

**PHILHEALTH CIRCULAR**

No. 2024-0013

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

**SUBJECT : Enhancement of the PhilHealth Konsulta Benefit Package**

**I. RATIONALE**

As an initial step towards adopting a comprehensive approach in delivering primary care, PhilHealth has committed through PhilHealth Board Resolution (PBR) 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". Subsequently, the Implementing Guidelines for PhilHealth Konsulta was released as PC No. 2020-0022 which outlined the implementing provisions to operationalize the benefit package. The issuance has been revised three (3) times since to accommodate relevant changes to the policy through PC No. 2022-0005, PC No. 2023-0013, and PC NO. 2024-0002.

By virtue of PBR No. 2891, s. 2024, PhilHealth Konsulta Benefit Package was further enhanced to align with the interest of the Philippine Government to incentivize providers to provide primary care services and to encourage wider screening for early detection of chronic diseases including breast cancer.

**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 rules on registration to a primary care provider, benefit availment, applicable payment mechanism, reporting rules, and performance assessment.

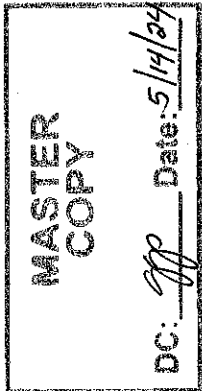
**III. SCOPE**

This PhilHealth Circular applies to all payments for select primary care services and commodities availed in accredited Konsulta Package Providers (KPPs). This is part of the progressive realization towards the implementation of a Comprehensive Outpatient Benefit Package (COBP) as required under the Universal Health Care Law. The revised rates shall apply to sandbox sites once the applicable issuances are adjusted accordingly.

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#### IV. DEFINITION OF TERMS

- A. Capitation** – a provider payment mechanism where providers are paid a fixed amount prospectively to provide a defined set of goods and services for each enrolled individual for a fixed period of time, regardless of the goods and services actually provided which is influenced by particular characteristics of individuals that influence their health as part of the estimation of the payment.
- B. Catchment Population** – the population within a geographical area defined and served by a health care 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.
- C. Co-Payment Cap** – the maximum amount set by PhilHealth that a KPP can charge a patient at any given year.
- D. Co-Payment Schedule** – the amount charged by a KPP for each visit/service delivered to the eligible beneficiary. The amount should not exceed the co-pay cap set for the year.
- E. 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 the client's encounter data/consultation records to include diagnosis, diagnostic tests done with corresponding results and prescribed/dispensed medicines.
- F. 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.
- G. 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.
- H. Empanelment** – the identification and assignment of populations to specific health care facilities, teams, or providers who are responsible for the health needs and delivery of coordinated care in that population. This is also referred to as "rostering".
- I. 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.
- J. 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.
- K. 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.

- L. **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 health care provider of a particular level of care, to obtain health services needed to manage a wide range of health needs.
- M. **Performance-Based Payment** – a method where payments to providers are linked to the achievement of pre-specified performance targets.
- N. **Social Marketing** – 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.
- O. **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.
- P. **Telemedicine** – the delivery of health care services, where distance is a critical factor, by all health care professionals using information and 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 health care providers, all in the interests of advancing the health of individuals and their communities.

## V. POLICY STATEMENTS

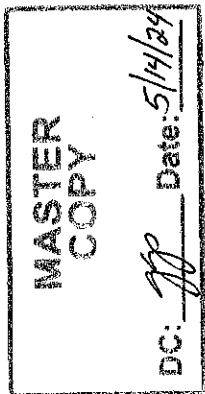
### A. Eligibility, Registration, Eligibility, and Assignment to an Accredited Konsulta Package Provider (KPP)

1. All Filipinos and other qualified PhilHealth beneficiaries shall be eligible to avail of the PhilHealth Konsulta Benefit Package.
2. Registration and assignment of beneficiaries to a KPP of their choice in consideration of the maximum catchment population. PhilHealth members shall accomplish PhilHealth Konsulta Registration Form or PKRF (Annex A: PhilHealth Konsulta Registration Form). It shall be done through the following mechanisms:

#### 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.

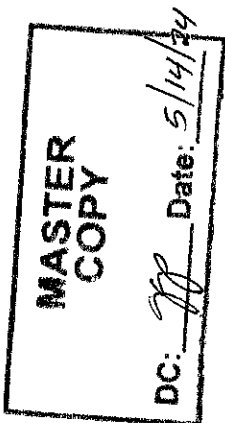
c. Third-Party Assisted Registration

Konsulta registration partners, which include but are not limited to KPPs, 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, subject to compliance with data privacy rules and regulations, through any of the following means:

- c.1. Transmission of existing validated records from KPPs to PhilHealth through proprietary IT systems or third-party Health Information Technology Providers (HITPs), provided that the external registration application used has been certified by PhilHealth.
- c.2. Adoption of PhilHealth registration systems intended for external users.
- c.3. Submission to PhilHealth of the lists of beneficiaries in XML or excel format with duly accomplished PKRF. The said lists shall be processed by batches using a script or applicable internal application system.

Interested parties in facilitating third-party assisted registration are required to submit a Letter of Intent (LOI) to the concerned PRO/LHIO for its evaluation and approval.

- 3. KPPs shall endeavor to 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 (FPE).
- 4. 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 which may include the following: their location, co-payment schedule, and co-pay cap; and
  - c. Filipinos not yet registered with the National Health Insurance Program (NHIP) shall register in accordance with existing PhilHealth policies and procedures.
- 5. Transfer to another KPP shall be allowed subject to the following conditions and the beneficiary shall accomplish the PhilHealth Konsulta Registration Form (Annex A):



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, in accordance with 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, in accordance with this PhilHealth Circular.

