

PHILHEALTH CIRCULAR
No. 2023-0024

TO : ALL HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED

**SUBJECT : Accreditation of Health Care Professionals (HCProfs)
(Revision 1)**

I. RATIONALE

Republic Act (R.A.) No. 11223 or the Universal Health Care Act provides that the State shall adopt a people-oriented approach for the delivery of health services that is centered on people's needs and well-being and cognizant of the differences in culture, values and beliefs.

Pursuant to Article IV, Section 16.1 of R.A. No. 10606 or the National Health Insurance Act of 2013, the Corporation has the power to determine the requirements and issue guidelines for the accreditation of health care providers (HCPs) for the Program. The revised Implementing Rules and Regulations (IRR) of the same law provides that the Corporation shall verify, through the accreditation process, the qualifications and capabilities of HCPs for the purpose of conferring upon them the privilege of participating in the Program and assuring that the health care services they render meet the desired and expected quality.

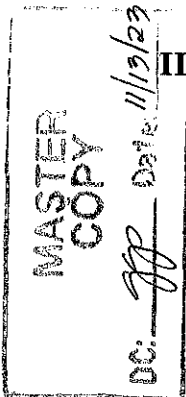
Consistent with R.A. No. 11032 or the Ease of Doing Business (EODB) Act of 2018, R.A. No. 10173 or the Data Privacy Act of 2012 and PhilHealth Board Resolution (PBR) No. 2728 s. 2022, the guidelines on the process for accreditation of health care professionals (HCProfs) are hereby amended. The PhilHealth Board also approved these guidelines on April 26, 2023.

II. OBJECTIVES

To provide updated guidelines on the accreditation process for HCProfs, simplifying the requirements and streamlining the process of accreditation in the National Health Insurance Program (NHIP).

III. SCOPE

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



IV. DEFINITION OF TERMS

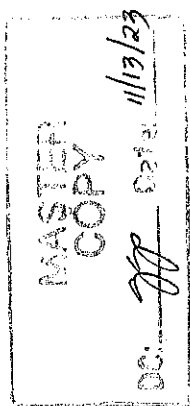
- A. Accreditation Appeals and Review Committee (AARC)** - formerly known as the Accreditation Committee, is a collegial body composed of PhilHealth management, representatives from the Department of Health (DOH), presidents or heads of different HCP organizations and patient groups that deliberates on appeals and motions for reconsideration. The Committee is recommendatory to the President and CEO of the Corporation.
- B. Affiliation** – relation by which a health facility (HF) accepts HCProfs as part of their health human resource and in so doing provides the HCProfs practice privileges in their HF.
- C. Continuous Accreditation** – 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. Direct Contributors** - members of PhilHealth who *have* the capacity to pay premiums, are gainfully employed and are bound by an employee-employer relationship, and/or are self-earning professional practitioners, migrant workers, including their qualified dependents, and lifetime members.¹
- E. Foreign Health Care Professionals** – *HCProfs (doctors, nurses, etc.) who are registered/licensed under the laws of their country and whose registration/licensed to practice their profession has not been suspended or revoked, may apply for accreditation provided that they secure a Professional Regulation Commission (PRC) license.*²
- F. Fraudulent Acts** - 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.³
- G. Gap in Accreditation** – period where the HCProfs is not accredited and cannot participate in the NHIP.
- H. Health Care Professional (HCPProf)** – doctor of medicine, nurse, midwife, dentist or other allied professional or practitioner duly licensed to practice in the Philippines.⁴
- I. Health Facility (HF)** – *which may be public or private, devoted primarily to provision of services for health promotion, prevention, diagnosis,*

¹ RA 11223: Universal Health Care Act, Section 4, letter f.

² RA 8981: Professional Regulation Commission Act, Section 7, letter l.

³ RA 11223: Universal Health Care Act, Section 4, letter j.

⁴ Ibid, letter k (2).

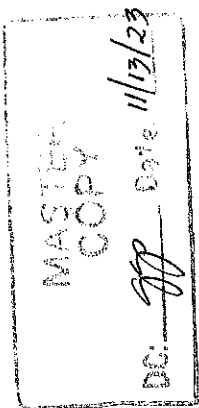


treatment, rehabilitation and palliation of individuals suffering from illness, disease, injury, disability or deformity or in need of obstetrical or other medical and nursing care.⁵

- J. Performance Commitment (PC)** – a notarized document signed by the HCPProf who 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 the HCP to comply with PhilHealth policies on benefits payment, information technology, data management and reporting and referral, among others.
- K. Provisional Accreditation (PA)** – accreditation granted by the Corporation, for a specified period of time (full or partial accreditation validity) to an HCP, institution or professional, for conditions as stated in this policy.
- L. Regional Accreditation Committee (RAC)** - formerly known as the Accreditation Subcommittee (ASc), is a collegial body composed of the heads of the different organizational offices of the PhilHealth Regional Office (PRO), representative from the Center for Health Development (CHD) of the DOH, representatives of HCP organizations and patient advocate group, that deliberates on the applications and certain motions for reconsideration on accreditation of HCPs in the PRO.
- M. Temporary Withdrawal of Accreditation (TWA)** – a measure instituted by the Corporation for the temporary cessation of a valid accreditation that was previously granted to *an HCPProf* for a specific period due to conditions as provided for in this issuance.

