Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8662-2588 www.philhealth.gov.ph
PhilHealthOfficial teamphilhealth

PHILHEALTH CIRCULAR
No. 2024 - 0004

TO : **ALL HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED**

SUBJECT : **Implementation of an All Case Rates-Based Global Budget in Health Care Provider Network (HCPN) Demonstration Sites**

I. RATIONALE

The goal of the National Health Insurance Program is to reduce out-of-pocket (OOP) expenditures of its members to protect them from catastrophic spending upon seeking health care. Currently, OOP is documented to be approximately 50.3% of the current health expenditure from 2021 (Philippine Statistics Authority, 2022). Because inpatient cases comprise 81% of the total claims, focused reform on inpatient benefit payouts has high potential of reducing OOP (PhilHealth Stats and Charts, 2022).

Inpatient benefits of PhilHealth are primarily paid through the All Case Rates (ACR) system. It is a case-based payment where accredited health facilities are reimbursed based on fixed, predetermined rates. Due to payments being a per-claim basis without any hard limits set, there is little predictability for PhilHealth regarding benefit payouts. The high volume of claims also causes increased turnaround times of claims processing as a whole.

The Universal Health Care (UHC) Act is the landmark legislation with the goal of providing all Filipinos access to quality health care while ensuring financial risk protection as well. As mandated by the law, PhilHealth shall implement a Global Budget payment system which shall initially be in Health Care Provider Network (HCPN) demonstration sites with the objective of improving administration of payments for providers, lessening transaction costs, and eliminating delays in payment for health services in a network and contracted Health Facility (HF) setting.

MASTER COPY Date: 02/27/24 DC:

II. OBJECTIVES

This PhilHealth Circular aims to establish provisions for the implementation of ACR-Based global budget payment, in line with the UHC Act (Republic Act No. 11223) and the National Health Insurance Act of 2013 (Republic Act No. 10606).

III. SCOPE

This PhilHealth Circular shall cover the provisions on the implementation of an All Case Rates-Based Global Budget in Health Care Provider Network Demonstration Sites.

This policy shall apply to all contracted infirmaries and Level 1 to Level 3 hospitals by the Health Care Provider Network (HCPN) Demonstration Sites, as identified by the Department of Health, which fulfill the criteria as set forth in this policy. The ACR-GB shall cover only inpatient case rates from the All Case Rates, based on PhilHealth Circular No. 31 s. 2013 (All Case Rates (ACR) Policy No. 1 --- Governing Policies In The Shift Of Provider Payment Mechanism From Fee-For-Service To Case-Based Payment). Other PhilHealth benefits such as the Z-Benefits and outpatient case rates shall be processed through existing mechanisms set by PhilHealth.

IV. DEFINITION OF TERMS

A. **Apex Hospital**[1] – (also known as end-referral center) a hospital, offering specialized services as determined by the Department of Health (DOH), which is engaged as a stand-alone facility by PhilHealth.

B. **Basic or Ward Accommodation**[2] – the provision of a regular meal, bed in a shared room, with at least fan ventilation, and shared toilet and bath.

C. **Case Rate**[3] – the fixed rate or amount that PhilHealth will reimburse for a specific illness or case of a member who is admitted in an accredited health care institution. Such rate or amount shall cover for the fees of health care professionals, and all facility charges including, but not limited to, room and board, diagnostics and laboratories, drugs, medicines, and supplies, operating room fees and procedures, regardless

[1] Department of Health Administrative Order No. 2020-0019 (Guidelines on the Service Delivery Design of Health Care Provider Networks), Section IV
[2] UHC Act Implementing Rules and Regulations, Section 4
[3] PhilHealth Circular No. 31, s.2013 (All Case Rates (ACR) Policy No. 1 --- Governing Policies In The Shift Of Provider Payment Mechanism From Fee-For-Service To Case-Based Payment)

of member category, that are admitted in accredited health care institutions.

D. **Efficiency Gains**[4] - the increase in profit following a reduction in cost whereby health facilities generate surplus revenues which they can use for continuous quality improvements, such as upgrading facilities, procurement of additional supplies or equipment, or augmenting health human resources with the goal of ensuring client satisfaction. Thus, the surplus generated by HFs through efficiency gains shall not be interpreted as overpayments.

E. **Global Budget**[5] – a prospective payment method where the insurer pays a fixed amount for a specified period to cover aggregate expenditures to provide an agreed-upon set of services.

F. **Good Claim** – a filed claim with complete documentary requirements that has been determined to be valid and worthy of payment.

G. **Hard Budget Cap** – a spending ceiling for a Global Budget wherein health facilities shall not be allowed to request for supplementary budget.

H. **Health Care Provider Network**[6] – 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 the primary care provider acting as the navigator and coordinator of healthcare within the network. The terms "HCPN" and "Network" are used interchangeably in this PhilHealth Circular.

I. **Health Care Provider Network Demonstration Site** – a province or city selected by the Department of Health to implement innovative UHC reforms in an HCPN setting.

J. **Health Facility**[7] – 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.

1. **Inpatient Facilities** – health facilities that deliver inpatient care which, in this policy, pertain to infirmaries, Level 1 to 3 Hospitals, or Apex hospitals. The terms "inpatient facility" and "health facility" are used interchangeably in this PhilHealth Circular.

[4] PhilHealth Circular 2024-0001 (Rules for Adjusting Case Rates)
[5] PhilHealth Circular No. 2020-0020 (Governing Policies On PhilHealth Costing And Costing Methodology)
[6] UHC Act Implementing Rules and Regulations, Rule 4.16
[7] UHC Act Implementing Rules and Regulations, Section 4.15.a

K. **In-Process Claim** – claim that has been received by PhilHealth without final decision as to denied, return-to-hospital, or good claim.

L. **Managing Board** – the governing body that provides oversight to health care provider network(s), such as the Local Health Board for public networks, a private board for private networks, and a self-assembled board composed of both public and private entities for mixed networks.

M. **Non-Basic or Non-Ward Accommodation**[8] – provision of amenities which are features of the health service that provide additional comfort or convenience such as private accommodation, air conditioning, telephone, television, among others.

N. **Prospective Payments**[9] – allocation of resources to a healthcare provider to deliver the covered package of health care goods, services, and interventions to the covered population in which rates are set in advance and/or providers are paid before services are delivered.

O. **Service-level Agreement (SLA)** – the contracting instrument executed between two parties for the delivery of individual-based health services.

P. **Soft Budget Cap** - a spending ceiling for a Global Budget wherein health facilities may request for supplementary budget, provided that conditions defined in this PhilHealth Circular are met.

Q. **Special Health Fund (SHF)**[10] – a pool of financial resources at the Province/City-wide health system intended to finance population-based and individual-based health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers.

R. **Twenty-Four-Hour Confinement Rule**[11] - the compensability of a claim based on the required minimum number of hours of hospitalization or confinement for inpatient care in an accredited health care institution.

