

PhilHealth

Konsulta Assisted Registration Manual

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Rationale

The Universal Health Care Law aims to “ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services and protected against financial risk.” To meet the goal of progressively realizing universal health care in the country, PhilHealth adopted a comprehensive approach to delivering primary care through the development of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) Package.

Joint Administrative Order No. 2020-____ titled “Guidelines on the Registration of Filipinos to a Primary Care Provider” provides that PhilHealth shall issue specific guidelines, information, and manual of procedures related to registration of Filipinos to a primary care provider. Likewise, Section V.4.f.i. of the Implementing Guidelines for the PhilHealth Konsulta Package states that a manual of procedure shall provide the details on the process for assisted registration. This manual is created in compliance with the provision of the said issuances.

Objective

This PhilHealth Konsulta Assisted Registration Manual aims to achieve the following objectives:

1. Outline the process for assisted registration through different PhilHealth authorized third party agencies/ organizations;
2. Capacitate third party agencies/ organizations on the process of assisted registration of eligible beneficiaries to a PhilHealth Konsulta Provider; and,
3. Provide eligible beneficiaries with a guide on the process of assisted registration through authorized third party agencies/ organizations.

Scope

The PhilHealth Konsulta Assisted Registration Manual provides guidelines and outlines the procedures for assisted registration facilitated by third party agencies/ organizations authorized by the Corporation.

The process for authorizing third party agencies and organizations shall be issued on a separate manual.

Policy Statement

In compliance with the Universal Health Care Act, and all other applicable laws and issuances, PhilHealth is committed to expand the primary care benefit to cover all Filipinos. The Corporation shall make necessary steps and procedures to ensure the realization of this goal, among them shall be authorizing third party agencies and organization to facilitate the registration of eligible beneficiaries to an accredited PhilHealth Konsulta Provider.

Guidelines

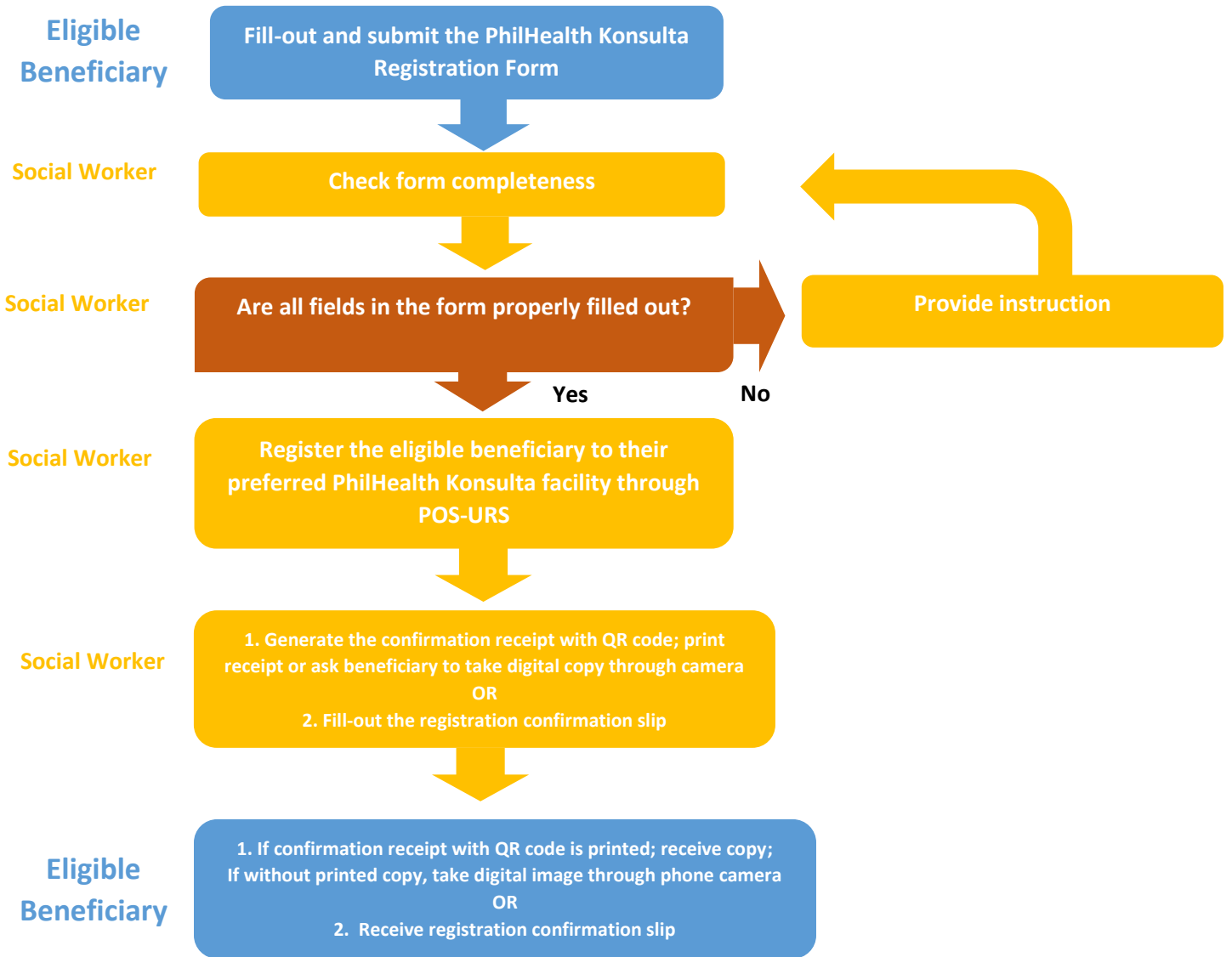
1. Eligible beneficiaries including but not limited to minors, persons with disabilities (PWDs) and those with no internet access or have difficulty using and accessing information technology (IT) can opt for assisted registration.

