Republic of the Philippines
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**PHILHEALTH CIRCULAR**
No. 2026 - 0002

**TO** : **ALL DRUG DISPENSING FACILITIES, HEALTHCARE INSTITUTIONS/PROVIDERS, AND ALL OTHERS CONCERNED**

**SUBJECT** : **Supplemental Guidelines for the Nationwide Implementation of PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment (PhilHealth GAMOT)**

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## I. RATIONALE

In compliance with the Universal Health Care Act (RA No. 11223), PhilHealth developed a comprehensive outpatient benefit, including an outpatient drug benefit, to decrease out-of-pocket spending for medications used for outpatient disease management.[1] With this, PhilHealth publishes the Implementing Guidelines for the Outpatient Drug Benefit Package (PhilHealth Circular [PC] No. 2023-0029), and subsequently the Nationwide Implementation of PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment (PC No. 2025-0013).

By virtue of PhilHealth Board Resolution No. 3019 s. 2025, this policy allows the implementation of PhilHealth GAMOT by directly engaging drug dispensing facilities throughout the country. PhilHealth GAMOT shall be a component of the comprehensive outpatient care coverage in support of achieving UHC.



## II. OBJECTIVES

In accordance with PhilHealth Circular 2025-0013, this issuance provides supplemental guidelines for drug dispensing facilities participating in the GAMOT Benefit package regarding temporary deactivation of program participation in the event of payment delays of valid and compliant claim exceeding sixty (60) calendar days from the date of submission of the automatically filed reimbursement.

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[1] Sec. 6(b), Republic Act No. 11223

## III. SCOPE

The provisions of this PhilHealth Circular shall apply to drug dispensing facilities that are currently accredited, those with pending appeals/motions for reconsideration of their accreditation applications, or those with intent to participate in the National Health Insurance Program (NHIP) for the outpatient drug benefit.

## IV. DEFINITION OF TERMS

A. **Auto Credit Payment Scheme (ACPS)**[2] - internal payment scheme whereby settlement of HFs claim is directly credited to their designated deposit accounts.

B. **Drug Dispensing Facility** - any establishment carrying on the retail business of sale of drugs and medicines to customers, with a license to operate (LTO) as a drug retailer from the Food and Drug Administration (FDA) or the Department of Health (DOH).

C. **GAMOT Application (GAMOT App)** - a software that can be interoperable with existing operating systems, used to prescribe medications, validate prescriptions, record dispensing, and monitor performance of GAMOT Facilities, as applicable.

D. **GAMOT Facility** - a drug dispensing facility that is engaged by PhilHealth to provide the contents of the outpatient drug benefit package.

E. **PhilHealth GAMOT** - PhilHealth's outpatient drug benefit package which covers select medications used in the outpatient case management and shall function as the pharmaceutical service delivery arm of PhilHealth's outpatient benefits. It shall be referred to as PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment or PhilHealth GAMOT.

F. **Performance Commitment**[3] - a notarized document signed by the authorized representative of the HF that intends to participate in the Program, which stipulates their undertakings to provide complete and quality health services to PhilHealth beneficiaries. This document also reflects the commitment of an HF to comply with PhilHealth policies on benefits payment, information technology, data management and reporting and referral, among others.



[2] PhilHealth Circular No. 2025-0028: Implementation of Auto-Credit Payment Scheme (ACPS) to All Health Facilities (HFs) (Revision 1)

[3] PhilHealth Circular No. 2023-0012: Omnibus Guidelines on the Accreditation of Health Facilities (HFs) to the National Health Insurance Program

## V. POLICY STATEMENTS

A. Conditions for Temporary Deactivation of Program Participation

1. Basis for Deactivation

   a. A GAMOT Facility, on a per-branch/facility basis, may temporarily deactivate its participation in the PhilHealth GAMOT Program and cease dispensing of medicines under the GAMOT List to PhilHealth Members only when:

      a.1. Payments for valid and compliant claims are delayed beyond sixty (60) calendar days from the date of claim submission; and

      a.2. Such payment delays are not attributable to any of the following:

         a.2.1. Incomplete or deficient claim documentation submitted by the GAMOT Facility;
         a.2.2. Claims under investigation for suspected fraud, abuse, or non-compliance;
         a.2.3. Claims returned to the facility for correction or additional requirements;
         a.2.4. Administrative holds due to the facility's failure to comply with PhilHealth requirements; or
         a.2.5. Any other cause originating from the GAMOT Facility's actions or omissions;

   b. For purposes of this policy, valid and compliant claims refer to complete claim submission that are not subject to deficiency notices, ongoing investigations, requests for additional documentation, or administrative holds caused by the facility's non-compliance with program requirements.

2. The temporary deactivation of program participation shall be exercised as a last resort, with due consideration primarily for member welfare. Prior to any deactivation, the GAMOT Facility must:

   a. Exhaust all coordination efforts with PhilHealth to resolve payment delays through:

      a.1. Initial coordination with their respective PhilHealth Regional Office (PRO) to request clarification and resolution of the valid and compliant delayed claims through written communication;
      a.2. Documented follow-up on claim status across communication channels (e.g., calls, emails, meetings); and
      a.3. Participation in coordination meetings if requested by PhilHealth.

   b. Consider the impact on member access to essential medications, particularly for members with chronic conditions requiring continuous therapy;

c. Give primary consideration to the welfare of PhilHealth members requiring continuous medication therapy; and

d. Prepare a mitigation plan to ensure continuity of care for affected members.

