Costing for Provider-Payment

Annex: Data Collection Guide

(As of March 2, 2022)

Overview

The Costing Manual details the conceptual framework for costing health services to set rates for provider-payment. This annex contains details on the data collection forms and instructions for completion for the health care providers participating in the costing exercise.

Data Collection Forms

There is a total of eleven (11) data collection forms that hospitals will be asked to complete, some with coverage of annual or permanent statistics (namely Building, Finance and Accounting, and Medical Records), while in all the others, consumption of particular resources will have to be tracked over time (such as the provision of diagnostic imaging and laboratory tests). The sections below on each form indicate the sheets contained within, their objectives, potential sources of information within the hospital, the hospital staff who may own this information, the key pieces of data required, and descriptions for each of the fields in the sheets. Any details that are still unclear may be clarified with the PhilHealth Benefits Development and Research Department (BDRD) representatives for costing.

Building

The Building Costing Form aims to estimate the cost of infrastructure and building depreciation and the determination of the floor area for each department.

A. Sheets
   a. **Building - General Information**: To estimate the cost of building construction and depreciation
   b. **Building - Floor Plan**: To obtain the floor area for each department/unit in the hospital, as a basis for cost allocation
B. Sources of Information
   a. Building Floor Plan
C. Staff Responsible
   a. Hospital Engineer
D. Information Required
   a. Construction cost of buildings and infrastructures
   b. Floor area of each department in the hospital
E. Instructions

Fill in the following information for each tab:

Expenses	Description	Format
A. Hospital Buildings Instructions: Record all buildings in the hospital campus with their corresponding information.		
Building No. / Property No.	Building or property number associated with the building, where available.	Text (Free)
Building / Unit Name	The name of the building / infrastructure.	Text (Free)
Year Built	The year when the building became ready for use after construction / completion.	Numerical (4-digits)

Expenses	Description	Format
Number of Floors	The total number of floors per building.	Numerical (Integer)
Total Floor Area (sq.m)	The total square footage per building.	Numerical
Construction Cost	The total construction cost in Philippine pesos.	Numerical
Renovation Cost	The total renovation cost attributable to each building (only if there were any renovations made).	Numerical
Total Cost	The total cost reflects the total cost in Philippine pesos spent on the building. This is Renovation Cost + Construction Cost.	Numerical
Estimated/Prescribed Life Years	This is the prescribed life years used to compute for depreciation per building.	Numerical
Annual Depreciation Value	This is the most recent reported annual depreciation value per building. This may have to be obtained from the accounting department.	Numerical
Remarks	Any special remarks or comments.	Text (Free)
B. Floor Area of Departments, Units, and Sections Instructions: Record the Floor Area for each of the departments in the hospital, noting the building to which each department belongs. If a particular hospital unit does not exist within the hospital, the Floor Area and Building Name may be left blank - do not place any values in these cells. Please do not modify the names of any of the Hospital Units.		
Hospital Unit Classification	These are the three major department types: Administrative/Overhead, Ancillary/Support, and Clinical/Medical.	Pre-filled
Hospital Unit	This is a pre-filled list of the departments or cost centers in the hospital.	Pre-filled
Total Floor Area (sq.m)	The floor area for each department indicated. If the cost center is not among your hospital's, you may leave this field blank. This must not be mistaken for land area and must account for the floor area across all floors of the hospital.	Numerical
Building Name	The name of the building in which the department/unit is located. Ensure that this name exactly matches one of the hospital names indicated in the Building General Information tab. If the cost center is not among your hospital's, you may leave this field blank.	Text (Free)
Remarks	Any special remarks or comments.	Text (Free)

F.   File Naming

Save the costing form with the file name **Building_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example: Building_123456_2021.xlsx.

    G. Data Validation

For A. Hospital Buildings:

- For each building:
    - Building name must not be missing.
    - The Year Built, Number of Floors, Total Floor Area (sq.m.) and Total Cost must all have non-zero, non-negative numeric values (with Year Built in particular having 4 digits).
        - Year Built must not be a year in the future.
    - Construction Cost and Renovation Cost must add up to Total Cost.
    - Annual depreciation value must be indicated. If this is missing, then both Total Cost and Estimated/Prescribed Life Years must have values.

For B. Floor Area of Departments, Units, and Sections:

- For each hospital unit that exists within the hospital:
    - There must be an entry for Building Name that also matches an entry in *A. Hospital Buildings*.
    - There must be a non-zero, non-negative numeric value for Total Floor Area.

Further, the sum of the Total Floor Area for all departments within each building must not exceed the Total Floor Area of the building based on the *A. Hospital Buildings* sheet.

Diagnostic Imaging

The Diagnostic Imaging Form aims to estimate the costs of diagnostic imaging procedures, namely: X-ray, Mammogram, Ultrasound, ECG, CT Scan, MRI Scan, and PET Scan, as performed by diagnostic imaging departments (ex: Radiology, Heart Station, Endoscopy, etc.).

    A. Sheets
- **Medical Equipment List**: To obtain the acquisition cost/procurement cost per equipment, to account for the cost of medical equipment depreciation
- **Diagnostic Imaging Outputs**: To account for the cost of providing diagnostic imaging exams across other hospital departments

    B. Sources of Information
- Diagnostic Imaging inventory / equipment list
- Diagnostic Imaging utilization reports, logbooks, report slips

    C. Staff Responsible
- Chief of Radiology or Diagnostic Imaging Department
- Radiology Technologists / Laboratory Staff
- Procurement / Supply Officer (for procurement values)

    D. Information Required
- Acquisition cost and depreciation cost of each medical equipment in the laboratory
- Number of diagnostic imaging tests performed according to department

    E. Instructions

Expenses	Description	Format
A. Medical Equipment List - Diagnostic Imaging Instructions: Provide information for all the serviceable medical equipment that are in use in the diagnostic imaging department. This includes only procured and donated equipment and excludes all equipment that are under consignment from an external party. For each equipment, ensure that either Procurement Value or Donation Value is indicated, and that either Annual Depreciation Value or Useful Life Years must be indicated as well.		
Accounting Code	Indicate whether the item is "Medical Equipment" or "Furniture/Fixtures".	Text (Categories)
Name of the Article / Equipment	The name of the equipment that is physically present and serviceable in the department.	Text (Free)
Description	The brand and other details on the specifications of the equipment.	Text (Free)
Date Acquired / Delivered	The date of acquisition/delivery of the equipment. If exact data is not available, please provide December 31 then the year.	Date (yyyy-mm-dd)
Procurement Value	The unit procurement value of the equipment, if purchased by the hospital.	Numerical
Donation Value	The unit donation value of the equipment, if donated to the hospital by an external party.	Numerical
Quantity	The quantity of the same equipment procured.	Numerical
Total Value	The total value of the equipment (unit cost multiplied by the quantity).	Numerical
Annual Depreciation Value	The most recent reported annual depreciation value of the equipment.	Numerical
Useful Life Years	The estimated useful life years of the equipment.	Numerical
Remarks	Any special remarks or comments.	Text (Free)
B. Radiology Exam Utilization by Hospital Departments, Wards, and Units Instructions: Record all diagnostic imaging examinations done on the request of other hospital departments and units. This must include all tests conducted within the hospital that fall under the following broad categories, as indicated in the Radiology Exam Category: CT Scan, ECG, X-ray, Mammogram, MRI Scan, PET Scan, Ultrasound. The actual exam name may be indicated in the Radiology Exam Sub-Category (ex: chest x-ray). The number under each hospital unit should indicate the number of each test/examination done for that hospital unit within the inclusive time period.		
Radiology Examination Category	This is the major category of diagnostic imaging exams done in the hospital. The only allowable entries are: X-Ray, Ultrasound, CT Scan, MRI, and Mammogram.	Text (Categorical)
Radiology Examination Sub-Category	The particular name of the diagnostic imaging exam, if more specific than the Radiology Examination Category (ex: Chest X-Ray)	Text (Free)

Expenses	Description	Format
Total Number of Tests / Examinations	This is the total number of the specific radiology examination done within the specified time period.	Numerical
Tests / Examinations by Hospital Unit	This is the number of exams performed as requested by the different hospital wards and units. Each diagnostic imaging exam request that was rendered should be included in the count indicated for each hospital ward and unit. This may require recording every request or exam from each of the hospital wards and units for the specified time period (between Start Date and End Date).	Numerical

H. File Naming

Save the costing form with the file name **Diagnostic Imaging_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example: Diagnostic Imaging_123456_2021.xlsx

I. Data Validation

For A. Medical Equipment - Diagnostic Imaging:

- The Accounting Code must indicate whether the item is Medical Equipment or Furniture/Fixtures.
- The list equipment present for Diagnostic Imaging must include all the equipment expected of the facility based on its service capability.
- For each equipment listed:
  - The Date Acquired/Delivered must be indicated as a valid date in mm-dd-yyyy format.
  - Either Procurement Value or Donation Value and Quantity must have non-zero and non-negative numeric values.
  - Total Value must equal either the Procurement Value or the Donation Value multiplied by Quantity.
  - Annual Depreciation Value must have a value; if missing, then both Total Value and Useful Life Years must be provided.

For B. Outputs - Diagnostic Imaging:

- The entries under Radiology Examination Category must only contain the allowable values: X-Ray, Ultrasound, CT Scan, MRI, and Mammogram.
- There must only be one row for each unique combination of Radiology Examination Category and Radiology Examination Sub-Category.
- The allocations across all hospital units for the same Radiology Examination must add up to the value in the Total Number of Tests/Examinations.

Finance and Accounting

The Finance and Accounting form is for obtaining the annual total costs and revenues of the hospital and the salaries and benefits of all hospital personnel.

