



PHILHEALTH CIRCULAR

No. 2023-0012

TO : ALL HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED

SUBJECT : Omnibus Guidelines on the Accreditation of Health Facilities (HFs) to the National Health Insurance Program

I. RATIONALE

Republic Act (RA) No. 11223 or the Universal Health Care Act seeks to ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk. Rule VII of its Implementing Rules and Regulations provides that “The DOH shall issue a License to Operate and Certificate of Accreditation, as appropriate, to these facilities that shall be valid for at least three (3) years, unless otherwise provided by laws and issuances and shall be independent of permits, registrations, and accreditations issued by other government offices.” PhilHealth Board Resolution No. 453 s. 2002 approved the Benchbook as the accreditation standard of the Corporation. With the implementation of the Benchbook, the health facilities (HFs) were granted one (1), two (2) or three (3) years accreditation based on the accreditation awards granted to the hospital.

Article VIII, Section 31 of RA No. 7875 as amended by RA No. 9241 and RA 10606, also known as The National Health Insurance Act of 2013, provides that “the Corporation shall have the authority to grant health care providers accreditation which confers the privilege of participating in the Program.” In 2013, with the streamlining of licensure and accreditation of HFs, the Corporation implemented an enhanced process for engaging HFs where DOH-licensed /certified HFs are deemed qualified for accreditation.

Consistent with RA No. 11032, or the Ease of Doing Business and Efficient Government Service Delivery Act of 2018 and RA No. 10173, or the Data Privacy Act of 2012, the Corporation shall adopt simplified requirements and streamlined procedures in accrediting HFs to the National Health Insurance Program.

The PhilHealth Board also approved these guidelines on April 26, 2023.

II. OBJECTIVES

To provide updated guidelines on the accreditation process for HFs while in transition to health care provider network contracting, thereby ensuring efficient

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processing of applications for accreditation of HFs that are aligned with existing policies and laws.

III. SCOPE

This PhilHealth Circular shall apply to all HFs that are currently accredited, those with pending appeals/ motions for reconsideration on their applications for accreditation or those with intent to participate in the National Health Insurance Program (NHIP).

The guidelines for network contracting shall be released in a separate issuance.

IV. DEFINITION OF TERMS

A. Accreditation Appeals Review Committee (AARC) – formerly known as the Accreditation Committee, is a collegial body composed of PhilHealth management, representatives from the Department of Health (DOH), presidents or heads of different Health Care Provider (HCP) organizations and patient groups, that deliberates on appeals and motions for reconsideration on applications for accreditation of HFs. The Committee is recommendatory to the President and CEO of the Corporation

B. Automatic Accreditation – the accreditation route of HFs that are licensed or certified by the DOH or other certifying body duly recognized by PhilHealth and has the opportunity to be accredited through participation with the Program.

C. Continuous Accreditation (CA) – continuous participation granted by the Corporation to HCPs that/who complied with all the requirements for accreditation prescribed by the Corporation within the prescribed period that qualify them for uninterrupted participation in the Program, until such participation is withdrawn or terminated based on the rules set by the Corporation

D. Contracting – a process where providers and networks are engaged to commit and deliver quality health services at agreed cost, cost sharing and quality in the compliance with prescribed standards.¹

E. Downgrading – change to a lower HF category (e.g. hospital to infirmary, Level 2 to Level 1 hospital).

F. Fraudulent Acts – refer to any act of misrepresentation or deception resulting in undue benefit or advantage on the part of the doer or any means that deviate from normal procedure and is undertaken for personal gain, resulting thereafter to damage and prejudice which may be capable of pecuniary estimation.²

G. Gap in Accreditation – the period where the HF is not accredited.

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¹ Implementing Rules and Regulations (IRR) of RA No. 11223, or the Universal Health Care (UHC) Act, Section 4.

² Ibid.

- H. Health Care Professional (HCProf)** – any doctor of medicine, nurse, midwife, dentist or other allied professional or practitioner duly licensed to practice in the Philippines.³
- I. Health Care Provider Network (HCPN)** – a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with primary care provider acting as the navigator and coordinator of health care within the network.⁴
- J. Health Extension Facility (HEF)** – refers to licensed offsite expansion of the following services of licensed hospitals: ward, isolation rooms, emergency room, clinical laboratory, x-ray, and pharmacy. These facilities are temporary in nature, established for the management of COVID-19 patients and limited to provide **specific services only**. These facilities may be lodged within a certified Temporary Treatment and Monitoring Facility (TTMF) managed by the LGU or another government agency.⁵
- K. Health Facility (HF)** – previously referred to as Health Care Institution (HCI), which may be public or private, devoted primarily to provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation and palliation of individuals suffering from illness, disease, injury, disability or deformity or in need of obstetrical or other medical and nursing care.⁶
- L. Performance Commitment (PC)** – a notarized document signed by the authorized representative of the HF that intends to participate in the Program, which stipulates their undertakings to provide complete and quality health services to PhilHealth beneficiaries. This document also reflects the commitment of an HF to comply with PhilHealth policies on benefits payment, information technology, data management and reporting and referral, among others.
- M. Pre-Accreditation Survey (PAS)** – a process of assessing the HF's capabilities through on-site observation or virtual survey, evaluation of pertinent documents and interview of personnel and patients.
- N. Provisional Accreditation (PA)** – accreditation granted by the Corporation, through the Regional Accreditation Committee and Accreditation Appeals Review Committee, for a specified period of time (full or partial accreditation validity) to a health care provider, institution or professional, for conditions as stated in this policy.⁷
- O. Regional Accreditation Committee (RAC)** – formerly known as Accreditation Subcommittee (ASc), is a collegial body composed of heads of the different organizational offices of the PRO, representative from the Centers for Health Development and representatives of HCP organizations and patient advocate groups, that deliberates on the applications for and certain motions for

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³ IRR of the UHC Act, Section 4.

⁴ Ibid.

⁵ DOH Department Memorandum No. 2021 – 0428, “Guidelines on the Regulation of Hospital’s Responses Due to the COVID-19 Surge.”

⁶ IRR of the UHC Act, Section 4.

⁷ PhilHealth Circular (PC) No. 0013, s. 2020, “Provisional Accreditation of Health Care Providers.”

reconsideration on accreditation of HCPs in the PROs. It also recommends policies or policy enhancements on accreditation of HCPs.

P. Temporary Intensive Care Unit (TICU) – ICUs established in DOH-licensed level 1 hospitals exclusively for the management of COVID 19 patients.⁸

Q. Temporary Withdrawal of Accreditation – a measure instituted by the Corporation for the temporary cessation of a valid accreditation that was previously granted to an HCP for a specific period due to conditions as provided in this issuance.

V. POLICY STATEMENTS

A. The Corporation shall continue to accredit the following HF's while in transition to full implementation of network contracting:

1. Hospital – Level 1, 2 or 3
2. Hospital Extension Facility (HEF)
3. Infirmary
4. Ambulatory Surgical Clinic (ASC)
5. Freestanding Dialysis Clinic (FDC)
6. Maternity Care Package (MCP) Provider⁹
7. TB DOTS Package Provider¹⁰
8. Freestanding Family Planning (FP) Clinic¹¹
9. Outpatient HIV AIDS Treatment (OHAT) Package Provider¹²
10. Community Isolation Units (CIUs) as COVID-19 Community Isolation Benefit Package (CCIBP) Provider¹³
11. COVID-19 Home Isolation Benefit Package (CHIBP) Provider¹⁴
12. SARS-CoV-2 Testing Laboratory¹⁵
13. Outpatient Malaria Package (OMP) Provider¹⁶
14. Primary Care Package Provider (Konsulta)¹⁷
15. Animal Bite Package Provider (ABPP)¹⁸
16. Drug Abuse Treatment and Rehabilitation Center (DATRC)¹⁹
17. Cancer Treatment Facilities²⁰
18. Other HF's as deemed necessary by the Corporation.



⁸ DOH Department Circular No. 2021 – 0386, “Interim Guidelines on the Regulation of Temporary Intensive Care Units (TICUs) in Level 1 Hospitals to Further Expand Surge Capacity for COVID-19 Response.”

⁹ PC No. 0002, s. 2018, “Department of Health License to Operate (DOH-LTO) as a Mandatory Requirement for Accreditation of Birthing Homes and Maternity/ Lying-In Clinics Starting CY 2018.”

¹⁰ PC No. 0017 s. 2003, “Accreditation of DOTS Facilities,” and PC No. 0014 s. 2012, “Revised Guidelines for the PhilHealth Outpatient Anti-TB DOTS Benefit Package.”

¹¹ PC No. 0005, s. 2018, “Guidelines for Accreditation of Free-Standing Family Planning (FP) Clinics.”

¹² PC No. 0025, s. 2021, “Outpatient HIV/ AIDS Treatment (OHAT) Package (Rev. 2).”

¹³ PC No. 0018, s. 2020, “Guidelines on the COVID-19 Community Isolation Benefit Package (CCIBP) (Rev. 1).”

¹⁴ PC No. 0004, s. 2022, “COVID-19 Home Isolation Benefit Package (CHIBP) (Rev. 2).”

¹⁵ PC No. 0017, s. 2020, “Benefit Package for SARS-CoV-2 Testing Using RT-PCR (Rev.1).”

¹⁶ PC No. 0025, s. 2008, “Outpatient Malaria Package.”

¹⁷ PC No. 0021, s. 2020, “Accreditation of HCPs for Konsulta Package,” and PC No. 0005, s. 2022, “Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package (Rev. 1).”

¹⁸ PC No. 0015, s. 2012, “PhilHealth for Animal Bite Package (Rabies Post-Exposure Prophylaxis).”

¹⁹ PC No. 0018, s. 2017, “Accreditation of Medical Detoxification Package Providers.”

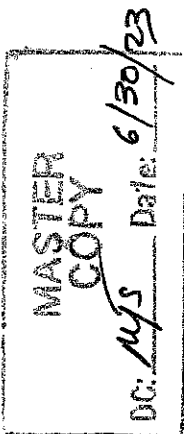
²⁰ DOH AO No. 2022-0012, “Rules and Regulations Governing the Licensure of Cancer Treatment Facilities in the Philippines.”

