

**PHILHEALTH CIRCULAR**No. 2024-0002

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

**SUBJECT : Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package (Revision 3)**

**I. RATIONALE**

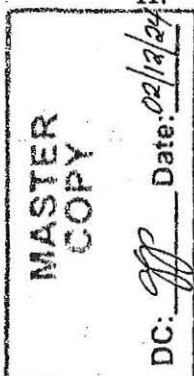
As an initial step towards adopting a comprehensive approach to delivering primary care, PhilHealth has committed through PhilHealth Board Resolution No. 2479, S. 2019 to expand the primary care benefit to cover all Filipinos. The resolution mandated the issuance of PhilHealth Circular (PC) No. 2020-0002 entitled "Governing Policies of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) Package: Expansion of the Primary Care Benefit to cover all Filipinos". Section IV.B. of the aforementioned policy requires the issuance of applicable rules for member registration and assessment, service package, benefit availment, provider payment mechanism and provider performance assessment.

Pursuant to PhilHealth Circular No. 2022-0032 entitled, "Governing Policies of the Konsulta+", the current PhilHealth Konsulta package shall expand its benefit coverage to encompass other primary care services in preparation for Konsulta+. PhilHealth Konsulta Package Providers (KPPs) shall also act as the chief facility among its affiliated facilities at primary care level, responsible for patient navigation to ensure first-contact, continuing and comprehensive care for all persons who are either diagnosed or undiagnosed, presenting with any health concern. PhilHealth Konsulta shall also be a platform, in cooperation with DOH health promotion programs and campaigns, to promote positive health behaviors to its community of patients.

**II. OBJECTIVES**

The policy aims to enable access to primary care by adopting a responsive financing mechanism for the delivery of quality primary care services and commodities. Likewise, it aims to define the PhilHealth Konsulta benefit package and to provide specific guidelines on registration to a primary care provider, benefit availment, applicable payment mechanism, reporting rules and performance assessment.

An overview may be seen in Annex A: Overview of PhilHealth Konsulta Actors and Processes.

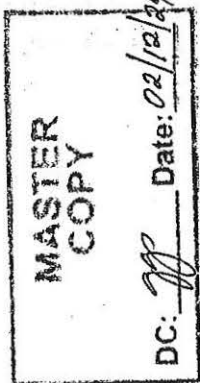


### III. SCOPE

This PhilHealth Circular covers the implementing guidelines of the PhilHealth Konsulta in its transitional phase towards implementation of Konsulta+, a comprehensive outpatient benefit as mandated by the Universal Health Care Law.

### IV. DEFINITION OF TERMS

- A. **Balance Billing/Co-Payment Cap** – the maximum amount set by PhilHealth that a KPP can charge a patient at any given year.
- B. **Balance Billing/Co-Payment Schedule** – the amount charged by a KPP for each visit/service delivered to the eligible beneficiary. The amount should not exceed the balance billing/co-pay cap set for the year.
- C. **Capitation**<sup>1</sup> - a provider payment mechanism where providers are paid a fixed amount prospectively to provide a defined set of goods and services for each enrolled individual for a fixed period of time, regardless of the goods and services actually provided which is influenced by particular characteristics of individuals that influence their health as part of the estimation of the payment.
- D. **Catchment Population** – the population within a geographical area defined and served by a healthcare provider network. For purposes of this PhilHealth Circular, the PhilHealth Konsulta catchment population shall mean all eligible beneficiaries who are currently registered to a KPP.
- E. **Cream-Skimming** - in the context of PhilHealth Konsulta, it is a situation wherein KPPs selectively perform registration and/or first patient encounters (FPE) for individuals who are at low-risk for health conditions. This avoids the empanelment of individuals more likely to require provision of care, which, while resulting in lower utilization of capitation provided by PhilHealth, will defeat the main purpose of primary healthcare which is to improve population health outcomes. It is sometimes referred to as “cherry picking”.
- F. **Electronic Konsulta (eKonsulta)** – a PhilHealth developed web-based stand-alone application which may be used by the Konsulta facility as an interim electronic reporting system. This can be used for encoding of encounter data records to include diagnosis, diagnostic tests done with corresponding results and prescribed/dispensed medicines.
- G. **Electronic Medical Record (EMR)** – the electronic record system or the electronic document of a patient’s encounter in one health facility. In this case, the patient’s medical or health record at a health facility is being received, recorded, transmitted, stored, processed, retrieved or produced electronically through computers or other electronic devices.
- H. **Eligible Beneficiaries** – all Filipinos given immediate eligibility in accordance with Republic Act No. 11223 and its Implementing Rules and Regulations (IRR), as well as other qualified PhilHealth beneficiaries.
- I. **Empanelment** – also referred to as “rostering”, is the identification and assignment of populations to specific healthcare facilities, teams, or providers



<sup>1</sup> PhilHealth Circular No. 2022-0032: Governing Policies of the Konsulta+

who are responsible for the health needs and delivery of coordinated care in that population (WHO, 2020).

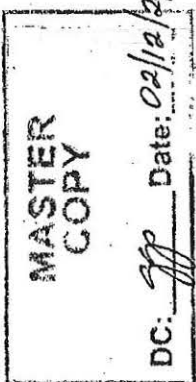
- J. First Patient Encounter (FPE)** – initial episode of patient contact for the year whereby a primary care provider takes and/or updates the basic health data of an eligible beneficiary to identify their health risks. The FPE is not a medical consultation.
- K. Individual-Based Health Services** – services which can be accessed within a health facility or remotely that can be definitively traced back to one (1) recipient. These include the provision of consultation services, diagnostics, and commodities (RA 11223).
- L. Maximum Catchment Population** – the maximum number of registered beneficiaries in an area that can be served by a facility based on the doctor to population ratio as defined by the Department of Health.
- M. Patient Encounter** – subsequent individual episodes of care after the first patient encounter provided by a primary care provider which are then duly reported to PhilHealth on a regular basis.
- N. Patient Navigation** – the function of a primary care provider as the first point of contact for patients to coordinate and direct the individual to the appropriate healthcare provider of a particular level of care, to obtain health services needed to manage a wide range of health needs.
- O. Performance-Based Payment** – a method where payments to providers are linked to the achievement of pre-specified performance targets.
- P. Social Marketing** – in public health, this should not be confused with commercial marketing activities intended to market health products and services for the profit of private shareholders (Birkinshaw, 1989). Its objective is to promote public health, help avoid adverse selection and its goal is improve health for all. Its strategy is therefore predominantly preventive.

It is the application of principles and techniques drawn from the commercial sector to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefits of individuals, groups, organizations, or society as a whole (ADB).

- Q. Social Mobilization** - the process of bringing together all possible intersectoral partners and allies to participate in development programs. It aims to empower individuals and communities to identify their needs, their rights, and their responsibilities, change their ideas and beliefs, and organize the human, material, financial and other resources required for social economic development. It is an approach that provides individuals and groups with knowledge and skills, and mediates between different interest groups to create environments that support and promote health (WHO, 2001).

- R. Telemedicine<sup>2</sup>** - the delivery of healthcare services, where distance is a critical factor, by all healthcare professionals using information and

<sup>2</sup> Joint Administrative Order No. 2021-0001: Guidelines on the Implementation of Telemedicine in the Delivery of Individual-Based Health Services



communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities. (WHO)

- S. Updating of Registration** – retention or transfer of an eligible beneficiary from one PhilHealth Konsulta Provider to another.

## **V. POLICY STATEMENTS**

- A. Eligibility, registration, and assignment to an accredited PhilHealth Konsulta Package Provider (KPP)**

1. All Filipinos and other qualified PhilHealth beneficiaries shall be eligible to avail of the PhilHealth Konsulta benefit.
2. Registration and assignment of beneficiaries to a PhilHealth KPP of their choice in consideration of the maximum catchment population shall be done through the following mechanism:

- a. Member-Initiated Registration

An online platform shall be provided to enable beneficiaries to register to their preferred Konsulta facility anytime and anywhere.

- b. PhilHealth-Assisted and Initiated Registration

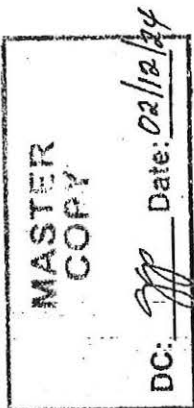
PhilHealth shall assist in registering beneficiaries to a KPP through its Local Health Insurance Offices (LHIOs), PhilHealth Customer Assistance, Relations and Empowerment Staff (PCARES), PhilHealth Action Center and other avenues as may be determined by the Corporation.

- c. Third-Party Assisted Registration.

- c.1. Konsulta registration partners, which include but are not limited to KPP, the Local Government Units (LGUs), private and government Health Facilities (HFs), employers, educational institutions, Organized groups, and other government and private institutions, shall be authorized to assist in registering beneficiaries to their preferred KPPs through any of the following means:

- c.1.1. Automated transmission of records using Application Programming Interface (API) for partners with available PhilHealth certified application systems or databases of their respective beneficiaries, provided that these partners, together with the beneficiaries, shall also accomplish PhilHealth Konsulta Registration Form (Annex B: PhilHealth Konsulta Registration Form);

- c.1.2. Adoption of PhilHealth registration systems intended for external users;





c.1.3. Submission to PhilHealth of the lists of beneficiaries in XML or excel format with duly accomplished PKRF. The said lists shall be processed in batches using a script or applicable internal application system.

c.1.4. Konsulta registration partners shall accept any and all beneficiaries who will present themselves for registration which, if needed, may be done in the same visit as for the first patient encounter.

c.2 Interested parties are required to submit a Letter of Intent (LOI) to the concerned PRO/LHIO for its evaluation and approval.

3. Registration of eligible beneficiaries to an accredited KPP shall be guided by the following:

- a. All accredited KPPs shall be published in the PhilHealth website;
- b. Eligible beneficiaries may check the PhilHealth website for information on their preferred KPP including but not limited to their location, balance billing/co-payment schedule, and balance billing/co-pay cap;
- c. Filipinos not yet registered with the National Health Insurance Program (NHIP) can register in accordance with existing PhilHealth policies and procedures.

