



Republic of the Philippines
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PHILHEALTH CIRCULAR
 No. 2024-0022

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

SUBJECT : **Implementing Guidelines for the PhilHealth Konsulta
 with Sustainable Development Goals (SDG) - Related
 Benefits Package (Revision 1)**

I. RATIONALE

The Universal Health Care Act (UHC Act) and its Implementing Rules and Regulations (IRR) mandates the Philippine Health Insurance Corporation (PhilHealth) to develop a comprehensive outpatient benefit package that includes outpatient drug benefit and coverage for emergency medical services (Sec. 6[b], Republic Act No. 11223 and Sec. 6.3 of its IRR). In response, PhilHealth has issued the Governing Policies of the Konsulta+ [PhilHealth Circular (PC) No. 2022-0032] to outline the concepts and mechanisms for the comprehensive outpatient benefit.

Konsulta+ is a set of extensive outpatient benefits, particularly preventive and promotive health services, delivered at the level of primary care or outpatient facilities. Konsulta+ also seeks to ensure continuous care through an integrated and harmonized network of services. This promotes efficiencies within the health system, with the primary care provider acting as the chief facility and patient navigator within the healthcare provider network (HCPN).

As a way to advance the current system and the providers towards Konsulta+ and by virtue of PhilHealth Board Resolution (PBR) No. 2795, s. 2023, the existing primary care package, PhilHealth Konsulta, shall be expanded to integrate benefit packages related to the Sustainable Development Goals (SDG), namely for tuberculosis, outpatient HIV/AIDS, malaria, and animal bite. This approach emphasizes the role of integrated primary care providers in delivering efficient, high-quality care for diseases while contributing to the country's commitment to reaching SDG-related targets.

As a move towards financial and managerial integration, PhilHealth shall also be engaging networks of providers to simulate provider payment through the

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Special Health Fund (SHF) for public networks or through fund pooling for private-owned provider networks.

II. OBJECTIVES

This PhilHealth Circular is intended to provide the policy for the implementation of the PhilHealth Konsulta integrated with select SDG-related Benefits Package as a step towards transitioning to a comprehensive outpatient benefit, or Konsulta+, following the mandate of the UHC Act.

III. SCOPE

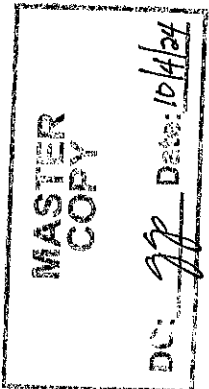
This PhilHealth Circular covers the implementing guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package, *otherwise known as K+SDG Package*, including the guidelines for the accreditation of qualified public and private healthcare facilities as providers for the benefit.

Further engagements of providers through contracting of networks shall be through PhilHealth Circular (PC) No. 2024-0015 entitled "Guidelines on Contracting Health Care Provider Networks," and its succeeding revisions/amendments.

IV. DEFINITION OF TERMS

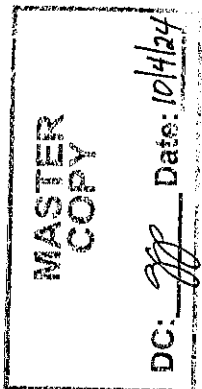
For the purpose of this PhilHealth Circular, the operational definition of terms used in this issuance are the following:

- A. **Affiliate Primary Care Provider** - a healthcare facility engaged by the PhilHealth Konsulta with SDG-Related Benefits Provider to provide the contents of this benefit package.
- B. **Comprehensive Outpatient Benefit Package** - a set of extensive outpatient benefits, delivered at the level of primary care or outpatient facilities, with the PhilHealth Konsulta provider being the chief facility among its affiliates, also referred to as Konsulta+.
- C. **Contracting** – a process where providers and networks are engaged to commit and deliver quality health services at agreed cost, cost sharing, and quantity in compliance with prescribed standards [Republic Act No. 11223 IRR].
- D. **Disease-Agnostic** - the medical services provided by primary care facilities that do not necessarily differentiate or select among patient diagnoses when providing case management.
- E. **Electronic Medical Record (EMR)** - the medical background and history of a health care provider's patients and such other information in



a standard electronic format [Department of Health (DOH) Administrative Order (AO) No. 2023-0005].

- F. First Patient Encounter (FPE)** - initial episode of patient contact for the year whereby a primary care provider takes and/or updates the basic health data of an eligible beneficiary to identify their health risks. The FPE is not a medical consultation [PC No. 2024-0013].
- G. Health Care Provider Network (HCPN)** - a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of healthcare within the network [Republic Act No. 11223 IRR].
- 1. Mixed Network** - a network of providers, which may be composed of health service providers from both the public and private sector, represented by a self-assembled entity of both the public and private sector as the managing board.
 - 2. Private Network** - a network of providers, which may be composed of health service providers from both the public and private sector, represented by a private entity as the managing board.
 - 3. Public Network** - a network of providers, which may be composed of health care providers from both the public and private sector, represented by the local health board (LHB) as the managing board. LHB is the board created in every province, city, and municipality pursuant to Section 102 of RA No.7160 or the Local Government Code of 1991. In addition, the UHC Act provided for the additional functions of LHB in Provinces, Highly Urbanized Cities, and Independent Component Cities [DOH-DBM-DOF-DILG-PHIC Joint Memorandum Circular No. 2021-0001].
- H. Health Information Exchange** - a network that allows the sharing of medical information among healthcare providers.
- I. Integrated Sandbox Sites** - an approach towards demonstrating the systemic reforms of the UHC Act, particularly local health systems that are technically, managerially, and financially integrated.
- J. Managing Board** - the province- or city-wide management committee that provides oversight function to the provider network. The Managing Board shall be composed of the Local Health Board for a network of public healthcare providers, and a self-assembled managing body for a private or mix of public and private primary care providers within the health system or network of jurisdiction.



- K. **Mandatory Health Risk Assessment (MHRA)** - the collection of health-related information and analysis of an individual's health status to identify and assess health risks and provide recommendations *and treatment plans* to improve an individual's overall health and well-being.
- L. **Outpatient Services** - health services that do not require the overnight or 24-hour admission/confinement of patients in a health facility for case management.
- M. **Patient Transportation Vehicle (PTV)** - any form of vehicle, other than those classified as a licensed ambulance, designed and/or used to transport patients whose condition is of a non-life-threatening nature [DOH AO No. 2020-0051].
- N. **PhilHealth Guaranteed Accessible Medications for Outpatient Treatment (PhilHealth GAMOT)** - one of PhilHealth's standalone outpatient benefits which covers select essential medicines used in the outpatient management of cases and shall function as the pharmaceutical service delivery arm within a provider network. It is also known as the Outpatient Drug Benefit of PhilHealth.
- O. **Pooled Fund for Health** - *pool of financial resources used by private or mixed networks to finance individual-based health services, health system operating costs, capital investments, and maintenance and other operating expenses.*
- P. **Primary Care Provider (PCP)** - a service delivery entity, either a healthcare worker or health institution, equipped with the capacity to provide primary care services as determined, licensed, or certified by the DOH.
 1. **Primary Care Facility (PCF)** - the institution that primarily delivers primary care services which shall be licensed or registered by the DOH [Republic Act No. 11223 IRR].
 2. **Primary Care Services** - initial-contact, accessible, continuous, comprehensive, and coordinated care that is accessible at the time of need, including a range of services for all presenting conditions, and the ability to coordinate referrals to other healthcare providers in the healthcare delivery system, when necessary [Republic Act No. 11223].
- Q. **Primary Care Provider Network (PCPN)** - a coordinated group of public, private, or mixed primary care providers providing a range of primary care services, as the foundation of the Health Care Provider Network (HCPN) [Republic Act No. 11223 IRR].
- R. **Prospective Payment** - a predetermined, fixed amount of payment agreed with a contract health care provider ahead of the actual delivery of the anticipated health goods and services [PC No. 2022-0032].
- S. **Provider Payment Mechanism** - a method by which PhilHealth pays

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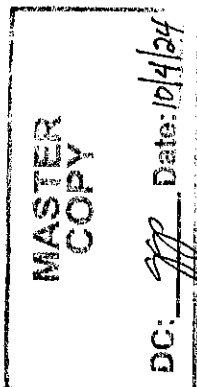
its providers for the provision of healthcare services as stipulated within the benefit packages of the Corporation.

- T. **Provincial- and City-Wide Health Systems (P/CWHS)** - networks among several healthcare facilities in which healthcare providers deliver continuous and integrated health services to individuals and/or communities in a well-defined catchment area.
- U. **Self-Assessment Tool** - a mandatory form that collects relevant information on the capacity of a health facility prior to its application for accreditation with PhilHealth.
- V. **Service Level Agreement (SLA)** - the contracting instrument executed between two parties for the delivery of individual-based health services.
- W. **Special Health Fund (SHF)** - a public network's pool of financial resources at the province-wide and city-wide health systems intended to finance population-based and individual-based health services, health systems operating costs, capital investments, and remuneration of additional health workers and incentives for all health workers. [DOH, Department of Budget and Management, Department of Finance, Department of the Interior and Local Government, PhilHealth Joint Memorandum Circular No. 2021-0001].
- X. **Sustainable Development Goals - Related Benefits (SDG-Related Benefits)** - the existing PhilHealth benefit packages that aim to address certain disease conditions related to the Millenium Development Goals (MDG), namely malaria, tuberculosis, HIV/AIDS, and rabies, as it transitioned towards the current Sustainable Development Goals (SDG).

V. POLICY STATEMENTS

A. Benefit Design and Service Inclusions

1. The *K+SDG Package* shall integrate the following PhilHealth packages:
 - a. *Enhanced PhilHealth Konsulta Benefit Package [PC No. 2024-0013]*
 - a.1. Provision of the medications stipulated within the *PhilHealth Konsulta* shall be covered *separately* by the Outpatient Drug Benefit Package of PhilHealth (PhilHealth GAMOT).
 - b. Outpatient Anti-Tuberculosis Directly Observed Treatment Short-Course (DOTS) Benefit Package [PC No. 014, s. 2014]
 - c. Outpatient Malaria Package [PC No. 25, s. 2008]



d. Outpatient HIV/AIDS Treatment (OHAT) Package [PC No. 2021-0025]

e. Animal Bite Package [PC Nos. 15 and 33, s. 2012]

2. Health services to be provided in the package shall include health consultation, *preventive service*, testing and/or diagnosis, treatment and treatment support, and rehabilitation (Annex A.1: List of Services Under the K+SDG Package, *Annex A.2: List of Targeted Diagnostics Based on Life Stage and Health Assessment*, and Annex A.3: List of Available Medications Under the K+SDG Package).

a. The provision of other health services shall not be limited to the current benefit package but may also reference the most recent clinical practice guidelines as recognized by the DOH with a positive health technology assessment.

3. The *K+SDG Package* shall be implemented with the Outpatient Drug Benefit Package of PhilHealth [*PC No. 2023-0029 and its succeeding revisions/amendments*], known as PhilHealth GAMOT, for the delivery of select medications *covered by the package*.

