



PPS-AHMOPI

Memorandum of Agreement

2021-2023

PPS Professional Health Care Committee

Josefino A. Regalado, MD, MA, FPPS (Chair)

Ma. Patricia C. Ludan-Salgado, MD, FPPS (Co-Chair)

Edwin V. Rodriguez, MD, FPPS, FPSHBT, MHPed
(Adviser)

PPS-AHMOPI Memorandum of Agreement

- * PPS shall provide the list of only qualified members (certified) of the society who signified intention to participate and be accredited by AHMOPI.
- * AHMOPI shall accredit all PPS certified members who apply for accreditation and partner with AHMOPI
- * Participating PPS members continue to be independent contractors. No employer-employee relationship exists between PPS and members neither between AHMOPI and accredited PPS members.

PPS-AHMOPI MOA: Qualification and coverage

- Who shall **qualify**?

Only PPS members of good standing.

- Who will be **covered**?

Only those members who:

- qualified
- signified intention/applied to participate
- has approved application

PPS-AHMOPI MOA: application

- **Where/Whom to apply**

To the Office of the PPS President and not to AHMOPI

(Application Process)

- **Is there a need for a PPS member to apply separately to each AHMOPI member or each hospital to be accredited?**

- A single approved application is necessary (regardless of the Institution stated in the application).

- This is covered by the Unified Service Agreement (USA).

Unified Service Agreement (USA)

This agreement provides for automatic accreditation of the participating PPS member by ALL members of AHMOPI AND in ALL hospitals he/she is affiliated with provided the facility has existing agreement with the concerned HMO member of AHMOPI.

The PPS President will be the signatory to this Unified Service Agreement (USA) in behalf of the PPS members with AHMOPI.

PPS-AHMOPI MOA: application process

PPS members must signify such intention:

1. Accomplish and sign the applicable formatted application form(s);
2. Fill out & sign the PPS-AHMOPI application and information sheet; and
3. Send the accomplished forms to the Office of the PPS President thru respective chapter presidents or NCR cluster heads or chairs NCR HAB accredited hospitals.

(The Formatted application forms 1 and 2 and the PPS-AHMOPI application can be downloaded from the PPS website.)

PPS-AHMOPI MOA: application process

Submission of application

- For **Chapter members**:

The *PPS Chapter Presidents* shall submit to the PPS President:

- (1) the formatted letter of application (Form 1);
- (2) the list of chapter members [with verified/confirmed status of good standing in their chapter] with their respective signatures (Form 2); and
- (3) the individually accomplished PPS-AHMOPI application and information sheet.

PPS-AHMOPI MOA: application process

Submission of application

- For **NCR-Cluster members**:

The respective *Cluster Heads* or the *PPS-HAB accredited Hospital Department Chairs* shall forward to the PPS President the following:

- (1) the formatted letter of application (Form 1);
- (2) the list of PPS members practicing in their area OR affiliated with their hospital with their respective signatures (Form 2); and
- (3) the individually accomplished PPS-AHMOPI application and information sheet.

PPS-AHMOPI MOA: application process

Submission of application

- For **non-chapter/non-NCR cluster members affiliated in non-PPS-HAB accredited hospital/health facility**, the respective *Department, Service or Group Head shall* submit the following to the PPS President:
 - (1) the letter of application (Form 1);
 - (2) the list of PPS members affiliated with the hospital/health facility with their respective signatures (Form 2); and
 - (3) the individually accomplished PPS-AHMOPI application and information sheet.

PPS-AHMOPI MOA: application process

Submission of application

- For member(s) who cannot otherwise be classified under any of the cited conditions:
 - (1) He/she shall forward his/her letter of agreement to participate using only the formatted letter (Form 1) and
 - (1) the accomplished PPS-AHMOPI application and information sheet.

