

**[ PHILHEALTH CIRCULAR NO. 10, S. 2008, March 24, 2008 ]**

**GROUNDINGS FOR NON-RENEWAL OF ACCREDITATION/NON-GRANTING OF RE-ACCREDITATION AS A RESULT OF PERFORMANCE MONITORING OF HEALTH CARE PROVIDERS**

R.A. 7875 as amended by R.A. 9241 states "the Corporation shall have the authority to grant health care provider accreditation which confers privilege of participation in the program". Further, following are the provisions in the IRR of the National Health Insurance Program (NHIP), to wit:

Section 63 (a) The Corporation shall determine the period of accreditation and reserves the right to issue or deny accreditation after an evaluation of the capability and integrity of the health care provider

Section 64 (a) The Corporation shall determine the period of accreditation and reserves the right to issue or deny accreditation after an evaluation of the capability and integrity of the health care professional

Section 71 Grounds for denial/non-reinstatement of accreditation (a) non-compliance with any or all of the rights and conditions of accreditation; (b) non-compliance with the safeguards provided under these Rules

As such, in order for the Corporation to monitor the compliance and performance of the accredited health care providers and following the IRR which provides under Rule XII Section 76 for the Corporation to develop and implement a performance monitoring system for all health care providers which shall provide safeguards against practices enumerated therein, Philhealth Board Resolution (PBR) 1048, s. 2008 created the Performance Assessment and Monitoring System (PAMS). Moreover, this system was created because of the fact as stated in the said PBR "whereas it has come to the knowledge of the Corporation through the exercise of its quality assurance and quasi-judicial power that there is an alarming increase of unscrupulous health care institutions and professionals who have learned to circumvent the provisions of the law and its implementing rules and have incessantly undermined the authority of the Corporation in the administration of the NHIF and the Program".

This Circular shall provide a scheme to ensure the following:

1. Strict compliance of all Philhealth policies, rules and regulations on accreditation, quality assurance, claims processing and fraud detection and prevention.
2. Establish offenses and violations as a result of monitoring the performance of accredited health care institutions and professionals and scheme that will

immediately forewarn therein non-compliance with accreditation requirements and violations of the policies, rules and regulations.

3. Safeguard the Corporation against unscrupulous health care institutions and professionals who are unworthy of participation in the National Health Insurance Program and are not qualified for renewal of accreditation.

4. Maintain high quality standards of care being rendered to members by accredited health care institutions and professionals

The following are the grounds for non-renewal of accreditation/non-granting of re-accreditation as a result of the performance monitoring;

I. Health care providers considered as outlier/violator on the safeguards on practices provided in Rule XII, Section 76, IRR of R.A. 7875 as amended by R.A. 9241 to wit:

- a. over-and under-utilization of services
- b. unnecessary diagnostic and therapeutic procedures and interventions
- c. irrational drug use
- d. inappropriate referral practices
- e. gross, unjustified deviations from currently accepted practice guidelines or treatment protocols
- f. use of fake, adulterated or misbranded pharmaceuticals or unregistered drugs.
- g. use of drugs other than those recognized in the PNDF and those for which exemptions were granted by the Board.
- h. withholding/denial of benefits/services to members and dependents.

Further, violations such as the following are also grounds for non-renewal/non-granting of re-accreditation

- a. Utilization of unsafe and inappropriate instruments in the performance/practice of procedures
- b. Unethical/Mismanagement/Questionable practice patterns

These outliers/violators shall be determined by the Peer Review Committee (PERC) and reported as such by the Standards and Monitoring Department.

II. Breach of Warranties of Accreditation (please find attached)\*

III. Non-compliance with PHIC policies and regulations to include but not limited to the following:

- a. Non-issuance of official receipts to PhilHealth or to members which contra venes PHIC Circular 24 s-2005 which mandates issuance of official receipts
- b. Absence of physical and/or registered nurse during inspection or monitoring of health care institutions
- c. Non-serving of meals
- d. Incidence of double-filing of claims, overlapping claims as supported by the report generated through the n-claims.
- e. Non-submission of mandatory monthly hospital report
- f. Filing of claims for cataract procedures performed during medical missions inconsistent with PHIC Circular 19, s-2007