



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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**PHILHEALTH CIRCULAR**  
 No. 2022-0032

**TO :** ACCREDITED HEALTH CARE INSTITUTIONS/ PROVIDERS, PHILHEALTH REGIONAL OFFICES, BRANCHES, LOCAL HEALTH INSURANCE OFFICES, AND ALL OTHERS CONCERNED

**SUBJECT :** Governing Policies of the Konsulta+

**I. RATIONALE**

The Universal Health Care (UHC) Act and its Implementing Rules and Regulations (IRR) mandates the Philippine Health Insurance Corporation (PhilHealth) to develop a comprehensive outpatient benefit which includes outpatient drug benefits and emergency medical services (Sec. 6[b], Republic Act No. 11223 and Sec. 6.3 of its IRR). This benefit shall include, but not be limited to (1) services of health care professionals, (2) diagnostic, laboratory, dental, and other medical services, (3) personal preventive services, and (4) prescription drugs and biologicals. Comprehensive outpatient benefits are part of the vision of UHC, through primary health care, which includes primary care, and essential public health functions as the core of integrated health services.

The UHC Act also mandates PhilHealth to shift to paying providers using performance-driven, close-end, prospective payments based on disease or diagnosis related groupings and validated costing methodologies and without differentiating facility and professional fees; develop differential payment schemes that give due consideration to service quality, efficiency and equity; and institute strong surveillance and audit mechanisms to ensure networks' compliance to contractual obligations (Sec. 18[b], RA 11223).

PhilHealth has provided outpatient benefits since CY 2000, starting with the Outpatient Consultation and Diagnostic Package. At present, the Corporation covers outpatient services with the PhilHealth Konsulta package (PhilHealth Circular No. 2022-0005, as revised) for primary care services, as well as individual case-based packages for specific conditions and diseases that have been identified by the Millennium and Sustainable Development Goals. A Comprehensive Outpatient Benefit Package or COBP, hereon referred to as Konsulta+, will harmonize existing primary care and outpatient benefit packages to emphasize preventive and promotive health services, in addition to increasing efficiencies among members of the health care provider network (HCPN) through patient navigation.

**II. OBJECTIVES**

This PhilHealth Circular aims to:

- A. Outline the policies and mechanisms by which PhilHealth shall cover comprehensive outpatient goods and services for its members;

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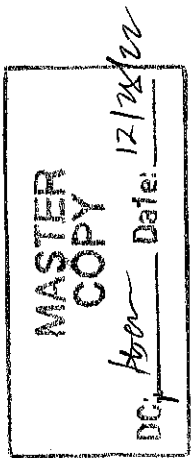
1. Provide the shape and form to the comprehensive outpatient benefit as described in the Universal Health Care Act
  2. Guide transitions towards benefit design and expansion, particularly in terms of improvement of service inclusions, costing and rate setting mechanisms, and provider payment and engagement.
  3. Underscore the provision of comprehensive outpatient services that are targeted and cost effective in all PhilHealth accredited public and private primary care facilities enabled through increased financial coverage.
- B. Provide an anchor and shared vision on the benefit coverage and scope to align capital investments and human resource planning by the Department of Health, local government units, academic institutions, professional societies, and the private sector.

### III. SCOPE

This PhilHealth Circular provides the governing principles in institutionalizing the Konsulta+ covering select individual-based outpatient services in all qualified public and private health care institutions to be accredited and/or contracted. This includes general guidance on beneficiary availment, provider contracting, benefit development, and implementation. Further elaboration of the specific details of Konsulta+ shall be provided through its implementing guidelines.