B. Types of Accreditation

1. Initial - the accreditation given to a qualified HF that is applying for the first time.
2. Renewal/ continuous - the accreditation given to a qualified HF before the expiration of a previous accreditation in accordance with the provisions of this Rules.
3. Re-accreditation – the accreditation granted to a qualified HF due to the following conditions:
 - a. Health facility whose previous accreditation has lapsed or whose subsequent application was denied;
 - b. Failure of the provider to submit the requirements for renewal / continuous of accreditation within the prescribed period;
 - c. Transfer of location;
 - d. Acquisition of additional service capability that would require new license/certificate, as applicable, issued by the relevant authority;
 - e. Change in ownership;
 - f. Change in classification of the HF;
 - g. Upgrading of facility level or category;
 - h. Temporary withdrawal of accreditation, in accordance with the provisions of this Rules; or
 - i. Resumption of operation after closure/cessation of operation.

C. Requirements for Accreditation

1. The requirements for accreditation of HFs are prescribed in Annex A (Documentary Requirements for Accreditation of Health Facilities).
2. In the event that rosters of HFs are officially available from issuing agencies (DOH, Philippine Hospital Association, among others), inclusion of the name of the HF in the official rosters shall suffice. Hard copies of the license/certification/etc. may no longer be submitted.
3. Health facilities may still retain the hospital logbook containing the data fields as required in PhilHealth Circular No. 07 s. 2002, but the same shall no longer be authenticated;
4. The applicant HFs shall be duly licensed/certified by the DOH, as applicable, during the validity of accreditation.



5. A fully accomplished Provider Data Record for Health Facilities (Annex B) shall be submitted during the following:
 - a. Application period (initial, renewal or re-accreditation); and
 - b. Request to update any information in the accreditation database such as change in the head of the facility, change in contact information (mobile number and/ or email address), downgrading of hospital level or service capability, among others, with supporting documents as applicable.
6. An applicant HF that is owned by a corporation or a partnership, shall submit:
 - a. A certified true copy (CTC) of the Articles of Incorporation or Partnership, as applicable when applying for initial accreditation or re-accreditation due to a change in ownership;
 - b. A copy of the latest General Information Sheet (GIS) when applying for initial, renewal or re-accreditation due to change in ownership.
7. Currently accredited HFs applying for additional service/s and/or outpatient benefit package/s shall apply for re-accreditation by submitting the requirements as provided in Section III, Item B of Annex A, and paying the appropriate accreditation fee as outlined in Section V, Item U.2.a of this policy.
8. Medical Director/ Chief of Hospital/ Medical Center Chief or Administrator/ Head of Facility
 - a. The medical director/ chief of hospital/ medical center chief or administrator/ head of facility of the following HFs shall have an active accreditation during the entire period of accreditation of the HF to be accredited:

Health Facilities	Medical Director/ Chief of Hospital/ Medical Center Chief or Administrator/ Head of Facility
Hospitals (Level 1, 2, or 3)	The managing physician shall be full time and shall only handle one (1) facility.
Infirmaries	
ASCs (with HCProf as Head)	The managing HCProf may handle a maximum of three (3) ASCs.
FDCs (hemodialysis and peritoneal dialysis)	The managing physician shall handle a maximum of three (3) FDCs.
Non-hospital MCP Providers	The managing HCProf shall handle a maximum of three (3) MCPs.
FP Clinics	
TB DOTS	The managing physician shall be either full-time or part-time.
OHAT	
ABPP	

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Stand-alone Primary Care Package Providers / Konsulta Package Providers	The managing physician/s shall be full-time or full-time equivalent. ²¹ He or she may also be the head of other primary care outpatient packages.
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Table 1: HF's Requiring Accreditation of the Head of Facility

- b. The head of the ASC who is not an HCProf may also handle a maximum of three (3) ASCs, but accreditation is not required. The HCProf who performs the procedure shall be accredited.
- c. When the accreditation of the medical director/ chief of hospital/ medical center chief or administrator/ head of facility expires within the accreditation validity of the HF, the facility shall find a qualified replacement within sixty (60) days from the expiration of the head's accreditation validity. Likewise, the HF shall designate an officer in charge until a qualified replacement is in place. Non-compliance within the prescribed period shall result in the temporary withdrawal of the HF's accreditation.
- d. The head of the primary care package provider may also be the head of other primary care outpatient packages.
- e. The head of facility of the following HF's need not be accredited:
 - e.1. Stand-alone SARS-CoV-2 Testing Laboratories;
 - e.2. Community Isolation Units; and
 - e.3. Outpatient Malaria Package Providers.
- D. The Corporation shall have the authority to grant the HCP accreditation which confers the privilege of participation in the program.
- E. The Corporation shall determine the period of accreditation and reserves the right to issue, deny or withdraw accreditation after an evaluation of the capability and integrity of the HF.
- F. Hospitals (L1, L2, or L3), infirmaries, ASCs and FDCs operating for at least three (3) years, may apply for initial accreditation. However, those that have not operated for three (3) years may likewise apply and qualify for accreditation if they comply with all other accreditation requirements and further, meet any of the following conditions:
 1. Their managing HCProf has had working experience in another accredited HF for at least three (3) years or as provided in the licensing standards of the DOH;
 2. They operate as a tertiary care facility or its equivalent;
 3. They operate in an LGU where the accredited HF/s cannot adequately or fully service its population;

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²¹ Per PC No. 0021, s. 2020, Section IV, Item A, full-time equivalent "refers to the hours worked by one or more health workers equivalent to the work of one full-time health worker (a total of forty (40) hours a week)".

4. They are extensions or branches of HF's that have been accredited for at least two (2) years; the main HF and the applicant HF shall have the same owner and not franchised; or
 5. Other conditions as may be determined by the Corporation.
- G. The HF shall ensure compliance to all requirements and standards of accreditation when filing applications.
 - H. PhilHealth shall adopt the existing classification of facilities of the DOH based on the latest applicable DOH issuance.
 - I. The health staff of the HF shall have the training and proficiency as required by the benefit package being applied for.
 - J. An accredited HF shall adhere to pertinent statutory laws affecting the operations of HF's, including the Data Privacy Law.
 - K. An accredited HF shall abide by all provisions set forth in their notarized Performance Commitment (Annex C). The terms and conditions embodied in the Performance Commitment cannot be altered nor revised by the HF without express written approval of the PhilHealth.
 - L. The HF shall be a PhilHealth registered employer and shall regularly remit the premium contributions of their employees, regardless of the employment status, within the prescribed period.
 - M. HF's certified by the Research Institute for Tropical Medicine (RITM) as an Antimicrobial Resistance Surveillance Program (ARSP) facility shall submit an updated certificate during the application for accreditation.
 - N. DOH LTO/ Certification issued by organizations/agencies recognized by PhilHealth
 1. Gap in the DOH LTO/Certification shall also result in a gap in the accreditation of the HF. The accreditation shall automatically be reinstated if the gap in the DOH LTO/Certification has been lifted or had been fully-served and if the accreditation period has not yet ended.
 2. The gap in accreditation of an accredited HF with preventive suspension/ cease-and-desist order (CDO) of the DOH LTO shall take effect on the date the HF received the suspension order from the DOH unless the effectivity date of the CDO is stipulated in the DOH order.
 3. The revocation of the DOH LTO/certification shall take effect on the same date of revocation as stated in the letter/ order from the DOH. The HF may apply for re-accreditation once it has been granted a new DOH LTO/ certification.
 4. An HF with DOH LTO/certification/permit, expiring within the valid accreditation period shall submit an updated License/Certification/permit within sixty (60) days from the expiration of the License/ Certification/

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permit. Non-compliance within prescriptive period shall result in the temporary withdrawal of the HF's accreditation. The provisions on the temporary withdrawal of accreditation in Section V, Item W.3 of this issuance shall apply.

5. The Corporation shall effect the revocation of the license to operate by the DOH or other government regulatory office during the validity of accreditation.

O. Health Facilities with PhilHealth-Imposed Suspension

1. The Corporation shall effect the final order of execution or Writ of Execution issued by PhilHealth against the HFs.
2. Penalty of suspension imposed upon the HF that exceeds the validity of the current accreditation:
 - a. If the HF submits an application on or before the expiry of accreditation before the suspension is fully served, the application for renewal or re-accreditation shall be processed in accordance with existing accreditation procedure, but the effectivity of accreditation shall be deferred until the period of suspension is fully served.
 - b. If the HF submits an application for accreditation after the suspension has been fully served, the effectivity of accreditation shall be from the date of submission of complete application. The fully served suspension shall not be ground for denial of subsequent applications for accreditation.

- P. Accredited HFs shall establish the mechanism to verify the capabilities, qualifications and competence of their affiliated HCProfs. They shall verify the credentials of their affiliate professionals including: professional education, relevant trainings and work experience. Granting of privilege to HCProfs to practice in their facility also entails monitoring of the professional's adherence to quality care and ethical practice.

- Q. The HF shall have a quality improvement program with a copy of the Manual of Procedures within the facility

- R. The HF shall have a referral arrangement with other HFs or participation in a functional Service Delivery Network (SDN) for referral of patients who warrant care that is not available in the facility.

- S. Once accredited, the HF should have the capability to transmit claims electronically.

- T. Once accredited, the HF shall have the capacity to receive PhilHealth reimbursements through Auto-Credit Payment Scheme (ACPS).²²

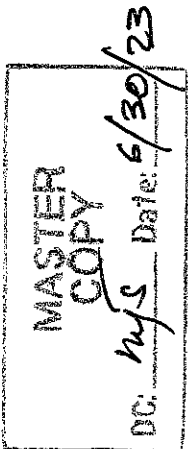
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²² PC No. 0020, s. 2017, "Implementation of Auto-Credit Payment Scheme (ACPS) to all Health Care Institutions."