B. Notice and Coordination Requirements for Deactivation

1. The GAMOT Facility shall submit a physical copy or a scanned copy via official email to their respective PRO a fifteen (15) calendar day prior written notice (Annex A: Notice of Temporary Deactivation of GAMOT Program Participation Template) of its intent to temporarily deactivate its participation and cease dispensing of medicines under the GAMOT List.

2. The written notice must include the following details:

   a. Date of intended deactivation;
   b. Summary of valid and compliant outstanding claims that are expected to be affected under the objectives and scope of this PhilHealth Circular, excluding claims with pending deficiencies, claims under investigation, or delays caused by facility-attributable issues;
   c. Documentation of prior coordination efforts with PhilHealth, including dates, modes of communication, and PhilHealth personnel contacted; and
   d. Proposed mitigation plan for member protection, including referral arrangements to alternative GAMOT facilities.

3. Upon receiving the written notice prior to the approval of the Regional Vice President, the concerned PRO shall immediately take necessary action to address the payment delays and prevent the temporary deactivation, including but not limited to:

   a. Expedited review and processing of the outstanding valid and compliant claims of the GAMOT Benefit;
   b. Coordination with the Benefit Administration Section to prioritize affected claims;
   c. Provision of a written response to the GAMOT Facility within seven (7) calendar days upon receiving the written notice, indicating actions taken or scheduled.



C. Effects of Temporary Deactivation

1. In the event that the temporary deactivation proceeds despite coordination efforts, the Regional Vice President shall:

   a. Issue the appropriate Member Advisory within twenty-four (24) hours of the deactivation effective date;
   b. Ensure the PRO navigates affected members to alternative GAMOT facilities immediately;
   c. Deactivate the GAMOT App connectivity of the facility;

d. Post the advisory on the PhilHealth website and social media platforms;
e. Coordinate with the deactivated facility to ensure proper referral of walk-in members;
f. Monitor member complaints and ensure continuity of access

D. Member Protection and Continuity of Care

1. During any temporary deactivation of program participation, the GAMOT Facility shall:

   a. Coordinate with the PRO to identify alternative access points or temporary dispensing partners;
   b. Refer affected members appropriately and provide clear, written information on available GAMOT facilities, including:
      b.1. Facility name, address and contact information;
      b.2. Operating hours;
      b.3. Distance and transportation options from the deactivated facility;
   c. Post conspicuous notices at all facility entrances and service areas at least seven (7) calendar days before the deactivation effective date;
   d. Continue to accept and fill prescriptions for medications not covered under the GAMOT List; and
   e. Maintain a registry of members who sought GAMOT services during the deactivation period for reporting purposes.

2. During any temporary deactivation, PhilHealth shall:

   a. Maintain a dedicated hotline or member support help desk to assist in navigating alternatives, lodging complaints, or filing appeals;
   b. Monitor affected members and ensure continuity of access in line with the Universal Health Care Act;
   c. Provide regular updates to affected members through SMS, email, or other available communication channels;
   d. Track and report the number of members affected and services disrupted; and
   e. Coordinate with Local Government Units (LGUs) in the affected area to ensure alternative access arrangements are in place.

E. Reactivation of Program Participation

1. The GAMOT Facility shall reactivate its program participation, and resume dispensing, delivery of drugs, and medicines within twenty-four (24) hours from receipt of payment, whether partial or full, based on the valid and compliant outstanding claims indicated in the notice of temporary deactivation. Reactivation shall include:

   a. Removal of all deactivation notices from facility premises;
   b. Notification to PRO of reactivation;
   c. Resumption of GAMOT App connectivity and claim processing; and
   d. Posting of reactivation notices at all service areas.

2. The GAMOT Facility shall submit a physical copy or a scanned copy via official email a Notice of Reactivation (Annex B: Notice of Reactivation of GAMOT Program Participation Template) to the Regional Vice President of the concerned PRO within twenty-four (24) hours of reactivation, and the latter shall:

    a. Promptly update the Member Advisory within twenty-four (24) hours from receiving the notice;
    b. Inform members through the PhilHealth website, social media, and SMS blast where feasible; and
    c. Update the list of active GAMOT facilities in the PhilHealth systems.

F. Monitoring and Compliance

1. The GAMOT Facility shall submit a physical copy or a scanned copy via official email to their respective PRO a Post-Deactivation Report (Annex C: Post-Deactivation Report Template) within thirty (30) calendar days after reactivation, detailing:

    a. Duration and scope of deactivation;
    b. Number of affected members and prescriptions deferred, disaggregated by medication type;
    c. Effectiveness of the mitigation plan and member referral process;
    d. Status of the delayed claims that prompted the deactivation;
    e. Self-assessment of whether all qualifying criteria under Section V.A.1 were met; and
    f. Recommendations to prevent recurrence, including systemic improvements.

2. PhilHealth shall maintain a comprehensive monitoring system for payment delays, which shall include:

    a. Real-time tracking of claim processing timelines by the GAMOT Facility;
    b. Automated alerts when claims approach the sixty (60) calendar day threshold;
    c. Root cause analysis of payment delays exceeding thirty (30) calendar days;
    d. Dashboard accessible to PROs showing payment status of all GAMOT facilities in their jurisdiction; and
    e. Regular internal reporting to identify systemic bottlenecks in the claims processing system.

