



July 23, 2010

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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PHILHEALTH CIRCULAR

NO. 22 S-2010

July

TO : ALL INSTITUTIONAL HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES (PHROS) AND SERVICE OFFICES (SOS) AND ALL OTHERS CONCERNED

Subject : Amendments and Additional Guidelines on the Processing of Applications for Accreditation of Ambulatory Surgical Clinics (ASCs), Free Standing Dialysis Clinics (FSDCs), Out Patient Benefit, Maternity Care and Anti-TB/DOTS Providers

Pursuant to PhilHealth Board Resolution No. 1380, the following are amendments and additional guidelines on processing of applications for accreditation of Ambulatory Surgical Clinics (ASCs), Free Standing Dialysis Clinics (FSDCs), Out Patient Benefit (OPB) Package, Maternity Care Package (MCP) and Anti TB/DOTS Providers, collectively referred to in this circular as outpatient clinics (OPCs):

I. TYPES OF APPLICATIONS AND DOCUMENTARY REQUIREMENTS FOR ACCREDITATION OF OPCs:

Type of Application	Description	Documentary Requirements
A. Initial Accreditation	No previous accreditation.	For ASCs and FSDCs: 1. PhilHealth Application Form 2. Warranties of Accreditation – duly notarized 3. Application fee 4. DOH license for 3 previous years or its equivalent For OPB, MCP and DOTS providers: 1. Items 1, 2 and 3 mentioned above and 2. Location map



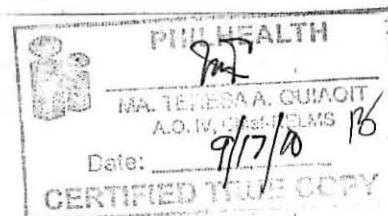
Critical File Update	Documentary Requirements
1. Reduction in Services (Ex. 3-in-1 to 2-in-1)	1. Letter from the head/owner of the facility that it is reducing its services, or 2. Monitoring report from the PhRO indicating the incapability of the health facility to provide the service.
2. Change in Validity of Accreditation For FSDCs and ASCs: as reflected in the DOH-OSS license	DOH license or its equivalent
3. Change in name of Institutional Health Care Provider (IHCP)	1. Letter of Intent which indicates the date of effectivity, and 2. DOH license, SB resolution or Provincial Health Board Resolution or Issuance of the LGU that such facilities shall bear the said name for PHIC purposes for LGU owned facilities
4. Change in medical director/head of the facility	1. Letter of Intent which indicates the date of effectivity, and 2. Appointment paper/board resolution/its equivalent
5. Termination of accreditation due to closure/cease of operation	1. Validation report of PhRO and 2. Notice of closure of hospital (if available)

These critical file updates shall not require application fees and survey. File updates 1, 2, and 3, shall take effect based on the date indicated in the DOH license or its equivalent, File update 4 shall take effect on the date of conduct of Accreditation Subcommittee meeting or on the date reflected in the Letter of Intent. File update 5 shall take effect on the date of actual closure of hospital. In case the date is not indicated in the documents submitted it shall take effect on the date of the conduct of the Accreditation Subcommittee Meeting

III. CLARIFICATION ON THE HUMAN RESOURCE REQUIREMENT FOR OUT PATIENT BENEFIT (OPB) PACKAGE PROVIDERS:

1. An accredited RHU/HC must have at least one (1) of each of the following personnel with updated license who shall render at least four (4) hours service per day, five (5) days a week:
 - a. Physician
 - b. Nurse
 - c. Midwife
 - d. Medical Technologist (if the RHU has a laboratory)

* If laboratory examinations are referred to another facility, the OPB provider should submit a photocopy of the license of the Medical Technologist performing the laboratory examination.



- The PhilHealth Capitation Fund (PCF) for the period of temporary assignment of members to another accredited/authorized OPB provider shall be given to the actual provider of the OPB Package service.

ASCs, FSDCs, OPB Package, MCP and DOTS providers, that filed their applications within 4 months from the last day of the fixed accreditation schedule of institutional health care providers (IHCP), shall have the following options regarding the start of the validity of their accreditation in case their applications for accreditation are approved. This shall be reflected by signing the applicable Statement of Intent (Annexes A and B).

1. The start date of the accreditation shall be on the date of the conduct of pre-accreditation survey. Accreditation shall be **valid until** April 30 of the current year for ASCs and FSDCs or December 31 of the current year for OPB, MCP and DOTS Providers.
2. Once accredited, the OPC shall renew its accreditation **within thirty (30) calendar days** from receipt of the letter of approval of accreditation by submitting the following:
 - a. Application form for renewal of accreditation – duly accomplished
 - b. Warranties of Accreditation – duly notarized
 - c. Proof of payment of the application fee.
3. Said IHCP shall be exempted from the penalty charges for late filers and therefore shall pay the application fee for renewal of accreditation as reflected in the Schedule of Application Fees (Annex B of Circ. 50 s. 2009). However, in the event that the facility filed the renewal beyond 30 calendar days but before the expiry of accreditation applicable penalty charges shall apply (see Annex C)
4. The succeeding accreditation period shall be valid from May 1 of the current year to April 30 of the succeeding year for ASCs and FSDCs or January 1 to December 31 of the succeeding year for OPB, MCP and DOTS providers.

