

## Annex A: Documentary Requirements for Accreditation of Health Facilities

### I. Requirements for Initial Accreditation:

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

<sup>1</sup> Provider Data Record

<sup>2</sup> Performance Commitment

<sup>3</sup> In the event that rosters of health facilities are officially available from issuing agencies, inclusion of the name of the HF in the official rosters shall suffice. Hard copies of the license/certification/etc. may no longer be submitted.

<sup>4</sup> Accredited Medical Director/ Chief of Hospital/ Head of Facility, as applicable. If the MD/CoH/ HoF is not yet accredited, an application for PhilHealth accreditation should be submitted along with the application of the HF.

Type of HF	Documentary Requirements for Initial Accreditation (Scanned /Original copies of fully-accomplished forms)							Others, as applicable
	PDR <sup>1</sup>	PC <sup>2</sup>	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification <sup>3</sup>	Proof of three-year in operation	Accredited MD/ CoH/HoF <sup>4</sup>	
Outpatient HIV-AIDS Treatment Centers	✓	✓	✓	X	✓	X	✓	For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Free-standing Family Planning Clinics	✓	✓	✓	X	✓	X	✓	Certificate of Training in IUD Insertion or Subdermal Contraceptive Implant on Insertion or Non-scalpel vasectomy issued by DOH/CHD.
TB DOTS Facilities	✓	✓	✓	X	✓	X	✓	For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Animal Bite Treatment Centers	✓	✓	✓	X	✓	X	✓	
Drug Abuse Treatment and Rehabilitation Centers (DATRC)	✓	✓	✓	X	✓	X	✓	
Community Isolation Units (CIUs)	✓	✓	X	X	✓	X	X	
Free-standing or Non-hospital based SARS-CoV-2 Testing Laboratories	✓	✓	X	✓	X	X	X	
Konsulta Providers (facility based or free standing)	✓	✓	✓	✓ <sup>5</sup>	X	X	✓	1. Certificate/s of Service Delivery Support for Laboratory and Diagnostic Services and/or Medicines, as applicable 2. For Private Clinics located in private corporations or schools: Mayor's Permit of the corporation or school. 3. For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
Outpatient Malaria Package (OMP) Provider	✓	✓	X	X	X	X	X	1. Certificate of Training in Malaria of an HCI staff issued by DOH/CHD.

<sup>5</sup> Only if available.

Type of HF	Documentary Requirements for Initial Accreditation (Scanned /Original copies of fully-accomplished forms)							
	PDR <sup>1</sup>	PC <sup>2</sup>	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification <sup>3</sup>	Proof of three-year in operation	Accredited MD/ CoH/HoF <sup>4</sup>	Others, as applicable
								2. For HFs owned by partnerships and/ or corporations: a. Articles of Incorporation b. Updated General Information Sheet (GIS)
COVID-19 Home Isolation Benefit Package Providers (CHIBP)	X	X	X	X	X	X	X	Submit LOI, SAT and Service Delivery Agreements and/or Authorization Letter

## II. Requirements for Renewal of Accreditation:

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

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

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

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

<sup>8</sup> Only if available.

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

### III. Requirements for Re-accreditation:

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

Note: If the re-accreditation application is due to (6) transfer of location<sup>9</sup>, this shall be submitted within ninety (90) calendar days from actual transfer of location.

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

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

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

<sup>10</sup> Only if available.

## B. Additional Service

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

## C. Change in Ownership

Type of HF	Documentary Requirements for Re-accreditation (C.) (Scanned /Original copies of fully-accomplished forms)					
	PDR	PC	Proof of Payment of Accreditation Fee	Updated DOH LTO/ other applicable licenses	Updated DOH Certification	Others, as applicable
Hospitals	✓	✓	✓	✓	X	Any of the following as proof of change in ownership:  1. For private HF's: a. For partnerships and corporations a.1 Securities and Exchange
Infirmaries	✓	✓	✓	✓	X	
Ambulatory Surgical Clinics	✓	✓	✓	✓	X	
Free-standing Dialysis Clinics	✓	✓	✓	✓	X	
Birthing Homes/ MCP Providers	✓	✓	✓	✓	X	

<sup>11</sup> Only if available.

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

<sup>12</sup> Only if available.