3. PhilHealth shall submit a quarterly report to the oversight bodies (PhilHealth Board, Department of Health, and Commission on Audit) on the number, duration, and reasons for temporary deactivation of GAMOT facilities, which shall include:

    a. Total number of deactivations and reactivations during the quarter;
    b. Average duration of deactivations;

c. Regional distribution of deactivations;
d. Root causes of payment delays (facility-caused vs. PhilHealth-caused);
e. Number of members affected and impact on access to medicines;
f. Corrective actions taken by PhilHealth to prevent future deactivations;
g. Analysis of trends and recommendations for policy or process improvements.

G. List of Annexes

Annex A: Notice of Temporary Deactivation of GAMOT Program Participation Template
Annex B: Notice of Reactivation of GAMOT Program Participation Template
Annex C: Post-Deactivation Report Template
Annex D: Performance Commitment for PhilHealth GAMOT Facilities Template

## VI. PENALTY CLAUSE

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

## VII. TRANSITORY CLAUSE

All accredited GAMOT Facilities shall submit their updated Performance Commitment (Annex D: Performance Commitment for PhilHealth GAMOT Facilities Template) within thirty (30) days from the issuance of this Circular.

All pending notices of temporary suspension filed under PhilHealth Circular No. 2025-0013 prior to the effectivity of this Circular shall be deemed as notices of temporary deactivation of program participation and shall be governed by the provisions of this PhilHealth Circular. GAMOT Facilities with pending suspension notices shall be given fifteen (15) calendar days from the effectivity of this Circular to submit supplemental documentation demonstrating compliance with Section V.A.1 (valid and compliant claims qualification). Failure to comply shall result in the voiding of the notice, and the facility must continue dispensing under the GAMOT Program.

## VIII. SEPARABILITY CLAUSE

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

## IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall be published in any newspaper of general circulation and shall take effect fifteen (15) days after its publication. Further, this PhilHealth Circular shall be subsequently filed with three (3) certified copies with the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.

**EDWIN M. MERCADO, MD, MHA, MMSc**
President and Chief Executive Officer (PCEO)

Date signed: 01/06/2026

## Annex A: Notice of Temporary Deactivation of GAMOT Program Participation Template

### I. GAMOT Facility Details

| | |
|---|---|
| Name of GAMOT Facility: | |
| PhilHealth Accreditation Number (PAN): | |
| Address: | |
| Contact Number: | |

### II. PhilHealth Office Details

| | |
|---|---|
| PhilHealth Regional Office (PRO): | |
| Date of Submission: | |

### III. Date and Scope of Intended Temporary Deactivation

| | |
|---|---|
| Date of Intended Deactivation Start: | [MM/DD/YYYY] |
| Date Facility will Cease GAMOT Dispensing: | [MM/DD/YYYY] |
| Specific Drugs/Medicines to be Affected: | *[Please check (✓) all that apply and input detail as needed]* |
| | □ All GAMOT Benefit medications. |
| | □ Selected GAMOT Benefit medications: *[List specific drug names, molecules, and preparations]* |

### IV. Summary of Valid and Compliant Outstanding Claims Affected

*IMPORTANT INSTRUCTIONS:*

*Only include claims that meet ALL of the following criteria:*

- ☑ *Complete documentation was submitted to PhilHealth*
- ☑ *Claims are NOT under investigation for fraud, abuse, or non-compliance*
- ☑ *Claims have NOT been returned to the facility for deficiency or correction*
- ☑ *Claims are NOT subject to administrative holds caused by facility non-compliance*

MASTER COPY DC: Date: 1/7/26

☑ *ayment delay is solely attributable to PhilHealth processing delays, not to facility-caused issues*

*Submission of claims that do not meet these criteria may result in the voiding of this notice and potential administrative sanctions.*

| Valid and Compliant GAMOT Availment Claim Number (GACN) *Beyond 60 Calendar Days* | Date of Availment [MM/DD/YY] | No. of GAMOT Availment Transaction Number (GATN) | Amount (☐) |
|---|---|---|---|
| 1. [GACN] | | | |
| 2. [GACN] | | | |
| 3. [GACN] | | | |
| 4. [GACN] | | | |
| | | Total Outstanding Claims | |

**Add row as needed*

## V. Documentation of Prior Coordination Efforts With Philhealth

*Minimum Coordination Requirement: The facility must demonstrate at least three (3) documented coordination attempts with PhilHealth over a period of at least thirty (30) calendar days prior to filing this notice. Coordination must include at least one written communication (letter or email) to the Regional Office.*

| Date | PhilHealth Office/ Unit Contacted | Nature of Coordination *e.g., Follow-up, Query* | Mode of Verification (MOV) *e.g., Letter, Email* |
|---|---|---|---|
| [Date] | [Office/Unit] | [Description] | Attached MOV |
| [Date] | [Office/Unit] | [Description] | Attached MOV |
| [Date] | [Office/Unit] | [Description] | Attached MOV |

**Add row as needed*

## VI. Proposed Mitigation Plan For PhilHealth's Member Protection

*[Instruction: Please check (✓) all that apply and input detail as needed.]*

To minimize disruption to PhilHealth Members during the temporary deactivation of program participation, the GAMOT Facility commits to the following actions:

1. **Advance Notice:**

☐Posting conspicuous public notices at all facility entrances and service areas starting on [Date - must be at least 7 days before deactivation]

☐Verbal notification to all walk-in members seeking GAMOT services

☐ Text/email notification to registered members (if contact information available)

☐Social media announcement (if facility maintains social media presence)

☐Specific Actions to be Taken: *[Describe in detail]*

2. **Member Referral and Navigation Plan:**

☐ Prepared list of alternative GAMOT facilities within five (5) kilometer radius

☐ Coordinated with alternative facilities to confirm capacity to absorb additional members

