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**PHILHEALTH CIRCULAR**  
 No. 2024-0016

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

**SUBJECT : Implementation of a Primary Care Provider Network (PCPN) Contracting Arrangement through the Konsulta Package in Sandbox Sites/Networks (Revision 2)**

**I. RATIONALE**

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

*Currently, there are four (4) sandbox public primary care provider networks implementing the Konsulta Primary Care Provider Network. PhilHealth Circular No. 2023-0008 acts as a framework for the network formation, frontloading of capitation and network contracting. The lessons from the initial implementation of the contracting of the primary care provider networks have paved the way to understand the process innovation done by the networks in utilizing the Special Health Fund (SHF).*

PhilHealth maintains its commitment to deliver quality health care services and to finance individual health services and expand its primary care benefit packages. As deemed necessary, the Corporation issued *PhilHealth Board Resolution (PBR) No. 2922, s. 2024* to extend the contracts of the four (4) sandbox PCPNs until December 31, 2024.

Furthermore, accounting guidelines prescribed in *Commission on Audit (COA) Circular No. 2023-002* shall still be applied.<sup>1</sup>

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<sup>1</sup> Commission on Audit (COA), Office of the Assistant Commissioner, Government Accountancy Sector. Official correspondence, 04 July 2024, p. 2.



## II. OBJECTIVES

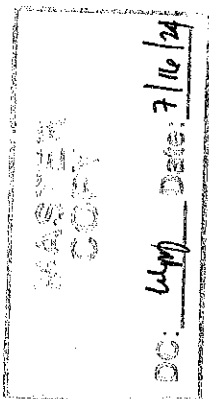
This PhilHealth Circular aims to enable the Corporation to *extend the* contract of pre-identified Local Government Units (LGUs) to test PCPN innovations and model(s) to promote effective and efficient delivery of Konsulta benefits. This issuance includes the guiding principles and requirements for testing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

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

Further, this PhilHealth Circular shall enable the Corporation to operationalize policy adjustments to the PCPN Guidelines.

## III. SCOPE

This PhilHealth Circular shall only apply to provinces and cities pre-identified by PhilHealth to test interventions/innovations/initiatives in improving Konsulta service delivery and utilization. Interventions/innovations from



LGUs, particularly those from UHC Implementation Sites (UIS) shall be prioritized. The interventions/innovations shall encompass the following:

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

#### IV. DEFINITION OF TERMS

- A. **Capitation**<sup>2</sup> – a type of prospective payment by which a provider receives a fixed fee for each enrollee to cover a defined set of health care services within a specified period of time.
- B. **Contracting**<sup>3</sup> – a process where providers and networks are engaged through a Service Level Agreement (SLA) to commit and deliver quality health services at agreed cost, cost sharing and quantity in compliance with prescribed standards.
- C. **Innovation** – variations in elements of Konsulta service delivery, consistent with the UHC law-prescribed managerial, technical, and financial integration as well as existing PhilHealth and DOH guidelines, that can be tested for implementation, subject to approval of PhilHealth.
- D. **Konsultasyong Sulit at Tama or “Konsulta”**<sup>4</sup> - primary care benefit package of PhilHealth. It is paid per capita and covers a defined set of primary care health services based on their life-stage, health risks, and needs for which all Filipinos are entitled to. It covers individual-based health services including initial and follow-up primary care consultations, health screening and assessment, and access to selected diagnostic services, and medicines for a variety of conditions including communicable disease, non-communicable disease and sexual and reproductive health among others.
- E. **Liquidation of frontloaded capitation** - process of reporting by the PCPN to PhilHealth Regional Offices of the actual physical accomplishment for the healthcare services rendered. The reports to be submitted shall be the basis of the PhilHealth Regional Offices’ (PROs) to prepare the analysis

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

<sup>3</sup> Republic Act No. 11223 or the Universal Health Care Act.

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

of worksheet for the subsequent frontloaded capitation that will serve as the basis for the computation of the money value of actual physical accomplishments, which is relevant for the subsequent payment releases and/or final settlement of the frontloaded amount to the network.

- F. Local Health Board (LHB)**<sup>5</sup>– the provincial or city government body responsible for setting the overall health policy directions and strategic thrusts including the development and implementation of the integrated strategic and investment plans of the province-wide and city-wide health system, overseeing and coordinating the integration and delivery of health services across the health care continuum for province-wide and city-wide health systems, managing the special health fund, and exercising administrative and technical supervision over health facilities and health human resources within their respective territorial jurisdiction.
- G. Primary Care Provider Network (PCPN)** – a group of Konsulta Providers whether public, private, or mixed public-led and private-led networks with established interoperable system for efficient provision of services indicated under the Konsulta benefit package.
- H. Prospective provider payment**<sup>6</sup> - the allocation of resources to a healthcare provider to deliver the covered package of healthcare goods, services, and interventions to the covered population in which rates are set in advance and/or providers are paid before services are delivered.
- I. Sandbox** - a strategy for small-scale, live testing of innovations in a controlled environment under the PhilHealth’s supervision of UHC reforms intended to acquire lessons and experience on its implementation, generate additional evidence, and flag policy or regulatory gaps from existing policies.
- J. Service Level Agreement (SLA)** – contract that is executed between PhilHealth and PCPN. The SLA identifies the services required and the expected level of service between PhilHealth and the PCPN.
- K. Special Health Fund (SHF)**<sup>7</sup> – pooled fund of the province-wide or city-wide resources intended for health services to finance population-based and individual-based health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers.

<sup>5</sup> Ibid.

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

<sup>7</sup> Ibid.

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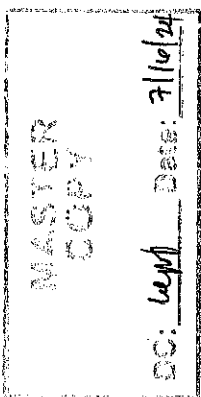
- L. Universal Health Care Integration Site (UIS)<sup>8</sup>** – DOH-supported pilot areas that shall lead the implementation of technical, managerial, and financial integration and UHC reforms such as but not limited to eliminating redundancies, simplifying PhilHealth membership, pooling of funds,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

## V. POLICY STATEMENTS

### A. Areas of Intervention/Innovation

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

1. Public networks *formed by provinces or cities composed of purely public providers* to deliver Konsulta services to beneficiaries in a coordinated and integrated manner. The different types of networks are described in the DOH AO No. 2020-0021 or the “Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS).”
2. Application of capitation as prospective payment mechanism as prescribed in PC No. 2022-0005 *and its subsequent amendments and revisions* shall be retained with modified payment schedule described under Section V.D. herein (Benefit Payment) and Annex C (Benefit Payment Arrangement) of this policy.
3. The payment arrangement allows for the frontloading of the capitation amount based on declared physical targets per payment periods, subject to liquidation based on accomplishments with reconciliations being reflected in the succeeding payment periods. The money value of the Actual Physical Accomplishment is computed based on the actual number of beneficiaries registered in a Konsulta provider with first patient encounter and fraction of the total number of beneficiaries identified by the network in need of primary care services and the actual physical accomplishment of the network within a given period. (References: Annex D.2 to D.10)



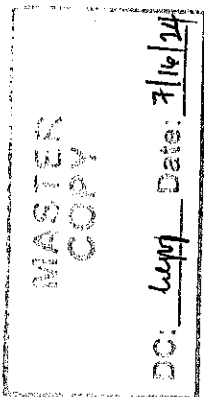
<sup>8</sup> Per DOH AO No. 2021-0006: Guidelines on Integration of the Local Health Systems into Province-wide and City-wide Health Systems (P/CWHS) (<https://doh.gov.ph/node/33697>)

4. Computation of PCPN physical targets and contract amounts, within prescribed limits, to be stipulated in the SLA.
5. Integration of Konsulta providers into a network with patient records accessible on a real-time basis throughout the network and PhilHealth.
6. Release of PhilHealth funds for this program shall accrue to the SHF for the purely public. The network shall come up with guidelines on its financial management which includes the payment arrangement for the facilities, suppliers and health personnel.
7. The enhancement of Konsulta benefit implementation and utilization includes, but shall not be limited, to mechanisms to facilitate registration process in PhilHealth or in a Konsulta provider, improve beneficiary access to services, and ensure availability of resources across providers in the network.
8. PCPNs are also encouraged to start to prepare and integrate services in the primary care setting and higher levels of care, with Konsulta services as base, including those that are already covered by existing benefit packages of PhilHealth. This includes compliance *with* the necessary standards of DOH and PhilHealth and ensuring *the* presence of a functional referral system.

## B. Selection Criteria

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

1. Public networks, at most five (5) sites, one province sandbox site shall be identified per PhilHealth Cluster Area (North Luzon, South Luzon and NCR, Visayas and Mindanao) and one (1) City.
  - a. A site shall be considered only when *it meets* the criteria and the standards as prescribed in Annex A.1 Public PCPN Core Requirements and Annex A.2 Public PCPN Non-Core Requirements. Sites with reforms that are already operational and showing initial success are of primary interest. Operational reforms shall include facilitated PhilHealth membership and Konsulta registration process. A Geographically Isolated and Disadvantaged Area (GIDA) may be considered.
  - b. The province/independent component cities (ICC)/highly urbanized cities (HUC) *have* Konsulta accredited facilities to serve at least 20% of the 2020 Philippine Statistics Authority [PSA] projected population. For the province, this shall mean 20% of total population distributed among

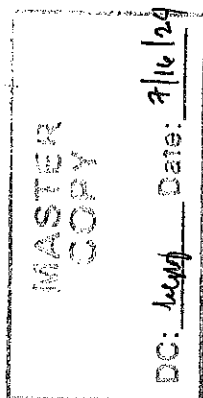


participating component LGUs with at least one accredited Konsulta provider as of January 31, 2023.

- c. Presence of network and referral arrangements to accredited PhilHealth providers for other benefit packages is encouraged as applicable to their catchment population. This outpatient benefits, Z benefits (e.g., dialysis package, Children with Disability benefit) and SDG-related benefits (e.g., Maternal Care Package, Outpatient Malaria package, Outpatient HIV-AIDS Package, Outpatient Anti-Tuberculosis treatment, Animal Bite Treatment package and family planning packages). In the interim, payment rules to these providers as stated by existing circular still *apply*.
2. The Area Vice Presidents, Task Force Konsulta Sandbox Team and the COO/EVP shall determine the possible public sandbox sites based on the number of the accredited Konsulta providers mentioned above, the number of registered beneficiaries, the availability of the development partner/consultant that will assist the public network and the commitment to adopt the Special Health Fund (SHF). Upon evaluation of the regional office and recommendation of the Area Office and the Taskforce PCPN Sandbox, the PhilHealth Executive Committee shall approve the sandbox sites/networks. The identified public network sandbox sites shall be coordinated with DOH for their information.
3. PhilHealth Regional Offices shall orient the possible network on the mechanics of the PCPN Contracting implementation.

