

PHILHEALTH CIRCULAR
No. 2023-0008

TO : ALL PHILHEALTH MEMBERS, ACCREDITED HEALTH CARE PROVIDERS/NETWORKS, PHILHEALTH REGIONAL OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : Implementation of a Primary Care Provider Network (PCPN) Contracting Arrangement through the Konsulta Package in Sandbox Sites/Networks (Revision 1)

I. RATIONALE

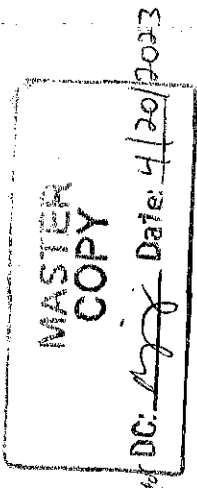
The progressive realization of the Universal Health Care (UHC) needs an integrated approach in the planning, development, and implementation of health policies and programs. Section 18(a) of Republic Act (RA) No. 11223, otherwise known as the Universal Health Care (UHC) Act, provides that Philippine Health Insurance Corporation (PhilHealth) shall endeavor to contract public, private or mixed health care provider networks for the delivery of individual-based health services.

At present, provinces and cities have expressed their unequivocal intention to be a part of the sandbox sites and are currently in various stages of integration (i.e., managerial, technical and financial) as prescribed by the UHC Act.

As an initial step to comply with its mandates, the Corporation issued PhilHealth Board Resolution (PBR) No. 2746, Series of 2022¹, to implement a network contracting arrangement of Konsulta providers within the framework of the local health system under a sandbox setting. PhilHealth aims to begin with Konsulta services delivery as a model for the primary care provider network (PCPN) as the core for the formation of health care provider networks (HCPNs). However, PhilHealth will continue to improve its provider payment and contracting arrangements to ensure a more comprehensive set of services in a HCPN.

In view of the foregoing, the Corporation issued PhilHealth Board Resolution (PBR) No. 2791, Series of 2023, to effect the proposed changes to the PhilHealth Circular No. 2022-0023.

¹ PhilHealth Board Resolution No. 2746, Series of 2022 or the "Resolution Approving the Implementation of a Primary Care Provider Network (PCPN) Contracting Arrangement through Konsulta Package in a Sandbox Setting."



II. OBJECTIVES

This PhilHealth Circular aims to enable the Corporation to contract *pre-identified* Local Government Units (LGUs) and private healthcare providers (HCPs) to test PCPN innovations and model(s) to promote effective and efficient delivery of Konsulta benefits. This issuance includes the guiding principles and requirements for testing interventions/innovations, network standards, contracting templates, and financing mechanisms within which primary care benefits or PhilHealth Konsulta benefit package can be delivered. *The objectives of which are as follows:*

- A. Test network contracting models in implementing and improving utilization and delivery of Konsulta services to determine operational and financial sustainability in selected sites;
- B. Promote formation of Primary Care Provider Networks;
 1. Increase registration of PhilHealth members to Konsulta providers;
 2. Improve utilization of Konsulta services; and
 3. *Prepare for referral and service delivery arrangements for a more comprehensive set of services within a network setting.*
- C. Establish standards for contracting of provider networks;
- D. Establish and manage a Special Health Fund (SHF) for local government units (LGUs) or pooled fund for private health sectors, as applicable, to sustain and improve health systems operations;
- E. Assess the readiness of the LGUs, private health care facilities and PhilHealth in the adoption of network contracting mechanisms; and
- F. Provide guidance to the Commission on Audit (COA), Bureau of Local Government Finance (BLGF), Bureau of Internal Revenue (BIR) and other concerned agencies on the issuance of respective guidelines on the implementation of health care provider network contracting.

Further, this PhilHealth Circular shall enable the Corporation to operationalize policy adjustments to the PCPN Guidelines and clarify the issue of applicability of the surety bond requirement to public networks.

III. SCOPE

This PhilHealth Circular shall only apply to provinces, cities, and private health sectors *pre-identified by PhilHealth* to test interventions/innovations/initiatives in improving Konsulta service delivery and utilization. Interventions/innovations from LGUs, particularly those from UHC Implementation Sites (UIS) shall be prioritized. Private-sector-driven initiatives

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shall likewise *be* included. The interventions/innovations shall encompass the following:

- A. The formation of a network of providers, public, private or mixed, for Konsulta services with established administrative and clinical referral systems; and
- B. The establishment of financial arrangements with the creation of SHF or pooled fund to support funding requirements of the intervention/innovation.

IV. DEFINITION OF TERMS

A. Capitation² – a type of prospective payment by which a provider receives a fixed fee for each enrollee to cover a defined set of health care services within a specified period of time.

B. Contracting³ – a process where providers and networks are engaged through a Service Level Agreement (SLA) to commit and deliver quality health services at agreed cost, cost sharing and quantity in compliance with prescribed standards.

C. Escrow Account – *an account wherein funds which corresponds to 30% of the contract amount are deposited with the escrow agent acting as the neutral party between at least two parties.*

D. Innovation – variations in elements of Konsulta service delivery, consistent with the UHC law-prescribed managerial, technical, and financial integration as well as existing PhilHealth and DOH guidelines, that can be tested for implementation, subject to approval of PhilHealth.

E. Konsultasyong Sulit at Tama or “Konsulta”⁴ – primary care benefit package of PhilHealth. It is paid per capita and covers a defined set of primary care health services based on their life-stage, health risks, and needs for which all Filipinos are entitled to. *It covers individual-based health services including initial and follow-up primary care consultations, health screening and assessment, and access to selected diagnostic services, and medicines for a variety of conditions including communicable disease, non-communicable disease and sexual and reproductive health among others.*

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² Palladium. (2022, March 9). United States Agency for International Development (USAID)-ProtectHealth Technical Advisory on Payment Mechanisms.

³ Republic Act No. 11223 or the Universal Health Care Act.

⁴ PhilHealth Circular No. 2020-0021: Accreditation of Health Care Providers (HCPs) for Konsulta Package.

F. Liquidation of frontloaded capitation - process of reporting by the PCPN to PhilHealth Regional Offices of the actual physical accomplishment for the healthcare services rendered. The reports to be submitted shall be the basis of the PhilHealth Regional Offices' (PROs) to prepare the analysis of worksheet for the subsequent frontloaded capitation that will serve as the basis for the computation of the money value of actual physical accomplishments, which is relevant for the subsequent payment releases and/or final settlement of the frontloaded amount to the network.

G. Local Health Board (LHB)⁵- the provincial or city government body responsible for setting the overall health policy directions and strategic thrusts including the development and implementation of the integrated strategic and investment plans of the province-wide and city-wide health system, overseeing and coordinating the integration and delivery of health services across the health care continuum for province-wide and city-wide health systems, managing the special health fund, and exercising administrative and technical supervision over health facilities and health human resources within their respective territorial jurisdiction.

H. Primary Care Provider Network (PCPN) – a group of Konsulta Providers, whether public, private, or mixed *public-led and private-led networks*, with established interoperable system for efficient provision of services indicated under the Konsulta benefit package.

I. Prospective provider payment⁶ - the allocation of resources to a healthcare provider to deliver the covered package of healthcare goods, services, and interventions to the covered population in which rates are set in advance and/or providers are paid before services are delivered.

J. Sandbox - a strategy for small-scale, live testing of innovations in a controlled environment under the PhilHealth's supervision of UHC reforms intended to acquire lessons and experience on its implementation, generate additional evidence, and flag policy or regulatory gaps from existing policies.

K. Service Level Agreement (SLA) – contract that is executed between PhilHealth and PCPN. The SLA identifies the services required and the expected level of service between PhilHealth and the PCPN.

⁵ Ibid.

⁶ Per DOH-PhilHealth-DBM-DOF-DILG JMC 2021-001 or the Guidelines on the Allocation, Utilization and Monitoring of and Accountability for the Special Health Fund: https://www.dbm.gov.ph/wp-content/uploads/Issuances/2021/Joint-Memorandum-Circular/JMC-2021-0001_Guidelines-on-SHF.pdf

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L. Special Health Fund (SHF)⁷ – pooled fund of the province-wide or city-wide 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.

M. Universal Health Care Integration Site (UIS)⁸ – DOH-supported pilot areas that shall lead the implementation of technical, managerial, and financial integration and UHC reforms such as but not limited to eliminating redundancies, simplifying PhilHealth membership, pooling of funds, crafting of National Human Resource for Health Master Plan, regulating coverage for co-payment, transparent pricing, setting standards, licensing and registries, health promotion, data management and health technology assessment.

V. POLICY STATEMENTS

A. Areas of Intervention/Innovation

Different LGUs/private providers have initiated or are already implementing strategies to improve health care delivery. Such interventions or innovations for testing can be any one or a combination of the following aspects of Konsulta implementation:

1. Establishment of network of providers to deliver Konsulta services to beneficiaries in a coordinated and integrated manner. The different types of networks as described in the DOH AO 2020-0021 or the “Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS).”

- a. Public network formed by province or cities composed of purely public providers.
- b. Private network composed of private providers may also be considered subject to approval of the Corporation. This shall enable comparative testing of engagement mechanisms with private provider network since PhilHealth is also mandated to engage the health care providers in general. The engagement of private network can augment the services of the public network in the LGUs in terms of population coverage.
- c. Mixed network composed of public and private entities capable of delivering primary care services. *For purposes of this Guidelines, the*

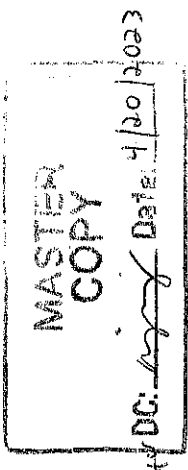
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⁷ Ibid.

⁸ Per DOH AO No. 2021-0006: Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS) (<https://doh.gov.ph/node/33697>)

public network selection criteria shall be used for the mixed public-led network; while the private network selection criteria shall be used for the mixed private-led network.

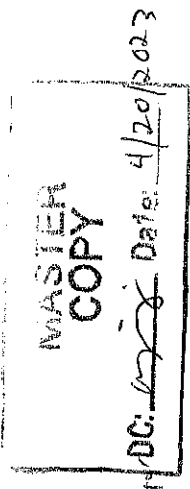
2. Application of capitation as prospective payment mechanism prescribed in PC No. 2022-0005 shall be retained with modified payment schedule described under Section V.E. herein (Benefit Payment) and Annex C (Benefit Payment Arrangement) of this policy.
3. The payment arrangement allows for the frontloading of the capitation amount based on declared physical targets per payment periods, subject to liquidation based on accomplishments with reconciliations being reflected in the succeeding payment periods. The money value of the Actual Physical Accomplishment is computed based on the actual number of beneficiaries registered in a Konsulta provider with first patient encounter and fraction of the total number of beneficiaries identified by the network in need of primary care services and the actual physical accomplishment of the network within a given period. (References: Annex D.2 to D.10)
4. Computation of PCPN physical targets and contract amounts, within prescribed limits, to be stipulated in the SLA.
5. Integration of Konsulta providers into a network with patient records accessible on a real-time basis throughout the network and PhilHealth.
6. Release of PhilHealth funds for this program shall accrue to the SHF for the purely public and *mixed* public-led networks while to the pooled fund for the purely private and *mixed* private-led networks. The network shall come-up with the guideline on its financial management which includes the payment arrangement for the facilities, suppliers and health personnel.
7. The enhancement of Konsulta benefit implementation and utilization includes, but shall not be limited to mechanisms to facilitate registration process in PhilHealth or in a Konsulta provider, improve beneficiary access to services, and ensure availability of resources across providers in the network.
8. *PCPNs are also encouraged to start to prepare and integrate services in the primary care setting and higher levels of care, with Konsulta services as base, including those that are already covered by existing benefit packages of PhilHealth. This includes compliance to the necessary standards of DOH and PhilHealth and ensuring presence of a functional referral system.*



B. Selection Criteria

PhilHealth Management used the following selection criteria in identifying/pre-selecting the sandbox sites/networks:

1. In case of public or mixed public-led network, at most five (5) sites, one province sandbox site shall be identified per PhilHealth Cluster Area (North Luzon, South Luzon and NCR, Visayas and Mindanao) and one (1) City.
 - a. A site shall be considered only when they meet the criteria and the standards as prescribed in *Annex A.1 Public PCPN Core Requirements and Annex A.2 Public PCPN Non-Core Requirements*. Sites with reforms that are already operational and showing initial success are of primary interest. Operational reforms shall include facilitated PhilHealth membership and Konsulta registration process. A Geographically Isolated and Disadvantaged Area (GIDA) may be considered.
 - b. The province/independent component cities (ICC)/highly urbanized cities (HUC) has Konsulta accredited facilities to serve at least 20% of the 2020 Philippine Statistics Authority [PSA] projected population. For the province, this shall mean 20% of total population distributed among participating component LGUs with at least one accredited Konsulta provider as of *January 31, 2023*.
 - c. *Presence of network and referral arrangements to accredited PhilHealth providers for other benefit packages is encouraged as applicable to their catchment population. This outpatient benefits, Z benefits (e.g. dialysis package, Children with Disability benefit) and SDG-related benefits (e.g. Maternal Care Package, Outpatient Malaria package, Outpatient HIV-AIDS Package, Outpatient Anti-Tuberculosis treatment, Animal Bite Treatment package and family planning packages). In the interim, payment rules to these providers as stated by existing circular still applies.*
2. In the case of a private or mixed private-led network, at most two (2) networks shall be considered when it meets the following criteria:
 - a. Has at least five (5) accredited private Konsulta facilities with a maximum of 20,000 enrolled population per PhilHealth accredited doctor/physician as of *January 31, 2023* within the same Province or City or may not be limited to defined geo-political boundaries.
 - b. Committed to establish at least one (1) facility within six (6) months, in the identified public network sandbox sites.



3. The Area Vice Presidents, *Task Force Konsulta Sandbox* Team and the COO/EVP shall determine the possible public sandbox sites based on the number of the accredited Konsulta providers mentioned above, the number of registered beneficiaries, the availability of the development partner/consultant that will assist the public network and the commitment to adopt the Special Health Fund (SHF). Upon evaluation of the regional office and recommendation of the Area Office and the Taskforce PCPN Sandbox, the PhilHealth Executive Committee shall approve the sandbox sites/networks. The identified public network sandbox sites shall be coordinated with DOH *for their information*.
4. PhilHealth Regional Office shall orient the possible network on the mechanics of the PCPN Contracting implementation.

C. Requirements for the Identified Sites

1. Cities/Provinces, *private, mixed public-led or mixed private-led networks that have been pre-identified shall submit their Letter of Intent (LOI)* addressed to the President and Chief Executive Officer (PCEO) thru the Regional Vice-President (RVP) of the PhilHealth Regional Office (PRO) not later than **May 15, 2023**.

a. For cities/provinces, a copy of tripartite memorandum of agreement (MOA) among LGUs, PhilHealth and DOH on UHC Implementation Site shall be submitted.

b. For *private or mixed private-led* networks, copies of the following supporting documents shall be submitted along with LOI:

- b.1. Security Exchange Commission (SEC) Registration or any document as proof of legal entity of a network (e.g. Joint Venture Agreement);
- b.2. Bureau of Internal Revenue (BIR) Certificate of Registration;
- b.3. Updated LGU business permit; and
- b.4. Certified network list of accredited Konsulta providers with corresponding:
 - b.4.1. List of PhilHealth-accredited physician/s per Konsulta facility; and
 - b.4.2. Number of target beneficiaries per Konsulta facility.

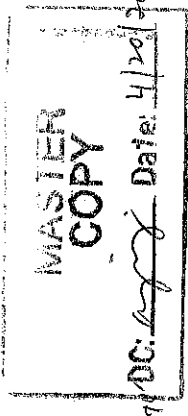
2. Complete documents shall be submitted to the PRO Accreditation and Quality Assurance Section (AQAS) via email or directly submitted to the said office on or before **May 15, 2023** for initial assessment, recommend and endorsement to the Task Force PCPN Sandbox through the concerned Regional Vice President/VP and Area Office. The Task Force shall review and recommend to the PhilHealth Executive Committee (ExeCom) for deliberation and approval.

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3. The letter of confirmation as Sandbox site shall be sent to the applying network. This letter shall indicate the next steps – contracting process including the draft copy of the SLA with PhilHealth.

D. Contracting Processes and Arrangements

1. The *pre-identified* Network shall prepare and submit the requirements as provided in the PCPN Standards (Annex A to A.4) together with the baseline data on the demography and epidemiological profile. The data shall include population distribution per municipality disaggregated by age and sex, number of accredited Konsulta providers and corresponding number of registered beneficiaries, and common disease conditions in the catchment area.
2. The PRO shall conduct the assessment and review of the submitted documents in compliance with the PCPN Standards.
3. Should the assessment/review yield satisfactory results, PhilHealth shall issue a Konsulta Network Contracting Certificate with the following information:
 - a. Name of the Primary Care Provider Network;
 - b. Service Area;
 - c. Contracting Certificate Reference Number; *and*
 - d. Address of the Konsulta Network.
4. Should the assessment/review yield unsatisfactory results, PhilHealth shall inform the network applicant of its deficiencies.
5. PhilHealth, through the PRO shall contract health care providers that form networks. Below are contract considerations with details described in the Service Level Agreement (SLA) template (Annex B).
6. Network shall execute the SLA with PhilHealth to indicate its benefit payment agreements, targets, commitments, deliverables and contract amount in Konsulta implementation.
7. Network shall be accountable and responsible for negotiating the contracts and commitments with individual providers, including compensation and fees.
8. As baseline, the covered services are outlined in PC No. 2022-0005 and its subsequent revisions or amendments. Additional services may be provided under different arrangements with individual providers within the network and proper information to Konsulta beneficiaries.
9. The setting of Konsulta implementation targets shall consider:



- a. The number of target registered beneficiaries per facility; and
 - b. An adequate number of participating Konsulta-accredited health facilities and physicians to serve the target registered beneficiaries and to provide the Konsulta services. (*Reference: Annex D.1*)
10. Payments shall be computed based on per capita amount prescribed in PC No. 2022-0005, and on payment arrangement as provided herein in Section V.E. "Benefit Payment" of this Circular.
11. The network shall commit to achieve the target of Konsulta beneficiaries, considering its absorptive capacity, between 10,000 to 20,000 beneficiaries per physician and 100% for each of the following performance indicators:
- a. Number of registered Konsulta members; and
 - b. Number of Konsulta members with first patient encounter.
12. Other performance indicators that are linked to payment shall be based on the indicators outlined in PC No. 2022-0005, which are as follows:
- a. Provision of consultation services
 - b. Provision of diagnostic services
 - c. Dispensing of medicines (Antibiotics and maintenance medications for Non-Communicable Diseases (NCDs))

All beneficiaries shall be given the necessary Konsulta services based on their health profiles/First Patient Encounter (FPE) and/or results of their consultations. The FPE/consultation shall be used to identify the beneficiaries for the consultation services, diagnostic services and NCD Meds while the Antibiotics-Meds recipients shall be determined through doctors' consultation. *The Konsulta provider is also encouraged to refer the patients based on the FPE and/or consultation/s to other PhilHealth-accredited facilities for the needed services especially those covered by other PhilHealth benefit packages, including referral package. This includes but is not limited to select emergent and non-emergent services of health care professionals; diagnostic, laboratory, dental and other medical services; personal preventive services; prescription drugs and biologicals from the primary to tertiary level of care based on the health need of the patients regardless of the condition. In the interim, existing provider payment rules as stipulated in the other packages will continue to apply.*

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13. Other performance indicators and corresponding targets that are not linked to payment may be prescribed by the Corporation and shall be stipulated in the SLA.

