



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Blvd., Pasig City
Healthline 637-99-99 www.philhealth.gov.ph



30 November 2010

PHILHEALTH CIRCULAR

NO. 02 s-2011

July -

TO : ALL ACCREDITED HOSPITALS, PHILHEALTH REGIONAL OFFICES (PhROs) AND SERVICE OFFICES (SOS) AND ALL OTHERS CONCERNED

SUBJECT : Guidelines for Filing of Applications for Accreditation of Hospitals

The following are guidelines for the filing of applications for accreditation of hospitals:

1. Hospitals applying for accreditation shall conduct a self-assessment of their compliance to the Benchbook Standards of Accreditation for hospitals prior to submission of their application for accreditation. The Benchbook Self-assessment and Survey Tool shall be available at PhilHealth Regional/Service Office. It may also be downloaded from the PhilHealth website at http://www.philhealth.gov.ph/providers/download/bnchbk_slf_assessmnt.pdf. Prior to applying for accreditation, hospitals should address their areas for improvement to qualify for the accreditation award they are applying for. They shall determine the accreditation award they will apply for based on their actual self-assessment scores
2. The mode of pre-accreditation survey shall be based on the actual scores reflected in the Benchbook Self-assessment Summary, as follows:

Award Applied for	Self-assessment Result	Mode of Pre-accreditation Survey
Center of Excellence	Center of Excellence	Center of Excellence
	Center of Quality	Center of Quality
	Center of Safety	Center of Safety
	Failed	Center of Safety
Center of Quality	Center of Quality or higher	Center of Quality
	Center of Safety	Center of Safety
	Failed	Center of Safety
Center of Safety	Center of Safety or higher	Center of Safety
	Failed	Center of Safety





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Example: A hospital applied for Center of Quality but failed the self-assessment; i.e., it did not meet the minimum scores required for Center of Safety. The PhRO will survey the hospital as if it applied only for Center of Safety- only the 51 core indicators and the three basic safety performance areas (patient rights and organizational ethics, patient care, and safe practice and environment) will be assessed during the pre-accreditation survey. Thus, the length and extent of the pre-accreditation survey will be reduced, saving time and resources both for the hospital and PhilHealth. In this example, the highest award that the hospital can receive is Center of Safety. If it wants to upgrade to a higher award, the hospital should apply for re-accreditation for upgrading of award after receipt of the decision on its application and prepare for a re-survey for the higher award.

Hospitals that failed the self-assessment may still apply for accreditation. However, they should already address their areas for improvement, especially the core indicators, before the actual date of pre-accreditation survey.

3. Hospitals shall submit the following when applying for accreditation:
 - a. PhilHealth application form for accreditation – properly accomplished
 - b. Warranties of accreditation – duly notarized
 - c. Proof of payment of accreditation fee
 - d. DOH license – with validity applicable to the accreditation period
 - e. Certificate of Membership in PHIA/PHAP - with validity applicable to the accreditation period
 - f. Benchbook Score Sheet (part 2 of the Benchbook Self-assessment forms- Manual 2)
 - g. Benchbook Self-Assessment Summary (part 3 of the Benchbook Self-assessment forms- Manual 2)
 - h. Statements of Intent (SOI) - if applicable (PC no. 32 s. 2010 as Annex A)
 1. For initial Accreditation/Re-Accreditation
 2. For Downgrading of Accreditation Award

The accomplished Self-Assessment and Survey Tool (part 1 of the Benchbook Self-assessment forms – Manual 2) shall be retained in the hospital and included in the document review during the actual pre-accreditation survey by PhilHealth.

4. For renewal of accreditation, hospitals shall file their applications during the incentive period, December 1 – 31 of the current year or until the prescribed filing period, January 1 – 31 of the succeeding year. (For the May 1, 2011 to April 30, 2012 accreditation period, the regular filing period for renewal shall be on January 1 to 31, 2011.)
5. Hospitals that are awarded as Centers of Quality or Excellence (currently or in the future) shall submit their updated DOH-OSS licenses and pay the application fees from January 1-31 of the succeeding year(s). Claims of said hospitals for patients with admission dates starting January 1 shall only be processed upon submission of their updated DOH license to operate and payment of accreditation fee.