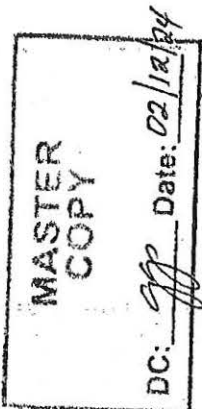
4. Transfer to another KPP shall be allowed subject to the following conditions and the beneficiary shall accomplish the PhilHealth Konsulta Registration Form (Annex B: PhilHealth Konsulta Registration Form)

a. Within the current year:

a.1. Transfer shall be allowed from one KPP to another if the beneficiary has not yet availed of the First Patient Encounter (FPE).

a.2. In the event that a beneficiary's current KPP ceases operation due to circumstances beyond its control and through no fault of its own, the beneficiary may transfer to a new KPP of their choice who shall be allowed to render a new FPE for the remainder of the year. The new KPP is entitled to receive the capitation due it, according to this PhilHealth Circular.

a.3. In the event that a beneficiary's current KPP ceases operation due to negligence; fault; or withdrawal, non-renewal, or suspension of accreditation, PhilHealth shall institute payment recovery measures for any capitation already paid, subject to just compensation for the time period it was operating in compliance with and faithful to this PhilHealth Circular. The beneficiary may transfer to a new KPP of their choice who shall be allowed to render a new FPE for the remainder of the year. The new KPP is entitled to receive the capitation due it, according to this PhilHealth Circular. For succeeding year, transfer or updating of

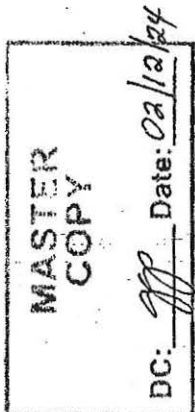


registration to another KPP shall be done in the last quarter of the current year.

5. KPPs shall be allowed to conduct social mobilization and social marketing to promote the PhilHealth Konsulta benefit. Promotional activities include, among others, oral presentations, social marketing campaigns, and posting and distribution of written information, education, and communication materials. KPPs shall coordinate with PhilHealth PROs for branding and communication guidance.
6. The maximum catchment population shall be subject to PhilHealth assessment and approval based on the health human resource to population ratio as stipulated in the accreditation policy of PhilHealth KPP. The counting of the current catchment population already empaneled with the KPP, which determines if a KPP can still accept additional beneficiaries, shall be based on the actual count of FPE done.
7. KPP shall regularly check for updates on the registration master list through appropriate application systems. The master list shall be downloaded from the HCI Portal and then uploaded to an appropriate PhilHealth-certified EMR System, as may be applicable. In areas where there is slow or no internet connectivity, the downloading of PhilHealth Konsulta registration master list shall be done at the Local Health Insurance Office (LHIO) and shall be forwarded to the KPP on a regular basis.

**B. PhilHealth Konsulta Benefit Package Content**

1. The PhilHealth Konsulta package covers individual-based health services including health screening as part of the first patient encounter (FPE) followed by initial primary care consultation, access to selected diagnostic services, and medicines (Annex C: PhilHealth Konsulta Benefit Table) as part of the complete package, according to the KPP physician's assessment; and any follow-up consultations as may be medically necessary.
2. Access to select diagnostic services (Annex C) and medicines (Annex D: Checklist of PhilHealth Konsulta Drugs and its Preparations as of September 2022 and Future Iterations Thereof) will be based on the health needs of the patients assessed by the KPP physician during consultation, and shall be subject to rules of the Corporation on benefit availment.
3. KPPs may implement innovations such as integration and use of telemedicine in the delivery of the services to ensure that their catchment population has access to all services. These innovations must be lawful and not contrary to existing policies of the DOH and PhilHealth, including any requirements for health technology assessment (HTA), as may be applicable, in accordance with law. The adopted innovations as may be reflected in the Performance Commitment shall not replace accreditation standards stipulated in the PhilHealth Konsulta accreditation policy and shall be subjected to the same benefit availment process, and provider payment scheme provided for in this policy.
4. KPPs shall perform patient navigation. KPPs shall continually serve as the initial point of contact for the eligible beneficiary in accessing health



services within the healthcare provider network (HCPN) to which the KPP belongs. Where there are no HCPNs yet, the KPP shall do its best to navigate the beneficiary to the highest quality care needed at the least cost possible.

5. KPPs shall perform preventive health services such as health screening and assessment according to the life stage and health risks of individuals in their catchment population (Annex E: List of Preventive Health Services Based on Lifestage Guarantees).
6. The services included in this package will be reviewed and improved periodically based on PhilHealth's benefit development process and upon positive recommendation of the Health Technology Assessment Council.

C. PhilHealth Konsulta Benefit Availment Process

1. The conduct of the FPE within the first year of registration shall be the shared responsibility of the KPPs and all newly registered eligible beneficiaries.

The following may render an FPE on behalf of the KPPs:

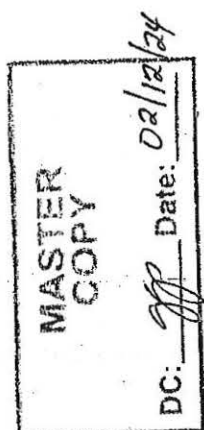
- a. Barangay health workers (BHWs) of the barangay health stations (BHS) under supervision of the accredited KPP;
- b. Nurses and midwives of the BHS and/or RHU of the accredited KPP;
- c. Medical clerks or interns authorized by their training institutions and under supervision of the accredited KPP;
- d. Nurses of on-site clinics of employers with accredited KPP; or
- e. Physicians of accredited KPPs.

2. KPPs and all eligible beneficiaries shall follow the benefit availment process set forth by the Corporation and fill-out Request for Authorization Transaction Code (Annex F: PhilHealth Konsulta Benefit Availment Process). If an authorization transaction code (ATC) is not available, a photo taken on the spot may be used in lieu of the ATC. Consent to take a photo must be secured from Konsulta beneficiaries (Annex G: Sample Template for Photo Consent).

*In consideration of Konsulta services provided to the beneficiaries, FPEs conducted from January 1, 2022 onwards may be paid; provided that the beneficiaries were registered to that KPP within the same year. Only then, these beneficiaries will be included in the computation of Statement of Accounts Payable 1 (SAP1).*

3. KPPs shall generate and print the Electronic Konsulta Availment Slip (EKAS) immediately after each patient encounter and Electronic Prescription Slip (EPRESS) for prescribed medicines (Annex H: Electronic Konsulta Availment Slip (EKAS) and Electronic Prescription Slip (EPRESS)).

Only in situations where the system-generated EKAS and EPRESS are not available, the KPP may accomplish blank EKAS and EPRESS, in duplicate copies, both to be signed by the Konsulta beneficiary. One copy shall be given to the Konsulta beneficiary and the other copy shall be encoded later on. There is no need to attach a printed EKAS and EPRESS to the generated



SAPs.

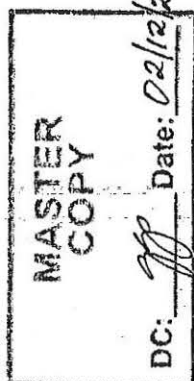
4. All eligible beneficiaries availing of the benefit shall provide feedback and sign the EKAS and/or EPRESS after every transaction or affix thumbmark if the Konsulta beneficiary is unable to write or sign the EKAS and/or EPRESS. For minors, the parent-member or guardian shall sign the EKAS and/or EPRESS.
5. The KPP shall submit only the accomplished reply slip with brief anonymous patient satisfaction survey to PhilHealth on or before 10<sup>th</sup> working day of the succeeding month following the applicable quarter. A secured drop box or other similar means of collection may be used at the point of care, to be submitted to PhilHealth. KPPs shall give the rest of the EKAS and/or EPRESS to the beneficiary for their record.
6. Beneficiaries who avail of their Konsulta services where they are registered shall be entitled to benefits herein. Should beneficiaries opt to avail from other KPPs where they are not registered, or other primary care providers which are not KPPs, or laboratory/diagnostic and/or pharmacy service providers not engaged by KPPs, they may be subject to out-of-pocket charges.

#### D. Provider Payment Mechanism

1. The benefit shall be paid as an annual capitation computed and released as a performance-based payment. The maximum per capita amount for Konsulta shall be at Php 500.00 and Php 750.00 for government and private facilities, respectively.
2. The first tranche for the succeeding years of retained beneficiaries will be 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.

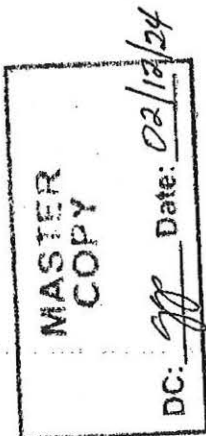
This is an incentive for the KPP to facilitate empanelment of primary care catchment population. Retention of beneficiaries is in itself a key feature of primary healthcare. This allows for better quality of care, as the KPP becomes familiar with the medical history and course.

3. Relative to this, the facility shall receive the 40% capitation which serves as an incentive for retaining its registered Konsulta beneficiaries and providing primary care. However, if the beneficiary opts to transfer to another KPP the following year, the conduct of a new FPE is necessary.
4. Capitation rates shall be set by the Corporation and shall be paid in tranches (Annex I: Approved Benefit Payment and Balance Billing/Co-Payment/Cost Sharing Schedule).
5. The capitation rate, tranches, and performance targets shall be periodically reviewed by the Corporation for modification and adjustments.





6. PhilHealth shall pay using the Auto-credit payment scheme (ACPS). In the three months after effectivity of this *PhilHealth* Circular, KPPs who are still in the process of setting up ACPS shall be allowed check payments. Henceforth, ACPS compliance shall be part of the initial activities of the newly accredited KPPs, not to exceed three months.
7. KPPs may charge fees for services and commodities not included in the benefit package. Service providers contracted by the KPPs are prohibited from charging fees from beneficiaries directly, and shall send their bills to the KPPs who contracted them. Provision of services and commodities outside the package with their corresponding rates shall still be encoded in the EMR.
8. KPPs shall comply with the obligations identified in the KPP's performance commitments and balance billing/co-payment/cost sharing rules stipulated in this issuance, its annexes, and all other applicable issuances, such as among others:
  - a. The number of consultations/visits to a KPP shall be as needed by patients according to their health risks as assessed by a KPP physician;
  - b. The diagnostic procedures to be performed and medications to be dispensed (including, among others, year-round supply of maintenance medications) shall be as medically necessary to improve the health of the patient.
  - c. Private KPPs shall be allowed to charge a balance billing/co-payment cap of Php 500.00 per annum per beneficiary (Annex I: Approved Benefit Payment and Balance Billing/Co-payment/Cost Sharing Schedule) for services in the PhilHealth Konsulta package;
  - d. Private KPPs are allowed to design their own balance billing/co-payment/cost sharing schedule as long as it will not exceed the co-payment cap. The balance billing/co-payment schedule should be agreed upon with PhilHealth and shall be included in their performance commitment;
  - e. Private KPPs shall inform their catchment population of the balance billing/co-payment cap and balance billing/co-payment/cost sharing schedule and post the balance billing/co-payment schedule at visible areas on their facility; and,
  - f. Existing PhilHealth policies on balance billing/co-payment/cost sharing shall apply to all eligible beneficiaries registered in a government KPP.
9. In cases where eligible beneficiaries are temporarily transferred by a KPP to another facility for reasons including but not limited to the inability to provide services due to staffing shortages within the period of accreditation, the referring facility shall cover the cost of care to the referral facility for the period of the transfer. Payment arrangements shall be defined and resolved between the referring and referral facilities and shall be at no added cost to the eligible beneficiary and to PhilHealth in covering for services included in the package.
10. In case of any disagreement with the computed reimbursement, existing guidelines on appeal and motion for reconsideration (MR) shall apply.
11. Existing legislations and regulations that endow privileges and discounts to



specific segments of the population, including senior citizens and PWDs, shall be applied to the balance billing/co-payment/cost sharing for PhilHealth Konsulta services.