4. The PhilHealth Konsulta provider, as referenced from the "Governing Policies of the Konsulta+" [PC No. 2022-0032], shall act as the chief facility among its *affiliate facilities* and ensure patient navigation services between the other healthcare providers.

5. *The K+SDG Package shall automatically be amended following future revisions and enhancements to any of the individual benefit packages.*

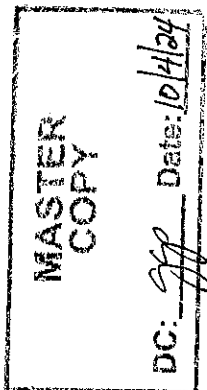
B. Beneficiaries

1. All Filipinos shall be eligible to avail of the *K+SDG Package* in accordance with the principle of automatic membership and coverage under the National Health Insurance Program (NHIP), as set forth by the UHC Act.

a. *The absence of the PhilHealth Identification Number (PIN) during the time of the First Patient Encounter (FPE) shall not prevent the availment of the necessary services through this benefit, provided that the PIN shall later on be submitted to the K+SDG Provider for recording and as basis of payment for the services rendered.*

b. *Individuals may register directly to the NHIP through any of the following platforms:*

b.1. PhilHealth Local Health Insurance Office (LHIO)



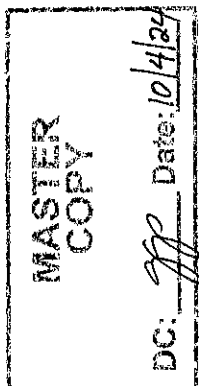
- b.2. *PhilHealth Express*
- b.3. *PhilHealth Member Portal*
- b.4. *eGovPH Application*

c. *K+SDG Providers may assist individuals in registration and securing their PIN through platforms enabled by the Corporation.*

2. A foreign national may avail of the benefit package provided that he/she is registered to the NHIP and is compliant with the required qualifying contributions as provided in existing pertinent policies on program eligibility. Necessary premium adjustments may be made accordingly as expressed in succeeding PhilHealth issuances.
3. Individuals shall register with a public or private primary care provider of choice with respect to the location of residence or workplace, travel considerations, and provider capacity, among others.
4. *Registration of beneficiaries to a K+SDG Provider can be done through any of the following:*
 - a. *Member initiated through the PhilHealth Member Portal or eGovPH Application;*
 - b. *Assisted by PhilHealth through the LHIO, PhilHealth Express, PhilHealth Action Center, and like offices;*
 - c. *Assisted by the K+SDG Provider through the My PhilHealth Portal, and similar platforms;*
 - d. *Other applicable platforms or portals employed by the PhilHealth Konsulta registration.*
5. *Registered beneficiaries shall be allowed to transfer primary care providers once per calendar year, provided that there was no previous availment of a service for that given year.*
 - a. In cases of closure of the K+SDG Provider or the provider network, *its registered* beneficiaries shall be transferred by the PhilHealth Regional Office (PRO) to the nearest available K+SDG Provider.

C. Health Care Providers

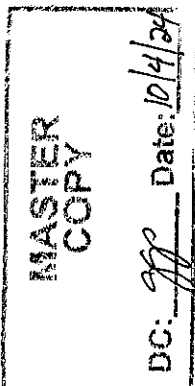
1. Healthcare facilities may apply for accreditation to provide the health services listed in the *K+SDG Package provided they hold a license to operate (LTO) as primary care facilities issued by the DOH.*
 - a. Health services may be delivered through a healthcare facility, a mobile unit, such as a diagnostic ambulance or mobile van, or telemedicine platform.



- b. *All accredited K+SDG Providers shall be posted on the PhilHealth website.*
 - 2. The K+SDG Provider shall ensure that all benefits and health services outlined in these implementing guidelines are made available and accessible to its registered beneficiaries.
 - a. When specific services are not available within its own facility, the K+SDG Provider may form a Primary Care Provider Network (PCPN) and establish a mechanism for referral or contracting with other healthcare facilities, *which shall be called Affiliate Primary Care Providers (APCP).*
 - b. The K+SDG Provider, as representative of the PCPN, shall be contracted by the Health Care Provider Network (HCPN) through a Service Level Agreement (SLA) (Annex B: *Template of SLA Between the Network and the K+SDG Provider*).
 - b.1. PCPNs shall be composed of health facilities duly licensed by the DOH, that deliver health services to *individuals within their catchment area*. They shall be organized via province- and city-wide health systems (P/CWHS).
 - c. The K+SDG Provider, as the chief facility within the PCPN, shall be the point of integration of all APCPs.
 - 3. *The K+SDG Provider shall ensure that its database/registry is updated, and reflects the transfer of beneficiaries, among others.*
 - 4. The APCPs that may be engaged by the K+SDG Provider include, but are not limited to, the following:
 - a. Specialized outpatient facilities, such as Animal Bite Centers, TB-DOTS Centers, HIV Treatment Hubs, *and malaria facility*
 - b. Outpatient facilities of L1-L3 hospitals
 - c. Diagnostic laboratories
 - d. Pharmacies
 - 5. The APCPs shall comply with the set standards stated in this Circular and other pertinent PhilHealth and DOH issuances referenced within the policy, for the service capacity and delivery, human resource complement, and required IT infrastructure.

D. Engagement of Healthcare Providers

- 1. Accreditation of K+SDG Providers
 - a. PhilHealth shall accredit applicant healthcare facilities before being contracted by the HCPN for the delivery of health services under the *K+SDG Package*.



a.1. Health facilities that are accredited as Konsulta Package Providers (KPP) shall be required to ensure that all listed health services are made available within their respective PCPN (Annex A.1).

a.2. Health facilities capable of providing the K+SDG Package shall apply for accreditation following complete submission of requirements as stipulated in this policy.

a.3. The Guidelines on Contracting Health Care Provider Networks through PC No. 2024-0015 and its succeeding revisions/amendments shall apply in the engagement of a provider network.

a.4. An applicant K+SDG Provider may form a PCPN with APCPs for the complete provision of services within the benefit package.

a.4.1. The K+SDG Provider may engage APCPs through Service Delivery Support. A certification shall be required as proof of completion of services. (Annex C: Template of Certification of Service Delivery Support for the K+SDG Package)

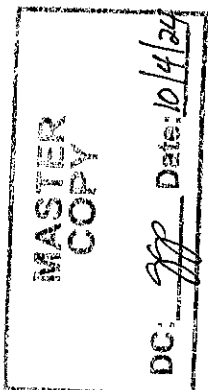
a.4.2. The K+SDG Provider shall engage only APCPs that are DOH-licensed or certified with respect to the type of service that the *relevant* facility provides, and shall ensure such license or certification subsists for the duration of the engagement. (Annex D: Certification Documents for APCP)

a.5. An APCP may engage with multiple PCPNs, in consideration of its capacity and resources to provide the required services to *the beneficiaries*, subject to post validation by the PRO Accreditation and Quality Assurance Section (AQAS) in relation to its accreditation and engagement for the next applicable contract period.

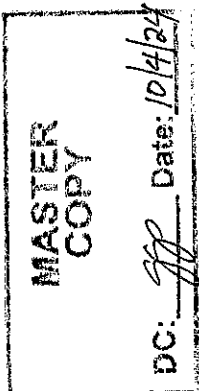
b. All providers within the PCPN shall use a PhilHealth-certified, fully functional, and appropriate electronic health information system to track and manage day-to-day operations and performance of the health facility. *The prescribed information system shall be announced through a PhilHealth Advisory.*

b.1. All respective health information systems must be interoperable within the PCPN and with PhilHealth's systems.

b.2. Providers without health information systems may still be accredited following evidence of capacity to use the *prescribed* systems (Annex E: Information System Requirements and Specifications).



- b.3. Compliance with, appropriate maintenance, and updating of the IT platforms shall form part of the requirements for healthcare institutions.
 - c. The K+SDG Provider and its APCPs shall *comply with* personnel *and other* standards indicated in the license or certificate of the DOH, FDA, or other appropriate regulatory agency.
 - c.1. Physicians for K+SDG Providers should be accredited by PhilHealth. The number of physician/s *and other healthcare workers* for the K+SDG Provider shall *follow existing requirements prescribed for accreditation of the participating healthcare facilities.*
 - c.2. All health facility personnel should be registered to the NHIP.
 - d. All other accreditation processes not specifically mentioned in this *PhilHealth Circular* shall follow the *existing procedures of the Corporation on accreditation of health facilities and its subsequent amendments.*
- 2. Documentary Requirements of K+SDG Providers
 - a. *Accredited KPPs shall submit only the following documents to the nearest PRO or LHIO:*
 - a.1. *Completed Self Assessment Tool (Annex F: Self Assessment Tool for Service Delivery of K+SDG Providers)*
 - a.2. *Collated requirements of its engaged APCPs, as detailed in part C of this section*
 - b. *Applicants not otherwise registered as KPPs shall submit the following documentary requirements to the nearest PRO or LHIO:*
 - b.1. *Provider Data Record (PDR) for Health Facilities (HFs) (posted at the official PhilHealth website at www.philhealth.gov.ph)*
 - b.2. *Notarized Performance Commitment for Health Facilities (HFs) (posted at the official PhilHealth website at www.philhealth.gov.ph)*
 - b.3. *Completed Self Assessment Tool (Annex F)*
 - b.4. *Payment Receipt of Accreditation Fee (Php 2,000.00)*
 - b.5. *Copy of LTO from the DOH, as primary care facility or otherwise, as applicable*
 - b.6. *Collated requirements of engaged APCPs, as detailed in part C of this section*
 - b.7. *Proof of PhilHealth Accreditation of the Head of Facility or Medical Director. If the head of the facility or medical*



director is not yet accredited, an application for PhilHealth accreditation should be submitted along with the application of the health facility

b.8. For health facilities owned by partnerships and/or corporations: Articles of Incorporation and *latest* General Information Sheet (GIS)

c. APCPs to be engaged shall submit the following documentary requirements to the K+SDG Provider *which shall then ensure that these documents are properly and fully accomplished prior to applying for accreditation.*

c.1. *Certification of Service Delivery Support* between the K+SDG Provider and APCP (Annex C)

c.2. Certification Documents for APCP (Annex D)

c.3. For health facilities owned by partnerships and/or corporations: Articles of Incorporation and *latest* GIS

3. Validity of Engagement of K+SDG Providers

a. The validity of the accreditation of the K+SDG Provider shall be one (1) year, starting from the date of compliance with the mandatory requirements for accreditation until the 31st of December of the applicable year, unless earlier withdrawn, suspended, or revoked based on the rules set by the Corporation.

b. The validity of contractual engagements between the accredited K+SDG providers and the HCPNs made through entering into SLAs is one (1) calendar year, commencing every first day of January and shall be until the 31st of December of the same year.