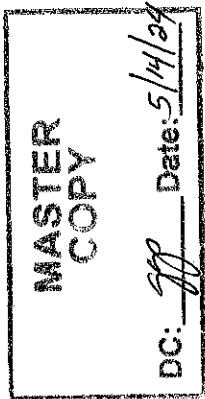
b. For the Succeeding Year

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

6. KPPs shall be allowed to conduct social mobilization and social marketing to promote the PhilHealth Konsulta Benefit Package. 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.
7. 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 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.
8. KPP shall regularly check for updates on the registration master list through appropriate application systems.

B. PhilHealth Konsulta Benefit Package Content

1. The PhilHealth Konsulta Benefit Package covers individual-based health services including:
  - a. Health screening and primary care consultations, including but not limited to counselling for family planning, smoking cessation,

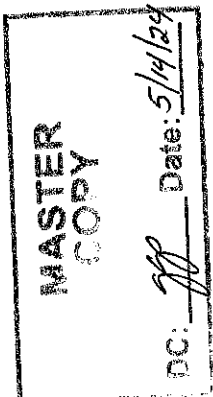


adherence to medication, and routine monitoring for communicable and non-communicable diseases (Annex B: PhilHealth Konsulta Benefit Table); and

- b. Access to select diagnostic services (Annex B) and medicines (Annex C: Checklist of PhilHealth Konsulta Drugs and its Preparations) based on the health needs of the patients as assessed by the KPP physician during consultation.
2. Covered services provided through telemedicine with a duly licensed and accredited healthcare provider shall be allowed. Services provided through telemedicine need to be recorded, encoded, and submitted to PhilHealth using applicable systems. Services not reported to PhilHealth shall not be counted as part of performance.
3. KPPs may implement innovations 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 serve as the initial point of contact for the eligible beneficiary in accessing health services. For cases where the patient requires services that the KPP cannot provide, the KPP shall duly refer the patient to a PhilHealth accredited healthcare facility.
5. KPPs, with the consent of the patient, 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 D: List of Preventive Health Services Based on Life Stage 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 (HTAC).

C. Additional Requirements for Konsulta Package Accreditation

1. The following accreditation requirements shall be enforced starting the first day of the 3rd calendar year (2027) following the publication of this PhilHealth Circular, at which point, KPPs who cannot provide the full roster of services and/or meet the identified additional requirements shall no longer be eligible for accreditation, unless otherwise indicated by Corporation:
  - a. Mandatory inclusion of mammogram and ultrasound in the roster of services provided by the KPP, either through direct provision or service level agreements with other health facilities;



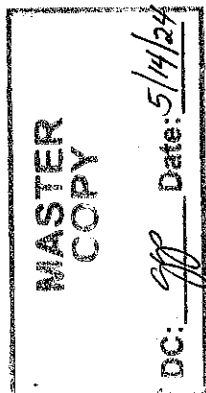
- b. Optional inclusion of visual inspection with ascetic acid (VIA) as an alternative to Pap smear;
  - c. Mandatory training requirements for healthcare workers employed and/or engaged by the KPP. This shall include but are not limited to the following:
    - c.1. Family Planning Competency-based training level 1 (FPCBT 1) or its equivalent;
    - c.2. Home, Education/employment, Peer Group Activities, Drugs, Sexuality, and Suicide/depression (HEADSS) Assessment training or its equivalent;
    - c.3. Mental Health and Psychosocial Support (MHPSS) or its equivalent;
    - c.4. Philippine Integrated Management of Severe Acute Malnutrition (PIMAM) or its equivalent; and
    - c.5. Maternal Nutrition, Infant and Young Child Feeding (MNIYCF) training or its equivalent.
  - d. Optional training requirements for healthcare workers employed and/or engaged by the KPP. This shall include:
    - d.1. Visual Inspection with Acetic Acid (VIA) Wash Method Training;
    - d.2. Family Planning Competency-based training level 2 (FPCBT 2) or its equivalent;
    - d.3. Primary Health Care Training for Tuberculosis (TB) or its equivalent; and
    - d.4. Primary Health Care Training for Human Immunodeficiency Virus (HIV) or its equivalent.
  - e. Any subsequent trainings that the Corporation may require through future issuances.
  - f. Combined training programs provided by DOH or through training institutions duly recognized by DOH shall be accepted. These shall be counted as multiple trainings based on the declared included topics.
2. Within the next three (3) years, health facilities shall, as part of accreditation, indicate whether they have complied with the additional requirements as listed above as soon as they have secured the appropriate certifications, contracts, and/or service capacity.

D. 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;
- e. Physicians of accredited KPPs; and
- f. Any duly trained allied medical or health support staff of the KPP.

2. KPPs and all eligible beneficiaries shall follow the benefit availment process set forth by the Corporation (Annex E: PhilHealth Konsulta Benefit Availment Process). A photo shall be taken as proof of actual visit and stored in the KPP together with the client's record. Consent to take a photo must be secured from Konsulta beneficiaries (Annex F: Template for Photo Consent Form).
3. All FPEs [Annex G: Template for Health Screening/First Patient Encounter (FPE)] conducted prior to registration shall be considered valid provided that the beneficiaries were registered to their preferred KPP within the applicable year.
4. KPPs shall generate and print the Electronic Konsulta Availment Slip (EKAS) or its equivalent immediately after each patient encounter and Electronic Prescription Slip (EPRESS) or its equivalent for prescribed medicines [Annex H: Electronic Konsulta Availment Slip (EKAS) and Electronic Prescription Slip (EPRESS)].
5. All eligible beneficiaries availing of the benefit shall provide feedback and sign the EKAS and/or EPRESS or its equivalent after every transaction or affix thumbmark if the Konsulta beneficiary is unable to write or sign. For minors, the parent-member or guardian shall sign in their behalf.
6. The KPP shall submit the accomplished reply slip with an anonymized 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 or its equivalent to the beneficiary for their record.
7. 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.

