

Clarification on Konsulta Providers and its Implementation

To facilitate immediate accreditation of Konsulta providers, the following clarifications are being issued to assist the health facilities in relation to the current guidelines:

A. Provider Accreditation related issues:

1. DOH licensed hospitals (Levels 1 – 3) as well as infirmaries with a licensed pharmacy, x-ray service and level 2 laboratory applying as a Konsulta Provider shall no longer submit an accomplished self-assessment tool (SAT). For these facilities, the SAT shall be required if there is absence of any of the ancillaries included in the Konsulta Package.
2. Hospitals and infirmaries applying as Konsulta Providers may apply for re-accreditation with the Konsulta Package as an additional service.
3. DOH-licensed hospitals, infirmaries and Primary Care Facilities shall ensure provision of ECG services.
4. Due to the current urgent need for health services, Konsulta provider applicants with deficiencies shall be granted Provisional Accreditation (PA). The providers shall be given a ninety (90) day compliance period.
5. The physician in the accredited Konsulta facility shall only submit a certificate of good standing (CGS) from the Philippine Medical Association (PMA) or its local component society and from its specialty society/subspecialty society during the physician's application for accreditation (initial, renewal or re-accreditation). Currently accredited physicians do not need to submit an updated PMA CGS when an applicant facility has designated them as the Konsulta Package provider physician unless his/her accreditation is nearly expiring and warrants his/her renewal of accreditation.
6. The validity of accreditation of DOH licensed hospitals, infirmaries and primary care facilities approved as Konsulta package providers shall follow the validity of the DOH license to operate prospectively, i.e., if the LTO is good for 3 years, accreditation shall be 3 years or until the expiry of the LTO.

B. Service Delivery related issues:

1. The following shall be considered valid services rendered by the accredited Konsulta providers:
 - a. First patient encounters (FPE)/Consultations conducted in the barangay health stations (BHS) of accredited HC/RHU;
 - b. FPE conducted by nurses and midwives stationed at the BHS and the RHU shall be allowed; and
 - c. FPE/Consultation in the clinics of offices/ employers conducted by the accredited Konsulta provider.
2. The beneficiaries who choose to remain or auto-registered with their current Konsulta provider need not repeat their FPE during the succeeding years that they remain registered with the same provider. However, should they transfer to another Konsulta provider, a new FPE shall be required. For the purpose of computing the tranche 1 of capitation payment, the initial FPE shall be counted for the current and succeeding years that the beneficiary remains registered with the Konsulta provider.
3. Konsulta Providers are given at least 1 week to generate the Electronic Konsulta Availment Slip (eKAS) and Electronic Prescription Slip (ePresS) to allow ample time to encode patient health data. The facility shall ensure that the eKAS and ePresS are signed by eligible beneficiaries prior to submission to the LHIO.

(Sgd.) ATTY. ELI DINO D. SANTOS

Officer in Charge

Office of the President and CEO