

PHILHEALTH CIRCULARNo. 2023-0019

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

**SUBJECT : Implementing Guidelines for the PhilHealth Konsulta+
with Sustainable Development Goals (SDG) - Related
Benefits Package**

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 package that includes an outpatient drug benefit and coverage for emergency medical services (Sec. 6[b], Republic Act No. 11223 and Sec. 6.3 of its IRR). In response, PhilHealth has issued the Governing Policies of the Konsulta+ [PhilHealth Circular (PC) No. 2022-0032] to outline the concepts and mechanisms for the comprehensive outpatient benefit.

Konsulta+ is a set of extensive outpatient benefits, particularly preventive and promotive health services, delivered at the level of primary care or outpatient facilities. Konsulta+ also seeks to ensure continuous care through an integrated and harmonized network of services. This promotes efficiencies within the health system with the primary care provider acting as the chief facility and patient navigator within the healthcare provider network (HCPN).

As a way to advance the current system and the providers towards Konsulta+, the existing primary care package, PhilHealth Konsulta [PC No. 2023-0013, as revised], shall be expanded to integrate benefit packages related to the Sustainable Development Goals (SDG), namely for tuberculosis, outpatient HIV/AIDS, malaria, and animal bite. This approach emphasizes the role of integrated primary care providers in delivering efficient, high-quality care for diseases while contributing to the country's commitment to reaching SDG-related targets.

As a move towards financial and managerial integration, PhilHealth shall also be engaging networks of providers to simulate provider payment through the Special Health Fund for public networks or through fund pooling for private-owned provider networks.

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II. OBJECTIVES

This PhilHealth Circular is intended to provide the policies for the implementation of the PhilHealth Konsulta integrated with select SDG-related Benefits Package as a step towards transitioning to a comprehensive outpatient benefit, or Konsulta+, following the mandate of the UHC Act.

III. SCOPE

This PhilHealth Circular covers the implementing guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package including the guidelines for the accreditation of qualified public and private healthcare facilities as providers for the benefit.

The guidelines for the contracting of health facilities within a healthcare provider network shall be released in a separate issuance.

IV. DEFINITION OF TERMS

For the purpose of this PhilHealth Circular, the operational definition of terms used in this issuance are the following:

- A. **Affiliate Primary Care Provider** - a healthcare facility engaged by the PhilHealth Konsulta with SDG-Related Benefits Provider to provide the contents of this benefit package.
- B. **Comprehensive Outpatient Benefit Package** - 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, also referred to as Konsulta+.
- C. **Contracting** - a process where providers and networks are engaged to commit and deliver quality health services at agreed cost, cost sharing, and quantity in compliance with prescribed standards [Republic Act No. 11223 IRR].
- D. **Disease-Agnostic** - the medical services provided by primary care facilities that do not necessarily differentiate or select among patient diagnoses when providing case management.
- E. **Electronic Medical Record (EMR)** - the medical background and history of a health care provider's patients and such other information in a standard electronic format [Department of Health (DOH) Administrative Order (AO) No. 2023-0005].
- F. **Feedback Management Response** - an avenue for beneficiaries and healthcare providers to provide feedback, seek clarifications, and report any issue and/or complaint related to PhilHealth, including the



PhilHealth Konsulta with SDG-Related Benefits, and shall serve as a monitoring tool wherein concerns are received, gathered, reviewed, and acted upon, as necessary.

G. Healthcare Provider Network (HCPN) - a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of healthcare within the network [Republic Act No. 11223 IRR].

1. **Public Network** - a network of providers, which may be composed of health care providers from both the public and private sector, represented by the local health board (LHB) as the managing board. LHB is the board created in every province, city, and municipality pursuant to Section 102 of RA No.7160 or the Local Government Code of 1991. In addition, the UHC Act provided for the additional functions of LHB in Provinces, Highly Urbanized Cities, and Independent Component Cities [DOH-DBM-DOF-DILG-PHIC Joint Memorandum Circular No. 2021-0001].
2. **Private Network** - a network of providers, which may be composed of health service providers from both the public and private sector, represented by a private entity as the managing board.
3. **Mixed Network** - a network of providers, which may be composed of health service providers from both the public and private sector, represented by a self-assembled entity of both the public and private sector as the managing board.

H. Health Information Exchange - a network that allows the sharing of medical information among healthcare providers.

I. Integrated Sandbox Sites - an approach towards demonstrating the systemic reforms of the UHC Act, particularly local health systems that are technically, managerially, and financially integrated.

J. Managing Board - the province- or city-wide management committee that provides oversight function to the provider network. The Managing Board shall be composed of the Local Health Board for a network of public healthcare providers, and a self-assembled managing body for a private or mix of public and private primary care providers within the health system or network of jurisdiction.

K. Mandatory Health Risk Assessment (MHRA) - the collection of health-related information and analysis of an individual's health status to identify and assess health risks and provide recommendations to



improve an individual's overall health and well-being.

- L. Outpatient Services** - health services that do not require the overnight or 24-hour admission/confinement of patients in a health facility for case management.
- M. Patient Encounter** - the interaction/s between the health care provider and the patient, including consultation, health promotion and counseling, diagnostic testing, treatment, and other related services.
- N. Patient Transportation Vehicle (PTV)** - any form of vehicle, other than those classified as a licensed ambulance, designed and/or used to transport patients whose condition is of a non-life-threatening nature [DOH AO No. 2020-0051].
- O. PhilHealth GAMOT** - one of PhilHealth's standalone outpatient benefits which covers select essential medicines used in the outpatient management of cases and shall function as the pharmaceutical service delivery arm within a provider network. It is also known as the Outpatient Drug Benefit of PhilHealth or the PhilHealth Guaranteed Accessible Medications for Outpatient Treatment
- P. Primary Care Provider (PCP)** - 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 (PCF)** - the institution that primarily delivers primary care services which shall be licensed or registered by the DOH [Republic Act No. 11223 IRR].
- Q. Primary Care Provider Network (PCPN)** - a coordinated group of public, private, or mixed primary care providers providing a range of primary care services, as the foundation of the Health Care Provider Network (HCPN) [Republic Act No. 11223 IRR].
- R. Primary Care Services** - initial-contact, accessible, continuous, comprehensive, and coordinated 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 healthcare providers in the healthcare delivery system, when necessary [Republic Act No. 11223].
- S. Prospective Payment** - a predetermined, fixed amount of payment agreed with a contract health care provider ahead of the actual delivery of the anticipated health goods and services [PC No. 2022-0032].
- T. Provider Payment Mechanism** - a method by which PhilHealth pays its providers for the provision of healthcare services as stipulated within the benefit packages of the Corporation.
- U. Provincial- and City-Wide Health Systems (P/CWHS)** - networks



among several healthcare facilities in which healthcare providers deliver continuous and integrated health services to individuals and/or communities in a well-defined catchment area.

- V. **Self-Assessment Tool** - a mandatory form that collects relevant information on the capacity of a health facility prior to its application for accreditation with PhilHealth.
- W. **Service Level Agreement (SLA)** - the contracting instrument executed between two parties for the delivery of individual-based health services.
- X. **Special Health Fund (SHF)** - a public network's pool of financial resources at the province-wide and city-wide health systems intended to finance population-based and individual-based health services, health systems operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers. [DOH, Department of Budget and Management, Department of Finance, Department of the Interior and Local Government, PhilHealth Joint Memorandum Circular No. 2021-0001].
- Y. **Sustainable Development Goals - Related (SDG-Related) Benefits** - the existing PhilHealth benefit packages that aim to address certain disease conditions related to the Millenium Development Goals (MDG), namely malaria, tuberculosis, HIV/AIDS, and rabies, as it transitioned towards the current Sustainable Development Goals (SDG).
- Z. **Target Population** - the committed registrants or the number of individuals that the PhilHealth Konsulta with SDG-Related Benefits Provider shall deliver care for as determined by the Managing Board and approved by the corresponding PhilHealth Regional Office.

V. POLICY STATEMENTS

A. Benefit Design and Service Inclusions

1. The PhilHealth Konsulta with SDG-Related Benefits Package shall integrate the following PhilHealth packages:
 - a. PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package [PC No. 2023-0013, as revised]
 - a.1. Provision of the medications stipulated within the policy shall be covered by the Outpatient Drug Benefit Package of PhilHealth (PhilHealth GAMOT).
 - b. PhilHealth Outpatient Anti-Tuberculosis Directly Observed Treatment Short-Course (DOTS) Benefit Package [PC No. 014, s2014, as revised]
 - c. Outpatient Malaria Package [PC No. 25, s-2008]
 - d. Outpatient HIV/AIDS Treatment (OHAT) Package [PC No. 2021-0025, as revised]
 - e. PhilHealth for Animal Bite Package [PC No. 15 and 33, s. 2012]



2. Health services to be provided in the package shall include health consultation, prevention, testing and/or diagnosis, treatment and treatment support, and rehabilitation. (see Annex A.1: List of Services under the PhilHealth Konsulta with SDG-Related Benefits Package and Annex A.2: List of Available Medications under the PhilHealth Konsulta with SDG-Related Benefits Package)
 - a. The provision of other health services shall not be limited to the current benefit package but may also reference the most recent clinical practice guidelines as recognized by the Department of Health with a positive health technology assessment.
3. The PhilHealth Konsulta with SDG-Related Benefits Package shall be implemented with the Outpatient Drug Benefit Package of PhilHealth, known as PhilHealth GAMOT, for the delivery of select primary care and outpatient medications. (see Annex A.3: List of Available Medications under the PhilHealth GAMOT)
4. The PhilHealth Konsulta provider, as referenced from the "Governing Policies of the Konsulta+" [PC No. 2022-0032], shall act as the chief facility among its Affiliate Primary Care Providers (APCP) and ensure patient navigation services between the other healthcare providers.

B. Beneficiaries

1. All Filipinos shall be eligible to avail of the PhilHealth Konsulta with SDG-Related Benefits Package, following automatic membership and coverage under the National Health Insurance Program (NHIP) as set forth by the UHC Act.
 - a. Individuals with no PhilHealth Identification Number (PIN) during the time of the Mandatory Health Risk Assessment (MHRA) shall be provided with the necessary services available through this benefit.
 - b. The PhilHealth Konsulta with SDG-Related Benefits (K+SDG) Provider, the PhilHealth Local Health Insurance Office (LHIO), and other PhilHealth affiliated offices shall assist with registration to the NHIP and other registration/membership concerns, including, but not limited to, premium payments, membership status, and member information, among others.
2. A foreign national may avail of the benefit package provided that he/she is registered to the NHIP and is compliant with the required qualifying contributions as provided in existing pertinent policies on program eligibility. Necessary premium adjustments may be made accordingly as expressed in succeeding PhilHealth issuances.
3. Individuals shall register with a public or private primary care provider of choice with respect to the location of residence or workplace, travel considerations, and provider capacity, among others.
 - a. Individuals shall only be allowed to transfer primary care



- providers once per calendar year.
- b. In cases of closure of the K+SDG Provider or the provider network, beneficiaries shall be initially transferred by the PhilHealth Regional Office (PRO) to the nearest available K+SDG Provider.

C. Health Care Providers

1. Interested healthcare facilities, with license-to-operate (LTO) as primary care facilities issued by the Department of Health (DOH), may apply for accreditation to provide health services enlisted in the PhilHealth Konsulta with SDG-Related Benefits Package. These accredited healthcare providers shall be called K+SDG Providers.
 - a. Health services may be delivered through a healthcare facility, a mobile unit such as a diagnostic ambulance or mobile van, or a telemedicine or virtual platform.
2. The K+SDG Provider shall ensure that all benefits and health services outlined in these implementing guidelines are made available and accessible for its registered beneficiaries.
 - a. In cases wherein specific services are not available within its own facility, the K+SDG Provider may form a Primary Care Provider Network (PCPN) and establish referral, contracting, or service agreements with other healthcare facilities.
 - b. The K+SDG Provider, as representative of the PCPN, shall be contracted by the Health Care Provider Network (HCPN) through a Service Level Agreement (SLA). (see Annex B: Template SLA Between the Network and the K+SDG Provider)
 - b.1. PCPNs shall be organized via province- and city-wide health systems (P/CWHS) and shall be composed of licensed or certified health facilities that deliver health services to their identified target population.
 - c. The K+SDG Provider, as the chief facility within the PCPN, shall be the point of integration of all APCPs.
3. The APCPs that may be engaged by the K+SDG Provider include, but are not limited to the following:
 - a. Specialized outpatient facilities such as Animal Bite Centers, TB-DOTS Centers, and HIV Treatment Hubs
 - b. Outpatient facilities of L1-L3 hospitals
 - c. Diagnostic laboratories
 - d. Pharmacies
4. The APCPs shall comply with the set standards stated in this Circular and other pertinent PhilHealth and Department of Health issuances referenced within the policy, for the service capacity and delivery, human resource complement, and required IT infrastructure.
5. The target population for each K+SDG Provider shall be determined



by the Managing Board of the HCPN, complying with the ratio of health human resources to individuals set by the DOH.