### C. Contracting Processes and Arrangements

1. The pre-identified Network shall prepare and submit the requirements as provided in the PCPN Standards (Annex A to A.3) together with the baseline data on the demography and epidemiological profile. The data shall include population distribution per municipality disaggregated by age and sex, number of accredited Konsulta providers and corresponding number of registered beneficiaries, and common disease conditions in the catchment area.
2. The PRO shall conduct the assessment and review of the submitted documents in compliance with the PCPN Standards.
3. Should the assessment/review yield satisfactory results, PhilHealth shall issue a Konsulta Network Contracting Certificate with the following information:
  - a. Name of the Primary Care Provider Network;
  - b. Service Area;
  - c. Contracting Certificate Reference Number; and



- d. Address of the Konsulta Network.
4. Should the assessment/review yield unsatisfactory results, PhilHealth shall inform the network applicant of its deficiencies.
  5. PhilHealth, through the PRO shall contract health care providers that form networks. Below are contract considerations with details described in the Service Level Agreement (SLA) template (Annex B).
  6. Network shall execute the SLA with PhilHealth to indicate its benefit payment agreements, targets, commitments, deliverables and contract amount in Konsulta implementation.
  7. Network shall be accountable and responsible for negotiating the contracts and commitments with individual providers, including compensation and fees.
  8. As baseline, the covered services *are outlined in the regular Konsulta benefit package policy* and its subsequent revisions or amendments. Additional services may be provided under different arrangements with individual providers within the network and proper information to Konsulta beneficiaries.
  9. The setting of Konsulta implementation targets shall consider:
    - a. The number of target registered beneficiaries per facility; and
    - b. An adequate number of participating Konsulta-accredited health facilities and physicians to serve the target registered beneficiaries and to provide the Konsulta services. (Reference: Annex D.1)
  10. Payments shall be computed based on per capita amount prescribed in *PC No. 2023-0013*, and on payment arrangement as provided herein in Section *V.D. "Benefit Payment"* of this Circular.
  11. The network shall commit to achieve the target of Konsulta beneficiaries, considering its absorptive capacity, between 10,000 to 20,000 beneficiaries per physician and 100% for each of the following performance indicators:
    - a. Number of registered Konsulta members; and
    - b. Number of Konsulta members with first patient encounter.
  12. Other performance indicators that are linked to payment shall be based on the indicators outlined in *the regular Konsulta benefit package*, which are as follows:
    - a. Provision of consultation services

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- b. Provision of diagnostic services
- c. Dispensing of medicines - antibiotics and maintenance medications for Non-Communicable Diseases (NCDs)

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

- 13. Other performance indicators and corresponding targets that are not linked to payment may be prescribed by the Corporation and shall be stipulated in the SLA.
- 14. Public PCPNs shall be required to submit a copy of Department of Interior and Local Government (DILG)'s Seal of Good Financial Housekeeping Award as proof of the LGU's compliance with accounting and auditing standards, rules and regulations.
- 15. The network shall comply with other reportorial and monitoring requirements for the assessment of the intervention/innovation.
- 16. The period of agreement shall be from July 1, 2023 to *December 31, 2024 pursuant to COA Circular Nos. 2023-002 and 2023-003*. The testing period may be subject to pre-termination by either contracting parties (PhilHealth and/or LGU) with due cause and notice to the other party.
  - a. PhilHealth may pre-terminate the agreement in the event of poor/non-performance or indication of abuse or fraud committed by the network and/or other valid grounds determined by the Corporation; and
  - b. Network may request for pre-termination if the implementation of the intervention/innovation is proven unsustainable or not feasible.

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**D. Benefit Payment**

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

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

The provision on Key Performance Indicators (KPIs), and its corresponding percentage and computation for the contract amount shall depend on the target number of beneficiaries per type of accredited Konsulta provider (government-owned) *of the regular Konsulta benefit package policy and its subsequent revisions or amendments* shall be adopted.

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

The benefit payment arrangement is summarized below:

Parameters	Payment Arrangement
No. of payment tranches	2 Releases; 1 reconciliation: Condition: based on the Number of target Konsulta beneficiaries to be provided with services (Maximum Release 1: 30%, Release 2: 50%)
Computation for Frontloaded Capitation 1 (Annex D.2)	Whichever is lowest among: <ul style="list-style-type: none"> <li>• 3-month cash program by the network</li> <li>• Money value of physical targets <i>for the months of July 2023 to June 2024</i></li> <li>• 30% of the contract amount</li> </ul>

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Parameters	Payment Arrangement
Computation for Frontloaded Capitation 2 (Annex D.3)	Whichever is lowest among: <ul style="list-style-type: none"> <li>• Cash program by the network for <i>months of July 2024 to December 2024</i></li> <li>• Money value of physical targets for <i>months of July 2024 to December 2024</i></li> <li>• 50% of the contract amount</li> </ul> With +/- variance of the money value of actual accomplishments versus amount frontloaded in <i>previous release</i> .
Computation for Annualized Capitation (Annex D.5)	Annual review (Money value of the total members registered with FPE and provided primary care services VS Total Capitation Frontloaded) Incentive – automatic contract renewal for the next year

Table 1: Benefit Payment Arrangement

3. The following shall be described and included in the network contract with selected sites.
  - a. Identified LGUs/PCPNs that signified their intent to join the Sandbox approach shall be entitled to the same capitation rate, with prospective payment scheme described in Annex C.
  - b. Provision of other services not covered under the Konsulta package but are covered by PhilHealth through other benefit packages may be reimbursed, subject to existing applicable PhilHealth guidelines.
  - c. Computation and release of benefits shall consider the registered members, frontloaded payments, accomplishment of targets, deliverables, results of indicators and cash programming as stipulated in the SLA (Annexes D.5 – D.10).
  - d. Public Konsulta providers shall not be allowed to charge co-payments for Konsulta services rendered subject to the rules stipulated in *PC No. 2023-0008*.
  - e. The network may refer and pay for a registered beneficiary to another network/single health facility not part of the network in the instance of unavailability of Konsulta services within its network, upon issuance of a certification. Co-payment may be charged to a registered beneficiary who avails the Konsulta services outside of the network without a referral from an accredited healthcare provider from the network in which the beneficiary is registered.

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- f. The network shall issue and submit a guideline to PhilHealth on the allocation or disposition of fund collected from PhilHealth, especially on the distribution of individual provider incentives and fees.
- g. Public networks may charge for services not covered by Konsulta Package or any other benefit packages, subject to the No-Balance Billing policy of PhilHealth.
- h. All payments to the network are subject to reconciliation at the end of the testing period. If the computed actual physical accomplishment is less than the frontloaded capitation released, the *excess or the* succeeding release of the remaining capitation amount shall be subject to payment recovery, pursuant to PC No. 2021-0011 or the PhilHealth Payment Recovery (PPR) Policy.
- i. PhilHealth shall pay using the Auto-Credit Payment Scheme (ACPS) or any applicable mode.

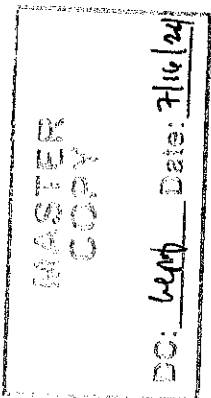
**E. Sandbox Operationalization**

- 1. Eligibility and Registration of Filipinos to a Primary Care Provider Network (PCPN)
  - a. All Filipinos shall be eligible to avail of Konsulta benefit.
  - b. Each Filipino shall register to an accredited Konsulta provider of their choice. Registered beneficiaries can avail Konsulta benefits within the network in which their Konsulta provider of choice is included.
  - c. The PCPNs, in coordination with PhilHealth, may adopt strategies to fast-track registration of beneficiaries including but not limited to batch registration in the enlistment of beneficiaries. PhilHealth may also adopt a batch uploading of First Patient Encounter data to PhilHealth Konsulta System.
  - d. The PCPN may also develop innovations to increase their registered beneficiaries and FPE, such as but not limited to the use of telemedicines, group uploading of FPE, auto-registration, medical missions, Konsulta Caravan in the LGU, etc., as approved by the PhilHealth Regional Office having jurisdiction over the network.
  - e. Konsulta *Package* Providers (*KPPs*) that have signified their inclusion and participation in the Primary Care Provider Network (PCPN) Sandbox shall be considered in the management and monitoring of the PCPN contracting. Meanwhile, PhilHealth Circular (PC) No. 2022-0005

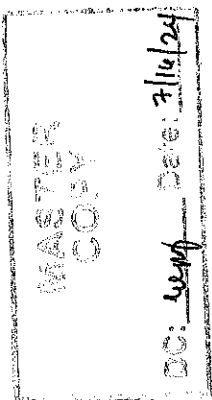
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or the Implementing Guidelines for The PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package (Revision 1) and its subsequent amendments/revisions, if any, shall continue to be applied to non-PCPN *KPPs*.

- f. PhilHealth Konsulta beneficiaries of the selected PCPN-*KPPs* registered as of the cut-off date shall be automatically renewed and their Konsulta data shall be migrated to the PCPN Sandbox database.
  - g. All registered beneficiaries (existing and new) of the PCPN-*KPPs* shall be required to update their health-assessment profiles (HAPs) and sign a Data Privacy Consent Form with their respective *KPPs*. Updating of HAPs is essential as it shall serve as the basis for determining the Konsulta services indicated for the beneficiaries including consultation schedules and the provision of laboratory services and drugs/medicines for the entire implementation period.
  - h. *All Konsulta registrations and First Patient Encounters (FPEs) as of December 31, 2023 under the Konsulta regular shall be carried over to January 2024 and become the beginning balances under Konsulta PCPN.*
2. Receipts, Allocation, Disbursements and Reporting of Capitation Fund through the SHF
- a. This Section shall be applicable to Public PCPNs only and the allocation, utilization and monitoring of the SHF shall be in accordance with DOH-DBM-DOF-DILG-PhilHealth JMC No.2021-001.
  - b. PCPN shall use the SHF bank account in accordance with the Department of Finance (DOF)-Bureau of Local Government Finance (BLGF) Guidelines on Authorized Government Depository Banks and other relevant issuances. Likewise, Province/HUC/ICC shall maintain/create separate books of accounts with complete financial reporting, pursuant to the COA Recording and Reporting Guidelines. For component cities and municipalities, all financial resources for health shall be deposited under the health fund bank account and its financial transactions with corresponding subsidiary ledger shall be recorded under the existing Trust Fund.
  - c. The Local Health Board (LHB), in coordination with the Province/City Health Officer/s and Management Support Unit (MSU) staff, shall formulate its Annual Operation Plan (AOP), resource allocation in support of the P/CWHS strategic and financial goals and operational targets.