### IV. DEFINITION OF TERMS

- A. **Capitation** - a provider payment mechanism where providers are paid a fixed amount prospectively to provide a defined set of goods and services for each enrolled individual for a fixed period of time, regardless of the goods and services actually provided which is influenced by particular characteristics of individuals that influence their health as part of the estimation of the payment
- B. **Case-based payment** - a provider payment mechanism where providers are paid a fixed amount per episode of care, based on clinical condition/s.
- C. **Comprehensive Outpatient Benefit Package** - refers to a set of extensive outpatient benefits, delivered at the level of primary care or outpatient facilities, with the PhilHealth Konsulta provider being the chief facility among its affiliates and also referred to as Konsulta+
- D. **Disease-Agnostic** - refers to medical services provided by primary care facilities that does not necessarily target or discriminate among patient diagnosis when providing case management
- E. **Group Practice Approach** - refers to the case management done in a complimentary manner by more than one certified healthcare professional
- F. **PhilHealth Konsulta** - refers to disease-agnostic and comprehensive set of primary care services, and will form the base of Konsulta+
- G. **Electronic Medical Record** - refers to a health information repository which safekeeps the patient's medical data into a digital platform
- H. **Health Information Exchange** - refers to a network which allows the sharing of medical information among healthcare providers
- I. **Outpatient Services** - refer to health services that do not require the admission and confinement of patients in a health facility for case management
- J. **Patient navigation** - refers to the function of the primary care provider as the first point of contact for patients, and decides the level of care the patient will receive
- K. **Performance based payment** - a provider payment where payments to providers are linked to the achievement of pre-specified performance targets.

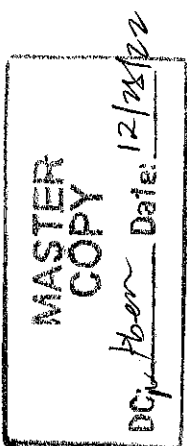


- L. **Primary care services** - refer to first-contact, accessible, continuous, comprehensive and coordinated person-focused care that is accessible at the time of need, including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers when necessary.
- M. **Primary Care Provider** - refers to a service delivery entity, either a healthcare worker or health institution, equipped with the capacity to provide primary care services as determined, licensed, or certified by the Department of Health (DOH)
  - 1. **Primary Care Facility** - refers to the institution that primarily delivers primary care services and licensed or registered by the DOH.
  - 2. **Primary Care Worker** - refers to a health care worker, who may be a health professional or community health worker/ volunteer, certified by DOH to provide primary care services.
- N. **Prospective Payments** - a provider payment mechanism that pays providers a predetermined, fixed amount ahead of the actual delivery of the anticipated health goods and services. Prospective payments are paid regardless of the goods and services actually provided.
- O. **Standalone Outpatient Packages** - refers to disease- or intervention-specific bundles of services that are provided in an outpatient manner

## V. POLICY STATEMENTS

### A. Benefit Design and Service Inclusions

1. The Konsulta+ will provide primary care services within capacity of primary care facilities, as prescribed through DOH licensing, and other outpatient services, as standalone outpatient packages.
  - a. Package inclusions of the Konsulta+ shall include, but are not limited to: screening and assessment, initial and follow-up consultations, patient navigation, selected diagnostic services, prescription, and emergency care services.
  - b. The Konsulta+ shall comprise two components: PhilHealth Konsulta and Standalone Outpatient Packages. Service inclusions in PhilHealth Konsulta and standalone outpatient packages shall be assembled by PhilHealth.
  - c. Care of the beneficiaries shall be provided either by certified healthcare professionals or through a group practice approach.
2. For the PhilHealth Konsulta
  - a. The PhilHealth Konsulta constitutes a disease-agnostic and comprehensive set of primary care services and will form the base of the Konsulta+.
  - b. The current PhilHealth Konsulta package shall expand its benefit coverage to encompass other primary care services in preparation for Konsulta+.
  - c. The PhilHealth Konsulta, hereon referred to as Konsulta, provider also acts as:
    - c.1. The chief facility at the primary level among its affiliated facilities.
    - c.2. The patient navigator ensures first-contact, continuing and comprehensive care for all persons who are either diagnosed or undiagnosed, presenting with any health concern.
  - d. The Konsulta shall also act as a platform, in cooperation with the DOH, in promoting positive health behaviors to its community of patients.