#### E. Disposition and Allocation of the Capitation

1. Capitation payments shall be utilized to cover all essential services, medicines provided for in this *PhilHealth* Circular and other operating expenses to support delivery of healthcare including but not limited to engagement of additional personnel (e.g. physician, dentist, nurses, pharmacist, midwives, etc.; and also non-healthcare workers such as encoders, among others), internet subscription, IT service provider subscription fee and hardware. Any remaining fund may be utilized as performance incentives for primary care workers and shall be governed and determined by the internal guidelines of the PhilHealth KPP. PhilHealth shall not prescribe how performance incentives will be shared or disbursed.
2. For public/government KPPs, the share of performance incentives shall be defined through an approved Sanggunian resolution or any similar issuance. For the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), certification for the creation of a ledger, trust fund, or equivalent shall be issued by the DOH-BARMM.

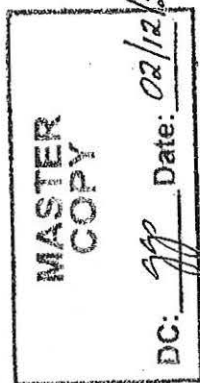
PhilHealth shall not prescribe or differentiate facility and professional fee sharing, in accordance with Section 18(b) of R.A. 11223. Government KPPs shall create a ledger to account for the utilization of PhilHealth Konsulta funds.

3. For private KPPs, the share of performance incentives shall be defined through their internal policies in accordance with their management.
4. For capitation payments, existing PhilHealth policy on late filing of claims shall apply in handling submissions of patient encounters beyond the prescribed period.

#### F. Handling Health Data

1. All health data shall be encoded in the PhilHealth-certified application systems for electronic transmission to PhilHealth (Annex J: Schedule for Submission of Reports). These application systems shall be periodically updated by their developers, at their own expense, to align with the latest updates to PhilHealth Konsulta policy.
2. PhilHealth KPPs shall submit the electronic patient record data to PhilHealth as soon as the record is available and in accordance with the prescribed format. Submissions shall include all records of encounters with eligible beneficiaries (Annex J).
3. Incomplete patient encounter reports shall be automatically denied by the system.

For encoding purposes, only the following data fields shall be required for FPE: PhilHealth Identification Number (PIN), Name (Last, First, Middle,



Extension), Date of Birth, Biological Sex (Male/Female), Client Type, and Vital Signs and Anthropometrics (Annex K: Sample Template for Health Screening/FPE).

Other data including but not limited to other parts of the patient history and physical exam, diagnosis, diagnostic tests done with corresponding results and prescribed/dispensed medicines, other services and commodities not currently covered by the package shall be only required for the generation of Statement of Accounts Payable 2 (SAP2).

4. KPPs shall host and safeguard electronic patient records in accordance with existing rules and regulations in managing health information and data privacy. KPP and all its staff and all affiliated facilities and individuals shall commit to keep the members' personal information confidential, secure, and affirm the fundamental right of all persons, with particular emphasis on its members and their dependents, to privacy in compliance with the Data Privacy Act of 2012 (R.A. 10173).

#### G. Monitoring and Evaluation

PhilHealth, through its Healthcare Provider Performance Assessment System (HCPPAS), shall employ mechanisms to assure members of the guaranteed quality healthcare they deserve. Performance targets shall be identified to guide all concerned stakeholders of their accountability towards providing essential primary care services especially to the poor and marginalized families.

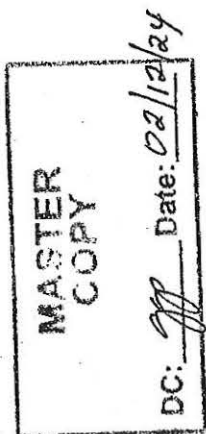
PhilHealth shall utilize electronic systems to facilitate the implementation of the Konsulta Package including building a system to connect Konsulta with inpatient availment for monitoring purposes, an application for immediate feedback and documentation of actual patient encounter transactions, mechanisms enabling access to primary care services such as the feedback application, biometrics kiosk, EKAS and EPRESS.

#### H. Annexes

1. Annex A: Overview of PhilHealth Konsulta Actors and Processes
2. Annex B: PhilHealth Konsulta Registration Form
3. Annex C: PhilHealth Konsulta Benefit Table
4. Annex D: Checklist of PhilHealth Konsulta Drugs and its Preparations as of September 2022 and Future Iterations Thereof
5. Annex E: List of Preventive Health Services Based on Lifestage Guarantees
6. Annex F: PhilHealth Konsulta Benefit Availment Process
7. Annex G: Sample Template for Photo Consent
8. Annex H: Electronic Konsulta Availment Slip (EKAS) and Electronic Prescription Slip (EPRESS)
9. Annex I: Approved Benefit Payment and Balance Billing/Co-Payment/Cost Sharing Schedule
10. Annex J: Schedule for Submission of Reports
11. Annex K: Sample Template for Health Screening/FPE

#### VI. PENALTY CLAUSE

Non-conformance to the performance targets (Annex I) shall be a ground for close



monitoring, and/or sanctions and penalties prescribed by pertinent laws and rules.

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment and all existing related laws and policies shall be dealt with accordingly.

## VII. TRANSITORY CLAUSE

PhilHealth shall undergo a gradual transition from the current Konsulta Package to the Konsulta+ pursuant to PhilHealth Circular No. 2022-0032 entitled "Governing Policies of the Konsulta+".

*The data records affected by a new formula for computing SAP2 for services availed beginning January 1, 2022 and removal of pro-rata for SAP1 beginning January 1, 2023 as provided in PhilHealth Circular No. 2023-0013, shall remain in effect.*

PhilHealth shall issue advisories on the implementation of system enhancements according to the provisions of this PhilHealth Circular. Further, the use of the revised health screening/FPE form shall commence once the system enhancements have been deployed and are available for use.

## VIII. SEPARABILITY CLAUSE

In the event that any part or provision of this PhilHealth Circular is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

## IX. REPEALING CLAUSE

The provisions of PhilHealth Circular No. 2023-0013: Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package (Revision 2) that are inconsistent with any provision of this *PhilHealth Circular* are hereby amended, modified, or repealed accordingly.

## DATE OF EFFECTIVITY

This *PhilHealth Circular* shall take effect fifteen (15) days upon publication. This *PhilHealth Circular* shall be published in a newspaper of general circulation and shall be deposited thereafter with the Office of the National Administrative Register at the University of the Philippines Law Center.