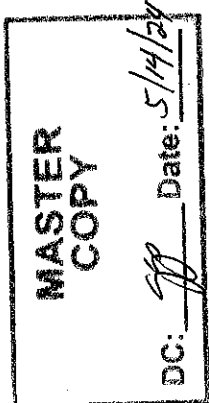
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E. Provider Payment Mechanism

1. The PhilHealth Konsulta Benefit Package shall be paid as an annual capitation computed and released as performance-based payment. The maximum per capita rate shall be One Thousand Seven Hundred pesos (PHP 1,700.00) for both public and private to be paid in tranches (Annex I: Approved Benefit Payment and Co-Payment/Cost Sharing Schedule with Sample Computation).



2. The first tranche for the succeeding years of registered beneficiaries shall be paid in full 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 shall be performed in the succeeding year to avail of the first tranche of capitation payment. In addition, the KPP shall accomplish the Request for SAP Generation (Annex J: SAP Generation Request Form) after submission of complete data records to the nearest LHIO.
3. Capitation rates shall be set by the Corporation and shall be paid in tranches (Annex I).
4. The capitation rate, tranches, and performance targets shall be periodically reviewed by the Corporation for modification and adjustments.
5. PhilHealth shall pay using the Auto-Credit Payment Scheme (ACPS) and KPPs shall enroll an account to be used for this purpose.
6. KPPs may charge fees for essential services and commodities not included in the benefit package.
7. KPPs shall comply with the obligations identified in the KPP's performance commitments and co-payment/cost sharing rules stipulated in this issuance, its annexes, and all other applicable issuances.
8. Private KPPs are allowed to design their own co-payment schedule as long as it will not exceed the co-payment cap (Annex I).
9. Consequently, all KPPs shall provide a price schedule of all primary and outpatient care services, diagnostics, and medicines provided by the KPP to PhilHealth.
10. Private KPPs shall inform their catchment population of the co-payment cap and schedule and post the co-payment schedule at visible areas on their facility.
11. Existing PhilHealth policies on co-payment and cost sharing shall apply to all eligible beneficiaries registered in a government KPP.
12. In cases where eligible beneficiaries are temporarily transferred or referred 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 or for the referred health services covered by the PhilHealth Konsulta. 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.
13. In case of any disagreement with the computed reimbursement, existing guidelines on appeal and motion for reconsideration (MR) shall apply.
14. Existing legislations and regulations that endow privileges and discounts



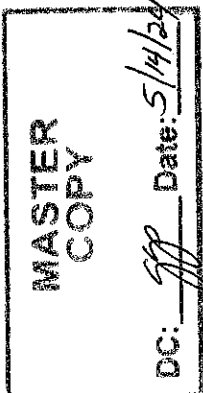
to specific segments of the population, including senior citizens and PWDs, shall be applied to the co-payment for PhilHealth Konsulta services.

F. 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 health care 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 KPP. PhilHealth shall not prescribe how performance incentives will be shared or disbursed.
2. Public facilities shall continue to maintain a trust fund for reimbursements received from PhilHealth or its equivalent for private providers. Payments for PhilHealth Konsulta shall be accounted for in a subsidiary ledger or its equivalent for private providers. PhilHealth shall reserve the right to review the ledgers and subsidiary ledgers as the Corporation deems fit, in accordance with its rules and procedures.
3. For public/government KPPs, the share of performance incentives shall be defined through an approved Sanggunian resolution or any similar issuance on internal guidelines of KPP. 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.
4. PhilHealth shall not prescribe or differentiate facility and professional fee sharing, in accordance with Section 18(b) of Republic Act No. 11223 (Universal Health Care Act).
5. For private KPPs, the share of performance incentives shall be defined through their internal policies in accordance with their management.
6. For capitation payments, existing PhilHealth policy on late filing of claims shall apply in handling submissions of patient encounters beyond the prescribed period.

G. Handling and Submission of Health Data

1. All health data shall be encoded in the PhilHealth-certified application systems for electronic transmission to PhilHealth (Annex K: 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. As part of registration, PhilHealth shall secure patient consent to access their health data from their KPPs. KPPs shall submit the required information from 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 K).

3. 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 Republic Act No. 10173 (Data Privacy Act of 2012).

#### H. 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 PhilHealth Konsulta benefit 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 or its equivalent.

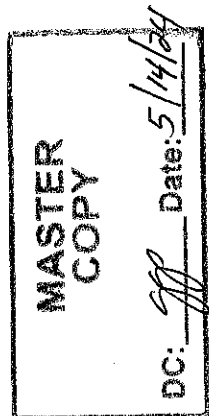
This policy shall be regularly reviewed and enhanced as necessary.

#### I. Annexes (to be posted in PhilHealth website)

1. Annex A: PhilHealth Konsulta Registration Form
2. Annex B: PhilHealth Konsulta Benefit Table
3. Annex C: Checklist of PhilHealth Konsulta Drugs and its Preparations
4. Annex D: List of Preventive Health Services based on Life Stage Guarantees
5. Annex E: PhilHealth Konsulta Benefit Availment Process
6. Annex F: Template for Photo Consent
7. Annex G: Template for Health Screening/First Patient Encounter (FPE)
8. Annex H: Electronic Konsulta Availment Slip (EKAS) and Electronic Prescription Slip (EPRESS)
9. Annex I: Approved Benefit Payment and Co-Payment/Cost Sharing Schedule with Sample Computation
10. Annex J: SAP Generation Request Form
11. Annex K: Schedule for Submission of Reports

#### VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment and all existing related laws and policies shall be dealt with and penalized in accordance with pertinent provisions of RA No. 7875, as amended by



RA Nos. 9241 and 10606, and RA No. 11223, and their respective Implementing Rules and Regulations, and other relevant laws.

**VII. TRANSITORY CLAUSE**

PhilHealth shall issue advisories on the implementation of system enhancements according to the provisions of this PhilHealth Circular.

PhilHealth shall endeavor to fully automate the registration process. Once fully automated, manual submission of PKRF shall cease to be required.

Any changes in capitation, if any, shall apply in the immediate applicable year. When necessary, changes in payments shall be adjusted retrospectively relative to the new capitated amount less any capitation payments already paid.