3. For standalone outpatient packages
  - a. Standalone outpatient packages shall constitute disease- or intervention-specific bundles of services that can be provided in an outpatient manner, following standards of care principles as determined by the DOH.
  - b. Any of the following criteria set shall be used to determine which services shall be covered by PhilHealth as a standalone outside the Konsulta.
    - b.1. Services for diseases that are endemic to specific localities.
    - b.2. Services that require medical equipment outside the requirements and capacities of primary care facilities, as determined by the DOH.
    - b.3. Services that require specialized practice, training, or certification beyond the capacity of the primary care provider.
  - c. Existing PhilHealth benefit packages, specifically with services delivered in an outpatient manner, shall be identified, and form part of Konsulta+ as a standalone outpatient package, as appropriate.
  - d. PhilHealth, in partnership with DOH, may design standalone outpatient packages outside the set criteria to achieve sectoral targets that are not captured by other pre-existing packages.
  
4. The specific services included in Konsulta+ will be further defined in a complementary implementing guidelines, subject to periodic review for improvement based on established benefit prioritization, fund viability, clinical practice guidelines, standards of care, and health technology assessment processes by PhilHealth, in coordination with the DOH.

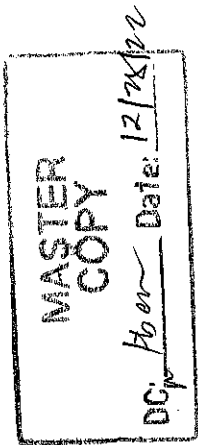
**B. Beneficiaries**

1. All Filipinos are eligible to avail of the Konsulta+ benefits, following automatic coverage and membership under the National Health Insurance Program (NHIP) as set forth by the UHC Act.
2. Foreign nationals, who are registered into the NHIP, should comply with the required qualifying contributions as provided in the existing pertinent policies on eligibility to become entitled to program benefits. Necessary adjustment in the premium may be made accordingly as expressed in succeeding PhilHealth issuances.
3. Individuals shall be able to register with a public or private primary care provider of choice, with respect to the individual's residence or workplace, travel considerations, and provider capacity, among others.
  - a. Assignment and/or registration to a primary care provider shall be through a contracted/accredited Konsulta provider.
  - b. A PhilHealth Identification Number (PIN) shall facilitate PhilHealth membership, as well as recording and tracking of individuals in registering to a Konsulta+ network and availing of the benefit.
  - c. The Konsulta provider shall facilitate registration to the NHIP for unregistered individuals through appropriate mechanisms mandated by PhilHealth, and in coordination with concerned local offices of PhilHealth.

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### C. Providers

1. The Konsulta+ shall form the base of healthcare provider networks, with the Konsulta provider acting as the mechanism to implement patient navigation.
2. The Konsulta provider must ensure that the services listed in the Konsulta+ package are accessible.
  - a. Services shall be in a single or network of public and/or private healthcare facilities that are in compliance with PhilHealth's standards, DOH licensing/regulatory requirements, and other policies as may apply, along with the other service requirements expected from Konsulta.
  - b. Services may be provided through a licensed health facility, mobile facility, such as but not limited to mobile vans or diagnostic ambulances, or through a telemedicine or virtual platform.
3. In the case of a non-single facility entity, some component facilities to constitute complete Konsulta+ network may include but are not limited to:
  - a. Primary care provider facilities such as rural health units, free-standing private medical outpatient clinics, industrial clinics, school clinics, etc.
  - b. Specialized Outpatient facilities including Ambulatory Surgical Clinics, Animal Bite Centers, Dialysis Centers, TB-DOTS Clinic
  - c. Dental Clinics
  - d. Infirmaries
  - e. Outpatient facilities of L1-L3 hospitals
  - f. Diagnostic labs
  - g. Pharmacies
  - h. Others as indicated in applicable DOH and PhilHealth policies
4. All facilities, with a desire to be providers of any of the standalone outpatient packages, should be linked with a Konsulta provider and accredited by PhilHealth until such time that appropriate contracting mechanisms are in place.
5. The Konsulta provider must ensure that policies and agreements with its affiliated healthcare professionals and healthcare facilities, within its jurisdiction, are clearly stipulated in its manual of procedures. Said procedure guides should be implemented in line with PhilHealth contracting rules and should be made known to each and every individual and institutional healthcare provider within its jurisdiction. Stipulations that should be covered by this agreement include but are not limited to:
  - a. Terms of service provision including scope, quantity, and quality of health service
  - b. Referral Mechanisms
  - c. Information Sharing
  - d. Accountability
6. All contracted providers for the Konsulta+ shall utilize its fund efficiently while ensuring continuous delivery and quality of care. Providers must comply with the financial management rules that will be set with this package.
7. Only providers with a functional Electronic Medical Record (EMR) system, that is interoperable with PhilHealth's systems, shall be contracted.
  - a. All health and administrative data required by PhilHealth including but not



limited to diagnosis, diagnostic tests done with corresponding results, and prescribed/dispensed medicines shall be encoded in electronic information system/s.

