



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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October 25, 2012

PHILHEALTH CIRCULAR

No. 054, s-2012

TO : ALL HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED

SUBJECT : Provider Engagement through Accreditation and Contracting for Health Services

I. RATIONALE

Cognizant of its crucial role in achieving Kalusugan Pangkalahatan (KP) or Universal Health Care (UHC) for all Filipinos, the Philippine Health Insurance Corporation continuously undertakes Corporate-wide reforms that focus on organizational strengthening, expanding membership, enhancing benefits, and establishing effective partnership with health care providers. All these endeavors are geared towards ensuring financial risk protection for all Filipinos.

The attainment of KP requires effective implementation of the National Health Insurance Program (NHIP) in every city and municipality, as well as access of PhilHealth members and dependents to quality health services delivered by health care providers who willingly participate in the Program. Thus, the need to remedy the maldistribution of health care facilities and health professionals across the country, and remove needless barriers in accrediting health care providers.

While PhilHealth is mandated to grant accreditation to health care providers to confer them the privilege of participating in the Program, the Corporation needs to enhance the process of engaging the health care providers to improve the access of PhilHealth members and their dependents to quality health care services. This engagement process must not only be guided by the National Health Insurance Act of 1995, as amended, and its Implementing Rules and Regulations, but must be consistent with the provisions of RA 9485 (Anti-Red Tape Act of 2007), RA No. 10155 (General Appropriations Act of 2012), DOH AO No. 2010-0036 (The Aquino Health Agenda: Achieving UHC for all Filipinos), and DOH AO No. 2011-0020 (Streamlining of Licensure and Accreditation of Hospitals).



In view of the foregoing and pursuant to PhilHealth Board Resolution Numbers 1657 and 1662, PhilHealth endeavours to enhance the engagement process with Institutional Health Care Providers (IHCPs) through accreditation and contracting to participate in the NHIP.

II. OBJECTIVES

The provider engagement through accreditation and contracting for health services aims to:

1. Define the new guidelines in engaging the IHCPs in implementing the NHIP;
2. Establish the incentives and awards system for IHCPs; and
3. Strengthen the performance monitoring of IHCPs

III. COVERAGE

This Circular shall apply to all IHCPs currently participating or intending to participate in the NHIP. These include:

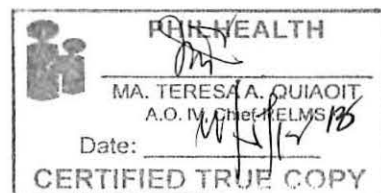
1. Hospitals;
2. Ambulatory Surgical Clinics (ASCs);
3. Freestanding Dialysis Clinics (FDCs) ;
4. Primary Care Benefit (PCB) providers, including those providing Outpatient Malaria Package (OMP) ;
5. Maternity Care Package (MCP) and Newborn Care Package (NCP) providers;
6. TB Directly Observed Treatment Shortcourse (DOTS) Package providers;
7. Animal Bite Treatment Centers (ABTCs)/Animal Bite Centers (ABCs);
8. Health System Providers (HSP) ;
9. Group HCPs; and
10. Other institutional health care providers as determined by PhilHealth

IV. DEFINITION OF TERMS

1. "Automatic accreditation" – is an accreditation given to any institutional health care provider (IHCP) that is licensed or certified by DOH or other certifying body duly recognized by PhilHealth and has the opportunity to be engaged through Basic Participation with NHIP. These IHCPs do not require pre-accreditation survey and deliberation by the PRO Accreditation Sub-committee and the Accreditation Committee.
2. "Certification" – is the process that assures the general public and payers of health care services that the health facility can deliver safe and effective services to patients. Certification is required for automatic accreditation of institutional health care providers.
3. "Certificate of Eligibility to Participate" (CEP)– is a certificate issued to an institutional health care provider which has fully complied with the requirements for Basic Participation set by PhilHealth.
4. "Continuous Participation" – means uninterrupted engagement of IHCPs with PhilHealth until such engagement is withdrawn or terminated based on the rules set by PhilHealth.



5. "Engagement" - is a modified/enhanced method of transaction between PhilHealth and an IHCP wishing to participate in the NHIP. It encompasses 2 processes: accreditation and participation.
6. "Group IHCPs"- refers to IHCPs that have been engaged by PhilHealth as a group/corporation under one management (e.g, hospitals or other IHCPs with branches, extensions or franchises).
7. "Health Care System Providers" (HSP) – the organization of people, institutions, and resources to deliver health care services to meet the health needs of target populations. These include, among others, Interlocal Health Zones (ILHZ), health care facility network owned and managed by provincial, city and / or municipal governments.
8. "Institutional Health Care Providers" (IHCPs) - refers to health facilities that are engaged with PhilHealth which includes, among others, hospitals, ASCs, FDCs, PCB, and MCP providers.
9. "Initial Engagement" – refers to the engagement of a health care provider with no previous accreditation/ engagement with the Corporation.
10. "Interlocal Health Zone" (ILHZ)– refers to "any form of organized arrangement for coordinating the operations of an array and hierarchy of health providers and facilities serving a common population within a local geographic area under the jurisdictions of more than one local government unit", as defined by DOH Administrative Order No. 174 series of 2004.
11. "Participation in NHIP" -a process whereby an institutional health care provider commits to provide quality health care services and/ or ensure financial risk protection to the NHIP members and their dependents through its Performance Commitment and in return shall receive reimbursement from PhilHealth for services provided. There are two levels of participation in NHIP: Basic Participation and Advanced Participation.
 - a. "Basic Participation" - is the minimum level of participation granted by PhilHealth to all IHCPs that comply with all the registration requirements including their Performance Commitment and pass the Pre-accreditation Survey (PAS), where applicable.
 - b. "Advanced Participation" – a higher level of participation granted by PhilHealth to IHCPs already engaged for Basic Participation who are able to comply with all the criteria/requirements set by PhilHealth and pass the mandatory Survey for Advanced Participation (SAP).
12. "Performance Commitment" – a document signed by IHCPs who intend to participate in the NHIP, which stipulate their undertakings to provide complete and quality health services to PhilHealth members and their dependents, and their willingness to comply with PhilHealth policies on benefits payment, information technology, data management and reporting and referral, among others.
13. "Pre-accreditation Survey" (PAS) - is a process of assessing and evaluating the compliance of IHCPs with standards set by the Corporation in providing health care services to NHIP members and dependents. This includes among others, on-site observation, evaluation of pertinent documents and, interview of personnel and patients. PAS shall be conducted for facilities that are not automatically accredited and are applying for Basic Participation in the NHIP (e.g., private MCP providers).