V. POLICY STATEMENTS

- A. PhilHealth accredits the following HCPProfs subject to full compliance with the requirements and conditions set by the Corporation:
 - 1. Physicians
 - a. General Practitioner (GP)
 - b. GP with training
 - c. Medical Specialist (MS)
 - d. *Primary Care Physician as Konsulta Package Provider*
 - 2. Dentists
 - a. *General Dentist*
 - b. *Dental Specialist*
 - 3. Nurses
 - 4. Midwives
 - 5. Other professionals as deemed necessary by the Corporation



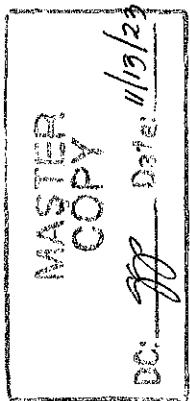
⁵ RA 11223: Universal Health Care Act, Section 4, letter k (1).

B. Types of Accreditation

1. Initial - the accreditation given to a qualified HCProf who is applying for the first time *and/or granted accreditation for the first time.*
2. Renewal - the accreditation given to a qualified HCProf *who filed an application for accreditation before the expiration* of a previous accreditation in accordance with the provisions of *these* rules.
3. Re-accreditation - *accreditation given to a qualified HCProfs due to the following conditions:*
 - a. *whose previous accreditation has lapsed;*
 - b. *whose subsequent application was denied;*
 - c. *whose accreditation was temporarily withdrawn; or*
 - d. *whose professional classification is for upgrading with existing accreditation.*

C. Requirements for Accreditation

1. All accredited HCProfs shall have a valid license from the *Professional Regulation Commission (PRC).*
2. *For renewal of accreditation, in lieu of a valid PRC ID, an HCProf may submit a copy of the any document issued by PRC as proof of renewal of professional license with updated validity.*
3. *For cases mentioned above (Sec V.C.2), the HCProf shall submit a photocopy of the updated PRC ID to the same PhilHealth office where the HCProf submitted the application, within thirty (30) days upon receipt of the HCProf PRC ID either through email, walk-in or courier, to ensure continuous accreditation.*
4. All accredited HCProfs shall have the applicable training/s and/or competency/ies required based on the service/s they are providing.
5. The prescribed accreditation requirements are provided in Annex A: "Documentary Requirements for Accreditation of Health Care Professionals".
6. All accredited HCProfs shall submit a fully accomplished and signed Provider Data Record for Health Care Professionals (Annex B) for updating of any information in the accreditation database such as change in name, address, affiliation, marital status, contact information including mobile number and email address, etc., with supporting documents as applicable, as outlined in Annex C (Supporting Documents for Updating of Records of Health Care Professionals).
7. All accredited HCProfs shall submit a fully accomplished, signed and notarized Performance Commitment for Health Care Professionals (Annex D) as part of the documentary requirements.



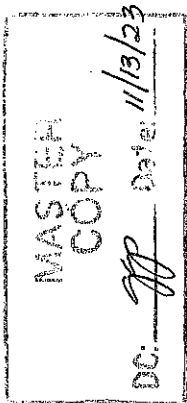
8. *A primary care physician shall have defined competencies in providing efficient and quality promotive, preventive, curative, rehabilitative, and palliative health services as defined in Section 4.(s) of the UHC Act, through the competency-based certification and provision of appropriate learning interventions.*⁶
9. *Philippine Medical Association (PMA) Certificate of Good Standing (CGS) valid up to May 31st of the current year shall be accepted for applications received on June 1 up to July 31. After this date, an updated CGS is required when application is submitted.*

D. Premium Contributions

1. All accredited HCProfs shall be registered members of PhilHealth. They shall pay at least one (1) month premium contribution during the month the application was filed.
 2. Applicant HCProfs with missed premium contribution shall be referred to the Collection Section of *Local Health Insurance Offices (LHIOs)/PROs* for appropriate action.
 3. All accredited HCProfs *shall continue to pay the required monthly premium contributions regularly. This includes the PhilHealth Lifetime members who obtain a regular source of income from employment, practice of profession and other means as per PhilHealth Circular Nos. 2019-0009 "Premium Contribution Schedule In The National Health Insurance Program (NHIP) Pursuant To R.A. No. 11223 Known As "Universal Health Care Act" and 2019-0010 "Guidelines On The Granting of Immediate Eligibility To Members" and its subsequent amendments.*
 4. Premium payment is **neither** an application fee nor an accreditation fee.
- E. Decisions regarding status of membership of HCProfs in their respective accredited professional organizations (APO) of the PRC shall be given due consideration in assessing the continued accreditation of such professionals.

F. Accreditation Process

1. *Filing of Application*
 - a. The applicant HCProfs shall submit two (2) sets of complete application as required in Annex A, during the prescribed filing period. A receiving copy of the submitted requirements shall be returned to the applicant or to his/her representative.

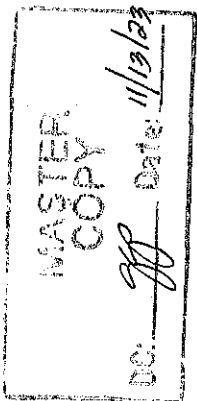


⁶ RA 11223: Universal Health Care Act, Section 4, letter s.

