



Automatic Renewal of Accreditation of Konsulta Package Providers for CY 2023

This is to inform **ALL KONSULTA PACKAGE PROVIDERS (KPPs) whose accreditation shall expire on December 31, 2022** that PhilHealth shall allow automatic renewal of accreditation for CY 2023 **provided that these providers shall submit a letter of intent (Annex A) on or before January 31, 2023**. This is to ensure continuity of members' access to the Konsulta Package while the concerned KPPs are in the process of filing for autorenewal of accreditation. A PhilHealth Circular shall be issued to this effect.

These KPPs no longer need to submit the requirements such as: provider data record (PDR), Performance Commitment (PC), self-assessment tool (SAT) and need not pay the accreditation fee for CY 2023. In case any of these KPPs have already filed their applications for renewal of accreditation for CY 2023, the paid accreditation fee shall be credited to the next application of the concerned KPP.

Further inquiries may be referred to the PhilHealth Action Center at Callback Channel: 0917-8987442 or through email actioncenter@philhealth.gov.ph or to the nearest PhilHealth Office. Please visit <https://www.philhealth.gov.ph> for additional information.

(Sgd.) ATTY. ELI DINO D. SANTOS

Officer-in-Charge, Office of the President and Chief Executive Officer
Concurrent Executive Vice-President and Chief Operating Officer

Date Signed: December 28, 2022

Annex A: Letter of Intent

Date _____

To PhilHealth :

LETTER OF INTENT

Relative to the Automatic Renewal of Accreditation as a Konsulta Package Provider (KPP) for **CY 2023**, I agree with the following statements :

1. I am amenable that the accreditation of the facility shall be automatically renewed for CY 2023, subject to the requirements and standards provided by PhilHealth;
2. That being an accredited KPP, we continue to commit to abide with the provisions in our Performance Commitment;
3. We shall inform PhilHealth of any changes in our facility to include the number of beneficiary that we can cater based on the number of full time and/or number of full-time equivalent physicians in the health facility.

Printed Name and Signature of the Head of the KPP

Name of Health Facility _____

Address _____