A. Sheets
  ○ **Revenues and Expenditures**: To account for the hospital's annual income and expenses
  ○ **Payroll**: To account for the salaries and benefits of hospital personnel
B. Sources of Information
  ○ Financial statements
  ○ Program reports
  ○ Hospital internal records
C. Staff Responsible
  ○ Accounting officer in charge, whether at the hospital or the LGU via a liaison officer
D. Data and Information Required
  ○ Hospital total revenue by different sources of income
  ○ Total accounted cost of each type of line item expenses
E. Instructions

Expenses	Description	Format
A. Hospital Revenue and Expenditure Instructions: Fill in the total accounted amounts for the listed revenue and expense line items where applicable to the hospital, from the latest year with available financial data. The total revenues and expenses should correspond to the totals in the hospital's latest annual financial statements. All entries should be in real peso value.		
Revenue Line Items		
DOH/LGU subsidy income	The annual revenue from DOH/LGU subsidies.	Numerical
PhilHealth reimbursements	The annual revenue from PhilHealth reimbursements	Numerical
Hospital business income	The annual revenue from hospital business income	Numerical
[Fees/charges] Clearance and certification fees	The annual revenue from clearance and certification fees	Numerical
[Fees/charges] Medical, dental, and laboratory fees	The annual revenue from medical, dental, and laboratory fees	Numerical
[Fees/charges] Hospital fees	The annual revenue from hospital fees	Numerical
[Fees/charges] Other service income	The annual revenue from other service income	Numerical
Rent income	The annual revenue from rent income	Numerical
Other business income	The annual revenue from other business income	Numerical
Sales revenue	The annual revenue from sales revenues	Numerical
Cost of goods sold	Real peso value for cost of goods sold	Numerical
Fines and penalties	Real peso value for fines and penalties imposed	Numerical
Sale of disposed assets	The annual revenue from sales of disposed assets	Numerical
[Others] Laboratory (sent out)	The annual revenue from sent out laboratory exams	Numerical
[Others] Blood bank	The annual revenue from blood bank	Numerical
[Others] OPD Patient's Card	The annual revenue from OPD Patient's Card	Numerical

Expenses	Description	Format
Total Revenues	Total of all the above items on income	Numerical
Expense Line Items		
Personnel Expenses		
Salaries and Wages - Regular	The annual cost for salaries and wages paid to hospital employees occupying regular positions.	Numerical
Salaries and Wages - Casual/Contractual	The annual cost of salaries and wages paid to employees contracted/hired to perform regular agency functions and specific vital activities or services which cannot be provided by the regular or permanent staff of the agency. They are considered employees of the hiring agency limited to the year when their services are reasonably required. This includes payment for services rendered by substitute and part-time staff.	Numerical
Personal Economic Relief Allowance (PERA)	The annual cost of the allowance granted to personnel of government-owned hospitals occupying regular, contractual or casual positions; appointive or elective; rendering services on full-time or part-time basis; and whose positions are covered by Republic Act No. 6758, as amended.	Numerical
Representation Allowance (RA)	The annual cost of the monthly representation allowance granted to authorized hospital employees in the actual performance of their respective functions, both commutable and reimbursable.	Numerical
Transportation Allowance (TA)	The annual cost of the monthly transportation allowance granted to hospital employees in the actual performance of their respective functions, both commutable and reimbursable.	Numerical
Clothing/Uniform Allowance	The annual cost of upkeep/replacement of clothing/uniforms for hospital employees, whether paid in cash or in kind.	Numerical
Subsistence Allowance	The annual cost of accommodations, meals, and incidental expenses incurred by hospital employees on official business.	Numerical
Laundry Allowance	The annual cost of laundry for uniforms of hospital employees on official business.	Numerical
Quarters Allowance	The annual cost of accommodations or suitable and adequate living quarters incurred by hospital employees on official business.	Numerical
Productivity Incentive Allowance	The annual cost of the allowance granted to hospital employees for at least a satisfactory performance in the discharge of their official duties.	Numerical

Expenses	Description	Format
Overseas Allowance	The annual cost of allowances granted to hospital employees on foreign assignments and/or missions.	Numerical
Honoraria	The annual cost of payments given to professionals for services in recognition of their expertise in specific fields and/or special projects. This also includes payments to lecturers, resource persons, coordinators, and facilitators in seminars, training programs, and other similar activities in training institutions including hospital employees who contribute time to these activities beyond their regular workload.	Numerical
Hazard Pay	The annual cost of payments to hospital employees assigned in high-risk areas as certified by the appropriate government body and to those whose lives are directly exposed to work conditions which may cause injury/sickness/death/harmful change.	Numerical
Longevity Pay	The annual cost of additional compensation to government officials and employees based on years of service rendered to the hospital.	Numerical
Overtime and Night Pay	The annual cost of extra compensation paid to hospital employees who are authorized to work for more than the normal 40 hours in a workweek or on days of rest.	Numerical
Year End Bonus	The annual cost of bonuses granted annually to hospital employees.	Numerical
Cash Gift	The annual cost of the amount granted annually to hospital employees in addition to the year-end bonuses.	Numerical
Other Bonuses and Allowances	The annual cost of other authorized bonuses and allowances (that do not fall under any of the specific other compensation accounts) granted to hospital personnel.	Numerical
Retirement and Life Insurance Premiums	The annual cost of the hospital's share in premium contributions to the Government Service Insurance System and other retirement and life benefit systems.	Numerical
Pag-IBIG Contributions	The annual cost of the hospital's share in premium contributions to the Home Development Mutual Fund.	Numerical
PhilHealth Contributions	The annual cost of the hospitals' share in premium contributions to PhilHealth.	Numerical
Employees Compensation Insurance Premiums	The annual cost of the hospital's share in premium contributions to the Employees' Compensation Commission (ECC).	Numerical

Expenses	Description	Format
Provident/Welfare Fund Contributions	The annual cost of the hospital's contributions to the employees' provident or welfare fund.	Numerical
Pension Benefits	The annual cost of pension for hospital employees occupying regular plantilla positions.	Numerical
Retirement Gratuity	The annual cost of total creditable services of retirees converted into gratuity months multiplied by the highest salary received by a hospital employee.	Numerical
Terminal Leave Benefits	The annual cost of accumulated leave credits of government officials and employees.	Numerical
Other Personnel Benefits	The annual cost of employees' benefits not falling under any of the specific other personnel accounts.	Numerical
Maintenance and Operating Expenses		
Traveling Expenses - Local	The annual cost of charges incurred for the transportation of hospital employees, per diem allowance granted while in authorized travel status, and other expenses incident to travel that are paid either directly or reimbursed to the traveler. This is disaggregated into local and foreign travel.	Numerical
Traveling Expenses - Foreign		Numerical
Training Expenses	This is the annual cost of all costs incurred for the participation/attendance in as well as the conduct of trainings, conventions, seminars, and workshops. This includes costs for training fees, honoraria for lecturers, handouts, supplies, materials, meals, snacks, and all other training-related expenses.	Numerical
Scholarship Grants/Expenses	This is the annual cost of scholarships granted to individuals in the pursuit of further learning, study, or research.	Numerical
Office Supplies Expenses	This is the annual cost of office supplies such as bond paper, ink, and small tangible items like staple wire removers, punchers, staplers, and other similar items issued to end-users for operations.	Numerical
Accountable Forms Expenses	This is the annual cost of accountable forms with or without monetary value such as official receipts, passports, tickets, permit/license plates, LTO plates, and the like, issued to end-users.	Numerical
Non-Accountable Forms Expenses	This is the annual cost of non-accountable forms such as pre-printed application forms, tax returns forms, accounting forms and the like, issued to end-users.	Numerical
Animal/Zoological Supplies Expenses	costs of food, medicines, veterinary and other maintenance needs of animals issued for use in government parks, zoos, wildlife sanctuaries and botanical gardens. This also includes supplies issued	Numerical

Expenses	Description	Format
	for zoological researches, preservations, breeding and other purposes	
Food Supplies Expenses	This is the annual cost of food issued to hospital/rehabilitation patients, hospital employees, and the like.	Numerical
Welfare Goods Expenses	This is the annual cost of goods issues/distributed to persons affected by calamities/disasters/ground conflicts such as canned goods, blankets, mats, kitchen utensils, flashlights, and other similar items. This also includes the cost of food served to people affected by calamities/disasters/ground conflicts.	Numerical
Drugs and Medicines Expenses	This is the annual cost of drugs and medicines purchased by the health facility. This should also include the value (estimated, if necessary) of drugs and medical supplies provided by national programs and donations, international and domestic, whether or not recorded in the hospital financial statements.	Numerical
Medical Supplies Expenses	These are the annual costs of medical, dental and laboratory supplies issued to end-users for hospital operations.	Numerical
Dental Supplies Expenses		Numerical
Laboratory Supplies Expenses (Including Radiology)		Numerical
Fuel, Oil and Lubricants Expenses	The annual cost for fuel, oil and lubricants issued for use of vehicles and other equipment in connection with hospital operations/projects.	Numerical
Other Supplies and Materials Expenses (Cleaning/Housekeeping Supplies)	The annual cost of inventories issued to end-users not otherwise classified under the specific inventory expense accounts.	Numerical
Water Expenses	The annual cost of water consumed in government operations/projects.	Numerical
Electricity Expenses	The annual cost of electricity consumed in hospital operations/projects.	Numerical
Postage and Courier Services	The annual cost of expenses for telephone, fax, telex, inter-city phone calls, telegraph, postal, and internet fees.	Numerical
Telephone Expenses		Numerical
Internet Subscription Expenses		Numerical
Cable, Satellite, Telegraph and Radio Expenses		Numerical
Legal Services	The annual cost of fees for authorized legal services	Numerical

Expenses	Description	Format
	rendered by private lawyers.	
Auditing Services	The annual cost of fees paid for auditing services.	Numerical
Consultancy Services	The annual cost of fees for consultants contracted for outputs or services that are primarily advisory in nature and requiring highly specialized or technical expertise which cannot be provided by regular staff of the agency.	Numerical
Other Professional Services	The annual cost of other professional services contracted by the agency not otherwise classified under any of the specific professional services accounts,	Numerical
Environment/Sanitary Services	The annual cost of services contracted for the upkeep and sanitation of the public places. This includes the cost of garbage and hospital waste collection and disposal.	Numerical
Janitorial Services	The annual cost of janitorial services, if contracted from outside the hospital.	Numerical
Security Services	The annual cost of security services, if contracted from outside the hospital.	Numerical
Other General Services	The annual cost of other general services contracted by the agency not otherwise classified under any of the specific general services accounts.	Numerical
Repairs and Maintenance - Investment Property	The annual cost of repairs and maintenance on buildings/warehouses and other structures held for rent/lease or held for capital appreciation or both.	Numerical
Repairs and Maintenance - Land Improvements	The annual cost of repairs and maintenance on aquaculture structures and other land improvements constructed/ acquired/ developed for public use.	Numerical
Repairs and Maintenance - Infrastructure Assets	The annual cost of repairs and maintenance on road networks, flood control systems, sewer systems, water supply systems, power supply systems, communication networks, seaport systems, airport systems, parks, plazas, monuments, and other infrastructure assets.	Numerical
Repairs and Maintenance - Buildings and Other Structures	The annual cost of repairs and maintenance on office buildings, school buildings, hospitals and health centers, markets, slaughterhouses, hostels and dormitories, and other structures.	Numerical
Repairs and Maintenance - Machinery and Equipment	The annual cost of repairs and maintenance on machinery, office equipment, information and communication technology (ICT) equipment, communication equipment, disaster response and	Numerical