- a. The declared and committed target population shall have to be verified and approved by the PRO if congruent with the total population within the province or city of the corresponding PCPN.

D. Engagement of Healthcare Providers

1. Accreditation of K+SDG Providers

- a. PhilHealth shall accredit applicant healthcare facilities before being contracted by the HCPN for the delivery of health services under the PhilHealth Konsulta with SDG-Related Benefits Package. Specific guidelines on contracting of healthcare facilities to form part of the HCPN shall be released on a separate issuance.
- b. The applicant healthcare facility must ensure that all listed health services are made available within its PCPN. (see Annex A.1)
 - b.1. The K+SDG Provider may form a PCPN with APCPs to complete the services within the benefit package.
 - b.1.1. The K+SDG Provider may engage APCPs through a Service Level Agreement (SLA). (see Annex C: Template SLA Between the K+SDG Provider and APCP)
 - b.1.2. The K+SDG Provider must ensure that engaged APCPs are DOH-licensed or certified, with respect to the type of service that the facility will provide, during the validity of the engagement.
 - b.2. APCPs may engage with multiple PCPNs with consideration to the adequacy of a facility's capacity and resources to provide the required services to its target population. This shall be cleared and validated by the PRO Accreditation and Quality Assurance Section (AQAS).
- c. All providers within the PCPN shall use a PhilHealth-certified, fully functional, and appropriate electronic health information system to track and manage day-to-day operations and performance indicators of the health facility.
 - c.1. All respective health information systems must be interoperable within the PCPN and with PhilHealth's systems.
 - c.2. Providers without health information systems may still be accredited following evidence of capacity to use the provided systems of PhilHealth. (see Annex D: Information System Requirements and Specifications)
 - c.3. Compliance, appropriate maintenance, and updating of the IT platforms shall form part of the requirements for healthcare institutions.



- d. The K+SDG Provider and its APCPs shall follow personnel standards indicated within the licensing or certification criteria of the DOH, FDA, or per facility's appropriate regulating agency.
 - d.1. Physicians for K+SDG Providers should be accredited by PhilHealth.
 - d.1.1. The number of physician/s for the K+SDG Provider shall be set according to the Target Population to be established with the Managing Board of the Network.
 - d.2. All health facility personnel should be registered to the National Health Insurance Program.
- e. All other accreditation processes not specifically mentioned in this Circular shall follow indicated procedures from the PC No. 2023-0012: Omnibus Guidelines on the Accreditation of Health Facilities (HFs) to the National Health Insurance Program, its subsequent amendments, and other related issuances.

2. Documentary Requirements of K+SDG Providers

- a. Interested healthcare facilities shall fully accomplish the following documentary requirements to be submitted to the nearest PRO or LHIO.
 - a.1. Provider Data Record (posted at the official PhilHealth website at www.philhealth.gov.ph)
 - a.2. Notarized Performance Commitment (posted at the official PhilHealth website at www.philhealth.gov.ph)
 - a.3. Completed Self Assessment Tool (see Annex E: Self Assessment Tool for Service Delivery of K+SDG Providers)
 - a.4. Payment Receipt of Accreditation Fee (Php 2,000.00)
 - a.5. Copy of License to Operate from the DOH
 - a.6. Non-Disclosure Agreement (NDA) of health professionals (posted at the official PhilHealth website at www.philhealth.gov.ph)
 - a.7. Proof of PhilHealth Accreditation of the Head of Facility or Medical Director
 - a.7.1. If the head of the facility or medical director is not yet accredited, an application for PhilHealth accreditation should be submitted along with the application of the health facility.
 - a.8. For health facilities owned by partnerships and/or corporations: Articles of Incorporation and updated General Information Sheet (GIS)
- b. APCPs to be engaged shall submit the following documentary requirements to the K+SDG Provider. The K+SDG Provider shall ensure that all requirements are fully accomplished before applying for facility accreditation.
 - b.1. Notarized SLA between the K+SDG Provider and APCP (see Annex C)



- b.2. NDA of health professionals (posted at the official PhilHealth website at www.philhealth.gov.ph)
- b.3. Certification Documents for APCP (see Annex F: Certification Documents for APCP)
- b.4. For health facilities owned by partnerships and/or corporations: Articles of Incorporation and updated GIS

3. Validity of Engagement of K+SDG Providers

- a. The validity of the accreditation of the K+SDG Provider shall be one (1) year, starting from the date of compliance with the mandatory requirements for accreditation until the 31st of December of the applicable year, unless earlier withdrawn, suspended, or revoked based on the rules set by the Corporation.
- b. The validity of contractual engagements between the accredited K+SDG providers and the HCPNs made through entering into SLAs is one (1) calendar year, commencing every first day of January and shall be until the 31st of December of the same year.
- c. The following specific subjects on accreditation validity shall follow provisions within the Omnibus Guidelines on the Accreditation of Health Facilities (HFs) and its subsequent amendments:
 - c.1. Revocation of LTO
 - c.2. PhilHealth-imposed suspension
 - c.3. Decisions on application
 - c.4. Appeals and motions for reconsideration
 - c.5. Grounds for grant or denial of accreditation

4. Other Benefit Packages of PhilHealth

- a. Accredited K+SDG Providers are still encouraged to apply as providers for other PhilHealth benefits not yet covered by the PhilHealth Konsulta with SDG-related Benefits package. (eg. Maternal Care Package, Family Planning Services, etc.)
- b. Benefit availment and payments for services outside the scope of the PhilHealth Konsulta with SDG-related Benefits Package shall follow rules and regulations stated within its own implementing guidelines or policies.

E. **Benefit Availment Process**

- 1. Beneficiaries shall undergo the Mandatory Health Risk Assessment (MHRA) for all initial consultations at the healthcare facility or the K+SDG Provider.
 - a. The MHRA includes patient registration, consultation, testing, assessment, and management as needed. The process shall only be deemed completed once the beneficiary's PIN and the results



from the mandatory laboratories are reflected within the network's information system. Only completed MHRA shall be the basis of benefit payment.

- a.1. Registration to a K+SDG Provider can be done through the My PhilHealth Portal, or directly through the primary care provider upon conduct of the MHRA.
 - a.2. Individuals shall need to undergo the MHRA every three (3) years or upon transfer to a different K+SDG Provider.
 - a.3. All MHRA shall be done face-to-face. Telemedicine or virtual consults may be done for succeeding consults or follow-ups.
2. Beneficiaries shall initially avail services from the K+SDG Provider, which includes health consultation, testing or diagnosis, treatment, treatment support, and rehabilitation, before the referral to the APCP for appropriate or continuing management. All services to be provided within the PCPN shall have to be referred by the K+SDG Provider as the patient's first point of contact and chief facility of the network.
- a. Before providing any service from a health facility, an informed consent form regarding the use of personal information and photos shall be filled up by the beneficiaries. The photo shall serve as a service availment validation and shall also be used to update patient information uploaded within the EMR. (see Annex G: Informed Consent Form).
 - b. A service referral form shall be issued by the K+SDG Provider through the IT system of the benefit which shall allow the beneficiary to avail of services of the affiliated primary care provider (see Annex H: Service Referral Form).
 - c. Patient transportation vehicles shall be made available by the local government unit for the movement of beneficiaries between health facilities within the PCPN. This shall be provided for public, private, and mixed provider networks.
3. All services provided by the K+SDG Provider or the affiliated healthcare providers shall be recorded through the facilities' information system.
- a. Providers shall generate the Service Availment Slip (SAS) for services provided under the benefit and shall provide a reference copy for the beneficiary (see Annex I.1: Service Availment Slip).
 - a.1. Providers shall keep a copy of the Service Availment Slip that was signed by the beneficiary.
 - b. Medications prescribed by the K+SDG Provider shall be prescribed through an EMR made interoperable with the systems of the PhilHealth GAMOT or directly through the PhilHealth GAMOT's system. (see Annex I.2: GAMOT Prescription Template).



F. Provider Payment Mechanism

1. The fund source of the package shall be from the SHF for public

HCPNs and the pooled funds for private and mixed HCPNs.

2. The payment method for this package shall be through capitation, case-based, and pay-for-performance. (see Annex J: Benefit Payment for PhilHealth Konsulta with SDG-Related Benefits Package)
 - a. The capitation rate for primary care services will be nine hundred pesos (PhP 900.00) per beneficiary for both public and private providers.
 - a.1. Services provided under capitation include consultations, screening and testing, and treatment as listed in the Annex. (see Annex A.1)
 - a.2. Private K+SDG Providers may charge an additional one-time payment of two hundred fifty pesos (PhP 250.00) to the beneficiary for the usage of facilities each year.
 - b. The case-based payments will be for services rendered for the Outpatient Malaria Package at a rate of six hundred pesos (PhP 600.00).
 - c. Additional payments to be made subject to performance evaluation (pay-for-performance) will be a maximum of five hundred pesos (PhP 500.00). This shall only apply to the population of individuals who have completed the MHRA.
 - d. Payments relating to services for Animal Bite, Tuberculosis, and HIV-AIDS shall be integrated into both capitation and performance-based payments.
3. Provider payment shall only be considered for services rendered to beneficiaries with PINs. Payment for the given case will be considered once the K+SDG provider encodes the beneficiaries' PIN following membership to the NHIP.
4. As summarized in the table below, payments shall be released in four (4) tranches with different payment mechanisms being the basis for payments for each tranche.

Table 1. Summary of Tranche Payments

Period	1st Tranche	2nd Tranche	3rd Tranche	4th Tranche
Applicable Provider Payment	Capitation	Capitation Case-based	Capitation Case-based	Capitation Case-based Pay-for- Performance
Payout Period	Within the first fifteen (15) calendar days of the	Within the 26th week of the engagement	Within the 36th week of the engagement	On the 56th week from the start of the



Period	1st Tranche	2nd Tranche	3rd Tranche	4th Tranche
	engagement period	period	period	engagement period
Formulas	<u>CAPITA-TION</u>	<u>CAPITA-TION</u>	<u>CAPITA-TION</u>	<u>CAPITA-TION</u>
	$\text{PhP } 900 \times 30\% \text{ of Target Population}$	$\text{PhP } 900 \times (\text{Number of MHRA beyond } 30\% \text{ of Target Population from January-June})$ <u>CASE-BASED</u> if applicable $\text{Case Rate for Malaria} \times \text{Actual Benefit Utilization}$	$\text{PhP } 900 \times (\text{Number of MHRA beyond } 30\% \text{ of Target Population done after June})$ <u>CASE-BASED</u> if applicable $\text{Case Rate for Malaria} \times \text{Actual Benefit Utilization (from second tranche cut-off until third tranche cut-off)}$	$\text{PhP } 900 \times [(\text{Total MHRA} - 30\% \text{ of Target Population}) - \text{Number of MHRA paid for starting from Second to Third Tranche}]^{**}$ **to account for liquidation of the front loaded amount for the first tranche and for the shortfall of the committed registrants <u>CASE-BASED</u> if applicable $\text{Case Rate for Malaria} \times \text{Actual Benefit Utilization (from third tranche cut-off until fourth tranche cut-off)}$

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Period	1st Tranche	2nd Tranche	3rd Tranche	4th Tranche
				<u>P4P</u> Performance Score x PhP 500 x Total individuals with completed MHRA

- a. The first tranche payment shall be computed based on thirty percent (30%) of the target population of primary care providers as determined by the Managing Board of the HCPN. The amount will be front loaded by the Managing Board to the provider within fifteen (15) calendar days of the engagement period.
- b. The second tranche will be based on additional capitation and case-based payments.
 - b.1. In the circumstance that more than 30% of the target population has completed the MHRA by the second tranche, additional capitation shall be dispensed for each additional individual.
 - b.2. Case-based payments shall be reimbursed for services availed for the Malaria Packages from the commencement of engagement with PhilHealth.
 - b.3. Basis of payments for the second tranche shall assess services provided from the first day of engagement until the 24th week of engagement or calendar year.
 - b.4. Payment for the second tranche shall be made within the 26th week of engagement or calendar year.
- c. The third tranche will be based on additional capitation and case-based payments.
 - c.1. Additional capitation payments shall be made for individuals who completed MHRA as added from the accomplishments of the second tranche.
 - c.2. Case-based payments shall be reimbursed for services availed for the Malaria Packages provided from payment of the second tranche.
 - c.3. Basis of payments for the third tranche shall assess services provided from the 25th week of engagement until the 34th week of engagement or calendar year.
 - c.4. Payment for the third tranche shall be made within the 36th week of engagement or calendar year.
- d. The fourth tranche will be based on the capitation, case-based,



and performance-based payments, as necessary.