S. **Unutilized Funds** - residual cash computed by subtracting the amount of good claims from the Global Budget.

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[8] UHC Act Implementing Rules and Regulations, Rule 4.2
[9] DOH-DBM-DOF-DILG-PHIC Joint Memorandum Circular No. 2021-0001 (Guidelines on the Allocation, Utilization, and Monitoring of and Accountability for the Special Health Fund), Section III
[10] DOH-DBM-DOF-DILG-PHIC Joint Memorandum Circular No. 2021-0001 (Guidelines on the Allocation, Utilization, and Monitoring of and Accountability for the Special Health Fund), Section III
[11] PhilHealth Circular No. 2020-0007 (Guidelines On The Provisions Of Special Privileges To Those Affected By A Fortuitous Events (Revision 1))

V. POLICY STATEMENTS

A. Implementation Mechanisms

1. The All Case Rates-Based Global Budget payment mechanism, hereinafter referred to as ACR-GB, institutes a provider payment system with the following main features:

   a. ACR-GB shall be implemented as prospectively paid funds to cover the cost of providing health services in inpatient facilities within a prescribed period of time. Accounting rules and procedures shall follow the applicable guidelines of the Commission on Audit (COA) on the accounting of prospective payments for HCPNs.

   b. The following benefit availment rules shall not apply to health facilities contracted for ACR-GB:
      b.1 Single Period of Confinement[12]
      b.2 45-day Benefit Limit Rule[13]

   c. Health facilities that are part of an HCPN shall receive their Global Budgets (GB) through the Special Health Fund (SHF) in accordance with existing guidelines on prospective payments which are subject to relevant accounting rules and regulations.

   d. A service-level agreement (SLA) shall be used by the Network as the legal instrument to contract eligible health facilities for ACR-GB. Multi-year SLA may be allowed subject to negotiation and facility performance.

   e. Recording of GB shall be in accordance with COA guidelines on prospective payments, as well as supplementary policies that may be issued by PhilHealth subjecting to relevant accounting and auditing rules and regulations.

2. Eligible health facilities shall be engaged for the ACR-GB through contracting, either as an individual facility, in the case of Apex Hospitals, or as part of a Network. Contractual obligations shall include the specific service capacity requirements, data submission, monitoring and evaluation, key performance targets, and incentives and sanctions, among others.

[12] PhilHealth Circular No. 2020-0007 (Guidelines On The Provisions Of Special Privileges To Those Affected By A Fortuitous Events (Revision 1))
[13] PhilHealth Circulars No. 21 s. 2006 (Forty-Five (45) Days Limit For Room And Board Allowance Of Members And Dependents) and 2020-0007 (Guidelines On The Provisions Of Special Privileges To Those Affected By A Fortuitous Events (Revision 1))

3. Apex Hospitals shall be contracted as standalone health facilities for ACR-GB by PhilHealth, as provided in the UHC Act. Such hospitals must be affiliated with at least one (1) HCPN through a Memorandum of Agreement between the former and the latter. All other health facilities shall be engaged through an HCPN in accordance with PhilHealth's policy on Network Contracting.

B. Application and Selection

1. All health facilities to be engaged by a network shall submit to the Local Health Board/Managing Board a Letter of Intent (Annex A: Letter of Intent Template) with all supporting requirements, as listed in Annex B: Checklist for Health Facility Eligibility.

   The Local Health Board/Managing Board of the Network shall consolidate the duly accomplished application forms with supporting documents and submit as part of the Network requirements to their respective PhilHealth Regional Office (PRO), following the application process detailed in PhilHealth's policy on Network Contracting.

2. DOH-identified Apex Hospitals shall submit application requirements for ACR-GB directly to their respective PROs as listed in Annex B: Checklist for Health Facility Eligibility.

3. The PRO shall approve the application based on compliance to the requirements listed in Annex B: Checklist for Health Facility Eligibility.

   a. Health facilities with approved application for ACR-GB shall receive a Notice of Approved Application (Annex C).

   b. Health facilities with denied application for ACR-GB shall receive a Notice of Denied Application (Annex D).

   c. Denial of application of the Network shall automatically result in denial of the application of its member health facilities for ACR-GB, in accordance with PhilHealth's policy on Network Contracting.

4. Health facilities that intend to renew their ACR–GB contracts shall be subject to the requirements and processes listed in this section. Timelines and processes regarding renewal shall be released through a PhilHealth Advisory.

5. Health facilities who do not intend to renew ACR-GB contracts shall ensure that all funds from the lapsed contract are duly reconciled

and liquidated in accordance with existing accounting rules from PhilHealth and COA.

C. ACR-GB Estimation Methodology

1. A standard estimation approach shall be developed by PhilHealth for implementation across all health facilities contracted for GB payments (Annex E: Estimation Formula).

2. ACR-GB shall be estimated following a 3-year moving average.

    a. The historical ACR claims records of the health facilities within the immediately preceding three (3) years shall be used for estimation of the GB amount. The said claims records shall be the basis for contract amount and patient volume estimations. Good claims paid for patients admitted within the immediately preceding three years shall be used as the primary basis for estimation. Additional bases for estimation may be developed by the Corporation as necessary.

    b. Operational years of 2020 and 2021 shall be exempted from any estimations following extraordinary circumstances brought by the COVID-19 pandemic. Immediately preceding years from said years shall be referenced for estimation.

    c. Z benefit and outpatient case rates shall be excluded from the estimation of the Global Budgets.

    d. Estimation of GB amounts for health facilities which start implementing in the middle of the calendar year shall be prorated. Succeeding years shall follow the regular GB estimation methods and timing of payment releases.

3. The GB payment shall not differentiate between institutional and professional fees, in accordance with Section 18 of the UHC Act, provided that health facilities contracted for ACR-GB shall ensure that professionals are given their appropriate dues for service delivery per case.

4. Level 1-3 Hospitals shall have a Soft Budget Cap, or shall be eligible to request for supplementary budget during their first year of implementing ACR-GB in accordance with Section V.F of this PhilHealth Circular.

5. Infirmaries contracted for GB shall have a Hard Budget Cap, or shall not be eligible to request for and be granted supplementary budget during their first year of implementation.

D. Contractual Agreements

1. The following contractual agreements shall apply to all inpatient health facilities contracted for ACR-GB (see Annex F: Sample Contract):

    a. Patient volume, episodes of care delivered in the inpatient facility, shall be agreed upon and reflected in the SLA. The services excluded in ACR, such as but not limited to outpatient and primary care services and Z Benefits, shall not be debited to the GB.

    b. Cost sharing mechanisms shall be agreed upon and implemented alongside the ACR-GB payments. The prevailing policy on No Co-payment in basic accommodation shall be applied. Cost sharing rules from PhilHealth Circular No. 2024-0001 (Rules for Adjusting Case Rates) and its succeeding revisions shall also apply.

    c. Key performance indicators and commitments shall be negotiated and agreed upon during the contract negotiation process. These shall be reflected in the SLA of the health facility.

