

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

MANDATORY MONTHLY HOSPITAL REPORT
12/F City State Centre, 709 Shaw Blvd., Brgy. Oranbo, Pasig City

For the Month of _____, 200__

Accreditation No. : _____ Region : _____
 Name of Hospital : _____ Category : _____
 Address No./Street : _____ PHIC Accredited beds : _____
 Municipality : _____ DOH Authorized Bed Capacity : _____
 Province : _____
 Zip Code : _____

A. DISCHARGE DURING THE CURRENT MONTH

DISCHARGE			
A. NHIP Beneficiaries	Member	Dependent	Total
1. Employed (a) Governme			
(b) Private			
2. Individually Paying			
(a) Self-employed			
(b) OFW			
(c) OWWA			
(d) Others			
3. Indigent			
4. Pensioners / Retiree			
B. NON-NHIP			

C. QUALITY ASSURANCE INDICATOR

1. Monthly Bed Capacity Rate (MBOR) = _____ %

$$MBOR = \frac{\text{Confinement Days of NHIP Beneficiaries} + \text{Confinement Days of NON-NHIP}}{\text{Number of Days per month} \times \text{Number of Authorized Beds}} \times 100$$

2. Monthly NHIP Beneficiary Occupancy Rate (MNHIBOR) = _____ %

$$MNHIBOR = \frac{\text{Total Confinement Days of NHIP Beneficiaries}}{\text{Number of Days per Month Indicated} \times \text{Number of Accredited Beds}} \times 100$$

3. Average Length of Stay per NHIP Patient (ALSP) = _____ %

$$ALSP = \frac{\text{Total length of hospital stay of discharged Patient}}{\text{Total Number of NHIP Beneficiaries Discharged for the Month}}$$

B. DAILY CENSUS OF PATIENTS (EVERY 5:00 P.M.)

1 DATE	2 EMPLOYED		3 INDIVIDUALLY PAYING				4 INDIGENT	5 PENSIONERS RETIREE	6 NON-NHIP	7 TOTAL ADMISSION	8 TOTAL DISCHARGE		9 ACCUMULATED PATIENT LENGTH OF HOSPITAL STAY	
	a) GOV'T	b) PRIVATE	a) SELF-EMPLOYED	b) OFW	c) OWWA	d) OTHERS					a) NHIP	b) NON-NHIP	a) NHIP	b) NON-NHIP
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
TOTAL														

PREPARED BY :

CERTIFIED CORRECT:

Name & Position of Person filling up the form
(Signature over printed name)

Chief of Hospital /Medical Director/Administrator
Signature over Printed Name

DATE OF RECEIPT : PRO _____

RECORDS SECTION _____

ACCREDITATION _____

* Note : This is a mandatory hospital report to be submitted within the first ten (10) days of the following month.

D. FIVE MOST COMMON CAUSES OF CONFINEMENT

DIAGNOSIS	TOTAL	
	NHIP	NON-NHIP
1		
2		
3		
4		
5		

E. SURGICAL OUTPUT - Top 10 Procedures

SURGICAL PROCEDURES	TOTAL	
	NHIP	NON-NHIP
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

	NHIP	NON-NHIP
E.1 TOTAL NUMBER OF DELIVERIES		
E.2 TOTAL NUMBER OF CEASARIAN CASES		
INDICATIONS:	NHIP	NON-NHIP
1		
2		
3		
4		
5		

F. ADVERSE DRUG REACTION (Top 5 Drugs)

NAME OF DRUG	NO. OF PATIENTS	
	NHIP	NON-NHIP
1		
2		
3		
4		
5		

G. MONTHLY MORTALITY CENSUS (All Cases)

DIAGNOSIS	TOTAL	
	NHIP	NON-NHIP
1		
2		
3		
4		
5		

* Attach sheet if more than 5

H. REFERRALS

MOST COMMON REASONS FOR REFERRAL	NO. OF PATIENT REFERRED	
	NHIP	NON-NHIP
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
ACCREDITATION DEPARTMENT
12/F City State Centre, 709 Shaw Blvd Oranbo, Pasig City
Tel Nos. 637-99-99 loc 1214, 1215 / 637-25-27 / Fax: 637-62-65

August 26, 2000

GUIDELINES ON FILLING OUT THE MANDATORY MONTHLY HOSPITAL REPORT

1. What is the Mandatory Monthly Hospital Report (MMHR)?

The MMHR is a monthly report required by the PHIC to be submitted by accredited hospitals of the corporation. The MMHR form should be filled up properly by answering all the needed information. Data are encoded and processed by the computer, therefore incomplete data will not be processed. Non-submission of this report will cause delay in your claims.

2. Who are required to submit?

All Accredited hospitals of PHIC are required to submit the MMHR.