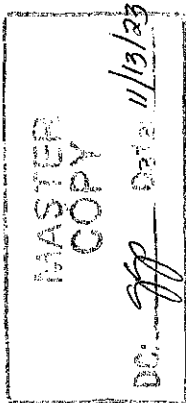
- b. Only complete applications shall be accepted. Incomplete applications shall be returned to the applicants with the list of deficiency/ies noted during evaluation.
- c. Application for initial accreditation and re-accreditation may be submitted anytime.
- d. For renewal/continuous accreditation, the HCProf shall submit the application documents one hundred and twenty (120) days to twenty (20) days prior to the expiration of the current accreditation.
 - d.1 Applications filed before 120 days prior to expiration shall not be accepted *and shall be returned to applicant HCProf with advice to file the application within the prescribed period.*
 - d.2 Applications filed within the prescribed period shall be processed accordingly and shall be granted continuous accreditation, as applicable.
 - d.3 Applications filed from the 19th day prior to and up to *the* expiration date of the current accreditation shall be considered late filing and shall be granted continuous accreditation but may result to late updating of accreditation records.
 - d.4 *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.*
- e. Applications filed beyond the expiration of the current accreditation (lapsed) shall be considered re-accreditation and may incur gap in accreditation.
- f. All HCProfs shall submit the complete documentary requirements for accreditation electronically or manually to their respective LHIOs/PROs. *If sent via email, the original documents shall be submitted to the LHIO/PRO within thirty (30) days after submission to ensure continuous accreditation.*
- g. The mailing address of the HCProf shall determine to which PRO the HCProf will submit the application. For the contact information of PhilHealth Regional Office's, please refer to https://www.philhealth.gov.ph/about_us/map/regional.htm.

2. 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 of HCProfs shall be granted continuous accreditation as applicable, until denied/withdrawn based on the rules set by the Corporation.



- c. The applications compliant with ALL of the following shall not be subject to deliberation by the RAC:
 - c.1 Submitted complete and updated documentary requirements;
 - c.2 Filed within the prescribed period;
 - c.3 No pending case/s for infraction/s and/or violation/s of any PhilHealth rules, regulations and other issuances; and
 - c.4 *HCProfs not currently under PA.*
- d. *The following applications shall be subject to deliberation by the RAC:*
 - d.1 *Initial accreditation, and*
 - d.2 *Renewal or re-accreditation with pending case/s for infraction/s and/or violation/s of any PhilHealth rules and regulations, and other issuances.*
- e. The decision on the applications is delegated to the head of the PRO by the President and CEO of the Corporation.
- f. *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.*
- g. In case the HCProf 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 the receipt of the decision. The options/remedies on the denied application are provided in Table 1, "*Remedies of the HCProf on the Decision of the RAC and AARC*".
- h. A letter of approval and an electronic ID card, *once eID module is available*, shall be emailed to all HCProfs with approved applications within three (3) *working* days upon approval of the Regional Vice-President (RVP) or by President and Chief Executive Officer (PCEO), as applicable. Receipt of such shall be acknowledged by the HCProfs immediately. The printed copy of the *said* letter shall be mailed thereafter.
- i. A letter of denial of application shall be emailed to the HCProfs with denied accreditation within three (3) *working* days upon approval of the decision for denial of their application for accreditation by the concerned RVP or by PCEO, as applicable. Receipt of such shall be acknowledged by the HCProf immediately. The printed copy of the *said* letter shall be mailed thereafter.



- j. All HCProfs 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. All HCProfs whose accreditation are temporarily withdrawn may apply for re-accreditation if they intend to continue to participate in the NHIP.
3. *Remedies of the HCProf on the Decision on the application, Appeal or MR.*
- a. *An HCProf 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:*
 - a.1.1 *Compliance with requirements/minimum standards for accreditation that caused the denial of applications. i.e., HCProf settled arrears or premium contributions, submitted updated CGS, etc.;*
 - a.1.2 *Delay in filing of applications due to late issuance of PRC licenses;*
 - a.1.3 *Removal of gap in accreditation*
 - a.1.3.1 *Due to late filing; and*
 - a.1.3.2 *Due to fortuitous events, including disasters, distress, epidemics, pandemics, i.e.:*
 - a.1.3.2.1 *Events that are "Acts of God" such as floods or typhoons or earthquakes; and*
 - a.1.3.2.2 *Events that are "Acts of Man" such as pandemics, rebellion, insurgencies, and wars.*
 - a.2 *If the above-mentioned MR is denied by the RAC, the HCProf may file an appeal with the AARC (Table 1 – Remedy of the HCProf in the Decision of the RAC and AARC) within 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.1.3.2.2.*
 - b. *HCProf with Appeals/MR before the AARC*

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- b.1 *When the MR of the HCProf in Section V, item F.3.a.1 is denied by the RAC, the concerned HCProf may still file an appeal with the AARC. However, HCProf shall no longer file an MR once the appeal is denied by the AARC.*
- b.2 *HCProf with denied applications for reasons not mentioned in Section V, item F.3.a.1 may file an appeal with the AARC. When the appeal is denied, the HCProf may file an MR.*

RAC Decision	Committee to address the Appeal/MR	
	RAC	AARC
<i>Applications for reasons in Section V, item F.3.a.1 was denied by the RAC</i>	MR	
<i>MR for reasons stated in Section V, item F.3.a.1 was denied by the RAC</i>		Appeal Can no longer file an MR with the AARC
<i>Applications denied by the RAC for reasons not stated in Section V, item F.3.a.1</i>		Appeal
<i>Appeals denied by AARC for reasons not stated in Section V, item F.3.a.1</i>		MR
<i>MR for reasons not stated in Section V, item F.3 as denied by the AARC</i>		

Table 1: Remedies of the HCProf on the Decision of the RAC and AARC

4. Validity of the Accreditation

- a. *The accreditation shall be valid for three (3) years, subject to PRC guidelines on validity of issued PRC licenses, unless earlier terminated, temporarily withdrawn, suspended or revoked by the Corporation. This applies for complete applications received starting January 14, 2023 onwards.*
- b. *The accreditation of HCProfs who filed the applications for renewal of accreditation during the prescribed filing period shall remain valid until the Corporation has acted on the application/appeal/MR on accreditation.*
- c. *The denial of an application for renewal/continuous accreditation shall take effect thirty (30) days from the HCProf's receipt of the notice of denial of accreditation.*
- d. Start date of accreditation.

