



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 709 Shaw Boulevard, Pasig City
 (02) 8662-2588 www.philhealth.gov.ph
 PhilHealthOfficial teamphilhealth

PHILHEALTH CIRCULAR

No. 2024-0024

TO : HEALTH CARE PROVIDERS, HEALTH CARE PROVIDER NETWORKS, LOCAL GOVERNMENT UNITS, PHILHEALTH REGIONAL OFFICES, LOCAL HEALTH INSURANCE OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : Supplemental Guidelines for the Health Care Provider Network (HCPN) Demonstration Program

I. RATIONALE

Republic Act (RA) No. 11223 or the Universal Health Care Act (UHC Act) introduces systems-level reforms that aim to transform the delivery of healthcare in the Philippines. These reforms cover different aspects of the healthcare system, and work to reinforce each other and create an ecosystem that guarantees comprehensive, quality, efficient, and affordable health services.

In line with the vision of the UHC Act, PhilHealth has developed innovative healthcare financing policies. Given the complexity and novelty of these reforms, PhilHealth will initially implement the new policy approaches and interventions within integrated sandbox sites. Health Care Provider Network (HCPN) Demonstration Program, a joint initiative with the Department of Health (DOH), identifies sandbox sites that will serve as the testing grounds for the health financing reforms. PhilHealth Circular (PC) No. 2023-0016 (Guiding Principles for Integrated UHC Benefits and Provider Payment Reforms Sandbox Sites) outlines the guiding principles for conducting sandboxes for health financing policies.

To support these reforms, prospective payment and contracting mechanisms shall be employed. PC No. 2024-0011 (PhilHealth Prospective Payment Mechanisms for Health Care Provider Networks) and PC No. 2024-0015 (Guidelines on Contracting Health Care Provider Networks) provide the guidelines for implementing prospective payment mechanisms in HCPN, and contracting HCPN, respectively. By virtue of PhilHealth Board Resolution No. 2932, s. 2024, the set of benefits to be implemented for Calendar Year (CY) 2024 and 2025 has been approved.

MASTER COPY
 DC: JP Date: 10/16/24



II. OBJECTIVES

This PhilHealth Circular aims to supplement the policies for implementation in HCPN demonstration sites.

III. SCOPE

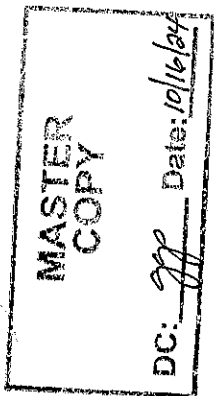
This PhilHealth Circular encompasses the engagement of providers and provider networks, and the benefit packages to be delivered within the HCPN Demonstration Program.

IV. DEFINITION OF TERMS

- A. Health Care Provider Network Demonstration Sites (HCPN Demonstration Sites)** - possible areas for implementation of healthcare financing reforms of the UHC Act as identified and recognized by the Department of Health (DOH) through the Department Circular (DC) No. 2024-0237 (List of Universal Health Care Integration Sites Qualified for Health Care Provider Network Contracting), as amended by DC No. 2024-0344 (Updated List of Universal Health Care Integrated Sites Qualified for Health Care Provider Network Contracting based on the F.Y. 2024 Local Health Systems Maturity Level Mid-Year Report), and its succeeding revisions/amendments.

V. POLICY STATEMENTS

- A. General Provisions for the Health Care Provider Network (HCPN)**
1. To support the implementation of integrated sandbox, also known as the HCPN Demonstration Program, contracting networks shall be allowed to commence during the remaining period of CY 2024. The contract period shall end on December 31, 2024.
 2. The HCPN demonstration for CY 2024 shall be facilitated by the following changes:
 - a. The HCPN demonstration sites shall continue to provide primary care services through the enhanced PhilHealth Konsulta Benefit Package, stipulated in PC No. 2024-0013 (Enhancement of the PhilHealth Konsulta Benefit Package). PhilHealth Konsulta Providers shall maintain their current engagement with PhilHealth.
 - b. In addition to PhilHealth Konsulta, Networks in HCPN demonstration sites shall be contracted and paid for the following:
 - b.1 Inpatient services through the All Case Rates-based Global Budget (ACR-GB) as stipulated in PC No. 2024-0004; and



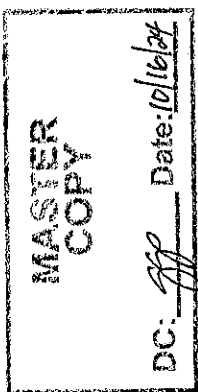
- b.2 Outpatient drug benefit, also known as PhilHealth Guaranteed Access to Medications for Outpatient Treatment (PhilHealth GAMOT) as stipulated in PC No. 2023-0029.
 - c. Benefit packages and services not covered under ACR-GB and PhilHealth GAMOT, including but not limited to outpatient benefits (medical services and procedures provided and performed in less than 24 hours) and Z benefits, shall be paid directly to the member facilities of the Network following the existing rules on payment and engagement.
- 3. Networks in HCPN demonstration sites shall be contracted in CY 2025 for the following:
 - a. Inpatient services through the ACR-GB;
 - b. Outpatient Drug Benefit; and
 - c. K+SDG Benefit (PhilHealth Konsulta, Animal Bite Treatment, Outpatient HIV-AIDS Treatment, Outpatient Anti-Tuberculosis Directly Observed Treatment Short Course [DOTS] Benefit, and Outpatient Malaria Treatment Package).

B. Engagement of HCPN

- 1. A separate contracting process shall be conducted for CY 2024 and CY 2025, following the guidelines in PC No. 2024-0015.
- 2. Any extension to the application period shall be published through a PhilHealth Advisory. This extension includes the provisions in the PhilHealth Advisory No. 2024-0042 (Extension of Deadline for Contracting Health Care Provider Networks for CY 2024).
- 3. The template memorandum of agreement (MOA) and service-level agreement (SLA) shall be revised to include only the provisions for ACR-GB and PhilHealth GAMOT for CY 2024 (Annex A.1 and A.2 for Template MOA and SLA Between PhilHealth and Network for CY 2024, respectively). Annexes A.1 and A.2 repeal the Annexes B.1 and B.2 of PC No. 2024-0015.
- 4. The template MOA and SLA shall be updated to reflect the benefits to be implemented during the succeeding years of HCPN demonstration.
- 5. The PhilHealth President and Chief Executive Officer, as authorized by the PhilHealth Board of Directors, shall provide clearance for each MOA and SLA with a Network for HCPN Demonstration Program.

MASTER COPY
 DC: JJJ Date: 10/16/24

6. The first tranche of payment to the Network shall be released within the first 15 calendar days of the contract period. The payment releases to the member health facilities shall be agreed upon with the Network, and shall be reflected on the respective SLA between the Network and member facilities.
7. The implementation of this policy shall be subject to the accounting guidelines on prospective payment mechanisms of Commission on Audit, and the functionality of benefit's information systems.
8. Contingent to the readiness of the information technology (IT) system to operationalize the benefit, progressive implementation of benefits shall be allowed. The relevant addenda to the SLA shall be executed to reflect any additional benefits.
9. Rolling implementation of the HCPN Demonstration Program shall be allowed. Operational details, including but not limited to the contracting period cycle, shall be issued through a PhilHealth Advisory.
10. The MOA with an Apex hospital shall no longer be required as a primary prerequisite for CY 2025 Network Contracting.
11. The validity of the MOA and SLA between PhilHealth and the Network shall coincide with the outgoing local chief executive's (LCE) term of office on June 30, 2025. A new agreement shall be executed for the incoming LCE beginning July 1, 2025 until December 31, 2025. Reconciliation, in accordance with each benefit guidelines, shall be conducted to determine unutilized funds, if any.
 - a. In case of change in leadership, the newly elected LCE shall enter into a new agreement with PhilHealth.
 - a.1 This new agreement with PhilHealth may be done through execution of new MOA and SLA following the existing contracting process, or through a renewal of MOA, subject to execution of a new SLA.
 - a.2 In the event that the newly elected LCE opts not to continue its Network's previous engagement with PhilHealth, any unutilized fund shall be subjected to PhilHealth Payment Recovery (PPR) Policy.
 - b. If there is no change in leadership, the incumbent LCE may opt to request for renewal of the existing MOA with PhilHealth through a formal written communication, subject to amendment of the existing SLA. Any unutilized fund from the previous agreement shall form part of the succeeding contract amount and shall be stipulated in the new or amended SLA.



- c. Further guidelines regarding the above mentioned scenarios shall be issued through a PhilHealth Advisory.