U. Accreditation Process

1. Filing of Applications

- a. The applicant HF shall submit two (2) sets of complete application during the prescribed filing period.
- b. A receiving copy of the submitted requirements shall be returned to the applicant.
- c. A complete application satisfies all the following requirements:
 - c.1 Provider Data Record and Performance Commitment completely and properly accomplished and signed, updated, as applicable;
 - c.2 License/s and/or certification/s is/are updated;
 - c.3 All documentary requirements in the checklist are attached;
 - c.4 Pending the submission of the actual LTO/ certification, the HF may initially submit a certification stating that the inspection was conducted and the HF was compliant with the standards.
 - c.5 Private HFs may submit their business permits of the previous year during the application period but the updated business permit shall be submitted within the month of January of the accreditation period being applied for otherwise the accreditation shall be temporarily withdrawn. In such a case, the provisions of the TWA, as specified in Section V, Item W.3 of this issuance, shall apply.
- d. All HFs shall submit the complete documentary requirements for accreditation electronically or manually to their respective LHIOs/PROs. For applications sent electronically, hard copies of the documents shall be submitted to LHIO/PRO within thirty (30) days from submission at the LHIO or PRO. Non-submission of the hard copies within prescriptive period shall result in the temporary withdrawal of the HF's accreditation. Incomplete applications shall be returned to the applicant with the list of deficiency/ies for its compliance. If return of the documents is not immediately possible, the HF applicant shall be informed via email, SMS or phone call.
- e. The Corporation also encourages filing of a single application for renewal of accreditation of an HF providing a combination of inpatient services and other PhilHealth packages. Accreditation fees are reflected in Tables 3 and 4.
- f. HFs that resumed operations after ceasing or closing may apply for re-accreditation anytime, subject to compliance to requirements.



g. Initial and Re-accreditation

- g.1 HF's applying for initial accreditation or re-accreditation may submit an application and other documentary requirements anytime.
- g.2 HF's applying for initial accreditation may also apply for the 2-year or 3-year continuous accreditation subject to compliance to requirements.
- g.3 HF applying for re-accreditation for the conditions below may also apply for the 2-year or 3-year continuous accreditation, subject to compliance to requirements:
 - g.3.1 Additional service capability;
 - g.3.2 Transfer location;
 - g.3.3 Upgrading of facility level; or
 - g.3.4 Change in classification of the HF.

h. Renewal/ Continuous

- h.1 Applications for renewal of accreditation shall be submitted from October 1 until the last working day of December of the preceding accreditation year.
- h.2 Applications received after the prescribed period shall be treated as re-accreditation and may incur a gap in the accreditation.
- h.3 If the last working day falls on a weekend, or a legal holiday, the deadline for the filing of the said application would be on the succeeding working day.
- h.4 HF's providing a combination of inpatient and outpatient benefit packages (OBP) or a combination of two or more OBPs may submit a single application. The validity of accreditation of the HF as a provider of inpatient services and as a provider of OBPs shall be the same, as applicable.

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Scenarios	Description	Application Type	Prescribed Filing Period	Application Date	Remarks
Hospital A (Granted regular accreditation in 2023)	Applying for two-year CA within the prescribed period	Renewal/ CA	10/01 to the last working day of December 2023	12/20/23	May grant CA from 1/1/23 to 12/31/24 subject to submission of updated DOH LTO in 2024

Scenarios	Description	Application Type	Prescribed Filing Period	Application Date	Remarks
Hospital B	Application filed beyond the prescribed period	Re-accreditation	10/01/23 to the last working day of December 2023	01/07/23	1/7/23 to 12/31/23
MCP	DOH LTO valid from 2022 to 2024	Initial	Anytime	12/01/22	May grant CA from 12/1/22 to 12/31/24
Licensed Konsulta with MOA with outsourced providers	Applying for two-year CA within the prescribed period	Renewal	10/01 to the last working day of December	12/21/22	May grant CA from 1/1/23 to 12/31/24 subject to submission of updated DOH LTO in 2024
TB DOTS		Re-accreditation		1/5/23	Accreditation validity: 01/05/23 - 12/31/23

Table 2: Illustration on the Continuous Accreditation

2. Accreditation Fee

a. The accreditation fee, as tabulated below, is nonrefundable.

Type of Health Facility	Accreditation Fee
Level III Hospitals (teaching hospital)	P 10,000.00
Level II Hospitals	P 8,000.00
Level I Hospitals	P 5,000.00
Infirmaries	P 3,000.00
Ambulatory Surgical Clinic (ASCs)	P 5,000.00
Freestanding Dialysis Clinic (FDCs)- Hemodialysis and Peritoneal Dialysis	P 5,000.00
Primary Care Package Provider / Konsulta Package Providers (KPP)	P 2,000.00
TB DOTS Package Provider	P 1,000.00
Maternity Care Package Providers	P 1,500.00

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Animal Bite Package Providers	P 1,000.00
Outpatient HIV AIDS Treatment (OHAT) Package Provider	P 1,000.00
Freestanding Family Planning (FP) Clinic	P 1,500.00

Table 3: Schedule of Accreditation Fees

- b. The following package providers do not need to pay accreditation fee:
- b.1 Hospital Extension Facility;
 - b.2 Outpatient Malaria Package Providers;
 - b.3 Community Isolation Units;
 - b.4 COVID 19 Home Isolation Benefit Package (CHIBP) Provider;
 - b.5 SARS CoV2 Testing Laboratories; and
 - b.6 Drug Abuse Treatment and Rehabilitation Center (DATRC).
- c. The accreditation fees for an HF providing multiple inpatient and outpatient PhilHealth packages are illustrated in the following tables:

Service/ Package/s	Accreditation Fee
Hospital level 1 (inpatient service) plus KPP	P5,000 + P1,000 (50% of the fee for KPP)
Hospital level 1 (inpatient service) plus KPP plus any of the one or more of the outpatient packages except MCP	P 5,000 + P1,000 (50% of KPP accreditation fee) + P1,000 (accreditation fee of other OBP/s)
Hospital level 1 (inpatient service) plus any of the one or more of the outpatient packages except MCP	P 5,000 + P1,000 (accreditation fee of other OBP/s)

Table 4: Accreditation Fee for HF's Providing Varied Services (Combination of PhilHealth Inpatient Service and Outpatient Benefit Package/s)

Packages	Accreditation Fee
KPP plus one or more combination of other outpatient packages	P 2,000
MCP + any one or more combination other outpatient packages, except KPP)	P 1,500
Any Combination of ABTC, TB DOTS, OHAT & FP	P 1,000

Table 5: Accreditation Fee for Combination of PhilHealth Outpatient Benefit Package/s in one Application

- d. An HF applying for the 3-year continuous accreditation shall pay the accreditation fee equivalent to the fee for one year multiplied by the

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number of years the HF is applying for. In case the HF was only granted one-year accreditation, the excess payment shall be credited as advance payment for the subsequent applications for accreditation.

3. Pre-Accreditation Survey (PAS)

a. The PAS shall be conducted for the following conditions:

- a.1 Non-hospital Konsulta Package providers without one-stop-shop DOH LTO as a Primary Care Facility (PCF);
- a.2 Non-hospital Konsulta providers with an LTO stating the presence of a memorandum of undertaking (MOU) only, which provides that the provider, with neither the required services nor the memorandum of agreement with an outsourced provider, commits to set up the required services within a prescribed period that is reflected in the LTO;
- a.3 Licensed facility applying as a Konsulta provider but lacks any or all of the following: licensed primary clinical laboratory, licensed pharmacy, licensed X-ray facility, functional ECG;
- a.4 HF with gap in accreditation of six (6) months or more;
- a.5 Other conditions as determined by the Corporation.

b. HFs that require PAS, whether actual or virtual, shall be notified on the schedule of the survey within seven (7) working days after receipt of the application.

c. The following are the activities during the conduct of the PAS:

- c.1 Entry Conference with the facility management
- c.2 Interview with the facility management and other facility staff
- c.3 Document review (optional for virtual survey);
- c.4 Viewing of the physical plant, equipment and supplies
- c.5 Filling out of the accreditation survey tool
- c.6 Exit conference:
 - c.6.1. Discussion of the survey findings, the noted deficiencies, if any, and the period of compliance to the deficiency/ deficiencies;
 - c.6.2. The HF representative signs the survey report; and
 - c.6.3. The HF is provided a copy of the survey report.

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DC: MYS Date: 6/30/23

- d. Except for Konsulta Package Providers, HF's shall be given sixty (60) calendar days to comply with deficiency/ies noted during the survey.
- e. Konsulta Package Providers are given ninety (90) calendar days to comply with deficiencies noted during the survey.
- f. If the given compliance period falls on the 4th quarter of the year, the HF shall submit application for renewal of accreditation for the ensuing year.

4. Decisions on the Applications

- a. Applications fully compliant with all the requirements for accreditation, as established by the Corporation, shall be granted accreditation.
- b. The applications for renewal of accreditation shall be granted continuous accreditation for two (2) or three (3) years, as applicable, until denied/withdrawn based on the rules set by the Corporation. The application of the HF shall not be subject to deliberation by the RAC if the applicant HF's:
 - b.1 Submitted complete documentary requirements;
 - b.2 Submitted during the prescribed filing period;
 - b.3 No pending case/s for infraction/s and/or violation/s of any PhilHealth rules, regulations and other issuances; and
 - b.4 HF not currently granted PA.
- c. The following shall be subject to the deliberation by the RAC:
 - c.1. All initial applications; and
 - c.2. Applications for renewal and re-accreditation with pending case/s for infraction/s and/or violation/s of any PhilHealth rules, regulations and other issuances.

- d. Non-compliance to the deficiencies noted during the PAS within the prescribed period shall lead to denial of the application for accreditation.
- e. If any of the accredited service or package is granted PA, withdrawn, suspended or revoked, only the particular service or package shall be affected by the decision of the Corporation.
- f. A letter of approval and Certificate of Accreditation (CoA) shall be emailed to all HF's with approved applications upon approval of the Regional Vice-President/Vice-President (RVP/VP). Receipt of such shall be acknowledged by the HF immediately. The printed copy of the letter of approval and CoA shall be mailed thereafter.
- g. A letter of denial of application shall be emailed to the HF's with denied accreditation within three (3) days upon approval of the decision for

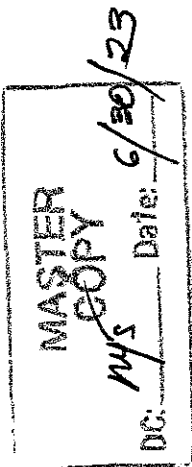
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denial by the concerned RVP/VP on their application for accreditation. Receipt of such shall be acknowledged by the HFs immediately. The printed copy of the letter of denial shall be mailed thereafter.