☐Printed referral slips with facility information ready for distribution

☐ Assigned staff to assist with the referral process during the deactivation period

**Primary Alternative Facilities:**

*1. [Facility Name], [Complete Address], [Contact Number], [Distance from this facility]*

*2. [Facility Name], [Complete Address], [Contact Number], [Distance from this facility]*

*3. [Facility Name], [Complete Address], [Contact Number], [Distance from this facility]*

**Special Arrangements:** *[Describe any special arrangements made, e.g., transportation assistance, coordinated schedules]*

3. **Continued Service for Non-GAMOT Prescriptions:**

☐Continuing to accept and fill prescriptions for medications NOT listed in the GAMOT formulary

☐ Continuing to serve members under other PhilHealth benefit packages (e.g., Z Benefits, case rates)

☐Accepting cash-paying customers without discrimination

☐Providing clear signage indicating which services remain available

**Services That Will Continue:** *[List specific services]* _____

_____

_____

**Services That Will Be Suspended:** GAMOT Benefit Package dispensing only

4. **Commitment to Immediate Reactivation:**

☐ Reactivating program participation and resuming GAMOT dispensing within 24 hours of receiving payment

☐ Submitting Notice of Reactivation to PhilHealth Regional Office within 24 hours of reactivation

☐ Removing all deactivation notices immediately upon reactivation

☐ Notifying members of reactivation through the same channels used for the deactivation notice

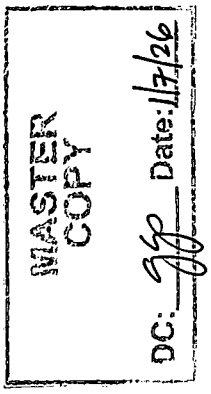
We commit to immediate reactivation upon receiving payment (whether partial or full) covering the valid and compliant outstanding claims listed in Section IV of this notice.

Accomplished by:

_____
(Name and Signature of the Head of Facility/ Medical Director/ Chief of Hospital)
Date: _____

Approved by:

_____
(Name and Signature of the Regional Vice President)
Date: _____



**Annex B: Notice Of Reactivation Of GAMOT Program Participation Template**

## I. GAMOT Facility Details

| | |
|---|---|
| Name of GAMOT Facility: | |
| PhilHealth Accreditation Number (PAN): | |
| Address: | |
| Contact Number: | |

## II. PhilHealth Office Details

| | |
|---|---|
| PhilHealth Regional Office (PRO): | |
| Date of Submission: | |

## III. Reactivation Details

| | |
|---|---|
| Date of Program Reactivation: | [MM/DD/YYYY] |
| Time of Reactivation: | [HH:MM AM/PM] |
| Service Being Reactivated: | GAMOT Benefit Package Dispensing |
| Start Date of Previous Temporary Deactivation Notice: | [MM/DD/YYYY] *(Annex B submission date)* |
| Effective Date of Deactivation: | [MM/DD/YYYY] |
| Total Duration of Deactivation: | [Number] calendar days |

## IV. Basis For Reactivation

This GAMOT Facility hereby notifies PhilHealth of the **immediate reactivation** of its program participation and resumption of dispensing of the GAMOT Benefit Package effective on the date and time cited above.

*[Instruction: Select with a check (✓) the most applicable reason]*:

□ **Substantial Resolution of Delayed Claims:** PhilHealth has processed and released payment, whether partial or full, of the outstanding claims that formed the basis of our Notice of Temporary Deactivation dated [MM/DD/YYYY].

MASTER COPY DC: Date: 1/7/26

**Payment Details:**

- Date of Payment Receipt: [MM/DD/YYYY]
- Amount Received: PhP [Amount]
- Percentage of Outstanding Claims Paid: [____]%
- GACN(s) Covered by Payment: [List GACNs]
- Mode of Payment: ☐ACPS ☐Check ☐Other: _____

☐ **Implementation of Temporary Funding Measures:** Despite the outstanding claims remaining unpaid, our facility has implemented temporary internal financial measures that enable the immediate restocking and continued dispensing of the GAMOT Benefit medications.

**Details of Funding Measures:**

- Source of Temporary Funding:
  ☐ Corporate reserves ☐ Bank credit line ☐ Supplier credit terms ☐ Other:_____
- Amount Allocated: PhP [Amount]
- Sustainability Period: [Number] months

We acknowledge that this reactivation does not waive our right to pursue resolution of the outstanding delayed claims listed in our deactivation notice.

☐ **Formal Agreement/Undertaking with PhilHealth/Others:** Our facility has entered into a formal agreement or received a formal undertaking that addresses the payment delays.

**Details of Agreement/Undertaking:**

- Type
  ☐ Payment schedule ☐ Promissory arrangement ☐ Escrow arrangement ☐Memorandum of Agreement ☐Other: _____
- Date of Agreement: [MM/DD/YYYY]
- Parties to Agreement: _____
- Key Terms: [Summarize payment schedule, amounts, dates]
- Attached Documentation:
  ☐Signed MOA ☐Official letter ☐Board Resolution
  ☐Other: _____

A copy of the formal agreement/undertaking is attached as supporting document.