Expenses	Description	Format
	rescue equipment, medical equipment, printing equipment, sports equipment, technical and scientific equipment, and other machinery and equipment.	
Repairs and Maintenance - Transportation Equipment	The annual csot of repairs and maintenance on motor vehicles, trains, aircrafts, watercrafts, and other transportation equipment.	Numerical
Repairs and Maintenance - Other Property, Plant and Equipment	The annual csot of repairs and maintenance of other property, plant and equipment not falling under any of the specific property, plant and equipment account.	Numerical
Taxes, Duties and Licenses	The annual cost of taxes, duties, licenses and other fees due to regulatory agencies. This also includes taxes on interest income on savings deposits, time deposits, and government securities of the bond sinking fund/other funds	Numerical
Fidelity Bond Premiums	The annual cost of premiums paid by the agency for the fidelity bonds of accountable officers.	Numerical
Insurance Expenses	The annual cost of premiums paid by the agency for the insurable risks of properties.	Numerical
Labor and Wages	The annual costs incurred for labor and wages including labor payroll paid for projects undertaken by administration, for agricultural activities involving hired labor, student wages, etc.	Numerical
Advertising Expenses	The annual costs incurred for advertisement.	Numerical
Membership Dues and Contributions to Organizations	The annual costs for membership fees/dues/contributions to recognized/authorized professional organizations.	Numerical
Subscription Expenses	The annual cost of subscriptions to journals, periodicals, newspapers, magazines, books, etc.	Numerical
Donations	The annual cost of donations to charities/external organizations.	Numerical
Litigation/Acquired Assets Expenses	The annual cost of expenses incurred in connection with litigation proceedings and registration/consolidation of ownership of acquired assets, as well as those incurred in their preservation/maintenance.	Numerical
Rent Expense	The annual cost of fees for the rental/lease of land, buildings, facilities, equipment, vehicles, machineries, and the like.	Numerical
Other Maintenance and Operating Expenses	The annual cost of operating expenses not falling under any of the specific maintenance and other operating expense accounts.	
Fixed Assets/Property, Plant, and Equipment		

Expenses	Description	Format
Building	The annual cost of expenses incurred in the purchase or construction or fair value, if acquired through donation or transfers without cost, of buildings, such as: office buildings, research/convention/training centers, agricultural laboratories, warehouses, cold storages and the like, for use in operations.	Numerical
Office equipment	The annual cost of expenses incurred in the purchase or assembly or fair value, if acquired through donation or transfers without cost, of office equipment for use in government operations.It includes duplicating/photocopying machines, air conditioning units and the like.	Numerical
Furniture and fixtures	The annual cost of expenses incurred in the acquisition or assembly - or fair value, if acquired through donation or transfers without cost - of furniture and fixtures for use in hospital operations.	Numerical
Medical and laboratory equipment	The annual cost of expenses incurred in the purchase - or fair value if acquired through donation or transfers without cost - of medical equipment acquired for delivery of medical services, such as: diagnostic equipment, (i.e. ultrasound, magnetic resonance imaging, CT scan, X-ray, reflex hammer, etc.), therapeutic equipment (i.e. infusion pumps, medical lasers, surgical machines, etc.), life support (i.e. ventilators, dialysis, etc.), monitors (electrocardiographs, electroencephalographs, stethoscopes, sphygmomanometers, etc.). It also includes hospital beds, medicine trolleys, medical furniture, (stretchers, wheelchairs), mobile clinics; and other hospital, dental and laboratory equipment.	Numerical
Other property and equipment	The annual cost of expenses in the acquisition of - or fair value, if acquired through donation or transfers without cost - other property, plant and equipment not falling under any of the specific Property, Plant and Equipment accounts.	Numerical
Total Expenditures	The total direct and indirect costs related to hospital services within the indicated year.	Numerical
B. Payroll Instructions: List down each of the current hospital staff with their hospital IDs (as indicated in the Human Resources Data Collection Form) with their positions, hospital unit placement (where applicable), annual wages, and benefits.		
Hospital Staff ID	The unique identifier for each staff member in the hospital. Should contain all the hospital staff IDs listed in the Human Resources - Staff Allocation sheet.	Text (Code)

Expenses	Description	Format
Position/Job Title	The position or job title of the indicated hospital staff within the hospital.	Text (Free)
Department/Unit	Indicate the department where the personnel is reporting to primarily: • For medical specialists, indicate the clinical/medical unit of their specialization • For nurses, indicate the department or ward that they are assigned to. The Chief Nurse may be able to provide this information.	Text (Categories)
Full Time or Part Time?	Indicate whether the staff or personnel is a full-time employee (working at least 40 hours per week) or part-time employee (working less than 40 hours per week). These are denoted as either FT or PT.	Text (Categories)
Status of employment (Permanent, Contractual, JO)	Indicate whether the personnel is Permanent (a regular employee with benefits), Contractual (with at least 6 months in contract), or JO (with less than 6 months in contract)	Text (Categories)
Daily Rate (if applicable and/or especially for casual and contractual	Indicate the daily wage/salary/fee rate of the personnel. This is especially the case for the casual and contractual workers/laborers and staff.	Float
Salary Grade (if applicable)	Indicate the corresponding salary grade of the personnel if applicable. This may only apply to government facilities; leave blank if not applicable.	Float
Total Number of Work Days During Time Period of Data	The total days of work rendered by the staff within the indicated time period.	Float
Total Number of Work Hours During Time Period of Data	The total hours of work rendered by the staff within the indicated time period.	Float
Monthly Salaries and Wages-Regular and Casual/Contractual	The agreed daily wage/salary/fee/rate for the staff. This must have an entry specifically for casual and contractual workers/laborers who are not in the hospital's monthly compensation/remuneration for payroll.	Float
Personal Economic Relief Allowance (PERA)	See the definitions for the same items under A. *Revenues and Expenditures - Line Items of Expenses.*	Float
Representation Allowance (RA)		Float
Transportation Allowance (TA)		Float
Clothing/Uniform Allowance		Float
Subsistence Allowance		Float
Laundry Allowance		Float
Quarters Allowance		Float

Expenses	Description	Format
Productivity Incentive Allowance/SIL		Float
Overseas Allowance		Float
Honoraria		Float
Hazard Pay		Float
Longevity Pay		Float
Overtime and Night Pay		Float
Year End Bonus		Float
Cash Gift		Float
Other Bonuses and Allowances		Float
Retirement and Life Insurance Premiums		Float
Pag-IBIG Contributions		Float
PhilHealth Contributions		Float
Employees Compensation Insurance Premiums		Float
Provident/Welfare Fund Contributions		Float
Pension Benefits		Float
Retirement Gratuity		Float
Terminal Leave Benefits		Float
Other Personnel Benefits		Float
Total Annual Amount of Compensation Salary/Wage	Indicate the annual (2017) total compensation and remuneration paid to each single staff/personnel/worker/laborer. If the annual amount is not available, then take the monthly salary multiplied by 12, added to the rest of the personnel expenses.	Float

J.   File Naming

Save the costing form with the file name **Finance and Accounting_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example: Finance and Accounting_123456_2021.xlsx

K.   Data Validation

For A. Revenues and Expenditures:

- The revenue line items must match the hospital business income as reflected in the facility's financial statements from the fiscal year indicated, as submitted to PhilHealth for accreditation requirements
- For the sources of revenue, all of the following must sum to the Total Revenues:
  - DOH/LGU Subsidy Income
  - PhilHealth Reimbursements
  - Hospital Business Income
  - Income from Grants and Donations
  - Others
- The following line items of expenses in particular must have non-zero, non-negative entries:
  - Food Supplies Expenses
  - Office Supplies Expenses
  - Telephone Expenses, Internet Subscription Expenses, Cable/Satellite/Telegraph/Radio Expenses (when added together)
  - Repairs and Maintenance (when added together)
  - Cleaning/Housekeeping Supplies
  - Water Expenses
  - Electricity Expenses
  - Drugs and Medicines Expenses
  - Medical Supplies Expenses
  - Laboratory Supplies Expenses (Including Radiology)
- The Total Expenditures should match those in the hospital's financial statements.

For B. Payroll:

- The list of Hospital Staff ID must contain all the Hospital Staff ID entries from the Human Resources - A. Staff Allocation form.
- Position/Job Title and Department/Unit must have entries for each Hospital Staff ID indicated. Department/Unit should only contain allowable entries (the names of the hospital cost centers).
- The Full Time or Part Time? field must only have either FT or PT as entries.
- The Status of Employment field must have only either Permanent, Contractual, or JO as entries.
- Daily Rate must have a non-zero, non-negative numeric entry if the employee's Status of Employment is either Contractual or JO.
- Salary Grade must have an entry if the hospital is government-owned.
- Monthly Salaries and Wages and Total Annual Amount of Compensation Salary/Wage in particular must have non-zero, non-negative numeric entries for all employees listed.

Furniture, Fixtures, and Equipment

The Furniture, Fixtures, and Equipment form aims to estimate the cost of medical equipment, non-medical equipment, furniture, fixtures, and vehicles etc. assigned to the various departments.

A. Forms
- **Furniture and Fixtures**: To account for the acquisition costs and depreciation of furnitures and fixtures across all the hospital departments and units.
- **Medical Equipment:** To account for the acquisition costs and depreciation of medical equipment across the hospital departments and units. This excludes semi-expendable medical equipment which is equal or less than Php 15,000. Medical equipment includes all the equipment used in the delivery of medical services, such as therapeutic equipment (i.e. infusion pumps, medical lasers, surgical machines, etc.), life supports (i.e. ventilators, dialysis, etc.), monitors (electrocardiographs, stethoscopes, sphygmomanometers, etc.). It also includes hospital beds, medicine trolleys, stretchers, wheelchairs, mobile clinics, dental equipment, etc.
- **Non-Medical Equipment**: To account for the acquisition costs and depreciation of non-medical equipment across the hospital departments and units. Non-medical equipment include office equipment, information and communications technology (ICT) equipment, communication equipment, motor vehicles, fire fighting equipment, and water facilities.

