

GUIDELINES FOR HOSPITALS WITH INTENTION TO PROVIDE THE OUTPATIENT BENEFIT (OPB) PACKAGE BEYOND DECEMBER 2011

PHILHEALTH CIRCULAR NO. 008. S. 2012, February 24, 2012

Read online (full-text search, related cases, audio case brief): <https://batas.org/library/24ab61eefa55/>

PhilHealth Board Resolution No. 1587 s. 2012 approves the extension of authorization of hospitals as OPB Providers until such time that the Primary Care Benefit guidelines are implemented, thereby amending PhilHealth Board Resolution No. 1255 s. 2009, PhilHealth Circ. No. 19 s. 2009 re: Amendment on the Transitory Provision of PhilHealth Cir. No. 40 s. 2000, which limited the authorization of Hospitals as OPB Providers up to December 31, 2011.

Relative to this, all hospitals previously authorized up to December 31, 2011 that intend to continue providing the OPB Package may do so provided that the following guidelines are complied with:

1. The LGU shall signify its intent to continue providing the OPB package through the previously authorized hospital by submitting a Letter of Intent (LOI) signed by the concerned Local Chief Executive and the head of the facility.
2. The PhRO shall inform the Central Office by submitting the list of hospitals recommended for extension of authorization on a quarterly basis.
3. All hospitals recommended for extension of authorization as OPB providers shall be presented to the Accreditation Committee.

This issuance shall not cover new hospitals as providers of the OPB Package. Please be guided accordingly.

Adopted: 24 February 2012

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