3. Where are forms available?

MMHR forms are available at all Philhealth Regional Offices (PRO) and Central Office at the Accreditation Department.

4. What are the sources of information?

Information can be derived from the patients' clinical chart, operating room logbook, and hospital admission logbook as prescribed by PhilHealth.

5. Where and When to submit the report?

MMHR should be submitted to the Philippine Health Insurance Corporation, Accreditation Department, addressed to Dr. Nelia Tanio, 12/F City State Center, 709 Shaw Blvd. Oranbo, Pasig City. Tel: nos. 637-99-99, loc. 1215, 1214, 1216/ 637-25-27/ Fax. 637-62-65.

This reporting form should be submitted on a monthly basis, with in the first ten days of the ensuing month.

Hospitals located in the regions should submit the report in their respective PhilHealth Regional Office.

6. How to fill up the form?

On the Top Center: Please indicate the month of the reporting period.

Top Left : Indicate the Accreditation no., Name of the hospital , the address of the hospital, indicated as follows, the Number , Street, Municipality/City, Province and Zip code.

Top Right: Indicate the Region, Hospital category, PHIC Accredited beds, and DOH authorized bed .

Accreditation number is the number given by Philippine Health Insurance Corporation to the hospital.

Category of hospitals whether Primary, Secondary, Tertiary.

DOH authorized bed capacity is the number of bed licensed by the Department of Health.

PHIC Accredited bed is the no. of bed accredited by PHIC

PART A:

DISCHARGES DURING THE MONTH:

The rows in this table contains the classification of hospital beneficiaries discharged for the month . Hospital discharges are classified into A.) NHIP B) Non – NHIP.

The NHIP beneficiaries are further categorized into:

1. Employed which is further subdivided into a) Government b) Private.
2. Indigent
3. Individually paying – this is further categorized into a) self-employed b) OFW c) others d) OWWA.
4. Pensioners/Retiree

The columns of this table are a) member, b) dependent and c) total. The total column is the sum of both members and dependents.

For Non-NHIP beneficiaries , the last row of this table, will fill up only the total column.

DEFINITION OF TERMS:

1. Member - refers to any person enrolled in the NHIP whose required premium contribution has been regularly paid.
2. Dependent – refers to the legal dependents of a member who are the:
 - a. Legitimate spouse who is not a member.
 - b. Unmarried and unemployed legitimate, legitimated, acknowledge and illegitimate children appearing in the birth certificate and legally adopted or stepchildren below twenty-one (21) years of age.
 - c. Children who are twenty-one years old and above but suffering from congenital disability , either physical or mental, or any disability acquired that renders them totally dependent on the member.
 - d. Parents who are sixty (60) years old or above , not otherwise enrolled member, whose monthly income is below an amount to be determined by the corporation in accordance with the guiding principles set forth in the NHI Act.
3. Government employed – an employee who is working for any government agency with an employee-employer relationship.
4. Privately employed - an employee who is working for a private institution, company, business.(there should be an employer-employee relationship.)
5. Indigent - refers to individuals who are members of the PHIC indigency program and not the charity or service patients of the hospitals.
6. Individually paying – an individual who pays premiums directly to PHIC. A person who pays the required contribution in full. It is further categorized into:
 - a. Self-employed - an individual working by herself.(there is no employee-employer relationship).
 - b. OFW – overseas female / male contract worker
 - c. Others - any individual who does not belong to any of the above .
 - d. OWWA – individuals who pay their premiums directly to the POEA.
7. Pensioners - a member of GSIS or SSS who has reached the age of retirement or who has retired on account of disability prior to the effectivity of the law on March 4,1995; a pensioner of the GSIS or SSS prior to the effectivity of the law on March 4,1995; a member who has reached retirement as provided by the law and has paid at least 120 monthly premium.
8. Non-NHIP - are non-members of NHIP.
9. NHIP – National Health Insurance Program.

PART B :

DAILY CENSUS OF PATIENT (EVERY 5:00 PM)

This part of the form includes the daily counting of admissions, discharges and the actual number of days a patient has stayed in the hospital and length of hospital stay.

The first column (1st) represents the Days of the month.

The second (2nd) to the sixth (6th) column is the actual count/ number of patient confinement days . In accordance with the revised IRR , beneficiaries are classified according to

- 1) Column (2) two - Employed, which is further subdivided into a) government b) private membership,
- 2) Column (3) three - Individually paying is classified into a) self-employed b) OFW c) others d) OWWA
- 3) Column (4) four – Indigent
- 4) Column (5) five – Pensioners/retiree
- 5) Column (6) six - Non-NHIP.

The seventh (7th) column is the total number of Admissions per day.

The eight column (8th) represents the Total Discharges for the day, this is subdivided into NHIP and Non-NHIP members. Please indicate your discharges according to the type of beneficiary (NHIP /Non-NHIP).