## V. Commitment Upon Reactivation

The Facility commits to the following immediate actions upon reactivation:

a. **Notice Removal:** All deactivation notices have been removed from facility premises as of [Date/Time];

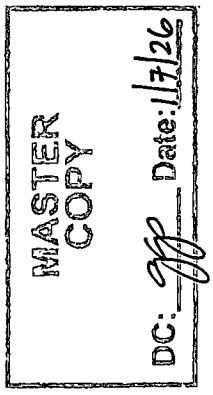
b. **Member Service:** We will actively welcome and serve all PhilHealth members eligible for the GAMOT Benefit Package without discrimination or delay;
c. **Supply Chain:** We have secured our supply chain and confirmed adequate stock of GAMOT-listed medications to sustain dispensing services for at least [Number] days/months;
d. **Staff Readiness:** All pharmacists and dispensing staff have been briefed on the reactivation and are prepared to resume GAMOT services;
e. **System Connectivity:** Our GAMOT App connectivity and claim submission systems have been tested and are fully operational;
f. **Member Communication:** We have posted reactivation notices at all service areas and will inform members who were referred to alternative facilities during the deactivation period;
g. **Quality Assurance:** We commit to maintaining the same quality standards and compliance with all PhilHealth GAMOT Program requirements as prior to the deactivation.

Accomplished by:

_____
(Name and Signature of the Head of Facility/ Medical Director/ Chief of Hospital)
Date: _____

Received by:

_____
(Name and Signature of the Regional Vice President)
Date: _____



# Annex C: Post-Deactivation Report Template

## I. GAMOT Facility Details

| | |
|---|---|
| Name of GAMOT Facility: | |
| PhilHealth Accreditation Number (PAN): | |
| Address: | |
| Contact Number: | |

## II. PhilHealth Office Details

| | |
|---|---|
| PhilHealth Regional Office (PRO): | |
| Date of Submission: | |

## III. Duration and Scope of Temporary Deactivation

| | |
|---|---|
| Start Date of Deactivation (Annex B Date): | [MM/DD/YYYY] |
| Effective Date When Dispensing Ceased: | [MM/DD/YYYY] |
| End Date of Deactivation (Annex C Date): | [MM/DD/YYYY] |
| Effective Date When Dispensing Resumed: | [MM/DD/YYYY] |
| Total Duration of Deactivation: | [Number] Calendar Days |
| Total Duration of Service Interruption: | [Number] Calendar Days |
| Scope of Service Affected: | *[Instruction: Please check (✓) all that apply and input detail as needed]* |
| | □ All GAMOT Benefit medications.<br>□ Selected GAMOT Benefit medications:<br>[List specific drug names, molecules, and preparations] |
| Status of valid and compliant delayed claims that formed the basis of deactivation: | □ Fully Paid - Date of payment: [MM/DD/YYYY], Amount: PhP [Amount]<br>□Partially Paid - Date of payment: [MM/DD/YYYY], Amount: PhP [Amount], Percentage paid: [___]% |

| | |
|---|---|
| | ☐Payment Scheduled - Scheduled date: [MM/DD/YYYY], Expected amount: PhP [Amount]<br>☐Still Unpaid - Facility reactivated due to: ☐Internal funding ☐Formal agreement ☐Other: _____ |
| Claims subsequently found to have issues: | Number of claims initially reported as valid that were later found to have deficiencies: [Number]<br>If greater than zero, explain: _____ |

## IV. Impact Assessment: Affected Members And Medications

*This section provides a comprehensive assessment of the impact of the temporary deactivation on PhilHealth members and the GAMOT Program. Data should be based on facility records, member inquiries, and coordination with the PhilHealth Regional Office.*

| Impact Category | Quantity/Description |
|---|---|
| **Number of Members Directly Affected** | |
| Members who visited the facility and were turned away: | [Number] |
| Members who called/inquired and were advised of deactivation: | [Number] |
| Regular members with chronic conditions on file: | [Number] |
| Estimated total members in the catchment area affected: | [Number] |
| **Basis of Estimate:** | *[Instruction: Please check (✓) all that apply and input detail as needed]*<br>☐Facility logbook<br>☐Average daily GAMOT transactions<br>☐Member registry<br>☐Other: _____ |
| **Total Number of Prescriptions/Transactions Deferred:** | |
| Number of prescriptions: | [Number] |
| Estimated total value of deferred GAMOT transactions: | PHP [Amount] |
| Average value per deferred transaction: | PHP [Amount] |

| | |
|---|---|
| **Method of Tracking:** | *[Instruction: Please check (✓) all that apply and input detail as needed.]*<br>☐Logbook of turned-away members<br>☐Estimated based on pre-deactivation averages<br>☐Other: _____ |
| **Top 5 Medications/Drug Classes Most Affected:** *(Listed in descending order by volume of deferred prescriptions)*: | 1. [Drug Name/Class] - [Number] deferred prescriptions - Therapeutic use: [e.g., Hypertension, Diabetes]<br>2. [Drug Name/Class] - [Number] deferred prescriptions - Therapeutic use: _____<br>3. [Drug Name/Class] - [Number] deferred prescriptions - Therapeutic use: _____<br>4. [Drug Name/Class] - [Number] deferred prescriptions - Therapeutic use: _____<br>5. [Drug Name/Class] - [Number] deferred prescriptions - Therapeutic use: _____ |
| **Critical/Life-Sustaining Medications Affected:** | ☐Yes<br>☐No<br>If yes, specify: _____ |
| **Effectiveness of Member Referral Process:** | |
| **Challenges Encountered:** | *[Instruction: Please check (✓) all that apply and input detail as needed]*<br>☐Limited nearby alternative GAMOT facilities (nearest facility is ___ km away)<br>☐Alternative facilities at full capacity or with long wait times<br>☐Member confusion about the process<br>☐Transportation difficulties for members<br>☐Language/communication barrier<br>☐Members with mobility issues are unable to travel to alternatives<br>☐Financial constraints (transportation costs, |

| | |
|---|---|
| | etc.)<br>☐Alternative facilities did not have the specific medications needed<br>☐Other: _____ |
| **Success Indicators:** | |
| Number of members successfully referred: | [Number] |
| Percentage of turned-away members who confirmed receiving service at an alternative facility: | [____]% |
| **Others** | |
| Member complaints received during deactivation: | [Number] |
| Lessons Learned: *[Describe what worked well and what didn't in the referral process]* | _____<br>_____<br>_____ |