c. The following specific subjects on accreditation validity shall follow provisions within the Omnibus Guidelines on the Accreditation of Health Facilities (HFs) and its subsequent amendments:

c.1. Revocation of LTO

c.2. PhilHealth-imposed suspension

c.3. Decisions on application

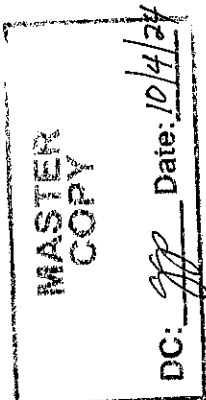
c.4. Appeals and motions for reconsideration

c.5. Grounds for grant or denial of accreditation

4. Other Benefit Packages of PhilHealth

a. Accredited K+SDG Providers are still encouraged to apply as providers for other PhilHealth benefits not yet covered by the *K+SDG Package* (eg. Maternal Care Package, Family Planning Services, etc).

b. *Existing providers for animal bite, HIV/AIDS, tuberculosis, and malaria may still continue their engagement with PhilHealth.*



b.1. *These providers may file claims for services rendered in the period prior to its engagement as APCP or for beneficiaries outside the geopolitical boundaries of the existing HCPN. Hence, these providers may maintain their individual PhilHealth accreditation.*

b.2. *Necessary tagging of facilities shall be done to reflect these scenarios.*

E. Benefit Availment Process

1. *The K+SDG Provider or healthcare facility must conduct the First Patient Encounter (FPE) of a beneficiary prior to the Mandatory Health Risk Assessment (MHRA).*

a. *The amount of the initial payment shall be based only on completed FPEs. The conduct of FPE shall reference the existing procedures of the PhilHealth Konsulta benefit.*

b. *Complete payment shall be made only for completed MHRA. The MHRA includes medical consultation, testing, assessment, and management as needed. The process shall only be deemed completed once the beneficiary's PIN and the results from the mandatory laboratories are reflected within the network's information system.*

b.1. *Beneficiaries shall need to undergo the MHRA at least once every three (3) years, or upon transfer to a different K+SDG Provider.*

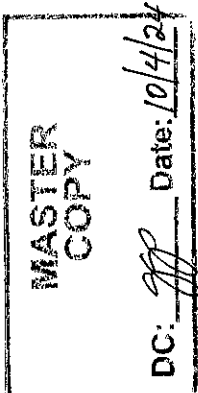
b.2. *All initial conduct of MHRA shall require physical presence. Telemedicine or virtual consults may be done only for succeeding medical consults or follow-ups.*

2. *Beneficiaries shall avail services from the K+SDG Provider and its affiliate facilities according to the life stage and health risks, which includes health consultation, screening tests, diagnosis, treatment, treatment support, and rehabilitation (Annex A.2).*

a. *Before providing any service, the health facility shall secure the beneficiary's informed consent regarding the use of personal information and taking of photos (Annex G: Template of Informed Consent Form).*

b. *The beneficiary's photo shall serve as validation of service availment and shall be used to update the patient information within the EMR.*

3. *Aside from the provision of FPE and services for animal bite, all other services to be provided within the PCPN shall have to be*

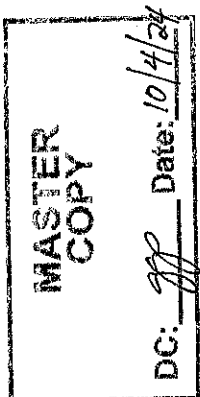


referred to by the K+SDG Provider as the patient's first point of contact and chief facility of the network.

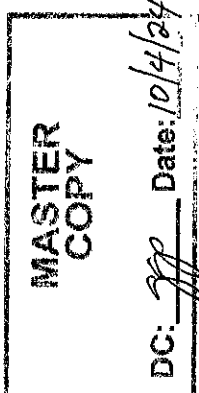
- a. The K+SDG Provider shall issue a service referral form for the beneficiary to avail of the services of the APCP (Annex H: *Template of Service Referral Form*).
 - b. *The local government unit (LGU) shall provide patient transportation vehicles (PTV) for the movement of beneficiaries between health facilities within the public provider networks. Further, the LGU shall endeavor to provide the same for private and mixed provider networks.*
4. All services provided by the K+SDG Provider or the APCPs shall be recorded through the facilities' information system.
- a. Providers shall generate the Service Availment Slip (SAS) for services provided under the benefit and shall provide a reference copy for the beneficiary [Annex I: *Template of Service Availment Slip (SAS)*]. Providers shall keep a copy of the Service Availment Slip that was signed by the beneficiary.
 - b. Medications prescribed by the K+SDG Provider shall be prescribed through an EMR made interoperable with the systems of the PhilHealth GAMOT or directly through the PhilHealth GAMOT's system.
5. *Beneficiaries are entitled to avail of all covered services at the K+SDG Provider in which they are registered. Should beneficiaries avail of services from other K+SDG Providers, or other APCPs not engaged by the K+SDG Provider where they are registered, out of pocket charges may apply.*
6. Benefit availment for services outside the scope of the K+SDG Package shall follow the rules and regulations applicable to such benefit's own implementing guidelines or policies.

F. Provider Payment Mechanism

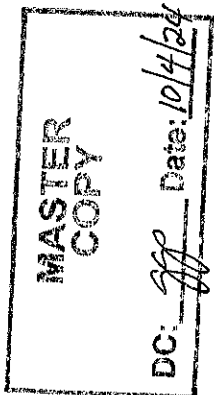
1. *Engagements between PhilHealth and the HCPNs shall be guided by PC No. 2024-0015. Only those accredited by PhilHealth as K+SDG Providers, and contracted by the HCPN as the same, shall be eligible for payment of this benefit package. Benefit payment for services outside the scope of the K+SDG Package may still be paid as guided by the applicable policy.*
2. Payments for this benefit package shall be coursed through the SHF for public HCPNs, and the *pooled fund for health* for private and mixed HCPNs.



- a. *PhilHealth shall fund the HCPN in accordance with PC No. 2024-0011, or the PhilHealth Prospective Payment Mechanisms (3PM) for HCPN.*
 - b. *Applicable and agreed upon payment terms, as reflected in the duly-executed SLAs, shall further be referenced. The accomplishment of the SLA between the 1) Managing Board of the HCPN and the K+SDG Provider, and 2) K+SDG Provider and the APCPs, shall follow the process stipulated in PC No. 2024-0015 and shall use the SLA template provided through Annex B and Annex J, respectively (Annex J: Template of SLA Between the K+SDG Provider and APCP).*
 - b.1. *The Managing Board of the HCPN is responsible for releasing payment to its K+SDG Providers based on their respective SLAs (Annex B).*
 - b.2. *The K+SDG Provider is responsible for releasing payment to its engaged APCPs based on their respective SLAs (Annex J).*
3. *The payment method for the K+SDG Package shall be through capitation and case-based and shall reference the rates and payment schedule as prescribed in Annex K: Benefit Rates and Payment for PhilHealth Konsulta with SDG-Related Benefits Package.*
- a. *Capitation shall be used for payment of primary care services per beneficiary for both public and private providers.*
 - a.1. *Services provided under capitation include consultations, screening and testing, and treatment, as listed in the Annex A.1.*
 - a.2. *Payments relating to services for animal bite, tuberculosis, and HIV-AIDS shall be integrated into the capitation payment.*
 - b. *Private K+SDG Providers may charge an additional co-payment to the beneficiary for the usage of facilities each year as prescribed in Annex K, subject to the following:*
 - b.1. *Private K+SDG Providers may design their own co-payment schedule, provided it does not exceed the prescribed amount herein, and is made known to the beneficiary up front and prior to the provision of any service.*
 - b.2. *The terms, conditions, and schedule of co-payment shall be posted in a manner that is the most easily visible and accessible to the public.*



- c. The case-based payment will be for services rendered for the Outpatient Malaria Package.
4. *All payments to providers are subject to the provision of the relevant beneficiary's PIN, provided that no beneficiary shall be refused service for lack of a PIN. However, claims for payment for a given case shall only be considered after the K+SDG provider encodes the beneficiary's PIN following registration to the NHIP and within the applicable engagement period.*
5. All tranche payments to be given to health facilities may be subject to the following fund pooling rules:
 - a. The proportion of tranche payments that will be released to the healthcare facilities or retained by the Managing Board shall be decided and reflected in the SLA.
 - b. *Utilization of the pooled fund shall be subjected to applicable tax rules and regulations.*
6. Termination of the K+SDG Provider's engagement or its failure to comply with the set rules and regulations for this engagement shall merit the return of *unutilized* funds back to PhilHealth through the PhilHealth Payment Recovery (PPR) Policy *as guided by PC No. 2021-0011 and its succeeding revisions/amendments.*
7. Payment for the implementation of PhilHealth GAMOT shall reference its implementing guidelines following parallel implementation with the *K+SDG Package.*
8. Payments shall be referenced through the data of service provision collected from the EMR and the different health information systems used in the network that have been made interoperable among providers in the network and with PhilHealth.
9. PhilHealth shall pay the HCPN through *reimbursement, as applicable, and prospective payment scheme, as detailed through PC No. 2024-0011 and its succeeding revisions/amendments.* *Payments shall be further subjected to guidelines to be issued by the Commission on Audit (COA).*
10. *Prospective payments to the provider network* shall be subjected to applicable taxes.
11. The Bureau of Local Government Finance (BLGF) may issue guidelines on the submission of financial reports and financial analysis by the province/city while the Bureau of Internal Revenue (BIR) may issue taxation guidelines on the Network and Provider transactions.



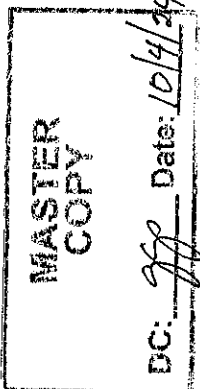
G. Monitoring and Evaluation

1. PhilHealth shall establish and monitor performance targets that will guide stakeholders in their accountability toward providing healthcare services.
2. Provider networks shall be assessed *based on health care facility performance and the applicable rules on the Health Care Provider Performance Assessment System (HCPPAS)*.
3. *Providers shall be subjected to periodic evaluations of their facilities and patients through utilization reviews and other methodologies to assess the quality of the healthcare services provided.*
4. *The health care facilities shall be subjected to assessments and evaluation of the operationalization and implementation of the benefit.*
5. PhilHealth shall monitor and investigate grievance reports filed by beneficiaries and providers following existing guidelines of the Corporation.
6. This policy issuance shall be regularly reviewed and the necessary enhancements shall be introduced as necessary.

H. Annexes

The following annexes of this benefit package shall be posted at the official website of PhilHealth at www.philhealth.gov.ph.