14. "Preferred Institutional Health Care Provider" - is a recognition conferred to a health facility granted Advanced Participation for beyond compliance with PhilHealth policies, demonstrated higher financial risk protection, excellent quality of care and better service satisfaction to its clients/patients.
15. "Survey for Advanced Participation" - is a process whereby an IHCP applying for Advanced Participation shall be assessed and evaluated on its compliance with standards set by PhilHealth, specifically on the areas of quality health care and financial risk protection.
16. "Registration"- is the initial step in the participation process where the IHCP submits its provider profile, Performance Commitment and such other requirements as determined by PhilHealth, to signify its intention to participate in the NHIP.
17. "Third Party Accreditation" - is the accreditation of health care providers whereby PhilHealth delegates the accreditation function (exclusive of the decision-making function to grant or deny participation to NHIP), to a duly-recognized third party accrediting body.

V. GENERAL GUIDELINES:

1. PhilHealth shall adopt the new classification of facilities of DOH based on Administrative Order No. 2012-0012. Consequently, all IHCPs engaged under Basic Participation and Advanced Participation must promptly inform the Corporation of any change/s in their license/status and other material information (which includes, among others, upgrading/additional service capacity, changes in ownership or location) and submit a new Performance Commitment reflecting the changes. Downgrading of hospital category, decrease in authorized beds, re-classification to another type of facility, removal of services, etc. in the issued license to operate shall be effected immediately in the HCP database of PhilHealth.
2. PhilHealth shall streamline the process of engaging the IHCPs through the following mechanisms:
 - a. Adopting automatic accreditation of IHCPs licensed or certified by the Department of Health, or any other certifying body recognized by PhilHealth
 - b. Delegating the authority to process all IHCP applications for Basic Participation and other transactions related to updating provider profiles to PhilHealth Regional Offices (PROs).
 - c. Delegating the authority to grant or deny any Motion for Reconsideration to the Chairperson of the Accreditation Committee, including the authority to act on unresolved IHCP engagement issues by the PRO and other conditions related to IHCP engagement.
 - d. Institutionalizing Continuous Engagement with NHIP (until withdrawn or terminated, based on the rules set by PhilHealth)
3. The Performance Commitment establishes a contractual arrangement between PhilHealth and the IHCP. As such, the terms and conditions embodied in Performance Commitment as presented by PhilHealth cannot be altered nor revised by the IHCP without express



written approval of PHIC. Any alteration or revision shall render the Performance Commitment void and without effect.

4. Engagement in the NHIP may be extended to a group of IHCPs such as Health System Providers (HSP), as well as Group IHCPs, provided that all the IHCPs under the HSP or Group IHCP comply with the guidelines set by PhilHealth.
5. Starting 2013, all IHCPs shall have a uniform period of validity of engagement, from January 1 to December 31. The period of validity of engagement of hospitals, FDCs and ASCs which submit their applications for renewal on or before the expiration of their current accreditation, shall be from May 1, 2013 to December 31, 2013 at which time the IHCP may be continuously engaged until such engagement is withdrawn/terminated or if the IHCP fails to submit the requirements before March 1 of the succeeding engagement cycle.
6. Upon the effectivity of this Circular, the Corporation shall no longer accept applications for Centers of Quality and Excellence. IHCPs currently accredited as Centers of Quality and Excellence shall retain the award until the expiry of the current accreditation and are considered under Basic Participation. Likewise, applications for Centers of Quality and Excellence which are in process upon the effectivity of this Circular shall be processed as such and if approved, shall be under Basic Participation. However similar applications which are denied for the award or with deficiencies during survey, shall automatically participate under Basic Participation.
7. IHCPs which have ceased operation/closed may re-apply anytime for engagement.
8. PhilHealth shall, after due process, apply sanctions and penalties within the context of RA 7875, as amended, and its Implementing Rules and Regulations.

VI. ENGAGEMENT OF INSTITUTIONAL HEALTH CARE PROVIDERS

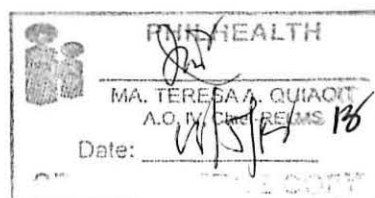
The providers' engagement shall encompass the processes of accreditation and participation of IHCPs in the NHIP.

A. ACCREDITATION

A.1 AUTOMATIC ACCREDITATION

The following types of IHCPs licensed or certified by DOH or other certifying body duly recognized by PhilHealth are automatically accredited as such :

- a. Primary Care Benefit Providers;
- b. Maternity Care Package Providers certified as Basic Emergency Obstetric and Neonatal Care (BEmONC) facility by DOH **and** as Newborn Screening Facility (NSF) certified by the Center for Health Development (CHD) or Newborn Screening Reference Center (NSRC);
- c. TB DOTS Package providers certified by DOH;



- d. Outpatient Malaria Package providers with trained personnel on Outpatient Malaria Treatment certified by the CHD;
- e. All hospitals licensed by DOH;
- f. Ambulatory Surgical Clinics (ASCs) and Freestanding Dialysis Clinics (FDCs) licensed by DOH;
- g. Animal Bite Treatment Centers (ABTC) certified by DOH-CHD;
- h. IHCPs accredited by a third party accreditor recognized by PhilHealth; and
- i. Other facilities as determined by PhilHealth.

A.2. NON-AUTOMATIC ACCREDITATION

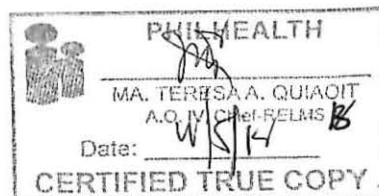
IHCPs not so licensed or certified are not qualified for automatic accreditation. These providers, including MCP providers not certified as BEmONC facilities and TB DOTS clinics not DOH-certified, shall undergo PAS to ensure compliance with the standards set by the Corporation.

B. PARTICIPATION

Participation consists of two levels: Basic participation and Advanced participation.