The following are the PhilHealth authorized third party agencies/ organizations eligible beneficiaries may go to for assisted registration:

- a. PhilHealth Konsulta Provider
 - b. Local Government Units (for residents of the LGU)
 - c. Office for Senior Citizens Affairs (OSCA) (for senior citizens in the LGU)
 - d. Employers (for government/ private sector employed beneficiaries)
2. All PhilHealth authorized third-party agencies/organizations shall be responsible for ensuring the rights of the eligible beneficiary, including but not limited to the right to choice of a primary care provider, nondiscrimination, and privacy.
 3. All eligible beneficiaries and third party agencies/ organizations shall follow the assisted registration procedures set by the Corporation through this Manual.

Procedures

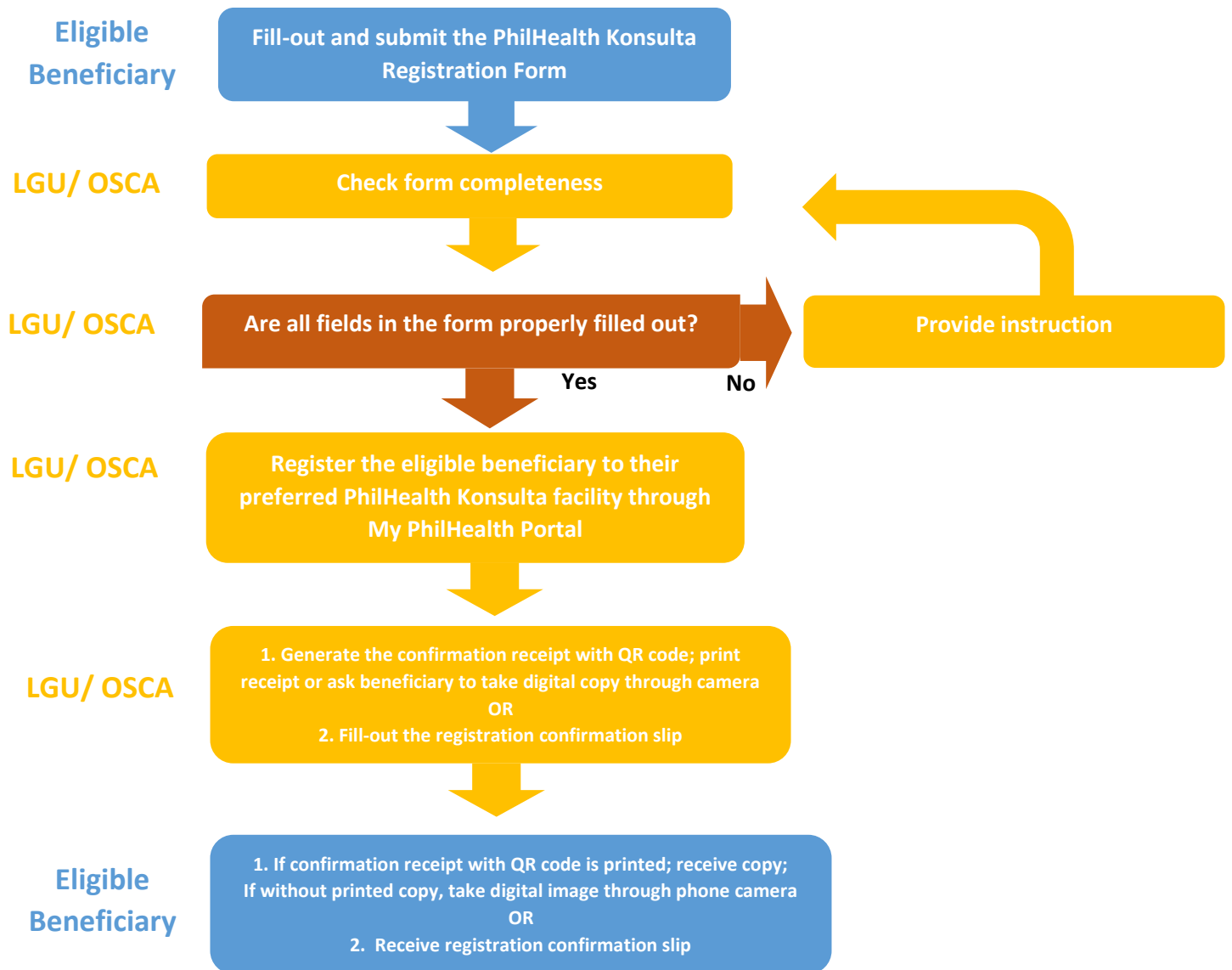
Assisted Registration through the Social Worker of the PhilHealth Konsulta Provider



Key Steps	Office/ person Responsible	Details
Assisted Registration through the PhilHealth Konsulta Provider ¹	Social Worker of the PhilHealth Konsulta Provider	<p>Eligible Beneficiary submits the filled-out PhilHealth Konsulta Registration Form.</p> <ol style="list-style-type: none"> 1. Receive the Registration Form 2. Check form completeness <ol style="list-style-type: none"> a. Name and PIN number provided b. Contact number provided (In cases where the eligible beneficiary has no mobile number, ask for alternative contact details