2. Other contractual requirements may be stipulated by PhilHealth, which shall be agreed upon during the contract negotiation process.

E. Claims Process

1. Health facilities shall continue to submit claims and electronic copies of required attachments using the PhilHealth eClaims.

2. Claims submissions may be assessed by front-end validation mechanisms to be developed and instituted by PhilHealth as part of the electronic claims process.

3. Claims which are submitted by facilities contracted for ACR-GB shall be checked for completeness and correctness of claims attachments by the respective PRO.

4. An information system shall be developed and be provided for facilities to monitor their running global budget.

5. Health facilities engaged through an HCPN shall be required to submit quarterly GB utilization reports to their managing board.

6. PhilHealth shall prioritize the processing of appeals for claims filed within the contract period of facilities being paid through the ACR-GB.

F. Fund Management

1. GB for Apex Hospitals shall be paid directly to the concerned facility following the frontloading rules indicated in this PhilHealth Circular. LGU-owned Apex Hospitals shall receive their GB through the province or city's Special Health Fund.

2. GB for LGU-owned Apex hospitals shall not be subject to reallocations to other health facilities and/or HCPN.

3. Specific rules on the fund releases to networks and individual health facilities shall be published in a separate PhilHealth Circular on PhilHealth prospective payment and HCPN contracting.

4. Upon approval of the Network contract amount, the Network and its member facilities shall execute the SLAs based on the provisions of PhilHealth's policy on the Network Contracting.

5. Frontloading schedule for the GB from PhilHealth to the Network or to individually contracted health facilities shall be as follows:

Tranche	Amount	Remarks
1 (First day of the contract period)	60% of the contract amount	Unutilized fund from previous GB shall be reconciled*
2	30% of the contract amount	The frontloading of this tranche shall be triggered when 60% of the 1st tranche has been utilized.
3	10% of the contract amount	The frontloading of this tranche shall be triggered when 80% of the first two tranches has been utilized.

Table 1: ACR-GB tranche arrangements
*Applicable only for 2nd and succeeding years of continuous implementation.

6. The remaining/unutilized budget of the preceding tranches shall be deducted from the first tranche of the succeeding contract period for facilities that intend to renew their ACR-GB contract. Please see Annex G: Reconciliation of Global Budgets as an example.

7. All approved funds shall be released to the accounts declared by the Managing Board or by individually contracted health facilities within the scheduled month of each tranche.

8. The proportion of all GB tranches that will be released to the inpatient health facilities and retained at the Network shall be decided upon and reflected in the SLA.

9. Quarterly utilization reports shall be submitted to the PhilHealth Regional Office no later than the 20 days after the last day of the quarter. Please refer to the template in Annex H: Utilization Report.

10. Participating Level 1-3 Hospitals, including Apex Hospitals, may request and be granted an additional ten percent (10%) of their GB contract amount as supplementary budget. This shall be reflected in the MOA and/or SLA between PhilHealth and the HCPN and in the SLA between PhilHealth and the Apex Hospital.

    a. Hospitals under an HCPN shall submit a Supplementary Budget Request Form (SBRF) which indicates the reason and supporting documentation (Annex I: Supplementary Budget Request Form) to the Managing Board. The SBRF shall be submitted along with the most recent utilization report.

    b. Hospitals directly contracted by PhilHealth shall submit an SBRF which indicates the reason and supporting documentation (Annex I: Supplementary Budget Request Form) directly to PhilHealth.

    c. ACR-GB facilities are entitled to request for supplementary GB due to the following reasons:
        c.1 Change in case mix due to occurrence of a fortuitous event including, but not limited to, epidemics, pandemics, natural disasters, with official declaration, e.g., state of calamity, state of emergency and their analogous certification; or
        c.2 Volume of patients which the hospitals delivered exceeds 80% of the committed volume.

    d. A notice of approval shall be sent to the requesting facility should the request for supplementary budget be approved.

11. The utilization of the prospective payment shall be based on the aggregate of good claims filed for patients admitted within the contract period during its participation as an ACR-GB facility.

12. RTH claims for patients admitted within the contract period, which have not been refiled within the same contract period, shall be subject to reimbursement when assessed as good claims. RTH claims reassessed as a denied claim shall not be debited to the Global Budget.

13. Denied claims for patients admitted within the contract period which have been appealed and reconsidered within the contract period as a good claim shall be debited to the Global Budget.

14. Claims for patients admitted within the contract period which are filed after the contract period shall be subject to reimbursement based on existing rules on the All Case Rates.

15. Health facilities shall be entitled to the efficiency gains merited from efficient service delivery. The remaining amount after deducting the actual charges for services from good claims shall constitute efficiency gains. The aggregation of the remaining amount shall be the total efficiency gains of the facilities.

16. The remaining funds after the deduction of the good claims from the GB shall be considered as unutilized funds. Reconciliation shall be conducted at most three (3) months after the contract period to determine the unutilized funds, which shall be returned back to the relevant PRO through PhilHealth's payment recovery mechanisms based on PhilHealth Circular No. 2021-0011 (PhilHealth Payment Recovery Policy) and its succeeding revisions.

17. Health facilities shall be given autonomy to reallocate funds within the facility.

18. PhilHealth shall provide the HCPN and its health facilities access to the GB utilization information for health facilities within its network.

19. The HCPN shall submit annual utilization reports within ninety (90) days after the contract period.

G. Monitoring and Evaluation

1. Random clinical, financial, and administrative monitoring activities shall be conducted by the PRO in any health facility contracted for GB payments, following the prevailing procedures. These can be announced or unannounced in nature, and shall be conducted at a minimum of once and a maximum of four times every contract cycle.

2. All health facilities contracted for ACR-GB shall continue to submit claims to PhilHealth as in prevailing guidelines of the Corporation. This reportorial requirement shall be used for monitoring purposes.

3. PROs shall conduct official performance assessments to evaluate the status and achievements of the agreed key performance indicators.

    a. A final close-out performance assessment to cover the entire contract cycle shall be conducted immediately after the contract period.

    b. This shall be the basis for the release of incentives and/or sanctions based on the performance of the network, and as a prerequisite for entry to the next SLA.

4. The following documentary requirements shall be consolidated and submitted by the Network to PhilHealth fifteen (15) days prior to the scheduled performance assessment. Apex Hospitals shall submit these requirements directly to PhilHealth.

    a. Patient Satisfaction Survey

    b. Monitoring Reports (i.e., referral rates, health outcomes, emergency rates, waiting time, among others)

    In the case of incomplete submission, the remaining documents are expected to be produced during the formal performance assessment. If the facility is unable to comply, the assessment shall be rescheduled.