14. *Public or mixed public-led PCPNs shall be required to submit copy of Department of Interior and Local Government (DILG)'s Seal of Good Financial Housekeeping Award as proof of the LGU's compliance with accounting and auditing standards, rules and regulations.*

The PCPN (public, private, or mixed public-led/private-led network) shall set-up a Buffer/escrow account and submit Bank Certificate to PhilHealth which shall be equivalent to 30% of the contract amount. The money value of the unmet targets shall be transferred to PhilHealth upon demand of PhilHealth.

In lieu of buffer or escrow account, the PCPN, whether public, private or mixed public-led/mixed private led, may secure the GSIS surety bond premium, provided that the same is in accordance with existing government rules and regulations, which shall be callable upon demand based on 30% of the contract amount. The money value of the unmet target shall be forfeited by PhilHealth in the event the PCPN failed to perform its obligations under the SLA.

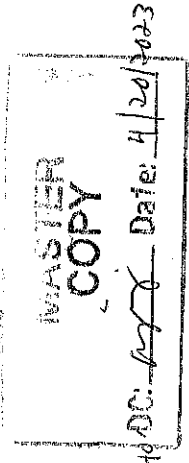
15. *The network shall comply with other reportorial and monitoring requirements for the assessment of the intervention/innovation.*

16. *The period of agreement shall be July 2023 to June 2024 or shall commence upon the release of the COA SHF and PPM guidelines. The testing period may be subject to pre-termination by either contracting parties (PhilHealth and/or LGU/Private Network) with due cause and notice to the other party.*

- a. *PhilHealth may pre-terminate the agreement in the event of poor/non-performance or indication of abuse or fraud committed by the network and/or other valid grounds determined by the Corporation; and*
- b. *Network may request for pre-termination if the implementation of the intervention/innovation is proven unsustainable or not feasible.*

E. Benefit Payment

1. Section 18 of the UHC Act mandates PhilHealth to shift to performance-driven, close-end, prospective provider payment mechanisms and to incentivize providers that form networks. The former is partly implemented by PhilHealth through the capitation payment scheme of the Konsulta Benefit Package, with pre-determined amounts of Php500 per capita for public providers and Php750 per capita for private providers. In this regard, PhilHealth shall continue the implementation of capitation payment but shall revise the payment mechanism to simplify the process and to promote network formation for the improvement of Konsulta implementation.



2. Payment Arrangement for the PCPN (Financial aspect of the Konsulta service delivery)

The arrangement allows for the frontloading of the capitation amount based on declared physical targets per payment periods (*Annex D.1*), subject to liquidation based on accomplishments with reconciliations being reflected in the succeeding payment periods. As a result of the reconciliation, the network may refund to PhilHealth or be entitled to additional capitation corresponding to its actual accomplishments above targets.

The provision on Key Performance Indicators (KPIs), and its corresponding percentage and computation for the contract amount shall depend on the target number of beneficiaries per type of accredited Konsulta provider (government-owned and privately owned) of PC No. 2022-0005 shall be adopted.

The second (2nd) frontload shall be released as soon as the money value of actual physical accomplishment reached at least 60% of capitation frontloaded 1 is achieved, subject to COA rules and regulations.

The third (3rd) frontload capitation shall be released once the money value of the actual physical accomplishment reached at least 60% of the frontloaded capitation 2 is achieved, again to subject to COA rules and regulations.

The benefit payment arrangement is summarized below:

Parameters	Payment Arrangement
No. of payment tranches	3 Releases; 1 reconciliation: Condition: based on the Number of target Konsulta beneficiaries to be provided services for the 1 st Quarter (Maximum Release 1: 30%, Release 2: 50%, Release 3: 20%)
Computation for Frontloaded Capitation 1 (<i>Annex D.2</i>)	Whichever is lowest among: <ul style="list-style-type: none"> • 3-month cash program by the network • Money value of physical targets for months 1-3 • 30% of the contract amount
Computation for Frontloaded Capitation 2 (<i>Annex D.3</i>)	Whichever is lowest among: <ul style="list-style-type: none"> • Cash program by the network for months 4-9 • Money value of physical targets for months 4-9 • 50% of the contract amount

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Parameters	Payment Arrangement
	With +/- variance of the money value of actual accomplishments versus amount frontloaded in Quarter 1.
Computation for Frontloaded Capitation 3 (Annex D.4)	Whichever is lowest among: <ul style="list-style-type: none"> • Cash program by the network for months 10-12 • Money value of physical targets for months 10-12 • 20% of the contract amount With +/- variance of the money value of actual accomplishments versus amount frontloaded in Quarter 2 and 3.
Computation for Annualized Capitation (Annex D.5)	Annual review (Money value of the total members registered with FPE and provided primary care services VS Total capitation frontloaded) Incentive – automatic contract renewal for the next year

Table 1: Benefit Payment Arrangement

3. The following shall be described and included in the network contract with selected sites.

a. Identified LGUs/PCPNs that signified their intent to join the Sandbox approach shall be entitled to the same capitation rate, with prospective payment scheme described in Annex C.

b. Provision of other services not covered under the Konsulta package, but are covered by PhilHealth through other benefit packages may be reimbursed, subject to existing applicable PhilHealth guidelines.

c. Computation and release of benefits shall consider the registered members, frontloaded payments, accomplishment of targets, deliverables, results of indicators and cash programming as stipulated in the SLA (Annexes D.5 – D.10).

d. Public Konsulta providers shall not be allowed to charge co-payments. Private facilities may charge co-payment for Konsulta services rendered subject to the rules stipulated in PC No. 2022-0005 and its subsequent revisions.

e. The network may refer and pay for a registered beneficiary to another network/single health facility not part of the network in the instance of unavailability of Konsulta services within its network, upon issuance of a certification. Co-payment may be charged to a registered beneficiary who avails the Konsulta services outside of the network

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without a referral from an accredited healthcare provider from the network in which the beneficiary is registered.

- f. Purely private networks may charge co-payment to beneficiaries registered in any of its accredited Konsulta providers subject to the limitations under PC No. 2022-0005. Government-owned facility under a private-led network shall not be allowed to charge any co-payment.
- g. Releases made to the pooled fund of the private *or mixed private-led PCPNs*' account shall be subjected to applicable taxes.
- h. The network shall issue and submit a guideline to PhilHealth on the allocation or disposition of fund collected from PhilHealth, especially on the distribution of individual provider incentives and fees.
- i. Both public and private networks may charge for services not covered by Konsulta Package or any other benefit packages, subject to the No-Balance Billing policy of PhilHealth.

Networks shall be subject to reconciliation at the end of the testing period. If the computed actual physical accomplishment is less than the frontloaded capitation released, the succeeding release of the remaining capitation amount shall be subject to payment recovery, pursuant to PC No. 2021-0011 or the PhilHealth Payment Recovery (PPR) Policy.

PhilHealth shall pay using the Auto-Credit Payment Scheme (ACPS) or any applicable mode.

F. Sandbox Operationalization

1. Eligibility and Registration of Filipinos to a Primary Care Provider Network (PCPN)
 - a. All Filipinos shall be eligible to avail of Konsulta benefit.
 - b. Each Filipino shall register to an accredited Konsulta provider of their choice. Registered beneficiaries can avail Konsulta benefits within the network in which their Konsulta provider of choice is included.
 - c. The PCPNs, in coordination with PhilHealth, may adopt strategies to fast-track registration of beneficiaries including but not limited to batch registration in the enlistment of beneficiaries. PhilHealth may also adopt a batch uploading of First Patient Encounter data to PhilHealth Konsulta System.

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- d. The PCPN may also develop innovations to increase their registered beneficiaries and FPE, *such as but not limited to the use of telemedicines, group uploading of FPE, auto-registration, medical missions, Konsulta Caravan in the LGU, etc.*, as approved by the PhilHealth Regional Office having jurisdiction over the network.
- e. Only Accredited Konsulta Providers (AKPs) that have signified their inclusion and participation in the Primary Care Provider Network (PCPN) Sandbox shall be considered in the management and monitoring of the PCPN contracting. Meanwhile, PhilHealth Circular (PC) No. 2022-0005 or the Implementing Guidelines for The PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package (Revision 1) and its subsequent amendments/revisions, if any, shall continue to be applied to non-PCPN AKPs.
- f. PhilHealth Konsulta beneficiaries of the selected PCPN-AKPs registered as of the cut-off date shall be automatically renewed and their Konsulta data shall be migrated to the PCPN Sandbox database.
- g. All registered beneficiaries (existing and new) of the PCPN-AKPs shall be required to update their health-assessment profiles (HAPs) and sign a Data Privacy Consent Form with their respective AKPs. Updating of HAPs is essential as it shall serve as the basis for determining the Konsulta services indicated for the beneficiaries including consultation schedules and the provision of laboratory services and drugs/medicines for the entire implementation period.

2. Receipts, Allocation, Disbursements and Reporting of Capitation Fund through the SHF

- a. This Section shall be applicable to Public PCPNs only and the allocation, utilization and monitoring of the SHF shall be in accordance with DOH-DBM-DOF-DILG-PhilHealth JMC No.2021-001.
- b. PCPN shall use the SHF bank account in accordance with the Department of Finance (DOF)-Bureau of Local Government Finance (BLGF) Guidelines on Authorized Government Depository Banks and other relevant issuances. Likewise, Province/HUC/ICC shall maintain/create separate books of accounts with complete financial reporting, pursuant to the COA *Recording and Reporting* Guidelines. For component cities and municipalities, all financial resources for health shall be deposited under the health fund bank account and its financial transactions with corresponding subsidiary ledger shall be recorded under the existing Trust Fund.

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- c. The Local Health Board (LHB), in coordination with the *Province/City* Health Officer/s and Management Support Unit (MSU) staff, shall formulate its Annual Operation Plan (AOP), resource allocation in support of the P/CWHS strategic and financial goals and operational targets.
- d. Based on the locality's epidemiological profile and existing service delivery network, the LHBs shall identify specific activities in the implementation of the Konsulta program guided by the five (5) KPIs on the provision of primary care services (registration of members with first patient encounter data, provision of consultation, provision of laboratory/diagnostic services and provision of medicines -antibiotics/ NCD medicines) to their registered Konsulta beneficiaries.
- e. The Public PCPN may contract PhilHealth-accredited private primary care providers in order to augment the current service delivery capacities of existing facilities, including the licensed laboratories and pharmacy providers.
- f. PCPN shall draft policies and procedures on charging, including menu of charges containing professional fees, bills and statement of accounts.
- g. The disposition of the Konsulta capitation payment to SHF shall be based on Section VI.C of the DOH-DBM-DOF-DILG-PhilHealth JMC No.2021-001.
- h. Likewise, the PCPN Network shall formulate its Monthly Physical Targets and Cash Programming for a year's implementation of Konsulta, based on the Total Contract Amount negotiated with PhilHealth.
- i. The *Local Health Board* (LHB) shall pass a Board Resolution on proposed utilization of the funds for the Konsulta implementation, to contain specific guidelines on resource sharing and fund distribution to component LGUs and approving the budget for the same.⁹
- j. Amendment of the Local Investment Plan for Health/Annual Operational Plan (LIPH/AOP) to contain provisions on the Konsulta implementation shall be done at the Province/HUC/ICC level.
- k. Upon signing the contract with PhilHealth, the PCPN, with the assistance of the Management Support Unit (MSU), shall prepare a SHF Budget Preparation Form No. 1¹⁰, Project Procurement

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⁹ DOH-PhilHealth-DBM-DOF-DILG JMC 2021-001 on the SHF (Section VII)

¹⁰ Ibid, Annex A: SHF Budget Preparation Form No. 1

Management Plan (PPMP) and Annual Procurement Plan (APP) to support the requirements and/or cost estimate of the different expenditure items identified. The said reports shall be approved by the LHB.

- l. Once the first capitation payment is released by PhilHealth, the Local Treasurer and Accountant shall certify Availability of Funds and shall facilitate transfer of funds to component LGUs, as applicable.
- m. The *Provincial/City* Budget Officer shall release the Allotment and obligate funds, based on the plans and Board-approved budget.¹¹
- n. The *Provincial/City* Accountant, upon setting up of separate books of account and ledgers specifically for SHF, shall record and disburse funds.¹¹
- o. Receipts, disbursements, recording and reporting shall be in accordance with the COA Accounting and Auditing guidelines and shall be issued separately.

3. Reports on actual utilization of funds (SHF Budget Utilization and SHF Financial Performance Report (Report and SHF Financial Performance Report (for both cash and income) shall be submitted to *PhilHealth* not later than the 10th day at the end of each quarter (*References: Annexes D.11 to D.13*).

3. Network Performance Monitoring and Assessment of the Intervention/Innovation

All approved interventions/innovations and sandbox sites should have a monitoring, recording, and reporting system that shall track financing, operations, and services delivery performance.

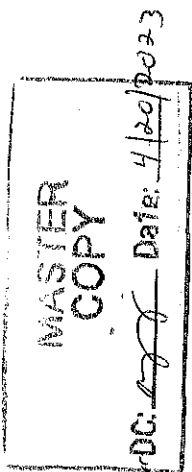
- a. The network may use the refined version of the eKonsulta system, an equivalent PhilHealth system designed for Konsulta Sandbox, or its own developed/contracted PhilHealth-certified electronic medical record system as its recording, reporting, and monitoring system, preferably connected or linked to each provider within the network for automatic patient record updating. An alternative data recording and generation system may also be used by the network in cases of constraints in IT infrastructure, internet connection, and interoperability issues within the network and PhilHealth systems.
- b. Monthly submission of reports on indicators as prescribed in Annex D shall be required prior to succeeding payments as these reports serve as the basis for the computation of the amount to be released as part of

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¹¹ Ibid, Section VIII

capitation releases. The same indicators shall also determine the level of performance of the network in relation to commitments and targets.

- c. Mechanism and tracking system for individual provider performance within the network shall be the responsibility of the network as they shall input into the deliverables of the network. This, however, does not preclude PhilHealth from conducting individual provider performance monitoring.
- d. The Network shall submit to PhilHealth the following reports on or before the 10th day after the end of the quarter, including *Annexes D.11 to D.13*):
 - d.1. Statement of Revenue Targets and Actual Collections – For Public Networks only;
 - d.2. Statement of Appropriations, Allotment, Obligations, Disbursement and Balances – For Public Networks Only; and
 - d.3. SHF/Network Financial Statements.
 - e. Routine reports and level of performance based on commitments and targets shall input into the over-all assessment of the intervention/innovation being tested, with the addition of indicators that include measures of effectiveness, operational, and financial sustainability of the intervention/innovation being tested.
 - f. A random 'on-site' assessment may also be conducted by PhilHealth for the validation of reports and outcomes of the intervention/innovation.
 - g. *PhilHealth shall conduct quarterly assessment and evaluation of each intervention/innovation and consolidate these results at the end of every semester and of the test period. Lessons learned shall provide basis for the issuance of appropriate guidelines for nationwide implementation.*
 - h. The Bureau of Local Government Finance (BLGF) may issue a guideline on the submission of financial reports and financial analysis by the province/city while the Bureau of Internal Revenue (BIR) may issue a taxation guideline on the Network and Provider transactions.
 - i. PhilHealth and COA shall exercise independent jurisdiction over the results and findings of their respective monitoring and evaluation, and audits. A written and/or face to face inquiry on results and findings may be requested by either agency.
 - j. PhilHealth and the network shall provide their utmost cooperation and assistance to COA to ensure timely completion of the mandatory external



audit of the operation of the prospective payments by the COA, pursuant to its visitorial power under Section 29 (1) of Presidential Decree No. 1445 in accordance to the appropriate and responsive accounting and auditing guidelines for prospective provider payment.

- k. The LGU Resident COA may undertake the necessary audit of the complete process of Konsulta Benefits.

G. Monitoring and Evaluation

PhilHealth shall conduct quarterly review of this policy and for this purpose, any significant policy changes or amendment shall require PhilHealth Board approval through the issuance of a PhilHealth Circular.

H. Annexes (posted on the Official PhilHealth website at www.philhealth.gov.ph)

1. Annex A: Primary Care Provider Network Standards

- a. *Annex A.1: Public Primary Care Provider Network Core Requirements*
- b. *Annex A.2: Public Primary Care Provider Network Non-Core Requirements*
- c. *Annex A.3: Private Primary Care Provider Network Core Requirements*
- d. *Annex A.4: Private Primary Care Provider Network Non-Core Requirements*

2. Service Level Agreements

- a. Annex B.1: Service Level Agreement Template (Public and *Mixed* Public-led Network)
- b. Annex B.2: Service Level Agreement Template (Private and *Mixed* Private-led Network)

- 3. Annex C: Benefit Payment Arrangement
- 4. Annex D.1: Monthly Physical Target and Cash Programming
- 5. Annex D.2: Analysis Worksheet for Frontloaded Capitation 1
- 6. Annex D.3: Analysis Worksheet for Frontloaded Capitation 2
- 7. Annex D.4: Analysis Worksheet for Frontloaded Capitation 3
- 8. Annex D.5: Capitation Fund Annual Performance Review
- 9. Annex D.6: Performance Factor Computation Form
- 10. Annex D.7: Summary List of Beneficiaries Needing/Providing Konsulta Services
- 11. Annex D.8: Detailed List of Beneficiaries Needing/Providing Konsulta Services
- 12. Annex D.9: Quarterly Physical Accomplishment Report

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13. Annex D.10: Recapitulation on Membership Category Report
14. Annex D.11: SHF Financial Performance Report (Target vs. Actual Income/Expenditures)
15. Annex D.12: SHF Financial Performance Report (Target vs. Actual Cash Receipts/Disbursements)
16. Annex D.13: SHF Budget and Utilization Report
17. Annex D-14: PhilHealth Board Resolution (PBR) No. 2746, Series of 2022

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of *the National Health Insurance Act of 2013 (Republic Act/RA No. 7875*, as amended by RA Nos. 9241 and 10606) and the *Universal Health Care Act (RA No. 11223)*, and their respective Implementing Rules and Regulations and other relevant laws.