Currently accredited KPPs who can provide VIA, mammogram, and/or ultrasound services shall have to inform PhilHealth of the availability of these services through reaccreditation. Further, the same process shall apply for updating of training requirements. Reaccreditation, for this purpose, shall not entail any additional accreditation fee within the next three (3) years or as otherwise indicated by the Corporation.

**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**

PhilHealth Circular No. 2024-0002: Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package (Revision 3) is repealed accordingly. Further, this PhilHealth Circular amends salient provisions in Annex A of PhilHealth Circular No. 2020-0021: Accreditation of HCPs for Konsulta Package.

**DATE OF EFFECTIVITY**

This PhilHealth Circular shall take effect immediately after publication in a newspaper of general circulation. Three (3) copies shall be deposited thereafter with the Office of the National Administrative Register of the University of the Philippines Law Center.

MASTER COPY  
DC: *[Signature]* Date: 5/14/24

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

Date signed: 5/10/24

**Enhancement of the PhilHealth Konsulta Benefit Package**

# Annex A: PhilHealth Konsulta Registration Form

**PhilHealth Konsulta Registration Form (PKRF)**  
Our Partner in Health

**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: \_\_\_\_\_  
MM/DD/YYYY

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

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

DATE OF BIRTH: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_  
MM/DD/YYYY

REGISTER TO A KONSULTA PACKAGE PROVIDER (KPP)

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

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

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

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

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

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

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TRANSFER

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

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

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

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

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

I hereby certify that I did not avail of FPE in other KPP. Moreover, I grant my free and voluntary consent to the collection, transmission and processing of my personal data and health records to PhilHealth for the purpose of paying and monitoring the provider for the Konsulta benefit in accordance with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012".

\_\_\_\_\_  
(Signature over Printed Name)

PHILHEALTH'S COPY

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TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL

PHILHEALTH KONSULTA REGISTRATION CONFIRMATION SLIP

REGISTRATION NO.: \_\_\_\_\_ DATE REGISTERED: \_\_\_\_\_  
MM/DD/YYYY

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

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

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

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

\_\_\_\_\_  
(Signature over Printed Name of Authorized Personnel)

BENEFICIARY'S COPY

**PhilHealth Konsulta Registration Form (PKRF)**  
Our Partner in Health

**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: \_\_\_\_\_  
MM/DD/YYYY

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

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

DATE OF BIRTH: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_  
MM/DD/YYYY

REGISTER TO A KONSULTA PACKAGE PROVIDER (KPP)

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

---

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

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

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

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

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

TRANSFER

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

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

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

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

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

I hereby certify that I did not avail of FPE in other KPP. Moreover, I grant my free and voluntary consent to the collection, transmission and processing of my personal data and health records to PhilHealth for the purpose of paying and monitoring the provider for the Konsulta benefit in accordance with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012".

\_\_\_\_\_  
(Signature over Printed Name)

PHILHEALTH'S COPY

---

TO BE FILLED-OUT BY PHILHEALTH KONSULTA PERSONNEL

PHILHEALTH KONSULTA REGISTRATION CONFIRMATION SLIP

REGISTRATION NO.: \_\_\_\_\_ DATE REGISTERED: \_\_\_\_\_  
MM/DD/YYYY

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

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

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

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

\_\_\_\_\_  
(Signature over Printed Name of Authorized Personnel)

BENEFICIARY'S COPY

## Annex B: PhilHea 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 D
  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:
- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Complete Blood Count (CBC) w/ platelet count</li> <li>2. Lipid profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides)</li> <li>3. Fasting Blood Sugar (FBS)</li> <li>4. Oral Glucose Tolerance Test (OGTT)</li> <li>5. Glycosylated Hemoglobin (HbA1c)</li> <li>6. Creatinine</li> </ol> | <ol style="list-style-type: none"> <li>7. Chest X-Ray</li> <li>8. Sputum Microscopy</li> <li>9. Electrocardiogram (ECG)</li> <li>10. Mammogram</li> <li>11. Ultrasound (upper abdomen, pelvic and breast only)</li> <li>12. Urinalysis</li> <li>13. Pap smear</li> <li>14. Fecalalysis</li> <li>15. Fecal Occult Blood Test</li> </ol> |
|---|--|
- C. Select Drugs and Medicines as needed as part of case management by PhilHealth Konsulta primary care team:

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DC:            Date: 5/14/24

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	
11. Paracetamol	Anti-pyretics
12. Gliclazide	Anti-diabetic
13. Metformin	
14. Simvastatin	Anti-dyslipidemia
15. Enalapril	Anti-hypertensives
16. Metoprolol	
17. Amlodipine	
18. Hydrochlorothiazide	
19. Losartan	
20. Aspirin	Anti-thrombotics
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 C: The List of PhilHealth Konsulta Drugs and its Preparations

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




\*As of March 30, 2024

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# Annex D: List of Preventive Health Services Based on Life Stage Guarantees

