



PPS-AHMOPI

Memorandum of Agreement

2024-2026

Council on Administrative Affairs

PPS Professional Health Care Committee

Chair: Josefino A. Regalado, MD,

Co-Chairs: Arthur C. Libao, MD, FPPS

Ma. Patricia C. Ludan-Salgado, MD, FPPS

Romeo C. Santos, MD, FPPS

Adviser: Wilfredo Santos, MD, FPPS

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 they are affiliated with provided the facility has existing agreement with the concerned HMO member(s) of AHMOPI.

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

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

* Not hospital-based/-affiliated practice in NCR

* Only PPS members falling under this category can submit individual applications.

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)

Cesar M. Ong, 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-AHMOPI 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 AHMOPI partners and its clients. I/They hereby expressed willingness to participate in the PPS-AHMOPI partnership in healthcare delivery and thus affix my/their corresponding signature(s).

Forwarded herewith is my/are their respective 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)

PPS-AHMOPI

MOA:

Application and Information Sheet



PHILIPPINE PEDIATRIC SOCIETY (PPS) and the ASSOCIATION OF HEALTH MAINTENANCE ORGANIZATIONS OF THE PHILIPPINES, INC. (AHMOPI)
 January 1, 2024 to December 31, 2026 MEMORANDUM OF AGREEMENT
APPLICATION, UNDERTAKING AND INFORMATION SHEET OF THE PHYSICIAN
 (please print legibly, completely and submit/email form to the PPS Secretariat ppsinc@pps.org.ph)



I have read, understood and agreed to all the provisions of the PPS – AHMOPI Memorandum of Agreement, Implementing Rules and Regulations and Unified Service Agreement (MOA, IRR & USA) and wish to apply for inclusion therein. If approved, I understand that the Unified Service Agreement that shall be issued for and in my behalf by the PPS & the AHMOPI will automatically terminate on December 31, 2026. Through this undertaking and my signature below, I likewise give my full consent to the PPS & the AHMOPI to gather, use, share, store and dispose of my personal and sensitive data in keeping with provisions of the Data Privacy Act of 2012 and its IRR and the National Privacy Commission's directives and issuances and for the PPS-AHMOPI MOA, IRR & USA purposes only.

A. PERSONAL DATA:

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

B. PROFESSIONAL DATA:

SPECIALTY _____ DIPLOMATE FELLOW
 SUBSPECIALTY _____ DIPLOMATE FELLOW
 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	CLINIC SCHEDULE	CONTACT NOS.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

E. KINDLY ANSWER THE FOLLOWING:

	YES	NO
1. DO YOU WANT TO BE ACCREDITED FOR ALL YOUR HOSPITAL AFFILIATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>
d. _____	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE OF PHYSICIAN: _____ DATE: _____

APPROVING OFFICERS (NAME & SIGNATURE)

PPS: _____ /Date: _____ AHMOPI: _____ /Date: _____
 Carlos D. Da Silva
 Executive Director

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: 2024 PF rates (in PhP)

Outpatient

- consultation fee: 600.00 from 500.00
- TeleConsult: 400.00

Inpatient

- * Ward: 900.00 from 750.00
- * Semi-Private: 1,100.00 from 950.00
- * Private: 1,200.00 from 1,050.00
- * Suite: 1,600.00 from 1,400.00
- * PICU/NICU/ICU/CCU: 1,800.00 from 1,600.00

PPS-AHMOPI MOA: 2024 PF rates (in Php)

- For routine **pre-procedure medical evaluation**, inpatient and outpatient, **without medical indications:** 1,150.00 from 1,000.00
- For **pre-procedure medical evaluation**, inpatient and outpatient, **with medical indications:**
1,400.00 from 1,200.00
- **Intra-operative monitoring:**
1,800.00 from 1,600.00

Comparative PF Rates	2017-2019*	2021-2023*	2024-2026*
1. Outpatient consultation Tele-Consult	400.00	500.00	600.00 400.00
2. Inpatient Daily visits			
a. ward	600.00	750.00	900.00
b. semi-private	750.00	950.00	1,100.00
c. private	850.00	1,050.00	1,200.00
d. suite	1,200.00	1,400.00	1,600.00
e. PICU/NICU	1,400.00	1,600.00	1,800.00
3. Other Fees			
a. routine pre-procedure Without evaluationt medical indications	800.00	1,000.00	1,150.00
b. pre-procedure evaluation with medical indications	1,000.00	1,200.00	1,400.00
c. intra-operative monitoring	1,400.00	1,600.00	1,800.00

*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 **January 1, 2024 till December 31, 2026.**
- 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