requirements.
35. That we shall recognize the authority of PhilHealth, its Officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of our privilege and conduct of our operations as an accredited HCI of the NHIP.
36. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.
37. That we shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our institution to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.
38. That we shall not directly or indirectly engage in any form of unethical or improper practices as an accredited health care provider such as but not limited to solicitation of patients for purposes of compensability under the NHIP, the purpose and/or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.
39. That we shall immediately report to PhilHealth, its Officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of HCI of the NHIP that may have come to our knowledge directly or indirectly.

40. That we shall allow PhilHealth to deduct from our future claims, all reimbursements paid to our institution during the period of its non-accredited status as a result of a gap in validity of our DOH LTO, suspension of accreditation, etc; downgrading of level, loss of license for certain services including any and all other fees due to be paid to PhilHealth.

Furthermore, recognizing PhilHealth’s indispensable role in the NHIP, we hereby acknowledge the power and authority of PhilHealth to do the following:

41. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the commitment for any violation of any provision of this Performance Commitment and of R.A. 7875 and its IRR.
42. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of the commitment due to verified adverse reports/findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations.

We commit to extend our full support in sharing PhilHealth’s vision in achieving this noble objective of providing accessible quality health insurance coverage for all Filipinos.

Head of Facility/Medical Director/Manager

With my express conformity,

Local Chief Executive

That we shall deliver the Primary Care Benefit Package services for the duration of the validity of this commitment.

As **PCB1 provider**,

1. That we shall be responsible to seek and enlist eligible members and their qualified dependents in our community assigned to our facility.
2. That we shall establish a baseline health profile of all PhilHealth members and qualified dependents, which shall be kept and updated regularly by our facility.
3. That we shall submit a consolidated profile of our clientele using PCB Clientele Profile as a documentary requirement for the release of Per Family Payment Rate (PFPR).
4. That we shall deliver the services covered by the PCB1 package to respond to the health needs of the clientele of our facility.
5. That in case there is/are diagnostic examination(s) outsourced from another facility, we shall forge a Memorandum of Agreement (MOA) to ensure quality checks and appropriate processes are provided.
6. That we shall abide by the performance targets on the minimum obligated services for all members assigned in our facility set by the corporation.
7. That we shall create/maintain a trust fund for PFPR fund.
8. That we shall abide by the prescribed disposition and allocation of the PFPR as follows:
 - A. Eighty percent (80%) of PFPR is for operational cost and shall cover:
 - a. Minimum of forty percent (40%) for drugs & medicines (PNDF) (to be dispensed at the facility) including drugs & medicines for asthma, acute gastroenteritis, & pneumonia;
 - b. Maximum of forty percent (40%) for reagents, medical supplies, equipment (i.e. ambulance, ambubag, stretcher, etc), information technology (IT equipment specific to the needs of facility for it to facilitate reporting and building up of its database), capacity building for staff, infrastructure or any other use related, necessary for the delivery of required service including referral fees for diagnostic services if not available in the facility.
 - B. The remaining twenty percent (20%) shall be exclusively utilized as honoraria of the staff of the health facility and in the improvement of their capabilities to be able to provide better health services:
 - a. Ten percent (10%) for the physician;
 - b. Five percent (5%) for other health professional staff of the facility
 - c. Five percent (5%) for non-health professional/staff, including volunteers.

Local Chief Executive (if LGU-owned)/Owner

Head of Facility/Medical Director/Manager

	Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION City State Bldg., 709 Shaw Blvd., Pasig City Health Line 441-7444; www.philhealth.gov.ph	PDR-March2014 
PROVIDER DATA RECORD HEALTH CARE INSTITUTION		
THE PRESIDENT & CEO Philippine Health Insurance Corporation Pasig City, Philippines		
Sir/Madam: I, _____, of legal age, _____ with <small>(Position/Designation)</small> address at _____ and the duly authorized representative to act for and in behalf of _____, hereby submits the following pertinent <small>(name of healthcare institution)</small> information and documentary requirements under Sec. 56 of the Implementing Rules and Regulations of RA 7875 as amended by RA 10606.		
Name of Health Care Institution: (Please print legibly and provide appropriate spaces)		

