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STATUS OF ACCREDITATION OF INSTITUTIONAL HEALTH CARE PROVIDERS VIS-A-VIS APPLICABLE LICENSES

PHILHEALTH CIRCULAR NO. 08, S. 2008, March 18, 2008

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The Department of Health through the Bureau of Health Facilities and Services has harmonized and synchronized the issuance of hospital's license to operate and ancillary licenses under the one stop-shop licensing. The issuance is now automatic upon submission of required documents and delegated to the Centers for Health Development. The status of this license however, may change anytime within the validity as a result of monitoring done by the DOH.

Section 55 of the IRR of R.A. 7875 as amended by R.A. 9241 (Specific Accreditation Requirements and Conditions for Hospitals) and the Checklist of Requirements of Hospitals for Accreditation provide for the mandatory submission of DOH license for hospitals. Change in the status of the said license shall automatically affect the accreditation.

In view of the above, the change in the status of DOH one-stop-shop license of an institutional provider as a result of monitoring within the validity of accreditation shall be noted by PHIC and the same shall be the accreditation status of the provider with the corporation. The date of effectivity shall be the same as that of the DOH. This shall cover revocation, suspension, downgrading and decrease in authorized beds only. Changes such as upgrading, increase in number of accredited beds and those with specific policy issuances are not covered by this circular.

Further, applicable policies on claims reimbursements and payment mechanism shall likewise be effective such as those written in the IRR of R.A. 7875 as amended by R.A. 9241, Rule VIII, Section 47, letter I to wit; "ail claims for services filed by a health care institution after its category is downgraded/upgraded pursuant to this Rule shall be paid based on rates for such downgraded/upgraded category, as determined by the Corporation In cases wherein the effectivity of change in the category of the provider falls during confinement period of the member, the payment of claims shall be computed based on the higher category".

For implementation and compliance.

Adopted: 18 March 2008

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