C. Benefits

1. PhilHealth Guaranteed Access to Medications for Outpatient Treatment (PhilHealth GAMOT)

- a. The CY 2024 implementation of PhilHealth GAMOT shall be facilitated by the following modifications:

- a.1 The 21 medicines and corresponding formulations provided by the enhanced PhilHealth Konsulta shall be removed from the GAMOT Basic Medication List (BML) and GAMOT Application. The beneficiaries shall claim these 21 medicines, as outlined in PC No. 2024-0013, from their respective Konsulta Providers (Annex B.1: List of Medicines Not Included Under PhilHealth GAMOT for CY 2024).

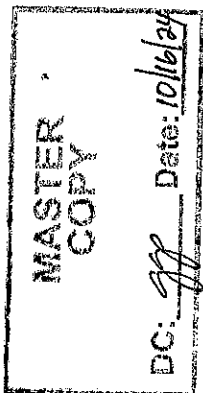
- a.2 PhilHealth Konsulta Physicians shall be granted access to the GAMOT Application to prescribe the remaining 32 medicines and corresponding formulations covered under PhilHealth GAMOT (Annex B.2: List of GAMOT Basic Medication List for CY 2024, Annex B.3: Summary of Basic Medication List Molecules for CY 2024).

- a.3 The 32 medicines and corresponding formulations covered under PhilHealth GAMOT shall be included in the computation of the contract amount.

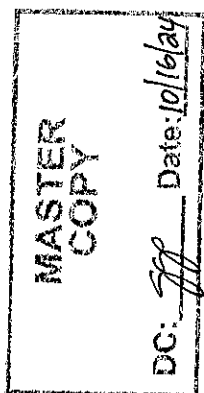
- a.4 The contract amount shall be calculated to cover only the average sales corresponding to the number of months in the engagement (e.g., three [3] months of October - December) (Annex D: GAMOT Contract Amount for CY 2024 Sample Computation).

- a.5 The full contract amount shall be paid to the Network within the first 15 calendar days of the execution of the contract and the necessary operational adjustments shall be done to facilitate such release of the full contract amount as the sole tranche.

- b. The GAMOT BML shall be updated to cover all formulations stipulated in PC No. 2024-0013, including the thirteen (13) drug formulations that are not within the Primary Care Formulary (Annex C: Additional 13 Formulations for PhilHealth GAMOT for CY 2025). A PhilHealth Advisory shall be issued to reflect the updated GAMOT BML and the corresponding fixed fee schedule.

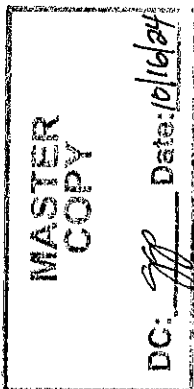


- c. Free-standing facilities (e.g., retail drug stores/pharmacies, FOURmula One Plus Botika ng Bayan [BNB] outlets of the DOH) and infirmaries with licensed pharmacies having less than three (3) years but at least one (1) year of operations shall be exempted from 3-year operations requirement and may apply as GAMOT providers. The contract amount shall be estimated based on the annual sales for those facilities with 1 year of operations, and average annual sales for those facilities with 2 years of operations.
 - d. The GAMOT contract amount shall be computed by multiplying all the medication's fixed fee schedule with its average volume of sales for the most recent three years, as applicable. Annex D: GAMOT Contract Amount for CY 2024 Sample Computation shall repeal the Annex H of PC 2023-0029.
 - e. The prospective payment to the Network for GAMOT shall be released in tranches and shall be guided by the following rules:
 - e.1 The first tranche shall be 60% of the contract amount and shall be released within the first 15 calendar days of the contract period.
 - e.2 The second tranche shall be 30% of the contract amount and can be requested upon 60% consumption of the first tranche.
 - e.3 The third and last tranche shall be 10% of the contract amount and can be requested upon 80% consumption of the first and second tranches.
 - f. Accredited health facilities that are applying to be GAMOT providers as an ancillary or additional service (e.g., hospital pharmacy) shall not be charged an accreditation fee. In case of payment already made, the paid accreditation fee for GAMOT shall be deducted from the accreditation fee for the next application.
 - g. Considering the short time of implementation for CY 2024, the accreditation fee of applicant free-standing GAMOT providers and infirmaries with licensed pharmacies for CY 2024 shall be waived and any payment made earlier shall be considered as advanced payment for CY 2025 accreditation.
2. All Case Rates-Based Global Budget (ACR-GB)
 - a. The CY 2024 implementation of ACR-GB shall be facilitated by the following modifications:
 - a.1 The contract amount shall be estimated based on the applicable months in the SLA (e.g., October, November, and December) of the immediately preceding three (3)

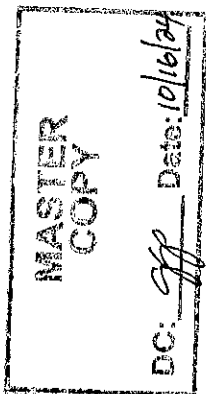


complete years excluding CY 2020 and 2021 (i.e., 2019, 2022, 2023).

- a.2 Level 1-3 hospitals as ACR-GB facilities shall have a soft budget cap and shall be eligible to request for supplementary budget (10% of the contract amount), if the GB is fully utilized during the contract period or the occurrence of fortuitous events with official declaration (i.e., state of calamity, state of emergency, or any analogous certification) during the contract period.
- a.3 The full contract amount shall be paid to the Network within the first 15 calendar days of the execution of the contract and the necessary operational adjustments shall be done to facilitate such release of the full contract amount as the sole tranche.
- b. The ACR-GB shall be calculated following the previous three-year average, as stipulated in PC No. 2024-0004 (Implementation of an All Case Rates-Based Global Budget in Health Care Provider Network Demonstration Sites). Paid claims admitted during the preceding three (3) complete years, excluding CY 2020 and CY 2021, shall be used for computing the contract amount.
 - b.1 With the implementation of adjusted case rates as stipulated in PC No. 2024-0012 (Rules for Adjusting Case Rates [*Revision 1*]), the necessary modifications on the contract amount computation (Annex E: ACR-GB Contract Amount Sample Computation) shall be carried out.
 - b.1.1 To determine the claims amount of each case, the count (volume) of paid claims per case (including primary and secondary cases) shall be multiplied to the corresponding current case rate; and
 - b.1.2 To determine the contract amount, the claims amount of all applicable cases shall be summed and shall be divided by three (3).
- c. In the event that the case rates are adjusted during the contract period, the contract amount shall be re-computed to accommodate the new rates from the date of effectivity of case rates adjustment until the end of the contract period (Annex F: ACR-GB Case Rates Adjustment Sample Computation). Supplemental SLA shall be executed to formalize these adjustments (Annex G: ACR-GB Case Rates Adjustment Frontloading Schedule).



- d. Existing rules and procedures on claims filing shall apply. The utilization of ACR-GB shall be the aggregate of good claims for patients admitted within the contract period, and filed or refiled within the contract period and up to 60 days from its termination; provided that the claims are filed or refiled within 60 days from the date of discharge and return-to-hospital (RTH), respectively.
 - d.1 When assessed as good claims, claims for patients admitted within the contract period which are filed within the contract period and up to 60 days thereafter shall be deductible from the ACR-GB.
 - d.2 When assessed as good claims, those claims for patients admitted within the contract period but filed beyond the 60-day period from the expiration of the contract shall be reimbursed based on existing rules on the All Case Rates, and not deductible from the ACR-GB.
 - d.3 When assessed as good claims, RTH claims for patients admitted within the contract period that are refiled within the contract period and up to 60 days thereafter shall be deductible from the ACR-GB.
 - d.4 RTH claims for patients admitted within the contract period that are not refiled within the contract period and up to 60 days thereafter shall be subject to reimbursement when assessed as good claims. RTH claims reassessed as denied claims shall not be deductible from the ACR-GB.
 - d.5 Denied claims for patients admitted within the contract period which are reassessed as good claims upon motion for reconsideration or appeal within the contract period and 60 days thereafter shall be deductible from the ACR-GB.
 - d.6 Denied claims for patients admitted within the contract period which are not reassessed as good claims, upon motion for reconsideration or appeal, within the contract period and up to 60 days thereafter, shall be subject to reimbursement based on existing rules on the All Case Rates, and not be deductible from the ACR-GB.
 - d.7 The processing of claims from the ACR-GB facilities shall be prioritized in time for reconciliation.
- e. Any unutilized funds before reconciliation shall be credited to the first tranche payment for the succeeding contract period, provided that the Network maintains its engagement.

