



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
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www.philhealth.gov.ph



PHILHEALTH CIRCULAR

NO. 2017 - 0023

TO : ALL ACCREDITED HEALTH CARE INSTITUTIONS AND PROFESSIONALS, PHILHEALTH REGIONAL OFFICES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Accreditation of Nurses for Maternal and Child Health Services (Revision 1)

I. RATIONALE:

PhilHealth is committed to help save mothers and newborns by providing them with financial access to essential health services that will ensure their survival and well-being. With this commitment and recognizing the role of the nurses in the health care delivery system, the Corporation shall accredit nurses as professional health care providers for the maternity care package (MCP), normal spontaneous delivery package (NSD), and newborn care package (NCP) in accredited birthing homes.

The Revised Implementing Rules and Regulation/s (RIRR) of RA 7875 as amended, defines a health care professional as any doctor of medicine, nurse, midwife, dentist, pharmacist or other health care professional or practitioner duly licensed to practice in the Philippines and accredited by the Corporation. Furthermore, Sections 61 and 62 of the RIRR provide for the requirements and process for accreditation of health care professionals, including nurses.

The nurses play a vital role in the health care delivery system in the country. They comprise a number of health care professionals and are one of the promoters of primary health care, acting as front liners in communities to deliver public health care services.

This policy shall serve as the guidelines in the accreditation of nurses as provider for the maternity care package (MCP), normal spontaneous delivery package (NSD), and newborn care package (NCP) in accredited birthing homes.

II. OBJECTIVES

The policy shall ensure that the health care services rendered by nurses to mothers and their newborn in the birthing homes are of the desired and expected quality.

III. SCOPE

This Circular shall apply to RNs seeking accreditation to become professional health care providers for the MCP, NSD and NCP in birthing homes. The policy also covers nurses who shall

MASTER COPY
 DC: _____ Date: 9/11/17

provide IUD insertion, subdermal contraceptive implant package and other family planning services subject to additional requirements.

IV. GENERAL GUIDELINES

- A. The RNs applying for accreditation shall be guided by the provisions of PhilHealth Circular 10 s. 2014 "The New Accreditation Process for Health Care Professionals and Guidelines for Credentialing and Privileging of Professionals".
- B. *The said nurse shall render services for the maternity care package (MCP), normal spontaneous delivery package (NSD) and newborn care package (NCP) in accredited birthing homes.*
- C. The RN shall be allowed affiliation with a maximum of three (3) accredited non-hospital birthing facilities.
- D. *All PhilHealth Offices shall ensure appropriate and massive information campaign efforts regarding this issuance.*

V. STANDARDS FOR ACCREDITATION OF NURSES

- A. The nurse must be a licensed practitioner.
- B. The RNs must adhere to the standards of nursing practice and Code of Ethics for RNs.
- C. They must comply with the provisions set forth in the Performance Commitment for professionals and any other requirements that may be determined by the Corporation.
- D. They must be members of the National Health Insurance Program with qualifying premium contributions.
- E. The nurse must have completed training on Basic Emergency Obstetric and Newborn Care from DOH institutions.
- F. The nurse must have work experience for at least 2 years in the labor and delivery room of at least a level one hospital.

VI. REQUIREMENTS FOR ACCREDITATION

A. Initial and Renewal

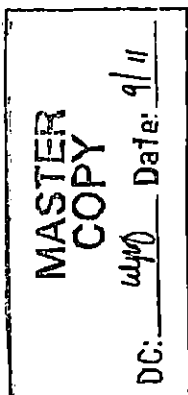
1. Updated PRC license or its equivalent;
2. Completely filled out Provider Data Record (PDR) (**Annex A**)
3. Filled out and signed performance commitment (PC) for health care professionals.
4. 2 pieces of 1" x 1" photo with the applicant's name at the back
5. Proof of payment of Premium contributions

B. Additional Requirements for Initial Accreditation

1. Certificate of training on the Basic Emergency Obstetric and Newborn Care (BEmONC) for nurses from a DOH-recognized training center for BEmONC skills
2. Certification of work experience for at least two (2) years in the labor and delivery room of at least a level one (1) hospital

C. *Additional Requirements For Professional Providers Who Will Provide Family Planning Services*

Professional Health Care Providers who are accredited for PhilHealth's Maternity Care Package/NSD Package in accredited birthing homes/maternity and lying-in clinics are also qualified to provide health services for some family planning related procedures that are covered by PhilHealth. They are required to have competency/ies to perform such procedures and shall be required to submit the following certificates of training from DOH recognized trainers prior to claims reimbursement:



Provider	Procedure to perform/claim	Certificate of Training to Submit
Nurse	IUD insertion as first case rate only	Family Planning Competency Based Training (FPCBT) Level 2, or Comprehensive Family Planning Course
	IUD insertion as first case rate IUD insertion as second case rate (e.g. post-partum IUD insertion)	Post-partum IUD Training Course
	Subdermal Contraceptive Implant Package	Certificate of Training on Subdermal Implant Insertion and Removal

VII. MONITORING

Accredited nurses shall be subjected to performance monitoring as provided for in *PhilHealth Circular 2016-0026 "Health Care Provider Performance Assessment System Revision 1"*.