- d. Based on the locality's epidemiological profile and existing service delivery network, the LHBs shall identify specific activities in the implementation of the Konsulta program guided by the five (5) KPIs on the provision of primary care services (registration of members with first patient encounter data, provision of consultation, provision of laboratory/diagnostic services and provision of medicines -antibiotics/ NCD medicines) to their registered Konsulta beneficiaries.
- e. The Public PCPN may contract PhilHealth-accredited private primary care providers in order to augment the current service delivery capacities of existing facilities, including the licensed laboratories and pharmacy providers.
- f. PCPN shall draft policies and procedures on charging, including menu of charges containing professional fees, bills and statement of accounts.
- g. The disposition of the Konsulta capitation payment to SHF shall be based on Section VI.C of the DOH-DBM-DOF-DILG-PhilHealth JMC No.2021-001.
- h. Likewise, the PCPN Network shall formulate its Monthly Physical Targets and Cash Programming for a year's implementation of Konsulta, based on the Total Contract Amount negotiated with PhilHealth.
- i. The Local Health Board (LHB) shall pass a Board Resolution on proposed utilization of the funds for the Konsulta implementation, to contain specific guidelines on resource sharing and fund distribution to component LGUs and approving the budget for the same.<sup>9</sup>
- j. Amendment of the Local Investment Plan for Health/Annual Operational Plan (LIPH/AOP) to contain provisions on the Konsulta implementation shall be done at the Province/HUC/ICC level.
- k. Upon signing the contract with PhilHealth, the PCPN, with the assistance of the Management Support Unit (MSU), shall prepare a SHF Budget Preparation Form No. 1<sup>10</sup>, Project Procurement Management Plan (PPMP) and Annual Procurement Plan (APP) to support the requirements and/or cost estimate of the different expenditure items identified. The said reports shall be approved by the LHB.



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

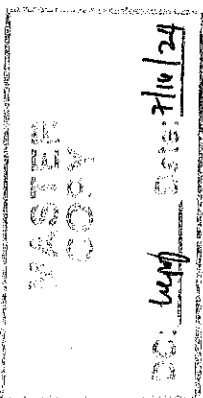
<sup>10</sup> Ibid, Annex A: SHF Budget Preparation Form No. 1

- l. Once the first capitation payment is released by PhilHealth, the Local Treasurer and Accountant shall certify Availability of Funds and shall facilitate transfer of funds to component LGUs, as applicable.
  - m. The Provincial/City Budget Officer shall release the Allotment and obligate funds, based on the plans and Board-approved budget.<sup>11</sup>
  - n. The Provincial/City Accountant, upon setting up of separate books of account and ledgers specifically for SHF, shall record and disburse funds.<sup>11</sup>
  - o. Receipts, disbursements, recording and reporting shall be in accordance with the COA Accounting and Auditing guidelines.
  - p. Reports on actual utilization of funds (SHF Budget Utilization and Report and SHF Financial Performance Report (for both cash and income) shall be submitted to PhilHealth not later than the 10<sup>th</sup> day at the end of each quarter (References: Annexes D.11 to D.13).
3. Network Performance Monitoring and Assessment of the Intervention/Innovation

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

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

<sup>11</sup> Ibid, Section VIII



the deliverables of the network. This, however, does not preclude PhilHealth from conducting individual provider performance monitoring.

- d. The Network shall submit to PhilHealth the following reports on or before the 10<sup>th</sup> day after the end of the quarter, including Annexes D.11 to D.13):
  - d.1. Statement of Revenue Targets and Actual Collections – For Public Networks only;
  - d.2. Statement of Appropriations, Allotment, Obligations, Disbursement and Balances – For Public Networks Only; and
  - d.3. SHF/Network Financial Statements.
- e. Routine reports and level of performance based on commitments and targets shall input into the over-all assessment of the intervention/innovation being tested, with the addition of indicators that include measures of effectiveness, operational, and financial sustainability of the intervention/innovation being tested.
- f. A random on-site assessment may also be conducted by PhilHealth for the validation of reports and outcomes of the intervention/innovation.
- g. PhilHealth shall conduct quarterly assessment and evaluation of each intervention/innovation and consolidate these results at the end of every semester and of the test period. Lessons learned shall provide basis for the issuance of appropriate guidelines for nationwide implementation.
- h. The Bureau of Local Government Finance (BLGF) may issue a guideline on the submission of financial reports and financial analysis by the province/city while the Bureau of Internal Revenue (BIR) may issue a taxation guideline on the Network and Provider transactions.
- i. PhilHealth and COA shall exercise independent jurisdiction over the results and findings of their respective monitoring and evaluation, and audits. A written and/or *face-to-face* inquiry on results and findings may be requested by either agency.
- j. PhilHealth and the network shall provide their utmost cooperation and assistance to COA to ensure timely completion of the mandatory external audit of the operation of the prospective payments by the COA, pursuant to its visitorial power under Section 29 (1) of Presidential Decree No. 1445 in accordance *with* the appropriate and responsive accounting and auditing guidelines for prospective provider payment.

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

## **F. Monitoring and Evaluation**

PhilHealth shall conduct quarterly reviews of this policy and for this purpose, any significant policy changes or amendment shall require PhilHealth Board approval through the issuance of a PhilHealth Circular. *However, mere extension of the testing period of the subject arrangement shall be covered by a PhilHealth Advisory, after approval by the PhilHealth Board.*

## **G. Annexes (posted on the Official PhilHealth website at [www.philhealth.gov.ph](http://www.philhealth.gov.ph))**

1. Annex A: Primary Care Provider Network Standards
  - a. Annex A.1.: Public Primary Care Provider Network Core Requirements
  - b. Annex A.2.: Public Primary Care Provider Network Non-Core Requirements
2. Service Level Agreements
  - a. Annex B.1.: Service Level Agreement Template (Public Network)
  - b. Annex B.2.: Supplemental Service Level Agreement Template (Public Network)
3. Annex C: Benefit Payment Arrangement
4. Annex D.1.: Monthly Physical Target and Cash Programming
5. Annex D.2.: Analysis Worksheet for Frontloaded Capitation 1
6. Annex D.3.: Analysis Worksheet for Frontloaded Capitation 2
7. Annex D.5.: Capitation Fund Annual Performance Review
8. Annex D.6.: Performance Factor Computation Form
9. Annex D.7.: Summary List of Beneficiaries Needing/Providing Konsulta Services
10. Annex D.8.: Detailed List of Beneficiaries Needing/Providing Konsulta Services
11. Annex D.9.: Quarterly Physical Accomplishment Report
12. Annex D.10.: Recapitulation on Membership Category Report
13. Annex D.11.: SHF Financial Performance Report (Target vs. Actual Income/Expenditures)
14. Annex D.12.: SHF Financial Performance Report (Target vs. Actual Cash Receipts/Disbursements)
15. Annex D.13.: SHF Budget and Utilization Report
16. Annex D.14.: PhilHealth Board Resolution (PBR) No. 2922, s. 2024/Secretary's Certificate

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**VI. PENALTY CLAUSE**

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

**VII. SEPARABILITY CLAUSE**

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

**VIII. REPEALING CLAUSE**

PhilHealth Circular No. 2023-0008 [“Implementation of a Primary Care Provider Network (PCPN) Contracting Arrangement through the Konsulta Package in Sandbox Sites/Networks”] and other issuances, or parts thereof inconsistent with the provisions of this PhilHealth Circular are hereby repealed or modified accordingly.

**IX. DATE OF EFFECTIVITY**

This PhilHealth Circular *shall take effect immediately after publication in a newspaper of general circulation. It shall have retroactive effect on July 1, 2024 insofar as computations for payment releases are concerned.* Further, this policy shall also be deposited thereafter with the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.

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

Date signed: 09 | 15 | 20 24

**Implementation of a Primary Care Provider Network (PCPN) Contracting Arrangement through the Konsulta Package in Sandbox Sites/Networks (Revision 2)**

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# Annex A: Primary Care Provider Network Standards

## Primary Care Provider Network (PCPN) (Contracting Standard)

### Introduction

Section 18 of the Universal Health Care (UHC) Act endeavors PhilHealth to contract health care provider networks (HCPN) for the delivery of individual-based services. The HCPN, as described in the law, refers to a group of *public* primary to tertiary care providers, offering people-centered and comprehensive care in an integrated and coordinated manner, with the primary care provider acting as the navigator and coordinator of health care within the network. This provision of the law is the key to addressing the limited capacity of the health care system in the country. To date, however, there is still no existing HCPN formed for PhilHealth to contract with.

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

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

### Definition

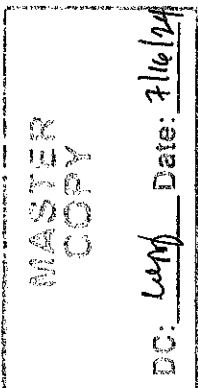
The Primary Care Provider Network (PCPN) is a group of health care providers that provide select services to ensure complete delivery of Konsulta covered services. The PCPN may be composed of physicians/navigators, diagnostics/laboratories facilities, pharmaceutical facilities, X-ray laboratories, etc.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

### Types of PCPN

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

#### Public/LGU

- The local government unit or LGU (province/city) may organize a network of primary care providers which shall be composed of purely public providers either LGU-owned or Department of Health (DOH)-supported facilities such as health centers or rural health units, laboratories, etc.
- The LGU maintains direct operational and administrative supervision of the activities and the performance of the providers, individually and collectively, within the network.



**Network Model**

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

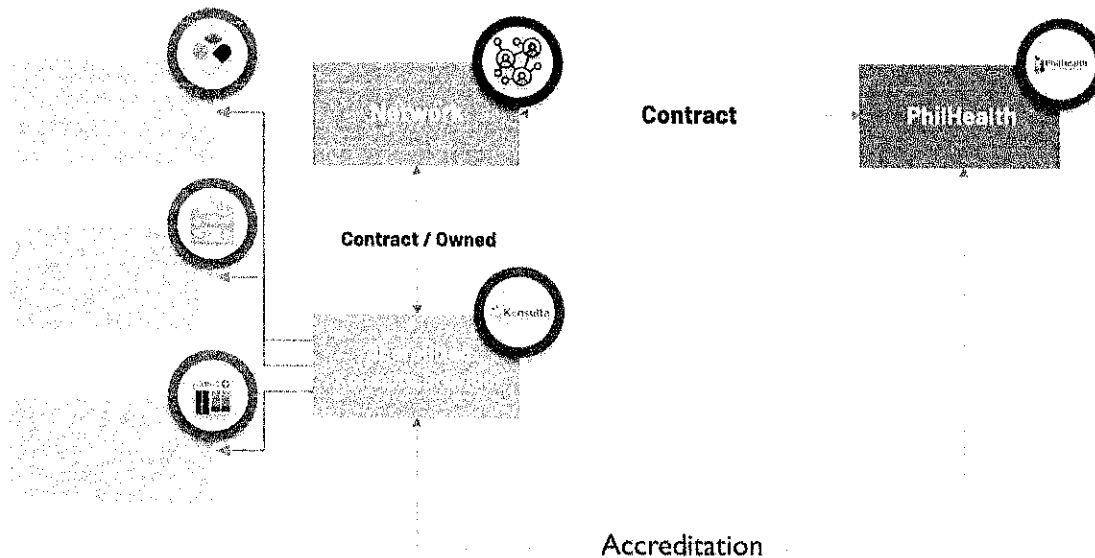


Figure 1. – Network to contract accredited Konsulta providers only

**NETWORK STANDARD**

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

**Management**

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

Proof as Legal Entity

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

**Public**

- Sanggunian Resolution (SR) authorizing the province or city to contract with PhilHealth and other health care providers, and to open an account for the pooled fund for health services.