e.g. email address/ next of kin's mobile number) c. Email address provided (if applicable) d. Name of preferred PhilHealth Konsulta Facilities provided (1st to 3rd Choices) e. Address of preferred PhilHealth Konsulta Facility provided f. Form is duly signed 3. If all fields are properly filled out: <ol style="list-style-type: none"> 3.1. Register the eligible beneficiary to their preferred PhilHealth Konsulta Facility through POS-URS <p>If not properly filled out:</p> <ol style="list-style-type: none"> 3.2. Provide instruction to facilitate form completion 3.3. Re-check form after compliance of the eligible beneficiary 4. Provide Registration Confirmation Receipt/ Slip <ol style="list-style-type: none"> 4.1 Generate the confirmation receipt with QR code <ol style="list-style-type: none"> 4.1.1 Print receipt and issue OR 4.1.2 Ask beneficiary to take digital copy through phone camera <p>OR</p> <ol style="list-style-type: none"> 4.2. Fill-out the registration confirmation slip and issue 5. For generated confirmation slip with QR Code <ol style="list-style-type: none"> 5.1 Eligible beneficiary receives confirmation slip with QR Code OR 5.2 Eligible beneficiary takes a digital copy through phone camera 6. For filled-out registration confirmation slip; Eligible beneficiary receives the slip

¹ Eligible beneficiary shall first update their Member Data Record (MDR) and shall have their PhilHealth Individual Number (PIN) prior to the assisted registration.

