



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

Citystate Centre, 709 Shaw Boulevard, Pasig City  
Healthline 637-9999 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

PhilHealth



Ka-Pamilya Mo!

**PhilHealth Circular**

No. 15 s., 2005

*MTO*

: MEDICAL DIRECTORS/ ADMINISTRATORS  
OF ACCREDITED INSTITUTIONAL HEALTH  
CARE PROVIDERS AND ALL OTHERS CONCERNED

SUBJECT : Revised Mandatory Monthly Hospital Report (MMHR) Form

Pursuant to Section 77 g of the Implementing Rules and Regulations of Republic Act No. 7875 as amended, all accredited hospitals of the Corporation shall submit the MMHR and other reportorial requirements as determined by the Corporation, to monitor their performance.

Through PhilHealth Circular No. 36 s. 1998 dated October 20, 1998, the MMHR has replaced the Clinical Monthly Report and Quarterly Clinical Report, which were required from primary and secondary hospitals, respectively.

The revised MMHR form is attached. The new format will be used starting January 1, 2006, by which time the hospitals are expected to have become familiar with the form.

All instructions in PhilHealth Circulars No. 036 s. 1998 and No. 025 s. 2000 inconsistent hereof are deemed amended.

*Lorna O. Fajardo*  
Lorna O. Fajardo, QESO III  
Officer-in-Charge  
Office of the President and CEO

Date Signed: JUL 26 2005



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 12/F City State Centre, 709 Shaw Blvd., Brgy. Oranbo, Pasig City  
**MANDATORY MONTHLY HOSPITAL REPORT**

For the Month of \_\_\_\_\_, 200\_\_

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

**A.1. DAILY CENSUS OF NHIP PATIENTS ( EVERY 12:00 MN. )**      CENSUS FOR THE DAY = (CENSUS OF THE PREVIOUS DAY plus ADMISSIONS OF THE DAY minus DISCHARGES OF THE DAY)

1 DATE	2 CENSUS		
	a. NHIP	b. NON-NHIP	c. TOTAL
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			
<b>TOTAL</b>			

3 DATE	4 DISCHARGES		
	a. NHIP	b. NON-NHIP	c. TOTAL
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			
<b>TOTAL</b>			

**B. QUALITY ASSURANCE INDICATOR**

**1. Monthly Bed Occupancy Rate ( MBOR ) = \_\_\_\_\_**

Total of NHIP CENSUS plus Total of NON-NHIP CENSUS

**MBOR =** \_\_\_\_\_ **X 100**

Number of Days per Month Indicated multiplied by Number of DOH Authorized Beds

  

**2. Monthly NHIP Beneficiary Occupancy Rate ( MNHIBOR ) = \_\_\_\_\_**

Total of NHIP CENSUS

**MNHIBOR =** \_\_\_\_\_ **X 100**

Number of Days per Month Indicated multiplied by Number of PHIC Accredited Beds

**3. Average Length of Stay per NHIP Patient**

**(ALSP) = \_\_\_\_\_**

Total of NHIP CENSUS

**ALSP =** \_\_\_\_\_

Total NHIP DISCHARGES

**C. NEWBORN CENSUS**

	PARENT		
	NHIP	NON-NHIP	TOTAL
<b>TOTAL # OF NEWBORN</b>			

DATE OF RECEIPT : PRO/SO \_\_\_\_\_ RECORDS SECTION \_\_\_\_\_ ACCREDITATION \_\_\_\_\_

\* Note : This is a mandatory hospital report to be submitted within the first ten (10) days of the following month.  
 aners/hdt/1/rogend

**D. MOST COMMON CAUSES OF CONFINEMENT**

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

**E. SURGICAL OUTPUT - Top 10 Procedures**

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

**E.1. TOTAL SURGICAL STERILIZATION**

	SURGICAL STERILIZATION PROCEDURE	NO. OF PATIENTS	
		NHIP	NON-NHIP
1.	BILATERAL TUBAL LIGATION		
2.	VASECTOMY		
	TOTAL		

**F. OBSTETRICAL PROCEDURES**

	NHIP	NON-NHIP
F.1.	TOTAL NUMBER OF DELIVERIES (NSD plus CAESARIAN SECTION)	
F.2.	TOTAL NUMBER OF CAESARIAN CASES	
	INDICATIONS FOR CS:	
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			

PREPARED BY:

CERTIFIED CORRECT:

\_\_\_\_\_  
Name and Position of Person filling up the form  
(signature over printed name)

\_\_\_\_\_  
Chief of Hospital/Medical Director  
(signature over printed name)