## Targeted Diagnostics (according to risk, age and health assessment)

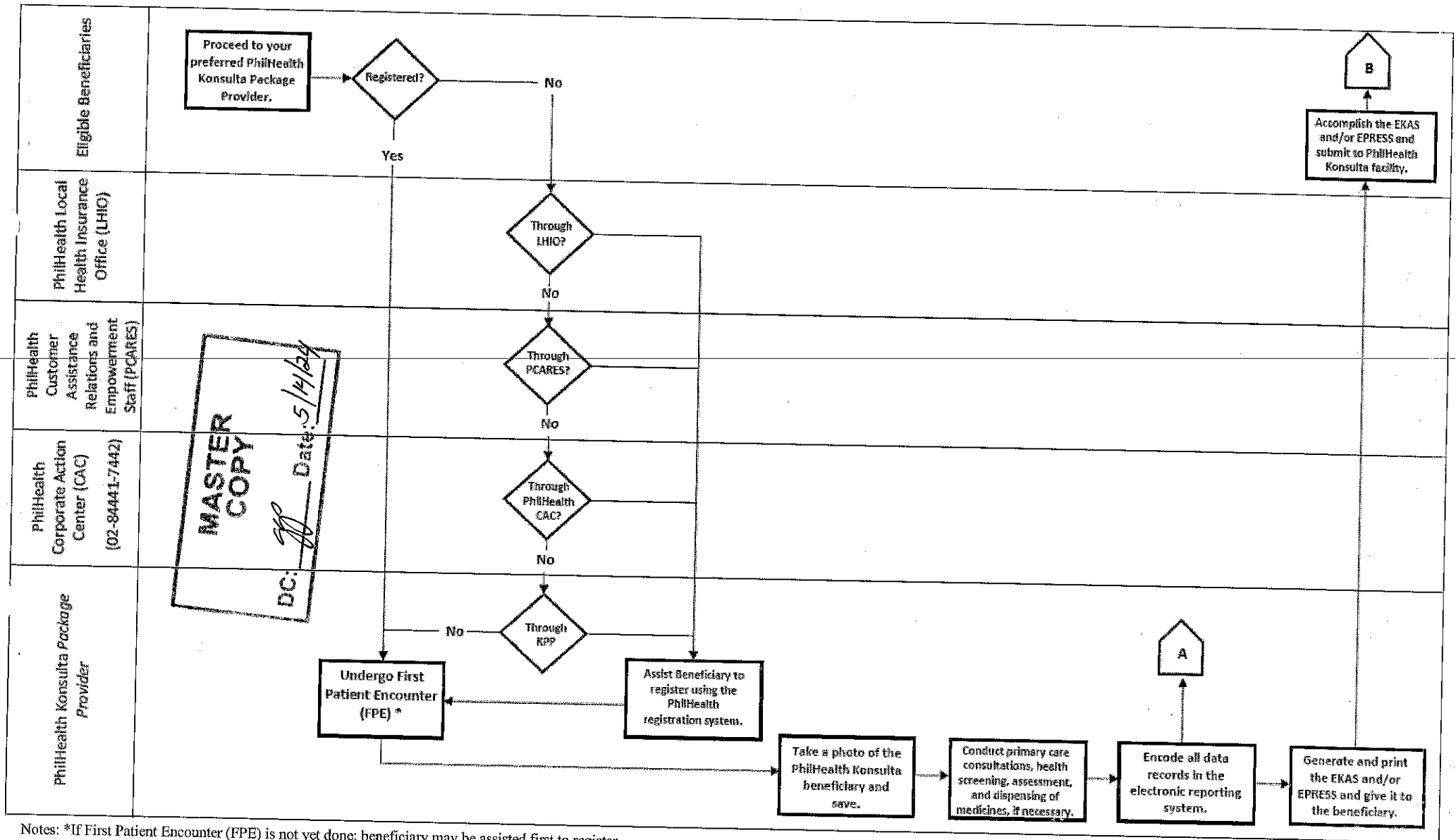
Age	CBC with platelet count	Urinalysis	Fecalys	Sputum microscopy	FOBT	PAP Smear/VIA*	Lipid Profile	FBS	OGTT	EKG	Mammography	Ultrasound	Chest X-ray	Creatinine	tHbA1c
0-12 mos.															
>1-4 y/o															
5-9 y/o															
10-19 y/o															
20-39 y/o															
40-49 y/o															
50-59 y/o															
60 and up															
70 y/o and above															

Recommended  As applicable  Not Applicable  \*Allowed to waive

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## Annex E: PhilHealth Konsulta Benefit Availment Process



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 K.

**Annex F: Template for the 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 availment 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

Note: The photograph should be colored and at least the size of 35mm width x 45mm height. It should have full face, front view and eyes open. Photo should present full head from top of hair to bottom of chin. The head should be in the center of the frame. There should be no distracting shadows on the face or background. The light should be even and balanced to avoid shadows on the face.

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 availment 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

Note: The photograph should be colored and at least the size of 35mm width x 45mm height. It should have full face, front view and eyes open. Photo should present full head from top of hair to bottom of chin. The head should be in the center of the frame. There should be no distracting shadows on the face or background. The light should be even and balanced to avoid shadows on the face.

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DC: [Signature] Date: 5/14/24

# Annex G: Template for Health Screening/First Patient Encounter (FPE)

## HEALTH SCREENING/FPE FORM

### 1. CLIENT PROFILE

Walk-in clients                       With appointment

\*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

Chief complaint (please describe)

---

2. Do you experience any of the following: loss of appetite, lack of sleep, unexplained weight loss, feeling down/depressed, fever, headache, memory loss, blurring of vision, or hearing loss?

Yes                       No

If yes, please explain:

---

3. Do you experience any of the following: cough/colds, chest pain, palpitations, or difficulty in breathing?

Yes                       No

If yes, please explain:

---

4. Do you experience any of the following: abdominal pain, vomiting, change in bowel movement, rectal bleeding, or bloody/tarry stools?

Yes                       No

If yes, please explain:

---

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

Yes                       No

If yes, please explain

---

6. For male and female, do you experience any of the following: pain or discomfort on urination, frequency of urination, dribbling of urine, pain during/after sex, blood in the urine, or foul-smelling genital discharge?

Yes                       No

If yes, please explain:

---

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DC: [Signature] Date: 5/11/24

7. For females only,  
 a. Last menstrual period (mm/dd/yyyy): \_\_\_\_\_ b. First menstrual period (mm/dd/yyyy): \_\_\_\_\_  
 Number of pregnancy: \_\_\_\_\_

8. Do you experience any of the following; muscle spasm, tremors, weakness; muscle/joint pain, stiffness, limitation of movement?  
 Yes  No  
 If yes, please explain: \_\_\_\_\_

If the answer is yes to Questions 1-8, the beneficiary needs to consult a doctor.