VII. TRANSITORY CLAUSE

The implementation of this PhilHealth Circular is subject to the issuance of the Commission on Audit's recording and reporting guidelines on the prospective payment mechanism and enabling policies in the establishment and implementation of the Special Health Fund (SHF).

VIII. SEPARABILITY CLAUSE

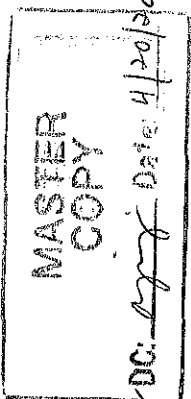
If any provision of this PhilHealth Circular shall be declared invalid, unconstitutional or unenforceable, the validity of the remaining provisions shall not in any way be affected and shall remain enforceable.

IX. REPEALING CLAUSE

PhilHealth Circular No. 2022-0023 ("Implementation of a Primary Care Provider Network (PCPN) Contracting Arrangement through the Konsulta Package in Sandbox Sites/Networks"), and other issuances, or parts thereof inconsistent with the provisions of this PhilHealth Circular are hereby repealed or modified accordingly.

X. DATE OF EFFECTIVITY

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





EMMANUEL R. LEDESMA, JR.
Acting President and Chief Executive Officer (APCEO)

Date signed: 04/19/23

Implementation of a Primary Care Provider Network (PCPN) Contracting Arrangement through the Konsulta Package in Sandbox Sites/Networks (Revision 1)

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Annex A: Primary Care Provider Network Standards

Primary Care Provider Network (PCPN) (Contracting Standard)

Introduction

Section 18 of the Universal Health Care (UHC) Act endeavors PhilHealth to contract health care provider networks (HCPN) for the delivery of individual-based services. The HCPN, as described in the law, refers to 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 health care within the network. This provision of the law is the key to addressing the limited capacity of the health care system in the country. To date, however, there is still no existing HCPN formed for PhilHealth to contract with.

To promote network formation, PhilHealth shall be adopting a Sandbox approach to test initiatives in the formation and contracting of provider network, starting with Konsulta services delivery as a model for primary care network as the core for the formation of HCPN. The Konsulta package consists of defined primary care services planned to evolve into the Comprehensive Outpatient Benefit Package. Since the services are primarily for Konsulta package, the initial network perspective is in the context of the capability to provide covered services in a network setting, hence identified as Primary Care Provider Network.

This document sets the standards and evidence required by which formed Primary Care Provider Networks may be contracted by PhilHealth, building on the prescribed minimum components under the UHC Act Implementing Rules and Regulation Section 18.4. Since a Konsulta network has yet to be established, suggested criteria were made flexible to enable network formation that can eventually transition to a primary care provider network (PCPN) moving toward HCPN standards.

Definition

The Primary Care Provider Network (PCPN) is a group of health care providers that provide select services to ensure complete delivery of Konsulta covered services. The PCPN may be composed of physicians/navigators, diagnostics/laboratories facilities, pharmaceutical facilities, X-ray laboratories, etc. Participating networks may be purely public or purely private providers or mixed public-led and mixed private-led providers. This section provides a description of the network with details on the criteria for the Primary Care Provider Network.

Types of PCPN

Depending on the ownership/management of the providers, the network can be:

Public/LGU

- The local government unit or LGU (province/city) may organize a network of primary care providers which shall be composed of purely public providers either LGU-owned or Department of Health (DOH)-

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supported facilities such as health centers or rural health units, laboratories, etc.

- Private primary care providers or private practitioners may be engaged by the LGU to provide services that are not available in the network. The manner of engagement shall be left to the discretion of the LGU.
- The LGU maintains direct operational and administrative supervision of the activities and the performance of the providers, individually and collectively, within the network.

Private

- Private providers may group together and organize a network for the provision of the PhilHealth Konsulta benefits.
- The lead organizer or the network management should have direct operational and administrative supervision of the activities and performance of the providers, individually and collectively, within the network.
- Private-led network target population and services may be coordinated with the LGU specifically on the delineation of covered population.

Mixed Public and Private-led Network

- Both public and private providers may group and organize as a network for the provision of Konsulta benefits and services.
- This can either be jointly led by the public and private sector or either one.

Network Model

PhilHealth shall contract a PCPN with Accredited Konsulta Facility/Providers.

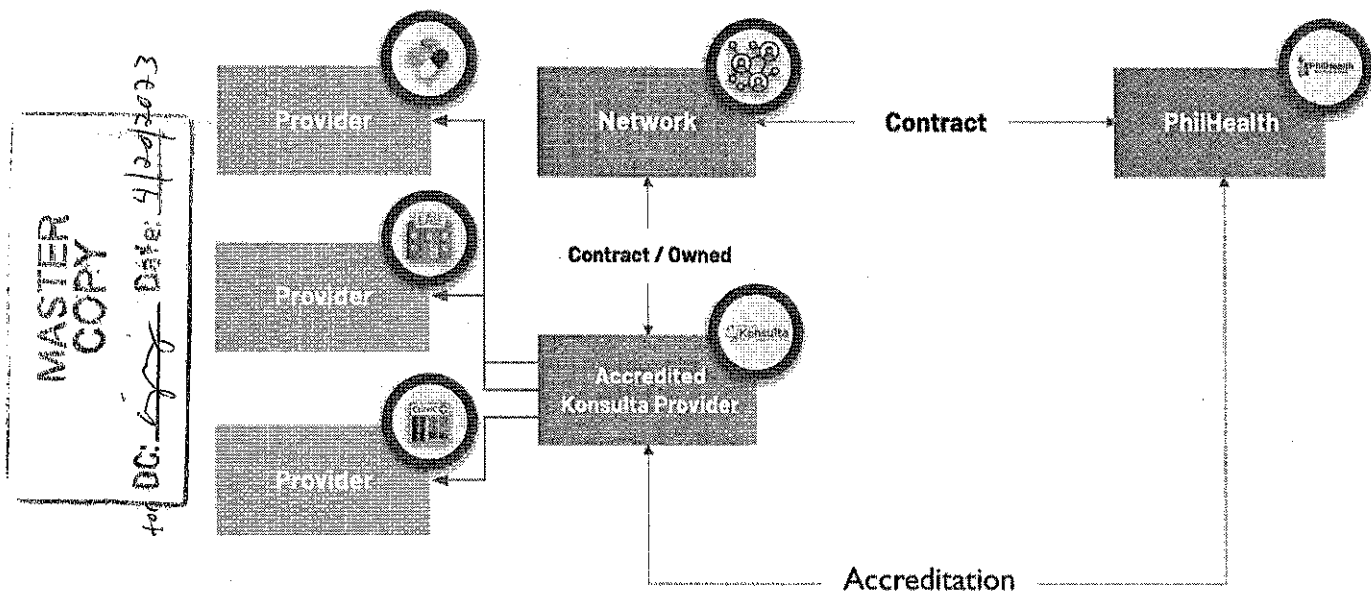


Figure 1. – Network to contract accredited Konsulta providers only

NETWORK STANDARD

One of the primary objectives of PhilHealth as a purchaser of health services is to ensure that the members and beneficiaries have accessible quality health care. In this regard, providers to be contracted need to demonstrate corresponding qualifications and capabilities to provide specified health care services, in this case Konsulta. In the context of a network of providers for Konsulta, coordination in some level of integration needs to be in place. Please refer to the attached PCPN Contracting Standard listed as Table 1/*Annexes A1-4*. Core key features are characteristics the PCPN should comply in order to be contracted by PhilHealth. The other key features may be complied by the PCPN immediately along with the core key features or before the release of the second frontloaded capitation. The PCPN shall *provide PhilHealth with* monthly reports on milestones for the non-core key features compliance.

Management

In order to ensure that the network shall be able to function in an organized, well-coordinated manner, it needs to have an established leadership with the network having a common goal.

Proof as Legal Entity

The network to be contracted by PhilHealth has to show documents as proof that it has legal rights and responsibilities to enter into agreement and receive payment from PhilHealth.

1. Public or *Mixed* Public-led network
 - Sanggunian Resolution (SR) authorizing the province or city to contract with PhilHealth and other health care providers, and to open an account for the pooled fund for health services.
2. Private or *Mixed* Private-led network
 - Copy of Securities and Exchange Commission (SEC)-approved Articles of Incorporation or Partnership or any proof/document of legal entity indicating the name/s of Incorporators or Partners
 - Updated LGU Business Permit
 - Bureau of Internal Revenue (BIR) Certificate of Registration

Organizational Structure

The organizational structure illustrates how the health system and/or network shall be managed and how coordinated operations shall be executed. This shall indicate the leadership and interrelated functions of each office/unit in the organization and the corresponding persons responsible.

1. Administration/Management

The health system/network should be able to demonstrate the capability to support the implementation and operationalization of the intervention/innovation. Establishing the over-all supervision of the health system or network operations, the administrative responsibilities shall include, among others:

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- Ensuring consistent and sufficient availability of resources (supplies, commodities, etc.)
- Ensuring sufficient and competent human resources for health (HRH) to render services to patients/beneficiaries across providers within the network
- Institutionalization of a monitoring mechanism to determine the services rendered, the performance of providers, and the status of pooled fund collection and utilization
- Institutionalization of protocols/mechanisms to facilitate beneficiary registration to PhilHealth and to Konsulta provider
- Installation of a patient record system, preferably electronic, to facilitate data and report generation
- Negotiating or contracting with other qualified providers to fill in the gaps in services; and
- Issuance of guidelines or protocols on patient navigation and referrals to be observed by service units

2. Service Delivery

Activities within the network should be coordinated to ensure smooth operations of the system for efficient delivery of services to beneficiaries. The lead office/unit shall ensure the contracted/participant providers in the network are able to render services and that the beneficiaries receive appropriate and quality services. Specifically, the lead office/unit for service delivery shall:

- Establish navigation protocols or procedures including a clinical referral system that is patient-centered and value-based approached.
- Ensure Konsulta service provision
- Ensure availability and accessibility of services including supplies, commodities and drugs and medicines (i.e., supply chain management) to patients
- Establish a monitoring mechanism to determine compliance of individual providers to acceptable and recommended clinical practice guidelines or clinical pathways

3. Finance

- Monitor funds received from PhilHealth and other funding agencies
- Ensure availability of funds and resources to support and sustain operations and continued provision of quality services.
- Maintain records of fund allocation and utilization across individual providers in the network

Qualified Individual Providers and Health Workers

Since the network must ensure that the engaged providers are adequate in number and are capable to render corresponding services, only those with appropriate licenses or accreditation from DOH/PhilHealth, as applicable, must be part of the network. These can be verified by:

- A list of all providers and respective services including appropriate licenses and status of accreditation in PhilHealth, if applicable.

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- The number of providers by type of services matched with the number of target beneficiaries for each service type based on the HRH Manual.
- The network engagement of providers outside of LGU supervision can be supported by a contract or a memorandum of agreement (MOA) with deliverable. Providers under LGU supervision can be engaged through a memorandum of instruction from the local chief executive (LCE) or the network management.

Internal Monitoring Mechanism

- An established monitoring mechanism for individual provider performance within the network needs to be in place to ensure that all required services are provided at expected quality and quantity. Indicators for monitoring may be indicated in individual provider contract. Data and reports that can be used as reference for monitoring and assessment of performance may be sourced from an established database or record of network issuance/s. The patient record system shall keep track of baseline health profiles of individual beneficiaries and shall be used in monitoring of conditions. While an electronic patient record is recommended, an alternative system may be considered in case of poor connectivity and interoperability issues with the PhilHealth system.
 - Patient consent on record-keeping and other procedures, as appropriate, must be secured.
 - Referral to other providers for services and the type/description of services, must also be recorded.
 - Services rendered and prescribed but not provided to individual patients must also be part of the patient record system.
- The internal monitoring mechanism shall also help the network detect and prevent over-referral or under-provision of services through the following provider record/report:
 - First patient encounter and follow-up care
 - Patients provided with completed services
 - Referral practice based on records, type of services referred, and reasons for referral
 - Patient satisfaction survey (e.g., exit survey) to rate the providers' knowledge, attitude, and practices (KAP) in treating patients
- The internal monitoring mechanism can also provide information that shall better aid the network in ensuring consistent operational support. The monitoring mechanism can help ensure:
 - Consistent adequate supply of resources
 - Adequate number of trained providers/staff
 - Incentives for performing providers are awarded
 - Reports are generated/uploaded for transmission to PhilHealth

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Technical Coordination

This aspect of the network should be able to demonstrate how beneficiaries are able to access and provided needed health services under Konsulta. Network of providers should be able to facilitate beneficiary availment of all the services. On the other hand, such facilitation should also be able to prevent overlaps in service provision and to ensure efficient delivery of services.

- The target beneficiaries for each provider in the network needs to be clearly defined and identified.

- The providers within the network needs to be collectively capable of providing required services under Konsulta.
- Navigation and referral protocols must be in place to direct patients/beneficiaries to the required services within the network. This should include referral-back protocol to the primary care provider where the beneficiary is registered and referral to other providers outside of the network, as needed.

Financial Management Support

One of the prescribed elements in organizing the province/city wide health system under the UHC is financial integration. This shall support the operations of the network and shall ensure sustained adequate availability of resources for the provision of Konsulta services. The funding allocation for Konsulta or primary care related activities and commodities can be verified from the following LGU documents:

- Local investment plan for health (LIPH)/Investment Plan and Annual Operations Plan (AOP)
- Health Board approved guideline on compensation, incentives and fees for contracted services within the network including the disbursement and procurement transactions. These can be verified or supported by signed contracts with other providers.

Table 1 summarizes the standards for contracting a PCPN to be used as assessment tool by both the network and PhilHealth.

Table 1. PCPN Contracting Standard

Key Features	Criteria	Evidence
Management		
Legal Personality (core key feature)	Has legal rights and responsibilities to enter into agreement and receive payment from PhilHealth	<p>Document review all as applicable: For purely public or <i>mixed</i> public-led network:</p> <p><input type="checkbox"/> Province: Sanggunian Resolution authorizing the province to contract with PhilHealth and other health care providers, and to open an account for the SHF for health services and signed MOA between governor and participating component city and municipal mayors or private/public Konsulta providers in the case of province</p> <p><input type="checkbox"/> City: Resolution authorizing the highly urbanized city or independent component city to contract with PhilHealth and other health care providers, and to open an account for the SHF for health services</p> <p>Document review all:</p> <p><input type="checkbox"/> SHF Bank account</p> <p><input type="checkbox"/> Evidence of book of accounts</p>

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Key Features	Criteria	Evidence
		Document review all: For purely private or <i>mixed</i> private-led network: <input type="checkbox"/> Copy of SEC-approved Articles of Incorporation or Partnership or any proof/document of legal entity indicating the name/s of Incorporators or Partners <input type="checkbox"/> Updated LGU Business Permit <input type="checkbox"/> BIR Certificate of Registration <input type="checkbox"/> Pooled Bank account <input type="checkbox"/> Evidence of book of accounts
Organizational structure	Has a well-defined organizational structure	Document review: <input type="checkbox"/> PCPN organizational structure/chart
Qualified individual providers (core feature) key	Has DOH license and/or PhilHealth accreditation for all involved facilities (as applicable)	Document review: <input type="checkbox"/> Primary care certification from DOH or PhilHealth accreditation as applicable
	Has a capacity to meet the defined minimum health care professional to patient ratio	Document review: <input type="checkbox"/> List of providers by type of services matched with the number of target beneficiaries for each service type based on the HRH Manual
Integrated Information System (core feature) key	Has an interconnected and integrated information system among all facilities in the network that ensures that privacy and confidentiality laws are followed	<input type="checkbox"/> PhilHealth IT requirements 1. Adoption of enhanced eKonsulta system, an equivalent PhilHealth system for Konsulta Sandbox, or its own developed/contracted PhilHealth-certified electronic medical record system as its recording, reporting, and monitoring system, preferably connected or linked to each provider within the network for automatic patient record updating. 2. Software: (choose one option) a. XAMPP V1.8.3-3 b. Apache v2 4.7, MySQL 5.6 and PHPv5.5 Support Browsers: Best used in updated versions of Google Chrome, Mozilla Firefox and Microsoft Edge OS Supported: Windows 7x64, Windows 7x 32, Windows 10X32, Windows 10x64

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Key Features	Criteria	Evidence
		Hardware Requirements <ul style="list-style-type: none"> a. Memory: min of 2GB RAM b. Storage: 500GB HD c. Processor: min of 1GHz
Data Privacy Compliance (core feature)	Observes and upholds patient's privacy and confidentiality at all times during exchange of data between facilities within the network	Document review: <ul style="list-style-type: none"> <input type="checkbox"/> Consent forms Interview with IT: <ul style="list-style-type: none"> <input type="checkbox"/> Demonstration of IT security and confidentiality of records <input type="checkbox"/> Demonstration of medical records sharing and exchange of information
Records Keeping	Maintains a detailed, efficient, and complete medical records management	Interview/ system demonstration with IT/health workers: <ul style="list-style-type: none"> <input type="checkbox"/> Patient recording system showing <ul style="list-style-type: none"> o Record of first patient encounter and follow-up care o Record of patients provided with completed services o Record of referrals to other providers for services and the type/description of services o Record of services rendered and prescribed but not provided to individual patients
Administrative Service	Has a capacity to ensure adequacy of resources to deliver service commitments	Document review: <ul style="list-style-type: none"> <input type="checkbox"/> Record of available supplies <input type="checkbox"/> Record of trained providers/staff
Performance Monitoring	Implements policies and procedures on network-wide results-based performance monitoring & evaluation	Document review (may also be found in MOA/contract, memos, etc.) or key informant interview (KII): <ul style="list-style-type: none"> <input type="checkbox"/> Policies and procedures on performance monitoring <input type="checkbox"/> Quality assurance program <input type="checkbox"/> Patient satisfaction survey <input type="checkbox"/> Participant provider satisfaction survey <input type="checkbox"/> Facility performance evaluation/scorecard <input type="checkbox"/> Network evaluation/scorecard
Performance Monitoring	Has a framework for incentivizing high-performing facilities within the network	Document review (may also be found in MOA/contract, memos, etc.): <ul style="list-style-type: none"> <input type="checkbox"/> Policies and procedures on performance monitoring