- d.1. Additional capitation payments shall be made for individuals who completed the MHRA as added from the accomplishments of the third tranche.
 - d.1.1. When the target number of individuals to undergo MHRA is not met on the last day of engagement, the capitation equivalent of the registration shortfall will be deducted from the total payment of the fourth tranche and any additional deficit from the total fourth tranche payment shall be paid for by the Managing Board to PhilHealth by the 56th week from the start of the engagement period.
 - d.2. Case-based payments shall be reimbursed for services availed for the Malaria Packages from the payment of the previous tranche.
 - d.3. Basis of payments for the fourth tranche shall assess services provided from the 35th week of engagement until the last day of engagement or calendar year.
 - d.4. Performance payments will be based on the performance factors using applicable indicators, as adjusted using weights set by the Corporation. (see Annex K: Performance Indicators for PhilHealth Konsulta with SDG-Related Benefits Package)
 - d.5. Fourth tranche payments shall be made on the 56th week from the start of the engagement period as applicable following possible deductions from MHRA shortfall.
 - d.5.1. When the Managing Board does not renew its engagement with PhilHealth, with the assumption that there were no breaches with the rules and guidelines set forth within this engagement, payment shall be made by the Corporation.
5. All tranche payments to be given to health facilities may be subject to the following fund pooling rules:
- a. The proportion of tranche payments that will be released to the healthcare facilities or retained by the Managing Board shall be decided and reflected in the SLA.
 - b. Releases made to the pooled fund of the private provider network account shall be subjected to applicable taxes.
6. Termination of the K+SDG Provider's engagement or its failure to comply with the set rules and regulations for this engagement shall merit the return of the front-loaded funds back to PhilHealth through the PhilHealth Payment Recovery Policy within fifteen (15) calendar days from the receipt of the Notice of Payment Recovery Demand Letter. Funds to be returned from the front loaded 30% of the provider's target population shall be computed based on the capitation rate multiplied by the number of individuals who did not complete the MHRA.
7. Payment for the implementation of PhilHealth GAMOT shall



reference its implementing guidelines following parallel implementation with the PhilHealth Konsulta with SDG-Related Benefits Package.

8. Payments shall be referenced through the data of service provision collected from the EMR and the different health information systems used in the network that have been made interoperable among providers in the network and with PhilHealth.
9. PhilHealth shall pay the Managing Board of the HCPN through a prospective payment scheme that shall be detailed in a separate issuance, subject to guidelines to be issued by the Commission on Audit (COA).
10. Releases made to the pooled fund of the private provider network account shall be subjected to applicable taxes.
11. The Bureau of Local Government Finance (BLGF) may issue guidelines on the submission of financial reports and financial analysis by the province/city while the Bureau of Internal Revenue (BIR) may issue taxation guidelines on the Network and Provider transactions.

G. Monitoring and Evaluation

1. PhilHealth shall establish and monitor performance targets that will guide stakeholders in their accountability toward providing healthcare services.
2. Provider networks shall be assessed primarily through a Performance Scorecard. (see Annex L: Performance Scorecard for PhilHealth Konsulta with SDG-Related Benefits Package)
3. PhilHealth shall conduct periodic evaluations of facilities and patients through utilization reviews and other methodologies to assess the quality of healthcare services provided.
 - a. PhilHealth shall conduct facility assessments to evaluate the operationalization and implementation of the benefit.
4. PhilHealth shall monitor and investigate grievance reports filed by beneficiaries and providers following existing guidelines of the Corporation. Reports or complaints may be filed through the Feedback Management Response of PhilHealth. These complaints may also be handled following the quasi-judicial process of PhilHealth, as needed.
5. This policy issuance shall be regularly reviewed and the necessary enhancements shall be introduced as necessary.



H. Annexes (posted at the official website of PhilHealth at www.philhealth.gov.ph)

1. Annex A.1: List of Services under the PhilHealth Konsulta with SDG-Related Benefits Package
- Annex A.2: List of Available Medications under the PhilHealth Konsulta with SDG-Related Benefits Package
- Annex A.3: List of Available Medications under the PhilHealth GAMOT
2. Annex B: Template SLA Between the Network and the K+SDG Provider
3. Annex C: Template SLA Between the K+SDG Provider and APCP
4. Annex D: Information System Requirements and Specifications
5. Annex E: Self Assessment Tool for Service Delivery of K+SDG Providers
6. Annex F: Certification Documents for APCP
7. Annex G: Informed Consent Form
8. Annex H: Service Referral Form
9. Annex I.1: Service Availment Slip (SAS)
- Annex I.2: GAMOT Prescription Template
10. Annex J: Benefit Payment for PhilHealth Konsulta with SDG-Related Benefits Package
11. Annex K: Performance Indicators for PhilHealth Konsulta with SDG-Related Benefits Package
12. Annex L: Performance Scorecard for PhilHealth Konsulta with SDG-Related Benefits Package

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment, and all existing related PhilHealth circulars shall be dealt with and penalized following the pertinent provisions of Republic Act No. 7875, as amended by Republic Act Nos. 9241 and 10606 [National Health Insurance Act of 2013] and Republic Act No. 11223 [Universal Health Care Act], and their respective Implementing Rules and Regulations.

VII. TRANSITORY CLAUSE

The PhilHealth Konsulta with SDG-Related Benefits Package will be initially implemented in integrated sandbox sites, with other relevant implementation guidelines to be detailed in separate issuances.

Further, the implementation of this PhilHealth Circular is subject to the COA issuance for recording and reporting guidelines on prospective payment mechanisms and a separate PhilHealth advisory on the operationality of the benefit's information systems.

VIII. SEPARABILITY CLAUSE

If any provision of this PhilHealth Circular shall be declared invalid,

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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 after fifteen (15) days of its publication. Further, this PhilHealth Circular shall also be deposited with the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.


EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer

Date signed: 10/10/2023



**ANNEX A.1: List of Services under the
PhilHealth Konsulta with SDG-Related Benefits Package**

Consultation	Disease Agnostic Consultation Health Education
Prevention Management	Contact Tracing Opportunistic Screening: 1. HIV RDT-1 2. Hepatitis B surface antigen
Testing and/or Diagnosis	Clinical Laboratories 1. CBC with platelet count 2. Urinalysis 3. Fecalalysis 4. Sputum Microscopy 5. Fecal Occult Blood 6. Pap smear 7. HbA1C 8. Fasting Blood Sugar 9. Oral Glucose Tolerance Test 10. ECG 11. Chest X-ray (all views) 12. Serum Creatinine 13. Lipid Profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides) Rapid Diagnostic Test 1. Xpert MTB RIF 2. Sysmex HISCL HIV Ag+Ab Assay Kit 3. Alere Determine HIV 1/2 4. Geenius HIV 1/2 Confirmatory Assay Kit 5. Malaria Combo RDT Test Kit Other Laboratories 1. HIV viral load test (Nucleic Acid Test / NAT) 2. Drug resistance test to HIV antiretroviral therapy (ART) 3. CD4 Count or T-cell test
Treatment Regimen	Medication for Tuberculosis Management 1. Rifampicin + Isoniazid 2. Rifampicin + Isoniazid + Ethambutol + Pyrazinamide 3. Isoniazid Medication for Malaria Management 1. Artemether + Lumefantrine Medication for HIV-AIDS Management 1. Tenofovir 2. Lamivudine 3. Dolutegravir 4. Efavirenz

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Treatment Regimen	<ol style="list-style-type: none"> 5. Rilpivirine 6. Abacavir 7. Lopinavir+Ritonavir 8. Zidovudine 9. Nevirapine <p>Medication for Rabies Management</p> <ol style="list-style-type: none"> 1. Rabies Vaccine (PVRV) 2. Rabies Immune Globulin 3. Tetanus toxoid 4. Anti-tetanus serum (ATS)
Treatment Adherence Intervention	Directly Observed Therapy (DOT) and follow-up SMS Messaging

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**ANNEX A.2: List of Available Medications
under the PhilHealth Konsulta with
SDG-Related Benefits Package**

	Molecule	Preparation
1	Abacavir	300 mg tablet
2	Anti-tetanus serum (ATS)	1500 IU/mL, 1 mL and 1.5 mL vial/ampoule
3	Artemether +Lumefantrine	20mg/120mg tablet
4	Dolutegravir	50 mg tablet
5	Efavirenz	600 mg tablet / capsule
6	Isoniazid	300 mg tablet
7	Lamivudine	100 mg tablet
8	Lamivudine	150 mg film-coated tablet
9	Lamivudine	10 mg/ml suspension (240 ml bottle)
10	Lopinavir + Ritonavir	200 mg/ 50 mg tablet / capsule
11	Nevirapine	200 mg tablet
12	Rabies Immunoglobulin (Human)	150 IU/mL, 2 mL, 5 mL, and 10 mL ampoule
13	Rabies Vaccine - Vero Cell	2.5 IU/0.5 ml vial
14	Rifampicin + Isoniazid	150 mg + 75 mg tablet
15	Rifampicin + Isoniazid + Ethambutol + Pyrazinamide	150 mg + 75 mg + 275 mg + 400 mg tablet
16	Rilpivirine	25 mg tablet
17	Tenofovir Disoproxil Fumarate	300 mg tablet
18	Tetanus toxoid	0.5 ml ampoule
19	Tetanus toxoid	10 ml vial
20	Zidovudine	100mg capsule
21	Zidovudine	300mg tablet (60 per bottle)
22	Zidovudine	50 mg/5ml suspension (240ml bottle)

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ANNEX A.3: List of Available Medications under the PhilHealth GAMOT

	Molecule	Preparation
1	Amlodipine	5 mg (as Besilate/ Camsylate) Tablet
2	Amlodipine	10 mg (as Besilate/Camsylate) Tablet
3	Amoxicillin	250 mg (as Trihydrate) Capsule
4	Amoxicillin	500 mg (as Trihydrate) Capsule
5	Amoxicillin	100 mg/mL (as Trihydrate) Granules/powder for drops in 15 mL
6	Amoxicillin	250 mg/5 mL (as Trihydrate) Granules/powder for suspension in 60 mL
7	Amoxicillin + Clavulanic acid	500 mg (as Trihydrate) + 125 mg (as Potassium clavulanate) Tablet
8	Amoxicillin + Clavulanic acid	875 mg (as Trihydrate) + 125 mg (as Potassium clavulanate) Tablet
9	Amoxicillin + Clavulanic acid	200 mg (as Trihydrate) + 28.5 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension in 70 mL
10	Amoxicillin + Clavulanic acid	400 mg (as Trihydrate) + 57 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension in 70 mL
11	Amoxicillin + Clavulanic acid	600 mg (as Trihydrate) + 42.9 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension
12	Aspirin	80 mg Tablet
13	Aspirin	100 mg Tablet
14	Atenolol	50 mg Tablet
15	Atenolol	100 mg Tablet
16	Atorvastatin	10 mg (as Calcium) Tablet
17	Atorvastatin	20 mg (as Calcium) Tablet
18	Atorvastatin	40 mg (as Calcium) Tablet
19	Atorvastatin	80 mg (as Calcium) Tablet
20	Azithromycin	250 mg (as Base*/dihydrate) Capsule
21	Azithromycin	250 mg (as Base*/dihydrate/ monohydrate) Tablet
22	Azithromycin	500 mg (as Base*/dihydrate/ monohydrate) Tablet
23	Azithromycin	200 mg/5 mL (as Base*/dihydrate/ monohydrate) Powder for suspension in 15 mL
24	Azithromycin	200 mg/5 mL (as Base*/dihydrate/ monohydrate) Powder for suspension in 60 mL
25	Captopril	25 mg Tablet
26	Cefixime	200 mg Capsule
27	Cefixime	20 mg/mL in 10 mL (drops)

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	Molecule	Preparation
28	Cefixime	100 mg/5 mL Granules for Suspension in 60 mL
29	Cefuroxime	500 mg (as Axetil) Tablet
30	Cefuroxime	125 mg/5 mL (as Axetil) Granules for Suspension in 70 mL
31	Cefuroxime	250 mg/5 mL Granules for Suspension in 50 mL and 120 mL Bottle
32	Celecoxib	100 mg Capsule
33	Celecoxib	200 mg Capsule
34	Celecoxib	400 mg Capsule
35	Chlorphenamine	4 mg Tablets
36	Chlorphenamine	2.5 mg / 5 mL syrup / 60 mL
37	Ciprofloxacin	250 mg (as Hydrochloride) Tablet
38	Ciprofloxacin	500 mg (as Hydrochloride) Tablet
39	Clarithromycin	250 mg Tablet (Base)
40	Clarithromycin	500 mg Tablet (Base)
41	Clarithromycin	125 mg/5 mL Granules/Powder for suspension in 50 mL
42	Clarithromycin	250 mg/5 mL Granules/Powder for suspension in 50 mL
43	Clindamycin	150 mg (as Hydrochloride) Capsule
44	Clindamycin	300 mg (as Hydrochloride) Capsule
45	Clindamycin	75 mg/5 mL (as Palmitate hydrochloride) Granules for suspension in 60 mL
46	Clotrimazole	1% Cream in 10 g Aluminum collapsible tube
47	Cloxacillin	500 mg (as Sodium) Capsule
48	Cloxacillin	250 mg/5 mL (as Sodium) Powder for solution in 60 mL
49	Diltiazem	60 mg (as Hydrochloride) Tablet
50	Diltiazem	60 mg (as Hydrochloride) Modified Release (MR) capsule
51	Diltiazem	120 mg (as Hydrochloride) Modified Release (MR) capsule
52	Diltiazem	180 mg (as Hydrochloride) Modified Release (MR) capsule
53	Diltiazem	120 mg (as Hydrochloride) Modified Release (MR) tablet
54	Diltiazem	180 mg (as Hydrochloride) Modified Release (MR) tablet
55	Diltiazem	30 mg (as Hydrochloride) Tablet
56	Diphenhydramine	25 mg (as Hydrochloride) Capsule
57	Diphenhydramine	50 mg (as Hydrochloride) Capsule