5. Capacity Building

    a. All participating health facilities shall be required to undergo financial management training to be provided by the PhilHealth Central Office.

    b. Other capacity building support may be provided by the PhilHealth Central Office as requested or as deemed necessary.

6. PhilHealth shall regularly review this policy and introduce enhancements as necessary.

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment and/or SLA, and all existing related PhilHealth Circulars shall be dealt with and penalized in accordance with the pertinent provisions of Republic Act No. 7875, as amended by Republic Act Nos. 9241 and 10606 (National Health Insurance Act of 2013), and Republic Act No. 11223 (Universal Health Care Act), and their respective Implementing Rules

and Regulations.

VII. TRANSITORY CLAUSE

A. Initial implementation of ACR-GB shall be done exclusively in HCPN demonstration sites for the purpose of observing best practices, and identifying errors and policy gaps in the implementation of the provider payment mechanism.

B. The implementation of this PhilHealth Circular is subject to the issuance of the Commission on Audit (COA) recording and reporting guidelines on prospective payments for HCPNs and a separate PhilHealth Advisory on the operationality of the benefit's information systems with its corresponding procedures.

C. Specific processes and deadlines regarding the contracting and disbursement of ACR-GB funds shall be released through a PhilHealth Advisory.

D. No prescribed allocation of authorized beds as basic accommodation will be implemented in HCPN demonstration sites. Further, performance-based incentives will not be implemented during the first year of HCPN demonstration.

E. Health facilities not participating in ACR-GB shall be paid through existing ACR rules and processes.

F. Unutilized funds, as determined through reconciliation, during the first year of implementation in HCPN demonstration sites shall be returned to PhilHealth through the payment recovery mechanism of the Corporation, stipulated in PhilHealth Circular No. 2021-0011 (PhilHealth Payment Recovery Policy) and its succeeding revisions.

G. PhilHealth shall conduct an assessment after the initial implementation phase in order to determine the expansion plan for ACR-GB implementation. The details thereof shall be issued through a PhilHealth Advisory.

H. A cost sharing mechanism for the implementation of GB shall be developed during its implementation in HCPN demonstration sites. Guidelines thereof shall be issued in a separate PhilHealth Circular.

I. Health facilities that will implement ACR-GB after the HCPN demonstration sites program shall strictly adhere to the developed cost sharing rules of the provider payment mechanism.

J. In-process claims and claims appealed without a final decision for patients admitted before the ACR-GB contract period shall be settled through existing processes.

VIII. REPEALING CLAUSE

All provisions of previous issuances inconsistent with any provisions of this Circular are hereby amended, modified, or repealed accordingly.

IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect upon publication in a newspaper of general circulation. Thereafter, its certified true copies shall be deposited with the Office of the National Administrative Register at the University of the Philippines Law Center.

EMMANUEL R. LEDESMA JR.
President and Chief Executive Officer

Date signed: 02/26/2024

MASTER COPY Date: 02/27/24

Annex A: Letter of Intent Template

<OFFICIAL HEALTH FACILITY LETTERHEAD>

<NAME>
President and Chief Executive Officer
Philippine Health Insurance Corporation

Dear President _____,

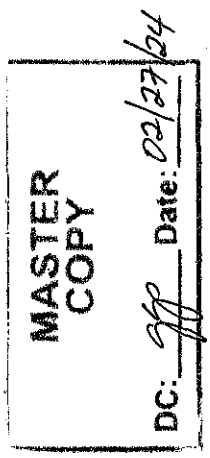
Greetings! We are writing to signify the intent of <NAME OF HEALTH FACILITY> to participate in the implementation of All Case Rates-Based Global Budget payments.

The health facility, hereby submits the following pertinent information and documentary requirements for the application to implement All Case Rate-based Global Budget, as stipulated in PhilHealth Circular 2023 – __ (Subject: Guidelines for the Implementation of All Case Rates-based Global Budget in Health Care Provider Network Demonstration Sites).

1. Copy of DOH License to Operate
2. Copy of Certificate of PhilHealth Accreditation
3. Contract with accredited health information technology service provider and/or with System Validation Certificate
4. Certification as an affiliate facility of a Health Care Provider Network

Sincerely,

<NAME>
Head of Health Facility
<Health Facility Name>



Annex B: Checklist for Health Facility Eligibility

ELIGIBILITY			
Eligibility	Documentary Requirements	Compliance	
		Yes	No
a. Duly licensed by the Department of Health	☐ Copy of DOH License to Operate		
b. Accredited and paid by PhilHealth for at least the immediately preceding five (5) years	☐ Copy of Certificate of PhilHealth Accreditation		
c. Capacity to submit electronic claims to PhilHealth in accordance with PhilHealth Circular No. 2016-0016	☐ Contract with accredited health information technology service provider (if engaged with a third-party service provider) and/or with System Validation Certificate		
d. With capacity to participate in PhilHealth diagnosis-related groups (DRGs) shadow billing, in accordance with PhilHealth Circular No. 2023-0014 and its succeeding revisions, as applicable;	☐ Tagged in the iPAS as a Shadow Billing site		
e. Affiliated with only one HCPN, with the exception of Apex hospitals.	☐ Certification as an affiliate facility of a Health Care Provider Network ☐ Does not have an existing application submitted by a different HCPN		

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 PRO	By	LHIO PRO	Date Received	LHIO PRO	By	LHIO PRO	Date Received	LHIO PRO	By	LHIO PRO

MASTER COPY

DC: ___ Date: 02/27/24

Annex C: Notice of Approved Application

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8662-2588 www.philhealth.gov.ph
PhilHealthOfficial teamphilhealth

NOTICE OF APPROVED APPLICATION FOR ALL CASE RATES-BASED GLOBAL BUDGET

[Date]

[NAME OF NETWORK'S AUTHORIZED REPRESENTATIVE]
[Address]

Dear [Salutation and Last Name];

We are pleased to inform you that the application of [Name of Health Facility], a member facility of [Health Care Provider Network], to implement ACR-GB effective [start date] to [end date] has been approved.

Please download the following PhilHealth Circulars (PC) at www.philhealth.gov.ph for your information and guidance:

A. PhilHealth Circular No. 2023-_ (Subject: Guidelines for the Implementation of All Case Rates-based Global Budget in Health Care Provider Network Demonstration Sites)
B. PhilHealth Circular No. 2023-_ (Subject: Implementing Guidelines on PhilHealth Prospective Payment Mechanisms for Health Care Provider Network)

Our partnership with you is vital in the achievement of the goals of the National Health Insurance Program.

