

# Appendix D

## CHAPTER XIII: PHILHEALTH REQUIREMENTS AND BENEFITS RELATED TO FAMILY PLANNING

The National Health Insurance Program (NHIP) is implemented by the Philippine Health Insurance Corporation (PhilHealth) to provide health insurance coverage and ensure accessible healthcare service to Filipinos.

### PROVIDERS OF FAMILY PLANNING (FP) SERVICES WITH PHILHEALTH BENEFITS AND CORRESPONDING ACCREDITATION REQUIREMENTS

Only PhilHealth-accredited health institutions and independent healthcare professionals are qualified to render FP services to clients who are then qualified to enjoy the PhilHealth benefits on FP. PhilHealth-accredited health facilities or health service providers, by nature of the requirements for accreditation, provide quality health services to participate in the NHIP.

#### A. Healthcare Institutions

Examples of possible institutional healthcare providers that can be accredited are hospitals, ambulatory surgical clinics (ASC), local government health centers, rural health units (RHU), outpatient clinics, health maintenance organizations, preferred provider organizations, community-based healthcare organizations, and other institutional healthcare providers licensed by the Department of Health (DOH). The accreditation requirements for these categories of health facilities are summarized below, as enumerated in the PhilHealth Circular 54, series of 2012.

##### *Hospital*

Hospitals that have been in operation for at least three years and have a DOH license to operate can apply for accreditation. Fees are to be paid based on the prevailing rates at the PhilHealth offices (tertiary care hospitals with teaching and training programs pay the most)

##### *Hospital*

1. Notarized Application Form
2. PHA Membership Certificate
3. Benchbook Score Sheet
4. Self-Assessment Summary
5. General Performance Commitment
6. Provider Data Record
7. Recent photos of the hospital facilities
8. Latest Audited Financial Statement for continuous accreditations
9. Statement of Intent, if applicable

##### *Ambulatory Surgical Centers and Primary Care Facilities*

1. Accomplished PhilHealth application form
2. Duly notarized warranties of accreditation
3. Latest DOH accreditation certificate
4. General Performance Commitment
5. Provider Data Record
6. Recent photos of the internal and external areas
7. Latest Audited Financial Statement for continuous accreditations

8. Statement of Intent, if applicable

#### ***Outpatient Clinics for Maternity Care Package (MCP) Providers***

For outpatient clinics catering to maternity packages, they need to be in operation for at least three years. Other requirements include the following:

1. General Performance Commitment
2. Provider Data Record
3. Affiliation with a PhilHealth-accredited secondary hospital
4. Recent photos of the internal and external areas
5. Location map
6. Proof of training on IUD insertion of the healthcare professional
7. Statement of Intent, if applicable

Additional Requirements for Continuous Accreditation of MCP Providers

1. Certificate of Compliance as a BEmONC facility
2. Certificate as Newborn Screening Facility issued by CHD or Newborn Screening Resource Center

### **B. Health Professional Providers**

Providers of FP benefits must be accredited physicians for both inpatient and outpatient care, particularly for surgical FP procedures, such as bilateral tubal ligation and vasectomy. Practitioners in hospitals have to apply for accreditation at PhilHealth. Physicians have separate requirements from midwives.

#### ***Accreditation Requirements for Physicians***

1. Duly accomplished and notarized application form
2. A licensed practitioner
3. A member in good standing of a PhilHealth-recognized national association of physicians such as the Philippine Medical Association
4. Certificate of residency training
5. TIN card
6. Certificate of Registration
7. Affidavit-sworn declaration of current year's gross income

#### ***Accreditation Requirements for Midwives under the MCP***

To become an accredited provider of MCPs, midwives must have competency on the expanded functions of a midwife and shall have two partner physicians (one for obstetric cases and one for newborn cases). Other requirements include the following:

1. Application form properly filled out and notarized
2. PRC license
3. Certificate of Good Standing in any PhilHealth-recognized national association of midwives

FP and maternity-related health insurance coverage provided by PhilHealth includes MCPs and FP methods, such as insertion of intrauterine devices, bilateral tubal ligation, or vasectomy. Below is a tabulation of the 2013 PhilHealth benefit claims related to maternity and FP, considered as first case.

**Medical Cases and Corresponding Case Rates of the Philippine Health Insurance Corporation as of 2013**

RVS Code	Description	Case Rate	Professional Fee	Healthcare Institution Fee
55250	Vasectomy, unilateral or bilateral	4,000	1,000	3,000
58300	Insertion of intrauterine device (IUD)	2,000	800	1,200
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	4,000	1,000	3,000
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	5,680	1,680	4,000
59402	Routine obstetric care including antepartum care, vaginal delivery, and/or postpartum care for hospitals; with bilateral tubal ligation	10,500 (includes PhP 1,500 for antenatal diagnostics and meds)	3,600	5,400

These cases are allowed as second cases along with an exemption from 50% second case rule.

**Allowed as Second Medical Cases and Corresponding Case Rates of the Philippine Health Insurance Corporation as of 2013**

RVS Code	Description	Case Rate	Professional Fee	Healthcare Institution Fee
55250	Vasectomy, unilateral or bilateral	4,000	1,000	3,000
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	4,000	1,000	3,000