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	Molecule	Preparation
58	Diphenhydramine	12.5 mg/ 5mL (as Hydrochloride) Syrup in 30 mL
59	Diphenhydramine	12.5 mg/ 5mL (as Hydrochloride) Syrup in 60 mL
60	Doxycycline	100 mg (as Hyclate) Capsule
61	Enalapril	5 mg (as Maleate) Tablet
62	Enalapril	20 mg (as Maleate) Tablet
63	Erythromycin	0.5% Ophthalmic ointment in 3.5 g Tube
64	Erythromycin	500 mg (as Stearate) Tablet
65	Erythromycin	200 mg/5 mL (as Ethyl for suspension in 60 mL
66	Fluticasone+Salmeterol	100 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser
67	Fluticasone+Salmeterol	100 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser
68	Fluticasone+Salmeterol	250 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser
69	Fluticasone+Salmeterol	250 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser
70	Fluticasone+Salmeterol	500 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser
71	Fluticasone+Salmeterol	500 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser
72	Folic Acid+Iron Ferrous	60 mg (elemental iron) + 400 mcg Tablet/Capsule/Film-coated tablet
73	Gabapentin	100 mg Capsule
74	Gabapentin	300 mg Capsule
75	Gliclazide	30 mg Modified Release (MR) tablet
76	Gliclazide	80 mg Tablet
77	Hydrochlorothiazide	12.5 mg Tablet
78	Hydrochlorothiazide	25 mg Tablet
79	Ibuprofen	200 mg Capsule
80	Ibuprofen	400 mg Capsule
81	Ibuprofen	100 mg/5 mL Syrup/Suspension in 60 mL
82	Ipratropium Bromide	250 mcg/mL (as Bromide) Respiratory solution in 2 mL Unit dose (For nebulization)
83	Ipratropium Bromide+Salbutamol	500 mcg (as Bromide anhydrous) + 2.5 mg (as Base) in 2.5 mL Unit dose (For nebulization)
84	Iron Ferrous	(equiv. to 60 mg elemental iron) Tablet (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20%

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	Molecule	Preparation
85	Iron Ferrous	Ferrous sulfate, desiccated = 32%) (equiv. to 15 mg elemental iron per 0.6 mL) Solution in 15 mL (Drops) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)
86	Iron Ferrous	(equiv. to 15 mg elemental iron per 0.6 mL) Solution in 30 mL (Drops) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)
87	Iron Ferrous	(equiv. to 30 mg elemental iron per 5 mL) Solution in 60 mL (syrup) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)
88	Isosorbide Dinitrate	10 mg (as Dinitrate) Tablet
89	Isosorbide Dinitrate	20 mg (as Dinitrate) Tablet
90	Isosorbide Dinitrate	20 mg (as Dinitrate) Modified Release (MR) tablet/Capsule
91	Isosorbide Dinitrate	5 mg (as Dinitrate) Sublingual (SL) tablet
92	Isosorbide Mononitrate	30 mg (as 5-Mononitrate) Modified Release (MR) tablet/Capsule
93	Isosorbide Mononitrate	60 mg (as 5-Mononitrate) Modified Release (MR) tablet/Capsule
94	Losartan	50 mg (as Potassium) Tablet
95	Losartan	100 mg (as Potassium) Tablet
96	Losartan + Hydrochlorothiazide	50 mg losartan + 12.5 mg hydrochlorothiazide Tablet
97	Mefenamic Acid	250 mg Tablet /Capsule
98	Mefenamic Acid	500 mg Tablet /Capsule
99	Metformin	500 mg (as Hydrochloride) Tablet/Film-coated tablet
100	Metformin	850 mg (as Hydrochloride) Tablet
101	Methyldopa	250 mg Tablet

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	Molecule	Preparation
102	Metoprolol	50 mg (as Tartrate) Tablet
103	Metoprolol	100 mg (as Tartrate) Tablet
104	Metronidazole	250 mg Tablet
105	Metronidazole	500 mg Tablet
106	Metronidazole	125 mg/5 mL (as Base) Suspension in 60 mL
107	Montelukast	4 mg (as Sodium) Chewable tablet
108	Montelukast	5 mg (as Sodium) Chewable tablet
109	Montelukast	10 mg (as Sodium) Tablet
110	Naproxen	275 mg (as Sodium) Tablet
111	Naproxen	550 mg (as Sodium) Tablet
112	Nitrofurantoin	50 mg Capsule as Macrocrystals
113	Nitrofurantoin	100 mg Capsule as Macrocrystals
		(L of water) composed of: Sodium chloride = 2.6 g Trisodium citrate dihydrate = 2.9 g Potassium chloride = 1.5 g Glucose anhydrous = 13.5 g Total weight = 20.5 g
114	Oral Rehydration Salts (ORS 75-replacement)	(mmol/L) composed of: Sodium = 75 Chloride = 65 Potassium = 20 Citrate = 10 Glucose anhydrous = 75 Total osmolarity = 245 (WHO recommended) (N.B.: Reconstitute with clean potable water)
115	Oseltamivir	75 mg (as Phosphate) Capsule
116	Paracetamol	300 mg Tablet
117	Paracetamol	500 mg Tablet
118	Paracetamol	100 mg/mL Drops in 15 mL (Alcohol-free)
		120 mg/5 mL (125 mg/5 mL) Syrup/Suspension (Alcohol-free) in 60 mL
119	Paracetamol	
		250 mg/5 mL Syrup/Suspension (Alcohol-free) in 60 mL
120	Paracetamol	
121	Paracetamol	125 mg Suppository
122	Paracetamol	250 mg Suppository
123	Prednisone	5 mg Tablet
124	Prednisone	10 mg Tablet
125	Prednisone	20 mg Tablet
126	Prednisone	10 mg/5 mL Suspension in 60 mL

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	Molecule	Preparation
127	Rosuvastatin	10 mg (as Calcium) Tablet
128	Rosuvastatin	20 mg (as Calcium) Tablet
129	Salbutamol (as Sulfate) + Ipratropium	Resp. Soln. (for nebulization): 500 micrograms ipratropium (as bromide anhydrous) + 2.5 mg salbutamol (as base) x 2.5 mL (unit dose)
130	Salbutamol	100 mcg/dose x 200 (as Sulfate)
131	Salbutamol	1 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (For nebulization)
132	Salbutamol	2 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (For nebulization)
133	Salbutamol	2 mg/5 mL (as Sulfate) Syrup in 60 mL
134	Simvastatin	20 mg Tablet
135	Simvastatin	40 mg Tablet
136	Sulfamethoxazole + Trimethoprim	400 mg + 80 mg Tablet/Capsule
137	Sulfamethoxazole + Trimethoprim	800 mg (as Sulfate) + 160 mg Tablet
138	Sulfamethoxazole + Trimethoprim	200 mg + 40 mg/5 mL Suspension in 70 mL
139	Sulfamethoxazole + Trimethoprim	200 mg + 40 mg/5 mL Suspension in 120 mL
140	Sulfamethoxazole + Trimethoprim	400 mg + 80 mg/5 mL Suspension in 60 mL
141	Tamsulosin	200 mcg (as Hydrochloride) Capsule
142	Tobramycin	0.3% Ophthalmic drop solution in 5 mL Bottle
143	Tobramycin	0.3% Ophthalmic ointment in 3.5 g Tube
144	Tobramycin + Dexamethasone	0.3% tobramycin + 0.1% dexamethasone Ophthalmic drop suspension in 5 mL Bottle
145	Tobramycin + Dexamethasone	0.3% tobramycin + 0.1% dexamethasone Ophthalmic ointment in 3.5 g Tube
146	Vitex Negundo	300 mg Tablet
147	Vitex Negundo	600 mg Tablet
148	Vitex Negundo	300 mg/5 mL Syrup in 60 mL
149	Vitex Negundo	300 mg/5 mL Syrup in 120 mL
150	Zinc	(equiv. to 10 mg elemental zinc) (as Gluconate) Chewable tablet
151	Zinc	(equiv. to 10 mg elemental zinc per mL) (as Sulfate monohydrate) Drops in 15 mL
152	Zinc	(equiv. to 20 mg elemental zinc per 5 mL) (as Sulfate monohydrate) Syrup in 60 mL
153	Zinc	70 mg/5 mL (equiv. to 10 mg elemental zinc) (as Gluconate) Syrup in 60 mL

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Molecule	Preparation
154 Zinc	70 mg/5 mL (equiv. to 10 mg elemental zinc) (as Gluconate) Syrup in 120 mL

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ANNEX B: Template SLA Between the Network and the K+SDG Provider

Republic of the Philippines) s.s.

Contract No. _____

SERVICE LEVEL AGREEMENT

KNOW ALL MEN BY THESE PRESENT:

This Agreement made and entered into by and between:

[PROVINCE/CITY-WIDE HEALTH SYSTEM NAME] an/a (LGU/Province/City-owned network, authorized through a Sanggunian Resolution No. _____) issued on [Date] and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by its Managing Board through [Position of Representative], **[NAME]**, (hereinafter called "**NETWORK**")

or

[HEALTH CARE PROVIDER NETWORK NAME] a **NETWORK**, organized and registered with the Securities and Exchange Commission under Company Reg. No. _____ and/or Joint Venture Agreement No. _____,)] issued on _____ and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by its Managing Board through [Position of Representative], **[NAME]**, (hereinafter called "**NETWORK**")

-and-

[K+SDG Provider NAME] a primary care facility or rural health unit with a license to operate from the Department of Health issued on [Date] and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by its [Position of Representative], **[NAME]**, (hereinafter called "**K+SDG PROVIDER**")

(each a "**Party**", and collectively, the "**Parties**").

WITNESSETH THAT:

WHEREAS, in response to the need to implement reforms stipulated in R.A. No. 11223 or the Universal Health Care (UHC) Act and as an initial step towards adopting a comprehensive approach to delivering primary care, the **Philippine Health Insurance Corporation (PHILHEALTH)** has committed to expand the primary care benefit to cover all Filipinos through the issuance of PhilHealth Circular (PC) No. 2023-0013, which prescribes the implementation of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) benefit package;

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WHEREAS, PHILHEALTH has published PC No. _____ or the Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package which details the scope, policies, and mechanisms by which **PHILHEALTH** shall cover an integrated primary care package infused with select SDG-related services to provide a more comprehensive set of outpatient health benefits for its members;

WHEREAS, the UHC Act requires **PHILHEALTH** to endeavor to contract public, private, or mixed health care provider networks for the delivery of individual-based health services;

WHEREAS, the UHC Act requires the Department of Health (DOH), **PHILHEALTH**, and the local government units (LGUs) to endeavor to provide a health care delivery system that shall afford every Filipino a primary care provider that would act as the navigator, coordinator, and initial and continuing point of contact in the healthcare delivery system;

WHEREAS, the UHC Act mandates province-wide or city-wide health systems to pool and manage, through a Special Health Fund (SHF), all resources intended for health services to finance population-based and individual-based health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers;

WHEREAS, the **NETWORK** is a group of health care providers, facilities, and professionals governed by the Managing Board, with defined competencies, organized to deliver health care services in a coordinated and integrated manner;

WHEREAS, the **K+SDG PROVIDER** refers to the health facility that primarily delivers primary care services and is licensed or registered by the DOH and accredited to be the K+SDG Provider and acts as the chief facility within the provider network;

WHEREAS, PHILHEALTH enjoins provinces, highly urbanized cities, and private providers to integrate their resources and services in a network and test local interventions/initiatives under a Sandbox setting for the implementation of the PhilHealth Konsulta with SDG-Related Benefits Package;

WHEREAS, the **NETWORK** is willing to participate in the implementation of the integrated PhilHealth Konsulta with SDG-Related Benefits Package, prospective payment mechanisms, the establishment of the SHF or pooled fund in the delivery of health services including Konsulta benefit package, and under the terms and conditions contained in this Agreement;

WHEREAS, the **K+SDG PROVIDER**, acting as the point of integration for all Affiliate Primary Care Providers (APCP), shall ensure that all benefits and health services outlined in the implementing guidelines of PhilHealth Konsulta with SDG-Related Benefits Package are made available and accessible within their own facility or through the APCPs;

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NOW THEREFORE, for and in consideration of the foregoing premises, and of the mutual covenants and stipulations hereinafter set forth, the **Parties** hereby agree, and by these presents, bind themselves, to wit:

1. K+SDG PROVIDER OBLIGATIONS

1.1. Acceptance of contract amount.

The **K+SDG PROVIDER** accepts the maximum contract amount of **[AMOUNT IN WORDS] (Php _____)** stipulated in this Agreement, including the corresponding schedule of payment and conditions for payment releases specified in the payment schedule stated in "Annex J: Benefit Payment for PhilHealth Konsulta with SDG-Related Benefits Package of PhilHealth Circular No. 2023-____" or the "Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package".