B.1 BASIC PARTICIPATION

1. ***Application for Basic Participation.*** IHCPs may apply for participation in NHIP by submitting the following requirements:
 - a. Performance Commitment – duly signed by the Local Chief Executive/owner and the head of the facility/ Medical Director/ Chief of Hospital. The Performance Commitment must reflect the service capabilities of the IHCP.
 - b. Provider Profile- properly accomplished electronic copy (applicable only for initial engagement and for the transition period). This should be updated immediately upon the occurrence of any change of material information stated in the profile.
 - c. Participation fee - proof of payment. Annex B provides the Participation Fee Schedule for IHCPs.
 - d. Latest audited financial statement/report as stated in item A.1.a of PhilHealth Circular No. 31, s. 2012 reflecting the income/payments received from PhilHealth.
 - e. Electronic copies (in JPEG format) of recent photos of the facility, both the interior and outside surroundings (ex., PhilHealth ward, emergency room, recovery room, operating room, etc.) completely labeled with the name of the facility and date taken. Submission shall not be on a yearly basis, IHCPs shall immediately update/submit pictures, should there be new area/s or change/s in the facility.
 - f. Statement of Intent (SOI) – applicable to all IHCPs except PCB 1 providers, which applied for initial engagement from September to December of the current year.

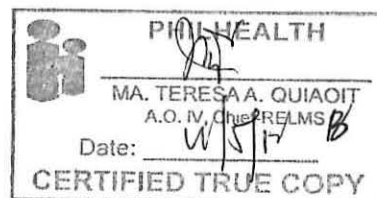


The SOI gives the IHCPs the prerogative to choose the preferred start date of their engagement.

- g. Additional requirements for specific IHCP as identified in Annex B.
 - h. Non-automatically accredited IHCPs shall be subjected to PAS. If deficiencies are noted during the PAS, the IHCP shall be given sixty (60) days from the last day of the survey to comply/correct the deficiencies. The result of the PAS shall be part of the agenda for deliberation and decision by the PRO Accreditation Sub- Committee or by Accreditation Committee should it be referred by the PRO accreditation subcommittee.
2. **Approval of the Application.** The PRO shall review the documents submitted by the IHCP and approve their application if found compliant with all requirements. It shall issue the Certificate of Eligibility to Participate (CEP) within seven (7) calendar days from receipt of complete requirements of IHCPs for automatic accreditation, or from approval of application by the Regional Vice President. The effectivity date of initial engagement of IHCPs which apply from January to August shall be on the date of compliance, while for initial applications filed from September to December, the start date shall either be upon compliance with requirements or on the next engagement cycle whichever the preference of the IHCP (as expressed in its SOI) except for PCB1 providers, in which case the effectivity date shall be on the next quarter.
 3. **Denied Applications.** IHCPs with denied application/gap in the validity/downgrading of category may file a Motion for Reconsideration (MR) with the Accreditation Committee within thirty (30) calendar days from receipt of the decision. IHCPs with denied MR may either file an appeal addressed to the PhilHealth Board of Directors within fifteen (15) calendar days from receipt of the notice of denial of MR or opt to file another application for engagement.
 4. **Payment rate for health care services.** The IHCPs under Basic Participation shall be paid based on the basic rates for services set by PhilHealth.

B.2 ADVANCED PARTICIPATION

1. **Application for Advanced Participation.** Once the system for Advanced Participation is established, IHCPs currently engaged in the NHIP through Basic Participation may apply for initial engagement for Advanced Participation (only during the first quarter of the year) by submitting the following:
 - a. Letter of Intent for Advanced Participation;
 - b. Accomplished self-assessment tool for Advanced Participation with passing score. The tool shall consist of two (2) modules: Financial Risk Protection (FRP) Module and Quality Health Care Modules. IHCPs accredited by an International Accrediting Organization (IAO) duly recognized by PhilHealth that applied for Advanced Participation will not be assessed for Quality Health Care Module;



- c. Advanced Participation Fee.
2. **Approval Process.** The application for Advanced Participation shall be processed as follows:
- IHCP application for Advanced Participation shall be initially assessed by PhilHealth Regional Office for completeness of requirements/ documents.
 - A survey team consisting of representatives from the AQAS, BMU and legal office of the concerned PRO and Health Finance Policy Sector (HFPS) shall conduct the Survey for Advanced Participation (SAP) within thirty (30) calendar days from receipt of the complete requirements. IHCPs shall be informed of the survey.
 - During the exit conference, the survey team shall issue a post SAP report that will be acknowledged and signed by both PhilHealth surveyors and the IHCP representatives. A more detailed assessment summary shall be sent to the IHCP not later than seven (7) calendar days after the conduct of SAP.
 - The application of an IHCP found to be non-compliant or deficient during the survey shall be recommended for denial.
 - The Accreditation Committee shall deliberate applications for Advanced Participation and shall submit its recommendation to the President/CEO for approval. The decision of the PhilHealth President/CEO shall be final and executory.
 - No Motion for reconsideration/appeal shall be entertained for denied applications. IHCPs with denied applications for Advanced Participation shall continue to participate in NHIP through Basic Participation. They may re-apply for Advanced Participation in the subsequent year/s.
 - The effectivity of the Advanced Participation shall be on the date of the approval of application by the PhilHealth President/CEO.
3. **Termination of Advanced Participation.** Any adverse change/s in the license-to-operate of the IHCP such as downgrading of its category and gap in the validity or adverse finding/s during monitoring shall be a ground for termination of the Advanced Participation of said IHCP after due process.
4. **Awards and Incentives.** IHCPs which are granted Advanced Participation shall be entitled to awards and incentives to recognize their exemplary performance, particularly in areas of ensuring financial risk protection and quality of care. These awards and incentives shall include, but are not limited to the following:
- National Recognition;
 - Administrative Rewards (e.g. faster release of payments than IHCPs under the Basic Participation);
 - Financial Incentives (e.g., bonus payments).



C. CONTINUOUS PARTICIPATION

Engaged IHCPs either through Basic and Advanced Participation may continuously participate in the NHIP until such participation is withdrawn or terminated based on the rules set by the Corporation. These IHCPs are required to submit the following on or prior to January 31 every year:

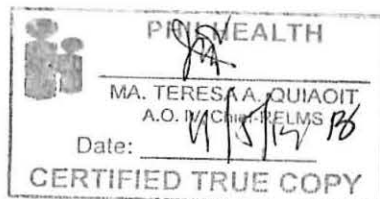
1. Updated DOH license;
2. Performance Commitment;
3. Updated certificates issued by the DOH/CHD or any other 3rd party accrediting body duly recognized by PhilHealth (if applicable);
4. Latest Audited Financial Statement; and
5. Proof of payment of the participation fee.