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 5/14/24  
 Date  
 DC:

**3. PERSONAL/SOCIAL HISTORY**

1. Do you smoke cigar, cigarette, e-cigarette, vape, or other similar products?  
 Yes  No Number of years: \_\_\_\_\_  
 Do you drink alcohol or alcohol-containing beverages?  
 Yes  No Number of years: \_\_\_\_\_

**4. PAST MEDICAL HISTORY**

<input type="radio"/> Cancer	<input type="radio"/> Heart Disease	<input type="radio"/> Tuberculosis
<input type="radio"/> Allergies	<input type="radio"/> Stroke	<input type="radio"/> Others
<input type="radio"/> Diabetes Mellitus	<input type="radio"/> Bronchial asthma	please specify _____
<input type="radio"/> Hypertension	<input type="radio"/> COPD/emphysema/bronchitis	<input type="radio"/> None

**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:  
 Waist: [ ] (cm)    Hip: [ ] (cm)    Limbs: [ ] (cm)  
 Middle Upper Arm Circumference (MUAC) [ ] (cm)

**Blood Type (as available)**

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

General Survey:  Awake and alert     Altered Sensorium [ ]

Note: PhilHealth shall issue an advisory when the Konsulta information system has already been updated to incorporate the information on this FPE form. Until then, PhilHealth Konsulta Providers should use the old FPE form.

This form may be reproduced and is not for sale.

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

## PhilHealth ELECTRONIC KONSULTA AVAILMENT SLIP (EKAS)

Your Partner in Health

To be filled-out by the facility (Pupunan ng Pasilidad)

HCI NAME:	Case No.:	HCI Accreditation No.:	Transaction No.:
PIN (PhilHealth Identification Number):		Membership Category (Kategorya ng 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):	
<b>Konsulta Services</b>	<b>Performed</b> ✓ X	<b>Date Performed</b>	<b>Performed by</b>
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			

Note:  
This form shall be provided to the Konsulta beneficiary.

To be filled-out by the patient (Pupunan ng Pasyente)

Have you received the above-mentioned essential services?  
(Natanggap mo ba ang mga pangunahing serbisyo na nabanggit?)  Yes (Oo)  No (Hindi)

How satisfied are you with the services provided?  
(Gaano ka nasiyahan sa natanggap na serbisyo?)  HAPPY  NEUTRAL  SAD

For your comment, suggestion or complaint:  
(Para sa iyong komento, mungkahi o reklamo):

Note:  
Accomplished form shall be submitted to Konsulta Provider  
(Ang kumpletong form ay dapat isumite sa tagapagbigay ng Konsulta)

PhilHealth Identification Number of Patient: \_\_\_\_\_

## PhilHealth ELECTRONIC PRESCRIPTION SLIP (EPRESS)

Your Partner in Health

To be filled-out by the facility (Pupunan ng Pasilidad)

HCI NAME:	Case No.:	HCI Accreditation No.:	Transaction No.:
PIN (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):

Rx

USE GENERIC NAME

Next Dispensing Date: \_\_\_\_\_  
(Patsa ng susunod na bigay ng gamot)

Physician: \_\_\_\_\_  
PRC LIC No.: \_\_\_\_\_  
PTR No.: \_\_\_\_\_  
S2 No.: \_\_\_\_\_

Note:

To be filled-out by the patient (Pupunan ng Pasyente)

Did you received the above-mentioned medicines?  
(Natanggap mo ba ang mga gamot na nabanggit?)  Yes (Oo)  No (Hindi)

Are you satisfied with the medicines you received?  
(Nasiyahan ka ba sa mga gamot na natanggap mo?)  HAPPY  NEUTRAL  SAD

For your comment, suggestion or complaint:  
(Para sa iyong komento, mungkahi o reklamo):

Note:  
Accomplished form shall be submitted to Konsulta Provider  
(Ang kumpletong form ay dapat isumite sa tagapagbigay ng Konsulta)

PhilHealth Identification Number of Patient: \_\_\_\_\_

## Annex I: Approved Benefit Payment and Co-Payment/Cost Sharing Schedule with Sample Computation

1. Beginning January 1, 2024, the maximum per capita amount for Konsulta shall be at PHP 1,700.00 for both government and private Konsulta Package Providers, 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.

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
January	1,500	1,500 * 680.00	1,020,000.00
February	2,000	2,000 * 680.00	1,360,000.00
March	500	500 * 680.00	340,000.00
April	3,000	3,000 * 680.00	2,040,000.00
May	600	600 * 680.00	408,000.00
June	1,500	1,500 * 680.00	1,020,000.00
July	1,000	1,000 * 680.00	680,000.00
August	750	750 * 680.00	510,000.00
September	1,300	1,300 * 680.00	884,000.00
October	800	800 * 680.00	544,000.00
November	1,000	1,000 * 680.00	680,000.00
December	900	900 * 680.00	612,000.00
<b>Total</b>	<b>14,850</b>		
		Amount of capitation	<b>10,098,000.00</b>

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

Month	Number of registered beneficiaries with FPE per month	Calculation	Sample Capitation <sup>1</sup>
January	1,500	1,500 * 680.00	1,020,000.00
February	2,000	2,000 * 680.00	1,360,000.00
March	500	500 * 680.00	340,000.00
April	3,000	3,000 * 680.00	2,040,000.00
May	600	600 * 680.00	408,000.00
June	1,500	1,500 * 680.00	1,020,000.00
July	1,000	1,000 * 680.00	680,000.00
August	750	750 * 680.00	510,000.00
September	1,300	1,300 * 680.00	884,000.00
October	800	800 * 680.00	544,000.00
November	1,000	1,000 * 680.00	680,000.00
December	900	900 * 680.00	612,000.00
<b>Total</b>	<b>14,850</b>		
		Total	<b>10,098,000.00</b>

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DC: *[Signature]* Date: 5/14/24

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



		Less: Withholding tax	201,960.00
		Amount of capitation	9,896,040.00

- 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.