- b. All EMRs being used within the Konsulta+ network shall be linked through a Health Information Exchange.
  - c. Presence and appropriate maintenance and updating of the EMR shall form part of the contracting requirements for health care institutions.
  - d. All data access and/or sharing shall be in accordance with R.A. No. 10173 or the Data Privacy Act of 2012.
  - e. Specific details on the inclusions and standards of the EMR shall be given in the Implementing Guidelines.
8. The Konsulta provider and its affiliate facilities shall ensure that its beneficiaries have sufficient information on accessing the services covered by the Konsulta+ network.
  9. The staff of all Konsulta providers and its affiliated facilities shall commit to keeping the members' personal information confidential, secure, and private and affirm the fundamental right of all persons, natural or juridical, with particular emphasis on its members and their dependents, to privacy, in compliance with the Data Privacy Act of 2012.

#### D. Rate Setting and Payment System

1. Konsulta+ services shall be paid through prospective payment mechanisms. This shall be done through blended approaches of capitation, bundled/case-based packages, and/or performance-based payments.
  - a. The Konsulta package shall be prospectively paid primarily through capitation.
    - a.1. Capitation may vary based on the age and gender demographics of the catchment population of the Konsulta provider.
    - a.2. The following factors which may affect cost of health services may be considered as adjustment:
      - a.2.1. Location considerations (ie. GIDA communities)
      - a.2.2. Health facility classification (training or non-training)
      - a.2.3. Population size of identified catchment population
  - b. The Standalone outpatient packages shall be paid using prospective mechanisms deemed most appropriate to the benefit design and outcome expected from the service provided.
  - c. Performance-based payments may be infused within any of the above schemes as appropriate and necessary to incentivize specific service provision and/or outcomes achievement. Details of these shall be included in a separate issuance on the Konsulta+ implementing guidelines.
2. Benefit payment of a health facility will be through a payment mechanism designed by PhilHealth.
  - a. Payments may be calibrated regularly and shall be disbursed in tranches.
  - b. Payments made on the basis of performance may be infused within tranches

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and shall be dependent upon the design of the benefit. Specific payment mechanisms for benefits under the Konsulta+ shall be specified in the implementing guidelines.

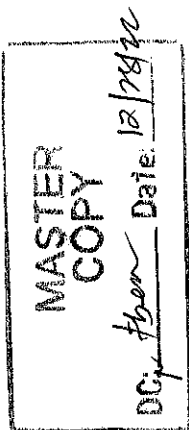
3. The per capita and case rates amount, prescribed capitation percentage allocation, tranches, and performance targets shall be subject to a periodic review for modification and amendments as determined by the Corporation and subject to usual government accounting and auditing rules and regulations.
4. A cost-sharing mechanism shall be implemented. Related policies regarding this shall be provided in a separate issuance.

#### E. Contracting

1. Konsulta providers and its affiliated facilities and individuals shall be engaged through efficient and fair contracting mechanisms that stipulate key service delivery obligations and performance commitments, among others.
  - a. Providers shall be required to submit documentary requirements to show the capacity to comply with the various standards of the Konsulta+. These may include, but are not limited to, facility licenses, and certifications of health care workers, as provided by the DOH.
  - b. PhilHealth may also institute monitoring activities, such as but not limited to, facility visits, to complement regulatory requirements.
2. Contract terms and conditions shall include, but not be limited to, the following:
  - a. Scope of service including quantity and quality of services to be provided.
  - b. Duties and responsibilities of each party.
  - c. Agreed payment terms including provider payment methods, sufficient timing, and tranching.
  - d. Compliance with financial agreements with PhilHealth including co-payment rules.
  - e. Disposition and dispensing of the fund.
  - f. Financial and accounting matters shall be subjected to the usual auditing rules of the Corporation.
  - g. Other legal requirements