The respective PROs shall send through email a reminder letter to the IHCP on the 31st day of January and another one on the 15th day of February if the requirements are not submitted/completed before the said date. If the IHCP fails to submit/complete the said requirements by the end of February despite 2 reminder letters, claims for admissions beginning March 1 and onwards shall be denied until the IHCP submits the requirement/s.

If the license of the ASC or FDC or the certificate of the TB DOTS provider expires within the year, the IHCP shall be given 60 days within which to submit the updated license or certificate. If the IHCP fails to submit such requirement within the sixty (60) day period, claims for admissions beginning on the 61st day and onwards shall be denied until the IHCP submits the requirement/s.

VII. MONITORING AND EVALUATION OF IHCP PERFORMANCE

- A. PhilHealth shall implement the enhanced monitoring system to ensure that all IHCPs act in accordance with the Performance Commitment for which they were engaged, and provide a scheme to ensure the following:
 1. Strict compliance with all PhilHealth policies, rules and regulations on quality assurance, claims processing and, fraud detection and prevention;
 2. Determination of the offenses and violations committed by the participating IHCPs as a result of the monitoring of their performance, and that will immediately warn of non-compliance with engagement requirements and violations of the policies, rules and regulations; and
 3. Maintenance of high quality standards of care being rendered to members by engaged IHCPs.
- B. In order to efficiently carry out the monitoring of IHCPs, they shall be regularly subjected to the following: (a) Quality Assurance; and (b) Fraud Detection.
 1. ***Quality Assurance (QA) Monitoring.***
All IHCPs shall be subjected to QA monitoring so as to minimize if not prevent the following:



a. Violation of Section 76, Rule XII of the IRR of RA 7875

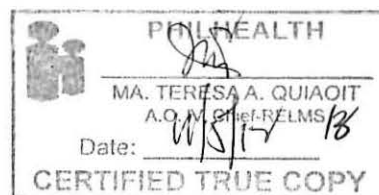
- Over- and under –utilization of services
- Unnecessary diagnostic and therapeutic procedures and interventions
- Irrational drug use
- Inappropriate referral practices
- Gross unjustified deviations from currently accepted practice guidelines or treatment protocols
- Use of fake, adulterated or misbranded pharmaceuticals or unregistered drugs
- Use of drugs other than those prescribed in the PNDF and those for which exemptions were granted by the Board
- Withholding/denial of benefits or services to members and dependents

b. Violation of PhilHealth Circular Nos. 11, 11-A, 11-B, 15, 20, series of 2011, and all other policies and issuance pertaining to case payment and No Balance Bill (NBB) policy as follows:

- Non-compliance to No Balance Billing (NBB) Policy (as applicable)
- Split deduction of payments
- Under deduction of PhilHealth case rate
- Up-casing of coding for claims
- Incomplete provision of services
- Non-performance of required laboratory services
- Performance of services beyond service capability
- Refusal to admit Sponsored Members and their dependents
- Non-issuance of official receipts to PhilHealth upon receipt of benefit payments

c. Mismanagement or unethical/questionable practice patterns as culled from post-audit, utilization reviews, validated complaints from members/DOH, or from patient exit surveys that are conducted monthly, quarterly, semi-annual or annually as deemed appropriate by the Corporation.

IHCP found violating any of the above provisions shall receive feedback from PhilHealth requesting for prompt action to implement corrective measures addressing said violations and shall submit plan of action to correct the same within fifteen days from receipt of feedback from PhilHealth. Any three violations that were not corrected or addressed shall be ground for suspension, revocation, denial of participation and/or filing of a criminal complaint with the proper courts if warranted, without prejudice to the reduction or denial of claims as provided in the IRR. Further, any award granted relative to Advanced Participation, including all incentives accompanying such award shall subsequently be suspended/revoked after due process.



2. *Fraud Detection*

All IHCPs shall be subjected to fraud monitoring so as to prevent or minimize offenses and violations of performance commitment and other violations such as:

- Incidence of double-filing of claims, overlapping of claims as supported by the report generated through the N-Claims system
- Filing of claims for cataract procedures performed during medical missions inconsistent with PHIC Circular 19 s. 2007 and PHIC Circular 01 s. 2012
- IHCPs which have been penalized thrice(3) or more, based on the decision rendered by the Arbitration Department of this Corporation
- Family confinements defined as “record of at least 4 family members purportedly confined at the same time except during epidemics” as confirmed by DOH/concerned agency and other exclusions as determined by the Corporation
- Weekend confinements defined as “pattern/record or at least 50% of claims with weekend confinements meaning admitted Friday or Saturday and discharged on Sunday or early Monday
- Unjustified admissions beyond accredited bed capacity

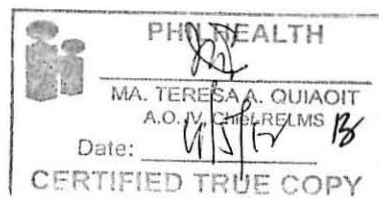
C. All other violations of the provisions in the Performance Commitment outside those enumerated shall be dealt with accordingly. Findings of violations by the concerned PRO shall be directly reported to their respective legal section for appropriate action/s. IHCPs found guilty shall suffer the penalties provided by existing laws, rules and regulations, particularly those provided by RA No. 7875, as Amended, and its Implementing Rules and Regulations.

VIII. SANCTIONS AND PENALTIES

Any violation of this Circular, the terms and conditions of the Performance Commitment and all existing related PhilHealth circulars, office orders and directives shall be dealt with and penalized in accordance with the pertinent provisions of RA 7875, as amended, and its Implementing Rules and Regulations.

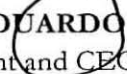
IX. REPEALING CLAUSE

All previous PhilHealth issuance inconsistent with or contrary to the provisions of this Circular are hereby revised, modified or repealed accordingly. All provisions of existing issuances which are not affected by this Circular shall remain valid and in effect.

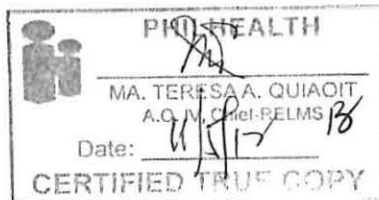


X. EFFECTIVITY

This Circular shall take effect fifteen (15) days after publication in a newspaper of general circulation and shall thereafter deposited with the Office of the National Administrative Register, University of the Philippines Law Center. This shall cover applications for participation in NHIP received beginning the effectivity of this circular.