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Key Features	Criteria	Evidence
Technical Function		
Population coverage	Has a defined population that it shall serve	<input type="checkbox"/> Network agreement regarding performance-based incentives or disincentives
Services	Has a capacity to deliver all Konsulta services prescribed in PC No. 2022-0005	Document review any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Mechanism to register everyone in the catchment <input type="checkbox"/> Database of assigned individuals <input type="checkbox"/> List of all providers and respective services including appropriate licenses and status of accreditation in PhilHealth <input type="checkbox"/> List of providers by type of services matched with the number of target beneficiaries for each service type based on the HRH Manual <input type="checkbox"/> Contract or MOA with providers outside of LGU supervision, for outsourced services <input type="checkbox"/> Memorandum of instruction from the LCE or the network management engaging providers under LGU supervision, for services within the network.
Patient navigation and coordinated care	Implements policies and procedures on primary care providers as initial contact	Document review (may be found in memos/issuances): <ul style="list-style-type: none"> <input type="checkbox"/> Network's policies and procedures on navigation and coordination/Patient Pathway Interview with health worker: <ul style="list-style-type: none"> <input type="checkbox"/> Demonstration of patient navigation procedure/patient pathway
	Has provisions on navigation of patient during emergencies and special situations	Document review (may be found in memos/issuances): <ul style="list-style-type: none"> <input type="checkbox"/> Network's policies and procedures on navigation and coordination with specific provisions on emergencies and special situations/patient pathway for emergencies and special situations Interview with health worker: <ul style="list-style-type: none"> <input type="checkbox"/> Demonstration of patient navigation procedure specifically during emergencies and special situations
	Has a mechanism/system for coordination of care	Document review and/or KII: <ul style="list-style-type: none"> <input type="checkbox"/> Network's referral protocols including referral-back protocol to the primary care provider where

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Key Features	Criteria	Evidence
		<p>the beneficiary is registered and referral to other providers outside of the network</p> <p>Interview with health worker:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstration of mechanism/system for coordinating care
Financial Management Support		
<p>Fiscal authority (core feature)</p> <p>key</p>	<p>Pools funds at the network level (network-wide accounting) and has a mechanism for dividing funds fairly</p>	<p>Document review all:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Network agreement for the use of bank accounts/evidence of books of accounts and financial reporting and sub-ledgers <input type="checkbox"/> LGU's investment plan for health/Annual Operations Plan/work and financial plan <input type="checkbox"/> Copy of DILG's Seal of Good Financial Housekeeping <input type="checkbox"/> Buffer fund or escrow account <p>Document review/interview with Finance Officer:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Network's policies and procedures on handling of capitation payments from PhilHealth
	<p>Has a network-wide investment plan and resource allocation supporting the PCPN's strategic and financial goals, and operational targets</p>	<p>Document review:</p> <ul style="list-style-type: none"> <input type="checkbox"/> LIPH /AOP or Investment Plan <input type="checkbox"/> Health Board approved guideline on compensation, incentives and fees for contracted services within the network including the disbursement and procurement transactions. These can be verified or supported by signed contracts with other providers.
	<p>Has a menu of charges which is implemented across the network, which includes professional fees</p>	<p>Document review:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Network's policies and procedures on charging and co-payment <input type="checkbox"/> Network's publicized menu of charges <p>Interview with Finance Officer:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstration of implementation of menu of charges in the network – bills and statements of account

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**APPLICATION CHECKLIST OF CORE REQUIREMENTS FOR PRIMARY CARE PROVIDER NETWORK (PCPN) SANDBOX
 (PUBLIC or MIXED PUBLIC-LED NETWORK)**

Name of PCPN:		Contracting Certificate Reference No.:	
Address:		Accreditation No.:	DOH LFO No.:
Service Area:	Mobile No.:	Email Add.:	
Contact No.:			

Direction for the PCPN:
 1. Put a check (✓) under network column if the standard is available and (X) if not.
 2. If outsourced services, put a (u) under network column and under remarks "outsourced" plus the name of the service/s. Outsourced services must have a updated Memorandum of Agreement (MOA) which reflect provisions for payment such as compliance to the No Balance Billing (NBB) policy

MANAGEMENT

A. LEGAL PERSONALITY

	Network	PHIC	Remarks
1. Signed tripartite Memorandum of Agreement (MOA) among LGU, PhilHealth and DOH	<input type="checkbox"/>	<input type="checkbox"/>	
2. Sanggunian Resolution authorizing the city/province to contract with PhilHealth and other health care providers, and to open an account for the SEIF for health services and signed MOA between city/governor and participating component city and municipal mayors or private/public Konsulta providers	<input type="checkbox"/>	<input type="checkbox"/>	
3. Proof of SHF Depository Bank Account	<input type="checkbox"/>	<input type="checkbox"/>	
4. DILG's Seal of Good Financial Housekeeping Award	<input type="checkbox"/>	<input type="checkbox"/>	
5. Bank Certificate for the Buffer/Esrow Account or GSIS Surety Bond (After the SLA signing before the 1st capitation release)	<input type="checkbox"/>	<input type="checkbox"/>	

B. QUALIFIED INDIVIDUAL PROVIDERS

6. Primary care certification from DOH or PhilHealth accreditation as applicable	<input type="checkbox"/>	<input type="checkbox"/>	
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C. INTEGRATED INFORMATION SYSTEM

C.1. PHILHEALTH IT Requirements

8. EMR Provider (NETWORK). Adoption of enhanced eKonsulta system, an equivalent PhilHealth system for Konsulta Sandbox, or its own developed/contracted PhilHealth-certified electronic medical record system as its recording, reporting, and monitoring system, preferably connected or linked to each provider within the network for automatic patient record updating	<input type="checkbox"/>	<input type="checkbox"/>	
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C.2. Software (Choose one option)

9. XAMPP V1.8.3-3	<input type="checkbox"/>	<input type="checkbox"/>	
10. Apache v2 4.7	<input type="checkbox"/>	<input type="checkbox"/>	
11. MySQL 5.6	<input type="checkbox"/>	<input type="checkbox"/>	
12. PHPv5.5 <input type="checkbox"/> Others (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

C.3. Support Browsers

13. Google Chrome	<input type="checkbox"/>	<input type="checkbox"/>	
14. Mozilla Firefox	<input type="checkbox"/>	<input type="checkbox"/>	
15. Microsoft Edge <input type="checkbox"/> Others (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

C.4. OS Supported

16. Windows 7x64	<input type="checkbox"/>	<input type="checkbox"/>	
17. Windows 7x32	<input type="checkbox"/>	<input type="checkbox"/>	
18. Windows 10.32	<input type="checkbox"/>	<input type="checkbox"/>	
19. Windows 10x64 <input type="checkbox"/> Others (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	

C.5. Hardware Requirements

20. Memory: min of 2GB RAM	<input type="checkbox"/>	<input type="checkbox"/>	
21. Storage: 500GB HD	<input type="checkbox"/>	<input type="checkbox"/>	
22. Processor: min of 1GHz	<input type="checkbox"/>	<input type="checkbox"/>	

D. DATA PRIVACY COMPLIANCE

23. Consent Form/s <input type="checkbox"/> Patient Treatment Form <input type="checkbox"/> Others specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
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D.1. IT Security, System Demo, & Patient Recording System

24. Policy on IT security and confidentiality of records	<input type="checkbox"/>	<input type="checkbox"/>	
25. Policy on medical records sharing and exchange of information	<input type="checkbox"/>	<input type="checkbox"/>	

E. FISCAL AUTHORITY

26. Network's policies and procedures on handling of capitation payments from PHILHEALTH	<input type="checkbox"/>	<input type="checkbox"/>	
27. Local Investment Plan for Health (LIPH)/Annual Operational Plan (AOP)	<input type="checkbox"/>	<input type="checkbox"/>	
28. Guideline on compensation and fees for for contracted services within the network	<input type="checkbox"/>	<input type="checkbox"/>	
29. Network's policies and procedures on charging and co-payment	<input type="checkbox"/>	<input type="checkbox"/>	
30. Network's publicized menu of charges	<input type="checkbox"/>	<input type="checkbox"/>	

TO BE FILLED UP BY PHIC

Name of Surveyors	Designation	Signature	Date of Survey
1			_____/_____/2023
2			
3			
4			
5			

o Date of Survey: _____ / _____ / 2023
 o With letter of confirmation as:
 o PCPN _____ & o SandBox site _____
 o With draft copy of the Service Level Agreement
 SLA Date Signed by RVP/VP: _____ / _____ / 23
 o APPROVED o DENIED
 PRO Level o CO Level o

REMARKS/DEFICIENCIES

REMARKS/DEFICIENCIES

Date: _____

MASTER COPY
 DC: [Signature]
 11/20/2023



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 706 Shaw Boulevard, Pasig City
 (02) 8441-7442 | www.philhealth.gov.ph
 PhilHealthOfficial | teamphilhealth

**APPLICATION CHECKLIST OF NON-CORE REQUIREMENTS FOR PRIMARY CARE PROVIDER NETWORK (PCPN) SANDBOX
 (PUBLIC OR MIXED PUBLIC-LED NETWORK)**

Name of PCPN:		Contracting Certificate Reference No.:	
Address:		Accreditation No.:	DGH LTO No.:
Service Area:	Mobile No.:	Email Add.:	

Direction for the PCPN:
 1. Put a check (✓) under network column if the standard is available and (X) if not.
 2. If outsourced services, put a (U) under network column and under remarks "outsourced" plus the name of the service/s. Outsourced services must have a updated Memorandum of Agreement (MOA) which reflect provisions for payment such as compliance to the No Balance Billing (NBB) policy.


A. MANAGEMENT	Network	PHIC	Remarks
1. PCPN organizational structure/ chart	<input type="checkbox"/>	<input type="checkbox"/>	
B. RECORDS KEEPING			
B.1. Policy on System documentation:			
2. Patient recording system showing:	<input type="checkbox"/>	<input type="checkbox"/>	
2.1. Record of first patient encounter and follow-up care	<input type="checkbox"/>	<input type="checkbox"/>	
2.2. Record of patients provided with completed services	<input type="checkbox"/>	<input type="checkbox"/>	
2.3. Record of referrals to other providers for services and the type/description of services	<input type="checkbox"/>	<input type="checkbox"/>	
2.4. Record of services rendered and prescribed but not provided to individual patients	<input type="checkbox"/>	<input type="checkbox"/>	
C. ADMINISTRATIVE SERVICE			
C.1. Document review			
3. Record of available supplies	<input type="checkbox"/>	<input type="checkbox"/>	
4. Record of trained providers/staff	<input type="checkbox"/>	<input type="checkbox"/>	
D. PERFORMANCE MONITORING			
D.1. Document review			
5. Policies and procedures on performance monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
6. Quality assurance program	<input type="checkbox"/>	<input type="checkbox"/>	
7. Patient satisfaction survey	<input type="checkbox"/>	<input type="checkbox"/>	
8. Participant provider satisfaction survey	<input type="checkbox"/>	<input type="checkbox"/>	
9. Facility performance evaluation/scorecard	<input type="checkbox"/>	<input type="checkbox"/>	
10. Network evaluation/scorecard	<input type="checkbox"/>	<input type="checkbox"/>	
11. Policies and procedures on performance monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
12. Network agreement regarding performance-based incentives or disincentives	<input type="checkbox"/>	<input type="checkbox"/>	
TECHNICAL FUNCTION			
13. Population Coverage:			
Mechanism to register everyone in the catchment	<input type="checkbox"/>	<input type="checkbox"/>	
Database of assigned individuals	<input type="checkbox"/>	<input type="checkbox"/>	
14. Services			
List of providers and respective services including appropriate licenses and status of accreditation in PhilHealth	<input type="checkbox"/>	<input type="checkbox"/>	
List of providers by type of service matched with the number of target beneficiaries for each service type based on the HRH Manual	<input type="checkbox"/>	<input type="checkbox"/>	
Contract/s & MOAs with providers outside of LGU supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Memorandum of Instruction from the LCE or the network management engaging providers under LGU supervision	<input type="checkbox"/>	<input type="checkbox"/>	
15. Patient navigation and coordinated care			
Network's policies and procedures on navigation and coordination/ Patient Pathway	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstration of patient navigation procedure/patient pathway	<input type="checkbox"/>	<input type="checkbox"/>	
Network's policies and procedures on navigation and coordination with specific provisions on emergencies and special situations/ Patients pathway for emergencies	<input type="checkbox"/>	<input type="checkbox"/>	
Network's referral protocols including referral-back protocol to the primary care provider where the beneficiary is registered and referral to other providers outside of the network	<input type="checkbox"/>	<input type="checkbox"/>	
Patient navigation procedures specifically during emergencies and special situations	<input type="checkbox"/>	<input type="checkbox"/>	
Network's referral protocols including referral-back protocol to the primary care provider where the beneficiary is registered and referral to other providers outside of the network	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanism/system for coordinating care	<input type="checkbox"/>	<input type="checkbox"/>	


TO BE FILLED BY PCPN			
Name of Surveyors	Designation	Signature	Date of Survey
1			/ / 2023
2			
3			
4			
5			

o Date of Survey: / / 2023
 o With letter of confirmation as:
 o PCPN & o SandBox site
 o With draft copy of the Service Level Agreement
 SLA Date Signed by RVP/VP: / / 23
 o APPROVED o DENIED
 PRO Level o CO Level o

REMARKS/DEFICIENCIES

MASTER COPY
 Hf DC: [Signature] Date: 4/26/23

		Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Citystate Centre, 709 Shaw Boulevard, Pasig City ☎ (02) 8441-7442 @ www.philhealth.gov.ph 📱 PhilHealthOfficial 📧 teamphilhealth	
APPLICATION CHECKLIST OF CORE REQUIREMENTS FOR PRIMARY CARE PROVIDER NETWORK (PCPN) SANDBOX (PRIVATE or MIXED PRIVATE-LED NETWORK)			
Name of PCPN:		Contracting Certificate Reference No.:	
Address:		Accreditation No.:	
Service Area:		DOH LTO No.:	
Contact No.:	Mobile No.:	Email Add.:	
Direction for the PCPN: 1. Put a check <input checked="" type="checkbox"/> under network column if the standard is available and (X) if not. 2. If outsourced services, put a <input checked="" type="checkbox"/> under network column and under remarks "outsourced" plus the name of the service/s. Outsourced services must have a updated Memorandum of Agreement (MOA) which reflect provisions for payment such as compliance to the No Balance Billing (NBB) policy.			
MANAGEMENT			
A. LEGAL PERSONALITY			
	Network	PHIC	Remarks
1. Copy of SEC-approved Articles of Incorporation or Partnership or any proof/document of legal entity indicating the name/s of Incorporators or Partners	<input type="checkbox"/>	<input type="checkbox"/>	
2. Updated LGU Business Permit	<input type="checkbox"/>	<input type="checkbox"/>	
3. BIR Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>	
4. Pooled Bank account	<input type="checkbox"/>	<input type="checkbox"/>	
5. Proof of Depository Bank Account	<input type="checkbox"/>	<input type="checkbox"/>	
6. Evidence of book of accounts	<input type="checkbox"/>	<input type="checkbox"/>	
7. Bank Certificate for the Buffer/Escrow Fund or GSIS Surety Bond (After the SLA)	<input type="checkbox"/>	<input type="checkbox"/>	
B. QUALIFIED INDIVIDUAL PROVIDERS			
8. Primary care certification from DOH or PhilHealth accreditation as applicable	<input type="checkbox"/>	<input type="checkbox"/>	
9. List of providers by type of services matched with the number of target beneficiaries for	<input type="checkbox"/>	<input type="checkbox"/>	
C. INTEGRATED INFORMATION SYSTEM			
C.1. PHILHEALTH IT Requirements			
10. EMR Provider (NETWORK). Adoption of enhanced eKonsulta system, an	<input type="checkbox"/>	<input type="checkbox"/>	
C.2. Software (Choose one option)			
11. XAMPP V1.8.3-3	<input type="checkbox"/>	<input type="checkbox"/>	
12. Apache v2.4.7	<input type="checkbox"/>	<input type="checkbox"/>	
13. MySQL 5.6	<input type="checkbox"/>	<input type="checkbox"/>	
14. PHPv5.5 <input type="checkbox"/> Others (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	
C.3. Support Browsers			
15. Google Chrome	<input type="checkbox"/>	<input type="checkbox"/>	
16. Mozilla Firefox	<input type="checkbox"/>	<input type="checkbox"/>	
17. Microsoft Edge <input type="checkbox"/> Others (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	
C.4. OS Supported			
18. Windows 7x64	<input type="checkbox"/>	<input type="checkbox"/>	
19. Windows 7x32	<input type="checkbox"/>	<input type="checkbox"/>	
20. Windows 10.32	<input type="checkbox"/>	<input type="checkbox"/>	
21. Windows 10x64 <input type="checkbox"/> Others (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	
C.5. Hardware Requirements			
22. Memory: min of 2GB RAM	<input type="checkbox"/>	<input type="checkbox"/>	
23. Storage: 500GB HD	<input type="checkbox"/>	<input type="checkbox"/>	
24. Processor: min of 1GHz	<input type="checkbox"/>	<input type="checkbox"/>	
D. DATA PRIVACY COMPLIANCE			
25. Consent Form/s Patient Treatment Form o Others specify:	<input type="checkbox"/>	<input type="checkbox"/>	
D.2. IT Security, System Demo, & Patient Recording System			
26. Policy on IT security and confidentiality of records	<input type="checkbox"/>	<input type="checkbox"/>	
27. Policy on medical records sharing and exchange of information	<input type="checkbox"/>	<input type="checkbox"/>	
E. FISCAL AUTHORITY			
28. Network's policies and procedures on handling of capitation payments from PHILHEALTH	<input type="checkbox"/>	<input type="checkbox"/>	
29. Local Investment Plan for Health (LIPH)/Annual Operational Plan (AOP)	<input type="checkbox"/>	<input type="checkbox"/>	
30. Guideline on compensation and fees for for contracted services within the network (these can be verified or supported by signed contracts with other providers)	<input type="checkbox"/>	<input type="checkbox"/>	
31. Network's policies and procedures on charging and co-payment	<input type="checkbox"/>	<input type="checkbox"/>	
32. Network's publicized menu of charges	<input type="checkbox"/>	<input type="checkbox"/>	
TO BE RECORDED BY NITC			
Name of Surveyors	Designation	Signature	Date of Survey _____/_____/2023
1			<input type="checkbox"/> With letter of confirmation as:
2			<input type="checkbox"/> PCPN & <input type="checkbox"/> SandBox site
3			<input type="checkbox"/> With draft copy of the Service Level Agreement
4			SLA Date Signed by RVP/VP: _____/_____/23
5			<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
PRO Level <input type="checkbox"/> CO Level <input type="checkbox"/>			
REMARKS/DEFICIENCIES			

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 DC: [Signature]




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PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 708 Shaw Boulevard, Pasig City
 (02) 8441-7442 @ www.philhealth.gov.ph
 PhilHealth Official | teamphilhealth

**APPLICATION CHECKLIST OF NON-CORE REQUIREMENTS FOR PRIMARY CARE PROVIDER NETWORK (PCPN) SANDBOX
 (PUBLIC OR MIXED PUBLIC-LED NETWORK)**

Name of PCPN:		Contracting Certificate Reference No.:	
Address:		Accreditation No.:	DoH LTO No.:
Service Area:	Mobile No.:	Email Add.:	
Contact No.:			

Direction for the PCPN:
 1. Put a check under network column if the standard is available and (X) if not.
 2. If outsourced services, put a under network column and under remarks "outsourced" plus the name of the service/s. Outsourced services must have a updated Memorandum of Agreement (MOA) which reflect provisions for payment such as compliance to the No Balance-Billing (NBB) policy.