By authority of the President and CEO:

[NAME OF RVP]
Regional Vice-President
PhilHealth Regional Office – [Region]

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DC: Date: 02/16/24

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PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8662-2588 www.philhealth.gov.ph
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NOTICE OF DENIED APPLICATION FOR ALL CASE RATES-BASED GLOBAL BUDGET

[Date]

[NAME OF NETWORK'S AUTHORIZED REPRESENTATIVE]
[Address]

Dear [Salutation and Last Name];

We regret to inform you that the application of [Name of Health Facility] has been denied due to:

A. Ineligible
B. Incomplete requirements [List down the deficiencies]
C. Denied application of the Health Care Provider Network

A health facility with incomplete requirements may comply with lacking requirements within the HCPN application cycle period.

By authority of the President and CEO:

[NAME OF RVP]
Regional Vice-President
PhilHealth Regional Office – [Region]

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Annex E: Estimation Formula

<table>
<tr><th>Step</th><th>Procedure</th><th>Example</th></tr>
<tr><td>Step 1</td><td>Determine the following:
a. health facility which will implement the ACR e.g., service level, ownership, etc.
b. the calendar year in which the ACR-GB will be implemented</td><td>
<table>
<tr><td>Facility</td><td>Dela Cruz Hospital</td></tr>
<tr><td>Service level</td><td>L1 Hospital</td></tr>
<tr><td>Ownership</td><td>Government</td></tr>
<tr><td>Authorized bed</td><td>25</td></tr>
<tr><td>Year</td><td>2024</td></tr>
</table>
</td></tr>
<tr><td>Step 2</td><td>Extract the ACR claims of the health facility within the immediately preceding three (3) years, except for the operational years of 2020 and 2021.</td><td>
<table>
<tr><td>Facility</td><td>Dela Cruz Hospital</td></tr>
<tr><td>Year</td><td>2023</td></tr>
<tr><td rowspan="3">ACR claims within the immediately preceding 3 years</td><td>2018</td></tr>
<tr><td>2019</td></tr>
<tr><td>2022</td></tr>
</table>
Note: The operational year of 2023 is not yet complete.
</td></tr>
<tr><td>Step 3</td><td>Add the ACR claims of the health facility for the identified preceding three (3) years</td><td>
<table>
<tr><th>Year</th><th>Claims Amount (Php)</th><th>Claims Volume (n)</th></tr>
<tr><td>2018</td><td>31,750,000.00</td><td>3,055</td></tr>
<tr><td>2019</td><td>+ 29,500,000.00</td><td>+ 2,955</td></tr>
<tr><td>2022</td><td>+ 30,250,000.00</td><td>+ 2,975</td></tr>
<tr><td>SUM</td><td>91,500,000.00</td><td>8,985</td></tr>
</table>
</td></tr>
<tr><td>Step 4</td><td>Divide the sum by 3 to get the average.</td><td>
<table>
<tr><th></th><th>Claims Amount (Php)</th><th>Claims Volume (n)</th></tr>
<tr><td>SUM</td><td>91,500,000.00</td><td>8,985</td></tr>
<tr><td></td><td>÷ 3</td><td>÷ 3</td></tr>
<tr><td>AVE</td><td>30,500,000.00</td><td>2,995</td></tr>
</table>
</td></tr>
<tr><td>Step 5</td><td>Multiply the average claims amount by 10% to get the maximum soft cap amount (this step is only done if the hospital is eligible for soft cap payment)</td><td>
<table>
<tr><td>Claims Amount (Php)</td><td>30,500,000.00</td></tr>
<tr><td></td><td>* 10%</td></tr>
<tr><td>Max. Soft Cap Amount (Php)</td><td>3,500,000.00</td></tr>
</table>
</td></tr>
<tr><td colspan="2">ACR-GB Contract</td><td>
<table>
<tr><td>Claims Amount</td><td>Php 30,500,000.00</td></tr>
<tr><td>Claims Volume</td><td>2,995 claims</td></tr>
<tr><td>Maximum Soft Cap Amount</td><td>Php 3,500,000.00</td></tr>
</table>
</td></tr>
</table>

Republic of the Philippines) s.s.
Contract No. _____

SERVICE LEVEL AGREEMENT

KNOW ALL MEN BY THESE PRESENT:
This Agreement made and entered into by and between:

[**HEALTH CARE PROVIDER NETWORK**], a private or mixed network, organized and registered with the Securities and Exchange Commission under Company Reg. No. _____ and/or Joint Venture Agreement No. _____ issued on _____ and existing laws of the Republic of the Philippines, with principal address at [Address] represented herein by its Authorized Representative [NAME], hereinafter called "**NETWORK**"

or

[HEALTH CARE PROVIDER NETWORK] an/a (LGU/Province/City-owned network, authorized through a Sanggunian Resolution No. _____ issued on [Date] and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by its Authorized Representative **[NAME]**, hereinafter called "**NETWORK**"

-and-

[FACILITY NAME] a health facility with a license to operate from the Department of Health issued on [Date] and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by its [Position of Representative], [NAME], hereinafter called "**ACR-GB PROVIDER**"

(each a "**Party**", and collectively, the "**Parties**").

WITNESSETH THAT:

WHEREAS, Republic Act No. 11223 or the Universal Health Care (UHC) Act mandates health reforms that aim to deliver equitable, accessible, and quality health services, and enacts **Philippine**

Health Insurance Corporation (PHILHEALTH) to implement health financing reforms;

WHEREAS, the UHC Act enacts **PHILHEALTH** to adopt any or combination of closed-end prospective provider payment mechanisms and endeavor to health care provider networks (HCPN) for the delivery of individual-based health services;

WHEREAS, PHILHEALTH has implemented a case-based payment called All Case Rates (ACR), through the issuance of PhilHealth Circular No. 35 s. 2013, that reimburse inpatient services delivered by accredited health facilities;

WHEREAS, the UHC Act mandates local health system to pool and manage, through a Special Health Fund (SHF), all resources intended for health services to finance population-based and individual-based health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers;

WHEREAS, **PHILHEALTH** enjoins provinces, highly urbanized cities, independent component cities, and private facilities to integrate their resources and services in a HCPN and to initially implement HCPN in a sandbox, referred to as the HCPN Demonstration Site;

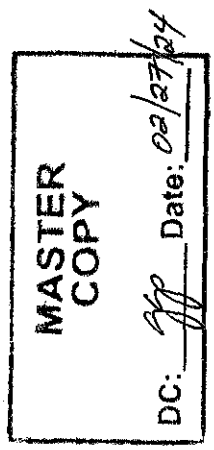
WHEREAS, as an initial step towards adoption of prospective payment, **PHILHEALTH** has published PhilHealth Circular No. 2023-___ or the Guidelines for the Implementation of an All Case Rates-based Global Budget (ACR-GB) in HCPN Demonstration Sites;

WHEREAS, HCPN, also referred to as **NETWORK,** is a group of health care providers, governed by a Managing Board, organized to deliver health care services in a coordinated and integrated manner;

WHEREAS, the **NETWORK** is willing to participate in the implementation of the ACR-GB by contracting its member health facilities, establishment of the SHF or pooled fund in the delivery of health services including inpatient services, and the terms and conditions contained in this Agreement;