DR. EDUARDO P. BANZON
President and CEO

Date signed: 10/25/12



Annex A ADDITIONAL REQUIREMENTS FOR PARTICULAR IHCPs APPLYING FOR BASIC PARTICIPATION

1. HOSPITALS/AMBULATORY SURGICAL CLINICS/FREESTANDING DIALYSIS CLINICS

- a. DOH License – with validity applicable to the engagement period applied for
- b. DOH licenses for 3 previous years or its required alternative document – for initial engagement of licensed IHCPs

2. PRIMARY CARE BENEFIT I PROVIDERS

- a. MOA with referral facilities – if applicable
- b. Location map

3. OUTPATIENT MALARIA PACKAGE PROVIDERS

Certificate of Training in Malaria of a staff in the IHCP issued by DOH/CHDs

4. MATERNITY CARE PACKAGE PROVIDERS

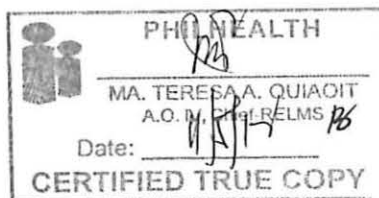
- a. Certificate of Compliance as a BEmONC facility (for automatic accreditation)
- b. Certificate as Newborn Screening Facility issued by the CHD or Newborn Screening Reference Center (NSRC)
- c. Any of the following for applicable referral system:
 - Proof of Affiliation/MOA with at least a Level 1 PhilHealth Engaged Hospital
 - MOA with referral physician/s for OB and Pedia cases – as applicable
 - MOA with a DOH-certified BEmONC - CEmONC network (if not BEmONC Certified)
- d. Location map
- e. Business Permit (for private IHCPs)

5. TB DOTS PACKAGE PROVIDERS

- a. Updated DOH - PhilCAT Certificate
- b. Location map

6. ANIMAL BITE PACKAGE PROVIDERS

- a. Certification as an Animal Bite Treatment Center from DOH - National Rabies Prevention and Control Program Office
- b. Location map

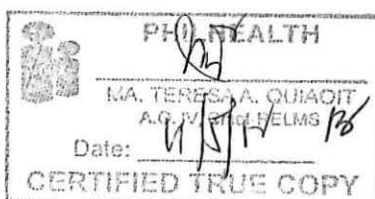


Schedule of Registration Fees:

INSTITUTIONS	INITIAL (PRIVATE/ GOVERNMENT)	ANNUAL PARTICIPATION FEE
Ambulatory Surgical Clinic (ASCs)	P 5,000.00	P 4,000.00
Freestanding Dialysis Clinic (FDCs)- HD and PD	P 5,000.00	P 5,000.00
Primary Care Benefit Providers (PCB) - formerly OPB	P 1,000.00	P 1,000.00
TB DOTS Package Provider	P 1,000.00	P 1,000.00
Maternity Care Package Providers	P 1,500.00	P 1,000.00
PCB, MCP and TB DOTS Providers	P 1,000.00	P 1,000.00
PCB (OPB) and TB DOTS Providers	P 1,000.00	P 1,000.00
PCB (OPB) and MCP Providers	P 1,500.00	P 1,500.00
MCP and DOTS Providers	P 1,500.00	P 1,500.00
Animal Bite Package Providers	P 1,000.00 (starting 2013)	P 1,000.00

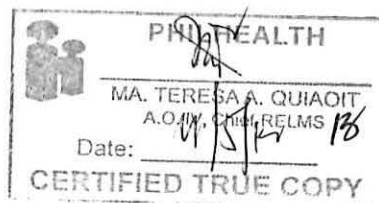
In line with the implementation of the DOH's new classification of hospitals, which was effective on August 18, 2012, the following are Board approved new participation fee of hospitals for 2013. This participation fee shall likewise be applicable to all hospitals, which applied for initial engagement from August 18, 2012 onwards provided that the issued license has adopted the new classification. Please note that the participation fees of Level I and IV hospitals, which were given a three-year moratorium, remains as such. Please see table below.

Level I Hospitals (under 3 year moratorium)	P 3,000.00
Level I Hospitals	P 5,000.00
Level II Hospitals	P 8,000.00
Level III Hospitals (<i>teaching hospital</i>)	P 10,000.00
Level IV Hospitals (under 3 year moratorium)	P 10,000.00



ACRONYMS

AA - Automatic Accreditation
 ABP - Animal Bite Package
 ABTC - Animal Bite Treatment Center
 AP - Advanced Participation
 AQAS - Accreditation and Quality Assurance Section
 ASC - Ambulatory Surgical Clinic
 BMU - Benefits Monitoring Unit
 BEmONC - Basic Emergency Obstetric and Newborn Care
 BP - Basic Participation
 CAAC - Committee on Administrative Cases Against Health Care Providers and Members
 CEP - Certificate of Eligibility to Participate
 CHD - Center for Health Development
 DOH - Department of Health
 DOTS - Directly Observed Treatment Shortcourse
 FDC - Freestanding Dialysis Clinic
 FRP - Financial Risk Protection
 GBPP - Global Budget Payment Program
 HCP - Health Care Provider
 HFPS - Health Finance Policy Sector
 IAO - International Accrediting Organization
 IHCP - Institutional Health Care Provider
 ILHZ - Interlocal Health Zone
 ISQUA - International Society for Quality in Health Care
 LHIO - Local Health Insurance Office
 LOI - Letter of Intent
 MCP - Maternity Care Package
 MMHR - Mandatory Monthly Hospital Report
 MOA - Memorandum of Agreement
 NCP - Newborn Care Package
 NHIP - National Health Insurance Program
 NBB - No Balance Billing
 NSRC - Newborn Screening Reference Center
 PCB - Primary Care Benefit
 PES - Pre-engagement Survey
 PNDF - Philippine National Drug Formulary
 PRO - PhilHealth Regional Office
 SAP - Survey for Advanced Participation
 SOI - Statement of Intent
 TIN - Tax Identification Number



(Letterhead of Healthcare Provider)

(Date)

PHILIPPINE HEALTH INSURANCE CORPORATION

17th Flr., City State Centre Bldg.,
Shaw Blvd., Pasig City

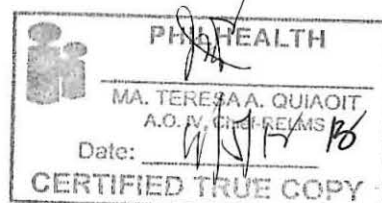
SUBJECT : Performance Commitment

Sir/Madam:

To guarantee our commitment to the National Health Insurance Program ("NHIP"), we respectfully submit this Performance Commitment.