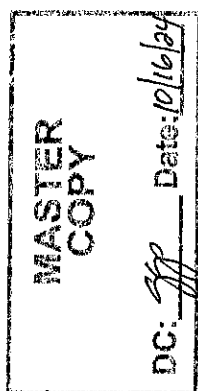


Otherwise, the PhilHealth Payment Recovery (PPR) Policy shall apply.

- e.1 Reconciliation for the applicable contract period shall be conducted within three (3) months from the date of its expiration, as stipulated in PC No. 2024-0004.
- e.2 Upon reconciliation, any difference in the amount of unutilized funds shall be credited to the applicable tranche payment of the succeeding contract period and front loaded within 15 days from reconciliation (Annex H: Sample Reconciliation of ACR-GB).

D. Annexes (posted at the official website of PhilHealth at www.philhealth.gov.ph)

1. Annex A.1: Template MOA Between PhilHealth and Network for CY 2024
2. Annex A.2: Template SLA Between PhilHealth and Network for CY 2024
3. Annex B.1: List of Medicines Not Included Under PhilHealth GAMOT for CY 2024
4. Annex B.2: GAMOT Basic Medication List for CY 2024
5. Annex B.3: Summary of Basic Medication List Molecules for CY 2024
6. Annex C: Additional 13 Formulations for PhilHealth GAMOT for CY 2025
7. Annex D: GAMOT Contract Amount for CY 2024 Sample Computation
8. Annex E: ACR-GB Contract Amount Sample Computation
9. Annex F: ACR-GB Case Rates Adjustment Sample Computation
10. Annex G: ACR-GB Case Rates Adjustment Frontloading Schedule
11. Annex H: Sample Reconciliation of ACR-GB



VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular and all existing related PhilHealth Circulars, shall be dealt with and penalized in accordance with 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, and other pertinent laws and rules.

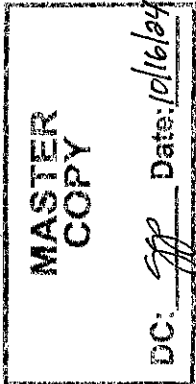
VII. SEPARABILITY CLAUSE

If, for any reason, any part of this PhilHealth Circular is declared invalid or unconstitutional, any part or provision not affected thereby shall remain in full force and effect.

VIII. REPEALING CLAUSE

Policy statements of corporate issuances, including but not limited to the following, that are inconsistent with any provisions of this PhilHealth Circular are hereby amended, modified, or repealed accordingly:

- A. PC No. 2023-0012: Omnibus Guidelines on the Accreditation of Health Facilities (HFs) to the National Health Insurance Program
 - 1. Policy Statement (V) C.7
- B. PC No. 2023-0029: Implementing Guidelines For The PhilHealth Outpatient Drug Benefit Package
 - 1. Policy Statements (V) E.2.a.6.1.1 and E.2.a.6.2.2
 - 2. Policy Statements (V) G.3, G.4.c, G.4.c.2, and G.4.d.2
 - 3. Annexes A.1, F.1, F.2, and H
- C. PC No. 2024-0004: Implementation of an All Case Rates-Based Global Budget in Health Care Provider Network (HCPN) Demonstration Sites
 - 1. Policy Statement (V) C.2.a
 - 2. Policy Statements (V) F.6, F.11, F.12, F.13, and F.14
 - 3. Annexes E and G
- D. PC No. 2024-0011: PhilHealth Prospective Payment Mechanisms (3PM) For Health Care Provider Networks
 - 1. Policy Statement (V) B.2.c
 - 2. Transitory Clause (VI) A
- E. PC No. 2024-0015: Guidelines Contracting of Health Care Provider Networks (HCPN)
 - 1. Policy Statement (V) C.2.a.2
 - 2. Transitory Clauses (VII) A.1.b, and A.1.c
 - 3. Transitory Clause (VII) B
 - 4. Annexes B.1 and B.2



IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall be published in a newspaper of general circulation and shall take effect immediately upon publication. Thereafter, this PhilHealth Circular shall 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: 10/15/24

Supplemental Guidelines for the Health Care Provider Network (HCPN) Demonstration Program

**Annex A.1: Template MOA Between PhilHealth
and Network for CY 2024**

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of Agreement entered into by and between the following parties:

PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH), a government-owned and controlled corporation duly created by virtue of Republic Act No. 7875 as amended by RA No 9241, RA No. 10606 and RA No. 11223 or the "Universal Health Care Act", as amended, with office address at Citystate Centre, 709 Shaw Boulevard, Oranbo, Pasig City, represented herein by its President and Chief Executive Officer, **EMMANUEL R. LEDESMA, JR.**, hereinafter called "**PHILHEALTH**"

-and-

[PUBLIC HEALTH CARE PROVIDER NETWORK NAME], an/a (LGU/Province/City-owned network), authorized through a Sanggunian Panlalawigan/Panlungsod Resolution No. _____ issued on [Date] and existing under the laws of the Republic of the Philippines, with principal address at [Address] represented herein by Governor/City Mayor, [Hon. NAME], hereinafter called "**NETWORK**".

(each a "**Party**", and collectively the "**Parties**").

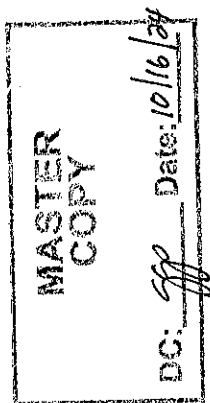
WITNESSETH THAT:

WHEREAS, Republic Act No. 11223 or the Universal Health Care (UHC) Act mandates health reforms that aim to deliver equitable, accessible, and quality health services, and empowers the **Philippine Health Insurance Corporation (PHILHEALTH)** to implement health financing reforms;

WHEREAS, in response to the need to implement reforms stipulated in UHC Act, **PHILHEALTH** endeavors to contract health care provider networks (HCPN) for the delivery of individual-based health services and to shift to prospective payment mechanisms to finance HCPN;

WHEREAS, the UHC Act mandates integrated local 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, **PHILHEALTH** has published PhilHealth Circular (PC) No. 2024-0015 outlining the guidelines on contracting HCPN for the delivery of individual-based health services, and PC No. 2024-0011 for implementing the



prospective provider payment for HCPN, which form an integral part of this Agreement;

WHEREAS, PHILHEALTH enjoins provinces, highly urbanized cities, independent component cities, and private facilities to integrate their resources and services in a HCPN and to initially implement an **HCPN** in a sandbox, referred to as the HCPN demonstration site; and

WHEREAS, the HCPN, also referred to as NETWORK, is a group of health care providers, hereinafter referred to as MEMBER FACILITIES, governed by a Local Health Board, organized to deliver health care services in a coordinated and integrated manner;

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:

I. AGREEMENT

- a. The **NETWORK** agrees to actively participate as an HCPN demonstration site.
- b. The **NETWORK** agrees to maintain compliance with the requirements as prescribed by **PHILHEALTH** to implement benefits and its corresponding payments.
- c. The **NETWORK** shall provide comprehensive and continuous care, from primary to tertiary levels, to PhilHealth beneficiaries through an integrated and coordinated service delivery rendered by its component health care providers and facilities, hereinafter called **MEMBER FACILITIES**.
- d. **PHILHEALTH** and **NETWORK** shall enter into a service-level agreement (SLA) for the delivery of individual health services by the **NETWORK**. The same SLA shall indicate the volume of services and contract amounts to be paid by **PHILHEALTH** to the **NETWORK**. The same SLA specifies the benefits to be implemented by the **NETWORK**.
- e. The **NETWORK** shall enter into SLA with each **MEMBER FACILITY** to formalize engagement between them. The same SLA shall specify the type and volume of services, corresponding contract amounts, and its payment arrangement and schedule.
- f. **PHILHEALTH** agrees to provide the **NETWORK** with regular updates and orientation on **PHILHEALTH** policies and guidelines, address concerns, and issue clarifications as needed to facilitate benefit implementation.
- g. **PHILHEALTH** monitor and evaluate outcomes of the HCPN demonstration to inform future policy and program development.

MASTER
COPY
DC: *off* Date: 10/16/24

II. DURATION AND TERMINATION

- a. This Agreement shall be effective upon signing of both Parties and shall remain valid from _____ to _____.
- b. Either party may terminate this Agreement in the event of a material breach, provided that the breaching party is given an opportunity to rectify the breach within [Number] days of receiving notice.
- c. The Agreement shall remain binding until terminated pursuant to the termination provisions of this Agreement.