WHEREAS, the **ACR-GB PROVIDER**, member health facilities contracted for ACR-GB, shall ensure delivery of all benefits and health services outlined in the implementing ACR to beneficiaries;

NOW THEREFORE, for and in consideration of the foregoing premises, and of the mutual covenants and stipulations hereinafter



set forth, the **Parties** hereby agree, and by these presents, bind themselves, to wit:

1. ACR-GB PROVIDER OBLIGATIONS

1.1. Acceptance of contract amount

1.1.1. The **ACR-GB PROVIDER** accepts the maximum contract amount of **[AMOUNT IN WORDS] (Php _____)** stipulated in this Agreement, including the corresponding schedule of payment and conditions for payment releases stated in the "Guidelines for the Implementation of an All Case Rate-based Global Budget in Health Care Provider Network Demonstration Sites":

Tranche	Contract Amount
1st	[AMOUNT IN WORDS] (Php _____)
2nd	[AMOUNT IN WORDS] (Php _____)
3rd	[AMOUNT IN WORDS] (Php _____)

1.1.2. ACR-GB shall submit reports on utilization of ACR-GB to the Network using the Utilization Report Template in Annex ___ of PhilHealth Circular No. 2023-___ or "Guidelines for the Implementation of an All Case Rate-based Global Budget in Health Care Provider Network Demonstration Sites".

1.1.3. The 2nd tranche shall be frontloaded when sixty (60) % of the 1st tranche has been utilized, while the 3rd tranche shall be frontloaded when eighty (80) % of the first two tranches has been utilized. Frontloading of these tranches to the **ACR-GB PROVIDER** shall be dependent on the performance of the **NETWORK** and frontloading of PhilHealth payment to the **NETWORK**.

1.1.4. The **ACR-GB PROVIDER** may request for additional 10% of the Global Budget as supplementary budget from the **NETWORK** given that it fulfills either one of the conditions: a) high patient volume rate (>80%) by the end of 3rd quarter, b) change in case mix, and c) occurrence of a fortuitous event. The **NETWORK** shall submit the request to **PHILHEALTH**. An addendum to this agreement may be executed to reflect the approved supplementary budget.

1.1.5. The **ACR-GB PROVIDER** agrees to fully comply with mechanisms set by the **NETWORK** and **PHILHEALTH** to unutilized funds after due reconciliation and evaluation of targets and performance accomplishment.

1.1.6. The **ACR-GB PROVIDER** agrees to pool _____ **[proportion]** of its Income to the Managing Board for the purposes indicated in the "Section __ of Implementing Guidelines of PhilHealth Prospective Payment Mechanisms for Health Care Provider Networks".

1.2. Provision of covered health services

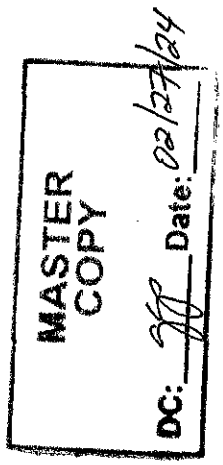
1.2.1. The **ACR-GB PROVIDER** shall be duly licensed by the Department of Health and accredited by **PHILHEALTH** during the contract period.

1.2.2. The **ACR-GB PROVIDER** shall provide **PHILHEALTH** beneficiaries the necessary inpatient services including but not limited to drugs, medicines, supplies, devices, diagnostic and treatment procedures stipulated in ACR Policies.

1.2.3. The **ACR-GB PROVIDER** shall deliver services within acceptable standards of care (e.g., clinical practice guidelines) and follow clinical pathways.

1.2.4. The **ACR-GB PROVIDER** shall have the capacity to submit claims through the prevailing claims submission system.

1.3. Targets and Cost-sharing Terms



1.3.1. The **ACR-GB PROVIDER** agrees to reach patient volume of _____ **[number]**, as evidenced by good inpatient claims.

1.3.2. The **ACR-GB PROVIDER** agrees to implement the prevailing no-balance billing (NBB) for patients who seek care in non-basic accommodation;

1.3.3. The **ACR-GB PROVIDER** agrees to follow the imposed cost sharing for ACR-GB (see Attachment A).

1.4. Maintenance of a management information system.

The **ACR-GB PROVIDER** ensures that:

1.4.1. Maintain an updated registry of all its beneficiaries (including newborns) and a database of claims filed containing actual charges (board, drug, labs, auxiliary, services, and professional fees), actual amount deducted by the facility and actual case rate, which shall be made available to **NETWORK** and **PHILHEALTH** or any of its authorized personnel.

1.4.2. Maintain an updated registry of all health workers (e.g., physicians, nurses, midwives, dentists) including their fields of practice, PRC license, DOH Certification, official email addresses, and mobile phone numbers, which shall be made available to the **NETWORK** and **PHILHEALTH.**

1.4.3. Electronically encode, if connected with e-claims, the laboratory/diagnostic examinations done, drugs and supplies used in the care of the patient in an information system which shall be made available for **NETWORK** and **PHILHEALTH.**

1.4.4. True and accurate data are electronically encoded in all patient records, which shall be made available to the **NETWORK** and **PHILHEALTH** through the Health Information Exchange.

1.4.5. Transmit only true and legitimate claims, complying with prescribed format and period of submission, to **PHILHEALTH.**

1.4.6. Submit utilization reports to **NETWORK** and **PHILHEALTH** as prescribed in **PHILHEALTH** Circulars.

1.4.7. Submit regularly monitoring reports to **NETWORK** and **PHILHEALTH.**

1.4.8. Submit annually to **NETWORK** and **PHILHEALTH** a copy of audited financial statement/report, to include the disposition of **PHILHEALTH** payment.

1.5. <u>Compliance to pertinent laws, policies and miscellaneous provisions and full cooperation during</u>

regular surveys, administrative investigation, and domiciliary visitations

The **ACR-GB PROVIDER** commits that:

1.5.1. The responsible owner(s) and/or manager(s) of the **ACR-GB PROVIDER** shall be jointly and severally liable for all violations committed against the provisions of R.A. No. 7875, as amended, and RA. No. 11223 (UHC Act) including its Implementing Rules and Regulations (IRR) and **PHILHEALTH** policies issued pursuant thereto.

1.5.2. It shall promptly inform the **NETWORK** prior to any change in their ownership and/or management.

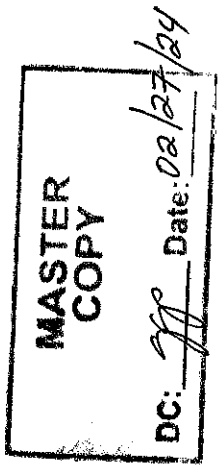
1.5.3. Any change in ownership and/or management of the **ACR-GB PROVIDER** shall immediately be notified to the **NETWORK** within ten (10) working days, and shall not operate to exempt the owner and/or manager when the offense was committed from liabilities for violations of R.A. No. 7875, as amended, and its IRR and policies.

