



**PPS-PAHMOC  
Memorandum of Agreement  
2021-2023**

**Council on Administrative Affairs**

**PPS Professional Health Care Committee**

Chair: Josefino A. Regalado, MD, MA, FPPS

Co-Chairs: Ma. Patricia C. Ludan-Salgado, MD, FPPS

Romeo C. Santos, MD, FPPS

Adviser: Edwin V. Rodriguez, MD, FPPS, FPSHBT, MHPed

# PPS-PAHMOC 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 the Philippine Association of Health Maintenance Organization Companies, Inc. (PAHMOC).
- \* PAHMOC shall accredit all PPS certified members who apply for accreditation and partnership with PAHMOC
- \* Participating PPS members continue to be independent contractors. No employer-employee relationship exists between PPS and participating members neither between PAHMOC and accredited PPS members.

## PPS-PAHMOC 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
- have approved application

# PPS-PAHMOC MOA: application

- **Where/Whom to apply**

To the Office of the PPS President and not to PAHMOC  
**(following the Application Process)**

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

**NO.**

- A single approved application is necessary (regardless of the Institution stated in the application).
- This is covered by the Unified Service Agreement.

# Unified Service Agreement

This agreement provides for automatic accreditation of the participating PPS member by ALL PAHMOC companies in ALL facilities the parties are both affiliated with.

The PPS President will be the signatory to this Unified Service Agreement with PAHMOC in behalf of the PPS members.

Where applicable the accredited pediatrician is expected to make a courtesy call to be recognized by the PAHMOC coordinator of the Institution(s) where he/she is affiliated.

# PPS-PAHMOC 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-PAHMOC 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 PPS application form 1 AND of the PPS-PAHMOC INFORMATION SHEET can be downloaded from the PPS website.)

# PPS-PAHMOC 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 certified list of the PPS members who expressed intent to participate (Form 2); and
- (3) the individually accomplished PPS-PAHMOC information sheet.

# PPS-PAHMOC 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 certified list of the PPS members who expressed intent to participate (Form 2); and
- (3) the individually accomplished PPS-PAHMOC information sheet.



# PPS-PAHMOC 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 certified list of the PPS members who expressed intent to participate (Form 2); and
  - (3) the individually accomplished PPS-PAHMOC information sheet.

# PPS-PAHMOC 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
  - (2) the accomplished PPS-PAHMOC application and information sheet.

[\*Not hospital-based/-affiliated practice in NCR]

[\*Only PPS members falling under this category can submit individual applications]

**PPS-PAHMOC 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-  
PAHMOC MOA  
Application



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

(Date)

FLORENTINA U. TY, 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/endorsement of listed Chapter members  
 this letter of application/endorsement of listed PPS members affiliated with  
\_\_\_\_\_ PPS-HAB accredited   
(Name of Hospital) not accredited

This is to certify further that I/those, whose name(s) appear hereunder/in herewith attached list have read, understood and am/are in agreement with the provisions of the PPS-PAHMOC MOA. Understanding further that being independent pediatrician-contractor(s) in this agreement, the Philippine Pediatric Society, Inc. and its Officers are rendered free of any legal responsibilities arising from/related to my/their engagement with PAHMOC-member(s) and its clients. I/They hereby expressed willingness to participate in the PPS-PAHMOC partnership in healthcare delivery and thus affix my/their corresponding signature(s).

Forwarded herewith is my/are their respective accomplished and signed PAHMOC application form(s) (in duplicates).

Respectfully yours,

\_\_\_\_\_  
(President/NCR Cluster Head/Chair/Member)

\_\_\_\_\_  
(PPS Chapter/NCR Cluster/Hospital/Group)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Contact Number)



# PPS-PAHMOC MOA: Information Sheet



## PPS-PAHMOC MOA Applicant's Information Sheet [Form 3]

### A. PERSONAL DATA

NAME

First Name Middle Name Last Name

DATE OF BIRTH  GENDER  STATUS

PREFERRED MAILING ADDRESS

HOME

HOSPITAL

E-MAIL ADDRESS  CONTACT No/s: (Please include Mobile No./s)

### B. PROFESSIONAL DATA

SPECIALTY  FELLOW  DIPLOMATE  MEMBER

SUB-SPECIALTY  FELLOW  DIPLOMATE  MEMBER

PRC NO.  TIN

PHIC NO.  VALID FROM  UP TO

### C. HOSPITAL/CLINIC AFFILIATION (WITH REGULAR CLINIC SCHEDULE)

HOSPITAL NAMES	ROOM NO.	SUN	MON	TUE	WED	THU	FRI	SAT



## PPS-PAHMOC MOA Applicant's Information Sheet [Form 3]

### D. OTHER HOSPITAL/CLINIC (VISITING)

HOSPITAL NAMES	ROOM NO.	SUN	MON	TUE	WED	THU	FRI	SAT

I hereby agree to be affiliated to all hospitals and clinics written in this form.

### E. AUTO-CREDIT ARRANGEMENT DETAILS

NAME OF BANK

BANK BRANCH

ACCOUNT NAME

BANK ACCOUNT NUMBER

I certify that all my information written above are TRUE and CORRECT.

\_\_\_\_\_  
Physician Signature over Printed Name

\_\_\_\_\_  
Date

NOTE: ATTACH THE FOLLOWING DOCUMENTARY REQUIREMENTS

- \_\_\_\_ BIR Certificate of Registration (Form 2303)
- \_\_\_\_ Updated PRC ID
- \_\_\_\_ Updated PHIC ID

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# PPS-PAHMOC 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 like having existing contracts?**

Not affected by the MOA.

## PPS-PAHMOC MOA: PF rates

PPS members who do not signify intention to be healthcare providers thru PPS but with existing contracts with any PAHMOC 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-PAHMOC MOA: PF rates (in Php)

## Outpatient

\* consultation fee: 500.00

## Inpatient

\* Ward: 750.00

\* Semi-Private: 950.00

\* Private: 1,050.00

\* Suite: 1,400.00

\* PICU/NICU/ICU/CCU: 1,600.00

## PPS-PAHMOC MOA: PF rates (in Php)

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

## PPS-PAHMOC 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.

# PPS-PAHMOC MOA: Participating HMO Companies

- Asiancare Health Systems, Inc
- Carehealth Plus Systems International, Inc.
- Carewell Health Systems, Inc.
- Eastwest Healthcare, Inc.
- IMS Wellth Care, Inc.
- Kaiser International Health Group
- Life & Health HMP, Inc.
- Insular Health Care, Inc.
- Maxicare Healthcare Corporation
- Medocare Health Systems, Inc.
- Philhealth Care, Inc.
- WellCare Health Maintenance, Inc.

# Effectivity and Contestability

- Effectivity: This MOA shall be deemed in force from September 1, 2021 (and for the latter applicants, from the time of approval to be posted on the PPS website)

till **August 31, 2023**

- Contestability: All complaints on fees, non-inclusion, etc. maybe coursed through the:

PPS Professional Health Care Committee

For resolution by the

**PPS-PAHMOC liaison committee**