Accreditation Number/s		PhilHealth Employer Number
Mailing/Billing Address:		
No./St./Brgy		
Municipality /City		Province:
		ZIP Code
Contact Information		
Contact No.	Fax No.	Official Email Address: (mandatory)
Facility Head/ Medical Director/Chief of Hospital/Hospital Administrator		Accreditation No.
Contact Information of the Facility Head:		
Contact Number		Email Address
A. Hospital:		
<input type="checkbox"/> General <input type="checkbox"/> Specialty DOH-LTO No. _____	Hospital Level:	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 Validity of DOH-LTO: _____
B. Other Health Facilities:		
Primary Care Facilities		
<input type="checkbox"/> With Inpatient Beds* <input type="checkbox"/> Infirmary/Dispensary * <input type="checkbox"/> Birthing Homes *	<input type="checkbox"/> Without Beds: Medical Outpatient Package Providers <input type="checkbox"/> Anti TB/DOHS Package ** <input type="checkbox"/> Maternity Care Package (MCP) <input type="checkbox"/> Primary Care Benefit (PCB) <input type="checkbox"/> Outpatient Malaria <input type="checkbox"/> Animal Bite Package **	<input type="checkbox"/> MCP, DOTS** and PCB <input type="checkbox"/> MCP and DOTS** <input type="checkbox"/> MCP and PCB <input type="checkbox"/> PCB and DOTS**
* DOH-LTO No. _____ * Validity of DOH-LTO _____		
Specialized Outpatient Facility		
<input type="checkbox"/> Ambulatory Surgical Clinic * DOH-LTO No. _____	<input type="checkbox"/> Freestanding Dialysis Clinic (FDC)* * Validity of DOH-LTO: _____	
Nature of Ownership		
1. Government		
<input type="checkbox"/> National - DOH retained <input type="checkbox"/> DND / DOJ <input type="checkbox"/> State Universities / College <input type="checkbox"/> Others	<input type="checkbox"/> Local* <input type="checkbox"/> Province <input type="checkbox"/> Municipality <input type="checkbox"/> City <input type="checkbox"/> District	2. Private** <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Foundation <input type="checkbox"/> Cooperative <input type="checkbox"/> Civic organization
*Name of incumbent LCE _____		**Name of owner/s _____
Type of Application: (Please check)		
<input type="checkbox"/> Initial Application <input type="checkbox"/> Continuous Accreditation <input type="checkbox"/> Re-accreditation*	* Re-accreditation transactions <input type="checkbox"/> Transfer of location <input type="checkbox"/> Change in facility classification <input type="checkbox"/> Upgrading of hospital level <input type="checkbox"/> Additional service <input type="checkbox"/> Resumption of operation after closure/ cease operation	<input type="checkbox"/> Change of ownership <input type="checkbox"/> Application after incurring a gap in accreditation regardless of length of gap <input type="checkbox"/> Previous Continuous Accreditation was withdrawn Profile Update <input type="checkbox"/> Change in Facility Head/ Medical director/ COH <input type="checkbox"/> Change in name <input type="checkbox"/> change in contact information
For PhilHealth Use Only		
Remarks: _____		
Date Received:	LHIH PRO	By:
Date Evaluated:	LHIH PRO	By:
Date Encoded:	LHIH/PRO (Receiving Module) PRO (Data Entry)	By:
		Control No. _____
		OR No. _____ Date Paid: _____ Amount: _____



STATEMENT OF INTENT
Initial/Re-accreditation

Date: _____

Name of Institution: _____

Address: _____

Sign the applicable items if you agree with the statements below:

- 1. For applications for Initial Accreditation or Re-accreditation that are filed during the last quarter of the current year:**

OPTION A: I agree with the following provisions:

- To pay the accreditation fee equivalent to one (1) accreditation cycle and the start date of accreditation of our health facility shall be before January 1 when it has complied with the requirements for accreditation.
- I agree that in case, my application is only approved by the Corporation after December 31st of the current year, I shall submit my application for continuous accreditation within 30 days from receipt of the approval letter.