- h. The decision on the application is delegated to the head of the PRO by the President and CEO of the Corporation. Decisions are subject to an appeal or motion for reconsideration (MR), as applicable, within thirty (30) calendar days from receipt of the letter of the decision on the application. Otherwise, the decision becomes final and executory.
- i. In case the HF is not in agreement with the decision on the application, an appeal/motion for reconsideration may be filed addressed to the Chairperson of the RAC or the AARC accordingly, within thirty (30) calendar days from receipt of the decision. The options/ remedies on the denied application are provided in Table 6, "Remedies of the HF on the Decision of the RAC and AARC."
- j. All HFs whose applications for accreditation were denied may re-apply for accreditation any time after the receipt of the letter of denial of accreditation ensuring that the reason/s for denial has/have been resolved.
- k. An HF with a pending appeal or motion for reconsideration on its application for accreditation may submit a complete application for the succeeding accreditation cycle which shall be treated as re-accreditation and shall undergo the regular accreditation process.
 - k.1 Should the appeal or MR be approved by the Corporation as continuous accreditation (CA), the application of the HF for the succeeding accreditation cycle shall be treated as CA and will not incur a gap in accreditation, provided they applied within the prescribed filing period;
 - k.2 If the appeals or MRs of the HFs will be denied, the application shall remain as re-accreditation.

5. Remedies of the HF on the Decision on the Application, Appeal or MR

- a. An HF with an application denied by the RAC may undertake any of the following actions:
 - a.1 Submit a motion for reconsideration, addressed to the PRO VP/ RVP, when the basis of the denial is any of the conditions below. The MR shall be deliberated by the RAC:
 - a.1.1 Compliance with requirements/minimum standards for accreditation that caused the denial of applications, i.e., professional or HF settled arrears on premium contributions, submitted updated DOH license, etc.;
 - a.1.2 Delay in filing of applications due to late issuance of licenses/certifications of PhilHealth recognized agencies



a.1.3 Removal of gap in accreditation

a.1.3.1. Due to issuance of new DOH LTO with no gap in its validity;

a.1.3.2. Due to late filing; and

a.1.3.3. Due to fortuitous events, including disasters, distress, epidemics, pandemics, i.e.:

a.1.3.3.1. Events that are “acts of God” such as floods or typhoon or earthquake;

a.1.3.3.2. Events that are “acts of man” such as pandemic, rebellion, insurgencies, and wars.

a.2 If the above-mentioned MR is denied by the RAC, the HF may file an appeal with the AARC (Table 6 - Remedy of the HF in the Decision of the RAC and AARC) within thirty (30) calendar days from receipt of the decision on the MR.

a.3 Submit an appeal addressed to the President and CEO of the Corporation within thirty (30) calendar days from receipt of the notice of RAC decision, when the basis for denial is/ are not among the conditions from a.1.1 to a.1.3.3.2.

b. HF with Appeals/MR before the AARC

b.1. When the MR of the HF in Section V, Item U.5.a.1 is denied by the RAC, the concerned HF may still file an appeal with the AARC. However, the HF shall no longer file an MR once the appeal is denied by the AARC. The decision is final and executory.

b.2. HF with denied applications for reasons not mentioned in Section V, Item U.5.a.1 may file an appeal with the AARC. When the appeal is denied, the HF may file an MR.

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RAC Decision	Committee to address the Appeal/MR		
	RAC	AARC	
Applications for reasons stated in Section V, Item U.5.a was denied by the RAC	MR		
MR for reasons stated in Section V Item U.5.a was denied by the RAC	Elevate to AARC	Appeal	Can no longer file an MR with the AARC

RAC Decision	Committee to address the Appeal/MR		
	RAC	AARC	
Applications denied by the RAC for reasons not stated in Section V, Item U.5.a.	Elevate to AARC	Appeal	
Appeals denied by the AARC for reasons not stated in Section V, Item U.5.a.			MR
MR for reasons not stated in Section V, Item U.5 as denied by the AARC			

Table 6: Remedies of the HF on the Decision of the RAC and AARC

V. Validity of Accreditation

1. Beginning CY 2024, HFs applying for accreditation (initial, renewal or re-accreditation as provided in Section V, Item U.1) may be granted continuous accreditation for a maximum of three (3) calendar years, unless earlier terminated, temporarily withdrawn, suspended or revoked by the Corporation, based on the HF's choice and subject to compliance to requirements for accreditation.
2. For initial accreditation, the validity shall start from the date of compliance or submission of complete application until December 31 of the current year, or the subsequent year/s, as applicable.
3. For renewal for accreditation of HFs with the DOH LTO valid for three years, such as FDC, ASC and PCF, the validity of continuous accreditation shall be in consonance with the HF's valid DOH LTO. Hence, the accreditation shall expire upon the expiry of the LTO unless earlier terminated.
4. The accreditation of HFs that filed the applications for renewal of accreditation during the prescribed filing period shall remain valid until the Corporation has denied the application.
5. The validity of re-accreditation due to upgrading, additional service capability, gap in previous accreditation, transfer location and change of ownership shall be from the date of submission of complete application.
6. For HFs granted two (2) or three (3) years accreditation but with one (1) year validity of the LTO/ certification/ business permit, the HF shall submit the updated DOH LTO/ certification/ business permit, as applicable, before or within the month of January of the applicable accreditation period to continuously participate in the Program.
7. The grant of the two (2) or three (3) years continuous accreditation validity shall be applied to each of the service/ package/s an HF is accredited for. Thus, a hospital can be accredited for three (3) years for its inpatient service and for other PhilHealth Benefit Package it is accredited for.

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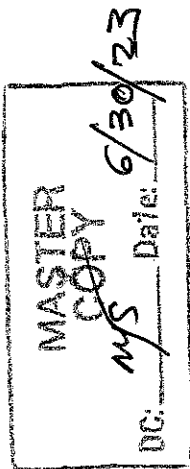
8. The denial of application for renewal/continuous, appeal or MR shall take effect thirty (30) days from the HF's receipt of the notice of denial.
9. If the HF closed or ceased operation before decision of suspension has been received by the HF, the execution of the penalty shall be deferred, to be implemented when the owner or medical director/ head of facility or controlling stockholder opens again or operates a new HF irrespective of the name or location.²³
10. Revocation of the license to operate by the DOH or other government regulatory office shall also take effect on the validity of accreditation upon receipt by the facility of the said decision or the effectivity stated in the decision.

W. Grounds for Denial of Accreditation, Provisional Accreditation and Temporary Withdrawal of Accreditation

1. Denial of Accreditation

Any of the following conditions shall be a basis for denial of application/appeal/ MR for accreditation:

- a. Non-compliance with any or all of the requirements for accreditation;
- b. Revocation, non-issuance or non-renewal of license/ accreditation/ clearance to operate or practice of the HF by the DOH or government regulatory institution;
- c. Conviction either by the Arbitration Office, if final and executory, or by the PhilHealth Board due to fraudulent acts as determined by the Corporation until such time that the decision is reversed by the appellate court or the penalty has been fully served.
- d. Change in ownership, management or any form of transfer either lease, mortgage, or any other transfer of an HF without prior notice to the Corporation;
- e. HFs with **fraudulent cases** docketed with the Arbitration Office within six (6) months prior to the submission of a complete application for accreditation.
- f. Such other grounds that the Corporation may determine.



2. Provisional Accreditation (PA)

- a. The following are grounds that may warrant Provisional Accreditation:
 - a.1 Submitted an application, appeal or motion for reconsideration (MR) during a period of national or local calamity, whether natural or manmade, armed conflict or epidemic/ pandemic during which

²³ Revised IRR of RA 10606, or the National Health Insurance Act of 2013, Rule III, Section 187.

time there is an urgent need for health care services, unless attended by fraud;

- a.2 Pending cases that are non-fraudulent in nature before the Arbitration Office;
 - a.3 Pending cases that are fraudulent in nature before the Arbitration Office for more than six (6) months;
 - a.4 Pending case/s that are fraudulent in nature before the Prosecution Department, FFIED or PRO Legal Unit;
 - a.5 Other situations/conditions as determined by the Corporation, during which time there is an urgent need for health care services, unless attended by fraud.
- b. The grant of the PA shall only be for a maximum of 24 months inclusive of the PA period granted initially.
 - c. An HF granted PA shall be continuously reimbursed during the period of PA;
 - d. PhilHealth shall review the applications granted PA within a prescribed period.
 - e. HFs granted provisional accreditation due to cases before the PRO Legal, the Legal Sector or the Arbitration Office are not qualified for the multiple-year continuous accreditation validity.
3. Temporary Withdrawal of Accreditation (TWA)

Accreditation is a privilege. The Corporation may impose TWA on HFs based on the rules set in this PhilHealth Circular, as follows:

- a. Grounds for TWA:
 - a.1 Non-compliance with any or all of the requirements for accreditation;
 - a.2 Provider that failed to apply for re-accreditation within ninety (90) days from change in ownership and/ or from transfer location;
 - a.3 Change in ownership, management or any form of transfer either by lease, mortgage or any other transfer of the HF without prior notice to the Corporation;
 - a.4 Expiration or non-renewal of the accreditation of the head of the HF/ medical director/ chief of hospital or medical center during the validity of accreditation of the facility;
 - a.5 Conviction either by the Arbitration Office, if final and executory, or by the PhilHealth Board, due to fraudulent acts determined by the Corporation within the validity of accreditation;

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- a.6 Formal communication of the accredited HF's intention to withdraw the same for whatever reason; and
- a.7 Such other grounds that the Corporation may determine.
- b. The President and CEO of the Corporation shall issue the order for TWA and lifting of TWA, if applicable, upon the recommendation of the VP/RVP and Area VP, based on the grounds stated in the existing guidelines;
- c. The temporary withdrawal of accreditation may be lifted once the ground for the imposition of temporary withdrawal has been resolved or until the end of the regular accreditation period, whichever comes earlier.
- d. Grounds for lifting of the TWA:
 - d.1. Compliance, during the period of temporary withdrawal of accreditation, with the accreditation requirements which caused the imposition of temporary withdrawal;
 - d.2. Reversal of the revocation of the license to operate of the HCP by the DOH, Professional Regulations Commission or other government regulatory office during the period of temporary withdrawn accreditation;
 - d.3. Reversal by the appellate court of the conviction either by Arbitration Office or by the PhilHealth Board due to fraudulent acts, or the penalty has been fully served;
 - d.4. Provider that applied for re-accreditation within the prescribed period to submit an application for re-accreditation (maximum of 60 days);
 - d.5. Granting of the continuous accreditation of the head of the HF/ medical director/ chief of hospital or medical center whose accreditation expired during the validity of accreditation of the HF; and
 - d.6. Such other grounds as the Corporation may determine.
- e. If the order to lift the TWA is still within the accreditation period, the HF shall no longer apply for re-accreditation.