And for the purposes of this Performance Commitment, we hereby warrant the following representations:

1. That we are a duly registered/licensed/certified health care facility capable of delivering the services expected from the type of healthcare provider that we are applying for.
2. That we are owned by _____ and managed by _____ and doing business under the name of _____ with License/Certificate No. _____.
3. That all professional health care providers in our facility have proper credentials and given appropriate privileges in accordance with our policies and procedures.
4. That our officers, employees, and other personnel are members in good standing of the NHIP. Further, we hereby commit ourselves to the following:
5. That, as responsible owner(s) and/or manager(s) of the institution, we shall be jointly and severally liable for all violations committed against the provisions of Rep. Act No. 7875 including its Implementing Rules and Regulations (IRR) and PhilHealth policies issued pursuant thereto.
6. That we shall promptly inform PhilHealth prior to any change in the ownership and/or management of our institution.
7. That any change in ownership and/or management of our institution shall not operate to exempt the previous and/or present owner and/or manager from liabilities for violations of Rep. Act No. 7875 and its IRR.



8. That we shall maintain active membership in the NHIP as an employer not only during the entire validity of our participation in the NHIP as an Institutional HealthCare Provider ("IHCP") but also during the corporate existence of our institution.
9. That we shall abide with all the implementing rules and regulations, memorandum circulars, office orders, special orders, and other administrative issuances by PhilHealth affecting us.
10. That we shall abide with all administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of IHCPs in participating in the NHIP.
11. That we shall adhere to pertinent statutory laws affecting the operations of IHCPs including but not limited to the Expanded Senior Citizens Act of 2010 (R.A. 9994), the Breastfeeding Act (R.A. 7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921), the Magna Carta for Disabled Persons (R.A. 9442), and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.
12. That we shall promptly submit reports as may be required by PhilHealth, DOH and all other government agencies and instrumentalities governing the operations of IHCPs.
13. That we are duly capable of delivering the following services for the duration of the validity of this commitment *(please check appropriate boxes)*:

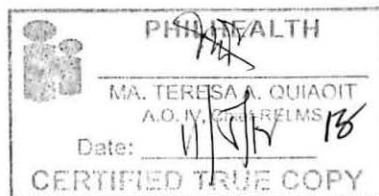
- c Level 1 hospital services
- c Level 2 hospital services
- c Level 3 hospital services
- c Specialized services

- o Radiotherapy
- o Hemodialysis/Peritoneal Dialysis
- o Others (please specify) _____

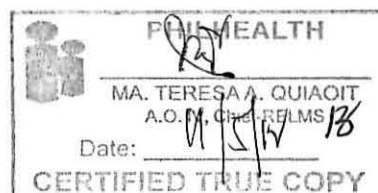
c Benefit package and other services

- o Tuberculosis Directly Observed Treatment Shortcourse (TB DOTS)
- o Maternity Care Package
- o Newborn Care Package
- o Malaria Package
- o Primary Care Benefit Package 1
- o Outpatient HIV/AIDS Package (for DOH identified hospitals only)
- o Animal Bite Package
- o Others(please specify)_____

14. That we shall provide and charge to the PhilHealth benefit of the client the necessary services including but not limited to drugs, medicines, supplies, devices, and diagnostic and treatment procedures for our PhilHealth clients.



15. That we, being engaged government/MCP facility, shall provide the necessary drugs, supplies and services with no out-of-pocket expenses on the part of the sponsored member in the NBB bed/all types of members in the MCP provider as mandated by the PhilHealth's 'No Balance Billing' (NBB) Policy.
16. That we shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified dependents/beneficiaries.
17. That we shall be guided by PhilHealth-approved clinical practice guidelines or if not available, other established and accepted standards of practice.
18. That we shall provide a PhilHealth Bulletin Board for the posting of updated information of the NHIP (circulars, memoranda, IEC materials, price reference index, etc.) in conspicuous places accessible to patients, members and dependents of the NHIP within our health facility.
19. That we shall always make available the necessary forms for PhilHealth member-patient's use.
20. That we shall treat PhilHealth member-patient with utmost courtesy and respect, assist them in availing PhilHealth benefits and provide them with accurate information on PhilHealth policies and guidelines.
21. That we shall ensure that PhilHealth member-patient with needs beyond our service capability are referred to appropriate PhilHealth-accredited health facilities.
22. That we shall maintain a registry of all our PhilHealth members-patients (including newborns) and a database of all claims filed containing actual charges (board, drugs, labs, auxiliary, services and professional fees), actual amount deducted by the facility as PhilHealth reimbursement and actual PhilHealth reimbursement, which shall be made available to PhilHealth or any of its authorized personnel.
23. That we shall maintain and submit to PhilHealth an electronic registry of physicians including their fields of practice, official e-mail and mobile phone numbers.
24. That we shall, if connected with e-claims, electronically encode the drugs and supplies used in the care of the patient in our information system which shall be made available for PhilHealth use.
25. That we shall ensure that true and accurate data are encoded in all patients' records.
26. That we shall only file true and legitimate claims recognizing the period of filing the same after the patient's discharge as prescribed in PhilHealth circulars.
27. That we shall submit claims in the format required by PhilHealth for our facility.
28. That we shall regularly submit PhilHealth monitoring reports as required in PhilHealth circulars and the PhilHealth Benchbook.
29. That we shall annually submit to PhilHealth a copy of our audited financial statement/report.
30. That we shall extend full cooperation with duly recognized authorities of PhilHealth and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by PhilHealth relative to any findings, adverse reports, pattern of utilization



and/or any other acts indicative of any illegal, irregular and/or unethical practices in our operations as an accredited IHCP of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; *provided* that our rights to private ownership and privacy are respected at all times.

31. That we shall ensure that our officers, employees and personnel extend full cooperation and due courtesy to all PhilHealth officers, employees and staff during the conduct of assessment/visitation/investigation/monitoring of our operations as an accredited IHCP of the NHIP.

