

**[PHIC PHILHEALTH CIRCULAR NO. 15. S. 2010,
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**SUPPLEMENTAL GUIDELINES ON THE PROCESS OF
ACCREDITATION USING THE BENCHBOOK STANDARDS OF
ACCREDITATION FOR HOSPITALS**

The following are the supplemental guidelines on processing of applications of hospitals for accreditation:

**I.TYPES OF APPLICATIONS AND DOCUMENTARY REQUIREMENTS FOR
ACCREDITATION**

Type of Application	Description	Documentary Requirements
A. Initial Accreditation	No previous accreditation	
B. Renewal of Accreditation	<ol style="list-style-type: none">1. A hospital with active accreditation that filed its application within the incentive or prescribed filing period.2. Late filer - a hospital with active accreditation that filed its application beyond the prescribed filing period but before the expiry of its accreditation	See Annex B of Circular 50 s.2009
C. Re-accreditation	<ol style="list-style-type: none">1. Previous accreditation has lapsed regardless of length of gap in accreditation2. Previous application for renewal of accreditation was denied3. Upgrading<ol style="list-style-type: none">a. Level of Hospital Service Capability (to Level 2, 3, or 4)b. Accreditation Award	Same as application for renewal of accreditation

4. Transfer of location	
5. Increase in accredited beds	
6. Additional Services (dialysis service, Chemotherapy, CT Scan, etc.)	
7. Change in ownership	<p>1. Same as application for renewal of accreditation; and</p> <p>2. Proof of ownership</p> <p>a. SEC/DTI Certificate</p> <p>b. MOA/Deed of Sale/etc.</p>
8. Resumption of operation after closure/cease of operation	Same as application for renewal of accreditation

1. Hospitals applying for renewal of accreditation after the prescribed filing period (late filers) but prior to the expiry of their accreditation may incur a gap in their accreditation depending on the length of the processing time.

2. Applications for renewal of accreditation with concomitant changes in the status of the hospital, e.g. bed capacity, hospital level, additional services, transfer of location, change in ownership, shall take effect on May 1 of the applicable accreditation year. The application shall be considered as renewal of accreditation. For each cases, the abovementioned applicable documentary requirements for re-accreditation shall be submitted. Should the hospital prefer an earlier date of effectivity of the change, a separate application for re-accreditation shall be required.

3. Applications of hospitals shall be filed together with the Statements of Intent (SOI) indicating (a) the preferred start date of accreditation and (b) acceptance of downgrading of accreditation if it did not qualify for the award it applied for. Once the application is received and stamped complete by the Corporation, the SOI shall no longer be changed.

4. Hospital applying for renewal of accreditation may change the accreditation award they applied for prior to the pre-accreditation survey and before March 31 of the current year.

In such a case, the hospital shall:

- a. Submit a letter of intent to the concerned PhilHealth Regional Office; and
- b. File another application for re-accreditation (upgrading) and pay the corresponding regular application fee;

The previously paid application fee for renewal of accreditation shall be forfeited. The validity of accreditation shall start on May 1 of the applicable accreditation year.

5. Accredited hospitals that apply for re-accreditation due to increase in beds, additional services or change in ownership shall not require a pre-accreditation survey.

II. CRITICAL FILE UPDATES

The following information shall be critical file updates to the accreditation status of the hospital that the Corporation shall incorporate in the database upon receipt of the corresponding documentary requirements:

Critical File Update	Documentary Requirements
1. Downgrading of hospital category (E.g., L2 to L1, L4 to L3, etc.)	
2. Decrease in accredited beds	
3. Change in validity of accreditation as reflected in the DOH-OSS license	DOH license
4. Reduction in service capability (e.g., removal of dialysis service, etc.)	
5. Change in name of IHCP	1. Letter of Intent (LOI) which indicates the date of effectivity, and 2. DOH license/SB resolution for LGU/Provincial Health Board Resolution indicating the change in name of the hospital
6. Change in medical director/head of the facility	1. LOI which indicates the date of effectivity and 2. Appointment paper/board resolution or its equivalent
7. Termination of accreditation due to closure/cease	1. Validation report of PhRO and of operation 2. Notice of Closure of hospital (if available)

These critical file updates shall not require application fees and survey. File Updates 1,2,3, and 4 shall take effect based on the date indicated in the DOH license. File updates 5 and 6 shall take effect on the date of the conduct of the PhRO Accreditation Subcommittee Meeting or on the date reflected in the Letter of Intent. File update 7 shall take effect on the date of actual closure of hospital.

III. CONDUCT OF SURVEY