B. Sources of Information
- Inventory List

C. Staff Responsible
- Accounting officer
- Materials management officer
- Supply officer
- Procurement office

F. Data and Information Required
- List of all equipment (medical and non-medical) with their location, acquisition/procurement/donation value and depreciation value by department
- List of all furniture and fixtures with their location, acquisition/procurement/donation value and depreciation value by department

G. Instructions

Fill in the following details for each furniture, medical equipment, and non-medical equipment. All three sheets in the form are similar, save for non-medical equipment which requires the specification of an Accounting Code.

Expenses	Description	Format
Accounting Code (* only for Non-Medical Equipment)	State which of the following is applicable to the specified non-medical equipment: Office Equipment, ICT Equipment, Communication Equipment, Motor Vehicle, Fire Fighting Equipment, Water Facility	Text (Categories)
Name of the Article / Equipment	The name of the equipment that is physically present and serviceable in the department.	Text (Free)
Description	The brand and other details on the specifications of the equipment.	Text (Free)

Expenses	Description	Format
Department / Unit	The name of the hospital department/cost center to which the equipment belongs	Text (Categories)
Date Acquired / Delivered	The date of acquisition/delivery of the equipment. If exact data is not available, please provide December 31 then the year.	Date (yyyy-mm-dd)
Procurement Value (if purchased)	The unit procurement value of the equipment, if purchased by the hospital.	Numerical
Donation Value (if donated)	The unit donation value of the equipment, if donated to the hospital by an external party.	Numerical
Quantity	The quantity of the same equipment procured.	Numerical
Total Value	The total value of the equipment.	Numerical
Annual Depreciation Value	The most recent reported annual depreciation value of the equipment.	Numerical
Useful Life Years	The estimated useful life years of the equipment.	Numerical
Remarks	Any special remarks or comments.	Text (Free)

L. File Naming

Save the costing form with the file name **Furniture, Fixtures, and Equipment_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example: Furniture, Fixtures, and Equipment_123456_2021.xlsx

M. Data Validation

For each item listed in the three sheets of the form:

- The Department Name/Unit must be filled out with a valid name of a hospital unit.
- The Date/Acquired Delivered must be indicated as a valid date in mm-dd-yyyy format.
- Either Procurement Value or Donation value must be indicated as a non-zero, non-negative numeric value.
- The Total Value must equal the Procurement Value or Donation Value multiplied by Quantity.
- The Annual Depreciation Value must be indicated; if it is missing, then both the Total Cost and Estimated /Prescribed Life Years must have values.
- (Particularly for the Non-Medical Equipment sheet:) The Accounting Code must be among the allowable values: Office Equipment, ICT Equipment, Communication Equipment, Motor Vehicle, Fire Fighting Equipment, Water Facility.

Human Resources

The Human Resources Form aims to estimate the cost of personnel services by department in the hospital, based on the allocation of their staff time across hospital units.

A. Forms
- **Staff Time Allocation**: To account for the percent allocation of each personnel's staff time across the different hospital departments and units.

B. Sources of Information
- HR personnel list
- Staff schedule
- Payroll sheet and work/labor contracts with respective staff
- Self-Reported Staff-Time Allocation

C. Staff Responsible
- HR Department Head/staff
- Nursing Department Head (For nurses' schedules)
- Clinical Department Heads (For doctors' schedules)

H. Data and Information Required
- List of personnel
- Staff time allocation per department

I. Instructions

Expenses	Description	Format
A. Staff Time Allocation Enumerate all personnel employed and contracted by the hospital to render services - whether part-time or full-time - during the stated time period and the percent allocation of their total staff time across the different hospital departments and units. The allocation for each staff must be exactly 100% when added across all the hospital units. All staff listed here (as identified through their hospital ID numbers) must also be present in the Finance and Accounting Data Collection Form - Payroll sheet.		
Hospital Staff ID	The unique identifier for each staff member in the hospital. Should contain all the hospital staff IDs listed in the Human Resources - Staff Allocation sheet.	Text (Categories)
Position/Job Title	The Position/Job title of the hospital staff. This must match the Position/Job title for the same	Text (Free)

Expenses	Description	Format
Percent Allocation	Enter the percentage of time spent or allocated by each personnel across the various departments they are stationed in. The allocation for each staff should total to 100%. • For administrative staff: Allocate 100% of their time to their respective department. • For nurses: 100% of their time may be allocated to their respective wards. • For medical officers (general physicians) and specialists, their time might have to be allocated accordingly to the different departments where they spend time. For instance, surgeons might have their time split across wards, the OR, the ER, and outpatient clinics. Therefore, their time should be allocated to these departments accordingly. This information may be provided by the chief of clinics/department head/chief resident. Once all personnel and departments are accounted for, this form should be consolidated under one file and be forwarded to the costing team leader.	Numerical

N. File Naming

Save the costing form with the file name **Human Resources_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example: Human Resources_123456_2021.xlsx

O. Data Validation

For each personnel listed in A. Staff Allocation:

- The Hospital Staff ID must be among those listed in the Finance and Accounting - B. Payroll form.
- The Percent Allocation of staff time across the different hospital units must add up to 100%.
- All personnel must have a total allocation of 100% when their staff time allocations across the different hospital units are added up.

Laboratory

This Laboratory Costing Form aims to estimate the costs of laboratory tests performed by the Laboratory department for the clinical departments.

- A. Forms
  - ○ **Medical Equipment List:** To obtain the acquisition cost/procurement cost per equipment used in the Laboratory, to account for the cost of medical equipment depreciation
  - ○ **Laboratory Outputs**: To account for the laboratory tests done for other hospital departments
- B. Sources of Information
  - ○ Medical equipment inventory/equipment list
  - ○ Laboratory utilization reports
  - ○ Laboratory logbooks
  - ○ Laboratory request slips
- C. Staff Responsible
  - ○ Chief of Laboratory Department
  - ○ Medical Technologist or Laboratory Staff
- D. Data and Information Required
  - ○ Acquisition cost and depreciation cost of each medical equipment in the laboratory
  - ○ Number of laboratory tests performed according to department
- E. Instructions

Expenses	Description	Format
A. Medical Equipment Fill in the following for all serviceable medical equipment that are in use in the laboratory department. This only includes procured or donated equipment and excludes equipment that are under consignment from external parties. For each equipment, ensure that either Procurement Value or Donation Value is indicated, and that either Annual Depreciation Value or Useful Life Years must be indicated as well.		
Name of the Article / Equipment	The name of the equipment that is physically present and serviceable in the department.	Text (Free)
Description (including specifications, etc.)	The brand and other details on the specifications of the equipment.	Text (Free)
Date Acquired / Delivered	The date of acquisition/delivery of the equipment. If exact data is not available, please provide December 31 then the year.	Date (yyyy-mm-dd)
Procurement Value (if purchased)	The unit procurement value of the equipment, if purchased by the hospital.	Numerical
Donation Value (if donated)	The unit donation value of the equipment, if donated to the hospital by an external party.	Numerical
Quantity	The quantity of the same equipment procured.	Numerical
Total Value	The total value of the equipment.	Numerical
Annual Depreciation Value	The most recent reported annual depreciation value of the equipment.	Numerical
Useful Life Years	The estimated useful life years of the equipment.	Numerical

Expenses	Description	Format
Remarks	Any special remarks or comments.	Text (Free)

B. Outputs

Instructions: Record all laboratory tests done on the request of other hospital departments and units. This must include all lab tests conducted within the hospital that fall under the following broad categories, as indicated in the Laboratory Test Category: Blood Banking, Hematology, Histopathology, Clinical Microscopy, Serology/Immunology, Bacteriology. The actual test name may be indicated in the Laboratory Test column (ex: blood typing). The number under each hospital unit should indicate the number of each lab test done for that hospital unit within the inclusive time period.

Expenses	Description	Format
Laboratory Test Category	This is the category of Laboratory Tests done in the hospital. The allowable entries are: a. Blood Banking b. Hematology c. Histopathology d. Clinical Microscopy e. Serology / Immunology f. Bacteriology	Text (Free)
Laboratory Test	The specific name of the laboratory test, if it is not covered by the Laboratory Test Category	
Total Number of Tests	The total number of the laboratory test that were performed in the provided time period	Numerical
Number of tests per hospital unit	The number of tests performed as requested from different wards and units in the hospital	Numerical

C. Supplies

Enumerate all the laboratory supplies being dispensed by the Laboratory to other hospital departments and units. . This includes supplies such as chemical reagents, fluids, and films.

Expenses	Description	Format
Laboratory Supply Name	The name of the laboratory supply	Text (Free)
Unit Acquisition Cost	The acquisition cost for each unit of the supply	Numerical
Total Number of Units Dispensed	The total quantity of the supply dispensed by the hospital within the indicated time period.	Numerical
Number of units dispensed per hospital unit	The quantity of the supply dispensed to the different wards and units in the hospital	

F.   File Naming

Save the costing form with the file name **Laboratory_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example: Laboratory_123456_2021.xlsx

G. Data Validation

For A. Medical Equipment - Laboratory:

● The list of equipment present for the Laboratory must be sufficient for the laboratory exams that the hospital is meant to perform appropriate to its service capability, as follows:

