



# **PPS-AHMOPI**

## **Memorandum of Agreement**

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**PPS Professional Health Care Committee**

# PPS-AHMOPI MOA

- Agreement between PPS and AHMOPI
  - \* PPS to provide the list of only qualified members (certified) of the society for AHMOPI accreditation
  - \* AHMOPI to accredit all PPS certified members who agree to participate
  - \* Participating PPS members continue to be independent contractors.

## PPS-AHMOPI MOA: Qualification and coverage

- Who shall **qualify**?

Only PPS members of good standing.

- Who will be **covered**?

Only those members who qualified AND signified intention to participate.

## PPS-AHMOPI MOA: application

- **Where/Whom to apply**

To PPS and NOT to AHMOPI (Application Process)

- **Is there a need for a PPS member to apply separately to each AHMOPI member? Each hospital of affiliation?**

No need. The PPS President will sign a **Unified Service Agreement** (USA) in behalf of the PPS members w/ AHMOPI. Certification can be downloaded from the PPS website.

## PPS-AHMOPI MOA: application process

**PPS members must signify such intention:**

1. Sign the applicable formatted **application form(s)**
2. Fill out & sign the **PPS-AHMOPI application form**
3. Send the accomplished forms to the PPS President  
(The Formatted application forms 1 and 2 and 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 forward to the PPS President the formatted letter of application (Form 1), the list of chapter members [with verified/confirmed status of good standing in their chapter] with their respective signatures (Form 2), and the individually accomplished PPS-AHMOPI application form;

# PPS-AHMOPI MOA: application process

## Submission of application

- For **non-chapter members affiliated with hospital(s) accredited by PPS-HAB:**

The respective *Chairs of the Department* shall forward to the PPS President the formatted letter of application (Form 1), the list of PPS members affiliated with their hospital with their respective signatures (Form 2), and individually accomplished PPS-AHMOPI application form;

# PPS-AHMOPI MOA: application process

## Submission of application

- For **members affiliated in the same hospital(s) that is/are not-PPS-HAB accredited:**

The respective *Department, Service or Group Head* may forward the letter of application to the PPS President (Form 1), the list of PPS members affiliated with the hospital with their respective signatures (Form 2), and individually accomplished PPS-AHMOPI application form;



# PPS-AHMOPI MOA: application process

## Submission of application

- For **member(s) who cannot otherwise be classified** under any of the cited conditions:

He/she/they shall forward his/her/their letter of agreement to participate using only the formatted letter (Form 1) and the accomplished PPS-AHMOPI application form.

**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**

# PPS-AHMOPI MOA Application Form 1



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

(Date)

Alexander O. Tuazon, MD  
President  
Philippine Pediatric Society, Inc.  
#52 Kalayaan Avenue, Diliman  
Quezon City  
Thru: Professional Health Care Committee

Dear Sir:

As President of \_\_\_\_\_ / Chair of \_\_\_\_\_ / Head of \_\_\_\_\_  
(PPS Chapter) (Name of Hospital)  
\_\_\_\_\_ / a PPS member,  
(Group of PPS members/Hospital/Area)

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  
\_\_\_\_\_ PPS-HAB accredited   
(Name of Hospital) not accredited   
 my letter of application.

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/Chair/Member)

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

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

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



# PPS-AHMOPI MOA: PPS-AHMOPI Form



## PPS-AHMOPI MOA PHYSICIAN'S APPLICATION AND INFORMATION SHEET

Annex "B"

(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, 2019.

**A. PERSONAL DATA:**

NAME : \_\_\_\_\_  
 BIRTHDATE : \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SURNAME \_\_\_\_\_  
 PREFERRED MAILING ADDRESS: HOSPITAL \_\_\_\_\_ GENDER \_\_\_\_\_ STATUS \_\_\_\_\_  
 HOME \_\_\_\_\_  
 EMAIL ADDRESS : \_\_\_\_\_ MOBILE NO'S \_\_\_\_\_

**B. PROFESSIONAL DATA:**

SPECIALTY \_\_\_\_\_ [ ] DIPLOMATE [ ] FELLOW [ ] MEMBER  
 SUBSPECIALTY \_\_\_\_\_ [ ] DIPLOMATE [ ] FELLOW [ ] MEMBER  
 PRC NO. \_\_\_\_\_ PMA NO. \_\_\_\_\_  
 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. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**D. OTHER HOSPITAL AFFILIATION/S (VISITING)**

HOSPITAL	ADDRESS	SCHEDULE	CONTACT NOS.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
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. _____	[ ]	[ ]	[ ]
b. _____	[ ]	[ ]	[ ]
c. _____	[ ]	[ ]	[ ]
d. _____	[ ]	[ ]	[ ]
e. _____	[ ]	[ ]	[ ]

NAME AND SIGNATURE OF PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVING OFFICER / DATE \_\_\_\_\_ REMARKS \_\_\_\_\_

Carlos D. Da Silva  
Executive Director

Date: \_\_\_\_\_

# 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 have existing contracts with the AHMOPI member HMOs will not be entitled to the rate negotiated under this MOA and in any future negotiations.

# PPS-AHMOPI MOA: PF rates

## Outpatient

consultation fee

**PhP 400.00**

## Inpatient

\* Ward - PhP 600.00

\* Semi-Private - PhP 750.00

\* Private - PhP 850.00

\* Suite - PhP 1,200.00

\* PICU/NICU/ICU/CCU –  
PhP 1,400.00



## PPS-AHMOPI MOA: PF rates

- For routine **pre-procedure medical evaluation**, inpatient and outpatient, **without medical indications** – PhP 800.00.
- For **pre-procedure medical evaluation**, inpatient and outpatient, **with medical indications** – PhP 1,000.00.
- **Intra-operative monitoring** – PhP 1,400.00.

## PPS-AHMOPI MOA: PF rates

**When can members claim fees based on these rates?**

On the date their names are posted on the website.

# PPS-AHMOPI MOA: Participating HMOs

## How come certain HMOs were not included in the MOA?

Only the following HMOs are members of AHMOPI:

Avega Managed Care, Inc.

Caritas Health Shield, Inc.

Cocolife Healthcare

Health Maintenance, Inc.

Health Plan Philippines, Inc.

Insular Health Care, Inc.

Intellicare (Asalus Corporation)

Medicard Philippines, Inc.

Pacific Cross Health Care, Inc.

Medicare Plus, Inc.

# Effectivity and Contestability

- From the time of posting on the PPS website till December 31, 2019
- All complaints on fees, non-inclusion, etc. maybe coursed through the:

PPS Professional Health Care Committee  
For resolution by the  
PPS-AHMOPI liaison committee