III. MISCELLANEOUS PROVISIONS

- a. Both **Parties** agree to maintain the confidentiality of information related to the implementation of this Agreement.
- b. This Agreement shall be governed and construed in accordance with the laws of the Republic of the Philippines. All PhilHealth circulars and issuances 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.
- c. 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**.
- d. If any part of this Agreement is declared unenforceable or void, the rest of the Agreement shall nevertheless remain in full force and effect.
- e. Both Parties acknowledge that this Agreement constitutes the entries 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.

MASTER COPY
 DC: *fff* Date: 10/16/24

IN WITNESS WHEREOF, the parties have set their hands this _____ day of _____, 20__.

PHILIPPINE HEALTH INSURANCE CORPORATION

[NAME OF THE NETWORK]

By:

By:

President & CEO

Authorized Representative of the NETWORK

Signed in the presence of:

PHILHEALTH

NETWORK

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
_____) S.S.

BEFORE ME, this _____ day of _____, appeared the following persons, showing to me their respective competent proofs of identity to wit:

NAME ISSUED	GOV'T I.D. NOS.	DATE /PLACE
----------------	-----------------	-------------

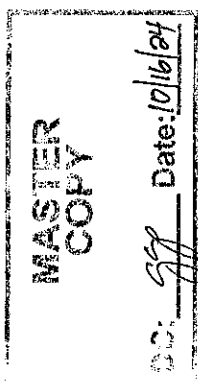
EMMANUEL R. LEDESMA, JR. PCEO, PhilHealth	_____	_____
---	-------	-------

Authorized Representative,
NETWORK

Known to me to be the same persons who executed the foregoing Memorandum of Agreement between the **PHILIPPINE HEALTH INSURANCE CORPORATION** and **(Name of NETWORK)** consisting of _____ pages including this acknowledgment page. The Parties acknowledged before me that the same is their free and voluntary act and deed, and that of the corporate entities they respectively represent.

WITNESS MY HAND AND SEAL on the date and at the place above written.

Doc. No. _____
Page No. _____
Book No. _____
Series of 202 _____



**Annex A.2: Template SLA Between PhilHealth
and Network for CY 2024**

**“BAWAT PILIPINO, MIYEMBRO
BAWAT MIYEMBRO, PROTEKTADO
KALUSUGAN NG LAHAT, SEGURADO”**

**SERVICE-LEVEL AGREEMENT FOR HEALTH CARE PROVIDER
NETWORK**

KNOW ALL MEN BY THESE PRESENTS:

This Agreement for Health Care Provider Network (HCPN) is made and entered into this _____ day of _____ 2024, in Pasig City, Metro Manila, by and between:

PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH), a government-owned and controlled corporation duly created by virtue of Republic Act No. 7875 as amended by RA No 9241, RA No. 10606 and RA No. 11223 or the “Universal Health Care Act”, as amended, with office address at Citystate Centre, 709 Shaw Boulevard, Oranbo, Pasig City, represented herein by its President and Chief Executive Officer, **EMMANUEL R. LEDESMA, JR.**, hereinafter called “**PHILHEALTH**”
-and-

[PUBLIC HEALTH CARE PROVIDER NETWORK NAME], an/a (LGU/Province/City-owned network), authorized through a Sanggunian Panlalawigan/Panlungsod Resolution No. _____ issued on **[Date]** and existing under the laws of the Republic of the Philippines, with principal address at **[Address]** represented herein by Governor/City Mayor, **[Hon. NAME]**, hereinafter called “**NETWORK**”.

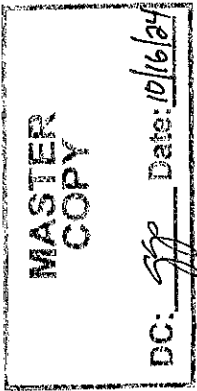
WITNESSETH THAT:

I. GENERAL PROVISIONS

1. **PHILHEALTH** and the **contracted NETWORK** herein mutually and voluntarily agree to provide eligible PhilHealth members and their dependents primary, secondary, and tertiary care services, including stand-alone facilities that provide specific and/or specialized care.
2. All existing PhilHealth Circular/s for Health Care Provider Network and all other applicable PhilHealth Circulars are deemed read into this Agreement. Subsequent issuances pertaining to the subject matter shall also form part of this Agreement.

II. RESPONSIBILITIES OF THE NETWORK

1. For the entire duration of this Agreement, the **NETWORK** shall render the delivery of the following benefits, in accordance with the expected targets, and other terms of delivery.



Services	Benefits	References
Secondary and Tertiary Care Services	All Case Rates-based Global Budget (ACR-GB)	PC No. 2024-0004 (Subject: Guidelines for the Implementation of an All-Case Rates-Based Global Budget in Health Care Provider Network Demonstration Sites) or revision
Specialized Care Services	Outpatient Drug Benefit (ODB) or PhilHealth Guaranteed and Accessible Medications for Outpatient Treatment (GAMOT)	PC No. 2023-0029 (Subject: Implementing Guidelines for the Outpatient Drug Benefit Package) or revision

2. The **NETWORK** agrees to fully comply with pertinent laws, policies and miscellaneous provisions and fully cooperate during regular surveys, administrative investigations, and domiciliary visitations.
3. The **NETWORK** agrees to maintain an information system, including updated registries of beneficiaries and health workers, and to ensure the truthfulness, legitimacy, and accuracy of all data submitted to **PHILHEALTH**.
4. The **NETWORK** shall maintain the minimum component health, and shall execute a Memorandum of Agreement with relevant health facilities closest to its geographical jurisdiction for referral of patients when the minimum number of component health facilities are not met due to either of the conditions stipulated in PhilHealth Circular No. 2024-0015 and its succeeding revisions.
5. The **NETWORK** guarantees that the following facilities, called "**MEMBER FACILITIES**" are capable of delivering the services expected from them.

Name of Facility	Type of Facility	Services	License/Certificate	PhilHealth Accredited (Y/N)	Head of Facility

MASTER COPY
 DC: *gg* Date: 10/16/24

6. **GAMOT**
 - 6.1 The **NETWORK**, through its **MEMBER FACILITIES**, dispenses medications under the PhilHealth GAMOT for the first nine thousand pesos (PHP 9,000.00) per individual per calendar year.

6.2 After full utilization of the benefit coverage, the **NETWORK** shall charge to the beneficiaries the medications at prices following the fixed fee schedule or with store prices, whichever is lower or preferred by the beneficiary.

7. ACR-GB

7.1 The **NETWORK**, through its **MEMBER FACILITIES**, shall not charge PhilHealth members for health services provided in basic accommodation.

7.2 The **NETWORK**, through its **PUBLIC MEMBER FACILITIES**, shall only charge PhilHealth members an amount not exceeding the value of case rate for health services provided in non-basic accommodation.

7.3 The **NETWORK** agrees to reach the patient volume of _____ **[number]**, considering the historical patient volume of each hospital:

Name of hospital	Level	Target patient volume
Total		

7.4 The **NETWORK** may request for an additional 10% of their Global Budget as the supplementary budget for a **MEMBER FACILITY** that fulfills one of the conditions: a) full utilization of the Global Budget within the contract period, b) the occurrence of fortuitous events during the contract period.

III. RESPONSIBILITIES OF PHILHEALTH

- PHILHEALTH** agrees to provide the **NETWORK** with regular updates and orientation on **PHILHEALTH** policies and guidelines, address concerns, and issue clarifications as needed to facilitate benefit implementation.
- PHILHEALTH** agrees to assist the **NETWORK** to ensure interoperability and connectivity with **PHILHEALTH** databases to support innovations and electronic medical record initiatives.
- PHILHEALTH** shall conduct scheduled and/or random on-site or virtual validation visits to observe the actual implementation. **PHILHEALTH** shall provide the results of the monitoring and assessment to the **NETWORK**.

MASTER COPY
 DC: *[Signature]* Date: 10/16/24

IV. CONDITIONS AND SCHEDULE OF PAYMENT

1. The **PHILHEALTH** only pays the **NETWORK** once the necessary information system for payment and benefit utilization are already in place.
2. The **PHILHEALTH** pays the agreed contract amount of [Amount in words] (Php _____) stipulated in this Contract, including the corresponding schedule of payment and conditions for payment releases stated in applicable PhilHealth Circular/s.

Services	Contract Amount
a. ACR-GB	[Amount in words] (Php _____)
b. GAMOT	[Amount in words] (Php _____)
TOTAL	[Amount in words] (Php _____)

3. The **NETWORK** shall ensure the timely frontloading of PhilHealth payment amounts to the **MEMBER FACILITIES**, following the payment arrangement and schedule stipulated in the SLA between the **NETWORK** and **MEMBER FACILITIES**, subject to due reconciliation to determine unutilized funds.