1.5.4. It shall maintain active membership in the NHIP as an employer (as applicable) during the entire validity of its contract with the **NETWORK** as an **ACR-GB PROVIDER**.

1.5.5. It shall abide by all the implementing rules and regulations, memorandum circulars, special orders, advisories, and other administrative issuances by **PHILHEALTH** affecting the totality or part of the functions of an **ACR-GB PROVIDER.**

1.5.6. It shall abide by all administrative orders, circulars and other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of an **ACR-GB PROVIDER** engaged by **PHILHEALTH**.

1.5.7. It shall adhere to pertinent statutory laws affecting the operations of a PCPN including but not limited to the Senior Citizens Act (R.A. 10645), the Breastfeeding Act (R.A. 7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921),



the Magna Carta for Disabled Persons (R.A. 9442), and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.

1.5.8. It shall promptly submit reports as may be required by the **NETWORK, PHILHEALTH**, DOH, and all other government agencies and instrumentalities governing the operations of the networks.

1.5.9. It shall extend full cooperation with duly recognized authorities of **NETWORK, PHILHEALTH** and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by the **NETWORK and 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 its operations as the contracted primary care provider 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; provided that the **ACR-GB PROVIDER'S** rights to private ownership, if applicable, and privacy are respected at all times.

1.5.10. It shall ensure that its officers, employees, and personnel extend full cooperation and due courtesy to all **PHILHEALTH** and COMMISSION ON AUDIT (COA) officers, employees, and staff during the conduct of assessment/ visitation/ investigation/ monitoring of its operations as contracted service providers of the NHIP.

1.5.11. It shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in its patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims it submitted to the **NETWORK** and **PHILHEALTH**, unless proven to be a palpable mistake or excusable error.

1.5.12. It shall comply with the **NETWORK's** and **PHILHEALTH**'s summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.

1.5.13. It shall recognize the authority of the **NETWORK** and **PHILHEALTH**, their officers and personnel and/or their duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of its privilege and conduct of our operations as an accredited network of the NHIP.

1.5.14. It shall comply with the **NETWORK** and **PHILHEALTH**'s corrective actions given after monitoring activities within the prescribed period.

1.5.15. It shall agree to return 100% of the unutilized funds.

1.5.16. It shall protect the NHIP against abuse, violation and/or over-utilization of its funds and not allow itself or any of its member providers to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.

1.5.17. It shall not directly or indirectly engage in any form of unethical or improper practices as contracted service providers 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 to be unnecessary financial gain rather than promotion of the NHIP.

1.5.18. It shall immediately report to the **NETWORK**, its officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of networks and health care institutions of the NHIP that may have come to its knowledge directly or indirectly.

1.5.19. It shall recognize **NETWORK**'s authority to suspend release of payments under the following circumstances, but not limited to: (a) during the period of its non-contracted status as a result of suspension of contract, etc.; (b) loss of license for certain services that results to lack of access to these services; and (c) when **PHILHEALTH** members and their dependents were made to pay for healthcare services indicated in this policy;

1.5.20. It shall recognize **PHILHEALTH**'s authority, after due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke the **NETWORK**'s privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the contract for any violation of any provision of this Service Agreement and of R.A. 7875, as amended, and its IRR.

2. **NETWORK'S OBLIGATIONS**

2.1. For and in consideration of the inpatient services rendered to its registered members, the **NETWORK** shall pay the maximum contract amount to the **ACR-GB PROVIDER** amounting to **[AMOUNT IN WORDS] (Php _____)**, inclusive of all applicable taxes, upon being contracted as the healthcare provider for the [Name of Health Care Provider Network].

2.2. The **NETWORK** shall pay the **ACR-GB PROVIDER** with the corresponding schedule of payment and conditions for payment releases specified in the payment schedule stated in "Guidelines for Implementing All Case Rates-based Global Budget"

2.3. The **NETWORK** shall be responsible for computing the amount of the tranche payments based on the services provided and accomplishment of the performance targets.

2.4. The **NETWORK** shall submit a supplementary budget for an ACR-GB Provider and, provided that either one of conditions indicated in the Guidelines for Implementing All Case Rates-based Global Budget is met.

2.5. The **NETWORK** shall ensure the timely release of first tranche payments to the **ACR-GB PROVIDER** not later than the first fifteen (15) working days of facility operation and following the payment schedule prescribed in the guidelines for the other tranches.

2.6. The **NETWORK** shall address the concerns of the **ACR-GB PROVIDER** and issue clarifications as needed to facilitate benefit implementation.

2.7. The **NETWORK** shall provide the **ACR-GB PROVIDER** with regular updates and orientation on **PHILHEALTH** policies and guidelines.

2.8. The **NETWORK** shall assist the **ACR-GB PROVIDER** to ensure interoperability and connectivity with **PHILHEALTH** databases to support innovations and initiatives.

2.9. The **NETWORK** shall conduct scheduled and/or random on-site or virtual validation visits to observe the actual implementation of ACR-GB. The **NETWORK** shall provide the results of the monitoring and assessment to the **ACR-GB PROVIDER** fifteen (15) days after the conduct of the assessment.

3. **AMENDMENTS AND MODIFICATIONS**

No amendment or modification of any of the terms and conditions of this Agreement shall be valid unless evidenced by a written agreement executed by the authorized representatives of both **Parties.**

4. **EFFECTIVE DATE**

This Agreement shall become effective upon the signing of all the **Parties** to the agreement. The Agreement shall remain binding until terminated pursuant to the termination provisions of this Agreement.

5. **TERM AND TERMINATION**

The Term of this Agreement shall be valid from _____ to _____.

The **Parties** may agree to pre-terminate this Agreement prior to its expiration in the event of:

- Abuse in the operations of the **ACR-GB PROVIDER**,
- Fraud committed by the **ACR-GB PROVIDER**,
- Request from the **ACR-GB PROVIDER** to pre-terminate the implementation due to unsustainable and/or unfeasible benefit implementation

All pre-terminations shall be subject to a 30-day prior notice, except when a shorter period is agreed upon by the **Parties.**

6. **SEPARABILITY CLAUSE**

If any part of this Agreement is declared unenforceable or void, the rest of the Agreement shall nevertheless remain in full force and effect.

7. **ASSIGNABILITY**

No assignment of rights, duties or obligations under this Agreement shall be made by either **Party** without the prior written approval of the other **Party**.

8. **WAIVER**

Neither the failure nor any delay on the part of either **Party** to exercise any right, power, or privilege hereunder shall operate as a waiver.

9. **PROPRIETARY INFORMATION**

The **Parties** agree that the terms and conditions of this Agreement and its Attachments are proprietary, and agree to take all reasonable precautions to prevent the unauthorized disclosure of the terms.