## V. Analysis and Recommendations to Prevent Recurrence

*[Instruction: Please check (✓) all that apply and input detail as needed]*

### A. Root Cause Analysis

☐High volume of claims overwhelming PhilHealth's processing capacity
☐Technical issues with the PhilHealth claims processing system
☐Documentation/compliance issues that delayed claim adjudication
☐Lack of coordination between the facility and the PhilHealth Regional Office
☐Insufficient PhilHealth budget allocation for GAMOT Program
☐Other: _____
Detailed Explanation of Root Cause:
_____
_____
_____



### B. Facility-Level Improvements

Actions our facility will implement to prevent future deactivations:

1. _____
   _____
2. _____
   _____
3. _____
   _____

4. _____

_____

### C. Recommendations to PhilHealth

Systemic improvements we recommend PhilHealth implement to prevent future deactivations across the GAMOT Program:

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

### D. Commitment to Continuous Improvement

☐ We commit to implementing the facility-level improvements identified above within [Number] days/months

☐ We request a coordination meeting with the PhilHealth Regional Office to discuss systemic improvements

☐ We will participate in any PhilHealth review or process improvement initiatives related to claims processing.

## VI. Self-Assessment and Compliance Certification

*[Instruction: Please check (✓) all that apply and input detail as needed]*

### A. Compliance with Deactivation Requirements

The facility certifies that during the deactivation process, we complied with all requirements under PhilHealth Circular [Number], specifically:

☐ We met all qualification criteria under Section V.A.1 before filing the deactivation notice

☐ All claims included in our deactivation notice were valid and compliant claims

☐ We exhausted all coordination efforts with PhilHealth before deactivating

☐ We provided the required 15-day advance notice

☐ We implemented our member protection mitigation plan

☐ We reactivated within 24 hours of receiving payment (if applicable)

☐ We submitted this report within 30 days of reactivation

**B. Claims Validity Assessment**

Upon review and after the deactivation period, were all the claims that formed the basis of our deactivation notice actually valid and compliant?

☐Yes - All claims were valid and compliant

☐No - Some claims were later found to have issues

If NO, provide details:

- Number of claims later found to be deficient: [Number]
- Nature of deficiencies: _____
- Corrective actions taken: _____

**C. Member Welfare Assessment**

To the best of our knowledge:

☐No PhilHealth member suffered harm or adverse health outcomes due to our deactivation

☐We are aware of [Number] member(s) who experienced adverse effects

Details: _____

**D. Certification**

☐I hereby certify that the information provided in this Post-Deactivation Report is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in administrative sanctions, suspension, or revocation of our accreditation under the PhilHealth GAMOT Program

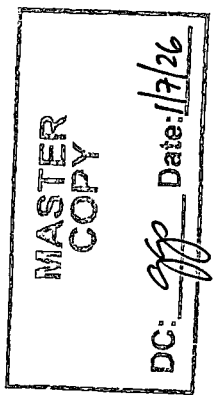
☐I have reviewed this report personally and verified its accuracy

Accomplished by:

_____

(Name and Signature of the Head of Facility/ Medical Director/ Chief of Hospital)

Date: _____




Received by:

_____

(Name and Signature of the Regional Vice President)

Date: _____

## Annex D: Performance Commitment for PhilHealth GAMOT Facilities Template

***PERFORMANCE COMMITMENT***
***FOR 'PHILHEALTH GAMOT' FACILITY***

This Performance Commitment (PC) is being submitted to the Philippine Health Insurance Corporation (PhilHealth) to guarantee our commitment to the National Health Insurance Program ("NHIP"), specifically to its PhilHealth-Guaranteed and Accessible Medications for Outpatient Treatment ('PhilHealth GAMOT' Program).

'PhilHealth GAMOT' is a component of the PhilHealth YAKAP Program providing up to P20,000 worth of outpatient medicines annually per beneficiary. It covers 75 essential medications for conditions including, but not limited to, infections, asthma, COPD, diabetes, high cholesterol, high blood pressure, heart conditions, and nervous system disorders.

**For purposes of this Performance Commitment, we warrant the following representations:**

### *A. Representation Of Eligibilities*

1. We are a duly registered/licensed/certified pharmaceutical/health facility capable of providing drugs and medicines in connection with the 'PhilHealth GAMOT' Program;
2. We are a member in good standing of the Philippine Hospital Association (PHA) (for hospitals and infirmaries)/_____(for pharmaceutical companies/drug stores and retailers);
3. We are owned and managed by _____ and doing business under the name of _____ with License/Food and Drug License (FDA)/Certificate No. _____;
4. We warrant that all health care professionals/personnel working in our facility/company/establishment are PhilHealth-accredited, as applicable/registered and possess the proper minimum credentials, given appropriate privileges in accordance with our policies and procedures to sufficiently and effectively perform the required services in the implementation of the 'PhilHealth GAMOT' Program.