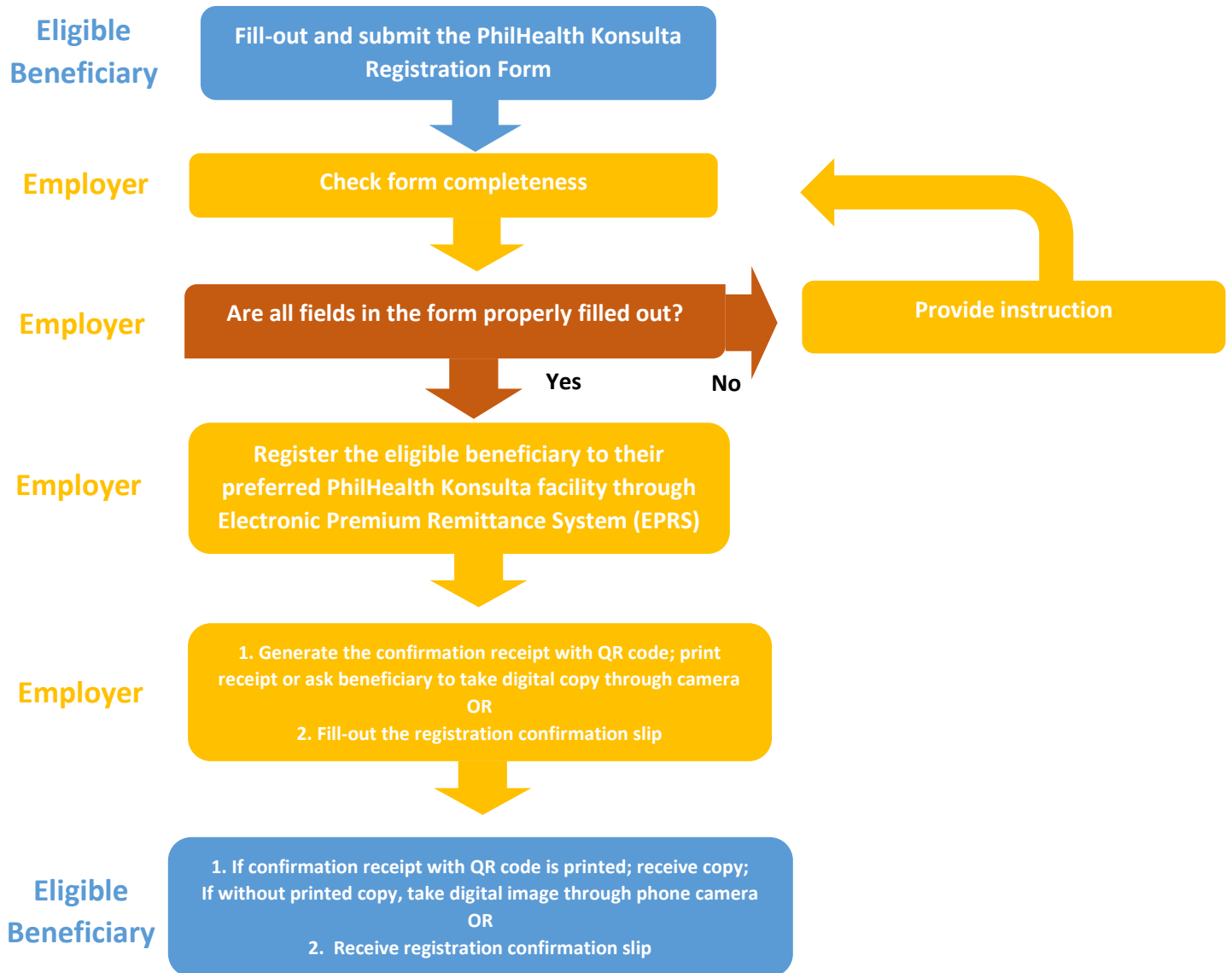
Assisted Registration through the LGU/ OSCA