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

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:

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 680.00 = PHP 10.2M	15,000 x PHP 680.00 = PHP 10.2M (no need to repeat FPE)	15,000 x PHP 680.00 = PHP 10.2M (no need to repeat FPE)	15,000 x PHP 680.00 = PHP 10.2M (no need to repeat FPE)
Medical consultation done	Medical consultation done	Medical consultation done	Medical consultation done

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 680.00 = PHP 10.2M	7,000 x PHP 680.00 = PHP 4.760M  Remaining balance to depend on actual repeat FPE done for 8,000 beneficiaries.	15,000 x PHP 680.00 = PHP 10.2M (no need to repeat FPE)	9,000 x PHP 680.00 = PHP 6.12M  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 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 680.00 = PHP 10.2M less 2% withholding tax = PHP 9.996M	15,000 x PHP 680.00 = PHP 10.2M less 2% withholding tax = PHP 9.996M (no need to repeat	15,000 x PHP 680.00 = PHP 10.2M less 2% withholding tax = PHP 9.996M (no need to repeat	15,000 x PHP 680.00 = PHP 10.2M (no need to repeat FPE)

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	FPE)	FPE)	
Medical consultation done	Medical consultation done	Medical consultation done	Medical consultation done

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 680.00 = PHP 10.2M less 2% withholding tax = PHP 9.996M	7,000 x PHP 680.00 = PHP 4.760M less 2% withholding tax = PHP 4,664,800.00	15,000 x PHP 680.00 = PHP 10.2M less 2% withholding tax = PHP 9.996M	9,000 x PHP 680.00 = PHP 6.12M less 2% withholding tax = PHP 5,997,600.00
	Remaining balance to depend on actual repeat FPE done for 8,000 beneficiaries.	(no need to repeat FPE)	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 beneficiaries	Medical consultation done for 9,000 beneficiaries only	Medical consultation done

- 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 (Annex K: 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 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 1,020 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.

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- 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.

Table 3: Performance Indicators in computing for the Performance Factor

	Performance Indicators	Percentage of beneficiaries who availed Konsulta services over beneficiaries with FPE (a)	Target (c)	Weights (d)
1	<b>Primary Care Consultation</b> 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	<b>Utilization of Laboratory Services</b> Unique laboratory services done	Number of unique individuals who received laboratory service/Total number of registered beneficiaries with validated FPE	50%	30%
3	<b>Dispensing of Medicines</b> 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	<b>Dispensing of Medicines</b> 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%
		<b>Sum of all Indicators × Weights</b>		<b>100%</b>

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

Table 4: Sample computation for the Performance Factor

Number of beneficiaries with consultation = 8,000

Number of beneficiaries with labs = 3,000

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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	<b>Primary Care Consultation:</b> 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	<b>Utilization of Laboratory Services:</b> Unique laboratory services done	0.20	$0.20/0.50 = 0.40$	$0.40 \times 0.30 = 0.12$ or 12%
3	<b>Dispensing of Medicines:</b> Unique registered beneficiaries who received antibiotics as prescribed by their primary care doctor	0.13	$0.13/0.15 = 0.87$	$0.87 \times .10 = 0.09$ or 9%
4	<b>Dispensing of Medicines:</b> 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%
<b>Performance Factor</b>				<b>0.52 or 52%</b>

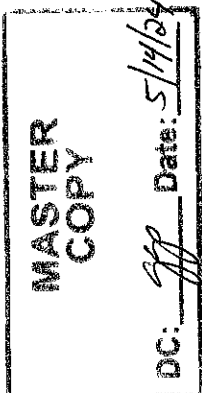
Sample computation for Second Tranche for a public KPP  
 Second tranche = No. of registered beneficiaries with validated FPE x  
 Performance Factor x 60% capitation amount  
 = 14,850 x 0.52 x PHP 1,020.00  
 = PHP 7,876,440.00

Sample computation for Second Tranche for a private KPP  
 Second tranche = (No. of registered beneficiaries with FPE x Performance

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$$\begin{aligned}
 & \text{Factor x 60\% capitation amount) - 2\% Withholding tax} \\
 & = (14,850 \times 0.52 \times \text{PHP } 1,020.00) - 2\% \\
 & = \text{PHP } 7,876,440.00 - \text{PHP } 157,528.80 \\
 & = \text{PHP } 7,718,911.20
 \end{aligned}$$

- d. Resultant score will be multiplied to Php1,020.00 and to the total number of registered beneficiaries with first patient encounter as of December of the applicable year.
  - e. 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.
  - f. 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 of January.
  - g. 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 generated SAP ledgers and the applicable masterlists, the Local Health Insurance Office 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 PHP 900.00 per annum per beneficiary basis.



# Annex J: SAP Generation Request Form

## Request SAP Generation

TO BE FILLED-OUT BY THE KONSULTA PROVIDER AUTHORIZED REPRESENTATIVE

PAN: \_\_\_\_\_ DATE: \_\_\_\_\_

KONSULTA FACILITY NAME: \_\_\_\_\_

PERIOD COVERED: \_\_\_\_\_

Requested by: \_\_\_\_\_  
*(Signature over Printed Name of Konsulta Provider)*

Received by: \_\_\_\_\_  
*(Signature over Printed Name of PhilHealth Personnel)*

PHILHEALTH'S COPY

---

## Request SAP Generation

SAP has been successfully generated.

TIME: \_\_\_\_\_

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

Received by: \_\_\_\_\_  
*(Signature over Printed Name of PhilHealth Personnel)*

KONSULTA PROVIDER'S COPY

## Request SAP Generation

TO BE FILLED-OUT BY THE KONSULTA PROVIDER AUTHORIZED REPRESENTATIVE

PAN: \_\_\_\_\_ DATE: \_\_\_\_\_

KONSULTA FACILITY NAME: \_\_\_\_\_

PERIOD COVERED: \_\_\_\_\_

Requested by: \_\_\_\_\_  
*(Signature over Printed Name of Konsulta Provider)*

Received by: \_\_\_\_\_  
*(Signature over Printed Name of PhilHealth Personnel)*

PHILHEALTH'S COPY

---

## Request SAP Generation

SAP has been successfully generated.