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## Organizational Structure

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

### 1. Administration/Management

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

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

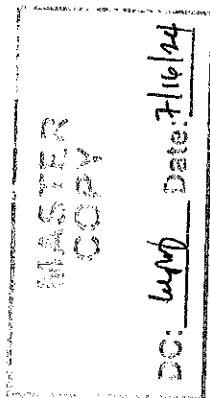
### 2. Service Delivery

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

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

### 3. Finance

- Monitor funds received from PhilHealth and other funding agencies
- Ensure availability of funds and resources to support and sustain operations and continued provision of quality services.



- Maintain records of fund allocation and utilization across individual providers in the network

### Qualified Individual Providers and Health Workers

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

- A list of all providers and respective services including appropriate licenses and status of accreditation in PhilHealth, if applicable.
- The number of providers by type of services matched with the number of target beneficiaries for each service type based on the HRH Manual.
- The network engagement of providers outside of LGU supervision can be supported by a contract or a memorandum of agreement (MOA) with deliverable. Providers under LGU supervision can be engaged through a memorandum of instruction from the local chief executive (LCE) or the network management.

### Internal Monitoring Mechanism

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

### **Technical Coordination**

This aspect of the network should be able to demonstrate how beneficiaries are able to access and provided needed health services under Konsulta. Network of providers should be able to facilitate

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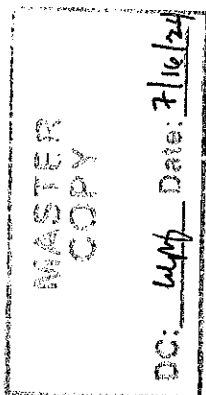
beneficiary availment of all the services. On the other hand, such facilitation should also be able to prevent overlaps in service provision and to ensure efficient delivery of services.

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



### **Financial Management Support**

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

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




Annex A-1: Public Core Requirements

 <b>PHILIPPINE HEALTH INSURANCE CORPORATION</b> Citystate Centre, 709 Shaw Boulevard, Pasig City Call Center: (02) 8441-7442   Trunkline: (02) 8441-7444 www.philhealth.gov.ph	 UNIVERSAL HEALTH CARE CORPORATION		
<b>APPLICATION CHECKLIST OF CORE REQUIREMENTS FOR PRIMARY CARE PROVIDER NETWORK (PCPN) SANDBOX</b>			
<b>(PUBLIC NETWORK)</b>			
Name of PCPN:		Contracting Certificate Reference No.:	
Address:		Accreditation No.:	DoH LTO No.:
Service Area:			
Contact No.:	Mobile No.:	Email Add:	
Direction for the PCPN: 1. Put a check (✓) under network column if the standard is available and (X) if not. 2. If outsourced services, put a (✓) under network column and under remarks "outsourced" plus the name of the service/s. Outsourced services must have a updated Memorandum of Agreement (MOA) which reflect provisions for payment such as compliance to the No Balance Billing (NBB) policy.			
<b>LEGAL PERSONALITY</b>			
	Network	PHIC	Remarks
1. Signed tripartite Memorandum of Agreement (MOA) among LGU, PhilHealth and DOH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Sanggunian Resolution for the City or Provincial Health Board (PHB) Resolution Joining the Network Engagement	<input type="checkbox"/>	<input type="checkbox"/>	
3. Proof of SHF Depository Bank Account	<input type="checkbox"/>	<input type="checkbox"/>	
4. DILG's Seal of Good Financial Housekeeping Award	<input type="checkbox"/>	<input type="checkbox"/>	
5. Bank Certificate for the Buffer Fund	<input type="checkbox"/>	<input type="checkbox"/>	
<b>QUALIFIED INDIVIDUAL PROVIDERS</b>			
6. List of providers by type of services matched with the number of target beneficiaries for each service type based on the HRH Manual	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INTEGRATED INFORMATION SYSTEM</b>			
<b>C.1. PHILHEALTH IT Requirements</b>			
7. EMR Provider (NETWORK)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C.2. Software (Choose one option)</b>			
8. XAMPP V1.8.3-3	<input type="checkbox"/>	<input type="checkbox"/>	
9. Apache v2.4.7	<input type="checkbox"/>	<input type="checkbox"/>	
10. MySQL 5.6	<input type="checkbox"/>	<input type="checkbox"/>	
11. PHP v5.5 <input type="checkbox"/> Others (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C.3. Support Browsers</b>			
12. Google Chrome	<input type="checkbox"/>	<input type="checkbox"/>	
13. Mozilla Firefox	<input type="checkbox"/>	<input type="checkbox"/>	
14. Microsoft Edge <input type="checkbox"/> Others (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C.4. OS Supported</b>			
15. Windows 7x64	<input type="checkbox"/>	<input type="checkbox"/>	
16. Windows 7x32	<input type="checkbox"/>	<input type="checkbox"/>	
17. Windows 10.32	<input type="checkbox"/>	<input type="checkbox"/>	
18. Windows 10x64 <input type="checkbox"/> Others (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C.5. Hardware Requirements</b>			
19. Memory: min of 2GB RAM	<input type="checkbox"/>	<input type="checkbox"/>	
20. Storage: 500GB HD	<input type="checkbox"/>	<input type="checkbox"/>	
21. Processor min of 1GHz	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D. DATA PRIVACY COMPLIANCE</b>			
22. Consent Form/s <input type="checkbox"/> Patient Treatment Form <input type="checkbox"/> Others specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D.2. Interview with IT (IT Security, System Demo, &amp; Patient Recording System)</b>			
23. Demonstration of IT security and confidentiality of records	<input type="checkbox"/>	<input type="checkbox"/>	
24. Demonstration of medical records sharing and exchange of information	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL MANAGEMENT SUBSIDIARY</b>			
<b>E. FISCAL AUTHORITY</b>			
25. Network's policies and procedures on handling of capitation payments from PHILHEALTH	<input type="checkbox"/>	<input type="checkbox"/>	
26. Local Investment Plan for Health (LIPH)/Annual Operational Plan (AOP)	<input type="checkbox"/>	<input type="checkbox"/>	
27. Guideline on compensation and fees for contracted services within the network (these can be verified or supported by signed contracts with other providers)	<input type="checkbox"/>	<input type="checkbox"/>	
28. Network's policies and procedures on charging and co-payment	<input type="checkbox"/>	<input type="checkbox"/>	
29. Network's publicized menu of charges	<input type="checkbox"/>	<input type="checkbox"/>	
30. Demonstration of implementation of menu of charges in the network-bills and statements of account	<input type="checkbox"/>	<input type="checkbox"/>	
<b>F. PCPN MEMBERS (Please attached Annex B)</b>			
<b>TO BE FILLED UP BY PHIC</b>			
Name of Surveyors	Designation	Signature	<input type="checkbox"/> Date of Survey: ____/____/2023
1			<input type="checkbox"/> With letter of confirmation as:
2			<input type="checkbox"/> PCPN & <input type="checkbox"/> SandBox site
3			<input type="checkbox"/> With draft copy of the Service Level Agreement
4			SLA Date Signed by RVP/VP: ____/____/23

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2023




**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 Citystate Centre, 709 Shaw Boulevard, Pasig  
 Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7442  
 www.philhealth.gov.ph

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

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

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

A. REQUIREMENTS	Network	PHIC	Remarks
<b>I. Disbursement/payment guidelines</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1.a. Policy on the provision of service fees and/or	<input type="checkbox"/>	<input type="checkbox"/>	
1.b. Policy on Incentives to the health workers/Usangay health workers (BHWs)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Network Payment Agreements and Contract Amount in Konsulta Implementation	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. RECORDS KEEPING</b>			
<b>B.1. Interview/system documentation with IT/health workers:</b>			
3. Patient recording system showing:	<input type="checkbox"/>	<input type="checkbox"/>	
3.1. Record of first patient encounter and follow-up care	<input type="checkbox"/>	<input type="checkbox"/>	
3.2. Record of patients provided with completed services	<input type="checkbox"/>	<input type="checkbox"/>	
3.3. Record of referrals to other providers for services and the type/description of services	<input type="checkbox"/>	<input type="checkbox"/>	
3.4. Record of services rendered and prescribed but not provided to individual patients	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. ADMINISTRATIVE SERVICES</b>			
<b>C.1. Document review</b>			
4. Record of available supplies	<input type="checkbox"/>	<input type="checkbox"/>	
5. Record of trained providers/staff	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C.2. Document review (may also be found in MOA/contract,memos,etc.) or key informant interview (KI)</b>			
6. Policies and procedures on performance monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
7. Quality assurance program	<input type="checkbox"/>	<input type="checkbox"/>	
8. Patient satisfaction survey	<input type="checkbox"/>	<input type="checkbox"/>	
9. Participant/provider satisfaction survey	<input type="checkbox"/>	<input type="checkbox"/>	
10. Facility performance evaluation/scorecard	<input type="checkbox"/>	<input type="checkbox"/>	
11. Network evaluation/scorecard	<input type="checkbox"/>	<input type="checkbox"/>	
12. Policies and procedures on performance monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
13. Network agreement regarding performance-based incentives or disincentives	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D. NAVIGATION/COORDINATION</b>			
14. Mechanism to register everyone in the catchment	<input type="checkbox"/>	<input type="checkbox"/>	
15. Database of assigned individuals	<input type="checkbox"/>	<input type="checkbox"/>	
16. List of providers and respective services including appropriate licenses and status of accreditation in PhilHealth	<input type="checkbox"/>	<input type="checkbox"/>	
17. List of providers by type of service matched with the number of target beneficiaries for each service type based on the HRH Manual	<input type="checkbox"/>	<input type="checkbox"/>	
18. Contract/s & MOAs with providers outside of LGU supervision	<input type="checkbox"/>	<input type="checkbox"/>	
19. Memorandum of Instruction from the LCE or the network management engaging providers under LGU supervision	<input type="checkbox"/>	<input type="checkbox"/>	
20. Network's policies and procedures on navigation and coordination/ Patient Pathway	<input type="checkbox"/>	<input type="checkbox"/>	
21. Demonstration of patient navigation procedure/patient pathway	<input type="checkbox"/>	<input type="checkbox"/>	
22. Network's policies and procedures on navigation and coordination with specific provisions on emergencies and special situations/Patients pathway for emergencies	<input type="checkbox"/>	<input type="checkbox"/>	
23. Network's referral protocols including referral-back protocol to the primary care provider where the beneficiary is registered and referral to other providers outside of the network	<input type="checkbox"/>	<input type="checkbox"/>	
24. Demonstration of patient navigation procedures specifically during emergencies and special situations	<input type="checkbox"/>	<input type="checkbox"/>	
25. Network's referral protocols including referral-back protocol to the primary care provider where the beneficiary is registered and referred to other providers outside of the network	<input type="checkbox"/>	<input type="checkbox"/>	
26. Demonstration of mechanism/system for coordinating care	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E. FINANCIAL AUTHORITY (DOCUMENT REVIEW &amp; INTERVIEW)</b>			
27. Network agreement for the use of the bank accounts/evidence of book of accounts and financial reporting and sub-ledgers	<input type="checkbox"/>	<input type="checkbox"/>	
28. LGU's investment plan for health/Annual Operations Plan/work and financial plan	<input type="checkbox"/>	<input type="checkbox"/>	
29. Network's policies and procedures on handling of capitation payments from PhilHealth	<input type="checkbox"/>	<input type="checkbox"/>	
30. LEPH/AOP or Investment Plan	<input type="checkbox"/>	<input type="checkbox"/>	
31. Health Board approved guideline on compensation, incentives and fees for contracted services within the network	<input type="checkbox"/>	<input type="checkbox"/>	
32. Network's policies and procedures on charging and co-payment	<input type="checkbox"/>	<input type="checkbox"/>	
33. Network's publicized menu of charges	<input type="checkbox"/>	<input type="checkbox"/>	
34. Demonstration of implementation of menu of charges in the network-bills and statements of account	<input type="checkbox"/>	<input type="checkbox"/>	
<b>F. PCPN MEMBERS (Please attached Annex B)</b>			
<b>ROSTER OF SURVEYORS</b>			
Name of Surveyors	Designation	Signature	Date of Survey
1			___/___/2023
2			
3			
4			
5			