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

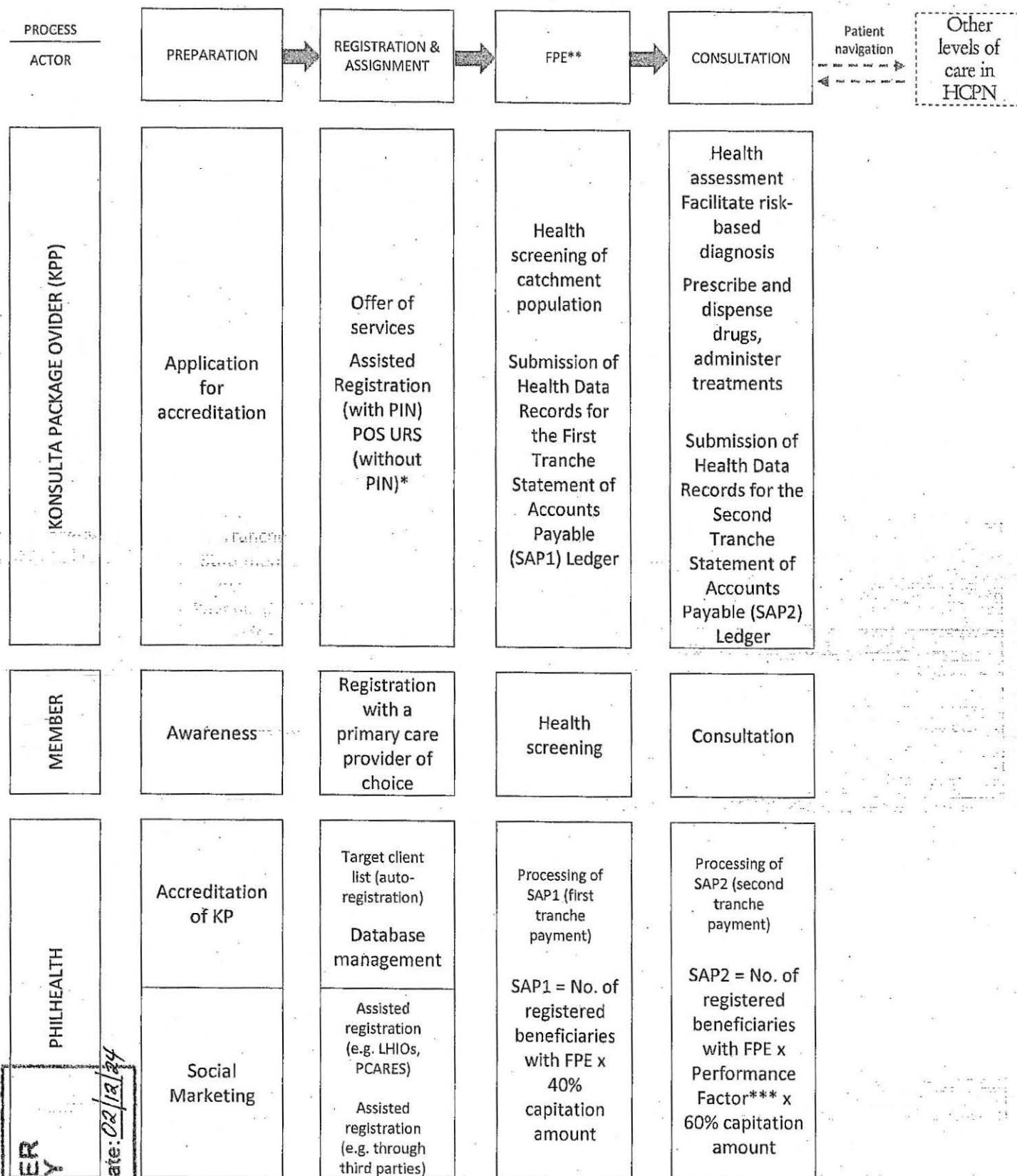
Date signed: 02/08/2024

**Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package (Revision 3)**

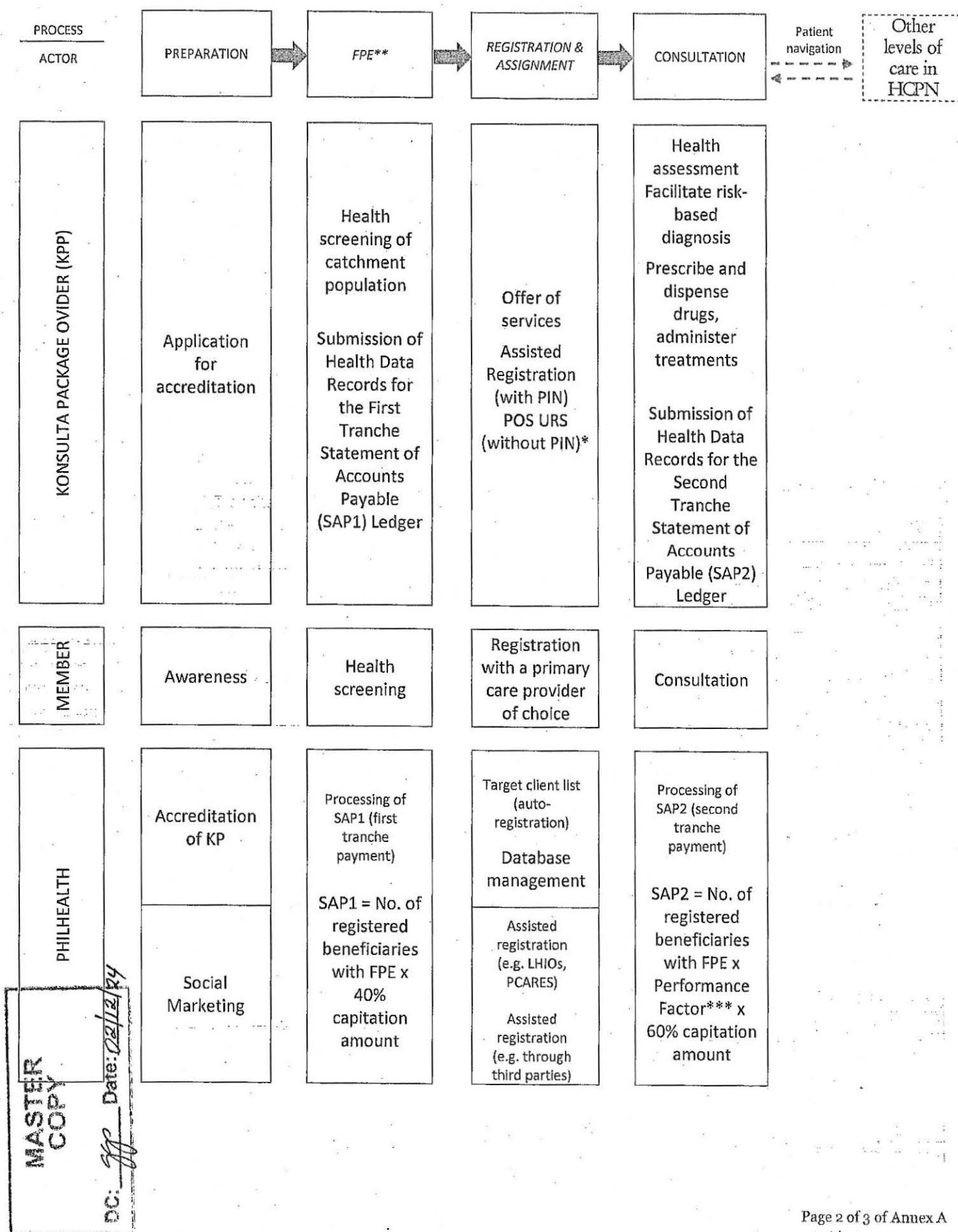


## Annex A: Overview of PhilHealth Konsulta Actors and Processes

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



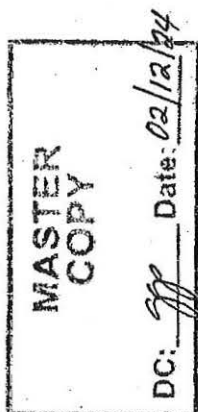
Scenario 2: Conduct of FPE is done prior to registration



\*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.



# Annex B: PhilHealth Konsulta Registration Form

**PhilHealth PhilHealth Konsulta Registration Form (PKRF)**

**INSTRUCTIONS**

1. All information should be written in UPPER CASE/CAPITAL LETTER.
2. All fields are mandatory.
3. If the beneficiary is dependent, use the dependent PIN.
4. If the beneficiary is below 21 years old, the signatory should be the parent/guardian.

**TO BE FILLED-OUT BY THE BENEFICIARY**

☐ MEMBER ☐ DEPENDENT

PIN: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

☐ REGISTER TO A KONSULTA PACKAGE PROVIDER (KPP)

☐ REGISTER ALL MY DECLARED MINOR DEPENDENTS (please use additional form if necessary)

FULL NAME: \_\_\_\_\_

1ST CHOICE KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2ND CHOICE KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ TRANSFER

PREVIOUS KPP: \_\_\_\_\_

1ST CHOICE KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2ND CHOICE KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I HEREBY CERTIFY THAT I DID NOT AVAIL OF FIRST PATIENT ENCOUNTER (FPE) IN MY PREVIOUS KPP.

(Signature over Printed Name)

PHILHEALTH COPY

**TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL**

**PHILHEALTH KONSULTA REGISTRATION CONFIRMATION SLIP**

REGISTRATION NO.: \_\_\_\_\_ DATE REGISTERED: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

PIN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Signature over Printed Name of Authorized Personnel)

MINISTER'S COPY

**PhilHealth PhilHealth Konsulta Registration Form (PKRF)**

**INSTRUCTIONS**

1. All information should be written in UPPER CASE/CAPITAL LETTER.
2. All fields are mandatory.
3. If the beneficiary is dependent, use the dependent PIN.
4. If the beneficiary is below 21 years old, the signatory should be the parent/guardian.

**TO BE FILLED-OUT BY THE BENEFICIARY**

☐ MEMBER ☐ DEPENDENT

PIN: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

☐ REGISTER TO A KONSULTA PACKAGE PROVIDER (KPP)

☐ REGISTER ALL MY MINOR DEPENDENTS (DECLARED) (please use additional form if necessary)

FULL NAME: \_\_\_\_\_

1ST CHOICE KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2ND CHOICE KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ TRANSFER

PREVIOUS KPP: \_\_\_\_\_

1ST CHOICE KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2ND CHOICE KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I HEREBY CERTIFY THAT I DID NOT AVAIL OF FIRST PATIENT ENCOUNTER (FPE) IN MY PREVIOUS KPP.

(Signature over Printed Name)

PHILHEALTH COPY

**TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL**

**PHILHEALTH KONSULTA REGISTRATION CONFIRMATION SLIP**

REGISTRATION NO.: \_\_\_\_\_ DATE REGISTERED: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

PIN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

KPP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Signature over Printed Name of Authorized Personnel)

MINISTER'S COPY

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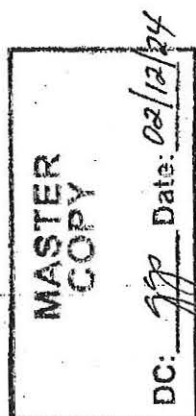


## Annex C: PhilHealth Konsulta Benefit Table

- A. Primary Care Services - first-contact, comprehensive, continuing and coordinative care to beneficiaries including but not limited to:
1. Consultation and case management for any conditions, including individual health education, that can be managed by a Primary Care Physician and team as determined by the legal scope of practice.
  2. Provision of preventive health services as listed in Annex E.
  3. Assisting eligible beneficiaries in accessing services in subcontracted or partner facilities
  4. Referral to specialty and higher levels of care
- B. Select Laboratory/Diagnostic Examinations as needed as part of case management by PhilHealth Konsulta primary care team including:
1. Complete Blood Count (CBC) w/ platelet count
  2. Lipid profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides)
  3. Fasting Blood Sugar (FBS)
  4. Oral Glucose Tolerance Test (OGTT)
  5. Glycosylated Hemoglobin (HbA1c)
  6. Creatinine
  7. Chest X-Ray
  8. Sputum Microscopy
  9. Electrocardiogram (ECG)
  10. Urinalysis
  11. Pap smear
  12. Fecalalysis
  13. Fecal Occult Blood Test
- C. Select Drugs and Medicines as needed as part of case management by PhilHealth Konsulta primary care team:

Name	Category
1. Amoxicillin	Anti-microbial
2. Co-Amoxiclav	
3. Cotrimoxazole	
4. Nitrofurantoin	
5. Ciprofloxacin	
6. Clarithromycin	
7. Oral Rehydration Salts	Fluid and Electrolytes
8. Prednisone	Anti-asthma
9. Salbutamol	
10. Fluticasone + Salmeterol	Anti-diabetic
11. Paracetamol	
12. Gliclazide	Anti-dyslipidemia
13. Metformin	
14. Simvastatin	Anti-hypertensives
15. Enalapril	
16. Metoprolol	
17. Amlodipine	
18. Hydrochlorothiazide	
19. Losartan	Anti-thrombotics
20. Aspirin	
21. Chlorphenamine*	Anti-histamine

\*For hospital use only, pending further advisory to be issued by PhilHealth on its inclusion/exclusion from the Primary Care Formulary (PCF) to be decided on by the Health Technology Assessment Council (HTAC).