A. ACR-GB

Name of the facility	Contract Amount
	[Amount in words] (Php _____)

B. GAMOT

Name of the facility	Contract Amount
	[Amount in words] (Php _____)

4. The **NETWORK** assumes full responsibility of the management of prospective payment released by PhilHealth, subject to pertinent government budgeting, accounting and auditing rules and regulations.
5. The **NETWORK** shall submit payment utilization reports, financial reports, and other monitoring reports to **PHILHEALTH** in accordance with the provisions of relevant **PHILHEALTH** Circulars.
6. The **NETWORK** agrees to fully comply with mechanisms set by **PHILHEALTH** to recover unutilized funds after due reconciliation.

V. JURISDICTION AND VENUE

The parties hereby consent and agree that jurisdiction and venue for any claim or cause of action arising under or related to this Contract or any order shall be properly and exclusively filed in the applicable courts of Pasig City only, without prejudice to resorting to Alternative Dispute Resolution mechanisms under existing laws.

MASTER COPY
 DC: *JJ* Date: *10/16/24*

VI. PENALTIES FOR BREACH OF CONTRACT

- 1. Breach of any of the terms and conditions provided herein shall cause the cancellation of this Agreement and the guilty party shall be liable for damages without prejudice to availing other legal remedies.
- 2. Fabrication of reports shall be penalized in line with the provisions of R.A. 7875 as amended by R.A. 9241, R.A. 10606 and R.A. 11223 and its Implementing Rules and Regulations and/ or other applicable laws.

VII. SEPARABILITY CLAUSE

If any provision of this Agreement is declared null and void, invalid or contrary to law by a court of competent jurisdiction, all other provisions not affected shall remain in full force and effect, and binding upon the Parties.

VIII. REVISION OR AMENDMENT

Any revision or amendment to this Agreement shall require a written consent from both parties.

IX. EFFECTIVITY

This Agreement shall commence upon the signing of the PCEO of PhilHealth and shall remain valid from _____ to _____.

IN WITNESS WHEREOF, the parties have set their hands this _____ day of _____ 2024.

**PHILIPPINE HEALTH
INSURANCE CORPORATION**

[NAME OF THE NETWORK]

By:

By:

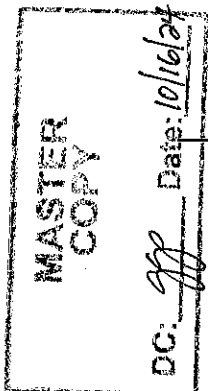
President & CEO

Authorized Representative of the
NETWORK

Signed in the presence of:

PHILHEALTH

NETWORK



ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
_____) S.S.

BEFORE ME, this _____ day of _____, appeared the following persons, showing to me their respective competent proofs of identity to wit:

NAME	GOV'T I.D. NOS.	DATE /PLACE ISSUED
EMMANUEL R. LEDESMA, JR. PCEO, PhilHealth	_____	_____
_____	_____	_____

Head, NETWORK

known to me to be the same persons who executed the foregoing AGREEMENT FOR HEALTH CARE PROVIDER NETWORK between the **PHILIPPINE HEALTH INSURANCE CORPORATION** and (Name of NETWORK) consisting of _____ pages including this acknowledgment page. The Parties acknowledged before me that the same is their free and voluntary act and deed, and that of the corporate entities they respectively represent.

WITNESS MY HAND AND SEAL on the date and at the place above written.

Doc. No. _____
Page No. _____
Book No. _____
Series of 202__.

MASTER
COPY
DC: *gff* Date: 10/16/24

**Annex B.1: List of Medicines Not Included Under PhilHealth GAMOT
for CY 2024 (Already Provided through PhilHealth Konsulta)**

	Molecule	Preparation
1	Amlodipine	5 mg (as Besilate/ Camsylate) Tablet
2	Amlodipine	10 mg (as Besilate/Camsylate) Tablet
3	Amoxicillin	250 mg (as Trihydrate) Capsule
4	Amoxicillin	500 mg (as Trihydrate) Capsule
5	Amoxicillin	100 mg/mL (as Trihydrate) Granules/powder for drops in 15 mL
6	Amoxicillin	250 mg/5 mL (as Trihydrate) Granules/powder for suspension in 60 mL
7	Amoxicillin + Clavulanic acid	500 mg (as Trihydrate) + 125 mg (as Potassium clavulanate) Tablet
8	Amoxicillin + Clavulanic acid	875 mg (as Trihydrate) + 125 mg (as Potassium clavulanate) Tablet
9	Amoxicillin + Clavulanic acid	200 mg (as Trihydrate) + 28.5 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension in 70 mL
10	Amoxicillin + Clavulanic acid	400 mg (as Trihydrate) + 57 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension in 70 mL
11	Amoxicillin + Clavulanic acid	600 mg (as Trihydrate) + 42.9 mg (as Potassium clavulanate) per 5 mL, Granules/powder for suspension
12	Aspirin	80 mg Tablet
13	Aspirin	100 mg Tablet
14	Chlorphenamine	4 mg Tablets
15	Chlorphenamine	2.5 mg / 5 mL syrup / 60 mL
16	Ciprofloxacin	250 mg (as Hydrochloride) Tablet
17	Ciprofloxacin	500 mg (as Hydrochloride) Tablet
18	Clarithromycin	250 mg Tablet (Base)
19	Clarithromycin	500 mg Tablet (Base)
20	Clarithromycin	125 mg/5 mL Granules/Powder for suspension in 50 mL
21	Clarithromycin	250 mg/5 mL Granules/Powder for suspension in 50 mL
22	Enalapril	5 mg (as Maleate) Tablet
23	Enalapril	20 mg (as Maleate) Tablet
24	Fluticasone + Salmeterol	100 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser
25	Fluticasone + Salmeterol	100 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser
26	Fluticasone + Salmeterol	250 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser
27	Fluticasone + Salmeterol	250 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser
28	Fluticasone + Salmeterol	500 mcg (as Propionate) + 50 mcg (as Xinafoate) x 28 doses, DPI with appropriate accompanying dispenser
29	Fluticasone + Salmeterol	500 mcg (as Propionate) + 50 mcg (as Xinafoate) x 60 doses, DPI with appropriate accompanying dispenser

MASTER COPY

DC: gfp Date: 10/16/24

MASTER COPY
 DC: SP Date: 10/16/14

	Molecule	Preparation
30	Gliclazide	30 mg Modified Release (MR) tablet
31	Gliclazide	80 mg Tablet
32	Hydrochlorothiazide	12.5 mg Tablet
33	Hydrochlorothiazide	25 mg Tablet
34	Ipratropium Bromide + Salbutamol	500 mcg (as Bromide anhydrous) + 2.5 mg (as Base) in 2.5 mL Unit dose (For nebulization)
35	Losartan	50 mg (as Potassium) Tablet
36	Losartan	100 mg (as Potassium) Tablet
37	Metformin	500 mg (as Hydrochloride) Tablet/Film-coated tablet
38	Metformin	850 mg (as Hydrochloride) Tablet
39	Metoprolol	50 mg (as Tartrate) Tablet
40	Metoprolol	100 mg (as Tartrate) Tablet
41	Nitrofurantoin	50 mg Capsule as Macrocrystals
42	Nitrofurantoin	100 mg Capsule as Macrocrystals
		(L of water) composed of: Sodium chloride = 2.6 g Trisodium citrate dihydrate = 2.9 g Potassium chloride = 1.5 g Glucose anhydrous = 13.5 g Total weight = 20.5 g
		(mmol/L) composed of: Sodium = 75 Chloride = 65 Potassium = 20 Citrate = 10 Glucose anhydrous = 75 Total osmolarity = 245
43	Oral Rehydration Salts (ORS 75-replacement)	(WHO recommended) (N.B.: Reconstitute with clean potable water)
44	Paracetamol	300 mg Tablet
45	Paracetamol	500 mg Tablet
46	Paracetamol	100 mg/mL Drops in 15 mL (Alcohol-free)
47	Paracetamol	120 mg/5 mL (125 mg/5 mL) Syrup/Suspension (Alcohol-free) in 60 ml
48	Paracetamol	250 mg/5 mL Syrup/Suspension (Alcohol-free) in 60 mL
49	Paracetamol	125 mg Suppository
50	Paracetamol	250 mg Suppository
51	Prednisone	5 mg Tablet
52	Prednisone	10 mg Tablet
53	Prednisone	20 mg Tablet
54	Prednisone	10 mg/5 mL Suspension in 60 mL