5. However, in case the pre-accreditation survey was conducted after April 30 of the current year for ASCs and FSDCs or after December 31 of the previous year for OPB Package, MCP and DOTS Providers, the start date of accreditation shall be on the date of the conduct of the survey and it shall be valid until December 31 of the current year.
6. The applications of OPCs filed beyond thirty (30) calendar days from receipt of the letter of approval of accreditation and beyond the date of expiry of accreditation shall be considered as re-accreditation (with gap).

OPTION B

1. The OPC agrees that the validity date of accreditation shall start **on May 1** of the current year for ASCs or FSDCs or **January 1** of the succeeding year for providers of the OPB, MCP or DOTS Packages. This shall be indicated by signing the applicable Statement of Intent.
2. Failure of any OPC to sign the SOI regarding the start date of the validity of accreditation shall result in application of **Option A**.

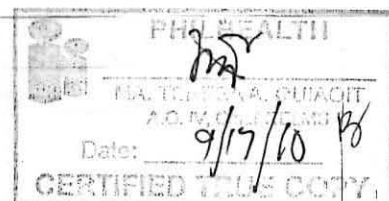
V. ACCREDITATION OF ASCs AND FSDCs

1. Starting 2011, ASCs and FSDCs shall be granted full accreditation validity period from May 1 of the current year to April 30 of the succeeding year. However, the claims for patients served starting January 1 shall only be processed upon submission of their updated DOH licenses. The Corporation shall update the accreditation record of hospitals upon receipt of their DOH license to reflect the Critical File Updates.
2. ASCs and FSDCs with gaps in their DOH license shall also incur gaps in their accreditation corresponding to the gaps in the validity of their DOH license.
3. Previously paid claims for services rendered during the accreditation gaps shall be charged to the pending and/or future claims of the facility.
4. The head of the facility or medical director who is a physician shall be accredited prior to the approval of the application of the concerned IHCP.

VI. INCOMPLETE/ NON-COMPLIANT APPLICATIONS:

All applications for accreditation of OPCs that were received by PhilHealth but were later noted to be incomplete or non-compliant with the requirements and standards of accreditation may be granted accreditation provided that **both** of the following conditions are satisfied:

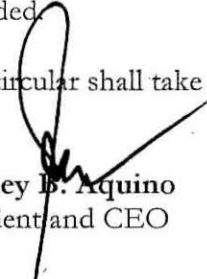
1. It has complied with all the requirements and standards of accreditation and
2. Deficiencies were complied with/corrected within three (3) months from the date of the conduct of pre-accreditation survey.



For Initial Accreditation and Re-accreditation the start date of accreditation shall be on the date of complete compliance to all requirements and standards of accreditation.

All existing issuances inconsistent with this office order are hereby repealed and/or amended.

This circular shall take effect immediately.


Dr. Rey B. Aquino
President and CEO



Date Signed:

AUG 20 2010

STATEMENT OF INTENT
For Hospitals/ASC/FSDC

Date: _____

Name of Hospital/ASC/ FSDC: _____

Address: _____

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

1. For Initial/Re-accreditation

- a. I agree that, in case the pre-accreditation survey is conducted in my hospital/ASC/FSDC on or before April 30 of the current year, and the application is approved before May 1 of the accreditation year, the start of my accreditation will be prior to May 1 and I will file my application for renewal of accreditation within thirty (30) days from receipt of notice of approval of accreditation. (Option A).

However, if the pre-accreditation survey is conducted in my health facility after May 1 and/or the application is approved after May 1, the start date of my accreditation shall be on the date when it has complied with all the standards and requirements of accreditation.

Signature over Printed Name of the
Authorized Person

- b. I agree that, in case the pre-accreditation survey is conducted in my hospital/ASC/FSDC on or before April 30, and the application is approved before May 1 of the accreditation year, the start of my accreditation will be on May 1 (Option B).

Signature over Printed Name of the
Authorized Person

2. Downgrading of Accreditation Award (for hospitals only)

I agree that, in case my hospital does not qualify for the accreditation award it has applied for, the hospital be granted the Accreditation Award it is compliant with.