## Annex D: Checklist of PhilHealth Konsulta Drugs and its Preparations as of September 2022 and Future Iterations Thereof

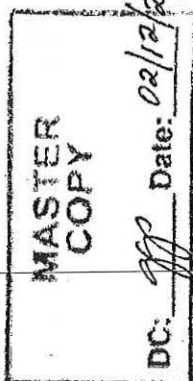
ACTIVE INGREDIENT/MEDICINE	DOSAGE FORM/STRENGTH
Amlodipine	5 mg tablet (as besilate/camsylate)
Amlodipine	10 mg tablet (as besilate/camsylate)
Amoxicillin (as trihydrate)	250 mg capsule
Amoxicillin (as trihydrate)	500 mg capsule
Amoxicillin (as trihydrate)	100 mg/mL granules/powder for drops (suspension), 15 mL
Amoxicillin (as trihydrate)	250 mg/5 mL granules/powder for suspension, 60 mL
Aspirin	80 mg tablet
Aspirin	100 mg tablet
Aspirin	300 mg tablet
Aspirin	325 mg tablet
Chlorphenamine (Chlopheniramine) (as maleate)	4 mg Tablet
Chlorphenamine (Chlopheniramine) (as maleate)	2.5 mg/5mL syrup, 60 mL
Ciprofloxacin	250 mg tablet (as hydrochloride)
Ciprofloxacin	500 mg tablet (as hydrochloride)
Clarithromycin	250 mg base tablet
Clarithromycin	500 mg base tablet
Clarithromycin	125 mg/5 mL granules/powder for suspension, 50 mL
Clarithromycin	250 mg/5 mL granules/powder for suspension, 50 mL
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	500 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	875 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	200 mg amoxicillin (as trihydrate) + 28.5 mg potassium clavulanate per 5 mL granules/powder for suspension, 70 mL
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	400 mg amoxicillin (as trihydrate) + 57 mg potassium clavulanate per 5 mL granules/powder for suspension, 70 mL
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	600 mg amoxicillin (as trihydrate) + 42.9 mg potassium clavulanate per 5 mL granules/powder for suspension
Cotrimoxazole (sulfamethoxazole + trimethoprim)	400 mg sulfamethoxazole + 80 mg trimethoprim tablet/capsule (B)
Cotrimoxazole (sulfamethoxazole + trimethoprim)	800 mg sulfamethoxazole + 160 mg trimethoprim tablet (B)
Cotrimoxazole (sulfamethoxazole + trimethoprim)	200 mg sulfamethoxazole + 40 mg trimethoprim/ 5 mL suspension, 70mL
Cotrimoxazole (sulfamethoxazole + trimethoprim)	200 mg sulfamethoxazole + 40 mg trimethoprim/ 5 mL suspension, 120mL
Cotrimoxazole (sulfamethoxazole + trimethoprim)	400 mg sulfamethoxazole + 80 mg trimethoprim per 5 mL suspension, 60 mL
Enalapril (as maleate)	5 mg tablet
Enalapril (as maleate)	20 mg tablet
Enalapril + Hydrochlorothiazide	20 mg enalapril + 12.5 mg hydrochlorothiazide tablet
Fluticasone (as propionate) + Salmeterol (as xinafoate)	Inhalation: DPI 100 micrograms fluticasone + 50 micrograms salmeterol x 28 doses and 60 doses with appropriate accompanying dispenser
Fluticasone (as propionate) + Salmeterol (as xinafoate)	Inhalation: DPI 250 micrograms fluticasone + 50 micrograms salmeterol x 28 doses and 60 doses with appropriate accompanying dispenser

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Fluticasone (as propionate) + Salmeterol (as xinafoate)	Inhalation: DPI 500 micrograms fluticasone + 50 micrograms salmeterol x 28 doses and 60 doses with appropriate accompanying dispenser
Fluticasone (as propionate) + Salmeterol (as xinafoate)	MDI: 50 micrograms fluticasone + 25 micrograms salmeterol x 120 actuations (with dose counter*)
Fluticasone (as propionate) + Salmeterol (as xinafoate)	MDI: 125 micrograms fluticasone + 25 micrograms salmeterol x 120 actuations (*)
Fluticasone (as propionate) + Salmeterol (as xinafoate)	MDI: 250 micrograms fluticasone + 25 micrograms salmeterol x 120 actuations (*)
Gliclazide	30 mg MR tablet
Gliclazide	60 mg MR tablet
Gliclazide	80 mg tablet
Hydrochlorothiazide	12.5 mg tablet
Hydrochlorothiazide	25 mg tablet
Losartan (as potassium salt)	50 mg tablet
Losartan (as potassium salt)	100 mg tablet
Metformin (as hydrochloride)	500 mg tablet
Metformin (as hydrochloride)	500 mg film coated tablet
Metformin (as hydrochloride)	850 mg tablet
Metoprolol (as tartrate)	50 mg tablet
Metoprolol (as tartrate)	100 mg tablet
Nitrofurantoin	50 mg capsule (as macrocrystals)
Nitrofurantoin	100 mg capsule (as macrocrystals)
Oral Rehydration Salts (ORS)	20.5 sachet
Paracetamol	300 mg tablet
Paracetamol	500 mg tablet
Paracetamol	100 mg/mL drops, 15 mL (alcohol-free)
Paracetamol	120 mg/5 mL (125 mg/5 mL) syrup/suspension, 30 mL (alcohol-free)
Paracetamol	120 mg/5 mL (125 mg/5 mL) syrup/suspension, 60 mL (alcohol-free)
Paracetamol	120 mg/5 mL (125 mg/5 mL) syrup/suspension, 120 mL (alcohol-free)
Paracetamol	250 mg/5 mL syrup/suspension, 30 mL (alcohol-free)
Paracetamol	250 mg/5 mL syrup/suspension, 60 mL (alcohol-free)
Paracetamol	250 mg/5 mL syrup/suspension, 120 mL (alcohol-free)
Paracetamol	Rectal: 125 mg suppository
Paracetamol	Rectal: 250 mg suppository
Prednisone	5 mg tablet
Prednisone	10 mg tablet
Prednisone	20 mg tablet
Prednisone	10 mg/5 mL suspension, 60 mL
Salbutamol (as sulfate)	2 mg/5 mL syrup, 60 mL
Salbutamol (as sulfate)	Dry Powder Inhaler (DPI): 200 micrograms/dose with appropriate accompanying dispenser
Salbutamol (as sulfate)	Metered Dose Inhaler (MDI): 100 micrograms/dose x 200 actuations

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Salbutamol (as sulfate)	Breath Actuated MDI • 100 micrograms/dose x 200 actuations
Salbutamol (as sulfate)	Resp. Soln.: (for nebulization) 1 mg/mL, 2.5 mL (unitdose)
Salbutamol (as sulfate)	Resp. Soln.: (for nebulization) 2mg/mL, 2.5 mL (unitdose)
Ipratropium + Salbutamol	MDI: 20 micrograms ipratropium (as bromide) + 100 micrograms salbutamol x 200 doses x 10mL
Ipratropium + Salbutamol	Resp. Soln.: (for nebulization) 500 micrograms ipratropium (as bromide anhydrous) + 2.5 mg salbutamol (as base) x 2.5 mL (unit dose)
Simvastatin	20 mg tablet
Simvastatin	40 mg tablet





## Annex E: List of Preventive Health Services Based on Lifestage Guarantees

Age	Targeted Diagnostics (according to risk, age and health assessment)												
0-12 mos.	CBC with platelet count	Urine analysis	Fecal analysis	Sputum microscopy	FOBT	PAP Smear*	Lipid Profile	FBS	OGTT	ECG	Chest X-ray	Creatinine	HbA1c
>1-4 y/o													
5-9 y/o													
10-19 y/o													
20-39 y/o													
40-49 y/o													
50-59 y/o													
60 and up													

Recommended



As applicable



Not Applicable

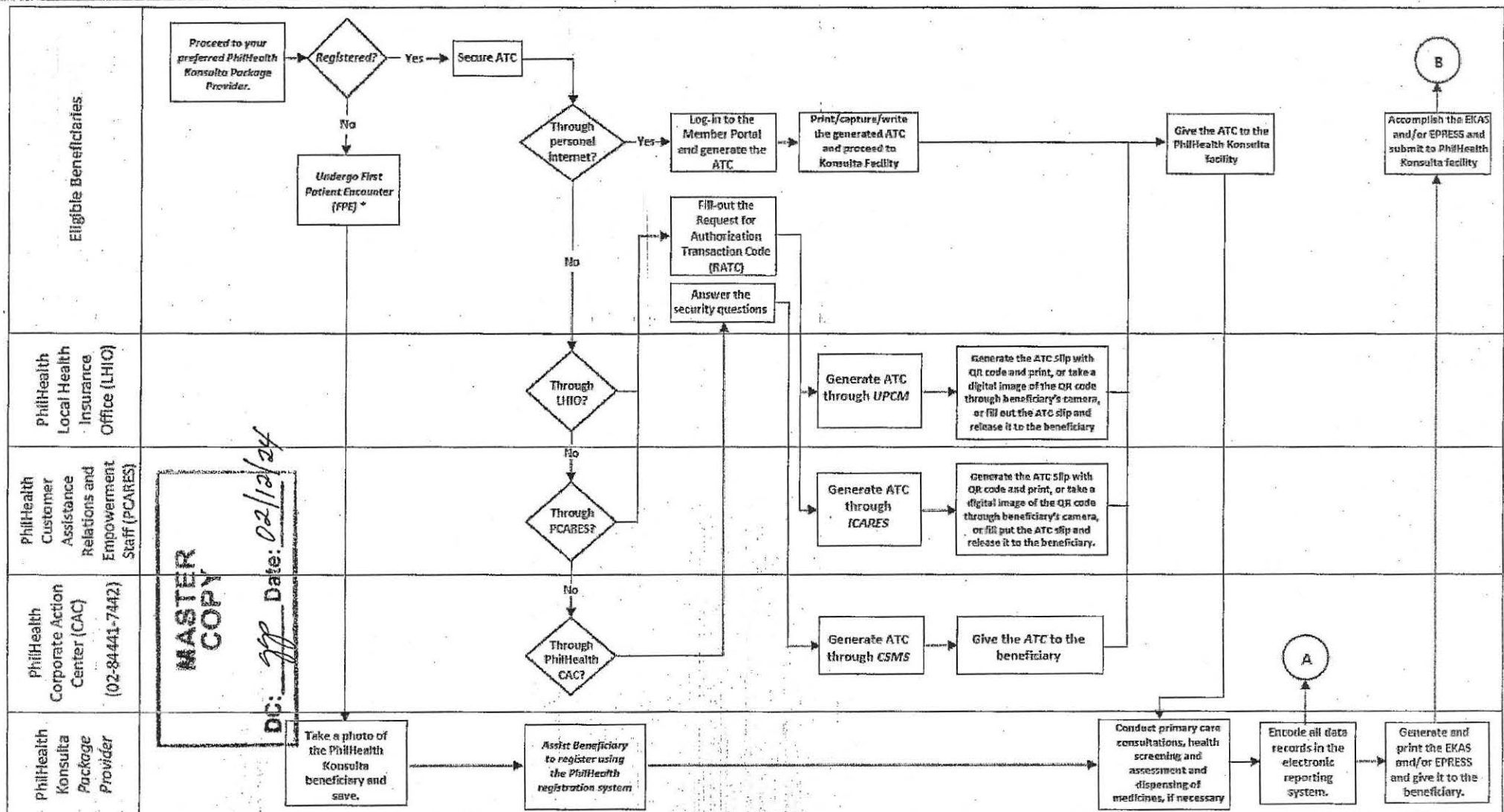


\*Allowed to waive

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## Annex F: PhilHealth Konsulta Benefit Availment Process



Authorization Transaction Code (ATC) – a system generated unique code given to an eligible beneficiary prior to benefit availment. This can be taken by the Konsulta facility for walk-in clients.