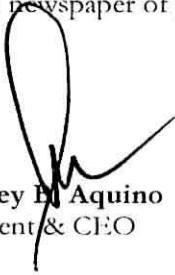
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6. For hospitals that were granted provisional accreditation upon the effectivity of this issuance, applications for renewal of accreditation shall be filed on January 1-31, 2011.
7. Applications for initial accreditation or re-accreditation may be filed anytime.
8. The accreditation of hospitals whose applications for renewal of accreditation for accreditation period May 1, 2010 to April 30, 2011 were **denied** shall be valid only from May 1, 2010 up to 30 calendar days **from the receipt** of the notice of denial of accreditation or until the end of the current accreditation period on April 30, 2011, whichever comes first. These hospitals have two options, namely:
 - a. Option 1. Apply for re-accreditation for the remaining days of the current accreditation period ending April 30, 2011. If the application is approved, the hospital shall again apply for renewal of accreditation within 30 days from receipt of the notice of approval of accreditation.
 - b. Option 2. Apply for re-accreditation for the accreditation period May 1, 2011 to April 30, 2012 with the start date of accreditation effective May 1, 2011 if approved. The hospital may incur a gap from the end of the previous accreditation up to April 30, 2011.
9. Attached is the revised Checklist of Requirements for Application for Accreditation of Institutional Health Care Providers (Annex 1) and Pre-Accreditation Survey Report (Annex 2).

The provisions of PhilHealth Circular Nos. 50 s. 2009 and 15 s. 2010 that are consistent with this circular shall remain in effect. All other existing issuances inconsistent with this circular are hereby repealed and/or amended accordingly.

This circular shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.


Dr. Rey B. Aquino
President & CEO

PhilHealth

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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 Score Sheet
- _____ 4. Self-Assessment Summary
- _____ 5. 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



Preliminary Survey Report

I. Hospital information

Name of hospital				
Address				
Hospital Level	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4
Award applied for	<input type="checkbox"/> Center of Safety	<input type="checkbox"/> Center of Quality	<input type="checkbox"/> Center of Excellence	
Date of application				
Date/s of the survey				

II. Survey Results

In relation to your hospital's application for accreditation, your compliance to the **Benchbook core indicators** is summarized below:

Note: "✓" = complied, "x" = not complied, and "N/A" = not applicable):

___ 1.1.a.1	___ 2.3.5.a.2	___ 3.2.1.x.1	___ 6.1.2.a.2	___ 6.2.3.x.1	___ 6.3.3.b.1
___ 2.1.1.b.1	___ 2.5.5.a.2	___ 4.1.1.b.2	___ 6.1.2.b.1	___ 6.2.4.x.1	___ 6.3.4.x.1
___ 2.1.2.a.1	___ 2.5.5.c.1	___ 4.1.2.a.3	___ 6.1.2.b.2	___ 6.3.1.x.1	___ 6.3.5.x.1
___ 2.1.2.b.1	___ 2.5.5.e.1	___ 5.1.1.e.1	___ 6.1.2.c.1	___ 6.3.1.x.2	___ 6.4.3.x.1
___ 2.1.2.c.1	___ 2.5.5.e.2	___ 5.2.1.a.1	___ 6.1.2.e.1	___ 6.3.2.b.1	___ 6.5.1.x.1
___ 2.2.3.a.2	___ 2.5.5.i.1	___ 5.2.1.b.1	___ 6.1.2.f.2	___ 6.3.2.b.2	___ 6.5.2.x.2
___ 2.3.1.a.1	___ 2.7.1.x.1	___ 6.1.1.a.1	___ 6.1.3.b.1	___ 6.3.2.b.3	___ 7.1.x.1
___ 2.3.2.c.1	___ 3.1.3.x.1	___ 6.1.1.b.1	___ 6.2.1.x.1	___ 6.3.3.a.1	___ 7.6.x.1
___ 2.3.3.d.3	___ 3.1.4.x.1	___ 6.1.1.c.2			

The following are our general observations (please attach separate sheet if space is inadequate):

Accomplishments:

Areas for improvement (deficiencies):

III. Recommendations

(Note: These are suggested measures to resolve problems and/or ways to improve deficiencies.)

IV. Pursuant to PhilHealth Circular No. 50 s. 2009, a hospital that is granted **provisional accreditation** shall correct the above-mentioned areas of improvement to achieve the Center of Safety award no later than (m)____/ (d)____/ (y)____. This date of compliance does not apply to hospitals that are recommended for denial of accreditation

NOTE: This feedback report contains raw data needed to generate the scores. It does not include the actual scores of compliance to pertinent areas required for the Accreditation Award applied for. The surveyors are not required to generate the scores during the survey process. The recommendation on what Accreditation Award to be given can only be formulated after the final scores are generated.

The applicant hospital may follow-up from their respective regional offices the actual scores/result of the pre-accreditation survey two (2) weeks after the conduct of the pre-accreditation survey.

Surveyors:

Signature:	Date	Signature:	Date	Signature:	Date
(Name)		(Name)		(Name)	

Received by hospital representative/s:

Signature:	Date	Signature:	Date
(Name & designation)		(Name & designation)	