Level 1	Level 2	Level 3
Non-Mercurial Thermometer: (Room and storage refrigerator)	Non-Mercurial Thermometer: (Room and storage refrigerator)	Non-Mercurial Thermometer: (Room and storage refrigerator)
Refrigerator (samples/reagents)	Refrigerator (samples/reagents)	Refrigerator (samples/reagents)
Fire Extinguisher (Class B)	Fire Extinguisher (Class B)	Fire Extinguisher (Class B)
Spill Kits	Spill Kits	Spill Kits
Manual Clinical Centrifuge (2,000 rpm)	Manual Clinical Centrifuge (2,000 rpm)	Manual Clinical Centrifuge (2,000 rpm)
Microscope (Binocular Compound)	Microscope (Binocular Compound)	Microscope (Binocular Compound)
Automated Strip Reader	Automated Strip Reader	Automated Strip Reader
Automated Urine Analyzer	Automated Urine Analyzer	Automated Urine Analyzer
Manual Spectrophotometer or its equivalent	Manual Spectrophotometer or its equivalent	Manual Spectrophotometer or its equivalent
Manual Hematocrit Centrifuge	Manual Hematocrit Centrifuge	Manual Hematocrit Centrifuge
Manual Hematocrit Reader	Manual Hematocrit Reader	Manual Hematocrit Reader
Manual Differential Counter	Manual Differential Counter	Manual Differential Counter
Automated Hematology Analyzer	Automated Hematology Analyzer	Automated Hematology Analyzer
Manual Forward and Reverse ABO Grouping and RH (D) Typing (tube method)	Manual Forward and Reverse ABO Grouping and RH (D) Typing (tube method)	Manual Forward and Reverse ABO Grouping and RH (D) Typing (tube method)
Semi-automated Manual Forward and Reverse ABO Grouping and RH (D) Typing machine(tube method)	Semi-automated Manual Forward and Reverse ABO Grouping and RH (D) Typing machine(tube method)	Semi-automated Manual Forward and Reverse ABO Grouping and RH (D) Typing machine(tube method)
Automated Manual Forward and Reverse ABO Grouping and RH (D) Typing (tube method)	Automated Manual Forward and Reverse ABO Grouping and RH (D) Typing (tube method)	Automated Manual Forward and Reverse ABO Grouping and RH (D) Typing (tube method)
	Coagulation Machine	Coagulation Machine
Clinical Centrifuge	Clinical Centrifuge	Clinical Centrifuge
Automated Chemistry Analyzer	Automated Chemistry Analyzer	Automated Chemistry Analyzer
Microscope or agglutination	Manual Electrolytes (Na, K, Cl),	Manual Electrolytes (Na, K, Cl),

Level 1	Level 2	Level 3
viewer	AST, ALT Analyzer	AST, ALT Analyzer
Bunsen Burner or Electric Loop Incinerator	Automated Electrolytes (Na, K, Cl), AST, ALT Analyzer	Automated Electrolytes (Na, K, Cl), AST, ALT Analyzer
Nucleic Acid Amplification Test (NAAT) for government facilities for TB	Microscope or agglutination viewer	Manual Arterial Blood Gases (ABG) - for hospital based analyzer
	Bunsen Burner or Electric Loop Incinerator	Automated Arterial Blood Gases (ABG) - for hospital based analyzer
	Nucleic Acid Amplification Test (NAAT) for government facilities for TB	Microscope or agglutination viewer
	KOH Centrifuge	Automated machine-based serological and immunological testing analyzer
	KOH refrigerator	Manual machine-based serological and immunological testing analyzer
	Gram stain Centrifuge	Bunsen Burner or Electric Loop Incinerator
	Gram stain refrigerator	Nucleic Acid Amplification Test (NAAT) for government facilities for TB
		KOH Centrifuge
		KOH refrigerator
		Gram stain Centrifuge
		Gram stain refrigerator
		Biosafety cabinet (class II type A with certification)
		Incubator
		Drying oven

Level 1	Level 2	Level 3
		Autoclave
		Refrigerator with freezer
		Automated system / Blood automated card system for culture and sensitivity (aerobic and anaerobic)
		Paraffin oven
		Microtome
		Automated tissue processor for surgical pathology
		Automated tissue processor for cytology
		Cryostat

- For each equipment listed:
  - The Date Acquired/Delivered must be indicated as a valid date in mm-dd-yyyy format.
  - Either the Procurement Value or Donation Value must be indicated. The Total Value must equal either the Procurement Value or Donation Value multiplied by Quantity.
  - Annual Depreciation Value must be indicated; if this is missing, then both Total Cost and Estimated/Prescribed Life Years must have values.

For B. Laboratory Test Utilization:

- The entries under Laboratory Test Category must only be among the allowable values: Blood Banking, Hematology, Histopathology, Clinical Microscopy, Serology/Immunology, Bacteriology.
- There must only be one row for each unique entry under Laboratory Test.
- There must be non-negative, non-zero radiology examination allocations to the following hospital units (if they exist within the hospital): Heart Station, ICUs, Wards, TB Dots, Malaria, Dental, Operating Room, Diabetes MAP, Hypertension MAP.
- For each Laboratory Test, the Number of Tests indicated per hospital unit must add up to the Total Number of Tests.

For C. Laboratory Supplies Consumption Value:

For each unique entry under Laboratory Supply Name:

- Unit Acquisition Cost and Total Number of Units Dispensed (for the time period indicated) must both have non-zero, non-negative numeric values.
- The Number of Tests indicated per hospital unit must add up to the Total Number of Units Dispensed.

Medical Records Form

The Medical Records Costing Form is for obtaining data on the hospital's medical and non-medical activities, operational statistics, and general information.

A. Forms
  - ○ **General information on hospital operations and activities: To obtain the hospital's basic information and summary statistics on discharges and procedures.**
  - ○ **Other service outputs:** To obtain the prescriptions, blood units, patient meals, and laundry (in kilograms) provided across the clinical departments and units.
  - ○ **Inpatient summary statistics:** To obtain the total admissions, discharges, beddays, average length of stay, and other key statistics across the Clinical/Medical units
  - ○ **Discharges:** To obtain inpatient case-level data within the time period to enable simulations with diagnosis-related grouping

B. Sources of Information
  - ○ Annual statistics report
  - ○ Ward logbooks
  - ○ Logbooks and monthly/annual reports of respective departments and units

C. Staff Responsible
  - ○ Hospital medical records officer
  - ○ Statistician
  - ○ Ward nurse
  - ○ Admission/discharge officer

D. Data and Information Required
  - ○ Basic information on the hospital including type, level, ownership, types of beds, etc.
  - ○ Basic medical statistics: outpatient visits in total and by specialty care departments/centers, ER visits, inpatient admissions, discharges, hospitalization days in total and by various medical specialty departments
  - ○ Number of medical and diagnostic procedures
  - ○ Outputs of other services including prescriptions, blood units, meals, and laundry by medical departments and units
  - ○ Average length of stays and hospitalization days for every single case in the hospital by ward

E. Instructions

Expenses	Description	Format
A. Hospital Information Instructions: Fill in the required data for Basic Info, Hospital Statistics, and Procedures based on the latest official data from the hospital.		
Name of Healthcare Facility	Full name of the hospital, unabbreviated	Text (Free)
Address	Full address of the hospital	Text (Free)
Region	Indicate the region where the hospital is located: I, II, III, IV-A, IV-B, V, CAR, NCR, VI, VII, VIII, IX, X, XI, XII, XIII, BARMM	Text (Categories)
Level of Healthcare	Service capability of the hospital: Level 1, Level 2, Level 3	Text (Categories)
Type of Ownership	Ownership of the hospital: Government, Private	Text (Categories)

Expenses	Description	Format
Authorized Bed Capacity	The authorized bed capacity of the hospital based on licensing agreements	Numerical
Implementing Bed Capacity	The implementing bed capacity of the hospital, based on the most recent available data	Numerical
Total Outpatient Visits	The total number of outpatient visits serviced by the hospital in the indicated time period. This includes the total visits for the Animal Bite Center, TB Dots, HIV AIDS, Family Planning Unit, Smoking Cessation, Malaria, Diabetes MAP, Hypertension MAP	Numerical
Total ER Visits	The total number of ER visits serviced by the hospital in the indicated time period	Numerical
Total Inpatient Admissions	The total number of inpatient admissions serviced by the hospital in the indicated time period	Numerical
Total Inpatient Discharges	The total number of inpatient discharges by the hospital in the indicated time period	Numerical
Total Inpatient Deaths	The total number of deaths among inpatient admission within the hospital in the indicated time period	Numerical
Total Hospitalization Days/Bed days	The total number of hospitalization days serviced by the hospital within the indicated time period. This is different from the in-patient service bed days in the annual statistics report.	Numerical
Total Endoscopy procedures	The total number of endoscopies serviced by the hospital within the indicated time period	Numerical
Total OR procedures	The total number of OR procedures serviced by the hospital within the indicated time period	Numerical
Total Deliveries	The total number of deliveries serviced by the hospital within the indicated time period	Numerical
Total Dialysis Sessions	The total number of dialysis sessions conducted by the hospital within the indicated time period	Numerical
Total Rehabilitation sessions	The total number of rehabilitation sessions conducted by the hospital within the indicated time period	Numerical
Total Laboratory Tests	The total number of laboratory tests conducted by the hospital within the indicated time period	Numerical
Total X-Rays	The total number of x-rays conducted by the hospital within the indicated time period	Numerical
Total Endoscopy tests	The total number of endoscopy tests conducted by the hospital within the indicated time period	Numerical
Total MRI	The total number of MRIs conducted by the hospital within the indicated time period	Numerical

Expenses	Description	Format
Total CT Scan	The total number of CT Scans conducted by the hospital within the indicated time period	Numerical
Total PET Scan	The total number of PET Scans conducted by the hospital within the indicated time period	Numerical
Total Ultrasound	The total number of ultrasounds conducted by the hospital within the indicated time period	Numerical
Total ECG	The total number of ECGs conducted by the hospital within the indicated time period	Numerical

B. Other Service Outputs

Instructions: Fill in the total number of the listed service outputs that were provided by the hospital within the inclusive time period, then under the hospital departments and units, indicate the number that were provided to them. For each service output, the number provided to all the hospital units must add up to the total.

Total Prescriptions for Drugs and Medicines	The total number of prescriptions for drugs and medicines provided by the hospital within the indicated time period	Numerical
Total Blood Units	The total number of blood units provided by the hospital within the indicated time period	Numerical
Total Patient Meals	The total number of patient meals provided by the hospital within the indicated time period	Numerical
Total Laundry (Kg)	The total number of laundry (in kilograms) done by the hospitals for patients and staff within the indicated time period	Numerical
Total Outputs	The number of units of each of the service outputs provided to each of the clinical/medical hospital departments	Numerical
Outputs by hospital unit	The number of each output provided to the different Clinical/Medical units of the hospital	Numerical

C. Summary Statistics

Instructions: Fill in the required information for each of the Clinical/Medical units listed. Ensure that all entries are numeric. Note any disclaimers or special remarks in the "Remarks" column.