Notes: \*If First Patient Encounter (FPE) is not yet done; beneficiary may be assisted first to register.

Procedure details for A and B will be defined in Annex J.

**PhilHealth Request for Authorization Transaction Code (RATC)**  
Your Partner in Health

**TO BE FILLED-OUT BY THE BENEFICIARY**

DATE OF APPOINTMENT: \_\_\_\_\_ MM/DD/YYYY

☐ MEMBER

☐ DEPENDENT

PIN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MM/DD/YYYY

FULL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

\_\_\_\_\_  
(Signature over Printed Name) PHILHEALTH'S COPY

---

**TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL**

ATC: \_\_\_\_\_

\_\_\_\_\_  
(Signature over Printed Name of Authorized PhilHealth Personnel) BENEFICIARY'S COPY

**PhilHealth Request for Authorization Transaction Code (RATC)**  
Your Partner in Health

**TO BE FILLED-OUT BY THE BENEFICIARY**

DATE OF APPOINTMENT: \_\_\_\_\_ MM/DD/YYYY

☐ MEMBER

☐ DEPENDENT

PIN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MM/DD/YYYY

FULL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

\_\_\_\_\_  
(Signature over Printed Name) PHILHEALTH'S COPY

---

**TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL**

ATC: \_\_\_\_\_

\_\_\_\_\_  
(Signature over Printed Name of Authorized PhilHealth Personnel) BENEFICIARY'S COPY

**PhilHealth Request for Authorization Transaction Code (RATC)**  
Your Partner in Health

**TO BE FILLED-OUT BY THE BENEFICIARY**

DATE OF APPOINTMENT: \_\_\_\_\_ MM/DD/YYYY

☐ MEMBER

☐ DEPENDENT

PIN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MM/DD/YYYY

FULL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

\_\_\_\_\_  
(Signature over Printed Name) PHILHEALTH'S COPY

---

**TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL**

ATC: \_\_\_\_\_

\_\_\_\_\_  
(Signature over Printed Name of Authorized PhilHealth Personnel) BENEFICIARY'S COPY

**PhilHealth Request for Authorization Transaction Code (RATC)**  
Your Partner in Health

**TO BE FILLED-OUT BY THE BENEFICIARY**

DATE OF APPOINTMENT: \_\_\_\_\_ MM/DD/YYYY

☐ MEMBER

☐ DEPENDENT

PIN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MM/DD/YYYY

FULL NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: \_\_\_\_\_  
BARANGAY/TOWN MUNICIPALITY/CITY PROVINCE

\_\_\_\_\_  
(Signature over Printed Name) PHILHEALTH'S COPY

---

**TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL**

ATC: \_\_\_\_\_

\_\_\_\_\_  
(Signature over Printed Name of Authorized PhilHealth Personnel) BENEFICIARY'S COPY

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## Annex G: Sample Template for Photo Consent

Optional: Insert Facility Logo/Name

### PHOTO CONSENT FORM

I, \_\_\_\_\_, with address \_\_\_\_\_  
*Name of Konsulta Beneficiary*  
\_\_\_\_\_ grant permission and give  
*Address of Konsulta Beneficiary*  
my consent to \_\_\_\_\_ for the use  
*Name of Konsulta Package Provider (KPP)*  
of my photo or picture as one of the requirements in the avilment of Konsulta benefit.

By signing below, I hereby authorize my Konsulta facility to save my photo for post-audit monitoring purposes of PhilHealth.

\_\_\_\_\_  
Name of Konsulta Beneficiary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Optional: Insert Facility Logo/Name

### PHOTO CONSENT FORM

I, \_\_\_\_\_, with address \_\_\_\_\_  
*Name of Konsulta Beneficiary*  
\_\_\_\_\_ grant permission and give  
*Address of Konsulta Beneficiary*  
my consent to \_\_\_\_\_ for the use  
*Name of Konsulta Package Provider (KPP)*  
of my photo or picture as one of the requirements in the avilment of Konsulta benefit.

By signing below, I hereby authorize my Konsulta facility to save my photo for post-audit monitoring purposes of PhilHealth.

\_\_\_\_\_  
Name of Konsulta Beneficiary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Annex H: Electronic Konsulta Availment Slip (EKAS) and Electronic Prescription Slip (EPRESS)

<b>PhilHealth ELECTRONIC KONSULTA AVAILMENT SLIP (EKAS)</b> <small>Your Partner in Health</small>			
<b>To be filled-out by the facility (Pupunan ng Pasilidad)</b>			
HCI NAME:	Case No.:	HCI Accreditation No.:	Transaction No.:
PHI (PhilHealth Identification Number):		Membership Category (Kategoryang pagiging Miyembro):	
Patient Name (Pangalan ng Pasyente):		Age (Edad):	Contact No. (Numero ng Telepono):
Membership Type: <input type="checkbox"/> MEMBER <input type="checkbox"/> DEPENDENT		Authorization Transaction Code (ATC):	
Konsulta Services	Performed ✓ X	Date Performed	Performed by
Consultation			
Complete Blood Count (CBC) w/ platelet count			
Lipid profile (Total Cholesterol, Triglycerides, HDL Cholesterol, LDL Cholesterol)			
Fasting Blood Sugar (FBS)			
Oral Glucose Tolerance Test			
Glycosylated Hemoglobin (HbA1c)			
Creatinine			
Chest X-Ray			
Sputum Microscopy			
Electrocardiogram (ECG)			
Urinalysis			
Pap smear			
Fecalysis			
Fecal Occult Blood Test			
<small>Note:</small> This form shall be provided to the Konsulta Beneficiary.			
<b>To be filled-out by the patient (Pupunan ng Pasyente)</b>			
Have you received the above-mentioned essential services? (Natanggap na ba ang mga pangunahing serbisyo na nabanggit?) <span style="float: right;">_ Yes (Oo) _ No (Hindi)</span>			
How satisfied are you with the services provided? (Gano ka nasustahan sa natanggap na serbisyo?) For your comment, suggestion or complaint: (Para sa iyong komento, mungkahi o reklamo): <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> HAPPY             <input type="checkbox"/> NEUTRAL             <input type="checkbox"/> SAD           </div>			
<small>Note:</small> Accomplished form shall be submitted to Konsulta Provider. (Nagkumpleto ng form ay dapat ibalik sa Konsulta Provider.) <span style="float: right;">PhilHealth Identification Number of Patient: _____</span>			

<b>PhilHealth ELECTRONIC PRESCRIPTION SLIP (EPRESS)</b> <small>Your Partner in Health</small>			
<b>To be filled-out by the facility (Pupunan ng Pasilidad)</b>			
HCI NAME:	Case No.:	HCI Accreditation No.:	Transaction No.:
PHI (PhilHealth Identification Number):		Membership Category:	Membership Type: <input type="checkbox"/> MEMBER <input type="checkbox"/> DEPENDENT
Patient Name (Pangalan ng Pasyente):		Age (Edad):	Contact No. (Numero ng Telepono):
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="font-size: 2em;">Rx</div> <div>USE GENERIC NAME</div> </div>			
Next Dispensing Date: (Patsang orosman na ngayong gamot)		Physician: _____ PRC Lic No.: _____ PTR No.: _____ SZ No.: _____	
<b>To be filled-out by the patient (Pupunan ng Pasyente)</b>			
Did you receive the above-mentioned medicines? (Natanggap na ba ang mga gamot na nabanggit?) <span style="float: right;">_ Yes (Oo) _ No (Hindi)</span>			
Are you satisfied with the medicines you received? (Naisipahan ka ba sa mga gamot na natanggap mo?) <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> HAPPY             <input type="checkbox"/> NEUTRAL             <input type="checkbox"/> SAD           </div>			
For your comment, suggestion or complaint: (Para sa iyong komento, mungkahi o reklamo): <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>			
<small>Note:</small> Accomplished form shall be submitted to Konsulta Provider. (Nagkumpleto ng form ay dapat ibalik sa Konsulta Provider.) <span style="float: right;">PhilHealth Identification Number of Patient: _____</span>			

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## Annex I: Approved Benefit Payment and Balance Billing/Co-Payment/ Cost Sharing Schedule

1. The maximum per capita rate amount for Konsulta shall be at Php750.00 and Php500.00 for private and public facilities, respectively.
  - a. The Konsulta Package Provider (KPP) shall receive 40% of this amount based on the number of registered members with first patient encounter.
  - b. The KPP shall receive 60% of this amount based on the number of registered members with first patient encounter as of December that year and achieved performance targets at the end of the year.
2. First Tranche or First Patient Encounter (FPE) (40%) Payment
  - a. The KPP shall receive 40% of the annual capitation rate based on the number of registered eligible beneficiaries with first patient encounter.

Month	Number of registered beneficiaries with FPE per month	Calculation	Sample Capitation
January	1,500	1,500 x 200.00	300,000.00
February	2,000	2,000 x 200.00	400,000.00
March	500	500 x 200.00	100,000.00
April	3,000	3,000 x 200.00	600,000.00
May	600	600 x 200.00	120,000.00
June	1,500	1,500 x 200.00	300,000.00
July	1,000	1,000 x 200.00	200,000.00
August	750	750 x 200.00	150,000.00
September	1,300	1,300 x 200.00	260,000.00
October	800	800 x 200.00	160,000.00
November	1,000	1,000 x 200.00	200,000.00
December	900	900 x 200.00	180,000.00
Total	14,850		
Amount of capitation			2,970,000.00

Table 1: Sample Computation for the First Tranche or FPE Payment for a Public KPP

Month	Number of registered beneficiaries with FPE per month	Calculation	Sample Capitation <sup>1</sup>
January	1,500	1,500 x 300.00	450,000.00
February	2,000	2,000 x 300.00	600,000.00
March	500	500 x 300.00	150,000.00
April	3,000	3,000 x 300.00	900,000.00
May	600	600 x 300.00	180,000.00
June	1,500	1,500 x 300.00	450,000.00
July	1,000	1,000 x 300.00	300,000.00
August	750	750 x 300.00	225,000.00
September	1,300	1,300 x 300.00	390,000.00
October	800	800 x 300.00	240,000.00

<sup>1</sup> 2% Withholding Tax for Private Facilities will be deducted in this amount

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Month	Number of registered beneficiaries with FPE per month	Calculation	Sample Capitation <sup>1</sup>
November	1,000	1,000 x 300.00	300,000.00
December	900	900 x 300.00	270,000.00
Total	14,850		
Total			4,455,000.00
Less: Withholding tax			89,100.00
Amount of capitation			4,365,900.00

Table 2: Sample computation for the First Tranche or FPE payment for a Private KPP

- b. The first tranche for the succeeding years of retained beneficiaries will be 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.