10. **NON-DISCLOSURE AGREEMENT (NDA)**

The **ACR-GB PROVIDER** shall comply with the submission of the NDA to the **NETWORK** in compliance with the Data Privacy Law and rules.

11. **EXCLUSIVE AGREEMENT**

An **ACR-GB PROVIDER** shall only engage in one **NETWORK**.

MASTER COPY DC: Date: 02/27/24

12. **GOVERNING LAW AND VENUE OF ACTION**

This Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines, all PhilHealth circulars and issuances on ACR-GB (PhilHealth Circular No. 2023 - __) shall form an integral part of this Agreement. Venue of all actions arising from this Agreement shall be brought exclusively to the jurisdiction of the appropriate courts of the Philippines, without prejudice to the settlement of dispute through amicable settlement or alternative dispute resolution mechanisms under existing laws.

13. **ENTIRE AGREEMENT**

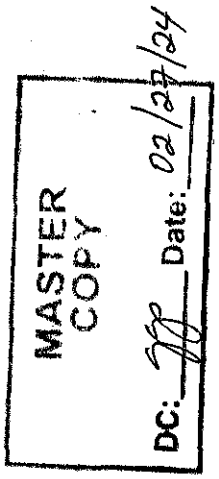
Both **Parties** acknowledge that this Agreement and its Attachments constitute the entire agreement between them and shall completely supersede all other prior understandings, previous communications or contracts, oral or written, between the **Parties** relating to the subject matter hereof.

Authorized Representative of the NETWORK	Authorized Representative of the ACR-GB PROVIDER

WITNESSES:

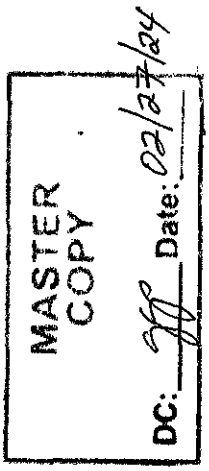
IN WITNESS WHEREOF, the **Parties** hereto have caused these presents to be signed this _____ day of _____ at the _____, _____, Philippines.

Doc No. ____
Page No. ____
Book No. ____
Series of ___



Annex G: Reconciliation of Global Budgets

ACR-GB Contract (First contract year)	Claims Amount	Php 30,500,000.00
	Claims Volume	2,995 claims
	First Tranche	Php 30,500,000.00 * 60%
	Second Tranche	Php 30,500,000.00 * 30%
	Third Tranche	Php 30,500,000.00 * 10%
Utilization Rates (First contract year)	Actual ACR Amount	Php 28,500,000.00
	Actual cost of care incurred	Php 26,000,000.00
	Actual Claims Volume	2,800 claims
Contract Reconciliation (First contract year)	Computation of Efficiency Gains	Php 28,500.000.00 - Php 26,000,000.00 = **Php 2,500,000.00**
	Computation of Unutilized GB	Php 30,500,000.00 - Php 28,500,000.00 = **Php 2,000,000.00**
ACR-GB Contract (Succeeding contract year)	Claims Amount	Php 29,500,000.00
	Claims Volume	2,900 claims
	Unutilized funds from previous contract	Php 2,000,000.00
	First Tranche	(Php 29,500,000.00 * 60%) - Php 2,000,000.00 = **Php 17,700,000.00**
	Second Tranche	Php 29,500,000.00 * 30%
	Third Tranche	Php 29,500,000.00 * 10%



Annex H: Utilization Report

Name of Health Facility:	
Accreditation No.:	
Period Covered: ☐ Quarter _____ ☐ Annual	
Starting Balance:	
Claims volume within the covered period:	
Claims amount within the covered period:	
Ending Balance:	

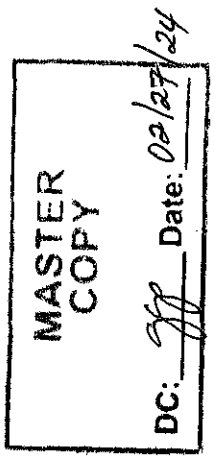
No.	Claim Series Number	Claims Amount	Running Balance

Prepared by:

_____

Approved by:

_____
Health of Facility



Annex I: Supplementary Budget Request Form

PhilHealth
Your Partner in Health

REQUEST FOR SUPPLEMENTARY BUD

PRESIDENT & CEO
Philippine Health Insurance Corporation
Pasig City, Philippines

PHILHEALTH ACCREDITATION NUMBER

Sir/Madam:

I, _____, of legal age, with address _____
Name of Authorized Representative *Designation of the Authorized Representative*
at _____ and the duly authorized representative to act for and in behalf of
Designation of the Authorized Representative
the health facility, hereby requests for supplementary budget which is equivalent to 10% of the Global Budget contract amount with the fulfillment of one of the conditions, as stipulated in of PhilHealth Circular 2023 – __ (Subject: Guidelines for the Implementation of All Case Rates-based Global Budget in Health Care Provider Network Demonstration Sites).

Condition	Documentary Requirement
80% achievement of the committed patient volume at the end of 3rd Quarter	Utilization report (*to be verified by PhilHealth*)
Change in case mix	Report on case mix (*to be verified by PhilHealth*)
Occurrence of fortuitous event (Specify: _____)	Official declaration of fortuitous event e.g., Declaration of Public Health Emergency

MASTER COPY
DC: ___ Date: 02/27/24

HEALTH FACILITY (HF)							
NAME OF HF							
MAILING/BILLING ADDRESS:	*Unit/Room Number/Floor, Building Name, Lot/Block/Phase/Number, Street Name, Subdivision, Barangay Name*						
City or Municipality		*Province and Region*				*Zip Code*	
HF CONTACT INFORMATION	*HF Landline and/or Mobile Number*		*HF Email Address*				
TAX IDENTIFICATION NO.			PHILHEALTH EMPLOYER NO.				
HF PHILHEALTH ACCREDITATION NO.		VALIDITY OF HF PAN	*Start Date (MM/DD/YY)* / /		*End Date (MM/DD/YY)* / /		
DOH LTO NUMBER			DOH FACILITY CODE				
HEAD OF FACILITY (HoF)							
NAME OF HoF	*Last Name*	*First Name*		*Extension*	*Middle Name*	*No Middle Name*	*Mononym*
HoF CONTACT INFORMATION	*Landline and/or Mobile Number*	*Email Address*	DESIGNATION				
TYPE OF FACILITY							
☐ Infirmary/Dispensary	☐ Hospital	☐ General ☐ Specialty	☐ Level 1	☐ Level 2	☐ Level 3		

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 PRO	By	LHIO PRO

Date Received	LHIO PRO	By	LHIO PRO

Date Received	LHIO PRO	By	LHIO PRO

MASTER COPY
DC: _____ Date: 08/27/24