	Molecule	Preparation
55	Salbutamol (as Sulfate) + Ipratropium	Resp. Soln. (for nebulization): 500 micrograms ipratropium (as bromide anhydrous) + 2.5 mg salbutamol (as base) x 2.5 mL (unit dose)
56	Salbutamol	100 mcg/dose x 200 (as Sulfate)
57	Salbutamol	1 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (For nebulization)
58	Salbutamol	2 mg/mL (as Sulfate) Respiratory solution in 2.5 mL Unit dose (For nebulization)
59	Salbutamol	2 mg/5 mL (as Sulfate) Syrup in 60 mL
60	Simvastatin	20 mg Tablet
61	Simvastatin	40 mg Tablet
62	Sulfamethoxazole + Trimethoprim	400 mg + 80 mg Tablet/Capsule
63	Sulfamethoxazole + Trimethoprim	800 mg (as Sulfate) + 160 mg Tablet
64	Sulfamethoxazole + Trimethoprim	200 mg + 40 mg/5 mL Suspension in 70 mL
65	Sulfamethoxazole + Trimethoprim	200 mg + 40 mg/5 mL Suspension in 120 mL
66	Sulfamethoxazole + Trimethoprim	400 mg + 80 mg/5 mL Suspension in 60 mL

MASTER COPY
 DC: *gff* Date: 10/16/04

Annex B.2: GAMOT Basic Medication List for CY 2024

	Molecule	Preparation
1	Atenolol	50 mg Tablet
2	Atenolol	100 mg Tablet
3	Atorvastatin	10 mg (as Calcium) Tablet
4	Atorvastatin	20 mg (as Calcium) Tablet
5	Atorvastatin	40 mg (as Calcium) Tablet
6	Atorvastatin	80 mg (as Calcium) Tablet
7	Azithromycin	250 mg (as Base*/dihydrate) Capsule
8	Azithromycin	250 mg (as Base*/dihydrate/ monohydrate) Tablet
9	Azithromycin	500 mg (as Base*/dihydrate/ monohydrate) Tablet
10	Azithromycin	200 mg/5 mL (as Base*/dihydrate/ monohydrate) Powder for suspension in 15 mL
11	Azithromycin	200 mg/5 mL (as Base*/dihydrate/ monohydrate) Powder for suspension in 60 mL
12	Captopril	25 mg Tablet
13	Cefixime	200 mg Capsule
14	Cefixime	20 mg/mL in 10 mL (drops)
15	Cefixime	100 mg/5 mL Granules for Suspension in 60 mL
16	Cefuroxime	500 mg (as Axetil) Tablet
17	Cefuroxime	125 mg/5 mL (as Axetil) Granules for Suspension in 70 mL
18	Cefuroxime	250 mg/5 mL Granules for Suspension in 50 mL and 120 mL Bottle
19	Celecoxib	100 mg Capsule
20	Celecoxib	200 mg Capsule
21	Celecoxib	400 mg Capsule
22	Clindamycin	150 mg (as Hydrochloride) Capsule
23	Clindamycin	300 mg (as Hydrochloride) Capsule
24	Clindamycin	75 mg/5 mL (as Palmitate hydrochloride) Granules for suspension in 60 mL
25	Clotrimazole	1% Cream in 10 g Aluminum collapsible tube
26	Cloxacillin	500 mg (as Sodium) Capsule
27	Cloxacillin	250 mg/5 mL (as Sodium) Powder for solution in 60 mL
28	Diltiazem	60 mg (as Hydrochloride) Tablet
29	Diltiazem	60 mg (as Hydrochloride) Modified Release (MR) capsule
30	Diltiazem	120 mg (as Hydrochloride) Modified Release (MR) capsule
31	Diltiazem	180 mg (as Hydrochloride) Modified Release (MR) capsule
32	Diltiazem	120 mg (as Hydrochloride) Modified Release (MR) tablet
33	Diltiazem	180 mg (as Hydrochloride) Modified Release (MR) tablet
34	Diltiazem	30 mg (as Hydrochloride) Tablet
35	Diphenhydramine	25 mg (as Hydrochloride) Capsule
36	Diphenhydramine	50 mg (as Hydrochloride) Capsule

MASTER COPY

DC: JJP Date: 10/16/24

	Molecule	Preparation
37	Diphenhydramine	12.5 mg/ 5mL (as Hydrochloride) Syrup in 30 mL
38	Diphenhydramine	12.5 mg/ 5mL (as Hydrochloride) Syrup in 60 mL
39	Doxycycline	100 mg (as Hyclate) Capsule
40	Enalapril	5 mg (as Maleate) Tablet
41	Enalapril	20 mg (as Maleate) Tablet
42	Erythromycin	0.5% Ophthalmic ointment in 3.5 g Tube
43	Erythromycin	500 mg (as Stearate) Tablet
44	Erythromycin	200 mg/5 mL (as Ethyl for suspension in 60 mL
45	Folic Acid+Iron Ferrous	60 mg (elemental iron) + 400 mcg Tablet/Capsule/Film-coated tablet
46	Gabapentin	100 mg Capsule
47	Gabapentin	300 mg Capsule
48	Ibuprofen	200 mg Capsule
49	Ibuprofen	400 mg Capsule
50	Ibuprofen	100 mg/5 mL Syrup/Suspension in 60 mL
51	Ipratropium Bromide	250 mcg/mL (as Bromide) Respiratory solution in 2 mL Unit dose (For nebulization)
52	Iron Ferrous	(equiv. to 60 mg elemental iron) Tablet (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)
53	Iron Ferrous	(equiv. to 15 mg elemental iron per 0.6 mL) Solution in 15 mL (Drops) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)
54	Iron Ferrous	(equiv. to 15 mg elemental iron per 0.6 mL) Solution in 30 mL (Drops) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12% Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)
55	Iron Ferrous	(equiv. to 30 mg elemental iron per 5 mL) Solution in 60 ml (syrup) (N.B.: The elemental iron content of a ferrous salt depends on the type of preparation as follows: Ferrous fumarate = 33% Ferrous gluconate = 12%

MASTER
COPY

DC: ggg Date: 10/16/24

	Molecule	Preparation
		Ferrous lactate = 19% Ferrous sulfate, hydrated = 20% Ferrous sulfate, desiccated = 32%)
56	Isosorbide Dinitrate	10 mg (as Dinitrate) Tablet
57	Isosorbide Dinitrate	20 mg (as Dinitrate) Tablet
58	Isosorbide Dinitrate	20 mg (as Dinitrate) Modified Release (MR) tablet/Capsule
59	Isosorbide Dinitrate	5 mg (as Dinitrate) Sublingual (SL) tablet
60	Isosorbide Mononitrate	30 mg (as 5-Mononitrate) Modified Release (MR) tablet/Capsule
61	Isosorbide Mononitrate	60 mg (as 5-Mononitrate) Modified Release (MR) tablet/Capsule
62	Losartan+Hydrochlorothiazide	50 mg losartan + 12.5 mg hydrochlorothiazide Tablet
63	Mefenamic Acid	250 mg Tablet /Capsule
64	Mefenamic Acid	500 mg Tablet /Capsule
65	Methyldopa	250 mg Tablet
66	Metronidazole	250 mg Tablet
67	Metronidazole	500 mg Tablet
68	Metronidazole	125 mg/5 mL (as Base) Suspension in 60 mL
69	Montelukast	4 mg (as Sodium) Chewable tablet
70	Montelukast	5 mg (as Sodium) Chewable tablet
71	Montelukast	10 mg (as Sodium) Tablet
72	Naproxen	275 mg (as Sodium) Tablet
73	Naproxen	550 mg (as Sodium) Tablet
74	Oseltamivir	75 mg (as Phosphate) Capsule
75	Rosuvastatin	10 mg (as Calcium) Tablet
76	Rosuvastatin	20 mg (as Calcium) Tablet
77	Tamsulosin	200 mcg (as Hydrochloride) Capsule
78	Tobramycin	0.3% Ophthalmic drop solution in 5 mL Bottle
79	Tobramycin	0.3% Ophthalmic ointment in 3.5 g Tube
80	Tobramycin + Dexamethasone	0.3% tobramycin + 0.1% dexamethasone Ophthalmic drop suspension in 5 mL Bottle
81	Tobramycin + Dexamethasone	0.3% tobramycin + 0.1% dexamethasone Ophthalmic ointment in 3.5 g Tube
82	Vitex Negundo	300 mg Tablet
83	Vitex Negundo	600 mg Tablet
84	Vitex Negundo	300 mg/5 mL Syrup in 60 mL
85	Vitex Negundo	300 mg/5 mL Syrup in 120 mL
86	Zinc	(equiv. to 10 mg elemental zinc) (as Gluconate) Chewable tablet
87	Zinc	(equiv. to 10 mg elemental zinc per mL) (as Sulfate monohydrate) Drops in 15 mL
88	Zinc	(equiv. to 20 mg elemental zinc per 5 mL) (as Sulfate monohydrate) Syrup in 60 mL
89	Zinc	70 mg/5 mL (equiv. to 10 mg elemental zinc) (as Gluconate) Syrup in 60 mL
90	Zinc	70 mg/5 mL (equiv. to 10 mg elemental zinc) (as Gluconate) Syrup in 120 mL