- 1.1.1. The **K+SDG PROVIDER** agrees to ensure that PhilHealth Konsulta with SDG-related services are made available to a **maximum of _____ (number) of PhilHealth Konsulta with SDG beneficiaries**, considering its maximum absorptive capacity of 20,000 per physician, and as approved by **PHILHEALTH**, for the entire PCPN. **PHILHEALTH** shall not provide payment for the number of profiled registered beneficiaries in excess of the prescribed limits. Any PhilHealth Konsulta with SDG-related services rendered to beneficiaries not included in this maximum number shall likewise not be paid by **PHILHEALTH**, unless an appeal for payment is filed and approved.
- 1.1.2. The **K+SDG PROVIDER** may add new certified primary care physicians and/or accredited K+SDG Providers in its operations during the validity of this Agreement. The **K+SDG PROVIDER** may then renegotiate with the **NETWORK** to modify its targets given the increase in absorptive capacity. An addendum to this Agreement may be executed to reflect the updated targets and contract amount up to the end of the 1st quarter only.
- 1.1.3. The **K+SDG PROVIDER** agrees to fully comply with mechanisms set by the **NETWORK** and **PHILHEALTH** to recover amounts in excess of released payments after due reconciliation and evaluation of targets and performance accomplishment.

1.2. Provision of covered PhilHealth Konsulta with SDG-Related Benefits Package services.

The **K+SDG PROVIDER** agrees to:

- 1.2.1. Render healthcare services stipulated in PhilHealth Circular No. 2023-____ as listed in Annex A.1: List of Services under the PhilHealth Konsulta with SDG-Related Benefits Package to its registered Konsulta members.

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- 1.2.2. Maintain a high level of service satisfaction among registered beneficiaries as evidenced by results of patient feedback or satisfaction surveys.
- 1.2.3. Treat registered beneficiaries with utmost courtesy and respect, assist them in availing **PHILHEALTH** benefits, and provide them with accurate information on **PHILHEALTH** policies and guidelines in all facilities/providers within the network.
- 1.2.4. Establish and institutionalize a functional referral system, which shall ensure that **PHILHEALTH** member-patients are initially managed by competent health workers in the PhilHealth Konsulta with SDG or the primary care facility prior to being referred to APCPs or any other PhilHealth-accredited health facilities within or, if necessary, outside the network of providers.
- 1.2.5. Ensure portability and availability of all PhilHealth Konsulta with SDG-related services to all **PHILHEALTH** members and dependents within its network of providers.

1.3. Assurance of service delivery capacity of affiliate providers.

The **K+SDG PROVIDER** guarantees that:

- 1.3.1. Its affiliate providers (facilities and professionals) are collectively capable of managing all beneficiaries registered with the K+SDG Provider and shall deliver services within acceptable standards of care (e.g., clinical practice guidelines) and follow appropriate referral pathways.
- 1.3.2. All its affiliate health care providers/workers, as applicable, have the required competencies and possess proper credentials and certifications, and are given appropriate compensation/privileges in accordance with its policies and procedures.

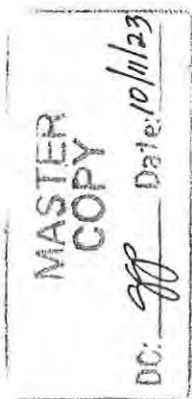
1.4. Assurance of frontloaded payment to affiliate member providers.

The **K+SDG PROVIDER** ensures that provider agreements itself and APCPs shall specify a prompt payment requirement, the terms and conditions of which are developed and agreed to by the **K+SDG PROVIDER** with its APCPs.

1.5. Maintenance of a management information system.

The **K+SDG PROVIDER** ensures that:

- 1.5.1. The **K+SDG PROVIDER** maintains an updated registry of all its beneficiaries (including newborns) and a database of all services rendered (such as, but not limited to, drugs, labs, auxiliary services, and professional fees), which shall be made available to the **NETWORK** and **PHILHEALTH** or any of its authorized personnel upon request.
- 1.5.2. The **K+SDG PROVIDER** maintains an updated registry of all health workers (e.g., navigators, physicians, nurses, midwives, dentists) including their fields of practice, PRC licenses, DOH Certifications, official email addresses, and mobile phone numbers,



which shall be made available to the **NETWORK** and **PHILHEALTH** upon request.

- 1.5.3. True and accurate data are electronically encoded to update patients' electronic medical records and within the information systems of all APCPs, to include all health-related information such as laboratory/diagnostic examinations, medications/drugs, and supplies used in the care of the patient, which shall be made available to the **NETWORK** and **PHILHEALTH** through the Health Information Exchange.
- 1.5.4. It shall only transmit true and legitimate records and reports, comply with the period of submission, and follow the report format as prescribed in **PHILHEALTH** Circulars.

1.6. Compliance with pertinent laws/policies and miscellaneous provisions and full cooperation during regular surveys/administrative investigations/ domiciliary visits.

The **K+SDG PROVIDER** commits that:

- 1.6.1. As responsible manager(s) and/or owner(s) of the **K+SDG PROVIDER**, the **K+SDG PROVIDER** as the chief facility among the providers within the PCPN, the representatives of the **K+SDG PROVIDER**, and the **K+SDG PROVIDER'S** affiliate facilities, shall be jointly and severally liable for all violations committed against the provisions of R.A. No. 7875, as amended, and RA. No. 11223 (UHC Act) including its Implementing Rules and Regulations (IRR) and **PHILHEALTH** policies issued pursuant thereto.
- 1.6.2. It shall promptly inform the **NETWORK** prior to any change in the ownership and/or management of the PCPN or any of its member providers and shall wait for the acknowledgement and approval prior to any changes.
- 1.6.3. Any change in ownership and/or management of the K+SDG Provider or any of the affiliate healthcare facilities listed under the PCPN Facilities and Respective Services shall immediately be notified to the **NETWORK** within ten (10) working days, and shall not operate to exempt the owner and/or manager when the offense was committed from liabilities for violations of R.A. No. 7875, as amended, and its IRR and policies.
- 1.6.4. It shall maintain active membership in the NHIP as an employer (as applicable) during the entire validity of its contract with the **NETWORK** as a **K+SDG PROVIDER**.
- 1.6.5. It shall abide by all the implementing rules and regulations, memorandum circulars, special orders, advisories, and other administrative issuances by **PHILHEALTH** affecting the totality or part of the functions of a PCPN.
- 1.6.6. It shall abide by all administrative orders, circulars and other policies, rules, and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of a **K+SDG PROVIDER** engaged by **PHILHEALTH**.

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- 1.6.7. It shall adhere to pertinent statutory laws affecting the operations of a PCPN including, but not limited to, the Senior Citizens Act (R.A. 10645), the Breastfeeding Act (R.A. 7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921), the Magna Carta for Disabled Persons (R.A. 9442), and all other laws, rules, and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.
- 1.6.8. It shall promptly submit reports as may be required by the **NETWORK, PHILHEALTH**, DOH, and all other government agencies and instrumentalities governing the operations of the networks.
- 1.6.9. It shall extend full cooperation with duly recognized authorities of **NETWORK, PHILHEALTH**, and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by the **NETWORK and PHILHEALTH** relative to any findings, adverse reports, pattern of utilization, and/or any other acts indicative of any illegal, irregular, and/or unethical practices in its operations as the contracted primary care provider of the NHIP that may be prejudicial or tend to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; provided that the **K+SDG PROVIDER'S** rights to private ownership, if applicable, and privacy are respected at all times.
- 1.6.10. It shall ensure that its officers, employees, and personnel extend full cooperation and due courtesy to all **PHILHEALTH** and Commission on Audit (COA) officers, employees, and staff during the conduct of assessment/visitation/investigation/monitoring of its operations as contracted health care providers of the NHIP.
- 1.6.11. It shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in its patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims it submitted to the **NETWORK and PHILHEALTH**, unless proven to be a palpable mistake or excusable error.
- 1.6.12. It shall comply with the **NETWORK's** and **PHILHEALTH's** summons, subpoenas, subpoena 'duces tecum', and other legal or quality assurance processes and requirements.
- 1.6.13. It shall recognize the authority of the **NETWORK and PHILHEALTH**, their officers and personnel and/or their duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of its privilege and conduct of our operations as an accredited network of the NHIP.
- 1.6.14. It shall comply with the **NETWORK and PHILHEALTH's** corrective actions given after monitoring activities within the prescribed period.
- 1.6.15. It shall agree to return 100% of the overpayment of capitation or any disbursed fund.



- 1.6.16. It shall protect the NHIP against abuse, violation, and/or over-utilization of its funds and not allow itself or any of its member providers to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.
- 1.6.17. It shall not directly or indirectly engage in any form of unethical nor improper practices as contracted health care providers such as, but not limited to, solicitation of patients for purposes of compensability under the NHIP, the purpose and/or the end consideration of which tends to be unnecessary financial gain rather than promotion of the NHIP.
- 1.6.18. It shall immediately report to the **NETWORK**, its officers, and/or to any of its personnel, any act of illegal, improper, and/or unethical practices of networks and health care institutions of the NHIP that may have come to its knowledge directly or indirectly.
- 1.6.19. It shall recognize **NETWORK**'s authority to suspend release of payments under the following circumstances, but not limited to: (a) during the period of its non-contracted status as a result of suspension of contract, etc.; (b) loss of license for certain services that results to lack of access to these services; and (c) when **PHILHEALTH** members and their dependents were made to pay for healthcare services provided within the context of the PCPN, except for the annual one-time payment of the fixed co-pay in private PhilHealth Konsulta facilities
- 1.6.20. It shall recognize **PHILHEALTH**'s authority, after due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate, and/or revoke the **NETWORK**'s privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the contract for any violation of any provision of this Service Agreement and of R.A. 7875, as amended, and its IRR.

2. NETWORK'S OBLIGATIONS

- 2.1. For and in consideration of the PhilHealth Konsulta with SDG-related services rendered to its registered members, the **NETWORK** shall pay the maximum contract amount to the **K+SDG PROVIDER** amounting to **[AMOUNT IN WORDS] (Php _____)**, inclusive of all applicable taxes, upon being contracted as the health care provider for the [name of province/city].
- 2.1.1. The **NETWORK** shall pay the **K+SDG PROVIDER** with the corresponding schedule of payment and conditions for payment releases specified in the payment schedule stated in "Annex J: Benefit Payment for PhilHealth Konsulta with SDG-Related Benefits Package" of PhilHealth Circular No. 2023-____ or the Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package
- 2.1.2. The **NETWORK** shall be responsible for computing the money value of the tranche payments based on the services provided and accomplishment of the annual performance targets of the PCPN.



- 2.1.3. The **NETWORK** shall process appeals for payment for registered beneficiaries in excess of [number of beneficiaries used in calculating the contract amount], provided that all required documents are submitted.
- 2.2. The **NETWORK** shall ensure the timely release of first tranche payments to the **K+SDG PROVIDER** not later than the first fifteen (15) working days of facility operation and following the payment schedule prescribed in the guidelines for the other tranches.
- 2.3. The **NETWORK** shall address the concerns of the **K+SDG PROVIDER** and issue clarifications as needed to facilitate benefit implementation.
- 2.4. The **NETWORK** shall provide the **K+SDG PROVIDER** with regular updates and orientation on **PHILHEALTH** policies and guidelines.
- 2.5. The **NETWORK** shall assist the **K+SDG PROVIDER** to ensure interoperability and connectivity with **PHILHEALTH** databases to support innovations and initiatives.
- 2.6. The **NETWORK** shall conduct scheduled and/or random on-site or virtual validation visits to observe the actual implementation of the innovation. The **NETWORK** shall provide the results of the monitoring and assessment to the **K+SDG PROVIDER** fifteen (15) days after the conduct of the assessment.

3. AMENDMENTS AND MODIFICATIONS

No amendment or modification of any of the terms and conditions of this Agreement shall be valid unless evidenced by a written agreement executed by the authorized representatives of both **Parties**.

4. EFFECTIVE DATE

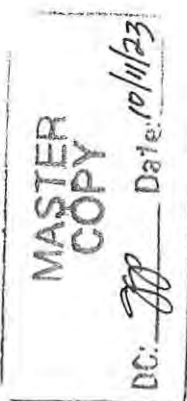
This Agreement shall become effective upon the signing of all the **Parties** to the agreement. The Agreement shall remain binding until terminated pursuant to the termination provisions of this Agreement.

5. TERM AND TERMINATION

The Term of this Agreement shall be valid from _____ to _____.