TIME: \_\_\_\_\_

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

Received by: \_\_\_\_\_  
*(Signature over Printed Name of PhilHealth Personnel)*

KONSULTA PROVIDER'S COPY

## Request SAP Generation

TO BE FILLED-OUT BY THE KONSULTA PROVIDER AUTHORIZED REPRESENTATIVE

PAN: \_\_\_\_\_ DATE: \_\_\_\_\_

KONSULTA FACILITY NAME: \_\_\_\_\_

PERIOD COVERED: \_\_\_\_\_

Requested by: \_\_\_\_\_  
*(Signature over Printed Name of Konsulta Provider)*

Received by: \_\_\_\_\_  
*(Signature over Printed Name of PhilHealth Personnel)*

PHILHEALTH'S COPY

---

## Request SAP Generation

SAP has been successfully generated.

TIME: \_\_\_\_\_

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

Received by: \_\_\_\_\_  
*(Signature over Printed Name of PhilHealth Personnel)*

KONSULTA PROVIDER'S COPY

MASTER  
COPY

DC:            Date: 5/14/24

## Request SAP Generation

TO BE FILLED-OUT BY THE KONSULTA PROVIDER AUTHORIZED REPRESENTATIVE

PAN: \_\_\_\_\_ DATE: \_\_\_\_\_

KONSULTA FACILITY NAME: \_\_\_\_\_

PERIOD COVERED: \_\_\_\_\_

Requested by: \_\_\_\_\_  
*(Signature over Printed Name of Konsulta Provider)*

Received by: \_\_\_\_\_  
*(Signature over Printed Name of PhilHealth Personnel)*

PHILHEALTH'S COPY

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## Request SAP Generation

SAP has been successfully generated.

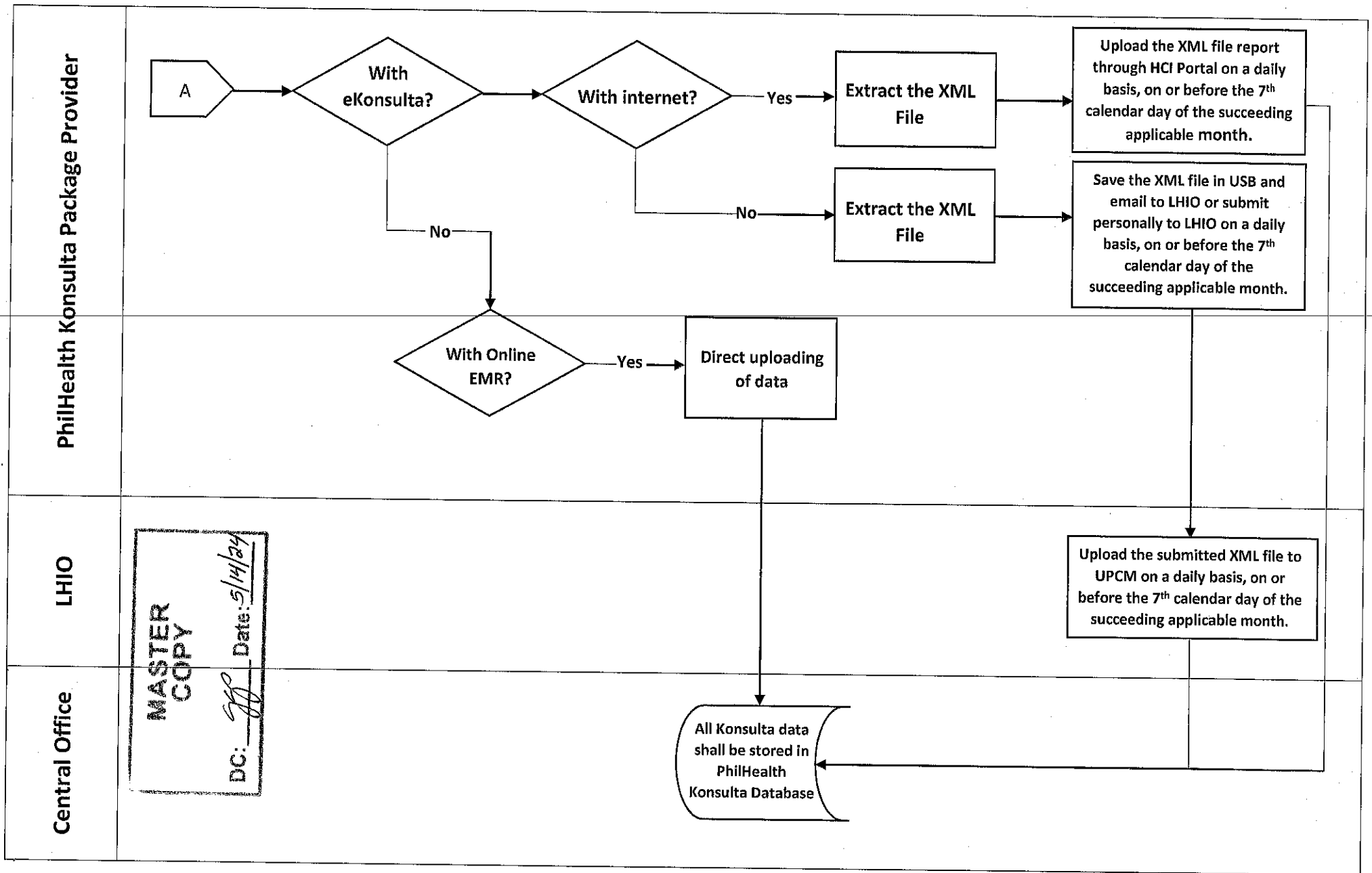
TIME: \_\_\_\_\_

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

Received by: \_\_\_\_\_  
*(Signature over Printed Name of PhilHealth Personnel)*

KONSULTA PROVIDER'S COPY

Tranche 1



# Tranche 2