MASTER COPY

DC: *gff* Date: 10/16/07

Annex B.3: Summary of Basic Medication List Molecules for CY 2024

Basic Medication List		
<p><u>Anti-infectious</u></p> <ol style="list-style-type: none"> 1. Azithromycin 2. Cefixime 3. Cefuroxime 4. Clindamycin 5. Clotrimazole 6. Cloxacillin 7. Doxycycline 8. Erythromycin 9. Metronidazole 10. Oseltamivir 11. Tobramycin <p><u>Anti-asthma and COPD</u></p> <ol style="list-style-type: none"> 12. Montelukast 	<p><u>Supportive/Other Therapy</u></p> <ol style="list-style-type: none"> 13. Celecoxib 14. Diphenhydramine 15. Elemental Iron 16. Folic acid + Iron Ferrous 17. Ibuprofen 18. Mefenamic Acid 19. Naproxen 20. Vitex Negundo (Lagundi) 21. Zinc <p><u>Anti-dyslipidemia</u></p> <ol style="list-style-type: none"> 22. Atorvastatin 23. Rosuvastatin 	<p><u>Anti-hypertensive and Cardiology</u></p> <ol style="list-style-type: none"> 24. Atenolol 25. Captopril 26. Diltiazem 27. Enalapril 28. Isosorbide Dinitrate 29. Isosorbide Mononitrate 30. Methyldopa 31. Tamsulosin <p><u>Nervous System</u></p> <ol style="list-style-type: none"> 32. Gabapentin

MASTER COPY
 DC: *JJ* Date: 10/16/24

Annex C: Additional 13 Formulations for PhilHealth GAMOT for CY 2025

	Molecule	Preparation
1	Aspirin	300 mg Tablet
2	Aspirin	325 mg Tablet
3	Enalapril + Hydrochlorothiazide	20 mg enalapril + 12.5 mg hydrochlorothiazide tablet
4	Fluticasone + Salmeterol	Metered-Dose Inhaler (MDI): 50 mcg (as Propionate) + 25 mcg (as Xinafoate) x 120 actuations (with dose counter)
5	Fluticasone + Salmeterol	Metered-Dose Inhaler (MDI): 125 mcg (as Propionate) + 25 mcg (as Xinafoate) x 120 actuations (with dose counter)
6	Fluticasone + Salmeterol	Metered-Dose Inhaler (MDI): 250 mcg (as Propionate) + 25 mcg (as Xinafoate) x 120 actuations (with dose counter)
7	Gliclazide	60 mg Modified Release (MR) tablet
8	Paracetamol	120 mg/5 mL (125 mg/5 mL) Syrup/Suspension (Alcohol-free) in 30 ml
9	Paracetamol	120 mg/5 mL (125 mg/5 mL) Syrup/Suspension (Alcohol-free) in 120 ml
10	Paracetamol	250 mg/5 mL Syrup/Suspension (Alcohol-free) in 30 ml
11	Paracetamol	250 mg/5 mL Syrup/Suspension (Alcohol-free) in 120 ml
12	Salbutamol	Dry Powder Inhaler (DPI): 200 mcg/dose with appropriate accompanying dispenser
13	Ipratropium Bromide + Salbutamol	Metered-Dose Inhaler (MDI): 20 mcg ipratropium + 100 mcg salbutamol x 200 doses x 10 mL

MASTER COPY
 DC: *JJ* Date: 10/16/24

Annex D: GAMOT Contract Amount for CY 2024 Sample Computation

Step 1	<p>A. Determine the following:</p> <ul style="list-style-type: none"> The calendar year and months in which the GAMOT will be implemented The number of months to be covered in SLA <p>B. Obtain the sales/dispensing records of the health facility within the immediately complete years three (3) years (or applicable complete years for facilities with less than 3 years but at least 1 year of operations)</p>	<p>Sample:</p> <table border="1"> <tr> <td>Facility</td> <td>North Star Pharmacy</td> </tr> <tr> <td>Implementation year</td> <td>2024</td> </tr> <tr> <td>Implementation months</td> <td>October, November, December</td> </tr> <tr> <td>Number of months in the SLA</td> <td>3</td> </tr> <tr> <td rowspan="3">Years of historical sales needed for estimation</td> <td>2023</td> </tr> <tr> <td>2022</td> </tr> <tr> <td>2021</td> </tr> </table> <p>Note: CY 2024 is not yet complete</p>	Facility	North Star Pharmacy	Implementation year	2024	Implementation months	October, November, December	Number of months in the SLA	3	Years of historical sales needed for estimation	2023	2022	2021
Facility	North Star Pharmacy													
Implementation year	2024													
Implementation months	October, November, December													
Number of months in the SLA	3													
Years of historical sales needed for estimation	2023													
	2022													
	2021													
Step 2	List and identify annual historical sales (or dispensing) volume of drugs included in GAMOT*^													
Step 3	Compute for the average annual sales volume by adding the annual sales volume from the the applicable complete years and dividing the sum by number of years (i.e., 3, 2)													
Step 4	Compute the monthly average sales volume by dividing the annual sales by 12													
Step 5	Multiply the monthly average sales volume by the number of months covered in SLA (e.g. three [3] for October – December)													
Step 6	Multiply the computed sales volume by the fixed fee to determine the contract amount for each molecule and its preparation													
Step 7	Add the contract amount of all applicable molecules and preparations to determine the contract amount for a GAMOT Provider (Round up the contract amount to the nearest thousands)													

*32 molecules (90 preparations) covered under GAMOT for CY 2024

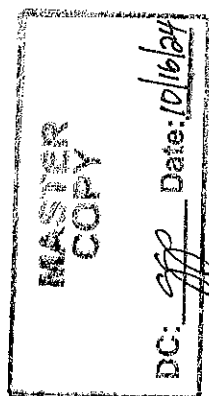
^53 molecules (169 preparations) covered under GAMOT for CY 2025

MASTER COPY
 DC: *gfp* Date: 10/16/24

Step 2					Step 3	Step 4	Step 5	Step 6	
Molecule+	Preparations+	CY 2021	CY 2022	CY 2023	Annual Average Sales Volume	Monthly Average Sales Volume	3 Months Sales Volume	Fixed Fee	Contract Amount per Molecule
Atenolol	50 mg Tablet	307	326	345	326.00	27.17	81.50	₱8.01	₱652.82
Atenolol	100 mg Tablet	205	254	366	275.00	22.92	68.75	₱11.55	₱794.06
Atorvastatin	10 mg (as Calcium) Tablet	790	780	812	794.00	66.17	198.50	₱6.00	₱1,191.00
Atorvastatin	20 mg (as Calcium) Tablet	799	609	900	769.33	64.11	192.33	₱12.00	₱2,308.00
Atorvastatin	40 mg (as Calcium) Tablet	234	546	790	523.33	43.61	130.83	₱16.00	₱2,093.33
Atorvastatin	80 mg (as Calcium) Tablet	765	468	789	674.00	56.17	168.50	₱25.00	₱4,212.50
Azithromycin	250 mg (as Base*/dihydrate) Capsule	800	678	234	570.67	47.56	142.67	₱98.79	₱14,094.04
Azithromycin	250 mg (as Base*/dihydrate/monohydrate) Tablet	234	456	678	456.00	38.00	114.00	₱99.79	₱11,376.06
Azithromycin	500 mg (as Base*/dihydrate/monohydrate) Tablet	400	456	676	510.67	42.56	127.67	₱53.50	₱6,830.17
Azithromycin	200 mg/5 mL (as Base*/dihydrate/monohydrate) Powder for suspension in 15 mL	300	678	679	552.33	46.03	138.08	₱270.00	₱37,282.50
Azithromycin	200 mg/5 mL (as Base*/dihydrate/monohydrate) Powder for suspension in 60 mL	200	345	670	405.00	33.75	101.25	₱381.74	₱38,651.18
Step 7	Contract Amount							₱119,485.66 (₱120,000.00)	

+Partial list for sample computation purpose only

Note: The annual sales volume will be multiplied by the fixed fee to determine the contract amount for each molecule/preparations for CY 2025.