1. Annex A.1: List of Services Under the K+SDG Package
Annex A.2: List of Targeted Diagnostics Based on Life Stage and Health Assessment
Annex A.3: List of Available Medications Under the K+SDG Package
2. Annex B: *Template of SLA Between the Network and the K+SDG Provider*
3. *Annex C: Template of Certification of Service Delivery Support for the K+SDG Package*
4. Annex D: Certification Documents for APCP
5. Annex E: Information System Requirements and Specifications
6. Annex F: Self-Assessment Tool for Service Delivery of K+SDG Providers
7. Annex G: *Template of Informed Consent Form*
8. Annex H: *Template of Service Referral Form*
9. Annex I: *Template of Service Availment Slip (SAS)*
10. Annex J: *Template of SLA Between the K+SDG Provider and APCP*
11. *Annex K: Benefit Rates and Payment for PhilHealth Konsulta with SDG-related Benefit Package*



VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment, and all existing related PhilHealth circulars shall be dealt with and penalized following the pertinent provisions of Republic Act No. 7875, as amended by Republic Act Nos. 9241 and 10606 [National Health Insurance Act of 2013] and Republic Act No. 11223 [Universal Health Care Act], and their respective Implementing Rules and Regulations.

VII. TRANSITORY CLAUSE

The *K+SDG Package* will be initially implemented in *HCPN Demonstration Sites*, with other relevant implementation guidelines as detailed on PC No. 2024-0015.

During its roll-out in demonstration sites, the following provisions will be implemented.

- A. *The DOH LTO as primary care facility shall not be required for accreditation, pursuant to DOH Department Circular (DC) 2023-0441 which allowed the moratorium on licensing of primary care facilities, unless rescinded or amended.*
- B. *The pre-accreditation survey and accreditation fee of applicant facilities shall be waived.*
- C. *The accreditation of the individual health facilities and the application of the Network may be done simultaneously.*

As the Corporation endeavors to transition to full digitalization of systems, applicable manual processes may still be employed. A separate PhilHealth Advisory on the operationality of the benefit's information systems shall be issued.

Further, the implementation of this PhilHealth Circular is subject to the COA issuance on recording and reporting guidelines on prospective payment mechanisms.

VIII. SEPARABILITY CLAUSE

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

IX. REPEALING CLAUSE

The provisions of PC No. 2023-0019 entitled "Implementing Guidelines for the PhilHealth Konsulta with Sustainable Development Goals (SDG) - Related Benefits Package" that are inconsistent with this PhilHealth Circular are hereby amended, modified, or repealed accordingly.

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X. DATE OF EFFECTIVITY

This PhilHealth Circular shall be published in any newspaper of general circulation and shall take effect immediately upon its publication. Further, this PhilHealth Circular shall also be deposited 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: 10/04/24

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DC: JLL Date: 10/4/24

Annex A.1: List of Services Under the K+SDG Package

| | |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consultation | Disease Agnostic Consultation Health Education |
| Prevention Management | Contact Tracing Opportunistic Screening: <ol style="list-style-type: none"> 1. HIV RDT-1 2. Hepatitis B surface antigen |
| Testing and/or Diagnosis | Clinical Laboratories <ol style="list-style-type: none"> 1. CBC with platelet count 2. Urinalysis 3. Fecalalysis 4. Sputum Microscopy 5. Fecal Occult Blood 6. Pap smear <i>or visual inspection with ascetic acid (VIA)</i> 7. HbA1C 8. Fasting Blood Sugar 9. Oral Glucose Tolerance Test 10. ECG 11. Chest X-ray (all views) 12. Serum Creatinine 13. Lipid Profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides) 14. Mammogram 15. <i>Ultrasound (upper abdomen, pelvic and breast only)</i> Rapid Diagnostic Test <ol style="list-style-type: none"> 1. Xpert MTB RIF 2. Sysmex HISCL HIV Ag+Ab Assay Kit 3. Alere Determine HIV 1/2 4. Geenius HIV 1/2 Confirmatory Assay Kit 5. Malaria Combo RDT Test Kit Other Laboratories <ol style="list-style-type: none"> 1. HIV viral load test (Nucleic Acid Test / NAT) 2. Drug resistance test to HIV antiretroviral therapy (ART) 3. CD4 Count or T-cell test |
| Treatment Regimen | Medication for Tuberculosis Management <ol style="list-style-type: none"> 1. Rifampicin + Isoniazid 2. Rifampicin + Isoniazid + Ethambutol + Pyrazinamide 3. Isoniazid Medication for Malaria Management <ol style="list-style-type: none"> 1. Artemether + Lumefantrine Medication for HIV-AIDS Management <ol style="list-style-type: none"> 1. Tenofovir 2. Lamivudine |

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| | |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment Regimen | <ol style="list-style-type: none"> 3. Dolutegravir 4. Efavirenz 5. Rilpivirine 6. Abacavir 7. Lopinavir+Ritonavir 8. Zidovudine 9. Nevirapine <p>Medication for Rabies Management</p> <ol style="list-style-type: none"> 1. Rabies Vaccine (PVRV) 2. Rabies Immune Globulin 3. Tetanus toxoid 4. Anti-tetanus serum (ATS) |
| Treatment Adherence Intervention | Directly Observed Therapy (DOT) and follow-up SMS Messaging |

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Annex A.2: List of Targeted Diagnostics Based on Life Stage and Health Assessment

| | | | | | | | | |
|-------------------------------------------------|----------|---------|---------|-----------|-----------|-----------|-----------|---------|
| 1. Ultrasound (upper abdominal, pelvic, breast) | | | | | | | | |
| 2. Mammogram | | | | | | | | |
| 3. Tuberculin Test | | | | | | | | |
| 4. Pap Smear/VIA | | | | | | | | |
| 5. 12 Lead ECG | | | | | | | | |
| 6. Geenius HIV 1/2 Confirmatory Assay kit | | | | | | | | |
| 7. Alere Determinate HIV 1/2 | | | | | | | | |
| 8. Sysmex HISCL HIV Ag+Ab assay Kit | | | | | | | | |
| 9. HbA1C | | | | | | | | |
| 10. Serum Creatinine | | | | | | | | |
| 11. Fecal Occult Blood | | | | | | | | |
| 12. CD4 Count/ T-cell test | | | | | | | | |
| 13. Drug resistance to HIV | | | | | | | | |
| 14. HIV NAAT | | | | | | | | |
| 15. HBSAg | | | | | | | | |
| 16. HIV RDT-1 | | | | | | | | |
| 17. Xpert MTB RIF | | | | | | | | |
| 18. Sputum Microscopy | | | | | | | | |
| 19. Lipid Profile | | | | | | | | |
| 20. Chest X-ray | | | | | | | | |
| 21. OGTT | | | | | | | | |
| 22. FBS | | | | | | | | |
| 23. Urinalysis | | | | | | | | |
| 24. Fecalalysis | | | | | | | | |
| 25. CBC with PC/RBC index | | | | | | | | |
| LAB TEST AGE GROUP | 0-12 MOS | 1-4 YRS | 5-9 YRS | 10-19 YRS | 20-39 YRS | 40-49 YRS | 50-59 YRS | ≥60 YRS |

Legend

| | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Females Only |  |
| Both males and females |  |
| Both males and females, as applicable |  |
| Other opportunistic screening for both males and females, as applicable |  |

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**Annex A.3: List of Available Medications
under the K+SDG Package**

| | Molecule | Preparation |
|----|----------------------------------------------------|------------------------------------------|
| 1 | Abacavir | 300 mg tablet |
| 2 | Anti-tetanus serum (ATS) | 1500 IU/mL, 1 mL and 1.5 mL vial/ampoule |
| 3 | Artemether +Lumefantrine | 20mg/120mg tablet |
| 4 | Dolutegravir | 50 mg tablet |
| 5 | Efavirenz | 600 mg tablet / capsule |
| 6 | Isoniazid | 300 mg tablet |
| 7 | Lamivudine | 100 mg tablet |
| 8 | Lamivudine | 150 mg film-coated tablet |
| 9 | Lamivudine | 10 mg/ml suspension (240 ml bottle) |
| 10 | Lopinavir + Ritonavir | 200 mg/ 50 mg tablet / capsule |
| 11 | Nevirapine | 200 mg tablet |
| 12 | Rabies Immunoglobulin (Human) | 150 IU/mL, 2 mL, 5 mL, and 10 mL ampoule |
| 13 | Rabies Vaccine - Vero Cell | 2.5 IU/0.5 ml vial |
| 14 | Rifampicin + Isoniazid | 150 mg + 75 mg tablet |
| 15 | Rifampicin + Isoniazid + Ethambutol + Pyrazinamide | 150 mg + 75 mg + 275 mg + 400 mg tablet |
| 16 | Rilpivirine | 25 mg tablet |
| 17 | Tenofovir Disoproxil Fumarate | 300 mg tablet |
| 18 | Tetanus toxoid | 0.5 ml ampoule |
| 19 | Tetanus toxoid | 10 ml vial |
| 20 | Zidovudine | 100mg capsule |
| 21 | Zidovudine | 300mg tablet (60 per bottle) |
| 22 | Zidovudine | 50 mg/5ml suspension (240ml bottle) |

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**ANNEX B: Template of SLA Between the Network
and the K+SDG Provider**

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:

[PROVINCE/CITY-WIDE HEALTH SYSTEM NAME] an/a (LGU/Province/City-owned network, authorized through a Sanggunian Resolution No. _____) issued on [Date] and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by its Managing Board through [Position of Representative], [NAME], (hereinafter called "**NETWORK**")

or

[HEALTH CARE PROVIDER NETWORK NAME] a **NETWORK**, organized and registered with the Securities and Exchange Commission under Company Reg. No. _____ and/or Joint Venture Agreement No. _____,) issued on _____ and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by its Managing Board through [Position of Representative], [NAME], (hereinafter called "**NETWORK**")

-and-

[K+SDG Provider NAME] a primary care facility or rural health unit with a license to operate (LTO) from the Department of Health (DOH) issued on [Date] 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 "**K+SDG PROVIDER**")

(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, the **Philippine Health Insurance Corporation (PHILHEALTH)** has committed to expand the primary care benefit to cover all Filipinos through the issuance of *PhilHealth*

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Circular (PC) No. 2024-0013, which prescribes the *enhancement* of the PhilHealth Konsulta benefit package;

WHEREAS, PHILHEALTH has published PC No. _____ or the Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package (*Revision 1*) which details the scope, policies, and mechanisms by which **PHILHEALTH** shall cover an integrated primary care package infused with select SDG-related services to provide a more comprehensive set of outpatient health benefits for its members;

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 DOH, **PHILHEALTH**, 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 healthcare delivery system;

WHEREAS, the UHC Act mandates province-wide or city-wide health systems to pool and manage, through a Special Health Fund (SHF), 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 governed by the Managing Board, with defined competencies, organized to deliver health care services in a coordinated and integrated manner;

WHEREAS, the **K+SDG PROVIDER** refers to the health facility that primarily delivers primary care services and accredited to be the K+SDG Provider and acts as the chief facility within the provider network;

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

WHEREAS, the **NETWORK** is willing to participate in the implementation of the integrated PhilHealth Konsulta with SDG-Related Benefits Package, prospective payment mechanisms, the establishment of the SHF or pooled fund for health in the delivery of health services including Konsulta benefit package, and under the terms and conditions contained in this Agreement;

WHEREAS, the **K+SDG PROVIDER**, acting as the point of integration for all Affiliate Primary Care Providers (APCP), shall ensure that all benefits and health services outlined in the implementing guidelines of PhilHealth Konsulta with SDG-Related Benefits Package are made available and accessible within their own facility or through the APCPs;

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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. K+SDG PROVIDER OBLIGATIONS

1.1. Acceptance of contract amount.

The **K+SDG PROVIDER** accepts the maximum 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 stated in “Annex K: *Benefit Rates and Payment for PhilHealth Konsulta with SDG-Related Benefits Package of PhilHealth Circular No. _____*” or the “*Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package (Revision 1)*”.