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X. Monitoring and Evaluation

1. Performance of Health Facilities

- a. HFs shall be monitored on their compliance to this PhilHealth Circular and are covered by existing rules on monitoring and evaluation of the HF's performance.

- b. For facilities granted more than one-year accreditation, the HF shall be monitored least once or when necessary upon the discretion of the Corporation during the two (2) or three (3) -year accreditation validity.

2. Policy Review

This Omnibus Guidelines on the Accreditation of Health Facilities shall be regularly reviewed and enhanced as necessary.

Y. Annexes

1. Annex A: Documentary Requirements for Accreditation of Health Facilities
2. Annex B: Provider Data Record for Health Facilities
3. Annex C: Performance Commitment (Revised as of May 2023)
4. Annex D: Classification of Administrative Offenses of Health Care Providers as Provided in Republic Act No. 10606
5. Annex E: Classification of Offenses of Health Care Providers as Provided in the PhilHealth Rules On Administrative Cases (PROAC) of Republic Act No. 11223

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, as well as the terms and conditions of the Performance Commitment and all existing related PhilHealth issuances and directives shall be dealt with in accordance with the pertinent provisions of RA 7875, as amended by RA 9241 and RA 10606 and its Implementing Rules and Regulations, and RA 11223 or the Universal Health Care Act and its IRR.

VII. TRANSITORY CLAUSE

The two- (2) or three- (3) year accreditation of health facilities shall be implemented beginning CY 2024.

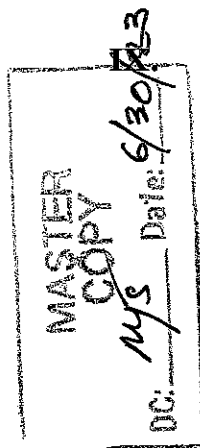
VIII. SEPARABILITY CLAUSE

If any provision of this PhilHealth Circular shall be declared invalid, unconstitutional, or unenforceable, the validity of the remaining provisions shall not, in any way, be affected and shall remain enforceable.

REPEALING CLAUSE

A. The PhilHealth Circular repeals the following:

1. PhilHealth Circular No. 2020 - 0013 Section III entitled "Provisional Accreditation of HCPs";
2. PhilHealth Circular No. 2020 - 0003 - Guidelines on the Denial or Withdrawal of Accreditation of Health Care Providers;



3. PhilHealth Circular No. PC 2018 – 0002 Section III.D entitled “Department of Health License to Operate (DOH-LTO) as a Mandatory Requirement for Accreditation of Birthing Homes and Maternity /Lying-In Clinics Starting CY 2018”;
 4. PhilHealth Circular No. 2017-0013 entitled “Guidelines on Filing of Appeal and Motion for Reconsideration on the Denied Application / Other Accreditation Transactions of Health Care Providers”;
 5. PhilHealth Circular No. 013 – 2015 – “Revision of the Performance Commitment for HCI and Professionals”;
 6. PhilHealth Circular No. 54 s. 2012 - “Provider Engagement Through Accreditation and Contracting of Health Services”;
 7. PhilHealth Circular No. 10 s. 2008 – Grounds for Non-renewal of Accreditation/ Non-granting of Re-accreditation as a Result of Performance Monitoring of Health Care Providers;
 8. PhilHealth Circular No. 21 s. 2007 - “Three-in-One Accreditation”; and,
 9. PhilHealth Circular No. 07 s. 2002 Section 4 – Amendments to PhilHealth Circular No. 38 s. 2000
 10. Other PhilHealth Circulars with provisions on accreditation of HFs inconsistent with this PhilHealth Circular.
- B. All other issuances that are inconsistent with this PhilHealth Circular are hereby modified, amended and repealed accordingly.

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X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect immediately after its publication in a newspaper of general circulation, and a copy shall be deposited with the Office of the National Administrative Register, University of the Philippines Law Center. This shall cover all applications for accreditation received upon the effectivity of this PhilHealth Circular, including all pending appeals/ motions for reconsideration of HFs on their applications for accreditation.


EMMANUEL R. LEDESMA, JR.
 Acting President and Chief Executive Officer (APCEO)

Date signed: 06-30-2023

Annex A: Documentary Requirements for Accreditation of Health Facilities

I. Requirements for Initial Accreditation:

Type of HF	Documentary Requirements for Initial Accreditation (Scanned /Original copies of fully accomplished forms)							Others, as applicable
	PDR ¹	PC ²	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification ³	Proof of three-year in operation	Accredited MD/ CoH/HoF ⁴	
Hospitals	✓	✓	✓	✓	X	✓	✓	1. CGS from PHA 2. MOA, MOU or other contracts entered into by the hospital with relevance to reimbursement of claims (e.g. hemodialysis, ARSP, etc.) 3. If with HEF, submit corresponding DOH LTO.
Infirmaries	✓	✓	✓	✓	X	✓	✓	
Ambulatory Surgical Clinics	✓	✓	✓	✓	X	✓	✓	1. If provider of other out-patient benefit package/s (OBP), see applicable requirements below.
Free-standing Dialysis Clinics	✓	✓	✓	✓	X	✓	✓	
Birthing Homes/ MCP Providers	✓	✓	✓	✓	X	X	✓	2. For HF's owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Hospital Extension Facilities (HEF)	✓	✓	✓	✓	X	X	✓	

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¹ Provider Data Record
² Performance Commitment
³ In the event that rosters of health facilities are officially available from issuing agencies, inclusion of the name of the HF in the official rosters shall suffice. Hard copies of the license/certification/etc. may no longer be submitted.
⁴ Accredited Medical Director/ Chief of Hospital/ Head of Facility, as applicable. If the MD/CoH/ HoF is not yet accredited, an application for PhilHealth accreditation should be submitted along with the application of the HF.

Type of HF	Documentary Requirements for Initial Accreditation (Scanned /Original copies of fully-accomplished forms)							Others, as applicable
	PDR ⁵	PC ⁵	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification ⁵	Proof of three-year in operation	Accredited MD/ CoH/Hor ⁵	
Outpatient HIV-AIDS Treatment Centers	✓	✓	✓	X	✓	X	✓	For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Free-standing Family Planning Clinics	✓	✓	✓	X	✓	X	✓	Certificate of Training in IUD Insertion or Subdermal Contraceptive Implant on Insertion or Non-scalpel vasectomy issued by DOH/CHD.
TB DOTS Facilities	✓	✓	✓	X	✓	X	✓	
Animal Bite Treatment Centers	✓	✓	✓	X	✓	X	✓	
Drug Abuse Treatment and Rehabilitation Centers (DATRC)	✓	✓	✓	X	✓	X	✓	
Community Isolation Units (CIUs)	✓	✓	X	X	✓	X	X	For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Free-standing or Non-hospital based SARS-CoV-2 Testing Laboratories	✓	✓	X	✓	X	X	X	
Konsulta Providers (facility based or free standing)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> MASTER COPY Date: 6/30/29 sig. nys </div>		✓	✓ ⁵	X	X	✓	<ol style="list-style-type: none"> Certificate/s of Service Delivery Support for Laboratory and Diagnostic Services and/or Medicines, as applicable For Private Clinics located in private corporations or schools: Mayor's Permit of the corporation or school. For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Outpatient Malaria Package (OMP) Provider	✓	✓	X	X	X	X	X	<ol style="list-style-type: none"> Certificate of Training in Malaria of an HCI staff issued by DOH/CHD.

⁵ Only if available.

Type of HF	Documentary Requirements for Initial Accreditation (Scanned /Original copies of fully-accomplished forms)							Others, as applicable
	PDR ⁶	PC ⁷	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification ⁶	Proof of three-year in operation	Accredited MD/ CoH/HoF ⁶	
								2. For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
COVID-19 Home Isolation Benefit Package Providers (CHIBP)	X	X	X	X	X	X	X	Submit LOI, SAT and Service Delivery Agreements and/or Authorization Letter

II. Requirements for Renewal of Accreditation:

Type of HF ⁶	Documentary Requirements for Renewal of Accreditation (Scanned /Original copies of fully-accomplished forms)						Others, as applicable
	PDR	PC	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses ⁷	Updated DOH Certification	Accredited MD/ CoH/ HoF	
Hospitals	✓	✓	✓	✓	X	✓	1. CGS from PHA 2. MOA, MOU or other contracts entered into by the hospital with relevance to reimbursement of claims (e.g. hemodialysis, ARSP, etc.) 3. If with HEF, submit corresponding DOH LTO.
Infirmaries	✓	✓	✓	✓	X	✓	4. If provider of other OBP, see applicable requirements below 5. For HFs owned by partnerships and/ or corporations: a. Updated General Information Sheet (GIS)
Ambulatory Surgical Clinics	✓	✓	✓	✓	X	✓	1. If provider of other OBP, see applicable requirements below
Free-standing Dialysis Clinics	✓	✓	✓	✓	X	✓	
Birthing Homes/ MCP Providers	✓	✓	✓	✓	X	✓	

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⁶ For HFs owned by partnerships and/or corporations, submit an updated GIS.

⁷ In the event that rosters of health facilities are officially available from issuing agencies, inclusion of the name of the HF in the official rosters shall suffice. Hard copies of the license/certification/etc. may no longer be submitted.