Departments/Unit	These are the particular hospital departments/ wards for which bed-days and other inpatient statistics need to be disaggregated	Pre-Filled
Hospitalization / Beddays	The total number of hospitalization days serviced by the department/ward within the indicated time period	Numerical
Admissions	The total number of patients admitted by the department/ward within the indicated time period	Numerical
Discharges	The total number of discharges by the department/ward within the indicated time period, not counting deaths and premature discharges	Numerical

Expenses	Description	Format
Premature Discharges (ex: HAMA, Absconded	The total number of discharges that were made prematurely, whether due to Home Against Medical Advice, or the patient absconding	Numerical
Deaths	The total number of deaths within the department/ward within the indicated time period	Numerical
ALOS	The average length of stay among inpatient admissions within the department/ward during the indicated time period	Numerical

D. Discharges

Instructions: Provide inpatient case-level data within the inclusive time period, providing all the required field where available. If it is possible to extract this information directly from a hospital information system, kindly provide all the data available for a year. If it is not, then record patient censuses for a duration of at least 14 days. Clean the data as necessary to conform to the required data formats and validations, as listed below.

Principal Diagnosis (in ICD-10)	The disease or condition stated as the primary reason for the inpatient admission, in ICD-10.	Text (Categories)
Patient Age	The patient's age in years at admission.	Integer
Patient Sex	M = Male, F = Female	Text (Categories)
Date and Time of Admission	The date and time of admission in mm-dd-yyyy HH:MM AM/PM.	Date and Time
Date and Time of Discharge	The date and time of discharge in mm-dd-yyyy HH:MM AM/PM	Date and Time
Disposition Upon Discharge	The patient disposition upon discharge, among the following of the following: Improved/Recovered, HAMA, Expired, Transferred, Absconded	Text (Categories)
Discharging Department	The Clinical/Medical hospital unit that discharged the patient	Text (Categories)
Admission Weight (in kg)	(Only for newborn patients:) the patient birth weight in kilograms.	Float
Date of Birth (for Newborns)	(Only for newborn patients:) the patient date of birth.	Date
Secondary Diagnoses 1-10	Any other diagnoses (ex: comorbidities, complications) assigned to the case throughout confinement, in ICD-10 codes.	Text (Categories)
Procedures 1-10	Any procedures carried out during the patient's confinement, in RVS codes.	Text (Categories)

F.   File Naming

Save the costing form with the file name **Medical Records_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example: Medical Records_123456_2021.xlsx

G.   Data Validation

For A. General Info on Hospital Operations and Activities:

- All the fields under BASIC INFO, BASIC MEDICAL STATISTICS, and PROCEDURES must have positive entries of 0 or greater.
- Note that all values under BASIC MEDICAL STATISTICS and PROCEDURES must be values for a whole year of hospital operations.
- For OTHER SERVICE OUTPUTS, the number of outputs delivered to various departments and wards need to add up to the Total Numbers for each service output.

For B. Summary Statistics:

- For each of the hospital units indicated:
  - The number of discharges must not exceed the number of admissions.
  - The number of deaths must not exceed the number of admissions.

For C. Discharges:

- The entries under Principal Diagnosis must be valid ICD-10 codes.
- For each inpatient discharge, the appropriate format must be followed for each of the fields:
  - Patient sex must be M or F only.
  - Patient age must be a number between 0 and 124.
  - Dates and Times of Admission and Discharge must be valid date-time entries that do not appear too far back in the past or in the future.
  - All entries under Secondary Diagnoses must be valid ICD-10 codes, based on either the Philippine ICD-10 Modifications or the PhilHealth list of medical case rates.
  - All entries under Procedures must be valid PhilHealth RVS codes.

Operating Room / Delivery Room

The Operating Room and Delivery Room Costing Form aims to estimate the cost of each procedure performed in the Operating Room and the Delivery Room, accounting for the costs of equipment, instrument, medical supplies and consumables.

- A. Forms
    - ○ **Medical equipment list**: To obtain the acquisition cost/procurement cost per equipment in the Operating Room and the Delivery Room, to account for the cost of medical equipment depreciation
    - ○ **OR/DR supplies:** To log all the supplies that are used/consumed for common procedures performed in the OR/DR
    - ○ **OR/DR procedures:** To track the procedures done by the OR/DR for other hospital units
- B. Sources of Information
    - ○ OR/DR inventory list
    - ○ OR standard list of supplies per procedure
    - ○ OR logbook
- C. Staff Responsible
    - ○ OR nurse
    - ○ DR nurse
    - ○ Procurement/supply officer
    - ○ Accountant (for procurement and depreciation values)
- D. Data and Information Required
    - ○ Acquisition cost and depreciation cost of each medical equipment in the OR and DR
    - ○ Supplies and instruments used per surgical/delivery procedure
    - ○ Hours spent per surgical/delivery procedure broken down by medical department
- E. Instructions

Expenses	Description	Format
A. Equipment Provide information for all the serviceable medical equipment that are in use in the Operating Room and the Delivery Room. This includes only procured and donated equipment and excludes all equipment that are under consignment from an external party. For each equipment, ensure that either Procurement Value or Donation Value is indicated, and that either Annual Depreciation Value or Useful Life Years must be indicated as well. This includes all medical equipment acquired for the delivery of medical services, such as: therapeutic equipment (i.e. infusion pumps, medical lasers, surgical machines, etc.), monitors. It also includes hospital beds, medicine trolleys, medical furniture, (stretchers, wheelchairs).		
Hospital Unit	The hospital unit that owns the equipment (either "Delivery Room" or "Operating Room / Aneasthesiology / PACU / Recovery Room"	Text (Categories)
Name of the Article / Equipment	The name of the equipment that is physically present and serviceable in the department.	Text (Free)
Description	The brand and other details on the specifications of the equipment.	Text (Free)
Date Acquired / Delivered	The date of acquisition/delivery of the equipment. If exact data is not available, please provide December 31 then the year.	Date (yyyy-mm-dd)

Expenses	Description	Format
Procurement Value	The unit procurement value of the equipment, if purchased by the hospital.	Numerical
Donation Value	The unit donation value of the equipment, if donated to the hospital by an external party.	Numerical
Quantity	The quantity of the same equipment procured.	Numerical
Total Value	The total value of the equipment.	Numerical
Annual Depreciation Value	The most recent reported annual depreciation value of the equipment.	Numerical
Useful Life Years	The estimated useful life years of the equipment.	Numerical
Remarks	Any special remarks or comments.	Text (Free)
B. Supplies Instructions: To account for the cost of supplies and consumables used for common procedures performed in the Operating Room / Delivery Room.		
Surgical Procedure	Name of the surgical procedure	Text (Free)
Supplies, Consumables, and Instruments/Devices	Name of the supply, consumable, or instrument/device	Text (Free)
Unit of Measurement	Unit of measurement for the supply, consumable, or instrument/device (ml, L,mg, piece)	Text (Categories)
Quantity / Volume used per procedure	Quantity/volume of the supply, consumable, or instrument/device used during conduct of each of the indicated surgical procedure	Numerical
C. Procedures Instructions: For each of the procedures for which consumables were indicated in B. Supplies, note the total number of times that the procedure was performed within the inclusive time period and for which hospital department/unit. The procedure names between sheets B. Supplies and C. Procedures must match in order to enable cross-referencing between the number of procedures done and the supplies consumed for each time it is performed.		
Surgical Procedure	Name of the surgical procedure	Text (Free)
Major / Minor	Whether the surgical procedure is major or minor	Text (Categories)
Time Duration (hours)	The average number of hours it takes to conduct the surgical procedure	Numerical
Total Number of Surgeries	The total number of the procedures done within the indicated time period	Numerical
Number of Surgeries (by hospital unit)	State how many of the surgical procedure was requested by each of the departments/wards within the indicated time period	Numerical

F.   File Naming

Save the costing form with the file name **ORDR_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example:
ORDR_123456_2021.xlsx

G. Data Validation

For A. Operating Room and Delivery Equipment List:

● The list of equipment present for the Operating Room/Delivery Room must be appropriate for the operations the hospital must be able to conduct given its service capability, as follows:

Level 1	Level 2	Level 3
Operating Room		
Air conditioning Unit	Air conditioning Unit	Air conditioning Unit
Anesthesia Machine	Anesthesia Machine	Anesthesia Machine
Cardiac Monitor with Pulse Oximeter	Cardiac Monitor with Pulse Oximeter	Cardiac Monitor with Pulse Oximeter
Caesarian Section Instrument	Caesarian Section Instrument	Caesarian Section Instrument
Defibrillator with paddles	Defibrillator with paddles	Defibrillator with paddles
Electrocautery machine	Electrocautery machine	Electrocautery machine
Emergency Cart	Emergency Cart	Emergency Cart
Glucometer with strips	Glucometer with strips	Instrument / Mayo Table
Instrument / Mayo Table	Instrument / Mayo Table	Laparotomy pack (Linen pack)
Laparotomy pack (Linen pack)	Laparotomy pack (Linen pack)	Laparotomy / Major Instrument Set
Laparotomy / Major Instrument Set	Laparotomy / Major Instrument Set	Laryngoscopes with different sizes of blades
Laryngoscopes with different sizes of blades	Laryngoscopes with different sizes of blades	Operating room light
Operating room light	Operating room light	Operating room table
Operating room table	Operating room table	Orthopedic Instrument Set
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	Orthopedic Instrument Set	Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline
Rechargeable Emergency Light (in case generator malfunction)	Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	Rechargeable Emergency Light (in case generator malfunction)
Sphygmomanometer, Non-mercurial	Rechargeable Emergency Light (in case generator malfunction)	Sphygmomanometer, Non-mercurial