- 1.1.1. The **K+SDG PROVIDER** agrees to ensure that PhilHealth Konsulta with SDG-related services are made available to a **maximum of _____ (number) of PhilHealth Konsulta with SDG beneficiaries**, considering its maximum absorptive capacity of 20,000 per physician, and as approved by **PHILHEALTH**, for the entire PCPN. **PHILHEALTH** shall not provide payment for the number of profiled registered beneficiaries in excess of the prescribed limits. Any PhilHealth Konsulta with SDG-related 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 **K+SDG PROVIDER** may add new certified primary care physicians and/or accredited K+SDG Providers in its operations during the validity of this Agreement. The **K+SDG PROVIDER** may then renegotiate with the **NETWORK** to modify its targets given the increase in absorptive capacity. An addendum to this Agreement may be executed to reflect the updated targets and contract amount up to the end of the 1st quarter only.
- 1.1.3. The **K+SDG PROVIDER** agrees to fully comply with mechanisms set by the **NETWORK** and **PHILHEALTH** to recover amounts in excess of released payments after due reconciliation and evaluation of targets.

1.2. Provision of covered PhilHealth Konsulta with SDG-Related Benefits Package services.

The **K+SDG PROVIDER** agrees to:

- 1.2.1. Render healthcare services stipulated in PhilHealth Circular No. _____ as listed in Annex A.1: List of Services under the PhilHealth Konsulta with SDG-Related Benefits Package to its registered Konsulta members.

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- 1.2.2. Maintain a high level of service satisfaction among registered beneficiaries as evidenced by results of patient feedback or satisfaction surveys.
- 1.2.3. Treat registered 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.
- 1.2.4. Establish and institutionalize a functional referral system, which shall ensure that **PHILHEALTH** member-patients are initially managed by competent health workers in the PhilHealth Konsulta with SDG or the primary care facility prior to being referred to APCPs or any other PhilHealth-accredited health facilities within or, if necessary, outside the network of providers.
- 1.2.5. Ensure portability and availability of all PhilHealth Konsulta with SDG-related services to all **PHILHEALTH** members and dependents within its network of providers.

1.3. Assurance of service delivery capacity of affiliate providers.

The **K+SDG PROVIDER** guarantees that:

- 1.3.1. Its affiliate providers (facilities and professionals) are collectively capable of managing all beneficiaries registered with the K+SDG Provider and shall deliver services within acceptable standards of care (e.g., clinical practice guidelines) and follow appropriate referral pathways.
- 1.3.2. All its affiliate health care providers/workers, as applicable, have the required competencies and possess proper credentials and certifications, and are given appropriate compensation/privileges in accordance with its policies and procedures.

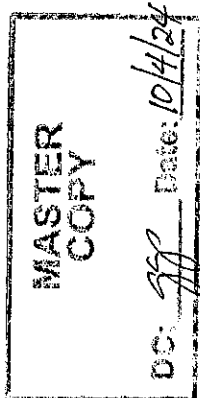
1.4. Assurance of frontloaded payment to affiliate member providers.

The **K+SDG PROVIDER** ensures that provider agreements itself and APCPs shall specify a prompt payment requirement, the terms and conditions of which are developed and agreed to by the **K+SDG PROVIDER** with its APCPs.

1.5. Maintenance of a management information system.

The **K+SDG PROVIDER** ensures that:

- 1.5.1. The **K+SDG PROVIDER** maintains an updated registry of all its beneficiaries (including newborns) and a database of all services rendered (such as, but not limited to, drugs, labs, auxiliary services, and professional fees), which shall be made available to the **NETWORK** and **PHILHEALTH** or any of its authorized personnel upon request.
- 1.5.2. The **K+SDG PROVIDER** maintains an updated registry of all health workers (e.g., navigators, physicians, nurses, midwives, dentists) including their fields of practice, PRC licenses, DOH Certifications, official email addresses, and mobile phone numbers,



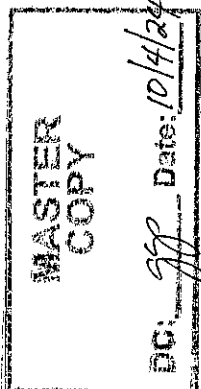
which shall be made available to the **NETWORK** and **PHILHEALTH** upon request.

- 1.5.3. True and accurate data are electronically encoded to update patients' electronic medical records and within the information systems of all APCPs, to include all health-related information such as laboratory/diagnostic examinations, medications/drugs, and supplies used in the care of the patient, which shall be made available to the **NETWORK** and **PHILHEALTH** through the Health Information Exchange.
- 1.5.4. It shall only transmit true and legitimate records and reports, comply with the period of submission, and follow the report format as prescribed in **PHILHEALTH** Circulars.

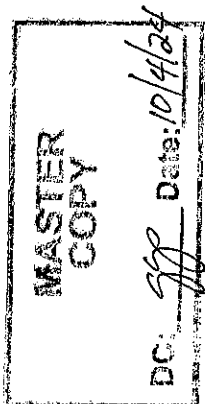
1.6. Compliance with pertinent laws/policies and miscellaneous provisions and full cooperation during regular surveys/administrative investigations/ domiciliary visitations.

The **K+SDG PROVIDER** commits that:

- 1.6.1. As responsible manager(s) and/or owner(s) of the **K+SDG PROVIDER**, the **K+SDG PROVIDER** as the chief facility among the providers within the PCPN, the representatives of the **K+SDG PROVIDER**, and the **K+SDG PROVIDER'S** affiliate facilities, shall be jointly and severally liable for all violations committed against the provisions of R.A. No. 7875, as amended, and RA. No. 11223 (UHC Act) including its Implementing Rules and Regulations (IRR) and **PHILHEALTH** policies issued pursuant thereto.
- 1.6.2. It shall promptly inform the **NETWORK** prior to any change in the ownership and/or management of the PCPN or any of its member providers and shall wait for the acknowledgement and approval prior to any changes.
- 1.6.3. Any change in ownership and/or management of the K+SDG Provider or any of the affiliate healthcare facilities listed under the PCPN Facilities and Respective Services shall immediately be notified to the **NETWORK** within ten (10) working days, and shall 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 the **NETWORK** as a **K+SDG PROVIDER**.
- 1.6.5. It shall abide by all the implementing rules and regulations, memorandum circulars, special orders, advisories, and other administrative issuances by **PHILHEALTH** affecting the totality or part of the functions of a PCPN.
- 1.6.6. It shall abide by all administrative orders, circulars and other policies, rules, and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of a **K+SDG PROVIDER** engaged by **PHILHEALTH**.



- 1.6.7. It shall adhere to pertinent statutory laws affecting the operations of a PCPN 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 the **NETWORK, 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 **NETWORK, PHILHEALTH**, and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by the **NETWORK and 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 the contracted primary care provider of the NHIP that may be prejudicial or tend to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; provided that the **K+SDG PROVIDER'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 its operations as contracted health care providers 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 the **NETWORK and PHILHEALTH**, unless proven to be a palpable mistake or excusable error.
- 1.6.12. It shall comply with the **NETWORK's** and **PHILHEALTH's** summons, subpoenas, subpoena 'duces tecum', and other legal or quality assurance processes and requirements.
- 1.6.13. It shall recognize the authority of the **NETWORK** and **PHILHEALTH**, their officers and personnel and/or their 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 the **NETWORK** and **PHILHEALTH's** corrective actions given after monitoring activities within the prescribed period.
- 1.6.15. It shall agree to return 100% of the overpayment of capitation or any disbursed fund.



- 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 nor improper practices as contracted health care providers 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 to be unnecessary financial gain rather than promotion of the NHIP.
- 1.6.18. It shall immediately report to the **NETWORK**, its officers, and/or to any of its personnel, any act of illegal, improper, and/or unethical practices of networks and health care institutions of the NHIP that may have come to its knowledge directly or indirectly.
- 1.6.19. It shall recognize **NETWORK**'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 **PHILHEALTH** members and their dependents were made to pay for healthcare services provided within the context of the PCPN, except for the annual one-time payment of the fixed co-pay in private PhilHealth Konsulta facilities
- 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. NETWORK'S OBLIGATIONS

- 2.1. For and in consideration of the PhilHealth Konsulta with SDG-related services rendered to its registered members, the **NETWORK** shall pay the maximum contract amount to the **K+SDG PROVIDER** amounting to **[AMOUNT IN WORDS] (Php _____)**, inclusive of all applicable taxes, upon being contracted as the health care provider for the [name of province/city].
 - 2.1.1. The **NETWORK** shall pay the **K+SDG PROVIDER** with the corresponding schedule of payment and conditions for payment releases specified in the payment schedule stated in "Annex K: Benefit Rates and Payment for PhilHealth Konsulta with SDG-Related Benefits Package" of PhilHealth Circular No. _____ or the Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package (*Revision 1*)
 - 2.1.2. The **NETWORK** shall be responsible for computing the money value of the tranche payments based on the services provided by the PCPN.

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- 2.1.3. The **NETWORK** shall *prepare the motion of* appeals for payment for beneficiaries *with First Patient Encounter (FPE)* in excess of [number of beneficiaries used in calculating the contract amount], provided that all required documents are submitted.
- 2.2. The **NETWORK** shall ensure the timely release of first tranche payments to the **K+SDG PROVIDER** not later than the first fifteen (15) *calendar* days of facility operation and following the payment schedule prescribed in the guidelines for the other tranches.
- 2.3. The **NETWORK** shall address the concerns of the **K+SDG PROVIDER** and issue clarifications as needed to facilitate benefit implementation.
- 2.4. The **NETWORK** shall provide the **K+SDG PROVIDER** with regular updates and orientation on **PHILHEALTH** policies and guidelines.
- 2.5. The **NETWORK** shall assist the **K+SDG PROVIDER** to ensure interoperability and connectivity with **PHILHEALTH** databases to support innovations and initiatives.
- 2.6. The **NETWORK** shall conduct scheduled and/or random on-site or virtual validation visits to observe the actual implementation of the innovation. The **NETWORK** shall provide the results of the monitoring and assessment to the **K+SDG PROVIDER** 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:

- Abuse in the operations of the **K+SDG PROVIDER**,
- Fraud committed by the **K+SDG PROVIDER**,
- Request from the **K+SDG PROVIDER** to pre-terminate the implementation due to unsustainable and/or unfeasible benefit implementation

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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 prior 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. PROPER HANDLING OF DATA

*The **Parties** shall strictly abide with the Data Privacy Law and related statutory rules on handling of personal information.*

11. EXCLUSIVE AGREEMENT

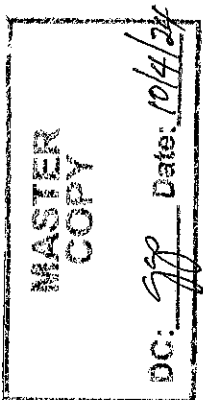
The provision of the **NETWORK** to provide PhilHealth Konsulta with SDG-related services requires the PhilHealth Konsulta SDG provider to be a chief facility in only one primary care provider network (PCPN).