Annex E: ACR-GB Contract Amount Sample Computation

Step 1	Determine the following: <ul style="list-style-type: none"> • Health facility which will implement the ACR and its service level • The calendar year in which the ACR-GB will be implemented Extract the ACR claims of the health facility within the immediately complete years three (3) years, except for the operational years of 2020 and 2021 (date of admission as the reckoning date)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Facility</td> <td style="width: 50%;">Dela Cruz Hospital</td> </tr> <tr> <td>Service level</td> <td>L1 hospital</td> </tr> <tr> <td>Implementation year</td> <td>2025</td> </tr> <tr> <td rowspan="3">Years of historical claims needed for estimation</td> <td>2023</td> </tr> <tr> <td>2022</td> </tr> <tr> <td>2019</td> </tr> </table> Note: CY 2024 is not yet complete	Facility	Dela Cruz Hospital	Service level	L1 hospital	Implementation year	2025	Years of historical claims needed for estimation	2023	2022	2019
Facility	Dela Cruz Hospital											
Service level	L1 hospital											
Implementation year	2025											
Years of historical claims needed for estimation	2023											
	2022											
	2019											

STEP 2		Step 3	
Determine the total count of paid claims per case from the applicable three (3) years		Multiply the total count of paid claims per case by the corresponding current case rate to determine the claims amount per case	
Code	Total Count of Paid Claims per Case (CY 2023, CY 2022, CY 2019)	Current Case Rate	Total Claims Amount per Case (CY 2023, CY 2022, CY 2019)
44950	64	31,200.00	1,996,800.00
44960	55	31,200.00	1,716,000.00
58120	79	14,300.00	1,129,700.00
59409	82	12,610.00	1,034,020.00
59513	169	24,700.00	4,174,300.00
59514	222	24,700.00	5,483,400.00
A01.0	40	13,000.00	520,000.00
E11.9	44	5,200.00	228,800.00
H81.1	41	7,410.00	303,810.00
Jo6.9	70	5,200.00	364,000.00
K29.1	188	7,930.00	1,490,840.00
O60.0	47	8,840.00	415,480.00
To0.9	139	5,200.00	722,800.00
Step 4	Determine the contract amount by adding claims amount of all applicable cases, and dividing the sum by three (3) (Round up the contract amount to the nearest thousands)	<i>Contract Amount</i>	$19,579,950.00 \div 3$ $= 6,526,650.00$ (6,527,000.00)
Step 5	Multiply by 10% to determine the supplementary budget (This step is only done for facilities eligible for supplementary budget [e.g., L1-L3 hospitals]) (Round up the contract amount to the nearest thousands)	<i>Supplementary Budget</i>	$652,665.00$ (653,000.00)
Step 6	Add the contract amount and supplementary budget to determine the maximum contract amount	<i>Maximum Contract Amount</i>	7,180,000.00

MASTER COPY
 DC: *JF* Date: 10/16/24

Annex F: ACR-GB Case Rates Adjustment Sample Computation

Step 1	Determine the following: A. Cases with rate adjustment B. Period covered by the case rates adjustment, from the date of effectivity (as stipulated in relevant PhilHealth issuance) to the end of contract period C. Number of months covered by the case rates adjustment	Sample: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Facility</td> <td>Filipino Hospital</td> </tr> <tr> <td>Service level</td> <td>L1 hospital</td> </tr> <tr> <td>Period covered by case rates adjustment</td> <td>Date of effectivity - end of contract July - December, 2024</td> </tr> <tr> <td>Number of months covered by case rates adjustment</td> <td>6 months</td> </tr> <tr> <td>Cases with rate adjustment</td> <td>59409 59513 59514 E11.9 K29.1 O60.0 T00.9</td> </tr> </table>	Facility	Filipino Hospital	Service level	L1 hospital	Period covered by case rates adjustment	Date of effectivity - end of contract July - December, 2024	Number of months covered by case rates adjustment	6 months	Cases with rate adjustment	59409 59513 59514 E11.9 K29.1 O60.0 T00.9
Facility	Filipino Hospital											
Service level	L1 hospital											
Period covered by case rates adjustment	Date of effectivity - end of contract July - December, 2024											
Number of months covered by case rates adjustment	6 months											
Cases with rate adjustment	59409 59513 59514 E11.9 K29.1 O60.0 T00.9											
Step 2	Divide the average annual count of paid claims per case by twelve (12) to determine the average monthly count of paid claims per case											
Step 3	Multiply the average monthly count of paid claims per case by the number of months (from the effectivity of adjustment to the end contract period) to determine the total count of paid claims per case during the period covered by case rates adjustment											
Step 4	Determine the difference between the old case rates and new case rates after the case rates adjustment.											
Step 5	Multiply the total count of paid claims per case during the period of adjustment with the difference between the old case rates and new case rates to determine the adjustment per case.											
Step 6	Add the adjustment for all applicable cases to determine the total adjustment to the contract amount (Round up to the nearest thousands)											

MASTER COPY

DC: *[Signature]* Date: 10/16/24

Step 2			Step 3	Step 4	Step 5	
Code	Total Count of Paid Claims per Case (CY 2023, CY 2022, CY 2019)	Average Annual Count of Paid Claims per Case	Average Monthly Count of Paid Claims per Case	Total Count of Paid Claims per Case during the period of rate adjustment	Difference between old case rates and new case rates	Adjustment per Case
44950	64	21.33	N/A	N/A	N/A	N/A
44960	55	18.33	N/A	N/A	N/A	N/A
58120	79	26.33	N/A	N/A	N/A	N/A
59409	82	27.33	2.28	13.67	3,783.00	51,701.00
59513	169	56.33	4.69	28.17	7,410.00	208,715.00
59514	222	74.00	6.17	37.00	7,410.00	274,170.00
A01.0	40	13.33	N/A	N/A	N/A	N/A
E11.9	44	14.67	1.22	7.33	1,560.00	11,440.00
H81.1	41	13.67	N/A	N/A	N/A	N/A
Jo6.9	70	23.33	N/A	N/A	N/A	N/A
K29.1	188	62.67	5.22	31.33	2,379.00	74,542.00
O60.0	47	15.67	1.31	7.83	2,652.00	20,774.00
T00.9	139	46.33	3.86	23.17	1,560.00	36,140.00
Step 6		Total Adjustment			625,781.00 (626,000.00)	

MASTER COPY
 DC: *gff* Date: 10/16/24

Annex G: ACR-GB Case Rates Adjustment Frontloading Schedule

Table G.1 Frontloading Schedule of Case Rate Adjustment

Tranches	Percentage of ACR-GB	Percentage of Total Case Rate Adjustment		
Tranche 1	60%	60%		
Tranche 2	30%	30%	90%	
Tranche 3	10%	10%	10%	100%
		<i>Scenario A: Case rates adjustment happening before the frontloading of 1st tranche payment</i>	<i>Scenario B: Case rates adjustment happening before the frontloading of 2nd tranche payment</i>	<i>Scenario C: Case rates adjustment happening before the frontloading of 3rd tranche payment</i>

Table G.2 Sample Frontloading of Case Rate Adjustment

Tranches	Amount of ACR-GB*	Amount of Case Rate Adjustment^		
		Scenario A	Scenario B	Scenario C
Tranche 1	3,916,200.00	375,600.00		
Tranche 2	1,958,100.00	187,800.00	563,400.00	
Tranche 3	652,700.00	62,600.00	62,600.00	626,000.00

Examples provided in Annex E and F^.*

MASTER COPY
 DC: *JJ* Date: 10/16/24

Annex H: Sample Reconciliation of ACR-GB

Particulars	Description	Sample Computation	
<i>Unutilized fund before reconciliation (a)</i>	Remaining/ unutilized fund at the end of contract period and prior to reconciliation	Given: 150,000.00	= 150,000.00
<i>1st tranche amount (b)</i>	Computed 1st tranche based on SLA (contract amount x .60)	Example: 1,000,000.00 (contract amount) x .6	= 600,000.00
<i>Frontloaded 1st tranche amount before reconciliation (c)</i>	The amount remaining after the unutilized fund is deducted from the 1st tranche amount. (b - a)	Example: 600,000.00 - 150,000.00	= 450,000.00
<i>Unutilized fund after reconciliation (d)</i>	The unutilized fund after the reconciliation (within 90 days from the expiration of the contract)	Given: 50,000.00	=50,000.00
<i>Remaining Amount to be front loaded for the 1st tranche (e)</i>	The amount to be front loaded to complete the 1st tranche amount (a-d)	Example: 150,000.00 - 50,000.00	=100,000.00

MASTER COPY
 DC: *JJ* Date: 10/16/04