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- d.1. For initial accreditation and re-accreditation, the validity shall start from the date of compliance/submission of application with complete requirements.
- d.2. For renewal of accreditation, the validity of continuous accreditation shall start on the day after the expiry of the previous accreditation.
- e. The end date of accreditation shall be in consonance with the expiry of the HCProf's PRC license *unless earlier terminated, temporarily withdrawn, suspended or revoked by the Corporation.*

To illustrate, Table 2 below shows the scenarios of an HCProf with birthdate of October 1, 1990 whose PRC card expiration date is October 1, 2022.

Type of Application	Filing Period	Application Date	Accreditation Validity		
			Current	New	Remarks
Initial, Per Section V.F.1.c of this policy.	Anytime	11/01/19	NA	11/01/19 to 10/01/22	Start date of accreditation is the date of submission of complete requirements.
		09/01/19	NA	09/01/19 to 10/01/22 (3 years & 30 days)	End date of accreditation is the expiry date of the PRC license.
Renewal, Per Section V.F.1.d.1 of this policy	06/03/22 to 09/10/22	05/29/22	11/01/19 to 10/01/22	NA	5 days early submission, application shall not be accepted. Advise to file within the prescribed period.
Renewal, Per Section V.F.1.d.2 of this policy.		06/30/22		10/02/22 to 10/01/25	On time submission, entitled to continuous accreditation. End date of accreditation is the expiry date of the PRC license.

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Type of Application	Filing Period	Application Date	Accreditation Validity		
			Current	New	Remarks
Renewal, Per Section V.F.1.d.3 of this policy.		10/01/22		10/02/22 to 10/01/25	19 days late submission but prior to expiration of accreditation shall be entitled to continuous accreditation. End date of accreditation is the expiry date of the PRC license.
Re-accreditation, Per Section V.F.1.e of this policy.		10/05/22		10/05/22 to 10/01/25	4 days late submission after expiration of accreditation, not entitled to continuous accreditation, will incur gap. End date of accreditation is the expiry date of the PRC license.

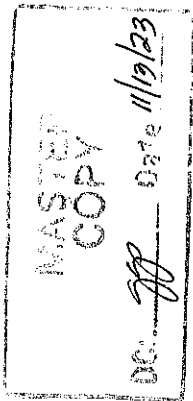
Table 2: Accreditation validity based on type of application of HCPProf with birthdate of October 1, 1990 and PRC license expiration on October 1, 2022 or new PRC validity.

- f. Revocation of the license issued by the PRC or other government regulatory office/s shall also take effect on the validity of accreditation upon receipt of the said decision by the concerned *HCPProf* or the effectivity stated in the decision.

G. Provisional Accreditation (PA)

1. The following are grounds for granting provisional accreditation:

- a. 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 time there is an urgent need for health care services, unless attended by fraud*;
- b. Pending cases that are non-fraudulent in nature before the Arbitration Office;
- c. Pending cases that are fraudulent in nature before the Arbitration Office for more than six (6) months;



- d. Pending case/s that are fraudulent in nature before the Prosecution Department, FFIED or PRO Legal Unit; and
 - e. Other situations/conditions as determined by the Corporation, *during which time there is an urgent need for health care services.*
2. *The grant of the PA shall only be for a maximum of 24 months inclusive of the PA period granted initially;*
 3. *A HCProf granted PA shall be continuously reimbursed during the period of PA, based on the existing rules on claims reimbursements.*
 4. *PhilHealth shall review the applications granted PA within a prescribed period.*
 5. *Regular accreditation shall be granted once the reason/s for granting PA is/are resolved.*

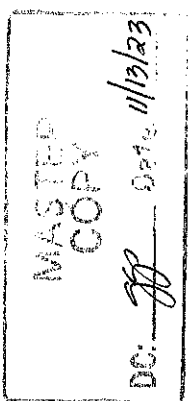
H. Denial of Accreditation

Any of the following conditions shall be a basis for denial of accreditation.

1. Non-compliance with any or all of the requirements for accreditation;
2. *Revocation, non-issuance or non-renewal of the license issued by the PRC or other government regulatory office;*
3. Conviction either by Arbitration Office, if final and executory, or by the 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;
4. *HCPs with fraudulent cases docketed with the Arbitration Office within six (6) months prior to the submission of a complete application for accreditation; and*
5. Such other grounds that the Corporation may determine.

I. Temporary Withdrawal of Accreditation (TWA)

1. *Accreditation is a privilege. The Corporation may impose TWA on HCPs based on the rules set in this PhilHealth Circular.*
2. *The following are grounds for TWA:*
 - a. Non-compliance with any or all of the accreditation requirements within the prescribed filing period;
 - b. *Conviction either by the Arbitration Office, if final and executory, or by the PhilHealth Board, **due to fraudulent acts** as determined by the Corporation within the validity of accreditation until such*

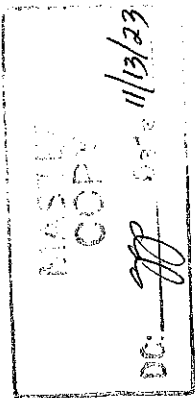


time that the decision was reversed by the appellate court or the penalty has been fully served;

- c. Formal communication of the accredited HCProfs with intention to withdraw the same for whatever reason; and/or
 - d. Such other grounds as the Corporation may determine.
3. *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.*
 4. *The TWA shall take effect on the next day after receipt of the letter by the concerned HCProf or his/her representative.*