Type of HF ⁶	Documentary Requirements for Renewal of Accreditation (Scanned /Original copies of fully-accomplished forms)						Others, as applicable
	PDR	PC	Proof of Payment of Accreditation Fee	Updated DOH ITO/ other applicable licenses ⁷	Updated DOH Certification	Accredited MD/ CoH/ HoF	
							2. For HFs owned by partnerships and/ or corporations: a. Updated General Information Sheet (GIS)
Outpatient HIV-AIDS Treatment Centers	✓	✓	✓	X	✓	✓	For HFs owned by partnerships and/ or corporations: a. Updated General Information Sheet (GIS)
Free-standing Family Planning Clinics	✓	✓	✓	X	✓	✓	
TB DOTS Facilities	✓	✓	✓	X	✓	✓	
Animal Bite Treatment Centers	✓	✓	✓	X	✓	X	
Drug Abuse Treatment and Rehabilitation Centers	✓	✓	✓	X	✓	✓	
Community Isolation Units	✓	✓	X	X	✓	X	
Free-standing or Non-hospital based SARS-CoV-2 Testing Laboratories	✓	✓	X	✓	X	X	
Konsulta Providers (facility based or free standing)	✓	✓	✓	✓ ⁸	X	✓	1. Certificate/s of Service Delivery Support for Laboratory and Diagnostic Services and/or Medicines, as applicable 2. For Private Clinics located in private corporations or schools: Mayor's Permit of the corporation or school. 3. For HFs owned by partnerships and/ or corporations: 4. Updated General Information Sheet (GIS)
Hospital Extension Facilities	✓	✓	✓	✓	X	✓	
Outpatient Malaria Package Provider	✓	✓	X		X	X	1. Proof of employment in the HF of the previously submitted trained personnel. 2. For HFs owned by partnerships and/ or corporations:

⁸ Only if available.

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Type of HF ⁶	Documentary Requirements for Renewal of Accreditation (Scanned /Original copies of fully-accomplished forms)						
	PDR	PC	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses ⁷	Updated DOH Certification	Accredited MD/ CoH/ HoF	Others, as applicable
							a. Updated General Information Sheet (GIS)
COVID-19 Home Isolation Benefit Package Providers (CHIBP)	X	X	X	X	X	X	Submit LOI

III. Requirements for Re-accreditation:

- A. Re-accreditation due to (1) lapse in accreditation, subsequent application was denied, (2) failure to submit application within the prescribed period, (3) continuous accreditation was withdrawn, (4) resumption of operation after closure or cessation of operation, (5) upgrading of facility or category, or (6) transfer of location.

Note: If the re-accreditation application is due to (6) transfer of location⁹, this shall be submitted within ninety (90) calendar days from actual transfer of location.

Type of HF	Documentary Requirements for Re-accreditation (A.) (Scanned /Original copies of fully-accomplished forms)						
	PDR	PC	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification	Accredited MD/ CoH/ HoF	Others, as applicable
Hospitals	✓	✓	✓	✓	X	✓	1. CGS from PHA 2. MOA, MOU or other contracts entered into by the hospital with relevance to reimbursement of claims (e.g. hemodialysis, ARSP, etc.) 3. If with HEF, submit corresponding DOH LTO.
Infirmaries	✓	✓	✓	✓	X	✓	4. If provider of other OBP, see applicable requirements below. 5. For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Ambulatory Surgical Clinics	✓	✓	✓	✓	X	✓	1. If provider of other OBP, see applicable requirements below.
Free-standing Dialysis Clinics	✓	✓	✓	✓	X	✓	2. For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Birthing Homes/ MCP Providers	✓	✓	✓	✓	X	✓	

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⁹For transfer of location, re-accreditation application should also include an updated location map.

Type of HF	Documentary Requirements for Re-accreditation (A.) (Scanned /Original copies of fully-accomplished forms)						Others, as applicable
	PDR	PC	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification	Accredited MD/ CoH/ HoF	
Outpatient HIV-AIDS Treatment Centers	✓	✓	✓	X	✓	✓	For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Free-standing Family Planning Clinics	✓	✓	✓	X	✓	✓	
TB DOTS Facilities	✓	✓	✓	X	✓	✓	
Animal Bite Treatment Centers	✓	✓	✓	X	✓	✓	
Drug Abuse Treatment and Rehabilitation Centers	✓	✓	✓	X	✓	✓	
Community Isolation Units	✓	✓	X	X	✓	X	For HFs owned by partnerships and/ or corporations:
Free-standing or Non-hospital based SARS-CoV-2 Testing Laboratories	✓	✓	X	✓	X	X	a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Konsulta Providers (facility based or free standing)	✓	✓	✓	✓ ¹⁰	X	✓	1. Certificate/s of Service Delivery Support for Laboratory and Diagnostic Services and/ or Medicines, as applicable. 2. For Private Clinics located in private corporations or schools: Mayor's Permit of the corporation or school. 3. For HFs owned by partnerships and/ or corporations: 4. Articles of Incorporation 5. Updated General Information Sheet (GIS)
Hospital Extension Facilities	✓	✓	✓	✓	X	✓	
Outpatient Malaria Package Provider	✓	✓	X	X	X	X	1. Proof of employment in the HF of the previously submitted trained personnel. 2. For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
COVID-19 Home Isolation Benefit	X	X	X	X	X	X	Submit LOI

¹⁰ Only if available.

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Type of HF	Documentary Requirements for Re-accreditation (A.) (Scanned /Original copies of fully-accomplished forms)						
	PDR	PC	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification	Accredited MD/ CoH/ HoF	Others, as applicable
Package Providers (CHIBP)							

B. Additional Service

Type of HF	Documentary Requirements for Re-accreditation (B.) (Scanned /Original copies of fully-accomplished forms)						
	PDR	PC	Proof of Payment of Accreditation Fee	DOH LTO/ other applicable licenses	DOH Certification	Accredited MD/ CoH/ HoF	Others, as applicable/ Remarks
Hospitals	✓	✓	✓	✓	X	✓	New DOH LTO shall reflect additional service of the HF or license/ certification from the applicable regulatory body
Infirmaries	✓	✓	✓	✓	X	✓	
Ambulatory Surgical Clinics	✓	✓	✓	✓	X	✓	
Free-standing Dialysis Clinics	✓	✓	✓	✓	X	✓	DOH Certification/ Certificate of Training from the recognized training provider
Birthing Homes/ MCP Providers	✓	✓	✓	✓	X	✓	
TB DOTS Facilities	✓	✓	✓	X	✓	✓	
Animal Bite Treatment Centers	✓	✓	✓	X	✓	✓	
Konsulta Providers (facility based or free standing)	✓	✓	✓	✓ ¹¹	X	✓	1. Certificate/s of Service Delivery Support for Laboratory and Diagnostic Services and/or Medicines, for non-licensed HF. 2. For Private Clinics located in private corporations or schools: Mayor's Permit of the corporation or school. 3. DOH Certification/ Certificate of Training from the recognized training facility

C. Change in Ownership

Type of HF	Documentary Requirements for Re-accreditation (C.) (Scanned /Original copies of fully-accomplished forms)					
	PDR	PC	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification	Others, as applicable
Hospitals	✓	✓	✓	✓	X	

¹¹ Only if available.

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Type of HF	Documentary Requirements for Re-accreditation (C.) (Scanned /Original copies of fully accomplished forms)					Others, as applicable
	PDR	PC	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification	
Infirmaries	✓	✓	✓	✓	X	Any of the following as proof of change in ownership: 1. For private HFs: a. For partnerships and corporations a.1 Securities and Exchange Commission (SEC) Registration including Articles of Incorporation a.2 General Information Sheet a.3 Deed of Sale b. Foundation: b.1 Cooperation Development Authority (CDA) b.2 Deed of Sale c. Single Proprietorship: c.1 Department of Trade Industry (DTI) Certificate c.2 Deed of Sale d. Konsulta Providers Only For Private Clinics located in private corporations or schools: Mayor's Permit of the corporation or school. 2. For government HFs: a. Provincial to Municipal – Usufruct agreement between the province and municipality b. Local to National – corresponding Republic Act
Ambulatory Surgical Clinics	✓	✓	✓	✓	X	
Free-standing Dialysis Clinics	✓	✓	✓	✓	X	
Birthing Homes/ MCP Providers	✓	✓	✓	✓	X	
Outpatient HIV-AIDS Treatment Centers	✓	✓	✓	X	✓	
Free-standing Family Planning Clinics	✓	✓	✓	X	✓	
TB DOTS Facilities	✓	✓	✓	X	✓	
Animal Bite Treatment Centers	✓	✓	✓	X	✓	
Drug Abuse Treatment and Rehabilitation Centers	✓	✓	✓	X	✓	
CCIBP Provider (Community Isolation Units)	✓	✓	X	X	✓	
Free-standing or Non-hospital based SARS-CoV-2 Testing Laboratories	✓	✓	X	✓	X	
Konsulta Providers (facility based or free standing)	✓	✓	✓	✓ ¹²	X	
Hospital Extension Facilities	✓	✓	✓	✓	X	
Outpatient Malaria Package Provider	✓	✓	X	X	X	
COVID-19 Home Isolation Benefit Package Providers (CHIBP)	X	X	X	X	X	

¹² Only if available.

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PROVIDER DATA RECORD (PDR) FOR HEALTH FACILITIES (HF)

INSTRUCTIONS

- All information should be written in UPPER CASE/ CAPITAL LETTERS.
- All fields are mandatory unless indicated otherwise. If the information is not applicable, write "N/A."
- For the Latitude and Longitude fields in Section No. 2 (Mailing/Billing Address), kindly provide the official geographic coordinates used in the DOH Health Facility Geographic Form.
- For the name of the Head of Facility (HoF) in Section No. 8 (Name of Head of Facility), only check the appropriate box if the HoF has no middle name or has a single name (mononym).
- If Change in HoF is selected under Section No. 12.B (Update/ Amendment), kindly indicate the contact information, designation, PAN and validity of PAN of the HoF (if applicable) in the "TO" column.
- All transactions under Section No. 12.B (Update/ Amendment) requires no accreditation fee.