Level 1	Level 2	Level 3
- Adult cuff - Pediatric cuff		- Adult cuff - Pediatric cuff
Spinal Set	Sphygmomanometer, Non-mercurial - Adult cuff - Pediatric cuff	Spinal Set
Stethoscope	Spinal Set	Stethoscope
Suction Apparatus	Stethoscope	Suction Apparatus
Thermometer, non-mercurial - Oral - Rectal	Suction Apparatus	Thermometer, non-mercurial - Oral - Rectal
Wheeled Stretcher with guard/side rails and wheel lock or anchor.	Thermometer, non-mercurial - Oral - Rectal	Wheeled Stretcher with guard/side rails and wheel lock or anchor.
	Wheeled Stretcher with guard/side rails and wheel lock or anchor.	
Delivery Room		
Air-conditioning Unit	Air-conditioning Unit	Air-conditioning Unit
Bag valve mask unit (Adult and pediatric)	Bag valve mask unit (Adult and pediatric)	Bag valve mask unit (Adult and pediatric)
Bassinet	Bassinet	Bassinet
Clinical Infant Weighing Scale	Clinical Infant Weighing Scale	Clinical Infant Weighing Scale
Defibrillator with paddles (if DR is separate from the OR Complex)	Defibrillator with paddles (if DR is separate from the OR Complex)	Defibrillator with paddles (if DR is separate from the OR Complex)
Delivery set, primigravid	Delivery set, primigravid	Delivery set, primigravid
Delivery set, multigravida	Delivery set, multigravida	Delivery set, multigravida
Delivery room light	Delivery room light	Delivery room light
Delivery room table	Delivery room table	Delivery room table
Dilatation and Curettage Set	Dilatation and Curettage Set	Dilatation and Curettage Set
Emergency Cart (if DR is separate from the OR	Emergency Cart (if DR is separate from the OR	Emergency Cart (if DR is separate from the OR

Level 1	Level 2	Level 3
Complex)	Complex)	Complex)
Instrument/Mayo Table	Instrument/Mayo Table	Instrument/Mayo Table
Kelly Pad or equivalent	Kelly Pad or equivalent	Kelly Pad or equivalent
Laryngoscope with different sizes of blades	Laryngoscope with different sizes of blades	Laryngoscope with different sizes of blades
Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline	Oxygen Unit Tank is anchored/chained/ strapped or with tank holder if not pipeline
Rechargeable Emergency Light (In case of generator malfunctions)	Rechargeable Emergency Light (In case of generator malfunctions)	Rechargeable Emergency Light (In case of generator malfunctions)
Sphygmomanometer -Non-mercurial	Sphygmomanometer -Non-mercurial	Sphygmomanometer -Non-mercurial
Stethoscope	Stethoscope	Stethoscope
Suction Apparatus	Suction Apparatus	Suction Apparatus
Wheeled Stretcher	Wheeled Stretcher	Wheeled Stretcher

- For each equipment listed here:
    - The Date/Acquired Delivered must be indicated as a valid date in mm-dd-yyyy format.
    - Either Procurement Value or Donation value must be indicated as a non-zero, non-negative numeric value. The Total Value must equal the Procurement Value or Donation Value multiplied by Quantity.
    - The Annual Depreciation Value must be indicated; if it is missing, then both the Total Cost and Estimated /Prescribed Life Years must have values.

For B. Surgical Supplies per Operating Procedure:

- The Surgical Procedure names must match those in C. Procedures, and there must be supplies listed for each surgical procedure indicated in C. Procedures.

For C. Procedures

For each unique Surgical Procedure listed:

- The Major/Minor field must not be empty and must contain only "Minor" or "Major".
- The Time Duration (hours) must not be empty and must contain a non-negative, non-zero number.
- The Total Number of Surgeries must equal the sum of the number of surgeries done per hospital unit.

Oxygen

The Oxygen Costing Form aims to estimate the cost of oxygen consumption by the different clinical departments.

- A. Forms
    - ○ **Oxygen utilization**: To account for oxygen consumption by the different hospital wards and units
- B. Sources of Information
    - ○ Central Supply Logbook
    - ○ Inventory Report
    - ○ Stock cards
    - ○ Consumption Report
- C. Staff Responsible
    - ○ Central Supply Supervisor / Staff
    - ○ Procurement Officer
- D. Data and Information Required
    - ○ Volume, form and type of oxygen consumed, dispensed and utilized
    - ○ Oxygen Consumption per hospital department
- E. Instructions
    - ○ Record all oxygen consumption used by various ancillary and clinica/medical departments

Expenses	Description	Format
A. Oxygen Instructions: Record all oxygen dispensed to the different hospital departments, whether from the Central Supply Office or some other hospital department, noting also the different volumes and types of oxygen. The number of each unique form/type of oxygen dispensed across the different hospital departments must add up to the total units for that form/type of oxygen.		
Volume of Oxygen (Liter per minute)	Unit of measurement of oxygen supply in terms of liters per hour	Numerical
Form (Cylinder or Centralized)	Category of oxygen based on form, either Cylinder or Centralized	Text (Categories)
Type (Liquid Oxygen, Oxygen Gas, Oxygen Concentrators, Hyperbaric Oxygen)	Category of oxygen based on type, either: Liquid Oxygen, Oxygen Concentrators, Hyperbaric Oxygen	Text (Categories)
Unit Cost	The cost to provide each tank (if cylinder) or liter (if centralized) of the oxygen indicated	Numerical
Total Volume of Oxygen Consumed - Tanks (if cylinder) or Liters (if Centralized)	Total liters of oxygen consumed by the hospital within the indicated time period	Numerical
Volume of oxygen consumed per hospital unit	State how many tanks or liters of the oxygen was consumed by each of the department/wards within the indicated time period	Numerical

- F. File Naming

Save the costing form with the file name **Oxygen_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example: Oxygen_123456_2021.xlsx

G. Data Validation

For A. Oxygen:

For each unique entry under Volume:

- The Form (as either Cylinder or Centralized) and Type (as either Liquid Oxygen, Oxygen Concentrators, or Hyperbaric Oxygen) must be indicated.
- The Unit Cost and Total Liters of Oxygen Consumed must both have non-zero, non-negative numeric values.
- The Volume of Oxygen Consumed indicated per hospital unit must add up to the Total Liters of Oxygen Consumed for each type of Oxygen.

Pharmacy and Medical Supplies

The Pharmacy and Medical Supplies Costing Form aims to estimate the costs of medicines, drugs, biologicals, and medical supplies dispensed by the pharmacy or the central supply office to the different wards and departments.

- A. Forms
  - ○ **Drugs and Supplies Amount:** To obtain the monetary value of the total annual consumption of drugs, medicines, and medical supplies used by the hospital departments and units
  - ○ **Medicines Consumption:** To account for the consumption of drugs and medicines by the different hospital departments and units
  - ○ **Medical Supplies Consumption:** To account for the usage/consumption of medical supplies by the different hospital departments and units
- B. Sources of Information
  - ○ Annual/monthly/weekly drugs and supplies utilization report
  - ○ Procurement list and pharmacy logbook
- C. Staff Responsible
  - ○ Chief pharmacist
  - ○ Pharmacist/pharmacy assistant
  - ○ Procurement/supply officer (for procurement cost/price)
- D. Data and Information Required
  - ○ Unit acquisition cost/procurement cost of drugs, medicines, biologics, medical supplies, and consumables
  - ○ Total consumption or sales of drugs, medicines, biologics, medical supplies, and consumables by respective ancillary and clinical departments
- E. Instructions

Expenses	Description	Format
A. Drugs and Supplies Amount Instructions: Record the annual consumption for drugs and medicines and medical supplies for all the ancillary/support and clinical/medical units. All amounts must be reported in real peso value.		
Hospital Unit Classification	These are the three major department types: Administrative, Ancillary / Support, and Clinical / Medical.	Text (Categories)
Hospital Unit	This is a pre-filled list of the departments or cost centers in the hospital.	Text (Categories)
Annual Consumption Value (in PHP) - Drugs and Medicines	The most recent annual consumption or sales of drugs, medicines, and medical supplies and consumables by hospital unit, in Philippine pesos.	Text (Categories)
Annual Consumption Value (in PHP) - Medical Supplies and Consumables		Numerical
B. Medicines Consumption Instructions: Record all drugs and medicines dispensed to other hospital units, whether from the pharmacy or the Central Supply Office (depending on which the hospital dispenses drugs and medicines from). Ensure that the quantities indicated per hospital/unit add up to the total for each unique drug/medicine.		
Generic Name	The name of the drug using the generic name. Must	Text (Free)

Expenses	Description	Format
	not be empty.	
Brand Name	The brand name of the drug, where applicable.	Text (Free)
Dosage Strength	The dosage strength of the listed drug. This is the amount of drug in a unit of the dosage form.	Text (Free)
Volume	The volume of the drug (applicable only to the drugs in liquid form).	Text (Free)
Dosage Form	The dosage form of the drug (the physical form of a dose of the drug).	Text (Categories)
Unit Acquisition Cost	The acquisition cost for each unit of the drug.	Numerical
Total Number of Units Dispensed	The total number of units dispensed of the drug within the indicated time period	Numerical
Number of units dispensed per hospital unit	The number of units of the drug dispensed to the different departments and wards of the hospital within the indicated time period. Each dispensed drug should be accounted for and summarized in this table.	Numerical
C. Medical Supplies Consumption Instructions: Record all medical supplies and consumables dispensed from the pharmacy and CSO and indicate total units dispensed per ward/unit/department. Ensure that the quantities indicated per hospital/unit add up to the total for each unique medical supply.		
Supply, Consumable Name, and Item Description	Name of the medical supply / consumable	Text (Free)
Packaging / Unit of Measure	The procurement packaging (ex: box, piece, rolls, sachet, kit, etc.)	Text (Free)
Unit Acquisition Cost	The acquisition cost for each unit of medical supply or consumable. Unit cost refers to the purchase/procurement price paid to the supplier for each piece of supply. If the price is given for each measurement unit per box, then you may compute for the unit cost of each drug by dividing the cost of the box by the number of units inside the box. This information may also be requested from the Procurement Office.	Text (Free)
Total Number of Units Dispensed	The total number of units of the medical supply or consumable to the different departments and wards of the hospital	Numerical
Number of units dispensed per hospital unit	The number of units of the medical supply or consumable dispensed to the different departments and wards in the hospital. Each dispensed drug should be accounted for and summarized on this table.	Numerical

F. File Naming

Save the costing form with the file name **Pharmacy and Medical Supplies_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example: Pharmacy and Medical Supplies_123456_2021.xlsx

G. Data Validation

For A. Drugs and Supplies Amount:

- Each of the clinical and medical hospital units must have non-zero, non-negative values for Annual Consumption Value for both Drugs and Medicines and Medical Supplies and Consumables.

For B. Drugs and Medicines Consumption:

- Each row must correspond to a unique combination for Generic Name, Dosage Strength, Volume, and Dosage Form.
- None of the Clinical/Medical hospital units must have 0 drug and medicine allocations.
- For each unique drug/medicine:
    - The Unit Acquisition cost must have a non-zero, non-negative value.
    - The Number of Units indicated per hospital unit must add up to the Total Number of Units Dispensed.