Signature over Printed Name of the
Authorized Person

STATEMENT OF INTENT
For OPB, MCP, DOTS Providers

Date: _____

Name of OPB/MCP/DOTS Provider: _____

Address: _____

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

1. For Initial/Re-accreditation

- a. I agree that, in case the pre-accreditation survey is conducted in my health facility on or before December 31 of the current year, and the application is approved before January 1 of the succeeding year, the start of my accreditation will be prior to January 1 of the succeeding year and I will file my application for renewal of accreditation within thirty (30) days from receipt of notice of approval of accreditation (Option A).

However, if the pre-accreditation survey is conducted in my health facility after January 1 and/or the application is approved after January 1, the start date of my accreditation shall be on the date of when it has complied with all the standards and requirements of accreditation.

Signature over Printed Name of the
Authorized Person

- b. I agree that, in case the pre-accreditation survey is conducted in my health facility on or before December 31 of the current year, and the application is approved before January 1 of the succeeding year, the start of my accreditation will be on January 1 of the succeeding year (Option B).

Signature over Printed Name of the
Authorized Person

CHECKLIST OF REQUIREMENTS FOR APPLICATION FOR ACCREDITATION INSTITUTIONAL HEALTH CARE PROVIDERS (IHCPs)

I. General Requirements:

- _____ 1. PhilHealth application form - properly accomplished
- _____ 2. Warranties of Accreditation – duly notarized
- _____ 3. Accreditation fee - proof of payment (see back for appropriate fee schedule).

II. Specific Requirements: (in addition to the above, the following are specific requirements per type of institution)

A. Hospitals (Levels 1, 2, 3 and 4)

- _____ 1. DOH License – with validity applicable to the accreditation period applied for
- _____ 2. Certificate of Membership in PHA or PHAP – with validity applicable to the accreditation period applied for
- _____ 3. Benchbook Self-Assessment and Survey Form – fully accomplished; **for 2010 accreditation period**, this is optional if hospital already submitted its baseline self-assessment or accomplished Manual II.
 - a. Self Assessment and Survey Tool
 - b. Score Sheet
 - c. Self-Assessment Summary
- _____ 4. Statement of Intent (SOI) – **if applicable**
 - a. For Hospitals applying for initial/re-accreditation from January to April regarding to validity of accreditation, and/or
 - b. For hospitals applying as Centers of Quality/Excellence

Additional Requirement for Initial Accreditation:

- _____ DOH licenses for 3 previous years or its required * alternative document

B. Ambulatory Surgical Clinics & Free Standing Dialysis Clinics

- _____ 1. Current DOH license
- _____ 2. Statement of Intent (SOI) – **if applicable**
 - * For FSDCs and ASCs applying for initial/re-accreditation from January to April regarding to validity of accreditation

Additional Requirements for Initial Accreditation:

- _____ DOH license for 3 previous years or its required * alternative document

C. Out Patient Benefit Package, Maternity Care Package, and Anti-TB/DOTS Package Providers:

- _____ 1. Location map
- _____ 2. PhilCAT Certificate – optional for initial accreditation of DOTS Providers
- _____ 3. Proof of Affiliation with at least a Level 2 PhilHealth Accredited Hospital – **if applicable for an MCP Clinic**
- _____ 4. Statement of Intent (SOI) – **if applicable**
 - * For providers applying for initial/re-accreditation from September to December regarding to validity of accreditation

* NOTE:

Applications for initial accreditation that are **non-compliant with the three (3) year rule requirement** may refer to PhilHealth Circ. 21 s. 2009 for alternative requirements.

III. Schedule of Accreditation Fees:

INSTITUTIONS	INITIAL & REACCREDITATION (PRIVATE/ GOVERNMENT)	RENEWAL		RENEWAL (LATE FILERS)	
		BEFORE THE PRESCRIBED FILING PERIOD (WITH 10% INCENTIVES)	PRESCRIBED FILING PERIOD	APPLICATIONS FILED AFTER THE PRESCRIBED FILING PERIOD (additional fee)	
				31 – 90 days prior to expiration	1 – 30 days prior to expiration
Level I Hospitals	P 3,000.00	P 1,800.00	P 2,000.00	P 4,000.00	P 8,000.00
Level II Hospitals	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Level III Hospitals	P 8,000.00	P 7,200.00	P 8,000.00	P 16,000.00	P 32,000.00
Level IV Hospitals (<i>with training programs</i>)	P 10,000.00	P 9,000.00	P 10,000.00	P 20,000.00	P40,000.00
Ambulatory Surgical Centers (ASCs)	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Free Standing Dialysis Centers (FSDCs)	P 5,000.00	P 4,500.00	P 5,000.00	P 10,000.00	P 20,000.00
OPB Providers	P 1,000.00 *	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
TB-DOTS Provider	P 1,000.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
Non-Hospital Maternity Care Providers	P 1,500.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
3-in-1 Providers	P 1,000.00 *	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and DOTS Providers	P 1,000.00 *	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and MCP Providers	P 1,500.00 *	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00
MCP and DOTS Providers	P 1,500.00	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00

* Applicable to government facilities only