#### F. Monitoring

1. PhilHealth shall employ mechanisms to assure members of quality healthcare.
  - a. Performance targets shall be identified to guide all concerned stakeholders with their accountability towards providing essential health care services, especially to the poor and marginalized families.
  - b. Failure to meet any of the performance targets shall be grounds for close monitoring, and subsequent sanctions and penalties, as deemed necessary by the Corporation.
2. PhilHealth shall also conduct periodic facility and patient surveys, utilization review, and others as may be identified.
3. A regularized monitoring and feedback system, such as incorporating a grievance and redress system, shall be implemented to assist providers in identifying possible gaps in their practices or recommend mechanisms to ensure the quality of health services.



**VI. PENALTY CLAUSE**

Any violation of this PhilHealth Circular, terms and conditions of the agreements, and all existing related PhilHealth Circulars and directives shall be dealt with accordingly and is punishable by law.

**VII. TRANSITORY CLAUSE**

- A. PhilHealth shall undergo a gradual transition from the current Konsulta Package to the Konsulta+ upon effectivity of this Order.
  - 1. These transitions shall be in terms of service inclusions and primary care provider requirements, terms of engagement, and participation in a healthcare provider network.
  - 2. PhilHealth shall exclusively contract following terms of the Konsulta+ for primary care and outpatient level services starting 2025. All pre-existing primary care and outpatient packages shall cease and/or be subsumed within the Konsulta+.
  
- B. Transitions in service inclusions are:
  - 1. Service inclusions of Konsulta, as well as release of standalone outpatient benefits as applicable, shall be introduced incrementally. Expansion in service inclusions will be outlined in the Implementing Guidelines and shall be the basis of transitioning of commodities financing of DOH to PhilHealth.
  - 2. PhilHealth may develop incentives for current Konsulta facilities to transition towards Konsulta+. The DOH shall assemble relevant technical assistance support for Local Government Units (LGUs) to be capacitated towards being a Konsulta+ network provider.
  
- C. Transitions in primary care provider requirements and terms of engagement are:
  - 1. Requirements for primary care providers, both for public and private health care facilities, shall expand in accordance with the growth plans of the DOH on health human resources, facility standards, and facility licensing. LGUs shall be provided a transition period to be able to adhere to these requirements and standards and be eligible to the Konsulta+.
  - 2. Accreditation shall continue to be utilized as an engagement mechanism for healthcare facilities, healthcare providers, primary care facilities, and primary care providers until PhilHealth fully transitions to contracting by 2025.
  - 3. Aligned with Section 18.4.b of the UHC Act, outpatient departments of accredited/contracted public and private level 1, 2, and 3 hospitals shall be allowed to apply as Konsulta providers until 2025, or until such time evidence dictates that primary care services should be exclusively provided in non-hospital primary care facilities, whichever comes first.
  - 4. Primary Care Facilities may utilize interim electronic solutions provided by PhilHealth (e.g. eKonsulta) to submit required information, until such time a full EMR system is functional in the facility.

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- D. PhilHealth will also create a flexible policy environment to support pilot implementations prior to the national rollout of Konsulta+.
1. These shall include formative evaluations being conducted internally or by a third party.
  2. Results of the pilot shall be for the subsequent development and improvement of Konsulta+.

#### VIII. SEPARABILITY CLAUSE

If any provision of this PhilHealth Circular shall be declared invalid, unconstitutional, or unenforceable, the validity of the remaining provisions shall not in any way be affected and shall remain enforceable.

#### IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall be published in any newspaper of general circulation and shall take effect within 15 days of its publication. Further, this PhilHealth Circular shall also be deposited thereafter with the Office of the National Administrative Register at the University of the Philippines Law Center.



**EMMANUEL R. LEDESMA JR.**  
Acting President and Chief Executive Officer (CEO)

Date signed: 12/23/22

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