J. Lifting of Temporary Withdrawal of Accreditation (TWA)

1. *The TWA shall be lifted once the ground for the imposition of temporary withdrawal has been resolved or upon expiration of the regular accreditation period, whichever comes earlier.*
2. The President and CEO of the Corporation shall issue the order of lifting of TWA once the condition for the imposition of temporary withdrawal has been resolved or *until expiration* of the regular accreditation, whichever comes earlier.
3. The following are conditions for lifting of TWA:
 - a. *Compliance, during the period of temporary withdrawal of accreditation, with the accreditation requirements which caused the imposition of temporary withdrawal;*
 - b. *Reversal of the revocation of the license/certification of training of the HCProf by the DOH, Professional Regulations Commission (PRC) or other government regulatory office during the period of temporary withdrawn accreditation;*
 - c. *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; and*
 - d. *Such other grounds as the Corporation may determine.*
4. *If the date of effectivity of the order to lift the TWA is still within the accreditation period, the HCProf shall no longer apply for re-accreditation. The accreditation shall be reinstated for the remainder of the accreditation cycle.*



K. Suspension of Accreditation

1. The Corporation shall effect the final order of execution or Writ of Execution issued by PhilHealth against the HCProf.
- L. If the penalty of suspension imposed upon the HCProf exceeds the validity of the current accreditation, *the unserved suspension period shall be in effect upon approval of the succeeding accreditation cycle until it is fully served. The start date of the accreditation shall be after the suspension has been fully served.*

M. Accreditation of the Heads of the Facilities

1. The Medical Director/Chief or Head of hospitals and infirmaries shall serve full time and shall be allowed to handle one (1) health facility only.
2. Heads of Free-Standing Dialysis Clinics (FDCs), Ambulatory Surgical Clinics (ASCs) and non-hospital facilities for the Maternity Care Package (MCPs)/Normal Spontaneous Delivery (NSD) package shall be allowed to handle a maximum of three (3) analogous facilities at a time.

N. Credentialing and Privileging of HCProfs

HCProfs shall be subject to *credentialing* and *privileging* by their affiliated HFs. HCProfs shall submit their legitimate, valid and *updated* credentials to the HF and ensure that they maintain good standing with their PRC recognized organization.

O. Monitoring and Evaluation

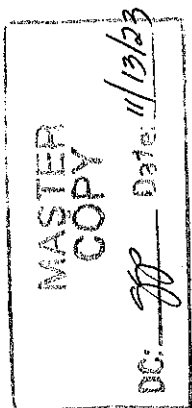
1. All accredited HCProfs shall be subject to the existing PhilHealth rules on the HCP performance monitoring.
2. *These guidelines on the Accreditation of HCProf shall be regularly reviewed and enhanced as necessary.*

P. Annexes

1. Annex A: Documentary Requirements for Accreditation of Health Care Professionals
2. Annex B: Provider Data Record for Health Care Professionals
3. Annex C: Supporting Documents for Updating of Records of Health Care Professionals
4. Annex D: Performance Commitment for Health Care Professionals

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment and all existing PhilHealth circulars, Corporate



Orders and directives shall be dealt with in accordance with the pertinent provisions of R.A. No. 11223 and R.A. No. 7875, as amended by R.A. No. 9241 and R.A. No. 10606, and their IRRs.

VII. 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.

VIII. REPEALING CLAUSE

This PhilHealth Circular repeals the following:

- A. PhilHealth Circular No. 10 s. 2014 entitled “The New Accreditation Process for Health Care Professionals and Guidelines for Credentialing and Privileging of Professionals.”
- B. PhilHealth Circular No. 2020-0013 entitled “Provisional Accreditation of Health Care Providers.”
- C. PhilHealth Circular No. 2020-0006 entitled “Premium Contributions of Accredited Health Care Professionals as Direct Contributors.”
- D. 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”;
- E. *PhilHealth Circular No.2022 – 0029, entitled “Accreditation of Health Care Professionals (HCProfs).*

All other issuances that are inconsistent with this PhilHealth Circular are hereby modified, amended and repealed accordingly.


IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall take immediately after its publication in a newspaper of general circulation. A copy of this PhilHealth Circular shall thereafter be deposited at the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.


EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer

Date Signed: 11/08/2023

Accreditation of Health Care Professionals (HCProfs) (Revision 1)

MASTER COPY
DC:  Date: 11/13/23

Annex A: Documentary Requirements for Accreditation of Health Care Professionals

I. GENERAL REQUIREMENTS FOR ALL PROFESSIONALS (as of CY 2023)

1. Provider Data Record (PDR)
2. Performance Commitment (PC)
3. Updated PRC License or a copy of any document issued by PRC as proof of renewal of the PRC license.
4. 35mm width x 45mm height (Passport size) photo (2pcs)

