

GUIDELINES ON APPLICATION FOR ACCREDITATION OF HEALTH CARE INSTITUTIONS FOR CY 2018

As mandated, the Corporation shall prescribe the requirements for the accreditation of Health Care Institutions (HCIs) applying for accreditation. The following shall guide HCIs in filing of application for renewal of accreditation for CY 2018:


1. HCIs applying for continuous accreditation shall submit the following requirements on or prior to the prescribed filing period from January 1 to January 31, 2018:
 - a. Updated DOH license/ certificate / business permit (as applicable);
 - b. Fully accomplished and signed Performance Commitment, revision 2 (attached to PhilHealth Circular No. 2015-37);
 - c. Completely filled-out provider data record (PDR);
 - d. Latest Audited Financial Statement signed by the head of facility and treasurer of the facility or provincial/ municipal or city treasurer, as applicable (may be submitted until June 30, 2018);
 - e. Valid Certificate of Good Standing from the Philippine Hospital Association or Private Hospital Association of the Philippines Inc. (for hospitals and infirmaries only); and
 - f. Payment of accreditation fee.
2. HCIs shall also ensure compliance to the following:
 - a. Functional PhilHealth portal in compliance to PC No. 0002-2014.
 - b. Medical Directors/Chief of Hospitals/Clinic Heads of Hospitals, Infirmaries, ASCs, FDCs, and professional providers of TB DOTS and Maternity Care packages (PC 21 s. 2008, PC 30 s. 2009, PC 14 s. 2014) must be accredited.

- c. For PCB Providers – The signed and duly accomplished Electronic Medical Record (EMR) Engagement Form shall be submitted as an alternative document to the Memorandum of Agreement (MOA) and Service Level Agreement (SLA) made between the management and EMR providers. In case the PCB Provider fails to comply with any of these documentary requirements, the PCB Provider shall still be deemed accredited to allow family/member assignment, but no PFP claims shall be processed. A functional EMR system is required to proceed with enlistment and profiling (PC Advisory No. 2017-0031).
 - d. For TB DOTS Package providers - The DOH PhilCat TB DOTS Certificate must be updated. Should the certificate expires within the year, the facility shall be given sixty (60) calendar days to submit the updated certificate. Non-compliance within the aforementioned prescribed period shall result to withdrawal of accreditation (PC 54, s. 2012).
 - e. HCIs must have opened deposit account/s with the local banks for the PhilHealth auto-credit payment facility, which shall be the destination account for PhilHealth reimbursements. Pursuant to PhilHealth Circular No. 2017-0020.
 - f. E-claims compliant as stipulated in PhilHealth Advisory No. 2017-0019.
3. Beginning January 1, 2018, a valid DOH license to operate (LTO) shall be a mandatory requirement for all Maternity Care Package providers (MCP) / birthing home (BH) applying for initial, continuous and re-accreditation.
4. All applications for accreditation and other accreditation transactions shall be deliberated in the Accreditation Subcommittee (ASc) in the PhilHealth Regional Offices (PROs).

5. The Accreditation Committee (AC) shall only deliberate appeal of HCPs on denied applications (including appeal on gap in accreditation) and motion for reconsideration (MR) of HCPs with denied appeal, per PhilHealth Circular No. 2017-0013.
6. HCIs with pending appeal on denied applications for accreditation or motion for reconsideration for denied appeal for CY 2017 may opt to submit application for accreditation for CY 2018. However, it shall be treated as re-accreditation and shall go through regular accreditation process. PhilHealth reserves the right to issue, deny or withdraw accreditation after an evaluation of the capability and integrity of the health care institution (Section 59f, RIRR of NHIA of 2013).
7. HCIs performing procedures requiring CPSA are encouraged to submit application for continuous accreditation preferably during the 1st to 2nd week of January 2018 to facilitate early processing and approval of application for continuous accreditation.

HCIs transmitting CPSA request/s with dates of contemplated surgeries on the period where its accreditation is still on process shall be subject to validation by PRO Benefits Administration Section (BAS) with PRO Accreditation and Quality Assurance Section (AQAS) regarding status of accreditation. An approved pre-cataract surgery authorization shall not automatically guarantee approval of corresponding claim for reimbursement (PC No. 59, s. 2012).

For other inquiries, please call the PhilHealth Regional Office in your area.


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