7/16/23  
 [Signature]

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

Republic of the Philippines ) s.s.  
Contract No. \_\_\_\_\_

**SERVICE LEVEL AGREEMENT**

**KNOW ALL MEN BY THESE PRESENT:**

This Agreement made and entered into by and between:

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

-and-

[**PRIMARY CARE PROVIDER NETWORK NAME**], a (LGU/Province/City-owned network, authorized through a Sanggunian Resolution No. \_\_\_\_\_) issued on \_\_\_\_\_ and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by its [Position of Representative], [NAME], (hereinafter called "**NETWORK**")  
(each a "**Party**", and collectively, the "**Parties**").

**WITNESSETH THAT:**

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

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

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

**WHEREAS**, the UHC Act mandates province-wide or city-wide health system to pool and manage, through a special health fund, all resources intended for health services to finance population-based and individual-based health services, health system operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers;

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

NO. 46999 DATE: 7/16/24

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

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

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

**1. PRIMARY CARE PROVIDER NETWORK OBLIGATIONS**

**1.1 Acceptance of contract amount.**

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

- 1.1.1. The NETWORK agrees that it shall register and provide Konsulta services to a maximum of \_\_\_\_\_ number of Konsulta beneficiaries, considering its absorptive capacity between 10,000 to 20,000 per physician. PhilHealth shall not provide payment for the number of registered beneficiaries in excess of the prescribed limits. Any Konsulta services rendered to beneficiaries not included in this maximum number shall likewise not be paid by PHILHEALTH, unless an appeal for payment is filed and approved.
- 1.1.2. The NETWORK may add new certified primary care physicians and/or accredited Konsulta providers in its operations during the validity of this Agreement. The NETWORK may then renegotiate with PHILHEALTH to increase or decrease its targets given the expanded absorptive capacity. An addendum to this Agreement may be executed to reflect the updated targets and contract amount up to the end of the 1<sup>st</sup> quarter.
- 1.1.3. The NETWORK agrees to fully comply with mechanisms set by PhilHealth to recover amount in excess of released capitation payments after due reconciliation and evaluation of targets and performance accomplishment.
- 1.1.4. The NETWORK agrees to submit a copy of the Department of Interior and Local Government's (DILG) Seal of Good Financial Housekeeping Award as proof of its compliance with accounting and auditing standards, rules and regulations.

*Likewise, LGUs shall set-up a Buffer Fund which shall be 30% of the contract amount to cover the required financial requirement should their actual performance failed to achieve its intended target. This shall be accompanied by a Bank Certificate.*

**1.2 Provision of covered PhilHealth Konsulta services.**

The NETWORK agrees to

- 1.2.1. Render Konsulta services stipulated in PC No. 2022-0005 Section V-B and the Benefit Table indicated in PC No. 2022-0005 Annex D to its registered Konsulta members.

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- 1.2.2. Ensure beneficiary access to Konsulta services during [prescribed schedule of clinics].
- 1.2.3. Commit to achieve the targets of Konsulta beneficiaries of not more than 20,000 beneficiaries per physician and for each of the performance indicators specified in this table:

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

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

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

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

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

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

- 1.2.4. Maintain a high level of service satisfaction among Konsulta registered beneficiaries as evidenced by result of patient feedback or satisfaction survey, treat Konsulta beneficiaries with utmost courtesy and respect, assist them in availing **PHILHEALTH** benefits and provide them with accurate information on **PHILHEALTH** policies and guidelines in all facilities/providers within the network.
- 1.2.5. Establish and institutionalize a functional referral system, which shall ensure that **PHILHEALTH** member-patients are managed by competent health workers in appropriate facilities while those with needs beyond the service capability of the **NETWORK** are referred to appropriate **PHILHEALTH**-accredited health facilities primarily within or if necessary outside the network of providers.

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1.2.6. Ensure that portability of Konsulta services is available to all **PHILHEALTH** members and dependents within its network of providers.

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

The **NETWORK** guarantees that:

- 1.3.1 Its member providers (facilities and professionals) are collectively capable of managing the total target beneficiaries registered in Konsulta and shall deliver services within acceptable standards of care (e.g., clinical practice guidelines) and follows clinical pathways.
- 1.3.2 All its member health care providers/workers, as applicable, have the required competencies and are **PHILHEALTH**-accredited or with signed performance commitment, possess proper credentials and certifications, and given appropriate privileges in accordance with its policies and procedures.
- 1.3.3 In the event of partial or core compliance to the contracting standards, the network shall subsequently comply with the non-core key features as specified in the PC No. \_\_\_ before the release of the second frontloaded capitation.

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

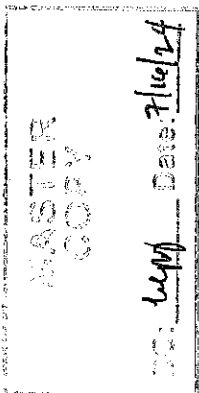
The **NETWORK** shall ensure prompt payments (not later than 10<sup>th</sup> day after the receipt of PhilHealth capitation) to its member Konsulta providers listed in Attachment 2. In the event that the Konsulta provider has entered into a contract with other service providers to ensure complete delivery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

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

The **NETWORK** shall:

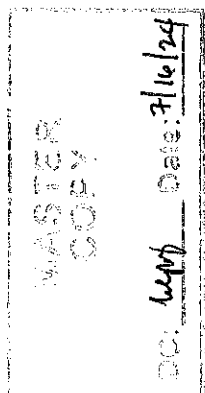
- 1.5.1 Maintain a registry of all its Konsulta beneficiaries (including newborns) and a database of all services rendered (drugs, labs, auxiliary, services and professional fees), which shall be made available to **PHILHEALTH** or any of its authorized personnel upon request.
- 1.5.2 Maintain registry of all health workers (e.g., navigators, physicians, nurses, midwives and dentists) including their fields of practice, PRC license, DOH Certification, official e-mail addresses, and mobile phone numbers and make available to **PHILHEALTH** upon request.
- 1.5.3 Ensure that true and accurate data are electronically encoded to update patient's record in the e-Konsulta or its own network electronic medical registry, to include the laboratory/diagnostic examinations done, drugs and supplies used in the care of the patient in its information system which shall be made available for **PHILHEALTH** use.
- 1.5.4 Only transmit true and legitimate records and reports recognizing the period of submission and report format as prescribed in **PHILHEALTH** circulars.

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



The **NETWORK** commits that

- 1.6.1 As responsible owner(s) and/or manager(s) of the **NETWORK**, they shall be jointly and severally liable for all violations committed against the provisions of R.A. No. 7875, as amended, and UHC Act including its Implementing Rules and Regulations (IRR) and **PHILHEALTH** policies issued pursuant thereto.
- 1.6.2 It shall promptly inform **PHILHEALTH** prior to any change in the ownership and/or management of the **NETWORK** or any of its member provider with signed performance commitment with **PHILHEALTH**.
- 1.6.3 Any change in ownership and/or management of the **NETWORK** or any of its member provider with signed performance commitment with PhilHealth shall immediately inform the PhilHealth within ten (10) working days and does not operate to exempt the owner and/or manager when the offense was committed from liabilities for violations of R.A. No. 7875, as amended, and its IRR and policies.
- 1.6.4 It shall maintain active membership in the NHIP as an employer (as applicable) during the entire validity of its contract with PhilHealth as a Primary Care Provider Network.
- 1.6.5 It shall abide with all the implementing rules and regulations, memorandum circulars, special orders, advisories, and other administrative issuances by **PHILHEALTH** affecting the **NETWORK**.
- 1.6.6 It shall abide with all administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of a Primary Care Provider Network in contracting with PhilHealth.
- 1.6.7 It shall adhere to pertinent statutory laws affecting the operations of a Primary Care Provider Network including but not limited to the Senior Citizens Act (R.A. 10645), the Breastfeeding Act (R.A. 7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921), the Magna Carta for Disabled Persons (R.A. 9442), and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.
- 1.6.8 It shall promptly submit reports as may be required by **PHILHEALTH**, DOH and all other government agencies and instrumentalities governing the operations of the networks.
- 1.6.9 It shall extend full cooperation with duly recognized authorities of **PHILHEALTH** and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by **PHILHEALTH** relative to any findings, adverse reports, pattern of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practices in its operations as contracted **NETWORK** of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; provided that the **NETWORK**'s rights to private ownership, if applicable, and privacy are respected at all times.
- 1.6.10 It shall ensure that its officers, employees, and personnel extend full cooperation and due courtesy to all **PHILHEALTH** and **COMMISSION ON AUDIT (COA)** officers, employees, and staff during the conduct of assessment/visitation/investigation/monitoring of the **NETWORK**'s operations as an accredited **NETWORK** of the NHIP.
- 1.6.11 It shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in its patients' records as well as in any omission,

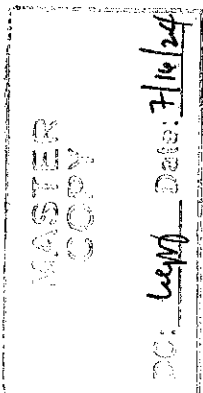


addition, inaccuracies and/or falsities entered into and/or reflected in claims it submitted to **PHILHEALTH**, unless proven to be a palpable mistake or excusable error.

