Philippine Health Insurance Corporation

ADVISORY

No. 2024 - 0049

PhilHealth
Your Partner in Health

BAGONG PILIPINAS

Call for Accreditation as Provider of Outpatient Therapeutic Care Benefits Package for Severe Acute Malnutrition (SAM) for Children Sixty (60) Months Old and Below

(per PhilHealth Circular No. 2024-0017)

All accredited health facilities (HFs) that are DOH licensed or certified are encouraged to apply as provider of Outpatient Therapeutic Care Benefits Package for Severe Acute Malnutrition (SAM) for Children Sixty (60) months old or below.

The following are steps for potential provider to undertake:

1. The HF must conduct a self-assessment using the Self-Assessment/Survey Tool for Outpatient Benefit Package for SAM (Annex A).

2. If compliant, the HF shall submit a Letter of Intent (Annex B) for additional service of Outpatient Therapeutic Care Benefits Package for Severe Acute Malnutrition (SAM) for Children Sixty (60) months old or below, to the nearest Local Health Insurance Office or PhilHealth Regional Offices either electronically or manually.

3. A team of surveyors from the PRO Accreditation and Quality Assurance Section shall validate the compliance of the applicant HF.

4. A letter of approval of accreditation for the said service (SAM) will be issued to the HF if found compliant.

To view the full policy and guidelines on SAM, kindly refer to this link **https://www.philhealth.gov.ph/circulars/2024/PC2024-0017.pdf** .

For any clarifications, please coordinate with your respective PhilHealth Regional Offices.

(Sgd.) EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer

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PHILHEALTH CIRCULAR NO. 2024 -0017

Annex A

Self-Assessment/Survey Tool for Outpatient Benefit Package for Severe Acute Malnutrition (SAM)

Name of Health Facility (HF): _____

Date of Survey: _____ (mm/dd/yyyy) Time started: _____ Time ended: _____

Directions for HF:

1. Put a check (✓) in the box if the service is available or an (x) if the same is not available in the health facility (HF).
2. For outsourced services, put an (x) in the "no" box and state in the remarks that the service is outsourced and write the name of the outsourced service provider.