II. SPECIFIC REQUIREMENTS FOR APPLICATION FOR ACCREDITATION OF PROFESSIONALS (as of CY 2023)

Type of professional	Initial Accreditation	Renewal of Accreditation and Reaccreditation due to gap in accreditation	Reaccreditation for upgrading from GP to GP with training or GP/ GP with training to MS; applicable for physicians only
1. Physicians			
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">MASTER COPY</p> <p>11/13/23 Date: _____ _____</p> </div> <p>a. General Practitioner (GP)</p>	<p>1. Certificate of Good Standing (CGS) from PMA or its Local Component Society</p>		<p>GP to GPT</p> <ol style="list-style-type: none"> 1. Certificate of Good Standing from PMA or its Local Component Society 2. Certificate of Completed Residency Training
			<p>GP to MS</p> <ol style="list-style-type: none"> 1. Certificate of Good Standing from PMA or its Local Component Society 2. Specialty Board Certificate 3. Certificate of Good Standing from Specialty Society/ Subspecialty Society
b. General Practitioner (GP) with training	<ol style="list-style-type: none"> 1. Certificate of Good Standing from PMA or its Local Component Society 2. Certificate of Completed Residency Training 	<p>1. Certificate of Good Standing from PMA or its Local Component Society</p>	<p>GP with Training to MS</p> <ol style="list-style-type: none"> 1. Certificate of Good Standing from PMA or its Local Component Society 2. Specialty Board Certificate 3. Certificate of Good Standing from Specialty Society/ Subspecialty Society
c. Primary Care Physician as Konsulta Package Provider	<p>1. Certification as Primary Care Worker for UHC from DOH</p>		
d. Medical Specialist (MS)	<ol style="list-style-type: none"> 1. Certificate of Good Standing from PMA or its Local Component Society 2. Specialty Board Certificate 3. Certificate of Good Standing from Specialty Society/ Subspecialty Society 	<ol style="list-style-type: none"> 1. Certificate of Good Standing from PMA or its Local Component Society 2. Certificate of Good Standing from Specialty Society/ Subspecialty Society 	

Note:

- For emeritus members of PMA or Specialty Societies, the professional shall submit a copy of proof of emeritus standing from the society in lieu of the CGS.

Type of professional	Initial Accreditation	Renewal of Accreditation and Reaccreditation due to gap in accreditation	Reaccreditation for Upgrading from GD to DS
2. Dentists			
a. General Dentist (GD)	1. Certificate of Good Standing from Philippine Dental Association (PDA)		1. Certificate of Good Standing from PDA 2. Specialty Board Certificate 3. Certificate of Good Standing from Specialty Society
b. Dental Specialist (DS)	1. Certificate of Good Standing from PDA 2. Specialty Board Certificate 3. Certificate of Good Standing from Specialty Society		
Type of professional	Initial application as provider/s for the non-hospital facility for the maternity care package (MCP)/ normal spontaneous delivery package (NSD)	Renewal of Accreditation or Reaccreditation due to gap in accreditation	Initial Accreditation as family planning (FP) provider or Reaccreditation due to additional skills/training
3. Midwife <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">MASTER COPY</p> <p>Date: 11/19/23</p> </div>	<p>Any of the following evidences of Competency on the Expanded Functions of Midwives (not required for graduates from school year 1995 and onwards):</p> <ol style="list-style-type: none"> Certificate of Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of the Professional Regulation Commission (PRC); or Training Certificate from an accredited DOH-PRC training provider/institution; or Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologists or an accredited midwife 	<p>General requirements as specified.</p>	<p>IUD Insertion:</p> <ol style="list-style-type: none"> Certificate on Family Planning Competency Based Training (FPCBT) Level 2/Comprehensive Family Planning Course; or Post-Partum Training Course <p>Subdermal Contraceptive Implant Package:</p> <ol style="list-style-type: none"> Certificate of Training on Subdermal Implant Insertion and Removal <p>Post-partum IUD insertion:</p> <ol style="list-style-type: none"> Post-Partum IUD Training Course

	done in an accredited facility		
4. Nurse	<ol style="list-style-type: none"> 1. Certificate of Training on the Basic Emergency Obstetric and Newborn Care (BEmONC) for nurses from a DOH-recognized training center for BEmONC skills; <i>and</i> 2. Certificate of work experience for at least two (2) years in the labor and delivery room of at least a level one (1) hospital 		

***Note: Midwives/Nurses may be providers of FP without being an MCP or NCP provider**

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Annex B: Provider Data Record for Health Care Professionals

PHIC-ACCREDIT-AP-5-V.2023



PROVIDER DATA RECORD HEALTH CARE PROFESSIONALS

4.5cm x 3.5 cm
(Passport Size)
Photo

INSTRUCTIONS

1. Please read each sections carefully and check applicable boxes.
2. All information should be written in UPPER CASE/ CAPITAL LETTERS. If the information is not applicable, write "N/A"
3. All fields are mandatory. By affixing your signature, you certify the truthfulness and accuracy of all information provided.
4. For profile updating, fill up item no. 3 and check the appropriate box to be updated. Proceed to item no. 19 and indicate the correct data.
5. Indicate all affiliated health facilities. Use separate sheet if necessary.

THE PRESIDENT & CEO

PHILHEALTH ACCREDITATION NUMBER

Philippine Health Insurance Corporation
Pasig City Philippines

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Not applicable for initial application

Sir/Madam:

I, of legal age, hereby applies for accreditation under Sec. 61 of R.A. 7875 as amended by R.A. 10606 and its Implementing Rules and Regulations thereto. For this purpose, I hereby submit the following pertinent information and documentary requirements.

PHILYSYS NUMBER:																								
TAX IDENTIFICATION NO.																								
	PHILHEALTH IDENTIFICATION NO.																							
1. CLASSIFICATION		2. TYPE OF APPLICATION		3. PROFILE UPDATE																				
<input type="checkbox"/> General Practitioner (GP) <input type="checkbox"/> GP w/ Training Training: _____ <input type="checkbox"/> Medical Specialist Specialty: _____ <input type="checkbox"/> Primary Care Physician (as Konsulta Package Provider)		<input type="checkbox"/> General Dentist <input type="checkbox"/> Dental Specialist Specialty: _____ <input type="checkbox"/> Midwife <input type="checkbox"/> Nurse		<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Re-accreditation		<input type="checkbox"/> Update of civil status <input type="checkbox"/> Update of name <input type="checkbox"/> Update of health facility affiliations <input type="checkbox"/> Update of Family Planning Training <input type="checkbox"/> Others: _____																		
4. PERSONAL INFORMATION																								
HEALTH CARE PROFESSIONAL			MOTHER'S MAIDEN NAME			SPOUSE (if Married)			5. SEX		6. CIVIL STATUS				7. BIRTHDATE (MM/DD/YYYY)			8. E-MAIL ADDRESS			9. LANDLINE NO.		10. MOBILE NO.	
									<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated													
11. MAILING/ BILLING ADDRESS																								
No./St./Brgy.														City/Municipality										
Province										Zip Code			Contact No.											

