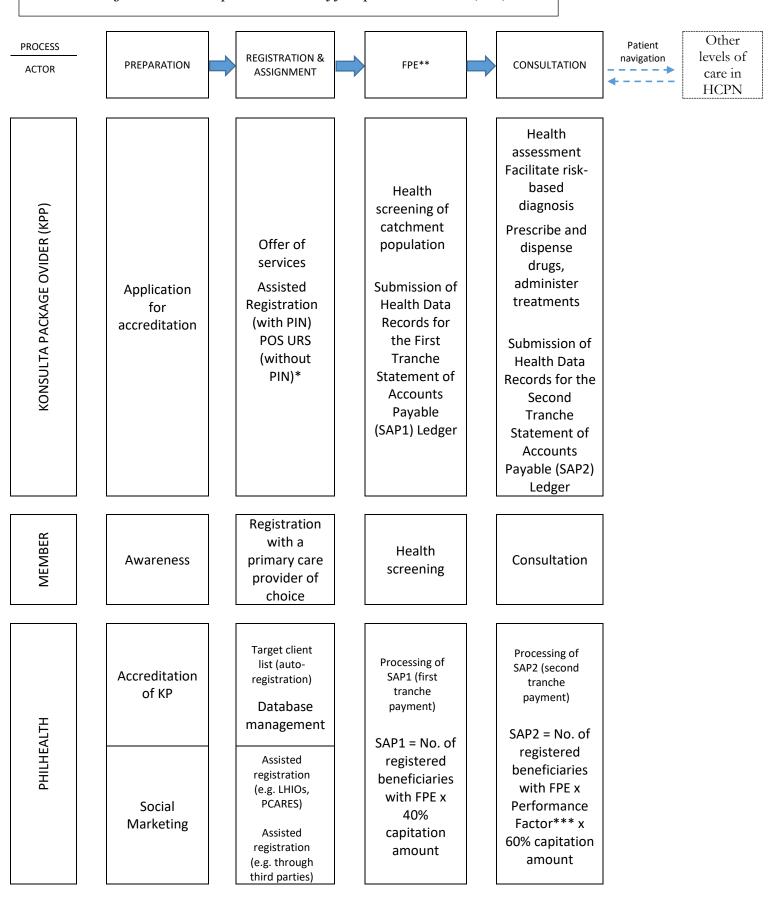
## Annex A: Overview of PhilHealth Konsulta Actors and Processes

Scenario 1: Registration is done prior to conduct of first patient encounter (FPE)



## Scenario 2: Conduct of FPE is done prior to registration Other Patient **PROCESS** levels of **REGISTRATION &** navigation FPE\*\* **PREPARATION CONSULTATION ACTOR ASSIGNMENT** care in **HCPN** Health assessment Facilitate riskbased Health diagnosis screening of KONSULTA PACKAGE OVIDER (KPP) catchment Prescribe and population dispense Offer of drugs, services administer Submission of Application Assisted treatments Health Data for Registration Records for accreditation (with PIN) the First Submission of **POS URS** Tranche **Health Data** (without PIN)\* Statement of Records for the Accounts Second **Payable** Tranche (SAP1) Ledger Statement of Accounts Payable (SAP2) Ledger Registration MEMBER Health with a primary Consultation **Awareness** care provider screening of choice Target client list Processing of Processing of (auto-SAP2 (second Accreditation SAP1 (first registration) tranche tranche of KP payment) payment) Database **PHILHEALTH** management SAP2 = No. ofSAP1 = No. of registered Assisted registered beneficiaries registration beneficiaries with FPE x (e.g. LHIOs, with FPE x PCARES) Social Performance 40% Factor\*\*\* x Marketing capitation Assisted 60% capitation registration amount amount (e.g. through

third parties)

## \*Forthcoming

\*\*An FPE is done only once. The first tranche for the succeeding years of retained beneficiaries is paid in full without need for another FPE provided that the KPP conducted at least one medical consultation for the beneficiary within the previous year. If the KPP did not conduct at least one medical consultation within the previous year, a new FPE must be performed in the succeeding year to avail of the first tranche of capitation payment. This is an incentive for the KPP to facilitate empanelment of primary care catchment population. Retention of beneficiaries is in itself a key feature of primary health care. This allows for better quality of care, as the KP becomes familiar with the medical history and course.

\*\*\*Incentive for KPP to perform risk-based and high quality primary care services and deliver indicated health goods. The performance factor is an important control versus under provision of primary care services.