

APPLICATION FOR ACCREDITATION
NON-HOSPITAL HEALTH FACILITY FOR THE MATERNITY CARE PACKAGE

(Date)

THE PRESIDENT
Philippine Health Insurance Corporation
Pasig City, Philippines

SIR:

I, _____, Filipino, of legal age, _____ with address at _____
(Position/Designation)

_____ and the duly authorized representative to act for and in behalf of _____, hereby applies for accreditation under Sec. 16 L of R.A. 7875 and its Implementing
(Health Care Institution)

Rules and Regulations thereto. For this purpose, I hereby submit the following pertinent information and documentary requirements.

Name of Health Facility: _____ Type of Health Facility: _____

Complete Address: _____ Zip Code _____

Telephone No. _____ Fax No: _____ E-mail Address: _____

Date Established: _____ Director/ Owner _____

Nature of Ownership: ☐ Government ☐ Private

Type of Application: ☐ Initial ☐ Renewal ☐ Re-accreditation

I. CLINIC FACILITIES

1. General Infrastructure

☐ Space for large and clear sign bearing name of the Health Facility

☐ Additional sign indicating it is a PhilHealth provider

☐ Space for large sign enumerating the service components of the Maternity Care Package

☐ Generally clean environment

☐ Fire safety provision

☐ Sufficient seats for patients in a well ventilated area

☐ Adequate lighting/electric supply

☐ Adequate clean water supply

☐ Covered garbage containers with color-coded segregation

☐ Separate receptacle for disposing pointed/sharp objects

☐ Private consultation/examination room or cubicle

☐ Examination table with clean linen

☐ Delivery room with delivery table

☐ Recovery area with bed/s

☐ Area for cleaning/resuscitation of newborn

☐ Toilet facility

☐ Area for cleaning of instruments

☐ Cleaning supplies for the facility and clinical instruments

2. Basic Consultation and Delivery Room Equipment:

☐ Alligator forceps 10"

☐ Ambu bag (adult)

☐ Ambu bag (pedia)

☐ Bassinet/newborn carrier

☐ BP Apparatus

☐ Delivery table

☐ Electric Stove

☐ Foot stool

☐ Gooseneck lamp (2)

☐ Haemostatic straight forceps

☐ Instrument cabinet

☐ Instrument table

☐ IV Stand

☐ Jar with stainless cover

☐ Jar without cover

☐ Kelly pad

☐ Needle holder

☐ Ovum forceps

☐ Oxygen guage/regulator

☐ Oxygen tank (5 lbs. minimum)

☐ Pail

☐ Pick up forceps

☐ Portable emergency light or flashlight

☐ Rubber suction bulb syringe

☐ Sponge holding forceps

☐ Stainless bowl (kidney shape)

☐ Stainless bowl (round shape)

☐ Stainless iodine cup

☐ Stainless steel instrument tray with cover

☐ Stainless steel instrument tray without cover

☐ Stethoscope

☐ Stool

☐ Straight forceps 10"

☐ Suction apparatus

☐ Surgical scissors (straight)

☐ Tenaculum forceps

☐ Tissue forceps 6" (regular)

☐ Uterine forceps 10"

☐ Uterine sound 12"

☐ Vaginal speculum

☐ Wall clock with second hand

☐ Weighing scale (adult)

☐ Weighing scale (infant)

3. Standard Supplies:

☐ 70 % Isopropyl Alcohol

☐ Bed sheets

☐ Butterfly set (G19)

☐ D5LR

☐ Disposable syringes w/ needles

☐ DR Gown/scrub suit

☐ IV Tubing

☐ Linen for bassinet/newborn carrier

☐ Nasal Cannula

☐ Plaster

☐ Plastic apron

☐ Povidone iodine

☐ Soaking/sterilizing solution

☐ Sterile absorbable suture with/without needle

☐ Sterile cord clips/ties for baby

☐ Sterile cotton balls

☐ Sterile cotton pledgets

☐ Sterile cutting needle

☐ Sterile drapes

☐ Sterile gauze

☐ Sterile gloves

☐ Sterile round needle

☐ Surgical cap

☐ Surgical masks

☐ Tape measure

☐ Thermometer (oral)

☐ Thermometer (rectal)

☐ Xylocaine/Lidocaine

☐ Methergin

☐ Tetanus toxoid

☐ Erythromycin ophthalmic ointment (0.5%)

☐ Vitamin K Ampule

☐ Progesterone only pills

☐ D-Medroxyprogesterone acetate(DMPA)

☐ Intrauterine Device (copper T)

4. Means of Transport for Conduction of Patients:

☐ Transport vehicle for patient's use

☐ Contract with providers of such ambulance services

5. Standard FP-MCH Records/ Reports/ Materials:

☐ Consultations/Admissions logbook

☐ Patient's Clinical Record

☐ Printed materials/posters for patient education

☐ Referral Forms

II. CLINIC STAFF				
	Name	PRC No.	Validity	Signature
Provider (Midwife/Physician)				
Provider (Midwife/Physician)				
Provider (Midwife/Physician)				
Partner OB Physician				
Partner Pedia Physician				
Clinic Aide				

III. SERVICE CAPABILITY

☐ Prenatal Consultation

☐ Delivery

☐ Postnatal including FP

IV. QUALITY ASSURANCE ACTIVITIES (optional for initial accreditation)

☐ Mission/Vision

☐ Clinical standard operating procedures (SOP) of performance and referral

☐ Records Management

☐ Human resource development

☐ Satisfaction surveys for employees and patients

☐ Compliance to monitoring and evaluation activities of PHIC

I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief.