For C. Medical Supplies Consumables:

- None of the Clinical/Medical hospital units must have 0 medical supply allocations.
- For each medical supply listed:
    - Packaging/Unit of Measure and Unit Acquisition Cost must be indicated.
    - The Number of Units Dispensed indicated per hospital unit must add up to the Total Number of Units Dispensed.

Specialty Care

The Specialty Care Costing Form aims to estimate the costs of services rendered by specialty units for clinical units, accounting for the cost of medical equipment depreciation and the volume of outputs or services of these units. Specialty care units include:

- Dialysis
- Physiotherapy
- Burn unit
- Heart station
- Respiratory unit
- Morgue
- Nuclear medicine
- Radiation oncology unit
- Endoscopy unit
- Dental care

A. Forms
- Specialty Care medical equipment list
- Utilization of Specialty Care outputs by different hospital departments and units

B. Sources of Information
- Equipment status logbook/inventory cards
- Specialty care unit logbooks and monthly/annual reports of hospital departments and units

C. Staff Responsible
- Rehabilitation nurse/Dialysis nurse and nurses in other Specialty Care units
- Statistician and medical records officer
- Medical technician

D. Data and Information Required
- All medical equipment used for Specialty Care services and their specifications, location/department, procurement or donation value, and useful life years
- Number of outputs and services conducted by the Specialty Care units for various medical departments and units

E. Instructions

Expenses	Description	Format
A. Medical Equipment Instructions: Fill in the following for all serviceable medical equipment that are in use in Specialty Care units.Specialty care units include: dialysis, physiotherapy, burn unit, heart station, respiratory unit, morgue, nuclear medicine, radiation oncology unit, endoscopy unit, and dental care. The list of equipment should only include procured or donated equipment and exclude equipment that are under consignment from external parties. For each equipment, ensure that either Procurement Value or Donation Value is indicated, and that either Annual Depreciation Value or Useful Life Years must be indicated as well.		
Name of the Article / Equipment	The name of the equipment that is physically present and serviceable in the department.	Text (Free)
Description (including specifications, etc.)	The brand and other details on the specifications of the equipment.	Text (Free)
Date Acquired / Delivered	The date of acquisition/delivery of the equipment. If exact data is not available, please provide	Date (yyyy-mm-dd)

Expenses	Description	Format
	December 31 then the year.	
Procurement Value (if purchased)	The unit procurement value of the equipment, if purchased by the hospital.	Numerical
Donation Value (if donated)	The unit donation value of the equipment, if donated to the hospital by an external party.	Numerical
Quantity	The quantity of the same equipment procured.	Numerical
Total Value	The total value of the equipment.	Numerical
Annual Depreciation Value	The most recent reported annual depreciation value of the equipment.	Numerical
Useful Life Years	The estimated useful life years of the equipment.	Numerical
Remarks	Any special remarks or comments.	Text (Free)
B. Outputs Instructions: Record the number of physiotherapy sessions, ICU discharges, NICU discharges, heart station visits, and dialysis sessions that were done for other hospital departments or units.		
Outputs (Sessions, Visits, Procedures, and Discharges)	The name of the Specialty Care output. This may only be among the following: • Physiotherapy sessions • ICU discharges • NICU discharges • Heart station visits • Dialysis sessions	Text (Categories)
Total Number of Session/Visits/ Procedures/ Discharges	The total number of the Specialty Care output conducted by the hospital within the indicated time period	Numerical
Number of sessions/visits/ procedures/discharges per hospital unit	The number of outputs/sessions/procedures as requested by different wards and units in the hospital. Walk-in patients and referral patients from doctor's clinics should be counted under the Outpatient Department.	Numerical

F. File Naming

Save the costing form with the file name **Specialty Care_<Hospital PMCC No.>_<Year of Submission>.xlsx**. For example: Oxygen_123456_2021.xlsx

G. Data Validation

For A. Medical Equipment List - Specialty Care Units:

- For each equipment listed here:
  - The Date Acquired/Delivered must be indicated as a valid date in mm-dd-yyyy format.
  - Either Procurement Value or Donation value must be indicated as a non-zero, non-negative numeric value. Total Value must equal the Procurement or Donation Value multiplied by Quantity.

- The Annual Depreciation Value must be indicated; if it is missing, then both the Total Cost and Estimated /Prescribed Life Years must have values.

For B. Specialty Care Utilization by Different Wards and Units:

- Each of the entries under Outputs must only be among the allowable values (Physiotherapy sessions, ICU discharges, NICU discharges, PICU discharges, Heart station visits, Dialysis sessions)
- There must only be one row for each type of output.
- For each type of output: The Number of Sessions/ Visits/ Procedures/ Discharges indicated per hospital unit must add up to the Total Number of Sessions/ Visits/ Procedures/ Discharges.

Hospital Data Collection

The following sections detail the particulars around how hospitals will be engaged for the formal data collection process.

Data Collection Team Profile

Each hospital participating in the costing data collection process must establish a Cost Data Collection Team (CDCT) composed of representatives from different departments and units, based on the staff requirements listed for the forms above.

There will be a letter from PhilHealth's Benefits Development and Research Department (BDRD) addressed to the Chief of the Hospital regarding a request to organize the CDCT in time for the data collection process.

The CDCT ideally includes members with deep knowledge and experience in the hospital's operations and in the specific data collection areas such as human resources, medicines, and finance and accounting.

Below is a listing of the tasks that are expected of the various CDCT members.

A. Team Leader (1 per hospital)

The team leader will be in charge of leading the overall data collection effort for the hospital, mobilizing the hospital data collection team and coordinating with PhilHealth for clarifications and concerns (and with LGUs for public facilities, where the need arises).

Skills and required abilities:

- Authority, seniority, and congeniality to guide hospital staff to support and share data with CDCT
- Deep knowledge of hospital operations
- Familiarity with the use of smartphones and tablets to facilitate data collection

Main tasks:

1. Managing the CDCT
   - Selecting members for the CDCT
   - Organizing briefing meetings with CDCT before each of the survey weeks and as necessary
   - Uplifting CDCT morale

2. Facilitating the data collection process
    ○ Ensuring all the data collection forms are ready in time for data collection
    ○ Ensuring that all required data, information, corresponding logbooks, and other data sources for the Data Collection Forms are ready and available in time for data collection
    ○ Ensuring that the necessary tools/computers/tablets of the team members are ready at the start of the survey week/day
    ○ Ensuring that sufficient time is allocated for the data collection
    ○ Supervising the team members in filling out the Data Collection Forms
    ○ Ensuring that any missing or suspect data are revisited at the end of each day (if consumption and outputs are being manually recorded)
    ○ Safekeeping the paper forms and/or Excel files being used for data collection, and ensuring that all data collected is ultimately logged into Excel forms in the prescribed format
    ○ Submission of all the Excel DCFs to PhilHealth through the Data Collection Coordinator
3. Managing communications between hospital staff, survey team, and PhilHealth
    ● Explaining the data collection survey and its objectives to the necessary hospital staff
    ● Facilitating necessary meetings with the survey team
    ● Noting and consolidating questions and concerns from the survey team and/or hospital staff for PhilHealth, and communicating the feedback
    ● Summarize any suggestions for the data collection forms and process for PhilHealth (if any)

B. Data Collectors

The data collectors are the representatives from the various hospital departments conducting the collection of the costing data, whether it be extracted from existing information systems or collected manually (in the case of data that is not yet currently being electronically stored by the hospital). Ideally, there are data collectors representing the main functional departments of the hospital:

1. Billing / PhilHealth
2. Central Supply Office
3. Office of the Chief of Hospital
4. Chief of Clinics
5. Diagnostic Imaging
6. Engineering
7. Finance and Accounting
8. Laboratory
9. Medical Records
10. Nursing
11. Operating Room
12. Pharmacy
13. Specialty Care Areas

Skills and required abilities:

● Deep knowledge on the operations of his/her specific departments or wards of the hospital
● Adaptable to the use of tablets and smartphones (where necessary) for data collection

It would be best if there are Data Collectors across the different functional departments in the hospital:

Main tasks:

● Managing the DCFs

- Ensuring that all forms are ready at the start of each survey day
  - Familiarizing with the forms, their required information, and this Data Collection Manual prior to the start of data collection
- Conducting the data collection process
  - Working with the Team Leader to ensure that all required data sources are ready and available
  - Ensuring that all the necessary equipment (ex: computers, smartphones, tablets) are ready for each day of data collection
  - Recording the necessary data in the Data Collection Forms provided by the Team Leader, and making sure all related paper forms/Excel files are securely kept/stored
  - Checking that all forms are properly filled out at the end of each data collection day, ensuring that any missing data or suspect data are immediately revisited
  - Submission of the completed data collection forms to the Team Leader
- Participating in the CDCT
  - Attending any survey team meetings
  - Communicating any concerns or clarifications to the Team Leader

The data collectors will be trained by PhilHealth BDRD. A Data Collection Coordinator will also be assigned by PhilHealth to be reachable as a support hotline during the data collection days to provide guidance and respond to questions and clarifications.

C. Data Collection Supervisor

The Data Collection Supervisor ensures the accuracy, completeness, and validity of all data being collected.

Skills and required abilities:

- Has prior knowledge of conducting surveys (data collection, supervision, and data analysis)
- Has experience in data cleaning and manipulation with Microsoft Excel
- Has the communication skills to assert the need for clean data with the data collectors

Main tasks:

- Communicating with the data collectors to ensure that the correct data formats and validations are accounted for in the data collection step
  - Keeping constant contact with the data collection team and guiding them throughout the data collection weeks
  - Visiting the survey teams in the hospital and ensuring that all 11 data collection forms are being filled out, with none left out
  - Organizing meetings or huddles with the data collection team to discuss any preventable data quality issues that the data collectors may correct for as they continue to collect data
- Data cleaning and organization
  - Ensuring that data is organized into the Microsoft Excel templates provided by PhilHealth
  - Checking any suspect data, correcting for any errors spotted by the Supervisor
  - Ensuring that all data adheres to the data validation rules outlined in this Annex
  - Gives the final sign-off on the quality, completeness, and validity of all final data to be submitted to PhilHealth

Data Collection Timeline

The data collection schedule, deadlines, and submission mechanics will be communicated by the PhilHealth costing team to the hospital representatives during the capacity building workshop to be held at the beginning of the data collection cycle.