12. GOVERNING LAW AND VENUE OF ACTION

This Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines and all PhilHealth circulars and issuances on the PhilHealth Konsulta with SDG-Related Benefits Package *Revision 1* (PhilHealth Circular No. _____) 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.

13. 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.

Governor/Mayor
LGU _____

Representative of the K+SDG PROVIDER
Provider Name _____

WITNESSES:

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

Doc No. _____
Page No. _____
Book No. _____
Series of _____

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**Annex C: Template of Certification of Service
Delivery Support for the K+SDG Package**

Insert Logo and Letterhead of the Referral Facility (APCP)

CERTIFICATION OF SERVICE DELIVERY SUPPORT

(PhilHealth Konsulta+SDG Services)

This is to certify that our institution is duly licensed/certified by the Department of Health (DOH) and is engaged as an affiliate primary care provider (APCP) of the [insert name of K+SDG Provider] for the PhilHealth Konsulta with Sustainable Development Goals (SDG) - Related Benefits Package during [insert period of engagement].

As an engaged APCP and service delivery partner, we agree and commit to provide the following services to the referred K+SDG beneficiary in behalf of the K+SDG Provider:

[List down the applicable set of health services that shall be provided]

CLINICAL LABORATORY

- | | |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> CBC with platelet count | <input type="checkbox"/> Oral Glucose Tolerance Test |
| <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Serum Creatinine |
| <input type="checkbox"/> Fecalalysis | <input type="checkbox"/> Lipid Profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides) |
| <input type="checkbox"/> Sputum Microscopy | <input type="checkbox"/> 12-Lead ECG |
| <input type="checkbox"/> Fecal Occult Blood Test | <input type="checkbox"/> Chest X-ray (all views) |
| <input type="checkbox"/> Pap smear or VIA | <input type="checkbox"/> Mammogram |
| <input type="checkbox"/> HbA1C | <input type="checkbox"/> Ultrasound (upper abdomen, pelvic and breast only) |
| <input type="checkbox"/> Fasting Blood Sugar | |

TUBERCULOSIS

- | | |
|----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Treatment Regimen |
| <input type="checkbox"/> Health Counseling and Education | 1. Rifampicin + Isoniazid |
| <input type="checkbox"/> Contact Tracing | 2. Rifampicin + Isoniazid + Ethambutol + Pyrazinamide |
| <input type="checkbox"/> Rapid Diagnostic Test (Xpert MTB RIF) | 3. Isoniazid |
| | <input type="checkbox"/> Directly Observed Therapy and follow-up |

MALARIA

- | | |
|----------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Malaria Combo RDT Test Kit |
| <input type="checkbox"/> Health Counseling and Education | <input type="checkbox"/> Treatment Regimen (Artemether + Lumefantrine) |

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ANIMAL BITE/RABIES

- Consultation
- Health Counseling and Education
- Treatment Regimen
 1. Rabies Vaccine (PVRV)
 2. Rabies Immune Globulin
 3. Tetanus toxoid
 4. Anti-tetanus serum (ATS)

HIV/AIDS

- Consultation
- Health Counseling and Education
- Opportunistic Screening:
 1. HIV RDT-1
 2. Hepatitis B surface antigen
- Rapid Diagnostic Tests
 1. Sysmex HISCL HIV Ag+Ab Assay Kit
 2. Alere Determine HIV 1/2
 3. Geenius HIV 1/2 Confirmatory Assay Kit
- Other Laboratories
 1. HIV viral load test (Nucleic Acid Test / NAT)
 2. Drug resistance test to HIV antiretroviral therapy (ART)
 3. CD4 Count or T-cell test

Treatment Regimen

1. Tenofovir
 2. Lamivudine
 3. Dolutegravir
 4. Efavirenz
 5. Rilpivirine
 6. Abacavir
 7. Lopinavir+Ritonavir
 8. Zidovudine
 9. Nevirapine
- Follow-up and SMS Messaging

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Further, this institution shall not charge any fees directly from the referred K+SDG beneficiary but shall create the billing and payment arrangement with the [insert name of K+SDG Provider) for services provided.

This certification is being issued for PhilHealth accreditation and monitoring purposes.

CERTIFIED BY:

Head/Authorized Representative of the APCP
Date Signed: _____

CONCURRED BY:

Head/Authorized Representative of the
K+SDG Facility
Date Signed: _____

Annex D: Certification Documents for APCP

| Facility Type | DOH-License to Operate | DOH- Certificate | Others |
|----------------------------------------------|--------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Animal Bite Treatment Centers | Not required | Required | N/A |
| Clinical Laboratories | Required | Not required | N/A |
| Outpatient HIV-AIDS Treatment Centers | Not required | Required | N/A |
| Outpatient Malaria Package Provider | Not required | Not required | <i>For provinces not yet declared by DOH as malaria-free, Certificate of Training in Malaria Management of a health facility staff issued by DOH or DOH-CHD</i> |
| Pharmacy | Not required | Not required | Requirements as specified in the Implementing Guidelines for the Outpatient Drug Benefit Package |
| Primary Care Facility | Required <i>(waived during implementation in demonstration sites)</i> | Not required | Accredited by PhilHealth |
| TB/DOTS Facilities | Not required | Required | N/A |

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Annex E: Information System Requirements and Specifications

Laptop/Desktop

| Item | Recommended | Minimum |
|------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operating System | Windows 10 or higher | Windows 2008/Vista |
| Web Browser | No Recommendation | The latest release of each of the latest two supported major versions of: - Google Chrome - Firefox - Safari - Microsoft Edge - Opera |
| Memory | 16GB or higher | 8GB |
| Bandwidth | 5 megabits per second or higher | Not less than 3 megabits per second |

Smartphones

| Item | Recommended | Minimum |
|------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operating System | Android 5.1 (Lollipop) or higher, iOS 16 or higher | Android 4.4, iOS 11 |
| Web Browser | No Recommendation | The latest release of each of the latest two supported major versions of: - Google Chrome - Firefox - Safari - Microsoft Edge - Opera |
| Memory | 8GB or higher | Not less than 4GB |
| Bandwidth | 5 megabits per second or higher | Not less than 3 megabits per second |

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Annex F: Self-Assessment Tool for Service Delivery of K+SDG Providers

Name of K+SDG Provider: _____

Address: _____

Ownership of Primary Care Facility: ___ Government ___ Private

Date of Assessment: _____

Previous PhilHealth Accreditation Number (if applicable): _____

I. Accreditation Requirements: Failure to provide even one (1) of the requirements should result in selecting “No”

| ACCREDITATION REQUIREMENTS | APPLICANT | | PRO (SURVEYOR) | | REMARKS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----------------|----|---------|
| | YES | NO | YES | NO | |
| <p>Completed Documentary Requirements of K+SDG Provider:</p> <ol style="list-style-type: none"> 1. Provider Data Record 2. Notarized Performance Commitment 3. Completed Self-Assessment Tool 4. Payment Receipt of Accreditation Fee (PhP 2,000.00)** 5. Certified true copy of LTO from the DOH** 6. <i>Certification of Service Delivery Support between the K+SDG Provider and APCPs</i> 7. Proof of Accreditation for Medical Director or Head of Facility <ul style="list-style-type: none"> • If the medical director or head of facility is not yet accredited, an application for PhilHealth accreditation should be submitted along with the application of the health facility. | | | | | |

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| ACCREDITATION REQUIREMENTS | APPLICANT | | PRO (SURVEYOR) | | REMARKS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----------------|----|---------|
| | YES | NO | YES | NO | |
| <p>8. For health facilities owned by partnerships and/or corporations: Articles of Incorporation and updated General Information Sheet (GIS)</p> <p><i>**Item numbers 4 and 5 are not required during implementation in demonstration sites</i></p> | | | | | |
| <p>Completed Documentary Requirements for <u>ALL</u> Affiliate Primary Care Providers:</p> <ol style="list-style-type: none"> <i>Certification of Service Delivery Support</i> between K+SDG Provider and APCPs** Certification Documents of APCP For health facilities owned by partnerships and/or corporations: Articles of Incorporation and updated General Information Sheet (GIS) <p><i>**Not required for K+SDG Provider and APCP/s with single ownership</i></p> | | | | | |
| <p>Engaged facility to provide all clinical laboratory services:</p> <ol style="list-style-type: none"> CBC with platelet count Urinalysis Fecalysis Sputum Microscopy Fecal Occult Blood Test Pap smear <i>or visual inspection with ascetic acid (VIA)</i> HbA1C Fasting Blood Sugar Oral Glucose Tolerance Test Serum Creatinine Lipid Profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides) | | | | | |

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| ACCREDITATION REQUIREMENTS | APPLICANT | | PRO (SURVEYOR) | | REMARKS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----------------|----|---------|
| | YES | NO | YES | NO | |
| 12. 12-Lead ECG 13. Chest X-ray (all views) 14. Mammogram 15. Ultrasound (upper abdomen, pelvic and breast only) | | | | | |
| Engaged facility to provide all tuberculosis-related services: <ol style="list-style-type: none"> 1. Consultation 2. Health Counseling and Education 3. Contact Tracing 4. Rapid Diagnostic Test (Xpert MTB RIF) 5. Treatment Regimen <ol style="list-style-type: none"> a. Rifampicin + Isoniazid b. Rifampicin + Isoniazid + Ethambutol + Pyrazinamide c. Isoniazid 6. Directly Observed Therapy and follow-up | | | | | |
| Engaged facility to provide all HIV/AIDS-related services: <ol style="list-style-type: none"> 1. Consultation 2. Health Counseling and Education 3. Opportunistic Screening: <ol style="list-style-type: none"> a. HIV RDT-1 b. Hepatitis B surface antigen 4. Rapid Diagnostic Tests <ol style="list-style-type: none"> a. Sysmex HISCL HIV Ag+Ab Assay Kit b. Alere Determine HIV 1/2 c. Geenius HIV 1/2 Confirmatory Assay Kit 5. Treatment Regimen <ol style="list-style-type: none"> a. Tenofovir | | | | | |

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| ACCREDITATION REQUIREMENTS | APPLICANT | | PRO (SURVEYOR) | | REMARKS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----------------|----|---------|
| | YES | NO | YES | NO | |
| <ul style="list-style-type: none"> b. Lamivudine c. Dolutegravir d. Efavirenz e. Rilpivirine f. Abacavir g. Lopinavir+Ritonavir h. Zidovudine i. Nevirapine 6. Other Laboratories <ul style="list-style-type: none"> a. HIV viral load test (Nucleic Acid Test / NAT) b. Drug resistance test to HIV antiretroviral therapy (ART) c. CD4 Count or T-cell test 7. Follow-up and SMS Messaging | | | | | |
| Engaged facility to provide all malaria-related services: <ul style="list-style-type: none"> 1. Consultation 2. Health Counseling and Education 3. Malaria Combo RDT Test Kit 4. Treatment Regimen (Artemether + Lumefantrine) | | | | | |
| Engaged facility to provide all animal bite/rabies-related services: <ul style="list-style-type: none"> 1. Consultation 2. Health Counseling and Education 3. Treatment Regimen <ul style="list-style-type: none"> a. Rabies Vaccine (PVRV) b. Rabies Immune Globulin c. Tetanus toxoid d. Anti-tetanus serum (ATS) | | | | | |

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III. Health Care Providers: To include all health facilities for the K+SDG Package

Name of Facility: _____

| Name | Sex | PhilHealth Accreditation Number (PAN) (if applicable) | PRC Number (if applicable) | Validity 1. PAN 2. PRC | Role in the Facility |
|------|-----|-------------------------------------------------------|----------------------------|------------------------------|----------------------|
| | | | | | |
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 [Signature]

I hereby certify that all information given is based on the records of the applicant K+SDG Provider.