## B. *Undertakings On Compliance To Pertinent Laws/Rules & Regulations/Policies/Administrative Orders And Issuances*

1. We shall adhere to pertinent statutory laws affecting the operations of pharmaceutical/health care facilities including, but not limited to, R.A. No. 7875 as amended and R.A. No. 11223 and their Implementing Rules and Regulations (IRRs);
2. We shall abide by all Administrative Orders, Circulars and such other Policies, Rules and Regulations issued by the Department of Health (DOH), FDA, PhilHealth and all other related government agencies and instrumentalities governing and regulating the operations of pharmaceutical/health care facilities;
3. Our health care professionals/officers, employees and other personnel are duly registered members in good standing of the NHIP;
4. We undertake to maintain active membership in the NHIP as an employer during the entire validity of our participation in the NHIP and as a licensed/accredited pharmaceutical/health care facility for the entire corporate existence of our institution;
5. We shall promptly inform PhilHealth prior to any change in the location, ownership, and/or management of our pharmaceutical/health care facilities;
6. We shall promptly and regularly submit reports as may be required by PhilHealth, pursuant to relevant laws, rules, and regulations governing the operations of pharmaceutical/health care facilities, subject to the provisions of the Data Privacy Act.

## C. *Undertakings On The Participation And Implementation Of The 'Philhealth GAMOT' Program*

1. We are duly capable of providing/dispensing the necessary drugs and medicines, as enumerated in our Certification of Availability, to be readily available and accessible to all PhilHealth Members for the duration of the validity of this Performance Commitment;
2. We undertake to comply and submit to PhilHealth the documentary requisites in our participation in the 'PhilHealth GAMOT' Program enumerated in PhilHealth Circular 2025-0013 or its revisions, if any;
3. We shall maintain a high level of service satisfaction among PhilHealth Members, including all their qualified dependents/beneficiaries;
4. We shall treat PhilHealth members with courtesy and respect, assist in effectively and consistently availing the 'PhilHealth GAMOT' Program and provide accurate information on pertinent PhilHealth policies and guidelines;

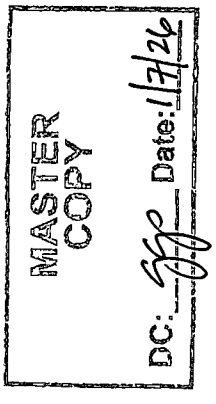
5. We shall provide and dispense the necessary drugs and medicines in strict accordance with the rules and guidelines of the 'PhilHealth GAMOT' Program with no out-of-pocket expenses on the part of the qualified PhilHealth Member and their dependents;

6. We acknowledge and agree that all payments due to our pharmaceutical/health care facilities in our participation in the 'PhilHealth GAMOT' Program shall be through PhilHealth's Auto-Credit Payment Scheme (ACPS);

7. In the event that payment due us through PhilHealth's Auto-Credit Payment Scheme (ACPS) for valid and compliant claims shall encounter delays exceeding sixty (60) calendar days, and such delays are not attributable to incomplete documentation, deficiencies in our claim submissions, ongoing investigations, or any cause originating from our facility's actions or omissions, we, on a per branch basis if applicable, may opt to temporarily deactivate our program participation and cease the delivery and dispensing of drugs and medicines to members under the GAMOT List while exerting mutual efforts with PhilHealth on promptly resolving the payment delays, taking into primary consideration the welfare of members requiring the drugs and medicines, and exhausting all coordination measures as specified in Section V.A.2 of the implementing Circular;

8. In the event that we opt to temporarily deactivate our program participation, a fifteen (15) calendar day prior written Notice of Temporary Deactivation shall be given to PhilHealth to allow the Corporation to properly issue the necessary Notice and Advisory to its Members. Said notice shall comply with all requirements under Section V.B.1 of the implementing Circular, including documentation of coordination efforts and a member protection mitigation plan;

9. As soon as we receive from PhilHealth any payment, whether partial or full, covering the valid and compliant outstanding claims that formed the basis of our deactivation notice, we are obligated to immediately reactivate our program participation and lift the cessation of dispensing and delivery of drugs and medicines within twenty-four (24) hours from receipt of such payment, and to submit the corresponding Notice of Reactivation to PhilHealth as required under Section V.E.2 of the implementing Circular;




For purposes of this provision, payment delays that qualify for temporary deactivation shall exclude:

a. Claims with pending deficiencies or returned for correction;
b. Claims under investigation for suspected fraud, abuse, or non-compliance;
c. Claims are subject to administrative holds due to our facility's non-compliance with PhilHealth requirements;

d. Delays attributable to our submission of incomplete, inaccurate, or non-compliant documentation; or
e. Any delays caused by our facility's actions or omissions.