Assuming that the KPP started in Year 1 with 15,000 beneficiaries with FPE, and all these beneficiaries stayed with the same KPP through the years:

#### Public KPP

Scenario 1 - Medical consultation is done every year; no need to repeat FPE.

Year 1	Year 2	Year 3	Year 4
15,000 x Php 200.00 = Php 3M	15,000 x Php 200.00 = Php 3M (no need to repeat FPE)	15,000 x Php 200.00 = Php 3M (no need to repeat FPE)	15,000 x Php 200.00 = Php 3M (no need to repeat FPE)
Medical consultation done	Medical consultation done	Medical consultation done	Medical consultation done

Table 3: Sample computation for the First Tranche or FPE payment in a Public KPP

Scenario 2 – Medical consultation is done in some years; need to repeat FPE after years without medical consultation

Year 1	Year 2	Year 3	Year 4
15,000 x Php 200.00 = Php 3M	7,000 x Php 200.00 = Php 1.4M  Remaining balance to depend on actual repeat FPE done for 8,000 beneficiaries.	15,000 x Php 200.00 = Php 3M (no need to repeat FPE)	9,000 x Php 200.00 = Php 1.8M  Remaining balance to depend on actual repeat FPE done for 6,000 beneficiaries.
Medical consultation done for 7,000 beneficiaries only	Medical consultation done for all 15,000	Medical consultation done for 9,000 beneficiaries only	Medical consultation done

Table 4: Sample computation for the First Tranche or FPE payment in a Public KPP

#### Private KPP

Scenario 1 – Medical consultation is done every year; no need to repeat FPE.

Year 1	Year 2	Year 3	Year 4
15,000 x Php 300.00 = Php 4.5M less 2% withholding tax	15,000 x Php 300.00 = Php 4.5M less 2% withholding tax	15,000 x Php 300.00 = Php 4.5M less 2% withholding tax	15,000 x Php 200.00 = Php 3M (no need to repeat FPE)

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Year 1	Year 2	Year 3	Year 4
= Php 4.41M	= Php 4.41M (no need to repeat FPE)	= Php 4.41M (no need to repeat FPE)	FPE)
Medical consultation done	Medical consultation done	Medical consultation done	Medical consultation done

Table 5: Sample computation for the First Tranche or FPE payment in a Private KPP

Scenario 2 – Medical consultation is done in some years; need to repeat FPE after years without medical consultation

Year 1	Year 2	Year 3	Year 4
15,000 x Php 300.00 = Php 4.5M less 2% withholding tax = Php 4.41M	7,000 x Php 300.00 = Php 2.1M less 2% withholding tax = Php 2.058M  Remaining balance to depend on actual repeat FPE done for 8,000 beneficiaries.	15,000 x Php 300.00 = Php 4.5M less 2% withholding tax = Php 4.41M  (no need to repeat FPE)	9,000 x Php 300.00 = Php 2.7M less 2% withholding tax = Php 2.646M  Remaining balance to depend on actual repeat FPE done for 6,000 beneficiaries.
Medical consultation done for 7,000 beneficiaries only	Medical consultation done for all 15,000	Medical consultation done for 9,000 beneficiaries only	Medical consultation done

Table 6: Sample computation for the First Tranche or FPE payment in a Private KPP

c. Beginning January 1, 2023, the pro-rata computation is hereby canceled and terminated. For newly-registered Konsulta beneficiaries for CY 2023 and succeeding years, pro-rata shall not apply for the first tranche.

d. To ensure that all FPE data records are successfully uploaded and patient records are updated on time, all KPPs shall submit, through HCI Portal or Local Health Insurance Offices (LHIOs), the required XML files regularly, preferably on a daily basis (see Annex J, "Schedule for Submission of Reports").

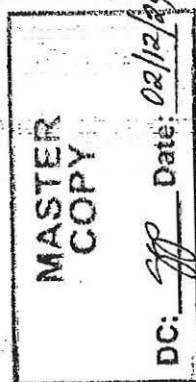
e. The computation of the first tranche shall depend on the complete data uploaded as of 11:59 PM of the 7th calendar day of the succeeding applicable month.

f. The computation of SAP1 shall depend on the complete data submitted by the KPP. PhilHealth, through the BAS, shall generate SAP1 every 8th<sup>th</sup> day until the end of the month of the succeeding applicable month.

g. The monthly computed capitation amount shall be released as soon as possible within 60 days after the 8<sup>th</sup> calendar day of the succeeding applicable month, provided that all data records are successfully uploaded and passed the system validation of PhilHealth.

### 3. Second Tranche (60%) Payment

a. KPPs shall receive a maximum of Php 450.00 (private)/Php 300.00 (public) of the per capita payment rate based on the number of FPE done among the catchment population as of December that year and achieved performance targets at the end of the year.





- b. The performance factor is the cumulative resultant score based on the performance of the KPP adjusted using weights set by the Corporation. The following are the performance targets which constitute the performance factor.

Performance Indicators		Percentage of beneficiaries who availed Konsulta services over beneficiaries with FPE (a)	Target (c)	Weights (d)
1	Primary Care Consultation Unique registered beneficiaries who consulted a primary care doctor	Number of unique individuals who consult at least once/Total number of registered beneficiaries with validated FPE	100%	30%
2	Utilization of Laboratory Services Unique laboratory services done	Number of unique individuals who received laboratory service/Total number of registered beneficiaries with validated FPE	50%	30%
3	Dispensing of Medicines Unique registered beneficiaries who received antibiotics as prescribed by their primary care doctor	Number of unique individuals who received indicated medicines for communicable diseases/Total number of registered beneficiaries with validated FPE	15%	10%
4	Dispensing of Medicines Unique registered beneficiaries who received NCD medication as prescribed by their primary care doctor	Number of unique individuals who received indicated non-communicable medicines/Total number of registered beneficiaries with validated FPE	20%	30%
Sum of all Indicators × Weights				100%

Table 7: Performance Indicators in computing for the Performance Factor

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The percentage of the tranche to be released will be based on the cumulative resultant score of the performance of the KPP.

Number of beneficiaries with consultation = 8,000

Number of beneficiaries with labs = 3,000

Number of beneficiaries who received antibiotics = 2,000

Number of beneficiaries who received NCD medicines = 1,500

Let x = No. of beneficiaries with FPE

$$x = 14,850$$

Performance Indicators/Description		Percentage of beneficiaries who availed Konsulta services over beneficiaries with FPE / Actual Score	Computation	Resultant Score (in percentage)
		a	b = a/c	e = b x d
1	Primary Care Consultation Unique registered beneficiaries who consulted a primary care doctor	0.54	$0.54/1 = 0.54$	$0.54 \times 0.30 = 0.16$ or 16%
2	Utilization of Laboratory Services Unique laboratory services done	0.20	$0.20/0.50 = 0.40$	$0.40 \times 0.30 = 0.12$ or 12%
3	Dispensing of Medicines Unique registered beneficiaries who received antibiotics as prescribed by their primary care doctor	0.13	$0.13/0.15 = 0.87$	$0.87 \times 0.10 = 0.09$ or 9%
4	Dispensing of Medicines Unique registered beneficiaries who received NCD medication as prescribed by their primary care doctor	0.10	$0.10/0.20 = 0.50$	$0.50 \times 0.30 = 0.15$ or 15%
Performance Factor				0.52 or 52%

Table 8: Sample computation for the Performance Factor

Sample computation for Second Tranche for a public KPP

Second tranche = No. of registered beneficiaries with validated FPE x

Performance Factor x 60% capitation amount

$$= 14,850 \times 0.52 \times \text{Php } 300.00$$

$$= \text{Php } 2,316,600.00$$

Sample computation for Second Tranche for a private KPP

Second tranche = (No. of registered beneficiaries with FPE x Performance

Factor x 60% capitation amount) – 2% Withholding tax

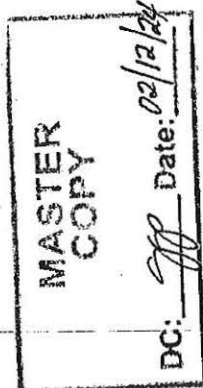
$$= (14,850 \times 0.52 \times \text{Php } 450.00) - 2\%$$

$$= \text{Php } 3,474,900.00 - \text{Php } 69,498.00$$

$$= \text{Php } 3,405,402.00$$

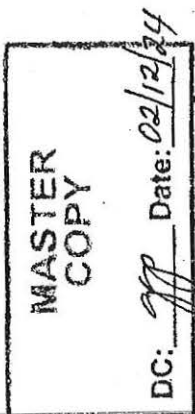
c. Resultant score will be multiplied to Php450.00/Php300.00 and to the total number of registered beneficiaries with first patient encounter as of December of the applicable year.

d. To facilitate prompt payment, all KPPs shall submit, through HCI Portal or LHIOs, the complete consultation data on a daily/weekly basis or until the end of January of