The **Parties** may agree to pre-terminate this Agreement prior to its expiration in the event of:

- Abuse in the operations of the **K+SDG PROVIDER**,
- Fraud committed by the **K+SDG PROVIDER**,
- Request from the **K+SDG PROVIDER** to pre-terminate the implementation due to unsustainable and/or unfeasible benefit implementation



All pre-terminations shall be subject to a 30-day prior notice, except when a shorter period is agreed upon by the **Parties**.

6. SEPARABILITY CLAUSE

If any part of this Agreement is declared unenforceable or void, the rest of the Agreement shall nevertheless remain in full force and effect.

7. ASSIGNABILITY

No assignment of rights, duties, or obligations under this Agreement shall be made by either **Party** without the prior written approval of the other **Party**.

8. WAIVER

Neither the failure nor any delay on the part of either **Party** to exercise any right, power, or privilege hereunder shall operate as a waiver.

9. PROPRIETARY INFORMATION

The **Parties** agree that the terms and conditions of this Agreement and its Attachments are proprietary, and agree to take all reasonable precautions to prevent the unauthorized disclosure of the terms.

10. NON- DISCLOSURE AGREEMENT (NDA)

The **K+SDG PROVIDER** shall comply with the submission of the NDA to the **NETWORK** in compliance with the Data Privacy Law and rules.

11. EXCLUSIVE AGREEMENT

The provision of the **NETWORK** to provide PhilHealth Konsulta with SDG-related services requires the PhilHealth Konsulta SDG provider to be a chief facility in only one primary care provider network (PCPN).

12. GOVERNING LAW AND VENUE OF ACTION

This Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines and all PhilHealth circulars and issuances on the PhilHealth Konsulta with SDG-Related Benefits Package (PhilHealth Circular No. 2023-____) shall form an integral part of this Agreement. Venue of all actions arising from this Agreement shall be brought exclusively to the jurisdiction of the appropriate courts of the Philippines, without prejudice to the settlement of dispute through amicable settlement or alternative dispute resolution mechanisms under existing laws.

13. ENTIRE AGREEMENT

Both **Parties** acknowledge that this Agreement and its Attachments constitute the entire agreement between them and shall completely supersede

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all other prior understandings, previous communications or contracts, oral or written, between the **Parties** relating to the subject matter hereof.

Governor/Mayor _____
LGU _____

Representative of the K+SDG PROVIDER _____
Provider Name _____

WITNESSES:

IN WITNESS WHEREOF, the **Parties** hereto have caused these presents to be signed this _____ day of _____ at the _____, _____, Philippines.

Doc No. _____
Page No. _____
Book No. _____
Series of _____



**Annex C: Template SLA Between the
K+SDG Provider and APCP**

Republic of the Philippines) s.s.

Contract No. _____

SERVICE LEVEL AGREEMENT

KNOW ALL MEN BY THESE PRESENT:

This Agreement made and entered into by and between:

[PHILHEALTH KONSULTA WITH SDG PROVIDER NAME] a primary care facility or rural health unit with a license to operate from the Department of Health with License No. _____, issued on *[insert Date]*, and existing under the laws of the Republic of the Philippines, with principal address at *[insert Address]* represented herein by its *[insert Position of Representative]*, *[insert NAME]*, (hereinafter called "**K+SDG PROVIDER**")

-and-

[AFFILIATE PRIMARY CARE PROVIDER NAME] a healthcare facility with a license to operate or certification from the *[insert certifying agency]* issued on *[insert Date]*, providing ancillary services for the **K+SDG PROVIDER**, and existing under the laws of the Republic of the Philippines, with principal address at *[insert Address]* represented herein by its *[insert Position of Representative]*, *[insert NAME]*, (hereinafter called "**AFFILIATE FACILITY**")

(each a "**Party**", and collectively, the "**Parties**").

WITNESSETH THAT:

WHEREAS, in response to the need to implement reforms stipulated in R.A. No. 11223 or the Universal Health Care (UHC) Act and as an initial step towards adopting a comprehensive approach to delivering primary care, the **Philippine Health Insurance Corporation (PHILHEALTH)** has committed to expand the primary care benefit to cover all Filipinos through the issuance of PhilHealth Circular (PC) No. 2022-0005, which prescribes the implementation of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) benefit package;

WHEREAS, **PHILHEALTH** has published PC No. _____ or the Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package which details the scope, policies, and mechanisms by which **PHILHEALTH** shall provide coverage for an integrated primary care package infused with select SDG-related services to provide a more comprehensive set of outpatient health services for its members;

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WHEREAS, the UHC Act requires **PHILHEALTH** to endeavor to contract public, private, or mixed health care provider networks for the delivery of individual-based health services;

WHEREAS, the UHC Act requires the Department of Health (DOH), **PHILHEALTH**, and the local government units (LGUs) to endeavor to provide a healthcare delivery system that shall afford every Filipino a primary care provider that would act as the navigator, coordinator, and initial and continuing point of contact in the healthcare delivery system;

WHEREAS, the **K+SDG PROVIDER** refers to the health facility that primarily delivers primary care services for the PhilHealth Konsulta with SDG-Related Benefits Package of PhilHealth and is duly-licensed by DOH;

WHEREAS, the **K+SDG PROVIDER** shall act as chief facility within the provider network, ensuring patient navigation, first-contact, continuing, and comprehensive care for all persons who are either diagnosed or undiagnosed, presenting with any health concern;

WHEREAS, the **K+SDG PROVIDER** shall ensure all health services outlined in the implementing guidelines of PhilHealth Konsulta with SDG-Related Benefits Package are made available and accessible within their own facility or through the affiliate primary care providers for those beyond its capacity;

WHEREAS, the **Affiliate Primary Care Provider (APCP) or the AFFILIATE FACILITY** refers to the provider of ancillary health care services to support the service delivery of the **K+SDG PROVIDER**;

WHEREAS, the **AFFILIATE FACILITY** is a licensed or certified healthcare facility with defined and specific competencies, organized to deliver specific services in a coordinated and integrated manner with the **K+SDG PROVIDER**;

WHEREAS, the **AFFILIATE FACILITY** is willing to participate in the implementation of the integrated PhilHealth Konsulta with SDG-Related Benefits Package by providing ancillary services listed in this Agreement which are within the PhilHealth Konsulta with SDG-Related Benefits Package;

WHEREAS, the DOH Administrative Order No. 2020-0047 or the "Rules and Regulations Governing the Licensure of Primary Care Facilities in the Philippines", states that ancillary services may be outsourced with DOH or FDA-licensed facilities;

WHEREAS, both parties have agreed that the **AFFILIATE FACILITY** shall provide services to the patients referred/or prescribed by the **K+SDG PROVIDER**.

NOW THEREFORE, for and in consideration of the foregoing premises, and of the mutual covenants and stipulations hereinafter set forth, the **Parties** hereby agree, and by these presents, bind themselves, to wit:

I. SERVICES OF THE AFFILIATE FACILITY (Negotiable)

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1. The **AFFILIATE FACILITY** is a duly-licensed and/or certified healthcare facility with Agreement to the **K+SDG PROVIDER** to perform ancillary services related to the PhilHealth Konsulta with SDG-Related Benefits Package.

Specifically, the services to be provided are as follows:

[Check the applicable set of health services being contracted for]

☐ **CLINICAL LABORATORY (ALL)**

CBC with platelet count
Urinalysis
Fecalalysis
Sputum Microscopy
Fecal Occult Blood Test
Pap smear
HbA1C
Fasting Blood Sugar
Oral Glucose Tolerance Test
12-Lead ECG
Chest X-ray (all views)
Serum Creatinine
Lipid Profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides)

☐ **LABORATORY**

CBC with platelet count
Urinalysis
Fecalalysis
Sputum Microscopy
Fecal Occult Blood Test
Pap smear
HbA1C
Fasting Blood Sugar
Oral Glucose Tolerance Test
Serum Creatinine
Lipid Profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides)

☐ **12-L ECG**

12-Lead ECG

☐ **Chest Radiograph**

Chest X-ray (all views)

☐ **TUBERCULOSIS**

Consultation
Health Counseling and Education
Contact Tracing
Rapid Diagnostic Test
1. Xpert MTB RIF
Treatment Regimen

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1. Rifampicin + Isoniazid
2. Rifampicin + Isoniazid + Ethambutol + Pyrazinamide
3. Isoniazid

Directly Observed Therapy and follow-up

☐ **HIV/AIDS**

Consultation

Health Counseling and Education

Opportunistic Screening:

1. HIV RDT-1
2. Hepatitis B surface antigen

Rapid Diagnostic Tests

1. Sysmex HISCL HIV Ag+Ab Assay Kit
2. Alere Determine HIV 1/2
3. Geenius HIV 1/2 Confirmatory Assay Kit

Treatment Regimen

1. Tenofovir
2. Lamivudine
3. Dolutegravir
4. Efavirenz
5. Rilpivirine
6. Abacavir
7. Lopinavir+Ritonavir
8. Zidovudine
9. Nevirapine

Other Laboratories

1. HIV viral load test (Nucleic Acid Test / NAT)
2. Drug resistance test to HIV antiretroviral therapy (ART)
3. CD4 Count or T-cell test

Follow-up and SMS Messaging

☐ **MALARIA**

Consultation

Health Counseling and Education

Malaria Combo RDT Test Kit

Treatment Regimen

1. Artemether + Lumefantrine

☐ **ANIMAL BITE/RABIES**

Consultation

Health Counseling and Education

Treatment Regimen

1. Rabies Vaccine (PVRV)
2. Rabies Immune Globulin



3. Tetanus toxoid
4. Anti-tetanus serum (ATS)

II. RESPONSIBILITIES OF PHILHEALTH KONSULTA WITH SDG PROVIDER

1. Render medical consultations to patients and exhaust all possible services within its capacity prior to referral;
2. Ensure that PhilHealth Konsulta with SDG-related services are made available to a **maximum of _____ (number) of PhilHealth Konsulta with SDG beneficiaries**, considering its maximum absorptive capacity of 20,000 per physician, for the entire PCPN;
3. Maintain a high level of service satisfaction among referred beneficiaries as evidenced by results of patient feedback or satisfaction survey;
4. Treat referred beneficiaries with utmost courtesy and respect, assist them in availing benefits, and provide them with accurate information;
5. Comply with PhilHealth Circular (PC) No. _____ or the Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package;
6. Comply with DOH and PhilHealth standards and rules in the provision of the committed services;
7. Comply with the prescribed referral mechanisms and ensure an operational and complete referral network as lead provider;
8. Provide a signed request to patients needing radiologic and/or clinical laboratory tests to patients;
9. Maintain an updated registry of all its PhilHealth Konsulta with SDG beneficiaries (including newborns) and a database of all services rendered (such as, but not limited to, drugs, labs, auxiliary services, and professional fees);
10. Encode true and accurate data and share access in accordance with R.A. No. 10173 or the Data Privacy Act of 2012;
11. Provide updates to the **AFFILIATE FACILITY** for related concerns within this Agreement;
12. Shall develop payment terms and agreements with the **AFFILIATE FACILITY**, to be attached with this Agreement, including the schedule and conditions, and ensure timely and accurate payment for the services provided of referred patients.

III. RESPONSIBILITIES OF AFFILIATE FACILITY

1. Provide quality services as agreed upon and listed within this Agreement to a maximum ;
2. Provide the necessary and appropriate health services to a **maximum of _____ (number) of PhilHealth Konsulta with SDG beneficiaries**;
3. Render healthcare services aligned with the clinical practice guidelines and follow appropriate referral pathways;
4. Maintain a high level of service satisfaction among referred beneficiaries as evidenced by results of patient feedback or satisfaction survey;
5. Treat referred beneficiaries with utmost courtesy and respect, assist them in availing benefits, and provide them with accurate information;

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6. Comply with PhilHealth Circular (PC) No. _____ or the Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package;
7. Comply with DOH and PhilHealth standards and rules in the provision of the committed services;
8. Under this Agreement, accept PhilHealth Konsulta with SDG beneficiaries that were duly referred to by the **K+SDG PROVIDER**. Therefore, patients not duly referred will be treated as individual and direct clients of the **AFFILIATE FACILITY** and shall not be paid by the **K+SDG PROVIDER**;
9. Give due notice to the Healthcare Provider Network (HCPN) and the **K+SDG PROVIDER** if any service is not available;
10. Maintain an updated registry of all its beneficiaries (including newborns) and a database of all services rendered (such as, but not limited to, drugs, labs, auxiliary services, and professional fees);
11. Encode true and accurate data and share access in accordance with R.A. No. 10173 or the Data Privacy Act of 2012;
12. Shall not charge and demand any form of payment from referred patients by the **K+SDG PROVIDER**; and,
13. Shall be paid based on the agreed amount under the **PAYMENT AGREEMENTS**.

IV. PAYMENT TERMS (Negotiable)

1. Payment for the services rendered by the **AFFILIATE FACILITY** shall follow:
*[Enumerate payment terms amenable to both **Parties**]*
2. Payment terms enlisted are agreed upon by both **Parties** signed into this agreement.
3. Financial and accounting matters shall be subjected to the usual auditing rules of both facilities.