Signature over Printed Name of the
Authorized Person

OPTION B: I agree with the following provisions:

- To pay the accreditation fee equivalent to one (1) accreditation cycle and that the start date of accreditation of our health facility shall be on January 1 of the succeeding year.

Signature over Printed Name of the
Authorized Person



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

(PRO address)(PRO contact number) www.philhealth.gov.ph



(Date)

(Name of Addressee)

(Designation)

(Name of facility)

(Address)

Dear *(salutation and Last name)* :

In connection with your application for accreditation, PhilHealth survey team shall conduct a pre-accreditation survey of your facility on *(date of survey)*.

May we request you to prepare all necessary documents for review and validation of the survey team. For any concerns, please contact the Accreditation and Quality Assurance Section of PhilHealth Regional Office ____ at telephone no/s: _____/_____.

We look forward for your cooperation and support during the conduct of the pre-accreditation survey.

Regional Vice-President
PhilHealth Regional Office ____



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

(PRO address)(PRO contact number) www.philhealth.gov.ph



Date)

(name of Addressee)

(name of facility)

(address of the facility)

Dear **(Salutation and last name of the Addressee):**

We are pleased to inform you that the application for **(type of application)** of (name of facility) as **(type of provider)** effective **(start date)** to December 31, **(applicable year)** has been approved.

Kindly file its application for continuous accreditation within thirty (30) calendar days from receipt of this letter or on January 1 to 31 of the succeeding whichever is applicable.

Please download the following PhilHealth Circulars (PC) at www.philhealth.gov.ph for your information and guidance.

1. PC 54 s. 2012 on Provider Engagement through Accreditation and Contracting for Health Services,
2. PC 11 s. 2013 on Clarification/Amendment on Issuances Related to the Engagement of Institutional Health Care Providers (IHCPs) and Other Applicable Issuances
3. PC 13 s. 2009 on PhilHealth Signage.

Our partnership with you is vital in the achievement of the goals of the National Health Insurance Program.

By authority of the President and CEO:

Name of RVP

Regional Vice-President

PhilHealth Regional Office – (region)



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

(PRO address)(PRO contact number) www.philhealth.gov.ph



(Date)

(Addressee)

(Position)

(Name of facility)

(Address)

Dear *Salutation and last name of the Addressee*:

We are pleased to inform you that the application for (type of application) accreditation of (name of the facility) as a (type of outpatient clinic) effective (start date) to December 31 of the current year has been approved.

Kindly file its application for continuous accreditation within thirty (30) calendar days from receipt of this letter or on January 1 to 31 of the succeeding whichever is applicable .

Please download the following PhilHealth Circulars (PC) at www.philhealth.gov.ph for your information and guidance.

1. PC 54 s. 2012 on Provider Engagement through Accreditation and Contracting for Health Services,
2. PC 11 s. 2013 on Clarification/Amendment on Issuances Related to the Engagement of Institutional Health Care Providers (IHCPs) and Other Applicable Issuances
3. PC 13 s. 2009 on PhilHealth Signage.

Our partnership with you is vital in the achievement of the goals of the National Health Insurance Program.

By authority of the President and CEO:

(name of RVP)

Regional Vice-President

PhilHealth Regional Office – (region)

**NOTICE FOR APPROVED MOTION FOR
RECONSIDERATION**

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

(central office address)



(Date)

(Addressee)

(Position)

(Name of facility)

(Address)

Dear Salutation and last name of the Addressee):

We are pleased to inform you that the motion for reconsideration for the denied application for *(Type of application)* of *(name of facility)* has been approved. As such, the facility is accredited through Basic Participation to the National Health Insurance Program as *(type of facility)* effective *(start date)* to December 31, *(applicable year)*.

Our partnership with you is vital in the achievement of the goals of the National Health Insurance Program.