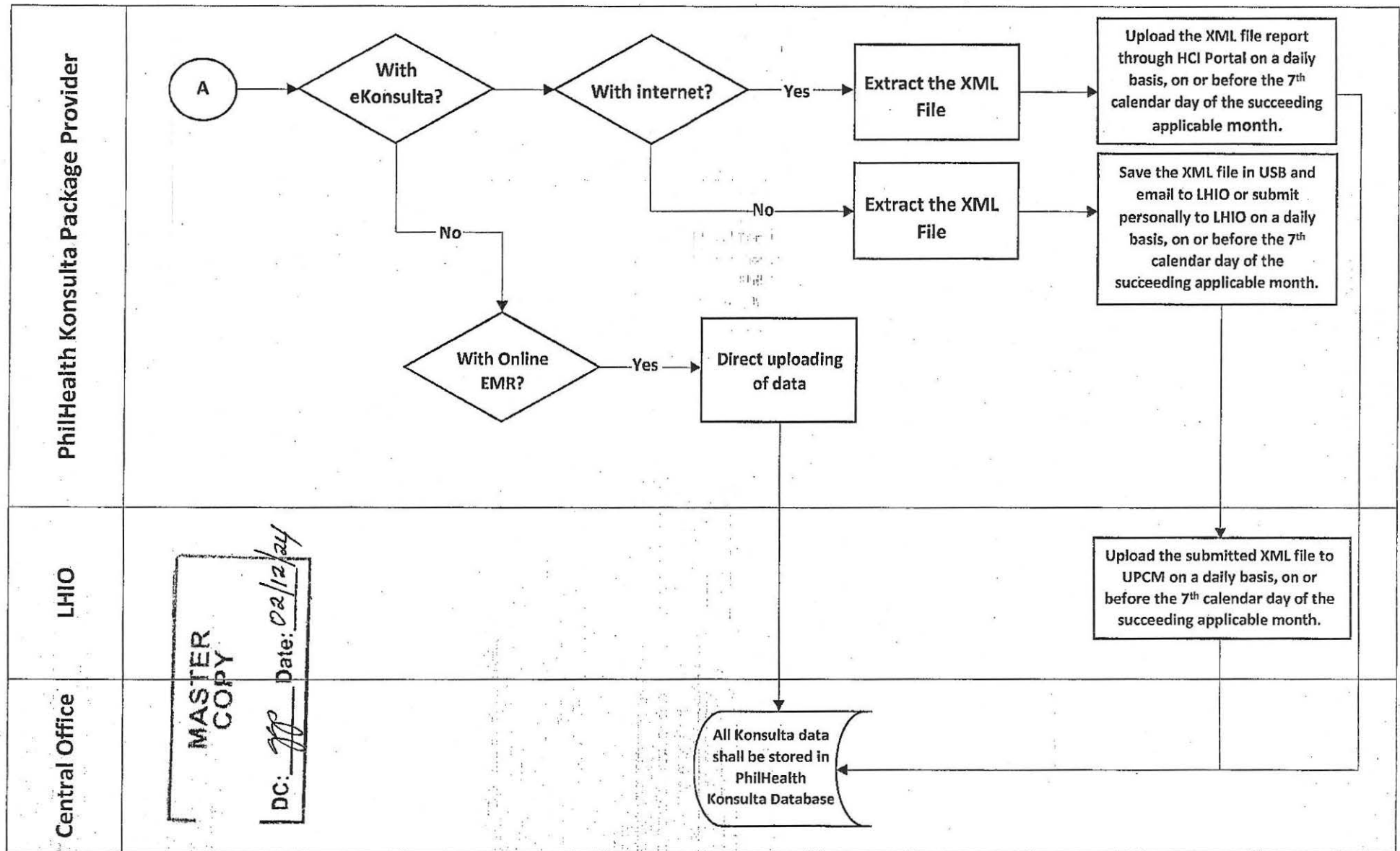


the immediate succeeding year.

- e. The computation of the second tranche and generation of SAP2 shall depend on the complete data submitted as of 11:59 PM of the 7<sup>th</sup> calendar day of January. PhilHealth, through the BAS, shall generate SAP2 on the 8<sup>th</sup> day *until the end of* January.
- f. The computed 2<sup>nd</sup> tranche capitation amount shall be released as soon as possible within 60 days after the 8<sup>th</sup> calendar of January, provided that all data records are successfully uploaded and passed the system validation of PhilHealth.
4. SAP1 generation shall be done only once in a month. Any unpaid FPE due to additional reports uploaded by KPPs shall be automatically included in the succeeding SAP1 computation.
5. As determined by the Corporation, any adjustment in the SAP1 and/or SAP2 generated in previous years shall be in accordance with any approved revisions to the formulas for the first and second tranches, as may be applicable to specific years. It shall be processed and released during the first quarter of CY 2024.
6. In case of discrepancies between any generated SAP ledger and the applicable masterlists, the Local Health Insurance Office/BAS is authorized to cancel the SAP, without prejudice to the generation of a replacement SAP.
7. Balance Billing/Co-Payment/Cost Sharing
  - a. Private KPPs shall be allowed to charge balance billing/co-payment cap of Php500.00 per annum per beneficiary basis.

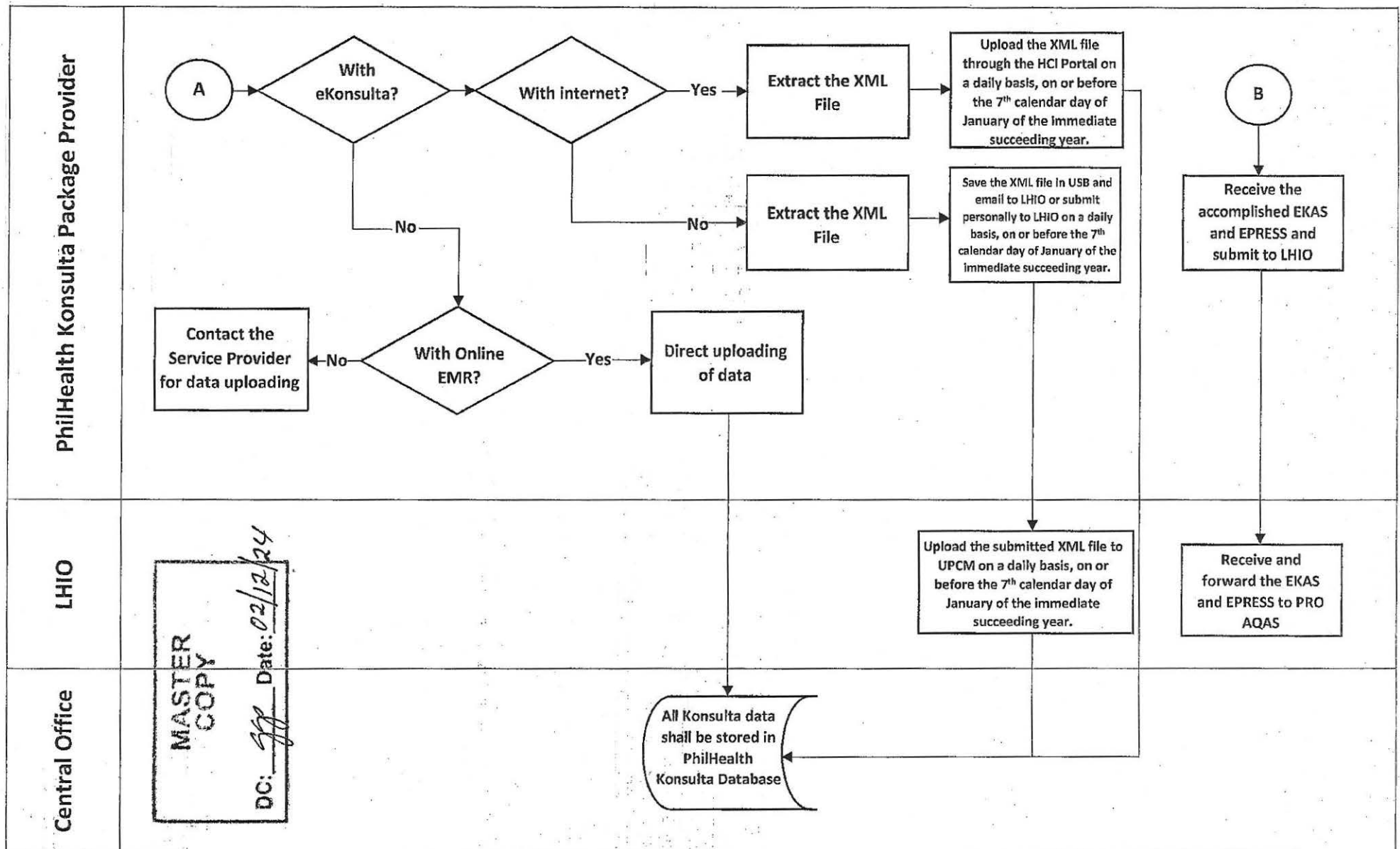


# Tranche 1





## Tranche 2



# Annex K: Sample Template for Health Screening/FPE

## HEALTH SCREENING/FPE FORM

### 1. CLIENT PROFILE

☐ Walk-in clients with Authorization Transaction Code (ATC)

\*Authorization Transaction Code:

Photo (if without ATC)

*Note: ATC should be used within the Screening Date.*

☐ Walk-in clients without ATC

\*Health Screening Date (mm/dd/yyyy):

### INDIVIDUAL HEALTH PROFILE

Case Number:

PhilHealth Identification Number:

#### Client Details

Last Name:

First Name:

Middle Name:

Extension Name:

Age:

Date of Birth (mm/dd/yyyy):

Sex:

Client Type:

### 2. REVIEW OF SYSTEMS

1. Chief complaint (please describe)

2. Do you experience any of the following: fever, cough, colds, or headache?

☐ Yes ☐ No

If yes, please explain:

Do you experience any of the following: unexplained change in weight, loss of appetite, change in bowel movement, or abdominal pain?

☐ Yes ☐ No

If yes, please explain:

4. Do you experience any of the following: chest pain or difficulty in breathing?

☐ Yes ☐ No

If yes, please explain:

5. Do you experience any of the following: frequent urination, frequent eating, frequent intake of fluids, smoking and drinking alcohol?

☐ Yes ☐ No

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If yes, please explain

6. For male and female, do you experience any of the following: pain or discomfort on urination or frequency of urination?
- ☐ Yes ☐ No

If yes, please explain:

7. For females only,

a. Last menstrual period (mm/dd/yyyy):

b. First menstrual period (mm/dd/yyyy):

Number of pregnancy: \_\_\_\_\_

If the answer is yes to Questions 1-6, the beneficiary needs to consult a doctor.

### 3. PERTINENT PHYSICAL EXAMINATION FINDINGS

#### PERTINENT PHYSICAL EXAMINATION FINDINGS

Blood Pressure:  /  mmHg    Height:  (cm)  (in)  
Heart Rate:  /min    Weight:  (kg)  (lb)  
Respiratory Rate:  /min    BMI:   
Visual Acuity:      Temperature:  °C

#### Pediatric Client aged 0-24 months

Length:  (cm)    Head Circumference:  (cm)    Skinfold Thickness:  (cm)  
Body Circumference:  (cm)    Hip:  (cm)    Limbs:  (cm)  
Waist:  (cm)  
Middle and Upper Arm:  (cm)

#### Blood Type (as available)

☐ A+    ☐ B+    ☐ AB+    ☐ O+    ☐ A-    ☐ B-    ☐ AB-    ☐ O-

General Survey: ☐ Awake and alert    ☐ Altered Sensorium

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