V. AMENDMENTS AND MODIFICATIONS

No amendment or modification on any of the terms and conditions of this Agreement shall be valid unless evidenced by a written agreement executed by the authorized representatives of both **Parties**.

VI. EFFECTIVE DATE

This Agreement shall become effective upon the signing of all the **Parties** to the agreement. The Agreement shall remain binding until terminated pursuant to the termination provisions of this Agreement.

VII. TERM AND TERMINATION (Negotiable)

The Term of this Agreement shall be valid from _____ to _____ **(December 31st of the same calendar year)**.

The **Parties** may agree to pre-terminate this Agreement prior to its expiration in the event of:

- Abuse in the operations of the **AFFILIATE FACILITY**,

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- Fraud committed by the **AFFILIATE FACILITY**,
- Request from the **AFFILIATE FACILITY** to pre-terminate the implementation due to unsustainable and/or unfeasible benefit implementation

All pre-terminations shall be subject to a 30-day prior notice, except when a shorter period is agreed upon by the **Parties**.

VIII. SEPARABILITY CLAUSE

If any part of this Agreement is declared unenforceable or void, the rest of the Agreement shall nevertheless remain in full force and effect.

IX. ASSIGNABILITY

No assignment of rights, duties, or obligations under this Agreement shall be made by either **Party** without the prior written approval of the other **Party**.

X. WAIVER

Neither the failure nor any delay on the part of either **Party** to exercise any right, power, or privilege hereunder shall operate as a waiver.

XI. PROPRIETARY INFORMATION

The **Parties** agree that the terms and conditions of this Agreement and its Attachments are proprietary, and agree to take all reasonable precautions to prevent the unauthorized disclosure of the terms.

XII. NON- DISCLOSURE AGREEMENT (NDA)

The **AFFILIATE FACILITY** shall comply with the submission of the NDA to the **K+SDG PROVIDER and its Managing Board** in compliance with the Data Privacy Law and rules.

XIII. GOVERNING LAW AND VENUE OF ACTION

This Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines and all PhilHealth circulars and issuances on the PhilHealth Konsulta with SDG-Related Benefits Package (PhilHealth Circular No. _____) shall form an integral part of this Agreement. Venue of all actions arising from this Agreement shall be brought exclusively to the jurisdiction of the appropriate courts of the Philippines, without prejudice to the settlement of dispute through amicable settlement or alternative dispute resolution mechanisms under existing laws.

XIV. ENTIRE AGREEMENT

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Both **Parties** acknowledge that this Agreement and its Attachments constitute the entire agreement between them and shall completely supersede all other prior understandings, previous communications or contracts, oral or written, between the **Parties** relating to the subject matter hereof.

Representative of the K+SDG Provider

Representative of the Affiliate Facility

Provider Name _____

Facility Name _____

WITNESSES:

IN WITNESS WHEREOF, the **Parties** hereto have caused these presents to be signed this _____ day of _____ at the _____, _____, Philippines.

Doc No. _____

Page No. _____

Book No. _____

Series of _____



Annex D: Information System Requirements and Specifications

Laptop/Desktop

Item	Recommended	Minimum
Operating System	Windows 10 or higher	Windows 2008/Vista
Web Browser	No Recommendation	The latest release of each of the latest two supported major versions of: - Google Chrome - Firefox - Safari - Microsoft Edge - Opera
Memory	16GB or higher	8GB
Bandwidth	5 megabits per second or higher	Not less than 3 megabits per second

Smartphones

Item	Recommended	Minimum
Operating System	Android 5.1 (Lollipop) or higher, iOS 16 or higher	Android 4.4, iOS 11
Web Browser	No Recommendation	The latest release of each of the latest two supported major versions of: - Google Chrome - Firefox - Safari - Microsoft Edge - Opera
Memory	8GB or higher	Not less than 4GB
Bandwidth	5 megabits per second or higher	Not less than 3 megabits per second

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Annex E: Self Assessment Tool for Service Delivery of K+SDG Providers

Name of K+SDG Provider: _____

Address: _____

Ownership of Primary Care Facility: ☐ **Government** ☐ **Private**

Date of Assessment: _____

I. Accreditation Requirements

**Failure to provide even one (1) of the requirements should result in selecting "No."*

Accreditation Requirements	Applicant		PRO (Surveyor)		Remarks
	Yes	No	Yes	No	
Completed Documentary Requirements of Primary Care Facility: <ol style="list-style-type: none"> 1. Provider Data Record 2. Notarized Performance Commitment 3. Completed Self-Assessment Tool 4. Payment Receipt of Accreditation Fee (PhP 2,000.00) 5. Certified true copy of LTO from the DOH 6. Non-disclosure agreement of healthcare professionals 7. Proof of Accreditation for Medical Director or Head of Facility <ul style="list-style-type: none"> • If the medical director or head of facility is not yet accredited, an application for PhilHealth accreditation should be submitted 					

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<p>along with the application of the health facility.</p> <p>8. For health facilities owned by partnerships and/or corporations: Articles of Incorporation and updated General Information Sheet (GIS)</p>					
<p>Completed Documentary Requirements for <u>ALL</u> Affiliate Primary Care Providers <i>(1-3 for clinical laboratories, 1 for TB providers, 1 for HIV/AIDS providers, 1 for malaria providers, 1 for animal bite providers):</i></p> <ol style="list-style-type: none"> 1. Notarized Service-Level Agreement between PhilHealth Konsulta with SDG Provider and APCPs 2. Non-disclosure agreement of facility staff 3. Certification Documents of APCP 4. For health facilities owned by partnerships and/or corporations: Articles of Incorporation and updated General Information Sheet (GIS) 					
<p>Engaged facility to provide all clinical laboratory services:</p> <ol style="list-style-type: none"> 1. CBC with platelet count 2. Urinalysis 3. Fecalalysis 4. Sputum Microscopy 5. Fecal Occult Blood Test 6. Pap smear 7. HbA1C 8. Fasting Blood Sugar 9. Oral Glucose Tolerance Test 10. 12-Lead ECG 11. Chest X-ray (all views) 					

12. Serum Creatinine
13. Lipid Profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides)

Engaged facility to provide all tuberculosis-related services:

1. Consultation
2. Health Counseling and Education
3. Contact Tracing
4. Rapid Diagnostic Test
 - a. Xpert MTB RIF
5. Treatment Regimen
 - a. Rifampicin + Isoniazid
 - b. Rifampicin + Isoniazid + Ethambutol + Pyrazinamide
 - c. Isoniazid
6. Directly Observed Therapy and follow-up

Engaged facility to provide all HIV/AIDS-related services:

1. Consultation
2. Health Counseling and Education
3. Opportunistic Screening:
 - a. HIV RDT-1
 - b. Hepatitis B surface antigen
4. Rapid Diagnostic Tests
 - a. Sysmex HISCL HIV Ag+Ab Assay Kit
 - b. Alere Determine HIV 1/2
 - c. Geenius HIV 1/2 Confirmatory Assay Kit
5. Treatment Regimen
 - a. Tenofovir
 - b. Lamivudine

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- c. Dolutegravir
- d. Efavirenz
- e. Rilpivirine
- f. Abacavir
- g. Lopinavir+Ritonavir
- h. Zidovudine
- i. Nevirapine
- 6. Other Laboratories
 - a. HIV viral load test (Nucleic Acid Test / NAT)
 - b. Drug resistance test to HIV antiretroviral therapy (ART)
 - c. CD4 Count or T-cell test
- 7. Follow-up and SMS Messaging

Engaged facility to provide all malaria-related services:

- 1. Consultation
- 2. Health Counseling and Education
- 3. Malaria Combo RDT Test Kit
- 4. Treatment Regimen
 - a. Artemether + Lumefantrine

Engaged facility to provide all animal bite/rabies-related services:

- 1. Consultation
- 2. Health Counseling and Education
- 3. Treatment Regimen
 - a. Rabies Vaccine (PVRV)
 - b. Rabies Immune Globulin
 - c. Tetanus toxoid
 - d. Anti-tetanus serum (ATS)

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II. Health Care Providers:

To include all health facilities for the PhilHealth Konsulta with SDG-Related Benefits Package

Name of Facility	Type of Facility	Services (eg. Laboratory, Tuberculosis, HIV-AIDS)	License/Certification Number (Referencing Annex F: Certification Documents for Affiliate Primary Care Providers)	Validity	Availability of PhilHealth-Certified Information System for Konsulta+SDG (Y/N)

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III. Health Care Providers:

To include all health facilities for the PhilHealth Konsulta with SDG-Related Benefits Package

Name	Date of Birth	Sex	PRC Number (if applicable)	Validity	Name of Facility	Role in Facility

I hereby certify that all information given is based on the records of the applicant K+SDG Provider.

Representative of the K+SDG Provider

Date Signed

Position of Representative

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Annex F: Certification Documents for APCP

Facility Type	DOH-License to Operate	DOH- Certificate	Others
Animal Bite Treatment Centers	Not required	Required	N/A
Clinical Laboratories	Required	Not required	N/A
Outpatient HIV-AIDS Treatment Centers	Not required	Required	N/A
Outpatient Malaria Package Provider	Not required	Not required	Certificate of Training in Malaria Management of a health facility staff issued by the DOH or the DOH-Center for Health Development.
Pharmacy	Not required	Not required	Requirements as specified in the Implementing Guidelines for the Outpatient Drug Benefit Package
Primary Care Facility	Required	Not required	Accredited by PhilHealth
TB DOTS Facilities	Not required	Required	N/A

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Annex G: Informed Consent Form

INFORMED CONSENT FORM

I, _____, with a mailing address
(Name of beneficiary)
of _____ and PhilHealth Identification Number
(PIN) _____ grant permission and give my consent
to _____ for the use of my personal information and
(Name of Primary Care Provider Network)
photo as one of the requirements in the availment of PhilHealth Konsulta with
SDG-Related Benefits Package.

My registration and participation in the PhilHealth Konsulta with SDG-Related Benefits Package is completely voluntary and I have had the opportunity to ask questions pertaining to the benefit and all were answered accordingly.

I am fully aware that the photo and other data solicited from me during the registration and/or consultation will be used for purposes related to Konsulta+SDG implementation such as, but not limited to, benefit availment, monitoring and evaluation, and provider payment. All information obtained will be treated with confidentiality following rules stipulated within Republic Act No. 10173, otherwise known as the Data Privacy Act.

Further, by signing below, I hereby authorize the provider network to save my information and photograph.

Name of Beneficiary

Signature

Date

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Annex H: Service Referral Form

Service Referral Form

PhilHealth Konsulta with SDG-Related Benefits Package

PhilHealth Konsulta with SDG Facility:

Transaction No.: _____ Date of Referral: _____

Patient Name: _____ Age: _____ Sex: _____

PIN: _____ Contact No.: _____

***To be filled out by the primary care provider:**

Service Referral Request			
Referred Service Requested	Facility Name/Type	Date of Referred Service Availment (mm/dd/yyyy)	Performed by (Initials of HCP/PCP/ Technician)
Example: 1. Laboratories CBC with PC, Sodium, and Fecalysis	Clinical Laboratory	02/01/2024	JDC
2.			

Expected Follow-up at K+SDG Provider:

Name and Signature of the Primary Care Provider:

****Service Referral Form – evidence of referral for availment of services by the eligible beneficiary outside of the PhilHealth Konsulta with SDG facility but within the same Primary Care Provider Network.**

Annex I.1: Service Availment Slip (SAS)

Service Availment Slip

PhilHealth Konsulta with SDG-Related Benefits Package

PhilHealth Konsulta with SDG or Affiliate Facility:

Patient Name: _____ Age: _____ Sex: _____

PIN: _____ Contact No.: _____

***To be filled out by the facility:**

Services Provided			
Service / Diagnostics	Performed (✓) Not Performed (X)	Date Performed (mm/dd/yyyy)	Performed by (Initials of HCP/Technician)
Example: 1. Consultation	✓	02/01/2024	JDC
2.			

Medications Provided				
Name	Medicine Strength / Form / Volume	Route	Quantity Dispensed	Date Dispensed (mm/dd/yyyy)
Example: 1. Tetanus toxoid	150 IU/mL, 2 mL ampoule	Intramuscular	1 ampoule	02/01/2024
2.				
3.				
4.				
5.				

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Medications Provided				
Name	Medicine Strength / Form / Volume	Route	Quantity Dispensed	Date Dispensed (mm/dd/yyyy)
Name and Signature of the Prescribing Physician: _____			License No.: _____	
Name and Signature of the Dispensing Personnel: _____			Name of Dispensing Facility: _____	

***To be filled out by the beneficiary:**

1. Did you receive the above-mentioned essential services? ☐ Yes ☐ No
2. Did you receive the above-mentioned medications? ☐ Yes ☐ No ☐ Not Applicable

Comments/Suggestions/Complaints:

Under the penalty of law, I attest that the information I have provided in this slip is true and accurate. Further, I agree that I may be contacted by PhilHealth for the sole purpose of verification of this transaction.