PPS-AHMOPI MOA: application process
Submission of application

Applications shall be forwarded to the PPS
(in duplicates) addressed to the:

Office of the PPS President
thru the Chair, Professional Health Care Committee

Form 1 PPS-
AHMOPI MOA
Application



PPS Application as PPS-AHMOPI Participating Pediatrician [Form 1]

(Date)

Joselyn A. Eusebio, MD
President
Philippine Pediatric Society, Inc.
#52 Kalayaan Avenue, Diliman
Quezon City
Thru: Professional Health Care Committee

Dear Sir:

As the President of _____ / the Chair of _____ / the Head of _____
(PPS Chapter) (Name of Hospital)
_____/a PPS member,
(NCR Cluster/Group of PPS members/Hospital)

I am forwarding to your Office

- this letter of application with the list of Chapter members
 this letter of application with the list of PPS members affiliated with

(Name of Hospital) PPS-HAB accredited
not accredited

This is to certify further that I/we, whose name(s) appear herewith has/have read, understood and am/are in agreement with the provisions of the PPS-AHMOPI MOA. Understanding further that I/we are independent pediatrician-contractor(s) in this agreement, I/we render the Philippine Pediatric Society, Inc. and its Officers free of any legal responsibilities arising from/related to my/our engagement with AHMOPI partners and its clients. I/They hereby express willingness to participate in the PPS-AHMOPI partnership in healthcare delivery and thus affix my/our signature(s) hereunder.

Forwarded herewith is my/are the accomplished and signed AHMOPI application form(s) (in duplicates).

Respectfully yours,

(President/NCR Cluster Head/Chair/Member)

(PPS Chapter/NCR Cluster/Hospital/Group)

(Address)

(Contact Number)

**Form 2 PPS-
AHMOPI MOA
Application**



PPS Application as PPS-AHMOPI Participating Pediatrician [Form 2]

(PPS Chapter /NCR Cluster/Hospital)

List of PPS members who have read and understood the terms of the PPS-AHMOPI MOA and agreed to be participating pediatricians

PPS Members	PPS Status	PRC Lic. No.	TIN	Signature
Name (Family, Given, MI	(Diplomate/ Fellow)			

Signature over Printed Name

(PPS Chapter President/Department Chair)

PPS-AHMOPI
MOA:
Application and
Information
Sheet



PPS-AHMOPI MOA
PHYSICIAN'S APPLICATION AND INFORMATION SHEET
(Please print/write legibly and complete this form in full)

I have read, understood and agreed to all the provisions of the PPS-AHMOPI MOA and wish to apply for inclusion therein. If approved, I understand that the Unified Service Agreement (USA) that shall be issued to the PPS for and in my behalf by the AHMOPI will automatically terminate on December 31, 2023.

A. PERSONAL DATA:

NAME _____
FIRST NAME _____ MIDDLE NAME _____ SUII NAME _____
BIRTHDATE: _____ GENDER _____ STATUS _____
PREFERRED MAILING ADDRESS: HOSPITAL _____
HOME _____
EMAIL ADDRESS: _____ MOBILE NO/S. _____

B. PROFESSIONAL DATA:

SPECIALTY _____ DIPLOMATE FELLOW MEMBER
SUBSPECIALTY _____ DIPLOMATE FELLOW MEMBER PRC
NO. _____ Ph4A TO _____
PHIC MEMBER NO. _____ PHIC PROVIDER NO. _____
TIN _____ BIR Registration: VAT Registered (Please. submit photocopy of VAT Registration [Cert.](#)) Non-VAT

C. CLINIC/HOSPITAL AFFILIATIONS WITH REGULAR CLINIC SCHEDULES

CLINIC/HOSPITAL	ADDRESS	CLINIC SCHEDULE	CONTACT NOS.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

D. OTHER HOSPITAL AFFILIATION/S (visiting)

HOSPITAL	ADDRESS	SCHEDULE	CONTACT NOS.
1. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

E. KINDLY ANSWER THE FOLLOWING:

1. DO YOU WANT TO BE ACCREDITED FOR ALL YOUR HOSPITAL AFFILIATIONS? YES NO
2. IF NOT, WHAT HOSPITALS? DO YOU HAVE CLINIC IN THESE HOSPITALS?
- | | | |
|----------|-------------------------------------|--------------------------|
| a. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| c. _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| e. _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

NAME AND SIGNATURE OF PHYSICIAN: _____ DATE: _____

APPROVING OFFICER / DATE

REMARKS

PPS-AHMOPI MOA: PF rates

- **PPS negotiated rates under the MOA**

Applies only to PPS members who qualified and were approved to be participants.