We acknowledge that temporary deactivation based on non-qualifying delays may result in administrative sanctions under the penalty provisions of the implementing Circular and applicable PhilHealth rules;

10. We may voluntarily withdraw our accreditation as an accredited pharmaceutical/health care facility on a per-branch basis in the PhilHealth GAMOT Program upon serving fifteen (15) calendar days prior written notice to PhilHealth to allow the Corporation to properly issue the necessary Notice and Advisory to its Members;

    We understand that voluntary withdrawal of accreditation is distinct from temporary deactivation of program participation. Voluntary withdrawal constitutes permanent termination of our facility's participation in the GAMOT Program and requires submission of a new application and compliance with all accreditation requirements should we wish to rejoin the Program in the future. Temporary deactivation, by contrast, is a temporary measure that allows for reactivation upon resolution of qualifying payment delays;

11. PhilHealth shall in no instance be held responsible for any adverse or negative effects on the public image and reputation of our pharmaceutical/health care facility owing to our decision to temporarily deactivate our program participation and cease delivery and dispensing of drugs and medicines to Members, or to voluntarily withdraw our accreditation as an accredited pharmaceutical/health care facility in the PhilHealth GAMOT Program. We acknowledge that reputational risks arising from deactivation or withdrawal are consequences of our business decisions and do not constitute liability on the part of PhilHealth;

12. We acknowledge that PhilHealth has the authority to suspend, shorten, withdraw temporarily and/or revoke our privilege of participating in the 'PhilHealth GAMOT' Program including the appurtenant benefits and opportunities at any time during the validity of our Accreditation for any violation of any provision of this Performance Commitment and of R.A. 7875 as amended and R.A. 11223 and their IRRs or due to verified adverse reports/findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations;

13. We undertake to continuously participate and forge a genuine partnership with PhilHealth as an accredited pharmaceutical/health care facility in the implementation of the 'PhilHealth GAMOT' Program, not only as a business

venture but, more importantly, a corporate social responsibility to fellow Filipinos and the healthcare system of the country;

14. We shall provide a PhilHealth Bulletin Board for the posting of updated information (circulars, memoranda, list of available medicines, IEC materials, price reference index, etc.) on the 'PhilHealth GAMOT' Program and post the same in conspicuous places accessible to patients, members and dependents;
15. We shall at all times make available the necessary Forms for PhilHealth Members in relation to the implementation of the PhilHealth GAMOT' Program.

### *D. Establishment And Maintenance Of Required Management Information System In The 'Philhealth Gamot' Program*

1. We shall maintain and make readily available to designated authorized PhilHealth Unit/Personnel, a registry of all PhilHealth Members, including a database of all drugs and medicines availed and acquired from our pharmaceutical/health care facilities and regularly update the actual amount deducted from each PhilHealth Member availing in the 'PhilHealth GAMOT' Program;
2. We shall ensure that only true and accurate data are encoded in all member records of availment in the 'PhilHealth GAMOT' Program;
3. We shall ensure that the true signatures of both the pharmacist and the PhilHealth Member are reflected in the GAMOT Availment Slip of every transaction at all times;
4. We shall regularly and promptly submit PhilHealth Monitoring Reports as required in PhilHealth Circulars in connection with the implementation of the 'PhilHealth GAMOT' Program.

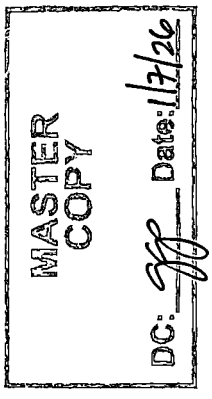
### *E. Surveys/ Administrative Investigations/Domiciliary Visitations On The Conduct Of Operations In The Exercise Of The Privilege Of Accreditation*

1. We shall recognize the authority of PhilHealth, its officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary and facility visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of our privilege and conduct of our operations as an accredited pharmaceutical/health care facility in the 'PhilHealth GAMOT' Program;
2. We shall extend full cooperation with duly recognized authorities of PhilHealth and any other authorized personnel and instrumentalities to provide access to our records and submit to any orderly assessment conducted

by PhilHealth relative to any findings, adverse reports and/or any other acts indicative of any illegal, irregular and/or unethical practices in our operations as an accredited pharmaceutical/health care facility in the 'PhilHealth GAMOT' Program;

3. We shall ensure that our officers, employees and personnel extend full cooperation and due courtesy to all PhilHealth officers, employees and staff during the conduct of assessment/visitation/investigation/monitoring of our operations as an accredited pharmaceutical/health care facility in the 'PhilHealth GAMOT' Program;
4. Unless proven to be a palpable mistake or excusable error, we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in Member records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in any and all data and records submitted to PhilHealth in our participation in the 'PhilHealth GAMOT' Program;
5. We shall promptly comply with corrective actions given by PhilHealth after its monitoring activities in our participation in the 'PhilHealth GAMOT' Program;
6. We shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our pharmaceutical/health care facility to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the 'PhilHealth GAMOT' Program;
7. We shall not directly or indirectly engage in any form of unethical or improper practices as an accredited pharmaceutical/health care facility, such as but not limited to solicitation of Members/Patients for purposes of compensability under the 'PhilHealth GAMOT' Program, the purpose and/or the end consideration of which tends toward unnecessary financial gain rather than promotion of the NHIP;
8. We shall immediately report to PhilHealth, its Officers and/or to any of its Personnel, any act of illegal, improper and/or unethical practices of any pharmaceutical/health care facility that may have come to our knowledge.

Signed this _____ day of _____20___ at _____, Philippines.



_____

**Manager/Owner-Proprietor Pharmaceutical Company/Establishment**

_____

**Head of Facility/ Medical Director/ Chief of Hospital**

**CONFORME:**

_____

**REGIONAL VICE PRESIDENT**

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***REPUBLIC OF THE PHILIPPINES)***
_____***) s.s.***

***SUBSCRIBED AND SWORN*** to before me this _____, at _____, Affiant exhibiting his/her valid Government-Issued Identification Card (ID).

***WITNESS MY HAND AND SEAL*** on the date and at the place above written.

***NOTARY PUBLIC***

Doc. No. _____
Page No. _____
Book No. _____
Series of 2025

MASTER COPY
DC: _____ Date: 1/7/26