TYPE OF TRANSACTION:

- Initial
- Renewal
- Re-accreditation
- Update/ Amendment

HF PHILHEALTH ACCREDITATION NUMBER (PAN):

Not applicable for initial application

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THE PRESIDENT & CEO

Philippine Health Insurance Corporation
Pasig City, Philippines

Sir/Madam:

I, _____, of legal age, _____ with address _____

Name of the Authorized Representative

Position/ Designation of the Authorized Representative

at _____ and the duly authorized representative to act for and in behalf

Address of the Authorized Representative

of the health facility, hereby submits the following pertinent information and documentary requirements under Section 56 of the Revised Implementing Rules and Regulations of the National Health Insurance Act of 2013 (R.A. No. 7875, as amended by R.A. No. 9241 and 10606).

¹NAME OF HF:															
²MAILING/BILLING ADDRESS:						City or Municipality									
<i>Unit/Room Number/Floor, Building Name, Lot/Block/Phase/Number, Street Name, Subdivision, Barangay Name</i>															
Province and/or Region				ZIP Code				Latitude (XX.XXXXX)				Longitude (XXX.XXXXX)			
³HF CONTACT INFORMATION:						Official Email Address									
<i>Landline and/or Mobile Number</i>															
⁴TIN:				⁵PHILHEALTH EMPLOYER NUMBER:											
⁶DOH LTO NUMBER:						DOH FACILITY CODE:									
VALIDITY:				⁷ACCREDITATION PERIOD APPLIED FOR:				<input type="checkbox"/> 3 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 1 Year							
<i>Start Date (MM/DD/YY)</i>				<i>End Date (MM/DD/YY)</i>											
⁸NAME OF HEAD OF FACILITY (HoF):						Extension			Middle Name			<input type="checkbox"/> No Middle Name <input type="checkbox"/> Mononym			
<i>Last Name</i>						<i>First Name</i>									
HoF CONTACT INFORMATION:						DESIGNATION:									
<i>HoF Landline and/or Mobile Number</i>						<i>HoF Email Address</i>									
PAN OF HoF:						HoF PAN VALIDITY:			<i>Start Date (MM/DD/YY)</i>			<i>End Date (MM/DD/YY)</i>			
⁹HF CATEGORY															
<input type="checkbox"/> Hospital Level <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 Authorized Bed Capacity (ABC): _____ With Hospital Extension Facility (HEF)? <input type="checkbox"/> Y <input type="checkbox"/> N HEF address (if Y): _____				<input type="checkbox"/> Birthing Home <input type="checkbox"/> Family Planning Clinic <input type="checkbox"/> Ambulatory Surgical Clinic <input type="checkbox"/> Animal Bite Treatment Clinic <input type="checkbox"/> TB DOTS Clinic <input type="checkbox"/> DepEd Clinic <input type="checkbox"/> Rural Health Unit/ Health Center <input type="checkbox"/> City/ Municipal Health Office <input type="checkbox"/> Provincial Health Office <input type="checkbox"/> Barangay Health Station <input type="checkbox"/> Community Isolation Unit				<input type="checkbox"/> COVID-19 Testing Laboratory <input type="checkbox"/> RT-PCR <input type="checkbox"/> Cartridge-based <input type="checkbox"/> Dialysis Clinic <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Others							
<input type="checkbox"/> Infirmery <input type="checkbox"/> Primary Care Facility <input type="checkbox"/> Drug Abuse Treatment and Rehabilitation Center <input type="checkbox"/> HIV-AIDS Treatment Hub															
¹⁰PHILHEALTH BENEFIT PACKAGE/S OFFERED:															
<input type="checkbox"/> Outpatient HIV-AIDS Treatment <input type="checkbox"/> COVID-19 Home Isolation Benefit <input type="checkbox"/> Outpatient Malaria Treatment <input type="checkbox"/> Family Planning <input type="checkbox"/> Animal Bite Treatment <input type="checkbox"/> Subdermal Contraceptive Implant <input type="checkbox"/> Maternity Care <input type="checkbox"/> Non-Scalpel Vasectomy <input type="checkbox"/> TB-DOTS <input type="checkbox"/> IUD Insertion				<input type="checkbox"/> Konsulta CATCHMENT POPULATION: <input type="checkbox"/> Others				MASTER COPY Date: 6/30/23							

11 NATURE OF OWNERSHIP:

<input type="checkbox"/> Government <input type="checkbox"/> DOH-Retained <input type="checkbox"/> State Universities and Colleges <input type="checkbox"/> Provincial <input type="checkbox"/> Government-owned and/or Controlled Corporation <input type="checkbox"/> City/ Municipal <input type="checkbox"/> Others <input type="checkbox"/> DND <input type="checkbox"/> DOJ <input type="checkbox"/> PNP	<input type="checkbox"/> Private <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Others <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Foundation <input type="checkbox"/> Corporation
Name/s of the Local Chief Executive/s (if Government): _____ _____ _____ _____ _____	Name/s of the Owner/s (if Private): _____ _____ _____ _____ _____

12 DETAILS OF THE RE-ACCREDITATION OR UPDATE/AMENDMENT TRANSACTION

^RE-ACCREDITATION	FROM	TO
Validity: _____		
<input type="checkbox"/> Transfer of location <input type="checkbox"/> Upgrading of facility level or category <input type="checkbox"/> Change in classification <input type="checkbox"/> Change in ownership		
<input type="checkbox"/> Acquisition of additional service capability that would require change in license/certificate as applicable		

Previous accreditation has lapsed/ Subsequent application was denied
 Failure to submit the requirements for continuous accreditation within the prescribed period
 Resumption of operation after closure/ cessation of operation

^UPDATE/ AMENDMENT	FROM	TO
Validity: _____		
<input type="checkbox"/> Change in name of HF <input type="checkbox"/> Change in HoF <input type="checkbox"/> Decrease in ABC <input type="checkbox"/> Downgrade of category or hospital level <input type="checkbox"/> Change in HF contact information <input type="checkbox"/> Others	MASTER COPY CC: mys DTM: 6/30/18	

Under penalty of law, I hereby attest that the information provided, including the documents I have attached to this form, are true and accurate to the best of my knowledge. I agree and authorize PhilHealth for the subsequent validation, verification and for other data sharing purposes only under the following circumstances:

- As necessary for the proper execution of processes related to the legitimate and declared purpose;
- The use or disclosure is reasonably necessary, required or authorized by or under the law, and;
- Adequate security measures are employed to protect my information.

Authorized Representative's Signature over Printed Name

Date

FOR PHILHEALTH USE ONLY

CONTROL NO: _____

Date Received	LHIO	By	LHIO		Date Evaluated	LHIO	By	LHIO		Date Encoded	LHIO/PRO <small>Receiving</small>	By	LHIO/PRO
	PRO		PRO			PRO		PRO			PRO <small>Data Entry</small>		PRO

Annex C: Performance Commitment (Revised as of June 2023)

**Performance Commitment for Health Facilities
(Letterhead of Healthcare Provider)**

(Date)

PHILIPPINE HEALTH INSURANCE CORPORATION

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

SUBJECT : Performance Commitment for Health Facilities (HFs)

Sir/Madam:

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

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

A. REPRESENTATION OF ELIGIBILITIES

1. That we are a duly registered/licensed/certified health care facility capable of delivering the services expected from the type of healthcare provider that we are applying for.
2. That we are a member in good standing of the Philippine Hospital Association (for hospitals and infirmaries only).
3. That we are owned by _____ and managed by _____ and doing business under the name of _____ with License/Certificate No. _____.
4. That all health care professionals in our facility, as applicable, are PhilHealth accredited, possess proper credentials and given appropriate privileges in accordance with our policies and procedures.

B. COMPLIANCE TO PERTINENT LAWS/RULES & REGULATIONS /POLICIES/ ADMINISTRATIVE ORDERS AND ISSUANCES

Further, we hereby commit ourselves to the following:

5. That we shall adhere to pertinent statutory laws affecting the operations of HFs including but not limited to RA No. 7875, as amended, and RA No. 11223 and their Implementing Rules and Regulations (IRRs), with full knowledge of the consequences of our non-compliance and violations.
6. That we shall abide by all lawful, reasonable and fair administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of HFs in participating in the NHIP.
7. That we shall abide by all the implementing rules and regulations, circulars, advisories and other administrative issuances by PhilHealth affecting us.
8. That our officers, employees, and other personnel are registered members in good standing of the NHIP.
9. That we shall maintain active membership in the NHIP as an employer not only during the entire validity of our participation in the NHIP as an accredited HF but also during the corporate existence of our institution.
10. That we shall promptly inform PhilHealth prior to any change in the location, ownership, and/or management of our institution.

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11. That any change in ownership and/or management of our institution shall not operate to exempt the previous and/or present owner and/or manager from liabilities for violations of R.A. No. 11223, RA No. 7875, as amended, and their respective IRRs.
12. That we shall submit reports as may be required by relevant laws, rules, and agencies governing the operations of HF's within the prescribed period and subject to the provisions of the Data Privacy Act.

C. CONDUCT OF CLINICAL SERVICES, RECORDS, PREPARATION OF CLAIMS AND UNDERTAKINGS OF PARTICIPATION IN THE NHIP

13. That we are duly capable of delivering the following services for the duration of the validity of this commitment (please check appropriate boxes):

- Infirmary
- Level 1 hospital services
- Level 2 hospital services
- Level 3 hospital services
- Specialized services
 - Radiotherapy
 - Ambulatory Surgical Clinic
 - Hemodialysis/Peritoneal Dialysis
- Others (please specify)

- Benefit package and other services
 - Tuberculosis Directly Observed Treatment Shortcourse (TB DOTS)
 - Maternity Care Package
 - Newborn Care Package
 - Malaria Package
 - Konsulta Package
 - Outpatient HIV/AIDS Package (for DOH identified HF's only)
 - Animal Bite Package
 - Community Isolation Package
 - COVID-19 Home Isolation Package
 - Medical Detoxification Package
 - Stand Alone Family Planning clinics
 - Cancer Treatment Facilities
 - Z Benefit Package/s

- Others (please specify)

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 DC: *nys* Date: *6/30/23*

14. That we shall provide and charge to the PhilHealth benefit of the client the necessary services including but not limited to drugs, medicines, supplies, devices, and diagnostic and treatment procedures for our PhilHealth clients, EXCEPT when the patient has expressly requested and consented, and undertake to pay from his/her own pocket, for a service/s that is/are not explicitly included in the package, subject to the provisions of the UHC Act.
15. That we shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified dependents/beneficiaries.
16. That we shall ensure that PhilHealth member-patient with needs beyond our service capability are referred to appropriate PhilHealth-accredited HF's.