- 1.6.12 It shall comply with **PHILHEALTH**'s summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.
- 1.6.13 It shall recognize the authority of **PHILHEALTH**, its officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of its privilege and conduct of our operations as an accredited network of the NHIP.
- 1.6.14 It shall comply with **PHILHEALTH** corrective actions given after monitoring activities within the prescribed period.
- 1.6.15 It shall agree to return 100% of the overpayment of Capitation through payment recovery mechanism implemented by PhilHealth.
- 1.6.16 It shall protect the NHIP against abuse, violation and/or over-utilization of its funds and not allow itself or any of its member providers to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.
- 1.6.17 It shall not directly or indirectly engage in any form of unethical or improper practices as contracted **NETWORK** such as but not limited to solicitation of patients for purposes of compensability under the NHIP, the purpose and/or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.
- 1.6.18 It shall immediately report to **PHILHEALTH**, its officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of networks and HCIs of the NHIP that may have come to its knowledge directly or indirectly.
- 1.6.19 It shall recognize **PHILHEALTH**'s authority to suspend release of payments under the following circumstances, but not limited to: (a) during the period of its non-contracted status as a result of suspension of contract, etc.; (b) loss of license for certain services that results to lack of access to these services; and (c) when "No Balance Billing" (NBB) eligible **PHILHEALTH** members and their dependents were made to pay out-of-pocket for HCI and professional fees, if applicable.
- 1.6.20 It shall recognize **PHILHEALTH**'s authority, after due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke the **NETWORK**'s privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the contract for any violation of any provision of this Service Agreement and of R.A. 7875, as amended, and its IRR.

## 2. **PHILHEALTH'S OBLIGATIONS**

- 2.1. For and in consideration of the Konsulta services rendered to its registered members, **PHILHEALTH** shall pay the **NETWORK** a total of [**AMOUNT IN WORDS**] (Php \_\_\_\_\_), inclusive of all applicable taxes, upon satisfactory completion of all milestones and submission of all the requirements specified in this section of this Agreement and the payment schedule in Attachment 1, as certified by the PhilHealth Regional Vice President. The releases of the capitation frontload 2 and



3 shall require at least 60% liquidation of the 1<sup>st</sup>/2<sup>nd</sup> capitation releases thru the money value of the Actual Physical Accomplishment (APA).

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

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

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

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

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

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

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

### 3. AMENDMENTS AND MODIFICATIONS

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

### 4. EFFECTIVE DATE

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

### 5. TERM AND TERMINATION

The Term of this Agreement shall be valid from \_\_\_\_\_ to \_\_\_\_\_.

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

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

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

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

**6. SEPARABILITY CLAUSE**

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

**7. ASSIGNABILITY**

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

**8. WAIVER**

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

**9. PROPRIETARY INFORMATION**

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

**10. NON- DISCLOSURE AGREEMENT (NDA)**

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

**11. ETHICS**

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

**12. EXCLUSIVE AGREEMENT**

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

**13. GOVERNING LAW AND VENUE OF ACTION**

This Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines, all PhilHealth circulars and issuances on Konsulta shall form an integral part of this agreement. Venue of all actions arising from this Agreement shall be brought exclusively to the jurisdiction of the appropriate courts of the Philippines, without prejudice to the settlement of dispute through amicable settlement or alternative dispute resolution mechanisms under existing laws.

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DO: 4/27/24 Date: 7/16/24

14. ENTIRE AGREEMENT

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

\_\_\_\_\_  
Regional Vice-President  
PhilHealth

\_\_\_\_\_  
Governor/Mayor  
LGU \_\_\_\_\_

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Doc No. \_\_\_\_  
Page No. \_\_\_\_  
Book No. \_\_\_\_  
Series of \_\_\_\_

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DC: Legd Date: 7/16/24

**SUPPLEMENTAL SERVICE LEVEL AGREEMENT  
(Public Network)**

**KNOW ALL MEN BY THESE PRESENT:**

This Agreement made and entered into by and between:

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

-and-

**[PRIMARY CARE PROVIDER NETWORK NAME]**, a (LGU/Province/City-owned network, authorized through a Sanggunian Resolution No. \_\_\_\_\_) issued on \_\_\_\_\_ and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by its [Position of Representative], [NAME], (hereinafter called "**NETWORK**")  
(Each a "**Party**", and collectively, the "**Parties**").

On \_\_\_\_\_, **PHILHEALTH** and **NETWORK** signed the Service Level Agreement (SLA) attached as **Annex A.1** hereto as required under PhilHealth Circular No. 2023-0008 entitled Implementation of a Primary Care Provider Network (PCPN) Contracting Arrangement Through the Konsulta Package in Sandbox Sites/Networks (Revision 1).

This **Supplemental Service Level Agreement** ("Agreement") is entered into by the parties to implement the following:

**A. EXTENSION OF SERVICE LEVEL AGREEMENT**

**A.1.** The parties hereby agree to extend the Service Level Agreement between PhilHealth and Network until **December 31, 2024**. All terms and conditions of the original Service Level Agreement remains valid and binding unless expressly modified altered by this Supplemental Service Level Agreement.

**B. PRIMARY CARE PROVIDER NETWORK OBLIGATIONS**

The **NETWORK** agrees within fifteen (15) days from written demand to fully comply with mechanisms set by PhilHealth to recover amount in excess of released capitation payments after due reconciliation and evaluation of targets and performance accomplishment.

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- C. The Network shall transmit true and legitimate records and reports with due regard to the timeline and format prescribed in applicable **PHILHEALTH** circulars and pertinent Commission on Audit rules and regulations.
- D. The Network shall promptly submit reports as may be required by **PHILHEALTH** under PhilHealth Circular No. 2023-0008 or its amendatory circular, issuances of DOH and all other government agencies and instrumentalities governing the operations of the networks.

**E. EFFECTIVITY**

This Supplemental Agreement shall be effective on July 1, 2024 and shall remain in full force and effect until December 31, 2024, unless terminated earlier by mutual agreement in writing.

**F. GOVERNING LAW AND VENUE OF ACTION**

This Supplemental Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines. All PhilHealth circulars and issuances on Konsulta shall form an integral part of this agreement. Any dispute between the parties shall, as far as practicable, be settled amicably between the parties. Any action between the parties arising from this Agreement shall be filed before the proper courts of \_\_\_\_\_ to the exclusion of other courts.

\_\_\_\_\_  
Regional Vice-President  
PhilHealth

\_\_\_\_\_  
Governor/Mayor  
LGU \_\_\_\_\_

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
IN WITNESS WHEREOF, the Parties hereto have signed this agreement on \_\_\_ day of \_\_\_\_\_ at the \_\_\_\_\_, \_\_\_\_\_, Philippines.

Doc No. \_\_\_\_\_.  
Page No. \_\_\_\_\_.  
Book No. \_\_\_\_\_.  
Series of \_\_\_\_\_.

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## Annex C: Benefit Payment Arrangement

### Benefit Payment Arrangement

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

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

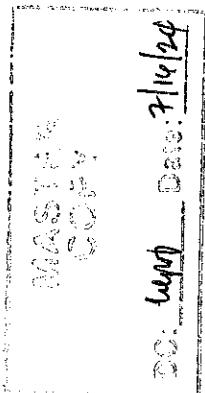
#### Payment Arrangement for Konsulta Networks

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

The provision on Key Performance Indicators (KPIs), and its corresponding percentage and computation for the contract amount shall depend on the target number of beneficiaries per type of accredited Konsulta provider, i.e., Php 500 each enrolled Konsulta member in a public provider *in the regular Konsulta benefit package policy and its subsequent revisions or amendments* shall be adopted.

#### Definition of Terms

- A. Capitation Variance – refers to the difference between the money value of the Actual Physical Accomplishment and the frontloaded capitation.
- B. Cash Programming – refers to the Primary Care Provider Network’s estimate monthly cash requirements to deliver registration and provision of primary care services to beneficiaries.
- C. Contract Amount – refers to the amount indicated in the Service Level Agreement (SLA). It is computed based on the number of the performance target x capitation rate depending on the type of Konsulta accredited facility; government-owned;



- D. Contracting – refers to a process where PhilHealth and networks or network and provider are engaged to commit and deliver quality health services at agreed cost, cost sharing and quantity in compliance with prescribed standards.
- E. Contract Reference Number – unique reference number issued by PhilHealth to the contracted Konsulta network.
- F. First Patient Encounter – refers to initial episode of care whereby a primary care worker takes and/or updates the basic health data of an eligible beneficiary to identify their health risks.
- G. **Frontloaded capitation** - refers to an approach in the purchase of health services by which health care providers are paid before the services are provided for a specific package of health benefits based solely on a pre-determined and fixed budget.
- H. Konsulta Eligible Beneficiary – refers to all Filipinos given immediate eligibility to register in an accredited Konsulta-provider in accordance with Republic Act No. 11223 and its IRR.
- H. Konsulta Network Contracting Certificate – Certification issued by PhilHealth to the contracted Konsulta Network that passed/qualified the network criteria.
- I. Primary Care Provider Network (PCPN) – refers to a group of Konsulta Providers, whether public, private, or mixed, with established interoperable system for efficient provision of Konsulta services.
- J. Money Value of the Actual Physical Accomplishment (APA) – computed by adding the money value of the actual physical accomplishment on the registration of Konsulta members with first patient encounter and the money value of the actual physical accomplishment of the provision of Konsulta services.
- K. Money Value of the Physical Targets – computed at performance targets and capitation rate per facility ownership.
- L. Monthly Performance Targets and Cash Programming – refers to the report to be prepared by the network showing the physical target and cash requirement on a monthly basis.
- M. Negative Variance - money value of the Actual Physical Accomplishment is less than the frontloaded capitation released.
- N. Performance Factor – is the cumulative resultant score based on the performance of the provider adjusted using weights set by the Corporation.
- O. Performance Targets – absolute number of proposed by the network to be accomplished in a given year, pursuant to the operational guidelines of Konsulta Network contracting implementation.
- P. Positive Variance – money value of the Actual Physical Accomplishment exceeds the frontloaded capitation released.
- Q. Service Level Agreement – refers to the Contract between PhilHealth and the network in the implementation of network contracting.