32. That at any time during the period of our participation in the NHIP, upon request of PhilHealth, we shall voluntarily sign and execute a new 'Performance Commitment' to cover the remaining portion of our engagement or to renew our participation with the NHIP as the case may be, as a sign of our good faith and continuous commitment to support the NHIP.

33. That, unless proven to be a palpable mistake or excusable error, we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in our patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims submitted to PhilHealth by our institution.

34. That we shall comply with PhilHealth's summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.

35. That we shall recognize the authority of PhilHealth, its Officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of our privilege and conduct of our operations as an accredited IHCP of the NHIP.

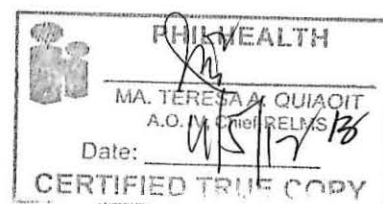
36. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.

37. That we shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our institution to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.

38. That we shall not directly or indirectly engage in any form of unethical or improper practices as an accredited health care provider such as but not limited to solicitation of patients for purposes of compensability under the NHIP, the purpose and/or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.

39. That we shall immediately report to PhilHealth, its Officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of IHCP of the NHIP that may have come to our knowledge directly or indirectly.

40. That we shall allow PhilHealth to deduct from our future claims, all reimbursements paid to our institution during the period of its non-accredited status as a result of a gap in validity of our DOH license, suspension of accreditation, etc; downgrading of level, loss of license for certain services including any and all other fees due to be paid to PhilHealth.



Furthermore, recognizing and respecting its indispensable role in the NHIP, we hereby acknowledge the power and authority of PhilHealth to do the following:

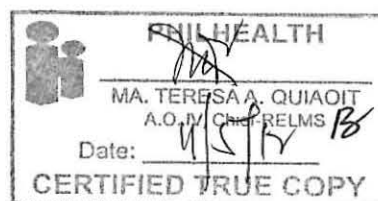
41. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the commitment for any violation of any provision of this Performance Commitment and of R.A. 7875 and its IRR.

42. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of the commitment due to verified adverse reports/findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations.

We commit to extend our full support in sharing PhilHealth's vision in achieving this noble objective of providing accessible quality health insurance coverage for all Filipinos.

Very truly yours,

Local Chief Executive <i>(If LGU owned/Owner)</i>		Head of Facility/Medical Director/Manager



Annex B - Revised Performance Commitment for Health System Provider

31 October 2012

PHILIPPINE HEALTH INSURANCE CORPORATION17th Flr., City State Centre Bldg.,
Shaw Blvd., Pasig City**SUBJECT : Performance Commitment****Sir/Madam:**

To guarantee our commitment to the National Health Insurance Program (NHIP), we respectfully submit this Performance Commitment.

And for the purposes of this Performance Commitment, we hereby warrant the following representations:

1. That the following facilities, as guaranteed by the heads of facilities listed in the following table, are capable of delivering the services expected from the type of healthcare provider that we are applying for:

Name of Facility	Type of facility (hospital, RHU, HC, Lying-in, TB-DOTS, ABTCs, etc)	Hospital Level (if applicable)	License Number/Certificate Number (if applicable)	Management (if different from the LGU)

2. That all professional healthcare providers in our facility have proper credentials and given appropriate privileges in accordance with our policies and procedures.
3. That our officers, employees, other personnel and staff are members in good standing of the NHIP.

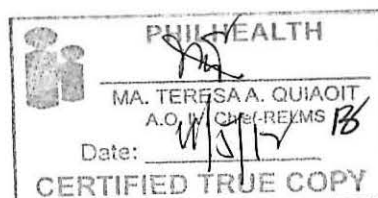
Further, we hereby commit ourselves to the following:



4. That, as responsible owner(s) and/or manager(s) of the institution, we shall be jointly and severally liable for all violations committed against the provisions of R.A 7875 including its Implementing Rules and Regulations and policies.
5. That we shall promptly inform PhilHealth prior to any change in the ownership and/or management of our institution.
6. That any change in ownership and/or management of our institution shall not operate to exempt the previous and/or present owner and/or manager from violations of R.A. 7875 including its Implementing Rules & Regulations and policies.
7. That we shall maintain active membership in the NHIP as an employer not only during the entire validity of our participation in the NHIP as an Institutional HealthCare Provider (IHCP) but also during the corporate existence of our institution.
8. That we shall abide with all the implementing rules and regulations, memorandum circulars, office orders, special orders and other administrative issuances by PhilHealth affecting us.
9. That we shall abide with all administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of IHCPs in participating in the NHIP.
10. That we shall adhere to pertinent statutory laws affecting the operations of IHCPs including but not limited to the Expanded Senior Citizens Act of 2010 (R.A. 9994), the Breastfeeding Act (R.A. 7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921), the Magna Carta for Disabled Persons (R.A. 9442) and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.
11. That we shall promptly submit reports as may be required by PhilHealth, DOH and all other government agencies and instrumentalities governing the operations of IHCPs.
12. That we shall deliver the following services for the duration of the validity of this commitment:

Name of Facility	Committed Services (choose from the enumerated services below; e.g. 1, 6a, 6b, 6c)

1. Level 1 hospital services
2. Level 2 hospital services
3. Level 3 hospital services
4. Specialized services
 - a. Radiotherapy
 - b. Hemodialysis/Peritoneal Dialysis
 - c. Others (please specify in table)