17. That we shall treat PhilHealth member-patient with utmost courtesy and respect, assist them in availing PhilHealth benefits and provide them with accurate information on PhilHealth policies and guidelines.
18. That we, being an accredited provider, shall abide by the rules set in the respective benefit package, including the prescribed disposition and allocation of the PhilHealth reimbursements, as stated in the current guidelines, which shall be used by the HF to be able to provide the mandatory services and ensure better health outcomes
19. That we, being an accredited government health facility, shall provide the necessary drugs, supplies and services with no out-of-pocket expenses on the part of the qualified PhilHealth member and their dependents admitted or who consulted in the HF, as mandated by PhilHealth's No Balance Billing (NBB) policy.
20. That we, being an accredited Konsulta/contracted Z benefit provider/s, as applicable, shall post the co-payment for the drugs/diagnostics or other services, as applicable, in a conspicuous area within the HF.
21. That we shall be guided by Clinical Practice Guidelines (CPGs) that were developed and appraised by the DOH, in cooperation with professional societies and the academe, based on best evidence.
22. That we shall provide a PhilHealth Bulletin Board for the posting of updated information of the NHIP (circulars, memoranda, IEC materials, price reference index, etc.) in conspicuous places accessible to patients, members and dependents of the NHIP within our HF.
23. That we shall always make available the necessary forms for PhilHealth member-patient's use.

D. MANAGEMENT INFORMATION SYSTEM

24. That we shall maintain a registry of all our PhilHealth members-patients (including newborns) and a database of all claims filed containing actual charges (board, drugs, labs, auxiliary, services and professional fees), actual amount deducted by the facility as PhilHealth reimbursement and actual PhilHealth reimbursement, which shall be made available to PhilHealth or any of its authorized personnel.
25. That we shall maintain, and upon its request, submit to PhilHealth an electronic registry of physicians and dentists including their fields of practice, official e-mail and mobile phone numbers but subject to the provisions of the Data Privacy Law.
26. That we shall, if connected with e-claims, electronically encode the laboratory / diagnostic examinations done, drugs and supplies used in the care of the patient in our information system which shall be made available for PhilHealth use.
27. That we shall ensure that true and accurate data are encoded in all patients' records.
28. That we shall only file true and legitimate claims in the format required by PhilHealth for our facility, recognizing the period of filing the same after the patient's discharge as prescribed in PhilHealth circulars.
29. That we shall regularly submit PhilHealth monitoring reports as required in PhilHealth circulars.

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E. REGULAR SURVEYS/ ADMINISTRATIVE INVESTIGATIONS/ DOMICILIARY VISITATIONS ON THE CONDUCT OF OPERATIONS IN THE EXERCISE OF THE PRIVILEGE OF ACCREDITATION

30. That we shall recognize the authority of PhilHealth, its Officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary and facility visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of our privilege and conduct of our operations as an accredited HF of the NHIP.
31. That we shall extend full cooperation with duly recognized authorities of PhilHealth and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by PhilHealth relative to any findings,

adverse reports, pattern of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practices in our operations as an accredited HF of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof.

32. That we shall ensure that our officers, employees and personnel extend full cooperation and due courtesy to all PhilHealth officers, employees and staff during the conduct of assessment/visitation/investigation/monitoring of our operations as an accredited HF of the NHIP.
33. That at any time during the period of our participation in the NHIP, upon request of PhilHealth, we shall voluntarily sign and execute a new 'Performance Commitment' to cover the remaining portion of our accreditation or to renew our participation with the NHIP as the case may be, as a sign of our good faith and continuous commitment to support the NHIP.
34. That, unless proven to be a palpable mistake or excusable error, we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in our patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims submitted to PhilHealth by our institution.
35. That we shall comply with PhilHealth's summons, subpoena, and other legal or quality assurance processes and requirements.
36. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.
37. That we shall consent to receive summons and other notices through electronic mail via our official email addresses (Primary and Secondary email) to be provided to PhilHealth and thereafter acknowledge receipt thereof and recognizing that receipt of the same is similar/analogous to receipt of the original (hardcopy).
38. That in the service and enforcement of a Writ of Execution against our facility, we shall allow the authorized PhilHealth personnel to post Notices of Suspension and/ or Denial of Accreditation, in three (3) conspicuous areas within the facility, preferably near the "PhilHealth Accredited" signage, the main entrance of our building/location, and near the Billing or Accounting Office. That before, during and after posting of notices, we shall ensure the absolute safety and security of PhilHealth personnel in the performance of their official duties.

F. MISCELLANEOUS PROVISIONS

39. That we shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our institution to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.
40. That we shall not directly or indirectly engage in any form of unethical or improper practices as an accredited health care provider such as but not limited to solicitation of patients for purposes of compensability under the NHIP, the purpose and/or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.
41. That we shall immediately report to PhilHealth, its Officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of HF of the NHIP that may have come to our knowledge directly or indirectly.
42. That we shall inform PhilHealth, through written communication, of our intention to voluntarily withdraw the engagement with PhilHealth not less than fifteen (15) days before the actual termination and for whatever reason.
43. That we shall allow PhilHealth to deduct or charge to our future claims, all reimbursements paid to our institution under the following, but not limited to: (a) during the period of its non-accredited status as a result of a gap in validity of our DOH LTO, suspension of accreditation, etc.; (b) downgrading of level, loss of license for certain services; (c) when no co-payment eligible PhilHealth members and their dependents were

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made to pay out-of-pocket for HF and professional fees, if applicable; (d) validated claims of under deduction of PhilHealth benefits or overpayments to HF.

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

- 44. After due process and in accordance with the pertinent provisions of R.A. 7875 and RA 11223 and their respective IRRs, to suspend, shorten, withdraw temporarily and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the commitment for any violation of any provision of this Performance Commitment and of R.A. 7875, RA 11223 and their IRRs.
- 45. After due process and in accordance with the pertinent provisions of RA 11223 and R.A. 7875, as amended, and their IRRs, to suspend, shorten, withdraw temporarily and/or revoke our accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of the commitment due to verified adverse reports/ findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations.

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

Very truly yours,

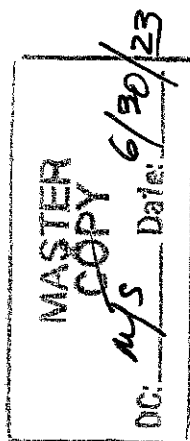
Head of Facility/ Medical Director/ Chief of Hospital

With my express conformity,

Local Chief Executive/ HF Owner

SUBSCRIBED AND SWORN to before me this _____ affiant exhibiting his/her validly issued government ID.

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____.



NOTARY PUBLIC

**Annex D: Classification of Administrative Offenses of Health Care Providers
as Provided in Republic Act No. 10606**

(For violations from October 2013 to June 14, 2021)

I. NON-FRAUDULENT OFFENSES

- A. Breach of Warranties of Accreditation;
- B. Filing of Multiple Claims;
- C. Unjustified admission beyond accreditation bed capacity; and
- D. Unauthorized operations beyond service capability.

II. FRAUDULENT OFFENSES

- A. Padding of Claims;
- B. Claims for non-admitted or non-treated patients;
- C. Extending period of confinement;
- D. Post-dating of claims;
- E. Misrepresentation by False or incorrect information;
- F. Misrepresentation by Furnishing false or incorrect information;
- G. Fabrication or possession of fabricated forms and supporting documents; and
- H. Other fraudulent acts.

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**Annex E: Classification of Offenses of Health Care Providers
as Provided in the PhilHealth Rules on Administrative Cases (PROAC)
of Republic Act No. 11223**

(For violations from June 15, 2021 and onwards)

I. FRAUDULENT OFFENSES

Fraudulent offenses shall include, but not limited to the following:

A. Committed by Health Facility, Community-Based Health Care Organization, Pharmacy or Drug Outlet, and Laboratory and Diagnostic Clinic:

1. Padding of claims, reports and/or health and health-related data;
2. Submission of claims, reports and/or health and health-related data for non-admitted or non-treated patient;
3. Extending period of confinement;
4. Post-dating of confinement period;
5. Misrepresentation by furnishing false or incorrect information;
6. Fabrication and/or possession of fabricated forms and supporting documents; and
7. Other fraudulent offenses, unethical acts or abuse of authority acts.

B. Committed by Professionals:

1. Misrepresentation by furnishing false or incorrect information; and
2. Other fraudulent offenses, unethical acts or abuse of authority acts.

II. UNETHICAL ACTS

Unethical acts shall include, but not limited to the following:

A. Committed by Health Facility, Community-Based Health Care Organization, Pharmacy or Drug Outlet, and Laboratory and Diagnostic Clinic:

1. Overbilling;
2. Upcoding, upcoding, diagnosis creeping or procedure creeping;
3. Recruitment practice
4. Harboring ghost patients or recruitment practice;
5. Refusal to admit and/or provide appropriate service; and
6. Other unethical acts.

B. Committed by Professionals:

1. Overbilling;
2. Upcoding, upcoding, diagnosis creeping or procedure creeping;
3. Harboring ghost patients or recruitment practice;
4. Refusal to admit and/or provide appropriate service;
5. Violation of code of ethics; and
6. Other unethical acts.

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III. ABUSE OF AUTHORITY

Abuse of authority shall include, but not limited to the following:

A. Committed by Health Facility, Community-Based Health Care Organization, Pharmacy or Drug Outlet, and Laboratory and Diagnostic Clinic:

1. Filing of multiple claims, reports and/or health and health related data;
2. Non-compliance with no co-payment/co-payment policy;
3. Breach of the Warranties of Accreditation/Performance Commitment;
4. Unauthorized procedures beyond service capability; and
5. Other unauthorized acts.

B. Committed by Professional

1. Non-compliance with no co-payment/co-payment policy;
2. Breach of the Warranties of Accreditation/Performance Commitment; and
3. Other unauthorized acts.

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