**Description of the Payment Arrangement**

Payment Schedule	Number of Beneficiaries	Amount	Capitation Frontload No.
Month 1	Number of target Konsulta beneficiaries to be given	Lowest value of the following: 1. 30% of contract amount: Php _____	1

Date: 7/10/24  
 Legat

Payment Schedule	Number of Beneficiaries	Amount	Capitation Frontload No.
	Konsulta services for months 1-3 per facility	2. Cash programming of LGU for months 1-3: Php _____ (please refer to Annex D-1 for the report format) 3. Money value of the physical targets for months 1-3: Php [(Capitation amount x Physical Targets for months 1 to 3)]	
Month 4	Number of target Konsulta beneficiaries for months 4-12 per facility	Lowest value of the following: 1. 50% of contract amount: Php _____ 2. Cash programming of LGU for months 4-12: Php _____ 3. Money value of the physical targets for months 4-12: Php [(Capitation amount x Physical Targets for months 4-12)]  Plus/minus the capitation variance between the money values of APA from the months 1 to 3 vs frontloaded capitation 1 <sup>st</sup> release. The money value of the APA is the sum of: <ul style="list-style-type: none"> <li>• Money value of APA of registered beneficiaries with first patient encounter (FPE) = Php [Capitation amount x 40% x Registered Beneficiaries with FPE<sub>m1-3</sub>], and</li> <li>• Money value of APA-Konsulta services = Php [(Capitation amount x 60% x Performance Factor<sub>m1-3</sub> x Registered Beneficiaries with FPE<sub>m1-3</sub>)]</li> </ul> Computation of Performance Factor: $\text{Performance Factor} = \text{RSc} + \text{RSI} + \text{RSa} + \text{RSn}$ Computation of Resultant Score: $\text{RSc} = \text{Resultant Score Consultation}$ $\text{RSI} = \text{Resultant Score Laboratory}$ $\text{RSa} = \text{Resultant Score Antibiotics}$ $\text{RSn} = \text{Resultant Score NCDs Meds}$ Consultation: $\text{RSc} = \frac{\text{No. of actual beneficiaries consulted}}{\text{No. of beneficiaries needing consultation}} \times 30\%$ Laboratory: $\text{RSI} = \frac{\text{No. of actual beneficiaries provided diagnostic services}}{\text{No. of beneficiaries needing diagnostic services}} \times 30\%$ Antibiotics:	2

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 DO:        Date: 7/16/24

Payment Schedule	Number of Beneficiaries	Amount	Capitation Frontload No.
		$RSa = \frac{\text{No. of actual beneficiaries provided with antibiotics}}{\text{No. of beneficiaries needing antibiotics}} \times 10\%$ <p>NCDs:</p> $RSn = \frac{\text{No. of actual beneficiaries provided with NCD Meds}}{\text{No. of beneficiaries needing NCD Meds}} \times 30\%$	
Within the first month after the validity of the SLA		Money value of actual physical accomplishments for months 1 to 18, less released frontloaded capitation for months 1 to 18 = Php {[(Capitation amount x 40% x Actual number of Konsulta beneficiaries with FPE for months 1 to 18) + (Capitation amount x 60% x Performance Factor for months 1 to 18 x Actual number of Konsulta registered beneficiaries with FPE for months 1 to 18)] – Released frontloaded capitation 1 to 18}	n/a

**Illustrative computation per Scenario for both public**

	Scenario 1	Scenario 2
	Accomplished less than target	Accomplished more than target
<b>GIVEN</b>		
KP	<b>Govt</b>	<b>Govt</b>
Capitation	500	500
number of Konsulta Providers	10	10
Ratio (target beneficiaries per Physician)	20,000	20,000
target beneficiaries	115,000	115,000
Contract Amount	57,500,000	57,500,000
physical target m 1-3	45,000	45,000
physical target m 4-12	50,000	50,000
physical target m 13-18	20,000	20,000
<b>TARGETS</b>		
Cash Program m 1-3	17,250,000	17,250,000
Money Value m 1-3	22,500,000	22,500,000
30% Contract Amount	17,250,000	17,250,000
<b>T1</b>	<b>17,250,000</b>	<b>17,250,000</b>
Cash Program m 4-12	25,000,000	25,000,000
Money Value m 4-12	25,000,000	25,000,000
50% Contract Amount	28,750,000	28,750,000
<b>T2</b>	<b>25,000,000</b>	<b>25,000,000</b>
<b>ACTUAL M1-3</b>		
number of excess/short of target	-15,000	0

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		Scenario 1	Scenario 2
		Accomplished less than target	Accomplished more than target
number of registered		30,000	30,000
number w/ FPE		30,000	45,000
% needing consultation		100%	100%
% needing lab & diagnostics		50%	50%
% needing Antibiotics meds		15%	15%
% needing NCS meds		20%	20%
number needing consultation		30,000	45,000
number needing lab & diagnostics		15,000	22,500
number needing Antibiotics meds		4,500	6,750
number needing NCS meds		6,000	9,000
number w/ consultation		27,500	40,000
number w/ lab & diagnostics		10,000	20,000
number w/ Antibiotics meds		4,000	6,000
number w/ NCD meds		5,000	7,000
actual % w/ consultation	30%	28%	27%
actual % w/ lab & diagnostics	30%	20%	27%
actual % w/ Antibiotics meds	10%	9%	9%
actual % w/ NCD meds	30%	25%	23%
<b>ACTUAL M4-12</b>			
number of excess/short of target		-40,000	-15,000
number of registered		30,000	30,000
number w/ FPE		25,000	35,000
% needing consultation		100%	100%
% needing lab & diagnostics		75%	75%
% needing Antibiotics meds		10%	10%
% needing NCS meds		20%	20%
number needing consultation		25,000	35,000
number needing lab & diagnostics		18,750	26,250
number needing Antibiotics meds		2,500	3,500
number needing NCS meds		5,000	7,000
number w/ consultation		22,000	30,000
number w/ lab & diagnostics		10,000	20,000
number w/ Antibiotics meds		2,000	2,000
number w/ NCD meds		5,000	5,000
actual % w/ consultation	30%	26%	26%
actual % w/ lab & diagnostics	30%	16%	23%
actual % w/ Antibiotics meds	10%	8%	6%
actual % w/ NCD meds	30%	30%	21%
<b>ACTUAL M 13-18</b>			
number of excess/short of target		-30,000	10,000
number of registered		40,000	40,000

DC. *Wang* Date: 7/16/14

	Scenario 1		Scenario 2	
	Accomplished less than target		Accomplished more than target	
number w/ FPE		30,000		45,000
% needing consultation		100%		100%
% needing lab & diagnostics		50%		50%
% needing Antibiotics meds		15%		15%
% needing NCS meds		20%		20%
number needing consultation		30,000		45,000
number needing lab & diagnostics		15,000		22,500
number needing Antibiotics meds		4,500		6,750
number needing NCS meds		6,000		9,000
number w/ consultation		27,500		40,000
number w/ lab & diagnostics		10,000		20,000
number w/ Antibiotics meds		4,000		4,000
number w/ NCD meds		5,000		5,000
actual % w/ consultation	30%	28%		27%
actual % w/ lab & diagnostics	30%	20%		27%
actual % w/ Antibiotics meds	10%	9%		6%
actual % w/ NCD meds	30%	25%		17%
<b>ACTUAL M1-18</b>				
number of excess/short of target		-15,000		-15,000
number of registered		100,000		100,000
number w/ FPE		85,000		125,000
% needing consultation		100%		100%
% needing lab & diagnostics		57%		57%
% needing Antibiotics meds		14%		14%
% needing NCS meds		20%		20%
number needing consultation		85,000		125,000
number needing lab & diagnostics		48,750		71,250
number needing Antibiotics meds		11,500		17,000
number needing NCS meds		17,000		25,000
number w/ consultation		77,000		110,000
number w/ lab & diagnostics		30,000		60,000
number w/ Antibiotics meds		10,000		12,000
number w/ NCD meds		15,000		17,000
actual % w/ consultation	30%	27%		26%
actual % w/ lab & diagnostics	30%	18%		25%
actual % w/ Antibiotics meds	10%	9%		7%
actual % w/ NCD meds	30%	26%		20%
<b>PAYMENT</b>				
Frontload Capitation 1 actual payment		17,250,000		17,250,000
Money Value - Actual FPE m1-3		6,000,000		9,000,000

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	Scenario 1	Scenario 2
	Accomplished less than target	Accomplished more than target
Money Value - Performance m1-3	7,325,000	11,550,000
Total Money Value	13,325,000	20,550,000
Frontload Capitation 1 adjusted	-3,925,000	3,300,000
Frontload Capitation 2 target	25,000,000	25,000,000
Frontload Capitation 2 actual payment	21,075,000	28,300,000
<b>Total Frontloaded Capitation</b>	<b>38,325,000</b>	<b>42,550,000</b>
Total Beneficiaries w/ FPE	85,000	125,000
Money Value - Actual FPE m1-18	17,000,000	25,000,000
Money Value - Performance m1-18	20,605,084	29,670,743
<b>Total Money Value</b>	<b>37,605,084</b>	<b>54,670,743</b>
<b>Annualized adjusted</b>	<b>-674,916</b>	<b>12,470,743</b>

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**Annex D-1: Monthly Physical Target and Cash Programming**

**MONTHLY PHYSICAL TARGET AND CASH PROGRAMMING**

NETWORK:

Address: \_\_\_\_\_

Contract Reference Number: \_\_\_\_\_

PARTICULARS	TOTAL	July	August	Septem ber	October	Novem ber	Decem ber	January	Februa ry	March	April	May	June	July	August	Septem ber	October	Novem ber	Decem ber	
		GOVERNMENT-OWNED FACILITY (P500)																		
No. of Registered Members with a First Patient Encounter																				
<b>TOTAL TARGET FOR THE NETWORK</b>																				

PARTICULARS	TOTAL	July	August	Septem ber	October	Novem ber	Decem ber	January	Februa ry	March	April	May	June	July	August	Septem ber	October	Novem ber	Decem ber	
		GOVERNMENT-OWNED FACILITY (P500)																		
TOTAL CASH PROGRAM FOR THE NETWORK																				

Prepared by:

\_\_\_\_\_  
Name/Signature/Date

MASTER  
 DC: *Wang* Date: *7/14/24*

**Annex D-2: Analysis Worksheet for Frontloaded Capitation 1**

**ANALYSIS WORKSHEET FOR FRONTLOADED CAPITATION 1**

NETWORK: \_\_\_\_\_

Address: \_\_\_\_\_

Contract Reference Number: \_\_\_\_\_

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

**1. Cash Program**

Jul-23	XXX
Aug-23	XXX
Sep-23	XXX
Oct-23	XXX
Nov-23	XXX
Dec-23	XXX
Jan-24	XXX
Feb-24	XXX
Mar-24	XXX
Apr-24	XXX
May-24	XXX
Jun-24	XXX