	Network	PHIC	Remarks
A. MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1. PCPN organizational structure/chart	<input type="checkbox"/>	<input type="checkbox"/>	
B. RECORDS KEEPING			
B.1. Policy on System documentation:			
3. Patient recording system showing:	<input type="checkbox"/>	<input type="checkbox"/>	
3.1. Record of first patient encounter and follow-up care	<input type="checkbox"/>	<input type="checkbox"/>	
3.2. Record of patients provided with completed services	<input type="checkbox"/>	<input type="checkbox"/>	
3.3. Record of referrals to other providers for services and the type/description of services	<input type="checkbox"/>	<input type="checkbox"/>	
3.4. Record of services rendered and prescribed but not provided to individual patients	<input type="checkbox"/>	<input type="checkbox"/>	
C. ADMINISTRATIVE SERVICE			
C.1. Document review			
4. Record of available supplies	<input type="checkbox"/>	<input type="checkbox"/>	
5. Record of trained providers/staff	<input type="checkbox"/>	<input type="checkbox"/>	
D. PERFORMANCE MONITORING			
D.1. Document review			
6. Policies and procedures on performance monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
7. Quality assurance program	<input type="checkbox"/>	<input type="checkbox"/>	
8. Patient satisfaction survey	<input type="checkbox"/>	<input type="checkbox"/>	
9. Participant provider satisfaction survey			
10. Facility performance evaluation/scorecard	<input type="checkbox"/>	<input type="checkbox"/>	
11. Network evaluation/scorecard	<input type="checkbox"/>	<input type="checkbox"/>	
12. Policies and procedures on performance monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
13. Network agreement regarding performance-based incentives or disincentives	<input type="checkbox"/>	<input type="checkbox"/>	
TECHNICAL FUNCTION			
14. Population Coverage :			
Mechanism to register everyone in the catchment	<input type="checkbox"/>	<input type="checkbox"/>	
Database of assigned individuals	<input type="checkbox"/>	<input type="checkbox"/>	
15. Services			
List of providers and respective services including appropriate licenses and status of accreditation in PhilHealth	<input type="checkbox"/>	<input type="checkbox"/>	
List of providers by type of service matched with the number of target beneficiaries for each service type based on the HRH Manual	<input type="checkbox"/>	<input type="checkbox"/>	
Contract/s & MOAs with providers outside of LGU supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Memorandum of Instruction from the LCE or the network management engaging providers under LGU supervision	<input type="checkbox"/>	<input type="checkbox"/>	
16. Patient navigation and coordinated care			
Network's policies and procedures on navigation and coordination/ Patient Pathway	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstration of patient navigation procedure/patient pathway	<input type="checkbox"/>	<input type="checkbox"/>	
Network's policies and procedures on navigation and coordination with specific provisions on emergencies and special situations/Patients pathway for emergencies	<input type="checkbox"/>	<input type="checkbox"/>	
Network's referral protocols including referral-back protocol to the primary care provider where the beneficiary is registered and referral to other providers outside of network	<input type="checkbox"/>	<input type="checkbox"/>	
Patient navigation procedures specifically during emergencies and special situations	<input type="checkbox"/>	<input type="checkbox"/>	
Network's referral protocols including referral-back protocol to the primary care	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanism/system for coordinating care	<input type="checkbox"/>	<input type="checkbox"/>	

TO BE FILLED UP BY PHIC

Name of Surveyors	Designation	Signature	Date of Survey
1			____/____/2023
2			
3			
4			
5			

With letter of confirmation as:
 PCPN & SandBox site
 With draft copy of the Service Level Agreement
 SLA Date Signed by RVP/VP: ____/____/23
 APPROVED DENIED
 PRO Level CO Level

REMARKS/DEFICIENCIES

MASTER COPY
 1120/kob3
 Date: _____
 DC: _____



**Annex B.1: Service Level Agreement Template
(Public and Mixed Public-led Network)**

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:

PHILIPPINE HEALTH INSURANCE CORPORATION, a government-owned and controlled corporation created and existing by virtue of R.A. 7875, otherwise known as the "National Insurance Act of 1995", as amended, with office address at [Address], represented herein by its Regional Vice President (RVP), [NAME], (hereinafter called "**PHILHEALTH**").

-and-

[PRIMARY CARE PROVIDER NETWORK NAME], a (LGU/Province/City-owned network, authorized through a Sanggunian Resolution No. _____) issued on _____ 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 "**NETWORK**")
(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, **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, 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) 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 health care delivery system;

WHEREAS, the UHC Act mandates province-wide or city-wide health system to pool and manage, through a special health fund, 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;

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#DC: [Signature] Date: 4/20/2023

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

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 Sandbox setting for the implementation of the Konsulta package;

WHEREAS, the **(name of LGU network)** is willing to participate as Sandbox site to test innovations and interventions, such as the implementation of prospective payment mechanisms; the establishment of the Special Health Fund or pooled fund in the delivery of Konsulta benefit package, and under the terms and conditions contained in this Agreement;

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. **PRIMARY CARE PROVIDER NETWORK OBLIGATIONS**

1.1 **Acceptance of contract amount.**

The **NETWORK** accepts the 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 in Attachment 1.

1.1.1. The **NETWORK** agrees that it shall register and provide Konsulta services to a **maximum of _____ number of Konsulta beneficiaries**, considering its absorptive capacity between 10,000 to 20,000 per physician. PhilHealth shall not provide payment for the number of registered beneficiaries in excess of the prescribed limits. Any Konsulta 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 **NETWORK** may add new certified primary care physicians and/or accredited Konsulta providers in its operations during the validity of this Agreement. The **NETWORK** may then renegotiate with **PHILHEALTH** to increase or decrease its targets given the expanded absorptive capacity. An addendum to this Agreement may be executed to reflect the updated targets and contract amount.

1.1.3. The **NETWORK** agrees to fully comply with mechanisms set by PhilHealth to recover amount in excess of released capitation payments after due reconciliation and evaluation of targets and performance accomplishment.

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Date: 4/20/2023

- 1.1.4. *Public or mixed public-led PCPNs shall be required to submit copy of Department of Interior and Local Government (DILG)'s Seal of Good Financial Housekeeping Award as proof of the LGU's compliance with accounting and auditing standards, rules and regulations.*

The PCPN (public, private, or mixed network) shall set-up a Buffer Fund/escrow fund and submit Bank Certificate to PhilHealth which shall be equivalent to 30% of the contract amount. The money value of the unmet targets shall be transferred to PhilHealth upon demand of PhilHealth.

In lieu of buffer or escrow fund, the network may secure the GSIS surety bond callable upon demand based on 30% of the contract amount. The money value of the unmet target shall be forfeited by PhilHealth in the event that the PCPN failed to perform its obligations under the SLA.

1.2 Provision of covered PhilHealth Konsulta services.

The NETWORK agrees to

- 1.2.1. Render Konsulta services stipulated in PC No. 2022-0005 Section V-B and the Benefit Table indicated in PC No. 2022-0005 Annex D to its registered Konsulta members.
- 1.2.2. Ensure beneficiary access to Konsulta services during [prescribed schedule of clinics].
- 1.2.3. Commit to achieve the targets of Konsulta beneficiaries of not more than 20,000 beneficiaries per physician and for each of the performance indicators specified in this table:

Performance Indicators	Targets	Number of Beneficiaries
Number of registered Konsulta members	100%	
Number of Konsulta members with first patient encounter (FPE)	100%	

All beneficiaries shall be given the following necessary Konsulta services based on their health profiles/FPE and/or results of their consultations:

- a. Provision of consultation services
- b. Provision of diagnostic services
- c. Dispensing of medicines (Antibiotics and maintenance medications for NCDs)

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The Konsulta registered members of the PCPN-AKP as of December 2022 shall be automatically renewed and forwarded to the January 2023 database.

The PCPN-AKP shall assist their registered Konsulta beneficiaries (existing and new) to update their health-assessment profiles (HAPs) and sign a Data Privacy Consent Form with their respective AKPs. Updating of HAPs is essential as it shall serve as the basis for determining the Konsulta services indicated for the beneficiaries including consultation schedules and the provision of laboratory services and drugs/medicines for the entire implementation period.

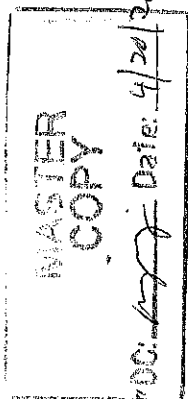
The PCPN-AKP shall provide the necessary Konsulta services based on the health profiles/First Patient Encounter (FPE) and/or results of their consultations of their beneficiaries. The FPE/consultation shall be used to identify the beneficiaries for the consultation services, diagnostic services and NCD Meds while the Antibiotics-Meds recipients shall be determined through doctors' consultation.

- 1.2.4. Maintain a high level of service satisfaction among Konsulta registered beneficiaries as evidenced by result of patient feedback or satisfaction survey, treat Konsulta 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.
- 1.2.5. Establish and institutionalize a functional referral system, which shall ensure that **PHILHEALTH** member-patients are managed by competent health workers in appropriate facilities while those with needs beyond the service capability of the **NETWORK** are referred to appropriate **PHILHEALTH**-accredited health facilities primarily within or if necessary, outside the network of providers.
- 1.2.6. Ensure that portability of Konsulta services is available to all **PHILHEALTH** members and dependents within its network of providers.

1.3 **Assurance of service delivery capacity of member providers.**

The **NETWORK** guarantees that:

- 1.3.1 Its member providers (facilities and professionals) are collectively capable of managing the total target beneficiaries registered in Konsulta and shall deliver services within acceptable standards of care (e.g., clinical practice guidelines) and follows clinical pathways.
- 1.3.2 All its member health care providers/workers, as applicable, have the required competencies and are **PHILHEALTH**-accredited or



with signed performance commitment, possess proper credentials and certifications, and given appropriate privileges in accordance with its policies and procedures.

- 1.3.3 In the event of partial or core compliance to the contracting standards, the network shall subsequently comply with the non-core key features as specified in the PC No. ____ before the release of the second frontloaded capitation.

1.4 **Assurance of frontloaded payment to member providers.**

The **NETWORK** shall ensure prompt payments (not later than 10th day after the receipt of PhilHealth capitation) to its member Konsulta providers listed in Attachment 2. In the event that the Konsulta provider has entered into a contract with other service providers to ensure complete delivery of Konsulta services, the **NETWORK** shall ensure that provider agreements specify a prompt payment requirement, the terms and conditions of which are developed and agreed to by the member Konsulta providers and other service providers.

1.5 **Maintenance of a management information system.**

The **NETWORK** shall:

- 1.5.1 Maintain a registry of all its Konsulta beneficiaries (including newborns) and a database of all services rendered (drugs, labs, auxiliary, services and professional fees), which shall be made available to **PHILHEALTH** or any of its authorized personnel upon request.

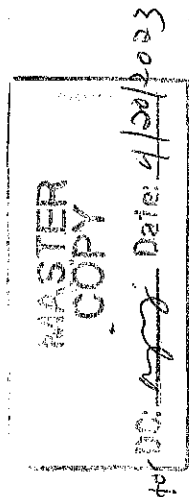
- 1.5.2 Maintain registry of all health workers (e.g., navigators, physicians, nurses, midwives and dentists) including their fields of practice, PRC license, DOH Certification, official e-mail addresses, and mobile phone numbers and make available to **PHILHEALTH** upon request.

- 1.5.3 Ensure that true and accurate data are electronically encoded to update patient's record in the e-Konsulta or its own network electronic medical registry, to include the laboratory/diagnostic examinations done, drugs and supplies used in the care of the patient in its information system which shall be made available for **PHILHEALTH** use.

- 1.5.4 Only transmit true and legitimate records and reports recognizing the period of submission and report format as prescribed in **PHILHEALTH** circulars.

1.6 **Compliance to pertinent laws/policies and miscellaneous provisions and full cooperation during regular surveys/administrative investigations/ domiciliary visitations.**

The **NETWORK** commits that



- 1.6.1 As responsible owner(s) and/or manager(s) of the **NETWORK**, they shall be jointly and severally liable for all violations committed against the provisions of R.A. No. 7875, as amended, and UHC Act including its Implementing Rules and Regulations (IRR) and **PHILHEALTH** policies issued pursuant thereto.
- 1.6.2 It shall promptly inform **PHILHEALTH** prior to any change in the ownership and/or management of the **NETWORK** or any of its member provider with signed performance commitment with **PHILHEALTH**.
- 1.6.3 Any change in ownership and/or management of the **NETWORK** or any of its member provider with signed performance commitment with PhilHealth shall immediately inform the PhilHealth within ten (10) working days and does 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 PhilHealth as a Primary Care Provider Network.
- 1.6.5 It shall abide with all the implementing rules and regulations, memorandum circulars, special orders, advisories, and other administrative issuances by **PHILHEALTH** affecting the **NETWORK**.
- 1.6.6 It shall abide with all administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of a Primary Care Provider Network in contracting with PhilHealth.
- 1.6.7 It shall adhere to pertinent statutory laws affecting the operations of a Primary Care Provider Network 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 **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 **PHILHEALTH** and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by **PHILHEALTH** relative to

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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 contracted **NETWORK** of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; provided that the **NETWORK's** rights to private ownership, if applicable, and privacy are respected at all times.

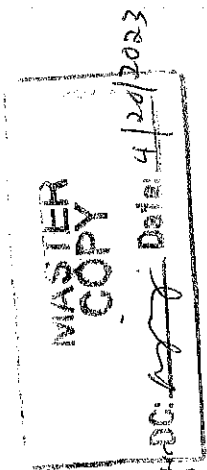
- 1.6.10 It shall ensure that its officers, employees, and personnel extend full cooperation and due courtesy to all **PHILHEALTH** and **COMMISSION ON AUDIT (COA)** officers, employees, and staff during the conduct of assessment/visitation/investigation/monitoring of the **NETWORK's** operations as an accredited **NETWORK** 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 **PHILHEALTH**, unless proven to be a palpable mistake or excusable error.
- 1.6.12 It shall comply with **PHILHEALTH's** summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.
- 1.6.13 It shall recognize the authority of **PHILHEALTH**, its officers and personnel and/or its 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 **PHILHEALTH** corrective actions given after monitoring activities within the prescribed period.
- 1.6.15 It shall agree to return 100% of the overpayment of Capitation through payment recovery mechanism implemented by PhilHealth.
- 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 or improper practices as contracted **NETWORK** 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 unnecessary financial gain rather than promotion of the NHIP.

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- 1.6.18 It shall immediately report to **PHILHEALTH**, its officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of networks and HCIs of the NHIP that may have come to its knowledge directly or indirectly.
- 1.6.19 It shall recognize **PHILHEALTH'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 "No Balance Billing" (NBB) eligible **PHILHEALTH** members and their dependents were made to pay out-of-pocket for HCI and professional fees, if applicable.
- 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. **PHILHEALTH'S OBLIGATIONS**

- 2.1. For and in consideration of the Konsulta services rendered to its registered members, **PHILHEALTH** shall pay the **NETWORK** a total of **[AMOUNT IN WORDS] (Php _____)**, inclusive of all applicable taxes, upon satisfactory completion of all milestones and submission of all the requirements specified in this section of this Agreement and the payment schedule in Attachment 1, as certified by the PhilHealth Regional Vice President. The releases of the capitation frontload 2 and 3 shall require at least 60% liquidation of the 1st/2nd capitation releases thru the money value of the Actual Physical Accomplishment (APA).
- 2.1.1. **PHILHEALTH** shall be responsible for computing the money value of the monthly, quarterly, and annual performance targets and actual physical accomplishment of the network.
- 2.1.2. **PHILHEALTH** shall process appeals for payment of capitation for registered Konsulta beneficiaries in excess of [number of beneficiaries used in calculating the contract amount], provided that all required documents are submitted.
- 2.2. **PHILHEALTH** shall ensure the timely release of payments to the network within ten (10) days upon submission of complete requirements.
- 2.3. **PHILHEALTH** shall address the concerns of the **NETWORK** and issue clarifications as needed to facilitate Konsulta implementation.



- 2.4. **PHILHEALTH** shall provide the **NETWORK** with regular updates and orientation on **PHILHEALTH** policies and guidelines.
- 2.5. **PHILHEALTH** shall assist the **NETWORK** to ensure interoperability and connectivity with PhilHealth databases to support innovations and EMR initiatives.
- 2.6. **PHILHEALTH**, through its [Office/Department Name], shall conduct random on-site or virtual validation visits to observe the actual implementation of the **NETWORK** of its innovation. **PHILHEALTH** shall provide the results of the monitoring and assessment to the [Representative of the Network] 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:

- Any proven cases of abuse in the operations of the Network
- Any proven fraud committed by the Network
- Request from the Network to pre-terminate the testing due to unsustainable and/or unfeasible implementation

This Agreement shall be without prejudice to the application of the public network as a Coordinated Approach to Community Health Towards UHC (CATCH-UHC) Site and may terminate the same during its effectivity, provided that, compliance with the termination requirement herein below is complied with.