	REQUIREMENTS	HF Yes	HF No	PHIC Yes	PHIC No	REMARKS
1.	**HF License and Accreditation**					
a.	The HF has updated Department of Health (DOH) License to Operate (LTO)					
b.	The HF has updated PhilHealth Accreditation					
2.	**Mandatory Ancillary Services**					
a.	Clean consultation, examination, and treatment area					
b.	Prominently displayed posters or materials on Breastfeeding TSEK or IYCF Materials or EO51 or RA 11148 or Generic Materials on Malnutrition					
c.	Handwashing sink with water and soap available (liquid soap preferred) and with materials for drying hands (clean towels OR paper towels)					
d.	Display of pictorial steps of the WHO 1-2-3-4-5 handwashing technique					
e.	Medical weighing scale (Must be accurate to 100 grams) *Note: Must not show evidence that it was donated by any milk, food industry or Pharmaceutical industry (i.e. No graphics, promotion, advertising)* ***NOT** bathroom scale* *Optional for the first 2 years of implementation: digital scale that allows tared weighing, record of calibration*					
h.	WHO Child Growth Standards Charts, latest edition for zero (0) to less than twenty-four (24) months (boys and girls) AND twenty-four 24 to sixty (60) months (boys and girls)					
i.	Pediatric Stethoscope					
j.	Non-mercury sphygmomanometer with infant and pediatric cuff					
k.	Non-mercury thermometer					
l.	Private area for breastfeeding, also for counselling and hand expression (at least curtained off) with at least two seats and a table, with access to handwashing facilities *Note: Optional Breast Model, Doll, Refrigerator for breastmilk storage with internal temperature monitoring (maintaining temp at 40°C), infant feeding cups, reusable plastic sixty (60)ml or two (2) ounce volume*					
3.	**Human Resources**					
a.	**Physician**					
a.1.	Valid PRC license					
a.2.	Valid PhilHealth accreditation					
a.3.	Certification of Completion of Training on the Philippine Integrated Management of Acute Malnutrition (PIMAM) Training of Trainers (TOT) or Service Provider Workshop (SPW)					
a.4.	Certification of Completion of Training on the Integrated Management of Childhood Illness (IMCI)					
a.5.	Certification of Completion of Training on the lactation management training course (Optional) *Note: If trained by a TOT certified personnel (trainer), must be issued with a certificate signed by the trainer, and present a copy of the TOT certificate of the trainer*					
b.	**Nurse or Midwife**					
b.1.	Valid PRC license					
b.2.	Certification of Completion of Training on the Philippine Integrated Management of Acute Malnutrition (PIMAM) Training of Trainers (TOT) Or Service Provider Workshop (SPW)					
b.3.	Certification of Completion of Training on the lactation management training course (Optional) *Note: If trained by a TOT certified personnel (trainer), must be issued with a certificate signed by the trainer, and present a copy of the TOT certificate of the trainer*					
c.	**Barangay Health Worker (BHW) or Barangay Nutrition Scholar (BNS) or Child Development Worker**					
c.1.	Valid appointment by the MHO (For BHW or BNS)					
c.2.	Certification of Completion of Training on the SAM SPW/training					
c.3.	Certification of Completion of Training on:					
c.3.1.	(Introduction to PIMAM)					
c.3.2.	(Identification of GAM)					
c.3.3.	(Community Mobilization)					
c.3.4.	(OTC) from instruction of PIMAM trained nurse/midwife or doctor *Note: If trained by a TOT certified personnel (trainer), must be issued with a certificate signed by the trainer, and present a copy of the TOT certificate of the trainer*					
4.	**Laboratory**					
a.	Glucometer					
b.	Glucose strips					
5.	**Medicines**					
a.	Ferrous sulfate syrup					
b.	Albendazole 400mg chewable tablet					
c.	Mebendazole 100mg tablet					
d.	Vitamin A 100,000 IU					
e.	Vitamin A 200,000 IU					
f.	Ready to Use Therapeutic Food (RUTF), FDA-registered					
g.	Folic acid 5mg/tab OR Folic acid with iron					
6.	**Supplies**					
a.	Lancets, individual use (optional)					
b.	Glucose Water or Table sugar *Note: (for mixing sugar water) Sugar water: 10 grams of sugar in 100 ml of clean potable water*					
c.	Cotton balls					
d.	Alcohol					
7.	**Forms and Records** *(printed or electronic copies are acceptable)*					
a.	SAM Registration Book *Note: Details include: patient's SAM registration number, date of admission, anthropometrics on the date of admission, transfer and/or discharge, diagnosis, and outcome* *Output: SAM Registry*					
b.	ITC/OTC referral form					
c.	OTC treatment record or chart					
d.	RUTF ration card					
e.	Annual census *Note:* **Total number of SAM admissions for patients 0-59 months, age and sex and also outcomes* ***Discharged/Cured, Defaulted, Died*					
8.	**Policies** *(printed or electronic copies are acceptable)*					
a.	National Guidelines in the Management of SAM under 5 Years, latest edition					
b.	Community Management of Acute Malnutrition in Infants (C-MAM), latest edition (Optional)					
c.	Integrated Management of Childhood Illness (IMCI) Flipchart or Algorithm or Booklet					
d.	Code of Marketing Breastmilk Substitutes, Breastmilk Supplements and Related Products (Executive Order 51, 1986)					
e.	Administrative Order 2015-055: National Guidelines on the Management of Acute Malnutrition for Children under five (5) Years					
f.	Republic Act 11148: First 1,000 Days of Life *Note: Even if with electronic copy is acceptable*					

MASTER COPY Date: 10/15/24 DC: ✓

PhilHealth Survey Team

Surveyors' Names	Designation	Signature

HF Management Team

Names of Management Team	Designation	Signature

Agreements with HF / Notes of PhilHealth after Pre-contracting survey (PCS)

Annex B: Draft Letter of Intent

Health Facility Logo
Health Facility Name
Health Facility Address

Letter of Intent

(Date)
(Name of Regional Vice President)
(Address of PhilHealth Regional Office)

We, the (Name of Health Facility), with address at _____ is applying to become a provider of **Outpatient Therapeutic Care Benefits Package for Severe Acute Malnutrition (SAM) for Children Sixty (60) months old or below.**

We read and understand the governing policies and guidelines on SAM and we fully agree with the conditions set to qualify as a provider of the said service.

Name of Medical Director/Medical Center Chief/Head of Facility