**Total** \_\_\_\_\_

**2. Money Value of the Physical Target**

Government-Owned \_\_\_\_\_ XXX

**Total** \_\_\_\_\_

Facility ownership	July 2023 to June 2024	Total		
		PHYS	Capitation	FIN
Government-Owned	12,000	12,000	500	6,000,000

**3. 30% of the Capitation Contract Amount**

Contract Amount \_\_\_\_\_ PXXXX

Multiply by \_\_\_\_\_ 30%

**RECOMMENDED FOR RELEASE** \_\_\_\_\_

Prepared by:

\_\_\_\_\_  
Field Operations Division-PRO

2023  
 2024  
 7/16/24  
 Legph

# Annex D-3: Analysis Worksheet for Frontloaded Capitation 2

## ANALYSIS WORKSHEET FOR FRONTLOADED CAPITATION 2

**NETWORK:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contract Reference Number:** \_\_\_\_\_

**1. Compute for the Money Value of Actual Physical Accomplishment**

**II. Government-Owned**

INDICATORS	No. of Beneficiaries needing Primary Care Services	WEIGHTS	Accomplishment		
			Total Physical July 2024 - December 2024	Resultants Score / Performance factor	FINANCIAL
<b>1. REGISTRATION OF MEMBERS TO THE KONSULTA PROVIDER (P200)</b>					
No. of Registered Members with First Patient Encounter			11,500		2,300,000
<b>2. PROVISION OF PRIMARY CARE</b>					
1 Primary Care Consultation	11,500	30%	20,760	28%	
2 Utilization of Laboratory Services	5,750	30%	4,600	24%	
3 Dispensing of Medicines - antibiotics	1,725	10%	1,400	8%	
4 Dispensing of Medicines - NCDs	2,300	39%	2,300	30%	
<b>Total</b>				<b>90%</b>	<b>3,111,400</b>
<b>GRAND TOTAL</b>				Should not be more than the weights per indicator	<b>5,411,400</b>

Computation of KPI#2 accomplishment:

<b>No. of Konsulta Registered Members with Patient Encounter</b>	11,500
<b>Performance Factor</b>	90%
<b>60% of the Capitation Fund (P500)</b>	300
<b>KPI #2 Money Value</b>	<b>3,111,400</b>
<b>Recap:</b>	
Government-Owned Facility	5,411,400
<b>Total, Money Value of Actual Physical Accomplishment</b>	<b>16,862,550</b>

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

<b>Money Value of the Actual Physical Accomplishment</b>	16,862,550
<b>Frontloaded Capitation 1</b>	18,000,000
<b>Capitation Variance</b>	<b>-1,137,350</b>

**3. Comparison among the previous tranche Cash Program, Money Value of the Actual Physical Accomplishment, and 50% of the Contract Amount, whichever is lower.**

**1. Cash Program**

(derived from the Monthly Physical Targets and cash Programming)

July-24	XXX
August-24	XXX
September-24	XXX
October-24	XXX
November-24	XXX
December-24	XXX
<b>Total</b>	

**2. Money Value of the Physical Target**

Government-Owned Facility XXX (July 2024 to December 2024 No. of physical target x P500)

**Total**

Legit Date: 7/16/24

**3. 50% of the Contract Amount**

**Contract Amount**

PXXXX

**Multiply by**

50%

LOWEST AMOUNT

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

LOWEST AMOUNT

Plus or minus the Capitation Variance

-1,137,350

**RECOMMENDED TO BE RELEASED TO THE NETWORK**

Prepared by:

Field Operations Division-PRO

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CC: WJ Date: 7/16/09

# Annex D-5: Capitation Fund Annual Performance Review

## CAPITATION FUND ANNUAL PERFORMANCE REVIEW

**NETWORK:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contract Reference Number:** \_\_\_\_\_

**I. Compute for the Money Value of Actual Physical Accomplishment**

**II. Government-Owned**

INDICATORS	No. of Beneficiaries needing Primary Care Services	WEIGHTS	Accomplishment		
			Total Physical July 2023 - December 2024	Resultants Score / Performance factor	FINANCIAL
<b>1. REGISTRATION OF MEMBERS TO THE KONSULTA PROVIDER (P200)</b>					
No. of Registered Members with First Patient Encounter			15,500		3,100,000
<b>2. PROVISION OF PRIMARY CARE</b>					
1 Primary Care Consultation	15,500	30%	14,320	28%	
2 Utilization off Laboratory Services	7,750	30%	6,400	25%	
3 Dispensing of Medicines - antibiotics	2,326	10%	1,800	8%	
4 Dispensing of Medicines - NCDs	3,100	39%	3,000	29%	
Total				89%	4,150,800
<b>GRAND TOTAL</b>					<b>7,250,800</b>

Computation of KPI#2 accomplishment:

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

Total Konsulta Release	_____
Frontloaded Capitation 1	XXX
Frontloaded Capitation 2	XXX

**CAPITATION VARIANCE**

Prepared by:

\_\_\_\_\_  
 Field Operations Division-PRO

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DC: leyp Date: 7/16/24



## Annex D-6: Performance Factor Computation Form

### PERFORMANCE FACTOR COMPUTATION FORM

Period Covered: \_\_\_\_\_ to \_\_\_\_\_

Name of Network: \_\_\_\_\_  
 Network Accreditation No.: \_\_\_\_\_

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

This form shall be collected per quarter

Prepared by:

\_\_\_\_\_  
 Name/Designation/Date

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DC: WYB Date: 7/10/24

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

### SUMMARY LIST OF BENEFICIARIES NEEDING/PROVIDING KONSULTA SERVICES

Period Covered: \_\_\_\_\_ to \_\_\_\_\_

Name of Network: \_\_\_\_\_

Network Accreditation No.: \_\_\_\_\_

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

This form shall be collected per quarter

Prepared by:

\_\_\_\_\_  
Name/Designation/Date

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DC: leph Date: 7/16/24

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

### DETAILED LIST OF BENEFICIARIES NEEDING/PROVIDING KONSULTA SERVICES

Period Covered: \_\_\_\_\_ to \_\_\_\_\_

Name of Network: \_\_\_\_\_  
 Network Accreditation No.: \_\_\_\_\_

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

This form shall be collected per quarter

Prepared by:

\_\_\_\_\_  
 Name/Designation/Date

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DC: lup Date: 7/16/24

## Annex D-9: Quarterly Physical Accomplishment Report

### QUARTERLY PHYSICAL ACCOMPLISHMENT REPORT

Period Covered: \_\_\_\_\_ to \_\_\_\_\_

PHILHEALTH REGIONAL OFFICE: \_\_\_\_\_

NETWORK: \_\_\_\_\_

Address: \_\_\_\_\_

Contract Reference Number: \_\_\_\_\_

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

Prepared by:

\_\_\_\_\_  
Name/Designation/Date

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DC: Wph Date: 3/14/24

## Annex D-10: Recapitulation on Membership Category Report

### RECAPITULATION ON MEMBERSHIP CATEGORY REPORT

Period Covered: \_\_\_\_\_ to \_\_\_\_\_

PHILHEALTH REGIONAL OFFICE: \_\_\_\_\_

NETWORK: \_\_\_\_\_

Address: \_\_\_\_\_

Contract Reference Number: \_\_\_\_\_

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

Prepared by:

Name/Designation/Date

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CC: WJPH Date: 7/16/21

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

**SHF FINANCIAL PERFORMANCE REPORT  
(TARGET VS. ACTUAL INCOME/EXPENDITURES)  
As of \_\_\_\_\_**

**NETWORK:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contract Reference Number:** \_\_\_\_\_

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

Prepared by: \_\_\_\_\_

Certified Correct by: \_\_\_\_\_  
 Provincial/City Accountant

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 DC: hem Date: 7/16/24

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

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

As of \_\_\_\_\_

**NETWORK:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contract Reference Number:** \_\_\_\_\_

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

Prepared by: \_\_\_\_\_

Certified Correct by: \_\_\_\_\_  
 Provincial/City Accountant

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 DC: WMP Date: 7/16/24

## Annex D-13: SHF Budget and Utilization Report

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

NETWORK: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contract Reference Number: \_\_\_\_\_

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

Prepared by: \_\_\_\_\_

Certified Correct by: \_\_\_\_\_

Provincial/City Accountant

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DC: *lupf* Date: *7/16/24*





Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
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 (02) 8662-2588 www.philhealth.gov.ph  
 PhilHealthOfficial X teamphilhealth

REPUBLIC OF THE PHILIPPINES }  
 CITY OF PASIG } S.S.

**SECRETARY'S CERTIFICATE**

I, **ATTY. LORA L. MANGASAR**, Filipino, of legal age, married, with office address at the Citystate Center Building, Brgy. Oranbo, 709 Shaw Blvd., Pasig City, after having been duly sworn to in accordance with law, hereby depose and say that:

- I am the Acting Corporate Secretary of the Philippine Health Insurance Corporation (PhilHealth), a government owned-and-controlled corporation, with principal office address at Citystate Center Building, Brgy. Oranbo, 709 Shaw Blvd., Pasig City;
- I hereby certify that at the duly constituted Regular PhilHealth Board meeting held on June 21, 2024, at Pasig City, the Board, upon a motion duly seconded, resolved approve the extension of current PCPN Contracted sites from July 01, 2024, until December 31, 2024, at no cost to the Corporation and with no changes to the existing guidelines.
- The foregoing has not, in any way, been amended, rescinded, or revoked, and remains in full force and effect as of this date; and


This Secretary's Certificate is being issued upon the request of PMT-PCPN, to serve as reference for publication pursuant to the existing policy.

**IN WITNESS WHEREOF**, I have here unto affixed my signature this 15<sup>th</sup> day of July 2024 in Pasig City, Philippines.

  
**ATTY. LORA L. MANGASAR**  
 Acting Corporate Secretary

**SUBSCRIBED AND SWORN TO** before me this JUL 18 2024,  
 affiant exhibiting to me her Corporate ID issued on \_\_\_\_\_ issued at Pasig  
 City, Philippines.

Doc. No. 72;  
 Page No. 16;  
 Book No. 152;  
 Series of 2024.

  
**ATTY. ROLANDO A. BERNALES**  
 Notary Public for Pasig & Pateros, MM  
 Appointment No. 12 (2024-2025)  
 PTR No. 0173418 January 02, 2024 686-B Shaw Blvd., Kapitolyo, Pasig City  
 IBP LM No. 013853, Roll No. 64646  
 MCLE VII-00203360



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