MASTER COPY

no. 113/12
Date: 11/13/23

12. COLLEGE/ UNIVERSITY		13. YEAR GRADUATED	
14. PRC NO.	15. DATE ISSUED (MM/DD/YYYY)	16. VALID UP TO (MM/DD/YYYY)	
17. RESIDENCY TRAINING (For MS/ GP with Training) Name of Health Facility	Address of Health Facility	Year Started	Year Ended
18. HOSPITAL/CLINIC AFFILIATION(S)		ADDRESS	
1			
2			
3			
4			
5			
Continue in a separate sheet if necessary			

19. PROFILE UPDATE		
Check all applicable:	FROM	TO
<input type="checkbox"/> Change/correction of Name (Last Name, First Name, Name extension, Middle Name)		
<input type="checkbox"/> Upgrading or Downgrading		
<input type="checkbox"/> Correction of Date of Birth		
<input type="checkbox"/> Correction of Sex		
<input type="checkbox"/> Change of Civil Status		
<input type="checkbox"/> Updating of Personal Information/ Address/ Telephone Number/ Mobile Number/ Email address		
<input type="checkbox"/> Others:		

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;
- Adequate security measures are employed to protect my information; and
- I am allowing PhilHealth to access my PRC details to verify status of my professional license.

Health Care Professional's Signature over Printed Name

Date

FOR PHILHEALTH USE ONLY			
Date Evaluated:	LHIO	By:	LHIO
	PRO		PRO
Date Received:	LHIO	By:	LHIO
	PRO		PRO
Date Encoded:	LHIO/PRO (Receiving Module)	By:	LHIO
	PRO (Data Entry)		PRO

ipAS Generated Control No. _____

MASTLY COPY
Date: 1/13/23

Annex C: Supporting Documents for Profile Update/Updating of Records of HCProfs

Condition/s	Description	Documents required	
		Profile update during/within a valid accreditation	Profile update during renewal/ re-accreditation
1. Change in Name and/or marital status	due to marriage or re-marriage	<ul style="list-style-type: none"> Properly accomplished and signed PDR 	N/A
		<ul style="list-style-type: none"> Photocopy of the Certificate of Marriage issued by PSA 	
	due to reversion (from married to single)	<ul style="list-style-type: none"> Properly accomplished and signed PDR 	N/A
		<ul style="list-style-type: none"> Copy of the Certificate of nulled/void Marriage issued by PSA 	
2. Correction of Name		<ul style="list-style-type: none"> Properly accomplished and signed PDR 	N/A
		<ul style="list-style-type: none"> Copy of Birth Certificate issued by PSA 	
3. Correction of Sex		<ul style="list-style-type: none"> Properly accomplished and signed PDR 	N/A
		<ul style="list-style-type: none"> Copy of Birth Certificate issued by PSA 	
4. Updating of personal information	Mailing address, Telephone/mobile numbers, and e-mail address	<ul style="list-style-type: none"> Properly accomplished and signed PDR 	N/A
5. Hospital Affiliation	Addition	<ul style="list-style-type: none"> Properly accomplished and signed PDR Letter of Request to add hospital affiliation 	N/A
	Deletion	<ul style="list-style-type: none"> Properly accomplished and signed PDR Letter of Request to delete hospital affiliation 	N/A

MASTER COPY

Date: 11/13/23
JF

**Annex D: Performance Commitment for
Health Care Professionals**

Performance Commitment for Health Care Professionals

(Date)

PHILIPPINE HEALTH INSURANCE CORPORATION

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

SUBJECT: Performance Commitment for Health Care Professionals (Rev. 3)

Sir/Madam:

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

And for the purposes of this Performance Commitment, I hereby commit the following representations:

A. REPRESENTATION OF ELIGIBILITIES

1. I am _____, a Doctor of Medicine/ Dentist/ Midwife/ Pharmacist/ Nurse duly registered and licensed to practice my profession by the Professional Regulation Commission (PRC) with PRC No. _____;
2. As a licensed professional, it is my responsibility that my license is updated and valid all the time;
3. I am a member in good standing of the NHIP with an active membership in the NHIP by regularly paying my PhilHealth premium contributions during the entire validity of my accreditation as a health care professional;
4. Membership in professional organization (choose one)
 - a. I am a member in good standing of _____
_____ (name of the national association/ specialty society) regulating my profession;
 - b. I am not a member in good standing of any national association/ specialty society regulating my profession;
5. I am affiliated with _____

_____ (enumerate here the name/s of accredited health facility/ies, or on a separate sheet of paper, if needed.) and have undergone credentialing and given appropriate privileges in the said health facility/ies (HF/s) in accordance with its/their policies and procedures.