 Name and Position of the Representative of the K+SDG Provider

 Date Signed

Annex G: Template of Informed Consent Form

INFORMED CONSENT FORM

I, _____, with a mailing address
(Name of beneficiary)
of _____ and PhilHealth Identification Number
(PIN) _____ grant permission and give my consent
to PhilHealth _____ for the use of my personal
(Name of Primary Care Provider Network)
information and photo as one of the requirements in the availment of PhilHealth
Konsulta with SDG-Related Benefits Package.

My registration and participation in the PhilHealth Konsulta with SDG-Related Benefits Package is completely voluntary and I have had the opportunity to ask questions pertaining to the benefit and all were answered accordingly.

I am fully aware that the photo and other data solicited from me during the registration and/or consultation will be used for purposes related to Konsulta+SDG implementation such as, but not limited to, benefit availment, monitoring and evaluation, and provider payment. All information obtained will be treated with confidentiality following rules stipulated within Republic Act No. 10173, otherwise known as the Data Privacy Act.

Further, by signing below, I hereby authorize PhilHealth and the provider network to save my information and photograph.

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Name of Beneficiary

Signature

Date

Annex H: Template of Service Referral Form

Service Referral Form for K+SDG Package

PhilHealth Konsulta with SDG Facility:

Transaction No.: _____ Date of Referral: _____

Patient Name: _____ Age: _____ Sex: _____

PIN: _____ Contact No.: _____

***To be filled out by the primary care provider:**

| Service Referral Request | | | |
|----------------------------------------------------------------------|------------------------|----------------------------------------------------|--------------------------------------------------|
| Referred Service Requested | Facility Name/Type | Date of Referred Service Availment (mm/dd/yyyy) | Performed by (Initials of HCP/PCP/Technician) |
| Example: 1. Laboratories CBC with PC, Sodium, and Fecalysis | Clinical Laboratory | 02/01/2024 | JDC |
| 2. | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| |
|--------------------------------------------------|
| Expected Follow-up at K+SDG Provider: |
| Name and Signature of the Primary Care Provider: |

**Service Referral Form – evidence of referral for availment of services by the eligible beneficiary outside of the PhilHealth Konsulta with SDG facility but within the same Primary Care Provider Network.

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 Date: 10/4/24
 JJC

Annex I: Template of Service Availment Slip (SAS)

Service Availment Slip for K+SDG Package

PhilHealth Konsulta with SDG or Affiliate Facility:

Patient Name: _____ Age: _____ Sex: _____

PIN: _____ Contact No.: _____

***To be filled out by the facility:**

| Services Provided | | | |
|-----------------------------|------------------------------------|-----------------------------|-------------------------------------------|
| Service / Diagnostics | Performed (✓) Not Performed (X) | Date Performed (mm/dd/yyyy) | Performed by (Initials of HCP/Technician) |
| Example: 1. Consultation | ✓ | 02/01/2024 | JDC |
| 2. | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Medications Provided | | | | |
|-------------------------------|-----------------------------------|---------------|--------------------|-----------------------------|
| Name | Medicine Strength / Form / Volume | Route | Quantity Dispensed | Date Dispensed (mm/dd/yyyy) |
| Example: 1. Tetanus toxoid | 150 IU/mL, 2 mL ampoule | Intramuscular | 1 ampoule | 02/01/2024 |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

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| Medications Provided | | | | |
|--------------------------------------------------|-----------------------------------|-------|------------------------------|-----------------------------|
| Name | Medicine Strength / Form / Volume | Route | Quantity Dispensed | Date Dispensed (mm/dd/yyyy) |
| Name and Signature of the Prescribing Physician: | | | License No.: | |
| Name and Signature of the Dispensing Personnel: | | | Name of Dispensing Facility: | |

***To be filled out by the beneficiary:**

1. Did you receive the above-mentioned essential services? Yes No
2. Did you receive the above-mentioned medications? Yes No Not Applicable

Comments/Suggestions/Complaints:

Under the penalty of law, I attest that the information I have provided in this slip is true and accurate. Further, I agree that I may be contacted by PhilHealth for the sole purpose of verification of this transaction.

MASTER COPY

IC: Date: 10/4/24

Signature over Printed Name of Beneficiary

** Service Availment Slip (SAS) – evidence of availment of services by the eligible beneficiary. This will be generated by the health facility for every patient encounter, and to be submitted to PhilHealth.

**Annex J: Template of SLA Between the
K+SDG Provider and APCP**

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:

[PHILHEALTH KONSULTA WITH SDG PROVIDER NAME] a primary care facility or rural health unit duly recognized by the Department of Health (DOH) and existing under the laws of the Republic of the Philippines, with principal address at *[insert Address]* represented herein by its *[insert Position of Representative]*, *[insert NAME]*, (hereinafter called “**K+SDG PROVIDER**”)

-and-

[AFFILIATE PRIMARY CARE PROVIDER NAME] a healthcare facility with a license to operate or certification from the *[insert certifying agency]* issued on *[insert Date]*, providing ancillary services for the **K+SDG PROVIDER**, and existing under the laws of the Republic of the Philippines, with principal address at *[insert Address]* represented herein by its *[insert Position of Representative]*, *[insert NAME]*, (hereinafter called “**AFFILIATE FACILITY**”)

(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, the **Philippine Health Insurance Corporation (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, **PHILHEALTH** has published PC No. _____ or the Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package (*Revision 1*) which details the scope, policies, and mechanisms by which **PHILHEALTH** shall provide coverage for an integrated primary care package infused with select SDG-related services to provide a more comprehensive set of outpatient health services for its members;

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DC: *gff*

Date: 10/14/24

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), **PHILHEALTH**, and the local government units (LGUs) to endeavor to provide a healthcare 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 healthcare delivery system;

WHEREAS, the **K+SDG PROVIDER** refers to the health facility that primarily delivers primary care services for the PhilHealth Konsulta with SDG-Related Benefits Package of PhilHealth (and is duly-licensed by DOH);

WHEREAS, the **K+SDG PROVIDER** shall act as chief facility within the provider network, ensuring patient navigation, first-contact, continuing, and comprehensive care for all persons who are either diagnosed or undiagnosed, presenting with any health concern;

WHEREAS, the **K+SDG PROVIDER** shall ensure all health services outlined in the implementing guidelines of PhilHealth Konsulta with SDG-Related Benefits Package are made available and accessible within their own facility or through the affiliate primary care providers for those beyond its capacity;

WHEREAS, the **Affiliate Primary Care Provider (APCP) or the AFFILIATE FACILITY** refers to the provider of ancillary health care services to support the service delivery of the **K+SDG PROVIDER**;

WHEREAS, the **AFFILIATE FACILITY** is a licensed or certified healthcare facility with defined and specific competencies, organized to deliver specific services in a coordinated and integrated manner with the **K+SDG PROVIDER**;

WHEREAS, the **AFFILIATE FACILITY** is willing to participate in the implementation of the integrated PhilHealth Konsulta with SDG-Related Benefits Package by providing ancillary services listed in this Agreement which are within the PhilHealth Konsulta with SDG-Related Benefits Package;

WHEREAS, the *DOH Administrative Order No. 2020-0047A or the "Amendment to Administrative Order (A.O.) No. 2020-0047 entitled Rules and Regulations Governing the Licensure of Primary Care Facilities in the Philippines,"* states that ancillary services may be outsourced with DOH or FDA-licensed facilities;

WHEREAS, both parties have agreed that the **AFFILIATE FACILITY** shall provide services to the patients referred/or prescribed by the **K+SDG PROVIDER**.

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:

MASTER COPY
DC: [Signature] Date: 10/14/24

I. SERVICES OF THE AFFILIATE FACILITY (Negotiable)

1. The **AFFILIATE FACILITY** is a duly-licensed and/or certified healthcare facility with *existing* agreement to the **K+SDG PROVIDER** to provide ancillary services related to the PhilHealth Konsulta with SDG-Related Benefits Package. *Attached is an original copy of the Certification of Service Delivery Support containing the agreed upon services as executed by both Parties on [insert date].*

II. RESPONSIBILITIES OF PHILHEALTH KONSULTA WITH SDG PROVIDER

1. Render medical consultations to patients and exhaust all possible services within its capacity prior to referral;
2. Ensure that PhilHealth Konsulta with SDG-related services are made available to a **maximum of _____ (number) of PhilHealth Konsulta with SDG beneficiaries**, considering its maximum absorptive capacity of 20,000 per physician, for the entire PCPN;
3. Maintain a high level of service satisfaction among referred beneficiaries as evidenced by results of patient feedback or satisfaction survey;
4. Treat referred beneficiaries with utmost courtesy and respect, assist them in availing benefits, and provide them with accurate information;
5. Comply with PhilHealth Circular (PC) No. _____ or the Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package (*Revision 1*);
6. Comply with DOH and PhilHealth standards and rules in the provision of the committed services;
7. Comply with the prescribed referral mechanisms and ensure an operational and complete referral network as lead provider;
8. Provide a signed request to patients needing radiologic and/or clinical laboratory tests to patients;
9. Maintain an updated registry of all its PhilHealth Konsulta with SDG beneficiaries (including newborns) and a database of all services rendered (such as, but not limited to, drugs, labs, auxiliary services, and professional fees);
10. Encode true and accurate data and share access in accordance with R.A. No. 10173 or the Data Privacy Act of 2012;
11. Provide updates to the **AFFILIATE FACILITY** for related concerns within this Agreement;
12. Shall develop payment terms and agreements with the **AFFILIATE FACILITY**, to be attached with this Agreement, including the schedule and conditions, and ensure timely and accurate payment for the services provided of referred patients.

