

CHECKLIST OF REQUIREMENTS FOR APPLICATION FOR ACCREDITATION INSTITUTIONAL HEALTH CARE PROVIDERS (IHCPs)

I. General Requirements:

- _____ 1. PhilHealth application form - properly accomplished
- _____ 2. Warranties of Accreditation – duly notarized
- _____ 3. Accreditation fee - proof of payment (see back for appropriate fee schedule).

II. Specific Requirements: (in addition to the above, the following are specific requirements per type of institution)

A. Hospitals (Levels 1, 2, 3 and 4)

- _____ 1. DOH License – with validity applicable to the accreditation period applied for
- _____ 2. Certificate of Membership in PHA or PHAP – with validity applicable to the accreditation period applied for
- _____ 3. Benchbook Score Sheet
- _____ 4. Self-Assessment Summary
- _____ 5. Statement of Intent (SOI) – **if applicable**
 - a. For Hospitals applying for initial/re-accreditation from January to April regarding to validity of accreditation, and/or
 - b. For hospitals applying as Centers of Quality/Excellence

Additional Requirement for Initial Accreditation:

- _____ DOH licenses for 3 previous years or its required * alternative document

B. Ambulatory Surgical Clinics & Free Standing Dialysis Clinics

- _____ 1. Current DOH license
- _____ 2. Statement of Intent (SOI) – **if applicable**
 - * For FSDCs and ASCs applying for initial/re-accreditation from January to April regarding to validity of accreditation

Additional Requirements for Initial Accreditation:

- _____ DOH license for 3 previous years or its required * alternative document

C. Out Patient Benefit Package, Maternity Care Package, and Anti-TB/DOTS Package Providers:

- _____ 1. Location map
- _____ 2. PhilCAT Certificate – optional for initial accreditation of DOTS Providers
- _____ 3. Proof of Affiliation with at least a Level 2 PhilHealth Accredited Hospital – **if applicable for an MCP Clinic**
- _____ 4. Statement of Intent (SOI) – **if applicable**
 - * For providers applying for initial/re-accreditation from September to December regarding to validity of accreditation

* NOTE:

Applications for initial accreditation that are **non-compliant with the three (3) year rule requirement** may refer to PhilHealth Circ. 21 s. 2009 for alternative requirements.

III. Schedule of Accreditation Fees:

INSTITUTIONS	INITIAL & REACCREDITATION (PRIVATE/ GOVERNMENT)	RENEWAL		RENEWAL (LATE FILERS)	
		BEFORE THE PRESCRIBED FILING PERIOD (WITH 10% INCENTIVES)	PRESCRIBED FILING PERIOD	APPLICATIONS FILED AFTER THE PRESCRIBED FILING PERIOD (additional fee)	
				31 – 90 days prior to expiration	1 – 30 days prior to expiration
Level I Hospitals	P 3,000.00	P 1,800.00	P 2,000.00	P 4,000.00	P 8,000.00
Level II Hospitals	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Level III Hospitals	P 8,000.00	P 7,200.00	P 8,000.00	P 16,000.00	P 32,000.00
Level IV Hospitals (<i>with training programs</i>)	P 10,000.00	P 9,000.00	P 10,000.00	P 20,000.00	P 40,000.00
Ambulatory Surgical Centers (ASCs)	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Free Standing Dialysis Centers (FSDCs)	P 5,000.00	P 4,500.00	P 5,000.00	P 10,000.00	P 20,000.00
OPB Providers	P 1,000.00 *	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
TB-DOTS Provider	P 1,000.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
Non-Hospital Maternity Care Providers	P 1,500.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
3-in-1 Providers	P 1,000.00 *	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and DOTS Providers	P 1,000.00 *	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and MCP Providers	P 1,500.00 *	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00
MCP and DOTS Providers	P 1,500.00	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00

* Applicable to government facilities only