By authority of the President and CEO:

Name of SVP

Senior Vice-President

Health Finance Policy Sector

(Date)

(Name of Addressee)

(Designation)

(Name of HCI)

(Address of HCI)

Dear (salutation and Last name):

May we respectfully return the attached application for accreditation of (name of facility) due to the deficiency/ies listed below:

Deficiency/ies	Remarks
<u>(DOH license)</u>	<u>(Not Updated)</u>
<u>(Audited Financial Report)</u>	<u>(Not Audited and updated)</u>
<u>(Performance Commitment)</u>	<u>(Not signed)</u>

Your application for accreditation shall only be processed after re-filing and having complied with the above-mentioned deficiency/ies.

Evaluated By:

Noted By:

Signature over printed name
supervisor
Designation:
PhilHealth Office

Signature over printed name of immediate
supervisor
Designation:
PhilHealth Office



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

(PRO address)(PRO contact number) www.philhealth.gov.ph



(Date)

To the Cashier:

Please collect from (name of representative) of (name of facility) the amount of Php _____ as payment for :

- ___ Continuous accreditation
- ___ Re-accreditation
- ___ Initial accreditation

Evaluated By:

Signature over printed name
Designation:

Date & Time:

Noted By:

Signature over printed name of immediate supervisor
Designation
PhilHealth Office:

Date & Time

**NOTICE OF WITHDRAWAL
OF CONTINUOUS ACCREDITATION**

(Date)

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

(PRO address)(PRO contact number) www.philhealth.gov.ph



(Addressee)

(Position)

(Name of facility)

(Address)

Dear *(surname of the addressee)*:

We regret to inform you that we shall withdraw the continuous accreditation of *(Name of facility)* effective March 1 of the current year due to the failure of the facility to submit its application from January 1 to 31 of the current year up to the present.

A first warning/reminder letter dated (date of letter) has been sent to notify you of your non-submission of application for continuous accreditation but to no avail.

You may file a motion for reconsideration within thirty (30) calendar days upon receipt of this letter or submit an application for re-accreditation to the nearest PhilHealth office.

However, in case you have already submitted your application prior to March 1 kindly ignore this notification.

Very truly yours,

(name of RVP)

Regional Vice-President

PhilHealth Regional Office – (region)



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION
(central office address)



(Date)

(Addressee)

(Position)

(Name of facility)

(Address)

Dear *Salutation and last name of the Addressee*:

We regret to inform you that the application for (type of application) accreditation of (name of facility) as a (type of provider) provider has been denied due to non-compliance of the following deficiencies within the 60-day grace period:

(list down the deficiencies)

A health care provider who will not be in agreement with the action on the application may file a motion for reconsideration of the decision within thirty (30) calendar days from receipt of this decision or you may re-file another application for accreditation at (name and address of the office). Regardless of your chosen option, the accreditation shall take effect on the date of full compliance.

By authority of the President and CEO:

(name of SVP)

Health Finance Policy Sector

LETTER OF DENIAL OF
MOTION FOR RECONSIDERATION

Republic of the Philippine

PHILIPPINE HEALTH INSURANCE CORPORATION

(central office address)



(Date)

(Addressee)

(Position)

(Name of facility)

(Address)

Dear *Salutation and last name of the Addressee*:

We regret to inform you that the motion for reconsideration for denied (type of accreditation) of (name of facility) has been denied due to (state the reason/s).

You may file an appeal with the PhilHealth Board within fifteen (15) calendar days from receipt of this letter. Please address your appeal to Hon. Juan Flavio, Chairman of the Committee on Appealed Administrative Cases Against Health Care Providers and Members, Office of the Corporate Secretary, Room 1711, Citystate Center Building, 709 Shaw Boulevard, Brgy. Oranbo, Pasig City.

By authority of the President and CEO:

(name of SVP)

Senior Vice-President

Health Finance Policy Sector



CERTIFICATE OF ACCREDITATION

The Philippine Health Insurance Corporation
hereby grants

Basic Participation

to

Name of Institution

Address

in the National Health Insurance Program as a

Level/Beds for Hospital; Services for Outpatient Clinics

This certificate shall be valid from **Date** to
Date unless otherwise suspended or revoked earlier.

Granted this xxth of Month, Year at Pasig City, Philippines

Regional Vice-President

Accreditation No.

H1111111