



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

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 Healthline 441-7444  
[www.philhealth.gov.ph](http://www.philhealth.gov.ph)



**PHILHEALTH CIRCULAR**

No. 002-2012

*Shay*  
**TO :** ALL ACCREDITED HEALTH CARE PROVIDERS,  
 PHILHEALTH MEMBERS, REGIONAL VICE  
 PRESIDENTS AND ALL OTHERS CONCERNED

**SUBJECT :** Guidelines on the Implementation of Institutional Health Care  
 Provider (IHCP) Portal

**I. OBJECTIVE**

To strengthen PhilHealth's partnership with accredited Institutional Health Care Providers (IHCPs) through access to a web-based Portal for on-line verification of membership status of Sponsored Program (SP) Members under the **National Household Targeting System for Poverty Reduction (NHTS-PR)** during benefits availment.

**II. THE IHCP PORTAL**

**A. Sponsored Members (NHTS-PR) eligibility verification and IHCP profile**

The IHCP portal is established to provide a link between accredited institutional health care providers and PhilHealth through an on-line connection that shall ensure verification of the following eligibility information of **Sponsored Members under NHTS-PR** for purposes of availment of PhilHealth benefits:

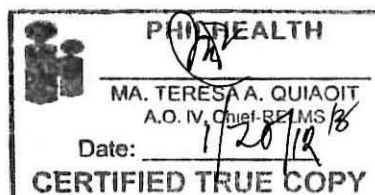
1. PhilHealth Identification Number (PIN)
2. Member's name and date of birth
3. List of declared dependent/s

In addition to the abovementioned features and as part of the IHCP portal enhancement process, significant modules (e.g., e-logbook, benchbook, MMHR) shall eventually be incorporated to the said portal in order to expand the efficiency of on-line transaction between the participating accredited IHCPs and PhilHealth.

**B. Requirements**

Accessibility/Linkage to IHCP portal is open to all qualified accredited IHCPs. Prior to registration proper, IHCPs must have the following requirements:

1. Information Technology (IT) hardware:
  - 1.1 Computer
  - 1.2 Printer
2. Internet connection



### C. Participation of the HCPs

The following are the steps in IHCP portal registration:

1. IHCPs may visit the PhilHealth official website ([www.philhealth.gov.ph](http://www.philhealth.gov.ph)) in order to access the PhilHealth Online Access Form (POAF, No.002) module for the downloading of the application form and its attached certificate of non-disclosure agreement;
2. Accomplished POAF and certificate of non-disclosure agreement shall be submitted to Health Care Delivery and Management Division of PhilHealth Regional Office for proper verification and evaluation of the said forms (**see attached Annex A and B: sample of properly accomplished forms**);
3. Once approved and evaluated by PhilHealth, qualified IHCPs shall be visited for the installation of IHCP portal and shall be given orientation on its application; and the facility is ready for verification.

### D. Generation of Reference Number

1. Eligibility verification using the IHCP portal shall be made at the facility level prior to the availment of PhilHealth benefits by the sponsored members and their dependents under NHTS-PR.
2. If the SP member under NHTS-PR has been verified through this portal, a **Reference Number (RN)** will be generated based on the following information (**see attached Annex C: sample of reference number**):
  - 1.1 Accreditation Number
  - 1.2 Name of hospital
  - 1.3 Name of patient
  - 1.4 Confinement period
  - 1.5 Name of member
  - 1.6 Date of coverage
  - 1.7 Account name of computer operator that accessed the IHCPP
3. The generated RN shall be attached to the claims replacing the MDR and other secondary documents like birth certificate, marriage contract and the like.
4. Properly accomplished PhilHealth Claim Form 1 is still required for claims submission.

### III. PARTICIPATION IN E-CLAIMS PROJECT

IHCPs that are currently enrolled in the E-claims project are no longer required to apply for installation of IHCP portal because eligibility verification of **Sponsored Program Members** under NHTS-PR is already covered by the abovementioned project.

### IV. AVAILABILITY OF IHCP PORTAL

The IHCP Portal shall be made available fifteen (15) days after publication of this Circular in any newspaper of general circulation and deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.


All other provisions of previous issuances that are inconsistent with any provision of this Circular are hereby repealed/modified or amended accordingly.

Please be guided accordingly.

DR. EDUARDO P. BANZON  
President and CEO  
Date signed 1/17/2012



## ANNEX A

 <b>PHILHEALTH ONLINE ACCESS FORM</b> (POAF) Form No. 002		NO.  001	Registration Date  January 1, 2011
Name of Accredited Institutional Health Care Provider Quezon City Community Clinic		PhilHealth Accreditation Number Abc1234567	
Business Address West Fairview, Commonwealth, Quezon City			
<b>User Profile</b>			
Complete Name Shanelle Bernardino		Signature	
Position IT Officer	Email address <a href="mailto:jayb@yahoo.com">jayb@yahoo.com</a>	Mobile No. 0999-1234567	
Approved by: Medical Administrator Ignacio Verdolaga		Date Signed October 11, 2011	
<b>To be filled-out by PhilHealth</b>			
Installation Date	Regional / Branch Office	Email address	
Username	Password		
Processed by	Signature	Date Processed	
Approved by	Signature	Date Signed	
<b>Institutional Confirmation</b>			
Confirmed by: Medical Director/Administrator/Authorized Representative		Date Confirmed	

## ANNEX B

### NON-DISCLOSURE AGREEMENT

\_\_\_\_\_ Health Care Provider Name \_\_\_\_\_ is given the facility to connect to the PhilHealth network and access applicable services offered by it, subject to the provisions of a digital certificate to be issued by PhilHealth. In addition to the duties and responsibilities provided under the digital certificate, <HCP Name>, acknowledges the importance of its legal obligation to protect the information that it receives from PhilHealth. In this regard, <HCP Name> hereby agrees to the following non-disclosure policies:

1. It shall not give or provide access to any information received or generated in the course of utilizing the PhilHealth Online Access System to any unauthorized individuals.
2. It shall store the digital certificate only in specific designated computers within its premises access to which shall be restricted to persons duly authorized by the hospital and PhilHealth. Any changes in the designated computers as well as the authorized persons shall take effect/be implemented only upon approval by PhilHealth.
3. It shall use the digital certificate only for business purposes and will utilize all resources and capabilities available to prevent any unauthorized access.
4. It shall keep in utmost confidentiality the digital certificate and any other form of security token/device issued or provided by PhilHealth
5. It shall similarly bind its employees under a binding formal contract wherein the latter shall undertake to observe the confidentiality and non-disclosure undertakings of the HCP.
6. It shall formulate/implement guidelines and systems to ensure confidentiality and non-disclosure.
7. It shall acknowledge liability of any breach of the non-disclosure agreement by any of its employees.

<HCP Name>, through the herein duly authorized representative, hereby enters into this agreement voluntarily and with full knowledge of its meaning and legal implications.

\_\_\_\_\_  
Health Care Provider Director or Administrator

<i>Reference No.</i>	IP1000000000000
<i>Accreditation No,</i>	H00000000
<i>Name of Hospital</i>	Juan De La Cruz Medical Center
<i>Patient Name</i>	De La Cruz, Juan
<i>Confinement Period</i>	10/13/2011-10/13/2011
<i>Member Name</i>	De La Cruz, Juan
<i>Date of Coverage</i>	08/01/2011-12/31/2011
<i>User</i>	dodie