Date Accomplished

Owner

Res. Cert. No. _____
Issued at: _____
Issued on: _____

Status of Application:

☐ Approved
Date:

☐ Deferred
Date:

☐ Denied
Date:

Date Received at CO: _____ Date Received at PRO: _____

Checklist of Requirements for Non-Hospital Health Facility for Maternity Care Package

☐ PhilHealth application form properly accomplished and notarized

☐ Mayor's permits and Proofs of operation for a minimum period of three (3) years

☐ Patients' records

☐ Sworn testimonies from the parish priest, other religious or community leaders

☐ Tax returns of the facility for the past three (3) years

☐ Identification of precursor health facility

☐ Accreditation Fee (P1500.00) by postal money order payable only to Philippine Health Insurance Corporation or cash paid directly to the cashier. The accreditation fee is non-refundable.

☐ MOA with hospital of higher category to admit referred cases

☐ MOA with a physician

☐ Transport vehicle or MOA with a vehicle owner

☐ Current photographs of clinic façade and other facilities

☐ Current photographs of complete Clinic Staff

☐ Complete list of staff with respective designations

☐ List of equipment and supplies

☐ List of available drugs in the clinic

☐ Current standard operating procedure

☐ PhilHealth RF1

☐ Quality Assurance activities

☐ Location Map

Checklist of Requirements for Renewal of Accreditation of Non-Hospital Health Facility for the Maternity Care Package

☐ PhilHealth application form properly accomplished and notarized

☐ Accreditation Fee (P1000.00) by postal money order payable only to Philippine Health Insurance Corporation or cash paid directly to the cashier. The accreditation fee is non-refundable.

☐ PhilHealth RF1

WARRANTIES OF ACCREDITATION FOR OUTPATIENT CLINICS FOR THE MATERNITY CARE PACKAGE

1. ELIGIBILITY

- 1.1 That it is in operation for at least three (3) years.
- 1.2 That it is affiliated with a PHIC accredited secondary hospital;
- 1.3 That it has the human resources, equipment, physical structure and other requirements in conformity with standards established by the Corporation;
- 1.4 That it has an ongoing quality assurance activity;
- 1.5 That it has at most three (3) accredited midwives.

2. COMPLIANCE TO PERTINENT LAWS

- 2.1 That the aforementioned health care institution shall in the course of its participation with the NHI Program by virtue of its accreditation comply with the provisions of the National Health Insurance Law (RA 7875), its Implementing Rules and Regulations, and all administrative orders of the corporation;
- 2.2 That it shall accept the formal program of quality assurance, payment mechanism and utilization review of the NHI Program;
- 2.3 That its personnel shall strictly adhere and comply at all times with the Codes of Ethics of their respective professions and other medical related professions of the Philippines.

3. CLINICAL SERVICES

- 3.1 That the aforementioned health care institution shall guarantee safe, adequate and standard maternal care for all patients seeking maternal care; and shall exercise observance of public health measures in case of communicable disease;
- 3.2 That it shall adopt referral protocols, strictly follow guidelines and health resource sharing arrangements of the Program;
- 3.3 That it shall extend without delay chargeable benefits due qualified members and beneficiaries;
- 3.4 That it shall not engage in unethical and illegal solicitation of patients for purposes of compensability under the NHI program;
- 3.5 That it shall maintain serviceable equipment and facilities and required personnel.

4. CLINICAL RECORDS AND PREPARATION OF CLAIMS

- 4.1 That the aforementioned health care institution shall maintain and accomplish at all times accurate chronological records of all patients, services rendered, health outcomes resulting from such services and health expenditures on patient care;
- 4.2 That it shall keep neat and systematic records file in a safe but accessible place for easy retrieval;
- 4.3 That it shall undertake measures to enter only true and correct data in all patients' records and in the preparation of claims and ensure the filing of legitimate claims within the sixty (60) calendar days after the patient's discharge;
- 4.4 That I, acting on behalf of this institution, together with the concerned personnel, shall take full responsibility for any omission or commission in the preparation of claims and in the entry of clinical records.

5. MANAGEMENT INFORMATION SYSTEM

- 5.1 That the aforementioned health care institution shall give proper information of its accreditation status by posting the PhilHealth certificate of accreditation in a very conspicuous place in the said institution;
- 5.2 That it shall post at its billing section updated information of the Program's benefits and procedural requirements and make available the necessary forms for patient's use;
- 5.3 That it shall inform the Department of Health all reportable cases confined in the aforementioned institution;
- 5.4 That it shall immediately inform the PhilHealth in writing of any of the following changes in the institution's 1) location, 2) ownership or management, or 3) closure or temporary cessation of the outpatient clinic for the MC Package operation.

6. OUTPATIENT CLINIC INSPECTION / VISITATION / INVESTIGATION

- 6.1 That the aforementioned health care institution recognizes the authority of the PhilHealth and its duly authorized representative or agents deputized by PhilHealth to conduct inspection, visitation or investigation of the institution at anytime;
- 6.2 That it shall cooperate in the inspection / visitation / investigation by making ready and available all clinic records (medical & financial) and other pertinent documents;
- 6.3 That it shall obey without delay summon, subpoena or subpoena duces tecum from the Corporation or Local Health Insurance Office.

Finally, the undersigned hereby affirms that the PhilHealth, by virtue of its power under RA 7875 may suspend or revoke the accreditation of this institution if found to have violated any of the provisions of the National Health Insurance Act, or its Implementing Rules and Regulations and any of these Warranties of Accreditation.

WITNESS MY HAND AND SEAL, this _____ day of _____ 200_ at _____.

Doc. No. _____
Book No. _____
Page No. _____
Series of 200__

Notary Public
Until _____
PTR No. _____
Issued at _____
Issued on _____

Administrator/Provider
(Signature over printed name)