

## PAHMOC-PPS Memorandum of Agreement 2024-2026

### **PPS Professional Health Care Committee**

Josefino A. Regalado, MD, MA, FPPS (Chair) Romeo Santos, MD, FPPS (Co-Chair) Ma. Patricia C. Ludan-Salgado, MD, FPPS (Co-Chair) Wilfrerdo Santos, MD, FPPS (Adviser)

### **PAHMOC-PPS Memorandum of Agreement**

- \* PPS shall provide the list of only qualified members/certified by the society who signified intention to participate and be accredited by Philippine Association of Health Maintenance Organization Companies, Inc. (PAHMOC).
- \* PAHMOC shall accredit all PPS certified members who apply for accreditation and partner with PAHMOC
- \* Participating PPS members continue to be independent contractors. No employer-employee relationship exists between PPS and members neither between PAHMOC and accredited PPS members.

### PAHMOC-PPS 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

# PAHMOC-PPS MOA: application

### • Where/Whom to apply

### A. For members who were part of the expired 2021-2023 MOA:

signify intention to continue with the partnership program to the Office of the PPS President thru respective Chapter Presidents, NCR Cluster Heads, or Department Chairs.

B. <u>For new applicants</u>: They must do the following:

B.1 signify intention to be a provider-partner in the program to the Office of the PPS President thru respective Chapter Presidents, NCR Cluster Heads or Department Chairs.

### <u>AND</u>

B.2 Register thru the PAHMOC portal.

### PAHMOC-PPS MOA: application process

PPS members must signify such intention by informing their respective Chapter Presidents, NCR Cluster heads, and Department Chairs. This is formally accomplished by affixing their signature on PPS-PAHMOC Form 2.

The concerned Chapter Presidents, NCR Cluster heads, and Department Chairs shall submit the signed Form 2 with his/her certification of the same with accomplished and signed PAHMOC-PPS Form 1.

These forms are to be submitted to the Office of the PPS President (The Formatted <u>application forms 1 and 2</u> can be downloaded from the PPS website.)

### • For **Chapter members**:

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

- (1) the formatted letter of application (Form 1); and
- (2) the list of chapter members [with verified/confirmed status of good standing in their chapter] with their respective signatures (Form 2);

Form 2 of renewing PPS-member-participants in the expired MOA should be <u>separate</u> from the Form 2 of new applicants.

This should be indicated.

• For <u>NCR-Cluster members</u>:

The respective *Cluster Heads* <u>or</u> 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).

Form 2 of renewing PPS-member-participants in the expired MOA should be <u>separate</u> from the Form 2 of new applicants.

This should be indicated.

- 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).

Form 2 of renewing PPS-member-participants in the expired MOA should be <u>separate</u> from the Form 2 of new applicants.

This should be indicated.

- For <u>member(s) who cannot otherwise be classified\*</u> 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 PAHMOC-PPS application and information sheet.

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

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



#### (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 \_\_\_\_\_/ the Head of \_\_\_\_\_/ (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 <u>is my/are their respective</u> 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 Application as PPS-PAHMOC Participating Pediatrician [Form 2] (revised March 2024)

(PPS Chapter /NCR Cluster/Hospital)

List of PPS members who have read and understood the terms of the PPS-AHMOPI MOA, agreed to be participating pediatricians, and consented on the provisions on Data Privacy.

Names of PPS Members (Family. Given, Middle)	PPS Status (Diplomate/Fellow)	PRC License No	TIN

Signature over Printed Name

(PPS Chapter President/Cluster Head/Department Chair)

# **PAHMOC** Portal registration

Here is how to access the link to PAHMOC:

- 1. Go to the PAHMOC website
- Under the PAHMOC logo are 6 tabs.
   Click "Application"
- 3. On the left side, click "Register Now"
- 4. Proceed with your application

# PAHMOC-PPS MOA: application

 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 enough (regardless of the number of Institutions stated in the application).

- This is covered by the Unified Service Agreement.

# **Unified Service Agreement**

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

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

## PAHMOC-PPS 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?

Not affected by the MOA. The rates of providers outside of the MOA are usually lower.

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

### **Outpatient**

\* consultation fee:

600.00 from 500.00

### Inpatient

- \* Ward:
- \* Semi-Private:
- \* Private:
- \* Suite:
- \* PICU/NICU/ICU/CCU: 1,800.00 from 1,600.00

900.00 from 750.00

1100.00 from 950.00

- 1,200.00 from 1050.00
- 1,600.00 from 1,400.00

# PAHMOC-PPS MOA: 2021 PF rates (in PhP)

- For routine pre-procedure medical evaluation, inpatient and outpatient, without medical indications: 1,150 from 1,000.00
- For pre-procedure medical evaluation, inpatient and outpatient, <u>with medical indications</u>:

1,400 from 1,200.00

• Intra-operative monitoring:

1,800 from 1,600.00

Comparative PF Rates	2017-2019*	2021-2023*	2024-2026*
<ol> <li>Outpatient consultation Tele-Consult</li> </ol>	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
*In pesos	1,400.00	1,600.00	1,800.00

## PAHMOC-PPS MOA: PF rates

# When can members claim fees based on these rates?

July 1, 2024 and for the subsequently accredited members, it will be on the date of effectivity of their inclusion in the Unified Service Agreement.

### PAHMOC-PPS MOA: Participating Organizations

### **HMO Members**

- 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.
- Maxicare Healthcare Corporation
- Medocare Health Systems, Inc.
- Optimum Medical & Health Services, Inc.
- PhilHealth Care, Inc.
- WellCare Health Maintenance, Inc.

# Effectivity and Contestability

- Effectivity: This MOA shall be deemed in force from January 1, 2024 (and for the latter applicants, from the time of approval to be posted on the PPS website)
   till December 31, 2026
- Contestability: All complaints on fees, noninclusion, etc. maybe coursed through the:

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