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.

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 DC: Njj Date: 4/24/2023

7. ASSIGNABILITY

No assignment of rights, duties or obligations under this Agreement shall be made by either Party without the 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 Network shall comply with the submission of the NDA to PhilHealth in compliance to the Data Privacy Law and rules.

11. ETHICS

The NETWORK shall comply with the policy on ethical and non-discriminatory marketing of Konsulta benefit package as stipulated in PC No. 2022-0005 Section V-A-9.

12. EXCLUSIVE AGREEMENT

The provision of Konsulta service requires the Konsulta provider facility to engage only in one network.

13. GOVERNING LAW AND VENUE OF ACTION

This Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines, all PhilHealth circulars and issuances on Konsulta 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.

14. ENTIRE AGREEMENT

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.

COPY
Date: 4/26/2023

Regional Vice-President
PhilHealth

Governor/Mayor
LGU _____

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 _____

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WRUC: *[Signature]* Date: 4/20/2023

**Annex B.2: Service Level Agreement Template
(Private and Mixed Private-led Network)**

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:

PHILIPPINE HEALTH INSURANCE CORPORATION, a government-owned and controlled corporation created and existing by virtue of R.A. 7875, otherwise known as the "National Insurance Act of 1995", as amended, with office address at [Address], represented herein by its Regional Vice-President (RVP), [NAME], (hereinafter called "**PHILHEALTH**").

-and-

[PRIMARY CARE PROVIDER NETWORK NAME], a private 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 [Position of Representative], [NAME], (hereinafter called "**NETWORK**")
(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, **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, 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) 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 health care delivery system;

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

to DC: [Signature] Date: 4/20/2022

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 Konsulta package;

WHEREAS, the (**private network**) is willing to participate as sandbox site to test innovations and interventions, such as the implementation of prospective payment mechanisms; the establishment of the pooled fund in the delivery of Konsulta benefit package, and under the terms and conditions contained in this Agreement;

WHEREAS, the (**private network**) is willing to sign an indemnity agreement with PHILHEALTH and GSIS thereby securing surety bond with the GSIS and comply with the requirement;

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. PRIMARY CARE PROVIDER NETWORK OBLIGATIONS

1.1. Acceptance of contract amount

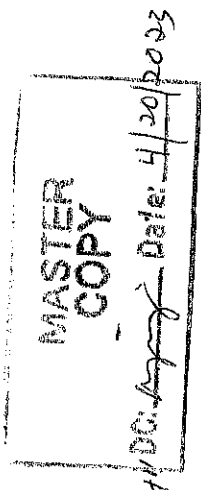
The **NETWORK** accepts the contract amount of [AMOUNT IN WORDS] (Php _____) stipulated in this Agreement, including the corresponding schedule of payment and conditions for payment releases specified in the payment schedule in Attachment 1.

1.1.1. The **NETWORK** agrees that it shall register and provide Konsulta services to a **maximum of _____ number of Konsulta beneficiaries**, considering its absorptive capacity between 10,000 to 20,000 per physician. **PHILHEALTH** shall not provide payment for the number of registered beneficiaries in excess of the prescribed limits. Any Konsulta 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 **NETWORK** may add new certified primary care physicians and/or accredited Konsulta providers in its operations during the validity of this Agreement. The **NETWORK** may then renegotiate with **PHILHEALTH** until the end of the sixth month of the sandbox period to increase or decrease its targets given the expanded or reduced absorptive capacity. An addendum to this Agreement may be executed to reflect the updated targets and contract amount.

1.1.3. The **NETWORK** agrees to fully comply with mechanisms set by **PHILHEALTH** to recover amount in excess of released capitation payments after due reconciliation and evaluation of targets and performance accomplishment.

1.1.4. *The PCPN (public, private, or mixed network) shall set-up a Buffer Fund/escrow fund and submit Bank Certificate to PhilHealth*



which shall be equivalent to 30% of the contract amount. The money value of the unmet targets shall be transferred to PhilHealth upon demand of PhilHealth.

In lieu of buffer or escrow fund, the network may secure the GSIS surety bond callable upon demand based on 30% of the contract amount. The money value of the unmet target shall be forfeited by PhilHealth in the event that the PCPN fails to perform its obligations under the SLA.

- 1.1.5. The **NETWORK** agrees to secure a surety bond with the Government Service Insurance System (GSIS) after signing the contract and before the release of the initial capitation, callable upon demand based on the 30% of the contract amount.

1.2. Provision of covered PhilHealth Konsulta services

The **NETWORK** agrees to

- 1.2.1. Render Konsulta services stipulated in PC No. 2022-0005 Section V-B and the Benefit Table indicated in PC No. 2022-0005 Annex D to its registered Konsulta members.
- 1.2.2. Ensure beneficiary access to Konsulta services during [prescribed schedule of clinics].
- 1.2.3. Commit to achieve the targets of Konsulta beneficiaries of not more than 20,000 beneficiaries per physician and for each of the performance indicators specified in this table:

Performance Indicators	Targets	Number of Beneficiaries
Number of registered Konsulta members	100%	
Number of Konsulta members with first patient encounter (FPE)	100%	

All beneficiaries shall be given the following necessary Konsulta services based on their health profiles/FPE and/or results of their consultations:

- a. Provision of consultation services
- b. Provision of diagnostic services
- c. Dispensing of medicines (Antibiotics and maintenance medications for NCDs)

The Konsulta registered members of the PCPN-AKP as of December 2022 shall be automatically renewed and forwarded to the January 2023 database.

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The PCPN-AKP shall assist their registered Konsulta beneficiaries (existing and new) to update their health-assessment profiles (HAPs) and sign a Data Privacy Consent Form with their respective AKPs. Updating of HAPs is essential as it shall serve as the basis for determining the Konsulta services indicated for the beneficiaries including consultation schedules and the provision of laboratory services and drugs/medicines for the entire implementation period.

The PCPN-AKP shall provide the necessary Konsulta services based on the health profiles/First Patient Encounter (FPE) and/or results of their consultations of their beneficiaries. The FPE/consultation shall be used to identify the beneficiaries for the consultation services, diagnostic services and NCD Meds while the Antibiotics-Meds recipients shall be determined through doctors' consultation.

- 1.2.4. Maintain a high level of service satisfaction among Konsulta registered beneficiaries as evidenced by result of patient feedback or satisfaction survey, treat Konsulta 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.
- 1.2.5. Establish and institutionalize a functional referral system, which shall ensure that **PHILHEALTH** member-patients are managed by competent health workers in appropriate facilities while those with needs beyond the service capability of the **NETWORK** are referred to appropriate **PHILHEALTH**-accredited health facilities primarily within or if necessary, outside the network of providers.
- 1.2.6. Ensure that portability of Konsulta services is available to all **PHILHEALTH** members and dependents within its network of providers.

1.3. Assurance of service delivery capacity of member providers.

The **NETWORK** guarantees that

- 1.3.1. Its member providers (facilities and professionals) are collectively capable of managing the total target beneficiaries registered in Konsulta and shall deliver services within acceptable standards of care (e.g., clinical practice guidelines) and follows clinical pathways.
- 1.3.2. All its member health care providers/workers, as applicable, have the required competencies and are **PHILHEALTH**-accredited or with signed performance commitment, possess proper credentials and certifications, and given appropriate privileges in accordance with its policies and procedures.

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1.3.3. In the event of partial or core compliance to the contracting standards, the network shall subsequently comply with the non-core key features as specified in the PC No. ____ before the release of the second frontloaded capitation.

1.4. **Ensure sufficient allocation and timely release of fund provision to member providers.**

The NETWORK concurs that all Konsulta capitation payments shall be paid directly to the NETWORK and that claims of its individual member providers shall be between the NETWORK and the individual member provider. Moreover, the NETWORK and its individual member providers agree that individual member providers shall not file claims directly to PHILHEALTH for services rendered under Konsulta.

1.5. **Maintenance of a management information system.**

The NETWORK shall

1.5.1. Maintain a registry of all its Konsulta beneficiaries (including newborns) and a database of all services rendered (drugs, labs, auxiliary, services and professional fees), which shall be made available to PHILHEALTH or any of its authorized personnel upon request.

1.5.2. Maintain a registry of all health workers (e.g., navigators, physicians, nurses, midwives and dentists) including their fields of practice, official e-mail addresses, and mobile phone numbers and make available to PHILHEALTH upon request.

1.5.3. Ensure that true and accurate data are electronically encoded to update patient's record in the e-Konsulta or its own network electronic registry, to include the laboratory/diagnostic examinations done, drugs and supplies used in the care of the patient in its information system which shall be made available for PHILHEALTH use.

1.5.4. Only transmit true and legitimate records and reports recognizing the period of submission and report format as prescribed in PHILHEALTH circulars.

1.6. **Compliance to pertinent laws/policies and miscellaneous provisions and full cooperation during regular surveys/administrative investigations/domiciliary visitations.**

The NETWORK commits that

1.6.1. As responsible owner(s) and/or manager(s) of the NETWORK, they shall be jointly and severally liable for all violations committed against the provisions of R.A. No. 7875, as amended, and UHC Act including its Implementing Rules and Regulations (IRR) and PHILHEALTH policies issued pursuant thereto.

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- 1.6.2. It shall promptly inform **PHILHEALTH** prior to any change in the ownership and/or management of the **NETWORK** or any of its member provider with signed performance commitment with **PHILHEALTH**.
- 1.6.3. Any change in ownership and/or management of the **NETWORK** or any of its member provider with signed performance commitment with PhilHealth shall immediately inform the PhilHealth within ten (10) working days and does 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 **PHILHEALTH** as a Primary Care Provider Network.
- 1.6.5. It shall abide with all the implementing rules and regulations, memorandum circulars, special orders, advisories, and other administrative issuances by **PHILHEALTH** affecting the **NETWORK**.
- 1.6.6. It shall abide with all administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of a Primary Care Provider Network in contracting with **PHILHEALTH**.
- 1.6.7. It shall adhere to pertinent statutory laws affecting the operations of a Primary Care Provider Network 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 **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 **PHILHEALTH** and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by **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 contracted **NETWORK** of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the

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provision of copies thereof; provided that the **NETWORK'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 the **NETWORK's** operations as an accredited **NETWORK** 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 **PHILHEALTH**, unless proven to be a palpable mistake or excusable error.
- 1.6.12. It shall comply with **PHILHEALTH's** summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.
- 1.6.13. It shall recognize the authority of **PHILHEALTH**, its officers and personnel and/or its 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 **PHILHEALTH** corrective actions given after monitoring activities within the prescribed period.
- 1.6.15. It shall agree to return 100% of the overpayment of Capitation through payment recovery mechanism implemented by PhilHealth.
- 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 or improper practices as contracted **NETWORK** 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 unnecessary financial gain rather than promotion of the NHIP.
- 1.6.18. It shall immediately report to **PHILHEALTH**, its officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of networks and HCIs of the NHIP that may have come to its knowledge directly or indirectly.

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Date: 4/20/2023

1.6.19. It shall recognize **PHILHEALTH'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 "No Balance Billing" (NBB) eligible **PHILHEALTH** members and their dependents were made to pay out-of-pocket for HCI and professional fees, if applicable.

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 and its IRR.

2. **PHILHEALTH'S OBLIGATIONS**

2.1. For and in consideration of the Konsulta services rendered to its registered members, **PHILHEALTH** shall pay the **NETWORK** a total of **[AMOUNT IN WORDS] (Php _____)**, inclusive of all applicable taxes, upon satisfactory completion of all milestones and submission of all the requirements specified in this section of this Agreement and the payment schedule in Attachment 1, as certified by the PhilHealth Regional Vice President. The releases of the capitation frontload 2 and 3 shall require at least 60% liquidation of the 1st/2nd capitation releases thru the money value of the Actual Physical Accomplishment (APA).

2.1.1. **PHILHEALTH** shall be responsible for computing the money value of the monthly, quarterly, and annual performance targets and actual physical accomplishment of the network.

2.1.2. **PHILHEALTH** shall process appeals for payment of capitation for registered Konsulta beneficiaries in excess of [number of beneficiaries used in calculating the contract amount], provided that all required documents are submitted.

2.2. **PHILHEALTH** shall ensure timely release of payments to the **NETWORK** within ten (10) days upon submission of complete requirements.

2.3. **PHILHEALTH** shall address the concerns of the **NETWORK** and issue clarifications as needed to facilitate Konsulta implementation.

2.4. **PHILHEALTH** shall provide the **NETWORK** with regular updates and orientation on **PHILHEALTH** policies and guidelines.

2.5. **PHILHEALTH** shall assist the **NETWORK** to ensure interoperability and connectivity with PhilHealth databases to support innovations and EMR initiatives.

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2.6. **PHILHEALTH**, through its [Office/Department Name], shall conduct random on-site or virtual validation visits to observe the actual implementation of the **NETWORK** of its innovation. **PHILHEALTH** shall provide the results of the monitoring and assessment to the [Representative of the Network] fifteen (15) days after the conduct of the assessment.

2.7. ***PHILHEALTH**, through its [Office/Department Name], shall forfeit the surety bond issued upon its favor by the private network in case of the latter's failure to comply with its contractual obligations under the signed SLA, without prejudice to the imposition of appropriate fees as may be warranted.*

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:

- Any proven cases of abuse in the operations of the Network
- Any proven fraud committed by the Network
- Request from the Network to pre-terminate the testing due to unsustainable and/or unfeasible 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 written approval of the other Party.

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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 Network shall comply with the submission of the NDA to PhilHealth in compliance to the Data Privacy Law and rules.

11. ETHICAL

Comply with the policy on ethical and non-discriminatory marketing of Konsulta benefit package as stipulated in PC No. 2022-0005 Section V-A-9.

12. EXCLUSIVE AGREEMENT

The provision of Konsulta service requires the Konsulta provider facility to engage only in one network.

13. GOVERNING LAW AND VENUE OF ACTION

This Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines, all PhilHealth circulars and issuances on Konsulta 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.

14. ENTIRE AGREEMENT

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.

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DC: [Signature] Date: 4/21/2023

Regional Vice-President
PhilHealth

Principal
Network: _____

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 _____

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Annex C: Benefit Payment Arrangement

Benefit Payment Arrangement

Section 18 of the UHC law mandates PhilHealth to shift to performance-driven, close-end, prospective provider payments mechanism and to incentivize providers that form networks. In this regard, the provider payment mechanism shall remain based on capitation but with modifications in the payment schedule to facilitate **frontloaded capitation** and promote efficiency in the delivery of Konsulta services.

1. Selected sites shall be entitled to the same capitation rate with modified payment schedule described herein.
2. The capitation rate for the current Konsulta services as provided in PhilHealth Circular 2022-0005 shall remain applicable.
3. Benefit payment schedule shall be in tranches or portion of capitation to be released as provided in the SLA. The revised schedule for the release of capitation tranches is to ensure availability of funds to sustain uninterrupted delivery of health care.
4. For Konsulta registration, the total number of beneficiaries registered should not exceed the DOH-recommended ratio for provider to patients, which is at 1 accredited Konsulta doctor/provider per 20,000 population. The number of beneficiaries in excess of the recommended ratio shall not be included in the computation for payment.
5. The provider payment is performance-based capitation as this shall ensure that intended services for beneficiaries needing the provision of primary care services are rendered within the payment period.
6. In the computation of money value of the actual physical performance (2nd release to 3rd release, as applicable), the resultant score of each key performance indicator shall in no case exceed the prescribed percentage score.

Payment Arrangement for Konsulta Networks

This section describes the payment arrangement focus on the financial aspect of the Konsulta service delivery. The arrangement allows for the frontloading of the full capitation amount based on declared physical targets per payment periods, subject to liquidation based on accomplishments with reconciliations being reflected in the succeeding payment periods. As a result of the reconciliation, the network may refund PhilHealth or be entitled to additional capitation corresponding to its actual accomplishments above targets.

The provision on Key Performance Indicators (KPIs), and its corresponding percentage and computation for the contract amount shall depend on the target number of beneficiaries per type of accredited Konsulta provider, i.e., Php 500 for each enrolled Konsulta member in a public provider and Php 750 for those enrolled in a private provider of PC 2022-0005 shall be adopted.

Definition of Terms

- A. Capitation Variance – refers to the difference between the money value of the Actual Physical Accomplishment and the frontloaded capitation.
- B. Cash Programming – refers to the Primary Care Provider Network's estimate monthly cash requirements to deliver registration and provision of primary care services to beneficiaries.

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- C. Contract Amount – refers to the amount indicated in the Service Level Agreement (SLA). It is computed based on the number of the performance target x capitation rate depending on the type of Konsulta accredited facility; government-owned at P500; privately-owned at P750.
- D. Contracting – refers to a process where PhilHealth and networks or network and provider are engaged to commit and deliver quality health services at agreed cost, cost sharing and quantity in compliance with prescribed standards.
- E. Contract Reference Number – unique reference number issued by PhilHealth to the contracted Konsulta network.
- F. First Patient Encounter – refers to initial episode of care whereby a primary care worker takes and/or updates the basic health data of an eligible beneficiary to identify their health risks.
- G. **Frontloaded capitation** - refers to an approach in the purchase of health services by which health care providers are paid before the services are provided for a specific package of health benefits based solely on a pre-determined and fixed budget.
- H. Konsulta Eligible Beneficiary – refers to all Filipinos given immediate eligibility to register in an accredited Konsulta-provider in accordance with Republic Act No. 11223 and its IRR.
- I. Konsulta Network Contracting Certificate – Certification issued by PhilHealth to the contracted Konsulta Network that passed/qualified the network criteria.
- J. **Liquidation of frontloaded capitation** - *refers to the process of reporting by the PCPN to PhilHealth Regional Offices of the actual physical accomplishment for the healthcare services rendered. The reports to be submitted shall be the basis of the PhilHealth Regional Offices' (PROs) to prepare the analysis of worksheet for the subsequent frontloaded capitation that will serve as the basis for the computation of the money value of actual physical accomplishments, which is relevant for the subsequent payment releases and/or final settlement of the frontloaded amount to the network.*
- I. Primary Care Provider Network (PCPN) – refers to a group of Konsulta Providers, whether public, private, or mixed, with established interoperable system for efficient provision of Konsulta services.
- J. Money Value of the Actual Physical Accomplishment (APA) – computed by adding the money value of the actual physical accomplishment on the registration of Konsulta members with first patient encounter and the money value of the actual physical accomplishment of the provision of Konsulta services.
- K. Money Value of the Physical Targets – computed at performance targets and capitation rate per facility ownership.
- L. Monthly Performance Targets and Cash Programming – refers to the report to be prepared by the network showing the physical target and cash requirement on a monthly basis.
- M. Negative Variance - money value of the Actual Physical Accomplishment is less than the frontloaded capitation released.
- N. Performance Factor – is the cumulative resultant score based on the performance of the provider adjusted using weights set by the Corporation.