Key Steps	Office/ person Responsible	Details
Assisted Registration through the LGU/ OSCA ²	LGU/ OSCA	<p>Eligible Beneficiary submits the filled-out PhilHealth Konsulta Registration Form.</p> <ol style="list-style-type: none"> 1. Receive the Registration Form 2. Check form completeness <ol style="list-style-type: none"> a. Name and PIN number provided b. Contact number provided (In cases where the eligible beneficiary has no mobile number, ask for alternative contact details e.g. email address/ next of kin's mobile number) c. Email address provided (if applicable) d. Name of preferred PhilHealth Konsulta Facilities provided (1st to 3rd Choices) e. Address of preferred PhilHealth Konsulta Facility provided f. Form is duly signed 3. If all fields are properly filled out: <ol style="list-style-type: none"> 3.1. Register the eligible beneficiary to their preferred PhilHealth Konsulta Facility through My PhilHealth Portal <p>If not properly filled out:</p> <ol style="list-style-type: none"> 3.2. Provide instruction to facilitate form completion 3.3. Re-check form after compliance of the eligible beneficiary 4. Provide Registration Confirmation Receipt/ Slip <ol style="list-style-type: none"> 4.1 Generate the confirmation receipt with QR code <ol style="list-style-type: none"> 4.1.1 Print receipt and issue OR 4.1.2 Ask beneficiary to take digital copy through phone camera <p>OR</p> <ol style="list-style-type: none"> 4.2. Fill-out the registration confirmation slip and issue 5. For generated confirmation slip with QR Code <ol style="list-style-type: none"> 5.1 Eligible beneficiary receives confirmation slip with QR Code OR 5.2 Eligible beneficiary takes a digital copy through phone camera 6. For filled-out registration confirmation slip; Eligible beneficiary receives the slip

² Eligible beneficiary shall first update their Member Data Record (MDR) and shall have their PhilHealth Individual Number (PIN) prior to the assisted registration.

Assisted Registration through Employer



Key Steps	Office/ person Responsible	Details
Assisted Registration through the Employer ³	Employer	<p>Eligible Beneficiary submits the filled-out PhilHealth Konsulta Registration Form.</p> <ol style="list-style-type: none"> 1. Receive the Registration Form 2. Check form completeness <ol style="list-style-type: none"> a. Name and PIN number provided b. Contact number provided (In cases where the eligible beneficiary has no mobile number, ask for alternative contact details e.g. email address/ next of kin’s mobile number) c. Email address provided (if applicable) d. Name of preferred PhilHealth Konsulta Facilities provided (1st to 3rd Choices) e. Address of preferred PhilHealth Konsulta Facility provided f. Form is duly signed 3. If all fields are properly filled out: <ol style="list-style-type: none"> 3.1. Register the eligible beneficiary to their preferred PhilHealth Konsulta Facility through EPRS <p>If not properly filled out:</p> <ol style="list-style-type: none"> 3.2. Provide instruction to facilitate form completion 3.3. Re-check form after compliance of the eligible beneficiary 4. Provide Registration Confirmation Receipt/ Slip <ol style="list-style-type: none"> 4.1 Generate the confirmation receipt with QR code <ol style="list-style-type: none"> 4.1.1 Print receipt and issue OR 4.1.2 Ask beneficiary to take digital copy through phone camera <p>OR</p> <ol style="list-style-type: none"> 4.2. Fill-out the registration confirmation slip and issue 5. For generated confirmation slip with QR Code <ol style="list-style-type: none"> 5.1 Eligible beneficiary receives confirmation slip with QR Code OR 5.2 Eligible beneficiary takes a digital copy through phone camera 6. For filled-out registration confirmation slip; Eligible beneficiary receives the slip

³ Eligible beneficiary shall first update their Member Data Record (MDR) and shall have their PhilHealth Individual Number (PIN) prior to the assisted registration.

Directory

(List of Authorized 3rd party agencies/ organizations, once available)