The hospital may opt to use other cut off time, as long as the time remains constant through out the reporting month. Otherwise time covers from 5:00am of the previous day to 5: 00 pm of the actual .

The ninth column (9th) is the length of hospital stay of a discharged patient or how long did the patient stay in the hospital for treatment .(This includes Home against medical advise and Obsconded)

This column should record the length of hospital stay of all patients discharge for the day. Count and sum up the length of hospital stay of each patient discharged for the day. Segregate patients into NHIP and Non- NHIP.

PART C:

QUALITY ASSURANCE INDICATORS:

Number 1- Monthly Occupancy rate:

To compute for this data add the total number of confinement days of all patients both NHIP and Non- NHIP (this data can be taken from the hospital log book or column 2, 3, 4, 5 & 6 of the MMHR part B) . Get the total confinement days of both NHIP and Non- NHIP then divided by the product of the number of days of the month and the number of **authorized beds**. Then multiply by 100.

Number 2 - the Monthly NHIP Occupancy rate:

To compute for this data. Get the total confinement days of **NHIP beneficiaries only** (this data can be found in your hospital logbook or the total of columns 2, 3, 4, 5 of the MMHR part B.) divided by the product of the number of days of the month and the **accredited beds**. Then multiply by 100.

Number 3- Average Length of Stay per NHIP patient:

To compute for this data get the total length of hospital stay of **discharged NHIP** (part B, column 9 of the MMHR) **beneficiaries** divided by the total number of NHIP **discharged** for the month (Part A) .

PART D:

FIVE MOST COMMON CAUSES OF CONFINEMENT

Accomplish this table by listing the most common causes of confinement of the hospital. List all causes of confinement in the hospital of both NHIP and Non-NHIP and get the top 5 causes of confinement and write them on this table .The diagnosis listed as number one (1) should be the diagnosis with the most number of cases.The second diagnosis with the second most number comes next, and so on. The totals column is subdivided into NHIP and Non-NHIP, count the number of patients and segregate them accordingly. Indicate the number of patients on the appropriate column.

PART E :

SURGICAL OUTPUT – TOP 5 SURGICAL PROCEDURES

List all surgical procedures based on the operating room logbook. Get the top 5 procedures of the OR logbook. The surgical procedure listed as number one should be the procedure with the most number of cases. Count the number of clients of each procedure segregating NHIP from Non- NHIP. Then indicate the numbers on the specified column.

If there are no surgical procedure done in the hospital indicate NONE.

Section E-1 – Total number of deliveries.

Indicate the number of deliveries per month, segregate the patients into NHIP and Non-NHIP

Section E-2, Number of Caesarian Section (CS) cases and the indication of the CS ,
List the top 5 indications and get the number of cases for each indication. Segregate the patients into NHIP and Non- NHIP accordingly and indicate in the appropriate column. If there are no CS done in the hospital please indicate NONE.

. If there are no deliveries , indicate NONE.

PART F:

ADVERSE DRUG REACTION (TOP 5)

List all the drugs used in the hospital that had caused drug reactions , get the top 5 drugs and list them on this table, then indicate the number of patients of each drug reaction indicated in the report. Segregate the patients into NHIP and Non-NHIP.

In cases where there are no drug reactions for the month write the word **NONE.**

PART G:

MONTHLY MORTALITY CENSUS (ALL CASES)

List all of mortality cases for the month , count the cases segregating them according to whether they are NHIP and Non-NHIP beneficiaries.

In cases where there are no mortality cases indicate NONE.

There are only 5 spaces allocated for this section, in hospitals with more than 5 mortality cases please attach an additional sheet so that all mortality cases are recorded.

PART H:

REFERRALS:

List the most common cause of referral in the hospital, segregate the patients accordingly as to whether they are NHIP and Non- NHIP beneficiaries. In cases where there are no referrals write NONE.

RIGHT BOTTOM PORTION:

Print clearly the name and the position of the person filling up the form and affix your signature.

Print the name of the Hospital Director or Administrator, and he should certify the veracity of the report by affixing his signature on the space provided .

GENERAL REMINDERS:

1. Do not leave any table/space blank. Enter all the needed data.
2. Use ARABIC (1,2,3,4) numerals in filling up the rows which require numbers.
3. Get the sum of the values to be added per row and column if required.
4. Align entries on the spaces provided.
5. Submit your MMHR on a monthly basis and on time.
6. Delay or failure of submission may cause inconveniences in your claims processing.
7. Write all data clearly.

For more information and inquiries call the Accreditation Department, 12/F City State Center, 709 Shaw Blvd. Oranbo, Pasig City tel. Nos. 637-99-99 local 1214, 1215, 1216 or 637- 25- 27 . Fax 637-62-65.