VIII. SANCTIONS AND PENALTIES

Any violation of this circular, the terms and conditions of the Performance Commitment and all existing related PhilHealth circulars, corporate 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 provisions of *PhilHealth Circular 0028 – 2016* and *PhilHealth Circular 10 s. 2014* that are inconsistent with any provision of this circular are hereby amended/modified/or repealed accordingly.

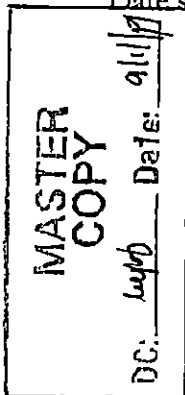
X. SEPARABILITY CLAUSE

In the event that a part or provision of this Circular is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

XI. DATE OF EFFECTIVITY:

This Circular shall take effect on October 1, 2017.

for: *Jude P. De La Serna*
DR. CELESTINA MA. JUDE P. DE LA SERNA
 Interim/ OIC - President and CEO
 Date signed 8-25-2017





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ANNEX A

1 x 1
Photo

PHIC-ACCREDITATION-AF-5

HEALTH CARE PROFESSIONAL PROVIDER DATA RECORD

THE PRESIDENT & CEO

Philippine Health Insurance Corporation
 Pasig City,

Sir/Madam:

I, _____, of legal age, hereby applies for accreditation under Sec. 52 of R.A. 7875 as amended by R.A 10606 and its Implementing Rules and Regulations thereto. For this purpose, I hereby submit the following pertinent information and documentary requirements.

ACCREDITATION NO.				PHILHEALTH IDENTIFICATION NO.				-			
1. CLASSIFICATION <input type="checkbox"/> General Practitioner (GP) <input type="checkbox"/> Dentist <input type="checkbox"/> GP w/ Training Training : _____ <input type="checkbox"/> Midwife <input type="checkbox"/> Medical Specialist Specialty : _____ <input type="checkbox"/> Nurse						2. TYPE OF APPLICATION <input type="checkbox"/> Initial <input type="checkbox"/> Re-accreditation <input type="checkbox"/> Continuous					
3. NAME OF PROFESSIONAL First _____ Middle _____ Last _____						4. For Females Only (Mother's Maiden Surname) _____					
5. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		6. CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated									
7. BIRTHDATE (mm/dd/yyyy) _____		8. E-MAIL ADDRESS _____		9. FAX NO. _____		10. MOBILE NO. _____					
11. RESIDENTIAL ADDRESS No. / St. / Brgy. _____ Province _____						Municipality / City _____ Zip Code _____ Contact No. _____					
12. MAILING/ BILLING ADDRESS No. / St. / Brgy. _____ Province _____						Municipality / City _____ Zip Code _____ Contact No. _____					
13. COLLEGE/UNIVERSITY _____						14. YEAR GRADUATED _____					
15. PRC NO. _____		16. Date Issued (mm/dd/yy) _____		17. Valid up to (mm/dd/yy) _____							
18. RESIDENCY TRAINING (For MS/ GP with Training) Name of Hospital: _____				Address of Hospital: _____				Year Started _____ Ended _____			
19. HOSPITAL/CLINIC AFFILIATION(S)						ADDRESS					
1											
2											
3											
4											
20. PARTNER PHYSICIANS (for Maternity Care Package/MCP Providers only)											
Last Name			First Name			Middle Name			Accreditation No.		
OB											
Pedia											
For PhilHealth Use Only											
Date Evaluated:		LHIO _____		By:		LHIO _____		Control No. _____ OR No. _____ Date Paid: _____ Amt. Paid: _____			
		PRO _____				PRO _____					
Date Received:		LHIO _____		By:		LHIO _____					
		PRO _____				PRO _____					
Date Encoded:		LHIO/PRO (Receiving Module) _____		By:		LHIO/PRO _____					
		PRO (Data Entry) _____				PRO _____					