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- O. Performance Targets – absolute number of proposed by the network to be accomplished in a given year, pursuant to the operational guidelines of Konsulta Network contracting implementation.
- P. Positive Variance – money value of the Actual Physical Accomplishment exceeds the frontloaded capitation released.
- Q. Service Level Agreement – refers to the Contract between PhilHealth and the network in the implementation of network contracting.

Description of the Payment Arrangement

Payment Schedule	Number of Beneficiaries	Amount	Capitation Frontload No.
Month 1	Number of target Konsulta beneficiaries to be given Konsulta services for months 1-3 per facility	Lowest value of the following: <ol style="list-style-type: none"> 1. 30% of contract amount: Php _____ 2. Cash programming of LGU for months 1-3: Php _____ (please refer to Annex D-1 for the report format) 3. Money value of the physical targets for months 1-3: Php [(Capitation amount x Physical Targets for months 1 to 3)] 	1
Month 4	Number of target Konsulta beneficiaries for months 4-9 per facility	Lowest value of the following: <ol style="list-style-type: none"> 1. 50% of contract amount: Php _____ 2. Cash programming of LGU for months 4-9: Php _____ 3. Money value of the physical targets for months 4-9: Php [(Capitation amount x Physical Targets for months 4 to 9)] <p>Plus/minus the capitation variance between the money values of APA from the months 1 to 3 vs frontloaded capitation 1st release. The money value of the APA is the sum of:</p> <ul style="list-style-type: none"> • Money value of APA of registered beneficiaries with first patient encounter (FPE) = Php [Capitation amount x 40% x Registered Beneficiaries with FPE_{m1-3}], and • Money value of APA-Konsulta services = Php [(Capitation amount x 60% x Performance Factor_{m1-3} x Registered Beneficiaries with FPE_{m1-3})] 	2

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Payment Schedule	Number of Beneficiaries	Amount	Capitation Frontload No.
		<p>Computation of Performance Factor:</p> <p>Performance Factor = RSc + RSl + RSa + RSn</p> <p>Computation of Resultant Score:</p> <p>RSc = Resultant Score Consultation RSl = Resultant Score Laboratory RSa = Resultant Score Antibiotics RSn = Resultant Score NCDs Meds</p> <p>Consultation:</p> <p>No. of actual beneficiaries consulted RSc = ----- ----- x 30% No. of beneficiaries needing consultation</p> <p>Laboratory:</p> <p>No. of actual beneficiaries provided diagnostic services RSl = ----- ----- x 30% No. of beneficiaries needing diagnostic services</p> <p>Antibiotics:</p> <p>No. of actual beneficiaries provided with antibiotics RSa = ----- ----- x 10% No. of beneficiaries needing antibiotics</p> <p>NCDs:</p> <p>No. of actual beneficiaries provided with NCD Meds RSn = ----- ----- x 30% No. of beneficiaries needing NCD Meds</p>	

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Payment Schedule	Number of Beneficiaries	Amount	Capitation Frontload No.
Month 10	Number of target Konsulta beneficiaries for months 10-12) per facility	<p>Lowest value of the following:</p> <ol style="list-style-type: none"> 1. Cash programming of LGU for months 10-12: Php _____ 2. Money value of the physical targets for months 10-12: Php [(Capitation amount x Physical Targets for months 10 to 12] <p>Plus/minus the capitation variance between the money values of APA from the months 4 to 9 vs frontloaded capitation 2, net of capitation variance. The money value of the APA is the sum of:</p> <ul style="list-style-type: none"> • Money value of APA on registered beneficiaries with FPE = Php [Capitation amount x 40% x (Registered Beneficiaries with FPE_{m4-9})], and • Money value of APA Konsulta services = Php [(Capitation amount x 60% x Resultant score_{m4-9} x Performance Factor_{m4-9})] x Registered Beneficiaries with FPE_{m4-9}] <p>Computation of Performance Factor:</p> $\text{Performance Factor} = \text{RSc} + \text{RSl} + \text{RSa} + \text{RSn}$ <p>Computation of Resultant Score:</p> <p>RSc = Resultant Score Consultation RSl = Resultant Score Laboratory RSa = Resultant Score Antibiotics RSn = Resultant Score NCDs Meds</p> <p>Consultation:</p> <p>No. of actual beneficiaries consulted</p> $\text{RSc} = \frac{\text{-----}}{\text{-----}} \times 30\%$ <p>No. of beneficiaries needing consultation</p> <p>Laboratory:</p> <p>No. of actual beneficiaries provided diagnostic services</p> $\text{RSl} = \frac{\text{-----}}{\text{-----}} \times 30\%$	3

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Payment Schedule	Number of Beneficiaries	Amount	Capitation Frontload No.
		No. of beneficiaries needing diagnostic services Antibiotics: No. of actual beneficiaries provided with antibiotics RSa = ----- ----- x 10% No. of beneficiaries needing antibiotics NCDs: No. of actual beneficiaries provided with NCD Meds RSn = ----- ----- x 30% No. of beneficiaries needing NCD Meds	
Within the first month after the validity of the SLA		Money value of actual physical accomplishments for months 1 to 12, less released frontloaded capitation for months 1 to 12 = Php {[(Capitation amount x 40% x Actual number of Konsulta beneficiaries with FPE for months 1 to 12) + (Capitation amount x 60% x Performance Factor for months 1 to 12 x Actual number of Konsulta registered beneficiaries with FPE for months 1 to 12)] - Released frontloaded capitation 1 to 12}	n/a

Illustrative computation per Scenario for both public and private networks

	Scenario 1	Scenario 2	Scenario 3	Scenario 4
	Accomplished less than target	Accomplished more than target	Accomplished less than target	Accomplished more than target
GIVEN				
KP	Govt	Govt	Private	Private
Capitation	500	500	750	750
number of Konsulta Providers	10	10	10	10

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	Scenario 1	Scenario 2	Scenario 3	Scenario 4
	Accomplished less than target	Accomplished more than target	Accomplished less than target	Accomplished more than target
Ratio (target beneficiaries per Physician)	20,000	20,000	20,000	20,000
target beneficiaries	115,000	115,000	115,000	115,000
Contract Amount	57,500,000	57,500,000	86,250,000	86,250,000
physical target m1-3	45,000	45,000	45,000	45,000
physical target m 4-9	50,000	50,000	50,000	50,000
physical target m 10-12	20,000	20,000	20,000	20,000
TARGETS				
Cash Program m1-3	17,250,000	17,250,000	25,875,000	25,875,000
Money Value m1-3	22,500,000	22,500,000	33,750,000	33,750,000
30% Contract Amount	17,250,000	17,250,000	25,875,000	25,875,000
T1	17,250,000	17,250,000	25,875,000	25,875,000
Cash Program m4-9	25,000,000	25,000,000	37,500,000	37,500,000
Money Value m4-9	25,000,000	25,000,000	37,500,000	37,500,000
50% Contract Amount	28,750,000	28,750,000	43,125,000	43,125,000
T2	25,000,000	25,000,000	37,500,000	37,500,000
Cash Program m 10-12	10,000,000	10,000,000	15,000,000	15,000,000
Money Value m 10-12	10,000,000	10,000,000	15,000,000	15,000,000
20% Contract Amount	11,500,000	11,500,000	17,250,000	17,250,000
T3	10,000,000	10,000,000	15,000,000	15,000,000
ACTUAL M1-3				
number of excess/short of target	-15,000	0	-15,000	0
number of registered	30,000	30,000	30,000	30,000
number w/ FPE	30,000	45,000	30,000	45,000
% needing consultation	100%	100%	100%	100%
% needing lab & diagnostics	50%	50%	50%	50%
% needing Antibiotics meds	15%	15%	15%	15%
% needing NCS meds	20%	20%	20%	20%
number needing consultation	30,000	45,000	30,000	45,000
number needing lab & diagnostics	15,000	22,500	15,000	22,500
number needing Antibiotics meds	4,500	6,750	4,500	6,750
number needing NCS meds	6,000	9,000	6,000	9,000
number w/ consultation	27,500	40,000	27,500	40,000
number w/ lab & diagnostics	10,000	20,000	10,000	20,000
number w/ Antibiotics meds	4,000	6,000	4,000	6,000
number w/ NCD meds	5,000	7,000	5,000	7,000
actual % w/ consultation	30%	28%	27%	28%
actual % w/ lab & diagnostics	30%	20%	27%	27%

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		Scenario 1	Scenario 2	Scenario 3	Scenario 4
		Accomplished less than target	Accomplished more than target	Accomplished less than target	Accomplished more than target
actual % w/ Antibiotics meds	10%	9%	9%	9%	9%
actual % w/ NCD meds	30%	25%	23%	25%	23%
ACTUAL M4-9					
number of excess/short of target		-40,000	-15,000	-40,000	-15,000
number of registered		30,000	30,000	30,000	30,000
number w/ FPE		25,000	35,000	25,000	35,000
% needing consultation		100%	100%	100%	100%
% needing lab & diagnostics		75%	75%	75%	75%
% needing Antibiotics meds		10%	10%	10%	10%
% needing NCS meds		20%	20%	20%	20%
number needing consultation		25,000	35,000	25,000	35,000
number needing lab & diagnostics		18,750	26,250	18,750	26,250
number needing Antibiotics meds		2,500	3,500	2,500	3,500
number needing NCS meds		5,000	7,000	5,000	7,000
number w/ consultation		22,000	30,000	22,000	30,000
number w/ lab & diagnostics		10,000	20,000	10,000	20,000
number w/ Antibiotics meds		2,000	2,000	2,000	2,000
number w/ NCD meds		5,000	5,000	5,000	5,000
actual % w/ consultation	30%	26%	26%	26%	26%
actual % w/ lab & diagnostics	30%	16%	23%	16%	23%
actual % w/ Antibiotics meds	10%	8%	6%	8%	6%
actual % w/ NCD meds	30%	30%	21%	30%	21%
ACTUAL M10-12					
number of excess/short of target		-30,000	10,000	-30,000	10,000
number of registered		40,000	40,000	40,000	40,000
number w/ FPE		30,000	45,000	30,000	45,000
% needing consultation		100%	100%	100%	100%
% needing lab & diagnostics		50%	50%	50%	50%
% needing Antibiotics meds		15%	15%	15%	15%
% needing NCS meds		20%	20%	20%	20%
number needing consultation		30,000	45,000	30,000	45,000
number needing lab & diagnostics		15,000	22,500	15,000	22,500
number needing Antibiotics meds		4,500	6,750	4,500	6,750

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		Scenario 1	Scenario 2	Scenario 3	Scenario 4
		Accomplished less than target	Accomplished more than target	Accomplished less than target	Accomplished more than target
number needing NCS meds		6,000	9,000	6,000	9,000
number w/ consultation		27,500	40,000	27,500	40,000
number w/ lab & diagnostics		10,000	20,000	10,000	20,000
number w/ Antibiotics meds		4,000	4,000	4,000	4,000
number w/ NCD meds		5,000	5,000	5,000	5,000
actual % w/ consultation	30%	28%	27%	28%	27%
actual % w/ lab & diagnostics	30%	20%	27%	20%	27%
actual % w/ Antibiotics meds	10%	9%	6%	9%	6%
actual % w/ NCD meds	30%	25%	17%	25%	17%
ACTUAL M1-12					
number of excess/short of target		-15,000	-15,000	-15,000	-15,000
number of registered		100,000	100,000	100,000	100,000
number w/ FPE		85,000	125,000	85,000	125,000
% needing consultation		100%	100%	100%	100%
% needing lab & diagnostics		57%	57%	57%	57%
% needing Antibiotics meds		14%	14%	14%	14%
% needing NCS meds		20%	20%	20%	20%
number needing consultation		85,000	125,000	85,000	125,000
number needing lab & diagnostics		48,750	71,250	48,750	71,250
number needing Antibiotics meds		11,500	17,000	11,500	17,000
number needing NCS meds		17,000	25,000	17,000	25,000
number w/ consultation		77,000	110,000	77,000	110,000
number w/ lab & diagnostics		30,000	60,000	30,000	60,000
number w/ Antibiotics meds		10,000	12,000	10,000	12,000
number w/ NCD meds		15,000	17,000	15,000	17,000
actual % w/ consultation	30%	27%	26%	27%	26%
actual % w/ lab & diagnostics	30%	18%	25%	18%	25%
actual % w/ Antibiotics meds	10%	9%	7%	9%	7%
actual % w/ NCD meds	30%	26%	20%	26%	20%
PAYMENT					
Frontload Capitation 1 actual payment		17,250,000	17,250,000	25,875,000	25,875,000

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	Scenario 1	Scenario 2	Scenario 3	Scenario 4
	Accomplished less than target	Accomplished more than target	Accomplished less than target	Accomplished more than target
Money Value - Actual FPE m1-3	6,000,000	9,000,000	9,000,000	13,500,000
Money Value - Performance m1-3	7,325,000	11,550,000	10,987,500	17,325,000
Total Money Value	13,325,000	20,550,000	19,987,500	30,825,000
Frontload Capitation 1 adjusted	-3,925,000	3,300,000	-5,887,500	4,950,000
Frontload Capitation 2 target	25,000,000	25,000,000	37,500,000	37,500,000
Frontload Capitation 2 actual payment	21,075,000	28,300,000	31,612,500	42,450,000
Money Value - Actual FPE m4-9	5,000,000	7,000,000	7,500,000	10,500,000
Money Value - Performance m4-9	6,030,000	7,950,000	9,045,000	11,925,000
Total Money Value	11,030,000	14,950,000	16,545,000	22,425,000
Frontload Capitation 2 adjusted	-10,045,000	-13,350,000	-15,067,500	-20,025,000
Frontload Capitation 3 target	10,000,000	10,000,000	15,000,000	15,000,000
Frontload Capitation 3 actual payment	-45,000	-3,350,000	-67,500	-5,025,000
Total Frontloaded Capitation	38,280,000	42,200,000	57,420,000	63,300,000
Total Beneficiaries w/ FPE	85,000	125,000	85,000	125,000
Money Value - Actual FPE m1-12	17,000,000	25,000,000	25,500,000	37,500,000
Money Value - Performance m1-12	20,605,084	29,670,743	30,907,625	44,506,115
Total Money Value	37,605,084	54,670,743	56,407,625	82,006,115
Annualized adjusted	-674,916	12,470,743	-1,012,375	18,706,115

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Annex D-1: Monthly Physical Target and Cash Programming

MONTHLY PHYSICAL TARGET AND CASH PROGRAMMING

NETWORK: _____

Address: _____

Contract Reference Number: _____

PARTICULARS	TOTAL	PHYSICAL TARGETS											
		MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	MONTH 7	MONTH 8	MONTH 9	MONTH 10	MONTH 11	MONTH 12
GOVERNMENT-OWNED FACILITY (P500)													
No. of Registered Members with a First Patient Encounter													
PRIVATELY-OWNED FACILITY (P750)													
No. of Registered Members with a First Patient Encounter													
TOTAL TARGET FOR THE NETWORK													

PARTICULARS	TOTAL	CASH PROGRAMMING											
		MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	MONTH 7	MONTH 8	MONTH 9	MONTH 10	MONTH 11	MONTH 12
GOVERNMENT-OWNED FACILITY (P500)													
PRIVATELY-OWNED FACILITY (P750)													

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9/26/2013

**TOTAL CASH
PROGRAM FOR
THE NETWORK**

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prepared by:

Approved by:

Name/Signature/Date

Name/Position/Signature/Date

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Date: 4/20/2023

Annex D.2: Analysis Worksheet for Frontloaded Capitation 1

ANALYSIS WORKSHEET FOR FRONTLOADED CAPITATION 1

NETWORK: _____
 Address: _____
 Contract Reference Number: _____

Comparison among the 1st Quarter Cash Program, Money Value of the Physical Target and 30% of the Contract Amount

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1.	Cash Program	Month 1	XXX
		Month 2	XXX
		Month 3	XXX
		Total	
2.	Money Value of the Physical Target		
	Government-Owned Facility		XXX
	Privately-Owned Facility		XXX
	Total		

Facility ownership	Month 1	Month 2	Month 3	TOTAL		
				PHYS	Capitation	FIN
Government-owned	4,000	4,500	3,500	12,000	500	6,000,000
Privately-owned	5,500	5,000	5,500	16,000	750	12,000,000

3. 30% of the Capitation Contract Amount

Contract Amount PXXXX
 Multiply by 30%

RECOMMENDED FOR RELEASE

Prepared by: _____

Field Operations Division-PRO

Annex D.3: Analysis Worksheet for Frontloaded Capitation 2

ANALYSIS WORKSHEET FOR FRONTLOADED CAPITATION 2

NETWORK: _____
 Address: _____
 Contract Reference Number: _____

I. Compute for the Money Value of Actual Physical Accomplishment

II. GOVERNMENT-OWNED

INDICATORS	No. of Beneficiaries needing Primary Care Services	WEIGHTS	ACCOMPLISHMENT		
			Total Physical MI-3	Resultant Score/ Performance Factor	FINANCIAL
I. REGISTRATION OF MEMBERS TO THE KONSULTA PROVIDER (P200)					
No. of Registered Members with First Patient Encounter			11,500		2,300,000
2. PROVISION OF PRIMARY CARE					
1 Primary Care Consultation	11,500	30%	10,760	28%	
2 Utilization of Laboratory Services	5,750	30%	4,600	24%	
3 Dispensing of Medicines - antibiotics	1,725	10%	1,400	8%	
4 Dispensing of Medicines - NCDs	2,300	30%	2,300	30%	
TOTAL				90%	3,111,400
GRAND TOTAL				Should not be more than the weights per indicator	5,411,400

Computation of KPI#2 accomplishment:

No. of Konsulta Registered Members with First Patient Encounter 11,500
 Performance Factor 90%
 60% of the Capitation Fund (P500) 300
 KPI #2 Money Value **3,111,400**

II. PRIVATELY-OWNED FACILITY

INDICATORS	No. of Beneficiaries needing Primary Care Services	WEIGHTS	ACCOMPLISHMENT		
			Total Physical MI-3	Resultant Score/ Performance Factor	FINANCIAL
I. REGISTRATION OF MEMBERS TO THE KONSULTA PROVIDER (P300)					
No. of Registered Members with First Patient Encounter			16,000		4,800,000
2. PROVISION OF PRIMARY CARE					
1 Primary Care Consultation	16,000	30%	16,005	30%	
2 Utilization of Laboratory Services	8,000	30%	8,500	32%	
3 Dispensing of Medicines - antibiotics	2,400	10%	2,024	8%	
4 Dispensing of Medicines - NCDs	3,200	30%	2,353	22%	
TOTAL				92%	6,651,150
GRAND TOTAL				Should not be more than the weights per indicator	11,451,150

Computation of KPI#2 accomplishment:

No. of Konsulta Registered Members with First patient Encounter 16,000
 Performance Factor 92%
 60% of the Capitation Fund (P750) 450
 KPI #2 Money Value **6,651,150**

Recap:

Government-Owned Facility 5,411,400
 Privately-Owned Facility 11,451,150
Total, Money Value of Actual Physical Accomplishment 16,862,550

MASTER COPY

Ref DC: [Signature] Date: 4/20/2013

2. Compute for the variance of the Frontloaded Capitation and the Money Value of the Actual Performance Accomplishment

Money Value of the Actual Physical Accomplishment	16,862,550
Frontloaded Capitation 1	18,000,000
Capitation Variance	1,137,450

3. Comparison among the 2nd and 3rd Quarters Cash Program, Money Value of the Actual Physical Accomplishment, and 50% of the Contract Amount, whichever is lower.