5. Benefit package and other services
 - a. Tuberculosis Directly Observed Treatment Shortcourse (TB DOTS)
 - b. Maternity Care Package
 - c. Newborn Care Package
 - d. Outpatient Malaria Package
 - e. Primary Care Benefit Package 1 (For government hospitals only)
 - f. Outpatient HIV/AIDS Package (for DOH identified hospitals only)
 - g. Animal Bite Package
 - h. Others(please specify in table)
13. That we shall provide and charge to the PhilHealth benefit of the client the necessary services including but not limited to drugs, medicines, supplies, devices, and diagnostic and treatment procedures for our PhilHealth clients.
14. That we, being engaged government/MCP facility, shall provide the necessary drugs, supplies and services with no out-of-pocket expenses on the part of the sponsored member in the NBB bed/all types of members in the MCP provider as mandated by the PhilHealth's 'No Balance Billing' (NBB) Policy.
15. That we shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified beneficiaries.
16. That we shall be guided by PhilHealth-approved clinical practice guidelines or if not available, other established and accepted standards of practice.
17. That we shall provide a PhilHealth Bulletin Board for the posting of updated information of the NHIP (circulars, memoranda, IEC materials, price reference index, etc.) in conspicuous places accessible to patients, members and dependents of the NHIP within our healthcare facility.
18. That we shall always make available the necessary forms for patient's use.
19. That we shall treat clients with courtesy and respect, assist them in availing PhilHealth benefits and provide them with accurate information on PhilHealth policies and guidelines.
20. That a functional referral system, which will ensure that patients are managed in appropriate facilities, shall be established and institutionalized among the signatories of this Performance Commitment.
21. That we shall ensure that clients with needs beyond our service capability are referred to appropriate PhilHealth-accredited facilities.
22. That we shall maintain a registry of all our PhilHealth members-patients (including newborns) and a database of all claims filed containing actual charges (board, drugs, labs, auxiliary, services and professional fees), actual amount deducted by the facility as PhilHealth reimbursement and actual PhilHealth reimbursement, which shall be made available to PhilHealth or any of its authorized personnel.
23. That we shall maintain and submit to PhilHealth an electronic registry of physicians including their fields of practice, official e-mail and mobile phone numbers.
24. That we shall, if connected with e-claims, electronically encode the drugs and supplies used in the care of the patient in our information system which shall be made available for PhilHealth use.
25. That we shall ensure that true and accurate data are encoded in all patients' records.
26. That we shall only file true and legitimate claims recognizing the period of filing the same after the patient's discharge as prescribed in PhilHealth circulars.
27. That we shall submit claims in the format required by PhilHealth for our facility.



28. That we shall regularly submit PhilHealth monitoring reports as required in PhilHealth circulars and the PhilHealth Benchbook.
29. That we shall annually submit to PhilHealth a copy of our audited financial statement/report.
30. That we shall extend full cooperation with duly recognized authorities of PhilHealth and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by PhilHealth relative to any findings, adverse reports, pattern of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practices in our operations as an accredited IHCP of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; *provided* that our rights to private ownership and privacy are respected at all times
31. That we shall ensure that our officers, employees and personnel extend full cooperation and due courtesy to all PhilHealth officers, employees and staff during the conduct of assessment/visitation/investigation/monitoring of our operations as an accredited IHCP of the NHIP.
32. That at any time during the period of our participation in the NHIP, upon request of PhilHealth, we shall voluntarily sign and execute a new "Performance Commitment" to cover the remaining portion of our engagement or to renew our participation with the NHIP as the case may be, as a sign of our good faith and continuous commitment to support the NHIP.
33. That, unless proven to be a palpable mistake or excusable error, we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in our patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims submitted to PhilHealth by our institution.
34. That we shall comply with PhilHealth's summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.
35. That we shall recognize the authority of PhilHealth, its Officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of our privilege and conduct of our operations as an accredited IHCP of the NHIP.
36. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.
37. That we shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our institution to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.
38. That we shall not directly or indirectly engage in any form of unethical or improper practices as an accredited health care provider such as but not limited to solicitation of patients for purposes of compensability under the NHIP, the purpose and/or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.
39. That we shall immediately report to PhilHealth, its Officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of IHCP of the NHIP that may have come to our knowledge directly or indirectly.
40. That we shall allow PhilHealth to deduct from our future claims, all reimbursements paid to our institution during the period of its non-accredited status as a result of a gap in validity of our DOH license, suspension of accreditation, etc; downgrading of level, loss of license for certain services including any and all other fees due to be paid to PhilHealth.

Furthermore, recognizing PhilHealth's indispensable role in the NHIP, we hereby acknowledge the power and authority of PhilHealth to do the following:



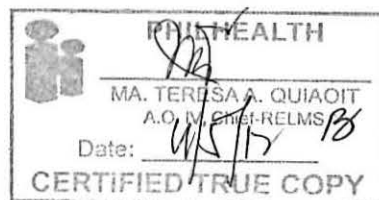
41. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the commitment for any violation of any provision of this Performance Commitment and of R.A. 7875 and its IRR.
42. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of the commitment due to verified adverse reports/findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations.

We commit to extend our full support in sharing PhilHealth's vision in achieving this noble objective of providing accessible quality health insurance coverage for all Filipinos.

**Head of Facility/Medical
Director/Manager**

With my express conformity,

Local Chief Executive



ANNEX C: Specific Provisions for Primary Care Benefit 1 Provider (PC for PCB)

That we shall deliver the Primary Care Benefit Package services for the duration of the validity of this commitment.

As PCB1 provider,

That we shall be responsible to seek and enlist eligible members and their qualified dependents in our community assigned to our facility.

That we shall establish a baseline health profile of all PhilHealth members and qualified dependents, which shall be kept and updated regularly by our facility.

That we shall submit a consolidated profile of our clientele using PCB Clientele Profile as a documentary requirement for the release of Per Family Payment Rate (PFPR).

That we shall deliver the services covered by the PCB1 package to respond to the health needs of the clientele of our facility.

That in case there is/are diagnostic examination(s) outsourced from another facility, we shall forge a Memorandum of Agreement (MOA) to ensure quality checks and appropriate processes are provided.

That we shall abide by the performance targets on the minimum obligated services for all members assigned in our facility set by the corporation.

That we shall create/maintain a trust fund for PFPR fund.

That we shall abide by the prescribed disposition and allocation of the PFPR as follows:

- A. Eighty percent (80%) of PFPR is for operational cost and shall cover:
 - a. Minimum of forty percent (40%) for drugs & medicines (PNDF) (to be dispensed at the facility) including drugs & medicines for asthma, acute gastroenteritis, & pneumonia;
 - b. Maximum of forty percent (40%) for reagents, medical supplies, equipment (i.e. ambulance, ambubag, stretcher, etc), information technology (IT equipment specific to the needs of facility for it to facilitate reporting and building up of its database), capacity building for staff, infrastructure or any other use related, necessary for the delivery of required service including referral fees for diagnostic services if not available in the facility.
- B. The remaining twenty percent (20%) shall be exclusively utilized as honoraria of the staff of the health facility and in the improvement of their capabilities to be able to provide better health services:
 - a. Ten percent (10%) for the physician;
 - b. Five percent (5%) for other health professional staff of the facility
 - c. Five percent (5%) for non-health professional/staff, including volunteers.

Local Chief Executive (if LGU-owned)/Owner

Head of Facility/Medical Director/Manager