III. RESPONSIBILITIES OF AFFILIATE FACILITY

1. Provide quality services as agreed upon and listed within this Agreement;
2. Provide the necessary and appropriate health services to a **maximum of _____ (number) of PhilHealth Konsulta with SDG beneficiaries**;

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DC: *fff* Date: 10/4/24

3. Render healthcare services aligned with the clinical practice guidelines and follow appropriate referral pathways;
4. Maintain a high level of service satisfaction among referred beneficiaries as evidenced by results of patient feedback or satisfaction survey;
5. Treat referred beneficiaries with utmost courtesy and respect, assist them in availing benefits, and provide them with accurate information;
6. Comply with PhilHealth Circular (PC) No. _____ or the Implementing Guidelines for the PhilHealth Konsulta with SDG-Related Benefits Package (*Revision 1*);
7. Comply with DOH and PhilHealth standards and rules in the provision of the committed services;
8. Under this Agreement, accept PhilHealth Konsulta with SDG beneficiaries that were duly referred to by the **K+SDG PROVIDER**. Therefore, patients not duly referred will be treated as individual and direct clients of the **AFFILIATE FACILITY** and shall not be paid by the **K+SDG PROVIDER**;
9. Give due notice to the Healthcare Provider Network (HCPN) and the **K+SDG PROVIDER** if any service is not available;
10. Maintain an updated registry of all its beneficiaries (including newborns) and a database of all services rendered (such as, but not limited to, drugs, labs, auxiliary services, and professional fees);
11. Encode true and accurate data and share access in accordance with R.A. No. 10173 or the Data Privacy Act of 2012;
12. Shall not charge and demand any form of payment from referred patients by the **K+SDG PROVIDER**; and,
13. Shall be paid based on the agreed amount under the PAYMENT AGREEMENTS.

IV. PAYMENT TERMS (Negotiable)

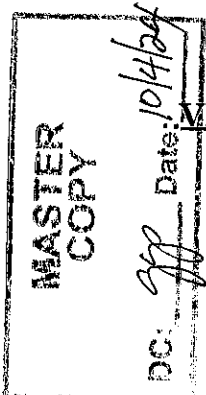
1. Payment for the services rendered by the **AFFILIATE FACILITY** shall follow:
[Enumerate payment terms amenable to both **Parties**]
2. Payment terms enlisted are agreed upon by both **Parties** signed into this agreement.
3. Financial and accounting matters shall be subjected to the usual auditing rules of both facilities.

V. AMENDMENTS AND MODIFICATIONS

No amendment or modification on 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**.

VI. 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.



VII. TERM AND TERMINATION

The Term of this Agreement shall be valid from _____ to _____ **December 31st of the same calendar year.**

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

- Abuse in the operations of the **AFFILIATE FACILITY**,
- Fraud committed by the **AFFILIATE FACILITY**,
- Request from the **AFFILIATE FACILITY** to pre-terminate the implementation due to unsustainable and/or unfeasible benefit implementation

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

VIII. 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.

IX. ASSIGNABILITY

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

X. 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.

XI. 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.

XII. PROPER HANDLING OF DATA

The **AFFILIATE FACILITY** shall *strictly abide* with the Data Privacy Law and *related statutory rules on handling of personal information*.

XIII. GOVERNING LAW AND VENUE OF ACTION

This Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines and all PhilHealth circulars and issuances on the PhilHealth Konsulta with SDG-Related Benefits Package *Revision 1* (PhilHealth Circular No. _____) 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,

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 Date: 10/14/24
 CC: [Signature]

without prejudice to the settlement of dispute through amicable settlement or alternative dispute resolution mechanisms under existing laws.

XIV. 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.

Representative of the K+SDG Provider

Representative of the Affiliate Facility

Provider Name

Facility Name

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Date: 10/1/24

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 _____

Annex K: Benefit Rates and Payment for PhilHealth Konsulta with SDG-Related Benefits Package

Payment to K+SDG Providers will be through Capitation and Case-Based. The benefit rates will be:

- a) The total capitation component is at **PhP 2,100.00** per beneficiary, both for public and private providers.
 - i) The capitation amount shall be given to the K+SDG Providers in **two (2) tranches**. The K+SDG Provider shall receive **PhP 1,400.00** for the first tranche and **PhP 700.00** for the second tranche.
- b) The Case-Based component for Malaria Outpatient Package will be at **PhP 780.00**.
- c) Private K+SDG providers may charge an annual co-payment fee not exceeding **PhP 900.00** per beneficiary.

Payments will be disbursed in tranches with different schedule and method during the first year and succeeding years.

Summary of Benefit Payment Schedule

Table K.1. Initial Year (2025)

| 2025 | Tranche 1 | Tranche 2 | Malaria claims |
|------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Provider Payment Applicable | Capitation (PhP 1,400) | Capitation (PhP 700) | Case-based (PhP 780) |
| Payout Period | Monthly (Within fifteen (15) calendar days from the last day of the previous month) | Semi-annual; Within July 1-15 and January 1-15, 2026 | Semi-annual; Within July 1-15 and January 1-15, 2026 |
| Basis for Payment | Actual number of beneficiaries with FPE | Number of beneficiaries with completed MHRA | Per claim of malaria services |
| Formula | CAPITATION PhP 1,400 x No. of actual beneficiaries with FPE | CAPITATION PhP 700 x No. of beneficiaries with FPE+MHRA | CASE-BASED as applicable Case Rate for Malaria (PhP 780) x Actual Benefit Utilization |

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Table K.2. Succeeding Years (2026 onwards)

| 2026 onwards | Tranche 1 | | Tranche 2 | Malaria claims |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| | Frontloaded | Additional FPE | | |
| Provider Payment Applicable | Capitation (PhP 1,400) | Capitation (PhP 1,400) | Capitation (PhP 700) | Case-based (PhP 780) |
| Payout Period | Within fifteen (15) calendar days from start date of contract | Semi-annual; Within July 1-15 and January 1-15 of the succeeding year | | |
| Basis for Payment | Number of beneficiaries with both FPE and MHRA from the previous year | Additional beneficiary with FPE beyond the total count used to estimate the front loaded amount | Number of beneficiaries with completed MHRA during the applicable period | Per claim of malaria services |
| Formula | <u>CAPITATION</u> PhP 1,400 x No. of Beneficiaries with FPE+MHRA from the previous year | <u>CAPITATION</u> PhP 1,400 x No. of new FPE beyond the No. of Beneficiaries Used to Estimate the Front loaded Amount | <u>CAPITATION</u> PhP 700 x No. of beneficiaries with FPE+MHRA | <u>CASE-BASED</u> as applicable Case Rate for Malaria x Actual Benefit Utilization |

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Table K.3. Sample Computation for Initial Year of Implementation (2025)

| Month | No. of Beneficiaries Provided with Actual Services | | Calculation for Tranche 1 (FPE x 1,400) ** | Payout Period for Tranche 1 and Malaria Claims ** | Calculation for Tranche 2 (MHRA x 700) | Payout Period for Tranche 2 |
|--------------|----------------------------------------------------|--------------|--------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------|
| | FPE | MHRA | | | | |
| January | 500 | 400 | $500 \times 1,400 = 700,000$ | February 1-15 | Total MHRA from January to June = 4,050 $4,050 \times \text{PhP } 700 = \text{PhP } 2,835,000$ | July 1-15 |
| February | 700 | 750 | $700 \times 1,400 = 980,00$ | March 1-15 | | |
| March | 800 | 700 | $800 \times 1,400 = 1,120,000$ | April 1-15 | | |
| April | 600 | 700 | $600 \times 1,400 = 840,000$ | May 1-15 | | |
| May | 800 | 800 | $800 \times 1,400 = 1,120,000$ | June 1-15 | | |
| June | 900 | 700 | $900 \times 1,400 = 1,260,000$ | July 1-15 | | |
| July | 1,000 | 1,200 | $1,000 \times 1,400 = 1,400,000$ | August 1-15 | Total MHRA from July to December = 5,750 $5,750 \times \text{PhP } 700 = \text{PhP } 4,025,000$ | January 1-15 (of the succeeding year) |
| August | 1,200 | 1,100 | $1,200 \times 1,400 = 1,680,000$ | September 1-15 | | |
| September | 700 | 650 | $700 \times 1,400 = 980,000$ | October 1-15 | | |
| October | 900 | 950 | $900 \times 1,400 = 1,260,000$ | November 1-15 | | |
| November | 1,500 | 1,300 | $1,500 \times 1,400 = 2,100,000$ | December 1-15 | | |
| December | 600 | 550 | $600 \times 1,400 = 840,000$ | January 1-15 (of the succeeding year) | | |
| TOTAL | 10,200 | 9,800 | PhP 14,280,00 | - | PhP 6,860,000 | - |

* To include payment per claim of malaria services, as applicable. Calculation for malaria claims = number of claims x PhP 780 case rate

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Table K.4. Sample Computation for Succeeding Years of Implementation (2026 onwards)

I. Tranche 1 (PhP 1,400) Payment and Schedule

| Front loaded | | | |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------|
| Basis for Payment | No. of Beneficiaries with both FPE and MHRA from the previous year (example: 9,800) | | |
| Calculation for Tranche 1 Payment | No. of Beneficiaries with both FPE and MHRA from the previous year x PhP 1,400 = 9,800 x PhP 1,400 = PhP 13,720,000 | | |
| Payout Period | Within fifteen (15) calendar days from start date of contract | | |
| Additional FPE* | | | |
| Month | No. of Additional FPE | Calculation for Payment (Additional FPE x PhP 1,400) | Payout Period |
| January | 0 | Total Additional FPE from January to June = 0 0 x PhP 1,400 = 0 | July 1-15 |
| February | 0 | | |
| March | 0 | | |
| April | 0 | | |
| May | 0 | | |
| June | 0 | | |
| July | 0 | Total Additional FPE from July to December = 1,400 1,400 x PhP 1,400 = PhP 1,960,000 | January 1-15 (of the succeeding year) |
| August | 0 | | |
| September | 0 | | |
| October | 200 | | |
| November | 700 | | |
| December | 500 | | |
| Total (Additional FPE) | 1,400 | PhP 1,960,000 | - |
| Front loaded amount | | PhP 13,720,000 | - |
| TOTAL FOR TRANCHE 1 | | PhP 15,680,000 | - |

* Beyond the total count used to estimate the front loaded amount

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II. Tranche 2 (PhP 700) Payment and Schedule

| Month | No. of Beneficiaries with MHRA* | Calculation for Payment (MHRA x PhP 700) | Payout Period |
|--------------|---------------------------------|---------------------------------------------------------------------------------|---------------------------------------|
| January | 850 | Total MHRA from January to June = 5,450 5,450 x PhP 700 = PhP 3,815,000 | July 1-15 |
| February | 900 | | |
| March | 700 | | |
| April | 800 | | |
| May | 1,000 | | |
| June | 1,200 | | |
| July | 950 | Total MHRA from July to December = 6,350 6,350 x PhP 700 = PhP 4,445,000 | January 1-15 (of the succeeding year) |
| August | 1,100 | | |
| September | 1,300 | | |
| October | 1,500 | | |
| November | 1000 | | |
| December | 500 | | |
| TOTAL | 11,800 | PhP 8,260,000 | - |

* Assumption is that FPE was done prior to the MHRA.

