

TAMANG SAGOT

PhilHealth Circular No. 2018-0019

“Health Care Provider Performance Assessment System (HCP PAS) Revision 2”

1. What is the Health Care Provider Performance Assessment System?

It is a set of guidelines to ensure uniform process of monitoring the performance of all PhilHealth-accredited Health Care Providers (HCP) in terms of access to PhilHealth benefits, provision of quality health care and assurance of financial risk protection to all NHIP beneficiaries.

2. How will PhilHealth address the findings gathered from the different monitoring activities?

- a. The PhilHealth Regional Offices conducts monthly deliberation to discuss findings reported from the different monitoring activities. Field validation through facility visits (may include patient interview and document review) and/or domiciliary visits are conducted when necessary.
- b. Appropriate Notice for Corrective Action (NCA) for adverse monitoring findings with quality issues shall be issued by the PRO when warranted.
- c. Adverse monitoring findings with legal issues shall be endorsed to the Legal Office of the concerned PhilHealth Regional Office (PRO).

3. How many warnings shall be given to the erring HCP before they are penalized?

Health Care Providers (HCPs) with quality issues are given up to two (2) warnings through issuance of an NCA. A third validated violation shall be regarded as one (1) offense and shall be referred to the Legal Services. For adverse findings with Legal issues, one (1) validated violation shall already be regarded as one (1) offense.

Offenses, sanctions and/or penalties are defined under the Quasi-Judicial Provisions of the revised Implementing Rules and Regulations of RE No. 10606 or the National Health Insurance Act of 2013. Due process shall be observed at all times.

4. What is being referred to as “feedback mechanism” in the Circular?

The feedback mechanism to HCPs can be through the provision of information on:

- a. any identified poor performance;
- b. adverse monitoring finding;
- c. administrative offense for corrective measure/s; and
- d. possible legal action

The Health Care Institutions (HCIs) shall ensure that their affiliated health care professionals perform according to the Performance Commitment (PC) that they have signed. The HCI shall be informed of any breach of PC committed by health care professionals affiliated with it and the case may be taken against the facility.

The concerned HCPs are required to submit a notarized justification/explanation letter for any adverse monitoring finding within ten (10) working days from receipt of the feedback.

5. **When is the monitoring done by PhilHealth?**

PhilHealth conducts the following monitoring activities before, during processing of, and after claims payment (post-audit):

a. Before claims payment:

- PhilHealth Patient Exit Surveys conducted in hospitals among all PhilHealth patients for discharge
- Routine Facility Inspection

b. During processing of claims payment:

- In cases of apparent and probable presence of irregularities and/or abuses of the NHIP, PhilHealth may issue a temporary suspension of payment of claims for HCPs with pending further evaluation/verification of the monitoring findings and may be subject to the following monitoring activities:
 - Chart/Document review
 - Field validation
 - Domiciliary visits

c. After claims payment (post-audit):

- Medical Post-audit Module (MPAM)
- Mandatory Monthly Hospital Report (MMHR)
- Chart review
- Facility inspection
- Field validation
- Claims profiling or utilization review
- Domiciliary visits
- Patient exit surveys
- Relevant reports from internal and external stakeholders

6. **When does this Circular take effect?**

This Circular takes effect 15 days after publication in a newspaper.