MASTER COPY
DC: JFF Date: 11/13/23

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

6. I am fully aware of, I have read and understood, and I shall conduct myself strictly and faithfully in accordance with the provisions of Republic Act (R.A.) 11223, R.A. No. 7875, as amended, including their respective Implementing Rules & Regulations (IRRs), particularly that pertaining to and governing the extent and limits of the grant of my privilege to be an accredited health care professional of the NHIP administered

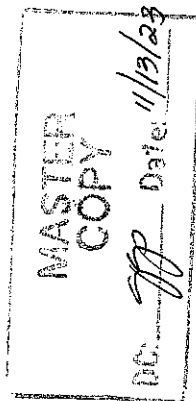
by PhilHealth, with full knowledge of the consequences of my non-compliance and violations;

7. I shall abide by all lawful, reasonable and fair administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health (DOH) and all other related government agencies and instrumentalities governing the practice of my profession and affecting my accreditation in the NHIP;
8. I shall abide by all the implementing rules and regulations, circulars, advisories, and other administrative issuances issued by the PhilHealth governing my accreditation;
9. I understand, that as a health care professional of the said institution/s, I will follow the policies of the said facility as long as it does not violate Statutory laws, Orders, Circulars and such other policies, rules and regulations issued by the DOH and all other government agencies and instrumentalities governing the practice of my profession.

C. CONDUCT AND UNDERTAKINGS OF PARTICIPATION IN THE NHIP

Further, I hereby commit myself to the following:

10. I am fully aware and I hereby acknowledge that accreditation administered by the PhilHealth is not a right but a mere privilege as provided under Section 31, Article VIII of R.A. 7875, as amended on the 'Authority to Grant Accreditation' by PhilHealth;
11. I am fully aware and I hereby acknowledge that my accreditation being a mere privilege extended by the NHIP, the grant of which may be continuous for as long as I comply with the requirements within a particular period as may be determined by the PhilHealth. I further acknowledge and accept that my accreditation including the appurtenant benefits and opportunities incident thereto, being a mere privilege, may be temporarily withdrawn, suspended and/or revoked at any time during the term of my accreditation as may be determined by PhilHealth to protect the interests of the NHIP;
12. I am fully aware and I unconditionally acknowledge and agree that non-adherence to guidelines or any violation of any provision of my commitment whether directly or indirectly, shall constitute 'Breach of the Performance Commitment' and shall be a ground at the discretion of PhilHealth, to suspend, shorten, temporarily withdraw and/or revoke my accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of my accreditation as may be determined by PhilHealth to protect the interests of the NHIP;
13. I undertake that all qualified NHIP beneficiaries shall be given high quality of health care service due them without delay and that I shall deduct without delay the correct amount of chargeable benefits due to qualified beneficiaries upon discharge;
14. I am fully aware and I unconditionally acknowledge and agree that any indication/s, adverse reports/findings of pattern/s or any other similar incident which may be indicative of any illegal, irregular, improper and/or unethical conduct or practice of my profession may be a ground at the discretion of PhilHealth, to suspend, shorten, temporarily withdraw and/or revoke my accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of my accreditation as may be determined by PhilHealth to protect the interests of the NHIP;
15. I am fully aware, knowledgeable and hereby agree to strictly conduct myself in accordance with and in compliance to all the basic precepts and tenets of my profession including all the laws, guidelines, policies and regulations regulating my profession including all the ethical standards required and governing the exercise of my profession;
16. I shall promote and protect the NHIP against abuse, violation and/or over-utilization of its Funds and I will not allow our institution to be a party to any act, scheme, plan or contract that may directly or indirectly be prejudicial to the NHIP;
17. I shall not directly or indirectly engage in any form of unethical or improper practices as an accredited 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 thereby ultimately undermining the greater interests and noble purpose of the NHIP;

18. I hereby undertake that I shall immediately report to PhilHealth, its Officers and/or to any of its personnel, any act/s of illegal, improper and/or unethical practices of institutional or professional health care providers of the NHIP that may have come to our knowledge directly or indirectly;
19. I shall immediately and promptly make available upon request for PhilHealth purposes, a listing of my schedule of professional fees readily available to PhilHealth Officers and authorized personnel, members, dependents and/or representatives;

D. ADMINISTRATIVE INVESTIGATIONS IN THE EXERCISE OF THE PRIVILEGE OF ACCREDITATION

20. I unconditionally recognize the authority of PhilHealth, its Officers and personnel and/or its duly authorized representatives to conduct administrative investigation relative to the exercise of my privilege and conduct of my profession as an accredited health care professional of the NHIP, and knowing the diversity of my profession, I fully welcome and understand if the investigation shall be done beyond the normal business/ operating hours;
21. I undertake that I shall fully cooperate and submit myself to any assessment to be conducted by PhilHealth relative to any findings, adverse reports, quality issues, pattern/s of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practice of my profession as an accredited healthcare professional of the NHIP that may be prejudicial or tends to undermine the noble purpose of the NHIP;
22. I undertake that I shall comply without delay any and all PhilHealth's summons, subpoena, and other legal processes;
23. I undertake that at any time during the period of my accreditation, upon request of PhilHealth, I shall voluntarily and unconditionally sign and execute a new 'Performance Commitment' to continue my accreditation as the case may be, as a sign of my good faith and continuous dedication and sincerity to comply with my Performance Commitment, to support and promote the NHIP being administered by PhilHealth;
24. That I shall allow PhilHealth to deduct or charge to my future claims, all reimbursements paid to me during the following, but not limited to: (a) period of the gap in my accreditation status or suspension of accreditation; (b) when NBB-eligible PhilHealth members and their dependents were made to pay out-of-pocket for professional fees, and; (c) validated claims of under deduction of PhilHealth benefits or overpayments to HF;
25. Finally, I hereby declare under penalties of perjury that my above-stated statements are true and correct without any conditions and free from misrepresentations.

MASTER
COPY
DC: JP Date: 11/13/13

Very truly yours,

Signature of Health Care Professional
PRC License Number: _____
Expiry Date: _____

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

NOTARY PUBLIC

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

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DC: *fff* Date: 11/13/23