- **Is there a different/special rate for specialists?**

None. A uniform rate shall apply.

- **How about PF rates outside of the MOA as with existing contracts/Unified Hospital Doctors' Agreement or accreditation (UHDA)?**

Not affected by the MOA.

PPS-AHMOPI MOA: PF rates

PPS members who do not signify intention to be healthcare providers thru PPS but with existing contracts with any AHMOPI member HMOs:

- will continue to be compensated based on their existing contracts.
- can not be entitled to the rate negotiated under this MOA, including future initiatives arising from this agreement (ex. Enhanced Rates in consideration of the pandemic).

PPS-AHMOPI MOA: 2021 PF rates (in PhP)

Outpatient

* consultation fee: 500.00 from 400.00

Inpatient

* Ward: 750.00 from 600.00

* Semi-Private: 950.00 from 750.00

* Private: 1,050.00 from 850.00

* Suite: 1,400.00 from 1,200.00

* PICU/NICU/ICU/CCU: 1,600.00 from 1,400.00

PPS-AHMOPI MOA: 2021 PF rates (in PhP)

- For routine **pre-procedure medical evaluation**, inpatient and outpatient, **without medical indications:** 1,000.00 from 800.00
- For **pre-procedure medical evaluation**, inpatient and outpatient, **with medical indications:**
1,200.00 from 1,000.00
- **Intra-operative monitoring:**
1,600.00 from 1,400.00

Comparative PF Rates	2017-2019*	2021-2023*
1. Outpatient consultation	400.00	500.00
2. Inpatient Daily visits		
a. ward	600.00	750.00
b. semi-private	750.00	950.00
c. private	850.00	1,050.00
d. suite	1,200.00	1,400.00
e. PICU/NICU	1,400.00	1,600.00
3. Other Fees		
a. routine pre-procedure	800.00	1,000.00
evaluation without medical indications		
b. pre-procedure evaluation with medical indications	1,000.00	1,200.00
c. intra-operative monitoring	1,400.00	1,600.00

*In pesos

PPS-AHMOPI MOA: PF rates

When can members claim fees based on these rates?

On the date of effectivity of their inclusion in the Unified Service Agreement (USA).

PPS-AHMOPI MOA: Participating Organizations

HMO Members

- Asalus Corporation (Intellicare)
- Avega Managed Care, Inc.
- Caritas Health Shield, Inc.
- Forticare Health Systems, International, Inc.
- Getwell maintenance, Inc.
- Health Maintenance, Inc.
- Health Plan Philippines, Inc.
- Insular Health Care, Inc.
- Medicaid Philippines, Inc.
- Medicare Plus, Inc.
- Pacific Cross Health Care, Inc.
- Value Care Health Systems, Inc.

Non-HMO Member

- Cocolife Healthcare
(A division of United Coconut Planters Life Assurance Corp.)

Effectivity and Contestability

- Effectivity: This MOA shall be deemed in force from the time of posting on the PPS website **till December 31, 2023**
- Contestability: All complaints on fees, non-inclusion, etc. maybe coursed through the:
PPS Professional Health Care Committee
For resolution by the
PPS-AHMOPI liaison committee

Automatic Renewal of 2017-2019 PPS-AHMOPI Accredited PPS members

- All participating PPS members covered by the 2017-2019 MOA need not have to re-apply. They are considered renewed and thus covered by the 2021-2023 agreement unless they express in writing to withdraw from further participation. (Article 4. Section 7 of MOA)
- PPS will issue a validation to be forwarded to AHMOPI for it to issue the United Service Agreement (USA).