1. Cash Program

(derived from the Monthly Physical Targets and Cash Programming)

Month 4	XXX
Month 5	XXX
Month 6	XXX
Month 7	XXX
Month 8	XXX
Month 9	XXX
Total	<u> </u>

2. Money Value of the Physical Target

Government-Owned Facility Physical Targets	XXX	(Month 4 to Month 9 No. of physical target x P500)
Privately-Owned Facility Physical Targets	XXX	(Month 4 to Month 9 No. of physical target x P750)
TOTAL	<u> </u>	

3. 50% of the Contract Amount

Contract Amount	PXXXX
Multiply by	50%

LOWEST AMOUNT

4. Add/Subtract the Capitation Variance to the Computed Capitation

LOWEST AMOUNT	0
Plus or minus the Capitation Variance	1,137,450.00
RECOMMENDED TO BE RELEASED TO THE NETWORK	<u> </u>

Prepared by:

Field Operations Division-PRO

MASTER COPY
 DC: [Signature] Date: 4/20/2023

Annex D.4: Analysis Worksheet for Frontloaded Capitation 3

ANALYSIS WORKSHEET FOR FRONTLOADED CAPITATION 3

NETWORK: _____

Address: _____

Contract Reference Number: _____

I. Compute for the Money Value of Actual Physical Accomplishment

II. GOVERNMENT-OWNED

INDICATORS	No. of Beneficiaries needing Primary Care Services	WEIGHTS	ACCOMPLISHMENT		
			Total Physical M4-9	Resultant Score/ Performance Factor	FINANCIAL
1. REGISTRATION OF MEMBERS TO THE KONSULTA PROVIDER (P200)					
No. of Registered Members with First Patient Encounter			23,000		4,600,000
2. PROVISION OF PRIMARY CARE					
1 Primary Care Consultation	23,000	38%	21,500	28%	
2 Utilization of Laboratory Services	11,500	30%	9,200	24%	
3 Dispensing of Medicines - antibiotics	3,450	17%	2,800	8%	
4 Dispensing of Medicines - NCDs	4,600	30%	4,500	30%	
TOTAL				90%	6,222,800
GRAND TOTAL				Should not be more than the weights per indicator	10,822,800

Computation of KPI#2 accomplishment:

No. of Konsulta Registered Members with First Patient Encounter	23,000
Performance Factor	90%
60% of the Capitation Fund (P500)	300
KPI #2 Money Value	6,222,800

III. PRIVATELY-OWNED FACILITY

INDICATORS	No. of Beneficiaries needing Primary Care Services	WEIGHTS	ACCOMPLISHMENT		
			Total Physical M1-3	Resultant Score/ Performance Factor	FINANCIAL
1. REGISTRATION OF MEMBERS TO THE KONSULTA PROVIDER (P300)					
No. of Registered Members with First Patient Encounter			32,000		9,600,000
2. PROVISION OF PRIMARY CARE					
1 Primary Care Consultation	32,000	30%	32,010	30%	
2 Utilization of Laboratory Services	16,000	30%	16,198	30%	
3 Dispensing of Medicines - antibiotics	4,800	10%	4,048	8%	
4 Dispensing of Medicines - NCDs	6,400	30%	4,706	22%	
TOTAL				91%	6,542,880
GRAND TOTAL				Should not be more than the weights per indicator	16,142,880

Computation of KPI#2 accomplishment:

No. of Konsulta Registered Members with First patient Encounter	16,000
Performance Factor	91%
60% of the Capitation Fund (P750)	450
KPI #2 Money Value	6,542,880

Recap:

Government-Owned Facility	10,822,800
Privately-Owned Facility	16,142,880
Total, Money Value of Actual Physical Accomplishment	26,965,680

COPY
 Date: 4/20/2023
 To: Ms. Myra

2. Compute for the variance of the Frontloaded Capitation and the Money Value of the Actual Performance Accomplishment

Money Value of the Actual Physical Accomplishment	26,965,680
Frontloaded Capitation 1	36,000,000
Capitation Variance	9,034,320

3. Comparison among the 2nd and 3rd Quarters Cash Program, Money Value of the Actual Physical Accomplishment, and 50% of the Contract Amount, whichever is lower

1. Cash Program (derived from the Monthly Physical Targets and Cash Programming)

Month 10	XXX
Month 11	XXX
Month 12	XXX
Total	XXX

2. Money Value of the Physical Target

Government-Owned Facility Physical Targets	XXX	(Month 10 to Month 12 No. of physical target x P500)
Privately-Owned Facility Physical Targets	XXX	(Month 10 to Month 12 No. of physical target x P750)
TOTAL	XXX	

4. Add/Subtract the Capitation Variance to the Computed Capitation

RECOMMENDED FOR RELEASE	XXXXXX
Plus or minus the Capitation Variance	9,034,320.00
RECOMMENDED TO BE RELEASED TO THE NETWORK	XXXXXX

Prepared by:

Field Operations Division-PRO

MASTER COPY
 Date: 4/20/2023

Annex D.5: Capitation Fund Annual Performance Review

CAPITATION FUND ANNUAL PERFORMANCE REVIEW

NETWORK: _____

Address: _____

Contract Reference Number: _____

I. Compute for the Money Value of Actual Physical Accomplishment

II. GOVERNMENT-OWNED

INDICATORS	No. of Beneficiaries needing Primary Care Services	WEIGHTS	ACCOMPLISHMENT					Resultant Score/ Performance Factor	FINANCIAL
			PHYSICAL						
			1ST Q	2ND Q	3RD Q	4TH Q	TOTAL		
1. REGISTRATION OF MEMBERS TO THE KONSULTA PROVIDER (P200)									
No. of Registered Members with First Patient Encounter			4,000	3,000	4,500	4,000	15,500		3,100,000
2. PROVISION OF PRIMARY CARE									
1 Primary Care Consultation	15,500	30%	4,500	3,000	4,000	3,500	14,500	28%	
2 Utilization of Laboratory Services	7,750	30%	1,600	1,500	1,500	1,900	6,400	25%	
3 Dispensing of Medicines - antibiotics	2,326	10%	400	300	500	400	1,600	8%	
4 Dispensing of Medicines - NCDs	3,100	30%	1,000	700	500	1,000	3,200	29%	
TOTAL								89%	4,150,800
GRAND TOTAL									7,250,800

Computation of KPI#2 accomplishment:

No. of Konsulta Registered Members with First Patient Encounter	15,500
Performance Factor	89%
60% of the Capitation Fund (P500)	300
KPI #2 Money Value	4,150,800

II. PRIVATELY-OWNED FACILITY

INDICATORS	No. of Beneficiaries needing Primary Care Services	WEIGHTS	ACCOMPLISHMENT					Resultant Score/ Performance Factor	FINANCIAL
			PHYSICAL						
			1ST Q	2ND Q	3RD Q	4TH Q	TOTAL		
1. REGISTRATION OF MEMBERS TO THE KONSULTA PROVIDER (P300)									
No. of Registered Members with First Patient Encounter			3,000	6,000	5,000	5,000	21,000		6,300,000
2. PROVISION OF PRIMARY CARE									
1 Primary Care Consultation	21,000	30%	5,000	6,000	5,000	5,000	21,000	30%	
2 Utilization of Laboratory Services	10,500	30%	2,700	3,000	2,500	2,700	10,900	31%	
3 Dispensing of Medicines - antibiotics	3,150	10%	645	700	680	645	2,670	9%	
4 Dispensing of Medicines - NCDs	4,200	30%	950	700	710	850	3,210	23%	
TOTAL								92%	8,714,130
GRAND TOTAL									15,014,130

No. of Konsulta Registered Members with First patient Encounter	21,000
Performance Factor	92%
60% of the Capitation Fund (P750)	450
KPI #2 Money Value	8,714,130

Money Value of the Actual Physical Accomplishment

Government-Owned Facility	7,250,800
Privately-Owned Facility	15,014,130
Total, Money Value of Actual Physical Accomplishment	22,264,930

Unloaded Capitation 1	XXX
Unloaded Capitation 2	XXX
Unloaded Capitation 3	XXX

CAPITATION VARIANCE

XXX

Prepared by: _____

MASTER COPY
 Date: 7/20/2023
 DC:

Annex D.6: Performance Factor Computation Form

PERFORMANCE FACTOR COMPUTATION FORM

Period Covered: _____ to _____

Name of Network: _____
 Network Accreditation No.: _____

No.	Facility	Accred. No.	RESULTANT SCORE												Performance Factor
			Consultation (30%)			Diagnostics (30%)			Antibiotics (10%)			NCD (30%)			
			Target	Actual	Score	Target	Actual	Score	Target	Actual	Score	Target	Actual	Score	
Total															

This form shall be collected per quarter

Prepared by:

 Name/Designation/Date

MASTER COPY
 WDC: WJG Date: 4/20/23

Annex D.7: Summary List of Beneficiaries Needing/Providing Konsulta Services

SUMMARY LIST OF BENEFICIARIES NEEDING/PROVIDING KONSULTA SERVICES

Period Covered: _____ to _____

Name of Network: _____

Network Accreditation No.: _____

No.	Facility	Accred. No.	NEEDING KONSULTA SERVICES <small>(Pls indicate the date determined)</small>				PROVIDED WITH KONSULTA SERVICES <small>(Pls indicate the date provided)</small>				STATUS OF SERVICES <small>(Percentage)</small>			
			Consultation	Diagnostics	NCD	Antibiotics	Consultation	Diagnostics	NCD	Antibiotics	Consultation	Diagnostics	NCD	Antibiotics
Total														

This form shall be collected per quarter

Prepared by: _____

Name/Designation/Date

MASTER COPY

By: _____ Date: 4/20/23

Annex D.8: Detailed List of Beneficiaries Needing/Providing Konsulta Services

DETAILED LIST OF BENEFICIARIES NEEDING/PROVIDING KONSULTA SERVICES

Period Covered: _____ to _____

Name of Network: _____

Network Accreditation No.: _____

Facility	No.	Name of Beneficiary	PIN	NEEDING KONSULTA SERVICES <small>(Pls indicate the date determined)</small>				PROVIDED WITH KONSULTA SERVICES <small>(Pls indicate the date provided)</small>				STATUS OF SERVICES <small>(Percentage)</small>			
				Consultation	Diagnostics	NCD	Antibiotics	Consultation	Diagnostics	NCD	Antibiotics	Consultation	Diagnostics	NCD	Antibiotics
Total															

This form shall be collected per quarter

Prepared by:

Name/Designation/Date

MASTER
COPY

By: Date: 4/20/2023

Annex D.9: Quarterly Physical Accomplishment Report

QUARTERLY PHYSICAL ACCOMPLISHMENT REPORT

Period Covered: _____ to _____

PHILHEALTH REGIONAL OFFICE: _____

NETWORK: _____

Address: _____

Contract Reference Number: _____

ACCREDITED KONSULTA PROVIDER	REGISTRATION				PROVISION OF PRIMARY CARE SERVICES							
	No. of Registered Beneficiaries		No. of Registered Beneficiaries with First Patient Encounter		No. of Registered Beneficiaries Given Consultation		No. of Registered Beneficiaries Given Laboratory Services		No. of Registered Beneficiaries Given Medicines - Antibiotics		No. of Registered Beneficiaries Given Medicines - NCD	
	Members	Dependents	Members	Dependents	Members	Dependents	Members	Dependents	Members	Dependents	Members	Dependents
1. GOVERNMENT-OWNED FACILITIES												
1												
2												
3												
4												
5												
SUB-TOTAL												
2. PRIVATELY-OWNED FACILITIES												
1												
2												
3												
4												
5												
SUB-TOTAL												
GRAND TOTAL												

MASTER COPY

Prepared by:

Name/Designation/Date

Annex D.10: Recapitulation on Membership Category Report

RECAPITULATION ON MEMBERSHIP CATEGORY REPORT

Period Covered: _____ to _____

PHILHEALTH REGIONAL OFFICE: _____

NETWORK: _____

Address: _____

Contract Reference Number: _____

MEMBERSHIP CATEGORY	REGISTRATION				PROVISION OF PRIMARY CARE SERVICES							
	No. of Registered Beneficiaries		No. of Registered Beneficiaries with First Patient Encounter		No. of Registered Beneficiaries Given Consultation		No. of Registered Beneficiaries Given Laboratory Services		No. of Registered Beneficiaries Given Medicines - Antibiotics		No. of Registered Beneficiaries Given Medicines - NCD	
	Members	Dependents	Members	Dependents	Members	Dependents	Members	Dependents	Members	Dependents	Members	Dependents
MEMBERS												
1	Government											
2	Private											
3	Enterprise Owner											
4	Kasambahay											
5	Family Driver											
	SUB-TOTAL											
DEPENDENTS												
1	Indigents											
2	Senior Citizens											
3	Unemployed PWDs											
4	Financially-incapable point-of-service patients											
	SUB-TOTAL											
GRAND TOTAL												

Prepared by:

Name/Designation/Date

MASTER COPY
 DC: [Signature]
 Date: 4/10/2013

Annex D.11: SHF Financial Performance Report (Target vs. Actual Income/Expenditures)

SHF FINANCIAL PERFORMANCE REPORT (TARGET VS. ACTUAL INCOME/EXPENDITURES)

As of _____

NETWORK: _____
 Address: _____
 Contract Reference Number: _____

	PARTICULAR	TARGET	ACTUAL (INCOME/ EXPENDITURES)	VARIANCE	% OF PERFORMANCE
REVENUE:					
	Financial Grants and Subsidies from National Government Agencies				
	Income from PhilHealth Payments				
	Other Donations and Financial Grants				
	Other Fund Sources				
	Contribution from the LGU Health Fund (General Fund)				
	Contribution from the Component LGUs				
	Other Sources				
	TOTAL				
LESS: EXPENDITURES					
	Population-Based Health Services				
	Individual-Based Health Services				
	Health Systems Operating Costs				
	Capital Investments				
	Remuneration of Additional Health Workers				
	Incentives for All Health Workers				
	TOTAL				
	BALANCE				

Prepared by: _____

Certified Correct by: _____
 Provincial/City Accountant

MASTER COPY

DC: *[Signature]* Date: 4/20/2023

Annex D.12: SHF Financial Performance Report (Target vs. Actual Cash Receipts/Disbursements)

SHF FINANCIAL PERFORMANCE REPORT (TARGET VS. ACTUAL CASH RECEIPTS/DISBURSEMENTS)

As of _____

NETWORK: _____
 Address: _____
 Contract Reference Number: _____

	PARTICULAR	TARGET	ACTUAL (RECEIPTS/ DISBURSEMENTS)	VARIANCE	%. OF PERFORMANCE
CASH RECEIPTS					
	Financial Grants and Subsidies from National Government Agencies				
	Income from PhilHealth Payments				
	Other Donations and Financial Grants				
	Other Fund Sources				
	Contribution from the LGU Health Fund (General Fund)				
	Contribution from the Component LGUs				
	Other Sources				
	TOTAL				
LESS: DISBURSEMENT					
	Population-Based Health Services				
	Individual-Based Health Services				
	Health Systems Operating Costs				
	Capital Investments				
	Remuneration of Additional Health Workers				
	Incentives for All Health Workers				
	TOTAL				
	BALANCE				

Prepared by: _____

Certified Correct by: _____

 Provincial/City Accountant

MASTER COPY
 Date: 4/20/2023
 DC: [Signature]

Annex D.13: SHF Budget and Utilization Report

SHF BUDGET AND UTILIZATION REPORT (BY USES OF FUND, EXPENSE CLASS, OBJECT OF EXPENDITURES) As of _____

NETWORK: _____
 Address: _____
 Contract Reference Number: _____

PARTICULAR	AMOUNT				PERCENTAGE					
	APPROPRIATION	ALLOTMENT	OBLIGATION (EXPENSES)	DISBURSEMENT	ALLOTMENT VS. APPROPRIATION	OBLIGATION VS. APPROPRIATION	DISBURSEMENT VS. APPROPRIATION	OBLIGATION VS. ALLOTMENT	DISBURSEMENT VS. ALLOTMENT	DISBURSEMENT VS. OBLIGATION
1. Population-Based Health Services										
MOOE										
Sub-Total										
2. Individual-Based Health Services										
MOOE										
Sub-Total										
3. Health Systems Operating Costs										
MOOE										
Sub-Total										
4. Capital Investments										
CAPITAL OUTLAY										
Sub-Total										
5. Remuneration of Additional Health Workers										
PERSONAL SERVICES										
Sub-Total										
6. Incentives for All Health Workers										
PERSONAL SERVICES										
Sub-Total										
TOTAL										

MASTER COPY
 DC: [Signature]
 Date: 4/30/2023

Prepared by: _____

Certified Correct by: _____

Provincial/City Accountant