Signature over Printed Name of Beneficiary

**** Service Availment Slip (SAS) – evidence of availment of services by the eligible beneficiary. This will be generated by the health facility for every patient encounter, and to be submitted to PhilHealth.**

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Annex I.2: GAMOT Prescription Template



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City

(02) 8441-7442 www.philhealth.gov.ph

PhilHealthOfficial teamphilhealth

PhilHealth GAMOT Prescription

Date: _____

UPSC: _____

Name: _____ Age: _____ Sex: _____

Address: _____

PhilHealth Identification Number: _____

Diagnosis: _____

Rx

Medication #1: (Generic Name), (Dosage Strength), (Dosage Form),
(Quantity)
(Intake Instructions)

Medication #2: (Generic Name), (Dosage Strength), (Dosage Form),
(Quantity)
(Intake Instructions)

Medication #3: (Generic Name), (Dosage Strength), (Dosage Form),
(Quantity)
(Intake Instructions)

Follow-up Date: _____ (As applicable)

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SIGNATURE

(Physician Name)

(Physician License Number)

Annex J: Benefit Payment for PhilHealth Konsulta with SDG-Related Benefits Package

Payment to K+SDG Providers will be based on three components: Capitation, Case-Based, and Pay-for-Performance (P4P). Combination of these components will be spread out into four quarterly payment tranches: Q1 in January, Q2 in June, Q3 in September, and Q4 in December.

The Capitation component of the Konsulta with SDGs is at **PhP 900.00** per beneficiary while the P4P component is at **PhP 500.00**. As for the Case-Based component, the guidelines on payment for Malaria Outpatient Package (PhilHealth Circular No. 25, s-2008) will be followed, which is at **PhP 600.00**. Case-based payment will be based on actual utilization of packages for the corresponding period. The Benefit Payment Schedule is summarized in Table J.1.

Table J.1. Summary of Benefit Payment Schedule

Period	First Tranche	Second Tranche	Third Tranche	Fourth Tranche
Provider Payment Applicable	Capitation	Capitation Case-based	Capitation Case-based	Capitation Case-based Pay-for-Performance
Payout Period	Within the first fifteen (15) working days of facility operation	Within the 26th week of engagement	Within the 36th week of engagement	On the 56th week from engagement
Formulas	<u>CAPITATION</u> PhP 900 x 30% of Target Population	<u>CAPITATION</u> PhP 900 x (Number of MHRA beyond 30% of Target Population from January-June) <u>CASE-BASED</u> if applicable Case Rate for Malaria x Actual Benefit Utilization	<u>CAPITATION</u> PhP 900 x (Number of MHRA beyond 30% of Target Population done after June) <u>CASE-BASED</u> if applicable Case Rate for Malaria x Actual Benefit Utilization (from second tranche cut-off until third tranche cut-off)	<u>CAPITATION</u> PhP 900 x [(Total MHRA - 30% of Target Population) - Number of MHRA paid for starting from Second to Third Tranche]** **to account for liquidation of the front loaded amount for the first tranche and for the shortfall of the committed registrants <u>CASE-BASED</u> if applicable Case Rate for Malaria x Actual Benefit Utilization (from third tranche

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Period	First Tranche	Second Tranche	Third Tranche	Fourth Tranche
				cut-off until fourth tranche cut-off)
				P4P Performance Score x PhP 500 x Individuals who have undergone MHRA

First Payment: January (Q1)

The first payment in January will be based on the 30% of the Target Population. This payment is intended to register and assess individuals for MHRA and for the provider to initiate screening among its population. The payment is also intended to provide resources to the provider. First payment is calculated as follows:

First Payment = (Capitation Rate x 30% of Target Population)

For a provider with 10,000 target population,

$$\begin{aligned}\text{First Payment} &= \text{PhP } 900.00 \times 30\% (10,000) \\ &= \text{PhP } 2,700,000.00\end{aligned}$$

Second Payment: June (Q2)

Second payment is composed of two components: Capitation and Case-Based Payment:

$$\text{Second Payment} = \text{Capitation}_{Q2} + \text{Case Based Payment}_{Q2}$$

Capitation for the second payment will be based on the MHRAs registered in excess/short of the 30% target. This is calculated as follows:

Capitation_{Q2} = (Actual MHRA – 30% of Target Population) x Capitation Rate
For a provider with a target population of 10,000, any MHRA done beyond 3,000 (or 30% of Target Population) will be paid the capitation rate of PhP 900 per beneficiary. If total MHRA done until June is 4,000, capitation component of Second Payment will be estimated as follows:

$$\text{Capitation}_{Q2} = (4,000 - 3,000) \times \text{PhP}900 = \text{PhP } 900,000.$$

On the other hand, failure to meet the 30% target will result in deductions which will be computed by the fourth tranche.

As for the Case-Based payment component, this will be based on Malaria package use. Payment will be based on actual utilization of Outpatient Malaria Package with its rate at **PhP 600** per use:

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$$\text{Case Based Payment (CBP)}_{Q_2} = \text{Actual number of Malaria Outpatient Benefit Packages used} \times \text{Php } 600$$

Note that the period covered for case-based payment for the Second Payment is for January to June of the year.

Third Payment: September (Q3)

Payment in September follows the same rules as Second Payment, except that when estimating capitation and case-based payment for Q3, all additional registrants with MHRA and case management for Outpatient Malaria Package from the period of **July to September** will be accounted for.

$$\text{Third Payment} = \text{Capitation}_{Q_3} + \text{Case Based Payment}_{Q_3}$$

In the event that the provider still has a MHRA accomplishment shortfall by September and that the target number of MHRAs (30% of Target Population) is still not met, the provider will not receive payment for the Capitation component of the Third Payment but additional individuals to undergo MHRA shall reduce the deductions that will be calculated on the fourth payment.

Fourth Payment: December (Q4)

The capitation and case-based components of Fourth Payment follow the same rules as that of Second and Third Payment. Only new MHRA accomplishment and case management for Outpatient Malaria Package from **October to December** will be covered. As for the Pay-for-Performance (P4P) component, each provider will be paid based on their screening, treatment and efficiency performance for the entire year. Forth payment is calculated as follows:

Fourth Payment

$$= \text{Capitation}_{Q_4} + \text{Case Based Payment}_{Q_4} + \text{Pay for Performance}$$

On the other hand, failure to meet the 30% target will result in deductions in total payment. A shortfall of 500 registrations (i.e. only 2,500 with MHRA out of target 3,000 by June) will result in deductions from total Fourth Payment as follows:

$$\text{Capitation}_{Q_4} = (2,500 - 3,000) \times \text{Php } 900 = -\text{Php } 450,000.$$

A P4P rate of **Php 500** per capita (individuals who have undergone MHRA) will be provided based on the provider's Performance Score (to be discussed in Annex K). For this component,

$$\text{P4P} = (\text{P4P Rate} \times \text{Performance Score}) \times \text{individuals who have undergone MHRA.}$$

To illustrate, for a provider with a performance score of 80.0% and with 5,000 individuals who have undergone MHRA,

$$\text{P4P} = (\text{Php } 500 \times 80\%) \times 5,000 = \text{Php } 2,000,000.$$

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Annex K: Performance Indicators for PhilHealth Konsulta with SDG-Related Benefits Package

For the Pay-for-Performance component of the PhilHealth Konsulta with SDGs, the provider's Performance Score will be used to estimate payment based on their ability to meet national targets and other criteria for health service delivery. The performance score is a composite of different indicators used to assess performance on Registration, Screening, Treatment Initiation and Completion, and Health Service Delivery. These indicators and their calculation are summarized in Table K.1. The calculated score (%) for each criteria will be multiplied by the criteria weight, the total of which will be the provider's Performance Score.

Table K.1. Summary of Criteria and Targets for the Calculation of Performance Score

CRITERIA	TARGET	SCORE (%)	WEIGHT
Registration	MHRA > Registration Target** **30% of Target Population	Score will be based on proportionate share of excess MHRAs done relative to registration target: <ul style="list-style-type: none"> 0.25 if excess < 25% of registration target 0.50 if excess ≥ 25% and < 50% 0.75 if excess ≥ 50% and < 75% 1.0 if excess ≥ 75% 	10%
TB Tested	3.3% Nat'l Testing Rate	Total Tested for TB / (Testing Rate Target x Target Population)*	20%
TB Treatment Initiation	85% of TB-Notified	Total TB Treatment Initiated / (TB Treatment Initiation Target x Total DS-TB Notified)	5%
TB Treatment Completion	90% of TB Treatment Initiated	Total TB Treatment Completed / (TB Treatment Completion Target x Total TB Treatment Initiated)	10%
HIV/AIDS Screening	0.90% High Risk Pop	Total HIV High Risk Pop Screened / (Target High Risk Pop x Target Pop)	20%
HIV/AIDS Treatment	90% of Diagnosed PLHIV	Total PLHIV on ART / (ART Treatment Target for PLHIV x Diagnosed PLHIV)	15%
Hypertension	80% of diagnosed with controlled HPN	Score = 1.0 if >80% of diagnosed have controlled HPN, otherwise, Score = 0	10%
Diabetes Mellitus (DM)	<20% of eligible pop with FBS above normal	Score = 1.0 if <20% of total eligible for FBS have FBS above normal values, otherwise, Score = 0.	10%

*using GeneXpert

To illustrate, Table K.2 presents the provider's achievements and how this feeds into the Performance Score. The Score is multiplied by the criteria weight, and the overall performance score (last row) will be used to estimate the provider's P4P component of the Fourth Payment, as illustrated in **Annex J**.

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Table K.2. Sample provider's achievements and performance score calculation

CRITERIA	TARGET	ACHIEVEMENT	SCORE (0.0-1.0)	WEIGHT	PERFORMANCE SCORE (Score x Weight)
Registration	MHRA > Registration Target	1,250 excess MHRA out of target population $1,250 / 5,000 = 25\%$	0.5 Since excess is greater than or equal to 25%, the score will be equivalent to 0.5 .	10%	5.00%
TB Screening	3.3% Nat'l Testing Rate $10,000 \times 3.3\% = 330$	350 achieved out of 330 target	1.0 $350 \text{ achieved} / 330 \text{ target} = 1.16 \approx 1.0$	20%	20.00%
TB Treatment Initiation	85% of TB-Notified Ex: 85% of 55 TB-notified = 47 as target	30 tx initiated out of 47 TB-notified target	0.64 $30 \text{ initiated} / 47 \text{ TB-notified} = 0.642$	5%	3.21%
TB Treatment Completion	90% of TB Treatment Initiated Ex. 90% of 30 TB tx initiated = 27 as target	25 completed out of 27 target tx initiated	0.92 $25 \text{ completed} / 27 \text{ t} = 0.926$	10%	9.26%
HIV/AIDS Screening	0.90% High Risk Pop	60 screened out of 90 target	0.67 $60 \text{ screened} / 90 \text{ target} =$	20%	13.33%

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CRITERIA	TARGET	ACHIEVEMENT	SCORE (0.0-1.0)	WEIGHT	PERFORMANCE SCORE (Score x Weight)
	10,000 x 0.90% = 90		0.667		
HIV/AIDS Treatment	90% of Diagnosed PLHIV Ex. 90% of 2 diagnosed PLHIV = 2 as target	2 on ART out of 2 target diagnosed PLHIV	1.0 2 on ART out of 2 target diagnosed PLHIV	15%	15.00%
Hypertension	80% of diagnosed with controlled HPN Ex. 80% of 2,500 diagnosed = 2000 as target	2,000 with controlled HPN out of 2,500 diagnosed	1.0 2,000 with controlled HPN/ 2,500 diagnosed = 80% (meets criteria, score = 1.0)	10%	10.00%
DM	<20% of eligible pop with FBS above normal Target: <20% 3,000 eligible (<600)	620 with above normal FBS out of 3,000 eligible	0.0 3000 x 20% = 600; actual pop with above normal FBS is 620 (does not meet criteria, score = 0.0)	10%	0.00%
OVERALL PERFORMANCE SCORE					75.80%

Annex L: Performance Scorecard for PhilHealth Konsulta with SDG-related Benefits Package

CRITERIA	TARGET	ACHIEVEMENT	SCORE (0.0-1.0)	WEIGHT	PERFORMANCE SCORE (Score x Weight)
Registration	MHRA > Registration Target			10%	
TB Screening	3.3% Nat'l Testing Rate $10,000 \times 3.3\% = 330$			20%	
HIV/AIDS Screening	0.90% High Risk Pop $10,000 \times 0.90\% = 90$			20%	
TB Treatment Initiation	85% of TB-Notified Ex: 85% of 55 TB-notified = 47 as target			5%	
TB Treatment Completion	90% of TB Treatment Initiated Ex. 90% of 30 TB tx initiated = 27 as target			10%	
HIV/AIDS Treatment	90% of Diagnosed PLHIV Ex. 90% of 2 diagnosed PLHIV = 2 as target			15%	
Hypertension	80% of diagnosed with controlled HPN Ex. 80% of 2,500 diagnosed = 2000 as target			10%	
DM	<20% of eligible pop with FBS above normal Target: <20% 3,000 eligible (<600)			10%	
OVERALL PERFORMANCE SCORE					

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